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United States
Department of Commerce
Bureau of the Census

JAN 12 1943

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 136615
Local Reg. No. 1
Reg. Dist. No. 570

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
   (a) County CARIBOU
   (b) City or town Soda Springs, Idaho.
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? X Outside? ____ city or town
   (e) Died in a Home X Hospital ____ Institution ____ Other place ____
   (f) Name Hosp. or Inst. 0 Stayed ____ 0 days
   (g) Lived in this county 25 years ____ months ____ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Caribou
   (c) City or town Soda Springs
   (d) Street Address or R. F. D. No.
   (e) Deceased lived Inside? X Outside? ____ city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 52 ~~52~~ years
   (h) Former residence (city, state) none

3. (a) **FULL NAME** EDWARD S. HOLBROOK, SR. 94a

3. (b) If veteran, name war 0
3. (c) Social Security No. 519-05-2950
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife REBECCA C. HOLBROOK
6. (c) Age of husband or wife if living 53 years
7. Date of Birth (Month, Day, Year) APRIL, 21, 1891

8. **AGE**

Years	Months	Days	If less than 1 day
52	8	10	hrs ____ min.

9. Exact Occupation BIOLOGICAL SURVEY TRAPPING, LEASE RIDER Did this work for 20 yrs.
10. Industry or Business Plumbing Date last worked 12/23/43.
11. Birthplace CHESTERFIELD, IDAHO (City or town) (State or foreign country)

Father
12. Name JONATHAN HOLBROOK
13. Birthplace BOUNTIFUL, UTAH (City or town) (State or foreign country)

Mother
14. Maiden name ROSABELLE SIMONS
15. Birthplace BOUNTIFUL, UTAH (City or town) (State or foreign country)

16. Informant's **OWN** Signature Rebecca G. Holbrook
and Address Soda Springs, Idaho
17. (a) Buriel (Burial, cremation, or removal) (b) Date thereof 1/4/44 (Month) (Day) (Year)
(c) Place Fairview Cem, Soda Springs, Ida.
18. Funeral Director's **OWN** Signature E D Whitman
and Address Soda Springs, Idaho
19. (a) 1-4-44 (Date received and filed) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Jany. 1st, 1944 19____
at 9.30 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from 1/1/44 19____ to 1/1/44 19____
I last saw him alive on 1/1/44 19____; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Due to Acute Organic Heart attack (Coronary Thrombosis) about 5 days	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ____ Date ____
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury

23. Attendant's **OWN** Signature Russell Tyler (M. D. or other)
and Address Soda Springs Date 1-3-1944
(For additional space, use reverse side)

136620 ward.

United States
Department of Commerce
Bureau of the Census

JAN 18 1943

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 136620
Local Reg. No. 10
Reg. Dist. No. 870

1. **PLACE OF DEATH:**
(a) County Ada
(b) City or town Boise.
(c) Street Address or R. F. D. No. X
(d) Death Occurred Inside? Yes Outside? ____ city or town
(e) Died in a Home __ Hospital X Institution __ Other place __
(f) Name Hosp. or Inst. St Alphonsus. Stayed 7 days
(g) Lived in this county 55 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho. (b) County Ada
(c) City or town Boise.
(d) Street Address or R. F. D. No. 916 ½. N. 12.
(e) Deceased lived Inside? Yes Outside? ____ city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 55 years
(h) Former residence (city, state) New Jersey.

3. (a) **FULL NAME** William Searing Whitehead. 97

3. (b) If veteran, name war No.
3. (c) Social Security No. None.
4. Sex Male. 5. Color or race White. 6. (a) Single, widowed, married, divorced Married.
6. (b) Name of husband or wife Louise Maria 6. (c) Age of husband or wife if alive 76. years
7. Date of Birth (Month, Day, Year) September. 10. 1866.

8. AGE	Years	Months	Days	If less than 1 day
	77.	3.	24.	hrs min.

9. Exact Occupation Druggist. Did this work for 45 yrs.
10. Industry or Business ____ Date last worked 1933.
11. Birthplace Boonton, New Jersey. (City or town) (State or foreign country)
Father
12. Name William King Whitehead.
13. Birthplace New Jersey. (City or town) (State or foreign country)
Mother
14. Maiden name Mary Searing.
15. Birthplace New Jersey. (City or town) (State or foreign country)
16. Informant's OWN Signature [signature]
and Address 1000 Houston Road, Boise
17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof January. 7. 1944 (Month) (Day) (Year)
(c) Place: Pioneer Cemetery.
18. Funeral Director's OWN Signature Summers Funeral Home. Clyde E. Summers
and Address Boise, Idaho.
19. (a) 1-8-44 (Date received and filed) (b) R. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) January 4 1944
at 9.45 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from the 19 1943, to Jan 4 1944
I last saw him alive on Jan 4 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Hypostatic pneumonia 1116	3 days
Due to Cardiac failure	1 week
Due to Bronchial asthma 112	2 years
Other conditions Arterio-sclerosis (Include pregnancy within 3 months of death)	97

Where was disease contracted? Home
Name of operation None Date ____
Major finding ____
Finding of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature Roscoe C. Ward (M. D. ~~or other~~)
and Address Boise Idaho Date 1-7 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1366 1366

United States
Department of Commerce
Bureau of the Census JAN 12 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 1
Local Reg. No. 1
Reg. Dist. No. 46

1. **PLACE OF DEATH:**
   (a) County Twin Falls
   (b) City or town Twin Falls
   (c) Street Address or R. F. D. No. 162 Van Buren
   (d) Death Occurred Inside? X Outside? ____ city or town
   (e) Died in a Home X Hospital ____ Institution ____ Other place ____
   (f) Name Hosp. or Inst. ____ Stayed ____ days
   (g) Lived in this county 35 years ____ months ____ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Twin Falls
   (c) City or town Twin Falls
   (d) Street Address or R. F. D. No. 162 Van Buren
   (e) Deceased lived Inside? X Outside? ____ city or town
   (f) Citizen of what country? U.S.
   (g) How long had deceased lived in Idaho? 35 years
   (h) Former residence (city, state) Hebron, Nebr.

3. (a) **FULL NAME** Lloyd E. Whitzel

932

3. (b) If veteran, name war Spanish American
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Christine
6. (c) Age of husband or wife if alive 54 years
7. Date of Birth (Month, Day, Year) October 1a, 1879

8. AGE	Years	Months	Days	If less than 1 day
	64	2	20	hrs ____ min.

9. Exact Occupation Painter — Did this work for ____ yrs.
10. Industry or Business ____ — Date last worked ____
11. Birthplace Geneva (City or town) Nebraska (State or foreign country)

Father
12. Name Hosea B. Whitzel
13. Birthplace Urbana, Illinois (City or town) (State or foreign country)

Mother
14. Maiden name Zura F. Folden
15. Birthplace Gallipolis, Ohio (City or town) (State or foreign country)

16. Informant's OWN Signature Robert J Whitzel
and Address 154 Van Buren, Twin Falls
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/5/44 (Month) (Day) (Year)
(c) Place: Sunset Memorial Park
18. Funeral Director's OWN Signature James C. Reynolds, Reynolds Funeral Home
and Address Twin Falls Idaho
19. (a) ____ (Date received and filed) (b) ____ (Registrar's Signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) January 3, 1944
at 3:30 o'clock P. M.

21. **I HEREBY CERTIFY,** That I attended deceased from June 30 1942 to Dec 28 1943
I last saw him alive on Dec 28 1943 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Myocarditis chr. with Hypertension	5 yrs
Due to	
Due to	
Other conditions Coronary occlusion (Include pregnancy within 3 months of death)	1/2 hr

Where was disease contracted? Home
Name of operation none Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's OWN Signature George C. Talley M D (M.D. or other)
and Address Twin Falls Date 1/6 19 44

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1366 W

United States
Department of Commerce
Bureau of the Census

JAN 14 1943

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 136625
Local Reg. No. 7
Reg. Dist. No. 172

1. **PLACE OF DEATH:**
   (a) County Kootenai
   (b) City or town Coeur dAlene
   (c) Street Address or R. F. D. No. 1411 N5th. St
   (d) Death Occurred Inside? x Outside? ____ city or town
   (e) Died in a Home X Hospital ____ Institution ____ Other place ____
   (f) Name Hosp. or Inst. none Stayed ____ days
   (g) Lived in this county 15 years ____ months ____ days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Kootenai
   (c) City or town Coeur dAlene
   (d) Street Address or R. F. D. No. 1411 N. 5th.
   (e) Deceased lived Inside? x Outside? ____ city or town
   (f) Citizen of what country? U.S.
   (g) How long had deceased lived in Idaho? 15 years
   (h) Former residence (city, state) Montana

3. (a) **FULL NAME** George Thomas Boatman

932

3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Ida M.
6. (c) Age of husband or wife if alive 67 years
7. Date of Birth (Month, Day, Year) 1-8-1871

8. AGE	Years	Months	Days	If less than 1 day
	72	0	25	hrs ____ min.

9. Exact Occupation Pipefitter — Did this work for 14 yrs.
10. Industry or Business Milwaukee R.R. — Date last worked 1-3-1944
11. Birthplace Virginia City, Montana (City or town) (State or foreign country)

Father
12. Name George Thomas Boatman
13. Birthplace Frankfurt, Ky. (City or town) (State or foreign country)

Mother
14. Maiden name Harriet L. Johnson
15. Birthplace Ohio (City or town) (State or foreign country)

16. Informant's OWN Signature Ida M. Boatman
and Address 1411 N. 5th St.
17. (a) Cremation (b) Date thereof 1-6-1944 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place Forest Cemetary, Coeur d'Alene Idaho
18. Funeral Director's OWN Signature C. Vendt
and Address 109-111 Lakeside Ave.
19. (a) 1-5-44 (Date received and filed) (b) Frances R. Eberl (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 1-3 1943
at 1:15 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 10-15 1943 to 1-3 1944
I last saw h-- alive on 10-15 1943; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Chronic Myocarditis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ____ Date ____
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury

23. Attendant's OWN Signature C. H. Reed (M. D. or other)
and Address Coeur d'Alene Idaho 1-5 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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United States
Department of Commerce
Bureau of the Census

JAN 11 1943

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 136629
Local Reg. No. 50
Reg. Dist. No. 640

1. **PLACE OF DEATH:**
(a) County Jefferson
(b) City or town Rigby
(c) Street Address or R. F. D. No. X
(d) Death Occurred Inside? X Outside? ..... city or town
(e) Died in a Home X Hospital ... Institution ... Other place ....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 29 years ..... months ..... days
Note For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Jefferson
(c) City or town Rigby
(d) Street Address or R. F. D. No. X
(e) Deceased lived Inside? X Outside? ..... city or town
(f) If foreign born, in U. S. ... yrs. Citizen of U. S.? ....
(g) How long had deceased lived in Idaho? 29 years
(h) Former residence (city, state) Pickneyville, Ill.

3. (a) **FULL NAME** JOSEPHINE CATHERINE PABST.

3. (b) If veteran, name war X
3. (c) Social Security No. X
4. Sex F. M.
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Alvin Casper
6. (c) Age of husband or wife if alive 71 years
7. Date of Birth (Month, Day, Year) Aug. 29, 1876

8. AGE	Years	Months	Days	If less than 1 day hrs	min.
	67	4	4		

9. Exact Occupation Housewife — Did this work for life yrs.
10. Industry or Business Home — Date last worked 11/43
11. Birthplace Pickneyville, Illinois. (City or town) (State or foreign country)

Father
12. Name Jacob Weber
13. Birthplace Illinois. (City or town) (State or foreign country)

Mother
14. Maiden name Elizabeth Rocha.
15. Birthplace Illinois. (City or town) (State or foreign country)

16. Informant's **OWN** Signature Alvin Pabst
and Address Rigby, Idaho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 6, 1944. (Month) (Day) (Year)
(c) Place: Annis, Idaho.
18. Funeral Director's **OWN** Signature A B Eckersell
and Address Rigby, Idaho.
19. (a) Jan 5-44. (Date received and filed) (b) Mrs A B Eckersell (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Jan. 2 1944
at 11.30 o'clock P M.

21. **I HEREBY CERTIFY,** That I attended deceased from Oct 17 1943 to Jan. 2, 1944
I last saw her alive on Jan 2 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — Duration

MC Hypostatic pneumonia — 18 hrs
Due Cardio-vascular Renal Disease — 8 mo.
Due to Myocarditis — ?
Other conditions (Include pregnancy within 3 months of death)

Where was disease first contracted? Idaho
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature Clifford S. Rigby M.D. (M. D. or other)
and Address Rigby, Idaho. Date 1/3 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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United States
Department of Commerce
Bureau of the Census

JAN 19 1943

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 136630
Local Reg. No. 17
Reg. Dist. No. 510

1. **PLACE OF DEATH:**
(a) County Bannock
(b) City or town Pocatello
(c) Street Address or R. F. D. No. —
(d) Death Occurred Inside? — Outside? — city or town
(e) Died in a Home — Hospital — Institution — Other place —
(f) Name Hosp. or Inst. St. Anthony Stayed 5 days
(g) Lived in this county — years — months — days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bannock
(c) City or town Pocatello
(d) Street Address or R. F. D. No. 1027 N. Arthur
(e) Deceased lived Inside? — Outside? — city or town
(f) Citizen of what country? U. S. A.
(g) How long had deceased lived in Idaho? 30 years
(h) Former residence (city, state)

3. (a) **FULL NAME** Frank J. Rieger 53a1

3. (b) If veteran, name war —
3. (c) Social Security No. 712-03-4778
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Anna
6. (c) Age of husband or wife if alive — years
7. Date of Birth (Month, Day, Year) August 13, 1872

8. AGE	Years	Months	Days	If less than 1 day
	71	4	29	hrs — min. —

9. Exact Occupation Retired Machinist — Did this work for 27 yrs.
10. Industry or Business U. P. R. R. — Date last worked 1942
11. Birthplace Erie (City or town) Pennsylvania (State or foreign country)

Father
12. Name Joseph Rieger
13. Birthplace Germany (City or town) (State or foreign country)

Mother
14. Maiden name Antionette Hoffman
15. Birthplace Germany (City or town) (State or foreign country)

16. Informant's **OWN** Signature X Mrs. Rieger
and Address 1027 N. Arthur
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 1-14-44 (Month) (Day) (Year)
(c) Place: Mountain View
18. Funeral Director's **OWN** Signature Byron B. Howard
and Address Pocatello Idaho
19. (a) 1-13-1944 (Date received and filed) (b) D. C. Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) January 12, 1944
at — o'clock — M.

21. **I HEREBY CERTIFY,** That I attended deceased from 1-7-1944, to 1-12-1944
I last saw h— alive on 1-11-1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Uraemia 53a1	
Tumour bowel	
Due to Hypertension 10Y	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation — Date
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? — Suicide? — Homicide? —
Occurred — 19— City, county, state where violence occurred
Place of Violence: Home — Farm — Industry —
Public Place — While at work?
Means of injury

23. Attendant's **OWN** Signature Geo. Ewart (M. D. or other)
and Address Pocatello Date 1-13-1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

136633

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United States
Department of Commerce
Bureau of the Census

DEC 4 1943

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 5
Local Reg. No. 682
Reg. Dist. No.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
   (a) County Custer
   (b) City or town Mackay
   (c) Street Address or R. F. D. No. V
   (d) Death Occurred Inside? V Outside? ____ city or town
   (e) Died in a Home ____ Hospital ____ Institution ____ Other place V
   (f) Name Hosp. or Inst. none Stayed ____ days
   (g) Lived in this county 15 years ____ months ____ days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Custer
   (c) City or town Mackay
   (d) Street Address or R. F. D. No. V
   (e) Deceased lived Inside? V Outside? ____ city or town
   (f) Citizen of what country? U. S. A
   (g) How long had deceased lived in Idaho? 15 years
   (h) Former residence (city, state) Manhattan Kansas

3. (a) **FULL NAME** Lloyd Lincoln Powers

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3. (b) If veteran, name war no
3. (c) Social Security No. V
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary
6. (c) Age of husband or wife if alive 51 years
7. Date of Birth (Month, Day, Year) November 12, 1896

8. AGE	Years	Months	Days	If less than 1 day
	47		18	hrs ____ min.

9. Exact Occupation farming — Did this work for life yrs.
10. Industry or Business farm — Date last worked Dec 1-1943
11. Birthplace Manhattan, Kansas (City or town) (State or foreign country)

Father
12. Name Charles Sumner Powers
13. Birthplace Maine (City or town) (State or foreign country)

Mother
14. Maiden name Edith E. Perry
15. Birthplace Nabanasie Kansas (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mrs Lloyd Powers
and Address Mackay, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: Mackay, Idaho.

18. Funeral Director's **OWN** Signature W. S. Marvel
and Address Arco, Idaho

19. (a) Dec 21-1943 (Date received and filed) (b) Registrar's signature

MEDICAL CERTIFICATE OF DEATH

444

20. **DATE OF DEATH** (Month, Day, Year) 1-12 19____
at ____ o'clock ____ M.

21. **I HEREBY CERTIFY,** That I attended deceased from Dec. 1 1943 19____, to Dec 1 1943 19____
I last saw him alive on Dec 1 1943 19____; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Accident due to Electric Current 2200 volts	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ____ Date ____
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? yes Suicide? ____ Homicide? ____
Occurred Dec. 1. 1943 19____ City, county, state where violence occurred Mackay, Ida.
Place of Violence: Home ____ Farm ____ Industry ____
Public Place Hiway While at work? yes
Means of injury Electric shock

23. Attendant's **OWN** Signature C. A. Benson M.D.
(M. D. or other)
and Address Mackay, Ida Date 12-14 19____

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

137128

State File No. 137128
Local Reg. No. 27
Reg. Dist. No. 70

1. **PLACE OF DEATH:**
(a) County Ada
(b) City or town Boise
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? x Outside? ..... city or town
(e) Died in a Home.... Hospital x Institution.... Other place....
(f) Name Hosp. or Inst. St. Alph: Stayed ..... days
(g) Lived in this county 34 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Ada
(c) City or town Boise
(d) Street Address or R.F.D. No. 705 Franklin
(e) Deceased lived Inside? x Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 34 years
(h) Former residence (city, state) Ohio

3. (a) **FULL NAME** Della Scanlon

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Thomas J.
6. (c) Age of husband or wife if alive Dead years
7. Date of Birth (Month, Day, Year) June 27th 1865

8. AGE	Years	Months	Days	If less than 1 day
	77	6	18	hrs min.

9. Exact Occupation Housewife Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Meadville Penn. (City or town) (State or foreign country)
Father
12. Name Unknown
13. Birthplace Unknown (City or town) (State or foreign country)
Mother
14. Maiden name Unknown
15. Birthplace Unknown (City or town) (State or foreign country)
16. Informant's **OWN** Signature Ruth H. P. Ballard
and Address 1119 N. 2 3rd.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/18/1944 (Month) (Day) (Year)
(c) Place: St. John's Cemetery
18. Funeral Director's **OWN** Signature Schreiber & McCann
and Address Boise. Milford Dragoo
19. (a) 1-17-44 (Date received and filed) (b) A. Shaup (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Jan. 15 1944
at 1 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from Apr 1941 to Jan 1943
I last saw her alive on Jan 15 1943; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cardiac asthma	9562
Due to Myocarditis	9321
Due to Arthritis	59
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ..... Date .....
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury
23. Attendant's **OWN** Signature S W Forney (M. D. or other)
and Address Boise Ida Date ..... 19.....
(For additional space, use reverse side)

JAN 17 1944

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137179 137129

United States
Department of Commerce
Bureau of the Census

JAN 24 1945

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 8
Reg. Dist. No. 120

1. **PLACE OF DEATH:**
(a) County Kootenai
(b) City or town Coeur d'Alene
(c) Street Address or R. F. D. No. 1011 Braner Ct
(d) Death Occurred Inside? — Outside? — city or town
(e) Died in a Home — ~~Hospital~~ — Institution — Other place —
(f) Name Hosp. or Inst. — Stayed — days
(g) Lived in this county 30 years — months — days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Kootenai
(c) City or town Coeur d'Alene
(d) Street Address or R. F. D. No. 1011 Braner Ct
(e) Deceased lived Inside? — Outside? — city or town
(f) Citizen of what country? U S
(g) How long had deceased lived in Idaho? 40 years
(h) Former residence (city, state)

3. (a) **FULL NAME** Roy amos Manley 934

3. (b) If veteran, name war —
3. (c) Social Security No. 518-03-4770
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Gertie
6. (c) Age of husband or wife if alive 59 years
7. Date of Birth (Month, Day, Year) June 9 1880

8. AGE	Years	Months	Days	If less than 1 day
	63	6	25	hrs — min.

9. Exact Occupation Printer — Did this work for 50 yrs.
10. Industry or Business News Paper — Date last worked 1944
11. Birthplace Storm Lake (City or town) Iowa (State or foreign country)

Father
12. Name Hermann P. Manley
13. Birthplace Penn (City or town) (State or foreign country)

Mother
14. Maiden name Margaret Schultz
15. Birthplace Penn (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mrs Gertie Manley
and Address Coeur d'Alene
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-10-45 (Month) (Day) (Year)
(c) Place: Forest Cemetery Chapel
18. Funeral Director's **OWN** Signature Ward Chapel
and Address Coeur d'Alene Idaho
19. (a) 1-8-45 (Date received and filed) (b) Frances M. Ellis (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 4 1944
at 6:15 o'clock P M.

21. **I HEREBY CERTIFY,** That I attended deceased from June 4 1944, to June 4 1944
I last saw him alive on June 4 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Chronic Myocarditis — Duration 10 yrs
Early cerebral hemorrhage — 1 hour
Due to Coma of cerebral origin — about 1 hr after hemorrhage
Due to —
Other conditions (Include pregnancy within 3 months of death) —

Where was disease contracted? —
Name of operation None Date —
Major finding —
Finding of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? — Suicide? — Homicide? —
Occurred — 19 — City, county, state where violence occurred —
Place of Violence: Home — Farm — Industry —
Public Place — While at work? —
Means of injury —

23. Attendant's **OWN** Signature Allen H. Hyslop M. D.
(M. D. or other)
and Address Coeur d'Alene, Ida. Date 1-6 1945
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

137130 **137130**

United States
Department of Commerce JAN 21 1943
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 3(2)
Local Reg. No.
Reg. Dist. No. 601

1. **PLACE OF DEATH:**
   (a) County Bingham
   (b) City or town Blackfoot
   (c) Street Address or R. F. D. No. Pingree
   (d) Death Occurred Inside? / Outside? X city or town
   (e) Died in a Home X Hospital Institution Other place
   (f) Name Hosp. or Inst. — Stayed days
   (g) Lived in this county 39 years — months — days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Bingham
   (c) City or town Pingree
   (d) Street Address or R. F. D. No. — Pingree
   (e) Deceased lived Inside? Outside? X city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 39 years
   (h) Former residence (city, state)

3. (a) **FULL NAME** Fannie Louise James McBride 92b

3. (b) If veteran, name war — 3. (c) Social Security No. —

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Edwin McBride 6. (c) Age of husband or wife if alive 63 years

7. Date of Birth (Month, Day, Year) Sept. 11 - 1883.

8. AGE	Years	Months	Days	If less than 1 day
	60	3	22	hrs min.

9. Exact Occupation Housewife Did this work for yrs.
10. Industry or Business At home Date last worked 11-29-43
11. Birthplace Paradise, Utah (City or town) (State or foreign country)

Father
12. Name David J. James
13. Birthplace Wales (City or town) (State or foreign country)

Mother
14. Maiden name Fannie Webb
15. Birthplace Bedfordshire, England (City or town) (State or foreign country)

16. Informant's OWN Signature Sylvester McBride and Address Pingree, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-6-44 (Month) (Day) (Year)
    (c) Place: Thomas-Riverside Cem.
18. Funeral Director's OWN Signature Howard Packham and Address Blackfoot, Idaho.
19. (a) Sec. 3, 1944 (Date received and filed) (b) Mrs Walter E. Palmer (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) January 3 1944 at 4:45 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 12-25-1943 to 1-2 1944
    I last saw her alive on 1-2 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: 92b	Duration
Mitral regurgitation	5 yrs.
Due to aggravated by influenza	33b
Due to 5 days standing	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted? home	
Name of operation Date	
Major finding	
Finding of autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide? Occurred 19 City, county, state where violence occurred
    Place of Violence: Home Farm Industry
    Public Place While at work?
    Means of injury
23. Attendant's OWN Signature J. O. Hampton M.D. (M. D. or other) and Address Blackfoot Idaho Date 1-7 1944
    (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Greenwood

137131

United States
Department of Commerce
Bureau of the Census

JAN 21 1945

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137131
Local Reg. No. 4
Reg. Dist. No. 12

1. **PLACE OF DEATH:**
(a) County Kootenai
(b) City or town Coeur d'Alene
(c) Street Address or R. F. D. No. 705 Spokane ave
(d) Death Occurred Inside? — ~~Outside?~~ city or town
(e) Died in a Home ~~Hospital~~ ~~Institution~~ Other place
(f) Name Hosp. or Inst. — Stayed days
(g) Lived in this county 23 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Kootenai
(c) City or town Coeur d'Alene
(d) Street Address or R. F. D. No. 705 Spokane ave
(e) Deceased lived Inside? — ~~Outside?~~ city or town
(f) Citizen of what country? U S
(g) How long had deceased lived in Idaho? 23 years
(h) Former residence (city, state) —

3. (a) **FULL NAME** FREDERICK JAMES GLOYN. 93d

3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Almira
6. (c) Age of husband or wife if alive 73 years
7. Date of Birth (Month, Day, Year) Sept 29, 1864

8. AGE	Years	Months	Days	If less than 1 day
	79	3	4	hrs min.

9. Exact Occupation Retired Did this work for yrs.
10. Industry or Business Rail Road Date last worked 1934
11. Birthplace (City or town) England (State or foreign country)
Father
12. Name William Gloyn
13. Birthplace (City or town) England (State or foreign country)
Mother
14. Maiden name Elizabeth Freezer
15. Birthplace (City or town) England (State or foreign country)
16. Informant's OWN Signature M. R. Payne
and Address Coeur d'Alene
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-5-44 (Month) (Day) (Year)
(c) Place: Forest Cemetery
18. Funeral Director's OWN Signature R. R. Mooney Chapel
and Address Coeur d'Alene Idaho
19. (a) 1-6-44 (Date received and filed) (b) Frances M. Fabel (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Jan 3rd 1944
at 11:00 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from Nov. 1943, to Jan 3 1944
I last saw him alive on Jan 3 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Chronic decompensation of the heart.	1 month
Due to Chronic myocarditis	15-20 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation none Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy none	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature Hamilton H. Greenwood M.D. (M. D. or other)
and Address Coeur d'Alene, Ida Date 1-6 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

137132

United States
Department of Commerce JAN 21 1943
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137132
Local Reg. No. 180
Reg. Dist. No. 601

1. **PLACE OF DEATH:**
(a) County Bingham
(b) City or town Blackfoot
(c) ~~Street~~ Address or R. F. D. No. 3
(d) Death Occurred Inside? ____ Outside? ✓ city or town
(e) Died in a Home ✓ Hospital __ Institution __ Other place __
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 17 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bingham
(c) City or town Blackfoot
(d) ~~Street Address~~ or R. F. D. No. 3
(e) Deceased lived Inside? ____ Outside? ✓ city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 38 years
(h) Former residence (city, state) Twin Falls, Ida.

3. (a) FULL NAME Mavera Shore

94a

3. (b) If veteran, name war ____ 3. (c) Social Security No. ____
4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Nephi Shore 6. (c) Age of husband or wife if alive 62 years
7. Date of Birth (Month, Day, Year) Jan 22 1887

8. AGE	Years	Months	Days	If less than 1 day
	56	11	14	hrs min.

9. Exact Occupation Housewife Did this work for ____ yrs.
10. Industry or Business ____ Date last worked ____
11. Birthplace Smithfield (City or town) Utah (State or foreign country)
Father
12. Name Robert William Meikle
13. Birthplace Smithfield (City or town) Utah (State or foreign country)
Mother
14. Maiden name Sarah Ann Summers
15. Birthplace South Wales (City or town) Wales (State or foreign country)
16. Informant's OWN Signature Mrs Robert Shore
and Address R#3 Blackfoot, Ida.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-9-44 (Month) (Day) (Year)
(c) Place: Blackfoot, Idaho
18. Funeral Director's OWN Signature John C. Sandberg
and Address Blackfoot, Idaho
19. (a) Jan. 8, 1944 (Date received and filed) (b) Mrs Helen E. Palmer (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Jan 6 1944
at 2:45 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from Nov 1 1943, to Jan 6 1944
I last saw her alive on Nov 30 1943; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: 94a
Coronary occlusion — Duration: few min.
Due to Coronary sclerosis — Indefinite
Due to ____
Other conditions ____
(Include pregnancy within 3 months of death)
Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature W W Beck MD (M. D. or other)
and Address Blackfoot Ida. Date 1-9 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

137133

137/33

United States
Department of Commerce
Bureau of the Census

JAN 26 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 1010
Reg. Dist. No. 200

1. **PLACE OF DEATH:**
(a) County Latah
(b) City or town Moscow
(c) Street Address or R. F. D. No. 710 So. Main
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home ____ Hospital X Institution ____ Other place ____
(f) Name Hosp. or Inst. Gritman Stayed 3 days
(g) Lived in this county 6 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Latah
(c) City or town Moscow Idaho
(d) Street Address or R. F. D. No. 617 E. 3rd
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? USA
(g) How long had deceased lived in Idaho? 6 years
(h) Former residence (city, state) ____

3. (a) **FULL NAME** CORWIN JAMES PORTER

3. (b) If veteran, name war none
3. (c) Social Security No. 536-07-4687
4. Sex M
5. Color or race White
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife none
6. (c) Age of husband or wife if alive none years
7. Date of Birth (Month, Day, Year) Feb 25, 22

8. AGE	Years	Months	Days	If less than 1 day
	21	10	13	hrs ____ min.

9. Exact Occupation Student — Did this work for ____ yrs.
10. Industry or Business U. of I. — Date last worked ____
11. Birthplace Waitsburg, Wash. (City or town) (State or foreign country)

Father
12. Name Edward R. Porter
13. Birthplace Waterville Wash. (City or town) (State or foreign country)

Mother
14. Maiden name Mabel Emmet
15. Birthplace Kendrick, Idaho (City or town) (State or foreign country)

16. Informant's OWN Signature Mabel E. Porter
and Address 617 E. 3rd, Moscow
17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 1/14/44 (Month) (Day) (Year)
(c) Place: Spokane, Wash
18. Funeral Director's OWN Signature H. R. Stark
and Address 126 East First Street
19. (a) 1/24/44 (Date received and filed) (b) B. J. Klaarn (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Jan. 8, 1944 19____
at 11:30 o'clock P. M.

21. **I HEREBY CERTIFY,** That I attended deceased from 3/7/39 19____ to 1/8/44 19____
I last saw him alive on 1/8/44 19____; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Influenza 33 1	8 days
Due to	
Due to	
Other conditions Chronic aplastic anemia (Include pregnancy within 3 months of death)	5 yrs.
Where was disease contracted? Idaho	
Name of operation None Date	
Major finding	
Finding of autopsy None	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's OWN Signature B. J. Klaarn (M. D. or other)
and Address Moscow, Idaho Date 1/24/44 19____
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

137134

United States
Department of Commerce
Bureau of the Census

JAN 26 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137134
Local Reg. No. 1011
Reg. Dist. No. 200

1. **PLACE OF DEATH:**
(a) County Latah
(b) City or town Moscow
(c) Street Address or R. F. D. No. 710 So. Main
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home __ Hospital X Institution __ Other place __
(f) Name Hosp. or Inst. Gritman 3 Stayed 3 days
(g) Lived in this county 6 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Latah
(c) City or town Moscow
(d) Street Address or R. F. D. No 617 E. 3rd
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? USA
(g) How long had deceased lived in Idaho? 6 years
(h) Former residence (city, state) Wash.

3. (a) **FULL NAME** EDWARD RUDYARD PORTER

33 b

3. (b) If veteran, name war ____
3. (c) Social Security No. 536-03-0778
4. Sex M
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mabel
6. (c) Age of husband or wife if alive 46 years
7. Date of Birth (Month, Day, Year) August 30, 1893

8. AGE	Years	Months	Days	If less than 1 day
	51	4	12	hrs min.

9. Exact Occupation Mgr. Standard Lum. Did this work for 25 yrs.
10. Industry or Business Lumber Date last worked 1-5-44.
11. Birthplace Waterville (City or town) Wash. (State or foreign country)
Father
12. Name Edward B. Porter
13. Birthplace unkown (City or town) (State or foreign country)
Mother
14. Maiden name Margaret Stoop
15. Birthplace unkown (City or town) (State or foreign country)
16. Informant's OWN Signature Mabel C Porter
and Address 617 E. 3rd St., Moscow
17. (a) cremation (Burial, cremation, or removal) (b) Date thereof 1/14/44 (Month) (Day) (Year)
(c) Place: Spokane, Wash
18. Funeral Director's OWN Signature H. R. Short
and Address 126 E. First St.
19. (a) 1/24/44 (Date received and filed) (b) C J Klaarn (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Jan. 10, 1944 19__
at 3:30 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 10/4/38 19__ to 1/10/44 19__
I last saw him alive on 1/10/44 19__; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Uremia 13212	8 days
33	
Due to Influenza and acute nephritis 130	7 days
Due to	
Other conditions None (Include pregnancy within 3 months of death)	
Where was disease contracted? Idaho	PHYSICIAN
Name of operation None Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy Kidneys, markedly swollen and congested. 1/10/44	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature C J Klaarn (M. D. or other)
and Address Moscow, Idaho Date 1/24/44 19__
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

137135

United States
Department of Commerce
Bureau of the Census

JAN 27 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137135
Local Reg. No. 13
Reg. Dist. No. 120

1. PLACE OF DEATH:
(a) County Kootenai
(b) City or town Coeur d'Alene
(c) Street Address or R. F. D. No. 912 9th St.
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home X Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 13 years 6 months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Kootenai
(c) City or town Coeur d'Alene
(d) Street Address or R. F. D. No. 912 9th St.
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? USA
(g) How long had deceased lived in Idaho? 13 years
(h) Former residence (city, state) Colbert Wn.

3. (a) FULL NAME Emma Snyder

108

3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife ////
6. (c) Age of husband or wife if alive //// years
7. Date of Birth (Month, Day, Year) Nov. 5, 1859

8. AGE	Years	Months	Days	If less than 1 day
	84	2	3	hrs ____ min.

9. Exact Occupation housewfie — Did this work for 60 yrs.
10. Industry or Business own home — Date last worked 1-1-44
11. Birthplace Springfield, Illinois (City or town) (State or foreign country)

Father
12. Name Arthur McKee
13. Birthplace New York (City or town) (State or foreign country)

Mother
14. Maiden name Melvina Safford
15. Birthplace New York (City or town) (State or foreign country)

16. Informant's OWN Signature Wayne Snyder
and Address Coeur d'Alene, Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 1-12-44 (Month) (Day) (Year)
(c) Place: Forest Cem. Coeur d'Alene
18. Funeral Director's OWN Signature Don English
and Address Coeur d'Alene, Idaho
19. (a) 1-10-44 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Jan 8- 1944 19____ at 4:00 o'clock P M.
21. I HEREBY CERTIFY, That I attended deceased from Jan 6 1944, to Jan 8 1944
I last saw h-er alive on Jan 8 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Lobar Pneumonia	4 Days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation ____ Date ____	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature William T. Wood M.D. (M. D. or other)
and Address Coeur d'alene Date Jan 9 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

137136

United States
Department of Commerce
Bureau of the Census

JAN 11 1943

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137136
Local Reg. No. 73
Reg. Dist. No. 631

1. **PLACE OF DEATH:**
(a) County Madison
(b) City or town Burton (Rexburg RFD #1)
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? X city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 56 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Madison
(c) City or town Burton
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Outside? city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? 54 years
(h) Former residence (city, state)

3. (a) FULL NAME William Marcellus Beattie

89a

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race W.
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Bessie M. Green
6. (c) Age of husband or wife if alive 54 years
7. Date of Birth (Month, Day, Year) Sept. 15,1861

8. AGE	Years	Months	Days	If less than 1 day
	82	3	19	hrs min.

9. Exact Occupation Farmer
Did this work for Lifetime.
10. Industry or Business
Date last worked
11. Birthplace Provo. Utah (City or town) (State or foreign country)
Father
12. Name William Beattie
13. Birthplace Unknown (City or town) (State or foreign country)
Mother
14. Maiden name Caroline N. Hubbard
15. Birthplace New York (City or town) (State or foreign country)
16. Informant's OWN Signature Frank H. Beattie
and Address Rexburg RFD. # 1
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 7,1944 (Month) (Day) (Year)
(c) Place: Burton
18. Funeral Director's OWN Signature Russel Flamm
and Address Rexburg, Idaho
19. (a) 1-5-44 (Date received and filed) (b) Mrs H E Young (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Jan. 3 1944
at 12;20 o'clock A. M.
21. **I HEREBY CERTIFY,** That I attended deceased from Oct. 5th 1943, to Jan. 3 1944
I last saw him alive on Dec. 18 1943, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Otitis media c̄ Suppuration	
Lateral sinus (venous) involvement.	10.4h
Due to	
Due to	
Other conditions Senility. (Include pregnancy within 3 months of death)	
Where was disease contracted? Home.	
Name of operation none Date	
Major finding	
Finding of autopsy —	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature H B Rigby Mrs. (M. D. or other)
and Address Rexburg Date 1-4- 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

137137

137137

United States
Department of Commerce JAN 12 1943
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137137
Local Reg. No. 67
Reg. Dist. No. 450

1. **PLACE OF DEATH:**
(a) County Minidoka
(b) City or town Rupert
(c) Street Address or R. F. D. No. 303 Linden
(d) Death Occurred Inside? ✓ Outside? ____ city or town
(e) Died in a Home ✓ Hospital __ Institution __ Other place __
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 20 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Minidoka
(c) City or town Rupert
(d) Street Address or R. F. D. No. 303 Linden
(e) Deceased lived Inside? ✓ Outside? ____ city or town
(f) Citizen of what country? ____
(g) How long had deceased lived in Idaho? 50 years
(h) Former residence (city, state) 50

3. (a) **FULL NAME** Lovina Brown Firkins 93.21

3. (b) If veteran, name war No
3. (c) Social Security No. ____
4. Sex Fem
5. Color or race W
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife ____
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) Feb 28 1869

8. AGE	Years	Months	Days	If less than 1 day
	74	10	5	hrs min.

9. Exact Occupation Housewife Did this work for ____ yrs.
10. Industry or Business ____ Date last worked ____
11. Birthplace Wilson Lane, Utah, (City or town) (State or foreign country)
Father
12. Name John Martin Brown,
13. Birthplace North Carolina (City or town) (State or foreign country)
Mother
14. Maiden name Lovina Wilson
15. Birthplace Ohio, (City or town) (State or foreign country)
16. Informant's OWN Signature Myrtle Firkins John
and Address Rupert Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-6-44 (Month) (Day) (Year)
(c) Place: Rupert Idaho
18. Funeral Director's OWN Signature Rodney G. Goodman
and Address Rodney G. Goodman
19. (a) Jan 10 44 (Date received and filed) (b) E. Elmore (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) January 3 1944
at ____ o'clock ____ M.
21. **I HEREBY CERTIFY,** That I attended deceased from 1-4 1942, to Jan 3 1944
I last saw her alive on Jan 3 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration
Myocarditis
Due to ____
Due to Senility
Other conditions ____
(Include pregnancy within 3 months of death)
Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature [signature] MP (M. D. or other)
and Address Rupert Date 1-4 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

137138

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. **137138**
Local Reg. No. 30
Reg. Dist. No. 210

1. **PLACE OF DEATH:**
(a) County Bannock
(b) City or town Pocatello
(c) Street Address ~~or R. F. D.~~ No. 1530 N. Harrison
(d) Death Occurred Inside? X Outside? ___ city or town
(e) Died in a Home X Hospital ___ Institution ___ Other place ___
(f) Name Hosp. or ~~Inst.~~ ___ Stayed ___ days
(g) Lived in this county 30 years ___ months ___ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bannock
(c) City or town Pocatello
(d) Street Address ~~or R. F. D.~~ No. 1530 N. Harrison
(e) Deceased lived Inside? X Outside? ___ city or town
(f) Citizen of what country? U. S. A.
(g) How long had deceased lived in Idaho? 30 years
(h) Former residence (city, state) ___

3. (a) **FULL NAME** William Jasper Beauchamp 938

3. (b) If veteran, name war ___ 3. (c) Social Security No. ___

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Irene G. 6. (c) Age of husband or wife if alive 64 years

7. Date of Birth (Month, Day, Year) November 10, 1864

8. **AGE**

Years	Months	Days	If less than 1 day
79	2	2	hrs ___ min. ___

9. Exact Occupation Retired Painter Did this work for life yrs.
10. Industry or Business Painting Building Date last worked 5 years ago
11. Birthplace Clarkston Georgia (City or town) (State or foreign country)

Father
12. Name Newton Beauchamp
13. Birthplace State of Georgia (City or town) (State or foreign country)

Mother
14. Maiden name Judith S. Pate
15. Birthplace State of So. Carolina (City or town) (State or foreign country)

16. Informant's **OWN** Signature Irene G. Beauchamp
and Address Pocatello Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 13 44 (Month) (Day) (Year)
(c) Place: Pocatello Mt View Cem.

18. Funeral Director's **OWN** Signature H. Lee McClain
and Address Pocatello Idaho

19. (a) 1-14-1944 (Date received and filed) (b) D C Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) January 12 1944
at 10 o'clock A. M.

21. **I HEREBY CERTIFY,** That I attended deceased from 1-1-40 19___ to 1-12 19 44
I last saw h alive on 1-12 19 44 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Myocardial Degeneration — Duration 9 d.
Due to Coronary Thrombosis
Due to ___
Other conditions ___ (Include pregnancy within 3 months of death)

Where was disease contracted? ___
Name of operation ___ Date ___
Major finding ___
Finding of autopsy ___

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ___ Suicide? ___ Homicide? ___
Occurred ___ 19___ City, county, state ___
where violence occurred ___
Place of Violence: Home ___ Farm ___ Industry ___
Public Place ___ While at work? ___
Means of injury ___

23. Attendant's **OWN** Signature [illegible] MD (M. D. or other)
and Address Pocatello Date 1/14 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

137139

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137139
Local Reg. No. 28
Reg. Dist. No. 51

1. **PLACE OF DEATH:**
(a) County Bannock
(b) City or town Pocatello
(c) Street Address ~~XXXXX~~ No. 838 W. Bonneville
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home X Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county ____ years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bannock
(c) City or town Pocatello
(d) Street Address ~~XXXXX~~ No. 838 W. Bonneville
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? U. S. A.
(g) How long had deceased lived in Idaho? 52 years
(h) Former residence (city, state) Idaho Falls,

3. (a) **FULL NAME** GEORGE ELLIOTT CHAPIN 94a

3. (b) If veteran, name war World War #1
3. (c) Social Security No. 518-16-6186
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Audrey K.
6. (c) Age of husband or wife if alive 37 years
7. Date of Birth (Month, Day, Year) October 26, 1891

8. AGE	Years	Months	Days	If less than 1 day
	52	2	23	hrs min.

9. Exact Occupation Ry. Postal Clerk Did this work for 26 yrs.
10. Industry or Business P. O. Dept. Date last worked 1/19/44
11. Birthplace Boise, Idaho (City or town) (State or foreign country)
Father
12. Name Charles Dickens Chapin
13. Birthplace unknown Illinois (City or town) (State or foreign country)
Mother
14. Maiden name Jessie V. Harroun
15. Birthplace unknown Illinois (City or town) (State or foreign country)
16. Informant's OWN Signature Mrs. Audrey Chapin and Address Pocatello, Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof ____ (Month) (Day) (Year)
(c) Place: Pocatello, Idaho
18. Funeral Director's OWN Signature K. L. McHan and Address Pocatello, Idaho
19. (a) Jan. 20/44 (Date received and filed) (b) D C Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) January 19 1944 at 7:15 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from ____ 19__, to 1-19 1944
I last saw him alive on ____ 19__; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Coronary embolism	94a
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation ____ Date ____	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature [signature] (M. D. or other) and Address Pocatello, Ida Date 1/20 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

137140

United States
Department of Commerce
Bureau of the Census

JAN 27 1944

Certificate Of Death

STATE OF IDAHO

State File No. 137140
Local Reg. No. 34
Reg. Dist. No. 370

1. PLACE OF DEATH:
(a) County Ada
(b) City or town Boise
(c) Street Address or R.F.D. No. 408 E. Jefferson
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Home X Hospital ..... Institution ..... Other place .....
(f) Name Hosp. or Inst. ---------- Stayed -- days
(g) Lived in this county 30 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Ada
(c) City or town Boise
(d) Street Address or R.F.D. No. 408 East Jefferson
(e) Deceased lived Inside? X Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 30 years
(h) Former residence (city, state) England

3. (a) FULL NAME John William Hodge

-74a

3. (b) If veteran, name war None
3. (c) Social Security No. .....
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Carrie
6. (c) Age of husband or wife if alive 66 years
7. Date of Birth (Month, Day, Year) March 1, 1870

8. AGE	Years	Months	Days	If less than 1 day
	73	9	23	hrs min.

9. Exact Occupation Retired (Printer) Did this work for --- yrs.
10. Industry or Business -------- Date last worked ----
11. Birthplace Devenport (City or town) England (State or foreign country)
Father
12. Name John Hodge
13. Birthplace Cornwall (City or town) England (State or foreign country)
Mother
14. Maiden name Ellen Fitzgerald
15. Birthplace County Cork (City or town) Ireland (State or foreign country)
16. Informant's OWN Signature Mrs. Dorothy F. Wilt
and Address Boise, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/26/44 (Month) (Day) (Year)
(c) Place: Morris Hill Boise, Idaho
18. Funeral Director's OWN Signature [signature]
and Address Boise Idaho
19. (a) 1-25-44 (Date received and filed) (b) R. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Jan 24 1944
at 1 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from 9-4 1942, to Jan -24 1944
I last saw him alive on Jan 23 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Coronary Occlusion	4 hrs.
Due to Arterio-sclerosis	17
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYISCIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's OWN Signature [signature] (M. D. or other)
and Address ..... Date ..... 19.....
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

137[illegible]
State File No. 137141
Local Reg. No. 9
Reg. Dist. No. 561

1. **PLACE OF DEATH:**
(a) County Twin Falls
(b) City or town Buhl
(c) Street Address or R. F. D. No. 3
(d) Death Occurred Inside? ____ Outside? X city or town
(e) Died in a Home ____ Hospital X Institution ____ Other place ____
(f) Name Hosp. or Inst. Buhl, Hosp Stayed 1 days
(g) Lived in this county 36 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Twin Falls
(c) City or town Buhl
(d) Street Address or R. F. D. No. 3
(e) Deceased lived Inside? ____ Outside? X city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 40 years
(h) Former residence (city, state) Pendleton, Ore

3. (a) **FULL NAME** Charles Coker

1691

3. (b) If veteran, name war X
3. (c) Social Security No. 519-03-2321
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Irene Coker
6. (c) Age of husband or wife if alive 54 years
7. Date of Birth (Month, Day, Year) Sept 23-1873

8. AGE	Years	Months	Days	If less than 1 day
	70	3	10	hrs ____ min.

9. Exact Occupation Justice of Peace Did this work for ____ yrs.
10. Industry or Business Worked about 30 yrs. at Construction work. Date last worked
11. Birthplace San Antonio Bexar (City or town) (State or foreign country)

Father
12. Name Thomas Coker
13. Birthplace Texas. (City or town) (State or foreign country)

Mother
14. Maiden name Mary Lewis.
15. Birthplace Texas. (City or town) (State or foreign country)

16. Informant's **OWN** Signature Irene M. Coker and Address Rt. 3 Buhl, Ida.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/5/44 (Month) (Day) (Year)
(c) Place: Buhl
18. Funeral Director's **OWN** Signature Lewis E. Johnson and Address Buhl
19. (a) 1/4/44 (Date received and filed) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) January 2 19 44
at 5:35 o'clock A. M.

21. **I HEREBY CERTIFY,** That I attended deceased from October 15 1942 to January 2 19 44
I last saw him alive on January 2 19 44; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Respiratory failure 1091	7 days
Due to Pneumonia	7 days
Due to Circulatory failure 1091	2 years
Due to Cardiac condition	2 years
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ____ Date ____
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19 ____ City, county, state where violence occurred
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury

23. Attendant's **OWN** Signature John W. Wurster, M.D. (M. D. or other)
and Address Buhl, Idaho Date 1/4 1944
(For additional space, use reverse side)

Drake

137142

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137142
Local Reg. No. 2
Reg. Dist. No. 460

1. **PLACE OF DEATH:**
(a) County Twin Falls
(b) City or town Twin Falls
(c) Street Address or R. F. D. No. Filer Ave.
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home X Hospital __ Institution __ Other place __
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 32 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County T. Falls
(c) City or town Twin Falls
(d) Street Address or R. F. D. No. Filer Ave.
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? United States
(g) How long had deceased lived in Idaho? 32 years
(h) Former residence (city, state) Oklahoma

3. (a) FULL NAME Ida Ann Taylor

13c

3. (b) If veteran, name war X
3. (c) Social Security No. X
4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife George A.
6. (c) Age of husband or wife if alive 65 years
7. Date of Birth (Month, Day, Year) May 28, 1870

8. AGE	Years	Months	Days	If less than 1 day
	73	7	5	hrs min.

9. Exact Occupation Housewife Did this work for ____ yrs.
10. Industry or Business ____ Date last worked ____
11. Birthplace Latham, Mo. (City or town) (State or foreign country)
Father
12. Name Washington Kelsey
13. Birthplace No. Inf. (City or town) (State or foreign country)
Mother
14. Maiden name Elizabeth Francis
15. Birthplace No Inf. (City or town) (State or foreign country)
16. X Informant's OWN Signature Lou Carter
and Address Bull Idaho R F D #4
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-6-44 (Month) (Day) (Year)
(c) Place: Twin Falls Cemetery
18. Funeral Director's OWN Signature S. C. Pruzins
and Address Twin Falls Idaho
19. (a) Jan 7-1944 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) January 2 1944
at 7:30 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from Oct. 15 1943, to Jan 2 1944
I last saw her alive on ____ 19__; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Broncho pneumonia	10 d
Due to cold	
T.B.	13 c
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation ____ Date ____	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature R. A. Drake M.D. (M. D. or other)
and Address Twin Falls Date Jan 4 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

137143

United States
Department of Commerce JAN 25 1944
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137143
Local Reg. No. 1-44
Reg. Dist. No. 112

1. **PLACE OF DEATH:**
(a) County Bonner
(b) City or town Priest River, Idaho
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 43 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bonner
(c) City or town Priest River
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 43 years
(h) Former residence (city, state)

3. (a) **FULL NAME** Mary Bossio

97

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Joseph Bossio
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) May 15-1884

8. AGE	Years	Months	Days	If less than 1 day
	59	7	29	hrs min.

9. Exact Occupation Housewife Did this work for 40 yrs.
10. Industry or Business Own home Date last worked 1939
11. Birthplace Grimaldi (City or town) Italy (State or foreign country)
Father
12. Name 1st name unknown Altimore
13. Birthplace Grimaldi (City or town) Italy (State or foreign country)
Mother
14. Maiden name Rosie Naccarato
15. Birthplace Grimaldi (City or town) Italy (State or foreign country)
16. Informant's OWN Signature Flora Naccarato
and Address Priest River, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-20-44 (Month) (Day) (Year)
(c) Place: Priest River, Ida.
18. Funeral Director's OWN Signature L. L. Moon.
and Address Sandpoint, Idaho
19. (a) 1-16-44 (Date received and filed) (b) F. A. Monch (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Jan 14 1944
at 8 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from Oct. 1936, to Jan. 1944
I last saw her alive on Jan 7 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Coronary Spasm	
Due to Hypertension	
Due to Arteriosclerosis	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature Edward J. Bond M.D. (M. D. or other)
and Address Priest River Ida. Date 1-15 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

137144

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137144
Local Reg. No. 1-
Reg. Dist. No. 630

1. **PLACE OF DEATH:**
(a) County Madison
(b) City or town Rexburg
(c) Street Address or R. F. D. No. R.F.D. #2
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home ____ Hospital X Institution ____ Other place ____
(f) Name Hosp. or Inst. H.B. Rigby Stayed one days
(g) Lived in this county 20 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Madison
(c) City or town Rexburg
(d) Street Address or R. F. D. No. R.F. D. # 2
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? U.S.
(g) How long had deceased lived in Idaho? Life years
(h) Former residence (city, state) ____

3. (a) FULL NAME Clarence J. Forbush

3. (b) If veteran, name war ____ 3. (c) Social Security No. ____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife ____ 6. (c) Age of husband or wife if alive ____ years

7. Date of Birth (Month, Day, Year) Feb. 10, 1923

8. AGE	Years	Months	Days	If less than 1 day
	20	11	6	hrs ____ min.

9. Exact Occupation Navy Did this work for ____ yrs.
10. Industry or Business ____ Date last worked ____
11. Birthplace Bates Idaho (City or town) (State or foreign country)
Father
12. Name Charles Elmer Forbush
13. Birthplace Willow Creek, Idaho (City or town) (State or foreign country)
Mother
14. Maiden name Blanche Mackley
15. Birthplace Spanish Fork, Utah (City or town) (State or foreign country)
16. Informant's OWN Signature Blanche Forbush
and Address Rexburg, Idaho R.F.D. #2
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-22-44 (Month) (Day) (Year)
(c) Place: Sugar City
18. Funeral Director's OWN Signature [illegible]
and Address Rexburg, Idaho
19. (a) 1-16-44 (Date received and filed) (b) Thro Heyrung (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Jan. 15 1944
at 12:30 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from Jan. 14 1944 to Jan. 15 1944
I last saw him alive on Jan. 15 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Peritonitis	
Due to Influenza, Enteritis	2 days.
Severe Diarrhea	1
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature H B Rigby M.D. (M. D. or other)
and Address Rexburg Date 1-18 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

137145

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137145
Local Reg. No. 1
Reg. Dist. No. 500

1. **PLACE OF DEATH:**
(a) County Power
(b) City or town Michaud
(c) Street Address or R. F. D. No. Star Route
(d) Death Occurred Inside? ✓ Outside? ____ city or town
(e) Died in a Home ✓ Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 30 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Power
(c) City or town Michaud
(d) Street Address or R. F. D. No. Star Route
(e) Deceased lived Inside? ✓ Outside? ____ city or town
(f) Citizen of what country? United States
(g) How long had deceased lived in Idaho? Life years
(h) Former residence (city, state) —

3. (a) **FULL NAME** Fannie Evans Noble

3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife John Noble 6. (c) Age of husband or wife if alive 65 years
7. Date of Birth (Month, Day, Year) May 4th 1881

8. AGE	Years	Months	Days	If less than 1 day
	62	8	3.	hrs ____ min.

9. Exact Occupation Housewife — Did this work for ____ yrs.
10. Industry or Business — Date last worked ____
11. Birthplace Samaria (City or town) Idaho (State or foreign country)
Father
12. Name Jonah Evans
13. Birthplace Wales. (City or town) (State or foreign country)
Mother
14. Maiden name Catherine Deer
15. Birthplace Wales. (City or town) (State or foreign country)
16. Informant's OWN Signature Mrs J Noble
and Address Michaud, Idaho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: Mountainview - Pocatello, Ida.
18. Funeral Director's OWN Signature Arthur M Hall
and Address Pocatello, Idaho
19. (a) Jan 4 1944 (Date received and filed) (b) Irene Dahling (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) January 1st 1944
at 9:45 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 12-31-1943 to 1-1-1944
I last saw h-w alive on 1-1-1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
apoplexy	
Due to High Blood Pressure	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? Home
Name of operation — Date —
Major finding —
Finding of autopsy —

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? — Suicide? — Homicide? —
Occurred — 19 — City, county, state where violence occurred —
Place of Violence: Home — Farm — Industry —
Public Place — While at work? —
Means of injury —
23. Attendant's OWN Signature J H Lyon (M. D. or other)
and Address Pocatello Date 1-2 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Cornhill

137146

United States
Department of Commerce
Bureau of the Census

JAN 31 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137146
Local Reg. No. #3
Reg. Dist. No. 461

1. **PLACE OF DEATH:**
(a) County Twin Falls
(b) City or town Twin Falls
(c) Street Address or R. F. D. No. RFD #1
(d) Death Occurred Inside? ____ Outside? X city or town
(e) Died in a Home X Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 22 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County T. Falls
(c) City or town Twin Falls
(d) Street Address or R. F. D. No. RFD #1
(e) Deceased lived Inside? ____ Outside? X city or town
(f) Citizen of what country? United States
(g) How long had deceased lived in Idaho? 22 years
(h) Former residence (city, state) Illinois

3. (a) FULL NAME Albert Mathews Knefel

94a

3. (b) If veteran, name war X
3. (c) Social Security No. X
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Frances Knefel
6. (c) Age of husband or wife if alive 55 years
7. Date of Birth (Month, Day, Year) June 16, 1879

8. AGE	Years	Months	Days	If less than 1 day
	64	6	17	hrs min.

9. Exact Occupation Farmer — Did this work for 16 yrs.
10. Industry or Business ____ Date last worked ____
11. Birthplace Chicago, Ill. (City or town) (State or foreign country)
Father
12. Name Albert Knefel
13. Birthplace Germany (City or town) (State or foreign country)
Mother
14. Maiden name Kunnigundy Ebert
15. Birthplace Germany (City or town) (State or foreign country)
16. Informant's OWN Signature Bert Knefel
and Address Twin Falls, Idaho RFD #1
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-5-44 (Month) (Day) (Year)
(c) Place: Twin Falls Cemetery
18. Funeral Director's OWN Signature S. C. Phillips
and Address Twin Falls, Idaho
19. (a) Jan 7 1944 (Date received and filed) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) January 2 1944
at 12:15 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from 1935, to 1- 1944
I last saw him alive on 1-1 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Coronary occlusion	10 min
Due to arterial hypertension	10 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation ____ Date ____	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature [signature] (M. D. or other)
and Address Twin Falls Idaho Date 1-3 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

137147

United States
Department of Commerce JAN 31 1944
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137147
Local Reg. No. 18
Reg. Dist. No. 461

1. PLACE OF DEATH:
(a) County Twin Falls
(b) City or town Buhl
(c) Street Address or R. F. D. No. 320 14th Street
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home X Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 13 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Twin Falls
(c) City or town Buhl
(d) Street Address or R. F. D. No. 320 14th Street
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? U.S.
(g) How long had deceased lived in Idaho? 13 years
(h) Former residence (city, state) Nevada

3. (a) FULL NAME KIRKMAN, Mrs. Sarah Ann

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife George Q.
6. (c) Age of husband or wife if alive 65 years
7. Date of Birth (Month, Day, Year) September 8th, 1887

8. AGE	Years	Months	Days	If less than 1 day
	56	1	28	hrs min.

9. Exact Occupation Housewife Did this work for ____ yrs.
10. Industry or Business Own Home Date last worked ____
11. Birthplace South Bend, Ind. (City or town) (State or foreign country)
Father
12. Name Ike Clayton
13. Birthplace Unknown (City or town) (State or foreign country)
Mother
14. Maiden name Unknown
15. Birthplace Unknown (City or town) (State or foreign country)
16. Informant's OWN Signature George Q. Kirkman
and Address 320 14th Street - Buhl Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/8/44 (Month) (Day) (Year)
(c) Place: Twin Falls Cem.
18. Funeral Director's OWN Signature White Mortuary Wright H. Phillips
and Address Twin Falls, Idaho
19. (a) Jan-15-1944 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) January 6, 1944
at 2:40 o'clock A M.
21. I HEREBY CERTIFY, That I attended deceased from ____ 1942 to Jan 6 1944
I last saw her alive on Jan 6 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Chronic myocarditis and myocardial degeneration — Duration few years
Due to Hyperthyroidism (contributory)
Due to ____
Other conditions ____
(Include pregnancy within 3 months of death)
Where was disease contracted? ____
Name of operation O Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature M. A. Drake Mitt (M. D. or other)
and Address Buhl, Idaho Date 1-8 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

137148

United States
Department of Commerce
Bureau of the Census

JAN 31 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137148
Local Reg. No. 19
Reg. Dist. No. 461

1. PLACE OF DEATH:
(a) County Twin Falls
(b) City or town Twin Falls
(c) Street Address or R.F.D. No. T.F.Co.Gen'l.Hosp.
(d) Death Occurred Inside? ____ Outside? X city or town
(e) Died in a Home ____ Hospital X Institution ____ Other place ____
(f) Name Hosp. or Inst. T.F.Co.Gen'l.Hosp. Stayed ____ days
(g) Lived in this county 34 years ____ months ____ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Twin Falls
(c) City or town Kimberly
(d) Street Address or R. F. D. No. Route # 1,
(e) Deceased lived Inside? ____ Outside? X city or town
(f) Citizen of what country? U.S.
(g) How long had deceased lived in Idaho? 34 years
(h) Former residence (city, state) Missouri

3. (a) FULL NAME Perreten, Walter A.

3. (b) If veteran, name war World War I, 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Nellie 6. (c) Age of husband or wife if alive 60 years

7. Date of Birth (Month, Day, Year) March 6, 1888

8. AGE	Years	Months	Days	If less than 1 day
	55	10	2	hrs ____ min.

9. Exact Occupation Farmer Did this work for 34 yrs.
10. Industry or Business Own Farm Date last worked
11. Birthplace Bogard, Missouri (City or town) (State or foreign country)

Father
12. Name Chas. A. Perreten
13. Birthplace Switzerland (City or town) (State or foreign country)

Mother
14. Maiden name Marrianna Perreten
15. Birthplace Switzerland (City or town) (State or foreign country)

16. Informant's OWN Signature Nellie L. Perreten
and Address Kimberly, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/11/44 (Month) (Day) (Year)
(c) Place: Sunset Mem. Park Cem. Twin Falls, Ida.

18. Funeral Director's OWN Signature White Mortuary
and Address Twin Falls, Idaho

19. (a) JAN 15 1944 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) January 8, 1944 at 11:15 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 1-3-44 19____, to 1-8-44 19____
I last saw him alive on 1-8-44 19____; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Chronic lymphatic leukemia	10 mo
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation ____ Date ____	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____ Public Place ____ While at work? ____
Means of injury ____

23. Attendant's OWN Signature Joseph W. Marshall M.D. (M.D. or other)
and Address Twin Falls, Idaho Date 1/10 19 44

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

137 149

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137149
Local Reg. No.
Reg. Dist. No. 650

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filing out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
   (a) County Fremont
   (b) City or town St. Anthony
   (c) Street Address or R. F. D. No. 427 W 1st North
   (d) Death Occurred Inside? Yes Outside? ____ city or town
   (e) Died in a Home XX Hospital ____ Institution ____ Other place ____
   (f) Name Hosp. or Inst. ____ Stayed ____ days
   (g) Lived in this county 45 years 1 months ____ days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Fremont
   (c) City or town St. Anthony
   (d) Street Address or R. F. D. No. 427 W 1st N.
   (e) Deceased lived Inside? Yes Outside? ____ city or town
   (f) Citizen of what country? U. S.
   (g) How long had deceased lived in Idaho? 45 years
   (h) Former residence (city, state) ____

3. (a) **FULL NAME** JOHN HYRUM VAN SICKLE

83a1

3. (b) If veteran, name war No.
3. (c) Social Security No. None.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Catherine Edwards
6. (c) Age of husband or wife if alive 68 years
7. Date of Birth (Month, Day, Year) June 24, 1873

8. AGE	Years	Months	Days	If less than 1 day
	70	6	28	hrs ____ min.

9. Exact Occupation Farmer — Did this work for 45 yrs.
10. Industry or Business Own Farm — Date last worked Sept. 1943
11. Birthplace Muskegon, Michigan (City or town) (State or foreign country)

Father
12. Name Franklin Van Sickle
13. Birthplace Penn. (City or town) (State or foreign country)

Mother
14. Maiden name Sarah Helen Coon
15. Birthplace Penn. (City or town) (State or foreign country)

16. Informant's **OWN** Signature Clifford Watts
and Address St. Anthony, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-25-44 (Month) (Day) (Year)
(c) Place: Ashton, Idaho.
18. Funeral Director's **OWN** Signature M. L. Hansen
and Address St. Anthony, Idaho.
19. (a) Jan. 24, 1944 (Date received and filed) (b) Fred Hansen (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Jan 22 1944
at 9:30 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from July 1943, to Jan 22 1944
I last saw him alive on Jan 22 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cerebral Haemorrhage — Duration 6 hrs.
Due to Hypertension — 2 yr.
Due to ____
Other conditions ____
(Include pregnancy within 3 months of death)

Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's **OWN** Signature [illegible] (M. D. or other)
and Address [illegible] Date 1-24-1944
(For additional space, use reverse side)

137150

United States
Department of Commerce
Bureau of the Census

FEB 2 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137150
Local Reg. No. 20
Reg. Dist. No. 220

1. **PLACE OF DEATH:**
(a) County Nezperce
(b) City or town Lewiston, Idaho
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? # Outside? city or town
(e) Died in a Home Hospital # Institution Other place
(f) Name Hosp. or Inst. St Joseph Stayed 2 days
(g) Lived in this county years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Washington (b) County Asotin
(c) City or town Clarkston
(d) Street Address or R. F. D. No. 413 Maple St.
(e) Deceased lived Inside? Outside? city or town
(f) Citizen of what country? U.S of America
(g) How long had deceased lived in Idaho? 2 Da years
(h) Former residence (city, state) Clarkston, Wash.

3. (a) FULL NAME Joan Marie Sherman

33a

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Infant
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) July 23, 1943

8. AGE	Years	Months	Days	If less than 1 day
		5	23	hrs min.

9. Exact Occupation Infant Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Lewiston, Idaho (City or town) (State or foreign country)
Father
12. Name Jack A Sherman
13. Birthplace Newport, Wash. (City or town) (State or foreign country)
Mother
14. Maiden name Agnes Koefelda
15. Birthplace Hopp, Montana (City or town) (State or foreign country)
16. Informant's OWN Signature Jack A. Sherman
and Address Clarkston, Wash.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/18/44 (Month) (Day) (Year)
(c) Place: Lewiston, Idaho
18. Funeral Director's OWN Signature H R Merchant
and Address Clarkston, Wash.
19. (a) 1/18/44 (Date received and filed) (b) Margaret Vassar (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) January 15 1944
at 8 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from 1-12 1944, to 1-15 1944
I last saw her alive on 1-15 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Flu pneumonia	24 hr
Due to	
Due to	
Other conditions Coryza (Include pregnancy within 3 months of death)	2½ days
Where was disease contracted? home	PHYSICIAN
Name of operation — Date	Underline the cause to which death should be charged statistically.
Major finding —	
Finding of autopsy —	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? — Suicide? — Homicide? —
Occurred — 19 City, county, state where violence occurred —
Place of Violence: Home — Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature [signature] (M. D. or other)
and Address Lewiston Ida Date 1-17 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 137151
Local Reg. No. 1
Reg. Dist. No. 370

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? x Outside? city or town
   (e) Died in a Home Hospital Institution Other place
   (f) Name Hosp. or Inst. St. Alph. Stayed days
   (g) Lived in this county 8 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Ada
   (c) City or town Boise
   (d) Street Address or R.F.D. No. 2522 Madison
   (e) Deceased lived Inside? x Outside? city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 53 years
   (h) Former residence (city, state) Utah

3. (a) **FULL NAME** Honora Rock Schuyler 50

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Wilfred
6. (c) Age of husband or wife if alive Dead years
7. Date of Birth (Month, Day, Year) Feb. 19th. 1872

8. AGE	Years	Months	Days	If less than 1 day
	71	10	12	hrs min.

9. Exact Occupation Housewife Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Gort Co. Galway Ireland (City or town) (State or foreign country)

Father
12. Name Michael Rock
13. Birthplace Gort Co. Galway Ireland (City or town) (State or foreign country)

Mother
14. Maiden name Bridget Joyce
15. Birthplace Gort Co. Galway Ireland (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mrs Anna H Eckes
and Address Rim Drive. Boise Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 4.44 (Month) (Day) (Year)
(c) Place: St. John's Cemetery

18. Funeral Director's **OWN** Signature Schreiber & McCann
and Address Boise. Milford Chapel

19. (a) 1-3-44 (Date received and filed) (b) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Jan 1 19 44
at 1.30 o'clock P M.

21. **I HEREBY CERTIFY**, That I attended deceased from May 1943, to Dec 31 1943
I last saw her alive on Dec 31 1943; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration

Cancer of Breast — 3½ Yr.
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature [illegible] (M. D. or other)
and Address [illegible] Date 19
(For additional space, use reverse side)

137152

137152

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

JAN 11 1943

State File No. 137152
Local Reg. No. 77
Reg. Dist. No. 630

1. **PLACE OF DEATH:**
(a) County Madison
(b) City or town Rexburg
(c) Street Address or R. F. D. No. 58 So. 1st East
(d) Death Occurred Inside? # Outside? ____ city or town
(e) Died in a Home # Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 2 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Madison
(c) City or town Rexburg
(d) Street Address or R. F. D. No. 58 So. 1st East
(e) Deceased lived Inside? # Outside? ____ city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 18 years
(h) Former residence (city, state) ____

3. (a) **FULL NAME** Wayne Jay Ball

1860

3. (b) If veteran, name war ____ 3. (c) Social Security No. 518-22-4358

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife ____ 6. (c) Age of husband or wife if alive ____ years

7. Date of Birth (Month, Day, Year) February 12, 1926

8. AGE	Years	Months	Days	If less than 1 day
	17	10	25	hrs ____ min.

9. Exact Occupation Student — Did this work for ____ yrs.
10. Industry or Business High School — Date last worked May 1943
11. Birthplace Lewisville, Idaho (City or town) (State or foreign country)

Father
12. Name Irvin Ball
13. Birthplace Union (City or town) Utah (State or foreign country)

Mother
14. Maiden name Mary LaVerne Robertson
15. Birthplace Plano (City or town) Idaho (State or foreign country)

16. Informant's **OWN** Signature Irvin Ball
and Address Rexburg, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 10 1944 (Month) (Day) (Year)
(c) Place: Lewisville, Idaho

18. Funeral Director's **OWN** Signature Leland O. Rees
and Address Rexburg, Idaho

19. (a) 1-8-44 (Date received and filed) (b) Nina M. Young (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) January 6 1944
at 4:25 o'clock P. M.

21. **I HEREBY CERTIFY,** That I attended deceased from July 29 1943 to Jan. 6 1944
I last saw him alive on Jan. 7 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Metastasis to lung & pleura	
Due to following injury July 27, 1943	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? Rexburg
Name of operation Removal of tumor Date 10-24-43
Major finding Tumor in right lung, developed
Finding of autopsy ____

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Yes Suicide? ____ Homicide? ____
Occurred July 23 1943 City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place Stairway City Dr. While at work? Yes
Means of injury Fell down stairway, dislocating

23. Attendant's **OWN** Signature Lyle Ricks M.D. (M. D. or other)
and Address Rexburg Date 1-8 1944

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

137154

137154

United States
Department of Commerce
Bureau of the Census

FEB 3 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 8
Reg. Dist. No. 683

1. **PLACE OF DEATH:**
(a) County Custer
(b) City or town Mackay
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? yes Outside? of city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 50 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Custer
(c) City or town Mackay
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? ✓ Outside? city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 56 years
(h) Former residence (city, state) Utah

3. (a) **FULL NAME** Ida May Peck Ivie 108

3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex F.
5. Color or race W
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) 4-31873

8. AGE	Years	Months	Days	If less than 1 day
	70	9	20	hrs min.

9. Exact Occupation housewife Did this work for life yrs.
10. Industry or Business home Date last worked
11. Birthplace Round Valley Utah (City or town) (State or foreign country)
Father
12. Name Benjamin F Peck
13. Birthplace unknown (City or town) (State or foreign country)
Mother
14. Maiden name Margaret Angelina Smith
15. Birthplace (City or town) (State or foreign country)
16. Informant's OWN Signature Ida McCoy
and Address Kitchum Ida
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-28-44 (Month) (Day) (Year)
(c) Place: Mackay Ida
18. Funeral Director's OWN Signature W. Marvel
and Address Arco Ida
19. (a) 1-24-44 (Date received and filed) (b) Rose Kowacki (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 1-23-44 19
at 6.30 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from 1-14-44 19, to 1-23-44 19
I last saw her alive on 1-23-44 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Myocarditis	2 yrs
Due to Double Lobar Pneumonia	10 days
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted? unknown	PHYSICIAN
Name of operation — Date —	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state
where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature E. A. Jensen M.D. (M. D. or other)
and Address Mackay Ida Date 1/24/44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

FEB 3 1944 137,155

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137155
Local Reg. No. 21
Reg. Dist. No. 362

1. **PLACE OF DEATH:**
(a) County Canyon
(b) City or town Nampa
(c) Street Address or R. F. D. No. —
(d) Death Occurred Inside? ____ Outside? ____ city ~~or town~~
(e) Died in a Home__ ~~Hospital~~__ ~~Institution~~__ Other place__
(f) Name Hosp. or Inst. Caxtis Stayed 14 days
(g) Lived in this county ____ years 6 months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Nampa
(d) Street Address or R. F. D. No. ____
(e) Deceased lived Inside? ____ Outside? ____ city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 6 Mo. years
(h) Former residence (city, state) Wyoming

3. (a) **FULL NAME** Christine Divodova

3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) 6/15 1885

8. AGE	Years	Months	Days	If less than 1 day hrs	min.
	58	7	13		

9. Exact Occupation Housekeeper — Did this work for ____ yrs.
10. Industry or Business ____ Date last worked ____
11. Birthplace Czechoslovakia (City or town) (State or foreign country)
Father
12. Name Joseph Jautkousky
13. Birthplace Check (City or town) (State or foreign country)
Mother
14. Maiden name Thiere
15. Birthplace Check (City or town) (State or foreign country)
16. Informant's **OWN** Signature Vera Brimhall
and Address Nampa, Idaho
17. (a) Removal (b) Date thereof 1/29/44 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: Cheyenne, Wyo.
18. Funeral Director's **OWN** Signature F. K. Robinson
and Address Nampa, Ida.
19. (a) Jan 29 1944 (b) Lyda Rodgers (Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 1-28 1944
at 5:30 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from ____ 19__, to 1-26 1944
I last saw h alive on 1-28 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Medical Regulation — Duration 2 Days
Due to 5 ____
Due to Rheumatic heart disease — Duration 3 years
Other conditions ____ — Duration 25
(Include pregnancy within 3 months of death)

Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's **OWN** Signature W. C. Pollman (M. D. or other)
and Address Nampa Ida Date 1-28 1944
(For additional space, use reverse side)

137156

137156

United States
Department of Com[redacted]e 3
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 32
Reg. Dist. No. 121

1. **PLACE OF DEATH:** Kootenai
(a) County
(b) City or town Coeurd'Alene
(c) Street Address or R. F. D. No. 702--3d
(d) Death Occurred Inside? X Outside? -- city or town
(e) Died in a Home - Hospital X Institution - Other place -
(f) Name Hosp. or Inst. Home Hospital Stayed 22 days Hours
(g) Lived in this county 2- years - months - days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Kootenai
(c) City or town Rathdrum
(d) Street Address or R. F. D. No. ----
(e) Deceased lived Inside? X Outside? -- city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 2 years
(h) Former residence (city, state) North Dak.

3. (a) **FULL NAME** Guy H. Phelps

46d

3. (b) If veteran, name war World War (1) 3. (c) Social Security No. none
4. Sex M. 5. Color or race W. 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Ida 6. (c) Age of husband or wife if alive 34 years
7. Date of Birth (Month, Day, Year) Nov. 3d 1894

8. AGE	Years	Months	Days	If less than 1 day
	49	2	22	hrs min.

9. Exact Occupation Farmer Did this work for life yrs.
10. Industry or Business Date last worked Nov.1942
11. Birthplace Sarcoxie (City or town) Missouri (State or foreign country)
Father
12. Name Hiel A. Phelps
13. Birthplace Danville (City or town) Mich. (State or foreign country)
Mother
14. Maiden name Nancy Davidson
15. Birthplace Sarcoxie (City or town) Missouri (State or foreign country)
16. Informant's OWN Signature Mrs. Ida Phelps
and Address Rathdrum Idaho
17. (a) cremation (Burial, cremation, or removal) (b) Date thereof 1-28-1944 (Month) (Day) (Year)
(c) Place: Hazen &Jaeger Spokane Wash.
18. Funeral Director's OWN Signature A. B. Nelson
and Address Rathdrum Idaho.
19. (a) 1-26-44 (Date received and filed) (b) Frances M. Ebel (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 1/25 1944
at 10--10 o'clock A.M.
21. **I HEREBY CERTIFY,** That I attended deceased from 1942 19__, to 1/25 1944
I last saw him alive on 1/24 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Chr. Myocarditis and Cancer of Rectum	several yrs. 2 yrs.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted? home	PHYSICIAN
Name of operation None Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy None	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19__ City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature F. F. Hanning M.D. (M. D. or other)
and Address Coeur d'alene Date 1/24 1944
(For additional space, use reverse side)

FEB 3 1944

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

137157

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 137157
Local Reg. No. 19
Reg. Dist. No. 363

1. PLACE OF DEATH:
(a) County Canyon
(b) City or town Nampa
(c) Street Address or R.F.D. No. 4
(d) Death Occured Inside? ~~Outside?~~ city ~~or town~~
(e) Died in a ~~Home~~ Hospital ~~Institution~~ ~~Other place~~
(f) Name Hosp. or Inst. Merley Stayed 14 days
(g) Lived in this county 30 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Ida (b) County Canyon
(c) City or town Nampa
(d) ~~Street Address or~~ R.F.D. No. 4
(e) Deceased lived ~~Inside~~? Outside? city ~~or town~~
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 30 years
(h) Former residence (city, state) Wis

3. (a) FULL NAME Pierre Blanksma 83a1

3. (b) If veteran, name war ✓
3. (c) Social Security No. ~~#~~
4. Sex M
5. Color or race white
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Clara
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) May 16 - 1871

8. AGE	Years	Months	Days	If less than 1 day
	72	8	—	hrs min.

9. Exact Occupation Farmer Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace (City or town) (State or foreign country)
Father 12. Name Egbert P. Blanksma
13. Birthplace Holland (City or town) (State or foreign country)
Mother 14. Maiden name Wipgke
15. Birthplace Holland (City or town) (State or foreign country)
16. Informant's OWN Signature Martin Blanksma
and Address Nampa Ida
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-20-44 (Month) (Day) (Year)
(c) Place: Nampa Ida
18. Funeral Director's OWN Signature F. K. Robinson
and Address Nampa Ida
19. (a) Jan-26-1944 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) 1-16 1944
at 9 o'clock A M.

21. I HEREBY CERTIFY, That I attended deceased from Jan 2 1944, to Jan 16 1944
I last saw him alive on Jan 16 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Paralysis heart & respiration	3 hrs
Due to Hemorrhage brain	2 wks
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ✓ Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's OWN Signature Horace P Belknap (M. D. or other)
and Address Nampa Date 1/18 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

H.P. B.

137148

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137158
Local Reg. No. 1070
Reg. Dist. No. 430

1. **PLACE OF DEATH:**
(a) County Gooding
(b) City or town Gooding
(c) Street Address or R. F. D. No. Main St.
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home ____ Hospital X Institution ____ Other place ____
(f) Name Hosp. or Inst. Gooding Co. Stayed 1 days
(g) Lived in this county ____ years ____ months 1 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Jerome
(c) City or town Jerome
(d) Street Address or R. F. D. No. ____
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? USA
(g) How long had deceased lived in Idaho? 40 years
(h) Former residence (city, state) No.

3. (a) **FULL NAME** Venetta H. Lumper 124 [illegible]

3. (b) If veteran, name war ____
3. (c) Social Security No. 518-20-8214
4. Sex F
5. Color or race W.
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Gerald Lumper
6. (c) Age of husband or wife if alive 36 years
7. Date of Birth (Month, Day, Year) Oct. 3 1903.

8. AGE	Years	Months	Days	If less than 1 day
	40	3	6	hrs min.

9. Exact Occupation Bookkeeper Did this work for 27 yrs.
10. ~~Industry or Business~~ Date last worked 8-1944
11. Birthplace Early Ida. (City or town) (State or foreign country)
Father
12. Name Perry Harris
13. Birthplace Cadrill Utd. (City or town) (State or foreign country)
Mother
14. Maiden name Ada Haward
15. Birthplace England (City or town) (State or foreign country)
16. Informant's OWN Signature Gerald H. Lumper
and Address Jerome, Ida.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-13-44 (Month) (Day) (Year)
(c) Place: Shoshone Idaho
18. Funeral Director's OWN Signature ~~H. B.~~ Geo. A. Harrison
and Address Gooding Ida.
19. (a) ____ (Date received and filed) (b) ____ (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Jan 9 1944
at 9 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from Jan 8 1943, to Jan 9 1944
I last saw her alive on Jan 9 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
~~Cerebral~~ Cirrhosis of Liver	124 [illegible]
Due to ~~—~~	6 yrs.
Due to ~~—~~	
Other conditions Ruptured (Include pregnancy within 3 months of death) Eosophageal Varices	100 a.v.
Where was disease contracted? ~~—~~	PHYSICIAN
Name of operation ____ Date ____	Underline the cause to which death should be charged statistically.
Major finding ____	
Finding of autopsy ____	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature F. E. Barrett M.D. (M. D. or other)
and Address Gooding Ida. Date 1/12 194__
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

137 19 137159

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 19
Local Reg. No.
Reg. Dist. No. 511

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
   (a) County Bannock
   (b) City or town Pocatello
   (c) Street Address or R. F. D. No. 101 So. Johnson
   (d) Death Occurred Inside? ✓ Outside? ____ city or town
   (e) Died in a Home ____ Hospital ✓ Institution ____ Other place ____
   (f) Name Hosp. or Inst. General Stayed 1 days
   (g) Lived in this county 17 years ____ months ____ days
   Note. If a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Bannock
   (c) City or town Alameda
   (d) Street Address or R. F. D. No. 639 McKinley
   (e) Deceased lived Inside? ✓ Outside? ____ city or town
   (f) Citizen of what country? United States.
   (g) How long had deceased lived in Idaho? 38 years
   (h) Former residence (city, state) Nebraska

3. (a) **FULL NAME** Harry C. Rumble

13/a

3. (b) If veteran, name war ____ 3. (c) Social Security No. 712-03-4859
5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
4. Sex Male
6. (b) Name of husband or wife Cora Lim Rumble 6. (c) Age of husband or wife if alive died 1942 years
7. Date of Birth (Month, Day, Year) September 27th 1898

8. AGE	Years	Months	Days	If less than 1 day
	45	3	11	hrs ____ min.

9. Exact Occupation Boilermaker Helper Did this work for 18 yrs.
10. Industry or Business U.P.R.R. Date last worked Dec. 31, 43
11. Birthplace Lincoln (City or town) Nebraska (State or foreign country)
Father
12. Name William Rumble
13. Birthplace Pennsylvania (City or town) (State or foreign country)
Mother
14. Maiden name Edith Rumble
15. Birthplace West Virginia (City or town) (State or foreign country)
16. Informant's OWN Signature Mrs. Jack Maddock and Address Alameda, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 11th 1944 (Month) (Day) (Year)
(c) Place: Mountain View - Pocatello, Ida.
18. Funeral Director's OWN Signature Kathryn M Hall and Address Pocatello, Idaho
19. (a) Jan 15, 1944 (Date received and filed) (b) D C Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) January 7th 1944 at 9:30 o'clock P. M.
21. **I HEREBY CERTIFY**, That I attended deceased from Jan. 5 1944 to Jan. 7 1944 I last saw him alive on Jan. 7 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: 13/a	Duration
Cardio-nephritis	Unknown.
Due to Probably an exacerbation	
Due to Following influenza	1/1/44.
Other conditions Bronchial Asthma (Include pregnancy within 3 months of death)	Unknown.

Where was disease contracted? Idaho
Name of operation None Date
Major finding Edema of ankles
Finding of autopsy None

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature A. H. Hargrave (M. D. or other)
and Address Pocatello Date Jan. 15 1944.
(For additional space, use reverse side)

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137160

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 8
Reg. Dist. No. 540

1. PLACE OF DEATH:
(a) County Franklin
(b) City or town Preston
(c) Street Address or R. F. D. No. 83 No. 1st. West.
(d) Death Occurred Inside? X Outside? ..... city or town
(e) Died in a Home X Hospital ..... Institution ..... Other place .....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 59 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Franklin
(c) City or town Preston
(d) Street Address or R. F. D. No. 83 No. 1st. West
(e) Deceased lived Inside? X Outside? ..... city or town
(f) If foreign born, in U. S. ..... yrs. Citizen of U. S.? yes
(g) How long had deceased lived in Idaho? 59 years
(h) Former residence (city, state) Logan, Utah.

3. (a) **FULL NAME** ALTHEA CARD GREAVES

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3. (b) If veteran, name war ..... 3. (c) Social Security No. .....
4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife John C. Greaves 6 (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) December 6, 1860

8. AGE	Years	Months	Days	If less than 1 day
	83	1	22	hrs min.

9. Exact Occupation Housewife Did this work for ..... yrs.
10. Industry or Business Own Home Date last worked 12-5-43
11. Birthplace Logan, Utah. (City or town) (State or foreign country)
Father 12. Name Cyrus Williams Card.
13. Birthplace Nat Tarson New York. (City or town) (State or foreign country)
Mother 14. Maiden name Emma Booth,
15. Birthplace Apperly, England. (City or town) (State or foreign country)
16. Informant's **OWN** Signature C. L. Greaves and Address Preston, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 1, 1944 (Month) (Day) (Year)
(c) Place: Preston, Idaho
18. Funeral Director's **OWN** Signature John M. Richards and Address Preston, Idaho
19. (a) 1-31-1944 (Date received and filed) (b) Effie W. Brower (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) ~~December~~ January 28, 1944 at 9:25 o'clock P.M.
21. **I HEREBY CERTIFY,** That I attended deceased from Nov 4 1943 to Dec 28 1944
I last saw her alive on Dec 28 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
arterio-sclerotic heart disease	10 yrs
Due to Fractured femer through fall. Death	
Due to directly due to arterio-sclerotic	
Other conditions heart disease.* (Include pregnancy within 3 months of death)	
fractured femur	6 wks

Where was disease first contracted?
Name of operation ..... Date .....
Major finding * condition aggravated through
Finding of autopsy fracture

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? X Suicide? ..... Homicide? .....
Occurred December 1943 City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury Fall
23. Attendant's **OWN** Signature Leo R. Hawkes M.D. (M. D. or other)
and Address Preston Ida Date 1/31 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

137161 **137161**

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 7
Local Reg. No. 7
Reg. Dist. No. 340

1. PLACE OF DEATH:
(a) County Franklin
(b) City or town Preston
(c) Street Address or R. F. D. No. 170 No. 1st. West.
(d) Death Occurred Inside? X Outside? ..... city or town
(e) Died in a Home X Hospital ..... Institution ..... Other place .....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 10 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Franklin
(c) City or town Preston
(d) Street Address or R. F. D. No. 170 No. 1st. West
(e) Deceased lived Inside? X Outside? ..... city or town
(f) If foreign born, in U. S. ..... yrs. Citizen of U. S.? Yes
(g) How long had deceased lived in Idaho? 10 years
(h) Former residence (city, state) .....

3. (a) **FULL NAME** LOUIS MARTIN CARPENTER

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Martha M. Pack
6 (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) Carpenter January 26, 1859.

8. AGE	Years	Months	Days	If less than 1 day
	84	11	29	hrs min.

9. Exact Occupation Coal Merchant Did this work for ..... yrs.
10. Industry or Business Own Business Date last worked 1934
11. Birthplace Spanish Fork, Utah. (City or town) (State or foreign country)
Father
12. Name John Carpenter,
13. Birthplace Pennsylvania. (City or town) (State or foreign country)
Mother
14. Maiden name Catherine Wherli,
15. Birthplace Switzerland. (City or town) (State or foreign country)
16. Informant's **OWN** Signature K. M. Carpenter and Address 440 East 3rd South Salt Lake
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof January 28 1944 (Month) (Day) (Year)
(c) Place: Salt Lake City, Utah.
18. Funeral Director's **OWN** Signature John M. Richards and Address Preston, Idaho.
19. (a) 1-27-1944 (Date received and filed) (b) Effie W. Brower (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) January 25 1944 at 2:15 o'clock A.M.
21. I **HEREBY CERTIFY**, That I attended deceased from Jan 28 1943, to Jan 28 1944 I last saw him alive on Jan 28 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Coronary occlusion	1 hr
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Arteriosclerosis	Indef
Where was disease first contracted?	PHYSICIAN
Name of operation ..... Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? ..... Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature O. R. Cutler M.D. (M. D. or other) and Address Preston Ida Date 1-27 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 36-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

137167 137162
State File No. 137162
Local Reg. No. 15
Reg. Dist. No. 371

1. PLACE OF DEATH:

(a) County Ada
(b) City or town Gowen Field, Boise, Idaho
(c) Street Address or R.F.D. No. --
(d) Death Occured Inside? x Outside? ... city or town
(e) Died in a Home ... Hospital X. Institution ... Other place ...
(f) Name Hosp. or Inst. Sta Hospital Stayed 5 days
(g) Lived in this county -- years -- months 21 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

(a) State Oregon (b) County --
(c) City or town Tillamook
(d) Street Address or R.F.D. No. --
(e) Deceased lived Inside? ... Outside? x city or town
(f) Citizen of what country? U. S.
(g) How long had deceased lived in Idaho? 21 days years
(h) Former residence (city, state) Same as above.

3. (a) **FULL NAME** SCHRADER, OTTO HARRISON 0-473281

24a

3. (b) If veteran, name war World War I
3. (c) Social Security No. --
4. Sex Male race White
5. Color or
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Alice E.
6. (c) Age of husband or wife if alive 50 years
7. Date of Birth (Month, Day, Year) May 26, 1887

8. AGE	Years	Months	Days	If less than 1 day hrs	min.
	56	7	25		

9. Exact Occupation Engineer Did this work for 3 yrs.
10. Industry or Business U. S. Army Date last worked 16 Jan 1944
11. Birthplace Salem (City or town) Oregon (State or foreign country)

Father
12. Name Paul Schrader
13. Birthplace (City or town) Germany (State or foreign country)

Mother
14. Maiden name Lilly Hunt
15. Birthplace Salem (City or town) Oregon (State or foreign country)

16. Informant's OWN Signature Phillip C. Pedersen
and Address Gowen Field, Boise, Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Jan. 24, 1944 (Month) (Day) (Year)
(c) Place: Portland, Oregon
18. Funeral Director's OWN Signature ...
and Address Boise, Idaho
19. (a) 1-24-44 (Date received and filed) (b) ... (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 21 January 1944
at 10:45 o'clock P. M.

21. **I HEREBY CERTIFY**, That I attended deceased from 16 January 1944 to 21 January 1944
I last saw him alive on 21 January 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: 108	Duration
Pneumonia, lobar, hemorrhagic	5 days
Due to Streptococcus viridans	5 days
Due to	
Other conditions Anemia, severe, type undetermined (Include pregnancy within 3 months of death)	7382 1 yr

Where was disease contracted? --
Name of operation -- Date --
Major finding --
Finding of autopsy Same as above.

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? -- Suicide? -- Homicide? --
Occurred -- 19... City, county, state where violence occurred --
Place of Violence: Home -- Farm -- Industry --
Public Place -- While at work? --
Means of injury --

23. Attendant's OWN Signature Frank L. Fletcher Lt Col MC (M. D. or other)
and Address Gowen Field, Idaho Date 1/22/1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

FEB 7 1944

Certificate Of Death

STATE OF IDAHO

137163

State File No. 137163
Local Reg. No. 53
Reg. Dist. No. 370

1. PLACE OF DEATH:
(a) County Ada
(b) City or town Boise
(c) Street Address or R.F.D. No. The Wheel, 719 Main
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Home .... Hospital .... Institution .... Other place X
(f) Name Hosp. or Inst. ------ Stayed --- days
(g) Lived in this county Unknown months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Ada
(c) City or town Boise
(d) Street Address or R.F.D. No. .....
(e) Deceased lived Inside? X Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? Unknown years
(h) Former residence (city, state) Unknown

3. (a) FULL NAME Will Peoples

3. (b) If veteran, name war WW 1
3. (c) Social Security No. 538-16-8519
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife -------
6. (c) Age of husband or wife if alive ---- years
7. Date of Birth (Month, Day, Year) April 6, 1890

8. AGE	Years	Months	Days	If less than 1 day
	53	10	26	hrs min.

9. Exact Occupation Laborer — Did this work for ---- yrs.
10. Industry or Business ------ — Date last worked -----
11. Birthplace ..... (City or town) Texas (State or foreign country)
Father
12. Name Will Peoples
13. Birthplace ..... (City or town) Unknown (State or foreign country)
Mother
14. Maiden name Sally Reed
15. Birthplace ..... (City or town) Unknown (State or foreign country)
16. Informant's OWN Signature M. B. Stephens
and Address Boise, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/8/44 (Month) (Day) (Year)
(c) Place: Morris Hill Boise, Idaho
18. Funeral Director's OWN Signature W. McBratney
and Address Boise, Idaho
19. (a) 2-7-44 (Date received and filed) (b) R. Sharp (Registrar's signature)

9004

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Feb. 2 1944
about 9:40 o'clock P. M.
21. **I HEREBY CERTIFY**, That ~~I attended deceased from ..... 19 ..... to ..... 19 ..... I last saw-h ..... alive on ..... 19 .....~~; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death — Duration
Fell dead while walking. Had Chronic heart disease. Probably acute heart attack.
Nothing of a criminal nature found.
Other conditions
~~(Include pregnancy within 3 months of death)~~
Where was disease contracted? ——
Name of operation —— Date ——
Major finding ——
Finding of autopsy None
No Inquest.

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's OWN Signature W. McBratney, Coroner of Ada County (M. D. or other)
and Address Boise, Idaho Date 2/5 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

S 137164

State File No. 137164
Local Reg. No. 831
Reg. Dist. No. 330

1. PLACE OF DEATH:
(a) County Ada
(b) City or town Boise
(c) Street Address or R.F.D. No. 1520 No. 11th St.
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Home X Hospital .... Institution .... Other place ....
(f) Name Hosp. or Inst. 50 Stayed ..... days
(g) Lived in this county ..... years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Ada
(c) City or town Boise
(d) Street Address or R.F.D. No. 1520 N. 11
(e) Deceased lived Inside? X Outside? ..... city or town
(f) Citizen of what country? U. S. A.
(g) How long had deceased lived in Idaho? 50 years
(h) Former residence (city, state) Iowa

3. (a) FULL NAME ANNA S. WATTERS 83a

3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Edmund J.
6. (c) Age of husband or wife if alive Dead years
7. Date of Birth (Month, Day, Year) 1856

8. AGE	Years	Months	Days	If less than 1 day
	About 88			hrs min.

9. Exact Occupation Housewife — Did this work for ..... yrs.
10. Industry or Business ..... — Date last worked .....
11. Birthplace Burlington (City or town) Iowa (State or foreign country)
Father 12. Name John McNirney
Father 13. Birthplace ..... (City or town) Ireland (State or foreign country)
Mother 14. Maiden name Unknown
Mother 15. Birthplace ..... (City or town) Unknown (State or foreign country)
16. Informant's OWN Signature Mrs Louise Gallagher
and Address Boise Calif
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/17/44 (Month) (Day) (Year)
(c) Place: St. John's Cemetery
18. Funeral Director's OWN Signature Schreiber & McCann
and Address Boise Melford Baggs
19. (a) 1-17-44 (Date received and filed) (b) ..... (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 1/13/44 19.....
at about 7:30 o'clock A M.
21. **I HEREBY CERTIFY**, That I attended deceased from many years to 1/13/44 19.....
I last saw her alive on 1/13/44; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — Duration
Senile Exhaustion
Due to General Pneumonia days 4 days
Due to Senility and Arteriosclerosis + Cerebral Hemorrhage
Due to Senility
Other conditions .....
(Include pregnancy within 3 months of death)

Where was disease contracted? at Home
Name of operation none Date .....
Major finding .....
Finding of autopsy none
No autopsy

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's OWN Signature D. H. Wahlman (M. D. or other)
and Address Boise Idaho Date 1/14 1944
(For additional space, use reverse side)

137165

United States
Department of Commerce
Bureau of the Census

FEB 8 1944

Certificate Of Death

STATE OF IDAHO

137165

State File No. [illegible]
Local Reg. No. 13
Reg. Dist. No. 371

1. PLACE OF DEATH:
(a) County Ada
(b) City or town Boise.
(c) Street Address or R.F.D. No. 2
(d) Death Occured Inside? ..... Outside? Yes city or town
(e) Died in a Home X Hospital ..... Institution ..... Other place .....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 45 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho. (b) County Ada
(c) City or town Boise.
(d) Street Address or R.F.D. No. 2.
(e) Deceased lived Inside? ..... Outside Yes city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 45. years
(h) Former residence (city, state) Wisconsin.

3. (a) FULL NAME Timan Adolph Johnson.

9562

3. (b) If veteran, name war No.
3. (c) Social Security No. 518-07-1845.
4. Sex Male. 5. Color or race White.
6. (a) Single, widowed, married, divorced Married.
6. (b) Name of husband or wife Lorena. K.
6. (c) Age of husband or wife if alive 61. years
7. Date of Birth (Month, Day, Year) April. 2. 1876.

8. AGE	Years	Months	Days	If less than 1 day
	67.	7.	15.	hrs min.

9. Exact Occupation Retired Produce Did this work for ..... yrs.
10. Industry or Business Dealer. Date last worked .....
11. Birthplace Black River Falls, Wis. (City or town) (State or foreign country)
Father 12. Name Elias Johnson.
13. Birthplace Norway. (City or town) (State or foreign country)
Mother 14. Maiden name Eline Swein.
15. Birthplace Norway. (City or town) (State or foreign country)
16. Informant's OWN Signature Lorena K Johnson
and Address R.D. # 2. Boise, Idaho.
17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof Jan. 19. 1944. (Month) (Day) (Year)
(c) Place: Cloverdale Memorial Park.
18. Funeral Director's OWN Signature Clyde E Summers Funeral Home.
and Address Boise, Idaho.
19. (a) 1-19-44 (Date received and filed) (b) N Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Jan 17 1944
at 3:25 o'clock A M.
21. **I HEREBY CERTIFY**, That ~~I attended deceased from ..... 19 ....., to ..... 19 .....~~
~~I last saw h... alive on ..... 19 .....~~; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Natural Causes. Probably Chronic Heart Disease	
Due to Nothing of Criminal Nature	
Due to Found	
Other conditions No Medical Doctor in attendance. (Include pregnancy within 3 months of death)	
Where was disease contracted? —	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation — Date —	
Major finding —	
Finding of autopsy None No Inquest.	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's OWN Signature W McBratney (M. D. or other)
and Address Boise, Idaho Date 1/18/44 19 .....
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

137166

137166

United States
Department of Commerce
Bureau of the Census

FEB 8 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137166
Local Reg. No. 36
Reg. Dist. No.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. PLACE OF DEATH:
(a) County Ada
(b) City or town Boise
(c) Street Address or R. F. D. No. —
(d) Death Occurred Inside? — Outside? ... city or town
(e) Died in a Home ... Hospital, Institution ... Other place ...
(f) Name Hosp. or Inst. St Lukes Stayed ... days
(g) Lived in this county 1.0 years ... months ... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Caldwell
(d) Street Address or R. F. D. No. 3
(e) Deceased lived Inside? ... Outside? — ... city or town
(f) If foreign born, in U. S. ... yrs. Citizen of U. S.? ...
(g) How long had deceased lived in Idaho? 1.0 years
(h) Former residence (city, state) Wash

3. (a) **FULL NAME** Samuel Wesley Fye

3. (b) If veteran, name war ...
3. (c) Social Security No. ...
4. Sex M race W
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife ...
6 (c) Age of husband or wife if alive ... years
7. Date of Birth (Month, Day, Year) June 23 1868

8. AGE	Years	Months	Days	If less than 1 day
	75	6	26	hrs ... min.

9. Exact Occupation ... Did this work for ... yrs.
10. Industry or Business ... Date last worked ...
11. Birthplace Orangeville Ill. (City or town) (State or foreign country)

Father
12. Name Jacob Fye
13. Birthplace Pa. (City or town) (State or foreign country)

Mother
14. Maiden name Sarah Jane Lankee
15. Birthplace Ill. (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mrs Vesper Fye Freeman
and Address 108 East Idaho Boise
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 22-44 (Month) (Day) (Year)
(c) Place: Boise Idaho (Cloverdale)
18. Funeral Director's **OWN** Signature V Peterson
and Address Caldwell Idaho
19. (a) 1-26-44 (Date received and filed) (b) ... (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Jan 19 19 44
at 4:45 o'clock A. M.

21. I **HEREBY CERTIFY**, That I attended deceased from Nov 7 1943, to death 19 ...
I last saw him alive on Jan 18 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Uremia	1 year
Due to carcinoma prostate	
Due to	
Other conditions Cardiac failure (Include pregnancy within 3 months of death)	

Where was disease first contracted? ...
Name of operation prostatectomy Date 11-43
Major finding ...
Finding of autopsy ...

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ... Suicide? ... Homicide? ...
Occurred ... 19 ... City, county, state where violence occurred ...
Place of Violence: Home ... Farm ... Industry ...
Public Place ... While at work? ...
Means of injury ...

23. Attendant's **OWN** Signature H B Jeppesen (M. D. or other)
and Address Boise Date ... 19 ...
(For additional space, use reverse side)

JAN 24 1944

13768

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 13768
Local Reg. No. 1
Reg. Dist. No. 511

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
   (a) County Bannock
   (b) City or town Downey
   (c) Street Address or R. F. D. No. 2-Box 35
   (d) Death Occurred Inside? ____ Outside? X city or town
   (e) Died in a Home X Hospital ____ Institution ____ Other place ____
   (f) Name Hosp. or Inst. ____ Stayed ____ days
   (g) Lived in this county Life years ____ months ____ days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Bannock
   (c) City or town Downey
   (d) Street Address or R. F. D. No. 2-Box 35
   (e) Deceased lived Inside? ____ Outside? X city or town
   (f) Citizen of what country? ____
   (g) How long had deceased lived in Idaho? Life years
   (h) Former residence (city, state) ____

3. (a) FULL NAME LaMar Wakley

3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Male
5. Color or race Wht.
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife ____
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) April 24 1927

8. AGE	Years	Months	Days	If less than 1 day
	16	8	17	hrs ____ min.

9. Exact Occupation At Home — Did this work for ____ yrs.
10. Industry or Business ____ — Date last worked ____
11. Birthplace Downey Idaho (City or town) (State or foreign country)

Father
12. Name William Wakley
13. Birthplace Downey Idaho (City or town) (State or foreign country)

Mother
14. Maiden name Cora Barnes
15. Birthplace Kaysville Utah (City or town) (State or foreign country)

16. Informant's OWN Signature Arlyn Wakley
and Address Downey Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 15 44 (Month) (Day) (Year)
(c) Place: Downey Idaho
18. Funeral Director's OWN Signature J. Guy Henson
and Address Malad Idaho
19. (a) Jan. 15, 1944 (Date received and filed) (b) Ada L. Coffin (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) January 11 19 44
at 11:20 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from Jan 43, to 1/11 1944
I last saw him alive on 1/11 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Heart failure	
Due to Rheumatic heart disease	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation ____ Date ____	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19 ____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature Rex D. Layton M.D.
(M. D. or other)
and Address Downey Ida. Date 1/14 1944
(For additional space, use reverse side)

137164

137169

United States
Department of Commerce
Bureau of the Census

FEB 10 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137169
Local Reg. No. 15
Reg. Dist. No. 461

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
   (a) County Twin Falls
   (b) City or town Twin Falls
   (c) Street Address or R. F. D. No. 2
   (d) Death Occurred Inside? ____ Outside? X city or town
   (e) Died in a Home ____ Hospital X Institution ____ Other place ____
   (f) Name Hosp. or Inst. T. F. County Stayed no days
   (g) Lived in this county 26 years ____ months ____ days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under Item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Twin Falls
   (c) City or town Kimberly
   (d) Street Address or R. F. D. No. ____
   (e) Deceased lived Inside? X Outside? ____ city or town
   (f) Citizen of what country? ____
   (g) How long had deceased lived in Idaho? 26 years
   (h) Former residence (city, state) Leslie, Ark.

3. (a) **FULL NAME** Carrie Fay Chapin

3. (b) If veteran, name war ____ 3. (c) Social Security No. ____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Leroy S. 6. (c) Age of husband or wife if alive D. years

7. Date of Birth (Month, Day, Year) September 23, 1873

8. AGE	Years	Months	Days	If less than 1 day
	70	3	19	hrs ____ min.

9. Exact Occupation Housewife Did this work for ____ yrs.
10. Industry or Business ____ Date last worked ____
11. Birthplace Appleton City, Missouri (City or town) (State or foreign country)

Father
12. Name L. L. Fay
13. Birthplace ____ Ohio (City or town) (State or foreign country)

Mother
14. Maiden name Henrietta A. Hill
15. Birthplace ____ Ohio (City or town) (State or foreign country)

X 16. Informant's OWN Signature Arthur Chapin
and Address Route 3, Twin Falls, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/15/44 (Month) (Day) (Year)
(c) Place: Sunset Memorial Park

18. Funeral Director's OWN Signature Reynolds Funeral Home
and Address Twin Falls, Idaho

19. (a) JAN 14 1944 (Date received and filed) (b) ____ (Registrar's Signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) January 12, 1944
at 12:40 o'clock P. M.

21. **I HEREBY CERTIFY,** That I attended deceased from 1/10 1944, to 1/12 1944
I last saw her alive on 1/12 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Acute Peritonitis	12 hrs
Due to Ruptured Peptic Ulcer	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy Ruptured Duodenal Ulcer

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's OWN Signature John A. Thomas Jr. (M. D. or other)
and Address ____ Date 1/12 1944
(For additional space, use reverse side)

FEB 1 9 1944

137170

137170

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 2
Reg. Dist. No. 240

1. **PLACE OF DEATH:**
   (a) County Idaho
   (b) City or town 22 Miles Above Riggins
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? Outside? X city or town
   (e) Died in a Home X Hospital Institution Other place
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county 2 years months days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Idaho
   (c) City or town Weiser
   (d) Street Address or R. F. D. No.
   (e) Deceased lived Inside? Outside? X city or town
   (f) Citizen of what country? U.S.
   (g) How long had deceased lived in Idaho? 2 years
   (h) Former residence (city, state) Weiser, Ida

3. (a) **FULL NAME** Ira Piper

3. (b) If veteran, name war None
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) December 26 1885

8. AGE	Years	Months	Days	If less than 1 day
	58	0	16	hrs min.

9. Exact Occupation Sheep Hearder Did this work for 40 yrs.
10. Industry or Business Ranch Date last worked 1/12/44
11. Birthplace Heppner, Oregon (City or town) (State or foreign country)

Father
12. Name Ira Melton Piper
13. Birthplace Springfield Missouri (City or town) (State or foreign country)

Mother
14. Maiden name Susan Emary
15. Birthplace Don't know (City or town) (State or foreign country)

16. Informant's OWN Signature Frank Piper (Brother)
and Address 506 North 8th Kelso, Washington
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 1/16/44 (Month) (Day) (Year)
(c) Place: Weiser, Idaho
18. Funeral Director's OWN Signature Glenn Aulor
and Address Grangeville Idaho
19. (a) 1/20/44 (Date received and filed) (b) Glenn Aulor (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 1/12/44 19
at o'clock M.
21. **I HEREBY CERTIFY,** That I attended deceased from 19, to 19
I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebral hemorrhage	
Due to Ptomaine poisoning	1??
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? X Suicide? Homicide?
Occurred 1/12/ 1944 City, county, state where violence occurred Riggins, Idaho
Place of Violence: Home Farm X Industry
Public Place While at work? X
Means of injury Ptomaine poisoning
23. Attendant's OWN Signature Glenn Aulor (M. D. or other)
and Address Grangeville Date 1/1 1944
(For additional space, use reverse side)

IDAHO COUNTY CORONER

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

137171

137171

United States
Department of Commerce
Bureau of the Census

FEB 9 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137171
Local Reg. No. 6
Reg. Dist. No. 130

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
   (a) County Benewah
   (b) City or town St. Maries
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? X Outside? ____ city or town
   (e) Died in a Home ____ Hospital ____ Institution ____ Other place X
   (f) Name Hosp. or Inst. ____ Stayed ____ days
   (g) Lived in this county ____ years 2 months ____ days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Washington (b) County Spokane
   (c) City or town Spokane
   (d) Street Address or R. F. D. No.
   (e) Deceased lived Inside? X Outside? ____ city or town
   (f) Citizen of what country? unknown
   (g) How long had deceased lived in Idaho? 2 Months
   (h) Former residence (city, state)

3. (a) **FULL NAME** Philip Bird 94a

3. (b) If veteran, name war None
3. (c) Social Security No. 536-05-1832
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) May 1, 1891

8. AGE	Years	Months	Days	If less than 1 day
	52	8	26	hrs ____ min.

9. Exact Occupation Cook — Did this work for ____ yrs.
10. Industry or Business Woods — Date last worked 1-27-44
11. Birthplace Mere (City or town) England (State or foreign country)

Father
12. Name Henry Bird
13. Birthplace England (City or town) (State or foreign country)

Mother
14. Maiden name Charlotte not known
15. Birthplace England (City or town) (State or foreign country)

16. Informant's **OWN** Signature Robert B. Mawhinney
and Address St Clair Hotel, Spokane, Wn.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 1-31-44 (Month) (Day) (Year)
(c) Place: Spokane, Washington
18. Funeral Director's **OWN** Signature R. E. Wessa
and Address St. Maries, Ida.
19. (a) 2-7-44 (Date received and filed) (b) R. E. Wessa (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) January 27, 1944 19____
About at 9:00 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from ____ 19____, to ____ 19____
I last saw h____ alive on ____ 19____; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cardiac Thrombosis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ____ Date ____
Major finding
Finding of autopsy None

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury

23. Attendant's **OWN** Signature R. E. Wessa Coroner
and Address St. Maries, Ida. Date 1-30- 1944
(For additional space, use reverse side)

137172

United States
Department of Commerce
Bureau of the Census

FEB 16 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137172
Local Reg. No. 22
Reg. Dist. No. 461

1. **PLACE OF DEATH:**
   (a) County Twin Falls
   (b) City or town Twin Falls
   (c) Street Address or R. F. D. No. T. F. Co. Genl. Hosp
   (d) Death Occurred Inside? ____ Outside? X city or town
   (e) Died in a Home ____ Hospital X Institution ____ Other place ____
   (f) Name Hosp. Twin Falls Co. Genl. Hosp.
   (g) Lived in this county 6 years ____ months ____ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Ida (b) County Twin Falls
   (c) City or town Hansen
   (d) Street Address or R. F. D. No. Hansen
   (e) Deceased lived Inside? ____ Outside? X city or town
   (f) Citizen of what country? U.S.
   (g) How long had deceased lived in Idaho? 6 years
   (h) Former residence (city, state) Texas

3. (a) **FULL NAME** TOLBY, Mrs. Lillie

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Chas. W.
6. (c) Age of husband or wife if alive 51 years
7. Date of Birth (Month, Day, Year) February 21, 1898

8. AGE	Years	Months	Days	If less than 1 day
	45	10	22	hrs ____ min. ____

9. Exact Occupation Housewife — Did this work for ____ yrs.
10. Industry or Business Own Home — Date last worked ____
11. Birthplace Williams County, Texas (City or town) (State or foreign country)

Father
12. Name Henry W. Swenson
13. Birthplace Sweden (City or town) (State or foreign country)

Mother
14. Maiden name Mary Bjorkland
15. Birthplace Sweden (City or town) (State or foreign country)

16. Informant's **OWN** Signature Chas W. Tolby
and Address Hansen, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/17/44 (Month) (Day) (Year)
(c) Place: Twin Falls Cem.
18. Funeral Director's **OWN** Signature White Mortuary
and Address Twin Falls, Idaho
19. (a) Jan 18 1944 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) January 13th 1944
at 4 o'clock A.M.

21. **I HEREBY CERTIFY,** That I attended deceased from Jan 7 1944 to Jan 13 1944
I last saw her alive on Jan 12 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Large Abdominal Tumor Ovarian with Bloody	10 days
Due to ascites	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation ____ Date ____	
Major finding	
Finding of autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's **OWN** Signature E. Langenwalter (M. D. or other)
and Address Twin Falls, Ida Date 1/13 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

FEB 9 1944

137173

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137173
Local Reg. No. 12
Reg. Dist. No. 110

1. **PLACE OF DEATH:**
   (a) County Bonner
   (b) City or town Sandpoint
   (c) Street Address or R. F. D. No. 514 N. 2nd. Ave.
   (d) Death Occurred Inside? X Outside? ____ city or town
   (e) Died in a Home ____ Hospital X Institution ____ Other place ____
   (f) Name Hosp. or Inst. Community Stayed 7 days
   (g) Lived in this county 12 years ____ months ____ days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Bonner
   (c) City or town Dover
   (d) Street Address or R. F. D. No. ____
   (e) Deceased lived Inside? X Outside? ____ city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 12 years
   (h) Former residence (city, state) ____

3. (a) FULL NAME ANNA BELLE MARQUES

83a1

3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Robt. G. Marques 6. (c) Age of husband or wife if alive 68 years
7. Date of Birth (Month, Day, Year) April 24, 1882

8. AGE	Years	Months	Days	If less than 1 day
	61	9	8	hrs ____ min. ____

9. Exact Occupation Housewife Did this work for 27 yrs.
10. Industry or Business Own Home Date last worked Jan. 1944
11. Birthplace Woodbine, Iowa. (City or town) (State or foreign country)

Father
12. Name William Moore
13. Birthplace Indiana (City or town) (State or foreign country)

Mother
14. Maiden name Alma J. Towne
15. Birthplace Galena, Ill. (City or town) (State or foreign country)

16. Informant's OWN Signature R. G. Marques
and Address Dover, Idaho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 7, 1944. (Month) (Day) (Year)
(c) Place: Sandpoint, Idaho.
18. Funeral Director's OWN Signature MOON MORTUARY
and Address Sandpoint, Idaho.
19. (a) FEB 5 1944 (Date received by Reg.) (b) ____ (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) February 2, 1944
at 5:30 o'clock A. M.
21. I HEREBY CERTIFY, That I attended deceased from ____ 1942 to Feb - 2 1944
I last saw her alive on Feb - 1 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death	Duration
Cerebral Hemorrhage	2 wks
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? ____
Name of operation None Date ____
Major finding ____
Finding of autopsy None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature Floyd G. Wendle (M. D. or other)
and Address Sandpoint, Ida. Date 2-4 1944
(For additional space, use reverse side)

United States
Department of Commerce
Bureau of the Census

FEB 10 1944

137174

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137174
Local Reg. No. 23
Reg. Dist. No. 3A

1. **PLACE OF DEATH:**
(a) County Canyon
(b) City or town Nampa Ida
(c) Street Address or R. F. D. No. 903-11 Ave So
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home __ Hospital X Institution __ Other place __
(f) Name Hosp. or Inst. Carters Stayed 6 days
(g) Lived in this county ____ years ____ months 6 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Valley
(c) City or town McCall
(d) Street Address or R. F. D. No. ~~903-11 Ave So~~
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 35 years
(h) Former residence (city, state) Kansas

3. (a) FULL NAME Lyman Elwood Anders. 186~

3. (b) If veteran, name war No.
3. (c) Social Security No. ____
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Almorene
6. (c) Age of husband or wife if alive 59 years
7. Date of Birth (Month, Day, Year) July 4, 1877

8. AGE	Years	Months	Days	If less than 1 day
	66	7	1	hrs min.

9. Exact Occupation Rancher Did this work for life yrs.
10. Industry or Business Self Date last worked ____
11. Birthplace Cloud County Kans. (City or town) (State or foreign country)
Father
12. Name Elmer Anders.
13. Birthplace Unknown. (City or town) (State or foreign country)
Mother
14. Maiden name Clara Masters.
15. Birthplace Unknown. (City or town) (State or foreign country)
16. Informant's OWN Signature X Mrs. L. E. Anders
and Address McCall Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 2-7-1944 (Month) (Day) (Year)
(c) Place: New Plymouth, Idaho
18. Funeral Director's OWN Signature Wm D. Talley
and Address Nampa Idaho
19. (a) Feb. 7-1944 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Feb. 5 1944
at 2:30 o'clock A. M.
21. **I HEREBY CERTIFY,** That I attended deceased from ____ 19__, to ____ 19__
I last saw h__ alive on ____ 19__; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Fall from up stair window while trying to escape with out leave.	
~~Due to~~ A stroke left his mind inactive.	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation ____ Date ____	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy None	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? X Suicide? ____ Homicide? ____
Occurred Feb. 5th 1944 City, county, state where violence occurred Nampa Ida.
Place of Violence: Home ____ Farm ____ Industry ____
Public Place Nursing Home While at work? ____
Means of injury Falling on head.
23. Attendant's OWN Signature Wm D. Talley (~~M. D. or other~~) Coroner
and Address Nampa Ida Date 2/5 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

FEB 10 1944

137175

137175

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 1016
Reg. Dist. No. 200

1. **PLACE OF DEATH:**
(a) County Latah
(b) City or town Moscow, Idaho
(c) Street Address or R. F. D. No. N. W. of City
(d) Death Occurred Inside? X Outside? X city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 35 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Latah
(c) City or town Moscow
(d) Street Address or R. F. D. No. RFD #5 City
(e) Deceased lived Inside? Outside? X city or town
(f) Citizen of what country? USA
(g) How long had deceased lived in Idaho? 35 years
(h) Former residence (city, state) unkown

3. (a) **FULL NAME** RALPH ALEXANDER PATTERSON 8321

3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Jennie Duke
6. (c) Age of husband or wife if alive 62 years
7. Date of Birth (Month, Day, Year) August 14, 1875

8. AGE	Years	Months	Days	If less than 1 day
	68	5	1	hrs min.

9. Exact Occupation Dairyman — Did this work for 24 yrs.
10. Industry or Business Dairy Farming — Date last worked 5-13-43
11. Birthplace Independence (City or town) Iowa (State or foreign country)

Father
12. Name Wm. Alexander Patterson
13. Birthplace unkown (City or town) (State or foreign country)

Mother
14. Maiden name Emma McBride
15. Birthplace unkown (City or town) (State or foreign country)

16. Informant's **OWN** Signature William Patterson
and Address Moscow, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-20-44 (Month) (Day) (Year)
(c) Place: Moscow, Idaho
18. Funeral Director's **OWN** Signature H R Short
and Address 126 East First, Moscow, Ida.
19. (a) 2/2/44 (Date received and filed) (b) L J Klaarn (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Jan. 15th 1944
at 6 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from Jan. 9 1944 to Jan. 14 1944 last saw h alive on Jan. 14 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Asphyxia Due to High Blood Pressure — Duration
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature W. H. Hagerty M. D. (M. D. or other)
and Address Jan. 15, Date 1-15 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Dr Greenwood

137176

United States
Department of Commerce
Bureau of the Census

FEB 10 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137176
Local Reg. No. 28
Reg. Dist. No. 120

1. **PLACE OF DEATH:**
   (a) County Kootenai
   (b) City or town Coeur D' Alene
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? in Outside? city or town
   (e) Died in a House Hospital Institution Other place
   (f) Name Hosp. or Inst. L. City Gen Stayed 14 days
   (g) Lived in this county 25 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Kootenai
   (c) City or town Coeur D' Alene
   (d) Street Address or R. F. D. No. 835 -7th
   (e) Deceased lived Inside? in Outside? city or town
   (f) Citizen of what country? U. S.
   (g) How long had deceased lived in Idaho? 25 years
   (h) Former residence (city, state) - -

3. (a) **FULL NAME** George Anthony Honsowetz

55e

3. (b) If veteran, name war None
3. (c) Social Security No. 518-01-3047
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Isabelle
6. (c) Age of husband or wife if alive 61 years
7. Date of Birth (Month, Day, Year) Sept. 14, 1880

8. AGE	Years	Months	Days	If less than 1 day hrs	min.
	63	4	5		

9. Exact Occupation Filer — Did this work for 40 yrs.
10. Industry or Business Lumber — Date last worked Nov. 43
11. Birthplace Mich. (City or town) (State or foreign country)

Father
12. Name John Honsowetz
13. Birthplace Germany (City or town) (State or foreign country)

Mother
14. Maiden name Anna Not Known
15. Birthplace Germany (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mrs. Honsowetz
and Address Coeur d' Alene, Ida.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-22-44 (Month) (Day) (Year)
(c) Place St. Thomas Cemetery
18. Funeral Director's **OWN** Signature Mooney Chapel
and Address Coeur D' Alene, Idaho
19. (a) 1-21-44 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Jan. 19, 1944 19
at 1:10 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from Nov. 1943 to Jan 19 1944
I last saw h alive on Jan. 19 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Lymphosarcoma	2 mo.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation None Date
Major finding
Finding of autopsy None

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature Hamilton H. Greenwood M.D. (M. D. or other)
and Address Spirit Lake, Ida. Date 1-20 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

FEB 5 1944

Certificate Of Death

STATE OF IDAHO

137177

137177

State File No.
Local Reg. No. 11
Reg. Dist. No. 362

1. **PLACE OF DEATH:**
   (a) County Canyon
   (b) City or town Nampa
   (c) Street Address or R.F.D. No. 424-10 Ave S
   (d) Death Occured Inside? ~~Outside~~? city or town
   (e) Died in a Home ~~Hospital~~ ~~Institution~~ ~~Other~~ place
   (f) Name Hosp. or Inst. — Stayed days
   (g) Lived in this county 50 years months days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Canyon
   (c) City or town Nampa
   (d) Street Address or R.F.D. No. 424-10 Ave S
   (e) Deceased lived Inside? ~~Outside~~? city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 50 years
   (h) Former residence (city, state) —

3. (a) **FULL NAME** Edward S. Hamaker 94b

3. (b) If veteran, name war no
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) May 7 - 1862

8. AGE	Years	Months	Days	If less than 1 day
	81	8	4	hrs min.

9. Exact Occupation Retail Did this work for 50 yrs.
10. Industry or Business Merchant Date last worked
11. Birthplace Ill (City or town) (State or foreign country)
Father
12. Name John Hamaker
13. Birthplace Penn (City or town) (State or foreign country)
Mother
14. Maiden name Sammis
15. Birthplace Penn (City or town) (State or foreign country)
16. Informant's **OWN** Signature Mrs Mary Hamaker
and Address Nampa Ida
17. (a) Burial (b) Date thereof 1/14/44 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: Nampa Ida
18. Funeral Director's **OWN** Signature F. K. Robinson
and Address Nampa Ida
19. (a) Jan 21 1944 (b) Lyda Rodgers (Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, ~~Year~~) 1/11 1944
at 3 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from Jan 5 1944, to Jan 11 1944
I last saw him alive on Jan 11 1944; death is said to have occurred on the date and hour stated above.
Immediate Cause of Death: Acute dilatation heart — Duration 1 day
Due to Angina pectoris — 5 yrs.
Due to
Other conditions Coronary thrombosis
(Include pregnancy within 3 months of death)
Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature Horace P. Belknap MD (M. D. or other)
and Address Nampa Ida Date Jan 12 1944
(For additional space, use reverse side)

United States
Department of Commerce
Bureau of the Census

FEB 1 0 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

137178 137178

State File No. ____
Local Reg. No. 8
Reg. Dist. No. 121

1. **PLACE OF DEATH:**
(a) County Kootenai
(b) City or town NAVAL HOSPITAL FARRAGUT, IDAHO
(c) Street Address or R. F. D. No. ____
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home ____ Hospital X Institution ____ Other place ____
(f) Name Hosp. or Inst. NAVAL HOSPITAL FARRAGUT, IDAHO Stayed 2 Mo.
(g) Lived in this county 0 years 2 months ____ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Kootenai
(c) City or town FARRAGUT, IDAHO
(d) Street Address or R. F. D. No. FARRAGUT, IDAHO
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? US
(g) How long had deceased lived in Idaho? 2 Mo. years
(h) Former residence (city, state) SanPedro, Calif.

3. (a) **FULL NAME** HOOPER, Lloyd William. 173-59-90. Ch.Bos'n.(T) USN (Ret). 9504

3. (b) If veteran, name war World (1)
3. (c) Social Security No. not known
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Helen
6. (c) Age of husband or wife if alive not known years
7. Date of Birth (Month, Day, Year) March 27, 1892.

8. AGE	Years	Months	Days	If less than 1 day
	51	9	10	hrs ____ min.

9. Exact Occupation Ch.Bos'n. Did this work for ____ yrs.
10. Industry or Business USN Date last worked 1943
11. Birthplace Moscow, Idaho (City or town) (State or foreign country)

Father
12. Name not known
13. Birthplace not known (City or town) (State or foreign country)

Mother
14. Maiden name not known
15. Birthplace not known (City or town) (State or foreign country)

16. Informant's **OWN** Signature R. V. Allen. Pharm. USN
and Address NAVAL HOSPITAL FARRAGUT, IDAHO

17. (a) removal (Burial, cremation, or removal) (b) Date thereof 1-11-44 (Month) (Day) (Year)
(c) Place: San Pedro, California

18. Funeral Director's **OWN** Signature Mooney Funeral Chapel by [illegible]
and Address Coeur d' Alene, Idaho

19. (a) 1-11-44 (Date received and filed) (b) Frances M. Kelly (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) January 7 1944
at 11:45 o'clock A M.

21. **I HEREBY CERTIFY,** That I attended deceased from 11-24-43 19____, to 1-7-44 19____
I last saw him alive on 1-7-44 19____; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
DILATATION, CARDIAC, ACUTE	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? USNT FARRAGUT
Name of operation none Date ____
Major finding ____
Finding of autopsy same as cause of death

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's **OWN** Signature Grant P. Plumley Lieut MC USNR (M. D. or other)
NAVAL HOSPITAL
and Address FARRAGUT, IDAHO Date 1-8 1944

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

137179

State File No. 137179
Local Reg. No. 47
Reg. Dist. No. 370

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? X Outside? ____ city or town
   (e) Died in a Home __ Hospital X Institution __ Other place __
   (f) Name Hosp. or Inst. St. Alphonsus Stayed ____ days
   (g) Lived in this county 45 years ____ months ____ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Ada
   (c) City or town Boise
   (d) Street Address or R. F. D. No. 220 State St.
   (e) Deceased lived Inside? X Outside? ____ city or town
   (f) Citizen of what country? U. S. A.
   (g) How long had deceased lived in Idaho? 45 years
   (h) Former residence (city, state) Kansas

3. (a) FULL NAME JAYNE SKEFFINGTON ALLEN

50

3. (b) If veteran, name war ____ 3. (c) Social Security No. 519-18-5084

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Henry J. Allen 6. (c) Age of husband or wife if alive ____ years

7. Date of Birth (Month, Day, Year) February 19, 1886

8. AGE	Years	Months	Days	If less than 1 day
	57	11	12	hrs min.

9. Exact Occupation Owner of Laundry Did this work for ____ yrs.

10. Industry or Business ____ Date last worked ____

11. Birthplace Red Oak, Iowa (City or town) (State or foreign country)

Father
12. Name Patrick Skeffington
13. Birthplace Canada (City or town) (State or foreign country)

Mother
14. Maiden name Ryan
15. Birthplace Ireland (City or town) (State or foreign country)

16. Informant's OWN Signature H. J. Allen
and Address Boise, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/4/44 (Month) (Day) (Year)
(c) Place: St. John's Cemetery

18. Funeral Director's OWN Signature Schreiber & McCann
and Address Boise, Milford, Oregon

19. (a) 2-3-44 (Date received and filed) (b) R. Shaw (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 2-1-1944
at 10:30 o'clock A.M.

21. **I HEREBY CERTIFY,** That I attended deceased from 7-30-1937 to 2-1-1944
I last saw her alive on 2-1-1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Carcinoma Lung	47d
Due to Carcinoma R Breast	50
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? Boise Id.
Name Breast Amputation Date 1-30-44
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's OWN Signature Fred A Pittenger (M. D. or other)
and Address Boise, Idaho Date 2-3-1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Parkview Cemetery

137180 137180

United States
Department of Commerce
Bureau of the Census FEB 5 1944

Certificate Of Death

STATE OF IDAHO

State File No. 5
Local Reg. No. 3-330
Reg. Dist. No.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
   (a) County Payette
   (b) City or town Payette
   (c) Street Address or ~~R.F.D.~~ No. 1303 2nd ave so
   (d) Death Occured Inside? # Outside? city or town
   (e) Died in a Home # Hospital Institution Other place
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county 32 years months days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Payette
   (c) City or town Payette
   (d) Street Address or ~~R.F.D. No.~~ 1303 2nd ave so
   (e) Deceased lived Inside? # Outside? city or town
   (f) Citizen of what country? U S A
   (g) How long had deceased lived in Idaho? 32 years
   (h) Former residence (city, state) New Plymouth Idaho

3. (a) **FULL NAME** SPENCER NATHANIEL ADKINS

3. (b) If veteran, name war -----
3. (c) Social Security No. ---------
4. Sex male race white
5. Color or
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Jenny Braden
6. (c) Age of husband or wife if alive 80 years
7. Date of Birth (Month, Day, Year) January 10 1857

8. AGE	Years	Months	Days	If less than 1 day
	87	--	21	hrs min.

9. Exact Occupation retired farmer Did this work for life yrs.
10. Industry or Business ranch Date last worked Dec 1943
11. Birthplace Knox Co (City or town) Kentucky (State or foreign country)

Father
12. Name
13. Birthplace (City or town) (State or foreign country)

Mother
14. Maiden name
15. Birthplace (City or town) (State or foreign country)

16. Informant's **OWN** Signature Nancy A. McNair
and Address 2210 21st San Jose Calif

17. (a) burial (b) Date thereof 2-3-1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: New Plymouth Idaho

18. Funeral Director's **OWN** Signature Edith Landon
and Address Payette, Idaho.

19. (a) 2/2/1944 (Date received and filed) (b) J.B. Woodward (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) January 31 1944 19
at 12:25 o'clock A M.

21. **I HEREBY CERTIFY**, That I attended deceased from 12/24/1943 19, to 1/31/44 19
I last saw him alive on 1/31/44 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: (Duration)
Prostatic Abscess — 2 mo
Due to
Due to
Other conditions Senility
(Include pregnancy within 3 months of death)

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature J.B. Woodward, Dr. M.D.
(M. D. or other)
and Address Payette, Idaho. Date 2-2- 19 44
(For additional space, use reverse side)

137181

United States
Department of Commerce
Bureau of the Census

FEB 10 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

137181 State File No.
Local Reg. No. 28
Reg. Dist. No. 460

1. **PLACE OF DEATH:**
(a) County Twin Falls
(b) City or town Twin Falls
(c) Street Address or R. F. D. No. 552-5th Ave. E.
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home ____ Hospital ____ Institution ____ Other place X
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 35 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Twin Falls
(c) City or town Twin Falls
(d) Street Address or R. F. D. No. 552-5th Ave. E.
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? United States
(g) How long had deceased lived in Idaho? 35 years
(h) Former residence (city, state) Minn.

3. (a) FULL NAME Lloyd Hugh Lusk

3. (b) If veteran, name war xx
3. (c) Social Security No. 714-10-9273
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Addie Lusk
6. (c) Age of husband or wife if alive 58 years
7. Date of Birth (Month, Day, Year) February 27, 1885

8. AGE	Years	Months	Days	If less than 1 day hrs	min.
	58	10	11		

9. Exact Occupation Expressman — Did this work for 34 yrs.
10. Industry or Business Railway Express — Date last worked 1-14-44
11. Birthplace Dawson, Minn. (City or town) (State or foreign country)

Father
12. Name William Lusk
13. Birthplace No. Inf. (City or town) (State or foreign country)

Mother
14. Maiden name No. Inf.
15. Birthplace ____ (City or town) (State or foreign country)

16. Informant's OWN Signature Addie E. Lusk
and Address Twin Falls, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-21-44 (Month) (Day) (Year)
(c) Place: Twin Falls Cemetery

18. Funeral Director's OWN Signature S. C. Phillips
and Address Twin Falls, Idaho

19. (a) 1-24-44 (Date received and filed) (b) [signature] (Registrar's Signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 1-18 1944
at 2:00 o'clock P.M.

21. **I HEREBY CERTIFY,** That I attended deceased from 12-22 1943, to 1-18 1944
I last saw h[illegible] alive on 1-18 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Heart attack 95cy	
Due to Influenza	3 days
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? ✓
Name of operation ✓ Date ✓
Major finding ____
Finding of autopsy None

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ✓ Suicide? ✓ Homicide? ✓
Occurred ✓ 19____ City, county, state
where violence occurred ✓
Place of Violence: Home ✓ Farm ✓ Industry ✓
Public Place ✓ While at work? ✓
Means of injury None

23. Attendant's OWN Signature J. R. McMillen
and Address Twin Falls D.O. (M.D. or other) Date Jan 21 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

137182

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137182
Local Reg. No. 43
Reg. Dist. No. 370

1. **PLACE OF DEATH:**
(a) County Ada
(b) City or town Boise
(c) Street Address or R. F. D. No. 513 Bannock St.
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home X Hospital __ Institution __ Other place __
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 30 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Ada
(c) City or town Boise
(d) Street Address or R. F. D. No. 513 Bannock
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? U. S. A.
(g) How long had deceased lived in Idaho? 30 years
(h) Former residence (city, state) Chicago, Ill.

FULL NAME EDNA M. QUERRY

48

3. (b) If veteran, name war ____ 3. (c) Social Security No. ____
4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Robert V. Querry 6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) December 21, 1889

8. AGE	Years	Months	Days	If less than 1 day
	54	1	9	hrs min.

9. Exact Occupation Housewife Did this work for ____ yrs.
10. Industry or Business ____ Date last worked ____
11. Birthplace Lamar (City or town) Colorado (State or foreign country)
Father
12. Name Jacob D. Turner
13. Birthplace Beloit (City or town) Wisconson (State or foreign country)
Mother
14. Maiden name Mary Wilson
15. Birthplace Illinois (City or town) (State or foreign country)
16. Informant's OWN Signature Robert E. Querry
and Address 513 Bannock St. Boise, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/2/44 (Month) (Day) (Year)
(c) Place: Cloverdale Memorial Park
18. Funeral Director's OWN Signature Schreiber & McCann
and Address Boise Milford Dragas
19. (a) 1-31-44 (Date received and filed) (b) R. Shaap (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Jan. 30, 1944
at ____ o'clock ____ M.
21. **I HEREBY CERTIFY,** That I attended deceased from May 15, 1943, to Jan. 30, 1944
I last saw her alive on Jan. 30, 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration
Cancer of Uterus
Due to ____
Due to ____
Other conditions Hepatitis & Splenitis
(Include pregnancy within 3 months of death)
Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature Dr. M. D. Anthony (M. D. or other) D.C., M.C.
and Address 413 Noble Bldg. Boise Date 1-31, 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK ink in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

137183

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 137183
Local Reg. No. 41
Reg. Dist. No. 370

1. PLACE OF DEATH:
(a) County Ada
(b) City or town Boise
(c) Street Address or R.F.D. No. 1220 No. 18th
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Home X Hospital ..... Institution ..... Other place .....
(f) Name Hosp. or Inst. --------- Stayed ..... days
(g) Lived in this county 0 years 7 months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Ohio (b) County Geauga
(c) City or town Chardon
(d) Street Address or R.F.D. No. # 5
(e) Deceased lived Inside? ..... Outside? X city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 7 months years
(h) Former residence (city, state) Ohio

3. (a) FULL NAME Mary Moore Dallas

83.41

3. (b) If veteran, name war ------
3. (c) Social Security No. --------
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Jasper Dallas
6. (c) Age of husband or wife if alive ——— years
7. Date of Birth (Month, Day, Year) February 14, 1853

8. AGE	Years	Months	Days	If less than 1 day
	90	11	16	hrs min.

9. Exact Occupation at home — Did this work for --- yrs.
10. Industry or Business ---- ----- — Date last worked ----
11. Birthplace Mooretown (City or town) Ohio (State or foreign country)
Father
12. Name Cyrus Moore
13. Birthplace Ohio (City or town) (State or foreign country)
Mother
14. Maiden name Jane Patterson
15. Birthplace Ohio (City or town) (State or foreign country)
16. Informant's **OWN** Signature John T. Dallas
and Address Boise, Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 2/1/44 (Month) (Day) (Year)
(c) Place: Steubenville, Ohio
18. Funeral Director's **OWN** Signature McBratney Funeral Home Kenneth Libby
and Address Boise, Idaho
19. (a) 1-31-44 (Date received and filed) (b) R. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Jan. 30 - 1944
at ..... o'clock ..... M.
21. **I HEREBY CERTIFY,** That I attended deceased from ..... 19....., to ..... 19.....
I last saw h..... alive on Jan. 10 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Due to Cerebral Hemorrhage	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYISCIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature J. H. Bodley (M. D. or other)
and Address ..... Date ..... 19.....
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

137184

137184

United States
Department of Commerce
Bureau of the Census

FEB 11 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137184
Local Reg. No.
Reg. Dist. No. 2-02

1. **PLACE OF DEATH:**
(a) County Latah
(b) City or town Kendrick
(c) Street Address or R. F. D. No. Rt. 2
(d) Death Occurred Inside? Outside? X city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 54 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Latah
(c) City or town Kendrick, Id.
(d) Street Address or R. F. D. No. 2
(e) Deceased lived Inside? Outside? X city or town
(f) Citizen of what country? USA
(g) How long had deceased lived in Idaho? 54 years
(h) Former residence (city, state) unknown

3. (a) **FULL NAME** Anna Petra Lien 93d

3. (b) If veteran, name war none 3. (c) Social Security No. none
5. Color or race Wh. 6. (a) Single, widowed, married, divorced Widowed
4. Sex F
6. (b) Name of husband or wife Ole Lien (De.) 6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) July 11, 1866

8. AGE	Years	Months	Days	If less than 1 day
	77	6	05	hrs min.

9. Exact Occupation Housekeeper Did this work for life yrs.
10. Industry or Business " Date last worked
11. Birthplace Norway (City or town) (State or foreign country)
Father
12. Name Sater Norway
13. Birthplace Norway (City or town) (State or foreign country)
Mother
14. Maiden name unknown
15. Birthplace Norway (City or town) (State or foreign country)
16. Informant's **OWN** Signature Mrs. Anna Long and Address Kendrick, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-21-44 (Month) (Day) (Year)
(c) Place: Big Bear Ridge
18. Funeral Director's **OWN** Signature Roy Clark and Address 126 East First Street
19. (a) Jan 19, 1944 (Date received and filed) (b) B. F. Nash (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 1-16 1944
at 1 o'clock A M.

21. **I HEREBY CERTIFY,** That I attended deceased from 1933, to 1944
I last saw her alive on Dec 14 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Arteriosclerotic heart disease 93d	10 yrs.
Due to	
Due to	
Other conditions Hypertension (Include pregnancy within 3 months of death)	10 yr.
Gastro-duodenal ulcer	20 yr.

Where was disease contracted? Home
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature O. A. Christensen (M. D. or other)
and Address Kendrick Date Jan 19 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Mulder 137185

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137185
Local Reg. No.
Reg. Dist. No. 690

1. **PLACE OF DEATH:** Lemhi
(a) County
(b) City or town Salmon
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? ✓ city or town
(e) Died in a Home ✓ Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed 35 days
(g) Lived in this county 42 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Lemhi
(c) City or town Salmon
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Outside? ✓ city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? 42 years
(h) Former residence (city, state)

3. (a) **FULL NAME** EMMA L. NIEMANN

3. (b) If veteran, name war no
3. (c) Social Security No. no.
4. Sex F
5. Color or race W.
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife HENRY F.W.
6. (c) Age of husband or wife if alive 70 years
7. Date of Birth (Month, Day, Year) July 9, 1878

8. AGE	Years	Months	Days	If less than 1 day
	65	6	11	hrs min.

9. Exact Occupation Housewife Did this work for Life yrs.
10. Industry or Business Date last worked May 1942
11. Birthplace Richfield, Iowa (City or town) (State or foreign country)
Father
12. Name John. Wittenburg
13. Birthplace Germany (City or town) (State or foreign country)
Mother
14. Maiden name Shamburg
15. Birthplace Germany (City or town) (State or foreign country)
16. Informant's OWN Signature H. F. W. Niemann and Address Salmon
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-22-44 (Month) (Day) (Year)
(c) Place: Salmon Idaho
18. Funeral Director's OWN Signature Ray McGoldrick and Address Salmon
19. (a) Feb 8-44 (Date received and filed) (b) Clio E. Bellamy (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Jan 20th 1944
at 9:50 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from May 8 1942 to Jan 20 1944
I last saw her alive on Jan 20 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Chronic nephritis	1½ yr
Diabetes mellitus	1½ yr
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature J. L. Mulder M.D. (M. D. or other)
and Address Salmon Ida Date 2-7 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

137186

137186

United States
Department of Commerce
Bureau of the Census

JAN 28 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 31
Reg. Dist. No. 241

1. **PLACE OF DEATH:**
(a) County Bannock
(b) City or town Pocatello
(c) Street Address or R. F. D. No. 1, South
(d) Death Occurred Inside? — Outside? X city or town
(e) Died in a Home X Hospital — Institution — Other place
(f) Name Hosp. ~~or Inst.~~ 4 miles So of Pocatello Stayed days
(g) Lived in this county 14 years — months — days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bannock
(c) City or town Pocatello
(d) Street Address ~~or R. F. D.~~ No. 4 Miles So of City
(e) Deceased lived Inside? — Outside? X city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 14 years
(h) Former residence (city, state) Oregon

3. (a) **FULL NAME** Eldredge Eugene Ross. 61

3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Male
5. Color or race Colored
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mildred
6. (c) Age of husband or wife if alive 56 years
7. Date of Birth (Month, Day, Year) January 28, 1871

8. AGE	Years	Months	Days	If less than 1 day
	72	11	24	hrs min.

9. Exact Occupation dog trainer Did this work for 24 yrs.
10. Industry or Business dog Kennel Date last work Jan 22, 44
11. Birthplace Eugene Oregon (City or town) (State or foreign country)
Father
12. Name Unknown
13. Birthplace " (City or town) (State or foreign country)
Mother
14. Maiden name "
15. Birthplace " (City or town) (State or foreign country)
16. Informant's OWN Signature Mrs E. E. Ross and Address Pocatello, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 26, 44 (Month) (Day) (Year)
(c) Place Pocatello Ida. Jan 26, 44
18. Funeral Director's OWN Signature H. L. McCann and Address Pocatello, Idaho
19. (a) 1-24-1944 (Date received and filed) (b) D. C. Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) January 22 1944 at 11.25 o'clock A. M.
21. **I HEREBY CERTIFY,** That I attended deceased from Jan 22 1944 to Same date I last saw him alive on Dead on arrival Jan 22 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Coronary occlusion	Dk
Due to	
Due to	
Other conditions Diabetes melitis (Include pregnancy within 3 months of death)	Chr.
Where was disease contracted? Home	
Name of operation Date	
Major finding	
Finding of autopsy	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide? Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature William F. Howard (M. D. or other) and Address Pocatello Ida Date Jan 24 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

137187 137187

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

FEB 14 1944

State File No. 137187
Local Reg. No. 41
Reg. Dist. No. 510

1. **PLACE OF DEATH:**
(a) County Bannock
(b) City or town Pocatello
(c) Street Address or ~~R. F. D.~~ No. —
(d) Death Occurred Inside? X Outside? — city or town
(e) Died in a Home — Hospital X Institution — Other place —
(f) Name Hosp. or Inst. St. Anthony's Hosp.
(g) Lived in this county 34 years — months — days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bannock
(c) City or town Pocatello
(d) Street Address or R. F. D. No. —
(e) Deceased lived Inside? X Outside? — city or town
(f) Citizen of what country? U. S. A.
(g) How long had deceased lived in Idaho? 34 years
(h) Former residence (city, state) Lima Mont.

3. (a) **FULL NAME** John Charles Burley

3. (b) If veteran, name war World War #1
3. (c) Social Security No. 518-14-1568
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive Unknown

7. Date of Birth (Month, Day, Year) July 4, 1900

8. **AGE**

Years	Months	Days	If less than 1 day
43	6	20	hrs — min.

9. Exact Occupation Auto Mechanic
Did this work for 20 yrs.
10. Industry or Business —
Date last worked Jan. 22, '44
11. Birthplace Lima (City or town) Montana (State or foreign country)

Father
12. Name Samuel B. Burley
13. Birthplace Missouri (City or town) (State or foreign country)

Mother
14. Maiden name Nancy Ellen Bennett
15. Birthplace Kaysville Utah (City or town) (State or foreign country)

16. Informant's **OWN** Signature John B Burley
and Address Pocatello Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 26 44 (Month) (Day) (Year)
(c) Place: Pocatello Idaho

18. Funeral Director's **OWN** Signature T. L. McKay
and Address Pocatello Idaho

19. (a) 1-24-1944 (Date received and filed) (b) T. L. Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Jan 24 1944
at 8 O'Clock a. M.

21. **I HEREBY CERTIFY**, That I attended deceased from Jan 23 1944 to Jan 24 1944
I last saw h[illegible] alive on Jan 24 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:
Collapse of lung
Due to Interstitial Emphysema — Duration 10 hrs
Due to Multiple fractures of
Due to Auto accident
Other conditions —
(Include pregnancy within 3 months of death)

Where was disease contracted? —
Name of operation — Date —
Major finding —
Finding of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Yes Suicide? — Homicide? —
Occurred Jan. 23, 1944 City, county, state where violence occurred Clarmita Bannock Co.
Place of Violence: Home — Farm — Industry —
Public Place — While at work? No
Means of injury Auto accident-Collision

23. Attendant's **OWN** Signature Ralph B. Hegsted (M. D. or other)
and Address Pocatello Date Jan 24 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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United States
Department of Commerce
Bureau of the Census

FEB 14 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137188
Local Reg. No. 4-44
Reg. Dist. No. 100

1. **PLACE OF DEATH:**
(a) County Boundary
(b) City or town Bonners Ferry
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? XX city or town
(e) Died in a Home Hospital XX Institution Other place
(f) Name Hosp. or Inst. Bonners Ferry Stayed 2 days
(g) Lived in this county 24 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Boundary
(c) City or town Bonners Ferry
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? XX Outside? city or town
(f) Citizen of what country? Japan
(g) How long had deceased lived in Idaho? 24 years
(h) Former residence (city, state) Seattle Wn.

3. (a) **FULL NAME** Fred Motoji Tsudaka 32k

3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex Male
5. Color or race Japanese
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ishiko
6. (c) Age of husband or wife if alive 41 years
7. Date of Birth (Month, Day, Year) Oct. 3, 1887

8. AGE	Years	Months	Days	If less than 1 day
	56	3	19	hrs min.

9. Exact Occupation Laundry Prop. Did this work for 24 yrs.
10. Industry or Business His own Date last worked 1/14/44
11. Birthplace (City or town) Japan (State or foreign country)

Father
12. Name Deubara Tsudaka
13. Birthplace (City or town) Japan (State or foreign country)

Mother
14. Maiden name Sua unknown
15. Birthplace (City or town) Japan (State or foreign country)

16. Informant's **OWN** Signature Helen K. Tsudaka
and Address Bonners Ferry Ida
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 1/25/44 (Month) (Day) (Year)
(c) Place: Spokane Wash.
18. Funeral Director's **OWN** Signature Bonners Ferry Idaho
and Address Shanks Mortuary
19. (a) 1-22-44 (Date received and filed) (b) Carl Bonkel (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Jan. 22nd 1944
at 8:00 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from Jan 5 1944 to Jan 22 1944
I last saw him alive on Jan 22 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Lobar Pneumonia	7 Days
Due to Influenza	7 Days
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature Carl Bonkel M. D. (M. D. or other)
and Address Bonners Ferry Date 1-22-44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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United States
Department of Commerce
Bureau of the Census

FEB 1 2 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 20
Reg. Dist. No. 616

1. **PLACE OF DEATH:**
(a) County Bonneville
(b) City or town Idaho Falls
(c) Street Address or R. F. D. No. RFD # 5
(d) Death Occurred Inside? Outside? X city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 35 years 9 months ? days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bonneville
(c) City or town Idaho Falls
(d) Street Address or R. F. D. No. RFD # 5
(e) Deceased lived Inside? Outside? X city or town
(f) Citizen of what country? United States
(g) How long had deceased lived in Idaho? 35 years
(h) Former residence (city, state) Tidaholm, Sweden

3. (a) **FULL NAME** CARL ROBERT STONEBERG

9564

3. (b) If veteran, name war World I
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Violet Adele S.
6. (c) Age of husband or wife if alive 43 years
7. Date of Birth (Month, Day, Year) July 15, 1890

8. AGE	Years	Months	Days	If less than 1 day
	53	5	22	hrs min.

9. Exact Occupation Farmer Did this work for 35 yrs.
10. Industry or Business Self employed Date last worked Jan. 7, '44
11. Birthplace Tidaholm, Vastergotland, Sweden (City or town) (State or foreign country)

Father
12. Name John Robert Stoneberg
13. Birthplace Tidaholm, Sweden (City or town) (State or foreign country)

Mother
14. Maiden name Anna Johnson
15. Birthplace Tidahlom, Sweden (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. Violet Stoneberg
and Address Idaho Falls, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 11, 1944 (Month) (Day) (Year)
(c) Place: Fielding Park, Ida. Falls, Ida.
18. Funeral Director's OWN Signature A. Buck
and Address Idaho Falls, Idaho
19. (a) 1-11-44 (Date received and filed) (b) Anna Budgen (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) January 7 1944
at 10:30 o'clock A.M.
21. **I HEREBY CERTIFY,** That I attended deceased from 19 , to 19
I last saw h alive on 19 ; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Heart Attack
Due to Gas from Stoneberg
Due to
Other conditions (Include pregnancy within 3 months of death)
Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred Jan 7th 1944 City, county, state where violence occurred Idaho Falls Idaho
Place of Violence: Home yes Farm yes Industry
Public Place While at work? yes
Means of injury Heart Attack
23. Attendant's OWN Signature Fred Ingle Coroner (M. D. or other)
and Address Idaho Falls Ida Date 10th 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

137190 Dr. Tall. 137190

United States
Department of Commerce
Bureau of the Census

FEB 12 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137190
Local Reg. No. 1
Reg. Dist. No. 6 & 0

1. **PLACE OF DEATH:**
   (a) County Jefferson
   (b) City or town Rigby
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? X Outside? ____ city or town
   (e) Died in a Home X Hospital ____ Institution ____ Other place ____
   (f) Name Hosp. or Inst. ____ Stayed ____ days
   (g) Lived in this county 47 years ____ months ____ days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Jefferson
   (c) City or town Rigby
   (d) Street Address or R. F. D. No.
   (e) Deceased lived Inside? ✓ Outside? ____ city or town
   (f) Citizen of what country?
   (g) How long had deceased lived in Idaho? ____ years
   (h) Former residence (city, state)

3. (a) **FULL NAME** Mark Stanley Beck 8201

3. (b) If veteran, name war World War (c) Social Security No. None
4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Estelle Robson (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) November 3 1896

8. AGE	Years	Months	Days	If less than 1 day hrs	min.
	47	2	16		

9. Exact Occupation Rancher Did this work for Life yrs.
10. Industry or Business ____ Date last worked
11. Birthplace LaBelle, Idaho (City or town) (State or foreign country)

Father
12. Name Theodore Beck
13. Birthplace Vermont (City or town) (State or foreign country)

Mother
14. Maiden name Elizabeth Smithson
15. Birthplace Mud Creek, Utah (City or town) (State or foreign country)

16. Informant's OWN Signature Estella H Beck and Address Rigby, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/27/44 (Month) (Day) (Year)
   (c) Place: Annis, Idaho
18. Funeral Director's OWN Signature Leo C. Williams and Address Idaho Falls, Idaho
19. (a) Feb 8 1944 (Date received and filed) (b) Myra B Eskelsell (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) January 19 1944 at 3 00 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from August 1939, to January 19 1944
   I last saw him alive on January 19 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
1a Cerebral Hemorrhage	2 years
Due to Hypertension	6 years
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? At Home
Name of operation Brain Operation Date 2/20/42
Major finding Organized Clot (Cerebrum)
Finding of autopsy None performed

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
   Occurred ____ 19 ____ City, county, state where violence occurred
   Place of Violence: Home ____ Farm ____ Industry ____
   Public Place ____ While at work? ____
   Means of injury

23. Attendant's OWN Signature Nelson Hall M.D. (M. D. or other)
   and Address Rigby, Idaho Date 1/24 1944
   (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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United States
Department of Commerce
Bureau of the Census

FEB 14 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137191
Local Reg. No. [redacted]18
Reg. Dist. No. 511

1. **PLACE OF DEATH:**
(a) County Bannock
(b) City or town Pocatello
(c) Street Address or ~~R. F. D.~~ No. 201 Wilson
(d) Death Occurred Inside? ✓ Outside? ____ city or town
(e) Died in a Home ✓ Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 1 years 2 months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bingham
(c) City or town Blackfoot
(d) ~~Street Address~~ or R. F. D. No. 3
(e) Deceased lived Inside? ____ Outside? ✓ city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 35 years
(h) Former residence (city, state) Fairview, Utah.

3. (a) FULL NAME Sarah Elizabeth Peterson 61

3. (b) If veteran, name war ____ 3. (c) Social Security No. ____
4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife John T. Peterson 6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) Nov. 28, 1868

8. AGE	Years	Months	Days	If less than 1 day
	75	1	14	hrs min.

9. Exact Occupation Housewife Did this work for ____ yrs.
10. Industry or Business ____ Date last worked ____
11. Birthplace Fairview (City or town) Utah (State or foreign country)
Father
12. Name William S. Taylor
13. Birthplace ____ (City or town) England (State or foreign country)
Mother
14. Maiden name Phoebe J. Stewart
15. Birthplace ____ (City or town) Illinois (State or foreign country)
16. Informant's OWN Signature S. Leland Stockton
and Address 201 Wilson Ave. Pocatello Ida.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 1-13-44 (Month) (Day) (Year)
(c) Place: Blackfoot, Idaho
18. Funeral Director's OWN Signature John C. Sanchez
and Address Blackfoot, Idaho.
19. (a) 1-13-1944 (Date received and filed) (b) D. C. Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Jan 12 1944
at 10:08 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from Dec 12 1943 to Jan 12 1944
I last saw her alive on Jan 13 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Diabetes Chronic Interstitial nephritis — Duration
Due to arterio sclerosis
Due to age —
Other conditions —
(Include pregnancy within 3 months of death)
Where was disease contracted? Home
Name of operation 0 Date 0
Major finding 0
Finding of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? No Suicide? No Homicide? No
Occurred None 19__ City, county, state where violence occurred None
Place of Violence: Home No Farm No Industry No
Public Place None While at work? No
Means of injury None
23. Attendant's OWN Signature J. H. Tyson (M. D. or other)
and Address Pocatello Date 1-13 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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United States
Department of Commerce
Bureau of the Census

FEB 4 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137192
Local Reg. No.
Reg. Dist. No.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
(a) County Idaho
(b) City or town Stites
(c) Street Address or R. F. D. No. ✓
(d) Death Occurred Inside? ✓ Outside? ____ city or town
(e) Died in a Home ✓ Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 50 years 3 months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Idaho
(c) City or town Stites
(d) Street Address or R. F. D. No. ____
(e) Deceased lived Inside? ✓ Outside? ____ city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 50 years
(h) Former residence (city, state) Rockford, Wash.

3. (a) **FULL NAME** Mary Catherine Wimpy

162 L

3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Fem.
5. Color or race White
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Joseph Aaron Wimpy
6. (c) Age of husband or wife if alive — years
7. Date of Birth (Month, Day, Year) October 4, 1862

8. AGE	Years	Months	Days	If less than 1 day
	81	3	12	hrs ____ min.

9. Exact Occupation Housewife — Did this work for All life yrs.
10. Industry or Business ____ Date last worked 1/16/44
11. Birthplace Oregon City (City or town), Oregon (State or foreign country)

Father
12. Name John Campbell
13. Birthplace — (City or town), Missouri (State or foreign country)

Mother
14. Maiden name Catherine Mifflin
15. Birthplace Virginia (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mrs. Harry McCarter
and Address ____
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 20 1944 (Month) (Day) (Year)
(c) Place: Harpster Cemetery
18. Funeral Director's **OWN** Signature Claude Trevorrow
and Address Kooskia Idaho
19. (a) Jan 17-44 (Date received and filed) (b) H W Wentworth (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) January 16 1944
at 10:40 o'clock P. M.

21. **I HEREBY CERTIFY**, That I attended deceased from Jan 16 1944 to Jan 16 1944
Last saw h W alive on Jan 16 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Sudden heart failure — Duration ____
Due to No apparent cause — ____
Due to ____
Other conditions ____ (Include pregnancy within 3 months of death)
Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's **OWN** Signature H. W. Wentworth (M. D. or other)
and Address Stites Date Jan 17 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

137193

State File No. 137193
Local Reg. No. [illegible]
Reg. Dist. No. 70

FEB 4 1944

1. **PLACE OF DEATH:**
   (a) County Bonneville
   (b) City or town Moore
   (c) Street Address or R. F. D. No.
   (d) Death Occured Inside? ✓ Outside? ... city or town
   (e) Died in a Home ✓ Hospital ... Institution ... Other place
   (f) Name Hosp. or Inst. ... Stayed ... days
   (g) Lived in this county 7 years ... months ... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Bonneville
   (c) City or town Moore
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? ... Outside? ✓ ... City or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 7 years
   (h) Former residence (city, state) Salt Lake City Utah

3. (a) **FULL NAME** Sarah Martina King

3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex F
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife William King
6. (c) Age of husband or wife if alive 77 years
7. Date of Birth (Month, Day, Year) June 13 - 1872

8. AGE	Years	Months	Days	If less than 1 day
	71	6	18	hrs ... min.

9. Exact Occupation Housewife — Did this work for life yrs.
10. Industry or Business Home — Date last worked 6-43
11. Birthplace Salt Lake City (City or town) Utah (State or foreign country)

Father
12. Name Andrus Frantzen
13. Birthplace Kopenhagen, Denmark (City or town) (State or foreign country)

Mother
14. Maiden name Irene Maria Hall
15. Birthplace Kopenhagen Denmark (City or town) (State or foreign country)

16. Informant's **OWN** Signature W C King
and Address Moore Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-15-44 (Month) (Day) (Year)
(c) Place: Lost River Cem. Moore Idaho

18. Funeral Director's **OWN** Signature W. L. Marvel Lic 232
and Address Arco Ida

19. (a) Feb-1-1944 (Date received and filed) (b) Mary G. Dietrich (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Jan. 11 1944
at 7.10 o'clock P. M.

21. I **HEREBY CERTIFY**, That I attended deceased from June 19 1943 to Jan 11 1944
I last saw her alive on Jan 8 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — Duration

Carcinoma of Colon — 18 mo.
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?
Name of operation none Date
Major finding
Finding of autopsy

PHYISICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ... Suicide? ... Homicide? ...
Occurred ... 19 ... City, county, state where violence occurred
Place of Violence: Home ... Farm ... Industry ...
Public Place ... While at work? ...
Means of injury

23. Attendant's **OWN** Signature J. P. Eckert M. D.
and Address Arco Idaho Date Jan. 12 1944
(M. D. or other)
(For additional space, use reverse side)

Dr. Newcombe

137194 137194

United States
Department of Commerce
Bureau of the Census

FEB 10 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137194
Local Reg. No. 44
Reg. Dist. No. 12-0

1. **PLACE OF DEATH:**
(a) County Kootenai
(b) City or town Coeur D' Alene
(c) Street Address or R. F. D. No. 308 So. 14th
(d) Death Occurred Inside? in Outside? ____ city or town
(e) Died in a Home ____ Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 25 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idahb (b) County Kootenai
(c) City or town Coeur D' Alene
(d) Street Address or R. F. D. No. 308 So 14th
(e) Deceased lived Inside? in Outside? ____ city or town
(f) Citizen of what country? U. S.
(g) How long had deceased lived in Idaho? 25yrs years
(h) Former residence (city, state) ____

3. (a) **FULL NAME** Carl A. Larsen 83 L

3. (b) If veteran, name war Worlds #1
3. (c) Social Security No 519-03-5886
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Helma
6. (c) Age of husband or wife if alive 45 years
7. Date of Birth (Month, Day, Year) July 4, ~~XXX~~ 1893

8. AGE	Years	Months	Days	If less than 1 day
	50	7	0	hrs ____ min.

9. Exact Occupation Lumber Grader — Did this work for 25yrs.
10. Industry or Business Lumber — Date last worked 2/3/44
11. Birthplace Norway (City or town) (State or foreign country)

Father
12. Name Carl A. Larsen
13. Birthplace Norway (City or town) (State or foreign country)

Mother
14. Maiden name Andreia Magnuson
15. Birthplace Norway (City or town) (State or foreign country)

16. Informant's **OWN** Signature J. W. Helma Larsen
and Address 308 So. 14th Coeur d'alene Ida.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/8/44 (Month) (Day) (Year)
(c) Place: Forest Cemetery Mooney Chapel

18. Funeral Director's **OWN** Signature ____
and Address Coeur D' Alene Ida.

19. (a) 2-7-44 (Date received and filed) (b) ____ (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Feb. 4, 1944 19____
at 6:30 o'clock A. M. did not attend

21. **I HEREBY CERTIFY,** That I ~~attended~~ deceased from ____ 19____ to ____ 19____
I ~~last~~ never saw him alive on Feb. 4 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Possible cerebral embolism. 838	Few hrs.
Due to ____	
Due to ____ 73a	
Other conditions Pernicious anemia (Include pregnancy within 3 months of death)	yrs.

Where was disease contracted? ____
Name of operation None Date ____
Major finding ____
Finding of autopsy None

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's **OWN** Signature H. C. Newcombe M.D.
(M. D. or other)
and Address Coeur d'Alene Date February 5. 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

137195 137195

United States
Department of Commerce
Bureau of the Census

JAN 2 9 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137195
Local Reg. No. 6
Reg. Dist. No. 240

1. **PLACE OF DEATH:**
(a) County Franklin
(b) City or town Preston
(c) Street Address or R. F. D. No. 173 West 1st. No.
(d) Death Occurred Inside? X Outside? ..... city or town
(e) Died in a Home X Hospital ..... Institution ..... Other place .....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 40 years ..... months ..... days
Note For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Franklin
(c) City or town Preston
(d) Street Address or R. F. D. No. 173 West 1st. No
(e) Deceased lived Inside? ..... Outside? ..... city or town
(f) If foreign born, in U. S. ..... yrs. Citizen of U. S.? .....
(g) How long had deceased lived in Idaho? ..... years
(h) Former residence (city, state) .....

3. (a) **FULL NAME** LOUIS ERICK ERICKSON

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
5. Color or race White
6. (a) Single, widowed, married, divorced Married
4. Sex Male
6. (b) Name of husband or wife Christina Olson Erickson
6. (c) Age of husband or wife if alive 76 years
7. Date of Birth (Month, Day, Year) June 22, 1866

8. AGE	Years	Months	Days	If less than 1 day
	77	6	28	hrs ..... min.

9. Exact Occupation Farmer Ret. 6yrs. Did this work for ..... yrs.
10. Industry or Business Own Farm Date last worked .....
11. Birthplace Vingaker, Sweden. (City or town) (State or foreign country)

Father
12. Name Erick Erickson,
13. Birthplace Vingaker, Sweden. (City or town) (State or foreign country)

Mother
14. Maiden name Christina Anderson,
15. Birthplace Narike, Sweden. (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mrs. Lovenia E. Peterson
and Address Grace Idaho
17. (a) Burial (b) Date thereof 1-24-44 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: Preston, Idaho.
18. Funeral Director's **OWN** Signature John M. Rasmussen
and Address Preston, Idaho
19. (a) 1-22-1944 (Date received and filed) (b) Effie W. Brower (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) January 20 1944
at 3:00 o'clock P.M.

21. I, **HEREBY CERTIFY,** That I attended deceased from Jan 13 1944 to January 20 1944
I last saw h.. alive on Jan 20 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebral Hemorrhage	1 day
Due to Generalized Arteriosclerosis	1 yr
Due to Other conditions Influenza 331. (Include pregnancy within 3 months of death)	4 days

Where was disease first contracted? Home
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature O. R. Carter M.D. (M. D. or other)
and Address Preston Ida. Date 1-22 1944

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

137196

State File No. 137196
Local Reg. No. 76
Reg. Dist. No. 270

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise
   (c) Street Address or R.F.D. No. 508 N. 6th St.
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home X Hospital .... Institution .... Other place ....
   (f) Name Hosp. or Inst. ..... Stayed ..... days
   (g) Lived in this county 3 years ..... months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Twin Falls
   (c) City or town Twin Falls
   (d) Street Address or R.F.D. No. .....
   (e) Deceased lived Inside? X Outside? ..... city or town
   (f) Citizen of what country? U. S. A.
   (g) How long had deceased lived in Idaho? 16 years
   (h) Former residence (city, state) Kansas

3. (a) **FULL NAME** DOLLIE MAY STOUT

3. (b) If veteran, name war None
3. (c) Social Security No. 518-14-9128
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife William A.
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) September 10, 1889

8. AGE	Years	Months	Days	If less than 1 day
	54	3	27	hrs ..... min.

9. Exact Occupation Housewife — Did this work for ..... yrs.
10. Industry or Business ..... — Date last worked .....
11. Birthplace Olathe, Kansas (City or town) (State or foreign country)

Father
12. Name Benjamin F. Miller
13. Birthplace Illinois (City or town) (State or foreign country)

Mother
14. Maiden name Lillie May Logan
15. Birthplace Illinois (City or town) (State or foreign country)

16. Informant's **OWN** Signature X Florence L. MacRae
and Address Heyburn, Idaho.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 1/13/44 (Month) (Day) (Year)
(c) Place: Twin Falls, Idaho

18. Funeral Director's **OWN** Signature Schreiber & McCann
and Address Boise Nicholson Chapel

19. (a) 1-14-44 (Date received and filed) (b) ..... (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 1-7 1944
at 7:30 o'clock P M.

21. **I HEREBY CERTIFY,** That I attended deceased from 12-44 19..., to 1-7-44 19...
I last saw her alive on 1-7-44 19...; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebral Hemorrhage	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation ..... Date	
Major finding	
Finding of autopsy	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature T. Hallingsworth M.D. (M. D. or other)
and Address Boise Idaho Date 1-8 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

FEB 7 1944

Certificate Of Death

STATE OF IDAHO

137197 137197

State File No. 137197
Local Reg. No. 381
Reg. Dist. No. 300

1. **PLACE OF DEATH:**
   (a) County Adams
   (b) City or town New Meadows
   (c) Street Address or R. F. D. No.
   (d) Death Occured Inside? X Outside? city or town X
   (e) Died in a Home Hospital Institution Other place
   (f) Name Hosp. or Inst. ---------- Stayed -- days
   (g) Lived in this county 0 years 0 months 0 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Valley
   (c) City or town McCall
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? X Outside? city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? Life years
   (h) Former residence (city, state) -------

3. (a) **FULL NAME** Earl Wesley Hedrick

175-e

3. (b) If veteran, name war None
3. (c) Social Security No. 518-18-3617
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Pauline
6. (c) Age of husband or wife if alive 28 years
7. Date of Birth (Month, Day, Year) May 19, 1914

8. AGE	Years	Months	Days	If less than 1 day
	29	7	18	hrs ---- min.

9. Exact Occupation Truck Driver — Did this work for 1½ yrs.
10. Industry or Business ---------- — Date last worked 1/7/44
11. Birthplace Boise (City or town) Idaho (State or foreign country)

Father
12. Name Frank Hedrick
13. Birthplace Walla Walla (City or town) Washington (State or foreign country)

Mother
14. Maiden name Eldora Groesbeck
15. Birthplace Springville (City or town) Utah (State or foreign country)

16. Informant's **OWN** Signature Eldora Darnell
and Address Boise, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/10/44 (Month) (Day) (Year)
(c) Place: Morris Hill Boise, Idaho

18. Funeral Director's **OWN** Signature [illegible]
and Address Boise, Idaho

19. (a) 1/11/44 (Date received and filed) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 1/7/44 19
at 9:30 o'clock a M.

21. **I HEREBY CERTIFY**, That I attended deceased from ---- 19 ---- to ---- 19 ----
I last saw h. im alive on dead 1/7/44 19 ; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — Duration

1. Skull Fracture — instant
2. extensive crushing and — death.

Due to fracture of right chest
five ribs caved in.

Due to 3. Extensive puncture wound
Other conditions of rectal region.
(Include pregnancy within 3 months of death)

Where was disease contracted?
Name of operation o Date
Major finding o
Finding of autopsy o

PHYISICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? * Suicide? Homicide?
Occurred 1/7/44 19 City, county, state where violence occurred Adams County New Meadows
Place of Violence: Home Farm Industry * *
Public Place While at work? **
Means of injury crushed under falling logs during unloading operation

23. Attendant's **OWN** Signature W. H. Knowlton
Coroner (Adams County.
and Address Council, Idaho. Date 1/11/44
(For additional space, use reverse side)

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137198
Local Reg. No. 8
Reg. Dist. No. 370

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise.
   (c) Street Address or R. F. D. No. X
   (d) Death Occurred Inside? Yes Outside? ____ city or town
   (e) Died in a Home ___ Hospital X Institution ___ Other place ___
   (f) Name Hosp. or Inst. St Lukes. Stayed 7. days
   (g) Lived in this county 62 years ____ months ____ days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho. (b) County Ada
   (c) City or town Boise,
   (d) Street Address or R. F. D. No. R.D. # 5.
   (e) Deceased lived Inside? ____ Outside? Yes city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 62 years
   (h) Former residence (city, state) Colorado.

3. (a) **FULL NAME** William Edwin Healy. 92

3. (b) If veteran, name war No.
3. (c) Social Security No.
4. Sex Male. 5. Color or race White. 6. (a) Single, widowed, married, divorced Widower.
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) December. 17. 1876.

8. AGE	Years	Months	Days	If less than 1 day
	68.	0.	14.	hrs ____ min.

9. Exact Occupation Water Master. Did this work for ____ yrs.
10. Industry or Business Boise Project Date last worked
11. Birthplace Greely (City or town) Colorado. (State or foreign country)

Father
12. Name William Edward Healy
13. Birthplace England. (City or town) (State or foreign country)

Mother
14. Maiden name Emaline Oberchain.
15. Birthplace Iowa. (City or town) (State or foreign country)

16. Informant's **OWN** Signature Lula M. Lauer
and Address R. F. D. 5 Boise, Idaho

17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof January. 5. 1944. (Month) (Day) (Year)
(c) Place: Morris Hill Cemetery.

18. Funeral Director's **OWN** Signature Summers Funeral Home. Clyde E. Summers
and Address Boise, Idaho.

19. (a) 1-6-44 (Date received and filed) (b) K. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) January. 1. 1944.
at 4 Oclock o'clock P M.

21. **I HEREBY CERTIFY,** That I attended deceased from Dec 1 1943 to Jan 1 1943
I last saw h/m alive on Jan 1 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cardiac decompensation	1 month
Due to Hypertension	5 years
Chronic Myocarditis 92	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ____ Date ____
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury

23. Attendant's **OWN** Signature N. A. Koelsch M.D. (M. D. or other)
and Address Boise Date 1-5 1944

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137199
Local Reg. No. 2
Reg. Dist. No. [illegible]

1. **PLACE OF DEATH:**
(a) County Ada
(b) City or town Boise.
(c) Street Address or R. F. D. No. 1315. Fort.
(d) Death Occurred Inside? Yes Outside? ____ city or town
(e) Died in a Home X Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 3. years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho. (b) County Ada
(c) City or town Boise.
(d) Street Address or R. F. D. No. 1315. Fort.
(e) Deceased lived Inside? Yes Outside? ____ city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 51. years
(h) Former residence (city, state) Iowa.

3. (a) **FULL NAME** Ella May Cordell. 95c2

3. (b) If veteran, name war No.
3. (c) Social Security No. None.
4. Sex Female 5. Color or race White. 6. (a) Single, widowed, married, divorced Widow.
6. (b) Name of husband or wife ____
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) February. 17. 1869.

8. AGE	Years	Months	Days	If less than 1 day
	74.	10.	14.	hrs ____ min.

9. Exact Occupation At Home. Did this work for ____ yrs.
10. Industry or Business ____ Date last worked ____
11. Birthplace Bedford, Iowa. (City or town) (State or foreign country)
Father
12. Name Lorenzo Dow Cook.
13. Birthplace New York. (City or town) (State or foreign country)
Mother
14. Maiden name Mary Jane Dunnigan.
15. Birthplace Penn. (City or town) (State or foreign country)
16. Informant's OWN Signature Flossie G. Hill
and Address 1315 Fort St Boise Ida.
17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof Jan. 4. 1943. (Month) (Day) (Year)
(c) Place: Gooding, Idaho.
18. Funeral Director's OWN Signature Summers Funeral Home. Clyde E. Summers,
and Address Boise, Idaho.
19. (a) 1-4-44 (Date received and filed) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Jan. 1 1944
at 12.25 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from March 1943, to Jan. 1 1944
I last saw her alive on Dec. 30 1943; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Congestive Heart Failure	6 mo
Due to Arterio-sclerotic Heart disease	about 2 yr.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? ____
Name of operation None Date ____
Major finding ____
Finding of autopsy None

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature O. H. Summers M. D. (M. D. or other)
and Address Boise Ida Date 1-3 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 137200
Local Reg. No. 3
Reg. Dist. No. 376

1. PLACE OF DEATH:
(a) County Ada
(b) City or town Boise
(c) Street Address or R.F.D. No. 115 Main
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Home X Hospital ..... Institution ..... Other place .....
(f) Name Hosp. or Inst. ..... Stayed -- days
(g) Lived in this county 43 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Ada
(c) City or town Boise
(d) Street Address or R.F.D. No. 115 Main
(e) Deceased lived Inside? X Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 43 years
(h) Former residence (city, state) Minnesota

3. (a) **FULL NAME** Patrick Henery Downs

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife -------
6. (c) Age of husband or wife if alive ------ years
7. Date of Birth (Month, Day, Year) January 10, 1864

8. AGE	Years	Months	Days	If less than 1 day
	79	11	21	hrs min.

9. Exact Occupation Retired — Did this work for ----- yrs.
10. Industry or Business ---------- — Date last worked -------
11. Birthplace County Cork (City or town) Ireland (State or foreign country)
Father
12. Name Edward Downs
13. Birthplace ..... (City or town) Ireland (State or foreign country)
Mother
14. Maiden name Mary
15. Birthplace ..... (City or town) Ireland (State or foreign country)
16. Informant's **OWN** Signature Thomas Downs
and Address Lakeview Ore.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-7-44 (Month) (Day) (Year)
(c) Place: Morris Hill, Boise, Idaho
18. Funeral Director's **OWN** Signature W McBratney
and Address Boise, Idaho
19. (a) 1-4-44 (Date received and filed) (b) R Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) January 1 1944
at Not Known o'clock A M.
21. **I HEREBY CERTIFY**, That ~~I attended deceased from ..... 19 ..., to ..... 19 ..... I last saw h ..... alive on ..... 19 .....~~; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Found Dead in his home. Senility. Nothing of a criminal nature found. Probably acute
Due to Heart attack.
Other conditions
~~(Include pregnancy within 3 months of death)~~
Where was disease contracted?
Name of operation ..... Date .....
Major finding
Finding of autopsy None
No Inquest

Duration

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature W McBratney (M. D. or other)
and Address Coroner of Ada County Date 1/2 1944
(For additional space, use reverse side)
Boise, Idaho

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 137201
Local Reg. No. 4
Reg. Dist. No.

1. **PLACE OF DEATH:**
(a) County Ada
(b) City or town Boise
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? X Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. St. Lukes, Stayed days
(g) Lived in this county 68 years 2 months 7 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Ada
(c) City or town Boise
(d) Street Address or R.F.D. No. 309 Broad St
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? U.S.A
(g) How long had deceased lived in Idaho? 68 years
(h) Former residence (city, state) None

3. (a) **FULL NAME** JEREMIAH DOWLING

33.6

3. (b) If veteran, name war None
3. (c) Social Security No. ?
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Oct: 24th. 1875

8. AGE	Years	Months	Days	If less than 1 day
	68	2	7	hrs min.

9. Exact Occupation Miner Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Boise (City or town) Idaho (State or foreign country)
Father
12. Name Andrew Dowling
13. Birthplace St. John's (City or town) Canada (State or foreign country)
Mother
14. Maiden name Frances McClellan
15. Birthplace Bangor (City or town) Maine (State or foreign country)
16. Informant's **OWN** Signature X Frances E. Feeler
and Address Boise Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/5/44 (Month) (Day) (Year)
(c) Place: St. John's Cemetery
18. Funeral Director's **OWN** Signature Schreiber & McCann
and Address Boise. Milford Chapel
19. (a) 1-4-44 (Date received and filed) (b) R. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Jany 1 1944
at 10 40 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from Dec 27 1943 to Jany 1 1944
I last saw him alive on Dec 27 1943; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Broncho pneumonia	4 days
Due to Influenza	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted? Boise Ida	
Name of operation Date	
Major finding	
Finding of autopsy	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature James L. Stewart MD (M. D. or other)
and Address Boise Idaho Date Jany 3 1944
(For additional space, use reverse side)

Hamilton

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 137202
Local Reg. No. 5
Reg. Dist. No.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? X Outside? city or town
   (e) Died in a Home.... Hospital X Institution.... Other place....
   (f) Name Hosp. or Inst. St. Alphonsus lived 7 days
   (g) Lived in this county years months 7 days

   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Boise
   (c) City or town Garden Valley
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? Outside? X city or town
   (f) Citizen of what country? U. S. A.
   (g) How long had deceased lived in Idaho? 59 years
   (h) Former residence (city, state) Kansas

3. (a) **FULL NAME** WILLIAM JAMES HOPKINS

93 E

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) March 3, 1865

8. AGE	Years	Months	Days	If less than 1 day
	78	9	28	hrs min.

9. Exact Occupation Farmer — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace Michigan (City or town) (State or foreign country)

Father
12. Name James H. Hopkins
13. Birthplace U. S. A. (City or town) (State or foreign country)

Mother
14. Maiden name Unknown
15. Birthplace U. S. A. (City or town) (State or foreign country)

16. Informant's **OWN** Signature Fred Hopkins
and Address Grandview, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/3/44 (Month) (Day) (Year)
(c) Place: Garden Valley, Idaho

18. Funeral Director's **OWN** Signature Schreiber & McCann
and Address Boise Milford Deason

19. (a) 1-4-44 (Date received and filed) (b) A. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 1-1 19 44
at 3-15 o'clock 9 M.

21. **I HEREBY CERTIFY,** That I attended deceased from 12-22 19 43, to 1-1 19 44
I last saw him alive on 1-1 19 44, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Coronary Block	2 hrs when
Due to Myocarditis -	
Cardiac Sclerosis -	
Due to	
Other conditions Pyorrhea and	years
(Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature D. O. P. Hamilton (M. D. or other)
and Address Boise Idaho Date 1-4 19 44
(For additional space, use reverse side)

137203

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 1
Local Reg. No.
Reg. Dist. No.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise
   (c) ~~Street Address or~~ R. F. D. No. 5
   (d) Death Occured ~~Inside~~? ..... Outside? ..... city ~~or town~~
   (e) Died in a ~~Home~~ .... Hospital .... ~~Institution~~ .... ~~Other place~~ ....
   (f) Name Hosp. ~~or Inst~~ County Stayed 1 days
   (g) Lived in this county 30 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Ada
   (c) City or town Boise
   (d) ~~Street Address or~~ R.F.D. No. 5
   (e) Deceased lived Inside? ..... ~~Outside?~~ ..... city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 30 years
   (h) Former residence (city, state) ✓

3. (a) **FULL NAME** Lydia Ann Lindsay

3. (b) If veteran, name war ✓
3. (c) Social Security No. none
4. Sex Fem.
5. Color or race W
6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) Aug 7 1872

8. AGE	Years	Months	Days	If less than 1 day
	70	3	26	hrs min.

9. Exact Occupation Housekeeper Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Cedar Rapids Iowa (City or town) (State or foreign country)

Father
12. Name Henry Rausiers
13. Birthplace no record (City or town) (State or foreign country)

Mother
14. Maiden name no record
15. Birthplace Milan Lindsay (City or town) (State or foreign country)

16. Informant's **OWN** Signature Marsha Ida and Address .....
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/6/44 (Month) (Day) (Year)
    (c) Place: Boise Valley Ida
18. Funeral Director's **OWN** Signature F. K. Robinson and Address Nampa Ida
19. (a) 1-10-44 (Date received and filed) (b) A. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Jan 3 1944
    at 7 o'clock ✓ o'clock ..... M.
21. **I HEREBY CERTIFY,** That I attended deceased from Dec 17 1943, to Jan 3 1944
    I last saw her alive on Jan 2 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cardiac decompensation	6 mo
& pulmonary Edema	
Due to Mitral Stenosis	unknown
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
    Occurred ..... 19 ..... City, county, state where violence occurred .....
    Place of Violence: Home ..... Farm ..... Industry .....
    Public Place ..... While at work? .....
    Means of injury .....
23. Attendant's **OWN** Signature L. E. Jewell (M. D. or other)
    and Address Meridian Date Jan 6 1944
    (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 137204
Local Reg. No. 7
Reg. Dist. No. 370

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? X Outside? city or town
   (e) Died in a Home Hospital Institution Other place
   (f) Name Hosp. or Inst St. Alphonsus Stayed 8 days
   (g) Lived in this county -- years -- months 8 days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Elmore
   (c) City or town Mountain Home
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? X Outside? city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 60 years
   (h) Former residence (city, state) Ireland

3. (a) **FULL NAME** Mary Terresa O'Neill

83a

3. (b) If veteran, name war ------
3. (c) Social Security No. ----------
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife James
6. (c) Age of husband or wife if alive ------ years
7. Date of Birth (Month, Day, Year) December 25,1862

8. AGE	Years	Months	Days	If less than 1 day
	81	0	9	hrs min.

9. Exact Occupation None — Did this work for ---- yrs.
10. Industry or Business ---------- — Date last worked -----
11. Birthplace Ireland (City or town) (State or foreign country)
Mother Father
12. Name John Donnelly
13. Birthplace Ireland (City or town) (State or foreign country)
Mother
14. Maiden name Catherine Masterson
15. Birthplace Ireland (City or town) (State or foreign country)
16. Informant's **OWN** Signature C. L. O'Neill
and Address 562 1- Ekanda Ave Ld.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/7/44 (Month) (Day) (Year)
(c) Place: St. Johns Mem'l Hill, Boise, Idaho
18. Funeral Director's **OWN** Signature [illegible]
and Address Boise, Idaho
19. (a) 1-5-44 (Date received and filed) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) January 4 1944
at 2:30 o'clock A. M.
21. **I HEREBY CERTIFY**, That I attended deceased from December 27, 1943 to 19
I last saw her alive on Jan 4 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebral Haemorrhage	
Due to Hypertension & arteriosclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? Home
Name of operation none Date
Major finding
Finding of autopsy none

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature D H Wahlen MD (M. D. or other)
and Address 515 Eastman Bldg. Date 1-5- 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

Patients 137205

State File No.
Local Reg. No. 14
Reg. Dist. No. [illegible]

1. **PLACE OF DEATH:**
(a) County Ada
(b) City or town Boise.
(c) Street Address or R.F.D. No. 1119. Washington.
(d) Death Occured Inside? Yes Outside? ..... city or town
(e) Died in a Home X Hospital.... Institution.... Other place....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 40 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho. (b) County Ada
(c) City or town Boise.
(d) Street Address or R.F.D. No. 1119. Wash.
(e) Deceased lived Inside? Yes Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 40 years
(h) Former residence (city, state) Illinois.

3. (a) **FULL NAME** Dr. Squire Rowland Rightenour. 83 a

3. (b) If veteran, name war No.
3. (c) Social Security No. No.
4. Sex Male.
5. Color or race White.
6. (a) Single, widowed, married, divorced Widower.
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) July. 6. 1867.

8. AGE	Years	Months	Days	If less than 1 day
	76.	6.	0.	hrs min.

9. Exact Occupation Osteopathic Did this work for ..... yrs.
10. Industry or Business Physician. Date last worked .....
11. Birthplace Inninois. (City or town) (State or foreign country)
Father
12. Name Unknown.
13. Birthplace Unknown. (City or town) (State or foreign country)
Mother
14. Maiden name Unknown.
15. Birthplace Unknown. (City or town) (State or foreign country)
16. Informant's **OWN** Signature Edith M. Justus
and Address 1401 Jefferson Boise Ida
17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof Jan. 10. 1944. (Month) (Day) (Year)
(c) Place: Morris Hill Cemetery.
18. Funeral Director's **OWN** Signature Summers Funeral Home. Clyde E. Summers
and Address Boise, Idaho.
19. (a) 1-10-44 (Date received and filed) (b) R. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) January 6 1944
at 5 o'clock A. M.
21. **I HEREBY CERTIFY**, That I attended deceased from Sep 4 1942 to 1/6 1944
I last saw him alive on 1/6 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebral hemorrhage	
Due to Arteriosclerosis	
Due to Senility	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature Fred A. Pierce Jr. (M. D. or other)
and Address Boise Idaho Date 1/10 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 137206
Local Reg. No. 9
Reg. Dist. No. 350

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise
   (c) Street Address or R.F.D. No. 2008 N. 15th. St
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home. X Hospital .... Institution .... Other place ....
   (f) Name Hosp. or Inst. ..... Stayed ..... days
   (g) Lived in this county 4 years ..... months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Ada
   (c) City or town Boise
   (d) Street Address or R.F.D. No. 2008 N. 15
   (e) Deceased lived Inside? X Outside? ..... city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 40 years
   (h) Former residence (city, state) Nevada

3. (a) **FULL NAME** John Brazier McKenney

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mabel
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) July 11th. 1870

8. AGE	Years	Months	Days	If less than 1 day
	73	5	25	hrs ..... min.

9. Exact Occupation Mining — Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Vallejo (City or town) Calif: (State or foreign country)

Father
12. Name Lafayette B. McKenney
13. Birthplace Maine (City or town) (State or foreign country)

Mother
14. Maiden name Hattie Moodey
15. Birthplace N. H. (City or town) (State or foreign country)

16. Informant's **OWN** Signature George E. McKenney
and Address 2008 N. 15th. Boise Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/8/44 (Month) (Day) (Year)
(c) Place: Morris Hill Cemetery
18. Funeral Director's **OWN** Signature Schubert & McCann
and Address Boise Milford Bragg
19. (a) 1-7-44 (Date received and filed) (b) R. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) January 6 19 44
at 1:45 o'clock P.M.
21. **I HEREBY CERTIFY**, That I attended deceased from June 12 1942 to Jan 6 1944
Last saw h. alive on Jan 5 11 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Hypostatic Pneumonia	1 day
Due to Bronchial Asthma	2 years
Due to Upper respiratory infection	1 week
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature Lucie C. Ward (M. D. or other)
and Address Boise Idaho Date 1-6 19 44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

Amended

State File No. 137297
Local Reg. No. 11
Reg. Dist. No. 2-7

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise.
   (c) Street Address or R.F.D. No. 1205. N. 12.
   (d) Death Occured Inside? Yes Outside? ....city or town
   (e) Died in a Home X Hospital.... Institution.... Other place....
   (f) Name Hosp. or Inst.... Stayed....days
   (g) Lived in this county 10 years ....months ....days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho. (b) County Ada
   (c) City or town Boise.
   (d) Street Address or R.F.D. No. 1205. N. 12.
   (e) Deceased lived Inside? Yes Outside? ....city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 10 years
   (h) Former residence (city, state) Nebraska.

3. (a) **FULL NAME** La Bertha Eby. 50

3. (b) If veteran, name war No.
3. (c) Social Security No. None.
4. Sex Female Race White.
5. Color or
6. (a) Single, widowed, married, divorced Widow.
6. (b) Name of husband or wife ....
6. (c) Age of husband or wife if alive .... years
7. Date of Birth (Month, Day, Year) July. 29. 1867.

8. AGE	Years	Months	Days	If less than 1 day
	76.	5.	7.	hrs min.

9. Exact Occupation At Home. Did this work for ....yrs.
10. Industry or Business .... Date last worked ....
11. Birthplace Ashland, Pa. (City or town) (State or foreign country)

Father
12. Name Jacob Fletter.
13. Birthplace Germany. (City or town) (State or foreign country)

Mother
14. Maiden name Katherine Davidson.
15. Birthplace Pa. (City or town) (State or foreign country)

16. Informant's **OWN** Signature Katherine M Eby
and Address 1205 N. 12th St. Boise

17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof Jan. 8. 1944. (Month) (Day) (Year)
(c) Place: Cloverdale Memorial Park.

18. Funeral Director's **OWN** Signature Summers Funeral Home. Clyde E. Summers
and Address Boise, Idaho.

19. (a) 1-8-44 (Date received and filed) (b) R. Shark (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 1 - 6 - 1944
at 2:45 o'clock A. M.

21. **I HEREBY CERTIFY**, That I attended deceased from April 1940, to 1-6-1944
I last saw her alive on 1-5-1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Generalized Carcinoma - toxic	1 yr
Due to Carcinoma of Breast	3 yr.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation .... Date ....
Major finding ....
Finding of autopsy ....

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? .... Suicide? .... Homicide? ....
Occurred .... 19.... City, county, state where violence occurred ....
Place of Violence: Home .... Farm .... Industry ....
Public Place .... While at work? ....
Means of injury ....

23. Attendant's **OWN** Signature O. F. Swindell M.D. (M. D. or other)
and Address Boise Ida. Date 1-7 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

Braxton

State File No. 137285
Local Reg. No. 121
Reg. Dist. No. 5

1. PLACE OF DEATH:
(a) County Ada
(b) City or town Boise.
(c) Street Address or R.F.D. No. X
(d) Death Occured Inside? Yes Outside? ..... city or town
(e) Died in a Home.... Hospital X Institution.... Other place....
(f) Name Hosp. or Inst. St Lukes. Stayed 10 days
(g) Lived in this county 17 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho. (b) County Ada
(c) City or town Boise.
(d) Street Address or R.F.D. No. 817. N. 20.
(e) Deceased lived Inside? Yes Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 25 years
(h) Former residence (city, state) Illinois.

3. (a) FULL NAME John Bert Cowen.

95C

3. (b) If veteran, name war No.
3. (c) Social Security No. No.
4. Sex Male. 5. Color or race White.
6. (a) Single, widowed, married, divorced Married.
6. (b) Name of husband or wife Nettie. E.
6. (c) Age of husband or wife if alive 60. years
7. Date of Birth (Month, Day, Year) February. 14. 1884.

8. AGE	Years	Months	Days	If less than 1 day
	59.	10.	22.	hrs min.

9. Exact Occupation Real Estate. Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Jacksonville Ill. (City or town) (State or foreign country)
Father
12. Name John. D. Cowen.
13. Birthplace Unknown. (City or town) (State or foreign country)
Mother
14. Maiden name Unknown.
15. Birthplace Unknown. (City or town) (State or foreign country)
16. Informant's **OWN** Signature [signature]
and Address 817 N 20th. St. Boise
17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof Jan. 10. 1944. (Month) (Day) (Year)
(c) Place: orris Hill Cemetery.
18. Funeral Director's **OWN** Signature Clyde E Summers Funeral Home.
and Address Boise, Idaho.
19. (a) 1-8-44 (Date received and filed) (b) R Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Jan 6 1944
at ..... o'clock a M.
21. **I HEREBY CERTIFY,** That I attended deceased from Aug 8 1943 to Jan 6 1944
I last saw him alive on Jan 5 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
~~Subacute Nephritis~~	170
Pulmonary Oedema	2 day
Due to Subacute Nephritis	3 mo
& Cardiac Decompensation	6 mo
Due to 95C	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? Boise Idaho
Name of operation None Date .....
Major finding .....
Finding of autopsy None

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature T. N. Braxton M.D. (M. D. or other)
and Address ..... Date ..... 19.....
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

nkes

State File No. 137209
Local Reg. No. 13
Reg. Dist. No.

1. **PLACE OF DEATH:**
(a) County Ada
(b) City or town Boise
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? X Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. St Lukes Stayed 10 days
(g) Lived in this county years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Elmore
(c) City or town Mayfield
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? Outside? X city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 34 years
(h) Former residence (city, state) Washington Fairfield, Idaho.

3. (a) **FULL NAME** Mary Hazel Criswell Havens 1276

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F
5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Vern G.
6. (c) Age of husband or wife if alive 54 years
7. Date of Birth (Month, Day, Year) Jan 12 1895

8. AGE	Years	Months	Days	If less than 1 day
	48	11	26	hrs min.

9. Exact Occupation Housewife. Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Everett (City or town) Washington (State or foreign country)
Father
12. Name Albert W. Criswell
13. Birthplace Wayne Co. (City or town) Iowa (State or foreign country)
Mother
14. Maiden name Margaret Scott
15. Birthplace Moravia (City or town) Iowa (State or foreign country)
16. Informant's **OWN** Signature Jessie Davison
and Address Fairfield Idaho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 11 1944 (Month) (Day) (Year)
(c) Place: Cloverdale Memorial Park
18. Funeral Director's **OWN** Signature Summers Funeral Home Cleph E. Summers
and Address Boise Idaho
19. (a) 1-10-44 (Date received and filed) (b) R. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Jan. 8 1944
at 6:00 o'clock A M.
21. **I HEREBY CERTIFY**, That I attended deceased from Dec 21 1943, to Jan 8 1944
I last saw her alive on Jan 8 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Hemorrhage + Exhaustion	12 hours
Due to Operation	12-31-43.
To relieve obstruction of	
Due to Bill flow.	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? home
Name of operation Bile obstruction 30 days
Major finding Obstruction to flow of bile to bowel.
Finding of autopsy No.

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature Harold T. Nokes MD (M. D. or other)
and Address Boise Date 1-10 1944
(For additional space, use reverse side)

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137210
Local Reg. No. 8
Reg. Dist. No.

1. **PLACE OF DEATH:**
(a) County Ada
(b) City or town Star
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? ✓ Outside? city or town
(e) Died in a Home ✓ Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 40 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Ada
(c) City or town Star
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? ✓ Outside? city or town
(f) If foreign born, in U. S. yrs. Citizen of U. S.?
(g) How long had deceased lived in Idaho? 40 years
(h) Former residence (city, state)

3. (a) **FULL NAME** William Lewis Hadley 93E

3. (b) If veteran, name war
3. (c) Social Security No.
5. Color or
6. (a) Single, widowed, married, divorced married

4. Sex M race W

6. (b) Name of husband or wife Mattie
6 (c) Age of husband or wife if alive years

7. Date of Birth (Month, Day, Year) April 13 - 1852

8. **AGE**

Years	Months	Days	If less than 1 day
91	9	25	hrs min.

9. Exact Occupation Friends Minister Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Monrovia Ind. (City or town) (State or foreign country)

Father
12. Name Thos L Hadley
13. Birthplace N. Carolina (City or town) (State or foreign country)

Mother
14. Maiden name Sarah Massey
15. Birthplace Maresville Ind (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mrs Gathurn Hadley
and Address Star Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-12-44 (Month) (Day) (Year)
(c) Place: Star Idaho
18. Funeral Director's **OWN** Signature
and Address Caldwell Idaho
19. (a) 1-15-44 (Date received and filed) (b) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 1 - 8 1944
at 8:00 o'clock P. M.

21. **I HEREBY CERTIFY,** That I attended deceased from 1-2 1944, to 1-2 1944.
I last saw him alive on 1-2 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cardiac failure	
Due to Myocardial Degeneration	
Due to Senility	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease first contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature John Thomas Smith (M. D. or other)
and Address Meridian Date 1-13 1944
(For additional space, use reverse side)

Idaho

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 137211
Local Reg. No. 7
Reg. Dist. No. ---

1. PLACE OF DEATH:
(a) County Ada
(b) City or town 5 miles east Gowen Fld, Idaho
(c) Street Address or R.F.D. No. --
(d) Death Occured Inside? ... Outside? X ... city or town
(e) Died in a Home ... Hospital ... Institution ... Other place X
(f) Name Hosp. or Inst. -- Stayed -- days
(g) Lived in this county ... years 3½ months ... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State California (b) County
(c) City or town Los Angeles
(d) Street Address or R.F.D. No. 1040 W 93rd St
(e) Deceased lived Inside? X Outside? ... city or town
(f) Citizen of what country? U.S.
(g) How long had deceased lived in Idaho? 3½ Mo
(h) Former residence (city, state) Same as above

3. (a) FULL NAME ZIMMERMAN, Herman J. 19176001 173

3. (b) If veteran, name war --
3. (c) Social Security No. --
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife --
6. (c) Age of husband or wife if alive -- years
7. Date of Birth (Month, Day, Year) April 30, 1915

8. AGE	Years	Months	Days	If less than 1 day
	28	8	1	hrs min.

9. Exact Occupation Soldier — Did this work for 1-2/12 yrs.
10. Industry or Business U.S. Army — Date last worked 1-8-44
11. Birthplace Richardton, North Dakota (City or town) (State or foreign country)

Father
12. Name Marcus Zimmerman
13. Birthplace Unknown (City or town) (State or foreign country)

Mother
14. Maiden name Unknown
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's **OWN** Signature Phillip C. Pedersen
and Address Gowen Field, Boise, Idaho

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Jan 11 1944 (Month) (Day) (Year)
(c) Place: Los Angeles, Calif.

18. Funeral Director's **OWN** Signature Robertson Mortuary
and Address Boise, Idaho

19. (a) 1-13-44 (Date received and filed) (b) R. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH
(Month, Day, Year) January 8 19 44
at 1:33 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from -- 19 -- to -- 19 --
I last saw h-- alive on -- 19 --; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Compound, comminuted, fracture of skull, evulsion of the brain,	Instantly
multiple fractures, dislocation & laceration.	
Due to Airplane accident	
Other conditions -- (Include pregnancy within 3 months of death)	

Where was disease contracted? --
Name of operation -- Date
Major finding --
Finding of autopsy Same as above

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? X Suicide? Homicide?
Occurred January 8 19 44 City, county, state where violence occurred Ada County, Idaho
Place of Violence: Home Farm Industry
Public Place X While at work?
Means of injury Airplane accident

23. Attendant's **OWN** Signature Frank R Fletcher
FRANK L. FLETCHER, Lt. Col., MC (M. D. or other)
and Address Gowen Fld, Idaho Date 1-8 19 44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 137212
Local Reg. No. 6
Reg. Dist. No. --

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town 5 miles west Gowen Fld, Idaho
   (c) Street Address or R.F.D. No. --
   (d) Death Occured Inside? ... Outside? X ... city or town
   (e) Died in a Home ... Hospital ... Institution ... Other place X
   (f) Name Hosp. or Inst. -- Stayed -- days
   (g) Lived in this county ... years 4 months 8 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Minnesota (b) County Stearns
   (c) City or town St. Cloud
   (d) Street Address or R.F.D. No. 200-15th Ave No
   (e) Deceased lived Inside? X Outside? ... city or town
   (f) Citizen of what country? U.S.
   (g) How long had deceased lived in Idaho? 4mo 8 days
   (h) Former residence (city, state) Same as above

3. (a) **FULL NAME** TREBTOSKE, Donald J. 37305828 173

3. (b) If veteran, name war --
3. (c) Social Security No. --
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife --
6. (c) Age of husband or wife if alive -- years
7. Date of Birth (Month, Day, Year) September 22, 1921

8. AGE	Years	Months	Days	If less than 1 day
	22	3	16	hrs min.

9. Exact Occupation Soldier — Did this work for 1-4/12 yrs.
10. Industry or Business U.S. Army — Date last worked 1-8-44
11. Birthplace St Cloud, Minnesota (City or town) (State or foreign country)

Father
12. Name John Trebtoske
13. Birthplace Unknown (City or town) (State or foreign country)

Mother
14. Maiden name Mary (Unknown)
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's **OWN** Signature Phillip C. Pedersen
and Address Gowen Field, Boise, Idaho

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Jan 10 1944 (Month) (Day) (Year)
(c) Place: St Cloud, Minn.

18. Funeral Director's **OWN** Signature [illegible]
and Address Boise, Idaho

19. (a) 1-13-44 (Date received and filed) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) January 8 19 44
at 1:33 o'clock A. M.

21. **I HEREBY CERTIFY**, That I attended deceased from -- 19 -- to -- 19 --
I last saw h-- alive on -- 19 --; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Compound fracture of skull & herniation of the brain, multiple fractures & dislocations, partial incineration — Duration: Instantly
Due to Airplane accident
Other conditions --
(Include pregnancy within 3 months of death)

Where was disease contracted? --
Name of operation -- Date
Major finding --
Finding of autopsy Same as above

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? X Suicide? Homicide?
Occurred January 8 1944 City, county, state where violence occurred Ada County, Idaho
Place of Violence: Home Farm Industry
Public Place X While at work?
Means of injury Airplane accident

23. Attendant's **OWN** Signature Frank L Fletcher
(M. D. or other) FRANK L. FLETCHER, Lt Col, MC
and Address Gowen Fld, Idaho Date 1-8 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 137213
Local Reg. No. 5
Reg. Dist. No.

1. PLACE OF DEATH:
(a) County Ada
(b) City or town 5 miles west Gowen Fld, Idaho
(c) Street Address or R.F.D. No. --
(d) Death Occured Inside? ..... Outside? x city or town
(e) Died in a Home .... Hospital .... Institution .... Other place x
(f) Name Hosp. or Inst. -- Stayed -- days
(g) Lived in this county ..... years 2½ months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Maine (b) County Cumberland
(c) City or town Brunswick
(d) Street Address or R.F.D. No. Gurnet Road
(e) Deceased lived Inside? x Outside? ..... city or town
(f) Citizen of what country? U.S.
(g) How long had deceased lived in Idaho 2½ mos ~~years~~
(h) Former residence (city, state) Same as above

3. (a) FULL NAME SENECAL, John P. 31216344 173

3. (b) If veteran, name war --
3. (c) Social Security No. --
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife --
6. (c) Age of husband or wife if alive -- years
7. Date of Birth (Month, Day, Year) February 10, 1921

8. AGE	Years	Months	Days	If less than 1 day
	22	10	28	hrs min.

9. Exact Occupation Soldier — Did this work for 1-2/12 yrs.
10. Industry or Business U. S. Army — Date last worked 1-8-44
11. Birthplace St Anna, Canada (City or town) (State or foreign country)
Father
12. Name Oscar Senecal
13. Birthplace Unknown (City or town) (State or foreign country)
Mother
14. Maiden name Albina (Unknown)
15. Birthplace Unknown (City or town) (State or foreign country)
16. Informant's OWN Signature Phillip C. Pedersen PHILLIP C. PEDERSEN
and Address Gowen Field, Boise, Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Jan 10 1944 (Month) (Day) (Year)
(c) Place: Brunswick, Maine
18. Funeral Director's OWN Signature O. Sherwin Webb
and Address Boise Idaho
19. (a) 1-13-44 (Date received and filed) (b) R. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) January 8 1944
at 1:33 o'clock A. M.
21. **I HEREBY CERTIFY**, That I attended deceased from -- 19 , to -- 19
I last saw h -- alive on -- 19 ; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Partial decapitation & complete evulsion of brain; evisceration of all abdominal viscera. Incineration.	Instantly
Due to Airplane accident	
Other conditions -- (Include pregnancy within 3 months of death)	
Where was disease contracted? --	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation -- Date	
Major finding --	
Finding of autopsy Same as above	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? X Suicide? ..... Homicide? .....
Occurred January 8 1944 City, county, state where violence occurred Ada County, Idaho
Place of Violence: Home ..... Farm ..... Industry .....
Public Place x While at work? .....
Means of injury Airplane accident
23. Attendant's OWN Signature Frank L. Fletcher FRANK L. FLETCHER, Lt Col, MC (M. D. or other)
and Address Gowen Fld, Idaho Date 1/8 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 137214
Local Reg. No. 4
Reg. Dist. No.

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town 5 miles west Gowen Fld, Idaho
   (c) Street Address or R.F.D. No. --
   (d) Death Occured Inside? ... Outside? X city or town
   (e) Died in a Home.... Hospital.... Institution.... Other place X
   (f) Name Hosp. or Inst. --- Stayed --- days
   (g) Lived in this county ... years 2 months ... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Pennsylvania (b) County --
   (c) City or town Dalton
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? ... Outside? ... city or town
   (f) Citizen of what country? U.S.
   (g) How long had deceased lived in Idaho? 2 mo XXXXX
   (h) Former residence (city, state) Same as above

3. (a) **FULL NAME** HOWE, Walter F. 20242284 173

3. (b) If veteran, name war --
3. (c) Social Security No. --
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary
6. (c) Age of husband or wife if alive unknown years
7. Date of Birth (Month, Day, Year) May 11, 1919

8. AGE	Years	Months	Days	If less than 1 day
	24	7	27	hrs min.

9. Exact Occupation Soldier — Did this work for 3 1/4 yrs.
10. Industry or Business U.S. Army — Date last worked 1-8-44
11. Birthplace Clark Summit, Pennsylvania (City or town) (State or foreign country)

Father
12. Name Charles H. Howe
13. Birthplace Unknown (City or town) (State or foreign country)

Mother
14. Maiden name Unknown
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's **OWN** Signature Phillip C. Pedersen
    and Address Gowen Field, Boise, Idaho
17. (a) Removal (Burial, cremation or removal) (b) Date thereof Jan 10 1944 (Month) (Day) (Year)
    (c) Place: Scranton, Penn.
18. Funeral Director's **OWN** Signature [illegible]
    and Address Boise, Idaho
19. (a) 1-13-44 (Date received and filed) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH**
    (Month, Day, Year) January 8 19 44
    at 1:33 o'clock A. M.
21. **I HEREBY CERTIFY**, That I attended deceased from --- 19---, to --- 19---
    I last saw h--- alive on --- 19---; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Compound, comminuted, fracture skull, evulsion of the brain.	Instantly
XXXXX Multiple fractures, dislocations & lacerations.	
Due to Airplane accident	
Other conditions -- (Include pregnancy within 3 months of death)	

Where was disease contracted? --
Name of operation --- Date
Major finding ---
Finding of autopsy Same as above

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? X Suicide? Homicide?
    Occurred January 8 19 44 City, county, state where violence occurred Ada County, Idaho
    Place of Violence: Home Farm Industry
    Public Place X While at work?
    Means of injury Airplane accident
23. Attendant's **OWN** Signature Frank L. Fletcher (M. D. or other) FRANK L. FLETCHER, Lt. Col., MC
    and Address Gowen Fld, Idaho Date 1-8 19 44

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 137215
Local Reg. No. 3
Reg. Dist. No.

1. **PLACE OF DEATH:**
(a) County Ada
(b) City or town Boise
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? Outside? X city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. Ada County Hosp. Stayed 5½ years
(g) Lived in this county 5 years 6 months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Gooding
(c) City or town Bliss
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? Outside? X city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 29 years
(h) Former residence (city, state) Kentucky

3. (a) **FULL NAME** Frances E. Murray

93E

3. (b) If veteran, name war -----
3. (c) Social Security No. None
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Charles H.
6. (c) Age of husband or wife if alive --- years
7. Date of Birth (Month, Day, Year) January 29, 1871

8. AGE	Years	Months	Days	If less than 1 day
	72	11	10	hrs min.

9. Exact Occupation None Did this work for --- yrs.
10. Industry or Business ------- Date last worked ----
11. Birthplace Fort Thomas (City or town) Kentucky (State or foreign country)
Father
12. Name Gaddis
13. Birthplace Unknown (City or town) (State or foreign country)
Mother
14. Maiden name Emma
15. Birthplace Unknown (City or town) (State or foreign country)
16. Informant's **OWN** Signature Mildred McEwen
and Address 1312 S. 13th St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/11/44 (Month) (Day) (Year)
(c) Place: Canyon Hill Cemetery, Caldwell, Ida.
18. Funeral Director's **OWN** Signature [illegible]
and Address Boise Idaho
19. (a) 1-11-44 (Date received and filed) (b) R. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Jan 8 1944
at 2 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from June 1938 to Jan 1944
I last saw her alive on Jan 8 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Asthma	Years
~~Due to~~ Myocarditis	"
~~Due to~~ Senility	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYISCIAN Underline the cause to which death should be charged statistically.
Name of operation Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature S W Forney (M. D. or other)
and Address Boise Ida Date JAN 10 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

Sprague 5

State File No. 137216
Local Reg. No. 15
Reg. Dist. No. 370

1. **PLACE OF DEATH:**
(a) County Ada
(b) City or town Boise.
(c) Street Address or R.F.D. No. 807. N. 24.
(d) Death Occured Inside? Yes Outside? ..... city or town
(e) Died in a Home X Hospital.... Institution.... Other place....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county ..... years 1 months 3 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho. (b) County Ada
(c) City or town Boise.
(d) Street Address or R.F.D. No. 807. N. 24.
(e) Deceased lived Inside? Yes Outside? ..... city or town
(f) Citizen of what country? X
(g) How long had deceased lived in Idaho? X years
(h) Former residence (city, state) X

3. (a) **FULL NAME** Thomas Braxtan Robinson. Robinson. 120a

3. (b) If veteran, name war No.
3. (c) Social Security No. None.
4. Sex Male.
5. Color or race White.
6. (a) Single, widowed, married, divorced Single.
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) December. 5. 1943.

8. AGE	Years	Months	Days	If less than 1 day
		1.	3.	hrs min.

9. Exact Occupation None. Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Boise, Idaho. (City or town) (State or foreign country)
Father
12. Name Mark Alexander Robinson
13. Birthplace Grangeville, Idaho. (City or town) (State or foreign country)
Mother
14. Maiden name Mary Margaret Braxtan.
15. Birthplace Boise, Idaho. (City or town) (State or foreign country)
16. Informant's **OWN** Signature M. A. Robinson
and Address P.O. Box 821, Yakima, Wash
17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof January. 10. 1944. (Month) (Day) (Year)
(c) Place: Cloverdale Memorial Park.
18. Funeral Director's **OWN** Signature Summers Funeral Home. Clyde E. Summers
and Address Boise, Idaho.
19. (a) 1-10-44 (Date received and filed) (b) N. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) January. 8. 1944.
at 4 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from 1-4- 1944, to 1-8 1944
I last saw him alive on 1-8- 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Gastro-intestinal Lesion - Congenital	1 mo
Due to Possible Cerebral hemorrhage	1 mo
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation ..... Date	
Major finding	
Finding of autopsy	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature F. M. Sprague M. D. (M. D. or other)
and Address Boise Ida Date 1-10 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

a. B. Borch

State File No. 137217
Local Reg. No. 17
Reg. Dist. No. 370

1. **PLACE OF DEATH:**
(a) County Ada
(b) City or town Boise.
(c) Street Address or R.F.D. No. 1108. Jefferson.
(d) Death Occured Inside? Yes Outside? ..... city or town
(e) Died in a Home X Hospital ..... Institution ..... Other place .....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 25 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho. (b) County Ada
(c) City or town Boise.
(d) Street Address or R.F.D. No. 1108. Jefferson
(e) Deceased lived Inside? Yes Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 35 years
(h) Former residence (city, state) Illinois.

3. (a) **FULL NAME** Madge. L. Grewell.

94 a

3. (b) If veteran, name war No.
3. (c) Social Security No. None.
4. Sex Female
5. Color or Race White.
6. (a) Single, widowed, married, divorced Widow.
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) October. 16. 1876.

8. AGE	Years	Months	Days	If less than 1 day
	67.	2.	23.	hrs min.

9. Exact Occupation At Home. Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Viola Illinois. (City or town) (State or foreign country)
Father
12. Name John Frugates.
13. Birthplace Unknown. (City or town) (State or foreign country)
Mother
14. Maiden name Unknown.
15. Birthplace Unknown. (City or town) (State or foreign country)
16. Informant's **OWN** Signature James B. Grewell
and Address 930 - N - 8 & Boise Idaho
17. (a) Removal. (Burial, cremation, or removal) (b) Date thereof Jan. 11. 1944. (Month) (Day) (Year)
(c) Place: Loveland Colorado.
18. Funeral Director's **OWN** Signature Summers Funeral Home. Clyde E. Summers
and Address Boise, Idaho.
19. (a) 1-11-44 (Date received and filed) (b) R Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) January. 9. 1944.
at 5 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from Jan 7 1944 to Jan 10 1944
I last saw her alive on Jan 7 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Coronary thrombosis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation ..... Date	
Major finding	
Finding of autopsy	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature A. B. Borch M.D. (M. D. or other)
and Address Boise Ida Date 1-10 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 13721
Local Reg. No. 21
Reg. Dist. No.

1. PLACE OF DEATH:
(a) County Ada
(b) City or town Boise
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? Outside? XX city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. Veterans Administration Stayed 146 days
(g) Lived in this county years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Ada
(c) City or town Boise
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? Xx Outside? city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 15 years
(h) Former residence (city, state)

3. (a) **FULL NAME** BLEAK, Foy R.

93d

3. (b) If veteran, name war WWII
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) July 12, 1905

8. AGE	Years	Months	Days	If less than 1 day
	38	5	28	hrs min.

9. Exact Occupation None Did this work for yrs.
10. Industry or Business Date last worked July, 1943
11. Birthplace Colorado (City or town) (State or foreign country)
Father
12. Name BLEAK, Foy Richard
13. Birthplace Colorado (City or town) (State or foreign country)
Mother
14. Maiden name SHULTZ, Carrie
15. Birthplace Colorado (City or town) (State or foreign country)
16. Informant's **OWN** Signature Margaret E. Gull Records, Veterans Administration
and Address Boise, Idaho
17. (a) Shipment (Burial, cremation, or removal) (b) Date thereof 1/12/44 (Month) (Day) (Year)
(c) Place: Farmington, Utah
18. Funeral Director's **OWN** Signature W. McBratney McBratney Funeral Home
and Address Boise, Idaho
19. (a) 1-11-44 (Date received and filed) (b) R. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) January 9, 1944
at 10:15 o'clock A. M.
21. **I HEREBY CERTIFY**, That I attended deceased from August 16, 1943, to January 9, 1944
I last saw him alive on January 9, 1943; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Heart Failure	--
93d	
Due to Hypertensive Heart Disease	3 Years
95c2 with Cardiac Enlargement and	or more
~~Due to~~ Myocardial Failure, Class	
Other conditions V (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation None Date
Major finding
Finding of autopsy No autopsy

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature Burton O. Clark BURTON O. CLARK, M.D. (M. D. or other)
and Address VAF, Boise, Idaho Date Jan. 10 1943
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 137219
Local Reg. No. 20
Reg. Dist. No. 370

1. PLACE OF DEATH:
(a) County Ada
(b) City or town Boise
(c) Street Address or R.F.D. No. 706½ Idaho St.
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Home Rooming House Hospital Institution Other place
(f) Name Hosp. or Inst. ——— Stayed — days
(g) Lived in this county unknown years ..... months — days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Ada
(c) City or town Boise
(d) Street Address or R.F.D. No. 706½ Idaho St.
(e) Deceased lived Inside? X Outside? ..... city or town
(f) Citizen of what country? Unknown
(g) How long had deceased lived in Idaho? Unknown years
(h) Former residence (city, state) Unknown

3. (a) FULL NAME John Eric Benson 95C

3. (b) If veteran, name war —
3. (c) Social Security No. 105-09-2919
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Not Known
6. (b) Name of husband or wife ———
6. (c) Age of husband or wife if alive ——— years
7. Date of Birth (Month, Day, Year) January 5, 1880

8. AGE	Years	Months	Days	If less than 1 day
	64	0	5	hrs min.

9. Exact Occupation Unknown Did this work for — yrs.
10. Industry or Business ——— Date last worked ———
11. Birthplace Unknown (City or town) (State or foreign country)
Father
12. Name Unknown
13. Birthplace Unknown (City or town) (State or foreign country)
Mother
14. Maiden name Unknown
15. Birthplace Unknown (City or town) (State or foreign country)
16. Informant's **OWN** Signature M.B. Stephens
and Address Boise, Idaho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-13-44 (Month) (Day) (Year)
(c) Place: Morris Hill, Boise, Idaho
18. Funeral Director's **OWN** Signature W McBratney
and Address Boise, Idaho
19. (a) 1-14-44 (Date received and filed) (b) R. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) January 10 — 1944
at Not Known o'clock — M.

21. I HEREBY CERTIFY, That ~~I attended deceased from ——— 19 ——, to ——— 19 ——~~
~~I last saw h ——— alive on ——— 19 ——~~; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration
Found dead in bed in his room 706½ Idaho Street.
~~Date~~ Date found Jan 12 - 1944
Nothing of a criminal nature ~~Date~~ found. Had Chronic
Other conditions Heart Disease.
~~(Include pregnancy within 3 months of death)~~
Date last seen was Jan - 10 - 1944.
Where was disease contracted? ———
Name of operation ——— Date ———
Major finding ———
Finding of autopsy None
No Inquest

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature W McBratney (M. D. or other)
and Address Coroner of Ada Co. Date 1/13/44
(For additional space use reverse side)
Boise, Idaho

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

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State File No. 137220
Local Reg. No. 18
Reg. Dist. No.

1. PLACE OF DEATH:
(a) County Ada
(b) City or town Boise.
(c) Street Address or R.F.D. No. X
(d) Death Occured Inside? Yes Outside? ..... city or town
(e) Died in a Home.... Hospital X Institution.... Other place....
(f) Name Hosp. or Inst. St Lukes. Stayed 10 days
(g) Lived in this county 25 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho. (b) County Blaine.
(c) City or town Hailey.
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? Yes Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 43 years
(h) Former residence (city, state) England.

3. (a) FULL NAME John Povey. 122a

3. (b) If veteran, name war No.
3. (c) Social Security No. None.
4. Sex Male. 5. Color or race White.
6. (a) Single, widowed, married, divorced Married.
6. (b) Name of husband or wife Fannie
6. (c) Age of husband or wife if alive 84. years
7. Date of Birth (Month, Day, Year) October. 29. 1860.

8. AGE	Years	Months	Days	If less than 1 day
	83.	2.	11.	hrs min.

9. Exact Occupation Building Contractor Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace England. (City or town) (State or foreign country)
Father
12. Name Povey. ~~Povey~~
13. Birthplace England. (City or town) (State or foreign country)
Mother
14. Maiden name Unknown.
15. Birthplace Unknown. (City or town) (State or foreign country)
16. Informant's OWN Signature Mrs. P. G. Davis
and Address 816 - W - 10th St. The Dalles Ore.
17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof Jan 14. 1944. (Month) (Day) (Year)
(c) Place: Hailey, Idaho.
18. Funeral Director's OWN Signature Summers Funeral Home. Clyde E Summers
and Address Boise, Idaho.
19. (a) 1-12-44 (Date received and filed) (b) R Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Jan 10 1944
at 6:30 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from Jan 3 1944 to Jan 10 1944
I last saw him alive on Jan 9 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Uraemia + 132:2	4 days.
122a Incarcerated Hernia	1/2/44
Due to Bartolo Hypertrophy	2 or 3 yrs
Due to 137a	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? Hailey Ida
Name of operation Herniotomy Date 1/3/44
Major finding Incarcerated Infected loop of sigmoid
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's OWN Signature James L Stewart (M. D. or other)
and Address 105 N 8th Date 1/10 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

Hoelingsworth

State File No. 137221
Local Reg. No. 12
Reg. Dist. No.

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise.
   (c) Street Address or R.F.D. No. 2
   (d) Death Occured Inside? ..... Outside? Yes city or town
   (e) Died in a Home X Hospital.... Institution.... Other place....
   (f) Name Hosp. or Inst..... Stayed.....days
   (g) Lived in this county 13 years .....months .....days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho. (b) County Ada
   (c) City or town Boise.
   (d) Street Address or R.F.D. No. 2
   (e) Deceased lived Inside? ..... Outside Yes city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 13. years
   (h) Former residence (city, state) Nebraska.

3. (a) **FULL NAME** Joseph Clarence Zink. 932

3. (b) If veteran, name war No.
3. (c) Social Security No. None.
4. Sex Male. race White.
5. Color or
6. (a) Single, widowed, married, divorced Married.
6. (b) Name of husband or wife Lena Zink.
6. (c) Age of husband or wife if alive 58. years
7. Date of Birth (Month, Day, Year) November. 7. 1887.

8. AGE	Years	Months	Days	If less than 1 day
	56.	2	4.	hrs min.

9. Exact Occupation Farmer. Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Fountainbleau, Missouri. (City or town) (State or foreign country)

Father
12. Name F.M. Zink.
13. Birthplace Missouri. (City or town) (State or foreign country)

Mother
14. Maiden name Elizabeth Hammer.
15. Birthplace Peru Indiana. (City or town) (State or foreign country)

16. Informant's **OWN** Signature Orell C. Zink
and Address Rt. 2, Boise

17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof Jan. 15. 1944 (Month) (Day) (Year)
(c) Place: Cloverdale Memorial Park.

18. Funeral Director's **OWN** Signature Clyde E. Summers Summers Funeral Home.
and Address Boise, Idaho.

19. (a) 1-18-44 (Date received and filed) (b) R. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) January. 11. 19 44.
at 7 o'clock A. M.

21. **I HEREBY CERTIFY**, That I attended deceased from 8-6 1943, to 1-9 1944
I last saw him alive on 1-9-44 19....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death	Duration
Myocarditis	
Due to arteriosclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature J. Hoelingsworth (M. D. or other)
and Address Boise Idaho Date 1-15 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 137222
Local Reg. No. 19
Reg. Dist. No.

1. PLACE OF DEATH:
(a) County Ada
(b) City or town Boise
(c) Street Address or R. F. D. No.
(d) Death Occured Inside? X Outside? city or town
(e) Died in a Home.... Hospital X Institution.... Other place....
(f) Name Hosp. or Inst St. Alphonsus Stayed 10 days
(g) Lived in this county 50 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Ada
(c) City or town Eagle
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 50 years
(h) Former residence (city, state) Michigan

3. (a) **FULL NAME** Albert Velte

92d

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Annie
6. (c) Age of husband or wife if alive ------- years
7. Date of Birth (Month, Day, Year) September 23, 1864

8. AGE	Years	Months	Days	If less than 1 day
	79	3	19	hrs min.

9. Exact Occupation Retired — Did this work for ---- yrs.
10. Industry or Business ---------- — Date last worked ----
11. Birthplace Woodland (City or town) Michigan (State or foreign country)

Father
12. Name George Velte
13. Birthplace Germany (City or town) (State or foreign country)

Mother
14. Maiden name Unknown
15. Birthplace Germany (City or town) (State or foreign country)

16. Informant's **OWN** Signature Samuel J. Freeman
and Address Boise, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/14/44 (Month) (Day) (Year)
(c) Place: Morris Hill Boise, Idaho

18. Funeral Director's **OWN** Signature Mc Bradley
and Address Boise, Idaho

19. (a) 1-14-44 (Date received and filed) (b) R. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Jan - 12 1944
at 12:30 o'clock P M.

21. **I HEREBY CERTIFY**, That I attended deceased from January 3 1944, to Jan 12 1944
I last saw him alive on Jan 12 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Chronic Myocarditis 97.0	8 months
Endarteritis Obliterans 97.2	1 month
Due to Arteriosclerosis - general 97	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYISICIAN Underline the cause to which death should be charged statistically.
Name of operation ... Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature W. A. Foelsch M.D. (M. D. or other)
and Address Boise Date 1/13 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 137223
Local Reg. No. 10
Reg. Dist. No.

1. PLACE OF DEATH:

(a) County Ada
(b) City or town Boise
(c) Street Address or R.F.D. No. ---
(d) Death Occured Inside? ... Outside? XX city or town
(e) Died in a Home ... Hospital X ... Institution ... Other place ...
(f) Name Hosp. or Inst. Veterans Adm stayed 1 days
(g) Lived in this county ... years ... months ... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

(a) State Idaho (b) County Ada
(c) City or town Boise
(d) Street Address or R.F.D. No. Route 2, Box 2206
(e) Deceased lived Inside? ... Outside? XX city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? ... years
(h) Former residence (city, state) ...

3. (a) **FULL NAME** SIMMONS, Robert H.

3. (b) If veteran, name war World War
3. (c) Social Security No. Unknown
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ella
6. (c) Age of husband or wife if alive 57 years
7. Date of Birth (Month, Day, Year) December 20, 1885

8. AGE	Years	Months	Days	If less than 1 day
	58	0	23	hrs ... min.

9. Exact Occupation None ... Did this work for ... yrs.
10. Industry or Business ... Date last worked Unknown
11. Birthplace Oregon (City or town) (State or foreign country)

Father
12. Name Matthew Simmons
13. Birthplace Missouri (City or town) (State or foreign country)

Mother
14. Maiden name Mandy Winningham
15. Birthplace Oregon (City or town) (State or foreign country)

16. Informant's **OWN** Signature W. C. Hill
and Address Records, Veterans Administration Boise, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-18-44 (Month) (Day) (Year)
(c) Place: Morris Hill Boise Idaho

18. Funeral Director's **OWN** Signature W. McBratney
and Address McBratney Funeral Home Boise, Idaho

19. (a) 1-17-44 (Date received and filed) (b) R. Shark (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) January 13 19 44
at 4:15 o'clock P. M.

21. **I HEREBY CERTIFY**, That I attended deceased from January 12, 19 44, to January 13, 19 44
I last saw him alive on January 13, 19 44; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Pneumonia, lobular 108	10 days
Due to Contributory Cause -	
Tuberculosis, pulmonary, chronic 1361	
Due to fibroid, far advanced	Unknown
Other conditions Inanition (Include pregnancy within 3 months of death)	Unknown

Where was disease contracted? ...
Name of operation ... Date ...
Major finding ...
Finding of autopsy Same as above

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ... Suicide? ... Homicide? ...
Occurred ... 19 ... City, county, state where violence occurred ...
Place of Violence: Home ... Farm ... Industry ...
Public Place ... While at work? ...
Means of injury ...

23. Attendant's **OWN** Signature Burton O. Clark
BURTON O. CLARK, M.D., CMO (M. D. or other)
and Address V.A., Boise, Idaho Date Jan 15 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137224
Local Reg. No. 26
Reg. Dist. No. 370

1. **PLACE OF DEATH:**
(a) County Ada
(b) City or town Boise
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? ✓ Outside? ... city or town
(e) Died in a Home ... Hospital—Institution ... Other place ...
(f) Name Hosp. or Inst. St. Alphonsus Stayed ... days
(g) Lived in this county ... years ... months ... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Ada
(c) City or town Boise
(d) Street Address or R. F. D. No. 818 Washington
(e) Deceased lived Inside? ... Outside? ... city or town
(f) If foreign born, in U. S. ... yrs. Citizen of U. S.? ...
(g) How long had deceased lived in Idaho? ... years
(h) Former residence (city, state) ...

3. (a) **FULL NAME** Mary ada Froman 181

3. (b) If veteran, name war ...
3. (c) Social Security No. ...
4. Sex F race W
5. Color or race ...
6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife Leo
6 (c) Age of husband or wife if alive ... years
7. Date of Birth (Month, Day, Year) Sept 29 1865

8. AGE	Years	Months	Days	If less than 1 day
	78	3	15	hrs ... min.

9. Exact Occupation ... Did this work for ... yrs.
10. Industry or Business ... Date last worked ...
11. Birthplace Caldwell (City or town) Idaho (State or foreign country)

Father
12. Name John M. Bowman
13. Birthplace Penn (City or town) (State or foreign country)

Mother
14. Maiden name Sarah Ireland
15. Birthplace Green Co. Penn (City or town) (State or foreign country)

16. Informant's **OWN** Signature Harry H. Froman
and Address Caldwell Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-12-44 (Month) (Day) (Year)
(c) Place: Caldwell Idaho
18. Funeral Director's **OWN** Signature ... Caldwell Idaho
and Address ...
19. (a) 1-19-44 (Date received and filed) (b) ... (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Jan 14 1944
at 3:20 o'clock P M.

21. I **HEREBY CERTIFY**, That I attended deceased from November 1943 to Jan 14 1944
I last saw h.e.r. alive on Jan 14 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebral Hemorrhage	2 months
Due to Hypertension	5 yrs.
Due to ...	
Other conditions Ex-Hemiplegia Carcinoma of Chest (Include pregnancy within 3 months of death)	2 months

Where was disease first contracted? ...
Name of operation ... Date ...
Major finding ...
Finding of autopsy ...

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ... Suicide? ... Homicide? ...
Occurred ... 19... City, county, state where violence occurred ...
Place of Violence: Home ... Farm ... Industry ...
Public Place ... While at work? ...
Means of injury ...

23. Attendant's **OWN** Signature W. A. Foelsch (M. D. or other)
and Address Boise Date 1/17 1944

(For additional space, use reverse side)

a B. Bank.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 137225
Local Reg. No. 22
Reg. Dist. No. 370

1. PLACE OF DEATH:
(a) County Ada
(b) City or town Boise.
(c) Street Address or R.F.D. No. 1307. Lewis.
(d) Death Occured Inside? Yes Outside? ..... city or town
(e) Died in a Hom X Hospital ... Institution ... Other place ...
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 34 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho. (b) County Ada
(c) City or town Boise.
(d) Street Address or R.F.D. No. 1307. Lewis.
(e) Deceased lived Inside? Yes Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 34 years
(h) Former residence (city, state) Oklahoma.

3. (a) FULL NAME Wilson. L. Jones.

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3. (b) If veteran, name war No.
3. (c) Social Security No. None.
4. Sex Male.
5. Color or race White.
6. (a) Single, widowed, married, divorced Married.
6. (b) Name of husband or wife Hannah. L.
6. (c) Age of husband or wife if alive 73. years
7. Date of Birth (Month, Day, Year) January. 6. 1863.

8. AGE	Years	Months	Days	If less than 1 day
	81.	0.	8.	hrs min.

9. Exact Occupation Retired. Clerk. Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Indiana. (City or town) (State or foreign country)
Father
12. Name William. T. Jones.
13. Birthplace Penn. (City or town) (State or foreign country)
Mother
14. Maiden name Mary Addington.
15. Birthplace Kentucky. (City or town) (State or foreign country)
16. Informant's OWN Signature Frank Jones
and Address 522 So 12th.
17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof Jan18.1944. (Month) (Day) (Year)
(c) Place: Morris Hill cemetery.
18. Funeral Director's OWN Signature Clyde E Summers Funeral Home.
and Address Boise, Idaho.
19. (a) 1-18-44 (Date received and filed) (b) R. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) January. 14. 1944.
at 9.20. o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from ..... 19....., to ..... 19.....
I last saw h..... alive on ..... 19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Probable Coronary Occlusion 94a	
Due to	
Due to	
Other conditions Diabetes 61 (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's OWN Signature W B Borch MD (M. D. or other)
and Address Boise Idaho Date 1-18 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 137226
Local Reg. No. 11
Reg. Dist. No. 1

1. PLACE OF DEATH:
(a) County Ada
(b) City or town Boise
(c) Street Address or R.F.D. No. ---
(d) Death Occured Inside? ..... Outside? XX city or town
(e) Died in a Home .... Hospital X. Institution .... Other place ....
(f) Name Hosp. or Inst. Veterans Adms tayed 5hrs days
(g) Lived in this county ..... years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County .....
(c) City or town Mountain Home
(d) Street Address or R.F.D. No. .....
(e) Deceased lived Inside? ..... Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? Unknown years
(h) Former residence (city, state) .....

3. (a) FULL NAME GARDNER, Nathan M.

3. (b) If veteran, name war WWII
3. (c) Social Security No. Unknown
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Glendora Gardner
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) December 14, 1920

8. AGE	Years	Months	Days	If less than 1 day
	23	---	30	--- hrs --- min.

9. Exact Occupation Welder — Did this work for Unknown?
10. Industry or Business ..... — Date last worked Unknown
11. Birthplace Boise (City or town) Idaho (State or foreign country)

Father
12. Name Unknown
13. Birthplace ..... (City or town) ..... (State or foreign country)

Mother
14. Maiden name Unknown
15. Birthplace ..... (City or town) ..... (State or foreign country)

16. Informant's **OWN** Signature M.E. Gill Records, Veterans Administration
and Address VAF, Boise, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/17/44 (Month) (Day) (Year)
(c) Place: Cloverdale, Boise, Idaho
18. Funeral Director's **OWN** Signature McBratney Funeral Home
and Address Boise, Idaho
19. (a) 1-17-43 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) January 14, 1944
at 8:50 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 3:30 PM January 14, 1944, to 8:50 PM 1-14 1944
I last saw him alive on January 14 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Myocarditis, acute 93a	8 days
Due to Bronchiectasis 166	unknown
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy No autopsy

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature Burton C. Clark, M.D., CMC (M. D. or other)
and Address VAF, Boise, Ida. Date Jan. 15 19 44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 137227
Local Reg. No. 9
Reg. Dist. No. 521

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise
   (c) Street Address or R.F.D. No. Gowen Fld, Idaho
   (d) Death Occured Inside?..... Outside? X city or town
   (e) Died in a Home.... Hospital X Institution.... Other place....
   (f) Name Hosp. or Inst. Sta. Hosp..... Stayed 8 days
   (g) Lived in this county.....years 2 months .....days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Missouri (b) County --
   (c) City or town St Louis
   (d) Street Address or R.F.D. No. 4708 Grear Ave
   (e) Deceased lived Inside? X Outside? ..... city or town
   (f) Citizen of what country? U. S.
   (g) How long had deceased lived in Idaho? 2 Mo ~~years~~
   (h) Former residence (city, state) Same as above

3. (a) **FULL NAME** MC CARTHY, Daniel J. O-695680 173

3. (b) If veteran, name war --
3. (c) Social Security No. --
4. Sex Male race White
5. Color or
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife --
6. (c) Age of husband or wife if alive -- years
7. Date of Birth (Month, Day, Year) August 5, 1918

8. AGE	Years	Months	Days	If less than 1 day
	25	5	10	hrs min.

9. Exact Occupation Navigator — Did this work for 4/12 yrs.
10. Industry or Business U. S. Army — Date last worked 1-7-44
11. Birthplace St Louis, Missouri (City or town) (State or foreign country)

Father
12. Name Unknown
13. Birthplace Unknown (City or town) (State or foreign country)

Mother
14. Maiden name Unknown
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's **OWN** Signature Phillip C. Pedersen
and Address Gowen Field, Boise, Idaho

17. (a) Removal (Burial, cremation or removal) (b) Date thereof Jan 17 1944 (Month) (Day) (Year)
(c) Place: St Louis, Missouri

18. Funeral Director's **OWN** Signature Thomas Webb
and Address Boise Idaho

19. (a) 1-17-44 (Date received and filed) (b) R. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) January 15 1944
at 6:10 o'clock A M.

21. **I HEREBY CERTIFY**, That I attended deceased from Jan 7 1944, to Jan 15 1944.
I last saw him alive on Jan 15 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Fracture of skull	8 days
Contusion of brain	
Due to	
Due to Airplane propeller accident	
Other conditions -- (Include pregnancy within 3 months of death)	
Where was disease contracted? --	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation -- Date	
Major finding --	
Finding of autopsy Same as above	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? X Suicide? ..... Homicide? .....
Occurred January 7 1944. City, county, state where violence occurred Boise, Ada, Idaho
Place of Violence: Home ..... Farm ..... Industry .....
Public Place X While at work? .....
Means of injury: Airplane propeller accident

23. Attendant's **OWN** Signature Edward F. McLaughlin, Maj. MC (M. D. or other)
and Address Gowen Fld, Idaho Date 1-15 1944

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

137228

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137228
Local Reg. No. 29
Reg. Dist. No. 376

1. **PLACE OF DEATH:**
(a) County Ada
(b) City or town Boise
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? ✓ Outside? ____ city or town
(e) Died in a Home ____ Hospital ✓ Institution ____ Other place ____
(f) Name Hosp. or Inst. St Lukes Stayed 55 days
(g) Lived in this county 15 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Ada
(c) City or town ~~A~~ Boise
(d) Street Address or R. F. D. No. South Capitol Blvd
(e) Deceased lived Inside? ✓ Outside? ____ city or town
(f) Citizen of what country? U. S.
(g) How long had deceased lived in Idaho? 15 years
(h) Former residence (city, state)

3. (a) **FULL NAME** James R. McNeley 1366

3. (b) If veteran, name war ✓ 3. (c) Social Security No.
4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Maggie 6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) March 12 1866

8. AGE	Years	Months	Days	If less than 1 day hrs	min.
	77	10	3		

9. Exact Occupation Laborer Did this work for 1 yrs.
10. Industry or Business Foundry Date last worked Nov 1943
11. Birthplace (City or town) Missouri (State or foreign country)
Father
12. Name William Preston McNeley
13. Birthplace (City or town) Kentucky (State or foreign country)
Mother
14. Maiden name Mary Armenta
15. Birthplace (City or town) Missouri (State or foreign country)
16. Informant's OWN Signature G B Fulcher and Address R1 Meridian Ida.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-20-44 (Month) (Day) (Year)
(c) Place: Meridian Idaho
18. Funeral Director's OWN Signature Kenneth McAdmis and Address Meridian Idaho
19. (a) 1-21-44 (Date received and filed) (b) A Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Jan 15 1944
at 2:55 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from Nov 20 1943 to Jan 15 1944
I last saw h alive on Jan 15 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Septicemia	
Uremia	
Due to Urinary tract infection	
Due to prostatic obstruction	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation none Date
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work?
Means of injury

23. Attendant's OWN Signature ✓ B Jeppesen (M. D. or other)
and Address Boise Date Jan 21 1944
(For additional space, use reverse side)

P-Arkinson 137224

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 137224
Local Reg. No. 23
Reg. Dist. No. 370

1. PLACE OF DEATH:
(a) County Ada
(b) City or town Boise.
(c) Street Address or R.F.D. No. X
(d) Death Occured Inside? Yes Outside? ..... city or town
(e) Died in a Home .... Hospital X Institution .... Other place ....
(f) Name Hosp. or Inst. St. Alphonsus Lived 21 days
(g) Lived in this county 53 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho. (b) County Ada
(c) City or town Boise.
(d) Street Address or R.F.D. No. 507. S. 14 th
(e) Deceased lived Inside? Yes Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 53. years
(h) Former residence (city, state) Iowa.

3. (a) FULL NAME Clara. N. Lynch. 132

3. (b) If veteran, name war No.
3. (c) Social Security No. None.
4. Sex Female 5. Color or race White.
6. (a) Single, widowed, married, divorced Widow.
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) September. 13. 1866.

8. AGE	Years	Months	Days	If less than 1 day
	77.	4.	3.	hrs min.

9. Exact Occupation At Home. Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Burlington, Iowa. (City or town) (State or foreign country)
Father 12. Name Elisha Vance.
13. Birthplace Ohio. (City or town) (State or foreign country)
Mother 14. Maiden name Clarissa Woodmansee.
15. Birthplace Ohio. (City or town) (State or foreign country)
16. Informant's OWN Signature Samuel E. Vance Jr
and Address Hazelton, Idaho.
17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof Jan. 18. 1944 (Month) (Day) (Year)
(c) Place: Morris Hill Cemetery.
18. Funeral Director's OWN Signature Summers Funeral Home. Clyde E. Summers
and Address Boise, Idaho.
19. (a) 1-18-44 (Date received and filed) (b) R. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) January 16 1944
at 4.50 o'clock A. M.
21. **I HEREBY CERTIFY**, That I attended deceased from Jan. 19 1942, to Jan. 16 1944
I last saw her alive on Jan. 16 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Uremia	5 days
Due to Chronic myocardial insufficiency + nephritis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's OWN Signature E. Parkinson (M. D. or other)
and Address Boise Date 1-17 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137230
Local Reg. No. 35
Reg. Dist. No. 370

1. PLACE OF DEATH:
(a) County Canyon Ada
(b) City or town Caldwell Boise
(c) Street Address or R. F. D. No. 1606 Idaho
(d) Death Occurred Inside? ✓ Outside? ..... city or town
(e) Died in a Home ....Hospital ✓ Institution ....Other place ....
(f) Name Hosp. or Inst. St. Lukes Stayed 11 days
(g) Lived in this county — years — months 11 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Caldwell
(d) Street Address or R. F. D. No. 1606 Idaho
(e) Deceased lived Inside? ✓ Outside? ..... city or town
(f) If foreign born, in U. S. ..... yrs. Citizen of U. S.? .....
(g) How long had deceased lived in Idaho? — years
(h) Former residence (city, state) Caldwell, Ida.

3. (a) **FULL NAME** Robert Waldo Weeks 157E

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced —
6. (b) Name of husband or wife .....
6 (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) 10-25-1943

8. AGE	Years	Months	Days	If less than 1 day
	—	2	22	hrs min.

9. Exact Occupation ..... Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Caldwell (City or town) Idaho (State or foreign country)
Father
12. Name Ingle Weeks
13. Birthplace Wilder (City or town) Idaho (State or foreign country)
Mother
14. Maiden name Margaret Dunbar
15. Birthplace Siloam Springs (City or town) Ark (State or foreign country)
16. Informant's **OWN** Signature J. W. Weeks
and Address Caldwell Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-20-44 (Month) (Day) (Year)
(c) Place: Caldwell, Idaho
18. Funeral Director's **OWN** Signature [illegible]
and Address Caldwell Idaho
19. (a) 1-25-44 (Date received and filed) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Jan 17 1944
at 10:05 o'clock P M.
21. I **HEREBY CERTIFY** That I attended deceased from Jan 6 1944 to Jan 17 1944
I last saw him alive on Jan 17 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Exhaustion	36 hrs
Due to Congenital intra-ventricular septal defect	
Due to of the heart	Cong.
Other conditions Inguinal hernia	Cong.
(Include pregnancy within 3 months of death)	

Where was disease first contracted? Congenital
Name of operation ..... Date .....
Major finding .....
Finding of autopsy No Autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature Harmon Tremaine (M. D. or other)
and Address Boise Date 1-22 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

Pettinger

State File No. 137231
Local Reg. No. 30
Reg. Dist. No. 370

1. PLACE OF DEATH:
(a) County Ada
(b) City or town Boise.
(c) Street Address or R.F.D. No. 2917. Idaho.
(d) Death Occured Inside? Yes Outside? ..... city or town
(e) Died in a Home X. Hospital ..... Institution ..... Other place .....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 45 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho. (b) County Ada
(c) City or town Boise.
(d) Street Address or R.F.D. No. 2917. Idaho.
(e) Deceased lived Inside? Yes Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 45 years
(h) Former residence (city, state) Germany.

3. (a) FULL NAME Eugene. J. Fisher.

72C

3. (b) If veteran, name war No.
3. (c) Social Security No. None.
4. Sex Male. 5. Color or race White.
6. (a) Single, widowed, married, divorced Single.
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) July. 1. 1872.

8. AGE	Years	Months	Days	If less than 1 day
	71.	6.	16.	hrs min.

9. Exact Occupation Butcher. Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Wurttemburg, Germany. (City or town) (State or foreign country)
Father
12. Name Christian Fisher.
13. Birthplace Germany. (City or town) (State or foreign country)
Mother
14. Maiden name Dorthea Rapp.
15. Birthplace Germany. (City or town) (State or foreign country)
16. Informant's **OWN** Signature Geo E Gans
and Address 2218 Idaho St Boise Idaho
17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof Jan. 20. 1944. (Month) (Day) (Year)
(c) Place: Cloverdale Memorial Park.
18. Funeral Director's **OWN** Signature Summers Funeral Home. Clyde E Summers
and Address Boise, Idaho.
19. (a) 1-22-44 (Date received and filed) (b) R. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) January 17 1944
at 5.15 P o'clock 6. M.
21. **I HEREBY CERTIFY**, That I attended deceased from 11-9-1938, to 1-16-1944
I last saw him alive on 1-16-1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: 53d

Hemiplegia
Due to Valvular Heart
Due to Rheumatism
Other conditions .....
(Include pregnancy within 3 months of death)

Duration

Where was disease contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature Fred A Parrish Ex (M. D. or other)
and Address Boise Idaho Date 1-21-1944
(For additional space, use reverse side)

137232

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 137232
Local Reg. No. 24
Reg. Dist. No. 27

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. PLACE OF DEATH:
(a) County Ada
(b) City or town Boise
(c) Street Address or R.F.D. No. ____
(d) Death Occured Inside? X Outside? ____ city or town
(e) Died in a Home ____ Hospital X Institution ____ Other place ____
(f) Name Hosp. or Inst. St. Lukes Stayed 4 days
(g) Lived in this county ____ years ____ months 4 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Ada
(c) City or town Boise
(d) Street Address or R.F.D. No. ____
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 4 Days years
(h) Former residence (city, state) -------

3. (a) FULL NAME Barbara Jane Gamel

157 E

3. (b) If veteran, name war -------
3. (c) Social Security No. ---------
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife -----
6. (c) Age of husband or wife if alive ------- years
7. Date of Birth (Month, Day, Year) January 14, 1944

8. AGE	Years	Months	Days	If less than 1 day
	0	0	4	---- hrs ---- min.

9. Exact Occupation ------- Did this work for ----- yrs.
10. Industry or Business ---------- Date last worked -----
11. Birthplace Boise (City or town) Idaho (State or foreign country)

Father
12. Name Harry E. Gamel
13. Birthplace Sioux City (City or town) Iowa (State or foreign country)

Mother
14. Maiden name Nina Johnson
15. Birthplace Rake (City or town) Iowa (State or foreign country)

16. Informant's **OWN** Signature Harry E Gamel
and Address Boise, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/19/44 (Month) (Day) (Year)
(c) Place: Morris Hill Boise, Idaho
18. Funeral Director's **OWN** Signature McBratney Funeral Home Kenneth Bibby
and Address Boise, Idaho
19. (a) 1-19-44 (Date received and filed) (b) R. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 1/18 1944
at 11:30 o'clock A M.

21. **I HEREBY CERTIFY**, That I attended deceased from ____ 19____, to ____ 19____
I last saw h[illegible] alive on 1/18 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Congenital Heart	
Due to ~	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYISCIAN Underline the cause to which death should be charged statistically.
Name of operation ____ Date ____	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's **OWN** Signature A H Coates (M. D. or other)
and Address Boise Date ____ 19____
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 137233
Local Reg. No. 25
Reg. Dist. No. 370

1. PLACE OF DEATH:
(a) County Ada
(b) City or town Boise
(c) Street Address or R.F.D. No. 1717 North 26th
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Home X Hospital ..... Institution ..... Other place .....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 5 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Ada
(c) City or town Boise
(d) Street Address or R.F.D. No. Route # 1
(e) Deceased lived Inside? ..... Outside? X city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 5 years
(h) Former residence (city, state) Nebraska

3. (a) **FULL NAME** Mary Elizabeth Hedges

3. (b) If veteran, name war -----
3. (c) Social Security No. ----------
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Will
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) June 21, 1877

8. AGE	Years	Months	Days	If less than 1 day
	66	6	27	hrs min.

9. Exact Occupation Housewife Did this work for --- yrs.
10. Industry or Business ---------- Date last worked -----
11. Birthplace Delaware Co. (City or town) Iowa (State or foreign country)
Father
12. Name William B. Keith
13. Birthplace Iowa (City or town) (State or foreign country)
Mother
14. Maiden name Mary Louisa Grigg
15. Birthplace New Jersey (City or town) (State or foreign country)
16. Informant's **OWN** Signature M. B. Stephens
and Address Boise, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/21/44 (Month) (Day) (Year)
(c) Place: Morris Hill Boise, Idaho
18. Funeral Director's **OWN** Signature [signature]
and Address Boise, Idaho
19. (a) 1-19-44 (Date received and filed) (b) R. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Jan 18 1944
at 9 30 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from Dec 6 1944, to Jan 18 1944
I last saw her alive on Jan 2 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebral Hemorrhage c Hemiplegia	2 months
Due to Hypertension	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYISCIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature [signature] M.D. (M. D. or other)
and Address Boise Ida Date 1/20 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 137234
Local Reg. No. 28
Reg. Dist. No.

1. **PLACE OF DEATH:**
(a) County Ada
(b) City or town Boise
(c) Street Address or R.F.D. No. 1115 W. Jeff.
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Home X Hospital ..... Institution ..... Other place .....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 4 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Ada
(c) City or town Boise
(d) Street Address or R.F.D. No. 1115 W. Jeff
(e) Deceased lived Inside? X Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 10 years
(h) Former residence (city, state) Minn:

3. (a) **FULL NAME** Frank J. Cole

3. (b) If veteran, name war None
3. (c) Social Security No. ?
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) Dec. 10th. 1877

8. AGE	Years	Months	Days	If less than 1 day
	66	1	8	hrs min.

9. Exact Occupation Road Contractor Did this work for ..... yrs.
10. Industry or Business Retired Date last worked .....
11. Birthplace Minnesota (City or town) (State or foreign country)
Father
12. Name David Watson Cole
13. Birthplace Iowa (City or town) (State or foreign country)
Mother
14. Maiden name Unknown
15. Birthplace " " " " (City or town) (State or foreign country)
16. Informant's **OWN** Signature Harold L Potter
and Address 2518 Woodlawn Boise Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/21/1944 (Month) (Day) (Year)
(c) Place: Morris Hill Cemetery
18. Funeral Director's **OWN** Signature Schneider & McCann
and Address Boise. Milford Dragas
19. (a) 1-21-44 (Date received and filed) (b) R Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Jan-18 1944
at 10 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from 1-18 1944, to 1-18 1944
I last saw him alive on 1-18 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Coronary occlusion	12 hrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation ..... Date	
Major finding	
Finding of autopsy	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature S W Forney (M. D. or other)
and Address Boise Ida Date 1-19 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 137235
Local Reg. No. 31
Reg. Dist. No. 370

1. **PLACE OF DEATH:**
(a) County Ada
(b) City or town Boise
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? Outside? city or town
(e) Died in a Home Hospital Institution Other place
(f) Name Hosp. or Inst. St. Alphonsus Stayed days
(g) Lived in this county years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Ada
(c) City or town Boise
(d) Street Address or R.F.D. No. 1719 N 18th
(e) Deceased lived Inside? ✓ Outside? city or town
(f) Citizen of what country? U S
(g) How long had deceased lived in Idaho? years
(h) Former residence (city, state)

3. (a) **FULL NAME** Larry J. Lamb 159

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Jan. 18, 1944

8. AGE	Years	Months	Days	If less than 1 day
				hrs 16 min.

9. Exact Occupation Baby Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Boise (City or town) Idaho (State or foreign country)
Father
12. Name Ralph Lamb
13. Birthplace Kellogg (City or town) Idaho (State or foreign country)
Mother
14. Maiden name Mabel Clark
15. Birthplace Buhl (City or town) Idaho (State or foreign country)
16. Informant's OWN Signature Ralph Lamb
and Address 1719 N. 18th
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 20 1944 (Month) (Day) (Year)
(c) Place: Morris Hill
18. Funeral Director's OWN Signature C. Sherwin Webb
and Address Boise, Idaho
19. (a) 1-22-44 (Date received and filed) (b) R. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Jan 19 1944
at 2 A o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from Jan 18 1944, to Jan 19 1944
I last saw him alive on Jan 18 1944; death is said to have occurred on the date and hour stated above.
Immediate Cause of Death: Premature Birth 7½ months. Duration
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy
PHYSICIAN Underline the cause to which death should be charged statistically.
22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature [signature] (M. D. or other)
and Address Boise Date 1/21 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 137236
Local Reg. No. 32
Reg. Dist. No. 370

1. PLACE OF DEATH:
(a) County Ada
(b) City or town Boise
(c) Street Address or R.F.D. No. 2002 N 17th
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Home X Hospital ..... Institution ..... Other place .....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 36 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Ada
(c) City or town Boise
(d) Street Address or R.F.D. No. 2002 N 17th
(e) Deceased lived Inside? X Outside? ..... city or town
(f) Citizen of what country? U.S.
(g) How long had deceased lived in Idaho? 36 years
(h) Former residence (city, state) .....

3. (a) FULL NAME William Crant Ross 93d

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Josephine W.
6. (c) Age of husband or wife if alive 66 years
7. Date of Birth (Month, Day, Year) May 2, 1862

8. AGE	Years	Months	Days	If less than 1 day
	81	8	18	hrs ..... min.

9. Exact Occupation Merchant — Did this work for 25 yrs.
10. Industry or Business Feed Store — Date last worked 1937
11. Birthplace Elgin (City or town) Scotland (State or foreign country)
Father 12. Name Not known
Father 13. Birthplace ..... (City or town) ..... (State or foreign country)
Mother 14. Maiden name Not Known
Mother 15. Birthplace ..... (City or town) ..... (State or foreign country)
16. Informant's OWN Signature Mrs Josephine W. Ross
and Address 2002 No. 17th. St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 22, 1944 (Month) (Day) (Year)
(c) Place: Morris Hill
18. Funeral Director's OWN Signature .....
and Address Boise, Idaho
19. (a) 1-22-44 (Date received and filed) (b) ..... (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Jan 20 1944
at ..... o'clock ..... M.

21. **I HEREBY CERTIFY**, That I attended deceased from June 1 1943, to Jan 20 1944
I last saw h[illegible]live on Jan 18 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
111c Pulmonary Oedema	4 days
Due to Myocardial failure	6 mos
Due to Senility & Chronic Nephritis	2 years
Other conditions ..... (Include pregnancy within 3 months of death)	93d

Where was disease contracted? Boise Idaho
Name of operation ..... Date .....
Major finding .....
Finding of autopsy None

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's OWN Signature T. N. Brayton MD (M. D. or other)
and Address ..... Date ..... 19.....
(For additional space, use reverse side)

137237

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. .....
Local Reg. No. 33
Reg. Dist. No. 370

1. PLACE OF DEATH:
(a) County Ada
(b) City or town Boise
(c) Street Address or R.F.D. No. .....
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Home .... Hospital X Institution .... Other place ....
(f) Name Hosp. or Inst. St Alphonsus Stayed ..... days
(g) Lived in this county 15 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Ada
(c) City or town Boise
(d) Street Address or R.F.D. No. 513 No. 6th St.
(e) Deceased lived Inside? X Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 33 years
(h) Former residence (city, state) Oregon

3. (a) **FULL NAME** Benjamin Milton Richardson

E

3. (b) If veteran, name war None
3. (c) Social Security No. 519-01-9018
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced .....
6. (b) Name of husband or wife Eva
6. (c) Age of husband or wife if alive 65 years
7. Date of Birth (Month, Day, Year) January 13, 1877

8. AGE	Years	Months	Days	If less than 1 day
	67	0	8	hrs min.

9. Exact Occupation Watchman Did this work for --- yrs.
10. Industry or Business ---------- Date last worked -----
11. Birthplace Malheur (City or town) Oregon (State or foreign country)
Father
12. Name Benjamin C. Richardson
13. Birthplace ..... (City or town) Missouri (State or foreign country)
Mother
14. Maiden name Mary Davis
15. Birthplace ..... (City or town) Unknown (State or foreign country)
16. Informant's **OWN** Signature Benny L. Richardson
and Address Boise Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/24/44 (Month) (Day) (Year)
(c) Place: Morris Hill Boise, Idaho
18. Funeral Director's **OWN** Signature [illegible]
and Address Boise, Idaho
19. (a) 1-22-44 (Date received and filed) (b) N. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 1-21 1944
at 11 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from 1-19 1944, to 1-21 1944
I last saw him alive on 1-21 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Perforation of large bowel	6 hrs.
Due to Bowel obstruction	12 hrs
Due to Carcinoma of Sigmoid	[illegible]
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? .....
Name of operation Colostomy Date 1-20
Major finding Bowel obstruction
Finding of autopsy Perforation of Colon - Ca - of Sigmoid

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature [illegible] (M. D. or other)
and Address Boise Ida Date 1-24 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 13723
Local Reg. No. 17
Reg. Dist. No.

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Eagle.
   (c) Street Address or R. F. D. No. X
   (d) Death Occured Inside? Yes Outside? ..... city or town
   (e) Died in a Home X Hospital ..... Institution ..... Other place .....
   (f) Name Hosp. or Inst. ..... Stayed ..... days
   (g) Lived in this county 22 years ..... months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho. (b) County Ada
   (c) City or town Eagle.
   (d) Street Address or R.F.D. No. X
   (e) Deceased lived Inside? Yes Outside? ..... city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 22 years
   (h) Former residence (city, state) Kansas.

3. (a) **FULL NAME** Vina May Robbins. 4 E

3. (b) If veteran, name war No.
3. (c) Social Security No. None.
4. Sex Female 5. Color or race White. 6. (a) Single, widowed, married, divorced Married.
6. (b) Name of husband or wife Thomas Bartlett 6. (c) Age of husband or wife if alive 77. years
7. Date of Birth (Month, Day, Year) July. 20. 1871.

8. AGE	Years	Months	Days	If less than 1 day
	72.	6.	3.	hrs min.

9. Exact Occupation At Home. Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace New York. (City or town) (State or foreign country)

Father
12. Name George Wales.
13. Birthplace New York. (City or town) (State or foreign country)

Mother
14. Maiden name Susan Jackson.
15. Birthplace New York. (City or town) (State or foreign country)

16. Informant's **OWN** Signature Geo. J. Robbins
and Address Eagle Idaho R.D. no 1.
17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof January. 25. 1944. (Month) (Day) (Year)
(c) Place: Boise Mausoleum.
18. Funeral Director's **OWN** Signature Summers Funeral Home. Clyde E. Summers,
and Address Boise, Idaho.
19. (a) 1-27-44 (Date received and filed) (b) R. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) January. 23. 1944.
at 6.30. o'clock P. M.

21. **I HEREBY CERTIFY**, That I attended deceased from Jan 1 1944, to Jan 23 1944.
I last saw her alive on Jan 21 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Intestinal Obstruction	10 da
Due to	
Cancer of Colon	1 Year
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature R. L. Jewell (M. D. or other)
and Address Meridian Date Jan 25 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 137239
Local Reg. No. 76
Reg. Dist. No.

1. **PLACE OF DEATH:**
(a) County Ada
(b) City or town Boise
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? Outside? xx city or town
(e) Died in a Home.... Hospital x Institution.... Other place....
(f) Name Hosp. or Inst. Veterans Administration Stayed 42 days
(g) Lived in this county years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Bannock
(c) City or town Pocatello
(d) Street Address or R.F.D. No. Parkview Courts
(e) Deceased lived Inside? xx Outside? city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 3 yrs. years
(h) Former residence (city, state)

3. (a) **FULL NAME** DONOVAN, James R.

1176

3. (b) If veteran, name war WW
3. (c) Social Security No. 519-01-4451
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Alta W. Donovan
6. (c) Age of husband or wife if alive 44 years
7. Date of Birth (Month, Day, Year) September 16, 1896

8. AGE	Years	Months	Days	If less than 1 day
	47	4	7	hrs min.

9. Exact Occupation Instructor — Did this work for Unkn. yrs.
10. Industry or Business — Date last worked Dec. 11, 1943
11. Birthplace Ohio (City or town) (State or foreign country)

Father
12. Name Michael DONOVAN
13. Birthplace Ireland (City or town) (State or foreign country)

Mother
14. Maiden name Rose ?
15. Birthplace England (City or town) (State or foreign country)

16. Informant's **OWN** Signature M. E. Gill
and Address Records, Veterans Administration Boise, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-26-44 (Month) (Day) (Year)
(c) Place: Morris Hill, Boise, Idaho
18. Funeral Director's **OWN** Signature McBratney Funeral Home
and Address Boise, Idaho
19. (a) 1-25-44 (Date received and filed) (b) R. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) January 23, 19 44
at 6:40 o'clock P. M.

21. **I HEREBY CERTIFY**, That I attended deceased from December 12, 1943, to Jan. 23, 1944
I last saw him alive on Jan. 23 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Duodenal Ulcer with Obstruction	15 Yrs.
1176 Due to Contributory Cause: Bile Peritonitis	2 Days
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Subtotal Gastric Resection Date 1-18-44
Major finding Ulcer Duodenal, with Obstruction
Finding of autopsy Duodenal Ulcer with Obstruction, Contributory Cause: Bile Peritonitis

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature Burton C. Clark
BURTON C. CLARK, M.D. (M. D. or other)
and Address VAF., Boise, Ida. Date Jan. 25 19 44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 137240
Local Reg. No. 14
Reg. Dist. No. [illegible]

1. PLACE OF DEATH:
(a) County Ada
(b) City or town Gowen Field, Boise, Idaho
(c) Street Address or R.F.D. No. --
(d) Death Occured Inside? x Outside? ..... city or town
(e) Died in a Home ..... Hospital x Institution ..... Other place .....
(f) Name Hosp. or Ins. Sta Hospital Stayed 8 days
(g) Lived in this county 1 years 7 months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State New York (b) County Bronx
(c) City or town New York City
(d) Street Address or R.F.D. No. 1536 Vyse Ave.
(e) Deceased lived Inside? x Outside? ..... city or town
(f) Citizen of what country? U. S.
(g) How long had deceased lived in Idaho? 1 yr 7 mo.
(h) Former residence (city, state) New York City, N.Y.

3. (a) FULL NAME SANDERS, ARTHUR H. 12060619 121

3. (b) If veteran, name war --
3. (c) Social Security No. --
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife --
6. (c) Age of husband or wife if alive -- years
7. Date of Birth (Month, Day, Year) July 18, 1920

8. AGE	Years	Months	Days	If less than 1 day
	23	6	5	hrs min.

9. Exact Occupation Soldier Did this work for 1 10/12 yrs.
10. Industry or Business U. S. Army Date last worked 1-15-44
11. Birthplace New York City (City or town) New York (State or foreign country)
Father
12. Name Sol Sanders
13. Birthplace New York City (City or town) New York (State or foreign country)
Mother
14. Maiden name Ethel Silverman
15. Birthplace New York City (City or town) New York (State or foreign country)
16. Informant's OWN Signature Phillip C. Pedersen
and Address Gowen Field, Boise, Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Jan. 25, 1944 (Month) (Day) (Year)
(c) Place: New York City, New York
18. Funeral Director's OWN Signature Sherwin Webb
and Address Boise, Idaho
19. (a) 1-24-44 (Date received and filed) (b) R. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 23 January 1944
at 1:53 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 15 January 1944, to 23 January 1944
I last saw him alive on 23 January 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Acute peritonitis. 129	2-1/2 days
Due to --	
Due to --	
Other conditions -- (Include pregnancy within 3 months of death) 121:2	
Where was disease contracted? --	
Name of operation & exploration & appendectomy Date 1/21/44	PHYISCIAN Underline the cause to which death should be charged statistically.
Major finding Peritonitis.	
Finding of autopsy Same as above.	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? -- Suicide? -- Homicide? --
Occurred -- 19 City, county, state where violence occurred --
Place of Violence: Home -- Farm -- Industry --
Public Place -- While at work? --
Means of injury --
23. Attendant's OWN Signature Frank L. Fletcher
FRANK L. FLETCHER, Lt Col, MC (M. D. or other)
and Address Gowen Fld, Idaho Date 24 Jan 1944
(For additional space, use reverse side)

Braxton

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 137241
Local Reg. No. 36
Reg. Dist. No. 370

1. PLACE OF DEATH:
(a) County Ada
(b) City or town Boise
(c) Street Address or R.F.D. No. 1701 No. 31st St.
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Home X Hospital ... Institution ... Other place ...
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 40 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Ada
(c) City or town Boise
(d) Street Address or R.F.D. No. 1701 N 31st
(e) Deceased lived Inside? X Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 40 years
(h) Former residence (city, state) Colo.

3. (a) FULL NAME Willis W. Loy 93d

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Harriet L
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) Dec. 31st 1855

8. AGE	Years	Months	Days	If less than 1 day
	88	0	22	hrs ... min.

9. Exact Occupation Mining Man — Did this work for ..... yrs.
10. Industry or Business Retired — Date last worked .....
11. Birthplace Rochester (City or town) Minn: (State or foreign country)

Father
12. Name Samuel Loy
13. Birthplace Penn: (City or town) (State or foreign country)

Mother
14. Maiden name Elmina Moreland
15. Birthplace U.S.A. (City or town) (State or foreign country)

16. Informant's OWN Signature Carrie Berthaumm
and Address 1701 No. 31st. Boise Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/28/1944 (Month) (Day) (Year)
(c) Place: Cloverdale Memorial Park
18. Funeral Director's OWN Signature Schneibert & McCann
and Address Boise. Mitchell Chapel
19. (a) 1-27-44 (Date received and filed) (b) ..... (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Jan 23 19 44
at 9.30 o'clock A. M.
21. **I HEREBY CERTIFY,** That I attended deceased from Jan 20 1944, to Jan 23 1944
I last saw him alive on Jan 20 1944; death is said to have occurred on the date and hour stated above.

	Duration
Immediate Cause of Death: Myocardial degeneration	1 hour
Due to Senility	8 years
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation ..... Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy None	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's OWN Signature W. W. Bradshaw M.D.
(M. D. or other)
and Address ..... Date ..... 19 .....
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Kolsch

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 137242
Local Reg. No. 38
Reg. Dist. No. [illegible]

1. PLACE OF DEATH:
(a) County Ada
(b) City or town Boise
(c) Street Address or R.F.D. No. 1101 Wash: St.
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Home X Hospital.... Institution.... Other place....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 80 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Ada
(c) City or town Boise
(d) Street Address or R.F.D. No. 1101 Wash. St
(e) Deceased lived Inside? X Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 80 years
(h) Former residence (city, state) Oregon

3. (a) FULL NAME Sarah A. Wilson

93d

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Thos. H.
6. (c) Age of husband or wife if alive Dead years
7. Date of Birth (Month, Day, Year) Aug. 24th. 1856

8. AGE	Years	Months	Days	If less than 1 day
	87	5	0	hrs min.

9. Exact Occupation Housewife Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace The Dalles Oregon (City or town) (State or foreign country)
Father
12. Name Alexander Vaughn
13. Birthplace U.S.A. (City or town) (State or foreign country)
Mother
14. Maiden name Elizabeth Fields
15. Birthplace Kentuckey (City or town) (State or foreign country)
16. Informant's OWN Signature Grover Wilson
and Address 420 Bannock St. Boise Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/27/44 (Month) (Day) (Year)
(c) Place: Morris Hill Cemetery
18. Funeral Director's OWN Signature Schneider & McCann
and Address Boise Milford Dugas
19. (a) 1-27-44 (Date received and filed) (b) R. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) January 24 1944
at 3 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from ..... 19....., to ..... 19.....
I last saw her alive on Jan 4 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Senile Heart	
Chronic Myocarditis	1 yr
Due to Arteriosclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation ..... Date	
Major finding	
Finding of autopsy	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's OWN Signature N. A. Kolsch MD (M. D. or other)
and Address Boise Date 1/25 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 137243
Local Reg. No. 39
Reg. Dist. No. 3[illegible]

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise.
   (c) Street Address or R.F.D. No. X
   (d) Death Occured Inside? Yes Outside? ....city or town
   (e) Died in a Home.... Hospital X Institution.... Other place....
   (f) Name Hosp. or Inst. St Lukes. Stayed 3. days
   (g) Lived in this county 53 years ....months ....days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho. (b) County Ada
   (c) City or town Boise.
   (d) Street Address or R.F.D. No. 1.
   (e) Deceased lived Inside? ....Outside? Yes city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 53 years
   (h) Former residence (city, state) Wisconsin.

3. (a) **FULL NAME** Annie Williams. 83a

3. (b) If veteran, name war No.
3. (c) Social Security No. None.
4. Sex Female Color or race White.
6. (a) Single, widowed, married, divorced Married.
6. (b) Name of husband or wife James. A.
6. (c) Age of husband or wife if alive 75. years
7. Date of Birth (Month, Day, Year) September. 6. 1869.

8. AGE	Years	Months	Days	If less than 1 day
	74.	4.	20.	hrs min.

9. Exact Occupation At Home. Did this work for ....yrs.
10. Industry or Business .... Date last worked ....
11. Birthplace Wisconsin. (City or town) (State or foreign country)

Father
12. Name Unknown.
13. Birthplace Unknown. (City or town) (State or foreign country)

Mother
14. Maiden name Martha Thompson.
15. Birthplace Norway. (City or town) (State or foreign country)

16. Informant's **OWN** Signature J A Williams
and Address R 1 Boise Ida.

17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof Jan. 29. 1944. (Month) (Day) (Year)
(c) Place: Cloverdale Memorial Park.

18. Funeral Director's **OWN** Signature Summers Funeral Home Clyde E Summers
and Address Boise, Idaho.

19. (a) 1-29-44 (Date received and filed) (b) R. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) January 26 1944
at ....o'clock ....M.

21. **I HEREBY CERTIFY**, That I attended deceased from Jan. 26 1944, to Jan. 26 1944
I last saw h.... alive on ....19....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cerebral Hemorrhage — Duration ....
Due to Hypertension — ....
Due to .... — ....
Other conditions (Include pregnancy within 3 months of death) — ....
Where was disease contracted? — ....
Name of operation .... Date .... — ....
Major finding .... — ....
Finding of autopsy .... — ....

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? .... Suicide? .... Homicide? ....
Occurred .... 19.... City, county, state where violence occurred ....
Place of Violence: Home .... Farm .... Industry ....
Public Place .... While at work? ....
Means of injury ....

23. Attendant's **OWN** Signature John Burk (M. D. or other)
and Address Boise Ida Date 1-27-1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

Harney

State File No. 137244
Local Reg. No. 40
Reg. Dist. No.

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise.
   (c) Street Address or R.F.D. No. X
   (d) Death Occured Inside? Yes Outside? ..... city or town
   (e) Died in a Home .... Hospital X Institution .... Other place ....
   (f) Name Hosp. or Inst. St Lukes. Stayed 1. days
   (g) Lived in this county 10 years ..... months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho. (b) County Ada
   (c) City or town Boise.
   (d) Street Address or R.F.D. No. 1706. N. 23.
   (e) Deceased lived Inside? Yes Outside? ..... city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 20 years
   (h) Former residence (city, state) New York.

3. (a) **FULL NAME** Ira. B. Kegler. 93d

3. (b) If veteran, name war No.
3. (c) Social Security No. None.
4. Sex Male. 5. Color or race White. 6. (a) Single, widowed, married, divorced Single.
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) September. 6. 1862.

8. AGE	Years	Months	Days	If less than 1 day
	81.	4.	20.	hrs min.

9. Exact Occupation Miner. Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Salem New York. (City or town) (State or foreign country)

Father
12. Name Unknown.
13. Birthplace Unknown. (City or town) (State or foreign country)

Mother
14. Maiden name Unknown.
15. Birthplace Unknown. (City or town) (State or foreign country)

16. Informant's **OWN** Signature Lea L Smith
and Address 170 N. 23rd St.

17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof Jan. 28. 1944 (Month) (Day) (Year)
(c) Place: Morris Hill Cemetery.

18. Funeral Director's **OWN** Signature Summers Funeral Home. Clyde E Summers
and Address Boise, Idaho.

19. (a) 1-29-44 (Date received and filed) (b) A. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 26 1944
at 11 A. o'clock A. M.

21. **I HEREBY CERTIFY**, That I attended deceased from Jan 16 1944, to June 26 1944
I last saw h[illegible] alive on 1— 26 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cardio vascular disease	10 yrs.
Due to Myocarditis	
Due to Senility	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature S M Tarney (M. D. or other)
and Address Boise Date 6/28 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

Wife

State File No. 137245
Local Reg. No. 44
Reg. Dist. No. 370

1. PLACE OF DEATH:
(a) County Ada
(b) City or town Boise.
(c) Street Address or R.F.D. No. X
(d) Death Occured Inside? Yes Outside? ..... city or town
(e) Died in a Home .... Hospital X Institution .... Other place ....
(f) Name Hosp. or Inst. St Lukes. Stayed 1 days
(g) Lived in this county ..... years ..... months 1 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho. (b) County Ada
(c) City or town Boise.
(d) Street Address or R.F.D. No. 2
(e) Deceased lived Inside? ..... Outside? Yes city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? X years
(h) Former residence (city, state) X

3. (a) FULL NAME Alta Sweeten.

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3. (b) If veteran, name war No.
3. (c) Social Security No. None.
4. Sex Female. 5. Color or race White.
6. (a) Single, widowed, married, divorced Single.
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) January. 27. 1944.

8. AGE	Years	Months	Days	If less than 1 day
				5 hrs min.

9. Exact Occupation None. Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Boise, Idaho. R.D. # 2. (City or town) (State or foreign country)
Father
12. Name Delbert L. Sweeten.
13. Birthplace Nebraska. (City or town) (State or foreign country)
Mother
14. Maiden name Annette Clark.
15. Birthplace New Meadows, Idaho. (City or town) (State or foreign country)
16. Informant's **OWN** Signature Delbert Sweeten
and Address 402 6th Garden Boise Idaho
17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof Jan. 31. 1944. (Month) (Day) (Year)
(c) Place: Cloverdale Memorial Park.
18. Funeral Director Summers Funeral Home.
OWN Signature Clyde E. Summers
and Address Boise, Idaho.
19. (a) 1-31-44 (Date received and filed) (b) K. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) January. 28. 1944.
at 1 o'clock A M.
21. **I HEREBY CERTIFY**, That I attended deceased from 1-27 1944 to 1-28 1944
I last saw her alive on 1-28 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Premature birth	6 mths
Due to Subnormal child	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation ..... Date	
Major finding	
Finding of autopsy	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature J. P. Weber (M. D. or other)
and Address Boise Date 1-31 1944
(For additional space, use reverse side)

Dr. E. Jewell, Meridian

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 137246
Local Reg. No. 20
Reg. Dist. No. 37

1. PLACE OF DEATH:
(a) County Ada
(b) City or town Eagle
(c) Street Address or R.F.D. No. Route # 1
(d) Death Occured Inside? ..... Outside? X city or town
(e) Died in a Home X Hospital ..... Institution ..... Other place .....
(f) Name Hosp. or Inst. ---------- Stayed -- days
(g) Lived in this county 35 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Ada
(c) City or town Eagle
(d) Street Address or R.F.D. No. Route # 1
(e) Deceased lived Inside? ..... Outside? X city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 35 years
(h) Former residence (city, state) ----------

3. (a) **FULL NAME** Gladys Harriett Scrivner

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3. (b) If veteran, name war ------
3. (c) Social Security No. ----------
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Leebern
6. (c) Age of husband or wife if alive 35 years
7. Date of Birth (Month, Day, Year) Sept. 20, 1908

8. AGE	Years	Months	Days	If less than 1 day
	35	4	9	hrs min.

9. Exact Occupation Housewife — Did this work for ---- yrs.
10. Industry or Business ---------- — Date last worked -----
11. Birthplace Boise, Idaho (City or town) (State or foreign country)
Father
12. Name William A. Bews
13. Birthplace Connecticut (City or town) (State or foreign country)
Mother
14. Maiden name Sarah Ann Odgers
15. Birthplace Montana (City or town) (State or foreign country)
16. Informant's **OWN** Signature Leebern W Scrivner
and Address Eagle Ida.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/3/44 (Month) (Day) (Year)
(c) Place: Star, Cemetery
18. Funeral Director's **OWN** Signature [signature]
and Address Boise, Idaho
19. (a) 2-3-44 (Date received and filed) (b) R. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 1-29 1944
at ..... o'clock ..... M.
21. **I HEREBY CERTIFY,** That I attended deceased from ..... 19....., to ..... 19.....
I last saw her alive on Jan 20 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Generalized Cachexia	1 mo
Pulmonary Edema	1 wk
Due to	
Multiple Carcinoma	1 year
Due to Carcinoma breast	2 years
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? —
Name of operation — Date .....
Major finding .....
Finding of autopsy —

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature L. E. Jewell (M.D. or other)
and Address Meridian Date Jan 31 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

Forney

State File No. 137247
Local Reg. No. 18
Reg. Dist. No. 371

1. PLACE OF DEATH:
(a) County Ada
(b) City or town Boise.
(c) Street Address or R.F.D. No. 2
(d) Death Occured Inside? ..... Outside? Yes city or town
(e) Died in a Home.... Hospital X. Institution.... Other place....
(f) Name Hosp. or Inst. Ada County Stayed 120 days
(g) Lived in this county 62 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho. (b) County Ada
(c) City or town Boise.
(d) Street Address or R.F.D. No. 3
(e) Deceased lived Inside? ..... Outside? Yes city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 62 years
(h) Former residence (city, state) New Jersey.

3. (a) FULL NAME William Drake Clawson.

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3. (b) If veteran, name war No.
3. (c) Social Security No. None.
4. Sex Male. 5. Color or race White.
6. (a) Single, widowed, married, divorced Divorced.
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) July. 25. 1881.

8. AGE	Years	Months	Days	If less than 1 day
	62.	6.	5.	hrs min.

9. Exact Occupation Retired. Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Dover New Jersey. (City or town) (State or foreign country)
Father
12. Name John Wesley Clawson.
13. Birthplace New Jersey. (City or town) (State or foreign country)
Mother
14. Maiden name Sallie. J. Drake.
15. Birthplace New Jersey. (City or town) (State or foreign country)
16. Informant's OWN Signature Mrs. Perry Virgil
and Address R. S. Boise Idaho.
17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof Feb. 3. 1944. (Month) (Day) (Year)
(c) Place: Morris Hill Cemetery.
18. Funeral Director's OWN Signature Summers Funeral Home. Clyde E. Summers
and Address Boise, Idaho.
19. (a) 1-31-44 (Date received and filed) (b) R. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Jan 30 1944
at 12.05 o'clock P M.
21. I HEREBY CERTIFY, That I attended deceased from Aug 23 1943 to Jan 1944
I last saw him alive on Jan 29 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Coronary occlusion	1/2 hr.
Due to	
Due to	
Other conditions Paresis. (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation ..... Date	
Major finding	
Finding of autopsy	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's OWN Signature S. W. Forney (M. D. or other)
and Address Boise Ida Date 1/31 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 13724
Local Reg. No. 19
Reg. Dist. No.

1. PLACE OF DEATH:

(a) County Ada
(b) City or town Boise
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? Outside? XX city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst Veterans Administration Stayed 6 days
(g) Lived in this county years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

(a) State Idaho (b) County Gem
(c) City or town Emmett
(d) Street Address or R.F.D. No. 816 E. First St.
(e) Deceased lived Inside? XX Outside? city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? Unknown years
(h) Former residence (city, state)

3. (a) **FULL NAME** BROWNFIELD, Burke

3. (b) If veteran, name war SP. AM.
3. (c) Social Security No. 519-24-8320
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Jessie Brownfield
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) May 19, 1885

8. AGE	Years	Months	Days	If less than 1 day
	58	8	12	hrs min.

9. Exact Occupation None — Did this work for yrs.
10. Industry or Business — Date last worked Unknown
11. Birthplace Missouri (City or town) (State or foreign country)

Mother Father
12. Name Unknown
13. Birthplace (City or town) (State or foreign country)
14. Maiden name Unknown
15. Birthplace (City or town) (State or foreign country)

16. Informant's **OWN** Signature Records, Veterans Administration
and Address Boise, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/2/44 (Month) (Day) (Year)
(c) Place: Emmett, Idaho

18. Funeral Director's **OWN** Signature McBratney Funeral Home
and Address Boise, Idaho

19. (a) 2-2-44 (Date received and filed) (b) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) January 31, 1944
at 7:40 o'clock A.M.

21. **I HEREBY CERTIFY**, That I attended deceased from January 25, 1944, to January 31, 1944
I last saw him alive on January 31 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Uremia	1 Week
Due to Prostatic Obstruction	3 years
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? Unknown
Name of operation 1. Suprapubic cystotomy 2. Urethral Dilatation Date 1-27
Major finding Prostatic Obstruction
Finding of autopsy No Autopsy

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature Burton O. Clark
(M. D. or other)
and Address VAF., Boise, Ida. Date Jan. 31 1944
(For additional space, use reverse side)

United States
Department of Commerce
Bureau of the Census

FEB 7 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 13724
Local Reg. No. 380
Reg. Dist. No. 300

1. **PLACE OF DEATH:**
   (a) County Adams
   (b) City or town Council
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? * Outside? city or town
   (e) Died in a Home * Hospital Institution Other place
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county 8 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Adams
   (c) City or town Council, Idaho
   (d) Street Address or R. F. D. No.
   (e) Deceased lived Inside? * Outside? city or town
   (f) If foreign born, in U. S. yrs. Citizen of U. S.? Yes
   (g) How long had deceased lived in Idaho? 30 years
   (h) Former residence (city, state) Spanish Fork Utah

3. (a) **FULL NAME** William D. Watson

75 C

3. (b) If veteran, name war none
3. (c) Social Security No. 519-01-0052
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Margaret Hunting Watson
6 (c) Age of husband or wife if alive 53 years
7. Date of Birth (Month, Day, Year) March 29th 1876

8. AGE	Years	Months	Days	If less than 1 day
	67	9	4	hrs min.

9. Exact Occupation Carpenter — Did this work for 5 yrs.
10. Industry or Business General Bldg. — Date last worked May 16, 43
11. Birthplace Spanish Fork, Utah (City or town) (State or foreign country)

Father
12. Name Robert Watson
13. Birthplace Inknown (City or town) U.S.A. (State or foreign country)

Mother
14. Maiden name Kate Wilson
15. Birthplace Unknown (City or town) U.S.A. (State or foreign country)

16. Informant's **OWN** Signature Donna Wallett Compton
and Address Council, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/6/44 (Month) (Day) (Year)
(c) Place: Idaho Falls, Idaho.
18. Funeral Director's **OWN** Signature J A Hadelman
and Address Cambridge, Idaho
19. (a) 1/3/44 (Date received and filed) (b) Alan S Hunting M.D. (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 1/2/44 19
at one o'clock P.M.

21. I **HEREBY CERTIFY**, That I attended deceased from May 16th 19 43, to 1/2/44 19
I last saw him alive on 12/30/43 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Pan-Carditis	1 yr
Due to Hypertension resulting in Apoplexy	7 mo
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease first contracted? home
Name of operation none Date
Major finding
Finding of autopsy none

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? e Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature Alan S Hunting M.D. (M. D. or other)
and Address Council, Idaho Date 1/3/44 19
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filing out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

FEB 7 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137250
Local Reg. No. 382
Reg. Dist. No. 300

1. **PLACE OF DEATH:**
   (a) County Adams
   (b) City or town Council
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? X Outside? ____ city or town
   (e) Died in a Home ____ Hospital X Institution ____ Other place ____
   (f) Name Hosp. or Inst. Council Hosp. Stayed 4 days
   (g) Lived in this county 8 years 5 months ____ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Adams
   (c) City or town Council
   (d) Street Address or R. F. D. No.
   (e) Deceased lived Inside? X Outside? ____ city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 5½ years
   (h) Former residence (city, state) Hood River, Oregon

3. (a) **FULL NAME** Ida Frances Snell

95C

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife George F. Snell
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) August 16 1855

8. AGE	Years	Months	Days	If less than 1 day
	88	4	27	hrs ____ min.

9. Exact Occupation Housewife — Did this work for Life yrs.
10. Industry or Business Home — Date last worked 1 week ago
11. Birthplace New York City (City or town) New York (State or foreign country)

Father
12. Name Marion Buskirk
13. Birthplace Don't know (City or town) De (State or foreign country)

Mother
14. Maiden name Lucille Littlefield
15. Birthplace Virginia (City or town) (State or foreign country)

16. Informant's OWN Signature Roy H. Snell (Son)
and Address Council Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Jan. 13 1944 (Month) (Day) (Year)
(c) Place: Northams Weiser, Idaho
18. Funeral Director's OWN Signature Northam Funeral Home by J. A. Anderson
and Address Council Ida
19. (a) 1-14-44 (Date received and filed) (b) Alma S. Hunter MD (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 1-13-44 19____
at 6:15 o'clock A. M.

21. **I HEREBY CERTIFY,** That I attended deceased from 1-8 1944, to 1-13- 1944
I last saw her alive on 1-12- 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Senility	1 yr
Due to Carcinoma	3 mo
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation ____ Date ____	
Major finding	
Finding of autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury

23. Attendant's OWN Signature Alma S. Hunter MD (M. D. or other)
and Address Council Ida Date 1-14 1944
(For additional space, use reverse side)

137252

United States
Department of Commerce
Bureau of the Census FEB 1 1 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. [redacted]3
Local Reg. No. [redacted]3
Reg. Dist. No. 511

1. **PLACE OF DEATH:**
(a) County Bannock
(b) City or town Robin
(c) Street Address or R. F. D. No. R.F.D.
(d) Death Occurred Inside? ___ Outside? ✓ city or town
(e) Died in a Home ___ Hospital ___ Institution ___ Other place ___
(f) Name Hosp. or Inst. ___ Stayed ___ days
(g) Lived in this county Life years ___ months ___ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bannock
(c) City or town Robin
(d) Street Address or R. F. D. No. R.F.D.
(e) Deceased lived Inside? ___ Outside? ✓ city or town
(f) Citizen of what country? United States
(g) How long had deceased lived in Idaho? Life years
(h) Former residence (city, state) ___

3. (a) **FULL NAME** Patricia Armstrong 108

3. (b) If veteran, name war ___ 3. (c) Social Security No. ___

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife ___ 6. (c) Age of husband or wife if alive ___ years

7. Date of Birth (Month, Day, Year) November 1st 1941

8. AGE	Years	Months	Days	If less than 1 day hrs / min.
	2	2	1	

9. Exact Occupation At home Did this work for ___ yrs.
10. Industry or Business ___ Date last worked ___
11. Birthplace Lava Hot Springs, (City or town) Idaho. (State or foreign country)

Father
12. Name Ezra Armstrong
13. Birthplace Robin (City or town) Idaho. (State or foreign country)

Mother
14. Maiden name Minona Lund
15. Birthplace Pocatello, (City or town) Idaho (State or foreign country)

16. Informant's OWN Signature Ezra Armstrong
and Address Robin, Idaho.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 1-5-44 (Month) (Day) (Year)
(c) Place: Robin, Idaho.
18. Funeral Director's OWN Signature Arthur W Hall
and Address Pocatello, Idaho.
19. (a) Jan 14 1944 (Date received and filed) (b) D C Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) January 2nd 1944
at 10:30 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from On Jan. 2 1944 to ___ 19___
I last saw h[illegible] alive on Jan 2 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Lobar Pneumonia	
Due to ___	
Due to ___	
Other conditions (Include pregnancy within 3 months of death) ___	

Where was disease contracted? At home
Name of operation ___ Date ___
Major finding ___
Finding of autopsy Not done

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ___ Suicide? ___ Homicide? ___
Occurred ___ 19___ City, county, state where violence occurred ___
Place of Violence: Home ___ Farm ___ Industry ___
Public Place ___ While at work? ___
Means of injury ___
23. Attendant's OWN Signature C. A. Lich MD (M. D. or other)
and Address Lava Hot Springs Date 1-5 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

137253

United States
Department of Commerce
Bureau of the Census

FEB 14 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. [redacted]
Local Reg. No. [redacted]
Reg. Dist. No. 511

1. **PLACE OF DEATH:**
(a) County Bannock
(b) City or town Pocatello
(c) Street Address or R. F. D. No. 101 So. Johnson
(d) Death Occurred Inside? ✓ Outside? ____ city or town
(e) Died in a Home __ Hospital ✓ Institution __ Other place __
(f) Name Hosp. or Inst. General Stayed ____ days
(g) Lived in this county unknown years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Unknown (b) County —
(c) City or town Unknown
(d) Street Address or R. F. D. No. Unknown
(e) Deceased lived Inside? — Outside? — city or town
(f) Citizen of what country? Unknown
(g) How long had deceased lived in Idaho? Unknown years
(h) Former residence (city, state) Unknown

3. (a) FULL NAME Louis Singleton

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3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Unknown
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Date of Birth (Month, Day, Year) Unknown

8. AGE	Years	Months	Days	If less than 1 day
	About	60 years		hrs min.

9. Exact Occupation Unknown Did this work for — yrs.
10. Industry or Business — Date last worked —
11. Birthplace Unknown (City or town) — (State or foreign country)
Father
12. Name Unknown
13. Birthplace — (City or town) (State or foreign country)
Mother
14. Maiden name Unknown
15. Birthplace — (City or town) (State or foreign country)
16. Informant's OWN Signature General Hospital. Hospital records
and Address Pocatello, Idaho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 7th 1944 (Month) (Day) (Year)
(c) Place: Mountainview - Pocatello, Idaho
18. Funeral Director's OWN Signature Arthur M Hall
and Address Pocatello, Idaho
19. (a) Jan 10, 1944 (Date received and filed) (b) D. C. Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) January 2nd 1944
at 6:00 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from Dec 22 1943, to Jan 2 1944
I last saw her alive on Jan 2 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Lobar Pneumonia	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation ____ Date ____	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature H. J. Hartogson, M.D. (M. D. or other)
and Address Pocatello, Ida. Date Jan 10 1944
(For additional space, use reverse side)

...ant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item ...be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or ...K record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital ...tics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

FEB 14 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137254
Local Reg. No. [redacted] 1
Reg. Dist. No. 510

1. **PLACE OF DEATH:**
(a) County Bannock
(b) City or town Pocatello
(c) Street Address or R. F. D. No. 258 S. 10th
(d) Death Occurred Inside? ✓ Outside? ____ city or town
(e) Died in a Home ✓ Hospital ___ Institution ___ Other place ___
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county ____ years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bannock
(c) City or town Pocatello
(d) Street Address or R. F. D. No. 258 S. 10th
(e) Deceased lived Inside? ✓ Outside? ____ city or town
(f) Citizen of what country? U. S. A.
(g) How long had deceased lived in Idaho? 17 years
(h) Former residence (city, state) ____

3. (a) **FULL NAME** Harry Gustine Manor 331

3. (b) If veteran, name war ____ (c) Social Security No. ____
4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife ____ 6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) March 23, 1926

8. AGE	Years	Months	Days	If less than 1 day
	17	9	9	hrs ____ min. ____

9. Exact Occupation none Did this work for ____ yrs.
10. Industry or Business ____ Date last worked ____
11. Birthplace Pocatello (City or town) Idaho (State or foreign country)

Father
12. Name George Manor
13. Birthplace Greece (City or town) (State or foreign country)

Mother
14. Maiden name Olga Mechanos
15. Birthplace Malad Idaho (City or town) (State or foreign country)

16. Informant's **OWN** Signature Jane Manor
and Address Pocatello Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-6-'44 (Month) (Day) (Year)
(c) Place: Mountainview
18. Funeral Director's **OWN** Signature Byron B. Hayward
and Address Pocatello
19. (a) 1-4-1944 (Date received and filed) (b) D C Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) January 2 1944
at ____ o'clock ____ M.

21. **I HEREBY CERTIFY,** That I attended deceased from ____ 19____, to ____ 19____
I last saw h____ alive on ____ 19____; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Influenza	1 week
Due to	
Due to	
Other conditions Muscular Dystrophy (Include pregnancy within 3 months of death)	9yrs

Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's **OWN** Signature D C Ray (M. D. or other)
and Address Pocatello Date 1-4 19[illegible]

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

137255

United States
Department of Commerce
Bureau of the Census

FEB 14 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137255
Local Reg. No. ~~[illegible]~~ 4
Reg. Dist. No. 511

1. **PLACE OF DEATH:**
(a) County Bannock
(b) City or town Pocatello
(c) Street Address or R. F. D. No. 101 So. Johnson
(d) Death Occurred Inside? ✓ Outside? ____ city or town
(e) Died in a Home __ Hospital ✓ Institution __ Other place __
(f) Name Hosp. or Inst. General Stayed 8 days
(g) Lived in this county 5 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bannock
(c) City or town Pocatello
(d) Street Address or R. F. D. No. 416 Wayne Ave
(e) Deceased lived Inside? ✓ Outside? ____ city or town
(f) Citizen of what country? United States
(g) How long had deceased lived in Idaho? 21 years
(h) Former residence (city, state) Montana

3. (a) FULL NAME Doris Grace Cooke 95 b

3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lawrence L. Cooke
6. (c) Age of husband or wife if alive 36 years
7. Date of Birth (Month, Day, Year) February 14th 1917

8. AGE	Years	Months	Days	If less than 1 day
	26	10	24	hrs min.

9. Exact Occupation Housewife Did this work for — yrs.
10. Industry or Business — Date last worked —
11. Birthplace Carlyle (City or town) Montana (State or foreign country)
Father
12. Name Howard Douglas
13. Birthplace Crofordsville (City or town) Indiana (State or foreign country)
Mother
14. Maiden name Grace Dudley
15. Birthplace Linden (City or town) Indiana (State or foreign country)
16. Informant's OWN Signature Lawrence L. Cooke
and Address 416 Wayne ave
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 11, 1944 (Month) (Day) (Year)
(c) Place: Mountainview - Pocatello, Ida.
18. Funeral Director's OWN Signature Arthur M Hall
and Address Pocatello, Idaho
19. (a) 1-10-1944 (Date received and filed) (b) D C Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) January 7th 1944
at 10:20 o'clock P. M.
21. I HEREBY CERTIFY, That I attended deceased from ____ 19__, to ____ 19__
I last saw h__ alive on ____ 19__; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Acute nephritis & Uremia	10 days
Due to —	
Due to	
Other conditions Rheumatic Ht. Dis. (Include pregnancy within 3 months of death)	1 year
Where was disease contracted? Home	
Name of operation — Date	
Major finding —	
Finding of autopsy —	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature R P Howard M.D. (M. D. or other)
and Address Pocatello Ida Date 1-10 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

137256

United States
Department of Commerce
Bureau of the Census

FEB 14 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. [redacted]12
Local Reg. No. [redacted]
Reg. Dist. No. 510

1. **PLACE OF DEATH:**
(a) County Bannock
(b) City or town Pocatello
(c) Street Address or R. F. D. No. —
(d) Death Occurred Inside? — Outside? — city or town
(e) Died in a Home — Hospital — Institution — Other place —
(f) Name Hosp. or Inst. St. Anthony Stayed — days
(g) Lived in this county — years — months — days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bannock
(c) City or town Pocatello
(d) Street Address or R. F. D. No. 1737 N. Harrison
(e) Deceased lived Inside? — Outside? — city or town
(f) Citizen of what country? U. S. A.
(g) How long had deceased lived in Idaho? 0 years
(h) Former residence (city, state)

3. (a) **FULL NAME** Joseph Louis Nestor 160c

3. (b) If veteran, name war —
3. (c) Social Security No. none
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Date of Birth (Month, Day, Year) Sept. 15, 1943

8. AGE	Years	Months	Days	If less than 1 day
	0	3	23	hrs — min.

9. Exact Occupation none — Did this work for — yrs.
10. Industry or Business — Date last worked
11. Birthplace Pocatello Idaho (City or town) (State or foreign country)

Father
12. Name Steve Nestor
13. Birthplace Gary Indiana (City or town) (State or foreign country)

Mother
14. Maiden name Mary Lazy
15. Birthplace Pocatello Id. (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mary Nestor
and Address 1737 N. Harrison
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-11-'44 (Month) (Day) (Year)
(c) Place: Mountainview
18. Funeral Director's **OWN** Signature Byron B. Dawnard
and Address Pocatello Idaho
19. (a) Jan 12 1944 (Date received and filed) (b) D C Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) January 8 1944
at 11:08 o'clock A. M.
21. **I HEREBY CERTIFY,** That I attended deceased from Dec 10 1943, to Jan 8 1944
I last saw h[redacted] alive on Jan 8 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebral Birth Injury.	3 mo.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation — Date
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? — Suicide? — Homicide? —
Occurred — 19— City, county, state where violence occurred
Place of Violence: Home — Farm — Industry —
Public Place — While at work?
Means of injury

23. Attendant's **OWN** Signature W. W. Campbell (M. D. or other)
and Address Pocatello Date 1/13 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

137257

United States
Department of Commerce
Bureau of the Census

FEB 14 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. [redacted]/43
Local Reg. No. [redacted]
Reg. Dist. No. 310

1. **PLACE OF DEATH:**
(a) County Bannock
(b) City or town Pocatello
(c) Street Address or ~~R. F. D.~~ No. 934 E. Lewis
(d) Death Occurred Inside? X Outside? ___ city or town
(e) Died in a Home ___ Hospital X Institution ___ Other place ___
(f) Name Hosp. or ~~Pocatello~~ Memorial days
(g) Lived in this county 2 years 2 months 10 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bannock
(c) City or town Pocatello
(d) Street Address ~~or R. F. D.~~ No. 934 E. Lewis
(e) Deceased lived Inside? X Outside? ___ city or town
(f) Citizen of what country? U. S. A.
(g) How long had deceased lived in Idaho? 3 years
(h) Former residence (city, state) Salt Lake City

3. (a) **FULL NAME** Helen Adeline Marden

3. (b) If veteran, name war ___

3. (c) Social Security No. ___

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married divorced Married

6. (b) Name of husband or wife Carl L. Nardin

6. (c) Age of husband or wife if alive 35 years

7. Date of Birth (Month, Day, Year) June 30, 1910

8. AGE	Years	Months	Days	If less than 1 day
	33	6	10	hrs ___ min.

9. Exact Occupation House Wife — Did this work for 3 yrs.
10. Industry or Business at home — Date last worked Dec. 25. 43
11. Birthplace Salt Lake City, Utah (City or town) (State or foreign country)

Father
12. Name Unknown Riggs
13. Birthplace Italy (City or town) (State or foreign country)

Mother
14. Maiden name Unknown
15. Birthplace Italy (City or town) (State or foreign country)

16. Informant's **OWN** Signature Carl L. Nardin
and Address Pocatello Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 12. 1944 (Month) (Day) (Year)
(c) Place Mt. Queen Cem. Pocatello Idaho

18. Funeral Director's **OWN** Signature H. L. McHan
and Address Pocatello Idaho

19. (a) 1-14-1944 (Date received and filed) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Jan 9 1944
at 6:05 o'clock a M.

21. **I HEREBY CERTIFY,** That I attended deceased from Dec 28 1943 to Jan 9. 1944
I last saw h[illegible] alive on Jan 9-44; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
1(a) Pernicious meth. Eff.	
Due to (b) Abortion	
Due to (c) Septicemia & Uremia	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? ___
Name of operation Tubectomy Date 12/28/43
Major finding ___
Finding of autopsy ___

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ___ Suicide? ___ Homicide? ___
Occurred ___ 19___ City, county, state where violence occurred ___
Place of Violence: Home ___ Farm ___ Industry ___
Public Place ___ While at work? ___
Means of injury ___

23. Attendant's **OWN** Signature [illegible] (M. D. or other)
and Address Pocatello Ida. Date Jan 10 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

FEB 1 4 1944

State File No. 137258
Local Reg. No. 3
Reg. Dist. No. 611

1. **PLACE OF DEATH:**
(a) County Bannock
(b) City or town Lava Hot Springs
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? ✓ city or town
(e) Died in a Home ✓ Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 12 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bannock
(c) City or town Lava Hot Springs
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Outside? ✓ city or town
(f) If foreign born, in U. S. 75 yrs. Citizen of U. S.? yes
(g) How long had deceased lived in Idaho? 12 years
(h) Former residence (city, state) Paradise Utah

3. (a) **FULL NAME** Sariah Rees Miles 1862

3. (b) If veteran, name war —— 3. (c) Social Security No.

4. Sex Fem. 5. Color or race white 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Edward D. Miles 6 (c) Age of husband or wife if alive deceased years

7. Date of Birth (Month, Day, Year) Dec 17, 1848

8. AGE	Years	Months	Days	If less than 1 day
	95	X	23	hrs. min.

9. Exact Occupation House wife Did this work for Life yrs.

10. Industry or Business Date last worked

11. Birthplace Pembroke (City or town) Wales (State or foreign country)

Father
12. Name Thomas Rees
13. Birthplace Wales (City or town) (State or foreign country)

Mother
14. Maiden name Rebecca Devlin
15. Birthplace Wales (City or town) (State or foreign country)

16. Informant's **OWN** Signature Ray Miles
and Address Lava Hot Springs

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 1-14-44 (Month) (Day) (Year)
(c) Place: Paradise Utah

18. Funeral Director's **OWN** Signature B. M. Thornton
and Address Hyrum Utah

19. (a) Feb. 5 1944 (Date received and filed) (b) Mrs Harriet Crowell (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Jan. 10, 1944
at 1.30 o'clock A M.

21. I **HEREBY CERTIFY**, That I attended deceased from Jan 1, 1944, to Jan 10, 1944
I last saw her alive on Jan 9, 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — Duration
Internal Injuries of abdominal viscera
Due to Fall
+ Senility
Due to
Other conditions
(Include pregnancy within 3 months of death)

Where was disease first contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature C. F. Rich M.D. (M. D. or other)
and Address Lava Hot Springs Date 1-10- 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

FEB 14 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137259
Local Reg. No. [redacted] 16
Reg. Dist. No. 510

1. **PLACE OF DEATH:**
(a) County Bannock
(b) City or town Pocatello
(c) Street Address ~~or R. F. D.~~ No. 850 W. Clark St.
(d) Death Occurred Inside? X Outside? — city or town
(e) Died in a Home X Hospital — Institution — Other place
(f) Name Hosp. or Inst. — Stayed ___ days
(g) Lived in this county 40 years — months — days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bannock
(c) City or town Pocatello
(d) Street Address ~~or R. F. D.~~ No. 850 W. Clark
(e) Deceased lived Inside? X Outside? — city or town
(f) Citizen of what country? U. S. A.
(g) How long had deceased lived in Idaho? 40 years
(h) Former residence (city, state) Ogden, Utah

3. (a) **FULL NAME** Ellen Margarete Wood

S 3a

3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Female
5. Color or race white
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Dana M. Wood
6. (c) Age of husband or wife if alive dead years
7. Date of Birth (Month, Day, Year) Jan 4, 1875

8. AGE	Years	Months	Days	If less than 1 day
	69	0	7	hrs — min.

9. Exact Occupation House Keeper Did this work for 40 yrs.
10. Industry or Business at home Date last worked Jan 9th
11. Birthplace Wisby, Gotland, Isle, Sweden (City or town) (State or foreign country)
Father
12. Name John P. Wallen
13. Birthplace Sweden (City or town) (State or foreign country)
Mother
14. Maiden name Unknown
15. Birthplace Sweden (City or town) (State or foreign country)
16. Informant's OWN Signature Mrs George C. Fovek
and Address Pocatello Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 13, 44 (Month) (Day) (Year)
(c) Place: Mt Moriah Cem. Pocatello
18. Funeral Director's OWN Signature K. L. McHan
and Address Pocatello Idaho
19. (a) 1-13-1944 (Date received and filed) (b) D C Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Jan 10 1944
at 10:15 o'clock A. M.
21. **I HEREBY CERTIFY,** That I attended deceased from Jan 10 1944 to Jan 10 1944
I last saw her alive on Jan 10 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death	Duration
Cerebral Hemorrhage	7 hrs.
Due to High B.P. Primary arteriosclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted? ✓	PHYSICIAN
Name of operation None Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy Not made	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ___ Suicide? ___ Homicide? ___
Occurred ___ 19__ City, county, state where violence occurred ___
Place of Violence: Home ___ Farm ___ Industry ___
Public Place ___ While at work? ___
Means of injury ___
23. Attendant's OWN Signature [signature] (M. D. or other)
and Address Pocatello Ida Date Jan 11 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

137260

United States
Department of Commerce
Bureau of the Census

FEB 14 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 21
Reg. Dist. No. 511

1. **PLACE OF DEATH:**
(a) County Bannock
(b) City or town Pocatello
(c) Street Address ~~or R. F. D.~~ No. 610 Oak St
(d) Death Occurred Inside? X Outside? — city or town
(e) Died in a Home X Hospital — Institution — Other place
(f) Name ~~Hosp. or Inst.~~ Stayed days
(g) Lived in this county — years 3 months 13 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bannock
(c) City or town Pocatello
(d) Street Address ~~or R. F. D.~~ No. 610 Oak St.
(e) Deceased lived Inside? X Outside? — city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? life years
(h) Former residence (city, state)

3. (a) **FULL NAME** Dennis Neil Hensley 182

3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Male
5. Color or race white
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Date of Birth (Month, Day, Year) September 30, 1943

8. AGE	Years	Months	Days	If less than 1 day
	—	3	13	hrs min.

9. Exact Occupation none Did this work for yrs.
10. Industry or Business Infant. Date last worked
11. Birthplace Pocatello Idaho (City or town) (State or foreign country)
Father
12. Name Kenneth W. Hensley
13. Birthplace Sublet Idaho (City or town) (State or foreign country)
Mother
14. Maiden name Geraldine Ferguson
15. Birthplace Pocatello Idaho (City or town) (State or foreign country)
16. Informant's OWN Signature Kenneth W. Hensley
and Address Pocatello Idaho
17. (a) Burial (Burial, cremation or removal) (b) Date thereof Jan 14 44 (Month) (Day) (Year)
(c) Place Mt View Cem. Pocatello
18. Funeral Director's OWN Signature H. L. McHan
and Address Pocatello Idaho
19. (a) 1-14-1944 (Date received and filed) (b) D C Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Jan 12 1944
at 8 o'clock A. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 19, to 19
I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Found dead in bed baby last feeding 10:30 p.m.
Due to baby found laying on face at 8:00 a.m.
Due to next morning
Other conditions Cause unknown
(Include pregnancy within 3 months of death)
probable suffocation

Duration

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature Arthur W. Hall (M. D. or other)
and Address Pocatello Idaho Date Jan 13 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

137261

United States
Department of Commerce FEB 14 1944
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 22
Reg. Dist. No. 541

1. **PLACE OF DEATH:**
(a) County Bannock
(b) City or town Pocatello
(c) Street Address ~~or R. F. D.~~ No. 341 So. Garfield
(d) Death Occurred Inside? X Outside? — city or town
(e) Died in a Home X Hospital — Institution — Other place
(f) Name Hosp. or Inst. — Stayed — days
(g) Lived in this county 31 years — months — days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bannock
(c) City or town Pocatello
(d) Street Address ~~or R. F. D.~~ No. 341 So. Garfield
(e) Deceased lived Inside? X Outside? — city or town
(f) Citizen of what country? U. S. A.
(g) How long had deceased lived in Idaho? 31 years
(h) Former residence (city, state) Salt Lake City Utah

3. (a) FULL NAME William Howard Shafer 46 b

3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Male
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Dolly B. Shafer
6. (c) Age of husband or wife if alive 57 years
7. Date of Birth (Month, Day, Year) Oct. 25, 1876

8. AGE	Years	Months	Days	If less than 1 day
	67	2	19	hrs min.

9. Exact Occupation retired Contractor Did this work for yrs.
10. Industry or Business and builder Date last worked 5 years ago
11. Birthplace Fairmont (City or town) West Virginia (State or foreign country)
Father
12. Name Granville Shafer
13. Birthplace State of Pennsylvania (City or town) (State or foreign country)
Mother
14. Maiden name Elizabeth Hunsaker
15. Birthplace State of Maryland (City or town) (State or foreign country)
16. Informant's OWN Signature Mrs. Howard Shafer
and Address Pocatello, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 14, 44 (Month) (Day) (Year)
(c) Place: Mt View Cem. Pocatello
18. Funeral Director's OWN Signature H. L. McHan
and Address Pocatello Idaho
19. (a) 1-14-1944 (Date received and filed) (b) J. C. Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Jan 12, 1944
at 8 o'clock A. M.
21. **I HEREBY CERTIFY,** That I attended deceased from Oct 1943, to Jan 12 1944
I last saw him alive on Jan 12 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration
Massive Carcinoma, Stomach
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Where was disease contracted? Unknown
Name of operation Post Gastric Date 10-15-43
Major finding Ca. of pelvis
Finding of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature O. F. Teal (M. D. or other)
and Address Pocatello Date Jan 13 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

FEB 14 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137262
Local Reg. No. 25
Reg. Dist. No. 510

1. **PLACE OF DEATH:**
(a) County Bannock
(b) City or town Pocatello
(c) Street Address or R. F. D. No. 650 No. 7th.
(d) Death Occurred Inside? — Outside? ____ city or town
(e) Died in a Home __ Hospital — Institution __ Other place __
(f) Name Hosp. or Inst. St. Anthony Stayed 2 days
(g) Lived in this county 23 years — months — days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bannock
(c) City or town Pocatello.
(d) Street Address or R. F. D. No. 317 So. 9th.
(e) Deceased lived Inside? ✓ Outside? ____ city or town
(f) Citizen of what country? United States.
(g) How long had deceased lived in Idaho? 40 years
(h) Former residence (city, state) Denmark.

3. (a) FULL NAME Marie Sorenson Carlsen 93E

3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Female
5. Color or race white
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Niels C. Carlsen
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) January 6th 1873

8. AGE	Years	Months	Days	If less than 1 day
	71	0	10	hrs min.

9. Exact Occupation Housewife Did this work for — yrs.
10. Industry or Business — Date last worked —
11. Birthplace Holbeck Amts (City or town) Denmark (State or foreign country)
Father
12. Name Jens Christian Sorensen
13. Birthplace (City or town) Denmark (State or foreign country)
Mother
14. Maiden name Anna Marie Hansen
15. Birthplace (City or town) Denmark (State or foreign country)
16. Informant's OWN Signature Tony H Carlsen
and Address Pocatello, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 20 1944 (Month) (Day) (Year)
(c) Place Mountainview - Pocatello, Idaho
18. Funeral Director's OWN Signature
and Address Pocatello, Idaho.
19. (a) 1-17-1944 (Date received and filed) (b) D C Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) January 16th 1944
at 9:35 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from Jan. 14 1944 to Jan. 16 1944
I last saw her alive on Jan 16 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cardiac Failure Immediate — Duration 1 day
Due to Myocarditis & fibrillation
Due to
Other conditions
(Include pregnancy within 3 months of death)
Where was disease contracted?
Name of operation ____ Date ____
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state
where violence occurred
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work?
Means of injury
23. Attendant's OWN Signature J. R. McMahon (M. D. or other)
and Address 1/17/44 Date ____ 19__
(For additional space, use reverse side)
Pocatello

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

137263

United States
Department of Commerce
Bureau of the Census

FEB 14 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 1
Reg. Dist. No. 511

1. **PLACE OF DEATH:**
(a) County Bannock
(b) City or town McCammon
(c) Street Address or R. F. D. No. R. F. D.
(d) Death Occurred Inside? Outside? X city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. -- Stayed days
(g) Lived in this county 36 years -- months -- days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bannock
(c) City or town McCammon
(d) Street Address or R. F. D. No. R. F. D.
(e) Deceased lived Inside? Outside? X city or town
(f) Citizen of what country? United States
(g) How long had deceased lived in Idaho? 36 years
(h) Former residence (city, state) Utah

3. (a) **FULL NAME** WILLIAM HENRY GIBBS JR. 94b

3. (b) If veteran, name war ** 3. (c) Social Security No. --

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Elizabeth Zundel 6. (c) Age of husband or wife if alive 67 years

7. Date of Birth (Month, Day, Year) January 9th., 1875

8. AGE	Years	Months	Days	If less than 1 day
	69	0	9	hrs min.

9. Exact Occupation Farmer Did this work for -- yrs.
10. Industry or Business -- Date last worked --
11. Birthplace Portadge (City or town) Utah (State or foreign country)

Father
12. Name William Henry Gibbs Sr.
13. Birthplace England (City or town) (State or foreign country)

Mother
14. Maiden name Letitia Johns
15. Birthplace Wales (City or town) (State or foreign country)

16. Informant's **OWN** Signature William H. Gibbs.
and Address Pocatello, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-22-44 (Month) (Day) (Year)
(c) Place: McCammon, Idaho

18. Funeral Director's **OWN** Signature Arthur M Hall
and Address Pocatello, Idaho

19. (a) Feb 5 1944 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) January 18th., 1944
at 5.30 o'clock A M.

21. **I HEREBY CERTIFY**, That I attended deceased from Jan 17 1944 to on Jan 17 1944
I last saw him alive on Jan 17 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Angina Pectoris	
Due to Unknown	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? Home
Name of operation None Date
Major finding
Finding of autopsy Not Done

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature C A Rich M D
(M. D. or other)
and Address Lava Hot Springs Date 1-20 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

FEB 14 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137264
Local Reg. No. 29
Reg. Dist. No. 510

1. **PLACE OF DEATH:**
   (a) County Bannock
   (b) City or town Pocatello
   (c) Street Address or R. F. D. No. 1253 East Lewis
   (d) Death Occurred Inside? X Outside? ____ city or town
   (e) Died in a Home X Hospital __ Institution __ Other place __
   (f) Name Hosp. or Inst. -- Stayed -- days
   (g) Lived in this county 60 years ____ months ____ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Bannock
   (c) City or town Pocatello
   (d) Street Address or R. F. D. No. 1253 E. Lewis
   (e) Deceased lived Inside? X Outside? ____ city or town
   (f) Citizen of what country? United States
   (g) How long had deceased lived in Idaho? 60 years
   (h) Former residence (city, state) Utah

3. (a) **FULL NAME** MARY ELLEN JAMES MCKINNON 131b

3. (b) If veteran, name war -- 3. (c) Social Security No. --

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife John Allen McKinnon 6. (c) Age of husband or wife if alive — years

7. Date of Birth (Month, Day, Year) January 1st., 1871

8. AGE	Years	Months	Days	If less than 1 day
	73	0	20	hrs min.

9. Exact Occupation At Home-Retired Did this work for -- yrs.

10. Industry or Business -- Date last worked --

11. Birthplace Farmington (City or town) Utah (State or foreign country)

Father
12. Name Morgan E. James
13. Birthplace (City or town) Wales (State or foreign country)

Mother
14. Maiden name Naomi E. Crockett
15. Birthplace (City or town) England (State or foreign country)

16. Informant's OWN Signature [signature]
and Address Pocatello, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 24. 1944 (Month) (Day) (Year)
(c) Place Mountainview-Pocatello, Idaho

18. Funeral Director's OWN Signature [signature]
and Address Pocatello, Idaho

19. (a) Jan. 24. 1944 (Date received and filed) (b) D C Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) January 21st., 1944
at 5.25 o'clock A M.

21. **I HEREBY CERTIFY,** That I attended deceased from Jan 16 1944 to Jan 21 1944
I last saw her alive on Jan 21 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: 92b Mitral Insufficiency — Duration

Due to Chronic Nephritis 131b

Due to

Other conditions
(Include pregnancy within 3 months of death)

Where was disease contracted? Home

Name of operation — Date

Major finding

Finding of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? — Suicide? — Homicide? —
Occurred — 19__ City, county, state
where violence occurred —
Place of Violence: Home — Farm — Industry —
Public Place — While at work? —
Means of injury

23. Attendant's OWN Signature [signature] (M. D. or other)
and Address Pocatello Idaho Date 1-24 1944
(For additional space, use reverse side)

137265

United States
Department of Commerce
Bureau of the Census

FEB 14 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 39
Reg. Dist. No. 511

1. **PLACE OF DEATH:**
(a) County Bannock
(b) City or town Pocatello
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home ____ Hospital X Institution ____ Other place ____
(f) Name Hosp. or Inst. General Hospital ____ days
(g) Lived in this county ____ years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Utah (b) County Salt Lake
(c) City or town Salt Lake City
(d) Street Address or R. F. D. No. ____
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? ____
(g) How long had deceased lived in Idaho? 35 years
(h) Former residence (city, state) Lived in Utah the last 10 years.

3. (a) **FULL NAME** Adelgunda Grover Hemming

3. (b) If veteran, name war ____ 3. (c) Social Security No. ____

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife ____ 6. (c) Age of husband or wife if alive ____ years

7. Date of Birth (Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	71			hrs ____ min.

9. Exact Occupation Housewife Did this work for ____ yrs.
10. Industry or Business ____ Date last worked ____
11. Birthplace Hyde, Utah (City or town) (State or foreign country)

Father
12. Name Thomas Grover
13. Birthplace Nauvoo Ill. (City or town) (State or foreign country)

Mother
14. Maiden name Elizabeth Heinel
15. Birthplace Germany (City or town) (State or foreign country)

16. Informant's **OWN** Signature Farley Hemming
and Address 4500 Grant Pocatello Ida

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 1/23/44 (Month) (Day) (Year)
(c) Place: Preston, Idaho

18. Funeral Director's **OWN** Signature Russell Adams
and Address Preston, Idaho

19. (a) 1-22-1944 (Date received and filed) (b) D C Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 1-22-44
at 6:10 o'clock A. M.

21. **I HEREBY CERTIFY,** That I attended deceased from 1-22-1944 to 1-23-1944
I last saw her alive on 1-22-1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Coronary Thrombosis	
Due to Arteriosclerosis	
Due to Cardiovascular Renal Disease	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? Preston, Idaho
Name of operation None Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's **OWN** Signature [signature]
(M. D. or other)
and Address Pocatello Date 1-23 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

FEB 1 1 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137266
Local Reg. No. 40
Reg. Dist. No. 510

1. PLACE OF DEATH:
(a) County Bannock
(b) City or town Pocatello
(c) Street Address or ~~R.~~ 1518 N. Main St
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home X Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 27 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Bannock
(c) City or town Pocatello
(d) Street Address or ~~R.~~ No. 1518 N. Main St
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? U. S. A.
(g) How long had deceased lived in Idaho? 27 years
(h) Former residence (city, state) Hedrick, Iowa

3. (a) FULL NAME JESSE DOUGLAS McCORMICK

3. (b) If veteran, name war ---
3. (c) Social Security No. ----
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife ---
6. (c) Age of husband or wife if alive -- years
7. Date of Birth (Month, Day, Year) October 22, 1852

8. AGE	Years	Months	Days	If less than 1 day
	92	3	2	hrs min.

9. Exact Occupation Retired Farmer Did this work for life yrs.
10. Industry or Business ____ Date last worked ____
11. Birthplace Highland Center, Iowa (City or town) (State or foreign country)
Father
12. Name Robert McCormick
13. Birthplace unknown Kentucky (City or town) (State or foreign country)
Mother
14. Maiden name Charlotte Stevens
15. Birthplace unknown Kentucky (City or town) (State or foreign country)
16. Informant's OWN Signature Geo A McCormick
and Address Poctello, Idaho
17. (a) burial (b) Date thereof ____ (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: Pocatello, Idaho
18. Funeral Director's OWN Signature H. L. McHan
and Address Pocatello, Idaho
19. (a) Jan. 26, 44 (b) [illegible] (Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) January 24 1944
at 10:10 o'clock P. M.
21. I HEREBY CERTIFY, That I attended deceased from Nov 12 1943 to Jan 24 1944
I last saw h[illegible] alive on January 24 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Hemorrhage of Stomach — Duration off & on for 4 mos.
Due to Arteriosclerosis
Due to Senility
Other conditions ____
(Include pregnancy within 3 months of death)
Where was disease contracted? ____
Name of operation None Date ____
Major finding ____
Finding of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature [illegible] (M. D. or other)
and Address Pocatello, Ida Date 1/26 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

FEB 14 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137267
Local Reg. No. 43
Reg. Dist. No. 511

1. **PLACE OF DEATH:**
(a) County Bannock
(b) City or town Pocatello
(c) Street Address ~~XXXXXXX~~ No. Arthur Ave
(d) Death Occurred Inside? X Outside? — city or town
(e) Died in a Home X Hospital X Institution — Other place
(f) Name Hosp. or Inst. Lynn Bros Stayed 4 days
(g) Lived in this county — years — months 4 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bannock
(c) City or town Rockland
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Outside? X city or town
(f) Citizen of what country? U. S. A.
(g) How long had deceased lived in Idaho? 54 years
(h) Former residence (city, state) Rockland Idaho

3. (a) **FULL NAME** Henry Lawrence Robinson 131b

3. (b) If veteran, name war ----
3. (c) Social Security No. ----
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Fern Peck
6. (c) Age of husband or wife if alive 51 years
7. Date of Birth (Month, Day, Year) September 4, 1889

8. AGE	Years	Months	Days	If less than 1 day
	54	4	21	hrs min.

9. Exact Occupation Farmer Did this work for life yrs.
10. Industry or Business Date last worked 12/15/43
11. Birthplace Rockland, Idaho (City or town) (State or foreign country)
Father
12. Name Henry L. Robinson
13. Birthplace unknown Utah (City or town) (State or foreign country)
Mother
14. Maiden name Melissa Robison
15. Birthplace unknown Utah (City or town) (State or foreign country)
16. Informant's OWN Signature Fern Robinson and Address Rockland, Idaho
17. (a) removal (Burial, cremation, or removal) (b) Date thereof Jan. 30/44 (Month) (Day) (Year)
(c) Place: Rockland, Idaho
18. Funeral Director's OWN Signature H. L. McHan and Address Pocatello, Idaho
19. (a) 1/26/44 (Date received and filed) (b) D C Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) January 25 1944
at 11:07 o'clock p.M.
21. **I HEREBY CERTIFY,** That I attended deceased from 1-21 1944 to 1-28 1944
I last saw him alive on Jan. 25 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Chronic nephrolithiasis mitral insufficiency — Duration
Due to bronchitis
Due to
Other conditions
(Include pregnancy within 3 months of death)
Where was disease contracted? —
Name of operation — Date —
Major finding —
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? — Suicide? — Homicide? —
Occurred — 19 City, county, state where violence occurred —
Place of Violence: Home — Farm — Industry —
Public Place — While at work?
Means of injury
23. Attendant's OWN Signature [signature] (M. D. or other)
and Address Pocatello, Date 1/26 1944
(For additional space, use reverse side)

United States
Department of Commerce FEB 14 1944
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137268
Local Reg. No. 44
Reg. Dist. No. 541

1. **PLACE OF DEATH:**
(a) County Bannock
(b) City or town Pocatello
(c) Street Address or R. F. D. No. 650 No. 7th.
(d) Death Occurred Inside? x Outside? ____ city or town
(e) Died in a Home __ Hospital x Institution __ Other place __
(f) Name Hosp. or Inst. St. Anthony Stayed - days
(g) Lived in this county Life years - months - days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bannock
(c) City or town Tyhee
(d) Street Address or R. F. D. No. R. F. D. North
(e) Deceased lived Inside? ____ Outside? x city or town
(f) Citizen of what country? United States
(g) How long had deceased lived in Idaho? Life years
(h) Former residence (city, state) --

3. (a) FULL NAME BERNADINE JENSEN 74a

3. (b) If veteran, name war --
3. (c) Social Security No. --
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife --
6. (c) Age of husband or wife if alive - years
7. Date of Birth (Month, Day, Year) January 10th., 1932

8. AGE	Years	Months	Days	If less than 1 day
	12	0	17	hrs min.

9. Exact Occupation At home Did this work for -- yrs.
10. Industry or Business -- Date last worked --
11. Birthplace Tyhee (City or town) Idaho (State or foreign country)
Father
12. Name Henry Jensen
13. Birthplace New Zealand (City or town) (State or foreign country)
Mother
14. Maiden name Caroline Ada Fryer
15. Birthplace New Zealand (City or town) (State or foreign country)
16. Informant's OWN Signature Henry Jensen
and Address Tyhee, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1- -44 (Month) (Day) (Year)
(c) Place: Mountainview, Pocatello, Idaho
18. Funeral Director's OWN Signature Mortuary by J. T. Fitzpatrick
and Address Pocatello, Idaho
19. (a) 2-3-44 (Date received and filed) (b) D C Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) January 27th., 1944
at 3.30 PM o'clock ____ M.
21. I HEREBY CERTIFY, That I attended deceased from Dec. 6 1943 to Jan 27 1944
I last saw her alive on Jan 27 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Acute Leukemia	
Due to	6 Week
Due to Rast Influenza	
Other conditions (Include pregnancy within 3 months of death)	2 Week
Where was disease contracted? at her home	
Name of operation no Date	
Major finding -	
Finding of autopsy	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? no Suicide? no Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature [signature] (M. D. or other)
and Address Pocatello Ida Date 1/31 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

137261

United States
Department of Commerce
Bureau of the Census

FEB 14 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 45
Reg. Dist. No. 510

1. **PLACE OF DEATH:**
(a) County Bannock
(b) City or town Pocatello
(c) Street Address or R. F. D. No. —
(d) Death Occurred Inside? — Outside? — city or town
(e) Died in a Home — Hospital — Institution — Other place —
(f) Name Hosp. or Inst. — Stayed — days
(g) Lived in this county — years — months — days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bannock
(c) City or town 636 N. Grant Pocatello
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? — Outside? — city or town
(f) Citizen of what country? U. S. A.
(g) How long had deceased lived in Idaho? — years
(h) Former residence (city, state)

3. (a) **FULL NAME** William Norel Larsen 24a

3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Date of Birth (Month, Day, Year) January 18, 1944

8. AGE	Years	Months	Days	If less than 1 day
	0	0	13	hrs — min.

9. Exact Occupation none — Did this work for — yrs.
10. Industry or Business — Date last worked
11. Birthplace Pocatello (City or town) Idaho (State or foreign country)

Father
12. Name Wayne R. Larsen
13. Birthplace Blackfoot (City or town) Idaho (State or foreign country)

Mother
14. Maiden name Ada Norel
15. Birthplace Pocatello (City or town) Idaho (State or foreign country)

16. Informant's **OWN** Signature Mrs. Norel
and Address Pocatello Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-5-'44 (Month) (Day) (Year)
(c) Place: Mountainview
18. Funeral Director's **OWN** Signature Byron B. Downard
and Address Pocatello DeKay
19. (a) 2-4-1944 (Date received and filed) (b) — (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Jan. 31 1944
at 3:30 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from Jan 27 1944 to Jan 30 1944
Last saw him alive on Jan 31 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Sepsis	4 days
Due to —	
Due to —	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? Hospital
Name of operation — Date —
Major finding —
Finding of autopsy —

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? — Suicide? — Homicide? —
Occurred — 19 — City, county, state where violence occurred —
Place of Violence: Home — Farm — Industry —
Public Place — While at work? —
Means of injury —
23. Attendant's **OWN** Signature C. W. Dungan (M. D. or other)
and Address Pocatello Date 2-4-3 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

FEB 4 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137270
Local Reg. No.
Reg. Dist. No. 55

1. **PLACE OF DEATH:**
(a) County Bear Lake
(b) City or town Montpelier
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? ✓ Outside? ____ city or town
(e) Died in a Home __ Hospital ✓ Institution __ Other place __
(f) Name Hosp. or Ins. Montpelier Stayed ____ days
(g) Lived in this county ____ years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Ida (b) County Bl.
(c) City or town Montpelier
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? ✓ Outside? ____ city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? ____ years
(h) Former residence (city, state)

3. (a) **FULL NAME** Maxine Kunz (Twin)

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3. (b) If veteran, name war ____ 3. (c) Social Security No. ____
4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Infant
6. (b) Name of husband or wife ____ 6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) Jan 17, 1944

8. AGE	Years	Months	Days	If less than 1 day
				6 hrs min.

9. Exact Occupation Infant Twin Did this work for ____ yrs.
10. Industry or Business ____ Date last worked ____
11. Birthplace Montpelier Ida (City or town) (State or foreign country)
Father
12. Name Lorenzo L. Kunz
13. Birthplace Alton Ida (City or town) (State or foreign country)
Mother
14. Maiden name Ethel Thornock
15. Birthplace Bloomington Ida (City or town) (State or foreign country)
16. Informant's OWN Signature L. L. Kunz
and Address Cokeville Wyoming
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 18, 1944 (Month) (Day) (Year)
(c) Place: Bloomington Idaho
18. Funeral Director's OWN Signature [illegible]
and Address Bloomington Idaho
19. (a) Jan 18, 1944 (Date received and filed) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Jan 17th 1944
at 6 o'clock M.
21. **I HEREBY CERTIFY,** That I attended deceased from Jan 17 1944 to Jan 17 1944
I last saw h____ alive on Jan 17 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Immature Twin	
Due to (6½ mos. Gestation)	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation ____ Date ____	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature [illegible] (M. D. or other)
and Address Montpelier Ida Date Jan 17 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

FEB 9 1944

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137271
Local Reg. No. 1
Reg. Dist. No. 130

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
   (a) County Benewah
   (b) City or town St. Maries
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? Outside? X city or town
   (e) Died in a Home Hospital Institution Other place X
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county 5 years months days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Benewah
   (c) City or town St. Maries
   (d) Street Address or R. F. D. No.
   (e) Deceased lived Inside? Outside? X city or town
   (f) Citizen of what country? U. S. A.
   (g) How long had deceased lived in Idaho? 5 years
   (h) Former residence (city, state)

3. (a) **FULL NAME** Freddie Loucks 170c

3. (b) If veteran, name war World War 2 (c) Social Security No. 533-12-2191

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years

7. Date of Birth (Month, Day, Year) May 26, 1920

8. AGE	Years	Months	Days	If less than 1 day
	23	7	9	hrs min.

9. Exact Occupation Corporal Did this work for 4½ yrs.
10. Industry or Business U. S. Marines Date last worked 1-5-44
11. Birthplace Republic, Washington (City or town) (State or foreign country)

Father
12. Name Fred R. Loucks
13. Birthplace Tikura, Idaho (City or town) (State or foreign country)

Mother
14. Maiden name Stella A. Hinton
15. Birthplace Cashmere, Washington (City or town) (State or foreign country)

16. Informant's **OWN** Signature Fred Loucks
and Address St. Maries, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-9-44 (Month) (Day) (Year)
(c) Place: St. Maries, Idaho
18. Funeral Director's **OWN** Signature R. E. Wessa
and Address St. Maries, Idaho
19. (a) 2-7-44 (Date received and filed) (b) R. E. Wessa (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) January 5, 1944 19
About at 10:00 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 19, to 19
I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Traumatism	Few minutes
Due to Auto Accident	
car rolled down grade	
Due to Slippery road	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation None Date
Major finding
Finding of autopsy No utopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Yes Suicide? Homicide?
Occurred Jan. 5, 19 44 City, county, state where violence occurred St. Maries, Benewah Co. Idaho
Benewah road Near
Place of Violence: Home Farm ~~Industry~~
Public Place Highway While at work? No
Means of injury Auto Accident
23. Attendant's **OWN** Signature R. E. Wessa
Coroner (M. D. or other)
and Address St. Maries, Idaho Date 1-7- 1944
(For additional space, use reverse side)

FEB 9 1944

137279

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 2
Reg. Dist. No. 130

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
   (a) County Benewah
   (b) City or town St. Maries
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? X Outside? ____ city or town
   (e) Died in a Home ____ Hospital ____ Institution X Other place ____
   (f) Name Hosp. or Inst. Beckwith's Stayed 4 yrs. days
   (g) Lived in this county ____ years ____ months ____ days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Benewah
   (c) City or town St. Maries
   (d) Street Address or R. F. D. No.
   (e) Deceased lived Inside? X Outside? ____ city or town
   (f) Citizen of what country? unknown
   (g) How long had deceased lived in Idaho? unk years
   (h) Former residence (city, state)

3. (a) **FULL NAME** Louie E. Holmes 98

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced unk
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) August 25, 1861

8. AGE	Years	Months	Days	If less than 1 day
	82	4	13	hrs ____ min.

9. Exact Occupation Prospector Did this work for unk yrs.
10. Industry or Business Mining Date last worked 1939
11. Birthplace Unknown (City or town) (State or foreign country)

Father
12. Name unknown
13. Birthplace " (City or town) (State or foreign country)

Mother
14. Maiden name unknown
15. Birthplace " (City or town) (State or foreign country)

16. Informant's **OWN** Signature Clara M. Beckwith and Address St. Maries, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-13-44 (Month) (Day) (Year)
    (c) Place: St. Maries, Idaho
18. Funeral Director's **OWN** Signature R. E. Wessa and Address St. Maries, Idaho
19. (a) 2-7-44 (Date received and filed) (b) R. E. Wessa (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) January 8, 1944 19____ at 5:45 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from July 1943 to Jan 8 1944
    I last saw him alive on Jan 4 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — **Duration**

Due to Pneumonia, Lobar
Due to
Other conditions
(Include pregnancy within 3 months of death)

Where was disease contracted?
Name of operation ____ Date ____
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
    Occurred ____ 19____ City, county, state where violence occurred
    Place of Violence: Home ____ Farm ____ Industry ____
    Public Place ____ While at work? ____
    Means of injury
23. Attendant's **OWN** Signature O. D. Platt (M. D. or other)
    and Address St. Maries, Ida. Date 2-1 1944

(For additional space, use reverse side)

United States
Department of Commerce FEB 9 1944
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137273
Local Reg. No. 9
Reg. Dist. No. 130

1. **PLACE OF DEATH:**
(a) County Benewah
(b) City or town St. Maries,
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home ____ Hospital X Institution ____ Other place ____
(f) Name Hosp. or Inst. St. Maries Stayed 8 days Hrs
(g) Lived in this county ____ years ____ months 8 days Hrs

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Shoshone
(c) City or town Calder
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? U. S. A.
(g) How long had deceased lived in Idaho? 6 years
(h) Former residence (city, state)

3. (a) **FULL NAME** Gertrude Louise Rumerfield 108

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) May 28, 1893

8. AGE	Years	Months	Days	If less than 1 day
	50	7	10	hrs ____ min.

9. Exact Occupation Housewife Did this work for 30 yrs.
10. Industry or Business Home Date last worked 12-18-43
11. Birthplace Crandon, (City or town) Wisconsin (State or foreign country)

Father
12. Name Herb Tibbitts
13. Birthplace Unknown (City or town) (State or foreign country)

Mother
14. Maiden name Unknown
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mrs Olive Brown
and Address Calder, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-14-44 (Month) (Day) (Year)
(c) Place: St. Maries, Idaho
18. Funeral Director's **OWN** Signature R. E. Wessa
and Address St. Maries, Idaho
19. (a) 2-7-44 (Date received and filed) (b) R. E. Wessa (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) January 8, 1944 19____
at 11:58 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 1/8 19 44 to 1/8 19 44
I last saw her alive on 1/8 19 44; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Lobar Pneumonia — Duration Two
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Where was disease contracted? Calder, Ida
Name of operation None Date
Major finding
Finding of autopsy None

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state
where violence occurred
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury

23. Attendant's **OWN** Signature C. A. Robins M.D. (M. D. or other)
and Address St. Maries, Ida. Date 1/10 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

137274

United States
Department of Commerce
Bureau of the Census

FEB 9 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137274
Local Reg. No. 4
Reg. Dist. No. 130

1. **PLACE OF DEATH:**
(a) County Benewah
(b) City or town St. Maries
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home ____ Hospital ____ Institution ____ Other place X
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 15 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Benewah
(c) City or town St. Maries
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? Sweden
(g) How long had deceased lived in Idaho? 15 years
(h) Former residence (city, state)

3. (a) **FULL NAME** Eric Helmer Ostrom

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3. (b) If veteran, name war None
3. (c) Social Security No. 518-01-2982
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) Unknown

8. AGE	Years	Months	Days	If less than 1 day
About	57			hrs min.

9. Exact Occupation Laborer — Did this work for 25 yrs.
10. Industry or Business City water works — Date last worked 1938
11. Birthplace Sweden (City or town) (State or foreign country)

Father
12. Name Unknown
13. Birthplace " (City or town) (State or foreign country)

Mother
14. Maiden name Unknown
15. Birthplace " (City or town) (State or foreign country)

16. Informant's **OWN** Signature Jay W. Sells
and Address St. Maries, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-15-44 (Month) (Day) (Year)
(c) Place: St. Maries, Idaho
18. Funeral Director's **OWN** Signature R. E. Wessa
and Address St. Maries, Idaho
19. (a) 2-7-44 (Date received and filed) (b) R. E. Wessa (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) January 10, 1944 19____
at 10:00 o'clock P. M.

21. **I HEREBY CERTIFY,** That I attended deceased from Jan 1 19 44 to Jan 10 19 44
I last saw h____ alive on ____ 19____; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration
Acute Intestinal Toxemia
Due to Indigestion and Gastritis
Due to Chronic Alcoholism
Other conditions (Include pregnancy within 3 months of death)
Where was disease contracted?
Name of operation ____ Date ____
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury

23. Attendant's **OWN** Signature O. D. Platt M. D. (M. D. or other)
and Address St. Maries Ida Date 1-12 1944

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137275
Local Reg. No. 5
Reg. Dist. No. 130

1. **PLACE OF DEATH:**
   (a) County Benewah
   (b) City or town St. Maries
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? X Outside? ____ city or town
   (e) Died in a Home ____ Hospital X Institution ____ Other place ____
   (f) Name Hosp. or Inst. St. Maries Stayed ____ days
   (g) Lived in this county ____ years 5 months ____ days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Washington (b) County King
   (c) City or town Seattle
   (d) Street Address or R. F. D. No. 316 - 24 Ave. S.
   (e) Deceased lived Inside? X Outside? ____ city or town
   (f) Citizen of what country? U. S. A.
   (g) How long had deceased lived in Idaho? 5 Mo. years
   (h) Former residence (city, state)

3. (a) **FULL NAME** Edward Leonard Butcher 94A

3. (b) If veteran, name war None
3. (c) Social Security No. 535-05-3416
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife alive ____ years
7. Date of Birth (Month, Day, Year) May 13, 1876

8. AGE	Years	Months	Days	If less than 1 day
	67	7	28	hrs ____ min.

9. Exact Occupation Tool Man — Did this work for 9 yrs.
10. Industry or Business Extra gang Railroad — Date last worked 1-5-44
11. Birthplace Ogdensburg, (City or town) N. Y. (State or foreign country)

Father
12. Name Martin Butcher
13. Birthplace Unknown (City or town) (State or foreign country)

Mother
14. Maiden name Marie H. Fuller
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's **OWN** Signature J. Fuller
and Address St. Maries, Idaho
17. (a) Burial (Burial, cremation or removal) (b) Date thereof 1-18-44 (Month) (Day) (Year)
(c) Place: St. Maries, Idaho
18. Funeral Director's **OWN** Signature R. E. Wessa
and Address St. Maries, Idaho
19. (a) 2-7-44 (Date received and filed) (b) R. E. Wessa (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) January 11, 1944 19____
at 12:55 o'clock P. M.

21. **I HEREBY CERTIFY,** That I attended deceased from 1-7 1944, to 1-11 1944
I last saw him alive on 1-11 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
(a) Coronary Embolism	2 hrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? St. Maries, Ida. PHYSICIAN
Name of operation None Date
Major finding
Finding of autopsy None

Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred No. 24 19____ City, county, state where violence occurred Cause
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury

23. Attendant's **OWN** Signature C. A. Colvin M.D. (M. D. or other)
and Address St. Maries, Ida. Date 1/12 1944
(For additional space, use reverse side)

FEB 11 1944

137276

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 132
Reg. Dist. No. 1

1. **PLACE OF DEATH:**
(a) County Benewah
(b) City or town Plummer
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 9 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Benewah
(c) City or town Plummer
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? Finland
(g) How long had deceased lived in Idaho? 9 years
(h) Former residence (city, state)

3. (a) **FULL NAME** Feliks Laakso

93 E

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife Olga
6. (c) Age of husband or wife if alive 71 years
7. Date of Birth (Month, Day, Year) January 6, 1875

8. AGE	Years	Months	Days	If less than 1 day
	69	0	17	hrs min.

9. Exact Occupation Carpenter — Did this work for 35 yrs.
10. Industry or Business Building — Date last worked 1940
11. Birthplace Finland (City or town) (State or foreign country)

Father
12. Name Martin Laakso
13. Birthplace Finland (City or town) (State or foreign country)

Mother
14. Maiden name Marie Valimaki
15. Birthplace Finland (City or town) (State or foreign country)

16. Informant's **OWN** Signature F. M. Laakso
and Address Rockford, Washington

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-27-44 (Month) (Day) (Year)
(c) Place: St. Maries, Idaho

18. Funeral Director's **OWN** Signature R. E. Vessa
and Address St. Maries, Idaho

19. (a) 1-29-44 (Date received and filed) (b) Freda Robertson (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) January 23, 1944 19
at 12:00 Noon o'clock M.

21. **I HEREBY CERTIFY,** That I attended deceased from Dec. 1942 to Jan. 23, 1944
I last saw ~~him~~ alive on Jan. 4 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — **Duration**

Myocarditis
Due to Senility
Due to
Other conditions
(Include pregnancy within 3 months of death)

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature O. D. Platt, M.D.
(M. D. or other)
and Address St Maries Ida Date 1/24 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

137277

United States
Department of Commerce FEB 1 1 1944
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 1
Reg. Dist. No. 601

1. PLACE OF DEATH:
(a) County Bingham
(b) City or town Blackfoot
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? X city or town
(e) Died in a Home Hospital Institution X Other place
(f) Name Hosp. or Inst. St. Hosp. So. Stayed days
(g) Lived in this county 3 years 5 months 21 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Twin Falls
(c) City or town Buhl
(d) Street Address or R. F. D. No. R #I
(e) Deceased lived Inside? Outside? X city or town
(f) Citizen of what country? Czecho Slovakia
(g) How long had deceased lived in Idaho? 29 years
(h) Former residence (city, state) Buhl, Ida.

3. (a) FULL NAME Mary V. Holada

94a

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Fem.
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) 1856

8. AGE	Years	Months	Days	If less than 1 day
	87			hrs min.

9. Exact Occupation Housewife Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Czecho Slovakia (City or town) (State or foreign country)
Father
12. Name Frank Veba
13. Birthplace Czecho Slovakia (City or town) (State or foreign country)
Mother
14. Maiden name Not Given
15. Birthplace Not Given (City or town) (State or foreign country)
16. Informant's OWN Signature Wilma Lamont St. Hosp. So. Records and Address Blackfoot, Idaho.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 1-4-44 (Month) (Day) (Year)
(c) Place: Buhl, Idaho
18. Funeral Director's OWN Signature John C. Sandberg and Address Blackfoot, Idaho
19. (a) Jan 2, 1944 (Date received and filed) (b) Mrs Natalie E. Palmie (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Jan. 2 1944 at 10:30 o'clock A M.
21. I HEREBY CERTIFY, That I attended deceased from Nov. 1 1943, to Jan. 2 1944
I last saw her alive on Jan. 2 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Acute Coronary Occlusion 94a	1 hr.
Due to Senile Arteriosclerosis	
Due to Psychosis	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide? Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature David McQuaky (M. D. or other) and Address Blackfoot Ida Date 1-2 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

FEB 1 1 1944 Grave # 6.49

137278

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 2
Reg. Dist. No. 601

1. **PLACE OF DEATH:**
(a) County Bingham
(b) City or town Blackfoot
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? X city or town
(e) Died in a Home Hospital Institution X Other place
(f) Name Hosp. or Inst. St. Hosp. So. Stayed days
(g) Lived in this county 12 years 11 months 14 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho. (b) County Twin Falls
(c) City or town Twin Falls
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Outside? city or town
(f) Citizen of what country? U. S. A.
(g) How long had deceased lived in Idaho? 63 years
(h) Former residence (city, state) Twin Falls

3. (a) **FULL NAME** Joe Harris

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3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) March 1877

8. AGE	Years	Months	Days	If less than 1 day
	66	10		hrs min.

9. Exact Occupation Laborer Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Missouri (City or town) (State or foreign country)
Father
12. Name Noah Harris
13. Birthplace Missouri (City or town) (State or foreign country)
Mother
14. Maiden name Not Given
15. Birthplace Missouri (City or town) (State or foreign country)
16. Informant's OWN Signature Wilma Lamont St. Hosp. So. Records
and Address Blackfoot, Idaho.
17. (a) Jan. 6, 1944 (Burial, cremation, or removal) (b) Date thereof 1-6-44 (Month) (Day) (Year)
(c) Place: State Hosp. So. Cem.
18. Funeral Director's OWN Signature Chas L Roberts
and Address Blackfoot Idaho
19. (a) Jan. 6, 1944 (Date received and filed) (b) Mrs Helen E. Patrick (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Jan. 2 1944
at 4:15 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from Nov. 1 1943 to Jan. 2 1944
I last saw him alive on Jan. 2 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Lobar Pneumonia	8 hrs.
Due to Senile Arteriosclerosis	
Due to Psychosis	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature Blackfoot Ida (M. D. or other)
and Address David McCurdy 19
(For additional space, use reverse side) 1-4-44

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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United States
Department of Commerce
Bureau of the Census

FEB 11 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 4
Reg. Dist. No. 601

1. **PLACE OF DEATH:**
(a) County Bingham
(b) City or town Blackfoot
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? X city or town
(e) Died in a Home Hospital Institution X Other place
(f) Name Hosp. or Inst St. Hosp. So Stayed 714 days
(g) Lived in this county 32 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bingham
(c) City or town Blackfoot, Ida.
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? U. S. A.
(g) How long had deceased lived in Idaho? 32 years
(h) Former residence (city, state) Canada

3. (a) **FULL NAME** Mae E. Sprague

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3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Jan. 22, 1882

8. AGE	Years	Months	Days	If less than 1 day
	61	11	12	hrs min.

9. Exact Occupation Nurse Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Ontario (City or town) Canada (State or foreign country)
Father
12. Name William Henry Olds
13. Birthplace (City or town) Canada (State or foreign country)
Mother
14. Maiden name Dora McLeod
15. Birthplace (City or town) Canada (State or foreign country)
16. Informant's OWN Signature Wilma Lamont St. Hosp. So. Records and Address Blackfoot, Idaho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-7-44 (Month) (Day) (Year)
(c) Place: Grove City Cemetery
18. Funeral Director's OWN Signature E. T. Peck by Howard Packham and Address Blackfoot Idaho
19. (a) Jan 3 1944 (Date received and filed) (b) Mrs Nathan E. Nathan (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) January 4 1944 at 5:58 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from Nov. 1 1943, to Jan. 4 1944
I last saw her alive on Jan. 4 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Upper Respiratory Infection c Lobar Pneumonia — Duration 8 hrs
Due to Arteriosclerotic Cardio-Renal Heart disease c
Due to Psychosis
Other conditions
(Include pregnancy within 3 months of death)
Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
Attendant's OWN Signature David McCrosby (M. D. or other) and Address Blackfoot Ida Date 1-5 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

FEB 1 1 1944 Grade # 650

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137280
Local Reg. No. 5
Reg. Dist. No. 601

1. **PLACE OF DEATH:**
   (a) County Bingham
   (b) City or town Blackfoot
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? Outside? X city or town
   (e) Died in a Home Hospital Institution X Other place
   (f) Name Hosp. or Inst. St. Hosp. So. Stayed 22 days
   (g) Lived in this county years months 22 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Lincoln
   (c) City or town Shoshone
   (d) Street Address or R. F. D. No.
   (e) Deceased lived Inside? Outside? city or town
   (f) Citizen of what country? U. S. A
   (g) How long had deceased lived in Idaho? 50 years
   (h) Former residence (city, state) Shoshone

3. (a) **FULL NAME** Moses Corprew

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3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife Not given
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) 1863 (Abt)

8. AGE	Years	Months	Days	If less than 1 day
	82 abt.			hrs min.

9. Exact Occupation Sheep Herder Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Baltimore, Maryland (City or town) (State or foreign country)

Father
12. Name Not given
13. Birthplace Not given (City or town) (State or foreign country)

Mother
14. Maiden name Not given
15. Birthplace Not given (City or town) (State or foreign country)

16. Informant's OWN Signature Wilma Lomont St. Hosp. So. Records
and Address Blackfoot, Idaho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-6-44 (Month) (Day) (Year)
(c) Place: State Hosp. So. Cemetery
18. Funeral Director's OWN Signature Chas. L Roberts
and Address Blackfoot Idaho
19. (a) Jan. 6. 1944 (Date received and filed) (b) Mrs. Walter E. [illegible] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) January 4 1944
at 10:30 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from Nov. 1 1943, to Jan. 4 1944
I last saw her alive on Jan. 4 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Upper Respiratory Infection	8 hrs.
c̄ Pneumonia Lobar	
Due to Senile Arteria S Clerosis	
Due to c̄ Psychosis	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature David W. Crosby (M. D. or other)
and Address Blackfoot Ida Date 1-5 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 1372
Local Reg. No. 6
Reg. Dist. No. 601

1. **PLACE OF DEATH:**
   (a) County Bingham
   (b) City or town Blackfoot
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? Outside? ✓ city or town
   (e) Died in a Home Hospital ✓ Institution Other place
   (f) Name Hosp. or Inst. State Hospt. So. Stayed days
   (g) Lived in this county years months 23 days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Bingham
   (c) City or town Blackfoot
   (d) Street Address or R. F. D. No.
   (e) Deceased lived Inside? Outside? ✓ city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? years
   (h) Former residence (city, state) Medical Lake, Wash.

3. (a) **FULL NAME** Homer Adams 93E

3. (b) If veteran, name war
3. (c) Social Security No. 526-12-1063
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Laura Kerrington
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) (About) Dec. 11, 1901

8. AGE	Years	Months	Days	If less than 1 day
	42	—	24	hrs min.

9. Exact Occupation Hospital Attendant Did this work for 24 yrs.
10. Industry or Business State Hospt. South Date last worked 12-30-43
11. Birthplace Vienna (City or town) Illinois (State or foreign country)
Father
12. Name Benjamine M. Adams
13. Birthplace Dongola (City or town) Ill. (State or foreign country)
Mother
14. Maiden name Ida Bridges
15. Birthplace Vienna (City or town) Ill. (State or foreign country)
16. Informant's OWN Signature Barney F. Adams and Address Medical Lake Wash.
17. (a) Burial (Burial, cremation or removal) (b) Date thereof 1-8-44 (Month) (Day) (Year)
(c) Place: Blackfoot, Idaho
18. Funeral Director's OWN Signature John C. Sandberg and Address Blackfoot, Idaho
19. (a) Jan. 8, 1944 (Date received and filed) (b) Mrs Walter C. Patrick (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Jan 5 1944 at 4:30 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 12-31 1943, to 1-5 1944
I last saw him alive on 1-5- 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death	Duration
Pulmonary Edema	3 hrs.
Due to Congestive Heart Failure	6 days
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide? Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature David McCluskey (M. D. or other) and Address Blackfoot Ida Date 1-7 1944
(For additional space, use reverse side)

United States
Department of Commerce
Bureau of the Census

FEB 1 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137282
Local Reg. No. 7
Reg. Dist. No. 6

1. **PLACE OF DEATH:**
   (a) County Bingham
   (b) City or town Blackfoot
   (c) Street Address or R. F. D. No. 490 N. Stout
   (d) Death Occurred Inside? ✓ Outside? ____ city or town
   (e) Died in a Home ✓ Hospital ____ Institution ____ Other place ____
   (f) Name Hosp. or Inst. ____ Stayed ____ days
   (g) Lived in this county 2 years ____ months ____ days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Bingham
   (c) City or town Blackfoot
   (d) Street Address or R. F. D. No. 490 N. Stout
   (e) Deceased lived Inside? ✓ Outside? ____ city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 46 years
   (h) Former residence (city, state) East River Valley Ida. Moore, Idaho.

3. (a) **FULL NAME** E. L. Montgomery

3. (b) If veteran, name war —
3. (c) Social Security No. 519-18-4233
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Anna Inama
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) Dec. 8 1866

8. AGE	Years	Months	Days	If less than 1 day
	77	—	28	hrs min.

9. Exact Occupation Salesman Did this work for ____ yrs.
10. Industry or Business ____ Date last worked ____
11. Birthplace Ulysses (City or town), Nebraska (State or foreign country)
Father
12. Name Albert Montgomery
13. Birthplace ____ (City or town) ____ (State or foreign country)
Mother
14. Maiden name Sarah McGrath
15. Birthplace ____ (City or town) ____ (State or foreign country)
16. Informant's OWN Signature Robert E Montgomery and Address 1315 B 65th Ave Oakland Calif.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-10-44 (Month) (Day) (Year)
(c) Place: Blackfoot, Idaho.
18. Funeral Director's OWN Signature John C. Sandberg and Address Blackfoot Idaho
19. (a) Jan. 8, 1944 (Date received and filed) (b) Mrs Walter E. Stone (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Jan 6 1944 at 1:30 o'clock a M.
21. **I HEREBY CERTIFY,** That I attended deceased from Dec 28 1943, to Jan 6 1944
I last saw him alive on Jan 4 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Coronary occlusion	1 day
Due to Arteriosclerosis	Indefinite
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature W W Beck M D (M. D. or other) and Address Blackfoot, Ida Date 1-9 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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United States
Department of Commerce
Bureau of the Census

FEB 14 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. [illegible]
Local Reg. No. [illegible]
Reg. Dist. No. 511

1. **PLACE OF DEATH:**
(a) County Bingham
(b) City or town 6 miles northwest Midway
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? X city or town
(e) Died in a Home Hospital Institution Other place X
(f) Name Hosp. or Inst. none Stayed 0 days
(g) Lived in this county 0 years 0 months 0 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Connecticut (b) County
(c) City or town Canton
(d) Street Address or R. F. D. No. P. O. Box #106
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? United States
(g) How long had deceased lived in Idaho? 1 month ~~years~~
(h) Former residence (city, state)

3. (a) **FULL NAME** PEARCE, GEORGE H., Jr., SERGEANT, 11095432

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3. (b) If veteran, name war none
3. (c) Social Security No. --
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Madaline A.
6. (c) Age of husband or wife if alive unknown years
7. Date of Birth (Month, Day, Year) July 19, 1918

8. AGE	Years	Months	Days	If less than 1 day
	25	5	20	hrs min.

9. Exact Occupation Soldier — Did this work for 1 yr. 3mo.
10. Industry or Business U.S. Army — Date last worked Jan. 8 '44.
11. Birthplace Darien (City or town) Connecticut (State or foreign country)

Father
12. Name Unknown
13. Birthplace Unknown (City or town) (State or foreign country)

Mother
14. Maiden name Unknown
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's **OWN** Signature Army Records, STA. HOSP., and Address AAB, Pocatello, Idaho.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 1-11-44 (Month) (Day) (Year)
(c) Place: Winstead Connecticut
18. Funeral Director's **OWN** Signature Arthur W. Hall
and Address Pocatello Ida.
19. (a) 1-11-44 (Date received and filed) (b) D. C. Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) January 8, 19 44
at 9:10 MWT o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from ____ 19__, to ____ 19__
I last saw h__ alive on ____ 19__; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Shock and hemorrhage	8/1/44
Due to Multiple fractures	8/1/44
Due to Aircraft accident	8/1/44
Other conditions 3rd degree burns, (Include pregnancy within 3 months of death)	
complete and dismemberment	8/1/44

Where was disease contracted? none
Name of operation none Date
Major finding --
Finding of autopsy not done.

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? yes Suicide? Homicide?
Occurred January 8, 19 44 City, county, state where violence occurred Midway, Bingham, Idaho
Place of Violence: Home Farm Industry
Public Place While at work? yes
Means of injury Airplane Crash.
23. Attendant's **OWN** Signature John W. Jamison Capt., M.C.
(M. D. or other)
and Address AAB, Pocatello, Ida. Date Jan. 10, 19 44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

137281

United States
Department of Commerce
Bureau of the Census

FEB 14 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. [illegible]6
Local Reg. No. [illegible]
Reg. Dist. No. 511

1. **PLACE OF DEATH:**
(a) County Bingham
(b) City or town 6 miles northwest Midway
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? X city or town
(e) Died in a Home Hospital Institution Other place X
(f) Name Hosp. or Inst. none Stayed days
(g) Lived in this county 0 years 0 months 0 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Minnesota (b) County
(c) City or town North St. Paul.
(d) Street Address or R. F. D. No. P.O Box #2052
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? United States
(g) How long had deceased lived in Idaho? 1½ months years
(h) Former residence (city, state)

3. (a) **FULL NAME** MADSEN, ROBERT W., 2nd Lt., O-697892

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3. (b) If veteran, name war —
3. (c) Social Security No. 473-10-0270
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Dana L.
6. (c) Age of husband or wife if alive — years
7. Date of Birth (Month, Day, Year) December 5, 1915

8. AGE	Years	Months	Days	If less than 1 day
	28	1	3	hrs min.

9. Exact Occupation Officer(Navigator) Did this work for 2 mos. yrs
10. Industry or Business U.S. Army Date last worked Jan. 8 '44
11. Birthplace North St. Paul (City or town) Minnesota. (State or foreign country)
Father
12. Name Unknown Andrew Madsen
13. Birthplace Unknown (City or town) Hjerring, Denmark (State or foreign country)
Mother
14. Maiden name Unknown Johanna A. Anderson
15. Birthplace Unknown (City or town) Stillwater, Minn. (State or foreign country)
16. Informant's OWN Signature Army Records, Sta. Hosp.
and Address AAB, Pocatello, Idaho.
17. (a) Remains (Burial, cremation, or removal) (b) Date thereof 1-12-44 (Month) (Day) (Year)
(c) Place: St. Paul, Minnesota
18. Funeral Director's OWN Signature Anthony O'Hall
and Address Pocatello, Ida.
19. (a) 1-11-1944 (Date received and filed) (b) L. O. Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) January 8, 1944
at 9:10 MWT o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from ____ 19__, to ____ 19__
I last saw h__ alive on ____ 19__; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Shock and hemorrhage	8/1/44
Due to Multiple fractures	8/1/44
Due to Airplane accident	8/1/44
Other conditions 3rd degree burns, (Include pregnancy within 3 months of death) complete and dismemberment	8/1/44

Where was disease contracted? none
Name of operation none Date
Major finding —
Finding of autopsy not done

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? yes Suicide? Homicide?
Occurred January 8, 19 44 City, county, state where violence occurred Midway, Bingham, Idaho.
Place of Violence: Home Farm Industry
Public Place While at work? X
Means of injury Airplane Crash.
23. Attendant's OWN Signature [signature] Capt., M.C. (M. D. or other)
and Address AAB, Pocatello, Ida. Date Jan. 10, 19 44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

137235

United States
Department of Commerce
Bureau of the Census

FEB 14 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. [redacted]7
Local Reg. No. [redacted]
Reg. Dist. No. 511

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
   (a) County Bingham
   (b) City or town 6 miles northwest Midway
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? Outside? x city or town
   (e) Died in a Home Hospital Institution Other place x
   (f) Name Hosp. or Inst. none Stayed 0 days
   (g) Lived in this county 0 years 0 months 0 days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Illinois (b) County
   (c) City or town Chicago
   (d) Street Address or R. F. D. No. 2707 West 54th St.
   (e) Deceased lived Inside? x Outside? city or town
   (f) Citizen of what country? United States
   (g) How long had deceased lived in Idaho? 2 months ~~years~~
   (h) Former residence (city, state)

3. (a) **FULL NAME** PITZNER, RICHARD R. 2nd Lt., O-694941

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3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive ~~yrs~~ years
7. Date of Birth (Month, Day, Year) October 3, 1920

8. AGE	Years	Months	Days	If less than 1 day
	23	3	5	hrs min.

9. Exact Occupation Officer(Bombardier) Did this work for 3 mos ~~yrs~~
10. Industry or Business U.S. Army Date last worked 8 Jan.44
11. Birthplace Chicago, (City or town) Illinois (State or foreign country)

Father
12. Name Unknown
13. Birthplace Unknown (City or town) (State or foreign country)

Mother
14. Maiden name Unknown
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's OWN Signature Army Records, Sta. Hosp.AAB,
and Address Pocatello, Idaho.
17. (a) Remains (Burial, cremation or removal) (b) Date thereof 1-12-44 (Month) (Day) (Year)
(c) Place: Chicago, Illinois
18. Funeral Director's OWN Signature Bethany Hall
and Address Pocatello, Ida.
19. (a) 1-11-1944 (Date received and filed) (b) D C Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) January 8, 1944
at 9:10 MWT o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from ——— 19—, to ——— 19—
I last saw h— alive on ——— 19—; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Shock and hemorrhage	8/1/44
Due to Multiple fractures	8/1/44
Due to Aircraft accident	8/1/44
Other conditions 3rd degree burns, (Include pregnancy within 3 months of death) complete and dismemberment	8/1/44

Where was disease contracted? none
Name of operation none Date
Major finding —
Finding of autopsy not done

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? yes Suicide? Homicide?
Occurred January 8, 1944 City, county, state where violence occurred Midway, Bingham, Idaho,
Place of Violence: Home Farm Industry
Public Place While at work? x
Means of injury Airplane Crash.
23. Attendant's OWN Signature John W. Jamison Capt., M.C. (M. D. or other)
and Address AAB, Pocatello, Ida Date Jan. 10 1944

(For additional space, use reverse side)

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United States
Department of Commerce
Bureau of the Census

FEB 14 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. [illegible]8
Local Reg. No. [illegible]
Reg. Dist. No. 511

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
   (a) County Bingham
   (b) City or town 6 miles northwest Midway
   (c) Street Address or R. F. D. No. –
   (d) Death Occurred Inside? ___ Outside? X city or town
   (e) Died in a Home ___ Hospital ___ Institution ___ Other place X
   (f) Name Hosp. or Inst. ___ Stayed 0 days
   (g) Lived in this county 0 years 0 months 0 days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State California (b) County ___
   (c) City or town Templeton
   (d) Street Address or R. F. D. No. P.O. Box #90
   (e) Deceased lived Inside? X Outside? ___ city or town
   (f) Citizen of what country? United States
   (g) How long had deceased lived in Idaho? 1 month years
   (h) Former residence (city, state) ___

3. (a) **FULL NAME** EDDY, CHARLES W., Sergeant, 39694774

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3. (b) If veteran, name war ___ 3. (c) Social Security No. ___
4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife ___ 6. (c) Age of husband or wife if alive ___ years
7. Date of Birth (Month, Day, Year) 18 May 1921

8. AGE	Years	Months	Days	If less than 1 day
	22	7	21	hrs ___ min.

9. Exact Occupation Soldier Did this work for 10 mos. yrs.
10. Industry or Business U.S. Army Date last worked Jan. 8 '44.
11. Birthplace Templeton (City or town) California (State or foreign country)

Father
12. Name Joseph W. Eddy
13. Birthplace Unknown (City or town) (State or foreign country)

Mother
14. Maiden name Henrietta P.
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's **OWN** Signature Army Records, Sta. Hosp., and Address AAB, Pocatello, Idaho.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 1-12-44 (Month) (Day) (Year)
    (c) Place Cascaders, Calif.
18. Funeral Director's **OWN** Signature [illegible] and Address [illegible]
19. (a) 1-11-1944 (Date received and filed) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) January 8, 1944 at 9:10 MWT o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from ___ 19___, to ___ 19___
    I last saw h___ alive on ___ 19___; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Shock and Internal Hemorrhage	8/1/44
Due to Multiple Fractures	8/1/44
Due to Aircraft accident	8/1/44
Other conditions Multiple lacerations (Include pregnancy within 3 months of death)	8/1/44

Where was disease contracted? none
Name of operation none Date ___
Major finding none
Finding of autopsy not done.

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? yes Suicide? ___ Homicide? ___
    Occurred January 8, 1944 City, county, state where violence occurred Midway, Bingham, Idaho.
    Place of Violence: Home ___ Farm ___ Industry ___
    Public Place ___ While at work? yes
    Means of injury Airplane Crash.
23. Attendant's **OWN** Signature John [illegible] Capt., M.C. (M. D. or other)
    and Address AAB, Pocatello, Ida Date Jan. 10, 1944

(For additional space, use reverse side)

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United States
Department of Commerce
Bureau of the Census

FEB 14 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. [redacted]9
Local Reg. No. [redacted]
Reg. Dist. No. 511

1. **PLACE OF DEATH:**
   (a) County Bingham
   (b) City or town 6 miles northwest Midway
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? Outside? X city or town
   (e) Died in a Home Hospital Institution Other place X
   (f) Name Hosp. or Inst. none Stayed 0 days
   (g) Lived in this county — years — months — days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Ohio (b) County
   (c) City or town Circleville
   (d) Street Address or R. F. D. No. 478 North Court St
   (e) Deceased lived Inside? X Outside? city or town
   (f) Citizen of what country? United States
   (g) How long had deceased lived in Idaho? 1 month, [redacted]
   (h) Former residence (city, state)

3. (a) **FULL NAME** HEDGES, RICHARD A., 2ND LT., O-808836

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3. (b) If veteran, name war none
3. (c) Social Security No. Unknown
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ruth D.
6. (c) Age of husband or wife if alive — years
7. Date of Birth (Month, Day, Year) March 1, 1918

8. AGE	Years	Months	Days	If less than 1 day
	25	10	8	hrs min.

9. Exact Occupation Officer (Pilot) Did this work for 6 mos
10. Industry or Business U.S. Army Date last worked 8 Jan. 44
11. Birthplace Ashville (City or town) Ohio (State or foreign country)

Father
12. Name Unknown
13. Birthplace Unknown (City or town) (State or foreign country)

Mother
14. Maiden name Unknown
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's **OWN** Signature Army Records, Sta. Hosp. AAB
and Address Pocatello, Idaho

17. (a) Removal (Burial, cremation, or removal). (b) Date thereof 1-12-44 (Month) (Day) (Year)
(c) Place: Circleville, Ohio

18. Funeral Director's **OWN** Signature Arthur M. Hall
and Address Pocatello, Ida.

19. (a) 1-14-1944 (Date received and filed) (b) D C Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) January 8, 1944
at 9:10 MWT o'clock P. M.

21. **I HEREBY CERTIFY,** That I attended deceased from — 19—, to — 19—
I last saw h— alive on — 19—; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Shock and hemorrhage	8/1/44
Due to Multiple fractures	8/1/44
Due to Aircraft accident	8/1/44
Other conditions 3rd degree burns, (Include pregnancy within 3 months of death) complete and dismemberment	8/1/44

Where was disease contracted? none
Name of operation none Date
Major finding —
Finding of autopsy not done

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? yes Suicide? Homicide?
Occurred January 8, 1944 City, county, state where violence occurred Midway, Bingham, Idaho.
Place of Violence: Home Farm Industry
Public Place While at work? X
Means of injury Airplane Crash.

23. Attendant's **OWN** Signature Johnnie James Capt., M.C. (M. D. or other)
and Address Sta. Hosp. AAB, Pocatello, Idaho. Date Jan. 10 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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United States
Department of Commerce
Bureau of the Census

FEB 14 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. [redacted] 10
Local Reg. No. [redacted]
Reg. Dist. No. 511

1. **PLACE OF DEATH:**
   (a) County Bingham
   (b) City or town 6 miles northwest Midway
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? Outside? x city or town
   (e) Died in a Home Hospital Institution Other place x
   (f) Name Hosp. or Inst. none Stayed 0 days
   (g) Lived in this county 0 years 0 months 0 days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Texas (b) County
   (c) City or town Aransas Pass
   (d) Street Address or R. F. D. No. PO Box #44
   (e) Deceased lived Inside? x Outside? city or town
   (f) Citizen of what country? United States
   (g) How long had deceased lived in Idaho? 1 month years
   (h) Former residence (city, state)

3. (a) **FULL NAME** KEEPERS, LONNIE L., 2nd Lt., O-751000 173

3. (b) If veteran, name war --
3. (c) Social Security No. --
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife --
6. (c) Age of husband or wife if alive -- years
7. Date of Birth (Month, Day, Year) September 9, 1920

8. AGE	Years	Months	Days	If less than 1 day
	23	3	30	hrs min.

9. Exact Occupation Officer(Co-Pilot) Did this work for 6 mos.
10. Industry or Business U.S. Army Date last worked 8 Jan. 44
11. Birthplace Aransas Pass (City or town) Texas (State or foreign country)

Father
12. Name May L. Keepers
13. Birthplace Unknown (City or town) (State or foreign country)

Mother
14. Maiden name Unknown
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's **OWN** Signature Army Records, Sta. Hosp., and Address AAB, Pocatello, Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 1-12-44 (Month) (Day) (Year)
   (c) Place: Ogden, Utah
18. Funeral Director's **OWN** Signature Ashby M. Hall and Address Pocatello, Ida.
19. (a) 1-11-1944 (Date received and filed) (b) D C Kay (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) January 8, 1944 at 9:10 MWT o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from ---- 19---- to ---- 19----
   I last saw h--- alive on ---- 19----; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Complete dismemberment of body	8/1/44
Due to Aircraft accident	8/1/44
Due to	
Other conditions 3rd degree burns, (Include pregnancy within 3 months of death) complete	8/1/44
Where was disease contracted? none	PHYSICIAN
Name of operation none Date	Underline the cause to which death should be charged statistically.
Major finding none	
Finding of autopsy not done	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? yes Suicide? Homicide?
   Occurred January 8, 1944 City, county, state where violence occurred Midway, Bingham, Idaho.
   Place of Violence: Home Farm Industry
   Public Place While at work? yes.
   Means of injury Airplane Crash.
23. Attendant's **OWN** Signature [signature] Capt, MC (M. D. or other)
   and Address AAB, Pocatello, Ida. Date Jan. 10, 1944
   (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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United States
Department of Commerce
Bureau of the Census

FEB 14 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

Local Registrar's Duplicate
Local Reg. No. [redacted]
Reg. Dist. No. 511

1. **PLACE OF DEATH:**
   (a) County Bingham
   (b) City or town 6 miles northwest Midway
   (c) Street Address or R. F. D. No. --
   (d) Death Occurred Inside? ____ Outside? X city or town
   (e) Died in a Home__ Hospital__ Institution__ Other place X
   (f) Name Hosp. or Inst. none Stayed 0 days
   (g) Lived in this county 0 years 0 months 0 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Virginia (b) County ____
   (c) City or town Larton
   (d) Street Address or R. F. D. No. RFD #1
   (e) Deceased lived Inside? ____ Outside? X city or town
   (f) Citizen of what country? United States
   (g) How long had deceased lived in Idaho? 1 month. years
   (h) Former residence (city, state) ____

3. (a) **FULL NAME** RINKE, LOUIS H., SERGEANT, 13143774

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3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Date of Birth (Month, Day, Year) June 2, 1924

8. AGE	Years	Months	Days	If less than 1 day
	19	7	6	hrs min.

9. Exact Occupation Soldier — Did this work for 1 yrs.
10. Industry or Business U.S. Army — Date last worked Jan. 8 '44
11. Birthplace Washington (City or town) D.C. (State or foreign country)

Father
12. Name Henry Rinke
13. Birthplace Unknown (City or town) (State or foreign country)

Mother
14. Maiden name Reva H. Rinke
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's **OWN** Signature Army Records, Sta. Hosp., and Address AAB, Pocatello, Idaho.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 1-13-44 (Month) (Day) (Year)
    (c) Place: Ogden, Utah.
18. Funeral Director's **OWN** Signature Arthur M. Hall and Address Pocatello, Ida.
19. (a) 1-11-1944 (Date received and filed) (b) D.C. Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) January 8, 1944 at 9:10 MT o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from ____ 19____, to ____ 19____
    I last saw h____ alive on ____ 19____; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Complete dismemberment of body	8/1/44
Due to Aircraft accident	8/1/44
Due to ____	____
Other conditions 3rd degree burns, (Include pregnancy within 3 months of death) complete	8/1/44

Where was disease contracted? none
Name of operation none Date ____
Major finding none
Finding of autopsy not done

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? yes Suicide? ____ Homicide? ____
    Occurred January 8, 19 44 City, county, state where violence occurred Midway, Bingham, Idaho
    Place of Violence: Home ____ Farm ____ Industry ____
    Public Place ____ While at work? yes
    Means of injury Airplane Crash.
23. Attendant's **OWN** Signature John M. Jam CAPT, MC (M. D. or other)
    and Address AAB, Pocatello, Ida Date Jan. 10, 1944

(For additional space, use reverse side)

137290

United States
Department of Commerce
Bureau of the Census

FEB 1 1 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 7
Local Reg. No. 7
Reg. Dist. No. 69-4

1. **PLACE OF DEATH**
   (a) County Bingham
   (b) City or town Blackfoot
   (c) Street Address or R. F. D. No. 357 E. Idaho
   (d) Death Occurred Inside? Y Outside? ____ city or town
   (e) Died in a Home Y Hospital ____ Institution ____ Other place ____
   (f) Name Hosp. or Inst. ____ Stayed ____ days
   (g) Lived in this county 10 years ____ months ____ days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Bingham
   (c) City or town Aberdeen
   (d) Street Address or R. F. D. No. ____
   (e) Deceased lived Inside? Y Outside? ____ city or town
   (f) Citizen of what country? U. S. A.
   (g) How long had deceased lived in Idaho? 20 years
   (h) Former residence (city, state) Lava Hot Springs,

3. (a) **FULL NAME** Phoebe Weston 131a

3. (b) If veteran, name war ____
3. (c) Social Security No. none
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Herbert C.
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) April 10, 1861

8. AGE	Years	Months	Days	If less than 1 day
	82	8	28	hrs ____ min.

9. Exact Occupation Housewife — Did this work for ____ yrs.
10. Industry or Business ____ — Date last worked ____
11. Birthplace Canada (City or town) (State or foreign country)

Father
12. Name Duncan Mc Fadzen
13. Birthplace Scotland (City or town) (State or foreign country)

Mother
14. Maiden name Unknown
15. Birthplace Scotland (City or town) (State or foreign country)

16. Informant's **OWN** Signature R. A. Weston
and Address Aberdeen, Idaho,
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 1-8-44 (Month) (Day) (Year)
(c) Place: Pocatello Idaho
18. Funeral Director's **OWN** Signature Byron B. Dawsey
and Address Pocatello Idaho
19. (a) 1-8-1944 (Date received and filed) Walter E. Palmer (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) January 8 1944
at 11:30 o'clock A. M.
21. **I HEREBY CERTIFY,** That I attended deceased from Nov. 21, 1943, to Dec. 18 1943
I last saw her alive on Dec 17, 1943; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Apoplexy,	5 hours
Cerebral hemorrhage	
Due to Hypertension &	
cardiovascular renal sys	
Due to ____	
Other conditions Senile involution	
(Include pregnancy within 3 months of death)	
____	

Where was disease contracted? Idaho
Name of operation none Date ____
Major finding none
Finding of autopsy None performed

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's **OWN** Signature Fr. L. Harms M.D. (M. D. or other)
and Address Aberdeen Idaho Date Jan 8 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Grave #651

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137293
Local Reg. No. 10
Reg. Dist. No. 601

1. **PLACE OF DEATH:**
   (a) County Bingham
   (b) City or town Blackfoot, Idaho
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? Outside? X city or town
   (e) Died in a Home Hospital Institution X Other place
   (f) Name Hosp. or Inst. St. Hosp. So. Stayed days
   (g) Lived in this county 1 years 9 months 2 days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Jerome
   (c) City or town Jerome, Idaho
   (d) Street Address or R. F. D. No.
   (e) Deceased lived Inside? Outside? city or town
   (f) Citizen of what country? U. S. A.
   (g) How long had deceased lived in Idaho? 33 years
   (h) Former residence (city, state) Ohio

3. (a) **FULL NAME** Lillian Short

94a

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex female
5. Color or race wht
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife J. W.
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) February 10, 1868

8. AGE	Years	Months	Days	If less than 1 day
	75	11		hrs min.

9. Exact Occupation housewife Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Ohio (City or town) (State or foreign country)
Father
12. Name George Duroy
13. Birthplace not given (City or town) (State or foreign country)
Mother
14. Maiden name Minniger
15. Birthplace not given (City or town) (State or foreign country)
16. Informant's OWN Signature W. Tomont St. Hosp. So.
and Address Blackfoot, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-12-44 (Month) (Day) (Year)
(c) Place State Cem. So. Blackfoot County
18. Funeral Director's OWN Signature Chas L. Roberts
and Address Blackfoot, Idaho
19. (a) Jan-14-44 (Date received and filed) (b) Mrs Walter E. Patrick (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) January 10, 1944 19
at 11:10 o'clock A. M.
21. **I HEREBY CERTIFY,** That I attended deceased from November 1, 1943, to January 10, 1944
I last saw her alive on January 10, 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Acute Coronary Occlusion	12 hrs.
Due to Senile Arteriosclerosis c̄ Psychosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature Lewis McCluskey (M. D. or other)
and Address Blackfoot Ida Date 1-12 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

137292

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 11
Reg. Dist. No. 601

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
   (a) County Bingham
   (b) City or town Blackfoot, Idaho
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? Outside? X city or town
   (e) Died in a Home Hospital Institution X Other place
   (f) Name Hosp. or Inst. St. Hosp. So. Stayed days
   (g) Lived in this county 1 years 2 months 22 days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Payette
   (c) City or town Payette
   (d) Street Address or R. F. D. No.
   (e) Deceased lived Inside? Outside? X city or town
   (f) Citizen of what country? U. S. A.
   (g) How long had deceased lived in Idaho? 45 years
   (h) Former residence (city, state) Payette, Idaho

3. (a) **FULL NAME** Troy Phipps

94a

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex male
5. Color or race wht
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) November 22, 1864

8. AGE	Years	Months	Days	If less than 1 day
	79	1	19	hrs min.

9. Exact Occupation Sheepherder — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace Independence, (City or town) Virginia (State or foreign country)

Father
12. Name not given
13. Birthplace not given (City or town) (State or foreign country)

Mother
14. Maiden name not given
15. Birthplace not given (City or town) (State or foreign country)

16. Informant's **OWN** Signature Marie Schlemgen
and Address State Hospital South Blackfoot Idaho

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 1-12-44 (Month) (Day) (Year)
(c) Place: Payette, Idaho

18. Funeral Director's **OWN** Signature Howard Packham
and Address Blackfoot, Idaho

19. (a) Jan 16, 1944 (Date received and filed) (b) Myra Dalen E Registrar (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) January 10, 1944
at 11:45 o'clock P. M.

21. **I HEREBY CERTIFY,** That I attended deceased from November 1, 1943 to January 10, 1944
I last saw him alive on January 10, 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Acute Coronary Thrombosis	6 hrs
Due to Senile Arteriosclerosis & Psychosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature David M. Quigley (M. D. or other)
and Address Blackfoot Ida Date 1-11 1944

(For additional space, use reverse side)

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137293
Local Reg. No. 812
Reg. Dist. No. 601

1. **PLACE OF DEATH:**
   (a) County Bingham
   (b) City or town Blackfoot
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? Outside? X city or town
   (e) Died in a Home Hospital Institution X Other place
   (f) Name Hosp. or Inst. St. Hosp. So. stayed days
   (g) Lived in this county years 10 months 22 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Teton
   (c) City or town Driggs
   (d) Street Address or R. F. D. No.
   (e) Deceased lived Inside? Outside? X city or town
   (f) Citizen of what country? U. S. A.
   (g) How long had deceased lived in Idaho? 37 years
   (h) Former residence (city, state) Sugar City, Ida

3. (a) **FULL NAME** Lauritz Jacobson

94a

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Eliza Wright Jacobson
6. (c) Age of husband or wife if [illegible] years
7. Date of Birth (Month, Day, Year) Mar. 11, 1870

8. AGE	Years	Months	Days	If less than 1 day
	73	10	1	hrs min.

9. Exact Occupation Farmer — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace Pleasant Grove, Utah (City or town) (State or foreign country)

Father
12. Name Lauritz Jacobson
13. Birthplace Denmark (City or town) (State or foreign country)

Mother
14. Maiden name ~~Not Given~~ Matilda Anderson
15. Birthplace ~~Not Given~~ Denmark (City or town) (State or foreign country)

16. Informant's OWN Signature Wilma Lamont
and Address St. Hosp. So. Records Blackfoot, Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 1-15-44 (Month) (Day) (Year)
(c) Place: Heber City, Utah
18. Funeral Director's OWN Signature John C. Sandberg
and Address Blackfoot, Idaho
19. (a) Jan. 15-44 (Date received and filed) (b) Mrs Helen E. [illegible] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Jan. 12 1944
at 11:10 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from Nov. 1 1944, to Jan. 12 1944
I last saw him alive on Jan. 12 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Acute Coronary Occlusion	1 day
Due to Senile Arteriosclerosis & Psychosis.	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature David McCrosky MD (M. D. or other)
and Address Blackfoot Ida Date 1-12 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137204
Local Reg. No. 19
Reg. Dist. No. 601

1. **PLACE OF DEATH:**
(a) County Bingham
(b) City or town Blackfoot, Idaho
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? X city or town
(e) Died in a Home Hospital Institution X Other place
(f) Name Hosp. or Inst. St. Hosp. So. Stayed days
(g) Lived in this county 32 years months 16 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bingham
(c) City or town Menan, Idaho
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Outside? x city or town
(f) Citizen of what country? U. S. A.
(g) How long had deceased lived in Idaho? Life years
(h) Former residence (city, state)

3. (a) **FULL NAME** Jesse Bartlett 117a

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex male
5. Color or race wht
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day hrs min.
	60	About		

9. Exact Occupation Farmer — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace Menan, (City or town) Idaho (State or foreign country)

Father
12. Name Not given
13. Birthplace not given (City or town) (State or foreign country)

Mother
14. Maiden name not given
15. Birthplace not given (City or town) (State or foreign country)

16. Informant's **OWN** Signature Maree Schlimgen
and Address State Hosp. So. Records, Blackfoot, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-13-44 (Month) (Day) (Year)
(c) Place: Idaho Falls, Idaho

18. Funeral Director's **OWN** Signature Jack G. Wood
and Address Idaho Falls, Idaho

19. (a) Jan 13 1944 (Date received and filed) (b) Mrs. Walter C. Edmond (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) January 12, 1944
at 1:55 o'clock P.M.

21. **I HEREBY CERTIFY,** That I attended deceased from November 1, 1943, to January 12, 1944
I last saw h. im alive on January 12, 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Acute Cardio-Vascular Collapse — Duration
Due to Peptic Ulcer & Psychoneurosis — 2½ years
Due to
Other conditions (Include pregnancy within 3 months of death)
Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature David A. Crosby (M. D. or other)
and Address Blackfoot Ida Date 1-13 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

137295

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 14
Reg. Dist. No. 001

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
   (a) County Bingham
   (b) City or town Blackfoot
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? x Outside? ____ city or town
   (e) Died in a Home ____ Hospital ____ Institution x Other place ____
   (f) Name Hosp. or Inst. St. Hosp. So. Stayed ____ days
   (g) Lived in this county ____ years 3 months 24 days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Owyhee
   (c) City or town Homedale
   (d) Street Address or R. F. D. No.
   (e) Deceased lived Inside? ____ Outside? ____ city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 5 years
   (h) Former residence (city, state) Homedale, Idaho

3. (a) **FULL NAME** Bernice Marie Mason

836

3. (b) If veteran, name war ____ 3. (c) Social Security No. ____

4. Sex Fem 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Guy C. Mason 6. (c) Age of husband or wife if alive ____ years

7. Date of Birth (Month, Day, Year) Jan 31, 1898

8. AGE	Years	Months	Days	If less than 1 day
	45	11	13	hrs ____ min.

9. Exact Occupation Housewife — Did this work for ____ yrs.
10. Industry or Business ____ — Date last worked ____
11. Birthplace Geneva (City or town) Indiana (State or foreign country)

Father
12. Name William Bricker
13. Birthplace Geneva (City or town) Indiana (State or foreign country)

Mother
14. Maiden name Bertha McKissick
15. Birthplace Geneva (City or town) Indiana (State or foreign country)

16. Informant's OWN Signature Thelma Mitchell
and Address St. Hosp. Records Blackfoot, Idaho

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 1-17-44 (Month) (Day) (Year)
(c) Place: Caldwell, Idaho

18. Funeral Director's OWN Signature Howard Packham
and Address Blackfoot Idaho

19. (a) Jan 19 1944 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Jan. 14, 1944
at 2:40 o'clock P. M.

21. **I HEREBY CERTIFY,** That I attended deceased from Nov. 1 1943, to Jan 14, 1944
I last saw her alive on Jan 14 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death	Duration
Cerebral Thrombosis	4
Due to Upper Resp. Infection	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation ____ Date ____	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's OWN Signature David McCarthy (M. D. or other)
and Address Blackfoot Ida Date 1-15 1944

(For additional space, use reverse side)

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137296
Local Reg. No. 15
Reg. Dist. No. 600

1. **PLACE OF DEATH:**
(a) County Bingham
(b) City or town Blackfoot
(c) Street Address or R. F. D. No. 160 S. Fisher
(d) Death Occurred Inside? ✓ Outside? ____ city or town
(e) Died in a Home ____ Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county ____ years ____ months 14 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Utah (b) County Emery
(c) City or town Huntington
(d) Street Address or R. F. D. No. ____
(e) Deceased lived Inside? ✓ Outside? ____ city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? ____ years
(h) Former residence (city, state) Paragonah, Utah

3. (a) **FULL NAME** Sarah Susannah Chidester 83a

3. (b) If veteran, name war ____ 3. (c) Social Security No. ____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Alfred L. Chidester (c) Age of husband or wife if alive ____ years

7. Date of Birth (Month, Day, Year) Jan 15 1870

8. AGE	Years	Months	Days	If less than 1 day
	74	—	5	hrs ____ min.

9. Exact Occupation Housewife Did this work for ____ yrs.
10. Industry or Business ____ Date last worked ____
11. Birthplace Paragonah, Iron Co. Utah (City or town) (State or foreign country)

Father
12. Name Levi Hunt
13. Birthplace ____ England (City or town) (State or foreign country)

Mother
14. Maiden name Rhoda Louisa Fellows
15. Birthplace ____ Sweden (City or town) (State or foreign country)

16. Informant's OWN Signature Levi Chidester and Address Price Utah
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 1-19-44 (Month) (Day) (Year)
(c) Place: Price, Utah
18. Funeral Director's OWN Signature John C. Snyder and Address Blackfoot Idaho
19. (a) Jan. 18, 1944 (Date received and filed) (b) Myrtle C. Louie (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Jan 18 1944
at 1130 o'clock A M. on
21. **I HEREBY CERTIFY**, That I attended deceased from 1-17 1944 to ____ 19____
I last saw her alive on 1-17 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cerebral Hemorrhage — Duration 3 Da
Due to Senility
Due to ____
Other conditions ____ (Include pregnancy within 3 months of death)

Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's OWN Signature J. O. Harrison M.D.
and Address Blackfoot Idaho (M. D. or other) Date 1-18-1944
(If additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Bingham

City of Fort Hall

Fort Hall Agency Hospital,
Fort Hall, Idaho.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 137297

Registration District No. 601

Primary Registration District No. ____ Local Registrar's No. 21

(No. ____)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Jessie Marshall Smith

(a) Residence. No. Fort Hall, Idaho St. 136
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	Ind.-Sho. 4/4	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Ben Smith

6. DATE OF BIRTH (month, day, and year) ?-?-1891

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
52	-	-	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (mo. and yr.) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Fort Hall, Idaho
(State or country)

FATHER

13. NAME James Marshall

14. BIRTHPLACE (city or town) Lemhi, Idaho
(State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) .....
(State or country)

17. INFORMANT Hospital Records
(Address) Fort Hall, Idaho

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Fort Hall Date Jan, 1934

19. UNDERTAKER .....
(Address)

20. FILED Feb 9 1934 Mrs Nellie E Eaton
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan. 19, 1934

22. I HEREBY CERTIFY, That I attended deceased from October 22, 1933, to January 19, 1934
I last saw her alive on January 18, 1934: death is said to have occurred on the date stated above, at 2:45 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis, Pulmonary	?
Other contributory causes of importance:	

Name of operation - Date of -
What test confirmed diagnosis? X-Ray Was there an autopsy? No

23. If death was due to ext'l causes (violence) fill in also the following:
Accident, suicide, or homicide? - Date of injury ....., 193....
Where did injury occur? -
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. -
Manner of injury -
Nature of injury -

24. Was disease or injury in any way related to occupation of deceased? - If so, specify -

(Signed) R. Parker M. D.
(Address) Fort Hall, Idaho

Grave #652

137298

United States
Department of Commerce
Bureau of the Census

FEB 1 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 16
Reg. Dist. No. 601

1. **PLACE OF DEATH:**
   (a) County Bingham
   (b) City or town Blackfoot, Idaho
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? Outside? X city or town
   (e) Died in a Home Hospital Institution X Other place
   (f) Name Hosp. or Inst. State Cem. Stayed days
   (g) Lived in this county years 1 months 28 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Fremont
   (c) City or town not given
   (d) Street Address or R. F. D. No.
   (e) Deceased lived Inside? Outside? city or town
   (f) Citizen of what country? U. S. A.
   (g) How long had deceased lived in Idaho? 42 years
   (h) Former residence (city, state) Idaho

3. (a) FULL NAME Florence M. Hollis

107

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex female
5. Color or race wht.
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) January 7, 1860

8. AGE	Years	Months	Days	If less than 1 day
	84		13	hrs min.

9. Exact Occupation Housewife Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Page County (City or town) Iowa (State or foreign country)

Father
12. Name unknown
13. Birthplace unknown (City or town) (State or foreign country)

Mother
14. Maiden name unknown
15. Birthplace unknown (City or town) (State or foreign country)

16. Informant's OWN Signature Maree Schlinger State Hosp. So. Records
and Address Blackfoot, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-22-44 (Month) (Day) (Year)
(c) Place: State Cem. So. Blackfoot
18. Funeral Director's OWN Signature Chas L Robert
and Address Blackfoot, Idaho
19. (a) Jan 22-44 (Date received and filed) (b) Mrs Walter E Fahrer (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) January 20, 1944
at 1:20 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from November 23, 1943, to January 20, 1944
I last saw her alive on January 20, 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: 107	Duration
Broncho-pneumonia	12 hrs.
Due to Senile Arteriosclerosis	97
c Psychosis	842
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature David McCrusky (M. D. or other)
and Address Blackfoot Ida Date 1-30 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bingham
City of Fort Hall

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 137299

Registration District No.
Primary Registration District No. 601 Local Registrar's No. 17
(No. Fort Hall Agency)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Bessie Pohipe

(a) Residence. No. Fort Hall St. Idaho 932
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	Ind. Sho. 4/4	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Joe Pohipe

6. DATE OF BIRTH (month, day, and year) ?/?/88

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
55	-	-	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. -
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. -
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation -

12. BIRTHPLACE (city or town) Fort Hall, Idaho
(State or country)

FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT Hospital Records Ft. Hall Agency
(Address) Ft. Hall Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Bingham County Ft. Hall Date 1-28, 1944

19. UNDERTAKER John C. Spurgeon
(Address) Blackfoot Idaho

20. FILED Jan. 27 1944 Mrs. Walter E. Latuse
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan. 23 1944

22. I HEREBY CERTIFY, That I attended deceased from Jan. 21, 1944, to Jan. 23, 1944
I last saw her alive on Jan. 23, 1944: death is said to have occurred on the date stated above, at 6:10 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Disease, Hypertensive	?
Other contributory causes of importance: -	

Name of operation - Date of -
What test confirmed diagnosis? - Was there an autopsy? No.

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? - Date of injury ....., 193....
Where did injury occur? -
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. -
Manner of injury -
Nature of injury -

24. Was disease or injury in any way related to occupation of deceased? - If so, specify -

(Signed) Albert G. Parker M. D.
(Address) Fort Hall, Idaho

Grave # 653

137300

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. ____
Local Reg. No. 18
Reg. Dist. No. 601

1. **PLACE OF DEATH:**
   (a) County Bingham
   (b) City or town Blackfoot,
   (c) Street Address or R. F. D. No. ____
   (d) Death Occurred Inside? ____ Outside? x city or town
   (e) Died in a Home __ Hospital __ Institution x Other place __
   (f) Name Hosp. or Inst. ____ Stayed ____ days
   (g) Lived in this county ____ years 1 months 11 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Lemhi
   (c) City or town Salmon,
   (d) Street Address or R. F. D. No. ____
   (e) Deceased lived Inside? ____ Outside? x city or town
   (f) Citizen of what country? U. S. A.
   (g) How long had deceased lived in Idaho? 3 or 4 years
   (h) Former residence (city, state) Salmon, Idaho

3. (a) **FULL NAME** John Henry Thompson

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3. (b) If veteran, name war ____ 3. (c) Social Security No. ____
4. Sex male 5. Color or race wht 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife unknown 6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) April 12, 1863

8. AGE	Years	Months	Days	If less than 1 day
	80	9	14	hrs min.

9. Exact Occupation miner Did this work for ____ yrs.
10. Industry or Business ____ Date last worked ____
11. Birthplace Springfield, (City or town) Illinois (State or foreign country)

Father
12. Name unknown
13. Birthplace unknown (City or town) (State or foreign country)

Mother
14. Maiden name unknown
15. Birthplace unknown (City or town) (State or foreign country)

16. Informant's OWN Signature Marcel Schlinger State Hospital So. Records and Address Blackfoot, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-28-44 (Month) (Day) (Year)
(c) Place State Cem. So. Blackfoot
18. Funeral Director's OWN Signature Chas L. Roberts and Address Blackfoot, Idaho
19. (a) Jan 28-44 (Date received and filed) (b) Mrs Walter E. Palm (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) January 26, 1944 at 5:35 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from December 15, 1943, to January 26, 1944 I last saw him alive on January 26, 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death	Duration
Broncho-Pneumonia	2 days
Due to Senile Arteriosclerosis	77
" Psychosis	84
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation ____ Date ____	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____ Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature David McCrosky (M. D. or other) and Address Blackfoot Ida Date 1-28 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

137301

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137301
Local Reg. No. 4
Reg. Dist. No. 601

1. **PLACE OF DEATH:**
(a) County Bingham
(b) City or town Blackfoot
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? ✓ Outside? ____ city or town
(e) Died in a Home ____ Hospital ____ Institution ✓ Other place ____
(f) Name Hosp. ~~or Inst.~~ Parsons Hospt. Stayed 3 days
(g) Lived in this county 26 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bingham
(c) City or town Blackfoot
(d) Street Address or ~~R. F. D.~~ No. Rogers Apt.
(e) Deceased lived Inside? ✓ Outside? ____ city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 26 years
(h) Former residence (city, state) Libby, Missouri

3. (a) **FULL NAME** Mary Ellen Fansler 1316

3. (b) If veteran, name war ____ (c) Social Security No. ____

4. Sex Female Color or race White 5. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Austin Fansler (c) Age of husband or wife if alive ____ years

7. Date of Birth (Month, Day, Year) Aug. 3 1858

8. AGE	Years	Months	Days	If less than 1 day
	85	5	24	hrs ____ min. ____

9. Exact Occupation Housewife Did this work for ____ yrs.
10. Industry or Business ____ Date last worked ____
11. Birthplace Linn Creek (City or town) Missouri (State or foreign country)

Father
12. Name John Branstetter
13. Birthplace ____ (City or town) ____ (State or foreign country)

Mother
14. Maiden name Barbara ?
15. Birthplace ____ (City or town) ____ (State or foreign country)

16. Informant's **OWN** Signature Blaine Frazier
and Address Blackfoot, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-1-44 (Month) (Day) (Year)
(c) Place: Blackfoot, Idaho

18. Funeral Director's **OWN** Signature John C. Sandberg
and Address Blackfoot, Idaho

19. (a) Feb 1 44 (Date received and filed) (b) Mrs. Nathan E. Cate (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Jan 29 1944
at 9:30 o'clock A. M.

21. **I HEREBY CERTIFY,** That I attended deceased from 1-28-1944 to 1-29-1944
I last saw her alive on 1-29-1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration
Chronic Myocarditis with Uremia refusing to eat generall anasarca — 2 mo
Due to ____
Due to ____
Other conditions significant (Include pregnancy within 3 months of death) Queer case reported

Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's **OWN** Signature J. O. Harrison M.D.
(M. D. or other)
and Address Aberdeen, Idaho Date 2-1-1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

FEB 1 1 1944

137302

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 20
Reg. Dist. No. 601

1. **PLACE OF DEATH:**
   (a) County Bingham
   (b) City or town Blackfoot
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? Outside? X city or town
   (e) Died in a Home Hospital Institution X Other place
   (f) Name Hosp. or Inst St. Hosp. So Stayed 19 days
   (g) Lived in this county years months 19 days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Lemhi
   (c) City or town Salmon
   (d) Street Address or R. F. D. No.
   (e) Deceased lived Inside? Outside? x city or town
   (f) Citizen of what country? U. S. A.
   (g) How long had deceased lived in Idaho? life years
   (h) Former residence (city, state) Salmon, Idaho

3. (a) FULL NAME Wilson Lee

107

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Not Given
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) not given

8. AGE	Years	Months	Days	If less than 1 day
	76	about		hrs min.

9. Exact Occupation prospector Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Lemhi, Co. (City or town) (State or foreign country)
Father
12. Name not given
13. Birthplace not given (City or town) (State or foreign country)
Mother
14. Maiden name not given
15. Birthplace not given (City or town) (State or foreign country)
16. Informant's OWN Signature Wilma Lamont State Hospital So. Records and Address Blackfoot, Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 2-1-1944 (Month) (Day) (Year)
(c) Place: Salmon Idaho
18. Funeral Director's OWN Signature E. F. Peck and Address Blackfoot Idaho
19. (a) Feb. 1, 1944 (Date received and filed) (b) Mrs Walter E. Lamont (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) January 31, 1944 at 3:10 o'clock A. M.
21. **I HEREBY CERTIFY,** That I attended deceased from January 12, 1944, to January 31, 1944
I last saw him alive on January 31, 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Broncho-Pneumonia	2 days
Due to Senile Arteriosclerosis & Psychosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide? Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature David McCluskey (M. D. or other) and Address Blackfoot Idaho Date 2-1 19
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

FEB

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137303
Local Reg. No. 1
Reg. Dist. No. 4 10

1. **PLACE OF DEATH:**
(a) County Blaine
(b) City or town Sun Valley Idaho
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? ✓ Outside? ____ city or town
(e) Died in a Home ____ Hospital ✓ Institution ____ Other place ____
(f) Name Hosp. or Inst. U.S.N.C.H. Hospital 3 mo.
(g) Lived in this county ____ years 3 months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State California (b) County
(c) City or town San Pedro
(d) Street Address or R. F. D. No. 201 Alma St.
(e) Deceased lived Inside? ✓ Outside? ____ city or town
(f) Citizen of what country? U. S. A.
(g) How long had deceased lived in Idaho? 3 Mo. years
(h) Former residence (city, state) California

3. (a) **FULL NAME** John Edward Rutherford

3. (b) If veteran, name war ____ 3. (c) Social Security No. ____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mrs Cosette Rutherford 6. (c) Age of husband or wife if living ____ years

7. Date of Birth (Month, Day, Year) Oct. 21, 1904

8. AGE	Years	Months	Days	If less than 1 day
	39	2	14	hrs ____ min. ____

9. Exact Occupation Naval Officer Did this work for 21 yrs.
10. Industry or Business ____ Date last worked ____
11. Birthplace Wrangell, Alaska (City or town) (State or foreign country)

Father
12. Name Unknown
13. Birthplace " " (City or town) (State or foreign country)

Mother
14. Maiden name Unknown
15. Birthplace " " (City or town) (State or foreign country)

16. Informant's OWN Signature Cmdr USN (Ret) and Address U.S.N.C.H. Sun Valley, Ida.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof ____ (Month) (Day) (Year)
(c) Place: ____
18. Funeral Director's OWN Signature D. A. L. Higgason and Address Jerome, Idaho.
19. (a) 1-10-1944 (Date received and filed) (b) Robert H. Wright (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Jan 5 1944
at 7 o'clock A. M.

21. **I HEREBY CERTIFY**, That I attended deceased from 10-14-43 19____, to 1-5-44 19____
I last saw him alive on 1-4-44 19____; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Gun shot wound brain	
Due to Self infliction	
Due to Toxic psychosis	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? ____
Name of operation None Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ____ Suicide? yes Homicide? ____
Occurred 1-5-44 (Month, Day, Year) ____ City, county, state where violence occurred U S N C Hosp Sun Valley
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury Gun Shot wound self inflicted

23. Attendant's OWN Signature Lt. Cmdr John Neely MC USNR (M. D. or other)
and Address USNCH Sun Valley Date 1-5 1944

(For additional space, use reverse side)

United States
Department of Commerce
Bureau of the Census

FEB 7 19..

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137304
Local Reg. No. 2
Reg. Dist. No. 410

1. **PLACE OF DEATH:**
   (a) County Blaine
   (b) City or town Hailey
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? Outside? city or town
   (e) Died in a Home Hospital Institution Other place
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county years months 21 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Bonneville
   (c) City or town Idaho Falls, Ida.
   (d) Street Address or R. F. D. No.
   (e) Deceased lived Inside? X Outside? city or town
   (f) Citizen of what country? United States
   (g) How long had deceased lived in Idaho? 47 years
   (h) Former residence (city, state) None

3. (a) **FULL NAME** HEBER CLARENCE FOSTER

3. (b) If veteran, name war None
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife Ellen Foster
6. (c) Age of husband or wife if alive 36 years
7. Date of Birth (Month, Day, Year) December 12, 1896

8. AGE	Years	Months	Days	If less than 1 day
	47	0	27	hrs min.

9. Exact Occupation Laborer — Did this work for 34 yrs.
10. Industry or Business General — Date last worked Jan. 1944
11. Birthplace Idaho Falls, (City or town) Idaho (State or foreign country)

Father
12. Name Abraham Foster
13. Birthplace (City or town) Nevada (State or foreign country)

Mother
14. Maiden name Mary A. Nelson
15. Birthplace Franklin, (City or town) Idaho (State or foreign country)

16. Informant's OWN Signature Price Foster
and Address Idaho Falls, Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Jan. 9, 1944 (Month) (Day) (Year)
(c) Place: Idaho Falls, Idaho
18. Funeral Director's OWN Signature Mrs. G. Harris
and Address Hailey, Ida.
19. (a) 1-31-1944 (Date received and filed) (b) Robert H. Wright (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Jan. 9 1944
at 1:30 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from ✓ 19__, to ✓ 19__
I last saw h__ alive on ✓ 19__ death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Coronary Disease	
No Medical Attendant	
Due to ✓	
Due to ✓	
Other conditions ✓ (Include pregnancy within 3 months of death)	
Where was disease contracted? ✓	PHYSICIAN
Name of operation ✓ Date ✓	Underline the cause to which death should be charged statistically.
Major finding ✓	
Finding of autopsy ✓	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ✓ Suicide? ✓ Homicide? ✓
Occurred ✓ 19__ City, county, state where violence occurred ✓
Place of Violence: Home ✓ Farm ✓ Industry ✓
Public Place ✓ While at work?
Means of injury
23. Attendant's OWN Signature [signature] (M. D. or other)
and Address Carrie Blaine Hailey, Idaho Date Jan 9 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

FEB 7 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137305
Local Reg. No. 3
Reg. Dist. No. 410

1. **PLACE OF DEATH:**
(a) County Blaine
(b) City or town Hailey
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? ✓ Outside? ____ city or town
(e) Died in a Home ____ Hospital ✓ Institution ____ Other place ____
(f) Name Hosp. or Inst. Hailey Hosp. Stayed 98 days
(g) Lived in this county ____ years 6 months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Elmore
(c) City or town Mtn. Home
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? ✓ Outside? ____ city or town
(f) Citizen of what country? U. S.
(g) How long had deceased lived in Idaho? 8 years
(h) Former residence (city, state) Oregon

3. (a) **FULL NAME** Martha Mildred Weeks 140c

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex Female 5. Color or race W. 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Charles 6. (c) Age of husband or wife if alive ✓ years

7. Date of Birth (Month, Day, Year) May 27, 1915

8. AGE	Years	Months	Days	If less than 1 day
	28	7	18	hrs ____ min. ____

9. Exact Occupation Housewife Did this work for 10 yrs.
10. Industry or Business ____ Date last worked 9-1-43
11. Birthplace Ford City (City or town) Nebraska (State or foreign country)

Father
12. Name Luther M. Gaines
13. Birthplace Kansas (City or town) (State or foreign country)

Mother
14. Maiden name Estella Mae Schell
15. Birthplace Vencketon, Oregon (City or town) (State or foreign country)

16. Informant's **OWN** Signature Estella Mae Gaines
and Address Hood River, Oregon
17. (a) Hood River Ore (Burial, cremation, or removal) (b) Date thereof 1-18-44 (Month) (Day) (Year)
(c) Place: Hood River Ore.
18. Funeral Director's **OWN** Signature G. Harris
and Address Hailey, Idaho
19. (a) 1-31-1944 (Date received and filed) (b) Robert H. Wright (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Jan. 14 1944
at 10:30 o'clock A M.

21. **I HEREBY CERTIFY,** That I attended deceased from 10-5- 1943 to 1-14 1944
I last saw her alive on 1-14 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration
Due to Septicaemia - Pelvic abscess and Diaphragmatic abscess
Due to Perforated appendicitis - Lower right
Due to Self induced miscarriage 1-14
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?
Name of operation ____ Date ____
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury

23. Attendant's **OWN** Signature L. W. Fox (M. D. or other)
and Address Hailey Idaho Date 1-15 1944
(For additional space, use reverse side)

137306

United States
Department of Commerce
Bureau of the Census

FEB 19

CERTIFICATE OF DEATH
STATE OF IDAHO Wright

State File No. 137306
Local Reg. No. 4
Reg. Dist. No. 410

1. **PLACE OF DEATH:**
(a) County Blaine
(b) City or town Gannett
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? ✓ city or town
(e) Died in a Home ✓ Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Blaine
(c) City or town Gannett
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Outside? ✓ city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? 3 months years
(h) Former residence (city, state)

3. (a) **FULL NAME** Carla Marie Nisson

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Oct 25 - 1943

8. AGE	Years	Months	Days	If less than 1 day
		2	26	hrs min.

9. Exact Occupation
Did this work for yrs.
10. Industry or Business
Date last worked
11. Birthplace Harley (City or town) Idaho (State or foreign country)

Father
12. Name William Carl Nisson
13. Birthplace Boise (City or town) Idaho (State or foreign country)

Mother
14. Maiden name Florence Marie Rice
15. Birthplace Twin Falls (City or town) Idaho (State or foreign country)

16. Informant's **OWN** Signature William G Nisson
and Address Gannett - Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 23-44 (Month) (Day) (Year)
(c) Place: Harley
18. Funeral Director's **OWN** Signature C. Harris
and Address Hailey - Ida.
19. (a) 1-31-1944 (Date received and filed) (b) Robert H. Wright (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Jan 21 1944
at 7:30 o'clock A M.

21. **I HEREBY CERTIFY,** That I attended deceased from ← 19__, to ← 19__
I last saw h← alive on ← 19__; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Carcinoma of Stomach	
Was placed to rest in ceme	
Due to Malnutrition	
Due to ←	
Other conditions ← (Include pregnancy within 3 months of death)	

Where was disease contracted? Home
Name of operation ← Date ←
Major finding ←
Finding of autopsy ←

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19__ City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature [illegible] (M. D. or other)
and Address Hailey Ida. Date 1/24 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

FEB 9 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137307
Local Reg. No. 2
Reg. Dist. No. 110

1. **PLACE OF DEATH:**
   (a) County Bonner
   (b) City or town Sandpoint
   (c) Street Address or R. F. D. No. 606 N. Ella Ave
   (d) Death Occurred Inside? X Outside? ____ city or town
   (e) Died in a Home X Hospital ____ Institution ____ Other place ____
   (f) Name Hosp. or Inst. ____ Stayed ____ days
   (g) Lived in this county ____ years 2 months 2 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Bonner
   (c) City or town Sandpoint
   (d) Street Address or R. F. D. No. 606 N. Ella Ave
   (e) Deceased lived Inside? X Outside? ____ city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? ____ years
   (h) Former residence (city, state) ____

3. (a) FULL NAME **KENNETH RALPH PELLENS**

64

3. (b) If veteran, name war None
3. (c) Social Security No. No
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife ____
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) November 4, 1943

8. AGE	Years	Months	Days	If less than 1 day
		2	2	hrs ____ min.

9. Exact Occupation Infant — Did this work for ____ yrs.
10. Industry or Business ____ — Date last worked ____
11. Birthplace Sandpoint (City or town) Idaho (State or foreign country)

Father
12. Name Harold Kenneth Pellens
13. Birthplace Wilkesbarre, (City or town) Pa. (State or foreign country)

Mother
14. Maiden name Betty Jane Hanson
15. Birthplace Sandpoint, Idaho. (City or town) (State or foreign country)

16. Informant's OWN Signature Harold K Pellens
and Address Sandpoint, Idaho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 8, 1944 (Month) (Day) (Year)
(c) Place: Sandpoint, Idaho.
18. Funeral Director's OWN Signature MOON MORTUARY
and Address Sandpoint, Idaho.
19. (a) Jan. 7-1944 (Date received and filed) (b) Lawrence Brown (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Jan. 6th. 1944
at about 5:00 o'clock A. M.
21. **I HEREBY CERTIFY,** That I attended deceased from ____ 19____, to ____ 19____
I last saw h____ alive on ____ 19____; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Natural Causes.	
Found Dead.	
Due to Probable Enlarged Thymus.	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation ____ Date ____	
Major finding	
Finding of autopsy None Performed.	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature H. R. Moon Coroner (M. D. or other)
and Address Sandpoint, Idaho. Date 1-7 1944
(For additional space, use reverse side)

137308

United States
Department of Commerce
Bureau of the Census

FEB 2 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137308
Local Reg. No. 74
Reg. Dist. No. 114

1. **PLACE OF DEATH:**
(a) County Bonner
(b) City or town Hope
(c) Street Address or R. F. D. No. Rural
(d) Death Occurred Inside? ____ Outside? X city or town
(e) Died in a Home X Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 37 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bonner
(c) City or town Hope
(d) Street Address or R. F. D. No. Rural
(e) Deceased lived Inside? ____ Outside? X city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 37 years
(h) Former residence (city, state) ____

3. (a) **FULL NAME** Michael Ryan

95c

3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife ____
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) October 2, 1864

8. AGE	Years	Months	Days	If less than 1 day
	79	3	5	hrs ____ min.

9. Exact Occupation Farmer — Did this work for Life yrs.
10. Industry or Business Kiebert Ranch — Date last worked 1940
11. Birthplace ____ (City or town) Ireland (State or foreign country)

Father
12. Name Unknown
13. Birthplace ____ (City or town) Ireland (State or foreign country)

Mother
14. Maiden name Unknown
15. Birthplace ____ (City or town) Ireland (State or foreign country)

16. Informant's OWN Signature C. V. Kiebert
and Address Hope, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 9, 1944 (Month) (Day) (Year)
(c) Place: Hope Cem. Hope, Idaho

18. Funeral Director's OWN Signature Moon Mortuary
and Address Sandpoint, Idaho

19. (a) Jan 9 1944 (Date received and filed) (b) Orville Long (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) January 7, 1944 19____
at 5:30 o'clock A M.

21. **I HEREBY CERTIFY,** That I attended deceased from April 1943 19____ to January 7 19 43
I last saw him alive on January 5 19 43; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Heart trouble	1yr
Due to ____	
Due to ____	
Other conditions (Include pregnancy within 3 months of death) ____	

Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's OWN Signature P. G. Jones (M. D. or other)
and Address Clark Fork, Ida. Date 1-9-1944

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

FEB 9 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137309
Local Reg. No. 3
Reg. Dist. No. 110

1. **PLACE OF DEATH:**
(a) County Bonner
(b) City or town Kootenai
(c) Street Address or R. F. D. No. Rural
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home X Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 22 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bonner
(c) City or town Kootenai
(d) Street Address or R. F. D. No. Rural
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 22 years
(h) Former residence (city, state) ____

3. (a) FULL NAME: Julia Wesbecher Schweigert 83a

3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Frank J.
6. (c) Age of husband or wife if alive 67 years
7. Date of Birth (Month, Day, Year) February 8, 1868

8. AGE	Years	Months	Days	If less than 1 day
	75	11		hrs ____ min.

9. Exact Occupation Housewife — Did this work for 55 yrs.
10. Industry or Business Own Home — Date last worked Jan. 7, 1944
11. Birthplace Evansville, Indiana (City or town) (State or foreign country)

Father
12. Name Frank Wesbecher
13. Birthplace ____ Germany (City or town) (State or foreign country)

Mother
14. Maiden name Caroline ---
15. Birthplace ____ Germany (City or town) (State or foreign country)

16. Informant's OWN Signature Frank Schweigert
and Address Kootenai, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 11, 1944 (Month) (Day) (Year)
(c) Place: Pinecrest Cem. Sandpoint, Ida
18. Funeral Director's OWN Signature Moon Mortuary - [illegible]
and Address Sandpoint, Idaho
19. (a) JAN 11 1944 (Date received and filed) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH**
(Month, Day, Year) January 8, 1944
at 12:15 o'clock A M.

21. I HEREBY CERTIFY, That I attended deceased from Jan. 7 1944 to Jan. 8 1944
last saw her alive on Jan. 8 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Apoplexy — Duration 5 hours
Due to High Blood Pressure
Due to Arteriosclerosis
Other conditions ____
(Include pregnancy within 3 months of death)

Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's OWN Signature Claire K. Francis
(M. D. or other) D.O.
and Address Sandpoint Date Jan 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

FEB 9 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

137310

State File No. 137310
Local Reg. No. 4
Reg. Dist. No. 110

1. **PLACE OF DEATH:**
(a) County Bonner
(b) City or town Sandpoint
(c) Street Address or R. F. D. No. 514 N. Second
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home ____ Hospital X Institution ____ Other place ____
(f) Name Hosp. or Community Stayed 18 days mos.
(g) Lived in this county 40 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bonner
(c) City or town Priest River
(d) Street Address or R. F. D. No. ____
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? Italy
(g) How long had deceased lived in Idaho? 40 years
(h) Former residence (city, state) ____

3. (a) FULL NAME JOSEPH BOMBINO 114a

3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife ____
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) January 6, 1882

8. AGE	Years	Months	Days	If less than 1 day hrs min.
	62	0	3	

9. Exact Occupation Casual Labor — Did this work for life yrs.
10. Industry or Business none — Date last worked 1933
11. Birthplace Grimaldi, Italy. (City or town) (State or foreign country)

Father
12. Name Michael Bombino.
13. Birthplace Grimaldi, Italy (City or town) (State or foreign country)

Mother
14. Maiden name No Record
15. Birthplace Italy (City or town) (State or foreign country)

16. Informant's OWN Signature Philip Vaccarato
and Address Priest River, Idaho.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 12, 1944 (Month) (Day) (Year)
(c) Place: Priest River, Idaho.

18. Funeral Director's OWN Signature MOON MORTUARY
and Address Sandpoint, Idaho.

19. (a) Jan. 12 1944 (Date received and filed) (b) Lawrence C. Moon (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Jan. 9 1944
at 10:00 o'clock A. M.

21. **I HEREBY CERTIFY,** That I attended deceased from Apr. 30 1942, to Jan. 9 1944
I last saw him alive on Jan 9 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Silicosis — Duration 2 yrs
Due to ____
Due to ____
Other conditions ____
(Include pregnancy within 3 months of death)
Where was disease contracted? don't know
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's OWN Signature Wm F. Taylor MD (M. D. or other)
and Address SANDPOINT, IDAHO Date 1-10 1944
(For additional space, use reverse side)

FEB 9 1944

137311

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137311
Local Reg. No. 5
Reg. Dist. No. 116

1. **PLACE OF DEATH:**
(a) County Bonner
(b) City or town Sandpoint
(c) Street Address or R. F. D. No. Cor. 4th and Church
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home ____ Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 2 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bonner
(c) City or town Samuels
(d) Street Address or R. F. D. No. Rural
(e) Deceased lived Inside? ____ Outside? X city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 2 years
(h) Former residence (city, state) ____

3. (a) FULL NAME Dale Dressier Nickerson

35

3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife ____
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) June 22, 1941

8. AGE	Years	Months	Days	If less than 1 day
	2	6	20	hrs ____ min.

9. Exact Occupation None — Did this work for ____ yrs.
10. Industry or Business ____ — Date last worked ____
11. Birthplace Samuels, Idaho (City or town) (State or foreign country)

Father
12. Name Addison Nickerson
13. Birthplace Kansas City, Mo. (City or town) (State or foreign country)

Mother
14. Maiden name Ruth Reeve
15. Birthplace Bedford, Iowa (City or town) (State or foreign country)

16. Informant's OWN Signature A. D. Nickerson
and Address Samuels, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof JAN 15 1944 (Month) (Day) (Year)
(c) Place: Pack River Cem. Sandpoint, Ida.
18. Funeral Director's OWN Signature Moon Mortuary by Lawrence E. Moon
and Address Sandpoint, Idaho
19. (a) JAN 15 1944 (Date received by Registrar) (b) Lawrence E. Moon (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) January 12, 1944
at 7 o'clock A M.

21. I HEREBY CERTIFY, That I attended deceased from Jan. 10 1944 to Jan. 12 1944
I last saw him alive on Jan. 12 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Pneumonia	14 days
Due to ____	____
Due to ____	____
Other conditions Measles (Include pregnancy within 3 months of death)	4 Days

Where was disease contracted? Home
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's OWN Signature Clarence F. Murphy M.D. (M. D. or other)
and Address Sandpoint Date Jan 12 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

137312

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 75
Reg. Dist. No. 114

1. **PLACE OF DEATH:**
(a) County Bonner
(b) City or town Sandpoint
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? X city or town
(e) Died in a Home Hospital Institution Other place X
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county years months 7 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bonner
(c) City or town Clarksfork
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 7da. years
(h) Former residence (city, state)

3. (a) **FULL NAME** Yvonne Marie Syth 1096

3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Jan. 5, 1944

8. AGE	Years	Months	Days	If less than 1 day
			7	hrs min.

9. Exact Occupation None Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Clarksfork, Idaho (City or town) (State or foreign country)

Father
12. Name Kenneth Syth
13. Birthplace Greenwood, Wis. (City or town) (State or foreign country)

Mother
14. Maiden name Marie Eva Homberger
15. Birthplace Heron, Montana (City or town) (State or foreign country)

16. Informant's **OWN** Signature Kenneth Syth
and Address Heron, Mont.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof (Month) Jan. (Day) 13, (Year) 1944
(c) Place: Heron, Montana

18. Funeral Director's **OWN** Signature Moon Mortuary
and Address Sandpoint, Idaho

19. (a) Jan 15, 1944 (Date received and filed) (b) Orville Moon (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Jan. 13, 19 44
at 3 o'clock P. M.

21. **I HEREBY CERTIFY,** That I attended deceased from Jan 5 19 44 to Jan 13 19 44
Last saw h alive on Jan 13 19 44; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Pneumonia,	1 Day.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature G. G. Jones, (M. D. or other)
and Address Clarksfork Id (Date) Jan 15 1944

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

FEB 9 1944

137313

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137313
Local Reg. No. 6
Reg. Dist. No. 110

1. **PLACE OF DEATH:**
(a) County Bonner
(b) City or town Sandpoint
(c) Street Address or R. F. D. No. 514 N. Second Ave
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home ____ Hospital X Institution ____ Other place ____
(f) Name Hosp. or Inst. Community Stayed 2 days
(g) Lived in this county 31 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bonner
(c) City or town Sandpoint
(d) Street Address or R. F. D. No. 308 S. Second
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 31 years
(h) Former residence (city, state) ____

3. (a) FULL NAME Edna Beryl Koebel

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3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Albert J. Koebel
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) July 18, 1882

8. AGE	Years	Months	Days	If less than 1 day
	60	5	29	hrs ____ min.

9. Exact Occupation Housewife — Did this work for 41 yrs.
10. Industry or Business Own Home — Date last worked Jan. 1944
11. Birthplace Garfield, Washington. (City or town) (State or foreign country)

Father
12. Name John Herbert Giles
13. Birthplace Michigan (City or town) (State or foreign country)

Mother
14. Maiden name No Record.
15. Birthplace " " (City or town) (State or foreign country)

16. Informant's OWN Signature Albert J. Koebel
and Address 308 S. 2nd. Ave. Sandpoint, Ida.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Jan. 22, 1944 (Month) (Day) (Year)
(c) Place Garfield, Washington.
18. Funeral Director MOON MORTUARY
OWN Signature ____
and Address Sandpoint, Idaho.
19. (a) Jan. 22 1944 (Date received and filed) (b) ____ (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Jan. 17, 1944
at 7:00 o'clock A. M.
21. **I HEREBY CERTIFY,** That I attended deceased from Jan 14 1944 to Jan 17 1944
I last saw her alive on Jan 16 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cerebral Hemorrhage — Duration 4 days
Due to Hypertension
Due to Chronic Nephritis — 6 mo
Other conditions Diabetis
(Include pregnancy within 3 months of death)

Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature Wm F. Tyler M.D (M. D. or other)
and Address Sandpoint, Ida. Date Jan 18 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137314
Local Reg. No. 76
Reg. Dist. No. 114

1. **PLACE OF DEATH:**
   (a) County Bonner
   (b) City or town Hope
   (c) Street Address or R. F. D. No. Rural
   (d) Death Occurred Inside? X Outside? ____ city or town
   (e) Died in a Home X Hospital ____ Institution ____ Other place ____
   (f) Name Hosp. or Inst. ____ Stayed ____ days
   (g) Lived in this county 4 years ____ months ____ days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Bonner
   (c) City or town Hope
   (d) Street Address or R. F. D. No. Rural
   (e) Deceased lived Inside? X Outside? ____ city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 30 years
   (h) Former residence (city, state) ____

3. (a) FULL NAME MARION AARON SMITH

3. (b) If veteran, name war no
3. (c) Social Security No. 518-03-4829
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Lola Smith
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) Dec. 29, 1872

8. AGE	Years	Months	Days	If less than 1 day
	71	0	24	hrs ____ min. ____

9. Exact Occupation Retired Millman — Did this work for many yrs.
10. Industry or Business Sawmill — Date last worked no record
11. Birthplace ____ (City or town) ____ (State or foreign country)

Father
12. Name No Record
13. Birthplace No Record (City or town) (State or foreign country)

Mother
14. Maiden name No Record
15. Birthplace No Record (City or town) (State or foreign country)

16. Informant's OWN Signature O. B. Moon Coroner
and Address Sandpoint, Idaho.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Jan. 28, 1944 (Month) (Day) (Year)
(c) Place: Coeur d Alene, Idaho

18. Funeral Director's OWN Signature MOON MORTUARY
and Address Sandpoint, Idaho.

19. (a) 1-28-44 (Date received and filed) (b) Orville Crapp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) January 23, 1944
at about 7 P. M. o'clock ____ M.

21. I HEREBY CERTIFY, That I attended deceased from ____ 19____, to ____ 19____
I last saw h____ alive on ____ 19____; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Natural Causes	
Found Dead	
Due to Angina Pectoris	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? ____ PHYSICIAN
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's OWN Signature O. B. Moon CORONER (M. D. or other)
and Address Sandpoint, Ida. Date Jan. 23, 1944
(For additional space, use reverse side)

United States
Department of Commerce
Bureau of the Census

FEB 9 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137315
Local Reg. No. 7
Reg. Dist. No. 110

1. **PLACE OF DEATH:**
(a) County Bonner
(b) City or town Cocolalla
(c) Street Address or R. F. D. No. Rural
(d) Death Occurred Inside? ____ Outside? X city or town
(e) Died in a Home X Hospital __ Institution __ Other place __
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 38 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bonner
(c) City or town Cocolalla
(d) Street Address or R. F. D. No. Rural
(e) Deceased lived Inside? ____ Outside? X city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 38 years
(h) Former residence (city, state) ____

3. (a) FULL NAME AUGUST LOMBARGER

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3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife ____
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) August 23, 1857

8. AGE	Years	Months	Days	If less than 1 day
	86	5	2	hrs min.

9. Exact Occupation Pensioner Did this work for ____ yrs.
10. Industry or Business ____ Date last worked ____
11. Birthplace Germany (City or town) (State or foreign country)
Father
12. Name No Record
13. Birthplace " " (City or town) (State or foreign country)
Mother
14. Maiden name No Record
15. Birthplace " " (City or town) (State or foreign country)
16. Informant's OWN Signature L. E. Moon Coroner
and Address Sandpoint, Idaho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 29, 1944 (Month) (Day) (Year)
(c) Place: Sandpoint, Idaho.
18. Funeral Director's OWN Signature MOON MORTUARY L. E. Moon
and Address Sandpoint, Idaho.
19. (a) Jan. 29 1944 (Date received and filed) (b) Laurence E. Moon (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) January 25, 1944
at 12:15 o'clock p M.
21. I HEREBY CERTIFY, That I attended deceased from ____ 19__, to ____ 19__
I last saw h__ alive on ____ 19__; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Found Dead	
Natural Causes	
Due to Cerebral Hemorrhage	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation ____ Date ____	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature L. E. Moon CORONER (M. D. or other)
and Address Sandpoint, Ida Date 1-25 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

137316

United States
Department of Commerce FEB 9 1944
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 9
Reg. Dist. No. 110

1. PLACE OF DEATH:
(a) County Bonner
(b) City or town Sandpoint
(c) Street Address or R. F. D. No. 401 Lake Street
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home X Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 25 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Bonner
(c) City or town Sandpoint
(d) Street Address or R. F. D. No. 401 Lake St
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? Italy
(g) How long had deceased lived in Idaho? 25 years
(h) Former residence (city, state) ____

3. (a) FULL NAME JOHN ROSSI

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3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife ____
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) No record

8. AGE	Years	Months	Days	If less than 1 day
	90			hrs min.

9. Exact Occupation Pensioner — Did this work for ____ yrs.
10. Industry or Business ____ — Date last worked ____
11. Birthplace Italy (City or town) (State or foreign country)

Father
12. Name No Record
13. Birthplace ____ (City or town) (State or foreign country)

Mother
14. Maiden name No Record
15. Birthplace ____ (City or town) (State or foreign country)

16. Informant's OWN Signature M. Lenarte
and Address Sandpoint, Idaho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 27, 1944 (Month) (Day) (Year)
(c) Place: Sandpoint, Idaho.
18. Funeral Director's OWN Signature MOON MORTUARY
and Address Sandpoint, Idaho.
19. (a) Jan. 27, 1944 (Date received and filed) (b) Registrar's signature

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Jan. 25, 1944
at 1:15 o'clock P. M.
21. I, HEREBY CERTIFY, That I attended deceased from Jan 20 1944 to Jan 25 1944
I last saw him alive on Jan 20 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Chronic Myocarditis	3yr
Due to	
Arterio Sclerosis	10yr
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature Wm F Lytle MD (M. D. or other)
and address Sandpoint Ida Date 1-27 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

137317

United States
Department of Commerce
Bureau of the Census

FEB 9 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 10
Reg. Dist. No. 110

1. **PLACE OF DEATH:**
(a) County Bonner
(b) City or town Sandpoint
(c) Street Address or R. F. D. No. N. 2nd Ave
(d) Death Occurred Inside X Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. Community Stayed 7 days
(g) Lived in this county 35 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bonner
(c) City or town Sandpoint
(d) Street Address or R. F. D. No. N. 5th Ave.,
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 35 years
(h) Former residence (city, state)

3. (a) FULL NAME Grethe Knudson

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3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or ~~wife~~ Christian
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) April 6, 1867

8. AGE	Years	Months	Days	If less than 1 day
	76	9	22	hrs min.

9. Exact Occupation Housewife Did this work for life yrs.
10. Industry or Business Own Home Date last worked Jan. 12, 1944
11. Birthplace Aafford (City or town) Norway (State or foreign country)
Father
12. Name Iver Moon
13. Birthplace (City or town) Norway (State or foreign country)
Mother
14. Maiden name Hannah Agnethe
15. Birthplace (City or town) Norway (State or foreign country)
16. Informant's OWN Signature Carl Knudson
and Address 1618-N Lee Spokane Wash
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 31, 1944 (Month) (Day) (Year)
(c) Place: Sandpoint, Idaho, Lakeview Cem
18. Funeral Director's OWN Signature Moon Mortuary [signature]
and Address Sandpoint, Idaho
19. (a) Jan. 31, 1944 (Date received and filed) (b) Lawrence D. Moon (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) January 28, 1944
at 6:00 o'clock A. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 1-12 1944 to 1-28 1944
I last saw her alive on 1-27 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death	Duration
Chronic Endocarditis	5 yrs
Due to Cardiac Asthma	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation None Date	
Major finding	
Finding of autopsy None	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature Floyd G. Wendle (M. D. ~~or other~~)
and Address Sandpoint, Ida Date 1-31 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce FEB 9 1944
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137318
Local Reg. No. 11
Reg. Dist. No. 110

1. **PLACE OF DEATH:**
(a) County Bonner
(b) City or town Sandpoint
(c) Street Address or R. F. D. No. 2nd Ave
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home ____ Hospital X Institution ____ Other place ____
(f) Name Hosp. or Inst. Community Stayed 24hrs
(g) Lived in this county 1 years 11 months 5 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bonner
(c) City or town Sandpoint,
(d) Street Address or R. F. D. No. Route 1
(e) Deceased lived Inside? ____ Outside? X city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? life years
(h) Former residence (city, state) ____

3. (a) **FULL NAME** Bobby Lee Moore

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3. (b) If veteran, name war ____ 3. (c) Social Security No. ____
4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife ____ 6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) Feb. 23, 1942

8. AGE	Years	Months	Days	If less than 1 day
	1	11	5	hrs ____ min. ____

9. Exact Occupation None Did this work for ____ yrs.
10. Industry or Business ____ Date last worked ____
11. Birthplace Sandpoint (City or town) Idaho (State or foreign country)

Father
12. Name Columbus Moore
13. Birthplace Knoxville (City or town) Tennessee (State or foreign country)

Mother
14. Maiden name Frances Cook
15. Birthplace Fairmont, (City or town) Nebraska (State or foreign country)

16. Informant's **OWN** Signature Mrs. Frances Moore
and Address Sandpoint, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 1, 1944 (Month) (Day) (Year)
(c) Place: Sandpoint, Ida. Pinecrest Cem.
18. Funeral Director's **OWN** Signature Moon Mortuary
and Address Sandpoint, Idaho
19. (a) Jan 31 1944 (Date received and filed) (b) Laurance E. Moon (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) January 28, 1944
at 5:30 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from Jan 27 1944 to Jan 28 1944
I last saw him alive on Jan 27 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Hypostatic Pneumonia	3 days
Due to Peritonitis	5 days
Due to Appendicitis	6 days
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? ____
Name of operation NO Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's **OWN** Signature Wm F. Tyler M.D.
(M. D. or other)
and Address Sandpoint, Ida Date 1-29 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

FEB 1 2 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137320
Local Reg. No. 7
Reg. Dist. No. 610

1. **PLACE OF DEATH:**
(a) County Bonneville
(b) City or town Idaho Falls
(c) Street Address or R. F. D. No. Memorial Dr.
(d) Death Occurred Inside? ✓ Outside? ____ city or town
(e) Died in a Home __ Hospital ✓ Institution __ Other place __
(f) Name Hosp. or Inst. L.U.S. Hosp. Stayed 10 days
(g) Lived in this county ____ years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bonneville
(c) City or town Idaho Falls
(d) Street Address or R. F. D. No. ____
(e) Deceased lived Inside? ✓ Outside? ____ city or town
(f) Citizen of what country? U. S. A.
(g) How long had deceased lived in Idaho? 53 years
(h) Former residence (city, state) Utah

3. (a) **FULL NAME** James Priscott

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3. (b) If veteran, name war ____ 3. (c) Social Security No. ____
4. Sex M 5. Color or race W. 6. (a) Single, widowed, married, divorced ____
6. (b) Name of husband or wife Abathaheba Priscott 6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) May 5, 1858

8. AGE	Years	Months	Days	If less than 1 day
	85	7	28	hrs min.

9. Exact Occupation Retired Farmer Did this work for ____ yrs.
10. Industry or Business ____ Date last worked ____
11. Birthplace Devonshire, England (City or town) (State or foreign country)
Father
12. Name James Priscott
13. Birthplace England (City or town) (State or foreign country)
Mother
14. Maiden name May Gunn
15. Birthplace England (City or town) (State or foreign country)
16. Informant's OWN Signature Hugh C Martin
and Address 418 - Goshen St Salt Lake Zone 4
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/7/44 (Month) (Day) (Year)
(c) Place: Rime, Idaho
18. Funeral Director's OWN Signature Jack A. Wood
and Address Idaho Falls Idaho
19. (a) 1-15-44 (Date received and filed) (b) Anna Budgen (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) January 3 1944
at 9-30 o'clock P.M.
21. **I HEREBY CERTIFY,** That I attended deceased from Dec 28 1943, to Jan 3 1944
I last saw him alive on Jan 3 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
33b Influenza & Freezing	
Due to Fl. fest.	
Due to	
Other conditions Senility (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation ____ Date ____	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature [signature] (M. D. or other)
and Address [illegible] Date 1/ 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

FEB . 2 1944

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137321
Local Reg. No. 20
Reg. Dist. No. 610

1. **PLACE OF DEATH:**
   (a) County Bonneville
   (b) City or town Idaho Falls
   (c) Street Address or R. F. D. No. Memorial Drive
   (d) Death Occurred Inside? ✓ Outside? ____ city or town
   (e) Died in a Home __ Hospital ✓ Institution __ Other place __
   (f) Name Hosp. or Inst. LDS Stayed 4 days
   (g) Lived in this county ____ years ____ months ____ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Bonneville
   (c) City or town Idaho Falls Ida
   (d) Street Address or R. F. D. No. Memorial Drive
   (e) Deceased lived Inside? ✓ Outside? ____ city or town
   (f) Citizen of what country? ____
   (g) How long had deceased lived in Idaho? ____ years
   (h) Former residence (city, state) ____

3. (a) **FULL NAME** John Woodrow Wold. 160a

3. (b) If veteran, name war ____ 3. (c) Social Security No. ____
4. Sex male 5. Color or race W. 6. (a) Single, widowed, married, divorced ____
6. (b) Name of husband or wife ____ 6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) 12/31/43

8. AGE	Years	Months	Days	If less than 1 day
			4	hrs min.

9. Exact Occupation Infant Did this work for ____ yrs.
10. Industry or Business ____ Date last worked ____
11. Birthplace Idaho Falls (City or town) Idaho (State or foreign country)

Father
12. Name Woodrow Orel Wold
13. Birthplace Riverdale (City or town) Idaho (State or foreign country)

Mother
14. Maiden name Ruth Katherine Cornmeyer
15. Birthplace Philadelphia, Penn (City or town) (State or foreign country)

16. Informant's OWN Signature Wilba Borrowman
and Address 139 South Water, Idaho Falls Ida
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/8/44 (Month) (Day) (Year)
(c) Place: Idaho Falls, Idaho
18. Funeral Director's OWN Signature Jack A. Wood
and Address Idaho Falls, Idaho
19. (a) 1-22-44 (Date received and filed) (b) Anna Budges (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) January 4 1944
at 11-30 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from Dec 31 1943 to Jan. 4 1944
I last saw him alive on Jan. 4 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Intracranial hemorrhage	4 days
Due to Cause not determined. It was normal	
Due to	
Other conditions Labor and delivery (Include pregnancy within 3 months of death)	

Where was disease contracted? ____
Name of operation Transfusion Date Jan 2
Major finding ____
Finding of autopsy ____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury Possible labor
23. Attendant's OWN Signature John O. Mellor MD (M. D. or other)
and Address Idaho Falls Ida Date Jan. 4, 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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United States
Department of Commerce
Bureau of the Census

FEB 12 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 8
Local Reg. No. 8
Reg. Dist. No. 610

1. **PLACE OF DEATH:**
(a) County Bonneville
(b) City or town Idaho Falls
(c) Street Address or R. F. D. No. Memorial Hs.
(d) Death Occurred Inside? ✓ Outside? ____ city or town
(e) Died in a Home __ Hospital ✓ Institution __ Other place __
(f) Name Hosp. or Inst. S.U.S. Stayed 4 days
(g) Lived in this county ____ years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bonneville
(c) City or town Idaho Falls
(d) Street Address or R. F. D. No. 290. Walnut
(e) Deceased lived Inside? ✓ Outside? ____ city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 37 years
(h) Former residence (city, state) ____

3. (a) **FULL NAME** Herbert S. Mason

3. (b) If veteran, name war ____
3. (c) Social Security No. 518-07-5917
4. Sex M
5. Color or race W.
6. (a) Single, widowed, married, divorced ____
6. (b) Name of husband or wife Florence Mason
6. (c) Age of husband or wife if alive 34 years
7. Date of Birth (Month, Day, Year) April 2, 1906

8. AGE	Years	Months	Days	If less than 1 day
	37	9	3	hrs min.

9. Exact Occupation Linotype operator Did this work for 21 yrs.
10. Industry or Business ____ Date last worked 1/2/44
11. Birthplace Parker, Idaho (City or town) (State or foreign country)
Father
12. Name Fred H. Mason
13. Birthplace Morgan, Utah (City or town) (State or foreign country)
Mother
14. Maiden name Yerda Mattison
15. Birthplace Sweden (City or town) (State or foreign country)
16. Informant's OWN Signature Florence H. Mason and Address Idaho Falls, Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 1/10/44 (Month) (Day) (Year)
(c) Place: Parker, Idaho
18. Funeral Director's OWN Signature Jack A. Wood and Address Idaho Falls, Idaho
19. (a) 1-15-44 (Date received and filed) (b) Anna Budge (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) January 5 1944 at 8-30 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from Jan. 1 1944, to Jan. 5 1944
I last saw him alive on Jan 5 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
acute cardiac failure following a coughing spell	a few minutes
Due to myocarditis, mitral regurgitation	12-14 mos
Due to ~~Infl~~ Rheumatic fever	1942
Other conditions Influenza Pneumonia (Include pregnancy within 3 months of death) from which he was recovering	7 days
Where was disease contracted? his home	PHYSICIAN
Name of operation none Date ____	Underline the cause to which death should be charged statistically.
Major finding ____	
Finding of autopsy no autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature H. L. Willson (M. D. or other) and Address Idaho Falls, Ida Date Jan. 11 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

137323

United States
Department of Commerce
Bureau of the Census

FEB 2 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137323
Local Reg. No. 19
Reg. Dist. No. 610

1. **PLACE OF DEATH:**
(a) County Bonneville
(b) City or town Idaho Falls
(c) Street Address or R. F. D. No. Memorial Hosp.
(d) Death Occurred Inside? ✓ Outside? ____ city or town
(e) Died in a Home ____ Hospital ✓ Institution ____ Other place ____
(f) Name Hosp. or Inst. L.D.S. Hosp. Stayed ____ days
(g) Lived in this county ____ years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bonneville
(c) City or town Idaho Falls
(d) Street Address or R. F. D. No. #3
(e) Deceased lived Inside? ✓ Outside? ____ city or town
(f) Citizen of what country? U. S. A.
(g) How long had deceased lived in Idaho? 40 years
(h) Former residence (city, state) Indiana

3. (a) **FULL NAME** William H. Harris 331

3. (b) If veteran, name war ____
3. (c) Social Security No. ____
4. Sex M
5. Color or race W.
6. (a) Single, widowed, married, divorced ____
6. (b) Name of husband or wife Elizabeth Ann Vitt Harris
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) May 26, 1861

8. AGE	Years	Months	Days	If less than 1 day
	82	8	19	hrs ____ min.

9. Exact Occupation Retired Farmer Did this work for ____ yrs.
10. Industry or Business ____ Date last worked ____
11. Birthplace Sulphur Spring, Indiana (City or town) (State or foreign country)

Father
12. Name Isaac Harris
13. Birthplace United States (City or town) (State or foreign country)

Mother
14. Maiden name Matilda Catherine Gibson
15. Birthplace United States (City or town) (State or foreign country)

16. Informant's **OWN** Signature Wm Harris
and Address Idaho Falls Rt #3
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/11/44 (Month) (Day) (Year)
(c) Place: Ammon, Idaho
18. Funeral Director's **OWN** Signature Jack A. Ward
and Address Idaho Falls, Idaho
19. (a) 1-22-44 (Date received and filed) (b) Emma Rudges (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) January 7 1944
at 11-45 o'clock A M.
21. **I HEREBY CERTIFY**, That I attended deceased from Jan 1944, to Jan 7 1944
I last saw h alive on Jan 7 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: 331 Influenza — Duration 2 days
Due to Myocardial failure
Due to Senility
Other conditions ____
(Include pregnancy within 3 months of death)

Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's **OWN** Signature [illegible] (M. D. or other)
and Address [illegible] Date 1/12 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

FEB 1 2 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137324
Local Reg. No. 31
Reg. Dist. No. 610

1. **PLACE OF DEATH:**
(a) County Bonneville
(b) City or town Idaho Falls
(c) Street Address or R. F. D. No. ~~265 1st~~ M. Drive
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home __ Hospital X Institution __ Other place __
(f) Name Hosp. or Inst. LDS Stayed 10 days
(g) Lived in this county 12 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State ____ (b) County ____
(c) City or town ____
(d) Street Address or R. F. D. No. ____
(e) Deceased lived Inside? ____ Outside? ____ city or town
(f) Citizen of what country? ____
(g) How long had deceased lived in Idaho? ____ years
(h) Former residence (city, state) ____

3. (a) **FULL NAME** Louise Dunlop Carnes. 108

3. (b) If veteran, name war ____ 3. (c) Social Security No. ____
4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Frank Carnes 6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) June 19 - 1890 -

8. AGE	Years	Months	Days	If less than 1 day
	53	6	18	hrs min.

9. Exact Occupation Housewife Did this work for ____ yrs.
10. Industry or Business ____ Date last worked ____
11. Birthplace Helper, Utah (City or town) (State or foreign country)
Father
12. Name Charles M. Dunlop.
13. Birthplace not Known. (City or town) (State or foreign country)
Mother
14. Maiden name Emma Barrett.
15. Birthplace not Known. (City or town) (State or foreign country)
X 16. Informant's OWN Signature Frank Carnes
and Address 265 1st Idaho Falls Ida.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 1/11/44 (Month) (Day) (Year)
(c) Place: ~~Lodge Springs~~ Lake City
18. Funeral Director's OWN Signature Leo A. Williams
and Address Idaho Falls, Idaho
19. (a) 1-11-44 (Date received and filed) (b) Anna Bridges (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) January 7 1944
at 1:05 o'clock A. M.
21. **I HEREBY CERTIFY,** That I attended deceased from Dec. 28 1943 to Jan. 7 1944
I last saw her alive on Jan 7 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Lobar pneumonia	10 days
Due to ____	
Due to ____	
Other conditions ____ (Include pregnancy within 3 months of death)	
Where was disease contracted? Home	PHYSICIAN
Name of operation ____ Date ____	Underline the cause to which death should be charged statistically.
Major finding ____	
Finding of autopsy ____	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? no Suicide? no Homicide? no
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature J. R. West M.D. (M. D. or other)
and Address Idaho Falls Date 1/10 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

FEB 1 ? 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137325
Local Reg. No. 3
Reg. Dist. No. 6/0

1. **PLACE OF DEATH:**
(a) County Bonneville
(b) City or town Idaho Falls
(c) Street Address or R. F. D. No. Memorilla Dr.
(d) Death Occurred Inside? X Outside? ....city or town
(e) Died in a Home ....Hospital X Institution ....Other place ....
(f) Name Hosp. or Inst. L.D.S. Stayed 13 days
(g) Lived in this county ....years ....months 13 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho. (b) County Jefferson
(c) City or town Lewisville
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? ....city or town
(f) If foreign born, in U. S. ....yrs. Citizen of U. S.?
(g) How long had deceased lived in Idaho? 34 years
(h) Former residence (city, state) Gray, Idaho.

3. (a) **FULL NAME** EPHRIAM CHRISTIAN SCHNEIDER.

3. (b) If veteran, name war X
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ada Downs
6 (c) Age of husband or wife if alive 68 years
7. Date of Birth (Month, Day, Year) Nov. 29, 1871

8. AGE	Years	Months	Days	If less than 1 day
	72	1	11	hrs min.

9. Exact Occupation Farming — Did this work for life yrs.
10. Industry or Business Farm — Date last worked 12/43
11. Birthplace Salt Lake City, Utah. (City or town) (State or foreign country)

Father
12. Name Christian Schneider
13. Birthplace Switzerland. (City or town) (State or foreign country)

Mother
14. Maiden name Susana Clawsoner.
15. Birthplace Switzerland. (City or town) (State or foreign country)

16. Informant's **OWN** Signature Rhoda S. Muir
and Address 205 E. 6 No. Logan, Utah.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 1/9/44 (Month) (Day) (Year)
(c) Place: Lewisville, Idaho.
18. Funeral Director's **OWN** Signature C. B. Eckersell
and Address Rigby, Idaho.
19. (a) 1-13-44 (Date received and filed) (b) Lena Bulgin (Registrar's Signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) January 9 1944
at 8:55 o'clock A. M.

21. **I HEREBY CERTIFY,** That I attended deceased from ....19...., to ....19....
I last saw him alive on ....19....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Carcinoma of Stomach — Duration
Due to
Due to
Other conditions Complete Obstruction. (Include pregnancy within 3 months of death) of Stomach.
Where was disease first contracted?
Name of operation Gastro-Enterostomy Date 12/31/43
Major finding Obstruction at Pylorus — Carcinoma
Finding of autopsy none performed.

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred ....19.... City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature Edson Call M. D. (M. D. or other)
and Address Rigby, Idaho Date ....19....
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

FEB 1 2 1944

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137326
Local Reg. No. 8
Reg. Dist. No. 610

1. **PLACE OF DEATH:**
(a) County Bonneville
(b) City or town Idaho Falls, Idaho
(c) Street Address or R. F. D. No. 900 Memorial drive
(d) Death Occurred Inside? Yes Outside? ____ city or town
(e) Died in a Home __ Hospital XX Institution __ Other place __
(f) Name Hosp. or Inst. LDS Hosp. Stayed 40 days
(g) Lived in this county ____ years ____ months 40 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Tetonnt
(c) City or town Driggs
(d) Street Address or R. F. D. No. ____
(e) Deceased lived Inside? Yes Outside? ____ city or town
(f) Citizen of what country? United States
(g) How long had deceased lived in Idaho? 21 years
(h) Former residence (city, state) ____

3. (a) FULL NAME ELSIE MAE NICKELL DELANEY 131a

3. (b) If veteran, name war No.
3. (c) Social Security No. None.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Ted Delaney
6. (c) Age of husband or wife if alive 37 years
7. Date of Birth (Month, Day, Year) October 15, 1920

8. AGE	Years	Months	Days	If less than 1 day
	23	2	24	hrs min.

9. Exact Occupation Housewife Did this work for 4 yrs.
10. Industry or Business Own Home Date last worked Nov. 1943
11. Birthplace Park City, Utah (City or town) (State or foreign country)
Father
12. Name John Nickell
13. Birthplace ✓ ✓ (City or town) (State or foreign country)
Mother
14. Maiden name Mary Washington Collins
15. Birthplace Park City, Utah (City or town) (State or foreign country)
16. Informant's OWN Signature Ted L Delaney
and Address Driggs, Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 1-9-44 (Month) (Day) (Year)
(c) Place: St. Anthony, Idaho
18. Funeral Director's OWN Signature M D Hansen
and Address St. Anthony, Idaho
19. (a) 1-14-44 (Date received and filed) (b) Anna Budger (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) January 9 1944
at 11:30 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from Nov 15 1943 to Jan 9 1944
I last saw her alive on Jan 9 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death	Duration
Coronary Embolism	Instant
Due to Ch Cardio Renal Disease & Decompensation	?
Due to Influenza	Oct 15/43
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Abdominal Paracentesis Date 1/3/44
Major finding 1000 cc aspirated
Finding of autopsy Not done

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state
where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature J N Nest M.D. (M. D. or other)
and Address Idaho Falls Idaho Date 1/10 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

FEB 12 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137327
Local Reg. No. 13
Reg. Dist. No. 610

1. PLACE OF DEATH:
(a) County Bonneville
(b) City or town Idaho Falls
(c) Street Address or R. F. D. No. x
(d) Death Occurred Inside? x Outside? ..... city or town
(e) Died in a Home ..... Hospital x Institution ..... Other place .....
(f) Name Hosp. or Inst. L. S. Stayed 15 days
(g) Lived in this county ..... years ..... months 15 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Jefferson
(c) City or town Rigby
(d) Street Address or R. F. D. No. .....
(e) Deceased lived Inside? # Outside? ..... city or town
(f) If foreign born, in U. S. ..... yrs. Citizen of U. S.? Yes
(g) How long had deceased lived in Idaho? 43 years
(h) Former residence (city, state) Utah

3. (a) **FULL NAME** William Henry Hall 134a

3. (b) If veteran, name war x
3. (c) Social Security No. x
4. Sex M
5. Color or race White
6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife Laura
6 (c) Age of husband or wife if alive 63 years
7. Date of Birth (Month, Day, Year) Sept. 23 1868.

8. AGE	Years	Months	Days	If less than 1 day
	75	3	20	hrs min.

9. Exact Occupation Farmer Did this work for Life yrs.
10. Industry or Business Farm Date last worked 1936
11. Birthplace Murray, Utah (City or town) (State or foreign country)
Father
12. Name Unknown
13. Birthplace Unknown (City or town) (State or foreign country)
Mother
14. Maiden name Unknown
15. Birthplace Unknown (City or town) (State or foreign country)
16. Informant's **OWN** Signature Howard C. Hall
and Address Texas (U.S. Army)
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 16, 1944 (Month) (Day) (Year)
(c) Place: Rigby, Ida
18. Funeral Director's **OWN** Signature A. B. Eckersell
and Address Rigby, Idaho
19. (a) 1-21-44 (Date received and filed) (b) Laura Budger (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Jan 12, 1944
at 11:00 o'clock p. M.
21. **I HEREBY CERTIFY,** That I attended deceased from Jan 28, 1942, to Jan 12, 1944
I last saw him alive on Jan 10, 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Hypostatic Pneumonia	
Due to Myocarditis	
Due to Renal Calculus	8 yrs.
Other conditions Urinary fistula (Include pregnancy within 3 months of death)	2 wks.

Where was disease first contracted? Idaho.
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature Clifford B. Rigby Mtn (M. D. or other)
and Address Rigby, Ida Date 1-20-1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

137328

United States
Department of Commerce
Bureau of the Census

FEB 1 2 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 18
Reg. Dist. No. 610

1. **PLACE OF DEATH:**
   (a) County Bonneville
   (b) City or town Idaho Falls
   (c) Street Address or R. F. D. No. 695 Higbee
   (d) Death Occurred Inside? ✓ Outside? ____ city or town
   (e) Died in a Home ✓ Hospital ____ Institution ____ Other place ____
   (f) Name Hosp. or Inst. ____ Stayed ____ days
   (g) Lived in this county ____ years ____ months ____ days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Bonneville
   (c) City or town Idaho Falls
   (d) Street Address or R. F. D. No. #2
   (e) Deceased lived Inside? ✓ Outside? ✓ city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 52 years
   (h) Former residence (city, state) Utah

3. (a) **FULL NAME** Mary Louiza Helm 83a

3. (b) If veteran, name war ____ 3. (c) Social Security No. ____
4. Sex F 5. Color or race W. 6. (a) Single, widowed, married, divorced ____
6. (b) Name of husband or wife Frank T. Helm 6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) October 25, 1867

8. AGE	Years	Months	Days	If less than 1 day
	76	2	20	hrs min.

9. Exact Occupation Housewife Did this work for ____ yrs.
10. Industry or Business ____ Date last worked ____
11. Birthplace Heber City, Utah (City or town) (State or foreign country)
Father
12. Name George A. Wilson
13. Birthplace Key West, Florida (City or town) (State or foreign country)
Mother
14. Maiden name Louiza Workman
15. Birthplace United States (City or town) (State or foreign country)
16. Informant's OWN Signature Mrs Ruby Metcalf and Address Idaho Falls Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 1/19/44 (Month) (Day) (Year)
(c) Place: Grant, Idaho
18. Funeral Director's OWN Signature Jack A. Wood and Address Idaho Falls Idaho
19. (a) 1-22-44 (Date received and filed) (b) Anna Bridges (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) January 15 1944 at 8-35 o'clock P.M.
21. **I HEREBY CERTIFY,** That I attended deceased from ____ 19__, to ____ 19__
I last saw h__ alive on ____ 19__; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebral Hemorrhage	12 hrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted? ✓	PHYSICIAN
Name of operation no Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy no	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature N. R. West (M. D. or other)
and Address ____ Date 1/20 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

137329

United States
Department of Commerce
Bureau of the Census

FEB 12 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 14
Reg. Dist. No. 610

1. **PLACE OF DEATH:**
(a) County Bonneville
(b) City or town Idaho Falls
(c) Street Address or R. F. D. No. Sheng + Brady
(d) Death Occurred Inside? ✓ Outside? ✓ city or town
(e) Died in a Home__ Hospital__ Institution__ Other place ✓
(f) Name Hosp. or Inst._____ Stayed_____days
(g) Lived in this county_____years _____months _____days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bonneville
(c) City or town Idaho Falls
(d) Street Address or R. F. D. No. 287 - N. Lee ave
(e) Deceased lived Inside? ✓ Outside? _____city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 5 years
(h) Former residence (city, state) Colorado

3. (a) FULL NAME Harry Veton Copper (also known as Ray H. Day) 94a

3. (b) If veteran, name war_____ 3. (c) Social Security No._____
4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Nora May Copper 6. (c) Age of husband or wife if alive 55 years
7. Date of Birth (Month, Day, Year) January 9 1885

8. AGE	Years	Months	Days	If less than 1 day
	59		9	hrs min.

9. Exact Occupation Merchant Did this work for _____ yrs.
10. Industry or Business_____ Date last worked_____
11. Birthplace_____ (City or town) Kansas (State or foreign country)
Father
12. Name Robert Copper
13. Birthplace United States (City or town) (State or foreign country)
Mother
14. Maiden name not known
15. Birthplace United States (City or town) (State or foreign country)
16. Informant's OWN Signature Edwin H. Copper
and Address Canon City Colorado
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 1/24/44 (Month) (Day) (Year)
(c) Place: Canon City Colorado
18. Funeral Director's OWN Signature Jack A. Wood
and Address Idaho Falls Idaho
19. (a) 1-22-44 (Date received and filed) (b) Anna Budgen (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Jan. 18 1944
at_____o'clock _____M.
21. **I HEREBY CERTIFY,** That I attended deceased from _____19____, to _____19____
I last saw h____ alive on_____19____; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death	Duration
Heart attack	15 min
Due to Coronary thrombosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation_____ Date_____	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident?_____ Suicide?_____ Homicide?_____
Occurred Jan 18th 1944 City, county, state
where violence occurred
Place of Violence: Home_____ Farm_____ Industry ✓
Public Place_____ While at work? Yes
Means of injury Heart attack
23. Attendant's OWN Signature [illegible] (M. D. or other)
and Address Jan 18 Date 2/ 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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United States
Department of Commerce
Bureau of the Census

FEB 12 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. ____
Local Reg. No. ____
Reg. Dist. No. 610

1. **PLACE OF DEATH:**
(a) County Bonneville
(b) City or town Idaho Falls
(c) Street Address or R. F. D. No. ____
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home ____ Hospital X Institution ____ Other place ____
(f) Name Hosp. or Inst. Sacred Heart Stayed 48 days
(g) Lived in this county 58 years 6 months 17 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bonneville
(c) City or town Idaho Falls
(d) Street Address or R. F. D. No. Park & D St.
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? United States
(g) How long had deceased lived in Idaho? 58 years
(h) Former residence (city, state) Nevada

3. (a) **FULL NAME** MARY A. HENRY

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife John Henry
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) March 19, 1851

8. AGE	Years	Months	Days	If less than 1 day
	92	9	27	hrs ____ min.

9. Exact Occupation Housewife — Did this work for 66 yrs.
10. Industry or Business At home — Date last worked Nov. 1943
11. Birthplace Manchester, England (City or town) (State or foreign country)

Father
12. Name Alfred Blackburn
13. Birthplace England (City or town) (State or foreign country)

Mother
14. Maiden name Lamb
15. Birthplace England (City or town) (State or foreign country)

16. Informant's OWN Signature Thos. W. Henry
and Address Idaho Falls, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 20, 1944 (Month) (Day) (Year)
(c) Place: Idaho Falls, Idaho
18. Funeral Director's OWN Signature O. C. Buck
and Address Idaho Falls, Idaho
19. (a) Jan. 20 1944 (Date received and filed) (b) Emma Bridges (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) January 18 1944
at 1:00 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from Dec. 1 1943, to Jan. 18 1944
I last saw her alive on Jan. 18 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — Duration

Chronic Myocarditis — 3 yrs.
Due to Senility
Due to ____
Other conditions ____
(Include pregnancy within 3 months of death)

Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's OWN Signature C. C. Erickson MD (M. D. or other)
and Address Idaho Falls Date 1-22 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

FEB 12 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137331
Local Reg. No. 26
Reg. Dist. No. 610

1. **PLACE OF DEATH:**
   (a) County Bonneville
   (b) City or town Idaho Falls
   (c) Street Address or R. F. D. No. 327 C. 14th
   (d) Death Occurred Inside? ✓ Outside? ____ city or town
   (e) Died in a Home ✓ Hospital __ Institution __ Other place __
   (f) Name Hosp. or Inst. ____ Stayed ____ days
   (g) Lived in this county ____ years ____ months ____ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under Item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Bonneville
   (c) City or town Idaho Falls
   (d) Street Address or R. F. D. No. 327 C. 14th
   (e) Deceased lived Inside? ✓ Outside? ____ city or town
   (f) Citizen of what country? U. S. A.
   (g) How long had deceased lived in Idaho? ____ years
   (h) Former residence (city, state) ____

3. (a) **FULL NAME** Wayne Harry Williams 93E

3. (b) If veteran, name war ____ 3. (c) [illegible]ial Security No. ____
4. Sex M 5. Color or race W. 6. (a) Single, widowed, married, [illegible]ed Single
6. (b) Name of husband or wife ____ 6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) Sept 27, 1943

8. AGE	Years	Months	Days	If less than 1 day
		3	21	hrs min.

9. Exact Occupation None Did this work for ____ yrs.
10. Industry or Business ____ Date last worked ____
11. Birthplace Portland, Oregon (City or town) (State or foreign country)

Father
12. Name Harry L. Williams
13. Birthplace Rare, Idaho (City or town) (State or foreign country)

Mother
14. Maiden name Bertha Whitman
15. Birthplace Rigby, Idaho (City or town) (State or foreign country)

16. Informant's OWN Signature Harry L Williams and Address Idaho Falls, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/20/44 (Month) (Day) (Year)
    (c) Place: Shelton, Idaho
18. Funeral Director's OWN Signature Jack A. Wood and Address Idaho Falls, Idaho
19. (a) 1-26-44 (Date received and filed) (b) Anna Budge (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) January 18 1944 at 2-30 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from ____ 19__, to ____ 19__
    I last saw h__ alive on ____ 19__; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Myocarditis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation ____ Date ____	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
    Occurred June 18th 1943 City, county, state where violence occurred Idaho Falls Ida
    Place of Violence: Home ____ Farm yes Industry ____
    Public Place ____ While at work? ____
    Means of injury ____
23. Attendant's OWN Signature Fred Sorter Conner (M. D. or other)
    and Address ____ Date ____ 19__
    (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

FEB 1 2 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137332
Local Reg. No. 12
Reg. Dist. No. 610

1. **PLACE OF DEATH:**
(a) County Bonneville
(b) City or town Idaho Falls
(c) Street Address or R. F. D. No. 509 E St.
(d) Death Occurred Inside? ____ Outside? ____ city or town
(e) Died in a Home X Hospital __ Institution __ Other place __
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 7 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State ____ (b) County ____
(c) City or town ____
(d) Street Address or R. F. D. No. ____
(e) Deceased lived Inside? ____ Outside? ____ city or town
(f) Citizen of what country? ____
(g) How long had deceased lived in Idaho? ____ years
(h) Former residence (city, state) ____

3. (a) **FULL NAME** Judy Ann Hakeman 82

3. (b) If veteran, name war ____ 3. (c) Social Security No. ____
4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife ____ 6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) October 2 - 1936

8. AGE	Years	Months	Days	If less than 1 day
	7	3	16	hrs min.

9. Exact Occupation Infant Did this work for ____ yrs.
10. Industry or Business ____ Date last worked ____
11. Birthplace Idaho Falls, Idaho (City or town) (State or foreign country)
Father
12. Name James Hakeman
13. Birthplace McPherson, Kansas (City or town) (State or foreign country)
Mother
14. Maiden name Ann Tate
15. Birthplace Idaho Falls, Ida. (City or town) (State or foreign country)
16. Informant's OWN Signature L. James Hakeman and Address Idaho Falls, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/21/44 (Month) (Day) (Year)
(c) Place: Idaho Falls, Idaho
18. Funeral Director's OWN Signature Leo A. Williams and Address Idaho Falls Ida.
19. (a) 1-20-1944 (Date received and filed) (b) Anna Bridges (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) January 18 1944
at ____ o'clock ____ M.
21. **I HEREBY CERTIFY,** That I attended deceased from Dec. 1 1942 to Jan. 18 1944
I last saw her alive on Jan. 15 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Bronchial Pneumonia	5 days
Due to	
Due to Spastic Paraplegia	Since Birth
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation ____ Date ____	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature C. C. Erickson M.D. (M. D. or other)
and Address I. F. Date 1-20 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

FEB 12 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137333
Local Reg. No. 24
Reg. Dist. No. 610

1. PLACE OF DEATH:
(a) County Bonneville
(b) City or town Idaho Falls
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? X city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. L Stayed days
(g) Lived in this county ? years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Jefferson
(c) City or town Roberts
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) If foreign born, in U. S. 60 yrs. Citizen of U. S.?
(g) How long had deceased lived in Idaho? 59 years
(h) Former residence (city, state) Denmark

3. (a) **FULL NAME** Peter A Keller

3. (b) If veteran, name war X
3. (c) Social Security No. X
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife None
6 (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) May 22 1862

8. AGE	Years	Months	Days	If less than 1 day
	81	7	28	hrs min.

9. Exact Occupation Farmer — Did this work for life yrs.
10. Industry or Business Farm — Date last worked Dec. 1943
11. Birthplace ? (City or town) Denmark (State or foreign country)

Father
12. Name ?
13. Birthplace ? (City or town) (State or foreign country)

Mother
14. Maiden name ?
15. Birthplace ? (City or town) (State or foreign country)

16. Informant's **OWN** Signature A G French
and Address Roberts Ida.
17. (a) Burial Roberts Ida. (b) Date thereof Jan. 23 1944 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: Roberts Idaho.
18. Funeral Director's **OWN** Signature L M Nalder
and Address Shelley Idaho
19. (a) 1-25-44 (Date received and filed) (b) Emma Rudge (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) January 19 1944
at 6:30 o'clock P. M.

21. I **HEREBY CERTIFY**, That I attended deceased from January 13 1944, to January 19 1944
I last saw him alive on January 19 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
1. Influenza	10 days
Due to Cold	3 days
Due to	
Other conditions Senility (Include pregnancy within 3 months of death)	

Where was disease first contracted? at Home
Name of operation None Date
Major finding
Finding of autopsy None performed

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature Nelson Hall, M.D. (M. D. or other)
and Address Rigby Idaho Date 1/22 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

FEB 12 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137334
Local Reg. No. 27
Reg. Dist. No. 610

1. **PLACE OF DEATH:**
(a) County Bonneville
(b) City or town Idaho Falls
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home ____ Hospital X Institution ____ Other place ____
(f) Name Hosp. or Inst. ____ Stayed 40 days
(g) Lived in this county ____ years ____ months 40 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bingham
(c) City or town
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? ____ Outside? X city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 35 years
(h) Former residence (city, state) Utah

3. (a) **FULL NAME** William Turrell Pixton 13/a

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Matilda N.
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) June 14 1882

8. AGE	Years	Months	Days	If less than 1 day
	61	7	8	hrs ____ min.

9. Exact Occupation Farmer — Did this work for 42 yrs.
10. Industry or Business ____ Date last worked ____
11. Birthplace Taylorsville (City or town) Utah (State or foreign country)

Father
12. Name Robert Pixton
13. Birthplace Salt Lake City (City or town) Utah (State or foreign country)

Mother
14. Maiden name Amelia Attwood
15. Birthplace Penn. (City or town) (State or foreign country)

16. Informant's **OWN** Signature E. T. Pixton
and Address Ida, Idaho

17. (a) Blackfoot (Burial, cremation or removal) (b) Date thereof 1-26-43 (Month) (Day) (Year)
(c) Place: Blackfoot, Idaho

18. Funeral Director's **OWN** Signature L. M. Naylor
and Address Shelley, Idaho

19. (a) 1-27-44 (Date received and filed) (b) Anna Budge (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 1 - 22- 1944
at 10:20 o'clock P.M.

21. **I HEREBY CERTIFY,** That I attended deceased from June " 1943, to Jan 22 1944
I last saw him alive on Jan 22 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Pleurisy	Jan 16/44
Due to Hypertensive Cardio-vascular renal disease	June, 1943
Due to Rheumatic fever	Childhood
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ____ Date ____
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury

23. Attendant's **OWN** Signature H. L. Schiess M.D. (M. D. or other)
and Address Shelley Ida Date 1-25 1944
(For additional space, use reverse side)

137335

United States
Department of Commerce
Bureau of the Census

FEB 12 19..

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 23
Reg. Dist. No. 610

1. **PLACE OF DEATH:**
   (a) County Bonneville
   (b) City or town Idaho Falls
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? Outside? city or town
   (e) Died in a Home Hospital ✓ Institution Other place
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State (b) County
   (c) City or town
   (d) Street Address or R. F. D. No.
   (e) Deceased lived Inside? Outside? city or town
   (f) Citizen of what country?
   (g) How long had deceased lived in Idaho? years
   (h) Former residence (city, state)

3. (a) **FULL NAME** Augusta Burstedt 107

3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Erik Burstedt
6. (c) Age of husband or wife if alive 75 years
7. Date of Birth (Month, Day, Year) Sept 27 1854

8. AGE	Years	Months	Days	If less than 1 day
	89			hrs min.

9. Exact Occupation Housewife Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Sweden (City or town) (State or foreign country)

Father
12. Name not known
13. Birthplace not known (City or town) (State or foreign country)

Mother
14. Maiden name not known
15. Birthplace not known (City or town) (State or foreign country)

16. Informant's
✗ OWN Signature Gert Burstedt
and Address Challis, Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 1-26-44 (Month) (Day) (Year)
(c) Place: Challis, Idaho
18. Funeral Director's OWN Signature Leo A. Williams
and Address Idaho Falls, Ida.
19. (a) 1-25-1944 (Date received and filed) (b) Anna Bridges (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) January 23 1944
at o'clock M.
21. **I HEREBY CERTIFY,** That I attended deceased from Jan 21 1944 to Jan 23 1944
I last saw her alive on Jan 23 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Broncho Pneumonia	?
Due to Arteriosclerosis	
Due to Old age	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation ✓ Date ✓	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature H Ray Hatch M.D. (M. D. or other)
and Address Idaho Falls Date 1-25, 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

FEB 1 3 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137336
Local Reg. No. 25
Reg. Dist. No. 610

1. **PLACE OF DEATH:**
   (a) County Bonneville
   (b) City or town Idaho Falls
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? X Outside? city or town
   (e) Died in a Home Hospital X Institution Other place
   (f) Name Hosp. or Inst. L.D.S. Stayed 1 days
   (g) Lived in this county 0 years 0 months 1 days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Bonneville
   (c) City or town Idaho Falls
   (d) Street Address or R. F. D. No. Route # 1
   (e) Deceased lived Inside? Outside? X city or town
   (f) Citizen of what country? United States
   (g) How long had deceased lived in Idaho? 5 years
   (h) Former residence (city, state) Ogden, Utah

3. (a) **FULL NAME** BABY KOBAYASHI 159

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race Japanese
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife None
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) January 24, 1944

8. AGE	Years	Months	Days	If less than 1 day
	0	0	0	6 hrs min.

9. Exact Occupation None Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Idaho Falls, Idaho (City or town) (State or foreign country)

Father
12. Name Eli K. Kobayashi
13. Birthplace Ucon Idaho (City or town) (State or foreign country)

Mother
14. Maiden name Kuniko Watanabe
15. Birthplace Ogden Utah (City or town) (State or foreign country)

16. Informant's OWN Signature Eli K. Kobayashi
and Address Idaho Falls, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 27, 1944 (Month) (Day) (Year)
(c) Place: Idaho Falls, Idaho
18. Funeral Director's OWN Signature O. L. Buck
and Address Idaho Falls, Idaho
19. (a) 1-26-44 (Date received and filed) (b) Anna Budgen (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) January 25 1944
at 1:08 o'clock A. M.
21. **I HEREBY CERTIFY,** That I attended deceased from Jan 24 1944 to Jan 25 1944
I last saw her alive on Jan 25 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Bronchopneumonia of Rt lung	hrs
Prematurity 7½ mo.	hrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state
where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature Joseph M Hatch MD (M. D. or other)
and Address Idaho Falls, Idaho Date 1-26 1944
(For additional space, use reverse side)

137337

United States
Department of Commerce
Bureau of the Census

FEB 14 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 1-44
Reg. Dist. No. 10D

1. **PLACE OF DEATH:**
(a) County Boundary
(b) City or town Bonners Ferry
(c) Street Address or R. F. D. No. Kootenai St.
(d) Death Occurred Inside? XX Outside? ____ city or town
(e) Died in a Home XX Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 22 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Boundary
(c) City or town Bonners Ferry
(d) Street Address or R. F. D. No. Kootenai St.
(e) Deceased lived Inside? XX Outside? ____ city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 22 years
(h) Former residence (city, state) Eastport Ida.

3. (a) **FULL NAME** Warren Emerson Talmadge 33-a

3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Marie
6. (c) Age of husband or wife if alive 59 years
7. Date of Birth (Month, Day, Year) March 2, 1866

8. AGE	Years	Months	Days	If less than 1 day
	77	10	3	hrs ____ min.

9. Exact Occupation Ret. Station Agent Did this work for 30 yrs.
10. Industry or Business Spokane Int. Ry. Date last worked 1929
11. Birthplace Iowa (City or town) (State or foreign country)

Father
12. Name Walter Talmadge
13. Birthplace Unknown (City or town) (State or foreign country)

Mother
14. Maiden name Aylia Thayer
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's **OWN** Signature Aylia T. Carmichael
and Address Los Angeles Cal.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/11/44 (Month) (Day) (Year)
(c) Place: Bonners Ferry Idaho.
18. Funeral Director's **OWN** Signature Frank Morse
and Address Bonners Ferry Idaho.
19. (a) 1-6-44 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Jan. 5th 1944
at 9:00 o'clock A.M.
21. **I HEREBY CERTIFY,** That I attended deceased from 1940 to Jan 7 1944
I last saw him alive on Jan 4 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Influenza — Duration 8 days
Due to Lobar Pneumonia — 20 days
Due to ____
Other conditions Cord Paralysis Bladder — 10 years
(Include pregnancy within 3 months of death)
Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's **OWN** Signature Ben Bonner M.D.
(M. D. or other)
and Address Bonners Ferry Date 1-6 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

137338

United States
Department of Commerce
Bureau of the Census FEB 14 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 2-44
Reg. Dist. No. 100

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
(a) County Bonndary
(b) City or town Naples
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? XX Outside? ____ city or town
(e) Died in a Home ____ Hospital ____ Institution ____ Other place X
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county ____ years ____ months 0 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under Item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Washington (b) County Spokane
(c) City or town Spokane
(d) Street Address or R. F. D. No. S. 1311 Grove
(e) Deceased lived Inside? XX Outside? ____ city or town
(f) Citizen of what country? U. S. A.
(g) How long had deceased lived in Idaho? 0 years
(h) Former residence (city, state) unknown

3. (a) **FULL NAME** Charles Frederick Erickson 94a

3. (b) If veteran, name war None
3. (c) Social Security No. 533-03-4829
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Alice
6. (c) Age of husband or wife if alive 65 years
7. Date of Birth (Month, Day, Year) Dec. 17, 1878

8. AGE	Years	Months	Days	If less than 1 day
	65	1	0	hrs ____ min. ____

9. Exact Occupation Salesman — Did this work for 22 yrs.
10. Industry or Business Jensen Byrd Co — Date last worked 1/17/44
11. Birthplace Sweden (City or town) (State or foreign country)

Father
12. Name Gustave Erickson
13. Birthplace Sweden (City or town) (State or foreign country)

Mother
14. Maiden name Unob. Backus
15. Birthplace Sweden (City or town) (State or foreign country)

16. Informant's OWN Signature Frank Morse
and Address Bonners Ferry Ida.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 1/17/44 (Month) (Day) (Year)
(c) Place: Spokane Wash.
18. Funeral Director's OWN Signature Frank Morse
and Address Bonners Ferry Idaho.
19. (a) Jan 17 1944 (Date received and filed) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Jan. 17 1944
at 11:30 o'clock A. M.
21. **I HEREBY CERTIFY,** That I attended deceased from ____ 19____, to ____ 19____
I last saw h____ alive on ____ 19____; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Apparent Heart failure	
Due to Dropped dead in store.	
Due to Coronary Occlusion	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ____ Date ____
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury

23. Attendant's OWN Signature C. Lloyd Reed CORONER (M. D. or other)
and Address Bonners Ferry Date 1/17 1944
(For additional space, use reverse side)

137339

United States
Department of Commerce
Bureau of the Census

FEB 14 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 3-44
Reg. Dist. No. 100

1. **PLACE OF DEATH:**
   (a) County Boundary
   (b) City or town Bonners Ferry
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? Outside? XX City or town
   (e) Died in a Home Hospital X Institution Other place
   (f) Name Hosp. or Inst. Bonners Ferry Stayed 60 days
   (g) Lived in this county 45 years months days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Odaho (b) County Bounadry
   (c) City or town Bonners Ferry
   (d) Street Address or R. F. D. No.
   (e) Deceased lived Inside? XX Outside? city or town
   (f) Citizen of what country? U.S.A
   (g) How long had deceased lived in Idaho? 45 years
   (h) Former residence (city, state) Malone N.Y.

3. (a) FULL NAME OLIVER RABDAU

46 b

3. (b) If veteran, name war NO
3. (c) Social Security No. NO
4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife MARY
6. (c) Age of husband or wife if alive 70 years
7. Date of Birth (Month, Day, Year) March k3,1869

8. AGE	Years	Months	Days	If less than 1 day
	74	10	13	hrs min.

9. Exact Occupation Ret. Farmer Did this work for 55 yrs.
10. Industry or Business his own Date last worked 1939
11. Birthplace Canada (City or town) (State or foreign country)
Father
12. Name Augustus Rabdau
13. Birthplace CAN. (City or town) (State or foreign country)
Mother
14. Maiden name ELMIRA O'BRIEN
15. Birthplace CAN. (City or town) (State or foreign country)
16. Informant's OWN Signature Marie Rabdau and Address Everett Wn.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 1/21/44 (Month) (Day) (Year)
(c) Place: Bonners Ferry Idaho
18. Funeral Director's OWN Signature Frank Morse and Address Bonners Ferry Ida.
19. (a) Jan 20-1944 (Date received and filed) (b) R. M. Bowell (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) JAN. 19th. 1944 at 1:15 o'clock A. M.
21. I HEREBY CERTIFY, That I attended deceased from Nov 17 1943 to Jan 19 1944
I last saw him alive on Jan 18 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Carcinoma of Stomach	3 mo
Transverse Myelitis	3 weeks
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide? Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature R. M. Bowell M.D. (M. D. or other) and Address Bonners Ferry Date Jan 20 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

(5)

United States
Department of Commerce
Bureau of the Census

JAN 18 1943

Certificate Of Death

STATE OF IDAHO

State File No. 137345
Local Reg. No. 2
Reg. Dist. No. 362

1. **PLACE OF DEATH:** Canyon
(a) County Canyon
(b) City or town Nampa
(c) Street Address ~~or R.F.D.~~ No. 821-11 ave N
(d) Death Occured Inside? ~~Outside~~? city ~~or town~~
(e) Died in a ~~Home~~ Hospital ~~Institution~~ ~~Other place~~
(f) Name Hosp. or Inst. Mercy Stayed 4 days
(g) Lived in this county 27 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Nampa
(d) Street Address or R.F.D. No. 821-11 ave N
(e) Deceased lived Inside? ~~Outside~~? city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 27 years
(h) Former residence (city, state) Wash

3. (a) **FULL NAME** William Haeshbarger Keim 1316

3. (b) If veteran, name war No
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Grace
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Oct 7 - 1890

8. AGE	Years	Months	Days	If less than 1 day
	53	2	24	hrs min.

9. Exact Occupation Meat Packing Did this work for yrs.
10. Industry or Business Keim & Co. Date last worked
11. Birthplace Penn (City or town) (State or foreign country)
Father
12. Name H. H. Keim
13. Birthplace Penn (City or town) (State or foreign country)
Mother
14. Maiden name Emma Haeshbarger
15. Birthplace Indiana (City or town) (State or foreign country)
16. Informant's **OWN** Signature Grace Keim
and Address Nampa, Ida
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-4-44 (Month) (Day) (Year)
(c) Place: Kahlulawn Cem
18. Funeral Director's **OWN** Signature F. K. Robinson
and Address Nampa Ida
19. (a) Jan-14-1944 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Jan. 1 1944
at o'clock M.
21. **I HEREBY CERTIFY,** That I attended deceased from 19 , to Jan 1 1944
I last saw him alive on Jan 1 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Chronic Myocarditis	
Auricular Fibrillation	
Due to Chronic Nephritis	
Rheumatic Heart disease	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation Date	
Major finding	
Finding of autopsy	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature Jos Saltzer MD (M. D. or other)
and Address Date 19
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

FEB 7 1944

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137346
Local Reg. No. 5
Reg. Dist. No. 360

1. **PLACE OF DEATH:**
(a) County Canyon
(b) City or town Caldwell
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? ✓ Outside? city or town
(e) Died in a Home Hospital Institution Other place
(f) Name Hosp. or Inst. Memorial Stayed days
(g) Lived in this county years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Caldwell
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? ✓ Outside? city or town
(f) If foreign born, in U. S. yrs. Citizen of U. S.?
(g) How long had deceased lived in Idaho? years
(h) Former residence (city, state) —

3. (a) **FULL NAME** Glenda Rae Elliot 157E

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F race W
5. Color or race
6. (a) Single, widowed, married, divorced —
6. (b) Name of husband or wife
6 (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Jan 3 - 1944

8. AGE	Years	Months	Days	If less than 1 day
	—	—	3	hrs min.

9. Exact Occupation — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace Caldwell Idaho (City or town) (State or foreign country)

Father
12. Name Ray Elliott
13. Birthplace Oklahoma (City or town) (State or foreign country)

Mother
14. Maiden name Otis Hibbard
15. Birthplace Nebr (City or town) (State or foreign country)

16. Informant's **OWN** Signature Ray J. Elliot
and Address Parma Ida. R1
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-8-44 (Month) (Day) (Year)
(c) Place: Caswell
18. Funeral Director's **OWN** Signature V. Peckham
and Address Caldwell Idaho
19. (a) 1-22-44 (Date received and filed) (b) Agnes Malenman (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Jan 6 1944
at 10 o'clock A. M.

21. I **HEREBY CERTIFY**, That I attended deceased from 19..., to 19...
I last saw h... alive on 19...; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Congenital malformation of Heart — Duration 3 days
Due to
Due to
Other conditions Cord blood positive to Kahn test
(Include pregnancy within 3 months of death)
Where was disease first contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19... City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature Dr. C. R. Whittenberger (M. D. or other)
and Address Caldwell Ida Date Jan 10 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

FEB 10 1944

Certificate Of Death

STATE OF IDAHO

State File No. 137347
Local Reg. No. 3
Reg. Dist. No. 363

1. PLACE OF DEATH:
(a) County Canyon
(b) City or town Nampa
(c) Street Address or R.F.D. No. —
(d) Death Occured Inside? X ~~Outside?~~ ~~city or town~~
(e) Died in a ~~Home~~ Hospital X ~~Institution~~ ~~Other place~~
(f) Name Hosp. or Inst. Mersey Stayed ✓ days
(g) Lived in this county — years — months — days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Owyhee
(c) City or town Murphy
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? X ~~Outside?~~ ~~city or town~~
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? 50 years
(h) Former residence (city, state) ✓

3. (a) FULL NAME John Nilson 195E

3. (b) If veteran, name war
3. (c) Social Security No. —
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Date of Birth (Month, Day, Year) March 1 1863

8. AGE	Years	Months	Days	If less than 1 day
	80	10	5	hrs min.

9. Exact Occupation — Did this work for — yrs.
10. Industry or Business — Date last worked
11. Birthplace (City or town) Sweden (State or foreign country)
Father 12. Name
13. Birthplace (City or town) (State or foreign country)
Mother 14. Maiden name
15. Birthplace (City or town) (State or foreign country)
16. Informant's OWN Signature
and Address
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 1/10/44 (Month) (Day) (Year)
(c) Place: Meridian Cemetery
18. Funeral Director's OWN Signature Fred F. Robertson
and Address Nampa
19. (a) Jan-17-1944 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Jan 6 1944
at one o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 12/12/1943, to 1/6/1944
I last saw him alive on 1/5/1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Complete anuria and uraemia. — Duration 24 hrs.
Due to an acute exacerbation of a chronic pyelonephritis
Due to
Other conditions Entered hospital with fractured hip.
(Include pregnancy within 3 months of death)
Where was disease contracted? Murphy
Name of operation Open fixation Date 12-18-43
Major finding Fracture neck of femur
Finding of autopsy None.

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's OWN Signature Geo. D. A. Kellogg (M. D. or other)
and Address Nampa, Idaho. Date 1-13-1944
(For additional space, use reverse side)

United States
Department of Commerce
Bureau of the Census

FEB 7 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 13734
Local Reg. No. 8
Reg. Dist. No. 360

1. **PLACE OF DEATH:**
(a) County Canyon
(b) City or town Caldwell
(c) Street Address or R. F. D. No. 523 Belmont
(d) Death Occurred Inside? ..... Outside? ..... city or town
(e) Died in a Home ....Hospital....Institution ....Other place ....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 38 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Caldwell
(d) Street Address or R. F. D. No. 523 Belmont
(e) Deceased lived Inside? ..... Outside? ..... city or town
(f) If foreign born, in U. S. ..... yrs. Citizen of U. S.? .....
(g) How long had deceased lived in Idaho? 38 years
(h) Former residence (city, state) .....

3. (a) **FULL NAME** Maggie Louise Crawford

3. (b) If veteran, name war ..... 3. (c) Social Security No. .....
4. Sex F race W 5. Color or ..... 6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife John 6 (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) 12-12-1863

8. AGE	Years	Months	Days	If less than 1 day
	80	0	25	hrs ..... min.

9. Exact Occupation ..... Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Ind. (City or town) (State or foreign country)

Father
12. Name David Alexander
13. Birthplace ..... (City or town) (State or foreign country)

Mother
14. Maiden name Liza Hensley
15. Birthplace Iowa (City or town) (State or foreign country)

16. Informant's **OWN** Signature Hiram Crawford and Address .....
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-11-44 (Month) (Day) (Year)
(c) Place: Caldwell Idaho
18. Funeral Director's **OWN** Signature ..... and Address Caldwell, Idaho
19. (a) 1-22-44 (Date received and filed) (b) Agnes M Denman (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 1-7-1944 at 9:30 o'clock P M.

21. I **HEREBY CERTIFY**, That I attended deceased from Dec 20 1943, to 1-7-1944
I last saw h..... alive on ..... 19..... ; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Mitral Insufficiency — Duration
Due to /
Due to Old age
Other conditions ..... (Include pregnancy within 3 months of death)

Where was disease first contracted? — PHYSICIAN
Name of operation ..... — Date .....
Major finding .....
Finding of autopsy None

Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature Thos E Mangum (M. D. or other)
and Address Nampa, Idaho 1/16/1944 Date ..... 19.....
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

FEB 10 1944

Certificate Of Death

STATE OF IDAHO

State File No. 137349
Local Reg. No. 9
Reg. Dist. No. 362

1. **PLACE OF DEATH:**
(a) County Canyon
(b) City or town Nampa
(c) Street Address or R.F.D. No. 1
(d) Death Occured Inside? ~~Outside~~? city or town
(e) Died in a Home Hospital ~~Institution~~ ~~Other place~~
(f) Name Hosp. or Inst. Mercy Stayed 3 days
(g) Lived in this county 19 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Nampa
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? ~~Outside~~? city or town
(f) Citizen of what country? USA
(g) How long had deceased lived in Idaho? 19 years
(h) Former residence (city, state) Kansas

3. (a) **FULL NAME** John Lindsey McReynolds 83a

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of ~~husband or~~ wife Amelia
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Jan 26 - 1857

8. AGE	Years	Months	Days	If less than 1 day
	86	12	4	hrs min.

9. Exact Occupation Farmer Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Carydon (City or town) Iowa (State or foreign country)
Father
12. Name Wm McReynolds
13. Birthplace do (City or town) not know (State or foreign country)
Mother
14. Maiden name " " "
15. Birthplace " " " (City or town) (State or foreign country)
16. Informant's **OWN** Signature Mrs E. A. McReynolds
and Address Nampa
17. (a) Bureal (Burial, cremation, or removal) (b) Date thereof 1/11/44 (Month) (Day) (Year)
(c) Place: Claverdale Boise Idaho
18. Funeral Director's **OWN** Signature F K Robinson
and Address Nampa
19. (a) Jan. 21-1944 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Jan 8 1944
at o'clock M.
21. **I HEREBY CERTIFY**, That I attended deceased from Jan 2 1944, to Jan 8 1944
I last saw him alive on Jan 8 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Flu Pneumonia Bronchial	7 days
Due to Hemorrhage brain	5 days
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature Horace P Bellows MD (M. D. or other)
and Address Nampa Ida Date Jan 1944
(For additional space, use reverse side)

B

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

FEB 10 1944

Certificate Of Death

STATE OF IDAHO

State File No. 137350
Local Reg. No. 12
Reg. Dist. No. 363

1. **PLACE OF DEATH:**
   (a) County Canyon
   (b) City or town Nampa
   (c) Street Address or R.F.D. No. Nursing
   (d) Death Occured Inside? ~~Outside?~~ city or town
   (e) Died in a ~~Home~~ Hospital ~~Institution~~ ~~Other place~~
   (f) Name Hosp. ~~or Inst.~~ Mercy Stayed 14 days
   (g) Lived in this county years 1 months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Canyon
   (c) City or town Melba
   (d) Street Address or R.F.D. No. Star rt 1
   (e) Deceased lived ~~Inside?~~ Outside? ~~city or town~~
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 44 years
   (h) Former residence (city, state) —

3. (a) **FULL NAME** Joseph William Nicholas

3. (b) If veteran, name war —
3. (c) Social Security No. None
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Date of Birth (Month, Day, Year) Dec 20 — 1879

8. AGE	Years	Months	Days	If less than 1 day
	64		19	hrs min.

9. Exact Occupation Farmer & stock man — Did this work for — yrs.
10. Industry or Business — Date last worked Dec-43
11. Birthplace Kansas (City or town) (State or foreign country)

Father
12. Name Jos Nicholas
13. Birthplace Iowa (City or town) (State or foreign country)

Mother
14. Maiden name Souders
15. Birthplace Iowa (City or town) (State or foreign country)

16. Informant's **OWN** Signature Katherine V. Nicholas Wife
    and Address Nampa Ida
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/13/44 (Month) (Day) (Year)
    (c) Place: Mount Calvary Cemetery Nampa
18. Funeral Director's **OWN** Signature E. K. Robertson
    and Address Nampa Ida
19. (a) Jan-21-1944 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Jan 9 1944
    at 6 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 1-4-1944, to 1-9-1944
    I last saw h— alive on 1-4-1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Coronary Embolism.	20 Minutes
Due to Haemorrhoidectomy	5 da.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? Hospital
Name of operation Haemorrhoidectomy Date 1-4-44
Major finding Haemorrhoids
Finding of autopsy None

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
    Occurred 19 City, county, state where violence occurred
    Place of Violence: Home Farm Industry
    Public Place While at work?
    Means of injury

23. Attendant's **OWN** Signature Geo. A. McKellops (M. D. or other)
    and Address Nampa, Ida. Date 1-18-1944
    (For additional space, use reverse side)

United States
Department of Commerce
Bureau of the Census

FEB 10 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137351
Local Reg. No. 7
Reg. Dist. No. 363

1. PLACE OF DEATH:
(a) County Canyon
(b) City or town Nampa
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? ✓ Outside? ..... city or town
(e) Died in a Home ....Hospital....Institution ....Other place ....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 2 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Caldwell
(d) Street Address or R. F. D. No. 3
(e) Deceased lived Inside? ..... Outside? — city or town
(f) If foreign born, in U. S. ..... yrs. Citizen of U. S.? .....
(g) How long had deceased lived in Idaho? 26 years
(h) Former residence (city, state) Mo

3. (a) **FULL NAME** Birdie Mabel Howard 63b

3. (b) If veteran, name war ..... 3. (c) Social Security No. .....
4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife W. E. 6 (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) 12-11-1894

8. AGE	Years	Months	Days	If less than 1 day
	49	0	29	hrs min.

9. Exact Occupation Housekeeping Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Mo (City or town) (State or foreign country)

Father
12. Name Hardy
13. Birthplace Not known (City or town) (State or foreign country)

Mother
14. Maiden name Nuthercut
15. Birthplace Not known (City or town) (State or foreign country)

16. Informant's **OWN** Signature Della Howard
and Address Caldwell Ida Route 3
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-13-44 (Month) (Day) (Year)
(c) Place: Caldwell Idaho
18. Funeral Director's **OWN** Signature V. Peckham
and Address Caldwell Idaho
19. (a) Jan 17-1944 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 1-10 1944
at ..... o'clock ..... M.
21. I **HEREBY CERTIFY**, That I attended deceased from Sept 1943, to Jan 10 1944
I last saw her alive on Jan 10 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Malignant Hypertension Uremia	6-12 mos
Due to Hypertensive nephritis (malignant)	1 month
Due to	
Other conditions Anasarca (Include pregnancy within 3 months of death) Hyperthyroidism	
Where was disease first contracted?	
Name of operation ..... Date	
Major finding	
Finding of autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature Jos Saltza (M. D. or other)
and Address Nampa Date 1/13 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

FEB 10 1944

Certificate Of Death

STATE OF IDAHO

State File No. 137352
Local Reg. No. 4
Reg. Dist. No. 363

1. **PLACE OF DEATH:**
(a) County Canyon
(b) City or town Nampa
(c) Street Address or R.F.D. No. 211-16 Ave S
(d) Death Occured Inside? ~~Outside~~? city or town
(e) Died in a Home ~~Hospital~~ ~~Institution~~ ~~Other place~~
(f) Name ~~Hosp.~~ or Inst. Wyatts Stayed 90 days
(g) Lived in this county 22 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Ada
(c) City or town Melba
(d) Street Address or R.F.D. No. —
(e) Deceased lived Inside? ~~Outside~~? city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 22 years
(h) Former residence (city, state) Colo.

3. (a) **FULL NAME** Bishop Conley Swank 33a

3. (b) If veteran, name war none
3. (c) Social Security No. no
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Date of Birth (Month, Day, Year) Dec 1 - 1851

8. AGE	Years	Months	Days	If less than 1 day
	92	1	9	hrs min.

9. Exact Occupation Minister Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Ohio (City or town) (State or foreign country)
Father
12. Name Wm Swank
13. Birthplace Ohio (City or town) (State or foreign country)
Mother
14. Maiden name
15. Birthplace Ohio (City or town) (State or foreign country)
16. Informant's **OWN** Signature H. L. Swank
and Address Melba Ida
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/14/44 (Month) (Day) (Year)
(c) Place: Melba Ida
18. Funeral Director's **OWN** Signature F. K. Robinson
and Address Nampa Ida
19. (a) Jan 17-1944 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 1/10/44 19
at 1-15-44 o'clock 4-a M.
21. **I HEREBY CERTIFY,** That I attended deceased from 1-5-1944, to 1-10-1944
I last saw him alive on 1-7-1944; death is said to have occurred on the date and hour stated above.

~~Immediate Cause~~ of Death:	Duration
Flu Bronchial Pneumonia	1 mile
Due to Flu & Senility	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature [signature] (M. D. or other)
and Address Nampa Ida Date 1-13 1944
(For additional space, use reverse side)

B

United States
Department of Commerce
Bureau of the Census

FEB 10 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137353
Local Reg. No. 6
Reg. Dist. No. 363

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. PLACE OF DEATH:
(a) County Canyon
(b) City or town Nampa
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? — Outside? ....city or town
(e) Died in a Home ....Hospital....Institution ....Other place ....
(f) Name Hosp. or Inst. Mercy ....Stayed....days
(g) Lived in this county 23 years....months....days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Owyhee
(c) City or town Homedale
(d) Street Address or R. F. D. No.
(e) Deceased lived ~~Inside~~? ....Outside? X ....city or town
(f) If foreign born, in U. S. ....yrs. Citizen of U. S.? yes
(g) How long had deceased lived in Idaho? 23 years
(h) Former residence (city, state) Kansas

3. (a) **FULL NAME** Titus J Rainey 127a

3. (b) If veteran, name war ....
3. (c) Social Security No. ....
4. Sex M race W
5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Clara
6 (c) Age of husband or wife if alive .... years
7. Date of Birth (Month, Day, Year) Dec 23 - 1892

8. AGE	Years	Months	Days	If less than 1 day
	51	—	17	hrs — min.

9. Exact Occupation .... Did this work for ....yrs.
10. Industry or Business Farmer Date last worked ....
11. Birthplace Fall River (City or town) Kansas (State or foreign country)

Father
12. Name Joseph Rainey
13. Birthplace Mo. (City or town) (State or foreign country)

Mother
14. Maiden name Mary Bell Biggers
15. Birthplace Ill. (City or town) (State or foreign country)

16. Informant's **OWN** Signature John Maston and Address Homedale
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-13-43 (Month) (Day) (Year)
(c) Place: Wilder Idaho
18. Funeral Director's **OWN** Signature .... and Address Caldwell Idaho
19. (a) Jan 17 1944 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Jan 10 1944
at ....o'clock A. M.

21. I **HEREBY CERTIFY**, That I attended deceased from Sept 1943 to Jan 10 1944
I last saw h.e alive on Jan 10 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death	Duration
Paralytic Ileus	5 dys
Partial Obstruction from	
~~Due to~~ old Ruptured Appendix	
~~Due to~~ Chronic Cholecystitis	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease first contracted? ....
Name of operation Laparotomy Date 1/5/44
Major finding Partial Obstruction of Ileum
Finding of autopsy ....

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? .... Suicide? .... Homicide? ....
Occurred .... 19.... City, county, state where violence occurred ....
Place of Violence: Home.... Farm.... Industry....
Public Place.... While at work? ....
Means of injury ....

23. Attendant's **OWN** Signature Jas Saltzgaber M.D.
and Address Nampa (M.D. or other) Date 1/13 - 1944

(For additional space, use reverse side)

United States
Department of Commerce
Bureau of the Census

FEB 7 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137354
Local Reg. No. 1
Reg. Dist. No. 361

1. PLACE OF DEATH:
(a) County Canyon
(b) City or town Eagle
(c) Street Address or R. F. D. No. R #1
(d) Death Occurred Inside? ..... Outside? ..... city or town
(e) Died in a Home ✓ Hospital ..... Institution ..... Other place .....
(f) Name Hosp. or Inst. — Stayed — days
(g) Lived in this county 1 years 1 months 0 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Eagle
(d) Street Address or R. F. D. No. 1
(e) Deceased lived Inside? ..... Outside? ..... city or town
(f) If foreign born, in U. S. ..... yrs. Citizen of U. S.? Yes
(g) How long had deceased lived in Idaho? 1 yr. 1 mo. years
(h) Former residence (city, state) Nebraska

3. (a) **FULL NAME** Louie John Myers 72 L

3. (b) If veteran, name war ✓
3. (c) Social Security No. .....
4. Sex Male
5. Color or race .....
6. (a) Single, widowed, married, divorced .....
6. (b) Name of husband or wife Louie John Myers
6 (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	48	9	2	hrs min.

9. Exact Occupation Rancher Did this work for 40 yrs.
10. Industry or Business ..... Date last worked 30
11. Birthplace Otoe (City or town) Nebraska (State or foreign country)
Father
12. Name Herman Mayers
13. Birthplace Germany (City or town) (State or foreign country)
Mother
14. Maiden name Bertha Riege
15. Birthplace Germany (City or town) (State or foreign country)
16. Informant's OWN Signature Lena Meyer
and Address Eagle Idaho RFD #1
17. (a) ..... (Burial, cremation, or removal) (b) Date thereof 1-10-44 (Month) (Day) (Year)
(c) Place: Caldwell
18. Funeral Director's OWN Signature F. R. Robinson
and Address Nampa Idaho
19. (a) 1-22-44 (Date received and filed) (b) Agnes M Denman (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Jan. 10 1944
at 9:30 o'clock A.M.
21. I **HEREBY CERTIFY**, That I attended deceased from 4-2- 1943 to 4-26 1943
I last saw h. ✓ alive on Dec 20 1943; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration

Due to Mitral Incompetence
Due to Cardiac asthma
Other conditions .....
(Include pregnancy within 3 months of death)

Where was disease first contracted? —
Name of operation — Date —
Major finding —
Finding of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's OWN Signature D. W. D. Broadhurst D.C. (M. D. or other)
and Address Caldwell Date Jan. 11 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

FEB 10 1944

Certificate Of Death

STATE OF IDAHO

State File No. 137355
Local Reg. No. 5
Reg. Dist. No. 362

1. **PLACE OF DEATH:**
(a) County Canyon
(b) City or town Nampa
(c) Street Address or R.F.D. No. 1208 - 4 st S
(d) Death Occured Inside? ..... ~~Outside?~~ ..... city or town
(e) Died in a Home .... ~~Hospital~~ .... ~~Institution~~ .... ~~Other place~~ ....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 3 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Nampa
(d) Street Address or R.F.D. No. 1208 - 4 st
(e) Deceased lived Inside? ..... Outside? ..... city ~~or town~~
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 8 years
(h) Former residence (city, state) Iowa

3. (a) **FULL NAME** William Austin Huss

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced .....
6. (b) Name of husband or wife Emma
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) Aug 31 - 1864

8. AGE	Years	Months	Days	If less than 1 day
	79	4	9	hrs ..... min.

9. Exact Occupation Farmer — Did this work for ..... yrs.
10. Industry or Business ..... — Date last worked .....
11. Birthplace Selan (City or town) Iowa (State or foreign country)

Father
12. Name Wesley Huss
13. Birthplace Ohio (City or town) (State or foreign country)

Mother
14. Maiden name no record
15. Birthplace ..... (City or town) ..... (State or foreign country)

16. Informant's **OWN** Signature O. E. Huss
and Address Nampa Ida
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan-13-1944 (Month) (Day) (Year)
(c) Place: Kuhlman Cem
18. Funeral Director's **OWN** Signature Frick & Robinson
and Address Nampa Ida
19. (a) Jan. 17-1944 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Jan 10 19 44
at ..... o'clock ..... M.

21. **I HEREBY CERTIFY,** That I attended deceased from 12-13 1943 to ..... 19 .....
I last saw h~~im~~ alive on Jan 10 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cancer of liver	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature W C Holt M.D. (M. D. or other)
and Address Nampa clinic Date 1-13 1943
(For additional space, use reverse side)

United States
Department of Commerce
Bureau of the Census

FEB 7 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137356
Local Reg. No. 3
Reg. Dist. No. 360

1. **PLACE OF DEATH:**
(a) County Canyon
(b) City or town Caldwell
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? ✓ Outside? ..... city or town
(e) Died in a Home ....Hospital ✓ Institution ....Other place ....
(f) Name Hosp. or Inst. Sanitarium Stayed ..... days
(g) Lived in this county 40 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Caldwell
(d) Street Address or R. F. D. No. 3
(e) Deceased lived Inside? ..... Outside? ✓ ..... city or town
(f) If foreign born, in U. S. ..... yrs. Citizen of U. S.? .....
(g) How long had deceased lived in Idaho? 40 ..... years
(h) Former residence (city, state) Minn

3. (a) **FULL NAME** Elizabeth Hanley 83a

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex F race W
5. Color or race W
6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife Lyman
6 (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) Nov 5 1875

8. AGE	Years	Months	Days	If less than 1 day
	68	2	6	hrs ..... min.

9. Exact Occupation ..... Did this work for ..... yrs.
10. Industry or Business Housekeeping Date last worked .....
11. Birthplace Mason City (City or town) Iowa (State or foreign country)

Father
12. Name Sam Houston
13. Birthplace Not known (City or town) (State or foreign country)

Mother
14. Maiden name Elizabeth Waughtal
15. Birthplace Not known (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mary Donnelly
and Address Caldwell Ida.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-15-44 (Month) (Day) (Year)
(c) Place: Caldwell Idaho
18. Funeral Director's **OWN** Signature C. V. Sherman
and Address Caldwell Idaho
19. (a) 1-22-44 (Date received and filed) (b) Eugene M Denman (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Jan 11 1944
at 3 o'clock P. M.

21. I **HEREBY CERTIFY**, That I attended deceased from Dec 13 1944, to Jan 11 1944
I last saw h. alive on Jan 11 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Apoplexy — Duration 4 wks
Due to .....
Due to .....
Other conditions ..... (Include pregnancy within 3 months of death)
Where was disease first contracted? Canyon Co.
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature J. H. Cole (M. D. or other)
and Address Caldwell Date 1/12 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

137357

United States
Department of Commerce
Bureau of the Census

FEB 10 1944

Certificate Of Death

STATE OF IDAHO

State File No. 137357
Local Reg. No. 13
Reg. Dist. No. 362

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
   (a) County Canyon
   (b) City or town Nampa
   (c) Street Address or R.F.D. No. 1715-8th Ave S
   (d) Death Occured Inside? ~~Outside?~~ city or town
   (e) Died in a Home ~~Hospital~~ ~~Institution~~ ~~Other place~~
   (f) Name Hosp. or Inst. — Stayed ..... days
   (g) Lived in this county 43 years ..... months ..... days

   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Canyon
   (c) City or town Nampa
   (d) Street Address or R.F.D. No. 1715-8th Ave S
   (e) Deceased lived Inside? ..... Outside? ..... city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 43 years
   (h) Former residence (city, state) .....

3. (a) **FULL NAME** William E. Anderson 730

3. (b) If veteran, name war No
3. (c) Social Security No. .....
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of ~~husband or~~ wife Carrie
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) 4 - 12 - 1871

8. AGE	Years	Months	Days	If less than 1 day
	72	8		hrs min.

9. Exact Occupation Carpenter — Did this work for 50 yrs.
10. Industry or Business ..... — Date last worked .....
11. Birthplace Missouri (City or town) (State or foreign country)

Father
12. Name Addison E. Anderson
13. Birthplace Missouri (City or town) (State or foreign country)

Mother
14. Maiden name —
15. Birthplace Missouri (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mrs Lawrence Conley
and Address Nampa Ida

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/15/44 (Month) (Day) (Year)
(c) Place Nampa Ida

18. Funeral Director's **OWN** Signature F. K. Robinson
and Address Nampa Ida

19. (a) Jan 21-1944 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 1/12 1944
at ..... o'clock a M.

21. **I HEREBY CERTIFY,** That I attended deceased from 1942 to 1-12 1944
I last saw him alive on 12-15 1943; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Acute Myocarditis	1 day
Due to	
Chronic Myocarditis	10 yrs.
Due to	
Other conditions — (Include pregnancy within 3 months of death)	

Where was disease contracted? Home
Name of operation — Date .....
Major finding —
Finding of autopsy —

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature F. E. Rodewell MD (M. D. or other)
and Address Nampa Ida Date 1-20 1944
(For additional space, use reverse side)

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United States
Department of Commerce
Bureau of the Census

FEB 7 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137358
Local Reg. No. 4
Reg. Dist. No. 360

1. PLACE OF DEATH:
(a) County Canyon
(b) City or town Caldwell
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? ✓ Outside? ..... city or town
(e) Died in a Home ....Hospital ✓ Institution ....Other place ....
(f) Name Hosp. or Inst. Sanitarium Stayed ..... days
(g) Lived in this county ..... years 4 months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Caldwell
(d) Street Address or R. F. D. No. 1
(e) Deceased lived Inside? ..... Outside? ✓ ..... city or town
(f) If foreign born, in U. S. ..... yrs. Citizen of U. S.? —
(g) How long had deceased lived in Idaho? 4 mo. ..... years
(h) Former residence (city, state) Arizona

3. (a) **FULL NAME** Charles Roger Stooks 121

3. (b) If veteran, name war ..... 3. (c) Social Security No. .....
4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced —
6. (b) Name of husband or wife — 6 (c) Age of husband or wife if alive — years
7. Date of Birth (Month, Day, Year) June 5-1939

8. AGE	Years	Months	Days	If less than 1 day
	4	7	8	hrs min.

9. Exact Occupation ..... Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Tuscon (City or town) Arizona (State or foreign country)
Father 12. Name John Walter Stooks
Father 13. Birthplace Keefton (City or town) Okla. (State or foreign country)
Mother 14. Maiden name Mildred M. Wallace
Mother 15. Birthplace Oktaha (City or town) Okla (State or foreign country)
16. Informant's **OWN** Signature Mrs. G. L. Campbell
and Address Caldwell Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-17-44 (Month) (Day) (Year)
(c) Place: Caldwell Idaho
18. Funeral Director's **OWN** Signature V. Peckham
and Address Caldwell Idaho
19. (a) 1-22-44 (Date received and filed) (b) Agnes M. Denman (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 1-13 1944
at 10 o'clock P. M.
21. I **HEREBY CERTIFY**, That I attended deceased from Jan 5 1944, to Jan 13 1944
I last saw him alive on Jan 15 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Peritonitis	2 wks
Due to Ruptured Appendix	2 wks
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease first contracted? Canyon Co.
Name of operation Drainage Date 1/6-44
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature F. M. Cole (M. D. or other)
and Address Caldwell, Idaho Date 1/15 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

FEB 1 0 1944

Certificate Of Death

STATE OF IDAHO

State File No. 137359
Local Reg. No. 15
Reg. Dist. No. 363

1. PLACE OF DEATH:
(a) County Canyon.
(b) City or town Nampa.
(c) Street Address or R.F.D. No. X
(d) Death Occured Inside? Yes Outside? ..... city or town
(e) Died in a Home.... Hospital X Institution.... Other place....
(f) Name Hosp. or Inst. Mercy Stayed 15 days
(g) Lived in this county ..... years ..... months 15 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho. (b) County Ada
(c) City or town Boise.
(d) Street Address or R.F.D. No. 2716. Main.
(e) Deceased lived Inside? Yes Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 6 Months.
(h) Former residence (city, state) Portland Ore.

3. (a) **FULL NAME** Ellen Burke Marshall. 93E

3. (b) If veteran, name war No.
3. (c) Social Security No. None.
4. Sex Female
5. Color or race White.
6. (a) Single, widowed, married, divorced Married.
6. (b) Name of husband or wife William. F.
6. (c) Age of husband or wife if alive 56. years
7. Date of Birth (Month, Day, Year) September. 19. 1899.

8. AGE	Years	Months	Days	If less than 1 day
	44.	3.	25.	hrs min.

9. Exact Occupation At Home. Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Castledale, Utah. (City or town) (State or foreign country)
Father
12. Name John Burke.
13. Birthplace Unknown. (City or town) (State or foreign country)
Mother
14. Maiden name Unknown.
15. Birthplace Unknown. (City or town) (State or foreign country)
16. Informant's **OWN** Signature William F. Marshall
and Address 2716 Main St Boise Ida
17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof Jan. 17. 1944. (Month) (Day) (Year)
(c) Place: Dry Creek Cemetery.
18. Funeral Director's **OWN** Signature Summers Funeral Home. Clyde E. Summers
and Address Boise, Idaho.
19. (a) Jan-21-1944 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) January. 14. 1944.
at 2.15. o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from Jan 4 1944, to Jan 14 1944
I last saw her alive on Jan 14 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Acute nephritis & dilatation heart	
Due to Myocarditis	2 yrs
Due to Nephritis	2 yrs
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature H P Bilbrook (M. D. or other)
and Address Nampa Date 1/15 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

AP

United States
Department of Commerce
Bureau of the Census

FEB 10 1944

Certificate Of Death

STATE OF IDAHO

State File No. 137360
Local Reg. No. 17
Reg. Dist. No. 362

1. **PLACE OF DEATH:**
   (a) County Canyon
   (b) City or town Nampa
   (c) Street Address or R.F.D. No. 911-10th S
   (d) Death Occured Inside? ... ~~Outside?~~ ... city or town
   (e) Died in a Home.... ~~Hospital~~.... ~~Institution~~.... ~~Other~~ place....
   (f) Name Hosp. or Inst. — Stayed — days
   (g) Lived in this county ... years ... months ... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Canyon
   (c) City or town Nampa Ida
   (d) Street Address or R.F.D. No. 911-10th So
   (e) Deceased lived Inside? ... ~~Outside~~? ... city or town
   (f) Citizen of what country? USA
   (g) How long had deceased lived in Idaho? ... years
   (h) Former residence (city, state) Idaho

3. (a) **FULL NAME** Sarah Rose Mill

3. (b) If veteran, name war —
3. (c) Social Security No. none
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive ... years
7. Date of Birth (Month, Day, Year) 8-2-1866

8. AGE	Years	Months	Days	If less than 1 day
	77	5	12	hrs . min.

9. Exact Occupation Housekeeper — Did this work for ... yrs.
10. Industry or Business — Date last worked
11. Birthplace La Mars Iowa (City or town) (State or foreign country)

Father
12. Name Charles E. Bennett
13. Birthplace Iowa (City or town) (State or foreign country)

Mother
14. Maiden name Emeline Hall
15. Birthplace England (City or town) (State or foreign country)

16. Informant's **OWN** Signature C R Mill
and Address 911-10th St So.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-19-44 (Month) (Day) (Year)
(c) Place: Nampa Ida

18. Funeral Director's **OWN** Signature F. K. Robinson
and Address Nampa Ida

19. (a) Jan 26-1943 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Jan 14 19 44
at 11½ o'clock P M.

21. **I HEREBY CERTIFY**, That I attended deceased from never 19 ... to ... 19 ...
I last saw h... alive on never 19 ...; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Acute myocarditis	2 days
Due to	
Chronic myocarditis	10 yr
Due to —	
Other conditions — (Include pregnancy within 3 months of death)	

Where was disease contracted? Home
Name of operation — Date —
Major finding —
Finding of autopsy —

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ... Suicide? ... Homicide? ...
Occurred ... 19 ... City, county, state where violence occurred ...
Place of Violence: Home ... Farm ... Industry ...
Public Place ... While at work? ...
Means of injury ...

23. Attendant's **OWN** Signature R L Lodewell MD (M. D. or other)
and Address Nampa Ida Date 1-21 19 44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

FEB 10 1944

Certificate Of Death

STATE OF IDAHO

State File No. 137361
Local Reg. No. 18
Reg. Dist. No. 363

1. PLACE OF DEATH:
(a) County Canyon
(b) City or town Nampa
(c) Street Address or R. F. D. No. No 1.
(d) Death Occured ~~Inside?~~ Outside? ~~city or town~~
(e) Died in a Home ~~Hospital~~ ~~Institution~~ ~~Other place~~
(f) Name Hosp. or Inst. — Stayed — days
(g) Lived in this county 11 years ... months ... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Ida (b) County Canyon
(c) City or town Nampa
(d) Street Address or R.F.D. No. RFD
(e) Deceased lived ~~Inside?~~ Outside? ~~city or town~~
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 11 years
(h) Former residence (city, state) —

3. (a) FULL NAME Loraine C. Wilharm

3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex M. 5. Color or race W.
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Date of Birth (Month, Day, Year) Jan. 31 - 1902

8. AGE	Years	Months	Days	If less than 1 day
	41	11	14	hrs min.

9. Exact Occupation ... Did this work for ... yrs.
10. Industry or Business ... Date last worked ...
11. Birthplace Tripoli (City or town) Iowa (State or foreign country)

Father
12. Name August Wilharm
13. Birthplace — Iowa (City or town) (State or foreign country)

Mother
14. Maiden name Minnie Baker
15. Birthplace — Iowa (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs Clara Kessel
and Address Nampa Ida

17. (a) Buried (Burial, cremation, or removal) (b) Date thereof 1/19/44 (Month) (Day) (Year)
(c) Place: Nampa Kohlerlawn

18. Funeral Director's OWN Signature F. K. Robinson
and Address Nampa Ida

19. (a) Jan-26-1944 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Jan 15 1944
at 11 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...
I last saw him alive on Dec 1 1943; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Acute Nephrosclerosis	1 wk
Due to	
Chronic Nephrosclerosis	20 yrs
Due to	
Other conditions Tuberculosis spine (Include pregnancy within 3 months of death)	35 yrs

Where was disease contracted? Home
Name of operation — Date —
Major finding —
Finding of autopsy none

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ... Suicide? ... Homicide? ...
Occurred ... 19 ... City, county, state where violence occurred ...
Place of Violence: Home ... Farm ... Industry ...
Public Place ... While at work? ...
Means of injury ...

23. Attendant's OWN Signature [illegible] (M. D. or other)
and Address Nampa Ida Date 1-21 1944
(For additional space, use reverse side)

R

United States
Department of Commerce
Bureau of the Census

FEB 7 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137362
Local Reg. No. 11
Reg. Dist. No. 960

1. **PLACE OF DEATH:**
(a) County Canyon
(b) City or town Caldwell
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home Hospital Institution Other place
(f) Name Hosp. or Inst. Sanatarium Stayed days
(g) Lived in this county 10 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Middleton
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Outside? X city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? 32 years
(h) Former residence (city, state) Scotland

3. (a) FULL NAME ROBERT WILLIAM LITTLE 33a

3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Jan. 12, 1874

8. AGE	Years	Months	Days	If less than 1 day
	70	0	6	hrs min.

9. Exact Occupation Farmer Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Scotland (City or town) (State or foreign country)
Father
12. Name Andrew Little
13. Birthplace Scotland (City or town) (State or foreign country)
Mother
14. Maiden name Janet Dalgleish
15. Birthplace Scotland (City or town) (State or foreign country)
16. Informant's OWN Signature [signature]
and Address Caldwell, Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 1/21-1944 (Month) (Day) (Year)
(c) Place: Emmett, Idaho
18. Funeral Director's OWN Signature [signature]
and Address Emmett, Idaho
19. (a) 1-27-44 (Date received and filed) (b) Agnes M Denman (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Jan. 19-1944 19
at 4 40 o'clock A M.
21. I HEREBY CERTIFY, That I attended deceased from Jan 16 1944, to Jan 19 1944
I last saw him alive on Jan 18 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Bronchi Pneumonia	3 da
Due to Flu	7 da
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted? Canyon Co	
Name of operation Date	
Major finding	
Finding of autopsy None made	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state
where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
Attendant's OWN Signature [signature] (M. D. or other)
and Address Caldwell Idaho Date 1/22 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce FEB 7 1944
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137363
Local Reg. No. 13
Reg. Dist. No. 360

1. PLACE OF DEATH:
(a) County Canyon
(b) City or town Caldwell
(c) Street Address or R. F. D. No. 304 Galveston
(d) Death Occurred Inside? ✓ Outside? ..... city or town
(e) Died in a Home ✓ Hospital ..... Institution ..... Other place .....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 3 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Caldwell
(d) Street Address or R. F. D. No. 304 Galveston
(e) Deceased lived Inside? ✓ Outside? ..... city or town
(f) If foreign born, in U. S. ..... yrs. Citizen of U. S.? .....
(g) How long had deceased lived in Idaho? 3 years
(h) Former residence (city, state) .....

3. (a) **FULL NAME** Nancy Artameca Dooms 46 g

3. (b) If veteran, name war ..... 3. (c) Social Security No. .....
4. Sex F race W 5. Color or race ..... 6. (a) Single, widowed, married, divorced .....
6. (b) Name of husband or wife ..... 6 (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) Feb 25 - 1862

8. AGE	Years	Months	Days	If less than 1 day
	81	10	24	hrs min.

9. Exact Occupation ..... Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Osage Co. (City or town) Mo (State or foreign country)
Father 12. Name Thomas Fowler
Father 13. Birthplace Not Known (City or town) (State or foreign country)
Mother 14. Maiden name Mary Johns
Mother 15. Birthplace Not Known (City or town) (State or foreign country)
16. Informant's **OWN** Signature Oma Smallwood
and Address 304 Galveston Caldwell Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-22-44 (Month) (Day) (Year)
(c) Place: Roswell Idaho
18. Funeral Director's **OWN** Signature C. V. Peckham
and Address Caldwell Idaho
19. (a) 1-31-44 (Date received and filed) (b) Agnes M. Denman (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Jan 19 1944
at 2:20 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from ..... 1940 to Jan. 19 1944
I last saw her alive on Jan. 17 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Hypostatic Pneumonia	3 da
Due to Carcinoma in head of pancreas	18 mo
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Cardio vascular renal disease	From 1940
Where was disease first contracted?	
Name of operation ..... Date	
Major finding	
Finding of autopsy	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature Earl Warner (M. D. or other)
and Address Caldwell Ida Date 1-21 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

FEB 7 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137364
Local Reg. No. 15
Reg. Dist. No. 360

1. PLACE OF DEATH:
(a) County Canyon
(b) City or town Caldwell
(c) Street Address or R. F. D. No. 4
(d) Death Occurred Inside? ..... Outside? ✓ city or town
(e) Died in a Home ✓ Hospital ..... Institution ..... Other place .....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 29 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Caldwell
(d) Street Address or R. F. D. No. 4
(e) Deceased lived Inside? ..... Outside? ✓ city or town
(f) If foreign born, in U. S. ..... yrs. Citizen of U. S.? .....
(g) How long had deceased lived in Idaho? 29 years
(h) Former residence (city, state) Utah

3. (a) **FULL NAME** Electa Elvira Hartfield 33b

3. (b) If veteran, name war ..... 3. (c) Social Security No. .....
4. Sex F. 5. Color or race W. 6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife ..... 6 (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) Nov 28 - 1862

8. AGE	Years	Months	Days	If less than 1 day
	81	1	21	hrs min.

9. Exact Occupation ..... Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Kenosh (City or town) Utah (State or foreign country)
Father 12. Name John Webb
Father 13. Birthplace Pa (City or town) (State or foreign country)
Mother 14. Maiden name Julia Robison
Mother 15. Birthplace Mich (City or town) (State or foreign country)
16. Informant's OWN Signature P N Nicholes
and Address Caldwell Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-24-44 (Month) (Day) (Year)
(c) Place: Cloverdale Boise Idaho
18. Funeral Director's OWN Signature V Peckham
and Address Caldwell Idaho
19. (a) 1-31-44 (Date received and filed) (b) Agnes M Denman (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Jan 19 1944
at 5:30 o'clock P M.
21. I **HEREBY CERTIFY**, That I attended deceased from I/14. 1944, to I/18. 1944
I last saw her alive on January 18 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Heart Disease	
Due to Influenza	
Due to Neohritis	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease first contracted? D.K.
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's OWN Signature J St Cooper M D (M. D. or other)
and Address Homedale, Idaho Date I/22 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

FEB 7 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137365
Local Reg. No. 2
Reg. Dist. No. 360

1. PLACE OF DEATH:
(a) County Canyon ~~Zoof Home Caldwell~~
(b) City or town ~~Idaho~~ Caldwell
(c) Street Address or R. F. D. No. 3
(d) Death Occurred Inside? ✓ Outside? ..... city or town
(e) Died in a Home ....Hospital....Institution ....Other place ....
(f) Name Hosp. or Inst. ZOOF Stayed ..... days
(g) Lived in this county 31 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Caldwell
(d) Street Address or R. F. D. No. 3
(e) Deceased lived Inside? ✓ Outside? ..... city or town
(f) If foreign born, in U. S. ..... yrs. Citizen of ~~U. S.?~~
(g) How long had deceased lived in Idaho? 33 years
(h) Former residence (city, state) Iowa

3. (a) **FULL NAME** Grant Parks 13b

3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced .....
6. (b) Name of husband or wife .....
6 (c) Age of husband or wife if alive ✓ years
7. Date of Birth (Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	80	5	20	hrs min.

9. Exact Occupation Laborer [redacted] Did this work for life yrs.
10. Industry or Business Laborer Date last worked 15 yrs
11. Birthplace Iowa City (City or town) Iowa (State or foreign country)

Father
12. Name Grant Parks
13. Birthplace Iowa City (City or town) Iowa (State or foreign country)

Mother
14. Maiden name ✓
15. Birthplace ✓ (City or town) (State or foreign country)

16. Informant's **OWN** Signature Margaret A. Allen
and Address Caldwell Idaho
17. (a) ..... (Burial, ~~cremation, or removal~~) (b) Date thereof 1-22-44 (Month) (Day) (Year)
(c) Place: .....
18. Funeral Director's **OWN** Signature F. K. Robinson
and Address Nampa
19. (a) 1-19-44 (Date received and filed) (b) Agnes M. Dickman (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Jan 20 1944
at 9 o'clock A M.
21. I **HEREBY CERTIFY**, That I attended deceased from Nov 20 1927, to Jan 20 1944
I last saw him alive on Jan 10 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Late tuberculosis of lung and nephritis	many years
Due to	
Due to	
Other conditions ..... (Include pregnancy within 3 months of death)	
Where was disease first contracted?	PHYSICIAN
Name of operation None Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature [signature] (M. D. or other)
and Address Caldwell Idaho Date 1/20 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

FEB 7 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137366
Local Reg. No. 10
Reg. Dist. No. 360

1. PLACE OF DEATH:
(a) County Canyon
(b) City or town Caldwell
(c) Street Address or R. F. D. No. 103 Dearborn
(d) Death Occurred Inside? ✓ Outside? ..... city or town
(e) Died in a Home ✓ Hospital ..... Institution ..... Other place .....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 10 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Caldwell
(d) Street Address or R. F. D. No. 103 Dearborn
(e) Deceased lived Inside? ✓ Outside? ..... city or town
(f) If foreign born, in U. S. ..... yrs. Citizen of U. S.? .....
(g) How long had deceased lived in Idaho? 10 years
(h) Former residence (city, state) Utah

3. (a) **FULL NAME** Amelia Ellen Thornock 93d

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife .....
6 (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) March 6 1859

8. AGE	Years	Months	Days	If less than 1 day
	84	10	16	hrs min.

9. Exact Occupation House Keeping Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Ogden Utah (City or town) (State or foreign country)
Father
12. Name Emanuel Long
13. Birthplace Burford Oxford Eng (City or town) (State or foreign country)
Mother
14. Maiden name Elizabeth Hart
15. Birthplace Hemingsforth Abbotts Eng (City or town) (State or foreign country)
16. Informant's **OWN** Signature L Thornock and Address Caldwell Idaho
17. (a) removal (Burial, cremation, or removal) (b) Date thereof 1-25-44 (Month) (Day) (Year)
(c) Place: Montpelier Idaho
18. Funeral Director's **OWN** Signature [illegible] and Address Caldwell Idaho
19. (a) 1-27-44 (Date received and filed) (b) Agnes M Denman (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) January 22 1944 at 10 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from ——— 1942, to Jan 22 1944
I last saw her alive on Jan 15 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: 94a

	Duration
Coronary Thrombosis	10 min.
Due to chronic myocarditis	
Due to	
Other conditions Senility (Include pregnancy within 3 months of death)	

Where was disease first contracted? .....
Name of operation none Date .....
Major finding .....
Finding of autopsy none

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature E. L. Munn M.D. (M. D. or other) and Address Caldwell Date 1-24 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

FEB 7 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137367
Local Reg. No. 12
Reg. Dist. No. 360

1. PLACE OF DEATH:
(a) County Canyon
(b) City or town Caldwell
(c) Street Address or R. F. D. No. R 3
(d) Death Occurred Inside? ..... Outside? " city or town
(e) Died in a Home " Hospital Institution Other place
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 15 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Caldwell
(d) Street Address or R. F. D. No. .....
(e) Deceased lived Inside? ..... Outside? " city or town
(f) If foreign born, in U. S. ..... yrs. Citizen of U. S.? Yes
(g) How long had deceased lived in Idaho? 15 years
(h) Former residence (city, state) .....

3. (a) **FULL NAME** John H Bockrath 94a

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex M
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Marcia L.
6 (c) Age of husband or wife if alive 55 years
7. Date of Birth (Month, Day, Year) Aug 5 1876

8. AGE	Years	Months	Days	If less than 1 day
	67	5	19	hrs min.

9. Exact Occupation Rancher Did this work for 15 yrs.
10. Industry or Business ..... Date last worked Nov 1-43
11. Birthplace Marysville Ohio (City or town) (State or foreign country)
Father
12. Name Unknown
13. Birthplace " (City or town) (State or foreign country)
Mother
14. Maiden name Unknown
15. Birthplace " (City or town) (State or foreign country)
16. Informant's **OWN** Signature Mrs. Marcia L. Bockrath
and Address R 3 Caldwell Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date of Burial 1-28-44 (Month) (Day) (Year)
(c) Place: Canyon Hill Cemetery
18. Funeral Director's **OWN** Signature Pearl L Case.
and Address Caldwell Idaho
19. (a) 1-28-44 (Date received and filed) (b) Agnes M Denman (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Jan 24-44 19.....
at 5 o'clock P M.
21. I **HEREBY CERTIFY**, That I attended deceased from Feb 1943, to Jan 22 1944
I last saw him alive on Jan 22 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Coronary Occlusion	1 yr.
Due to	
Due to	
Other conditions Hypertension (Include pregnancy within 3 months of death)	

Where was disease first contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature R. S. Ross M.D. (M. D. or other)
and Address Caldwell Ida Date 1/27 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

FEB 10 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137368
Local Reg. No. 16
Reg. Dist. No. 362

1. **PLACE OF DEATH:**
   (a) County Canyon
   (b) City or town Nampa
   (c) Street Address or R. F. D. No. 424 - 8 Ave So
   (d) Death Occurred Inside? ~~Outside?~~ ~~city or town~~
   (e) Died in a Home ~~Hospital~~ ~~Institution~~ Other place
   (f) Name Hosp. or Inst. None Stayed ____ days
   (g) Lived in this county 42 years ____ months ____ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Canyon
   (c) City or town Nampa
   (d) Street Address or R. F. D. No. 424 - 8 Ave So
   (e) Deceased lived Inside? ~~Outside?~~ ~~city or town~~
   (f) Citizen of what country? U. S. A.
   (g) How long had deceased lived in Idaho? 42 years
   (h) Former residence (city, state) Pocatello

3. (a) **FULL NAME** James Alfred Kelly

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Grace
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) Nov. 5 - 1871

8. AGE	Years	Months	Days	If less than 1 day
	73	2	19	hrs ____ min.

9. Exact Occupation Retired U P R R — Did this work for 40 yrs.
10. Industry or Business Bridge Bldg — Date last worked 1935
11. Birthplace Canada (City or town) (State or foreign country)

Father
12. Name Richard Kelly
13. Birthplace Ireland (City or town) (State or foreign country)

Mother
14. Maiden name Bennett
15. Birthplace Canada (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mrs Grace Kelly
and Address Nampa Ida
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 1/29/44 (Month) (Day) (Year)
(c) Place: Pocatello Idaho
18. Funeral Director's **OWN** Signature Irene E. Johnson
and Address Nampa Ida
19. (a) Jan 26 1944 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

Sandgrupe

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Jan 24 1944
at 7:30 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from Oct 1942 to Jan 1944
I last saw him alive on Jan 24 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Angina Pectoris	2 yrs
Due to Arterial Sclerosis	?
Due to	
Other conditions Indigestion brought on Angina pain	
(Include pregnancy within 3 months of death)	

Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's **OWN** Signature T. O. VanDeGrift D. O. (M. D. or other)
and Address Nampa Idaho Date Jan 26 1944
(For additional space, use reverse side)

137369

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137369
Local Reg. No. 53
Reg. Dist. No. 365

1. **PLACE OF DEATH:**
(a) County Canyon
(b) City or town Parma
(c) Street Address or R. F. D. No. 3
(d) Death Occurred Inside? ..... Outside? ✓ city or town
(e) Died in a Home ✓ Hospital ... Institution ... Other place ...
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county ..... years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Parma
(d) Street Address or R. F. D. No. 3
(e) Deceased lived Inside? ..... Outside? ✓ city or town
(f) If foreign born, in U. S. ..... yrs. Citizen of U. S.? .....
(g) How long had deceased lived in Idaho? ..... years
(h) Former residence (city, state) Ind.

3. (a) **FULL NAME** George B. Hancock 131b

3. (b) If veteran, name war ..... 3. (c) Social Security No. .....
5. Color or race W
6. (a) Single, widowed, married, divorced M
4. Sex M
6. (b) Name of husband or wife Joe
6 (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) 3-27-1867

8. AGE	Years	Months	Days	If less than 1 day
	76	9	28	hrs ..... min.

9. Exact Occupation Blacksmith Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Mt Vernon Ind (City or town) (State or foreign country)

Father
12. Name Not known
13. Birthplace ..... (City or town) (State or foreign country)

Mother
14. Maiden name .....
15. Birthplace ..... (City or town) (State or foreign country)

16. Informant's **OWN** Signature G B Hancock
and Address Parma Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-31-44 (Month) (Day) (Year)
(c) Place: Boise Idaho
18. Funeral Director's **OWN** Signature E V Peckham
and Address Parma Idaho
19. (a) 2-10-44 (Date received and filed) (b) Ruth Lee (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Jan 25 1944
at 12:30 o'clock P. M.

21. **I HEREBY CERTIFY,** That I attended deceased from Jan 4 1944, to Jan 25 1944
I last saw h. alive on Jan 24 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — Duration

Due to Chronic Nephritis

Due to .....

Other conditions Pyelitis
(Include pregnancy within 3 months of death)
Cystitis

Where was disease first contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature A M Mitchell MD (M. D. or other)
and Address Parma Idaho Date 2/6 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

FEB 10 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137370
Local Reg. No. 20
Reg. Dist. No. 362

1. **PLACE OF DEATH:**
(a) County Canyon
(b) City or town Nampa
(c) Street Address or R. F. D. No. 124 Imay
(d) Death Occurred Inside? ~~Outside?~~ ~~city or town~~
(e) Died in a Home -- Hospital -- ~~Institution~~ -- ~~Other place~~ --
(f) Name Hosp. or Inst. Mercy Stayed 27 days
(g) Lived in this county ____ years 7 months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Nampa
(d) Street Address or R. F. D. No. 124 Imay
(e) Deceased lived Inside? ~~Outside?~~ ~~city or town~~
(f) Citizen of what country? U. S. A.
(g) How long had deceased lived in Idaho? 7 mo years
(h) Former residence (city, state) Missouri

3. (a) **FULL NAME** Ruby Mayes 130

3. (b) If veteran, name war ~~---~~
3. (c) Social Security No. 518-14-4917
4. Sex Fm
5. Color or race W
6. (a) Single, widowed, married, divorced ~~married~~
6. (b) Name of husband or wife Earl
6. (c) Age of husband or wife if alive 37 years
7. Date of Birth (Month, Day, Year) August 22 1920

8. AGE	Years	Months	Days	If less than 1 day
	23 24	5	4	hrs ____ min.

9. Exact Occupation Housewife — Did this work for ____ yrs.
10. Industry or Business ____ — Date last worked ____
11. Birthplace Missouri (City or town) (State or foreign country)

Father
12. Name Miller
13. Birthplace Missouri (City or town) (State or foreign country)

Mother
14. Maiden name Miller
15. Birthplace Missouri (City or town) (State or foreign country)

16. Informant's **OWN** Signature Earl E. Mayes
and Address Nampa Idaho
17. (a) ~~Burial, cremation, or removal~~ Removal (b) Date thereof 1-28-44 (Month) (Day) (Year)
(c) Place: Kuna, Nebr
18. Funeral Director's **OWN** Signature Irene B. Robinson
and Address Nampa Ida
19. (a) Feb. 1 1944 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Jan 26 1944
at 12 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from 12-30-1943 to 1-26-1944
I last saw her alive on 1-26-1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Acute Influenza	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? Nampa
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's **OWN** Signature J. C. Horton (M. D. or other)
and Address Nampa Ida Date 1-26 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Horton

United States
Department of Commerce
Bureau of the Census

FEB 1 0 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137371
Local Reg. No. 22
Reg. Dist. No. 362

1. **PLACE OF DEATH:**
(a) County Canyon
(b) City or town Nampa
(c) Street Address or R. F. D. No. ✓
(d) Death Occurred Inside? ✓ ~~Outside?~~ ~~city or town~~
(e) Died in a Home ✓ ~~Hospital~~ ~~Institution~~ ~~Other place~~
(f) Name Hosp. or Inst. Logston nursing Stayed ____ days
(g) Lived in this county 28 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Nampa
(d) Street Address or R. F. D. No. ✓
(e) Deceased lived Inside? ✓ ~~Outside?~~ ~~city or town~~
(f) Citizen of what country? U. S. A.
(g) How long had deceased lived in Idaho? 28 years
(h) Former residence (city, state) Iowa

3. (a) **FULL NAME** Eliza A. Beauchamp 926

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex F
5. Color or race W
6. (a) ~~Single~~, widowed, ~~married~~, ~~divorced~~ widowed
6. (b) Name of husband or wife Not living
6. (c) Age of husband or wife if alive Not living years
7. Date of Birth (Month, Day, Year) March 23 - 1860

8. AGE	Years	Months	Days	If less than 1 day
	83	10	7	hrs min.

9. Exact Occupation House wife Did this work for life yrs.
10. Industry or Business ____ Date last worked ____
11. Birthplace Perlasks (City or town) Iowa (State or foreign country)
Father
12. Name Elifur E. Lister
13. Birthplace (City or town) Ind. (State or foreign country)
Mother
14. Maiden name Pickett
15. Birthplace (City or town) Iowa (State or foreign country)
16. Informant's OWN Signature Belus D Beauchamp
and Address 907 - 7th St Nampa
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/1/44 (Month) (Day) (Year)
(c) Place: Burial Nampa, Idaho
18. Funeral Director's OWN Signature F. K. Robinson
and Address Nampa Ida
19. (a) Feb. - 2 - 1944 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Jan 30 1944
at ____ o'clock ____ M.
21. **I HEREBY CERTIFY,** That I attended deceased from Jan 18 1944, to Jan 30 1944
I last saw her alive on Jan 29 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration
Mitral Insufficiency
Due to ____
Due to Old age
Other conditions ____
(Include pregnancy within 3 months of death)
Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature Thos E Mangum (M./D. or other)
and Address Nampa, Ida Date 2-1 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Mangum

137373

United States
Department of Commerce
Bureau of the Census

FEB 15 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137373
Local Reg. No. [redacted]3
Reg. Dist. No. 471

1. **PLACE OF DEATH:**
(a) County Cassia
(b) City or town Burley
(c) Street Address or R. F. D. No. 319 Malta st.
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home Hospital Institution Other place
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county ____ years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Cassia
(c) City or town Burley
(d) Street Address or R. F. D. No. 319-N-Malta
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 10- years
(h) Former residence (city, state) Iowa.

3. (a) **FULL NAME** Theodore Horton. 137a

3. (b) If veteran, name war ____
3. (c) Social Security No. ____
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Jennie
6. (c) Age of husband or wife if alive 82 years
7. Date of Birth (Month, Day, Year) Feb. 10th 1856.

8. AGE	Years	Months	Days	If less than 1 day
	87	10	4	hrs ____ min.

9. Exact Occupation Farmer — Did this work for ____ yrs.
10. Industry or Business Retired — Date last worked 1930
11. Birthplace Rochelle (City or town) Illinois (State or foreign country)

Father
12. Name Ethel Horton
13. Birthplace Penn. (City or town) (State or foreign country)

Mother
14. Maiden name Polly Brink
15. Birthplace Penn. (City or town) (State or foreign country)

16. Informant's **OWN** Signature Jennie M. Horton
and Address Burley Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/18/44 (Month) (Day) (Year)
(c) Place: Burley.
18. Funeral Director's **OWN** Signature Retta S. Payne.
and Address Burley Idaho
19. (a) 1-14-44 (Date received and filed) (b) B. F. Horton (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 1/4 1944
at 1:30 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from 1941 19__, to Jan 4 1944
I last saw him alive on Jan 4 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Acute Nephritis	3 days.
Due to Hypostatic Lung Congestion	3 days.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ____ Date ____
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury

23. Attendant's **OWN** Signature Hugh E. Dean M. D. (M. D. or other)
and Address Burley Ida. Date Jan 8 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce FEB 15 1944
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137374
Local Reg. No. 2
Reg. Dist. No. 476

1. **PLACE OF DEATH:**
   (a) County CASSIA
   (b) City or town STREVELL
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? X Outside? ____ city or town
   (e) Died in a Home __ Hospital __ Institution __ Other place __
   (f) Name Hosp. or Inst. ____ Stayed ____ days
   (g) Lived in this county ____ years ____ months ____ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State UTAH (b) County SUMMIT
   (c) City or town ROCK PORT
   (d) Street Address or R. F. D. No.
   (e) Deceased lived Inside? X Outside? ____ city or town
   (f) Citizen of what country? USA
   (g) How long had deceased lived in Idaho? X years
   (h) Former residence (city, state) UTAH

3. (a) **FULL NAME** ALONZO SALISBURY

109b

3. (b) If veteran, name war X
3. (c) Social Security No. X
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced S
6. (b) Name of husband or wife X
6. (c) Age of husband or wife if alive X years
7. Date of Birth (Month, Day, Year) OCT. 24 1893

8. AGE	Years	Months	Days	If less than 1 day
	50	2	11	hrs min.

9. Exact Occupation LABOR Did this work for 35 yrs.
10. Industry or Business X Date last worked
11. Birthplace ROCK PORT (City or town) UTAH (State or foreign country)

Father
12. Name JAMES SALISBURY
13. Birthplace (City or town) UTAH (State or foreign country)

Mother
14. Maiden name ELISABATH SMITH
15. Birthplace (City or town) UTAH (State or foreign country)

16. Informant's OWN Signature Mary Ellen Gibbons
and Address 1027 Hollywood ave S.L.C.U.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year) 1/11/1944
(c) Place: WANSHIP UTAH
18. Funeral Director's OWN Signature J. Forrest Weaver
and Address BURLEY IDAHO
19. (a) 1-8-44 (Date received and filed) (b) B. F. Wilson (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 1/6/1944 19 44
at 8.20 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from ____ 19__, to ____ 19__
I last saw h__ alive on ____ 19__; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: FROM HISTORY TAKEN FROM SHERIFF AND UNDERTAKER AND FAMILEY NATURAL CAUSES. AND
Due to TO THE BEST OF MY KNOWLEDGE & MY
Other conditions FINDINGS THIS MAN DIED OF PNEUMONIA.
(Include pregnancy within 3 months of death)

Duration

Where was disease contracted?
Name of operation ____ Date ____
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work?
Means of injury
23. Attendant's OWN Signature R J Sutton M.D. Local Health office (M. D. or other)
and Address Burley Date 1-8 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce FEB 15 1944
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137375
Local Reg. No. 8
Reg. Dist. No. 470

1. **PLACE OF DEATH:**
(a) County Cassia
(b) City or town Burley
(c) Street Address or R. F. D. No. 250 N Oriental
(d) Death Occurred Inside? ✓ Outside? ____ city or town
(e) Died in a Home __ Hospital ✓ Institution __ Other place __
(f) Name Hosp. or Inst. Cottage Stayed 18 days
(g) Lived in this county 9 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Cassia
(c) City or town Burley - Ida.
(d) Street Address or R. F. D. No. 250 N. Oriental
(e) Deceased lived Inside? ✓ Outside? ____ city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 44 years
(h) Former residence (city, state) Utah

3. (a) **FULL NAME** Edward F Packham 109a

3. (b) If veteran, name war ____ 3. (c) Social Security No. 518-07-1169
4. Sex M 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Estella J. Packham 6. (c) Age of husband or wife if alive 50 years
7. Date of Birth (Month, Day, Year) January 23 1890

8. AGE	Years	Months	Days	If less than 1 day
	53	11	16	hrs min.

9. Exact Occupation Farmer Did this work for Life yrs.
10. Industry or Business Farming Date last worked ____
11. Birthplace Ogden (City or town) Utah (State or foreign country)
Father
12. Name John Packham
13. Birthplace ____ (City or town) England (State or foreign country)
Mother
14. Maiden name Lyda Francis
15. Birthplace ____ (City or town) Utah (State or foreign country)
16. Informant's OWN Signature Mrs. Estella J. Packham and Address Burley Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 1-12-44 (Month) (Day) (Year)
(c) Place: Rupert Cemetery
18. Funeral Director's OWN Signature Vern B. McCullach and Address Burley Idaho
19. (a) 1/20/44 (Date received and filed) (b) B. F. Wilson (Registrar's signature)
Rebecca H. Wilson, Deputy

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) January 9 1944
at ~~Jan~~ 9 2:00 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from Dec 19 1943, to Jan 9 1944
I last saw him alive on Jan 9 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Staphylococcus Septicaemia	16 days
Due to Virus Pneumonia	23 days
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation ____ Date ____	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature Hugh E. Dean M.D. (M. B. or other)
and Address Burley Ida Date Jan 15 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

FEB 15 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137376
Local Reg. No. 4
Reg. Dist. No. 470

1. **PLACE OF DEATH:**
   (a) County Cassia
   (b) City or town Burley
   (c) Street Address or R. F. D. No. 122 Hansen St.
   (d) Death Occurred Inside? X Outside? ____ city or town
   (e) Died in a Home X Hospital ____ Institution ____ Other place ____
   (f) Name Hosp. or Inst. — Stayed — days
   (g) Lived in this county 32 years — months — days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Cassia
   (c) City or town Burley
   (d) Street Address or R. F. D. No. 122 Hansen
   (e) Deceased lived Inside? X Outside? ____ city or town
   (f) Citizen of what country? U S A
   (g) How long had deceased lived in Idaho? 40 years
   (h) Former residence (city, state) Logan Utah

3. (a) **FULL NAME** Joseph S Andrews

94a

3. (b) If veteran, name war —
3. (c) Social Security No. 519-12-6376
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Edna
6. (c) Age of husband or wife if alive 59 years
7. Date of Birth (Month, Day, Year) Sept 16 1871

8. AGE	Years	Months	Days	If less than 1 day
	73	3	25	hrs min.

9. Exact Occupation Laborer — Did this work for Life yrs.
10. Industry or Business Farmer — Date last worked 1941
11. Birthplace Logan (City or town) Utah (State or foreign country)

Father
12. Name John Andrews
13. Birthplace (City or town) England (State or foreign country)

Mother
14. Maiden name Sarah E Stewart
15. Birthplace (City or town) England (State or foreign country)

16. Informant's **OWN** Signature Edna Andrew
and Address 122 So Hansen Burley Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 1/13/1944 (Month) (Day) (Year)
(c) Place: Heyburn Crown View Cemetery
18. Funeral Director's **OWN** Signature J Forrest Weaver
and Address Burley Idaho
19. (a) 1-14-44 (Date received and filed) (b) B. F. Wilson (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Jan. 10 1944
at 4:30 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from Jan 10 1944, to Jan 10 1944
I last saw him alive on Jan 10 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Coronary Occlusion	2 hr.
Due to Arteriosclerosis	—
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation ____ Date ____	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's **OWN** Signature Hugh E Dean M. D. (M. D. or other)
and Address Burley Id. Date Jan 12 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

FEB 15 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137377
Local Reg. No. 6
Reg. Dist. No. 470

1. **PLACE OF DEATH:**
(a) County Cassia
(b) City or town Burley
(c) Street Address or R. F. D. No. 3
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home X Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 4 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Cassia
(c) City or town Burley Idaho
(d) Street Address or R. F. D. No. 2
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? U S A
(g) How long had deceased lived in Idaho? 4 years
(h) Former residence (city, state) Utah

3. (a) **FULL NAME** James Buck

93E

3. (b) If veteran, name war ____ 3. (c) Social Security No. ____
4. Sex M race W 5. Color or 6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Martha Ann 6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) Jan 10 1864

8. AGE	Years	Months	Days	If less than 1 day
	80	0	3	hrs ____ min.

9. Exact Occupation Farmer Did this work for Life yrs.
10. Industry or Business Retired Date last worked 1939
11. Birthplace Rockwell Nottingham Eng. (City or town) (State or foreign country)

Father
12. Name Charles Buck
13. Birthplace ____ England (City or town) (State or foreign country)

Mother
14. Maiden name Hannah Chantry
15. Birthplace ____ England (City or town) (State or foreign country)

16. Informant's **OWN** Signature Martha A. Buck
and Address Burley Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 1/17/1944 (Month) (Day) (Year)
(c) Place: Smithfield cemetery (Utah)
18. Funeral Director's **OWN** Signature J. Forrest Wilson
and Address Burley Idaho
19. (a) 1-14-44 (Date received and filed) (b) J. F. Wilson (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Jan 13 1944
at 5:30 o'clock A. M.
21. **I HEREBY CERTIFY,** That I attended deceased from Oct 10 1943, to Jan 13 1944
I last saw him alive on Jan 13 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Due to Cerebral hemorrhage	3 wks.
Due to Arterio Sclerosis	-
Other conditions Myocarditis (Include pregnancy within 3 months of death)	

Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's **OWN** Signature Hugh E. Dean M.D.
(M. D. or other)
and Address Burley Id. Date Jan 14 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

FEB 15 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137378
Local Reg. No. 7
Reg. Dist. No. 470

1. **PLACE OF DEATH:**
(a) County Cassia.
(b) City or town Burley
(c) Street Address or R. F. D. No. 244 N. Burley
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home A Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 19 years 6 months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Cassia.
(c) City or town Burley
(d) Street Address or R. F. D. No. 244 N. Burley
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? U. S. A.
(g) How long had deceased lived in Idaho? 12 1/2 years
(h) Former residence (city, state) Wyo.

3. (a) **FULL NAME** Mildred Carruth Harris. 1630

3. (b) If veteran, name war ____ 3. (c) Social Security No. ____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Dewey H. 6. (c) Age of husband or wife if alive 48 years

7. Date of Birth (Month, Day, Year) Aug 5 1899

8. AGE	Years	Months	Days	If less than 1 day
	44	5	10	hrs ____ min. ____

9. Exact Occupation Housewife — Did this work for 20 yrs.
10. Industry or Business — Date last worked Jan 15.
11. Birthplace Evanston (City or town) Wyo. (State or foreign country)

Father
12. Name George M. Carruth.
13. Birthplace Coalville (City or town) Utah. (State or foreign country)

Mother
14. Maiden name Susan Wanless.
15. Birthplace Henefer (City or town) Utah. (State or foreign country)

16. Informant's **OWN** Signature D Harris
and Address 260 No Sutton Burley Ida

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 20 44 (Month) (Day) (Year)
(c) Place: Evanston Wyo

18. Funeral Director's **OWN** Signature Forrest Hansen
and Address Burley Idaho

19. (a) 1/18/44 (Date received and filed) (b) R. F. Wilson (Registrar's signature)
Rebecca A Wilson, Deputy.

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 1-15- 19 44
at 2:30 o'clock P.M.

21. **I HEREBY CERTIFY,** That I attended deceased from ____ 19____, to ____ 19____
I last saw h____ alive on ____ 19____; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Carbon Monoxide gas	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ✓ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ✓ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's **OWN** Signature G V Cooper M D (M. D. or other)
and Address Burley Date 1-17 1944
(For additional space, use reverse side)

137379

United States
Department of Commerce
Bureau of the Census

FEB 15 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 9
Reg. Dist. No. 470

1. **PLACE OF DEATH:**
(a) County Cassia
(b) City or town Burley
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. Cottage Stayed days
(g) Lived in this county 63 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Cassia
(c) City or town Oakley
(d) Street Address or R. F. D. No. 2
(e) Deceased lived Inside? Outside? X city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 63 years
(h) Former residence (city, state)

3. (a) FULL NAME Christina Sandberg Okelberry 162b

3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Date of Birth (Month, Day, Year) June 27, 1850

8. AGE	Years	Months	Days	If less than 1 day
	93	7	25	hrs min.

9. Exact Occupation Housewife Did this work for Life yrs.
10. Industry or Business — Date last worked
11. Birthplace Slackebofore, Vestmanland, Ler Sweden (City or town) (State or foreign country)
Father
12. Name Jan Jenson Sandberg
13. Birthplace Sweden (City or town) (State or foreign country)
Mother
14. Maiden name Margreta Jansdoter Sandberg
15. Birthplace Sweden (City or town) (State or foreign country)
16. Informant's OWN Signature A Lincoln Okelberry
and Address Oakley Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 1/26/1944 (Month) (Day) (Year)
(c) Place: Island cemetery
18. Funeral Director's OWN Signature J Forrest Weaver
and Address Burley Idaho
19. (a) 1/24/44 (Date received and filed) (b) B. F. Wilson (Registrar's signature)
Rebecca H. Wilson Deputy

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Jan 21 1944
at 7:30 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from Jan 17 30 1944 to Jan 21 1944
I last saw her alive on Jan 20 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
General debility	
Due to	
Due to Old Age.	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state
where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature R J Dutton (M. D. or other)
and Address Oakley Date 1-21 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

FEB 15 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137380
Local Reg. No. 10
Reg. Dist. No. 470

1. **PLACE OF DEATH:**
(a) County Cassia
(b) City or town Burley
(c) Street Address or R. F. D. No. 1104 N. Overland
(d) Death Occurred Inside? ____ Outside? ____ city or town
(e) Died in a Home __ Hospital X Institution __ Other place __
(f) Name Hosp. or Inst. Cottage Stayed 15 days
(g) Lived in this county ____ years ____ months Hours days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Minidoka
(c) City or town Burley
(d) Street Address or R. F. D. No. 1104 N. Overland
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? U. S. A.
(g) How long had deceased lived in Idaho? 30 years
(h) Former residence (city, state) Utah

3. (a) **FULL NAME** Ellis Reynolds King Stocking 186a

3. (b) If veteran, name war ____ 3. (c) Social Security No. ____
4. Sex Female 5. Color or race W. 6. (a) Single, widowed, married, divorced wife.
6. (b) Name of husband or wife Jeremiah 6. (c) Age of husband or wife if alive 70 years
7. Date of Birth (Month, Day, Year) Nov. 24 1882

8. AGE	Years	Months	Days	If less than 1 day
	61	1	29	hrs min.

9. Exact Occupation Housewife Did this work for 40 yrs.
10. Industry or Business ____ Date last worked Jan 22
11. Birthplace Salt Lake City (City or town) Utah (State or foreign country)
Father
12. Name Thomas King
13. Birthplace England (City or town) (State or foreign country)
Mother
14. Maiden name Eliza Pratt
15. Birthplace England (City or town) (State or foreign country)
16. Informant's OWN Signature Viola Stocking
and Address 1104 Overland Burley
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/27/1944 (Month) (Day) (Year)
(c) Place: Burley
18. Funeral Director's OWN Signature Retta S. Payne
and Address Burley Idaho
19. (a) 1/24/44 (Date received and filed) (b) B. F. Wilson (Registrar's signature)
Rebecca H. Wilson Deputy.

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Jan 23 1944
at ____ o'clock ____ M.
21. **I HEREBY CERTIFY,** That I attended deceased from 1-22 1944 to 1-23 1944
I last saw her alive on 1-23 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebral Concussion	1-22-44
Due to Fall in Bath room	1-22-44
Due to Anuria & Fainting	
Other conditions following "Flu" (Include pregnancy within 3 months of death)	

Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ✓ Suicide? ____ Homicide? ____
Occurred Burley 1944 City, county, state
where violence occurred Cassia
Place of Violence: Home ✓ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury Fall on bath tub
23. Attendant's OWN Signature L. M. Kelly M.D. (M. D. or other)
and Address Burley Date 1-24 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce FEB 5 1944
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137381
Local Reg. No. [illegible] 1
Reg. Dist. No. 210

1. **PLACE OF DEATH:**
   (a) County CLEARWATER
   (b) City or town OROFINO
   (c) Street Address or R. F. D. No. JOHN LOSETH RESIDENCE
   (d) Death Occurred Inside? X Outside? ____ city or town
   (e) Died in a Home X Hospital ____ Institution ____ Other place ____
   (f) Name Hosp. or Inst. ____ Stayed ____ days
   (g) Lived in this county 43 years ____ months ____ days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State IDAHO (b) County CLEARWATER
   (c) City or town OROFINO
   (d) Street Address or R. F. D. No. SAME
   (e) Deceased lived Inside? X Outside? ____ city or town
   (f) Citizen of what country? UNITEDSTATES
   (g) How long had deceased lived in Idaho? 43 years
   (h) Former residence (city, state) UMATILLA, OREGON

3. (a) **FULL NAME** ALBERT MONROE STAMPER

3. (b) If veteran, name war NO
3. (c) Social Security No. 518-18-8055
4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARREED
6. (b) Name of husband or wife IDA SWENSON
6. (c) Age of husband or wife if alive 57 years
7. Date of Birth (Month, Day, Year) July 4th 1885

8. AGE	Years	Months	Days	If less than 1 day
	58	6	9	hrs ____ min.

9. Exact Occupation WOODS WORK & FARMING — Did this work for LIFE yrs.
10. Industry or Business SMALL FARMS AND WOODS — Date last Worked 6Mo. A go
11. Birthplace UMATILLA, OREGON ATHENA, OREGON
(City or town) (State or foreign country)

Father
12. Name JESSE STAMPER
13. Birthplace UNKNOWN
(City or town) (State or foreign country)

Mother
14. Maiden name ROSETTA STAMPER
15. Birthplace UNKNOWN
(City or town) (State or foreign country)

16. Informant's OWN Signature Ida Stamper
and Address OROFINO, IDAHO

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof January 7th/44 (Month) (Day) (Year)
(c) Place: WELLS BENCH CEMETERY (OROFINO)

18. Funeral Director's OWN Signature George B Blake
and Address OROFINO, IDAHO

19. (a) 1/7/44 (Date received and filed) (b) Blaine Badgerow (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Jan 4 1944
at 6 45 o'clock P M.

21. **I HEREBY CERTIFY,** That I attended deceased from Sept 1943, to Jan 4 1944
I last saw him alive on 12-20 1943; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary Heart Disease — Duration ____
Due to Chronic Heart disease — Duration several years
Due to ____
Other conditions ____
(Include pregnancy within 3 months of death)
Where was disease contracted? —
Name of operation — Date —
Major finding —
Finding of autopsy —

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? — Suicide? — Homicide? —
Occurred — 19____ City, county, state where violence occurred ____
Place of Violence: Home — Farm — Industry —
Public Place — While at work? —
Means of injury —

23. Attendant's OWN Signature A.B. Pappenhagen M.D.
(M. D. or other)
and Address Orofino Idaho Date 1-6 1944
(For additional space, use reverse side)

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United States
Department of Commerce
Bureau of the Census

FEB 5 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 2
Reg. Dist. No. 210

1. **PLACE OF DEATH:**
(a) County Clearwater
(b) City or town Orofino
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? ___ city or town
(e) Died in a Home ___ Hospital X Institution ___ Other place ___
(f) Name Hosp. or Inst. Bruno Stayed 24 hrs. days
(g) Lived in this county 12 years ___ months ___ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Clearwater
(c) City or town Orofino
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? ___ city or town
(f) Citizen of what country? U.S.
(g) How long had deceased lived in Idaho? 20 years
(h) Former residence (city, state)

3. (a) **FULL NAME** Emily Grace Tull

w f

3. (b) If veteran, name war ___ 3. (c) Social Security No. ___
4. Sex f 5. Color or race W 6. (a) Single, widowed, married, divorced m
6. (b) Name of husband or wife Leonard Tull 6. (c) Age of husband or wife if alive 51 years
7. Date of Birth (Month, Day, Year) Dec. 19, 1892

8. AGE	Years	Months	Days	If less than 1 day
	51	0	19	hrs min.

9. Exact Occupation housewife Did this work for 27 yrs.
10. Industry or Business ___ Date last worked 1/7/44
11. Birthplace Prince Edward Is., Canada (City or town) (State or foreign country)

Father
12. Name unknown
13. Birthplace " (City or town) (State or foreign country)

Mother
14. Maiden name Mary R. Hutchinson
15. Birthplace Prince Edward Is., Canada (City or town) (State or foreign country)

16. Informant's **OWN** Signature L. T. Tull
and Address Orofino, Idaho

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 1/11/44 (Month) (Day) (Year)
(c) Place: Riverside Cemetery, Orofino

18. Funeral Director's **OWN** Signature Edwin D. Bachrach
and Address Orofino, Idaho

19. (a) 1/8/44 (Date received and filed) (b) Edwin Bachrach (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 1--7-44 19___
at 2:45 o'clock P/M.

21. **I HEREBY CERTIFY,** That I attended deceased from ********** 19** to ********** 19___
I last saw h___ alive on ___ 19___; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
SHOCK&EXPOSURE	
FRACTURED RIGHT FEMUR	
Due to JUMP OFF BRIDGE	
Due to SUICIDE	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ___ Date ___
Major finding
Finding of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ___ Suicide? YES Homicide? ___
Occurred JAN &7th 1944 19___ City, county, state where violence occurred OROFINO, CLEARWATER
Place of Violence: Home ___ Farm ___ Industry ___
Public Place YES While at work? ___
Means of injury FALL FROM BRIDGE ONTO ICE

23. Attendant's **OWN** Signature [signature] CORONER (M.D., Coroner)
and Address OROFINO, IDAHO Date 1/11/44 19___
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

FEB 5 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137383
Local Reg. No. 3
Reg. Dist. No. 210

1. **PLACE OF DEATH:**
(a) County Clearwater
(b) City or town Orofino
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. OROFINO Stayed 10 days
(g) Lived in this county 2 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County CLEARWATER
(c) City or town OROFINO
(d) Street Address or R. F. D. No. ROUTE 3
(e) Deceased lived Inside? Outside? X city or town
(f) Citizen of what country? YES
(g) How long had deceased lived in Idaho? 51 years
(h) Former residence (city, state) NEBRASKA

3. (a) FULL NAME ALBERT DILLON DICKINSON

3. (b) If veteran, name war NO
3. (c) Social Security No. NO
4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife EMMA JANE
6. (c) Age of husband or wife if alive 56 years
7. Date of Birth (Month, Day, Year) MARCH 16, 1876

8. AGE	Years	Months	Days	If less than 1 day
	67	9	22	hrs min.

9. Exact Occupation FARMER Did this work for LIFE yrs.
10. Industry or Business ~~XXXX~~ SELF Date last worked 1 month ago
11. Birthplace DES MOINES (City or town) IOWA (State or foreign country)
Father
12. Name CHARLES FREDERICK DICKINSON
13. Birthplace (City or town) New York (State or foreign country)
Mother
14. Maiden name VELMA ANN THOMAS
15. Birthplace (City or town) IOWA (State or foreign country)
16. Informant's OWN Signature Fred Dickinson and Address Lewiston Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 11, 1944 (Month) (Day) (Year)
(c) Place: Riverside Cemetery Orofino Ida
18. Funeral Director's OWN Signature George B. Black and Address Orofino, Idaho
19. (a) 1/10/44 (Date received and filed) (b) Calvin S. Bacharach (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 1/7/44 19
at 8:00 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from Dec. 28 1943 to 1/7 1944
I last saw him alive on 1/6 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cryocarditis	1 year
Due to Influenza	2 weeks
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted? Home	PHYSICIAN
Name of operation — Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy —	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature R. T. Hopkins (M. D. ~~or other~~)
and Address Orofino Date 1/10 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

FEB 5 1944

State File No. 13739 4
Local Reg. No. 4
Reg. Dist. No. 210

1. **PLACE OF DEATH:**
(a) County Clearwater
(b) City or town Orofino
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? X city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 43 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Clearwater
(c) City or town Orofino
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Outside? X city or town
(f) Citizen of what country? U.S.
(g) How long had deceased lived in Idaho? 49 years
(h) Former residence (city, state)

3. (a) **FULL NAME** Jeanette B. Dunlap 93 D

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Feb. 12, 1854

8. AGE	Years	Months	Days	If less than 1 day
	89	10	27	hrs min.

9. Exact Occupation housewife — Did this work for lifetime.
10. Industry or Business — Date last worked
11. Birthplace Eastville, Nova Scotia (City or town) (State or foreign country)

Father
12. Name John Gaston
13. Birthplace Halifax, Nova Scotia (City or town) (State or foreign country)

Mother
14. Maiden name Margery Blackie
15. Birthplace Nova Scotia (City or town) (State or foreign country)

16. Informant's OWN Signature Nessie I Cochran
and Address Orofino, Idaho

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 1/12/44 (Month) (Day) (Year)
(c) Place: Riverside Cemetery, Orofino

18. Funeral Director's OWN Signature Edwin D. Bedwards
and Address Orofino, Idaho

19. (a) 1/10/44 (Date received and filed) (b) Edwin D. Bedwards (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 1-9-44 19
at 11:15 o'clock A. M.

21. **I HEREBY CERTIFY,** That I attended deceased from 1/27 19 43 to 1/9/44 19
I last saw h[illegible] alive on 1/8/44 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cellulitis of face	3 days
Due to Sepsis	7 days
Due to	
Other conditions Myocarditis (Include pregnancy within 3 months of death)	
Arterial sclerosis	

Where was disease contracted? Orofino
Name of operation — Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's OWN Signature R. J. Hopkins (M. D. or other)
and Address Orofino Date 1/10 19 44
(For additional space, use reverse side)

137385

United States
Department of Commerce
Bureau of the Census

FEB 5 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 5
Reg. Dist. No. 210

1. **PLACE OF DEATH:**
(a) County CLEARWATER
(b) City or town OROFINO
(c) Street Address or R. F. D. No. JORDAN ROOMS
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home X Hospital __ Institution __ Other place __
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 30 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State IDAHO (b) County CLEARWATER
(c) City or town OROFINO
(d) Street Address or R. F. D. No. JORDAN ROOMS
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? UNITED STATES
(g) How long had deceased lived in Idaho? 42 years
(h) Former residence (city, state) PARKER, KANSAS

3. (a) **FULL NAME** WILLIAM JENNINGS INGRAM 94a

3. (b) If veteran, name war NO
3. (c) Social Security No. NONE
4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife ____
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) JANUARY 13th 1865

8. AGE	Years	Months	Days	If less than 1 day
	77	11	29	hrs min.

9. Exact Occupation RETIRED FARMER Did this work for LIFE yrs.
10. Industry or Business FARMING LANDS Date last worked 10 Yrs Ago
11. Birthplace RURAL ----- Kentucky
(City or town) (State or foreign country)
Father
12. Name JOSHUAH INGRAM
13. Birthplace KENTUCKY
(City or town) (State or foreign country)
Mother
14. Maiden name UNKNOWN
15. Birthplace UNKNOWN
(City or town) (State or foreign country)
16. Informant's OWN Signature Wm. B. Ingram
and Address OROFINO, IDAHO
17. (a) REMOVAL (b) Date thereof JANUARY 13/44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place LEWISTON, IDAHO
18. Funeral Director's OWN Signature George B. Blake
and Address OROFINO, IDAHO
19. (a) 1/12/44 (b) Chloe Bachelard
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 1-10 1944
at 10:45 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from 1/10 1944 to 1/10/44 19__
I last saw him alive on 1/10/44 19__; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death	Duration
Coronary Thrombosis Acuity	2 hours
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted? Orofino	PHYSICIAN
Name of operation — Date	Underline the cause to which death should be charged statistically.
Major finding —	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature R. T. Hopkins (M. D. or other)
and Address Orofino Date 1/11 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

FEB 5 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 13736
Local Reg. No. 6
Reg. Dist. No. 210

1. **PLACE OF DEATH:**
(a) County Idaho CLEARWATER
(b) City or town Orofino
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home ____ Hospital X Institution ____ Other place ____
(f) Name Hosp. or Inst. Burns Stayed ____ days
(g) Lived in this county 24 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Clearwater
(c) City or town Kellogg
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? United States
(g) How long had deceased lived in Idaho? 30 years
(h) Former residence (city, state) Orofino, Idaho

3. (a) FULL NAME BETTY ANN MELERO

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3. (b) If veteran, name war No
3. (c) Social Security No.
4. Sex female
5. Color or race Indian
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Thomas
6. (c) Age of husband or wife if alive 36 years
7. Date of Birth (Month, Day, Year) October 2, 1913

8. AGE	Years	Months	Days	If less than 1 day
	30	4	9	hrs ____ min.

9. Exact Occupation Housewife & Laborer
Did this work for 6 yrs.
10. Industry or Business Home & Bunker Hill Mine
Date last worked January 10, 1944
11. Birthplace Orofino (City or town) Idaho (State or foreign country)

Father
12. Name JAMES MILLER
13. Birthplace SALMON RIVER AREA, IDAHO (City or town) (State or foreign country)

Mother
14. Maiden name JANE CORBETT
15. Birthplace AHSAHKA, IDAHO (City or town) (State or foreign country)

16. Informant's OWN Signature Thomas Melero
and Address Box 12, Kellogg, Idaho
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 1/15/44 (Month) (Day) (Year)
(c) Place AHSAHKA CEMETERY, AHSAHKA, IDAHO
18. Funeral Director's OWN Signature George L. Blake
and Address OROFINO, IDAHO
19. (a) 1/15/44 (Date received and filed) (b) Libbie Kachare (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) JANUARY 11th 1944 19____
at 2:15 o'clock A. M.
21. **I HEREBY CERTIFY,** That I attended deceased from ********** 19** to ******** 1/11 1944
I last saw h er alive on 1/11/44 19____; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — **Duration**
HEMMORHAGE & SHOCK
Due to GUNSHOT WOUND IN THIGH
Due to
Other conditions
(Include pregnancy within 3 months of death)

Where was disease contracted?
Name of operation ____ Date ____
Major finding
Finding of autopsy NONE

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? YES
Occurred MIDNITE 1/10/44 19____ City, county, state where violence occurred Orofino, Clearwater Co.
Place of Violence: Home ____ Farm ____ Industry ____
Public Place Yes While at work? ____
Means of injury GUNSHOT WOUND

23. Attendant's OWN Signature George L. Blake CORONER (TITLE)
and Address OROFINO, IDAHO Date 1/14/44 19____
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

FEB 5 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137387
Local Reg. No. 7
Reg. Dist. No. 210

1. **PLACE OF DEATH:**
(a) County Clearwater
(b) City or town Pierce
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? X city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 17 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Clearwater
(c) City or town Pierce
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Outside? X city or town
(f) Citizen of what country? U.S.
(g) How long had deceased lived in Idaho? 20 years
(h) Former residence (city, state)

3. (a) FULL NAME Charlotte Thorp 45f

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Merton
6. (c) Age of husband or wife if alive 50 years
7. Date of Birth (Month, Day, Year) Jan. 2, 1894

8. AGE	Years	Months	Days	If less than 1 day
	50	0	13	hrs. min.

9. Exact Occupation teacher Did this work for 15 yrs.
10. Industry or Business teacher Date last worked 1932
11. Birthplace Milaca, Minn. (City or town) (State or foreign country)
Father
12. Name Edward J. Chesley
13. Birthplace Bangor, Maine (City or town) (State or foreign country)
Mother
14. Maiden name Frances E. Lafovan
15. Birthplace St. Joseph, Mo. (City or town) (State or foreign country)
16. Informant's OWN Signature M H Thorp
and Address Pierce, Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 1/18/44 (Month) (Day) (Year)
(c) Place: Riverside cemetery, Orofino
18. Funeral Director's OWN Signature Chlaie S Gacharach
and Address Orofino, Idaho
19. (a) 1/17/44 (Date received and filed) (b) Chlaie Gacharach (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 1-15-44 19
at 11:00 o'clock a. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 1/14 1944, to 1/15/44 19
I last saw her alive on 1/15 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Hemmorhage from throat	17 hours
Due to Carcinoma of throat	1 year
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted? Idaho	PHYSICIAN
Name of operation — Date —	Underline the cause to which death should be charged statistically.
Major finding —	
Finding of autopsy —	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature R. T. Hopkins (M. D. ~~or other~~)
and Address Orofino, Id. Date 1/17 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

FEB 5 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137388
Local Reg. No. 8
Reg. Dist. No. 210

1. **PLACE OF DEATH:**
(a) County Clearwater
(b) City or town Orofino
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? X city or town
(e) Died in a Home Hospital Institution X Other place
(f) Name Hosp. or Inst. St. Hos. No. Stayed days
(g) Lived in this county 3 years 9 months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Boundary
(c) City or town Bonners Ferry
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Outside? city or town
(f) Citizen of what country? United States
(g) How long had deceased lived in Idaho? 25 years
(h) Former residence (city, state)

3. (a) FULL NAME WOOLEDGE, BARNEY C. 33 b

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) unknown

8. AGE	Years	Months	Days	If less than 1 day
	80			hrs min.

9. Exact Occupation Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace unknown (City or town) (State or foreign country)
Father
12. Name —
13. Birthplace — (City or town) (State or foreign country)
Mother
14. Maiden name —
15. Birthplace — (City or town) (State or foreign country)
16. Informant's OWN Signature G. L. Barry MD
and Address Orofino Idaho
17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof JAN 16/44 (Month) (Day) (Year)
(c) Place: Bonners-Ferry, Idaho
18. Funeral Director's OWN Signature George B. Blake
and Address Orofino Idaho
19. (a) 1/16/44 (Date received and filed) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) January 16, 1944 at 3:30 o'clock A.M.
21. **I HEREBY CERTIFY,** That I attended deceased from June 1, 1943, to January 16, 1944
I last saw him alive on Jan. 15, 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Influenza	2 days
Due to Epilepsy	4 yrs.
Due to Senility	5 yrs.
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature G. L. Barry MD (D. or other)
and Address Orofino Idaho Date 1-16 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census FEB 5 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 1373[illegible]
Local Reg. No. 9
Reg. Dist. No. 210

1. **PLACE OF DEATH:**
   (a) County Clearwater
   (b) City or town Orofino
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? Outside? X city or town
   (e) Died in a Home Hospital Institution X Other place
   (f) Name Hosp. or Inst. St. Hos. No. Stayed 14 days
   (g) Lived in this county years months 14 days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Bonner
   (c) City or town Priest River
   (d) Street Address or R. F. D. No.
   (e) Deceased lived Inside? Outside? city or town
   (f) Citizen of what country? United States
   (g) How long had deceased lived in Idaho? 25 years
   (h) Former residence (city, state)

3. (a) **FULL NAME** LINDSAY, MILON S. 111c

3. (b) If veteran, name war *****
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Josephine
6. (c) Age of husband or wife if alive 71 years
7. Date of Birth (Month, Day, Year) April 15, 1854

8. AGE	Years	Months	Days	If less than 1 day
	89	9	3	hrs min.

9. Exact Occupation Attorney-at-law Did this work for yrs.
10. Industry or Business LAW BUSINESS Date last worked
11. Birthplace Plato, Illinois (City or town) (State or foreign country)
Father
12. Name Ezekiel Lindsay
13. Birthplace Upper Canada (City or town) (State or foreign country)
Mother
14. Maiden name Emeretta Barnes
15. Birthplace (City or town) (State or foreign country)
16. Informant's OWN Signature State Hospital records Blake
and Address OROFINO, IDAHO
17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof JANUARY 19/44 (Month) (Day) (Year)
(c) Place: SANDPOINT, IDAHO
18. Funeral Director's OWN Signature [signature]
and Address OROFINO, IDAHO
19. (a) 1/19/44 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) January 18, 1944
at 8:25 o'clock P.M.
21. **I HEREBY CERTIFY,** That I attended deceased from 1-4- 1944, to 1-18- 1944
I last saw him alive on Jan. 18, 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Hypostatic pneumonia.	[illegible]
Cardiac failure	
Due to senility.	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation — Date	Underline the cause to which death should be charged statistically.
Major finding —	
Finding of autopsy —	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? — Suicide? — Homicide? —
Occurred — 19 City, county, state where violence occurred —
Place of Violence: Home — Farm — Industry —
Public Place — While at work? —
Means of injury —
23. Attendant's OWN Signature A. B. Pappenhagen M.D. (M. D. or other)
and Address Orofino Idaho Date 1-19 1944
(For additional space, use reverse side)

137390

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 10
Reg. Dist. No. 210

FEB 5 1944

1. **PLACE OF DEATH:**
(a) County CLEARWATER
(b) City or town AHSAHKA
(c) Street Address or R. F. D. No. POST OFFICE
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home X Hospital __ Institution __ Other place __
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 45 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State IDAHO (b) County CLEARWATER
(c) City or town AHSAHKA
(d) Street Address or R. F. D. No. SAME
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? UNITED STATES
(g) How long had deceased lived in Idaho? LIFE years
(h) Former residence (city, state) ____

3. (a) **FULL NAME** MARK WHITEBULL

33a

3. (b) If veteran, name war NONE
3. (c) Social Security No. NONE
4. Sex MALE
5. Color or race INDIAN
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife LUCY WHITEBULL
6. (c) Age of husband or wife if alive 65 years
7. Date of Birth (Month, Day, Year) MAY 1st 1845

8. AGE	Years	Months	Days	If less than 1 day
	98	8	18	hrs min.

9. Exact Occupation RETIRED FARMER Did this work for 40 yrs.
10. Industry or Business SMALL FARM Date last worked 8 MO. AGO
11. Birthplace LAPWAII, IDAHO (City or town) (State or foreign country)

Father
12. Name WHITEBULL
13. Birthplace UNKNOWN (City or town) (State or foreign country)

Mother
14. Maiden name UNKNOWN
15. Birthplace UNKNOWN (City or town) (State or foreign country)

16. Informant's OWN Signature X Nellie Anderson
and Address AHSAHKA, IDAHO
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JANUARY 21st/44 (Month) (Day) (Year)
(c) Place AHSAHKA, IDAHO (INDIAN CEMETERY)
18. Funeral Director's OWN Signature George B Blake
and Address OROFINO, IDAHO
19. (a) 1/20/44 (Date received and filed) (b) Chloie Badrarach (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) January 18th 1944
at 3:30 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from ____ 19__, to January 17th 1944
I last saw her alive on January 17th 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Pneumonia — Duration ✓
Due to Influenza and age
Due to ✓
Other conditions ✓
(Include pregnancy within 3 months of death)
Where was disease contracted? Home
Name of operation ✓ Date ✓
Major finding ✓
Finding of autopsy ✓

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ✓ Suicide? ✓ Homicide? ✓
Occurred ✓ 19 ✓ City, county, state where violence occurred ✓
Place of Violence: Home ✓ Farm ✓ Industry ✓
Public Place ✓ While at work? ✓
Means of injury ✓
23. Attendant's OWN Signature H F Robertson (M. D. or other)
and Address Orofino Ida Date 1-20 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

137391

United States
Department of Commerce
Bureau of the Census

FEB 5 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 11
Reg. Dist. No. 210

1. **PLACE OF DEATH:**
   (a) County CLEARWATER
   (b) City or town PIERCE
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? X Outside? ____ city or town
   (e) Died in a Home X Hospital ____ Institution ____ Other place ____
   (f) Name Hosp. or Inst. ____ Stayed ____ days
   (g) Lived in this county 17 years ____ months ____ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State IDAHO (b) County CLEARWATER
   (c) City or town PIERCE
   (d) Street Address or R. F. D. No.
   (e) Deceased lived Inside? X Outside? ____ city or town
   (f) Citizen of what country? UNITED STATES
   (g) How long had deceased lived in Idaho? 27 years
   (h) Former residence (city, state)

3. (a) **FULL NAME** JOSEPH HUBER

93a

3. (b) If veteran, name war ____ 3. (c) Social Security No. ____

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced ?

6. (b) Name of husband or wife ____ 6. (c) Age of husband or wife if alive ____ years

7. Date of Birth (Month, Day, Year) SEPTEMBER 29, 1867

8. AGE	Years	Months	Days	If less than 1 day hrs min.
	76	3	20	

9. Exact Occupation WOODSWORKER Did this work for LIFE yrs.
10. Industry or Business ? Date last worked ?
11. Birthplace MUNICH GERMANY (City or town) (State or foreign country)

Father
12. Name UNKNOWN
13. Birthplace " (City or town) (State or foreign country)

Mother
14. Maiden name UNKNOWN
15. Birthplace " (City or town) (State or foreign country)

16. Informant's **OWN** Signature PUBLIC ASSISTANCE OFFICER RECORDS
and Address OROFINO, IDAHO

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof Jan 26 1944 (Month) (Day) (Year)
(c) Place: HILL CEMETERY

18. Funeral Director's **OWN** Signature George B Blake
and Address OROFINO, IDAHO

19. (a) 1/22/44 (Date received and filed) (b) Helen Badaracco (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 1/19/44 19____
at 7:20 o'clock P/ M.

21. **I HEREBY CERTIFY,** That I attended deceased from ********** 19** to ********** 19**
I last saw him alive on ____ 19____; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
PARALYTIC STROKE	1Hr
Due to CEREBRAL HEMORRHAGE	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ____ Date ____
Major finding
Finding of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury

23. Attendant's **OWN** Signature George B Blake CORONER
and Address OROFINO, IDAHO Date 1/21/44 19____

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

FEB 5 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137392
Local Reg. No. 12
Reg. Dist. No. 210

1. **PLACE OF DEATH:**
   (a) County Clearwater
   (b) City or town Orofino
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? Outside? X city or town
   (e) Died in a Home Hospital Institution X Other place
   (f) Name Hosp. or Inst St. Hos. No Stayed days
   (g) Lived in this county 3 years 5 months 7 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Bonner
   (c) City or town Sandpoint
   (d) Street Address or R. F. D. No. 313 S. Florence
   (e) Deceased lived Inside? X Outside? city or town
   (f) Citizen of what country? United States
   (g) How long had deceased lived in Idaho? 32 years
   (h) Former residence (city, state) Missouri

3. (a) **FULL NAME** RIDINGER, CORDELIA 93d

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Unknown

8. AGE	Years	Months	Days	If less than 1 day
	85			hrs min.

9. Exact Occupation Unknown Did this work for yrs.
10. Industry or Business " Date last worked
11. Birthplace Missouri (City or town) (State or foreign country)

Father
12. Name Thomas Laughlin
13. Birthplace Pennsylvania (City or town) (State or foreign country)

Mother
14. Maiden name Nancy Bell Wright
15. Birthplace Pennsylvania (City or town) (State or foreign country)

16. Informant's OWN Signature J. L. Barry M.D.
and Address Orofino Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/[illegible]/22/44 (Month) (Day) (Year)
(c) Place: Riverside Cemetery
18. Funeral Director's OWN Signature George B. Blake
and Address Orofino Idaho
19. (a) 1/22/44 (Date received and filed) (b) Louise Eadsarad (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) January 20, 1944
at 6:30 o'clock P.M.
21. **I HEREBY CERTIFY,** That I attended deceased from June 1, 1943 to January 20, 1944
I last saw her alive on Jan. 20, 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Influenza	1 day
Due to	
Due to	
Other conditions Myocarditis (Include pregnancy within 3 months of death)	15 yr.
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature J. L. Barry M.D. (M.D. or other)
and Address Orofino Idaho Date 1/[illegible]/1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

FEB 5 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137303
Local Reg. No. 13
Reg. Dist. No. 21

1. **PLACE OF DEATH:**
(a) County Clearwater
(b) City or town Orofino
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? X city or town
(e) Died in a Home Hospital X Institution X Other place
(f) Name Hosp. or Inst. St. Hosp. No Stayed days
(g) Lived in this county 3 years 1 months 16 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bonner
(c) City or town Sandpoint
(d) Street Address or R. F. D. No. 1209 Oak Street
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? United States
(g) How long had deceased lived in Idaho? years
(h) Former residence (city, state)

3. (a) **FULL NAME** Selma Fredrickson

336

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex female 5. Color or race white
6. (a) Single, widowed, married, divorced 7
6. (b) Name of husband or wife Emanuel Fredrickson
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Nov. 8, 1872

8. AGE	Years	Months	Days	If less than 1 day
	71	2	19	hrs min.

9. Exact Occupation Housewife Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Sweden (City or town) (State or foreign country)
Father
12. Name unknown
13. Birthplace " (City or town) (State or foreign country)
Mother
14. Maiden name unknown
15. Birthplace " (City or town) (State or foreign country)
16. Informant's OWN Signature E. L. Berry M.D.
and Address Orofino Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Jan. 22/1944 (Month) (Day) (Year)
(c) Place: Sandpoint Idaho
18. Funeral Director's OWN Signature George B. Blake
and Address Orofino Idaho
19. (a) 1/22/44 (Date received and filed) (b) Wilmie Badrarach (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) January 21 1944
at 3:30 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from June 1 1943, to Jan 21 1944
I last saw her alive on Jan 20 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Influenza	4 days
Due to Arteriosclerosis	10 years
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted? Hospital	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature E. L. Berry M.D. (M. D. or other)
and Address Orofino Idaho Date Jan 21 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce FEB 5 1944
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137394
Local Reg. No. 14
Reg. Dist. No. 210

1. **PLACE OF DEATH:**
(a) County CLEARWATER
(b) City or town ORORFINO
(c) Street Address or R. F. D. No. HOSPITAL
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home __ Hospital X Institution __ Other place __
(f) Name Hosp. or Inst. OROFINO Stayed ____ days
(g) Lived in this county 19 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State IDAHO (b) County CLEARWTAER
(c) City or town OROFINO
(d) Street Address or R. F. D. No. POST OFFICE
(e) Deceased lived Inside? ____ Outside? YES city or town
(f) Citizen of what country? UNITED STATES
(g) How long had deceased lived in Idaho? 19 years
(h) Former residence (city, state) COLVILLE, WASH.

3. (a) **FULL NAME** ETTA TURNER

3. (b) If veteran, name war ********* 3. (c) Social Security No. 518-01-6527
4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife ROSS TURNER 6. (c) Age of husband or wife if alive 51 years
7. Date of Birth (Month, Day, Year) MARCH 11th 1898

8. AGE	Years	Months	Days	If less than 1 day
	45	10	19	hrs min.

9. Exact Occupation HOUSEWIFE Did this work for LIFE yrs.
10. Industry or Business HOME Date last worked 4 WKS AGO.
11. Birthplace COLVILLE, WASHINGTON (City or town) (State or foreign country)
Father
12. Name HANS K. HANSEN
13. Birthplace DENMARK (City or town) (State or foreign country)
Mother
14. Maiden name SOPHIA JENSEN
15. Birthplace HAMBURG, GERMANY (City or town) (State or foreign country)
16. Informant's OWN Signature Ross Turner
and Address OROFINO, IDAHO (53) Box No.)
17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof 2/2/44 (Month) (Day) (Year)
(c) Place: LEWISTON, IDAHO
18. Funeral Director's OWN Signature George B Blake
and Address OROFINO, IDAHO
19. (a) 2/2/44 (Date received and filed) (b) Lillie Bachorad (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Jan. 30 1944
at 10:20 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 12/27 1943, to 1/30 1944
I last saw her alive on 1/30 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Carcinoma of omentum	1 month
Due to Carcinoma of Pancreas + liver	10-12 months
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? Orofino
Name of operation Exploratory Date 1/27/44
Major finding General carcinoma
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature R. T. Hopkins (M. D. ~~or other~~)
and Address Orofino Date 2/1 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

137402

United States
Department of Commerce
Bureau of the Census

JAN 2 9 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137402
Local Reg. No. 1
Reg. Dist. No. 540

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. PLACE OF DEATH:
(a) County Franklin
(b) City or town Preston
(c) Street Address or R. F. D. No. 153 West 2nd. So.
(d) Death Occurred Inside? X Outside? ..... city or town
(e) Died in a Home X Hospital .... Institution .... Other place ....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 47 years ..... months ..... days
Note For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Franklin
(c) City or town Preston
(d) Street Address or R. F. D. No. 153 West 2nd. So
(e) Deceased lived Inside? X Outside? ..... city or town
(f) If foreign born, in U. S. ..... yrs. Citizen of U. S.? yes
(g) How long had deceased lived in Idaho? 47 years
(h) Former residence (city, state) Salt Lake City Ut.

3. (a) **FULL NAME** GEORGE ALBERT WILCOX

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Marian Terrell Wilcox
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) March 27, 1857

8. AGE	Years	Months	Days	If less than 1 day
	86	9	6	hrs ..... min.

9. Exact Occupation Carpenter — Did this work for ..... yrs.
10. Industry or Business ..... — Date last worked 1937
11. Birthplace Salt Lake City, Utah. (City or town) (State or foreign country)

Father
12. Name Walter Eli Wilcox,
13. Birthplace Unknown (City or town) (State or foreign country)

Mother
14. Maiden name Maria Wealthy Richards,
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's **OWN** Signature Edna W. Stevenson and Address Preston, Idaho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 6, 1944 (Month) (Day) (Year)
(c) Place: Preston, Idaho
18. Funeral Director's **OWN** Signature John M. Coffman and Address Preston, Idaho.
19. (a) 1-6-1944 (Date received and filed) (b) Effie W. Brower (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) January 3, 1944 at 4:20 o'clock A. M.
21. I **HEREBY CERTIFY**, That I attended deceased from Jan 3 1944 to Jan 3 1944 I last saw h.m alive on Jan 3 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Myocarditis	1 yr
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease first contracted? Home
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN — Underline the cause to which death should be charged statistically.

22 If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature O. R. Cutler M D (M. D. or other)
and Address Preston Ida Date 1-4 1944
(For additional space, use reverse side)

United States
Department of Commerce JAN 2 9 1944
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137403
Local Reg. No. 2
Reg. Dist. No. 541

1. PLACE OF DEATH:
(a) County Franklin
(b) City or town Dayton
(c) Street Address or R. F. D. No. Dayton, Idaho
(d) Death Occurred Inside? ..... Outside? ..... city or town
(e) Died in a Home X Hospital ..... Institution ..... Other place ....
(f) Name Hosp. or Inst. None Stayed ..... days
(g) Lived in this county ..... years 1 months 1 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Utah (b) County Cache
(c) City or town North Logan
(d) Street Address or R. F. D. No. North Logan
(e) Deceased lived Inside? X Outside? ..... city or town
(f) If foreign born, in U. S. 54 yrs. Citizen of U. S.? .....
(g) How long had deceased lived in Idaho? 1 Month years
(h) Former residence (city, state) North Logan, Ut

3. (a) **FULL NAME** Felix Beutler 107

3. (b) If veteran, name war None 3. (c) Social Security No. None
4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Mary Stucki 6 (c) Age of husband or wife if alive Dead years
7. Date of Birth (Month, Day, Year) June 19th, 1866

8. AGE	Years	Months	Days	If less than 1 day hrs min.
	77	6	16	

9. Exact Occupation Retired Did this work for 60 yrs.
10. Industry or Business Farmer Date last worked Unknown
11. Birthplace Berne Switzerland (City or town) (State or foreign country)
Father
12. Name Peter Beutler
13. Birthplace Switzerland (City or town) (State or foreign country)
Mother
14. Maiden name Marie Ashliman
15. Birthplace Switzerland (City or town) (State or foreign country)
16. Informant's **OWN** Signature X Walter Beutler and Address Dayton, Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Jan. 5, 1944 (Month) (Day) (Year)
(c) Place: Logan, Utah
18. Funeral Director's **OWN** Signature W. Loyal Hall and Address Logan, Utah
19. (a) 1-5-1944 (Date received and filed) (b) Effie W. Brower (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Jan. 5 1944 at 6 o'clock A. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 1-4 1944 to 1-5 1944
I last saw him alive on 1-4 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Bronchopneumonia	24 hr.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) Senility	
Where was disease first contracted?	
Name of operation ..... Date	
Major finding	
Finding of autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature W. Eyre Gagnon M.D. (M. D. or other) and Address Lewiston, Ut. Date 1-5 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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United States
Department of Commerce
Bureau of the Census

JAN 2 9 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137404
Local Reg. No. 3
Reg. Dist. No. 540

1. PLACE OF DEATH:
(a) County Franklin
(b) City or town Preston
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? in Outside? city or town
(e) Died in a Home H Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State (b) County
(c) City or town
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Outside? city or town
(f) If foreign born, in U. S. yrs. Citizen of U. S.?
(g) How long had deceased lived in Idaho? years
(h) Former residence (city, state)

3. (a) **FULL NAME** Generva Newlin Hale 61

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female race White
5. Color or
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Soloman
6 (c) Age of husband or wife if alive Dead years
7. Date of Birth (Month, Day, Year) Nov 17 1860

8. AGE	Years	Months	Days	If less than 1 day
	83	1	18	hrs min.

9. Exact Occupation Housewife Did this work for yrs.
10. Industry or Business Date last worked 1935
11. Birthplace Ogden Utah (City or town) (State or foreign country)
Father
12. Name Brain Ward
13. Birthplace H[illegible] Kentucky (City or town) (State or foreign country)
Mother
14. Maiden name Mary Cumming Newlin
15. Birthplace Tenn (City or town) (State or foreign country)
16. Informant's **OWN** Signature Lynn Hale
and Address Preston Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 7 1944 (Month) (Day) (Year)
(c) Place: Preston Idaho
18. Funeral Director's **OWN** Signature M W Hendricks
and Address Preston Idaho
19. (a) 1-6-1944 (Date received and filed) (b) Effie W. Brower (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Jan 5 1944 19
at 4/3 o'clock M.
21. **I HEREBY CERTIFY,** That I attended deceased from 1-1 1942, to 1-5 1944
I last saw her alive on 1-4 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebral hemorrhage	5 days
Due to Arterio sclerosis and diabetes Mellitus	5-10 years
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease first contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature A. R. Cutler M.D. (M.D. or other)
and Address Preston Ida Date 1-6 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census JAN 2 9 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137405
Local Reg. No. 4
Reg. Dist. No. 4-6

1. **PLACE OF DEATH:**
(a) County Franklin
(b) City or town Preston
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? out city or town
(e) Died in a Home h Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 52 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State (b) County
(c) City or town
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Outside? city or town
(f) If foreign born, in U. S. yrs. Citizen of U. S.?
(g) How long had deceased lived in Idaho? years
(h) Former residence (city, state)

3. (a) **FULL NAME** Lucy W ¼ Peterson

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female race White
5. Color or
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Charles
6 (c) Age of husband or wife if alive dead years
7. Date of Birth (Month, Day, Year) Dec 23 1869

8. AGE	Years	Months	Days	If less than 1 day
	74		20	hrs min.

9. Exact Occupation Housewife — Did this work for life yrs.
10. Industry or Business — Date last worked 1940
11. Birthplace Portersville Utah (City or town) (State or foreign country)

Father
12. Name William Isaac White
13. Birthplace Canada (City or town) (State or foreign country)

Mother
14. Maiden name Ellen Smethust
15. Birthplace England (City or town) (State or foreign country)

16. Informant's **OWN** Signature B. W. Peterson and Address Preston Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 17 1944 (Month) (Day) (Year)
(c) Place: Preston Idaho
18. Funeral Director's **OWN** Signature [illegible] and Address Preston Idaho
19. (a) 1-17-1944 (Date received and filed) (b) Effie W. Brauer (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Jan 13 1944 19
at 9 o'clock A M.

21. I **HEREBY CERTIFY**, That I attended deceased from June 19 44, to Jan 19 44
I last saw h alive on Jan 19 44; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — Duration

Due to Cardiovascular Renal Disease

Due to

Other conditions
(Include pregnancy within 3 months of death)

Where was disease first contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature Leo R. Hawkes M.D. (M. D. or other)
and Address Preston Ida. Date 1-17 19 44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

137406

United States
Department of Commerce
Bureau of the Census JAN 2 9 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 5
Reg. Dist. No. 541

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. PLACE OF DEATH:
(a) County Franklin
(b) City or town Mink Creek
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 3 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Franklin
(c) City or town Mink Creek
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) If foreign born, in U. S. yrs. Citizen of U. S.? Yes
(g) How long had deceased lived in Idaho? 3 years
(h) Former residence (city, state) Mt. View, Wyo.

3. (a) **FULL NAME** EDWIN BLAINE CURTIS 94a

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Emma H. Curtis
6 (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) March 28, 1854

8. AGE	Years	Months	Days	If less than 1 day
	89	9	16	hrs min.

9. Exact Occupation Farmer Ret. 25yrs Did this work for yrs.
10. Industry or Business Own Farm Date last worked
11. Birthplace Shueyville, Illinois. (City or town) (State or foreign country)

Father
12. Name Able Curtis,
13. Birthplace Not Known (City or town) (State or foreign country)

Mother
14. Maiden name Mary Lawson,
15. Birthplace Not Known (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mary L. Sargent and Address Mink Creek Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-17-44 (Month) (Day) (Year)
(c) Place: Provo, Utah.
18. Funeral Director's **OWN** Signature Joseph M. Richards and Address Preston, Idaho.
19. (a) 1-13-1944 (Date received and filed) (b) Effie W. Brower (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) January 14, 1944 at 8:15 o'clock A. M.
21. I **HEREBY CERTIFY**, That I attended deceased from Jan 14 1944 to January 14 1944
I last saw him alive on Jan 14 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Coronary occlusion	1 day
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease first contracted? Home
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature O. R. Cutler MD (M. D. or other)
and Address Preston Ida Date 1-13 1944

(For additional space, use reverse side)

FEB 9 1944

137407

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137407
Local Reg. No. 3
Reg. Dist. No. 651

1. **PLACE OF DEATH:**
(a) County Fremont
(b) City or town St. Anthony
(c) ~~Street Address~~ or R. F. D. No. 2
(d) Death Occurred Inside? ____ Outside? Yes city or town
(e) Died in a Home ____ Hospital ____ Institution ____ Other place Yes
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county Life years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Fremont
(c) City or town St. Anthony
(d) ~~Street Address~~ or R. F. D. No. 2
(e) Deceased lived Inside? ____ Outside? Yes city or town
(f) Citizen of what country? United States
(g) How long had deceased lived in Idaho? Life years
(h) Former residence (city, state) ____

3. (a) **FULL NAME** WALTER HENRY DAVIS

1640

3. (b) If veteran, name war No.
3. (c) Social Security No. 519-01-6508
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Leona Nelson
6. (c) Age of husband or wife if alive 32 years
7. Date of Birth (Month, Day, Year) July 7, 1908

8. AGE	Years	Months	Days	If less than 1 day
	35	6	7	hrs ____ min.

9. Exact Occupation Farmer — Did this work for 10 yrs.
10. Industry or Business Own Farm — Date last worked 1-14-44
11. Birthplace Wilford, Idaho (City or town) (State or foreign country)

Father
12. Name John Davis
13. Birthplace Utah (City or town) (State or foreign country)

Mother
14. Maiden name Elizabeth Collins
15. Birthplace Thatcher, Idaho (City or town) (State or foreign country)

16. Informant's **OWN** Signature Leonard Davis
and Address St. Anthony, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-17-44 (Month) (Day) (Year)
(c) Place: Wilford, Idaho
18. Funeral Director's **OWN** Signature M. L. Hansen
and Address St. Anthony, Idaho
19. (a) 1-15-44 (Date received and filed) (b) M. L. Hansen (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) January 14 1944
at ____ o'clock ____ M.

21. **I HEREBY CERTIFY,** That I attended deceased from ____ 19____, to ____ 19____
I last saw h____ alive on ____ 19____; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Suicide by — Duration
Due to from ~~Drowning~~
Due to
Other conditions
(Include pregnancy within 3 months of death)
Where was disease contracted?
Name of operation ____ Date ____
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ~~No~~ Homicide? ____
Occurred Jan. 14 1944 City, county, state where violence occurred St. Anthony, Idaho
Place of Violence: Home ____ Farm yes Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's **OWN** Signature Lyman Hansen
(M. D. or other)
and Address Ashton Idaho Date 1-14 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

137408

United States
Department of Commerce
Bureau of the Census

FEB 9 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137408
Local Reg. No. 4
Reg. Dist. No. 652

1. **PLACE OF DEATH:**
(a) County Fremont
(b) City or town St. Anthony
(c) Street Address or R. F. D. No. 647 W. Main
(d) Death Occurred Inside? Yes Outside? ____ city or town
(e) Died in a Home X Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 39 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Fremont
(c) City or town St. Anthony
(d) Street Address or R. F. D. No. 647 W. Main
(e) Deceased lived Inside? Yes Outside? ____ city or town
(f) Citizen of what country? United States
(g) How long had deceased lived in Idaho? 39 years
(h) Former residence (city, state) ____

3. (a) **FULL NAME** EDGAR ELSTER HACKWORTH 83a

3. (b) If veteran, name war No. 3. (c) Social Security No. None.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Nannie Tuck 6. (c) Age of husband or wife if alive 62 years

7. Date of Birth (Month, Day, Year) July 5, 1875

8. AGE	Years	Months	Days	If less than 1 day
	68	6	11	hrs ____ min.

9. Exact Occupation Grocery clerk Did this work for 1942 yrs.
10. Industry or Business Own business Date last worked 5
11. Birthplace Leesville, Virginia (City or town) (State or foreign country)

Father
12. Name Tazwell Hackworth
13. Birthplace Virginia (City or town) (State or foreign country)

Mother
14. Maiden name Mary Nichols
15. Birthplace Bedford County, Virginia (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mrs. Grace E. Cooley
and Address Rocasta, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-21-44 (Month) (Day) (Year)
(c) Place: Teton, Idaho

18. Funeral Director's **OWN** Signature M. L. Hansen
and Address St. Anthony, Idaho

19. (a) Jan 17 1944 (Date received and filed) (b) M. L. Hansen (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Jan 16 1944
at 11:38 o'clock P M.

21. **I HEREBY CERTIFY**, That I attended deceased from Jan 1943, to Jan 16 1944
I last saw him alive on Jan 16 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Myocardial Failure — Duration 1 week
Due to Cerebral Haemorrhage — 1 yr.
Due to Hypertension — 3 yrs
Other conditions
(Include pregnancy within 3 months of death)

Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19 ____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's **OWN** Signature C. J. Lowell M.D. (M. D. or other)
and Address St. Anthony Date 1/17/1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

FEB 9 1944

137409

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 2
Reg. Dist. No. 650

1. **PLACE OF DEATH:**
(a) County Fremont
(b) City or town St. Anthony
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Yes Outside? city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 35 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Fremont
(c) City or town St. Anthony
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Yes Outside? city or town
(f) Citizen of what country? United States
(g) How long had deceased lived in Idaho? 35 years
(h) Former residence (city, state)

3. (a) **FULL NAME** ELSIE THRELKELD LODGE 48 b

3. (b) If veteran, name war NO.
3. (c) Social Security No. 529-26-8978
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Elmer Lodge
6. (c) Age of husband or wife if alive 68 years
7. Date of Birth (Month, Day, Year) January 13, 1881

8. AGE	Years	Months	Days	If less than 1 day
	63	0	6	hrs min.

9. Exact Occupation Housewife Did this work for 43 yrs.
10. Industry or Business Own Home Date last worked 1943
11. Birthplace Russell, Iowa (City or town) (State or foreign country)
Father
12. Name John Threlkeld
13. Birthplace Unknown. (City or town) (State or foreign country)
Mother
14. Maiden name Sarah Moore
15. Birthplace Unknown (City or town) (State or foreign country)
16. Informant's OWN Signature Vernon E. Roberts
and Address St. Anthony, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-22-44 (Month) (Day) (Year)
(c) Place: St. Anthony, Idaho
18. Funeral Director's OWN Signature M. D. Hansen
and Address St. Anthony, Idaho
19. (a) Jan. 22, 1944 (Date received and filed) (b) M. D. Hansen (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Jan 19 1944
at 2 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from 1943, to Jan 19 1944
I last saw her alive on Jan 17 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Carcinoma - uterus	4 mo.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state
where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature [signature] (M. D. or other)
and Address St. Anthony Date 1/20/ 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

FEB 9 '44

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137410
Local Reg. No. 5
Reg. Dist. No. 657

1. **PLACE OF DEATH:**
   (a) County Fremont
   (b) City or town Marysville
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? ~~Outside?~~ city ~~or town~~
   (e) Died in a Home ~~Hospital~~ ~~Institution~~ ~~Other place~~
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county 51 years months days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Fremont
   (c) City or town Marysville
   (d) Street Address or R. F. D. No.
   (e) Deceased lived Inside? ~~Outside?~~ ~~city or town~~
   (f) Citizen of what country? U.S.
   (g) How long had deceased lived in Idaho? 51 years
   (h) Former residence (city, state) Utah

3. (a) **FULL NAME** Edith Glover

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Dec 11th 1870

8. AGE	Years	Months	Days	If less than 1 day
	63	1	17	hrs min.

9. Exact Occupation At Home — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace Marysville Utah (City or town) (State or foreign country)

Father
12. Name Evert Van Orden
13. Birthplace (City or town) (State or foreign country)

Mother
14. Maiden name Elizabeth Harris
15. Birthplace England (City or town) (State or foreign country)

16. Informant's **OWN** Signature Harvey Glover
and Address Ashton Idaho

17. (a) Burial (b) Date thereof 1-26-44 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: Ashton Idaho

18. Funeral Director's **OWN** Signature Lewis Kiser
and Address Ashton Idaho

19. (a) Jan 13 1944 (b) Mae Hansen (Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) January 21 1944
at 5 o'clock P M.

21. **I HEREBY CERTIFY,** That I attended deceased from Jan 20 1944, to Jan 21 1944
I last saw her alive on Jan 21 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cancer of Liver	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature E. L. Hansen (M. D. or other)
and Address Ashton Idaho Date Jan 22 1944

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

FEB 7 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137411
Local Reg. No. B41
Reg. Dist. No. 6

1. **PLACE OF DEATH:** Gem
   (a) County
   (b) City or town Emmett
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? X Outside? ____ city or town
   (e) Died in a Home __ Hospital X Institution __ Other place __
   (f) Name Hosp. or Inst. Mary Secor Stayed 2 days
   (g) Lived in this county ____ years ____ months ____ days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Gem
   (c) City or town Emmett
   (d) Street Address or R. F. D. No.
   (e) Deceased lived Inside? X Outside? ____ city or town
   (f) Citizen of what country?
   (g) How long had deceased lived in Idaho? 30 years
   (h) Former residence (city, state) Illinois

3. (a) **FULL NAME** John William Hill

3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex male
5. Color or race White
6. (a) Single, widowed, married, divorced divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) Feb. 6, 1873

8. AGE	Years	Months	Days	If less than 1 day
	71	10	27	hrs min.

9. Exact Occupation Day laborer Did this work for ____ yrs.
10. Industry or Business ____ Date last worked ____
11. Birthplace Illinois (City or town) (State or foreign country)
Father
12. Name Unknown
13. Birthplace " (City or town) (State or foreign country)
Mother
14. Maiden name Unknown
15. Birthplace " (City or town) (State or foreign country)
16. Informant's OWN Signature Donna Cafford
and Address Circle add Box 663
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/7-1944 (Month) (Day) (Year)
(c) Place: Emmett, Idaho
18. Funeral Director's OWN Signature
and Address Emmett, Idaho
19. (a) 1/7-1944 (Date received and filed) (b) J L Reynolds (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Jan. 3, 1944 19__
at 11:30 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from Jan 2 1944, to Jan 3 1944
I last saw him alive on Jan 3 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Adeno-Carcinoma of Gall-bladder — Duration: unknown Probably a few months
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Where was disease contracted?
Name of operation Laparotomy Date 1-3-44
Major finding Cancer
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state
where violence occurred
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work?
Means of injury
23. Attendant's OWN Signature [signature] (M. D. or other)
and Address Emmett, Idaho Date 1/7-1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce FEB 7 1944
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137412
Local Reg. No. 341
Reg. Dist. No. 6

1. **PLACE OF DEATH:**
(a) County Gem
(b) City or town Emmett
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? X city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. 73 9 4 Stayed days
(g) Lived in this county years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Gem
(c) City or town Emmett
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Outside? X city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? all life years
(h) Former residence (city, state)

3. (a) **FULL NAME** ANNA MARIE WALLACE 95c

3. (b) If veteran, name war
3. (c) Social Security No. none
4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Wm. Wallace
6. (c) Age of husband or wife if alive 75 years
7. Date of Birth (Month, Day, Year) April 3, 1870

8. AGE	Years	Months	Days	If less than 1 day
	73	9	4	hrs min.

9. Exact Occupation At home Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Emmett, Idaho (City or town) (State or foreign country)
Father
12. Name Christian Kesgard
13. Birthplace Denmark (City or town) (State or foreign country)
Mother
14. Maiden name Catherine Bindup
15. Birthplace Denmark (City or town) (State or foreign country)
16. Informant's OWN Signature Arthur Wilson and Address Emmett, Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 1/10-1944 (Month) (Day) (Year)
(c) Place: Emmett, Idaho
18. Funeral Director's OWN Signature C. D. Beckenauer and Address Emmett, Idaho
19. (a) 1/10-1944 (Date received and filed) (b) J. K. Reynolds (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Jan. 7, 1944 19
at o'clock M.
21. **I HEREBY CERTIFY,** That I attended deceased from Dec 28 1943 to Jan 7 1944
I last saw her alive on Jan 1 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration
Cardiac decompensation
Parkesonian Disease
Due to and Generalized
Arthritis
Due to
Other conditions
(Include pregnancy within 3 months of death)

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's OWN Signature J. K. Reynolds (M. D. or other)
and Address Emmett, Idaho Date 1/10-1944

(For additional space, use reverse side)

137413

United States
Department of Commerce
Bureau of the Census

FEB 7 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137413
Local Reg. No. 341
Reg. Dist. No. 6

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:** Gem
   (a) County Emmett
   (b) City or town
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? X Outside? ____ city or town
   (e) Died in a Home ____ Hospital or Institution X Other place ____
   (f) Name Hosp. or Inst. Mary Secor Stayed ____ days
   (g) Lived in this county 31 years ____ months ____ days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Gem
   (c) City or town Emmett
   (d) Street Address or R. F. D. No.
   (e) Deceased lived Inside? X Outside? ____ city or town
   (f) Citizen of what country?
   (g) How long had deceased lived in Idaho? 31 years
   (h) Former residence (city, state)

3. (a) **FULL NAME** EMMA MARGARET PRATT 1316

3. (b) If veteran, name war ____ 3. (c) Social Security No. none

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife John L. Pratt 6. (c) Age of husband or wife if alive 77 years

7. Date of Birth (Month, Day, Year) July 23, 1869

8. AGE	Years	Months	Days	If less than 1 day
	74	5	17	hrs ____ min.

9. Exact Occupation At home Did this work for ____ yrs.
10. Industry or Business ____ Date last worked ____
11. Birthplace Sweden (City or town) (State or foreign country)

Father
12. Name Unknown
13. Birthplace " (City or town) (State or foreign country)

Mother
14. Maiden name Unknown
15. Birthplace " (City or town) (State or foreign country)

16. Informant's OWN Signature W. E. Pratt
    and Address Sweet, Idaho

17. (a) burial (Burial, cremation, or removal) (b) Date thereof Jan. 13, 1944 (Month) (Day) (Year)
    (c) Place: Emmett, Idaho

18. Funeral Director's OWN Signature ____
    and Address Emmett, Idaho

19. (a) Jan. 12, 1944 (Date received and filed) (b) ____ (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Jan. 10, 1944 19____
    at 5:30 o'clock a. M.

21. **I HEREBY CERTIFY,** That I attended deceased from July 1942, to Jan. 10, 1944
    I last saw her alive on Jan 10 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Apoplexy (cerebral hemorr)	4 month
Due to Hypertension	2 yrs.
Chronic nephritis	years
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ____ Date ____
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
    Occurred ____ 19____ City, county, state where violence occurred
    Place of Violence: Home ____ Farm ____ Industry ____
    Public Place ____ While at work? ____
    Means of injury

23. Attendant's OWN Signature [signature]
    and Address Emmett, Idaho (M. D.) Date 1/12 1944

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

FEB 7 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137414
Local Reg. No. 347
Reg. Dist. No. 6

1. **PLACE OF DEATH:**
   (a) County Gem
   (b) City or town Emmett
   (c) Street Address or R. F. D. No. ____
   (d) Death Occurred Inside? ____ Outside? x city or town
   (e) Died in a Home x Hospital ____ Institution ____ Other place ____
   (f) Name Hosp. or Inst. ____ Stayed ____ days
   (g) Lived in this county 11 years ____ months ____ days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Gem
   (c) City or town Emmett
   (d) Street Address or R. F. D. No. ____
   (e) Deceased lived Inside? ____ Outside? x city or town
   (f) Citizen of what country? ____
   (g) How long had deceased lived in Idaho? 11 years
   (h) Former residence (city, state) Iowa

3. (a) **FULL NAME** James Walter Caperon

94a

3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex male
5. Color or race White
6. (a) Single, widowed, married, divorced widower
6. (b) Name of husband or wife ____
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) Aug. 25, 1868

8. AGE	Years	Months	Days	If less than 1 day
	75	4	16	hrs ____ min.

9. Exact Occupation Farmer — Did this work for ____ yrs.
10. Industry or Business ____ — Date last worked ____
11. Birthplace Marengo, Iowa (City or town) (State or foreign country)

Father
12. Name Albert Caperon
13. Birthplace Maine (City or town) (State or foreign country)

Mother
14. Maiden name Sarah Paine
15. Birthplace Penn. (City or town) (State or foreign country)

16. Informant's **OWN** Signature E. J. Caperon
and Address Emmett Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 1/15-1944 (Month) (Day) (Year)
(c) Place: Boise, Idaho
18. Funeral Director's **OWN** Signature E. M. Buckmun
and Address Emmett, Idaho
19. (a) 1/15-1944 (Date received and filed) (b) J. R. Reynolds (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Jan. 11, 1944 19____
at 9:20 o'clock A. M.
21. **I HEREBY CERTIFY,** That I attended deceased from ____ 19____, to ____ 19____
I last saw h____ alive on ____ 19____; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Died suddenly — probably heart failure
Due to Coronary occlusion
Due to ____
Other conditions ____
(Include pregnancy within 3 months of death)

Duration

Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's **OWN** Signature E. M. Buckmun, Coroner (M. D. or other)
and Address Emmett, Idaho Date 1/15-1944

(For additional space, use reverse side)

137415

United States
Department of Commerce
Bureau of the Census

FEB 7 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 341
Reg. Dist. No. 6

1. **PLACE OF DEATH:** Gem
(a) County Emmett
(b) City or town
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? X city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county years 1 months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Gem
(c) City or town Emmett
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Outside? X city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? All life years
(h) Former residence (city, state)

3. (a) FULL NAME JUNIOR FRANKLIN MORTZ

106c

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced infant
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Nov. 26, 1943

8. AGE	Years	Months	Days	If less than 1 day
		1	15	hrs min.

9. Exact Occupation Infant Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Boise, Idaho (City or town) (State or foreign country)
Father
12. Name Franklin Mortz
13. Birthplace Widen, West Va. (City or town) (State or foreign country)
Mother
14. Maiden name Della Ellen Dealy
15. Birthplace Smiths Ferry, Idaho (City or town) (State or foreign country)
16. Informant's OWN Signature Hattie Dealy
and Address Idaho City Ida
17. (a) burial (Burial, cremation, or removal) (b) Date thereof Jan. 13-44 (Month) (Day) (Year)
(c) Place: Emmett, Idaho
18. Funeral Director's OWN Signature [signature]
and Address Emmett, Idaho
19. (a) Jan. 13, 1944 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Jan. 11, 1944 19
at 10 o'clock a.M.
21. **I HEREBY CERTIFY,** That I attended deceased from Jan. 10 19 44 to Jan. 11 19 44
I last saw him alive on Jan. 10 19 44 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Acute bronchitis	2 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted? home	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature [signature] (M. D. or other)
and Address Emmett, Idaho Date 1/13-1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

FEB 7 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137416
Local Reg. No. 341
Reg. Dist. No. 6

1. **PLACE OF DEATH:** Gem
   (a) County Emmett
   (b) City or town
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? X Outside? city or town
   (e) Died in a Home X Hospital Institution Other place
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county years 1 months 6 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Gem
   (c) City or town Emmett
   (d) Street Address or R. F. D. No.
   (e) Deceased lived Inside? X Outside? city or town
   (f) Citizen of what country?
   (g) How long had deceased lived in Idaho? years
   (h) Former residence (city, state)

3. (a) **FULL NAME** LIBBIE JOAN BROWNFIELD 157a

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced infant
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) June 20, 1942

8. AGE	Years	Months	Days	If less than 1 day
	1	6	26	hrs min.

9. Exact Occupation Infant Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Emmett, Idaho (City or town) (State or foreign country)

Father
12. Name John M. Brownfield
13. Birthplace Chillicothe, Mo. (City or town) (State or foreign country)

Mother
14. Maiden name Alice Myhre
15. Birthplace Chance, South Dakota (City or town) (State or foreign country)

16. Informant's OWN Signature John M Brownfield
and Address Emmett, Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 1/18-1944 (Month) (Day) (Year)
(c) Place: Emmett, Idaho
18. Funeral Director's OWN Signature C D Buckmun
and Address Emmett, Idaho
19. (a) 1/18-1944 (Date received and filed) (b) J L Reynolds (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Jan. 16-1944 19
at o'clock M.
21. **I HEREBY CERTIFY,** That I attended deceased from June 20 1942, to Jan. 16 1944
I last saw her alive on Jan. 14 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Congenital hydrocephalus	from birth
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature [signature] (M. D. or other)
and Address Emmett, Idaho Date 1/18-1944 19
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

FEB 7 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137417
Local Reg. No. 341
Reg. Dist. No. 6

1. **PLACE OF DEATH:**
(a) County Gem
(b) City or town Emmett
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 10 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Gem
(c) City or town Emmett
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? 10-1/2 years
(h) Former residence (city, state) Nebraska

3. (a) FULL NAME ANNA EMILIA RADER 87c.

3. (b) If veteran, name war
3. (c) Social Security No. none
4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Henry Rader
6. (c) Age of husband or wife if alive 61 years
7. Date of Birth (Month, Day, Year) Jan. 18-1944 1883

8. AGE	Years	Months	Days	If less than 1 day
	61	3	6	hrs min.

9. Exact Occupation At home Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Germany (City or town) (State or foreign country)
Father
12. Name Gus Shultz
13. Birthplace Germany (City or town) (State or foreign country)
Mother
14. Maiden name Emilia Bietke
15. Birthplace Germany (City or town) (State or foreign country)
16. Informant's OWN Signature Harry G. Rader
and Address 1315 N Swatts Portland ore
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 1/24-1944 (Month) (Day) (Year)
(c) Place: Emmett, Idaho
18. Funeral Director's OWN Signature C. D. Bucknum
and Address Emmett, Idaho
19. (a) 1/22-1944 (Date received and filed) (b) J. R. Reynolds (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Jan. 18-1944 19
at o'clock M.
21. **I HEREBY CERTIFY,** That I attended deceased from Nov. 1943, to Jan. 18 1944
I last saw her alive on Jan. 3 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Senility with senile dementia 162a	years
Due to Paralysis agitans 87c	years
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature [signature] (M. D. or other)
and Address Emmett, Idaho Date 1/22-1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

FEB 7 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137419
Local Reg. No.
Reg. Dist. No. 42-1

1. **PLACE OF DEATH:**
(a) County Gooding
(b) City or town Wendell
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. St Valentines Stayed days
(g) Lived in this county years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Jerome
(c) City or town Jerome
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 24 years
(h) Former residence (city, state) Oregon

3. (a) **FULL NAME** Sidney Smith Kight

13,556

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Nora
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) January 29, 1868

8. AGE	Years	Months	Days	If less than 1 day
	76			hrs min.

9. Exact Occupation Retired farmer Did this work for all life yrs.
10. Industry or Business Date last worked
11. Birthplace Illinois (City or town) (State or foreign country)
Father
12. Name William Kight
13. Birthplace unkown (City or town) (State or foreign country)
Mother
14. Maiden name Wilmetta Endicott
15. Birthplace unkown (City or town) (State or foreign country)
16. Informant's **OWN** Signature Jesse E. Kight
and Address Jerome, Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof Jan 7, 1944 (Month) (Day) (Year)
(c) Place: Jerome Cemetery
18. Funeral Director's **OWN** Signature D. A. Peterson
and Address Jerome, Idaho
19. (a) 1/11/44 (Date received and filed) Lester M. Rose, O.S.B. (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Jan. 5 19 44
at 7.30 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from 10/15 19 43 to 1/7 19 44
I last saw him alive on Jan 1/4 19 44; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebral hemorrhage	3 wks
Arterial hypertension	yrs
Due to:	
Due to: Insanity	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? Jerome, Ida. PHYSICIAN
Name of operation Cystotomy Date 12/30/43 Underline the cause to which death should be charged statistically.
Major finding
Finding of autopsy Not done

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state
where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature Carlyle Hurst (M. D. or other)
and Address Jerome, Ida. Date 1/7 19 44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

FEB 7 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137420
Local Reg. No.
Reg. Dist. No. 4-21

1. **PLACE OF DEATH:**
(a) County Gooding
(b) City or town Wendell
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. St. Valentines Stayed 14 days
(g) Lived in this county years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Jerome
(c) City or town Jerome
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? ✓ Outside? city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? years
(h) Former residence (city, state) Rigby Ida

3. (a) **FULL NAME** Emil Abile Browning

926

3. (b) If veteran, name war
3. (c) Social Security No. 516-07-6861
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Nov 18, 1890

8. AGE	Years	Months	Days	If less than 1 day
	53	1	17	hrs min.

9. Exact Occupation Asst. Mgr. Did this work for yrs.
10. Industry or Business Midland Elevator Date last worked
11. Birthplace Ogden, Utah (City or town) (State or foreign country)

Father
12. Name Stephen L. Browning
13. Birthplace unkown (City or town) (State or foreign country)

Mother
14. Maiden name Emily Chatlain
15. Birthplace (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs Leon
and Address Twin Falls Idaho.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 1/15/44 (Month) (Day) (Year)
(c) Place:
18. Funeral Director's OWN Signature D. L. Harrison
and Address Jerome Ida
19. (a) 1/11/44 (Date received and filed) Chester M. Rose R.B. (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Jan. 5 1944
at 10 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from Sept 1 1943 to Jan 5 1944
I last saw him alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Myocarditis	?
Mitral insufficiency	
Due to	
Due to	
Other conditions Arterial hypertension (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation None Date
Major finding
Finding of autopsy Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state
where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's OWN Signature Carlyle Reed (M. D. or other)
and Address Jerome Ida Date 1/7 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States Department of Commerce
Bureau of the Census

FEB 7 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137421
Local Reg. No.
Reg. Dist. No. [redacted]

1. **PLACE OF DEATH:**
   (a) County Hooding
   (b) City or town Wendell
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? L Outside? city or town
   (e) Died in a Home Hospital St Valentines Institution Other place
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county years months 4 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Jerome
   (c) City or town Jerome
   (d) Street Address or R. F. D. No.
   (e) Deceased lived Inside? L Outside? city or town
   (f) Citizen of what country? US
   (g) How long had deceased lived in Idaho? 20 years
   (h) Former residence (city, state) New

3. (a) **FULL NAME** John Parkinson

100a

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Anna
6. (c) Age of husband or wife if alive 69 years
7. Date of Birth (Month, Day, Year) Jan 10 1872

8. AGE	Years	Months	Days	If less than 1 day
	71	11	24	hrs min.

9. Exact Occupation Retired Farmer — Did this work for Life yrs.
10. Industry or Business — Date last worked
11. Birthplace Austin (City or town) Nevada (State or foreign country)

Father
12. Name Samuel Parkinson
13. Birthplace Yeovil (City or town) England (State or foreign country)

Mother
14. Maiden name Ellen Halbert
15. Birthplace Yeovil (City or town) England (State or foreign country)

16. Informant's **OWN** Signature John H Parkinson
and Address Jerome Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Jan 6-44 (Month) (Day) (Year)
(c) Place: Jerome Idaho
18. Funeral Director's **OWN** Signature J R Wiley
and Address Jerome Idaho
19. (a) 1/11/44 (Date received and filed) Sister M. Clare O.S.B. (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Jan 6 1944
at 6:45 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from Dec 13 1943 to Jan 6 1944
I last saw h[illegible] alive on Jan 5 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Gas Bacillus infection — Duration 6 days
Due to Thrombosis of Cerebral [redacted] — 2 wks.
Due to
Other conditions
(Include pregnancy within 3 months of death)

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature Reuben C. Matson M.D. (M. D. or other)
and Address Jerome Ida Date 1-7 1944
(For additional space, use reverse side)

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137422
Local Reg. No.
Reg. Dist. No. 4-21

1. **PLACE OF DEATH:**
(a) County Gooding
(b) City or town Westdell
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? L Outside? city or town
(e) Died in a Home Hospital L Institution Other place
(f) Name Hosp. or Inst. St. Valentines Stayed 2 days
(g) Lived in this county years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Lincoln
(c) City or town Shoshone - Idaho
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? L Outside? city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 5 years
(h) Former residence (city, state) New Peree - Idaho

3. (a) **FULL NAME** Marjorie Esther Meyer 33a

3. (b) If veteran, name war
3. (c) Social Security No. Can not locate
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Saunders Meyer
6. (c) Age of husband or wife if alive 30 years
7. Date of Birth (Month, Day, Year) Jan - 6 - 1912

8. AGE	Years	Months	Days	If less than 1 day
	32		1	hrs min.

9. Exact Occupation Housewife — Did this work for 5 yrs.
10. Industry or Business Home — Date last worked Dec 24
11. Birthplace Esmond (City or town) South Dakota (State or foreign country)

Father
12. Name Henry Percy Brown
13. Birthplace Merrill - Iowa (City or town) (State or foreign country)

Mother
14. Maiden name Mary Ellen Curley
15. Birthplace Manchester - South Dakota (City or town) (State or foreign country)

16. Informant's **OWN** Signature Saunders Meyer
and Address Shoshone, Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Jan 7 1944 (Month) (Day) (Year)
(c) Place Shoshone - Idaho
18. Funeral Director's **OWN** Signature Myrtle C. Burdett
and Address Shoshone Idaho
19. (a) Jan 10th - 44 (Date received and filed) (b) Victor M. Chase, O.I.R. (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Jan 7 1944
at 6:50 o'clock A M.
21. **I HEREBY CERTIFY**, That I attended deceased from Jan 3 1944 to Jan 7 1944
I last saw he alive on Jan 6 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death	Duration
Bronchial Pneumonia	5 days
Due to Lobar pneumonia	10 days
Due to Influenza	2 wks.
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature Reuben C. Matson M.D. (M. D. or other)
and Address Jerome Ida Date 1-7 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

FEB 1 2 1944

137423

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 1071
Reg. Dist. No. 420

1. **PLACE OF DEATH:**
(a) County Gooding
(b) City or town Gooding
(c) Street Address or R. F. D. No. 2
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home ____ Hospital X Institution ____ Other place ____
(f) Name Hosp. or Inst. Gooding Co Stayed 9 days
(g) Lived in this county 8 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Gooding
(c) City or town Gooding
(d) Street Address or R. F. D. No. 2
(e) Deceased lived Inside? ____ Outside? X city or town
(f) Citizen of what country? United States
(g) How long had deceased lived in Idaho? 8 years
(h) Former residence (city, state) Hasty Colorado

3. (a) FULL NAME Ethel Louise Stephens 33a

3. (b) If veteran, name war ____
3. (c) Social Security No. none
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Cleo Stephens
6. (c) Age of husband or wife if alive 37 years
7. Date of Birth (Month, Day, Year) Nov. 22, 1912

8. AGE	Years	Months	Days	If less than 1 day
	31	1	18	hrs ____ min.

9. Exact Occupation Housewife — Did this work for life yrs.
10. Industry or Business Telephone Operator — Date last worked 9/1/43
11. Birthplace Wiley, (City or town) Colorado (State or foreign country)

Father
12. Name Peter August Schroader
13. Birthplace ____ (City or town) Iowa (State or foreign country)

Mother
14. Maiden name Rosa Isabela Low
15. Birthplace Roseman, (City or town) Illinois (State or foreign country)

16. Informant's OWN Signature Ethel Stephens
and Address Gooding Ida.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof Jan. 12, 44 (Month) (Day) (Year)
(c) Place: Elmwood Cemetery, Gooding.
18. Funeral Director's OWN Signature A. P. Bright
and Address Gooding Idaho
19. (a) Jan 10 44 (Date received and filed) (b) J. H. Cemmell (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Jan 9- 1944
at 3:15 o'clock a M.
21. **I HEREBY CERTIFY,** That I attended deceased from Sept-1- 1943, to 1-9- 1944
I last saw h[illegible] alive on 1-9- 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Lobar Pneumonia — Duration 7 da
Due to Influenza — 2
Due to Bronchiectasis — 3 mo
Other conditions ____
(Include pregnancy within 3 months of death)

Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's OWN Signature J. H. Cemmell (M. D. or other)
and Address Gooding Ida Date 1-11- 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

FEB 1 2 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137424
Local Reg. No. 1074
Reg. Dist. No. 420

1. **PLACE OF DEATH:**
(a) County Goodinge
(b) City or town "
(c) Street Address or R. F. D. No. 1st + michigan
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home ____ Hospital ____ Institution ____ Other place X
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 15 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Goodinge
(c) City or town Gooding
(d) Street Address or R. F. D. No. 1st + michigan
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? U S A
(g) How long had deceased lived in Idaho? 38 years
(h) Former residence (city, state) Perry Utah

3. (a) **FULL NAME** Ellen Drucilla Young Salsbury 94a

3. (b) If veteran, name war ____ 3. (c) Social Security No. ____
4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife William Thomas 6. (c) Age of husband or wife if alive deceased years
7. Date of Birth (Month, Day, Year) Jan. 17 - 1883

8. AGE	Years	Months	Days	If less than 1 day
	60	11	24	hrs ____ min.

9. Exact Occupation housewife Did this work for life yrs.
10. Industry or Business ____ Date last worked 1-10-44
11. Birthplace Perry Utah (City or town) (State or foreign country)
Father 12. Name walter Tibbits
Father 13. Birthplace unknown (City or town) (State or foreign country)
Mother 14. Maiden name maria Stokes
Mother 15. Birthplace unknown (City or town) (State or foreign country)
16. Informant's **OWN** Signature Lovell Young
and Address Gooding Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 15 1944 (Month) (Day) (Year)
(c) Place: Elmwood Cem. Gooding
18. Funeral Director's **OWN** Signature J P Bright
and Address Gooding Idaho
19. (a) Jan 10-44 (Date received and filed) (b) J H Cannell (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Jan 10 19 44
at 6 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from ____ 19__ to ____ 19__
I last saw h__ alive on ____ 19__; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Coronary Occlusion	7
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's **OWN** Signature J H Cannell Coroner C.
(M. D. or other)
and Address Gooding Ida. Date 1-11- 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

FEB 1 2 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137425
Local Reg. No. 1079
Reg. Dist. No. 420

1. **PLACE OF DEATH:**
(a) County Gooding
(b) City or town Gooding
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? ✓ Outside? ____ city or town
(e) Died in a Home __ Hospital ✓ Institution __ Other place __
(f) Name Hosp. or Inst. Gooding Co. Stayed 7 days
(g) Lived in this county 14 years 6 months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Gooding
(c) City or town Gooding
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? ✓ Outside? ____ city or town
(f) Citizen of what country? ~~Gooding~~ U.S.A.
(g) How long had deceased lived in Idaho? 36 years
(h) Former residence (city, state) Oklahoma

3. (a) **FULL NAME** Lulua Adelma Price 93d

3. (b) If veteran, name war ____ 3. (c) Social Security No. ____
4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married.
6. (b) Name of husband or wife H L Price 6. (c) Age of husband or wife if alive 50 years
7. Date of Birth (Month, Day, Year) March - 8 - 1878.

8. AGE	Years	Months	Days	If less than 1 day
	65 ~~1878~~	~~8~~ 10	7	hrs min.

9. Exact Occupation House wife Did this work for 45 yrs.
10. Industry or Business ____ Date last worked Aug 14 1943
11. Birthplace Lule City (City or town) Kansas (State or foreign country)
Father
12. Name Lim Presler
13. Birthplace Unknown (City or town) Kansas (State or foreign country)
Mother
14. Maiden name Lenora Schonover
15. Birthplace Unknown (City or town) Minnesota (State or foreign country)
16. Informant's OWN Signature Jesse L Spencer
and Address P48 Vic Road Washington Terrace Ogden Utah
17. (a) Burial (Burial, cremation or removal) (b) Date thereof 1-18-44 (Month) (Day) (Year)
(c) Place: Gooding Idaho
18. Funeral Director's OWN Signature Geo A Harrison
and Address Gooding Idaho
19. (a) 1-18-44 (Date received and filed) (b) J H Cummer (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Jan 15 1944
at 6 30 o'clock PM.
21. **I HEREBY CERTIFY,** That I attended deceased from Jan 10 1944, to Jan 15 1944
I last saw her alive on Jan 15 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Pneumonia	1 wk
Due to	
Due to	
Other conditions Hypertension (Include pregnancy within 3 months of death)	
Chronic Myocarditis	
Where was disease contracted?	PHYSICIAN
Name of operation ____ Date ____	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature F. E. Barrett M D (M. D. or other)
and Address Gooding Ida Date 1/17 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

137427

United States
Department of Commerce
Bureau of the Census

FEB 1 2 1947

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 4
Reg. Dist. No. 240

1. **PLACE OF DEATH:** Idaho
(a) County
(b) City or town Grangeville
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? ✓ Outside? ___ city or town
(e) Died in a Home ___ Hospital ___ Institution ___ Other place ___
(f) Name Hosp. or Inst. General ___ Stayed 7 days
(g) Lived in this county 32 years ___ months ___ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Idaho
(c) City or town Grangeville
(d) Street Address or R. F. D. No. ✓
(e) Deceased lived Inside? ___ Outside? ___ city or town
(f) Citizen of what country? U.S.
(g) How long had deceased lived in Idaho? 32 years
(h) Former residence (city, state) Wash.

3. (a) **FULL NAME** Rosa Urbahn 61

3. (b) If veteran, name war ___
3. (c) Social Security No. ___
4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Albert ✓
6. (c) Age of husband or wife if alive ___ years
7. Date of Birth (Month, Day, Year) Oct 9 - 1866

8. AGE	Years	Months	Days	If less than 1 day hrs	min.
	77	2	22		

9. Exact Occupation housewife — Did this work for life yrs.
10. Industry or Business ___ Date last worked ___
11. Birthplace Watkinson - Austria (City or town) (State or foreign country)

Father
12. Name Jeckler
13. Birthplace Austria (City or town) (State or foreign country)

Mother
14. Maiden name not known
15. Birthplace Austria (City or town) (State or foreign country)

16. Informant's **OWN** Signature Carl Urbahn
and Address Grangeville Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-17-44 (Month) (Day) (Year)
(c) Place: Grangeville - Idaho
18. Funeral Director's **OWN** Signature Joel Robertson
and Address Grangeville Ida
19. (a) 1/29/44 (Date received and filed) (b) Glenn Callon (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Jan 4 - 1944
at 5:27 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from Dec 24 1943 to Jan 4 1944
I last saw h-r alive on Jan 4 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Acute Dilatation of heart	
Due to Toxic Condition from Diabetes.	
Due to Diabetes Insipidus	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? ___
Name of operation ___ Date ___
Major finding ___
Finding of autopsy ___

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ___ Suicide? ___ Homicide? ___
Occurred ___ 19___ City, county, state where violence occurred ___
Place of Violence: Home ___ Farm ___ Industry ___
Public Place ___ While at work? ___
Means of injury ___
23. Attendant's **OWN** Signature J D Shumick M.D. (M. D. or other)
and Address Grangeville Date 1-35 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

FEB 1 0 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137428
Local Reg. No. 5
Reg. Dist. No. 240

1. **PLACE OF DEATH:** Idaho
(a) County
(b) City or town Grangeville
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? ✓ Outside? city or town
(e) Died in a Home Hospital ✓ Institution Other place
(f) Name Hosp. or Inst. General Stayed days
(g) Lived in this county 43 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Idaho
(c) City or town Grangeville
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Outside? ✓ city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? 43 years
(h) Former residence (city, state) North Dakota

3. (a) **FULL NAME** George Milton Saunders. 46 b

3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Charlotte E.
6. (c) Age of husband or wife if alive 77 years
7. Date of Birth (Month, Day, Year) Oct. 14 1865

8. AGE	Years	Months	Days	If less than 1 day
	78	2	23	hrs min.

9. Exact Occupation Farmer Did this work for Life yrs.
10. Industry or Business Date last worked
11. Birthplace Fort Covington (City or town) N.Y. (State or foreign country)
Father
12. Name John Saunders
13. Birthplace (City or town) U.S. (State or foreign country)
Mother
14. Maiden name Elizabeth
15. Birthplace (City or town) U.S. (State or foreign country)
16. Informant's OWN Signature Mrs Ernest Saunders
and Address Grangeville Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-11-44 (Month) (Day) (Year)
(c) Place: Hayspur
18. Funeral Director's OWN Signature Jno Albertson
and Address Grangeville Ida
19. (a) 1/29/44 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Jan 7 1944
at 2:30 o'clock P.M.
21. **I HEREBY CERTIFY,** That I attended deceased from Dec 19 to 1-7 1944
I last saw him alive on 1-7 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Pneumonia	
Due to	
Due to	
Other conditions Carcinoma of Stomach (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature J D Shinnick M.D. (M. D. or other)
and Address Grangeville Date 1-25 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

FEB 10 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137429
Local Reg. No. 3
Reg. Dist. No. 240

1. **PLACE OF DEATH:** Idaho
(a) County
(b) City or town Grangeville
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? ✓ Outside? ____ city or town
(e) Died in a Home ____ Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. General Stayed 1 days
(g) Lived in this county 43 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Idaho
(c) City or town Riggins, Idaho
(d) Street Address or R. F. D. No. ✓
(e) Deceased lived Inside? ____ Outside? ✓ city or town
(f) Citizen of what country? U.S.
(g) How long had deceased lived in Idaho? 43 years
(h) Former residence (city, state) Iowa

3. (a) **FULL NAME** James Scott Aitken 1226

3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex M
5. Color or race White
6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) Jan 12, 1860

8. AGE	Years	Months	Days	If less than 1 day
	77	11	25	hrs ____ min.

9. Exact Occupation Farmer — Did this work for 43 yrs.
10. Industry or Business Live Stock — Date last worked 4
11. Birthplace Johnston Co Iowa (City or town) (State or foreign country)
Father
12. Name Alexander Aitken
13. Birthplace Scotland (City or town) (State or foreign country)
Mother
14. Maiden name Susan Stewart
15. Birthplace Scotland (City or town) (State or foreign country)
16. Informant's OWN Signature Stewart Aitken
and Address Riggins Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-11-44 (Month) (Day) (Year)
(c) Place: Riggins Idaho
18. Funeral Director's OWN Signature Geo Roberson
and Address Grangeville Idaho
19. (a) 1/29/44 (Date received and filed) (b) Glenn Cullen (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Jan 8 19 44
at 12 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from Jan 6 1944, to Jan 8 1944
I last saw him alive on Jan 8 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Obstruction of Bowels	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ____ Date ____
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19 ____ City, county, state where violence occurred
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury
23. Attendant's OWN Signature J. D. Shinnick M. D.
and Address Grangeville (M. D. or other) Date 1-23- 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

FEB 10 1944

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137430
Local Reg. No. 2
Reg. Dist. No. 242

1. **PLACE OF DEATH:**
(a) County Idaho
(b) City or town Cottonwood
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? ✓ Outside? city or town
(e) Died in a Home Hospital Institution Other place
(f) Name Hosp. or Inst. Ohady Consolation Stayed 6 days
(g) Lived in this county 50 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Idaho
(c) City or town Grangeville
(d) Street Address or R. F. D. No. Myrtle
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? U.S.
(g) How long had deceased lived in Idaho? 50 years
(h) Former residence (city, state) Grangeville

3. (a) **FULL NAME** Mary Ann Murray

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Dec 8. 1858

8. AGE	Years	Months	Days	If less than 1 day
	85	1	0	hrs min.

9. Exact Occupation Did this work for 65 yrs.
10. Industry or Business Housewife Date last worked
11. Birthplace Dubuque (City or town) Iowa (State or foreign country)
Father
12. Name Peter Daugherty
13. Birthplace (City or town) Ireland (State or foreign country)
Mother
14. Maiden name Anna Gartin
15. Birthplace (City or town) Ireland (State or foreign country)
16. Informant's OWN Signature [signature]
and Address Grangeville Ida.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/11/44 (Month) (Day) (Year)
(c) Place: Grangeville Ida.
18. Funeral Director's OWN Signature [signature]
and Address Grangeville Ida
19. (a) 1-10-44 (Date received and filed) (b) W. F. Orr by TB (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 1/8 1944
at 11 o'clock P.M.
21. **I HEREBY CERTIFY,** That I attended deceased from 1-1-44 19 , to 1-8-44 19
I last saw her alive on 1-8-44 19 ; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebral Hemorrhage due to Hypertension	
Due to Chronic Nephritis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted? Home	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state
where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature W. F. Orr M.D. (M. D. or other)
and Address Cottonwood, Ida Date 1-10 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137431
Local Reg. No. 3
Reg. Dist. No. 24

1. **PLACE OF DEATH:**
(a) County Idaho
(b) City or town Cottonwood
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? ✓ city or town
(e) Died in a Home Hospital ✓ Institution Other place
(f) Name Hosp. or Inst. O. L. Conlatus Stayed days
(g) Lived in this county 45 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Idaho
(c) City or town Cottonwood
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Outside? ✓ city or town
(f) Citizen of what country? U. S.
(g) How long had deceased lived in Idaho? 45 years
(h) Former residence (city, state) Cottonwood

3. (a) **FULL NAME** Joseph. Kolbeck. 33 b

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married divorced Widowed
6. (b) Name of husband or wife Anna
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) March 13. 1867

8. AGE	Years	Months	Days	If less than 1 day
	76	9	1	hrs min.

9. Exact Occupation Did this work for 45 yrs.
10. Industry or Business Farmer Date last worked Oct 17/43
11. Birthplace Steinfield (City or town) Germany (State or foreign country)
Father
12. Name unknown
13. Birthplace (City or town) (State or foreign country)
Mother
14. Maiden name "
15. Birthplace (City or town) (State or foreign country)
16. Informant's OWN Signature George Kolbeck
and Address Cottonwood
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/17/43 (Month) (Day) (Year)
(c) Place: Cottonwood Idaho
18. Funeral Director's OWN Signature Glenn Calvin
and Address Grangeville Idaho
19. (a) 1-17-44 (Date received and filed) (b) W. F. Orr by TB (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 1/14 1944
at 3:00 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from Oct 18 1943, to 1-14 1944
I last saw h alive on 1-14 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Acute Congestion Cardiac failure — Duration
Due to Influenza
Due to
Other conditions
(Include pregnancy within 3 months of death)
Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature W. F. Orr M.D. (M. D. or other)
and Address Cottonwood Date 1-14 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

137432

United States
Department of Commerce
Bureau of the Census

FEB 16 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 6
Reg. Dist. No. 240

1. **PLACE OF DEATH:** Idaho
(a) County
(b) City or town Grangeville
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? ✓ Outside? city or town
(e) Died in a Home Hospital ✓ Institution Other place
(f) Name Hosp. or Inst. General Stayed 18 days
(g) Lived in this county 33 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Idaho
(c) City or town Grangeville
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? ✓ Outside? ✓ city or town
(f) Citizen of what country? U.S.
(g) How long had deceased lived in Idaho? 33 years
(h) Former residence (city, state) Ark.

3. (a) **FULL NAME** Andy Hayhurst 1700

3. (b) If veteran, name war No
3. (c) Social Security No. 519-26-6008
4. Sex M
5. Color or race —
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) July 22 - 1889

8. AGE	Years	Months	Days	If less than 1 day
	54	5	22	hrs min.

9. Exact Occupation Farmer Laborer Did this work for yrs.
10. Industry or Business Date last worked to date
11. Birthplace Green Forest, Ark - (City or town) (State or foreign country)
Father
12. Name William Hayhurst
13. Birthplace U.S. (City or town) (State or foreign country)
Mother
14. Maiden name Margaret Turner
15. Birthplace U.S. (City or town) (State or foreign country)
16. Informant's OWN Signature Wayne Hayhurst
and Address Grangeville, Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 1-18-44 (Month) (Day) (Year)
(c) Place: Grangeville
18. Funeral Director's OWN Signature [illegible] Robertson
and Address Grangeville
19. (a) 1/29/44 (Date received and filed) (b) Glenn Color (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Jan. 15 1944
at 7:30 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from Jan. 15 1944, to Jan 15 1944
I last saw him alive on Jan 15 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Fracture of frontal bone with gross damage to brain — Duration 3 hrs
Due to Blow in face
Due to accident - collision of trucks
Other conditions
(Include pregnancy within 3 months of death)
Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? # Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home # Farm Industry
Public Place While at work? #
Means of injury #
23. Attendant's OWN Signature L A Wheelwright (M. D. or other)
and Address Grangeville Date Jan 16 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

FEB 10 1944

137433

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137433
Local Reg. No. 1
Reg. Dist. No. 240

1. **PLACE OF DEATH:**
(a) County Idaho
(b) City or town Grangeville
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? ✓ Outside? city or town
(e) Died in a Home Hospital ✓ Institution Other place
(f) Name Hosp. or Inst. General Stayed 375 days
(g) Lived in this county 64 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Idaho
(c) City or town Grangeville
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? ✓ Outside? city or town
(f) Citizen of what country? U S
(g) How long had deceased lived in Idaho? 64 years
(h) Former residence (city, state) Mt. Idaho

3. (a) **FULL NAME** Albert F. Brown 836

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) July 26. 1879

8. AGE	Years	Months	Days	If less than 1 day
	64	5	19	hrs min.

9. Exact Occupation Stockman Did this work for 40 yrs.
10. Industry or Business Date last worked 1940
11. Birthplace Mt Idaho (City or town) Idaho (State or foreign country)
Father
12. Name Herman C. Brown
13. Birthplace Perssia (City or town) (State or foreign country)
Mother
14. Maiden name Leona Benching
15. Birthplace Germany (City or town) (State or foreign country)
16. Informant's OWN Signature Adolph Brown
and Address Mt. Idaho Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/18/44 (Month) (Day) (Year)
(c) Place: Mt Idaho
18. Funeral Director's OWN Signature Glenn Aylor
and Address Grangeville Idaho
19. (a) 1/17/44 (Date received and filed) (b) Glenn Aylor (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 1/16 1944
at o'clock M.
21. **I HEREBY CERTIFY,** That I attended deceased from Dec. 1942 to 1/15 1944
I last saw him alive on 1/15 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebral Thrombosis	8 days
Due to Arteriosclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature Law Lehmann (M. D. or other)
and Address Grangeville Date 1/16 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137434
Local Reg. No. 4
Reg. Dist. No. 242

1. **PLACE OF DEATH:**
(a) County Idaho
(b) City or town Cottonwood
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? ✓ Outside? ____ city or town
(e) Died in a Home ____ Hospital ✓ Institution ____ Other place ____
(f) Name Hosp. or Inst. Our Lady of Consolation Stayed 2 days
(g) Lived in this county 39 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Idaho
(c) City or town Kooskia
(d) Street Address or R. F. D. No. —
(e) Deceased lived Inside? ✓ Outside? ____ city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 39 years
(h) Former residence (city, state) Traverse City, Mich.

3. (a) **FULL NAME** Mary Angeline Canfield 1316

3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Fem.
5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife William E.
6. (c) Age of husband or wife if alive 88 years
7. Date of Birth (Month, Day, Year) Dec. 26, 1865

8. AGE	Years	Months	Days	If less than 1 day
	78	0	21	hrs ____ min. ____

9. Exact Occupation Housewife — Did this work for 56 yrs.
10. Industry or Business — Date last worked 1/14/44
11. Birthplace Newaygo, Mich. (City or town) (State or foreign country)
Father
12. Name — Desmond
13. Birthplace — Ireland (City or town) (State or foreign country)
Mother
14. Maiden name Unknown
15. Birthplace — Ireland (City or town) (State or foreign country)
16. Informant's OWN Signature Roy M. Canfield and Address Kooskia, Ida.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Jan. 16 1944 (Month) (Day) (Year)
(c) Place: Kooskia, Idaho.
18. Funeral Director's OWN Signature Claude I. Tenney and Address Kooskia, Idaho
19. (a) 1-17-44 (Date received and filed) (b) W. J. Orr by WB (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) January 16 1944 at 2100 o'clock A.M.
21. **I HEREBY CERTIFY,** That I attended deceased from 1-14-44 19____, to 1-16-44 19____
I last saw her alive on 1-16-44 19____; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebral Hemorrhage	2 days
Due to Hypertension	4 yrs.
Due to Chronic Nephritis	2
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? Home
Name of operation ____ Date ____
Major finding ____
Finding of autopsy —

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature Wesley J. Orr M.D. (M. D. or other)
and Address Cottonwood Date 1-17 1944
(For additional space, use reverse side)

FEB 10 1944

137435

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 7
Reg. Dist. No. 240

1. **PLACE OF DEATH:**
   (a) County Idaho
   (b) City or town Grangeville
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? X Outside? city or town
   (e) Died in a Home Hospital X Institution Other place
   (f) Name Hosp. or Inst. General Stayed 7 days
   (g) Lived in this county 24 years months days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Idaho
   (c) City or town Grangeville
   (d) Street Address or R. F. D. No.
   (e) Deceased lived Inside? ✓ Outside? city or town
   (f) Citizen of what country? Canada
   (g) How long had deceased lived in Idaho? 29 years
   (h) Former residence (city, state) Minn.

3. (a) **FULL NAME** Lilly Jane Smith 57E

3. (b) If veteran, name war
4. Sex
5. Color or race
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife Lewis
6. (c) Age of husband or wife if alive 66 years
7. Date of Birth (Month, Day, Year) June 23, 1873

8. AGE	Years	Months	Days	If less than 1 day
	70	7	1	hrs min.

9. Exact Occupation Housewife Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Fredericton (City or town) Canada (State or foreign country)

Father
12. Name Hiram Crawford
13. Birthplace New Brunswick (City or town) (State or foreign country)

Mother
14. Maiden name Elizabeth Jarvis
15. Birthplace New Brunswick (City or town) (State or foreign country)

16. Informant's OWN Signature L. L. Smith and Address Grangeville, Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 1-26-44 (Month) (Day) (Year)
    (c) Place: Grangeville
18. Funeral Director's OWN Signature Jess Robertson and Address Grangeville
19. (a) 1/29/44 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Jan. 24 1944 at 8 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from Jan 1940, to Jan 24 1944
    I last saw her alive on Jan 1924; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Myocardial infarction	1/2 hour
Due to embolism	
Due to Infarcted abdominal tumor	
Other conditions (Include pregnancy within 3 months of death)	7 days
multiple abdominal tumors.	

Where was disease contracted?
Name of operation exploratory Date Jan 19
Major finding infarction of tumor
Finding of autopsy multiple tumors one gangrenous

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
    Occurred 19 City, county, state where violence occurred
    Place of Violence: Home Farm Industry
    Public Place While at work?
    Means of injury
23. Attendant's OWN Signature L. A. Wheelwright MD (M. D. or other) and Address Grangeville Date Jan 25 1944
    (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

137436

United States
Department of Commerce
Bureau of the Census

FEB 4 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 530
Reg. Dist. No. 244

1. **PLACE OF DEATH:**
(a) County Idaho
(b) City or town Kooskia
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? ✓ Outside? city or town
(e) Died in a Home ✓ Hospital Institution Other place
(f) Name Hosp. or Inst. — Stayed — days
(g) Lived in this county 38 years 7 months 10 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Idaho
(c) City or town Kooskia
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? ✓ Outside? city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 54 years
(h) Former residence (city, state) Marshalltown, Iowa

3. (a) FULL NAME Charles Bowles

135

3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Mas
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Katie
6. (c) Age of husband or wife if alive 71 years
7. Date of Birth (Month, Day, Year) June 6, 1868

8. AGE	Years	Months	Days	If less than 1 day
	75	7	20	hrs min.

9. Exact Occupation Retired Farmer Did this work for 35 yrs.
10. Industry or Business — Date last worked 1941
11. Birthplace Marshalltown, Iowa (City or town) (State or foreign country)
Father
12. Name John Bowles
13. Birthplace —, Iowa (City or town) (State or foreign country)
Mother
14. Maiden name Margaret Perry
15. Birthplace —, Iowa (City or town) (State or foreign country)
16. Informant's OWN Signature Frank Bowles
and Address Kooskia, Idaho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/29/44 (Sat.) (Month) (Day) (Year)
(c) Place: Pine Grove - Kooskia
18. Funeral Director's OWN Signature Claude Trinary
and Address Kooskia, Idaho
19. (a) Jan 28-44 (Date received and filed) (b) H W Wentworth (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) January 26 1944
at 11:00 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from Jan 10 1943, to Jan 26 1944
I last saw him alive on Jan 25 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Exhaustion Pain	
Due to Irritable chronic bladder No relief	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature H. W Wentworth (M. D. or other)
and Address Stites Date 1/28 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

FEB 10 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137437
Local Reg. No. 8
Reg. Dist. No. 240

1. **PLACE OF DEATH:**
(a) County Idaho
(b) City or town Grangeville
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? ✓ Outside? ____ city or town
(e) Died in a Home ~ Hospital ~ Institution ~ Other place ~
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 14 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under Item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Idaho
(c) City or town Grangeville
(d) Street Address or R. F. D. No. ~
(e) Deceased lived Inside? ____ Outside? ~ city or town
(f) Citizen of what country? U. S.
(g) How long had deceased lived in Idaho? 40 years
(h) Former residence (city, state) Canada

3. (a) **FULL NAME** Obediah Scott

3. (b) If veteran, name war ____ 3. (c) Social Security No. ____

4. Sex M. 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed.

6. (b) Name of husband or wife ____ 6. (c) Age of husband or wife if alive ____ years

7. Date of Birth (Month, Day, Year) Feb 23 1863

8. **AGE**

Years	Months	Days	If less than 1 day
80	11	5	hrs ____ min.

9. Exact Occupation Laborer ✓ Did this work for 50 yrs.
10. Industry or Business ____ Date last worked ____
11. Birthplace ____ (City or town) Calif. (State or foreign country)

Father
12. Name Sylvester Scott
13. Birthplace ____ (City or town) Un Known (State or foreign country)

Mother
14. Maiden name Un Known
15. Birthplace ____ (City or town) Un Known (State or foreign country)

16. Informant's **OWN** Signature Mrs. John A. Johnson
and Address Greencreek Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1 (Month) 31 (Day) 44 (Year)
(c) Place: Denver.

18. Funeral Director's **OWN** Signature Glenn Cole
and Address Grangeville Idaho.

19. (a) 1 27 44 (Date received and filed) (b) Glenn Cole (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 1 28 1944
at ____ o'clock ____ M.

21. **I HEREBY CERTIFY,** That I attended deceased from ____ 19____, to ____ 19____
I last saw h____ alive on ____ 19____; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Gunshot wounds in Right side of head — Duration ____
Due to Just Above Ear
Due to with 22 Rifle
Other conditions ____
(Include pregnancy within 3 months of death)

Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ✓ Suicide? ____ Homicide? ____
Occurred 1 28 1944 City, county, state ____
where violence occurred ____
Place of Violence: Home ✓ Farm ✓ Industry ____
Public Place ____ While at work? ✓
Means of injury ____

23. Attendant's **OWN** Signature Glenn Cole (M. D. or other)
and Address Grangeville Date 1 29 1944
(For additional space, use reverse side)

United States
Department of Commerce
Bureau of the Census

FEB 1 6 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137438
Local Reg. No. 5
Reg. Dist. No. 242

1. **PLACE OF DEATH:**
   (a) County Idaho
   (b) City or town Cottonwood
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? x Outside? city or town
   (e) Died in a Home Hospital x Institution Other place
   (f) Name Hosp. or Inst. Our Lady of Consolation Stayed 9 days
   (g) Lived in this county years months 9 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Lewis
   (c) City or town Craigmont R.F.D.
   (d) Street Address or R. F. D. No.
   (e) Deceased lived Inside? Outside? x city or town
   (f) Citizen of what country? U. S.
   (g) How long had deceased lived in Idaho? 23 years
   (h) Former residence (city, state)

3. (a) FULL NAME Catherine O'Connor Tautfest 56b

3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ben F. Tautfest
6. (c) Age of husband or wife if alive 54 years
7. Date of Birth (Month, Day, Year) October 1 1896.

8. AGE	Years	Months	Days	If less than 1 day
	47	3	28	hrs min.

9. Exact Occupation Housewife Did this work for life yrs.
10. Industry or Business Own home Date last worked 1-10-44
11. Birthplace Max, North Dakota (City or town) (State or foreign country)

Father
12. Name Pat O'Connor
13. Birthplace Canada (City or town) (State or foreign country)

Mother
14. Maiden name Johanna Karstine
15. Birthplace Germany (City or town) (State or foreign country)

16. Informant's OWN Signature Ben F Tautfest
and Address Craigmont Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-1-44 (Month) (Day) (Year)
(c) Place: Craigmont, Ida.
18. Funeral Director's OWN Signature C. E. Clark
and Address Craigmont, Ida.
19. (a) 1-30-44 (Date received and filed) (b) W. F. Orr by TB (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) January 29 1944
at 2:10 o'clock A. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 1-21 1944 to 1-29 1944
I last saw her alive on 1-25 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death	Duration
Cardiac Embolism	
Due to Following Hysterectomy for Uterine Fibroids	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Hysterectomy Date 1-22-44	Underline the cause to which death should be charged statistically.
Major finding Uterine Fibroid	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state
where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature W. F. Orr M.D. (M. D. or other)
and Address Cottonwood, Ida Date 1-30 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Original

United States
Department of Commerce
Bureau of the Census

FEB 9 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137439
Local Reg. No.
Reg. Dist. No.

1. PLACE OF DEATH:
(a) County Jerome
(b) City or town Hunt
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. Minidoka Project Hospital Stayed 2 days
(g) Lived in this county 1 years 4 months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Washington (b) County Pierce
(c) City or town Sumner
(d) Street Address or R. F. D. No. 645 Main St.
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? Japan
(g) How long had deceased lived in Idaho? 1 yr. 4 mo.
(h) Former residence (city, state) Sumner, Wash.

3. (a) FULL NAME Kametaro Ito

131b

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race Japanese
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Yasu
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) August 27, 1866

8. AGE	Years	Months	Days	If less than 1 day
	77	4	12	hrs min.

9. Exact Occupation Farmer Did this work for 20 yrs.
10. Industry or Business Date last worked
11. Birthplace Kumamoto, Japan (City or town) (State or foreign country)
Father
12. Name Not obtainable
13. Birthplace (City or town) (State or foreign country)
Mother
14. Maiden name Not Obtainable
15. Birthplace (City or town) (State or foreign country)
16. Informant's OWN Signature Jack M. Ito
and Address 10-7-D, Hunt, Idaho
17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof Jan. 12, 44 (Month) (Day) (Year)
(c) Place Salt Lake City, Utah
18. Funeral Director's OWN Signature D. A. L. Hirsson
and Address Jerome, Idaho
19. (a) 1-12-44 (Date received and filed) (b) E. W. Pinslan (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) January 8, 1944 19
at 5:45 o'clock a. M.
21. I HEREBY CERTIFY, That I attended deceased from January 6 1944, to January 8 1944
I last saw him alive on January 8 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Hypostatic Pneumonia
Due to Uremia 132[illegible]
Due to Chronic Nephritis 131b
Other conditions
(Include pregnancy within 3 months of death)
Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy Same as above

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature G. T. Okamatsu (M. D. or other)
and Address Hunt, Idaho Date Jan. 10 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Original FEB 9 1944

137440

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF DEATH:**
(a) County Jerome
(b) City or town Hunt
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. Minidoka Project Hospital Stayed 1 days
(g) Lived in this county 1 years 4 months 21 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Washington (b) County King
(c) City or town Seattle
(d) Street Address or R. F. D. No. 1223 E. Alder
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? United States of America
(g) How long had deceased lived in Idaho? 17 mos. years
(h) Former residence (city, state) Seattle, Wash.

3. (a) FULL NAME ALICE MICHIKO HIROO

55e

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race Japanese
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) December 18, 1925

8. AGE	Years	Months	Days	If less than 1 day
	18		23	hrs min.

9. Exact Occupation Student Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Seattle, (City or town) Washington (State or foreign country)
Father
12. Name Arthur K. Hiroo
13. Birthplace Hiroshima Ken, Japan (City or town) (State or foreign country)
Mother
14. Maiden name Miyako Ota
15. Birthplace Hiroshima Ken, Japan (City or town) (State or foreign country)
16. Informant's OWN Signature M. Hiroo
and Address 13-9-B Hunt, Idaho
17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place Salt Lake City, Utah
18. Funeral Director's OWN Signature Dr. L. Herisson
and Address Jerome, Idaho
19. (a) 1-14-44 (Date received and filed) (b) E. W. Sinclair (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Sunday, Jan. 9 1944
at 8:40 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from January 8 1944, to January 9 1944
I last saw her alive on January 9 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Recurrent Lymphosarcoma	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy Not Done	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature Masayuki Sto, D (M. D. or other)
and Address Hunt, Idaho Date 1-11- 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States Department of Commerce
Bureau of the Census

ORIGINAL FEB 9 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137441
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF DEATH:**
(a) County Jerome
(b) City or town Hunt
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county years 3 months 15 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Washington (b) County King
(c) City or town Auburn
(d) Street Address or R. F. D. No. Route 2, Box 66
(e) Deceased lived Inside? Outside? X city or town
(f) Citizen of what country? Japan
(g) How long had deceased lived in Idaho? 3 mos. years
(h) Former residence (city, state) Auburn, Wash.

3. (a) FULL NAME YASUKICHIRO YAMANAKA 30d

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race Japanese
6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife - - -
6. (c) Age of husband or wife if alive - - - years
7. Date of Birth (Month, Day, Year) October 11, 1877

8. AGE	Years	Months	Days	If less than 1 day hrs min.
	66	3		

9. Exact Occupation Farmer — Did this work for approx. 30 yrs.
10. Industry or Business — Date last worked May, 1942
11. Birthplace Yamaguchi Ken, Japan (City or town) (State or foreign country)
Father
12. Name Not obtainable
13. Birthplace (City or town) (State or foreign country)
Mother
14. Maiden name Not obtainable
15. Birthplace (City or town) (State or foreign country)
16. Informant's OWN Signature Frances Yamanaka
and Address 30-10-C Hunt, Idaho
17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place Salt Lake City, Utah.
18. Funeral Director's OWN Signature D.A. Henderson
and Address Jerome, Idaho.
19. (a) 1-19-44 (Date received and filed) (b) E. W. Sinclair (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) January 10, 1944 at 1:30 o'clock P. M.
21. I HEREBY CERTIFY, That I attended deceased from never 19 , to never 19 I last saw him alive on never 19 ; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: 30d	Duration
Dissecting Aneurysm with	
Rupture of the Aorta	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy Same as above.

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's OWN Signature H. Yamanaka M.D. (M. D. or other)
and Address Hunt, Idaho Date Jan. 14 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Original

...d States
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FEB 9 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137442
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF DEATH:**
   (a) County Jerome
   (b) City or town Hunt
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? X Outside? ____ city or town
   (e) Died in a Home Hospital X Institution Other place
   (f) Name Hosp. or Inst. Minidoka Project Hospital 51 Stayed ____ days
   (g) Lived in this county 1 years 4 months ____ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Oregon (b) County Multnomah
   (c) City or town Portland
   (d) Street Address or R. F. D. No. 122 N.W. 3rd Ave.
   (e) Deceased lived Inside? X Outside? ____ city or town
   (f) Citizen of what country? Japan
   (g) How long had deceased lived in Idaho? 16 months
   (h) Former residence (city, state) Portland, Ore.

3. (a) FULL NAME Iso Hirayama

462

3. (b) If veteran, name war ____ 3. (c) Social Security No. ____

4. Sex Female 5. Color or race Japanese 6. (a) Single, widowed, married, divorced widow

6. (b) Name of husband or wife Bunsuke 6. (c) Age of husband or wife if alive ____ years

7. Date of Birth (Month, Day, Year) February 11, 1856

8. AGE	Years	Months	Days	If less than 1 day
	87	11	9	hrs ____ min.

9. Exact Occupation housewife Did this work for ____ yrs.
10. Industry or Business ____ Date last worked ____
11. Birthplace Fukuoka (City or town) Japan (State or foreign country)

Father
12. Name Bunimo Hirayama
13. Birthplace Fukuoka Japan (City or town) (State or foreign country)

Mother
14. Maiden name Hatsu Nakamura
15. Birthplace Fukuoka, Japan (City or town) (State or foreign country)

16. Informant's OWN Signature Komatsu Hirayama and Address 34-11-G Hunt, Idaho
17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
    (c) Place Salt Lake City, Utah
18. Funeral Director's OWN Signature D A L Nelson and Address Jerome, Idaho
19. (a) 1-25-44 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) January 20, 1944 at 1:25 o'clock a. M.
21. I HEREBY CERTIFY, That I attended deceased from November 30, 1943 to January 20 1944
    I last saw her alive on January 20 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Far advanced Carcinoma of the rectum with local metastasis, advanced arteriosclerosis,	
Due to Hypostatic Pneumonia	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy Not done

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
    Occurred ____ 19____ City, county, state where violence occurred ____
    Place of Violence: Home ____ Farm ____ Industry ____
    Public Place ____ While at work? ____
    Means of injury ____
23. Attendant's OWN Signature [signature] (M. D. or other)
    and Address Hunt, Idaho Date Jan 21 1944
    (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in ... should be answered as completely as possible. State answers as unknown only after a careful inves... BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence ... Statistics, Boise, Idaho.

Original

United States
Department of Commerce
Bureau of the Census

FEB 9 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137443
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF DEATH:**
(a) County Jerome
(b) City or town Hunt
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? x Outside? city or town
(e) Died in a Home Hospital x Institution Other place
(f) Name Hosp. or Inst. Minidoka Project Hospital Stayed 27 days
(g) Lived in this county 1 years 5 months 4 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Washington (b) County Whatcom
(c) City or town Bellingham
(d) Street Address or R. F. D. No. 1315 C. Street
(e) Deceased lived Inside? x Outside? city or town
(f) Citizen of what country? Japan
(g) How long had deceased lived in Idaho? 17 months years
(h) Former residence (city, state) Bellingham, Wn.

3. (a) FULL NAME Kitaro Oki

52a

3. (b) If veteran, name war
3. (c) Social Security No. 533-07-4717
4. Sex Male
5. Color or race Japanese
6. (a) Single, widowed, married, divorced Married
6. (b) Name of ~~husband or~~ wife Shizuno
6. (c) Age of ~~husband or~~ wife if alive 52 years
7. Date of Birth (Month, Day, Year) January 15, 1874

8. AGE	Years	Months	Days	If less than 1 day
	70		7	hrs min.

9. Exact Occupation Porter Did this work for 18 yrs.
10. Industry or Business Date last worked
11. Birthplace Hiroshima, Japan (City or town) (State or foreign country)
Father
12. Name Masahi Oki
13. Birthplace Hiroshima, Japan (City or town) (State or foreign country)
Mother
14. Maiden name Tono
15. Birthplace Hiroshima, Japan (City or town) (State or foreign country)
16. Informant's OWN Signature Barbara Kimi Oki
and Address 8-10-C Hunt, Idaho
17. (a) Cremation (b) Date thereof (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place Salt Lake City, Utah
18. Funeral Director's OWN Signature D. A. L'Herisson
and Address Jerome, Idaho
19. (a) 1-27-43 (b) E. W. Sinclair (Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) January 22, 1944
at 5:45 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from December 27, 1943, to January 22, 1944
I last saw him alive on January 22, 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Hypernephroma of the right kidney, metastasis entire liver, ~~Due to~~ intrahepatic hemorrhage and metastasis to entire lung.	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy Same as above	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state
where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature G. T. Akamatsu M.D. (M. D. or other)
and Address Hunt, Idaho Date 1-24 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

FEB 9 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137444
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF DEATH:**
   (a) County Jerome
   (b) City or town Hazelton
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? Outside? X city or town
   (e) Died in a Home X Hospital Institution Other place
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county 13 years months days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Jerome
   (c) City or town Hazelton
   (d) Street Address or R. F. D. No.
   (e) Deceased lived Inside? Outside? X city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 13 years
   (h) Former residence (city, state) Thayer, Kansas

3. (a) FULL NAME CRUMRINE, Margaret Pauline 111a

3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) February 25th, 1927

8. AGE	Years	Months	Days	If less than 1 day
	16	11		hrs min.

9. Exact Occupation Student in Did this work for yrs.
10. Industry or Business Jnior year High school Date last worked 1-23-44
11. Birthplace Thayer, (City or town) Kansas (State or foreign country)

Father
12. Name George Crumrine
13. Birthplace Newton, (City or town) Kansas (State or foreign country)

Mother
14. Maiden name Margaret Gross
15. Birthplace Thayer (City or town) Kansas (State or foreign country)

16. Informant's OWN Signature Geo Crumrine
and Address Hazelton Ida
17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof JAN. 24, 1944 (Month) (Day) (Year)
(c) Place: TWIN FALLS, IDAHO
18. Funeral Director's OWN Signature White Mortuary Ella M. White E-249
and Address Twin Falls, Idaho.
19. (a) 1-30-41 (Date received and filed) (b) E. M. Sinclair (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) January 24, 1944
at 9:20 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from 1-24 1944, to 1-24 1944
I last saw her alive on 1-24 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Pulmonary thrombosis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature S. Hopper (M. D. or other)
and Address Hazelton, Idaho Date 1-25 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

FEB 10 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137445
Local Reg. No. 6
Reg. Dist. No. 120

1. **PLACE OF DEATH:**
   (a) County Kootenai
   (b) City or town Coeur dAlene
   (c) Street Address or R. F. D. No. 412 Lakeside Ave.
   (d) Death Occurred Inside? X Outside? ____ city or town
   (e) Died in a Home __ Hospital X Institution __ Other place __
   (f) Name Hosp. or Inst. Lak City General Hospital days
   (g) Lived in this county 21 years ____ months ____ days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Kootenai
   (c) City or town Coeur dAlene
   (d) Street Address or R. F. D. No. 823 Bancroft
   (e) Deceased lived Inside? X Outside? ____ city or town
   (f) Citizen of what country? Norway
   (g) How long had deceased lived in Idaho? 21 years
   (h) Former residence (city, state) Montana

3. (a) **FULL NAME** Nickolina Knutson 93d

3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Knut
6. (c) Age of husband or wife if alive 71 years
7. Date of Birth (Month, Day, Year) 4-14-1874

8. AGE	Years	Months	Days	If less than 1 day
	69	8	15	hrs min.

9. Exact Occupation Housewife Did this work for 47 yrs.
10. Industry or Business Own Home Date last worked 12-26-1943
11. Birthplace Norway (City or town) (State or foreign country)
Father
12. Name Knut Mycklebust
13. Birthplace Norway (City or town) (State or foreign country)
Mother
14. Maiden name Ingerbore Anderson
15. Birthplace Norway (City or town) (State or foreign country)
16. Informant's OWN Signature Carl J. Knutson
and Address 823 Bancroft Ave.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 1-7-1944 (Month) (Day) (Year)
(c) Place: Forest Cemetery
18. Funeral Director's OWN Signature C. Wendt
and Address 109-111 Lakeside Ave.
19. (a) 1-7-44 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 1/1 1944
at 4:00 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 12/27 1943, to 1/1 1943
I last saw her alive on 1/1 1943; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Pneumonia — 109:1	3 days
Arteriosclerotic heart	
Due to disease 93d	10 yrs.
Hypertension	5 yrs.
Due to hypocardial failure	3 days
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted? home —	PHYSICIAN
Name of operation ____ Date ____	Underline the cause to which death should be charged statistically.
Major finding ____	
Finding of autopsy ____	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? — Suicide? — Homicide? —
Occurred — 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature [signature] (M. D. or other)
and Address Coeur d'Alene Date 1/5 1943
(For additional space, use reverse side)

Wood Jr.
FEB 10 1944

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137446
Local Reg. No. 5
Reg. Dist. No. 120

1. **PLACE OF DEATH:**
(a) County Kootenai
(b) City or town Coeur D' Alene
(c) Street Address or R. F. D. No. --
(d) Death Occurred Inside? in Outside? ____ city or town
(e) Died in a ~~Home~~ Hospital ~~Institution~~ Other place
(f) Name Hosp. or Inst. Home Hosp. Stayed 90 days
(g) Lived in this county 11 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Kootena
(c) City or town Coeur D' Alene
(d) Street Address or R. F. D. No. 810 Garden
(e) Deceased lived Inside? in Outside? ____ city or town
(f) Citizen of what country? U. S.
(g) How long had deceased lived in Idaho? 15 years
(h) Former residence (city, state) ____

3. (a) **FULL NAME** Florence O'Rourke

83a

3. (b) If veteran, name war -
3. (c) Social Security No. --
4. Sex Female
5. Color or Race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife --
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) Feb. 22, 1883

8. AGE	Years	Months	Days	If less than 1 day
	60	10	10	hrs min.

9. Exact Occupation At Home Did this work for ____ yrs.
10. Industry or Business ____ Date last worked ____
11. Birthplace Eau Claire, Wisc. (City or town) (State or foreign country)
Father
12. Name Leon DeMers
13. Birthplace Canada (City or town) (State or foreign country)
Mother
14. Maiden name Catherine Cheiner
15. Birthplace Canada (City or town) (State or foreign country)
16. Informant's OWN Signature Robert J. O'Rourke
and Address Coeur d'Alene Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/7/44 (Month) (Day) (Year)
(c) Place: St. Thomas Mooney Chapel
18. Funeral Director's OWN Signature R. B. Mooney
and Address Coeur d'Alene Idaho
19. (a) 1-6-44 (Date received and filed) (b) Frances M. Ehe (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Jan. 2, 1944 19__
at 7:30 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from Oct. 28, 1943, to Jan. 2, 1944
I last saw her alive on Jan. 2 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Hypostatic pneumonia	1 day
Due to Cerebral hemorrhage	3 months
Due to	
Other conditions Hypertension (Include pregnancy within 3 months of death)	4 years

Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature William T. Wood M.D. (M. D. or other)
and Address Coeur d'Alene Date 1-5 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

137447

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 32
Reg. Dist. No. 2

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
(a) County Kootenai
(b) City or town NAVAL HOSPITAL FARRAGUT, IDAHO
(c) Street Address or R. F. D. No. NAVAL HOSPITAL FARRAGUT, IDAHO
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home ____ Hospital X Institution ____ Other place ____
(f) Name Hosp. or Inst. NAVAL HOSPITAL FARRAGUT, IDAHO Stayed 75 days
(g) Lived in this county 0 years 4 months 0 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Kootenai
(c) City or town FARRAGUT, IDAHO
(d) Street Address or R. F. D. No. FARRAGUT, IDAHO
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? US
(g) How long had deceased lived in Idaho? 4 months years
(h) Former residence (city, state) Chicago, Ill.

3. (a) **FULL NAME** TEMPLIN, Paul Eugene. 854 35 32. AS, V6, SV, USNR S1A

3. (b) If veteran, name war none
3. (c) Social Security No. not known
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife none
6. (c) Age of husband or wife if alive ---- years
7. Date of Birth (Month, Day, Year) 8-5-1906

8. AGE	Years	Months	Days	If less than 1 day
	37	4	27	hrs ____ min.

9. Exact Occupation A/S — Did this work for 4 mo yrs.
10. Industry or Business U.S. Navy — Date last worked 1944
11. Birthplace Kansas City, Missouri (City or town) (State or foreign country)

Father
12. Name not known
13. Birthplace not known (City or town) (State or foreign country)

Mother
14. Maiden name Mary ------
15. Birthplace not known (City or town) (State or foreign country)

16. Informant's **OWN** Signature R. W. Allen, Pharm. USN
and Address NAVAL HOSPITAL FARRAGUT, IDAHO

17. (a) removal (Burial, cremation, or removal) (b) Date thereof 1-4-44 (Month) (Day) (Year)
(c) Place: Chicago, Illinois

18. Funeral Director's **OWN** Signature Mooney Funeral Chapel by R. W. Mooney
and Address Coeur d'Alene, Idaho

19. (a) 1-6-44 (Date received and filed) (b) Registrar's signature

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) January 2 1944
at 8:33 o'clock A M.

21. **I HEREBY CERTIFY,** That I attended deceased from October 14 1943, to January 2 1944
I last saw him alive on January 2 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: (a) Granulocytopenia, Malignant — Duration 3 days
Due to Poisoning, Therapeutic, Acute, Sulfadiazine. — 12 days
Due to Meningitis Prophylaxis — 1 day
Other conditions Nephritis, Acute — 3 months
(Include pregnancy within 3 months of death)

Where was disease contracted? NTS Farragut Ida
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's **OWN** Signature Dennistoun Wood, MD (M. D. or other)
and Address NAVAL HOSPITAL FARRAGUT, IDAHO Date 1-5 1944

(For additional space, use reverse side)

FEB 1 0 1944

137448

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 37
Reg. Dist. No.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
   (a) County Kootenai
   (b) City or town NAVAL HOSPITAL FARRAGUT, IDAHO
   (c) Street Address or R. F. D. No. NAVAL HOSPITAL FARRAGUT, IDAHO
   (d) Death Occurred Inside? X Outside? ____ city or town
   (e) Died in a Home ____ Hospital X Institution ____ Other place ____
   (f) Name Hosp. or Inst. NAVAL HOSPITAL FARRAGUT, IDAHO Stayed 33 days
   (g) Lived in this county 0 years 4 months ____ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Kootenai
   (c) City or town FARRAGUT, IDAHO
   (d) Street Address or R. F. D. No. NAVAL HOSPITAL FARRAGUT, IDAHO
   (e) Deceased lived Inside? X Outside? ____ city or town
   (f) Citizen of what country? US
   (g) How long had deceased lived in Idaho? 4 months ~~years~~
   (h) Former residence (city, state) Salem, Oregon

3. (a) **FULL NAME** McELROY, Alfred Louis. S2c, V6 USNR, SV. 883 35 92. 58E

3. (b) If veteran, name war none
3. (c) Social Security No. not known
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife none
6. (c) Age of husband or wife if alive --- years
7. Date of Birth (Month, Day, Year) 3-26-1925

8. AGE	Years	Months	Days	If less than 1 day
	18	9	6	hrs ____ min.

9. Exact Occupation S.2/c — Did this work for 4 months yrs.
10. Industry or Business U.S Navy — Date last worked 1944
11. Birthplace Salem, Oregon (City or town) (State or foreign country)

Father
12. Name Harvey Gilbert McElroy
13. Birthplace not known (City or town) (State or foreign country)

Mother
14. Maiden name not known
15. Birthplace not known (City or town) (State or foreign country)

16. Informant's OWN Signature R.V. Allen. Pharm. USN
and Address NAVAL HOSPITAL FARRAGUT, IDAHO
17. (a) removed (Burial, cremation, or removal) (b) Date thereof 1-4-44 (Month) (Day) (Year)
(c) Place: Salem, Oregon
18. Funeral Director's OWN Signature by Mooney Funeral Chapel
and Address Coeur d'Alene, Idaho
19. (a) 1-6-44 (Date received and filed) (b) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) January 2 1944
at 11:00 o'clock P M.

21. **I HEREBY CERTIFY,** That I attended deceased from 12-6-43 19__ to 1-2-44 19__
I last saw him alive on 1-2-44 19__; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: POISONING, THERAPEUTIC, ACUTE — Duration
Sodium Salicylate, treatment for rheumatic fever.
Due to
Other conditions
(Include pregnancy within 3 months of death)
Where was disease contracted USNTS. Farragut
Name of operation none Date
Major finding
Finding of autopsy same as cause of death

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Yes Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury

23. Attendant's OWN Signature Herman W. Mannheimer (M. D. or other)
and Address NAVAL HOSPITAL FARRAGUT, IDAHO Date 1-4- 1944

(For additional space, use reverse side)

137449

United States
Department of Commerce
Bureau of the Census

FEB 10 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 14
Reg. Dist. No. 120

1. **PLACE OF DEATH:**
(a) County Kootenai
(b) City or town Coeur d'Alene
(c) Street Address or R. F. D. No. 815 W. Garden
(d) Death Occurred Inside? ✓ Outside? ____ city or town
(e) Died in a Home ✓ Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. — Stayed ____ days
(g) Lived in this county ____ years 3 months 27 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Kootenai
(c) City or town Coeur d'Alene
(d) Street Address or R. F. D. No. 815 W. Garden
(e) Deceased lived Inside? ✓ Outside? ____ city or town
(f) Citizen of what country? U.S. of A.
(g) How long had deceased lived in Idaho? 3 mon. 27 days years
(h) Former residence (city, state) —

3. (a) **FULL NAME** Donna Patricia Hartnett

3. (b) If veteran, name war — 3. (c) Social Security No. —
4. Sex F 5. Color or race W. 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife ____ 6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) September 7, 1943

8. AGE	Years	Months	Days	If less than 1 day
		3	27	hrs min.

9. Exact Occupation — Did this work for ____ yrs.
10. Industry or Business — Date last worked ____
11. Birthplace Coeur d'Alene (City or town) Idaho (State or foreign country)
Father
12. Name Donald Joseph Hartnett
13. Birthplace Worley (City or town) Idaho (State or foreign country)
Mother
14. Maiden name Evelyn L. Irons
15. Birthplace Sama Co. (City or town) Iowa (State or foreign country)
16. Informant's OWN Signature Stephen E. Hartnett
and Address 503 Emma St. - Coeur d'Alene
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-11-1944 (Month) (Day) (Year) Ida
(c) Place: St Thomas Cemetery C.D.A.
18. Funeral Director's OWN Signature C. Wendt
and Address 109-111 Lakeside Ave. S.
19. (a) 1-11-44 (Date received and filed) (b) Frances M. Ideal (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 1-3 1944
at 5 o'clock A M. did not attend
21. **I HEREBY CERTIFY,** That I ~~attended~~ deceased from — 19__ to 1-3 1943
I last saw her alive on Nov. 1943; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
heart failure	—
Due to unknown	
Due to unknown	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted? —	PHYSICIAN
Name of operation ____ Date ____	Underline the cause to which death should be charged statistically.
Major finding ____	
Finding of autopsy normal gross appearance of organs.	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? — Suicide? — Homicide? —
Occurred ____ 19__ City, county, state
Where violence occurred —
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature Alexander Barclay Lamb (M. D. or other)
and Address Coeur d'Alene Date 1-4 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

FEB 1 0 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137450
Local Reg. No. 1
Reg. Dist. No. 120

1. **PLACE OF DEATH:**
(a) County Kootenai
(b) City or town Coeur d'Alene
(c) Street Address or R. F. D. No. 412 Lakeside
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home ____ Hospital X Institution ____ Other place ____
(f) Name Hosp. or Inst. LCG Hosp. Stayed 5 days
(g) Lived in this county ____ years ____ months 5 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Kootenai
(c) City or town Coeur d'Alene
(d) Street Address or R. F. D. No. 704 Front
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? USA
(g) How long had deceased lived in Idaho? 1 years
(h) Former residence (city, state) Rochester Tex

3. (a) **FULL NAME** Ronald Lee Hudspeth

161c

3. (b) If veteran, name war ////// 3. (c) Social Security No. //////

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife ////// 6. (c) Age of husband or wife if alive //// years

7. Date of Birth (Month, Day, Year) Dec. 28, 1943

8. AGE	Years	Months	Days	If less than 1 day
	0	0	5	hrs ____ min.

9. Exact Occupation none — Did this work for ____ yrs.
10. Industry or Business none — Date last worked ____
11. Birthplace Coeur d'Alene, Idaho (City or town) (State or foreign country)

Father
12. Name Wendell D. Hudspeth
13. Birthplace Rochester Texas (City or town) (State or foreign country)

Mother
14. Maiden name Loretta Smith
15. Birthplace Maybank Texas (City or town) (State or foreign country)

16. Informant's **OWN** Signature Wendell Douglas Hudspeth
and Address Coeur d'Alene, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-5-44 (Month) (Day) (Year)
(c) Place: Forest Cem Coeur d'Alene

18. Funeral Director's **OWN** Signature Don English
and Address Coeur d'Alene, Idaho

19. (a) 1-5-44 (Date received and filed) (b) Frances M. Kabel (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 1-3-44 19____
at 11:15 o'clock A M.

21. **I HEREBY CERTIFY,** That I attended deceased from 12-28 1943, to 1-3 1944
I last saw him alive on 1-3 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Hypostatic pneumonia	6 hours
Due to	
Due to	
Other conditions Icterus neonatorum (Include pregnancy within 3 months of death)	5 days

Where was disease contracted?
Name of operation ____ Date ____
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work?
Means of injury

23. Attendant's **OWN** Signature William T. Wood M.D. (M. D. or other)
and Address Coeur d'alene Date 1-5 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

137451

United States
Department of Commerce
Bureau of the Census

FEB 1 0 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 15
Reg. Dist. No. 121

1. **PLACE OF DEATH:**
   (a) County Kootenai
   (b) City or town Coeur d Alene
   (c) Street Address or R. F. D. No. 703 Lakeside Ave.
   (d) Death Occurred Inside? X Outside? ____ city or town
   (e) Died in a Home __ Hospital X Institution __ Other place __
   (f) Name Hosp. or Inst. Home City Hosp. 5 days
   (g) Lived in this county 17 years 7 months ____ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Koot.
   (c) City or town Worley
   (d) Street Address or R. F. D. No. Worley
   (e) Deceased lived Inside? X Outside? ____ city or town
   (f) Citizen of what country? ____
   (g) How long had deceased lived in Idaho? 17 years
   (h) Former residence (city, state) ____

3. (a) **FULL NAME** Frank Haman

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3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife none
6. (c) Age of husband or wife if alive none years
7. Date of Birth (Month, Day, Year) 4-13-1869

8. AGE	Years	Months	Days	If less than 1 day
	74	8	22	hrs min.

9. Exact Occupation Farmer — Did this work for 51 yrs.
10. Industry or Business ____ Date last worked ____
11. Birthplace Czeckoslovalia (City or town) (State or foreign country)

Father
12. Name unknown
13. Birthplace Czechoslovakia (City or town) (State or foreign country)

Mother
14. Maiden name unknown
15. Birthplace Czechoslovakia (City or town) (State or foreign country)

16. Informant's OWN Signature Anna Tulbott
and Address ____
17. (a) Burial Worley (b) Date thereof 1-11-44 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial Forest Cemetery
18. Funeral Director's OWN Signature A. B. Nelson C D A
and Address 1-09-111 Lakeside Ave.
19. (a) 1-11-44 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) ~~Nov~~ Jan 5 1944
at 2 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from Nov 1943, to 1/5 1944
I last saw him alive on 1/5 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Pneumonia (Labor	1 week
Due to	
Due to	
Other conditions Senility (Include pregnancy within 3 months of death)	
Where was disease contracted? None	
Name of operation None Date	
Major finding	
Finding of autopsy None	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature F. F. Hanning (M. D. or other)
and Address Coeur d alene Date 1/11 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

FEB 10 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137452
Local Reg. No. 124
Reg. Dist. No. 120

1. **PLACE OF DEATH:**
(a) County Kootenai
(b) City or town Coeur d'Alene
(c) Street Address or R. F. D. No. 724 Mill St.
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home X Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county ____ years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Kootenai
(c) City or town Coeur d'Alene
(d) Street Address or R. F. D. No. 724 Mill
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? ?
(g) How long had deceased lived in Idaho? 35 years
(h) Former residence (city, state) Alpena Mich.

3. (a) **FULL NAME** Edward Woolever

3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife ////
6. (c) Age of husband or wife if alive ////// years
7. Date of Birth (Month, Day, Year) Oct 15, 1850

8. AGE	Years	Months	Days	If less than 1 day
	93	2	23	hrs ____ min.

9. Exact Occupation Blacksmith — Did this work for 65 yrs.
10. Industry or Business Private — Date last worked 1925
11. Birthplace Canada (City or town) (State or foreign country)

Father
12. Name unknown
13. Birthplace " (City or town) (State or foreign country)

Mother
14. Maiden name "
15. Birthplace " (City or town) (State or foreign country)

16. Informant's OWN Signature Ella M. Scott
and Address Coeur d'Alene, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-10-43 (Month) (Day) (Year)
(c) Place Forest Cem. Coeur d'Alene, Ida.
18. Funeral Director's OWN Signature Don English
and Address Coeur d'Alene, Idaho
19. (a) 1-10-44 (Date received and filed) (b) Harriett M. Hall (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 1-8-44 19____
at 8:10 o'clock P.M.
21. **I HEREBY CERTIFY,** That I attended deceased from July 8 1943, to Jan 3 1944
I last saw him alive on Jan. 3 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Hypostatic pneumonia	6 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation ____ Date ____	
Major finding	
Finding of autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature William T. Wood M.D. (M. D. or other)
and Address Coeur d'alene Date Jan 9, 1944
(For additional space, use reverse side)

Dr Wm Wood.

FEB 10 1944

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137453
Local Reg. No. 19
Reg. Dist. No. 120

1. **PLACE OF DEATH:**
(a) County Kootenai
(b) City or town Coeur D' Alene
(c) Street Address or R. F. D. No. 812 Boyd
(d) Death Occurred Inside? in Outside? ____ city or town
(e) Died in a Home ____ Hospital Institution Other place
(f) Name Hosp. or Inst. -- Stayed -- days
(g) Lived in this county 45 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Kootenai
(c) City or town Coeur D' Alene
(d) Street Address or R. F. D. No. 812 Boyd
(e) Deceased lived Inside? in Outside? ____ city or town
(f) Citizen of what country? U. S.
(g) How long had deceased lived in Idaho? 45 years
(h) Former residence (city, state) ____

3. (a) **FULL NAME** Emma E. Wood

83a

3. (b) If veteran, name war --
3. (c) Social Security No. --
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife --
6. (c) Age of husband or wife if alive -- years
7. Date of Birth (Month, Day, Year) October 27, 1865

8. AGE	Years	Months	Days	If less than 1 day
	78	2	16	hrs min.

9. Exact Occupation at home Did this work for ____ yrs.
10. Industry or Business ____ Date last worked ____
11. Birthplace ____ (City or town) (State or foreign country)
Father
12. Name Martin Blanding
13. Birthplace U. S. (City or town) (State or foreign country)
Mother
14. Maiden name Carrie ---
15. Birthplace U. S. (City or town) (State or foreign country)
16. Informant's OWN Signature Mrs. Frank A. Wood
and Address Coeur D' Alene, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/17/44 (Month) (Day) (Year)
(c) Place: Forest Cemetery
18. Funeral Director's OWN Signature Mooney Chapel
and Address Coeur D' Alene, Idaho
19. (a) 1-15-44 (Date received and filed) (b) Frances M. Chapel (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Jan. 13, 1944 19__ at 3:30 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 1-13 1944, to 1-13 1944
I last saw her alive on 1-13 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebral Hemorrhage	?
Due to Hypertension	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation ____ Date ____	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature William T. Wood M.D. (M. D. or other)
and Address Coeur d'alene Date 1-14 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

FEB 10 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137454
Local Reg. No. 20
Reg. Dist. No. 121

1. **PLACE OF DEATH:**
   (a) County Kootenai
   (b) City or town NAVAL HOSPITAL FARRAGUT, IDAHO
   (c) Street Address or R. F. D. No. NAVAL HOSPITAL FARRAGUT, IDAHO
   (d) Death Occurred Inside? X Outside? ____ city or town
   (e) Died in a Home ____ Hospital X Institution ____ Other place ____
   (f) Name Hosp. or Inst. NAVAL HOSPITAL FARRAGUT, IDAHO Stayed 5 days
   (g) Lived in this county 0 years 1 months 2 days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State IDAHO (b) County KOOTENAI
   (c) City or town FARRAGUT, IDAHO
   (d) Street Address or R. F. D. No. FARRAGUT, IDAHO
   (e) Deceased lived Inside? X Outside? ____ city or town
   (f) Citizen of what country? U.S.
   (g) How long had deceased lived in Idaho? 1 Month years
   (h) Former residence (city, state) Owensville, Mo

3. (a) **FULL NAME** LOEB, Paul Franklin. AS V6 USNR. 338-58-73 35

3. (b) If veteran, name war None
3. (c) Social Security No. not known
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife none
6. (c) Age of husband or wife if alive --- years
7. Date of Birth (Month, Day, Year) 11-11-1926

8. AGE	Years	Months	Days	If less than 1 day
	17	2	3	hrs min.

9. Exact Occupation AS — Did this work for ---- yrs.
10. Industry or Business U.S. Navy — Date last worked 1944
11. Birthplace Red Bird. Missouri (City or town) (State or foreign country)
Father
12. Name Paul George Loeb Sr.
13. Birthplace not known (City or town) (State or foreign country)
Mother
14. Maiden name not known
15. Birthplace not known (City or town) (State or foreign country)
16. Informant's OWN Signature R.V. Allen. Pharm. USN
and Address NAVAL HOSPITAL FARRAGUT, IDAHO
17. (a) removal (Burial, cremation, or removal) (b) Date thereof 1-17-44 (Month) (Day) (Year)
(c) Place: Owensville, Missouri
18. Funeral Director's OWN Signature Mooney Funeral Chapel by [signature]
and Address Coeur d'Alene, Idaho
19. (a) 1-18-44 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) January 14 1944
at 5:35 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from Jan. 9 1944, to January 14 1944
I last saw him alive on January 14 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
PNEUMONIA, BRONCHO 107	5-6 days
Due to Measles 35	2-3 wks.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? USNTS FARRAGUT
Name of operation NONE Date ***
Major finding
Finding of autopsy same as cause of death

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature [signature] Lt. cdr. (M. D. or other)
and Address NAVAL HOSPITAL FARRAGUT, IDAHO Date 1-15 1944
(For additional space, use reverse side)

137455

United States
Department of Commerce
Bureau of the Census

FEB 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 27
Reg. Dist. No. 1210

1. **PLACE OF DEATH:** (Kootenai)
(a) County Enroute via ambulance
(b) City or town between Orofino and
(c) Street Address or R. F. D. No. Coeur d'Alene
(d) Death Occurred Inside? Outside? X city or town
(e) Died in a Home Hospital Institution X Other place X
(f) Name Hosp. or Inst. none Stayed days
(g) Lived in this county years 4 months 13 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Kootenai
(c) City or town Coeur d'Alene
(d) Street Address or R. F. D. No. 912 Lakeside Av
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? United States
(g) How long had deceased lived in Idaho? 40 years
(h) Former residence (city, state)

3. (a) **FULL NAME** FALK, CARL

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3. (b) If veteran, name war none
3. (c) Social Security No. 519-12-4021
4. Sex Male
5. Color or race white
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Emma
6. (c) Age of husband or wife if alive 70 years
7. Date of Birth (Month, Day, Year) July 22, 1869

8. AGE	Years	Months	Days	If less than 1 day
	74	5	22	hrs min.

9. Exact Occupation Lumber man Did this work for 23 yrs.
10. Industry or Business Date last worked 1940
11. Birthplace Sweden, (Farmland) (City or town) (State or foreign country)
Father
12. Name uuknown
13. Birthplace Sweden (City or town) (State or foreign country)
Mother
14. Maiden name uuknown
15. Birthplace Sweden (City or town) (State or foreign country)
16. Informant's OWN Signature E. L. Berry MD and Address Orofino Idaho
17. (a) cremation (Burial, cremation, or removal) (b) Date thereof 1-21-1944 (Month) (Day) (Year)
(c) Place: Spokane Wash.
18. Funeral Director's OWN Signature C. Wendt and Address Coeur d'Alene Idaho
19. (a) 1-21-44 (Date received and filed) (b) Frances M. Cahel (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) January 14, 1944 at about 12:00 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from August 31, 1943 to January 14, 1944
I last saw him alive on January 14, 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Myocarditis	5 yrs
Due to Hyperthyroidism	1 yr ?
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted? his home	
Name of operation Date	
Major finding	
Finding of autopsy	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state
where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature E. L. Berry MD (M. D. or other)
and Address Orofino Idaho Date Jan 15 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137456
Local Reg. No. 23
Reg. Dist. No. 120

1. **PLACE OF DEATH:**
(a) County Kootenai
(b) City or town Coeur d'Alene
(c) Street Address or R. F. D. No. 615 Foster
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home X Hospital __ Institution __ Other place __
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 42 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Kootenai
(c) City or town Coeur d'Alene
(d) Street Address or R. F. D. No. 615 Foster
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? USA
(g) How long had deceased lived in Idaho? 42 years
(h) Former residence (city, state) Michigan

3. (a) FULL NAME Clara Rembowski 83 b

3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Anton
6. (c) Age of husband or wife if alive 84 years
7. Date of Birth (Month, Day, Year) Aug. 12, 1858

8. AGE	Years	Months	Days	If less than 1 day
	75	5	2	hrs min.

9. Exact Occupation Housewife Did this work for 60 yrs.
10. Industry or Business own Home Date last worked 1-13-44
11. Birthplace Germany (City or town) (State or foreign country)
Father
12. Name unknown
13. Birthplace " (City or town) (State or foreign country)
Mother
14. Maiden name Unknown
15. Birthplace " (City or town) (State or foreign country)
16. Informant's OWN Signature Leo Rembowski
and Address Laclede, Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 1-18-44 (Month) (Day) (Year)
(c) Place: St. Thomas Coeur d'Alene
18. Funeral Director's OWN Signature Don English
and Address Coeurd'Alene, Idaho
19. (a) 1-17-44 (Date received and filed) (b) Frances M. Edel (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 1-14-44 19__
at 8:10 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from 1-14 1944 to 1-14 1944
I last saw h____ alive on ____ 19__; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebral Embolism	83 b
Due to Cerebral Arteriosclerosis	97
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted? —	PHYSICIAN
Name of operation — Date	Underline the cause to which death should be charged statistically.
Major finding —	
Finding of autopsy —	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? — Homicide? —
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature [signature] (M. D. or other)
and Address Coeur d'Alene Date 1/17 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

FEB 1 0 1944

137457

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 10
Reg. Dist. No. 121

1. **PLACE OF DEATH:**
   (a) County Kootenai
   (b) City or town NAVAL HOSPITAL FARRAGUT, IDAHO
   (c) Street Address or R. F. D. No. NAVAL HOSPITAL FARRAGUT, IDAHO
   (d) Death Occurred Inside? X Outside? ____ city or town
   (e) Died in a Home ____ Hospital ____ Institution ____ Other place ____
   (f) Name Hosp. or Inst. NAVAL HOSPITAL FARRAGUT, IDAHO Stayed 30 days
   (g) Lived in this county X years 2 months X days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Kootenai
   (c) City or town FARRAGUT, IDAHO
   (d) Street Address or R. F. D. No. FARRAGUT, IDAHO
   (e) Deceased lived Inside? X Outside? ____ city or town
   (f) Citizen of what country? U.S.
   (g) How long had deceased lived in Idaho? 2 months years
   (h) Former residence (city, state) Hutchinson, Kan.

3. (a) **FULL NAME** BYRD, Harlon Edwin. AS V6 USNR 629-89-54 816

3. (b) If veteran, name war none
3. (c) Social Security No. not known
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife none
6. (c) Age of husband or wife if alive ----- years
7. Date of Birth (Month, Day, Year) 12-9-25

8. AGE	Years	Months	Days	If less than 1 day
	18	1	5	hrs min.

9. Exact Occupation AS Did this work for ---- yrs.
10. Industry or Business US NAVY Date last worked 1943
11. Birthplace Kansas (City or town) (State or foreign country)
Father
12. Name Earl S. Byrd
13. Birthplace not knwon (City or town) (State or foreign country)
Mother
14. Maiden name not known
15. Birthplace not known (City or town) (State or foreign country)
16. Informant's OWN Signature R.V. Allen R.V. Allen. Pharm. USN
and Address NAVAL HOSPITAL FARRAGUT, IDAHO
17. (a) removal (Burial, cremation, or removal) (b) Date thereof 1-17-44 (Month) (Day) (Year)
(c) Place: Hutchinson, Kansas
18. Funeral Director's OWN Signature Mooney Funeral Chapel by [signature]
and Address Coeur d'Alene, Idaho
19. (a) 1-18-44 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) January 14 1944
at 11:25 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from December 15 1943 to January 14 1944
I last saw him alive on 1-14 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
MENINGITIS, CEREBROSPINAL	24-48 hrs
Due to ACUTE	
Due to Cerebellar Abscess rt. lobe	2-3 wks
Other conditions Otitis media (rt) (Include pregnancy within 3 months of death)	3-4 wks

Where was disease contracted? USNTS FARRAGUT
Name of operation none Date
Major finding
Finding of autopsy same as cause of death

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature Walter M. Whitaker Lt. Cdr. (M. D. or other) (MC)
and Address NAVAL HOSPITAL FARRAGUT, IDAHO Date 1-15 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

FEB 10 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137458
Local Reg. No. 25
Reg. Dist. No. 121

1. **PLACE OF DEATH:**
   (a) County Kootenai
   (b) City or town Coeur dalene
   (c) Street Address or R. F. D. No. 702 N 3rd. St
   (d) Death Occurred Inside? X Outside? ____ city or town
   (e) Died in a Home __ Hospital X Institution __ Other place __
   (f) Name Hosp. or Inst. Home Hospital Stayed 10 days
   (g) Lived in this county 51 years ____ months ____ days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Kootenai
   (c) City or town Harrison
   (d) Street Address or R. F. D. No. Harrison
   (e) Deceased lived Inside? X Outside? ____ city or town
   (f) Citizen of what country? U. S.
   (g) How long had deceased lived in Idaho? 51 years
   (h) Former residence (city, state) Wis.

3. (a) FULL NAME Hattie Theodosia Murray 93 d

3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Bernard R
6. (c) Age of husband or wife if alive none years
7. Date of Birth (Month, Day, Year) 3-20-1866

8. AGE	Years	Months	Days	If less than 1 day
	77	9	26	hrs min.

9. Exact Occupation Housewife Did this work for 50 yrs.
10. Industry or Business Own Home Date last worked
11. Birthplace Arnena Wis. (City or town) (State or foreign country)
Father
12. Name Stephen Bently
13. Birthplace unknown (City or town) (State or foreign country)
Mother
14. Maiden name Jane Patchen
15. Birthplace unknown (City or town) (State or foreign country)
16. Informant's OWN Signature Mrs Kate Pettit
and Address Harrison Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 1-20-44 (Month) (Day) (Year)
(c) Place: Harrison, Idaho
18. Funeral Director's OWN Signature A. B. Nelson
and Address 109-111 Lakeside Ave.
19. (a) 1-20-44 (Date received and filed) (b) Frances M. Edel (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) January 16 1944
at 12:00 o'clock Noon M.
21. I HEREBY CERTIFY, That I attended deceased from Jan 6 1944, to Jan 16 1944
I last saw her alive on Jan 16 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Chr. Myocarditis	
Due to	
Due to	
Other conditions Senility (Include pregnancy within 3 months of death)	
Where was disease contracted? Home	PHYSICIAN
Name of operation None Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy None	

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature J. F. Hanley M.D. (M. D. or other)
and Address Coeur d'Alene, Ida Date 1/19 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

137459

United States
Department of Commerce
Bureau of the Census

FEB 5 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 24
Reg. Dist. No. 120

1. **PLACE OF DEATH:**
(a) County Kootenai
(b) City or town Coeur d'Alene
(c) Street Address or R. F. D. No. 800 Sherman Ave.
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home X Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. none Stayed ____ days
(g) Lived in this county 20 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Kootenai
(c) City or town Coeur d'Alene
(d) Street Address or R. F. D. No. 1800 Sherman
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? U.S
(g) How long had deceased lived in Idaho? 20 years
(h) Former residence (city, state) Kansas

3. (a) **FULL NAME** Margaret Anna Forman 108

3. (b) If veteran, name war none
3. (c) Social Security No. 518-03-0865
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife none
6. (c) Age of husband or wife if alive none years
7. Date of Birth (Month, Day, Year) 10-15-1900

8. AGE	Years	Months	Days	If less than 1 day
	43	3	1	hrs ____ min. ____

9. Exact Occupation Laundry Worker Did this work for ____ yrs.
10. Industry or Business ____ Date last worked 1-16-1944
11. Birthplace Tipton Kans. (City or town) (State or foreign country)

Father
12. Name Joseph Forman
13. Birthplace Des Moines Iowa (City or town) (State or foreign country)

Mother
14. Maiden name Bridget Mc Gee
15. Birthplace Scranton Penn. (City or town) (State or foreign country)

16. Informant's OWN Signature Joseph Forman
and Address 1800 Sherman ave
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 1-19-1944 (Month) (Day) (Year)
(c) Place: St Thomas C. D. A.
18. Funeral Director's OWN Signature J. B. Nelson
and Address 109-111 Lakeside Ave.
19. (a) 1-18-44 (Date received and filed) (b) Frances M. Cabel (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 1-16- 1944
at 2 o'clock A.M.
21. I **HEREBY CERTIFY**, That I attended deceased from 1-15- 1944 to 1-16 1944
I last saw h-r alive on 1-15 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Acute Lobar Pneumonia — Duration ____
Due to ____
Due to ____
Other conditions ____ (Include pregnancy within 3 months of death)
Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature E. H. Reed (M. D. or other)
and Address Coeur d'Alene Date 1-18 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

137460

United States
Department of Commerce
Bureau of the Census

FEB 10 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 26
Reg. Dist. No. 120

1. **PLACE OF DEATH:**
   (a) County Kootenai
   (b) City or town Coeur d'Alene
   (c) Street Address or R. F. D. No. 621 Cd'A
   (d) Death Occurred Inside? X Outside? ____ city or town
   (e) Died in a Home X Hospital __ Institution __ Other place __
   (f) Name Hosp. or Inst. ____ Stayed ____ days
   (g) Lived in this county 43 years ____ months ____ days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Kootenai
   (c) City or town Coeur d'Alene
   (d) Street Address or R. F. D. No. 321 Cd'A
   (e) Deceased lived Inside? X Outside? ____ city or town
   (f) Citizen of what country? USA
   (g) How long had deceased lived in Idaho? 43 years
   (h) Former residence (city, state) Oaksdale Wn

3. (a) **FULL NAME** Nellie C. Coonradt

83 a

3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife C. A. Coonradt
6. (c) Age of husband or wife if alive 83 years
7. Date of Birth (Month, Day, Year) Oct 16, 1871

8. AGE	Years	Months	Days	If less than 1 day
	72	3	1	hrs min.

9. Exact Occupation housewife — Did this work for 55 yrs.
10. Industry or Business own home — Date last worked 1-16-44
11. Birthplace Salem Oregon (City or town) (State or foreign country)

Father
12. Name Samuel Brown
13. Birthplace unknown (City or town) (State or foreign country)

Mother
14. Maiden name Caroline Addison
15. Birthplace unknown (City or town) (State or foreign country)

16. Informant's OWN Signature [signature]
and Address Coeurd'Alene, Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 1-21-44 (Month) (Day) (Year)
(c) Place: Forest Cem. Coeur d'Alene
18. Funeral Director's OWN Signature Don English
and Address Coeur d'Alene, Idaho
19. (a) 1-21-44 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 1-17-44 19__
at 10:55 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from 1-16 1944 to 1-17 1944
I last saw her alive on 1-16 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebral Hemorrhage	2 days
Hypertension	12 yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation None Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature [signature] (M. D. or other)
and Address Coeur d'Alene Id. Date 1-20 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

FEB 1 0 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137461
Local Reg. No. 29
Reg. Dist. No. 121

1. **PLACE OF DEATH:**
(a) County Kootenai
(b) City or town Coeur dAlene
(c) Street Address or R. F. D. No. 412 Lakeside Ave.
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home __ Hospital X Institution __ Other place __
(f) Name Hosp. or Inst. Lake City Stayed 8 days
(g) Lived in this county 36 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Kootenai
(c) City or town Harrison
(d) Street Address or R. F. D. No. Harrison
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? U.S.
(g) How long had deceased lived in Idaho? 36 years
(h) Former residence (city, state) Harrison, Idaho

3. (a) FULL NAME Arthur Edward Thompson (E.) 1706

3. (b) If veteran, name war none
3. (c) Social Security No. 518-01-5867
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife none
6. (c) Age of husband or wife if alive none years
7. Date of Birth (Month, Day, Year) 3-15-1907

8. AGE	Years	Months	Days	If less than 1 day
	36	10	3	hrs min.

9. Exact Occupation Sawmill Worker Did this work for life yrs.
10. Industry or Business sawmill Date last worked 1-16-44
11. Birthplace Harrison (City or town) (State or foreign country)
Father
12. Name Truman Thompson
13. Birthplace Mo. (City or town) (State or foreign country)
Mother
14. Maiden name Mary Waldo
15. Birthplace Wis. Elsworth (City or town) (State or foreign country)
16. Informant's OWN Signature Mary E Thompson
and Address Harrison Idaho.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 1-22-1944 (Month) (Day) (Year)
(c) Place: Harrison Idaho
18. Funeral Director's OWN Signature C Wendt
and Address 109-111 Lakeside Ave.
19. (a) 1-22-44 (Date received and filed) (b) Frances M. Ehel (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 1-18 1944
at 4:45 o'clock A. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 1-17 1944, to ____ 19__
I last saw him alive on 1-17 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Fractured Skull	1 day.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation ____ Date ____	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Yes Suicide? ____ Homicide? ____
Occurred 1-17 1944 City, county, state where violence occurred Kootenai
Place of Violence: Home ____ Farm ____ Industry ____
Public Place Highway While at work? ____
Means of injury Auto accident.
23. Attendant's OWN Signature William T. Wood M.D. (M. D. or other)
and Address Coeur d'alene Date 1-21 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce FEB 10
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137462
Local Reg. No. 30
Reg. Dist. No. 120

1. **PLACE OF DEATH:**
(a) County Kootenai
(b) City or town Coeur d'Alene
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? ✓ Outside? ✓ city or town
(e) Died in a Home Hospital Institution Other place
(f) Name Hosp. or Inst. Cd'a Home Stayed 18 yrs days
(g) Lived in this county 18 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Kootenai
(c) City or town Coeur d'Alene
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? ✓ Outside? city or town
(f) Citizen of what country? USA
(g) How long had deceased lived in Idaho? 18 years
(h) Former residence (city, state) Plankitton N.D.

3. (a) **FULL NAME** Hans Sandvig 93d

3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Date of Birth (Month, Day, Year) April 4 1856

8. AGE	Years	Months	Days	If less than 1 day
	87	9	16	hrs min.

9. Exact Occupation Carpenter Did this work for — yrs.
10. Industry or Business private Date last worked —
11. Birthplace Norway (City or town) (State or foreign country)
Father
12. Name
13. Birthplace (City or town) (State or foreign country)
Mother
14. Maiden name
15. Birthplace (City or town) (State or foreign country)
16. Informant's OWN Signature Cd'a Homes Records
and Address Cd'a Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-22-44 (Month) (Day) (Year)
(c) Place: Forest Cem. Coeur d'Alene
18. Funeral Director's OWN Signature Don English
and Address Coeur d'Alene Idaho
19. (a) 1-22-44 (Date received and filed) (b) Frances N. Kobel (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 1-20 1944
at 4:30 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from 19 , to 19
I last saw h alive on 19 ; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Arteriosclerosis, generalized	5 yrs.
Due to Arteriosclerotic heart disease	5 yrs.
Due to — 93d	
Other conditions (Include pregnancy within 3 months of death)	
Terminal bronchopneumonia	10

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature [signature] (M. D. or other)
and Address Coeur d'Alene, Idaho 1-22-44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

137463

United States
Department of Commerce
Bureau of the Census

FEB 10 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 21
Reg. Dist. No. 12

1. **PLACE OF DEATH:**
(a) County Kootenai
(b) City or town NAVAL HOSPITAL FARRAGUT, IDAHO
(c) Street Address or R. F. D. No. NAVAL HOSPITAL FARRAGUT, IDAHO
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home ____ Hospital X Institution ____ Other place ____
(f) Name Hosp. or Inst. NAVAL HOSPITAL FARRAGUT, IDAHO Stayed 5 days
(g) Lived in this county 0 years 6 months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Kootenai
(c) City or town Farragut FARRAGUT, IDAHO
(d) Street Address or R. F. D. No. Farragut
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? U.S.
(g) How long had deceased lived in Idaho? 6 months ____ years
(h) Former residence (city, state) Birmingham, Iowa

3. (a) **FULL NAME** BOGLE, Charles Wilson. S2c. V6S USNR. 859-43-73 186a

3. (b) If veteran, name war none
3. (c) Social Security No. not known
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Vashti E.
6. (c) Age of husband or wife if alive not known years
7. Date of Birth (Month, Day, Year) May 13, 1913

8. AGE	Years	Months	Days	If less than 1 day
	30	8	7	hrs ____ min.

9. Exact Occupation Sea. 2c — Did this work for ____ yrs.
10. Industry or Business US Navy R. — Date last worked 1944
11. Birthplace Birmingham, Iowa (City or town) (State or foreign country)

Father
12. Name not known
13. Birthplace not known (City or town) (State or foreign country)

Mother
14. Maiden name not known
15. Birthplace not known (City or town) (State or foreign country)

16. Informant's **OWN** Signature R. V. Allen
and Address R. V. Allen. Pharm.USN NAVAL HOSPITAL FARRAGUT, IDAHO

17. (a) removal (Burial, cremation, or removal) (b) Date thereof 1-28-44 (Month) (Day) (Year)
(c) Place: Birmingham, Iowa

18. Funeral Director's **OWN** Signature Moore Funeral Chapel by [illegible]
and Address Coeur d Alene, Idaho

19. (a) 1-24-44 (Date received and filed) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) January 20 1944
at 5:04 o'clock A M.

21. **I HEREBY CERTIFY**, That I attended deceased from Jan. 15 1944 to Jan. 20 1944
I last saw him alive on Jan. 20 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Intraspinal Injury,	
Traumatic, Paraplegia	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? NTS Farragut PHYSICIAN
Name of operation none Date
Major finding
Finding of autopsy same as cause of death

Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? X Suicide? ____ Homicide? ____
Occurred Jan. 15 1944 City, county, state where violence occurred NTS FARRAGUT, IDAHO
Place of Violence: Home ____ Farm ____ Industry ____
Public Place Barracks While at work? no
Means of injury fell from window

23. Attendant's **OWN** Signature [illegible] (M. D. or other)
and Address NAVAL HOSPITAL FARRAGUT, IDAHO Date 1-20-44

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

FEB 10 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137464
Local Reg. No. 41
Reg. Dist. No. 120

1. **PLACE OF DEATH:**
   (a) County Kootenai
   (b) City or town Coeur dAlene
   (c) Street Address or R. F. D. No. 2322 C.DA. Ave.
   (d) Death Occurred Inside? X Outside? ____ city or town
   (e) Died in a Home X Hospital ____ Institution ____ Other place ____
   (f) Name Hosp. or Inst. none Stayed ____ days
   (g) Lived in this county 15 years ____ months ____ days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Kootenai
   (c) City or town Coeur dAlene
   (d) Street Address or R. F. D. No. 2322 C. DA
   (e) Deceased lived Inside? X Outside? ____ city or town
   (f) Citizen of what country? U. S.
   (g) How long had deceased lived in Idaho? ____ years
   (h) Former residence (city, state) ____

3. (a) FULL NAME Ward Allen Finch 117a

3. (b) If veteran, name war none
3. (c) Social Security No. 518-14-0185
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced divorced
6. (b) Name of husband or wife ~~Mrs~~ none
6. (c) Age of husband or wife if alive none years
7. Date of Birth (Month, Day, Year) 1-18-1885

8. AGE	Years	Months	Days	If less than 1 day
	59	0	6	hrs min.

9. Exact Occupation laborer Did this work for ____ yrs.
10. Industry or Business ____ Date last worked 1-24-44
11. Birthplace Scranton Penn. (City or town) (State or foreign country)
Father
12. Name Loren Finch
13. Birthplace unknown (City or town) (State or foreign country)
Mother
14. Maiden name unknown
15. Birthplace unknown (City or town) (State or foreign country)
16. Informant's OWN Signature Wm R. Finch and Address 715 B St
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-31-1944 (Month) (Day) (Year)
(c) Place: Forest Cemetery C. D. A.
18. Funeral Director's OWN Signature C. Wendt and Address 109-111 Lakeside Ave.
19. (a) 1.31.44 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) 1-24 1944 19__ at 11 o'clock P M.
21. I HEREBY CERTIFY, That I attended deceased from 1-10 1944 to 1-24-1944
I last saw him alive on 1-24 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Gastric ulcer	
Due to Possible perforation	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation ____ Date ____	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature E. H. Reed (M. D. or other) and Address Coeur d'Alene Ida Date 1-29 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

FEB 1 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137465
Local Reg. No. 36
Reg. Dist. No. 121

1. **PLACE OF DEATH:**
(a) County Kootenai
(b) City or town NAVAL HOSPITAL FARRAGUT, IDAHO NAVAL HOSPITAL
(c) Street Address or R. F. D. No. FARRAGUT, IDAHO
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home ____ Hospital X Institution ____ Other place ____
(f) Name Hosp. or Inst. NAVAL HOSPITAL FARRAGUT, IDAHO Stayed 10 days
(g) Lived in this county 0 years 0 months 18 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Kootenai
(c) City or town Farragut
(d) Street Address or R. F. D. No. Farragut
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? U.S.
(g) How long had deceased lived in Idaho? 18 days years
(h) Former residence (city, state) Viroqua, Wisc

3. (a) FULL NAME SORDAHL, Thomas Allen. 306-58-98. AS V-6 USNR 108

3. (b) If veteran, name war none
3. (c) Social Security No. not known
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife none
6. (c) Age of husband or wife if alive --- years
7. Date of Birth (Month, Day, Year) January 22, 1926

8. AGE	Years	Months	Days	If less than 1 day
	18	0	6	hrs ____ min.

9. Exact Occupation A/S. Did this work for 0 yrs.
10. Industry or Business US NAVY Date last worked 1944
11. Birthplace Chaseburg, Wisconsin (City or town) (State or foreign country)
Father
12. Name Oscar J. Sordahl
13. Birthplace not known (City or town) (State or foreign country)
Mother
14. Maiden name not known
15. Birthplace not known (City or town) (State or foreign country)
16. Informant's OWN Signature R. V. Allen. Pharm.USN
and Address NAVAL HOSPITAL FARRAGUT, IDAHO
17. (a) removal (Burial, cremation, or removal) (b) Date thereof 1-31-44 (Month) (Day) (Year)
(c) Place: Viroqua, Wisconsin
18. Funeral Director's OWN Signature Mooney Funeral Chapel by W. [illegible]
and Address Coeur d'Alene, Idaho
19. (a) Jan. 29, 1944 (Date received and filed) (b) Thomas M. Kobel (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 1-28 1944
at 8:35 o'clock A M.
21. I HEREBY CERTIFY, That I attended deceased from 1-18-44 19____, to 1-28-44 19____
I last saw him alive on 1-28-44 19____; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — Duration
PNEUMONIA, LOBAR
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)

Where was disease contracted? USNTS FARRAGUT
Name of operation none Date -
Major finding -----
Finding of autopsy same as cause of death

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature A. B. Hendrick (M. D. or other)
and Address NAVAL HOSPITAL FARRAGUT, IDAHO Date 1-28 19 44

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

FEB 1 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137466
Local Reg. No. 42
Reg. Dist. No. 120

1. **PLACE OF DEATH:**
   (a) County Kootenai
   (b) City or town Coeur d'Alene
   (c) Street Address or R. F. D. No. 412 Lakeside
   (d) Death Occurred Inside? X Outside? ____ city or town
   (e) Died in a Home ____ Hospital X Institution ____ Other place ____
   (f) Name Hosp. or Inst. LCG Hosp Stayed 3 days
   (g) Lived in this county 40 years ____ months ____ days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Kootenai
   (c) City or town Coeur d'Alene
   (d) Street Address or R. F. D. No. 16th Penn.
   (e) Deceased lived Inside? X Outside? ____ city or town
   (f) Citizen of what country? USA
   (g) How long had deceased lived in Idaho? 40 years
   (h) Former residence (city, state) Michigan

3. (a) **FULL NAME** John W. Foley

43a

3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Nellie
6. (c) Age of husband or wife if alive 74 years
7. Date of Birth (Month, Day, Year) March 30, 1863

8. AGE	Years	Months	Days	If less than 1 day
	80	9	29	hrs ____ min.

9. Exact Occupation Farmer — Did this work for 25 yrs.
10. Industry or Business own farm — Date last worked 1940
11. Birthplace St. Thomas, Ontario, Canada (City or town) (State or foreign country)

Father
12. Name Thomas Foley
13. Birthplace Canada (City or town) (State or foreign country)

Mother
14. Maiden name Mary Stephens
15. Birthplace Canada (City or town) (State or foreign country)

16. Informant's — OWN Signature Glenn E. Foley
and Address Coeur d'Alene, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-1-44 (Month) (Day) (Year)
(c) Place: Forest cem. c d a Idaho
18. Funeral Director's OWN Signature Don English
and Address Coeur d'Alene, Idaho
19. (a) 2-1-44 (Date received and filed) (b) Frances M. Kobel (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 1-29-44 19____
at 3:00 o'clock PM.
21. **I HEREBY CERTIFY,** That I attended deceased from 1/26 1944, to 1/29 1944
I last saw h[illegible] alive on 1/29 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Brain Hemorrhage	1/26/44
Due to	
Due to	
Other conditions Senility (Include pregnancy within 3 months of death)	

Where was disease contracted? Home
Name of operation None Date ____
Major finding ____
Finding of autopsy None

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state ____
where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature R. F. Hamer M.D. (M. D. or other)
and Address Coeur d'alene Date 1/31 19 44

(For additional space, use reverse side)

United States
Department of Commerce
Bureau of the Census

FEB 1 0 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137467
Local Reg. No. 39
Reg. Dist. No. 12-1

1. **PLACE OF DEATH:**
(a) County Kootenai
(b) City or town NAVAL HOSPITAL FARRAGUT, IDAHO NAVAL HOSPITAL
(c) Street Address or R. F. D. No. FARRAGUT, IDAHO NAVAL HOSPITAL
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home ____ Hospital X Institution ____ Other place ____
(f) Name Hosp. or Inst. FARRAGUT, IDAHO NAVAL HOSPITAL Stayed 36 days
(g) Lived in this county 0 years 2 months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State IDAHO (b) County KOOTENAI
(c) City or town FARRAGUT
(d) Street Address or R. F. D. No. FARRAGUT
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? WH. U.S.
(g) How long had deceased lived in Idaho? 2 Months
(h) Former residence (city, state) LongBeach, Cal.

3. (a) FULL NAME OLSON, Richard Harry. AS, USN-I. 879-68-80 58-E

3. (b) If veteran, name war none
3. (c) Social Security No. not known
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Virginia Ruth
6. (c) Age of husband or wife if alive not known
7. Date of Birth (Month, Day, Year) 10-24-1919

8. AGE	Years	Months	Days	If less than 1 day
	24	3	6	hrs ____ min.

9. Exact Occupation Apprentice Sea. Did this work for 2 months
10. Industry or Business USN-I Date last worked ----1943
11. Birthplace Chicago, Illinois (City or town) (State or foreign country)

Father
12. Name not known
13. Birthplace not known (City or town) (State or foreign country)

Mother
14. Maiden name not known
15. Birthplace not known (City or town) (State or foreign country)

16. Informant's OWN Signature R.V. Allen. Pharm. USN
and Address NAVAL HOSPITAL FARRAGUT, IDAHO

17. (a) removal (Burial, cremation, or removal) (b) Date thereof 2-2-44 (Month) (Day) (Year)
(c) Place: Long Beach, California

18. Funeral Director's OWN Signature by Mooney Funeral Chapel
and Address Coeur d'Alene, Idaho

19. (a) 2-2-44 (Date received and filed) (b) Thomas M. Reed (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) January 30 1944
at 2:40 o'clock P M.

21. **I HEREBY CERTIFY,** That I attended deceased from 12-24-43 19__, to 1-30-44 19__
I last saw h. 1m alive on 1-30 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: RHEUMATIC FEVER. 58A — Duration
Due to
XXXX PNEUMONIA, BRONCHO, BILATERAL 107
Other conditions (above)
(Include pregnancy within 3 months of death)

Where was disease contracted? USNTS FARRAGUT PHYSICIAN
Name of operation none Date --
Major finding ----------
Finding of autopsy same as cause of death

Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's OWN Signature Carl V. Bryant M.D.
(M. D. or other)
and Address NAVAL HOSPITAL FARRAGUT, IDAHO Date 1-31 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Mr. Fox

13740

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 45
Reg. Dist. No. 130

1. **PLACE OF DEATH:**
(a) County Kootenai
(b) City or town Coeur D' Alene
(c) Street Address or R. F. D. No. ---
(d) Death Occurred Inside? in Outside? ---- city or town
(e) Died in a Home -- Hospital -- Institution -- Other place --
(f) Name Hosp. or Inst. C. D' A. Homes 1 yrs
(g) Lived in this county 1 years 9 months ---- days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Kootenai
(c) City or town Coeur D' Alene,
(d) Street Address or R. F. D. No. C. D' A. Homes
(e) Deceased lived Inside? In Outside? ---- city or town
(f) Citizen of what country? U. S.
(g) How long had deceased lived in Idaho? 21 mo years
(h) Former residence (city, state) Washington

3. (a) **FULL NAME** Nels P. Bruvold

3. (b) If veteran, name war ---
3. (c) Social Security No. none
4. Sex Male race White
5. Color or
6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife ---
6. (c) Age of husband or wife if alive --- years
7. Date of Birth (Month, Day, Year) July 30, 1864

8. AGE	Years	Months	Days	If less than 1 day
	79	6	1	hrs min.

9. Exact Occupation Retired — Did this work for 30 yrs.
10. Industry or Business Farming — Date last worked 1940
11. Birthplace Norway (City or town) (State or foreign country)

Father
12. Name Peter Bruvold
13. Birthplace Norway (City or town) (State or foreign country)

Mother
14. Maiden name Guri Teviestad
15. Birthplace Norway (City or town) (State or foreign country)

16. Informant's **OWN** Signature Coeur D' Alene Homes Chas. Thompson Supt.
and Address Coeur D' Alene, Idaho.
17. (a) Cremated (Burial, cremation or removal) (b) Date thereof 2/3/44 (Month) (Day) (Year)
(c) Place: Seattle Wash
18. Funeral Director's **OWN** Signature Mooney Chapel
and Address Coeur D' Alene, Idaho.
19. (a) 2-3-44 (Date received and filed) (b) Frances M. Rebel (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH**
(Month, Day, Year) Jan. 31, 1944 19----
at 6 o'clock P.M.

21. **I HEREBY CERTIFY,** That I attended deceased from Dec 10 1943, to Jan 31 1944
I last saw him alive on Jan 31 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
(a) Arteriosclerotic heart disease	3 mo,
Due to (b) Myocardial failure	1 mo.
Due to (c) Hypostatic Broncho-pneumonia	1 day
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? Home
Name of operation ---- Date ----
Major finding ----
Finding of autopsy ----

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ---- Suicide? ---- Homicide? ----
Occurred ---- 19---- City, county, state where violence occurred ----
Place of Violence: Home ---- Farm ---- Industry ----
Public Place ---- While at work? ----
Means of injury ----

23. Attendant's **OWN** Signature [illegible] (M. D. or other)
and Address ---- Date 2/1 19 44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Klaarn FEB 1 0 1944

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137470
Local Reg. No. 1013
Reg. Dist. No. 200

1. **PLACE OF DEATH:**
(a) County Latah
(b) City or town Moscow
(c) Street Address or R. F. D. No. 710 So. Main
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home ____ Hospital X Institution ____ Other place ____
(f) Name Hosp. or Inst. Gritman Stayed 3 days
(g) Lived in this county 40 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Latah
(c) City or town Deary
(d) Street Address or R. F. D. No. Rt. 1
(e) Deceased lived Inside? x Outside? ____ city or town
(f) Citizen of what country? USA
(g) How long had deceased lived in Idaho? 40 years
(h) Former residence (city, state) ____

3. (a) **FULL NAME** ERIC MINOR SWAN 93a

3. (b) If veteran, name war none
3. (c) Social Security No. None
4. Sex Male race White
5. Color or
6. (a) Single, widowed, married, divorced widower
6. (b) Name of husband or wife Mabel
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) 2/18/78

8. AGE	Years	Months	Days	If less than 1 day
	65			hrs ____ min.

9. Exact Occupation Farmer — Did this work for 40 yrs.
10. Industry or Business farming — Date last worked 1936
11. Birthplace Goteburg (City or town) Sweden (State or foreign country)

Father
12. Name Bingt Svorgen
13. Birthplace Sweden (City or town) (State or foreign country)

Mother
14. Maiden name Agusta Anderson
15. Birthplace Sweden (City or town) (State or foreign country)

16. Informant's **OWN** Signature Bennie H. Swan
and Address Deary, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-5-44 (Month) (Day) (Year)
(c) Place: Deary, Idaho

18. Funeral Director's **OWN** Signature H. B. Short
and Address Moscow, Idaho

19. (a) 2/2/44 (Date received and filed) (b) L. J. Klaarn (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 1 - 2 44 19____
at 12:02 o'clock A M.

21. **I HEREBY CERTIFY,** That I attended deceased from June 28 1943, to 1/2/44 19____
I last saw him alive on 1/2/44 19____; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cardiac failure	
Due to Acute myocarditis	
Due to None	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? Idaho
Name of operation None Date ____
Major finding ____
Finding of autopsy None

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's **OWN** Signature L. J. Klaarn
and Address Moscow, Idaho (M. D. or other) Date 2/2/44 19____
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

FEB 1 6 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137471
Local Reg. No. 1014
Reg. Dist. No. 200

1. **PLACE OF DEATH:**
(a) County Latah
(b) City or town Moscow
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. Gritman Stayed 2 days
(g) Lived in this county 50 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Latah
(c) City or town Genesee
(d) Street Address or R. F. D. No. Rt. 1
(e) Deceased lived Inside? Outside? X city or town
(f) Citizen of what country? USA
(g) How long had deceased lived in Idaho? 50 years
(h) Former residence (city, state)

3. (a) **FULL NAME** Neal Vernett Kinyon 108

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex M
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Georgia
6. (c) Age of husband or wife if alive 46 years
7. Date of Birth (Month, Day, Year) 9-24-90

8. AGE	Years	Months	Days	If less than 1 day
	53			hrs min.

9. Exact Occupation Farmer — Did this work for yrs.
10. Industry or Business none — Date last worked
11. Birthplace Parkston No. Dakota (City or town) (State or foreign country)

Father
12. Name Homer Kinyon
13. Birthplace Iowa (City or town) (State or foreign country)

Mother
14. Maiden name Vianna Harris
15. Birthplace So. Dakota (City or town) (State or foreign country)

16. Informant's **OWN** Signature James Kinyon and Address Rt. 1 Genesee
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-7-44 (Month) (Day) (Year)
(c) Place: MOSCOW cemetery
18. Funeral Director's **OWN** Signature H. R. Short and Address 126 East First Street
19. (a) 2/2/44 (Date received and filed) (b) L. J. Klaarn (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 1-3-44 19
at 4 o'clock A M.

21. **I HEREBY CERTIFY,** That I attended deceased from Jan 2 1944 to Jan 3 1944
I last saw him alive on Jan 3 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Lobar Pneumonia	1 week.
Due to —	
Due to —	
Other conditions — (Include pregnancy within 3 months of death)	

Where was disease contracted? at home
Name of operation 0 Date
Major finding
Finding of autopsy 0

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? 0 Suicide? 0 Homicide? 0
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury 0

23. Attendant's **OWN** Signature Edward M Dimm (M. D. or other)
and Address Moscow, Ida. Date 1-10 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Wilson

137472

United States
Department of Commerce
Bureau of the Census

FEB 1 9 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 1015
Reg. Dist. No. 200

1. **PLACE OF DEATH:**
(a) County Latah
(b) City or town Moscow, Idaho
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? x Outside? city or town
(e) Died in a Home Hospital x Institution Other place
(f) Name Hosp. or Inst. Gritman Stayed 3 days
(g) Lived in this county 33 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County L
(c) City or town Viola
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Outside? x city or town
(f) Citizen of what country? USA
(g) How long had deceased lived in Idaho? 33 years
(h) Former residence (city, state)

3. (a) FULL NAME Loren A. Buswell

121

3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex M
5. Color or race Wh.
6. (a) Single, widowed, married, divorced Married
6. (b) Name of ~~husband~~ or wife Lilla
6. (c) Age of husband or wife if alive 83 years
7. Date of Birth (Month, Day, Year) 11-15-58

8. AGE	Years	Months	Days	If less than 1 day
	85	11	13	hrs min.

9. Exact Occupation Berry raiser Did this work for yrs.
10. Industry or Business " Date last worked 1943
11. Birthplace Newton (City or town) Wis. (State or foreign country)
Father
12. Name Hiram Buswell
13. Birthplace New Hampshire (City or town) (State or foreign country)
Mother
14. Maiden name Marietta Thompson
15. Birthplace (City or town) Penn. (State or foreign country)
16. Informant's OWN Signature Mrs J F Jordan
and Address 616 So. Harrison
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-9-44 (Month) (Day) (Year)
(c) Place: Viola Cemetery
18. Funeral Director's OWN Signature H. R. Short
and Address 126 East First Street
19. (a) 2/2/44 (Date received and filed) (b) S J Klaarn (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 1 - 4 - 44 19
at 12 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from 9-5- 1934 to 1-4- 1944
I last saw him alive on 1-3- 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Heart Block 95a	1-3-44
Due to Coronary Sclerosis	94a
Due to Ruptured appendix	1-2-44
Other conditions (Include pregnancy within 3 months of death)	121.1
130.1 Nephritis + uremia	132.2
Where was disease contracted? home	PHYSICIAN
Name of operation appendectomy Date	Underline the cause to which death should be charged statistically.
Major finding ruptured appendix	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? — Suicide? — Homicide? —
Occurred — 19 City, county, state where violence occurred —
Place of Violence: Home — Farm — Industry —
Public Place — While at work? —
Means of injury —
23. Attendant's OWN Signature Joseph L. Wilson MD (M. D. or other)
and Address Moscow Ido Date 1-17- 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JAN 12 1943

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137473
Local Reg. No.
Reg. Dist. No. 202

1. **PLACE OF DEATH:**
(a) County Latah
(b) City or town Kendrick
(c) Street Address or R. F. D. No. Rt. 2
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home x Hospital __ Institution __ Other place __
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 46 years 1[illegible] months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Latah
(c) City or town Big Bear Ridge, Ida
(d) Street Address or R. F. D. No. Kendrick Rt. 2
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? ____
(g) How long had deceased lived in Idaho? 46 years
(h) Former residence (city, state) unknown

3. (a) FULL NAME Ole E. Lien

93d

3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex M
5. Color or race Wh.
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Petra
6. (c) Age of husband or wife if alive 77 years
7. Date of Birth (Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	79			hrs min.

9. Exact Occupation Farmer — Did this work for 45 yrs.
10. Industry or Business ____ Date last worked 1941
11. Birthplace ____ (City or town) Norway (State or foreign country)
Father
12. Name unknown
13. Birthplace ____ (City or town) ____ (State or foreign country)
Mother
14. Maiden name unknown
15. Birthplace ____ (City or town) Marith Norway (State or foreign country)
16. Informant's OWN Signature Hans Lien
and Address Kendrick, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-5-44 (Month) (Day) (Year)
(c) Place: Big Bear Ridge, Ida.
18. Funeral Director's OWN Signature H. R. Smit
and Address 126 East First Street Moscow.
19. (a) Jan 7, 1943 (Date received and filed) (b) B. P. Nesbit (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 1-4-44 19__
at 12:55 o'clock am M.
21. **I HEREBY CERTIFY,** That I attended deceased from ____ 1933, to ____ 1944
I last saw him alive on Oct. 14 1943; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Arteriosclerotic	1 yr.
heart disease	
Due to Arteriosclerosis	10 yr.
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted? home	PHYSICIAN
Name of operation ____ Date ____	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature D. A. Christensen M.D. (M. D. or other)
and Address Kendrick Date Jan 7 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

FEB 4 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137474
Local Reg. No. 1
Reg. Dist. No. 248

1. **PLACE OF DEATH:**
(a) County Latah
(b) City or town Potlatch
(c) Street Address or R. F. D. No. none
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home __ Hospital X Institution __ Other place __
(f) Name Hosp. or Inst. Potlatch Stayed 11 days
(g) Lived in this county 7 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Latah
(c) City or town Potlatch
(d) Street Address or R. F. D. No. none
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? USA
(g) How long had deceased lived in Idaho? 7 years
(h) Former residence (city, state) ____

3. (a) FULL NAME Ray Milton Rugg 94a

3. (b) If veteran, name war none
3. (c) Social Security No. 518-01-0419
4. Sex M
5. Color or race Wh.
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Frances Lois
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) March 16, 1903

8. AGE	Years	Months	Days	If less than 1 day
	41	9	29	hrs min.

9. Exact Occupation Mill wright Did this work for 20 yrs.
10. Industry or Business Potlatch Forest Date last worked 12-43
11. Birthplace Peck (City or town) Idaho (State or foreign country)
Father
12. Name Bailey S. Rugg
13. Birthplace Penn. (City or town) (State or foreign country)
Mother
14. Maiden name Sarah Boyd
15. Birthplace Iowa (City or town) (State or foreign country)
16. Informant's OWN Signature Byron Rugg
and Address Clarkston Wash.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 1-19-44 (Month) (Day) (Year)
(c) Place: Moscow Cemetery
18. Funeral Director's OWN Signature Roy Cleek
and Address 126 East First St.
19. (a) Jan. 15-1944 (Date received and filed) (b) Mrs F C. Gibson (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 1 - 15 - 1944
at 6:15 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from June 17 - 1943, to Jan 15 - 1944
I last saw him alive on Jan 15 - 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Pulmonary Oedema	1 hr
Due to	
Coronary Occlusion	94a
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation ____ Date ____	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature F. C. Gibson M.D. (M. D. or other)
and Address Potlatch Idaho Date 1/15/ 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

FEB 11 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 13747
Local Reg. No.
Reg. Dist. No. 202

Informant, Funeral Director, Registrar and Medical Attendant: EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State and [illegible] unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (See Secs. 206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
   (a) County Latah
   (b) City or town Juliaetta
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? In Outside? city or town
   (e) Died in a Home # Hospital Institution Other place
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county 38 years months days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Latah
   (c) City or town Juliaetta
   (d) Street Address or R. F. D. No.
   (e) Deceased lived Inside? In Outside? city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 38 years
   (h) Former residence (city, state)

3. (a) **FULL NAME** Gussie Westling

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Chester
6. (c) Age of husband or wife if alive 54 years
7. Date of Birth (Month, Day, Year) April 27th, 1902

8. AGE	Years	Months	Days	If less than 1 day
	41	8	10	hrs min.

9. Exact Occupation Housewife — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace (City or town) Virginia (State or foreign country)

Father
12. Name J. J. Groseclose
13. Birthplace ~~Rockbridge~~ (City or town) Virginia (State or foreign country)

Mother
14. Maiden name Susan Kimberking
15. Birthplace (City or town) Virginia (State or foreign country)

16. Informant's **OWN** Signature C. Chester Westling
and Address Juliaetta, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/21/1944 (Month) (Day) (Year)
(c) Place: Lewiston, Idaho

18. Funeral Director's **OWN** Signature Brower-Wann Co. By R B Wann
and Address Lewiston, Idaho

19. (a) Jan 20, 1944 (Date received and filed) (b) R. F. Nesbit (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) January 17th, 1944 19
at 9:30 o'clock P. M.

21. **I HEREBY CERTIFY,** That I attended deceased from 1933, to 1944
I last saw her alive on Jan 12 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Influenza	12 days
Due to	
Due to	
Other conditions Chronic (Include pregnancy within 3 months of death)	
alcoholism,	15 yrs.
Where was disease contracted?	PHYSICIAN
Name of operation Date	
Major finding	
Finding of autopsy as above	

Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred Date 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature Dachsteiner M.D. (M. D. or other)
and Address Kendrick Date Jan 20 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

FEB 1 8 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137476
Local Reg. No. 1017
Reg. Dist. No. 200

1. **PLACE OF DEATH:**
   (a) County Latah
   (b) City or town Moscow, Idaho
   (c) Street Address or R. F. D. No. 710 S. Main
   (d) Death Occurred Inside? X Outside? ____ city or town
   (e) Died in a Home __ Hospital X Institution __ Other place __
   (f) Name Hosp. or Inst. Critman Stayed 12 days
   (g) Lived in this county 50 years ____ months ____ days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Latah
   (c) City or town Moscow
   (d) Street Address or R. F. D. No. RFD # 2
   (e) Deceased lived Inside? ____ Outside? X city or town
   (f) Citizen of what country? USA
   (g) How long had deceased lived in Idaho? 56 years
   (h) Former residence (city, state) ____

3. (a) **FULL NAME** Auguata Carolina Mulalley 33 a

3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex Fe.
5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Mike
6. (c) Age of husband or wife if alive 71 years
7. Date of Birth (Month, Day, Year) March 12, 1875

8. AGE	Years	Months	Days	If less than 1 day
	68	10	6	hrs min.

9. Exact Occupation Housewife Did this work for life yrs.
10. Industry or Business own home Date last worked ____
11. Birthplace Burlin, (City or town) Illinois (State or foreign country)
Father
12. Name John A. Johnson [illegible]
13. Birthplace (City or town) Sweden (State or foreign country)
Mother
14. Maiden name Amanda Eastrom
15. Birthplace (City or town) Sweden (State or foreign country)
16. Informant's OWN Signature Michael Mulalley
and Address Moscow, Ida. RFD # 2
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: Moscow Cemetery
18. Funeral Director's OWN Signature H. R. Short
and Address Moscow, Idaho
19. (a) 2/2/44 (Date received and filed) (b) B. G. Klaarn (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 1-18- 1944
at 11:50 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from ____ 19__, to ____ 19__
I last saw h__ alive on ____ 19__; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Bronchea pneumonia 107	2 days
Due to Bronchial Stenosis 114 e 3	
Due to Pneumonitis (secondary to flu)	33 h
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? Home
Name of operation 0 Date ____
Major finding 0
Finding of autopsy 0

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? 0 Suicide? 0 Homicide? 0
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury 0
23. Attendant's OWN Signature Edward N. Dunn MD (M. D. or other)
and Address Moscow Date 1-25 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

FEB 1 3 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 13747
Local Reg. No. 1018
Reg. Dist. No. 200

1. **PLACE OF DEATH:**
   (a) County Latah
   (b) City or town Moscow
   (c) Street Address or R. F. D. No. 319 East D
   (d) Death Occurred Inside? x Outside? ____ city or town
   (e) Died in a Home X Hospital ____ Institution ____ Other place ____
   (f) Name Hosp. or Inst. ____ Stayed ____ days
   (g) Lived in this county ____ years 9 months ____ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Latah
   (c) City or town Moscow
   (d) Street Address or R. F. D. No. 319 E. D St.
   (e) Deceased lived Inside? x Outside? ____ city or town
   (f) Citizen of what country? USA
   (g) How long had deceased lived in Idaho? 41 years
   (h) Former residence (city, state) unknown

3. (a) **FULL NAME** EDYTHE W. HENDRICKS COLE 117a

3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Arthur Cole
6. (c) Age of husband or wife if alive 71 years
7. Date of Birth (Month, Day, Year) 1 - 19 - 82

8. AGE	Years	Months	Days	If less than 1 day
	62	0	0	hrs min.

9. Exact Occupation School teacher Did this work for 35 yrs.
10. Industry or Business Teaching Date last worked unknown
11. Birthplace McComb, Ill. (City or town) (State or foreign country)

Father
12. Name Harvey F. Hendricks
13. Birthplace Lamoine Tw. Illinois (City or town) (State or foreign country)

Mother
14. Maiden name Caroline A. Harrington
15. Birthplace Prairie d Sac, Wis. (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. Orval Hart
and Address 319 E. D
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1 - 24 - 44 (Month) (Day) (Year)
(c) Place: Mosocw, Cemetery
18. Funeral Director's OWN Signature H. R. Short
and Address Moscow, Idaho
19. (a) 2/2/44 (Date received and filed) (b) C. L. Klaarn (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 1 - 19 1944
at 12:20 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from Jan 18 1944, to Jan 19 1944
I last saw her alive on Jan 19 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Gastric Hemorrhage 118:3
Due to Bleeding gastric ulcer 117a2
Due to
Other conditions Influenza - 33b
(Include pregnancy within 3 months of death)
Where was disease contracted? Home
Name of operation None Date
Major finding
Finding of autopsy None made

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? No Suicide? ____ Homicide? ____
Occurred ____ 19 ____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature O. Armstrong M.D. (M. D. or other)
and Address Moscow, Ida. Date 1/29 1944
(For additional space, use reverse side)

FEB 1 0 1944

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137478
Local Reg. No. 1019
Reg. Dist. No. 200

1. **PLACE OF DEATH:**
   (a) County Latah
   (b) City or town Moscow
   (c) Street Address or R. F. D. No. 711 So. Jefferson
   (d) Death Occurred Inside? X Outside? ____ city or town
   (e) Died in a Home __ Hospital X Institution __ Other place __
   (f) Name Hosp. or Inst. Gritman Stayed 2 days
   (g) Lived in this county 15 years ____ months ____ days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Latah
   (c) City or town Moscow
   (d) Street Address or R. F. D. No. 711 S. Jefferson
   (e) Deceased lived Inside? X Outside? ____ city or town
   (f) Citizen of what country? USA
   (g) How long had deceased lived in Idaho? 15 years
   (h) Former residence (city, state) unkown

3. (a) **FULL NAME** Alice Bernice McAdams 83a

3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex F.
5. Color or race White
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Chas. A
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) 9 - 8 - 58

8. AGE	Years	Months	Days	If less than 1 day
	85	4	12	hrs min.

9. Exact Occupation none Did this work for ____ yrs.
10. Industry or Business none Date last worked ____
11. Birthplace Wash. County (City or town) Tenn. (State or foreign country)
Father
12. Name Samuel C. Nave
13. Birthplace (City or town) Tenn. (State or foreign country)
Mother
14. Maiden name Margaret Wolf
15. Birthplace (City or town) Tenn. (State or foreign country)
16. Informant's OWN Signature Harrison McAdams
and Address ____
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 1-23-44 (Month) (Day) (Year)
(c) Place: Colfax, Wash.
18. Funeral Director's OWN Signature H. R. Short
and Address Moscow, Idaho
19. (a) 2/2/44 (Date received and filed) (b) C. J. Klaarn (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 1-20-44 19__
at 6:50 o'clock P M.
21. **I HEREBY CERTIFY**, That I attended deceased from 2-26- 1940, to 1-20- 1944
I last saw her alive on 1-20- 1944; death is said to have occurred on the date and hour stated above. 83a
Immediate Cause of Death: Right Cerebral hemorrhage — Duration 3 days
Due to arteriosclerosis
Due to & Hypertension
Other conditions ____
(Include pregnancy within 3 months of death)
Where was disease contracted? —
Name of operation none Date ____
Major finding ____
Finding of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? — Suicide? — Homicide? —
Occurred — 19__ City, county, state where violence occurred —
Place of Violence: Home — Farm — Industry —
Public Place — While at work? —
Means of injury —
23. Attendant's OWN Signature Joseph L. Wilson (M. D. or other)
and Address Moscow Date 1-21-1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in [illegible] handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

137479

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

FEB 4 1944

State File No.
Local Reg. No. 2
Reg. Dist. No. 208

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. PLACE OF DEATH:
(a) County Latah
(b) City or town Princeton
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Yes Outside? ..... city or town
(e) Died in a Home X Hospital ... Institution ... Other place ...
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 49 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Latah
(c) City or town Princeton
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Yes Outside? ..... city or town
(f) If foreign born, in U. S. ..... yrs. Citizen of U. S.?
(g) How long had deceased lived in Idaho? 49 years
(h) Former residence (city, state)

3. (a) **FULL NAME** Althea Ada Gibson 131a

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Jess E
6 (c) Age of husband or wife if alive 62 years
7. Date of Birth (Month, Day, Year) August 21, 1894

8. AGE	Years	Months	Days	If less than 1 day
	49	5	1	hrs ... min.

9. Exact Occupation Housewife — Did this work for 29 yrs.
10. Industry or Business Own Home — Date last worked 1/18-43
11. Birthplace Whitman County (City or town) Wash. (State or foreign country)

Father
12. Name Benjamin F. Adair
13. Birthplace McMinnville (City or town) Oregon (State or foreign country)

Mother
14. Maiden name Ollie E. Miller
15. Birthplace Yamhill Co. (City or town) Oregon (State or foreign country)

16. Informant's **OWN** Signature Edward Adair
and Address Princeton, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-25-44 (Month) (Day) (Year)
(c) Place: Freeze, Idaho
18. Funeral Director's **OWN** Signature H E Bartell
and Address Palouse, Wash.
19. (a) Jan 24-1944 (Date received and filed) (b) Mrs F C Gibson (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) January 22 1944
at 11:08 o'clock P M.

21. I **HEREBY CERTIFY**, That I attended deceased from Oct 1 1943, to January 22 1944
I last saw h.. alive on January 22 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: (83a1)	Duration
Cerebral Hemorrhage	4 days
Due to Malignant hypertension (102) Nephrosclerosis 131a	years
Due to	"
Other conditions (Include pregnancy within 3 months of death)	

Where was disease first contracted?
Name of operation ..... Date .....
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury

23. Attendant's **OWN** Signature J. W. DeBree (M. D. or other)
and Address Pocatello, Ida. Date 1-24 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

FEB 11 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 13748
Local Reg. No.
Reg. Dist. No. 702

1. **PLACE OF DEATH:**
(a) County Latah
(b) City or town Kendrick
(c) Street Address or R. F. D. No. RFD # 1
(d) Death Occurred Inside? Outside? X city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 54 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Latah
(c) City or town Kendrick, Idaho
(d) Street Address or R. F. D. No. R.F.D. # 1
(e) Deceased lived Inside? Outside? X city or town
(f) Citizen of what country? USA
(g) How long had deceased lived in Idaho? 54 years
(h) Former residence (city, state) unknown

3. (a) FULL NAME FRANK D. WHITE

106 1—

3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex Male
5. Color or race white
6. (a) Single, widowed, married, divorced separated
6. (b) Name of husband or wife unkown
6. (c) Age of husband or wife if alive unkown years
7. Date of Birth (Month, Day, Year) January 29, 1853

8. AGE	Years	Months	Days	If less than 1 day
	90	11	24	hrs min.

9. Exact Occupation Farmer — Did this work for life yrs.
10. Industry or Business Farming — Date last worked 1927
11. Birthplace Kansas (City or town) (State or foreign country)

Father
12. Name unknown
13. Birthplace unknown (City or town) (State or foreign country)

Mother
14. Maiden name unknown
15. Birthplace unknown (City or town) (State or foreign country)

16. Informant's OWN Signature Jesse A White
and Address Ordinance, Oregon

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-27-44 (Month) (Day) (Year)
(c) Place: Moscow, Idaho

18. Funeral Director's OWN Signature F. R. Short
and Address Moscow, Idaho

19. (a) Jan 28 1944 (Date received and filed) (b) F. R. Nesbit (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 1 - 23 1944
at 10 o'clock AM.

21. **I HEREBY CERTIFY,** That I attended deceased from 1937, to Jan 1944
I last saw h alive on Jan 21 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Senility 162	
Due to	
Due to 106 b	
Other conditions Chronic (Include pregnancy within 3 months of death)	
bronchitis	20 yrs.

Where was disease contracted? Home
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's OWN Signature [illegible] (M. D. or other)
and Address Kendrick Date Jan 27 1944
(For additional space, use reverse side)

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

FEB 4 1944

State File No. 137491
Local Reg. No. 3
Reg. Dist. No. 2-8

1. **PLACE OF DEATH:**
(a) County Latah
(b) City or town Rural
(c) Street Address or R. F. D. No. 1 Viola
(d) Death Occurred Inside? Outside? Yes city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 42 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Latah
(c) City or town Rural
(d) Street Address or R. F. D. No. 1 Viola
(e) Deceased lived Inside? Outside? Yes city or town
(f) If foreign born, in U. S. 48 yrs. Citizen of U. S.? Yes
(g) How long had deceased lived in Idaho? 42 years
(h) Former residence (city, state)

83a

3. (a) **FULL NAME** Molly Mathison

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female race White
5. Color or
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Casper
6. (c) Age of husband or wife if alive 62 years
7. Date of Birth (Month, Day, Year) Jan. 28, 1883

8. AGE	Years	Months	Days	If less than 1 day
	61	0	2	hrs min.

9. Exact Occupation Housewife — Did this work for 42 yrs.
10. Industry or Business Own Home — Date last worked 1/30-44
11. Birthplace (City or town) Norway (State or foreign country)

Father
12. Name Hans Nordby
13. Birthplace (City or town) Norway (State or foreign country)

Mother
14. Maiden name Matilda Hellickson
15. Birthplace (City or town) Norway (State or foreign country)

16. Informant's **OWN** Signature C C Mathison
and Address Viola, Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 1-30-44 (Month) (Day) (Year)
(c) Place: Palouse, Washington
18. Funeral Director's **OWN** Signature H E Kimball
and Address Palouse, Wash
19. (a) Jan 31-1944 (Date received and filed) (b) Mrs F C Gibson (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) January 30 1944
at 7 o'clock A M.

21. **I HEREBY CERTIFY,** That I attended deceased from April 1943 — 19— to Jan 30 1944
I last saw her alive on Jan 24 — 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebral Hemorrhage	
Due to Hypertension	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease first contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature F C Gibson MD (M. D. or other)
and Address Potlatch Ida Date Jan 31 - 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Wilson 1374 ½

United States
Department of Commerce
Bureau of the Census

FEB 1 0 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 1020
Reg. Dist. No. 200

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
   (a) County Latah
   (b) City or town Moscow
   (c) Street Address or R. F. D. No. 123 So. Asbury
   (d) Death Occurred Inside? X Outside? ____ city or town
   (e) Died in a Home ____ Hospital X Institution ____ Other place ____
   (f) Name Hosp. or Inst. Gritman Stayed 2 days
   (g) Lived in this county 12 years ____ months ____ days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Latah
   (c) City or town Moscow
   (d) Street Address or R. F. D. No. 123 So. Asbur
   (e) Deceased lived Inside? X Outside? ____ city or town
   (f) Citizen of what country? USA
   (g) How long had deceased lived in Idaho? 12 years
   (h) Former residence (city, state) ____

3. (a) **FULL NAME** CHARLES W. COLEGROVE

83a

3. (b) If veteran, name war none
3. (c) Social Security No. 539-10-9613
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Belle
6. (c) Age of husband or wife if alive 58 years
7. Date of Birth (Month, Day, Year) July 12, 1884

8. AGE	Years	Months	Days	If less than 1 day
	59	6	19	hrs ____ min. ____

9. Exact Occupation Defence worker — Did this work for ____ yrs.
10. Industry or Business " " — Date last worked 11-43
11. Birthplace Greentop (City or town) Missouri (State or foreign country)

Father
12. Name Joe Colegrove
13. Birthplace Missouri (City or town) (State or foreign country)

Mother
14. Maiden name Kate Huston
15. Birthplace Missouri (City or town) (State or foreign country)

16. Informant's **OWN** Signature Geneva Geidl
and Address Moscow, Idaho
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 2-3-44 (Month) (Day) (Year)
(c) Place: Moscow
18. Funeral Director's **OWN** Signature H. A. Short
and Address Moscow, Idaho
19. (a) 2/2/44 (Date received and filed) (b) L. J. Klaarn (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 1-31-44 19____
at 11:45 o'clock P M.
21. **I HEREBY CERTIFY**, That I attended deceased from 1-24-44 19____ to 1-31-44 19____
I last saw him alive on 1-31-44 19____ death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cerebral hemorrhage — Duration 1½
Due to arteriosclerosis
Due to with hypertension
Other conditions none
(Include pregnancy within 3 months of death)

Where was disease contracted? ____
Name of operation none Date ____
Major finding ____
Finding of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's **OWN** Signature Joseph E. Wilson MD
and Address Moscow, Ida (M. D. or other) Date 2-3-44 19____
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

Stratton

State File No. 137483
Local Reg. No.
Reg. Dist. No. 691

1. **PLACE OF DEATH:**
   (a) County Lemhi
   (b) City or town Tendoy
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? Outside? ✓ city or town
   (e) Died in a Home ✓ Hospital Institution Other place
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county 57 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Lemhi
   (c) City or town Tendoy
   (d) Street Address or R. F. D. No. ✓
   (e) Deceased lived Inside? Outside? city or town
   (f) Citizen of what country?
   (g) How long had deceased lived in Idaho? 57 years
   (h) Former residence (city, state) Mo.

3. (a) **FULL NAME** MARGARET AGNES BALL 94a

3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex F
5. Color or race W
6. (a) Single, widowed, (married), divorced
6. (b) Name of husband or wife SETH
6. (c) Age of husband or wife if alive 74 years
7. Date of Birth (Month, Day, Year) April 5 1868

8. AGE	Years	Months	Days	If less than 1 day
	75	8	29	hrs min.

9. Exact Occupation Housewife — Did this work for Life yrs.
10. Industry or Business — Date last worked
11. Birthplace Butler (City or town) Mo. (State or foreign country)

Father
12. Name Wm Stobie
13. Birthplace ✓ (City or town) (State or foreign country)

Mother
14. Maiden name Christina Zeigle
15. Birthplace ✓ (City or town) (State or foreign country)

16. Informant's OWN Signature Lee Ball and Address Tendoy, Ida.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-7-44 (Month) (Day) (Year)
    (c) Place Salmon Idaho
18. Funeral Director's OWN Signature Ray McGoldrick and Address Salmon
19. (a) Feb 8 1944 (Date received and filed) (b) Alice C. Bellamy (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Jan 4 1944
    at 6:30 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from No immediate 19 attendance 19
    I last saw h alive on Uncertain 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Coronary occlusion	1 hour.
Due to	
Essential arterial hyper-	
Due to tension	3 yrs.
Other conditions (Include pregnancy within 3 months of death)	or more

Where was disease contracted? Lemhi Co.
Name of operation None Date
Major finding
Finding of autopsy None

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
    Occurred 19 City, county, state
    where violence occurred
    Place of Violence: Home Farm Industry
    Public Place While at work?
    Means of injury
23. Attendant's OWN Signature J. T. Stratton, M. D. (M. D. or other)
    and Address Salmon, Idaho Date 2/7/44 19

(For additional space, use reverse side)

FEB 1 1 1944

Stratton

1374

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 1374
Local Reg. No.
Reg. Dist. No. 69-1

1. **PLACE OF DEATH:**
(a) County Lemhi
(b) City or town Salmon
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? ✓ Outside? ____ city or town
(e) Died in a Home ✓ Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 35 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Lemhi
(c) City or town Salmon
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? ✓ Outside? ____ city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? 35 years
(h) Former residence (city, state) Philadelphia Penn

3. (a) **FULL NAME** WILL C. WHITE 82

3. (b) If veteran, name war no.
3. (c) Social Security No. no.
4. Sex M
5. Color or race W.
6. (a) Single, widowed, (married) divorced
6. (b) Name of ~~husband or~~ wife MARGARET R.
6. (c) Age of husband or wife if alive 49 years
7. Date of Birth (Month, Day, Year) APRIL 3, 1868

8. AGE	Years	Months	Days	If less than 1 day hrs	min.
	75	9	11		

9. Exact Occupation Druggist — Did this work for Life yrs.
10. Industry or Business — Date last worked 1934
11. Birthplace Delphi Ind. (City or town) (State or foreign country)

Father
12. Name Albert S. White
13. Birthplace Crawfordsville Ind (City or town) (State or foreign country)

Mother
14. Maiden name Calaura Casad
15. Birthplace Crawfordsville, Ind. (City or town) (State or foreign country)

16. Informant's **OWN** Signature Margaret R. White and Address Wife Salmon, Ida
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-16-44 (Month) (Day) (Year)
(c) Place: Salmon Ida
18. Funeral Director's **OWN** Signature Ray McGoldrick and Address Salmon
19. (a) Feb 7 44 (Date received and filed) (b) Clio C. Bellamy (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Jan. 14, 44 19____
at 12:30 o'clock A M.

21. **I HEREBY CERTIFY,** That I attended deceased from ~~Dec~~ 1/9/44 19____, to 1/13/44 19____
I last saw him alive on 1/13/44 19____; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Influenza 336	1 week
Lobar pneumonia 138	3 days
Due to	
Primary lateral sclerosis	14 yrs.
Due to	
Other conditions 82:1 (Include pregnancy within 3 months of death)	

Where was disease contracted? Salmon, Ida
Name of operation None Date
Major finding
Finding of autopsy None made

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work?
Means of injury

23. Attendant's **OWN** Signature O. T. Stratton, M. D. (M. D. or Osteo.)
and Address Salmon, Ida. Date 2/7/44 19____
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

FEB 11 1944

#498

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 13745
Local Reg. No.
Reg. Dist. No. 691

1. **PLACE OF DEATH:**
(a) County Fremont Patterson
(b) City or town
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? ✓ city or town
(e) Died in a Home Hospital Institution Other place ✓
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county years 2 months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County
(c) City or town Rexburg Ida
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Outside? ✓ city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? Life years
(h) Former residence (city, state)

3. (a) **FULL NAME** THOMAS HENRY SIEPERT 1700

3. (b) If veteran, name war No
3. (c) Social Security No. ?
4. Sex M
5. Color or race W
6. (a) Single, (widowed), married, divorced
6. (b) Name of husband or wife MARY Jane
6. (c) Age of husband or wife if alive Dead years
7. Date of Birth (Month, Day, Year) 1883

8. AGE	Years	Months	Days	If less than 1 day hrs / min.
	60			

9. Exact Occupation farmer — Did this work for Life yrs.
10. Industry or Business — Date last worked
11. Birthplace Rexburg (City or town) Idaho (State or foreign country)

Father
12. Name ROMAN SIEPERT
13. Birthplace (City or town) GERMANY (State or foreign country)

Mother
14. Maiden name ✓
15. Birthplace (City or town) (State or foreign country)

16. Informant's OWN Signature Arnel Siepert
and Address Rexburg Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-19-44 (Month) (Day) (Year)
(c) Place: Rexburg Idaho
18. Funeral Director's OWN Signature Ray McGoldrick
and Address Salmon
19. (a) Feb 8-1944 (Date received and filed) (b) Alice C. Bellamy (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Jan 16-1944
at 2 A.M. o'clock M.
21. **I HEREBY CERTIFY,** That I attended deceased from 19 to 19
I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Shock — Duration
Due to auto accident
Due to
Other conditions (Include pregnancy within 3 months of death)
Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Yes Suicide? Homicide?
Occurred Jan 16 1944 City, county, state where violence occurred near Patterson, Ida.
Place of Violence: Home Farm Industry
Public Place Highway While at work? No
Means of injury Auto accident

23. Attendant's OWN Signature O. L. Barrus (acting Coroner)
and Address Salmon, Ida Date 1-16 1944
(For additional space, use reverse side)

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

Williamson 137486

State File No. 137486
Local Reg. No.
Reg. Dist. No. 691

1. **PLACE OF DEATH:**
(a) County Lemhi
(b) City or town Salmon
(c) Street Address or R. F. D. No. ✓
(d) Death Occurred Inside? ✓ Outside? ____ city or town
(e) Died in a Home ✓ Hospital ___ Institution ___ Other place ___
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 27 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County ____
(c) City or town Rigby & Marysville
(d) Street Address or R. F. D. No. ____
(e) Deceased lived Inside? ____ Outside? ✓ city or town
(f) Citizen of what country? ____
(g) How long had deceased lived in Idaho? 32 years
(h) Former residence (city, state) Okla.

3. (a) **FULL NAME** ALVA WISE FRY 83a

3. (b) If veteran, name war no. 3. (c) Social Security No. no.
4. Sex M 5. Color or race W. 6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife NANCY J. 6. (c) Age of husband or wife if alive 57 years
7. Date of Birth (Month, Day, Year) Sept 28, 1870

8. AGE	Years	Months	Days	If less than 1 day hrs	min.
	73	3	22		

9. Exact Occupation Rancher Did this work for Life yrs.
10. Industry or Business ____ Date last worked 1939
11. Birthplace McArthur, Ohio (City or town) (State or foreign country)

Father
12. Name not known
13. Birthplace ✓ (City or town) (State or foreign country)

Mother
14. Maiden name ✓
15. Birthplace ✓ (City or town) (State or foreign country)

16. Informant's OWN Signature Nancy J. Fry and Address ____
17. (a) Burial (Burial, cremation or removal) (b) Date thereof 1-24-44 (Month) (Day) (Year)
(c) Place: Salmon Ida
18. Funeral Director's OWN Signature Ray McGoldrick and Address Salmon
19. (a) Feb 8 - 44 (Date received and filed) (b) Chas E. Bellamy (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Jan 20th 44
at 2:30 o'clock A. M.

21. **I HEREBY CERTIFY,** That I attended deceased from Nov 10 1943, to Jan 19 1944
I last saw him alive on Jan 19 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebral hemorrhage,	1 day,
stroke	6 weeks
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation ____ Date ____	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's OWN Signature W. F. Williamson D.O. (M. D. or other)
and Address Box 767, Salmon, Idaho Date 2-7-1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

FEB 1 1 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

Mulder

State File No. 1374[illegible]7
Local Reg. No.
Reg. Dist. No. 690

1. **PLACE OF DEATH:** Lemhi
(a) County
(b) City or town Salmon
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? ✓ Outside? city or town
(e) Died in a Home ✓ Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 47 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Lemhi
(c) City or town Salmon
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? ✓ Outside? city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 47 years
(h) Former residence (city, state)

3. (a) **FULL NAME** ALOIS MOGG 93d

3. (b) If veteran, name war NO.
3. (c) Social Security No. 518-18-6956
4. Sex Male
5. Color or race W.
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife MATILDA
6. (c) Age of husband or wife if alive 57 years
7. Date of Birth (Month, Day, Year) July 24, 1874

8. AGE	Years	Months	Days	If less than 1 day
	69	6		hrs min.

9. Exact Occupation Cement + Sewer Did this work for Life yrs.
10. Industry or Business Contractor Date last worked 6-43
11. Birthplace (City or town) Germany (State or foreign country)
Father
12. Name Ludwig Mogg
13. Birthplace (City or town) Germany (State or foreign country)
Mother
14. Maiden name Magdeline
15. Birthplace (City or town) Germany (State or foreign country)
16. Informant's OWN Signature Matilda Mogg
and Address Salmon, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-31-44 (Month) (Day) (Year)
(c) Place: Salmon, Ida
18. Funeral Director's OWN Signature Ray McGoldrick
and Address Salmon
19. (a) Feb 8-44 (Date received and filed) (b) Clio C. Bellamy (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Jan, 24, 1944
at 9 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from July 1 1943 to Jan 24 1944
I last saw him alive on Jan 23 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Chronic Myocarditis	6 mo.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature J. L. Mulder M.D. (M. D. or other)
and Address Salmon Ida Date 2-7 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1374

United States
Department of Commerce
Bureau of the Census

FEB 1 1 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No. 690

1. **PLACE OF DEATH:**
(a) County Lemhi
(b) City or town Salmon
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? ✓ city or town
(e) Died in a Home Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 5 years 7 months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State ARIZ. (b) County
(c) City or town MAYER
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Outside? city or town
(f) Citizen of what country? New Zealand
(g) How long had deceased lived in Idaho? 5 1/2 years
(h) Former residence (city, state) New Zealand

3. (a) **FULL NAME** WILLIAM OWEN HICKEY 67

3. (b) If veteran, name war No
3. (c) Social Security No. 529-01-0238
4. Sex Male
5. Color or race W
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife MARTHA
6. (c) Age of husband or wife if alive 49 years
7. Date of Birth (Month, Day, Year) Aug 5, 1885

8. AGE	Years	Months	Days	If less than 1 day
	58	5	25	hrs min.

9. Exact Occupation Mine Foreman — Did this work for Life yrs.
10. Industry or Business Wellington — Date last worked 11-15-44
11. Birthplace Wellington (City or town) NEW ZEALAND (State or foreign country)

Father
12. Name Not known
13. Birthplace (City or town) (State or foreign country)

Mother
14. Maiden name Not known
15. Birthplace (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mrs. Martha Hickey
and Address Patterson Idaho
17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof 2-1-44 (Month) (Day) (Year)
(c) Place: PRESCOTT, ARIZONA
18. Funeral Director's **OWN** Signature Ray McGoldrick
and Address Salmon
19. (a) Feb. 8-44 (Date received and filed) (b) Chas E. Bellamy (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Jan 30, 1944 19
at 1:30 o'clock P M.
21. **I HEREBY CERTIFY**, That I attended deceased from Jan 14 19 44, to Jan 30 19 44
I last saw him alive on Jan 30 19 44; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Pneumonia — Duration 17 days

Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Where was disease contracted? Home
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature J. L. Mulder M.D. (M. D. or other)
and Address Salmon Date 2-7 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce FEB 15 1944
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137490
Local Reg. No. /
Reg. Dist. No. 232

1. **PLACE OF DEATH:**
(a) County Lewis
(b) City or town Craigmont
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? X city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 23 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Lewis
(c) City or town Craigmont
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Outside? X city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? 23 years
(h) Former residence (city, state)

3. (a) FULL NAME EMMA JOSEPHINE ANDERSON 93d

3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife James Anderson
6. (c) Age of husband or wife if alive 85 years
7. Date of Birth (Month, Day, Year) November 17 1859

8. AGE	Years	Months	Days	If less than 1 day
	84	1	18	hrs min.

9. Exact Occupation Housewife Did this work for life yrs.
10. Industry or Business Own home Date last worked 12/15/43
11. Birthplace Kolmar, Sweden. (City or town) (State or foreign country)
Father
12. Name John Kempe
13. Birthplace Sweden (City or town) (State or foreign country)
Mother
14. Maiden name Gustiva Larson
15. Birthplace Sweden (City or town) (State or foreign country)
16. Informant's OWN Signature Leslie L. Anderson
and Address 1804 N. Sumner Portland
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-8-44. (Month) (Day) (Year)
(c) Place: Craigmont, Idaho.
18. Funeral Director's OWN Signature C. E. Clover
and Address Craigmont, Idaho.
19. (a) Jan. 7 1944 (Date received and filed) (b) C. E. Clover (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) January 4 1944.
at 8:30 o'clock A.M.
21. I HEREBY CERTIFY, That I attended deceased from Dec, 18 1943, to Jan 3 1944
I last saw her alive on Jan 2 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration
Myocarditis (Myocarditis) Nephritis — some years.
Due to —
Due to pp
Other conditions —
(Include pregnancy within 3 months of death)
Where was disease contracted? —
Name of operation — Date
Major finding —
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature R. C. Dunlap MD (M. D. or other)
and Address Craigmont, Ida Date 1-7- 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

FEB 15 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 13749 1
Local Reg. No. 2
Reg. Dist. No. 232

1. **PLACE OF DEATH:**
(a) County Lewis
(b) City or town Craigmont
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home X Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 47 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Lewis
(c) City or town Craigmont
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? 47 years
(h) Former residence (city, state)

3. (a) **FULL NAME** RICHARD ALMOND DENNIS

94a

3. (b) If veteran, name war No
3. (c) Social Security No. 518-20-6190
4. Sex male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Elizabeth M. Dennis
6. (c) Age of husband or wife if living 54 years
7. Date of Birth (Month, Day, Year) March 2 1879

8. AGE	Years	Months	Days	If less than 1 day
	64	10	8	hrs ____ min.

9. Exact Occupation Maintenance foreman. Did this work for 1 yrs.
10. Industry or Business Idaho State Hiways Date last worked 1-10-44
11. Birthplace Hillsboro, (City or town) Oregon. (State or foreign country)

Father
12. Name Michel Dennis
13. Birthplace Unknown (City or town) (State or foreign country)

Mother
14. Maiden name Julia L Steale
15. Birthplace Linnesota. (City or town) (State or foreign country)

16. Informant's OWN Signature Elizabeth Dennis
and Address Craigmont, Idaho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-13-44 (Month) (Day) (Year)
(c) Place: Craigmont, Idaho.
18. Funeral Director's OWN Signature C. E. Coons
and Address Craigmont Ida.
19. (a) Jan 12 1944 (Date received and filed) (b) C. E. Coons (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) January 10 1944.
at 1:25 o'clock P. M.

21. **I HEREBY CERTIFY,** That I attended deceased from Jan 10 1944 to Jan 10 1944
I last saw h in alive on Jan 10 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Coronary occlusion	3 1/2 hour
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation ____ Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work?
Means of injury

23. Attendant's OWN Signature C. E. Coons M.D. (M. D. or other)
and Address Craigmont, Ida. Date 1-12- 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

FEB 12 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137492
Local Reg. No. [redacted]
Reg. Dist. No. [redacted]

1. **PLACE OF DEATH:**
   (a) County Madison
   (b) City or town Sugar City
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? Yes Outside? ____ city or town
   (e) Died in a Home X Hospital ____ Institution ____ Other place ____
   (f) Name Hosp. or Inst. ____ Stayed ____ days
   (g) Lived in this county 26 years 8 months 0 days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Madison
   (c) City or town Sugar City
   (d) Street Address or R. F. D. No.
   (e) Deceased lived Inside? Yes Outside? ____ city or town
   (f) Citizen of what country? United States
   (g) How long had deceased lived in Idaho? 38 years
   (h) Former residence (city, state)

3. (a) **FULL NAME** EMALINE ROSELA ROSE COTTOM 93E1

3. (b) If veteran, name war No.
3. (c) Social Security No. None.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Thomas Gottom
6. (c) Age of husband or wife if alive 80 years
7. Date of Birth (Month, Day, Year) Sept. 29, 1869

8. AGE	Years	Months	Days	If less than 1 day
	74	3	9	hrs ____ min.

9. Exact Occupation Housewife — Did this work for 47 yrs.
10. Industry or Business Own Home — Date last worked Nov. 1943
11. Birthplace North Morga, Utah (City or town) (State or foreign country)

Father
12. Name Olof Rode
13. Birthplace Sweden (City or town) (State or foreign country)

Mother
14. Maiden name Mary Brink
15. Birthplace Sweden (City or town) (State or foreign country)

16. Informant's OWN Signature James A Cottam
and Address Berkley, Calif.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 1-9-44 (Month) (Day) (Year)
(c) Place: Idaho Falls, Idaho
18. Funeral Director's OWN Signature M. D. Hansen
and Address St. Anthony, Idaho
19. (a) 1-18-44 (Date received and filed) (b) Mrs. V. E. Young (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) January 9 1944
at 9:10 o'clock A. M.

21. **I HEREBY CERTIFY,** That I attended deceased from Dec. 1 1944 to Jan. 9 1944
I last saw her alive on Jan. 5 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: (Duration)
Pneumonia 109:1
Due to Myocarditis - 93e1
Due to Senility 162
Other conditions
(Include pregnancy within 3 months of death)

Where was disease contracted?
Name of operation ____ Date ____
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury

23. Attendant's OWN Signature W. B. Rigby M.D. (M. D. or other)
and Address [redacted] Date Jan. 13 1944
(For additional space, use reverse side)

FEB 2 3 1944

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137493
Local Reg. No. 4
Reg. Dist. No. 630

1. **PLACE OF DEATH:**
(a) County MADISON
(b) City or town REXBURG
(c) Street Address or R. F. D. No. H.B.RIGBY HOSPITAL
(d) Death Occurred Inside? # Outside? ____ city or town
(e) Died in a Home # Hospital # Institution ____ Other place ____
(f) Name Hosp. or Inst. H.B.RIGBY Stayed 2 days
(g) Lived in this county 43 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State IDAHO (b) County MADISON
(c) City or town REXBURG, IDAHO
(d) Street Address or R. F. D. No. ____
(e) Deceased lived Inside? # Outside? ____ city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? $# 43 years
(h) Former residence (city, state) Utah

3. (a) FULL NAME MARTIN HENRY GARN 83a

3. (b) If veteran, name war ____ 3. (c) Social Security No. ____
4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Effie Garn 6. (c) Age of husband or wife if alive 56 years
7. Date of Birth (Month, Day, Year) October 26, 1878

8. AGE	Years	Months	Days	If less than 1 day
	65	2	15	hrs min.

9. Exact Occupation Farmer & Stockman Did this work for life yrs.
10. Industry or Business Farm Date last worked Nov. 1943
11. Birthplace MillCreek, Utah (City or town) (State or foreign country)
Father
12. Name MARTIN GARN
13. Birthplace Salt Lake City, Utah (City or town) (State or foreign country)
Mother
14. Maiden name MARY SKIDMORE
15. Birthplace SALT LAKE CITY, UTAH (City or town) (State or foreign country)
16. Informant's OWN Signature Effie Garn
and Address REXBURG, IDAHO
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof Jan. 14, 1944 (Month) (Day) (Year)
(c) Place: TETON CITY, IDAHO
18. Funeral Director's OWN Signature Rexburg, Idaho Weiser
and Address Rexburg, Idaho
19. (a) 1-15-44 (Date received and filed) (b) Mrs H Eyring (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) January 10 1944
at 7:25 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from Jan 8 1944, to Jan 10 1944
I last saw him alive on Jan 10 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebral Hemorrhage	14 hrs
83a1	
Due to Intestinal Hemorrhage	
123.2	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation ____ Date ____	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature Parley Nelson (M. D. or other)
and Address Rexburg Ida Date Jan 10 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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United States
Department of Commerce
Bureau of the Census

JAN 12 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137494
Local Reg. No. 10
Reg. Dist. No. 630

1. PLACE OF DEATH:
(a) County Madison
(b) City or town Rexburg Idaho
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? / Outside? city or town
(e) Died in a Home Hospital Institution Other place
(f) Name Hosp. or Inst. Igby Hosp. Stayed 1 days
(g) Lived in this county years months 7 days
Note: For a person residing in THIS county LESS than 1 year give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Madison
(c) City or town Sugar City
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Outside? city or town
(f) If foreign born, in U. S. yrs. Citizen of U. S.?
(g) How long had deceased lived in Idaho? years
(h) Former residence (city, state)

3. (a) **FULL NAME** Jacob King

157

3. (b) If veteran name war — 3. (c) Social Security No. —
4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife — 6. (c) Age of husband or wife if alive — years
7. Date of Birth (Month, Day, Year) Jan 11 / 1944

8 AGE	Years	Months	Days	If less than 1 day
				hrs 60 min.

9. Exact Occupation — Did this work for — yrs
10. Industry or Business — Date last worked —
11. Birthplace Rexburg (City or town) Idaho (State or foreign country)

Father
12. Name Jacob King
13. Birthplace Cumberland Ky. (City or town) (State or foreign country)

Mother
14. Maiden name Sylvia Greenhalgh
15. Birthplace Welford Idaho (City or town) (State or foreign country)

16. Informant's **OWN** Signature Jacob King and Address Sugar Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-12-44 (Month) (Day) (Year) (c) Place: Sugar City Idaho
18. Funeral Director's **OWN** Signature none and Address
19. (a) 1-12-44 (Date received and filed) (b) Mrs. N. E. Young (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20 **DATE OF DEATH** (Month, Day, Year) Jan 11 th 1944 at 5 30 o'clock A. M

21. **I HEREBY CERTIFY,** That I attended deceased from Jan 11 1944, to Jan 11 1944. I last saw him alive on Jan 11 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Premature Birth — Duration
Due to 6½ mo. Pregnancy
Due to
Other conditions (Include pregnancy within 3 months of death)
Where was disease first contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22 If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature Carley Nelson (M. D. or other)
and Address Rexburg Idaho Date Jan 11 1944
(For additional space, use reverse side)

United States
Department of Commerce
Bureau of the Census

FEB 12 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137495
Local Reg. No. 3
Reg. Dist. No. 630

1. **PLACE OF DEATH:**
(a) County Madison
(b) City or town Rexburg
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home Hospital Institution Other place
(f) Name Hosp. or Inst. Sutherland Stayed 26 days
(g) Lived in this county years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Madison
(c) City or town Rexburg
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? Lifetime years
(h) Former residence (city, state)

3. (a) FULL NAME Margaret Leona Mickleson 93d

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female 5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Dec. 25, 1877

8. AGE	Years	Months	Days	If less than 1 day
	66		17	hrs min.

9. Exact Occupation Housewife Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Franklin, Idaho (City or town) (State or foreign country)

Father
12. Name Thomas Morrison
13. Birthplace Silvercreek, Iowa (City or town) (State or foreign country)

Mother
14. Maiden name Margaret Perkins
15. Birthplace North Ogden, Utah (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs Rich Hadley and Address Logan Utah
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 1-15-44 (Month) (Day) (Year)
(c) Place: Dayton, Idaho
18. Funeral Director's OWN Signature Russell Hamm and Address Rexburg, Idaho
19. (a) 1-15-44 (Date received and filed) (b) Mrs Hemming (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Jan 11 1944 at 10 o'clock A.M.
21. **I HEREBY CERTIFY,** That I attended deceased from Jan 6 1944 to Jan 11 1944 Last saw her alive on Jan 11 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
93d	
Due to Coronary Embolism	2 weeks
Due to Chronic Myocarditis	2 yrs.
Other conditions 93d	
(Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's OWN Signature W. Sutherland M.D. (M. D. or other)
and Address Rexburg Idaho Date 1-14 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137496
Local Reg. No. 7
Reg. Dist. No. 630

1. **PLACE OF DEATH:**
(a) County MADISON
(b) City or town REXBURG
(c) Street Address or R. F. D. No. SUTHERLAND HOSPITAL
(d) Death Occurred Inside? # Outside? ____ city or town
(e) Died in a Home __ Hospital # Institution __ Other place __
(f) Name Hosp. or Inst. Sutherland Stayed 1 days
(g) Lived in this county 40 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State IDAHO (b) County MADISON
(c) City or town THORNTON
(d) Street Address or R. F. D. No. ____
(e) Deceased lived Inside # ____ Outside? ____ city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 40 years
(h) Former residence (city, state) Utah

3. (a) FULL NAME JOHN WILLARD HANSEN 33b

3. (b) If veteran, name war ____ 3. (c) Social Security No. none
4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife Ruth Mable Hansen 6. (c) Age of husband or wife if alive 46 years
7. Date of Birth (Month, Day, Year) SEPTEMBER 8, 1891

8. AGE	Years	Months	Days	If less than 1 day
	52	4	6	hrs min.

9. Exact Occupation Service Station Did this work for 20 yrs.
10. Industry or Business Operator Service Station Date last worked Jan. 9, 1944
11. Birthplace Hyrum, Utah (City or town) (State or foreign country)
Father
12. Name Hans C. Hansen
13. Birthplace ____ Denmark (City or town) (State or foreign country)
Mother
14. Maiden name Mary Meyers
15. Birthplace Unknown (City or town) (State or foreign country)
16. Informant's OWN Signature Ruth Mabel Hansen
and Address Thornton, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 17, 1944 (Month) (Day) (Year)
(c) Place: Burton, Idaho
18. Funeral Director's OWN Signature Rolland Weiser
and Address Rexburg, Idaho
19. (a) 1-17-44 (Date received and filed) (b) Mrs H E Young (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) January 14 1944
at 7:00 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from 1-13 1944 to 1-14 1944
I last saw him alive on 1-14 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Acute myocarditis	73a
Due to	
Due to Acute influenza	1 week
Other conditions 33b (Include pregnancy within 3 months of death)	

Where was disease contracted? —
Name of operation none Date ____
Major finding —
Finding of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature [signature] (M. D. or other)
and Address Rexburg Ida Date 1-15 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 13749?
Local Reg. No. 7
Reg. Dist. No. 6?

1. PLACE OF DEATH:
(a) County MADISON
(b) City or town REXBURG
(c) Street Address or R. F. D. No. 44½ So. 2nd East
(d) Death Occurred Inside? # Outside? ____ city or town
(e) Died in a Home # Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 27 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State IDAHO (b) County MADISON
(c) City or town REXBURG
(d) Street Address or R. F. D. No. 44½ So. 2nd East
(e) Deceased lived Inside? # Outside? ____ city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 27 years
(h) Former residence (city, state) Oregon

3. (a) FULL NAME JOSEPH ALFRED HUBBARD 33b

3. (b) If veteran, name war ____
3. (c) Social Security No. NONE
4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife ANNA HUBBARD
6. (c) Age of husband or wife if alive 68 years
7. Date of Birth (Month, Day, Year) OCTOBER 16, 1869

8. AGE	Years	Months	Days	If less than 1 day
	74	3	11	hrs ____ min.

9. Exact Occupation Retired Farmer — Did this work for ____ yrs.
10. Industry or Business Farmer — Date last worked 1932
11. Birthplace Monticello, Kentucky (City or town) (State or foreign country)

Father
12. Name Roland Hubbard
13. Birthplace Powell, Virginia (City or town) (State or foreign country)

Mother
14. Maiden name Emma Rankin
15. Birthplace Monticello, Kentucky (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs Anna Hubbard
and Address Rexburg, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 31, 1944 (Month) (Day) (Year)
(c) Place: Rexburg, Idaho
18. Funeral Director's OWN Signature Roland B. Reiser
and Address Rexburg, Idaho
19. (a) 2-2-44 (Date received and filed) (b) Mrs A C Young (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) January 27 19 44
at 1:15 o'clock P. M.
21. I HEREBY CERTIFY, That I attended deceased from May 19 39, to 1/27 19 44
I last saw him alive on 1/27 19 44 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Influenza 33b	
Due to	
Due to	
Other conditions Acute Cholecystitis (27a 2) (Include pregnancy within 3 months of death)	

Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy none

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19 ____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature M. F. Rigby (M. D. or other)
and Address Rexburg Date 1/29 19 44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

FEB 12 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 13749
Local Reg. No. 8
Reg. Dist. No. 631

1. **PLACE OF DEATH.**
(a) County MADISON
(b) City or town THORNTON
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? # Outside? city or town
(e) Died in a Home # Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 58 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State IDAHO (b) County MADISON
(c) City or town THORNTON
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? # Outside? city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 58 years
(h) Former residence (city, state) Utah

3. (a) **FULL NAME** EMMA N. JENKINS 94a

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F.M.
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife CHAS. JENKINS
6. (c) Age of husband or wife if alive 67 years
7. Date of Birth (Month, Day, Year) MARCH 4, 1880

8. AGE	Years	Months	Days	If less than 1 day
	63	10	24	hrs min.

9. Exact Occupation Housewife — Did this work for life yrs.
10. Industry or Business Home — Date last worked Jan. 28/44
11. Birthplace FAIRFIELD (City or town) Utah (State or foreign country)

Father
12. Name NEIL H. ANDERSON
13. Birthplace ### ORUP, SWEDEN (City or town) (State or foreign country)

Mother
14. Maiden name EMMA SMITH
15. Birthplace Spanish Fork (City or town) UTAH (State or foreign country)

16. Informant's **OWN** Signature Marjorie Hall
and Address THORNTON, IDAHO

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 2-5-44 (Month) (Day) (Year)
(c) Place: ANNIS, IDAHO

18. Funeral Director's **OWN** Signature Howard Nelson
and Address REXBURG, IDAHO

19. (a) 2-5-44 (Date received and filed) (b) Mae Heyborne (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) JANUARY 28 19 44
at 9:15 o'clock A M.

21. **I HEREBY CERTIFY,** That I attended deceased from Nov 1943 to Jan 28 1944
I last saw her alive on Jan 25 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Coronary Thrombosis	
(Instant death)	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature Parley Nelson (M. D. or other)
and Address Rexburg Ida Date Jan 31 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

FEB 2 19[illegible]

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 13749
Local Reg. No. 9
Reg. Dist. No. 631

1. **PLACE OF DEATH:**
(a) County Madison
(b) City or town Lyman
(c) Street Address or R. F. D. No. Thornton, R. #1
(d) Death Occurred Inside? ..... Outside? X ..... city or town
(e) Died in a Home X ... Hospital ... Institution ... Other place ...
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 55 years ..... months ..... days
Note For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Madison
(c) City or town Lyman
(d) Street Address or R. F. D. No. 1 Thornton
(e) Deceased lived Inside? ..... Outside? X ..... city or town
(f) If foreign born, in U. S. ..... yrs. Citizen of U. S.? .....
(g) How long had deceased lived in Idaho? 64 ..... years
(h) Former residence (city, state) Afton, Wyo.

3. (a) **FULL NAME** ANDREW FREEMAN McINTIER 93d

3. (b) If veteran, name war X
3. (c) Social Security No. X
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Jane Leona
6 (c) Age of husband or wife if alive 61 years
7. Date of Birth (Month, Day, Year) Aug. 12, 1879

8. AGE	Years	Months	Days	If less than 1 day
	64	5	18	hrs ... min.

9. Exact Occupation Carpenter — Did this work for life yrs.
10. Industry or Business General Work. — Date last worked 9/1939
11. Birthplace Weston, Idaho. (City or town) (State or foreign country)

Father
12. Name Robert McIntier.
13. Birthplace Iowa (City or town) (State or foreign country)

Mother
14. Maiden name Catherine Rise.
15. Birthplace New York (City or town) (State or foreign country)

16. Informant's **OWN** Signature Alma McIntier and Address Thornton, Ida. R. #1
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof ..... (Month) (Day) (Year)
(c) Place: Archer, Ida.
18. Funeral Director's **OWN** Signature A. B. Eckersell and Address Rigby, Idaho
19. (a) 2-5-44 (Date received and filed) (b) Mrs. H. Young (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Jan. 30 1944
at 11:50 o'clock A M.

21. I **HEREBY CERTIFY,** That I attended deceased from June 2 1943, to Jan 30 1944
That I last saw him alive on Jan 30 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — Duration

Due to Myocarditis — 1 yr.

Due to .....

Other conditions ..... (Include pregnancy within 3 months of death)

Where was disease first contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature C. W. Smithmeland (M. D. or other)
and Address Rexburg, Ida. Date 2-4 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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United States
Department of Commerce
Bureau of the Census

JAN 4 4 1943

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 68
Reg. Dist. No. 450

1. **PLACE OF DEATH:**
   (a) County Minidoka
   (b) City or town Rupert
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? ✓ Outside? city or town
   (e) Died in a Home Hospital ✓ Institution Other place
   (f) Name Hosp. or Inst. Rupert Stayed 4 days
   (g) Lived in this county years months 10 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Minidoka
   (c) City or town Rupert
   (d) Street Address or R. F. D. No.
   (e) Deceased lived Inside? ✓ Outside? city or town
   (f) Citizen of what country? U.S.
   (g) How long had deceased lived in Idaho? 10 years
   (h) Former residence (city, state) Wyoming

3. (a) FULL NAME Roberta Ann Norwood 108

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) July 21 1943

8. AGE	Years	Months	Days	If less than 1 day
	0	5	12	hrs min.

9. Exact Occupation Child Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Kemmerer Wyoming (City or town) (State or foreign country)

Father
12. Name Virgil D Norwood
13. Birthplace Rupert Idaho (City or town) (State or foreign country)

Mother
14. Maiden name Mildred Christensen
15. Birthplace Monticello Utah (City or town) (State or foreign country)

16. Informant's OWN Signature Virgil D Norwood
and Address Rupert Idaho
17. (a) Burial (Burial, cremation or removal) (b) Date thereof Jan 5. 1943 (Month) (Day) (Year)
(c) Place: Rupert Cemetery
18. Funeral Director's OWN Signature Rodney G Goodman
and Address Rupert Idaho
19. (a) Jan 10-44 (Date received and filed) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Jan 2 1944, at 10:30 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from Jan 2 1944, to Jan 2 44 19
I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Labor Pneumonia	1 week
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide? Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature [illegible] (M. D. or other)
and Address Rupert Date 1-3 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

FEB 14 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137509
Local Reg. No. 1
Reg. Dist. No. 450

1. **PLACE OF DEATH:**
   (a) County Minidoka
   (b) City or town Rupert
   (c) Street Address or R. F. D. No. 923 A St.
   (d) Death Occurred Inside? ✓ Outside? ____ city or town
   (e) Died in a Home ✓ Hospital ____ Institution ____ Other place ____
   (f) Name Hosp. or Inst. ____ Stayed ____ days
   (g) Lived in this county 20 years ____ months ____ days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Minidoka
   (c) City or town Rupert
   (d) Street Address or R. F. D. No. 923 A St.
   (e) Deceased lived Inside? ✓ Outside? ____ city or town
   (f) Citizen of what country? U S A
   (g) How long had deceased lived in Idaho? 32 years
   (h) Former residence (city, state) ____

3. (a) **FULL NAME** Sarah Newton Campbell. 93E

3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex Fem
5. Color or race W.
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Robert
6. (c) Age of husband or wife if alive 73 years
7. Date of Birth (Month, Day, Year) Oct. 15. 1869

8. AGE	Years	Months	Days	If less than 1 day
	74	2	26	hrs min.

9. Exact Occupation Housewife Did this work for ____ yrs.
10. Industry or Business ____ Date last worked ____
11. Birthplace Salt Lake City Utah (City or town) (State or foreign country)

Father
12. Name James L. Newton
13. Birthplace England (City or town) (State or foreign country)

Mother
14. Maiden name Sarah Greenhalgh
15. Birthplace England (City or town) (State or foreign country)

16. Informant's OWN Signature Charles N. Campbell
and Address Rupert Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 1-14-44 (Month) (Day) (Year)
(c) Place: Rupert Idaho
18. Funeral Director's OWN Signature Rodney G. Goodman
and Address Rupert Idaho
19. (a) Jan. 14-44 (Date received and filed) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 1 — 11 1944
at 4 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from Dec 18 1943, to 1 — 11 1944
I last saw her alive on 1 — 11 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Myocarditis · 93e1	
Due to Senility · 162	
Due to	
Other conditions Senile Dementia	
(Include pregnancy within 3 months of death)	

Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature C. A. McCollmer M.D. (M. D. or other)
and Address Rupert Idaho Date 1-12 1944
(For additional space, use reverse side)

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United States
Department of Commerce
Bureau of the Census

FEB 14 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 7
Reg. Dist. No. 450

1. **PLACE OF DEATH:**
   (a) County Minidoka
   (b) City or town Rupert
   (c) ~~Street Address~~ or R. F. D. No. 1
   (d) Death Occurred Inside? ____ Outside? ✓ city or town
   (e) Died in a Home ✓ Hospital ____ Institution ____ Other place ____
   (f) Name Hosp. or Inst. ____ Stayed ____ days
   (g) Lived in this county ____ years 6 months ____ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Minidoka
   (c) City or town Rupert
   (d) ~~Street Address~~ or R. F. D. No. 1
   (e) Deceased lived Inside? ____ Outside? ✓ city or town
   (f) Citizen of what country? US
   (g) How long had deceased lived in Idaho? — years
   (h) Former residence (city, state) —

3. (a) **FULL NAME** Wanda Jean Timmons 157b

3. (b) If veteran, name war ____ 3. (c) Social Security No. ____

4. Sex F 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife ____ 6. (c) Age of husband or wife if alive ____ years

7. Date of Birth (Month, Day, Year) July 5 1943.

8. AGE	Years	Months	Days	If less than 1 day
	0	6	12	hrs min.

9. Exact Occupation Child Did this work for ____ yrs.

10. Industry or Business ____ Date last worked ____

11. Birthplace Rupert (City or town) Idaho (State or foreign country)

Father
12. Name James Wm Timmons
13. Birthplace Cedar Hill (City or town) Idaho (State or foreign country)

Mother
14. Maiden name Elma May Larson
15. Birthplace Magna (City or town) Utah (State or foreign country)

16. Informant's OWN Signature James Timmons and Address Rupert Idaho.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-19-44 (Month) (Day) (Year)
   (c) Place: Rupert, Idaho

18. Funeral Director's OWN Signature Rodney G. Goodman and Address Rupert, Idaho.

19. (a) 2-10-44 (Date received and filed) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Jan 17 1944 at 8.15 o'clock A M.

21. **I HEREBY CERTIFY,** That I attended deceased from Jan 17 1944, to ____ 19__
I last saw h did not see alive on ____ 19__; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Meningitis 81a — Duration 1 week

Due to 157b

Due to

Other conditions Spina Bifida over
(Include pregnancy within 3 months of death)

Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's OWN Signature [illegible] (M. D. or other)
and Address Rupert, Idaho Date 1-31 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

FEB 14 1944

Certificate Of Death

STATE OF IDAHO

State File No. 137504
Local Reg. No. 5
Reg. Dist. No. 451

1. PLACE OF DEATH:
(a) County Minidoka
(b) City or town Minidoka
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? Outside? ✓ city or town
(e) Died in a Home ✓ Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 31 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Minidoka
(c) City or town Minidoka
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? Outside? ✓ city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 31 years
(h) Former residence (city, state)

3. (a) **FULL NAME** Willard Emerick Swengel 97

3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex Male
5. Color or race white
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) April 30 1865

8. AGE	Years	Months	Days	If less than 1 day
	78	8	17	hrs min.

9. Exact Occupation Farmer Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Omaha City (City or town) Nebraska (State or foreign country)
Father
12. Name Samuel John Swengel
13. Birthplace Milton (City or town) Penn (State or foreign country)
Mother
14. Maiden name Nancy Jane Emerick
15. Birthplace (City or town) Penn (State or foreign country)
16. Informant's **OWN** Signature S. J. Swengel
and Address Minidoka
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-23-44 (Month) (Day) (Year)
(c) Place: Rupert, Idaho
18. Funeral Director's **OWN** Signature Rodney L. Goodman
and Address Rupert, Idaho
19. (a) 2-10-44 (Date received and filed) (b) E. W. Elmore (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Jan 17 1944
at 9:30 o'clock A M.
21. **I HEREBY CERTIFY**, That I attended deceased from 19, to 19
I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Arteriosclerosis	
Due to Senility	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYISCIAN Underline the cause to which death should be charged statistically.
Name of operation Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature Alan Goodman (M.D. or other)
and Address Rupert Ida Date 1-18 1944
(For additional space, use reverse side)

Amended 12-26-80

United States
Department of Commerce
Bureau of the Census

FEB 14 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137505
Local Reg. No. 8
Reg. Dist. No. 450

1. **PLACE OF DEATH:**
(a) County Minidoka
(b) City or town Rupert
(c) Street Address or R. F. D. No. —
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home __ Hospital X Institution __ Other place __
(f) Name Hosp. or Inst. Rep. Gen. Stayed 21 days
(g) Lived in this county — years — months — days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Minidoka
(c) City or town Paul
(d) Street Address or R. F. D. No. 1
(e) Deceased lived Inside? ____ Outside? X city or town
(f) Citizen of what country? Minidoka
(g) How long had deceased lived in Idaho? 22 years
(h) Former residence (city, state) —

3. (a) **FULL NAME** June Peck Corless 145b

3. (b) If veteran, name war —
3. (c) Social Security No. ____
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Howard
6. (c) Age of husband or wife if alive 27 years
7. Date of Birth (Month, Day, Year) June 8 1921

8. AGE	Years	Months	Days	If less than 1 day
	22	7	15	hrs min.

9. Exact Occupation House wife Did this work for 3 yrs.
10. Industry or Business — Date last worked 11/1/1943
11. Birthplace Muntaugh (City or town) Idaho (State or foreign country)
Father
12. Name Moroni Peck
13. Birthplace Lehi (City or town) Utah (State or foreign country)
Mother
14. Maiden name Laura Ann Bowley
15. Birthplace American Fork (City or town) Utah (State or foreign country)
16. Informant's OWN Signature Howard S. Corless and Address Paul, Idaho
17. (a) buried (Burial, cremation, or removal) (b) Date thereof 1/28/1944 (Month) (Day) (Year)
(c) Place: Twin Falls Sunset
18. Funeral Director's OWN Signature J Forrest Weaver and Address Burley Idaho
19. (a) 2-10-44 (Date received and filed) (b) E H Edmonds (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Jan. 23 1944
at ____ o'clock ____ M.
21. **I HEREBY CERTIFY,** That I attended deceased from Dec 1 1943, to Jan 27 1944
I last saw h____ alive on ____ 19____; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: 107 Bronchial Pneumonia — Duration 20 days
Due to 336
Due to Flee
Other conditions Hydadidiform Mole.
(Include pregnancy within 3 months of death)
145.1
Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature [signature] MD (M. D. or other)
and Address Rupert Date ____ 19____
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
DEC 26 3 34 PM '80

State of _____ } ss.
County of _____ }

Certificate No. D 137505
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of death

for June Peck Corless (Name on Original Certificate) who died (Was Born, Died, etc.) on Jan 23, 1944 (Date of Event)

in Rupert (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
Item 12 fathers name	Meroni	Moroni
Item 14 mothers name	Lora Rawley	Laura Ann Rowley

Subscribed and sworn to before me this 26-th day of December, 19 80

Notary Public, Florence Curtright

Residing at Burley

My commission expires Lifetime

(Seal)

/s/ Blanche P. Cayley
Signature of Applicant

P.O. Box 153 Oakley, Idaho 83346
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____ }

(Must be completed __)
(Is not necessary __)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19__.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

_____
Supporting Signature

_____
Street Address, City, State

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

FEB 14 1944

Certificate Of Death

STATE OF IDAHO

M.

State File No. 137506
Local Reg. No. 9
Reg. Dist. No. 450

1. PLACE OF DEATH:
(a) County Minidoka
(b) City or town Rupert
(c) Street Address or R.F.D. No. 1
(d) Death Occured Inside? ..... Outside? ✓ city or town
(e) Died in a Home ✓ Hospital ..... Institution ..... Other place .....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 3 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Minidoka
(c) City or town Rupert
(d) Street Address or R.F.D. No. 1
(e) Deceased lived Inside? ..... Outside? ✓ city or town
(f) Citizen of what country? US
(g) How long had deceased lived in Idaho? 3 years
(h) Former residence (city, state) Rockport Ind.

3. (a) **FULL NAME** George Jackson Bence 93d

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) May 31 1861

8. AGE	Years	Months	Days	If less than 1 day
	82	7	24	hrs min.

9. Exact Occupation Retired Mason Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Grand View Indiana (City or town) (State or foreign country)
Father
12. Name Chas J Bence
13. Birthplace Grand View Indiana (City or town) (State or foreign country)
Mother
14. Maiden name Caroline Dunham
15. Birthplace Grand View Ind. (City or town) (State or foreign country)
16. Informant's **OWN** Signature Maude Bellville
and Address Rupert Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 1-26-44 (Month) (Day) (Year)
(c) Place: Evansville, Indiana
18. Funeral Director's **OWN** Signature Rodney S Goodman
and Address Rupert Idaho
19. (a) 2-10-44 (Date received and filed) (b) E R Elmore (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) January 25 1944
at ..... o'clock ..... M.
21. **I HEREBY CERTIFY**, That I attended deceased from ..... 19....., to ..... 19.....
I last saw h. 1 M alive on 1 - 25 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Myocarditis	3 years.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYISCIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature C A Moellmer MD (M. D. or other)
and Address Rupert Idaho Date 1-25 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 13757
Local Reg. No. 6
Reg. Dist. No. 450

FEB 14 1944

1. PLACE OF DEATH:
(a) County Manidoka
(b) City or town Rupert.
(c) Street Address or R. F. D. No. 2
(d) Death Occured Inside? ✓ Outside? ..... city or town
(e) Died in a Home.... Hospital ✓ Institution.... Other place....
(f) Name Hosp. or Inst Rupert. Stayed 2 days
(g) Lived in this county 30 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Manidoka
(c) City or town Rupert.
(d) Street Address or R.F.D. No. 2
(e) Deceased lived Inside? ✓ Outside? ..... city or town
(f) Citizen of what country? U S A.
(g) How long had deceased lived in Idaho? 40 years
(h) Former residence (city, state) Pitt. Penn.

3. (a) **FULL NAME** George Hawk. 94a

3. (b) If veteran, name war No.
3. (c) Social Security No. No
4. Sex M. 5. Color or race W.
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) August 26 1875

8. AGE	Years	Months	Days	If less than 1 day
	68	5	0	hrs min.

9. Exact Occupation Farmer — Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Pittsburg, Penn. (City or town) (State or foreign country)

Father
12. Name David Hawk.
13. Birthplace ..... (City or town) (State or foreign country)

Mother
14. Maiden name Mary Stewart.
15. Birthplace ..... (City or town) (State or foreign country)

16. Informant's **OWN** Signature Virginia Hawk
and Address Rupert, Idaho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-29-44 (Month) (Day) (Year)
(c) Place: Rupert Idaho
18. Funeral Director's **OWN** Signature Rodney Sandgren
and Address Rupert Idaho.
19. (a) 2-10-44 (Date received and filed) (b) A. E. Johnson (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) January 26 1944
at ..... o'clock ..... M.
21. **I HEREBY CERTIFY**, That I attended deceased from June 1943, to Jan 26, 1944
I last saw h. / W alive on Jan 26 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Coronary occlusion	3 yrs.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature A. E. Johnson (M. D. or other)
and Address Rupert Date 1-31 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

FEB 14 1944

Certificate Of Death

STATE OF IDAHO

State File No. 1375[illegible]
Local Reg. No. 10
Reg. Dist. No. 450

1. **PLACE OF DEATH:**
   (a) County Minidoka
   (b) City or town Rupert
   (c) Street Address or R.F.D. No. 223 J St
   (d) Death Occured Inside? ✓ Outside? ..... city or town
   (e) Died in a Home.... Hospital.... Institution.... Other place.... ✓
   (f) Name Hosp. or Inst. ..... Stayed ..... days
   (g) Lived in this county 19 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Minidoka
   (c) City or town Rupert
   (d) Street Address or R.F.D. No. 223 J. St
   (e) Deceased lived Inside? ✓ Outside? ..... city or town
   (f) Citizen of what country? USA.
   (g) How long had deceased lived in Idaho? 57 years
   (h) Former residence (city, state) —

3. (a) **FULL NAME** Willard Wetherbee

200a

3. (b) If veteran, name war No
3. (c) Social Security No. 518-22-8504
4. Sex M.
5. Color or race W
6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) Nov. 1 1886

8. AGE	Years	Months	Days	If less than 1 day
	57	2	26	hrs min.

9. Exact Occupation Farming ♀ Did this work for ..... yrs.
10. Industry or Business Laborer Date last worked .....
11. Birthplace Oakley (City or town) Idaho (State or foreign country)

Father
12. Name David Weatherbee
13. Birthplace Council Bluff (City or town) Iowa (State or foreign country)

Mother
14. Maiden name Barbara Lucinda Green
15. Birthplace ..... (City or town) Illinois (State or foreign country)

16. Informant's **OWN** Signature Morris Wetherbee
and Address Rupert Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 1-28-43 (Month) (Day) (Year)
(c) Place: Ashton Idaho
18. Funeral Director's **OWN** Signature Rodney G Goodman
and Address Rupert, Idaho.
19. (a) 2-10-44 (Date received and filed) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Jan 27 1944
at 1 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from ..... 19....., to ..... 19.....
I last saw h..... alive on ..... 19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Due to Heart Failure	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYISCIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding	
Finding of autopsy none	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature Alan Goodman (M.D. or other)
and Address Rupert Ida Date 1-27 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

FEB 14 1944

Certificate Of Death

STATE OF IDAHO

State File No. 1375[illegible]
Local Reg. No. 11
Reg. Dist. No. 450

1. PLACE OF DEATH:
(a) County Minidoka
(b) City or town Rupert
(c) Street Address or R.F.D. No. 2
(d) Death Occured Inside? ..... Outside? ✓ ..... city or town
(e) Died in a Home ✓ Hospital .... Institution .... Other place ....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 10 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Bannock
(c) City or town Lava Hot Springs
(d) Street Address or R.F.D. No. .....
(e) Deceased lived Inside? ✓ ..... Outside? ..... city or town
(f) Citizen of what country? U S
(g) How long had deceased lived in Idaho? 38 years
(h) Former residence (city, state) Lava Hot Springs

3. (a) FULL NAME Theodore Hillman 94a

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex M
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mabel
6. (c) Age of husband or wife if alive 54 years
7. Date of Birth (Month, Day, Year) Feb 17 1905

8. AGE	Years	Months	Days	If less than 1 day
	38	11	13	hrs min.

9. Exact Occupation Stockman Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Swan Lake (City or town) Idaho (State or foreign country)
Father
12. Name Ira Hillman
13. Birthplace Long Knox (City or town) (State or foreign country)
Mother
14. Maiden name Ruby Cutler
15. Birthplace Idaho (City or town) (State or foreign country)
16. Informant's **OWN** Signature Isabel Kasiska Hillman
and Address Lava Hot Springs Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 2-01-44 (Month) (Day) (Year)
(c) Place: Pocatello, Idaho
18. Funeral Director's **OWN** Signature Rodney S Goodman
and Address Rupert, Idaho
19. (a) 2-10-44 (Date received and filed) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) 1 — 30 1944
at 10:10 o'clock P M.

21. I HEREBY CERTIFY, That I attended deceased from 1 - 30 1944, to ..... 19.....
I last saw h..... alive on ..... 19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
did not see alive.	
Coronary occlusion	instant.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYISCIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature A A Moellmer MD (M. D. or other)
and Address Rupert Idaho Date 1-31 1944
(For additional space, use reverse side)

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

FEB 14 1944

State File No. 13751?
Local Reg. No. 14
Reg. Dist. No. 22

1. **PLACE OF DEATH:**
(a) County Latah
(b) City or town Kendrick
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home X Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 1 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Latah
(c) City or town Kendrick
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? U.S.
(g) How long had deceased lived in Idaho? 20 years
(h) Former residence (city, state)

3. (a) **FULL NAME** Minnie Belle Blankinship 2000

3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) Feb. 20, 1895

8. AGE	Years	Months	Days	If less than 1 day
	48	10	11	hrs ____ min. ____

9. Exact Occupation Home — Did this work for ____ yrs.
10. Industry or Business — Date last worked
11. Birthplace Moscow, Idaho (City or town) (State or foreign country)

Father
12. Name Andrew Jackson Thornton
13. Birthplace N Y (City or town) (State or foreign country)

Mother
14. Maiden name Eliza Harvy
15. Birthplace N Y (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mrs. E. A. King
and Address Lapwai Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 1/7/44 (Month) (Day) (Year)
(c) Place: Cameron, Idaho
18. Funeral Director's **OWN** Signature By Roberson
and Address Lewiston, Idaho
19. (a) 1/17/44 (Date received and filed) (b) Margaret Vassar (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Jan. 1 19 48
at 8:00 o'clock A M.

21. **I HEREBY CERTIFY**, That I attended deceased from Nov 2 19 38, to May 4 19 42
I last saw h[illegible] alive on July (?) 19 43; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Probable Heart disease	
Due to or cerebral hemorrhage	01
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation ____ Date ____	
Major finding	
Finding of autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19 ____ City, county, state where violence occurred
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury

23. Attendant's **OWN** Signature W O Clark M.D. (M. D. or other)
and Address Lewiston, Ida. Date 1-13 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

FEB 14 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 13751
Local Reg. No. 9
Reg. Dist. No. 220

1. **PLACE OF DEATH:**
(a) County Nez Perce
(b) City or town Lewiston
(c) Street Address or R. F. D. No. 113 18th, Street
(d) Death Occurred Inside? In Outside? ____ city or town
(e) Died in a Home # Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 41 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Nez Perce
(c) City or town Lewiston
(d) Street Address or R. F. D. No. 0113 18th, Street
(e) Deceased lived Inside? In Outside? ____ city or town
(f) Citizen of what country? ____
(g) How long had deceased lived in Idaho? 41 years
(h) Former residence (city, state) ____

3. (a) **FULL NAME** E. Maude Emery 872

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Fred
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) October 31st, 1868

8. AGE	Years	Months	Days	If less than 1 day
	75	2	3	hrs ____ min. ____

9. Exact Occupation At Home — Did this work for ____ yrs.
10. Industry or Business ____ — Date last worked ____
11. Birthplace Becker (City or town) Minnesota (State or foreign country)

Father
12. Name Joseph N. Foster
13. Birthplace ____ (City or town) New York (State or foreign country)

Mother
14. Maiden name Josephine Harvey
15. Birthplace ____ (City or town) New York (State or foreign country)

16. Informant's **OWN** Signature Ellen E Foster
and Address Lewiston, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/5/1944 (Month) (Day) (Year)
(c) Place: Lewiston, Idaho
18. Funeral Director's **OWN** Signature Brower-Wann Co. By W. H. Makem
and Address Lewiston, Idaho
19. (a) 1/5/44 (Date received and filed) (b) Margaret Vassar (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) January 3rd, 1944 19____
at 1:30 o'clock P. M.

21. **I HEREBY CERTIFY,** That I attended deceased from June 5 1931, to Jan 3 1944
I last saw her alive on Dec 30 1943; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Myocarditis	1 year
Due to Arteriosclerosis	10 yrs.
Due to Multiple Sclerosis	8 yrs.
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's **OWN** Signature E. L. White (M. D. or other)
and Address Lewiston Ida Date 1-6 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

8 Exhibits

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

FEB 14 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 13751
Local Reg. No. 6
Reg. Dist. No. 220

1. **PLACE OF DEATH:**
   (a) County Nezperce
   (b) City or town Lewiston
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? Outside? city or town
   (e) Died in a Home Hospital Institution Other place
   (f) Name Hosp. or Inst. St Joseph Stayed 5 days
   (g) Lived in this county years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Wash (b) County Asotin
   (c) City or town Clarkston, Wash.
   (d) Street Address or R. F. D. No. Boston & Libby
   (e) Deceased lived Inside? Outside? city or town
   (f) Citizen of what country? U:S of America
   (g) How long had deceased lived in Idaho? 5 Days ~~years~~
   (h) Former residence (city, state)

3. (a) **FULL NAME** Elizabeth Lekander

94a

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife August 6. (c) Age of husband or wife if alive 72 years
7. Date of Birth (Month, Day, Year) Dec. 5th, 1873

8. AGE	Years	Months	Days	If less than 1 day
	70	1		hrs min.

9. Exact Occupation Housewife — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace — (City or town) — (State or foreign country)

Father
12. Name John Johnson
13. Birthplace Sweden — (City or town) — (State or foreign country)

Mother
14. Maiden name Not Known
15. Birthplace Sweden — (City or town) — (State or foreign country)

16. Informant's OWN Signature August Lekander
and Address Clarkston, Wash.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 1/5/43 (Month) (Day) (Year)
(c) Place: Clarkston, Wash.
18. Funeral Director's OWN Signature H R Merchant
and Address Clarkston, Wash
19. (a) 1/6/44 (Date received and filed) (b) Margaret Vassar (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) January 5 1944
at] o'clock P M.
21. **I HEREBY CERTIFY**, That I attended deceased from Jan 1943 to 1-5 1944
I last saw her alive on 1-5- 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Coronary thrombosis	
Immediate Death	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's OWN Signature Walter M Williams (M. D. or other)
and Address Lewiston Date 1-6 1943

(For additional space, use reverse side)

Item #7, 8, 12, 13, 14, 15, & 16 amended 8-24-90 MCM

United States
Department of Commerce
Bureau of the Census

FEB 14 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137520
Local Reg. No. 19
Reg. Dist. No. 220

1. **PLACE OF DEATH:**
(a) County Nez Perce
(b) City or town Lewiston
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. St. Joseph's Stayed 1 days
(g) Lived in this county years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Nez Perce
(c) City or town Lewiston
(d) Street Address or R. F. D. No. 108-16th Ave
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 45 years
(h) Former residence (city, state)

3. (a) **FULL NAME** James F. Black 92b

3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex white
5. Color or race male
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Lulu Pearl
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) MARCH ~~?~~ 6, ~~?~~ 1874 ~~1875~~

8. AGE	Years	Months	Days	If less than 1 day
	69 ~~68~~	10	0	hrs min.

9. Exact Occupation farmer Did this work for yrs.
10. Industry or Business retired Date last worked
11. Birthplace Silver City, Utah (City or town) (State or foreign country)
Father
12. Name ~~Ho record~~ HENRY F. BLACK
13. Birthplace " " PENNSYLVANIA (City or town) (State or foreign country)
Mother
14. Maiden name ~~Ho record~~ MELVINA HAMBLETON
15. Birthplace ~~Ho record~~ CARSON VALLEY, NV (City or town) (State or foreign country)
16. Informant's OWN Signature Mrs. J. F. Black
and Address ~~Clarkston, Washington~~ LEWISTON, ID
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-11-44 (Month) (Day) (Year)
(c) Place: Lewiston, Idaho
18. Funeral Director's OWN Signature Vincent V. Vassar
and Address Lewiston, Idaho
19. (a) 1/17/44 (Date received and filed) (b) Margaret Vassar (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) January 6, 1944
at 5:00 o'clock p.M.
21. **I HEREBY CERTIFY,** That I attended deceased from Jan 1 1943, to January 6, 1944
I last saw him alive on Jan 6 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
111c Pulmonary Odema	1 day
Due to Chronic ~~Endocarditis~~ Endocarditis "Mitrae"	4 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? Lewiston Idaho
Name of operation none Date
Major finding
Finding of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature Ely Broddock MD (M. D. or other)
and Address Lewiston Ida Date 1-13 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Brad

5-8-90

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss.
County of _____ }

Certificate No. 137520
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of death

for James F Black (Name on Original Certificate) who died (Was Born, Died, etc.) on Jan 6, 1944 (Date of Event)

in Lewiston (Nez Perce) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
Date of birth	1875	Mar 6, 1874
Age	68	69 / 10 / 0
Informant's address	Clarkston, Washington	Lewiston, Idaho

Subscribed and sworn to before me this 24th day of July, 19 90

Notary Public, Dwight M. Willey
Residing at Buckley
My commission expires August 16, 1993
(Seal)

X Helen W. Schultz
Signature of Applicant

X 18132 Marine View Dr. SW.
Street Address, City, State
Seattle, Wash 98166

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____ }

(Must be completed __)
(Is not necessary ✓)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

Issued

3-21-90

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss.
County of _____ }

Certificate No. 137520
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of death

for James F Black (Name on Original Certificate) who died (Was Born, Died, etc.) on Jan 6, 1944 (Date of Event)

in Lewiston (Nez Perce) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	no enough doctumentation for full F. name
Father's name	Unknown	* HENRY ~~Fredrick~~ BLACK
Father's birthplace	Unknown	* ~~[redacted]~~ PENN.
Mother's maiden name	Unknown	* MELVINA (CHAMBLETON) BLACK
Mother's birthplace	Unknown	*CARSON VALLEY NEV.

Subscribed and sworn to before me this 17th day of April, 19 90

X Notary Public Judith M. Willing

Residing at Buckley

My commission expires August 16, 1993

(Seal) JUDITH M. WILLING NOTARY PUBLIC STATE OF WASHINGTON COMMISSION EXPIRES AUGUST 16, 1993

X Helen W. Schultz
Signature of Applicant

X 18132 MARINE VIEW DR. SW. SEATTLE, WASH 98166
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

(Must be completed ___)
(Is not necessary ✓)

State of _____ } ss.
County of _____ }

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public _____

Residing at _____

My commission expires _____

(Seal)

_____
Supporting Signature

_____
Street Address, City, State

*PLEASE FILL IN CORRECT INFORMATION BEFORE SIGNING

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

FEB 14 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 13752
Local Reg. No. 15
Reg. Dist. No. 220

1. **PLACE OF DEATH:**
(a) County NezPerce
(b) City or town Lewiston
(c) Street Address or R. F. D. No. 917- Prospect Ave.
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home X Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. S ____ Stayed ____ days
(g) Lived in this county 9 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County NezPerce
(c) City or town Lewiston
(d) Street Address or R. F. D. No. 917-Prospect Ave.
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? U. S.
(g) How long had deceased lived in Idaho? 49 years
(h) Former residence (city, state) ____

3. (a) **FULL NAME** William Schlueter

92 d

3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Christine
6. (c) Age of husband or wife if alive 63 years
7. Date of Birth (Month, Day, Year) July 19 1875

8. AGE	Years	Months	Days	If less than 1 day
	68	5	19	hrs ____ min. ____

9. Exact Occupation Retired Farmer Did this work for ____ yrs.
10. Industry or Business ____ Date last worked ____
11. Birthplace Germany (City or town) (State or foreign country)

Father
12. Name Henery Schlueter
13. Birthplace Germany (City or town) (State or foreign country)

Mother
14. Maiden name Elizabith Gendeman
15. Birthplace Germany (City or town) (State or foreign country)

16. Informant's OWN Signature Lillian R. Morscheck
and Address Lewiston Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/10/44 (Month) (Day) (Year)
(c) Place: Lewiston, Idaho

18. Funeral Director's OWN Signature Brower-Wann By [illegible]
and Address Lewiston, Idaho

19. (a) 1/17/44 (Date received and filed) (b) Margaret Vassar (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH**
(Month, Day, Year) Jan. 8 19 44
at 11:30 o'clock A M.

21. **I HEREBY CERTIFY,** That I attended deceased from Dec 22 1943, to Jan 8 1944
I last saw him alive on Dec 28 1943 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cardiac Decompensation — Duration 2 wks
Due to Chronic Endocarditis — Duration several years
Due to ____
Other conditions ____
(Include pregnancy within 3 months of death)

Where was disease contracted? Lewiston
Name of operation None Date ____
Major finding ____
Finding of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19 ____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's OWN Signature Ellis Brandon M.D. (M. D. or other)
and Address Lewiston Ida. Date 1-13 1944
(For additional space, use reverse side)

Alley

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

FEB 14 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 1375
Local Reg. No. 12
Reg. Dist. No. 220

1. **PLACE OF DEATH:**
   (a) County Nez Perce
   (b) City or town Lewiston
   (c) Street Address or R. F. D. No. 3rd st. & D
   (d) Death Occurred Inside? In Outside? ____ city or town
   (e) Died in a Home__ Hospital__ Institution__ Other place #
   (f) Name Hosp. or Inst. ____ Stayed ____ days
   (g) Lived in this county ____ years 2 months ____ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State ____ (b) County ____
   (c) City or town ____
   (d) Street Address or R. F. D. No. ____
   (e) Deceased lived Inside? ____ Outside? ____ city or town
   (f) Citizen of what country? ____
   (g) How long had deceased lived in Idaho? ____ years
   (h) Former residence (city, state) ____

3. (a) **FULL NAME** Anton Fink 1795

3. (b) If veteran, name war World 1. 3. (c) Social Security No. 559-12-4135

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced ____

6. (b) Name of husband or wife ____ 6. (c) Age of husband or wife if alive ____ years

7. Date of Birth (Month, Day, Year) ____

8. AGE	Years	Months	Days	If less than 1 day
	43			hrs ____ min.

9. Exact Occupation Magazine salesman Did this work for ____ yrs.
10. Industry or Business ____ Date last worked ____
11. Birthplace ____ Czecho-Slovakia (City or town) (State or foreign country)

Father
12. Name ____
13. Birthplace ____ (City or town) (State or foreign country)

Mother
14. Maiden name ____
15. Birthplace ____ (City or town) (State or foreign country)

16. Informant's **OWN** Signature Taken from naturalization papers and Address ____
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 1/17/1944 (Month) (Day) (Year)
    (c) Place: Los Angeles, California
18. Funeral Director's **OWN** Signature Brower-Mann Co. By [signature] and Address Lewiston, Idaho
19. (a) 1/17/44 (Date received and filed) (b) Margaret Vassar (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 1 - 10 1944
    at ____ o'clock ____ M.
21. **I HEREBY CERTIFY,** That I attended deceased from ____ 19____, to ____ 19____
    I last saw h____ alive on ____ 19____; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
awaiting laboratory reports	
No contagious sickness	
Due to comburium cable	
disease associated.	
Due to ____	
Other conditions ____ (Include pregnancy within 3 months of death)	
Ruptured cardiac compensation	

Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____ reports from laboratories

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
    Occurred ____ 19____ City, county, state where violence occurred ____
    Place of Violence: Home ____ Farm ____ Industry ____
    Public Place ____ While at work? ____
    Means of injury ____
23. Attendant's **OWN** Signature [signature] M.D. (M. D. or other)
    and Address Lewiston, Ida. Date 1/17 1944
    (For additional space, use reverse side)

A previous certificate of Anton Fink was mailed to your department with the January reports but was not complete as to the "Cause of Death".

Margaret Vassar, Registrar

United States
Department of Commerce
Bureau of the Census

APR 12 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 12
Reg. Dist. No. 220

1. **PLACE OF DEATH:**
(a) County Nez Perce
(b) City or town Lewiston
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? city or town
(e) Died in a Home Hospital Institution Other place X
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State (b) County
(c) City or town
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Outside? city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? years
(h) Former residence (city, state)

3. (a) **FULL NAME** Anton Fink

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) 1900

8. AGE	Years	Months	Days	If less than 1 day
	43			hrs min.

9. Exact Occupation Magazine Salesman — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace Czecho-Slavekia (City or town) (State or foreign country)

Father
12. Name not Known
13. Birthplace " " (City or town) (State or foreign country)

Mother
14. Maiden name not Known
15. Birthplace " " (City or town) (State or foreign country)

16. Informant's **OWN** Signature and Address
17. (a) removal (Burial, cremation, or removal) (b) Date thereof 1/17/1944 (Month) (Day) (Year)
(c) Place: Los Angeles, Calif.
18. Funeral Director's **OWN** Signature Brower-Warren R. H. Malcom and Address Lewiston, Idaho
19. (a) 3/20/44 (Date received and filed) (b) Margaret Vassar (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 1/10-1944 19
at last 10 o'clock A. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 0 19, to 0 19
I last saw him alive on 0 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Ruptured cardiac compensation — Duration
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Where was disease contracted?
Name of operation None Date
Major finding
Finding of autopsy Atheroma of gastro-intestinal content

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature J. H. Ranck M.D. (M. D. or other)
and Address Lewiston, Ida. Date 3/2 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

137523

United States
Department of Commerce
Bureau of the Census

FEB 14 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 10
Reg. Dist. No. 220

1. **PLACE OF DEATH:**
(a) County Nezperce
(b) City or town Lewiston,
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst St Joseph Stayed days
(g) Lived in this county years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Wash. (b) County Asotin
(c) City or town Clarkston
(d) Street Address or R. F. D. No. 918 7th St.
(e) Deceased lived Inside? Outside? city or town
(f) Citizen of what country? U.S. of America
(g) How long had deceased lived in Idaho? X years
(h) Former residence (city, state) Clarkston Wash

3. (a) **FULL NAME** Augusta Helen McGhee

3. (b) If veteran, name war
3. (c) Social Security No.
5. Color or
6. (a) Single, widowed, married, divorced Married
4. Sex Female race White
6. (b) Name of husband or wife Robert F. McGhee
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) January 8 1886

8. AGE	Years	Months	Days	If less than 1 day
	58		4	hrs min.

9. Exact Occupation Housewife — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace Pomeroy (City or town) Wash (State or foreign country)

Father
12. Name Charles Landkammer
13. Birthplace Austria (City or town) (State or foreign country)

Mother
14. Maiden name Matilda Andres
15. Birthplace Wisconsin (City or town) (State or foreign country)

16. Informant's **OWN** Signature W. F. McGhee
and Address 918 7th Street Clarkston, Wash

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 1/15/44 (Month) (Day) (Year)
(c) Place: Pomeroy Wash

18. Funeral Director's **OWN** Signature H. P. Meacham
and Address Clarkston, Wash.

19. (a) 1/13/44 (Date received and filed) (b) Margaret Vassar (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Jan 12 1944
at 4 o'clock P. M.

21. **I HEREBY CERTIFY**, That I attended deceased from Jan 7 1944, to Jan 12 1944
I last saw h alive on Jan 12 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Influenza	7 da.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state
Where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature Paul H. Johnson (M. D. or other)
and Address Lewiston Ida. Date Jan 13 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

FEB 14 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137524
Local Reg. No. 13
Reg. Dist. No. 220

1. **PLACE OF DEATH:**
(a) County NezPerce
(b) City or town Lewiston
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home ____ Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. St. Joseph Stayed ____ days
(g) Lived in this county ____ years ____ months 1 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Latha
(c) City or town Juliatta
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? U.S.
(g) How long had deceased lived in Idaho? 40 years
(h) Former residence (city, state)

3. (a) **FULL NAME** Edna Nye

181

3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) Jan. 29 1888

8. AGE	Years	Months	Days	If less than 1 day
	55	11	15	hrs min.

9. Exact Occupation Home — Did this work for ____ yrs.
10. Industry or Business — Date last worked
11. Birthplace ____ (City or town) Wash. (State or foreign country)

Father
12. Name George W Kite
13. Birthplace ____ (City or town) Iowa (State or foreign country)

Mother
14. Maiden name Jennie M. Taylor
15. Birthplace ____ (City or town) Iowa (State or foreign country)

16. Informant's **OWN** Signature Clara Haddock
and Address Juliatta

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 1-18-44 (Month) (Day) (Year)
(c) Place: Juliatta

18. Funeral Director's **OWN** Signature By Brower-Mann
and Address Lewiston, Idaho

19. (a) 1/17/44 (Date received and filed) (b) Margaret Vassar (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH**
(Month, Day, Year) Jan. 14 19 44
at 12:40 o'clock A M.

21. **I HEREBY CERTIFY,** That I attended deceased from 1-13 1944, to 1-14 1944
I last saw her alive on 1-14 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Shock and Toxemia	
following 1st & 2nd degree	less
Due to burns of over 2/3 body	than
Surface	24 hours
Due to Standing too close to open	fire -
Other conditions clothes ignited (Include pregnancy within 3 months of death)	

Where was disease contracted? —
Name of operation — Date
Major finding
Finding of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Yes Suicide? ____ Homicide? ____
Occurred Juliuetta 1-13 1944 City, county, state
where violence occurred at work - Post Office
Place of Violence: Home ____ Farm ____ Industry ____
Public Place Yes While at work? Yes
Means of injury Clothing caught fire

23. Attendant's **OWN** Signature ____ (M. D. or other)
and Address Lewiston Ida Date 1-14 1944

(For additional space, use reverse side)

137525

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

FEB 14 1944

State File No.
Local Reg. No. 11
Reg. Dist. No. 220

1. **PLACE OF DEATH:**
(a) County Nez Perce
(b) City or town Lewiston
(c) Street Address or R. F. D. No. 12-14 - Idaho
(d) Death Occurred Inside? ✓ Outside? ____ city or town
(e) Died in a Home ✓ Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county ____ years 2 months ____ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Wash. (b) County ____
(c) City or town Tonasket
(d) Street Address or R. F. D. No. no record
(e) Deceased lived Inside? ✓ Outside? ____ city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 1/6 years
(h) Former residence (city, state) Tonasket, Wash.

3. (a) **FULL NAME** Ira E. Henderson 94a

3. (b) If veteran, name war ____ 3. (c) Social Security No. ____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Margaret 6. (c) Age of husband or wife if alive ____ years

7. Date of Birth (Month, Day, Year) 12-5-1869

8. AGE	Years	Months	Days	If less than 1 day
	76	1	9	hrs ____ min. ____

9. Exact Occupation retired — Did this work for ____ yrs.
10. Industry or Business ____ Date last worked 1933
11. Birthplace # (City or town) (State or foreign country)

Father
12. Name Samuel Henderson
13. Birthplace Michigan (City or town) (State or foreign country)

Mother
14. Maiden name no record
15. Birthplace " " (City or town) (State or foreign country)

16. Informant's **OWN** Signature Ralph Henderson
and Address Tonasket, Wash.
17. (a) removal (Burial, cremation, or removal) (b) Date thereof 1-16-44 (Month) (Day) (Year)
(c) Place: Tonasket, Wash.
18. Funeral Director's **OWN** Signature Vincent V. Vance
and Address Lewiston, Idaho
19. (a) 1/15/44 (Date received and filed) (b) Margaret Vassar (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 1-14 1944
at 8:30 o'clock P.M.

21. **I HEREBY CERTIFY,** That I attended deceased from 1-12 1944, to 1-14 1944
I last saw him alive on 1-14 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Coronary Thrombosis	72 hours
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation ____ Date ____	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's **OWN** Signature E. L. White M.D.
and Address Lewiston Ida (M. D. or other) Date 1-15 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

137526

United States
Department of Commerce
Bureau of the Census

FEB 14 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 23
Reg. Dist. No. 220

1. **PLACE OF DEATH:**
   (a) County Nez Perce
   (b) City or town Lewiston
   (c) Street Address or R. F. D. No. 3136 Main St.
   (d) Death Occurred Inside? In Outside? city or town
   (e) Died in a Home # Hospital Institution Other place
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county 25 years months days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Nez Perce
   (c) City or town Lewiston
   (d) Street Address or R. F. D. No. 3136 Main St.
   (e) Deceased lived Inside? # Outside? city or town
   (f) Citizen of what country? U. S. A.
   (g) How long had deceased lived in Idaho? 25 years
   (h) Former residence (city, state)

3. (a) **FULL NAME** James Armour Smyth

94a

3. (b) If veteran, name war None
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Alice Smyth
6. (c) Age of husband or wife if alive 58 years
7. Date of Birth (Month, Day, Year) May 1st, 1881

8. AGE	Years	Months	Days	If less than 1 day
	62	8	15	hrs min.

9. Exact Occupation Roundhouse worker Did this work for yrs.
10. Industry or Business Railroad Date last worked
11. Birthplace (City or town) Ireland (State or foreign country)
Father
12. Name George Smyth
13. Birthplace (City or town) Ireland (State or foreign country)
Mother
14. Maiden name Anna Armour
15. Birthplace (City or town) Not known (State or foreign country)
16. Informant's OWN Signature Mrs. M. Cumming
and Address Lewiston, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/18/1944 (Month) (Day) (Year)
(c) Place: Lewiston, Idaho
18. Funeral Director's OWN Signature Brower-Wann Co. By [signature]
and Address Lewiston, Idaho
19. (a) 2/5/44 (Date received and filed) (b) Margaret Vassar (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) January 16th, 1944 19
at 9:00 o'clock A. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 19, to 19
I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death	Duration
Did not see him alive	
Coronary Thrombosis	sudden
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature E. L. White M.D. (M. D. or other)
and Address Lewiston Ida Date 1-24 1944
(For additional space, use reverse side)

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Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

FEB 14 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137527
Local Reg. No. 31
Reg. Dist. No. 220

1. **PLACE OF DEATH:**
   (a) County Nez Perce
   (b) City or town Lewiston
   (c) Street Address or R. F. D. No. R. F. D. #1
   (d) Death Occurred Inside? ____ Outside? Out city or town
   (e) Died in a Home __ Hospital # Institution __ Other place __
   (f) Name Hosp. or Inst. St Joseph Stayed ____ days
   (g) Lived in this county 49 years ____ months ____ days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Nez Perce
   (c) City or town Lewiston
   (d) Street Address or R. F. D. No. R. F. D. #1
   (e) Deceased lived Inside? ____ Outside? Out city or town
   (f) Citizen of what country? ____
   (g) How long had deceased lived in Idaho? 49 years
   (h) Former residence (city, state) ____

3. (a) **FULL NAME** Coe Helen Ritz 95c

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife George
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) February 4th, 1866

8. AGE	Years	Months	Days	If less than 1 day
	77	11	13	hrs min.

9. Exact Occupation At home Did this work for ____ yrs.
10. Industry or Business ____ Date last worked ____
11. Birthplace ____ (City or town) Illinois (State or foreign country)

Father
12. Name John Peck
13. Birthplace Not known (City or town) (State or foreign country)

Mother
14. Maiden name Mary Drake
15. Birthplace ____ (City or town) Illinois (State or foreign country)

16. Informant's OWN Signature Mrs. Frank Marquis and Address R. I #145 Lewiston
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof ____ (Month) (Day) (Year)
    (c) Place: Lewiston, Idaho
18. Funeral Director's OWN Signature Brower-Wann Co. By L B Wann and Address Lewiston, Idaho
19. (a) ~~Burial~~ 2/5/44 (Date received and filed) (b) ~~1/19/1944~~ Margaret Vassar (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) January 17th, 1944 19__ at 9:40 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from Jan 3 1944, to Jan 17 1944
    I last saw her alive on Jan 17 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Chronic Heart Disease	yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation ____ Date ____	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
    Occurred ____ 19__ City, county, state where violence occurred ____
    Place of Violence: Home ____ Farm ____ Industry ____
    Public Place ____ While at work? ____
    Means of injury ____
23. Attendant's OWN Signature Paul W Johnson (M. D. or other) and Address Lewiston Ida Date 1-24 1944
    (For additional space, use reverse side)

Johnson

United States
Department of Commerce
Bureau of the Census

FEB 14 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137528
Local Reg. No. 16
Reg. Dist. No. 220

1. **PLACE OF DEATH:**
(a) County Nez Perce
(b) City or town Lewiston
(c) Street Address or R. F. D. No. 1
(d) Death Occurred Inside? ____ Outside? ✓ city or town
(e) Died in a Home __ Hospital __ Institution ✓ Other place __
(f) Name Hosp. or Inst. Somerville Home Stayed 30 days
(g) Lived in this county ____ years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Nez Perce
(c) City or town Lewiston
(d) Street Address or R. F. D. No. 1
(e) Deceased lived Inside? ____ Outside? ✓ city or town
(f) Citizen of what country? U. S. A.
(g) How long had deceased lived in Idaho? ____ years
(h) Former residence (city, state) ____

3. (a) **FULL NAME** William C. McHutt

46b

3. (b) If veteran, name war ____ 3. (c) Social Security No. ____
4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife ____ 6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) 10-6-1862

8. AGE	Years	Months	Days	If less than 1 day
	81	3	11	hrs min.

9. Exact Occupation retired Did this work for ____ yrs.
10. Industry or Business Engineer Date last worked no record
11. Birthplace Paint Bank, Virginia (City or town) (State or foreign country)
Father
12. Name James McHutt
13. Birthplace Virginia (City or town) (State or foreign country)
Mother
14. Maiden name Ann Rowan
15. Birthplace Virginia (City or town) (State or foreign country)
16. Informant's OWN Signature Elsie Torgerson and Address Lewiston, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof ____ (Month) (Day) (Year)
(c) Place: Lewiston, Idaho
18. Funeral Director's OWN Signature Vincent V. Vassar and Address Lewiston, Idaho
19. (a) 1/17/44 (Date received and filed) (b) Margaret Vassar (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 1-17 1944 at 6:00 o'clock a M.
21. **I HEREBY CERTIFY,** That I attended deceased from December 1943, to 1-15-44 19__
I last saw him alive on 1-15 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Carcinoma Stomach, far advanced — Duration
Due to ____
Due to ____
Other conditions ____ (Include pregnancy within 3 months of death)
Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature Walter C. McWilliams (M. D. or other) and Address Lewiston Date 1-17 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

FEB 14 1944

State File No. 13752
Local Reg. No. 32
Reg. Dist. No. 221

1. **PLACE OF DEATH:**
(a) County Nez Perce
(b) City or town Lewiston
(c) Street Address or R. F. D. No. 4th, Ave. & 5th, Ave
(d) Death Occurred Inside? In Outside? ____ city or town
(e) Died in a Home __ Hospital # Institution __ Other place __
(f) Name Hosp. or Inst. St Joseph Stayed 3 Mos days
(g) Lived in this county 48 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Nez Perce
(c) City or town Lapwai
(d) Street Address or R. F. D. No. Rural
(e) Deceased lived Inside? ____ Outside? Out city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 48 years
(h) Former residence (city, state) ____

3. (a) **FULL NAME** Thomas B. Beall 136

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race ½ Indian
6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife ____
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) February 2nd, 1861

8. **AGE**

Years	Months	Days	If less than 1 day
82	11	17	hrs ____ min.

9. Exact Occupation Farmer — Did this work for ____ yrs.
10. Industry or Business — Date last worked
11. Birthplace Alpowa (City or town) Washington (State or foreign country)

Father
12. Name Thomas Beall
13. Birthplace ____ (City or town) Maryland (State or foreign country)

Mother
14. Maiden name Not known
15. Birthplace Alpowa (City or town) Washington (State or foreign country)

16. Informant's **OWN** Signature William T. Allen
and Address Lapwai, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/24/1944 (Month) (Day) (Year)
(c) Place: Lapwai, Idaho

18. Funeral Director's **OWN** Signature Brower-Wann Co. By A. Beall
and Address Lewiston, Idaho

19. (a) 2/5/44 (Date received and filed) (b) Margaret Vassar (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) January 19th, 1944 19____
at 7:50 o'clock P. M.

21. **I HEREBY CERTIFY,** That I attended deceased from Nov. ____, 1943, to Jan 19 1944
I last saw ~~him~~ alive on Jan 19 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death	Duration
Pulmonary Tuberculosis	1 year.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's **OWN** Signature Paul W. Johnson (M. D. or other)
and Address Lewiston, Ida. Date 1-24 1944
(For additional space, use reverse side)

E. Johnson

United States
Department of Commerce
Bureau of the Census

FEB 14 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137530
Local Reg. No. 23
Reg. Dist. No. 220

1. **PLACE OF DEATH:**
   (a) County Nezperce
   (b) City or town Lewiston
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? X Outside? ____ city or town
   (e) Died in a Home ____ Hospital X Institution ____ Other place ____
   (f) Name Hosp. or Inst. St Joseph Stayed 2 days
   (g) Lived in this county 61 years ____ months ____ days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Wash (b) County Asotin
   (c) City or town Clarkston
   (d) Street Address or R. F. D. No. 5th & Sycamore
   (e) Deceased lived Inside? X Outside? ____ city or town
   (f) Citizen of what country? U.S. of America
   (g) How long had deceased lived in Idaho? 2 Days years
   (h) Former residence (city, state) Wash.

3. (a) **FULL NAME** Ingabor Hendrickson

107

3. (b) If veteran, name war ____ 3. (c) Social Security No. ____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Victor Hendrickson 6. (c) Age of husband or wife if alive ____ years

7. Date of Birth (Month, Day, Year) Dec. 25, 1964

8. AGE	Years	Months	Days	If less than 1 day
	79		24	hrs ____ min.

9. Exact Occupation Housewife Did this work for ____ yrs.
10. Industry or Business ____ Date last worked ____
11. Birthplace Fordhjem Norway (City or town) (State or foreign country)

Father
12. Name Arnt Christopherson
13. Birthplace Norway (City or town) (State or foreign country)

Mother
14. Maiden name Not Known
15. Birthplace Norway (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mrs. J. H. Hansen
and Address Clarkston, Wash.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof (Month) 1 (Day) 22 (Year) 44
(c) Place: Lewiston, Ida.
18. Funeral Director's **OWN** Signature A. H. Merchant
and Address Clarkston, Wash.
19. (a) 1/22/44 (Date received and filed) (b) Margaret Cassa (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) January 19 19 44
at 9 o'clock P M.

21. I **HEREBY CERTIFY**, That I attended deceased from Jan 16 1944 to Jan 19 1944
I last saw her alive on Jan 16 1944; 19 ____; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Bronchopneumonia	3 days
Due to	
Due to	
Other conditions Senility	
(Include pregnancy within 3 months of death)	

Where was disease contracted? Wash.
Name of operation none Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19 ____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's **OWN** Signature Paul W. Johnson (M. D. or other)
and Address Lewiston Date 1-21 19 44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

FEB 14 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137531
Local Reg. No. 24
Reg. Dist. No. 220

1. **PLACE OF DEATH:**
(a) County Nez Perce
(b) City or town Lewiston
(c) Street Address or R. F. D. No. 730-11th St
(d) Death Occurred Inside? ✓ Outside? ____ city or town
(e) Died in a Home ✓ Hospital __ Institution __ Other place __
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 30 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Nez Perce
(c) City or town Lewiston
(d) Street Address or R. F. D. No. 730-11th St
(e) Deceased lived Inside? ✓ Outside? ____ city or town
(f) Citizen of what country? U. S. A.
(g) How long had deceased lived in Idaho? 42 years
(h) Former residence (city, state) ____

3. (a) **FULL NAME** Jessie Edwards 94a

3. (b) If veteran, name war —
3. (c) Social Security No. 519-24-8487
4. Sex Female
5. Color or race white
6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife Louis
6. (c) Age of husband or wife if alive — years
7. Date of Birth (Month, Day, Year) 11-17-1886

8. AGE	Years	Months	Days	If less than 1 day
	57	2	4	hrs min.

9. Exact Occupation Housewife Did this work for ____ yrs.
10. Industry or Business ____ Date last worked 10/29/43
11. Birthplace Garden Grove, Iowa (City or town) (State or foreign country)
Father
12. Name Charles E Knapp
13. Birthplace Ohio (City or town) (State or foreign country)
Mother
14. Maiden name Hettie Huffman
15. Birthplace Clark Co, Iowa (City or town) (State or foreign country)
16. Informant's OWN Signature William J. Edwards
and Address Lewiston, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof ____ (Month) (Day) (Year)
(c) Place: Lewiston, Idaho
18. Funeral Director's OWN Signature Vincent V. Vassar
and Address Lewiston, Idaho
19. (a) 1/27/44 (Date received and filed) (b) Margaret Vassar (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 1-21 1944
at 8:30 o'clock a. M.
21. **I HEREBY CERTIFY,** That I attended deceased from Jan 19 1944, to Jan 21 1944
I last saw her alive on Jan 20 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Coronary Occlusion	2 days
Due to Hypertension	5 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted? Lewiston Idaho	
Name of operation — Date	
Major finding ✓	
Finding of autopsy none made	

Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature E. G. Braddock MD (M. D. or other)
and Address Lewiston Idaho Date 1-27 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Brad

137539

United States
Department of Commerce
Bureau of the Census

FEB 14 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 30
Reg. Dist. No. 220

1. **PLACE OF DEATH:**
   (a) County NezPerce
   (b) City or town Lewiston
   (c) Street Address or R. F. D. No. 216-21 St.
   (d) Death Occurred Inside? X Outside? ____ city or town
   (e) Died in a Home X Hospital ____ Institution ____ Other place ____
   (f) Name Hosp. or Inst. ____ Stayed ____ days
   (g) Lived in this county 48 years ____ months ____ days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County NezPerce
   (c) City or town Lewiston
   (d) Street Address or R. F. D. No. 216-21 St.
   (e) Deceased lived Inside? X Outside? ____ city or town
   (f) Citizen of what country? U. S.
   (g) How long had deceased lived in Idaho? 48 years
   (h) Former residence (city, state) ____

3. (a) **FULL NAME** Alice L. Parkins

46 b

3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife ____
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) March 12, 1860

8. AGE	Years	Months	Days	If less than 1 day
	83	10	11	hrs min.

9. Exact Occupation Home — Did this work for ____ yrs.
10. Industry or Business ____ — Date last worked ____
11. Birthplace Peora, (City or town) Ill. (State or foreign country)

Father
12. Name John Huffman
13. Birthplace (City or town) Penn. (State or foreign country)

Mother
14. Maiden name Margrett Parkins
15. Birthplace (City or town) Ill. (State or foreign country)

16. Informant's OWN Signature Mrs Dollie Larson
and Address Lewiston, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/25/44 (Month) (Day) (Year)
(c) Place: Lewiston, Idaho
18. Funeral Director's OWN Signature Brower-Wann By R.F. Malcom
and Address Lewiston, Idaho
19. (a) 2/5/44 (Date received and filed) (b) Margaret Vassar (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Jan, 23 1944
at 4:30 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from 1-1 1944 to 1-23 1944
I last saw her alive on 1-23 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cancer of Stomach	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation ____ Date ____	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? no Suicide? no Homicide? no
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature John W. Colley (M. D. or other)
and Address ____ Date ____ 19__
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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United States
Department of Commerce
Bureau of the Census

FEB 14 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 29
Reg. Dist. No. 221

1. **PLACE OF DEATH:**
(a) County Nez Perce
(b) City or town Lewiston
(c) Street Address or R. F. D. No. 323 3rd, Avenue
(d) Death Occurred Inside? In Outside? ____ city or town
(e) Died in a Home # Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 35 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Nez Perce
(c) City or town Lewiston
(d) Street Address or R. F. D. No. 323 3rd, Avenue
(e) Deceased lived Inside? In Outside? ____ city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 42 years
(h) Former residence (city, state) ____

3. (a) **FULL NAME** George Edgar Beckman

94a

3. (b) If veteran, name war None
3. (c) Social Security No. ____
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Kathryn
6. (c) Age of husband or wife if alive 54 years
7. Date of Birth (Month, Day, Year) April 3rd, 1881

8. AGE	Years	Months	Days	If less than 1 day
	62	9	23	hrs ____ min. ____

9. Exact Occupation Retired merchant. Did this work for ____ yrs.
10. Industry or Business ____ Date last worked ____
11. Birthplace Wahoo (City or town) Nebraska (State or foreign country)

Father
12. Name George Beckman
13. Birthplace ____ (City or town) Germany (State or foreign country)

Mother
14. Maiden name Not known
15. Birthplace ____ (City or town) Germany (State or foreign country)

16. Informant's OWN Signature Kathryn A. Beckman and Address Lewiston, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/29/1944 (Month) (Day) (Year)
(c) Place: Lewiston, Idaho
18. Funeral Director's OWN Signature Brower-Wann Co. By H B Wann and Address Lewiston, Idaho
19. (a) 2/5/44 (Date received and filed) (b) Margaret Vassar (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) January 26th, 44 19____
at ____ o'clock ____ M.

21. **I HEREBY CERTIFY,** That I attended deceased from Jan 19 44, to Jan 26 1944
I last saw h er alive on Jan 26 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Coronary occlusion	1 week.
Due to Arterio sclerosis	5 yrs.
Due to ____	____
Other conditions Paralysis Agitans (Include pregnancy within 3 months of death)	5 yrs

Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's OWN Signature E. L. White M.D (M. D. or other)
and Address Lewiston Ida Date 1-31 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

FEB 14 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137534
Local Reg. No. 25
Reg. Dist. No. 220

1. **PLACE OF DEATH:**
(a) County Nez Perce
(b) City or town Lewiston
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home __ Hospital X Institution __ Other place __
(f) Name Hosp. or Inst. St. Joseph Stayed 60 days
(g) Lived in this county 10 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Nez Perc
(c) City or town Lewiston
(d) Street Address or R. F. D. No. 1413-13th Ave.
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 10 years
(h) Former residence (city, state)

3. (a) FULL NAME Clara Shildts 97

3. (b) If veteran, name war ---------
3. (c) Social Security No. ----------
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife John
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) 9-7-1865

8. AGE	Years	Months	Days	If less than 1 day
	78	4	21	hrs min.

9. Exact Occupation housewife Did this work for ____ yrs.
10. Industry or Business at home Date last worked
11. Birthplace (City or town) Ohio (State or foreign country)
Father
12. Name Thomas S. Green
13. Birthplace (City or town) no record (State or foreign country)
Mother
14. Maiden name Nancy C. Hurdle
15. Birthplace (City or town) No record (State or foreign country)
16. Informant's OWN Signature Thomas L. Lukens
and Address Lewiston, Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 2-1-44 (Month) (Day) (Year)
(c) Place: Lewiston, Idaho
18. Funeral Director's OWN Signature Vincent V. Vassar
and Address Lewiston, Idaho
19. (a) 2/3/44 (Date received and filed) (b) Margaret Vassar (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) January 29, 1944
at 10:00 o'clock a.M.
21. **I HEREBY CERTIFY,** That I attended deceased from Jan 1938, to January 29, 1944
I last saw her alive on ____ 19__; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Acute Pulmonary Edema	1 day
Due to Arterio s Clerosis	5 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? Lewiston Idaho
Name of operation none Date
Major finding
Finding of autopsy none made

Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury
23. Attendant's OWN Signature E. G. Braddock MD (M. D. or other)
and Address Lewiston Idaho Date 2-3 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

137535

United States
Department of Commerce
Bureau of the Census

FEB 14 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137535
Local Reg. No. 26
Reg. Dist. No. 220

1. **PLACE OF DEATH:**
(a) County Nez Perce
(b) City or town Lewiston
(c) Street Address or R. F. D. No. 1202-N St.
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home X Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 39 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Nez Perc
(c) City or town Lewiston
(d) Street Address or R. F. D. No. 1202-N St.
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 39 years
(h) Former residence (city, state) ____

3. (a) **FULL NAME** Dolores Gwendoline Bedwell

951

3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex female
5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Lloyd H.
6. (c) Age of husband or wife if alive 39 years
7. Date of Birth (Month, Day, Year) 1-29-1905

8. AGE	Years	Months	Days	If less than 1 day
	39		2	hrs ____ min. ____

9. Exact Occupation housewife — Did this work for ____ yrs.
10. Industry or Business at home — Date last worked ____
11. Birthplace Stites, Idaho (City or town) (State or foreign country)

Father
12. Name Fred Huffman
13. Birthplace Little Beaver, Missouri (City or town) (State or foreign country)

Mother
14. Maiden name Constance Brown
15. Birthplace Minnesota (City or town) (State or foreign country)

16. Informant's OWN Signature L. H. Bedwell
and Address Lewiston, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-5-44 (Month) (Day) (Year)
(c) Place: Burial Lewiston, Idah
18. Funeral Director's OWN Signature Minnie V. Vassar
and Address Lewiston, Idaho
19. (a) 2/3/44 (Date received and filed) (b) Margaret Vassar (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) January 31, 1944 19____
at 10:30 o'clock a. M.

21. **I HEREBY CERTIFY,** That I attended deceased from 1-20 19 44, to 1-31 19 44
I last saw h alive on 1-30 19 44 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Coronary Occlusion	Instant
Due to Rheumatic Heart Disease	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's OWN Signature Walter C. McWilliams (M. D. or other)
and Address Lewiston, Ida. Date 2-2 19 44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

FEB 14 1944

Certificate Of Death

STATE OF IDAHO

State File No. 137536
Local Reg. No. 28
Reg. Dist. No. 220

1. **PLACE OF DEATH:**
(a) County Nezperce
(b) City or town Lewiston
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? X Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Ins St Joseph Stayed days
(g) Lived in this county years months 3 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Wash (b) County Asotin
(c) City or town Clarkston
(d) Street Address or R.F.D. No. 437 - 11th St
(e) Deceased lived Inside? # Outside? city or town
(f) Citizen of what country? U.S. of America
(g) How long had deceased lived in Idaho? 3 Days years
(h) Former residence (city, state)

3. (a) **FULL NAME** Charles S. Puntenney 61

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Ida M. Smith
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Sept 29, 1856

8. AGE	Years	Months	Days	If less than 1 day
	87	4	2	hrs min.

9. Exact Occupation Did this work for yrs.
10. Industry or Business Retired Merchant Date last worked 1914
11. Birthplace Rockford Co. Indiana (City or town) (State or foreign country)
Father
12. Name Not Known
13. Birthplace Not Known (City or town) (State or foreign country)
Mother
14. Maiden name Not Known
15. Birthplace Not Known (City or town) (State or foreign country)
16. Informant's **OWN** Signature [signature]
and Address Clarkston, Wash.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 1/31/44 (Month) (Day) (Year)
(c) Place: Clarkston, Wash.
18. Funeral Director's **OWN** Signature [signature]
and Address Clarkston, Wash.
19. (a) 2/4/44 (Date received and filed) (b) Margaret Vassar (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) January 31 1944
at 8:10 A o'clock A M.
21. **I HEREBY CERTIFY**, That I attended deceased from Sept. 1942, to Jan. 1944
I last saw him alive on 1-30 1944; death is said to have occurred on the date and hour stated above.
Immediate Cause of Death: Hemiplegia — Duration 24 hours
Due to Arteriosclerotic Heart
Due to
Other conditions Diabetes
(Include pregnancy within 3 months of death)
Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature Walter C. McWilliams (M. D. or other)
and Address Lewiston Ida Date 2-4 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

FEB 14 1944

Certificate Of Death

STATE OF IDAHO

State File No. 137527
Local Reg. No. 27
Reg. Dist. No. 220

1. **PLACE OF DEATH:**
   (a) County Nezperce
   (b) City or town Lewiston, Ida.
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? X Outside? city or town
   (e) Died in a Home Hospital X Institution Other place
   (f) Name Hosp. or Inst. St Joseph Stayed 7 days
   (g) Lived in this county years months 18 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Wash. (b) County Asotin
   (c) City or town Clarkston, Wash.
   (d) Street Address or R.F.D. No. 515-11th St
   (e) Deceased lived Inside? X Outside? city or town
   (f) Citizen of what country? U.S. of America
   (g) How long had deceased lived in Idaho? 18 Days ~~years~~
   (h) Former residence (city, state)

3. (a) **FULL NAME** Adelia Mary Nugent 61

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife James Nugent
6. (c) Age of husband or wife if alive 69 years
7. Date of Birth (Month, Day, Year) March 15, 1882

8. AGE	Years	Months	Days	If less than 1 day
	61	10	16	hrs min.

9. Exact Occupation Housewife Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace CouseCreek, AsotinCo. Wash. (City or town) (State or foreign country)

Father
12. Name John Flock
13. Birthplace Knox County Indiana (City or town) (State or foreign country)

Mother
14. Maiden name Ruth Clark
15. Birthplace Illinois (City or town) (State or foreign country)

16. Informant's **OWN** Signature James Nugent
and Address Clarkston, Wash.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place Clarkston St Mechanic 1/31/44
18. Funeral Director's **OWN** Signature
and Address Clarkston, Wash.
19. (a) 2/4/44 (Date received and filed) (b) Margaret Vassar (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Jan 31 1944
at 4 o'clock PM.
21. **I HEREBY CERTIFY,** That I attended deceased from 1942, to Jan 31 1944
I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Chronic nephritis	years
and Diabetes mellitus	years
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation Date	
Major finding	
Finding of autopsy	

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature Paul W Johnson (M. D. or other)
and Address Lewiston Ida Date 2-1-1944
(For additional space, use reverse side)

United States
Department of Commerce
Bureau of the Census

FEB 9 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137538
Local Reg. No. 1
Reg. Dist. No. 530

1. **PLACE OF DEATH:**
(a) County Oneida
(b) City or town Malad
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 15 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Utah (b) County Cache
(c) City or town Logan
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? 15 years
(h) Former residence (city, state)

3. (a) **FULL NAME** Sigrid Louise Larson Benson 95C

3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Female
5. Color or race Wht.
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Joseph Benson
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) January 30 1871

8. AGE	Years	Months	Days	If less than 1 day
	72	11	5	hrs min.

9. Exact Occupation Housewife Did this work for 51 yrs.
10. Industry or Business Own Home Date last worked Oct 1942
11. Birthplace Svedborg Sweden (City or town) (State or foreign country)
Father
12. Name Ola Larson
13. Birthplace Sweden (City or town) (State or foreign country)
Mother
14. Maiden name Johannah
15. Birthplace Sweden (City or town) (State or foreign country)
16. Informant's OWN Signature Mrs Don L. Peck
and Address Malad Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Jan 7 1944 (Month) (Day) (Year)
(c) Place: Logan Utah
18. Funeral Director's OWN Signature J. Guy Benson
and Address Malad Idaho
19. (a) Jan 6. 1944 (Date received and filed) (b) J. Guy Benson (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) January 4 1944
at 2:00 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 19 , to Jan 4 1944
I last saw her alive on Jan 1 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Collapsed most likely heart	2 hours
Due to	
Due to apoplexy 1942	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature O. H. Mabry (M. D. or other)
and Address Malad Date 1-5 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 13753
Local Reg. No. 65
Reg. Dist. No. 392

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. PLACE OF DEATH:
(a) County Owyhee
(b) City or town Homedale
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? ✓ Outside? city or town
(e) Died in a Home ✓ Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 38 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Owyhee
(c) City or town Homedale Idaho
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Outside? ✓ city or town
(f) If foreign born, in U. S. yrs. Citizen of U. S.?
(g) How long had deceased lived in Idaho? 38 years
(h) Former residence (city, state)

3. (a) **FULL NAME** Mary Jane Cowan 92d

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F race W
5. Color or race
6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife L B
6 (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) 4-19-1854

8. AGE	Years	Months	Days	If less than 1 day hrs	min.
	89	8	12		

9. Exact Occupation — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace Peoria Ill (City or town) (State or foreign country)

Father
12. Name Thomas Stephens
13. Birthplace England (City or town) (State or foreign country)

Mother
14. Maiden name Rebeccah Hall
15. Birthplace Kentucky (City or town) (State or foreign country)

16. Informant's **OWN** Signature Floyce C. Bolton
and Address Homedale Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-4-44 (Month) (Day) (Year)
(c) Place: Wilder
18. Funeral Director's **OWN** Signature V. Peckham
and Address Caldwell Idaho
19. (a) 1-10-44 (Date received and filed) (b) Helen M Davis (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) January 1st 1944
at o'clock M.

21. **I HEREBY CERTIFY,** That I attended deceased from 12/26 1943, to 12/31 1943
I last saw her alive on Dec. 31 1943; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Influenza — Duration
Due to Infection
Due to
Other conditions Mitral lesion Heart
(Include pregnancy within 3 months of death)
Where was disease first contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature H. H. Cooper M.D.
and Address Homedale, Idaho (M. D. or other) Date 1/3/ 1944
(For additional space, use reverse side)

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137540
Local Reg. No. 56
Reg. Dist. No. 392

1. PLACE OF DEATH:
(a) County Owyhee
(b) City or town Homedale
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? ✓ Outside? city or town
(e) Died in a Home ✓ Hospital Institution Other place
(f) Name Hosp. or Inst. Dawn Nursing Home Stayed 8 days
(g) Lived in this county years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Owyhee
(c) City or town Homedale
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? ✓ Outside? city or town
(f) If foreign born, in U. S. yrs. Citizen of U. S.?
(g) How long had deceased lived in Idaho? years
(h) Former residence (city, state) Kansas

3. (a) **FULL NAME** Louie May Taylor ~~Mrs May~~ 336

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Edgar
6 (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) 4-12-1881

8. AGE	Years	Months	Days	If less than 1 day
	62	8	21	hrs min.

9. Exact Occupation
Did this work for yrs.
10. Industry or Business
Date last worked
11. Birthplace Gorham (City or town) Kansas (State or foreign country)
Father
12. Name Wm Bushoff
13. Birthplace England (City or town) (State or foreign country)
Mother
14. Maiden name Not Known
15. Birthplace England (City or town) (State or foreign country)
16. Informant's **OWN** Signature Edgar Taylor
and Address Homedale
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-8-43 (Month) (Day) (Year)
(c) Place: Caldwell Idaho
18. Funeral Director's **OWN** Signature [illegible] Chohan
and Address Caldwell Idaho
19. (a) 1-10-44 (Date received and filed) (b) Helen McDaw (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) January 3, 1944 19
at 9 25 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from 12-26 1943, to 1-3 1944
I last saw her alive on 1-2 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Influenza	
Due to Infection & Chronic Empyemia	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease first contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature [illegible] Cooper M D (M. D. or other)
and Address Homedale, Idaho Date 1/3 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137541
Local Reg. No. 67
Reg. Dist. No. 392

1. **PLACE OF DEATH:**
(a) County Owyhee
(b) City or town Homedale
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? city or town
(e) Died in a Home Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 5 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Owyhee
(c) City or town Homedale
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Outside? city or town
(f) If foreign born, in U. S. yrs. Citizen of U. S.?
(g) How long had deceased lived in Idaho? 5 years
(h) Former residence (city, state) Nev.

3. (a) **FULL NAME** Claris Mc Cutcheon 61

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F race W
5. Color or
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Willard
6 (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) April 2 1915

8. AGE	Years	Months	Days	If less than 1 day
	28	9	9	hrs min.

9. Exact Occupation Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Mesquite Nev. (City or town) (State or foreign country)

Father
12. Name Samuel E Leavitt
13. Birthplace Bunkersville Nev. (City or town) (State or foreign country)

Mother
14. Maiden name Clarissa Hughes
15. Birthplace Mesquite Nev. (City or town) (State or foreign country)

16. Informant's **OWN** Signature C O Glass
and Address Homedale Ida.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-15-44 (Month) (Day) (Year)
(c) Place: Wilder
18. Funeral Director's **OWN** Signature V Peckham
and Address Caldwell Idaho
19. (a) 1-17-44 (Date received and filed) (b) Helen M Davis (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 1-11 1944
at 9 o'clock a M.

21. I ~~HEREBY~~ **CERTIFY**, That I attended deceased from Feb 1 1939, to 1-11 1944
I last saw h E S alive on 3-9 1943; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Acute Dilitation of heart.	95 c 4
932 Chronic Myocarditis.	
Due to Chronic Neuritis	131 L
Chronic Sinusitis.	
Due to Labells. 61	
Other conditions Bronchitis. (Include pregnancy within 3 months of death)	336

Where was disease first contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature Samuel A Swayne M.D (M. D. or other)
and Address Nampa, Ida. Date 1-12-1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Parkview Cemetery

United States
Department of Commerce
Bureau of the Census

FEB 2 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137542
Local Reg. No. 2
Reg. Dist. No. 3-331

1. **PLACE OF DEATH:**
   (a) County Payette
   (b) City or town New Plymouth
   (c) Street Address or R. F. D. No. West Boulevard
   (d) Death Occurred Inside? # Outside? city or town
   (e) Died in a Home # Hospital Institution Other place
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county 30 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Payette
   (c) City or town New Plymouth
   (d) Street Address or R. F. D. No. West boulevard
   (e) Deceased lived Inside? # Outside? city or town
   (f) Citizen of what country? U S A
   (g) How long had deceased lived in Idaho? 30 years
   (h) Former residence (city, state) Sylvian Grove Kansas

1316

3. (a) FULL NAME Charles Linder.

3. (b) If veteran, name war ---------

3. (c) Social Security No. 518-18-4829

4. Sex male

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or Edna Florence Linder

6. (c) Age of husband or wife if alive 56 years

7. Date of Birth (Month, Day, Year) July 29 1885

8. AGE	Years	Months	Days	If less than 1 day
	58	7	26	hrs min.

9. Exact Occupation Barber — Did this work for 40 yrs.

10. Industry or Business Barber Shopp — Date last worked Sept-1942

11. Birthplace Sylvian Grove (City or town) Kansas. (State or foreign country)

Father
12. Name Wm Linder.
13. Birthplace Kirksville (City or town) Missouri (State or foreign country)

Mother
14. Maiden name Sarah Linder
15. Birthplace Kirksville (City or town) Missouri (State or foreign country)

16. Informant's OWN Signature Mrs Chas Linder
and Address New Plymouth, Idaho.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 1-7-1944 (Month) (Day) (Year)
(c) Place: New Plymouth, Idaho

18. Funeral Director's OWN Signature Elick Linder
and Address Payette, Idaho

19. (a) 1/8/1944 (Date received and filed) (b) J. C. Woodward (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Jan 5, 1944
at 1:15 o'clock P M.

21. **I HEREBY CERTIFY,** That I attended deceased from Nov 7, 1943, to Jan 5, 1944
I last saw him alive on Jan 5 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Uremia 1322	2 months
Due to Chronic nephritis 1316	2 yrs.
Due to	
Other conditions (Include pregnancy within 3 months of death) Hypertension. One kidney removed	3 yrs
Where was disease contracted?	PHYSICIAN
Name of operation Date	
Major finding	
Finding of autopsy	

Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's OWN Signature Geo. E. Davis M D (M. D. or other)
and Address New Plymouth Ida. Date Jan 5 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

FEB 2 1944

State File No. 13723
Local Reg. No. 3-337
Reg. Dist. No. 1

1. **PLACE OF DEATH**
(a) County Payette
(b) City or town New Plymouth
(c) Street Address or R. F. D. No. ✓
(d) Death Occurred Inside? ..... Outside? ✓ city or town
(e) Died in a Home ✓ Hospital ... Institution ... Other place ...
(f) Name Hosp. or Inst. ✓ Stayed ..... days
(g) Lived in this county 33 years 5 months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Payette
(c) City or town New Plymouth
(d) Street Address or R. F. D. No. ✓
(e) Deceased lived Inside? ..... Outside? ✓ city or town
(f) If foreign born, in U. S. Canada yrs. Citizen of U. S.? Yes
(g) How long had deceased lived in Idaho? 33 yrs years
(h) Former residence (city, state) Canada

3. (a) **FULL NAME** Ella Jane Kvamme

46E

3. (b) If veteran, name war ..... 3. (c) Social Security No. ✓

4. Sex Female 5. Color or race ✓ 6. (a) Single, widowed, married, divorced .....

6. (b) Name of husband or wife Jacob Kvamme 6 (c) Age of husband or wife if alive 68 years

7. Date of Birth (Month, Day, Year) May 14 1874

8. AGE	Years	Months	Days	If less than 1 day hrs	min.
	69	8	8		

9. Exact Occupation Housewife Did this work for ..... yrs.

10. Industry or Business ✓ Date last worked .....

11. Birthplace Parkland (City or town) Ontario (State or foreign country) Canada

Father
12. Name —
13. Birthplace ✓ (City or town) (State or foreign country)

Mother
14. Maiden name ~~Ella Jane McLeod~~
15. Birthplace (City or town) (State or foreign country)

16. Informant's **OWN** Signature Viola Sheldon
and Address New Plymouth Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1 9 44 (Month) (Day) (Year)
(c) Place: Payette - Roosdale

18. Funeral Director's **OWN** Signature F. K. Robeson
and Address Nampa Ida.

19. (a) 1/7/1944 (Date received and filed) (b) J. C. Woodward (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Jan 6 1944
at 4:00 o'clock A.M.

21. I **HEREBY CERTIFY**, That I attended deceased from Nov. 30 1943 to Jan. 6 1944
I last saw h.. alive on Jan. 5 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: 46F	Duration
Metastatic carcinoma of liver	one year
Due to Carcinoma of colon 46E	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease first contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature Geo. E. Davis M.D. (M. D. or other)
and Address New Plymouth Ida. Date Jan. 7 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

137544

United States
Department of Commerce
Bureau of the Census

FEB 2 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 3
Reg. Dist. No. 3-330

1. **PLACE OF DEATH:**
(a) County Payette
(b) City or town Payette
(c) Street Address or R. F. D. No. 1536 2nd Ave So
(d) Death Occurred Inside? # Outside? city or town
(e) Died in a Home # Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 38 years 10 months 13 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Payette
(c) City or town Payette
(d) Street Address or R. F. D. No. 1536 2nd Ave So
(e) Deceased lived Inside? # Outside? city or town
(f) Citizen of what country? U S A
(g) How long had deceased lived in Idaho? 38 years
(h) Former residence (city, state) Laurens, Iowa

3. (a) FULL NAME Mrs. Nancy Olive Farson. 93d

3. (b) If veteran, name war --------
3. (c) Social Security No. --------
4. Sex female 5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or J.W. Farson
6. (c) Age of husband or wife if alive 83 years
7. Date of Birth (Month, Day, Year) August 29 1867

8. AGE	Years	Months	Days	If less than 1 day
	76	4	21	hrs min.

9. Exact Occupation at home Did this work for 59 yrs.
10. Industry or Business Home Date last worked 1-12-44
11. Birthplace Poke City (City or town) Iowa (State or foreign country)
Father
12. Name William Clanton.
13. Birthplace -------- (City or town) Missouri. (State or foreign country)
Mother
14. Maiden name Hannah Leveridge.
15. Birthplace ---------- (City or town) (State or foreign country)
16. Informant's OWN Signature Dotha F. Lynd
and Address 341 - I.T. Presidio of S.F. Cal.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 1-23-1944 (Month) (Day) (Year)
(c) Place: Payette, Idaho.
18. Funeral Director's OWN Signature Edith Landon.
and Address Payette, Idaho
19. (a) 1/25/1944. (Date received and filed) (b) J.C. Woodward (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) January 20 1944 19
at 8:30 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from Jan 19 1944, to Jan 20 1944
I last saw her alive on Jan 19 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Myocardial failure	
Due to Chronic myocarditis	93d
97 arteriosclerosis, senility	
Due to asthma, influenza	33b
Other conditions 112 (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature R. Woodward Jr. M.D. (M. D. or other)
and Address Payette, Idaho Date 1-22 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Riverside Cemetery

137545

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

FEB 2 1944

State File No. ____
Local Reg. No. 4
Reg. Dist. No. 3-330

1. **PLACE OF DEATH:**
(a) County Payette
(b) City or town Payette
(c) Street Address or R. F. D. No. 741 7th Ave N.
(d) Death Occurred Inside? # Outside? ____ city or town
(e) Died in a Home / Hospital ___ Institution ___ Other place ___
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 12 years 2 months 25 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Payette
(c) City or town Payette
(d) Street Address or R. F. D. No. 741 7th ave n
(e) Deceased lived Inside? # Outside? ____ city or town
(f) Citizen of what country? USA
(g) How long had deceased lived in Idaho? 12 years
(h) Former residence (city, state) Cambridge, Ida.

3. (a) **FULL NAME** Eugene Joseph Stillings (alias Hoseph James Wright) 932

3. (b) If veteran, name war Navy Philippine
3. (c) Social Security No. 519-16-6778
5. Color or race white
6. (a) Single, widowed, married, divorced married
4. Sex male
6. (b) Name of husband or wife Elsie Stillings
6. (c) Age of husband or wife if alive 63 years
7. Date of Birth (Month, Day, Year) December 18 1885

8. AGE	Years	Months	Days	If less than 1 day
	58	5	8	hrs ____ min. ____

9. Exact Occupation electrician — Did this work for 15 yrs.
10. Industry or Business ____ — Date last worked 1938
11. Birthplace Zealand (City or town) New Hampshire (State or foreign country)
Father 12. Name Notknown
Father 13. Birthplace Notknown (City or town) (State or foreign country)
Mother 14. Maiden name Notknown
Mother 15. Birthplace Notknown (City or town) (State or foreign country)
16. Informant's OWN Signature Elsie Stillings
and Address Payette, Idaho.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 12-30-1944 (Month) (Day) (Year)
(c) Place: Payette, Idaho.
18. Funeral Director's OWN Signature ____
and Address Payette, Idaho.
19. (a) 1/27/1944 (Date received and filed) (b) J. C. Woodward (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) January 26 1944 19____ at 5:30 A. M. o'clock ____ M.

21. **I HEREBY CERTIFY,** That I attended deceased from Nov 8 1943, to Jan 26 1944
I last saw him alive on Jan 25 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Myocardial failure	
Due to Chronic Myocarditis	932
Due to Cardiac asthma	
Due to 95 & 2	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's OWN Signature R. Woodward M. D.
and Address Payette, Idaho Date January 27 1944 19____ (M. D. or other)
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

JOINT AFFIDAVIT

STATE OF IDAHO)
)SS
PAYETTE COUNTY)

Edith Landon, a regularly licensed Undertaker, owning and conducting an establishment at Payette, Idaho, and

Richard Woodward, M.D., a duly licensed and practicing Physician at Payette, Idaho;-

Each being severally sworn upon their oath, says:

They were well and personally acquainted with the late Joseph James Wright who died in Payette, January 26, 1944. We know of our own knowledge that he was also known by the name of Eugene Joseph Stillings, under which name he had served in the Armed Military Forces of the United States and that he received pension benefits under this name. We know that Joseph James Wright and Eugene Joseph Stillings was one and the same person. We knew him for some years prior to his decease.

Therefore, we request that the Death Certificate No.13754 on the death of Eugene Joseph Stillings be amended to show the name of Joseph James Wright in order to be complete.

(Signed) Edith Landon

(Signed) Richard Woodward, M.D.

Subscribed and sworn to before me this 4th day of March, 1944.

(Signed) W M Clark
Notary Public for Idaho
My Commission expires 7-5-44

JAN 31 1944

JAN 3

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137546
Local Reg. No. 2
Reg. Dist. No. 500

1. **PLACE OF DEATH:**
(a) County Power
(b) City or town Rockland, Idaho
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home X Hospital __ Institution __ Other place __
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 14 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Power
(c) City or town Rockland, Idaho
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? U. S.
(g) How long had deceased lived in Idaho? 30 years
(h) Former residence (city, state) Missouri

3. (a) **FULL NAME** William Johnson 178C

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Not known
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) July 24 1865

8. AGE	Years	Months	Days	If less than 1 day
	78	5	20	hrs min.

9. Exact Occupation Laborer — Did this work for ____ yrs.
10. Industry or Business ____ Date last worked ____
11. Birthplace Missouri (City or town) (State or foreign country)
Father
12. Name Not known
13. Birthplace " " (City or town) (State or foreign country)
Mother
14. Maiden name Not known
15. Birthplace " " (City or town) (State or foreign country)
16. Informant's **OWN** Signature Irvin Moss
and Address Rockland, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 18 1944 (Month) (Day) (Year)
(c) Place: Rockland, Idaho
18. Funeral Director's **OWN** Signature H L Davis
and Address American Falls, Idaho
19. (a) Jan 19 - 1944 (Date received and filed) (b) Irene Daling (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Jan 14 - 1944
at ? o'clock P. M.
21. **I HEREBY CERTIFY,** That I ~~attended~~ ~~deceased from~~ Found Dead 19__, to ____ 19__
I last saw h____ alive on ____ 19__; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Carbon dioxide — monoxide gas?
Due to
Due to Heating
Other conditions
(Include pregnancy within 3 months of death)
Where was disease contracted?
Name of operation ____ Date ____
Major finding
Finding of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? XX Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state
where violence occurred
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury
23. Attendant's **OWN** Signature V. G. Logan M.D. (M. D. or other)
and Address American Falls Date 1-17 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

137547

United States
Department of Commerce
Bureau of the Census

FEB 14 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 26
Reg. Dist. No. 511

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
   (a) County Power
   (b) City or town AAB, Pocatello, Idaho
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? X Outside? ____ city or town
   (e) Died in a Home ____ Hospital ____ Institution ____ Other place X
   (f) Name Hosp. or Inst. None Stayed ____ days
   (g) Lived in this county 0 years 1 months 10 days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Arkansas (b) County
   (c) City or town Olyphant
   (d) Street Address or R. F. D. No. Unknown
   (e) Deceased lived Inside? X Outside? ____ city or town
   (f) Citizen of what country? U.S.
   (g) How long had deceased lived in Idaho? 1yr3mos ~~yrs~~
   (h) Former residence (city, state)

3. (a) **FULL NAME** GILLUM, LEON C. Sgt 18166931

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3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) January 20, 1923

8. AGE	Years	Months	Days	If less than 1 day
	20	11	16	hrs ____ min.

9. Exact Occupation Soldier — Did this work for 1yr3mos ~~yrs~~
10. Industry or Business U.S. Army — Date last worked
11. Birthplace Olyphant, Arkansas (City or town) (State or foreign country)

Father
12. Name Unknown
13. Birthplace Unknown (City or town) (State or foreign country)

Mother
14. Maiden name Ollie
15. Birthplace Olyphant, Arkansas (City or town) (State or foreign country)

16. Informant's OWN Signature Army Records
and Address Sta Hosp, AAB, Pocatello, Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 1-16-44 (Month) (Day) (Year)
(c) Place: Olphant, Arkansas
18. Funeral Director's OWN Signature Arthur M Hall
and Address Pocatello Ida
19. (a) 1-19-1944 (Date received and filed) (b) [signature] Deputy (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) January 16 1944
at ____ o'clock ____ M.

21. **I HEREBY CERTIFY,** That I attended deceased from ____ 19____, to ____ 19____
I last saw h____ alive on ____ 19____; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Hemorrhage and Shock	1/16/44
Due to Ruptured spleen and difused hemorrhage of lungs	1/16/44
Due to Aircraft Accident	
Other conditions Fractured left humerus	
(Include pregnancy within 3 months of death) Multiple contusions and lacerations	

Where was disease contracted?
Name of operation None Date
Major finding None
Finding of autopsy Ruptured spleen, difused hemorrhage of lungs

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Yes Suicide? ____ Homicide? ____
Occurred January 16 1944 City, county, state where violence occurred AAB, Power, Idaho
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury Aircraft Accident

23. Attendant's OWN Signature [signature] (M. D. or other)
and Address AAB, Pocatello Date Jan 17 1944
(For additional space, use reverse side)

137548

United States
Department of Commerce FEB 4 1944
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 3
Reg. Dist. No. 500

1. **PLACE OF DEATH:**
(a) County Power
(b) City or town American Falls
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. Schultz Mem. Stayed 33 days
(g) Lived in this county 30 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Power
(c) City or town Am. Falls Idaho
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? U.S.
(g) How long had deceased lived in Idaho? 30 years
(h) Former residence (city, state) N. Dakota

3. (a) **FULL NAME** Lydia Bauman Littlefield 181

3. (b) If veteran, name war No
3. (c) Social Security No. 519-24-2285
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Claude
6. (c) Age of husband or wife if alive 43 years
7. Date of Birth (Month, Day, Year) Sept. 22 - 1904

8. AGE	Years	Months	Days	If less than 1 day hrs min.
	39	3	24	

9. Exact Occupation Housewife Did this work for Life yrs.
10. Industry or Business Date last worked 12-14-'43
11. Birthplace Bismark (City or town) North Dakota (State or foreign country)
Father
12. Name Gus Bauman
13. Birthplace Russia (City or town) (State or foreign country)
Mother
14. Maiden name Margaret Dutt
15. Birthplace Russia (City or town) (State or foreign country)
16. Informant's OWN Signature Claude Littlefield
and Address American Falls, Idaho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan - 20-1944 (Month) (Day) (Year)
(c) Place: American Falls, Idaho
18. Funeral Director's OWN Signature H L Davis
and Address American Falls, Idaho.
19. (a) 1-20-1944 (Date received and filed) (b) Irene Saling (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Jan 16 1944
at 7:PM o'clock M.
21. **I HEREBY CERTIFY,** That I attended deceased from Dec 16 1943, to Jan. 16 1944
I last saw her alive on Jan 16 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: 181 Duration
Toxemia resulting from accidental burn 3rd degree abdomen & legs
Due to
Epileptic convulsion resulting in burn.
Due to 85
Other conditions
(Include pregnancy within 3 months of death)

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? X Suicide? Homicide?
Occurred 19 City, county, state
where violence occurred
Place of Violence: Home X Farm Industry
Public Place While at work?
Means of injury Stove & hot water.
23. Attendant's OWN Signature N H Farrell (M. D. or other)
and Address Am Falls Date 1-18 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

137549

United States
Department of Commerce
Bureau of the Census FEB 14 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 37
Reg. Dist. No. 511

1. **PLACE OF DEATH:**
(a) County Power
(b) City or town AAB, Pocatello, Idaho
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. Sta Hosp Stayed 1/3 days
(g) Lived in this county 0 years 1 months 17 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State New York (b) County Unknown
(c) City or town Brooklyn
(d) Street Address or R. F. D. No. 39 Auburn Place
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? U.S.
(g) How long had deceased lived in Idaho? 1½ mos ~~years~~
(h) Former residence (city, state)

3. (a) **FULL NAME** KAMPEL, ISADORE (NMI), 2nd Lt, 0-698124 173

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Evelyn
6. (c) Age of husband or wife if alive Unknown years
7. Date of Birth (Month, Day, Year) July 1, 1922

8. AGE	Years	Months	Days	If less than 1 day
	21	6	16	hrs min.

9. Exact Occupation Officer (Navigator) Did this work for 2 mos ~~yrs~~
10. Industry or Business U.S. Army Date last worked 1/16/44
11. Birthplace Unknown (City or town) (State or foreign country)
Father
12. Name Unknown
13. Birthplace Unknown (City or town) (State or foreign country)
Mother
14. Maiden name Unknown
15. Birthplace Unknown (City or town) (State or foreign country)
16. Informant's OWN Signature Army Records
and Address AAB, Sta Hosp, Pocatello, Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 1-18-44 (Month) (Day) (Year)
(c) Place: Brooklyn New York
18. Funeral Director's OWN Signature Arthur M Hall
and Address Pocatello Ida
19. (a) 1-18-1944 (Date received and filed) (b) D C Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) January 17 1944
at 10:25 MWT o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from January 16 1944, to January 17 1944
I last saw him alive on January 17 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Post Traumatic Shock	12 hrs
Due to Compression of extremities, abdomen, thorax and hemmorhage	3½ hrs
Due to Aircraft Accident	
Other conditions Multiple Lacerations (Include pregnancy within 3 months of death) and contusions	12 hrs

Where was disease contracted?
Name of operation Laporatomy Date 1/17/44
Major finding Paralytic
Finding of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Yes Suicide? Homicide?
Occurred 19 City, county, state where violence occurred AAB, Power, Idaho
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury Aircraft Accident
23. Attendant's OWN Signature F. C. Dunn Capt. (M. D. or other)
and Address AAB, Pocatello Date Jan 17 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

137550

United States
Department of Commerce
Bureau of the Census

FEB 14 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137550
Local Reg. No. 37
Reg. Dist. No. 54

1. **PLACE OF DEATH:**
   (a) County Power
   (b) City or town 3 miles S.W. AAB, Pocatello
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? ___ Outside? X city or town
   (e) Died in a Home ___ Hospital ___ Institution ___ Other place X
   (f) Name Hosp. or Inst. ___ Stayed ___ days
   (g) Lived in this county 0 years 1 months 15 days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Florida (b) County
   (c) City or town Tampa
   (d) Street Address or R. F. D. No. 5903 Trilby St.
   (e) Deceased lived Inside? X Outside? ___ city or town
   (f) Citizen of what country? U.S.
   (g) How long had deceased lived in Idaho? 2 mos. ~~years~~
   (h) Former residence (city, state)

3. (a) **FULL NAME** ALDERMAN, FREDERICK J. SGT. 34537399

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3. (b) If veteran, name war ___ 3. (c) Social Security No. ___
4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife ___ 6. (c) Age of husband or wife if alive ___ years
7. Date of Birth (Month, Day, Year) December 8, 1923

8. AGE	Years	Months	Days	If less than 1 day
	20	1	12	hrs ___ min.

9. Exact Occupation Soldier — Did this work for 1 yrs.
10. Industry or Business U.S. ARMY — Date last worked 1/20/44
11. Birthplace Tampa (City or town) Florida (State or foreign country)

Father
12. Name James A Alderman
13. Birthplace Unknown (City or town) (State or foreign country)

Mother
14. Maiden name Edna F
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's **OWN** Signature Army Records
and Address Sta Hosp, AAB, Pocatello, Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: Tampa, Florida
18. Funeral Director's **OWN** Signature Arthur M Hall
and Address Pocatello Ida
19. (a) 1-22-1944 (Date received and filed) (b) D C Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) January 20 1944
at 10:20 MWT o'clock A.M.
21. **I HEREBY CERTIFY,** That I attended deceased from ___ 19___, to ___ 19___
I last saw h___ alive on ___ 19___; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Shock and Hemorrhage	1/20/44
Due to Multiple fractures, lacerations and contusions	1/20/44
Due to Aircraft Accident	1/20/44
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? None
Name of operation None Date
Major finding None
Finding of autopsy None

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? X Suicide? ___ Homicide? ___
Occurred January 20 1944 City, county, state where violence occurred Power, Idaho
Place of Violence: Home ___ Farm ___ Industry ___
Public Place ___ While at work? Yes
Means of injury ___
23. Attendant's **OWN** Signature [illegible] M.D. (or other)
and Address AAB, Pocatello Date Jan 20 19 44
(For additional space, use reverse side)

137551

United States
Department of Commerce
Bureau of the Census

FEB 14 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 36
Reg. Dist. No. 67

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
   (a) County Power
   (b) City or town 3 miles S.W. AAB, Pocatello
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? Outside? X city or town
   (e) Died in a Home Hospital Institution Other place X
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county 0 years 1 months 15 days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Indiana (b) County
   (c) City or town Crawfordsville
   (d) Street Address or R. F. D. No. 803 Wayne Ave.
   (e) Deceased lived Inside? X Outside? city or town
   (f) Citizen of what country? U.S.
   (g) How long had deceased lived in Idaho? 2 mos. ~~years~~
   (h) Former residence (city, state)

3. (a) **FULL NAME** CLOUGH, JACK C. SGT. 15336023

173

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) November 18, 1922

8. AGE	Years	Months	Days	If less than 1 day
	21	2	2	hrs min.

9. Exact Occupation Soldier — Did this work for 1 yrs.
10. Industry or Business U.S. ARMY — Date last worked 1/20/44
11. Birthplace Crawfordsville (City or town) Indiana (State or foreign country)

Father
12. Name Unknown
13. Birthplace Unknown (City or town) (State or foreign country)

Mother
14. Maiden name Dorothy D
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's OWN Signature Army Records
and Address Sta Hosp, AAB, Pocatello, Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: Removal Crawfordsville, Indiana
18. Funeral Director's OWN Signature Kathryn M Hall
and Address Pocatello Ida
19. (a) 1-22-1944 (Date received and filed) (b) D C Roy (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) January 20 1944
at 10:20 MWT o'clock A M.

21. **I HEREBY CERTIFY,** That I attended deceased from 19 to 19
I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Shock and Hemorrhage	1/20/44
Due to Multiple fractures, lacerations and contusions	1/20/44
Due to Aircraft Accident	1/20/44
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? None
Name of operation None Date
Major finding None
Finding of autopsy None

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? X Suicide? Homicide?
Occurred January 20 1944 City, county, state where violence occurred Power, Idaho
Place of Violence: Home Farm Industry
Public Place While at work? Yes
Means of injury Aircraft Accident

23. Attendant's OWN Signature [signature] (M. D. or other)
and Address AAB, Pocatello Date Jan 20 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

FEB 14 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137552
Local Reg. No. 35
Reg. Dist. No. 3-1

1. **PLACE OF DEATH:**
(a) County Power
(b) City or town 3 miles S.W. AAB, Pocatello
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? x city or town
(e) Died in a Home Hospital Institution Other place x
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 0 years 1 months 15 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Wisconsin (b) County
(c) City or town Hurley
(d) Street Address or R. F. D. No. 305, 4th Ave.
(e) Deceased lived Inside? x Outside? city or town
(f) Citizen of what country? U. S.
(g) How long had deceased lived in Idaho? 2 mos. ~~years~~
(h) Former residence (city, state)

3. (a) **FULL NAME** HARRIES, DONALD W, 2nd Lt. O-698193 173

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) April 10, 1924

8. AGE	Years	Months	Days	If less than 1 day
	19	9	10	hrs min.

9. Exact Occupation Officer — Did this work for 2 mos~~yrs~~.
10. Industry or Business U. S. Army — Date last worked 1/20/44
11. Birthplace Hurley (City or town) Wisconsin (State or foreign country)
Father 12. Name Chester L. Harries
Father 13. Birthplace Unknown (City or town) (State or foreign country)
Mother 14. Maiden name Unknown
Mother 15. Birthplace Unknown (City or town) (State or foreign country)
16. Informant's OWN Signature Army Records
and Address Sta Hosp, AAB, Pocatello, Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: Hurley, Wisconsin
18. Funeral Director's OWN Signature Anthony W. Hall
and Address Pocatello Idaho
19. (a) 1-22-1944 (Date received and filed) (b) D. C. Kay (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) January 20 1944
at 10:20 MWT o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from 19 to 19
I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Shock and Hemorrhage	1/20/44
Due to Multiple fractures, lacerations and contusions	1/20/44
Due to Aircraft Accident	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? None
Name of operation None Date
Major finding None
Finding of autopsy None

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? x Suicide? Homicide?
Occurred January 20 1944 City, county, state where violence occurred Power, Idaho
Place of Violence: Home Farm Industry
Public Place While at work? Yes
Means of injury Aircraft Accident
23. Attendant's OWN Signature [illegible] M. D. or other
and Address AAB, Pocatello Date Jan 20 1944
(For additional space, use reverse side)

137553

United States
Department of Commerce
Bureau of the Census

FEB 14 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 34
Reg. Dist. No. 6-11

1. **PLACE OF DEATH:**
(a) County Power
(b) City or town 3 miles S.W. AAB, Pocatello
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? X city or town
(e) Died in a Home Hospita Institution Other place X
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 0 years 1 months 15 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County
(c) City or town Kimberly
(d) Street Address or R. F. D. No. Box 72
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? U.S.
(g) How long had deceased lived in Idaho? 2½ mos. ~~yrs~~
(h) Former residence (city, state) * As soldier

3. (a) **FULL NAME** PISKA, GLEN M. SGT. 19185737

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3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) May 27, 1923

8. AGE	Years	Months	Days	If less than 1 day
	20	7	24	hrs min.

9. Exact Occupation Soldier — Did this work for 1 yrs.
10. Industry or Business U.S. ARMY — Date last worked 1/20/44
11. Birthplace Bertrand (City or town) Nebraska (State or foreign country)

Father
12. Name Ben Piska
13. Birthplace Unknown (City or town) (State or foreign country)

Mother
14. Maiden name Catherine M
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's **OWN** Signature Army Records
and Address Sta Hosp, AAB, Pocatello, Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: Kimberly, Idaho
18. Funeral Director's **OWN** Signature
and Address
19. (a) 1-22-1944 (Date received and filed) (b) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) January 20 1944
at 10:20 MWT o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from 19, to 19
I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Shock and Hemorrhage	1/20/44
Due to Multiple fractures, lacerations and contusions	1/20/44
Due to Aircraft Accident	1/20/44
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? None
Name of operation None Date
Major finding None
Finding of autopsy None

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? X Suicide? Homicide?
Occurred January 20 1944 City, county, state where violence occurred Power, Idaho
Place of Violence: Home Farm Industry
Public Place While at work? Yes
Means of injury Aircraft Accident
23. Attendant's **OWN** Signature (M. D. or other)
and Address AAB, Pocatello Date Jan 20 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

137554

United States
Department of Commerce
Bureau of the Census

FEB 14 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 33
Reg. Dist. No. 54

1. **PLACE OF DEATH:**
(a) County Power
(b) City or town 3 miles S.W. AAB, Pocatello
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? X city or town
(e) Died in a Home Hospital Institution Other place X
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 0 years 1 months 15 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Washington (b) County
(c) City or town Tacoma
(d) Street Address or R. F. D. No. 233 N. Jay St.
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? U. S.
(g) How long had deceased lived in Idaho? 2 mos. ~~years~~
(h) Former residence (city, state)

3. (a) **FULL NAME** SHOOK, RAYMOND W. SGT. 39197109

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3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Frances
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) April 10, 1921

8. AGE	Years	Months	Days	If less than 1 day
	22	9	10	hrs min.

9. Exact Occupation Soldier — Did this work for 1 yrs.
10. Industry or Business U.S. Army — Date last worked 1/20/44
11. Birthplace Little York (City or town) Illinois (State or foreign country)

Father
12. Name Oliver B. Shook
13. Birthplace Unknown (City or town) (State or foreign country)

Mother
14. Maiden name Unknown
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's **OWN** Signature Army Records
and Address Sta Hosp, AAB, Pocatello, Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: Tacoma, Washington
18. Funeral Director's **OWN** Signature Arthur W. Hall
and Address Pocatello, Ida.
19. (a) 1-22-1944 (Date received and filed) (b) D C Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) January 20 1944
at 10:20 MWT o'clock A.M.
21. **I HEREBY CERTIFY,** That I attended deceased from 19 , to 19
I last saw h alive on 19 ; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Shock and Hemorrhage	1/20/44
Due to Multiple fractures, lacerations and contusions	1/20/44
Due to Aircraft Accident	1/20/44
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? None
Name of operation None Date
Major finding None
Finding of autopsy None

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? X Suicide? Homicide?
Occurred January 20 1944 City, county, state where violence occurred Power, Idaho
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury Aircraft Accident
23. Attendant's **OWN** Signature (M. D. or other)
and Address AAB, Pocatello Date Jan 20 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

FEB 14 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137555
Local Reg. No. 32
Reg. Dist. No. 271

1. **PLACE OF DEATH:**
   (a) County Power
   (b) City or town 3 miles S.W. AAB, Pocatello
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? Outside? X city or town
   (e) Died in a Home Hospital Institution Other place X
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county 0 years 1 months 15 days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State California (b) County
   (c) City or town San Francisco
   (d) Street Address or R. F. D. No. 338 Gaven St.
   (e) Deceased lived Inside? X Outside? city or town
   (f) Citizen of what country? U.S.
   (g) How long had deceased lived in Idaho? 2 mos. ~~yrs~~
   (h) Former residence (city, state)

3. (a) **FULL NAME** HURT, CLIFTON S. SGT. 39118310

173

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Effie M
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) October 7, 1919

8. AGE	Years	Months	Days	If less than 1 day
	24	3	13	hrs min.

9. Exact Occupation Soldier — Did this work for 1 yrs.
10. Industry or Business U.S. ARMY — Date last worked 1/20/44
11. Birthplace Willow Shade (City or town) Kentucky (State or foreign country)

Father
12. Name Unknown
13. Birthplace Unknown (City or town) (State or foreign country)

Mother
14. Maiden name Bellie
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's **OWN** Signature Army Records
and Address Sta Hosp, AAB, Pocatello, Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: San Francisco, California
18. Funeral Director's **OWN** Signature Arthur J. Hall
and Address Pocatello Ida
19. (a) 1-22-1944 (Date received and filed) (b) D C Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) January 20 19 44
at 10:20 MWT o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from 19 , to 19
I last saw h alive on 19 ; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Shock and Hemorrhage	1/20/44
Due to Multiple fractures, lacerations and contusions	1/20/44
Due to Aircraft Accident	1/20/44
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? None
Name of operation None Date
Major finding None
Finding of autopsy None

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? X Suicide? Homicide?
Occurred January 20 19 44 City, county, state where violence occurred Power County, Idaho
Place of Violence: Home Farm Industry
Public Place While at work? Yes
Means of injury Aircraft Accident
23. Attendant's **OWN** Signature (M.D.)
and Address AAB, Pocatello Date Jan 20 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

FEB 4 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137556
Local Reg. No. 4
Reg. Dist. No. 500

1. **PLACE OF DEATH:**
   (a) County Power
   (b) City or town American Falls
   (c) Street Address or R. F. D. No. --
   (d) Death Occurred Inside? X Outside? ____ city or town
   (e) Died in a Home ____ Hospital X Institution ____ Other place ____
   (f) Name Hosp. or Inst. Schiltz Stayed -- days
   (g) Lived in this county 50 years -- months -- days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Power
   (c) City or town American Falls
   (d) Street Address or R. F. D. No. --
   (e) Deceased lived Inside? X Outside? ____ city or town
   (f) Citizen of what country? United States
   (g) How long had deceased lived in Idaho? Life years
   (h) Former residence (city, state) --

3. (a) **FULL NAME** MINNIE JANE STEED 61

3. (b) If veteran, name war --
3. (c) Social Security No. --
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Richard F. Steed
6. (c) Age of husband or wife if alive died 1940 years
7. Date of Birth (Month, Day, Year) July 14th., 1884

8. AGE	Years	Months	Days	If less than 1 day
	59	6	8	hrs ____ min.

9. Exact Occupation Retired at home Did this work for -- yrs.
10. Industry or Business -- Date last worked --
11. Birthplace Malad, (City or town) Idaho (State or foreign country)

Father
12. Name Charles Bolingbroke
13. Birthplace Missouri (City or town) (State or foreign country)

Mother
14. Maiden name Margaret Roberts
15. Birthplace Wales (City or town) (State or foreign country)

16. Informant's OWN Signature Claribel Bailey
and Address Pocatello, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-26-44 (Month) (Day) (Year)
(c) Place: Mountainview-Pocatello, Idaho
18. Funeral Director's OWN Signature Anthony M Hall
and Address Pocatello, Idaho
19. (a) Jan. 26 1944 (Date received and filed) (b) Irene Baling (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) January 22nd., 1944
at 3.07 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from Feb. 1942, to Jan 22 1944
I last saw h-ex alive on Jan 22 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Diabetes	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation ____ Date ____	
Major finding	
Finding of autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature V H Logan M D (M. D. or other)
and Address Ames Falls Ida Date 1-22 1944
(For additional space, use reverse side)

137557

United States
Department of Commerce
Bureau of the Census FEB 14 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137557
Local Reg. No. 38
Reg. Dist. No. 411

1. **PLACE OF DEATH:**
(a) County Power
(b) City or town 3 miles S.W. AAB, Pocatello
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? X city or town
(e) Died in a Home Hospital Institution Other place X
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 0 years 1 months 15 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Michigan (b) County
(c) City or town Ferndale
(d) Street Address or R. F. D. No. 1501 Browning St.
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? U.S.
(g) How long had deceased lived in Idaho? 2 mos. ~~years~~
(h) Former residence (city, state)

3. (a) **FULL NAME** CUDDINGTON, GERALD H. SGT. 36580180 173

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) April 7, 1923

8. AGE	Years	Months	Days	If less than 1 day
	20	9	13	hrs min.

9. Exact Occupation Soldier — Did this work for 10/12 yrs.
10. Industry or Business U.S. ARMY — Date last worked 1/20/44
11. Birthplace Cadillac (City or town) Michigan (State or foreign country)

Father
12. Name William Cuddington
13. Birthplace Unknown (City or town) (State or foreign country)

Mother
14. Maiden name Josephine
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's **OWN** Signature Army Records
and Address Sta Hosp, AAB, Pocatello, Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: Ferndale, Michigan
18. Funeral Director's **OWN** Signature Arthur McCall
and Address Soda Springs
19. (a) 1-22-1944 (Date received and filed) (b) DeRay (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) January 20 19 44
at 10:20 MWT o'clock AM.
21. **I HEREBY CERTIFY,** That I attended deceased from 19, to 19
I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Shock and Hemorrhage	1/20/44
Due to Multiple fractures, lacerations and contusions	1/20/44
Due to Aircraft Accident	1/20/44
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? None
Name of operation None Date
Major finding None
Finding of autopsy None

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? X Suicide? Homicide?
Occurred January 20 19 44 City, county, state where violence occurred Power County, Idaho
Place of Violence: Home Farm Industry
Public Place While at work? Yes
Means of injury Aircraft Accident
23. Attendant's **OWN** Signature (M.D. or other)
and Address AAB, Pocatello Date Jan 20 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 137560
Local Reg. No. 1
Reg. Dist. No. 140

1. PLACE OF DEATH:
(a) County Shoshone
(b) City or town Wallace
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? ✓ Outside? ..... city or town
(e) Died in a Home.... Hospital ✓ Institution ✓ Other place....
(f) Name Hosp. or Inst. Woodward Stayed ..... days
(g) Lived in this county ..... years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State ..... (b) County .....
(c) City or town .....
(d) Street Address or R.F.D. No. .....
(e) Deceased lived Inside? ..... Outside? ..... city or town
(f) Citizen of what country? .....
(g) How long had deceased lived in Idaho? ..... years
(h) Former residence (city, state) .....

3. (a) FULL NAME Sarah Jane Langford 161c

3. (b) If veteran, name war —
3. (c) Social Security No. .....
4. Sex F
5. Color or race W.
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) Jan. 3-1944

8. AGE	Years	Months	Days	If less than 1 day
			3	hrs min.

9. Exact Occupation None — Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Wallace (City or town) Idaho (State or foreign country)

Father
12. Name B. Gordon Langford
13. Birthplace Hagerman (City or town) New Mexico (State or foreign country)

Mother
14. Maiden name Elizabeth Linder
15. Birthplace Minneapolis (City or town) Minn. (State or foreign country)

16. Informant's **OWN** Signature B. Gordon Langford
and Address 314 W. Mission Kellogg, Ida
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 7-44 (Month) (Day) (Year)
(c) Place: Wallace Idaho
18. Funeral Director's **OWN** Signature John Boer (words)
and Address Wallace Idaho
19. (a) Jan 6-44 (Date received and filed) (b) John Boer (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Jan. 6 1944
at 10 o'clock A. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 1-3 1944, to 1-6 1944
I last saw her alive on 1-6 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Icterus Gravis	161c
Due to Congenital Anomaly	
Due to Biliary System	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation ..... Date	
Major finding 15.7 m	
Finding of autopsy Congenital Stenosis - Hepatic & Cystic Ducts	

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature [signature] (M. D. or other)
and Address Wallace Ida Date 1-8 1944
(For additional space, use reverse side)

137561

United States
Department of Commerce
Bureau of the Census

FEB 2 1 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 2
Reg. Dist. No. 1-41

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
(a) County Shoshone
(b) City or town Silverton
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? ✓ Outside? ____ city or town
(e) Died in a Home ____ Hospital ✓ Institution ____ Other place ____
(f) Name Hosp. or Inst. Gen Hosp Stayed ____ days
(g) Lived in this county 8 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Shoshone
(c) City or town Calder
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? ✓ Outside? ____ city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? 8 years
(h) Former residence (city, state) Idaho.

3. (a) **FULL NAME** William Frederick Rummerfield 97

3. (b) If veteran, name war ____ 3. (c) Social Security No. ____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Fortunata 6. (c) Age of husband or wife if alive 50 years

7. Date of Birth (Month, Day, Year) June 2 - 1872

8. AGE	Years	Months	Days	If less than 1 day
	71	7	6	hrs ____ min.

9. Exact Occupation Logger — Did this work for ____ yrs.
10. Industry or Business ____ — Date last worked 1938
11. Birthplace ____ (City or town) Mich (State or foreign country)

Father
12. Name Royal Rummerfield
13. Birthplace ____ (City or town) ____ (State or foreign country)

Mother
14. Maiden name Mol Kuon
15. Birthplace ____ (City or town) ____ (State or foreign country)

16. Informant's OWN Signature Mrs Elmer Brown
and Address Calder

17. (a) Removal (Burial, cremation or removal) (b) Date thereof Jan - 10 - 44 (Month) (Day) (Year)
(c) Place: St Maries Idaho.

18. Funeral Director's OWN Signature John A Bever (words)
and Address Wallace Idaho

19. (a) Jan 11 - 44 (Date received and filed) (b) John Bever (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Jan 8 19 44
at ____ o'clock A.M.

21. **I HEREBY CERTIFY,** That I attended deceased from ____ 19____, to ____ 19____
I last saw him alive on ____ 19____; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death — Duration

Due to Cerebral thrombosis
Due to Coronary sclerosis
Other conditions ____
(Include pregnancy within 3 months of death)

Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's OWN Signature H. Moverly Corbett (M. D. or other)
and Address Wallace Idaho Date 1/10 19 44

(For additional space, use reverse side)

1-3-44

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137562
Local Reg. No. 3
Reg. Dist. No. 140

1. **PLACE OF DEATH:**
(a) County Shoshone
(b) City or town Wallace
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? ✓ Outside? city or town
(e) Died in a Home Hospital ✓ Institution Other place
(f) Name Hosp. or Inst. Wallace Stayed days
(g) Lived in this county 56 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Shoshone
(c) City or town Mullan
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? ✓ Outside? city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? 57 years
(h) Former residence (city, state) Idaho

3. (a) **FULL NAME** Lawrence A Haight. 114a

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Bertha
6. (c) Age of husband or wife if alive 55 years
7. Date of Birth (Month, Day, Year) March 23-1886

8. AGE	Years	Months	Days	If less than 1 day
	57	9	13	hrs min.

9. Exact Occupation Chief of Police. Did this work for yrs.
10. Industry or Business Mullan Idaho Date last worked
11. Birthplace Stromsville (City or town) Mont. (State or foreign country)
Father
12. Name James Haight.
13. Birthplace Buffalo (City or town) N.Y. (State or foreign country)
Mother
14. Maiden name Alice
15. Birthplace (City or town) Canada. (State or foreign country)
16. Informant's OWN Signature Bertha Haight and Address Mullan Idaho
17. (a) Removal. (Burial, cremation, or removal) (b) Date thereof Jan 13-44 (Month) (Day) (Year)
(c) Place: Coeur d'Alene Idaho
18. Funeral Director's OWN Signature John A Bowen (Wash) and Address Wallace Idaho
19. (a) Jan 10-44 (Date received and filed) (b) John A Bowen (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Jan. 10 1944
at 2:30 o'clock A. M.
21. **I HEREBY CERTIFY,** That I attended deceased from Jan 8 rd 1944 to Jan 10 1944
I last saw him alive on Jan 9 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Myocardial Insufficiency	
Due to 93e2	
Due to	
Other conditions Pilicosis 114a (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature Max T. Smith (M. D. or other)
and Address Wallace Ida Date 1-12 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

FEB 7 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137563
Local Reg. No.
Reg. Dist. No. 142

1. **PLACE OF DEATH:**
   (a) County Shoshone
   (b) City or town Kellogg
   (c) Street Address or R. F. D. No. N.P. Railroad
   (d) Death Occurred Inside? Y Outside? ____ city or town
   (e) Died in a Home ____ Hospital ____ Institution ____ Other place ____
   (f) Name Hosp. or Inst. ____ Stayed ____ days
   (g) Lived in this county 23 years ____ months ____ days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Shoshone
   (c) City or town Kellogg
   (d) Street Address or R. F. D. No. N.P. Railroad
   (e) Deceased lived Inside? Y Outside? ____ city or town
   (f) Citizen of what country? U.S.
   (g) How long had deceased lived in Idaho? 23 years
   (h) Former residence (city, state) ____

3. (a) **FULL NAME** George M Marchand 94a

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife —

6. (c) Age of husband or wife if alive ____ years

7. Date of Birth (Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day hrs	min.
	76				

9. Exact Occupation Odd Jobs — Did this work for ____ yrs.

10. Industry or Business ____ Date last worked ____

11. Birthplace ____ (City or town) ____ (State or foreign country)

Father
12. Name No information
13. Birthplace ____ (City or town) ____ (State or foreign country)

Mother
14. Maiden name ____
15. Birthplace ____ (City or town) ____ (State or foreign country)

16. Informant's OWN Signature Frank Hunt
and Address Kellogg Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1 (Month) 12 (Day) 44 (Year)
(c) Place: Fairmount, Kellogg

18. Funeral Director's OWN Signature Sampson & Gibbs
and Address Kellogg Idaho

19. (a) Jan. 1-1944 (Date received and filed) (b) Geo. Helen McBride (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) January 10 1944
at ____ o'clock ____ M.

21. **I HEREBY CERTIFY,** That I attended deceased from ____ 19____, to ____ 19____
I last saw h____ alive on ____ 19____; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — Duration

Coronary Occlusion

Due to Probable a

Due to ____

Other conditions ____
(Include pregnancy within 3 months of death)

Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's OWN Signature W. C. Lindsay
(M. D. or other)
and Address ____ Date ____ 19____
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

FEB 7 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137564
Local Reg. No. 4
Reg. Dist. No. 142

1. **PLACE OF DEATH:**
   (a) County Shoshone
   (b) City or town Kellogg
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? X Outside? ____ city or town
   (e) Died in a Home ____ Hospital X Institution ____ Other place ____
   (f) Name Hosp. or Inst. Wardner Stayed ____ days
   (g) Lived in this county 23 years ____ months ____ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Shoshone
   (c) City or town Kellogg
   (d) Street Address or R. F. D. No. Sunnyside
   (e) Deceased lived Inside? X Outside? ____ city or town
   (f) Citizen of what country? ____
   (g) How long had deceased lived in Idaho? 23 years
   (h) Former residence (city, state) ____

3. (a) **FULL NAME** Joe E Baldwin 93d

3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Edna
6. (c) Age of husband or wife if alive 60 years
7. Date of Birth (Month, Day, Year) November 23 1875

8. AGE	Years	Months	Days	If less than 1 day
	70	1	17	hrs min.

9. Exact Occupation None Did this work for ____ yrs.
10. Industry or Business Odd Jobs Date last worked ____
11. Birthplace ____ (City or town) ____ (State or foreign country)

Father
12. Name He Baldwin
13. Birthplace ____ (City or town) Kansas (State or foreign country)

Mother
14. Maiden name Edna Lynch
15. Birthplace ____ (City or town) Kansas (State or foreign country)

16. Informant's OWN Signature Fred Baldwin
and Address Pine Creek
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 12/44 (Month) (Day) (Year)
(c) Place: Coeur d'Alene
18. Funeral Director's OWN Signature Frank McGlade
and Address Kellogg Idaho
19. (a) Jan. 12-1944 (Date received and filed) (b) Mrs. Helen McBride (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 1-10 1944
at 8 30 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from 1-2 1943, to 1-10 1944
I last saw him alive on 1-10 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: 93d	Duration
arteriosclerotic Myocarditis	7 years
Due to "Hu" 33b	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation ____ Date ____	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature Robert Stacey (M. D. or other)
and Address Kellogg Ida Date 1-11 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 137565
Local Reg. No. 45
Reg. Dist. No. 140

1. **PLACE OF DEATH:**
   (a) County Shoshone
   (b) City or town Wallace
   (c) Street Address or R. F. D. No.
   (d) Death Occured Inside? ✓ Outside? ..... city or town
   (e) Died in a Home .... Hospital .... Institution .... Other place ✓
   (f) Name Hosp. or Inst. ..... Stayed ..... days
   (g) Lived in this county 40 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Shoshone
   (c) City or town Wallace
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? ..... Outside? ..... city or town
   (f) Citizen of what country?
   (g) How long had deceased lived in Idaho? 40 years
   (h) Former residence (city, state) Idaho

3. (a) **FULL NAME** James Traxell

3. (b) If veteran, name war ..... 3. (c) Social Security No. 519-22-1889
4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Rose 6. (c) Age of husband or wife if alive 68 years
7. Date of Birth (Month, Day, Year) Sept 2nd - 1876

8. AGE	Years	Months	Days	If less than 1 day
	67	4	10	hrs min.

9. Exact Occupation Cook. Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace ..... (City or town) Switzerland (State or foreign country)

Father
12. Name John C. Traxell
13. Birthplace ..... (City or town) Switzerland (State or foreign country)

Mother
14. Maiden name .....
15. Birthplace ..... (City or town) (State or foreign country)

16. Informant's **OWN** Signature Rose Traxell
and Address Wallace Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan-14-44 (Month) (Day) (Year)
(c) Place: Wallace Idaho
18. Funeral Director's **OWN** Signature John A Burr (Wondo)
and Address Wallace Idaho
19. (a) Jan-12-44 (Date received and filed) (b) John A Burr (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Jan - 10 19 44
at 2 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from ..... 19 ..... to ..... 19 .....
I last saw him alive on Jan 10 19 44 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death — Duration
Due to Carcinoma of abdomen and liver 3 mo
Due to .....
Other conditions (Include pregnancy within 3 months of death) .....
Where was disease contracted? Don't know

PHYSICIAN: Underline the cause to which death should be charged statistically.

Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature H. D. Morrell Coroner (M. D. or other)
and Address Wallace Idaho Jan 12 1944
(For additional space, use reverse side)

137566

United States
Department of Commerce
Bureau of the Census

FEB 7 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 5
Reg. Dist. No. 142

1. **PLACE OF DEATH:**
(a) County Shoshone
(b) City or town Kellogg
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? ✓ Outside? ____ city or town
(e) Died in a Home ____ Hospital ✓ Institution ____ Other place ____
(f) Name Hosp. or Inst. Wardner Hospital Stayed ____ days
(g) Lived in this county ____ years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Shoshone
(c) City or town Kellogg
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? ✓ Outside? ____ city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? 46 years
(h) Former residence (city, state)

3. (a) **FULL NAME** Charles Lafavre 932

3. (b) If veteran, name war ____ 3. (c) Social Security No. ✓

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced

6. (b) Name of husband or wife ✓ 6. (c) Age of husband or wife if alive ____ years

7. Date of Birth (Month, Day, Year) Nov. 8 - 1866

8. AGE	Years	Months	Days	If less than 1 day hrs	min.
	77	2	3		

9. Exact Occupation Retired Did this work for ____ yrs.
10. Industry or Business ____ Date last worked
11. Birthplace Shelbyville (City or town) Ind. (State or foreign country)

Father
12. Name Don't Know
13. Birthplace Don't Know (City or town) (State or foreign country)

Mother
14. Maiden name Don't Know
15. Birthplace Don't Know (City or town) (State or foreign country)

16. Informant's OWN Signature G. H. Hedges
and Address Kellogg Idaho

17. (a) removal (Burial, cremation, or removal) (b) Date thereof Jan 17 1944 (Month) (Day) (Year)
(c) Place: Coeur d'Alene Idaho

18. Funeral Director's OWN Signature R. L. Stout
and Address Kellogg Idaho

19. (a) Jan 15 1944 (Date received and filed) (b) Helen McBride (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Jan 11 1944
at 3:00 o'clock P M.

21. **I HEREBY CERTIFY,** That I attended deceased from Jan 7 1944 to Jan 11 1944
I last saw him alive on Jan 11 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:		Duration
	111c	
Hypostatic pneumonia		10 days
Due to Myocardial degeneration	93d	1 year
Due to Arteriosclerosis	97	10 yrs
Other conditions (Include pregnancy within 3 months of death)		

Where was disease contracted? Kellogg
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19 ____ City, county, state ____
where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's OWN Signature Glenn McCoppin M.D. (M. D. or other)
and Address Kellogg Date 1/14 1944
(For additional space use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

FEB

Certificate Of Death

STATE OF IDAHO

State File No. 137567
Local Reg. No. 5
Reg. Dist. No. 141

1. **PLACE OF DEATH:**
   (a) County Shoshone
   (b) City or town Mullan Mine
   (c) Street Address or R. F. D. No.
   (d) Death Occured Inside? ... Outside? ... city or town
   (e) Died in a Home ... Hospital ... Institution ... Other place
   (f) Name Hosp. or Inst. ... Stayed ... days
   (g) Lived in this county ... years 6 months ... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Shoshone
   (c) City or town at Mullan Mine
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? ... Outside? ✓ city or town
   (f) Citizen of what country?
   (g) How long had deceased lived in Idaho? 6 Mo. years
   (h) Former residence (city, state) Montana

3. (a) **FULL NAME** John J. Sirilla

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3. (b) If veteran, name war
3. (c) Social Security No. 191-03-2117
4. Sex M.
5. Color or race W.
6. (a) Single, widowed, married; divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive ... years
7. Date of Birth (Month, Day, Year) May - 2 - 1898

8. AGE	Years	Months	Days	If less than 1 day
	35	8	10	hrs ... min.

9. Exact Occupation Miner — Did this work for ... yrs.
10. Industry or Business Mine — Date last worked
11. Birthplace Edmonton (City or town) Canada (State or foreign country)

Father
12. Name Michael Sirilla
13. Birthplace Italy (City or town) (State or foreign country)

Mother
14. Maiden name not known
15. Birthplace Italy (City or town) (State or foreign country)

16. Informant's **OWN** Signature John Rover (Warde)
and Address Wallace Idaho

17. (a) Burial (Burial, cremation, removal) (b) Date thereof Jan - 14 - 44 (Month) (Day) (Year)
(c) Place: Kellogg Canada

18. Funeral Director's **OWN** Signature John Rover (Warde)
and Address Wallace Idaho

19. (a) Jan 14 44 (Date received and filed) (b) John Rover (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Jan 12 19 44
at 7 o'clock A. M.

21. **I HEREBY CERTIFY**, That I attended deceased from ... 19..., to ... 19...
I last saw h... alive on ... 19...; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration
Acute Dilation of Heart
Due to Pneumonia, Lobar, Right Upper Lobe
Due to Falling over from Chair
Other conditions
(Include pregnancy within 3 months of death)

Where was disease contracted?
Name of operation ... Date
Major finding
Finding of autopsy

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ... Suicide? ... Homicide? ...
Occurred ... 19... City, county, state where violence occurred
Place of Violence: Home ... Farm ... Industry ... Public Place ... While at work ...
Means of injury

23. Attendant's **OWN** Signature D. K. McCrary Coroner (M.D., or other)
and Address Wallace Ida. Date 1/14 1944
(For additional space, use reverse side)

1944

137568

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. _____
Local Reg. No. 6
Reg. Dist. No. 142

1. **PLACE OF DEATH:**
   (a) County Shoshone
   (b) City or town Kellogg
   (c) Street Address or R. F. D. No. _____
   (d) Death Occurred Inside? ✓ Outside? _____ city or town
   (e) Died in a Home __ Hospital __ Institution __ Other place __
   (f) Name Hosp. or Inst. _____ Stayed _____ days
   (g) Lived in this county _____ years _____ months _____ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Shoshone
   (c) City or town Smelterville
   (d) Street Address or R. F. D. No. _____
   (e) Deceased lived Inside? ✓ Outside? _____ city or town
   (f) Citizen of what country? U.S.
   (g) How long had deceased lived in Idaho? _____ years
   (h) Former residence (city, state) Kennewick Wash.

3. (a) **FULL NAME** Martin C Johnson

3. (b) If veteran, name war no
3. (c) Social Security No. 539-10-1530
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced _____
6. (b) Name of husband or wife Emma
6. (c) Age of husband or wife if alive 67 years
7. Date of Birth (Month, Day, Year) 2-15-1878

8. AGE	Years	Months	Days	If less than 1 day
	65	10	28	hrs min.

9. Exact Occupation Carpenter Did this work for 40 yrs.
10. Industry or Business Butler Cons. Co. Date last worked _____
11. Birthplace Bryslin (City or town) Minn. (State or foreign country)

Father
12. Name Ole Johnson
13. Birthplace Norway (City or town) (State or foreign country)

Mother
14. Maiden name Nat Known
15. Birthplace Norway (City or town) (State or foreign country)

16. Informant's **OWN** Signature Carrol I. Johnson
and Address Smelterville
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 19-1945 (Month) (Day) (Year)
(c) Place: Kellogg Idaho
18. Funeral Director's **OWN** Signature R. L. Stout
and Address Kellogg Idaho
19. (a) Jan. 15-1944 (Date received and filed) (b) Mrs Helen McBride (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Jan 13-1944 19__
at 8 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from _____ 19__, to _____ 19__
I last saw h__ alive on _____ 19__; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Acute heart failure	Sudden
Due to _____	
Due to _____	
Other conditions _____ (Include pregnancy within 3 months of death)	

Where was disease contracted? Smelterville
Name of operation _____ Date _____
Major finding _____
Finding of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? _____ Suicide? _____ Homicide? _____
Occurred _____ 19__ City, county, state where violence occurred _____
Place of Violence: Home _____ Farm _____ Industry _____
Public Place _____ While at work? _____
Means of injury _____
23. Attendant's **OWN** Signature Glenn McCloffery M.D. (M. D. or other)
and Address Kellogg Ida Date Oct 15 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

FEB 7 1944

Dr Staley

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137569
Local Reg. No. 7
Reg. Dist. No. 142

1. **PLACE OF DEATH:**
(a) County Shoshone
(b) City or town Kellogg
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home ____ Hospital X Institution ____ Other place ____
(f) Name Hosp. or Inst. Wardner Stayed 33 days
(g) Lived in this county 30 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Shoshone
(c) City or town Kellogg
(d) Street Address or R. F. D. No. 208 Railroad
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? U. S.
(g) How long had deceased lived in Idaho? 36 years
(h) Former residence (city, state)

3. (a) **FULL NAME** George Alvin Thayer

186a.

3. (b) If veteran, name war No
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) January 17 1884

8. AGE	Years	Months	Days	If less than 1 day
	59	11	27	hrs ____ min.

9. Exact Occupation Mechanic — Did this work for 30 yrs.
10. Industry or Business Schools & Mines — Date last worked Oct. 1943
11. Birthplace Waterburgh (City or town) Washington (State or foreign country)

Father
12. Name George M. Thayer
13. Birthplace Maine (City or town) (State or foreign country)

Mother
14. Maiden name Agnes A Black
15. Birthplace Pennsylvania (City or town) (State or foreign country)

16. Informant's OWN Signature X George Black
and Address Coeur D'Alene Idaho
17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof Jan 16 1944 (Month) (Day) (Year)
(c) Place: Hayes-Jaeger - Spokane
18. Funeral Director's OWN Signature Gaylen Hoods
and Address Kellogg Colorado
19. (a) Jan 16 1944 (Date received and filed) (b) Bess Helen McBride (Registrar's signature)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Jan 14 1944
at 930 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from Dec 11 1943 to Jan 14 1944
I last saw him alive on Jan 13 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Fracture and Abscess Femur Neck — Duration
Due to Pneumonia Hypostatic
Other conditions
(Include pregnancy within 3 months of death)
Where was disease contracted? Kellogg
Name of operation ____ Date ____
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred Kellogg Dec 11 1943 City, county, state where violence occurred Kellogg
Place of Violence: Home ____ Farm ____ Industry ____
Public Place Mullan Road While at work? No
Means of injury
23. Attendant's OWN Signature Robert E Staley MD (M. D. or other)
and Address Kellogg Date 1-15 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

FEB

Certificate Of Death

STATE OF IDAHO

State File No. 137570
Local Reg. No. 6
Reg. Dist. No. 141

1. **PLACE OF DEATH:**
(a) County Shoshone
(b) City or town Osburn
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? ✓ Outside? city or town
(e) Died in a Home ✓ Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 18 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Shoshone
(c) City or town Osburn
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? ✓ Outside? city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? 18 years
(h) Former residence (city, state) Mont.

3. (a) **FULL NAME** Mary Jane Pearce 93d

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex ✓ 5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Nov-19-1866

8. AGE	Years	Months	Days	If less than 1 day
	77	1	26	hrs min.

9. Exact Occupation W Home Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace England (City or town) (State or foreign country)
Father 12. Name Couch
13. Birthplace England (City or town) (State or foreign country)
Mother 14. Maiden name Not Know
15. Birthplace " " (City or town) (State or foreign country)
16. Informant's OWN Signature Laura Carlson
and Address Osburn Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Jan 16-44 (Month) (Day) (Year)
(c) Place: Birth Mont.
18. Funeral Director's OWN Signature John Bover (Wards)
and Address Wallace Idaho
19. (a) Jan-15-44 (Date received and filed) (b) John Bover (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Jan-15 1944
at 1:15 o'clock A. M.
21. **I HEREBY CERTIFY**, That I attended deceased from 7-20 1943 to 1-13 1944
I last saw her alive on 1-13 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: 111c	Duration
Hypostatic pneumonia	48 hrs
Due to Chr myocarditis 93d	1 yr
Due to Senility 162	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYISCIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature Paul Ellis (M. D. or other)
and Address Wallace Ida Date 1-15 1944
(For additional space, use reverse side)

FEB 7 1944

Dr M° Caffery

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

137571

State File No.
Local Reg. No. 8
Reg. Dist. No. 142

1. **PLACE OF DEATH:**
(a) County Shoshone
(b) City or town Kellogg
(c) Street Address or R. F. D. No. 106 N Elm
(d) Death Occurred Inside? Y Outside? ____ city or town
(e) Died in a Home Y Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county ____ years 3 months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Shoshone
(c) City or town Kellogg
(d) Street Address or R. F. D. No. 106 N Elm
(e) Deceased lived Inside? Y Outside? ____ city or town
(f) Citizen of what country? U.S.
(g) How long had deceased lived in Idaho? 3 mo years
(h) Former residence (city, state) ____

3. (a) **FULL NAME** Sigurd Iver Erickson 109b

3. (b) If veteran, name war No
3. (c) Social Security No. —
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife ____
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) October 7, 1943

8. AGE	Years	Months	Days	If less than 1 day
		3	8	hrs min.

9. Exact Occupation Child Did this work for ____ yrs.
10. Industry or Business ____ Date last worked ____
11. Birthplace Kellogg Idaho (City or town) (State or foreign country)
Father
12. Name Alfred C Erickson
13. Birthplace Coeur d'Alene Idaho (City or town) (State or foreign country)
Mother
14. Maiden name Leone Shahn
15. Birthplace Millcutt Alberta (City or town) (State or foreign country)
16. Informant's OWN Signature Alfred C Erickson
and Address Kellogg Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof January 17, 1944 (Month) (Day) (Year)
(c) Place: Coeur d'Alene Idaho
18. Funeral Director's OWN Signature Grant M° Glade
and Address Kellogg Idaho
19. (a) Jan 16-1944 (Date received and filed) (b) Mrs. Helen McBride (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Jan 15, 1944
at 4 o'clock 9 M.
21. **I HEREBY CERTIFY,** That I attended deceased from Jan 14 1944, to Jan 15 1944
I last saw her alive on Jan 15 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Strep pneumonia	24 hrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? Kellogg
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature Glenn McCaffery M.D. (M. D. or other)
and Address Kellogg Ida Date 1-15 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

137572

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 7
Reg. Dist. No. 141

1. **PLACE OF DEATH:**
(a) County Shoshone
(b) City or town
(c) Street Address or R. F. D. No. County Infirmary
(d) Death Occurred Inside? Outside? city or town
(e) Died in a Home Hospital Institution Other place
(f) Name Hosp. or Inst. Co. Infirmary Stayed days
(g) Lived in this county years 2 months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Shoshone
(c) City or town Kellogg
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? 1 Outside? city or town
(f) Citizen of what country? U.S.
(g) How long had deceased lived in Idaho? 2 mo. years
(h) Former residence (city, state) Worley Idaho

3. (a) **FULL NAME** Alpha L Clopht 162b

3. (b) If veteran, name war No
3. (c) Social Security No.
4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife -
6. (c) Age of husband or wife if alive - years
7. Date of Birth (Month, Day, Year) May 15, 1854

8. AGE	Years	Months	Days	If less than 1 day
	89	8	4	hrs min.

9. Exact Occupation None Did this work for yrs.
10. Industry or Business Home Date last worked 1930
11. Birthplace Illinois (City or town) (State or foreign country)
Father
12. Name Ryburn
13. Birthplace Unknown (City or town) (State or foreign country)
Mother
14. Maiden name Charlotte Mulby
15. Birthplace Unknown (City or town) (State or foreign country)
16. Informant's OWN Signature Ray Lamb and Address Kellogg Idaho
17. (a) Burial (b) Date thereof Jan 22 44 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: Worley Idaho
18. Funeral Director's OWN Signature Grant McGlade and Address Kellogg Idaho
19. (a) Jan 28-44 (Date received and filed) (b) John A Bevin (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Jan 19 1944 at 10 15 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from 12/28/43 19 to 1/19/44 19
I last saw h alive on 1/19/44 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Senility	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide? Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature James R Bean MD (M. D. or other) and Address Wallace Date 1/22 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

FEB 4 1944

Certificate Of Death

STATE OF IDAHO

State File No. 137573
Local Reg. No. 8
Reg. Dist. No. 141

1. **PLACE OF DEATH:**
   (a) County Shoshone
   (b) City or town Osburn
   (c) Street Address or R. F. D. No. none
   (d) Death Occured Inside? ✓ Outside? ..... city or town
   (e) Died in a Home ✓ Hospital .... Institution .... Other place ....
   (f) Name Hosp. or Inst. ..... Stayed ..... days
   (g) Lived in this county 41 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Shoshone
   (c) City or town Osburn Ida.
   (d) Street Address or R.F.D. No. none
   (e) Deceased lived Inside? ✓ Outside? ..... city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 45 years
   (h) Former residence (city, state) Montana

3. (a) **FULL NAME** Barbara Pannebaker

46 E

3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) Dec 3 1864

8. AGE	Years	Months	Days	If less than 1 day
	79	1	16	hrs ..... min.

9. Exact Occupation Home — Did this work for ..... yrs.
10. Industry or Business Home — Date last worked 9/1/43
11. Birthplace Switzerland (City or town) (State or foreign country)

Father
12. Name Jacob Baxter
13. Birthplace Switzerland (City or town) (State or foreign country)

Mother
14. Maiden name Elizabeth Buttner
15. Birthplace Switzerland (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mary Pannebaker and Address Osburn Ida.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/24/44 (Month) (Day) (Year)
    (c) Place: Wallace Idaho
18. Funeral Director's **OWN** Signature L. W. Mitchell and Address Wallace Idaho
19. (a) Feb 2-44 (Date received and filed) (b) J. Russell Bowen (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Jan 19 1944
    at 11 o'clock P M.
21. **I HEREBY CERTIFY**, That I attended deceased from Jan 16 1944, to Jan 19 1944
    I last saw h..... alive on ..... 19 .....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
(a) Hypostatic Pneumonia	48 hrs
(b) Chronic nephritis 932	2 yrs
Due to (c) Carcinoma of Recto-Sigmoid	6 mos
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? .....
Name of operation Colostomy Date Jan 20
Major finding Carcinoma
Finding of autopsy .....

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
    Occurred ..... 19 ..... City, county, state where violence occurred .....
    Place of Violence: Home ..... Farm ..... Industry .....
    Public Place ..... While at work? .....
    Means of injury .....
23. Attendant's **OWN** Signature Paul L. Ellis (M. D. or other)
    and Address Wallace Ida. Date 1-21 1944
    (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137574
Local Reg. No. 9
Reg. Dist. No. 140

1. **PLACE OF DEATH:**
   (a) County Shoshone
   (b) City or town Wallace
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? X Outside? city or town
   (e) Died in a Home Hospital X Institution Other place
   (f) Name Hosp. or Inst. Providence Stayed 14 days
   (g) Lived in this county 10 years months days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Shoshone
   (c) City or town Burke
   (d) Street Address or R. F. D. No.
   (e) Deceased lived Inside? X Outside? city or town
   (f) Citizen of what country? U.S.
   (g) How long had deceased lived in Idaho? 10 years
   (h) Former residence (city, state) Montana

3. (a) **FULL NAME** Mark Raymond Canterbury 93d

3. (b) If veteran, name war No
3. (c) Social Security No. 518-03-4307
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary
6. (c) Age of husband or wife if alive 56 years
7. Date of Birth (Month, Day, Year) March 13, 1888

8. AGE	Years	Months	Days	If less than 1 day
	55	10	7	hrs min.

9. Exact Occupation Miner — Did this work for 10 yrs.
10. Industry or Business Mining — Date last worked January 5/44
11. Birthplace (City or town) Missouri (State or foreign country)

Father
12. Name James W. Canterbury
13. Birthplace (City or town) Iowa (State or foreign country)

Mother
14. Maiden name Mary Blinko
15. Birthplace (City or town) Missouri (State or foreign country)

16. Informant's OWN Signature Mary Canterbury
and Address Burke Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 24/44 (Month) (Day) (Year)
(c) Place Forrest Cemetery Coeur d'Alene
18. Funeral Director's OWN Signature [illegible]
and Address Village Idaho
19. (a) Jan 28-44 (Date received and filed) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 1-20 1944
at 4:30 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from 1-3- 1944, to 1-20 1944
I last saw him alive on 1-19 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Pneumonia, Virus	10d
~~Due to~~	
~~Due to~~ Myocarditis chronic	yrs.
Other conditions Effusion, pleural	1 wk.
(Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state
where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature [illegible] M.D. (M. D. or other)
and Address Wallace Ida. Date 1-28 1944
(For additional space, use reverse side)

137575

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 11
Reg. Dist. No. 140

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
   (a) County Shoshone
   (b) City or town Wallace
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? ✓ Outside? ____ city or town
   (e) Died in a Home ___ Hospital ___ Institution ___ Other place ___
   (f) Name Hosp. or Inst. Wallace Stayed ____ days
   (g) Lived in this county 23 years ____ months ____ days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Shoshone
   (c) City or town Kellogg
   (d) Street Address or R. F. D. No.
   (e) Deceased lived Inside? ✓ Outside? ____ city or town
   (f) Citizen of what country?
   (g) How long had deceased lived in Idaho? 23 years
   (h) Former residence (city, state) Arizona

3. (a) **FULL NAME** John Alfred Merkila 13a

3. (b) If veteran of what war
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lillian
6. (c) Age of husband or wife if alive 38 years
7. Date of Birth (Month, Day, Year) March 4 - 1893

8. AGE	Years	Months	Days	If less than 1 day
	50	10	17	hrs min.

9. Exact Occupation Miner — Did this work for ____ yrs.
10. Industry or Business Mining — Date last worked
11. Birthplace (City or town) (State or foreign country) Finland

Father
12. Name Not Known
13. Birthplace (City or town) (State or foreign country) Finland

Mother
14. Maiden name Not Known
15. Birthplace (City or town) (State or foreign country) Finland

16. Informant's OWN Signature Lillian Merkila and Address Mullan Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 26-44 (Month) (Day) (Year)
    (c) Place: Kingston Idaho
18. Funeral Director's OWN Signature John A Beaver (words) and Address Wallace Idaho
19. (a) Jan 29-44 (Date received and filed) (b) John A Beaver (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Jan 21 1944
    at 10:30 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 1-16-44 19__, to 1-21 1944
    I last saw him alive on 1-21 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Pulmonary Tuberculosis 136 1	
Due to Silicosis 114a	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ____ Date ____
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
    Occurred ____ 19__ City, county, state where violence occurred
    Place of Violence: Home ____ Farm ____ Industry ____
    Public Place ____ While at work? ____
    Means of injury
23. Attendant's OWN Signature Paul E Ellis (M. D. or other)
    and Address Wallace Ida. Date 1-22 1944

(For additional space, use reverse side)

FEB 7 1944

137576

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 9
Reg. Dist. No. 142

1. **PLACE OF DEATH:**
(a) County Shoshone
(b) City or town Kellogg
(c) Street Address or R. F. D. No. 1618 McKinley
(d) Death Occurred Inside? ✓ Outside? ____ city or town
(e) Died in a Home ✓ Hospital __ Institution __ Other place __
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 40 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Shoshone
(c) City or town Kellogg
(d) Street Address or R. F. D. No. 1618 McKinley
(e) Deceased lived Inside? ✓ Outside? ____ city or town
(f) Citizen of what country? U.S.
(g) How long had deceased lived in Idaho? 40 years
(h) Former residence (city, state) ____

3. (a) **FULL NAME** Orrice Ray Smith 94a

3. (b) If veteran, name war No
3. (c) Social Security No. 518-03-1427
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Nelle
6. (c) Age of husband or wife if alive 60 years
7. Date of Birth (Month, Day, Year) June 10, 1884

8. AGE	Years	Months	Days	If less than 1 day
	59	7	13	hrs min.

9. Exact Occupation Forman Cadmium Plant Did this work for 36 yrs.
10. Industry or Business Mining Date last worked Jan 23/44
11. Birthplace Gates (City or town) Oregon (State or foreign country)
Father
12. Name Don A Smith
13. Birthplace Illinois (City or town) (State or foreign country)
Mother
14. Maiden name Susan Turner
15. Birthplace Missouri (City or town) (State or foreign country)
16. Informant's OWN Signature Kendall Smith
and Address 1618 McKinley
17. (a) Entombment (Burial, cremation, or removal) (b) Date thereof Jan 26/44 (Month) (Day) (Year)
(c) Place: Riverside Park Spokane Wash
18. Funeral Director's OWN Signature Grant McGlade
and Address Kellogg Idaho
19. (a) Jan 26 1944 (Date received and filed) (b) Mrs. Helen McBride (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Jan 23 1944
at 12:30 o'clock A.M.
21. **I HEREBY CERTIFY,** That I attended deceased from Jan 23 1944, to Jan 23 1944
I last saw him alive on Jan 23 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Coronary Occlusion	Immediate
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation ____ Date ____	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature Robert Staley (M. D. or other)
and Address Kellogg Idaho Date 1-26 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

FEB 1 . 1944

Certificate Of Death

STATE OF IDAHO

State File No. 137577
Local Reg. No. 10
Reg. Dist. No. 140

1. **PLACE OF DEATH:** Shoshone
(a) County Shoshone
(b) City or town Wallace
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? Outside? city or town
(e) Died in a Home.... Hospital.... Institution.... Other place....
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 25 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Shoshone
(c) City or town Wallace
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? Outside? city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? 25 years
(h) Former residence (city, state) Wash.

3. (a) **FULL NAME** John C. Waldroup. 46 b

3. (b) If veteran, name war
3. (c) Social Security No. 518-01-6820
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Peggy.
6. (c) Age of husband or wife if alive 59 years
7. Date of Birth (Month, Day, Year) Aug-24-1885

8. AGE	Years	Months	Days	If less than 1 day
	58	5	0	hrs min.

9. Exact Occupation Truck Driver Did this work for yrs.
10. Industry or Business Shoshone County Date last worked
11. Birthplace Augusta (City or town) Ga. (State or foreign country)
Father
12. Name John Waldroup.
13. Birthplace (City or town) N.C. (State or foreign country)
Mother
14. Maiden name Sarah.
15. Birthplace Malcolm. (City or town) Ga. (State or foreign country)
16. Informant's **OWN** Signature Mrs Lillian Fleming
and Address Missoula Mont.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Jan 29-44. (Month) (Day) (Year)
(c) Place: Spokane Wash.
18. Funeral Director's **OWN** Signature Owen Bowen (Wards)
and Address Wallace Idaho
19. (a) 1-25-44 (Date received and filed) (b) John Bower (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Jan 24 1944
at 11:50 o'clock A. M.
21. **I HEREBY CERTIFY**, That I attended deceased from 11-10 1943, to 1-23 1944
I last saw h..... alive on 19....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Hypostatic Pneumonia 111c	48 hrs
Due to Carcinoma of Stomach + 46 b	6 mos
Due to Stricture of esophagus	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19.... City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature Paul M. Ellis (M. D. or other)
and Address Wallace Idaho Date 1-24 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137578
Local Reg. No. 10
Reg. Dist. No. 142

1. **PLACE OF DEATH:**
   (a) County Shoshone
   (b) City or town Kellogg
   (c) Street Address or R. F. D. No. 66
   (d) Death Occurred Inside? ✓ Outside? ____ city or town
   (e) Died in a Home __ Hospital __ Institution __ Other place __
   (f) Name Hosp. or Inst. Wardner Stayed 8 mo. days
   (g) Lived in this county 30 years ____ months ____ days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Shoshone
   (c) City or town Kellogg
   (d) Street Address or R. F. D. No. 66
   (e) Deceased lived Inside? ✓ Outside? ____ city or town
   (f) Citizen of what country? ____
   (g) How long had deceased lived in Idaho? 30 years
   (h) Former residence (city, state) Norway

3. (a) **FULL NAME** Crist Stendal. 73a

3. (b) If veteran, name war No
3. (c) Social Security No. 518-01-7339
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Geraldine
6. (c) Age of husband or wife if alive 37 years
7. Date of Birth (Month, Day, Year) Oct 11 1876

8. AGE	Years	Months	Days	If less than 1 day
	67	8	14	hrs min.

9. Exact Occupation Miner Did this work for 20 yrs.
10. Industry or Business ____ Date last worked ____
11. Birthplace ____ (City or town) Norway (State or foreign country)
Father
12. Name Don't Know
13. Birthplace ____ (City or town) ____ (State or foreign country)
Mother
14. Maiden name Don't Know
15. Birthplace ____ (City or town) ____ (State or foreign country)
16. Informant's OWN Signature Geraldine Stendal
and Address Kellogg Idaho
17. (a) cremation (Burial, cremation, or removal) (b) Date thereof Jan 31-44 (Month) (Day) (Year)
(c) Place: Spokane Wash.
18. Funeral Director's OWN Signature R. L. Stout
and Address Kellogg Idaho
19. (a) Jan-31-1944 (Date received and filed) (b) Mrs. Helen McBride (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Jan. 27 1944
at 6 15 o'clock A.M.
21. **I HEREBY CERTIFY,** That I attended deceased from 1943 19__, to Jan 27 1944
I last saw h. in alive on Jan 27 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: 95 c4	Duration
Acute Dilatation left	Heart
Due to Pernicious Anemia	1 year
Due to 73a	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation ____ Date ____	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature Robert Staley (M. D. or other)
and Address Kellogg Idaho Date 1-28 1944
(For additional space, use reverse side)

Dr. Staley

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137579
Local Reg. No. 12
Reg. Dist. No. 140

1. **PLACE OF DEATH:**
(a) County Shoshone
(b) City or town Kellogg Wallace
(c) Street Address or R. F. D. No. 121 Kellogg Ave
(d) Death Occurred Inside? ____ Outside? ✓ city or town
(e) Died in a Home ____ Hospital ✓ Institution ____ Other place ____
(f) Name Hosp. Wallace Hosp. Stayed 60 days
(g) Lived in this county 7 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Ida (b) County Shoshone
(c) City or town Kellogg
(d) Street Address or R. F. D. No. 121 Kellogg Ave
(e) Deceased lived Inside? ✓ Outside? ____ city or town
(f) Citizen of what country? N.B.
(g) How long had deceased lived in Idaho? 7 years
(h) Former residence (city, state) Chesaw Lake Wash

3. (a) **FULL NAME** Lizzie Maria Mann 46 f

3. (b) If veteran, name war ____ 3. (c) Social Security No. ____
4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife ✓ 6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) Feb. 1-1859

8. AGE	Years	Months	Days	If less than 1 day
	84	11	29	hrs min.

9. Exact Occupation Housewife Did this work for ____ yrs.
10. Industry or Business ____ Date last worked ____
11. Birthplace Ontario Canada (City or town) (State or foreign country)
Father
12. Name John Manning
13. Birthplace England (City or town) (State or foreign country)
Mother
14. Maiden name Sarah Diggins
15. Birthplace Ireland (City or town) (State or foreign country)
16. Informant's OWN Signature Earl L. Mann
and Address 121 Kellogg Ave. Kellogg Ida.
17. (a) Burial (b) Date thereof 2-1-44 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: Calvert Defiance Ida
18. Funeral Director's OWN Signature R. L. Stout
and Address 320 Main St Kellogg Ida
19. (a) Feb-4-44 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Jan 31 1944
at 7 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from 12-2 1943, to 1-31 1944
I last saw h____ alive on ____ 19____; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: 111C	Duration
Hypostatic pneumonia	48 hrs
Due to Carcinoma of liver	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation ____ Date ____	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature Paul Ellis (M. D. or other)
and Address Wallace Ida Date 2-3 1944
(For additional space, use reverse side)

United States
Department of Commerce
Bureau of the Census

FEB 10 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137582
Local Reg. No. 16
Reg. Dist. No. 461

1. **PLACE OF DEATH:**
   (a) County Twin Falls
   (b) City or town Twin Falls
   (c) Street Address or R. F. D. No. Route 1,
   (d) Death Occurred Inside? ____ Outside? X city or town
   (e) Died in a Home X Hospital __ Institution __ Other place __
   (f) Name Hosp. or Inst. ____ Stayed ____ days
   (g) Lived in this county 33 years ____ months ____ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Twin Falls
   (c) City or town Twin Falls
   (d) Street Address or R. F. D. No. Route 1,
   (e) Deceased lived Inside? ____ Outside? X city or town
   (f) Citizen of what country? U. S.
   (g) How long had deceased lived in Idaho? 33 years
   (h) Former residence (city, state) Minn.

3. (a) FULL NAME HOLMAN, Mrs. Beatrice Lydia

93d

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Frank
6. (c) Age of husband or wife if alive 73 years
7. Date of Birth (Month, Day, Year) April 12, 1872

8. AGE	Years	Months	Days	If less than 1 day
	71	8	20	hrs min.

9. Exact Occupation Housewife — Did this work for ____ yrs.
10. Industry or Business Own Home — Date last worked ____
11. Birthplace Afton, Minn. (City or town) (State or foreign country)

Father
12. Name Gorham Fezzand Davies
13. Birthplace Portland, Maine (City or town) (State or foreign country)

Mother
14. Maiden name Lydia Ann Bennett
15. Birthplace Doerun, Penn. (City or town) (State or foreign country)

16. Informant's OWN Signature Marjorie Swallow
and Address Twin Falls, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/7/44 (Month) (Day) (Year)
(c) Place: Tw Sunset Mem. Park Cem.
18. Funeral Director's OWN Signature White Mortuary
and Address Twin Falls, Idaho
19. (a) [illegible] (Date received and filed) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) January 2, 1944
at 9:15 o'clock A. M.
21. **I HEREBY CERTIFY,** That I attended deceased from not at all to ____ 19__
I last saw h__ alive on not at all 19__; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: 94a — Duration
coronary thrombosis — minutes
Due to arteriosclerotic heart disease — years
93d
Due to ____
Other conditions none
(Include pregnancy within 3 months of death)
Where was disease contracted? Idaho
Name of operation none Date ____
Major finding ____
Finding of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature Clarence W. Schultz, M.D. (M. D. or other)
County Coroner
and Address Twin Falls Date Jan 6 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

FEB 10 1944

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 1375-3
Local Reg. No. 17
Reg. Dist. No. 460

1. **PLACE OF DEATH:**
   (a) County Twin Falls
   (b) City or town Twin Falls
   (c) Street Address or R. F. D. No. 448 Van Buren
   (d) Death Occurred Inside? X Outside? ____ city or town
   (e) Died in a Home X Hospital ____ Institution ____ Other place ____
   (f) Name Hosp. or Inst. ____ Stayed ____ days
   (g) Lived in this county ____ years 2 months ____ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Twin Falls
   (c) City or town Twin Falls
   (d) Street Address or R. F. D. No. 448 Van Buren
   (e) Deceased lived Inside? x Outside? ____ city or town
   (f) Citizen of what country? ____
   (g) How long had deceased lived in Idaho? ____ years
   (h) Former residence (city, state) ____

3. (a) FULL NAME Shell, Phill

108

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife ____
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) October 5, 1943

8. AGE	Years	Months	Days	If less than 1 day
	0	2	29	hrs ____ min.

9. Exact Occupation Infant — Did this work for ____ yrs.
10. Industry or Business ____ — Date last worked ____
11. Birthplace Twin Falls, Idaho (City or town) (State or foreign country)

Father
12. Name Benjamin H. Shell
13. Birthplace Grant County, W.V. (City or town) (State or foreign country)

Mother
14. Maiden name Eva Mae Davis
15. Birthplace Price, Utah (City or town) (State or foreign country)

16. Informant's OWN Signature X Eva Mae Shell
and Address Twin Falls, Idaho
17. (a) Burial (Burial, cremation or removal) (b) Date thereof 1/6/44 (Month) (Day) (Year)
(c) Place: Filer Cem.
18. Funeral Director's OWN Signature White Mortuary
and Address Twin Falls, Idaho
19. (a) ____ (Date received and filed) (b) ____ (Registrar's Signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) January 4, 1944
at ____ o'clock ____ M.

21. **I HEREBY CERTIFY,** That I attended deceased from Oct. 5, 1943, to Jan. 4, 1944
I last saw him alive on Jan. 3, 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: 108 Labor Premature — Duration 2 hrs.
Due to Premature infant — 4 lbs. at birth. 159
Due to ____
Other conditions ____
(Include pregnancy within 3 months of death)

Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy None

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's OWN Signature [illegible] M.D.
(M. D. or Other)
and Address Twin Falls, Ida. Date 4/4/44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

FEB 10 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137584
Local Reg. No. 10
Reg. Dist. No. 461

1. **PLACE OF DEATH:**
(a) County Twin Falls
(b) City or town Twin Falls
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? * city or town
(e) Died in a Home Hospital * Institution Other place
(f) Name Hosp. or Inst. Twin Falls Stayed 5 days
(g) Lived in this county 9 years ? months ? days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Twin Falls
(c) City or town Buhl
(d) Street Address or R. F. D. No. 800 Bdw.
(e) Deceased lived Inside? * Outside? city or town
(f) Citizen of what country? U. S.
(g) How long had deceased lived in Idaho? 35 years
(h) Former residence (city, state) Same

3. (a) **FULL NAME** Fredrick (Fred) C. Spencer 93d

3. (b) If veteran, name war no
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ida M.
6. (c) Age of husband or wife if alive 70 years
7. Date of Birth (Month, Day, Year) Nov. 6, 1866

8. AGE	Years	Months	Days	If less than 1 day
	78	0	29	hrs min.

9. Exact Occupation Service Sta. Op. Did this work for 30 yrs.
10. Industry or Business Ser. Sta. Owner Date last worked 12/15/43
11. Birthplace Ontario, Canada (City or town) (State or foreign country)
Father
12. Name Corey Spencer
13. Birthplace Canada (City or town) (State or foreign country)
Mother
14. Maiden name Margaret Spenser
15. Birthplace Canada (City or town) (State or foreign country)
16. Informant's OWN Signature C. C. Spencer
and Address Buhl, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/6/44 (Month) (Day) (Year)
(c) Place: Sunset Memorial-Twin Falls
18. Funeral Director's OWN Signature B. T. Albertson
and Address Buhl, Idaho
19. (a) 1/6/44 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) January 4, 1944
at 2:10 o'clock A. M.
21. **I HEREBY CERTIFY,** That I attended deceased from Dec 28 1943, to Jan 4 1944
I last saw him alive on Jan 3 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
1 Hypostatic pneumonia 93d	3 days
Due to Arteriosclerotic myocarditis	20 yrs
Due to Sunlight 162	20 yrs
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature [signature] M. D. (M. D. or other)
and Address Filer, Ida Date 1-4 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

FEB 10 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 1375[illegible]5
Local Reg. No. # 6
Reg. Dist. No. 461

1. **PLACE OF DEATH:**
(a) County Twin Falls
(b) City or town Twin Falls
(c) Street Address or R. F. D. No. RFD
(d) Death Occurred Inside? ____ Outside? X city or town
(e) Died in a Home X Hospital __ Institution __ Other place __
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 38 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County T. Falls
(c) City or town Twin Falls
(d) Street Address or R. F. D. No. RFD
(e) Deceased lived Inside? ____ Outside? X city or town
(f) Citizen of what country? Germany
(g) How long had deceased lived in Idaho? 38 years
(h) Former residence (city, state) Union Town, Wash

3. (a) FULL NAME Gertrude Hof

83a

3. (b) If veteran, name war ____ 3. (c) Social Security No. ____
4. Sex Female 5. Color or race ____ 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife ____ 6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) January 12, 1864

8. AGE	Years	Months	Days	If less than 1 day
	79	11	23	hrs min.

9. Exact Occupation Housewife Did this work for ____ yrs.
10. Industry or Business ____ Date last worked ____
11. Birthplace ____ (City or town) Germany (State or foreign country)
Father
12. Name Nicholas Baur
13. Birthplace ____ (City or town) Germany (State or foreign country)
Mother
14. Maiden name No Information
15. Birthplace ____ (City or town) Germany (State or foreign country)
16. Informant's OWN Signature Margaret Hof
and Address P. O. Box 263 Twin Falls Ida
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-7-44 (Month) (Day) (Year)
(c) Place: Twin Falls Cemetery
18. Funeral Director's OWN Signature S. E. Phillips
and Address Twin Falls, Idaho
19. (a) Jan 10 1944 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) January 4, 1944
at 11:00 o'clock A M.
21. I HEREBY CERTIFY, That I attended deceased from 1926 19__ to Jan 4th 1943
I last saw her alive on Dec 23 1943; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebral hemorrhage	10 days
Due to Aorta Sclerosis	20 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation ____ Date ____	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature John H. Langelin (M. D. or other)
and Address Twin Falls Date 1-7 1943
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

FEB 10 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137586
Local Reg. No. 5
Reg. Dist. No. 461

1. **PLACE OF DEATH:**
   (a) County Twin Falls
   (b) City or town Twin Falls
   (c) Street Address or R. F. D. No. 2
   (d) Death Occurred Inside? ____ Outside? X city or town
   (e) Died in a Home ____ Hospital X Institution Other place ____
   (f) Name Hosp. or Inst. Portneuf Rest Home Stayed ____ days
   (g) Lived in this county 29 years ____ months ____ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Twin Falls
   (c) City or town Twin Falls
   (d) Street Address or R. F. D. No. 2
   (e) Deceased lived Inside? ____ Outside? X city or town
   (f) Citizen of what country? U. S.
   (g) How long had deceased lived in Idaho? 29 years
   (h) Former residence (city, state) Humeston, Ia.

3. (a) **FULL NAME** Milo B. Gwinn

83a

3. (b) If veteran, name war ____ 3. (c) Social Security No. ____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Sarah 6. (c) Age of husband or wife if alive D. years

7. Date of Birth (Month, Day, Year) February 24, 1859

8. AGE	Years	Months	Days	If less than 1 day
	84	10	11	hrs ____ min.

9. Exact Occupation Retired Farmer Did this work for ____ yrs.
10. Industry or Business ____ Date last worked ____
11. Birthplace Lewisburg, Iowa (City or town) (State or foreign country)

Father
12. Name James M. Gwinn
13. Birthplace Green Sulphur Springs, W. Va. (City or town) (State or foreign country)

Mother
14. Maiden name Lovicy Chamberlain
15. Birthplace Augusta, Maine (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mrs. Birdie G. Porter
and Address Route 2, Twin Falls, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/7/44 (Month) (Day) (Year)
(c) Place: Twin Falls Cemetery

18. Funeral Director's **OWN** Signature Reynolds Funeral Home, James C. Reynolds
and Address Twin Falls, Idaho

19. (a) Jan 9 1944 (Date received and filed) (b) [signature] (Registrar's Signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) January 5 1944
at 2:10 o'clock P. M.

21. **I HEREBY CERTIFY,** That I attended deceased from 1930 19__ to 1-5 1944
I last saw him alive on 12-19 1943; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebral hemorrhage	10 hrs
Due to arterial hypertension	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's **OWN** Signature [signature] (M. D. or other)
and Address ____ Date 1-7 1944

(For additional space, use reverse side)

United States
Department of Commerce
Bureau of the Census

FEB 10 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137587
Local Reg. No. 4
Reg. Dist. No. 461

1. **PLACE OF DEATH:**
(a) County Twin Falls
(b) City or town Twin Falls,
(c) Street Address or R. F. D. No. 206 Main South
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home ____ Hospital ____ Institution ____ Other place X
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 1 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under Item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Twin Falls
(c) City or town Twin Falls
(d) Street Address or R. F. D. No. 206 Main South
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? U. S. A.
(g) How long had deceased lived in Idaho? 1 yr. years
(h) Former residence (city, state) Salt Lake, Utah

3. (a) **FULL NAME** Charles Christian Wagener 131a

3. (b) If veteran, name war ____ 3. (c) Social Security No. ____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife ____ 6. (c) Age of husband or wife if alive ____ years

7. Date of Birth (Month, Day, Year) July 23, 1871

8. AGE	Years	Months	Days	If less than 1 day
	72	5	10	hrs ____ min.

9. Exact Occupation Mining Engineer Did this work for ____ yrs.
10. Industry or Business ____ Date last worked ____
11. Birthplace unknown (City or town) (State or foreign country)

Father
12. Name unknown
13. Birthplace unknown (City or town) (State or foreign country)

Mother
14. Maiden name unknown
15. Birthplace unknown (City or town) (State or foreign country)

16. Informant's **OWN** Signature H. H. Frantz
and Address Twin Falls, Ida[illegible]

17. (a) Removal (Burial, cremation, or removal) (b) Date there 1/7/44 (Month) (Day) (Year)
(c) Place: Salt Lake City, Utah.

18. Funeral Director's **OWN** Signature Reynolds [illegible]eral Home Maurine [illegible]derry
and Address Twin Falls, I[illegible]

19. (a) Jan 7-1944 (Date received and filed) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) January 6, 1944
at 10:30 o'clock A. M.

21. **I HEREBY CERTIFY,** That I attended deceased from Dec. 3rd 1943, to 1/6/ 1944
I last saw him alive on Dec. 23 1943, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
83a1	
Cerebral Hemorrhage	
Due to Hypertension →	Had had at for
Cardio-Vascular, renal	years.
Due to 131a disease	1
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's **OWN** Signature O. H. Drake (M. D. or other)
and Address Twin Falls, Idaho Date Jan 7 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

FEB 10 1944

137588

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 20
Reg. Dist. No. 461

1. **PLACE OF DEATH:**
(a) County Twin Falls
(b) City or town Twin Falls
(c) Street Address or R. F. D. No. T.F.Co.Hosp.
(d) Death Occurred Inside? Outside? X city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. Stayed 3 days
(g) Lived in this county 28 years 2 months 3 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Twin Falls
(c) City or town Filer
(d) Street Address or R. F. D. No. 2
(e) Deceased lived Inside? Outside? X city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 28 years
(h) Former residence (city, state) none

3. (a) **FULL NAME** LINCOLN, Albert Richard

1316

3. (b) If veteran, name war no
3. (c) Social Security No. 519-03-2149
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) November 6th, 1915

8. AGE	Years	Months	Days	If less than 1 day
	28	2	3	hrs min.

9. Exact Occupation Electrician — Did this work for seven yrs.
10. Industry or Business — Date last worked 1-4-44
11. Birthplace Filer, (City or town) Idaho. (State or foreign country)

Father
12. Name Richard D. Lincoln
13. Birthplace Soda Springs, (City or town) Idaho (State or foreign country)

Mother
14. Maiden name Rose Cliver
15. Birthplace Nebraska (City or town) (State or foreign country)

16. Informant's **OWN** Signature X R D Lincoln
and Address Rt. #2, Filer, Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 1/12/44 (Month) (Day) (Year)
(c) Place: Sunset Mem. Park Cem.
18. Funeral Director's **OWN** Signature White Mortuary, Russell Phillips
and Address Twin Falls, Idaho
19. (a) JAN-15-1944 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Jan 9 1944
at 5:05 o'clock P. M.

21. **I HEREBY CERTIFY**, That I attended deceased from Jan 5 1944 to Jan 9 1944
I last saw him alive on Jan 9 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
acute exacerbation of	one week
Due to chronic glomerulo nephritis	1 year
Due to uremia	3 days
Other conditions none (Include pregnancy within 3 months of death)	

Where was disease contracted? Idaho
Name of operation none Date
Major finding
Finding of autopsy none

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature Clarence H. Schelt, M.D. (M. D. or other)
and Address Twin Falls Date Jan 10 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

FEB 10 1944

137589

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 12
Reg. Dist. No. 461

1. **PLACE OF DEATH:**
(a) County Twin Falls
(b) City or town Twin Falls
(c) Street Address or R. F. D. No. 261 Blue Lakes N.
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home X Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. ____ Stayed 13 weeks days
(g) Lived in this county ____ years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Utah (b) County Cache
(c) City or town Smithfield
(d) Street Address or R. F. D. No. ____
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 13 weeks/yrs
(h) Former residence (city, state) Smithfield, Utah

3. (a) **FULL NAME** HILLYARD, Mrs. Mary Theresa

946

3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife John F. (deceased)
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) Febuary 8th, 1865

8. AGE	Years	Months	Days	If less than 1 day
	78	11	1	hrs ____ min.

9. Exact Occupation Housewife — Did this work for 55 yrs.
10. Industry or Business Own home — Date last worked 1942
11. Birthplace Smithfield, (City or town) Utah (State or foreign country)

Father
12. Name S. S. Merrill
13. Birthplace Illinois (City or town) (State or foreign country)

Mother
14. Maiden name Jane Olmstead
15. Birthplace Illinois (City or town) (State or foreign country)

16. Informant's OWN Signature Ethel M. Conant
and Address 261 Blue Lakes Blvd. N.

17. (a) removal (Burial, cremation, or removal) (b) Date thereof 1-12-44 (Month) (Day) (Year)
(c) Place: Smithfield, Utah

18. Funeral Director's OWN Signature Ella M. Lohrl E-249
and Address Twin Falls, Idaho

19. (a) FEB 12 1944 (Date received and filed) (b) ____ (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) January 9th, 1944
at 5:10 o'clock P. M.

21. **I HEREBY CERTIFY**, That I attended deceased from Nov. 11 1943, to Jan. 9th. 1944
I last saw her alive on Jan. 8 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Angina Pectoris	1 yr.
Due to	
High blood pressure	
Due to	
Other conditions Senility	
(Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ____ Date ____
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work?
Means of injury

23. Attendant's OWN Signature J. E. Langenwalter (M. D. or other)
and Address Twin Falls, Idaho Date 1-10 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

FEB 1 0 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137590
Local Reg. No. 26
Reg. Dist. No. 461

1. **PLACE OF DEATH:** Twin Falls
(a) County Twin Falls
(b) City or town Twin Falls
(c) Street Address or R. F. D. No. Sanitarium Farm
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home X Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county ____ years 1 months 4 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Gooding
(c) City or town Hagerman
(d) Street Address or R. F. D. No. 99
(e) Deceased lived Inside? ____ Outside? + city or town
(f) Citizen of what country? U. S. A.
(g) How long had deceased lived in Idaho? 18 years
(h) Former residence (city, state) Glenview Ill

3. (a) **FULL NAME** Philip A. Kennicott

520

3. (b) If veteran, name war X
3. (c) Social Security No. X
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Elsie H.
6. (c) Age of husband or wife if alive 68 years
7. Date of Birth (Month, Day, Year) May 3rd, 1864

8. AGE	Years	Months	Days	If less than 1 day
	79	8	8	hrs ____ min.

9. Exact Occupation Physician & Surgeon — Did this work for 36 yrs.
10. Industry or Business ____ — Date last worked 1925
11. Birthplace The Grove Ill (City or town) (State or foreign country)

Father
12. Name Alonzo Kennicott
13. Birthplace New York (City or town) (State or foreign country)

Mother
14. Maiden name Catharine Phillips
15. Birthplace Jamanda New York (City or town) (State or foreign country)

16. Informant's **OWN** Signature Elsie H. Kennicott
and Address Twin Falls Ida

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-13-44 (Month) (Day) (Year)
(c) Place: Hagerman Ida

18. Funeral Director's **OWN** Signature Evans & Johnson
and Address Twin Falls Ida

19. (a) JAN 24 1944 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Jan 11 1944
at 8 o'clock A.M.

21. **I HEREBY CERTIFY,** That I attended deceased from 1-9 1944 to 1-11 1944
I last saw h[illegible] alive on 1-9 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Senility and Ca — Duration ____
Due to g water ____
Due to ____
Other conditions ____
(Include pregnancy within 3 months of death)

Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19 ____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's **OWN** Signature A. A. Barton M.D. (M. D. or other)
and Address Twin Falls Ida Date 1/11 1944

(For additional space, use reverse side)

United States
Department of Commerce
Bureau of the Census

FEB 10 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137591
Local Reg. No. 21
Reg. Dist. No. 461

1. **PLACE OF DEATH:**
(a) County Twin Falls
(b) City or town Twin Falls
(c) Street Address or R. F. D. No. 341-Buchanan St.
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home X Hospital __ Institution __ Other place __
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 9 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Twin Falls
(c) City or town Kimberly
(d) Street Address or R. F. D. No. ____
(e) Deceased lived Inside? ____ Outside? X city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 9 years
(h) Former residence (city, state) Cozad, Nebraska

3. (a) FULL NAME BROWN, Clarence C.

109b

3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife ____
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) December 5th, 1904

8. AGE	Years	Months	Days	If less than 1 day
	39	1	6	hrs min.

9. Exact Occupation Farmer Did this work for ____ yrs.
10. Industry or Business ____ Date last worked ____
11. Birthplace Cozad, (City or town) Nebraska (State or foreign country)
Father
12. Name Issac Brown
13. Birthplace (City or town) Iowa (State or foreign country)
Mother
14. Maiden name Fay Woodside,
15. Birthplace Cozad, (City or town) Nebraska (State or foreign country)
16. Informant's OWN Signature Ralph Bennett
and Address 341 Buchanan St, Twin Falls, Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 1/13/44 (Month) (Day) (Year)
(c) Place: Sunset Memorial Park
18. Funeral Director's OWN Signature White Mortuary Ella M. White E-249
and Address Twin Falls, Idaho.
19. (a) Jan 15-1944 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) January 11, 1944
at 6:00 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from Jan. 9, 1944 to ____ 19__
I last saw him alive on Jan. 9, 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
	as above
Due to pneumonia	
Due to	
Other conditions One lung (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation ____ Date ____	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature F. G. Edwards M.D. (M. D. or other)
and Address Twin Falls, Idaho Date ____ 19__
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

FEB 10 [illegible]

137592

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 34
Reg. Dist. No. 461

1. **PLACE OF DEATH:**
(a) County Twin Falls
(b) City or town Buhl
(c) Street Address or R. F. D. No. 3
(d) Death Occurred Inside? ____ Outside? X city or town
(e) Died in a Home X Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 3 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Twin Falls
(c) City or town Buhl
(d) Street Address or R. F. D. No. 3
(e) Deceased lived Inside? ____ Outside? X city or town
(f) Citizen of what country? U. S. A.
(g) How long had deceased lived in Idaho? 56 years
(h) Former residence (city, state) O'Neill, Neb.

3. (a) **FULL NAME** Elias Dewain Brawn 200a

3. (b) If veteran, name war X
3. (c) Social Security No. 537-01-2390
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary Jane Brawn
6. (c) Age of husband or wife if alive 59 years
7. Date of Birth (Month, Day, Year) Sept. 9th 1881

8. AGE	Years	Months	Days	If less than 1 day
	62	4	3	hrs ____ min.

9. Exact Occupation Builder — Did this work for 35 yrs.
10. Industry or Business Springfield — Date last worked
11. Birthplace Springfield (City or town) Iowa (State or foreign country)

Father
12. Name Wesley Brawn
13. Birthplace Iowa (City or town) (State or foreign country)

Mother
14. Maiden name Sarah Brawn
15. Birthplace Iowa (City or town) (State or foreign country)

16. Informant's **OWN** Signature Cecil V Brawn
and Address Filer Ida
17. (a) Burial (Burial, cremation or removal) (b) Date thereof Jan. 15 '44 (Month) (Day) (Year)
(c) Place: Buhl, Ida.
18. Funeral Director's **OWN** Signature Evans & Johnson
and Address Buhl, Ida. E. E. Johnson
19. (a) ____ (Date received and filed) (b) ____ (Registrar's Signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) January 12 19 44
at 3:00 o'clock P. M.

21. **I HEREBY CERTIFY,** That I attended deceased from August 1 1938, to Jan. 12 1944
I last saw him alive on Jan. 12 19 44; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Respiratory Failure	15 min.
Due to Cardiac Failure	6 years
Due to Circulatory Failure	15 min.
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ____ Date ____
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19 ____ City, county, state where violence occurred
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work?
Means of injury

23. Attendant's **OWN** Signature John W. Wheeler, M. D. or
(M. D. or other)
and Address Buhl, Idaho Date Jan. 15 19 44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

137593

United States
Department of Commerce
Bureau of the Census

FEB 1 9 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 13
Reg. Dist. No. 460

1. **PLACE OF DEATH:**
(a) County Twin Falls
(b) City or town Twin Falls
(c) Street Address or ~~XXXXX~~ No. 246 Sidney St.
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home X Hospital __ Institution __ Other place __
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county ____ years 3 months 12 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Twin Falls
(c) City or town Twin Falls
(d) Street Address or ~~XXXXX~~ No. 246 Sidney St.
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 3½ mos years
(h) Former residence (city, state) Triumph, Minn

3. (a) FULL NAME Wolf, Richard Allen

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3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife ____
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) December 17, 1942

8. AGE	Years	Months	Days	If less than 1 day
	1	0	26	hrs min.

9. Exact Occupation none (child) Did this work for ____ yrs.
10. Industry or Business ____ Date last worked ____
11. Birthplace Triumph, (City or town) Minnesota (State or foreign country)
Father
12. Name Frank H. Wolf.
13. Birthplace Martin County, (City or town) Minn (State or foreign country)
Mother
14. Maiden name Marie Heffle
15. Birthplace Cottonwood County, (City or town) Minn (State or foreign country)
16. Informant's OWN Signature Frank H. Wolf
and Address 246 Sidney St. Twin Falls
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 1/14/44 (Month) (Day) (Year)
(c) Place: Mt. Lake, Minn
18. Funeral Director's OWN Signature White Mortuary
and Address Twin Falls, Idaho
19. (a) Jan. 14 1944 (Date received and filed) (b) [signature] (Registrar's Signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) January 12, 1944 19__ at 1:30 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from Dec 31 1943, to Jan 12 1944
I last saw him alive on Jan 11 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Virus pneumonia	
Fly	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation ____ Date ____	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature R. A. Drake MD (M. D. or other)
and Address Twin Falls, Ida Date Jan. 12 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

FEB 10 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137594
Local Reg. No. 35
Reg. Dist. No. 461

1. **PLACE OF DEATH:**
(a) County Twin Falls
(b) City or town Buhl.
(c) Street Address or R. F. D. No. 115-14th. Ave. No.
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home X Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 30 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Ida. (b) County Twin Falls
(c) City or town Buhl
(d) Street Address or R. F. D. No. 115-14th. Ave.
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 30 years
(h) Former residence (city, state) Tenn.

3. (a) **FULL NAME** Matilda King 93d

3. (b) If veteran, name war X
3. (c) Social Security No. X
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife James A.
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) July 14th. 1862

8. AGE	Years	Months	Days	If less than 1 day
	81	6	1	hrs ____ min.

9. Exact Occupation Housewife — Did this work for ____ yrs.
10. Industry or Business ____ — Date last worked ____
11. Birthplace Pinebill, Ky. (City or town) (State or foreign country)

Father
12. Name Robert Mason
13. Birthplace ____ Ky. (City or town) (State or foreign country)

Mother
14. Maiden name Elizabeth Low
15. Birthplace ____ Ky. (City or town) (State or foreign country)

16. Informant's **OWN** Signature Dewey Young
and Address Rt 1 Buhl Ida

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-19-44 (Month) (Day) (Year)
(c) Place: Buhl

18. Funeral Director's **OWN** Signature Evans & Johnson
and Address Buhl.

19. (a) 1/19/44 (Date received and filed) (b) E. A. Johnson (Registrar)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Jan. 15 1944
at 11 o'clock P. M.

21. **I HEREBY CERTIFY,** That I attended deceased from 1936 to Jan. 1944
I last saw her alive on Jan. 14 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Hypostatic Pneumonia	2 days
Due to Senility	
Due to	
Other conditions Chronic myocarditis	
(Include pregnancy within 3 months of death)	

Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's **OWN** Signature M. A. Drake M D
and Address Buhl Ida (M. D. or other) Date 1-24 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

FEB 10 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137595
Local Reg. No. 31
Reg. Dist. No. 461

1. **PLACE OF DEATH:**
(a) County Twin Falls
(b) City or town Twin Falls
(c) Street Address or R. F. D. No. *
(d) Death Occurred Inside? ____ Outside? * city or town
(e) Died in a Home ____ Hospital * Institution ____ Other place ____
(f) Name Hosp. or Inst. Twin Falls Stayed 5 days
(g) Lived in this county 8 years ? months ? days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Twin Falls
(c) City or town Buhl
(d) Street Address or R. F. D. No. 129 So. 7th
(e) Deceased lived Inside? * Outside? ____ city or town
(f) Citizen of what country? U. S.
(g) How long had deceased lived in Idaho? 8 years
(h) Former residence (city, state) same

3. (a) FULL NAME Mrs. Emma Gietzen

3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Joseph
6. (c) Age of husband or wife if alive 66 years
7. Date of Birth (Month, Day, Year) Dec. 19, 1883

8. AGE	Years	Months	Days	If less than 1 day
	60	0	28	hrs ____ min.

9. Exact Occupation Housekeeper — Did this work for 40 yrs.
10. Industry or Business Housekeeping — Date last worked 12/15/43
11. Birthplace Unknown, Ohio (City or town) (State or foreign country)
Father
12. Name Unknown
13. Birthplace Unknown (City or town) (State or foreign country)
Mother
14. Maiden name Unknown
15. Birthplace Unknown (City or town) (State or foreign country)
16. Informant's OWN Signature Mrs Frank Gietzen
and Address Buhl, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/19/44 (Month) (Day) (Year)
(c) Place: Buhl City Cemetery
18. Funeral Director's OWN Signature E. J. Allerton
and Address Buhl, Idaho
19. (a) 1/20/44 (Date received and filed) (b) [signature] (Registrar's Signature)

1/20/44

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) January 15, 1944
at 2:40 o'clock A. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 1941 to 1944
I last saw her alive on Jan. 14 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Bronchopneumonia	1 week
Due to Chronic myocarditis and myocardial degeneration	years
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Extreme Obesity	years
Where was disease contracted?	
Name of operation ____ Date ____	
Major finding	
Finding of autopsy	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury
23. Attendant's OWN Signature M. A. Drake M.D. (M. D. or other)
and Address 120 - 9th Date 1-17-1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

FEB 10 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137596
Local Reg. No. 36
Reg. Dist. No. 461

1. **PLACE OF DEATH:**
(a) County Twin Falls,
(b) City or town Buhl,
(c) Street Address or R. F. D. No. 216-9th. Ave. No.
(d) Death Occurred Inside? x Outside? ____ city or town
(e) Died in a Home x Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 36 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Twin Falls
(c) City or town Buhl
(d) Street Address or R. F. D. No. 216-9th. Ave. No
(e) Deceased lived Inside? x Outside? ____ city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 38 years
(h) Former residence (city, state) Raton, N.M.

3. (a) **FULL NAME** Charlotte Colvin Johnson, 63b

3. (b) If veteran, name war x
3. (c) Social Security No. x
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife L.J.Johnson,
6. (c) Age of husband or wife if alive 59 years
7. Date of Birth (Month, Day, Year) Jan.31st.1892

8. AGE	Years	Months	Days	If less than 1 day
	51	11	16	hrs ____ min.

9. Exact Occupation Housewife — Did this work for 23 yrs.
10. Industry or Business ____ Date last worked 1/15/44
11. Birthplace Hillsboro, Ill (City or town) (State or foreign country)

Father
12. Name Chas. H.McQuown,
13. Birthplace Hillsboro, Ill. (City or town) (State or foreign country)

Mother
14. Maiden name Elizabeth Colvin,
15. Birthplace ( ) Hillsboro, Ill. (City or town) (State or foreign country)

16. Informant's **OWN** Signature L. J. Johnson
and Address 216 9th. Ave. No Buhl

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/20/44 (Month) (Day) (Year)
(c) Place: Buhl, Ida.

18. Funeral Director's **OWN** Signature S. B. Phillips
and Address Twin Falls, Ida.

19. (a) 1/20/44 (Date received and filed) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 1-16 1944
at 9:15 o'clock A. M.

21. **I HEREBY CERTIFY,** That I attended deceased from 11-2 1943, to 1-16 1944
I last saw her alive on 1-15 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Paroxysmal Tachycardia	10 hrs.
Due to Goitre	4 years
Due to	
Other conditions Myocardial degeneration (Include pregnancy within 3 months of death)	4 years
Where was disease contracted?	
Name of operation ____ Date ____	
Major finding	
Finding of autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's **OWN** Signature M. A. Drake M D (M. D. or other)
and Address Buhl Ida Date 1-26 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

137597

United States
Department of Commerce
Bureau of the Census

FEB 10 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 23
Reg. Dist. No. 461

1. **PLACE OF DEATH:**
   (a) County Twin Falls
   (b) City or town Twin Falls
   (c) Street Address or R. F. D. No. 1
   (d) Death Occurred Inside? Outside? X city or town
   (e) Died in a Home X Hospital Institution Other place
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county 28 years 5 months days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County T. Falls
   (c) City or town Twin Falls
   (d) Street Address or R. F. D. No.
   (e) Deceased lived Inside? Outside? X city or town
   (f) Citizen of what country?
   (g) How long had deceased lived in Idaho? 28 years
   (h) Former residence (city, state) Pomona, Calif.

3. (a) **FULL NAME** Thomas Jefferson Lester

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3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Bertha
6. (c) Age of husband or wife if alive 48 years
7. Date of Birth (Month, Day, Year) May 11, 1883

8. AGE	Years	Months	Days	If less than 1 day
	60	8	5	hrs min.

9. Exact Occupation Plasterer — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace Sterling (City or town) Nebraska (State or foreign country)

Father
12. Name Zaus Lester
13. Birthplace Michigan (City or town) (State or foreign country)

Mother
14. Maiden name Elizabeth Hitt
15. Birthplace Penn. (City or town) (State or foreign country)

16. Informant's OWN Signature Bertha Lester
and Address Route 1, Twin Falls, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/18/44 (Month) (Day) (Year)
(c) Place: Filer I.O.O.F. Cemetery
18. Funeral Director's OWN Signature Reynolds Funeral Home
and Address Twin Falls Idaho
19. (a) Jan 20 1944 (Date received and filed) (b) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) January 16, 1944
at 10:10 o'clock A.M.
21. **I HEREBY CERTIFY,** That I attended deceased from Oct 1943 to Jan 16 1944
I last saw him alive on Jan 15 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cachexia	1 month
Due to Generalized Tuberculosis	5 yrs
Due to Pulmonary Tuberculosis	20 yrs
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's OWN Signature Jno R Anderson M D (M. D. or other)
and Address Filer Idaho Date Jan 17 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

137598

United States
Department of Commerce
Bureau of the Census

FEB 10 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 32
Reg. Dist. No. 461

1. **PLACE OF DEATH:**
(a) County Twin Falls
(b) City or town Twin Falls
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? * city or town
(e) Died in a Home Hospital * Institution Other place
(f) Name Hosp. or Inst. Twin Falls Stayed 15 days
(g) Lived in this county 40 years ? months ? days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Twin Falls
(c) City or town Buhl
(d) Street Address or R. F. D. No. 909 Robertson
(e) Deceased lived Inside? Outside? * city or town
(f) Citizen of what country? U. S.
(g) How long had deceased lived in Idaho? 56 years
(h) Former residence (city, state) same

3. (a) **FULL NAME** Dr. James M. Rogers 186a

3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Minnie Allen
6. (c) Age of husband or wife if alive 75 years
7. Date of Birth (Month, Day, Year) May 15, 1869

8. **AGE**

Years	Months	Days	If less than 1 day
74	8	2	hrs min.

9. Exact Occupation Retired Dentist — Did this work for 35 yrs.
10. Industry or Business Dentistery — Date last worked 1939
11. Birthplace Texas Co. (City or town) Missouri (State or foreign country)

Father
12. Name Unknown
13. Birthplace Unknown (City or town) (State or foreign country)

Mother
14. Maiden name Unknown
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's **OWN** Signature Bryan E. Rogers
and Address Buhl, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/21/44 (Month) (Day) (Year)
(c) Place: Buhl City Cemetery

18. Funeral Director's **OWN** Signature D. Robertson
and Address Buhl, Idaho

19. (a) 1/19/44 (Date received and filed) (Registrar's Signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) January 17, 1944
at 5:00 o'clock P. M.

21. **I HEREBY CERTIFY,** That I attended deceased from Jan. 2, 1944, to Jan. 17, 1944
I last saw him alive on Jan. 17, 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death	Duration
(a) Hypostatic Pneumonia	4 days
Due to Fractured Hip	15 days
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation ____ Date ____	
Major finding	
Finding of autopsy	

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? yes Suicide? Homicide?
Occurred Jan. 2, 1944 City, county, state where violence occurred Buhl, Twin Falls, Idaho
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury Fell on icy steps

23. Attendant's **OWN** Signature M. A. Drake M.D.
(M. D. or other)
and Address Buhl, Ida. Date 1-18 1944

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

FEB 10 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137599
Local Reg. No. 39
Reg. Dist. No. 460

1. **PLACE OF DEATH:**
(a) County Twin Falls
(b) City or town Twin Falls
(c) Street Address or ~~RFD~~ No. 519, 3rd Ave. N.
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home X Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 33 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Twin Falls
(c) City or town Twin Falls
(d) Street Address or ~~RFD~~ No 519-3rd Ave. N.
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 33 years
(h) Former residence (city, state) Colorado

3. (a) **FULL NAME** STOKES, Abraham Lincoln

932

3. (b) If veteran, name war no
3. (c) Social Security No. 519-12-6162
4. Sex male
5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Florence
6. (c) Age of husband or wife if alive 65 years
7. Date of Birth (Month, Day, Year) February 12, 1864

8. AGE	Years	Months	Days	If less than 1 day
	79	11	5	hrs ____ min.

9. Exact Occupation Millwright — Did this work for 30 yrs.
10. Industry or Business ____ — Date last worked 1941
11. Birthplace Adair, (City or town) Illinois (State or foreign country)

Father
12. Name James Stokes
13. Birthplace Unknown (City or town) (State or foreign country)

Mother
14. Maiden name Unknown
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's **OWN** Signature Florence Stokes
and Address 519-3rd Ave., N. Twin Falls

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 1-19-44 (Month) (Day) (Year)
(c) Place: Twin Falls Cemetery

18. Funeral Director's **OWN** Signature White Mortuary E-249
and Address Twin Falls, Idaho

19. (a) Jan 20-1944 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) January 17th, 1944
at 2:00 o'clock A M.

21. **I HEREBY CERTIFY,** That I attended deceased from 1/13 1944 to 1-17- 1944
I last saw h im alive on 1/17 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: 932
Chronic Myocarditis — Duration 5 yrs
Due to ____
Due to ____
Other conditions Senility 162
(Include pregnancy within 3 months of death)
arteriosclerosis 97 — not known
Where was disease contracted? Home
Name of operation None Date ____
Major finding ____
Finding of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's **OWN** Signature George C Halley M.D (M. D. or other)
and Address Twin Falls, Ida. Date 1/18 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

FEB 10 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137600
Local Reg. No. 38
Reg. Dist. No. 461

1. **PLACE OF DEATH:**
(a) County Twin Falls
(b) City or town Twin Falls
(c) Street Address or R. No. T. F. Co. Gen. Hosp.
(d) Death Occurred Inside? ____ Outside? X ____ city or town
(e) Died in a Home ____ Hospital X Institution ____ Other place ____
(f) Name Hosp. or Inst. ____ Stayed 6 days
(g) Lived in this county 25 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Twin Falls
(c) City or town Filer
(d) Street Address or R. F. D. No. ____
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 25 years
(h) Former residence (city, state) Kansas

3. (a) **FULL NAME** GRAVES, H. W.

61

3. (b) If veteran, name war no
3. (c) Social Security No. ____
4. Sex male
5. Color or race White
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife ____
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) April 20th, 1869

8. AGE	Years	Months	Days	If less than 1 day
	74	8	27	hrs ____ min.

9. Exact Occupation Clerk Filer — Did this work for ____ yrs.
10. Industry or Business Highway Dist. — Date last worked ____
11. Birthplace Everton, (City or town) Missouri (State or foreign country)

Father
12. Name V. W. Graves,
13. Birthplace ____ (City or town) Ohio (State or foreign country)

Mother
14. Maiden name Edith Thrall
15. Birthplace ____ (City or town) Ohio (State or foreign country)

16. Informant's **OWN** Signature H C Graves
and Address 1406 Addison Ave. E.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-19-44 (Month) (Day) (Year)
(c) Place: Filer I.O.O.F. Cemetery

18. Funeral Director's **OWN** Signature White Mortuary Ella M. White E-249
and Address Twin Falls, Idaho

19. (a) Jan 20-1944 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) January 17, 1944
at 5:30 o'clock P. M.

21. **I HEREBY CERTIFY,** That I attended deceased from June 10 1941, to 1-17- 1944
I last saw him alive on Jan 17 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Uremia — Duration 4 days
Due to Generalized Arteriosclerosis — 10 yrs
Due to Senility — ____
Other conditions Gangrene Right foot — 3 wks
(Include pregnancy within 3 months of death)
Diabetes Mellitus — 8 wks
Where was disease contracted? ____
Name of operation Amputation Right Leg Date 1-12-44
Major finding Moist Gangrene Rt. Leg
Finding of autopsy None

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's **OWN** Signature Ivan A Anderson (M. D. or other)
and Address Filer, Idaho Date Jan 17 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

FEB 10 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137601
Local Reg. No. 24
Reg. Dist. No. 460

1. **PLACE OF DEATH:**
   (a) County Twin Falls
   (b) City or town Twin Falls
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? Outside? X city or town
   (e) Died in a Home Hospital X Institution Other place
   (f) Name Hosp. or Inst. T. F. County Stayed ½ days
   (g) Lived in this county 0 years 3 months 18 days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County T. Falls
   (c) City or town Twin Falls
   (d) Street Address or R. F. D. No. 303 Harrison
   (e) Deceased lived Inside? X Outside? city or town
   (f) Citizen of what country?
   (g) How long had deceased lived in Idaho? 0 years
   (h) Former residence (city, state)

3. (a) **FULL NAME** Baby Mary Anne Willis

33a

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) September 29, 1943

8. AGE	Years	Months	Days	If less than 1 day
	0	3	18	hrs min.

9. Exact Occupation Infant — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace Twin Falls, Idaho (City or town) (State or foreign country)

Father
12. Name Earl W. Willis
13. Birthplace Seward, Nebraska (City or town) (State or foreign country)

Mother
14. Maiden name Olene Mays
15. Birthplace Butler, Missouri (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs E R Willis
and Address 303 Harrison, Twin Falls

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/19/44 (Month) (Day) (Year)
(c) Place: Sunset Memorial Park

18. Funeral Director's OWN Signature James E. Reynolds
and Address Twin Falls, Idaho

19. (a) JAN 22 1944 (Date received and filed) (b) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) January 17, 1944
at 4:55 o'clock A.M.

21. **I HEREBY CERTIFY,** That I attended deceased from 9-29 1943, to 1-17 1944
I last saw her alive on 1-16 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: 33a — **Duration**
Influenzal Pneumonia
and Meningismus
Due to 66a
Due to
Other conditions
(Include pregnancy within 3 months of death)
Where was disease contracted? Home
Name of operation None Date
Major finding
Finding of autopsy None

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's OWN Signature [illegible] M.D.
(M. D. or other)
and Address Twin Falls, Idaho Date 1-19 1944

(For additional space, use reverse side)

United States
Department of Commerce
Bureau of the Census

FEB 10 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137602
Local Reg. No. 30
Reg. Dist. No. 461

1. **PLACE OF DEATH:**
(a) County Twin Falls
(b) City or town Twin Falls
(c) Street Address or R. F. D. No. 15½ Alexander St.
(d) Death Occurred Inside? ____ Outside? X city or town
(e) Died in a Home ____ Hospital ____ Institution X Other place ____
(f) Name Hosp. or Inst. 1½ yrs Co. Farm Stayed ____ days
(g) Lived in this county 37 years ____ months ____ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County T. Falls Co. Farm
(c) City or town Twin Falls
(d) Street Address or R. F. D. No. [illegible]
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? United States
(g) How long had deceased lived in Idaho? 37 years
(h) Former residence (city, state) Kansas

3. (a) **FULL NAME** William Frederick Glenn

83a

3. (b) If veteran, name war No
3. (c) Social Security No. X
4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) January 1, 1867

8. AGE	Years	Months	Days	If less than 1 day
	77		18	hrs ____ min.

9. Exact Occupation Retired Did this work for ____ yrs.
10. Industry or Business ____ Date last worked 1933
11. Birthplace Douglas County, Kansas (City or town) (State or foreign country)

Father
12. Name Frederick Glenn
13. Birthplace ____ Nol Inf. (City or town) (State or foreign country)

Mother
14. Maiden name No. Inf.
15. Birthplace ____ (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. W. H. Glenn
and Address Twin Falls, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-24-44 (Month) (Day) (Year)
(c) Place: Twin Falls Cemetery
18. Funeral Director's OWN Signature S. C. Phillips
and Address Twin Falls, Idaho
19. (a) Jan. 24 1944 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) January 19 1944
at 7:30 o'clock P M.
21. I HEREBY CERTIFY, That I attended deceased from Jan 17 1944 to Jan 19 1944
I last saw him alive on Jan 19 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Apoplexy — Duration ____
Due to ____
Due to ____
Other conditions Uncle
(Include pregnancy within 3 months of death)
Where was disease contracted? At Home
Name of operation No Date ____
Major finding ____
Finding of autopsy Uncle

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19 ____ City, county, state ____
where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature J. H. Wuthell (M. D. or other)
and Address Twin Falls Date 1-21 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Miller

FEB 1 0 1944

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137603
Local Reg. No. 29
Reg. Dist. No. 461

1. PLACE OF DEATH:
(a) County Twin Falls
(b) City or town Filer
(c) Street Address or R. F. D. No. North St.
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home __ Hospital __ Institution __ Other place __
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 13 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Twin Falls
(c) City or town Filer
(d) Street Address or R. F. D. No. North St.
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? United States
(g) How long had deceased lived in Idaho? 13 years
(h) Former residence (city, state) Nebraska

3. (a) FULL NAME Jomima Houser

1316

3. (b) If veteran, name war ____ 3. (c) Social Security No. ____
4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife William 6. (c) Age of husband or wife if alive 59 years
7. Date of Birth (Month, Day, Year) October 4, 1881

8. AGE	Years	Months	Days	If less than 1 day
	62	3	15	hrs min.

9. Exact Occupation Housewife Did this work for ____ yrs.
10. Industry or Business ____ Date last worked ____
11. Birthplace Milford, Neb. (City or town) (State or foreign country)
Father
12. Name Peter Stutzman
13. Birthplace ____ Ohio (City or town) (State or foreign country)
Mother
14. Maiden name No Inf.
15. Birthplace ____ (City or town) (State or foreign country)
16. Informant's OWN Signature Jay Houser and Address Filer Box 66
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-22-44 (Month) (Day) (Year)
(c) Place: Sunset Memorial Park
18. Funeral Director's OWN Signature S. C. Phillips and Address Twin Falls, Idaho
19. (a) Jan-24-1944 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) January 19 1944 at 6:15 o'clock P.M.
21. I HEREBY CERTIFY, That I attended deceased from May 19, 1938, to Jan. 19, 1944
I last saw her alive on Jan 18, 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Chronic myocarditis	6 yrs
Chronic glomerular nephritis	
Due to with edema	6 yrs
Hypostatic Pneumonia	24 hrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted? —	PHYSICIAN
Name of operation — Date	Underline the cause to which death should be charged statistically.
Major finding —	
Finding of autopsy none	

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? — Suicide? — Homicide? ____
Occurred — 19__ City, county, state where violence occurred —
Place of Violence: Home ____ Farm ____ Industry ____
Public Place — While at work? —
Means of injury ____
23. Attendant's OWN Signature [signature] (M. D. or other)
and Address Twin Falls, Ida. Date Jan 20, 1944.
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

137604

United States
Department of Commerce
Bureau of the Census

FEB 10 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 40
Reg. Dist. No. 461

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1: **PLACE OF DEATH:**
(a) County Twin Falls
(b) City or town Twin Falls
(c) Street Address or R. F. D. No. T.F.Co.Gen'l.Hosp
(d) Death Occurred Inside? ____ Outside? X city or town
(e) Died in a Home ____ Hospital X Institution ____ Other place ____
(f) Name Hosp T.F.Co.Gen'l.Hosp Stayed 1 days
(g) Lived in this county 8 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County TwinFalls
(c) City or town Twin Falls
(d) Street Address or R. F. D. No. 535 Main Ave W.
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? U.S.
(g) How long had deceased lived in Idaho? 8 years
(h) Former residence (city, state) ____

3. (a) FULL NAME HOLMAN, Alfred D.

732

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife none
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) June 5th 1868

8. AGE	Years	Months	Days	If less than 1 day hrs	min.
	75	7	15		

9. Exact Occupation Retired — Did this work for ____ yrs.
10. Industry or Business Former Cattleman — Date last worked ____
11. Birthplace Cottage Grove, Minn. (City or town) (State or foreign country)

Father
12. Name Alfred Holman
13. Birthplace Milo, Maine (City or town) (State or foreign country)

Mother
14. Maiden name Anne F. Colby
15. Birthplace Memphis, Tenn. (City or town) (State or foreign country)

16. Informant's OWN Signature Mildred F. Sperry
and Address New Haven, Conn.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/22/44 (Month) (Day) (Year)
(c) Place: Sunset Memorial Park Cem.
18. Funeral Director's OWN Signature White Mortuary
and Address Twin Falls, Idaho
19. (a) Jan 21 1944 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) January 20, 1944
at 8 o'clock A.M.
21. **I HEREBY CERTIFY,** That I attended deceased from Jan 19 1944 to Jan 20 1944
I last saw h. im alive on Jan 20 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — Duration

Coronary thrombosis — days
Due to
Hypertensive cardiovascular disease — years
Due to
Other conditions none
(Include pregnancy within 3 months of death)

Where was disease contracted? Idaho
Name of operation none Date
Major finding
Finding of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's OWN Signature Clarence H. Schultz M.D.
(M. D. or other)
and Address Twin Falls Date Jan 21 1944
(For additional space, use reverse side)

United States
Department of Commerce
Bureau of the Census

FEB 10 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137605
Local Reg. No. 42
Reg. Dist. No. 461

1. **PLACE OF DEATH:**
(a) County Twin Falls
(b) City or town Twin Falls
(c) Street Address or R. F. D. No. T.F.Co.Gen. Hosp.
(d) Death Occurred Inside? ____ Outside? X city or town
(e) Died in a Home ____ Hospital X Institution ____ Other place ____
(f) Name Hosp. or Inst. ____ Stayed 1 days
(g) Lived in this county 33 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Twin Falls
(c) City or town Twin Falls
(d) Street Address or R. F. D. No. 1.
(e) Deceased lived Inside? ____ Outside? X city or town
(f) Citizen of what country? U S A.
(g) How long had deceased lived in Idaho? 33 years
(h) Former residence (city, state) Breckenridge, Minnesota.

93 d

3. (a) **FULL NAME** SHERLOCK, Arthur D.

3. (b) If veteran, name war no
3. (c) Social Security No. None
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Estella May
6. (c) Age of husband or wife if alive 70 years
7. Date of Birth (Month, Day, Year) February 23, 1872

8. AGE	Years	Months	Days	If less than 1 day
	72	9	27	hrs min.

9. Exact Occupation Farmer and Did this work for 40 yrs.
10. Industry or Business Carpenter Date last worked
11. Birthplace (City or town) Nebraska (State or foreign country)
Father
12. Name Abraham Sherlock
13. Birthplace (City or town) Penn. (State or foreign country)
Mother
14. Maiden name Emily Gardner
15. Birthplace (City or town) Illinois (State or foreign country)
16. Informant's OWN Signature Mrs A D Sherlock
and Address R.F.D.#1, Twin Falls, Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 1-24-44 (Month) (Day) (Year)
(c) Place Twin Falls Cemetery
18. Funeral Director's OWN Signature White Mortuary Ella M. White E-249
and Address Twin Falls, Idaho
19. (a) Jan 29-1944 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Jan., 20, 1944
at 10:25 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from Jan 16 1944 to Jan., 20 1944
I last saw him alive on Jan 20 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: cardiac failure — Duration 1 week
Due to hypertensive cardiovascular disease — 1 year
Due to
Other conditions none
(Include pregnancy within 3 months of death)
Where was disease contracted? Idaho
Name of operation none Date
Major finding
Finding of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury
23. Attendant's OWN Signature Clarence H [signature] M.D. (M. D. or other)
and Address Twin Falls, Ida, Date 1-21 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

137606

United States
Department of Commerce
Bureau of the Census

FEB 10 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 25
Reg. Dist. No. 460

1. **PLACE OF DEATH:**
(a) County Twin Falls
(b) City or town Twin Falls
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? X city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. T. F. County Stayed ½ days
(g) Lived in this county 27 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Twin Falls
(c) City or town Twin Falls
(d) Street Address or R. F. D. No. 278 Jefferson
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? 27 years
(h) Former residence (city, state) Chicago, Ill.

3. (a) **FULL NAME** Agnes Bertha Field

83a

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Edward F.
6. (c) Age of husband or wife if alive D. years
7. Date of Birth (Month, Day, Year) November 24, 1875

8. AGE	Years	Months	Days	If less than 1 day
	68	1	26	hrs min.

9. Exact Occupation Housewife — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace Chicago, Illinois (City or town) (State or foreign country)

Father
12. Name Unknown Konsack
13. Birthplace Unknown (City or town) (State or foreign country)

Mother
14. Maiden name Unknown
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's X OWN Signature Edward Field and Address 278 Jefferson, Twin Falls
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/24/44 (Month) (Day) (Year)
(c) Place: Twin Falls Cemetery
18. Funeral Director's OWN Signature Reynolds Funeral Home and Address Twin Falls, Idaho
19. (a) (Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) January 20 1944 at 5:40 o'clock A. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 1-19-44 19 to 1-20-44 19
I last saw her alive on 1-20-44 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebral hemorrhage	24 hrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's OWN Signature Joseph W. Marshall M.D. (M. D. or other)
and Address Twin Falls, Idaho Date 1-20-44 19
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

137607

United States
Department of Commerce
Bureau of the Census

FEB 10 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 41
Reg. Dist. No. 460

1. **PLACE OF DEATH:**
(a) County Twin Falls,
(b) City or town Twin Falls
(c) Street Address or R. F. D. No. T.F.Co.Gen. Hospital
(d) Death Occurred Inside? ____ Outside? X city or town
(e) Died in a Home __ Hospital X Institution __ Other place __
(f) Name Hosp. or Inst. T.F.Co.Hosp. Stayed 9 days
(g) Lived in this county 22 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County TwinFalls
(c) City or town Twin Falls
(d) Street Address or ~~R.F.D.~~ No. 302-2nd Ave. N.
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 22 years
(h) Former residence (city, state) Fargo, No. Dak.

3. (a) **FULL NAME** PRECKEL, Edward H.

83a

3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) Oct., 7th, 1884

8. AGE	Years	Months	Days	If less than 1 day
	59	3	15	hrs min.

9. Exact Occupation Retired for Did this work for ____ yrs.
10. Industry or Business years Date last worked 1920
11. Birthplace Norwalk, (City or town) Wisconsin (State or foreign country)
Father
12. Name Gustave Preckel
13. Birthplace Germany (City or town) (State or foreign country)
Mother
14. Maiden name Pauline Zurkie
15. Birthplace Germany (City or town) (State or foreign country)
16. Informant's OWN Signature Myrtle A. Henderson
and Address 302-2nd Ave. N. Twin Falls
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 1-25-44 (Month) (Day) (Year)
(c) Place: Twin Falls Cemetery
18. Funeral Director's OWN Signature White Mortuary Ella M. White E-249
and Address Twin Falls, Idaho
19. (a) Jan 29-1944 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) January 22nd, 1944
at 7:40 o'clock P.M.
21. **I HEREBY CERTIFY,** That I attended deceased from 1-14 1944, to 1-22- 1944
I last saw him alive on ____ 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebral hemorrhage	1 week
Due to arterial hypertension	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation ____ Date ____	
Major finding	
Finding of autopsy	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature John F. Langlehn (M.D. or other)
and Address Twin Falls, Idaho Date 1-24 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

FEB 10 1944

Certificate Of Death

STATE OF IDAHO

State File No. 137608
Local Reg. No. 37
Reg. Dist. No. 461

1. **PLACE OF DEATH:**
(a) County Twin Falls
(b) City or town Twin Falls
(c) Street Address or R.F.D. No. 120 No. 6th St.
(d) Death Occured Inside? ✓ Outside? ..... city or town
(e) Died in a Home ✓ Hospital ..... Institution ..... Other place .....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 1 years 4 months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Jerome
(c) City or town Twin Falls
(d) Street Address or R.F.D. No. 120 No 6th St.
(e) Deceased lived Inside? ✓ Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 2 years
(h) Former residence (city, state) Montana

3. (a) **FULL NAME** Ora Andrus Titus

94a

3. (b) If veteran, name war .....
3. (c) Social Security No. 518-22-9076
4. Sex Male
5. Color of race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Hermenia
6. (c) Age of husband or wife if alive — years
7. Date of Birth (Month, Day, Year) Dec 24, 1878

8. AGE	Years	Months	Days	If less than 1 day hrs min.
	65	—	28	

9. Exact Occupation Railroad Station Clerk Did this work for 1½ yrs.
10. Industry or Business Railroad Transportation Date last worked Jan 18th
11. Birthplace Reedsburg (City or town) Sauk County Wis (State or foreign country)
Father
12. Name Ora Butler Titus
13. Birthplace Lorain (City or town) Ohio (State or foreign country)
Mother
14. Maiden name Adelaide Andrus
15. Birthplace Lorain (City or town) Ohio (State or foreign country)
16. Informant's **OWN** Signature Ralph Emerson Titus
and Address No 10 South Main Salt Lake City Utah
17. (a) ~~Burial~~ Removal (Burial, cremation, or removal) (b) Date thereof Jan 27 1944 (Month) (Day) (Year)
(c) Place: Jerome, Idaho
18. Funeral Director's **OWN** Signature Nile Matthews
and Address Jerome Idaho
19. (a) Jan 27 1944 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Jan 22 1944
at 10:15 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from Jan 22 1944 to Jan 22 1944
I last saw him alive on Jan 22 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Coronary occlusion	
c̄ angina pectoris	
Due to Flu	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature R A Drake MD (M. D. or other)
and Address 317 Shoshone Date 1-26 1944
(For additional space, use reverse side)

137609

United States
Department of Commerce
Bureau of the Census

FEB 10 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 27
Reg. Dist. No. 460

1. **PLACE OF DEATH:**
   (a) County Twin Falls
   (b) City or town Twin Falls
   (c) Street Address or R. F. D. No. 261 Jackson Ave
   (d) Death Occurred Inside? X Outside? ____ city or town
   (e) Died in a Home X Hospital __ Institution __ Other place __
   (f) Name Hosp. or Inst. ____ Stayed ____ days
   (g) Lived in this county 16 years ____ months ____ days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Twin Falls
   (c) City or town Twin Falls
   (d) Street Address or R. F. D. No. 261 Jackson
   (e) Deceased lived Inside? X Outside? ____ city or town
   (f) Citizen of what country? U.S.
   (g) How long had deceased lived in Idaho? 16 years
   (h) Former residence (city, state) Iowa

3. (a) **FULL NAME** HECK, Mary Cathern

95a

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife ____
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) Sept 29, 1867

8. AGE	Years	Months	Days	If less than 1 day
	76	3	24	hrs min.

9. Exact Occupation Housewife — Did this work for ____ yrs.
10. Industry or Business Own Home — Date last worked ____
11. Birthplace Tenn. (City or town) (State or foreign country)

Father
12. Name Unknown Lovegrove
13. Birthplace Unknown (City or town) (State or foreign country)

Mother
14. Maiden name Unknown
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's OWN Signature X John R. Heck
and Address Jerome, Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 1/25/44 (Month) (Day) (Year)
(c) Place: Watson, Missouri
18. Funeral Director's OWN Signature White Mortuary
and Address Twin Falls, Idaho
19. (a) Jan 24-1944 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) January 23 1944
at 3:18 o'clock A. M.
21. **I HEREBY CERTIFY,** That I attended deceased from January 10 1944, to Jan., 23 1944
I last saw her alive on Jan. 22 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Auricular Hebrell Clon	1 yr
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation ____ Date ____	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature [signature] (M. D. or other)
and Address ____ Date ____ 19__
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

FEB 10 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137610
Local Reg. No. 33
Reg. Dist. No. 461

1. **PLACE OF DEATH:**
(a) County Twin Falls
(b) City or town Buhl
(c) Street Address or R. F. D. No. Buhl Hotel
(d) Death Occurred Inside? * Outside? ~~*~~ city or town
(e) Died in a Home__ Hospital__ Institution__ Other place *
(f) Name Hosp. or Inst. none Stayed ____ days
(g) Lived in this county 7 years ? months ? days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Twin Falls
(c) City or town Buhl
(d) Street Address or R. F. D. No. Buhl Hotel
(e) Deceased lived Inside? * Outside? ____ city or town
(f) Citizen of what country? U. S.
(g) How long had deceased lived in Idaho? 7 years
(h) Former residence (city, state) same

3. (a) **FULL NAME** Glen Duffield 94a

3. (b) If veteran, name war none
3. (c) Social Security No. 518-09-3603
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife none
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) Nov. 10, 1894

8. AGE	Years	Months	Days	If less than 1 day
	49	2	13	hrs min.

9. Exact Occupation Clerk in Pool Hall Did this work for 2 yrs.
10. Industry or Business Clerking Date last worked 1/21/44
11. Birthplace Cameron, Ill. (City or town) (State or foreign country)
Father
12. Name Unknown
13. Birthplace Unknown (City or town) (State or foreign country)
Mother
14. Maiden name Unknown
15. Birthplace Unknown (City or town) (State or foreign country)
16. Informant's **OWN** Signature None-Information secured from personal effects
and Address
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 1/25/44 (Month) (Day) (Year)
(c) Place: North Bend, Neb.
18. Funeral Director's **OWN** Signature B. T. Albertson
and Address Buhl, Idaho
19. (a) 1/24/44 (Date received and filed) (b) Anastasia Wilson (Registrar's signature)
reg.

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Jan 23 1944
at 9:00 o'clock A.M.
21. **I HEREBY CERTIFY,** That I attended deceased from not at all 19__ to ____ 19__
I last saw h____ alive on not at all 19__; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
coronary thrombosis	minutes
Due to arteriosclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted? Idaho	PHYSICIAN
Name of operation none Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy none	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's **OWN** Signature Clarence H. Schilt, M.D. (M. D. or other)
and Address Twin Falls Date Jan 23 1944
(For additional space, use reverse side)

County Coroner

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

137611

United States
Department of Commerce
Bureau of the Census

FEB 10 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 43
Reg. Dist. No. 461

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
   (a) County Twin Falls
   (b) City or town Kimberly
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? X Outside? city or town
   (e) Died in a Home X Hospital Institution Other place
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county years 6 months days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Yamhill (b) County
   (c) City or town Oregon
   (d) Street Address or R. F. D. No.
   (e) Deceased lived Inside? Outside? city or town
   (f) Citizen of what country?
   (g) How long had deceased lived in Idaho? 69 years
   (h) Former residence (city, state) Iowa

3. (a) **FULL NAME** Agnes Arvilla Paul

1316

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Geo. W.
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) November 29, 1858

8. AGE	Years	Months	Days	If less than 1 day
	85	1	28	hrs min.

9. Exact Occupation Pioneer Dairy Woman and Aplarist in Idaho — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace Knoxville (City or town) Iowa (State or foreign country)

Father
12. Name Brice Shipley
13. Birthplace Mt. Vernon, Ohio (City or town) (State or foreign country)

Mother
14. Maiden name Elvira Aldrich
15. Birthplace Ashland, Ohio (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs Bertha Morris and Address Parma, Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 1/30/44 (Month) (Day) (Year)
    (c) Place: Pioneer Cemetery, Parma, Idaho
18. Funeral Director's OWN Signature Reynolds Funeral Home James C. Reynolds and Address Twin Falls, Idaho
19. (a) Jan 29 1944 (Date received and filed) (b) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) January 27 19 44 at 7:28 o'clock P. M.
21. **I HEREBY CERTIFY**, That I attended deceased from 12/9 19 44, to 1/27 19 44
    I last saw her alive on 1/27 19 44; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Uremia	
Due to Chronic Nephritis	
Due to	
Other conditions Rt. Heart Failure (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
    Occurred 19 City, county, state where violence occurred
    Place of Violence: Home Farm Industry
    Public Place While at work?
    Means of injury
23. Attendant's OWN Signature (M. D. or other)
    and Address Hunt, Ida. Date 1/28 19 44

(For additional space, use reverse side)

United States
Department of Commerce
Bureau of the Census

FEB 10 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137612
Local Reg. No. 44
Reg. Dist. No. 461

1. **PLACE OF DEATH:**
(a) County Twin Falls
(b) City or town Twin Falls
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? X city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. T.F. County Stayed 1 days
(g) Lived in this county 33 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County T. Falls
(c) City or town Twin Falls
(d) Street Address or R. F. D. No. 2
(e) Deceased lived Inside? Outside? city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? 40 years
(h) Former residence (city, state) Wyoming

3. (a) **FULL NAME** Elsie F. Peterson

1226

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife George F.
6. (c) Age of husband or wife if alive 67 years
7. Date of Birth (Month, Day, Year) December 25, 1873

8. AGE	Years	Months	Days	If less than 1 day
	70	1	3	hrs min.

9. Exact Occupation Housewife Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Moline, (City or town) Illinois (State or foreign country)
Father
12. Name John Nachtigal
13. Birthplace (City or town) Germany (State or foreign country)
Mother
14. Maiden name Unknown
15. Birthplace (City or town) Germany (State or foreign country)
16. Informant's OWN Signature Geo F. Peterson
and Address Twin Falls, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/1/44 (Month) (Day) (Year)
(c) Place: Twin Falls Cemetery
18. Funeral Director's OWN Signature James C. Reynolds
and Address Twin Falls, Idaho
19. (a) Jan 31 1944 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) January 28 1944
at 2:10 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from Jan 26 1944, to Jan 28 1944
I last saw her alive on Jan 29 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
intestinal obstruction	24 hours
Due to adhesions	years
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted? Idaho	PHYSICIAN
Name of operation entrostomy Date Jan 28/44	Underline the cause to which death should be charged statistically.
Major finding intestinal obstruction	
Finding of autopsy none	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature Clarence Pfehl M.D. (M. D. or other)
and Address Twin Falls, Idaho Date Jan 31 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

FEB 10 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137613
Local Reg. No. 45
Reg. Dist. No. 460

1. **PLACE OF DEATH:**
   (a) County Twin Falls
   (b) City or town Twin Falls
   (c) Street Address or R. F. D. No. 701 Fall St.
   (d) Death Occurred Inside? X Outside? ____ city or town
   (e) Died in a Home X Hospital ____ Institution ____ Other place ____
   (f) Name Hosp. or Inst. ____ Stayed ____ days
   (g) Lived in this county 5 years ____ months ____ days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County T. Falls
   (c) City or town Twin Falls
   (d) Street Address or R. F. D. No. 701 Fall St.
   (e) Deceased lived Inside? X Outside? ____ city or town
   (f) Citizen of what country? United States
   (g) How long had deceased lived in Idaho? 5 years
   (h) Former residence (city, state) ____

3. (a) **FULL NAME** Vertie Wynema Hector 1096

3. (b) If veteran, name war ____ 3. (c) Social Security No. ____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife ____ 6. (c) Age of husband or wife if alive ____ years

7. Date of Birth (Month, Day, Year) November 16, 1938

8. AGE	Years	Months	Days	If less than 1 day
	5	2	15	hrs ____ min. ____

9. Exact Occupation ____ Did this work for ____ yrs.
10. Industry or Business ____ Date last worked ____
11. Birthplace Twin Falls, Idaho (City or town) (State or foreign country)

Father
12. Name John Hector
13. Birthplace Rochester, Minn. (City or town) (State or foreign country)

Mother
14. Maiden name Vertie Mills
15. Birthplace Oklahoma (City or town) (State or foreign country)

16. Informant's OWN Signature John Hector
and Address Twin Falls Ida.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-2-44 (Month) (Day) (Year)
(c) Place: Sunset Memorial Park

18. Funeral Director's OWN Signature S C Fallis
and Address Twin Falls, Idaho

19. (a) Feb 4-1944 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) January 31 1944
at 7:45 o'clock P.M.

21. **I HEREBY CERTIFY,** That I attended deceased from 1-31- 1944, to 1-31 1944
I last saw h____ alive on ____ 19____; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Pulmonary Edema	
Due to ✓	
Due to ✓	
Other conditions Uraemia (Include pregnancy within 3 months of death)	

Where was disease contracted? at Home
Name of operation ✓ Date ____
Major finding ✓
Finding of autopsy Uraemia

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ✓ Suicide? ✓ Homicide? ✓
Occurred ✓ 19____ City, county, state where violence occurred ✓
Place of Violence: Home ____ Farm ____ Industry ✓
Public Place ✓ While at work? ✓
Means of injury ✓

23. Attendant's OWN Signature J. T. Markley (M. D. or other)
and Address Twin Falls Date 2-2 1944

(For additional space, use reverse side)

Dr. Kehnitz

FEB 9 1944

137614

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 1
Reg. Dist. No. 322

1. **PLACE OF DEATH:**
(a) County Washington
(b) City or town Weiser
(c) Street Address or R. F. D. No. 307 East Galloway
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home X Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 2 years 3 months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Washington
(c) City or town Weiser
(d) Street Address or R. F. D. No. 307 East Galloway
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? U.S.
(g) How long had deceased lived in Idaho? 2½ years
(h) Former residence (city, state) Salt Lake City, Uta

3. (a) FULL NAME Emily Virginia Lapish Beebe

1626

3. (b) If veteran, name war ____ 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Silas D. Beebe 6. (c) Age of husband or wife if alive Deceased years

7. Date of Birth (Month, Day, Year) April 12 1859

8. AGE	Years	Months	Days	If less than 1 day
	84	8	26	hrs ____ min.

9. Exact Occupation Housewife Did this work for Life yrs.
10. Industry or Business Home Date last worked 2½ yrs
11. Birthplace Richmond (City or town) Virginia (State or foreign country)

Father
12. Name Joseph Lapish
13. Birthplace Leeds, Yorkshire, England (City or town) (State or foreign country)

Mother
14. Maiden name Hannah Strickland
15. Birthplace Leeds, Yorkshire, England (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. E. Graham Daughter
and Address 307 East Galloway, Weiser, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/11/44 (Month) (Day) (Year)
(c) Place: Hillcrest Cemetery, Weiser

18. Funeral Director's OWN Signature For. Northam F. Home
and Address Cambridge Ida

19. (a) 1-14-44 (Date received and filed) (b) M. Hunteman (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) January 8 1944
at 7:55 o'clock A. M.

21. **I HEREBY CERTIFY,** That I attended deceased from 1-5-44 to 1-8-44
I last saw her alive on 1-8-44; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Paralysis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation ____ Date ____	
Major finding	
Finding of autopsy	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's OWN Signature F. A. Sommer M D (M. D. or other)
and Address Weiser Date 1-14 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

U. Security

United States
Department of Commerce
Bureau of the Census

FEB 9 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137615
Local Reg. No. 2
Reg. Dist. No. 320

1. **PLACE OF DEATH:**
(a) County Washington
(b) City or town Weiser
(c) Street Address or R. F. D. No. 611 East Main
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home X Hospital __ Institution __ Other place __
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 62 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Washington
(c) City or town Weiser
(d) Street Address or R. F. D. No. 611 East Main
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 62 years
(h) Former residence (city, state) Missouri

3. (a) FULL NAME Clarissa Elizabeth Gray

162b

3. (b) If veteran, name war ____
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife James P.
6. (c) Age of husband or wife if alive Deceased years
7. Date of Birth (Month, Day, Year) March 22 1854

8. AGE	Years	Months	Days	If less than 1 day
	89	9	23	hrs min.

9. Exact Occupation Housewife Did this work for Life yrs.
10. Industry or Business Home Date last worked 1/10/44
11. Birthplace Schuyler ~~Tyler~~ County (City or town) Missouri (State or foreign country)
Father
12. Name William W. Brassfield
13. Birthplace Missouri (City or town) (State or foreign country)
Mother
14. Maiden name Elizabeth Parten
15. Birthplace Don't know (City or town) (State or foreign country)
16. Informant's OWN Signature Thos W Gray Son
and Address 611 East Main St. Weiser, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/16/44 (Month) (Day) (Year)
(c) Place: Hillcrest Cemetery, Weiser, Idaho
18. Funeral Director's OWN Signature J A Hudson
and Address Lambert Idaho
19. (a) 1-15-44 (Date received and filed) (b) M. Hanthorn (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) January 14 1944
at 8:45 o'clock A. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 1-14-1944, to 1-14-1944
I last saw h____ alive on ____ 19____; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
[signature]	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation ____ Date ____	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature T A Schmid M D (M. D. or other)
and Address Weiser Date 1-15 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

FEB 9 1944

137616

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 3
Reg. Dist. No. 320

1. **PLACE OF DEATH:**
(a) County Washington
(b) City or town Weiser
(c) Street Address or R. F. D. No. 1006 State Street
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. None Stayed days
(g) Lived in this county 43 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Washington
(c) City or town Weiser
(d) Street Address or R. F. D. No. 1006 State
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 43 years
(h) Former residence (city, state) Oregon

3. (a) FULL NAME Clarence Edwin Craig

51b

3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Myrtle E.
6. (c) Age of husband or wife if alive 63 years
7. Date of Birth (Month, Day, Year) July 8 1872

8. AGE	Years	Months	Days	If less than 1 day
	71	6	7	hrs min.

9. Exact Occupation Stockman Did this work for 40 yrs.
10. Industry or Business Ranch Date last worked 1942
11. Birthplace Madison (City or town) Nebraska (State or foreign country)
Father
12. Name John Craig
13. Birthplace (City or town) Iowa (State or foreign country)
Mother
14. Maiden name Clara Trine
15. Birthplace (City or town) Iowa (State or foreign country)
16. Informant's OWN Signature Mrs C. E. Craig Wife
and Address 1006 State St. Weiser, Idaho
17. (a) Mid Burial (Burial, cremation, or removal) (b) Date thereof Jan. 18, '44 (Month) (Day) (Year)
(c) Place: Midvale Cemetery, Midvale, Idaho
18. Funeral Director's OWN Signature For Northam F. Home, Weiser, by [signature]
and Address Cambridge, Ida
19. (a) 1-18-44 (Date received and filed) (b) M. Hanthorn (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) January 15 1944
at 9:55 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from 12-10- 1943 to Jan 15 1944
I last saw him alive on Jan 15th 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Carcinoma Prostate with Cerebral Metastasis	
Due to Chronic Myocarditis	
Due to Chronic Nephritis	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature M. S. McGrath MD (M. D. or other)
and Address Weiser Idaho Date 1/28 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Dr. Schmitz

United States
Department of Commerce
Bureau of the Census

FEB 9 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137617
Local Reg. No. 4
Reg. Dist. No. 32 c

1. **PLACE OF DEATH:** Washington
   (a) County
   (b) City or town Weiser
   (c) Street Address or R. F. D. No. 516 West Commercial
   (d) Death Occurred Inside? X Outside? ____ city or town
   (e) Died in a Home X Hospital ____ Institution ____ Other place ____
   (f) Name Hosp. or Inst. ____ Stayed ____ days
   (g) Lived in this county 14 years ____ months ____ days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Washington
   (c) City or town Weiser
   (d) Street Address or R. F. D. No. East Court Street
   (e) Deceased lived Inside? X Outside? ____ city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 14 years
   (h) Former residence (city, state) Colorado

3. (a) FULL NAME LUELLA MAY POLLY

94a

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Olva
6. (c) Age of husband or wife if alive Deceased years
7. Date of Birth (Month, Day, Year) June 12 1875

8. AGE	Years	Months	Days	If less than 1 day
	68	7	3	hrs ____ min.

9. Exact Occupation Housewife — Did this work for Life yrs.
10. Industry or Business Home — Date last worked 1/11/44
11. Birthplace Riverton, Nebraska (City or town) (State or foreign country)

Father
12. Name Richard Parker
13. Birthplace Indiana (City or town) (State or foreign country)

Mother
14. Maiden name Nan Magoner
15. Birthplace Indiana (City or town) (State or foreign country)

16. Informant's OWN Signature Glen Polly
and Address Woodburn, Oregon
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-19-44 (Month) (Day) (Year)
(c) Place: Fairview Cem Weiser
18. Funeral Director's OWN Signature For Northam F. Home, Weiser
and Address Caldwell Ida
19. (a) 1-16-44 (Date received and filed) (b) M. Hawthorn (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) ~~July~~ Jan 15 1944 19____
at 12:15 o'clock P M.

21. I HEREBY CERTIFY, That I attended deceased from Jan 10 1944, to Jan 15 1944
I last saw h____ alive on ____ 19____; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Coronary thrombosis	Instant
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation ____ Date ____	
Major finding	
Finding of autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's OWN Signature T. A. Schmitz M. D. (M. D. or other)
and Address Weiser Ida Date 1-16 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

FEB 9 1944

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137618
Local Reg. No.
Reg. Dist. No. 322

1. PLACE OF DEATH:
(a) County Washington
(b) City or town Cambridge
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home Hospital Institution Other place
(f) Name Hosp. or Inst. Hotel Stayed days
(g) Lived in this county years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Washington
(c) City or town Midvale
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Outside? X city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? years
(h) Former residence (city, state)

3. (a) FULL NAME Hudson. ShropShire 93d

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) February 8, 1872

8. AGE	Years	Months	Days	If less than 1 day
	71	11	13	hrs min.

9. Exact Occupation Sawmill Owner Did this work for 50 yrs.
10. Industry or Business Sawmill Industry Date last worked
11. Birthplace Cabin Creek Arkansas (City or town) (State or foreign country)
Father
12. Name Henry C. Shropshire
13. Birthplace Arkansas (City or town) (State or foreign country)
Mother
14. Maiden name Amanda Jackson
15. Birthplace Arkansas (City or town) (State or foreign country)
16. Informant's OWN Signature Mrs. A. R. Crosby
and Address Bell California
17. (a) Buried (Burial, cremation, or removal) (b) Date thereof 1 24 44 (Month) (Day) (Year)
(c) Place: Keithly Creek
18. Funeral Director's OWN Signature [signature]
and Address Cambridge, Idaho
19. (a) 2/7/44 (Date received and filed) (b) [signature] (Registrar's signature)
R. T. WHITEMAN
CAMBRIDGE, IDAHO

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) January 21, 1944 19
at ? o'clock A. M.
21. I HEREBY CERTIFY, That I attended deceased from I/II/44 19, to I/21/44 19
I last saw him alive on I/20/44 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Acute cardiac dilatation (Found dead in bed on morning of I/21/44)	?
Due to Myocarditis	?
Due to Influenzal pneumonia	6 days
Other conditions Senile change- arterio-sclerosis. (Include pregnancy within 3 months of death) 97	

Where was disease contracted? At home.
Name of operation 0 Date 0
Major finding 0
Finding of autopsy 0

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature [signature] (M. D. or other)
and Address Cambridge, Ida Date 2/7/44 19
(For additional space, use reverse side)

Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

137642

United States
Department of Commerce
Bureau of the Census

FEB 10 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 43
Reg. Dist. No. 120

1. PLACE OF DEATH:
(a) County Kootenai
(b) City or town Coeur d'Alene
(c) Street Address or R. F. D. No. 412 Lakeside
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home ____ Hospital or Institution ____ Other place ____
(f) Name Hosp. or Inst. Lake City Sen. Stayed ____ days
(g) Lived in this county 0 years 0 months 20 minutes days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Kaah
(c) City or town Coeur d'Alene
(d) Street Address or R. F. D. No. 412 Lakeside
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? U. S.
(g) How long had deceased lived in Idaho? 20 minute years
(h) Former residence (city, state) none

3. (a) FULL NAME Irene Sutton

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3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex F.
5. Color or race W.
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife none
6. (c) Age of husband or wife if alive none years
7. Date of Birth (Month, Day, Year) 1-29-1944

8. AGE	Years	Months	Days	If less than 1 day
	0	0	0	hrs 20 min.

9. Exact Occupation none Did this work for none yrs.
10. Industry or Business " Date last worked "
11. Birthplace Coeur d'Alene Idaho (City or town) (State or foreign country)
Father
12. Name Richard Sutton
13. Birthplace Clarrisa Minn. (City or town) (State or foreign country)
Mother
14. Maiden name Elaine Nachtway
15. Birthplace Seattle, Wash. (City or town) (State or foreign country)
16. Informant's OWN Signature Richard Sutton
and Address 934 Hastings C.D.A.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 2-2-44 (Month) (Day) (Year)
(c) Place St Thomas C.D.A.
18. Funeral Director's OWN Signature C. Wendt
and Address 109 - Lakeside Ave.
19. (a) 2-2-44 (Date received and filed) (b) Frances M. Lahl (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) 1-29 1944
at 7:17 o'clock P. M.
21. I HEREBY CERTIFY, That I attended deceased from 1-29 1944 to 1-29 1944
I last saw her alive on ____ 19__; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Irene Murity 6½ mo.
Due to (Placenta Previa)
Due to
Other conditions
(Include pregnancy within 3 months of death)
Where was disease contracted?
Name of operation — Date
Major finding
Finding of autopsy —

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? — Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred —
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature [signature] (M. D. or other)
and Address Coeur d'Alene Date 1-30 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate of Death

STATE OF IDAHO

State File No. 137646
Local Reg. No. 30
Reg. Dist. [illegible]

1. PLACE OF DEATH:
(a) County Ada
(b) City or town Boise
(c) Street Address or R.F.D. No. S. of City
(d) Death Occured Inside? ..... Outside? X city or town
(e) Died in a Home X Hospital ..... Institution ..... Other place .....
(f) Name Hosp. or Inst. ---------- Stayed --- days
(g) Lived in this county 4 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Franklin
(c) City or town Weston
(d) Street Address or R.F.D. No. Route # 1
(e) Deceased lived Inside? ..... Outside? X city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 56 years
(h) Former residence (city, state) None

3. (a) FULL NAME Lawrence B. Coburn

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3. (b) If veteran, name war None
3. (c) Social Security No. -------
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced -------
6. (b) Name of husband or wife --------
6. (c) Age of husband or wife if alive ----- years
7. Date of Birth (Month, Day, Year) September 8, 1887

8. AGE	Years	Months	Days	If less than 1 day
	56	5	8	hrs min.

9. Exact Occupation Farmer — Did this work for Life yrs.
10. Industry or Business ---------- — Date last worked ----
11. Birthplace Weston (City or town) Idaho (State or foreign country)
Father
12. Name Joseph Coburn
13. Birthplace Unknown (City or town) (State or foreign country)
Mother
14. Maiden name Emma Jensen
15. Birthplace Unknown (City or town) (State or foreign country)
16. Informant's OWN Signature P. B. Coburn
and Address Idaho Falls Ida
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 2/19/44 (Month) (Day) (Year)
(c) Place: Weston, Idaho
18. Funeral Director's OWN Signature McBratney Funeral Home Kenneth Libby
and Address Boise, Idaho
19. (a) 2-19-44 (Date received and filed) (b) R. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 2-16 1944
at 3 o'clock a M.
21. I HEREBY CERTIFY, That I attended deceased from 2-15 1944 to 2-16 1944
I last saw him alive on 2-15 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Lobar pneumonia	
Due to Coronary disease	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted? —	PHYISCIAN Underline the cause to which death should be charged statistically.
Name of operation — Date —	
Major finding —	
Finding of autopsy as above.	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's OWN Signature S W Forney (M. D. or other)
and Address Boise, Ida Date 1/16 1944
(For additional space, use reverse side)

137647

137647

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 72
Reg. Dist. No. 370

1. **PLACE OF DEATH:**
(a) County Ada
(b) City or town Boise
(c) Street Address or R. F. D. No. 437 So. 10th.
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home X Hospital __ Institution __ Other place __
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 16 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Ada
(c) City or town Boise
(d) Street Address or R. F. D. No. 437 So.10
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 23 years
(h) Former residence (city, state) Oregon

3. (a) FULL NAME Mike Hemovich

114a

3. (b) If veteran, name war None
3. (c) Social Security No. 518-07-7253
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) Dec. 20th. 1889

8. AGE	Years	Months	Days	If less than 1 day
	54	1	27	hrs min.

9. Exact Occupation R.R. Construction Did this work for ____ yrs.
10. Industry or Business Foreman Date last worked ____
11. Birthplace Perusic (City or town) Yugoslavia (State or foreign country)
Father
12. Name Joseph Hemovich
13. Birthplace Perusic (City or town) Yugoslavia (State or foreign country)
Mother
14. Maiden name Mary Pocrnic
15. Birthplace Perusic (City or town) Yugoslavia (State or foreign country)
16. Informant's OWN Signature Mary J. Hemovich
and Address 437 So 10th. St. Boise Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/21/44 (Month) (Day) (Year)
(c) Place: St. John's Cemetery
18. Funeral Director's OWN Signature Schreiber & McCann
and Address Boise Milford Braggs
19. (a) 2-19-44 (Date received and filed) (b) R. Shaup (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 2-17 1944
at 2:45 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from 2-3 1944, to 2-17 1944
I last saw him alive on 2-15 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Congestive Heart Failure	after 4 mo.
Due to Silicosis	unknown
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation ____ Date ____	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy no	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature A. J. Bwindell M. D. (M. D. or other)
and Address Boise Ida. Date 2-18 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

137648. 137648

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137648
Local Reg. No. 51
Reg. Dist. No. 5-10

1. **PLACE OF DEATH:**
(a) County Bannock
(b) City or town Pocatello
(c) Street Address or ~~RURAL~~ No. 503 No. 4th Ave
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home X Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 6 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bannock
(c) City or town Pocatello
(d) Street Address ~~RURAL~~ No. 503 No. 4th Ave
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? U. S. A.
(g) How long had deceased lived in Idaho? 6 years
(h) Former residence (city, state) Ellis, Kansas

3. (a) **FULL NAME** PAULINE BURTON 1316

3. (b) If veteran, name war ____ 3. (c) Social Security No. ____

4. Sex Female 5. Color or race Colored 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Edward 6. (c) Age of husband or wife if alive 55 years

7. Date of Birth (Month, Day, Year) March 23, 1888

8. AGE	Years	Months	Days	If less than 1 day
	55	10	18	hrs ____ min.

9. Exact Occupation housewife Did this work for 21 yrs.
10. Industry or Business at home Date last worked 1-20-44
11. Birthplace Glasgow, Missouri (City or town) Missouri (State or foreign country)

Father
12. Name Wm. Tell
13. Birthplace unknown (City or town) Missouri (State or foreign country)

Mother
14. Maiden name Unknown
15. Birthplace unknown (City or town) Missouri (State or foreign country)

16. Informant's **OWN** Signature Edward Burton
and Address Pocatello, Idaho
17. (a) removal (Burial, cremation, or removal) (b) Date thereof Feb. 9, '44 (Month) (Day) (Year)
(c) Place: Glasgow, Missouri
18. Funeral Director's **OWN** Signature H L McHaney
and Address Pocatello, Idaho
19. (a) Feb. 7, 44 (Date received and filed) (b) D C Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) February 5 19 44
at 12:30 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from Feb 1943 to Jan 12 19 44
I last saw her alive on Jan 30 19 44; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — Duration

Uremia — 2 days
Due to
Chronic Nephritis — years
Due to
Other conditions
(Include pregnancy within 3 months of death)

Where was disease contracted? Not Known
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19 ____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's **OWN** Signature Ralph B. Hospital M.D. (M. D. or other)
and Address Pocatello, Date 2-7 19 44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

137649

State File No. 137649
Local Reg. No.
Reg. Dist. No.

1. PLACE OF DEATH:

(a) County Nez Perce
(b) City or town Lewiston
(c) Street Address or R.F.D. No. XXXX
(d) Death Occured Inside? X Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. White's Stayed 1 days
(g) Lived in this county X years X months X days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

(a) State Wash (b) County Asotin
(c) City or town Clarkston
(d) Street Address or R.F.D. No. Pound Lane
(e) Deceased lived Inside? Outside? X city or town
(f) Citizen of what country? USA
(g) How long had deceased lived in Idaho? -- years
(h) Former residence (city, state) Clarkston, Wn

3. (a) **FULL NAME** Kenneth Everett Williams

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3. (b) If veteran, name war -----
3. (c) Social Security No. 712-05-7237
4. Sex M race W
5. Color or
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Vergie
6. (c) Age of husband or wife if alive ---- years
7. Date of Birth (Month, Day, Year) September 23, 1908

8. AGE	Years	Months	Days	If less than 1 day
	35	4	24	hrs min.

9. Exact Occupation Railroad — Did this work for Life yrs.
10. Industry or Business — Date last worked 11-6-43
11. Birthplace Greenfield, Ohio (City or town) (State or foreign country)

Father
12. Name Oliver P Williams
13. Birthplace Ohio (City or town) (State or foreign country)

Mother
14. Maiden name Blanche Malatte
15. Birthplace Ohio (City or town) (State or foreign country)

16. Informant's **OWN** Signature Marion E Williams
and Address Clarkston, Wash.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 2/15/44 (Month) (Day) (Year)
(c) Place: Clarkston, Wash.

18. Funeral Director's **OWN** Signature H R Merchant
and Address Clarkston, Wash.

19. (a) 2/19/44 (Date received and filed) (b) Margaret Kasar (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Feb 15 19 44
at 9 o'clock P M.

21. I HEREBY CERTIFY, That I attended deceased from Dec 15 1943, to Feb 15 1944
I last saw h[illegible] alive on Feb 15 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Acute dilatation of Heart	3 days.
Congestion.	
Due to Chr. Endocarditis.	6 months
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation ... Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature E. L. White M.D. (M. D. or other)
and Address Lewiston Ida Date 2-17 1944

(For additional space, use reverse side)

137651

137651

State File No.

Local Reg. No. 56

Reg. Dist. No. 510

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown or none after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 207) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
   (a) County Bannock
   (b) City or town Pocatello
   (c) Street Address or R. F. D. No. 319 S. 8th
   (d) Death Occurred Inside? ✓ Outside? ____ city or town
   (e) Died in a Home ✓ Hospital ____ Institution ____ Other place ____
   (f) Name Hosp. or Inst. ____ Stayed ____ days
   (g) Lived in this county ____ years ____ months ____ days

   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Bannock
   (c) City or town Pocatello
   (d) Street Address or R. F. D. No. 319 S. 8th
   (e) Deceased lived Inside? ✓ Outside? ____ city or town
   (f) Citizen of what country? U.S.
   (g) How long had deceased lived in Idaho? ____ years
   (h) Former residence (city, state) ____

3. (a) **FULL NAME** Peter H. Murthe 83a

3. (b) If veteran, name war ✓ 3. (c) Social Security No. none

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Amanda 6. (c) Age of husband or wife if alive ✓ years

7. Date of Birth (Month, Day, Year) October 18, 1870

8. AGE	Years	Months	Days	If less than 1 day
	73	3	24	hrs ____ min.

9. Exact Occupation Conductor — Did this work for 26 yrs.

10. Industry or Business U.P.R.R. — Date last worked 1935

11. Birthplace Amboy, Illinois (City or town) (State or foreign country)

Father
12. Name James Murthe
13. Birthplace Ireland (City or town) (State or foreign country)

Mother
14. Maiden name Mary Byrne
15. Birthplace Ireland (City or town) (State or foreign country)

16. Informant's **OWN** Signature Amanda Murthe
and Address ____

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/15/44 (Month) (Day) (Year)
(c) Place: Mountainview

18. Funeral Director's **OWN** Signature Byron B. Daynard
and Address Pocatello, Idaho

19. (a) 2-14-1944 (Date received and filed) (b) D C Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) February 12 1944
at ____ o'clock ____ M.

21. **I HEREBY CERTIFY,** That I attended deceased from April 1944 to ____ 19____
I last saw him alive on Feb. 11 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebral Hemorrhage 83a1	Hours
Due to Arterial Hypertension & 122	
Generalized Arteriosclerosis 97	Many Years
Due to ____	
Other conditions ____ (Include pregnancy within 3 months of death)	

Where was disease contracted? Pocatello
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's **OWN** Signature Wilfred L. Olsen, M.D. (M. D. or other)
and Address Pocatello, Ida. Date 2-14-1944

(For additional space, use reverse side)

137653

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137653
Local Reg. No. 36
Reg. Dist. No. 362

1. **PLACE OF DEATH:**
   (a) County Canyon
   (b) City or town Nampa
   (c) Street Address or R. F. D. No. 903-11 Ave S
   (d) Death Occurred Inside? ~~Outside?~~ city ~~or town~~
   (e) Died in a Home ~~Hospital~~ ~~Institution~~ ~~Other place~~
   (f) Name ~~Hosp. or~~ Inst. Carters Stayed 3 yrs ~~days~~
   (g) Lived in this county 24 years ____ months ____ days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Canyon
   (c) City or town Nampa
   (d) Street Address or R. F. D. No. 1624-R.R. st
   (e) Deceased lived Inside? ~~Outside?~~ city ~~or town~~
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 24 years
   (h) Former residence ~~(city, state)~~ Mo

3. (a) **FULL NAME** Frank Spurlock 61

3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex M.
5. Color or race W
6. (a) Single, widowed, married, divorced
6. (b) Name of ~~husband or~~ wife Mabel
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) Nov 3-1885

8. AGE	Years	Months	Days	If less than 1 day
	58			hrs min.

9. Exact Occupation Section Did this work for 20 yrs.
10. Industry or Business Foreman U.S. Date last worked
11. Birthplace Mo (City or town) (State or foreign country)

Father
12. Name William James Spurlock
13. Birthplace Mo (City or town) (State or foreign country)

Mother
14. Maiden name Huckaby
15. Birthplace Kas (City or town) (State or foreign country)

16. Informant's OWN Signature Jennie A. Spurlock
and Address 1624 R.R. st No.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-17-44 (Month) (Day) (Year)
(c) Place: Nampa Ida
18. Funeral Director's OWN Signature F. K. Robinson
and Address Nampa Ida
19. (a) Feb 24-1944 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Feb 12 1944
at ____ o'clock ____ M.
21. **I HEREBY CERTIFY,** That I attended deceased from ____ 19__, to ____ 19__
I last saw h__ alive on ____ 19__; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Chronic Myocarditis	3 yrs
Due to	
Due to	
Other conditions Diabetes Mellitus (Include pregnancy within 3 months of death)	6 yrs
Cerebral hemorrhage	5 yrs
Where was disease contracted? Home	PHYSICIAN
Name of operation — Date	Underline the cause to which death should be charged statistically.
Major finding —	
Finding of autopsy —	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ ~~While at work?~~ ____
Means of injury ____
23. Attendant's OWN Signature [signature] (M. D. or other)
and Address Nampa Ida Date 2-16 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

137654

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 137654
Local Reg. No. 19
Reg. Dist. No. 361

1. PLACE OF DEATH:
(a) County Canyon
(b) City or town Wilder
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? ✓ Outside? ..... city or town
(e) Died in a Home ✓ Hospital ..... Institution ..... Other place
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county ..... years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Wilder
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? ✓ Outside? ..... city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? ..... years
(h) Former residence (city, state) Nebr

3. (a) FULL NAME Dadlof H. Stutheit 46b

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced .....
6. (b) Name of husband or wife Lena
6. (c) Age of husband or wife if alive 59 years
7. Date of Birth (Month, Day, Year) 4-27-1877

8. AGE	Years	Months	Days	If less than 1 day
	66	9	11	hrs min.

9. Exact Occupation ..... Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Elk Creek Neb (City or town) (State or foreign country)
Father
12. Name Henry Stutheit
13. Birthplace Iowa (City or town) (State or foreign country)
Mother
14. Maiden name Sophie Wilkie
15. Birthplace Germany (City or town) (State or foreign country)
16. Informant's OWN Signature Kenneth L. Stutheit
and Address Kennewick Wash
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-12-44 (Month) (Day) (Year)
(c) Place: Wilder Idaho
18. Funeral Director's OWN Signature V. Peckham
and Address Caldwell Idaho
19. (a) 2-18-44 (Date received and filed) (b) Agnes M Denman (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 2-8 1944
at 6:45 o'clock a M.
21. **I HEREBY CERTIFY,** That I attended deceased from 2-7 1944, to 2-8 1944
I last saw him alive on 2-8 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Carcinoma of Rectum and Stomach	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation ..... Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's OWN Signature J. M. Mitchell (M. D. or other)
and Address Parma Idaho Date 2-15 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census MAR 1 1944

Certificate Of Death

STATE OF IDAHO

Pattison 137655

State File No. 137655
Local Reg. No. 67
Reg. Dist. No. 370

1. PLACE OF DEATH:
(a) County Ada
(b) City or town Boise.
(c) Street Address or R.F.D. No. X
(d) Death Occured Inside? Yes Outside? ....city or town
(e) Died in a Home.... Hospital X Institution.... Other place....
(f) Name Hosp. or Inst. St Alphonsus Stayed 2 days
(g) Lived in this county 9 years ....months ....days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Ada
(c) City or town Boise.
(d) Street Address or R.F.D. No. 911. E. Bannock
(e) Deceased lived Inside? Yes Outside? ....city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 26 years
(h) Former residence (city, state) Iowa.

3. (a) FULL NAME Pearl Clarence Meredith. 94a

3. (b) If veteran, name war No.
3. (c) Social Security No. ....
4. Sex Male. 5. Color or race White. 6. (a) Single, widowed, married, divorced Married.
6. (b) Name of husband or wife Ivy. B.
6. (c) Age of husband or wife if alive 63. years
7. Date of Birth (Month, Day, Year) October. 20. 1880.

8. AGE	Years	Months	Days	If less than 1 day
	63.	3.	24.	hrs ....min.

9. Exact Occupation Real Estate. Did this work for ....yrs.
10. Industry or Business .... Date last worked ....
11. Birthplace Avoca Iowa. (City or town) (State or foreign country)

Father
12. Name Thomas Meredith.
13. Birthplace England. (City or town) (State or foreign country)

Mother
14. Maiden name Minerva. J. Marsh.
15. Birthplace Indiana. (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mrs Ivy B Meredith
and Address 911. E. Bannock Street.
17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof Feb. 18. 1944. (Month) (Day) (Year)
(c) Place: Buhl, Idaho.
18. Funeral Director's **OWN** Signature Summers Funeral Home. Clyde E Summers
and Address Boise, Idaho.
19. (a) 2-17-44 (Date received and filed) (b) R Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 2-14- 1944
at ....o'clock ....M.

21. **I HEREBY CERTIFY**, That I attended deceased from 1-23-1935, to 2-14-1944
I last saw him alive on 2-14-1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death	Duration
Coronary Thrombosis	
Due to Decompensation	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? ....
Name of operation — Date —
Major finding —
Finding of autopsy —

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? — Suicide? — Homicide? —
Occurred — 19.... City, county, state where violence occurred ....
Place of Violence: Home — Farm — Industry —
Public Place — While at work? —
Means of injury ....

23. Attendant's **OWN** Signature Fred A Patterson (M. D. or other)
and Address Boise, Idaho. Date 2-16-1944
(For additional space, use reverse side)

137656

United States
Department of Commerce
Bureau of the Census

MAR 2 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137656
Local Reg. No. 10
Reg. Dist. No. 240

1. **PLACE OF DEATH:** Idaho
(a) County Grangeville
(b) City or town
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? ✓ Outside? city or town
(e) Died in a Home Hospital Institution Other place
(f) Name Hosp. or Inst. General Stayed 14 days
(g) Lived in this county 30 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Idaho
(c) City or town Kamiah
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Outside? ✓ city or town
(f) Citizen of what country? U.S.
(g) How long had deceased lived in Idaho? 30 years
(h) Former residence (city, state) Tekoa, Wash

3. (a) **FULL NAME** Elmer Denison. 83a

3. (b) If veteran, name war World I
3. (c) Social Security No.
4. Sex M.
5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Aug 20, 1888

8. AGE	Years	Months	Days	If less than 1 day
	55	5	20	hrs min.

9. Exact Occupation Farmer Did this work for life yrs.
10. Industry or Business Live Stock Date last worked 7/9/44
11. Birthplace Tekoa- (City or town) Wash- (State or foreign country)
Father
12. Name Lewis H. Dennis
13. Birthplace - (City or town) Penn- (State or foreign country)
Mother
14. Maiden name Anna Howell.
15. Birthplace Tekoa. (City or town) Wash. (State or foreign country)
16. Informant's OWN Signature Lewis H. Denison and Address Kamiah - Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-12-44 (Month) (Day) (Year)
(c) Place: Grangeville, Idaho.
18. Funeral Director's OWN Signature Jess Robertson and Address Grangeville
19. (a) 2/28/44 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Feb. 10 1944
at one o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from Feb 9 1944, to Feb 10 1944
I last saw him alive on Feb. 10 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cerebral hemorrhage — Duration 12 hrs
Due to hypertension
Due to
Other conditions
(Include pregnancy within 3 months of death)
Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature [signature] (M. D. or other)
and Address Grangeville Date Feb 11 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

137657

137657

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137657
Local Reg. No. 2-44
Reg. Dist. No. 112

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
   (a) County Bonner
   (b) City or town Coolin
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? X Outside? city or town
   (e) Died in a Home X Hospital Institution Other place
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county years 7 months days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Bonner
   (c) City or town Coolin
   (d) Street Address or R. F. D. No.
   (e) Deceased lived Inside? X Outside? city or town
   (f) If foreign born, in U. S. 31 yrs. Citizen of U. S.? yes
   (g) How long had deceased lived in Idaho? 8 Months years
   (h) Former residence (city, state Rosemond, Calif.

3. (a) **FULL NAME** ANDRO GEORGE BUTIGAN

468

3. (b) If veteran, name war
3. (c) Social Security No. 558-07-9599
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Thelma V. Butigan
6 (c) Age of husband or wife if alive 41 years
7. Date of Birth (Month, Day, Year) November 14. 1894

8. AGE	Years	Months	Days	If less than 1 day
	49	2	12	hrs min.

9. Exact Occupation miner — Did this work for 25 yrs.
10. Industry or Business mineing — Date last worked 11/15/43
11. Birthplace unknown (City or town) Yugoslavia (State or foreign country)

Father
12. Name Juro Butigan
13. Birthplace unknown (City or town) Yugoslavia (State or foreign country)

Mother
14. Maiden name Lucy Obad
15. Birthplace unknown (City or town) Yugoslavia (State or foreign country)

16. Informant's **OWN** Signature Mrs Thelma Butigan and Address Coolin, Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 1/29/44 (Month) (Day) (Year)
    (c) Place: Priest River, Idaho
18. Funeral Director's **OWN** Signature [illegible] and Address Sandpoint, Idaho
19. (a) Feb 7-1944 (Date received and filed) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) January 26. 1944 at 2:30 o'clock A. M.
21. I **HEREBY CERTIFY**, That I attended deceased from 11/22 1943, to 1/10 1944
    I last saw him alive on 1/10 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Carcinoma of liver with gumma? — Duration 8mo?
a Hormonal Parcinoma today
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)

Where was disease first contracted?
Name of operation Exploratory lap. Date 12/7/43
Major finding Surface nodes
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
    Occurred 19 City, county, state where violence occurred
    Place of Violence: Home Farm Industry
    Public Place While at work?
    Means of injury

23. Attendant's **OWN** Signature R. G. Boyd MD (M. D. or other)
    and Address Spokane Wash. Date 2/5 1944

(For additional space, use reverse side)

137658

United States
Department of Commerce
Bureau of the Census MAR 2 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137658
Local Reg. No. 5-44
Reg. Dist. No. 112

1. PLACE OF DEATH:
(a) County Bonner
(b) City or town Newport
(c) Street Address or R. F. D. No. Box 143
(d) Death Occurred Inside? ..... Outside? ..... city or town
(e) Died in a Home ....Hospital....Institution ....Other place ....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county ..... years 10 months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Nevada (b) County Clark Co
(c) City or town Boulder City
(d) Street Address or R. F. D. No. Gen. Delivery
(e) Deceased lived Inside? ..... Outside? ..... city or town
(f) If foreign born, in U. S. ..... yrs. Citizen of U. S.? .....
(g) How long had deceased lived in Idaho? 10 mo years
(h) Former residence (city, state) Boulder City

3. (a) **FULL NAME** John Warren Owen

1066

3. (b) If veteran, name war World 1
3. (c) Social Security No 525-36-0882
5. Color or race White
6. (a) Single, widowed, married, divorced Married
4. Sex Male
6. (b) Name of husband or wife Mamie Owen
6 (c) Age of husband or wife if alive 44 years
7. Date of Birth (Month, Day, Year) July 2, 1895

8. AGE	Years	Months	Days	If less than 1 day
	48	7	19	hrs min.

9. Exact Occupation Farmer Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Waller Co. Texas (City or town) (State or foreign country)
Father
12. Name George Washington Owen
13. Birthplace Texas (City or town) (State or foreign country)
Mother
14. Maiden name Lela Myatt
15. Birthplace Texas (City or town) (State or foreign country)
16. Informant's **OWN** Signature Mrs. J. W. Owen
and Address Newport, Wash.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-25-44 (Month) (Day) (Year)
(c) Place: Newport, Wash.
18. Funeral Director's **OWN** Signature C. E. Sherman
and Address Newport, Ida.
19. (a) 2-26-44 (Date received and filed) (b) F. A. Wench (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) February 21, 1944
at 9:30 o'clock P. M.
21. I **HEREBY CERTIFY**, That I attended deceased from Aug 31 1943 to Feb. 21 1944
I last saw him alive on Feb. 21 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Bronchiectasis	1932
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease first contracted? Texas	
Name of operation None Date	
Major finding	
Finding of autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature A. D. Schlottbauer (M. D. or other)
and Address Newport, Wash. Date 2-23 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

137659 137659

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137659
Local Reg. No.
Reg. Dist. No.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
   (a) County Nez Perce
   (b) City or town Lewiston
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? X Outside? ____ city or town
   (e) Died in a Home X Hospital X Institution ____ Other place ____
   (f) Name Hosp. or Inst. 224-9th St Stayed ____ days
   (g) Lived in this county 48 years ____ months ____ days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Nez Perce
   (c) City or town Lewiston
   (d) Street Address or R. F. D. No. 224-9th St.
   (e) Deceased lived Inside? X Outside? ____ city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 48 years
   (h) Former residence (city, state)

3. (a) **FULL NAME** Joseph Emerson Kincaid 87c

3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex male
5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Maud
6. (c) Age of husband or wife if alive 66 years
7. Date of Birth (Month, Day, Year) March 14, 1874

8. AGE	Years	Months	Days	If less than 1 day
	69	11	17	hrs ____ min. ____

9. Exact Occupation retired Did this work for ____ yrs.
10. Industry or Business merchant Date last worked 1938
11. Birthplace Eden California (City or town) (State or foreign country)

Father
12. Name William Kincaid
13. Birthplace no record (City or town) (State or foreign country)

Mother
14. Maiden name Alivia Moss
15. Birthplace Kentucky (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mrs. J. E. Kincaid
and Address Lewiston, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 - 3 - 44 (Month) (Day) (Year)
(c) Place: Lewiston
18. Funeral Director's **OWN** Signature Vincent U. Vassar
and Address Lewiston, Idaho
19. (a) March 3 1944 (Date received and filed) (b) Margaret Vassar (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 1, 1944
at 2:10 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from Mar 1 1944, to Mar 1 1944
I last saw ~~him~~ alive on Mar 1 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Paralysis Agitans — Duration 10 yrs
Due to ____
Due to ____
Other conditions ____ (Include pregnancy within 3 months of death)
Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's **OWN** Signature John M. Alley
and Address Lewiston (M. D. or other) Date 3 - 4 1944
(For additional space, use reverse side)

Alley

137660

137660

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137660
Local Reg. No. 86
Reg. Dist. No. 370

1. **PLACE OF DEATH:**
(a) County Ada
(b) City or town Boise
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home ____ Hospital X Institution ____ Other place ____
(f) Name Hosp. or Inst. St. Alphonsus Stayed ____ days
(g) Lived in this county ____ years ____ months 2 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Boise
(c) City or town Holcomb
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 24 years
(h) Former residence (city, state) Calif.

3. (a) **FULL NAME** James Simpson

164 E

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife ----------
6. (c) Age of husband or wife if alive -------- years
7. Date of Birth (Month, Day, Year) October 31, 1911

8. AGE	Years	Months	Days	If less than 1 day
	32	4	0	hrs ____ min.

9. Exact Occupation Rancher — Did this work for Life yrs.
10. Industry or Business ---------- — Date last worked ---
11. Birthplace Poterville (City or town) California (State or foreign country)

Father
12. Name Frank Eugene Simpson
13. Birthplace Lovelock (City or town) Nevada (State or foreign country)

Mother
14. Maiden name Belle Snyder
15. Birthplace Fillmore (City or town) California (State or foreign country)

16. Informant's **OWN** Signature Ernest Smith
and Address Boise, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/4/44 (Month) (Day) (Year)
(c) Place: Cloverdale Memorial Park, Boise, Ida.
18. Funeral Director's **OWN** Signature [illegible]
and Address Boise, Idaho
19. (a) 3-3-44 (Date received and filed) (b) A. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Feb. 29, 1944
at ____ o'clock 9 M.
21. **I HEREBY CERTIFY,** That I attended deceased from Feb 28 19__ to Feb 29 1944
I last saw him alive on Feb 28 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death Cranial Fracture — Duration 10 hrs
Due to Insecurity & jumping off bridge
Due to ____
Other conditions ____
(Include pregnancy within 3 months of death)

Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ← Homicide? ____
Occurred Feb 28 1944 City, county, state where violence occurred Ada Co Idaho
Place of Violence: Home ____ Farm ____ Industry ____
Public Place Barnes ____ While at work? ____
Means of injury Self

23. Attendant's **OWN** Signature J. N. Braxton M.D.
(M. D. or other)
and Address Boise Idaho Date Mar 3 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

Duplicate 137661

State File No. 137661
Local Reg. No. 85
Reg. Dist. No. 370

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise.
   (c) Street Address or R.F.D. No. X
   (d) Death Occured Inside? Yes Outside? ..... city or town
   (e) Died in a Home .... Hospital X Institution .... Other place ....
   (f) Name Hosp. or Inst. St. Lukes. Stayed 26 days
   (g) Lived in this county 26 years ..... months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho. (b) County Ada
   (c) City or town Boise.
   (d) Street Address or R.F.D. No. 1207. N. 25 th
   (e) Deceased lived Inside? Yes Outside? ..... city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 26 years
   (h) Former residence (city, state) Kentucky.

3. (a) **FULL NAME** Dora Collins Crump. 46h

3. (b) If veteran, name war No.
3. (c) Social Security No. 519-01-1977.
4. Sex Female 5. Color or race White. 6. (a) Single, widowed, married, divorced Single.
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) November. 5. 1879.

8. AGE	Years	Months	Days	If less than 1 day
	64.	3.	24.	hrs min.

9. Exact Occupation Stenographer. Did this work for ..... yrs.
10. Industry or Business Boise Payette Lumber Co. Date last worked
11. Birthplace Hart County (City or town) Kentucky. (State or foreign country)

Father
12. Name John William Crump.
13. Birthplace Kentucky. (City or town) (State or foreign country)

Mother
14. Maiden name Francis Pringle.
15. Birthplace Kentucky. (City or town) (State or foreign country)

16. Informant's **OWN** Signature Flossie E Crump
and Address 1207 No. 25 St.
17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof March. 2. (Month) (Day) 1944. (Year)
(c) Place: Morris Hill Cemetery.
18. Funeral Director's **OWN** Signature Clyde E. Summers Summers Funeral Home.
and Address Boise, Idaho.
19. (a) 3-3-44 (Date received and filed) (b) R. L. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 2-29- 1944
at 4:30 o'clock A M.
21. **I HEREBY CERTIFY**, That I attended deceased from 2-8-1944, to 2-29 1944
I last saw her alive on 2-28 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Lympho-Sarcoma - Retro Peritoneal	3 mo
Due to	
Due to	
Other conditions None (Include pregnancy within 3 months of death)	

Where was disease contracted? ✓
Name of operation Laparotomy Date 2-14-44
Major finding Retroperitoneal Lymph
Finding of autopsy None

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature O.J. Swindell M.D. (M. D. or other)
and Address Boise, Ida. Date 3-2 1944
(For additional space, use reverse side)

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United States
Department of Commerce
Bureau of the Census

MAR 1 0 19

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
   (a) County Jerome
   (b) City or town Eden
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? Outside? X city or town
   (e) Died in a Home X Hospital Institution Other place
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county 26 years 6 months days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Jerome
   (c) City or town Eden
   (d) Street Address or R. F. D. No.
   (e) Deceased lived Inside? Outside? X city or town
   (f) Citizen of what country? U.S.A. 6 mos
   (g) How long had deceased lived in Idaho? 29 yrs years
   (h) Former residence (city, state) Illinois

3. (a) **FULL NAME** MYERHOFF, Clemens H. 93d

3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Henrietta
6. (c) Age of husband or wife if alive 68 years
7. Date of Birth (Month, Day, Year) October 2nd, 1873

8. AGE	Years	Months	Days	If less than 1 day
	70	3	29	hrs min.

9. Exact Occupation Farmer (retired) Did this work for 50 yrs.
10. Industry or Business Date last worked 1942
11. Birthplace Winehill, (City or town) Illinois (State or foreign country)

Father
12. Name Carl C. Myerhoff
13. Birthplace Germany (City or town) (State or foreign country)

Mother
14. Maiden name Minnie Lindenberg
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's **OWN** Signature Henrietta Meyerhoff and Address Eden, Idaho
17. (a) removal (Burial, cremation, or removal) (b) Date thereof 1/30/44 (Month) (Day) (Year)
    (c) Place: Twin Falls, Idaho
18. Funeral Director's ~~OWN~~ White Mortuary Signature Elam White E-249 and Address Twin Falls, Idaho
19. (a) 2-1-44 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) January 29, 1944 at 3:20 o'clock P. M.
21. **I HEREBY CERTIFY**, That I attended deceased from Dec 1 1943 to Jan 30 1944
    I last saw him alive on Jan 30 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
94a Coronary Thrombosis	minutes
93d Due to Hypertension Cardiovascular Disease	years
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? Idaho
Name of operation none Date
Major finding
Finding of autopsy none

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
    Occurred 19 City, county, state where violence occurred
    Place of Violence: Home Farm Industry
    Public Place While at work?
    Means of injury

23. Attendant's **OWN** Signature Clarence H. Schultz M. D. (M. D. or other)
    and Address Twin Falls, Idaho Date Jan 31 1944
    (For additional space, use reverse side)

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United States
Department of Commerce MAR 6 1944
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 3
Reg. Dist. No. 620

1. **PLACE OF DEATH:**
(a) County Butte
(b) City or town Arco Moore
(c) Street Address or R. F. D. No. ✓
(d) Death Occurred Inside? ✓ Outside? ___ city or town
(e) Died in a Home ✓ Hospital ___ Institution ___ Other place ___
(f) Name Hosp. or Inst. ___ Stayed ___ days
(g) Lived in this county 38 years ___ months ___ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Butte
(c) City or town Moore
(d) Street Address or R. F. D. No. ✓
(e) Deceased lived Inside? ✓ Outside? ___ city or town
(f) Citizen of what country? U. S. a
(g) How long had deceased lived in Idaho? 42 years
(h) Former residence (city, state) Utah

3. (a) **FULL NAME** Rebecca Ann Pate 83a

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓
4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Jacob D. Pate 6. (c) Age of husband or wife if alive 75 years
7. Date of Birth (Month, Day, Year) October 20 - 1865

8. AGE	Years	Months	Days	If less than 1 day hrs	min.
	78	3	17		

9. Exact Occupation housewife Did this work for life yrs.
10. Industry or Business home Date last worked November 1943
11. Birthplace Richmond (City or town) Utah (State or foreign country)

Father
12. Name Wm Bradford Hunt
13. Birthplace unknown (City or town) (State or foreign country)

Mother
14. Maiden name Eleanor Wiggins
15. Birthplace unknown (City or town) (State or foreign country)

16. Informant's **OWN** Signature Hortense E. Johnson
and Address Moore, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-20-44 (Month) (Day) (Year)
(c) Place: Moore Ida 2-20-44
18. Funeral Director's **OWN** Signature [illegible] Arco
and Address
19. (a) March-1-1944 (Date received and filed) (b) Mary G Dietrich (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Feb. 17 1944
at 4 30 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from Nov. 14 1943 to Feb. 16 1944
I last saw her alive on Feb. 16 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Mat. Cerebral Hemorrhage	
Due to Hypertension	5 years.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation None Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ___ Suicide? ___ Homicide? ___
Occurred ___ 19___ City, county, state where violence occurred None
Place of Violence: Home ___ Farm ___ Industry ___
Public Place ___ While at work? ___
Means of injury

23. Attendant's **OWN** Signature A. P. Egbert M. D.
and Address Arco Ida (M. D. or other) Date Feb. 29 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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United States
Department of Commerce
Bureau of the Census

FEB 24 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 234
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF DEATH:**
(a) County Lewis
(b) City or town Kamiah
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? ✓ Outside? city or town
(e) Died in a Home ✓ Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 24 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Lewis
(c) City or town Kamiah
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? ✓ Outside? city or town
(f) Citizen of what country? U.S.
(g) How long had deceased lived in Idaho? 42 years
(h) Former residence (city, state) Oregon

3. (a) **FULL NAME** Eva Cynthia Harris 469

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Frank E
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Aug 29, 1875

8. AGE	Years	Months	Days	If less than 1 day
	68	4	2	hrs min.

9. Exact Occupation Housewife Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace (City or town) Iowa (State or foreign country)
Father
12. Name Benjamin White
13. Birthplace (City or town) U.S. (State or foreign country)
Mother
14. Maiden name Presnall
15. Birthplace (City or town) U.S. (State or foreign country)
16. Informant's OWN Signature Hazel Harris
and Address Kamiah
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-3-44 (Month) (Day) (Year)
(c) Place: Woodland Idaho
18. Funeral Director's OWN Signature Jess Robertson
and Address Grangeville Idaho
19. (a) 1/4-44 (Date received and filed) (b) Beulah Brown (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Jan 1 1944
at 11.10 o'clock A.M.
21. **I HEREBY CERTIFY,** That I attended deceased from August 1940, to Obama 19
I last saw her alive on Jan. 1st 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Carcinoma of Pancreas	6 mo.
Due to	
Due to	
Other conditions Mitral Stenosis (Include pregnancy within 3 months of death)	years
Where was disease contracted? Home	PHYSICIAN
Name of operation None Date	Underline the cause to which death should be charged statistically.
Major finding —	
Finding of autopsy None	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature C. S. Bryan (M. D. or other)
and Address Kamiah Date Jan 4 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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United States
Department of Commerce MAR 7 1944
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 15
Reg. Dist. No. 210

1. **PLACE OF DEATH:**
(a) County Clearwater
(b) City or town Orofino
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? X city or town
(e) Died in a Home Hospital Institution X Other place
(f) Name Hosp. or Inst. St. Hos. No Stayed days
(g) Lived in this county 5 years 4 months 0 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Latah
(c) City or town Potlatch
(d) Street Address or R. F. D. No. 1
(e) Deceased lived Inside? Outside? X city or town
(f) Citizen of what country? United States
(g) How long had deceased lived in Idaho? 26 years
(h) Former residence (city, state)

3. (a) **FULL NAME** STARNER, ANONA IBENA

87c

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F
5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife William S.
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) November 7, 1876

8. AGE	Years	Months	Days	If less than 1 day
	67	2	15	hrs min.

9. Exact Occupation Housewife Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Toronto, Kansas (City or town) (State or foreign country)
Father
12. Name Alfred T. Walker
13. Birthplace Illinois (City or town) (State or foreign country)
Mother
14. Maiden name Elizabeth Toole
15. Birthplace Toronto, Canada (City or town) (State or foreign country)
16. Informant's OWN Signature E. L. Berryman
and Address Orofino Ida
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Feb 5/44 (Month) (Day) (Year)
(c) Place: Lewiston, Idaho
18. Funeral Director's OWN Signature George B. Blake
and Address Orofino, Idaho
19. (a) 2/4/44 (Date received and filed) (b) Chloie Bachorad (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) February 2, 1944
at 12:20 o'clock P.M.
21. **I HEREBY CERTIFY,** That I attended deceased from June 1, 1943, to Feb. 2, 1944
I last saw her alive on Feb. 2, 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
87c	
Parkinson's syndrome	6 yrs.
Due to	
Due to	
Other conditions Senility 162 (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state
where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature E. L. Berryman D. (M.D. or other)
and Address Orofino Ida Date 2-2 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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United States
Department of Commerce MAR 7 1944
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 11
Reg. Dist. No. 410

1. **PLACE OF DEATH:**
(a) County Blaine
(b) City or town Hailey
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? ✓ Outside? city or town
(e) Died in a Home ✓ Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 50 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Blaine
(c) City or town Hailey
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? ✓ Outside? city or town
(f) Citizen of what country? U. S.
(g) How long had deceased lived in Idaho? 50 years
(h) Former residence (city, state) ✓

3. (a) FULL NAME Harvey Marion Brooks 93d

3. (b) If veteran, name war World War I
3. (c) Social Security No. ✓
4. Sex male
5. Color or race w.
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Thelma
6. (c) Age of husband or wife if alive 39 years
7. Date of Birth (Month, Day, Year) July 29, 1889

8. AGE	Years	Months	Days	If less than 1 day
	54	6	20	hrs min.

9. Exact Occupation bar-tender Did this work for 7 yrs.
10. Industry or Business Date last worked 2-19-44
11. Birthplace Hickory County, Mo. (City or town) (State or foreign country)
Father
12. Name Columbus M. Brooks
13. Birthplace Mo. (City or town) (State or foreign country)
Mother
14. Maiden name Selma Bartche
15. Birthplace Penn. (City or town) (State or foreign country)
16. Informant's OWN Signature Mrs. Thelma Brooks and Address Hailey, Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 2-21-44 (Month) (Day) (Year)
(c) Place: Hailey Cemetery.
18. Funeral Director's OWN Signature Ina J. Harris and Address Hailey, Idaho
19. (a) 3-2-1944 (Date received and filed) (b) Robert H. Wright (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Feb. 19 1944 at 12:30 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from 2/19 1944, to 2/19 1944
I last saw him alive on — 19—; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cardiac failure	
Due to	
Due to Chronic myocarditis	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted? —	PHYSICIAN
Name of operation — Date	Underline the cause to which death should be charged statistically.
Major finding —	
Finding of autopsy —	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred — 19 City, county, state where violence occurred —
Place of Violence: Home — Farm Industry
Public Place — While at work?
Means of injury
23. Attendant's OWN Signature Frederick J. Schwartz (M. D. or other)
and Address Hailey, Ida. Date 2/8 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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United States
Department of Commerce
Bureau of the Census

MAR 9 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137667
Local Reg. No. 21
Reg. Dist. No. 2-4

1. **PLACE OF DEATH:**
(a) County Canyon
(b) City or town Nampa
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home ____ Hospital X Institution ____ Other place ____
(f) Name Hosp. or Inst. Mercy Stayed ____ days
(g) Lived in this county 56 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Nampa
(d) Street Address or R. F. D. No. 1012 - 6th St. So.
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 56 years
(h) Former residence (city, state) Oregon.

3. (a) **FULL NAME** Jesse Jennings Walling. 186a

3. (b) If veteran, name war No. 4. 3. (c) Social Security No. No.
4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife ____ 6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) Nov. 29 - 1873.

8. AGE	Years	Months	Days	If less than 1 day hrs min.
	70	2	5	

9. Exact Occupation Post Master Did this work for ____ yrs.
10. Industry or Business ____ Date last worked ____
11. Birthplace Albany, (City or town) Oregon (State or foreign country)

Father
12. Name Ben F. W. Walling
13. Birthplace Linn County Ore. (City or town) (State or foreign country)

Mother
14. Maiden name Georgia M. Conley
15. Birthplace Albany Ore. (City or town) (State or foreign country)

16. Informant's OWN Signature X Ben F Walling
and Address Portland Oregon
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-8-44. (Month) (Day) (Year)
(c) Place: Nampa Kohlerlawn Cem.
18. Funeral Director's OWN Signature W. D. Talley
and Address Nampa Idaho
19. (a) Feb. 21-1944 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Feb. 4 19 44
at 6:30 o'clock A. M.
21. **I HEREBY CERTIFY,** That I attended deceased from Jan 24 1944, to Feb 4 1944
I last saw him alive on 2-4-44 19__; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Hypostatic Pneumonia	3 days
Due to Cerebral Hemorrhage	4 days
Contributing Cause	
Other conditions Fracture right hip	
(Include pregnancy within 3 months of death)	
Thrombosis of Heart	3 days

Where was disease contracted? Had stroke of PHYSICIAN
Name of operation 1/31/44 Date due to
Major finding Cerebral Embolism & Paralysis right side. Diabetis 10 years prior to death. (Use)

Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? yes Suicide? ____ Homicide? ____
Occurred Jan 24, 1944 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury Fall
23. Attendant's OWN Signature W. C. Bellows (M. D. or other)
and Address Nampa Ida Date 2-11-1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

MAR 10 1944

Certificate Of Death

STATE OF IDAHO

137668 137668
State File No.
Local Reg. No. 4
Reg. Dist. No. 641

1. **PLACE OF DEATH:**
(a) County Jefferson
(b) City or town Roberts
(c) Street Address or R. F. D. No.
(d) Death Occured Inside? ✓ Outside? ..... city or town
(e) Died in a Home ✓ Hospital .... Institution .... Other place ....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county ..... years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Bonneville
(c) City or town Idaho Falls
(d) Street Address or R.F.D. No. 443 E. 4th St.
(e) Deceased lived Inside? ✓ Outside? ..... city or town
(f) Citizen of what country? U. S. A.
(g) How long had deceased lived in Idaho? 50 years
(h) Former residence (city, state) .....

3. (a) **FULL NAME** Arthur McEntire

3. (b) If veteran, name war World #1
3. (c) Social Security No. 519-16-4662
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Naoma McEntire
6. (c) Age of husband or wife if alive 48 years
7. Date of Birth (Month, Day, Year) November 5, 1890

8. AGE	Years	Months	Days	If less than 1 day
	53	3	13	hrs ..... min.

9. Exact Occupation Farmer — Did this work for ..... yrs.
10. Industry or Business ..... — Date last worked .....
11. Birthplace Ogden, Utah (City or town) (State or foreign country)

Father
12. Name James B. McEntire
13. Birthplace Va. (City or town) (State or foreign country)

Mother
14. Maiden name Lucy Hagan
15. Birthplace Salt Lake City, Utah (City or town) (State or foreign country)

16. Informant's **OWN** Signature Naoma McEntire
and Address Idaho Falls, Idaho

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 2/23/44 (Month) (Day) (Year)
(c) Place: Idaho Falls, Idaho

18. Funeral Director's **OWN** Signature Jack A. Ward
and Address Idaho Falls, Idaho

19. (a) March 8 1944 (Date received and filed) (b) Miss A. B. Eckersall (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) February 18 19 44
at 7 o'clock A M

21. **I HEREBY CERTIFY**, That I attended deceased from never 19 ..... to ..... 19 .....
I last saw him alive on never 19 ..... ; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — Duration
Probably — Coronary Thrombosis — Few Minutes
Due to .....
Due to .....
Other conditions — (Include pregnancy within 3 months of death)

Where was disease contracted? At Home
Name of operation none Date .....
Major finding .....
Finding of autopsy none performed

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature I. A. Bon Tall M. D.
and Address R. 2 Box 25 Rigby, Idaho. Date ..... 19 .....
(Health Officer or other)
(For additional space, use reverse side)

137669 137669

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. ____
Local Reg. No. 46
Reg. Dist. No. 610

1. **PLACE OF DEATH:**
(a) County Bonneville
(b) City or town Idaho Falls
(c) Street Address or R. F. D. No. ____
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home ____ Hospital X Institution ____ Other place ____
(f) Name Hosp. or Inst. L. D. S. Stayed 9 days
(g) Lived in this county 26 years 6 months 0 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bonneville
(c) City or town Idaho Falls
(d) Street Address or R. F. D. No. 267 12th St.
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? United States
(g) How long had deceased lived in Idaho? 26 years
(h) Former residence (city, state) Racine, Wisc.

3. (a) FULL NAME EDWARD WILLIAM STERNKE 93E

3. (b) If veteran, name war None
3. (c) Social Security No. 536-03-4129
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Nettie L. S.
6. (c) Age of husband or wife if alive 62 years
7. Date of Birth (Month, Day, Year) April 15, 1881

8. AGE	Years	Months	Days	If less than 1 day
	62	10	0	hrs min.

9. Exact Occupation Maintenance Eng. Did this work for 23 yrs.
10. Industry or Business Seed Growers Date last worked 2/5/'44
11. Birthplace Watertown, Wisconsin (City or town) (State or foreign country)

Father
12. Name Julius Sternke
13. Birthplace Watertown, Wisconsin (City or town) (State or foreign country)

Mother
14. Maiden name Minnie Daugs
15. Birthplace Watertown, Wisconsin (City or town) (State or foreign country)

16. Informant's OWN Signature E. W. Sternke and Address Camp Adair, Oregon
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 20, 1944 (Month) (Day) (Year)
(c) Place: Rose Hill Cem., Ida. Falls, Ida.
18. Funeral Director's OWN Signature O. C. Buck and Address Idaho Falls, Idaho
19. (a) 2/19/44 (Date received and filed) (b) Anna Budge (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) February 15 1944
at 5:30 o'clock P. M.

21. **I HEREBY CERTIFY,** That I attended deceased from Feb. 7 1944 to Feb. 15 1944
I last saw him alive on Feb. 15 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Hypertrophies Aneurysm (?) — Duration: unknown
Due to ____
Due to ____
Other conditions Marked dilation of entire aortic arch (X-ray) — Duration: unknown
(Include pregnancy within 3 months of death)
Where was disease contracted? ____
Name of operation none Date ____
Major finding ____
Finding of autopsy No autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's OWN Signature N. L. Wilson (M. D. or other)
and Address Idaho Falls Date 2/19 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

137670

137670

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 48
Reg. Dist. No. 461

1. **PLACE OF DEATH:**
(a) County Twin Falls
(b) City or town Twin Falls
(c) Street Address or R. F. D. No. Elizabeth Blvd
(d) Death Occurred Inside? ____ Outside? X city or town
(e) Died in a Home __ Hospital __ Institution X Other place __
(f) Name Hosp. or Inst. Putzier Rest Home Lived 3mos days
(g) Lived in this county 0 years 3 months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Blaine
(c) City or town Ketchum
(d) Street Address or R. F. D. No. Ketchum
(e) Deceased lived Inside? ____ Outside? X city or town
(f) Citizen of what country? U.S.
(g) How long had deceased lived in Idaho? Life years
(h) Former residence (city, state) Boise, Ida.

3. (a) **FULL NAME** BARBER, Charles E.

83a

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Pearl Eva
6. (c) Age of husband or wife if alive 54 years
7. Date of Birth (Month, Day, Year) February 25, 1881

8. AGE	Years	Months	Days	If less than 1 day
	62	11	13	hrs min.

9. Exact Occupation Merchant — Did this work for yrs yrs.
10. Industry or Business Own business — Date last worked 1942
11. Birthplace Sweeet, Idaho (City or town) (State or foreign country)
Father
12. Name Robert Barber
13. Birthplace Maine (City or town) (State or foreign country)
Mother
14. Maiden name Charolette Otto
15. Birthplace Wheeling, V. W. (City or town) (State or foreign country)
16. Informant's OWN Signature Pearl Eva Barber
and Address Ketchum, Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 2/10/44 (Month) (Day) (Year)
(c) Place: Hailey, Idaho
18. Funeral Director's OWN Signature WHITE MORTUARY
and Address Twin Falls, Idaho
19. (a) 2/10/44 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) February 8, 1944
at 12:15 o'clock A M.
21. I HEREBY CERTIFY, That I attended deceased from Feb 5 1944 to Feb 8 1944
I last saw him alive on Feb 5 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebral hemorrhage	one hr
Due to arterial hypertension + arteriosclerosis	many years
Due to ori	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation ____ Date ____	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature John F. Houghlin (M. D. or other)
and Address Twin Falls Idaho Date 2-10 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

137671

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137671
Local Reg. No. 53
Reg. Dist. No. 46

1. **PLACE OF DEATH:**
(a) County Twin Falls
(b) City or town Murtaugh
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? X city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 13 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Twin Falls
(c) City or town Murtaugh
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Outside? X city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 13 years
(h) Former residence (city, state)

3. (a) **FULL NAME** BARNES, George E.

232

3. (b) If veteran, name war None
3. (c) Social Security No. none
4. Sex male
5. Color or race White
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Oella T. deceased
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Sept., 21st, 1866

8. AGE	Years	Months	Days	If less than 1 day
	77	4	12	hrs min.

9. Exact Occupation Invalid — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace Ornarga, (City or town) Illinois (State or foreign country)

Father
12. Name Wm. H. Barnes,
13. Birthplace New York State (City or town) (State or foreign country)

Mother
14. Maiden name Clarisa Anderson
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's **OWN** Signature Grace Samples
and Address Murtaugh, Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 2/16/44 (Month) (Day) (Year)
(c) Place: Twin Falls Cem.
18. Funeral Director's **OWN** Signature White Mortuary
and Address Twin Falls, Idaho
19. (a) Feb 19-1944 (Date received and filed) (b) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) February 13th, 1944
at 6:00 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from 19 , to 2-13- 1944
I last saw him alive on 19 ; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Rt. Heart Failure	
Due to Chronic Hypertension with Left Hemiplegia	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state
where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature Leon A. Johnson (M. D. or other)
and Address Kimberly, Idaho Date 2/16 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

137672

137672

United States
Department of Commerce MAR 1 1944
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 61
Reg. Dist. No. 461

1. **PLACE OF DEATH:**
   (a) County Twin Falls
   (b) City or town Twin Falls
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? X Outside? city or town
   (e) Died in a Home Hospital X Institution Other place
   (f) Name Hosp. or Inst. Twin Falls Stayed days
   (g) Lived in this county 27 years months days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Jerome
   (c) City or town Eden
   (d) Street Address or R. F. D. No. RFD
   (e) Deceased lived Inside? Outside? X city or town
   (f) Citizen of what country? United States
   (g) How long had deceased lived in Idaho? 27 years
   (h) Former residence (city, state) Illinois

3. (a) FULL NAME Otto William Hagemann 46g

3. (b) If veteran, name war XX
3. (c) Social Security No. XX
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Martha Hagemann
6. (c) Age of husband or wife if alive 57 years
7. Date of Birth (Month, Day, Year) January 8, 1885

8. AGE	Years	Months	Days	If less than 1 day
	58	1	16	hrs min.

9. Exact Occupation Farmer Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Staunton, Ill (City or town) (State or foreign country)
Father
12. Name August Hagemann
13. Birthplace Missouri (City or town) (State or foreign country)
Mother
14. Maiden name Lena Hesleberg
15. Birthplace Illinois (City or town) (State or foreign country)
16. Informant's OWN Signature Mrs Martha Hagemann
and Address Hazelton - Idaho Rt. 1.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-27-44 (Month) (Day) (Year)
(c) Place: Eden Cemetery
18. Funeral Director's OWN Signature [signature]
and Address Twin Falls Idaho
19. (a) Feb 26 1944 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) February 24 1944
at 3:15 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from Feb 17 1944, to Feb 24 1944
I last saw him alive on Feb 24 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Carcinoma of head pancreas	4 months
Due to chronic cholecystitis	years
Due to	
Other conditions none (Include pregnancy within 3 months of death)	
Where was disease contracted? Idaho	PHYSICIAN
Name of operation Laboratory Date Feb 24/44	Underline the cause to which death should be charged statistically.
Major finding Carcinoma of Feb 24.	
Finding of autopsy none Head of pancreas	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature Clarence H Schilt, Jr. D. (M. D. or other)
and Address Twin Falls Date Feb 25 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

137673 137673

United States
Department of Commerce
Bureau of the Census

MAR 13 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137673
Local Reg. No. 1026
Reg. Dist. No. 200

1. **PLACE OF DEATH:**
(a) County Latah
(b) City or town Moscow
(c) Street Address or R. F. D. No. 710 South Main
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home ____ Hospital X Institution ____ Other place ____
(f) Name Hosp. or Inst. Gritman Stayed 6 days
(g) Lived in this county 23 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Latah
(c) City or town Moscow
(d) Street Address or R. F. D. No. 1148 E. D St.
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? USA
(g) How long had deceased lived in Idaho? 23 years
(h) Former residence (city, state) ____

3. (a) **FULL NAME** CLARA AMELIA LOWELL 33a

3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife William
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) August 30, 1886

8. AGE	Years	Months	Days	If less than 1 day
	57	5	8	hrs ____ min.

9. Exact Occupation housekeeper Did this work for life yrs.
10. Industry or Business " Date last worked
11. Birthplace Minn. (City or town) (State or foreign country)

Father
12. Name Albert Dettman
13. Birthplace ____ (City or town) (State or foreign country)

Mother
14. Maiden name Amelia Kasha
15. Birthplace Germany (City or town) (State or foreign country)

16. Informant's **OWN** Signature W R Lowell
and Address 1148 E D St
17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 2-12-44 (Month) (Day) (Year)
(c) Place: Spokane Washington
18. Funeral Director's **OWN** Signature H R Short
and Address Moscow, Idaho
19. (a) 3/6/44 (Date received and filed) (b) E J Klaas (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 2 - 8 1944
at 6 o'clock A M

21. I **HEREBY CERTIFY**, That I attended deceased from Feb. 3 1944 to Feb. 8 1944
I last saw her alive on Feb 8 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cerebral Embolism of Heart. — Duration ____
Due to Cerebral Hemorrhage Apoplexia — Duration ____
Due to Arteriosclerosis of Kidneys — Duration ____
Due to Pneumonia — Duration ____
Other conditions ____ — Duration ____
(Include pregnancy within 3 months of death)

Where was disease contracted? Home
Name of operation None Date ____
Major finding ____
Finding of autopsy None made.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's **OWN** Signature W Armstrong M D (M. D. or other)
and Address Moscow Ida Date 2/9 1944

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

137674

United States
Department of Commerce
Bureau of the Census MAR 8 1944

Certificate Of Death

STATE OF IDAHO

State File No. 137674
Local Reg. No. 26
Reg. Dist. No. 14

1. **PLACE OF DEATH:**
(a) County Shoshone
(b) City or town Wallace
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? Outside? city or town
(e) Died in a Home Hospital Institution Other place
(f) Name Hosp. or Inst. Wallace Stayed days
(g) Lived in this county years 3 months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Mont. (b) County Mineral
(c) City or town Saltese
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? ✓ Outside? city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? 3 Mo. years
(h) Former residence (city, state) Mont.

3. (a) **FULL NAME** Luther Tilford Shannon 93d

3. (b) If veteran, name war No.
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Jan 12 - 1887

8. AGE	Years	Months	Days	If less than 1 day
	57		14	hrs min.

9. Exact Occupation Merchant Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Kentucky (City or town) (State or foreign country)
Father 12. Name Alonzo Shannon
13. Birthplace Not known (City or town) (State or foreign country)
Mother 14. Maiden name Mida Willard
15. Birthplace Not known (City or town) (State or foreign country)
16. Informant's **OWN** Signature Delphia Farry
and Address Wallace Ida
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Feb 29-44 (Month) (Day) (Year)
(c) Place: Walla Walla Wash
18. Funeral Director's **OWN** Signature Lina Bever (Wyds)
and Address Wallace Idaho
19. (a) Feb 28-44 (Date received and filed) (b) Lina Bever (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Feb 26 1944
at 3:40 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 2-15-36 19, to 2-26 1944
I last saw him alive on 2-26 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Uremia	6 days
Hypostatic pneumonia	2 days
Due to Chronic myocarditis	4 yrs
+ ~~[illegible]~~	
Due to coronary disease	6 wks
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature Pauline Ellis (M. D. or other)
and Address Wallace Ida Date 2-28 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

13767

State File No. 137675
Local Reg. No. 34
Reg. Dist. No. 371

1. PLACE OF DEATH:
(a) County Ada
(b) City or town 5 miles SW Gowen Fld, Idaho
(c) Street Address or R.F.D. No. --
(d) Death Occured Inside? ... Outside? -- city or town
(e) Died in a Home.... Hospital.... Institution.... Other place x
(f) Name Hosp. or Inst. -- Stayed -- days
(g) Lived in this county ... years 2 months 20 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State California (b) County --
(c) City or town Vista
(d) Street Address or R.F.D. No. Rt 1 Box 886
(e) Deceased lived Inside? ... Outside? x city or town
(f) Citizen of what country? U. S.
(g) How long had deceased lived in Idaho? 2 mo 20 days
(h) Former residence (city, state) See above

3. (a) FULL NAME GRAY, Llewellyn Roberts O-801868 173

3. (b) If veteran, name war --
3. (c) Social Security No. --
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Helen B.
6. (c) Age of husband or wife if alive -- years
7. Date of Birth (Month, Day, Year) December 24, 1920

8. AGE	Years	Months	Days	If less than 1 day
	23	2	2	hrs min.

9. Exact Occupation Copilot — Did this work for 6 mo
10. Industry or Business U. S. Army — Date last worked 2-26-44
11. Birthplace ... (City or town) California (State or foreign country)

Father
12. Name Unknown
13. Birthplace Unknown (City or town) (State or foreign country)

Mother
14. Maiden name Unknown
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's **OWN** Signature Phillip C. Pedersen
and Address Gowen Field, Boise, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 29 1944 (Month) (Day) (Year)
(c) Place: Glendale, California

18. Funeral Director's **OWN** Signature ...
and Address Boise, Idaho

19. (a) 2-29-44 (Date received and filed) (b) ... (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) February 26 1944
at 9:33 o'clock P M.

21. **I HEREBY CERTIFY**, That I attended deceased from -- 19 ..., to -- 19 ...
I last saw h-- alive on -- 19 ...; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Compound fracture of skull	Instantly
Due to Airplane accident	
Due to --	
Other conditions -- (Include pregnancy within 3 months of death)	

Where was disease contracted? --
Name of operation -- Date ...
Major finding --
Finding of autopsy See above

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? X Suicide? ... Homicide? ...
Occurred February 26 1944 City, county, state where violence occurred Ada county, Idaho
Place of Violence: Home ... Farm ... Industry ...
Public Place x While at work? ...
Means of injury Airplane accident

23. Attendant's **OWN** Signature Frank L. Fletcher
FRANK L. FLETCHER, 1LT, MC
and Address Gowen Field, Idaho Date 2-28 1944
(For additional space, use reverse side)

137676

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137676
Local Reg. No. 102
Reg. Dist. No. 370

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? X Outside? ____ city or town
   (e) Died in a Home ____ Hospital X Institution ____ Other place ____
   (f) Name Hosp. or Inst. St. Alphonsus Stayed 35 days
   (g) Lived in this county 9 years ____ months ____ days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Ada
   (c) City or town Boise
   (d) Street Address or R. F. D. No. Route # 1
   (e) Deceased lived Inside? ____ Outside? X city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 28 years
   (h) Former residence (city, state) Kansas

3. (a) **FULL NAME** Stella Evans

47d

3. (b) If veteran, name war ---------
3. (c) Social Security No. 518-16-7043
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Scott
6. (c) Age of husband or wife if alive 65 years
7. Date of Birth (Month, Day, Year) September 6, 1890

8. AGE	Years	Months	Days	If less than 1 day
	53	6	4	hrs min.

9. Exact Occupation Housewife Did this work for ---- yrs.
10. Industry or Business ---------- Date last worked ------
11. Birthplace Russell Springs, Kansas (City or town) (State or foreign country)

Father
12. Name H.H. Helvern
13. Birthplace Ohio (City or town) (State or foreign country)

Mother
14. Maiden name Carolyn Beard
15. Birthplace Pierce Town, Illinois (City or town) (State or foreign country)

16. Informant's OWN Signature Scott Evans
and Address Boise, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/13/44 (Month) (Day) (Year)
(c) Place: Cloverdale Memorial Park, Boise, Idaho
18. Funeral Director's OWN Signature [signature]
and Address Boise, Idaho
19. (a) 3-11-44 (Date received and filed) (b) R Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 3-10-1944
at 4:15 o'clock a. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 11-22 1943 to 3-10-1944
I last saw her alive on 3-10-1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration
Carcinoma Lung Rgh
Due to
Due to Exhaustion
Other conditions
(Include pregnancy within 3 months of death)
Where was disease contracted?
Name of operation ____ Date ____
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? — Suicide? — Homicide? —
Occurred — 19 — City, county, state
where violence occurred —
Place of Violence: Home — Farm — Industry —
Public Place ____ While at work? no
Means of injury
23. Attendant's OWN Signature Fred A Young Ex (M. D. or other)
and Address Boise, Idaho Date 3-10-1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

MAR 15 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

137677

State File No. 137677
Local Reg. No. 70
Reg. Dist. No. 510

1. **PLACE OF DEATH:**
(a) County Bannock
(b) City or town Pocatello
(c) Street Address ~~or R. F. D.~~ No. No. 7th Ave
(d) Death Occurred Inside? x Outside? ____ city or town
(e) Died in a Home __ Hospital x Institution __ Other place __
(f) Name Hosp. or Inst. St. Anthony Stayed 1 days
(g) Lived in this county 49 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bannock
(c) City or town Pocatello
(d) Street Address ~~or R. F. D.~~ No. 248 So. 12 Av
(e) Deceased lived Inside? x Outside? ____ city or town
(f) Citizen of what country? U. S. A.
(g) How long had deceased lived in Idaho? 49 years
(h) Former residence (city, state) Ottumwa, Iowa

3. (a) FULL NAME PAUL MAYER BRYAN

94a

3. (b) If veteran, name war World War I 3. (c) Social Security No. ----
4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Pauline 6. (c) Age of husband or wife if alive 47 years
7. Date of Birth (Month, Day, Year) December 10, 1892

8. AGE	Years	Months	Days	If less than 1 day
	51	2	13	hrs min.

9. Exact Occupation Real Estate Did this work for 17 yrs.
10. Industry or Business and Insurance Date last worked 2/23/44
11. Birthplace Ottumwa, Iowa (City or town) (State or foreign country)
Father
12. Name Charles Bryan
13. Birthplace Unknown Pennsylvania (City or town) (State or foreign country)
Mother
14. Maiden name Pauline Bohe
15. Birthplace Unknown (City or town) (State or foreign country)
16. Informant's OWN Signature Pauline Bryan
and Address Pocatello, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 26/44 (Month) (Day) (Year)
(c) Place: Pocatello, Idaho
18. Funeral Director's OWN Signature H. L. McHan
and Address Pocatello, Idaho
19. (a) Feb. 24/44 (Date received and filed) (b) D C Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) February 24 1944
at 12:20 o'clock a. M.
21. **I HEREBY CERTIFY**, That I attended deceased from Feb. 23 1944, to Feb. 24 1944
I last saw him alive on Feb. 24 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Coronary Artery Occlusion 94a	Acute.
Due to Coronary Arteriosclerosis 94a	?
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted? Pocatello, Ida.	
Name of operation ____ Date ____	
Major finding	
Finding of autopsy	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature Wilfred L. Olsen, M.D. (M. D. or other)
and Address Pocatello, Ida Date 2/24 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

137678

137678

State File No. 137678
Local Reg. No. 66
Reg. Dist. No. 310

United States
Department of Commerce
Bureau of the Census MAR 15 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
   (a) County Bannock
   (b) City or town Pocatello
   (c) Street Address ~~XXXXXXX~~ No. 7 Ave.
   (d) Death Occurred Inside? X Outside? ____ city or town
   (e) Died in a Home ____ Hospital X Institution ____ Other place ____
   (f) Name Hosp. or Inst. St. Anthony's Stayed 10 days
   (g) Lived in this county 34 years ____ months ____ days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Bannock
   (c) City or town Pocatello
   (d) Street Address ~~XXXXXX~~ No. 1358 E. Lander
   (e) Deceased lived Inside? X Outside? ____ city or town
   (f) Citizen of what country? U. S. A.
   (g) How long had deceased lived in Idaho? 34 years
   (h) Former residence (city, state) Illinois

3. (a) **FULL NAME** JACOB EZRA TARR 33a

3. (b) If veteran, name war ---
3. (c) Social Security No. ---
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Annie A.
6. (c) Age of husband or wife if alive 72 years
7. Date of Birth (Month, Day, Year) March 8, 1868

8. AGE	Years	Months	Days	If less than 1 day hrs	min.
	75	11	11		

9. Exact Occupation Retired Mechanic Did this work for ____ yrs.
10. Industry or Business ____ Date last worked Feb. 6, 44
11. Birthplace Neosha, Missouri (City or town) (State or foreign country)
Father
12. Name George Wm. Tarr
13. Birthplace Unknown (City or town) Illinois (State or foreign country)
Mother
14. Maiden name Emeline Dorset
15. Birthplace Unknown (City or town) Illinois (State or foreign country)
16. Informant's OWN Signature W A Hubbell
and Address Pocatello, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 22, 44 (Month) (Day) (Year)
(c) Place: Pocatello, Idaho
18. Funeral Director's OWN Signature K. L. McKeen
and Address Pocatello, Idaho
19. (a) Feb. 21, 44 (Date received and filed) (b) DeRay (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) February 19, 1944
at 12 noon o'clock ____ M.
21. **I HEREBY CERTIFY,** That I attended deceased from 2/10 19 44 to Feb. 19 1944
I last saw him alive on Feb. 19 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Pneumonia	
Due to Influenza	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? at home
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19 ____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature O. Cecil (M. D. or other)
and Address Pocatello, Date 2/21 1944
(For additional space, use reverse side)

137679 137679

United States
Department of Commerce MAR 10 1944
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. ~~13~~ 15
Reg. Dist. No. 471

1. **PLACE OF DEATH:**
(a) County Cassia
(b) City or town Declo
(c) Street Address or R. F. D. No. #1
(d) Death Occurred Inside? ✓ Outside? ____ city or town
(e) Died in a Home ✓ Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 62 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Cassia
(c) City or town Declo Idaho
(d) Street Address or R. F. D. No. #1
(e) Deceased lived Inside? ✓ Outside? ____ city or town
(f) Citizen of what country? U.S.
(g) How long had deceased lived in Idaho? 62 years
(h) Former residence (city, state) Willard Utah

3. (a) **FULL NAME** Cynthia Matilda Ward 93 d

3. (b) If veteran, name war ~ 3. (c) Social Security No. ~
4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or ~~wife~~ David H. Ward 6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) Jan. 1 - 1861

8. AGE	Years	Months	Days	If less than 1 day
	83	1	2	hrs min.

9. Exact Occupation ~ Did this work for ~ yrs.
10. Industry or Business ~ Date last worked 1939
11. Birthplace Willard (City or town) Utah (State or foreign country)
Father
12. Name Abraham Zundel
13. Birthplace ~ (City or town) Penn. (State or foreign country)
Mother
14. Maiden name Abigal Ailbott
15. Birthplace ~ (City or town) Del. (State or foreign country)
16. Informant's OWN Signature Gladys Rupert
and Address Declo Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-6-44 (Month) (Day) (Year)
(c) Place: Declo - Idaho
18. Funeral Director's OWN Signature Vern B. McCulloch
and Address Burley - Idaho
19. (a) 2-19-44 (Date received and filed) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Feb. 4 1944
at 4:45 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from 1 — 10 1944, to 2 — 4 1944
I last saw h____ alive on ____ 19____; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Myocerditis	10 years
Due to Senility	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation ____ Date ____	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature [illegible] (M. D. or other)
and Address Rupert, Idaho Date 2-5 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

137680 137680

United States
Department of Commerce
Bureau of the Census MAR 13 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 39
Reg. Dist. No. 610

1. **PLACE OF DEATH:**
(a) County Bonneville
(b) City or town Idaho Falls
(c) Street Address or R. F. D. No. ~~138 11th~~
(d) Death Occurred Inside? ✓ Outside? ____ city or town
(e) Died in a Home ~~or~~ Hospital ✓ Institution ____ Other place ____
(f) Name Hosp. or Inst. L. D. S. Stayed 1 days
(g) Lived in this county 52 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bonn.
(c) City or town Idaho Falls
(d) Street Address or R. F. D. No. 138 11th st
(e) Deceased lived Inside? ____ Outside? ____ city or town
(f) Citizen of what country? ____
(g) How long had deceased lived in Idaho? ____ years
(h) Former residence (city, state) ____

3. (a) **FULL NAME** Simon Emanuel Lundburg 1316

3. (b) If veteran, name war ____
3. (c) Social Security No. 519-22-0830
4. Sex M
5. Color or race W.
6. (a) Single, widowed, married divorced married
6. (b) Name of husband or wife Gussie M. Lundburg
6. (c) Age of husband or wife if alive 57 years
7. Date of Birth (Month, Day, Year) June 20, 1872

8. AGE	Years	Months	Days	If less than 1 day
	71	6	29	hrs min.

9. Exact Occupation Retired Railroad Did this work for 40 yrs.
10. Industry or Business Engineer Date last worked Oct 30, 1930
11. Birthplace Stromsburg, Neb. (City or town) (State or foreign country)
Father
12. Name John Lundburg
13. Birthplace Sweden (City or town) (State or foreign country)
Mother
14. Maiden name Caroline Kollberg
15. Birthplace Sweden (City or town) (State or foreign country)
16. Informant's OWN Signature Gussie M. Lundburg and Address Idaho Falls Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/21/44 (Month) (Day) (Year)
(c) Place: Idaho Falls Idaho
18. Funeral Director's OWN Signature Jack A. Wood and Address Idaho Falls Idaho
19. (a) 2/15/44 (Date received and filed) (b) Anna Budgen (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) January 19 1944 at 12-15 o'clock A. M.
21. **I HEREBY CERTIFY,** That I attended deceased from Jan 19 1943 to Jan 19 1944
I last saw him alive on Jan 19 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Uremia	2 days
Due to Chr. Nephritis	Years
Due to Arteriosclerosis	Years
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation ____ Date ____	Underline the cause to which death should be charged statistically.
Major finding ____	
Finding of autopsy ____	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature [signature] (M. D. or other)
and Address ____ Date ____ 19__
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

137681

United States
Department of Commerce MAR 6 1944
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137681
Local Reg. No. 10
Reg. Dist. No. 540

1. PLACE OF DEATH:
(a) County Franklin
(b) City or town Preston
(c) Street Address or R. F. D. No. 230 So. State
(d) Death Occurred Inside? X Outside? ..... city or town
(e) Died in a Home X Hospital ..... Institution ..... Other place
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 2 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Franklin
(c) City or town Preston
(d) Street Address or R. F. D. No. 230 So. State
(e) Deceased lived Inside? X Outside? ..... city or town
(f) If foreign born, in U. S. ..... yrs. Citizen of U. S.? X
(g) How long had deceased lived in Idaho? 8 years
(h) Former residence (city, state) Collinston, Ut.

3. (a) **FULL NAME** Helen Agnes Cardin Comberse Berlin 83a

3. (b) If veteran, name war ..... 3. (c) Social Security No. .....
4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Michael A. Berlin 6 (c) Age of husband or wife if alive 64 years
7. Date of Birth (Month, Day, Year) January 4, 1885.

8. AGE	Years	Months	Days	If less than 1 day
	59	1	9	hrs min.

9. Exact Occupation Housewife Did this work for ..... yrs.
10. Industry or Business Own home Date last worked 1944
11. Birthplace Devils Lake, No. Dakota. (City or town) (State or foreign country)
Father
12. Name Frank Sumner Comberse,
13. Birthplace Boston, Massachusetts. (City or town) (State or foreign country)
Mother
14. Maiden name Ann Cardin,
15. Birthplace Esat Indies. (City or town) (State or foreign country)
16. Informant's **OWN** Signature Maria A Berlin
and Address 230 State Preston Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-17-44 (Month) (Day) (Year)
(c) Place: Arimo, Idaho.
18. Funeral Director's **OWN** Signature John M. Richards
and Address Preston, Idaho.
19. (a) 2-16-1944 (Date received and filed) (b) Effie W. Brower (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) February 13, 1944
at 1:15 o'clock A. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 2/10 1942, to 2/12 1944
I last saw her alive on 2/12 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebral hemorrhage	6 hrs
Due to Hypertension	12 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death) previous cerebral Hemorrhage	
Where was disease first contracted?	
Name of operation ..... Date	
Major finding	
Finding of autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature Leo R. Hawker M.D (M. D. or other)
and Address Preston Ida Date 2/16 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

137682 1376[illegible]

United States
Department of Commerce
Bureau of the Census MAR 1 3 1944

Certificate Of Death

STATE OF IDAHO

State File No.
Local Reg. No. 52
Reg. Dist. No. 610

1. **PLACE OF DEATH:**
   (a) County Bonneville
   (b) City or town Idaho Falls
   (c) Street Address or R. F. D. No.
   (d) Death Occured Inside? ✓ Outside? ..... city or town
   (e) Died in a Home.... Hospital.... Institution.... Other place ✓
   (f) Name Hosp. or Inst. ..... Stayed ..... days
   (g) Lived in this county ..... years ..... months ..... days

   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Bonneville
   (c) City or town Idaho Falls
   (d) Street Address or R.F.D. No. 310 S. Water
   (e) Deceased lived Inside? ✓ Outside? ..... city or town
   (f) Citizen of what country? U. S. A.
   (g) How long had deceased lived in Idaho? ..... years
   (h) Former residence (city, state) .....

3. (a) **FULL NAME** Fred Campbell 164 c

3. (b) If veteran, name war .....
3. (c) Social Security No. 519-10-1691
4. Sex M race W.
5. Color or race
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) August 26, 1904

8. AGE	Years	Months	Days	If less than 1 day
	39	5	24	hrs min.

9. Exact Occupation Farmer — Did this work for ..... yrs.
10. Industry or Business Hay Raiser — Date last worked .....
11. Birthplace Idaho Falls, Idaho (City or town) (State or foreign country)

Father
12. Name William H. Campbell
13. Birthplace Illinois (City or town) (State or foreign country)

Mother
14. Maiden name Eva Martha Johnson
15. Birthplace Illinois (City or town) (State or foreign country)

16. Informant's **OWN** Signature Alice B Kirkham
and Address Idaho Falls, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/23/44 (Month) (Day) (Year)
(c) Place: Idaho Falls Idaho

18. Funeral Director's **OWN** Signature Jack A Woods
and Address Idaho Falls, Idaho

19. (a) 2/24/44 (Date received and filed) (b) Emma Budge (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) February 19 19 44
at 8 o'clock A M.

21. **I HEREBY CERTIFY,** That I attended deceased from ..... 19 ..... to ..... 19 .....
I last saw h..... alive on ..... 19 .....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Self inflicted Gun shot wound to head	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... (Suicide? yes) Homicide? .....
Occurred Feb 19 1944 City, county, state where violence occurred Idaho Falls Idaho
Place of Violence: Home ..... Farm ..... Industry .....
Public Place yes ..... While at work? .....
Means of injury Gun shot wound to head

23. Attendant's **OWN** Signature Fred Soltau (M. D. or other)
and Address Idaho Falls Date Feb 20 1944
(For additional space, use reverse side)

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United States
Department of Commerce
Bureau of the Census

MAR 13 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 32
Reg. Dist. No. 610

1. **PLACE OF DEATH:**
(a) County Bonneville
(b) City or town Idaho Falls
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? ✓ Outside? city or town
(e) Died in a Home Hospital ✓ Institution Other place
(f) Name Hosp. or Inst. L. U. S. Hosp Stayed days
(g) Lived in this county years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bonneville
(c) City or town Idaho Falls
(d) Street Address or R. F. D. No. Rt #3
(e) Deceased lived Inside? Outside? ✓ city or town
(f) Citizen of what country? U. S. A.
(g) How long had deceased lived in Idaho? 56 years
(h) Former residence (city, state) Utah

3. (a) **FULL NAME** Sarah Ann Empey 186a

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F.
5. Color or race W.
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Ephraim S. Empey
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) March 4, 1859

8. AGE	Years	Months	Days	If less than 1 day
	86	10	29	hrs min.

9. Exact Occupation Housewife Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Lehi, Utah (City or town) (State or foreign country)
Father
12. Name Alonzo Rhoades
13. Birthplace Erie, Ohio (City or town) (State or foreign country)
Mother
14. Maiden name Sarah Ann Bushman
15. Birthplace Pennsylvania (City or town) (State or foreign country)
16. Informant's OWN Signature Ernest Empey
and Address Idaho Falls Rt #3
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/6/44 (Month) (Day) (Year)
(c) Place: Ammon, Idaho
18. Funeral Director's OWN Signature Jack A. Wood
and Address Idaho Falls, Idaho
19. (a) 2/14/44 (Date received and filed) (b) Anna Bridges (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) February 3 1944
at 7-15 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from Feb 1 1944, to Feb 3 1944
I last saw her alive on Feb 3 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Lobar Pneumonia	2 days
Due to Frac Rib	3 days
Due to	
Other conditions Ch Heart Valvular (Include pregnancy within 3 months of death)	2 yrs
Old age	

Where was disease contracted? Hosp
Name of operation Rib Stripped Date
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Yes Suicide? — Homicide? —
Occurred Feb 1 1944 City, county, state where violence occurred Rt #3 Idaho Falls
Place of Violence: Home ✓ Farm — Industry —
Public Place No While at work? No
Means of injury Fell against furniture
23. Attendant's OWN Signature N. West (M. D. or other)
and Address Idaho Falls Date 7 7 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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United States
Department of Commerce
Bureau of the Census

MAR 10 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137684
Local Reg. No. 7-44
Reg. Dist. No. 100

1. **PLACE OF DEATH:**
(a) County Boundary
(b) City or town Bonners Ferry
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? XX Outside? ____ city or town
(e) Died in a Home X Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 42 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Boundary
(c) City or town Bonners Ferry
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? XX Outside? ____ city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 42 years
(h) Former residence (city, state)

3. (a) **FULL NAME** James F. Smith 108

3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Nettie
6. (c) Age of husband or wife if alive 70 years
7. Date of Birth (Month, Day, Year) July 10.1859

8. AGE	Years	Months	Days	If less than 1 day hrs	min.
	84	7	19		

9. Exact Occupation Ret. Farmer Did this work for 20 yrs.
10. Industry or Business his own Date last worked 1933
11. Birthplace Iowa (City or town) (State or foreign country)

Father
12. Name Unknown
13. Birthplace " (City or town) (State or foreign country)

Mother
14. Maiden name "
15. Birthplace " (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mrs. Nettie Smith
and Address Bonners Ferry Idaho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/24/44 (Month) (Day) (Year)
(c) Place: Bonners Ferry Idaho.
18. Funeral Director's **OWN** Signature Frank Morse
and Address Bonners Ferry Idaho.
19. (a) 2-21-44 (Date received and filed) (b) C.M. Bonner (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Feb. 20th. 1944
at 6:00 o'clock P.M.
21. **I HEREBY CERTIFY,** That I attended deceased from Jan 2nd 1944 to ____ 19____
I last saw him alive on Feb 20 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Lobar Pneumonia — Duration 24 hrs
Due to ____
Due to ____
Other conditions Myocardial failure 1 yr
(Include pregnancy within 3 months of death)

Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's **OWN** Signature C.M. Bonner M.D. (M. D. or other)
and Address Bonners Ferry Date 2-21 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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United States
Department of Commerce
Bureau of the Census

MAR 13 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 1032
Reg. Dist. No. 200

1. **PLACE OF DEATH:**
(a) County Latah
(b) City or town Moscow
(c) Street Address or R. F. D. No. 710 So. Main
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home __ Hospital x Institution __ Other place __
(f) Name Hosp. or Inst. Gritman Stayed 24 days
(g) Lived in this county 1 years 6 months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Latah
(c) City or town Moscow
(d) Street Address or R. F. D. No. 420 S. Almon
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? USA
(g) How long had deceased lived in Idaho? 1½ years
(h) Former residence (city, state) Wash.

3. (a) **FULL NAME** WONG TUNG

61

3. (b) If veteran, name war none
3. (c) Social Security No. 533-10-4466
4. Sex male
5. Color or race Chinese
6. (a) Single, widowed, married, divorced unknown
6. (b) Name of husband or wife unknown
6. (c) Age of husband or wife if alive unoknwn years
7. Date of Birth (Month, Day, Year) unknown

8. AGE	Years	Months	Days	If less than 1 day
	65			hrs min.

9. Exact Occupation Cook Did this work for x yrs.
10. Industry or Business Cook Date last worked 1-8-44
11. Birthplace (City or town) China (State or foreign country)
Father
12. Name unknown
13. Birthplace (City or town) unknown (State or foreign country)
Mother
14. Maiden name unknown
15. Birthplace (City or town) unknown (State or foreign country)
16. Informant's OWN Signature [signature]
and Address Grill Cafe, Moscow
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 2-17-44 (Month) (Day) (Year)
(c) Place Smith & Co. Spokane, Wash.
18. Funeral Director's OWN Signature [signature]
and Address Moscow, Idaho
19. (a) 3/6/44 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 2-16 1944
at 11 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from ____ 19__, to ____ 19__
I last saw h__ alive on ____ 19__; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Hypertensive Cardivascular Renal	131a
xxxxx Cerebral vascular accident	
Carbuncle	
xxxx Diabetes mellitus	
Other conditions (Include pregnancy within 2 months of death) Carbuncle	

Where was disease contracted?
Name of operation [illegible] Date 1-25-44
Major finding [illegible]
Finding of autopsy 0

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature [signature] (M. D. or other)
and Address Moscow, Idaho Date ____ 19__
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA-38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

MAR 13 1944

State File No. 1376-8
Local Reg. No. 1036
Reg. Dist. No. 200

1. **PLACE OF DEATH:**
(a) County Latah
(b) City or town Moscow
(c) Street Address or R. F. D. No. 315 No. Washington
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home X Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 50 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Latah
(c) City or town Moscow
(d) Street Address or R. F. D. No. 315 N. Wash.
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? USA
(g) How long had deceased lived in Idaho? 50 years
(h) Former residence (city, state) ____

3. (a) **FULL NAME** JOSEPH L. MILLSAP

932

3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex M
5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Della
6. (c) Age of husband or wife if alive 70 years
7. Date of Birth (Month, Day, Year) March 10, 1864

8. AGE	Years	Months	Days	If less than 1 day
	79	10	14	hrs ____ min. ____

9. Exact Occupation Farmer — Did this work for life yrs.
10. Industry or Business Farmer — Date last worked 1943
11. Birthplace Sweden (City or town) (State or foreign country)
Father
12. Name Wisdom Milsap
13. Birthplace Tennessee (City or town) (State or foreign country)
Mother
14. Maiden name Dorothy Raine
15. Birthplace Tennesee (City or town) (State or foreign country)
16. Informant's **OWN** Signature Jack Milsap
and Address 127 N. Lilly
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-28-44 (Month) (Day) (Year)
(c) Place: Moscow, Idaho
18. Funeral Director's **OWN** Signature H. R. Short
and Address Moscow, Idaho
19. (a) 3/6/44 (Date received and filed) (b) L. J. Klaarn (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 2-24- 1944
at 11 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from 6/23/41 19__ to 2/24/44 19__
I last saw him alive on 2/4/44 19__; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Acute cardiac decompensation	1 week
Due to Chronic myocarditis	4 yrs.
Due to Generalized arteriosclerosis and	
Other conditions senility (Include pregnancy within 3 months of death)	

Where was disease contracted? Idaho
Name of operation None Date ____
Major finding ____
Finding of autopsy None

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's **OWN** Signature L. J. Klaarn (M. D. or other)
and Address Moscow, Idaho Date 3/8/44 19__
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

137687

STATE OF IDAHO

State File No. 13767
Local Reg. No. 78
Reg. Dist. No. 320

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise.
   (c) Street Address or R. F. D. No. X
   (d) Death Occured Inside? Yes Outside? ..... city or town
   (e) Died in a Home.... Hospital X Institution.... Other place....
   (f) Name Hosp. or Inst. St Lukes. Stayed 9 days
   (g) Lived in this county 41 years ..... months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho. (b) County Ada
   (c) City or town Boise.
   (d) Street Address or R.F.D. No. 1703. Manitou.
   (e) Deceased lived Inside? Yes Outside? ..... city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 41 years
   (h) Former residence (city, state) Minnesotta.

3. (a) **FULL NAME** Bertha. H. Christopherson. 55C

3. (b) If veteran, name war No.
3. (c) Social Security No. None.
4. Sex Female Color or race White.
5. Color or race
6. (a) Single, widowed, married, divorced Married.
6. (b) Name of husband or wife James. M.
6. (c) Age of husband or wife if alive 69. years
7. Date of Birth (Month, Day, Year) April. 13. 1881.

8. AGE	Years	Months	Days	If less than 1 day
	62.	10.	2.	hrs ..... min.

9. Exact Occupation At Home. Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Albert Lee Minnesotta. (City or town) (State or foreign country)

Father
12. Name Nels. L. Nelson.
13. Birthplace Norway. (City or town) (State or foreign country)

Mother
14. Maiden name Krista Olson.
15. Birthplace Norway. (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mrs. H. Christopherson
and Address 1703. Manitou Ave, Boise, Idaho

17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof Feb. 17. 1944 (Month) (Day) (Year)
(c) Place: Morris Hill Cemetery.

18. Funeral Director's **OWN** Signature Summers Funeral Home. Clyde E. Summers
and Address Boise, Idaho

19. (a) 2-24-44 (Date received and filed) (b) R. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Feb 15 1944
at 3 P M o'clock M.

21. **I HEREBY CERTIFY**, That I attended deceased from June 29 1943, to Feb 15 1944
I last saw her alive on Feb 15 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — Duration

Carcinoma of thyroid — 1 Year.
Due to .....
Due to .....
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? —
Name of operation ..... Date .....
Major finding —
Finding of autopsy —

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature Alfred M. Fokma M.D. (M. D. or other)
and Address Boise, Ida. Date 2-21 1944
(For additional space, use reverse side)

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United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 68
Local Reg. No. 461
Reg. Dist. No.

1. **PLACE OF DEATH:**
(a) County Twin Falls
(b) City or town Filer, Idaho
(c) Street Address or R. F. D. No. 1
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home X Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 35 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Twin Falls
(c) City or town Filer
(d) Street Address or R. F. D. No. 1
(e) Deceased lived Inside? ____ Outside? ____ city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 35 years
(h) Former residence (city, state) Alamosa, Colo.

3. (a) **FULL NAME** Nathan Luther Lundin

51b

3. (b) If veteran, name war: World War "I"
3. (c) Social Security No. ____
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Ruby
6. (c) Age of husband or wife if alive: 40 years
7. Date of Birth (Month, Day, Year) September 6, 1891

8. AGE	Years	Months	Days	If less than 1 day
	52	5	28	hrs ____ min.

9. Exact Occupation: Farmer — Did this work for ____ yrs.
10. Industry or Business: ____ — Date last worked ____
11. Birthplace: Alamosa, Colorado (City or town) (State or foreign country)

Father
12. Name: John Lundin
13. Birthplace: Sweden (City or town) (State or foreign country)

Mother
14. Maiden name: Thilda Malmberg
15. Birthplace: Sweden (City or town) (State or foreign country)

16. Informant's OWN Signature: Paul Lundin
and Address: Filer, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/8/44 (Month) (Day) (Year)
(c) Place: Twin Falls Cem.

18. Funeral Director's OWN Signature: Reynolds Funeral Home
and Address: Twin Falls, Idaho

19. (a) March 9-1944 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 4, 1944
at 6:30 o'clock P. M.

21. **I HEREBY CERTIFY,** That I attended deceased from 5-1 1943, to 3/4/ 1944
I last saw him alive on 3/4/ 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
1mc Hypostatic pneumonia	1wk
Due to Generalized Carcinomatosis	6 mo
Due to Primary Carcinoma	2 yr
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
~~Finding of autopsy~~ ____

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's OWN Signature: Ivan A. Anderson M.D. (M. D. or other)
and Address: Filer, Idaho Date 3-6 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (TCA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

137689 137689

United States
Department of Commerce
Bureau of the Census

MAR 17 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. ✓
Local Reg. No. 76
Reg. Dist. No. 270

1. **PLACE OF DEATH:**
(a) County Ada
(b) City or town Boise
(c) Street Address or R. F. D. No. 402 Union St
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home X Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 58 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Ada
(c) City or town Boise
(d) Street Address or R. F. D. No. 402 Union St
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 59 years
(h) Former residence (city, state) Missouri

3. (a) FULL NAME Edna Powers Leonard Johnson 95c

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Louis Dell
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) Sept. 24th 1876

8. AGE	Years	Months	Days	If less than 1 day
	67	4	23	hrs ____ min.

9. Exact Occupation Housewife — Did this work for ____ yrs.
10. Industry or Business ____ — Date last worked ____
11. Birthplace Eugene City (City or town) Missouri (State or foreign country)

Father
12. Name C.W. Powers
13. Birthplace Buffalo (City or town) N.Y. (State or foreign country)

Mother
14. Maiden name Alice Williams
15. Birthplace Norfolk (City or town) Va: (State or foreign country)

16. Informant's OWN Signature Rosalie E. Leonard
and Address Boise Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/21/1944 (Month) (Day) (Year)
(c) Place: Morris Hill Cemetery
18. Funeral Director's OWN Signature Schreiber & McCann
and Address Boise Milford Driggs
19. (a) 2-22-44 (Date received and filed) (b) R. Blake (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Feb 17 19 44
at about 6,00 o'clock A. M.
21. **I HEREBY CERTIFY,** That ~~I attended deceased from~~ ____ 19__ to ____ 19__
~~I last saw h__ alive on~~ ____ 19__; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Found dead in Bed	
Probably acute heart attack.	
Due to	
Had Chronic heart disease	
Due to Natural causes	
Other conditions Nothing of a Criminal	
(Include pregnancy within 3 months of death)	
Nature found.	

Where was disease contracted? ____
Name of operation ____ Date ____
Major finding None
Finding of autopsy None
No Inquest.

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature W. McBratney Coroner
(M. D. or other)
and Address Boise Idaho Date 2/21/1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

MAR 17 1944

Certificate Of Death

STATE OF IDAHO

137690

State File No. 137690
Local Reg. No. 21
Reg. Dist. No. 271

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise
   (c) Street Address or R.F.D. No. Mt Home Highway
   (d) Death Occured Inside? ..... Outside? X city or town
   (e) Died in a Home.... Hospital.... Institution.... Other place X
   (f) Name Hosp. or Inst. ---------- Stayed -- days
   (g) Lived in this county 0 years 3 months 14 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Elmore
   (c) City or town Mountain Home
   (d) Street Address or R.F.D. No. .....
   (e) Deceased lived Inside? X Outside? ..... city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 3½ Months years
   (h) Former residence (city, state) Chicago, Illinois

3. (a) **FULL NAME** Dimitri Demetry

170c

3. (b) If veteran, name war ---------
3. (c) Social Security No. ---------
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife ------
6. (c) Age of husband or wife if alive ---- years
7. Date of Birth (Month, Day, Year) August 14, 1943

8. AGE	Years	Months	Days	If less than 1 day
	0	5	14	---- hrs ---- min.

9. Exact Occupation ---------- Did this work for -- yrs.
10. Industry or Business ---------- Date last worked -----
11. Birthplace Chicago. Illinois (City or town) (State or foreign country)

Father
12. Name Eripides Demetry
13. Birthplace Asia Minor (City or town) (State or foreign country)

Mother
14. Maiden name Christine Chiagouris
15. Birthplace Peabody. Mass. (City or town) (State or foreign country)

16. Informant's **OWN** Signature M. B. Stephens and Address Boise, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/18/44 (Month) (Day) (Year)
    (c) Place: Morris Hill Cemetery, Boise, Idaho
18. Funeral Director's **OWN** Signature W. McGroarty and Address Boise, Idaho
19. (a) 2-22-44 (Date received and filed) (b) R. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Feb. 12 ---- 1944
    about 9:00 o'clock P. M.
21. **I HEREBY CERTIFY**, That ~~I attended deceased from ..... 19.. ; to ..... 19..~~
    ~~I last saw h.. alive on ..... 19..~~ ; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Auto Accident. Auto-Truck collision.	
Due to Head badly crushed. Multiple Skull fractures.	
~~Due to~~ Died instantly.	
~~Other conditions~~ ~~(Include pregnancy within 3 months of death)~~	

Where was disease contracted? ----
Name of operation ---- Date ----
Major finding ----
Finding of autopsy None.
No Inquest.

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Yes. Suicide? ---- Homicide? ----
    Occurred Feb 12 ---- 1944 City, county, state where violence occurred 7 Miles S.W. of Boise.
    Place of Violence: Home ---- Farm ---- Industry ----
    Public Place Highway While at work? No
    Means of injury Truck-Auto Collision
23. Attendant's **OWN** Signature W. McGroarty Coroner (M. D. or other)
    and Address Boise Idaho Date 2/14 1944
    (For additional space, use reverse side)

United States
Department of Commerce
Bureau of the Census

MAR 17 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137693
Local Reg. No. 58
Reg. Dist. No. 370

1. PLACE OF DEATH:
(a) County Ada
(b) City or town Boise
(c) Street Address or R. F. D. No. 1st & Bannock
(d) Death Occurred Inside? ✓ Outside? ..... city or town
(e) Died in a Home ....Hospital ✓ Institution ....Other place ....
(f) Name Hosp. or Inst. St Lukes Stayed 15 days
(g) Lived in this county ..... years ..... months 15 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Caldwell
(d) Street Address or R. F. D. No. 4
(e) Deceased lived Inside? ..... Outside? ✓ ..... city or town
(f) If foreign born, in U. S. ..... yrs. Citizen of U. S.? .....
(g) How long had deceased lived in Idaho? ..... years
(h) Former residence (city, state) .....

3. (a) FULL NAME Judy Rae Peterson 157 m

3. (b) If veteran, name war ..... 3. (c) Social Security No. .....
4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced —
6. (b) Name of husband or wife ..... 6 (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) Oct 24 - 1943

8. AGE	Years	Months	Days	If less than 1 day
	—	3	2	hrs min.

9. Exact Occupation ..... Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Caldwell Idaho (City or town) (State or foreign country)
Father 12. Name James Vyron Peterson
13. Birthplace Benson Utah (City or town) (State or foreign country)
Mother 14. Maiden name Emma Basey
15. Birthplace Nebr (City or town) (State or foreign country)
16. Informant's OWN Signature Vyron Peterson
and Address Caldwell Idaho R#4
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-28-44 (Month) (Day) (Year)
(c) Place: Caldwell Idaho
18. Funeral Director's OWN Signature V. Peckham
and Address Caldwell Idaho
19. (a) 2-10-44 (Date received and filed) (b) R. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) January 26 1944
at 730 o'clock A.M.
21. I HEREBY CERTIFY, That I attended deceased from Jan 10 1944, to Jan 26 1944
I last saw her alive on Jan 5 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cerebral hemorrhage — Duration: a few seconds
Due to Probably a hemangioma of cerebrum. — Congenital
Due to .....
Other conditions .....
(Include pregnancy within 3 months of death)
Where was disease first contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy not made

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state
where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's OWN Signature Harmon Tremaine Jr. (M. D. or other)
and Address 2314 State St Boise Idaho Date Feb 2 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

MAR 17 1944

Certificate Of Death

STATE OF IDAHO

State File No. 137694
Local Reg. No. 48
Reg. Dist. No. 37

1. PLACE OF DEATH:
(a) County Ada
(b) City or town Boise
(c) Street Address or R.F.D. No. 1704 Bannock
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Home X Hospital ..... Institution ..... Other place .....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 38 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Ada
(c) City or town Boise
(d) Street Address or R.F.D. No. 1704 Bannock
(e) Deceased lived Inside? X Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 38 years
(h) Former residence (city, state) Iowa

3. (a) FULL NAME Georgia Susan McCrory Lee

93.E

3. (b) If veteran, name war -----
3. (c) Social Security No. -------
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife C. Herbert
6. (c) Age of husband or wife if alive ----- years
7. Date of Birth (Month, Day, Year) April 11, 1852

8. AGE	Years	Months	Days	If less than 1 day
	91	9	18	hrs min.

9. Exact Occupation At Home — Did this work for ..... yrs.
10. Industry or Business ------ — Date last worked .....
11. Birthplace Iowa City (City or town) Iowa (State or foreign country)
Father
12. Name Samuel Henry McCrory
13. Birthplace Virginia (City or town) (State or foreign country)
Mother
14. Maiden name Elizabeth Ann McCloud
15. Birthplace Ohio (City or town) (State or foreign country)
16. Informant's **OWN** Signature Mrs Wilson Kleespie
and Address 412 F St Davis, California
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 2/4/44 (Month) (Day) (Year)
(c) Place: Iowa City, Iowa
18. Funeral Director's **OWN** Signature [signature]
and Address Boise, Idaho
19. (a) 2-3-44 (Date received and filed) (b) R. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Jan 29 1944
at 2.30 o'clock P M.
21. **I HEREBY CERTIFY**, That I attended deceased from Jan 15 1944, to Jan 29 1944
I last saw her alive on Jan 26 19....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Myocarditis	5 yr
Due to Senility	10 yr
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? Boise Idaho
Name of operation ..... Date .....
Major finding .....
Finding of autopsy None

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature T. N. Braxton MD (M. D. or other)
and Address 411 Continental Bld. Date Jan 31 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 137695
Local Reg. No. 45
Reg. Dist. No.

1. PLACE OF DEATH:
(a) County Ada
(b) City or town Boise.
(c) Street Address or R.F.D. No. X
(d) Death Occured Inside? Yes Outside? ..... city or town
(e) Died in a Home.... Hospital X Institution.... Other place....
(f) Name Hosp. or Inst. St Alphonsus Stayed X days
(g) Lived in this county ..... years ..... months X days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho. (b) County Ada
(c) City or town Boise.
(d) Street Address or R.F.D. No. 5.
(e) Deceased lived Inside? Yes Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? X years
(h) Former residence (city, state) X

3. (a) **FULL NAME** Glenn Eugene Bailey.

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3. (b) If veteran, name war Male.
3. (c) Social Security No. None.
4. Sex Male. 5. Color or race White.
6. (a) Single, widowed, married, divorced Single.
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) January. 31. 1944.

8. AGE	Years	Months	Days	If less than 1 day
				hrs 15 min.

9. Exact Occupation None. Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Boise, Idaho. (City or town) (State or foreign country)
Father
12. Name Otis Glenn Bailey.
13. Birthplace Salmon City, Idaho. (City or town) (State or foreign country)
Mother
14. Maiden name Vera Virginia Bowers.
15. Birthplace Wisdom, Montana. (City or town) (State or foreign country)
16. Informant's **OWN** Signature Elvina Rathbun
and Address 1013 Leadville ave Rant 5. Boise Idaho
17. (a) Burial. (b) Date thereof Feb. 1. 1944.
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: Cloverdale Memorial Park.
18. Funeral Director's **OWN** Signature Clyde E Summers Summers Funeral Home.
and Address Boise, Idaho.
19. (a) 2-1-44 (b) R. Sharp
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 1-31 1944
at 7:05 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from 1-31 1944, to 1-31- 1944
I last saw him alive on 1-31-44 19....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Premature birth-6 mo	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation ..... Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature L Hollingsworth (M. D. or other)
and Address Boise Idaho Date 2-1 1944
(For additional space, use reverse side)

✓ Hollingsworth

137696

United States
Department of Commerce
Bureau of the Census

MAR 17 1944

CERTIFICATE OF DEATH ✓
STATE OF IDAHO

State File No.
Local Reg. No. 46
Reg. Dist. No. 37

1. **PLACE OF DEATH:**
(a) County Ada
(b) City or town Boise
(c) Street Address or R. F. D. No. 416 So. 4th St.
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home X Hospital __ Institution __ Other place __
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county ____ years 1 months 6 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Ada
(c) City or town Boise
(d) Street Address or R. F. D. No. 416 S. 4th St
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? U. S. A.
(g) How long had deceased lived in Idaho? 1 Month years
(h) Former residence (city, state) None

3. (a) FULL NAME WILLIAM AUGUST LOOSE 157E

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife ____
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) December 26, 1943

8. AGE	Years	Months	Days	If less than 1 day
	0	1	6	hrs min.

9. Exact Occupation ____ Did this work for ____ yrs.
10. Industry or Business ____ Date last worked ____
11. Birthplace Boise, Idaho (City or town) (State or foreign country)
Father
12. Name Harry R. Loose
13. Birthplace Pittsburg, Pa. (City or town) (State or foreign country)
Mother
14. Maiden name Floretta McLaws
15. Birthplace Emmett, Idaho (City or town) (State or foreign country)
16. Informant's OWN Signature Harry R Loose
and Address 416 S. 4th St. Boise, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/3/44 (Month) (Day) (Year)
(c) Place: Morris Hill Cemetery
18. Funeral Director's OWN Signature Schneider & McCann
and Address Boise Milford Sharp
19. (a) 2-2-44 (Date received and filed) (b) D. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 2-2 1944
at 10.45 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from Dec 26 1944, to 2-2 1944
I last saw him alive on 1-28 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Premature birth	
~~Due to~~ Congenital Heart disease	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation ____ Date ____	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature L Hollingsworth (M. D. or other)
and Address Boise, Idaho Date 2-2 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

137697

United States
Department of Commerce
Bureau of the Census

MAR 17 1944

Certificate Of Death

STATE OF IDAHO

State File No.
Local Reg. No. 21
Reg. Dist. No.

1. PLACE OF DEATH:
(a) County Ada
(b) City or town Boise
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? Outside? X city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. Ada County Hospital Stayed 21 days
(g) Lived in this county 35 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Ada
(c) City or town Boise
(d) Street Address or R.F.D. No. 1111 Grove
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? Greece
(g) How long had deceased lived in Idaho? 35 years
(h) Former residence (city, state) Oregon

3. (a) **FULL NAME** Andrew George Henry

93E

3. (b) If veteran, name war None
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife ------
6. (c) Age of husband or wife if alive --- years
7. Date of Birth (Month, Day, Year) Unknown

8. AGE	Years	Months	Days	If less than 1 day
	65	Unknown		hrs min.

9. Exact Occupation Sheepman Did this work for 35 yrs.
10. Industry or Business ---------- Date last worked 1939
11. Birthplace Epiros (City or town) Greece (State or foreign country)
Father
12. Name Unknown
13. Birthplace Unknown (City or town) (State or foreign country)
Mother
14. Maiden name Unknown
15. Birthplace Unknown (City or town) (State or foreign country)
16. Informant's **OWN** Signature M. B. Stephens
and Address Boise, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/4/44 (Month) (Day) (Year)
(c) Place: Morris Hill
18. Funeral Director's **OWN** Signature [signature]
and Address Boise, Idaho
19. (a) 2-3-44 (Date received and filed) (b) R. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Feb - 2 1944
at 5 o'clock am M.
21. **I HEREBY CERTIFY,** That I attended deceased from Aug 1940, to Feb - 1944
I last saw him alive on Feb 1 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Congestive heart failure	4-5 yrs.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYISCIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature S W Forney (M. D. or other)
and Address Boise Date 2-3 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

MAR 1 7 1944

Certificate Of Death

STATE OF IDAHO

State File No. 13769
Local Reg. No. 54
Reg. Dist. No. 37

1. PLACE OF DEATH:
(a) County Ada
(b) City or town Boise.
(c) Street Address or R.F.D. No. X
(d) Death Occured Inside? Yes Outside? ....city or town
(e) Died in a Home.... Hospital X Institution.... Other place....
(f) Name Hosp. or Inst. St. Lukes. Stayed 1. days
(g) Lived in this county 5 years ....months ....days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho. (b) County Ada
(c) City or town Boise.
(d) Street Address or R.F.D. No. 1610. Vista.
(e) Deceased lived Inside? ....Outside? Yes city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 5 years
(h) Former residence (city, state) Kansas.

3. (a) FULL NAME Jeanette Hoyt.

3. (b) If veteran, name war No.
3. (c) Social Security No. None.
4. Sex Female 5. Color or race White. 6. (a) Single, widowed, married, divorced Married.
6. (b) Name of husband or wife Frank. O. Hoyt 6. (c) Age of husband or wife if alive 63 years
7. Date of Birth (Month, Day, Year) October. 25. 1885.

8. AGE	Years	Months	Days	If less than 1 day
	58.	3.	6.	hrs ... min.

9. Exact Occupation At Home. Did this work for ....yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Osage City Kansas. (City or town) (State or foreign country)
Father 12. Name William Smith.
Father 13. Birthplace Scotland. (City or town) (State or foreign country)
Mother 14. Maiden name Unknown.
Mother 15. Birthplace Scotland. (City or town) (State or foreign country)
16. Informant's **OWN** Signature F. O. Hoyt
and Address 1610 Vista Ave. Boise Ida
17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof Feb. 5. 1944 (Month) (Day) (Year)
(c) Place: Morris Hill Cemetery.
18. Funeral Director's **OWN** Signature Summers Funeral Home.
and Address Boise, Idaho.
19. (a) 2-7-44 (Date received and filed) (b) H. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Feb. 1 19 44
at about 12 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from March 10 1943, to Feb 1 1944
I last saw her alive on Feb 1 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebral hemorrhage	1 day
Due to high blood pressure and arteriosclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ..... Date .....
Major finding
Finding of autopsy

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature Hans. J. Fikker. M.D. (M. D. or other)
and Address Boise Date Feb 4 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

MAR 17 1944

Certificate Of Death

STATE OF IDAHO

State File No. 1376
Local Reg. No. 52
Reg. Dist. No. [illegible]

1. PLACE OF DEATH:
(a) County Ada
(b) City or town Boise.
(c) Street Address or R.F.D. No. 1821. West Jeff.
(d) Death Occured Inside? Yes Outside? ..... city or town
(e) Died in a Home X Hospital ..... Institution ..... Other place .....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 20 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Ada
(c) City or town Boise.
(d) Street Address or R.F.D. No. 1821. West Jefferson.
(e) Deceased lived Inside? Yes Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 20 years
(h) Former residence (city, state) Maine.

3. (a) FULL NAME Mattie Victoria Bardsley. 132

3. (b) If veteran, name war No.
3. (c) Social Security No. None.
4. Sex Female
5. Color or race White.
6. (a) Single, widowed, married, divorced Widow.
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) July. 29. 1841.

8. AGE	Years	Months	Days	If less than 1 day
	102.	6.	3.	hrs min.

9. Exact Occupation At Home. Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Bangor Maine. (City or town) (State or foreign country)
Father
12. Name Unknown.
13. Birthplace Unknown. (City or town) (State or foreign country)
Mother
14. Maiden name Unknown.
15. Birthplace Unknown. (City or town) (State or foreign country)
16. Informant's **OWN** Signature H G Bardsley.
and Address 1821- Jefferson.
17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof Feb. 4. 1944 (Month) (Day) (Year)
(c) Place: Morris Hill Cemetery.
18. Funeral Director's **OWN** Signature Summers Funeral Home. Clyde E Summers
and Address Boise, Idaho.
19. (a) 2-7-44 (Date received and filed) (b) R. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 2 - 2 1944
at 4-30 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from 1-21 1944, to 2-2 1944
I last saw her alive on 2-2 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Uremia	2 wks
Due to Stroke 1-1-44	
Due to Brights disease	aug. 1943
Other conditions Chr. Parenchymatous (Include pregnancy within 3 months of death)	

Where was disease contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature L. O. P. Hamilton (M. D. or other)
and Address Boise Idaho Date 2-4 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

MAR 1 7 1944

STATE OF IDAHO

State File No. 1977
Local Reg. No. 51
Reg. Dist. No. 5

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? X Outside? city or town
   (e) Died in a Home Hospital X Institution Other place
   (f) Name Hosp. or Inst. St. Alphonsus Stayed days
   (g) Lived in this county 1 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Ada
   (c) City or town Boise
   (d) Street Address or R.F.D. No. 1701 Franklin
   (e) Deceased lived Inside? X Outside? city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 1 years
   (h) Former residence (city, state) Seattle, Wash.

3. (a) **FULL NAME** Jennie Andrews 170 C

3. (b) If veteran, name war ------
3. (c) Social Security No. ---------
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive ------- years
7. Date of Birth (Month, Day, Year) February 9, 1863

8. AGE	Years	Months	Days	If less than 1 day
	80	11	23	hrs min.

9. Exact Occupation None Did this work for --- yrs.
10. Industry or Business --------- Date last worked ----
11. Birthplace Hillsboro (City or town) Ohio (State or foreign country)

Father
12. Name Joseph Mullenix
13. Birthplace Ohio (City or town) (State or foreign country)

Mother
14. Maiden name Mary Hook
15. Birthplace Ohio (City or town) (State or foreign country)

16. Informant's **OWN** Signature Rose Fisher
and Address Boise Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/5/44 (Month) (Day) (Year)
(c) Place: Morris Hill Boise, Idaho

18. Funeral Director's **OWN** Signature
and Address Boise, Idaho

19. (a) 2-5-44 (Date received and filed) (b) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Feb. 7 1944
at 7:15 P o'clock 7:15 M.

21. **I HEREBY CERTIFY**, That I attended deceased from January 25 1944, to Feb 7 1944
I last saw her alive on Feb. 7 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Pneumonia	7 days
Due to Fracture of right hip	8 days
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ✓ Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place ✓ While at work?
Means of injury Auto accident

23. Attendant's **OWN** Signature Roscoe C. Ward (M. D. or other)
and Address Boise Ida Date 2-9 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

MAR 17 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137701
Local Reg. No. 50
Reg. Dist. No. 370

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? X Outside? ____ city or town
   (e) Died in a Home __ Hospital __ Institution __ Other place __
   (f) Name Hosp. or Inst. St Lukes Stayed 4 days
   (g) Lived in this county ____ years ____ months 4 days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Gem
   (c) City or town Emmett
   (d) Street Address or R. F. D. No.
   (e) Deceased lived Inside? X Outside? ____ city or town
   (f) Citizen of what country?
   (g) How long had deceased lived in Idaho? 40 years
   (h) Former residence (city, state) Wyoming

3. (a) **FULL NAME** HELEN BANKS CUTLER 61

3. (b) If veteran, name war ____ 3. (c) Social Security No. none
4. Sex fem. 5. Color or race wht. 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Henry Cutler 6. (c) Age of husband or wife if alive 59 years
7. Date of Birth (Month, Day, Year) Dec. 2, 1887

8. AGE	Years	Months	Days	If less than 1 day
	57	2	1	hrs min.

9. Exact Occupation At home Did this work for ____ yrs.
10. Industry or Business ____ Date last worked ____
11. Birthplace Sundance, Wyo. (City or town) (State or foreign country)
Father
12. Name William B. Banks
13. Birthplace Nova Scotia, Canada (City or town) (State or foreign country)
Mother
14. Maiden name Emma Beacher
15. Birthplace Ohio (City or town) (State or foreign country)
16. Informant's OWN Signature Henry Cutler and Address Emmett, Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof Feb. 6-1944 (Month) (Day) (Year)
(c) Place: Emmett, Idaho
18. Funeral Director's OWN Signature C. D. Brockman and Address Emmett, Idaho
19. (a) 2-5-44 (Date received and filed) (b) A. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) February 3 1944 at 3:40 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from October 1, 1942, to February 3, 1944
I last saw her alive on February 2 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Congestive heart failure	10 days
Due to Coronary disease & hypertension	Unknown
Due to Diabetes mellitus	10 years
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ____ Date ____
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work?
Means of injury
23. Attendant's OWN Signature Jerome K. Burton MD (M. D. or other)
and Address Boise, Idaho Date Feb. 3 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

MAR 17 1944

Certificate Of Death

STATE OF IDAHO

State File No. 137702
Local Reg. No. 56
Reg. Dist. No. 2

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise.
   (c) Street Address or R.F.D. No. 1305. Jefferson.
   (d) Death Occured Inside? Yes Outside? ....city or town
   (e) Died in a Home X. Hospital.... Institution.... Other place....
   (f) Name Hosp. or Inst.... Stayed....days
   (g) Lived in this county 12 years ....months ....days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho. (b) County Ada
   (c) City or town Boise.
   (d) Street Address or R.F.D. No. 1305. Jefferson.
   (e) Deceased lived Inside? Yes Outside? ....city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 50 years
   (h) Former residence (city, state) Missouri.

3. (a) **FULL NAME** Amanda Brose. 168

3. (b) If veteran, name war No.
3. (c) Social Security No. None.
4. Sex Female. 5. Color or race White.
6. (a) Single, widowed, married, divorced Divorced.
6. (b) Name of husband or wife ....
6. (c) Age of husband or wife if alive .... years
7. Date of Birth (Month, Day, Year) 1874. Day and Month unknown

8. AGE	Years	Months	Days	If less than 1 day
	70.	0.	0.	hrs min.

9. Exact Occupation At Home. Did this work for ....yrs.
10. Industry or Business .... Date last worked ....
11. Birthplace Lyncreek Missouri. (City or town) (State or foreign country)

Father
12. Name Unknown.
13. Birthplace Unknown. (City or town) (State or foreign country)

Mother
14. Maiden name Unknown.
15. Birthplace Unknown. (City or town) (State or foreign country)

16. Informant's **OWN** Signature L. C. Brose
and Address 813 Roosevelt St.

17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof Feb. 8. 1944. (Month) (Day) (Year)
(c) Place: Ontario Oregon.

18. Funeral Director's **OWN** Signature Summers Funeral Home. Clyde E. Summers
and Address Boise, Idaho.

19. (a) 2-8-44 (Date received and filed) (b) R. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Feb. 5, 1944
at 10.30 o'clock P M.

21. **I HEREBY CERTIFY**, That I attended deceased from 1-26 1944, to 2-5 1944
I last saw her alive on 2-5 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Lobar Pneumonia	1-26-44
right lower lobe	to
Due to	2-5-44
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation .... Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? .... Suicide? .... Homicide? ....
Occurred .... 19.... City, county, state where violence occurred ....
Place of Violence: Home.... Farm.... Industry....
Public Place.... While at work?....
Means of injury ....

23. Attendant's **OWN** Signature L. O. P. Hamilton (M. D. or other)
and Address Boise Idaho Date 2-8 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

MAR 17 1944

Certificate Of Death

STATE OF IDAHO

State File No. 137703
Local Reg. No. 55
Reg. Dist. No. [illegible]

1. PLACE OF DEATH:
(a) County Ada
(b) City or town Boise
(c) Street Address or R.F.D. No. 1617 River
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Home X Hospital ..... Institution ..... Other place .....
(f) Name Hosp. or Inst. ---------- Stayed -- days
(g) Lived in this county Unknown years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Ada
(c) City or town Boise
(d) Street Address or R.F.D. No. 1617 River
(e) Deceased lived Inside? X Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? Unknown years
(h) Former residence (city, state) Unknown

3. (a) FULL NAME James O'Neil

95C

3. (b) If veteran, name war Unknown
3. (c) Social Security No. ----------
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced ----------
6. (b) Name of husband or wife ------
6. (c) Age of husband or wife if alive ----- years
7. Date of Birth (Month, Day, Year) March 9, 1864

8. AGE	Years	Months	Days	If less than 1 day
	79	10	26	hrs min.

9. Exact Occupation None — Did this work for --- yrs.
10. Industry or Business -------- — Date last worked ---
11. Birthplace Monmouth (City or town) Illinois (State or foreign country)
Father
12. Name Unknown
13. Birthplace Unknown (City or town) (State or foreign country)
Mother
14. Maiden name Unknown
15. Birthplace Unknown (City or town) (State or foreign country)
16. Informant's OWN Signature M. B. Stephens
and Address Boise, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/8/44 (Month) (Day) (Year)
(c) Place: St. John's Morris Hill Boise, Ida.
18. Funeral Director's OWN Signature W. McBratney
and Address Boise, Idaho
19. (a) 2-7-44 (Date received and filed) (b) R. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) February 5 1944
about 1:00 o'clock P. M.

21. I HEREBY CERTIFY, That ~~I attended deceased from~~ ~~19~~, to ~~19~~ ~~I last saw h~~ ~~alive on~~ ~~19~~; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: 95C4 — Duration
Probably acute heart attack.
Had chronic heart disease.
~~Due to~~ Nothing of a criminal nature found. 95C2
~~Due to~~
Other conditions Senility
~~(Include pregnancy within 3 months of death)~~
Where was disease contracted? —
Name of operation — Date —
Major finding —
Finding of autopsy None
No Inquest

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's OWN Signature W. McBratney
Coroner of Ada Co. (M.D. or other)
and Address Boise, Idaho Date 2/7/44
(For additional space, use reverse side)

Simonton 137704

United States
Department of Commerce
Bureau of the Census

MAR 17 1944

Certificate Of Death

STATE OF IDAHO

State File No. 137704
Local Reg. No. 57
Reg. Dist. No. [illegible]

1. PLACE OF DEATH:
(a) County Ada
(b) City or town Boise.
(c) Street Address or R.F.D. No. X
(d) Death Occured Inside? Yes Outside? ..... city or town
(e) Died in a Home .... Hospital X Institution .... Other place ....
(f) Name Hosp. or Inst. St. Lukes. Stayed 12 days
(g) Lived in this county 15 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho. (b) County Ada
(c) City or town Boise.
(d) Street Address or R.F.D. No. 220. Jefferson.
(e) Deceased lived Inside? Yes Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 58 years
(h) Former residence (city, state) X

3. (a) FULL NAME Lillian Gray Newell. 94a

3. (b) If veteran, name war No.
3. (c) Social Security No. None.
4. Sex Female race White.
5. Color or race White.
6. (a) Single, widowed, married, divorced Married.
6. (b) Name of husband or wife Thomas. R.
6. (c) Age of husband or wife if alive 55. years
7. Date of Birth (Month, Day, Year) May. 25. 1885.

8. AGE	Years	Months	Days	If less than 1 day
	58.	8.	10.	hrs min.

9. Exact Occupation At Home. Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Soldier, Idaho. (City or town) (State or foreign country)
Father: 12. Name Robert. W. Gray.
13. Birthplace Kentucky. (City or town) (State or foreign country)
Mother: 14. Maiden name Margaret Finch.
15. Birthplace Utah. (City or town) (State or foreign country)
16. Informant's OWN Signature Thomas R. Newell
and Address 220 Jefferson Boise Idaho
17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof Feb. 11. 1944 (Month) (Day) (Year)
(c) Place: Morris Hill Cemetery.
18. Funeral Director's OWN Signature Clyde E. Summers
and Address Boise, Idaho.
19. (a) 2-10-44 (Date received and filed) (b) R. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) February. 7. 1944.
at 11 o'clock P.M.
21. **I HEREBY CERTIFY,** That I attended deceased from Aug 1941, to Feb 7 1944
I last saw her alive on 2-7 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Coronary occulsion	2 hrs
Due to unknown	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation Hysterectomy Date 1-28-44	
Major finding Fibroid uterus 10 x N.S.	
Finding of autopsy None	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's OWN Signature R. D. Simonton (M. D. or other)
and Address Boise Date 2-9 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

MAR 1 7 1944

Certificate Of Death

STATE OF IDAHO

State File No. 1377
Local Reg. No. 221
Reg. Dist. No. 4

1. PLACE OF DEATH:

(a) County Ada
(b) City or town Boise
(c) Street Address or R.F.D. No. ---
(d) Death Occured Inside? ... Outside? XX city or town
(e) Died in a Home ... Hospital X ... Institution ... Other place ...
(f) Name Hosp. or Inst. Veterans Admn Stayed 70 days
(g) Lived in this county ... years ... months ... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

2. Usual Residence of Deceased: (Always fill in these)

(a) State Idaho (b) County Ada
(c) City or town Boise
(d) Street Address or R.F.D. No. 1917 Shoshone St.
(e) Deceased lived Inside? XX Outside? ... city or town
(f) Citizen of what country? U. S. A.
(g) How long had deceased lived in Idaho? --- years
(h) Former residence (city, state) ...

3. (a) **FULL NAME** PAUL, SEWARD A.

836

3. (b) If veteran, name war WW #1
3. (c) Social Security No. Unknown
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife Unknown
6. (c) Age of husband or wife if alive Unknown years
7. Date of Birth (Month, Day, Year) July 26, 1891

8. AGE	Years	Months	Days	If less than 1 day
	52	6	13	hrs ... min.

9. Exact Occupation Concrete finisher
Did this work for Unknown.
10. Industry or Business Unknown
Date last worked Unknown.
11. Birthplace Kansas (City or town) (State or foreign country)

Father
12. Name Joseph Paul
13. Birthplace Illinois (City or town) (State or foreign country)

Mother
14. Maiden name Nannie Pittman
15. Birthplace Missouri (City or town) (State or foreign country)

16. Informant's OWN Signature M.D. Records, Veterans Administration
and Address Boise, Idaho

17. (a) Shipment-Burial (Burial, cremation, or removal) (b) Date thereof 2/11/44 (Month) (Day) (Year)
(c) Place: ~~Valley Funeral Home~~ Nampa, Idaho

18. Funeral Director's OWN Signature McBratney Funeral Home
and Address Boise, Idaho

19. (a) 2-10-44 (Date received and filed) (b) R. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) February 8, 1944 19...
at 6:55 p.m. o'clock P. M.

21. **I HEREBY CERTIFY**, That I attended deceased from Nov. 30, 1943, to Feb. 8, 1944
I last saw him alive on February 8, 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebral thrombosis with right Hemiplegia	3 months
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation ... Date ...	
Major finding	
Finding of autopsy No Autopsy	

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ... Suicide? ... Homicide? ...
Occurred ... 19... City, county, state where violence occurred ...
Place of Violence: Home ... Farm ... Industry ...
Public Place ... While at work? ...
Means of injury ...

23. Attendant's OWN Signature Burton O. Clark
BURTON O. CLARK, M.D., CMO (M. D. or other)
and Address V.A., Boise, Idaho Date Feb. 8 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

MAR 17 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137706
Local Reg. No. 60
Reg. Dist. No. 37

1. **PLACE OF DEATH:**
(a) County Ada
(b) City or town Boise
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home ____ Hospital X Institution ____ Other place ____
(f) Name Hosp. or Inst. St. Alphonsus Stayed 5 days
(g) Lived in this county 34 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Ada
(c) City or town Boise
(d) Street Address or R. F. D. No. 517 Bannock
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? U. S. A.
(g) How long had deceased lived in Idaho? 34 years
(h) Former residence (city, state) Oregon

3. (a) FULL NAME PIA NAVARRO

170c

3. (b) If veteran, name war ____ 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Jose Navarro 6. (c) Age of husband or wife if alive ____ years

7. Date of Birth (Month, Day, Year) July 11, 1875

8. AGE	Years	Months	Days	If less than 1 day hrs	min.
	68	6	28		

9. Exact Occupation Housewife Did this work for ____ yrs.
10. Industry or Business ____ Date last worked ____
11. Birthplace Mendega, Viscaya Spain (City or town) (State or foreign country)

Father
12. Name Jabiar Azpiri
13. Birthplace Spain (City or town) (State or foreign country)

Mother
14. Maiden name Teresa Achurra
15. Birthplace Spain (City or town) (State or foreign country)

16. Informant's OWN Signature Pascual Eguiguren
and Address Crook Oregon

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/12/44 (Month) (Day) (Year)
(c) Place: St. John's Cemetery

18. Funeral Director's OWN Signature Schreiber & McCann
and Address Boise Mike Oregon

19. (a) 2-14-44 (Date received and filed) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Feb 9 1944
at X o'clock P. M.

21. **I HEREBY CERTIFY,** That I attended deceased from Feb 5 1944, to Feb 9 1944
I last saw her alive on Feb 9 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Secondary shock with circulatory collapse	6 hrs.
Due to Fractured 8 ribs + Left knee	4 days.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ____ Date ____
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Yes Suicide? ____ Homicide? ____
Occurred 2-9 1944 City, county, state where violence occurred Boise City Street
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury struck by auto

23. Attendant's OWN Signature N. A. Koelsch M.D. (M. D. or other)
and Address Boise Date 2-11 1944

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

MAR 17 1944

Certificate Of Death

STATE OF IDAHO

Swindell

State File No. 137707
Local Reg. No. 27
Reg. Dist. No. 37

1. PLACE OF DEATH:
(a) County Ada
(b) City or town Boise.
(c) Street Address or R.F.D. No. 3
(d) Death Occured Inside? ..... Outside? Yes city or town
(e) Died in a Home X Hospital ... Institution ... Other place ...
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 23 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho. (b) County Ada
(c) City or town Boise.
(d) Street Address or R.F.D. No. 3
(e) Deceased lived Inside? ..... Outside? Yes city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 23 years
(h) Former residence (city, state) Montana.

3. (a) FULL NAME James William Butler.

3. (b) If veteran, name war No.
3. (c) Social Security No. None.
4. Sex Male. 5. Color or race White. 6. (a) Single, widowed, married, divorced Married.
6. (b) Name of husband or wife Eliza Jane 6. (c) Age of husband or wife if alive 70 years
7. Date of Birth (Month, Day, Year) May. 10. 1874.

8. AGE	Years	Months	Days	If less than 1 day
	69.	8.	29.	hrs min.

9. Exact Occupation Farmer. Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Mankato, Minnesotta. (City or town) (State or foreign country)
Father: 12. Name James Butler.
13. Birthplace Ireland. (City or town) (State or foreign country)
Mother: 14. Maiden name Katherine Mc Donald.
15. Birthplace New York. (City or town) (State or foreign country)
16. Informant's OWN Signature James Howard Butler
and Address 1018 No. 12 th. St.-Boise
17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof Feb. 14. 1944. (Month) (Day) (Year)
(c) Place: Cloverdale Memorial Park.
18. Funeral Director's OWN Signature Summers Funeral Home. Clyde E Summers
and Address Boise, Idaho.
19. (a) 2-12-44 (Date received and filed) (b) R. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 2-9- 1944
at 8:30 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from 2-9 1944, to ..... 19.....
I last saw him ~~alive on~~ dead when first seen; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Coronary Occlusion	
Due to Arterio-sclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation ..... Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy none	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's OWN Signature O. F. Swindell (M. D. or other)
and Address Boise Idaho Date 2-11 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

MAR 17 1944

Certificate Of Death

STATE OF IDAHO

State File No. 137708
Local Reg. No. 23
Reg. Dist. No.

1. PLACE OF DEATH:
(a) County Ada
(b) City or town Boise
(c) Street Address or R.F.D. No. ---
(d) Death Occured Inside? ..... Outside? XX city or town
(e) Died in a Home .... Hospital X Institution .... Other place ....
(f) Name Hosp. or Inst. Veterans Adm. Stayed 12 days
(g) Lived in this county ..... years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Ada
(c) City or town Boise
(d) Street Address or R.F.D. No. General Delivery
(e) Deceased lived Inside? ..... Outside? XX city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? ..... years
(h) Former residence (city, state) .....

3. (a) FULL NAME McDONALD, Charles H.

94a

3. (b) If veteran, name war WW #1
3. (c) Social Security No. 517-01-1102
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary
6. (c) Age of husband or wife if alive Unknown years
7. Date of Birth (Month, Day, Year) April 16, 1891

8. AGE	Years	Months	Days	If less than 1 day
	52	9	24	hrs min.

9. Exact Occupation Miner — Did this work for Unknown yrs.
10. Industry or Business Unknown — Date last worked 2 wks ago
11. Birthplace Ohio (City or town) (State or foreign country)
Father
12. Name Sam McDonald
13. Birthplace Scotland (City or town) (State or foreign country)
Mother
14. Maiden name Wilhelmina Logan
15. Birthplace England (City or town) (State or foreign country)
16. Informant's OWN Signature P. B. Rankin Records, Veterans Administration
and Address Boise, Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 2/12/44 (Month) (Day) (Year)
(c) Place: Red Lodge, Montana
18. Funeral Director's OWN Signature [signature] McBratney Funeral Home
and Address Boise, Idaho
19. (a) 2-10-44 (Date received and filed) (b) R. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) February 9 1944
at 2:50 o'clock A. M.
21. **I HEREBY CERTIFY,** That I attended deceased from January 28 1944, to February 9 1944
I last saw him alive on February 9 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Acute Coronary Occlusion	a few minutes
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYISCIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding	
Finding of autopsy No autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's OWN Signature Burton O. Clark BURTON O. CLARK, M. D., CMO (M. D. or other)
and Address V.A., Boise, Idaho Date Feb. 9 1944
(For additional space, use reverse side)

137709

United States
Department of Commerce
Bureau of the Census

MAR 1 1944

CERTIFICATE OF DEATH

STATE OF IDAHO

State File No.
Local Reg. No. 76
Reg. Dist. No. 570

1. **PLACE OF DEATH:**
(a) County Ada
(b) City or town Boise
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? ~~Outside?~~ city ~~or town~~
(e) Died in a ~~Home~~ Hospital ~~Institution~~ ~~Other place~~
(f) Name Hosp. or Inst. St. Alphonsus Stayed 15 days
(g) Lived in this county ~~years~~ ~~months~~ 20 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these) Ada
(a) State Idaho (b) County ~~County~~
(c) City or town Boise
(d) Street Address or R. F. D. No.
(e) Deceased lived ~~Inside?~~ Outside? ~~city or town~~
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 20 years
(h) Former residence (city, state)

3. (a) **FULL NAME** James Alfred Steck 932

3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) 9-23-1881

8. AGE	Years	Months	Days	If less than 1 day hrs	min.
	62	4	16		

9. Exact Occupation Farmer Did this work for ____ yrs.
10. Industry or Business ____ Date last worked ____
11. Birthplace Iowa (City or town) (State or foreign country)
Father 12. Name Alfred Steck
Father 13. Birthplace Penn. (City or town) (State or foreign country)
Mother 14. Maiden name Newman
Mother 15. Birthplace Ohio (City or town) (State or foreign country)
16. Informant's OWN Signature Ruby Steck
and Address Nampa Ida
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/12/44 (Month) (Day) (Year)
(c) Place: Nampa Ida
18. Funeral Director's OWN Signature F. K. Robison
and Address Nampa Ida
19. (a) 2-19-44 (Date received and filed) (b) R. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Feb 9 1944
at 7:15 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 12-20 1937, to 2-9 1944
I last saw him alive on 2-9 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Congestive Heart failure	2 mo
Due to Arteriosclerosis	
Heart Disease	5 years
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation ____ Date ____	
Major finding	
Finding of autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury
23. Attendant's OWN Signature O. L. Swindell (M. D. or other)
and Address Boise, Ida. Date 2-12 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Dr. Pettenger

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

MAR 17 1944

State File No. 137716
Local Reg. No. 25
Reg. Dist. No.

1. PLACE OF DEATH:
(a) County Ada
(b) City or town Boise
(c) Street Address or R.F.D. No. 3400 4th Ave. So.
(d) Death Occured Inside? ..... Outside? X city or town
(e) Died in a Home X Hospital.... Institution.... Other place....
(f) Name Hosp. or Inst. ------- Stayed -- days
(g) Lived in this county 66 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Ada
(c) City or town Boise
(d) Street Address or R.F.D. No. 3400 4th Ave. So.
(e) Deceased lived Inside? ..... Outside? X city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 66 years
(h) Former residence (city, state) Illinois

3. (a) **FULL NAME** Lou Ann Griggs McClaran

94a

3. (b) If veteran, name war -----
3. (c) Social Security No. None
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife S.W. McClaran
6. (c) Age of husband or wife if alive ----- years
7. Date of Birth (Month, Day, Year) November 21, 1863

8. AGE	Years	Months	Days	If less than 1 day
	80	2	18	hrs min.

9. Exact Occupation None — Did this work for ---- yrs.
10. Industry or Business ------- — Date last worked -----
11. Birthplace Springfield (City or town) Illinois (State or foreign country)
Father
12. Name James R. Welch
13. Birthplace Unknown (City or town) (State or foreign country)
Mother
14. Maiden name Frances Ann Haycraft
15. Birthplace Unknown (City or town) (State or foreign country)
16. Informant's **OWN** Signature C. L. Weeks
and Address Boise, Idaho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/12/44 (Month) (Day) (Year)
(c) Place: Morris Hill, Boise, Ida
18. Funeral Director's **OWN** Signature W. McBratney
and Address Boise, Idaho
19. (a) 2-12-44 (Date received and filed) (b) R. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 2/9 1944
at 5 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from 2-9 1944 to 2-9- 1944
I last saw him alive on ——— 19....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Coronary Thrombosis	
Due to Senility	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? Boise Idaho
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature Fred. A. Pyrmaker (M. D. or other)
and Address Boise, Idaho Date 2-11-1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

137711

United States
Department of Commerce
Bureau of the Census

MAR 17 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137711
Local Reg. No. 24
Reg. Dist. No.

1. **PLACE OF DEATH:**
(a) County Ada
(b) City or town Boise
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home ____ Hospital X Institution ____ Other place ____
(f) Name Hosp. or Inst. Ada Co. Stayed ____ days
(g) Lived in this county 38 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Ada
(c) City or town Boise
(d) Street Address or R. F. D. No. Rt. 1:
(e) Deceased lived Inside? ____ Outside? ____ city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 38 years
(h) Former residence (city, state) Missouri

3. (a) **FULL NAME** Jackson Elroy Guymon 92E

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) Aug. 3rd. 1881

8. AGE	Years	Months	Days	If less than 1 day
	52	6	7	hrs ____ min.

9. Exact Occupation Farmer — Did this work for ____ yrs.
10. Industry or Business Grundy Co: — Date last worked
11. Birthplace Missouri (City or town) (State or foreign country)

Father
12. Name John Guymon
13. Birthplace Ill: (City or town) (State or foreign country)

Mother
14. Maiden name Martha Markley
15. Birthplace Ill. (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mrs O H Reynolds
and Address Boise Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/12/1944 (Month) (Day) (Year)
(c) Place: Morris Hill Cemetery

18. Funeral Director's **OWN** Signature Schneider F McCann
and Address Boise

19. (a) 2-12-44 (Date received and filed) (b) T L Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Feb. 10 1944
at 3:10 o'clock A M.

21. **I HEREBY CERTIFY**, That I attended deceased from Dec 3 1943 to Feb 10 1944
I last saw h[illegible] alive on 2-1-44 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Congestive Heart failure — Duration 6 mo.
Due to Endocarditis
Due to
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?
Name of operation ____ Date ____
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state
where violence occurred
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work?
Means of injury

23. Attendant's **OWN** Signature S W Forney (M. D. or other)
and Address Boise Ida — Date FEB 11 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

MAR 1 7 1944

STATE OF IDAHO

Harney 13771?
State File No.
Local Reg. No. 26
Reg. Dist. No.

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise.
   (c) Street Address or R.F.D. No. X
   (d) Death Occured Inside? ..... Outside? Yes city or town
   (e) Died in a Home .... Hospital X Institution .... Other place ....
   (f) Name Hosp. or Inst. Ada County Stayed 10 days
   (g) Lived in this county 25 years ..... months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho. (b) County Ada
   (c) City or town Boise.
   (d) Street Address or R.F.D. No. 1405. River.
   (e) Deceased lived Inside Yes Outside? ..... city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 25. years
   (h) Former residence (city, state) Washington.

3. (a) **FULL NAME** Mary Imogene Vosper.

3. (b) If veteran, name war No.
3. (c) Social Security No. None.
4. Sex Female 5. Color or race White.
6. (a) Single, widowed, married, divorced Married.
6. (b) Name of husband or wife Walter. E.
6. (c) Age of husband or wife if alive 72. years
7. Date of Birth (Month, Day, Year) December. 9. 1871.

8. AGE	Years	Months	Days	If less than 1 day
	72.	2.	1.	hrs min.

9. Exact Occupation At Home. Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Black River Falls, Wis. (City or town) (State or foreign country)

Father
12. Name Sam. A. Sheldon.
13. Birthplace New York. (City or town) (State or foreign country)

Mother
14. Maiden name Maria Baxter.
15. Birthplace Irving, Wisconsin. (City or town) (State or foreign country)

16. Informant's **OWN** Signature W C Vosper
and Address 1405 River St. Boise Idaho

17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof Feb. 12. 1944 (Month) (Day) (Year)
(c) Place: Cloverdale Memorial Park.

18. Funeral Director Summers Funeral Home.
OWN Signature Clyde E Summers
and Address Boise, Idaho.

19. (a) 2-12-44 (Date received and filed) (b) R. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Feb 10 19 44
at 3 o'clock a M.

21. **I HEREBY CERTIFY**, That I attended deceased from Feb 7 19 44, to Feb 10 19 44
I last saw her alive on Feb 10 19 44; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Apoplexy	
Due to Cerebral hemorrhage	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ..... Date .....
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury

23. Attendant's **OWN** Signature S H Forney (M. D. or Other)
and Address Boise Date 2/11 19 44
(For additional space, use reverse side)

Simonton

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

MAR 1 7 1944

State File No. 137713
Local Reg. No. 59
Reg. Dist. No. 370

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? X Outside? ____ city or town
   (e) Died in a Home ____ Hospital X Institution ____ Other place ____
   (f) Name Hosp. or Inst. St. Alphonsa Stayed 30 days
   (g) Lived in this county ____ years ____ months 30 days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Elmore
   (c) City or town Glenn Ferry
   (d) Street Address or R. F. D. No.
   (e) Deceased lived Inside? X Outside? ____ city or town
   (f) Citizen of what country?
   (g) How long had deceased lived in Idaho? 32 years
   (h) Former residence (city, state) Vale Oregon

3. (a) FULL NAME WILLIAM ALEXANDER CAMPBELL

469

3. (b) If veteran, name war No,
3. (c) Social Security No. Unknown
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Margaret
6. (c) Age of husband or wife if alive 65 years
7. Date of Birth (Month, Day, Year) August 28, 1876

8. AGE	Years	Months	Days	If less than 1 day
	68	5	13	hrs ____ min.

9. Exact Occupation Retired Switchman Did this work for 32 yrs.
10. Industry or Business U.P. Railroad Date last worked Aug./40
11. Birthplace Ontario (City or town) Canada (State or foreign country)

Father
12. Name James Campbell
13. Birthplace Scotland (City or town) (State or foreign country)

Mother
14. Maiden name Eliza Bishop
15. Birthplace Ontario (City or town) Canada (State or foreign country)

16. Informant's X OWN Signature Bernice E. Dunn
and Address Glenn Ferry Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 11, 1944 (Month) (Day) (Year)
(c) Place: Glenn Ferry Idaho

18. Funeral Director's OWN Signature Felix J. Berg
and Address Mountain Home Idaho

19. (a) 2-14-44 (Date received and filed) (b) W. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 2-11 1944
at 6 o'clock ____ M.

21. **I HEREBY CERTIFY**, That I attended deceased from 1-10 1944 to 2-11 1944
I last saw h alive on 2-11 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Obstructive Jaundice	
Liver degeneration	3 wks
Due to Ca tail of pancreas	3 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation No Date
Major finding
Finding of autopsy Ca tail of pancreas - metastases -

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury

23. Attendant's OWN Signature R. D. Simonton (M. D. or other)
and Address Boise Date 2-14 1944

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Horney

137714

United States
Department of Commerce MAR 17 1944
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 61
Reg. Dist. No. 37

1. **PLACE OF DEATH:**
(a) County Ada
(b) City or town Boise
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. St. Alphonsus Stayed 8 days
(g) Lived in this county 48 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Ada
(c) City or town Boise
(d) Street Address or R. F. D. No. 704½ Front St.
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? 65 years
(h) Former residence (city, state) China

3. (a) FULL NAME AH TING ---LOUIE D. YUNG 162 b

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race Yellow
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) September 25, 1856

8. AGE	Years	Months	Days	If less than 1 day
	87	4	17	hrs min.

9. Exact Occupation Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Canton (City or town) China (State or foreign country)
Father
12. Name Unknown
13. Birthplace (City or town) China (State or foreign country)
Mother
14. Maiden name Unknown
15. Birthplace (City or town) China (State or foreign country)
16. Informant's OWN Signature Goon Hoy
and Address Boise, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/15/44 (Month) (Day) (Year)
(c) Place: St. John's Cemetery
18. Funeral Director's OWN Signature Schreiber & McCann
and Address Boise Milford Drayas
19. (a) 2-15-44 (Date received and filed) (b) R. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 2-12 1944
at 3 o'clock a.m.
21. I HEREBY CERTIFY, That I attended deceased from 2-9, 1944, to 2-12 1944
I last saw him alive on 2-12 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Senility	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature S. W. Forney (M. D. or other)
and Address Boise Ida Date 2/14 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

MAR 17 1944

Certificate Of Death

STATE OF IDAHO

State File No. 137715
Local Reg. No. 75
Reg. Dist. No. 270

1. PLACE OF DEATH:
(a) County Ada
(b) City or town Boise, Idaho
(c) ~~Street Address or R.F.D. No.~~
(d) Death Occured Inside? ✓ Outside? — city or town
(e) Died in a Home — Hospital ✓ Institution — Other place —
(f) Name Hosp. or Inst. St. Lukes Stayed — days
(g) Lived in this county 2 years 4 months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Ada
(c) City or town Boise
(d) Street Address or R.F.D. No. 1201 Harrison Blvd
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? U. S. A.
(g) How long had deceased lived in Idaho? 2½ years
(h) Former residence (city, state) Denver, Colo.

3. (a) FULL NAME Paul George Manos

170c

3. (b) If veteran, name war WW1
3. (c) Social Security No. ------
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Harie
6. (c) Age of husband or wife if alive 44 years
7. Date of Birth (Month, Day, Year) March - , 1890

8. AGE	Years	Months	Days	If less than 1 day
	53	11	--	— hrs min.

9. Exact Occupation Restaurant Operator Did this work for --- yrs.
10. Industry or Business Kelly Restaurant Date last worked ----
11. Birthplace Asia Minor (City or town) (State or foreign country)
Father
12. Name George Manos
13. Birthplace Asia Minor (City or town) (State or foreign country)
Mother
14. Maiden name Unknown
15. Birthplace Unknown (City or town) (State or foreign country)
16. Informant's OWN Signature M. B. Stephens
and Address Boise, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/18/44 (Month) (Day) (Year)
(c) Place: Morris Hill Cemetery, Boise, Ida.
18. Funeral Director's OWN Signature W. McBratney
and Address Boise, Idaho
19. (a) 2-22-44 (Date received and filed) (b) D. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Feb. 12 1944
at about 9:00 o'clock P. M.
21. **I HEREBY CERTIFY**, That ~~I attended deceased from~~ ~~19~~, to ~~19~~ ~~I last saw h alive on 19~~; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration
Auto Accident.
Auto - Truck Collision
Due to Head injury, left side of chest crushed and right
~~Due to~~ leg broken.
~~Other conditions~~
~~(Include pregnancy within 3 months of death)~~

Where was disease contracted? —
Name of operation — Date —
Major finding —
Finding of autopsy None
No Inquest

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Yes Suicide? — Homicide? —
Occurred Feb - 12 - 1944 City, county, state where violence occurred 7 Miles S.W. Boise
Place of Violence; Home — Farm — Industry —
Public Place Highway While at work? —
Means of injury Auto - Truck Collision
23. Attendant's OWN Signature W. McBratney, Coroner (M. D. or other)
and Address Boise, Idaho Date 2/14 1944
(For additional space, use reverse side)

Ward

United States
Department of Commerce
Bureau of the Census

MAR 17 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137716
Local Reg. No. 62
Reg. Dist. No. 370

1. **PLACE OF DEATH:**
(a) County Ada
(b) City or town Boise
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside X Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. St. Alph: Stayed 3 days
(g) Lived in this county years months 3 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Boise
(c) City or town Idaho City Road
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Outside? X city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 61 years
(h) Former residence (city, state) Iowa

3. (a) **FULL NAME** George W. Lunsford 1626

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife Belle
6. (c) Age of husband or wife if alive Dead years
7. Date of Birth (Month, Day, Year) April 6th. 1847

8. AGE	Years	Months	Days	If less than 1 day
	96	10	7	hrs min.

9. Exact Occupation Farmer Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Missouri (City or town) (State or foreign country)
Father
12. Name James Lunsford
13. Birthplace Kentucky (City or town) (State or foreign country)
Mother
14. Maiden name Hulsey
15. Birthplace Unknown (City or town) (State or foreign country)
16. Informant's OWN Signature A. M. Lunsford and Address Idaho City Road. Boise Co. Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/15/44 (Month) (Day) (Year)
(c) Place: Morris Hill Cemetery
18. Funeral Director's OWN Signature Schreiber & McCann and Address Boise Milford Oregon
19. (a) 2-15-44 (Date received and filed) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Feb. 13 1944
at 9 30 am o'clock 9 30 a M.
21. **I HEREBY CERTIFY,** That I attended deceased from Feb 10 1944, to F 19
I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cardiac failure 200	
Due to Senility 1[illegible]	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature Roscoe C Ward (M. D. ~~or other~~)
and Address Boise Idaho Date 2-14 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

MAR 17 1944

Certificate Of Death

STATE OF IDAHO

State File No. 13771
Local Reg. No. 28
Reg. Dist. No.

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise
   (c) Street Address or R.F.D. No. -----
   (d) Death Occured Inside? ..... Outside? X ..... city or town
   (e) Died in a Home.... Hospital X Institution.... Other place....
   (f) Name Hosp. or Inst. Veterans Administration Stayed 29 days
   (g) Lived in this county ..... years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State California (b) County Santa Cruz
   (c) City or town Watsonville
   (d) Street Address or R.F.D. No. 1, Box 380
   (e) Deceased lived Inside? ..... Outside? X ..... city or town
   (f) Citizen of what country? United States
   (g) How long had deceased lived in Idaho? ..... years
   (h) Former residence (city, state) .....

3. (a) **FULL NAME** COLBERT, Archibald

93a

3. (b) If veteran, name war SP AM
3. (c) Social Security No. None
4. Sex M race W
5. Color or
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Missouri Colbert
6. (c) Age of husband or wife if alive 60 years
7. Date of Birth (Month, Day, Year) January 1, 1869

8. AGE	Years	Months	Days	If less than 1 day
	75	1	12	hrs ---- min.

9. Exact Occupation Farmer — Did this work for Unknown?
10. Industry or Business ----- — Date last worked May, 1943
11. Birthplace Kentucky (City or town) (State or foreign country)

Mother Father
12. Name Louis Colbert
13. Birthplace Pennsylvania (City or town) (State or foreign country)
14. Maiden name Martha Montague
15. Birthplace Kentucky (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mrs. Pearl B. Rankin
and Address Records--Veterans Administration Boise, Idaho

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 2/16/44 (Month) (Day) (Year)
(c) Place: Watsonville, California

18. Funeral Director's **OWN** Signature Kenneth Libby
and Address McBratney Funeral Home Boise, Idaho

19. (a) 2-16-44 (Date received and filed) (b) R. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) February 13, 1944
at 9:05 o'clock A. M.

21. **I HEREBY CERTIFY**, That I attended deceased from January 15, 1944, to February 13, 1944
I last saw him alive on February 13, 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebral Hemorrhage with hemiplegia	45 hrs.
Due to Hypertension and general arteriosclerosis - unknown -	- - -
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted? Unknown	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation None Date	
Major finding	
Finding of autopsy No Autopsy	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature Burton O. Clark
BURTON O. CLARK, M.D., CMO (M. D. or other)
and Address Veterans Administration, Boise, Ida. Date 2/14 1944
(For additional space, use reverse side)

Dr Forney 137718

United States
Department of Commerce
Bureau of the Census

MAR 17 1944

Certificate Of Death

STATE OF IDAHO

State File No. 137718
Local Reg. No. 65
Reg. Dist. No. 370

1. PLACE OF DEATH:
(a) County Ada
(b) City or town Boise
(c) Street Address or R.F.D. No. 1609 Washington
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Home X Hospital ..... Institution ..... Other place .....
(f) Name Hosp. or Inst. ---------- Stayed -- days
(g) Lived in this county 4 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Ada
(c) City or town Boise
(d) Street Address or R.F.D. No. 1609 Washington
(e) Deceased lived Inside? X Outside? ..... city or town
(f) Citizen of what country? .....
(g) How long had deceased lived in Idaho? 30 years
(h) Former residence (city, state) Unknown

3. (a) FULL NAME George E Edwards

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced .....
6. (b) Name of husband or wife --------
6. (c) Age of husband or wife if alive ---- years
7. Date of Birth (Month, Day, Year) July 24, 1866

8. AGE	Years	Months	Days	If less than 1 day
	77	6	19	hrs min.

9. Exact Occupation Retired Miner Did this work for --- yrs.
10. Industry or Business ---------- Date last worked ----
11. Birthplace Woodstock, New Brunswick, Canada (City or town) (State or foreign country)
Father
12. Name Unknown
13. Birthplace Unknown (City or town) (State or foreign country)
Mother
14. Maiden name Unknown
15. Birthplace Unknown (City or town) (State or foreign country)
16. Informant's OWN Signature Fred W Leis
and Address Boise, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/15/44 (Month) (Day) (Year)
(c) Place: Morris Hill Cemetery, Boise, Idaho
18. Funeral Director's OWN Signature McBratney Funeral Home Kenneth Libby
and Address Boise, Idaho
19. (a) 2-16-44 (Date received and filed) (b) N. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) 2/13 1944
at 9:30 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 1-23 1944, to 2-13 1944
I last saw him alive on 2-13 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Silicosis	
Due to Senility	
~~Due to~~ and Myocarditis	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYISCIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's OWN Signature S W Forney (M. D. or other)
and Address Boise Date 2/14 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

137719

United States
Department of Commerce
Bureau of the Census

MAR 17 1944

Certificate Of Death

STATE OF IDAHO

State File No.
Local Reg. No. 29
Reg. Dist. No.

1. PLACE OF DEATH:
(a) County Ada
(b) City or town Boise
(c) Street Address or R.F.D. No. 301 Roosevelt
(d) Death Occured Inside? ..... Outside? X city or town
(e) Died in a Home X Hospital ..... Institution ..... Other place .....
(f) Name Hosp. or Inst. ---------- Stayed ---- days
(g) Lived in this county - years 4 months - days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Ada
(c) City or town Boise
(d) Street Address or R.F.D. No. 2424 Idaho Street
(e) Deceased lived Inside? X Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 4 Months years
(h) Former residence (city, state) Ohio

3. (a) FULL NAME Jarvis Allan Strong III

195E

3. (b) If veteran, name war -----
3. (c) Social Security No. --------
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife -----
6. (c) Age of husband or wife if alive ---- years
7. Date of Birth (Month, Day, Year) February 25, 1943

8. AGE	Years	Months	Days	If less than 1 day
	0	11	18	hrs min.

9. Exact Occupation -------- Did this work for --- yrs.
10. Industry or Business ---------- Date last worked ----
11. Birthplace Geneva (City or town) Ohio (State or foreign country)

Father
12. Name Jarvis Allan Strong Jr.
13. Birthplace Oberlin (City or town) Ohio (State or foreign country)

Mother
14. Maiden name Carolyn Hope Ford
15. Birthplace Geneva (City or town) Ohio (State or foreign country)

16. Informant's OWN Signature Jarvis A Strong Jr.
and Address 252 W. College St Oberlin Ohio
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 2/17/44 (Month) (Day) (Year)
(c) Place: Wakeman, Ohio
18. Funeral Director's OWN Signature W McBratney
and Address Boise, Idaho
19. (a) 2-16-44 (Date received and filed) (b) R. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Feb. 13 — 1944
about 12:30 o'clock P. M.
21. **I HEREBY CERTIFY**, That ~~I attended deceased from ---- 19--, to ---- 19--~~ ~~I last saw h-- alive on ---- 19--~~; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Strangulation, Fell out of Bed causing sleeping garments and covers to get wound around his neck so he could not breathe.
Due to
Due to
Other conditions
~~(Include pregnancy within 3 months of death)~~
Nothing of a Criminal nature found.
Where was disease contracted? ----
Name of operation ---- Date ----
Major finding ----
Finding of autopsy None
No Inquest

Duration

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ✓ Suicide? — Homicide? —
Occurred Feb. 13 1944 City, county, state where violence occurred Boise, Ada Co. Idaho.
Place of Violence: Home ✓ Farm — Industry —
Public Place ---- While at work? ----
Means of injury Strangulation
23. Attendant's OWN Signature W McBratney, Coroner
~~(Mother, father)~~
and Address Boise, Idaho Date 2/14 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

137720

United States
Department of Commerce
Bureau of the Census

MAR 17 1944

Certificate Of Death

STATE OF IDAHO

State File No.
Local Reg. No. 64
Reg. Dist. No. 370

1. PLACE OF DEATH:
(a) County Ada
(b) City or town Boise
(c) Street Address or R.F.D. No. 1629 Denver
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Home X Hospital ..... Institution ..... Other place .....
(f) Name Hosp. or Inst. -------- Stayed --- days
(g) Lived in this county 3 years -- months -- days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Ada
(c) City or town Boise
(d) Street Address or R.F.D. No. 1629 Denver
(e) Deceased lived Inside? X Outside? ..... city or town
(f) Citizen of what country? U.S.A
(g) How long had deceased lived in Idaho? 3 years
(h) Former residence (city, state) California

3. (a) **FULL NAME** Lee Donovan Craddick

1096

3. (b) If veteran, name war None
3. (c) Social Security No. 566-10-3286
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Marjorie
6. (c) Age of husband or wife if alive 33 years
7. Date of Birth (Month, Day, Year) August 7, 1901

8. AGE	Years	Months	Days	If less than 1 day hrs min.
	42	6	7	

9. Exact Occupation Fireman Did this work for 1½ yrs.
10. Industry or Business Boise Fire Dept. Date last worked 2/11/44
11. Birthplace Hamburg, Iowa (City or town) (State or foreign country)
Father
12. Name Samuel D. Craddick
13. Birthplace Tennessee (City or town) (State or foreign country)
Mother
14. Maiden name Nellie Sharp
15. Birthplace Peru Nebraska (City or town) (State or foreign country)
16. Informant's **OWN** Signature M. B. Stephens
and Address Boise, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-18-44 (Month) (Day) (Year)
(c) Place: Morris Hill
18. Funeral Director's **OWN** Signature [illegible]
and Address Boise, Idaho
19. (a) 2-16-44 (Date received and filed) (b) N. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 2-14 1944
at 2 o'clock A M.
21. **I HEREBY CERTIFY**, That I attended deceased from 2-13 1944, to 2-14 1944
I last saw him alive on 2-14 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Pneumonia Left	
Due to middle lobe	7 days
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYISCIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature L. O. P. Hamilton (M. D. or other)
and Address Boise Ida Date 2-14 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

MAR 17 1944

Certificate Of Death

STATE OF IDAHO

State File No. 13772
Local Reg. No. 70
Reg. Dist. No. 820

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise
   (c) Street Address or R.F.D. No. 711 Washington
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home X Hospital .... Institution .... Other place ....
   (f) Name Hosp. or Inst. ---------- Stayed -- days
   (g) Lived in this county 60 years -- months -- days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Ada
   (c) City or town Boise
   (d) Street Address or R.F.D. No. 711 Washington
   (e) Deceased lived Inside? X Outside? ..... city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 60 years
   (h) Former residence (city, state) Utah

3. (a) **FULL NAME** William Christian Bader

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3. (b) If veteran, name war None
3. (c) Social Security No. -------
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ora M.
6. (c) Age of husband or wife if alive 54 years
7. Date of Birth (Month, Day, Year) July 17, 1877

8. AGE	Years	Months	Days	If less than 1 day
	66	6	28	hrs ... min.

9. Exact Occupation Index Clerk Did this work for 20 yrs.
10. Industry or Business ---------- Date last worked ----
11. Birthplace Fillmore (City or town) Utah (State or foreign country)

Father
12. Name William Fredrick Bader
13. Birthplace New York (City or town) N. Y. (State or foreign country)

Mother
14. Maiden name Martha Radford
15. Birthplace ..... (City or town) Unknown (State or foreign country)

16. Informant's **OWN** Signature Eugene Bader
and Address 901 Resseguie, Boise.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/19/44 (Month) (Day) (Year)
(c) Place: Cloverdale Memorial Park, Boise, Ida

18. Funeral Director's **OWN** Signature McBratney Funeral Home
and Address Boise, Idaho

19. (a) 2-19-44 (Date received and filed) (b) R. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 2-15 1944
at 8:00 o'clock P. M.

21. **I HEREBY CERTIFY**, That I attended deceased from 4-12 1943, to 2-15 1944
I last saw him alive on 2-15 1944; death is said to have occurred on the date and hour stated above.

	Duration
Immediate Cause of Death: Pulmonary Tuberculosis	3 yr.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding	
Finding of autopsy None	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature O. J. Burnell M.D. (M. D. or other)
and Address Boise, Idaho Date 2-19 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

MAR 17 1944

Certificate Of Death

STATE OF IDAHO

Dr Braxton

State File No. 137[illegible]
Local Reg. No. 66
Reg. Dist. No. 37[illegible]

1. PLACE OF DEATH:
(a) County Ada
(b) City or town Boise
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? X Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. St. Lukes Stayed 6 days
(g) Lived in this county 8 years -- months -- days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Ada
(c) City or town Boise
(d) Street Address or R.F.D. No. Route # 2
(e) Deceased lived Inside? Outside? X city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 26 years
(h) Former residence (city, state) Missouri

3. (a) FULL NAME Oxley Richard Colson

73E

3. (b) If veteran, name war None
3. (c) Social Security No. ------
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Blanche
6. (c) Age of husband or wife if alive 74 years
7. Date of Birth (Month, Day, Year) January 24, 1868

8. AGE	Years	Months	Days	If less than 1 day
	76	0	21	hrs min.

9. Exact Occupation Rancher Did this work for ---- yrs.
10. Industry or Business ---------- Date last worked ------
11. Birthplace Sweeden (City or town) (State or foreign country)
Father
12. Name Peter Colson
13. Birthplace Sweeden (City or town) (State or foreign country)
Mother
14. Maiden name Christina Wennerholm
15. Birthplace Sweeden (City or town) (State or foreign country)
16. Informant's **OWN** Signature Mrs T Russery
and Address Boise, Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 2/18/44 (Month) (Day) (Year)
(c) Place: Gooding, Idaho
18. Funeral Director's **OWN** Signature W McBratney
and Address Boise, Idaho
19. (a) 2-17-44 (Date received and filed) (b) R. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Feb 15 1944
at o'clock M.
21. **I HEREBY CERTIFY,** That I attended deceased from Feb 7 1944, to Feb 15 1944
I last saw him alive on Feb 14 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Myocarditis	3 mo
Due to Anaemia	2 yr
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation None Date
Major finding
Finding of autopsy None

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature J. C. Braxton MD (M. D. or other)
and Address Boise Idaho Date Feb 16 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Braxtan 137723

United States
Department of Commerce
Bureau of the Census

Certificate Of Death ✓

STATE OF IDAHO

MAR 17 1944

State File No. 63
Local Reg. No.
Reg. Dist. No.

1. PLACE OF DEATH:
(a) County Ada
(b) City or town Boise.
(c) Street Address or R.F.D. No. 1618. N. 18.
(d) Death Occured Inside Yes Outside? ..... city or town
(e) Died in a Home X Hospital ..... Institution ..... Other place .....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 28 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho. (b) County Ada
(c) City or town Boise.
(d) Street Address or R.F.D. No. 1618. N. 18.
(e) Deceased lived Inside? Yes Outside? ..... city or town
(f) Citizen of what country? U.S.A?
(g) How long had deceased lived in Idaho? 28 years
(h) Former residence (city, state) Missouri.

3. (a) FULL NAME Margaret Kemper.

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3. (b) If veteran, name war No.
3. (c) Social Security No. None.
4. Sex Female
5. Color or race White.
6. (a) Single, widowed, married, divorced Widow.
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) November. 10. 1853.

8. AGE	Years	Months	Days	If less than 1 day
	90.	3.	5.	hrs min.

9. Exact Occupation At Home. Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Lexington, Missouri. (City or town) (State or foreign country)
Father
12. Name George Sumner.
13. Birthplace England. (City or town) (State or foreign country)
Mother
14. Maiden name Martha Bradley.
15. Birthplace Missouri. (City or town) (State or foreign country)
16. Informant's OWN Signature Arnold Kemper
and Address 1618 No 18th Boise
17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof Feb. 18. 1944. (Month) (Day) (Year)
(c) Place: Morris Hill Cemetery,
18. Funeral Director's OWN Signature Summers Funeral Home. Clyde E Summers
and Address Boise, Idaho.
19. (a) 2-16-44 (Date received and filed) (b) R. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Feb 15 1944
at ~~1934~~ o'clock ..... M.
21. **I HEREBY CERTIFY,** That I attended deceased from ..... 1934 to Feb 15 1944.
I last saw her alive on Feb 14 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Myocardial failure	2 mo
Due to Valvular Heart disease & Senility	Years
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? Boise Idaho
Name of operation No Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's OWN Signature T. N. Braxtan M.D. (M. D. or other)
and Address Boise Idaho Date ..... 19.....
(For additional space, use reverse side)

United States
Department of Commerce
Bureau of the Census

MAR 17 1944

Certificate Of Death

STATE OF IDAHO

ward

State File No. 137724
Local Reg. No. 68
Reg. Dist. No. 370

1. **PLACE OF DEATH:**
(a) County Ada
(b) City or town Boise.
(c) Street Address or R.F.D. No. 413 ½ Idaho.
(d) Death Occured Inside? Yes Outside? ..... city or town
(e) Died in a Home X Hospital ..... Institution ..... Other place .....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 28 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho. (b) County Ada
(c) City or town Boise.
(d) Street Address or R.F.D. No. 413½ Idaho St.
(e) Deceased lived Inside? Yes Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 49 years
(h) Former residence (city, state) X

3. (a) **FULL NAME** Elizabeth Grete Ward.

4 Sa

3. (b) If veteran, name war No.
3. (c) Social Security No. 518-07-8276.
4. Sex Female
5. Color or race White.
6. (a) Single, widowed, married, divorced Married.
6. (b) Name of husband or wife Jess. E. Ward.
6. (c) Age of husband or wife if alive 52. years
7. Date of Birth (Month, Day, Year) July. 11. 1894.

8. AGE	Years	Months	Days	If less than 1 day
	49.	7.	4.	hrs min.

9. Exact Occupation Clerk. Did this work for ..... yrs.
10. Industry or Business Brookovers Dress Shop. Date last worked
11. Birthplace Silver City, Idaho. (City or town) (State or foreign country)
Father
12. Name Charles Henry Grete.
13. Birthplace Silver City, Idaho. (City or town) (State or foreign country)
Mother
14. Maiden name Helen May Thompson.
15. Birthplace Nebraska. (City or town) (State or foreign country)
16. Informant's **OWN** Signature Jess E. Ward
and Address 413 ½ Idaho St Boise, Idaho.
17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof Feb. 17. 1944. (Month) (Day) (Year)
(c) Place: Morris Hill Cemetery.
18. Funeral Director's **OWN** Signature Clyde E. Summers
and Address Boise, Idaho.
19. (a) 2-18-44 (Date received and filed) (b) R. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) February 15 1944
at 1 15 o'clock A M.
21. **I HEREBY CERTIFY**, That I attended deceased from Jan 1st 1943, to February 15 1944
I last saw her alive on February 14 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Hypostatic Pneumonia	3 days
Due to, Carcinomatosis Primary lesion in cervix	1941
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation ..... Date	
Major finding	
Finding of autopsy	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature Roscoe C. Ward (M. D. or other)
and Address Boise Idaho Date 2-17 1944
(For additional space, use reverse side)

...eral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each ...ould be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ...nk or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

MAR 1 7 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137725
Local Reg. No. 73
Reg. Dist. No. 270

1. **PLACE OF DEATH:**
(a) County Ada
(b) City or town Boise
(c) Street Address or R. F. D. No. 1416 E. State
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home X Hospital __ Institution __ Other place __
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 24 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Ada
(c) City or town Boise
(d) Street Address or R. F. D. No. 1416 E. State
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 50 years
(h) Former residence (city, state) Oregon

3. (a) FULL NAME Thomas Henry Montgomery 162b

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife ____
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) Nov. 29th. 1853

8. AGE	Years	Months	Days	If less than 1 day
	90	2	17	hrs min.

9. Exact Occupation Employee. Cigar Did this work for ____ yrs.
10. Industry or Business Factory. Retired Date last worked ____
11. Birthplace Des Moine (City or town) Iowa (State or foreign country)
Father
12. Name John Montgomery
13. Birthplace (City or town) U.S.A. (State or foreign country)
Mother
14. Maiden name Logan
15. Birthplace (City or town) U.S.A. (State or foreign country)
16. Informant's OWN Signature Myrtle Jedlick
and Address 1416 E. State St. Boise Ida:
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/22/1944 (Month) (Day) (Year)
(c) Place: Dry Creek Cemetery
18. Funeral Director's OWN Signature Schneider & McCann
and Address Milford Dragoo
19. (a) 2-19-44 (Date received and filed) (b) R. Shaap (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) 2/17 1944
at ____ o'clock ____ M.
21. I HEREBY CERTIFY, That I attended deceased from Never have attended him
I last saw him alive on ____ 19__ death is said to have occurred on the date and hour stated above.
Immediate Cause of Death: Phone Senility
Due to ____
Due to ____
Other conditions ____
(Include pregnancy within 3 months of death)
Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature S W Forney (M. D. or other)
and Address Boise Ida Date 2/18 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

MAR 1 7 1944

Certificate Of Death

STATE OF IDAHO

State File No. 137726
Local Reg. No. 79
Reg. Dist. No. 370

1. PLACE OF DEATH:
(a) County ...da
(b) City or town Boise 412 State
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? X Outside? ... city or town
(e) Died in a Home ... Hospital X Institution ... Other place ...
(f) Name Hosp. or Inst. St Alphonsis Stayed 3 days
(g) Lived in this county ... years ... months 15 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County ...da
(c) City or town Boise
(d) Street Address or R.F.D. No. Rte 4
(e) Deceased lived Inside? ... Outside? X ... city or town
(f) Citizen of what country? U.S.
(g) How long had deceased lived in Idaho? 15 Days ... years
(h) Former residence (city, state)

3. (a) FULL NAME Eugene Lehoy Henderson

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3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive ... years
7. Date of Birth (Month, Day, Year) Feb. 3, 1944

8. AGE	Years	Months	Days	If less than 1 day hrs	min.
			15		

9. Exact Occupation Baby — Did this work for ... yrs.
10. Industry or Business — Date last worked
11. Birthplace Boise, Idaho (City or town) (State or foreign country)

Father
12. Name Eugene Henderson
13. Birthplace Labarge, Wyoming (City or town) (State or foreign country)

Mother
14. Maiden name Zona Keene
15. Birthplace Vernal, Utah (City or town) (State or foreign country)

16. Informant's **OWN** Signature Eugene Henderson
and Address R.F.D. 4
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 21, 1944 (Month) (Day) (Year)
(c) Place: Cloverdale
18. Funeral Director's **OWN** Signature Sherman Neff
and Address Boise, Idaho
19. (a) 2-25-44 (Date received and filed) (b) R. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Feb 18 - 1944
at 11 o'clock a M.

21. **I HEREBY CERTIFY**, That I attended deceased from Feb 17 1944 to Feb 18 1944
I last saw her alive on Feb 18 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Lobar Bronchial Pneumonia	5 hrs
Due to Marasmus	10 da
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ... Date
Major finding
Finding of autopsy

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ... Suicide? ... Homicide? ...
Occurred ... 19 ... City, county, state where violence occurred
Place of Violence: Home ... Farm ... Industry ...
Public Place ... While at work? ...
Means of injury

23. Attendant's **OWN** Signature L. C. Jewell (M. D. or other)
and Address Meridian Date Feb 24 19 44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 33-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

MAR 1 7 1944

Certificate Of Death

STATE OF IDAHO

State File No. 1377
Local Reg. No. 77
Reg. Dist. No. 870

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise
   (c) Street Address or R.F.D. No. ----
   (d) Death Occured Inside? X Outside? ---- city or town
   (e) Died in a Home ---- Hospital X Institution ---- Other place ----
   (f) Name Hosp. or Inst. St. Lukes Hospital ---- days
   (g) Lived in this county ---- years ---- months 8 Hours days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Ada
   (c) City or town Boise
   (d) Street Address or R.F.D. No. ----
   (e) Deceased lived Inside? X Outside? ---- city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 8 Hours years
   (h) Former residence (city, state) ----

3. (a) **FULL NAME** Sharon Gardner

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3. (b) If veteran, name war ----
3. (c) Social Security No. ----
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced ----
6. (b) Name of husband or wife ----
6. (c) Age of husband or wife if alive ---- years
7. Date of Birth (Month, Day, Year) February 20, 1944

8. AGE	Years	Months	Days	If less than 1 day
	0	0	0	8 hrs min.

9. Exact Occupation ---- Did this work for ---- yrs.
10. Industry or Business ---- Date last worked ----
11. Birthplace Boise (City or town) Idaho (State or foreign country)

Father
12. Name Nathan Milo Gardner
13. Birthplace Boise, Idaho (City or town) (State or foreign country)

Mother
14. Maiden name Glendora Myers
15. Birthplace Cambridge, Idaho (City or town) (State or foreign country)

16. Informant's **OWN** Signature Irene Myers
and Address Mountain Home, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/22/44 (Month) (Day) (Year)
(c) Place: Cloverdale Memorial Park, Boise, Ida.

18. Funeral Director's **OWN** Signature [illegible]
and Address Boise, Idaho

19. (a) 2-23-44 (Date received and filed) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Feb 20 1944
at 7 o'clock P M.

21. **I HEREBY CERTIFY**, That I attended deceased from ---- 19---- to ---- 19----
I last saw her alive on Feb 20 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — Duration

Congenital Diabetes — 1 hour
Due to Diabetic Mother
Due to ----
Other conditions (Include pregnancy within 3 months of death) ----
Where was disease contracted? ----
Name of operation ---- Date ----
Major finding ----
Finding of autopsy ----

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ---- Suicide? ---- Homicide? ----
Occurred ---- 19---- City, county, state where violence occurred ----
Place of Violence: Home ---- Farm ---- Industry ----
Public Place ---- While at work? ----
Means of injury ----

23. Attendant's **OWN** Signature [illegible] (M. D. or other)
and Address Boise Date 2/23 1944

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

MAR 17 1944

Certificate Of Death

STATE OF IDAHO

Peondixter

State File No. 1377
Local Reg. No. 32
Reg. Dist. No.

1. PLACE OF DEATH:
(a) County Ada
(b) City or town Boise.
(c) Street Address or R.F.D. No. 4
(d) Death Occured Inside? ..... Outside? Yes city or town
(e) Died in a Home X Hospital ... Institution ... Other place ...
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 10 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho. (b) County Ada
(c) City or town Boise.
(d) Street Address or R.F.D. No. 4
(e) Deceased lived Inside? ..... Outside? Yes city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 30 years
(h) Former residence (city, state) Ohio.

3. (a) FULL NAME Mae Beeks Smith.

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3. (b) If veteran, name war No.
3. (c) Social Security No. None.
4. Sex Female 5. Color or race White.
6. (a) Single, widowed, married, divorced Married.
6. (b) Name of husband or wife Clifford Joseph
6. (c) Age of husband or wife if alive 71. years
7. Date of Birth (Month, Day, Year) November. 18. 1876.

8. AGE	Years	Months	Days	If less than 1 day
	67.	3.	5.	hrs min.

9. Exact Occupation At Home. Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Salesville, Ohio. (City or town) (State or foreign country)
Father
12. Name William. D. Beeks.
13. Birthplace Salesville, Ohio. (City or town) (State or foreign country)
Mother
14. Maiden name Bellona Moore.
15. Birthplace Salesville, Ohio. (City or town) (State or foreign country)
16. Informant's OWN Signature L C Smith
and Address 313 Roosevelt St
17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof Feb. 26. 1944. (Month) (Day) (Year)
(c) Place: Morris Hill Cemetery.
18. Funeral Director's OWN Signature Clyde E Summers
and Address Boise, Idaho.
19. (a) 2-26-44 (Date received and filed) (b) R Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) February. 23. 1944.
at 5 o'clock P.M.
21. **I HEREBY CERTIFY,** That I attended deceased from Feb 2 1943, to Feb 23 1944
I last saw her alive on Feb 22 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death	Duration
Cerebral Hemorrhage	36 hrs.
Due to Cerebral arteriosclerosis	?
Due to	1
Other conditions — (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation ..... Date	
Major finding —	
Finding of autopsy	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's OWN Signature [signature] M.D. (M. D. or other)
and Address Boise, Idaho Date 2/25 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce MAR 1 1944
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 1377
Local Reg. No. 80
Reg. Dist. No. 3

1. PLACE OF DEATH:
(a) County Ada
(b) City or town Boise
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? X Outside? city or town
(e) Died in a Home.... Hospital X Institution.... Other place....
(f) Name Hosp. or Inst. St. Alphonsus Stayed 1 days
(g) Lived in this county.....years .....months 1 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Boise
(c) City or town Horseshoe Bend
(d) Street Address or R.F.D. No. Horseshoe Bend
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 28 years
(h) Former residence (city, state) Colorado

3. (a) **FULL NAME** Charles Delause Riggs

3. (b) If veteran, name war None
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Hattie Riggs
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) January 12, 1908

8. AGE	Years	Months	Days	If less than 1 day
	36	1	13	hrs min.

9. Exact Occupation Equipment Operator Did this work for 8 yrs.
10. Industry or Business Construction Date last worked 7/17/43
11. Birthplace Erie, Pierce Co., Colorado (City or town) (State or foreign country)

Father
12. Name William Riggs
13. Birthplace Wetmore, Colorado (City or town) (State or foreign country)

Mother
14. Maiden name Grace Ellen Harris
15. Birthplace Wetmore, Colorado (City or town) (State or foreign country)

16. Informant's **OWN** Signature Hattie Riggs
and Address Horseshoe Bend, Idaho

17. (a) Burial (b) Date thereof 2/29/44 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: Wilder, Idaho

18. Funeral Director's **OWN** Signature [illegible]
and Address Boise, Idaho

19. (a) 3-28-[illegible] (b) [illegible] (Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) February 25, 1944
at 6:15 o'clock P. M.

21. **I HEREBY CERTIFY**, That I attended deceased from 2-21, 1944, to 2-25 1944
I last saw him alive on 2-25 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cardiac failure — Duration 1 week
Due to Arteriosclerosis Insufficiency — 1 year
Due to
Other conditions (Include pregnancy within 3 months of death)
Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature Louise C Ward (M. D. or other)
and Address Boise Ida Date 2-27 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

MAR 17 1944

State File No. 137730
Local Reg. No. 33
Reg. Dist. No. 3

1. PLACE OF DEATH:

(a) County Ada
(b) City or town 5 miles SW Gowen Fld, Idaho
(c) Street Address or R.F.D. No. --
(d) Death Occured Inside? ... Outside? X city or town
(e) Died in a Home ... Hospital ... Institution ... Other place X
(f) Name Hosp. or Inst. ... Stayed -- days
(g) Lived in this county ... years 6 months 15 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

(a) State Alabama (b) County --
(c) City or town Birmingham
(d) Street Address or R.F.D. No. 1529 So 19th St
(e) Deceased lived Inside? X Outside? ... city or town
(f) Citizen of what country? U.S.
(g) How long had deceased lived in Idaho? 6mo 15 days
(h) Former residence (city, state) See above

3. (a) FULL NAME ROBERTS, Frank Lee O-1549053

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3. (b) If veteran, name war --
3. (c) Social Security No. --
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Margaret D.
6. (c) Age of husband or wife if alive -- years
7. Date of Birth (Month, Day, Year) April 16, 1920

8. AGE	Years	Months	Days	If less than 1 day
	23	10	10	hrs min.

9. Exact Occupation Bombardier — Did this work for 1½ yrs.
10. Industry or Business U. S. Army — Date last worked 2-26-44
11. Birthplace Birmingham, Alabama (City or town) (State or foreign country)

Father
12. Name Bun W. Roberts
13. Birthplace Unknown (City or town) (State or foreign country)

Mother
14. Maiden name Unknown
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's **OWN** Signature Phillip C. Pedersen
and Address Gowen Field, Boise, Idaho

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Feb. 29 1944 (Month) (Day) (Year)
(c) Place: Birmingham, Alabama

18. Funeral Director's **OWN** Signature Atherton Funeral Home
and Address Boise, Idaho

19. (a) 2-29-44 (Date received and filed) (b) R. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) February 26 19 44
at 9:33 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from -- 19 -- to -- 19 --
I last saw h -- alive on -- 19 --; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Dismemberment and disintegration	Instantly
Due to Airplane accident	
Due to --	
Other conditions -- (Include pregnancy within 3 months of death)	
Where was disease contracted? --	
Name of operation -- Date	
Major finding --	
Finding of autopsy See above	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? X Suicide? ... Homicide? ...
Occurred February 26 19 44 City, county, state where violence occurred Ada county, Idaho
Place of Violence: Home ... Farm ... Industry ...
Public Place X While at work? ...
Means of injury Airplane accident

23. Attendant's **OWN** Signature Frank L Fletcher
FRANK L. FIETCHER, Lt. Col. (or other) MC
and Address Gowen Field, Idaho Date 2-28 19 44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

137731

United States
Department of Commerce MAR 17 1944
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 137731
Local Reg. No. 35
Reg. Dist. No.

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town 5 miles SW Gowen Fld, Idaho
   (c) Street Address or R.F.D. No. --
   (d) Death Occured Inside? Outside? x city or town
   (e) Died in a Home.... Hospital.... Institution.... Other place x
   (f) Name Hosp. or Inst. -- Stayed -- days
   (g) Lived in this county years 2 months days

   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Virginia (b) County --
   (c) City or town Arlington
   (d) Street Address or R.F.D. No. 733 N Abingdon St
   (e) Deceased lived Inside? x Outside? city or town
   (f) Citizen of what country? U. S.
   (g) How long had deceased lived in Idaho? 2 mo ~~years~~
   (h) Former residence (city, state) See above

3. (a) **FULL NAME** ALLMENDINGER, Robert C. O-700170 173

3. (b) If veteran, name war --
3. (c) Social Security No. --
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Shirley N
6. (c) Age of husband or wife if alive -- years
7. Date of Birth (Month, Day, Year) February 9, 1917

8. AGE	Years	Months	Days	If less than 1 day
	27	0	17	hrs min.

9. Exact Occupation Navigator — Did this work for 2 2/3 mos yrs.
10. Industry or Business U. S. Army — Date last worked 2-26-44
11. Birthplace Unknown (City or town) Michigan (State or foreign country)

Father
12. Name Unknown
13. Birthplace Unknown (City or town) (State or foreign country)

Mother
14. Maiden name Unknown
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's **OWN** Signature Phillip C. Pedersen
    and Address Gowen Field, Boise, Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Feb. 29, 1944 (Month) (Day) (Year)
    (c) Place: Ann Harbor, Michigan
18. Funeral Director's **OWN** Signature A. Sherman Webb
    and Address Boise, Idaho
19. (a) 2-29-44 (Date received and filed) (b) R. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) February 26 19 44
    at 9:33 o'clock P M.
21. **I HEREBY CERTIFY**, That I attended deceased from -- 19 -- to -- 19 --
    I last saw h-- alive on -- 19 --; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Partial decapitation.	Instantly
Multiple compound comminuted fractures	
Due to Airplane accident	
Other conditions -- (Include pregnancy within 3 months of death)	
Where was disease contracted? --	
Name of operation -- Date	
Major finding --	
Finding of autopsy See above	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? x Suicide? Homicide?
    Occurred February 26 1944 City, county, state where violence occurred Ada County, Idaho
    Place of Violence: Home Farm Industry
    Public Place x While at work?
    Means of injury Airplane accident
23. Attendant's **OWN** Signature Frank L Fletcher
    FRANK L. FIETCHER, Lt. Col. (or other) MC
    and Address Gowen Fld., Idaho Date 2-28 1944
    (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

MAR 17 1944

State File No. 13773
✓ Local Reg. No. 36
Reg. Dist. No. 82

1. PLACE OF DEATH:

(a) County Ada
(b) City or town 5 miles SW Gowen Fld, Idaho
(c) Street Address or R.F.D. No. --
(d) Death Occured Inside? ... Outside? --- city or town
(e) Died in a Home ... Hospital ... Institution ... Other place x
(f) Name Hosp. or Inst. --- Stayed --- days
(g) Lived in this county ... years 2 months 10 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

(a) State Alabama (b) County --
(c) City or town Florence
(d) Street Address or R.F.D. No. 209 Beulah Ave
(e) Deceased lived Inside? x Outside? ... city or town
(f) Citizen of what country? U. S.
(g) How long had deceased lived in Idaho? 2mo 10 days ~~years~~
(h) Former residence (city, state) Alabama

3. (a) FULL NAME RODEN, Perry Lee 14077531

3. (b) If veteran, name war --
3. (c) Social Security No. --
4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife --
6. (c) Age of husband or wife if alive -- years
7. Date of Birth (Month, Day, Year) March 12, 1924

8. AGE	Years	Months	Days	If less than 1 day
	19	9	14	hrs min.

9. Exact Occupation Soldier — Did this work for 2 2/3 yrs.
10. Industry or Business U. S. Army — Date last worked 2-26-44
11. Birthplace Florence, Alabama (City or town) (State or foreign country)

Father
12. Name Emmett Roden
13. Birthplace Unknown (City or town) (State or foreign country)

Mother
14. Maiden name Matie Lou (Unknown)
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's OWN Signature Phillip C. Pedersen
and Address Gowen Field, Boise, Idaho

17. (a) Removed (Burial, cremation or removal) (b) Date thereof Feb. 29 1944 (Month) (Day) (Year)
(c) Place: Sheffield Alabama

18. Funeral Director's OWN Signature W. Johnson Nichols
and Address Boise, Idaho

19. (a) 2-29-44 (Date received and filed) (b) R. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) February 26 1944
at 9:33 o'clock P M.

21. I HEREBY CERTIFY, That I attended deceased from -- 19 -- to -- 19 --
I last saw h--- alive on --- 19 ---; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — Duration

Compound fracture of skull — Instantly
Fracture left femur. Fracture right femur.
Due to Airplane accident
Other conditions --
(Include pregnancy within 3 months of death)

Where was disease contracted? --
Name of operation --- Date
Major finding --
Finding of autopsy See above

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? x Suicide? Homicide?
Occurred February 26 1944. City, county, state where violence occurred Ada county, Idaho
Place of Violence: Home Farm Industry
Public Place x While at work?
Means of injury Airplane accident

23. Attendant's OWN Signature Frank L Fletcher (M.D. or other)
FRANK L. FLETCHER, Lt Col MC
and Address Gowen Field, Idaho Date 2-28 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

MAR 17 1944

Certificate Of Death

STATE OF IDAHO

State File No. 137723
Local Reg. No. 37
Reg. Dist. No.

1. PLACE OF DEATH:
(a) County Ada
(b) City or town 5 miles SW Gowen Fld, Idaho
(c) Street Address or R.F.D. No. --
(d) Death Occured Inside? ..... Outside? X city or town
(e) Died in a Home .... Hospital .... Institution .... Other place x
(f) Name Hosp. or Inst. -- Stayed -- days
(g) Lived in this county ..... years 2 months 15 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Pennsylvania (b) County --
(c) City or town Lemont Furnace
(d) Street Address or R.F.D. No. --
(e) Deceased lived Inside? ..... Outside? ..... city or town
(f) Citizen of what country? U.S.
(g) How long had deceased lived in Idaho? 2 mo 15 days
(h) Former residence (city, state) Pennsylvania

3. (a) FULL NAME JOSE, Arthur E. 33415183

3. (b) If veteran, name war --
3. (c) Social Security No. --
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife --
6. (c) Age of husband or wife if alive -- years
7. Date of Birth (Month, Day, Year) August 8, 1924

8. AGE	Years	Months	Days	If less than 1 day
	19	6	16	hrs min.

9. Exact Occupation Soldier — Did this work for 1 1/12 yrs.
10. Industry or Business U. S. Army — Date last worked 2-26-44
11. Birthplace Lemont Furnace, Pa. (City or town) (State or foreign country)
Father: 12. Name Arthur Jose
13. Birthplace Unknown (City or town) (State or foreign country)
Mother: 14. Maiden name Isabel (Unknown)
15. Birthplace Unknown (City or town) (State or foreign country)
16. Informant's OWN Signature Phillip C. Pedersen
and Address Gowen Field, Boise, Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Feb 29 1944 (Month) (Day) (Year)
(c) Place: Union Town, Penn.
18. Funeral Director's OWN Signature [illegible]
and Address Boise, Idaho
19. (a) 2-29-44 (Date received and filed) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) February 26 1944
at 9:33 o'clock P M.

21. I HEREBY CERTIFY, That I attended deceased from -- 19 --, to -- 19 --
I last saw h -- alive on -- 19 ; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Compound fracture of skull	Instantly
Compound fracture right ankle with dislocation. Compound fracture left ankle	
Due to Airplane accident	
Other conditions -- (Include pregnancy within 3 months of death)	
Where was disease contracted? --	
Name of operation -- Date	
Major finding --	
Finding of autopsy See above	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? X Suicide? ..... Homicide? .....
Occurred 26 February 1944 City, county, state where violence occurred Ada county, Idaho
Place of Violence: Home ..... Farm ..... Industry .....
Public Place X While at work? .....
Means of injury Airplane accident.

23. Attendant's OWN Signature Frank L. Fletcher
FRANK L. FLETCHER, Lt. Col, MC
and Address Gowen Field, Idaho Date 2-28 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

MAR 17 1944

Certificate Of Death

STATE OF IDAHO

State File No. 137734
Local Reg. No. 38
Reg. Dist. No. 321

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town 5 miles SW Gowen Fld, Idaho
   (c) Street Address or R.F.D. No. --
   (d) Death Occured Inside? ... Outside? x city or town
   (e) Died in a Home ... Hospital ... Institution ... Other place x
   (f) Name Hosp. or Inst. -- Stayed -- days
   (g) Lived in this county ... years 3 months 22 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Louisiana (b) County --
   (c) City or town Shreveport
   (d) Street Address or R.F.D. No. 4510 Southern Ave
   (e) Deceased lived Inside? x Outside? ... city or town
   (f) Citizen of what country? U.S.
   (g) How long had deceased lived in Idaho? 3mo 22 days
   (h) Former residence (city, state) Louisiana

3. (a) **FULL NAME** BURNETT, Jack M. 14058958

3. (b) If veteran, name war --
3. (c) Social Security No. --
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary Louise
6. (c) Age of husband or wife if alive -- years
7. Date of Birth (Month, Day, Year) December 28, 1922

8. AGE	Years	Months	Days	If less than 1 day
	21	1	28	hrs min.

9. Exact Occupation Soldier — Did this work for 2 1/12 yrs.
10. Industry or Business U. S. Army — Date last worked 2-26-44
11. Birthplace Mena, Arkansas (City or town) (State or foreign country)

Father
12. Name Ira M. Burnett
13. Birthplace Unknown (City or town) (State or foreign country)

Mother
14. Maiden name Mary Ann (Unknown)
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's **OWN** Signature Philip C. Pedersen
and Address Gowen Field, Boise, Idaho

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Feb. 29, 1944 (Month) (Day) (Year)
(c) Place: Mena, Arkansas

18. Funeral Director's **OWN** Signature Ashcraft Mortuary
and Address Boise, Idaho

19. (a) 2-29-44 (Date received and filed) (b) R. Shark (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH**
(Month, Day, Year) February 26 1944
at 9:33 o'clock P M.

21. **I HEREBY CERTIFY**, That I attended deceased from -- 19 --, to -- 19 --
I last saw h-- alive on -- 19 --; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Fracture of skull. Fracture humerus. Fracture right femur — Duration: Instantly
Due to Airplane accident
Due to
Other conditions --
(Include pregnancy within 3 months of death)

Where was disease contracted? --
Name of operation -- Date
Major finding --
Finding of autopsy See above

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? xx Suicide? Homicide?
Occurred February 26 19 44 City, county, state where violence occurred Ada County, Idaho
Place of Violence: Home Farm Industry
Public Place x While at work?
Means of injury Airplane accident

23. Attendant's **OWN** Signature Frank L. Fletcher
FRANK L. FLETCHER (M.D. or other) 1st Lt. Gol, MC
and Address Gowen Field, Ida Date 2-28 19 44
(For additional space, use reverse side)

137735

United States
Department of Commerce
Bureau of the Census

MAR 17 1944

Certificate Of Death

STATE OF IDAHO

State File No. 39
Local Reg. No.
Reg. Dist. No.

1. PLACE OF DEATH:
(a) County Ada
(b) City or town 5 miles SW Gowen Fld, Idaho
(c) Street Address or R.F.D. No. --
(d) Death Occured Inside? ..... Outside? X city or town
(e) Died in a Home .... Hospital .... Institution .... Other place x
(f) Name Hosp. or Inst. -- Stayed -- days
(g) Lived in this county ..... years 3 months 10 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State New York (b) County --
(c) City or town Buffalo
(d) Street Address or R.F.D. No. 35 Nottingham Terrace
(e) Deceased lived Inside? x Outside? ..... city or town
(f) Citizen of what country? U.S.
(g) How long had deceased lived in Idaho? 3 mo 10 days
(h) Former residence (city, state) New York

3. (a) FULL NAME MACHEMER, Walter L. Jr 0-804633 173

3. (b) If veteran, name war --
3. (c) Social Security No. --
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Clare
6. (c) Age of husband or wife if alive -- years
7. Date of Birth (Month, Day, Year) January 6, 1920

8. AGE	Years	Months	Days	If less than 1 day
	24	1	20	hrs min.

9. Exact Occupation Pilot — Did this work for 8 mo
10. Industry or Business U.S. Army — Date last worked 2/26/44
11. Birthplace New York (City or town) (State or foreign country)
Father
12. Name Walter L. Machemer
13. Birthplace Unknown (City or town) (State or foreign country)
Mother
14. Maiden name Unknown
15. Birthplace Unknown (City or town) (State or foreign country)
16. Informant's **OWN** Signature Phillip C. Pedersen
and Address Gowen Field, Boise, Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Feb. 29 1944 (Month) (Day) (Year)
(c) Place: Buffalo, New York
18. Funeral Director's **OWN** Signature Osherman Webb
and Address Boise Idaho
19. (a) 2-29-44 (Date received and filed) (b) D. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) February 26 1944
at 9:33 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from -- 19 --, to -- 19 --
I last saw h -- alive on -- 19 --; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Compound fracture of skull	Instantly
Compound fracture with dislocation of right elbow	
Due to Airplane accident	
Other conditions -- (Include pregnancy within 3 months of death)	
Where was disease contracted? --	PHYISCIAN Underline the cause to which death should be charged statistically.
Name of operation -- Date	
Major finding --	
Finding of autopsy See above	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? x Suicide? ..... Homicide? .....
Occurred February 26 1944 City, county, state where violence occurred Ada county, Idaho
Place of Violence: Home ..... Farm ..... Industry .....
Public Place x While at work? .....
Means of injury Airplane accident

23. Attendant's **OWN** Signature Frank L. Fletcher
FRANK L. FLETCHER, Lt Col, MC (M. D. or other)
and Address Gowen Fld, Idaho Date 2/28 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

MAR 1 ~ 1944

State File No. 137736
Local Reg. No. 82
Reg. Dist. No. 5

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise
   (c) Street Address or R.F.D. No. 424½ So. 13th.
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home X Hospital .... Institution .... Other place ....
   (f) Name Hosp. or Inst. ..... Stayed ..... days
   (g) Lived in this county 25 years ..... months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Ada
   (c) City or town Boise
   (d) Street Address or R.F.D. No. 424½ S. 13. St
   (e) Deceased lived Inside? X Outside? ..... city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 50 years
   (h) Former residence (city, state) Ill:

3. (a) **FULL NAME** Henry J. Hugg

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) Sept. 24th. 1858

8. AGE	Years	Months	Days	If less than 1 day
	85	5	7	hrs ..... min.

9. Exact Occupation Cook — Did this work for ..... yrs.
10. Industry or Business ..... — Date last worked .....
11. Birthplace Belleville Ill: (City or town) (State or foreign country)

Father
12. Name Michael Hugg
13. Birthplace Switzerland (City or town) (State or foreign country)

Mother
14. Maiden name Veronica Wuest
15. Birthplace Switzerland (City or town) (State or foreign country)

16. Informant's **OWN** Signature Alex Hugg
and Address Boise Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/3/1944 (Month) (Day) (Year)
(c) Place: Dry Creek Cemetery

18. Funeral Director's **OWN** Signature Schreiber & McCann
and Address Boise, Milford Driggs

19. (a) 3-2-44 (Date received and filed) (b) R. L. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) about Feb 26 - 1944
at Unknown o'clock ..... M. Date found 3-1-44.

21. **I HEREBY CERTIFY**, That ~~I attended deceased from ..... 19..., to ..... 19...~~
~~I last saw h... alive on ..... 19...~~; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Found dead in his home. Probably heart disease	
Due to Senility	
Due to Natural Causes. Nothing	
Other conditions of a Criminal nature found	

(~~Include pregnancy within 3 months of death~~)

Where was disease contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy None
No Inquest

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature W. McBratney Coroner (M.D. or other)
and Address Boise, Idaho Date 3/2 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

MAR 17 1944

Certificate Of Death

STATE OF IDAHO

State File No. 137727
Local Reg. No. 42
Reg. Dist. No.

1. PLACE OF DEATH:
(a) County Ada
(b) City or town Eagle
(c) Street Address or R.F.D. No. Eagle
(d) Death Occured Inside? ..... Outside? X city or town
(e) Died in a Home X Hospital.... Institution.... Other place....
(f) Name Hosp. or Inst. ---------- Stayed --- days
(g) Lived in this county 3 years -- months -- days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Ada
(c) City or town Eagle
(d) Street Address or R.F.D. No. Eagle
(e) Deceased lived Inside? X Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 3 years
(h) Former residence (city, state) ---------

3. (a) FULL NAME Adrian Leroy Cockrum 33a

3. (b) If veteran, name war -------
3. (c) Social Security No. ---------
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife -----
6. (c) Age of husband or wife if alive ----- years
7. Date of Birth (Month, Day, Year) March 13, 1941

8. AGE	Years	Months	Days	If less than 1 day
	2	11	16	hrs min.

9. Exact Occupation None — Did this work for --- yrs.
10. Industry or Business ---------- — Date last worked ------
11. Birthplace Boise, Idaho (City or town) (State or foreign country)
Father
12. Name Maynard Cockrum
13. Birthplace Johnson, Kansas (City or town) (State or foreign country)
Mother
14. Maiden name Irene Victory
15. Birthplace Oklahoma (City or town) (State or foreign country)
16. Informant's **OWN** Signature Maynard Cockrum
and Address Eagle, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/1/44 (Month) (Day) (Year)
(c) Place: Dry Creek Cemetery, Ada County
18. Funeral Director's **OWN** Signature W McBratney
and Address Boise Idaho
19. (a) 3-4-44 (Date received and filed) (b) R. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Feb. 27 1944
at 10:05 o'clock a M.
21. **I HEREBY CERTIFY**, That ~~I attended deceased from ..... 19.., to ..... 19..~~ ~~I last saw h.. alive on ..... 19..~~, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Probably had Flu and then Pneumonia. Natural causes.	
~~Due to~~ No Medical doctor in attendance. Nothing of a	
~~Due to~~ criminal nature found.	
Other conditions ~~(Include pregnancy within 6 months of death)~~ Child had never been normal from birth	

Where was disease contracted? ---
Name of operation --- Date ---
Major finding ---
Finding of autopsy None
No Inquest

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature W McBratney - Coroner (M. D. or other)
and Address Boise, Idaho Date 3/1/44 ~~19~~
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

MAR 17 1944

Certificate Of Death

STATE OF IDAHO

State File No. 1377
Local Reg. No. 83
Reg. Dist. No.

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise
   (c) Street Address or R.F.D. No. 1603½ N. 19th St.
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home X Hospital .... Institution .... Other place ....
   (f) Name Hosp. or Inst. ..... Stayed ..... days
   (g) Lived in this county 33 years ..... months ..... days

   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Ada
   (c) City or town Boise
   (d) Street Address or R.F.D. No. 1603½ N. 19
   (e) Deceased lived Inside? X Outside? ..... city or town
   (f) Citizen of what country? U. S. A.
   (g) How long had deceased lived in Idaho? 33 years
   (h) Former residence (city, state) Missouri

3. (a) **FULL NAME** EMMA C FRIZZELLE

94a

3. (b) If veteran, name war .....
3. (c) Social Security No. None
4. Sex FEMALE 5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife Frank
6. (c) Age of husband or wife if alive 62 years
7. Date of Birth (Month, Day, Year) Jan. 13th. 1886

8. AGE	Years	Months	Days	If less than 1 day
	58	1	15	hrs ..... min.

9. Exact Occupation Housewife Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Carroll Co. (City or town) Missouri (State or foreign country)

Father
12. Name Edwin Jones
13. Birthplace Rockingham Co: (City or town) Va: (State or foreign country)

Mother
14. Maiden name Sarah Margaret Brown
15. Birthplace Rockingham Co. (City or town) Va: (State or foreign country)

16. Informant's **OWN** Signature Roy O. Frizzell
and Address Burley Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/3/1944 (Month) (Day) (Year)
(c) Place: Morris Hill Cemetery

18. Funeral Director's **OWN** Signature Schreiber & McCann
and Address Boise Thelma Sharp

19. (a) 3-6-44 (Date received and filed) (b) ..... (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 2 28 1944
at 5:43 o'clock P M.

21. **I HEREBY CERTIFY**, That I attended deceased from 2-10 1940, to 2-28 1944
I last saw her alive on 2-27 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary Occlusion — Duration .....
Due to Hypertension .....
Due to ....
Other conditions (Include pregnancy within 3 months of death) .....

Where was disease contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature C. A. Swanson (M. D. or other)
and Address Boise Ida. Date 2-29 1944

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

MAR 17 1944

Certificate Of Death

STATE OF IDAHO

State File No. 137739
Local Reg. No. 81
Reg. Dist. No. 57

1. PLACE OF DEATH:
(a) County Ada
(b) City or town Boise
(c) Street Address or R.F.D. No. 2215 Bannock
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Home X Hospital ..... Institution ..... Other place .....
(f) Name Hosp. or Inst. ---------- Stayed -- days
(g) Lived in this county 9 years 6 months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Ada
(c) City or town Boise
(d) Street Address or R.F.D. No. 2215 Bannock
(e) Deceased lived Inside? X Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 9½ years
(h) Former residence (city, state) Kansas

3. (a) FULL NAME Gus Alvin Wallace

93

3. (b) If veteran, name war None
3. (c) Social Security No. 518-07-7194
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Estella
6. (c) Age of husband or wife if alive 55 years
7. Date of Birth (Month, Day, Year) August 30, 1883

8. AGE	Years	Months	Days	If less than 1 day
	60	5	28	hrs min.

9. Exact Occupation Guard Did this work for 9 yrs.
10. Industry or Business at Olson Mfg. Co. Date last worked 12/10/43
11. Birthplace Barry (City or town) Illinois (State or foreign country)
Father
12. Name John Wesley Wallace
13. Birthplace Illinois (City or town) (State or foreign country)
Mother
14. Maiden name Mary Ann Burgett
15. Birthplace Illinois (City or town) (State or foreign country)
16. Informant's OWN Signature Estella J. Wallace
and Address Boise, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/1/44 (Month) (Day) (Year)
(c) Place: Morris Hill Cemetery, Boise, Idaho
18. Funeral Director's OWN Signature McBratney Funeral Home Kenneth Libby
and Address Boise, Idaho
19. (a) 2-29-44 (Date received and filed) (b) R. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) February 28 1944
at 1:15 o'clock A. M.
21. **I HEREBY CERTIFY**, That I attended deceased from 12-15 1943, to 2-27 1944
I last saw him alive on 2-27-44; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Hypertensive heart disease	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYISCIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's OWN Signature L. Hollingsworth (M.D. or other)
and Address Boise Idaho Date 2-28 1944
(For additional space, use reverse side)

137740

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

MAR 1 7 1944

Certificate Of Death

STATE OF IDAHO

State File No.
Local Reg. No. 41
Reg. Dist. No. 27

1. PLACE OF DEATH:
(a) County Ada
(b) City or town Boise
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? Outside? XX city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Ins. Veterans Adm. Stayed 19 days
(g) Lived in this county years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Ada
(c) City or town Meridian
(d) Street Address or R.F.D. No. Route #2
(e) Deceased lived Inside? Outside? XX city or town
(f) Citizen of what country? U. S. A.
(g) How long had deceased lived in Idaho? all of life years
(h) Former residence (city, state)

3. (a) **FULL NAME** ROW, William R.

3. (b) If veteran, name war WW
3. (c) Social Security No. 518-18-0152
4. Sex Male race White
5. Color or
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Winnie Row
6. (c) Age of husband or wife if alive 48 years
7. Date of Birth (Month, Day, Year) August 4, 1890

8. AGE	Years	Months	Days	If less than 1 day
	53	6	25	hrs min.

9. Exact Occupation None — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace Montana (City or town) (State or foreign country)
Father 12. Name ROW, Horton
Father 13. Birthplace Canada (City or town) (State or foreign country)
Mother 14. Maiden name TIBBS, LeNora
Mother 15. Birthplace Utah (City or town) (State or foreign country)
16. Informant's **OWN** Signature M. E. Hull
and Address Records, Veterans Administration Boise, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/6/44 (Month) (Day) (Year)
(c) Place: St. Johns Boise, Idaho
18. Funeral Director's **OWN** Signature McBratney Funeral Home
and Address Boise, Idaho
19. (a) 3-4-44 (Date received and filed) (b) R. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) February 29, 1944
at 4:00 o'clock P. M.

21. **I HEREBY CERTIFY**, That I attended deceased from February 19, 1944, to Feb. 29, 1944
I last saw him alive on Feb. 29, 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Anterior Myocardial Infarction	17 days
Due to Coronary Arteriosclerotic Heart Disease since May, 1940	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy Infarction, (see attached sheet)

PHYISICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature Burton O. Clark
(M. D. or other)
and Address V.A., Boise, Idaho Date Mar. 1, 1944
(For additional space, use reverse side)

FINDING OF AUTOPSY:

Infarction Myocardial.	Duration:	Unknown, probably old.
Infarction Myocardial, recent.	"	Old
Anterior Myocardium due to Thrombosis		
Anterior descending branch coronary artery.	"	Twelve hours.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

MAR 17 1944

Certificate Of Death

STATE OF IDAHO

State File No. 13774
Local Reg. No. 84
Reg. Dist. No. 37

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise.
   (c) Street Address or R.F.D. No. 1101. Fort.
   (d) Death Occured Inside? Yes Outside? ..... city or town
   (e) Died in a Home X Hospital .... Institution .... Other place ....
   (f) Name Hosp. or Inst. ..... Stayed ..... days
   (g) Lived in this county 6 years ..... months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho. (b) County Ada
   (c) City or town Boise.
   (d) Street Address or R.F.D. No. 1101. Fort.
   (e) Deceased lived Inside? Yes Outside? ..... city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 60 years
   (h) Former residence (city, state) Penn.

3. (a) **FULL NAME** Edward. F. Beck. 94a

3. (b) If veteran, name war No.
3. (c) Social Security No. None.
4. Sex Male. 5. Color or race White.
6. (a) Single, widowed, married, divorced Widower.
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) April. 14. 1861.

8. AGE	Years	Months	Days	If less than 1 day
	82.	10.	15.	hrs ..... min.

9. Exact Occupation Real Estate. Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Cory, Penn. (City or town) (State or foreign country)

Father
12. Name William Beck.
13. Birthplace Germany. (City or town) (State or foreign country)

Mother
14. Maiden name Mary Seegel.
15. Birthplace Germany. (City or town) (State or foreign country)

16. Informant's **OWN** Signature James O. Beck
and Address 1109 N 20th Boise

17. (a) Removal. (Burial, cremation, or removal) (b) Date thereof March. 3. 1944. (Month) (Day) (Year)
(c) Place: Oakland, Calif. Summers Funeral Home.

18. Funeral Director's **OWN** Signature Clyde E Summers
and Address Boise, Idaho.

19. (a) 3-2-44 (Date received and filed) (b) R. Shark (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) February. 29. 1944.
at 10.40. o'clock A M.

21. **I HEREBY CERTIFY**, That I attended deceased from Feb 28 1944, to Feb 29 1944
I last saw h[illegible] alive on Feb 29 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Coronary Occlusion	15 hours
Due to Arteriosclerosis	4 years
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? Boise Idaho
Name of operation ..... Date .....
Major finding .....
Finding of autopsy None

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? No Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature J. N. Brayton M.D. (M. D. or other)
and Address Boise Idaho Date Mar 2 1944
(For additional space, use reverse side)

137744

United States
Department of Commerce
Bureau of the Census MAR 15 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 47
Reg. Dist. No. 310

1. **PLACE OF DEATH:**
(a) County Bannock
(b) City or town Pocatello
(c) Street Address or R. F. D. No. 101 So. Johnson
(d) Death Occurred Inside? — Outside? — city or town
(e) Died in a Home — Hospital — Institution — Other place —
(f) Name Hosp. or Inst. General Stayed 1 days
(g) Lived in this county — years — months — days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bannock
(c) City or town Pocatello.
(d) Street Address or R. F. D. No. 1124 No. Arthur.
(e) Deceased lived Inside? — Outside? — city or town
(f) Citizen of what country? United States.
(g) How long had deceased lived in Idaho? Life years
(h) Former residence (city, state)

3. (a) **FULL NAME** Infant Keller. 159

3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Date of Birth (Month, Day, Year) January 31st 1944

8. AGE	Years	Months	Days	If less than 1 day
	0	0	1	hrs — min.

9. Exact Occupation Infant — Did this work for — yrs.
10. Industry or Business None — Date last worked —
11. Birthplace Pocatello (City or town) Idaho. (State or foreign country)

Father
12. Name Mr. Keith Keller
13. Birthplace Preston (City or town) Idaho. (State or foreign country)

Mother
14. Maiden name Zola Johnson
15. Birthplace Enterprise (City or town) Utah. (State or foreign country)

16. Informant's **OWN** Signature K. Keith Keller
and Address 1124 No Arthur
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 2-2-44 (Month) (Day) (Year)
(c) Place: Preston, Idaho.
18. Funeral Director's **OWN** Signature Mrs. Mortuary J. Fitzpatrick
and Address Pocatello Idaho.
19. (a) 2-2-1944 (Date received and filed) (b) D C Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) February 1st 1944
at — o'clock — M.

21. **I HEREBY CERTIFY**, That I attended deceased from 1-31 1944 to 2-1 1944
I last saw ~~him~~ alive on 2-1 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Prematurity — Duration
Due to Toxemia of Eclampsia,
Due to —
Other conditions (Include pregnancy within 3 months of death) —
Where was disease contracted? —
Name of operation — Date —
Major finding —
Finding of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? — Suicide? — Homicide? —
Occurred — 19— City, county, state where violence occurred —
Place of Violence: Home — Farm — Industry —
Public Place — While at work? —
Means of injury —

23. Attendant's **OWN** Signature K C Merrell MD (M. D. or other)
and Address Pocatello Date 2-1 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

137745

United States
Department of Commerce
Bureau of the Census

MAR 15 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 48
Reg. Dist. No. 570

1. **PLACE OF DEATH:**
(a) County Bannock
(b) City or town Pocatello
(c) Street Address or R. F. D. No. 101 So. Johnson
(d) Death Occurred Inside? ✓ Outside? ___ city or town
(e) Died in a Home ___ Hospital ✓ Institution ___ Other place ___
(f) Name Hosp. or Inst. General Stayed 1 days
(g) Lived in this county 37 years ___ months ___ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bannock
(c) City or town Pocatello
(d) Street Address or R. F. D. No. 345 So. Arthur
(e) Deceased lived Inside? ✓ Outside? ___ city or town
(f) Citizen of what country? United States
(g) How long had deceased lived in Idaho? 50 years
(h) Former residence (city, state) Logan, Utah.

3. (a) **FULL NAME** William Christensen Wilson 131a

3. (b) If veteran, name war ___ 3. (c) Social Security No. ___

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Jeanette Williams 6. (c) Age of husband or wife if alive 55 years

7. Date of Birth (Month, Day, Year) July 7th 1888

8. AGE	Years	Months	Days	If less than 1 day hrs	min.
	56	6	26		

9. Exact Occupation Horse Radish Salesman Did this work for ___ yrs.
10. Industry or Business Own Date last worked ___
11. Birthplace Logan (City or town) Utah (State or foreign country)

Father
12. Name Elijah Nicholas Wilson
13. Birthplace Illinois (City or town) (State or foreign country)

Mother
14. Maiden name Zina Christenson
15. Birthplace Denmark (City or town) (State or foreign country)

16. Informant's **OWN** Signature Leo Wilson and Address Pocatello, Idaho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-5-44 (Month) (Day) (Year)
(c) Place: Mountainview - Pocatello, Ida.
18. Funeral Director's **OWN** Signature Hall Mortuary - J. Fitzpatrick and Address Pocatello, Idaho
19. (a) 2-7-1944 (Date received and filed) (b) D C Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) February 2nd 1944 at 7:15 o'clock A. M.

21. **I HEREBY CERTIFY,** That I attended deceased from Sept. 1 1944 to Sept. 2 1944 I last saw him alive on Sept. 2 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — Duration

Cardio-nephritis 131a — unknown
Due to ___
Due to 395
Other conditions Chronic articular rheumatism many years.
(Include pregnancy within 3 months of death)
Where was disease contracted? Idaho
Name of operation None Date ___
Major finding Edema of legs reflex
Finding of autopsy None

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ___ Suicide? ___ Homicide? ___
Occurred ___ 19___ City, county, state where violence occurred ___
Place of Violence: Home ___ Farm ___ Industry ___
Public Place ___ While at work? ___
Means of injury ___

23. Attendant's **OWN** Signature N. W. Hughart (M. D. or other)
and Address Pocatello Date 2/5 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

MAR 15 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137746
Local Reg. No. 50
Reg. Dist. No. 510

1. **PLACE OF DEATH:**
(a) County Bannock
(b) City or town Pocatello
(c) Street Address or ~~R. F. D.~~ No. 938 E. Centre St
(d) Death Occurred Inside? X Outside? — city or town
(e) Died in a Home X Hospital X Institution — Other place
(f) Name Hosp. or Inst. Pocatello Hosp. Stayed 2 days
(g) Lived in this county 30 years — months — days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bannock
(c) City or town Pocatello
(d) Street Address or ~~R. F. D.~~ No. 938 E. Centre
(e) Deceased lived Inside? X Outside? — city or town
(f) Citizen of what country? U. S. A.
(g) How long had deceased lived in Idaho? 30 years
(h) Former residence (city, state) Salt Lake City

3. (a) **FULL NAME** Thomas Madison Vickers. Utah

3. (b) If veteran, name war —
3. (c) Social Security No. 712-03-8904
4. Sex Male
5. Color or race white
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Della Sue.
6. (c) Age of husband or wife if alive 70 years
7. Date of Birth (Month, Day, Year) February 6th 1867

8. AGE	Years	Months	Days	If less than 1 day
	76	11	30	hrs — min.

9. Exact Occupation Retired Mechanical Supt. Did this work for 52 yrs.
10. Industry or Business U. R. R. Co. Date last worked Feb. 28, 1939
11. Birthplace Paradice, Kentucky (City or town) (State or foreign country)
Father
12. Name Harvey Vickers
13. Birthplace State of Virginia (City or town) (State or foreign country)
Mother
14. Maiden name Parille Kirkner
15. Birthplace State of Virginia (City or town) (State or foreign country)
16. Informant's OWN Signature Lucile V. Bailey
and Address Pocatello, Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Feb. 8, 1944 (Month) (Day) (Year)
(c) Place: Radford, Virginia
18. Funeral Director's OWN Signature H. L. McHan
and Address Pocatello, Idaho
19. (a) 2-7-44 (Date received and filed) (b) D. C. Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

46b

20. **DATE OF DEATH** (Month, Day, Year) Feb. 5 1944
at 12 50 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from 1-18 1944 to 2-5 1944
I last saw h — alive on 2-4 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Carcinoma	46b
Stomach	
Due to and colon	46e
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state
where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature [signature] (M. D. or other)
and Address Pocatello, Idaho Feb. 7 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

MAR 15 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137747
Local Reg. No. 52
Reg. Dist. No. 540

1. **PLACE OF DEATH:**
(a) County Bannock
(b) City or town Pocatello
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? ✓ Outside? city or town
(e) Died in a Home Hospital ✓ Institution Other place
(f) Name Hosp. or Inst. General Stayed days
(g) Lived in this county years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bannock
(c) City or town Pocatello
(d) Street Address or R. F. D. No. 906 S. 2nd
(e) Deceased lived Inside? ✓ Outside? city or town
(f) Citizen of what country? U. S. A.
(g) How long had deceased lived in Idaho? years
(h) Former residence (city, state)

3. (a) **FULL NAME** Jeff Barbour 131a

3. (b) If veteran, name war ✓ 3. (c) Social Security No. none
4. Sex M 5. Color or race 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Mary 6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Nov. 14, 1868

8. AGE	Years	Months	Days	If less than 1 day
	75	2	21	hrs min.

9. Exact Occupation retired plasterer Did this work for ? yrs.
10. Industry or Business Date last worked 1932
11. Birthplace Helena Montana (City or town) (State or foreign country)
Father
12. Name Wm Barbour
13. Birthplace unknown (City or town) (State or foreign country)
Mother
14. Maiden name Anne Higgens
15. Birthplace unknown (City or town) (State or foreign country)
16. Informant's OWN Signature Mrs. Jeff Barbour
and Address
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 2 - '44 (Month) (Day) (Year)
(c) Place: Mountainview
18. Funeral Director's OWN Signature Byron B. Downard
and Address Pocatello Idaho
19. (a) 2-9-1944 (Date received and filed) (b) D C Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Feb. 5 1944
at o'clock M.
21. **I HEREBY CERTIFY,** That I attended deceased from Feb 4 1944 to Feb 5 1944
I last saw him alive on Feb 5 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: 131a	Duration
Nephritis Coma	
Due to Hypertension 102	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature [illegible] M. D. (M. D. or other)
and Address Pocatello, Ida. Date 2-8-1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

13774

United States
Department of Commerce
Bureau of the Census

MAR 15 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 53
Reg. Dist. No. 510

1. **PLACE OF DEATH:**
(a) County Bannock
(b) City or town Pocatello
(c) Street Address or R. F. D. No. 650 No. 7th.
(d) Death Occurred Inside? ✓ Outside? ____ city or town
(e) Died in a Home ____ Hospital ✓ Institution ____ Other place ____
(f) Name Hosp. or Inst. St. Anthony Stayed ____ days
(g) Lived in this county 39 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bannock
(c) City or town Pocatello
(d) Street Address or R. F. D. No. 529 W. Bonneville
(e) Deceased lived Inside? ✓ Outside? ____ city or town
(f) Citizen of what country? United States
(g) How long had deceased lived in Idaho? 39 years
(h) Former residence (city, state) Marshalltown, Iowa

3. (a) FULL NAME Mary Louise Langan 93 d

3. (b) If veteran, name war ____ 3. (c) Social Security No. ____
4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced ____
6. (b) Name of husband or wife Thos. E. Langan 6. (c) Age of husband or wife if alive 76 years
7. Date of Birth (Month, Day, Year) April 4th 1871

8. AGE	Years	Months	Days	If less than 1 day
	72	10	1	hrs min.

9. Exact Occupation Housewife Did this work for 39 yrs.
10. Industry or Business Own Home Date last worked 1943.
11. Birthplace Cleveland (City or town) Ohio (State or foreign country)
Father 12. Name John L. Mooney
13. Birthplace (City or town) Ireland (State or foreign country)
Mother 14. Maiden name Vivian Fortier
15. Birthplace (City or town) Canada (State or foreign country)
16. Informant's OWN Signature T. E. Langan
and Address Pocatello, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-8-44 (Month) (Day) (Year)
(c) Place: Mountainwood, Pocatello, Idaho
18. Funeral Director's OWN Signature Anthony N. Hall
and Address Pocatello, Idaho
19. (a) 2-6-1944 (Date received and filed) (b) D C Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) February 5th 1944
at 3:20 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from Nov 1942, to Feb 1944
I last saw her alive on 2-5 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Myocarditis — Duration several months
Due to Arteriosclerosis — years
Due to Hypertension
Other conditions
(Include pregnancy within 3 months of death)
Where was disease contracted?
Name of operation ____ Date ____
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature D C Ray (M. D. or other)
and Address Pocatello Date 2-6 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce MAR 15 1944
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 13774
Local Reg. No. 57
Reg. Dist. No. 511

1. **PLACE OF DEATH:**
(a) County Bannock
(b) City or town Pocatello
(c) Street Address or R. F. D. No. 101. So. Johnson.
(d) Death Occurred (Inside?) Outside? city or town
(e) Died in a Home (Hospital) Institution Other place
(f) Name Hosp. or Inst. General Stayed days
(g) Lived in this county years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bannock
(c) City or town Pocatello
(d) Street Address or R. F. D. No. 781. Pershing Ave
(e) Deceased lived (Inside?) Outside? city or town
(f) Citizen of what country? United States
(g) How long had deceased lived in Idaho? Life years
(h) Former residence (city, state) None

3. (a) **FULL NAME** Infant Chatterton.

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3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Feb. 7. 1944.

8. AGE	Years	Months	Days	If less than 1 day
				✓ hrs min.

9. Exact Occupation Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Pocatello, Idaho. (City or town) (State or foreign country)
Father
12. Name George H. Chatterson.
13. Birthplace Franklin Idaho. (City or town) (State or foreign country)
Mother
14. Maiden name Mabel E. Solomon.
15. Birthplace Bismark. Wis. (City or town) (State or foreign country)
16. Informant's OWN Signature Mrs. G. H. Chatterton
and Address 781. Pershing Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 8. 1944 (Month) (Day) (Year)
(c) Place Mountain View Pocatello, Ida.
18. Funeral Director's OWN Signature Hall Mortuary Wm. M. Hall
and Address Pocatello, Idaho.
19. (a) 2-28-1944 (Date received and filed) (b) D C Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Feb. 7. 1944.
at 12 o'clock noon.
21. **I HEREBY CERTIFY,** That I attended deceased from 2-7 1944 to 2-7 1944
I last saw her alive on 2-7 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Prematurity	auto.
Due to Premature labor.	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted? Pocatello, Ida.	
Name of operation Date	
Major finding	
Finding of autopsy	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature Wilfred L. Chen, M. D. (M. D. or other)
and Address Pocatello, Idaho Date 2-9-1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

MAR 15 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137750
Local Reg. No. 54
Reg. Dist. No. 310

1. **PLACE OF DEATH:**
(a) County Bannock
(b) City or town Pocatello
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home ____ Hospital X Institution ____ Other place ____
(f) Name Hosp. or Inst. Naval Hosp Stayed 2 days
(g) Lived in this county 8 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bannock
(c) City or town Pocatello
(d) Street Address or R. F. D. No. 629 So Harrison
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? U. S. A.
(g) How long had deceased lived in Idaho? 53 years
(h) Former residence (city, state)

3. (a) **FULL NAME** James (Jens) Christian Jensen 131a

3. (b) If veteran, name war None
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) July 23, 1859

8. AGE	Years	Months	Days	If less than 1 day
	84	6	14	hrs ____ min.

9. Exact Occupation Retired Farmer — Did this work for Life yrs.
10. Industry or Business On Farm — Date last worked
11. Birthplace Denmark (City or town) (State or foreign country)

Father
12. Name Peter C. Jensen
13. Birthplace Denmark (City or town) (State or foreign country)

Mother
14. Maiden name Christina Christiansen
15. Birthplace Denmark (City or town) (State or foreign country)

16. Informant's **OWN** Signature P. C. M. Jensen
and Address 629½ So. Harrison, Poca, Ida.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-9-44 (Month) (Day) (Year)
(c) Place: Riverside Bannock Cemetery

18. Funeral Director's **OWN** Signature E. T. Peck
and Address Pocatello

19. (a) 2-8-44 (Date received and filed) (b) D C Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Feb. 7 1944
at 5:50 o'clock A. M.

21. **I HEREBY CERTIFY,** That I attended deceased from Feb. 5 1944 to Feb. 7 1944
I last saw him alive on Feb. 7 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cardio-nephritic	Unknown
Due to	
Due to	
Other conditions Senility (Include pregnancy within 3 months of death)	Contributed
Where was disease contracted? Idaho	PHYSICIAN
Name of operation None Date —	Underline the cause to which death should be charged statistically.
Major finding Edema of Lungs	
Finding of autopsy None	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury

23. Attendant's **OWN** Signature W. W. Hughart (M. D. or other)
and Address Pocatello Date Feb. 8 1944

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

MAR 15 1944

State File No. 137751
Local Reg. No. 555
Reg. Dist. No. 511

1. **PLACE OF DEATH:**
(a) County Bannock
(b) City or town Pocatello
(c) Street Address or R. F. D. No. 650 No. 7th St.
(d) Death Occurred Inside? ( ) Outside? ( ) city or town
(e) Died in a Home ( ) Hospital ( ) Institution ( ) Other place
(f) Name Hosp. or Inst. St. Anthony Stayed ( ) days
(g) Lived in this county 6 years 2 months 21 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bannock
(c) City or town Pocatello R.F.D. No. 4
(d) Street Address or R. F. D. No. Yellowstone Hgy.
(e) Deceased lived Inside? ( ) Outside? ( ) city or town
(f) Citizen of what country? United States.
(g) How long had deceased lived in Idaho? 6-1-21 years
(h) Former residence (city, state) None

3. (a) **FULL NAME** Audry Carrol Kinney. 121

3. (b) If veteran, name war ( )
3. (c) Social Security No. ( )
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife ( )
6. (c) Age of husband or wife if alive ( ) years
7. Date of Birth (Month, Day, Year) Nov. 18. 1937.

8. AGE	Years	Months	Days	If less than 1 day
	6	2	21	hrs ( ) min. ( )

9. Exact Occupation School girl — Did this work for ( ) yrs.
10. Industry or Business ( ) — Date last worked ( )
11. Birthplace Pocatello (City or town) Idaho. (State or foreign country)

Father
12. Name Maurice Norton Kinney
13. Birthplace Pocatello (City or town) Idaho. (State or foreign country)

Mother
14. Maiden name Audry Lay Tolman.
15. Birthplace Arbon (City or town) Wyoming. (State or foreign country)

16. Informant's OWN Signature M. N. Kinney
and Address R. F. D. Yellowstone Highway.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 11, 1944 (Month) (Day) (Year)
(c) Place: Mountain View, Pocatello, Ida.
18. Funeral Director's OWN Signature Hall Mortuary
and Address Pocatello, Idaho.
19. (a) 2-11-1944 (Date received and filed) (b) D C Kay (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Feb. 8. 1944
at 1250 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from Jan. 5 1944, to Feb. 8 1944
I last saw her alive on Feb. 8 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Gen. Peritonitis 129 — Duration 3
Due to Gangrenous appendicitis, 1211 — 2
Due to ( )
Other conditions ( ) (Include pregnancy within 3 months of death)
Where was disease contracted? ( )
Name of operation Appendix Date 2/2/44
Major finding Gangrenous Appendix
Finding of autopsy Peritonitis generalized
No

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ( ) Suicide? ( ) Homicide? ( )
Occurred ( ) 19 ( ) City, county, state where violence occurred ( )
Place of Violence: Home ( ) Farm ( ) Industry ( )
Public Place ( ) While at work? ( )
Means of injury ( )
23. Attendant's OWN Signature O. F. Cecil (M. D. or other)
and Address Pocatello, Idaho Date 2- 1944
(For additional space, use reverse side)

United States
Department of Commerce
Bureau of the Census

MAR 15 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137752
Local Reg. No. 59
Reg. Dist. No. 11

1. **PLACE OF DEATH:**
   (a) County Bannock
   (b) City or town Pocatello
   (c) Street Address or R. F. D. No. 650 No. 7th St.
   (d) Death Occurred Inside? ( ) Outside? ____ city or town
   (e) Died in a Home ( ) Hospital ( ) Institution ( ) Other place
   (f) Name Hosp. or Inst. St. Anthony Stayed 7 hrs days
   (g) Lived in this county ____ years ____ months ____ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Bannock
   (c) City or town Alameda
   (d) Street Address or R. F. D. No. 237 Wayne Ave.
   (e) Deceased lived Inside? ____ Outside? ____ city or town
   (f) Citizen of what country? United States.
   (g) How long had deceased lived in Idaho? Life years
   (h) Former residence (city, state) None.

3. (a) **FULL NAME** Mary Ann Durgin. 159

3. (b) If veteran, name war ____ 3. (c) Social Security No. ____

4. Sex Female race White

5. Color or

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife ____

6. (c) Age of husband or wife if alive ____ years

7. Date of Birth (Month, Day, Year) Feb. 13. 1944.

8. AGE	Years	Months	Days	If less than 1 day
				4 hrs 30 min.

9. Exact Occupation ____ Did this work for ____ yrs.
10. Industry or Business ____ Date last worked ____
11. Birthplace Alameda. (City or town) Idaho. (State or foreign country)

Father
12. Name Richard F. Durgin.
13. Birthplace Kemmerer. (City or town) Wyoming. (State or foreign country)

Mother
14. Maiden name Alma Westerfield.
15. Birthplace Kentucky. (City or town) (State or foreign country)

16. Informant's **OWN** Signature Rebecca Durgin Thomas
and Address Alameda, Idaho.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 15 1944 (Month) (Day) (Year)
(c) Place: Mountain View Cem. Poca. Ida.

18. Funeral Director's **OWN** Signature Hall Mortuary
and Address Pocatello, Idaho.

19. (a) 2-15-44 (Date received and filed) (b) D C Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Feb. 13. 1944.
at ____ o'clock ____ M.

21. **I HEREBY CERTIFY**, That I attended deceased from Feb. 13 1944 to ____ 19____
I last saw her alive on ____ 19____; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — Duration

Premature infant (about 4½ months)
Due to
Spontaneous abortion
Due to
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's **OWN** Signature J. R. McMahon (M. D. or other)
and Address Pocatello, Idaho Date 2/14 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

137753

United States
Department of Commerce
Bureau of the Census

MAR 15 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137753
Local Reg. No. 59
Reg. Dist. No. 2

1. PLACE OF DEATH:
(a) County Bannock
(b) City or town Pocatello
(c) Street Address or R. F. D. No. 101 So. Johnson
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home __ Hospital X Institution __ Other place __
(f) Name Hosp. or Inst. General Stayed 3 days
(g) Lived in this county 8 years 5 months 0 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Bannock
(c) City or town Tyhee.
(d) Street Address or R. F. D. No. Tyhee Idaho
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? United States
(g) How long had deceased lived in Idaho? Life years
(h) Former residence (city, state) none

3. (a) FULL NAME Annie E. Durrant Lowe

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3. (b) If veteran, name war ____ 3. (c) Social Security No. ____
4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Reuben Lowe 6. (c) Age of husband or wife if alive 58 years
7. Date of Birth (Month, Day, Year) Nov. 11. 1886.

8. AGE	Years	Months	Days	If less than 1 day
	57	3	3	hrs min.

9. Exact Occupation Housewife Did this work for 38 yrs.
10. Industry or Business Own Home Date last worked ____
11. Birthplace Franklin (City or town) Idaho (State or foreign country)
Father
12. Name Thomas Durrant
13. Birthplace Devanshire (City or town) England (State or foreign country)
Mother
14. Maiden name Agnes Nish
15. Birthplace (City or town) Utah (State or foreign country)
16. Informant's OWN Signature Reuben Lowe and Address Tyhee Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Feb. 18 44. (Month) (Day) (Year)
(c) Place: Franklin Idaho
18. Funeral Director's OWN Signature Arthur M Hall and Address Pocatello Idaho
19. (a) 2-16-44 (Date received and filed) (b) D C Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Feb. 14. 1944 19__ at 7 10 o'clock P M.
21. I HEREBY CERTIFY, That I attended deceased from 2-12 1944, to 2-14 1944
I last saw her alive on 2-14 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death	Duration
Diabetes	unknown
Due to appendicitis	3 days
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation None Date	
Major finding	
Finding of autopsy	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature D. C. Ray (M. D. or other) and Address Pocatello Idaho Date Feb 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

MAR 15 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137754
Local Reg. No. 60
Reg. Dist. No. 5 11

1. **PLACE OF DEATH:**
(a) County Bannock
(b) City or town Pocatello
(c) Street Address or R. F. D. No. 101 So. Johnson
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home ____ Hospital X Institution ____ Other place ____
(f) Name Hosp. or Inst. General Stayed ____ days
(g) Lived in this county 0 years 3 months 21 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bannock
(c) City or town Pocatello Park
(d) Street Address or R. F. D. No. 120 Portneuf
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? United States
(g) How long had deceased lived in Idaho? 3 Mo. 21 Da. years
(h) Former residence (city, state) None

3. (a) FULL NAME Kathryn Rae Price 107

3. (b) If veteran, name war ____ 3. (c) Social Security No. ____
4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife ____ 6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) October 25, 1943

8. AGE	Years	Months	Days	If less than 1 day
	0	3	21	hrs min.

9. Exact Occupation Child Did this work for ____ yrs.
10. Industry or Business at home Date last worked ____
11. Birthplace Pocatello (City or town) Idaho (State or foreign country)
Father
12. Name Horace LeRoy Price
13. Birthplace Oakley (City or town) Idaho (State or foreign country)
Mother
14. Maiden name Enid Lucille Johnson
15. Birthplace Pocatello Idaho (City or town) (State or foreign country)
16. Informant's OWN Signature Horace L Price
and Address Pocatello Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 17 1944 (Month) (Day) (Year)
(c) Place Mountain View Cem. Poca. Ida.
18. Funeral Director's OWN Signature Hall Mortuary Kathryn M Hall
and Address Pocatello Idaho
19. (a) 2-16-44 (Date received and filed) (b) D C Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Feb. 15. 1944
at [illegible] o'clock PM.
21. I HEREBY CERTIFY, That I attended deceased from Feb 15 1944, to Feb 15 1944
I last saw him alive on Feb 15 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
107	
Broncho-Pneumonia	2 Days
Due to Upper Respiratory Infection	3 "
Due to 104 a2	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted? Home	PHYSICIAN
Name of operation ____ Date ____	Underline the cause to which death should be charged statistically.
Major finding ____	
Finding of autopsy ____	

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature [illegible] (M. D. or other)
and Address Pocatello, Idaho. Date Feb. 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

137755

United States
Department of Commerce
Bureau of the Census MAR 15 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 6
Local Reg. No. 6
Reg. Dist. No. 370

1. **PLACE OF DEATH:**
(a) County Bannock
(b) City or town Pocatello
(c) Street Address or R. F. D. No. —
(d) Death Occurred Inside? — Outside? — city or town
(e) Died in a Home — Hospital — Institution — Other place —
(f) Name Hosp. or Inst. St. Anthonys stayed — days
(g) Lived in this county — years — months — days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bannock
(c) City or town Pocatello
(d) Street Address or R. F. D. No. 418 N. 15-th
(e) Deceased lived Inside? — Outside? — city or town
(f) Citizen of what country? U. S. A.
(g) How long had deceased lived in Idaho? 33 years
(h) Former residence (city, state) —

3. (a) **FULL NAME** Genera Friedel 1461

3. (b) If veteran, name war — 3. (c) Social Security No. none
4. Sex F — 5. Color or race W — 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Carl Marcus — 6. (c) Age of husband or wife if alive — years
7. Date of Birth (Month, Day, Year) August 12, 1910

8. AGE	Years	Months	Days	If less than 1 day
	33	5	28	hrs — min.

9. Exact Occupation Housewife — Did this work for 14 yrs.
10. Industry or Business — Date last worked —
11. Birthplace Salt Lake, Utah (City or town) (State or foreign country)
Father 12. Name John Lemen
Father 13. Birthplace Mo. (City or town) (State or foreign country)
Mother 14. Maiden name Grace Brinkall
Mother 15. Birthplace unknown (City or town) (State or foreign country)
16. Informant's **OWN** Signature Carl Marcus Friedel and Address —
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-18-44 (Month) (Day) (Year)
(c) Place: Mountainview
18. Funeral Director's **OWN** Signature Byron B. Howard and Address Pocatello Idaho
19. (a) 2-18-44 (Date received and filed) (b) D. Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) February 15 1944
at — o'clock — M.

21. **I HEREBY CERTIFY,** That I attended deceased from 2-15 1944 to 2-15 1944
I last saw h alive on 2-15 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: 13963 — Duration —
Shock
Due to Uterine hemorrhage
Due to Abruptio-Placenta. 1466
Other conditions — —
(Include pregnancy within 3 months of death)

Where was disease contracted? —
Name of operation — Date —
Major finding —
Finding of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? — Suicide? — Homicide? —
Occurred — 19— City, county, state where violence occurred —
Place of Violence: Home — Farm — Industry —
Public Place — While at work? —
Means of injury —

23. Attendant's **OWN** Signature A. Russell M.D. (M. D. or other)
and Address Pocatello Date 2-16 1944
(For additional space, use reverse side)

137756

United States
Department of Commerce
Bureau of the Census

MAR 15 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 63
Reg. Dist. No. 510

1. **PLACE OF DEATH:**
(a) County Bannock
(b) City or town Pocatello
(c) Street Address or ~~R. F. D.~~ No. 755 So. 4th ave.
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home ____ Hospital X Institution ____ Other place ____
(f) Name Hosp. or Institution Pocatello Sanatorium Hospital
(g) Lived in this county ____ years ____ months ____ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bannock
(c) City or town Pocatello
(d) Street Address ~~or R. F. D.~~ No. 755 So. 4th ave.
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? ____
(g) How long had deceased lived in Idaho? Life years
(h) Former residence (city, state) ____

3. (a) **FULL NAME** Baby Wilson

3. (b) If veteran, name war ____ 3. (c) Social Security No. ____

4. Female 5. Color or race white 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife ____ 6. (c) Age of husband or wife if alive ____ years

7. Date of Birth (Month, Day, Year) Feb 18, 1944

8. AGE	Years	Months	Days	If less than 1 day
	—	—	—	6 hrs — min.

9. Exact Occupation None — Did this work for ____ yrs.
10. Industry or Business Infant. — Date last worked —
11. Birthplace Pocatello Idaho (City or town) (State or foreign country)

Father
12. Name Estell M. Wilson
13. Birthplace Salt Lake City Utah (City or town) (State or foreign country)

Mother
14. Maiden name Irene M. Symms
15. Birthplace Pocatello Idaho (City or town) (State or foreign country)

16. Informant's **OWN** Signature E M Wilson
and Address Pocatello Idaho.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 19, 1944 (Month) (Day) (Year)
(c) Place: Pocatello Idaho.

18. Funeral Director's **OWN** Signature H. L. McHan
and Address Pocatello Idaho.

19. (a) 2-21-44 (Date received and filed) (b) D C Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) February 18 1944
at 11:50 o'clock P M.

21. **I HEREBY CERTIFY,** That I attended deceased from 2-18 1944, to 2-18 1944
I last saw h____ alive on ____ 19____; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Convulsions.	
Due to Membranes Ruptured Prematurely.	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's **OWN** Signature R Rymer M.D. (M. D. or other)
and Address Pocatello Date Feb. 19 1944

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

137757

United States
Department of Commerce MAR 15 1944
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 67
Reg. Dist. No. 5-10

1. **PLACE OF DEATH:**
(a) County Bannock
(b) City or town Pocatello
(c) Street Address or R. F. D. No. 328. No. Poca. Ave.
(d) Death Occurred (Inside?) Outside? city or town
(e) Died in a (Home) Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 8 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bannock
(c) City or town Pocatello
(d) Street Address or R. F. D. No. 328. No. Poca. Ave.
(e) Deceased lived (Inside?) Outside? city or town
(f) Citizen of what country? United States
(g) How long had deceased lived in Idaho? 8 years
(h) Former residence (city, state) Unknown

3. (a) FULL NAME Sylvester J. Scott.

93d

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race Negro
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Sept. 25. 1880

8. AGE	Years	Months	Days	If less than 1 day
	63	4	27	hrs min.

9. Exact Occupation Laborer Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Mexico (City or town) Missouri (State or foreign country)
Father
12. Name Unknown
13. Birthplace Unknown (City or town) (State or foreign country)
Mother
14. Maiden name Unknown
15. Birthplace Unknown (City or town) (State or foreign country)
16. Informant's OWN Signature J. T. Fitzpatrick Records, Pub. Assistance.
and Address Pocatello, Idaho.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Feb. 25. 1944 (Month) (Day) (Year)
(c) Place: Keokuk Iowa.
18. Funeral Director's OWN Signature Nall Mortuary. Arthur W. Hall
and Address Pocatello Idaho.
19. (a) 2-25-1944 (Date received and filed) (b) D C Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Feb. 20. 1944.
at Found Dead o'clock a.m.
21. I HEREBY CERTIFY, That I attended deceased from Examined him in 1938. 19
I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Chronic myocarditis	
Due to since	1938.
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted? Idaho	PHYSICIAN
Name of operation None Date	Underline the cause to which death should be charged statistically.
Major finding Shortness of breath	
Finding of autopsy None	

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature [signature] (M. D. or other)
and Address Pocatello, Idaho Date 2/25 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

MAR 15 1944

Certificate Of Death

STATE OF IDAHO

State File No. 1377
Local Reg. No. 68
Reg. Dist. No. 520

1. **PLACE OF DEATH:**
(a) County Bannock
(b) City or town Pocatello
(c) Street Address or R.F.D. No. 419 N. Garfield
(d) Death Occured Inside? — Outside? ..... city or town
(e) Died in a Home.... Hospital.... Institution.... Other place....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county ..... years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Bannock
(c) City or town Pocatello
(d) Street Address or R.F.D. No. 419 N. Garfield
(e) Deceased lived Inside? ..... Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 1 years
(h) Former residence (city, state) Indiana

3. (a) **FULL NAME** Rufus Dempsey Cain 97

3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband, or wife Effie
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) April 27, 1864

8. AGE	Years	Months	Days	If less than 1 day
	79	9	25	hrs min.

9. Exact Occupation Farmer — Did this work for 2 yrs.
10. Industry or Business self — Date last worked
11. Birthplace Bewleyville (City or town) Ky. (State or foreign country)
Father
12. Name Wm Cain
13. Birthplace Va. (City or town) (State or foreign country)
Mother
14. Maiden name Kate Hardway
15. Birthplace Ky. (City or town) (State or foreign country)
16. Informant's **OWN** Signature Rufus D. Cain Jr.
and Address 419 N. Garfield
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 2-23-44 (Month) (Day) (Year)
(c) Place: Mountainview
18. Funeral Director's **OWN** Signature Byron B. Downard
and Address Pocatello Idaho
19. (a) 2-23-1944 (Date received and filed) (b) D C Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) February 22 1944
at ..... o'clock ..... M.
21. **I HEREBY CERTIFY,** That I attended deceased from Nov 1 1943, to Feb 22 1944
I last saw h— alive on Feb 21 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Arteriosclerosis	97
Due to Senile Gangrene	75:2
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation NW Date	
Major finding	
Finding of autopsy	

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? NW Suicide? NW Homicide?
Occurred ..... 19..... City, county, state where violence occurred
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature [signature] (M. D. or other)
and Address 9/27 Date 4/4 19.....
(For additional space, use reverse side)
Pocatello Idaho

United States
Department of Commerce MAR 15 1944
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 13775
Local Reg. No. 69
Reg. Dist. No. 5

1. **PLACE OF DEATH:**
(a) County Bannock
(b) City or town Pocatello ~~Precinct~~
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? ✓ Outside? ____ city or town
(e) Died in a Home ____ Hospital ✓ Institution ____ Other place ____
(f) Name Hosp. or Inst. General Stayed 1 days
(g) Lived in this county 7 years 10 months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bingham
(c) City or town Blackfoot
(d) Street Address or R. F. D. No. 3
(e) Deceased lived Inside? ____ Outside? ✓ city or town
(f) Citizen of what country? U. S.
(g) How long had deceased lived in Idaho? 60 years
(h) Former residence (city, state) Blackfoot, Ida.

3. (a) **FULL NAME** John Conor Mackie 131a

3. (b) If veteran, name war ____ 3. (c) Social Security No. ____

4. Sex Male 5. Color or race White 6. (a) ~~Single~~, widowed, ~~married~~, ~~divorced~~

6. (b) Name of husband or wife Adelaide Mackie 6. (c) Age of husband or wife if alive ____ years

7. Date of Birth (Month, Day, Year) July 31 - 1872

8. AGE	Years	Months	Days	If less than 1 day
	71	6	21	hrs ____ min. ____

9. Exact Occupation Rancher Did this work for 50 yrs.
10. Industry or Business Stock Raising Date last worked
11. Birthplace ____ (City or town) Minnesota (State or foreign country)
Father
12. Name Robert Mackie
13. Birthplace ____ (City or town) Scotland (State or foreign country)
Mother
14. Maiden name Mary Conor
15. Birthplace ____ (City or town) Scotland (State or foreign country)
16. Informant's **OWN** Signature Jeanette M. Daniels and Address Pocatello, Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 2-22-44 (Month) (Day) (Year)
(c) Place: Blackfoot, Idaho
18. Funeral Director's **OWN** Signature Howard Packham and Address Blackfoot, Ida.
19. (a) 2-24-1944 (Date received and filed) (b) D. C. Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 2-22 1944
at 11 o'clock A M.

21. **I HEREBY CERTIFY,** That I attended deceased from 1-14 1944 to 2-22 1944
I last saw h alive on 2-22 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cardio-renal disease	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ____ Date ____
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19 ____ City, county, state where violence occurred
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury

23. Attendant's **OWN** Signature [illegible] (M. D. or other)
and Address Pocatello Date 2/24 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census MAR 15 1944

Certificate Of Death

STATE OF IDAHO

State File No. 137766
Local Reg. No. 71
Reg. Dist. No. 210

1. **PLACE OF DEATH:**
(a) County Bannock
(b) City or town Pocatello
(c) Street Address or R.F.D. No. 658 E. Clark
(d) Death Occured Inside? ✓ Outside? ..... city or town
(e) Died in a Home ✓ Hospital ..... Institution ..... Other place .....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county ..... years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Bannock
(c) City or town Pocatello
(d) Street Address or R.F.D. No. 658 E. Clark
(e) Deceased lived Inside? ✓ Outside? ..... city or town
(f) Citizen of what country? U. S. A.
(g) How long had deceased lived in Idaho? 8 years
(h) Former residence (city, state) Missouri

3. (a) **FULL NAME** John Edmond Madderra 46

3. (b) If veteran, name war ✓
3. (c) Social Security No. none
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Mary
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) November 29, 1866

8. AGE	Years	Months	Days	If less than 1 day
	77	2	26	hrs min.

9. Exact Occupation Farmer Did this work for ? yrs.
10. Industry or Business ..... Date last worked 1936
11. Birthplace Holt Co. Missouri (City or town) (State or foreign country)
Father
12. Name George T. Madderra
13. Birthplace ..... (City or town) (State or foreign country)
Mother
14. Maiden name Amelia Maret
15. Birthplace ..... (City or town) (State or foreign country)
16. Informant's **OWN** Signature M. Blanche Madderra R.N.
and Address 101 W. 39th - K.C. Mo.
17. (a) removal (Burial, cremation, or removal) (b) Date thereof 2-26-'44 (Month) (Day) (Year)
(c) Place: Holt Missouri
18. Funeral Director's **OWN** Signature Byron B. Downard
and Address Pocatello Idaho
19. (a) 2-26-1944 (Date received and filed) (b) D C Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) February, 25 1944
at 3:30 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from Nov 1943, to Feb 25 1944
I last saw him alive on Feb 22 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
~~Chronic~~ Subacute intestinal hemorrhage	3 wk
Due to Carcinoma of Pancreas	5 months
Due to	
Other conditions — (Include pregnancy within 3 months of death)	

Where was disease contracted? Home
Name of operation none Date —
Major finding —
Finding of autopsy Ca. of Pancreas.

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature R.V. Howard M.D. (M. D. or other)
and Address Pocatello Ida Date 2-26 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

MAR 15 1944

State File No. 13772
Local Reg. No. 72
Reg. Dist. No. 470

1. **PLACE OF DEATH:**
   (a) County Bannock
   (b) City or town Pocatello
   (c) Street Address or R. F. D. No.
   (d) Death Occured Inside? — Outside? city or town
   (e) Died in a Home Hospital — Institution Other place
   (f) Name Hosp. or Inst. St. Anthony Stayed 2 days
   (g) Lived in this county years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Bannock
   (c) City or town Pocatello
   (d) Street Address or R.F.D. No. 945 E. W. Bateman
   (e) Deceased lived Inside? — Outside? city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 9 years
   (h) Former residence (city, state) Iowa

3. (a) **FULL NAME** William L. Mc Lean

3. (b) If veteran, name war —
3. (c) Social Security No. none
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced widower
6. (b) Name of husband or wife Emma
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Oct. 11, 1861

8. AGE	Years	Months	Days	If less than 1 day
	82	4	14	hrs min.

9. Exact Occupation Retired Lumberman — Did this work for yrs.
10. Industry or Business Self — Date last worked 1930
11. Birthplace Baltimore, Maryland (City or town) (State or foreign country)

Father
12. Name Wm Mc Lean
13. Birthplace Ind. (City or town) (State or foreign country)

Mother
14. Maiden name Eliza Jane Lusk
15. Birthplace Md. (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mrs Hm Bates
and Address Pocatello Idaho

17. (a) removal (b) Date thereof 3-28-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: Creston, Iowa

18. Funeral Director's **OWN** Signature Byron B. Dowland
and Address Pocatello Idaho

19. (a) 2-28-1944 (b) D Ray
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) February 25 1944
at o'clock M.

21. **I HEREBY CERTIFY**, That I attended deceased from 1-15-1944, to 2-25-1944
I last saw h— alive on 2-25-1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Senile Decp.	
Cardiac	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYISICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature [signature] (M. D. or other)
and Address Pocatello Date 3/27 1944
(For additional space, use reverse side)

137762

United States
Department of Commerce
Bureau of the Census

MAR 15 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 73
Reg. Dist. No. 511

1. **PLACE OF DEATH:**
(a) County Bannock.
(b) City or town Alemeda
(c) Street Address or R. F. D. No. 330 Park Ave.
(d) Death Occurred (Inside?) Outside? city or town
(e) Died in (a Home) Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 18 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bannock
(c) City or town Alemeda
(d) Street Address or R. F. D. No. 330. Park Ave.
(e) Deceased lived (Inside?) Outside? city or town
(f) Citizen of what country? United States
(g) How long had deceased lived in Idaho? 18 years
(h) Former residence (city, state) Utah.

3. (a) FULL NAME William Winfield Parsons. 106 b

3. (b) If veteran, name war
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Minerva Killon
6. (c) Age of husband or wife if alive Died 35 ago.
7. Date of Birth (Month, Day, Year) May. 21. 1847

8. AGE	Years	Months	Days	If less than 1 day
	96 ~~75~~	9	6	hrs min.

9. Exact Occupation Farmer — Did this work for yrs.
10. Industry or Business Retired — Date last worked
11. Birthplace Greensboro (City or town) No. Carolina (State or foreign country)
Father
12. Name James Wm. Parsons.
13. Birthplace Unknown (City or town) (State or foreign country)
Mother
14. Maiden name Mary Abanatha Thrift.
15. Birthplace Unknown (City or town) (State or foreign country)
16. Informant's OWN Signature Mrs W. E. Higgins
and Address Alemeda Idaho.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3/1/1944. (Month) (Day) (Year)
(c) Place: Thomas Idaho.
18. Funeral Director's OWN Signature Hall Mortuary, Arthur M Hall
and Address Pocatello, Idaho.
19. (a) 2-28-1944 (Date received and filed) (b) D C Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Feb. 27. 1944
at 1:30 o'clock P M.
21. I HEREBY CERTIFY, That I attended deceased from not recently 1922 to ✓ 1944
I last saw him alive on Summer 1943 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Senility 106 b — Duration few years
Due to 96 yrs of age
Due to 106 b
Other conditions Bronchitis — Chronic
(Include pregnancy within 3 months of death)
Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state
where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature William F. Howard (M. D. or other)
and Address Pocatello, Idaho Date 2/29. 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

137763

United States
Department of Commerce
Bureau of the Census

MAR 15 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 74
Reg. Dist. No. 510

1. **PLACE OF DEATH:**
(a) County Bannock
(b) City or town Pocatello
(c) Street Address or R. F. D. No. 650. No. 7th. Ave.
(d) Death Occurred (Inside) Outside? city or town
(e) Died in a Home (Hospital) Institution Other place
(f) Name Hosp. or Inst. St. Anthony Stayed days
(g) Lived in this county years 1 months 17 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bannock
(c) City or town Pocatello
(d) Street Address or R. F. D. No. 546. No. Lincoln
(e) Deceased lived (Inside?) Outside? city or town
(f) Citizen of what country? United States
(g) How long had deceased lived in Idaho? Life years
(h) Former residence (city, state) None

3. (a) FULL NAME Rebecca Ruth Byington. 119a

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Jan. 11. 1944.

8. AGE	Years	Months	Days	If less than 1 day
		1	17	hrs min.

9. Exact Occupation Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Pocatello. (City or town) Idaho. (State or foreign country)
Father
12. Name Thayle L. Byington
13. Birthplace Burley (City or town) Idaho. (State or foreign country)
Mother
14. Maiden name Dauna Prescott.
15. Birthplace Georgetown. (City or town) Idaho. (State or foreign country)
16. Informant's OWN Signature Dauna Byington
and Address Pocatello. Idaho.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3/4/ (Month) (Day) 1944 (Year)
(c) Place: Lava Hot Springs. Idaho.
18. Funeral Director's OWN Signature Anthony M. Hall
and Address Pocatello. Idaho
19. (a) 3-3-44 (Date received and filed) (b) D C Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Feb. 28. 1944
at hrs o'clock 12 M
21. I HEREBY CERTIFY, That I attended deceased from Feb 28 1944, to Feb 28 1944
I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
acute Enteritis	1 day
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy Enteritis.	

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature [signature] (M. D. or other)
and Address Pocatello, Idaho Date 2/29. 1944.
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

FEB 24 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137767
Local Reg. No. 1
Reg. Dist. No. 550

1. **PLACE OF DEATH:**
   (a) County Bear Lake
   (b) City or town Paris
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? X Outside? ____ city or town
   (e) Died in a Home X Hospital ____ Institution ____ Other place ____
   (f) Name Hosp. or Inst. ____ Stayed ____ days
   (g) Lived in this county ____ years ____ months 7 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Utah (b) County Rich
   (c) City or town Randolph
   (d) Street Address or R. F. D. No.
   (e) Deceased lived Inside? X Outside? ____ city or town
   (f) Citizen of what country? U. S.
   (g) How long had deceased lived in Idaho? 7 Days ~~years~~
   (h) Former residence (city, state) Randolph, Utah

3. (a) **FULL NAME** John Nichols 33a

3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) August 28, 1874

8. AGE	Years	Months	Days	If less than 1 day
	69	4	12	hrs ____ min.

9. Exact Occupation Laborer — Did this work for ____ yrs.
10. Industry or Business — Date last worked
11. Birthplace Randolph (City or town) Utah (State or foreign country)

Father
12. Name Harry Nichols
13. Birthplace England (City or town) (State or foreign country)

Mother
14. Maiden name Janet Kennedy
15. Birthplace Scotland (City or town) (State or foreign country)

16. Informant's OWN Signature Verna N. Booth
and Address Paris, Idaho.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Jan. 13, 1944 (Month) (Day) (Year)
(c) Place: Randolph, Utah

18. Funeral Director's OWN Signature F. M. Wilson
and Address Montpelier, Idaho.

19. (a) Jan 11-1944 (Date received and filed) (b) Beulah H. Bolton (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) January 9 1944
at 10:30 o'clock P M.

21. **I HEREBY CERTIFY**, That I attended deceased from Jan 3 1944 to Jan 9 1944
last saw him alive on Jan 7 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death	Duration
Bronchopneumonia (Bilateral)	7 Days
Due to Influenza	10 Days.
Due to	
Other conditions Cardiac Decompensation (Include pregnancy within 3 months of death)	1 yr.

Where was disease contracted? Home
Name of operation None Date
Major finding
Finding of autopsy None

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury

23. Attendant's OWN Signature Spencer Heck MD (M. D. or other)
and Address Paris, Idaho Date Jan. 10 1944
(For additional space, use reverse side)

United States
Department of Commerce
Bureau of the Census MAR 9 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137768
Local Reg. No.
Reg. Dist. No. 1 J 2

1. **PLACE OF DEATH:**
(a) County Bear Lake
(b) City or town Montpelier
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. Bear Lake Stayed 7 days
(g) Lived in this county 65 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bear Lake
(c) City or town Montpelier
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? U. S.
(g) How long had deceased lived in Idaho? 65 years
(h) Former residence (city, state)

3. (a) FULL NAME Joseph Smith Robison 33 b

3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary Ann Severn
6. (c) Age of husband or wife if alive 71 years
7. Date of Birth (Month, Day, Year) January 10, 1860

8. AGE	Years	Months	Days	If less than 1 day
	84	0	0	hrs min.

9. Exact Occupation Pharmacist Did this work for 45 yrs.
10. Industry or Business Date last worked 1939
11. Birthplace Salt Lake City (City or town) Utah (State or foreign country)
Father
12. Name Lewis Robison
13. Birthplace Cincinatti (City or town) Ohio (State or foreign country)
Mother
14. Maiden name Clarisa Minerva Duzette
15. Birthplace Wayne County, Ohio. (City or town) (State or foreign country)
16. Informant's OWN Signature D J Robison
and Address 1631 Browning Ave. SL Cty.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 12, 1944 (Month) (Day) (Year)
(c) Place: Montpelier, Idaho.
18. Funeral Director's OWN Signature [signature]
and Address Montpelier, Idaho.
19. (a) July 12, 1944 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) January 10 1944
at 5:30 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from Jan 4 1944 to Jan 10 1944
I last saw him alive on Jan 10 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Acute myocardial failure	10 days
Due to Influenza	3 weeks
Due to	
Other conditions Uremia (Include pregnancy within 3 months of death)	2 weeks

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature R B Lindsey, M.D. (M. D. or other)
and Address Montpelier, Idaho Date Jan 11 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

137769

United States
Department of Commerce
Bureau of the Census

MAR 9 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137769
Local Reg. No. 42
Reg. Dist. No. 2

1. **PLACE OF DEATH:**
(a) County Bear Lake
(b) City or town Montpelier,
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home X Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 58 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bear Lake
(c) City or town Montpelier
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? U. S.
(g) How long had deceased lived in Idaho? 58 years
(h) Former residence (city, state)

3. (a) **FULL NAME** Mary Ann Kunz 131a

3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife William Kunz
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) October 15 1866

8. AGE	Years	Months	Days	If less than 1 day hrs	min.
	77	2	28		

9. Exact Occupation Housewife — Did this work for ____ yrs.
10. Industry or Business — Date last worked
11. Birthplace Smithfield (City or town) Utah (State or foreign country)
Father
12. Name Christopher Roberts
13. Birthplace Wales (City or town) (State or foreign country)
Mother
14. Maiden name Catherine Roberts
15. Birthplace Wales (City or town) (State or foreign country)
16. Informant's OWN Signature Blanche K. Colledge
and Address Montpelier, Idaho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 15, 1944 (Month) (Day) (Year)
(c) Place: Montpelier, Idaho.
18. Funeral Director's OWN Signature [signature]
and Address Montpelier, Idaho
19. (a) 1/18/1944 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) January 12 1944
at 12:05 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from Nov 15 1943 to Jan 12 1944
I last saw her alive on Jan 11 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Acute myocardial failure	3 days
Due to Cardio vascular renal disease with hypertension	10 yrs.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ____ Date ____
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury

23. Attendant's OWN Signature R. B. Lindsay, M.D. (M. D. or other)
and Address Montpelier, Idaho Date Jan 13 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census FEB 24 1944

CERTIFICATE OF DEATH

STATE OF IDAHO

State File No. 137770
Local Reg. No. 2
Reg. Dist. No. 550

1. PLACE OF DEATH:
(a) County Bear Lake
(b) City or town Bloomington
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 72 years 0 months 10 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Bear Lake
(c) City or town Bloomington
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) If foreign born, in U. S. yrs. Citizen of U. S.? Yes
(g) How long had deceased lived in Idaho? 72 years
(h) Former residence (city, state)

3. (a) **FULL NAME** Nelson Lewis Krogue 131a

3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ivy Bateman
6 (c) Age of husband or wife if alive 52 years
7. Date of Birth (Month, Day, Year) January 5, 1872

8. AGE	Years	Months	Days	If less than 1 day
	72	)	10	hrs min.

9. Exact Occupation Farmer Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Bloomington (City or town) Idaho. (State or foreign country)

Father
12. Name James Peter Krogue
13. Birthplace Copenhagen (City or town) Denmark (State or foreign country)

Mother
14. Maiden name Charlotte Nelsen
15. Birthplace (City or town) Denmark (State or foreign country)

16. Informant's **OWN** Signature Mrs Nels Krogue
and Address Bloomington, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 20, 1944 (Month) (Day) (Year)
(c) Place: Bloomington, Idaho
18. Funeral Director's **OWN** Signature [signature]
and Address Montpelier, Idaho.
19. (a) Jan 20. 1944 (Date received and filed) (b) Beulah H. Balton (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) January 15, 1944
at 4:48 o'clock P M.
21. I **HEREBY CERTIFY**, That I attended deceased from Wed history of case 19
I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Acute myocardial failure	3 weeks
Due to Cardio vascular renal disease with hypertension	10 yrs.
Due to nephritis	15 yrs.
Other conditions (Include pregnancy within 3 months of death)	

Where was disease first contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature R B Lindsay, M.D. County Physician (M. D. or other)
and Address Montpelier, Idaho Date Jan. 16 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

137772

United States
Department of Commerce MAR 16 1944
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 1
Reg. Dist. No. 135

1. **PLACE OF DEATH:**
(a) County Benewah
(b) City or town Lovell
(c) ~~Street address~~ or R. F. D. No. 1 Plummer
(d) Death Occurred Inside? Outside? X city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 1 years 9 months 23 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Benewah
(c) City or town Rt 1 Plummer.
(d) ~~Street address~~ or R. F. D. No. Rt1 Plummer.
(e) Deceased lived Inside? Outside? X city or town
(f) Citizen of what country? U. S. A.
(g) How long had deceased lived in Idaho? 1 years
(h) Former residence (city, state) *********

3. (a) FULL NAME Judith Ann Wildshoe 33a

3. (b) If veteran, name war No
3. (c) Social Security No. None.
4. Sex FeMale 5. Color or race Indian
6. (a) Single, widowed, married, divorced Single.
6. (b) Name of husband or wife *********
6. (c) Age of husband or wife if alive ****** years
7. Date of Birth (Month, Day, Year) March 14 1942

8. AGE	Years	Months	Days	If less than 1 day
	1	9	23	hrs min.

9. Exact Occupation None Did this work for *** yrs.
10. Industry or Business None Date last worked ****
11. Birthplace Benewah County (City or town) Idaho. (State or foreign country)
Father 12. Name Vincent Wildshoe
Father 13. Birthplace Idaho. (City or town) (State or foreign country)
Mother 14. Maiden name Alice Paul
Mother 15. Birthplace Stevens County, Washington. (City or town) (State or foreign country)
16. Informant's OWN Signature Alice Wildshoe. x Alice Wildshoe
and Address Rt. 1 Plummer, Idaho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan/10/44 (Month) (Day) (Year)
(c) Place: De Smet, Idaho.
18. Funeral Director's OWN Signature D O Dodson
and Address Tekoa, Washington.
19. (a) Jan 10-1944 (Date received and filed) (b) Cornelius W Byrne (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Jan/7/1944 19
at 2 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from Dec 15 1943, to 19
I last saw her alive on Dec 15 1943; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: 33a — Duration
Influenza - Pneumonia
Due to
Influenza 3-26
Due to
Other conditions
(Include pregnancy within 3 months of death)

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's OWN Signature J. A. Nelson (M. D. or other)
and Address Tekoa, Wn. Date Jan/8/44 19
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

MAR 1 1 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137773
Local Reg. No. 2
Reg. Dist. No. 132

1. PLACE OF DEATH:
(a) County Benewah
(b) City or town Plummer
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 26 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Benewah
(c) City or town Plummer
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) If foreign born, in U. S. yrs. Citizen of U. S.?
(g) How long had deceased lived in Idaho? 28 years
(h) Former residence (city, state)

3. (a) FULL NAME ELIZA WANAMAKER 52a

3. (b) If veteran, name war
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife E.O. Wanamaker
6 (c) Age of husband or wife if alive 69 years
7. Date of Birth (Month, Day, Year) August 3, 1878

8. AGE	Years	Months	Days	If less than 1 day
	65	5	29	hrs min.

9. Exact Occupation Housewife Did this work for 30 yrs.
10. Industry or Business Own home Date last worked 1943
11. Birthplace Crawford County, Wisc. (City or town) (State or foreign country)
Father
12. Name Edward Curtiss Maine
13. Birthplace Unknown Maine (City or town) (State or foreign country)
Mother
14. Maiden name Elizabeth Bacon
15. Birthplace Grant County Wisc. (City or town) (State or foreign country)
16. Informant's OWN Signature Buford T Wanamaker
and Address 50 N.E. Halsey St. Portland 12 Ore.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-4-1944 (Month) (Day) (Year)
(c) Place: Plummer, Idaho
18. Funeral Director's OWN Signature Jaeger Funeral Home By H. T. Jaeger
and Address Fairfield, Wash.
19. (a) Feb 3- 1944 (Date received and filed) (b) Fred A Robertson (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Feb. 2nd 1944
at One o'clock A M.
21. I HEREBY CERTIFY, That I attended deceased from May 2nd 1943, to Feb 1944.
I last saw her alive on Jan 23 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Malignacy of Right kidney	9 mos
Due to Cancer	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease first contracted? at home
Name of operation none Date
Major finding Enlargement of
Finding of autopsy right kidney

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature D. D. Platt (M. D. or other)
and Address St. Maries Ida Date 2/2 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

MAR 10 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137774
Local Reg. No. 7
Reg. Dist. No. 130

1. **PLACE OF DEATH:**
   (a) County Benewah
   (b) City or town St. Maries
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? X Outside? ____ city or town
   (e) Died in a Home ____ Hospital ____ Institution ____ Other place X
   (f) Name Hosp. or Inst. ____ Stayed ____ days
   (g) Lived in this county 36 years ____ months ____ days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Benewah
   (c) City or town St. Maries
   (d) Street Address or R. F. D. No.
   (e) Deceased lived Inside? X Outside? ____ city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 36 years
   (h) Former residence (city, state)

3. (a) **FULL NAME** Henry Howard 97

3. (b) If veteran, name war Mond 3 (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife ____ 6. (c) Age of husband or wife if alive ____ years

7. Date of Birth (Month, Day, Year) Dec. 3, 1859

8. AGE	Years	Months	Days	If less than 1 day
	84	2	17	hrs ____ min.

9. Exact Occupation Laborer Did this work for unk yrs.
10. Industry or Business ____ Date last worked 1930
11. Birthplace unknown (City or town) (State or foreign country)

Father
12. Name unknown
13. Birthplace " (City or town) (State or foreign country)

Mother
14. Maiden name "
15. Birthplace " (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mrs Alma Hemark
and Address St. Maries, Ida

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-24-44 (Month) (Day) (Year)
(c) Place: St. Maries, Ida

18. Funeral Director's **OWN** Signature R. E. Weesa
and Address St. Maries, Ida

19. (a) 3-6-44 (Date received and filed) (b) R. E. Weesa (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Feb. 20 1944
at 7:30 o'clock P. M.

21. **I HEREBY CERTIFY,** That I attended deceased from Jan 2 1944 to Feb 15 1944
I last saw her alive on Feb 15 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death	Duration
General Debility	1 Mo
Due to Arteriosclerosis	97
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation ____ Date ____	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury

23. Attendant's **OWN** Signature E D Platt M.D (M. D. or other)
and Address St. Maries Ida Date 2-20 1944

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

MAR 14 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137775
Local Reg. No. 22
Reg. Dist. No. 691

1. **PLACE OF DEATH:**
(a) County Bingham
(b) City or town Shelley
(c) Street Address or R. F. D. No. RFD # 2
(d) Death Occurred Inside? ____ Outside? X city or town
(e) Died in a Home X Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 5 years 10 months 21 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bingham
(c) City or town Shelley
(d) Street Address or R. F. D. No. RFD # 2
(e) Deceased lived Inside? ____ Outside? X city or town
(f) Citizen of what country? None
(g) How long had deceased lived in Idaho? 22 years
(h) Former residence (city, state) Idaho Falls, Idaho

3. (a) **FULL NAME** SOPHIA KRUSE 33a

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Hans Henry K.
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) May 26, 1857

8. AGE	Years	Months	Days	If less than 1 day
	86	8	5	hrs ____ min. ____

9. Exact Occupation Housewife — Did this work for 65 yrs.
10. Industry or Business At home — Date last worked Nov. '43
11. Birthplace Hannover Province, Germany (City or town) (State or foreign country)

Father
12. Name Unknown Westerman
13. Birthplace Germany (City or town) (State or foreign country)

Mother
14. Maiden name Unknown
15. Birthplace Germany (City or town) (State or foreign country)

16. Informant's **OWN** Signature Fred P. Kruse
and Address Shelley, Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Feb. 1, 1944 (Month) (Day) (Year)
(c) Place: Idaho Falls, Idaho
18. Funeral Director's **OWN** Signature O. C. Buck
and Address Idaho Falls, Idaho
19. (a) 2-12-44 (Date received and filed) (b) Myrs Watkins Registrar (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) February 1 1944
at 10:00 o'clock A. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 1-1- 1944 to 2-1-1944
I last saw h____ alive on ____ 19____; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Pneumonia	1 wk.
Due to Senility & flu	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's **OWN** Signature Edgar Cutler M.D. (M. D. or other)
and Address Shelley Date 2-5-1944
(For additional space, use reverse side)

137776

United States
Department of Commerce
Bureau of the Census MAR 14 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 23
Reg. Dist. No. 60

1. **PLACE OF DEATH:**
(a) County Bingham
(b) City or town Blackfoot
(c) ~~Street Address~~ or R. F. D. No. 1
(d) Death Occurred Inside? Outside? ✓ city or town
(e) Died in a Home ✓ Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 5 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bingham
(c) City or town Blackfoot
(d) ~~Street Address~~ or R. F. D. No. 1
(e) Deceased lived Inside? Outside? ✓ city or town
(f) Citizen of what country? USA
(g) How long had deceased lived in Idaho? 5 years
(h) Former residence (city, state) Omaha, Nebraska

3. (a) **FULL NAME** Maxine Dorothy Roberts 336

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Sept. 11, 1936

8. AGE	Years	Months	Days	If less than 1 day
	7	4	21	hrs min.

9. Exact Occupation Student Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Omaha (City or town), Nebraska (State or foreign country)
Father
12. Name John J. Roberts
13. Birthplace Nishnabotna (City or town), Missouri (State or foreign country)
Mother
14. Maiden name Virginia Thomas
15. Birthplace Phelps City (City or town), Missouri (State or foreign country)
16. Informant's OWN Signature J. M. Roberts and Address Rt. 1 Blackfoot, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-5-44 (Month, Day, Year)
(c) Place: ~~John C.~~ Blackfoot, Idaho
18. Funeral Director's OWN Signature John C. Sandberg and Address Blackfoot, Idaho
19. (a) Feb. 5, 1944 (Date received and filed) (b) Mrs. Dallas E. Eaton (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Feb. 2 1944
at 9:30 P. o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from I did not see her before death. I last saw her alive on 19 ; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: acute endocarditis following attack of influenza — Duration 2 wks
Due to
Due to
Other conditions secondary anemia 1 yr.
(Include pregnancy within 3 months of death)
Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide? Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature J. O. Hampton M.D. (M. D. or other)
and Address Blackfoot, Idaho Date 2-3 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Grave #654

137777

United States
Department of Commerce
Bureau of the Census

MAR 14 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 24
Reg. Dist. No. 601

1. **PLACE OF DEATH:**
(a) County Bingham
(b) City or town Blackfoot,
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? x city or town
(e) Died in a Home Hospital Institution x Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 2 years 1 months 17 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in there)
(a) State Idaho (b) County ~~Bonneville~~ Bingham
(c) City or town Shelley
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Outside? x city or town
(f) Citizen of what country? U. S. A.
(g) How long had deceased lived in Idaho? about 12 years
(h) Former residence (city, state)

3. (a) **FULL NAME** Ecidio Soto

195E

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex male
5. Color or race Mexican
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	45	About		hrs min.

9. Exact Occupation sheepherder Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Fresno, California (City or town) (State or foreign country)
Father
12. Name Michael Soto
13. Birthplace Catalina, Spain (City or town) (State or foreign country)
Mother
14. Maiden name Maria Ortega
15. Birthplace Nogales Sonora, Mexico (City or town) (State or foreign country)
16. Informant's OWN Signature Masee Schlemgen St. Hosp. So. Records. and Address Blackfoot, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-5-44 (Month) (Day) (Year)
(c) Place: State Cem. So. Blackfoot
18. Funeral Director's OWN Signature Chas L Rob[illegible] and Address Blackfoot, Idaho
19. (a) 2-5-44 (Date received and filed) (b) Mrs. [illegible] E. [illegible] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) February 3, 1944 at 9:30 o'clock P.M.
21. **I HEREBY CERTIFY,** That I attended deceased from November 1, 1943, to February 3, 1944
I last saw him alive on February 3, 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Strangulated bowel through ventral hernia	1 2 1
Due to Incisional	
Due to Traumatic Psychosis	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide? Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature David McCrushy (M. D. or other) and Address Blackfoot Ida Date 2-4 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

13777

United States
Department of Commerce
Bureau of the Census

MAR 14 1944

Certificate Of Death

STATE OF IDAHO

State File No.
Local Reg. No. 25
Reg. Dist. No. 601

1. **PLACE OF DEATH:**
(a) County Bingham
(b) City or town Shelley
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? ✓ Outside? ..... city or town
(e) Died in a Home ✓ Hospital .... Institution .... Other place ....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county ..... years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Bingham
(c) City or town Shelley
(d) Street Address or R.F.D. No. ✓
(e) Deceased lived Inside? ✓ Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 26 years
(h) Former residence (city, state) Ohio

3. (a) **FULL NAME** Bertha Britsch Schureman 97

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex F. 5. Color or race W.
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Frank S. Schureman
6. (c) Age of husband or wife if alive 72 years
7. Date of Birth (Month, Day, Year) March 3, 1881

8. AGE	Years	Months	Days	If less than 1 day hrs	min.
	62	11	2		

9. Exact Occupation Housewife Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Archbald, Ohio (City or town) (State or foreign country)

Father
12. Name Adam Britsch
13. Birthplace Switzerland (City or town) (State or foreign country)

Mother
14. Maiden name Anna Mellp
15. Birthplace Switzerland (City or town) (State or foreign country)

16. Informant's **OWN** Signature Ellen Schureman
and Address R2 Box 106 Provo Utah
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/8/44 (Month) (Day) (Year)
(c) Place: Shelley Idaho
18. Funeral Director's **OWN** Signature Jack A. Wood
and Address Idaho Falls Idaho
19. (a) 2-8-1944 (Date received and filed) (b) Mrs Walter C Peterson (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) February 5 1944
at 12-40 o'clock P. M.
21. **I HEREBY CERTIFY**, That I attended deceased from June 1937 to Feb. 5 1944
I last saw her alive on Feb. 5 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
cerebral arteriosclerosis 97	6 yrs.
Due to Generalized arterio sclerosis 97	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature H. L. Ochsner M.D.
(M. D. or other)
and Address Shelley, Idaho Date 2/8 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

137779

United States
Department of Commerce MAR 14 1944
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 1
Reg. Dist. No. 602

1. **PLACE OF DEATH:**
(a) County Bingham
(b) City or town Aberdeen
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? ✓ Outside? city or town
(e) Died in a Home ✓ Hospital — Institution — Other place —
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county — years 4½ months — days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bingham
(c) City or town Aberdeen
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? ✓ Outside? city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 4½ MO ~~years~~
(h) Former residence (city, state) None

3. (a) **FULL NAME** Billy Glenn House, 9

3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex M.
5. Color or race W
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	—	4	20	hrs min.

9. Exact Occupation Infant Did this work for yrs.
10. Industry or Business Infant Date last worked
11. Birthplace American Falls Idaho (City or town) (State or foreign country)
Father
12. Name Glenn C. House
13. Birthplace Corben, Canada (City or town) (State or foreign country)
Mother
14. Maiden name Joyce Burch
15. Birthplace Anaconda, Montana (City or town) (State or foreign country)
16. Informant's OWN Signature Mrs. Glenn C. House
and Address Aberdeen, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 8, 1944 (Month) (Day) (Year)
(c) Place: Aberdeen
18. Funeral Director's OWN Signature A. W. Davis
and Address American Falls Idaho
19. (a) Feb 6, 1944 (Date received and filed) (b) F. L. Harms (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) February 6 1944
at 6:00 o'clock A. M.
21. **I HEREBY CERTIFY,** That I attended deceased from Nov 1, 1943, to Feb 3, 1944
I last saw him alive on Feb 3 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Baby found dead in crib (he had vomited)	
Due to Probable asphyxiation due to aspiration	
Due to	
Other conditions Whooping cough (Include pregnancy within 3 months of death)	9
Where was disease contracted? Idaho	PHYSICIAN
Name of operation None Date	Underline the cause to which death should be charged statistically.
Major finding none	
Finding of autopsy None	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature F. L. Harms M.D. (M. D. or other)
and Address Aberdeen Idaho Date Feb 6 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

MAR 14 1944

Certificate Of Death

STATE OF IDAHO

State File No. 1377-0
Local Reg. No. 27
Reg. Dist. No. 601

1. **PLACE OF DEATH:**
(a) County Bingham
(b) City or town Blackfoot
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? Outside? ✓ city or town
(e) Died in a Home Hospital Institution Other place
(f) Name Hosp. or Inst. St. Hosp. So. Stayed 10 days
(g) Lived in this county years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Bonneville
(c) City or town Idaho Falls.
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? Outside? city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? 23 years
(h) Former residence (city, state)

3. (a) **FULL NAME** Frank Ostergard

84C

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) August 29, 1890

8. AGE	Years	Months	Days	If less than 1 day
	53	5	15	hrs min.

9. Exact Occupation Farmer Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Wasa, Finland (City or town) (State or foreign country)
Father
12. Name
13. Birthplace Unknown Finland (City or town) (State or foreign country)
Mother
14. Maiden name
15. Birthplace Unknown Finland (City or town) (State or foreign country)
16. Informant's **OWN** Signature Thelma Mitchell State Hospital So. Records
and Address Blackfoot, Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 2/14/44 (Month) (Day) (Year)
(c) Place: Idaho Falls, Idaho
18. Funeral Director's **OWN** Signature Jack A. Wood
and Address Idaho Falls, Idaho
19. (a) Feb. 14-44 (Date received and filed) (b) Mrs Nalen E Fatima (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Feb. 13 1944
at 2:45 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from Feb. 3 1944, to Feb. 13 1944
I last saw him alive on Feb. 13 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Acute Exhaustion	
Due to Manic Depressive Psychosis.	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYISCIAN Underline the cause to which death should be charged statistically.
Name of operation Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature David McCusky M.D. (M. D. or ~~other~~)
and Address Blackfoot Ida Date 2-14 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census MAR 14 1944

Certificate Of Death

STATE OF IDAHO

State File No. 1377-1
Local Reg. No. 28
Reg. Dist. No. 601

1. PLACE OF DEATH:
(a) County Bingham
(b) City or town Blackfoot,
(c) Street Address or R.F.D. No. Box 390
(d) Death Occured Inside? ..... Outside? x city or town
(e) Died in a Home .... Hospital .... Institution x Other place ....
(f) Name Hosp. or Inst. St. Hosp. So Stayed 8 days
(g) Lived in this county ..... years ..... months 8 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Bonneville
(c) City or town Idaho Falls
(d) Street Address or R.F.D. No. Route # 1
(e) Deceased lived Inside? ..... Outside? x city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 23 years
(h) Former residence (city, state) .....

3. (a) **FULL NAME** BLANCHE WATTENBARGER

120 a

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Morris
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) Jan. 29, 1907

8. AGE	Years	Months	Days	If less than 1 day
	37	0	18	hrs min.

9. Exact Occupation housewife Did this work for ..... yrs.
10. Industry or Business none Date last worked .....
11. Birthplace Illinois (City or town) (State or foreign country)
Father
12. Name Harry Walston
13. Birthplace unknown (City or town) (State or foreign country)
Mother
14. Maiden name Mary (maiden name unknown)
15. Birthplace unknown (City or town) (State or foreign country)
16. Informant's **OWN** Signature Lou Oldham Lou Oldham
and Address Box 390, Blackfoot, Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Feb. 16, 1944 (Month) (Day) (Year)
(c) Place: Idaho Falls, Idaho
18. Funeral Director's **OWN** Signature O. L. Brick
and Address Idaho Falls Idaho
19. (a) Feb. 16-44 (Date received and filed) (b) Mrs. Walter E. Patrick (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) February 16 1944
at 11:00 o'clock A. M.
21. **I HEREBY CERTIFY,** That I attended deceased from Feb. 8, 1944, to Feb. 16, 1944
I last saw her alive on Feb. 16, 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Acute Intestinal Infection	
Nutritional Diarrhea.	1
Due to Manic-Depressive	
Due to Psychosis	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature David McCrushy M.D. (M. D. or other)
and Address Blackfoot Ida Date 2-16 1944
(For additional space, use reverse side)

United States
Department of Commerce
Bureau of the Census

MAR 14 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 13772
Local Reg. No. 29
Reg. Dist. No. 601

1. **PLACE OF DEATH:**
(a) County Bingham
(b) City or town Shelley,
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? X city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bingham
(c) City or town Shelley,
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Outside? X city or town
(f) If foreign born, in U. S. yrs. Citizen of U. S.? X
(g) How long had deceased lived in Idaho? since birth years
(h) Former residence (city, state)

3. (a) **FULL NAME** Deon C Teeples

1952

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Babe
6. (b) Name of husband or wife --
6 (c) Age of husband or wife if alive -- years
7. Date of Birth (Month, Day, Year) October 28. 1942

8. AGE	Years	Months	Days	If less than 1 day
	1	3	20	hrs min.

9. Exact Occupation Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Shelley, (City or town) Idaho (State or foreign country)

Father
12. Name Henry Clifton Teeples
13. Birthplace Parker (City or town) Idaho (State or foreign country)

Mother
14. Maiden name Shirley Elsa Taylor
15. Birthplace Burley (City or town) Idaho (State or foreign country)

16. Informant's **OWN** Signature and Address O. G. Teeples X Shelley, R#2, Idaho
17. (a) removal (Burial, cremation, or removal) (b) Date thereof 2-21-1944 (Month) (Day) (Year)
(c) Place: Fielding Memorial Ida. Falls
18. Funeral Director's **OWN** Signature and Address D M Nalder Shelley, Idaho
19. (a) Feb. 21,44 (Date received and filed) (b) Mrs Walter E Lewis (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) February 17 1944
at 1:35 o'clock P. M.

21. **I HEREBY CERTIFY,** That I attended deceased from Birth 1944, to 2/17 1944
I last saw h. 17. alive on 2/17 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: asphyxia — Duration
Due to aspiration of piece of chicken meat
Due to
Other conditions
(Include pregnancy within 3 months of death)
Where was disease first contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? yes. Suicide? Homicide?
Occurred 2/17 1944 City, county, state where violence occurred Shelley (Bingham) Ida.
Place of Violence: Home X Farm Industry
Public Place While at work?
Means of injury aspiration meat while eating

23. Attendant's **OWN** Signature H. L. Schiess M. D.
(M. D. or other)
and Address Shelley Idaho Date 2/18 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Grave # 655.

United States
Department of Commerce MAR 14 1944
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137783
Local Reg. No. 31
Reg. Dist. No. 601

1. **PLACE OF DEATH:** Bingham
(a) County
(b) City or town Blackfoot
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? city or town
(e) Died in a Home Hospital Institution ✓ Other place
(f) Name Hosp. or Inst. St. Hosp. So. Stayed days
(g) Lived in this county 1 years 1 months 15 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Ada
(c) City or town Cascade
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Outside? X city or town
(f) Citizen of what country? US
(g) How long had deceased lived in Idaho? 35 yrs. years
(h) Former residence (city, state) Cascade, Idaho

3. (a) **FULL NAME** W. C. Barnett 94a

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) August 11, 1859

8. AGE	Years	Months	Days	If less than 1 day
	84	6	15	hrs min.

9. Exact Occupation Dairyman, Camp cook Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Sparta, (City or town) Illinois (State or foreign country)
Father
12. Name Coreydon Barnett
13. Birthplace Illinois (City or town) (State or foreign country)
Mother
14. Maiden name Jane Mann
15. Birthplace Illinois (City or town) (State or foreign country)
16. Informant's OWN Signature Shelma Mitchell State Hospital So. Records and Address Blackfoot
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-29-44 (Month) (Day) (Year)
(c) Place: State Cem So. Blackfoot
18. Funeral Director's OWN Signature H. F. Gray and Address Blackfoot, Idaho
19. (a) Feb. 29-44 (Date received and filed) (b) Mrs Nathan E. Lewis (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Feb 25 1944 at 12:42 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from Jan 20 1943 to Feb 25 1944
I last saw him alive on Feb 25 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death	Duration
Coronary Sclerosis	94a
Due to General arteriosclerosis	97
Due to	?
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide? Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature H. A. Lewis M D (M. D. or other) and Address Blackfoot Date Feb 26 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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United States
Department of Commerce MAR 14 1944
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 32
Reg. Dist. No. 601

1. **PLACE OF DEATH:**
(a) County Bingham
(b) City or town Aberdeen
(c) Street Address or R. F. D. No. Box 352
(d) Death Occurred Inside? Outside? ✓ city or town
(e) Died in a Home ✓ Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 40 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bingham
(c) City or town Aberdeen
(d) Street Address or R. F. D. No. Box 352
(e) Deceased lived Inside? Outside? ✓ city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 40 years
(h) Former residence (city, state) Randolph, Utah

3. (a) **FULL NAME** Marion Craig Kennedy Livingstone 92b

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife John M Livingstone
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Nov. 26 1852

8. AGE	Years	Months	Days	If less than 1 day
	91	3	2	hrs min.

9. Exact Occupation Housewife Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Stable (City or town) Scotland (State or foreign country)
Father
12. Name John Kennedy
13. Birthplace Scotland (City or town) (State or foreign country)
Mother
14. Maiden name Elizabeth Black
15. Birthplace Scotland (City or town) (State or foreign country)
16. Informant's OWN Signature A E Livingstone
and Address Aberdeen, Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3-4-44 (Month) (Day) (Year)
(c) Place: Randolph, Utah
18. Funeral Director's OWN Signature John C. Sandberg
and Address Blackfoot, Idaho
19. (a) Mar. 2, 1944 (Date received and filed) (b) Mrs Walter E Patrick (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) February 28 1944
at 10:30 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 19 , to 19
I last saw h alive on 19 ; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Valvular disease of heart, mitral	6 mo
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature W. E. Patrick M.D. (M. D. or other)
and Address Blackfoot Date Feb 28 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce MAR 14 1944
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 13775
Local Reg. No. 601 33
Reg. Dist. No. 601

1. **PLACE OF DEATH:**
   (a) County Bingham
   (b) City or town Shelley
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? X Outside? ____ city or town
   (e) Died in a Home X Hospital ____ Institution ____ Other place ____
   (f) Name Hosp. or Inst. ____ Stayed ____ days
   (g) Lived in this county ____ years ____ months ____ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Bingham
   (c) City or town Shelley
   (d) Street Address or R. F. D. No.
   (e) Deceased lived Inside? X Outside? ____ city or town
   (f) Citizen of what country?
   (g) How long had deceased lived in Idaho? Since birth
   (h) Former residence (city, state)

3. (a) **FULL NAME** Ted W. Eaton

200a

3. (b) If veteran, name war ____ 3. (c) Social Security No. ____
4. Sex ____ 5. Color or race ____ 6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife ____ 6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) Nov. 14, 1943

8. AGE	Years	Months	Days	If less than 1 day
		3	15	hrs ____ min.

9. Exact Occupation ____ Did this work for ____ yrs.
10. Industry or Business ____ Date last worked ____
11. Birthplace Shelley, Idaho. (City or town) (State or foreign country)

Father
12. Name Joseph S. Eaton
13. Birthplace Shelley, Idaho. (City or town) (State or foreign country)

Mother
14. Maiden name Bonnita Wright
15. Birthplace Burbank Cal. (City or town) (State or foreign country)

16. Informant's **OWN** Signature Joseph S. Eaton
and Address Shelley, Idaho.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-2-44 (Month) (Day) (Year)
(c) Place: Shelley, Idaho.

18. Funeral Director's **OWN** Signature D. M. Balder
and Address Shelley, Idaho.

19. (a) 3-2-1944 (Date received and filed) (b) Mrs Helen E. Eaton (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Feb. 29, 1944
at 9:15 o'clock A.M. Saw at time of death

21. **I HEREBY CERTIFY,** That I attended deceased from ____ 19____
I last saw h____ alive on ____ 19____; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Probably heart failure — Duration ____
Due to Unknown Cause ____
Due to ____
Other conditions ____
(Include pregnancy within 3 months of death)
Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's **OWN** Signature Edwin Cutler M.D. (M. D. or other)
and Address Shelley Date 3-2-1944

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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United States
Department of Commerce
Bureau of the Census MAR 7 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 1377-C
Local Reg. No. 5
Reg. Dist. No. 410

1. **PLACE OF DEATH:**
   (a) County Blaine
   (b) City or town Hailey
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? ✓ Outside? city or town
   (e) Died in a Home Hospital ✓ Institution Other place
   (f) Name Hosp. or Inst. Hailey Clinic Stayed 42 days
   (g) Lived in this county 5 years months days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Blaine
   (c) City or town Hailey
   (d) Street Address or R. F. D. No.
   (e) Deceased lived Inside? Outside? ✓ city or town
   (f) Citizen of what country? Canada
   (g) How long had deceased lived in Idaho? 5 years
   (h) Former residence (city, state) Seattle, Wash.

3. (a) **FULL NAME** Oscar B. Sunberg 46 b

3. (b) If veteran, name war World War I
3. (c) Social Security No. ✓
4. Sex m. 5. Color or race white
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife ✓
6. (c) Age of husband or wife if alive ✓ years
7. Date of Birth (Month, Day, Year) Aug. 18, 1888

8. AGE	Years	Months	Days	If less than 1 day
	55	5	14	hrs min.

9. Exact Occupation miner Did this work for 36 yrs.
10. Industry or Business ✓ Date last worked 12-1-43
11. Birthplace Sweden (City or town) (State or foreign country)

Father
12. Name unknown
13. Birthplace unknown (City or town) (State or foreign country)

Mother
14. Maiden name unknown
15. Birthplace unknown (City or town) (State or foreign country)

16. Informant's OWN Signature M. H. Peterson
and Address Hailey, Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 2-4-44 (Month) (Day) (Year)
(c) Place: Hailey, Idaho
18. Funeral Director's OWN Signature Lena J. Harris
and Address Hailey, Idaho
19. (a) 3-2-1944 (Date received and filed) (b) Robert H. Wright (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Feb. 2 1944
at 8:00 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from Jan 1 1944, to 2-2 1944
I last saw her alive on 2-2 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: 46 b Carcinoma Stomach — Duration 10 mo

Due to

Due to

Other conditions Gastric Hemorrhage (Include pregnancy within 3 months of death) — 1 day

Where was disease contracted?
Name of operation Gastro enterostomy Date 1/2/44
Major finding C. A. Pylorus
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature E. W. Fox (M. D. or other)
and Address Hailey, Idaho Date 2/4 1944
(For additional space, use reverse side)

Swarty

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

MAR 7 1944

State File No. 13757
Local Reg. No. 6
Reg. Dist. No. 410

1. **PLACE OF DEATH:**
(a) County Blaine
(b) City or town Hailey
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? ✓ Outside? ____ city or town
(e) Died in a Home ____ Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 38 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Blaine
(c) City or town Hailey
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? ✓ Outside? ____ city or town
(f) Citizen of what country? U. S.
(g) How long had deceased lived in Idaho? 38 years
(h) Former residence (city, state) Boise

3. (a) **FULL NAME** Charlotte Lucinda Parke

3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex female
5. Color or race W
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Frank
6. (c) Age of husband or wife if alive ✓ years
7. Date of Birth (Month, Day, Year) Nov. 17, 1876

8. AGE	Years	Months	Days	If less than 1 day
	67	2	16	hrs ____ min.

9. Exact Occupation housewife — Did this work for 38 yrs.
10. Industry or Business ____ — Date last worked 2-3-44
11. Birthplace Middletown, Idaho (City or town) (State or foreign country)

Father
12. Name John Matt
13. Birthplace ✓ (City or town) (State or foreign country)

Mother
14. Maiden name Victoria Roswell
15. Birthplace ✓ (City or town) (State or foreign country)

16. Informant's **OWN** Signature Hazl Parke
and Address Hailey, Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 2-7-44 (Month) (Day) (Year)
(c) Place: Hailey Cemetery
18. Funeral Director's **OWN** Signature Lena J. Harris
and Address Hailey, Idaho
19. (a) 3-2-1944 (Date received and filed) (b) Robert H. Wright (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 2-3 1944
at 11:00 o'clock P. M.

21. **I HEREBY CERTIFY,** That I attended deceased from ____ 19____, to ____ 19____
I last saw h____ alive on ____ 19____; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Due to Coronary occlusion	
Due to Hypertension (arteriosclerotic)	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted? —	PHYSICIAN
Name of operation — Date —	Underline the cause to which death should be charged statistically.
Major finding —	
Finding of autopsy —	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's **OWN** Signature Charles Johnson (M.D. or other)
and Address Hailey, Ida Date 2/28 19____
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

137758

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

MAR 7 1944

State File No. 137758
Local Reg. No. 7
Reg. Dist. No. 410

1. **PLACE OF DEATH:**
(a) County Blaine
(b) City or town Hailey
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? ✓ Outside? ____ city or town
(e) Died in a Home ✓ Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 34 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Blaine
(c) City or town Hailey
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? ✓ Outside? ____ city or town
(f) Citizen of what country? U. S.
(g) How long had deceased lived in Idaho? 34 years
(h) Former residence (city, state) Mo.

3. (a) **FULL NAME** Wm. H. Hawkins 94a

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex male 5. Color or race wh. 6. (a) Single, widowed, married, divorced divorced

6. (b) Name of husband or wife ____ 6. (c) Age of husband or wife if alive ____ years

7. Date of Birth (Month, Day, Year) Nov. 17, 1871

8. AGE	Years	Months	Days	If less than 1 day
	72	2	25	hrs ____ min.

9. Exact Occupation Laborer Did this work for 47 yrs.
10. Industry or Business ____ Date last worked 1939
11. Birthplace Maysville, Mo. (City or town) (State or foreign country)
Father
12. Name John Hawkins
13. Birthplace Mo. (City or town) (State or foreign country)
Mother
14. Maiden name Mary Conklin
15. Birthplace Mo. (City or town) (State or foreign country)
16. Informant's **OWN** Signature Mary E. Cooper
and Address Hailey Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 2-13-44 (Month) (Day) (Year)
(c) Place: Hailey City Cemetery
18. Funeral Director's **OWN** Signature Gray & Harris
and Address Hailey, Idaho
19. (a) 2-2-1944 (Date received and filed) (b) Robert H. Wright (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Feb 11 1944
at ____ o'clock ____ M.

21. **I HEREBY CERTIFY,** That I attended deceased from ____ 19____, to ____ 19____
I last saw h[illegible] alive on ____ 19____; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary Disease — Duration 94a
Due to Hypertension 102
Heart disease
Due to ____
Other conditions Senility 83d
(Include pregnancy within 3 months of death)
Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's **OWN** Signature [illegible] M.D. (M. D. or other)
and Address Hailey Ida. Date 2-14-1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census MAR 7 1944

Certificate Of Death

STATE OF IDAHO

State File No. 1377-9
Local Reg. No. 18
Reg. Dist. No. 410

1. **PLACE OF DEATH**
   (a) County Blaine
   (b) City or town Haily
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? ✓ Outside? ..... city or town
   (e) Died in a Home.... Hospital.... Institution.... Other place ✓
   (f) Name Hosp. or Inst. Hotel Stayed 4 days
   (g) Lived in this county ..... years ..... months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Bette
   (c) City or town Martin
   (d) Street Address or R.F.D. No. A
   (e) Deceased lived Inside? ✓ Outside? ..... city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 72 years
   (h) Former residence (city, state) Ind.

3. (a) **FULL NAME** Mattie D. Martin 111c

3. (b) If veteran, name war no
3. (c) Social Security No. no.
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) July 5 - 1846

8. AGE	Years	Months	Days	If less than 1 day
	97	7	21	hrs min.

9. Exact Occupation Postmistress Did this work for 58 yrs.
10. Industry or Business home Date last worked 1940
11. Birthplace Milan Indiana (City or town) (State or foreign country)

Father
12. Name Oren F. Darling
13. Birthplace New York (City or town) (State or foreign country)

Mother
14. Maiden name Martha Berens
15. Birthplace Virginia (City or town) (State or foreign country)

16. Informant's **OWN** Signature Eva L. Martin
and Address Martin Ida
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/30/44 (Month) (Day) (Year)
(c) Place: Hilcrest. Cem. Arco Ida
18. Funeral Director's **OWN** Signature [illegible]
and Address Arco Ida
19. (a) 3-2-1944 (Date received and filed) (b) Robert H. Wright (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 2-16 1944
at 11-10 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 12-1 1944, to 2-16 1944
I last saw her alive on 2-16 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Terminal Pneumonia	1 wk.
Due to	
Due to	
Other conditions [illegible] (Include pregnancy within 3 months of death)	—
Where was disease contracted?	PHYISCIAN
Name of operation ..... Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury
23. Attendant's **OWN** Signature E. W. Fox (M. D. or other)
and Address Hailey, Ida Date 2-17 1944
(For additional space, use reverse side)

137790

United States
Department of Commerce
Bureau of the Census MAR 7 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 12
Reg. Dist. No. 410

1. **PLACE OF DEATH:**
   (a) County Blaine
   (b) City or town Sun Valley, Idaho
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? ✓ Outside? city or town
   (e) Died in a Home ✓ Hospital Institution Other place
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county years 6 months days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Delaware (b) County
   (c) City or town
   (d) Street Address or R. F. D. No.
   (e) Deceased lived Inside? ✓ Outside? city or town
   (f) Citizen of what country? U. S. A.
   (g) How long had deceased lived in Idaho? 6 mo ~~years~~
   (h) Former residence (city, state)

3. (a) **FULL NAME** Alfred Lee Clifton 94a

3. (b) If veteran, name war World #I
3. (c) Social Security No. —
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Stacy Bugess
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) July 16 1882

8. AGE	Years	Months	Days	If less than 1 day
	61	7	6	hrs min.

9. Exact Occupation U. S. Navy Did this work for 36 yrs.
10. Industry or Business Captain (MC) Navy Date last worked
11. Birthplace Smyrna Del. (City or town) (State or foreign country)
Father
12. Name John W. Clifton
13. Birthplace Felton Del. (City or town) (State or foreign country)
Mother
14. Maiden name Emma Conner
15. Birthplace Felton (City or town) (State or foreign country)
16. Informant's OWN Signature Lady B. Clifton
and Address Sun Valley Ketchum Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place:
18. Funeral Director's OWN Signature D. A. L'Hirisson
and Address Jerome Idaho
19. (a) 3-2-1944 (Date received and filed) (b) Robert H. Wright (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Feb. 22 1944
at 12:15 o'clock A. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 2-21-44 19 , to 2-22-44 19
I last saw him alive on 2-22-44 19 ; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Coronary Trombosis,	
acute	3 hrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted? —	PHYSICIAN
Name of operation — Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature E. H. Jorris M.D. (M. D. or other)
and Address USNCH, Sun Valley Date 2-22-1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

137791

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 13
Local Reg. No. 13
Reg. Dist. No. 410

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH** MAR 7 1944
   (a) County Blaine
   (b) City or town ~~Hailey~~ Gannett
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? Outside? ✓ city or town
   (e) Died in a Home ✓ Hospital Institution Other place
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county 40 years months days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Blaine
   (c) City or town Gannett
   (d) Street Address or R. F. D. No.
   (e) Deceased lived Inside? Outside? ✓ city or town
   (f) Citizen of what country? U. S.
   (g) How long had deceased lived in Idaho? 40 years
   (h) Former residence (city, state) England

3. (a) **FULL NAME** William James Laverty 94a

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex male race white 5. Color or ✓ 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife ✓ 6. (c) Age of husband or wife if alive ✓ years

7. Date of Birth (Month, Day, Year) March 18, 1877

8. AGE	Years	Months	Days	If less than 1 day
	66	11	6	hrs min.

9. Exact Occupation trapper Did this work for yrs.
10. Industry or Business Date last worked 2-20-44
11. Birthplace England (City or town) (State or foreign country)

Father
12. Name ✓ Laverty
13. Birthplace ✓ (City or town) (State or foreign country)

Mother
14. Maiden name ✓
15. Birthplace ✓ (City or town) (State or foreign country)

16. Informant's **OWN** Signature Ray Laverty
    and Address Hailey, Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 2-27-44 (Month) (Day) (Year)
    (c) Place: Picabo, Idaho
18. Funeral Director's **OWN** Signature Lena G. Harris
    and Address Hailey, Idaho
19. (a) 3-2-1944 (Date received and filed) (b) Robert H. Wright (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 21 Feb. 24 1944
    at ✓ o'clock ✓ M.
21. **I HEREBY CERTIFY,** That I attended deceased from ✓ 19 ✓, to ✓ 19 ✓
    I last saw him alive on ✓ 19 ✓; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Coronary Disease	
Due to Pneumonia	
Due to ✓	
Other conditions ✓ (Include pregnancy within 3 months of death)	

Where was disease contracted? ✓
Name of operation ✓ Date
Major finding ✓
Finding of autopsy ✓

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ✓ Suicide? ✓ Homicide? ✓
    Occurred ✓ 19 ✓ City, county, state where violence occurred ✓
    Place of Violence: Home ✓ Farm ✓ Industry ✓
    Public Place ✓ While at work? ✓
    Means of injury ✓
23. Attendant's **OWN** Signature [illegible] (M. D. or other)
    and Address Hailey Ida Date Feb 24 1944

(For additional space, use reverse side)

United States Dr. E. L. Reger
Department of Commerce Paulsen
Bureau of the Census MAR 2 1944

CERTIFICATE OF DEATH

STATE OF IDAHO

State File No. 137792
Local Reg. No. 3-44
Reg. Dist. No. 112

1. PLACE OF DEATH:
(a) County Bonner
(b) City or town Blanchard
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? ✓ city or town
(e) Died in a Home ✓ Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county years 4 months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Washington (b) County Spokane
(c) City or town Spokane
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? ✓ Outside? city or town
(f) If foreign born, in U. S. yrs. Citizen of U. S.?
(g) How long had deceased lived in Idaho? 4 months ~~years~~
(h) Former residence (city, state) Spokane, Wash.

3. (a) **FULL NAME** Wallace Jesse Conrad

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife
6 (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Nov. 27 - 1866

8. AGE	Years	Months	Days	If less than 1 day
	78	2	9	hrs min.

9. Exact Occupation Retired Barber Did this work for 40 yrs.
10. Industry or Business Date last worked 1923
11. Birthplace Lemon Ware, Wisconsin (City or town) (State or foreign country)

Father
12. Name Jesse Conrad
13. Birthplace New York (City or town) (State or foreign country)

Mother
14. Maiden name Olean Searl
15. Birthplace New York (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mrs. John [illegible]
and Address Blanchard, Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Feb. 1-1944 (Month) (Day) (Year)
(c) Place: Centralia, Wash.
18. Funeral Director's **OWN** Signature C. E. Sherman
and Address Newport, Wash.
19. (a) 2-1-44 (Date received and filed) (b) F. A. Wonch (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) February 1 1944
at 7 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from Jan 25 1941 to Feb 1 1944
I last saw him alive on Jan 31 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Chronic myocarditis	Unknown
Fixed arteriosclerosis	"
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease first contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature E. L. Reger (M. D. or other)
and Address Paulsen Bldg Spokane, Wash. Date 2/2 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce MAR 2 1944
Bureau of the Census

CERTIFICATE OF DEATH

STATE OF IDAHO

State File No. 137793
Local Reg. No. 4-44
Reg. Dist. No. 112

1. PLACE OF DEATH:

(a) County Bonner
(b) City or town Priest River.
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? XX Outside? city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 24 years months days

Note For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)

(a) State Idaho (b) County Bonner
(c) City or town Priest River
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? XX Outside? city or town
(f) If foreign born, in U. S. 42 yrs. Citizen of U. S.? no
(g) How long had deceased lived in Idaho? 24 years
(h) Former residence (city, state)

3. (a) **FULL NAME** Sarah Mann

93d

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female race white
5. Color or
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Dominic Mann
6 (c) Age of husband or wife if alive 62 years
7. Date of Birth (Month, Day, Year) Feb. 15, 1878

8. AGE	Years	Months	Days	If less than 1 day
	65	11	18	hrs min.

9. Exact Occupation Housewife Did this work for 25 yrs.
10. Industry or Business Own Home Date last worked 1/1/38
11. Birthplace Grimaldi, Italy (City or town) (State or foreign country)

Father
12. Name James Veltri
13. Birthplace Gimaldi, Italy (City or town) (State or foreign country)

Mother
14. Maiden name Victoria Anselmo
15. Birthplace Grimaldi, Italy (City or town) (State or foreign country)

16. Informant's **OWN** Signature Frank Giordano
and Address Priest River, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb., 5, 1944 (Month) (Day) (Year)
(c) Place: Priest River, Idaho
18. Funeral Director's **OWN** Signature L. C. Hogan
and Address Sandpoint, Idaho.
19. (a) Feb 6-1944 (Date received and filed) (b) F. A. Monch (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Feb 3 1944
at 3:00 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from Jan 1 1943, to Feb 3 1944
I last saw her alive on Feb 3 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Myocardial degeneration	6 yrs
Due to senility	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease first contracted?	
Name of operation Date	
Major finding	
Finding of autopsy	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature Leslie J. Stauffer M.D. (M. D. or other)
and Address Priest River Date 2-5 1944
(For additional space, use reverse side)
Idaho

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce MAR 10 1944
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137794
Local Reg. No. 13
Reg. Dist. No. 110

1. PLACE OF DEATH:
(a) County Bonner
(b) City or town Sandpoint
(c) Street Address or R. F. D. No. 602 N. 6th. Ave.
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home X Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 34 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Bonner
(c) City or town Sandpoint
(d) Street Address or R. F. D. No. 602 N. 6th Ave.
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 34 years
(h) Former residence (city, state) ____

3. (a) FULL NAME HAZEL EDNA DINGLEY VAN DYK 33a

3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife G. M. Van Dyk
6. (c) Age of husband or wife if alive 64 years
7. Date of Birth (Month, Day, Year) April 22, 1887

8. AGE	Years	Months	Days	If less than 1 day
	56	9	15	hrs ____ min. ____

9. Exact Occupation Housewife — Did this work for Many yrs.
10. Industry or Business Own Home — Date last worked Jan. 1944
11. Birthplace Holbird, South Dakota. (City or town) (State or foreign country)

Father
12. Name Levi Dingley
13. Birthplace Maine (City or town) (State or foreign country)

Mother
14. Maiden name Emma Honberger
15. Birthplace Iowa (City or town) (State or foreign country)

16. Informant's OWN Signature M. G. Van Dyk
and Address Sandpoint, Idaho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 9, 1944 (Month) (Day) (Year)
(c) Place Sandpoint, Idaho.
18. Funeral Director's OWN Signature L. L. Olson
and Address Box 471 SANDPOINT, IDAHO
19. (a) FEB 9 1944 (Date received and filed) (b) Lawrence Olson (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) February 7, 1944
at 7:40 o'clock A. M.
21. I HEREBY CERTIFY, That I attended deceased from Feby 2 1944 to Feby 7 1944
I last saw her alive on Feby 5 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Bronchio Pneumonia 107	5 days
Due to Influenza 338	7 days
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's OWN Signature Wm. F. Taylor M.D. (M. D. or other)
and Address Sandpoint, Ida. Date 2-9 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

137795

United States
Department of Commerce
Bureau of the Census

MAR 10 1944

CERTIFICATE OF DEATH

STATE OF IDAHO

State File No.
Local Reg. No. 14
Reg. Dist. No. 110

1. PLACE OF DEATH:
(a) County Bonner
(b) City or town Sandpoint
(c) Street Address or R. F. D. No. 514 N. 2nd. Ave.
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Institution Community Hos Stayed 2 days
(g) Lived in this county 23 years months days
Note For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Bonner
(c) City or town Granite
(d) Street Address or R. F. D. No. Rural
(e) Deceased lived Inside? Outside? X city or town
(f) If foreign born, in U. S. yrs. Citizen of U. S.? No.
(g) How long had deceased lived in Idaho? 23 years
(h) Former residence (city, state)

3. (a) **FULL NAME** DOMENICO LAPRIORE

1246

3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Angelinaa
6 (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) October 20, 1879

8. AGE	Years	Months	Days	If less than 1 day
	64	3	22	hrs min.

9. Exact Occupation Farmer Did this work for 23 yrs.
10. Industry or Business Own Farm Date last worked ?
11. Birthplace Italy (City or town) (State or foreign country)

Father
12. Name No Record
13. Birthplace Italy (City or town) (State or foreign country)

Mother
14. Maiden name No Record
15. Birthplace Italy (City or town) (State or foreign country)

16. Informant's **OWN** Signature Lee Laprise
and Address Farragut, Idaho.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof FEB 19 1944 (Month) (Day) (Year)
(c) Place: Coeur'd Alene, Idaho.
18. Funeral Director's **OWN** Signature MOON MORTUARY [signature]
and Address Sandpoint, Idaho.
19. (a) FEB 17 1944 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Feb. 12, 1944
at 7:30 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from Aug. 15 1943, to Feb. 12 1944
I last saw him alive on Feb. 12 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Chronic myocarditis	6 mo
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Hepatic cirrhosis with ascites	10 mo
Where was disease first contracted?	
Name of operation Date	
Major finding	
Finding of autopsy	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature Wm F. Tyler MD (M. D. or other)
and Address Sandpoint Idaho Date 2-15 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH

STATE OF IDAHO

MAR 10 1944

State File No. 137706
Local Reg. No. 15
Reg. Dist. No. 110

1. **PLACE OF DEATH:**
   (a) County ... Bonner
   (b) City or town Samuels
   (c) Street Address or R. F. D. No. R.F.D.
   (d) Death Occurred Inside? ... Outside? X ... city or town
   (e) Died in a Home X ... Hospital ... Institution ... Other place ...
   (f) Name Hosp. or Inst. ... Stayed ... days
   (g) Lived in this county 31 years ... months ... days

Note — For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Bonner
   (c) City or town Samuels
   (d) Street Address or R. F. D. No. R.F.D.
   (e) Deceased lived Inside? ... Outside? X ... city or town
   (f) If foreign born, in U. S. ... yrs. Citizen of U. S.? ...
   (g) How long had deceased lived in Idaho? 31 years
   (h) Former residence (city, state) ...

3. (a) **FULL NAME** VIOLA M. THOMPSON 61

3. (b) If veteran, name war none
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ben Thompson
6 (c) Age of husband or wife if alive 62 years
7. Date of Birth (Month, Day, Year) June 5, 1887

8. AGE	Years	Months	Days	If less than 1 day
	56	8	8	hrs ... min.

9. Exact Occupation Housewife — Did this work for 31 yrs.
10. Industry or Business Own Home — Date last worked 1943
11. Birthplace Pittville, Wood County, Wis. (City or town) (State or foreign country)

Father
12. Name John Mc Ilhargey
13. Birthplace Iron County, Michigan. (City or town) (State or foreign country)

Mother
14. Maiden name Elizabeth Maxewell
15. Birthplace Dunn Barton, Scotland. (City or town) (State or foreign country)

16. Informant's **OWN** Signature Ben Thompson
and Address Sandpoint, Idaho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof FEB 17 1944 (Month) (Day) (Year)
(c) Place: Mc Arthur, Idaho.
18. Funeral Director **OWN** Signature MOON MORTUARY
and Address Sandpoint, Idaho
19. (a) FEB 17 1944 (Date received in office) (b) Lawrence Moon (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Feb. 13th 1944 at 8:00 o'clock a.M.

21. I **HEREBY CERTIFY**, That I attended deceased from Oct. 3 1942, to Dec. 22 1943
I last saw h.sw. alive on Dec. 22 1943; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — Duration

Chronic Myocarditis 930 — 1 yr.
Due to Diabetes 61 — 2 yrs.
Due to 1316
Other conditions Chronic Nephritis — 1 yr.
(Include pregnancy within 3 months of death)

Where was disease first contracted? ...
Name of operation ... Date ...
Major finding ...
Finding of autopsy ...

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ... Suicide? ... Homicide? ...
Occurred ... 19... City, county, state where violence occurred ...
Place of Violence: Home ... Farm ... Industry ...
Public Place ... While at work? ...
Means of injury ...

23. Attendant's **OWN** Signature Wm F. Tyler M.D. (M. D. or other)
and Address Sandpoint, Ida. Date 2-15 1944
(For additional space, use reverse side)

137797

United States
Department of Commerce MAR 10 1944
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 1
Local Reg. No. 16
Reg. Dist. No. 110

1. **PLACE OF DEATH:**
(a) County Bonner
(b) City or town Sandpoint
(c) Street Address or R. F. D. No. 524 No. Second.
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home __ Hospital X Institution __ Other place __
(f) Name Hosp. or Inst. Community Stayed 7 days
(g) Lived in this county 39 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bonner
(c) City or town Sandpoint
(d) Street Address or R. F. D. No. 424 Poplar
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 39 years
(h) Former residence (city, state) ____

3. (a) FULL NAME ISSAC NEWTON KINNEY

124 b

3. (b) If veteran, name war No
3. (c) Social Security No. 518-01-8506
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife ____
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) July 5, 1884

8. AGE	Years	Months	Days	If less than 1 day
	59	7	17	hrs min.

9. Exact Occupation Woodsman Did this work for 14 yrs.
10. Industry or Business Logging Date last worked 1943
11. Birthplace Deronda, Wis. (City or town) (State or foreign country)
Father
12. Name Wallace Kinney
13. Birthplace Stillwater, Minn. (City or town) (State or foreign country)
Mother
14. Maiden name Emily Kingsland
15. Birthplace Silver Creek, New York (City or town) (State or foreign country)
16. Informant's OWN Signature John Kinney
and Address Sandpoint, Idaho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 25, 1944 (Month) (Day) (Year)
(c) Place: Sandpoint, Idaho.
18. Funeral Director's OWN Signature MOON MORTUARY [signature]
and Address Sandpoint, Idaho.
19. (a) FEB 25 1944 (Date received and filed) (b) Lawrence S. Moon (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Feb. 22. 1944
at 3:45 o'clock A. M.
21. **I HEREBY CERTIFY,** That I attended deceased from Feb. 14 1944, to Feb. 22 1944
I last saw him alive on Feb. 21 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
93d Chronic Myocarditis	6 mo
Due to	
Due to	
Other conditions 124 b, (Include pregnancy within 6 months of death)	
Hepatic Sclerosis	10 mo
Where was disease contracted?	PHYSICIAN
Name of operation ____ Date ____	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature Wm F. Tyler M.D. (M. D. or other)
and Address Sandpoint Idaho. Date 2-23 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

MAR 1 0 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 13779
Local Reg. No. 17
Reg. Dist. No. 110

1. **PLACE OF DEATH:**
(a) County Bonner
(b) City or town Sandpoint
(c) Street Address or R. F. D. No. 514 N. Second
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home ____ Hospital X Institution ____ Other place ____
(f) Name Hosp. or Inst. Community Stayed 18 days
(g) Lived in this county 11 years 6 months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bonner
(c) City or town Sandpoint
(d) Street Address or R. F. D. No. Rural
(e) Deceased lived Inside? ____ Outside? X city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 11 years
(h) Former residence (city, state) ____

3. (a) FULL NAME Alfred Daniel Hayes

3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Ruth Hayes
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) December 21, 1854

8. AGE	Years	Months	Days	If less than 1 day
	89	2	1	hrs ____ min.

9. Exact Occupation Farmer — Did this work for life yrs.
10. Industry or Business Farm — Date last worked 1934
11. Birthplace Michigan (City or town) (State or foreign country)

Father
12. Name No Record
13. Birthplace ____ (City or town) (State or foreign country)

Mother
14. Maiden name No Record
15. Birthplace ____ (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. Rideath Riley
and Address Mountain View Calif.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 25, 1944 (Month) (Day) (Year)
(c) Place: Sandpoint, Idaho.

18. Funeral Director MOON MORTUARY
OWN Signature ____
and Address Sandpoint, Idaho

19. (a) FEB 25 1944 (Date received and filed) (b) Lawrence Moon (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Feb. 22, 1944
at 2:30 o'clock P. M.

21. **I HEREBY CERTIFY,** That I attended deceased from Feb. 4 1944, to Feb. 22 1944
I last saw him alive on Feb. 22 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
938 Chronic Myocarditis	6 mo
Due to Arterio Sclerosis 97	5 yr
Due to ____	____
Other conditions (include pregnancy within 3 months of death) Chronic Arthritis 396	3 yrs
Where was disease contracted? ____	PHYSICIAN
Name of operation ____ Date ____	Underline the cause to which death should be charged statistically.
Major finding ____	
Finding of autopsy ____	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's OWN Signature Wm F Tyler MD (M. D. or other)
and Address Sandpoint Idaho Date 2-25 1944

(For additional space, use reverse side)

137799

United States
Department of Commerce MAR 13 1944
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 36
Reg. Dist. No. 610

1. **PLACE OF DEATH:**
(a) County Bonneville
(b) City or town Idaho Falls
(c) Street Address or R. F. D. No. Memorial Dr.
(d) Death Occurred Inside? ✓ Outside? ____ city or town
(e) Died in a Home ____ Hospital ✓ Institution ____ Other place ____
(f) Name Hosp. or Inst. L. H. S. Hosp. Stayed 9 days
(g) Lived in this county ____ years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bonneville
(c) City or town Idaho Falls
(d) Street Address or R. F. D. No. 295. H St
(e) Deceased lived Inside? ✓ Outside? ____ city or town
(f) Citizen of what country? U. S. A.
(g) How long had deceased lived in Idaho? 47 years
(h) Former residence (city, state) Utah

3. (a) **FULL NAME** Emily Florence Cook 93 d

3. (b) If veteran, name war ____ 3. (c) Social Security No. ____
4. Sex F. 5. Color or race W. 6. (a) Single, widowed, married, divorced ____
6. (b) Name of husband or wife Henry H. Cook 6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) October 13, 1880

8. AGE	Years	Months	Days	If less than 1 day
	63	2	25	hrs min.

9. Exact Occupation Housewife Did this work for ____ yrs.
10. Industry or Business ____ Date last worked ____
11. Birthplace Peoa (City or town) Utah (State or foreign country)
Father 12. Name John Newman
13. Birthplace England (City or town) (State or foreign country)
Mother 14. Maiden name Sarah Marchant
15. Birthplace England (City or town) (State or foreign country)
16. Informant's OWN Signature Marvin Cook
and Address Idaho Falls, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/13/44 (Month) (Day) (Year)
(c) Place: Idaho Falls, Idaho
18. Funeral Director's OWN Signature Jack A. Wood
and Address Idaho Falls Idaho
19. (a) 2/15/44 (Date received and filed) (b) Anna Budgis (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) January 8 1944
at 1-17 o'clock P M
21. **I HEREBY CERTIFY,** That I attended deceased from 1938 19__ to Jan 8 1944
I last saw her alive on Jan 8 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Acute Influenzal Myocarditis	20 days
Due to Paralytic Stroke	9 mo
Due to Hypertension	5 yrs
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? ____
Name of operation None Date ____
Major finding ____
Finding of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature J. W. West MD (M. D. or other)
and Address Idaho Falls Ida Date 1/12 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census MAR 1 3 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137800
Local Reg. No. 35
Reg. Dist. No. 610

1. **PLACE OF DEATH:**
(a) County Bonneville
(b) City or town Idaho Falls
(c) Street Address or R. F. D. No. 1054 Lake Ave
(d) Death Occurred Inside? ✓ Outside? ____ city or town
(e) Died in a Home ✓ Hospital __ Institution __ Other place __
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 58 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bonn.
(c) City or town Idaho Falls
(d) Street Address or R. F. D. No. 1054 Lake Ave
(e) Deceased lived Inside? ✓ Outside? ____ city or town
(f) Citizen of what country? U. S.
(g) How long had deceased lived in Idaho? 58 years
(h) Former residence (city, state) ____

3. (a) **FULL NAME** Margaret Irwin Stanger - 131b

3. (b) If veteran, name war ____ 3. (c) Social Security No. ____
4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Jos. E. Stanger 6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) February 17, 1869

8. AGE	Years	Months	Days	If less than 1 day
	74	10	28	hrs min.

9. Exact Occupation ____ Did this work for ____ yrs.
10. Industry or Business ____ Date last worked ____
11. Birthplace Belfast (City or town) Ireland (Ireland) (State or foreign country)
Father
12. Name James Irwin
13. Birthplace Ireland (City or town) (State or foreign country)
Mother
14. Maiden name Margaret McCarthey
15. Birthplace Ireland (City or town) (State or foreign country)
16. Informant's OWN Signature A E Stanger
and Address Idaho Falls RD 1
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 19, 1944 (Month) (Day) (Year)
(c) Place: Rosehill
18. Funeral Director's OWN Signature Jack A. Wood
and Address Idaho Falls, Idaho
19. (a) 2/15/44 (Date received and filed) (b) Anna Budges (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) January 15 1944
at 11:59 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from Jan 13 1944, to Jan 15 1944
I last saw her alive on Jan 13 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:
131b Chronic Nephritis
Due to Arthritis Deformans
Due to 59b
Other conditions ____
(Include pregnancy within 3 months of death)
Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

Duration: Many Months Many Years

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature [signature] (M. D. or other)
and Address ____ Date ____ 19__
(For additional space, use reverse side)

137801

United States
Department of Commerce
Bureau of the Census

MAR 13 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137801
Local Reg. No. 38
Reg. Dist. No. 610

1. **PLACE OF DEATH:**
   (a) County Bonneville
   (b) City or town Idaho Falls
   (c) Street Address or R. F. D. No. #3
   (d) Death Occurred Inside? ____ Outside? ✓ city or town
   (e) Died in a Home ✓ Hospital ____ Institution ____ Other place ____
   (f) Name Hosp. or Inst. ____ Stayed ____ days
   (g) Lived in this county ____ years ____ months ____ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Bonneville
   (c) City or town Idaho Falls
   (d) Street Address or R. F. D. No. #3
   (e) Deceased lived Inside? ____ Outside? ✓ city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 50 years
   (h) Former residence (city, state) Utah

3. (a) **FULL NAME** Martha Ashdown Ellingford 93d

3. (b) If veteran, name war ____ 3. (c) Social Security No. ____

4. Sex F 5. Color or race W. 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Arthur Ellingford 6. (c) Age of husband or wife if alive 72 years

7. Date of Birth (Month, Day, Year) April 6, 1876

8. AGE	Years	Months	Days	If less than 1 day
	67	9	18	hrs min.

9. Exact Occupation Housewife Did this work for ____ yrs.
10. Industry or Business ____ Date last worked ____
11. Birthplace Bountiful, Utah (City or town) (State or foreign country)

Father
12. Name Richard
13. Birthplace England (City or town) (State or foreign country)

Mother
14. Maiden name Mary Ann Hayes
15. Birthplace England (City or town) (State or foreign country)

16. Informant's OWN Signature Ed Ellingford and Address Idaho Falls, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/25/44 (Month) (Day) (Year)
    (c) Place: Ammon, Idaho
18. Funeral Director's OWN Signature Jack A. Wood and Address Idaho Falls, Idaho
19. (a) 2/15/44 (Date received and filed) (b) Laura Budge (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) January 22 1944 at 5-10 o'clock a M.
21. **I HEREBY CERTIFY,** That I attended deceased from 1-15 1944, to 1-22 1944
    I last saw her alive on ____ 19__; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Chronic Myocarditis	4 yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation ____ Date ____	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
    Occurred ____ 19__ City, county, state where violence occurred ____
    Place of Violence: Home ____ Farm ____ Industry ____
    Public Place ____ While at work? ____
    Means of injury ____
23. Attendant's OWN Signature H B Woolley M. D. (M. D. or other)
    and Address ____ Date ____ 19__
    (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

MAR 1 3 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137802
Local Reg. No. 37
Reg. Dist. No. 610

1. **PLACE OF DEATH:**
(a) County Bonneville
(b) City or town Idaho Falls
(c) Street Address or R. F. D. No. Memorial Dr.
(d) Death Occurred Inside? ✓ Outside? ____ city or town
(e) Died in a Home ____ Hospital ✓ Institution ____ Other place ____
(f) Name Hosp. or Inst. L. D. S. Hosp. Stayed ____ days
(g) Lived in this county ____ years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bonneville
(c) City or town Idaho Falls
(d) Street Address or R. F. D. No. ____
(e) Deceased lived Inside? ✓ Outside? ____ city or town
(f) Citizen of what country? U. S. A.
(g) How long had deceased lived in Idaho? ____ years
(h) Former residence (city, state) ____

3. (a) **FULL NAME** Annette Manley 159

3. (b) If veteran, name war ____ 3. (c) Social Security No. ____

4. Sex F. 5. Color or race W. 6. (a) Single, widowed, married, divorced ____

6. (b) Name of husband or wife ____ 6. (c) Age of husband or wife if alive ____ years

7. Date of Birth (Month, Day, Year) January 27 1944

8. AGE	Years	Months	Days	If less than 1 day hrs min.
			1	

9. Exact Occupation None Did this work for ____ yrs.
10. Industry or Business ____ Date last worked ____
11. Birthplace Idaho Falls, Idaho (City or town) (State or foreign country)

Father
12. Name William O. Manley
13. Birthplace Brookfield, Missouri (City or town) (State or foreign country)

Mother
14. Maiden name Margorie Hansen
15. Birthplace Idaho, Utah (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mrs Jack Lakefield
and Address Iona ville, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/26/44 (Month) (Day) (Year)
(c) Place: Idaho Falls, Idaho
18. Funeral Director's **OWN** Signature Jack A. Wood
and Address Idaho Falls, Idaho
19. (a) 2/15/44 (Date received and filed) (b) Anna Budge (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) January 25 1944
at ____ o'clock ____ M.

21. **I HEREBY CERTIFY,** That I attended deceased from Jan 25 1944, to Jan 25 1944
I last saw h____ alive on ____ 19____; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Prematurity — Duration ____
Due to Birth at 7½ mo. — Duration ____
Due to ____ — Duration ____
Other conditions ____ — Duration ____
(Include pregnancy within 3 months of death)

Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's **OWN** Signature Milton T. Rees M.D. (M. D. or other)
and Address Idaho Falls, Ida Date Jan 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

137803

United States
Department of Commerce
Bureau of the Census

FEB 12 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 16
Local Reg. No. 38
Reg. Dist. No. 610

1. **PLACE OF DEATH:**
(a) County Bonneville
(b) City or town Idaho Falls
(c) Street Address or R. F. D. No. Memorial Drive
(d) Death Occurred Inside? ✓ Outside? ____ city or town
(e) Died in a Home ____ Hospital ✓ Institution ____ Other place ____
(f) Name Hosp. or Inst. L. D. S. Stayed 49 days
(g) Lived in this county ____ years ____ months 49 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Caribou
(c) City or town Freedom, Idaho
(d) Street Address or R. F. D. No. ____
(e) Deceased lived Inside? ✓ Outside? ____ city or town
(f) Citizen of what country? U. S.
(g) How long had deceased lived in Idaho? 27 years
(h) Former residence (city, state) ____

3. (a) **FULL NAME** Sylvia Maria Weber 932

3. (b) If veteran, name war ____
3. (c) Social Security No. ____
4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or ~~wife~~ Walter Weber
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) December 18, 1891

8. AGE	Years	Months	Days	If less than 1 day
	52	1	18	hrs ____ min. ____

9. Exact Occupation Housewife Did this work for ____ yrs.
10. Industry or Business ____ Date last worked ____
11. Birthplace Vernal, Utah (City or town) (State or foreign country)

Father
12. Name William Thomas Clark
13. Birthplace Salt Lake City, Utah (City or town) (State or foreign country)

Mother
14. Maiden name Annie Marie Rasmussen
15. Birthplace Ovid, Idaho (City or town) (State or foreign country)

16. Informant's **OWN** Signature Hoyt Weber
and Address Freedom, Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Feb. 4, 1944 (Month) (Day) (Year)
(c) Place: Freedom, Idaho
18. Funeral Director's **OWN** Signature Jack G. Woodland
and Address Idaho Falls, Idaho
19. (a) 2/3/44 (Date received and filed) (b) Anna Rudges (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) February 1 1944
at 9 o'clock A. M.

21. **I HEREBY CERTIFY,** That I attended deceased from Dec 16, 1943 to Feb 1, 1944
I last saw h alive on Jan 31, 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Embolism left femoral artery, gangrene left leg — Duration 10 days
Due to Chronic Myocarditis
Due to ____
Other conditions ____
(Include pregnancy within 3 months of death)

Where was disease contracted? ____
Name of operation 0 Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's **OWN** Signature H Ray Hatch M.D. (M. D. or other)
and Address ____ Date ____ 19____
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

FEB 1 3 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137-44
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF DEATH:**
(a) County Bonneville
(b) City or town Idaho Falls
(c) Street Address or R. F. D. No. Memorial Dr.
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. L.D.S. Stayed days
(g) Lived in this county years months 38 days
Note For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Jefferson
(c) City or town Menan
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) If foreign born, in U. S. yrs. Citizen of U. S.?
(g) How long had deceased lived in Idaho? 33 years
(h) Former residence (city, state) None

3. (a) **FULL NAME** ROSS FRANKLIN BERRETT. 926

3. (b) If veteran, name war X
3. (c) Social Security No. 518-18-1771
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Margaret Irene
6 (c) Age of husband or wife if alive 32 years
7. Date of Birth (Month, Day, Year) Aug. 27, 1910

8. AGE	Years	Months	Days	If less than 1 day hrs	min.
	33	5	8		

9. Exact Occupation School Teacher — Did this work for 4 yrs.
10. Industry or Business Public School — Date last worked 12/23/43
11. Birthplace Menan, Idaho. (City or town) (State or foreign country)

Father
12. Name William Silas Berrett.
13. Birthplace No. Ogden, Utah. (City or town) (State or foreign country)

Mother
14. Maiden name Rachel T. Beach.
15. Birthplace Salt Lake City, Utah. (City or town) (State or foreign country)

16. Informant's **OWN** Signature Irene Berrett
and Address Menan, Idaho.
17. (a) Removal. (Burial, cremation, or removal) (b) Date thereof 2/4/44 (Month) (Day) (Year)
(c) Place: Annis, Idaho.
18. Funeral Director's **OWN** Signature A. E. Russell
and Address Rigby, Idaho.
19. (a) 2/9/44 (Date received and filed) (b) Vera Budge (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Feb. 4 1944
at 2:45 o'clock A. M.

21. I **HEREBY CERTIFY**, That I attended deceased from June 1943 to Feb. 4 1944
I last saw him alive on Feb. 4 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — Duration

1. Mitral Stenosis (Heart disease) — ?
Due to Rheumatic fever — ?
Due to Influenza — Dec. 1943
Other conditions (Include pregnancy within 3 months of death)

Where was disease first contracted? At Home
Name of operation None Date
Major finding
Finding of autopsy None performed.

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature Orson Call, M.D. (M. D. or other)
and Address Rigby, Idaho. Date 2/6 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

137805

United States
Department of Commerce MAR 1 3 1944
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 30
Reg. Dist. No. 610

1. **PLACE OF DEATH:**
   (a) County Bonneville
   (b) City or town Idaho Falls
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? X Outside? city or town
   (e) Died in a Home Hospital X Institution Other place
   (f) Name Hosp. or Inst. L.D.S. Hosp Stayed days
   (g) Lived in this county years months days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Jefferson
   (c) City or town Monteview
   (d) Street Address or R. F. D. No.
   (e) Deceased lived Inside? Outside? city or town
   (f) Citizen of what country?
   (g) How long had deceased lived in Idaho? 33 years
   (h) Former residence (city, state)

3. (a) **FULL NAME** John G. Gordon 33b

3. (b) If veteran, name war Spanish American
3. (c) Social Security No.
4. Sex Male
5. Color or race W.
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Feb. 12, 1880

8. AGE	Years	Months	Days	If less than 1 day
	63	11	24	hrs min.

9. Exact Occupation Farmer — Did this work for 25 yrs.
10. Industry or Business — Date last worked 2/1/44
11. Birthplace Yanceyville, N. Carolina (City or town) (State or foreign country)

Father
12. Name Wm. Gordon
13. Birthplace Unknown (City or town) (State or foreign country)

Mother
14. Maiden name Everett
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's **OWN** Signature Theo Pearson
and Address Monteview, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/10/44 (Month) (Day) (Year)
(c) Place: Fielding Memorial
18. Funeral Director's **OWN** Signature Kenneth O. Adamson
and Address Rexburg, Idaho
19. (a) 2/10/44 (Date received and filed) (b) Anna Rudge (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH**
(Month, Day, Year) Feb. 5 1944
at 6:43 o'clock A. M.

21. **I HEREBY CERTIFY,** That I attended deceased from Feb 1 1944 to Feb. 5 1944
I last saw h— alive on 19—; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Toxic myocarditis	1 day
Due to	
Pneumonia	5 days
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19— City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature C. C. Erickson M.D.
(M. D. or other)
and Address Idaho Falls Date 2-9 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

MAR 13 1944

Certificate Of Death

STATE OF IDAHO

State File No. 137-06
Local Reg. No. 34
Reg. Dist. No. 610

1. PLACE OF DEATH:
(a) County Bonneville
(b) City or town Idaho Falls
(c) Street Address or R.F.D. No. Memorial Dr.
(d) Death Occured Inside? ✓ Outside? ..... city or town
(e) Died in a Home .... Hospital ✓ Institution .... Other place ....
(f) Name Hosp. or Inst. L.D.S. Hosp. Stayed 1 days
(g) Lived in this county ..... years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Bonneville
(c) City or town Rigby
(d) Street Address or R.F.D. No. Rt #2
(e) Deceased lived Inside? ..... Outside? ✓ city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 42 years
(h) Former residence (city, state) Utah

3. (a) FULL NAME Thomas S. Cook

4 5 6

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex M. 5. Color or race W.
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Rebecca F. Cook
6. (c) Age of husband or wife if alive 63 years
7. Date of Birth (Month, Day, Year) April 23, 1871

8. AGE	Years	Months	Days	If less than 1 day
	72	9	15	hrs min.

9. Exact Occupation Farmer Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace South Weber, Utah (City or town) (State or foreign country)
Father
12. Name David S. Cook
13. Birthplace Scotland (City or town) (State or foreign country)
Mother
14. Maiden name Margaret Hunter
15. Birthplace Scotland (City or town) (State or foreign country)
16. Informant's OWN Signature Thomas S. Cook
and Address Centerville Utah
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/11/44 (Month) (Day) (Year)
(c) Place Idaho Falls, Idaho
18. Funeral Director's OWN Signature Jack A. Wood
and Address Idaho Falls, Idaho
19. (a) 2/15/44 (Date received and filed) (b) Anna Bridges (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) February 8 1944
at 9-10 o'clock a M.
21. I HEREBY CERTIFY, That I attended deceased from Feb. 7, 1944, to Feb. 8, 1944
I last saw him alive on Feb. 8, 1944; death is said to have occurred on the date and hour stated above.
Immediate Cause of Death: Duration
Edema of the glottis
Due to
4 5 6 Carcinoma throat
Due to
Other conditions
(Include pregnancy within 3 months of death)
Where was disease contracted?
Name of operation Exploratory Date Feb 8, 1944
Major finding Obstruction of
Finding of autopsy esophagus of larynx.

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's OWN Signature John O. Mellor M.D. (M.D. or other)
and Address Idaho Falls, Idaho Date Feb. 15 1944
(For additional space, use reverse side)

137807

United States
Department of Commerce
Bureau of the Census MAR 13 1944

Certificate Of Death

STATE OF IDAHO

State File No. .....
Local Reg. No. 31
Reg. Dist. No. 610

1. **PLACE OF DEATH**
   (a) County Bonneville
   (b) City or town Idaho Falls
   (c) Street Address or R.F.D. No. Memorial Dr.
   (d) Death Occured Inside? ✓ Outside? ..... city or town
   (e) Died in a Home .... Hospital ✓ Institution .... Other place ....
   (f) Name Hosp. or Inst. L.D.S. Hosp. Stayed ..... days
   (g) Lived in this county ..... years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Bonneville
   (c) City or town Idaho Falls
   (d) Street Address or R.F.D. No. #3
   (e) Deceased lived Inside? ..... Outside? ✓ city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 59 years
   (h) Former residence (city, state) Utah

3. (a) **FULL NAME** Almira Ceretta Empey

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3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex F.
5. Color or race W.
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife John Empey
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) July 19, 1865

8. AGE	Years	Months	Days	If less than 1 day
	78	6	20	hrs min.

9. Exact Occupation Housewife Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Lehi, Utah (City or town) (State or foreign country)

Father
12. Name Wiley Norton
13. Birthplace ✓ ✓ (City or town) (State or foreign country)

Mother
14. Maiden name Nancy Hammer
15. Birthplace ✓ ✓ (City or town) (State or foreign country)

16. Informant's **OWN** Signature James L Empey
and Address Idaho Falls Rt #3
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/11/44 (Month) (Day) (Year)
(c) Place: Ammon, Idaho
18. Funeral Director's **OWN** Signature Jack A. Wood
and Address Idaho Falls, Idaho
19. (a) 2/14/44 (Date received and filed) (b) Anna Bridges (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) February 9 1944
at 12-50 o'clock a M.
21. **I HEREBY CERTIFY,** That I attended deceased from Jan 28 1944, to Feb 9 1944
I last saw her alive on Feb 8 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Lobar pneumonia	14 days
Due to General debility of old age	6 mo
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? .....
Name of operation None Date .....
Major finding .....
Finding of autopsy None

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature Jabez Wood (M. D. or other)
and Address Idaho Falls Date 2/12 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

MAR 13 1944

Certificate Of Death

STATE OF IDAHO

State File No. 137808
Local Reg. No. 33
Reg. Dist. No. 610

1. **PLACE OF DEATH:**
(a) County Bonneville
(b) City or town Idaho Falls
(c) Street Address or R.F.D. No. Memorial Dr
(d) Death Occured Inside? ..... Outside? ..... city or town
(e) Died in a Home .... Hospital ✓ Institution .... Other place ....
(f) Name Hosp. or Inst. L.W.S. Hosp Stayed ..... days
(g) Lived in this county ..... years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Bonneville
(c) City or town Idaho Falls
(d) Street Address or R.F.D. No. 312-Lomax
(e) Deceased lived Inside? ✓ Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 20 years
(h) Former residence (city, state) Nebraska

3. (a) **FULL NAME** John Franklin Irby 108

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced .....
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) August 14, 1866

8. AGE	Years	Months	Days	If less than 1 day
	77	5	26	hrs min.

9. Exact Occupation Retired Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Missouri (City or town) (State or foreign country)
Father
12. Name Thomas King Irby
13. Birthplace Illinois (City or town) (State or foreign country)
Mother
14. Maiden name Matilda Scott
15. Birthplace Illinois (City or town) (State or foreign country)
16. Informant's **OWN** Signature Alfred C Irby
and Address Idaho Falls Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/12/44 (Month) (Day) (Year)
(c) Place: Idaho Falls, Idaho
18. Funeral Director's **OWN** Signature Jack A. Wood
and Address Idaho Falls Idaho
19. (a) 2/14/44 (Date received and filed) (b) Anna Bridges (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) February 10 1944
at 12-30 o'clock a M.
21. **I HEREBY CERTIFY,** That I attended deceased from Feb 5 1944, to 2/10 1944
I last saw him alive on 2/9 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Pneumonia Lobar	2 days
Due to Ch Cholecystitis	Years
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation none Date	
Major finding	
Finding of autopsy none	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature J. West MD (M. D. or other)
and Address Idaho Falls Date 2/13 1944
(For additional space, use reverse side)

137809

United States
Department of Commerce
Bureau of the Census

MAR 13 1944

Certificate Of Death

STATE OF IDAHO

State File No.
Local Reg. No. 49
Reg. Dist. No. 610

1. **PLACE OF DEATH:**
(a) County Bonneville
(b) City or town Idaho Falls
(c) Street Address or R.F.D. No. 374-E.17
(d) Death Occured Inside? ✓ Outside? ..... city or town
(e) Died in a Home ✓ Hospital ..... Institution ..... Other place .....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county ..... years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Bonneville
(c) City or town Idaho Falls
(d) Street Address or R.F.D. No. 374-E.17
(e) Deceased lived Inside? ✓ Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 27 years
(h) Former residence (city, state) Utah

3. (a) **FULL NAME** George E. Haley 94a

3. (b) If veteran, name war .....
3. (c) Social Security No. 518-05-9539
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Bessie Haley
6. (c) Age of husband or wife if alive 50 years
7. Date of Birth (Month, Day, Year) February 19, 1893

8. AGE	Years	Months	Days	If less than 1 day
	50	11	23	hrs min.

9. Exact Occupation Hay Laborer Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Hillside (City or town) Utah (State or foreign country)
Father
12. Name James L. Haley
13. Birthplace Utah (City or town) (State or foreign country)
Mother
14. Maiden name Mary Elizabeth Chatterdon
15. Birthplace Utah (City or town) (State or foreign country)
16. Informant's **OWN** Signature Bessie Haley
and Address Idaho Falls, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/17/44 (Month) (Day) (Year)
(c) Place: Idaho Falls, Idaho
18. Funeral Director's **OWN** Signature Jack A. Wood
and Address Idaho Falls Idaho
19. (a) 2/24/44 (Date received and filed) (b) Anna Bridges (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) February 11 1944
at 7 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from Jan 7 1944 to Feb. 3 1944
I last saw him alive on Feb. 3 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death	Duration
Coronary Occlusion	0
Due to Influenza and Pneumonia.	9 days.
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation ..... Date	
Major finding	
Finding of autopsy	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature A. R. Sodergren M.D. (M.D. or other)
and Address Idaho Falls Idaho Date 2/18 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

137810

United States
Department of Commerce
Bureau of the Census

MAR 13 1944

Certificate Of Death

STATE OF IDAHO

State File No. 51
Local Reg. No.
Reg. Dist. No. 610

1. **PLACE OF DEATH:**
(a) County Bonneville
(b) City or town Idaho Falls
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? ✓ Outside? ..... city or town
(e) Died in a Home.... Hospital.... Institution.... Other place ✓
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 13 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Bonneville
(c) City or town Ammon
(d) Street Address or R.F.D. No. Idaho Falls R.D. #3
(e) Deceased lived Inside? ..... Outside? ..... city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? 13 years
(h) Former residence (city, state)

3. (a) **FULL NAME** Lyman Johnson Whiting 186a

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of ~~husband or~~ wife Josephine Whiting
6. (c) Age of ~~husband or~~ wife if alive 56 years
7. Date of Birth (Month, Day, Year) March 4, 1885

8. AGE	Years	Months	Days	If less than 1 day
	58	11	10	hrs min.

9. Exact Occupation Farmer Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Mapletown, Utah (City or town) (State or foreign country)
Father
12. Name Edwin Lucius Whiting
13. Birthplace North Carolina (City or town) (State or foreign country)
Mother
14. Maiden name Fannie Johnson
15. Birthplace England (City or town) (State or foreign country)
16. Informant's **OWN** Signature Lamar Whiting
and Address Idaho Falls R.F.D. #3
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 18 1944 (Month) (Day) (Year)
(c) Place: Ammon, Idaho
18. Funeral Director's **OWN** Signature Jack A. Wood
and Address Idaho Falls, Idaho
19. (a) 2/24/44 (Date received and filed) (b) Anna Budges (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) February 14 1944
at ..... o'clock ..... M.
21. **I HEREBY CERTIFY,** That I attended deceased from ..... 19....., to ..... 19.....
I last saw h..... alive on ..... 19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death	Duration
Heart Attack	95c4
Due to Fell down stairs and fractured skull	186a
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation ..... Date	
Major finding	
Finding of autopsy	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? yes Suicide? ..... Homicide? .....
Occurred Feb 14 1944 City, county, state where violence occurred Idaho Falls Idaho
Place of Violence: Home ..... Farm ..... Industry .....
Public Place yes (Hotel) While at work? .....
Means of injury Heart attack + Fractured Skull
23. Attendant's **OWN** Signature Fred Foster Coroner (M. D. or other)
and Address Idaho Falls Date Feb 20 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

MAR 13 1944

Certificate Of Death

STATE OF IDAHO

State File No. 137811
Local Reg. No. 54
Reg. Dist. No. 610

1. **PLACE OF DEATH:**
(a) County Bonneville
(b) City or town Idaho Falls
(c) Street Address or R.F.D. No. 151 - 11
(d) Death Occured Inside? ✓ Outside? ..... city or town
(e) Died in a Home ✓ Hospital ..... Institution ..... Other place .....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county ..... years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Bonneville
(c) City or town Idaho Falls
(d) Street Address or R.F.D. No. 151 - E. 11
(e) Deceased lived Inside? ✓ Outside? ..... city or town
(f) Citizen of what country? U. S. A.
(g) How long had deceased lived in Idaho? 44 years
(h) Former residence (city, state) Utah

3. (a) **FULL NAME** George Francis Taylor 46d

3. (b) If veteran, name war .....
3. (c) Social Security No. 519-03-6405a
4. Sex M
5. Color or race W.
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife Martha A. Taylor
6. (c) Age of husband or wife if alive 58 years
7. Date of Birth (Month, Day, Year) March 13, 1872

8. AGE	Years	Months	Days	If less than 1 day
	71	11	6	hrs min.

9. Exact Occupation Janitor Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Salt Lake City, Utah (City or town) (State or foreign country)
Father
12. Name Jabez Taylor
13. Birthplace England (City or town) (State or foreign country)
Mother
14. Maiden name Marianne Brewer
15. Birthplace England (City or town) (State or foreign country)
16. Informant's **OWN** Signature Martha A. Taylor
and Address Idaho Falls, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/22/44 (Month) (Day) (Year)
(c) Place: Idaho Falls, Idaho
18. Funeral Director's **OWN** Signature Jack A. Wood
and Address Idaho Falls, Idaho
19. (a) 2/25/1944 (Date received and filed) (b) Laura Budges (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) February 19 1944
at 10-30 o'clock a M.
21. **I HEREBY CERTIFY,** That I attended deceased from June 3, 1943 to Jan 27 1944
I last saw him alive on Jan 27 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Carcinoma of rectum	2 yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation ..... Date	
Major finding	
Finding of autopsy	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature T. B. Woolley M.D. (M. D. or other)
and Address ..... Date ..... 19.....
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

MAR 1 3 1944

Certificate Of Death

STATE OF IDAHO

State File No. 1375
Local Reg. No. 55
Reg. Dist. No. 610

1. **PLACE OF DEATH**
   (a) County Bonneville
   (b) City or town Idaho Falls
   (c) Street Address or R.F.D. No. Bonneville Hosp.
   (d) Death Occured Inside? ✓ Outside? ..... city or town
   (e) Died in a Home .... Hospital ✓ Institution .... Other place ....
   (f) Name Hosp. or Inst. U.S. Hosp. Stayed ..... days
   (g) Lived in this county ..... years ..... months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Bonneville
   (c) City or town Idaho Falls
   (d) Street Address or R.F.D. No. #1
   (e) Deceased lived Inside? ..... Outside? ✓ city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? ..... years
   (h) Former residence (city, state) .....

3. (a) **FULL NAME** James Clenerley

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced .....
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) February 21 1944

8. AGE	Years	Months	Days	If less than 1 day
				10 hrs min.

9. Exact Occupation None — Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Idaho Falls (City or town) Idaho (State or foreign country)

Father
12. Name James R. Clenerley
13. Birthplace Shelton, (City or town) Idaho (State or foreign country)

Mother
14. Maiden name Valta Blatter
15. Birthplace Ammon, (City or town) Idaho (State or foreign country)

16. Informant's **OWN** Signature James R. Clenerley
and Address Idaho Falls Rt #1

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/22/44 (Month) (Day) (Year)
(c) Place: Shelton, Idaho

18. Funeral Director's **OWN** Signature Jack A. Ward
and Address Idaho Falls Idaho

19. (a) 2/25/44 (Date received and filed) (b) Anna Burgess (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) February 21 1944
at 11 o'clock A M.

21. **I HEREBY CERTIFY**, That I attended deceased from 2/20 1944, to 2/21 1944
I last saw him alive on 2/21 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Prematurity 6½ mo. — Duration
Due to Accidental Rupt of Leg ammon. — 2 days
Due to .....
Other conditions .....
(Include pregnancy within 3 months of death)

Where was disease contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature [illegible] (M. D. or other)
and Address Idaho Falls Date 3/24/1944
(For additional space, use reverse side)

137813

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce MAR 13 1944
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No.
Local Reg. No. 53
Reg. Dist. No. 610

1. **PLACE OF DEATH:**
   (a) County Bonneville
   (b) City or town Idaho Falls
   (c) Street Address or R.F.D. No. 308 "C" St.
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home .... Hospital .... Institution X Other place ....
   (f) Name Hosp. or Inst. City Jail Stayed 1/3 days
   (g) Lived in this county 30 years ? months ? days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Bonneville
   (c) City or town Idaho Falls
   (d) Street Address or R.F.D. No. Route #4
   (e) Deceased lived Inside? ..... Outside? X city or town
   (f) Citizen of what country? Sweden
   (g) How long had deceased lived in Idaho? 30 years
   (h) Former residence (city, state) Unknown

3. (a) **FULL NAME** GUSTAF WILHELM ROADFELDT 77c

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Unknown
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) June 1, 1884

8. AGE	Years	Months	Days	If less than 1 day
	59	8	21	hrs ..... min.

9. Exact Occupation Laborer — Did this work for Unk. yrs.
10. Industry or Business Farm — Date last worked Unk.
11. Birthplace Roda Varland, Sweden (City or town) (State or foreign country)

Father
12. Name Unknown
13. Birthplace Unknown (City or town) (State or foreign country)

Mother
14. Maiden name Unknown
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's **OWN** Signature Idaho Falls Police records
and Address Idaho Falls, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 26, 1944 (Month) (Day) (Year)
(c) Place: Idaho Falls, Idaho

18. Funeral Director's **OWN** Signature A. L. Buck
and Address Idaho Falls, Idaho

19. (a) 3/24/44 (Date received and filed) (b) Anna Budge (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Feb. 22 19 44
at 1 a. m. o'clock ..... M.

21. **I HEREBY CERTIFY**, That I attended deceased from ..... 19 ....., to ..... 19 .....
I last saw h..... alive on ..... 19 .....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
acute alcoholism	77c
Due to drinking rubbing alcohol	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred Feb. 22 19 44 City, county, state where violence occurred Idaho Falls Idaho
Place of Violence: Home ..... Farm ..... Industry .....
Public Place yes While at work? .....
Means of injury acute alcoholism drinking alcohol

23. Attendant's **OWN** Signature [illegible] (M. D. or other)
and Address Idaho Falls Date Feb 22 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census MAR 10 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137814
Local Reg. No. 1-44
Reg. Dist. No. 100

1. **PLACE OF DEATH:**
(a) County Boundary
(b) City or town Bonners Ferry
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? ___ Outside? XX city or town
(e) Died in a Home ___ Hospital X Institution ___ Other place ___
(f) Name Hosp. or Inst. Bonners F. Stayed 12 days
(g) Lived in this county 12 years ___ months ___ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Boundary
(c) City or town Bonners Ferry
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? ___ Outside? XX city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 14 years
(h) Former residence (city, state) Twin Falls Ida.

3. (a) **FULL NAME** William Turner

108

3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Wid.
6. (b) Name of husband or wife Isabelle
6. (c) Age of husband or wife if alive Dec. years
7. Date of Birth (Month, Day, Year) June 14, 1868

8. AGE	Years	Months	Days	If less than 1 day hrs	min.
	75	8	5		

9. Exact Occupation Laborer — Did this work for 50 yrs.
10. Industry or Business — Date last worked 1940
11. Birthplace Mass. (City or town) (State or foreign country)

Father
12. Name Unknown
13. Birthplace " (City or town) (State or foreign country)

Mother
14. Maiden name "
15. Birthplace " (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mrs David Johnson
and Address Boise Idaho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/20/44 (Month) (Day) (Year)
(c) Place Bonners Ferry Idaho.
18. Funeral Director's **OWN** Signature Frank Moore
and Address Bonners Ferry Idaho.
19. (a) 2-20-44 (Date received and filed) (b) Ken Bowell (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Feb. 19th. 1944
at 5:00 o'clock P.M.
21. **I HEREBY CERTIFY,** That I attended deceased from Feb 14 1944 to Feb 19 1944
I last saw h[illegible] alive on Feb 19 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Lobar Pneumonia	3 days
Due to	
Due to	
Other conditions Myocardial Insufficiency (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ___ Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ___ Suicide? ___ Homicide? ___
Occurred ___ 19___ City, county, state where violence occurred
Place of Violence: Home ___ Farm ___ Industry ___
Public Place ___ While at work? ___
Means of injury

23. Attendant's **OWN** Signature Ken Bowell M. D.
(M. D. or other)
and Address Bonners Ferry Date 2-20 1944
(For additional space, use reverse side)

137815

United States
Department of Commerce
Bureau of the Census

MAR 10 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 6744
Local Reg. No. 100
Reg. Dist. No.

1. **PLACE OF DEATH:**
(a) County Boundary
(b) City or town Bonners Ferry
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? XX Outside? ____ city or town
(e) Died in a Home X Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 44 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Boundary
(c) City or town Bonners Ferry
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? XX Outside? ____ city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 44 years
(h) Former residence (city, state) Wisconsin

3. (a) **FULL NAME** James McGreevy 932

3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Wid.
6. (b) Name of husband or wife Mary Elizabeth
6. (c) Age of husband or wife if alive Dec. years
7. Date of Birth (Month, Day, Year) Sep. 5, 1853

8. AGE	Years	Months	Days	If less than 1 day
	90	5	14	hrs ____ min. ____

9. Exact Occupation Ret. Lumberman Did this work for 50 yrs.
10. Industry or Business unknown Date last worked 1925
11. Birthplace ____ (City or town) Canada (State or foreign country)

Father
12. Name Patrick McGreevy
13. Birthplace ____ (City or town) Ireland (State or foreign country)

Mother
14. Maiden name Mary Trimble
15. Birthplace ____ (City or town) Ireland (State or foreign country)

16. Informant's **OWN** Signature Mrs. Wallace James
and Address Seattle Wash.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/22/44 (Month) (Day) (Year)
(c) Place: Bonners Ferry Idaho.
18. Funeral Director's **OWN** Signature Frank Moore
and Address Bonners Ferry Idaho
19. (a) 2-20-44 (Date received and filed) (b) Rue Bonner (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Feb. 19th. 1944
at 2:30 o'clock P.M.
21. I **HEREBY CERTIFY**, That I attended deceased from Jan. 1943 to Feb 19 1944
Last saw him alive on Feb 18 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — **Duration**
Chronic Myocardial degeneration
Due to ____ 3yrs
Due to ____
Other conditions ____
(Include pregnancy within 3 months of death)
Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's **OWN** Signature Rue Bonner M.D.
and Address Bonners Ferry (M. D. or other) Date 2-20 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

137816

United States
Department of Commerce
Bureau of the Census

MAR 10 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 8-44
Reg. Dist. No. 100

1. **PLACE OF DEATH:**
(a) County Boundary
(b) City or town Bonners Ferry
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? XX city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county years 2 months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho. (b) County Boundary
(c) City or town Bonners Ferry
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Outside? XX city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 2 months years
(h) Former residence (city, state) Palo, Sask. Can.

3. (a) FULL NAME Ella Hagen

46b

3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Fred. L.
6. (c) Age of husband or wife if alive 80 years
7. Date of Birth (Month, Day, Year) July 4, 1870

8. AGE	Years	Months	Days	If less than 1 day
	73	7	22	hrs min.

9. Exact Occupation Housewife Did this work for 53 yrs.
10. Industry or Business at home Date last worked 1933
11. Birthplace (City or town) Norway (State or foreign country)
Father
12. Name Peder Moen
13. Birthplace (City or town) Norway (State or foreign country)
Mother
14. Maiden name Annie Haroldsen
15. Birthplace (City or town) Norway (State or foreign country)
16. Informant's OWN Signature Fred Hagen
and Address Bonners Ferry Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/2/43 (Month) (Day) (Year)
(c) Place: Bonners Ferry Idaho
18. Funeral Director's OWN Signature Frank Morse
and Address Bonners Ferry Idaho
19. (a) 2-27-44 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Feb. 26th. 1944
at 12:30 o'clock P. M.
21. I HEREBY CERTIFY, That I attended deceased from Jan 8 1944 to Feb 26 1944
I last saw her alive on Feb 25 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration
Carcinoma of the
Due to Stomach
Due to
Other conditions
(Include pregnancy within 3 months of death)
Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state
where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature R M Bowtle M. D. (M. D. or other)
and Address Bonners Ferry Date 2-27 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

137817

United States
Department of Commerce
Bureau of the Census

MAR 10 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 9-47
Reg. Dist. No. 100

1. **PLACE OF DEATH:**
   (a) County Boundary
   (b) City or town Bonners Ferry
   (c) Street Address or R. F. D. No. Second St.
   (d) Death Occurred Inside? XX Outside? ____ city or town
   (e) Died in a Home X Hospital ____ Institution ____ Other place ____
   (f) Name Hosp. or Inst. ____ Stayed ____ days
   (g) Lived in this county 25 years ____ months ____ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Boundary
   (c) City or town Bonners Ferry
   (d) Street Address or R. F. D. No. Second St.
   (e) Deceased lived Inside? XX Outside? ____ city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 25 years
   (h) Former residence (city, state) Youngstown Ohio

3. (a) **FULL NAME** Jeston F. Jones

516

3. (b) If veteran, name war no
3. (c) Social Security No. 518-26-6129
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Marguerite
6. (c) Age of husband or wife if alive 59 years
7. Date of Birth (Month, Day, Year) Nov. 11th. 1870

8. AGE	Years	Months	Days	If less than 1 day
	73	11	30	hrs ____ min.

9. Exact Occupation Ret. Farmer — Did this work for 50 yrs.
10. Industry or Business His Own — Date last worked 1940
11. Birthplace Youngstown Ohio (City or town) (State or foreign country)

Father
12. Name William Jones
13. Birthplace Wales (City or town) (State or foreign country)

Mother
14. Maiden name Margaret Farr
15. Birthplace Wales (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs Maggie Jones and Address Bonners Ferry Idaho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/3/44 (Month) (Day) (Year)
    (c) Place: Bonners Ferry Idaho.
18. Funeral Director's OWN Signature Frank Monge and Address Bonners Ferry Idaho.
19. (a) 3-1-44 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Feb. 29th, 1944 19____ at 8:00 o'clock A.M.
21. I HEREBY CERTIFY, That I attended deceased from Sept. 1943 to Feb 29 1944
    I last saw h alive on Jan 21 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cancerous of Prostate Gland	
Due to	2 yrs.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ____ Date ____
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
    Occurred ____ 19____ City, county, state where violence occurred
    Place of Violence: Home ____ Farm ____ Industry ____
    Public Place ____ While at work? ____
    Means of injury
23. Attendant's OWN Signature C. M. Bonnee M. D.
    (M. D. or other)
    and Address Bonners Ferry Date 3-1 1944

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce MAR 6 1944
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137818
Local Reg. No. 2
Reg. Dist. No. 670

1. **PLACE OF DEATH:**
(a) County Butte
(b) City or town Arco
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? ✓ Outside? city or town
(e) Died in a Home ✓ Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 35 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Butte
(c) City or town Arco
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? ✓ Outside? city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 35 years
(h) Former residence (city, state) Utah

3. (a) **FULL NAME** Caroline E. Blattner 108

3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife ✓
6. (c) Age of husband or wife if alive ✓ years
7. Date of Birth (Month, Day, Year) June 4, 1870

8. AGE	Years	Months	Days	If less than 1 day
	73	8	13	hrs min.

9. Exact Occupation housewife Did this work for life yrs.
10. Industry or Business home Date last worked
11. Birthplace Bountiful, Utah (City or town) (State or foreign country)
Father
12. Name Charles R. Jones
13. Birthplace ✓ England (City or town) (State or foreign country)
Mother
14. Maiden name Eliza Bell
15. Birthplace England (City or town) (State or foreign country)
16. Informant's OWN Signature Ruby B. Garrett
and Address Arco Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 21-44 (Month) (Day) (Year)
(c) Place: Hillside Cem. Arco, Ida.
18. Funeral Director's OWN Signature [illegible]
and Address Arco Ida.
19. (a) March 1-1944 (Date received and filed) (b) Mary G Dietrich (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH 17

20. **DATE OF DEATH** (Month, Day, Year) Feb. 17 1944
at 3:10 o'clock A.M.
21. **I HEREBY CERTIFY,** That I attended deceased from Feb. 14 1944, to Feb. 17 1944
I last saw her alive on Feb. 17 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Lobar Pneumonia	5 days
Due to	
Due to	
Other conditions Myocarditis (Include pregnancy within 3 months of death)	10 years
Where was disease contracted? Home	PHYSICIAN
Name of operation None Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state
where violence occurred not
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature J. R. Egbert M.D. (M. D. or other)
and Address Arco Ida. Date Feb. 29 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

137822

United States
Department of Commerce
Bureau of the Census

MAR 9 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 27
Reg. Dist. No. 363

1. **PLACE OF DEATH:**
(a) County Canyon
(b) City or town Nampa
(c) Street Address or R. F. D. ~~No.~~ #4
(d) Death Occurred Inside? — ~~Outside?~~ ~~city or town~~
(e) Died in a ~~Home~~ Hospital — ~~Institution~~ ~~Other place~~
(f) Name Hosp. or Inst. Mersey Stayed 2 days
(g) Lived in this county 30 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Nampa
(d) Street Address or R. F. D. No. #4 Nampa
(e) Deceased lived ~~Inside?~~ Outside? — city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 30 years
(h) Former residence (city, state)

3. (a) **FULL NAME** Charles Wesley Dye 108

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Not living
6. (c) Age of husband or wife if alive Not living years
7. Date of Birth (Month, Day, Year) Dec. 7, 1852

8. AGE	Years	Months	Days	If less than 1 day
	91	1	8	hrs min.

9. Exact Occupation Retired farmer Did this work for life yrs.
10. Industry or Business Date last worked
11. Birthplace (City or town) Ohio (State or foreign country)
Father
12. Name Ebersole
13. Birthplace (City or town) Penn (State or foreign country)
Mother
14. Maiden name Wertz
15. Birthplace (City or town) Ohio (State or foreign country)
16. Informant's OWN Signature Mrs Fred D
and Address Nampa Ida
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/18/44 (Month) (Day) (Year)
(c) Place: Cem Cloverdale Boise Ida
18. Funeral Director's OWN Signature F. K. Robinson
and Address Nampa Ida
19. (a) Feb. 12 1944 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Jan 15 1944
at o'clock M.
21. **I HEREBY CERTIFY,** That I attended deceased from 19, to 19
I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Lobar Pneumonia	4 days
Due to Advanced Age	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state
where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature V. C. Bellmaff (M. D. or other)
and Address Nampa Ida Date 2-1 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

137823

United States
Department of Commerce
Bureau of the Census

MAR 9 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 28
Reg. Dist. No. 363

1. **PLACE OF DEATH:**
(a) County Canyon
(b) City or town Nampa
(c) Street Address or R. F. D. ~~No.~~ # 4
(d) Death Occurred Inside? ✓ ~~Outside?~~ ~~city or town~~
(e) Died in a Home Hospital ✓ ~~Institution~~ ~~Other place~~
(f) Name Hosp. or Inst. Mercy Stayed 4 days
(g) Lived in this county 8 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Nampa
(d) Street Address or R. F. D. ~~No.~~ # 4
(e) Deceased lived ~~Inside?~~ Outside? ✓ city or town
(f) Citizen of what country? U. S. A.
(g) How long had deceased lived in Idaho? 8 years
(h) Former residence (city, state) Montana

3. (a) **FULL NAME** Lucretia Beavers 93 E1

3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Andrew J. Beavers
6. (c) Age of husband or wife if alive ✓ years
7. Date of Birth (Month, Day, Year) December 9, 1871

8. AGE	Years	Months	Days	If less than 1 day
	73	1	14	hrs min.

9. Exact Occupation House wife Did this work for life yrs.
10. Industry or Business Date last worked
11. Birthplace Minn (City or town) (State or foreign country)
Father
12. Name McKenzie
13. Birthplace Ohio (City or town) (State or foreign country)
Mother
14. Maiden name Vaughn
15. Birthplace Ohio (City or town) (State or foreign country)
16. Informant's OWN Signature A. J. Beavers
and Address Nampa Ida
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 26 1944 (Month) (Day) (Year)
(c) Place: Kohlerlawn
18. Funeral Director's OWN Signature Fred K. Robinson
and Address Nampa Ida
19. (a) Feb. 12 1944 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Jan 23 1944
at o'clock M.
21. **I HEREBY CERTIFY**, That I attended deceased from Jan 2 1944 to 1-25 1944
I last saw her alive on Jan 25 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
33a flu pneumonia 112	10 days
Due to Asthma & Myocarditis	year
Due to 93 e1	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature H P Belhust MD (M. D. or other)
and Address Nampa Date 2-4 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

H.P.B.

137824

United States
Department of Commerce
Bureau of the Census

MAR 9 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 29
Reg. Dist. No. 363

1. **PLACE OF DEATH:**
(a) County Canyon
(b) City or town Idaho
(c) Street Address or R. F. D. No. New Plymouth
(d) Death Occurred ~~Inside~~? Outside? ✓ ~~city or town~~
(e) Died in a Home ✓ Hospital Institution Other place
(f) Name Hosp. or Inst. — Stayed days
(g) Lived in this county 21 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Nampa
(d) Street Address or R. F. D. No. New Plymouth
(e) Deceased lived Inside? Outside? city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 21 years
(h) Former residence (city, state) Chicago Ill.

3. (a) **FULL NAME** Charles Waigand Jr. 93a

3. (b) If veteran, name war none
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) ~~Single~~, ~~widowed~~, ~~married~~, divorced divorced
6. (b) Name of husband or wife ✓
6. (c) Age of husband or wife if alive — years
7. Date of Birth (Month, Day, Year) June 2 1880

8. AGE	Years	Months	Days	If less than 1 day
	63	7	28	hrs min.

9. Exact Occupation Meat Cutter Did this work for life yrs.
10. ~~Industry or~~ Business retail Date last worked last week
11. Birthplace Missouri (City or town) (State or foreign country)
Father
12. Name Charles Waigand
13. Birthplace Germany (City or town) (State or foreign country)
Mother
14. Maiden name Willamie Haney
15. Birthplace Missouri (City or town) (State or foreign country)
16. Informant's OWN Signature B H Waigand
and Address Nampa
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/2/44 (Month) (Day) (Year)
(c) Place: Kohlerlawn Nampa Idaho
18. Funeral Director's OWN Signature F. K. Robison
and Address Nampa
19. (a) Feb. 12-1944 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Jan 30 1944
at o'clock M.
21. **I HEREBY CERTIFY,** That I attended deceased from 19, to 19
I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
83a Cerebral Hemorrhage	
Due to Probably Arteriosclerosis 97	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature V C Bellamy (M. D. or other)
and Address Nampa Idaho Date 1-31 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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United States
Department of Commerce
Bureau of the Census

MAR 7 1944

Certificate Of Death

STATE OF IDAHO

State File No. 137825
Local Reg. No. 16
Reg. Dist. No. 361

1. **PLACE OF DEATH:**
(a) County Canyon
(b) City or town Caldwell
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? ✓ Outside? ..... city or town
(e) Died in a Home ✓ Hospital.... Institution.... Other place....
(f) Name Hosp. or Inst. ..... Stayed 2 days
(g) Lived in this county ..... years 1 months 2 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Parma
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? ✓ Outside? ..... city or town
(f) Citizen of what country? U.S.
(g) How long had deceased lived in Idaho? 1 mo years
(h) Former residence (city, state)

3. (a) **FULL NAME** Richard Marvin Taylor 158

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced S
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) Jan 2 - 1944

8. AGE	Years	Months	Days	If less than 1 day
		1	2	hrs min.

9. Exact Occupation None Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Caldwell (City or town) Idaho (State or foreign country)
Father
12. Name John E. Taylor
13. Birthplace Fairbury (City or town) Nebr (State or foreign country)
Mother
14. Maiden name Dorothy E. State
15. Birthplace Ethel (City or town) Idaho (State or foreign country)
16. Informant's OWN Signature Johnnie E. Taylor
and Address Parma R-1 Ida
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-5-44 (Month) (Day) (Year)
(c) Place: Canyon Hill
18. Funeral Director's OWN Signature [illegible]
and Address Caldwell Ida
19. (a) 2-18-44 (Date received and filed) (b) Agnes M Denman (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 2 - 4 - 1944
at 6:00 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from Jan 2 1944, to Feb 4 1944
I last saw him alive on Feb 1 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Malnutrition	5 Wks
Due to Congenital Faulty Metabolism	5 Wk
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation ..... Date	
Major finding	
Finding of autopsy	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's OWN Signature [illegible] (M. D. or other)
and Address Caldwell Date 2/4 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census MAR 7 1944

Certificate Of Death

STATE OF IDAHO

State File No. 137826
Local Reg. No. 22
Reg. Dist. No. 360

1. PLACE OF DEATH:
(a) County Canyon
(b) City or town Caldwell
(c) Street Address or R. F. D. No.
(d) Death Occured Inside? ✓ Outside? ... city or town
(e) Died in a Home.... Hospital.... Institution.... Other place....
(f) Name Hosp. or Inst. Sanitarium Stayed ... days
(g) Lived in this county ... years ... months ... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State ... (b) County ...
(c) City or town ...
(d) Street Address or R.F.D. No. ...
(e) Deceased lived Inside? ... Outside? ... city or town
(f) Citizen of what country? ...
(g) How long had deceased lived in Idaho? ... years
(h) Former residence (city, state) ...

3. (a) FULL NAME Ward Ashcraft 159

3. (b) If veteran, name war ...
3. (c) Social Security No. ...
4. Sex F
5. Color or race W.
6. (a) Single, widowed, married, divorced ...
6. (b) Name of husband or wife ...
6. (c) Age of husband or wife if alive ... years
7. Date of Birth (Month, Day, Year) Feb 7-44

8. AGE	Years	Months	Days	If less than 1 day
	—	—	— 1	hrs min.

9. Exact Occupation ... Did this work for ... yrs.
10. Industry or Business ... Date last worked ...
11. Birthplace ... (City or town) (State or foreign country)

Mother Father
12. Name W. D. Ashcraft.
13. Birthplace Denver Colo. (City or town) (State or foreign country)
14. Maiden name Eleanor Painter
15. Birthplace Jasper Ala. (City or town) (State or foreign country)

16. Informant's **OWN** Signature Wm D. Ashcraft.
and Address Huston Idaho
17. (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 2-12-44 (Month) (Day) (Year)
(c) Place: Caldwell Idaho
18. Funeral Director's **OWN** Signature C V Peckham
and Address Caldwell Idaho
19. (a) 2-18-44 (Date received and filed) (b) Agnes McDenman (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Feb 7 1944
at ... o'clock ... M.

21. I HEREBY CERTIFY, That I attended deceased from Feb 7 1944, to Feb 7 1944
I last saw h-r alive on Feb 7 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Premature Birth	1 day.
Due to Born Premature	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? ...
Name of operation ... Date ...
Major finding ...
Finding of autopsy ...

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ... Suicide? ... Homicide? ...
Occurred ... 19... City, county, state where violence occurred ...
Place of Violence: Home ... Farm ... Industry ...
Public Place ... While at work? ...
Means of injury ...

23. Attendant's **OWN** Signature J M Coe (M. D. or other)
and Address Caldwell Date 2-12 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

MAR 7 1944

Certificate Of Death

STATE OF IDAHO

State File No. 137827
Local Reg. No. 24
Reg. Dist. No. 380
360

1. PLACE OF DEATH:
(a) County Canyon
(b) City or town Caldwell
(c) Street Address or R.F.D. No. 520 Belmont
(d) Death Occured Inside? ✓ Outside? ..... city or town
(e) Died in a Home ✓ Hospital ..... Institution ..... Other place .....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 24 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Caldwell
(d) Street Address or R.F.D. No. 520 Belmont
(e) Deceased lived Inside? ✓ Outside? ..... city or town
(f) Citizen of what country? .....
(g) How long had deceased lived in Idaho? 23 years
(h) Former residence (city, state) Ill

3. (a) FULL NAME William C. Baremore 131a

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced widower
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Date of Birth (Month, Day, Year) April 20-1862

8. AGE	Years	Months	Days	If less than 1 day
	81	9	18	hrs min.

9. Exact Occupation ..... Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Avon Ill (City or town) (State or foreign country)
Father
12. Name not known
13. Birthplace — (City or town) (State or foreign country)
Mother
14. Maiden name —
15. Birthplace — (City or town) (State or foreign country)
16. Informant's OWN Signature Geo A Tiewey
and Address Caldwell Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-11-44 (Month) (Day) (Year)
(c) Place: Caldwell Idaho
18. Funeral Director's OWN Signature J. V. Peckham
and Address Caldwell Idaho
19. (a) 2-26-44 (Date received and filed) (b) Agnes M Denman (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 2-8- 1944
at 5:30 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from June 1942 to 2-8- 1944
I last saw him alive on 2-7- 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
1 Hypostatic pneumonia	4 days
Due to Cardiovascular renal disease	years
Due to 131a	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's OWN Signature Earl Warner (M. D. or other)
and Address Caldwell Date 2-10 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

MAR 3 1944

Certificate Of Death

STATE OF IDAHO

State File No. 137828
Local Reg. No. 30
Reg. Dist. No. 368

1. **PLACE OF DEATH:**
(a) County Ada Canyon
(b) City or town Nampa
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? ✓ Outside? ..... city or town
(e) Died in a Home.... Hospital.... Institution.... Other place....
(f) Name Hosp. or Inst. Mercy Stayed ..... days
(g) Lived in this county ~~3~~ years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Owyhee
(c) City or town Homedale
(d) Street Address or R.F.D. No. ✓
(e) Deceased lived Inside? ✓ Outside? ..... city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? 30 years
(h) Former residence (city, state) Ill

3. (a) **FULL NAME** Maud Mary Ferguson 93d

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex F 5. Color or race W
6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) Mch 20 - 1873

8. AGE	Years	Months	Days	If less than 1 day
	70	10	10	hrs min.

9. Exact Occupation ✓ Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Taylorville Ill (City or town) (State or foreign country)
Father
12. Name Geo B Peter
13. Birthplace Mo (City or town) (State or foreign country)
Mother
14. Maiden name Lucinda Fiden
15. Birthplace Mo (City or town) (State or foreign country)
16. Informant's OWN Signature Robert H. Ferguson
and Address Homedale Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-14-44 (Month) (Day) (Year)
(c) Place: Wilder Idaho
18. Funeral Director's OWN Signature F. V. Peckham
and Address Caldwell Idaho
19. (a) Feb. 19-1944 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 2-10 1944
at 6 o'clock a M.
21. **I HEREBY CERTIFY,** That I attended deceased from 2/7 1944 to 2/10 1944
I last saw her alive on 2/9 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
94a Coronary occlusion	5 dys
Hypertensive heart disease	
Due to 93d	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation ..... Date	
Major finding	
Finding of autopsy	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's OWN Signature Jos Saltzer MD (M. D. or other)
and Address Nampa Date 2/17 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

MAR 7 1944

Certificate Of Death

STATE OF IDAHO

State File No. 13529
Local Reg. No. 28
Reg. Dist. No. 361

1. **PLACE OF DEATH:**
   (a) County Canyon
   (b) City or town Middleton
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? ✓ Outside? ..... city or town
   (e) Died in a Home .... Hospital .... Institution .... Other place ....
   (f) Name Hosp. or Inst. ..... Stayed ..... days
   (g) Lived in this county 8 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Canyon
   (c) City or town Middleton
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? ✓ Outside? ..... city or town
   (f) Citizen of what country?
   (g) How long had deceased lived in Idaho? 8 years
   (h) Former residence (city, state)

3. (a) **FULL NAME** Bessie Estella Grimm 932

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex F 5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Richard
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) March 21-1875

8. AGE	Years	Months	Days	If less than 1 day
	68	10	26	hrs min.

9. Exact Occupation ..... Did this work for ..... yrs.
10. Industry or Business ..... Date last worked
11. Birthplace Concordia Kansas (City or town) (State or foreign country)

Father
12. Name Geo E Hibner
13. Birthplace Not Known (City or town) (State or foreign country)

Mother
14. Maiden name Lydia Collins
15. Birthplace Not Known (City or town) (State or foreign country)

16. Informant's **OWN** Signature B E Grimm
and Address Middleton Idaho
17. (a) Middleton (Burial, cremation, or removal) (b) Date thereof 2-21-44 (Month) (Day) (Year)
(c) Place: Burial Middleton
18. Funeral Director's **OWN** Signature V Peckham
and Address Caldwell Idaho
19. (a) 2-26-44 (Date received and filed) (b) Agnes M Denman (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 2-17 1944
at 2 o'clock P M.

21. **I HEREBY CERTIFY,** That I attended deceased from 2-17 1944 to 2-17 1944
I last saw her alive on 2-17 1944 death is said to have occurred on the date, and hour stated above.

Immediate Cause of Death:	Duration
93 Chronic myocarditis with myocardial degeneration with	years
Due to Acute dilitation	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature C R Whittenberger DO (M. D. or other)
and Address Caldwell Ida Date 2-17 1944
(For additional space, use reverse side)

United States
Department of Commerce
Bureau of the Census

MAR 9 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137830
Local Reg. No. 33
Reg. Dist. No. 363

1. **PLACE OF DEATH:**
(a) County Canyon
(b) City or town Nampa Idaho
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? ✓ Outside? ____ city or town
(e) Died in a Home ____ Hospital ✓ Institution ____ Other place ____
(f) Name Hosp. or Inst. Mercy Stayed 6 days
(g) Lived in this county 61 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Ada
(c) City or town Meridian
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? ✓ Outside? ____ city or town
(f) Citizen of what country? U. S. A.
(g) How long had deceased lived in Idaho? 61 years
(h) Former residence (city, state) Centerville Kansas

3. (a) FULL NAME Soloman H. Nelson 92E

3. (b) If veteran, name war ____ 3. (c) Social Security No. ____
4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Ruth L. Nelson 6. (c) Age of husband or wife if alive 62 years
7. Date of Birth (Month, Day, Year) June 26, 1860

8. AGE	Years	Months	Days	If less than 1 day
	83	7	22	hrs min.

9. Exact Occupation Farmer Did this work for 65 yrs.
10. Industry or Business ____ Date last worked 1940
11. Birthplace Fayette Indiana (City or town) (State or foreign country)
Father
12. Name John Henry Nelson
13. Birthplace Rushville Indiana (City or town) (State or foreign country)
Mother
14. Maiden name Louisa J. Nelson
15. Birthplace Rushville Indiana (City or town) (State or foreign country)
16. Informant's OWN Signature Ruth Nilson
and Address Meridian Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 21 1944 (Month) (Day) (Year)
(c) Place: Meridian Cemetery
18. Funeral Director's OWN Signature J. S. Mateer
and Address Meridian Idaho
19. (a) Feb. 21-1944 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 2-18-1944
at 7 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 2-12-1944, to 2-18-1944
I last saw him alive on 2-18-1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: 92e	Duration
Endo-carditis and	1 week
Embolus to rt. thigh	
Due to Gangrene of rt. leg.	98:2
Not known	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted? at home	PHYSICIAN
Name of operation ____ Date ____	Underline the cause to which death should be charged statistically.
Major finding ____	
Finding of autopsy None	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature Geo. O. A. Kellogg (M. D. or other)
and Address Nampa, Ida. Date 2-18-1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

MAR 9 1944

Certificate Of Death

STATE OF IDAHO

State File No. 137[illegible]
Local Reg. No. 34
Reg. Dist. No. 363

1. **PLACE OF DEATH:**
   (a) County Canyon
   (b) City or town Nampa
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? X Outside? city or town
   (e) Died in a Home Hospital X Institution Other place
   (f) Name Hosp. or Inst. Carter Nursing Home Stayed days
   (g) Lived in this county years months 3 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Ada
   (c) City or town Boise
   (d) Street Address or R.F.D. No. 1415 No. 17 St
   (e) Deceased lived Inside? X Outside? city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 60 years
   (h) Former residence (city, state) Ohio

3. (a) **FULL NAME** Ernest Alfred Thurston 832

3. (b) If veteran, name war None
3. (c) Social Security No. 518-05-6018
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) June 30th. 1864

8. AGE	Years	Months	Days	If less than 1 day
	79	7	22	hrs min.

9. Exact Occupation Mining Man Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Cleveland (City or town) Ohio (State or foreign country)

Father
12. Name Jepson Thurston
13. Birthplace (City or town) U.S.A. (State or foreign country)

Mother
14. Maiden name Unknown
15. Birthplace (City or town) U.S.A. (State or foreign country)

16. Informant's **OWN** Signature Mrs. Edna Hunt
and Address 1415 N. 17th St Boise

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 2/22/1944 (Month) (Day) (Year)
(c) Place: Boise Idaho

18. Funeral Director's **OWN** Signature Schreiber & McCann
and Address Boise. Milford Dragoo

19. (a) Feb. 23-1944 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 2/22 1944
at 4 o'clock A M.

21. **I HEREBY CERTIFY**, That I attended deceased from 2/21 1944 to 19
I last saw h[illegible] alive on 2/21 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Myocardial Failure — Duration
Intestinal Obstruction
Due to Arteriosclerosis Generalized
Cerebral Hemiplegia
Due to
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature [illegible] (M. D. or other)
and Address [illegible] Date 2/22 1944
(For additional space, use reverse side)

137532

United States
Department of Commerce
Bureau of the Census

MAR 9 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 26
Reg. Dist. No. 362

1. **PLACE OF DEATH:**
(a) County Canyon
(b) City or town Nampa Ida.
(c) Street Address or R. F. D. No. 103 - Ivy.
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home ____ Hospital X Institution ____ Other place ____
(f) Name Hosp. or Institution Nampa Sanitarium Stayed ____ days
(g) Lived in this county 56 years ____ months ____ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Ida (b) County Canyon
(c) City or town Nampa.
(d) Street Address or R. F. D. No. 103 - Ivy.
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? U. S. A.
(g) How long had deceased lived in Idaho? 56 years
(h) Former residence (city, state) Mo.

3. (a) **FULL NAME** Wm Everett Snodgrass Snodgrass. 336

3. (b) If veteran, name war No.
3. (c) Social Security No. No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife ✓
6. (c) Age of husband or wife if alive ✓ years
7. Date of Birth (Month, Day, Year) Aug 25. 1860

8. AGE	Years	Months	Days	If less than 1 day
	83	3	10	hrs ____ min.

9. Exact Occupation Barber — Did this work for 40 yrs.
10. Industry or Business ____ Date last worked ____
11. Birthplace Cooper Co. (City or town) Mo. (State or foreign country)

Father
12. Name G. W. Snodgrass
13. Birthplace ____ (City or town) Mo. (State or foreign country)

Mother
14. Maiden name Matelda Monroe.
15. Birthplace ____ (City or town) Mo. (State or foreign country)

16. Informant's **OWN** Signature & Mrs Jas White.
and Address 709 Amoroso Pl. Venice Calif
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 2-11-1944 (Month) (Day) (Year)
(c) Place: Caldwell (Canyon Hill Cem.)
18. Funeral Director's **OWN** Signature Wm H. Gallup
and Address Nampa Idaho
19. (a) Feb. 11-1944 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Feb. 5 19 44
at 9:25 o'clock P M.

21. **I HEREBY CERTIFY,** That I attended deceased from Jan 28 1944, to Feb. 4 1944
I last saw him alive on Feb. 4 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Flu.	
Due to	
Due to	
Other conditions Old age (Include pregnancy within 3 months of death)	

Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19 ____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's **OWN** Signature Thos E Mangum M.D.
(M. D. or other)
and Address Nampa Ida. Date 3-9 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce MAR 9 1944
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137833
Local Reg. No. 35
Reg. Dist. No. 362

1. **PLACE OF DEATH:** Canyon
(a) County
(b) City or town Nampa
(c) Street Address or R. F. D. No. 1216-3d S
(d) Death Occurred Inside? ~~Outside?~~ city ~~or town~~
(e) Died in a Home X ~~Hospital~~ ~~Institution~~ ~~Other place~~
(f) Name ~~Hosp.~~ or ~~Inst.~~ — Stayed days
(g) Lived in this county 40 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Nampa
(d) Street Address or R. F. D. No. 1216-3d St
(e) Deceased lived Inside? X ~~Outside?~~ ~~city or town~~
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 40 years
(h) Former residence (city, state) —

3. (a) **FULL NAME** Otto G. Reinhardt 46

3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Matilda
6. (c) Age of husband or wife if alive — years
7. Date of Birth (Month, Day, Year) 2-6-1865

8. AGE	Years	Months	Days	If less than 1 day
	79	0	0	hrs min.

9. Exact Occupation Carpenter Did this work for 50 yrs.
10. Industry or Business — Date last worked
11. Birthplace Iowa (City or town) (State or foreign country)
Father
12. Name Wm. Reinhardt
13. Birthplace Germany (City or town) (State or foreign country)
Mother
14. Maiden name
15. Birthplace Germany (City or town) (State or foreign country)
16. Informant's OWN Signature Mrs Otto Reinhardt
and Address Nampa Ida
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-8-44 (Month) (Day) (Year)
(c) Place: Nampa, Idaho
18. Funeral Director's OWN Signature F. K. Robinson
and Address Nampa Ida
19. (a) Feb 24-1944 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Feb 6 1944
at 7:30 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from Feb 1 1944, to Feb 6 1944
I last saw him alive on Feb 6 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Carcinoma Liver	6 mo
Due to	
Due to	
Other conditions Chronic Nephritis (Include pregnancy within 3 months of death)	2 years
Where was disease contracted? Home	PHYSICIAN
Name of operation — Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy —	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state
where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature [signature] (M. D. or other)
and Address Nampa Ida Date 2-15 1944
(For additional space, use reverse side)

R

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

MAR 9 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137834
Local Reg. No. 24
Reg. Dist. No. 362

1. **PLACE OF DEATH:**
(a) County Canyon
(b) City or town Nampa
(c) Street Address or R. F. D. No. 210-12 Ave So.
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home X Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 14 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Nampa
(d) Street Address or R. F. D. No. 210-12 Ave So.
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 23 years
(h) Former residence (city, state) Kansas

3. (a) **FULL NAME** Marilda Hill.

3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex F Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife ____
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) March 22, 1872.

8. AGE	Years	Months	Days	If less than 1 day
	71	10	4	hrs ____ min. ____

9. Exact Occupation Housewife — Did this work for ____ yrs.
10. Industry or Business ____ — Date last worked ____
11. Birthplace Vernon County (City or town) Mo. (State or foreign country)
Father
12. Name Wesley Robertson
13. Birthplace Unknown (City or town) (State or foreign country)
Mother
14. Maiden name Unknown Donaldson
15. Birthplace ____ (City or town) (State or foreign country)
16. Informant's OWN Signature C. A. Wilson
and Address Glenns Ferry
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-8-44 (Month) (Day) (Year)
(c) Place: Nampa Kohlerdown
18. Funeral Director's OWN Signature Wm D Sallee
and Address Nampa Idaho
19. (a) Feb. 10-1944 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Feb. 6 — 1944
at ____ o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from 2-1 1944 to 2-6 1944
I last saw h alive on 2-6 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Myocarditis	2 yr.
Due to ____	
Due to ____	
Other conditions ____ (Include pregnancy within 3 months of death)	

Where was disease contracted? Nampa
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature J. A. Horton (M. D. or other)
and Address Nampa Ida. Date 2-9 1944
(For additional space, use reverse side)

MAR 9 1944

137-35

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 6
Local Reg. No. 26
Reg. Dist. No. 36-3

1. **PLACE OF DEATH:**
(a) County Canyon
(b) City or town Nampa
(c) Street Address or R. F. D. No. Rural
(d) Death Occurred Inside?_____ Outside?_____ city or town
(e) Died in a Home__ Hospital__ Institution x Other place__
(f) Name Hosp. or Inst. St. School Stayed_____ days
(g) Lived in this county 10 years 8 months 16 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Nampa
(d) Street Address or R. F. D. No. Rural
(e) Deceased lived Inside?_____ Outside? x city or town
(f) Citizen of what country? Oneida
(g) How long had deceased lived in Idaho? life years
(h) Former residence (city, state)_____

3. (a) FULL NAME John Boyd McAlister 94a

3. (b) If veteran, name war x
3. (c) Social Security No. x
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Child
6. (b) Name of husband or wife x
6. (c) Age of husband or wife if alive x years
7. Date of Birth (Month, Day, Year) May 14 1929

8. AGE	Years	Months	Days	If less than 1 day
	14	8	24	hrs min.

9. Exact Occupation none — Did this work for x yrs.
10. Industry or Business — Date last worked
11. Birthplace Malad (City or town) Idaho (State or foreign country)

Father
12. Name John McAllister
13. Birthplace McCallister (City or town) Mont. (State or foreign country)

Mother
14. Maiden name Mirlie Ashton
15. Birthplace Woodruff (City or town) Idaho (State or foreign country)

16. Informant's OWN Signature Olga Shirley, Asst Sec'y
and Address State School and Colony Nampa Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Feb 11 1944 (Month) (Day) (Year)
(c) Place: Malad Idaho
18. Funeral Director's OWN Signature Sherman Welch
and Address Boise Idaho
19. (a) Feb 11 1944 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Feb. 9 1944
at 7:02 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from Mar. 22 1943, to Feb. 9 1944
I last saw him alive on Feb. 9 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Coronary Thrombosis 94a	12 hrs.
Due to	
Due to Status Epilepticus 85	Life
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation_____ Date_____
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident?_____ Suicide?_____ Homicide?_____
Occurred_____ 19____ City, county, state where violence occurred_____
Place of Violence: Home_____ Farm_____ Industry_____
Public Place_____ While at work?_____
Means of injury_____

23. Attendant's OWN Signature Crawford Allen M D (M. D. or other)
and Address State School Date 2/9 1944
(For additional space use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census MAR 7 1944

Certificate Of Death

STATE OF IDAHO

State File No. 137836
Local Reg. No. 96
Reg. Dist. No. 361

1. PLACE OF DEATH:
(a) County Canyon
(b) City or town Caldwell
(c) Street Address or R.F.D. No. 4
(d) Death Occured Inside? ✓ Outside? ..... city or town
(e) Died in a Home ✓ Hospital .... Institution .... Other place ....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county ..... years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Caldwell
(d) Street Address or R.F.D. No. 4
(e) Deceased lived Inside? ..... Outside? ✓ ..... city or town
(f) Citizen of what country? .....
(g) How long had deceased lived in Idaho? ..... years
(h) Former residence (city, state) S. Dak

3. (a) FULL NAME Gail Belmont Jaquith 52a

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) 1[illegible]

8. AGE	Years	Months	Days	If less than 1 day
	61	2	25	hrs ..... min.

9. Exact Occupation ..... Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Hartford So. Da. (City or town) (State or foreign country)
Father 12. Name Marshall F. Jaquith
Father 13. Birthplace Not known (City or town) (State or foreign country)
Mother 14. Maiden name Georgia Oaks
Mother 15. Birthplace [illegible] So. Da. (City or town) (State or foreign country)
16. Informant's OWN Signature Myrtle H. Jaquith
and Address Caldwell Ida. R#4
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-16-44 (Month) (Day) (Year)
(c) Place: Caldwell Idaho
18. Funeral Director's OWN Signature V. Peckham
and Address Caldwell Idaho
19. (a) 2-26-44 (Date received and filed) (b) Agnes M. Denmans (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Feb 13 1944
at 4:20 o'clock P M.

21. I HEREBY CERTIFY, That I attended deceased from April 28 1942 to Feb 13 1944
I last saw him alive on Feb 7 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cancer of Left kidney	2 yrs.
Due to	.....
Due to	.....
Other conditions (Include pregnancy within 3 months of death)	.....
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's OWN Signature C. R. Whittenberger DO (M. D. or other)
and Address Caldwell Ida. Date Feb 16 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

MAR 9 19 44

Certificate Of Death

STATE OF IDAHO

State File No. 137837
Local Reg. No. 40
Reg. Dist. No. 363

1. **PLACE OF DEATH:**
   (a) County Canyon
   (b) City or town Nampa
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? ✓ Outside? ..... city or town
   (e) Died in a Home.... Hospital ✓ Institution.... Other place....
   (f) Name Hosp. or Inst. Samaritan Stayed ..... days
   (g) Lived in this county ..... years ..... months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Canyon
   (c) City or town Parma
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? ✓ Outside? ..... city or town
   (f) Citizen of what country?
   (g) How long had deceased lived in Idaho? ..... years
   (h) Former residence (city, state) —

3. (a) **FULL NAME** Marvin Claire Yadon 122b

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex m race W
5. Color or
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) Aug 5 - 43

8. AGE	Years	Months	Days	If less than 1 day
	—	6	8	hrs min.

9. Exact Occupation ..... Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Nampa Idaho (City or town) (State or foreign country)
Father
12. Name Paul Yadon
13. Birthplace Twin Falls Idaho (City or town) (State or foreign country)
Mother
14. Maiden name Dorothy White
15. Birthplace Mayhor Wash (City or town) (State or foreign country)
16. Informant's OWN Signature Paul Yadon and Address Parma
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-16-44 (Month) (Day) (Year)
(c) Place: Parma Idaho
18. Funeral Director's OWN Signature V. Peckham and Address Caldwell Idaho
19. (a) Mar. 3-1944 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Feb 13 1944
at 10:30a o'clock A M.

21. **I HEREBY CERTIFY,** That I attended deceased from Feb 12 1944, to Feb 13 1944
I last saw h..... alive on ..... 19..... ; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death	Duration
Intestinal abstruction	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ..... Date .....
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury

23. Attendant's OWN Signature W. C. Hall M.D. (M. D. or other)
and Address Nampa Ida. Date 2-14 1944
(For additional space, use reverse side)

United States
Department of Commerce
Bureau of the Census

MAR 9 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137838
Local Reg. No. 32
Reg. Dist. No. 362

1. **PLACE OF DEATH:**
(a) County Canyon
(b) City or town Nampa
(c) Street Address or R. F. D. No. 507-17 Ave So
(d) Death Occurred Inside? ____ Outside? ____ city or town
(e) Died in a Home X Hospital __ Institution __ Other place __
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 21 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Nampa
(d) Street Address or R. F. D. No. 507-17 Ave So
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 21 years
(h) Former residence (city, state) Penn

3. (a) **FULL NAME** Fredrick Ryton Mant. 13b

3. (b) If veteran, name war No.
3. (c) Social Security No. 712-07-6935
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife ____
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) Jan. 20 - 1883

8. AGE	Years	Months	Days	If less than 1 day
	61	0	24	hrs min.

9. Exact Occupation Rail Way Clerk Did this work for ____ yrs.
10. Industry or Business Union Pacific Date last worked ____
11. Birthplace Ryton - Tine Eng. (City or town) (State or foreign country)
Father
12. Name Geo. Mant.
13. Birthplace Eng. (City or town) (State or foreign country)
Mother
14. Maiden name Fanny Rathbone.
15. Birthplace Eng. (City or town) (State or foreign country)
16. Informant's OWN Signature X Fannie Coe
and Address Nampa Ida.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-18-44 (Month) (Day) (Year)
(c) Place Nampa Kahlerlawn
18. Funeral Director's OWN Signature Wm D Taffey
and Address Nampa Ida.
19. (a) Feb. 21 1944 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Feb. 14 1944
at 12:20 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from Aug 1943, to Feb 14 1944
I last saw him alive on Feb 10 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Pulmonary Tbc	3-4 yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation ____ Date ____	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature Jos Saltzer MD (M. D. or other)
and Address Nampa Date 2/19 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census MAR 7 1944

Certificate Of Death

STATE OF IDAHO

State File No. 1378 39
Local Reg. No. 25
Reg. Dist. No. 361

1. **PLACE OF DEATH:**
   (a) County Canyon
   (b) City or town Middleton
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? ✓ Outside? ..... city or town
   (e) Died in a Home Hospital Institution Other place
   (f) Name Hosp. or Inst. ..... Stayed ..... days
   (g) Lived in this county 19 years ..... months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Canyon
   (c) City or town Middleton
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? ✓ Outside? ..... city or town
   (f) Citizen of what country?
   (g) How long had deceased lived in Idaho? 19 years
   (h) Former residence (city, state) Ill.

3. (a) **FULL NAME** Louis A Minns 131a

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Gertrude
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) Aug 22 - 1863

8. AGE	Years	Months	Days	If less than 1 day
	80	5	23	hrs min.

9. Exact Occupation Farmer Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Rockford Ill (City or town) (State or foreign country)

Father
12. Name Robert Minns
13. Birthplace England (City or town) (State or foreign country)

Mother
14. Maiden name Hannah Liddle
15. Birthplace England (City or town) (State or foreign country)

16. Informant's **OWN** Signature ✓ Gertrude Minns
and Address Middleton

17. (a) Burial (b) Date thereof 2-18-44 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: Middleton Idaho

18. Funeral Director's **OWN** Signature ✓ Caldwell Mortuary
and Address Caldwell Idaho

19. (a) 2-26-44 (Date received and filed) (b) Remus M Dinsman (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 2 - 15 1944
at ..... o'clock ..... M.

21. **I HEREBY CERTIFY**, That I attended deceased from Sept 13 1943 to Feb 15 1944
I last saw him alive on Feb 12 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cardio, Renal Vascular Disease	Several Years
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? Idaho
Name of operation None Date .....
Major finding .....
Finding of autopsy None

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature ✓ J M Carr (M. D. or other)
and Address ..... Date 2-16 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

MAR 9 1944

Certificate Of Death

STATE OF IDAHO

State File No. 137540
Local Reg. No. 38
Reg. Dist. No. 362

1. PLACE OF DEATH:
(a) County Canyon
(b) City or town Nampa
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? Outside? city or town
(e) Died in a Home ✓ Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 30 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Nampa
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? ✓ Outside? city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? 30 years
(h) Former residence (city, state) Tenn

3. (a) FULL NAME Ellen Jane Gray 93d

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Melvin
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) March 5-1865

8. AGE	Years	Months	Days	If less than 1 day
	78	11	19	hrs min.

9. Exact Occupation Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Lewport (City or town) Tenn (State or foreign country)
Father
12. Name Donald Brooks
13. Birthplace Tenn (City or town) (State or foreign country)
Mother
14. Maiden name Clevenger
15. Birthplace Tenn (City or town) (State or foreign country)
16. Informant's **OWN** Signature Otto D. Gray
and Address Portland Ore
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-26-44 (Month) (Day) (Year)
(c) Place: Caldwell Idaho
18. Funeral Director's **OWN** Signature V. Peckham
and Address Caldwell Idaho
19. (a) Feb. 29-1944 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Feb 23 1944
at 1 o'clock M.

21. I HEREBY CERTIFY, That I attended deceased from Sept 1943, to Feb 23 1944
I last saw her alive on Feb 20 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
93d Chronic myocarditis 97	4 yrs
Due to Arteriosclerosis	10 yrs
Due to 83a1	
Other conditions Cerebral hemorrhage (Include pregnancy within 3 months of death)	5 mo.

Where was disease contracted? Home
Name of operation Date
Major finding
Finding of autopsy ✓

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature R. F. Rodwell MD (M. D. or other)
and Address Nampa Ida Date 2-25 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census MAR 7 1944

Certificate Of Death

STATE OF IDAHO

State File No. 137841
Local Reg. No. 27
Reg. Dist. No. 3 80 361

1. **PLACE OF DEATH:**
   (a) County Canyon
   (b) City or town Caldwell
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside?..... Outside?.....city or town
   (e) Died in a Home.... Hospital.... Institution.... Other place....
   (f) Name Hosp. or Inst..... Stayed.....days
   (g) Lived in this county.....years .....months .....days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State..... (b) County.....
   (c) City or town .....
   (d) Street Address or R.F.D. No. .....
   (e) Deceased lived Inside?.....Outside?.....city or town
   (f) Citizen of what country? .....
   (g) How long had deceased lived in Idaho?.....years
   (h) Former residence (city, state) .....

3. (a) **FULL NAME** Victor Sanford 932

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced .....
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) 1874

8. AGE	Years	Months	Days	If less than 1 day
	70			hrs min.

9. Exact Occupation ..... Did this work for .....yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace ..... (City or town) (State or foreign country)

Father
12. Name .....
13. Birthplace ..... (City or town) (State or foreign country)

Mother
14. Maiden name .....
15. Birthplace ..... (City or town) (State or foreign country)

16. Informant's **OWN** Signature C. P. Riordan
and Address Caldwell, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-25-44 (Month) (Day) (Year)
(c) Place: Parma
18. Funeral Director's **OWN** Signature S. V. Peckham
and Address Caldwell Idaho
19. (a) 3-3-44 (Date received and filed) (b) Agnes McLennan (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 2-23 1944
at / o'clock a M.
21. **I HEREBY CERTIFY**, That I attended deceased from Feb 2 1944 to Feb 22 1944
I last saw h[illegible] alive on Feb 22 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Chronic Myocarditis	?
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation..... Date.....
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident?..... Suicide?..... Homicide?.....
Occurred..... 19..... City, county, state where violence occurred .....
Place of Violence: Home.....Farm.....Industry.....
Public Place..... While at work?.....
Means of injury .....
23. Attendant's **OWN** Signature R. S. Cross M.D. (M. D. or other)
and Address Caldwell Ida Date 2/25 1944
(For additional space, use reverse side)

Canyon Co Phy Assn

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

MAR 7 1944

Certificate Of Death

STATE OF IDAHO

State File No. 137842
Local Reg. No. 28
Reg. Dist. No. 361

1. **PLACE OF DEATH:**
   (a) County Canyon
   (b) City or town Caldwell
   (c) Street Address or R.F.D. No. 3
   (d) Death Occured Inside? ... Outside? ✓ city or town
   (e) Died in a Home ✓ Hospital ... Institution ... Other place ...
   (f) Name Hosp. or Inst. ... Stayed ... days
   (g) Lived in this county ... years ... months ... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Canyon
   (c) City or town Caldwell
   (d) Street Address or R.F.D. No. ...
   (e) Deceased lived Inside? ... Outside? ✓ city or town
   (f) Citizen of what country? ...
   (g) How long had deceased lived in Idaho? ... years
   (h) Former residence (city, state) Iowa

3. (a) **FULL NAME** Isaac Fenton Phillips 131a

3. (b) If veteran, name war ...
3. (c) Social Security No. ...
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced m
6. (b) Name of husband or wife Blanch
6. (c) Age of husband or wife if alive ... years
7. Date of Birth (Month, Day, Year) 12-3-1872

8. AGE	Years	Months	Days	If less than 1 day
	71	2	21	hrs ... min.

9. Exact Occupation ... Did this work for ... yrs.
10. Industry or Business ... Date last worked ...
11. Birthplace Mt. Pleasant (City or town) Iowa (State or foreign country)
Father
12. Name Clarkson Phillips
13. Birthplace Pa (City or town) (State or foreign country)
Mother
14. Maiden name Mary Ann Fenton
15. Birthplace Pa (City or town) (State or foreign country)
16. Informant's **OWN** Signature Elmer E Phillips and Address Caldwell Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-28-44 (Month) (Day) (Year)
(c) Place: Caldwell Idaho
18. Funeral Director's **OWN** Signature V Peckham and Address Caldwell Idaho
19. (a) 9-3-44 (Date received and filed) (b) Agnes M Dinsman (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Feb 24 1944
at 6 o'clock A M.
21. **I HEREBY CERTIFY**, That I attended deceased from Oct 1943 to Feb 22 1944
I last saw h~~e~~ alive on Feb 22 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cardio-renal Disease	1 yr.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? ...
Name of operation ... Date ...
Major finding ...
Finding of autopsy ...

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ... Suicide? ... Homicide? ...
Occurred ... 19 ... City, county, state where violence occurred ...
Place of Violence: Home ... Farm ... Industry ...
Public Place ... While at work? ...
Means of injury ...
23. Attendant's **OWN** Signature R E Cox M D (M. D. or other)
and Address Caldwell Ida Date 2/28 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

MAR 9 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137-43
Local Reg. No. 39
Reg. Dist. No. 362

1. **PLACE OF DEATH:**
(a) County Canyon
(b) City or town Nampa
(c) Street Address or R. F. D. No. 412-13 Ave So.
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home __ Hospital X Institution __ Other place __
(f) Name Hosp. or Inst. Mercy Stayed 2 days
(g) Lived in this county 24 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Nampa
(d) Street Address or R. F. D. No. 412-13 Ave So
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 24 years
(h) Former residence (city, state) Jonesburg Kans

3. (a) FULL NAME Myrtle Johnson. 87c

3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) April 27 - 1896

8. AGE	Years	Months	Days	If less than 1 day
	47	10	0	hrs min.

9. Exact Occupation House wife Did this work for ____ yrs.
10. Industry or Business ____ Date last worked ____
11. Birthplace Indiola (City or town) Indiana (State or foreign country)
Father
12. Name Sherman E. Renicker
13. Birthplace Unknown (City or town) (State or foreign country)
Mother
14. Maiden name Della Thornton
15. Birthplace Unknown (City or town) (State or foreign country)
16. Informant's OWN Signature Virginia Johnson
and Address 412 - 13 Avenue So.
17. (a) Removal (Burial, cremation or removal) (b) Date thereof March 2 - 1944 (Month) (Day) (Year)
(c) Place: Wichita Kans.
18. Funeral Director's OWN Signature Wm D Tolley
and Address Nampa Ida.
19. (a) Mar. 2 - 1944 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 2 - 27 1944
at 7-30 o'clock a M.
21. **I HEREBY CERTIFY,** That I attended deceased from 2-26 1944, to 2-27 1944
I last saw her alive on 2-26 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cardiac dilatation	In hours
95C3	
Due to General debility	
Parkinson disease	87c
Due to Sleeping sick [illegible]	16 years
Other conditions	16 years ago
(Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ____ Date ____
Major finding ____
Finding of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature V C Bellmyer (M. D. or other)
and Address [illegible] Date 3-7 1944
(For additional space, use reverse side)

137844

United States
Department of Commerce
Bureau of the Census

FEB 15 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 11
Reg. Dist. No. 470

1. **PLACE OF DEATH:**
   (a) County Cassia
   (b) City or town Burley
   (c) Street Address or R. F. D. No. —
   (d) Death Occurred Inside? ____ Outside? ____ city or town
   (e) Died in a Home __ Hospital ✓ Institution __ Other place __
   (f) Name Hosp. or Inst. Cottage Stayed 4 days
   (g) Lived in this county 26 years ____ months ____ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Cassia
   (c) City or town Burley
   (d) Street Address or R. F. D. No. R.#1
   (e) Deceased lived Inside? ____ Outside? ____ city or town
   (f) Citizen of what country? U.S.
   (g) How long had deceased lived in Idaho? 31 years
   (h) Former residence (city, state) —

3. (a) **FULL NAME** George Henry Kerbs 117a

3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Katherine Oreffman Kerbs
6. (c) Age of husband or wife if alive 51 years
7. Date of Birth (Month, Day, Year) August 17, 1884

8. AGE	Years	Months	Days	If less than 1 day
	59	5	19	hrs min.

9. Exact Occupation Farming Did this work for Life yrs.
10. Industry or Business ____ Date last worked Oct. 1943
11. Birthplace — (City or town) Russia (State or foreign country)

Father
12. Name Gottfred Kerbs
13. Birthplace — (City or town) Russia (State or foreign country)

Mother
14. Maiden name Annie Rule
15. Birthplace — (City or town) Russia (State or foreign country)

16. Informant's OWN Signature Catherine Neiwert
and Address Paul-Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof ____ (Month) (Day) (Year)
(c) Place: Paul, Idaho
18. Funeral Director's OWN Signature Vern B. McCullach
and Address Burley-Idaho
19. (a) 2-11-44 (Date received and filed) (b) D. F. Wilson (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) February 6 1944
at 9:30 o'clock A.M.
21. **I HEREBY CERTIFY,** That I attended deceased from Jan 10 1944, to Feb 6 1944
I last saw him alive on Feb 6 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Coronary Occlusion 94a	9 days
Due to Arteriosclerosis 97	
Due to	
Other conditions Gastric Ulcer 117a2 (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation ____ Date ____	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature Hugh E. Dean M.D. (M. D. or other)
and Address Burley Id Date Feb 8 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

MAR 10 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137845
Local Reg. No. 13
Reg. Dist. No. 470

1. **PLACE OF DEATH:**
(a) County Cassia
(b) City or town Burley
(c) Street Address or R. F. D. No. 913 No. Burton
(d) Death Occurred Inside? ✓ Outside? ____ city or town
(e) Died in a Home ✓ Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 18 years 3 months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Cassia
(c) City or town Burley
(d) Street Address or R. F. D. No. 913 No. Burton
(e) Deceased lived Inside? ✓ Outside? ____ city or town
(f) Citizen of what country? U.S.
(g) How long had deceased lived in Idaho? Life years
(h) Former residence (city, state) ____

3. (a) **FULL NAME** Dorothy Anne Fletcher Kidd

3. (b) If veteran, name war ____ 3. (c) Social Security No. ____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Harland B. Kidd 6. (c) Age of husband or wife if alive 25 years

7. Date of Birth (Month, Day, Year) Oct. 23, 1925

8. AGE	Years	Months	Days	If less than 1 day hrs	min.
	18	3	18		

9. Exact Occupation At Home Did this work for ____ yrs.
10. Industry or Business ____ Date last worked ____
11. Birthplace Burley, Idaho (City or town) (State or foreign country)

Father
12. Name Ernest W. Fletcher
13. Birthplace Lovell, Wyoming (City or town) (State or foreign country)

Mother
14. Maiden name Clara Ann Kidd
15. Birthplace Oakley, Idaho (City or town) (State or foreign country)

16. Informant's **OWN** Signature Ernest W. Fletcher and Address Burley, Idaho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-14-44 (Month) (Day) (Year)
(c) Place: Burley - Idaho
18. Funeral Director's **OWN** Signature Vern B. McCulloch and Address Burley - Idaho
19. (a) 2-13-44 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Feb. 6 1944 at 8:45 o'clock P.M.
21. **I HEREBY CERTIFY,** That I attended deceased from 2-6- 1944, to 2-6- 1944
I last saw h____ alive on ____ 19____; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Coronary embolism	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's **OWN** Signature G. L. Espe
and Address Burley (M. D. or other) Date 2-11-1944
(For additional space, use reverse side)

137846

United States
Department of Commerce
Bureau of the Census

MAR 10 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 471
Local Reg. No. 12
Reg. Dist. No. 471

1. **PLACE OF DEATH:**
(a) County Cassia
(b) City or town Almo
(c) Street Address or R. F. D. No. —
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home X Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 2 years 4 months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Cassia
(c) City or town Almo
(d) Street Address or R. F. D. No. —
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? U. S.
(g) How long had deceased lived in Idaho? 2 years
(h) Former residence (city, state) Idaho

3. (a) **FULL NAME** Janice Dunfee

33b

3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex F
5. Color or race W.
6. (a) Single, widowed, married, divorced —
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Date of Birth (Month, Day, Year) Aug 26 1941

8. AGE	Years	Months	Days	If less than 1 day
	2	5	11	hrs min.

9. Exact Occupation — Did this work for — yrs.
10. Industry or Business — Date last worked —
11. Birthplace Burley (City or town) Idaho (State or foreign country)

Father
12. Name Cleon W. Dunfee
13. Birthplace Almo (City or town) Idaho (State or foreign country)

Mother
14. Maiden name Opal Jones
15. Birthplace Almo (City or town) Idaho (State or foreign country)

16. Informant's **OWN** Signature Cleon W. Dunfee
and Address Almo Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-9-44 (Month) (Day) (Year)
(c) Place: Almo Cemetery
18. Funeral Director's **OWN** Signature Kenneth McCulloch
and Address Burley Idaho
19. (a) 2-13-44 (Date received and filed) (b) C. J. Sater (Registrar's signature)
A. F. Wilson

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Feb 7 1944
at 12:45 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from Feb 5 1944 to Feb 7 1944
I last saw her alive on Feb 5 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Influenza Meningitis	4 days
Due to —	
Due to —	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? Almo Ida
Name of operation None Date —
Major finding —
Finding of autopsy No Autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? No Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's **OWN** Signature C. J. Sater (M. D. or other)
and Address Albion Ida Date 2/9 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

137847

United States
Department of Commerce
Bureau of the Census MAR 1 3 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. ____
Local Reg. No. 17
Reg. Dist. No. 470

1. **PLACE OF DEATH:**
(a) County Cassia
(b) City or town Burley
(c) Street Address or R. F. D. No. ____
(d) Death Occurred Inside? ✓ Outside? ____ city or town
(e) Died in a Home ~~Hospital~~ Institution ~~Other place~~
(f) Name Hosp. or Inst. Cottage Stayed 21 days
(g) Lived in this county 64 years 7 months 25 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Cassia
(c) City or town Burley
(d) Street Address or R. F. D. No. ____
(e) Deceased lived Inside? ✓ Outside? ____ city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? Life years
(h) Former residence (city, state) ____

3. (a) **FULL NAME** Nelver Dayley

714

3. (b) If veteran, name war ____ 3. (c) Social Security No. ____
4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary E. Dayley 6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) June 15, 1879

8. AGE	Years	Months	Days	If less than 1 day
	64	7	25	hrs ____ min.

9. Exact Occupation Farming Did this work for ____ yrs.
10. Industry or Business ____ Date last worked ____
11. Birthplace Dacus, Idaho (City or town) (State or foreign country)

Father
12. Name Nelver C. Dayley
13. Birthplace Jackson Co. Missouri (City or town) (State or foreign country)

Mother
14. Maiden name Adrianna McBride
15. Birthplace Missouri (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mary E. Dayley and Address Burley, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-15-44 (Month) (Day) (Year)
(c) Place: Oakley, Idaho
18. Funeral Director's **OWN** Signature Vern B. McCulloch and Address Burley Idaho
19. (a) 2-21-44 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) February 10 1944 at 4 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from ____ 19____, to Feb. 10 1944
I last saw h[illegible] alive on Feb 9 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Lymphatic Leukemia — Duration 4 mo.
Due to ____
Due to ____
Other conditions ____ (Include pregnancy within 3 months of death)
Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's **OWN** Signature M. L. Ellis M D (M. D. or other)
and Address Burley Ida Date 2-19 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

137848

United States
Department of Commerce
Bureau of the Census

MAR 10 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 16
Reg. Dist. No. 470

1. **PLACE OF DEATH:**
(a) County ~~Minidoka~~ Cassia
(b) City or town Burley - Idaho
(c) Street Address or R. F. D. No. 729 - N. Overland
(d) Death Occurred Inside? ✓ Outside? ____ city or town
(e) Died in a Home ✓ Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county ____ years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Cassia
(c) City or town Burley - Idaho
(d) Street Address or R. F. D. No. 729 - N. Overland
(e) Deceased lived Inside? ✓ Outside? ____ city or town
(f) Citizen of what country? U. S. A.
(g) How long had deceased lived in Idaho? ____ years
(h) Former residence (city, state) Idaho

3. (a) **FULL NAME** Ronald Evan Roberts 160c

3. (b) If veteran, name war ____
3. (c) Social Security No. ____
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife ____
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) Feb. 16 1944

8. AGE	Years	Months	Days	If less than 1 day
			3	7 hrs ____ min.

9. Exact Occupation ____ Did this work for ____ yrs.
10. Industry or Business ____ Date last worked ____
11. Birthplace Rupert (City or town) Idaho (State or foreign country)

Father
12. Name Arthur L Roberts
13. Birthplace Kenmare (City or town) Wyo (State or foreign country)

Mother
14. Maiden name Matilda Jane Sabin
15. Birthplace Bisbee (City or town) Ariz (State or foreign country)

16. Informant's **OWN** Signature Arthur L Roberts
and Address 729 N. Overland Burley

17. (a) ~~Burial~~ (Burial, ~~cremation~~, or removal) (b) Date thereof 2 / 22 / 44 (Month) (Day) (Year)
(c) Place: Rupert - Idaho

18. Funeral Director's **OWN** Signature Vern S. McCullough
and Address Burley - Idaho

19. (a) 2-21-44 (Date received and filed) (b) E. D. Nelson (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Feb. 19 1944
at ____ o'clock ____ M.

21. **I HEREBY CERTIFY,** That I attended deceased from ____ 19____, to ____ 19____
I last saw h____ alive on ____ 19____; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
____	____
____	____
Due to Birth injury	____
____	____
Due to Cerebral injury	____
Other conditions ____ (Include pregnancy within 3 months of death)	____
____	____

Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's **OWN** Signature O. A. Woellmer MD. (M. D. or other)
and Address Rupert Idaho Date ____ 19____
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

137849

United States
Department of Commerce
Bureau of the Census

MAR 10 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 19
Reg. Dist. No. 470

1. **PLACE OF DEATH:**
(a) County Cassia
(b) City or town Burley
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? ✓ Outside? city or town
(e) Died in a Home Hospital ✓ Institution Other place
(f) Name Hosp. or Inst. Cottage Hosp. Stayed 1 days
(g) Lived in this county 6 years — months — days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Cassia
(c) City or town Burley, Idaho
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? ✓ Outside? city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? Lifetime years
(h) Former residence (city, state)

3. (a) **FULL NAME** Nolan Jean Winward 58b

3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Date of Birth (Month, Day, Year) August 2, 1937

8. AGE	Years	Months	Days	If less than 1 day
	6	6	19	hrs min.

9. Exact Occupation — Did this work for — yrs.
10. Industry or Business — Date last worked —
11. Birthplace Chesterfield, Idaho (City or town) (State or foreign country)
Father
12. Name Nolan J. Winward
13. Birthplace Payson, Utah (City or town) (State or foreign country)
Mother
14. Maiden name Eliza Ann Corbett
15. Birthplace Smithfield, Utah (City or town) (State or foreign country)
16. Informant's OWN Signature Nolan J. Winward
and Address Burley, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-25-44 (Month) (Day) (Year)
(c) Place: Burley, Idaho
18. Funeral Director's OWN Signature Vern B. McCulloch
and Address Burley, Idaho
19. (a) 3-3-44 (Date received and filed) (b) B. F. Wilson (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Feb. 22 1944
at 7:35 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 2-20 1944 to 2-22- 1944
I last saw him alive on 2-22 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Endocarditis	3 mhs
Due to Rheumatic fever	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature L. M. Kelly M.D. (M. D. or other)
and Address Burley Date 2-25 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

MAR 10 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 13750
Local Reg. No. 18
Reg. Dist. No. 470

1. **PLACE OF DEATH:**
(a) County Cassia
(b) City or town Burley
(c) Street Address or R. F. D. No. —
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home ____ Hospital X Institution ____ Other place ____
(f) Name Hosp. or Inst. Cottage Stayed 8 days
(g) Lived in this county 12 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Cassia
(c) City or town Malta
(d) Street Address or R. F. D. No. ____
(e) Deceased lived Inside? ____ Outside? X city or town
(f) Citizen of what country? U. S. A.
(g) How long had deceased lived in Idaho? 12 years
(h) Former residence (city, state) Arizona

3. (a) **FULL NAME** Robert Greenleaf Smoot.

3. (b) If veteran, name war —
3. (c) Social Security No. ____
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) Mar 25 - 1868

8. AGE	Years	Months	Days	If less than 1 day
	75	10	29	hrs ____ min. ____

9. Exact Occupation Farmer — Did this work for ____ yrs.
10. Industry or Business ____ — Date last worked ____
11. Birthplace ____ (City or town) California (State or foreign country)

Father
12. Name William Perry Smoot
13. Birthplace ____ (City or town) Arkansas (State or foreign country)

Mother
14. Maiden name Eliza McCarty
15. Birthplace ____ (City or town) Arkansas (State or foreign country)

16. Informant's **OWN** Signature W. H. Smoot
and Address Malta Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 28, 1944 (Month) (Day) (Year)
(c) Place: Hayburn Idaho
18. Funeral Director's **OWN** Signature J. Forrest Weaver
and Address Burley Idaho
19. (a) 2-26-44 (Date received and filed) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Feb 24th 1944
at ____ o'clock ____ M.

21. **I HEREBY CERTIFY,** That I attended deceased from ____ 19____, to ____ 19____
I last saw h____ alive on ____ 19____; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	**Duration**
____	____
Due to Pneumonia	____
____	____
Due to ____	____
Other conditions ____ (Include pregnancy within 3 months of death)	____
____	____

Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's **OWN** Signature J. Dullon (M. D. or other)
and Address ____ Date ____ 19____
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

MAR 7 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137551
Local Reg. No. 16
Reg. Dist. No. 210

1. **PLACE OF DEATH:**
(a) County Clearwater
(b) City or town Orofino
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county years months 34 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Latah
(c) City or town Princeton
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) If foreign born, in U. S. 63 yrs. Citizen of U. S.? Yes
(g) How long had deceased lived in Idaho? 22 years
(h) Former residence (city, state)

3. (a) **FULL NAME** Fannie Anna Stubbs 131a

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife William
6 (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) June 4 1876

8. AGE	Years	Months	Days	If less than 1 day
	67	7	29	hrs min.

9. Exact Occupation Housewife Did this work for 47 yrs.
10. Industry or Business Own Home Date last worked 1-30-44
11. Birthplace Ontario Canada (City or town) (State or foreign country)

Father
12. Name Peter Sillman
13. Birthplace Switzerland (City or town) (State or foreign country)

Mother
14. Maiden name Mary Kurkpatrick
15. Birthplace Germany (City or town) (State or foreign country)

16. Informant's **OWN** Signature E R Cunningham and Address Orofino Idaho
17. (a) Removal (b) Date thereof 2-4-44 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: Potlatch Idaho
18. Funeral Director's **OWN** Signature H E Kunkel and Address Potlatch Idaho
19. (a) 2/4/44 (Date received and filed) (b) Liliese Zacharach (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Feb 3 1944
at 11 o'clock P M.

21. **I HEREBY CERTIFY,** That I attended deceased from 1-30 1944, to 2-3 1944
I last saw h. alive on 2-3 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Carbin failure	
Due to Cardio-Renal disease	2 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease first contracted? —
Name of operation — Date
Major finding —
Finding of autopsy —

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? — Suicide? — Homicide?
Occurred 19 City, county, state where violence occurred —
Place of Violence: Home — Farm — Industry
Public Place — While at work? —
Means of injury —

23. Attendant's **OWN** Signature A B Lappenbusch M.D.
(M. D. or other)
and Address Orofino Idaho Date 2-4 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filing out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

MAR 7 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137852
Local Reg. No. 19
Reg. Dist. No. 210

1. **PLACE OF DEATH:**
   (a) County Clearwater
   (b) City or town Orofino
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? Outside? X city or town
   (e) Died in a Home Hospital Institution X Other place
   (f) Name Hosp. or Inst. St. Hos. No. Stayed days
   (g) Lived in this county 3 years 1 months 1 days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Adams
   (c) City or town Council
   (d) Street Address or R. F. D. No.
   (e) Deceased lived Inside? Outside? city or town
   (f) Citizen of what country? United States
   (g) How long had deceased lived in Idaho? 6 years
   (h) Former residence (city, state)

3. (a) **FULL NAME** FELLON, DANIEL W. 107

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) June 12, 1879

8. AGE	Years	Months	Days	If less than 1 day
	64	7	28	hrs min.

9. Exact Occupation Carpenter Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Tiogra, Pennsylvania (City or town) (State or foreign country)
Father
12. Name Newmen Fellon
13. Birthplace Pennsylvania (City or town) (State or foreign country)
Mother
14. Maiden name Jane Fellon
15. Birthplace Pennsylvania (City or town) (State or foreign country)
16. Informant's OWN Signature E. L. Berry, M.D.
and Address Orofino Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof FEB-15-44 (Month) (Day) (Year)
(c) Place: Lewiston - Idaho
18. Funeral Director's OWN Signature George B. Blake
and Address Orofino Idaho
19. (a) 2/15/44 (Date received and filed) (b) Michael Gadsand (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) February 10, 1944
at 9:45 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from June 1, 1944, to February 10, 1944
I last saw him alive on Feb. 10, 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Bronchopneumonia 107	2 days
Due to Arteriosclerosis 97	5 yrs.
Due to 162	
Other conditions Senile Dementia (Include pregnancy within 3 months of death)	3 yrs.

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature E. L. Berry, M.D. (M. D. or other)
and Address Orofino Idaho Date 2-11 1944
(For additional space, use reverse side)

137853

United States
Department of Commerce
Bureau of the Census

MAR 7 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 18
Reg. Dist. No. 210

1. **PLACE OF DEATH:**
(a) County CLEARWATER
(b) City or town PIERCE
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home X Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 16 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State IDAHO (b) County CLEARWATER
(c) City or town PIERCE
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? UNITED STATES
(g) How long had deceased lived in Idaho? 24 years
(h) Former residence (city, state) COUER D'ALENE, IDA

3. (a) FULL NAME FRANK ANSON

516

3. (b) If veteran, name war NO
3. (c) Social Security No. 518-01-5869
4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced SINGLE
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) MARCH 5, 1877

8. AGE	Years	Months	Days	If less than 1 day
	66	11	13	hrs min.

9. Exact Occupation BRICKLAYER — Did this work for LIFE yrs.
10. Industry or Business VARIOUS — Date last worked ONE YEAR AGO
11. Birthplace LEGROW, INDIANA (City or town) (State or foreign country)

Father
12. Name ASHER ANSON
13. Birthplace DENMARK (City or town) (State or foreign country)

Mother
14. Maiden name MARY ELLEN SMITH
15. Birthplace WABASH, INDIANA (City or town) (State or foreign country)

16. Informant's OWN Signature X E B Marshall
and Address Pierce Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof February 23 1944 (Month) (Day) (Year)
(c) Place: Pierce Cemetery
18. Funeral Director's OWN Signature George B Blake
and Address Orofino Ida.
19. (a) 2/23/44 (Date received and filed) (b) Collie Backerack (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) FEBRUARY 18th 1944
at 10:30 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from ********** 19** to ********** 19**
I last saw h____ alive on ____ 19____; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
HEMORRHAGE OF PROSTRATE GLAND	2 Days
Due to PROBABLE CARCINOMA	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ____ Date ____
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury
23. Attendant's OWN Signature George B Blake (M. D. or Coroner)
and Address Orofino Ida Coroner Date Feb. 19 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

137854

United States
Department of Commerce MAR 9 1944
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 349
Reg. Dist. No. 682

1. **PLACE OF DEATH:** Custer
(a) County
(b) City or town Challis
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? ✓ Outside? ✓ city or town
(e) Died in a Home Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 64 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Custer
(c) City or town Challis
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Outside? ✓ city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? 64 years
(h) Former residence (city, state) Salt Lake City

3. (a) **FULL NAME** Belle W. Thompson 83a

3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex F
5. Color or race W.
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife Geo. B.
6. (c) Age of husband or wife if alive Dead years
7. Date of Birth (Month, Day, Year) 2-22 1858

8. AGE	Years	Months	Days	If less than 1 day
	86			hrs min.

9. Exact Occupation Housewife Did this work for Life yrs.
10. Industry or Business Date last worked 2-14-44
11. Birthplace St Louis (City or town) Mo. (State or foreign country)
Father
12. Name Allen T. Riley
13. Birthplace England (City or town) (State or foreign country)
Mother
14. Maiden name Sarah Pugmire
15. Birthplace England (City or town) (State or foreign country)
16. Informant's OWN Signature George Thompson
and Address
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-25-44 (Month) (Day) (Year)
(c) Place: Challis, Ida
18. Funeral Director's OWN Signature Ray McGoldrick
and Address SALMON Ida
19. (a) Feb. 25 1944 (Date received and filed) (b) Edna McKinney (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 2-22-44 19
at 11:10 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from 2/15 1944 to 2/19 1944
I last saw her alive on 2/19 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebral Hemorrhage	7 days
Due to	
Due to	
Other conditions Senility (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature H Oftedal (M. D. or other)
and Address Challis Ida Date 2/25 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

137855

United States
Department of Commerce
Bureau of the Census

MAR 20 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 2
Reg. Dist. No. 380

1. **PLACE OF DEATH:**
   (a) County Elmore
   (b) City or town Mountain Home
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? X Outside? ____ city or town
   (e) Died in a Home X Hospital ____ Institution ____ Other place ____
   (f) Name Hosp. or Inst. ____ Stayed ____ days
   (g) Lived in this county 32 years ____ months ____ days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Elmore
   (c) City or town Mountain Home
   (d) Street Address or R. F. D. No.
   (e) Deceased lived Inside? X Outside? ____ city or town
   (f) Citizen of what country?
   (g) How long had deceased lived in Idaho? 41 years
   (h) Former residence (city, state) South Dakota

3. (a) FULL NAME WILLIAM HENRY McGRATH

46 b

3. (b) If veteran, name war No.
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Amanda
6. (c) Age of husband or wife if alive 50 years
7. Date of Birth (Month, Day, Year) September 3, 1888

8. AGE	Years	Months	Days	If less than 1 day
	56	4	11	hrs ____ min. ____

9. Exact Occupation Laborer — Did this work for 41 yrs.
10. Industry or Business General Work — Date last worked Dec. 6/43
11. Birthplace Custer City (City or town) South Dakota (State or foreign country)

Father
12. Name Peter McGrath
13. Birthplace Unknown (City or town) (State or foreign country)

Mother
14. Maiden name Nellie Flyn
15. Birthplace Iowa (City or town) (State or foreign country)

16. Informant's OWN Signature William E. McGrath
and Address Mountain Home Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 18, 1944 (Month) (Day) (Year)
(c) Place: Mountain View Cemetery

18. Funeral Director's OWN Signature Orly J. Ray
and Address Mountain Home Idaho

19. (a) January 15, 1944 (Date received and filed) (Registrar's signature)

1/15

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) January 14 1944
at 2:15 o'clock A M.

21. **I HEREBY CERTIFY,** That I attended deceased from 2—10 1942 to January 14 1944
I last saw him alive on 1—11 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Carcinoma of Stomach	2 yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? None
Name of operation ____ Date ____
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state
where violence occurred
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury

23. Attendant's OWN Signature J. E. Evans (M. D. or other)
and Address Mtn Home Ida Date 1—15 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

MAR 20 1944

Certificate Of Death

STATE OF IDAHO

State File No. 137-56
Local Reg. No. 3
Reg. Dist. No. 380

1. **PLACE OF DEATH:**
   (a) County Elmore
   (b) City or town Near Mountain Home
   (c) Street Address or R.F.D. No. Idaho
   (d) Death Occured Inside? ..... Outside? X city or town
   (e) Died in a Home .... Hospital .... Institution .... Other place X
   (f) Name Hosp. or Inst. ---------- Stayed - - days
   (g) Lived in this county None years ..... months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Ada
   (c) City or town Boise
   (d) Street Address or R.F.D. No. 447 Thatcher
   (e) Deceased lived Inside? X Outside? ..... city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 35 years
   (h) Former residence (city, state) Iowa

3. (a) **FULL NAME** Walter Elijah Talboy

170c

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex M race W
5. Color or
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ruby
6. (c) Age of husband or wife if alive 52 years
7. Date of Birth (Month, Day, Year) May 11, 1876

8. AGE	Years	Months	Days	If less than 1 day
	67	9	3	hrs min.

9. Exact Occupation State Land Agent and Appraiser — Did this work for ----- yrs.
10. Industry or Business State of Idaho — Date last worked 2/14/44
11. Birthplace Palmyra, (City or town) Iowa (State or foreign country)

Father
12. Name Benjamin Talboy
13. Birthplace ..... (City or town) England (State or foreign country)

Mother
14. Maiden name Martha Garner
15. Birthplace ..... (City or town) England (State or foreign country)

16. Informant's **OWN** Signature Ruby E. Talboy
and Address Boise, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/18/44 (Month) (Day) (Year)
(c) Place: Cloverdale Memorial Park, Boise, Ida.

18. Funeral Director's **OWN** Signature [illegible]
and Address Boise, Idaho

19. (a) 2-23-44 (Date received and filed) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Feb 14 — 19 44
at 12.30 o'clock P M.

21. **I HEREBY CERTIFY**, That I attended deceased from ..... 19..... to ..... 19.....
I last saw h..... alive on ..... 19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Fracture of Skull.	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Y Suicide? ..... Homicide? .....
Occurred Feb 14- 1944 City, county, state where violence occurred Highway.
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury Fracture Skull.

23. Attendant's **OWN** Signature Phil L Green (M. D. or other)
and Address Mt. Home Ida Date 2/23 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census MAR 6 1944

Certificate Of Death

STATE OF IDAHO

State File No. 137-55
Local Reg. No. 8
Reg. Dist. No. 541

1. **PLACE OF DEATH:**
   (a) County Franklin
   (b) City or town Franklin
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? in Outside? city or town
   (e) Died in a Home H. Hospital Institution Other place
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county 30 years months days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State (b) County
   (c) City or town
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? Outside? city or town
   (f) Citizen of what country?
   (g) How long had deceased lived in Idaho? years
   (h) Former residence (city, state)

3. (a) **FULL NAME** Joseph Aaron Stone

83 b

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Marie
6. (c) Age of husband or wife if alive 75 years
7. Date of Birth (Month, Day, Year) Dec 11 1860

8. AGE	Years	Months	Days	If less than 1 day
	83	1	20	hrs min.

9. Exact Occupation Farmer — Did this work for yrs.
10. Industry or Business — Date last worked 1935
11. Birthplace Florence (City or town) Nebraska (State or foreign country)

Father
12. Name Joseph Stone
13. Birthplace England (City or town) (State or foreign country)

Mother
14. Maiden name Elizabeth Walker
15. Birthplace England (City or town) (State or foreign country)

16. Informant's **OWN** Signature Lewis Stone
and Address Franklin Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 4 1944 (Month) (Day) (Year)
(c) Place: Franklin Idaho

18. Funeral Director's **OWN** Signature W. A. Hendricks
and Address Preston Idaho

19. (a) 2-4-1944 (Date received and filed) (b) Effie W. Brauer (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Feb 1 1944
at 9:30 o'clock A. M.

21. **I HEREBY CERTIFY**, That I attended deceased from Jan. 28 1944, to Feb 1 1944
I last saw him alive on Jan 31 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebral Thrombosis	5 days
Due to Arteriosclerosis	3 yrs.
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature W. Eva Cragun M.D.
(M. D. or other)
and Address Lewiston, Ut. Date 2-4 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census MAR 6 1944

Certificate Of Death

STATE OF IDAHO

State File No. 137859
Local Reg. No. 9
Reg. Dist. No. 541

1. **PLACE OF DEATH:**
   (a) County Franklin
   (b) City or town Minkcreek Idaho
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? Outside? out city or town
   (e) Died in a Home H Hospital Institution Other place
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county LIFE years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State (b) County
   (c) City or town
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? Outside? city or town
   (f) Citizen of what country?
   (g) How long had deceased lived in Idaho? years
   (h) Former residence (city, state)

3. (a) **FULL NAME** Lemard Nephi Keller 87c

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Oct 24 1904

8. AGE	Years	Months	Days	If less than 1 day
	39	3	7	hrs min.

9. Exact Occupation Farmer Did this work for yrs.
10. Industry or Business Date last worked 1935
11. Birthplace Minkcreek Idaho (City or town) (State or foreign country)

Father
12. Name Louis O Keller
13. Birthplace (City or town) (State or foreign country)

Mother
14. Maiden name Albertina Peterson
15. Birthplace (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mr. Willis Peterson
and Address Minkcreek Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 5 1944 (Month) (Day) (Year)
(c) Place: Minkcreek Idaho
18. Funeral Director's **OWN** Signature Myrtle Hendricks
and Address Preston Ida
19. (a) 2-5-1944 (Date received and filed) (b) Effie W. Brower (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Feb 1 1944 19
at 11/30 o'clock M.
21. **I HEREBY CERTIFY**, That I attended deceased from 19, to 19
I last saw h[illegible] alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Paralysis Agitans	10 yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? Home
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature O. R. Cutler M.D. (M. D. or other)
and Address Preston Ida Date 2-5 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census MAR 6 1944

Certificate Of Death

STATE OF IDAHO

State File No. 137-60
Local Reg. No. 11
Reg. Dist. No. 640

1. **PLACE OF DEATH:**
   (a) County Franklin
   (b) City or town Preston
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? In Outside? city or town
   (e) Died in a Home Hospital Institution Other place
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State (b) County
   (c) City or town
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? Outside? city or town
   (f) Citizen of what country?
   (g) How long had deceased lived in Idaho? years
   (h) Former residence (city, state)

3. (a) **FULL NAME** Gunder Christena Hansen 131a

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Hans
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) May 27 1859

8. AGE	Years	Months	Days	If less than 1 day hrs min.
	83	9	21	

9. Exact Occupation NONE — Did this work for yrs.
10. Industry or Business — Date last worked 1925
11. Birthplace Denmark (City or town) (State or foreign country)

Father
12. Name S Hansen
13. Birthplace Denmark (City or town) (State or foreign country)

Mother
14. Maiden name Christena S Hansen
15. Birthplace Denmark (City or town) (State or foreign country)

16. Informant's **OWN** Signature Anna Hansen
and Address Preston Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 22 1944 (Month) (Day) (Year)
(c) Place: Preston Idaho

18. Funeral Director's **OWN** Signature Wood Hendricks
and Address Preston Idaho

19. (a) 2-18-1944 (Date received and filed) (b) Effie W. Brower (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Feb 18 1944 19
at 7 o'clock P M.

21. **I HEREBY CERTIFY,** That I attended deceased from Jan 1 19 44, to Feb 18 1944
I last saw h[illegible] alive on Feb 18 19 44 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cardio-vascular Renal Dis.	1yr
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature O. R. Cutler (M. D. or other)
and Address Preston Ida Date 2-18 1944
(For additional space, use reverse side)

137561

United States
Department of Commerce
Bureau of the Census

MAR 14 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 7
Reg. Dist. No. 651

1. **PLACE OF DEATH:**
(a) County Fremont
(b) City or town Ashton
(c) Street Address or R. F. D. No.
(d) Death Occurred ~~Inside~~? Outside? ~~city or town~~
(e) Died in a Home Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 50 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Fremont
(c) City or town Ashton Idaho
(d) Street Address or R. F. D. No.
(e) Deceased lived ~~Inside~~? Outside? ~~city~~ or ~~town~~
(f) Citizen of what country? U.S.
(g) How long had deceased lived in Idaho? 50 years
(h) Former residence (city, state) Utah

3. (a) **FULL NAME** Emma Spratling

33 b

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) June 10th 1853

8. AGE	Years	Months	Days	If less than 1 day
	90	7	–	hrs min.

9. Exact Occupation At Home Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace (City or town) England (State or foreign country)
Father
12. Name George Spratling
13. Birthplace (City or town) England (State or foreign country)
Mother
14. Maiden name Mary Davis
15. Birthplace (City or town) England (State or foreign country)
16. Informant's OWN Signature L. Spratling
and Address Ashton Idaho
17. (a) Burial (Burial, cremation or removal) (b) Date thereof 1-14-44 (Month) (Day) (Year)
(c) Place: Ashton Idaho
18. Funeral Director's OWN Signature Louis Kirer
and Address Ashton Idaho
19. (a) 1-14-44 (Date received and filed) (b) M. D. Hansen (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Jan 10 1944
at 8 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from Jan 6 1944 to Jan 10 1944
I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Influenza	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature E. L. Sharpe (M. D. or other)
and Address Ashton Idaho Date Jan 20 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

FEB 9 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137862
Local Reg. No. 6
Reg. Dist. No. 650

1. **PLACE OF DEATH:**
(a) County Fremont
(b) City or town St. Anthony, Idaho
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? yes Outside? ____ city or town
(e) Died in a Home XX Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county ____ years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Fremont
(c) City or town St. Anthony
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Yes Outside? ____ city or town
(f) Citizen of what country? United States
(g) How long had deceased lived in Idaho? 20 years
(h) Former residence (city, state)

3. (a) **FULL NAME** DAVID THOMAS WEBSTER WALLACE 94b

3. (b) If veteran, name war No. 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Edith Mason 6. (c) Age of husband or wife if alive 72 years

7. Date of Birth (Month, Day, Year) May 10, 1871

8. AGE	Years	Months	Days	If less than 1 day
	72	8	24	hrs ____ min.

9. Exact Occupation Laborer Did this work for Life yrs.
10. Industry or Business Odd jobs Date last worked 1939
11. Birthplace Ontario, Canada (City or town) (State or foreign country)

Father
12. Name Daniel Wallace
13. Birthplace ____ (City or town) (State or foreign country)

Mother
14. Maiden name Isabella Bailey Webster
15. Birthplace ____ (City or town) (State or foreign country)

16. Informant's **OWN** Signature Edith M. Wallace and Address St. Anthony
17. (a) Burial (b) Date thereof 2-7-44 (Burial, cremation, or removal) (Month) (Day) (Year) (c) Place: Parker, Idaho.
18. Funeral Director's **OWN** Signature M. L. Hansen and Address St. Anthony, Idaho
19. (a) 2-5-44 (Date received and filed) (b) M. L. Hansen (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Feb 4 1944 at 4 o'clock a M.
21. **I HEREBY CERTIFY,** That I attended deceased from 1939, to Feb 1 1944
I last saw h[illegible] alive on Feb 1 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death	Duration
Angina Pectoris	3 wks.
Due to Arteriosclerosis	2 yrs.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ____ Date ____
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury

23. Attendant's **OWN** Signature E. J. Soule MD (M. D. or other)
and Address [illegible] Date 2-4-1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

137863

United States
Department of Commerce
Bureau of the Census

MAR 14 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 1
Local Reg. No. 8
Reg. Dist. No. 651

1. PLACE OF DEATH:
(a) County Fremont
(b) City or town Marysville
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 41 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Fremont
(c) City or town Marysville
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 41 years
(h) Former residence (city, state)

3. (a) FULL NAME Lewis Rubon Spencer

65a

3. (b) If veteran, name war
3. (c) Social Security No. 519-07-4314
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lottie C. Gribble
6. (c) Age of husband or wife if alive 61 years
7. Date of Birth (Month, Day, Year) March ~~November~~ 7, 1882

8. AGE	Years	Months	Days	If less than 1 day
	68	11	14	hrs min.

9. Exact Occupation Farm Laborer Did this work for 48 yrs.
10. Industry or Business Farming Date last worked Nov. 1943
11. Birthplace Indianola, Utah (City or town) (State or foreign country)
Father
12. Name John Henry Spencer
13. Birthplace Lancaster, England (City or town) (State or foreign country)
Mother
14. Maiden name Jerusha Kibby Elmer
15. Birthplace Lee Co., Iowa (City or town) (State or foreign country)
16. Informant's OWN Signature [illegible]
and Address [illegible] Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-24-44 (Month) (Day) (Year)
(c) Place: Ashton, Idaho.
18. Funeral Director's OWN Signature Russel Flamm
and Address Rexburg, Idaho
19. (a) Feb 24 1944 (Date received and filed) (b) M. S. Hansen (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Feb 21 1944
at 7 o'clock A M.
21. I HEREBY CERTIFY, That I attended deceased from Feb 20 1944, to Feb 21 1944
I last saw him alive on Feb 21 1944; death is said to have occurred on the date and hour stated above.
Immediate Cause of Death: Addison's Disease — Duration
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature [illegible] (M. D. or other)
and Address Ashton Idaho Date 2-21-1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

MAR 6 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137864
Local Reg. No. 340
Reg. Dist. No. 6

1. **PLACE OF DEATH:**
   (a) County Gem
   (b) City or town Emmett
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? X Outside? city or town
   (e) Died in a Home Hospital X Institution Other place
   (f) Name Hosp. or Inst. Stayed 1 days
   (g) Lived in this county years months 1 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Gem
   (c) City or town Emmett
   (d) Street Address or R. F. D. No.
   (e) Deceased lived Inside? Outside? X city or town
   (f) Citizen of what country?
   (g) How long had deceased lived in Idaho? 1 day years
   (h) Former residence (city, state)

3. (a) **FULL NAME** DALE Le ROY GILBERT 161a

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced Infant
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Jan. 24-1944

8. AGE	Years	Months	Days	If less than 1 day hrs	min.
			1 ✓		

9. Exact Occupation Infant — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace Emmett, Idaho (City or town) (State or foreign country)

Father
12. Name Howard W. Gilbert
13. Birthplace Nebraska (City or town) (State or foreign country)

Mother
14. Maiden name Elizabeth M. Roesbery
15. Birthplace Madeira County, Cal. (City or town) (State or foreign country)

16. Informant's **OWN** Signature Howard W. Gilbert
and Address Horseshoe Bend, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/27-1944 (Month) (Day) (Year)
(c) Place:
18. Funeral Director's **OWN** Signature C. D. Buckner
and Address Emmett, Idaho
19. (a) 1/26-1944 (Date received and filed) (b) J. R. Reynolds (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Jan. 25-1944 19
at 9:00 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from Jan 24 19 44 to Jan. 25 19 44
I last saw her alive on Jan 25, 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Prematurity	
atalectasis of lungs	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature [signature] M. D.
and Address Emmett, Idaho (M. D. or other) Date 1/26-1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

137865

United States
Department of Commerce MAR 6 1944
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 341
Reg. Dist. No. 6

1. **PLACE OF DEATH:**
(a) County Gem
(b) City or town Emmett
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. Mary Secor Stayed 7 days
(g) Lived in this county 21 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Gem
(c) City or town Emmett
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Outside? X city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? 21 years
(h) Former residence (city, state)

3. (a) **FULL NAME** LOIS MARGARET ACHESON

1446

3. (b) If veteran, name war
3. (c) Social Security No. none
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Margo L. Acheson
6. (c) Age of husband or wife if alive 20 years
7. Date of Birth (Month, Day, Year) Dec. 19, 1922

8. AGE	Years	Months	Days	If less than 1 day
	21	1	10	hrs min.

9. Exact Occupation At home — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace Emmett, Idaho (City or town) (State or foreign country)

Father
12. Name Fitz Hugh Lee
13. Birthplace Kentucky (City or town) (State or foreign country)

Mother
14. Maiden name Ora Anes
15. Birthplace North Powder, Oregon (City or town) (State or foreign country)

16. Informant's OWN Signature Johnny H. Lee
and Address Emmett, Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof Feb. 2, 1944 (Month) (Day) (Year)
(c) Place: Emmett, Idaho
18. Funeral Director's OWN Signature C. O. Buckner
and Address Emmett, Idaho
19. (a) Feb. 1, 1944 (Date received and filed) (b) J. C. Reynolds (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Jan. 29, 1944 19
at 10:30 o'clock A. M.

21. **I HEREBY CERTIFY,** That I attended deceased from June 22 1943, to Jan. 29, 1944
I last saw her alive on Jan. 29 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Toxemia of Pregnancy	1 month
Acute suppression of urine	10 hrs.
Due to Nephritis of Pregnancy	
Due to	
Other conditions Pregnancy (nine months) (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's OWN Signature J. C. Reynolds (M. D. or other)
and Address Emmett, Idaho Date 2/1-1944 19
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

137866

United States
Department of Commerce
Bureau of the Census MAR 6 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137866
Local Reg. No. 341
Reg. Dist. No. 6

1. **PLACE OF DEATH:**
(a) County Gem
(b) City or town Emmett
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? X city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 15 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Gem
(c) City or town Emmett
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Outside? X city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? 15 years
(h) Former residence (city, state) Oregon

3. (a) **FULL NAME** ORA FRANKLIN BRINSON 33a

3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Mabel Brinson
6. (c) Age of husband or wife if alive 53 years
7. Date of Birth (Month, Day, Year) Dec. 2, 1879

8. AGE	Years	Months	Days	If less than 1 day
	64	1	29	hrs min.

9. Exact Occupation Farmer — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace Downs, Kansas (City or town) (State or foreign country)

Father
12. Name Thomas Brinson
13. Birthplace Unknown (City or town) (State or foreign country)

Mother
14. Maiden name Sarah Ann Miller
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mabel E Brinson
and Address Emmett, Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 2/3-1944 (Month) (Day) (Year)
(c) Place: Emmett, Idaho
18. Funeral Director's **OWN** Signature
and Address Emmett, Idaho
19. (a) 2/2-1944 (Date received and filed) (b) J. C. Reynolds (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Jan. 31, 1944 19
at o'clock M.

21. **I HEREBY CERTIFY,** That I attended deceased from Jan 28 19 44, to Jan 31 19 44
I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
- 107	
Pneumonia, Bronchial	
Due to Following Influenza	33b
Due to Many Years Chronic Arthritis	59b
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature J. C. Reynolds (M. D. or other)
and Address Emmett, Idaho Date 2/2-1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

137867

United States
Department of Commerce
Bureau of the Census

MAR 6 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 341
Reg. Dist. No. 6

1. **PLACE OF DEATH:**
(a) County Gem
(b) City or town Emmett
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 40 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Gem
(c) City or town Emmett
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? 40 years
(h) Former residence (city, state) Wyoming

3. (a) **FULL NAME** SAMANTHA POWELL

107

3. (b) If veteran, name war
3. (c) Social Security No. none
4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife W. L. Powell
6. (c) Age of husband or wife if alive 87 years
7. Date of Birth (Month, Day, Year) April 6, 1861

8. AGE	Years	Months	Days	If less than 1 day
	82	9	26	hrs min.

9. Exact Occupation At home — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace Forest City, Mo (City or town) (State or foreign country)

Father
12. Name David Washam
13. Birthplace unknown (City or town) (State or foreign country)

Mother
14. Maiden name Unknown
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's **OWN** Signature W. L. Powell
and Address Portland, Oregon

17. (a) burial (Burial, cremation, or removal) (b) Date thereof Feb. 5, 1944 (Month) (Day) (Year)
(c) Place: Emmett, Idaho

18. Funeral Director's **OWN** Signature C. D. Buckman
and Address Emmett, Idaho

19. (a) 2/4-1944 (Date received and filed) (b) J. K. Reynolds (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Feb. 2, 1944 19
at o'clock M.

21. **I HEREBY CERTIFY,** That I attended deceased from Jan 31 19 to Feb 2nd 19 I last saw her alive on Feb 1 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
a Bronchial Pneumonia	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature J. K. Reynolds (M. D., or other)
and Address Emmett, Idaho Date 2/4-1944

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

137868

United States
Department of Commerce
Bureau of the Census

MAR 6 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 340
Reg. Dist. No. 6

1. **PLACE OF DEATH:**
(a) County Gem
(b) City or town Emmett
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? X city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 40 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Gem
(c) City or town Emmett
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Outside? X city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? 40 years
(h) Former residence (city, state)

3. (a) FULL NAME FRED J. FULLER 94a

3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex white
5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Margaret Fuller
6. (c) Age of husband or wife if alive 56 years
7. Date of Birth (Month, Day, Year) July 9, 1880

8. AGE	Years	Months	Days	If less than 1 day
	63	7	0	hrs min.

9. Exact Occupation Farmer — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace Butlerville, Utah (City or town) (State or foreign country)

Father
12. Name William Fuller
13. Birthplace London, England (City or town) (State or foreign country)

Mother
14. Maiden name Harriet Winmill
15. Birthplace Toronto, Canada (City or town) (State or foreign country)

16. Informant's OWN Signature E Lowell Fuller
and Address Emmett, Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof Feb. 12, 1944 (Month) (Day) (Year)
(c) Place: Emmett, Idaho
18. Funeral Director's OWN Signature C D Buckner
and Address Emmett, Idaho
19. (a) Feb. 12, 1944 (Date received and filed) (b) J C Reynolds (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Feb. 9, 1944 19
at 5:30 o'clock p.M.

21. **I HEREBY CERTIFY,** That I attended deceased from Jan. 10 19 44 to Feb. 9 1944
I last saw him alive on Feb. 9 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Coronary occlusion	1 mo.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's OWN Signature [signature] (M. D. or other)
and Address Emmett, Idaho Date 2/10-1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

MAR 6 1944

State File No. 137869
Local Reg. No. 340
Reg. Dist. No. 6

1. **PLACE OF DEATH:**
   (a) County Gem
   (b) City or town Emmett
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? Outside? X city or town
   (e) Died in a Home X Hospital Institution Other place
   (f) Name Hosp. or Inst. 28 Stayed days
   (g) Lived in this county years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Gem
   (c) City or town Emmett
   (d) Street Address or R. F. D. No.
   (e) Deceased lived Inside? Outside? X city or town
   (f) Citizen of what country?
   (g) How long had deceased lived in Idaho? 28 years
   (h) Former residence (city, state)

3. (a) **FULL NAME** MARTHA MATTHIESSEN 832

3. (b) If veteran, name war
3. (c) Social Security No. none
4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Dec 4, 1877

8. AGE	Years	Months	Days	If less than 1 day
	66	2	6	hrs min.

9. Exact Occupation At home — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace Frisco, Utah (City or town) (State or foreign country)

Father
12. Name Firman Bradley
13. Birthplace Unknown (City or town) (State or foreign country)

Mother
14. Maiden name Angeline Cram
15. Birthplace Brooklyn, N.Y. (City or town) (State or foreign country)

16. Informant's OWN Signature M Matthiessen and Address Emmett, Ida
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 2/13-1944 (Month) (Day) (Year)
    (c) Place: Emmett, Idaho
18. Funeral Director's OWN Signature C D Buckmeier and Address Emmett, Idaho
19. (a) 2/12-1944 (Date received and filed) (b) J R Reynolds (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Feb. 10, 1944 19
    at 3:00 o'clock a. M.
21. **I HEREBY CERTIFY,** That I attended deceased from Feb. 8 1944, to Feb. 10 1944
    I last saw her alive on Feb. 9 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Influenza 336	3 days
Due to	
Due to 832	
Other conditions partial paralysis	years

(Include pregnancy within 3 months of death)

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
    Occurred 19 City, county, state where violence occurred
    Place of Violence: Home Farm Industry
    Public Place While at work?
    Means of injury
23. Attendant's OWN Signature (M. D. or other) and Address Emmett, Idaho Date 2/10-1944

(For additional space, use reverse side)

137870

United States
Department of Commerce
Bureau of the Census

MAR 6 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137870
Local Reg. No. 340
Reg. Dist. No. 6

1. **PLACE OF DEATH:**
(a) County Gem
(b) City or town Emmett
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? X city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 30 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Gem
(c) City or town Emmett
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Outside? X city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? 30 years
(h) Former residence (city, state)

3. (a) **FULL NAME** BURTON P. BAKER 83a

3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) July 24, 1858

8. AGE	Years	Months	Days	If less than 1 day
	85	6	19	hrs min.

9. Exact Occupation Farmer — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace Unknown (City or town) (State or foreign country)

Father
12. Name Unknown
13. Birthplace (City or town) (State or foreign country)

Mother
14. Maiden name Unknown
15. Birthplace (City or town) (State or foreign country)

16. Informant's **OWN** Signature Charles A Wade
and Address Emmett, Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 2/14-1944 (Month) (Day) (Year)
(c) Place: Emmett, Idaho
18. Funeral Director's **OWN** Signature C D Buckendorf
and Address Emmett, Idaho
19. (a) 2/14-1944 (Date received and filed) (b) J C Reynolds (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Feb. 13-1944 19
at o'clock M.
21. **I HEREBY CERTIFY,** That I attended deceased from Feb 10 19~~44~~, to Feb 13 19~~44~~
I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebral Hemorrhage	
Due to Hypertension & Age	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature J H Reynolds (M. D. or other)
and Address Emmett, Idaho Date 2/14-1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

137871

United States
Department of Commerce
Bureau of the Census MAR 6 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 341
Reg. Dist. No. 6

1. **PLACE OF DEATH:**
(a) County Gem
(b) City or town Emmett
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Mary Secor Stayed 3 days
(g) Lived in this county 60 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Gem
(c) City or town Emmett
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? all life years
(h) Former residence (city, state)

3. (a) **FULL NAME** DAVID WALTER MURRAY 83a

3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Georgia Murray
6. (c) Age of husband or wife if alive 60 years
7. Date of Birth (Month, Day, Year) May 15, 1880

8. AGE	Years	Months	Days	If less than 1 day
	63	9	11	hrs min.

9. Exact Occupation Garage prop. Did this work for yrs.
10. Industry or Business Automobile Date last worked
11. Birthplace Centerville, Idaho (City or town) (State or foreign country)
Father
12. Name David Murray
13. Birthplace Cork, Ireland (City or town) (State or foreign country)
Mother
14. Maiden name Fannie McAuliffe
15. Birthplace Cork, Ireland (City or town) (State or foreign country)
16. Informant's OWN Signature Roy Murray and Address Emmett, Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 2/29-1944 (Month) (Day) (Year)
(c) Place: Emmett, Idaho
18. Funeral Director's OWN Signature C D Duckmun and Address Emmett, Idaho
19. (a) 2/29-1944 (Date received and filed) (b) J L Reynolds (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Feb. 26, 1944 19
at o'clock M.
21. **I HEREBY CERTIFY,** That I attended deceased from General Yrs 1930, to Feb 26 1944
I last saw him alive on Feb 26 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death	Duration
1322 Uremia following Cerebral Hemorrhage	83a1
Due to Hypertension 102 General hardening of arteries	97
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted? ✓	PHYSICIAN
Name of operation non Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature J L Reynolds (M. D. or other) and Address Emmett, Idaho Date 2/29 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

137872

United States
Department of Commerce
Bureau of the Census

MAR 1 1 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 1076
Reg. Dist. No. 420

1. **PLACE OF DEATH:**
   (a) County Gooding
   (b) City or town Gooding
   (c) Street Address or R. F. D. No. Main St
   (d) Death Occurred Inside? X Outside? ____ city or town
   (e) Died in a Home ___ Hospital X Institution ___ Other place ___
   (f) Name Hosp. or Inst Gooding Co Stayed 1 days
   (g) Lived in this county ____ years 9 months ____ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Oklahoma (b) County Mayes
   (c) City or town Spavinaw
   (d) Street Address or R. F. D. No. " "
   (e) Deceased lived Inside? X Outside? ____ city or town
   (f) Citizen of what country? United States
   (g) How long had deceased lived in Idaho? 9 mo. years
   (h) Former residence (city, state) Spavinaw, Oklahom

3. (a) **FULL NAME** John William Housley 169

3. (b) If veteran, name war no
3. (c) Social Security No. 444 03 2833
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Elizebeth
6. (c) Age of husband or wife if alive 42 years
7. Date of Birth (Month, Day, Year) October 14, 1898

8. AGE	Years	Months	Days	If less than 1 day
	45	3	23	hrs ____ min.

9. Exact Occupation Section laborer — Did this work for 9 Mo. yrs.
10. Industry or Business U.P.Railroad — Date last worked 2/6/44
11. Birthplace Logan County (City or town) Arkansas (State or foreign country)

Father
12. Name John William Housley Sr.
13. Birthplace ------ (City or town) Arkansas (State or foreign country)

Mother
14. Maiden name unknown
15. Birthplace unknown (City or town) (State or foreign country)

16. Informant's OWN Signature J.W.Housley
and Address at bed side P.O.L. Rector
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 2/12/44 (Month) (Day) (Year)
(c) Place: Pryor Oklahoma
18. Funeral Director's OWN Signature H.P. Bright
and Address Gooding Idaho
19. (a) 2-8-44 (Date received and filed) (b) J.O.Russell (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Feb 6 1944
at 8 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from ____ 19__, to ____ 19__
I last saw h__ alive on ____ 19__; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Traumatic shock	2 hrs
Due to Many injuries + burn of Head	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ____ Date ____
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Yes Suicide? ____ Homicide? ____
Occurred Feb 6 1944 City, county, state where violence occurred Gooding Co Ida
Place of Violence: Home ____ Farm ____ Industry ____
Public Place railroad While at work? Yes
Means of injury Train wreck

23. Attendant's OWN Signature J.O.Russell (M. D. or other)
and Address Carney, Gooding Co Date 2-6 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

137873

United States
Department of Commerce
Bureau of the Census

MAR 14 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 1075
Reg. Dist. No. 425

1. **PLACE OF DEATH:**
(a) County Gooding
(b) City or town Hagerman
(c) Street Address or R. F. D. No. "
(d) Death Occurred Inside? Outside? X city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 2 years 7 months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Gooding
(c) City or town Hagerman
(d) Street Address or R. F. D. No. "
(e) Deceased lived Inside? Outside? X city or town
(f) Citizen of what country? USA
(g) How long had deceased lived in Idaho? 2 1/2 years
(h) Former residence (city, state) Springville Utah

3. (a) **FULL NAME** John S. Hill 932

3. (b) If veteran, name war no
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of ~~husband~~ or wife Artie Hill
6. (c) Age of husband or wife if alive 48 years
7. Date of Birth (Month, Day, Year) Aug. 30, 1884

8. AGE	Years	Months	Days	If less than 1 day
	59	5	7	hrs min.

9. Exact Occupation Foreman — Did this work for 2 1/2 yrs.
10. Industry or Business U.S. Fish Hatchery — Date last worked 2-7-44
11. Birthplace Ogden Utah (City or town) (State or foreign country)

Father
12. Name George D. Hill
13. Birthplace Mt. Pisgah Iowa (City or town) (State or foreign country)

Mother
14. Maiden name Charity Jane Shelton
15. Birthplace Mo. Carolina (City or town) (State or foreign country)

16. Informant's **OWN** Signature Artie Hill
and Address Hagerman Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Feb 10 1944 (Month) (Day) (Year)
(c) Place Springville Utah
18. Funeral Director's **OWN** Signature W. P. Bright
and Address Gooding Idaho
19. (a) 3-1-44 (Date received and filed) (b) J. A. Chenoweth (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Febr 7, 1944
at ~~12~~ o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from 1/8 1944, to Feb 7 1944
I last saw him alive on 1/8/44 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
940 Coronary occlusion	1 hr
Due to Coronary atherosclerosis 94 & Hypertensive Cardiovascular Disease	10 yrs. / 15 yrs.
Due to Age 932	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? Unknown
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature Harold G. Holsinger MD (M. D. or other)
and Address Kendall Ida. Date 19
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

137574

United States
Department of Commerce
Bureau of the Census

MAR 14 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 1077
Reg. Dist. No. 420

1. **PLACE OF DEATH:**
(a) County Gooding
(b) City or town Gooding
(c) Street Address or R. F. D. No. 506 Montana, st.
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home ____ Hospital X Institution ____ Other place ____
(f) Name Hosp. or Inst. Gooding Hosp. lived 2 days
(g) Lived in this county 26 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Gooding
(c) City or town Gooding
(d) Street Address or R. F. D. No. 506 Mont.
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? United States
(g) How long had deceased lived in Idaho? 26 years
(h) Former residence (city, state) Nebo Ill.

3. (a) **FULL NAME** Frank A. Robinson 83a

3. (b) If veteran, name war no
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Maggie Robinson
6. (c) Age of husband or wife if alive 74 years
7. Date of Birth (Month, Day, Year) October, 12, 1866

8. AGE	Years	Months	Days	If less than 1 day
	77	3	26	hrs ____ min.

9. Exact Occupation Grain Dealer — Did this work for 28 yrs.
10. Industry or Business Carpenter — Date last worked 1940
11. Birthplace Pike County Ill. (City or town) (State or foreign country)

Father
12. Name William Robinson
13. Birthplace ------- Ireland (City or town) (State or foreign country)

Mother
14. Maiden name Jane Parks
15. Birthplace ------- Ireland (City or town) (State or foreign country)

16. Informant's OWN Signature Maggie Robinson
and Address Gooding Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 2/10/44 (Month) (Day) (Year)
(c) Place: Elmwood Cem. Gooding Ida.
18. Funeral Director's OWN Signature H. P. Bright
and Address Gooding Idaho
19. (a) 2-7-44 (Date received and filed) (b) J. H. Cromwell (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Feb 7- 1944
at 12 o'clock ____ M.
21. **I HEREBY CERTIFY,** That I attended deceased from April 1943 to 2-7- 1944
I last saw him alive on 2-2- 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: 83a1 — Duration
Cerebral hemorrhage — 10 Mo
Due to age - arteriosclerosis — 97
hypertension — 10 2
Due to ____
Other conditions ____
(Include pregnancy within 3 months of death)
Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature J. H. Cromwell (M. D. or other)
and Address Gooding Ida Date 2-6 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

137875

United States
Department of Commerce
Bureau of the Census MAR 14 1944

Certificate Of Death

STATE OF IDAHO

State File No. 1078
Local Reg. No. 1078
Reg. Dist. No. 420

1. PLACE OF DEATH:
(a) County Gooding
(b) City or town Hagerman
(c) Street Address or R.F.D. No. Hagerman Post Hall
(d) Death Occured Inside? + Outside? ~~city or~~ town
(e) Died in a Home.... Hospital.... Institution.... Other place....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county Unknown years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Gooding
(c) City or town Hagerman Ida
(d) Street Address or R.F.D. No. .....
(e) Deceased lived Inside? ..... Outside? X city or town
(f) Citizen of what country? Spain
(g) How long had deceased lived in Idaho? Unknown years
(h) Former residence (city, state) Unknown

3. (a) FULL NAME Jos. Taylor

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3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced .....
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) Day and Month unknown Age 47 on Liquor License

8. AGE	Years	Months	Days	If less than 1 day
	47	Unknown	Unknown	hrs min.

9. Exact Occupation Sheep Works Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Spain (City or town) (State or foreign country)
Father
12. Name Jos Taylor
13. Birthplace Spain (City or town) (State or foreign country)
Mother
14. Maiden name Unknown
15. Birthplace Unknown (City or town) (State or foreign country)
16. Informant's **OWN** Signature Martin E. Currace
and Address Hagerman Ida
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/11/44 (Month) (Day) (Year)
(c) Place: Hagerman
18. Funeral Director's **OWN** Signature Evans & Johnson
and Address Buhl L. Johnson
19. (a) 3/6-44 (Date received and filed) (b) J. H. Cromwell (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Feb 8 1944
at 3:15 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from ..... 19....., to ..... 19.....
I last saw h..... alive on ..... 19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Sudden death	
Due to Heredity	
Heart disease	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. ~~Attendant's~~ **OWN** Signature J. H. Cromwell Caroline F. Goodrey Co. (M. D. or other)
and Address Goodrey Ida Date 2-10 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

MAR 6 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137876
Local Reg. No.
Reg. Dist. No. 4-21

1. **PLACE OF DEATH:**
   (a) County (Wendell) Gooding
   (b) City or town Wendell
   (c) Street Address or R. F. D. No. Main St.
   (d) Death Occurred Inside? X Outside? ____ city or town
   (e) Died in a Home ____ Hospital X Institution ____ Other place ____
   (f) Name Hosp. or Inst. St Valentines ____ yed 3 days
   (g) Lived in this county 4 years 6 months ____ days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Gooding
   (c) City or town Gooding
   (d) Street Address or R. F. D. No. 10th & Montana
   (e) Deceased lived Inside? X Outside? ____ city or town
   (f) Citizen of what country? United States
   (g) How long had deceased lived in Idaho? 27 years
   (h) Former residence (city, state) Amboy Minnesota

3. (a) **FULL NAME** Archie H. Stratton

169

3. (b) If veteran, name war ____ 3. (c) Social Security No. 712-07-7128
4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Ruby Stratton 6. (c) Age of husband or wife if alive 37 years
7. Date of Birth (Month, Day, Year) October 30, 1900

8. AGE	Years	Months	Days	If less than 1 day
	43	3	11	hrs ____ min.

9. Exact Occupation Section Foreman Did this work for 20 yrs.
10. Industry or Business none Date last worked 2/6/44
11. Birthplace Amboy (City or town) Minnesota (State or foreign country)

Father
12. Name F.C. Stratton
13. Birthplace Rapidan (City or town) Minnesota (State or foreign country)

Mother
14. Maiden name Effie Salsbury
15. Birthplace Amboy (City or town) Minnesota (State or foreign country)

16. Informant's OWN Signature Ruby Stratton
and Address Gooding Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 2/14/44 (Month) (Day) (Year)
(c) Place Cloverdale Memorial, Boise Ida.
18. Funeral Director's OWN Signature H. P. Bright
and Address Gooding Idaho
19. (a) 2/15/44 (Date received and filed) (b) Lester M. Rose O.S.D. (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Feb. 10 1944
at 2 o'clock PM.
21. **I HEREBY CERTIFY,** That I attended deceased from 2/6/ 1944 to 2/10/ 1944
I last saw him alive on Feb. 10 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: (Duration)
10 Lobar Pneumonia 2 days
Due to Shock 169
Due to Ruptured Spleen.
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?
Name of operation ____ Date ____
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? X Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred
Place of Violence: Home ____ Farm ____ Industry ____
Public Place yes While at work? yes
Means of injury Flywheel of Engine Struck Deceased
23. Attendant's OWN Signature C. E. Bramble MD (M. D. or other)
and Address Gooding Date 2/14 1944
(For additional space, use reverse side)

137877

United States
Department of Commerce
Bureau of the Census

MAR 6 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No. 421

1. **PLACE OF DEATH:**
   (a) County Gooding
   (b) City or town Wendell
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? L Outside? city or town
   (e) Died in a Home Hospital Institution Other place
   (f) Name Hosp. or Inst. St Valentine Stayed days
   (g) Lived in this county years months 1 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Jerome
   (c) City or town Jerome
   (d) Street Address or R. F. D. No.
   (e) Deceased lived Inside? L Outside? city or town
   (f) Citizen of what country? US
   (g) How long had deceased lived in Idaho? years
   (h) Former residence (city, state)

3. (a) **FULL NAME** Charles Otto Stratton 956

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Nov 9 1930

8. AGE	Years	Months	Days	If less than 1 day
	13	3	5	hrs min.

9. Exact Occupation Student Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Jerome (City or town) Idaho (State or foreign country)

Father
12. Name Charles Stratton
13. Birthplace Castle Ford (City or town) Idaho (State or foreign country)

Mother
14. Maiden name Helen Carey
15. Birthplace Kansas City (City or town) Mo (State or foreign country)

16. Informant's OWN Signature Charles O Stratton
and Address Jerome Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Feb 14-44 (Month) (Day) (Year)
(c) Place: Jerome Idaho
18. Funeral Director's OWN Signature J R Wiley
and Address Jerome Idaho
19. (a) 2/16/44 (Date received and filed) (b) Sister M. Rose, O.S.B. (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Feb 14 1944
at 11:30 o'clock A.M.
21. **I HEREBY CERTIFY,** That I attended deceased from 12/20/43 19 to 2/14/44 19
I last saw him alive on 2/14/44 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: 9503	Duration
Acute cardiac dilatation	48 hrs
Due to Rheumatic heart disease	1½ mo.
Due to 956	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? unknown
Name of operation None Date
Major finding
Finding of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state
where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature Carlyle Small (M. D. or other)
and Address Jerome Date 2/15/44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census MAR 6 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137878
Local Reg. No.
Reg. Dist. No. 4-21

1. **PLACE OF DEATH:**
(a) County Gooding
(b) City or town Wendell
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home ____ Hospital X Institution ____ Other place ____
(f) Name Hosp. or Inst. St. Valentines Stayed ____ days
(g) Lived in this county 44 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Jerome
(c) City or town Jerome
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? ✓ Outside? ____ city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? ____ years
(h) Former residence (city, state)

3. (a) **FULL NAME** Emilia Schmidt 195E

3. (b) If veteran, name war ____ 3. (c) Social Security No. ____

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife ____ 6. (c) Age of husband or wife if alive ____ years

7. Date of Birth (Month, Day, Year) Jan 1854

8. AGE	Years	Months	Days	If less than 1 day
	90			hrs ____ min.

9. Exact Occupation housewife Did this work for ____ yrs.
10. Industry or Business ____ Date last worked ____
11. Birthplace Germany (City or town) (State or foreign country)

Father
12. Name not known
13. Birthplace " " (City or town) (State or foreign country)

Mother
14. Maiden name not known
15. Birthplace " " (City or town) (State or foreign country)

16. Informant's **OWN** Signature W E Jellison
and Address Jerome

17. (a) burial (Burial, cremation, or removal) (b) Date thereof Feb. 18, 44 (Month) (Day) (Year)
(c) Place: Jerome Funeral Chapel

18. Funeral Director's **OWN** Signature D. R. Harrison
and Address Jerome

19. (a) 2/19/44 (Date received and filed) Sister M. Rose O. S. B. (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 2/15/44 19____
at 5:15 o'clock P. M.

21. **I HEREBY CERTIFY,** That I attended deceased from 2/9/44 19____, to 2/14/44 19____
I last saw h____ alive on ____ 19____; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Senility	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) Cracked L. femur	1 Wk.

Where was disease contracted? ____
Name of operation None Date ____
Major finding ____
Finding of autopsy Not done

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: ~~Accident?~~ ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state ____
where violence occurred ____
Place of Violence: ~~Home~~ ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's **OWN** Signature Carlyle Shuil (M. D. or other)
and Address Jerome Date 2/16 19 44
(For additional space, use reverse side)

137879

United States
Department of Commerce
Bureau of the Census

MAR 14 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137879
Local Reg. No. 1079
Reg. Dist. No. 420

1. **PLACE OF DEATH:**
(a) County Gooding
(b) City or town Gooding
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? ✓ Outside? city or town
(e) Died in a Home Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed 19 days
(g) Lived in this county 25 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Lincoln
(c) City or town Shoshone
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? ✓ Outside? city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 26 years
(h) Former residence (city, state) Mt. Home Idaho

3. (a) FULL NAME Allie Mary Averill Tuel 93d

3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Justin Hill Tuel
6. (c) Age of husband or wife if alive 67 years
7. Date of Birth (Month, Day, Year) Nov. 21 - 1880

8. AGE	Years	Months	Days	If less than 1 day
	63	3	1	hrs min.

9. Exact Occupation Housewife Did this work for yrs.
10. Industry or Business Home Date last worked Nov. 10-1943
11. Birthplace Lane (City or town) Kansas (State or foreign country)
Father
12. Name Bethel P. Averill
13. Birthplace ? Iowa (City or town) (State or foreign country)
Mother
14. Maiden name Mary Wells
15. Birthplace ? Kans (City or town) (State or foreign country)
16. Informant's OWN Signature Justin H. Tuel
and Address Shoshone - Idaho
17. (a) Burial (Burial, cremation or removal) (b) Date thereof Feb. 25th 44 (Month) (Day) (Year)
(c) Place: Shoshone - Idaho
18. Funeral Director's OWN Signature Myrtle C. Burdett
and Address Shoshone. Idaho
19. (a) 3-1-44 (Date received and filed) (b) J H Cromwell (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Feb 22 1944
at 4:30 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from Feb 1st 1944, to Feb 22 1944
I last saw her alive on Feb 22 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death	Duration
Chronic Myocarditis 93d	5-6 yrs
Due to	
Due to 102	
Other conditions Hypertension (Include pregnancy within 3 months of death)	5-6 yrs
Cerebral Hemorrhage	1942
Where was disease contracted? 83 a1	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature T. E. Barrett M.D. (M. D. or other)
and Address Gooding Ida Date Feb 25 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census MAR 14 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

137880
State File No. 234
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF DEATH:**
(a) County Idaho
(b) City or town Kooskia
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? ✓ city or town
(e) Died in a Home ✓ Hospital Institution Other place
(f) Name Hosp. or Inst. — Stayed — days
(g) Lived in this county 28 years — months — days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Idaho
(c) City or town Kooskia
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Outside? ✓ city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 28 years
(h) Former residence (city, state) Vernon, Indiana

3. (a) **FULL NAME** Ella May Tweedy 33a

3. (b) If veteran, name war — 3. (c) Social Security No. —

4. Sex Fem. 5. Color or race White 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Thomas 6. (c) Age of husband or wife if alive — years

7. Date of Birth (Month, Day, Year) April 18, 1863

8. AGE	Years	Months	Days	If less than 1 day
	80	08	29	hrs min.

9. Exact Occupation House wife — Did this work for 60 yrs.
10. Industry or Business — Date last worked 1/3/44
11. Birthplace St. Joe, (City or town) Missouri (State or foreign country)

Father
12. Name F. D. Storey
13. Birthplace — (City or town) New York (State or foreign country)

Mother
14. Maiden name unknown
15. Birthplace — (City or town) U.S.A. (State or foreign country)

16. Informant's **OWN** Signature J. Ramie Tweedy
and Address Kooskia, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 19, 1944 (Month) (Day) (Year)
(c) Place: Tahoe Cemetery

18. Funeral Director's **OWN** Signature Claude Ipsen
and Address Kooskia Idaho

19. (a) 1/19-44 (Date received and filed) (b) Burdett Brown (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) January 17 1944
at 6:40 o'clock A.M.

21. **I HEREBY CERTIFY,** That I attended deceased from Nov. 15th 1943, to Jan. 17th 1944
I last saw her alive on Jan. 15th 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Bronchial Pneumonia	14 days
Due to Influenza	12 hours
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation — Date
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature C. F. Bryan (M. D. or other)
and Address Kamiah Date 1/18 1944
(For additional space, use reverse side)

137881

United States
Department of Commerce
Bureau of the Census

MAR 2 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. ____
Local Reg. No. 531
Reg. Dist. No. 244

1. **PLACE OF DEATH:**
(a) County Idaho
(b) City or town Kooskia
(c) Street Address or R. F. D. No. ____
(d) Death Occurred Inside? ✓ Outside? ____ city or town
(e) Died in a Home ✓ Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county ____ years 3 months 2 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Idaho
(c) City or town Kooskia
(d) Street Address or R. F. D. No. ____
(e) Deceased lived Inside? ✓ Outside? ____ city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? — years
(h) Former residence (city, state) —

3. (a) **FULL NAME** Gordon Fred Shaner

2 0 0 c

3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Mas.
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Date of Birth (Month, Day, Year) October 30 1943

8. AGE	Years	Months	Days	If less than 1 day
		3	2	hrs ____ min.

9. Exact Occupation —
Did this work for — yrs.
10. Industry or Business —
Date last worked —
11. Birthplace Lewiston (City or town) Idaho (State or foreign country)

Father
12. Name Fred W. Shaner
13. Birthplace Spokane (City or town) Wash. (State or foreign country)

Mother
14. Maiden name Hattie E. Squires
15. Birthplace Kooskia (City or town) Idaho (State or foreign country)

16. Informant's **OWN** Signature Fred W. Shaner
and Address Kooskia, Idaho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 4, 1944 (Month) (Day) (Year)
(c) Place: Pine Grove Cem. - Kooskia
18. Funeral Director's **OWN** Signature Claude Tenney
and Address Kooskia, Idaho.
19. (a) Mr 3-44 (Date received and filed) (b) H W Wentworth (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) February 2 1944
at 3:00 o'clock A.M.
21. I HEREBY CERTIFY, That I attended deceased from Jan 31 1944 to Feb 2 1944
I last saw him alive on Jan 31 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Unknown	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation ____ Date ____	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's **OWN** Signature H W Wentworth (M. D. or other)
and Address Status Date 2/3 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

MAR 2 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137882
Local Reg. No. 532
Reg. Dist. No. 244

1. **PLACE OF DEATH:**
   (a) County Idaho
   (b) City or town Kooskia
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? ✓ Outside? city or town
   (e) Died in a Home ✓ Hospital Institution Other place
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county 35 years 0 months 0 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Idaho
   (c) City or town Kooskia
   (d) Street Address or R. F. D. No.
   (e) Deceased lived Inside? ✓ Outside? city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 35 years
   (h) Former residence (city, state) Ottumwa, Iowa

3. (a) **FULL NAME** Myrtle Reed 95C

3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Fem.
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Ben Reed
6. (c) Age of husband or wife if alive 83 years
7. Date of Birth (Month, Day, Year) April 4, 1882

8. AGE	Years	Months	Days	If less than 1 day
	61	10	1	hrs min.

9. Exact Occupation Housewife Did this work for 46 yrs.
10. Industry or Business — Date last worked 12/25/43
11. Birthplace Kansas City (City or town) Missouri (State or foreign country)

Father
12. Name Aaron Adamson
13. Birthplace — (City or town) Indiana (State or foreign country)

Mother
14. Maiden name Margaret Lavina Patterson
15. Birthplace — (City or town) Minnesota (State or foreign country)

16. Informant's OWN Signature Aaron Reed
and Address Kooskia Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 9-44 (Month) (Day) (Year)
(c) Place: Tahoe cemetery
18. Funeral Director's OWN Signature Claude Trenary
and Address Kooskia Idaho
19. (a) Feb 7-1944 (Date received and filed) (b) H W Wentworth (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Feb. 5 1944
at 7:45 o'clock P.M.
21. **I HEREBY CERTIFY,** That I attended deceased from Aug 6th 1940 to Feb 5th 1944
I last saw her alive on Feb 5th 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Heart failure, Dilatation of left and right ventricles	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature H W Wentworth M D (M. D. or other)
and Address States Date 2/7 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

FEB 1 0 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137883
Local Reg. No. 6
Reg. Dist. No. 2-42

1. **PLACE OF DEATH:**
(a) County Idaho
(b) City or town Cottonwood
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? ✓ Outside? ____ city or town
(e) Died in a Home ____ Hospital ✓ Institution ____ Other place ____
(f) Name Hosp. or Inst. Custody of Constable Stayed ____ days
(g) Lived in this county 11 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Idaho
(c) City or town Whitebird
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? ____ Outside? ✓ city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? 11 years
(h) Former residence (city, state) Boston, Mass

3. (a) **FULL NAME** Herbert Lucious McMillan

3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married divorced Married
6. (b) Name of husband or wife Mary A Hollenbeck
6. (c) Age of husband or wife if alive 61 years
7. Date of Birth (Month, Day, Year) June 2 1875

8. AGE	Years	Months	Days	If less than 1 day hrs min.
	68	8	4	

9. Exact Occupation Farmer — Did this work for Life yrs.
10. Industry or Business Own Farm — Date last worked
11. Birthplace Montevideo, Minn (City or town) (State or foreign country)

Father
12. Name Morrison McMillan
13. Birthplace Unknown (City or town) (State or foreign country)

Mother
14. Maiden name Lucinda Mallet
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mrs H L McMillan
and Address Whitebird Idaho
17. (a) Removal (Burial, cremation or removal) (b) Date thereof 2-6-44 (Month) (Day) (Year)
(c) Place: Clarkston, Wash.
18. Funeral Director's **OWN** Signature H R Merchant
and Address Clarkston, Wash.
19. (a) 2-7-44 (Date received and filed) (b) W J Orr M D by H R (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) February 6 1944
at 9:22 o'clock A M.

21. **I HEREBY CERTIFY,** That I attended deceased from Jan 1 1944 to 2-6-44 19____
I last saw him alive on 2-6-44 19____; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cardiac Failure	
Due to Evacuation Gradual	10 mo.
Due to Carcenoma of Prostate	3 yr.
Other conditions Metastasis (Include pregnancy within 3 months of death)	

Where was disease contracted? Home
Name of operation Prostatectomy Date 3-1-43
Major finding Enlarged Prostate
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury

23. Attendant's **OWN** Signature Wesley F Orr (M. D. or other)
and Address Cottonwood Date 2-6 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

137884

United States
Department of Commerce
Bureau of the Census MAR 7 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No. 240

1. **PLACE OF DEATH:**
(a) County Idaho
(b) City or town Oro Grande
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? ✓ Outside? city or town
(e) Died in a Home ✓ Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Idaho
(c) City or town Oro Grande
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? ✓ Outside? city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? 3 years
(h) Former residence (city, state) Spokane Wash

3. (a) **FULL NAME** Charles R. Hesseltine 83a

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race white
6. (a) Single, widowed, married, divorced divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Dec 21. 1880

8. AGE	Years	Months	Days	If less than 1 day
	63	1	15	hrs min.

9. Exact Occupation Miner Did this work for 45 yrs.
10. Industry or Business Date last worked 2/5/44
11. Birthplace (City or town) Oregon (State or foreign country)
Father
12. Name Unknow
13. Birthplace (City or town) Unknow (State or foreign country)
Mother
14. Maiden name Unknow
15. Birthplace (City or town) Unknow (State or foreign country)
16. Informant's OWN Signature J. Larsen
and Address Orogrande Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 2/7/43 (Month) (Day) (Year)
(c) Place: Spokane wash
18. Funeral Director's OWN Signature Glenn Aulin
and Address Grangeville Idaho
19. (a) 2/7/44 (Date received and filed) (b) Glenn Aulin (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 2/6 1944
at o'clock M.
21. **I HEREBY CERTIFY,** That I attended deceased from 19, to 19
I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebral Hemorrhage	
Due to Found deadinbed	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature Glenn Aulin (M. D. or other)
and Address Grangeville Date 2/7 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink on BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

137885

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

MAR 2 1944

State File No.
Local Reg. No. 533
Reg. Dist. No. 244

1. **PLACE OF DEATH:**
(a) County Idaho
(b) City or town Stites
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? ✓ city or town
(e) Died in a Home ✓ Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 71 years 3 months 3 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Idaho
(c) City or town Stites
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Outside? ✓ city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 71 years
(h) Former residence (city, state)

3. (a) **FULL NAME** Lilly Mary Slickpoo 200a

3. (b) If veteran, name war —
3. (c) Social Security No.
4. Sex Fem. 5. Color or race red 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Paul Slickpoo 6. (c) Age of husband or wife if alive 95 years
7. Date of Birth (Month, Day, Year) November 3 1872

8. AGE	Years	Months	Days	If less than 1 day
	71	3	3	hrs min.

9. Exact Occupation Housewife Did this work for 50 yrs.
10. Industry or Business Date last worked 2/5/44
11. Birthplace Idaho Co. (City or town) Idaho (State or foreign country)

Father
12. Name Steven Kol Kol Tom
13. Birthplace — (City or town) Idaho (State or foreign country)

Mother
14. Maiden name Unknown
15. Birthplace — (City or town) Ft (State or foreign country)

16. Informant's **OWN** Signature Almeda Stevens
and Address Stites, Idaho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/9/44 Wed 10:00 (Month) (Day) (Year)
(c) Place: Stites Indian private cem.
18. Funeral Director's **OWN** Signature Claude Tenney
and Address Kooskia, Idaho
19. (a) Mr 7 1944 (Date received and filed) (b) H W Wentworth (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) February 6 1944
at 12:45 o'clock A.M.
21. **I HEREBY CERTIFY,** That I attended deceased from ____ 19____, to ____ 19____
I last saw h____ alive on ____ 19____; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19____ City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature H W Wentworth (M. D. or other)
and Address Stites Date 2/7 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

137886

United States
Department of Commerce
Bureau of the Census MAR 10 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137886
Local Reg. No. 3
Reg. Dist. No. 641

1. **PLACE OF DEATH:**
(a) County Jefferson
(b) City or town Roberts
(c) Street Address or R. F. D. No. R. F. D. #1
(d) Death Occurred Inside? ____ Outside? ✓ city or town
(e) Died in a Home ✓ Hospital ___ Institution ___ Other place ___
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county ____ years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Jefferson
(c) City or town Roberts
(d) Street Address or R. F. D. No. R. F. D. #1
(e) Deceased lived Inside? ____ Outside? ✓ city or town
(f) Citizen of what country? U. S. A.
(g) How long had deceased lived in Idaho? 25 years
(h) Former residence (city, state) Texas

3. (a) **FULL NAME** Ova Jack 33a

3. (b) If veteran, name war ____ 3. (c) Social Security No. ____

4. Sex F 5. Color or race W. 6. (a) Single, widowed, (married), divorced ____

6. (b) Name of husband or wife George Jack 6. (c) Age of husband or wife if alive 59 years

7. Date of Birth (Month, Day, Year) February 17, 1899

8. AGE	Years	Months	Days	If less than 1 day hrs	min.
	44	11	12		

9. Exact Occupation Housewife Did this work for ____ yrs.
10. Industry or Business ____ Date last worked ____
11. Birthplace Joshua, Texas (City or town) (State or foreign country)

Father
12. Name Robert L. Bell
13. Birthplace Texas (City or town) (State or foreign country)

Mother
14. Maiden name Not Known
15. Birthplace Texas (City or town) (State or foreign country)

16. Informant's **OWN** Signature George E. Jack
and Address Roberts, Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 2/2/44 (Month) (Day) (Year)
(c) Place Idaho Falls, Idaho
18. Funeral Director's **OWN** Signature Jack A. Wood
and Address Idaho Falls, Idaho
19. (a) March 8 1944 (Date received and filed) (b) Mrs A B Eckersall (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) January 29 1944
at 5 o'clock P. M.

21. **I HEREBY CERTIFY,** That I attended deceased from Oct. 19 1941, to January 29 1944
I last saw her alive on June 1943; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: 1. Lobar Pneumonia 108 — Duration 2 days
Due to Influenza 336 — 4 days
Due to ____
Other conditions None
(Include pregnancy within 3 months of death)

Where was disease contracted? at Home
Name of operation None Date ____
Major finding ____
Finding of autopsy None performed

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's **OWN** Signature Leon Hall M. D. (M. D. or other)
and Address Rigby, Ida. Date 2/17 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

FEB 12 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 13777
Local Reg. No. 2
Reg. Dist. No. 6-44

1. **PLACE OF DEATH:**
(a) County Jefferson
(b) City or town Rigby
(c) Street Address or R. F. D. No. 1
(d) Death Occurred Inside? ..... Outside? X ..... city or town
(e) Died in a Home X Hospital ..... Institution ..... Other place .....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 40 years ..... months ..... days
Note For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Jefferson
(c) City or town Rigby
(d) Street Address or R. F. D. No. 1
(e) Deceased lived Inside? ..... Outside? X ..... city or town
(f) If foreign born, in U. S. ..... yrs. Citizen of U. S.? .....
(g) How long had deceased lived in Idaho? 40 years
(h) Former residence (city, state) Harrisville, Ut

3. (a) **FULL NAME** ROBERT McCULLOUGH. 932

3. (b) If veteran, name war X
3. (c) Social Security No. X
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Adeline W
6 (c) Age of husband or wife if alive 66 years
7. Date of Birth (Month, Day, Year) Nov. 4, 1876

8. AGE	Years	Months	Days	If less than 1 day
	67	3	1	hrs ..... min.

9. Exact Occupation Farming — Did this work for life yrs.
10. Industry or Business Farm — Date last worked Sept-43
11. Birthplace Harrisville, Utah. (City or town) (State or foreign country)

Father
12. Name John McCullough.
13. Birthplace England. (City or town) (State or foreign country)

Mother
14. Maiden name Mary Ann Daniel Brown.
15. Birthplace England. (City or town) (State or foreign country)

16. Informant's **OWN** Signature Harold McCullough.
and Address 854-11th St. Idaho Falls, Ida.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/9/44 (Month) (Day) (Year)
(c) Place: Rigby, Idaho.
18. Funeral Director's **OWN** Signature A. B. Eckersell
and Address Rigby, Idaho.
19. (a) Feb 8 1944 (Date received and filed) (b) Mrs A B Eckersell (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Feb. 5 1944
at 8:15 o'clock P M.

21. I **HEREBY CERTIFY**, That I attended deceased from March 1942 to Feb. 5 1944
I last saw him alive on Feb. 5 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
1. Chronic Myocarditis	2 years
Due to	
Due to	
Other conditions. Ventral Hernia (Include pregnancy within 3 months of death)	15 years

Where was disease first contracted? .....
Name of operation None Date .....
Major finding .....
Finding of autopsy None performed

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature Delon Hall, M.D. (M. D. or other)
and Address Rigby Ida. Date 2/6 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Original

United States
Department of Commerce
Bureau of the Census

MAR 10 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137888
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF DEATH:**
(a) County Jerome
(b) City or town Hunt
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. Minidoka Project Hospital 1 Stayed days
(g) Lived in this county years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State (b) County Jerome
(c) City or town
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Outside? city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? years
(h) Former residence (city, state)

3. (a) FULL NAME Kenneth Itami

161a

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race Japanese
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) January 25, 1944

8. AGE	Years	Months	Days	If less than 1 day
				22 hrs 33 min.

9. Exact Occupation Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Hunt, Idaho (City or town) (State or foreign country)
Father
12. Name Tadao Itami
13. Birthplace Japan (City or town) (State or foreign country)
Mother
14. Maiden name Fujiye Mukumoto
15. Birthplace Bellevue, Washington (City or town) (State or foreign country)
16. Informant's OWN Signature Tadao Itami
and Address 41-5-D Hunt, Idaho
17. (a) Cremation (b) Date thereof (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place Salt Lake City, Utah
18. Funeral Director's OWN Signature D. A. L. Harrison
and Address Jerome, Idaho
19. (a) 2-1-44 (Date received and filed) (b) R. W. Sinclair (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) January 26, 1944
at 8:25 o'clock a. M.
21. **I HEREBY CERTIFY,** That I attended deceased from January 25, 1944, to January 26, 1944
I last saw him alive on January 26, 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Pulmonary Atelectasis of the newborn.	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy Not Done	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state
where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature R. M. Neherman (M. D. or other)
and Address Hunt, Idaho Date Jan 31 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce MAR 10 1944
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137889
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF DEATH:**
   (a) County Jerome
   (b) City or town Jerome
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? X Outside? city or town
   (e) Died in a Home X Hospital Institution Other place
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county 3 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Jerome
   (c) City or town Jerome
   (d) Street Address or R. F. D. No.
   (e) Deceased lived Inside? X Outside? city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? years
   (h) Former residence (city, state) Iowa.

3. (a) **FULL NAME** DUNCAN, Roy E. 1316

3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex male
5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Cora
6. (c) Age of husband or wife if alive 60 years
7. Date of Birth (Month, Day, Year) July 26, 1882

8. AGE	Years	Months	Days	If less than 1 day
	61	6	4	hrs min.

9. Exact Occupation Farmer — Did this work for 40 yrs.
10. Industry or Business — Date last worked 1942
11. Birthplace Siam, (City or town) Iowa (State or foreign country)

Father
12. Name Daniel Duncan
13. Birthplace Illinois (City or town) (State or foreign country)

Mother
14. Maiden name Evaline Scrivner
15. Birthplace Illinois (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mrs. Cora Duncan
and Address Jerome, Idaho
17. (a) removal (Burial, cremation, or removal) (b) Date thereof 1/30/44 (Month) (Day) (Year)
(c) Place: Twin Falls, Idaho
18. Funeral Director's **OWN** Signature White Mortuary Ella M. White E-249
and Address Twin Falls, Idaho.
19. (a) 2-7-44 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) January 30th, 1944
at 3:00 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from 8-26 1943 to Jan., 30th 1944
I last saw him alive on Jan 28 1944; death is said to have occurred on the date and hour stated above.

	Immediate Cause of Death:	Duration
93a	Cerebral Hemorhage	1 hr.
	Due to Hypertension 102	5 yrs?
	Chronic nephritis 1316	2-3 yrs.
	Due to	
	Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? —
Name of operation No Date —
Major finding —
Finding of autopsy No

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature Reuben C. Matson MD (M. D. or other)
and Address Jerome, Idaho Date 2/3 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

MAR 10 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137896
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF DEATH:**
(a) County Jerome
(b) City or town Jerome
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Y Outside? city or town
(e) Died in a Home Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 35 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Jerome
(c) City or town Jerome
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Y Outside? city or town
(f) Citizen of what country? U S
(g) How long had deceased lived in Idaho? years
(h) Former residence (city, state) Harley Idaho

3. (a) **FULL NAME** Clark T Stanton 73E

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Jessie
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Oct 7 1858

8. AGE	Years	Months	Days	If less than 1 day
	85	3	24	hrs min.

9. Exact Occupation Police Judge — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace McHenry Co Ill (City or town) (State or foreign country)

Father
12. Name Steven Stanton
13. Birthplace Maryland (City or town) (State or foreign country)

Mother
14. Maiden name Mary Towne
15. Birthplace (City or town) (State or foreign country)

16. Informant's **OWN** Signature Ben Stanton
and Address Jerome Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 3-44 (Month) (Day) (Year)
(c) Place: Jerome Cemetery

18. Funeral Director's **OWN** Signature J O R Wiley
and Address Jerome Idaho

19. (a) 2-3-44 (Date received and filed) (b) B F McClain (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Feb 1 1944
at 8:45 o'clock A M.

21. **I HEREBY CERTIFY,** That I attended deceased from Dec 16 1943, to Febr. 1 1944
I last saw him alive on Febr. 1 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Myocarditis — Duration 6 wks
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)

Where was disease contracted?
Name of operation No Date
Major finding
Finding of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature Reuben C. Matson M.D. (M. D. or other)
and Address Jerome Ida Date 19

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States Original
Department of Commerce
Bureau of the Census

MAR 1 0 19

Certificate Of Death

STATE OF IDAHO

State File No. 137591
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF DEATH:**
(a) County Jerome
(b) City or town Hunt
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? X Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. Minidoka Project Hospital Stayed 529 days
(g) Lived in this county 1 years 5 months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Oregon (b) County Multnomah
(c) City or town Portland
(d) Street Address or R.F.D. No. Rt. 7 Box 562-A
(e) Deceased lived Inside? Outside? X city or town
(f) Citizen of what country? Japan
(g) How long had deceased lived in Idaho? 17 months
(h) Former residence (city, state) Portland, Ore.

3. (a) **FULL NAME** Shina Yoshida

162 b

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex female 5. Color or race Japanese
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Daigoro
6. (c) Age of husband or wife if alive 69 years
7. Date of Birth (Month, Day, Year) March 18, 1866

8. AGE	Years	Months	Days	If less than 1 day
	77	10	26	hrs min.

9. Exact Occupation Housewife Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Hiroshima, Japan (City or town) (State or foreign country)
Father
12. Name Maehiro
13. Birthplace Hiroshima, Japan (City or town) (State or foreign country)
Mother
14. Maiden name Unobtainable
15. Birthplace Hiroshima, Japan (City or town) (State or foreign country)
16. Informant's **OWN** Signature Masao Yoshida
and Address 37-3-E Hunt, Idaho
17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 2-17-'44 (Month) (Day) (Year)
(c) Place: Salt Lake City, Utah
18. Funeral Director's **OWN** Signature D. A. L. Kirisson
and Address Jerome, Idaho
19. (a) 2-16-44 (Date received and filed) (b) E. M. Sinclair (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) February 8, 1944 19
at 5:35 o'clock p. M.
21. **I HEREBY CERTIFY,** That I attended deceased from September 1942, to February 8, 1944
I last saw her alive on February 8, 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cardiac Failure due to Senility 162	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYISCIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy Not done	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state
where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature [signature] (M. D. or other)
and Address Hunt, Idaho Date 19
(For additional space, use reverse side)

137892

United States
Department of Commerce
Bureau of the Census

MAR 10 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF DEATH:**
(a) County Jerome
(b) City or town Jerome
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Yes Outside? ___ city or town
(e) Died in a Home Hospital ___ Institution ___ Other place ___
(f) Name Hosp. or Inst. ___ Stayed ___ days
(g) Lived in this county 1 years 6 months ___ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Jerome
(c) City or town Jerome
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Yes Outside? ___ city or town
(f) Citizen of what country? U S
(g) How long had deceased lived in Idaho? 1½ years
(h) Former residence (city, state) Colo

3. (a) **FULL NAME** Alice Britton

4 6 E

3. (b) If veteran, name war ___
3. (c) Social Security No. ___
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Clifford
6. (c) Age of husband or wife if alive ___ years
7. Date of Birth (Month, Day, Year) Sept 20 1858

8. AGE	Years	Months	Days	If less than 1 day
	85	4	19	hrs ___ min. ___

9. Exact Occupation At Home — Did this work for ___ yrs.
10. Industry or Business ___ — Date last worked ___
11. Birthplace Quincy (City or town) Iowa (State or foreign country)

Father
12. Name Ely Jones
13. Birthplace W. Virginia (City or town) (State or foreign country)

Mother
14. Maiden name Elizabeth Parker
15. Birthplace W. Virginia (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs Ben Hutchins
and Address Jerome Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Feb 11 1944 (Month) (Day) (Year)
(c) Place: Calloway Neb
18. Funeral Director's OWN Signature FR Wiley
and Address Jerome Idaho
19. (a) 2-10-44 (Date received and filed) (b) F. R. Duncan (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Feb 9 1944
at 6:30 o'clock P M.

21. **I HEREBY CERTIFY**, That I attended deceased from Oct 2 1943 to Feb 9 1944
I last saw her alive on Feb 8 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Carcinoma Transverse colon	2 yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? ___
Name of operation No Date ___
Major finding ___
Finding of autopsy No

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ___ Suicide? ___ Homicide? ___
Occurred ___ 19___ City, county, state where violence occurred ___
Place of Violence: Home ___ Farm ___ Industry ___
Public Place ___ While at work? ___
Means of injury ___

23. Attendant's OWN Signature Reuben C Matson MD (M. D. or other)
and Address Jerome Ida Date ___ 19___
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Original

United States
Department of Commerce
Bureau of the Census

MAR 10 1944

Certificate Of Death

STATE OF IDAHO

State File No. 137893
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF DEATH:**
   (a) County Jerome
   (b) City or town Hunt
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? X Outside? city or town
   (e) Died in a Home Hospital X Institution Other place
   (f) Name Hosp. or Inst. Minidoka Project Hospital Stayed 3 days
   (g) Lived in this county years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State (b) County
   (c) City or town
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? Outside? city or town
   (f) Citizen of what country?
   (g) How long had deceased lived in Idaho? years
   (h) Former residence (city, state)

3. (a) **FULL NAME** Harry George Okegawa

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race Japanese
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) November 16, 1943

8. AGE	Years	Months	Days	If less than 1 day
		2	28	hrs min.

9. Exact Occupation Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Hunt, Idaho (City or town) (State or foreign country)

Father
12. Name George Okegawa
13. Birthplace Kake, Alaska (City or town) (State or foreign country)

Mother
14. Maiden name Irene Charles
15. Birthplace Hoonah, Alaska (City or town) (State or foreign country)

16. Informant's **OWN** Signature George Okegawa
and Address 28-10-D Hunt, Idaho
17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 2-21-44 (Month) (Day) (Year)
(c) Place: Salt Lake City, Utah
18. Funeral Director's **OWN** Signature D. A. L'Hirisson
and Address Jerome Idaho
19. (a) 2-21-44 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) February 13, 1944
at 5:45 o'clock p. M.
21. **I HEREBY CERTIFY,** That I attended deceased from February 10, 1944, to February 13 1944
I last saw him alive on February 13 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Double Lobar Pneumonia	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYISCIAN Underline the cause to which death should be charged statistically.
Name of operation Date	
Major finding	
Finding of autopsy Same as above	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature F. P. Nichols MD (M. D. or other)
and Address Hunt Ida Date 2/14 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

137894

United States
Department of Commerce MAR 10 1944
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF DEATH:**
   (a) County Jerome
   (b) City or town Jerome
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? L Outside? city or town
   (e) Died in a Home L Hospital Institution Other place
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county 30 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Jerome
   (c) City or town Jerome
   (d) Street Address or R. F. D. No.
   (e) Deceased lived Inside? L Outside? city or town
   (f) Citizen of what country? US
   (g) How long had deceased lived in Idaho? 30 years
   (h) Former residence (city, state) Wash

3. (a) **FULL NAME** Lena Oletha Fulkerson

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Dave
6. (c) Age of husband or wife if alive 61 years
7. Date of Birth (Month, Day, Year) May 5 1876

8. AGE	Years	Months	Days	If less than 1 day
	67	9	13	hrs min.

9. Exact Occupation Housewife Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Blue Mound (City or town) Kansas (State or foreign country)

Father
12. Name Geo Cochran
13. Birthplace Jim Dick Co (City or town) Ohio (State or foreign country)

Mother
14. Maiden name Mary Housted
15. Birthplace Morrison (City or town) Ill (State or foreign country)

16. Informant's OWN Signature X D W Fulkerson
and Address Jerome Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 21-44 (Month) (Day) (Year)
(c) Place: Jerome Idaho
18. Funeral Director's OWN Signature J R Wiley
and Address Jerome Idaho
19. (a) 2-22-44 (Date received and filed) (b) E Sinclair (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Feb 18 1944
at 6:00 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from 6/28/44 19 , to 2/18/44 19
I last saw her alive about 1/15/44; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Metastatic Cancer	7 mo
Due to Ca of st. breast	2 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted? ?	
Name of operation None Date	
Major finding	
Finding of autopsy Not done	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature Carlyle Phail (M. D. or other)
and Address Jerome Date 2/21/44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

137895

United States
Department of Commerce
Bureau of the Census

MAR 10 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. ✓
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF DEATH:**
(a) County Jerome
(b) City or town Jerome
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? ✓ city or town
(e) Died in a Home Hospital Institution Other place ✓
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 16 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Jerome
(c) City or town Jerome
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Outside? ✓ city or town
(f) Citizen of what country? U S
(g) How long had deceased lived in Idaho? years
(h) Former residence (city, state) Texas

3. (a) FULL NAME Dan Webster Easterly

170c

3. (b) If veteran, name war
3. (c) Social Security No. 519-18-7008
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Nov 23 1919

8. AGE	Years	Months	Days	If less than 1 day
	24	3	—	hrs min.

9. Exact Occupation Farmer Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Cooper (City or town) Texas (State or foreign country)
Father
12. Name E. A. Easterly
13. Birthplace Greenville (City or town) Tenn (State or foreign country)
Mother
14. Maiden name Margaret Webster
15. Birthplace Greenville (City or town) Tenn (State or foreign country)
16. Informant's OWN Signature x J R Webster
and Address Jerome Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-28-44 (Month) (Day) (Year)
(c) Place: Jerome Idaho
18. Funeral Director's OWN Signature J R Wiley
and Address Jerome Idaho
19. (a) 2-26-44 (Date received and filed) (b) E. M. Sinclair x (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Feb 23 1944
at 8:15 o'clock P.M.
21. **I HEREBY CERTIFY,** That I attended deceased from ——— 19—, to ——— 19—
I last saw h— alive on ——— 19—; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Fractured Skull	
Due to Being hit by Automobile while walking on Highway	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? X Suicide? Homicide?
Occurred 19 City, county, state where violence occurred Jerome County Idaho
Place of Violence: Home Farm Industry
Public Place X While at work?
Means of injury
23. Attendant's OWN Signature J R Wiley (Coroner) (M. D. or other)
and Address Jerome Idaho Date 2-26 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

137896

United States
Department of Commerce
Bureau of the Census MAR 10 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF DEATH:**
(a) County Jerome
(b) City or town Jerome R#1.
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? — city or town
(e) Died in a Home — Hospital — Institution — Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county years months 2 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Lincoln
(c) City or town Dietrich
(d) Street Address or R. F. D. No. 1
(e) Deceased lived Inside? Outside? — city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? 33 years
(h) Former residence (city, state) Murdo S. Dak.

3. (a) FULL NAME Nellie Satory 200c

3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife John Wm Satory
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Aug. 19 - 1869

8. AGE	Years	Months	Days	If less than 1 day
	74	6	6	hrs min.

9. Exact Occupation Housewife Did this work for yrs.
10. Industry or Business Home Date last worked Feb. 22
11. Birthplace Sussex (City or town) Wisconsin (State or foreign country)
Father
12. Name Aaron Rosier
13. Birthplace ? (City or town) U.S. (State or foreign country)
Mother
14. Maiden name Josephine Weaver
15. Birthplace ? (City or town) U.S. (State or foreign country)
16. Informant's OWN Signature M. L. Gage
and Address
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 2nd 1944 (Month) (Day) (Year)
(c) Place: Shoshone Idaho
18. Funeral Director's OWN Signature Myrtle C. Burdett #E290
and Address Shoshone Idaho
19. (a) 2-27-44 (Date received and filed) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Feb. 25 1944
at 4:15 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from 1/20/42 19, to 2/25/44 19
I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Unknown	—
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted? Unknown	PHYSICIAN
Name of operation None Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy Not done	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state
where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature Carlyle [illegible] (M. D. or other)
and Address Jerome Date 2/26 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

NAVAL HOSPITAL FARRAGUT, IDAHO

United States
Department of Commerce
Bureau of the Census

MAR 14 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137897
Local Reg. No. 47
Reg. Dist. No. 12-1

1. **PLACE OF DEATH:**
(a) County Kootenai
(b) City or town Farragut
(c) Street Address or R. F. D. No. NAVAL HOSPITAL FARRAGUT, IDAHO
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home ____ Hospital X Institution ____ Other place ____
(f) Name Hosp. or Inst. NAVAL HOSPITAL FARRAGUT, IDAHO Stayed 9 days
(g) Lived in this county 0 years 1 months 0 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Kootenai
(c) City or town Farragut
(d) Street Address or R. F. D. No. Farragut
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? U.S.
(g) How long had deceased lived in Idaho? 1 month years
(h) Former residence (city, state) Nelson, Nebraska

3. (a) FULL NAME KINNISON, Bernard Gale. AS,V6,SV,USNR. 876-32-07

107

3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife none
6. (c) Age of husband or wife if alive — years
7. Date of Birth (Month, Day, Year) 2-24-1922

8. AGE	Years	Months	Days	If less than 1 day
	21	11	10	hrs ____ min.

9. Exact Occupation A/S,SV,V6 — Did this work for 1 month
10. Industry or Business U.S. NAVY — Date last worked 1944
11. Birthplace Angas, Nebraska (City or town) (State or foreign country)

Father
12. Name Arthur Roy Kinnison
13. Birthplace not known (City or town) (State or foreign country)

Mother
14. Maiden name not known
15. Birthplace not known (City or town) (State or foreign country)

16. Informant's OWN Signature R.V. Allen. Pharm.USN
and Address NAVAL HOSPITAL FARRAGUT, IDAHO
17. (a) removal (Burial, cremation, or removal) (b) Date thereof 2-9-44 (Month) (Day) (Year)
(c) Place: NELSON, NEBRASKA
18. Funeral Director's OWN Signature MOONEY FUNERAL CHAPEL by
and Address COEUR D'ALENE, IDAHO
19. (a) 2-9-44 (Date received and filed) (b) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) FEBRUARY 4 1944
at 7:01 o'clock P. M.
21. I HEREBY CERTIFY, That I attended deceased from 1-27 1944, to 2-4 1944
I last saw him alive on 2-4- 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
PNEUMONIA, BRONCHO.	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? USNTS FARRAGUT
Name of operation NONE Date —
Major finding
Finding of autopsy same as cause of death

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury
25. Attendant's OWN Signature Harry C. Rogerdale Lt Comdr MC USNR (M. D. or other)
and Address NAVAL HOSPITAL FARRAGUT, IDAHO Date 2-5- 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

137898

United States
Department of Commerce
Bureau of the Census

MAR 14 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 48
Reg. Dist. No. 120

1. **PLACE OF DEATH:**
   (a) County Kootenai
   (b) City or town Coeur D'Alene
   (c) Street Address or R. F. D. No. 702 3rd Ave.
   (d) Death Occurred Inside? X Outside? ____ city or town
   (e) Died in a Home ____ Hospital X Institution ____ Other place ____
   (f) Name Hosp. or Inst. Home Hosp. Stayed 10 days
   (g) Lived in this county 31 years ____ months ____ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Kootenai
   (c) City or town Coeur D'Alene
   (d) Street Address or R. F. D. No. 1009 Sherman
   (e) Deceased lived Inside? X Outside? ____ city or town
   (f) Citizen of what country? U. S.
   (g) How long had deceased lived in Idaho? 31 years
   (h) Former residence (city, state) Hartline, Wash

3. (a) **FULL NAME** Nellie M. Klepfer

108

3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Simeon
6. (c) Age of husband or wife if alive 77 years
7. Date of Birth (Month, Day, Year) 8/12/1872

8. AGE	Years	Months	Days	If less than 1 day hrs	min.
	71	5	2		

9. Exact Occupation Housewife — Did this work for 51 yrs.
10. Industry or Business Own home — Date last worked 1/31/44
11. Birthplace McCordville (City or town) Indiana (State or foreign country)

Father
12. Name Green McCord
13. Birthplace McCordville (City or town) Indiana (State or foreign country)

Mother
14. Maiden name Susan Noax
15. Birthplace McCordville (City or town) Indiana (State or foreign country)

16. Informant's OWN Signature Edith Brebner
and Address 712 Foster Ave
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/8/44 (Month) (Day) (Year)
(c) Place: Forest Cemetery
18. Funeral Director's OWN Signature C. Wendt
and Address 109-111 Lakeside Ave.
19. (a) 2-9-44 (Date received and filed) (b) Frances M. Teed (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 2/7/44 19 44
at 7:45 o'clock P.M.
21. **I HEREBY CERTIFY,** That I attended deceased from 1-29 19 44 to 2-4 19 44
I last saw her alive on 2-4 19 44 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Pneumonia Lobar	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ____ Date ____
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19 ____ City, county, state where violence occurred
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury
23. Attendant's OWN Signature E. H. Reed (M. D. or other)
and Address Coeur d'Alene Date 2-8 1944

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

B.P. # 49

137899

United States
Department of Commerce
Bureau of the Census

MAR 14 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 68
Reg. Dist. No. 120

1. **PLACE OF DEATH:**
   (a) County Kootenai
   (b) City or town Coeur D'Alene
   (c) Street Address or R. F. D. No. 412 Lakeside Ave
   (d) Death Occurred Inside? X Outside? ____ city or town
   (e) Died in a Home __ Hospital X Institution __ Other place __
   (f) Name Hosp. or Inst. Lake City Stayed 2½ days
   (g) Lived in this county 25 years ____ months ____ days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Kootenai
   (c) City or town Coeur D'Alene
   (d) Street Address or R. F. D. No. 614 14th
   (e) Deceased lived Inside? X Outside? ____ city or town
   (f) Citizen of what country? U.S.
   (g) How long had deceased lived in Idaho? 25 years
   (h) Former residence (city, state) North Dakota

3. (a) **FULL NAME** Stephen Voiten

93d

3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Julia
6. (c) Age of husband or wife if alive 67 years
7. Date of Birth (Month, Day, Year) 10/31/1866

8. AGE	Years	Months	Days	If less than 1 day
	77	3	6	hrs min.

9. Exact Occupation farmer — Did this work for 37 yrs.
10. Industry or Business farm — Date last worked 1935
11. Birthplace Warsaw (City or town) Poland (State or foreign country)

Father
12. Name Stephen Voiten
13. Birthplace Warsaw (City or town) Poland (State or foreign country)

Mother
14. Maiden name Julia Harvlicek
15. Birthplace Breen (City or town) Bohemia (State or foreign country)

16. Informant's OWN Signature Margaret Younkin
and Address 212-5th Street Lewiston
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/10/44 (Month) (Day) (Year)
(c) Place: St. Thomas Cemetery
18. Funeral Director's OWN Signature C. Wendt
and Address 109-111 Lakeside Ave.
19. (a) 2-9-44 (Date received and filed) (b) Frances M. Tabel (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 2/7/ 1944
at 7:00 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from Sept. 1943, to 2/7 1944
I last saw him alive on 2/7/ 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death	Duration
Chr. Myocarditis	5-4 yrs
Due to	
Due to	
Other conditions Senility (Include pregnancy within 3 months of death)	
Where was disease contracted? Home	
Name of operation None Date	
Major finding	
Finding of autopsy None	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state
where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature F. J. Hanning M.D. (M. D. or other)
and Address Coeur d'Alene Date 2/9 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

BP 450 137900

United States
Department of Commerce
Bureau of the Census

MAR 14 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 64
Reg. Dist. No. 170

1. **PLACE OF DEATH:**
(a) County Kootenai
(b) City or town Coeur d'Alene
(c) Street Address or R. F. D. No. R#2
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home __ Hospital __ Institution X Other place __
(f) Name Hosp. or Inst. Cd'A Homes Stayed 6 yrs
(g) Lived in this county 6 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Kootenai
(c) City or town Coeur d'Alene
(d) Street Address or R. F. D. No. R#2
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? USA
(g) How long had deceased lived in Idaho? 28 years
(h) Former residence (city, state) Clarkston Wn

3. (a) **FULL NAME** Henry Martin Peterson 932

3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife XXXXXX
6. (c) Age of husband or wife if alive XXXXX years
7. Date of Birth (Month, Day, Year) July 11- 1857

8. AGE	Years	Months	Days	If less than 1 day
	86	6	27	hrs min.

9. Exact Occupation Ranching Did this work for 40 yrs.
10. Industry or Business Own Ranches Date last worked 1925
11. Birthplace Decorah Iowa (City or town) (State or foreign country)
Father
12. Name Hans Peterson
13. Birthplace Norway (City or town) (State or foreign country)
Mother
14. Maiden name Matha Skaari
15. Birthplace Norway (City or town) (State or foreign country)
16. Informant's OWN Signature Mrs Harry Crouch
and Address Bonners Ferry, Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 2-10-44 (Month) (Day) (Year)
(c) Place: Spokane Wash.
18. Funeral Director's OWN Signature Don English
and Address Coeur d'Alene, Idaho
19. (a) 2-10-44 (Date received and filed) (b) Frances M. Pehl (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 2 - 7 1944
at 9 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from 1-28 1944, to 2-7 1944
I last saw him alive on 1-28 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Arteriosclerotic heart disease	10 yrs
Due to myocardial failure	1 mo.
Due to	
Other conditions — (Include pregnancy within 3 months of death)	
Where was disease contracted? —	PHYSICIAN
Name of operation — Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy —	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature [signature] (M. D. or other)
and Address Coeur d'Alene Date 2/9 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

137901

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

MAR 14 1944

State File No.
Local Reg. No. 50
Reg. Dist. No. 121

1. **PLACE OF DEATH:**
   (a) County KOOTENAI
   (b) City or town FARRAGUT, IDAHO
   (c) Street Address or R. F. D. No. NAVAL HOSPITAL FARRAGUT, IDAHO
   (d) Death Occurred Inside? X Outside? ____ city or town
   (e) Died in a Home __ Hospital X Institution __ Other place __
   (f) Name Hosp. or Inst. NAVAL HOSPITAL FARRAGUT, IDAHO Stayed 6 days
   (g) Lived in this county ____ years 1 months 21 days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State IDAHO (b) County KOOTENAI
   (c) City or town FARRAGUT, IDAHO
   (d) Street Address or R. F. D. No. FARRAGUT, IDAHO
   (e) Deceased lived Inside? X Outside? ____ city or town
   (f) Citizen of what country? U.S.
   (g) How long had deceased lived in Idaho? 1 Month 21 days
   (h) Former residence (city, state) LODGE GRASS, MONT.

3. (a) FULL NAME DENNY, Kenneth Ivan. AS,SV,V6,USNR. 877-77-31. 115C

3. (b) If veteran, name war NONE
3. (c) Social Security No. NOT KNOWN
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife CECIL PAULINE
6. (c) Age of husband or wife if alive NOT KNOWN years
7. Date of Birth (Month, Day, Year) 4-15-1915

8. AGE	Years	Months	Days	If less than 1 day
	28	9	23	hrs min.

9. Exact Occupation APPRENTICE SEAMAN Did this work for 1 month yrs.
10. Industry or Business U.S.NAVY RESERVE Date last worked 1944
11. Birthplace LAPWAI, IDAHO (City or town) (State or foreign country)

Father
12. Name NOT KNOWN
13. Birthplace NOT KNOWN (City or town) (State or foreign country)

Mother
14. Maiden name NOT KNOWN
15. Birthplace NOT KNOWN (City or town) (State or foreign country)

16. Informant's OWN Signature R.V.ALLEN.PHARM. USN NAVAL HOSPITAL FARRAGUT, IDAHO and Address
17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof 2-11-44 (Month) (Day) (Year)
    (c) Place: HARDIN, MONTANA
18. Funeral Director's OWN Signature MOONEY FUNERAL CHAPEL by [signature] and Address COEUR D'ALENE, IDAHO
19. (a) 2-11-44 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) February 8m 1944 at 5:55 o'clock A M.
21. I HEREBY CERTIFY, That I attended deceased from February 5 1944, to February 8 1944
    I last saw him alive on February 8 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
SEPTICEMIA. 24a	
Due to 115C2	
Due to	
Other conditions ABSCESS PERITONSILLAR (Include pregnancy within 6 months of death)	
Where was disease contracted? USNTS FARRAGUT	PHYSICIAN
Name of operation NONE Date —	Underline the cause to which death should be charged statistically.
Major finding —	
Finding of autopsy SAME AS CAUSE OF DEATH	

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
    Occurred ____ 19__ City, county, state
    where violence occurred ____
    Place of Violence: Home ____ Farm ____ Industry ____
    Public Place ____ While at work? ____
    Means of injury ____
23. Attendant's OWN Signature [signature] NAVAL HOSPITAL (M. D. or other) and Address ____ Date 2-9 1944
    (For additional space, use reverse side)

NAVAL HOSPITAL
FARRAGUT IDAHO

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census MAR 14 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137902
Local Reg. No. 58
Reg. Dist. No. 121

1. **PLACE OF DEATH:**
(a) County Kootenai
(b) City or town Coeur D'Alene
(c) Street Address or R. F. D. No. 106 Wallace Ave
(d) Death Occurred Inside? X Outside? -- city or town
(e) Died in a Home X Hospital -- Institution -- Other place --
(f) Name Hosp. or Inst. none Stayed -- days
(g) Lived in this county 48 years -- months -- days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Kootenai
(c) City or town Rose Lake Lane
(d) Street Address or R. F. D. No. none
(e) Deceased lived Inside? x Outside? city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 48 years
(h) Former residence (city, state) Rathrum, Ida.

3. (a) FULL NAME Ida Ethel Lunden 100 b

3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex F.
5. Color or race W.
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Amil
6. (c) Age of husband or wife if alive 51 years
7. Date of Birth (Month, Day, Year) August 8-- 1895

8. AGE	Years	Months	Days	If less than 1 day
	48	6	2	hrs min.

9. Exact Occupation housewife Did this work for life yrs.
10. Industry or Business house Date last worked Sept. 1943
11. Birthplace Rathdrum (City or town) Idaho (State or foreign country)
Father
12. Name Ezkiel M. Finney
13. Birthplace (City or town) ILL. (State or foreign country)
Mother
14. Maiden name Rebecca Howell
15. Birthplace (City or town) Ill. (State or foreign country)
16. Informant's OWN Signature [signature]
and Address Lane, Ida.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 2/14/44 (Month) (Day) (Year)
(c) Place: Forest Cemetery
18. Funeral Director's OWN Signature C. Wendt
and Address 109 -111 Lakeside Ave
19. (a) 2-12-44 (Date received and filed) (b) Frances M. Ethel (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 2/9 1944
at 11:45 o'clock P.M.
21. **I HEREBY CERTIFY,** That I attended deceased from 1934, to Feb. 9 1944
I last saw her alive on Feb. 9 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Pulmonary embolism 111a	30 min
Chronic Thrombophlebitis	20 yrs.
Due to 100 b	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state
where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature [signature] (M. D. or other)
and Address Coeur d'Alene, Ida. Date 2-12 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

BPL3 137903

United States
Department of Commerce
Bureau of the Census

MAR 14 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 51
Reg. Dist. No. 121

1. **PLACE OF DEATH:**
(a) County Kootenai
(b) City or town Coeur d' Alene
(c) Street Address or R. F. D. No. 412 Lakeside
(d) Death Occurred Inside? ✓ Outside? ____ city or town
(e) Died in a Home ____ Hospital ✓ Institution ____ Other place ____
(f) Name Hosp. or Inst. Lake City Stayed ____ days
(g) Lived in this county 43 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Kootenai
(c) City or town Hayden Lake
(d) Street Address or R. F. D. No. R. #1
(e) Deceased lived Inside? ____ Outside? ✓ city or town
(f) Citizen of what country? Don't Know.
(g) How long had deceased lived in Idaho? 43 years
(h) Former residence (city, state) Don't Know

3. (a) **FULL NAME** George Drake

3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Don't Know
6. (b) Name of husband or wife ____
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) — — 1877

8. AGE	Years	Months	Days	If less than 1 day
	67			hrs ____ min.

9. Exact Occupation Farmer — Did this work for ____ yrs.
10. Industry or Business ____ — Date last worked ____
11. Birthplace Unknown (City or town) (State or foreign country)

Father
12. Name Do not Know Drake
13. Birthplace Don't Know (City or town) (State or foreign country)

Mother
14. Maiden name Don't Know.
15. Birthplace ____ (City or town) (State or foreign country)

16. Informant's **OWN** Signature Hospital Record and Address 412 Lakeside Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-22-44 (Month) (Day) (Year)
(c) Place: Coeur d' Alene Idaho
18. Funeral Director's **OWN** Signature C. Wendt and Address Coeur d'Alene Idaho
19. (a) 3-1-44 (Date received and filed) (b) Frances M. Ebell (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 2-9 1944
at 7:55 o'clock P. M.

21. **I HEREBY CERTIFY,** That I attended deceased from Dec 15 1943 to 2-9 1944
I last saw h— alive on 2-9 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Chronic Nephritis — Duration 2-3 yrs.
Due to ____
Due to ____
Other conditions ____ (Include pregnancy within 3 months of death)
Where was disease contracted? Home
Name of operation None Date ____
Major finding ____
Finding of autopsy None

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19— City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's **OWN** Signature G. F. Harris M.D. (M. D. or other)
and Address Coeur d'Alene Date 2/22 1944

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Greenwood

137904

United States
Department of Commerce
Bureau of the Census

MAR 14 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 52
Reg. Dist. No. 120

1. **PLACE OF DEATH:**
(a) County Kootenai
(b) City or town Coeur d'Alene
(c) Street Address or R. F. D. No. R#2
(d) Death Occurred Inside? Outside? X city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 24 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Kootenai
(c) City or town Coeur d'Alene
(d) Street Address or R. F. D. No. R#2
(e) Deceased lived Inside? Outside? X city or town
(f) Citizen of what country? USA
(g) How long had deceased lived in Idaho? 24 years
(h) Former residence (city, state) Montana

3. (a) FULL NAME Louis A Fetz

87c

3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Phyllis
6. (c) Age of husband or wife if alive 69 years
7. Date of Birth (Month, Day, Year) Dec. 5, 1876

8. AGE	Years	Months	Days	If less than 1 day
	67	2	4	hrs min.

9. Exact Occupation Farmer — Did this work for 25 yrs.
10. Industry or Business own Farms — Date last worked 1930
11. Birthplace Port Jervis N.Y (City or town) (State or foreign country)
Father
12. Name Adam J. Fetz
13. Birthplace unknown (City or town) (State or foreign country)
Mother
14. Maiden name Mary Koehler
15. Birthplace unknown (City or town) (State or foreign country)
16. Informant's OWN Signature LuVerne A Fetz
and Address Coeur d'Alene, Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 2-12-44 (Month) (Day) (Year)
(c) Place: Forest Cem Cd'A. Idaho
18. Funeral Director's OWN Signature Don English
and Address Coeur d'Alene, Idaho
19. (a) 2-12-44 (Date received and filed) (b) Frances M. Clel (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 2-9-44 19
at 12:15 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from 1-6 1944 to 2-9 1944
I last saw him alive on 1-26 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Paralysis agitans	25 yrs.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature Hamilton H Greenwood M.D. (M. D. or other)
and Address Coeur d'Alene, Ida Date 2-11 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

MAR 14 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137905
Local Reg. No. 60
Reg. Dist. No. 120

1. **PLACE OF DEATH:**
(a) County Kootenai
(b) City or town Coeur D'Alene
(c) Street Address or R. F. D. No. 315 Garden Ave Ave.
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home __ Hospital X Institution __ Other place __
(f) Name Hosp. or Inst. C. D. A. City Stayed 305 days
(g) Lived in this county 47 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Kootenai
(c) City or town Coeur D'Alene
(d) Street Address or R. F. D. No. Wolf Lodge
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 44 years
(h) Former residence (city, state) Kellogg, Ida.

3. (a) FULL NAME John Mueller

13 b

3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife none
6. (c) Age of husband or wife if alive none years
7. Date of Birth (Month, Day, Year) 5/13/1872

8. AGE	Years	Months	Days	If less than 1 day
	69	8	27	hrs min.

9. Exact Occupation miner Did this work for 37 yrs.
10. Industry or Business mining Date last worked 1934
11. Birthplace Do Not Know Germany (City or town) (State or foreign country)
Father
12. Name Geo. Mueller
13. Birthplace Do Not Know Germany (City or town) (State or foreign country)
Mother
14. Maiden name Metta Fraser
15. Birthplace Do Not Know Germany (City or town) (State or foreign country)
16. Informant's OWN Signature Meta F Rosenbach
and Address Boat 3
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/12/44 (Month) (Day) (Year)
(c) Place: Forest Cemetery
18. Funeral Director's OWN Signature C. Wendt
and Address 109-111 Lakeside Ave.
19. (a) 2-12-44 (Date received and filed) (b) Francis M. Lahl (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 2/10/ 1944
at 1:30 o'clock A. M.
21. **I HEREBY CERTIFY,** That I attended deceased from Dec. 1943 to Feb. 10 1944
I last saw him alive on Feb. 10 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death	Duration
pulmonary hemorrhage	5 min.
Due to pulmonary tuberculosis	5 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted? Koot. Co. ?	
Name of operation — Date	
Major finding —	
Finding of autopsy	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature Alexander Barclay Jr MD (M. D. or other)
and Address Coeur D'Alene Date 2-11 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in ... Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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United States
Department of Commerce
Bureau of the Census

MAR 14 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137966
Local Reg. No. 67
Reg. Dist. No. 12-0

1. PLACE OF DEATH:
(a) County Kootenai
(b) City or town Coeur d'Alene
(c) Street Address or R. F. D. No. 602 Foster
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home X Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 45 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Kootenai
(c) City or town Coeur d'Alene
(d) Street Address or R. F. D. No. 602 Foster
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? USA
(g) How long had deceased lived in Idaho? 45 years
(h) Former residence (city, state) So. Dakota

3. (a) FULL NAME Clarence E. Stoddard

516

3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Emma Bell
6. (c) Age of husband or wife if alive 56 years
7. Date of Birth (Month, Day, Year) May 19, 1873

8. AGE	Years	Months	Days	If less than 1 day
	70	8	21	hrs ____ min. ____

9. Exact Occupation Barber — Did this work for 45 yrs.
10. Industry or Business Own Shop — Date last worked Mar. 43
11. Birthplace Orinoco Minn. (City or town) (State or foreign country)

Father
12. Name Edwin Q. Stoddard
13. Birthplace Boston Mass. (City or town) (State or foreign country)

Mother
14. Maiden name Helen Smith
15. Birthplace Vermont. (City or town) (State or foreign country)

16. Informant's OWN Signature W. E. Stoddard
and Address Coeur d'Alene, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-14-44 (Month) (Day) (Year)
(c) Place: Forest Cem. Coeur d'Alene.
18. Funeral Director's OWN Signature Don English
and Address Coeur d'Alene, Idaho
19. (a) 2-12-44 (Date received and filed) (b) Frances M. Ickes (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) 2-10-44 19 ____
at 8:00 o'clock A M.

21. I HEREBY CERTIFY, That I attended deceased from 5-11 1943 to 2-10 1944
I last saw him alive on 2-9 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Carcinoma of Prostate	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ____ Date ____
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19 ____ City, county, state where violence occurred
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work?
Means of injury

23. Attendant's OWN Signature C. H. Teed (M. D. or other)
and Address Coeur d'Alene 2-11 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

137997

United States
Department of Commerce
Bureau of the Census

MAR 1 4 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 65
Reg. Dist. No. 12-1

1. **PLACE OF DEATH:**
(a) County Kootenai
(b) City or town Farragut NTS
(c) Street Address or R. F. D. No. Farragut
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home ____ Hospital ____ Institution ____ Other place X
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county ____ years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Kootenai
(c) City or town Farragut NTS
(d) Street Address or R. F. D. No. Farragut
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? U.S.
(g) How long had deceased lived in Idaho? ____ years
(h) Former residence (city, state) Duluth, Minn.

3. (a) FULL NAME SANDS, Gustav (N). AS,SV,V6,USNR. 871-07-71

9da

3. (b) If veteran, name war none
3. (c) Social Security No. not known
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Julia Elfria
6. (c) Age of husband or wife if alive not known years
7. Date of Birth (Month, Day, Year) 7-22-1906

8. AGE	Years	Months	Days	If less than 1 day
	37	6	18	hrs ____ min.

9. Exact Occupation Apprentice Seaman — Did this work for ____ yrs.
10. Industry or Business U.S.Navy.R. — Date last worked 1944
11. Birthplace Wisconsin (City or town) (State or foreign country)

Father
12. Name not known
13. Birthplace not known (City or town) (State or foreign country)

Mother
14. Maiden name not known
15. Birthplace not known (City or town) (State or foreign country)

16. Informant's OWN Signature L.E. Miller, Pharm. USN
and Address Farragut NTS.
17. (a) removal (Burial, cremation, or removal) (b) Date thereof 2-15-44 (Month) (Day) (Year)
(c) Place: DULUTH, MINNESOTA MOONEY FUNERAL CHAPEL
18. Funeral Director's OWN Signature by
and Address Coeur d'Alene, Idaho
19. (a) 2-15-44 (Date received and filed) (b) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) February 10 19 44
at 2:55 o'clock P M. did not attend
21. I HEREBY CERTIFY, That I ~~attended~~ deceased from 2-10-44 19__, to 2-10-44 19__
I ~~saw him~~ did not see alive on 2-10-44 19__; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
THROMBOSIS Coronary Artery	
Due to	
Due to	
Other conditions ARTERIOSCLEROSIS GENERALIZED (Include pregnancy within 3 months of death)	

Where was disease contracted? NTS FARRAGUT PHYSICIAN
Name of operation none Date
Major finding
Finding of autopsy SAME AS CAUSE OF DEATH

Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury
23. Attendant's OWN Signature WM. P. MULL, Captain, MC (M. D. or other) USN
and Address FARRAGUT.NTS Date 2-15- 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

13790

United States
Department of Commerce
Bureau of the Census

MAR 14 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 59
Reg. Dist. No. 1 2 0

1. **PLACE OF DEATH:**
   (a) County Kootenai
   (b) City or town Coeur d' Alene
   (c) Street Address or R. F. D. No. 3 0 2 W Garden
   (d) Death Occurred Inside? ✓ Outside? ____ city or town
   (e) Died in a Home ___ Hospital ___ Institution ___ Other place ___
   (f) Name Hosp. or Inst. Ca'a Stayed 6 mo. days
   (g) Lived in this county 6 years ____ months ____ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State IDAHO (b) County Clearwater
   (c) City or town OROFINO
   (d) Street Address or R. F. D. No. ____
   (e) Deceased lived Inside? ✓ Outside? ____ city or town
   (f) Citizen of what country? U. S.
   (g) How long had deceased lived in Idaho? 14 years
   (h) Former residence (city, state) ____

3. (a) **FULL NAME** Margaret Mercer

3. (b) If veteran, name war No. 3. (c) Social Security No. None

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife CHAS. 6. (c) Age of husband or wife if alive 31 years

7. Date of Birth (Month, Day, Year) October 11-1913.

8. AGE	Years	Months	Days	If less than 1 day hrs	min.
	30	4			

9. Exact Occupation Hswf. Did this work for Life yrs.
10. Industry or Business Home Date last worked
11. Birthplace Las Vegas (City or town) Nevada (State or foreign country)

Father
12. Name Unknown
13. Birthplace Sweden (City or town) (State or foreign country)

Mother
14. Maiden name ANNA FARNDES
15. Birthplace DENMARK (City or town) (State or foreign country)

16. Informant's OWN Signature Blake Funeral Home
and Address ____

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 2-12-44 (Month) (Day) (Year)
(c) Place: Orofino Idaho

18. Funeral Director's OWN Signature Don English
and Address Coeur d'Alene Idaho

19. (a) 2-12-44 (Date received and filed) (b) Frances M. Fabel (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 2-11 1944
at 6:38 o'clock P M.

21. **I HEREBY CERTIFY,** That I attended deceased from 8-12 1943, to 2-11 1944
I last saw her alive on 2-11 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Myocardial failure	
Due to Pulmonary tuberculosis	3 yrs.
Due to	
Other conditions G.I. tuberculosis (Include pregnancy within 3 months of death)	6 mo.

Where was disease contracted? Cleaw. Co.
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's OWN Signature Ken. Barclay M.D. (M. D. or other)
and Address Coeur d'Alene Date 2-12 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Dr. Newcombe

United States
Department of Commerce
Bureau of the Census

MAR 14 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

3856

137909

State File No.
Local Reg. No. 57
Reg. Dist. No. 120

1. **PLACE OF DEATH:**
(a) County Kootenai
(b) City or town Coeur D' Alene
(c) Street Address or R. F. D. No. --
(d) Death Occurred Inside? in Outside? city or town
(e) Died in a Home Hospital Institution Other place
(f) Name Hosp. or Inst. L. C. Gen. Stayed 1 days
(g) Lived in this county 2 years 6 months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Kootenai
(c) City or town Coeur D' Alene
(d) Street Address or R. F. D. No. 1504 Lakeside
(e) Deceased lived Inside? in Outside? city or town
(f) Citizen of what country? U. S.
(g) How long had deceased lived in Idaho? 2-6 mo years
(h) Former residence (city, state)

3. (a) **FULL NAME** Thelma Elvira Lucas

93d

3. (b) If veteran, name war --
3. (c) Social Security No. --
4. Sex F.
5. Color or race W.
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Carl V.
6. (c) Age of husband or wife if alive 73 years
7. Date of Birth (Month, Day, Year) Nov. 7, 1880

8. AGE	Years	Months	Days	If less than 1 day
	63	6	5	hrs min.

9. Exact Occupation House wife Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Arnott, Penn. (City or town) (State or foreign country)
Father
12. Name Andrew E. Johnson
13. Birthplace Sweeden (City or town) (State or foreign country)
Mother
14. Maiden name Not Known
15. Birthplace Sweeden (City or town) (State or foreign country)
16. Informant's OWN Signature Anna M. Lane
and Address 1504 Lakeside
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/16/44 (Month) (Day) (Year)
(c) Place: Forest Cemetery
18. Funeral Director's OWN Signature Mooney Chapel
and Address Coeur D' Alene, Idaho
19. (a) 2/15/44 (Date received and filed) (b) Frances M. Eled (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Feb 12 1944
at 10 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from Feb. 5 1944, to Feb. 12 1944
I last saw her alive on Feb. 12 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Chronic Myocarditis with myocardial degeneration	
Due to	
Due to	
Other conditions Obesity; hypertension (Include pregnancy within 3 months of death)	
Where was disease contracted? At home	PHYSICIAN
Name of operation — Date	Underline the cause to which death should be charged statistically.
Major finding —	
Finding of autopsy —	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature H. L. Newcombe M.D. (M. D. or other)
and Address Coeur d'Alene, Idaho Date 2.14 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Dr. Husted

137910

United States
Department of Commerce
Bureau of the Census

MAR 14 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 66
Reg. Dist. No. 120

1. **PLACE OF DEATH:**
(a) County Kootenai
(b) City or town Coeur D' Alene
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? In Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. I. C. G. Stayed 3 days
(g) Lived in this county 4 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Kootenai
(c) City or town Coeur D' Alene
(d) Street Address or R. F. D. No. 748 2nd St.
(e) Deceased lived Inside? In Outside? city or town
(f) Citizen of what country? U. S.
(g) How long had deceased lived in Idaho? 34 years
(h) Former residence (city, state)

3. (a) **FULL NAME** Elizabeth Jane Stoneman 93a

3. (b) If veteran, name war —
3. (c) Social Security No. none
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Date of Birth (Month, Day, Year) Feb. 14, 1886

8. AGE	Years	Months	Days	If less than 1 day
	58	0	2	hrs min.

9. Exact Occupation At Home — Did this work for — yrs.
10. Industry or Business — Date last worked —
11. Birthplace England (City or town) (State or foreign country)

Father
12. Name ---- Trewhella
13. Birthplace England (City or town) (State or foreign country)

Mother
14. Maiden name Jane Adams
15. Birthplace England (City or town) (State or foreign country)

16. Informant's **OWN** Signature Edgar Stoneman and Address Coeur D' Alene, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/19/44 (Month) (Day) (Year)
(c) Place: Forest Cemetery
18. Funeral Director's **OWN** Signature Mooney's Funeral Chapel and Address Coeur D' Alene, Idaho
19. (a) 2-19-44 (Date received and filed) (b) Frances M. Ford (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Feb. 16, 1944 19— at 7:15 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from — 19— to — 19—
I last saw h— alive on 2/14 19 44; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: 93a1 — Duration
Apoplexy — 5 days
Due to Cerebral Hemorrhage — 5 days
Due to Arteriosclerosis 97 — 20 years
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?
Name of operation — Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19— City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature O. M. Husted M D (M. D. or other)
and Address Coeur d' Alene Id Date 2/18 19 44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce MAR 1 1 1944
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137911
Local Reg. No. 49
Reg. Dist. No. 120

1. **PLACE OF DEATH:**
(a) County Kootenai
(b) City or town Coeur D' Alene
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? in Outside? city or town
(e) Died in a Home Hospital Institution Other place
(f) Name Hosp. or Inst. L. C. G. Stayed 7 days
(g) Lived in this county 18 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Kootenai
(c) City or town Coeur D' Alene
(d) Street Address or R. F. D. No. 901 B. Street
(e) Deceased lived Inside? in Outside? city or town
(f) Citizen of what country? U. S.
(g) How long had deceased lived in Idaho? 18 years
(h) Former residence (city, state)

3. (a) FULL NAME James E. Baker 94a

3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Pearl A.
6. (c) Age of husband or wife if alive 56 years
7. Date of Birth (Month, Day, Year) August 19, 1873

8. AGE	Years	Months	Days	If less than 1 day
	70	6	3	hrs min.

9. Exact Occupation Groceryman Did this work for 4 yrs.
10. Industry or Business Grocery Date last worked Dec. 1943
11. Birthplace Iowa (City or town) (State or foreign country)
Father
12. Name Wm. P. Baker
13. Birthplace Indiana (City or town) (State or foreign country)
Mother
14. Maiden name Mary H. Milligan
15. Birthplace Indiana (City or town) (State or foreign country)
16. Informant's OWN Signature Mrs. Nettie Stafford
and Address Coeur D' Alene, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/24/44 (Month) (Day) (Year)
(c) Place: Forest Cemetery
18. Funeral Director's OWN Signature Mooney Chapel
and Address Coeur D' Alene, Idaho.
19. (a) Feb. 24, 1944 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 2/22 1944
at 12 15 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from 1938 19 , to 2/22 1944
I last saw him alive on 2/21 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Coronary Heart Disease	5 years
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted? Home	PHYSICIAN
Name of operation None Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy None	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature J. F. Hanning MDs (M. D. or other)
and Address Coeur d Alene Date 2/22 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

137912

United States
Department of Commerce MAR 14 1944
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 56
Reg. Dist. No. 121

1. **PLACE OF DEATH:** Kootenai
(a) County
(b) City or town Rathdrum
(c) Street Address or R. F. D. No. ------
(d) Death Occurred Inside? X Outside? -- city or town
(e) Died in a Home - Hospital X Institution - Other place -
(f) Name Hosp. or Inst. CO. Stayed days
(g) Lived in this county 43 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Kootenai
(c) City or town Dudley
(d) Street Address or R. F. D. No. -----
(e) Deceased lived Inside? 44 Outside? X city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 44 years
(h) Former residence (city, state) MONT.

3. (a) **FULL NAME** John Arvie Hussa 13c

3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife -----
6. (c) Age of husband or wife if alive ----- years
7. Date of Birth (Month, Day, Year) February 2-- 1892

8. AGE	Years	Months	Days	If less than 1 day
	52	0	23	hrs min.

9. Exact Occupation Farmer Did this work for life yrs.
10. Industry or Business Date last worked 1919
11. Birthplace Bessemer (City or town) Mich. (State or foreign country)
Father
12. Name Eli Hussa
13. Birthplace Salo (City or town) Finland (State or foreign country)
Mother
14. Maiden name Anna Hussa
15. Birthplace Oulainen (City or town) Finland (State or foreign country)
16. Informant's OWN Signature Mrs. Uno A. Koski
and Address Dudley Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 2/29/1944 (Month) (Day) (Year)
(c) Place: Rose Lake, Idaho (Cemetery)
18. Funeral Director's OWN Signature A. B. Nelson
and Address Rathdrum Idaho
19. (a) 2-28-44 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 2/25 1944
at 4-05 o'clock A.M.
21. **I HEREBY CERTIFY,** That I attended deceased from 1935 19__ to 2/25 1944
I last saw him alive on Dec 15 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Tuberculosis	10-12 yrs
Due to	
Due to	
Other conditions Arthritis Deformans, Rt Leg off - old accident (Include pregnancy within 3 months of death)	15-20 yrs
Where was disease contracted? Home.	
Name of operation Date	
Major finding	
Finding of autopsy	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19__ City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature F. F. Hamming M.D.
and Address Coeur d'Alene (M. D. or other) Date 2/25 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address, correspondence to State Bureau of Vital Statistics, Boise, Idaho.

137913

United States
Department of Commerce MAR 14 1944
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 61
Reg. Dist. No. 12-10

1. **PLACE OF DEATH:**
(a) County Kootenai
(b) City or town Coeur D'Alene
(c) Street Address or R. F. D. No. 702 3rd Ave
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home ____ Hospital X Institution ____ Other place ____
(f) Name Hosp. or Inst. Hospital Stayed 1 days
(g) Lived in this county 37 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under Item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Kootenai
(c) City or town Coeur D'Alene
(d) Street Address or R. F. D. No. 1215 4th
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? U. S. A.
(g) How long had deceased lived in Idaho? 37 years
(h) Former residence (city, state) Walla Walla

3. (a) **FULL NAME** Caroline McDaniels 94a

3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Archibald
6. (c) Age of husband or wife if alive 78 years
7. Date of Birth (Month, Day, Year) 9/27/1865

8. AGE	Years	Months	Days	If less than 1 day
	78	5	1	hrs ____ min.

9. Exact Occupation Housewife — Did this work for 54 yrs.
10. Industry or Business Own home — Date last worked 2/26/44
11. Birthplace do not know (City or town) Canada (State or foreign country)

Father
12. Name Samuel Lundy
13. Birthplace do not know (City or town) Ireland (State or foreign country)

Mother
14. Maiden name Jane Lunday
15. Birthplace do not know (City or town) Ireland (State or foreign country)

16. Informant's OWN Signature John L. McDaniels
and Address Coeur d'Alene Idaho

17. (a) Burial (Burial, cremation, or removal) Date thereof 3/2/44 (Month) (Day) (Year)
(c) Place [illegible]

18. Funeral Director's OWN Signature C. Wendt
and Address 109 - 111 Lakeside Ave.

19. (a) 3-2-44 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 2/28/ 19 44
at 3 o'clock P. M.

21. **I HEREBY CERTIFY,** That I attended deceased from 2/23 19 44 to 2/26 19 44
I last saw her alive on 2/25 19 44 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Coronary Heart Disease	6 mos.
Due to	
Due to	
Other conditions Senility (Include pregnancy within 3 months of death)	

Where was disease contracted? Home
Name of operation None Date
Major finding
Finding of autopsy None

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's OWN Signature W. F. Hamm MD (M. D. or other)
and Address Coeur d'Alene Date 3/2 19 44

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

137914

United States
Department of Commerce
Bureau of the Census

MAR 14 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 62
Reg. Dist. No. 120

1. **PLACE OF DEATH:**
(a) County Kootenai
(b) City or town Coeur d'Alene
(c) Street Address or R. F. D. No. 522 Cd'A
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home X Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 36 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Kootenai
(c) City or town Coeur d'Alene
(d) Street Address or R. F. D. No. 522 Cd'A.
(e) Deceased lived Inside X Outside? ____ city or town
(f) Citizen of what country? USA
(g) How long had deceased lived in Idaho? 36 years
(h) Former residence (city, state) Michigan

3. (a) FULL NAME Samuel E. McNeil

83a

3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife ////////
6. (c) Age of husband or wife if alive //////// years
7. Date of Birth (Month, Day, Year) June 8, 1859

8. AGE	Years	Months	Days	If less than 1 day
	84	8	21	hrs ____ min.

9. Exact Occupation Woodsman — Did this work for 40 yrs.
10. Industry or Business Logging — Date last worked 23
11. Birthplace Ontario (City or town) Canada (State or foreign country)

Father
12. Name John McNeil
13. Birthplace Canada (City or town) (State or foreign country)

Mother
14. Maiden name unknown
15. Birthplace unknown (City or town) (State or foreign country)

16. Informant's OWN Signature John E. McNeil
and Address Coeur d'Alene, Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 3-2-44 (Month) (Day) (Year)
(c) Place: Forest Cem. Cd'A. Idaho
18. Funeral Director's OWN Signature Don English
and Address Coeur d'Alene, Idaho
19. (a) 3-2-44 (Date received and filed) (b) Frances M. Ebel (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) 2-28-44 19____
at 12:53 o'clock P M.
21. I HEREBY CERTIFY, That I attended deceased from 1-18-1944 to 2-29-1944
I last saw h-i alive on 2-27 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Paralytic Stroke	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation ____ Date ____	
Major finding	
Finding of autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature E. H. Teed (M. D. or other)
and Address Coeur d'Alene Date 3-1 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

137915

United States
Department of Commerce MAR 6 1944
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 4
Reg. Dist. No. 2 0 6

1. **PLACE OF DEATH:**
(a) County Latah
(b) City or town Potlatch
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home ____ Hospital X Institution ____ Other place ____
(f) Name Hosp. or Inst. Potlatch Stayed 26 days
(g) Lived in this county 36 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Latah
(c) City or town Deary
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? Sweden
(g) How long had deceased lived in Idaho? 36 years
(h) Former residence (city, state)

3. (a) **FULL NAME** Oscar Swanson

5 lb

3. (b) If veteran, name war none
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ellen
6. (c) Age of husband or wife if alive 59 years
7. Date of Birth (Month, Day, Year) 11-14-82

8. AGE	Years	Months	Days	If less than 1 day
	61	2	16	hrs ____ min.

9. Exact Occupation warehousman Did this work for ____ yrs.
10. Industry or Business Latah Grain Growers Date last worked 11-18-43
11. Birthplace Sweden (City or town) (State or foreign country)

Father
12. Name unknown
13. Birthplace unknown (City or town) (State or foreign country)

Mother
14. Maiden name unknown
15. Birthplace unknown (City or town) (State or foreign country)

16. Informant's **OWN** Signature Gus Swanson and Address Deary

17. (a) ____ (Burial, cremation, or removal) (b) Date thereof ____ (Month) (Day) (Year)
(c) Place:

18. Funeral Director's **OWN** Signature H R Stark and Address Moscow Idaho

19. (a) Feb 1 1944 (Date received and filed) (b) Mrs F C Gibson (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 1-30-44 19____ at 2:38 o'clock P M.

21. **I HEREBY CERTIFY,** That I attended deceased from Jan 1 44 19 44 to Jan 30 19 44
I last saw him alive on Jan 30 19 44; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — **Duration**
General Carcinomatosis
Due to Carcinoma Prostate
Due to Grade III
Other conditions
(Include pregnancy within 3 months of death)

Where was disease contracted?
Name of operation ____ Date ____
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury

23. Attendant's **OWN** Signature F C Gibson (M. D. or other)
and Address Potlatch Ida Date 1-31-1944

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

P Klaarn

United States
Department of Commerce
Bureau of the Census MAR 1 3 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137916
Local Reg. No. 1021
Reg. Dist. No. 2ac

1. **PLACE OF DEATH:**
(a) County Latah
(b) City or town Moscow
(c) Street Address or R. F. D. No. Latah county home
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home ____ Hospital ____ Institution X Other place ____
(f) Name Hosp. or Inst. L. C. H. Stayed ____ days
(g) Lived in this county 7 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Latah
(c) City or town Moscow
(d) Street Address or R. F. D. No. Latah county home
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? USA
(g) How long had deceased lived in Idaho? 12 years
(h) Former residence (city, state) ____

3. (a) **FULL NAME** CHARLES HARRY STEVENS

162 b

3. (b) If veteran, name war unknown
3. (c) Social Security No. none
4. Sex Male race White
5. Color or
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Anna
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) 12 - 25 - 48

8. AGE	Years	Months	Days	If less than 1 day
	95	1	6	hrs ____ min.

9. Exact Occupation none — Did this work for ____ yrs.
10. Industry or Business " — Date last worked 1919
11. Birthplace Weston Ontario Canada (City or town) (State or foreign country)

Father
12. Name John Stevens
13. Birthplace Canada (City or town) (State or foreign country)

Mother
14. Maiden name Mary O'Grady
15. Birthplace Ireland (City or town) (State or foreign country)

16. Informant's **OWN** Signature C L Stevens
and Address U. of I. Moscow
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-1-44 (Month) (Day) (Year)
(c) Place: Moscow, Idaho
18. Funeral Director's **OWN** Signature H R Short
and Address Moscow, Idaho
19. (a) 3/6/44 (Date received and filed) (b) Bg Klaarn (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 2-1-44 19____
at 3:00 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from 10/5/43 19____ to 2/1/44 19____
I last saw him alive on 2/1/44 19____; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Senility	
Due to	
Due to	
Other conditions None (Include pregnancy within 3 months of death)	

Where was disease contracted? Idaho
Name of operation None Date ____
Major finding ____
Finding of autopsy None

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's **OWN** Signature Bg Klaarn (M. D. or other)
and Address Moscow, Idaho Date 2/8/44 19____
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

137917

United States
Department of Commerce
Bureau of the Census MAR 13 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 1022
Reg. Dist. No. 200

1. **PLACE OF DEATH:**
(a) County Latah
(b) City or town Moscow,
(c) Street Address or R. F. D. No. 927 E. 7th St.
(d) Death Occurred Inside? Z Outside? city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county years 15 months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Latah
(c) City or town Moscow
(d) Street Address or R. F. D. No. 927 E. 7th
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? USA
(g) How long had deceased lived in Idaho? 2 years
(h) Former residence (city, state)

3. (a) **FULL NAME** JAMES RICE DALTON

120a

3. (b) If veteran, name war NONE
3. (c) Social Security No. none
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced singel
6. (b) Name of husband or wife none
6. (c) Age of husband or wife if alive none years
7. Date of Birth (Month, Day, Year) August 30, 1941

8. AGE	Years	Months	Days	If less than 1 day
	2	5	1	hrs min.

9. Exact Occupation none Did this work for none yrs.
10. Industry or Business none Date last worked none
11. Birthplace Couer d Alene Idaho (City or town) (State or foreign country)
Father
12. Name James C. Dalton
13. Birthplace Filer Idaho (City or town) (State or foreign country)
Mother
14. Maiden name Beverly Rice
15. Birthplace Jerome, Idaho (City or town) (State or foreign country)
16. Informant's OWN Signature James C. Dalton
and Address 927 East 6th, Moscow, Ida
17. (a) 2-1-44 Burial (Burial, cremation, or removal) (b) Date thereof 2-4-44 (Month) (Day) (Year)
(c) Place: Moscow, Idaho
18. Funeral Director's OWN Signature H. R. Short
and Address 126 E. First Moscow Ida.
19. (a) 3/6/44 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 2-1-44 19
at 9:30 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from 1-31-44 19, to 2-1-44 19
I last saw him alive on 1-31 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration
Cent. [illegible]
Gastro enteritis
Due to
Due to
Other conditions Intrans flatulence.
(Include pregnancy within 3 months of death)
Where was disease contracted?
Name of operation Noon Date
Major finding
Finding of autopsy Noon made

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature [signature] M.D. (M. D. or other)
and Address C. Moscow Ida Date 2/9 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

MAR 13 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137918
Local Reg. No. 1023
Reg. Dist. No. 200

1. **PLACE OF DEATH:**
(a) County Latah
(b) City or town Moscow
(c) Street Address or R. F. D. No. RFD # 5
(d) Death Occurred Inside? ____ Outside? X city or town
(e) Died in a Home X Hospital __ Institution __ Other place __
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 40 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Latah
(c) City or town Moscow
(d) Street Address or R. F. D. No. RFD 5
(e) Deceased lived Inside? ____ Outside? X city or town
(f) Citizen of what country? USA
(g) How long had deceased lived in Idaho? 40 years
(h) Former residence (city, state) unknown

3. (a) FULL NAME DAVID WILLARD SEMMES 93E

3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex Male
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Emilie
6. (c) Age of husband or wife if alive 77 years
7. Date of Birth (Month, Day, Year) 1 - 1 - 67

8. AGE	Years	Months	Days	If less than 1 day
	75	1	2	hrs min.

9. Exact Occupation Farmer — Did this work for life yrs.
10. Industry or Business Farming — Date last worked 1927
11. Birthplace Salt Lake City (City or town) Utah (State or foreign country)
Father
12. Name Claude W. H. Semmes
13. Birthplace Richmond (City or town) Va. (State or foreign country)
Mother
14. Maiden name Sarah Ann Huckbody
15. Birthplace England (City or town) (State or foreign country)
16. Informant's OWN Signature Alan Morgan
and Address Moscow, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-7-44 (Month) (Day) (Year)
(c) Place: Moscow, Idaho
18. Funeral Director's OWN Signature H. R. Short
and Address Moscow, Idaho
19. (a) 3/6/44 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 2 - 3 - 44 1944
at 10 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from Nov. 7 1941, to Aug. 18 1942
I last saw him alive on Aug 18 1942; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Congestive heart failure	
Due to —	
Due to —	
Other conditions — (Include pregnancy within 3 months of death)	
Where was disease contracted? —	PHYSICIAN
Name of operation 0 Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy 0	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? 0 Suicide? 0 Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature Edward N. Dunn MD (M. D. or other)
and Address Moscow, Idaho Date 2-10 1944
(For additional space, use reverse side)

Klaar 137919

United States
Department of Commerce MAR 1 3 1944
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 1021
Reg. Dist. No. 200

1. **PLACE OF DEATH:**
(a) County Latah
(b) City or town Moscow
(c) Street Address or R. F. D. No. RFD #5
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home __ Hospital X Institution __ Other place __
(f) Name Hosp. or Inst. Gritman Stayed 3 days
(g) Lived in this county 22 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Latah
(c) City or town Moscow
(d) Street Address or R. F. D. No. RFD # 5
(e) Deceased lived Inside? ____ Outside? X city or town
(f) Citizen of what country? USA
(g) How long had deceased lived in Idaho? 31 years
(h) Former residence (city, state) unknown

3. (a) FULL NAME MELVIN C. KIMBERLING 55E

3. (b) If veteran, name war none
3. (c) Social Security No. 519-09-5141
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Mary
6. (c) Age of husband or wife if alive 45 years
7. Date of Birth (Month, Day, Year) 12 - 10 - 95

8. AGE	Years	Months	Days	If less than 1 day
	48	1	26	hrs min.

9. Exact Occupation Farmer Did this work for ____ yrs.
10. Industry or Business Farming Date last worked
11. Birthplace Creas Blan county Va. (City or town) (State or foreign country)
Father
12. Name S. M. Kimberling
13. Birthplace Va. (City or town) (State or foreign country)
Mother
14. Maiden name Rosie Kimberlyn
15. Birthplace Va. (City or town) (State or foreign country)
16. Informant's OWN Signature Lester (Boss) Kimberling and Address Moscow, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-6-44 (Month) (Day) (Year)
(c) Place: Juliaetta, Idaho
18. Funeral Director's OWN Signature H. R. Short and Address Moscow, Idaho
19. (a) 3/6/44 (Date received and filed) (b) C J Klaarn (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 2 - 6 - 44 19__ at 10 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from 2/2/44 19__, to 2/6/44 19__
I last saw him alive on 2/6/44 19__; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Metastatic carcinoma of abdomen, do not know the origin of the cancer	About 1 year
Due to	
Due to	
Other conditions None (Include pregnancy within 3 months of death)	
Where was disease contracted? Idaho	PHYSICIAN
Name of operation None Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy None	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature C J Klaarn (M. D. or other) and Address Moscow, Idaho Date 3/8/44 19__
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Klaarer 137920

United States
Department of Commerce MAR 13 1944
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 1025
Reg. Dist. No. 20c

1. **PLACE OF DEATH:**
   (a) County Latah
   (b) City or town Deary
   (c) Street Address or R. F. D. No. none
   (d) Death Occurred Inside? X Outside? ____ city or town
   (e) Died in a Home X Hospital ____ Institution ____ Other place ____
   (f) Name Hosp. or Inst. ____ Stayed ____ days
   (g) Lived in this county ____ years 5 months 19 days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Latah
   (c) City or town Deary
   (d) Street Address or R. F. D. No. ____
   (e) Deceased lived Inside? X Outside? ____ city or town
   (f) Citizen of what country? USA
   (g) How long had deceased lived in Idaho? 5 mo. xxxx years
   (h) Former residence (city, state) ____

3. (a) **FULL NAME** FRANK WILLARD DAY 1096

3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife none
6. (c) Age of husband or wife if alive none years
7. Date of Birth (Month, Day, Year) 8-17-43

8. AGE	Years	Months	Days	If less than 1 day
		5	19	hrs ____ min.

9. Exact Occupation none — Did this work for no yrs.
10. Industry or Business none — Date last worked none
11. Birthplace Potlatch (City or town) Idaho (State or foreign country)

Father
12. Name Roy Charles Day
13. Birthplace Missoula, (City or town) Montana (State or foreign country)

Mother
14. Maiden name Helen Werdner
15. Birthplace Salt Lake, (City or town) Utah (State or foreign country)

16. Informant's **OWN** Signature Roy Charles Day
and Address Deary, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-10-44 (Month) (Day) (Year)
(c) Place: Moscow, Idaho
18. Funeral Director's **OWN** Signature H. B. Short
and Address 126 East First Street
19. (a) 3/6/44 (Date received and filed) (b) C. J. Klaarn (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 2 - 6 - 44 19____
at 6 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from 2/2/44 19____ to ____ 19____
I last saw him alive on 2/2/44 19____; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Probably pneumonia.	
Due to I saw this child once on 2/2/44	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? Idaho
Name of operation None Date ____
Major finding ____
Finding of autopsy None

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's **OWN** Signature C. J. Klaarn (M. D. or other)
and Address Moscow, Idaho Date 3/8/44 19____
(For additional space, use reverse side)

Klamm

United States
Department of Commerce
Bureau of the Census

MAR 13 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 37921
Local Reg. No. 1027
Reg. Dist. No. 20

1. **PLACE OF DEATH:**
(a) County Latah
(b) City or town Moscow
(c) Street Address or R. F. D. No. 710 So. Main
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home ____ Hospital X Institution ____ Other place ____
(f) Name Hosp. or Inst. Critman Stayed 10 days
(g) Lived in this county 32 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Latah
(c) City or town Moscow
(d) Street Address or R. F. D. No. 141 So. Asbury
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? USA
(g) How long had deceased lived in Idaho? 32 years
(h) Former residence (city, state) ____

3. (a) **FULL NAME** Nadine Severson

1126

3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex female
5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Dan
6. (c) Age of husband or wife if alive 35 years
7. Date of Birth (Month, Day, Year) April 28, 1912

8. AGE	Years	Months	Days	If less than 1 day
	32	9	10	hrs ____ min.

9. Exact Occupation Housewife — Did this work for life yrs.
10. Industry or Business none — Date last worked ____
11. Birthplace Odessa (City or town) Washington (State or foreign country)

Father
12. Name Louis Clark
13. Birthplace Unknown (City or town) (State or foreign country)

Mother
14. Maiden name Barbara Rack
15. Birthplace Russian (City or town) (State or foreign country)

16. Informant's **OWN** Signature Bell Poesy. Mrs.
and Address ____

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2 - 12 - 44 (Month) (Day) (Year)
(c) Place: Moscow, Idaho

18. Funeral Director's **OWN** Signature R. R. Short
and Address Moscow, Idaho

19. (a) 3/6/44 (Date received and filed) (b) Lg Klamm (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 2 - 8 19 44
at 7 o'clock P M.

21. **I HEREBY CERTIFY,** That I attended deceased from 2/3/37 19 ____ to 2/8/44 19 ____
I last saw her alive on 2/8/44 19 ____; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Generalized peritonitis	4 days
Due to ____	
Due to ____	
Other conditions None (Include pregnancy within 3 months of death)	

Where was disease contracted? Idaho
Name of operation Over Date 1/28/44
Major finding See reverse side
Finding of autopsy None

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19 ____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's **OWN** Signature Lg Klamm (M. D. or other)
and Address Moscow, Idaho Date 2/8/44 19 ____
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Wilson

United States
Department of Commerce MAR 1 3 1944
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137922
Local Reg. No. 1028
Reg. Dist. No. 200

1. **PLACE OF DEATH:**
(a) County Latah
(b) City or town Moscow
(c) Street Address or R. F. D. No. 710 So MAIN
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home __ Hospital X Institution __ Other place __
(f) Name Hosp. or Inst. Gritman Stayed 4 days
(g) Lived in this county 50 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Latah
(c) City or town Moscow
(d) Street Address or R. F. D. No. RFD # 4
(e) Deceased lived Inside? ____ Outside? X city or town
(f) Citizen of what country? USA
(g) How long had deceased lived in Idaho? 50 years
(h) Former residence (city, state) ____

3. (a) **FULL NAME** FRANK COMSTOCK

3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Catherine
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) June 9, 1857

8. AGE	Years	Months	Days	If less than 1 day
	86	6	0	hrs min.

9. Exact Occupation Farmer Did this work for life yrs.
10. Industry or Business Farming Date last worked 1930
11. Birthplace Schneyville (City or town) Iowa (State or foreign country)
Father
12. Name Frank Comstock
13. Birthplace New York State (City or town) (State or foreign country)
Mother
14. Maiden name unknown
15. Birthplace Penn. (City or town) (State or foreign country)
16. Informant's OWN Signature C. L. Comstock
and Address Longview, Washington
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-12-44 (Month) (Day) (Year)
(c) Place: Moscow, Idaho
18. Funeral Director's OWN Signature H. R. Short
and Address Moscow, Idaho
19. (a) 3/6/44 (Date received and filed) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 2-9-44 19__
at 6:15 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from 2-4 1944 to 2-8 1944
I last saw him alive on 2-8 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebral hemorrhage	
Due to arteriosclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted? —	PHYSICIAN
Name of operation none Date	Underline the cause to which death should be charged statistically.
Major finding —	
Finding of autopsy none	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? — Suicide? — Homicide? —
Occurred — 19__ City, county, state
where violence occurred —
Place of Violence: Home — Farm — Industry —
Public Place — While at work? —
Means of injury —
23. Attendant's OWN Signature Joseph G. Wilson M.D. (M. D. or other)
and Address Moscow Idaho Date 2-15 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

H. Heberly

United States
Department of Commerce
Bureau of the Census

MAR 1 3 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137923
Local Reg. No. 1029
Reg. Dist. No. 200

1. **PLACE OF DEATH:**
(a) County Latah
(b) City or town Moscow
(c) Street Address or R. F. D. No. 710 S. Main
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home __ Hospital X Institution __ Other place __
(f) Name Hosp. or Inst. Gritman Stayed 15 days
(g) Lived in this county 50 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Latah
(c) City or town Moscow
(d) Street Address or R. F. D. No. 504 E. 3rd
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? USA
(g) How long had deceased lived in Idaho? 50 years
(h) Former residence (city, state) ____

3. (a) **FULL NAME** Charles William Heberly 93d

3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex Male
5. Color or race white
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife none
6. (c) Age of husband or wife if alive none years
7. Date of Birth (Month, Day, Year) Sept. 25, 1867

8. AGE	Years	Months	Days	If less than 1 day
	76	4	7	hrs min.

9. Exact Occupation farmer Did this work for 10 yrs.
10. Industry or Business farmer Date last worked 1910
11. Birthplace Keyser (City or town) Mineral W. Virginia (State or foreign country)
Father
12. Name Charles Ludwig Heberly
13. Birthplace Germany (City or town) (State or foreign country)
Mother
14. Maiden name Margaret Kupinger
15. Birthplace Philadelphia, Pa. (City or town) (State or foreign country)
16. Informant's OWN Signature N. C. Hollen
and Address R#4 Palouse, Wash.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-15-44 (Month) (Day) (Year)
(c) Place: Moscow, Idaho
18. Funeral Director's OWN Signature H. R. Short
and Address Moscow, Idaho
19. (a) 3/6/44 (Date received and filed) (b) S. G. Klaas (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 2 - 12 1944
at 8:40 o'clock P.M.
21. I HEREBY CERTIFY, That I attended deceased from Nov 15 1943 to 2-12-1944
I last saw him alive on 2-11-1944 death is said to have occurred on the date and hour stated above.
Immediate Cause of Death: Duration
94a Coronary Embolism Sudden
Due to Coronary artery disease and
Due to chronic myocarditis
Other conditions 93d
(Include pregnancy within 3 months of death)
arteriosclerosis 97
Where was disease contracted?
Name of operation none Date
Major finding
Finding of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? — Suicide? — Homicide? —
Occurred — 19__ City, county, state
where violence occurred —
Place of Violence: Home — Farm — Industry —
Public Place — While at work? —
Means of injury —
23. Attendant's OWN Signature Joseph G. Wilson (M. D. or other)
and Address Moscow, Ido Date 2-15-44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

MAR 13 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137924
Local Reg. No. 1020
Reg. Dist. No. 20c

1. **PLACE OF DEATH:**
(a) County Idaho
(b) City or town Troy
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? city or town
(e) Died in a Home Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 8 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Latah
(c) City or town Troy
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Outside? city or town
(f) Citizen of what country? USA
(g) How long had deceased lived in Idaho? 8 years
(h) Former residence (city, state)

3. (a) **FULL NAME** Matilda Caroline Johnson

93E

3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex Fe.
5. Color or race white
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Fred
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) December 27, 1866

8. AGE	Years	Months	Days	If less than 1 day
	77	1	15	hrs min.

9. Exact Occupation housewife — Did this work for life yrs.
10. Industry or Business — Date last worked
11. Birthplace (City or town) Missouri (State or foreign country)

Father
12. Name Thomas Kerns
13. Birthplace (City or town) unknown (State or foreign country)

Mother
14. Maiden name unknown
15. Birthplace (City or town) unknown (State or foreign country)

16. Informant's **OWN** Signature Esther Griffith
and Address Moscow, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-16-44 (Month) (Day) (Year)
(c) Place: Spencer, Idaho
18. Funeral Director's **OWN** Signature H. R. Short
and Address Moscow, Idaho
19. (a) 3/6/44 (Date received and filed) (b) L. J. Klaarn (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 2-12 19
at 4:50 o'clock A M.

21. **I HEREBY CERTIFY,** That I attended deceased from Feb 5 1944, to Feb 5 1944
I last saw h[illegible] alive on Feb 5 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Congestive Heart Failure — Duration 1 week
Due to —
Due to —
Other conditions —
(Include pregnancy within 3 months of death)
Where was disease contracted? Home
Name of operation None Date
Major finding
Finding of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature Edward N. Dunn M.D. (M. D. or other)
and Address Moscow, Idaho Date 2-15 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Klaarn

137925

United States
Department of Commerce
Bureau of the Census

MAR 13 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137925
Local Reg. No. 103
Reg. Dist. No. 200

1. **PLACE OF DEATH:**
   (a) County Latah
   (b) City or town Moscow
   (c) Street Address or R. F. D. No. 710 So. Main Home
   (d) Death Occurred Inside? X Outside? ____ city or town
   (e) Died in a Home ____ Hospital X Institution ____ Other place ____
   (f) Name Hosp. or Inst. Gritman Stayed 2½ days
   (g) Lived in this county 18 years ____ months ____ days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Latah
   (c) City or town Viola
   (d) Street Address or R. F. D. No. ____
   (e) Deceased lived Inside? X Outside? ____ city or town
   (f) Citizen of what country? USA
   (g) How long had deceased lived in Idaho? 18 years
   (h) Former residence (city, state) ____

3. (a) **FULL NAME** GRANVILLE WHITZEL

1096

3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife ____
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) January 1859

8. AGE	Years	Months	Days	If less than 1 day
	85			hrs ____ min.

9. Exact Occupation unknown — Did this work for ____ yrs.
10. Industry or Business ____ — Date last worked ____
11. Birthplace Whiteriver Twn. (City or town) Indiana (State or foreign country)

Father
12. Name unknown
13. Birthplace " (City or town) (State or foreign country)

Mother
14. Maiden name unknown
15. Birthplace " (City or town) (State or foreign country)

16. Informant's **OWN** Signature L D Pearson
and Address Moscow, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-16-44 (Month) (Day) (Year)
(c) Place: Moscow
18. Funeral Director's **OWN** Signature H R Short
and Address Moscow, Idaho
19. (a) 3/6/44 (Date received and filed) (b) C G Klaarn (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 2 - 12 19 44
at 6:00 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from 1/29/44 19__ to 2/12/44 19__
I last saw him alive on 2/12/44 19__; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Acute cardiac failure	2 days
Due to Pneumonia and senility	16 y
Due to	
Other conditions None (Include pregnancy within 3 months of death)	

Where was disease contracted? Idaho
Name of operation None Date ____
Major finding ____
Finding of autopsy None

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's **OWN** Signature C G Klaarn (M. D. or other)
and Address Moscow, Idaho Date 3/8/44 19__
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

MAR 1 3 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137926
Local Reg. No. 1033
Reg. Dist. No. 2nd

1. **PLACE OF DEATH:**
(a) County Latah
(b) City or town Moscow
(c) Street Address or R. F. D. No. 710 S. Main
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home ____ Hospital X Institution ____ Other place ____
(f) Name Hosp. or Inst. Gritman Stayed 1 days
(g) Lived in this county 56 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Latah
(c) City or town Genesee
(d) Street Address or R. F. D. No. ____
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? USA
(g) How long had deceased lived in Idaho? 56 years
(h) Former residence (city, state) ____

3. (a) **FULL NAME** FELIX MULALLEY 932

3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex M
5. Color or race Wh.
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Blanche
6. (c) Age of husband or wife if alive 49 years
7. Date of Birth (Month, Day, Year) April 1, 1881

8. AGE	Years	Months	Days	If less than 1 day
	62	9	15	hrs ____ min.

9. Exact Occupation Laborer — Did this work for life yrs.
10. Industry or Business " — Date last worked 1939
11. Birthplace Monoghan (City or town) Ireland (State or foreign country)

Father
12. Name Patrick Walter Mulalley
13. Birthplace Tipperary (City or town) Ireland (State or foreign country)

Mother
14. Maiden name Mary Hughes
15. Birthplace ____ (City or town) Ireland (State or foreign country)

16. Informant's **OWN** Signature Walter Mulalley and Address Moscow, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-20-44 (Month) (Day) (Year)
(c) Place: Genesee, Idaho
18. Funeral Director's **OWN** Signature F. R. Short and Address Moscow, Idaho
19. (a) 3/6/44 (Date received and filed) (b) L J Klamm (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 2-16-44 19____ at 3:00 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from June 19 42 to 2/16/44 19____
I last saw him alive on 2/16/44 19____; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
95c Acute cardiac decompensation	1 week
Due to Chronic myocarditis 932	4 yrs
Due to Generalized arteriosclerosis 97	
Other conditions None (Include pregnancy within 3 months of death)	

Where was disease contracted? Idaho
Name of operation None Date ____
Major finding ____
Finding of autopsy None

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's **OWN** Signature L J Klamm (M. D. or other)
and Address Moscow, Idaho Date 3/8/44 19____
(For additional space, use reverse side)

Wilson 137927

United States
Department of Commerce
Bureau of the Census

MAR 1 3 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137927
Local Reg. No. 1034
Reg. Dist. No. 200

1. **PLACE OF DEATH:**
(a) County latah
(b) City or town Moscow
(c) Street Address or R. F. D. No. 710 so Main
(d) Death Occurred Inside? # Outside? ____ city or town
(e) Died in a Home __ Hospital # Institution __ Other place __
(f) Name Hosp. or Inst. Gritman Stayed 16 days
(g) Lived in this county 30 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Latah
(c) City or town Moscow
(d) Street Address or R. F. D. No. 710 So. Main
(e) Deceased lived Inside? # Outside? ____ city or town
(f) Citizen of what country? U.S.
(g) How long had deceased lived in Idaho? 30 years
(h) Former residence (city, state) None

3. (a) FULL NAME CHRISTENE WILHELMINA MARSH 72a

3. (b) If veteran, name war NO
3. (c) Social Security No. NONE
4. Sex Female
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Weber V. Marsh
6. (c) Age of husband or wife if alive 30 years
7. Date of Birth (Month, Day, Year) Nov. 16. 1913

8. AGE	Years	Months	Days	If less than 1 day
	30	3	3	hrs min.

9. Exact Occupation Housewife Did this work for ____ yrs.
10. Industry or Business ____ Date last worked ____
11. Birthplace Viola (City or town) Idaho (State or foreign country)
Father
12. Name Wm. E. Vollmer
13. Birthplace Russia (City or town) (State or foreign country)
Mother
14. Maiden name Leta Rothwell
15. Birthplace Viola (City or town) Idaho (State or foreign country)
16. Informant's OWN Signature Weber V. Marsh
and Address Moscow, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 23, 44 (Month) (Day) (Year)
(c) Place: Palouse, Wn
18. Funeral Director's OWN Signature H. R. Short
and Address Moscow, Idaho
19. (a) 3/6/44 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Feb. 19 1944
at 5:45 o'clock P M.
21. **I HEREBY CERTIFY**, That I attended deceased from 4-26-1944 to 2-19-1944
I last saw her alive on 2-19-1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Thrombocytopenic 72a	3 weeks
Due to purpura	6 mos
Due to arthritis deformans	7-27-33
Other conditions 59b (Include pregnancy within 3 months of death)	11 years

Where was disease contracted? —
Name of operation — Date —
Major finding —
Finding of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? — Suicide? — Homicide? —
Occurred — 19__ City, county, state
where violence occurred —
Place of Violence: Home — Farm — Industry —
Public Place — While at work? —
Means of injury —
23. Attendant's OWN Signature Joseph G. Wilson (M. D. or other)
and Address Moscow, Ida. Date 2-24-1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

13792

United States
Department of Commerce
Bureau of the Census MAR 13 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 1035
Reg. Dist. No. 200

1. **PLACE OF DEATH:**
(a) County Latah
(b) City or town Moscow
(c) Street Address or R. F. D. No. 710 So. Main
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home __ Hospital X Institution __ Other place __
(f) Name Hosp. or Inst. Gritman Stayed ____ days
(g) Lived in this county 20 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Latah
(c) City or town Deary
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? USA
(g) How long had deceased lived in Idaho? 53 years
(h) Former residence (city, state)

3. (a) **FULL NAME** Sven A. Johnson 94a

3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex M.
5. Color or race White
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife none
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) Nov. 18, 1864

8. AGE	Years	Months	Days	If less than 1 day
	79	2	4	hrs min.

9. Exact Occupation Farmer Did this work for life yrs.
10. Industry or Business Farmer Date last worked
11. Birthplace (City or town) Sweden (State or foreign country)
Father
12. Name unknown
13. Birthplace unknown (City or town) (State or foreign country)
Mother
14. Maiden name unknown
15. Birthplace unknown (City or town) (State or foreign country)
16. Informant's OWN Signature H Milgard
and Address Moscow, Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 2-25-44 (Month) (Day) (Year)
(c) Place: Moscow, Idaho
18. Funeral Director's OWN Signature H. R. Short
and Address Moscow, Idaho
19. (a) 3/6/44 (Date received and filed) (b) B. J. Klaarn (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 2-22-44 19
at 8:30 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 2-7-44 19 to 2-22-44 19
I last saw him alive on 2-22-44 19 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration
94a Coronary Embolism Sudden
Due to Left Cerebral 93a Hemorrhage on 2-6-44
Due to 16 days
Other conditions
(Include pregnancy within 3 months of death)
Where was disease contracted? —
Name of operation — Date
Major finding —
Finding of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? — Suicide? — Homicide? —
Occurred — 19 City, county, state where violence occurred —
Place of Violence: Home — Farm — Industry —
Public Place — While at work? —
Means of injury —
23. Attendant's OWN Signature Joseph J. Wilson (M. D. or other)
and Address Moscow Idaho Date 2-24-44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census MAR 6 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137929
Local Reg. No. 5
Reg. Dist. No. 208

1. PLACE OF DEATH:
(a) County Latah
(b) City or town Potlatch
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Yes Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. Potlatch Stayed 2 days
(g) Lived in this county 54 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Latah
(c) City or town Rural
(d) Street Address or R. F. D. No. 3 Palouse
(e) Deceased lived Inside? Outside? Yes city or town
(f) If foreign born, in U. S. yrs. Citizen of U. S.?
(g) How long had deceased lived in Idaho? 54 years
(h) Former residence (city, state)

3. (a) **FULL NAME** Alfred Layfette Lewis 131b

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Elizabeth
6 (c) Age of husband or wife if alive 65 years
7. Date of Birth (Month, Day, Year) April 12, 1869

8. AGE	Years	Months	Days	If less than 1 day
	74	10	2	hrs min.

9. Exact Occupation Farmer Did this work for 50 yrs.
10. Industry or Business Wheat Farm Date last worked 9/40
11. Birthplace Falls River, Kansas (City or town) (State or foreign country)

Father
12. Name Elijah Lewis
13. Birthplace Va. (City or town) (State or foreign country)

Mother
14. Maiden name Unknown
15. Birthplace (City or town) (State or foreign country)

16. Informant's **OWN** Signature W. J. Lewis
and Address Palouse, Wash.
17. (a) Burial. Id (Burial, cremation, or removal) (b) Date thereof 2-25-44 (Month) (Day) (Year)
(c) Place: Freeze, Idaho
18. Funeral Director's **OWN** Signature H E Kimball
and Address Palouse, Wash.
19. (a) 2-23-1944 (Date received and filed) (b) Mrs F. C. Gibson (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) February 22 1944
at 8:30 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from Nov. 1943, to Feb. 1944
I last saw him alive on Feb 22-1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Hypostatic Pneumonia 111c,	Two days
Due to Chronic Nephritis	131b
Due to Chronic Gall Bladder	
Other conditions Disease (Include pregnancy within 3 months of death)	127b2

Where was disease first contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature F. C. Gibson (M. D. or other)
and Address Potlatch Idaho Date 2-23-1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

137930

United States
Department of Commerce
Bureau of the Census

MAR 13 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 691
Reg. Dist. No. 691

1. **PLACE OF DEATH:**
(a) County Lemhi
(b) City or town Salmon
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? ✓ Outside? ____ city or town
(e) Died in a Home ✓ Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 28 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Lemhi
(c) City or town
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? ____ Outside? ✓ city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? 28 years
(h) Former residence (city, state) Oregon

3. (a) **FULL NAME** Alfred Samuel Mullen 83a

3. (b) If veteran, name war No. 3. (c) Social Security No. no.

4. Sex M. 5. Color or race W. 6. (a) Single, widowed, married, divorced

6. (b) Name of husband or wife Tina 6. (c) Age of husband or wife if alive 47 years

7. Date of Birth (Month, Day, Year) May 22, 1876

8. AGE	Years	Months	Days	If less than 1 day hrs	min.
	67	9	4		

9. Exact Occupation Stockman Did this work for Life yrs.
10. Industry or Business Date last worked 7-31-43
11. Birthplace (City or town) Oregon (State or foreign country)

Father
12. Name Joseph Mullen
13. Birthplace (City or town) Ireland (State or foreign country)

Mother
14. Maiden name unknown
15. Birthplace (City or town) ✓ (State or foreign country)

16. Informant's OWN Signature Tina Mullen and Address Salmon
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-1-44 (Month) (Day) (Year)
(c) Place: Salmon Idaho
18. Funeral Director's OWN Signature Ray McGoldrick and Address SALMON
19. (a) 3-10-44 (Date received and filed) (b) Elio C. Bellamy (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Feb 26 44 19____
at 8:30 o'clock A M.

21. I HEREBY CERTIFY, That I attended deceased from 2/6/44 one visit. 19____ to 19____
I last saw him alive on 2/6/44 19____; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebral hemorrhage 33a1	10 min.
Due to slight cerebral accident 8/8/43 followed by hemiplegia 332	
Due to Arterial hypertension 102	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? Salmon, Ida. PHYSICIAN
Name of operation None Date
Major finding
Finding of autopsy None made

Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury

23. Attendant's OWN Signature O. T. Stratton M. D.
and Address Salmon, Idaho (M. D. or Coroner) Date 3/8/44 19____

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

137935

United States
Department of Commerce MAR 14 1944
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 234
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF DEATH:**
(a) County Lewis
(b) City or town Kamiah
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? ✓ Outside? city or town
(e) Died in a Home Hospital ✓ Institution Other place
(f) Name Hosp. or Inst. Grove Maternity Stayed 6 days
(g) Lived in this county years months 6 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Lewis
(c) City or town Kamiah
(d) Street Address or R. F. D. No. —
(e) Deceased lived Inside? ✓ Outside? city or town
(f) Citizen of what country? —
(g) How long had deceased lived in Idaho? — years
(h) Former residence (city, state)

3. (a) **FULL NAME** Ruby Lucille Jackson 157E

3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Fem.
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Date of Birth (Month, Day, Year) Dec. 29, 1943

8. AGE	Years	Months	Days	If less than 1 day hrs	min.
	—	—	6		

9. Exact Occupation — Did this work for — yrs.
10. Industry or Business — Date last worked
11. Birthplace Kamiah, Idaho (City or town) (State or foreign country)

Father
12. Name Robert Blaine Jackson
13. Birthplace — Kansas (City or town) (State or foreign country)

Mother
14. Maiden name Verla Cathrine Potter
15. Birthplace Kooskia, Idaho. (City or town) (State or foreign country)

16. Informant's OWN Signature Virgil C Potter
and Address Kooskia, Idaho
17. (a) Burial (Burial, cremation or removal) (b) Date thereof Jan 9 1944 (Month) (Day) (Year)
(c) Place: Pine Grove - Kooskia
18. Funeral Director's OWN Signature Claude T Murray
and Address Kooskia Idaho
19. (a) 1-9-44 (Date received and filed) (b) Registrar's signature

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Jan. 4 1944
at 8:45 o'clock P.M.
21. **I HEREBY CERTIFY,** That I attended deceased from 12-29-1943, to 1-4-1944
I last saw her alive on Jan 3rd 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Congenital Heart Bloess — Duration 6 days
Due to —
Due to —
Other conditions (Include pregnancy within 3 months of death)
Where was disease contracted?
Name of operation — Date
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state
where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's OWN Signature A L Bryan (M. D. or other)
and Address Kamiah Ida Date 1-6 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

137936

United States
Department of Commerce
Bureau of the Census MAR 14 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 234
Local Reg. No.
Reg. Dist. No.

1. PLACE OF DEATH:
(a) County Lewis
(b) City or town Kamiah
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? ✓ Outside? city or town
(e) Died in a Home Hospital ✓ Institution Other place
(f) Name Hosp. or Inst. Grove Stayed 10 days
(g) Lived in this county 85 years 10 months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Lewis
(c) City or town Kamiah
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? ✓ Outside? city or town
(f) Citizen of what country? U. S. A.
(g) How long had deceased lived in Idaho? Life years
(h) Former residence (city, state) —

3. (a) FULL NAME Annie Monteith 93d

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F
5. Color or race White Indian
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) March 1858

8. AGE	Years	Months	Days	If less than 1 day
	85	10		hrs min.

9. Exact Occupation housewife Did this work for life yrs.
10. Industry or Business Date last worked
11. Birthplace Kamiah Idaho (City or town) (State or foreign country)
Father
12. Name Marks
13. Birthplace U. S. (City or town) (State or foreign country)
Mother
14. Maiden name Ellen Monteith
15. Birthplace U. S. (City or town) (State or foreign country)
16. Informant's OWN Signature Mrs. Sarah C. Moffett and Address Kamiah Ida
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 1-8-1944 (Month) (Day) (Year)
(c) Place: Kamiah 1-8-44
18. Funeral Director's OWN Signature Leo Robertson and Address Grangeville Ida
19. (a) Jan. 7-'44 (Date received and filed) (b) Amelia V. Brown (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) January 5th 1944
at 4 o'clock P. M.
21. I HEREBY CERTIFY, That I attended deceased from June 15th 1943, to June 5th 1944
I last saw her alive on 1/5 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Myocarditis	years
Nephritis	6 mo
Due to —	
Due to —	
Other conditions Senility (Include pregnancy within 3 months of death)	
Where was disease contracted? Normal	PHYSICIAN
Name of operation — Date	Underline the cause to which death should be charged statistically.
Major finding —	
Finding of autopsy —	

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature C. H. Brynwood W. (M. D. or other)
and Address Kamiah Ida Date 1/6 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

137937

United States
Department of Commerce
Bureau of the Census

MAR 14 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 234
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF DEATH:**
   (a) County LEWIS
   (b) City or town ~~KKKKKH~~ KAMIAH
   (c) Street Address or R. F. D. No. GROVE NURSE HOME
   (d) Death Occurred Inside? X Outside? ____ city or town
   (e) Died in a Home __ Hospital X Institution __ Other place __
   (f) Name Hosp. or Inst. GROVE HOSP. Stayed one days
   (g) Lived in this county ____ years ____ months one days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State IDAHO (b) County CLEARWATER
   (c) City or town PIERCE
   (d) Street Address or R. F. D. No. POST OFFICE
   (e) Deceased lived Inside? X Outside? ____ city or town
   (f) Citizen of what country? UNITED STATES
   (g) How long had deceased lived in Idaho? 23 DAYS ~~years~~
   (h) Former residence (city, state) NONE

3. (a) **FULL NAME** ANNIE MARIE McINTOSH

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3. (b) If veteran, name war INFANT
3. (c) Social Security No.
4. Sex FEMALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced INFANT
6. (b) Name of husband or wife INFANT
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) JANUARY 14th 1944

8. AGE	Years	Months	Days	If less than 1 day
	0	0	23	hrs min.

9. Exact Occupation INFANT Did this work for ____ yrs.
10. Industry or Business INFANT Date last worked
11. Birthplace KAMIAH, IDAHO (City or town) (State or foreign country)

Father
12. Name KING McINTOSH
13. Birthplace NEWPORT, WASHINGTON (City or town) (State or foreign country)

Mother
14. Maiden name ESTHER BRYARLY
15. Birthplace SPOKANE, WASH. (City or town) (State or foreign country)

16. Informant's OWN Signature King McIntosh
and Address PIERCE, IDAHO, Box 14
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof FEB. 7th 1944 (Month) (Day) (Year)
(c) Place PIERCE CEMETERY, PIERCE, IDAHO
18. Funeral Director's OWN Signature George B Blake
and Address OROFINO, IDAHO
19. (a) 2/7/44 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Feb. 5th 1944
at 2 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from 2/4 1944 to 2/5/ 1944
I last saw her alive on 2/5 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Lobar Pneumonia	3 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation ____ Date ____	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury
23. Attendant's OWN Signature C. H. Bryan M.D.
and Address Kamiah-Idaho Date 2/7 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

13793

United States
Department of Commerce
Bureau of the Census

MAR 14 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 234
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF DEATH:**
(a) County Idaho
(b) City or town E. Kamiah
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? ✓ city or town
(e) Died in a Home ✓ Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Idaho
(c) City or town Kooskia
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Outside? ✓ city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 65 years
(h) Former residence (city, state) —

3. (a) FULL NAME Julia Scott Williams 107

3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Fem. 5. Color or race red
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Jesse Williams
6. (c) Age of husband or wife if alive — years
7. Date of Birth (Month, Day, Year) — — 1878

8. AGE	Years	Months	Days	If less than 1 day
	65	—	—	— hrs min.

9. Exact Occupation Housewife Did this work for 45 yrs.
10. Industry or Business — Date last worked 2/5/44
11. Birthplace Kooskia (City or town), Idaho. (State or foreign country)
Father
12. Name David Scott
13. Birthplace Ida Co. (City or town) Idaho (State or foreign country)
Mother
14. Maiden name Juliana —
15. Birthplace Nezperce Co. (City or town), Idaho (State or foreign country)
16. Informant's OWN Signature Harry Wheeler
and Address Kamiah Idaho Mon. 10:00 AM.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 14 1944 (Month) (Day) (Year)
(c) Place: Stites Ind. church
18. Funeral Director's OWN Signature Claude Trevary
and Address Kooskia Idaho
19. (a) 2/15-144 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 2/11/ 1944
at 11 o'clock a M.
21. **I HEREBY CERTIFY,** That I attended deceased from 2/11/44 19 , to 2/11/44 19
I last saw her alive on above 19 ; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Bronchal Pneumonia	?
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature [signature] C. H. Bryan (M. D. ~~or other~~)
and Address Kamiah-Idaho Date 2/15/4 19
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

137939

United States
Department of Commerce MAR 14 1944
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 234
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF DEATH:** Lewis Co.
(a) County
(b) City or town Kamiah
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? ✓ Outside? city or town
(e) Died in a Home ✓ Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Lewis
(c) City or town
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? ✓ Outside? city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? years
(h) Former residence (city, state)

3. (a) **FULL NAME** Dennis Laverne Oatman 33a

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race Md
6. (a) Single, widowed, married, divorced Child
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Nov - 10 - 1943

8. AGE	Years	Months	Days	If less than 1 day
	3	3	7	hrs min.

9. Exact Occupation Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Kamiah (City or town) Idaho (State or foreign country)
Father
12. Name O.W.
13. Birthplace (City or town) (State or foreign country)
Mother
14. Maiden name Loda Oatman
15. Birthplace Kamiah (City or town) Idaho (State or foreign country)
16. Informant's OWN Signature Loda V. Oatman
and Address Kamiah
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-18-44 (Month) (Day) (Year)
(c) Place: Kamiah Presby. Cemetery
18. Funeral Director's OWN Signature Jess Robertson
and Address Orangeville Idaho
19. (a) 2/18-44 (Date received and filed) (b) Burlah V. Brown (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Feb 17 1944
at 11:15 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from 2/14 1944, to 2/17 1944
I last saw him alive on 2/17 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
107	
Bronchial Pneumonia	5 days
Due to	
Due to Influenza 33b	5 days
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state
where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature [signature] (M. D. ~~or other~~)
and Address Kamiah Idaho Date 2/18 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

137440

United States
Department of Commerce
Bureau of the Census

MAR 14 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137440
Local Reg. No. 216
Reg. Dist. No. 430

1. **PLACE OF DEATH:**
(a) County Lincoln
(b) City or town Shoshone
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? ~ Outside? ~ city or town
(e) Died in a Home ~ Hospital ~ Institution ~ Other place ~
(f) Name Hosp. or Inst. ~ Stayed ~ days
(g) Lived in this county 25 years ~ months ~ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Lincoln
(c) City or town Shoshone
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? ~ Outside? ~ city or town
(f) Citizen of what country? U. S. A.
(g) How long had deceased lived in Idaho? 34 years
(h) Former residence (city, state) Blackfoot - Idaho

3. (a) **FULL NAME** Daniel R Condlin 131a

3. (b) If veteran, name war ~ 3. (c) Social Security No. ~
4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Effie May Poggett 6. (c) Age of husband or wife if alive 76 years
7. Date of Birth (Month, Day, Year) May - 14 - 1866

8. AGE	Years	Months	Days	If less than 1 day
	77	9	2	hrs ~ min. ~

9. Exact Occupation Park Caretaker Did this work for 9 yrs.
10. Industry or Business City Park Date last worked Sept 43
11. Birthplace ~ (City or town) N. York (State or foreign country)
Father
12. Name ? Andlin
13. Birthplace ~ (City or town) Wales? (State or foreign country)
Mother
14. Maiden name Margaret - Campbell
15. Birthplace ~ (City or town) Ireland? (State or foreign country)
16. Informant's **OWN** Signature Margaret Tenny
and Address Shoshone - Idaho
17. (a) Buried (Burial, cremation, or removal) (b) Date thereof Mar - 18 - 44 (Month) (Day) (Year)
(c) Place: Shoshone - Idaho
18. Funeral Director's **OWN** Signature Myrtle C. Burdett
and Address Shoshone Idaho
19. (a) Mar - 17 - 44 (Date received and filed) (b) Myrtle C Burdett (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Mar - 16 - 1944
at 8 o'clock A. M.
21. **I HEREBY CERTIFY,** That I attended deceased from March 1943 to Feb 16 1944
I last saw h~ alive on Feb 10 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death	Duration
Cardiac Renal Disease 131a	10 yrs
Due to ~	
Due to ~	
Other conditions Chronic Endocarditis (Include pregnancy within 3 months of death) 132	14 yrs

Where was disease contracted? ~
Name of operation ~ Date ~
Major finding ~
Finding of autopsy ~

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ~ Suicide? ~ Homicide? ~
Occurred ~ 19 ~ City, county, state where violence occurred ~
Place of Violence: Home ~ Farm ~ Industry ~
Public Place ~ While at work? ~
Means of injury ~
23. Attendant's **OWN** Signature T. E. O'Barr M.D. (M. D. or other)
and Address Shoshone Ida Date Mar 17 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce FEB 1 2 1944
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137941
Local Reg. No. 6
Reg. Dist. No. 630

1. **PLACE OF DEATH:**
(a) County Madison
(b) City or town Rexburg
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Yes Outside? ____ city or town
(e) Died in a Home X Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. Rigby Maternity Stayed 17 days
(g) Lived in this county ____ years ____ months 17 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Madison
(c) City or town Rexburg
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Yes Outside? ____ city or town
(f) Citizen of what country? United States
(g) How long had deceased lived in Idaho? Life years
(h) Former residence (city, state)

3. (a) **FULL NAME** CECILIA THOMASON 159

3. (b) If veteran, name war No. 3. (c) Social Security No. No.
4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife ____ 6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) January 1, 1944

8. AGE	Years	Months	Days	If less than 1 day hrs	min.
	0	0	17		

9. Exact Occupation None Did this work for ____ yrs.
10. Industry or Business ____ Date last worked ____
11. Birthplace Rexburg, Idaho (City or town) (State or foreign country)
Father 12. Name Louis Thomason
13. Birthplace Thornton, Idaho (City or town) (State or foreign country)
Mother 14. Maiden name Louise Muir
15. Birthplace Chesterfield, Idaho (City or town) (State or foreign country)
16. Informant's OWN Signature Louis Thomason and Address Idaho Falls, Idaho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-20-44 (Month) (Day) (Year)
(c) Place: Burton, Idaho
18. Funeral Director's OWN Signature M. S. Hansen and Address St. Anthony, Idaho.
19. (a) 1-20-44 (Date received and filed) (b) Mrs. H. Young (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) January 17 1944
at 9:30 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 1/11 1944 to 1/17 1944
I last saw her alive on 1/12 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Prematurity — Duration ____
Due to Pylorus Stenosis
Due to ____
Other conditions ____
(Include pregnancy within 3 months of death)

Where was disease contracted? ____
Name of operation None Date ____
Major finding ____
Finding of autopsy None

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's OWN Signature M. F. Rigby M.D. (M. D. or other)
and Address Rexburg Date 1/17 1944
(For additional space, use reverse side)

United States
Department of Commerce
Bureau of the Census

MAR 14 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137942
Local Reg. No. 11
Reg. Dist. No. 631

1. **PLACE OF DEATH:**
(a) County Madison
(b) City or town Sugar City
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? # Outside? city or town
(e) Died in a Home # Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 12 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Madison
(c) City or town Sugar City
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? # Outside? city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 19 years
(h) Former residence (city, state) Utah

3. (a) FULL NAME JOSEPHINE COTTLE MUNRO

49a

3. (b) If veteran, name war
3. (c) Social Security No. none
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife James Albert
6. (c) Age of husband or wife if alive 49 years
7. Date of Birth (Month, Day, Year) April 20, 1891

8. AGE	Years	Months	Days	If less than 1 day
	52	10	10	hrs min.

9. Exact Occupation Housewife Did this work for life yrs.
10. Industry or Business Home Date last worked seven weeks
11. Birthplace Plane City, Utah (City or town) (State or foreign country)
Father
12. Name Wm Henry Cottle
13. Birthplace Dudley Worchestershire Eng. (City or town) (State or foreign country)
Mother
14. Maiden name Sarah Elizabeth Dummer
15. Birthplace London England (City or town) (State or foreign country)
16. Informant's OWN Signature James G. Munro
and Address Sugar, Ida.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 4, '44 (Month) (Day) (Year)
(c) Place: Sugar City, Idaho
18. Funeral Director's OWN Signature Rolland G. Weiser
and Address Rexburg, Idaho
19. (a) 3-2-44 (Date received and filed) (b) Mrs H E Young (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) February 29 1944
at 3 o'clock A.M.
21. **I HEREBY CERTIFY,** That I attended deceased from Dec. 1943, to Feb. 29 1944
I last saw her alive on Feb. 21 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cancer both ovaries c metastases to liver + chest.
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature H B Rigby (M. D. or other)
and Address Rexburg Date 3-2 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

FEB 14 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137943
Local Reg. No. 2
Reg. Dist. No. 451

1. **PLACE OF DEATH:**
   (a) County Minidoka
   (b) City or town Heyburn
   (c) Street Address or R. F. D. No. 1
   (d) Death Occurred Inside? ____ Outside? X city or town
   (e) Died in a Home X Hospital __ Institution __ Other place __
   (f) Name Hosp. or Inst. — Stayed — days
   (g) Lived in this county 30 years ____ months ____ days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Minidoka
   (c) City or town Heyburn
   (d) Street Address or R. F. D. No. 1
   (e) Deceased lived Inside? ____ Outside? X city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 30 years
   (h) Former residence (city, state) Ohio.

3. (a) **FULL NAME** Jacob Bilger.

93 E

3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Male
5. Color or race W
6. (a) Single, widowed, married, divorced —
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) Feb 17 - 1864

8. AGE	Years	Months	Days	If less than 1 day
	79	11	18	hrs min.

9. Exact Occupation Meat Cutter Did this work for 55 yrs.
10. Industry or Business ____ Date last worked ____
11. Birthplace Horn (City or town) Switzerland (State or foreign country)
Father
12. Name Unknown
13. Birthplace " (City or town) (State or foreign country)
Mother
14. Maiden name Unknown
15. Birthplace " (City or town) (State or foreign country)
16. Informant's OWN Signature Mrs C E Merz
and Address Heyburn Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 8th (Month) (Day) (Year)
(c) Place: Heyburn
18. Funeral Director's OWN Signature Retta S. Payne
and Address Burley Idaho
19. (a) 2-7-44 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Feb 4 1944
at ____ o'clock ____ M.
21. **I HEREBY CERTIFY,** That I attended deceased from June 1940 to Feb 4 1944
I last saw him alive on Feb 1 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Myocarditis.	—
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation ____ Date ____	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature O. A. Moldner (M. D. or other)
and Address Rupert Ida Date 2-4 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

MAR 1 7 1944

Certificate Of Death.

STATE OF IDAHO

State File No. 137411
Local Reg. No. 15
Reg. Dist. No. 407

1. **PLACE OF DEATH:**
   (a) County Minidoka
   (b) City or town Rupert
   (c) Street Address or R. F. D. No. —
   (d) Death Occured Inside? ✓ Outside? ..... city or town
   (e) Died in a Home.... Hospital.... Institution.... Other place....
   (f) Name Hosp. or Inst. Rupert Hosp. Stayed 1 days
   (g) Lived in this county 24 years ..... months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Minidoka
   (c) City or town Rupert
   (d) Street Address or R.F.D. No. ✓
   (e) Deceased lived Inside? ✓ Outside? ..... city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 25 years
   (h) Former residence (city, state) Missouri

3. (a) **FULL NAME** Luther Keithly. 872

3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex M. 5. Color or race W.
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) March 3. 1867

8. AGE	Years	Months	Days	If less than 1 day
	76.	11	4	hrs min.

9. Exact Occupation Farmer — Did this work for ..... yrs.
10. Industry or Business ..... — Date last worked .....
11. Birthplace O'Fallon (City or town) Missouri (State or foreign country)

Father
12. Name Myron Keithley.
13. Birthplace St Charles Co. Mo. (City or town) (State or foreign country)

Mother
14. Maiden name Jemima Hopkins
15. Birthplace Arkansas (City or town) (State or foreign country)

16. Informant's **OWN** Signature E. E. Keithly
and Address Rupert, Idaho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-11-44 (Month) (Day) (Year)
(c) Place: Heyburn Idaho
18. Funeral Director's **OWN** Signature Rodney L. Boardman
and Address Rupert Idaho
19. (a) 3-6-44 (Date received and filed) (b) E.T.B. (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Feb. 7 19 44
at 9:30 o'clock P. M.
21. **I HEREBY CERTIFY**, That I attended deceased from 1940 19 ..... to 1944 19 44
I last saw him alive on Feb 7 19 44; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Pneumonia	3 days
Due to	
Multiple sclerosis	15 yrs.
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature J. H. Kerney (M. D. or other)
and Address Rupert Ida. Date 3-1 19 44
(For additional space, use reverse side)

United States
Department of Commerce
Bureau of the Census

MAR 17 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 13744
Local Reg. No. 12
Reg. Dist. No. 450

1. **PLACE OF DEATH:**
(a) County Minidoka
(b) City or town Rupert
(c) Street Address or R. F. D. No. —
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home ____ Hospital X Institution ____ Other place ____
(f) Name Hosp. or Inst. Rupert Stayed 1 days
(g) Lived in this county ____ years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Cassia
(c) City or town Heyburn
(d) Street Address or R. F. D. No. 1
(e) Deceased lived Inside? ____ Outside? X city or town
(f) Citizen of what country? U. S. A.
(g) How long had deceased lived in Idaho? 30 years
(h) Former residence (city, state) Utah

3. (a) **FULL NAME** Milton Le Roy Harris 170a

3. (b) If veteran, name war —
3. (c) Social Security No. 518-14-7355
4. Sex Male
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Birdie Harris
6. (c) Age of husband or wife if alive 28 years
7. Date of Birth (Month, Day, Year) Sept 2nd 1909

8. AGE	Years	Months	Days	If less than 1 day
	34	5	17	hrs ____ min. ____

9. Exact Occupation Trucker — Did this work for one yrs.
10. Industry or Business ____ Date last worked Feb 18.
11. Birthplace Heber City (City or town) Utah (State or foreign country)
Father
12. Name Joseph W. Harris
13. Birthplace ____ (City or town) ____ (State or foreign country)
Mother
14. Maiden name Mary C. Rookery
15. Birthplace Heber City Utah (City or town) (State or foreign country)
16. Informant's **OWN** Signature Birdie A. Harris
and Address Heyburn Ida.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 23 (Month) (Day) (Year)
(c) Place: Heyburn Ida
18. Funeral Director's **OWN** Signature Retta L. Payne
and Address Burley Idaho
19. (a) 2-21-44 (Date received and filed) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Feb. 19 19 44
at ____ o'clock ____ M.

21. **I HEREBY CERTIFY,** That I attended deceased from Feb 18 19 44 to Feb 19 19 44
I last saw him alive on Feb 19 19 44; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Shock	
Brain injury Chest fractured	
Due to Skull fracture.	
Due to ____	
Other conditions ____ (Include pregnancy within 3 months of death)	

Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? X Suicide? ____ Homicide? ____
Occurred Rupert Idaho 19 ____ City, county, state
where violence occurred 3-18-44 Minidoka Co
Place of Violence: Home ____ Farm ____ Industry ____
Public Place X While at work? ____
Means of injury Truck collided into ____

23. Attendant's **OWN** Signature [illegible] (M. D. or other)
and Address Rupert Idaho Date 2-20 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

MAR 17 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137946
Local Reg. No. 12
Reg. Dist. No. 451

1. **PLACE OF DEATH:**
(a) County Minidoka
(b) City or town Heyburn
(c) Street Address or R. F. D. No. —
(d) Death Occurred Inside? ✓ Outside? ____ city or town
(e) Died in a Home ✓ Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 24 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Minidoka
(c) City or town Heyburn
(d) Street Address or R. F. D. No. —
(e) Deceased lived Inside? ✓ Outside? ____ city or town
(f) Citizen of what country? U.S.
(g) How long had deceased lived in Idaho? 24 years
(h) Former residence (city, state) ____

3. (a) **FULL NAME** Mary Ann Lee

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3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Joseph B. Lee
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) November 27, 1866

8. AGE	Years	Months	Days	If less than 1 day
	77	2	23	hrs ____ min. ____

9. Exact Occupation At Home — Did this work for ____ yrs.
10. Industry or Business — Date last worked —
11. Birthplace Grantsville, Utah (City or town) (State or foreign country)

Father
12. Name Lorenzo Meacham
13. Birthplace Springfield, Penn. (City or town) (State or foreign country)

Mother
14. Maiden name Mary Ann Clark
15. Birthplace Colchester, England (City or town) (State or foreign country)

16. Informant's **OWN** Signature Hannah Way
and Address Rupert, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-24-44 (Month) (Day) (Year)
(c) Place: Heyburn, Idaho
18. Funeral Director's **OWN** Signature Vern B. McCulloch
and Address Burley, Idaho
19. (a) 3-6-44 (Date received and filed) (b) Elva Moore (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) February 20 1944
at 4 o'clock P.M.
21. **I HEREBY CERTIFY,** That I attended deceased from 2-12- 1944, to ____ 19____
I last saw h— alive on 2-12- 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Lobar Pneumonia	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state ____
where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's **OWN** Signature G. L. Espe
and Address Burley (M. D. or other) Date 3-2- 1944

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

MAR 1 7 1944

Certificate Of Death

STATE OF IDAHO

State File No. 1374 17
Local Reg. No. 13
Reg. Dist. No. 45 /

1. **PLACE OF DEATH:**
   (a) County Minidoka
   (b) City or town Heyburn
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? Y Outside? ..... city or town
   (e) Died in a Home ... Hospital ... Institution ... Other place ...
   (f) Name Hosp. or Inst. ..... Stayed ..... days
   (g) Lived in this county ..... years ..... months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Minidoka
   (c) City or town Heyburn
   (d) Street Address or R.F.D. No. —
   (e) Deceased lived Inside? Y Outside? ..... city or town
   (f) Citizen of what country? U.S.
   (g) How long had deceased lived in Idaho? 60 years
   (h) Former residence (city, state)

3. (a) **FULL NAME** Ellen Pearl Handy 938

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex F
5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife James
6. (c) Age of husband or wife if alive 68 years
7. Date of Birth (Month, Day, Year) Dec 7 1883.

8. AGE	Years	Months	Days	If less than 1 day
	60	10	17	hrs min.

9. Exact Occupation Housewife Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Connersville (City or town) Indiana (State or foreign country)

Father
12. Name Leonard Condit
13. Birthplace Little Davis Iowa (City or town) (State or foreign country)

Mother
14. Maiden name Carmelia Hawley
15. Birthplace Texas (City or town) (State or foreign country)

16. Informant's **OWN** Signature Lee J. Handy
and Address Heyburn Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-27-44 (Month) (Day) (Year)
(c) Place: Heyburn Idaho

18. Funeral Director's **OWN** Signature Rodney B. Boardman
and Address Rupert Idaho

19. (a) 3-1-44 (Date received and filed) (b) A. E. Elmore (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Feb. 24 19 44
at 6.30 o'clock P M.

21. **I HEREBY CERTIFY**, That I attended deceased from July 19 36, to Feb 24 19 44
I last saw her alive on Feb 23 19 44, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Myocarditis	5 years.
Due to Hypertension - Essential	10 years
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature A. Sandoe Elmore M.D. (M.D. or other)
and Address 2-25-44 Date 19
(For additional space, see reverse side)
Rupert Idaho

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce MAR 15 1944
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137940
Local Reg. No. 45
Reg. Dist. No. 220

1. **PLACE OF DEATH:**
   (a) County Nez Perce
   (b) City or town Lewiston
   (c) Street Address or R. F. D. No. — Main
   (d) Death Occurred Inside? X Outside? ____ city or town
   (e) Died in a Home __ Hospital X Institution __ Other place __
   (f) Name Hosp. or Inst. White Stayed ____ days
   (g) Lived in this county ____ years ____ months ____ days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Nez Perce
   (c) City or town Lewiston
   (d) Street Address or R. F. D. No. 442 Miller St.
   (e) Deceased lived Inside? X Outside? ____ city or town
   (f) Citizen of what country? U.S.
   (g) How long had deceased lived in Idaho? 10 years
   (h) Former residence (city, state) ____

3. (a) **FULL NAME** George Longetieg 92d

3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) July 7, 1872

8. AGE	Years	Months	Days	If less than 1 day
	71	6	24	hrs min.

9. Exact Occupation Retired farmer Did this work for ____ yrs.
10. Industry or Business ____ Date last worked ____
11. Birthplace ____ (City or town) Norway (State or foreign country)
Father
12. Name Chris C. Longetieg
13. Birthplace ? (City or town) Norway (State or foreign country)
Mother
14. Maiden name ? Millard
15. Birthplace ? (City or town) Norway (State or foreign country)
16. Informant's OWN Signature X Mrs Ted Geeup
and Address Moscow, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/5/44 (Month) (Day) (Year)
(c) Place: Lewiston Idaho
18. Funeral Director's OWN Signature Brown & Wann by L. B. Wann
and Address Lewiston Idaho
19. (a) 2/17/44 (Date received and filed) (b) Margaret Vassar (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Feb 1 1944
at 1:30 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from 1-29- 1944, to Feb 1 1944
I last saw him alive on Feb 1 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Acute myocarditis with dilatation 93a	3 days
Due to Chronic Endocarditis 92d	1 yr.
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation ____ Date ____	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature E. L. White (M. D. or other)
and Address Lewiston Ida Date 2-16 1944
(For additional space, use reverse side)

E. L. White

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

MAR 15 1944

State File No. 13750
Local Reg. No. 36
Reg. Dist. No. 220

1. **PLACE OF DEATH:**
(a) County Nez Perce
(b) City or town Lewiston
(c) Street Address or R. F. D. No. ~~Orchards~~
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home__ Hospital X Institution__ Other place__
(f) Name Hosp. or Inst. St. Joseph Stayed ____ days
(g) Lived in this county 45 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County NezPerce
(c) City or town Lewiston Orchard,
(d) Street Address or R. F. D. No. Route #2
(e) Deceased lived Inside? ____ Outside? X city or town
(f) Citizen of what country? U. S.
(g) How long had deceased lived in Idaho? 45 years
(h) Former residence (city, state) ____

3. (a) **FULL NAME** David E. Heckman 932

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife ____
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) Oct 14, 1858

8. AGE	Years	Months	Days	If less than 1 day
	85	3	19	hrs ____ min.

9. Exact Occupation Retired Farmer Did this work for ____ yrs.
10. Industry or Business ____ Date last worked ____
11. Birthplace McCrea (City or town) Penn (State or foreign country)
Father 12. Name Daniel Heckman
Father 13. Birthplace Penn (City or town) (State or foreign country)
Mother 14. Maiden name Harriet Shover
Mother 15. Birthplace Penn (City or town) (State or foreign country)
16. Informant's OWN Signature Mrs Vina Provost and Address Route #2 Lewiston
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/7/44 (Month) (Day) (Year)
(c) Place: Lewiston Idaho
18. Funeral Director's OWN Signature By I. H. Malson and Address Lewiston, Idaho
19. (a) 2/14/44 (Date received and filed) (b) Margaret Tassar (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Feb 3 19 44
at 10:00 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from ____ 19__, to ____ 19__
I last saw him alive on 2-3 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death	Duration
Arteriosclerotic 932	
Heart Disease,	
Due to Congestive failure -	7 days
Due to ____	
Other conditions ____ (Include pregnancy within 3 months of death)	
Where was disease contracted? ____	PHYSICIAN
Name of operation ____ Date ____	Underline the cause to which death should be charged statistically.
Major finding ____	
Finding of autopsy ____	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature Walter C. McWilliams (M. D. or other)
and Address Lewiston Date 2-14 19 44
(For additional space, use reverse side)

137951

United States
Department of Commerce
Bureau of the Census

MAR 15 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 37
Reg. Dist. No. 220

1. **PLACE OF DEATH:**
   (a) County Nez Perce
   (b) City or town Lewiston
   (c) Street Address or R. F. D. No. Breier Building
   (d) Death Occurred Inside? # Outside? ____ city or town
   (e) Died in a Home__ Hospital__ Institution__ Other place #
   (f) Name Hosp. or Inst. ____ Stayed ____ days
   (g) Lived in this county ____ years ____ months ____ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County NezPerce
   (c) City or town Arrow
   (d) Street Address or R. F. D. No. Juliaetta R#2
   (e) Deceased lived Inside? ____ Outside? X city or town
   (f) Citizen of what country? U.S.
   (g) How long had deceased lived in Idaho? 1 years
   (h) Former residence (city, state) ____

3. (a) **FULL NAME** Rudolph Parker Jr. 2000a

3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex M
5. Color or race Wh
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife ____
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) December 27th, 1942

8. AGE	Years	Months	Days	If less than 1 day
	1	1	10	hrs ____ min.

9. Exact Occupation Baby — Did this work for ____ yrs.
10. Industry or Business ____ — Date last worked ____
11. Birthplace Lewiston, (City or town) Idaho (State or foreign country)

Father
12. Name Rudolph Davis Parker
13. Birthplace Witchata Falls (City or town) Texas (State or foreign country)

Mother
14. Maiden name Irine Smith
15. Birthplace Arrow, (City or town) Idaho (State or foreign country)

16. Informant's OWN Signature Mrs Rudolph Parker
and Address R#2 Juliaetta Ida
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/11/44 (Month) (Day) (Year)
(c) Place: Lewiston, Idaho
18. Funeral Director's OWN Signature By K. H. Malson
and Address Lewiston, Idaho
19. (a) 2/14/44 (Date received and filed) (b) Margaret Thasen (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) February 7th, 1944 19____
at 3-45 o'clock P M.

21. **I HEREBY CERTIFY,** That I attended deceased from April 27 1942 to Feb 7 1944
I last saw h~~im~~ alive on Feb 7 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Congenital Heart Condition — Duration ____
Due to Had just Circumcised the baby previous to the Sudden collapse
Due to ____
Other conditions ____
(Include pregnancy within 3 months of death)

Where was disease contracted? ____
Name of operation Circumcision Date 2-7-44
Major finding ____
Finding of autopsy ____

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's OWN Signature J. M. [illegible] (M. D. or other)
and Address Lewiston Date 2-8 1944

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

MAR 15 1944

Certificate Of Death

STATE OF IDAHO

State File No. 13745
Local Reg. No. 35
Reg. Dist. No. 220

1. **PLACE OF DEATH:**
   (a) County Nezperce
   (b) City or town Lewiston
   (c) Street Address or R. F. D. No.
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home .... Hospital X Institution .... Other place ....
   (f) Name Hosp. or Inst. St Joseph .... Stayed ..... days
   (g) Lived in this county ..... years ..... months 7 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Wash (b) County Nezperce
   (c) City or town Clarkston
   (d) Street Address or R.F.D. No. 800-2nd Street
   (e) Deceased lived Inside? X Outside? ..... city or town
   (f) Citizen of what country? b U.S. of America
   (g) How long had deceased lived in Idaho? 7 Days years
   (h) Former residence (city, state) Washington

3. (a) **FULL NAME** Anna Weber

33a

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Barthol Weber
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) April 4, 1866

8. AGE	Years	Months	Days	If less than 1 day
	77	6	3	hrs min.

9. Exact Occupation Housewife — Did this work for ..... yrs.
10. Industry or Business ..... — Date last worked .....
11. Birthplace Chicago (City or town) Illinois (State or foreign country)

Father
12. Name Theo Taufen
13. Birthplace Germany (City or town) (State or foreign country)

Mother
14. Maiden name Anna Winter
15. Birthplace Germany (City or town) (State or foreign country)

16. Informant's **OWN** Signature Matt C. Weber
and Address Clarkston, Wash.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 2/8/44 (Month) (Day) (Year)
(c) Place: Uniontown, Wash.

18. Funeral Director's **OWN** Signature H. P. Merchant
and Address Clarkston, Wash.

19. (a) 2/7/44 (Date received and filed) (b) Margaret Vassar (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Feb. 7 1944
at 10:30 o'clock A M.

21. **I HEREBY CERTIFY**, That I attended deceased from Jan. 20 1944, to Feb. 7 1944
I last saw her alive on Feb. 7 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Influenza & pneumonia	11 days
Due to	
Due to	
Other conditions Senility (Include pregnancy within 3 months of death)	

Where was disease contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature Paul W. Johnson (M. D. or other)
and Address Lewiston, Ida. Date 2-9 1944

(For additional space, use reverse side)

137953

United States
Department of Commerce
Bureau of the Census

MAR 15 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 44
Reg. Dist. No. 220

1. **PLACE OF DEATH:**
(a) County Nez Perce
(b) City or town Lewiston
(c) Street Address or R. F. D. No. 4th, Ave. & 6th, St.
(d) Death Occurred Inside? In Outside? city or town
(e) Died in a Home Hospital # Institution Other place
(f) Name Hosp. or Inst. St. Joseph Stayed 1 days
(g) Lived in this county years 1 months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Nez Perce
(c) City or town Lapwai
(d) Street Address or R. F. D. No. Rural
(e) Deceased lived Inside? Outside? # city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? years
(h) Former residence (city, state)

3. (a) **FULL NAME** Jacqueline Mae White

200c

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race Indian
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife None
6. (c) Age of husband or wife if alive None years
7. Date of Birth (Month, Day, Year) January 9th, 1944

8. AGE	Years	Months	Days	If less than 1 day
	----	----	30	hrs min.

9. Exact Occupation At home Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Lewiston, Idaho (City or town) (State or foreign country)
Father
12. Name Roy C. White
13. Birthplace Lapwai, Idaho (City or town) (State or foreign country)
Mother
14. Maiden name Celestine Seth
15. Birthplace Spalding, Idaho (City or town) (State or foreign country)
16. Informant's OWN Signature Roy C White
and Address Lapwai, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/10/1944 (Month) (Day) (Year)
(c) Place: Lapwai, Idaho
18. Funeral Director's OWN Signature Brower-Wann Co. By L B Wann
and Address Lewiston, Idaho
19. (a) 2/17/44 (Date received and filed) (b) Margaret Vassar (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) February 8th, 1944 19
at about 11:30 a.m. M.
21. **I HEREBY CERTIFY,** That I attended deceased from — 19, to — 19
I last saw h— alive on — 19—; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cause of death not known	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature Paul W. Johnson (M. D. or other)
and Address Lewiston, Ida. Date 2-18 1944
(For additional space, use reverse side)

Johnson

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

137954

United States
Department of Commerce
Bureau of the Census MAR 15 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 40
Reg. Dist. No. 220

1. **PLACE OF DEATH:**
(a) County NezPerce
(b) City or town Lewiston
(c) Street Address or R. F. D. No. 1521 - 19 th Ave.
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home X Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county ____ years 7 months 12 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County NezPerce
(c) City or town Lewiston
(d) Street Address or R. F. D. No. 1521-19 th Ave.
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? U. S.
(g) How long had deceased lived in Idaho? 7 mo. 12 dys years
(h) Former residence (city, state) ____

3. (a) **FULL NAME** Marvin James Shoemake

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3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife *
6. (c) Age of husband or wife if alive * years
7. Date of Birth (Month, Day, Year) June 25, 1943

8. AGE	Years	Months	Days	If less than 1 day
	***	7	12	hrs ____ min.

9. Exact Occupation Baby — Did this work for ____ yrs.
10. Industry or Business ____ — Date last worked ____
11. Birthplace Lewiston, (City or town) Idaho (State or foreign country)

Father
12. Name James Shoemake
13. Birthplace ____ (City or town) Tenn. (State or foreign country)

Mother
14. Maiden name Opal Heckman
15. Birthplace Culdesac (City or town) Idaho (State or foreign country)

16. Informant's **OWN** Signature Mrs. Opal Shoemake
and Address 1521 - 19th ave
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/14/44 (Month) (Day) (Year)
(c) Place: Lewiston, Idaho
18. Funeral Director's **OWN** Signature Brower-Wann By K. R. Malcom
and Address Lewiston, Idaho
19. (a) 2/14/44 (Date received and filed) (b) Margaret Hasan (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Feb. 11 19 44
at 1:00 o'clock A.M.

21. **I HEREBY CERTIFY,** That I attended deceased from 2-10 19 44, to 2-11 19 44
I last saw him alive on 2-10 19 44 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Bilateral	
Bronchopneumonia	One day
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation ____ Date ____	
Major finding	
Finding of autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19 ____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's **OWN** Signature Walter McWilliams (M. D. or other)
and Address Lewiston Date 2-14 19 44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

MAR 15 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137955
Local Reg. No. 43
Reg. Dist. No. 220

1. **PLACE OF DEATH:**
   (a) County Nez Perce
   (b) City or town Lewiston
   (c) Street Address or R. F. D. No. 6th, St. & 4th, Ave
   (d) Death Occurred Inside? In Outside? ____ city or town
   (e) Died in a Home__ Hospital # Institution__ Other place__
   (f) Name Hosp. or Inst. St. Joseph Stayed 3 days
   (g) Lived in this county 32 years 3 months 14 days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Nez Perce
   (c) City or town Lapwai
   (d) Street Address or R. F. D. No. ----------
   (e) Deceased lived Inside? In Outside? ____ city or town
   (f) Citizen of what country? U. S. A.
   (g) How long had deceased lived in Idaho? 32 years
   (h) Former residence (city, state) ____

3. (a) **FULL NAME** Dorothy Helen Raboin

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3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race Indian
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Franklin Raboin
6. (c) Age of husband or wife if alive 33 years
7. Date of Birth (Month, Day, Year) November 1st, 1911

8. AGE	Years	Months	Days	If less than 1 day
	32	3	14	hrs ____ min.

9. Exact Occupation Housewife — Did this work for ____ yrs.
10. Industry or Business Own home — Date last worked ____
11. Birthplace Lapwai, Idaho (City or town) (State or foreign country)

Father
12. Name John Kane
13. Birthplace Kamiah, Idaho (City or town) (State or foreign country)

Mother
14. Maiden name Ellen Powakee
15. Birthplace Lapwai, Idaho (City or town) (State or foreign country)

16. Informant's **OWN** Signature John Kane
and Address Lapwai, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof ____ (Month) (Day) (Year)
(c) Place: Lapwai, Idaho

18. Funeral Director's **OWN** Signature Brower-Wann Co. By L B Wann
and Address Lewiston, Idaho

19. (a) 2/17/44 (Date received and filed) (b) Margaret Vasas (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) February 15th, 1944 19____
at 8:35 o'clock P. M.

21. **I HEREBY CERTIFY,** That I attended deceased from Feb 13 1944 to Feb 15 1944
I last saw her alive on Feb 15 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Diabetic Coma	2 days.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's **OWN** Signature F. Tomlinson M.D. (M. D. or other)
and Address Lewiston, Idaho Date 2-16 1944
(For additional space, use reverse side)

Tomlinson

137956

United States
Department of Commerce
Bureau of the Census

MAR 15 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 47
Reg. Dist. No. 220

1. **PLACE OF DEATH:**
(a) County Nez Perce
(b) City or town Lewiston,
(c) Street Address or R. F. D. No. 210 Main
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home X Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. 39 Stayed ____ days
(g) Lived in this county ____ years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Nez Perce
(c) City or town Lewiston
(d) Street Address or R. F. D. No. 210 main
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 39 years
(h) Former residence (city, state)

3. (a) **FULL NAME** Georgia Elizabeth Canner 61

3. (b) If veteran, name war ----
3. (c) Social Security No. ----
4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife George
6. (c) Age of husband or wife if alive ------- years
7. Date of Birth (Month, Day, Year) August 22, 1876

8. AGE	Years	Months	Days	If less than 1 day
	63	5	28	hrs ____ min.

9. Exact Occupation Housewife — Did this work for ____ yrs.
10. Industry or Business At home — Date last worked
11. Birthplace Ontario, (City or town) Canada (State or foreign country)

Father
12. Name William Holt
13. Birthplace Liverpool, (City or town) England (State or foreign country)

Mother
14. Maiden name no record
15. Birthplace no record (City or town) (State or foreign country)

16. Informant's OWN Signature E. Canner
and Address Lewiston, Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 2-22-44 (Month) (Day) (Year)
(c) Place: Lewiston, Idaho
18. Funeral Director's OWN Signature Vincent V. Vassar
and Address Lewiston, Idaho
19. (a) 2/21/44 (Date received and filed) (b) Margaret Vassar (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 2-20 1944
at 2 30 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from 1-20 1942, to 2-20 1944
I last saw h[illegible] alive on 1-20 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
(a) Acute dilatation of Heart	12 hrs
(b) Myocarditis 9301	
Due to Chr. Endocarditis 9220	6 months
non-Compensation	
Due to Diabetes Mellitus 61	10 yrs
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ____ Date ____
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury

23. Attendant's OWN Signature E. L. White M.D (M. D. or other)
and Address Lewiston Ida Date 2-21 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

137952

United States
Department of Commerce
Bureau of the Census

MAR 15 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 49
Reg. Dist. No. 220

1. **PLACE OF DEATH:**
(a) County Nez Perce
(b) City or town Lewiston
(c) Street Address or R. F. D. No. 321 17th, Street
(d) Death Occurred Inside? In Outside? ____ city or town
(e) Died in a Home# Hospital__ Institution__ Other place__
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 55 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Nez Perce
(c) City or town Southwick
(d) Street Address or R. F. D. No. ____
(e) Deceased lived Inside? In Outside? ____ city or town
(f) Citizen of what country? ____
(g) How long had deceased lived in Idaho? 55 years
(h) Former residence (city, state) ____

3. (a) **FULL NAME** Eva Ester Wright

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife ____
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) September 25th, 1871

8. AGE	Years	Months	Days	If less than 1 day
	72	4	26	hrs ____ min.

9. Exact Occupation At home — Did this work for ____ yrs.
10. Industry or Business ____ — Date last worked ____
11. Birthplace Upper Lake, California (City or town) (State or foreign country)

Father
12. Name Charles Helms
13. Birthplace Not known (City or town) (State or foreign country)

Mother
14. Maiden name Sara C. ____
15. Birthplace Not known (City or town) (State or foreign country)

16. Informant's **OWN** Signature R Wright
and Address Lewiston, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/24/1944 (Month) (Day) (Year)
(c) Place: Southwick, Idaho
18. Funeral Director's **OWN** Signature Brower-Wann Co. By H Brower
and Address Lewiston, Idaho
19. (a) 2/23/44 (Date received and filed) (b) Margaret Vassar (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) February 21st, 1944
at 1:45 o'clock A. M.

21. **I, HEREBY CERTIFY,** That I attended deceased from Feb 7 19 44 to Feb 21 19 44
I last saw her alive on Feb 14 19 44; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Chronic Myocarditis — Duration 4 years
Due to ____
Due to ____
Other conditions ____
(Include pregnancy within 3 months of death)
Where was disease contracted? ____
Name of operation None Date ____
Major finding ____
Finding of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's **OWN** Signature J M Lee (M. D. or other)
and Address Lewiston Date 2-23-1944
(For additional space, use reverse side)

Lyle

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

13795

United States
Department of Commerce
Bureau of the Census MAR 15 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 54
Reg. Dist. No. 220

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
   (a) County Nez Perce
   (b) City or town Lewiston
   (c) Street Address or R. F. D. No. 6th, St. & 4th, Ave.
   (d) Death Occurred Inside? # Outside? ____ city or town
   (e) Died in a Home ___ Hospital # Institution ___ Other place ___
   (f) Name Hosp. or Inst. St. Joseph Stayed 3 days
   (g) Lived in this county 60 years ____ months ____ days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Nez Perce
   (c) City or town Lenore
   (d) Street Address or R. F. D. No. Rural
   (e) Deceased lived Inside? ____ Outside? Out city or town
   (f) Citizen of what country? ____
   (g) How long had deceased lived in Idaho? 60 years
   (h) Former residence (city, state) ____

3. (a) **FULL NAME** Arthur Alfred Dobson

4/5c

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Callie Maude
6. (c) Age of husband or wife if alive 74 years
7. Date of Birth (Month, Day, Year) May 4th, 1858

8. AGE	Years	Months	Days	If less than 1 day
	85	9	18	hrs ____ min.

9. Exact Occupation Service Station Operator — Did this work for ____ yrs.
10. Industry or Business ____ — Date last worked ____
11. Birthplace ____ (City or town) Tasmania (State or foreign country)

Father
12. Name Edward Dobson England
13. Birthplace ____ (City or town) England (State or foreign country)

Mother
14. Maiden name Sarah Elizabeth ____
15. Birthplace ____ (City or town) England (State or foreign country)

16. Informant's **OWN** Signature Mrs. L. L. Maguire
and Address Lenore, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof ____ (Month) (Day) (Year)
(c) Place: Lewiston, Idaho
18. Funeral Director's **OWN** Signature Brower-Wann Co. By R. B. Wann
and Address Lewiston, Idaho
19. (a) 3/2/44 (Date received and filed) (b) Margaret Vassar (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) February 22nd, 1944 19____
at ____ o'clock ____ M.

21. **I HEREBY CERTIFY,** That I attended deceased from Feb 20 19 44 to Feb 22 19 44
I last saw h~~im~~ alive on Feb 21 19 44, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — Duration

cardiac dilatation — 1 day
Due to Upper Respiratory infection — 4 days
Due to ____
Other conditions Senility
(Include pregnancy within 3 months of death)

Where was disease contracted? Lenore Idaho
Name of operation None Date ____
Major finding ____
Finding of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's **OWN** Signature E. G. Braddock MD (M. D. or other)
and Address Lewiston Idaho Date 2-23 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

MAR 15 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137959
Local Reg. No. 50
Reg. Dist. No. 220

1. **PLACE OF DEATH:**
   (a) County Nez Perce
   (b) City or town Lewiston
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? X Outside? ____ city or town
   (e) Died in a Home ____ Hospital X Institution ____ Other place ____
   (f) Name Hosp. or Inst. St. Joseph's Stayed ____ days
   (g) Lived in this county 15 years ____ months ____ days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Nez Perce
   (c) City or town Lewiston
   (d) Street Address or R. F. D. No. 222 Glassway
   (e) Deceased lived Inside? X Outside? ____ city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 15 years
   (h) Former residence (city, state)

3. (a) **FULL NAME** Mary Weivoda

93 E

3. (b) If veteran, name war ____ 3. (c) Social Security No. ____

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced widow

6. (b) Name of husband or wife Alois 6. (c) Age of husband or wife if alive ____ years

7. Date of Birth (Month, Day, Year) September 9, 1872

8. AGE	Years	Months	Days	If less than 1 day
	71	5	22	hrs ____ min. ____

9. Exact Occupation housewife Did this work for ____ yrs.
10. Industry or Business at home Date last worked ____
11. Birthplace Jasper, Indiana (City or town) (State or foreign country)

Father
12. Name No record
13. Birthplace No record (City or town) (State or foreign country)

Mother
14. Maiden name No record
15. Birthplace No record (City or town) (State or foreign country)

16. Informant's **OWN** Signature Conrad M. Weivoda
and Address Lewiston, Idaho
17. (a) Removal (b) Date thereof 2-25-44 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: Uniontown, Wash.
18. Funeral Director's **OWN** Signature Vincent U. Vassar
and Address Lewiston, Idaho
19. (a) 2/26/44 (Date received and filed) (b) Margaret Vassar (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) February 25, 1944
at 6:40 o'clock a. M.

21. **I HEREBY CERTIFY,** That I attended deceased from Sept 28 1942 to Feb 25 1944
I last saw her alive on Feb 24 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death	93 e1	Duration
Myocarditis		
Due to Influenza	331	
Due to		
Other conditions (Include pregnancy within 3 months of death)		

Where was disease contracted?
Name of operation ____ Date ____
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury

23. Attendant's **OWN** Signature W. O. Clark M.D. (M. D. or other)
and Address Lewiston, Ida. Date 2-25-44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 33-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

MAR 15 1944

State File No. 137960
Local Reg. No. 51
Reg. Dist. No. 220

1. PLACE OF DEATH:

(a) County Nez Perce
(b) City or town Lewiston
(c) Street Address or R.F.D. No. ---
(d) Death Occured Inside? X Outside? ... city or town
(e) Died in a Home ... Hospital X Institution ... Other place ...
(f) Name Hosp. or Inst St. Joseph Stayed 8 days
(g) Lived in this county ... years ... months 8 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

(a) State Idaho (b) County Nez Perce
(c) City or town Lewiston
(d) Street Address or R.F.D. No. ---
(e) Deceased lived Inside? X Outside? ... city or town
(f) Citizen of what country? U S A
(g) How long had deceased lived in Idaho? 8 Days years
(h) Former residence (city, state) ...

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3. (a) **FULL NAME** Larry Allan Sargent

3. (b) If veteran, name war ---
3. (c) Social Security No. ---
4. Sex M race W
5. Color or
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife ---
6. (c) Age of husband or wife if alive --- years
7. Date of Birth (Month, Day, Year) February 17, 1944

8. AGE	Years	Months	Days	If less than 1 day
	---	--	8	hrs min.

9. Exact Occupation ... Did this work for ... yrs.
10. Industry or Business ... Date last worked ...
11. Birthplace Lewiston, Idaho (City or town) (State or foreign country)

Father
12. Name Clelland Sargent
13. Birthplace Moscow Idaho (City or town) (State or foreign country)

Mother
14. Maiden name Daisy Sharp
15. Birthplace Republic Washington (City or town) (State or foreign country)

16. Informant's **OWN** Signature C. A. Sargent
and Address 527-10th St. Clarkston Wn.

17. (a) Removal (b) Date thereof 2-25-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: Clarkston, Washington

18. Funeral Director's **OWN** Signature W C Merchant
and Address Clarkston, Washington

19. (a) February 29 44 (b) Marguerite Vassar
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH
(Month, Day, Year) Feb. 25 1944
at 7:00 o'clock P M.

21. I HEREBY CERTIFY, That I attended deceased from Feb 17 1944, to Feb 25 1944
I last saw h[illegible] alive on Feb 25 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Premature Birth 7 mos gestation	
Due to Toxemia of Pregnancy in Mother	1 month
Due to Hypertension in mother	5 yrs
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? Lewiston Idaho
Name of operation 0 Date ...
Major finding ...
Finding of autopsy 0

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ... Suicide? ... Homicide? ...
Occurred ... 19 ... City, county, state where violence occurred ...
Place of Violence: Home ... Farm ... Industry ...
Public Place ... While at work? ...
Means of injury ...

23. Attendant's **OWN** Signature Edgar Broadbent M.D.
(M.D. or other)
and Address Lewiston Idaho Date 2-28-1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

MAR 15 1944

State File No. 137961
Local Reg. No. 52
Reg. Dist. No. 221

1. **PLACE OF DEATH:**
(a) County Nezperce
(b) City or town Lewiston
(c) Street Address or R. F. D. No. 2 ~~xxxxxxxxxxxx~~
(d) Death Occurred Inside? In Outside? Out city or town
(e) Died in a Home__ Hospital__ Institution__ Other place__
(f) Name Hosp. or Inst.____ Stayed____days
(g) Lived in this county____years____months____days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under Item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Nezperce
(c) City or town Lewiston
(d) Street Address or R. F. D. No. 2
(e) Deceased lived Inside?____Outside? Out city or town
(f) Citizen of what country?____
(g) How long had deceased lived in Idaho?____years
(h) Former residence (city, state)____

3. (a) **FULL NAME** Thomas Jefferson Brown

331b

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. **Sex** Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife ----
6. (c) Age of husband or wife if alive ---- years
7. Date of Birth (Month, Day, Year) April 24th, 1863

8. AGE	Years	Months	Days	If less than 1 day
	80	10	2	hrs ____ min.

9. Exact Occupation Retired farmer Did this work for ____ yrs.
10. Industry or Business____ Date last worked____
11. Birthplace Springfield (City or town) Illinois (State or foreign country)

Father
12. Name ---------- Brown ~~xxxxxx~~
13. Birthplace ____ Illinois (City or town) (State or foreign country)

Mother
14. Maiden name ------- Bailey
15. Birthplace ____ Not known (City or town) (State or foreign country)

16. Informant's **OWN** Signature Alma E. Brown
and Address Lewiston, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-29-44 (Month) (Day) (Year)
(c) Place: Lewiston, Idaho
18. Funeral Director's **OWN** Signature Brower-Wann Co. By F B Wann
and Address Lewiston, Idaho
19. (a) 3/2/44 (Date received and filed) (b) Margaret Vassar (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) February 26th, 1944 19____
at 3:00 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 2-26 19~~44~~ to 2-26 19~~44~~
I last saw h~~im~~ alive on 2-26 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Influenza	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? At home
Name of operation none Date____
Major finding____
Finding of autopsy none

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident?____ Suicide?____ Homicide?____
Occurred____19____ City, county, state where violence occurred____
Place of Violence: Home____ Farm____ Industry____
Public Place____ While at work?____
Means of injury____
23. Attendant's **OWN** Signature John H Alley (M. D. or other)
and Address____ Date____19____
(For additional space, use reverse side)

Alley

137962

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

MAR 15 1944

State File No.
Local Reg. No. 53
Reg. Dist. No. 220

1. **PLACE OF DEATH:**
   (a) County Nez Perce
   (b) City or town Lewiston
   (c) Street Address or R. F. D. No. 1504 Main Street
   (d) Death Occurred Inside? In Outside? ____ city or town
   (e) Died in a Home ___ Hospital # Institution ___ Other place ___
   (f) Name Hosp. or Inst. White Stayed ____ days
   (g) Lived in this county ____ years ____ months 1 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Nez Perce
   (c) City or town Lewiston
   (d) Street Address or R. F. D. No. ____
   (e) Deceased lived Inside? In Outside? ____ city or town
   (f) Citizen of what country? ____
   (g) How long had deceased lived in Idaho? ____ years
   (h) Former residence (city, state) ____

3. (a) **FULL NAME** Norman Lloyd Ingram

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3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife ____
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) February 27th, 1944

8. AGE	Years	Months	Days	If less than 1 day
				5 hrs 45 min.

9. Exact Occupation None — Did this work for ____ yrs.
10. Industry or Business ____ — Date last worked ____
11. Birthplace Lewiston, (City or town) Idaho (State or foreign country)

Father
12. Name Norman Lloyd Ingram
13. Birthplace Oregon (City or town) (State or foreign country)

Mother
14. Maiden name Irene Greene
15. Birthplace Minnesota (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mrs. A. C. Greene
and Address Lewiston, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/28/1944 (Month) (Day) (Year)
(c) Place: Lewiston, Idaho
18. Funeral Director's **OWN** Signature Brower-Wann Co. By C. B. Wann
and Address Lewiston, Idaho
19. (a) 3/2/44 (Date received and filed) (b) Margaret Vassar (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) February 27th, 1944 19____
at ____ o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from 2-27 1944, to 2-27 1944
I last saw h~~im~~ alive on 2-27 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Premature - 6½ months.	
Due to Unknown	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's **OWN** Signature E. L. White M D (M. D. or other)
and Address Lewiston Ida Date 3-1 1944
(For additional space, use reverse side)

E. L. White

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

MAR 15 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137963
Local Reg. No. 55
Reg. Dist. No. 2-5

1. **PLACE OF DEATH:**
   (a) County Nez Perce
   (b) City or town Lewiston
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? X Outside? ____ city or town
   (e) Died in a Home ____ Hospital X Institution ____ Other place ____
   (f) Name Hosp. or Inst. St. Joseph's Stayed 1 days
   (g) Lived in this county ____ years 3 months ____ days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Nez Perce
   (c) City or town Lewiston
   (d) Street Address or R. F. D. No. 719-26th St.
   (e) Deceased lived Inside? X Outside? ____ city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? Y4 years
   (h) Former residence (city, state) Wolfpoint, Mont.

3. (a) **FULL NAME** James Wilson 1192

3. (b) If veteran, name war ------ 3. (c) Social Security No. ---------

4. Sex male 5. Color or race White 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife ---------- 6. (c) Age of husband or wife if alive ---------- years

7. Date of Birth (Month, Day, Year) 10-24-1943

8. AGE	Years	Months	Days	If less than 1 day
	0	4	4	hrs ____ min.

9. Exact Occupation none Did this work for ____ yrs.
10. Industry or Business none Date last worked
11. Birthplace Wolf Point, Montana (City or town) (State or foreign country)

Father
12. Name Richard Wilson
13. Birthplace Popular, Montana (City or town) (State or foreign country)

Mother
14. Maiden name Lorraine Rampert
15. Birthplace Drake, North Dakota (City or town) (State or foreign country)

16. Informant's OWN Signature J. R. Wilson
and Address Lewiston, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-3-44 (Month) (Day) (Year)
(c) Place: Lewiston, Idaho
18. Funeral Director's OWN Signature Vincent U. Vasser
and Address Lewiston, Idaho
19. (a) March 3 1944 (Date received and filed) (b) Margaret Vasser (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) February 29, 1944 at 5:45 o'clock P.M.
21. **I HEREBY CERTIFY,** That I attended deceased from 2-28 1944 to 2-29 1944
I last saw him alive on 2-29 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death	Duration
Gastroenteritis, acute	3 weeks
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ____ Date ____
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury

23. Attendant's OWN Signature Walter C. McWilliams (M. D. or other)
and Address Lewiston Date 3-2 1944

(For additional space, use reverse side)

mcw

137965

United States
Department of Commerce
Bureau of the Census

MAR 20 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 1
Local Reg. No.
Reg. Dist. No. 380

1. **PLACE OF DEATH:**
   (a) County Owyhee
   (b) City or town Bruneau
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? Outside? X city or town
   (e) Died in a Home X Hospital Institution Other place
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county 36 years months days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Owyhee
   (c) City or town Bruneau
   (d) Street Address or R. F. D. No.
   (e) Deceased lived Inside? X Outside? city or town
   (f) Citizen of what country?
   (g) How long had deceased lived in Idaho? 45 years
   (h) Former residence (city, state) Silver City Ida.

3. (a) FULL NAME ALMER FRANCIS TRAMMELL

3. (b) If veteran, name war No.
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mattie
6. (c) Age of husband or wife if alive 58 years
7. Date of Birth (Month, Day, Year) August 19, 1875

8. AGE	Years	Months	Days	If less than 1 day
	68	4	16	hrs min.

9. Exact Occupation Farming — Did this work for 36 yrs.
10. Industry or Business Farm — Date last worked Oct. 23/43
11. Birthplace Stone Fort Illinois (City or town) (State or foreign country)

Father
12. Name William Trammell
13. Birthplace Tennessee (City or town) (State or foreign country)

Mother
14. Maiden name Mary Hitchison
15. Birthplace Tennessee (City or town) (State or foreign country)

16. Informant's OWN Signature X Arthur Pence Jr
and Address Bruneau Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 7, 1944 (Month) (Day) (Year)
(c) Place: Bruneau Cemetery
18. Funeral Director's OWN Signature Felix J. Bay
and Address Mountain Home Idaho
19. (a) 1-8-44 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) January 5 1944
at 8:46 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 10-15-1943 to 1-5-1944
I last saw h[illegible] alive on 12-20-1943 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Carcinoma of Stomach and Intestines	3 yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? Home
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's OWN Signature J. E. Evans (M. D. or other)
and Address Mtn. Home Ida Date 1-8-1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

MAR 2 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137966
Local Reg. No. 59
Reg. Dist. No. 392

1. **PLACE OF DEATH:** Oneyhee Co
(a) County
(b) ~~City or~~ town Marsing
(c) Street Address or R. F. D. No. —
(d) Death Occurred Inside? ~~Outside?~~ ~~city or~~ town
(e) Died in a Home ~~Hospital~~ ~~Institution~~ ~~Other place~~
(f) Name Hosp. or Inst. — Stayed ____ days
(g) Lived in this county ____ years 6 months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Oneyhee
(c) ~~City or~~ town Marsing
(d) Street Address or R. F. D. No. —
(e) Deceased lived Inside? ~~Outside?~~ ~~city or~~ town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 6 Mo ~~years~~
(h) Former residence (city, state) —

3. (a) **FULL NAME** George W. King

3. (b) If veteran, name war ____
3. (c) Social Security No. ____
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife ____
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	72			hrs min.

9. Exact Occupation Common Labor Did this work for ____ yrs.
10. Industry or Business ____ Date last worked ____
11. Birthplace ____ (City or town) ____ (State or foreign country)
Father
12. Name ____
13. Birthplace ____ (City or town) ____ (State or foreign country)
Mother
14. Maiden name ____
15. Birthplace ____ (City or town) ____ (State or foreign country)
16. Informant's OWN Signature Fred K. Robinson
and Address Nampa Ida
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/29/44 (Month) (Day) (Year)
(c) Place: Nampa Ida
18. Funeral Director's OWN Signature F. K. Robinson
and Address Nampa Ida
19. (a) 2-18-44 (Date received and filed) (b) Helen M. Dixon (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 1-25 1944
at ____ o'clock ____ M.
21. **I HEREBY CERTIFY,** That I attended deceased from 1/24/ 1944 to ____ 19__
I last saw him alive on 1/24/ 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebral Hemorrage	
Due to Hypertension	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation ____ Date ____	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature G. H. Cooper M.D. (M.D. or other)
and Address Homedale, Idaho Date 1/31/ 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Mr Kings wife is mentally unbalanced + no one else was able to supply any information concerning the deceased

F. K. R,

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

MAR 2 1944

Certificate Of Death

STATE OF IDAHO

State File No. 137967
Local Reg. No. 60
Reg. Dist. No. 392

1. PLACE OF DEATH:
(a) County Owyhee
(b) City or town Marsing
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? ✓ Outside? city or town
(e) Died in a Home ✓ Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 27 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Owyhee Canyon
(c) City or town Marsing
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? ✓ Outside? city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? 1916 years
(h) Former residence (city, state) Pa.

3. (a) FULL NAME Annie Elizabeth McKague 83a

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Feb 13-1871

8. AGE	Years	Months	Days	If less than 1 day
	73	0	5	hrs min.

9. Exact Occupation Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Newport (City or town) Pa (State or foreign country)
Father
12. Name John E Buoy
13. Birthplace Not Known (City or town) (State or foreign country)
Mother
14. Maiden name
15. Birthplace Pa. (City or town) (State or foreign country)
16. Informant's OWN Signature Wesley G McKague
and Address Marsing Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-22-44 (Month) (Day) (Year)
(c) Place: Caldwell Idaho.
18. Funeral Director's OWN Signature V. Peckham
and Address Caldwell Idaho.
19. (a) 2-24-44 (Date received and filed) (b) Helen McDaw (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) 2-18 1944
at 4:10 o'clock a M.
21. I HEREBY CERTIFY, That I attended deceased from 12/10 1943 to 2/15. 1944
I last saw her alive on 2/15th 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebral Hemorrage (Intermittent)	
Due to Hypertension	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation Date	
Major finding	
Finding of autopsy	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature G.H. Cooper MD (M. D. or other)
and Address Homedale, Idaho Date 2/20 1944
(For additional space, use reverse side)

United States
Department of Commerce
Bureau of the Census FEB 2 9 1944

RIVERSIDE CEMETERY

CERTIFICATE OF DEATH

STATE OF IDAHO

State File No. 13740
Local Reg. No. 6
Reg. Dist. No. 333/

1. PLACE OF DEATH:
(a) County Payette
(b) City or town New Plymouth
(c) Street Address ~~xxxxxxx~~ West Blvd
(d) Death Occurred Inside? # Outside? city or town
(e) Died in a Home # Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed. days
(g) Lived in this county 40 years. months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Payette
(c) City or town New Plymouth
(d) Street Address ~~xxxxxxx~~ West Blvd
(e) Deceased lived Inside? # Outside? city or town
(f) If foreign born, in U. S. yrs. Citizen of U. S.?
(g) How long had deceased lived in Idaho? 40 years
(h) Former residence (city, state) Payette, Idaho

3. (a) FULL NAME Malcolm W. Hazeltine. 94 a

3. (b) If veteran, name war -----
3. (c) Social Security No. 518-07-9305 A
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Louella E. Hazeltine
6 (c) Age of husband or wife if alive 64 years
7. Date of Birth (Month, Day, Year) April 25 1876

8. AGE	Years	Months	Days	If less than 1 day
	67	9	9	hrs min.

9. Exact Occupation Farmer Did this work for 40 yrs.
10. Industry or Business Ranch Date last worked 9/12/1943
11. Birthplace Wetmore (City or town) Kansas (State or foreign country)

Father
12. Name Charlas A. Hazeltine
13. Birthplace Ftouriobe (City or town) Sweden (State or foreign country)

Mother
14. Maiden name Louise Taylor Edwards
15. Birthplace Weston (City or town) Missouri (State or foreign country)

16. Informant's OWN Signature Mrs M W. Hazeltine
and Address New Plymouth, Idaho.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 2/6/1944 (Month) (Day) (Year)
(c) Place: Payette, Idaho.
18. Funeral Director's OWN Signature Edith Landon
and Address Payette, Idaho.
19. (a) 2/5/1944 (Date received and filed) (b) J. C. Woodward (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) February 3, 1944
at 8 o'clock A M.

21. I HEREBY CERTIFY, That I attended deceased from Sept 13 1943, to Feb. 3 1944
I last saw him alive on Feb. 3 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Acute Coronary occlusion 94 a	10 min.
Due to Coronary artery disease	
Due to 94 a	
Other conditions Myocardial healed infarct (Include pregnancy within 3 months of death)	5½ mos.

Where was disease first contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's OWN Signature Geo. E. Davis M.D. (M. D. or other)
and Address New Plymouth, Ida. Date Feb. 4 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

FEB 2 9 1944

State File No. 37[illegible]
Local Reg. No. 7
Reg. Dist. No. 3-330

1. **PLACE OF DEATH:**
   (a) County PAYETTE.
   (b) City or town PAYETTE.
   (c) Street Address or R.F.D. No. ----------
   (d) Death Occured Inside? # Outside? -- city or town
   (e) Died in a Home No Hospital Yes Institution -- Other place --
   (f) Name Hosp. or Inst Payette Gen Stayed 33 days
   (g) Lived in this county 34 years --- months -- days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State IDAHO (b) County PAYETTE.
   (c) City or town NEW PLYMOUTH
   (d) Street Address or R.F.D. No. ----------
   (e) Deceased lived Inside? # Outside? -- city or town
   (f) Citizen of what country? UNITED STATES
   (g) How long had deceased lived in Idaho? 34 years
   (h) Former residence (city, state) NEBRASKA

3. (a) **FULL NAME** HATTIE E MAY

186a

3. (b) If veteran, name war -----
3. (c) Social Security No. None
4. Sex Fem
5. Color or race W.
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife CHARLES B. MAY
6. (c) Age of husband or wife if alive DEAD years
7. Date of Birth (Month, Day, Year) NOVEMBER 17,1857

8. AGE	Years	Months	Days	If less than 1 day
	86	2	19	---hrs min.

9. Exact Occupation HOUSEWIFE Did this work for life yrs.
10. Industry or Business HOMEMAKING Date last worked ------
11. Birthplace DECATUR (City or town) MICHIGAN (State or foreign country)

Father
12. Name SOLOMON P. BENTLEY
13. Birthplace BENTLEY, MICHIGAN (City or town) (State or foreign country)

Mother
14. Maiden name MARY CAMPBELL
15. Birthplace BENTLEY, MICHIGAN (City or town) (State or foreign country)

16. Informant's **OWN** Signature Dale B May
and Address NEW PLYMOUTH, IDAHO

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 2/11/44 (Month) (Day) (Year)
(c) Place: NEW PLYMOUTH, IDAHO

18. Funeral Director's **OWN** Signature Edith Sanders
and Address PAYETTE, IDAHO

19. (a) 2/6/44 (Date received and filed) (b) J C Woodward (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) FEBRUARY 6,1944 19
at 9.30 o'clock A M.

21. **I HEREBY CERTIFY**, That I attended deceased from Jan. 4,1944 19, to Feb. 6,1944 19
I last saw her alive on Feb. 4 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — Duration

FRACTURE OF LEFT HIP
Due to SENILITY
BED SORE ABSCESS
Due to Fall - Asthenia
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? X Suicide? Homicide?
Occurred 1/4/44 19 City, county, state where violence occurred Convalescent Home
Place of Violence: Home Farm Industry
Public Place X While at work? No
Means of injury Fell On Floor

23. Attendant's **OWN** Signature J C Woodward M.D.
(M. D. or other)
and Address PAYETTE, ID Date 2/6/44 19
(For additional space, use reverse side)

137970

United States
Department of Commerce
Bureau of the Census FEB 2 9 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 8
Local Reg. No.
Reg. Dist. No. 3-330

1. **PLACE OF DEATH:**
(a) County Payette
(b) City or town Payette
(c) Street Address or R.F.D. No. 1403 N-6
(d) Death Occurred Inside? X Outside? ..... city or town
(e) Died in a Home X Hospital ..... Institution ..... Other place ....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 18 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Payette
(c) City or town Payette
(d) Street Address or R.F.D. No. 1403 N-6
(e) Deceased lived Inside? X Outside? ..... city or town
(f) If foreign born, in U.S. ✓ yrs. Citizen of U.S.? yes
(g) How long had deceased lived in Idaho? 18 years
(h) Former residence (city, state) Oregon

3. (a) **FULL NAME** Jacob Henry Taylor

83a

3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) ~~Single~~, ~~widowed~~, married, divorced Married
6. (b) Name of husband or wife Edna Taylor
6 (c) Age of husband or wife if alive 80 years
7. Date of Birth (Month, Day, Year) Jan 18-1860

8. AGE	Years	Months	Days	If less than 1 day
	84		27	hrs min.

9. Exact Occupation Farmer Did this work for ..... yrs.
10. Industry or Business " Date last worked
11. Birthplace Lenoir (City or town) Tenn (State or foreign country)
Father
12. Name Jacob Taylor
13. Birthplace unknown (City or town) (State or foreign country)
Mother
14. Maiden name unknown
15. Birthplace " " (City or town) (State or foreign country)
16. Informant's **OWN** Signature Divade T. Ausman
and Address Payette, Idaho
17. (a) Buried (Burial, cremation, or removal) (b) Date thereof 2-19-1944 (Month) (Day) (Year)
(c) Place: Ontario Oregon
18. Funeral Director's **OWN** Signature J. L. Foster
and Address Payette Idaho
19. (a) 2/17/1944 (Date received and filed) (b) J. C. Woodward (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Feb 15 1944
at 9:30 o'clock P M.
21. I **HEREBY CERTIFY**, That I attended deceased from July 1943 to Feb 1944
I last saw him alive on 2-15 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebral Hemorrhage	24 hrs
Due to Myocardial Failure	
Due to Hypertension	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease first contracted?	
Name of operation ..... Date	
Major finding	
Finding of autopsy	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature John J. Kaiser M.D. (M. D. or other)
and Address Payette Date 2-17 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census FEB 2 9 1944

Fraternity Cemetery,
Certificate Of Death
STATE OF IDAHO

State File No. 1374
Local Reg. No. 9
Reg. Dist. No. 3330

1. PLACE OF DEATH:
(a) County Payette
(b) City or town Payette
(c) Street Address or R.F.D. No. 126 N 7th
(d) Death Occured Inside? # Outside? ..... city or town
(e) Died in a Home # Hospital .... Institution .... Other place ....
(f) Name Hosp. or Inst. Carter Nursing Home
(g) Lived in this county ..... years 9 months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Oregon (b) County Malheur
(c) City or town Ontario
(d) Street Address XXXXXXXXXXXX
(e) Deceased lived Inside? # Outside? ..... city or town
(f) Citizen of what country? U S A
(g) How long had deceased lived in Idaho? 9 mo years
(h) Former residence (city, state) Marshall, Mo.

3. (a) **FULL NAME** Miss. Malinda Van Dyke.

3. (b) If veteran, name war ------
3. (c) Social Security No. --------
4. Sex female 5. Color or race white
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife -------
6. (c) Age of husband or wife if alive ------- years
7. Date of Birth (Month, Day, Year) July 31 1845

8. AGE	Years	Months	Days	If less than 1 day
	98	6	18	hrs min.

9. Exact Occupation at home — Did this work for life yrs.
10. Industry or Business Home — Date last worked ---
11. Birthplace Princeton (City or town) New Jersey. (State or foreign country)

Father
12. Name Mathew Van Dyke.
13. Birthplace Princeton, (City or town) New Jersey (State or foreign country)

Mother
14. Maiden name Anna Louise Napton.
15. Birthplace Princeton (City or town) New Jersey. (State or foreign country)

16. Informant's **OWN** Signature signed Florence Van Dyke.
and Address Payette, Idaho.

17. (a) removal (Burial, cremation, or removal) (b) Date thereof 2/20/1944 (Month) (Day) (Year)
(c) Place: Parma, Idaho.

18. Funeral Director's **OWN** Signature Edith Sanders
and Address Payette, Idaho.

19. (a) 2/19/1944 (Date received and filed) (b) J C Woodward (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) February 18 1944 19.....
at 10 o'clock A. M.

21. **I HEREBY CERTIFY**, That I attended deceased from Jan 2 1944 to Feb 18 1944
I last saw her alive on Feb. 17 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Senility	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature I. R. Woodward M.D. (M. D. or other)
and Address Payette, Idaho. Date 2/18 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 137
Local Reg. No. 10
Reg. Dist. No. 3-330

1. PLACE OF DEATH:
(a) County Payette
(b) City or town Payette
(c) Street Address or ~~XXXXXX~~ 1st ave so
(d) Death Occured Inside? # Outside? city or town
(e) Died in a Home # Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 36 years 11 months 11 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Payette
(c) City or town Payette
(d) Street Address or R.F.D. No. 1st ave so
(e) Deceased lived Inside? # Outside? city or town
(f) Citizen of what country? USA
(g) How long had deceased lived in Idaho? 36 years
(h) Former residence (city, state) Fruitland, Idaho.

3. (a) **FULL NAME** Lillian Nancy Stewart.

3. (b) If veteran, name war -----
3. (c) Social Security No. 534-20-8405
4. Sex female race white
5. Color or
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife J.C.Stewart
6. (c) Age of husband or wife if alive 62 years
7. Date of Birth (Month, Day, Year) August 17 1889

8. AGE	Years	Months	Days	If less than 1 day
	54	6	5	hrs min.

9. Exact Occupation housewife Did this work for 34 yrs.
10. Industry or Business home Date last worked Dec, 1943
11. Birthplace Hays Springs, Nebraska. (City or town) (State or foreign country)
Father
12. Name James A. Bates.
13. Birthplace Sullivan, Missouri. (City or town) (State or foreign country)
Mother
14. Maiden name Nancy Carte.
15. Birthplace Sullivan, Missouri. (City or town) (State or foreign country)
16. Informant's **OWN** Signature J C Stewart and Address Payette, Idaho.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 2/27/1944 (Month) (Day) (Year)
(c) Place: New Plymouth, Idaho.
18. Funeral Director's **OWN** Signature Edith Audin and Address Payette, Idaho.
19. (a) 2/26/1944 (Date received and filed) (b) J C Woodward (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) February 22 1944 19
at 4 o'clock P.M.
21. **I HEREBY CERTIFY,** That I attended deceased from 19, to 19
I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Suicide.	
Due to I'll health, morbid condition.	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYISCIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? # Homicide?
Occurred 2/22/1944 19 City, county, state where violence occurred city
Place of Violence: Home # Farm Industry
Public Place While at work?
Means of injury hanging
23. Attendant's **OWN** Signature Edith Audin coroner (M. D. or other)
and Address Payette, Idaho Date 2/23 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

MAR 6 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 13797
Local Reg. No. 5
Reg. Dist. No. 500

1. **PLACE OF DEATH:**
   (a) County Power
   (b) City or town American Falls
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? X Outside? ___ city or town
   (e) Died in a Home ___ Hospital X Institution ___ Other place
   (f) Name Hosp. or Inst. ___ Stayed ___ days
   (g) Lived in this county ___ years ___ months ___ days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Power
   (c) City or town Rockland Idaho
   (d) Street Address or R. F. D. No.
   (e) Deceased lived Inside? X Outside? X city or town
   (f) Citizen of what country? U. S. A.
   (g) How long had deceased lived in Idaho? life years
   (h) Former residence (city, state) Pocatello Ida

3. (a) FULL NAME SHERWIN J. BARNETT

120a

3. (b) If veteran, name war ---
3. (c) Social Security No. ---
4. Sex male
5. Color or race White
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife ---
6. (c) Age of husband or wife if alive --- years
7. Date of Birth (Month, Day, Year) May 22, 1937

8. AGE	Years	Months	Days	If less than 1 day
	6	8	14	hrs ___ min.

9. Exact Occupation youth — Did this work for --- yrs.
10. Industry or Business --- — Date last worked ---
11. Birthplace American Falls, Idaho (City or town) (State or foreign country)

Father
12. Name Thurston Ray Barnett
13. Birthplace Roanoke, Indiana (City or town) (State or foreign country)

Mother
14. Maiden name Beatrice Fay Kirtley
15. Birthplace Aberdeen, Idaho (City or town) (State or foreign country)

16. Informant's OWN Signature Thurston Ray Barnett
and Address Box 1362 Pocatello Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 2-10-44 (Month) (Day) (Year)
(c) Place: American Falls Idaho
18. Funeral Director's OWN Signature Pocatello, Idaho Mortuary
and Address Pocatello Idaho
19. (a) Feb. 9, 44 (Date received and filed) (b) Irene Daling (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) February 5 1944
at 7:45 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from Feb. 5 1944 to Feb. 5 1944
I last saw him alive on Feb. 5 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Acute Toxic Encephalitis (or) — Duration 24 hrs.
Due to Gastro Enteric Intoxication. — 12 ca 2
Due to
Other conditions (Include pregnancy within 3 months of death)
Where was disease contracted?
Name of operation ___ Date ___
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ___ Suicide? ___ Homicide? ___
Occurred ___ 19___ City, county, state where violence occurred
Place of Violence: Home ___ Farm ___ Industry ___
Public Place ___ While at work?
Means of injury
23. Attendant's OWN Signature W. H. Farrell (M. D. or other)
and Address Feb. 9, '44 Date 19___
(For additional space, use reverse side)

United States
Department of Commerce
Bureau of the Census

MAR 6 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137974
Local Reg. No. 6
Reg. Dist. No. 500

1. **PLACE OF DEATH:**
(a) County Power
(b) City or town American Falls
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 1 years 5 months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Texas (b) County Baylor
(c) City or town Witchita Falls
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? U. S.
(g) How long had deceased lived in Idaho? 1 yr 5 mo years
(h) Former residence (city, state) Texas

3. (a) **FULL NAME** Katherine Dormier 13a

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife John
6. (c) Age of husband or wife if alive Deceased years
7. Date of Birth (Month, Day, Year) January 18, 1866

8. AGE	Years	Months	Days	If less than 1 day
	78	1	27	hrs min.

9. Exact Occupation Housework Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Russia (City or town) (State or foreign country)
Father
12. Name John Barrett
13. Birthplace Russia (City or town) (State or foreign country)
Mother
14. Maiden name Not known
15. Birthplace Not known (City or town) (State or foreign country)
16. Informant's OWN Signature Pauline Maisch
and Address American Falls, Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 2-16-1944 (Month) (Day) (Year)
(c) Place: Witchita Falls, Texas
18. Funeral Director's OWN Signature H L Davis
and Address American Falls, Idaho
19. (a) 2-16-1944 (Date received and filed) (b) Irene Paling (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 2-15-1944
at 435 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from 2-12 1944, to 2-13 1944
I last saw her alive on 2-13 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebral Hemorrage	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature V G Logan M.D. (M. D. or other)
and Address American Falls Date 2-15-1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce MAR 6 1944
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137975
Local Reg. No. 7
Reg. Dist. No. 500

1. **PLACE OF DEATH:**
(a) County Power
(b) City or town American Falls, Idaho
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. Schiltz Mem. Stayed 13 days
(g) Lived in this county years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bingham
(c) City or town Aberdeen, Idaho
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Outside? X city or town
(f) Citizen of what country? U. S.
(g) How long had deceased lived in Idaho? 31 years
(h) Former residence (city, state) Wisconsin

3. (a) **FULL NAME** Earl Harold Stroschein 121

3. (b) If veteran, name war No. 3. (c) Social Security No. None
4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Uva 6. (c) Age of husband or wife if alive 47 years
7. Date of Birth (Month, Day, Year) December 24-1897

8. AGE	Years	Months	Days	If less than 1 day
	46	1	22	hrs min.

9. Exact Occupation Farmer Did this work for 40 yrs.
10. Industry or Business Date last worked Feb. 3
11. Birthplace Markesan (City or town) Wisconsin (State or foreign country)
Father
12. Name Fredrick W. Stroschein
13. Birthplace Wisconsin (City or town) (State or foreign country)
Mother
14. Maiden name Berth Yaeger
15. Birthplace Germany (City or town) (State or foreign country)
16. Informant's OWN Signature Uva G. Stroschein
and Address Aberdeen, Idaho
17. (a) Burial (Burial, cremation or removal) (b) Date thereof 2-22-44 (Month) (Day) (Year)
(c) Place: Aberdeen, Idaho
18. Funeral Director's OWN Signature H. L. Davis
and Address American Falls, Idaho
19. (a) Feb 23-1944 (Date received and filed) (b) Irene Saling (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) February 16 1944
at 9:15 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from Feb 3, 1944, to Feb 16, 1944
I last saw him alive on Feb. 16 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Toxicity from lobar pneumonia 108	
Due to Post operative	
Due to Acute appendicitis	121:2
Other conditions Cardiac failure (Include pregnancy within 3 months of death)	
Acute toxic	
Where was disease contracted? 121:2	PHYSICIAN
Name of operation Appendectomy Date Feb 3 1944	Underline the cause to which death should be charged statistically.
121:1 Major finding Acute gangrenous appendix	
Finding of autopsy Lobar pneumonia lower left lobe with adhesions	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? No Suicide? No Homicide? No
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature F. L. Harms M.D. (M. D. or other)
and Address Aberdeen, Idaho, Date Feb 16, 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

137976

United States
Department of Commerce
Bureau of the Census

MAR 8 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 13
Reg. Dist. No. 141

1. PLACE OF DEATH:
(a) County Shoshone
(b) City or town Silverton
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? city or town
(e) Died in a Home Hospital ✓ Institution Other place
(f) Name Hosp. or Inst. Hospital Stayed days
(g) Lived in this county years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County
(c) City or town ✓
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Outside? city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? 2 weeks years
(h) Former residence (city, state) Zuvada

3. (a) FULL NAME Percy E Beck. 85

3. (b) If veteran, name war
3. (c) Social Security No. 518-03-6427
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	40			hrs min.

9. Exact Occupation Miner Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Not Known (City or town) (State or foreign country)
Father
12. Name Not Known
13. Birthplace " " (City or town) (State or foreign country)
Mother
14. Maiden name " "
15. Birthplace " " (City or town) (State or foreign country)
16. Informant's OWN Signature Thad Bowen (Records)
and Address Wallace
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 12 44 (Month) (Day) (Year)
(c) Place: Wallace Idaho
18. Funeral Director's OWN Signature Thad Bowen (Wards)
and Address Wallace Idaho
19. (a) Feb 4 44 (Date received and filed) (b) John Bowen (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Feby 2 1944
at 6 30 o'clock P M.
21. I HEREBY CERTIFY, That I attended deceased from 2/2/44 19 to 2/2/44 19
I last saw h alive on 2/2/44 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Epilepsy	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature James R Dean (M. D. or other)
and Address Wallace Date 19
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Dr McCaffery

137977

United States
Department of Commerce
Bureau of the Census

MAR 8 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 11
Reg. Dist. No. 142

1. PLACE OF DEATH
(a) County Shoshone
(b) City or town Kellogg
(c) Street Address or R. F. D. No. Y.M.C.A.
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home __ Hospital __ Institution __ Other place X
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county ____ years 4 months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Shoshone
(c) City or town Kellogg
(d) Street Address or R. F. D. No. 127 W Idaho
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? U.S.
(g) How long had deceased lived in Idaho? 4 months
(h) Former residence (city, state) Pasco Wash.

3. (a) FULL NAME Walter Ralph Bradley 183

3. (b) If veteran, name war No
3. (c) Social Security No. none
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Date of Birth (Month, Day, Year) December 19, 1933

8. AGE	Years	Months	Days	If less than 1 day
	10	1	13	hrs min.

9. Exact Occupation Student Did this work for ____ yrs.
10. Industry or Business School Date last worked
11. Birthplace Colgemont (City or town) South Dakota (State or foreign country)
Father
12. Name Walter L. Bradley
13. Birthplace Orange (City or town) Texas (State or foreign country)
Mother
14. Maiden name Laura Halverson
15. Birthplace Bayel Mills (City or town) Nebraska (State or foreign country)
16. Informant's OWN Signature X Walter L. Bradley
and Address 127 W Idaho Kellogg
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/5/44 (Month) (Day) (Year)
(c) Place: Gunnerood - Kellogg Idaho
18. Funeral Director's OWN Signature [illegible]
and Address Kellogg Idaho
19. (a) Feb. 5-1944 (Date received and filed) (b) Mrs. Helen McBride (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Feb 2 1944
at 8:15 o'clock P M.
21. I HEREBY CERTIFY, That I attended deceased from ____ 19__, to ____ 19__
I last saw h__ alive on ____ 19__; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Drowning	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation ____ Date ____	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? X Suicide? ____ Homicide? ____
Occurred Feb 2 1944 City, county, state where violence occurred Kellogg Y.M.C.A. pool
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ✓ While at work? ____
Means of injury Drowning in "Y" pool
23. Attendant's OWN Signature Glenn McCaffery MD (M. D. or other)
and Address Kellogg Ida Date Feb 5, 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census MAR 8 1944

Certificate Of Death

STATE OF IDAHO

State File No. 137978
Local Reg. No. 14
Reg. Dist. No. 140

1. **PLACE OF DEATH:**
(a) County Shoshone
(b) City or town Wallace
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? ✓ Outside? city or town
(e) Died in a Home Hospital ✓ Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 1 years 6 months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Shoshone
(c) City or town Wallace
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? ✓ Outside? city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? 1 1/2 years
(h) Former residence (city, state) No

3. (a) **FULL NAME** Edward Smart 129

3. (b) If veteran, name war
3. (c) Social Security No. 501-14-9575 469-20-4543
4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) March 20-1889

8. AGE	Years	Months	Days	If less than 1 day
	54	10	13	hrs min.

9. Exact Occupation Laborer Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Boston (City or town) Mass. (State or foreign country)
Father
12. Name George Smart
13. Birthplace Not Known (City or town) (State or foreign country)
Mother
14. Maiden name Not Known
15. Birthplace " " (City or town) (State or foreign country)
16. Informant's **OWN** Signature George Smart
and Address Bremerton Wash.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 7 44 (Month) (Day) (Year)
(c) Place: Wallace Idaho
18. Funeral Director's **OWN** Signature John A Beaver (wards)
and Address Wallace Idaho
19. (a) Feb 5-44 (Date received and filed) (b) John A Beaver (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Feb 3 1944
at 12:10 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from 19 , to 19
I last saw h alive on 19 ; death is said to have occurred on the date and hour stated above.
Immediate Cause of Death: Pneumonia 129 Duration 3 do
Due to Sophocaemia
24a Due to
Other conditions alcoholism 77e2
(Include pregnancy within 3 months of death)
Where was disease contracted? Wallace
Name of operation Laparotomy 131
Major finding Pregnancy
Finding of autopsy
PHYSICIAN Underline the cause to which death should be charged statistically.
22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature H. D. Mowery (M.D. or other)
and Address Wallace Idaho Date 7/3 1944
(For additional space, use reverse side)

Dr Staley

United States
Department of Commerce
Bureau of the Census

MAR 8 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137979
Local Reg. No. 12
Reg. Dist. No. 142

1. **PLACE OF DEATH:**
(a) County Shoshone
(b) City or town Kellogg
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. Wardner Stayed 3 days
(g) Lived in this county 15 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Shoshone
(c) City or town Kellogg
(d) Street Address or R. F. D. No. 301 W Mission
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? U.S.
(g) How long had deceased lived in Idaho? 15 years
(h) Former residence (city, state) Canada

3. (a) **FULL NAME** John Sherman Darough 117a

3. (b) If veteran, name war Canadian
3. (c) Social Security No. 518-03-1353
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Selma
6. (c) Age of husband or wife if alive 42 years
7. Date of Birth (Month, Day, Year) January 26, 1892

8. AGE	Years	Months	Days	If less than 1 day
	52	0	7	hrs min.

9. Exact Occupation Miner — Did this work for 15 yrs.
10. Industry or Business Mining — Date last worked 1 Dec 1/43
11. Birthplace Brandon (City or town) Manitoba (State or foreign country)
Father
12. Name Duncan Darough
13. Birthplace (City or town) Scotland (State or foreign country)
Mother
14. Maiden name Kate McDonald
15. Birthplace (City or town) Scotland (State or foreign country)
16. Informant's OWN Signature X Mrs John S Darough
and Address Kellogg Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 7/44 (Month) (Day) (Year)
(c) Place: Greenwood Kellogg Idaho
18. Funeral Director's OWN Signature Grant McGlade
and Address Kellogg Idaho
19. (a) Feb. 5 1944 (Date received and filed) (b) Mrs. Helen McBride (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Febr 3 1944
at 10 30 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from Febr 1 1944, to Febr 3 1944
I last saw him alive on Febr 3 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: 123.2 Duration
Repeated Hemorrhage from Gastro-intestinal Tract
Due to on successive days Febr 1 - 2 + 3. 117a 2
Due to Gastric ulcer diagnosis
Other conditions March 1942
(Include pregnancy within 3 months of death)

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature Robert Stokes (M. D. or other)
and Address Kellogg Idaho Date 3-5 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

137980

United States
Department of Commerce
Bureau of the Census MAR 8 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 16
Reg. Dist. No. 140

1. **PLACE OF DEATH:**
(a) County Shoshone
(b) City or town Wallace
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. Wallace Stayed 7 days
(g) Lived in this county 44 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Shoshone
(c) City or town Kellogg
(d) Street Address or R. F. D. No. 101 W Mission
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? U.S.
(g) How long had deceased lived in Idaho? 44 years
(h) Former residence (city, state) Indiana

3. (a) FULL NAME David Edson Green 97

3. (b) If veteran, name war No
3. (c) Social Security No. 519-05-6239
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Daisy
6. (c) Age of husband or wife if alive 61 years
7. Date of Birth (Month, Day, Year) October 22 1869

8. AGE	Years	Months	Days	If less than 1 day
	74	3	20	hrs min.

9. Exact Occupation Mill Man Did this work for 40 yrs.
10. Industry or Business Mining Date last worked 1940
11. Birthplace Indiana (City or town) (State or foreign country)
Father
12. Name Joshua Green
13. Birthplace Indiana (City or town) (State or foreign country)
Mother
14. Maiden name Clara Dee
15. Birthplace Unknown (City or town) (State or foreign country)
16. Informant's OWN Signature Mrs Daisy Green
and Address 101 W Mission
17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof Feb 15/44 (Month) (Day) (Year)
(c) Place: Spokane Wash.
18. Funeral Director's OWN Signature Grant McGlade
and Address Kellogg Idaho
19. (a) Feb 14 44 (Date received and filed) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 2-12-44 19
at 10:00 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 2.4.44 19, to 2.12.44 19
I last saw him alive on 2.12.44 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
111c Status p. Pneumonia	2 days
Due to Senile arteriosclerotic encephalopathy	87c3
Due to 97	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature H. E. Brinkhaber (M. D. or other)
and Address Wallace Ida Date 2.14.44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

137981

United States
Department of Commerce
Bureau of the Census

MAR 8 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 17
Reg. Dist. No. 141

1. PLACE OF DEATH:
(a) County Shoshone
(b) City or town –
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? X city or town
(e) Died in a Home Hospital Institution Other place
(f) Name Hosp. or Inst. Shoshone County Stayed days
(g) Lived in this county 22 years months 46 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Shoshone
(c) City or town Wardner
(d) Street Address or R. F. D. No. Box 244
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? 22 years
(h) Former residence (city, state) Austria

3. (a) FULL NAME George Muc 13a

3. (b) If veteran, name war No
3. (c) Social Security No. 518-03-2660
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife –
6. (c) Age of husband or wife if alive – years
7. Date of Birth (Month, Day, Year) March 3, 1886

8. AGE	Years	Months	Days	If less than 1 day
	57	11	11	hrs min.

9. Exact Occupation Miner Did this work for 22 yrs.
10. Industry or Business Mining Date last worked July 44
11. Birthplace Austria (City or town) (State or foreign country)
Father
12. Name Unknown
13. Birthplace Unknown (City or town) (State or foreign country)
Mother
14. Maiden name Unknown
15. Birthplace Unknown (City or town) (State or foreign country)
16. Informant's OWN Signature Mrs Bencich
and Address Wardner Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/17/44 (Month) (Day) (Year)
(c) Place: Greenwood Kellogg
18. Funeral Director's OWN Signature Grant McGlade
and Address Kellogg Idaho
19. (a) Feb 17-44 (Date received and filed) (b) John Bro (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Feby 14 1944
at 4 o'clock a M.
21. I HEREBY CERTIFY, That I attended deceased from 1939, to 2/14/44 19
I last saw him alive on 2/11/44 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
13b1 Pulmonary Tuberculosis	6 mos
Silicosis = Yrs	=
Due to 114a	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature James R Bean (M. D. or other)
and Address Date 2/17 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census MAR 8 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137982
Local Reg. No. 18
Reg. Dist. No. 141

1. PLACE OF DEATH
(a) County Shoshone
(b) City or town Gem
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? city or town
(e) Died in a Home ✓ Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 33 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Shoshone
(c) City or town Gem
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Outside? city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? 33 years
(h) Former residence (city, state) Mo.

3. (a) FULL NAME Hugh Arthur Briggs 94a

3. (b) If veteran, name war
3. (c) Social Security No. 518-03-4991
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Nov. 8 - 1878

8. AGE	Years	Months	Days	If less than 1 day
	65	2	22	hrs min.

9. Exact Occupation Compressor Man Did this work for yrs.
10. Industry or Business Lead Mine Date last worked
11. Birthplace Cond Co. (City or town) Kansas (State or foreign country)
Father
12. Name Charles W Briggs
13. Birthplace (City or town) Kansas (State or foreign country)
Mother
14. Maiden name Amanda Mantooth
15. Birthplace (City or town) Kansas (State or foreign country)
16. Informant's OWN Signature Velma G. Bell
and Address Bremerton Wash.
17. (a) Burial (Burial, cremation or removal) (b) Date thereof Feb 19-44 (Month) (Day) (Year)
(c) Place Wallace Idaho
18. Funeral Director's OWN Signature Thos Bowers (Wards)
and Address Wallace Idaho
19. (a) Feb 16-44 (Date received and filed) (b) John Bowers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Feb. 14 1944
at o'clock M.
21. I HEREBY CERTIFY, That I attended deceased from 19 , to 19
I last saw h alive on 19 ; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death	Duration
Fourth Dead Ill	
bed apparently	
Due to Heart failure	
Due to Coronary Sclerosis	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature H. S. Mowery Coroner (M. D. or other)
and Address Wallace Idaho Date 2/17 1944
(For additional space, use reverse side)

137983

United States
Department of Commerce
Bureau of the Census MAR 8 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137983
Local Reg. No. 14
Reg. Dist. No. 14-2

1. **PLACE OF DEATH:**
(a) County Shoshone
(b) City or town Wallace
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? ✓ Outside? ____ city or town
(e) Died in a Home ____ Hospital ✓ Institution ____ Other place ____
(f) Name Hosp. or Inst. Providence Stayed ____ days
(g) Lived in this county 40 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Shoshone.
(c) City or town Wallace
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? ✓ Outside? ____ city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? ____ years
(h) Former residence (city, state) Mont.

3. (a) **FULL NAME** John L. Torkelson 93rd

3. (b) If veteran, name war ____ 3. (c) Social Security No. ____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed.

6. (b) Name of husband or wife ____ 6. (c) Age of husband or wife if alive ____ years

7. Date of Birth (Month, Day, Year) May-20-1856

8. AGE	Years	Months	Days	If less than 1 day
	87	5	24	hrs ____ min.

9. Exact Occupation Retired Did this work for ____ yrs.
10. Industry or Business ____ Date last worked ____
11. Birthplace ____ (City or town) Wisconsin (State or foreign country)
Father 12. Name Edmond Torkelson
13. Birthplace Norway (City or town) (State or foreign country)
Mother 14. Maiden name Martha Christensen
15. Birthplace Norway (City or town) (State or foreign country)
16. Informant's **OWN** Signature [illegible]
and Address Wallace Idaho.
17. (a) Buried (Burial, cremation, or removal) (b) Date thereof Feb 16-44 (Month) (Day) (Year)
(c) Place: Wallace Idaho.
18. Funeral Director's **OWN** Signature John Beer
and Address Wallace
19. (a) Feb 14-44 (Date received and filed) (b) John Beer (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Feb 14 1944
at 5:00 o'clock A. M.

21. **I HEREBY CERTIFY,** That I attended deceased from ____ 19____, to ____ 19____
I last saw h____ alive on ____ 19____; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Myocarditis 93 yrs
Due to Arteriosclerosis 2 yrs
Due to 97 Arteriosclerosis 4 yrs
Other conditions ____
(Include pregnancy within 3 months of death)

Duration
1
940
2 yrs
4 yrs

Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's **OWN** Signature [illegible] (M. D. or other)
and Address Wallace Idaho (State) Feb 14 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

MAR 8 1944

Certificate Of Death

STATE OF IDAHO

State File No. 137[illegible]
Local Reg. No. 20
Reg. Dist. No. 140

1. **PLACE OF DEATH:**
(a) County Shoshone
(b) City or town Wallace
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? ✓ Outside? city or town
(e) Died in a Home Hospital Institution Other place
(f) Name Hosp. or Inst. Wallace Stayed days
(g) Lived in this county years 11 months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State (b) County
(c) City or town
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? Outside? city or town
(f) Citizen of what country? Farm
(g) How long had deceased lived in Idaho? years
(h) Former residence (city, state)

3. (a) **FULL NAME** Eva Mae Nelson. 1226

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Singh
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) March 7-1943.

8. AGE	Years	Months	Days	If less than 1 day
		11	9	hrs min.

9. Exact Occupation None Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Wallace Idaho. (City or town) (State or foreign country)
Father
12. Name Eugene Nelson
13. Birthplace Ketchum Idaho (City or town) (State or foreign country)
Mother
14. Maiden name Eva Esleck
15. Birthplace Boulder Colorado. (City or town) (State or foreign country)
16. Informant's **OWN** Signature Eugene Nelson
and Address Murray Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 20-44 (Month) (Day) (Year)
(c) Place: Wallace Idaho.
18. Funeral Director's **OWN** Signature Lina Bever (Words)
and Address Wallace Idaho
19. (a) Feb 17-44 (Date received and filed) (b) Johna Bever (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Feb 16 1944
at 11 45 o'clock P. M.
21. **I HEREBY CERTIFY**, That I attended deceased from 2.13.44 19, to 2-16-44 19
I last saw her alive on 2-16-44 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Intussusception	2 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation Burial Reaction Date 2-16-44	
Major finding Intussusception	
Finding of autopsy	

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature H. E. Bruehake (M. D. or other)
and Address Wallace Ida Date 2-17 1944
(For additional space, use reverse side)

137985

United States
Department of Commerce
Bureau of the Census

MAR 8 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 21
Reg. Dist. No. 140

1. **PLACE OF DEATH:**
(a) County Shoshone
(b) City or town Wallace
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? ✓ Outside? city or town
(e) Died in a Home Hospital ✓ Institution Other place
(f) Name Hosp. or Inst. Providence Stayed days
(g) Lived in this county 20 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Shoshone
(c) City or town Kellogg
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? ✓ Outside? city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? 20 years
(h) Former residence (city, state) Spokane Wn.

3. (a) **FULL NAME** Victoria Emily Furnish 94a

3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex f
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Archie
6. (c) Age of husband or wife if alive 60 years
7. Date of Birth (Month, Day, Year) June 23, 1885

8. AGE	Years	Months	Days	If less than 1 day
	58	7	25	hrs min.

9. Exact Occupation Housewife Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Ontario (City or town) Canada (State or foreign country)
Father
12. Name Ovid B LaFrenierre
13. Birthplace (City or town) Canada (State or foreign country)
Mother
14. Maiden name Marie Stewart
15. Birthplace (City or town) Canada (State or foreign country)
16. Informant's OWN Signature Ben Haeszler
and Address Kellogg Idaho
17. (a) removal (Burial, cremation, or removal) (b) Date thereof Feb 21-1944 (Month) (Day) (Year)
(c) Place: Spokane Wn.
18. Funeral Director's OWN Signature R. L. Stout
and Address Kellogg Idaho
19. (a) Feb 24-44 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Feb. 18 1944
at 1 o'clock A. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 2/15 19 to 2/18 19
I last saw if alive on 2/18 19; death is said to have occurred on the date and hour stated above.
Immediate Cause of Death: Coronary Thrombosis with infarct Duration 8 hrs
Due to Coronary Sclerosis
Due to
Other conditions
(Include pregnancy within 3 months of death)
Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature H. S. Mowery (M. D. or other)
and Address Wallace Idaho Date 2/23 19 44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census MAR 8 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137986
Local Reg. No. 13
Reg. Dist. No. 142

1. **PLACE OF DEATH:**
(a) County Shoshone
(b) City or town Kellogg
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home ____ Hospital X Institution ____ Other place ____
(f) Name Hosp. or Inst. Wardner Stayed 49 days
(g) Lived in this county ____ years ____ months 49 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under Item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Kootenai
(c) City or town Dudley
(d) Street Address or R. F. D. No. —
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? U S
(g) How long had deceased lived in Idaho? 45 years
(h) Former residence (city, state)

3. (a) **FULL NAME** George Staggsen 186a

3. (b) If veteran, name war None
3. (c) Social Security No. 518-12-9768
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Date of Birth (Month, Day, Year) February 25, 1882

8. AGE	Years	Months	Days	If less than 1 day
	61	11	23	hrs min.

9. Exact Occupation Logger — Did this work for 45 yrs.
10. Industry or Business Timber — Date last worked Dec 29 43
11. Birthplace Denison (City or town) Texas (State or foreign country)

Father
12. Name George Staggsen
13. Birthplace (City or town) Texas (State or foreign country)

Mother
14. Maiden name Lillie Wade
15. Birthplace (City or town) Texas (State or foreign country)

16. Informant's **OWN** Signature Mrs Col Meyer
and Address Kellogg Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/28/44 (Month) (Day) (Year)
(c) Place: Greenwood Kellogg
18. Funeral Director's **OWN** Signature Joseph Teade
and Address Kellogg Idaho
19. (a) 2-21-44 (Date received and filed) Helen McBride (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 2-18 1944
at 3 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from 1-1-1944, to 2-18-1944
I last saw h— alive on ____ 19____; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
111c Hypostatic Pneumonia	
Due to 24 hours	
Fracture Rt Femur	1-1-44
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ____ Date ____
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? — Suicide? ____ Homicide? ____
Occurred 1-1-1944 City, county, state where violence occurred Rose Lake Idaho Kootenai
Place of Violence: Home — Farm ____ Industry ____
Public Place — While at work? ____
Means of injury Slipped on ice
23. Attendant's **OWN** Signature John Sloan (M. D. or other)
and Address Kellogg Idaho Date 2-21 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

B.

137987

United States
Department of Commerce
Bureau of the Census

MAR 8 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137987
Local Reg. No. 22
Reg. Dist. No. 141

1. **PLACE OF DEATH:**
   (a) County Shoshone.
   (b) City or town Wallace.
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? Outside? city or town
   (e) Died in a Home Hospital Institution Other place
   (f) Name Hosp. or Inst. Osburn Hosp. Stayed days
   (g) Lived in this county 40 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Shoshone
   (c) City or town Wallace
   (d) Street Address or R. F. D. No.
   (e) Deceased lived Inside? Outside? city or town
   (f) Citizen of what country?
   (g) How long had deceased lived in Idaho? 40 years
   (h) Former residence (city, state) Mont.

3. (a) **FULL NAME** John J Coulon

IC 8

3. (b) If veteran, name war
3. (c) Social Security No. None
4. Sex M. 5. Color or race W.
6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day hrs	min.
	56				

9. Exact Occupation Laborer — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace Missoula (City or town) Mont. (State or foreign country)

Father
12. Name Patrick C Coulon
13. Birthplace (City or town) Ireland. (State or foreign country)

Mother
14. Maiden name Bridget Woods
15. Birthplace (City or town) Ireland (State or foreign country)

16. Informant's **OWN** Signature Thos Coulon
and Address Wallace Idaho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-24-44 (Month) (Day) (Year)
(c) Place: Wallace Idaho
18. Funeral Director's **OWN** Signature John Bower (word)
and Address Wallace
19. (a) Mar 21-44 (Date received and filed) (b) John Bower (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Mch 20 19 44
at 11:00 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 19 to 19
I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death	Duration
Lobar Pneumonia	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature James R Bean MD (M. D. or other)
and Address Date 19
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce MAR 8 1944
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 1370
Local Reg. No. 23
Reg. Dist. No. 140

1. **PLACE OF DEATH:**
(a) County Shoshone
(b) City or town Wallace
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? ✓ Outside? city or town
(e) Died in a Home Hospital Institution Other place
(f) Name Hosp. or Inst. Providence Stayed days
(g) Lived in this county 43 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County
(c) City or town Mullan
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? ✓ Outside? city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? 43 years
(h) Former residence (city, state) Mont.

3. (a) **FULL NAME** William H Downs

94a

3. (b) If veteran, name war
3. (c) Social Security No. None
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Hannah
6. (c) Age of husband or wife if alive 65 years
7. Date of Birth (Month, Day, Year) Feb 23 - 1873

8. AGE	Years	Months	Days	If less than 1 day
	70	11	28	hrs min.

9. Exact Occupation Service Station Did this work for yrs.
10. Industry or Business and tourist Cabin Date last worked
11. Birthplace Ironwood Mich (City or town) (State or foreign country)
Father
12. Name Not Known
13. Birthplace N.Y. (City or town) (State or foreign country)
Mother
14. Maiden name Not Known
15. Birthplace N.Y. (City or town) (State or foreign country)
16. Informant's **OWN** Signature Foster Brown
and Address Mullan Idaho
17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof Feb 24-44 (Month) (Day) (Year)
(c) Place: Spokane Wash.
18. Funeral Director's **OWN** Signature John A Bever (Wards)
and Address Wallace Idaho
19. (a) Feb 21-44 (Date received and filed) (b) John A Bever (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Feb 21 1944
at 6.00 o'clock A. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 1/13 1944 to 2/21 1944
I last saw him alive on 1/26 19; death is said to have occurred on the date and hour stated above.
Immediate Cause of Death: Coronary Sclerosis — Duration 6 mos
Due to arteriosclerosis
Due to
Other conditions
(Include pregnancy within 3 months of death)
Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature [illegible] (M.D. or other)
and Address Wallace Idaho Date 2/21 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census MAR 8 1944

Certificate Of Death

STATE OF IDAHO

State File No. 137[illegible]
Local Reg. No. 24
Reg. Dist. No. 140

1. **PLACE OF DEATH:**
(a) County Shoshone
(b) City or town Wallace
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? Outside? city or town
(e) Died in a Home ✓ Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 32 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County
(c) City or town Wallace
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? ✓ Outside? city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? 32 years
(h) Former residence (city, state) Idaho

3. (a) **FULL NAME** Lawrence Christofer Hough. 93d

3. (b) If veteran, name war
3. (c) Social Security No. None
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) March 29 - 1911

8. AGE	Years	Months	Days	If less than 1 day
	32	10	22	hrs min.

9. Exact Occupation None Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Wallace Idaho (City or town) (State or foreign country)
Father
12. Name Frank Hough
13. Birthplace Ca. (City or town) (State or foreign country)
Mother
14. Maiden name Ellen Makuski
15. Birthplace Minn. (City or town) (State or foreign country)
16. Informant's **OWN** Signature Frank C Hough
and Address Wallace Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 24-44 (Month) (Day) (Year)
(c) Place: Wallace Idaho
18. Funeral Director's **OWN** Signature John A Bevis (words)
and Address Wallace Idaho
19. (a) Feb 22-44 (Date received and filed) (b) John A Bevis (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Feb 21 1944
at 10.30 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from 1936, to Feb 12 1944
I last saw him alive on 7/20 1944 death is said to have occurred on the date and hour stated above.
Immediate Cause of Death: Duration
93a Myocarditis Chronic Several Mos
Due to Infectivity Congenital
Due to 84a
Other conditions
(Include pregnancy within 3 months of death)
Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature F C Mowery (M. D. or other)
and Address Wallace Idaho Date 7/22 1944
(For additional space, use reverse side)

United States
Department of Commerce
Bureau of the Census

MAR 8 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137990
Local Reg. No. 25
Reg. Dist. No. 140

1. **PLACE OF DEATH:**
(a) County Shoshone
(b) City or town Wallace
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? ✓ Outside? city or town
(e) Died in a Home ✓ Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 43 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Shoshone
(c) City or town Wallace
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Outside? city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? 43 years
(h) Former residence (city, state)

3. (a) **FULL NAME** Myron Lightner 133a

3. (b) If veteran, name war —
3. (c) Social Security No. 518-03-1068
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Florence
6. (c) Age of husband or wife if alive 46 years
7. Date of Birth (Month, Day, Year) May 11 - 1892

8. AGE	Years	Months	Days	If less than 1 day
	51	7	13	hrs min.

9. Exact Occupation Miner. Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Minneapolis (City or town) Minn (State or foreign country)
Father
12. Name Curtis Lightner
13. Birthplace Argos (City or town) Ind. (State or foreign country)
Mother
14. Maiden name Alice Cheney
15. Birthplace Avoka (City or town) Wisc. (State or foreign country)
16. Informant's OWN Signature Florence Lightner
and Address Wallace Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 27-1944 (Month) (Day) (Year)
(c) Place: Kellogg Idaho
18. Funeral Director's OWN Signature R. L. Stout
and Address Kellogg Idaho
19. (a) Mar-1-44 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Febr. 24, 1944 19
at 4 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from Jan 17 1944, to Feb 24 1944
I last saw him alive on Feb 24 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: 111C.	Duration
Hypostatic pneumonia	48 hrs
Due to Bilateral pyelonephritis 133a	6 mos
Due to Fr of 1st lumbar turbine	7-13-43
Other conditions + division of cord (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature Paul M. Ellis (M. D. or other)
and Address Wallace Idaho Date 2-29 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

137991

United States
Department of Commerce
Bureau of the Census

MAR 8 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 14
Reg. Dist. No. 142

1. **PLACE OF DEATH:**
(a) County Shoshone
(b) City or town Kellogg
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. Wardner Stayed 14 days
(g) Lived in this county 50 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Shoshone
(c) City or town Wallace
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? U.S.
(g) How long had deceased lived in Idaho? 50 years
(h) Former residence (city, state) Kellogg Idaho

3. (a) FULL NAME Margaret A. Herrick 108

3. (b) If veteran, name war No
3. (c) Social Security No. none
4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife William H.
6. (c) Age of husband or wife if alive 64 years
7. Date of Birth (Month, Day, Year) October 31, 1879

8. AGE	Years	Months	Days	If less than 1 day
	64	3	24	hrs min.

9. Exact Occupation Housewife Did this work for 50 yrs.
10. Industry or Business Home Date last worked 2/11/44
11. Birthplace Kilmarnock (City or town) Scotland (State or foreign country)
Father
12. Name John Auld
13. Birthplace Scotland (City or town) (State or foreign country)
Mother
14. Maiden name Agnes Hirrity
15. Birthplace Scotland (City or town) (State or foreign country)
16. Informant's OWN Signature W. H. Herrick and Address Wallace Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 27, 1944 (Month) (Day) (Year)
(c) Place: Kellogg Idaho
18. Funeral Director's OWN Signature Frank M. Glade and Address Kellogg Idaho
19. (a) Feb. 28-1944 (Date received and filed) (b) Mrs Helen McBride (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Feb 25 1944 at 6.45 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from Feb. 11 1944, to Feb 25 1944
I last saw her alive on Feb 24 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: 94 a	Duration
Coronary embolism	sudden
Due to 108 Lobar pneumonia	2 wks
Due to 94 a	
Other conditions Coronary heart disease (Include pregnancy within 3 months of death)	3-4 wks

Where was disease contracted? Kellogg Ida
Name of operation none Date
Major finding
Finding of autopsy

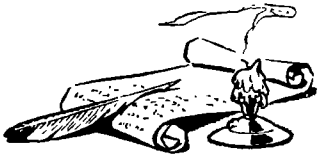
PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature Glenn McCoffery MD (M. D. or other)
and Address Kellogg Ida Date 2-26 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

THORNHILL-McGLADE
FUNERAL HOME AMBULANCE SERVICE

106 MAIN STREET KELLOGG, IDAHO



September 1, 1944

Department of Vital Statistics
Boise, Idaho

Gentlemen: Re. Margaret G. Hirrick, deceased
Feb. 25, 1944

Since completing the death certificate the husband of the deceased informed us that there has been an error in the spelling of this name.

This should be entered on your records as Margaret A. Herrick.

We would appreciate it if you will make this correction and after making same send us a certified copy of death. We are enclosing fifty cent money order to cover cost of same.

Very truly yours,

Grant McGlade

Grant McGlade

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census MAR 8 1944

Certificate Of Death

STATE OF IDAHO

State File No. 13744
Local Reg. No. 27
Reg. Dist. No. 140

1. PLACE OF DEATH:
(a) County Shoshone
(b) City or town
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? ✓ Outside? city or town
(e) Died in a Home Hospital Institution ✓ Other place
(f) Name Hosp. or Inst. County Stayed days
(g) Lived in this county 54 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Shoshone
(c) City or town Prichard
(d) Street Address or R.F.D. No. ✓
(e) Deceased lived Inside? Outside? ✓ city or town
(f) Citizen of what country? U. S. A.
(g) How long had deceased lived in Idaho? 54 years
(h) Former residence (city, state)

3. (a) FULL NAME Alfred Hedling 186 a

3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) June 7 1862

8. AGE	Years	Months	Days	If less than 1 day
	81	8	20	hrs min.

9. Exact Occupation Miner Did this work for yrs.
10. Industry or Business Mining Date last worked
11. Birthplace Sweden (City or town) (State or foreign country)
Father 12. Name Unknown
Father 13. Birthplace " " (City or town) (State or foreign country)
Mother 14. Maiden name "
Mother 15. Birthplace " " (City or town) (State or foreign country)
16. Informant's OWN Signature Mrs Ernest Hall (Mrs Ray Records) and Address Wallace Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March-2-44 (Month) (Day) (Year)
(c) Place:
18. Funeral Director's OWN Signature L. M. McGee and Address Coeur d'Alene Idaho
19. (a) Mar-1-44 (Date received and filed) (b) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) February 27 1944 at 10 o'clock A M.
21. **I HEREBY CERTIFY**, That I attended deceased from 12/21/43 19 to 2/27/44 19
I last saw h alive on 2/25/44 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Fract Hip (neck Femur)	
Due to	58da
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Yes Suicide? Homicide?
Occurred 12/20/43 19 City, county, state where violence occurred X
Place of Violence: Home X Farm Industry
Public Place Street While at work?
Means of injury Fell down
23. Attendant's OWN Signature James R Bean MD (M. D. or other)
and Address Wallace Date 2/28/44 19
(For additional entries use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

FEB 10 1944

137993

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137993
Local Reg. No. 14
Reg. Dist. No. 461

1. **PLACE OF DEATH:**
   (a) County Twin Falls
   (b) City or town Twin Falls
   (c) Street Address or R. F. D. No. 2
   (d) Death Occurred Inside? ____ Outside? X city or town
   (e) Died in a Home ____ Hospital X Institution ____ Other place ____
   (f) Name Hosp. or Inst. T. F. County Stayed 0 days
   (g) Lived in this county 0 years 0 months 2 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Twin Falls
   (c) City or town Twin Falls
   (d) Street Address or R. F. D. No. ____
   (e) Deceased lived Inside? ____ Outside? ____ city or town
   (f) Citizen of what country? ____
   (g) How long had deceased lived in Idaho? ____ years
   (h) Former residence (city, state) ____

3. (a) **FULL NAME** Baby Ann Nakaso

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3. (b) If veteran, name war ____ 3. (c) Social Security No. ____

4. Sex Female 5. Color or race Japanese 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife ____ 6. (c) Age of husband or wife if alive ____ years

7. Date of Birth (Month, Day, Year) January 9, 1944

8. **AGE**

Years	Months	Days	If less than 1 day
0	0	2	hrs ____ min. ____

9. Exact Occupation Infant Did this work for ____ yrs.
10. Industry or Business ____ Date last worked ____
11. Birthplace Twin Falls, (City or town) Idaho (State or foreign country)

Father
12. Name Masao Nakaso
13. Birthplace Sumner, (City or town) Washington (State or foreign country)

Mother
14. Maiden name Haruko Iida
15. Birthplace Milton, (City or town) Washington (State or foreign country)

16. Informant's **OWN** Signature Masao Nakaso and Address Route 2, Twin Falls, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/15/44 (Month) (Day) (Year)
    (c) Place Twin Falls Cem. Twin Falls, Idaho
18. Funeral Director's **OWN** Signature James E. Reynolds and Address Twin Falls, Idaho Reynolds Funeral Home
19. (a) JAN 14 1944 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) January 11, 1944 at 10:00 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from Jan 9 1944, to Jan 11 1944
    I last saw her alive on Jan 11 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
a Atelectasis	2 days
Due to Prematurity	2 days
Due to ____	
Other conditions None (Include pregnancy within 3 months of death)	

Where was disease contracted? Idaho
Name of operation None Date ____
Major finding ____
Finding of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
    Occurred ____ 19 ____ City, county, state where violence occurred ____
    Place of Violence: Home ____ Farm ____ Industry ____
    Public Place ____ While at work? ____
    Means of injury ____
23. Attendant's **OWN** Signature Clarence H. Schultz M.D. (M. D. or other)
    and Address Twin Falls Date Jan 14 1944
    (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

MAR 1 4 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137994
Local Reg. No. 46
Reg. Dist. No. 461

1. **PLACE OF DEATH:**
   (a) County Twin Falls
   (b) City or town Buhl
   (c) Street Address or R. F. D. No. Buhl Hosp
   (d) Death Occurred Inside? ____ Outside? X city or town
   (e) Died in a Home ____ Hospital X Institution ____ Other place ____
   (f) Name Hosp. or Inst. Buhl Hosp Stayed 1 days
   (g) Lived in this county 38 years ____ months ____ days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Twin Falls
   (c) City or town Castleford, Ida.
   (d) Street Address or R. F. D. No. 1
   (e) Deceased lived Inside? ____ Outside? X city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 38 years
   (h) Former residence (city, state) Utah

3. (a) **FULL NAME** Bland Brawn

1756

3. (b) If veteran, name war X
3. (c) Social Security No. X
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced ____
6. (b) Name of husband or wife Bertie Brawn
6. (c) Age of husband or wife if alive 67 years
7. Date of Birth (Month, Day, Year) March 14 - 1876

8. AGE	Years	Months	Days	If less than 1 day hrs	min.
	67	10	10		

9. Exact Occupation Farmer — Did this work for 38 yrs.
10. Industry or Business ____ Date last worked 1/13/44
11. Birthplace Curryville (City or town) Mo (State or foreign country)

Father
12. Name Thomas Brawn
13. Birthplace N.C. (City or town) (State or foreign country)

Mother
14. Maiden name Edith Carver
15. Birthplace Mo (City or town) (State or foreign country)

16. Informant's OWN Signature Ruth L. Brown and Address Twin Falls
17. (a) Jan 27 1944 (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year) 1 - 27 - 44
    (c) Place: Buhl
18. Funeral Director's OWN Signature Evans Ryman and Address Buhl
19. (a) 2/2/44 (Date received and filed) (b) ____ (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) January 24, 1944 at 7:05 o'clock P. M.
21. **I HEREBY CERTIFY**, That I attended deceased from Jan. 24 1944 to Jan. 24. 1944
    I last saw him alive on January 24. 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Respiratory failure due to	
Internal thoracic hemorrhage	
Due to Cardiac Rupture + fracture of ribs caused by	9 hours
Due to Injuries rec'd. by a bull	
Other conditions Senility (Include pregnancy within 3 months of death)	

Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Yes Suicide? ____ Homicide? ____
    Occurred Jan. 24, 1944 City, county, state where violence occurred Castleford, Twin Falls, Idaho
    Place of Violence: Home ____ Farm Yes Industry ____
    Public Place ____ While at work? Yes
    Means of injury Injured by a bull
23. Attendant's OWN Signature John W. Wurster, M. D. (M. D. or other)
    and Address Buhl, Idaho Date Jan. 26 1944

(For additional space, use reverse side)

137995

United States
Department of Commerce
Bureau of the Census

MAR 14 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 47
Reg. Dist. No. 460

1. PLACE OF DEATH:
(a) County Twin Falls
(b) City or town Twin Falls
(c) Street Address or R. F. D. No. 360 4th East
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home X Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. Cottage Apts. Stayed ____ days
(g) Lived in this county 22 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Twin Falls
(c) City or town Twin Falls
(d) Street Address or R. F. D. No. 460 4th Ave E Ast
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? U. S.
(g) How long had deceased lived in Idaho? Life years
(h) Former residence (city, state) ____

3. (a) FULL NAME LYDA, Mrs. Ora Rae

932

3. (b) If veteran, name war None
3. (c) Social Security No. 519-12-2174
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Norman
6. (c) Age of husband or wife if alive 26 years
7. Date of Birth (Month, Day, Year) September 27, 1921

8. AGE	Years	Months	Days	If less than 1 day
	22	4	29	hrs ____ min. ____

9. Exact Occupation Housewife — Did this work for ____ yrs.
10. Industry or Business Own Home — Date last worked September 1943
11. Birthplace Twin Falls, Idaho (City or town) (State or foreign country)

Father
12. Name Ernest Willis
13. Birthplace Mason City, Arizona (City or town) (State or foreign country)

Mother
14. Maiden name Lillian Boswell
15. Birthplace Pima, Ariz. (City or town) (State or foreign country)

16. Informant's OWN Signature Norman Lyda
and Address Twin Falls, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/8/44 (Month) (Day) (Year)
(c) Place: Twin Falls Cem.
18. Funeral Director's OWN Signature White Mortuary by W. Wilkins
and Address Twin Falls, Idaho
19. (a) 2/10/44 (Date received and filed) (b) ____ (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) February 6, 1944 at 1:10 o'clock A. M.
21. I HEREBY CERTIFY, That I attended deceased from Jan. 15 1944, to Feb. 6, 1944
I last saw her alive on Feb. 5, 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Chronic Myocarditis	932
& Nephritis with	1321
Due to Ben Edema	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature M A Drake MD (M. D. or other)
and Address Twin Falls, Ida Date 2/7 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

137996

United States
Department of Commerce
Bureau of the Census

MAR 14 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 49
Reg. Dist. No. 461

1. **PLACE OF DEATH:**
(a) County Twin Falls
(b) City or town Filer
(c) Street Address or R. F. D. No. Filer
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home X Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 2 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Twin Falls
(c) City or town Filer
(d) Street Address or R. F. D. No. Filer
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? U.S.
(g) How long had deceased lived in Idaho? Life years
(h) Former residence (city, state) Hazelton, Ida

3. (a) FULL NAME WYGAL, Mrs. LaVern Spencer 84b

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ralph B.
6. (c) Age of husband or wife if alive 25 years
7. Date of Birth (Month, Day, Year) November 7, 1918

8. AGE	Years	Months	Days	If less than 1 day
	25	4	0	hrs min.

9. Exact Occupation Houswife Did this work for ____ yrs.
10. Industry or Business Own Home Date last worked ____
11. Birthplace Hazelton, Idaho (City or town) (State or foreign country)
Father
12. Name O. Bertel Spencer
13. Birthplace Unknown (City or town) (State or foreign country)
Mother
14. Maiden name Katherine Gwynn
15. Birthplace Unknown (City or town) (State or foreign country)
16. Informant's OWN Signature Mrs Arline Carlson
and Address Twin Falls, Idaho
17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof 2/12/44 (Month) (Day) (Year)
(c) Place Hazelton Cem. Hazelton, Idaho
18. Funeral Director's OWN Signature White Mortuary
and Address Twin Falls, Idaho
19. (a) Feb. 12 1944 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) February 7., m 1944
at 5 o'clock A. M.
21. **I HEREBY CERTIFY,** That I attended deceased from Feb 7 1944, to Feb 7 1944
I last saw her alive on Feb 7 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Pulmonary Edema 111c (Hypoproteinemia)	1 day
Due to Starvation cachexia 84b	3 months
Due to Dementia paralysis	2 yrs.
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature [signature] M.D. (M. D. or other)
and Address Filer, Idaho Date 2-10 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

137997

United States
Department of Commerce
Bureau of the Census

MAR 14 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137997
Local Reg. No. 56
Reg. Dist. No. 460

1. **PLACE OF DEATH:**
(a) County Twin Falls
(b) City or town Twin Falls
(c) Street Address or R. F. D. No. 711-3rd Ave. N.
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home ____ Hospital X Institution ____ Other place ____
(f) Name Hosp. or Inst. T. Falls Stayed 3 days
(g) Lived in this county ____ years ____ months 3 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County T. Falls
(c) City or town Twin Falls
(d) Street Address or R. F. D. No. 711-3rd Ave. N.
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? United States
(g) How long had deceased lived in Idaho? 3 days ~~years~~
(h) Former residence (city, state) ____

3. (a) **FULL NAME** Dale Edward Robinson 64

3. (b) If veteran, name war ____
3. (c) Social Security No. ____
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife ____
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) February 6, 1944

8. AGE	Years	Months	Days	If less than 1 day
			3	hrs ____ min. ____

9. Exact Occupation ____ Did this work for ____ yrs.
10. Industry or Business ____ Date last worked ____
11. Birthplace Twin Falls, Idaho (City or town) (State or foreign country)

Father
12. Name C. Edward Robinson
13. Birthplace Twin Falls, Idaho (City or town) (State or foreign country)

Mother
14. Maiden name Wilma Brighton
15. Birthplace Salt Lake City, Utah (City or town) (State or foreign country)

16. Informant's **OWN** Signature C. Edward Robinson
and Address Twin Falls
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-11-44 (Month) (Day) (Year)
(c) Place: Sunset Memorial Park
18. Funeral Director's **OWN** Signature S. B. Phillips
and Address Twin Falls, Idaho
19. (a) Feb 9-1944 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Feb. 9 1944
at 10:00 o'clock AM.
21. **I HEREBY CERTIFY,** That I attended deceased from 2/6 1944 to 2/9 1944
I last saw him alive on 2/9 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
asphyxiation 161a	
Due to Enlarged thymus	64
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? ____
Name of operation None Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's **OWN** Signature [signature] M.D.
(M. D. or other)
and Address Twin Falls, Ida. Date 2/17 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

MAR 14 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 137998
Local Reg. No. 50
Reg. Dist. No. 461

1. **PLACE OF DEATH:**
(a) County Twin Falls
(b) City or town Buhl
(c) Street Address or R. F. D. No. 1
(d) Death Occurred Inside? ____ Outside? X city or town
(e) Died in a Home X Hospital __ Institution __ Other place __
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 25 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Twin Falls
(c) City or town Buhl
(d) Street Address or R. F. D. No. 1
(e) Deceased lived Inside? ____ Outside? X city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 25 years
(h) Former residence (city, state) Kirkwood, Ill.

3. (a) **FULL NAME** Newton Allen Spence

3. (b) If veteran, name war X
3. (c) Social Security No. X
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Euphenia
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) April 16-1857

8. AGE	Years	Months	Days	If less than 1 day
	86	9	24	hrs min.

9. Exact Occupation Farmer Did this work for 35 yrs.
10. Industry or Business ____ Date last worked ____
11. Birthplace Monmouth, Ill (City or town) (State or foreign country)
Father
12. Name Wm. Spence
13. Birthplace Ohio (City or town) (State or foreign country)
Mother
14. Maiden name Maria Roney
15. Birthplace Penna. (City or town) (State or foreign country)
16. Informant's OWN Signature Nellie Spence Hughes
and Address Buhl, Ida.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 2/12/44 (Month) (Day) (Year)
(c) Place: Monmouth, Ill.
18. Funeral Director's OWN Signature Laura K Johnson
and Address Buhl, L J Johnson
19. (a) 2/11/44 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) February 9, 1944 1944
at 12:25 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from Feb 1940, to Feb. 9 1940
I last saw him alive on Feb. 8 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Circulatory failure	24
Due to Senility and Carcinoma of the Prostate.	Unknown
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation ____ Date ____	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature John W. Thurston MD (M. D. or other)
and Address Buhl Idaho Date 2-11 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

137[illegible]

United States
Department of Commerce MAR 14 1944
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 51
Reg. Dist. No. 461

1. **PLACE OF DEATH:**
(a) County Twin Falls
(b) City or town Twin Falls
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? city or town
(e) Died in a Home Hospital Institution Other place
(f) Name Hosp. or Inst Twin Falls Stayed days
(g) Lived in this county years months 11 hrs.
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Twin Falls
(c) City or town Twin Falls
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Outside? city or town
(f) Citizen of what country? Twin Falls
(g) How long had deceased lived in Idaho? 11 hrs years
(h) Former residence (city, state)

3. (a) **FULL NAME** Louise Bates 159

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Feb. 11 - 1944

8. AGE	Years	Months	Days	If less than 1 day
				11 hrs min.

9. Exact Occupation — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace Twin Falls (City or town) Idaho (State or foreign country)
Father
12. Name Grant L. Bates
13. Birthplace Mustang Ida (City or town) (State or foreign country)
Mother
14. Maiden name Ruby Neilson
15. Birthplace Annabella Utah (City or town) (State or foreign country)
16. Informant's OWN Signature Grant L. Bates and Address Mustang Idaho
17. (a) Twin Falls (Burial, cremation, or removal) (b) Date thereof Feb-14-'44 (Month) (Day) (Year)
(c) Place: Twin Falls Cemetery
18. Funeral Director's OWN Signature C. L. Lusk and Address 745 Blue Lakes
19. (a) Feb-14-1944 (Date received and filed) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 2-11 19 44
at 2 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from 2-10 19 44 to 2-11 19 44
I last saw h— alive on 19—; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Prematurity — Duration
Due to Toxemia of pregnancy @ 8 1/2 mo
Due to
Other conditions (Include pregnancy within 3 months of death)
Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's OWN Signature Waldo B. Fruendling, M.D. (M. D. or other)
and Address Twin Falls Ida Date Feb 14 19 44
(For additional space, use reverse side)

United States
Department of Commerce
Bureau of the Census

MAR 14 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 138000
Local Reg. No. 52
Reg. Dist. No. 460

1. **PLACE OF DEATH:**
(a) County Twin Falls
(b) City or town Twin Falls
(c) Street Address or R. F. D. No. T.D.F. Co.Gen.Hosp
(d) Death Occurred Inside? ____ Outside? x city or town
(e) Died in a Home ____ Hospital x Institution ____ Other place ____
(f) Name Hosp. or Inst. ____ Stayed 5 days
(g) Lived in this county 30 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Twin Falls
(c) City or town Twin Falls
(d) Street Address or R. F. D. No. 252-7th Ave. E
(e) Deceased lived Inside? x Outside? ____ city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 30 years
(h) Former residence (city, state) Oklahoma

3. (a) **FULL NAME** STETTLER, Gottfried 126

3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced widower
6. (b) Name of husband or wife ____
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) June 4, 1864

8. AGE	Years	Months	Days	If less than 1 day
	78	8	8	hrs min.

9. Exact Occupation Retired farmer Did this work for ____ yrs.
10. Industry or Business ____ Date last worked 1936
11. Birthplace Egyl --- (City or town) Switzerland (State or foreign country)
Father
12. Name Simeon Stettler
13. Birthplace ____ (City or town) Switzerland (State or foreign country)
Mother
14. Maiden name Unknown
15. Birthplace ____ (City or town) Switzerland (State or foreign country)
16. Informant's OWN Signature [signature]
and Address 252-7th Ave E Twin Falls
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 2-14-44 (Month) (Day) (Year)
(c) Place: Sunset Memorial Park
18. Funeral Director's OWN Signature White Mortuary [signature]
and Address Twin Falls, Idaho
19. (a) Feb. 15 1944 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) February 12, 1944
at 1:00 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from February 5 1944, to 2-12- 1944
I last saw him alive on February 11 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
arteriosclerosis 97	years
Due to	
Due to	
Other conditions cholelithiasis (Include pregnancy within 3 months of death)	126
Where was disease contracted? Idaho	PHYSICIAN
Name of operation none Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy none	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature Clarence H. Schultz M.D. (M. D. or other)
and Address Twin Falls, Ida Date Feb. 19 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

MAR 14 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 138001
Local Reg. No. 55
Reg. Dist. No. 461

1. **PLACE OF DEATH:**
   (a) County Twin Falls
   (b) City or town Twin Falls
   (c) Street Address or R. F. D. No. R.F.D. #3
   (d) Death Occurred Inside? ____ Outside? X city or town
   (e) Died in a Home ____ Hospital X Institution ____ Other place ____
   (f) Name Hosp. or Inst. Twin Falls Sanitarium Stayed 11 days
   (g) Lived in this county ____ years ____ months 11 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Twin Falls
   (c) City or town Kimberly
   (d) Street Address or R. F. D. No. ____
   (e) Deceased lived Inside? X Outside? ____ city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 11 days years
   (h) Former residence (city, state) ____

3. (a) **FULL NAME** Lois Ursula Harp

157 g.

3. (b) If veteran, name war ____ 3. (c) Social Security No. ____

4. Sex Fe 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife ____ 6. (c) Age of husband or wife if alive ____ years

7. Date of Birth (Month, Day, Year) February 4, 1944

8. AGE	Years	Months	Days	If less than 1 day hrs	min.
	0	0	11		

9. Exact Occupation Infant Did this work for ____ yrs.
10. Industry or Business ____ Date last worked ____
11. Birthplace Twin Falls, Idaho (City or town) (State or foreign country)

Father
12. Name Alvin Alvin B. Harp
13. Birthplace Peru, (City or town) Kansas (State or foreign country)

Mother
14. Maiden name Gladys E. Jenkins
15. Birthplace Peru, (City or town) Kansas (State or foreign country)

16. Informant's OWN Signature Alvin B Harp
and Address Kimberly, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/17/44 (Month) (Day) (Year)
(c) Place: Twin Falls Cemetery

18. Funeral Director's OWN Signature Reynolds Funeral Home
and Address Twin Falls, Idaho

19. (a) 2-19-44 (Date received and filed) (b) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) February 15, 1944
at 12:45 o'clock a. M.

21. **I HEREBY CERTIFY,** That I attended deceased from 2/4/ 19 44 to 2/15/ 1944
I last saw her alive on 2/14/ 19 44 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Rx. Heart Failure	
Due to Congenital atresia of Large bowel	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy Congenital atresia of Large bowel

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19 ____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's OWN Signature Emma A. Horn M.
(M. D. or other)
and Address Kimberly, Ida. Date 2/15/ 1944
(For additional space, use reverse side)

138002

United States
Department of Commerce
Bureau of the Census

MAR 14 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 54
Reg. Dist. No. 460

1. **PLACE OF DEATH:**
(a) County Twin Falls
(b) City or town Twin Falls
(c) Street Address or R. F. D. No. 3
(d) Death Occurred Inside? ____ Outside? X city or town
(e) Died in a Home __ Hospital X Institution __ Other place __
(f) Name Hosp. or Inst. T. F. County Stayed 2½ days
(g) Lived in this county 20 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County T. Falls
(c) City or town Twin Falls
(d) Street Address or R. F. D. No. 436 5th Ave. E.
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? United States
(g) How long had deceased lived in Idaho? 22 years
(h) Former residence (city, state) ____

3. (a) **FULL NAME** Mary Louise Strain 91a

3. (b) If veteran, name war ____ 3. (c) Social Security No. 518-12-5468
4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife ____ 6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) April 13, 1921

8. AGE	Years	Months	Days	If less than 1 day
	22	10	2	hrs min.

9. Exact Occupation Mgr. Women's Ready to-Wear Dept. Did this work for 1 yrs.
10. Industry or Business C. C. Anderson Co. Date last worked 2/3/44
11. Birthplace Buhl, (City or town) Idaho (State or foreign country)
Father
12. Name Paul E. Strain
13. Birthplace Sturgeon, Mo. (City or town) (State or foreign country)
Mother
14. Maiden name Leona Crawford
15. Birthplace Higbee, Mo. (City or town) (State or foreign country)
+ 16. Informant's OWN Signature William L. Strain
and Address Twin Falls, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/18/44 (Month) (Day) (Year)
(c) Place: Sunset Memorial Park
18. Funeral Director's OWN Signature James C. Reynolds Reynolds Funeral Home
and Address Twin Falls, Idaho
19. (a) 2/19/44 (Date received and filed) (b) [signature] (Registrar's Signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) February 15 1944
at 1:45 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 2-5 1944 to 2-15 1944
I last saw her alive on 2-15 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death	Duration
Bacterial Endocarditis 91a	10 days
Due to Staphylococcus	24a
Due to Albus-Blood stream infection	10 days
Other conditions (Include pregnancy within 6 months of death)	

Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature [signature] (M. D. or other)
and Address Twin Falls Idaho Date 2-17 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

MAR 14 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 13800
Local Reg. No. 58
Reg. Dist. No. 460

1. **PLACE OF DEATH:**
(a) County Twin Falls
(b) City or town Twin Falls
(c) Street Address or R. F. D. No. 633 Buchanan
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home ____ Hospital ____ Institution ____ Other place X
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 32 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under Item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County T. Falls
(c) City or town Twin Falls
(d) Street Address or R. F. D. No. 633 Buchanan
(e) Deceased lived Inside? ____ Outside? X city or town
(f) Citizen of what country? United States
(g) How long had deceased lived in Idaho? 32 years
(h) Former residence (city, state) Kansas

3. (a) **FULL NAME** John J. Kinder 94a

3. (b) If veteran, name war ____ 3. (c) Social Security No. ____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife ____ 6. (c) Age of husband or wife if alive ____ years

7. Date of Birth (Month, Day, Year) Nov. 9, 1859

8. AGE	Years	Months	Days	If less than 1 day hrs	min.
	84	3	6		

9. Exact Occupation retired farmer Did this work for ____ yrs.
10. Industry or Business ____ Date last worked ____
11. Birthplace Edwardsville, Ill. (City or town) (State or foreign country)

Father
12. Name Wm. Kinder
13. Birthplace No inf. (City or town) (State or foreign country)

Mother
14. Maiden name No inf.
15. Birthplace ____ (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mrs Blanche Heath
and Address Twin Falls

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-18-44 (Month) (Day) (Year)
(c) Place: Twin Falls Cemetery

18. Funeral Director's **OWN** Signature S. C. Phillips
and Address Twin Falls, Idaho

19. (a) Feb 23-1944 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Feb. 15 1944
at 2:30 o'clock P M.

21. **I HEREBY CERTIFY,** That I attended deceased from Feb 15 1944, to Feb 15 1944
I last saw him alive on Feb 15 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: 94a Coronary thrombosis — Duration: minutes
97
Due to arteriosclerosis — Duration: 3 years
Due to ____
Other conditions none
(Include pregnancy within 3 months of death)
Where was disease contracted? Idaho
Name of operation none Date ____
Major finding ____
Finding of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? No Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's **OWN** Signature Clarence A. Schultz, M.D. (M. D. or other)
and Address Twin Falls Date Feb 22 1944

(For additional space, use reverse side)

United States
Department of Commerce
Bureau of the Census MAR 1 4 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 138004
Local Reg. No. 59
Reg. Dist. No. 461

1. **PLACE OF DEATH:**
(a) County Twin Falls
(b) City or town Murtaugh
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home X Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 30 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Twin Falls
(c) City or town Murtaugh,
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? U. S. A.
(g) How long had deceased lived in Idaho? 30 years
(h) Former residence (city, state) Knoxville, Tenn

3. (a) FULL NAME HALL, Andrew A.

93d

3. (b) If veteran, name war no
3. (c) Social Security No. 378-18-9300
4. Sex male
5. Color or race White
6. (a) Single, widowed, married, divorced divorced
6. (b) Name of husband or wife Katie
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) October 22nd, 1865

8. AGE	Years	Months	Days	If less than 1 day
	78	3	25	hrs ____ min.

9. Exact Occupation Employee of Twin Falls Canal Co. Did this work for 3 yrs.
10. Industry or Business Canal Co. Date last worked Nov. 1943
11. Birthplace Knoxville, (City or town) Tenn (State or foreign country)

Father
12. Name Wm. B. Hall
13. Birthplace Knoxville, (City or town) Tenn. (State or foreign country)

Mother
14. Maiden name Susan E. Hall
15. Birthplace Knoxville, (City or town) Tenn (State or foreign country)

16. Informant's OWN Signature Gertrude Hall
and Address Murtaugh, Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 2-19-44 (Month) (Day) (Year)
(c) Place: Twin Falls Cemetery
18. Funeral Director's OWN Signature White Mortuary Ella M. White E-249
and Address Twin Falls, Idaho
19. (a) FEB 25 44 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) February 17, 1944 at 8:30 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from 1/1/44 19 ____ to 2-17- 1944
I last saw him alive on 2/11/44 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Right Heart Failure	
Due to Hypertensive Heart Disease	93d
Due to 92:2	
Other conditions Dry gangrene right foot. (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ____ Date ____
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19 ____ City, county, state where violence occurred
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work?
Means of injury

23. Attendant's OWN Signature [signature] (M. D. or other)
and Address Kimberly, Idaho Date 2/23 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce MAR 1 4 1944
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 138005
Local Reg. No. 60
Reg. Dist. No. 460

1. **PLACE OF DEATH:**
(a) County Twin Falls
(b) City or town Twin Falls
(c) Street Address or R. F. D. No. 154-8th Ave. N.
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home ____ Hospital X Institution ____ Other place ____
(f) Name Hosp. or Inst. ____ Stayed 6 days
(g) Lived in this county 35 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Twin Falls
(c) City or town Twin Falls
(d) Street Address or R. F. D. No. 154- 8th Ave. N
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 35 years
(h) Former residence (city, state) Moorefield, Ky.

3. (a) **FULL NAME** SHROUT, George W. 330

3. (b) If veteran, name war no
3. (c) Social Security No. 519-05-9465
4. Sex male
5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Louise
6. (c) Age of husband or wife if alive 63 years
7. Date of Birth (Month, Day, Year) May 1st, 1879

8. AGE	Years	Months	Days	If less than 1 day
	64	9	21	hrs ____ min.

9. Exact Occupation Real Estate — Did this work for 3 yrs.
10. Industry or Business Dealer — Date last worked
11. Birthplace Moorefield, (City or town) Kentucky (State or foreign country)

Father
12. Name John M. Shrout
13. Birthplace ____ (City or town) Kentucky (State or foreign country)

Mother
14. Maiden name Alice Jones,
15. Birthplace ____ (City or town) Virginia (State or foreign country)

16. Informant's **OWN** Signature Louise N. Shrout
and Address 154--8th Ave. N. City.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 2-24-44 (Month) (Day) (Year)
(c) Place: Twin Falls Cemetery
18. Funeral Director's **OWN** Signature White Mortuary E-249
and Address Twin Falls, Idaho.
19. (a) Feb. 25 1944 (Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) February 22, 1944
at 2:30 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 2-4 1944 to 2-22 1944
I last saw h. im alive on 2-22 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Oedema of lungs	2 hrs
Due to Dilatation of heart	2 hrs
Due to Influenza	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's **OWN** Signature Joseph H. Jacobsen M. D. or Other
and Address Twin Falls Ida. Date 2-22 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce MAR 1 4 1944
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 138006
Local Reg. No. 65
Reg. Dist. No. 461

1. **PLACE OF DEATH:**
(a) County Twin Falls
(b) City or town Twin Falls
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? X city or town
(e) Died in a Home Hospital Institution Other place X
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 0 years 3 months 28 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Twin Falls
(c) City or town Filer
(d) Street Address or R. F. D. No. 2
(e) Deceased lived Inside? Outside? X city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? years
(h) Former residence (city, state)

3. (a) FULL NAME Darrell Duane Slatter 170c

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) October 28, 1943

8. AGE	Years	Months	Days	If less than 1 day
	0	3	28	hrs min.

9. Exact Occupation Infant Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Twin Falls, Idaho (City or town) (State or foreign country)
Father
12. Name Clyde Slatter
13. Birthplace Filer, Idaho (City or town) (State or foreign country)
Mother
14. Maiden name Gertrude Coleman
15. Birthplace Twin Falls, Idaho (City or town) (State or foreign country)
16. Informant's OWN Signature Mrs D. T. Sharp
and Address Twin Falls, Idaho
17. (a) Burial (b) Date thereof 3/6/44 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: Filer I.O.O.F. Cemetery
18. Funeral Director's OWN Signature James C. Reynolds Reynolds Funeral Home
and Address Twin Falls, Idaho
19. (a) March 4 1944 (b) [signature] (Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) February 26, 1944
at 7:45 o'clock P.M.
21. **I HEREBY CERTIFY,** That I attended deceased from 19 to 19
I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Contusion of brain from depressed fractured skull	seconds
Due to auto accident	seconds
Due to	
Other conditions none (Include pregnancy within 3 months of death)	
Where was disease contracted? Idaho	
Name of operation none Date	
Major finding	
Finding of autopsy none	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Yes Suicide? No Homicide? No
Occurred Feb 26/44 1944 City, county, state where violence occurred Two miles S of Twin Falls
Place of Violence: Home Highway Farm Industry
Public Place While at work? No
Means of injury auto accident
23. Attendant's OWN Signature Ran into stalled truck Clarence Abfield Jr. M.D. County Coroner (M. D. or other)
and Address Twin Falls Date Feb 29 1944
(For additional space, use reverse side)

United States
Department of Commerce
Bureau of the Census MAR 14 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 138007
Local Reg. No. 62
Reg. Dist. No. 461

1. PLACE OF DEATH:
(a) County Twin Falls
(b) City or town Twin Falls
(c) Street Address or R. F. D. No. RFD
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home __ Hospital X Institution __ Other place
(f) Name Hosp. or Inst. T. Falls, Gen Stayed 6 months days
(g) Lived in this county 34 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Twin Falls
(c) City or town Twin Falls
(d) Street Address or R. F. D. No. RFD
(e) Deceased lived Inside? RFD Outside? x city or town
(f) Citizen of what country? United States
(g) How long had deceased lived in Idaho? 34 years
(h) Former residence (city, state) Missouri

3. (a) FULL NAME Fred A. Weddle

3. (b) If veteran, name war ____ 3. (c) Social Security No. ____
4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced divorced
6. (b) Name of husband or wife ____ 6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) March 17, 1862

8. AGE	Years	Months	Days	If less than 1 day
	81	11	9	hrs min.

9. Exact Occupation Farmer Did this work for ____ yrs.
10. Industry or Business ____ Date last worked ____
11. Birthplace Buchanan County, Mo. (City or town) (State or foreign country)
Father
12. Name Fred Weddle
13. Birthplace Denmark (City or town) (State or foreign country)
Mother
14. Maiden name Mary Nelson
15. Birthplace Norway (City or town) (State or foreign country)
16. Informant's OWN Signature Waldemar Weddle
and Address Twin Falls Ida
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3-1-44 (Month) (Day) (Year)
(c) Place: St. Joseph, Mo.
18. Funeral Director's OWN Signature [signature]
and Address Twin Falls, Idaho
19. (a) Feb 26 1944 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) February 26 1944
at 6:00 o'clock A M.
21. I HEREBY CERTIFY, That I attended deceased from 9-7 1943 to 2-26 1944
I last saw him alive on 2-25 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Lymphatic Leukemia	6 mos
~~Due to~~ Carcinoma of face	5 yrs
~~Due to~~ Auricular Fib	
Other conditions Cellulitis (Include pregnancy within 3 months of death)	6 mos

Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature [signature] (M. D. or other)
and Address Twin Falls Idaho Date 2-26 1944
(For additional space use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

138005

United States
Department of Commerce
Bureau of the Census

MAR 14 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 63
Reg. Dist. No. 461

1. **PLACE OF DEATH:**
   (a) County Twin Falls
   (b) City or town Murtaugh
   (c) Street Address or R. F. D. No. Murtaugh
   (d) Death Occurred Inside? X Outside? ____ city or town
   (e) Died in a Home X Hospital ____ Institution ____ Other place ____
   (f) Name Hosp. Outside yard Stayed ____ days
   (g) Lived in this county 14 years 10 months 15 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Twin Falls
   (c) City or town Murtaugh
   (d) Street Address or R. F. D. No. Murtaugh
   (e) Deceased lived Inside? X Outside? ____ city or town
   (f) Citizen of what country? U.S.
   (g) How long had deceased lived in Idaho? 14 years
   (h) Former residence (city, state) none

3. (a) **FULL NAME** OKELBERRY, Gerald T.

195 E

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife None
6. (c) Age of husband or wife if alive None years
7. Date of Birth (Month, Day, Year) April 12, 1929

8. AGE	Years	Months	Days	If less than 1 day hrs	min.
	14	10	15		

9. Exact Occupation Student — Did this work for 8 yrs.
10. Industry or Business Public School — Date last worked 2/25/44
11. Birthplace Murtaugh, Idaho (City or town) (State or foreign country)

Father
12. Name Leonard Okelberry
13. Birthplace Oakley, Idaho (City or town) (State or foreign country)

Mother
14. Maiden name Amy Belcher
15. Birthplace Oakley, Idaho (City or town) (State or foreign country)

16. Informant's **OWN** Signature L P Okelberry and Address Murtaugh, Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3/1/44 (Month) (Day) (Year)
    (c) Place Island Cemetery-Oakley, Idaho
18. Funeral Director's **OWN** Signature By White Mortuary and Address Twin Falls, Idaho E343
19. (a) Mar 14 1944 (Date received and filed) (b) [signature] (Registrar's Signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) February 27, 1944 at 12:30 o'clock P. M.
21. **I HEREBY CERTIFY**, That I attended deceased from Feb 27 1944 to ____ 19____
I last saw h____ alive on Feb 27 all 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Internal Chest injuries	seconds
due to accidental explosion	
Due to playing with gun-powder	
Due to	
Other conditions shall fracture, pneumothorax,	
(Include pregnancy within 3 months of death) multiple contusions & lacerations	

Where was disease contracted? Idaho
Name of operation none Date ____
Major finding ____
Finding of autopsy none

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? yes Suicide? no Homicide? no
Occurred Feb 27 1944 City, county, state where violence occurred Murtaugh, Twin Falls, Idaho
Place of Violence: Home X Farm ____ Industry ____
Public Place ____ While at work? no
Means of injury accidental explosion playing with gunpowder
23. Attendant's **OWN** Signature Clarence A Herbst, M.D. (M. D. or other)
and Address Twin Falls, Idaho Date Feb 27 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

138009

United States
Department of Commerce
Bureau of the Census

MAR 14 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 66
Reg. Dist. No. 460

1. **PLACE OF DEATH:**
   (a) County Twin Falls
   (b) City or town Twin Falls
   (c) Street Address or R. F. D. No. 3
   (d) Death Occurred Inside? ____ Outside? X city or town
   (e) Died in a Home ____ Hospital X Institution ____ Other place ____
   (f) Name Hosp. or Inst. T.F. County Stayed 3 days
   (g) Lived in this county 6 years 4 months 13 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Twin Falls
   (c) City or town Twin Falls
   (d) Street Address or R. F. D. No. 148 Pierce
   (e) Deceased lived Inside? X Outside? ____ city or town
   (f) Citizen of what country? ____
   (g) How long had deceased lived in Idaho? 6 years
   (h) Former residence (city, state) ____

3. (a) **FULL NAME** Dannie Dean Slatter

1700

3. (b) If veteran, name war ____ 3. (c) Social Security No. ____
4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife ____ 6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) October 16, 1937

8. AGE	Years	Months	Days	If less than 1 day
	6	4	13	hrs min.

9. Exact Occupation Infant Did this work for ____ yrs.
10. Industry or Business ____ Date last worked ____
11. Birthplace Twin Falls, Idaho (City or town) (State or foreign country)

Father
12. Name L. C. Grout
13. Birthplace Washington (City or town) (State or foreign country)

Mother
14. Maiden name Virgie Slatter
15. Birthplace Roseland, Nebraska (City or town) (State or foreign country)

16. Informant's OWN Signature D B Slatter and Address Twin Falls, Ida.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/6/44 (Month) (Day) (Year)
    (c) Place: Filer I.O.O.F. Cemetery
18. Funeral Director's OWN Signature James C. Reynolds and Address Reynolds Funeral Home, Twin Falls Idaho
19. (a) March 9, 1944 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) February 29, 1944 at 3:35 o'clock P. M.
21. I HEREBY CERTIFY, That I attended deceased from Feb 26 1944 to Feb 29 1944
    I last saw him alive on Feb 29 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Strepto coccic Mengetis	1 day
Due to	
Due to Injury to head	
Other conditions (Include pregnancy within 3 months of death)	
A truck stopped on the road and car drove into back of truck.	

Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ✓ Suicide? ____ Homicide? ____
    Occurred Feb. 26 1944 City, county, state where violence occurred Twin Falls Ida.
    Place of Violence: Home ____ Farm ____ Industry ____
    Public Place Highway While at work? ____
    Means of injury Auto accident
23. Attendant's OWN Signature Collision with stopped truck J. E. Langenwalter (M. D. or other) and Address Twin Falls Date 3-4 1944
    (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce MAR 15 1944
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 138010
Local Reg. No. 310
Reg. Dist. No. 3/0

1. **PLACE OF DEATH:**
(a) County Valley
(b) City or town McCall
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home X Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 56 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Valley
(c) City or town McCall
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 56 years
(h) Former residence (city, state) Mo.

3. (a) **FULL NAME** William B. Boydston 55E

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Hattie Cole 6. (c) Age of husband or wife if alive ____ years

7. Date of Birth (Month, Day, Year) Aug-12-1870

8. AGE	Years	Months	Days	If less than 1 day hrs	min.
	73	6	5		

9. Exact Occupation Realestate & Insurance Did this work for ____ yrs.
10. Industry or Business Insurance Sales Date last worked
11. Birthplace Mo. (City or town) (State or foreign country)

Father
12. Name H. T. Boydston
13. Birthplace Ill. (City or town) (State or foreign country)

Mother
14. Maiden name Unknown
15. Birthplace ____ (City or town) (State or foreign country)

16. Informant's OWN Signature Neal Boydston
and Address McCall, Ida
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/20/44 (Month) (Day) (Year)
(c) Place: McCall Cemetery, McCall, Ida
18. Funeral Director's OWN Signature L. L. Pittington
and Address McCall, Ida
19. (a) Feb 28 1944 (Date received and filed) (b) Myrtle Gardner (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Feb-17 1944
at 5 o'clock a. M.

21. **I HEREBY CERTIFY,** That I attended deceased from 9/14 1943, to 2/17 1944
I last saw him alive on 2/9 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
(a) Carcinoma (malignant)	3 5 yrs.
Due to (b) Cancer	
Due to (c)	
Due to (d)	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation None Date
Major finding
Finding of autopsy —

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury

23. Attendant's OWN Signature Don S. Numbers M.D.
DON S. NUMBERS, M. D. (M. D. or other)
and Address PHYSICIAN FOR THE UNION PACIFIC Date 2/21/1944
(If Additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce MAR 10 1944
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 138011
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF DEATH:**
(a) County Washington
(b) City or town Weiser
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. Weiser Gen. Stayed 10 days
(g) Lived in this county 0 years 0 months 10 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Oregon (b) County Malhuer
(c) City or town Weiser, Idaho R.#3
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Outside? X city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? years
(h) Former residence (city, state) Iowa

3. (a) FULL NAME Charles Pinkney Billups

93d

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife Amanda Louise
6. (c) Age of husband or wife if alive Deceased years
7. Date of Birth (Month, Day, Year) September 15 1872

8. AGE	Years	Months	Days	If less than 1 day
	71	4	17	hrs min.

9. Exact Occupation Farmer Did this work for 34 yrs.
10. Industry or Business Agriculture Date last worked 1/15/44
11. Birthplace Monticello, Louis Co. Missouri (City or town) (State or foreign country)
Father
12. Name Don't know
13. Birthplace Don't know (City or town) (State or foreign country)
Mother
14. Maiden name Don't know
15. Birthplace Don't know (City or town) (State or foreign country)
16. Informant's OWN Signature [illegible] Billups S. Son
and Address Weiser, Idaho Route #3
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 2/4/44 (Month) (Day) (Year)
(c) Place: Oregon Side Cem. Near Weiser, Idaho
18. Funeral Director's OWN Signature C. S. Jones #E-357
and Address Northam Funeral Home, Weiser, Idaho
19. (a) 2/2/44 (Date received and filed) (b) M. H. Shell (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) February 1 1944
at 5 o'clock P M.
21. I HEREBY CERTIFY, That I attended deceased from Jan 21 1944, to 2-1- 1944
I last saw him alive on 2-1- 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Degenerative Heart	
mussel	
Due to Sundry	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature F. A. Schmidt M.D. (M. D. or other)
and Address Weiser Date 2-2 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

MAR 10 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 13501
Local Reg. No. 6
Reg. Dist. No. 320

1. **PLACE OF DEATH:**
(a) County Washington
(b) City or town Weiser
(c) Street Address or R. F. D. No. 152 East Main
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home ____ Hospital X Institution ____ Other place ____
(f) Name Hosp. or Inst. Weiser Hosp. Stayed 21 days
(g) Lived in this county 63 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Washington
(c) City or town Weiser
(d) Street Address or R. F. D. No. 152 East Main
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 63 years
(h) Former residence (city, state) Bozeman, Montana

3. (a) FULL NAME ELIZABETH COPE CANARY 932

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife James Milton Canary
6. (c) Age of husband or wife if alive Deceased years
7. Date of Birth (Month, Day, Year) January 28 1872

8. AGE	Years	Months	Days	If less than 1 day
	72	00	5	hrs ____ min.

9. Exact Occupation Housewife Did this work for Life yrs.
10. Industry or Business Home Date last worked July '43
11. Birthplace Bozeman, Montana (City or town) (State or foreign country)

Father
12. Name Samuel Benjamin Cope
13. Birthplace Iowa (City or town) (State or foreign country)

Mother
14. Maiden name Louisa Cooper
15. Birthplace Missouri (City or town) (State or foreign country)

16. Informant's OWN Signature Ben Cope Brother
and Address Weiser, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/7/44 (Month) (Day) (Year)
(c) Place: Hillcrest Cem. Weiser, Idaho
18. Funeral Director's OWN Signature [illegible]
and Address Northam Funeral Hm. Weiser, Idaho
19. (a) 2/5/44 (Date received and filed) (b) Merle H. Shell (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) February 4 1944
at 4:57 o'clock A. M.

21. **I HEREBY CERTIFY,** That I attended deceased from Jan 20 1944 to Feb 4 1944
I last saw her alive on 2-4 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Organic Heart Murmur	
Due to Senility	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation ____ Date ____	
Major finding	
Finding of autopsy	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's OWN Signature F. A. Kinney M.D.
and Address Weiser Ida. (M. D. or other) Date 2-6 1944
(For additional space, use reverse side)

138013 (PS)

United States
Department of Commerce MAR 10 1944
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 7
Reg. Dist. No. 320

1. **PLACE OF DEATH:**
(a) County Washington
(b) City or town Weiser
(c) Street Address or R. F. D. No. 430 East Park Street
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home X Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 17 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Washington
(c) City or town Weiser
(d) Street Address or R. F. D. No. 430 East Park
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? ____ years
(h) Former residence (city, state) ____

3. (a) FULL NAME [redacted] John Warren Blevins

164c

3. (b) If veteran, name war None
3. (c) Social Security No. 519-22-1864
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife ____
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) October 4 1926

8. AGE	Years	Months	Days	If less than 1 day hrs	min.
	17	4	18		

9. Exact Occupation Carman apprentice Did this work for 3 mos.
10. Industry or Business U.P. Railroad Shops Date last Worked 1/15/44
11. Birthplace Weiser (City or town) Idaho (State or foreign country)

Father
12. Name Collie H. Blevins
13. Birthplace Greenfield (City or town) Missouri (State or foreign country)

Mother
14. Maiden name Edna Stover
15. Birthplace Weiser (City or town) Idaho (State or foreign country)

16. Informant's OWN Signature [signature] (Father)
and Address 430 East Park

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/25/44 (Month) (Day) (Year)
(c) Place: Hillcrest Cemetery, Weiser, Idaho

18. Funeral Director's OWN Signature [signature]
and Address Northam Funeral Home, Weiser, Ida.

19. (a) 2/23/44 (Date received and filed) (b) Maree A Shull (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) February 23 1944
at 2:25 o'clock A. M.

21. **I HEREBY CERTIFY,** That I attended deceased from ____ 19____, to ____ 19____
I last saw h____ alive on ____ 19____; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Suicide by shot gun blast. Note left to parents indicated suicide intention.	
Due to Placed shot gun at sphenoid-frontal junction and discharged one barrel, charge	
Due to destroyed entire upper portion of	
Other conditions skull and left side of face. (Include pregnancy within 3 months of death)	

Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? X Homicide? ____
Occurred 2:25 A.M. 2/23/44 19____ City, county, state where violence occurred Weiser, Wash. Co. Idaho
Place of Violence: Home X Farm ____ Industry ____
Public Place ____ While at work? No
Means of injury Shot gun blast

23. Attendant's OWN Signature Mrs L C Northam
Coroner (M. D. or other)
and Address Weiser, Idaho Date 2/23/44 19____
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

138033

United States
Department of Commerce
Bureau of the Census MAR 14 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 53
Reg. Dist. No. 12-0

1. **PLACE OF DEATH:**
(a) County Kootenai
(b) City or town Coeur d'Alene
(c) Street Address or ~~R. F. D.~~ No. 412 LaReside
(d) Death Occurred Inside? V Outside? ____ city or town
(e) Died in a Home ____ Hospital V Institution ____ Other place ____
(f) Name Hosp. or Inst. Lake City Hosp. Stayed 0 days
(g) Lived in this county 0 years 0 months 0 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Kootenai
(c) City or town Coeur d'Alene
(d) Street Address or ~~R. F. D.~~ No. 412 LaReside
(e) Deceased lived Inside? V Outside? ____ city or town
(f) Citizen of what country? America
(g) How long had deceased lived in Idaho? 0 years
(h) Former residence (city, state) 0

3. (a) **FULL NAME.** William V. Hartford Jr.

3. (b) If veteran, name war 0
3. (c) Social Security No. ____
4. Sex M.
5. Color or race W.
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife ____
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) 2-18-1944

8. AGE	Years	Months	Days	If less than 1 day
	0	0	0	hrs 0 min.

9. Exact Occupation ____ Did this work for ____ yrs.
10. Industry or Business ____ Date last worked ____
11. Birthplace Coeur d'Alene (City or town) Idaho (State or foreign country)

Father
12. Name V. V. Hartford
13. Birthplace Don't Know. (City or town) (State or foreign country)

Mother
14. Maiden name (Evelyn) Opal Lucas
15. Birthplace Rainier (City or town) Ore. (State or foreign country)

16. Informant's OWN Signature Elsie Lucas
and Address 706 Emma Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-21-1944 (Month) (Day) (Year)
(c) Place: Forest Lawn Coeur d'Alene Ida.
18. Funeral Director's OWN Signature C. Wendt
and Address Coeur d'Alene Idaho
19. (a) 2-21-44 (Date received and filed) (b) James M. Abel (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 2-18- 1944
at ____ o'clock A. M.

21. **I HEREBY CERTIFY,** That I attended deceased from 2-18- 1944 to 2-18- 1944
I last saw her alive on 2-18- 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Injury at birth	
Due to V	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation ____ Date ____	
Major finding	
Finding of autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's OWN Signature E. H. Teed (M. D. or other)
and Address Coeur d'Alene Date 2-21 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

138040 138040

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 138040
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF DEATH:**
(a) County Nez Perce
(b) City or town Lewiston
(c) Street Address or R. F. D. No. St. Josephs Hosp.
(d) Death Occurred Inside? yes Outside? ____ city or town
(e) Died in a Home ____ Hospital X Institution ____ Other place ____
(f) Name Hosp. or Inst. St. Josephs Stayed 6 days
(g) Lived in this county ____ years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Washington (b) County Asotin
(c) City or town Clarkston
(d) Street Address or R. F. D. No. 625 Blvd.
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? United States
(g) How long had deceased lived in Idaho? none years
(h) Former residence (city, state) Clarkston, Wash.

3. (a) **FULL NAME** George Ransome Langdon 932

3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex M
5. Color or race White
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) June 12th, 1858

8. AGE	Years	Months	Days	If less than 1 day hrs	min.
	85	6	3		

9. Exact Occupation Retired Farmer — Did this work for ____ yrs.
10. Industry or Business Farming — Date last worked 1898
11. Birthplace: (City or town) Ill. (State or foreign country)

Father
12. Name Z. V. Langdon
13. Birthplace (City or town) United States (State or foreign country)

Mother
14. Maiden name not known
15. Birthplace (City or town) United States (State or foreign country)

16. Informant's OWN Signature Marie Bennett
and Address Clarkston, Washington

17. (a) removal (Burial, cremation, or removal) (b) Date thereof 3-17-44 (Month) (Day) (Year)
(c) Place: Clarkston, Washington

18. Funeral Director's OWN Signature H. R. Merchant
and Address Clarkston, Washington

19. (a) 3/15/44 (Date received and filed) (b) Margaret Vassar (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 15th, 1944
at 2:30 o'clock A M.

21. **I HEREBY CERTIFY,** That I attended deceased from March 3 1944, to March 14 1944
I last saw him alive on March 14 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
111c Pulmonary Edema	1 day
Due to Chronic myocarditis	93d
Due to Arteriosclerosis	97
Other conditions Senility (Include pregnancy within 3 months of death)	162

Where was disease contracted?
Name of operation ____ Date ____
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury

23. Attendant's OWN Signature A. J. Goldstein (M. D. or other)
and Address Lewiston, Ida. Date 3-16-1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

138041

State File No. 138041
Local Reg. No. 57
Reg. Dist. No. 610

1. **PLACE OF DEATH:**
   (a) County Bonneville
   (b) City or town Idaho Falls
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home.... Hospital X Institution.... Other place....
   (f) Name Hosp. or Inst. Sacred Heart Stayed 22 days
   (g) Lived in this county 31 years 9 months ? days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Bonneville
   (c) City or town Idaho Falls
   (d) Street Address or R.F.D. No. Route # 4
   (e) Deceased lived Inside? ..... Outside? X city or town
   (f) Citizen of what country? United States
   (g) How long had deceased lived in Idaho? 31 years
   (h) Former residence (city, state) Smoland, Sweden

3. (a) **FULL NAME** OSCAR EMANUEL CARLSON

131a

3. (b) If veteran, name war World I
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Gladys P. Carlson
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) January 17, 1894

8. AGE	Years	Months	Days	If less than 1 day
	49	1	12	hrs min.

9. Exact Occupation Farmer Did this work for 31 yrs.
10. Industry or Business Self employed Date last worked Oct. 1943
11. Birthplace Smoland (City or town) Sweden (State or foreign country)

Father
12. Name Carl Fredrick Carlson
13. Birthplace Smoland (City or town) Sweden (State or foreign country)

Mother
14. Maiden name Hulda Adolphson
15. Birthplace Smoland (City or town) Sweden (State or foreign country)

16. Informant's **OWN** Signature Carl G Carlson
and Address Klamath Falls, Ore.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/4/44 (Month) (Day) (Year)
(c) Place: Idaho Falls, Idaho
18. Funeral Director's **OWN** Signature O. L. Buck
and Address Idaho Falls, Idaho
19. (a) 3/8/44 (Date received and filed) (b) Anna Budgist (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) February 29 1944
at 4:05 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from Dec 10 1943, to Feb 29 1944
I last saw him alive on Feb 29 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
uremia 132:2	Jan 1944
131b	
Due to Chronic nephritis (arteriosclerotic kidney)	1924
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation ..... Date	
Major finding	
Finding of autopsy	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury
23. Attendant's **OWN** Signature H. L. Schiess, M.D. (M. D. or other)
and Address Shelley, Ida. Date 3/3 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

MAR 24 1944

Certificate Of Death

STATE OF IDAHO

138042

State File No. 138042
Local Reg. No. 103
Reg. Dist. No. 370

1. **PLACE OF DEATH:**
(a) County Ada
(b) City or town Boise
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Home.... Hospital X Institution.... Other place....
(f) Name Hosp. or Inst. St. Lukes Stayed ..... days
(g) Lived in this county 30 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year. give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Boise
(c) City or town Arrow Rock
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? X Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 40 years
(h) Former residence (city, state) Calif:

3. (a) **FULL NAME** John A. Sanders 94a

3. (b) If veteran, name war None
3. (c) Social Security No. ?
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) Dec. 25th. 1876

8. AGE	Years	Months	Days	If less than 1 day
	67	2	11	hrs min.

9. Exact Occupation U.S. Reclamation Did this work for ..... yrs.
10. Industry or Business Employee Date last worked
11. Birthplace Denmark (City or town) (State or foreign country)
Father 12. Name Unknown
13. Birthplace Denmark (City or town) (State or foreign country)
Mother 14. Maiden name Unknown
15. Birthplace Denmark (City or town) (State or foreign country)
16. Informant's **OWN** Signature Howard M. Sanders
and Address 1421-1 Ave N. Billings Mont
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/13/44 (Month) (Day) (Year)
(c) Place: Morris Hill Cemetery
18. Funeral Director's **OWN** Signature Schneider + McCann
and Address Boise Milford Dragoo
19. (a) 3-13-44 (Date received and filed) (b) R. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 6 1944
at 8 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from Dec. 12 1942, to Mar. 6 1944
I last saw him alive on Mar. 6 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Myocardial Infarction	1 wk.
Due to Coronary occlusion	94a
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury
23. Attendant's **OWN** Signature [signature] (M. D. or other)
and Address 411 First Nat. Bank Date 3-8 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

138043

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise
   (c) Street Address or R. F. D. No.
   (d) Death Occured Inside? X Outside? city or town
   (e) Died in a Home Hospital X Institution Other place
   (f) Name Hosp. or Inst. St. Lukes Stayed days
   (g) Lived in this county years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Boise
   (c) City or town Arrowrock Dam
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? X Outside? city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 30 years
   (h) Former residence (city, state) Calif:

3. (a) **FULL NAME** John A. Sanders

3. (b) If veteran, name war None
3. (c) Social Security No. ?
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Dec. 25th. 1876

8. AGE	Years	Months	Days	If less than 1 day
	67	2	11	hrs min.

9. Exact Occupation U.S. Reclamation Service — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace Denmark (City or town) (State or foreign country)

Father
12. Name Unknown
13. Birthplace Denmark (City or town) (State or foreign country)

Mother
14. Maiden name Unknown
15. Birthplace Denmark (City or town) (State or foreign country)

16. Informant's **OWN** Signature Harold M. Sanders
and Address Billings Mont.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/13/1944 (Month) (Day) (Year)
(c) Place: Morris Hill Cemetery

18. Funeral Director's **OWN** Signature Schroeder McCann
and Address Boise Idaho

19. (a) (Date received and filed) (b) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Mar. 6th. 19 44
at o'clock M.

21. **I HEREBY CERTIFY**, That I attended deceased from 19, to 19
I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Myocardial Infarction	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature Dr. Parkinson (M. D. or other)
and Address Boise Idaho Date 19
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

138043

Certificate Of Death

STATE OF IDAHO

Hoeling [illegible] 976

State File No. 138043
Local Reg. No. 147
Reg. Dist. No. 370

1. PLACE OF D[redacted]
(a) County [redacted]
(b) City or town Boise.
(c) Street Address or R.F.D. No. X
(d) Death Occured Inside? Yes Outside? ..... city or town
(e) Died in a Home.... Hospital X Institution.... Other place....
(f) Name Hosp. or Inst. St Alphonsus Stayed 21 days
(g) Lived in this county 5 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho. (b) County Ada
(c) City or town Boise,
(d) Street Address or R.F.D. No. Hotel Boise.
(e) Deceased lived Inside? Yes Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 10 years
(h) Former residence (city, state) Utah.

3. (a) FULL NAME Lee. G. Neeley.

13b

3. (b) If veteran, name war No.
3. (c) Social Security No. 518-05-7546
4. Sex Male. 5. Color or race White.
6. (a) Single, widowed, married, divorced Married.
6. (b) Name of husband or wife Nina. T. Neeley
6. (c) Age of husband or wife if alive 40. years
7. Date of Birth (Month, Day, Year) November. 25. 1888.

8. AGE	Years	Months	Days	If less than 1 day
	55.	4.	19.	hrs min.

9. Exact Occupation Salesman, Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Millersburg, Illinois. (City or town) (State or foreign country)
Father
12. Name Unknown.
13. Birthplace Unknown. (City or town) (State or foreign country)
Mother
14. Maiden name Unknown.
15. Birthplace Unknown. (City or town) (State or foreign country)
16. Informant's OWN Signature Mrs Nina T. Neeley
and Address Weiser Idaho / P.O. Box 815
17. (a) Bur[redacted] (Burial, cre[redacted] or removal) (b) Date thereof April. 18. 1944 (Month) (Day) (Year)
(c) Place: Cloverdale Memorial Park.
18. Funeral Director's OWN Signature Clyde E. Summers
and Address Boise, Idaho.
19. (a) 4-18-44 (Date received and filed) (b) N. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) 4-14 1944
at 10 10 o'clock A M.
21. I HEREBY CERTIFY, That I attended deceased from 11-6- 1943, to 4-14- 1944
I last saw him alive on 4-13-44 19..... ; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Tuberculosis (pulmonary)	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state
where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's OWN Signature [illegible] (M. D. or other)
and Address Boise Idaho Date 4-17 1944
(For additional space, use reverse side)

138044 138044

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 22
Reg. Dist. No. 110

1. **PLACE OF DEATH:**
(a) County Bonner
(b) City or town Sagle
(c) Street Address or R. F. D. No. R.F.D.
(d) Death Occurred Inside? Outside? X city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county years 6 months 15 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bonner
(c) City or town Sagle,
(d) Street Address or R. F. D. No. R.F.D.
(e) Deceased lived Inside? Outside? X city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? years
(h) Former residence (city, state) Odessa, Wash.

3. (a) FULL NAME Leo Melvin Powell 94a

3. (b) If veteran, name war World I
3. (c) Social Security No. 573-20-6589
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Margaret Lucille
6. (c) Age of husband or wife if alive 43 years
7. Date of Birth (Month, Day, Year) Sept. 12, 1899

8. AGE	Years	Months	Days	If less than 1 day hrs	min.
	44	5	3		

9. Exact Occupation Steward — Did this work for 1 mo yrs.
10. Industry or Business Fraternal Club — Date last worked 3-14-44
11. Birthplace Delphos, Ohio. (City or town) (State or foreign country)

Father
12. Name Isaac Powell
13. Birthplace Unknown (City or town) (State or foreign country)

Mother
14. Maiden name Emma King
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs L M Powell
and Address R.F.D. Sagle, Idaho.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3-19-1944 (Month) (Day) (Year)
(c) Place: Detroit, Michigan.
18. Funeral Director's OWN Signature MOON MORTUARY
and Address Sandpoint, Idaho
19. (a) 3-19-1944 (Date received and filed) (b) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 15, 1944
at 10:30 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from ____ 19____, to ____ 19____
I last saw h____ alive on ____ 19____; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Natural Causes.	
Due to Coronary Thrombosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy none performed.

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19____ City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's OWN Signature H. A. Moon - Coroner.
(M. D. or other)
and Address Sandpoint Idaho Date 3-18 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

MAR 29 1944

138045

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 138045
Local Reg. No. 89
Reg. Dist. No. 50

1. **PLACE OF DEATH:**
   (a) County Bannock
   (b) City or town Pocatello
   (c) Street Address or ~~XXXXXX~~ No. So. Johnson Ave
   (d) Death Occurred Inside? X Outside? ____ city or town
   (e) Died in a Home __ Hospital X Institution __ Other place __
   (f) Name Hosp. or Inst. General Stayed 1 days
   (g) Lived in this county 26 years ____ months ____ days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Bannock
   (c) City or town Pocatello
   (d) Street Address ~~XXXXXX~~ No. 527 E. Bridger
   (e) Deceased lived Inside? X Outside? ____ city or town
   (f) Citizen of what country? U. S. A.
   (g) How long had deceased lived in Idaho? 26 years
   (h) Former residence (city, state) Belton, Texas

3. (a) FULL NAME FORTE RUFUS MOORE 93 E

3. (b) If veteran, name war ----
3. (c) Social Security No. 712-05-1848
4. Sex Male
5. Color or race colored
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Honer Del
6. (c) Age of husband or wife if alive 29 years
7. Date of Birth (Month, Day, Year) July 12, 1888

8. AGE	Years	Months	Days	If less than 1 day
	55	8	2	hrs min.

9. Exact Occupation Pullman Porter Did this work for 30 yrs.
10. Industry or Business U. P. Railroad Date last worked 3/9/44
11. Birthplace Belton, (City or town) Texas (State or foreign country)
Father
12. Name Joshua Moore
13. Birthplace Unknown (City or town) Texas (State or foreign country)
Mother
14. Maiden name Unknown
15. Birthplace Unknown (City or town) Texas (State or foreign country)
16. Informant's OWN Signature Honer Dee Moore
and Address Pocatello, Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 3/18/44 (Month) (Day) (Year)
(c) Place: Pocatello, Idaho Mar. 18-1944
18. Funeral Director's OWN Signature [illegible]
and Address Pocatello, Idaho
19. (a) Mar. 15/44 (Date received and filed) (b) D C Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 14 1944
at 4:30 o'clock P.M.
21. **I HEREBY CERTIFY,** That I attended deceased from March 13 1944 to Mar. 14 1944
I last saw him alive on Mar. 14 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death	Duration
Congestive Heart Failure	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation ____ Date ____	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature [illegible] (M. D. or other)
and Address Pocatello, Ida Date 3/15 1944
(For additional space, use reverse side)

138046 138046

United States
Department of Commerce MAR 14 1944
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 44
Reg. Dist. No. 120

1. **PLACE OF DEATH:**
(a) County Kootenai
(b) City or town Coeur d'Alene
(c) Street Address or R. F. D. No. 3rd & Foster
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home __ Hospital X Institution __ Other place __
(f) Name Hosp. or Inst. Home Hosp Stayed 6 hrs
(g) Lived in this county 32 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Kootenai
(c) City or town Coeur d'Alene
(d) Street Address or R. F. D. No. 1009 Sherman
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? USA
(g) How long had deceased lived in Idaho? 32 years
(h) Former residence (city, state) Hartline, Wn

3. (a) **FULL NAME** Simeon Jefferson Klepfer 33a

3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Nellie
6. (c) Age of husband or wife if alive 72 years
7. Date of Birth (Month, Day, Year) Feb. 10, 1872

8. AGE	Years	Months	Days	If less than 1 day
	71	11	22	hrs min.

9. Exact Occupation Farmer Did this work for 40 yrs.
10. Industry or Business Own Farms Date last worked 1935
11. Birthplace Germantown Indiana (City or town) (State or foreign country)
Father
12. Name unknown
13. Birthplace " (City or town) (State or foreign country)
Mother
14. Maiden name unknown
15. Birthplace " (City or town) (State or foreign country)
16. Informant's OWN Signature Edith Brebner
and Address Coeur d'Alene, Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 2-3-44 (Month) (Day) (Year)
(c) Place: Forest Cem Coeur d'Alene
18. Funeral Director's OWN Signature Don English
and Address Coeur d'Alene, Idaho
19. (a) 2-3-44 (Date received and filed) (b) Frances R. Rebel (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 3-1-44 19__
at 9:00 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from 1-23-1944 to 2-1-1944
I last saw him alive on 2-8-1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
33b Influenza & Lobar Pneumonia 108	
Due to	
Due to 112	
Other conditions Bronchial asthma (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature E. H. Teed (M. D. or other)
and Address Coeur d'Alene Date 2-2 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

138047

United States
Department of Comm MAR 27 1944
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 138047
Local Reg. No. 86
Reg. Dist. No. 510

1. **PLACE OF DEATH:**
   (a) County Bannock
   (b) City or town Pocatello
   (c) Street Address or R. F. D. No. 101 So. Johnson
   (d) Death Occurred (Inside?) Outside? city or town
   (e) Died in a Home (Hospital) Institution Other place
   (f) Name Hosp. or Inst. General Stayed 4 days
   (g) Lived in this county 18 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Bannock
   (c) City or town Pocatello
   (d) Street Address or R. F. D. No. 558. No. Arthur.
   (e) Deceased lived (Inside?) Outside? city or town
   (f) Citizen of what country? United States.
   (g) How long had deceased lived in Idaho? 18 years
   (h) Former residence (city, state) Utah.

3. (a) FULL NAME James Erastus Meilstrup.

122a

3. (b) If veteran, name war World War No. 1.
3. (c) Social Security No. 519-09-8105
5. Color or race White
6. (a) Single, widowed, married, divorced Married
4. Sex Male
6. (b) Name of husband or wife Mildred Sullivan
6. (c) Age of husband or wife if alive 37 years
7. Date of Birth (Month, Day, Year) October. 9. 1891.

8. AGE	Years	Months	Days	If less than 1 day
	52	5	7	hrs min.

9. Exact Occupation Division Engineer Did this work for 2 yrs.
10. Industry or Business Union Pacific Ry. Date last worked Mar. 7. 1944
11. Birthplace Salt Lake City (City or town) Utah. (State or foreign country)

Father
12. Name Jens Peter Meilstrup.
13. Birthplace Denmark. (City or town) (State or foreign country)

Mother
14. Maiden name Cristine Marie Christiansen.
15. Birthplace Denmark. (City or town) (State or foreign country)

16. Informant's OWN Signature Mildred S. Meilstrup
and Address Pocatello Idaho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 15. 1944 (Month) (Day) (Year)
(c) Place Mountain View Cem.
18. Funeral Director's OWN Signature Hall Mortuary, Hall.
and Address Pocatello Idaho.
19. (a) 3-14-44 (Date received and filed) (b) D. Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) March. 12. 1944.
at 6:30 o'clock P. M.
21. I HEREBY CERTIFY, That I attended deceased from March 12 1944, to March 12 1944.
I last saw him alive on March 12 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death	Duration
Acute Circulatory Collapse 99:1	4 hours.
Due to Probable Pulmonary Thrombosis	Days.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? Pocatello, Ida.
Name of operation Ventral Herniorrhaphy Date 3-9-44
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's OWN Signature Kilbreth L. Clem, M. D.
and Address Pocatello, Idaho. (M. D. or other) Date 3 1944

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

138048

State File No. [illegible]8
Local Reg. No. 54
Reg. Dist. No. 371

1. **PLACE OF DEATH:**
   (a) County Elmore
   (b) City or town
   (c) Street Address or R. F. D. No.
   (d) Death Occured Inside? Outside? X city or town
   (e) Died in a Home.... Hospital.... Institution.... Other place X
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county years months days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Nebraska (b) County
   (c) City or town Hastings, Nebraska
   (d) Street Address or R.F.D. No. 836 N. Bellevue St
   (e) Deceased lived Inside? Outside? city or town
   (f) Citizen of what country? U S A
   (g) How long had deceased lived in Idaho? years
   (h) Former residence (city, state)

3. (a) **FULL NAME** MILLHOLEN, Stanley N.

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) February 21, 1923

8. AGE	Years	Months	Days	If less than 1 day
	20	11	22	hrs min.

9. Exact Occupation Soldier — Did this work for 1 yrs.
10. Industry or Business — Date last worked
11. Birthplace York, Nebraska (City or town) (State or foreign country)

Father
12. Name Charles Millholen
13. Birthplace Unknown (City or town) (State or foreign country)

Mother
14. Maiden name
15. Birthplace (City or town) (State or foreign country)

16. Informant's **OWN** Signature Sgt John Doles
and Address AAF, Mountain Home, Idaho

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Mar 15 1944 (Month) (Day) (Year)
(c) Place: Hastings Nebraska

18. Funeral Director's **OWN** Signature R. Shannon Webb
and Address Boise Idaho

19. (a) 3-16-44 (Date received and filed) (b) R. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 12 March 1944
at 0908 o'clock A M.

21. **I HEREBY CERTIFY**, That I attended deceased ~~from~~ on 12 March 1944, to - - - - - - 19
I last saw h... alive on 19...; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — Duration
Burns, fourth degree, universal.
Due to Crashing and burning of a B-24E Bomber.
Due to
Other conditions
(Include pregnancy within 3 months of death)
Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? X Suicide? Homicide?
Occurred 12 March 1944 19... City, county, state where violence occurred Elmore County, Idaho
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature Wm. J. Moore, Capt MC (M. D. or other)
and Address AAF Mtn Home Idaho Date 3/12 1944
(For additional space, use reverse side)

138049 138049

United States
Department of Commerce MAR 3 1 1944
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 69
Reg. Dist. No. 120

1. **PLACE OF DEATH:**
(a) County Kootenai
(b) City or town Coeurd'Alene
(c) Street Address or R. F. D. No. 412-Lake Side
(d) Death Occurred Inside? X Outside? -- city or town
(e) Died in a Home - Hospital X Institution - Other place -
(f) Name Hosp. or Inst. Lake City Gen. Stayed 1 days
(g) Lived in this county 48 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Kootenai
(c) City or town Coeurd'Alene
(d) Street Address or R. F. D. No. 912- C - St.
(e) Deceased lived Inside? ____ Outside? ____ city or town
(f) Citizen of what country? USA
(g) How long had deceased lived in Idaho? 48 years
(h) Former residence (city, state) Rockford Wn.

3. (a) **FULL NAME** Frances E. Brophy 48b

3. (b) If veteran, name war NO
3. (c) Social Security No. none
4. Sex F.
5. Color or race W.
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife ----
6. (c) Age of husband or wife if alive ------ years
7. Date of Birth (Month, Day, Year) March, 10--1875

8. AGE	Years	Months	Days	If less than 1 day
	68	11	29	hrs min.

9. Exact Occupation Housewife Did this work for life yrs.
10. Industry or Business Date last worked 1936
11. Birthplace (City or town) Mo. (State or foreign country)
Father
12. Name John Gill
13. Birthplace do not know (City or town) Mo. (State or foreign country)
Mother
14. Maiden name Mylinda Herrington
15. Birthplace do not know (City or town) Tenn. (State or foreign country)
16. Informant's OWN Signature Mrs Chas Feely
and Address Rathdrum Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 3-11-44 (Month) (Day) (Year)
(c) Place: Pine Grove Cemetery, Rathrum
18. Funeral Director's OWN Signature A. B. Nelson
and Address Rathdrum Idaho
19. (a) 3-11-44 (Date received and filed) (b) Frances M. Edel (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 3/9 1944
at 8-05 o'clock P.M.
21. **I HEREBY CERTIFY,** That I attended deceased from 3/7 1942, to 3/7 1942
I last saw her alive on 3/9 1942; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Carcinoma of Body of Uterus	1 year
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation ____ Date ____	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state
where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature O M Hurlstad MD (M. D. or other)
and Address Coeur d'Alene Id. Date 3/11 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Riverside Cemetery

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

APR 3 1944

STATE OF IDAHO

138050 138050

State File No. 138050
Local Reg. No. 16
Reg. Dist. No. 3-330

1. PLACE OF DEATH:

(a) County Payette
(b) City or town Payette
(c) Street Address or ~~R.F.D. No.~~ 353 River St
(d) Death Occured Inside? # Outside? city or town
(e) Died in a Home # Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 21 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

(a) State California (b) County Los Angeles
(c) City or town Los Angeles
(d) Street Address or ~~R.F.D. No.~~ 2325 Ocean-View Ave
(e) Deceased lived Inside? # Outside? city or town
(f) Citizen of what country? USA
(g) How long had deceased lived in Idaho? 21 years
(h) Former residence (city, state) Los Angeles. Calif.

926

3. (a) FULL NAME Paul Robinson Freehafer.

3. (b) If veteran, name war -------
3. (c) Social Security No. 562-20-3497
4. Sex male race white
5. Color or
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife ----------
6. (c) Age of husband or wife if alive -------- years
7. Date of Birth (Month, Day, Year) July 16 1916

8. AGE	Years	Months	Days	If less than 1 day
	27	8	9	hrs min.

9. Exact Occupation Research Chemestry — Did this work for 2 1/2 yrs.
10. Industry or Business Engineering constructing — Date last worked 3/1/44
11. Birthplace Boise (City or town) Idaho (State or foreign country)

Father
12. Name Albertus Leroy Freehafer
13. Birthplace Butler (City or town) Ohio (State or foreign country)

Mother
14. Maiden name Olive Robinson
15. Birthplace Bellville (City or town) Ohio (State or foreign country)

16. Informant's OWN Signature W. R. McClure
and Address Payette, Idaho.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 3/27/1944 (Month) (Day) (Year)
(c) Place: Payette, Idaho.

18. Funeral Director's OWN Signature Edith Gardner
and Address Payette, Idaho.

19. (a) 3/27/1944 (Date received and filed) (b) J. C. Woodward (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 25 1944 19
at 6:15 o'clock A M.

21. **I HEREBY CERTIFY**, That I attended deceased from March 24 1944, to March 25 1944
I last saw h-- alive on March 24 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Myocardial failure	
Due to Auricular fibrillation	15 days
Due to Mitral Stenosis	years
Other conditions Sl. Pulmonary Hemorrhage	
(Include pregnancy within 3 months of death) Influenza & Bronchitis	Few days ago

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYISICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's OWN Signature John J. Larsen M.D.
and Address Payette, Idaho. (M. D. or other) Date 3/25/1944 19
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

138051

138051

United States
Department of Commerce
Bureau of the Census

APR 4 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 6
Reg. Dist. No. 208

1. PLACE OF DEATH:
(a) County Latah
(b) City or town Potlatch
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Yes Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. Potlatch Stayed 2 days
(g) Lived in this county 52 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Latah
(c) City or town Rural
(d) Street Address or R. F. D. No. 3 Palouse
(e) Deceased lived Inside? Outside? Yes city or town
(f) If foreign born, in U. S. yrs. Citizen of U. S.?
(g) How long had deceased lived in Idaho? 52 years
(h) Former residence (city, state)

3. (a) **FULL NAME** Charlie William Schultz 131a

3. (b) If veteran, name war None 3. (c) Social Security No. None
4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife 6 (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) August 9, 1879

8. AGE	Years	Months	Days	If less than 1 day
	64	7	6	hrs min.

9. Exact Occupation Farmer Did this work for 50 yrs.
10. Industry or Business Laborer Date last worked 3/1-44
11. Birthplace Fort Jones (City or town) California (State or foreign country)
Father 12. Name John Schultz
Father 13. Birthplace (City or town) California (State or foreign country)
Mother 14. Maiden name Unknown
Mother 15. Birthplace (City or town) (State or foreign country)
16. Informant's **OWN** Signature F. M. Howell
and Address Palouse, Wash.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3/15-44 (Month) (Day) (Year)
(c) Place: Palouse, Wash.
18. Funeral Director's **OWN** Signature H. E. Kimball
and Address Palouse, Wash.
19. (a) Mar. 17-1944 (Date received and filed) (b) Mrs F. C. Gibson (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 15, 1944
at 10:05 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from March 4 1944, to March 15 1944
I last saw him alive on March 14 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Hypostatic Pneumonia	3 days
Uremia	1 day
Due to Cardiovascular Renal Syndrome	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease first contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature J. W. DeBree M.D. (M. D. or other)
and Address Potlatch Idaho Date 3-17 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

13805

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No.
Local Reg. No. 4
Reg. Dist. No. 670

APR 6 1944

1. **PLACE OF DEATH:**
(a) County Butte
(b) City or town Arco
(c) Street Address or R. F. D. No.
(d) Death Occured Inside? ✓ Outside? city or town
(e) Died in a Home ✓ Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 10 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Butte
(c) City or town Arco
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? ✓ Outside? city or town
(f) Citizen of what country? U. S. A.
(g) How long had deceased lived in Idaho? 18 years
(h) Former residence (city, state) Salt Lake City Utah

3. (a) **FULL NAME** Irwilla Niles Stewart

3. (b) If veteran, name war Wared War I
3. (c) Social Security No. 518-26-7828
4. Sex Male
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Delma
6. (c) Age of husband or wife if alive 45 years
7. Date of Birth (Month, Day, Year) May 25. 1889

8. AGE	Years	Months	Days	If less than 1 day
	54	9	19	hrs min.

9. Exact Occupation Mechanic — Did this work for Life yrs.
10. Industry or Business Garage — Date last worked March 24 44
11. Birthplace Garden City, Kansas (City or town) (State or foreign country)

Father
12. Name Willis Stewart
13. Birthplace not known (City or town) (State or foreign country)

Mother
14. Maiden name Elizabeth Deal
15. Birthplace not known (City or town) (State or foreign country)

16. Informant's **OWN** Signature Delma Stewart
and Address Arco - Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 28-1944 (Month) (Day) (Year)
(c) Place: Arco, Idaho.

18. Funeral Director's **OWN** Signature W. L. Harnel
and Address Arco, Idaho.

19. (a) March 28- 1944 (Date received and filed) (b) Mary G. Dietrich (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 27 Mar. 44 19 44
at 3 30 o'clock P M.

21. **I HEREBY CERTIFY**, That I attended deceased from March 24 1944, to Mar. 27 1944
I last saw h[illegible] alive on Mar. 24 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — Duration
Coronary occlusion — Suddenly
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Where was disease contracted?
Name of operation Date
Major finding None
Finding of autopsy

PHYISICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred Not City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature L. R. Eckert M.D. (M. D. or other)
and Address Arco Ida. Date Mar. 28 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

138053 138053

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 64
Reg. Dist. No. 362

1. **PLACE OF DEATH:**
(a) County Canyon
(b) City or town Nampa
(c) Street Address or R. F. D. No. Dewey Palace
(d) Death Occurred Inside? ✓ Outside? ___ city or town
(e) Died in a Home ___ Hospital ✓ Institution ___ Other place ___
(f) Name Hosp. or Inst. Mercy Stayed 2 days
(g) Lived in this county ___ years ___ months ___ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Nampa
(d) Street Address or R. F. D. No. Dewey Palace Hotel
(e) Deceased lived Inside? ✓ Outside? ___ city or town
(f) Citizen of what country? U S A
(g) How long had deceased lived in Idaho? ___ years
(h) Former residence (city, state) ___

3. (a) **FULL NAME** Thomas Rickard 1316

3. (b) If veteran, name war ___ 3. (c) Social Security No. ___
4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife not living 6. (c) Age of husband or wife if alive ___ years
7. Date of Birth (Month, Day, Year) Nov 19 – 1877

8. AGE	Years	Months	Days	If less than 1 day
	66	4	24	hrs min.

9. Exact Occupation V. P. Employe Did this work for 23 yrs.
10. Industry or Business ___ Date last worked ___
11. Birthplace England (City or town) (State or foreign country)
Father 12. Name No record
13. Birthplace ___ (City or town) (State or foreign country)
Mother 14. Maiden name ___
15. Birthplace ___ (City or town) (State or foreign country)
16. Informant's OWN Signature John R. Hamilton
and Address 1307 – 3rd St. Nampa Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/7/44 (Month) (Day) (Year)
(c) Place: Nampa Idaho
18. Funeral Director's OWN Signature F. R. Robinson
and Address Nampa Idaho
19. (a) April 8 1944 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April 3 1944
at 6 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from About summer 1938, to 4 - 3 1944
I last saw him alive on 4 - 3 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Uremic Poisoning	3 days
Due to Chronic Nephritis	1 year?
Due to	
Other conditions None (Include pregnancy within 3 months of death)	
Where was disease contracted? Home	
Name of operation ✓ Date	
Major finding ✓	
Finding of autopsy ✓	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ___ Suicide? ___ Homicide? ___
Occurred ___ 19___ City, county, state where violence occurred ___
Place of Violence: Home ___ Farm ___ Industry ___
Public Place ___ While at work? ___
Means of injury ___
23. Attendant's OWN Signature [illegible] (M. D. or other)
and Address Nampa Ida Date 4-5 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

13805 4

State File No. 13805 4
Local Reg. No. 4
Reg. Dist. No. 3 7 1

1. **PLACE OF DEATH:**
(a) County Ada
(b) City or town Meridian
(c) Street Address or R. F. D. No. 2
(d) Death Occurred Inside? ____ Outside? ✓ city or town
(e) Died in a Home ✓ Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 7 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Ada
(c) City or town Meridian
(d) Street Address or R. F. D. No. 2
(e) Deceased lived Inside? ____ Outside? ✓ city or town
(f) Citizen of what country? U.S.
(g) How long had deceased lived in Idaho? 7 years
(h) Former residence (city, state) ____

3. (a) **FULL NAME** Lizzie Young 94a

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife B J Young 6. (c) Age of husband or wife if alive 63 years

7. Date of Birth (Month, Day, Year) Jan 29 1876

8. AGE	Years	Months	Days	If less than 1 day
	68	2	2	hrs ____ min. ____

9. Exact Occupation Housewife Did this work for 40 yrs.
10. Industry or Business ____ Date last worked 3-27-44
11. Birthplace Trondhom (City or town) Norway (State or foreign country)

Father
12. Name Andrew Stone
13. Birthplace ____ (City or town) Norway (State or foreign country)

Mother
14. Maiden name Unknown
15. Birthplace ____ (City or town) ____ (State or foreign country)

16. Informant's OWN Signature B. J. Young and Address R2 Meridian Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-4-44 (Month) (Day) (Year)
(c) Place: Meridian
18. Funeral Director's OWN Signature Kenneth M. Edmiston and Address Meridian Idaho
19. (a) 4-4-44 (Date received and filed) (b) Grace L Neal (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Mar 31 1944 at 11 o'clock a M.

21. **I HEREBY CERTIFY,** That I attended deceased from Mar 28 1944 to Mar 31 1944
I last saw her alive on Mar 31 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Coronary Embolus	2da
Due to ____	
Due to ____	
Other conditions ____ (Include pregnancy within 3 months of death)	

Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's OWN Signature L. E. Jewell MD (M. D. or other)
and Address Meridian Date April 1, 1944
(For additional space, use reverse side)

138055

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

APR 11 1944

State File No. 138055
Local Reg. No. 13
Reg. Dist. No. 190

1. **PLACE OF DEATH:**
   (a) County Benewah
   (b) City or town St. Maries
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? X Outside? ____ city or town
   (e) Died in a Home X Hospital ____ Institution ____ Other place ____
   (f) Name Hosp. or Inst. ____ Stayed ____ days
   (g) Lived in this county 3 years ____ months ____ days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Benewah
   (c) City or town St. Maries
   (d) Street Address or R. F. D. No.
   (e) Deceased lived Inside? X Outside? ____ city or town
   (f) Citizen of what country? U. S. A.
   (g) How long had deceased lived in Idaho? 3 years
   (h) Former residence (city, state)

3. (a) **FULL NAME** Thomas Clifford Heffington

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3. (b) If veteran, name war World War 1
3. (c) Social Security No. 440-09-0219
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Artie
6. (c) Age of husband or wife if alive 49 years
7. Date of Birth (Month, Day, Year) October 16, 1893

8. AGE	Years	Months	Days	If less than 1 day
	50	5	11	hrs ____ min.

9. Exact Occupation Laborer — Did this work for 18 yrs.
10. Industry or Business Saw Mills — Date last worked Nov. 1943
11. Birthplace Ebony (City or town) Texas (State or foreign country)

Father
12. Name Henry H. Heffington
13. Birthplace ____ (City or town) Tenn. (State or foreign country)

Mother
14. Maiden name Unknown
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mrs. T. C. Heffington
and Address St. Maries, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-31-44 (Month) (Day) (Year)
(c) Place: St. Maries, Idaho
18. Funeral Director's **OWN** Signature R. E. Wessa
and Address St. Maries, Idaho
19. (a) 4-8-44 (Date received and filed) (b) R. E. Wessa (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 27, 1944 19____
at 3:50 o'clock A. M.

21. **I HEREBY CERTIFY**, That I attended deceased from March 25 1944 to March 27 1944
I last saw him alive on March 25 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Tuberculosis (Disseminated)	Not known
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted Unknown
Name of operation ____ Date ____
Major finding None
Finding of autopsy ____

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred Natural Causes
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's **OWN** Signature C. A. Robins M D (M. D. or Other)
and Address St Maries Ida Date 4-8 1944

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 138056
Local Reg. No. 80
Reg. Dist. No. 5-11

1. PLACE OF DEATH:
(a) County Bannock
(b) City or town Pocatello
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? ✓ Outside? city or town
(e) Died in a Home Hospital Institution Other place
(f) Name Hosp. or Inst. St Anthony Stayed 1 days
(g) Lived in this county years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Bannock
(c) City or town Pocatello
(d) Street Address or R.F.D. No. 157 Wayne
(e) Deceased lived Inside? ✓ Outside? city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? years
(h) Former residence (city, state)

3. (a) **FULL NAME** John W. Pearson 106a

3. (b) If veteran, name war ✓
3. (c) Social Security No. none
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife ✓
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) August 25, 1943

8. AGE	Years	Months	Days	If less than 1 day
	0	6	8	hrs min.

9. Exact Occupation none Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace American Fork Utah (City or town) (State or foreign country)
Father
12. Name Baron Pearson
13. Birthplace Omaha Nebr. (City or town) (State or foreign country)
Mother
14. Maiden name Roma Beck
15. Birthplace American Fork Utah (City or town) (State or foreign country)
16. Informant's **OWN** Signature J A Pearson
and Address 157 Wayne ave.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 3-7-44 (Month) (Day) (Year)
(c) Place: Mountainview Cemetery
18. Funeral Director's **OWN** Signature Byron B Downard
and Address Pocatello Idaho
19. (a) 3-6-1944 (Date received and filed) (b) D C Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 3 1944
at 5 o'clock A M.
21. **I HEREBY CERTIFY**, That I attended deceased from March 2 1944, to March 7 1944
I last saw his alive on March 3 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
acute Trachea-Bronchitis	2 Days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted? Home	PHYISCIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy Trachea-Bronchitis	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature D W Dungall (M. D. or other)
and Address Pocatello Date 3/3 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census APR 1 1 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

13805 7 13805 7
State File No.
Local Reg. No. 90
Reg. Dist. No. 3-10

1. **PLACE OF DEATH:**
(a) County Bannock
(b) City or town Pocatello
(c) Street Address or ~~XXXXX~~ No. 238 W. Custer
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home X Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 40 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bannock
(c) City or town Pocatello
(d) Street Address ~~XXXXX~~ No. 238 W. Custer
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? U. S. A.
(g) How long had deceased lived in Idaho? 40 years
(h) Former residence (city, state) Green River, Wy

3. (a) **FULL NAME** CHARLES EDWARD WRIGHT 94a

3. (b) If veteran, name war ____ 3. (c) Social Security No. ____

4. Sex male 5. Color or race White 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Jesse Wright 6. (c) Age of husband or wife if alive ____ years

7. Date of Birth (Month, Day, Year) September 5, 1866

8. AGE	Years	Months	Days	If less than 1 day
	77	6	13	hrs ____ min.

9. Exact Occupation Retired Did this work for ____ yrs.
10. Industry or Business Auditor U. P. Railroad Co. Date last worked
11. Birthplace West Liberty, Iowa (City or town) (State or foreign country)

Father
12. Name Isaac Wright
13. Birthplace Mount Vernon Ohio (City or town) (State or foreign country)

Mother
14. Maiden name Ann Lewis
15. Birthplace Chilacatke Ohio (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. C. E. Wright
and Address Pocatello, Idaho

17. (a) burial (Burial, cremation, or removal) (b) Date thereof Mar. 21/44 (Month) (Day) (Year)
(c) Place: Mountain View Cemetery, Pocatello

18. Funeral Director's OWN Signature J. L. McIlroy
and Address Pocatello, Idaho

19. (a) March 20/44 (Date received and filed) (b) D C Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 18 19 44
at 7:30 o'clock P. M.

21. **I HEREBY CERTIFY,** That I attended deceased from March 17 19 44, to March 18 19 44
I last saw him alive on March 18 19 44 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary Artery Occlusion — Duration Hours.
Due to Coronary Arteriosclerosis.
Due to ____
Other conditions ____ (Include pregnancy within 3 months of death)

Where was disease contracted? Pocatello, Ida.
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19 ____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's OWN Signature Wilfred L. Clem M. D.
(M. D. or other)
and Address Pocatello, Ida. Date 3/20 19 44
(For additional space, use reverse side)

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United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 58
Reg. Dist. No. 362

APR 8 1944

1. **PLACE OF DEATH:**
(a) County Canyon
(b) City or town Idaho
(c) Street Address or R. F. D. No. 103-20 Av So
(d) Death Occurred Inside? ✓ ~~Outside?~~ ~~city or~~ town
(e) Died in a Home ✓ ~~Hospital~~ ~~Institution~~ ~~Other place~~
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 36 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Nampa
(d) Street Address or R. F. D. No. 103-20 Av So
(e) Deceased lived Inside? ✓ ~~Outside?~~ ~~city or town~~
(f) Citizen of what country? U S A
(g) How long had deceased lived in Idaho? 36 years
(h) Former residence (city, state) Missouri

3. (a) **FULL NAME** George Gosvenor 170C

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Sarah
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) July 5 - 1880

8. AGE	Years	Months	Days	If less than 1 day
	63	8	16	hrs min.

9. Exact Occupation Retired Postal clerk Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Missouri (City or town) (State or foreign country)
Father
12. Name William Gosvenor
13. Birthplace England (City or town) (State or foreign country)
Mother
14. Maiden name Hill
15. Birthplace not known (City or town) (State or foreign country)
16. Informant's OWN Signature Howard Gosvenor
and Address Nampa Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/25/44 (Month) (Day) (Year)
(c) Place: Nampa Idaho
18. Funeral Director's OWN Signature F K Robinson
and Address Nampa Idaho
19. (a) April 1 - 1944 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 21 1944
at 6:30 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from 3/1/44 19 , to 3/21/44 19
I last saw him alive on 3/20/44 19 ; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Acute dilatation heart	95 c 3
Due to Angina Pectoris	94 b
Due to Auto accident Concussion	
Other conditions brain (Include pregnancy within 3 months of death)	

Where was disease contracted? Sudden
Name of operation No Date
Major finding
Finding of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ✓ Suicide? Homicide?
Occurred 3-1 1944 City, county, state where violence occurred Nampa Ida
Place of Violence: Home Farm Industry
Public Place Street While at work?
Means of injury Auto ran into a tree
23. Attendant's OWN Signature H P Belknap (M. D. or other)
and Address Nampa Date 3-30-44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

H. P.

138059 138059

United States
Department of Commerce
Bureau of the Census

APR 12 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 71
Reg. Dist. No. 460

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
   (a) County Twin Falls
   (b) City or town Twin Falls
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? X Outside? city or town
   (e) Died in a Home X Hospital Institution Other place
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county 4 years months days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County T. Falls
   (c) City or town Twin Falls
   (d) Street Address or R. F. D. No.
   (e) Deceased lived Inside? X Outside? city or town
   (f) Citizen of what country? United States
   (g) How long had deceased lived in Idaho? 4 years
   (h) Former residence (city, state) Kansas

3. (a) **FULL NAME** Perry E. Cargill

94a

3. (b) If veteran, name war
3. (c) Social Security No. 509-10-8232
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Helen Cargill
6. (c) Age of husband or wife if alive 44 years
7. Date of Birth (Month, Day, Year) July 22, 1892

AGE	Years	Months	Days	If less than 1 day
	51	5	19	hrs min.

9. Exact Occupation Farmer — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace Hennesee, Okla. (City or town) (State or foreign country)

Father
12. Name Eli Cargill
13. Birthplace No inf. (City or town) (State or foreign country)

Mother
14. Maiden name Elizabeth Dillion
15. Birthplace No. inf (City or town) (State or foreign country)

16. Informant's OWN Signature X Mrs Helen Cargill
and Address Twin Falls, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-17-44 (Month) (Day) (Year)
(c) Place: Sunset Memorial Park
18. Funeral Director's OWN Signature [redacted] L. C. Phillips
and Address Twin Falls, Idaho
19. (a) MAR 18 1944 (Date received and filed) (b) [redacted] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 12 1944
at 7 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from not at all 19
I last saw h alive on not at all 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
coronary thrombosis	seconds
Due to arteriosclerosis	years
Due to	
Other conditions none (Include pregnancy within 3 months of death)	

Where was disease contracted? Idaho
Name of operation none Date
Major finding
Finding of autopsy none

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's OWN Signature Clarence H. Kuhlt M.D.
(M. D., or other)
and Address County Physician Twin Falls Date March 18 1944

(For additional space, use reverse side)

138060

United States
Department of Commerce
Bureau of the Census

APR 12 1944

Certificate Of Death

STATE OF IDAHO

State File No. 7[illegible]
Local Reg. No. 72
Reg. Dist. No. 461

1. PLACE OF DEATH:

(a) County Twin Falls
(b) City or town Buhl
(c) Street Address or R.F.D. No. 420-13th. Ave. No.
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Home X Hospital .... Institution .... Other place ....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 10 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

(a) State Idaho (b) County Twin Falls
(c) City or town Buhl
(d) Street Address or R.F.D. No. 420-13th. Ave. N.
(e) Deceased lived Inside? X Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 10 years
(h) Former residence (city, state) Fingal, N.D.

3. (a) FULL NAME C. Cristofer Lillithun 93d.

3. (b) If veteran, name war X
3. (c) Social Security No. X
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Christina
6. (c) Age of husband or wife if alive 66 years
7. Date of Birth (Month, Day, Year) June 23rd. 1868

8. AGE	Years	Months	Days	If less than 1 day
	75	9	5	hrs ..... min.

9. Exact Occupation Retired Mail — Did this work for 35 yrs.
10. Industry or Business Carrier — Date last worked
11. Birthplace Trondhjem, (City or town) Norway (State or foreign country)

Father
12. Name Unknown
13. Birthplace ..... (City or town) Norway (State or foreign country)

Mother
14. Maiden name Unknown
15. Birthplace ..... (City or town) Norway (State or foreign country)

16. Informant's **OWN** Signature Christina Lillithun
and Address 420 - 13 - ave Buhl

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/23/44 (Month) (Day) (Year)
(c) Place: Buhl

18. Funeral Director's **OWN** Signature X Claus V. Johnson
and Address Buhl

19. (a) 3/29/44 (Date received and filed) (Registrar's Signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 3-18-44 19.....
at 2 o'clock P M.

21. **I HEREBY CERTIFY**, That I attended deceased from ..... 19 38, to 3-18 19 44
I last saw h[illegible] alive on 2-18 19 44; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
acute heart failure	few minutes
Due to Chronic myocarditis	years
Due to 930	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ..... Date .....
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature M. A. Drake M.D. (M. D. or other)
and Address Buhl Ida Date 3-24- 19 44

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

138061 138061

United States
Department of Commerce
Bureau of the Census

APR 12 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 87
Reg. Dist. No. 460

1. **PLACE OF DEATH:**
(a) County Twin Falls
(b) City or town Twin Falls
(c) Street Address or R. F. D. No. 459-2nd Ave. N.
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home X Hospital __ Institution __ Other place __
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 25 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County T. Falls
(c) City or town Twin Falls
(d) Street Address or R. F. D. No. 459-2nd Ave. N.
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? United States
(g) How long had deceased lived in Idaho? 25 years
(h) Former residence (city, state) N. Dakota

3. (a) **FULL NAME** John Van Iderstine 94a

3. (b) If veteran, name war X
3. (c) Social Security No. 518-10-5226
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife ____
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) October 16, 1876

8. AGE	Years	Months	Days	If less than 1 day
	67	5	12	hrs min.

9. Exact Occupation retired Did this work for ____ yrs.
10. Industry or Business ____ Date last worked 1937
11. Birthplace Charlottstown, P. E. Island, (City or town) (State or foreign country)
Father
12. Name No. Inf.
13. Birthplace " (City or town) (State or foreign country)
Mother
14. Maiden name No. Inf.
15. Birthplace " (City or town) (State or foreign country)
16. Informant's OWN Signature Dorothy Van Iderstine 1976 California, and Address San Francisco, Calif.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-1-44 (Month) (Day) (Year)
(c) Place: Twin Falls Cemetery
18. Funeral Director's OWN Signature S. C. Phillips and Address Twin Falls, Idaho
19. (a) April 4-1944 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 29 1944 at 9:00 o'clock P. M. - approximately
21. **I HEREBY CERTIFY,** That I attended deceased from not 19 at to all 19 ____
I last saw h____ alive on not at all; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Coronary thrombosis 94a	minutes
Due to arteriosclerosis	years
Due to 97	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted? Idaho	PHYSICIAN
Name of operation none Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy none	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19 ____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature Clarence H. Hewitt M.D. (M. D. or other) County Coroner and Address Twin Falls Date March 30 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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United States
Department of Commerce
Bureau of the Census

APR 12 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 77
Reg. Dist. No. 460

1. PLACE OF DEATH:
(a) County Twin Falls
(b) City or town Twin Falls
(c) Street Address or R. F. D. No. 3
(d) Death Occurred Inside? ____ Outside? X city or town
(e) Died in a Home __ Hospital X Institution __ Other place __
(f) Name Hosp. or Inst. T.F.Co. Stayed 12 days
(g) Lived in this county 0 years 8 months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County T. Falls
(c) City or town Twin Falls
(d) Street Address or R. F. D. No. 761 Main W.
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? ____
(g) How long had deceased lived in Idaho? 8 Mos.
(h) Former residence (city, state) Lancaster, Cal.

3. (a) FULL NAME Royce Weseley Stevens

81a

3. (b) If veteran, name war ____ 3. (c) Social Security No. 276-14-3011
4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Bertha G. 6. (c) Age of husband or wife if alive 21 years
7. Date of Birth (Month, Day, Year) March 22, 1914

8. AGE	Years	Months	Days	If less than 1 day
	29	11	28	hrs min.

9. Exact Occupation Laborer Did this work for ____ yrs.
10. Industry or Business ____ Date last worked 3/7/44
11. Birthplace Trafalgar, Indiana (City or town) (State or foreign country)
Father
12. Name Chas. W. Stevens
13. Birthplace ____ Indiana (City or town) (State or foreign country)
Mother
14. Maiden name Ethel E. Carr
15. Birthplace ____ Indiana (City or town) (State or foreign country)
16. Informant's OWN Signature Mrs R. W. Stevens and Address 761 Main W., Twin Falls, Idaho
17. (a) Burial (b) Date thereof 3/24/44 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: Twin Falls Cemetery
18. Funeral Director's OWN Signature Reynolds Funeral Home James C. Reynolds and Address Twin Falls, Idaho
19. (a) 3-22-44 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) March 20 1944 at 1:15 o'clock A. M.
21. I HEREBY CERTIFY, That I attended deceased from 3-17 1944, to 3-20 1944
I last saw him alive on 3-19- 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Staph-Meningitis — Duration
Due to Staphlococci
Due to ____
Other conditions None
(Include pregnancy within 3 months of death)
Where was disease contracted? Not known
Name of operation None Date ____
Major finding ____
Finding of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ✓ Suicide? ✓ Homicide? ✓
Occurred ✓ 19__ City, county, state where violence occurred ✓
Place of Violence: Home ✓ Farm ✓ Industry ✓
Public Place ✓ While at work? ✓
Means of injury None
23. Attendant's OWN Signature J. H. Murphy (M. D. or other) and Address Twin Falls Date 3-22 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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United States
Department of Commerce
Bureau of the Census

APR 11 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. ____
Local Reg. No. 55
Reg. Dist. No. 963

1. **PLACE OF DEATH:**
(a) County Canyon
(b) City or town Nampa
(c) Street Address or R. F. D. No. Linox Rooms
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home ____ Hospital ____ Institution ____ Other place X
(f) Name Hosp. or Inst. Valant Co. Stayed ____ days
(g) Lived in this county ____ years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Ida (b) County Bannock
(c) City or town Pocatello
(d) Street Address or R. F. D. No. 1 So.
(e) Deceased lived Inside? ____ Outside? X city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 38 years
(h) Former residence (city, state) Idaho

3. (a) **FULL NAME** Gilbert Van Epps 77E

3. (b) If veteran, name war ____
3. (c) Social Security No. ____
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife ____
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) Sept 21-1906

8. AGE	Years	Months	Days	If less than 1 day
	37	6	3	hrs ____ min. ____

9. Exact Occupation R.R. Switchman — Did this work for Same
10. Industry or Business R.R. Railway — Date last worked March 1-1944
11. Birthplace Rigby (City or town) Ida. (State or foreign country)

Father
12. Name Wm. C. Van Epps
13. Birthplace Moreland (City or town) Iowa (State or foreign country)

Mother
14. Maiden name Chestie Christensen
15. Birthplace Denmark (City or town) Denmark (State or foreign country)

16. Informant's **OWN** Signature Wm D Tally — Buried personal Direct Home Poco.
and Address Nampa Ida.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3-25-44 (Month) (Day) (Year)
(c) Place: Pocatello Ida.
18. Funeral Director's **OWN** Signature Wm D Tally
and Address Nampa Ida.
19. (a) Mar 24-1944 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 24 1944
at 7:35 o'clock A. M.

21. **I HEREBY CERTIFY,** That I attended deceased from ____ 19____, to ____ 19____
I last saw h____ alive on ____ 19____; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Probably - Alcoholism	3 weeks,
History. Has been under the	
Due to influence of Alcohol	
for 3 weeks.	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy None
History Only.

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? No
Means of injury ____

23. Attendant's **OWN** Signature Wm D Tally (M. D. or Coroner)
and Address Nampa Ida Date 3/24 1944

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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United States
Department of Commerce
Bureau of the Census

APR 11 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 138064
Local Reg. No. 85
Reg. Dist. No. 510

1. **PLACE OF DEATH:**
(a) County Bannock
(b) City or town Pocatello
(c) Street Address or R.F.D. No. North 7th Ave
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home ____ Hospital X Institution ____ Other place ____
(f) Name Hosp. or Inst. St. Anthons Stayed ____ days
(g) Lived in this county 19 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bannock
(c) City or town Pocatello
(d) Street Address or R.F.D. No. 127 No. 12th Ave
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? U. S. A.
(g) How long had deceased lived in Idaho? 53 years
(h) Former residence (city, state) Springfield, Ida

3. (a) **FULL NAME** Clara C. Cooper 74a

3. (b) If veteran, name war ---
3. (c) Social Security No. ---
4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Samuel M.
6. (c) Age of husband or wife if alive 75 years
7. Date of Birth (Month, Day, Year) November 22, 1860

8. AGE	Years	Months	Days	If less than 1 day
	83	3	19	hrs ____ min.

9. Exact Occupation School teacher Did this work for 53 yrs.
10. Industry or Business ---- Date last worked ----
11. Birthplace Near Peoria (City or town) Illinois (State or foreign country)

Father
12. Name David H. Kistner
13. Birthplace unknown (City or town) Tennessee (State or foreign country)

Mother
14. Maiden name Louvinia Crow
15. Birthplace Unknown (City or town) Ohion (State or foreign country)

16. Informant's **OWN** Signature Mrs Geo L Andrews
and Address 127 No. 12th

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 3/14/44 (Month) (Day) (Year)
(c) Place: Springfield, Idaho

18. Funeral Director's **OWN** Signature H. L. McHan
and Address Pocatello, Idaho

19. (a) Mar. 13/44 (Date received and filed) (b) A C Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 12 19 44
at 2:00 o'clock P. M.

21. **I HEREBY CERTIFY,** That I attended deceased from ____ 19 ____ to March 12 19 44
I last saw her alive on March 12 19 44 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — **Duration**

16 Senility & Resp failure — ____
Due to Leukemia — 7 yrs.
Due to 74a — ____
Other conditions ____
(Include pregnancy within 3 months of death)

Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19 ____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's **OWN** Signature J. W. McMahon (M. D. or other)
and Address Pocatello, Ida Date 3/13 19 44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No.
Local Reg. No. 141
Reg. Dist. No. 370

1. PLACE OF DEATH:
(a) County Ada
(b) City or town Boise.
(c) Street Address or R.F.D. No. 1601. N. 8 th.
(d) Death Occured Inside? Yes Outside? ..... city or town
(e) Died in a Home X. Hospital .... Institution .... Other place ....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 67 years 2 months 2 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho. (b) County Ada
(c) City or town Boise.
(d) Street Address or R.F.D. No. 1601. N. 8 th.
(e) Deceased lived Inside? Yes Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 67 years
(h) Former residence (city, state) X

3. (a) FULL NAME Horace Luther Straight.

3. (b) If veteran, name war No.
3. (c) Social Security No. None.
4. Sex Male. 5. Color or race White. 6. (a) Single, widowed, married, divorced Married.
6. (b) Name of husband or wife Verletta May
6. (c) Age of husband or wife if alive 60. years
7. Date of Birth (Month, Day, Year) February. 6. 1877.

8. AGE	Years	Months	Days	If less than 1 day
	67.	2.	2.	hrs min.

9. Exact Occupation Printer. Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Boise, Idaho. (City or town) (State or foreign country)
Father 12. Name Isaac Straight.
13. Birthplace Unknown. (City or town) (State or foreign country)
Mother 14. Maiden name Mary Alexander.
15. Birthplace Missouri. (City or town) (State or foreign country)
16. Informant's **OWN** Signature Winfield L. Straight
and Address 1601 N. 8th St. Boise

17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof April. 11. 1941 (Month) (Day) (Year)
(c) Place: Morris Hill Cemetery. Summers Funeral Home.
18. Funeral Director's **OWN** Signature Clyde E. Summers
and Address Boise, Idaho.
19. (a) 4-13-41 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 4-8 1941
at 2 o'clock A M. for past 6 yrs
21. **I HEREBY CERTIFY**, That I attended deceased from ..... 19..... to ..... 19.....
I last saw h..... alive on ..... 19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Carcinoma of Prostate	6 yrs +
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Prostatectomy Date 1938
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature H B Jeppesen (M. D. or other)
and Address Boise Date 4-13 1941
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-207 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

138066

State File No. 67
Local Reg. No.
Reg. Dist. No. 37

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise
   (c) Street Address or R.F.D. No. Rt. 4:
   (d) Death Occured Inside? ..... Outside? X ..... city or town
   (e) Died in a Home X. Hospital .... Institution .... Other place ....
   (f) Name Hosp. or Inst. ..... Stayed ..... days
   (g) Lived in this county 35 years ..... months ..... days

   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Ada
   (c) City or town Boise
   (d) Street Address or R.F.D. No. Rt. 4:
   (e) Deceased lived Inside? X Outside? ..... city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 35 years
   (h) Former residence (city, state) Oregon

3. (a) **FULL NAME** Othelia Getts 83a

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Frank.
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) July 4th. 1869

8. AGE	Years	Months	Days	If less than 1 day
	74	9	8	hrs ..... min.

9. Exact Occupation Housewife — Did this work for ..... yrs.
10. Industry or Business — Date last worked .....
11. Birthplace ..... (City or town) Sweden (State or foreign country)

Father
12. Name Carlson
13. Birthplace ..... (City or town) Sweden (State or foreign country)

Mother
14. Maiden name Unknown
15. Birthplace ..... (City or town) Unknown (State or foreign country)

16. Informant's **OWN** Signature Mrs. W. A. Gilman
and Address 120. S. 11th. St. Boise Ida:

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/15/1944 (Month) (Day) (Year)
(c) Place: Morris Hill Cemetery

18. Funeral Director's **OWN** Signature Schneider & McCann
and Address Boise. Michael Drago

19. (a) 4-14-44 (Date received and filed) (b) ..... (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April 12 19 44
at 1:05 o'clock P. M.

21. **I HEREBY CERTIFY,** That I ~~attended deceased from ..... 19 ..... to ..... 19 .....~~ ~~I last saw her alive on ..... 19 .....~~; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death	Duration
Probably Apoplexy.	Senility.
Nothing of a Criminal	8
Due to Natures Cause.	
Natural Cause.	
Due to	
Other conditions ..... (Include pregnancy within 3 months of death)	

Where was disease contracted? ~~.....~~
Name of operation ~~.....~~ Date ~~.....~~
Major finding ~~.....~~
Finding of autopsy None
No Inquest.

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature W. McBratney, Coroner (M. D. or other)
and Address Boise, Idaho. Date 4/14 19 44
(For additional space, use reverse side)

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United States
Department of Commerce
Bureau of the Census

APR 11 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 30
Reg. Dist. No. 140

1. **PLACE OF DEATH:**
(a) County Shoshone
(b) City or town Kellogg
(c) Street Address or R. F. D. No. 315 E Market
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home X Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 12 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Shoshone
(c) City or town Kellogg
(d) Street Address or R. F. D. No. 315 E Market
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? U. S.
(g) How long had deceased lived in Idaho? 14 years
(h) Former residence (city, state) Canada

3. (a) **FULL NAME** Frederic Alwyn Gauthier 164C

3. (b) If veteran, name war ---
3. (c) Social Security No. ---
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife ---
6. (c) Age of husband or wife if alive ---
7. Date of Birth (Month, Day, Year) August 28, 1914

8. AGE	Years	Months	Days	If less than 1 day
	29	6	10	hrs ____ min.

9. Exact Occupation Carpenter — Did this work for 10 yrs.
10. Industry or Business Building — Date last worked Feb 1944
11. Birthplace Alberta (City or town) Canada (State or foreign country)

Father
12. Name Joseph Gauthier
13. Birthplace Canada (City or town) (State or foreign country)

Mother
14. Maiden name Nellie Lemay
15. Birthplace Emmonsale Ohio (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mrs Nellie Gauthier
and Address 315 E Market
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/14/44 (Month) (Day) (Year)
(c) Place: Kellogg Idaho
18. Funeral Director's **OWN** Signature Mahaffey & Hyde
and Address Kellogg Idaho
19. (a) Mar 10-44 (Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Mar - 8 19 44
at ____ o'clock ____ M.
21. **I HEREBY CERTIFY,** That I attended deceased from ____ 19____, to ____ 19____
I last saw h____ alive on ____ 19____; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — **Duration**
Pulmonary Tuberculosis — 2 yrs
Due to ____
Due to ____
Other conditions ____
(Include pregnancy within 3 months of death)

Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state
where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's **OWN** Signature Clifford E Corbin (M. D. or Other)
and Address Wallace Idaho
(For additional space, use reverse side) 19 44

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 98
Local Reg. No.
Reg. Dist. No. 37

APR 15 1944

1. PLACE OF DEATH:
(a) County Ada
(b) City or town Boise.
(c) Street Address or R.F.D. No. X
(d) Death Occured Inside? Yes Outside? ....city or town
(e) Died in a Home.... Hospital X Institution.... Other place....
(f) Name Hosp. or Inst St Alphonsus Stayed 3 days
(g) Lived in this county 1 years ....months ....days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho. (b) County Ada
(c) City or town Boise.
(d) Street Address or R.F.D. No. 1408. Grand Ave
(e) Deceased lived Inside? Yes Outside? ....city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? X years
(h) Former residence (city, state) X

3. (a) FULL NAME Nancy Lea Clampitt. 33a

3. (b) If veteran, name war No.
3. (c) Social Security No. None.
4. Sex Female 5. Color or Race White. 6. (a) Single, widowed, married, divorced Single.
6. (b) Name of husband or wife ....
6. (c) Age of husband or wife if alive .... years
7. Date of Birth (Month, Day, Year) May. 23. 1942.

8. AGE	Years	Months	Days	If less than 1 day
	1.	9.	13.	hrs min.

9. Exact Occupation None. Did this work for ....yrs.
10. Industry or Business .... Date last worked ....
11. Birthplace Gooding, Idaho. (City or town) (State or foreign country)

Father
12. Name Clifford Franklin Clampitt.
13. Birthplace Twin Falls, Idaho. (City or town) (State or foreign country)

Mother
14. Maiden name Violet Young.
15. Birthplace Hill City, Idaho. (City or town) (State or foreign country)

16. Informant's **OWN** Signature Violet Clampitt
and Address 1408 Grand Ave.
17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof March. 10. 1944. (Month) (Day) (Year)
(c) Place: Cloverdale Memorial Park.
18. Funeral Director's **OWN** Signature Clyde E. Summers
and Address Boise, Idaho.
19. (a) 3-10-44 (Date received and filed) (b) R. Shaw (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 6 1944
at 2 o'clock P. M.
21. **I HEREBY CERTIFY**, That I attended deceased from 3-2 1944; to 3-6 1944
I last saw her alive on 3-6 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
(a) Pneumonia,	8 days
Due to Influenza bacillus	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation .... Date	
Major finding	
Finding of autopsy	

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? .... Suicide? .... Homicide? ....
Occurred .... 19.... City, county, state where violence occurred ....
Place of Violence: Home .... Farm .... Industry ....
Public Place .... While at work? ....
Means of injury ....
23. Attendant's **OWN** Signature L. O. Hamilton (M. D. or other)
and Address Boise Ida Date 3-9 1944
(For additional space, use reverse side)

138069 Hamilton

United States
Department of Commerce
Bureau of the Census

APR 15 1944

Certificate Of Death

STATE OF IDAHO

State File No. 138069
Local Reg. No. 94
Reg. Dist. No. 370

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise.
   (c) Street Address or R.F.D. No. 1408. Grand.
   (d) Death Occured Inside? Yes Outside? ....city or town
   (e) Died in a Home X Hospital.... Institution.... Other place....
   (f) Name Hosp. or Inst.... Stayed....days
   (g) Lived in this county 1 years ....months ....days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho. (b) County Ada
   (c) City or town Boise.
   (d) Street Address or R.F.D. No. 1408. Grand.
   (e) Deceased lived Inside? Yes Outside? ....city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? X years
   (h) Former residence (city, state) X

3. (a) **FULL NAME** Norman Ray Clampitt. 30f

3. (b) If veteran, name war No.
3. (c) Social Security No. None.
4. Sex Male. 5. Color or race White.
6. (a) Single, widowed, married, divorced Single.
6. (b) Name of husband or wife ....
6. (c) Age of husband or wife if alive .... years
7. Date of Birth (Month, Day, Year) November. 25. 1942.

8. AGE	Years	Months	Days	If less than 1 day
	1.	3.	7.	hrs ... min.

9. Exact Occupation None. Did this work for ....yrs.
10. Industry or Business .... Date last worked ....
11. Birthplace Gooding, Idaho. (City or town) (State or foreign country)

Father
12. Name Virgil Edwin Clampitt.
13. Birthplace Amsterdam, Idaho. (City or town) (State or foreign country)

Mother
14. Maiden name Grace Winifred Young.
15. Birthplace Hailey, Idaho. (City or town) (State or foreign country)

16. Informant's **OWN** Signature Grace Winifred Clampitt and Address 1408 Grand ave. Boise Idaho
17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof March. 6. 1944. (Month) (Day) (Year)
(c) Place: Cloverdale Memorial Park.
18. Funeral Director's **OWN** Signature Summers Funeral Home. Clyde E. Summers and Address Boise, Idaho.
19. (a) 3-7-44 (Date received and filed) (b) R. Clark (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 2 19 44
at 6:30 o'clock A M.

21. **I HEREBY CERTIFY**, That I attended deceased from 3-1 1944, to 3-2 1944
I last saw him alive on 3-2 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
95 c 2 Cardiac asthma.	1yr 3 mo
Due to Endocarditis. 92e	1yr 3 mo
Due to Congenital 30f	
Other conditions Syphilis. Treats (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation .... Date....
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident?.... Suicide?.... Homicide?....
Occurred.... 19.... City, county, state
Where violence occurred
Place of Violence: Home.... Farm.... Industry....
Public Place.... While at work?....
Means of injury

23. Attendant's **OWN** Signature W. C. P. Hamilton (M. D. or other)
and Address Boise Idaho Date 3-6 1944
(For additional space, use reverse side)

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United States
Department of Commerce
Bureau of the Census

APR 10 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No. 421

1. **PLACE OF DEATH:**
(a) County Gooding
(b) City or town Wendell
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? * Outside? city or town
(e) Died in a Home Hospital * Institution Other place
(f) Name Hosp. or Inst. Wendell Stayed 4 days
(g) Lived in this county 0 years 0 months 4 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Twin Falls
(c) City or town Buhl
(d) Street Address or R. F. D. No. 120 IIth No.
(e) Deceased lived Inside? * Outside? city or town
(f) Citizen of what country? U. S.
(g) How long had deceased lived in Idaho? 34 years
(h) Former residence (city, state) same

3. (a) **FULL NAME** Mrs Anna J. Smith

125b

3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Harry Smith
6. (c) Age of husband or wife if alive deceased years
7. Date of Birth (Month, Day, Year) January 12, 1862

8. AGE	Years	Months	Days	If less than 1 day
	82	2	12	hrs min.

9. Exact Occupation Housekeeper Did this work for 30 yrs.
10. Industry or Business Housekeeping Date last worked 3/10/44
11. Birthplace New Brunswick, Canada (City or town) (State or foreign country)

Father
12. Name Alexander Fisher
13. Birthplace Canada (City or town) (State or foreign country)

Mother
14. Maiden name Mary J. Ahern
15. Birthplace Canada (City or town) (State or foreign country)

16. Informant's OWN Signature X F. N. Fisher
and Address Buhl, Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3/24/44 (Month) (Day) (Year)
(c) Place: Buhl, Idaho
18. Funeral Director's OWN Signature B. T. Albertson
and Address Buhl, Idaho
19. (a) 4/1/44 (Date received and filed) (b) Sister M. Rose, O.S.B. (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 24 1944
at 9:30 o'clock A. M.
21. **I HEREBY CERTIFY,** That I attended deceased from Jan. 30 1940, to March 24 1944
I last saw her alive on March 24 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Circulatory failure	24 hrs.
Due to respiratory failure	24 hrs.
Due to acute congestion of liver	5 days
Other conditions Myocardiac insufficiency (Include pregnancy within 3 months of death)	5 years

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature [signature] (M. D. or other) 28
and Address Buhl, Idaho Date Mar. 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

W-R.W

~~138071~~ 138071

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 138071
Local Reg. No. 68
Reg. Dist. No. 616

1. **PLACE OF DEATH:**
   (a) County Bonneville
   (b) City or town Idaho Falls
   (c) Street Address or R. F. D. No. 512-So. Cap.
   (d) Death Occurred Inside? X Outside? ____ city or town
   (e) Died in a Home X Hospital __ Institution __ Other place __
   (f) Name Hosp. or Inst. ____ Stayed ____ days
   (g) Lived in this county ____ years ____ months ____ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State ____ (b) County ____
   (c) City or town ____
   (d) Street Address or R. F. D. No. ____
   (e) Deceased lived Inside? ____ Outside? ____ city or town
   (f) Citizen of what country? ____
   (g) How long had deceased lived in Idaho? ____ years
   (h) Former residence (city, state) ____

3. (a) **FULL NAME** Joseph Henry Taylor. 93d

3. (b) If veteran, name war No
3. (c) Social Security No. None.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Maggie Gresham
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) Sept 21 - 1864

8. AGE	Years	Months	Days	If less than 1 day
	79	5	28	hrs min.

9. Exact Occupation Farming — Did this work for life yrs.
10. Industry or Business ____ — Date last worked ____
11. Birthplace Pleasant Hill, Illinois (City or town) (State or foreign country)

Father
12. Name Mattenson Taylor
13. Birthplace Kentucky (City or town) (State or foreign country)

Mother
14. Maiden name Rebecca Steel
15. Birthplace Kentucky (City or town) (State or foreign country)

16. Informant's OWN Signature Orville Taylor
and Address Idaho Falls, Ida
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/22/44 (Month) (Day) (Year)
(c) Place Idaho Falls Ida
18. Funeral Director's OWN Signature Leo A. Williams
and Address Idaho Falls Idaho.
19. (a) 3/29/44 (Date received and filed) (b) Anna Bridges (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 19 1944
at 5=00 o'clock A-M.
21. **I HEREBY CERTIFY,** That I attended deceased from Nov. 1 1944, to Nov 19 1944
I last saw him alive on Nov 19 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Chr. myocarditis	
Due to	
Due to Senility	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted? ?	PHYSICIAN
Name of operation None Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy no	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? no Suicide? no Homicide? no
Occurred no 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ✓ While at work? ____
Means of injury ____
23. Attendant's OWN Signature Walter R. Wert (M. D. or other)
and Address J. F. Date Nov 19 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

APR 12 1944

Certificate Of Death

138072

STATE OF IDAHO

State File No. .....
Local Reg. No. 65
Reg. Dist. No. 610

1. PLACE OF DEATH:
(a) County Bonneville
(b) City or town Idaho Falls
(c) Street Address or R.F.D. No. 1143 - Blaine St.
(d) Death Occured Inside? ✓ Outside? ..... city or town
(e) Died in a Home ✓ Hospital .... Institution .... Other place ....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county ..... years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Bonneville
(c) City or town Idaho Falls
(d) Street Address or R.F.D. No. 1143 - Blaine St.
(e) Deceased lived Inside? ✓ Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 65 years
(h) Former residence (city, state) Utah

3. (a) FULL NAME Ralph Wesley Woodhouse 93E

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced .....
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) November 28, 1886

8. AGE	Years	Months	Days	If less than 1 day
	57	3	2	hrs min.

9. Exact Occupation Farmer Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Lehi, Utah. (City or town) (State or foreign country)
Father
12. Name Wilford Woodhouse
13. Birthplace Lehi, Utah (City or town) (State or foreign country)
Mother
14. Maiden name Mary Jane Molen
15. Birthplace Lehi, Utah (City or town) (State or foreign country)
16. Informant's OWN Signature Wilford Woodhouse
and Address Idaho Falls Rt #3
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/9/44 (Month) (Day) (Year)
(c) Place: Idaho Falls, Idaho
18. Funeral Director's OWN Signature Jack A. Wood
and Address Idaho Falls, Idaho
19. (a) 3/23/44 (Date received and filed) (b) Anna Bridges (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 2 1944
at 8 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from ..... 19....., to ..... 19.....
I last saw h..... alive on ..... 19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Myocardial Heart attack	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation ..... Date	
Major finding	
Finding of autopsy	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred March 2nd 1944 City, county, state where violence occurred Idaho Falls Idaho
Place of Violence: Home yes Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury Heart attack
23. Attendant's OWN Signature [signature] (M. D. or other)
and Address Idaho Falls Date March 23 1944
(For additional space, use reverse side)

138073

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

APR 6 1944

State File No.
Local Reg. No. 6
Reg. Dist. No. 530

1. **PLACE OF DEATH:**
(a) County Oneida
(b) City or town Malad
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home X Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 20 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Utah (b) County Weber
(c) City or town North Ogden
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? ____ Outside? X city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? 20 years
(h) Former residence (city, state)

3. (a) FULL NAME Samuel Bailey Smith

77

3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Male
5. Color or race Wht.
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Agatha Heiner
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) October 12 1873

8. AGE	Years	Months	Days	If less than 1 day
	70	5	8	hrs ____ min.

9. Exact Occupation Farming — Did this work for 50 yrs.
10. Industry or Business Own Farm — Date last worked Oct. 1943
11. Birthplace Morgan Utah (City or town) (State or foreign country)

Father
12. Name Alma Conrad Smith
13. Birthplace Unknown (City or town) (State or foreign country)

Mother
14. Maiden name Eliza Robinson
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's OWN Signature Samuel Smith Jr.
and Address Malad Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Mar 23 44 (Month) (Day) (Year)
(c) Place: Ogden Utah
18. Funeral Director's OWN Signature J. Guy Doman
and Address Malad Idaho.
19. (a) 3-27-1944 (Date received and filed) (b) J. Guy Doman (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 20 1944
at 5:00 o'clock P. M.

21. **I HEREBY CERTIFY,** That I attended deceased from March 3 1944 to March 20 1944
I last saw h-- alive on March 15 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Arterio-sclerosis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation ____ Date ____	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury

23. Attendant's OWN Signature O. H. Mabey (M. D. or other)
and Address Malad Date 3-22 1944

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

138074 138074

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 34
Reg. Dist. No. 110

1. **PLACE OF DEATH:**
(a) County Bonner
(b) City or town Sandpoint
(c) Street Address or R. F. D. No. N.2nd St
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home __ Hospital X Institution __ Other place __
(f) Name Hosp. or Inst. Community Stayed 2 days
(g) Lived in this county 6 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bonner
(c) City or town Dover
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 6yrs years
(h) Former residence (city, state)

3. (a) FULL NAME Floyd G. Ragland 107

3. (b) If veteran, name war U.S.Army
3. (c) Social Security No 520-07-2730
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Helen A.Ragland
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) July 7,1909

8. AGE	Years	Months	Days	If less than 1 day
	34	7	22	hrs min.

9. Exact Occupation Cement Finisher Did this work for 2 yrs.
10. Industry or Business U.S.Civil Service Date last worked Mar.25,1944
11. Birthplace Bartlett, Nebr. (City or town) (State or foreign country)
Father
12. Name George A.Ragland,Sr
13. Birthplace Wynona, Minn. (City or town) (State or foreign country)
Mother
14. Maiden name Grace Ella Hopkins
15. Birthplace (City or town) (State or foreign country)
16. Informant's OWN Signature Mrs Helen A. Ragland and Address Dover, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr.1,1944 (Month) (Day) (Year)
(c) Place Pinecrest Cem. Sandpoint,Ida.
18. Funeral Director's OWN Signature MOON MORTUARY A. Moon and Address Sandpoint,Idaho
19. (a) 4-1-1944 (Date received and filed) (b) Lawrence [illegible] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Mar.29, 1944 at 2:00 o'clock a. M.
21. I HEREBY CERTIFY, That I attended deceased from March 27 1944 to Mch 29 1944 I last saw him alive on Mch 28 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Bronchopneumonia	3 days
Due to Septicaemia	6 days
Due to Abrasion & cellulitis	
Other conditions rt elbow (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ____ Date ____
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? yes Suicide? no Homicide? no
Occurred Mch 22 1944 City, county, state where violence occurred Farragut, Kootenai Co Ida
Place of Violence: Home ____ Farm ____ Industry yes
Public Place Bar slipped on scrub dicks While at work? yes
Means of injury Caused Abrasion & bruise
23. Attendant's OWN Signature rt elbow Wm F Tyler MD (M. D. or other)
and Address Sandpoint, Ida. Date 4-1 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

138075

State File No. 138075
Local Reg. No. 134
Reg. Dist. No. 370

1. PLACE OF DEATH:
(a) County Ada
(b) City or town Boise.
(c) Street Address or R.F.D. No. X
(d) Death Occured Inside Yes Outside? ..... city or town
(e) Died in a Home .... Hospital X Institution .... Other place ....
(f) Name Hosp. or Inst. St Alphonsus Stayed 6 days
(g) Lived in this county 3 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho. (b) County Ada
(c) City or town Boise.
(d) Street Address or R.F.D. No. 1723. Franklin.
(e) Deceased lived Inside? Yes Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 3. years
(h) Former residence (city, state) Utah.

3. (a) FULL NAME Helen Adams Coult. 1226

3. (b) If veteran, name war No.
3. (c) Social Security No. None.
4. Sex Female 5. Color or race White.
6. (a) Single, widowed, married, divorced Married.
6. (b) Name of husband or wife James. Q.
6. (c) Age of husband or wife if alive 41. years
7. Date of Birth (Month, Day, Year) Sept. 30. 1904.

8. AGE	Years	Months	Days	If less than 1 day
	39.	6.	8.	hrs min.

9. Exact Occupation At Home. Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Salt Lake City, Utah. (City or town) (State or foreign country)
Father
12. Name William. J. Adams.
13. Birthplace Provo, Utah. (City or town) (State or foreign country)
Mother
14. Maiden name Elzina Martin.
15. Birthplace Scipio Utah. (City or town) (State or foreign country)
16. Informant's OWN Signature James Q Coult
and Address 1723 Franklin
17. (a) Removal. (Burial, cremation, or removal) (b) Date thereof Apr. 10. 1944. (Month) (Day) (Year)
(c) Place: Salt Lake City, Utah.
18. Funeral Director's OWN Signature Clyde E. Summers Funeral Home.
and Address Boise, Idaho.
19. (a) 4-10-44 (Date received and filed) (b) A. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) 4/8/44 19.....
at 6.50 o'clock P. M.
21. I HEREBY CERTIFY, That I attended deceased from 4/4 1944, to 4/8 1944
I last saw her alive on 4/8 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Toxemia Intestinal	
Due to Intestinal Obstruction	1226
Due to Peritonites	
Other conditions 129 (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation yes Date 4/4/44	
Finding of autopsy	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's OWN Signature Fred. A. Pierce Jr. (M. D. or other)
and Address 4/9/44 Date Boise
(For additional space, use reverse side)

138076

138076

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 234
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF DEATH:**
(a) County Nez Perce
(b) City or town Lewiston
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? ✓ Outside? city or town
(e) Died in a Home Hospital Institution Other place
(f) Name Hosp. or Inst. St Joseph Stayed 6 days
(g) Lived in this county 6 years 9 months 5 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Lewis
(c) City or town Kamiah
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? ✓ Outside? city or town
(f) Citizen of what country? U.S.
(g) How long had deceased lived in Idaho? years
(h) Former residence (city, state)

3. (a) **FULL NAME** Lee Ona Fox - 950

3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive ✓ years
7. Date of Birth (Month, Day, Year) June 27, 1873

8. AGE	Years	Months	Days	If less than 1 day
	70	8	9	hrs min.

9. Exact Occupation Housewife Did this work for yrs.
10. Industry or Business Agriculture Date last worked
11. Birthplace Gentry Co. (City or town) Mo (State or foreign country)
Father
12. Name Lycurgus Johnson
13. Birthplace (City or town) Mo (State or foreign country)
Mother
14. Maiden name Nancy Roitan
15. Birthplace (City or town) Mo (State or foreign country)
16. Informant's OWN Signature Olive Lyon
and Address Kamiah Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-8-44 (Month) (Day) (Year)
(c) Place: Woodland Idaho
18. Funeral Director's OWN Signature Jess Robertson
and Address Orangeville, Idaho
19. (a) 4/15-44 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 6 1944
at o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from Feb 29 1944, to Mar 6 1944
I last saw her alive on Mar 6 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Organic heart disease	years
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state
where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature Paul W Johnson (M. D. or other)
and Address Lewiston Ida Date 3-24-1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Riverside Cemetery

United States
Department of Commerce
Bureau of the Census

APR 14 1944

Certificate Of Death

STATE OF IDAHO

138077

State File No. 138077
Local Reg. No. 18
Reg. Dist. No. 3-330

1. PLACE OF DEATH:

(a) County Payette
(b) City or town Payette
(c) Street Address or R.F.D. No. 1412 N 6th st
(d) Death Occured Inside? # Outside? city or town
(e) Died in a Home Hospital # Institution Other place
(f) Name Hosp. or Inst. Payette General 1 days
(g) Lived in this county 36 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

(a) State Idaho (b) County Payette
(c) City or town Payette
(d) Street Address 1412 N 6th St
(e) Deceased lived Inside? # Outside? city or town
(f) Citizen of what country? U S A
(g) How long had deceased lived in Idaho? 36 years
(h) Former residence (city, state) New Ulm, Minn.

3. (a) FULL NAME Nicklos Manser. 93d

3. (b) If veteran, name war ---
3. (c) Social Security No. ----
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Maude Springer Manser
6. (c) Age of husband or wife if alive 66 years
7. Date of Birth (Month, Day, Year) NOVEMBER 19,1870.

8. AGE	Years	Months	Days	If less than 1 day
	73	4	18	hrs min.

9. Exact Occupation retired farmer Did this work for life yrs.
10. Industry or Business ranch Date last worked
11. Birthplace New Elum (City or town) Minnesota. (State or foreign country)

Father
12. Name John Manser.
13. Birthplace (City or town) Germany. (State or foreign country)

Mother
14. Maiden name Dorothy Shultsheimer.
15. Birthplace (City or town) Germany. (State or foreign country)

16. Informant's OWN Signature Bill Manser
and Address Payette, Idaho.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 4/9/1944 (Month) (Day) (Year)
(c) Place: Payette, Idaho.
18. Funeral Director's OWN Signature Edith Lundin.
and Address Payette, Idaho.
19. (a) 4/7/1944 (Date received and filed) (b) J. C. Woodward (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April 6 1944 19
at 8:30 o'clock A. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 1942 to April 6 1944
I last saw him alive on April 6 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: 133b3
Anuria — Duration 3 days
Myocardial failure
Due to Hypertensive Heart Disease — several years
Due to 93d
Other conditions
(Include pregnancy within 3 months of death)
Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature John J Kaiser Med (M. D. or other)
and Address Payette, Idaho. Date 4/9 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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United States
Department of Commerce
Bureau of the Census

APR 15 1944

Certificate Of Death

STATE OF IDAHO

State File No.
✓ Local Reg. No. 122
Reg. Dist. No. 57c

1. **PLACE OF DEATH:**
(a) County Ada
(b) City or town Boise
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? X Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. St. Alph: Stayed days
(g) Lived in this county 28 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Ada
(c) City or town Boise
(d) Street Address or R.F.D. No. 512 Idaho St
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? Spain
(g) How long had deceased lived in Idaho? 28 years
(h) Former residence (city, state)

3. (a) **FULL NAME** Domian Uriarte

117a

3. (b) If veteran, name war None
3. (c) Social Security No. ?
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) 1896

8. AGE	Years	Months	Days	If less than 1 day
	About 48			hrs min.

9. Exact Occupation Stockman Did this work for yrs.
10. Industry or Business Sheep Herder Date last worked
11. Birthplace Manaria (City or town) Spain (State or foreign country)

Father
12. Name Balantin Uriarte
13. Birthplace Manaria (City or town) Spain (State or foreign country)

Mother
14. Maiden name Biscenti Lesundia
15. Birthplace Manaria (City or town) Spain (State or foreign country)

16. Informant's **OWN** Signature Angel Uriarte
and Address Mullan Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/5/1944 (Month) (Day) (Year)
(c) Place: St. John's Cemetery

18. Funeral Director's **OWN** Signature Schneiber & McCann
and Address Boise. Milford Rogers

19. (a) 4-4-44 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 3-31 1944
at 2 o'clock P M.

21. **I HEREBY CERTIFY**, That I attended deceased from 3-20 1944, to 3-31 1944
I last saw him alive on 3-31 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Gastric Hemorrhage	2 Days
Due to Peptic ulcer	117a2
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature [signature] (M. D. or other)
and Address [illegible] Date 3-31 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

MAR 23 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 138079
Local Reg. No. 1
Reg. Dist. No. 32-1

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Meridian
   (c) Street Address or R. F. D. No. 602 Idaho Ave. East
   (d) Death Occurred Inside? ✓ Outside? ____ city or town
   (e) Died in a Home ✓ Hospital ____ Institution ____ Other place ____
   (f) Name Hosp. or Inst. ____ Stayed ____ days
   (g) Lived in this county 65 years ____ months ____ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Ada
   (c) City or town Meridian
   (d) Street Address or R. F. D. No. 602 Idaho Ave. East
   (e) Deceased lived Inside? ✓ Outside? ____ city or town
   (f) Citizen of what country? US
   (g) How long had deceased lived in Idaho? 65 years
   (h) Former residence (city, state) ____

3. (a) **FULL NAME** James Bush Helm

111c

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓
4. Sex M. 5. Color or race W. 6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife Martha 6. (c) Age of husband or wife if alive ✓ years
7. Date of Birth (Month, Day, Year) March 15 1848

8. AGE	Years	Months	Days	If less than 1 day hrs	min.
	95	9	27		

9. Exact Occupation Farmer & Laborer Did this work for 45 yrs.
10. Industry or Business ____ Date last worked 1923
11. Birthplace Jackson County (City or town) Missouri (State or foreign country)

Father
12. Name James M Helm
13. Birthplace unknown (City or town) (State or foreign country)

Mother
14. Maiden name Nancy B Dalton
15. Birthplace unknown (City or town) (State or foreign country)

16. Informant's **OWN** Signature Georgia Reed
and Address Boise, Idaho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-15-45 (Month) (Day) (Year)
(c) Place: Dry Creek
18. Funeral Director's **OWN** Signature Kenneth M. Edmiston
and Address Meridian, Idaho.
19. (a) Jan 15-44 (Date received and filed) (b) Evan H Neal (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Jan 12 1944
at 7 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from May 1938, to Jan 12 1944
I last saw him alive on Jan 11 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Hypostatic Pneumonia 111c	2 da
Due to Senility 1670	10 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's **OWN** Signature K. E. Jewell (M. D., or other)
and Address Meridian Date Jan 14 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

APR 13 '44

Certificate Of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 90 870
Reg. Dist. No.

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise.
   (c) Street Address or R.F.D. No. X
   (d) Death Occured Inside? Yes Outside? ....city or town
   (e) Died in a Home.... Hospital X Institution.... Other place....
   (f) Name Hosp. or Inst. St. Lukes. Stayed 5 days
   (g) Lived in this county.....years .....months 21 days

   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho. (b) County Ada
   (c) City or town Eagle.
   (d) Street Address or R.F.D. No. X
   (e) Deceased lived Inside? Yes Outside? ....city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 21 Days
   (h) Former residence (city, state) Oregon.

3. (a) **FULL NAME** Wayne Clark Jenkins. 107

3. (b) If veteran, name war No.
3. (c) Social Security No. None.
4. Sex Male. 5. Color or race White. 6. (a) Single, widowed, married, divorced Single.
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) December. 1. 1943.

8. AGE	Years	Months	Days	If less than 1 day
		3	0	hrs min.

9. Exact Occupation None. Did this work for ....yrs.
10. Industry or Business Date last worked
11. Birthplace Stanfield, Oregon. (City or town) (State or foreign country)

Father
12. Name William. H. Jenkins.
13. Birthplace Salt Lake City Utah. (City or town) (State or foreign country)

Mother
14. Maiden name Virginia Lee Sitts.
15. Birthplace Mexico Missouri. (City or town) (State or foreign country)

16. Informant's **OWN** Signature William H Jenkins
and Address P.O Box 61 Eagle Idaho.

17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof Marc. 3. 1944. (Month) (Day) (Year)
(c) Place: Cloverdale Memorial Park.

18. Funeral Director's **OWN** Signature Clyde E Summers
and Address Boise, Idaho.

19. (a) 3-6-44 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) MARCH 1 19 44
at 8 1 o'clock P M.

21. **I HEREBY CERTIFY,** That I attended deceased from FEB 25 1944, to MARCH 1 1944
I last saw him alive on MARCH 1 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: BRONCHIAL PNEUMONIA 107 — Duration <5 da.

Due to MARASMUS 158

Due to CLEFT PALATE AND 157.2

Other conditions OTHER CONGENITAL ABNORMALITIES 157m (Include pregnancy within 3 months of death)

Where was disease contracted? AT HOME

Name of operation NONE Date

Major finding

Finding of autopsy NONE

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature Harmon Fremaine M.D. (M. D. or other)
and Address 2314 STATE ST. BOISE, IDAHO Date MAR. 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

APR 15 1944

State File No. [illegible]
Local Reg. No. 87
Reg. Dist. No.

1. **PLACE OF DEATH:**
(a) County Ada
(b) City or town Boise.
(c) Street Address or R.F.D. No. 1111. N. 6 th.
(d) Death Occured Inside? Yes Outside? ....city or town
(e) Died in a Home X Hospital.... Institution.... Other place....
(f) Name Hosp. or Inst. .... Stayed ....days
(g) Lived in this county 1 years 6 months ....days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho. (b) County Ada
(c) City or town Boise.
(d) Street Address or R.F.D. No. 1111. N. 6 th
(e) Deceased lived Inside? Yes Outside? ....city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 34 years
(h) Former residence (city, state) Illinois.

3. (a) **FULL NAME** Rena Martha Merriam. 94a

3. (b) If veteran, name war No.
3. (c) Social Security No. None.
4. Sex Female 5. Color or race White.
6. (a) Single, widowed, married, divorced Widow.
6. (b) Name of husband or wife ....
6. (c) Age of husband or wife if alive .... years
7. Date of Birth (Month, Day, Year) October. 26. 1857.

8. AGE	Years	Months	Days	If less than 1 day
	86.	4.	5.	hrs min.

9. Exact Occupation At Home. Did this work for ....yrs.
10. Industry or Business .... Date last worked ....
11. Birthplace Monmouth, Illinois. (City or town) (State or foreign country)
Father 12. Name Robert Giles.
Father 13. Birthplace Unknown. (City or town) (State or foreign country)
Mother 14. Maiden name Ann Nelson.
Mother 15. Birthplace Unknown. (City or town) (State or foreign country)
16. Informant's **OWN** Signature Mrs. Clara Merriam
and Address Boise, Id. 1111 No. 6 th St.
17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof March. 4. (Month) (Day) 1944 (Year)
(c) Place: Parma, Idaho.
18. Funeral Director's **OWN** Signature Summers Funeral Home. Clyde E. Summers
and Address Boise, Idaho.
19. (a) 3-3-44 (Date received and filed) (b) R. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March. 1 1944
at 7:30 o'clock P M.
21. **I HEREBY CERTIFY**, That I attended deceased from Feb 24 1944, to Mar 1 1944
I last saw h.... alive on ....19....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Coronary occlusion	6 days
Due to Advanced Age	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? ....
Name of operation .... Date ....
Major finding ....
Finding of autopsy None

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? .... Suicide? .... Homicide? ....
Occurred .... 19.... City, county, state ....
Where violence occurred ....
Place of Violence: Home .... Farm .... Industry ....
Public Place .... While at work? ....
Means of injury ....
23. Attendant's **OWN** Signature J. M. Brashear MD (M. D. or other)
and Address Boise Idaho Date Mar 3 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census APR 15 1944

Certificate Of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 91
Reg. Dist. No. 37

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise
   (c) Street Address or R.F.D. No. 1820 N. 7th St.
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home X Hospital.... Institution.... Other place....
   (f) Name Hosp. or Inst..... Stayed.....days
   (g) Lived in this county 7 years .....months .....days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Ada
   (c) City or town Boise
   (d) Street Address or R.F.D. No. 1820 N 7th
   (e) Deceased lived Inside? X Outside? ..... city or town
   (f) Citizen of what country? U. S. A.
   (g) How long had deceased lived in Idaho? 40 years
   (h) Former residence (city, state) Texas

3. (a) **FULL NAME** EDWARD MARTIN REILLY

94a

3. (b) If veteran, name war .....
3. (c) Social Security No. ?
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Julia
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) January 17, 1878

8. AGE	Years	Months	Days	If less than 1 day
	66	1	15	hrs min.

9. Exact Occupation Banker Did this work for .....yrs.
10. Industry or Business Retired Date last worked .....
11. Birthplace Mimphis, (City or town) Texas (State or foreign country)

Father
12. Name Unknown
13. Birthplace ..... (City or town) U. S. A. (State or foreign country)

Mother
14. Maiden name Unknown
15. Birthplace ..... (City or town) U. S. A. (State or foreign country)

16. Informant's **OWN** Signature Mrs Julia F Reilly
and Address 1820 N. 7th Boise, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/6/44 (Month) (Day) (Year)
(c) Place: St. John's Cemetery

18. Funeral Director's **OWN** Signature Schneibert McCann
and Address Boise Millard Bragg

19. (a) 3-7-44 (Date received and filed) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 4 19 44
at 6 o'clock P M.

21. **I HEREBY CERTIFY**, That I attended deceased from Jan 19 43, to March 2 19 44
I last saw h.m alive on March 2 19 44; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Coronary disease	years
Due to	
Due to	
Other conditions ..... (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation..... Date.....	
Major finding	
Finding of autopsy	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident?..... Suicide?..... Homicide?.....
Occurred..... 19..... City, county, state where violence occurred .....
Place of Violence: Home..... Farm..... Industry.....
Public Place..... While at work?.....
Means of injury .....

23. Attendant's **OWN** Signature [illegible] M.D.
(M. D. or other)
and Address Boise Date 3/3 19 44.
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

APR 15 1944

Certificate Of Death

STATE OF IDAHO

State File No. 138083
Local Reg. No. 88
Reg. Dist. No.

1. PLACE OF DEATH:
(a) County Ada
(b) City or town Boise.
(c) Street Address or R.F.D. No. 2110. State.
(d) Death Occured Inside Yes Outside? ..... city or town
(e) Died in a Home X Hospital .... Institution .... Other place ....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 11 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho. (b) County Ada
(c) City or town Boise.
(d) Street Address or R.F.D. No. 2110. State.
(e) Deceased lived Inside? Yes Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 35. years
(h) Former residence (city, state) South Dakota.

3. (a) **FULL NAME** Marion. W. Beckwith.

3. (b) If veteran, name war No.
3. (c) Social Security No. None.
4. Sex Female
5. Color or Race White.
6. (a) Single, widowed, married, divorced Married.
6. (b) Name of husband or wife Robert. W.
6. (c) Age of husband or wife if alive 49. years
7. Date of Birth (Month, Day, Year) May. 20. 1906.

8. AGE	Years	Months	Days	If less than 1 day
	37.	9.	12.	hrs min.

9. Exact Occupation At Home. Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Wessington Springs, S.D. (City or town) (State or foreign country)
Father
12. Name Cyrus. Russell Wetherell.
13. Birthplace Green Bay Wis. (City or town) (State or foreign country)
Mother
14. Maiden name Helen Niles.
15. Birthplace Schoolcroft, Michigan. (City or town) (State or foreign country)
16. Informant's **OWN** Signature R W Beckwith
and Address 2110. State Boise, Idaho.
17. (a) Removal. (Burial, cremation, or removal) (b) Date thereof March. 6. 1944. (Month) (Day) (Year)
(c) Place: Portland, Oregon.
18. Funeral Director's **OWN** Signature Clyde E. Summers
and Address Boise, Idaho.
19. (a) 3-3-44 (Date received and filed) (b) R Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Mar 2 1944
at 5 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from Nov 1943, to Mar 2 1944
I last saw her alive on 3-2 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
~~[illegible]~~ Cachexia	3 mo
Due to Generalized carcinomatosis of abd.	6 mo
Due to Ca of stomach	1 1/2 yr
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation no Date
Major finding
Finding of autopsy no

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature R D Lemonton (M. D. or other)
and Address Boise Date ..... 19.....
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. ____
Local Reg. No. 89
Reg. Dist. No. 37

APR 15 1944

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise.
   (c) Street Address or R.F.D. No. X
   (d) Death Occured Inside? Yes Outside? ____ city or town
   (e) Died in a Home ____ Hospital X Institution ____ Other place ____
   (f) Name Hosp. or Inst. St. Lukes. Stayed 2. days
   (g) Lived in this county ____ years 4 months ____ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho. (b) County Clearwater
   (c) City or town Orifino.
   (d) Street Address or R.F.D. No. 1.
   (e) Deceased lived Inside? ____ Outside? Ye s city or town
   (f) Citizen of what country? U.A.S.
   (g) How long had deceased lived in Idaho? 37 years
   (h) Former residence (city, state) Missouri.

3. (a) **FULL NAME** Birney Hannah Powell. 1376

3. (b) If veteran, name war No.
3. (c) Social Security No. None.
4. Sex Male. 5. Color or race White. 6. (a) Single, widowed, married, divorced Widower.
6. (b) Name of husband or wife ____
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) December. 30. 1867.

8. AGE	Years	Months	Days	If less than 1 day
	76.	2	23.	hrs ____ min.

9. Exact Occupation Farmer. Did this work for ____ yrs.
10. Industry or Business ____ Date last worked ____
11. Birthplace Gallatin (City or town) Missouri. (State or foreign country)

Father
12. Name James. L. Powell.
13. Birthplace Unknown. (City or town) (State or foreign country)

Mother
14. Maiden name Mary Hannah.
15. Birthplace Texas. (City or town) (State or foreign country)

16. Informant's **OWN** Signature Harold L Powell
and Address Orifino, Idaho R.F.D. #1

17. (a) Removal. (Burial, cremation, or removal) (b) Date thereof March. 4. (Month) (Day) 1944 (Year)
(c) Place: Lewiston, Idaho.

18. Funeral Director's **OWN** Signature Clyde E. Summers
and Address Boise, Idaho.

19. (a) 3-4-44 (Date received and filed) (b) R. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 3 1944
at 6 10 o'clock pm M.

21. **I HEREBY CERTIFY**, That I attended deceased from Mar 1 1944, to Mar 3 1944
I last saw h alive on Mar 3 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Uremia 132:2	
Due to Prostate Obstruction	10 yrs
Due to 13662	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19 ____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's **OWN** Signature J B Eppes (M. D. or other)
and Address Boise Date 3-4 1944
(For additional space, use reverse side)

Ward

United States
Department of Commerce
Bureau of the Census

APR 15 1944

Certificate Of Death

STATE OF IDAHO

State File No. 13[illegible]
Local Reg. No. 92
Reg. Dist. No. 22

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home.... Hospital X Institution.... Other place....
   (f) Name Hosp. or Inst. St. Alph: Stayed 32 days
   (g) Lived in this county ..... years ..... months 32 days

   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State McCall (b) County Valley
   (c) City or town McCall
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? X Outside? ..... city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 25 years
   (h) Former residence (city, state) Clif:

3. (a) **FULL NAME** Ella Irwin 102

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) May 14th. 1869

8. AGE	Years	Months	Days	If less than 1 day
	74	9	20	hrs min.

9. Exact Occupation Housewife — Did this work for ..... yrs.
10. Industry or Business — Date last worked
11. Birthplace Missouri (City or town) (State or foreign country)

Father
12. Name Daniel Cluster
13. Birthplace Unknown (City or town) (State or foreign country)

Mother
14. Maiden name Blanche McNeill
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's **OWN** Signature Patrick L. Irwin
and Address McCall Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/9/1944 (Month) (Day) (Year)
(c) Place: St. John's Cemetery

18. Funeral Director's **OWN** Signature Scheibert & McCann
and Address McCall Idaho

19. (a) 3-7-44 (Date received and filed) (b) R. Skaggs (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 7 1944
at 3:00 o'clock A. M.

21. **I HEREBY CERTIFY**, That I attended deceased from Feb. 20 1944; to March 19
I last saw her alive on March 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Hypertension 102	3 years
Due to Senility 1621	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ..... Date .....
Major finding
Finding of autopsy None

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury

23. Attendant's **OWN** Signature Louise C. Ward (M. D. or other)
and Address Boise Ida. Date 3-7 1944

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

138086

United States
Department of Commerce
Bureau of the Census

APR 15 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 96
Local Reg. No. 96
Reg. Dist. No. 3-5

1. **PLACE OF DEATH:**
(a) County Ada Boise
(b) City or town
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home__ Hospital X Institution__ Other place__
(f) Name Hosp. or Inst. St Lukes Stayed 49 days
(g) Lived in this county ____ years ____ months 49 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Nampa
(d) Street Address or R. F. D. No. 212-16 Ave So
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 7 mos. years
(h) Former residence (city, state) Fort Morgan Colo.

3. (a) **FULL NAME** Lloyd Ernest Fuller 114E

3. (b) If veteran, name war ____ (c) Social Security No. ____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife ____ 6. (c) Age of husband or wife if alive ____ years

7. Date of Birth (Month, Day, Year) June 28 - 1938

8. AGE	Years	Months	Days	If less than 1 day hrs	min.
	5	8	7		

9. Exact Occupation ____ Did this work for ____ yrs.
10. Industry or Business ____ Date last worked ____
11. Birthplace Fort Morgan (City or town) Colo. (State or foreign country)

Father
12. Name Harold Fuller
13. Birthplace Ft Dumiston (City or town) Iowa (State or foreign country)

Mother
14. Maiden name Ruth Messer
15. Birthplace Wallash (City or town) Neb. (State or foreign country)

16. Informant's **OWN** Signature X Harold Fuller
and Address 212-16 Ave So.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/8/1944 (Month) (Day) (Year)
(c) Place: Nampa (Cemetery)

18. Funeral Director's **OWN** Signature W. E. Wallis
and Address Nampa Idaho

19. (a) 3-8-44 (Date received and filed) (b) R. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 5 1944
at 12:35 o'clock ____ M.

21. **I HEREBY CERTIFY**, That I attended deceased from Aug. 24 1943 to Mar. 6 1944
I last saw h__ alive on Mar. 6 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: 114e1 — Duration
Due to Mycetismus of the Lungs — about 24 hrs
Due to Airyeast Fungus!
Other conditions ____
(Include pregnancy within 3 months of death)

Where was disease contracted? Colorado
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's **OWN** Signature Harmon Greenawalt (M. D. or other)
and Address Boise Date 3/8 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

APR 15 1944

Certificate Of Death

STATE OF IDAHO

State File No. 138087
Local Reg. No. 93
Reg. Dist. No. 370

1. PLACE OF DEATH:
(a) County Ada
(b) City or town Boise
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? X Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. St. Alph: Stayed days
(g) Lived in this county years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Boise
(c) City or town Robie Creek. Boise Co.
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 19 years
(h) Former residence (city, state) ?

3. (a) FULL NAME James William Toland

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3. (b) If veteran, name war ?
3. (c) Social Security No. ?
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) May 6th. 1877

8. AGE	Years	Months	Days	If less than 1 day
	66	9	29	hrs min.

9. Exact Occupation Farm Laborer Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Clare (City or town) Mich (State or foreign country)
Father
12. Name Unknown
13. Birthplace Unknown (City or town) (State or foreign country)
Mother
14. Maiden name Unknown
15. Birthplace Unknown (City or town) (State or foreign country)
16. Informant's OWN Signature Records of Boise County
and Address By Schreiber & McCann
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/8/1944 (Month) (Day) (Year)
(c) Place: Morris Hill Cemetery
18. Funeral Director's OWN Signature Schreiber & McCann
and Address Boise Milford Dragon
19. (a) 3-7-44 (Date received and filed) (b) R. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 5th 1944
at 6:00 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from 2-5 1944, to 3-5 1944
I last saw him alive on 3-5 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Lobar Pneumonia	5 days
Due to Cardiac failure	2 months
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy None

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature Roscoe C Ward (M. D. or other)
and Address Boise Ida Date 3-7 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

APR 15 1944

Certificate Of Death

STATE OF IDAHO

State File No. 138088
Local Reg. No. 101
Reg. Dist. No. 370

1. **PLACE OF DEATH:**
(a) County Ada
(b) City or town Boise
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? X Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. St. Alph: Stayed days
(g) Lived in this county 19 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Ada
(c) City or town Boise
(d) Street Address or R.F.D. No. Rt. 4:
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 34 years
(h) Former residence (city, state) Washington

3. (a) **FULL NAME** Bernard McMahon 92b

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Edna
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Dec 15th. 1872

8. AGE	Years	Months	Days	If less than 1 day
	71	2	22	hrs min.

9. Exact Occupation Blacksmith Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace County Cavin (City or town) Ireland (State or foreign country)
Father
12. Name Charles McMahon
13. Birthplace Ireland (City or town) (State or foreign country)
Mother
14. Maiden name Catherine Boland
15. Birthplace England (City or town) (State or foreign country)
16. Informant's OWN Signature Mrs. B. McMahon
and Address Rt. 4: Boise Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/13/44 (Month) (Day) (Year)
(c) Place: Cloverdale Memorial Park
18. Funeral Director's OWN Signature Schreiber & McCann
and Address Boise. Milford Bragg
19. (a) 3-11-44 (Date received and filed) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 3-6-1944
at o'clock M.
21. **I HEREBY CERTIFY,** That I attended deceased from 10-30-1937, to 3-6-1944.
I last saw him alive on 3-6-1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Decompensation Heart	95c2
Due to Mitral Stenosis	92b
Due to Rheumatism	58f
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature Fred A. [illegible] (M. D. or other)
and Address Boise, Idaho Date 3-7-1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

APR 15 1944

Certificate Of Death

STATE OF IDAHO

State File No. 13808
Local Reg. No. 47
Reg. Dist. No. 371

1. PLACE OF DEATH:
(a) County Ada
(b) City or town Boise
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? Outside? XX city or town
(e) Died in a Home.... Hospital X Institution.... Other place....
(f) Name Hosp. or Inst. Veterans Hosp. Stayed 534 days
(g) Lived in this county.....years .....months .....days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State California (b) County
(c) City or town San Francisco
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? Outside? city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? years
(h) Former residence (city, state)

3. (a) FULL NAME L'HERMITE, France A.

122a

3. (b) If veteran, name war WW
3. (c) Social Security No. 553-01-5262
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Separated
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	56	6	5	hrs min.

9. Exact Occupation Butler — Did this work for yrs.
10. Industry or Business — Date last worked Unknown
11. Birthplace (City or town) France (State or foreign country)

Father
12. Name L'HERMITE, Alfred
13. Birthplace (City or town) France (State or foreign country)

Mother
14. Maiden name Unknown
15. Birthplace (City or town) Unknown (State or foreign country)

16. Informant's **OWN** Signature Records, Veterans Administration
and Address Boise, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/14/44 (Month) (Day) (Year)
(c) Place: Boise, Idaho

18. Funeral Director's **OWN** Signature McGratney Funeral Home
and Address Boise, Idaho

19. (a) 3-11-44 (Date received and filed) (b) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH
(Month, Day, Year) March 7, 1944
at 6:30 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from June 12, 1942 to March 7, 1944
I last saw him alive on March 7, 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cirrhosis of the Liver 124b	22 Mo.
Due to	
Due to	
Other conditions Strangulated Umbilical Hernia (Include pregnancy within 3 months of death) 122a1	1 Wk.

Where was disease contracted?
Name of operation Herniaplasty and Resection Omentum Date 2-29-44
Major finding
Finding of autopsy No autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature BURTON O. CLARK M.D., CMO (M. D. or other)
and Address VAF, Boise, Idaho Date Mar. 8, 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. .....
Local Reg. No. 95
Reg. Dist. No. 370

APR 15 1944

1. PLACE OF DEATH:
(a) County Ada
(b) City or town Boise
(c) Street Address or R.F.D. No. .....
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Home.... Hospital X Institution.... Other place....
(f) Name Hosp. or Inst. St. Alphonsus Stayed 18 days
(g) Lived in this county ..... years ..... months 18 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Twin Falls
(c) City or town Buhl
(d) Street Address or R.F.D. No. Rt # 3
(e) Deceased lived Inside? ..... Outside? X city or town
(f) Citizen of what country? U. S. A.
(g) How long had deceased lived in Idaho? 31 years
(h) Former residence (city, state) Minnesota

3. (a) **FULL NAME** ANNE E. McDONNELL

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife R. A. McDonnell
6. (c) Age of husband or wife if alive 67 years
7. Date of Birth (Month, Day, Year) February 2, 1869

8. AGE	Years	Months	Days	If less than 1 day
	75	1	5	hrs min.

9. Exact Occupation Housewife Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Denmark, Minnesota (City or town) (State or foreign country)
Father
12. Name Morris O'Connor
13. Birthplace Ireland (City or town) (State or foreign country)
Mother
14. Maiden name Unknown
15. Birthplace Unknown (City or town) (State or foreign country)
16. Informant's **OWN** Signature X R. A. McDonnell
and Address R 3 - Buhl Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3/8/44 (Month) (Day) (Year)
(c) Place: Buhl, Idaho
18. Funeral Director's **OWN** Signature Schreiber & McCann
and Address Boise Milford Hagan
19. (a) 3-7-44 (Date received and filed) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 7 1944
at ..... o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from 2-21 1944, to 3-7 1944
I last saw her alive on 3-6 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cancer of ovary	10 mos.
Due to	
Due to	
Other conditions ..... (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature Alfred M. [illegible] M.D. (M. D. or other)
and Address Boise, Idaho Date 3-7 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

APR 15 1944

Certificate Of Death

STATE OF IDAHO

State File No.
Local Reg. No. 45
Reg. Dist. No. 3-3

1. PLACE OF DEATH:
(a) County Ada
(b) City or town 5 miles east of Kuna, Idaho
(c) Street Address or R.F.D. No. --
(d) Death Occured Inside? ... Outside? -- city or town
(e) Died in a Home ... Hospital ... Institution ... Other place --
(f) Name Hosp. or Inst. -- Stayed ... days
(g) Lived in this county ... years 3 months 7 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State New Jersey (b) County Bergen
(c) City or town Bergenfield
(d) Street Address or R.F.D. No. 62 Tulip St
(e) Deceased lived Inside? X Outside? ... city or town
(f) Citizen of what country? U.S.
(g) How long had deceased lived in Idaho? 3mo 7 ~~years~~ days
(h) Former residence (city, state) See above

3. (a) **FULL NAME** FORD, Walter E. J. 32761425

3. (b) If veteran, name war --
3. (c) Social Security No. --
4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife --
6. (c) Age of husband or wife if alive -- years
7. Date of Birth (Month, Day, Year) May 12, 1924

8. AGE	Years	Months	Days	If less than 1 day hrs min.
	19	8	26	

9. Exact Occupation soldier — Did this work for 1-1/12 yrs.
10. Industry or Business U.S. Army — Date last worked 3/8/44
11. Birthplace New York City, N. Y. (City or town) (State or foreign country)

Father
12. Name James Ford
13. Birthplace Unknown (City or town) (State or foreign country)

Mother
14. Maiden name Frieda (Unknown)
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's **OWN** Signature Phillip C. Pedersen
and Address Gowen Field, Boise, Idaho

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Mar. 10, 1944 (Month) (Day) (Year)
(c) Place: Bergenfield, New Jersey

18. Funeral Director's **OWN** Signature [illegible]
and Address Boise, Idaho

19. (a) 3-10-44 (Date received and filed) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH
(Month, Day, Year) March 8 19 44
at 12:50 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from -- 19 ..., to -- 19 ...
I last saw h-- alive on -- 19 ...; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Partial decapitation, evulsion of brain, evisceration & partial incineration	Instantly
Due to Airplane accident	
Other conditions -- (Include pregnancy within 3 months of death)	
Where was disease contracted? --	
Name of operation -- Date	
Major finding --	
Finding of autopsy See above	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? X Suicide? ... Homicide? ...
Occurred March 8 19 44 City, county, state where violence occurred Ada County, Idaho
Place of Violence: Home ... Farm ... Industry ...
Public Place X While at work? ...
Means of injury Airplane accident

23. Attendant's **OWN** Signature Frank L. Fletcher
FRANK L. FLETCHER, Lt Col, MC (M. D. or other)
and Address Gowen Fld, Idaho Date 3/8 19 44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

APR 15 1944

Certificate Of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 44
Reg. Dist. No. 37

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town 5 miles east of Kuna, Idaho
   (c) Street Address or R.F.D. No. --
   (d) Death Occured Inside? ... Outside? X city or town
   (e) Died in a Home ... Hospital ... Institution ... Other place X
   (f) Name Hosp. or Inst. -- Stayed ... days
   (g) Lived in this county ... years 2 months 5 days

   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State New Hampshire (b) County --
   (c) City or town Wilton
   (d) Street Address or R.F.D. No. Abbot Hill
   (e) Deceased lived Inside? X Outside? ... city or town
   (f) Citizen of what country? -- U. S.
   (g) How long had deceased lived in Idaho? 2mo 5 days
   (h) Former residence (city, state) See above

3. (a) **FULL NAME** MAHER, William Thomas 0-809668

3. (b) If veteran, name war --
3. (c) Social Security No. --
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife --
6. (c) Age of husband or wife if alive -- years
7. Date of Birth (Month, Day, Year) June 28, 1923

8. AGE	Years	Months	Days	If less than 1 day
	20	8	10	hrs min.

9. Exact Occupation Navigator — Did this work for 7 months
10. Industry or Business U. S. Army — Date last worked 3/8/44
11. Birthplace Unknown (City or town) (State or foreign country)

Father
12. Name Edward F. Maher
13. Birthplace Unknown (City or town) (State or foreign country)

Mother
14. Maiden name Unknown
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's **OWN** Signature Phillip O. Pedersen
    and Address Gowen Field, Boise, Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Mar 10 1944 (Month) (Day) (Year)
    (c) Place: Wilton, New Hampshire
18. Funeral Director's **OWN** Signature [illegible]
    and Address Boise, Idaho
19. (a) 3-10-44 (Date received and filed) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH**
    (Month, Day, Year) March 8 19 44
    at 12:50 o'clock A. M.
21. **I HEREBY CERTIFY**, That I attended deceased from -- 19 , to -- 19
    I last saw h-- alive on -- 19 ; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Partial decapitation, dismemberment & partial incineration	Instantly
Due to	
Due to Airplane accident	
Other conditions -- (Include pregnancy within 3 months of death)	
Where was disease contracted? --	
Name of operation -- Date	
Major finding --	
Finding of autopsy See above	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? X Suicide? ... Homicide? ...
    Occurred March 8 19 44 City, county, state where violence occurred Ada County, Idaho
    Place of Violence: Home ... Farm ... Industry ...
    Public Place X While at work? ...
    Means of injury Airplane accident
23. Attendant's **OWN** Signature Frank L. Fletcher
    FRANK L. FLETCHER, 1st Lt., MC
    and Address Gowen Fld, Idaho Date 3/8 19 44

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

APR 15 1944

Certificate Of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 43
Reg. Dist. No. 37[illegible]

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town 5 miles east of Kuna, Idaho
   (c) Street Address or R. F. D. No. --
   (d) Death Occured Inside? ..... Outside? X city or town
   (e) Died in a Home.... Hospital.... Institution.... Other place X
   (f) Name Hosp. or Inst. -- Stayed ..... days
   (g) Lived in this county ..... years 3 months 7 days

   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Illinois (b) County --
   (c) City or town Seymour
   (d) Street Address or R.F.D. No. --
   (e) Deceased lived Inside? ..... Outside? X ..... city or town
   (f) Citizen of what country? U. S.
   (g) How long had deceased lived in Idaho? 3 mo 7 days ~~years~~
   (h) Former residence (city, state) See above

3. (a) **FULL NAME** SCALES, Danny D. 20620064 173

3. (b) If veteran, name war --
3. (c) Social Security No. --
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Alice L.
6. (c) Age of husband or wife if alive Unknown years
7. Date of Birth (Month, Day, Year) Novemeber 16, 1920

8. AGE	Years	Months	Days	If less than 1 day
	23	3	22	hrs min.

9. Exact Occupation Soldier — Did this work for 4-1/2 yrs.
10. Industry or Business U. S. Army — Date last worked 3-8-44
11. Birthplace Mahomet, Illinois (City or town) (State or foreign country)

Father
12. Name William Leonard Scales
13. Birthplace Unknown (City or town) (State or foreign country)

Mother
14. Maiden name Rose (Unknown)
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's **OWN** Signature Phillip C. Pedersen
and Address Gowen Field, Boise, Idaho

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Mar. 10, 1944 (Month) (Day) (Year)
(c) Place: Seymour, Illinois

18. Funeral Director's **OWN** Signature [illegible]
and Address Boise, Idaho

19. (a) 3-10-44 (Date received and filed) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 8 1944
at 12:50 o'clock A. M.

21. **I HEREBY CERTIFY**, That I attended deceased from -- 19 ..... to -- 19 .....
I last saw h-- alive on -- 19 .....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Compound, comminuted fracture of skull; herniation of brain;	Instantly
generalized 3rd degree burns	
Due to Airplane accident	
Other conditions -- (Include pregnancy within 3 months of death)	

Where was disease contracted? --
Name of operation -- Date
Major finding --
Finding of autopsy See above

PHYISCIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? X Suicide? ..... Homicide? .....
Occurred March 8 1944 City, county, state where violence occurred Ada County, Idaho
Place of Violence: Home ..... Farm ..... Industry .....
Public Place X While at work? .....
Means of injury Airplane accident

23. Attendant's **OWN** Signature Frank L. Fletcher MC
FRANK L. FLETCHER (M.D. or other)
and Address Gowen Fld, Idaho Date 3-8 Lt Col, 1944
(For additional space, use reverse side)

United States
Department of Commerce
Bureau of the Census

APR 15 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 138094
Local Reg. No. 97
Reg. Dist. No. 37C

1. **PLACE OF DEATH:**
(a) County Ada
(b) City or town Boise
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. St. Alphonsus Stayed days
(g) Lived in this county --- years --- months 7 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Ada
(c) City or town Boise
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 7 Days years
(h) Former residence (city, state) -------

3. (a) **FULL NAME** Phil Edward Hawkins 161c

3. (b) If veteran, name war -----
3. (c) Social Security No. ----------
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife ----------
6. (c) Age of husband or wife if alive ---------- years
7. Date of Birth (Month, Day, Year) March 1, 1944

8. AGE	Years	Months	Days	If less than 1 day
	0	0	7	---------- hrs min.

9. Exact Occupation ---------- Did this work for ----- yrs.
10. Industry or Business ---------- Date last worked ------
11. Birthplace Boise, Idaho (City or town) (State or foreign country)
Father
12. Name Lewis Hawkins
13. Birthplace Weiser Idaho (City or town) (State or foreign country)
Mother
14. Maiden name Winnie Randa
15. Birthplace Donnelly Idaho (City or town) (State or foreign country)
16. Informant's OWN Signature Lewis W. Hawkins
and Address Boise, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/10/44 (Month) (Day) (Year)
(c) Place: Morris Hill, Boise, Idaho
18. Funeral Director's OWN Signature [signature]
and Address Boise, Idaho
19. (a) 3-9-44 (Date received and filed) (b) R. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 8 1944
at 10 00 o'clock a M.
21. **I HEREBY CERTIFY,** That I attended deceased from March 1 1944, to March 8 1944
I last saw him alive on March 8 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Jaundice 161c	5 days
Due to Icterus gravis 161c	5 days.
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state
where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature Roscoe O Ward (M. D. or other)
and Address Boise Ida Date 3-8 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Swindell

United States
Department of Commerce
Bureau of the Census

APR 15 1944

Certificate Of Death

STATE OF IDAHO

State File No. 1784[illegible]
Local Reg. No. 49
Reg. Dist. No. 311

1. PLACE OF DEATH:
(a) County Ada
(b) City or town Eagle
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Home X Hospital ..... Institution ..... Other place
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 14 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Ada
(c) City or town Eagle
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? X Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 34 years
(h) Former residence (city, state) Minn:

3. (a) FULL NAME Albert Rudolph Vollmer 94a

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Elizabeth
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) Sept 12th. 1869

8. AGE	Years	Months	Days	If less than 1 day
	74	5	27	hrs min.

9. Exact Occupation Salesman Did this work for ..... yrs.
10. Industry or Business Retired Date last worked
11. Birthplace Ft. Wayne (City or town) Ind: (State or foreign country)
Father 12. Name Vollmer
13. Birthplace Bavaria (City or town) (State or foreign country)
Mother 14. Maiden name Louise Griebe
15. Birthplace Switzerland (City or town) (State or foreign country)
16. Informant's OWN Signature Elizabeth L. Vollmer
and Address Eagle Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/11/44 (Month) (Day) (Year)
(c) Place: Morris Hill Cemetery
18. Funeral Director's OWN Signature Schreiber McCann
and Address Boise Milford Okagan
19. (a) 3-11-44 (Date received and filed) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) 3-9 1944
at ..... o'clock ..... M.

21. I HEREBY CERTIFY, That I attended deceased from 1-3-1941, to 19
I last saw him alive on 12-5 1943; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: 93b	Duration
Cerebral Thrombosis	unknown
Due to Arterio-sclerosis	97
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Coronary Sclerosis	94a

Where was disease contracted?
Name of operation ..... Date
Major finding
Finding of autopsy none

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury

23. Attendant's OWN Signature C. F. Swindell (M. D. or other)
and Address Boise Ida Date 3-10 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

APR 15 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 138096
Local Reg. No. 48
Reg. Dist. No. 37

1. **PLACE OF DEATH:**
(a) County Ada
(b) City or town Boise
(c) Street Address or R. F. D. No. Rt. 1
(d) Death Occurred Inside? ____ Outside? X city or town
(e) Died in a Home X Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 41 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Ada
(c) City or town Boise
(d) Street Address or R. F. D. No. West of City
(e) Deceased lived Inside? ____ Outside? X city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 41 years
(h) Former residence (city, state) Iowa

3. (a) **FULL NAME** Jeptha B. Smith

94a

3. (b) If veteran, name war ____
3. (c) Social Security No. ____
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Olevia H.
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) October 11, 1862

8. AGE	Years	Months	Days	If less than 1 day
	81	4	28	hrs ____ min.

9. Exact Occupation Farming — Did this work for ____ yrs.
10. Industry or Business ____ — Date last worked ____
11. Birthplace Earlham (City or town) Iowa (State or foreign country)

Father
12. Name Jesse P. Smith
13. Birthplace Ohio (City or town) (State or foreign country)

Mother
14. Maiden name Lydia Barnett
15. Birthplace Indiana (City or town) (State or foreign country)

16. Informant's OWN Signature M. B. Stephens
and Address Boise, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/13/44 (Month) (Day) (Year)
(c) Place: Morris Hill Cemetery, Boise, Ida.
18. Funeral Director's OWN Signature McBratney Funeral Home
and Address Boise, Idaho
19. (a) 3-11-44 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 9 1944
at 10 — o'clock am M.
21. I HEREBY CERTIFY, That I attended deceased from March 8 1944, to March 9 1944
I last saw him alive on March 9 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary occlusion — Duration Hours
Due to ____
Due to ____
Other conditions ____ (Include pregnancy within 3 months of death)
Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature [signature] (M. D.)
and Address Boise Date 3-9 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census APR 15 1944

Certificate Of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 46
Reg. Dist. No. [illegible]

1. PLACE OF DEATH:
(a) County Ada
(b) City or town Boise
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? Outside? XX city or town
(e) Died in a Home Hospital XX Institution Other place
(f) Name Hosp. or Inst. Vets. Admn. Stayed 3 days
(g) Lived in this county years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Ada
(c) City or town Boise
(d) Street Address or R.F.D. No. 1710 N. 15th St.
(e) Deceased lived Inside? XX Outside? city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? Unknown years
(h) Former residence (city, state)

3. (a) FULL NAME CARROLL, Robert

1176.

3. (b) If veteran, name war Sp. Am.
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Nina R. Carroll
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) May 10, 1877

8. AGE	Years	Months	Days	If less than 1 day
	66	9	28	hrs min.

9. Exact Occupation Mgr. Capitol Garage Did this work for Unkn. yrs.
10. Industry or Business Date last worked Unknown
11. Birthplace (City or town) Maryland (State or foreign country)

Mother
12. Name Unknown
13. Birthplace (City or town) (State or foreign country)

Father
14. Maiden name Unknown
15. Birthplace (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mr. Bell Records, Veterans Administration
and Address Boise, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/13/44 (Month) (Day) (Year)
(c) Place: St. Joan's Morris Hill, Boise, Ida.

18. Funeral Director's **OWN** Signature Kenneth Libby McBratney Funeral Home
and Address Boise, Idaho

19. (a) 3-11-44 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) March 9, 1944
at 9:50 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from March 6, 1944, to March 9, 1944
I last saw him alive on March 9, 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — Duration
0704 Hemorrhage — 3 days
1176-1
Due to 1720 Ulcer, Perforating, Duodenal — Unknown
Due to
Other conditions 0137 Arteriosclerosis 97
(Include pregnancy within 3 months of death)
general; 0050 Adhesions, Pleural, Right Lung — Unknown
Where was disease contracted? 1176
Name of operation Date
Major finding
Finding of autopsy As above

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state
where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature Burton O. Clark, M.D.C.M.O. (M. D. or other)
and Address VAF, Boise, Ida. Date Mar. 10 19 44
(For additional space, use reverse side)

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 13[illegible]
Local Reg. No. 100
Reg. Dist. No. 2[illegible]

1. **PLACE OF DEATH:** APR 15 1944
   (a) County Ada
   (b) City or town Boise.
   (c) Street Address or R.F.D. No. 2200. Heron St.
   (d) Death Occured Inside? Yes Outside? ..... city or town
   (e) Died in a Hom X Hospital ... Institution ... Other place ...
   (f) Name Hosp. or Inst. ..... Stayed ..... days
   (g) Lived in this county 10 years ..... months ..... days

   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho. (b) County Ada
   (c) City or town Boise.
   (d) Street Address or R.F.D. No. 2200. Heron.
   (e) Deceased lived Inside? Yes Outside? ..... city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 30 years
   (h) Former residence (city, state) Iowa.

3. (a) **FULL NAME** Harriett. Mc Carroll Draper. 92d

3. (b) If veteran, name war No.
3. (c) Social Security No. None.
4. Sex Female 5. Color or race White.
6. (a) Single, widowed, married, divorced Widow.
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) June. 13. 1861.

8. AGE	Years	Months	Days	If less than 1 day
	82.	8.	26.	hrs ... min.

9. Exact Occupation At Home. Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Kirkville Iowa. (City or town) (State or foreign country)

Father
12. Name Robert. S. Mc Carroll.
13. Birthplace Ohio. (City or town) (State or foreign country)

Mother
14. Maiden name Suzanna English.
15. Birthplace Ohio. (City or town) (State or foreign country)

16. Informant's **OWN** Signature Wm McCarroll
and Address Salem. Oregon. 130 Beach St.

17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof March. 17. 1944. (Month) (Day) (Year)
(c) Place: Boise Mausoleum.

18. Funeral Director's **OWN** Signature Clyde E Summers
and Address Boise, Idaho.

19. (a) 3-11-44 (Date received and filed) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 9 1944
at 11.30 o'clock A M.

21. **I HEREBY CERTIFY**, That I attended deceased from 8/6 1941, to 3/9 1944.
I last saw her alive on 3/8 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: 940 Duration
Cardiac Thrombosis Immediate
Due to Valvular Stenosis 928 5 years.
937
Due to Myocardial weakness 2 months
Other conditions Influenza 330 4 days
(Include pregnancy within 3 months of death)

Where was disease contracted? Boise
Name of operation None Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? No Suicide? No Homicide? No
Occurred 11:30 A.M. 3/9/44 City, county, state 1944 where violence occurred .....
Place of Violence: Home ✓ Farm ..... Industry .....
Public Place ..... While at work? No
Means of injury .....

23. Attendant's **OWN** Signature F. H. Thurston (M. D. or other)
and Address Boise Date 3/11/1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Coble

United States
Department of Commerce
Bureau of the Census

APR 15 1944

Certificate Of Death

STATE OF IDAHO

State File No. 13 [illegible]
Local Reg. No. 50
Reg. Dist. No. [illegible]

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home.... Hospital X Institution.... Other place....
   (f) Name Hosp. or Inst. Ada Co: Stayed ..... days
   (g) Lived in this county 65 years ..... months ..... days

   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Ada
   (c) City or town Boise
   (d) Street Address or R.F.D. No. Rt. 1:
   (e) Deceased lived Inside? X Outside? ..... city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 65 years
   (h) Former residence (city, state) Missouri

3. (a) **FULL NAME** Lela Joplin Coble

93E

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex F:
5. Color or race W:
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Sam
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) Aug. 5th. 1864

8. AGE	Years	Months	Days	If less than 1 day
	79	7 1	5	hrs min.

9. Exact Occupation Housewife — Did this work for ..... yrs.
10. Industry or Business — Date last worked .....
11. Birthplace Benton Co. Missouri (City or town) (State or foreign country)

Father
12. Name Staten Joplin
13. Birthplace West Va: (City or town) (State or foreign country)

Mother
14. Maiden name Unknown
15. Birthplace U.S.A. (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mrs Ada Slane
and Address Rt. 1: Meridian Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/13/1944 (Month) (Day) (Year)
(c) Place: Joplin Cemetery

18. Funeral Director's **OWN** Signature Schreiber McCann
and Address Boise Milford Chapel

19. (a) 3-11-44 (Date received and filed) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 10- 1944
at 4 o'clock a M.

21. **I HEREBY CERTIFY,** That I attended deceased from [illegible] 19[illegible], to [illegible] 10 1944
I last saw her alive on Mch 9 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	93e1	Duration
Myocarditis		
Due to Senility	162 h	
Due to		
Other conditions (Include pregnancy within 3 months of death)		
Where was disease contracted?		
Name of operation ..... Date		
Major finding		
Finding of autopsy		

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature D. W. Forney (M. D. or other)
and Address Boise. Date 3/10 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

138100

United States
Department of Commerce
Bureau of the Census

MAR 2 3 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. ✓
Reg. Dist. No. 371

1. **PLACE OF DEATH:**
(a) County Ada
(b) City or town Meridian
(c) Street Address or R. F. D. No. 2
(d) Death Occurred Inside? Outside? ✓ city or town
(e) Died in a Home ✓ Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 13 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Ada
(c) City or town Meridian
(d) Street Address or R. F. D. No. 2
(e) Deceased lived Inside? Outside? ✓ city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? 20 years
(h) Former residence (city, state)

3. (a) FULL NAME John Edward Henderson 83a

3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Fannie
6. (c) Age of husband or wife if alive 66 years
7. Date of Birth (Month, Day, Year) September 7 1872

8. AGE	Years	Months	Days	If less than 1 day
	71	6	3	hrs min.

9. Exact Occupation Carpenter Did this work for 40 yrs.
10. Industry or Business Date last worked 1944
11. Birthplace Decatur County Iowa (City or town) (State or foreign country)
Father
12. Name Francis Henderson
13. Birthplace unknown (City or town) (State or foreign country)
Mother
14. Maiden name Jane unknown
15. Birthplace (City or town) (State or foreign country)
16. Informant's OWN Signature Edd Mulvania
and Address Meridian Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-12-44 (Month) (Day) (Year)
(c) Place: Kuna
18. Funeral Director's OWN Signature Kenneth M Edmiston
and Address Meridian, Idaho.
19. (a) 3-12-44 (Date received and filed) (b) Grace L Neal (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 3-10 1944
at 5:00 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 3-38 1944, to 3-10 1944
I last saw him alive on 3-10 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cardiac & Respiratory failure
Due to Left sided hemiplegia
Due to Opaquing 83a
Other conditions
(Include pregnancy within 3 months of death)

Duration

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state
where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature John Thomas [illegible] (M. D. or other)
and Address Date 19
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

APR 15 1944

Certificate Of Death

STATE OF IDAHO

State File No. 13801
Local Reg. No. 105
Reg. Dist. No. 370

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise.
   (c) Street Address or R.F.D. No. 1009. Fort.
   (d) Death Occured Inside? Yes Outside? ..... city or town
   (e) Died in a Home X Hospital .... Institution .... Other place ....
   (f) Name Hosp. or Inst. ..... Stayed ..... days
   (g) Lived in this county 33 years ..... months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho. (b) County Ada
   (c) City or town Boise.
   (d) Street Address or R.F.D. No. 1009. Fort.
   (e) Deceased lived Inside? Yes Outside? ..... city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 33 years
   (h) Former residence (city, state) Kansas.

3. (a) **FULL NAME** Randolph George Hitchcock. 94a

3. (b) If veteran, name war No.
3. (c) Social Security No. 518-12-9494
4. Sex Male. 5. Color or race White. 6. (a) Single, widowed, married, divorced Married.
6. (b) Name of husband or wife Lula. M.
6. (c) Age of husband or wife if alive 57. years
7. Date of Birth (Month, Day, Year) March. 15. 1886.

8. AGE	Years	Months	Days	If less than 1 day
	57.	11.	26.	hrs min.

9. Exact Occupation Owner Hitchcock Did this work for ..... yrs.
10. Industry or Business Oil Company. Date last worked .....
11. Birthplace Oberlin. Kansas. (City or town) (State or foreign country)

Father
12. Name John. B. Hitchcock.
13. Birthplace England. (City or town) (State or foreign country)

Mother
14. Maiden name Julia Wandall.
15. Birthplace Iowa. (City or town) (State or foreign country)

16. Informant's OWN Signature Lula M. Hitchcock and Address 1004 Fort
17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof March. 16, 1944. (Month) (Day) (Year)
   (c) Place: Boise Mausoleum.
18. Funeral Director's OWN Signature Clyde E. Summers and Address Boise, Idaho.
19. (a) 3-16-44 (Date received and filed) (b) R. Clark (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March. 11. 1944.
   at 11 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from Dead when seen to ..... 19.....
   I last saw h..... alive on ? 19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary Occlusion — Duration 10 min
Due to .....
Due to .....
Other conditions Don't know
(Include pregnancy within 3 months of death)

Where was disease contracted? Boise Idaho
Name of operation None Date .....
Major finding .....
Finding of autopsy None

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
   Occurred ..... 19..... City, county, state where violence occurred .....
   Place of Violence: Home ..... Farm ..... Industry .....
   Public Place ..... While at work? .....
   Means of injury .....
23. Attendant's OWN Signature T. M. Braxton, M. D. (or other)
   and Address Boise Ida. Date ..... 19.....
   (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

APR 15 1944

Certificate Of Death

STATE OF IDAHO

State File No. 138102
Local Reg. No. 51
Reg. Dist. No. 371

1. PLACE OF DEATH:

(a) County Ada
(b) City or town Gowen Fld, Boise, Idaho
(c) Street Address or R.F.D. No. --
(d) Death Occured Inside? x Outside? ..... city or town
(e) Died in a Home.... Hospital x Institution.... Other place....
(f) Name Hosp. or Inst. Sta Hosp Stayed 2 days
(g) Lived in this county --- years --- months --- days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

(a) State Idaho (b) County .....
(c) City or town Weiser
(d) Street Address or R.F.D. No. Route #1
(e) Deceased lived Inside? ..... Outside? x ..... city or town
(f) Citizen of what country? U. S.
(g) How long had deceased lived in Idaho? 19 years
(h) Former residence (city, state) See above

3. (a) FULL NAME WOODRUFF, Robert T. 19171563 170c

3. (b) If veteran, name war --
3. (c) Social Security No. .....
4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife --
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) September 18, 1924

8. AGE	Years	Months	Days	If less than 1 day
	19	5	24	hrs min.

9. Exact Occupation Soldier — Did this work for 1-1/4 yrs.
10. Industry or Business U. S. Army — Date last worked --
11. Birthplace Weiser, Idaho (City or town) (State or foreign country)

Father
12. Name Torrey B. Woodruff
13. Birthplace Berlington, Wyoming (City or town) (State or foreign country)

Mother
14. Maiden name Ruby Asbury
15. Birthplace Kentucky (City or town) (State or foreign country)

16. Informant's OWN Signature Phillip C. Pedersen
and Address Gowen Field, Boise, Idaho

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Mar 3 1944 (Month) (Day) (Year)
(c) Place: Weiser, Idaho

18. Funeral Director's OWN Signature A. Sherman Wells
and Address Boise, Idaho

19. (a) 3-13-44 (Date received and filed) (b) A. Clark (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH
(Month, Day, Year) March 12 1944
at 7:07 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from March 10 1944, to March 12 1944
I last saw him alive on March 12 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Fracture, compound, complete rt temporal & base skull. Concussion cerebral. Sub dural hematoma	2 days
Due to Automobile accident	
Other conditions -- (Include pregnancy within 3 months of death)	

Where was disease contracted? --
Name of operation -- Date
Major finding --
Finding of autopsy See above

PHYISICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? x Suicide? ..... Homicide? .....
Occurred March 10 1944 City, county, state where violence occurred near Marsing, Owyhee, Idaho
Place of Violence: Home ..... Farm ..... Industry .....
Public Place x While at work? .....
Means of injury Automobile accident

23. Attendant's OWN Signature Edward F. McLaughlin
(M. D. or other) Maj, MC
and Address Gowen Fld, Idaho Date 3/12 1944

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census APR 15 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 138103
Local Reg. No. 102
Reg. Dist. No. 370

1. **PLACE OF DEATH:**
(a) County Ada
(b) City or town Boise
(c) Street Address or R. F. D. No. 2801 Madison
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home X Hospital __ Institution __ Other place __
(f) Name Hosp. or Inst. ____ Stayed __ days
(g) Lived in this county 10 years __ months __ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Ada
(c) City or town Boise
(d) Street Address or R. F. D. No. 2801 Madison
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 18 years
(h) Former residence (city, state) Iowa

3. (a) **FULL NAME** James Francis Sapp

93E

3. (b) If veteran, name war None
3. (c) Social Security No. ____
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary
6. (c) Age of husband or wife if alive 70 years
7. Date of Birth (Month, Day, Year) March 16, 1869

8. AGE	Years	Months	Days	If less than 1 day
	74	11	27	hrs min.

9. Exact Occupation Retired — Did this work for ___ yrs.
10. Industry or Business ____ — Date last worked ____
11. Birthplace Bureau County, Illinois (City or town) (State or foreign country)
Father
12. Name James Sapp
13. Birthplace Delaware (City or town) (State or foreign country)
Mother
14. Maiden name Amy Thawley
15. Birthplace Unknown (City or town) (State or foreign country)
16. Informant's OWN Signature Mrs. John Burrow
and Address Boise, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/15/44 (Month) (Day) (Year)
(c) Place: Morris Hill Cemetery, Boise, Ida
18. Funeral Director's OWN Signature [signature]
and Address Boise, Idaho
19. (a) 3-14-44 (Date received and filed) (b) B. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 13 1944
at 9:00 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from Jan 30 1944, to March 13 1944
I last saw him alive on March 10 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Myocarditis — Duration 3 months
Due to Senility
Due to
Other conditions
(Include pregnancy within 3 months of death)
Where was disease contracted?
Name of operation ____ Date ____
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state
where violence occurred
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury
23. Attendant's OWN Signature Roscoe C Ward (M. D. or other)
and Address Boise Idaho Date 3-14 1944
(For additional space, use reverse side)

United States
Department of Commerce
Bureau of the Census APR 15 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 138104
Local Reg. No. 103
Reg. Dist. No. 370

1. **PLACE OF DEATH:**
(a) County Ada
(b) City or town Boise
(c) Street Address or R. F. D. No. 1316 Manitou
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home X Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county ____ years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Middleton
(d) Street Address or R. F. D. No. Route #1 Caldwell
(e) Deceased lived Inside? ____ Outside? X city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 61 years
(h) Former residence (city, state) Texas

3. (a) **FULL NAME** John Franklin Fletcher

95c

3. (b) If veteran, name war None
3. (c) Social Security No. ____
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ethel
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) March 12, 1874

8. AGE	Years	Months	Days	If less than 1 day
	70	0	2	hrs ____ min.

9. Exact Occupation Farmer & Stockman Did this work for ____ yrs.
10. Industry or Business ____ Date last worked ____
11. Birthplace Taylor County, (City or town) Texas (State or foreign country)

Father
12. Name Andrew Fletcher
13. Birthplace ____ (City or town) Arkansas (State or foreign country)

Mother
14. Maiden name Mary Frith
15. Birthplace ____ (City or town) Missouri (State or foreign country)

16. Informant's **OWN** Signature Mrs Ethel Fletcher
and Address Middleton, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/16/44 (Month) (Day) (Year)
(c) Place: Morris Hill Cemetery, Boise, Ida.
18. Funeral Director's **OWN** Signature [illegible]
and Address Boise, Idaho
19. (a) 3-15-44 (Date received and filed) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 14 1944
at 3:30 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from ____ 19__ to March 14 1944
I last saw him alive on March 13 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cardiac decompensation — Duration 3 yrs
Due to Hypertension 102 — 3
Due to ____
Other conditions ____
(Include pregnancy within 3 months of death)

Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's **OWN** Signature [illegible] M.D.
(M. D. or other)
and Address Boise Date 3/14 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

MAR 23 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 138105
Local Reg. No. 3
Reg. Dist. No. 371

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Meridian
   (c) Street Address or R. F. D. No. 1
   (d) Death Occurred Inside? ____ Outside? ✓ city or town
   (e) Died in a Home ✓ Hospital __ Institution __ Other place __
   (f) Name Hosp. or Inst. ____ Stayed ____ days
   (g) Lived in this county 27 years ____ months ____ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Ada
   (c) City or town Meridian
   (d) Street Address or R. F. D. No. 1
   (e) Deceased lived Inside? ____ Outside? ✓ city or town
   (f) Citizen of what country? U.S.
   (g) How long had deceased lived in Idaho? 27 years
   (h) Former residence (city, state) ____

3. (a) **FULL NAME** Lillie Elizabeth Bowers 83a

3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife W L Bowers
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) December 1, 1886

8. AGE	Years	Months	Days	If less than 1 day
	57	3	13	hrs min.

9. Exact Occupation Housewife Did this work for 40 yrs.
10. Industry or Business Farm Date last worked 3-18-44
11. Birthplace ____ (City or town) Nebraska (State or foreign country)

Father
12. Name Henry Woods
13. Birthplace unknown (City or town) (State or foreign country)

Mother
14. Maiden name Ella Dixon
15. Birthplace unknown (City or town) (State or foreign country)

16. Informant's OWN Signature Gracie Bowers Pfach
and Address Nampa Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-16-44 (Month) (Day) (Year)
(c) Place: Meridian
18. Funeral Director's OWN Signature Kenneth M. Edmiston
and Address Meridian, Idaho
19. (a) 3-16-44 (Date received and filed) (b) Grace L Neal (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 3-14 1944
at 9:40 o'clock A. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 3-15 1940, to 3-14 1944
I last saw her alive on 3-14 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Respiratory + Cardiac failure	
Due to Left sided hemiplegia 83d	
Due to Apoplexy 83a1	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature Jos. M. Thomas M.D. (M. D. or other)
and Address ____ Date ____ 19__
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

APR 15 1944

Certificate Of Death

STATE OF IDAHO

State File No. 13106
Local Reg. No. 57
Reg. Dist. No. 371

1. PLACE OF DEATH:
(a) County Ada
(b) City or town Boise
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? Outside? XX city or town
(e) Died in a Home.... Hospital.... Institution.... Other place....
(f) Name Hosp. or Inst. Veterans Administration Stayed 2 days
(g) Lived in this county.....years .....months .....days
Note. For a person residing in THIS county LESS than 1 year. give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Adams
(c) City or town Weiser
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? Outside? XX city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? years
(h) Former residence (city, state)

3. (a) **FULL NAME** HAGOOD, Gus

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3. (b) If veteran, name war WWII
3. (c) Social Security No. Unknown
4. Sex Male
5. Color or race
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) April 12, 1907

8. AGE	Years	Months	Days	If less than 1 day
	36	11	3	hrs min.

9. Exact Occupation Farm Laborer — Did this work for .....yrs.
10. Industry or Business — Date last worked March 9, 1944
11. Birthplace Oregon (City or town) (State or foreign country)

Mother
12. Name Charles HAGOOD
13. Birthplace Missouri (City or town) (State or foreign country)

Father
14. Maiden name Lily DAVIS
15. Birthplace Oregon (City or town) (State or foreign country)

16. Informant's **OWN** Signature W. Hall
and Address Records, Veterans Administration Boise, Idaho

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3/19/44 (Month) (Day) (Year)
(c) Place: Ontario, Oregon

18. Funeral Director's **OWN** Signature McBratney Funeral Home
and Address Boise, Idaho

19. (a) 3-20-44 (Date received and filed) (b) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 15, 1944
at 4:29 o'clock P. M.

21. **I HEREBY CERTIFY**, That I attended deceased from March 12, 1944 to March 15, 1944
I last saw him alive on March 15, 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Septicemia 24a	1 Wk.
Serofibrinous Pleurisy with effusion 1106	2 Wks.
Due to Diabetic Acidosis	2 Wks.
Due to Diabetes Mellitus 61	8 Yrs.
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation None Date
Major Pleurisy, serofibrinous acute general-
Finding of autopsy ized at 1 wk. 2 Wks.
Other Findings Congestion Passive, lungs, liver, spleen-1 wk. See Attach. sheet.

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state
Where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature Burton O. Clark
BURTON O. CLARK, M.D., CMC (M. D. or other)
and Address VAF, Boise, Idaho Date Mar. 16 1944
(For additional space, use reverse side)

United States
Department of Commerce
Bureau of the Census

APR 15 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 138107
Local Reg. No. 107
Reg. Dist. No. 370

1. **PLACE OF DEATH:**
(a) County Ada
(b) City or town Boise
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. St. Lukes Stayed 2 hrs days
(g) Lived in this county 4 years 6 months -- days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Ada
(c) City or town Boise
(d) Street Address or R. F. D. No. 428 Pioneer St.
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 4½ years
(h) Former residence (city, state) Arkansas

3. (a) **FULL NAME** Lottie Martian

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3. (b) If veteran, name war -------
3. (c) Social Security No. 519-18-8563
4. Sex F
5. Color or race Negro
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Fred
6. (c) Age of husband or wife if alive --- years
7. Date of Birth (Month, Day, Year) February 9, 1898

8. AGE	Years	Months	Days	If less than 1 day
	46	1	6	hrs min.

9. Exact Occupation Snack Bar Attendant Did this work for ____ yrs.
10. Industry or Business U.S.O. Date last worked 3/15/44
11. Birthplace Arkansas (City or town) (State or foreign country)
Father
12. Name Thompson
13. Birthplace Unknown (City or town) (State or foreign country)
Mother
14. Maiden name Unknown
15. Birthplace Unknown (City or town) (State or foreign country)
16. Informant's OWN Signature Nellie Mae Johnson
and Address Boise, Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3/21/44 (Month) (Day) (Year)
(c) Place: Fort Smith, Arkansas
18. Funeral Director's OWN Signature [illegible]
and Address Boise, Idaho
19. (a) 3-20-44 (Date received and filed) (b) N. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 3-15-44 19__
at 8 45 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 3-15 1944, to 3-15 1944
I last saw her alive on 3-15 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebral hemorrhage 83 a1	2 hrs 15 min
	2 hrs 15 min
Due to Fracture skull	
Due to Violence	2 hrs 15 min
Other conditions Fractured jaw (Include pregnancy within 3 months of death)	2 hrs 15 min
Lacerations face & head	2 hrs 15 min
Where was disease contracted? At work	PHYSICIAN
Name of operation Entering lacerations Date 3-15-44	Underline the cause to which death should be charged statistically.
Major finding Fractures jaw & skull	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide? —
Occurred 3-15 1944 City, county, state where violence occurred Boise, Ada Co., Idaho
Place of Violence: Home Farm Industry
Public Place Yes While at work? Yes
Means of injury Physical assault
23. Attendant's OWN Signature Jerome [illegible] (M. D. or other)
and Address Boise, Idaho Date 3-18 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Nokes

United States
Department of Commerce APR 15 1944
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 138105
Local Reg. No. 104
Reg. Dist. No. 370

1. PLACE OF DEATH:
(a) County Ada
(b) City or town Boise
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Home.... Hospital X Institution.... Other place....
(f) Name Hosp. or Inst. St. Lukes Stayed 1 days
(g) Lived in this county ..... years ..... months 1 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Rt. 1. Caldwell
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? X Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? ..... years
(h) Former residence (city, state)

3. (a) FULL NAME Eugene Francis Van Horn 109b

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Singel
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) Mar. 14th 1944

8. AGE	Years	Months	Days	If less than 1 day
	0	0	1	hrs min.

9. Exact Occupation None Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Boise Idaho (City or town) (State or foreign country)
Father
12. Name Floyd Van Horn
13. Birthplace Solomen Kan; (City or town) (State or foreign country)
Mother
14. Maiden name Perthena Osburn
15. Birthplace Kansas (City or town) (State or foreign country)
16. Informant's OWN Signature X Floyd E. Van Horn
and Address Caldwell R.I.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/16/1944 (Month) (Day) (Year)
(c) Place: Star Cemetery. Star Idaho
18. Funeral Director's OWN Signature Schreiber & McCann
and Address Boise, Milford Oregon
19. (a) 3-16-44 (Date received and filed) (b) R. Shaw (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 3-15-44 19.....
at 4 o'clock a M.
21. **I HEREBY CERTIFY,** That I attended deceased from 3-14- 1944, to 3-15- 1944.
I last saw him alive on 3-15-44 19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Pneumonia	12 hrs.
Due to —	
Due to —	
Other conditions (Include pregnancy within 3 months of death) none	
Where was disease contracted?	
Name of operation ..... Date	
Major finding	
Finding of autopsy	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury —
23. Attendant's OWN Signature Harry T. Nokes MD (M. D. or other)
and Address Boise Date 3-15 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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United States
Department of Commerce
Bureau of the Census

APR 15 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 138109
Local Reg. No. 108
Reg. Dist. No. 370

1. **PLACE OF DEATH:**
(a) County Ada
(b) City or town Boise
(c) Street Address or R. F. D. No. 407 North 11th
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home X Hospital __ Institution __ Other place __
(f) Name Hosp. or Inst. ---------- Stayed ---- days
(g) Lived in this county 27 years -- months --- days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Ada
(c) City or town Boise
(d) Street Address or R. F. D. No. 407 North 11th
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 32 years
(h) Former residence (city, state) Virginia

3. (a) **FULL NAME** Andrew Martin Shelton

93d

3. (b) If veteran, name war None
3. (c) Social Security No. ----------
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Ellen
6. (c) Age of husband or wife if alive ------ years
7. Date of Birth (Month, Day, Year) June 11, 1854

8. AGE	Years	Months	Days	If less than 1 day
	89	7	6	hrs min.

9. Exact Occupation Farmer — Did this work for ~~life~~ all his yrs.
10. Industry or Business ---------- — Date last worked ----
11. Birthplace Withville, Virginia (City or town) (State or foreign country)
Father
12. Name John Martin Shelton
13. Birthplace North Carolina (City or town) (State or foreign country)
Mother
14. Maiden name Katherine Herron
15. Birthplace North Carolina (City or town) (State or foreign country)
16. Informant's OWN Signature Robert E. Shelton
and Address Boise, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/21/44 (Month) (Day) (Year)
(c) Place: Cloverdale Memorial Park, Boise, Ida.
18. Funeral Director's OWN Signature [illegible]
and Address Boise, Idaho
19. (a) 3-20-44 (Date received and filed) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 17 1944
at 11:53 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from March 17 1944, to Mch 17 1944
I last saw ~~him~~ alive on Mch 17 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Chronic Myocarditis	Few days
Due to Senility	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation ____ Date ____	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature [illegible] (M. D. or other)
and Address Boise Idaho Date 3/20/1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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United States
Department of Commerce
Bureau of the Census

APR 15 1944

Certificate Of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 106
Reg. Dist. No. [illegible]

1. PLACE OF DEATH:
(a) County Ada
(b) City or town Boise
(c) Street Address or R.F.D. No. 1503. No. 5th. St
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Home X Hospital ..... Institution ..... Other place .....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 42 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Ada
(c) City or town Boise
(d) Street Address or R.F.D. No. 1503 N.5th St
(e) Deceased lived Inside? X Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 42 years
(h) Former residence (city, state) Colorado

3. (a) FULL NAME Charles Allen 46 b

3. (b) If veteran, name war None
3. (c) Social Security No. 518-07-0208
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Zelba
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) May 22nd 1887

8. AGE	Years	Months	Days	If less than 1 day
	56	9	25	hrs min.

9. Exact Occupation Janitor Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace ..... Colorado
(City or town) (State or foreign country)
Father
12. Name Aaron Allen
13. Birthplace ..... Ohio
(City or town) (State or foreign country)
Mother
14. Maiden name Annie Keller
15. Birthplace ..... Ohio
(City or town) (State or foreign country)
16. Informant's OWN Signature Zelba Allen.
and Address 1503 N. 5th. St. Boise Idaho
17. (a) Burial (b) Date thereof 3/20/1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: Morris Hill Cemetery
18. Funeral Director's OWN Signature Schreiber & McCann
and Address Boise. Milford Dragoo
19. (a) 3-18-44 (b) R. Sharp
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 3-17- 1944
at 12:15 o'clock A. M.
21. **I HEREBY CERTIFY,** That I attended deceased from Dec. 1939, to Mar- 1944
I last saw him alive on Oct. 13- 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
C.H. Stomach	
Due to Exhaustion	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation Gastric Resection	
Major finding C.H. July 1/83	
Finding of autopsy	

PHYSICIAN. Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's OWN Signature Fred A. Pierce
(M. D. or other)
and Address 3/18 Date 19 44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census APR 15 1944

Certificate Of Death

STATE OF IDAHO

State File No. ✓
Local Reg. No. 110
Reg. Dist. No. 370

1. PLACE OF DEATH:
(a) County Ada
(b) City or town Boise.
(c) Street Address or R.F.D. No. X
(d) Death Occured Inside? Yes Outside? ..... city or town
(e) Died in a Home .... Hospital X Institution .... Other place ....
(f) Name Hosp. or Inst. St Lukes. Stayed 45 days
(g) Lived in this county 30 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho. (b) County Ada
(c) City or town Boise.
(d) Street Address or R.F.D. No. 1409. N. 22.
(e) Deceased lived Inside? Yes Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 30 years
(h) Former residence (city, state) Wyoming.

3. (a) **FULL NAME** Abraham Lincoln Boatright. 932

3. (b) If veteran, name war No.
3. (c) Social Security No. None.
4. Sex Male. 5. Color or race White. 6. (a) Single, widowed, married, divorced Married.
6. (b) Name of husband or wife Jessie. F.
6. (c) Age of husband or wife if alive 74. years
7. Date of Birth (Month, Day, Year) August. 26. 1865.

8. AGE	Years	Months	Days	If less than 1 day
	78.	6.	22.	hrs ..... min.

9. Exact Occupation Retired Livestock Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Oak Hill Kansas. (City or town) (State or foreign country)
Father 12. Name Unknown.
Father 13. Birthplace Unknown. (City or town) (State or foreign country)
Mother 14. Maiden name Mary Mc Cubbin.
Mother 15. Birthplace Unknown. (City or town) (State or foreign country)
16. Informant's **OWN** Signature Mrs Jessie F Boatright
and Address 1409. N. 22. St, Boise, Idaho
17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof March. 22. 1944. (Month) (Day) (Year)
(c) Place: Morris Hill Cemetery.
18. Funeral Director's **OWN** Signature Clyde E Summers
and Address Boise, Idaho.
19. (a) 3-24-44 (Date received and filed) (b) K. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 18 1944
at 11:43 o'clock A M.
21. **I HEREBY CERTIFY**, That I attended deceased from Feb 2 1944, to March 1944
I last saw him alive on March 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: 932	Duration
Chronic Myocardial degeneration	2 yrs.
Hypertension 1072	
Due to Hemiplegia 934	1 yrs.
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature W A Faelsch MD (M. D. or other)
and Address Boise Date 3-20 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

APR 15 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 1311
Local Reg. No. 114
Reg. Dist. No. 20

1. **PLACE OF DEATH:**
(a) County Ada
(b) City or town Boise
(c) Street Address or R. F. D. No. 2028 North 16th
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home X Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county Unknown years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Ada
(c) City or town Boise
(d) Street Address or R. F. D. No. 2028 North 16th
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? ____
(g) How long had deceased lived in Idaho? ____ years
(h) Former residence (city, state) ____

3. (a) **FULL NAME** Arthur Hodges

95c

3. (b) If veteran, name war ____
3. (c) Social Security No. ____
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife ____
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) Unknown

8. AGE	Years	Months	Days	If less than 1 day
	79	---	--	hrs ____ min.

9. Exact Occupation Retired — Did this work for ____ yrs.
10. Industry or Business ____ — Date last worked ____
11. Birthplace Unknown (City or town) (State or foreign country)

Father
12. Name Unknown
13. Birthplace Unknown (City or town) (State or foreign country)

Mother
14. Maiden name Unknown
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's **OWN** Signature M. B. Stephens
and Address Boise, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/27/44 (Month) (Day) (Year)
(c) Place: Morris Hill Cemetery, Boise, Idaho
18. Funeral Director's **OWN** Signature W. McCarthy
and Address Boise, Idaho
19. (a) 3-28-44 (Date received and filed) (b) A. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Probably March 22 1944 Found Mar 23 1944
at ____ o'clock ____ M.

21. **I HEREBY CERTIFY,** That ~~I attended deceased from ____ 19__ to ____ 19__~~
~~I last saw him alive on ____ 19__~~; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Found dead in bed at his home. Probably acute heart attack. — Duration ____
Due to Senility
Due to Natural Causes. Nothing Dr
Other conditions a Terminal nature. Found.
(Include pregnancy within 3 months of death)

Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy None
No Inquest

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's **OWN** Signature W. McCarthy (Mr. Dr. or other) Coroner
and Address Boise Idaho, Date 3/25/44 19__
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census APR 15 1944

Certificate Of Death

STATE OF IDAHO

State File No. 111
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? X Outside? city or town
   (e) Died in a Home Hospital X Institution Other place
   (f) Name Hosp. or Inst. St. Alphonsus Stayed days
   (g) Lived in this county 28 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Ada
   (c) City or town Boise
   (d) Street Address or R.F.D. No. 1516 North 8th
   (e) Deceased lived Inside? X Outside? city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 28 years
   (h) Former residence (city, state) Nebr.

3. (a) **FULL NAME** Boyce Berkey Penninger 46E

3. (b) If veteran, name war None
3. (c) Social Security No. 518-24-7225
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lois
6. (c) Age of husband or wife if alive 32 years
7. Date of Birth (Month, Day, Year) June 18, 1908

8. AGE	Years	Months	Days	If less than 1 day
	35	9	5	hrs min.

9. Exact Occupation Mechanic Did this work for --- yrs.
10. Industry or Business ---------- Date last worked -----
11. Birthplace Davenport, Nebraska (City or town) (State or foreign country)

Father
12. Name Lon F. Penninger
13. Birthplace Stella Nebraska (City or town) (State or foreign country)

Mother
14. Maiden name Myrtle Berkey
15. Birthplace Dixon Illinois (City or town) (State or foreign country)

16. Informant's **OWN** Signature M. B. Stephens
and Address Boise, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/25/44 (Month) (Day) (Year)
(c) Place: Cloverdale Memorial Park, Boise, Idaho

18. Funeral Director's **OWN** Signature
and Address Boise, Idaho

19. (a) 3-24-44 (Date received and filed) (b) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 3 - 22 19 44
at 12:20 o'clock P M.

21. **I HEREBY CERTIFY**, That I attended deceased from 2-25 1944, to 3-22 1944
I last saw him alive on 3-22 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Carcinoma-Colon	8 mos.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation ... Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature J. Hallingsworth M.D. or other
and Address Boise Idaho Date 3-22 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

APR 15 1944

Certificate Of Death

STATE OF IDAHO

State File No. .....
Local Reg. No. 58
Reg. Dist. No. 27

1. **PLACE OF DEATH:**
(a) County Ada
(b) City or town Boise
(c) Street Address or R.F.D. No. Rt. 3:
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Home X Hospital .... Institution .... Other place ....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 76 years 7 months 12 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Ada
(c) City or town Boise
(d) Street Address or R.F.D. No. Rt. 3:
(e) Deceased lived Inside? X Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 76 years
(h) Former residence (city, state) None

3. (a) **FULL NAME** Edwin Lincoln White 93E

3. (b) If veteran, name war None
3. (c) Social Security No. ?
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) Apr. 11th. 1867

8. AGE	Years	Months	Days	If less than 1 day
	76	11	12	hrs min.

9. Exact Occupation Carpenter Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Boise (City or town) Idaho (State or foreign country)
Father
12. Name George W. White
13. Birthplace Oswego (City or town) N.Y. (State or foreign country)
Mother
14. Maiden name Mary E. Watkins
15. Birthplace ..... (City or town) Virginia (State or foreign country)
16. Informant's **OWN** Signature Warren C White
and Address 1415 No 1 th St. Boise
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof ..... (Month) (Day) (Year)
(c) Place: Morris Hill Cemetery
18. Funeral Director's **OWN** Signature Schneiber & McCann
and Address Boise Milford Dragoo
19. (a) 3-27-44 (Date received and filed) (b) Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Mch - 23 1944
at 8:30 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 2/13 1944, to 3-23 1944
I last saw him alive on 3-23- 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Asthma 112	Years
~~Due to~~ Cardiac failure	95 c2
~~Due to~~ with Congestion	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature S. W. Forney (M. D. or other)
and Address Boise Ida Date 3/25 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

APR 15 1944

Certificate Of Death

STATE OF IDAHO

Pettenger

State File No. 138115
Local Reg. No. 109
Reg. Dist. No. 370

1. **PLACE OF DEATH:**
(a) County Ada
(b) City or town Boise.
(c) Street Address or R.F.D. No. X
(d) Death Occured Inside? Yes Outside? ..... city or town
(e) Died in a Home.... Hospital X Institution.... Other place....
(f) Name Hosp. or Inst. St Alphonsus Stayed 2. days
(g) Lived in this county 46 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho. (b) County Ada
(c) City or town Boise.
(d) Street Address or R.F.D. No. 1601. N. 16 th
(e) Deceased lived Inside? Yes Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 46 years
(h) Former residence (city, state) Wisconsin.

3. (a) **FULL NAME** Grace. A. Gray.

83a

3. (b) If veteran, name war No.
3. (c) Social Security No. None.
4. Sex Female 5. Color or race White.
6. (a) Single, widowed, married, divorced Married.
6. (b) Name of husband or wife John. G. Gray.
6. (c) Age of husband or wife if alive 80. years
7. Date of Birth (Month, Day, Year) May. 5. 1864.

8. AGE	Years	Months	Days	If less than 1 day
	79.	9.	18.	hrs min.

9. Exact Occupation At Home. Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Wisconsin. (City or town) (State or foreign country)
Father
12. Name Unknown.
13. Birthplace Unknown. (City or town) (State or foreign country)
Mother
14. Maiden name Unknown.
15. Birthplace Unknown. (City or town) (State or foreign country)
16. Informant's **OWN** Signature Leslie L. Gray
and Address Nampa Ida
17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof March. 25. 1944. (Month) (Day) (Year)
(c) Place: Morris Hill Cemetery.
18. Funeral Director **OWN** Signature Clyde E Summers, Summers Funeral Home.
and Address Boise, Idaho.
19. (a) 3-24-44 (Date received and filed) (b) R. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March. 23 1944
at ..... o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from 5-3-1933, to 3-23 1944
I last saw her alive on 3-23-1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebral Hemorrhage	
Due to Hypertension	
Due to Senility	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? Boise
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature Fred A. Pettenger
(M. D. or other)
and Address Boise, Idaho Date 3-24-1944.
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

ward 37-116
State File No. 1121
Local Reg. No. 1121
Reg. Dist. No. 370

1. PLACE OF DEATH:
(a) County Ada
(b) City or town Boise.
(c) Street Address or R.F.D. No. X
(d) Death Occured Inside? Yes Outside? ....city or town
(e) Died in a Home.... Hospital X Institution.... Other place....
(f) Name Hosp. or Inst. St Alphonsus Stayed 3. days
(g) Lived in this county 8 years ....months ....days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho. (b) County Ada
(c) City or town Boise.
(d) Street Address or R.F.D. No. 1104. Warm Springs Aven.
(e) Deceased lived Inside? Yes Outside? ....city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 25 years
(h) Former residence (city, state) Michigan,

3. (a) FULL NAME Ruth. L. Young. 61

3. (b) If veteran, name war No.
3. (c) Social Security No. None.
4. Sex Female 5. Color or race White.
6. (a) Single, widowed, married, divorced Married.
6. (b) Name of husband or wife Oscar. C.
6. (c) Age of husband or wife if alive 66. years
7. Date of Birth (Month, Day, Year) July. 29. 1892.

8. AGE	Years	Months	Days	If less than 1 day
	51.	7.	24.	hrs ....min.

9. Exact Occupation At Home. Did this work for ....yrs.
10. Industry or Business ....Date last worked ....
11. Birthplace Otsego, Michigan. (City or town) (State or foreign country)
Father 12. Name Benjamin Johnson.
13. Birthplace Canada. (City or town) (State or foreign country)
Mother 14. Maiden name Unknown.
15. Birthplace Unknown. (City or town) (State or foreign country)
16. Informant's **OWN** Signature O. C. Young
and Address Montague, Idaho
17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof March. 27. (Month) (Day) 1944 (Year)
(c) Place: Cloverdale Memorial Park.
18. Funeral Director's **OWN** Signature Summers Funeral Home. Clyde E. Summers
and Address Boise, Idaho
19. (a) 3-25-44 (Date received and filed) (b) R. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 23 1944
at 10.20 o'clock P M.
21. **I HEREBY CERTIFY**, That I attended deceased from Sept 15 1941, to March 23 1944
I last saw her alive on March 13 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Coronary Occlusion 9 d	4 days.
Due to Hypertension 10 y	5 years
Due to Diabetis 61	10 years
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ....Date....
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred ....19.... City, county, state
Where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature Forrest L Ward (M. D. ~~or other~~)
and Address Boise Ida Date 3-23 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

APR 15 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 138117
Local Reg. No. 59
Reg. Dist. No. 371

1. **PLACE OF DEATH:**
(a) County Ada
(b) City or town Boise
(c) Street Address or R. F. D. No. Route # 5
(d) Death Occurred Inside? ____ Outside? X city or town
(e) Died in a Home X Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 42 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Ada
(c) City or town Boise
(d) Street Address or R. F. D. No. Route # 5
(e) Deceased lived Inside? ____ Outside? X city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 42 years
(h) Former residence (city, state) Iowa

3. (a) **FULL NAME** Nellie A. Johnson

124a

3. (b) If veteran, name war ____
3. (c) Social Security No. ____
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife ____
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) April 12, 1878

8. AGE	Years	Months	Days	If less than 1 day
	65	11	13	hrs min.

9. Exact Occupation Housewife Did this work for ____ yrs.
10. Industry or Business ____ Date last worked ____
11. Birthplace Isadora (City or town) Missouri (State or foreign country)
Father
12. Name John J. Wray
13. Birthplace near Cleveland, Ohio (City or town) (State or foreign country)
Mother
14. Maiden name Esteline Lunsford
15. Birthplace Wheeling, (City or town) West Virginia (State or foreign country)
16. Informant's OWN Signature Orel M. Roberts,
and Address 195 W. Portal Ave. San Francisco
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/28/44 (Month) (Day) (Year)
(c) Place: Morris Hill Cemetery, Boise, Ida
18. Funeral Director's OWN Signature [illegible]
and Address Boise, Idaho
19. (a) 3-30-44 (Date received and filed) (b) H. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 3-25 1944
at 4:45 o'clock A.M.
21. I HEREBY CERTIFY, That I attended deceased from about 1 year, to 3-24 1944
I last saw her alive on 3-23 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Nephritis	
Cerebrosis Lesser	
Due to endo & myocarditis	
92 e	
Due to alcoholic	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation ____ Date ____	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature J. P. Weber (M. D. or other)
and Address Boise Date 3-26 1944
(For additional space, use reverse side)

Write Plainly with Unfading Ink—This is a permanent record
Read Explanations on back carefully

A DEATH CERTIFICATE MUST BE FILED BEFORE BURIAL OR REMOVAL

STATE OF IDAHO — DIVISION OF PUBLIC HEALTH

CERTIFICATE OF DEATH

Registered No. 121

1. PLACE OF DEATH APR 15 1944

County of ADA Registration Dist. No. 370

City of BOISE Primary Reg. Dist. No.

ST. ALPHONSUS Local Registrar's No.

(Home, Hospital or Institution)

If death occurred in hospital or institution give its name instead of street and number.

Length of residence in County where death occurred: Yrs. | Mos. | Days 3

How long in U. S. if of foreign birth? Yrs. | Mos. | Days

2. FULL NAME LINDA MARIE ELAM 81a

(a) Residence: 923 11TH AVE SOUTH NAMPA, IDAHO (If non-resident give city or county and state)

PERSONAL AND STATISTICAL PARTICULARS

3. MALE FEMALE ✓ | 4. White, Black, Yellow, Red | 5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced Husband of (or) Wife of

6. Date of Birth (Month, day and year) April 24, 1943

7. AGE: Years | Months 11 | Days 1 | If less than 1 day hrs. min.

Occupation

8. Trade, profession, or particular kind of work done

9. Industry or business in which work was done

10. Date deceased last worked at this occupation (month and year) | 11. Total time (yrs.) spent in this occupation

12. BIRTHPLACE (City or Town, County and State, or Country) Nampa Idaho

Father

13. NAME Harley P. Elam

14. BIRTHPLACE (City or Town, County and State, or Country) Idaho

Mother

15. MAIDEN NAME Veronne Agenbroad

16. BIRTHPLACE (City or Town, County and State, or Country) Nampa Idaho

17. SIGNATURE OF INFORMANT Mrs. Veronne V. Elam

(Address) 923 - 11 Ave So Nampa

18. BURIAL, ~~CREMATION OR REMOVAL~~

Place Nampa Idaho Date 3/29/44

19. UNDERTAKER F K Robinson

(Address) Nampa Idaho

20. FILED AND BURIAL OR REMOVAL PERMIT ISSUED

on 4-3 1944 (Date) by D. Sharp Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Mar. 25, 1944

22. I HEREBY CERTIFY, That I attended deceased from MARCH 22 1944, to Mar. 25 1944

I last saw her alive on Mar. 25 1944 Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset Yr	Mo	Day
Meningitis 81a	44	3	17

Contributory causes of importance not related to principal causes

Malnutrition 158 — Several Months

Where was disease first diagnosed? Boise

Name of operation ..... date of .....

Condition for which performed .....

What test confirmed diagnosis? Spinal fluid

Was there an autopsy? No Was there an inquest? .....

23. If death was due to external causes, fill in also the following:

(Check) Accident—Suicide—Homicide? Date of injury ....., 19..... Where did injury occur? (Specify city or town, county and state)

Check whether injury occurred in industry ..... home ..... public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(SIGNED) Harmon Tremaine M. D.

(Address) .....

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

APR 15 1944

Certificate Of Death

STATE OF IDAHO

State File No. 138119
Local Reg. No. 115
Reg. Dist. No. 370

1. PLACE OF DEATH:
(a) County Ada
(b) City or town Boise
(c) Street Address or R.F.D. No. 1932N 18th
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Home X Hospital ..... Institution ..... Other place .....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county ..... years 6 months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Ada
(c) City or town Boise
(d) Street Address or R.F.D. No. 1932 N. 18th
(e) Deceased lived Inside? X Outside? ..... city or town
(f) Citizen of what country? U.S.
(g) How long had deceased lived in Idaho? 6 Mo. years
(h) Former residence (city, state) .....

3. (a) FULL NAME David Dalton Hendry 13b

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced .....
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) Aug. 31, 1943

8. AGE	Years	Months	Days	If less than 1 day
		6	25	hrs min.

9. Exact Occupation Baby Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Boise, Idaho (City or town) (State or foreign country)
Father
12. Name David L. Hendry
13. Birthplace Wellsville, Utah (City or town) (State or foreign country)
Mother
14. Maiden name Terrssa Dalton
15. Birthplace Ucon, Idaho (City or town) (State or foreign country)
16. Informant's OWN Signature David L Hendry
and Address 1932 N 18th, Boise, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 27, 1944 (Month) (Day) (Year)
(c) Place: Cloverdale
18. Funeral Director's OWN Signature [signature]
and Address Boise, Idaho
19. (a) 3-27-44 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) March 25 1944
at 2:20 o'clock P. M.
21. I HEREBY CERTIFY, That I attended deceased from Dec. 7 1944, to Mar. 25 1944
I last saw him alive on Mar. 25 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
22a Miliary tuberculosis,	60 days
Due to Pulmonary tuberculosis 13b1	4 mos.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? ?
Name of operation ..... Date .....
Major finding .....
Finding of autopsy Large mediastinal TB nodes, miliary foci thru out the viscera

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's OWN Signature Harmon Tremaine M.D. (M. D. or other)
and Address Boise Date 3-27 1947
(For additional space, use reverse side)

138120

United States
Department of Commerce
Bureau of the Census

APR 15 1944

Certificate Of Death

STATE OF IDAHO

State File No. .....
Local Reg. No. 116
Reg. Dist. No. 370

1. PLACE OF DEATH:
(a) County Ada
(b) City or town Boise.
(c) Street Address or R.F.D. No. 1702. State.
(d) Death Occured Inside? Yes Outside? ..... city or town
(e) Died in a Home X Hospital ... Institution ... Other place ...
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 29 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho. (b) County Ada
(c) City or town Boise.
(d) Street Address or R.F.D. No. 1702. State.
(e) Deceased lived Inside? Yes Outside? ..... city or town
(f) Citizen of what country? U.S.A?
(g) How long had deceased lived in Idaho? 29 years
(h) Former residence (city, state) Minnesotta.

3. (a) FULL NAME Frank Carlson. 92E

3. (b) If veteran, name war No.
3. (c) Social Security No. None.
4. Sex Male. 5. Color or race White.
6. (a) Single, widowed, married, divorced Widower.
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) August. 10. 1866.

8. AGE	Years	Months	Days	If less than 1 day
	77.	7.	18.	hrs min.

9. Exact Occupation Apartment owner. Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Sweden. (City or town) (State or foreign country)
Father 12. Name John Carlson.
13. Birthplace Sweden. (City or town) (State or foreign country)
Mother 14. Maiden name Unknown.
15. Birthplace Unknown. (City or town) (State or foreign country)
16. Informant's OWN Signature Chas Carlson
and Address 1702 State Str
17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof March. 30. 1944. (Month) (Day) (Year)
(c) Place: Morris Hill Cemetery.
18. Funeral Director's OWN Signature Summers Funeral Home. Clyde E Summers
and Address Boise, Idaho.
19. (a) 3-31-44 (Date received and filed) (b) K Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 3-28 1944
at 7 o'clock Am M.
21. **I HEREBY CERTIFY,** That I attended deceased from 3-28 8-8 1943, to 3-28 1944
I last saw him alive on 3-28 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Endocarditis 92e	8-8-44
Angina pectoris 94b	
Due to 94a Coronary occlusion	
Due to Hypertension 102	3-28-44
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state
Where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's OWN Signature L. O. P. Hamel (M. D. or other)
and Address Boise Ida Date 3-30 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. [illegible] answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

138121

United States
Department of Commerce
Bureau of the Census APR 15 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 138121
Local Reg. No. 60
Reg. Dist. No. 371

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? Outside? X city or town
   (e) Died in a Home Hospital X Institution Other place
   (f) Name Hosp. or Ins. Ada County Stayed days
   (g) Lived in this county 35 years months days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Ada
   (c) City or town Boise
   (d) Street Address or R. F. D. No. Route # 1
   (e) Deceased lived Inside? Outside? X city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 35 years
   (h) Former residence (city, state) Nebraska

3. (a) **FULL NAME** Mary Speece

162a

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife William
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) February 3, 1861

8. AGE	Years	Months	Days	If less than 1 day
	83	1	26	hrs min.

9. Exact Occupation Housewife — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace (City or town) Wisconsin (State or foreign country)

Father
12. Name Enoch Vreeland
13. Birthplace Unknown (City or town) (State or foreign country)

Mother
14. Maiden name Unknown
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs Lelia Speece
and Address Boise, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/31/44 (Month) (Day) (Year)
(c) Place Morris Hill Cemetery, Boise, Idaho
18. Funeral Director's OWN Signature
and Address Boise, Idaho
19. (a) 3-30-44 (Date received and filed) (b) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 29 1944
at 1 o'clock A M.
21. **I HEREBY CERTIFY**, That I attended deceased from Dec 1943 to March 1944
I last saw her alive on March 28 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Exhaustion	
Due to Senile Dementia	162a
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's OWN Signature J. H. Forney MD (M. D. or other)
and Address Boise Ida Date 3/30 1944

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

APR 15 1944

Certificate Of Death

STATE OF IDAHO

State File No. 7819
Local Reg. No. 117
Reg. Dist. No.

1. **PLACE OF DEATH:**
(a) County Ada
(b) City or town Boise
(c) Street Address or R.F.D. No. 917 Washington St
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Home X Hospital ..... Institution ..... Other place .....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 6 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Ada
(c) City or town Boise
(d) Street Address or R.F.D. No. 917 WasH: St.
(e) Deceased lived Inside? X Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 30 years
(h) Former residence (city, state) Utah

3. (a) **FULL NAME** Lola Elizabeth Wassom 13b

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) Dec. 9th. 1905

8. AGE	Years	Months	Days	If less than 1 day
	38	3	20	hrs min.

9. Exact Occupation None. Invalid Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Springville (City or town) Utah (State or foreign country)
Father
12. Name Cyrus T. Wassom
13. Birthplace ..... (City or town) Iowa (State or foreign country)
Mother
14. Maiden name Clara Greenwood
15. Birthplace Peoria Ill. (City or town) (State or foreign country)
16. Informant's **OWN** Signature James M. Wassom
and Address Twin Falls Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3/31/1944 (Month) (Day) (Year)
(c) Place: Buhl Idaho
18. Funeral Director's **OWN** Signature Schreiber & McCann
and Address Milford Oregon
19. (a) 3-31-44 (Date received and filed) (b) R. Shaap (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 3-29 1944
at 10:35 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from ..... 1942, to Mar 29 1944
I last saw her alive on Mar 28 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Termination -	6 mo
13b1	
Due to Pulmonary T.B.C.	5 yrs
& T Bof spine 16	5 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? Unknown
Name of operation none Date .....
Major finding .....
Finding of autopsy none

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature R. Simonton (M. D. or other)
and Address Boise Date 3-30 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

APR 15 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

138123
State File No.
Local Reg. No. 61
Reg. Dist. No. 37

1. **PLACE OF DEATH:**
(a) County Ada
(b) City or town Boise
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? X city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. Ada County Stayed days
(g) Lived in this county 54 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Ada
(c) City or town Boise
(d) Street Address or R. F. D. No. Roosevelt St.
(e) Deceased lived Inside? Outside? X city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 60 years
(h) Former residence (city, state) Iowa

3. (a) **FULL NAME** Elmer A. McConnel

3. (b) If veteran, name war None
3. (c) Social Security No.
4. Sex M
5. Color or race F
6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) October 3, 1861

8. AGE	Years	Months	Days	If less than 1 day
	82	5	27	hrs min.

9. Exact Occupation Retired Real Estate Dealer — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace Iowa (City or town) (State or foreign country)
Father
12. Name William McConnel
13. Birthplace Ohio (City or town) (State or foreign country)
Mother
14. Maiden name Nancy Graham
15. Birthplace Ohio (City or town) (State or foreign country)
16. Informant's **OWN** Signature M. G. McConnel
and Address Boise, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/3/44 (Month) (Day) (Year)
(c) Place: Pioneer Cemetery, Boise, Idaho
18. Funeral Director's **OWN** Signature W. M. Rodney
and Address Boise, Idaho
19. (a) 4-1-44 (Date received and filed) (b) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Mch - 30 1944
at 3 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from Mch - 1944 to Mch - 30 1944
I last saw him alive on Mch 28 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — Duration
Cerebro Spinal Fever 30c
Due to Syphilis & Senility
Due to 309
Other conditions
(Include pregnancy within 3 months of death)

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state
where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature D. W. Forney MD
(M. D. or Other)
and Address Boise Ida Date 3/31 1944
(For additional space, use reverse side)

MAR 31 1944

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

APR 15 1944

State File No. 138124
Local Reg. No. 118
Reg. Dist. No. 37

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise
   (c) Street Address or R.F.D. No. 1508 No. 27th.
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home X Hospital .... Institution .... Other place ....
   (f) Name Hosp. or Inst. ..... Stayed ..... days
   (g) Lived in this county 35 years ..... months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Ada
   (c) City or town Boise
   (d) Street Address or R.F.D. No. 1508 N. 27th
   (e) Deceased lived Inside? X Outside? ..... city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 35 years
   (h) Former residence (city, state) Utah

3. (a) **FULL NAME** Emma Lillian Stone

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3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Louis
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) Feb. 29th. 1880

8. AGE	Years	Months	Days	If less than 1 day
	64	1	1	hrs ..... min.

9. Exact Occupation Housewife — Did this work for ..... yrs.
10. Industry or Business ..... — Date last worked .....
11. Birthplace DeKalb Co. Missouri (City or town) (State or foreign country)

Father
12. Name A.D. Baker
13. Birthplace U.S.A. (City or town) (State or foreign country)

Mother
14. Maiden name Addie Channell
15. Birthplace U.S.A. (City or town) (State or foreign country)

16. Informant's **OWN** Signature Theresa L. Stone
and Address 1508 No. 27. St. Boise Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/3/1944 (Month) (Day) (Year)
(c) Place: Morris Hill Cemetery

18. Funeral Director's **OWN** Signature Schreiber & McCann
and Address Boise. Milford Knapp

19. (a) 4-1-44 (Date received and filed) (b) R. Shark (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 30, 1944 19.....
at 9:30 o'clock A.M.

21. **I HEREBY CERTIFY,** That I attended deceased from Mar 17 1944, to March 30 1944
I last saw her alive on Mar 30 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — Duration

Due to Cerebral Hemorrhage 6 mos

Due to Don't Know

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?
Name of operation None Date
Major finding
Finding of autopsy None

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature J. C. Brayton M.D. (M. D. or other)
and Address 411 Eastman Bldg Date Mar 30 1944
(For additional space, use reverse side)
Boise Idaho

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census APR 15 1944

Certificate Of Death

STATE OF IDAHO

State File No. 138125
Local Reg. No. 119
Reg. Dist. No. 370

1. PLACE OF DEATH:
(a) County Ada
(b) City or town Boise
(c) Street Address or R.F.D. No. 412 State
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Home .... Hospital X Institution .... Other place ....
(f) Name Hosp. or Inst. St. Alphonsis Stayed 4 days
(g) Lived in this county 38 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Ada
(c) City or town Boise
(d) Street Address or R.F.D. No. 416 Broad
(e) Deceased lived Inside? X Outside? ..... city or town
(f) Citizen of what country? Japan
(g) How long had deceased lived in Idaho? 38 years
(h) Former residence (city, state) Wyoming

3. (a) FULL NAME Eijiro Shintani 94a

3. (b) If veteran, name war .....
3. (c) Social Security No. 541-10-0313
4. Sex Male
5. Color or race Japanese
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Satoko Shintani
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) Aug. 1, 1888

8. AGE	Years	Months	Days	If less than 1 day
	55	7	29	hrs min.

9. Exact Occupation Restaurant Operator Did this work for 38 yrs.
10. Industry or Business Boise Hotel Date last worked Mar. 26, 1944
11. Birthplace Hiroshima Ken, Japan (City or town) (State or foreign country)
Father
12. Name Majo S. Miyasako
13. Birthplace Japan (City or town) (State or foreign country)
Mother
14. Maiden name Matsuyo
15. Birthplace Japan (City or town) (State or foreign country)
16. Informant's OWN Signature Hiroko Shintani
and Address 416 Broad Street, Boise, Ida.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 3, 1944 (Month) (Day) (Year)
(c) Place: Morris Hill
18. Funeral Director's OWN Signature [signature]
and Address Boise, Idaho
19. (a) 4-1-44 (Date received and filed) (b) R. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 30 1944
at 12:14 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from 3-26 1944 to 3-30 1944
I last saw him alive on 3-30 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death	Duration
Coronary thrombosis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation ..... Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..., City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's OWN Signature L. Hollingsworth (M. D. or other)
and Address Boise Idaho Date 3-31 1944
(For additional space, use reverse side)

United States
Department of Commerce
Bureau of the Census

APR 15 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

✓ State File No. 138126
Local Reg. No. 120
Reg. Dist. No. 37C

1. **PLACE OF DEATH:**
(a) County Ada
(b) City or town Boise
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? ✓ Outside? ____ city or town
(e) Died in a Home ____ Hospital ✓ Institution ____ Other place ____
(f) Name Hosp. or Inst. St Alphonsus Stayed ____ days
(g) Lived in this county 7 years 11 months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Ada
(c) City or town Meridian
(d) Street Address or R. F. D. No. Bower St.
(e) Deceased lived Inside? ✓ Outside? ____ city or town
(f) Citizen of what country? U S.
(g) How long had deceased lived in Idaho? 7 years
(h) Former residence (city, state)

3. (a) **FULL NAME** Jack Norman Hosford

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3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife ✓
6. (c) Age of husband or wife if alive ✓ years
7. Date of Birth (Month, Day, Year) April 6, 1936

8. AGE	Years	Months	Days	If less than 1 day
	7	11	24	hrs ____ min. ____

9. Exact Occupation Schoolboy — Did this work for 2 yrs.
10. Industry or Business ✓ — Date last worked ✓
11. Birthplace Boise (City or town) Idaho (State or foreign country)

Father
12. Name Robt E Hosford
13. Birthplace Monticello, Iowa (City or town) (State or foreign country)

Mother
14. Maiden name Ruth M. Burgess
15. Birthplace Park Hill (City or town) Oklahoma (State or foreign country)

16. Informant's **OWN** Signature Robert E. Hosford
and Address Meridian, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-2-44 (Month) (Day) (Year)
(c) Place: Meridian
18. Funeral Director's **OWN** Signature Kenneth M. Edmiston
and Address Meridian Idaho
19. (a) 4-3-44 (Date received and filed) (b) R. Shark (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 3-30 19 44
at 5:45 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from 3-30 19 44 to 3-30 19 44
I last saw him alive on 3-30 19 44; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Superficial Burns	
Due to Fire Young wearing Clothes.	
Due to —	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? —
Name of operation — Date —
Major finding —
Finding of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? X Suicide? ____ Homicide? ____
Occurred 3-30 19 44 City, county, state where violence occurred Emmett, Ada, Ida.
Place of Violence: Home X Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury Burns

23. Attendant's **OWN** Signature D. W. Thomas M.D. (M. D. or other)
and Address ____ Date ____ 19 ____
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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United States
Department of Commerce
Bureau of the Census MAR 22 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 383
Reg. Dist. No. 300

1. **PLACE OF DEATH:**
(a) County Adams
(b) City or town Council
(c) Street Address or R. F. D. No. Rural near Council
(d) Death Occurred Inside? Outside? X city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 15 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Adams
(c) City or town Council
(d) Street Address or R. F. D. No. Rural near Council
(e) Deceased lived Inside? Outside? X city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? Life years
(h) Former residence (city, state) Weiser, Idaho

3. (a) FULL NAME EARL NEWTON HARVEY

93d

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lildian
6. (c) Age of husband or wife if alive 36 years
7. Date of Birth (Month, Day, Year) July 31 1895

8. AGE	Years	Months	Days	If less than 1 day
	48	6	8	hrs min.

9. Exact Occupation Rancher Did this work for 15 yrs.
10. Industry or Business Ranch Date last worked 2/7/44
11. Birthplace Middleton (City or town) Idaho (State or foreign country)
Father
12. Name Elza Harvey
13. Birthplace (City or town) Don't know (State or foreign country)
Mother
14. Maiden name Martha Newton
15. Birthplace (City or town) Don't know (State or foreign country)
16. Informant's OWN Signature [signature] [redacted])
and Address R.F.D. Near Council, Idaho
17. (a) Removal Burial (Burial, cremation, or removal) (b) Date thereof 2/11/44 (Month) (Day) (Year)
(c) Place: Hillcrest Cem. Weiser, Idaho
18. Funeral Director's OWN Signature A. S. Jones E-357
and Address Northam Funeral Home, Weiser, Idaho
19. (a) 2-15-44 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) February 8 1944
at 8:30 o'clock A.M.
21. I HEREBY CERTIFY, That I attended deceased from Jan. 3 1944, to Feb. 8 1944
I last saw him alive on 2-5- 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary Occlusion 94a — Duration: Instant death
Due to Myocarditis. Coronary Disease 93e — 2 months
Due to Hypertension 102 — 1 yr
Other conditions
(Include pregnancy within 3 months of death)
Where was disease contracted? None
Name of operation 0 Date
Major finding 0
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? 0 Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home 0 Farm Industry
Public Place 0 While at work?
Means of injury 0
23. Attendant's OWN Signature [signature] (M. D. or other)
and Address Council Ida Date 2-15- 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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United States
Department of Commerce
Bureau of the Census

MAR 22 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 384
Reg. Dist. No. 300

1. PLACE OF DEATH:
(a) County ~~Washington~~ Adams
(b) City or town ~~Cambridge~~ Council
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. Comunity Stayed 10 days
(g) Lived in this county 50 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Washington
(c) City or town Cambridge
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? in U S Outside? city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? 60 years
(h) Former residence (city, state)

3. (a) FULL NAME Anna Belle Godlove 48b

3. (b) If veteran, name war
3. (c) Social Security No. No
4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widdow
6. (b) Name of husband or wife Grant Godlove 6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) October 30 1876

8. AGE	Years	Months	Days	If less than 1 day
	67	3	11	hrs min.

9. Exact Occupation Houswife Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Prinston Mosuria (City or town) (State or foreign country)
Father
12. Name Moses H Hopper
13. Birthplace Indianna (City or town) (State or foreign country)
Mother
14. Maiden name Susan Katherane Adar
15. Birthplace Kentuckia (City or town) (State or foreign country)
16. Informant's OWN Signature Ralph K. Godlove
and Address Stibnite Idaho
17. (a) Buried (Burial, cremation, or removal) (b) Date thereof Feb 13 (Month) (Day) (Year)
(c) Place: Cambridge
18. Funeral Director's OWN Signature J. A. Hutchison
and Address Cambridge Ida
19. (a) 2-15-44 (Date received and filed) (b) Alan Stanton MD (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) 2-11-44 19
at 4:35 o'clock P M.
21. I HEREBY CERTIFY, That I attended deceased from 2-2- 1944, to 2-11- 1944
I last saw her alive on 2-11- 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Coronary Thrombosis	Mutual Dall
Due to Angina Pectoris	6 yr
Due to Hypertension	6 yrs
Other conditions Myocarditis (Include pregnancy within 3 months of death)	
Malignancy of Uterus	6 mo

Where was disease contracted? In
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
44 Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature Alan Stanton MD (M. D. or other)
and Address Council Date 2-15- 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

MAR 22 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 138129
Local Reg. No. 385
Reg. Dist. No. 300

1. **PLACE OF DEATH:**
   (a) County Adams
   (b) City or town Council
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? X Outside? ____ city or town
   (e) Died in a Home __ Hospital X Institution __ Other place __
   (f) Name Hosp. or Inst. Council Hosp Stayed 5mo. [redacted]
   (g) Lived in this county 22 years ____ months ____ days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Adams
   (c) City or town Council
   (d) Street Address or R. F. D. No. R.F.D.
   (e) Deceased lived Inside? ____ Outside? X city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 30 [redacted] years
   (h) Former residence (city, state) Nebraska

3. (a) **FULL NAME** Charles D. Perkins 136

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife [illegible]
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) August [redacted] 22 1897

8. AGE	Years	Months	Days	If less than 1 day
	46	6	3	hrs min.

9. Exact Occupation Rancher Did this work for 26 yrs.
10. Industry or Business Cattle Ranch Date last worked 1938
11. Birthplace Tilden (City or town) Nebraska (State or foreign country)

Father
12. Name E.D. Perkins
13. Birthplace Grayson Co. (City or town) Virginia (State or foreign country)

Mother
14. Maiden name Lucy C. Plummer
15. Birthplace Grayson County (City or town) Virginia (State or foreign country)

16. Informant's OWN Signature [signature] (Brother)
and Address 713½ N. 8th St. Boise, Idaho
17. (a) Removal Burial (Burial, cremation, or removal) (b) Date thereof 2/28/44 (Month) (Day) (Year)
(c) Place: Hillcrest Cemetary, Weiser, Idaho
18. Funeral Director's OWN Signature [signature] 357
and Address Northam Funeral Home, Weiser, Idaho
19. (a) 3/1/44 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) February 25 1944
at 2:00 o'clock AM M.
21. **I HEREBY CERTIFY,** That I attended deceased from Oct 20 1943, to Feb 25 1944
I last saw him alive on 2/24 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Extensive Tuberculous Cavity L lung. 1361	2 yrs
Due to Acute Pulmonary Tuberculosis. Primary in left lung	4 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted? Home.	
Name of operation Extra Pleural Pack. Date 1941.	
Major finding County L. Apex	
Finding of autopsy O	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? O Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury O
23. Attendant's OWN Signature [signature] (M. D. or other)
and Address Council Date 3/1 1944
(For additional space, use reverse side)

United States
Department of Commerce
Bureau of the Census APR 6 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 138120
Local Reg. No. 386
Reg. Dist. No. 300

1. **PLACE OF DEATH:**
(a) County Adams
(b) City or town R.R. Near Council
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? X city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 00 years 00 months 21 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Washington
(c) City or town Weiser
(d) Street Address or R. F. D. No. 619 West Commercial
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 25 years
(h) Former residence (city, state) Wyoming

3. (a) FULL NAME James Milton Babbit 93d

3. (b) If veteran, name war None 3. (c) Social Security No.
4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Lorena (Deceased) 6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) October 26 1861

8. AGE	Years	Months	Days	If less than 1 day
	82	4	13	hrs min.

9. Exact Occupation Rancher Did this work for life yrs.
10. Industry or Business Horses and Cattle Date last worked 1929
11. Birthplace Oquawka (City or town) Illinois (State or foreign country)
Father
12. Name William Babbit
13. Birthplace (City or town) Pennsylvania (State or foreign country)
Mother
14. Maiden name Rhoda Brown
15. Birthplace (City or town) Illinois (State or foreign country)
16. Informant's OWN Signature Fred R Babbit Son
and Address R.R. Council Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3/10/44 (Month) (Day) (Year)
(c) Place: To Weiser, Idaho
18. Funeral Director's OWN Signature [illegible]
and Address Northam Funeral Home, Weiser, Idaho
19. (a) March 13 1944 (Date received and filed) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 10 1944
at 7:20 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from June 1943 to 3/10/44 19
I last saw him alive on 3/10/44 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Senility	1yr
Due to 93d Hypertension Heart Disease	2yr
Due to	
Other conditions Arteriosclerosis 97 (Include pregnancy within 3 months of death)	3yr
Senile Dementia 162	
Where was disease contracted? Home	
Name of operation 0 Date	
Major finding 0	
Finding of autopsy 0	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature [illegible] (M. D. or other)
and Address Council Date 3/17 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH

STATE OF IDAHO

State File No. 1381
Local Reg. No. 388
Reg. Dist. No. 300

APR 6 1944

1. PLACE OF DEATH:

(a) County Adams
(b) City or town Council
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? In Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. Comunity Stayed 2 days
(g) Lived in this county years. months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)

(a) State Idaho (b) County Valley
(c) City or town Mc Call
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? In Outside? city or town
(f) If foreign born, in U. S. yrs. Citizen of U. S.?
(g) How long had deceased lived in Idaho? 39 years
(h) Former residence (city, state).

3. (a) **FULL NAME** George Albert Newcomb 131b

3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex Male
5. Color or race Amr
6. (a) Single, widowed, married, divorced Maried
6. (b) Name of husband or wife Martha W
6 (c) Age of husband or wife if alive 77 years
7. Date of Birth (Month, Day, Year) March 30 1862

8. AGE	Years	Months	Days	If less than 1 day
	82		1	hrs min.

9. Exact Occupation Touris Camp Did this work for yrs.
10. Industry or Business Operator Date last worked
11. Birthplace New York (City or town) (State or foreign country)

Father
12. Name George Newcomb
13. Birthplace Unknown (City or town) Unknown (State or foreign country)

Mother
14. Maiden name
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mrs Harold Vassar
and Address Mc Call, Idaho

17. (a) Buried (Burial, cremation, or removal) (b) Date thereof 4 (Month) 4 (Day) 2 (Year) 44
(c) Place: Mc Call Idaho

18. Funeral Director's **OWN** Signature [illegible]
and Address Cambridge Idaho

19. (a) 4/1/44 (Date received and filed) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 3/31 1944
at 12.50 o'clock A M.

21. **I HEREBY CERTIFY,** That I attended deceased from 3/29 1944 to 3/31 1944
I last saw him alive on 3/30/44 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Pancarditis. 95c2 — 93d	3-4 yrs
Due to Myocardial Degeneration —	3-4 yrs
Chronic Nephritis 131b —	?
Due to Uremia —	1 wk.
Other conditions Enlarged Prostate —	1 yr
(Include pregnancy within 3 months of death) 137a	

Where was disease first contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature [illegible] (M. D. Another)
and Address Council Date 4/1/44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

APR 6 1944

CERTIFICATE OF DEATH

STATE OF IDAHO

State File No. 1381
Local Reg. No. 387
Reg. Dist. No. 300

1. PLACE OF DEATH:
(a) County Adams
(b) City or town Council
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? in x Outside? city or town
(e) Died in a Home Hospital Institution Other place
(f) Name Hosp. or Inst. Comunity Stayed 6 mts days
(g) Lived in this county 7 years months 7 days
Note For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Adams
(c) City or town Council
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? in Outside? city or town
(f) If foreign born, in U. S. yrs. Citizen of U. S.?
(g) How long had deceased lived in Idaho? 43 years
(h) Former residence (city, state)

3. (a) **FULL NAME** Mary Matilda Morris 131b

3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex Female
5. Color or race American
6. (a) Single, widowed, married, divorced Widdow
6. (b) Name of husband or wife
6 (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Aug 23 1865

8. AGE	Years	Months	Days	If less than 1 day
	78	7	7	hrs min.

9. Exact Occupation Houswife Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Pearl Illinois (City or town) (State or foreign country)

Father
12. Name Michiel Fisher
13. Birthplace Unknown (City or town) (State or foreign country)

Mother
14. Maiden name Nancy Wheeler
15. Birthplace Pearl Illinois (City or town) (State or foreign country)

16. Informant's **OWN** Signature Belle Evans
and Address Midvale Ida
17. (a) Buired (Burial, cremation, or removal) (b) Date thereof 4 3 44 (Month) (Day) (Year)
(c) Place: Midvale
18. Funeral Director's **OWN** Signature [illegible]
and Address Cambridge Ida
19. (a) 4/1/44 (Date received and filed) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 3/31 1944
at 12:50 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from June 1943 to March 31 1944
I last saw her alive on 3/30/44 19 ; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Pancreatitis 9502	3 yrs
Cyst of Pancreas 8301	6 mo
Due to Hypertension 102	3 yrs
Chr. Nephritis 131b	2 yrs
Due to Senility 162	2 yrs
Other conditions (Include pregnancy within 3 months of death)	

Where was disease first contracted? [illegible]
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? 0 Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature [illegible] (M. D. or other)
and Address Council Ida. Date 4/1/44 19
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

MAR 22 1944

Certificate Of Death

STATE OF IDAHO

State File No. 13812
Local Reg. No. 4
Reg. Dist. No. 5 11

1. **PLACE OF DEATH:**
   (a) County Bannock
   (b) City or town Grace
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? Outside? out city or town
   (e) Died in a Home Hospital Institution Other place
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county LIFE months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Bannock
   (c) City or town Grace
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? Outside? ✓ city or town
   (f) Citizen of what country? U. S.
   (g) How long had deceased lived in Idaho? life years
   (h) Former residence (city, state)

3. (a) **FULL NAME** Ariel Baird Olsen 85

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Barbara
6. (c) Age of husband or wife if alive 23 years
7. Date of Birth (Month, Day, Year) Mar 12 1919

8. AGE	Years	Months	Days	If less than 1 day
	24	10	19	hrs min.

9. Exact Occupation Farmer — Did this work for yrs.
10. Industry or Business — Date last worked Feb 1 1944
11. Birthplace Grace (City or town) Idaho (State or foreign country)

Father
12. Name George Olsen
13. Birthplace Brigham City (City or town) Utah (State or foreign country)

Mother
14. Maiden name Agness Baird
15. Birthplace (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mother Mrs A Olsen
and Address Grace Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 6 (Month) (Day) 9am (Year)
(c) Place: Grace Idaho

18. Funeral Director's **OWN** Signature M W Hendricks
and Address Preston Idaho

19. (a) March 16, 1944 (Date received and filed) (b) Mae Harrison Crowell (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Jan 31 1944
at o'clock M.

21. **I HEREBY CERTIFY**, That I attended deceased from 19, to 19
I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Asphyxiation in an epileptic seizure	
Due to Epilepsy 85	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state
44 where violence occurred
Place of Violence: Home Farm ✓ Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature J B Koehler M.D. (M. D. or other)
and Address Lava Springs Date 19
(For additional space, use reverse side)

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United States
Department of Commerce MAR 15 1944
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 63
Reg. Dist. No. 511

1. **PLACE OF DEATH:**
(a) County Bannock
(b) City or town Pocatello
(c) Street Address or R. F. D. No. 650 No. 7th Ave.
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home ____ Hospital X Institution ____ Other place ____
(f) Name Hosp. or Inst. St. Anthony Stayed 1 Mo. days
(g) Lived in this county 0 years 0 months 0 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bingham
(c) City or town Blackfoot
(d) Street Address or R. F. D. No. Box 186
(e) Deceased lived Inside? ____ Outside? X city or town
(f) Citizen of what country? United States
(g) How long had deceased lived in Idaho? 4 years
(h) Former residence (city, state) None

3. (a) FULL NAME Connie Faye Butler 6

3. (b) If veteran, name war -
3. (c) Social Security No. -
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife -
6. (c) Age of husband or wife if alive - years
7. Date of Birth (Month, Day, Year) June 1, 1939

8. AGE	Years	Months	Days	If less than 1 day
	4	8	17	- hrs - min.

9. Exact Occupation Child at home Did this work for - yrs.
10. Industry or Business - Date last worked -
11. Birthplace Blackfoot (City or town) Idaho (State or foreign country)
Father
12. Name Francis Butler
13. Birthplace Idaho (City or town) (State or foreign country)
Mother
14. Maiden name Nida Findley
15. Birthplace Blackfoot (City or town) Idaho (State or foreign country)
16. Informant's OWN Signature Arch Findley and Address Box 186 Blackfoot, Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Feb. 17, 1944 (Month) (Day) (Year)
(c) Place: Blackfoot Idaho.
18. Funeral Director's OWN Signature Hall Mortuary by W Hall and Address Pocatello, Idaho
19. (a) 2-19-44 (Date received and filed) (b) DC Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Feb. 17, 1944
at ____ o'clock ____ M.

21. **I HEREBY CERTIFY,** That I attended deceased from Feb. 17, 1941, to Feb 17 1944
I last saw her alive on Feb 17 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Epidemic Cerebro Spinal Meningitis — Duration: 1 day
Due to ____
Due to ____
Other conditions (Include pregnancy within 3 months of death) ____
Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's OWN Signature W W Daniel (M. D. or other)
and Address Pocatello, Idaho Date 2/18 1944.
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

MAR 15 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 67
Reg. Dist. No. 371

1. **PLACE OF DEATH:**
(a) County Bannock
(b) City or town Pocatello
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home ____ Hospital X Institution ____ Other place ____
(f) Name Hosp. or Inst. St. Anthony's Stayed ____ days
(g) Lived in this county ____ years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bingham
(c) City or town Blackfoot
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? ____ Outside? X city or town
(f) Citizen of what country? U. S. A.
(g) How long had deceased lived in Idaho? 4 years
(h) Former residence (city, state) Blackfoot, Ida.

3. (a) **FULL NAME** Connie Faye Butler

3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) June 1 - 1939

8. AGE	Years	Months	Days	If less than 1 day
	4	7	16	hrs ____ min.

9. Exact Occupation None — Did this work for ____ yrs.
10. Industry or Business — Date last worked
11. Birthplace Blackfoot, Idaho. (City or town) (State or foreign country)
Father
12. Name Francis R. Butler
13. Birthplace Blackfoot, Idaho. (City or town) (State or foreign country)
Mother
14. Maiden name Ridge Findley
15. Birthplace Blackfoot, Idaho. (City or town) (State or foreign country)
16. Informant's **OWN** Signature Arch Findley and Address Blackfoot, Ida.
17. (a) Burial (Burial, cremation or removal) (b) Date thereof 2-18-44 (Month) (Day) (Year)
(c) Place: Grove City Cemetery
18. Funeral Director's **OWN** Signature Howard Packham and Address Blackfoot, Ida.
19. (a) Feb. 18, 1944 (Date received and filed) (b) D C Rgn (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 2 - 17 1944
at 4:30 o'clock P.M.
21. **I HEREBY CERTIFY,** That I attended deceased from 2 - 1 1944 to ____ 19____
I last saw h[illegible] alive on 2 - 17 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cerebro-Spinal Meningitis — Duration 12 hrs
Due to ____
Due to ____
Other conditions ____
(Include pregnancy within 3 months of death)
Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's **OWN** Signature J. O. Hayes M.D. (M. D. or other)
and Address Blackfoot Ida. Date 2-16 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Dr. Ray:

We have 2 certificates of death filed for Connie Faye Butler, died Feb.17 One filed by Dr. McDougall and the other by Dr. Hampton, which one of these should we file? Return this note and advise.

B.V.S.

Died in St Anthony Hospital (this district) Home was in Blackfoot.

3-22-44 Dr C Ray

13175

United States
Department of Commerce
Bureau of the Census

APR 12 1944

Certificate Of Death

STATE OF IDAHO

State File No.
Local Reg. No. 3
Reg. Dist. No. 511

1. **PLACE OF DEATH:**
   (a) County Bannock
   (b) City or town Pocatello
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? ✓ Outside? ..... city or town
   (e) Died in a Home .... Hospital ✓ Institution .... Other place ....
   (f) Name Hosp. or Inst. General Stayed 1 days
   (g) Lived in this county ..... years ..... months ..... days

   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Bannock
   (c) City or town Pocatello
   (d) Street Address or R.F.D. No. 821 W. Whitman
   (e) Deceased lived Inside? ✓ Outside? ..... city or town
   (f) Citizen of what country? U. S. A.
   (g) How long had deceased lived in Idaho? 5½ years
   (h) Former residence (city, state) Cleveland, Ohio

3. (a) **FULL NAME** Dryer, Leonard Iven

3. (b) If veteran, name war .....
3. (c) Social Security No. 277-16-7947
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband ● wife Orba C. Dryer
6. (c) Age of husband or wife if alive 25 years
7. Date of Birth (Month, Day, Year) Nov. 14, 1915

8. AGE	Years	Months	Days	If less than 1 day
	28	3	15	hrs min.

9. Exact Occupation Machinist Helper Union P. Railroad — Did this work for 3 yrs.
10. Industry or Business Railroad — Date last worked Feb 29 '44
11. Birthplace Cleveland Ohio (City or town) (State or foreign country)

Father
12. Name Lyca Bernard Dryer
13. Birthplace Cleveland, Ohio (City or town) (State or foreign country)

Mother
14. Maiden name Margaret Emma Winder
15. Birthplace ..... Pennsylvania (City or town) (State or foreign country)

16. Informant's **OWN** Signature Orba C. Dryer
and Address Downey, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 5, 1944 (Month) (Day) (Year)
(c) Place: Downey, Idaho

18. Funeral Director's **OWN** Signature M. W. Hendricks
and Address Preston, Idaho

19. (a) March 5, 1944 (Date received and filed) (b) Ada L. Coffin (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 1 1944
at 6:05 o'clock P. M.

21. **I HEREBY CERTIFY**, That I attended deceased from March 1 1944 to March 1 1944
I last saw him alive on March 1 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Acute Pneumococcic Pneumonia	one day
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? Pocatello
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature Wilfred L. Olsen M.D.
and Address Pocatello Ida. Date 3-1 1944
(M. D. or other)
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medic... must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. ... unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out ... Address correspondence to State Bureau of Vital Statistics, Boise, Idaho. (ICA 38-206 and 215).

13-126

United States
Department of Commerce
Bureau of the Census

APR 11 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 81
Reg. Dist. No. 511

1. **PLACE OF DEATH:**
(a) County Bannock
(b) City or town Pocatello
(c) Street Address ~~XXXXXX~~ No. North Seventh Ave
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home __ Hospital X Institution __ Other place __
(f) Name Hosp. or Inst. St. Anthony Stayed 17 days
(g) Lived in this county 0 years 0 months 17 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Nampa
(d) Street Address or ~~XXXXX~~ No. 623 Elder St
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? U. S. A.
(g) How long had deceased lived in Idaho? 10 years
(h) Former residence (city, state) ____

3. (a) **FULL NAME** CECELIA MARIE TRUJILLO 107

3. (b) If veteran, name war ---
3. (c) Social Security No. ---
4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife ----
6. (c) Age of husband or wife if alive --- years
7. Date of Birth (Month, Day, Year) May 28, 1943

8. AGE	Years	Months	Days	If less than 1 day
	0	9	4	hrs min.

9. Exact Occupation infant Did this work for --- yrs.
10. Industry or Business ---- Date last worked ----
11. Birthplace Nampa, (City or town) Idaho (State or foreign country)
Father
12. Name Elmer Trujillo
13. Birthplace Manassa (City or town) Colorado (State or foreign country)
Mother
14. Maiden name Ester Mary Naranjo
15. Birthplace Mora (City or town) New Mexico (State or foreign country)
16. Informant's OWN Signature Elmer Trujillo
and Address Nampa, Idaho 623 Elder St
17. (a) removal (Burial, cremation, or removal) (b) Date thereof Mar. 4, '44 (Month) (Day) (Year)
(c) Place: Nampa, Idaho
18. Funeral Director's OWN Signature K. L. McHan
and Address Pocatello, Idaho
19. (a) Mar. 3, '44 (Date received and filed) (b) D C Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 3 1944
at 8:30 o'clock a. M.
21. **I HEREBY CERTIFY**, That I attended deceased from Feb. 10 1944, to March 3 1944
I last saw her alive on March 3 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
107 Bronchi - Pneumonia	7 Days
Due to 106c Trachea - Bronchitis	10 Days
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted? Home	PHYSICIAN
Name of operation ____ Date ____	Underline the cause to which death should be charged statistically.
Major finding ____	
Finding of autopsy ____	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature [illegible] (M.D. or other)
and Address Pocatello, Ida Date 3/3 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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United States
Department of Commerce
Bureau of the Census

APR 11 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 82
Reg. Dist. No. 511

1. **PLACE OF DEATH:**
   (a) County Bannock
   (b) City or town Pocatello
   (c) Street Address or R. F. D. No. 101. So. Johnson
   (d) Death Occurred (Inside?) Outside? city or town
   (e) Died in a Home (Hospital) Institution Other place
   (f) Name Hosp. or Inst. General Stayed days
   (g) Lived in this county years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County
   (c) City or town Fort Hall Indian Res.
   (d) Street Address or R. F. D. No. Fort Hall, Idaho.
   (e) Deceased lived (Inside?) Outside? city or town
   (f) Citizen of what country? United States
   (g) How long had deceased lived in Idaho? Life years
   (h) Former residence (city, state) None

3. (a) FULL NAME Abraham Lincoln.

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3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race Indian
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive Died 1937 years
7. Date of Birth (Month, Day, Year) Unknown.

8. AGE	Years	Months	Days	If less than 1 day
	About	62 Yrs.		hrs min.

9. Exact Occupation Farmer Did this work for yrs.
10. Industry or Business Own farm Date last worked
11. Birthplace Fort Hall, Idaho. (City or town) (State or foreign country)

Father
12. Name Unknown
13. Birthplace " " " " " " " (City or town) (State or foreign country)

Mother
14. Maiden name " " " " "
15. Birthplace " " " " " (City or town) (State or foreign country)

16. Informant's OWN Signature No Informant Information obtained from Record
and Address at Hospital
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Mar. 4. 1944 (Month) (Day) (Year)
(c) Place: Fort Hall, Idaho
18. Funeral Director's OWN Signature Hall Mortuary, Ethny M Hall
and Address Pocatello, Idaho.
19. (a) 3-14-44 (Date received and filed) (b) DeRay (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Mar. 3. 1944.
at 6:30 o'clock A. M.
21. I HEREBY CERTIFY, That I attended deceased from 3-2 1944 to 5-5 1944.
I last saw him alive on 5-4 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration
Shock
Due to Extensive Second Degree Burns. } 2 hrs.
Due to
Other conditions
(Include pregnancy within 3 months of death)
Where was disease contracted? Fort Hall
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? No, Suicide? No Homicide? No
Occurred 3-2 1944 City, county, state where violence occurred Fort Hall, Bingham Co., Ida.
Place of Violence: Home Farm Industry
Public Place No While at work? No
Means of injury Burned by fire
23. Attendant's OWN Signature Wilfred L. Olsen, M.D. (M. D. or other)
and Address Pocatello, Idaho. Date 3 1944.
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

APR 1 1 1944

Certificate Of Death

STATE OF IDAHO

State File No. ....
Local Reg. No. 84
Reg. Dist. No. 3rd

1. **PLACE OF DEATH:**
   (a) County Bannock
   (b) City or town Pocatello
   (c) Street Address or R. F. D. No. N. Lander
   (d) Death Occured Inside? — Outside? — city or town
   (e) Died in a Home.... Hospital.... Institution U.S.A. Club
   (f) Name Hosp. or Inst. .... Stayed .... days
   (g) Lived in this county .... years .... months .... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Bannock
   (c) City or town Pocatello
   (d) Street Address or R.F.D. No. 520 N. Grant
   (e) Deceased lived Inside? — Outside? .... city or town
   (f) Citizen of what country? U. S. A.
   (g) How long had deceased lived in Idaho? 30 years
   (h) Former residence (city, state) Wyoming

3. (a) **FULL NAME** Jesse C. Hardin — 94a

3. (b) If veteran, name war —
3. (c) Social Security No. ....
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Margaret
6. (c) Age of husband or wife if alive — years
7. Date of Birth (Month, Day, Year) August 10, 1869

8. AGE	Years	Months	Days	If less than 1 day hrs	min.
	74	6	28		

9. Exact Occupation retired shop worker — Did this work for .... yrs.
10. Industry or Business U. P. R. R. — Date last worked ....
11. Birthplace Alfonte (City or town) Indiana (State or foreign country)

Father
12. Name Charles Jan Hardin
13. Birthplace Pa. (City or town) (State or foreign country)

Mother
14. Maiden name Susan Marsh
15. Birthplace U. S. A. (City or town) (State or foreign country)

16. Informant's **OWN** Signature Art Harding
and Address 520 N. Grant
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-11-44 (Month) (Day) (Year).
(c) Place: Mountainview
18. Funeral Director's **OWN** Signature Byron B. Downard
and Address Pocatello, Idaho
19. (a) 3-11-1944 (Date received and filed) (b) D C Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 8 19 44
at .... o'clock .... M.
21. **I HEREBY CERTIFY**, That I attended deceased from March 1944 to March 8 1944
I last saw him alive on March 3 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
coronary occlusion	
Due to	
Due to age	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted? —	PHYISCIAN Underline the cause to which death should be charged statistically.
Name of operation — Date —	
Major finding —	
Finding of autopsy —	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? — Suicide? — Homicide? ....
Occurred — 19 — City, county, state where violence occurred —
Place of Violence: Home — Farm — Industry ....
Public Place — While at work? —
Means of injury ....
23. Attendant's **OWN** Signature W. Lynn (M. D. or other)
and Address Pocatello Date 3-8 1944
(For additional space, use reverse side)

United States
Department of Commerce APR 12 1944
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 1381
Local Reg. No. 4
Reg. Dist. No. 511

1. **PLACE OF DEATH:**
(a) County Bannock
(b) City or town Downey
(c) Street Address or R. F. D. No.
(d) Death Occurred (Inside?) Outside? city or town
(e) Died in a (Home) Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 60 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bannock
(c) City or town Downey
(d) Street Address or R. F. D. No.
(e) Deceased lived (Inside?) Outside? city or town
(f) Citizen of what country? United States
(g) How long had deceased lived in Idaho? 60 years
(h) Former residence (city, state) Utah

3. (a) FULL NAME Christina Matilda Aldous. 46f

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Robert Fredrick Aldous 6. (c) Age of husband or wife if living years
7. Date of Birth (Month, Day, Year) Nov. 13. 1866.

8. AGE	Years	Months	Days	If less than 1 day
	77	3	28	hrs min.

9. Exact Occupation Housewife Did this work for yrs.
10. Industry or Business Own Home Date last worked
11. Birthplace Grantsville (City or town) Utah. (State or foreign country)

Father
12. Name John Felt.
13. Birthplace Sweden (City or town) (State or foreign country)

Mother
14. Maiden name Christina Peterson.
15. Birthplace Sweden. (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs Ellen Kingsford
and Address Downey Idaho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 16, 1944 (Month) (Day) (Year)
(c) Place: Downey Idaho.
18. Funeral Director's OWN Signature Hall Mortuary.
and Address Pocatello Idaho.
19. (a) Mar. 16, 1944 (Date received and filed) (b) Ada L. Coffin (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 12. 1944.
at o'clock M.
21. **I HEREBY CERTIFY,** That I attended deceased from Feb. 1944, to March 12 1944
I last saw her alive on 3/11 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: General debilitation — Duration 1 mo.
Due to Pain, Starvation + Anemia
Due to Cancer of Liver
Other conditions (Include pregnancy within 3 months of death)
Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's OWN Signature Rex D. Lawton M.D.
(M. D. or other)
and Address Downey, Idaho. Date 3/16 1944.
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

13-11

United States
Department of Commerce
Bureau of the Census

APR 11 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 87
Reg. Dist. No. 510

1. **PLACE OF DEATH:**
(a) County Bannock
(b) City or town Pocatello
(c) Street Address or ~~R. F. D.~~ No. 538 West Custer
(d) Death Occurred Inside? x Outside? city or town
(e) Died in a Home x Hospital Institution Other place
(f) Name Hosp. or Inst. ----- Stayed days
(g) Lived in this county 19 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bannock
(c) City or town Pocatello
(d) Street Address ~~or R. F. D.~~ No. 538 West Custer
(e) Deceased lived Inside? x Outside? city or town
(f) Citizen of what country? U. S. A.
(g) How long had deceased lived in Idaho? 19 years
(h) Former residence (city, state) Lima, Montana

3. (a) FULL NAME AMANDA AMERICA WEST 127a

3. (b) If veteran, name war ---
3. (c) Social Security No. ---
4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife John W.
6. (c) Age of husband or wife if alive ---- years
7. Date of Birth (Month, Day, Year) January 23, 1859

8. AGE	Years	Months	Days	If less than 1 day
	85	1	17	hrs min.

9. Exact Occupation housewife Did this work for --- yrs.
10. Industry or Business ------ Date last worked ---
11. Birthplace Ogden, Utah (City or town) (State or foreign country)
Father
12. Name John C. Thompson
13. Birthplace Unknown Virginia (City or town) (State or foreign country)
Mother
14. Maiden name Ann Clark
15. Birthplace Unknown Virginia (City or town) (State or foreign country)
16. Informant's OWN Signature F. W. Rathas
and Address Pocatello, Idaho
17. (a) removal (Burial, cremation, or removal) (b) Date thereof 3/14/44 (Month) (Day) (Year)
(c) Place: Ogden, Utah
18. Funeral Director's OWN Signature K. L. McHan
and Address Pocatello, Idaho
19. (a) Mar. 13/44 (Date received and filed) (b) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) March 12 1944
at 3:20 o'clock a. M.
21. I HEREBY CERTIFY, That I attended deceased from 3/1 1944 to March 12 1944
I last saw her alive on March 12 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death	Duration
Pentanitis 129	
Due to Empyema	
Due to gall Gladder 127a1	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature [signature] (M. D. or other)
and Address Pocatello, Ida Date 3/13 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

APR 11 1944

Certificate Of Death

STATE OF IDAHO

State File No. 7811
Local Reg. No. 88
Reg. Dist. No. 571

1. **PLACE OF DEATH:**
(a) County Bannock
(b) City or town Pocatello
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? ✓ Outside? city or town
(e) Died in a Home Hospital ✓ Institution Other place
(f) Name Hosp. or Inst. St. Anthony Stayed 40 days
(g) Lived in this county years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Bannock
(c) City or town Pocatello
(d) Street Address or R.F.D. No. 1 South
(e) Deceased lived Inside? ✓ Outside? ✓ city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 39 years
(h) Former residence (city, state) Oregon

3. (a) **FULL NAME** Maude Alice Purkey 61

3. (b) If veteran, name war ✓
3. (c) Social Security No. none
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Burt E.
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) December 30, 1888

8. AGE	Years	Months	Days	If less than 1 day
	55	2	13	hrs min.

9. Exact Occupation Housewife Did this work for 39 yrs.
10. Industry or Business Date last worked
11. Birthplace Yuan (City or town) Nebraska (State or foreign country)
Father
12. Name Samuel J. Tucker
13. Birthplace Alton (City or town) Illinois (State or foreign country)
Mother
14. Maiden name Annie J. Goodman
15. Birthplace Nashville (City or town) Tenn. (State or foreign country)
16. Informant's **OWN** Signature Dorothy P. Smith
and Address R.R. 1 Sq.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 3-16-44 (Month) (Day) (Year)
(c) Place: Mountainview
18. Funeral Director's **OWN** Signature Byron B. Downard
and Address Pocatello Idaho
19. (a) 3-14-44 (Date received and filed) (b) D C Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 13 1944
at 3 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from Jan 1944, to Mar 13 1944
I last saw her alive on Mar 12 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Septicemia	1 month
Due to Gangrene of leg	1 month
Due to Diabetes mellitus 61	3 yr?
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? Home
Name of operation Amputation Date Feb 15
Major finding Gangrene
Finding of autopsy none

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature R.P. Howard M.D. (M. D. or other)
and Address Pocatello Date 3-14 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 91
Reg. Dist. No. 570

1. **PLACE OF DEATH:** APR 11 1944
   (a) County Bannock
   (b) City or town Pocatello
   (c) Street Address or R. F. D. No. 415 S. 10th
   (d) Death Occured Inside? ✓ Outside? ..... city or town
   (e) Died in a Home ✓ Hospital.... Institution.... Other place....
   (f) Name Hosp. or Inst..... Stayed.....days
   (g) Lived in this county.....years.....months.....days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Bannock
   (c) City or town Pocatello
   (d) Street Address or R.F.D. No. 415 S. 10th
   (e) Deceased lived Inside? ✓ Outside? ..... city or town
   (f) Citizen of what country? U. S. A.
   (g) How long had deceased lived in Idaho? 9 years
   (h) Former residence (city, state) Springfield Mass.

3. (a) **FULL NAME** Charles L. Rice 199

3. (b) If veteran, name war ✓
3. (c) Social Security No. none
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Mabel
6. (c) Age of husband or wife if alive ✓ years
7. Date of Birth (Month, Day, Year) Nov. 11, 1869

8. AGE	Years	Months	Days	If less than 1 day
	74	4	7	hrs min.

9. Exact Occupation Retired Fireman — Did this work for 2 yrs.
10. Industry or Business City Fire Dept. — Date last worked
11. Birthplace Pittsfield (City or town) Mass. (State or foreign country)

Father
12. Name Triton Rice
13. Birthplace Pownal (City or town) Vt. (State or foreign country)

Mother
14. Maiden name Emma Rogers
15. Birthplace Pittsfield (City or town) Mass. (State or foreign country)

16. Informant's **OWN** Signature .....
and Address .....

17. (a) removal (Burial, cremation, or removal) (b) Date thereof 3-30-44 (Month) (Day) (Year)
(c) Place: Springfield Mass.

18. Funeral Director's **OWN** Signature Byron B Downey
and Address Pocatello Idaho

19. (a) 3-19-1944 (Date received and filed) (b) D C Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 18 19 44
at 5:55 o'clock P. M.

21. **I HEREBY CERTIFY**, That I attended deceased from ..... 19..... to ..... 19.....
I last saw h..... alive on ..... 19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Sudden death — Duration
Died in chair
Due to Heart
Due to
Other conditions (Include pregnancy within 3 months of death)
Where was disease contracted?
Name of operation ..... Date .....
Major finding
Finding of autopsy

PHYISICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature D C Ray (M. D. or other)
and Address Pocatello Date 3-19 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

APR 1 1 1944

Certificate Of Death

STATE OF IDAHO

State File No.
Local Reg. No. 92
Reg. Dist. No. 510

1. **PLACE OF DEATH:**
   (a) County Bannock
   (b) City or town Pocatello
   (c) Street Address or R.F.D. No. 928 N. Grant
   (d) Death Occured Inside? ✓ Outside? ..... city or town
   (e) Died in a Home ✓ Hospital .... Institution .... Other place ....
   (f) Name Hosp. or Inst. ..... Stayed ..... days
   (g) Lived in this county ..... years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Bannock
   (c) City or town Pocatello
   (d) Street Address or R.F.D. No. 928 N. Grant
   (e) Deceased lived Inside? ✓ Outside? ..... city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 38 years
   (h) Former residence (city, state) Arkansas

3. (a) **FULL NAME** Anna Kendrick Cantrell 83a

3. (b) If veteran, name war ✓
3. (c) Social Security No. none
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Pembrook
6. (c) Age of husband or wife if alive ✓ years
7. Date of Birth (Month, Day, Year) January 1, 1873

8. AGE	Years	Months	Days	If less than 1 day
	71	3	17	hrs min.

9. Exact Occupation Housewife Did this work for 50 yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Fayetteville Ark. (City or town) (State or foreign country)

Father
12. Name Seth Kendrick
13. Birthplace Arkansas (City or town) (State or foreign country)

Mother
14. Maiden name Elizabeth Graham
15. Birthplace Arkansas (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mrs Walter Wentz
and Address M 925 Walnut St. Red Bluff
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 3-22-44 Cal (Month) (Day) (Year)
(c) Place: Mountainview
18. Funeral Director's **OWN** Signature Tyron B. Howard
and Address Pocatello Idaho
19. (a) 3-23-1944 (Date received and filed) (b) D C Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 18 1944
at 11 o'clock 9 M.
21. **I HEREBY CERTIFY,** That I attended deceased from Nov. 1943 to ..... 19....
I last saw her alive on Nov. 1943; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebral Hemorrhage	5 min.
Due to Hypertension	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYISCIAN
Name of operation ..... Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature R R Murrell M.D. (M. D. or other)
and Address Pocatello Date 3-21 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

APR 11 1944

Certificate Of Death

STATE OF IDAHO

State File No. .....
Local Reg. No. 93
Reg. Dist. No. 5

1. **PLACE OF DEATH:**
   (a) County Bannock
   (b) City or town Pocatello
   (c) Street Address or R. F. D. No. .....
   (d) Death Occured Inside? ✓ Outside? ..... city or town
   (e) Died in a Home.... Hospital ✓ Institution.... Other place....
   (f) Name Hosp. or Inst. General Stayed 40 days
   (g) Lived in this county ..... years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Bannock
   (c) City or town Pocatello
   (d) Street Address or R.F.D. No. 722 N. Halliday
   (e) Deceased lived Inside? ✓ Outside? ..... city or town
   (f) Citizen of what country? U. S. A.
   (g) How long had deceased lived in Idaho? 30 years
   (h) Former residence (city, state) Lewiston Utah

3. (a) **FULL NAME** Mary Ann Litz

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3. (b) If veteran, name war ✓
3. (c) Social Security No. none
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Lawyer
6. (c) Age of husband or wife if alive ✓ years
7. Date of Birth (Month, Day, Year) July 24, 1861

8. AGE	Years	Months	Days	If less than 1 day
	83	7	26	hrs ..... min.

9. Exact Occupation Housewife Did this work for ? yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Tazewell (City or town) Virginia (State or foreign country)

Father
12. Name ✓ Burdett
13. Birthplace unknown (City or town) (State or foreign country)

Mother
14. Maiden name unknown
15. Birthplace ( ) (City or town) (State or foreign country)

16. Informant's **OWN** Signature H. J. Lawson
and Address 926 N. Fremont

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-22-44 (Month) (Day) (Year)
(c) Place: Mountainview

18. Funeral Director's **OWN** Signature Byron B. Downard
and Address Pocatello Idaho

19. (a) 3-21-44 (Date received and filed) (b) ..... (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 20 19 44
at 7:25 o'clock P.M.

21. **I HEREBY CERTIFY**, That I attended deceased from Feb. 29, 1944, to Mar. 20 1944.
I last saw her alive on Mar. 19 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cardio-nephritic with hypertension.	Some years.
Due to	.....
.....	.....
Due to	.....
Other conditions Carcinoma of Stomach? (Include pregnancy within 3 months of death)	6 months
.....	.....
Where was disease contracted? Idaho	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation None Date	
Major finding Edema of ankles.	
Finding of autopsy No. Refused.	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature H. H. Hughart (M. D. or other)
and Address Pocatello Date 3/20 1944.
(For additional space, use reverse side)

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United States
Department of Commerce
Bureau of the Census

APR 11 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 94
Reg. Dist. No. 310

1. **PLACE OF DEATH:**
(a) County Bannock
(b) City or town Pocatello
(c) Street Address ~~XXXXX~~ No. 149 N. Hayes Ave
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home X Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 26 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bannock
(c) City or town Pocatello
(d) Street Address ~~XXXXXX~~ No. 149 No. Hayes
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? U. S. A.
(g) How long had deceased lived in Idaho? 26 years
(h) Former residence (city, state) Lead, S. Dak

3. (a) **FULL NAME** MINNIE SAILOR ESTERBROOK 83a

3. (b) If veteran, name war ____ 3. (c) Social Security No. ____

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife John 6. (c) Age of husband or wife if alive ____ years

7. Date of Birth (Month, Day, Year) July 27, 1862

8. AGE	Years	Months	Days	If less than 1 day
	81	7	23	hrs ____ min.

9. Exact Occupation housewife Did this work for ____ yrs.
10. Industry or Business ____ Date last worked ____
11. Birthplace Downieville, California (City or town) (State or foreign country)

Father
12. Name unknown, Sailor
13. Birthplace State of California (City or town) (State or foreign country)

Mother
14. Maiden name Unknown
15. Birthplace Alsace-Lorraine, France (City or town) (State or foreign country)

16. Informant's **OWN** Signature [signature] and Address 149 N. Hayes

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 23, 44 (Month) (Day) (Year)
(c) Place: Burial Mt. View Pocatello

18. Funeral Director's **OWN** Signature H. L. McKay and Address Pocatello, Idaho

19. (a) Mar. 22/44 (Date received and filed) (b) D. C. Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 21 1944
at 3:00 o'clock P. M.

21. **I HEREBY CERTIFY,** That I attended deceased from 3-16 1944, to March 21 1944
I last saw her alive on March 21 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Apoplexy — Duration 5 Days
Due to ____
Due to ____
Other conditions ____ (Include pregnancy within 3 months of death)
Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's **OWN** Signature D C Ray (M. D. or other)
and Address Pocatello Date Mar 22 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

APR 11 1944

Certificate Of Death

STATE OF IDAHO

State File No. 138146
Local Reg. No. 95
Reg. Dist. No. 210

1. **PLACE OF DEATH:**
(a) County Bannock
(b) City or town Pocatello
(c) Street Address or R.F.D. No. –
(d) Death Occured Inside? – Outside? ..... city or town
(e) Died in a Home .... Hospital – Institution .... Other place ....
(f) Name Hosp. or Inst. St. Anthony Stayed 10 days
(g) Lived in this county ..... years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Bannock
(c) City or town Pocatello
(d) Street Address or R.F.D. No. 718 S. Main
(e) Deceased lived Inside? – Outside? ..... city or town
(f) Citizen of what country? .....
(g) How long had deceased lived in Idaho? 24 years
(h) Former residence (city, state) .....

3. (a) **FULL NAME** Elizabeth Christ 122b

3. (b) If veteran, name war –
3. (c) Social Security No. –
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Harry
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) December 25, 1893

8. AGE	Years	Months	Days	If less than 1 day
	50	3	0	hrs min.

9. Exact Occupation Housewife Did this work for 30 yrs.
10. Industry or Business " Date last worked .....
11. Birthplace Greece (City or town) (State or foreign country)
Father
12. Name Gust Boroudis
13. Birthplace Greece (City or town) (State or foreign country)
Mother
14. Maiden name unknown
15. Birthplace Greece (City or town) (State or foreign country)
16. Informant's **OWN** Signature Charles Christ
and Address Pocatello Id.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 3-28-44 (Month) (Day) (Year)
(c) Place: Mountainview
18. Funeral Director's **OWN** Signature Downard Funeral Home
and Address Pocatello Idaho
19. (a) 3-27-1944 (Date received and filed) (b) D C Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March, 25 1944
at 5 o'clock A. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 3-17 1944, to 3-25 1944
I last saw her alive on 3-24 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Toxemia 66b	10 days
Due to Intestinal Obstruction	122b2
Due to Adhesions of Bowel	
Other conditions (Include pregnancy within 3 months of death)	
Mitral Stenosis 92b	

Where was disease contracted?
Name of operation Laporatory Date 3-18-44
Major finding Obstruction from Adhesions
Finding of autopsy

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature R K Merrell M.D. (M. D. or other)
and Address Pocatello Date 3-27 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

APR 11 1944

State File No.
Local Reg. No. 96
Reg. Dist. No. 310

1. **PLACE OF DEATH:**
(a) County Bannock
(b) City or town Pocatello
(c) Street Address or R.F.D. No. 842 E. Clark
(d) Death Occured Inside? ✓ Outside? ..... city or town
(e) Died in a Home ✓ Hospital .... Institution .... Other place ....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county ..... years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Bannock
(c) City or town Pocatello
(d) Street Address or R.F.D. No. 842 E. Clark
(e) Deceased lived Inside? ✓ Outside? ..... city or town
(f) Citizen of what country? U. S. A.
(g) How long had deceased lived in Idaho? 57 years
(h) Former residence (city, state) Utah

3. (a) **FULL NAME** Otto Erickson 61

3. (b) If veteran, name war ✓
3. (c) Social Security No. none
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Rebecca
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) August 21, 1864

8. AGE	Years	Months	Days	If less than 1 day
	79	7	6	hrs ..... min.

9. Exact Occupation Retired Engineer — Did this work for 46 yrs.
10. Industry or Business U.P.R.R. — Date last worked
11. Birthplace Denmark (City or town) (State or foreign country)

Father
12. Name Erickson
13. Birthplace Denmark (City or town) (State or foreign country)

Mother
14. Maiden name Mary Anderson
15. Birthplace Denmark (City or town) (State or foreign country)

16. Informant's **OWN** Signature Otto Erickson Jr.
and Address Pocatello Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-30-44 (Month) (Day) (Year)
(c) Place: Mountainview

18. Funeral Director's **OWN** Signature Byron B. Leonard
and Address Pocatello Idaho

19. (a) 5-30-44 (Date received and filed) (b) D C Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 27 1944
at 1 o'clock P. M.

21. **I HEREBY CERTIFY**, That I attended deceased from Mar 27 1944 to Mar 27 1944
I last saw h— alive on Mar 27 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Myocarditis 9301	
Due to Heart	
Due to Age Diabetes	61
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? Home
Name of operation — Date —
Major finding —
Finding of autopsy —

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? — Suicide? — Homicide? —
Occurred — 19— City, county, state where violence occurred —
Place of Violence: Home — Farm — Industry —
Public Place — While at work? —
Means of injury —

23. Attendant's **OWN** Signature J. V. Lynn (M. D. or other)
and Address Pocatello Idaho Date Mar 31 1944
(For additional space, use reverse side)

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United States
Department of Commerce
Bureau of the Census

APR 11 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 97
Local Reg. No. 311
Reg. Dist. No. 3

1. **PLACE OF DEATH:**
(a) County Bannock
(b) City or town Pocatello
(c) Street Address or R. F. D. No. 101. So. Johnson.
(d) Death Occurred (Inside?) Outside? city or town
(e) Died in a Home (Hospital) Institution Other place
(f) Name Hosp. or Inst. General Stayed 2 days
(g) Lived in this county 8 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Cassia
(c) City or town Burley
(d) Street Address or R. F. D. No. Burley
(e) Deceased lived (Inside?) Outside? city or town
(f) Citizen of what country? United States
(g) How long had deceased lived in Idaho? 20 years
(h) Former residence (city, state) Utah

3. (a) **FULL NAME** Nina Naomi Clark

106 b

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Fent Clark
6. (c) Age of husband or wife if alive 27 years
7. Date of Birth (Month, Day, Year) June. 11. 1916.

8. AGE	Years	Months	Days	If less than 1 day
	27	9	17	hrs min.

9. Exact Occupation Housewife — Did this work for 8 yrs.
10. Industry or Business Own Home — Date last worked 1939.
11. Birthplace Moreland (City or town) Idaho. (State or foreign country)

Father
12. Name George H. McBride.
13. Birthplace Hyrum (City or town) Utah. (State or foreign country)

Mother
14. Maiden name Florence Clement.
15. Birthplace Plain City, (City or town) Utah. (State or foreign country)

16. Informant's OWN Signature Fent Clark
and Address Burley Idaho.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 4/2 (Month) (Day) 1944. (Year)
(c) Place: Moreland Idaho.
18. Funeral Director's OWN Signature Hall Mortuary.
and Address Pocatello Idaho.
19. (a) 3-28-1944 (Date received and filed) (b) DC Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March. 28. 1944.
at o'clock M.

21. **I HEREBY CERTIFY**, That I attended deceased from March 1943 to Mar 28 1944
I last saw h[illegible] alive on Mar 28 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
(a) Pulmonary thrombosis 111 a	2 days
Due to Followed Pneumonectomy 2 mo. by 2½ months 114 e 2	
Due to (b) Bronchiectasis 106 b	8 yr.
Other conditions Shock 66 b (Include pregnancy within 3 months of death)	9 yr.

Where was disease contracted? Hosp
Name of operation Pneumonectomy Date 1-10-44
Major finding
Finding of autopsy None

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's OWN Signature R P Howard MD (M. D. or other)
and Address Pocatello, Idaho Date 3/ 1944.
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

APR 11 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 138149
Local Reg. No. 48
Reg. Dist. No. 510

1. **PLACE OF DEATH:**
   (a) County Bannock
   (b) City or town Pocatello
   (c) Street Address or R. F. D. No. 101. So. Johnson.
   (d) Death Occurred (Inside?) Outside? city or town
   (e) Died in a Home (Hospital) Institution Other place
   (f) Name Hosp. or Inst. General Stayed 2 days
   (g) Lived in this county 25 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Bannock
   (c) City or town Pocatello
   (d) Street Address or R. F. D. No. 912. West Young
   (e) Deceased lived (Inside?) Outside? city or town
   (f) Citizen of what country? United States
   (g) How long had deceased lived in Idaho? Life years
   (h) Former residence (city, state) None

3. (a) FULL NAME Thomas Adrian Marler. 176

3. (b) If veteran, name war
3. (c) Social Security No. 712-03-4791
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Sylvia Jane Cox.
6. (c) Age of husband or wife if alive 38 years
7. Date of Birth (Month, Day, Year) August. 17. 1900.

8. AGE	Years	Months	Days	If less than 1 day
	43	7	14	hrs min.

9. Exact Occupation Machinist — Did this work for 22 yrs.
10. Industry or Business Union Pacific Ry. — Date last worked 3/
11. Birthplace Grant (City or town) Idaho. (State or foreign country)

Father
12. Name Adolph A. Marler.
13. Birthplace Providence (City or town) Utah. (State or foreign country)

Mother
14. Maiden name Sarah Jane Porritt.
15. Birthplace Franklin (City or town) Idaho. (State or foreign country)

16. Informant's OWN Signature Mrs Thomas A. Marler
and Address Pocatello Idaho.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/3 1944. (Month) (Day) (Year)
(c) Place: Mountain View Cem.

18. Funeral Director's OWN Signature Hall Mortuary.
and Address Pocatello Idaho.

19. (a) 3-31-44 (Date received and filed) (b) L O C Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March. 31. 1944
at 4:30 o'clock A. M.

21. **I HEREBY CERTIFY,** That I attended deceased from March 28 1944, to March 31 1944,
I last saw h— alive on —— 19—; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cerebral Concussion — Duration 3 days.
Due to Injury — 3 days.
Due to —
Other conditions (Include pregnancy within 3 months of death)
Where was disease contracted? Pocatello, Ida.
Name of operation — Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Yes. Suicide? Homicide?
Occurred March 28 1944 City, county, state where violence occurred Pocatello, Bannock, Ida
Place of Violence: Home Farm Industry ✓
Public Place While at work? Yes.
Means of injury Struck by a falling Crane.

23. Attendant's OWN Signature Wilfred L. Olsen M. D. (M. D. or other)
and Address Pocatello, Idaho. Date 3-31 1944

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

APR 14 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 13-1
Local Reg. No.
Reg. Dist. No. 7

1. **PLACE OF DEATH:**
(a) County Bear Lake
(b) City or town Montpelier
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home Hospital Institution Other place X
(f) Name Hosp. or Inst. Burgoyne, Hotel Stayed days
(g) Lived in this county 30 years months days

Note For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bear Lake
(c) City or town Montpelier
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) If foreign born, in U. S. yrs. Citizen of U. S.? Yes
(g) How long had deceased lived in Idaho? 30 years
(h) Former residence (city, state)

3. (a) **FULL NAME** Ollie Brown 131a

3. (b) If veteran, name war No
3. (c) Social Security No. 518-09-1679
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife
6 (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) August 4, about 1889

8. AGE	Years	Months	Days	If less than 1 day
	54	6	4	hrs min.

9. Exact Occupation Bakery clerk
Did this work for 10 yrs.
10. Industry or Business Royal Bakery
Date last worked Dec. 14, 1943
11. Birthplace Texas
(City or town) (State or foreign country)

Father
12. Name Unknown
13. Birthplace "
(City or town) (State or foreign country)

Mother
14. Maiden name Unknown
15. Birthplace "
(City or town) (State or foreign country)

16. Informant's **OWN** Signature Frank Sunderland
and Address Montpelier, Idaho
17. (a) Burial (b) Date thereof Feb. 11, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: Montpelier, Idaho
18. Funeral Director's **OWN** Signature
and Address Montpelier, Idaho
19. (a) Feb. 16 1944 (b)
(Date received and filed) (Registrar's Signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) February 8 1944
at 2:30 o'clock A M.

21. **I HEREBY CERTIFY,** That I attended deceased from Feb 6 1944, to Feb 8 1944
I last saw h[illegible] alive on Feb 8 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Myocardial failure — Duration 2 mos.
Due to Cerebrovascular renal disease
Due to
Other conditions
(Include pregnancy within 3 months of death)

Where was disease first contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature R B Lindsay, MD (M. D. or other)
and Address Montpelier, Idaho Date Feb. 9 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink on BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

APR 14 1944

CERTIFICATE OF DEATH

STATE OF IDAHO

State File No. 13815
Local Reg. No.
Reg. Dist. No. 5

1. PLACE OF DEATH:
(a) County Bear Lake
(b) City or town Montpelier
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? ..... city or town
(e) Died in a Home ....Hospital X Institution ....Other place ....
(f) Name Hosp. or Inst. Montpelier Stayed 8 days
(g) Lived in this county 35 years 10 months 27 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Bear Lake
(c) City or town Bennington
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? ..... city or town
(f) If foreign born, in U. S. ..... yrs. Citizen of U. S.? Yes
(g) How long had deceased lived in Idaho? 35 years
(h) Former residence (city, state)

3. (a) **FULL NAME** Lewis David Perkins 121

3. (b) If veteran, name war No
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Virginia Hendrickson
6 (c) Age of husband or wife if alive 35 years
7. Date of Birth (Month, Day, Year) March 19 1908

8. AGE	Years	Months	Days	If less than 1 day
	35	10	27	hrs min.

9. Exact Occupation Farmer — Did this work for life yrs.
10. Industry or Business — Date last worked
11. Birthplace Bennington (City or town) Idaho (State or foreign country)

Father
12. Name David Hunter Perkins
13. Birthplace Bennington (City or town) Idaho (State or foreign country)

Mother
14. Maiden name Romina Munk
15. Birthplace Mantua (City or town) Utah (State or foreign country)

16. Informant's **OWN** Signature Virginia H. Perkins
and Address Bennington, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 18, 1944 (Month) (Day) (Year)
(c) Place: Bennington, Idaho
18. Funeral Director's **OWN** Signature [signature]
and Address Montpelier, Idaho
19. (a) Feb. 18, 1944 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Fberuary 15 1944
at 8 o'clock A M.
21. I HEREBY CERTIFY, That I attended deceased from Feb 4 1944 to Feb 15 1944
I last saw him alive on Feb 15 1944; death is said to have occurred on the date and hour stated above.
Immediate Cause of Death: [illegible] Duration
Sudden death 1 hr.
Probably heart
Due to Appendectomy Feb 7th 12 1/2
Due to Apparent uneventful
Other conditions
(Include pregnancy within 3 months of death)
Did not resemble [illegible]
Where was disease first contracted?
Name of operation Appendectomy Date 2-7-44
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state
where violence occurred
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury
23. Attendant's **OWN** Signature [signature] (M. D. or other)
and Address Montpelier, Idaho Date Feb. 16 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

APR 14 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 138152
Local Reg. No.
Reg. Dist. No. 93

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. PLACE OF DEATH:
(a) County Bear Lake
(b) City or town Montpelier
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed. days
(g) Lived in this county 34 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Bear Lake
(c) City or town Montpelier
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) If foreign born, in U. S. yrs. Citizen of U. S.? Yes
(g) How long had deceased lived in Idaho? 34 years
(h) Former residence (city, state)

3. (a) **FULL NAME** Fred N. Bryden 83a

3. (b) If veteran, name war No
3. (c) Social Security No. 712-5-1039
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Anna Christofferson
6 (c) Age of husband or wife if alive 62 years
7. Date of Birth (Month, Day, Year) August 8, 1881

8. AGE	Years	Months	Days	If less than 1 day hrs	min.
	62	6	12		

9. Exact Occupation Railroad Agent (Retired) Did this work for 35 yrs.
10. Industry or Business Union Pacific Ry. Date last worked 1940
11. Birthplace Morey (City or town) Nevada (State or foreign country)

Father
12. Name John Bryden
13. Birthplace Novia Scotia (City or town) Canada (State or foreign country)

Mother
14. Maiden name Mary Campbell
15. Birthplace Novia Scotia (City or town) Canada (State or foreign country)

16. Informant's **OWN** Signature Dorothy B Canfield
and Address Ogden, Utah
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 23, 1944 (Month) (Day) (Year)
(c) Place: Montpelier, Idaho
18. Funeral Director's **OWN** Signature
and Address Montpelier, Idaho
19. (a) (Date received and filed) (b) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) February 20 1944
at 7:38 o'clock A M.

21. **I HEREBY CERTIFY,** That I attended deceased from 19 to 19
I last saw h alive on 19 ; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Where was disease first contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature
and Address Montpelier, Idaho (M. D. or other) Date Feb. 21 1944
(For additional space, use reverse side)

United States
Department of Commerce
Bureau of the Census

APR 6 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 13853
Local Reg. No. 4
Reg. Dist. No. 56-D

1. **PLACE OF DEATH:**
(a) County Bear Lake
(b) City or town Paris, Idaho
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? # Outside? city or town
(e) Died in a Home # Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 77 years months days
Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bear Lake
(c) City or town Paris
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? # Outside? city or town
(f) If foreign born, in U. S. yrs. Citizen of U. S. #
(g) How long had deceased lived in Idaho? 77 years
(h) Former residence (city, state)

3. (a) **FULL NAME** Mary Ann Parker 131a

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife
6 (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) April 20, 1866

8. AGE	Years	Months	Days	If less than 1 day
	77	10	6	hrs min.

9. Exact Occupation Housewife — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace Liberty, Idaho (City or town) (State or foreign country)

Father
12. Name John Hymas
13. Birthplace England (City or town) (State or foreign country)

Mother
14. Maiden name Mary Ann Pittman
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's **OWN** Signature Thomas Watkins
and Address Paris Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 2, 1944 (Month) (Day) (Year)
(c) Place: Lanark, Idaho
18. Funeral Director's **OWN** Signature
and Address Montpelier, Idaho
19. (a) MAR 30 1944 (Date received and filed) (b) Rudolph H. Bolton (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Feb 26 1944
at 9:00 o'clock A. M.

21. I **HEREBY CERTIFY**, That I attended deceased from Dec 25 1943 to Feb 26 1944
I last saw her alive on Feb 26 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: 8301 Apoplexy — Duration 2 Hrs.
102
Due to Arterial Hypertension — 15 yrs.
Due to Chronic Nephritis — Unknown
Other conditions 1314
(Include pregnancy within 3 months of death)

Where was disease first contracted? Home
Time of operation Date
Major findings of autopsy
arterial hypertension and chronic nephritis contributory

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature Glenn H. Rich MD
and Address Paris Idaho (M. D., Coroner) Date Feb 27 1944

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH

STATE OF IDAHO

APR 14 1944

State File No. [illegible]
Local Reg. No. 55
Reg. Dist. No.

1. **PLACE OF DEATH:**
(a) County ... Bear Lake
(b) City or town ... Montpelier, Idaho
(c) Street Address or R. F. D. No. ...
(d) Death Occurred Inside? X Outside? ... city or town
(e) Died in a Home ... Hospital X Institution ... Other place ...
(f) Name Hosp. or Inst. Bear Lake ... Stayed 4 ... days
(g) Lived in this county 68 years ... months ... days

Note — For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bear Lake
(c) City or town Montpelier
(d) Street Address or R. F. D. No. 1
(e) Deceased lived Inside? ... Outside? X ... city or town
(f) If foreign born, in U. S. 68 yrs. Citizen of U. S.? Yes
(g) How long had deceased lived in Idaho? 68 years
(h) Former residence (city, state) ...

3. (a) **FULL NAME** Fredrick E. Bateman 131a

3. (b) If veteran, name war None — 3. (c) Social Security No. None
4. Sex Male — race White — 5. Color or — 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Margaret Hargrove — 6 (c) Age of husband or wife if alive 64 years
7. Date of Birth (Month, Day, Year) August 13, 1871

8. AGE	Years	Months	Days	If less than 1 day
	72	6	19	hrs ... min.

9. Exact Occupation Farmer — Did this work for 60 yrs.
10. Industry or Business ... — Date last worked 1939
11. Birthplace London (City or town) England (State or foreign country)

Father
12. Name George Bateman
13. Birthplace ... England (City or town) (State or foreign country)

Mother
14. Maiden name Connie Wilkes
15. Birthplace ... England (City or town) (State or foreign country)

16. Informant's **OWN** Signature F F Bateman
and Address Lima Montana
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 6 1944 (Month) (Day) (Year)
(c) Place: Montpelier, Idaho
18. Funeral Director's **OWN** Signature [illegible]
and Address Montpelier, Idaho
19. (a) Mar 6 1944 (Date received and filed) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 3, 1944
at 8:10 o'clock P M.

21. I **HEREBY CERTIFY**, That I attended deceased from Feb. 15 1944, to March 3 1944
I last saw h[illegible] alive on March 3 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — Duration
Myocardial failure — 2 Mo.
Due to Cardiovascular
renal disease — 2 yrs.
Due to ...
Other conditions ... (Include pregnancy within 3 months of death)

Where was disease first contracted? ...
Name of operation ... Date ...
Major finding ...
Finding of autopsy ...

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ... Suicide? ... Homicide? ...
Occurred ... 19... City, county, state where violence occurred ...
Place of Violence: Home ... Farm ... Industry ...
Public Place ... While at work? ...
Means of injury ...

23. Attendant's **OWN** Signature P B Lindsay MD (M. D. or other)
and Address Montpelier, Idaho Date Mar. 4 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

APR 14 1944

CERTIFICATE OF DEATH

STATE OF IDAHO

State File No. 13-155
Local Reg. No. 17
Reg. Dist. No. 17

1. PLACE OF DEATH:

(a) County Bear Lake
(b) City or town Montpelier,
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. Bear Lake Stayed 0 days
(g) Lived in this county years months 0 days

Note For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)

(a) State Idaho (b) County Bear Lake
(c) City or town Montpelier
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) If foreign born, in U. S. yrs. Citizen of U. S.?
(g) How long had deceased lived in Idaho? 10 minutes years
(h) Former residence (city, state)

3. (a) **FULL NAME** Richard LeRoy Nichols

3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Infant
6. (b) Name of husband or wife
6 (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) March 4, 1944

8. AGE	Years	Months	Days	If less than 1 day
	0	0	0	hrs 10 min.

9. Exact Occupation Infant Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Montpelier (City or town) Idaho (State or foreign country)

Father
12. Name Clarence Nichols
13. Birthplace Butte (City or town) Montana (State or foreign country)

Mother
14. Maiden name Bessie Patterson
15. Birthplace Laramie (City or town) Wyoming (State or foreign country)

16. Informant's **OWN** Signature Clarence Nicholls
and Address Cokeville, Wyoming
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 6, 1944 (Month) (Day) (Year)
(c) Place: Cokeville, Wyoming
18. Funeral Director's **OWN** Signature [signature]
and Address Montpelier, Idaho
19. (a) Mar 6, 1944 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 4, 1944
at 9 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from March 4 1944, to March 4 1944
I last saw him alive on March 4 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Acute Respiratory failure	20 min
Due to premature birth	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease first contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature R B Lindsay MD (M. D. or other)
and Address Montpelier, Idaho Date Mar 4 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

APR 14 1944

CERTIFICATE OF DEATH

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. [illegible]
Reg. Dist. No. 552

1. PLACE OF DEATH:
(a) County Bear Lake
(b) City or town Montpelier
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 46 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Bear Lake
(c) City or town Montpelier
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) If foreign born, in U. S. yrs. Citizen of U. S.?
(g) How long had deceased lived in Idaho? 46 years
(h) Former residence (city, state)

3. (a) **FULL NAME** Ruella Pearl King 83a

3. (b) If veteran, name war None 3. (c) Social Security No. None
4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Thomas Charles King 6 (c) Age of husband or wife if alive 69 years
7. Date of Birth (Month, Day, Year) October 30, 1878

8. AGE	Years	Months	Days	If less than 1 day
	65	4	6	hrs min.

9. Exact Occupation Housewife Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Pleasant Grove (City or town) Utah (State or foreign country)

Father
12. Name Ruell Mills Rogers
13. Birthplace (City or town) New York (State or foreign country)

Mother
14. Maiden name Catherine Nielsen
15. Birthplace (City or town) Denmark (State or foreign country)

16. Informant's **OWN** Signature Thos C King
and Address Montpelier, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 10, 1944 (Month) (Day) (Year)
(c) Place: Montpelier, Idaho
18. Funeral Director's **OWN** Signature [signature]
and Address Montpelier, Idaho
19. (a) Mar 10, 1944 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 6, 1944 19
at 12:30 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from March 6 1944, to Mch 6 1944
I last saw h. [illegible] alive on Mch 6 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration
Apoplexy 3 hours
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Where was disease first contracted?
Name of operation none Date
Major finding
Finding of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature [signature] (M. D. or other)
and Address Montpelier, Idaho Date Mar. 7, 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

APR 14 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 138157
Local Reg. No.
Reg. Dist. No. 17

1. PLACE OF DEATH:
(a) County Bear Lake
(b) City or town Montpelier
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home X Hospital X Institution Other place
(f) Name Hosp. or Inst. Stayed 24 days
(g) Lived in this county 51 years 11 months 24 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Bear Lake
(c) City or town Montpelier
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) If foreign born, in U. S. yrs. Citizen of U. S.?
(g) How long had deceased lived in Idaho? 51 years
(h) Former residence (city, state)

3. (a) **FULL NAME** Louis Grunig 66b

3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6 (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) March 21, 1892

8. AGE	Years	Months	Days	If less than 1 day
	51	11	24	hrs min.

9. Exact Occupation Farmer — Did this work for life yrs.
10. Industry or Business — Date last worked
11. Birthplace Montpelier, (City or town) Idaho, (State or foreign country)

Father
12. Name John Godfrey Grunig
13. Birthplace (City or town) Switzerland (State or foreign country)

Mother
14. Maiden name Eliza Eschler
15. Birthplace (City or town) Switzerland (State or foreign country)

16. Informant's **OWN** Signature Della Schiedegger
and Address Paris, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 20, 1944 (Month) (Day) (Year)
(c) Place: Montpelier, Idaho

18. Funeral Director's **OWN** Signature
and Address Montpelier, Idaho.

19. (a) Mar 20 1944 (Date received and filed) (b) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 16, 1944 19
at 2:10 o'clock A M.

21. **I HEREBY CERTIFY,** That I attended deceased from February 19 44, to March 16 19 44
I last saw h. alive on Mar. 15 19 44; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death	Duration
Myocardial Failure	6 wks
Due to Fatty degeneration	unknown
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease first contracted? unknown
Name of operation None Date 3-20-44
Major finding Hepatic Cirrhosis
Finding of autopsy None

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature Reed Hatch MD (M. D. or other)
and Address Montpelier, Idaho Date Mar. 17 1944
(For additional space, use reverse side)

United States
Department of Commerce
Bureau of the Census APR 11 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 138158
Local Reg. No. 8
Reg. Dist. No. 130

1. **PLACE OF DEATH:**
(a) County Benewah
(b) City or town St. Maries
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home ____ Hospital ____ Institution X Other place ____
(f) Name Hosp. or Inst. Moore's Stayed 30 days
(g) Lived in this county ____ years 8 months 16 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Missouri (b) County
(c) City or town Kirksville
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? U. S. A.
(g) How long had deceased lived in Idaho? 8 Mo. years
(h) Former residence (city, state)

3. (a) **FULL NAME** John Henry Merrick

93E

3. (b) If veteran, name war None
3. (c) Social Security No. 264-30-1002
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) February 12, 1869

8. AGE	Years	Months	Days	If less than 1 day
	75	0	24	hrs ____ min.

9. Exact Occupation Miner — Did this work for 60 yrs.
10. Industry or Business Coal Mines — Date last worked 1938
11. Birthplace Louisville, Kentucky (City or town) (State or foreign country)

Father
12. Name John C. Merrick
13. Birthplace Kentucky (City or town) (State or foreign country)

Mother
14. Maiden name Sabina Williams
15. Birthplace Kentucky (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mrs P. J. McAlinden
and Address St. Maries, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-9-44 (Month) (Day) (Year)
(c) Place: St. Maries, Idaho
18. Funeral Director's **OWN** Signature A. E. Weeks
and Address St. Maries, Idaho
19. (a) 4-8-44 (Date received and filed) (b) A. E. Weeks (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 6 1944
at 5:30 o'clock P.M.
21. **I HEREBY CERTIFY,** That I attended deceased from Nov 5 1943, to Mar 6 1944
I last saw ~~him~~ alive on Mar 3 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Myocarditis	
Due to Senility	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ____ Date ____
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury

23. Attendant's **OWN** Signature O. D. Platt M.D. (M. D. or other)
and Address St. Maries Ida Date 3-10 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

138159

United States
Department of Commerce
Bureau of the Census APR 11 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 9
Reg. Dist. No. 130

1. **PLACE OF DEATH:**
(a) County Benewah
(b) City or town St. Maries,
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? x city or town
(e) Died in a Home Hospital Institution Other place
(f) Name Hosp. or Inst. Lawler's Stayed 9 days
(g) Lived in this county 29 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Benewah
(c) City or town Plummer
(d) Street Address or R. F. D. No. 1
(e) Deceased lived Inside? Outside? x city or town
(f) Citizen of what country? Germany
(g) How long had deceased lived in Idaho? 29 years
(h) Former residence (city, state)

3. (a) **FULL NAME** Louis Hauser

95c

3. (b) If veteran, name war None
3. (c) Social Security No. 519-05-3044
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) July 30, 1871

8. AGE	Years	Months	Days	If less than 1 day
	72	7	9	hrs min.

9. Exact Occupation Logger — Did this work for 29 yrs.
10. Industry or Business Woods — Date last worked 6-1-43
11. Birthplace Rust (City or town) Baden Germany (State or foreign country)

Father
12. Name Unknown
13. Birthplace " (City or town) (State or foreign country)

Mother
14. Maiden name Unknown
15. Birthplace " (City or town) (State or foreign country)

16. Informant's OWN Signature G. F. Hires
and Address Rt. #1 Plummer, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-16-44 (Month) (Day) (Year)
(c) Place: Plummer, Ida
18. Funeral Director's OWN Signature R. E. Wessa
and Address St. Maries, Idaho
19. (a) 4-8-44 (Date received and filed) (b) R. E. Wessa (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 9, 1944 19
at 7:00 o'clock P.M.
21. **I HEREBY CERTIFY,** That I attended deceased from Mar 1 1944 to Mar 9 1944
I last saw ~~he~~ alive on Mar 7 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cardiac dropsy — Duration 95c2
Due to Heart insufficiency — 95c3
Due to
Other conditions (Include pregnancy within 3 months of death)
Where was disease contracted? —
Name of operation — Date
Major finding —
Finding of autopsy —

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state
where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's OWN Signature O. D. Platt M. D.
(M. D. or other)
and Address O. D. Platt, M.D. Date 3-11 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

APR 11 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 138160
Local Reg. No. 10
Reg. Dist. No. 130

1. **PLACE OF DEATH:**
   (a) County Benewah
   (b) City or town St. Maries
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? X Outside? ____ city or town
   (e) Died in a Home__ Hospital X Institution__ Other place__
   (f) Name Hosp. or Inst. St. Maries Stayed 8 days
   (g) Lived in this county 5 years ____ months ____ days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Benewah
   (c) City or town Fernwood
   (d) Street Address or R. F. D. No.
   (e) Deceased lived Inside? ____ Outside? X city or town
   (f) Citizen of what country? U. S. A.
   (g) How long had deceased lived in Idaho? 25 years
   (h) Former residence (city, state)

3. (a) **FULL NAME** Sigmond Archie Eaton

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Minnie G.
6. (c) Age of husband or wife if alive 50 years
7. Date of Birth (Month, Day, Year) October 31, 1888

8. **AGE**

Years	Months	Days	If less than 1 day
55	4	11	hrs ____ min. ____

9. Exact Occupation Farmer — Did this work for 40 yrs.
10. Industry or Business Farming — Date last worked 3-4-44
11. Birthplace Scott-Bar (City or town) California (State or foreign country)

Father
12. Name Unknown
13. Birthplace Unknown (City or town) (State or foreign country)

Mother
14. Maiden name Ella Mae Simon
15. Birthplace Scott-Bar (City or town) California (State or foreign country)

16. Informant's **OWN** Signature Mrs. S. A. Eaton
and Address Fernwood, Idaho

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3-15-44 (Month) (Day) (Year)
(c) Place: Spokane, Washington

18. Funeral Director's **OWN** Signature R. E. Wessa
and Address St. Maries, Idaho

19. (a) 4-8-44 (Date received and filed) (b) R. E. Wessa (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 12, 1944 19____
at 1:40 o'clock A. M.

21. **I HEREBY CERTIFY,** That I attended deceased from March 4 1944, to March 12 1944
I last saw him alive on March 11 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Gas Gangrene	3 days
Due to Crushing injury L. Leg	1 week
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? Fernwood, Ida
Name of operation Amp. L. Leg Date 3-11-44
Major finding Gas Gangrene
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Yes Suicide? ____ Homicide? ____
Occurred 3-11 1944 City, county, state where violence occurred Near Fernwood, Benewah Co. Ida
Place of Violence: Home ____ Farm X Industry ____
Public Place ____ While at work? Yes
Means of injury Accident with machinery

23. Attendant's **OWN** Signature C. A. Olmo M.D. (M. D. or other)
and Address St. Maries, Ida Date 3-13 1944

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

APR 11 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 138161
Local Reg. No. 11
Reg. Dist. No. 130

1. **PLACE OF DEATH:**
(a) County Benewah
(b) City or town St. Maries
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home ____ Hospital X Institution ____ Other place ____
(f) Name Hosp. or Inst. St. Maries Stayed 2 days
(g) Lived in this county ____ years ____ months 2 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Washington (b) County Adams
(c) City or town Othello
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? U. S. A.
(g) How long had deceased lived in Idaho? 2 Days years
(h) Former residence (city, state)

3. (a) **FULL NAME** Dell Ford Armstrong 131a

3. (b) If veteran, name war None
3. (c) Social Security No. 717-16-7068
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) February 22, 1886

8. AGE	Years	Months	Days	If less than 1 day
	58	1	0	hrs ____ min.

9. Exact Occupation Engineer — Did this work for 28 yrs.
10. Industry or Business Railroad — Date last worked 3-18-44
11. Birthplace Vashon Island, Washington (City or town) (State or foreign country)

Father
12. Name Charles Armstrong
13. Birthplace Unknown (City or town) (State or foreign country)

Mother
14. Maiden name Ford
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's **OWN** Signature Myrtle L. Armstrong
and Address 1006 W. Mansfield, Spokane, Wash.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3-24-44 (Month) (Day) (Year)
(c) Place: Spokane, Washington
18. Funeral Director's **OWN** Signature R. E. Wessa
and Address St. Maries, Idaho
19. (a) 4-8-44 (Date received and filed) (b) R. E. Wessa (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 22, 1944 19____
at 12:20 o'clock P. M.

21. **I HEREBY CERTIFY,** That I attended deceased from March 21 1944, to March 22, 1944
I last saw him alive on 3/22/44 19____; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cardio Renal Vascular Disease	5 yrs ?
Due to ----	
Due to ----	
Other conditions --- (Include pregnancy within 3 months of death)	

Where was disease contracted? Unknown.
Name of operation none Date
Major finding
Finding of autopsy none

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? no Suicide? no Homicide? no
Occurred ____ 19____ City, county, state where violence occurred ----
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury

23. Attendant's **OWN** Signature Dal Adams (M. D. or other)
and Address St. Maries, Ida. Date 3/23/44 19____
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

APR 11 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 138162
Local Reg. No. 12
Reg. Dist. No. 130

1. **PLACE OF DEATH:**
   (a) County Benewah
   (b) City or town Fernwood
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? X Outside? ____ city or town
   (e) Died in a Home X Hospital ____ Institution ____ Other place ____
   (f) Name Hosp. or Inst. ____ Stayed ____ days
   (g) Lived in this county 37 years ____ months ____ days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Benewah
   (c) City or town Fernwood
   (d) Street Address or R. F. D. No.
   (e) Deceased lived Inside? X Outside? ____ city or town
   (f) Citizen of what country? U. S. A.
   (g) How long had deceased lived in Idaho? 37 years
   (h) Former residence (city, state)

3. (a) **FULL NAME** Maria Louise Isaacson 932

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive ____ years

7. Date of Birth (Month, Day, Year) October 19, 1871

8. AGE	Years	Months	Days	If less than 1 day
	72	5	8	hrs ____ min.

9. Exact Occupation Housewife — Did this work for 50 yrs.
10. Industry or Business Home — Date last worked Sept. 1943
11. Birthplace Varmland (City or town) Sweden (State or foreign country)

Father
12. Name John Gustafsson
13. Birthplace Varmland (City or town) Sweden (State or foreign country)

Mother
14. Maiden name
15. Birthplace Sweden (City or town) (State or foreign country)

16. Informant's **OWN** Signature Stephen P. Isaacson
and Address Fernwood, Idaho

17. (a) Burail (Burial, cremation, or removal) (b) Date thereof 3-30-44 (Month) (Day) (Year)
(c) Place: Emida, Idaho

18. Funeral Director's **OWN** Signature M. E. Wessa
and Address St. Maries, Idaho

19. (a) 4-8-44 (Date received and filed) (b) M. E. Wessa (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 27, 1944 19____
at 1:30 o'clock A. M.

21. **I HEREBY CERTIFY,** That I attended deceased from 2-23 1938, to 3-27 1944
I last saw her alive on 3-16 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
932 Myocarditis, Chronic	10 yrs
Due to Hypertension 102	12-15 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? Unknown
Name of operation None Date
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury

23. Attendant's **OWN** Signature C. A. Robins M.D. (M. D. or other)
and Address St. Maries, Ida. Date 3-28 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

138163

United States
Department of Commerce
Bureau of the Census

APR 11 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 14
Reg. Dist. No. 120

1. **PLACE OF DEATH:**
(a) County Benewah
(b) City or town St. Maries
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? X city or town
(e) Died in a Home Hospital Institution X Other place
(f) Name Hosp. or Inst. Wernke Stayed 9 days
(g) Lived in this county 25 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Benewah
(c) City or town St. Maries
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? Unknown
(g) How long had deceased lived in Idaho? 25 years
(h) Former residence (city, state)

3. (a) **FULL NAME** Dan David

93e

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Unknown
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) February 15, 1866

8. AGE	Years	Months	Days	If less than 1 day
	78	1	14	hrs min.

9. Exact Occupation Laborer — Did this work for 25 yrs.
10. Industry or Business — Date last worked Unknown
11. Birthplace Canada (City or town) (State or foreign country)

Father
12. Name Unknown
13. Birthplace Unknown (City or town) (State or foreign country)

Mother
14. Maiden name Unknown
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's **OWN** Signature O. H. Walbeck
and Address St. Maries, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-1-44 (Month) (Day) (Year)
(c) Place: St. Maries, Idaho

18. Funeral Director's **OWN** Signature R. E. Wessa
and Address St. Maries, Idaho

19. (a) 4-8-44 (Date received and filed) (b) R. E. Wessa (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 29, 1944 19
at 8:50 o'clock P. M.

21. **I HEREBY CERTIFY,** That I attended deceased from Jan 19 1944, to Mar 29 1944
I last saw h[illegible] alive on Mar 25 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Myocarditis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature O. D. Pratt (M. D. or other)
and Address St. Maries Ida Date 4-4 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH APR 1 1 1944

County of Bingham

City of Fort Hall

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 138164

Registration District No.

Primary Registration District No. Local Registrar's No. 34

(No. Reg. Dist. 608

Fort Hall Agency Hospital, Fort Hall, Idaho

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Stephen Burt

(a) Residence. No. Fort Hall Agency Hosp. St. 161a

(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Ind. Sho.

5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year): Feb. 1, 1944

	Months	Days	If LESS than 1 day 1 hrs. or 15 min.
Fort Hall Agency Hosp. Fort Hall, Idaho	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Fort Hall Idaho

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER

15. MAIDEN NAME: Janie Burt (single)

16. BIRTHPLACE (city or town) (State or country): Fort Hall Idaho

17. INFORMANT (Address): Janie Burt Fort Hall Idaho

18. BURIAL, CREMATION OR REMOVAL

Place Date, 193

19. UNDERTAKER (Address): —

20. FILED May 30, 1944 Mrs Walter E. Patrick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb. 1, 1944

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1, 1944, to Feb. 1, 1944

I last saw him alive on Feb. 1, 1944: death is said to have occurred on the date stated above, at 5:15 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Atelectasis	Congenital

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wilfred L. Olsen, M. D.

(Address) Pocatello, Ida.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

APR 11 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 138165
Local Reg. No. 35
Reg. Dist. No. 600

1. PLACE OF DEATH:
(a) County Bingham
(b) City or town Blackfoot
(c) Street Address or R. F. D. No. 209 E. Alice
(d) Death Occurred Inside? ✓ Outside? ____ city or town
(e) Died in a Home ✓ Hospital __ Institution __ Other place __
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 48 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Bingham
(c) City or town Blackfoot
(d) Street Address or R. F. D. No. 209 E. Alice
(e) Deceased lived Inside? ✓ Outside? ____ city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 48 years
(h) Former residence (city, state) Moreland, Idaho

3. (a) FULL NAME Albert Miller 94a

3. (b) If veteran, name war ____ 3. (c) Social Security No. ____
4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced [illegible]
6. (b) Name of husband or wife Ellen England Miller 6. (c) Age of husband or wife if alive 73 years
7. Date of Birth (Month, Day, Year) July 13 1870

8. AGE	Years	Months	Days	If less than 1 day
	73	7	18	hrs min.

9. Exact Occupation Retired Butcher Did this work for 40 yrs.
10. Industry or Business ____ Date last worked ____
11. Birthplace Plain City, Utah. (City or town) (State or foreign country)
Father
12. Name Albert Miller
13. Birthplace Sheffield England (City or town) (State or foreign country)
Mother
14. Maiden name Christina Swenson
15. Birthplace Billings, Sweeden (City or town) (State or foreign country)
16. Informant's OWN Signature Lavon Miller and Address Blackfoot, Idaho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-5-44 (Month) (Day) (Year)
(c) Place: Moreland, Idaho
18. Funeral Director's OWN Signature John C. Sandberg and Address Blackfoot, Idaho
19. (a) Mar 4, 1944 (Date received and filed) (b) Mrs Vatus E. Palmer (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) March 1 1944 at 11:30 o'clock P. M.
21. I HEREBY CERTIFY, That I attended deceased from Jan 1 1944, to March 1 1944 I last saw him alive on Mar 1 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: 95c3 Duration
Cardiac ~~[illegible]~~ Insufficiency
Due to Coronary occlusion v.mo
Due to 94a
Other conditions ____
(Include pregnancy within 3 months of death)
Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature W. W. Beck M.D. (M. D. or other) and Address Blackfoot Ida Date 3-4 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Vi Hampton

APR 11 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 138166
Local Reg. No. 36
Reg. Dist. No. 600

1. PLACE OF DEATH:
(a) County Bingham
(b) City or town Blackfoot
(c) Street Address or R. F. D. No. 529 E. Idaho
(d) Death Occurred Inside? ✓ Outside? ____ city or town
(e) Died in a Home ✓ Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 33 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Bingham
(c) City or town Blackfoot
(d) Street Address or R. F. D. No. 529 E. Idaho
(e) Deceased lived Inside? ✓ Outside? ____ city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 33 years
(h) Former residence (city, state) Salem, Utah

3. (a) FULL NAME Mary Ann Jackman 48b

3. (b) If veteran, name war ____ 3. (c) Social Security No. ____
4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Sylvester M. Jackman 6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) Aug. 22 1878

8. AGE	Years	Months	Days	If less than 1 day
	65	6	11	hrs min.

9. Exact Occupation Housewife Did this work for ____ yrs.
10. Industry or Business ____ Date last worked ____
11. Birthplace Mt. Airy (City or town) North Carolina (State or foreign country)
Father
12. Name Edmund Franklin Hiatt
13. Birthplace Mt. Airy (City or town) North Carolina (State or foreign country)
Mother
14. Maiden name Elizabeth Hutchens
15. Birthplace Mt. Airy (City or town) North Carolina (State or foreign country)
16. Informant's OWN Signature Byron Jackman and Address Rt. 1 Blackfoot, Idaho
17. (a) Burial (Burial, cremation or removal) (b) Date thereof 3-6-44 (Month) (Day) (Year)
(c) Place: Blackfoot, Idaho
18. Funeral Director's OWN Signature John C. Sandberg and Address Blackfoot, Idaho
19. (a) Mar. 6 1944 (Date received and filed) (b) Mrs Walter E. Patrick (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) March 3 1944 at 11:45 o'clock A. M.
21. I HEREBY CERTIFY, That I attended deceased from Nov 15 1943 to Mch 3 1944
I last saw her alive on Mch 2 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Carcinoma Uterus + Kidneys — Duration 6 mo
Due to 48b 52a
Due to ____
Other conditions ____
(Include pregnancy within 3 months of death)
Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature J. O. Hampton M.D. (M. D. or other)
and Address Blackfoot Idaho Date 3-17 1944
(For additional space, use reverse side)

138167

United States
Department of Commerce
Bureau of the Census

APR 11 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 37
Reg. Dist. No. 601

1. PLACE OF DEATH:
(a) County Bingham
(b) City or town Blackfoot.
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? ✓ Outside? city or town
(e) Died in a Home Hospital ✓ Institution Other place
(f) Name Hosp. or Inst. Parsons Hosp. Stayed 1 days
(g) Lived in this county years months 25 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Bingham
(c) City or town Pingree
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Outside? ✓ city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? years
(h) Former residence (city, state) None.

3. (a) FULL NAME George LeRoy Baird 115b

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Feb. 9 1944

8. AGE	Years	Months	Days ✓	If less than 1 day
	—	—	25	hrs min.

9. Exact Occupation Infant. Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Blackfoot, Idaho. (City or town) (State or foreign country)
Father
12. Name Lawrence W. Baird
13. Birthplace Eden, Utah. (City or town) (State or foreign country)
Mother
14. Maiden name Margaret Rossi
15. Birthplace Rome, Italy (City or town) (State or foreign country)
16. Informant's OWN Signature Lawrence W. Baird and Address Pingree Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-7-44 (Month) (Day) (Year)
(c) Place Thomas-Riverside Cemetery
18. Funeral Director's OWN Signature John C. Sandberg and Address Blackfoot, Idaho
19. (a) March-6-44 (Date received and filed) (b) Mrs Walter E. [illegible] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) March 5 1944 at 4:30 o'clock A. M.
21. I HEREBY CERTIFY, That I attended deceased from 3-5 1944, to 19
I last saw him alive on 3-5 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Septic Sore Throat 115b	1 day
Atherosclerosis 158	1 mo.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide? Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature A E Miller M D (M. D. or other) and Address Blackfoot Date 3-6 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

138168

United States
Department of Commerce APR 11 1944
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 38
Reg. Dist. No. 601

1. **PLACE OF DEATH:**
(a) County Bingham
(b) City or town Blackfoot
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? X city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. Parsons H. Stayed 4 days
(g) Lived in this county 33 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bingham
(c) City or town Blackfoot
(d) ~~Street Address~~ or R. F. D. No. 1
(e) Deceased lived Inside? Outside? X city or town
(f) Citizen of what country? U. S. A.
(g) How long had deceased lived in Idaho? 33 years
(h) Former residence (city, state) Blackfoot, Ida.

3. (a) **FULL NAME** Albert Charles Kluckhohn 93d

3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary Reisdorph
6. (c) Age of husband or wife if alive 70 years
7. Date of Birth (Month, Day, Year) October 6-1872

8. AGE	Years	Months	Days	If less than 1 day
	71	5	0	hrs min.

9. Exact Occupation Farmer Did this work for 55 yrs.
10. Industry or Business On Farm Date last worked
11. Birthplace Stitzer (City or town), Wisconsin (State or foreign country)
Father
12. Name
13. Birthplace (City or town) Germany (State or foreign country)
Mother
14. Maiden name
15. Birthplace (City or town) Germany (State or foreign country)
16. Informant's OWN Signature Olive Kluckhohn
and Address Blackfoot Rt. #1
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-9-44 (Month) (Day) (Year)
(c) Place: Grove City Cemetery
18. Funeral Director's OWN Signature E. F. Peck
and Address Blackfoot Idaho
19. (a) March 8-1944 (Date received and filed) (b) Mrs Nathan C. Palmer (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 3-6 1944
at 3:30 o'clock P.M.
21. **I HEREBY CERTIFY,** That I attended deceased from 3-4 1944 to 3-6 1944
I last saw him alive on 3-6 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Myocarditis (chronic)	yr.
Due to 93d	
Due to	132:1
Other conditions Nephritis + secondary anemia (Include pregnancy within 3 months of death)	3 mo.
Where was disease contracted? 73d	
Name of operation Date	
Major finding	
Finding of autopsy	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature J. O. Hampton M.D. (M. D. or other)
and Address Blackfoot Ida. Date 3-7 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

APR 11 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 138169
Local Reg. No. 34
Reg. Dist. No. 601

1. **PLACE OF DEATH:**
(a) County Bingham
(b) City or town Blackfoot
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? x city or town
(e) Died in a Home Hospital X Institution x Other place
(f) Name Hosp. or Inst. St. Hosp. So. Stayed 27 days
(g) Lived in this county years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Gem
(c) City or town Emmett
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Outside? x city or town
(f) Citizen of what country? US
(g) How long had deceased lived in Idaho? 28 yrs. years
(h) Former residence (city, state)

3. (a) **FULL NAME** Edgar Peckham 94a

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) May 24, 1867

8. AGE	Years	Months	Days	If less than 1 day
	76	9	16	hrs min.

9. Exact Occupation Retired Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Pennslyvania (City or town) (State or foreign country)
Father
12. Name Unknown
13. Birthplace Unknown (City or town) (State or foreign country)
Mother
14. Maiden name Unknown
15. Birthplace Unknown (City or town) (State or foreign country)
16. Informant's OWN Signature Thelma Mitchell St. Hospital So. Records
and Address Blackfoot, Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3-11-44 (Month) (Day) (Year)
(c) Place: Emmett Idaho
18. Funeral Director's OWN Signature John C. Sandberg
and Address Blackfoot, Idaho
19. (a) March 11, 1944 (Date received and filed) (b) Mrs. Walter E. Patrick (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 10 1944
at 5:25 o'clock A. M.
21. **I HEREBY CERTIFY,** That I attended deceased from Feb. 13 1944, to March 10 1944
I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death	Duration
Acute Coronary Thrombosis 94a	2 hrs.
Due to Marked Senile Arteriosclerosis of Cardio-Renal System	
Due to Psychosis	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature David McCrushy (M. D. or other)
and Address Blackfoot Ida Date 3-10 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

138170

United States
Department of Commerce
Bureau of the Census

APR 11 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 40
Reg. Dist. No. 601

1. **PLACE OF DEATH:**
(a) County Bingham
(b) City or town Shelley
(c) Street Address or R. F. D. No. R.F.D. #2
(d) Death Occurred Inside? Outside? ✓ city or town
(e) Died in a Home ✓ Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 16 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bingham
(c) City or town Blackfoot
(d) Street Address or R. F. D. No. P.O. Box 696
(e) Deceased lived Inside? Outside? ✓ city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 20 years
(h) Former residence (city, state) Pocatello, Idaho.

3. (a) **FULL NAME** Max Earl Rowe 92b

3. (b) If veteran, name war
3. (c) Social Security No. 519-20-9369
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Nov. 24, 1923

8. AGE	Years	Months	Days	If less than 1 day
	20	3	23	hrs min.

9. Exact Occupation Farm Labour Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Pocatello, Idaho (City or town) (State or foreign country)
Father
12. Name Edwin B. Rowe
13. Birthplace Rio Illinois (City or town) (State or foreign country)
Mother
14. Maiden name Vilma Noel
15. Birthplace Severyn, Kansas (City or town) (State or foreign country)
16. Informant's OWN Signature Louise Rowe Gibson
and Address Burnham Hotel, Preston, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-19-44 (Month) (Day) (Year)
(c) Place: Blackfoot, Idaho.
18. Funeral Director's OWN Signature John C. Sandberg
and Address Blackfoot, Idaho
19. (a) March 18 44 (Date received and filed) (b) Walter E. Falvis (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 17 1944
at 6 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from July 1st 1943 to Mch 17 1944
I last saw him alive on Mch 13 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Mitral regurgitation	1 yr.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state
where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature J. O. Hayes Jr. M.D. (M. D. or other)
and Address Blackfoot Idaho Date 3-18 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

APR 11 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 138171
Local Reg. No. 41
Reg. Dist. No. 601

1. **PLACE OF DEATH:**
(a) County Bingham
(b) City or town Ft. Hall
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? ✓ Outside? ____ city or town
(e) Died in a Home ✓ Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 2 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bingham
(c) City or town Ft. Hall
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? ✓ Outside? ____ city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 2 years
(h) Former residence (city, state) Blackfoot

3. (a) **FULL NAME** Aaron Marcus Fenner 107

3. (b) If veteran, name war ____ 3. (c) Social Security No. ____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife ____ 6. (c) Age of husband or wife if alive ____ years

7. Date of Birth (Month, Day, Year) Jan 13 1942

8. AGE	Years	Months	Days	If less than 1 day
	2	2	6	hrs ____ min.

9. Exact Occupation Child. Did this work for ____ yrs.
10. Industry or Business ____ Date last worked ____
11. Birthplace Blackfoot, (City or town) Idaho. (State or foreign country)

Father
12. Name Roger Erba Fenner
13. Birthplace San Francisco, (City or town) Calif. (State or foreign country)

Mother
14. Maiden name Harriett Arletta Newbert
15. Birthplace Fremont, (City or town) Nebraska. (State or foreign country)

16. Informant's OWN Signature Roger E. Fenner
and Address Ft. Hall, Idaho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-21-44 (Month) (Day) (Year)
(c) Place: Blackfoot Idaho.
18. Funeral Director's OWN Signature John C. Sanders
and Address Blackfoot, Idaho
19. (a) Mar 20 1944 (Date received and filed) Mrs. Halvie C. Fabie (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 19 1944
at 9:30 o'clock A. M.

21. **I HEREBY CERTIFY,** That I attended deceased from Died w/o Dr. in attendance 19____
I last saw h____ alive on ____ 19____; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
107	
Bronchio Pneumonia	3 days
~~Due to~~ from history of case	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
No Doctor in attendance	

Where was disease contracted? ____ PHYSICIAN
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's OWN Signature M. E. Fabie M.D.
and Address County Health Officer (M. D. or other) Date Mar. 20 1944

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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United States
Department of Commerce
Bureau of the Census

APR 11 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 45
Reg. Dist. No. 601

1. **PLACE OF DEATH:**
(a) County Bingham
(b) City or town Ft. Hall
(c) ~~Street Address~~ or R. F. D. No. Gibson
(d) Death Occurred Inside? Outside? ✓ city or town
(e) Died in a Home ✓ Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bingham
(c) City or town Ft. Hall
(d) ~~Street Address~~ or R. F. D. No. Gibson
(e) Deceased lived Inside? Outside? ✓ city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? years
(h) Former residence (city, state)

3. (a) **FULL NAME** Tea Pokibro 1256

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male Color or race Indian (Blackfeet)
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Annie Rena Pokibro
6. (c) Age of husband or wife if ____ years
7. Date of Birth (Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day hrs min.
About	85			

9. Exact Occupation Farmer — Did this work for ____ yrs.
10. Industry or Business — Date last worked
11. Birthplace (City or town) (State or foreign country)
Father
12. Name
13. Birthplace (City or town) (State or foreign country)
Mother
14. Maiden name
15. Birthplace (City or town) (State or foreign country)
16. Informant's **OWN** Signature Annie Edith Pokibro
and Address Ft Hall Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-24-44 (Month) (Day) (Year)
(c) Place: Mission Cemetery Gibson
18. Funeral Director's **OWN** Signature John C. Sandberg
and Address Blackfoot Idaho
19. (a) 3-20-44 (Date received and filed) (b) A. E. Petrie (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 19 1944
at 5:30 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from Did not see alive, 19
I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration
Chronic Liver Infection
Due to Also Jaundice Chronic
Due to 1256
Other conditions
(Include pregnancy within 3 months of death)

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature A. E. Petrie M.D.
(M. D. or other)
and Address Blackfoot Idaho Date 3-20 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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United States
Department of Commerce
Bureau of the Census

APR 11 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. ____
Local Reg. No. 43
Reg. Dist. No. 601

1. **PLACE OF DEATH:**
   (a) County Bingham
   (b) City or town Blackfoot
   (c) Street Address or R. F. D. No. 3
   (d) Death Occurred Inside? ____ Outside? X city or town
   (e) Died in a Home X Hospital ____ Institution ____ Other place ____
   (f) Name Hosp. or Inst. ____ Stayed ____ days
   (g) Lived in this county 29 years ____ months ____ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Bingham
   (c) City or town Blackfoot
   (d) ~~Street Address~~ or R. F. D. No. 3
   (e) Deceased lived Inside? ____ Outside? X city or town
   (f) Citizen of what country? U. S. A.
   (g) How long had deceased lived in Idaho? 29 years
   (h) Former residence (city, state) ____

3. (a) **FULL NAME** Nels Nelson

831

3. (b) If veteran, name war ____ 3. (c) Social Security No. ____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife ____ 6. (c) Age of husband or wife if alive ____ years

7. Date of Birth (Month, Day, Year) Sept. 4 1862

8. AGE	Years	Months	Days	If less than 1 day
	81	6	19	hrs ____ min.

9. Exact Occupation Farmer Did this work for ____ yrs.
10. Industry or Business ____ Date last worked ____
11. Birthplace Malmo (City or town) Sweden (State or foreign country)

Father
12. Name Nels Jonson
13. Birthplace Malmo (City or town) Sweden (State or foreign country)

Mother
14. Maiden name Boel Christopherson
15. Birthplace Malmo (City or town) Sweden (State or foreign country)

16. Informant's **OWN** Signature Marie N. Erdstrom
and Address Blackfoot, Ida.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-28-44 (Month) (Day) (Year)
(c) Place: Grove City Cemetery

18. Funeral Director's **OWN** Signature Ed H. Rich
and Address Blackfoot, Idaho

19. (a) March 29 1944 (Date received and filed) (b) Mrs. Alice C. Petrie (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 3-23 1944
at 4:15 o'clock P. M.

21. **I HEREBY CERTIFY**, That I attended deceased from 3-17 1944 to 3-23 1944
I last saw h[illegible] alive on 3-23 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebral Thrombosis (Left side)	6 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's **OWN** Signature A. G. Miller M.D. (M. D. or other)
and Address Blackfoot Date 3-23 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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United States
Department of Commerce
Bureau of the Census

APR 11 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 46
Reg. Dist. No. 601

1. **PLACE OF DEATH:**
(a) County Bingham
(b) City or town Blackfoot
(c) ~~Street Address~~ or R. F. D. No. 2
(d) Death Occurred Inside? Outside? ✓ city or town
(e) Died in a Home ✓ Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 42 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) ~~County~~ Bingham
(c) City or town Blackfoot
(d) ~~Street Address~~ or R. F. D. No. 2
(e) Deceased lived Inside? Outside? ✓ city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 50 years
(h) Former residence (city, state) Dempsey, Idaho

3. (a) **FULL NAME** Hans Peterson

94a

3. (b) If veteran, name war —
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Sarah Alice Higgins Peterson
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) June 29 1867

8. AGE	Years	Months	Days	If less than 1 day
	76	8	24	hrs min.

9. Exact Occupation Merchant Did this work for yrs.
10. Industry or Business Gen'l Mdse. Date last worked
11. Birthplace Sandley (City or town) Denmark (State or foreign country)
Father
12. Name John Peterson
13. Birthplace (City or town) Denmark (State or foreign country)
Mother
14. Maiden name Kristene Olson
15. Birthplace (City or town) Denmark (State or foreign country)
16. Informant's OWN Signature James Peterson
and Address Rt 2 Blackfoot Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-27-44 (Month) (Day) (Year)
(c) Place: Riverside-Thomas Cemetery
18. Funeral Director's OWN Signature John C. Sandberg
and Address Blackfoot, Ida.
19. (a) March-25-44 (Date received and filed) (b) Mrs Nathan E. Patrick (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 23 1944
at 5:00 o'clock P. M.
21. **I HEREBY CERTIFY** That I attended deceased from did not see him alone
I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Coronary Occlusion	30 min
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide? Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature J. O. Hampton M.D. (M. D. or other)
and Address Blackfoot Ida. Date 3-25 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

APR 11 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 138175
Local Reg. No. 47
Reg. Dist. No. 6-05

1. **PLACE OF DEATH:**
   (a) County Bingham
   (b) City or town Blackfoot
   (c) Street Address or R. F. D. No. 288 North Fisher
   (d) Death Occurred Inside? X Outside? ____ city or town
   (e) Died in a Home X Hospital ____ Institution ____ Other place ____
   (f) Name Hosp. or Inst. ____ Stayed ____ days
   (g) Lived in this county 63 years 2 months 12 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Bingham
   (c) City or town Blackfoot
   (d) Street Address or R. F. D. No. 288 N. Fisher
   (e) Deceased lived Inside? X Outside? ____ city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 63 years
   (h) Former residence (city, state) ____

3. (a) **FULL NAME** ACHSA JANET BURRELL BOLING 93E

3. (b) If veteran, name war ____ 3. (c) Social Security No. ____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Benjamin Boling 6. (c) Age of husband or wife if alive ____ years

7. Date of Birth (Month, Day, Year) January 14, 1881

8. AGE	Years	Months	Days	If less than 1 day
	63	2	12	hrs ____ min.

9. Exact Occupation Housewife Did this work for ____ yrs.
10. Industry or Business ____ Date last worked ____
11. Birthplace Presto, Idaho. (City or town) (State or foreign country)

Father
12. Name Presto Burrell
13. Birthplace Carmi, Ill. (City or town) (State or foreign country)

Mother
14. Maiden name Elizabeth DenRoach
15. Birthplace Beauville, Canada (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. H. K. Williams
and Address Forth 2da.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-29-44 (Month) (Day) (Year)
(c) Place: Blackfoot, Idaho.

18. Funeral Director's OWN Signature E. J. Peck
and Address Blackfoot, Idaho.

19. (a) Mar. 27, 1944 (Date received and filed) Myrtle Lavin C. Lavin (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 3-26-1944
at 1:30 o'clock A. M.

21. **I HEREBY CERTIFY,** That I attended deceased from 3-24-1944 to 3-26-1944
I last saw her alive on 3-26-1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death 112 — Duration
Uremia Asthenia — 36 hrs.
with Myocardial Infarct
Due to 93e1
Due to 133437
Other conditions Hematuria
(Include pregnancy within 3 months of death)
Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's OWN Signature J. O. Humphreys M.D.
(M.D. or other)
and Address Blackfoot, Idaho 3-27-1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

APR 11 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 138176
Local Reg. No. 48
Reg. Dist. No. 600

1. **PLACE OF DEATH:**
(a) County Bingham
(b) City or town Blackfoot
(c) Street Address or R. F. D. No. 659 W. Shelton
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home X Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 30 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bingham
(c) City or town Blackfoot
(d) ~~Street Address~~ or R. F. D. No. 3
(e) Deceased lived Inside? ____ Outside? X city or town
(f) Citizen of what country? U. S. A.
(g) How long had deceased lived in Idaho? 30 years
(h) Former residence (city, state) Silver Plume, Colo.

3. (a) **FULL NAME** Bertha Blackhart Bithell 124b

3. (b) If veteran, name war ____ 3. (c) Social Security No. ____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Walter S. Bithell 6. (c) Age of husband or wife if alive ____ years

7. Date of Birth (Month, Day, Year) June 16, 1882

8. **AGE**

Years	Months	Days	If less than 1 day
61	9	10	hrs ____ min.

9. Exact Occupation Housewife Did this work for 38 yrs.
10. Industry or Business At home Date last worked
11. Birthplace Silver Plume, Colorado. (City or town) (State or foreign country)
Father 12. Name James Riley Blackhart
13. Birthplace ____ (City or town) ____ (State or foreign country)
Mother 14. Maiden name Emma James
15. Birthplace ____ (City or town) ____ (State or foreign country)
16. Informant's **OWN** Signature Mabel Bithell Hansford
and Address Blackfoot, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-30-44 (Month) (Day) (Year)
(c) Place: Grove City Cemetery
18. Funeral Director's **OWN** Signature E. J. Funk
and Address Blackfoot, Idaho
19. (a) Mar 28 1944 (Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 3-26 1944
at 7:30 o'clock A. M.

21. **I HEREBY CERTIFY**, That I attended deceased from Nov 8 1943 to 3-26 1944
I last saw her alive on 3-25 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death	Duration
Hypertrophic Cirrhosis of Liver	10 mo.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's **OWN** Signature J. O. Hamblin MD (M. D. or other)
and Address Blackfoot Ida Date 3-26 1944
(For additional space, use reverse side)

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United States
Department of Commerce
Bureau of the Census

APR 11 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 49
Reg. Dist. No. 601

1. **PLACE OF DEATH:**
(a) County Bingham
(b) City or town Blackfoot
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home ____ Hospital ____ Institution X Other place ____
(f) Name Hosp. or Inst. St. Hosp So. Stayed 7 days
(g) Lived in this county ____ years ____ months 7 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under Item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bonneville
(c) City or town Idaho Falls
(d) Street Address or R. F. D. No. 321 Lava St.
(e) Deceased lived Inside? ____ Outside? X city or town
(f) Citizen of what country? Russia
(g) How long had deceased lived in Idaho? 16 years
(h) Former residence (city, state)

3. (a) **FULL NAME** Philip Boltz

94a

3. (b) If veteran, name war ____ 3. (c) Social Security No. ____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife ____ 6. (c) Age of husband or wife if alive ____ years

7. Date of Birth (Month, Day, Year) Sept. 27, 1897

8. AGE	Years	Months	Days	If less than 1 day
	46	6	3	hrs ____ min.

9. Exact Occupation Farmer Did this work for ____ yrs.
10. Industry or Business ____ Date last worked ____
11. Birthplace Russia (City or town) (State or foreign country)

Father
12. Name ____
13. Birthplace Russia (City or town) (State or foreign country)

Mother
14. Maiden name Unknown
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's OWN Signature Thelma Mitchell St. Hospital So. Records
and Address Blackfoot, Idaho

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof March 30 44 (Month) (Day) (Year)
(c) Place Idaho Falls Post Cemetery

18. Funeral Director's OWN Signature Mary Hayes Rempel Mrs
and Address 343 - E St Idaho Falls

19. (a) March 30 44 (Date received and filed) (b) Mrs Dalia E Talbie (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 30, 1944
at 1:50 o'clock A M.

21. **I HEREBY CERTIFY,** That I attended deceased from March 22 1944 to March 30 1944
I last saw him alive on March 30 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Acute Coronary Occlusion — Duration 94a
Due to Manic Depressive Psychosis 94a
Due to ____
Other conditions ____ (Include pregnancy within 3 months of death)

Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's OWN Signature Lloyd H. McCauley (M. D. or other)
and Address Blackfoot Ida Date 3/30 1944

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census APR 1 1 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 138178
Local Reg. No. 50
Reg. Dist. No. 601

1. **PLACE OF DEATH:**
(a) County Bingham
(b) City or town Blackfoot
(c) Street Address or R. F. D. No. 3
(d) Death Occurred Inside? ____ Outside? X city or town
(e) Died in a Home __ Hospital __ Institution __ Other place __
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county ____ years 4 months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bingham
(c) City or town Blackfoot
(d) Street Address or R. F. D. No. 3
(e) Deceased lived Inside? ____ Outside? X city or town
(f) Citizen of what country? U S A
(g) How long had deceased lived in Idaho? 26 years
(h) Former residence (city, state) Utah

3. (a) **FULL NAME** Emma E Wood 83a

3. (b) If veteran, name war X
3. (c) Social Security No. X
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Date of Birth (Month, Day, Year) Dec. 29 1865

8. AGE	Years	Months	Days	If less than 1 day
	78	3	1	hrs min.

9. Exact Occupation Housewife Did this work for Life yrs.
10. Industry or Business — Date last worked ____
11. Birthplace Huntsville (City or town) Utah (State or foreign country)
Father
12. Name N. C. Martinson
13. Birthplace Unknown (City or town) Denmark (State or foreign country)
Mother
14. Maiden name Mary Anna Christensen
15. Birthplace Unknown (City or town) Denmark (State or foreign country)
16. Informant's OWN Signature Mrs. Mabel Wood Felt
and Address Blackfoot Ida. RR #3
17. (a) removal (Burial, cremation, or removal) (b) Date thereof Mar 30 1944 (Month) (Day) (Year)
(c) Place: Burley Idaho
18. Funeral Director's OWN Signature J Forrest Weaver
and Address Burley Idaho
19. (a) Mar. 30, 1944 (Date received and filed) (b) Mrs. Vatur E. Vatur (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 30 1944
at 4:15 o'clock P.M.
21. **I HEREBY CERTIFY,** That I attended deceased from 3-25 1944 to 3-30 1944
I last saw her alive on 3-30 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebral Hemorrhage	1 wk
Due to Hypertension & advanced age	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation ____ Date ____	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature J O Hampton M.D. (M. D. or other)
and Address Blackfoot Ida. Date 3-30 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

APR 1 1 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 138179
Local Reg. No. 5-1
Reg. Dist. No. 601

1. **PLACE OF DEATH:**
   (a) County Bingham
   (b) City or town Blackfoot
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? Outside? X city or town
   (e) Died in a Home X Hospital Institution Other place
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county 32 years months days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Bingham
   (c) City or town Blackfoot
   (d) Street Address or R. F. D. No.
   (e) Deceased lived Inside? Outside? X city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 32 years
   (h) Former residence (city, state)

3. (a) **FULL NAME** HANS PETER CHRISTIANSEN 92d

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) August 10, 1871.

8. AGE	Years	Months	Days	If less than 1 day
	71	7	21	hrs min.

9. Exact Occupation Farmer Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Denmark (City or town) (State or foreign country)

Father
12. Name
13. Birthplace Denmark (City or town) (State or foreign country)

Mother
14. Maiden name
15. Birthplace Denmark (City or town) (State or foreign country)

16. Informant's OWN Signature Nels R Christiansen
and Address Blackfoot, Ida. Box 664
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-3-44 (Month) (Day) (Year)
(c) Place: Grove City Cemetery
18. Funeral Director's OWN Signature E J [illegible]
and Address Blackfoot, Idaho.
19. (a) April 2-44 (Date received and filed) (b) Mrs Walter E Patrick (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 3-31 1944
at 9 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from Jan 1 1943, to Mar. 31 1944
I last saw him alive on Mar. 31 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: 92d
Chronic Endocarditis (Involving Mitral & Tricuspid valves)
~~Due to~~
Due to
Other conditions
(Include pregnancy within 3 months of death)
Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

Duration
Years

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature A E Miller MD (M. D. or other)
and Address Blackfoot Date 4-1 1944
(For additional space, use reverse side)

Dr. Wright 138180

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 15
Reg. Dist. No. 410

APR 4 1944

1. **PLACE OF DEATH:**
(a) County Blaine
(b) City or town Hailey
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? ✓ Outside? city or town
(e) Died in a Home Hospital Institution Other place ✓
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Colorado (b) County
(c) City or town Denver
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Outside? city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? years
(h) Former residence (city, state)

3. (a) **FULL NAME** Charlie Benjiman Bates 77c

3. (b) If veteran, name war
3. (c) Social Security No. 524-12-4975
4. Sex m
5. Color or race W
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day hrs min.

9. Exact Occupation laborer Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace (City or town) (State or foreign country)
Father
12. Name
13. Birthplace (City or town) (State or foreign country)
Mother
14. Maiden name
15. Birthplace (City or town) (State or foreign country)
16. Informant's OWN Signature and Address
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 3-25-44 (Month) (Day) (Year)
(c) Place: Hailey, cemetery
18. Funeral Director's OWN Signature G. Harris and Address Hailey, Idaho
19. (a) 4-2-1944 (Date received and filed) (b) Robert H. Wright (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 3-23 1944 at about 2:30 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from 3-22 1944, to 3-23 1944
I last saw him alive on 3-22 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Unable to find any record of this man whatever — Died in ~~Due~~ to Blaine Co-Jail — Acute Alcholism — Saw this man just ~~Due~~ to once —
Other conditions (Include pregnancy within 3 months of death)
Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide? Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature Robert H. Wright M.D. (M. D. or other) and Address Hailey, Idaho Date 3-24 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Hox 138181

United States
Department of Commerce
Bureau of the Census

APR 4 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 16
Local Reg. No. 16
Reg. Dist. No. 410

1. **PLACE OF DEATH:**
(a) County Blaine
(b) City or town Hailey
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? ✓ Outside? city or town
(e) Died in a Home Hospital ✓ Institution Other place
(f) Name Hosp. or Inst. Hailey Clinic Stayed 31 days
(g) Lived in this county 7 years 3 months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Blaine
(c) City or town Bellevue
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? ✓ Outside? city or town
(f) Citizen of what country? U. S.
(g) How long had deceased lived in Idaho? 7 years
(h) Former residence (city, state) Wisconsin

3. (a) **FULL NAME** Ida B. Selbach

83a

3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex female
5. Color or race w.
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Edward
6. (c) Age of husband or wife if alive 64 years
7. Date of Birth (Month, Day, Year) Oct. 4, 1879

8. AGE	Years	Months	Days	If less than 1 day
	64	5	23	hrs min.

9. Exact Occupation housewife Did this work for 41 yrs.
10. Industry or Business Date last worked 1-18-44
11. Birthplace Rock County, Wisc. (City or town) (State or foreign country)
Father
12. Name Helon Lovell
13. Birthplace Penn. (City or town) (State or foreign country)
Mother
14. Maiden name Christy Apfel
15. Birthplace Germany (City or town) (State or foreign country)
16. Informant's OWN Signature Edw. A Selbach
and Address Hailey, Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: Evansville, Wisconsin
18. Funeral Director's OWN Signature J. Harris
and Address Hailey, Idaho
19. (a) 4-2-1944 (Date received and filed) (b) Robert H. Wright (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 3-27 1944
at 10:45 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 2/20 1944 to 3/27 1944
I last saw her alive on 3/27 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebral Hemorrhage (Subarachnoid Hemorrhage)	30 days
Due to	
Due to Hypertension (260)	1 yr
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state
where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature E. W. Fox (M. D. or other)
and Address Hailey, Id. Date 3-29 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

APR 14 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

15

138182

State File No.
Local Reg. No. 18
Reg. Dist. No. 110

1. **PLACE OF DEATH:**
   (a) County Bonner
   (b) City or town Sandpoint
   (c) Street Address or R. F. D. No. R.F.D. 1
   (d) Death Occurred Inside? ____ Outside? X city or town
   (e) Died in a Home X Hospital ____ Institution ____ Other place ____
   (f) Name Hosp. or Inst. ____ Stayed ____ days
   (g) Lived in this county ____ years 3 months ____ days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Bonner
   (c) City or town Sandpoint
   (d) Street Address or R. F. D. No. R.F.D. 1
   (e) Deceased lived Inside? ____ Outside? X city or town
   (f) Citizen of what country? U. S. A.
   (g) How long had deceased lived in Idaho? 3 mo. years
   (h) Former residence (city, state) Corona, Cal.

3. (a) FULL NAME JACK ELWOOD NOLAND

35

3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife ____
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) June 1, 1943.

8. AGE	Years	Months	Days	If less than 1 day
	0	8	28	hrs ____ min.

9. Exact Occupation None — Did this work for ____ yrs.
10. Industry or Business ____ — Date last worked ____
11. Birthplace Corona, Cal. (City or town) (State or foreign country)

Father
12. Name John Clinton Noland
13. Birthplace Lucerne, Mo. (City or town) (State or foreign country)

Mother
14. Maiden name Nola Fay Parent
15. Birthplace Oplas, Kansas. (City or town) (State or foreign country)

16. Informant's OWN Signature John C. Noland
and Address R.F.D. 1 Sandpoint, Ida.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 3, 1944 (Month) (Day) (Year)
(c) Place: Sandpoint, Idaho.

18. Funeral Director's OWN Signature MOON MORTUARY
and Address Sandpoint, Idaho.

19. (a) 3-3-1944 (Date received and filed) (b) Laurance S. Moon (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Feb. 29th 1944
at 12:30 o'clock A. M.

21. **I HEREBY CERTIFY,** That I attended deceased from Feb. 27 1944, to Feb. 29 1944
I last saw him alive on Feb. 29 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Pneumonia 109:1	4 Days
Due to	
Due to	
Other conditions Measles 35 (Include pregnancy within 3 months of death)	

Where was disease contracted? Home
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's OWN Signature Clarice K. Martin D.O. (M. D. or other)
and Address Sandpoint, Ida. Date 3-1-1944

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

138183

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

APR 14 1944

State File No.
Local Reg. No. 19
Reg. Dist. No. 110

1. **PLACE OF DEATH:**
(a) County Bonner
(b) City or town Sandpoint
(c) Street Address or R. F. D. No. R.F.D. 1
(d) Death Occurred Inside? Outside? X city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 29 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under Item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bonner
(c) City or town Sandpoint
(d) Street Address or R. F. D. No. R.F.D. 1
(e) Deceased lived Inside? Outside? X city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 29 years
(h) Former residence (city, state)

3. (a) FULL NAME HARRY E. SPANGLE

836

3. (b) If veteran, name war No
3. (c) Social Security No. 518-16-9272
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Caroline Spangle
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) August 16, 1876

8. AGE	Years	Months	Days	If less than 1 day
	67	6	18	hrs min.

9. Exact Occupation Carpenter — Did this work for yrs.
10. Industry or Business Building — Date last worked 1943
11. Birthplace Michigan (City or town) (State or foreign country)

Father
12. Name Wilson Spangle
13. Birthplace Adrain, Michigan. (City or town) (State or foreign country)

Mother
14. Maiden name Mary Tabor
15. Birthplace Michigan (City or town) (State or foreign country)

16. Informant's OWN Signature Chuck Spangle
and Address Sandpoint, Idaho.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 8, 1944 (Month) (Day) (Year)
(c) Place: Sandpoint, Idaho.

18. Funeral Director's OWN Signature MOON MORTUARY
and Address Sandpoint, Idaho.

19. (a) Mar. 7, 1944 (Date received and filed) (b) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Mar. 4, 1944
at 4:00 o'clock A. M.

21. **I HEREBY CERTIFY,** That I attended deceased from 1943 to Mar 1944
I last saw him alive on Feb 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Thrombosis Cerebral — Duration
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)

Where was disease contracted?
Name of operation None Date
Major finding
Finding of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's OWN Signature Floyd G. Neadle (M. D. or other)
and Address Sandpoint, Ida. Date 3-6 1944

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

138184

United States
Department of Commerce
Bureau of the Census

APR 14 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 20
Reg. Dist. No. 110

1. PLACE OF DEATH:
(a) County Bonner
(b) City or town Sandpoint
(c) Street Address or R. F. D. No. 514 N. Second
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home ____ Hospital X Institution ____ Other place ____
(f) Name Hosp. or Inst. Community Stayed 60 days
(g) Lived in this county 40 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under Item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Bonner
(c) City or town Kootenai
(d) Street Address or R. F. D. No. ____
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 40 years
(h) Former residence (city, state) ____

3. (a) FULL NAME FRANK ROBINSON

131a

3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Mae Robinson
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) MAY 21, 1863

8. AGE	Years	Months	Days	If less than 1 day
	80	9	13	hrs ____ min.

9. Exact Occupation Engineer — Did this work for 50 yrs.
10. Industry or Business Saw Mill — Date last worked 1936
11. Birthplace New York (City or town) (State or foreign country)

Father
12. Name Sylvanius Paul Robinson
13. Birthplace New York (City or town) (State or foreign country)

Mother
14. Maiden name Hannah Harland
15. Birthplace England (City or town) (State or foreign country)

16. Informant's OWN Signature Wm W Derr
and Address Clarkston Idaho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 6, 1944 (Month) (Day) (Year)
(c) Place: Sandpoint, Idaho.
18. Funeral Director's OWN Signature MOON MORTUARY
and Address Sandpoint, Idaho
19. (a) 3-6-1944 (Date received and filed) (b) ____ (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) March 4 1944
at 11:20 o'clock A. M.
21. I HEREBY CERTIFY, That I attended deceased from Jan 16 1944 to Mch 4 1944
I last saw him alive on Mch 3 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — Duration
(a) Chronic Myocarditis — 1 yr
Due to Arterio Sclerosis — 5 yrs
Due to ____
Other conditions ____
(Include pregnancy within 3 months of death)
Chronic Nephritis — 6 mo
Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature Wm F. Tyler MD (M. D. or other)
and Address Sandpoint Ida. Date 3-6 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

138185

United States
Department of Commerce
Bureau of the Census

APR 14 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 21
Reg. Dist. No. 110

1. PLACE OF DEATH:
(a) County Bonner
(b) City or town Sandpoint
(c) Street Address or R. F. D. No. 514 N. Second
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home __ Hospital X Institution __ Other place __
(f) Name Hosp. or Inst. Community Stayed 30 days
(g) Lived in this county 30 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Bonner
(c) City or town Sandpoint
(d) Street Address or R. F. D. No. 401 Lake St
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 30 years
(h) Former residence (city, state) ____

3. (a) FULL NAME JOSEPH LA MORA

53

3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife ____
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) No Record

8. AGE	Years	Months	Days	If less than 1 day
	78			hrs min.

9. Exact Occupation Woodsman Did this work for life yrs.
10. Industry or Business Logging Date last worked ____
11. Birthplace No Record (City or town) (State or foreign country)
Father
12. Name No Record.
13. Birthplace " " (City or town) (State or foreign country)
Mother
14. Maiden name " "
15. Birthplace " " (City or town) (State or foreign country)
16. Informant's OWN Signature [signature] and Address Sandpoint Idaho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof MAR 11 1944 (Month) (Day) (Year)
(c) Place: Sandpoint, Idaho.
18. Funeral Director's OWN Signature MOON MORTUARY [signature] and Address Sandpoint Idaho.
19. (a) MAR 11 1944 (Date received and filed) (b) Lawrence D. Moon (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) March 4, 1944 at 5:30 o'clock P M.
21. I HEREBY CERTIFY, That I attended deceased from Feby 1 1944 to Mch 4 1944
I last saw him alive on Mch 3 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Chronic Myocarditis	6 mo
Due to Arteriosclerosis	5 yr.
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Carcinoma of face	1 yr

Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature Wm F Tyler MD (M. D. or other) and Address Sandpoint, Ida Date 3-6 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

APR 14 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 138186
Local Reg. No. 25
Reg. Dist. No. 110

1. **PLACE OF DEATH:**
   (a) County BONNER
   (b) City or town SANDPOINT
   (c) Street Address or R. F. D. No. 518 N. D Second Ave.
   (d) Death Occurred Inside? X Outside? ____ city or town
   (e) Died in a Home ____ Hospital X Institution ____ Other place ____
   (f) Name Hosp. or Inst. Community Stayed 14 days
   (g) Lived in this county 62 years ____ months ____ days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State IDAHO (b) County BONNER
   (c) City or town Edgemere
   (d) Street Address or R. F. D. No. R.F.D.
   (e) Deceased lived Inside? ____ Outside? X city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 62 years
   (h) Former residence (city, state) ____

3. (a) FULL NAME JULIA ANN MC REA 93d

3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife William H. Mc Rea
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) No Record

8. AGE	Years	Months	Days	If less than 1 day hrs	min.
	76				

9. Exact Occupation Housewife — Did this work for ____ yrs.
10. Industry or Business Own Home — Date last worked ____
11. Birthplace Portland, Oregon. (City or town) (State or foreign country)

Father
12. Name L. M. Saalee
13. Birthplace Canada (City or town) (State or foreign country)

Mother
14. Maiden name No Record
15. Birthplace No Record (City or town) (State or foreign country)

16. Informant's OWN Signature Hannah Courtney
and Address Tacoma, Wash.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 20, 1944 (Month) (Day) (Year)
(c) Place: Sandpoint, Idaho.

18. Funeral Director's OWN Signature MOON MORTUARY
and Address Sandpoint, Idaho.

19. (a) 3-20-1944 (Date received and filed) (b) Registrar's signature

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) March 15th 1944
at 2:15 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from Mch 8 1944 to Mch 15 1944
I last saw h-er alive on Mch 15 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Hypostatic Pneumonia	8 days
Due to Chronic myocarditis 93d	2 yrs.
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Arteria Sclerosis	5 yr.

Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's OWN Signature Wm F Tyler M.D.
(M. D. or other)
and Address Sandpoint, Ida. Date 3-20 1944

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce APR 14 1944
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 138187
Local Reg. No. 23
Reg. Dist. No. 110

1. **PLACE OF DEATH:**
(a) County Bonner
(b) City or town Sandpoint
(c) Street Address or R. F. D. No. Star Route
(d) Death Occurred Inside? X Outside? ___ city or town
(e) Died in a Home X Hospital ___ Institution ___ Other place ___
(f) Name Hosp. or Inst. ___ Stayed ___ days
(g) Lived in this county 8 years ___ months ___ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bonner
(c) City or town Sandpoint
(d) Street Address or R. F. D. No. Star Route
(e) Deceased lived Inside? ___ Outside? X city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 8 years
(h) Former residence (city, state) ___

3. (a) FULL NAME LEONARD CHESTER ELLISON

94 b

3. (b) If veteran, name war No
3. (c) Social Security No. 543-18-3636
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Aline Ellison
6. (c) Age of husband or wife if alive 37 years
7. Date of Birth (Month, Day, Year) January 2, 1903.

8. AGE	Years	Months	Days	If less than 1 day hrs / min.
	41	2	14	

9. Exact Occupation Carpenter — Did this work for 2 yrs.
10. Industry or Business Building — Date last worked 12-1942
11. Birthplace Merna, Nebraska. (City or town) (State or foreign country)

Father
12. Name Frank Ellison
13. Birthplace Ohio (City or town) (State or foreign country)

Mother
14. Maiden name May Furrow
15. Birthplace Patomac, Ill. (City or town) (State or foreign country)

16. Informant's OWN Signature Aline Ellison and Address Sandpoint, Ida. Star Route.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 21, 1944. (Month) (Day) (Year)
(c) Place: Sandpoint, Idaho.
18. Funeral Director's OWN Signature MOON MORTUARY — and Address Sandpoint, Idaho.
19. (a) March 20, 1944 (Date received and filed) (b) Lorraine E. Moon (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 16, 1944
at 11:30 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from ___ 19___, to ___ 19___
I last saw h___ alive on ___ 19___; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — **Duration**
Natural Causes.
History
Due to Angina Pectoris
Due to ___
Other conditions ___
(Include pregnancy within 3 months of death)

Where was disease contracted? ___
Name of operation ___ Date ___
Major finding ___
Finding of autopsy ___

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ___ Suicide? ___ Homicide? ___
Occurred ___ 19___ City, county, state where violence occurred ___
Place of Violence: Home ___ Farm ___ Industry ___
Public Place ___ While at work? ___
Means of injury ___

23. Attendant's OWN Signature L. E. Moon CORONER (M. D. or other)
and Address Sandpoint Ida. Date 3-16 1944
(For additional space, use reverse side)

United States
Department of Commerce APR 14 1944
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 138188
Local Reg. No. 24
Reg. Dist. No. 110

1. PLACE OF DEATH:
(a) County Bonner
(b) City or town Sandpoint
(c) Street Address or R. F. D. No. 514 N. Second Ave
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home __ Hospital X Institution __ Other place __
(f) Name Hosp. or Community Hos Stayed 1 days
(g) Lived in this county 0 years 10 months 19 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Bonner
(c) City or town Sagle
(d) Street Address or R. F. D. No. R.F.D.
(e) Deceased lived Inside? ____ Outside? X city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 100 mo. years
(h) Former residence (city, state) ____

3. (a) FULL NAME ELAINE GRACE HEATH

35

3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife ____
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) May 1, 1943

8. AGE	Years	Months	Days	If less than 1 day
	0	10	19	hrs min.

9. Exact Occupation None Did this work for ____ yrs.
10. Industry or Business ____ Date last worked ____
11. Birthplace Sagle, Idaho. (City or town) (State or foreign country)
Father
12. Name Orville Wayne Heath
13. Birthplace Lynch, Nebraska. (City or town) (State or foreign country)
Mother
14. Maiden name Bessie Beatrice Coleman
15. Birthplace Nyssa, Oregon. (City or town) (State or foreign country)
16. Informant's OWN Signature Orville Heath
and Address Sagle, Idaho. R.F.D.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 23, 1944 (Month) (Day) (Year)
(c) Place: Sandpoint, Idaho.
18. Funeral Director's OWN Signature MOON MORTUARY [signature]
and Address Sandpoint, Idaho.
19. (a) 3-22-1944 (Date received and filed) (b) Lawrence [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) March 20, 1944
at 3:00 o'clock P. M.
21. I HEREBY CERTIFY, That I attended deceased from March 18 1944 to March 20 1944
I last saw her alive on March 20 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Broncho Pneumonia 1.07	4 days
Due to	
Due to	
Other conditions 35 (Include pregnancy within 3 months of death)	
Measles Mch 1 1944	
Where was disease contracted?	PHYSICIAN
Name of operation ____ Date ____	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature Wm F Tyler MD (M. D. or other)
and Address Sandpoint, Ida Date 3-22, 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census APR 14 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 138189
Local Reg. No. 27
Reg. Dist. No. 110

1. **PLACE OF DEATH:**
(a) County Bonner
(b) City or town Sandpoint
(c) Street Address or R. F. D. No. 719 N. 3rd Ave
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home X Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 39 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bonner
(c) City or town Sandpoint
(d) Street Address or R. F. D. No. 719 N. 3rd Ave
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 39 years
(h) Former residence (city, state) ____

3. (a) **FULL NAME** Maria Berglund Pearson

46 b

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Olaf Pearson
6. (c) Age of husband or wife if alive 85 years
7. Date of Birth (Month, Day, Year) Feb. 12, 1859

8. AGE	Years	Months	Days	If less than 1 day hrs	min.
	85	1	10		

9. Exact Occupation Housewife — Did this work for 56 yrs.
10. Industry or Business Own Home — Date last worked 1941
11. Birthplace Arvik, Sweden (City or town) (State or foreign country)

Father
12. Name Pers Lund
13. Birthplace Sweden (City or town) (State or foreign country)

Mother
14. Maiden name Kristina Persson
15. Birthplace Sweden (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. Olga Anderson
and Address 506 D. Sandpoint, Ida.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof MAR 24, 1944 (Month) (Day) (Year)
(c) Place: Spokane, Wash.
18. Funeral Director MOON MORTUARY
OWN Signature ____
and Address Sandpoint, Idaho.
19. (a) 3-24-1944 (Date received and filed) (b) ____ (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 22, 1944
at 12:08 o'clock A. M.
21. **I HEREBY CERTIFY,** That I attended deceased from Feby 3 1944 to Mch. 22 1944
I last saw her alive on Feby 3 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death	Duration
Cancer of Stomach	3 yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature Wm F. Tyler M.D. (M. D. or other)
and Address Sandpoint, Ida. Date 3-24 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

138190

United States
Department of Commerce
Bureau of the Census

APR 14 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 138190
Local Reg. No. 28
Reg. Dist. No. 110

1. PLACE OF DEATH:
(a) County Bonner
(b) City or town Sandpoint
(c) Street Address or R. F. D. No. R.F.D.
(d) Death Occurred Inside? ____ Outside? X city or town
(e) Died in a Home X Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 43 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Bonner
(c) City or town Sandpoint
(d) Street Address or R. F. D. No. R.F.D.
(e) Deceased lived Inside? ____ Outside? X city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 43 years
(h) Former residence (city, state) ____

3. (a) FULL NAME CARRIE ROSE LOWRY

46 E

3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife John W. Lowry
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) June 22, 1871

8. AGE	Years	Months	Days	If less than 1 day hrs	min.
	72	9	0		

9. Exact Occupation Housewife — Did this work for 50 yrs.
10. Industry or Business Own Home — Date last worked 1942
11. Birthplace Omer, Michigan (City or town) (State or foreign country)
Father
12. Name Benjamin Carscallen
13. Birthplace Canada (City or town) (State or foreign country)
Mother
14. Maiden name Sarah Perkins
15. Birthplace New York (City or town) (State or foreign country)
16. Informant's OWN Signature Jessie Lyons
and Address Sandpoint, Idaho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 26, 1944 (Month) (Day) (Year)
(c) Place: Sandpoint, Idaho.
18. Funeral Director's OWN Signature MOON MORTUARY
and Address Sandpoint Idaho
19. (a) 3-26-1944 (Date received and filed) (b) Kummer & Means (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, ~~Year~~) March 24 1944
at 12 o'clock P. M.
21. I HEREBY CERTIFY, That I attended deceased from May 1 1943 to March 22 1944
I last saw her alive on March 22 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Hypostatic Pneumonia	3 days
Due to Carcinoma of Lung	2 yrs
Due to Contusion	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ____ Date ____
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state
where violence occurred
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury
23. Attendant's OWN Signature Wm. F. Tyler M.D. (M. D. or other)
and Address Sandpoint, Idaho Date 3-25 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

138191

United States
Department of Commerce
Bureau of the Census

APR 14 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 29
Reg. Dist. No. 110

1. **PLACE OF DEATH:**
(a) County BONNER
(b) City or town SANDPOINT
(c) Street Address or R. F. D. No. R.F.D. 2
(d) Death Occurred Inside? ____ Outside? X ____ city or town
(e) Died in a Home X Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 5 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bonner
(c) City or town Sandpoint
(d) Street Address or R. F. D. No. R.F.D. 2
(e) Deceased lived Inside? ____ Outside? X ____ city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 5 years
(h) Former residence (city, state) ____

3. (a) FULL NAME JAMES JACKSON MONROE

94a

3. (b) If veteran, name war Spanish-Am.
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Stella Monroe
6. (c) Age of husband or wife if alive 50 years
7. Date of Birth (Month, Day, Year) June 23, 1873

8. AGE	Years	Months	Days	If less than 1 day hrs	min.
	69	3	23		

9. Exact Occupation Farmer — Did this work for 40 yrs.
10. Industry or Business Own Farm — Date last worked 3-22-44
11. Birthplace Louisville, Kentucky (City or town) (State or foreign country)

Father
12. Name Christopher Monroe
13. Birthplace Unknown (City or town) (State or foreign country)

Mother
14. Maiden name Mary Jane Sampson
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's OWN Signature Stella Monroe
and Address R.F.D. 2-Sandpoint, Idaho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 1, 1944 (Month) (Day) (Year)
(c) Place: Sandpoint, Idaho.
18. Funeral Dir. OWN Sign MOON MORTUARY
and Addre Sandpoint, Idaho.
19. (a) Mar. 27, 1944 (Date re and filed) (b) Lawrence A. Moon (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 24, 1944
at 8:30 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from March 23 1944 to March 24 1944
I last saw him alive on March 23 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death	Duration
Coronary Sclerosis	2 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) Some Arteriosclerosis	2 yrs.

Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's OWN Signature Wm F Tyler M D (M. D. or other)
and Address Sandpoint, Ida. Date 3-27 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce APR 14 1944
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 138192
Local Reg. No. 30
Reg. Dist. No. 110

1. PLACE OF DEATH:
(a) County Bonner
(b) City or town Sandpoint
(c) Street Address or R. F. D. No. 514 N. Second
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home __ Hospital X Institution __ Other place __
(f) Name Hosp. or Inst. Community Stayed 2 days
(g) Lived in this county 7 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Bonner
(c) City or town Sandpoint
(d) Street Address or R. F. D. No. R.F.D. 1
(e) Deceased lived Inside? ____ Outside? X city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 7 years
(h) Former residence (city, state) ____

3. (a) FULL NAME WILLIAM E. BARNARD 94a

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Hannah L. Barnard
6. (c) Age of husband or wife if late ____ years
7. Date of Birth (Month, Day, Year) February 23, 1867

8. AGE	Years	Months	Days	If less than 1 day
	77	1	2	hrs min.

9. Exact Occupation Engineer Did this work for ____ yrs.
10. Industry or Business Railroad Date last worked ____
11. Birthplace Detroit, Michigan. (City or town) (State or foreign country)
Father
12. Name Edward Barnard
13. Birthplace Canada (City or town) (State or foreign country)
Mother
14. Maiden name Maria Johnson
15. Birthplace Unknown (City or town) (State or foreign country)
16. Informant's OWN Signature Mrs G. W. Reinhardt
and Address 207 S E Cinquefoil Spokane Wash
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-29-1944 (Month) (Day) (Year)
(c) Place: Sandpoint, Idaho.
18. Funeral Director's OWN Signature MOON MORTUARY [signature]
and Address Sandpoint, Idaho
19. (a) 3-29-1944 (Date received and filed) (b) Lawrence [signature] Moon (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) March 25th 1944
at 2:20 o'clock A. M.
21. I HEREBY CERTIFY, That I attended deceased from Mch 23 1944 to Mch 25 1944
I last saw him alive on Mch 24 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death	Duration
Coronary Sclerosis	6 mo
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Arterio Sclerosis	3 yrs

Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature Wm F Tyler M.D. (M. D. or other)
and Address Sandpoint, Ida Date 3-29 1944
(For additional space, use reverse side)

United States
Department of Commerce
Bureau of the Census

APR 14 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 138193
Local Reg. No. 37
Reg. Dist. No. 110

1. **PLACE OF DEATH:**
   (a) County Bonner
   (b) City or town Cocolalla
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? Outside? X city or town
   (e) Died in a Home Hospital Institution Other place X
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county 10 years months days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Bonner
   (c) City or town Ponderay
   (d) Street Address or R. F. D. No.
   (e) Deceased lived Inside? X Outside? city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 10 years
   (h) Former residence (city, state)

3. (a) **FULL NAME** Ray Harrington

170a

3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced S
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) October 23, 1929

8. AGE	Years	Months	Days	If less than 1 day
	14	5	3	hrs min.

9. Exact Occupation Student — Did this work for 8 yrs.
10. Industry or Business — Date last worked Mar. 24, 44
11. Birthplace Martin (City or town) South Dakota (State or foreign country)

Father
12. Name Alonzo C. Harrington
13. Birthplace Rushville, Nebr. (City or town) (State or foreign country)

Mother
14. Maiden name Marie W. Zevernburgen
15. Birthplace Minn. (City or town) (State or foreign country)

16. Informant's **OWN** Signature Sidney L. Harrington
and Address Spokane, Washington

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 30, 1944 (Month) (Day) (Year)
(c) Place: Lakeview Cem. Sandpoint, Ida.

18. Funeral Director MOON MORTUARY
OWN Signature
and Address Sandpoint, Idaho

19. (a) 3-30-1944 (Date received and filed) (b) Lenore Moon (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 26, 1944 19
at 7:05 o'clock P M.

21. **I HEREBY CERTIFY,** That I attended deceased from 19 to 19
I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Accidental Traumatism - Struck by railway train — Duration: Auto at
Due to crossing
Due to
Other conditions (Include pregnancy within 3 months of death)
Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy None

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? yes Suicide? Homicide?
Occurred Mar. 26 1944 19 44 City, county, state where violence occurred Cocolalla, Idaho.
Place of Violence: Home Farm Industry
Public Place yes While at work?
Means of injury Crushed Skull.

23. Attendant's **OWN** Signature L. D. Moon Coroner (M. D. or other)
and Address Sandpoint Ida. Date 3-27 19 44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

138194

United States
Department of Commerce
Bureau of the Census

APR 14 [illegible]

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 138194
Local Reg. No. 32
Reg. Dist. No. 110

1. **PLACE OF DEATH:**
(a) County Bonner
(b) City or town Cocolalla
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? X city or town
(e) Died in a Home Hospital Institution Other place X
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 10 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bonner
(c) City or town Ponderay
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 10 years
(h) Former residence (city, state)

3. (a) FULL NAME Alonzo Charles Harrington 1700

3. (b) If veteran, name war No
3. (c) Social Security No. 518-05-0592
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Marie Wynna
6. (c) Age of husband or wife if alive 32 years
7. Date of Birth (Month, Day, Year) February 22, 1908

8. AGE	Years	Months	Days	If less than 1 day
	36	1	4	hrs min.

9. Exact Occupation Laborer — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace Rushville, Nebr. (City or town) (State or foreign country)

Father
12. Name Sidney Lee Harrington
13. Birthplace Minnesota (City or town) (State or foreign country)

Mother
14. Maiden name Myrtle Ray
15. Birthplace Fairfax, Mo. (City or town) (State or foreign country)

16. Informant's OWN Signature Sidney R. Harrington
and Address Snohomish, Washington

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 30, 1944 (Month) (Day) (Year)
(c) Place: Lakeview Cem. Sandpoint, Ida.

18. Funeral Director MOON MORTUARY
OWN Signature
and Address Sandpoint, Idaho

19. (a) 3-30-1944 (Date received and filed) (b) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 26, 1944
at 9:05 o'clock PM.

21. **I HEREBY CERTIFY,** That I attended deceased from 19 to 19
I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Accidental Traumatism — Auto struck by railway train — Duration
Due to at crossing
Due to
Other conditions
(Include pregnancy within 3 months of death)
Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy None

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Yes Suicide? Homicide?
Occurred Mar 26, 1944 City, county, state where violence occurred Cocolalla, Idaho
Place of Violence: Home Farm Industry
Public Place Yes While at work?
Means of injury Crushed chest - Skull Fracture

23. Attendant's OWN Signature H. R. Moon Coroner (M. D. or other)
and Address Sandpoint Idaho Date 3-27 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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United States
Department of Commerce
Bureau of the Census

APR 14 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 33
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF DEATH:**
(a) County Bonner
(b) City or town Sandpoint
(c) Street Address or R. F. D. No. 501 S. Lavina Ave
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home X Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 1 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bonner
(c) City or town Sandpoint
(d) Street Address or R. F. D. No. 501 Lavina
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? Life years
(h) Former residence (city, state) ____

3. (a) **FULL NAME** Diane Gay Selle 35

3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced S
6. (b) Name of husband or wife ____
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) March 1, 1943

8. AGE	Years	Months	Days	If less than 1 day
	1	0	28	hrs min.

9. Exact Occupation None Did this work for ____ yrs.
10. Industry or Business ____ Date last worked ____
11. Birthplace Sandpoint, Idaho (City or town) (State or foreign country)
Father
12. Name Donald B. Selle
13. Birthplace Colville, Washington (City or town) (State or foreign country)
Mother
14. Maiden name Adell French
15. Birthplace Sandpoint, Idaho (City or town) (State or foreign country)
16. Informant's OWN Signature Donald B. Selle
and Address Sandpoint, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 1, 1944 (Month) (Day) (Year)
(c) Place: Pinecrest, Sandpoint, Idaho
18. Funeral Director's OWN Signature MOON MORTUARY L. B. Moon
and Address Sandpoint, Idaho
19. (a) 3-31-1944 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 29, 1944
at 9:30 o'clock A. M.
21. **I HEREBY CERTIFY,** That I attended deceased from Mch 25 1944 to Mch 29 1944
I last saw her alive on Mch 28 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Broncho Pneumonia .107	5 days
Due to	
Due to 35	
Other conditions (Include pregnancy within 3 months of death) Measles Mch 3 1944	
Where was disease contracted?	PHYSICIAN
Name of operation ____ Date ____	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature Wm F Tyler MD (M. D. or other)
and Address Sandpoint, Idaho Date 3-31 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

APR 12 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 138196
Local Reg. No. 43
Reg. Dist. No. 610

1. **PLACE OF DEATH:**
(a) County Bonniville
(b) City or town Idaho Falls
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. L.D.S.Hosp. Stayed days
(g) Lived in this county years months days
Note For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bonniville
(c) City or town Idaho Falls
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) If foreign born, in U. S. yrs. Citizen of U. S.?
(g) How long had deceased lived in Idaho? years
(h) Former residence (city, state)

3. (a) **FULL NAME** Baby Robinson

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3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Babe
6. (b) Name of husband or wife
6 (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Feb. 19, 1944

8. AGE	Years	Months	Days	If less than 1 day
	0	0	0	1 hrs 25 min.

9. Exact Occupation Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Idaho Falls, (City or town) Idaho (State or foreign country)

Father
12. Name Gale Williams Robinson
13. Birthplace Basalt, (City or town) Idaho (State or foreign country)

Mother
14. Maiden name Carol May Batman
15. Birthplace Shelley, Idaho (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mary Robinson X
and Address Shelley Rt 2.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-22-44 (Month) (Day) (Year)
(c) Place: Firth, Idaho
18. Funeral Director's **OWN** Signature C. M. Nalder
and Address Shelley, Idaho
19. (a) 2/23/44 (Date received and filed) (b) Elva Rudges (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 2-19- 1944
at 5:10 o'clock A M.

21. I **HEREBY CERTIFY,** That I attended deceased from 2-18- 1944, to 2-19- 1944
I last saw h~~im~~ alive on 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Prematurity — Duration
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Where was disease first contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature Milton T. Rees M.D. (M. D. or other)
and Address Idaho Falls, Ida Date 2-23-1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

138197

United States
Department of Commerce
Bureau of the Census

APR 12 1944

Certificate Of Death

STATE OF IDAHO

State File No. .....
Local Reg. No. 58
Reg. Dist. No. 610

1. **PLACE OF DEATH:**
(a) County Bonneville
(b) City or town Idaho Falls
(c) Street Address or R.F.D. No. Memorial Drive
(d) Death Occured Inside? ✓ Outside? ..... city or town
(e) Died in a Home .... Hospital ✓ Institution .... Other place ....
(f) Name Hosp. or Inst. L. D. S. Stayed 14 days
(g) Lived in this county 4 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Bonneville
(c) City or town Idaho Falls
(d) Street Address or R.F.D. No. Rt #1
(e) Deceased lived Inside? ..... Outside? ✓ city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 43 years
(h) Former residence (city, state) .....

3. (a) **FULL NAME** William Marion Winn 52a

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex M
5. Color or race W.
6. (a) Single, widowed, married, divorced .....
6. (b) Name of husband or wife Marcella Winn
6. (c) Age of husband or wife if alive 35 years
7. Date of Birth (Month, Day, Year) October 23, 1900

8. AGE	Years	Months	Days	If less than 1 day
	43	4	7	hrs min.

9. Exact Occupation Mechanic Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Milrose, Montana (City or town) (State or foreign country)
Father
12. Name Benjamin Winn
13. Birthplace Utah (City or town) (State or foreign country)
Mother
14. Maiden name Hattie Echeverry
15. Birthplace Lewiston, Utah (City or town) (State or foreign country)
16. Informant's **OWN** Signature Mrs W. M. Winn
and Address I. F. Route 1
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/6/44 (Month) (Day) (Year)
(c) Place: Idaho Falls, Idaho
18. Funeral Director's **OWN** Signature Jack A. Wood
and Address Idaho Falls Idaho
19. (a) 3/10/44 (Date received and filed) (b) Anna Bridges (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 1 1944
at 3-15 o'clock a M.
21. **I HEREBY CERTIFY,** That I attended deceased from Sept 9 1943, to Mch 1 1944
I last saw him alive on Mch 1 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:

	Duration
Carcinoma Metastasis	4 mos
Due to Carcinoma Kidney	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? .....
Name of operation Nephrectomy Date 9/14/43
Major finding Ca Kidney
Finding of autopsy .....

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature [signature] (M. D. or other)
and Address Idaho Falls Date 3/4/1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census MAR 1 3 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 13819 8
Local Reg. No. 56
Reg. Dist. No. 6 10

1. **PLACE OF DEATH:**
(a) County Bonneville
(b) City or town Idaho Falls
(c) Street Address or R.F.D. No. Memorial Dr.
(d) Death Occurred Inside? X Outside? ..... city or town
(e) Died in a Home ....Hospital or Institution X ....Other place ....
(f) Name Hosp. or Inst. L.D.S. Stayed ..... days
(g) Lived in this county ..... years ..... months 1 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Jefferson
(c) City or town Menan
(d) Street Address or R. F. D. No. 1 Lorenzo
(e) Deceased lived Inside? ..... Outside? X ..... city or town
(f) If foreign born, in U. S. ..... yrs. Citizen of U. S.? .....
(g) How long had deceased lived in Idaho? 18 years
(h) Former residence (city, state) None

3. (a) **FULL NAME** KEITH SPENDLOVE SCOTT. 1700

3. (b) If veteran, name war X
3. (c) Social Security No. 519-20-9720
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single.
6. (b) Name of husband or wife X
6 (c) Age of husband or wife if alive X years
7. Date of Birth (Month, Day, Year) Oct. 9, 1925

8. AGE	Years	Months	Days	If less than 1 day
	18	4	23	hrs ..... min.

9. Exact Occupation Laborer — Did this work for 4 yrs.
10. Industry or Business Farm — Date last worked 3/2/44
11. Birthplace Lyman, Idaho. (City or town) (State or foreign country)

Father
12. Name Clarence Scott.
13. Birthplace Provo, Utah. (City or town) (State or foreign country)

Mother
14. Maiden name Mary Eleanor Spendlove.
15. Birthplace Tropic, Utah. (City or town) (State or foreign country)

16. Informant's **OWN** Signature Clarence Scott
and Address 3243 Pingrie Ave, Ogden, Ut.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3/3/44 (Month) (Day) (Year)
(c) Place: Annis, Idaho.
18. Funeral Director's **OWN** Signature [illegible]
and Address Rigby, Idaho.
19. (a) March 7-1944 (Date received and filed) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 3 1944
at 6:30 o'clock A M.

21. I **HEREBY CERTIFY**, That I attended deceased from March 1 1944 to March 3 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Basid Skull Fracture — Duration
Due to Auto Accident.
Due to .....
Other conditions ..... (Include pregnancy within 3 months of death)
Where was disease first contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy None

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Yes Suicide? ..... Homicide? .....
Occurred March 2 1944 City, county, state where violence occurred Jefferson, Idaho.
Place of Violence: Home ..... Farm ..... Industry .....
Public Place X While at work? No
Means of injury Auto accident
Hit rear end of a stalled truck

23. Attendant's **OWN** Signature [illegible] Coroner (Official Capacity)
and Address Rigby, Idaho. Date 3/4/ 44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census APR 12 1944

Certificate Of Death

STATE OF IDAHO

State File No. 38199
Local Reg. No. 66
Reg. Dist. No. 610

1. **PLACE OF DEATH**
   (a) County Bonneville
   (b) City or town Idaho Falls #5
   (c) Street Address or R.F.D. No. ~~#5~~
   (d) Death Occured Inside? ..... Outside? ✓ city or town
   (e) Died in a Home ✓ Hospital .... Institution .... Other place ....
   (f) Name Hosp. or Inst. ..... Stayed ..... days
   (g) Lived in this county ..... years ..... months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Bonneville
   (c) City or town Idaho Falls
   (d) Street Address or R.F.D. No. 5
   (e) Deceased lived Inside? ..... Outside? ✓ city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 40 years
   (h) Former residence (city, state) Total

3. (a) **FULL NAME** Spencer Lovell 73a

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife Sothie Walker Lovell
6. (c) Age of husband or wife if alive 69 years
7. Date of Birth (Month, Day, Year) October 3, 1868

8. AGE	Years	Months	Days	If less than 1 day hrs	min.
	75	5	5		

9. Exact Occupation Farmer — Did this work for ..... yrs.
10. Industry or Business ..... — Date last worked .....
11. Birthplace Salt Lake City, Utah (City or town) (State or foreign country)

Father
12. Name William Lovell
13. Birthplace Illinois (City or town) (State or foreign country)

Mother
14. Maiden name Ruth Gibson
15. Birthplace United States (City or town) (State or foreign country)

16. Informant's **OWN** Signature Spencer Lovell Jr
and Address Idaho Falls, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/11/44 (Month) (Day) (Year)
(c) Place: Ammon, Idaho

18. Funeral Director's **OWN** Signature Jack A. Wood
and Address Idaho Falls, Idaho

19. (a) March 23 - 44 (Date received and filed) (b) Anna Bridges (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 8 19 44
at 2-30 o'clock a M.

21. **I HEREBY CERTIFY**, That I attended deceased from ..... 19 ..... to ..... 19 .....
I last saw h..... alive on ..... 19 .....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Gastric hemorrhage	2 days
Due to 73a Pernicious Anaemia	4 years
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature H. Ray Hatchinson (M.D. or other)
and Address Idaho Falls Date 3/11/1944
(For additional space, use reverse side)

United States
Department of Commerce
Bureau of the Census

APR 12 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 138200
Local Reg. No. 61
Reg. Dist. No. 610

1. **PLACE OF DEATH:**
(a) County Bonneville
(b) City or town Idaho Falls
(c) Street Address or ~~R.F.D.~~ No. Memorial Dr.
(d) Death Occurred Inside? X Outside? ....city or town
(e) Died in a Home ....Hospital X Institution ....Other place ....
(f) Name Hosp. or Inst. L.D.S. Stayed ....days
(g) Lived in this county ....years ....months 1 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Jefferson
(c) City or town Menan
(d) Street Address or R. F. D. No. X
(e) Deceased lived Inside? X Outside? ....city or town
(f) If foreign born, in U. S. ....yrs. Citizen of U. S.? ....
(g) How long had deceased lived in Idaho? 74 years
(h) Former residence (city, state) None

3. (a) **FULL NAME** PETER JAMES SWENSON. 134a

3. (b) If veteran, name war No
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed.
6. (b) Name of husband or wife Jennie
6 (c) Age of husband or wife if alive X years
7. Date of Birth (Month, Day, Year) July 6, 1869

8. AGE	Years	Months	Days	If less than 1 day hrs	min.
	74	8	2		

9. Exact Occupation Painter — Did this work for life yrs.
10. Industry or Business General — Date last worked
11. Birthplace Hooper, Utah. (City or town) (State or foreign country)

Father
12. Name Oran Peter Swenson.
13. Birthplace Denmark. (City or town) (State or foreign country)

Mother
14. Maiden name Martha Ann Hale.
15. Birthplace Nauvoo, Illinois. (City or town) (State or foreign country)

16. Informant's OWN Signature Mary J Hammer and Address Idaho Falls, Idaho. R. #5
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/13/44 (Month) (Day) (Year)
(c) Place: Idaho Falls, Idaho.
18. Funeral Director's OWN Signature C. E. Eckersell and Address Rigby, Idaho.
19. (a) Mar 13-44 (Date received and filed) (b) Irma Budge (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 8 1944
at ....o'clock ....M.

21. I **HEREBY CERTIFY**, That I attended deceased from 3/7 1944, to 3/8 1944
I last saw h.. alive on 3/7/8 1944.; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Coronary Occlusion .94a	Few Min
Due to 134a	
Due to	
Other conditions. Kidney Calculus (Include pregnancy within 3 months of death)	12 Hours

Where was disease first contracted? at hospital
Name of operation none Date ....
Major finding ....
Finding of autopsy none performed

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? .... Suicide? .... Homicide? ....
Occurred ....19.... City, county, state where violence occurred ....
Place of Violence: Home .... Farm .... Industry ....
Public Place .... While at work? ....
Means of injury ....

23. Attendant's OWN Signature Leon Call, M. D. (M. D. or other)
and Address Rigby, Idaho. Date 3/8 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

APR 12 1944

Certificate Of Death

STATE OF IDAHO

State File No. 138201
Local Reg. No. 73
Reg. Dist. No. 610

1. **PLACE OF DEATH:**
(a) County Bonneville
(b) City or town Idaho Falls
(c) Street Address or R.F.D. No. Memorial Dr
(d) Death Occured Inside? ✓ Outside? ..... city or town
(e) Died in a Home.... Hospital ✓ Institution.... Other place....
(f) Name Hosp. or Inst. L.D.S. Hosp Stayed 3 days
(g) Lived in this county ..... years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Bonneville
(c) City or town Idaho Falls
(d) Street Address or R.F.D. No. Rt #1
(e) Deceased lived Inside? ..... Outside? ✓ city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 37 years
(h) Former residence (city, state) Utah

3. (a) **FULL NAME** George H. Cook 46E

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex M
5. Color or race W
6. (a) Single (widowed) married, divorced
6. (b) Name of husband or wife Elva Cook
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) November 10, 1877

8. AGE	Years	Months	Days	If less than 1 day
	66	4	1	hrs min.

9. Exact Occupation Farmer Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace South Weber, Utah (City or town) (State or foreign country)
Father
12. Name David S. Cooks
13. Birthplace Scotland (City or town) (State or foreign country)
Mother
14. Maiden name Janet Hunter
15. Birthplace Scotland (City or town) (State or foreign country)
16. Informant's **OWN** Signature Robert L. Cook
and Address .....
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/14/44 (Month) (Day) (Year)
(c) Place Idaho Falls, Idaho
18. Funeral Director's **OWN** Signature Jack A. Wood
and Address Idaho Falls Idaho
19. (a) 4/3/44 (Date received and filed) (b) Anna Bridges (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 11 1944
at 10 o'clock a M.
21. **I HEREBY CERTIFY,** That I attended deceased from 5-5 1940, to Mar 11 1944
I last saw him alive on Mar 11, 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
General Abdominal Carcinomatosis	
Due to Primary in the Recto Sigmoid	5 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature H. Ray Hatch MD (M. D. or other)
and Address Idaho Falls Date 3-14 1944
(For additional space, use reverse side)

138202

United States
Department of Commerce
Bureau of the Census

APR 12 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 59
Reg. Dist. No. 610

1. **PLACE OF DEATH:**
(a) County Bonneville
(b) City or town Idaho Falls
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. L. D. S. Hosp. Stayed days
(g) Lived in this county years 6 months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bingham
(c) City or town Blackfoot
(d) Street Address or R. F. D. No. Rt. #2
(e) Deceased lived Inside? Outside? X city or town
(f) Citizen of what country? U. S. A.
(g) How long had deceased lived in Idaho? 68 years
(h) Former residence (city, state)

3. (a) **FULL NAME** John Penman Hutchison 131a

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife Kate Dolson
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Feb. 5, 1862.

8. AGE	Years	Months	Days	If less than 1 day
	82	1	7	hrs min.

9. Exact Occupation Cattleman (retired) Did this work for yrs.
10. Industry or Business Ranch Date last worked 1942
11. Birthplace Kilwin, Scotland (City or town) (State or foreign country)
Father
12. Name William Hutchison
13. Birthplace Scotland (City or town) (State or foreign country)
Mother
14. Maiden name (?) Penman
15. Birthplace Scotland (City or town) (State or foreign country)
16. Informant's OWN Signature J W Hutchison and Address Blackfoot, Route #2.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3-12-44. (Month) (Day) (Year)
(c) Place: Blackfoot, Idaho
18. Funeral Director's OWN Signature Howard Packham and Address Blackfoot, Idaho.
19. (a) 3/12/44 (Date received and filed) (b) Anna Bridges (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 12 1944
at 11 o'clock 9 M.
21. **I HEREBY CERTIFY,** That I attended deceased from Mch 11 1944 to Mch 12 1944
I last saw him alive on March 12 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Coronary Occlusion 94a	Mch 12
Due to Hy. pr. tension 102	?
Due to Ch. Nephritis 131b	?
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature [illegible] (M. D. or other)
and Address Idaho Falls Ida Date Mch 12 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

138203

United States
Department of Commerce
Bureau of the Census APR 12 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 63
Reg. Dist. No. 610

1. **PLACE OF DEATH:**
(a) County Bonneville
(b) City or town Idaho Falls
(c) Street Address or R. F. D. No. 362 Walnut
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home ____ Hospital X Institution ____ Other place ____
(f) Name Hosp. or Inst. Idaho Health Stayed ½ Hr. days
(g) Lived in this county 10? years ? months ? days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bonneville
(c) City or town Idaho Falls
(d) Street Address or R. F. D. No. R.F.D. # 1
(e) Deceased lived Inside? ____ Outside? X city or town
(f) Citizen of what country? United States
(g) How long had deceased lived in Idaho? 10? years
(h) Former residence (city, state) Unknown

3. (a) FULL NAME **EDWARD LANE WHITE** 95c

3. (b) If veteran, name war World I
3. (c) Social Security No. Unk.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Unk.
6. (b) Name of husband or wife ____
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) July 29, 1888

8. AGE	Years	Months	Days	If less than 1 day
	55	7	17	hrs ____ min.

9. Exact Occupation Laborer — Did this work for 10 yrs.
10. Industry or Business Farm — Date last worked 12/1/43
11. Birthplace Chicago (City or town) Illinois (State or foreign country)

Father
12. Name Unknown
13. Birthplace Unknown (City or town) (State or foreign country)

Mother
14. Maiden name Unknown
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's OWN Signature Selective Service Records
and Address Idaho Falls, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 20, 1944 (Month) (Day) (Year)
(c) Place: Milo Cemetery
18. Funeral Director's OWN Signature [signature]
and Address Idaho Falls, Idaho
19. (a) 3/20/44 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 16 1944
at 11—40 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from 2—24 1944 to 3—16 1944
I last saw him alive on 3—16 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cardiac Asthma	
Due to ____	
Due to ____	
Other conditions ____ (Include pregnancy within 3 months of death)	

Where was disease contracted? —
Name of operation — Date —
Major finding —
Finding of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature [signature] M.D. or other)
and Address Idaho Falls, Ida. Date 3—17 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink. BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

APR 12 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 138204
Local Reg. No. 64
Reg. Dist. No. 610

1. **PLACE OF DEATH:**
(a) County Bonneville
(b) City or town Idaho Falls
(c) Street Address or R. F. D. No. ~~[illegible]~~ St.
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home ____ Hospital X Institution ____ Other place ____
(f) Name Hosp. or Inst. LDS ____ Stayed ____ days
(g) Lived in this county ____ years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State ____ (b) County ____
(c) City or town ____
(d) Street Address or R. F. D. No. ____
(e) Deceased lived Inside? ____ Outside? ____ city or town
(f) Citizen of what country? ____
(g) How long had deceased lived in Idaho? ____ years
(h) Former residence (city, state) ____

3. (a) **FULL NAME** Infant Baby Pollard. 159

3. (b) If veteran, name war ____
3. (c) Social Security No. ____
4. Sex M.
5. Color or race W
6. (a) Single, widowed, married, divorced ____
6. (b) Name of husband or wife ____
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) March - 18 - 1944.

8. AGE	Years	Months	Days	If less than 1 day
	—	—	—	1 hrs — min.

9. Exact Occupation ____ Did this work for ____ yrs.
10. Industry or Business ____ Date last worked ____
11. Birthplace Idaho Falls, Idaho (City or town) (State or foreign country)

Father
12. Name George Pollard
13. Birthplace Bellefouche, S. D. (City or town) (State or foreign country)

Mother
14. Maiden name Jessie Mattson
15. Birthplace Bedford, Wyoming (City or town) (State or foreign country)

16. Informant's **OWN** Signature George E. Pollard
and Address 485 - 12th St. Ida Falls

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/19/44 (Month) (Day) (Year)
(c) Place Idaho Falls, Idaho

18. Funeral Director's **OWN** Signature Leo A Williams
and Address Idaho Falls, Idaho

19. (a) 3/18/44 (Date received and filed) (b) Annie Burgess (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 18 - 1944
at 3:00 o'clock P. M.

21. **I HEREBY CERTIFY,** That I attended deceased from 3-18 1944, to 3-18 1944
I last saw him alive on 3-18 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Prematurity	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's **OWN** Signature D W Woolley M. D (M. D. or other)
and Address ____ Date ____ 19____

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

APR 12 1944

Certificate Of Death

STATE OF IDAHO

State File No. 138205
Local Reg. No. 72
Reg. Dist. No. 610

1. **PLACE OF DEATH:**
(a) County Bonneville
(b) City or town Idaho Falls
(c) Street Address or R.F.D. No. 596 College
(d) Death Occured Inside? ✓ Outside? ..... city or town
(e) Died in a Home ✓ Hospital .... Institution .... Other place ....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county ..... years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Bonneville
(c) City or town Idaho Falls
(d) Street Address or R.F.D. No. 596 College
(e) Deceased lived Inside? ✓ Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 45 years
(h) Former residence (city, state) Illinois

3. (a) **FULL NAME** Arcada Ella Lundstrom 93E

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Fe
5. Color or race W.
6. (a) Single, widowed, married, divorced —
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive 69 years
7. Date of Birth (Month, Day, Year) November 15, 1868

8. AGE	Years	Months	Days	If less than 1 day
	75	4	9	hrs min.

9. Exact Occupation Housewife Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Hamville, Illinois (City or town) (State or foreign country)
Father
12. Name William W. Gibbson
13. Birthplace United States (City or town) (State or foreign country)
Mother
14. Maiden name Charity Martin
15. Birthplace United States (City or town) (State or foreign country)
16. Informant's **OWN** Signature Mrs. Florence L. Gorton
and Address 1917-10th St. Sacramento, Cal.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/28/44 (Month) (Day) (Year)
(c) Place: Idaho Falls, Idaho
18. Funeral Director's **OWN** Signature Jack A. Wood
and Address Idaho Falls, Idaho
19. (a) 4/3/44 (Date received and filed) (b) Anna Bridges (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 24 1944
at 5 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from March 8th 1944, to March 23 1944
I last saw her alive on March 23 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Myocarditis 93e1	6 months
Due to Influenza complications 33b	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation ..... Date	
Major finding	
Finding of autopsy	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature Dr. Jennie M. Gardner (~~M. D.~~ or other) D.O.
and Address 653 N. Capital Ave. Date March 27 1944
(For additional space, use reverse side)

Idaho Falls, Idaho

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

APR 12 1944

Certificate Of Death

STATE OF IDAHO

State File No. 138206
Local Reg. No. 67
Reg. Dist. No. 610

1. PLACE OF DEATH:
(a) County Bonneville
(b) City or town Idaho Falls
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? X Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. L.D.S. Stayed 6 days
(g) Lived in this county 4 years 3 months 10 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Bonneville
(c) City or town Idaho Falls
(d) Street Address or R.F.D. No. 343 "E" St.
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? United States
(g) How long had deceased lived in Idaho? 25 years
(h) Former residence (city, state) Niantic, Ill.

3. (a) FULL NAME WILLIAM HENRY DINGMAN 108

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed.
6. (b) Name of husband or wife Margaret Lawton
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) April 21, 1865

8. AGE	Years	Months	Days	If less than 1 day
	78	11	4	hrs min.

9. Exact Occupation Farmer, retired Did this work for 54 yrs.
10. Industry or Business Self employed Date last worked Dec. 1939
11. Birthplace Niantic (City or town) Illinois (State or foreign country)
Father 12. Name Unknown Dingman
Father 13. Birthplace New York (City or town) (State or foreign country)
Mother 14. Maiden name Unknown
Mother 15. Birthplace Unknown (City or town) (State or foreign country)
16. Informant's OWN Signature Mrs. D. C. Bucks
and Address Idaho Falls, Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof March 28/44 (Month) (Day) (Year)
(c) Place: Niantic, Illinois
18. Funeral Director's OWN Signature D. C. Bucks
and Address Idaho Falls, Idaho
19. (a) 3/28/44 (Date received and filed) (b) Anna Rudge (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 25 19 44
at 11:02 o'clock P. M.
21. **I HEREBY CERTIFY**, That I attended deceased from 3-19 19 44, to 3-25 19 44
I last saw h/im alive on 3-25 19 44; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Right lobar pneumonia	8 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Hypostatic	3 days

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's OWN Signature H B Woolley M.D. (M. D. or other)
and Address Date 19
(For additional space, use reverse side)

United States
Department of Commerce
Bureau of the Census APR 1 2 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 138207
Local Reg. No. 69
Reg. Dist. No. 610

1. **PLACE OF DEATH:**
(a) County Bonniville
(b) City or town Idaho Falls
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. L.D.S. Stayed 2Hrs days
(g) Lived in this county years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Madison
(c) City or town Thornton
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Outside? X city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? Lifetime years
(h) Former residence (city, state)

3. (a) FULL NAME Glayds E. Bowman Anderson 63b

3. (b) If veteran, name war
3. (c) Social Security No. 519-05-1155
4. Sex Female
5. Color or race Cauc.
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife James K. Anderson
6. (c) Age of husband or wife if alive 32 years
7. Date of Birth (Month, Day, Year) April 14, 1919

8. AGE	Years	Months	Days	If less than 1 day
	24	11	11	hrs min.

9. Exact Occupation Housewife Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Ora (City or town) Idaho (State or foreign country)
Father
12. Name George Francis Bowman
13. Birthplace Richmond, Utah (City or town) (State or foreign country)
Mother
14. Maiden name Ellen Selina Preece
15. Birthplace Cove, Utah (City or town) (State or foreign country)
16. Informant's OWN Signature James K. Anderson
and Address Thornton, Idaho
17. (a) ~~Burial~~ Burial (Burial, cremation, or removal) (b) Date thereof 3-25-44 (Month) (Day) (Year)
(c) Place: Annis
18. Funeral Director's OWN Signature Russel Flamm
and Address Rexburg, Idaho
19. (a) 3/29/44 (Date received and filed) (b) Anna Bridges (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 25 1944
at o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from Jan. 10 1944 to March 25 1944
I last saw her alive on Mar. 25 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Chronic Myocarditis	93d
Due to Toxic Thyroid	63b
Infected Tonsillectomy	115c1
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Tonsillectomy Date Mar. 16 1944	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy no	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state
where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature M. L. Rigby MD (M. D. or other)
and Address Rexburg Idaho Date Mar. 27 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

138208

United States
Department of Commerce
Bureau of the Census

APR 12 1944

Certificate Of Death

STATE OF IDAHO

State File No. .....
Local Reg. No. 71
Reg. Dist. No. 610

1. **PLACE OF DEATH:**
(a) County Bonneville
(b) City or town Idaho Falls
(c) Street Address or R.F.D. No. 135 N Placer
(d) Death Occured Inside? ✓ Outside? ..... city or town
(e) Died in a Home .... Hospital ✓ Institution .... Other place ....
(f) Name Hosp. or Inst. L.D.S. Stayed 1 hrs
(g) Lived in this county 30 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Bonn
(c) City or town Idaho Falls Ida
(d) Street Address or R.F.D. No. 135 N Placer
(e) Deceased lived Inside? ✓ Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 45 years
(h) Former residence (city, state) Salt Lake City Ut.

3. (a) **FULL NAME** Esther Behle Rowles 131b

3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex Female
5. Color or race white
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Edward
6. (c) Age of husband or wife if alive ✓ years
7. Date of Birth (Month, Day, Year) October 20 1876

8. AGE	Years	Months	Days	If less than 1 day
	67	5	9	hrs min.

9. Exact Occupation Housewife Did this work for life yrs.
10. Industry or Business At Home Date last worked 3-29-1944
11. Birthplace Keokuk (City or town) Iowa (State or foreign country)
Father
12. Name Mr William Behle
13. Birthplace ✓ (City or town) Iowa (State or foreign country)
Mother
14. Maiden name Margaret
15. Birthplace ✓ (City or town) Iowa (State or foreign country)
16. Informant's **OWN** Signature Edward B Rowles
and Address Idaho Falls Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-31-1944 (Month) (Day) (Year)
(c) Place Idaho Falls Idaho
18. Funeral Director's **OWN** Signature V F McHan
and Address Idaho Falls Idaho
19. (a) 3/31/44 (Date received and filed) (b) Anna Bridges (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Mch 30 1944
at 6 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from May 1 1943 to Mch 30 1944
I last saw him alive on Mch 30 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
93d Chr. Myocarditis	18 Mos
Due to	
Due to Chr. Nephritis 131b	18 Mos
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature [signature] (M. D. or other)
and Address ..... Date ..... 19.....
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census APR 12 1944

Certificate Of Death

STATE OF IDAHO

State File No. 38200
Local Reg. No. 70
Reg. Dist. No. 610

1. **PLACE OF DEATH:**
(a) County Bonneville
(b) City or town Idaho Falls
(c) Street Address or R.F.D. No. Bonneville Hotel
(d) Death Occured Inside? ✓ Outside? ..... city or town
(e) Died in a Home ... Hospital ... Institution ... Other place ✓
(f) Name Hosp. or Inst. Bonneville H Stayed ..... days
(g) Lived in this county 2 years ✓ months ✓ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Montana (b) County
(c) City or town Twin Bridges
(d) Street Address or R.F.D. No. ✓
(e) Deceased lived Inside? ..... Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 2 years
(h) Former residence (city, state) Twin Bridges Montana

3. (a) **FULL NAME** Bertha Irene Owsley. 131a

3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Wm Owsley
6. (c) Age of husband or wife if alive Dec years
7. Date of Birth (Month, Day, Year) Dec 4 1868

8. AGE	Years	Months	Days	If less than 1 day
	75	3	27	hrs min.

9. Exact Occupation Housewife Did this work for life yrs.
10. Industry or Business At Home Date last worked 3-30-1942
11. Birthplace ✓ (City or town) Illinois (State or foreign country)
Father 12. Name Dr D A Pease
13. Birthplace Unknown (City or town) (State or foreign country)
Mother 14. Maiden name Louisa Smith
15. Birthplace Hamilton Ohio (City or town) (State or foreign country)
16. Informant's **OWN** Signature M. M. Owsley
and Address Hamer, Idaho.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 4-1-1944 (Month) (Day) (Year)
(c) Place Twin Bridges Montana
18. Funeral Director's **OWN** Signature V. F. McHan
and Address Idaho Falls, Idaho.
19. (a) 3/31/44 (Date received and filed) (b) Anna Bridges (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 31 1944
at 3 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from Oct. 2 1943, to Mar. 31 1944
I last saw her alive on Mar. 30 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cardio-Vascular-Renal disease 131a	8 yrs
~~Due to~~ Myocarditis & decompensation 930.1	3 mos
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ..... Date .....
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury

23. Attendant's **OWN** Signature C. C. Erickson M.D. (M. D. or other)
and Address Idaho Falls, Ida. Date 3-31 1944
(For additional space, use reverse side)

138210

United States
Department of Commerce
Bureau of the Census APR 1 9 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 10-44
Reg. Dist. No. 100

1. **PLACE OF DEATH:**
(a) County Boundary
(b) City or town Bonners Ferry
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? XX city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 42 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Boundary
(c) City or town Bonners Ferry
(d) Street Address or R. F. D. No. 1
(e) Deceased lived Inside? Outside? XX city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 42 years
(h) Former residence (city, state) Nebraska

3. (a) **FULL NAME** Marion Douglas Atkins 93L

3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Wid.
6. (b) Name of husband or wife Henrietta
6. (c) Age of husband or wife if alive Dec. years
7. Date of Birth (Month, Day, Year) Jan. 17th. 1865

8. AGE	Years	Months	Days	If less than 1 day
	79	1	14	hrs min.

9. Exact Occupation Farmer — Did this work for 56 yrs.
10. Industry or Business His Own — Date last worked 1918
11. Birthplace (City or town) Illinois (State or foreign country)

Father
12. Name Bartlett Atkins
13. Birthplace (City or town) unknown (State or foreign country)

Mother
14. Maiden name Nancy Young
15. Birthplace (City or town) unknown (State or foreign country)

16. Informant's OWN Signature James Atkins and Address Bonners Ferry Idaho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/4/44 (Month) (Day) (Year)
(c) Place: Paradise Valley Idaho.
18. Funeral Director's OWN Signature Frank Moore and Address Bonners Ferry Idaho.
19. (a) 3-2-44 (Date received and filed) (b) Ken Bonner (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 1st. 1944 19
at 4:45 o'clock A. M.
21. **I HEREBY CERTIFY,** That I attended deceased from Sept 19 43, to Mar 1 19 44
I last saw him alive on Jan 30 19 44 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Chronic Myocardial Degeneration	
Due to	2 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation Date	PHYSICIAN
Major finding	Underline the cause to which death should be charged statistically.
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature Ken Bonner M. D. (M. D. or other)
and Address Bonners Ferry Date 3-2 19 44
(For additional space use reverse side)

Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

APR 19 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 138211
Local Reg. No. 11-47
Reg. Dist. No. 100

1. **PLACE OF DEATH:**
   (a) County Boundary
   (b) City or town NAPLES
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? XX Outside? ____ city or town
   (e) Died in a Home X Hospital ____ Institution ____ Other place ____
   (f) Name Hosp. or Inst. ____ Stayed ____ days
   (g) Lived in this county 20 years ____ months ____ days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Boundary
   (c) City or town Naples
   (d) Street Address or R. F. D. No.
   (e) Deceased lived Inside? XX Outside? ____ city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 24 years
   (h) Former residence (city, state) Spokane Wash

3. (a) **FULL NAME** Charles W. Mackey 83a

3. (b) If veteran, name war no
3. (c) Social Security No. no.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Wid.
6. (b) Name of husband or wife Anna
6. (c) Age of husband or wife if alive Dec. years
7. Date of Birth (Month, Day, Year) Feb. 4th. 1866

8. AGE	Years	Months	Days	If less than 1 day
	78	1	16	hrs ____ min.

9. Exact Occupation Ret. Laborer — Did this work for 38 yrs.
10. Industry or Business at large — Date last worked 1924
11. Birthplace (City or town) Kentucky (State or foreign country)

Father
12. Name Unknown
13. Birthplace (City or town) unknown (State or foreign country)

Mother
14. Maiden name Unknown
15. Birthplace (City or town) Unknown (State or foreign country)

16. Informant's OWN Signature W. Mackey
and Address Naples Idaho.
17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 3/23/44 (Month) (Day) (Year)
(c) Place: Spokane Wash.
18. Funeral Director's OWN Signature Frank Moore
and Address Bonners Ferry Idaho.
19. (a) 3/27/44 (Date received and filed) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 20, 1944 19____
at 3:00 o'clock P.M.
21. **I HEREBY CERTIFY,** That I attended deceased from March 19 1944 to March 20 1944
I last saw h[illegible] alive on March 19 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebral hemorrhage	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ____ Date ____
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury

23. Attendant's OWN Signature R. M. Bonner M. D.
(M. D. or other)
and Address Bonners Ferry Date 3-22-1944
(For additional space, use reverse side)

United States
Department of Commerce
Bureau of the Census

APR 1 9 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 138212
Local Reg. No. 12-47
Reg. Dist. No. 100

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
   (a) County Boundary
   (b) City or town Bonners Ferry
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? Outside? XX city or town
   (e) Died in a Home Hospital XX Institution Other place
   (f) Name Hosp. or Inst. Bonners Ferry Stayed 1 days
   (g) Lived in this county 1 years months days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Boundary
   (c) City or town Bonners Ferry Idaho
   (d) Street Address or R. F. D. No.
   (e) Deceased lived Inside? Outside? EX city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 1 years
   (h) Former residence (city, state) Pueblo Col.

3. (a) **FULL NAME** Harry Thomas Troxel

94a

3. (b) If veteran, name war no
3. (c) Social Security No. 523-22-9852
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Goldie
6. (c) Age of husband or wife if alive 38 years
7. Date of Birth (Month, Day, Year) Jan 10, 1887

8. AGE	Years	Months	Days	If less than 1 day
	57	2	15	hrs min.

9. Exact Occupation Famer — Did this work for 15 yrs.
10. Industry or Business at home — Date last worked 3/25/44
11. Birthplace Nebraska (City or town) (State or foreign country)

Father
12. Name John Troxel
13. Birthplace Unknown (City or town) (State or foreign country)

Mother
14. Maiden name Mary Jane Groves
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's OWN Signature Goldie Troxel
and Address Bonners Ferry Idaho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/29/44 (Month) (Day) (Year)
(c) Place: Bonners Ferry Idaho.
18. Funeral Director's OWN Signature Frank C Moore
and Address Bonners Ferry Idaho
19. (a) 3-26-44 (Date received and filed) (b) Tom Bonner (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 25th, 1944 19
at 5:20 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from March 25 19 44 to 19
I last saw h[illegible] alive on March 25 19 44 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: [redacted] Coronary Occlusion — Duration 10 hours
Due to Coronary Sclerosis
Due to
Other conditions (Include pregnancy within 3 months of death)
Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's OWN Signature R. M. Bonner M. D. (M. D. or other)
and Address Bonners Ferry Date 4-1 19 44
(For additional space, use reverse side)

138213

United States
Department of Commerce
Bureau of the Census APR 1 9 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 13-44
Reg. Dist. No. 100

1. **PLACE OF DEATH:**
(a) County Boundary
(b) City or town Bonners Ferry
(c) Street Address or R. F. D. No. 1
(d) Death Occurred Inside? Outside? XXX city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 22 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Boundary
(c) City or town Bonners Ferry
(d) Street Address or R. F. D. No South Bench
(e) Deceased lived Inside? Outside? XX city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 22 years
(h) Former residence (city, state) Sask. Canada

3. (a) **FULL NAME** Theodore Martin Virak 97

3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Lise
6. (c) Age of husband or wife if alive Dec. years
7. Date of Birth (Month, Day, Year) Jan. 28th. 1870

8. AGE	Years	Months	Days	If less than 1 day
	74	2	2	hrs min.

9. Exact Occupation Ret. Farmer — Did this work for 40 yrs.
10. Industry or Business His own — Date last worked 1936
11. Birthplace Wisconsin (City or town) (State or foreign country)

Father
12. Name Christian Virak
13. Birthplace Norway (City or town) (State or foreign country)

Mother
14. Maiden name Sophia Unknown
15. Birthplace Norway (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mrs. Carl Virak
and Address Bonners Ferry Idaho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/3/44 (Month) (Day) (Year)
(c) Place: Bonners Ferry Idaho.
18. Funeral Director's **OWN** Signature Frank B. Moore
and Address Bonners Ferry Idaho
19. (a) 4/1/44 (Date received and filed) (b) Carl Bonnell (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 30th. 1944
at 5:20 o'clock A. M.
21. **I HEREBY CERTIFY**, That I attended deceased from Jan 10 1944 to Mar 30 1944
I last saw h alive on Mar 10 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Senile Debility — Duration 4 mo.
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature Carl Bonnell M.D.
(M. D. or other)
and Address Bonners Ferry Date 4/1 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

APR 8 1944

Certificate Of Death

STATE OF IDAHO

State File No. 138215
Local Reg. No. 30
Reg. Dist. No. 36

1. PLACE OF DEATH:
(a) County Canyon
(b) City or town Caldwell Idaho
(c) Street Address or R.F.D. No. 4
(d) Death Occured Inside? — Outside? ✓ city or town
(e) Died in a Home.... Hospital.... Institution.... Other place ✓
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 30 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Caldwell
(d) Street Address or R.F.D. No. 4
(e) Deceased lived Inside? ..... Outside? ✓ city or town
(f) Citizen of what country? .....
(g) How long had deceased lived in Idaho? 30 years
(h) Former residence (city, state) Ind

3. (a) FULL NAME Ulysess Grant Kiser 183

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Amanda
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) March 28 1869

8. AGE	Years	Months	Days	If less than 1 day
	74	10	2	hrs min.

9. Exact Occupation ..... Did this work for ..... yrs.
10. Industry or Business Farmer Date last worked .....
11. Birthplace Ind (City or town) (State or foreign country)
Father 12. Name Wm Kiser
13. Birthplace ? (City or town) (State or foreign country)
Mother 14. Maiden name Cox
15. Birthplace ? (City or town) (State or foreign country)
16. Informant's OWN Signature Robert R. Wilson
and Address Caldwell Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-14-44 (Month) (Day) (Year)
(c) Place: Caldwell Idaho
18. Funeral Director's OWN Signature [signature]
and Address Caldwell Idaho
19. (a) 3-24-44 (Date received and filed) (b) Vera Dakan Deputy (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Jan 30 1944
at ..... o'clock ..... M.
21. **I HEREBY CERTIFY,** That I attended deceased from ..... 19....., to ..... 19.....
I last saw h..... alive on ..... 19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Probably Drowned.	
Was last seen about Jan 29 - 1944	
~~Due to~~ Body was found March 12 - 1944	
in Drain Ditch Near Huston School	
~~Due to~~	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYISCIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? X Suicide? ..... Homicide? .....
Occurred Probably Jan 30 1944 City, county, state where violence occurred Near Huston Ida.
Place of Violence: Home ..... Farm X Industry .....
Public Place ..... While at work? .....
Means of injury Probable Drowning.
23. Attendant's OWN Signature Wm D Talley Coroner (M. D. or other)
and Address Nampa Ida. Date 3/4 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

APR 8 1944

Certificate Of Death

STATE OF IDAHO

State File No. 138216
Local Reg. No. 38
Reg. Dist. No. 360

1. **PLACE OF DEATH:**
(a) County Canyon
(b) City or town Caldwell
(c) Street Address or R.F.D. No. 719 Grant
(d) Death Occured Inside? ✓ Outside? ..... city or town
(e) Died in a Home ✓ Hospital ..... Institution ..... Other place .....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 36 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Caldwell
(d) Street Address or R.F.D. No. 719 Grant
(e) Deceased lived Inside? ✓ Outside? ..... city or town
(f) Citizen of what country? .....
(g) How long had deceased lived in Idaho? 36 years
(h) Former residence (city, state) Ill.

3. (a) **FULL NAME** Charles William Skelton 93E

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Louisa
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) 10-20-1866

8. AGE	Years	Months	Days	If less than 1 day
	77	3	18	hrs min.

9. Exact Occupation Farming Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Ill. (City or town) (State or foreign country)
Father
12. Name Geo Skelton
13. Birthplace England (City or town) (State or foreign country)
Mother
14. Maiden name .....
15. Birthplace England (City or town) (State or foreign country)
16. Informant's OWN Signature Arthur Skelton
and Address Seattle, Wash
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-21-44 (Month) (Day) (Year)
(c) Place: Caldwell Idaho
18. Funeral Director's OWN Signature V. Peckham
and Address Caldwell Idaho
19. (a) 4-5-44 (Date received and filed) (b) Deputy Vera Dakow (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 2-18 1944
at 7:41 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from June 1 1942 to Feb 18 1944
I last saw him alive on Feb 18 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Myocarditis 93e1	6 mo
Fractured hip	2 yrs
Due to [illegible]	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? Caldwell Id
Name of operation — Date .....
Major finding —
Finding of autopsy —

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's OWN Signature [signature] (M. D. or other)
and Address Caldwell Id Date Mar 1 1944
(For additional space, use reverse side)

United States
Department of Commerce
Bureau of the Census APR 11 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 138217
Local Reg. No. 42
Reg. Dist. No. 363

1. **PLACE OF DEATH:** Canyon
(a) County
(b) ~~City or~~ town Bowmont
(c) Street Address or R. F. D. No. —
(d) Death Occurred Inside? ~~Outside~~? ~~city or~~ town
(e) Died in a Home ~~Hospital~~ ~~Institution~~ ~~Other place~~
(f) Name Hosp. or Inst. — Stayed days
(g) Lived in this county 20 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Bowmont
(d) Street Address or R. F. D. No. —
(e) Deceased lived Inside? ~~Outside~~? ~~city or~~ town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 20 years
(h) Former residence (city, state) Tenn

3. (a) **FULL NAME** Mary Solsan Creech 93d

3. (b) If veteran, name war ✓
3. (c) Social Security No. none
4. Sex Fem
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife ✓
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) 9-17-1871

8. AGE	Years	Months	Days	If less than 1 day
	72	5		hrs min.

9. Exact Occupation Housekeeper Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Tenn (City or town) (State or foreign country)
Father
12. Name Allen
13. Birthplace Tenn (City or town) (State or foreign country)
Mother
14. Maiden name Christensen
15. Birthplace Tenn (City or town) (State or foreign country)
16. Informant's OWN Signature Nelson Creech
and Address Kuna R1
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-23-44 (Month) (Day) (Year)
(c) Place: Nampa Ida
18. Funeral Director's OWN Signature F. K. Robinson
and Address Nampa Ida
19. (a) Mar. 8-1944 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Feb. 20 — 1944
at 9:30 o'clock A.M.
21. **I HEREBY CERTIFY,** That I attended deceased from 2-12 1944 to 2-20 1944
I last saw her alive on 2-20 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Due to Myocarditis	1 yr
Due to Affection	5 yrs
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature J. E. Horton (M. D. or other)
and Address Nampa Ida Date 2-20 1944
(For additional space, use reverse side)

4

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

138218

United States
Department of Commerce
Bureau of the Census

APR 11 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. _____
Local Reg. No. 42 (43)
Reg. Dist. No. 32

1. **PLACE OF DEATH:**
(a) County Canyon
(b) City or town Nampa
(c) Street Address or R. F. D. No. _____
(d) Death Occurred Inside? — ~~Outside?~~ ~~city or town~~
(e) Died in a Home — ~~Hospital~~ ~~Institution~~ ~~Other place~~
(f) Name Hosp. or Inst. Wyatt Hem Stayed _____ days
(g) Lived in this county 20 years _____ months _____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Nampa
(d) Street Address or R. F. D. No. _____
(e) Deceased lived Inside? — ~~Outside?~~ ~~city or town~~
(f) Citizen of what country? U S A.
(g) How long had deceased lived in Idaho? 20 years
(h) Former residence (city, state) Penn.

3. (a) **FULL NAME** John H. Goss 93d

3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Male
5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive _____ years
7. Date of Birth (Month, Day, Year) Sept 7 - 1856

8. AGE	Years	Months	Days	If less than 1 day
	87	5	20	hrs min.

9. Exact Occupation Farmer — Did this work for 40 yrs.
10. Industry or Business _____ Date last worked _____
11. Birthplace Penn. (City or town) (State or foreign country)

Father
12. Name —
13. Birthplace No (City or town) (State or foreign country)

Mother
14. Maiden name —
15. Birthplace — (City or town) (State or foreign country)

16. Informant's OWN Signature Lawrence Goss
and Address Melba, Ida
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 / 1 / 44 (Month) (Day) (Year)
(c) Place: Nampa Ida
18. Funeral Director's OWN Signature Fred D. Robinson
and Address Nampa, Ida
19. (a) Mar. 8-1944 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Feb 27 1944
at _____ o'clock _____ M.

21. **I HEREBY CERTIFY,** That I attended deceased from 2-10- 1944 to 2-27 1944
I last saw him alive on 2-16 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — Duration
Pneumonia — 17 ds.
Due to Hypostatic — 8 yr.
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Where was disease contracted? _____
Name of operation _____ Date _____
Major finding _____
Finding of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? _____ Suicide? _____ Homicide? _____
Occurred _____ 19____ City, county, state where violence occurred _____
Place of Violence: Home _____ Farm _____ Industry _____
Public Place _____ While at work? _____
Means of injury _____

23. Attendant's OWN Signature J. C. Hunter M.D.
(M. D. or other)
and Address Nampa Date 2-28 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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Informant, Funeral Director, Registrar, and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

APR 8 1944

Certificate Of Death

STATE OF IDAHO

State File No. 138219
Local Reg. No. 31
Reg. Dist. No. 360

1. **PLACE OF DEATH:**
   (a) County Canyon
   (b) City or town Caldwell
   (c) Street Address or R.F.D. No. 1
   (d) Death Occured Inside? ✓ Outside? ..... city or town
   (e) Died in a Home ✓ Hospital ..... Institution ..... Other place .....
   (f) Name Hosp. or Inst. ..... Stayed ..... days
   (g) Lived in this county 32 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Canyon
   (c) City or town Caldwell
   (d) Street Address or R.F.D. No. 1
   (e) Deceased lived Inside? ..... Outside? ✓ ..... city or town
   (f) Citizen of what country? .....
   (g) How long had deceased lived in Idaho? 32 years
   (h) Former residence (city, state) .....

3. (a) **FULL NAME** Jacob J. Wooster 123

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced widower
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) May 10-1866

8. AGE	Years	Months	Days	If less than 1 day
	77	9	22	hrs min.

9. Exact Occupation Farming Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Ill (City or town) (State or foreign country)

Father
12. Name Jacob Wurster
13. Birthplace Not Known (City or town) (State or foreign country)

Mother
14. Maiden name Barbara Baty
15. Birthplace Not known (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mrs. L. L. Walker and Address Twin Falls, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-4-44 (Month) (Day) (Year)
    (c) Place: Star
18. Funeral Director's **OWN** Signature E. V. Peckham and Address Caldwell Idaho
19. (a) 3-24-44 (Date received and filed) (b) Vera Dakan Deputy (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March - 2 1944
    at 5:45 o'clock A M.
21. **I HEREBY CERTIFY**, That I attended deceased from ..... 19..... to ..... 19.....
    I last saw h..... alive on ..... 19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Septicemia 24 a	
Due to	
Due to Rectal Fistula	12 yrs 2 mo
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
    Occurred ..... 19..... City, county, state where violence occurred .....
    Place of Violence: Home ..... Farm ..... Industry .....
    Public Place ..... While at work? .....
    Means of injury .....
23. Attendant's **OWN** Signature Wm. D. Wally M. D. or Coroner
    and Address Tampa Fla. Date 3-2 1944

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

APR 11 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 138220
Local Reg. No. 46
Reg. Dist. No. 363

1. **PLACE OF DEATH:**
   (a) County Canyon
   (b) ~~City or~~ town Bowmont
   (c) Street Address or R. F. D. No. —
   (d) Death Occurred Inside? ~~Outside?~~ ~~city or~~ town
   (e) Died in a Home ~~Hospital~~ Institution ~~Other~~ place
   (f) Name Hosp. or Inst. — Stayed ____ days
   (g) Lived in this county 20 years ____ months ____ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Canyon
   (c) ~~City or~~ town Bowmont
   (d) Street Address or R. F. D. No. —
   (e) Deceased lived Inside? ~~Outside?~~ ~~city or~~ town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 20 years
   (h) Former residence (city, state) Tenn

3. (a) **FULL NAME** Stephen Nelson Creech 94b

3. (b) If veteran, name war ____ 3. (c) Social Security No. ____

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife ____ 6. (c) Age of husband or wife if alive ____ years

7. Date of Birth (Month, Day, Year) Oct 30 – 1870

8. AGE	Years	Months	Days	If less than 1 day
	73	4	4	hrs min.

9. Exact Occupation ____ Did this work for ____ yrs.
10. Industry or Business ____ Date last worked ____
11. Birthplace Tenn (City or town) (State or foreign country)

Father
12. Name Jesse Creech
13. Birthplace Tenn (City or town) (State or foreign country)

Mother
14. Maiden name Jane Anderson
15. Birthplace Tenn (City or town) (State or foreign country)

16. Informant's OWN Signature Nelson Creech
and Address Bowmont Ida
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-7-44 (Month) (Day) (Year)
(c) Place: Nampa Ida
18. Funeral Director's OWN Signature F. K. Robinson
and Address Nampa Ida
19. (a) Mar. 14-1944 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 4 1944
at ____ o'clock ____ M.

21. **I HEREBY CERTIFY,** That I attended deceased from June 1942 to March 4 1944
I last saw him alive on 3-1-1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebral Hemmings 83a1	4 days
Due to Arterio Sclerosis 94	years
Due to Senility 162	
Other conditions Angina (Include pregnancy within 3 months of death)	
Pectoris 94b	Years

Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's OWN Signature V. C. Bellmap (M. D. or other)
and Address Nampa Ida Date 4-10 1944
(For additional space, use reverse side)

8

59 Ed 3

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

MAR 9 1944

State File No. 138221
Local Reg. No. 41
Reg. Dist. No. 368

1. **PLACE OF DEATH:**
(a) County Canyon
(b) City or town Nampa
(c) Street Address or R. F. D. No. —
(d) Death Occurred Inside? ____ ~~Outside?~~ ____ city ~~or town~~
(e) Died in a ~~Home~~ Hospital ~~Institution~~ ~~Other place~~
(f) Name Hosp. ~~or Inst.~~ Mercy Stayed 40 days
(g) Lived in this county 5 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Owyhee
(c) ~~City or~~ town Homedale
(d) ~~Street Address or~~ R. F. D. No. 1
(e) Deceased lived Inside? ____ ~~Outside?~~ ____ ~~city or~~ town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 5 years
(h) Former residence (city, state) S. Dak.

3. (a) **FULL NAME** Wilma Elizabeth Greenough 50

3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex Fem
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife R. R. Greenough
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) Nov 2 - 1892

8. AGE	Years	Months	Days	If less than 1 day
	41	4	✓	hrs ____ min.

9. Exact Occupation Housekeeper — Did this work for ____ yrs.
10. Industry or Business ____ — Date last worked ____
11. Birthplace Grafton N. Dak. (City or town) (State or foreign country)

Father
12. Name Grass
13. Birthplace Iowa (City or town) (State or foreign country)

Mother
14. Maiden name Huddleston
15. Birthplace Iowa (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs Rose Evangers
and Address Homedale, Ida. Rt #1
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-6-44 (Month) (Day) (Year)
(c) Place: Weiser Ida.
18. Funeral Director's OWN Signature F. K. Robinson
and Address Nampa Ida.
19. (a) Mar. 7-1944 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 3-4 1944
at ____ o'clock ____ M.

21. **I HEREBY CERTIFY,** That I attended deceased from 1 1939 to Mar 4 1944
I last saw h[illegible] alive on 3/4 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Myocardial failure	
Cancer Cachexia	
Due to Annular tachycardia	
Metastatic Cancer to Spine 55	1½ years
Due to Ca of breast 50	4 years
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? 1939
Name of operation Mastectomy Date 1939
Major finding Cancer of breast
Finding of autopsy ____

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's OWN Signature Joe Baltzer MD (M.D., or other)
and Address Nampa Date 3/6 1944
(For additional space, use reverse side)

Baltzer

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

138222

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No.
Local Reg. No. 33
Reg. Dist. No. 360

APR 8 1944

1. **PLACE OF DEATH:**
(a) County Canyon
(b) City or town Caldwell
(c) Street Address or R.F.D. No. 1301 Dearborn
(d) Death Occured Inside? ✓ Outside? ..... city or town
(e) Died in a Home ... Hospital ... Institution ... Other place ...
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 38 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Caldwell
(d) Street Address or R.F.D. No. 1301 Dearborn
(e) Deceased lived Inside? ✓ Outside? ..... city or town
(f) Citizen of what country? .....
(g) How long had deceased lived in Idaho? 56 years
(h) Former residence (city, state) Mo.

3. (a) **FULL NAME** Ora Lucus Oakes 107

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex F. 5. Color or race W.
6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) Nov 13 - 1866

8. AGE	Years	Months	Days	If less than 1 day
	77	13	22	hrs ... min.

9. Exact Occupation ..... Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Stewartsville, Mo. (City or town) (State or foreign country)

Father
12. Name J. M. Lucus
13. Birthplace ..... (City or town) (State or foreign country)

Mother
14. Maiden name Lucy Cates
15. Birthplace Kentucky (City or town) (State or foreign country)

16. Informant's **OWN** Signature Edgar L. Oakes
and Address Caldwell Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-8-44 (Month) (Day) (Year)
(c) Place: Caldwell Idaho

18. Funeral Director's **OWN** Signature [illegible]
and Address Caldwell Idaho

19. (a) 3-24-44 (Date received and filed) (b) Vera Dekan (Registrar's signature) Deputy

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 5 1944
at 4:55 o'clock P M.

21. **I HEREBY CERTIFY**, That I attended deceased from Dec 11 1944 to March 5 1944
I last saw h-r alive on March 5 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Bronchio-Pneumonia 107	5 days
Terminal	
Due to Senile Dementia	4 Mo.
1620	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted? Canyon Co.	
Name of operation None Date	
Major finding —	
Finding of autopsy None	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature J. M. Coe
and Address Caldwell Ida. (M.D. or Other) Date 3/7 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign ... INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

APR 8 1944

PLACE OF DEATH

County of Canyon

City of Middleton

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 138223 29

Registration District No. 361

Primary Registration District No.

Local Registrar's No. 360

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Minnie Luella Kissell

(a) Residence. No. Middleton St. 13C
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F.

4. COLOR OR RACE W

5. Single, Married, Widowed, or Divorced (write the word) widow

5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Wm

6. DATE OF BIRTH (month, day, and year) 10-2-1862

7. AGE Years 81 Months 5 Days 5 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeping

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mineral Point Wise

FATHER

13. NAME Marzolf

14. BIRTHPLACE (city or town) (State or country) Not known

MOTHER

15. MAIDEN NAME — —

16. BIRTHPLACE (city or town) (State or country) — —

17. INFORMENT (Address) E. D. Kissell Middleton Idaho

18. ~~BURIAL, CREMATION,~~ OR REMOVAL Place Baker Ore Date 3-8, 1944

19. UNDERTAKER (Address) V. Peckham Caldwell Idaho

20. FILED 3-7-44, 193 Agnes M Denman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3-7 1944

22. I HEREBY CERTIFY, That I attended deceased from 11/8/37, 1937, to 1/18, 1944

I last saw her alive on Jan 18, 1944; death is said to have occurred on the date stated above, at 2:30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
old age debility	1943
Chronic Tuberculosis 13C	1923
Chronic Bronchiectasis 106b	

Other contributory causes of importance: Inability to swallow and retain food.

Name of operation None Date of

What test confirmed diagnosis? X ray Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury, 193

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Hans J Fikker, M. D.

(Address) Boise Idaho

138224

United States
Department of Commerce
Bureau of the Census APR 11 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 44
Reg. Dist. No. 362

1. **PLACE OF DEATH:**
(a) County Canyon
(b) City or town Nampa
(c) Street Address or R. F. D. No. Nampa Dept
(d) Death Occurred Inside? ~~Outside?~~ city ~~or town~~
(e) Died in a ~~Home~~ Hospital ~~Institution~~ ~~Other place~~
(f) Name Hosp. or Inst. Mercy Stayed 7 days
(g) Lived in this county 12 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Nampa
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? ~~Outside?~~ city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 12 years
(h) Former residence (city, state) Conn

3. (a) **FULL NAME** Fredrick Anthony Terry 73a

3. (b) If veteran, name war No
3. (c) Social Security No 712-05-1102
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Aug. - 1874

8. AGE	Years	Months	Days	If less than 1 day
	69			hrs min.

9. Exact Occupation Yard Club Did this work for 1944 yrs.
10. Industry or Business U.P.R.R. Co Date last worked Feb 20
11. Birthplace Collinsville, Conn (City or town) (State or foreign country)
Father
12. Name George L. Terry
13. Birthplace Canada (City or town) (State or foreign country)
Mother
14. Maiden name Hewitt
15. Birthplace N. York (City or town) (State or foreign country)
16. Informant's OWN Signature Mrs. N. T. Holcombe
and Address Collinsville, Conn
17. (a) Removal (b) Date thereof 3-11-44 (~~Burial, cremation, or~~ removal) (Month) (Day) (Year)
(c) Place: Collinsville Conn
18. Funeral Director's OWN Signature F. K. Robinson
and Address Nampa Ida
19. (a) Mar. 9-1944 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Mar 8 1944
at 6 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from July 1935 to Mar 8 1944
I last saw him alive on Mar 8 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Premature Senility	2 years
+ Insanity 84d	2 wks
Due to Pernicious Anemia	10 years
Due to 73a	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted? Home	
Name of operation ✓ Date	
Major finding ✓	
Finding of autopsy ✓	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state
where violence occurred
Place of Violence: Home Farm Industry
Public Place ~~While~~ at work?
Means of injury
23. Attendant's OWN Signature [signature] (M. D. or other)
and Address Nampa Ida Date 3-9 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

R R

MAR 2 9 1944

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 138225
Local Reg. No. 47
Reg. Dist. No. 362

1. **PLACE OF DEATH:**
(a) County Nampa Canyon
(b) City or town Nampa
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? ✓ ~~Outside?~~ ~~city or town~~
(e) Died in a Home ✓ ~~Hospital~~ Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county years 1 months 14 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Ida (b) County
(c) City or town Twin Falls Ida
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? ✓ ~~Outside?~~ ~~city or town~~
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 39 years
(h) Former residence (city, state)

3. (a) **FULL NAME** Arthur S. Gibbs 108

3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex M.
5. Color or race W
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife ✓
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Oct 21 - 1864

8. AGE	Years	Months	Days	If less than 1 day
	79	4	19	hrs min.

9. Exact Occupation Farmer Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Indiana (City or town) (State or foreign country)
Father
12. Name unknown
13. Birthplace " (City or town) (State or foreign country)
Mother
14. Maiden name "
15. Birthplace " (City or town) (State or foreign country)
16. Informant's OWN Signature H. P. Gibbs
and Address 10th Ave So. #4 Nampa Ida
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3-12-44 (Month) (Day) (Year)
(c) Place: Twin Falls Idaho
18. Funeral Director's OWN Signature F. K. Robinson
and Address Nampa Idaho
19. (a) Mar. 14-1944 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 10 1944
at 12:30 o'clock a M.
21. **I HEREBY CERTIFY,** That I attended deceased from Feb 15 1944, to 3-10 1944
I last saw him alive on 3-9 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration
83a 1 Cerebral Hemorrhage 3 Mo.
97 Due to Arterio Sclerosis 10 years
Due to Senility 162
Other conditions Lobar Pneumonia 108
(Include pregnancy within 3 months of death)
3 weeks ago.
Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature V. C. Bellamy (M. D. or other)
and Address Nampa Ida Date 3-10 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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138226

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 138226
Local Reg. No. 48
Reg. Dist. No. 363

APR 11 1944

1. **PLACE OF DEATH:**
(a) County Canyon.
(b) City or town Nampa
(c) Street Address or R. F. D. No. Rout 1
(d) Death Occurred Inside? ____ Outside? X city or town
(e) Died in a Home X Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 13 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Nampa.
(d) Street Address or R. F. D. No. Rout 1.
(e) Deceased lived Inside? ____ Outside? X city or town
(f) Citizen of what country? U S A.
(g) How long had deceased lived in Idaho? 23. years
(h) Former residence (city, state) Wyoming.

3. (a) **FULL NAME** Thomas C. Jensen. 94a

3. (b) If veteran, name war 1st World War. 3. (c) Social Security No. ____
4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Verna. 6. (c) Age of husband or wife if alive 43. years
7. Date of Birth (Month, Day, Year) Sept 7. 1896.

8. AGE	Years	Months	Days	If less than 1 day
	47	6	3	hrs ____ min. ____

9. Exact Occupation Farming. Did this work for Life yrs.
10. Industry or Business ____ Date last worked ____
11. Birthplace ____ (City or town) Wyoming (State or foreign country)
Father 12. Name Wm Jensen
Father 13. Birthplace Unknown. (City or town) (State or foreign country)
Mother 14. Maiden name Unknown.
Mother 15. Birthplace Unknown. (City or town) (State or foreign country)
16. Informant's OWN Signature Verna Jensen.
and Address Rt 1. Nampa Ida.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 15-1944 (Month) (Day) (Year)
(c) Place: Nampa (Interlaken)
18. Funeral Director's OWN Signature Wm D Gallup.
and Address Nampa Ida.
19. (a) Mar. 16-1944 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 10 1944
at 8:30 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from ____ 19____, to ____ 19____
I last saw h____ alive on ____ 19____; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Probably Coronary Embolus. — Duration 94a
Due to Had been working very hard. Collapsed while talking on our telephone.
Other conditions ____
(Include pregnancy within 3 months of death)

Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy None

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred March 10 1944 City, county, state where violence occurred Canyon County
Place of Violence: Home X Farm X Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature Wm D Gallup. (M. D. or other)
and Address Nampa Ida. Date 3/12 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census APR 1 1 1944

Certificate Of Death

STATE OF IDAHO

State File No. 138227
Local Reg. No. 49
Reg. Dist. No. 3-3

1. PLACE OF DEATH:
(a) County Canyon
(b) City or town Nampa
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? ✓ Outside? ..... city or town
(e) Died in a Home.... Hospital ✓ Institution.... Other place....
(f) Name Hosp. or Inst. Samaritan Stayed ..... days
(g) Lived in this county 18 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Parma
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? ✓ Outside? ..... city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? 18 years
(h) Former residence (city, state)

3. (a) FULL NAME Annie May Evans 466

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) 10-22-1874

8. AGE	Years	Months	Days	If less than 1 day
	69	4	18	hrs ..... min.

9. Exact Occupation ✓ Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Ga (City or town) (State or foreign country)
Father 12. Name Welsan Allison
Father 13. Birthplace Ga (City or town) (State or foreign country)
Mother 14. Maiden name Kern
Mother 15. Birthplace not known (City or town) (State or foreign country)
16. Informant's OWN Signature Waldron L. Evans
and Address Parma Oregon
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-13-44 (Month) (Day) (Year)
(c) Place: Parma
18. Funeral Director's OWN Signature V. Peckham
and Address Caldwell, Idaho
19. (a) Mar 17-1944 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 3-10-44 19.....
at ..... o'clock ..... M.
21. **I HEREBY CERTIFY**, That I attended deceased from ~~Mar~~ 8-26 1943, to 3-10 1944
I last saw her alive on 3-10 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — Duration

Due to Carcinoma of Liver
Due to Intestinal hemorrhage
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?
Name of operation ..... Date .....
Major finding
Finding of autopsy

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury

23. Attendant's OWN Signature Thos E Mangum MD (M. D. or Other)
and Address Nampa. Ida Date 03-13 1944
(For additional space, use reverse side)

United States
Department of Commerce
Bureau of the Census

APR 11 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 138228
Local Reg. No. 51
Reg. Dist. No. 363

1. **PLACE OF DEATH:**
(a) County Canyon
(b) City or town Nampa
(c) Street Address or R. F. D. No. 903-11 Arie So
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home ____ Hospital X Institution ____ Other place ____
(f) Name Hosp. or Inst. Vasters Nursing Home Stayed 1 days
(g) Lived in this county ____ years ____ months 1 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Elmore
(c) City or town Mt. Home
(d) Street Address or R. F. D. No. ____
(e) Deceased lived Inside? ____ Outside? X city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? One years
(h) Former residence (city, state) California

3. (a) **FULL NAME** Clyde McKinley. 94a

3. (b) If veteran, name war Unknown
3. (c) Social Security No. 700-18-1771
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced ✓
6. (b) Name of husband or wife ____
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) Unknown

8. AGE	Years	Months	Days	If less than 1 day
	45			hrs min.

9. Exact Occupation Laborer Did this work for 2 days ~~yrs.~~
10. Industry or Business Anderson Dam Date last worked 3/17
11. Birthplace Unknown (City or town) (State or foreign country)
Father
12. Name Unknown
13. Birthplace " (City or town) (State or foreign country)
Mother
14. Maiden name Unknown
15. Birthplace " (City or town) (State or foreign country)
16. Informant's OWN Signature Wm D Talley. From papers found on remains.
and Address Nampa Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3-25-44 (Month) (Day) (Year)
(c) Place: Corning Ark
18. Funeral Director's OWN Signature Wm D Talley
and Address Nampa ~~Idaho~~
19. (a) Mar 21-1944 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 19 1944
at 6:30 o'clock A. M.
21. **I HEREBY CERTIFY,** That I attended deceased from Mar 18 19__, to Mar 19 19__
I last saw h__ alive on ____ 19__; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: 94a	Duration
Coronary occlusion	2-3 hrs
Myocardial infarction	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation ____ Date ____	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature Jos Saltzer MD (M. D. or other)
and Address Nampa Date 3/20 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Weber

United States
Department of Commerce
Bureau of the Census

APR 11 1944

Certificate Of Death

STATE OF IDAHO

State File No. 138229
Local Reg. No. 52
Reg. Dist. No. 368

1. PLACE OF DEATH:
(a) County Canyon.
(b) City or town Nampa.
(c) Street Address or R.F.D. No. X
(d) Death Occured Inside? Yes Outside? ..... city or town
(e) Died in a Home.... Hospital X Institution.... Other place....
(f) Name Hosp. or Inst. Samaritan Stayed 1 days
(g) Lived in this county ..... years ..... months 1 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho. (b) County Ada
(c) City or town Boise.
(d) Street Address or R.F.D. No. 275. Warm Springs
(e) Deceased lived Inside? Yes Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 20 years
(h) Former residence (city, state) Illinois.

3. (a) FULL NAME Mildred Cummings.

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3. (b) If veteran, name war No.
3. (c) Social Security No. None.
4. Sex Female
5. Color or race White.
6. (a) Single, widowed, married, divorced Widow.
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) October. 20. 1865.

8. AGE	Years	Months	Days	If less than 1 day
	78.	4.	29.	hrs min.

9. Exact Occupation At Home. Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Missouri. (City or town) (State or foreign country)
Father
12. Name Unknown.
13. Birthplace Unknown. (City or town) (State or foreign country)
Mother
14. Maiden name Unknown.
15. Birthplace Unknown. (City or town) (State or foreign country)
16. Informant's OWN Signature Chas L. Tell
and Address 1611 Lincoln St.
17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof Mar. 22. 1944. (Month) (Day) (Year)
(c) Place: Morris Hill Cemetery.
18. Funeral Director's OWN Signature Summers Funeral Home. Clyde E Summers
and Address Boise, Idaho.
19. (a) Mar. 22 1944 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) March 19 1944
at 6 o'clock P M.
21. I HEREBY CERTIFY, That I attended deceased from 3-19 1944 to 3-19 1944
I last saw her alive on 3-19 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
asphyxiation	
Due to Diabetic Coma	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation ..... Date	
Major finding	
Finding of autopsy	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's OWN Signature J P Weber (M. D. or other)
and Address Boise Date 3-21 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census APR 11 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 138230
Local Reg. No. 59
Reg. Dist. No. 363

1. **PLACE OF DEATH:**
(a) County Canyon
(b) City or town Nampa
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? ~~Outside?~~ city or town
(e) Died in a ~~Home~~ Hospital ~~Institution~~ ~~Other place~~
(f) Name Hosp. or Inst. Samaritan Stayed days
(g) Lived in this county 21 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Nampa
(d) Street Address or R. F. D. No.
(e) Deceased lived ~~Inside?~~ Outside? city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 26 years
(h) Former residence (city, state)

3. (a) **FULL NAME** William Newell Park 92b

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) 6-13-1875

8. AGE	Years	Months	Days	If less than 1 day
	68	9	6	hrs min.

9. Exact Occupation Stock man Did this work for yrs.
10. Industry or Business Retired Date last worked
11. Birthplace (City or town) (State or foreign country)
Father
12. Name
13. Birthplace (City or town) (State or foreign country)
Mother
14. Maiden name unknown
15. Birthplace (City or town) (State or foreign country)
16. Informant's OWN Signature Gail H Park
and Address Portland Ore
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-22-44 (Month) (Day) (Year)
(c) Place: Nampa Idaho
18. Funeral Director's OWN Signature F. K. Robinson
and Address Nampa Idaho
19. (a) April 1-1944 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 19 1944
at o'clock M.
21. **I HEREBY CERTIFY,** That I attended deceased from Mar. 6 1944, to Mar. 19 1944
I last saw her alive on Mar 19 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: 92b	Duration
Due to Mitral Insufficiency	
Due to Chronic Arthritis	59b
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state
where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature Thos E Maguire M.D. (M. D. or other)
and Address Nampa, Ida Date 3-24 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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138231

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

APR 11 1944

State File No.
Local Reg. No. 57
Reg. Dist. No. 362

1. **PLACE OF DEATH:**
(a) County Canyon
(b) City or town Nampa
(c) Street Address or R. F. D. No. 711-14 Ave. S.
(d) Death Occurred Inside? Outside? city or town
(e) Died in a Home Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 14 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Nampa
(d) Street Address or R. F. D. No. 711-14 Ave. So.
(e) Deceased lived Inside? Outside? city or town
(f) Citizen of what country? U. S.
(g) How long had deceased lived in Idaho? 14 years
(h) Former residence (city, state) N. D.

3. (a) **FULL NAME** Ed H. Ax 13/a

3. (b) If veteran, name war V
3. (c) Social Security No. V
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Anna
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) 1-8-1869

8. AGE	Years	Months	Days	If less than 1 day
	75	2	11	hrs min.

9. Exact Occupation Farmer — Did this work for yrs.
10. Industry or Business (Retired) — Date last worked
11. Birthplace (City or town) Sweden (State or foreign country)

Father
12. Name Fredrick Ax
13. Birthplace (City or town) Sweden (State or foreign country)

Mother
14. Maiden name Anna Johnson
15. Birthplace (City or town) Sweden (State or foreign country)

16. Informant's **OWN** Signature Oscar Ax.
and Address Nampa Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/24/44 (Month) (Day) (Year)
(c) Place: Nampa Idaho
18. Funeral Director's **OWN** Signature F. K. Robinson
and Address Nampa Idaho
19. (a) April 1-1944 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 19 1944
at o'clock M.

21. **I HEREBY CERTIFY,** That I attended deceased from Apr. 28 1943, to Mar. 19 1944
I last saw h alive on Mar. 19 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cardio Nephritis — Duration
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy None

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature W. C. Toll M.D. (M. D. or other)
and Address Nampa Ida. Date 3-24 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

APR 11 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 138232
Local Reg. No. 53
Reg. Dist. No. 363

1. **PLACE OF DEATH:**
(a) County Canyon
(b) City or town Nampa
(c) Street Address or R. F. D. No. R.F.D.
(d) Death Occurred Inside? ____ Outside? x city or town
(e) Died in a Home __ Hospital __ Institution x Other place __
(f) Name Hosp. or Inst. St. School Stayed ____ days
(g) Lived in this county 18 years 1 months 15 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Nampa
(d) Street Address or R. F. D. No. R.F.D.
(e) Deceased lived Inside? ____ Outside? x city or town
(f) Citizen of what country? ____
(g) How long had deceased lived in Idaho? Life years
(h) Former residence (city, state) ____

3. (a) **FULL NAME** Theodore Tabor

85.

3. (b) If veteran, name war x
3. (c) Social Security No. x
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife x
6. (c) Age of husband or wife if alive x years
7. Date of Birth (Month, Day, Year) February 6, 1927

8. AGE	Years	Months	Days	If less than 1 day
	18	1	15	hrs min.

9. Exact Occupation none Did this work for x yrs.
10. Industry or Business none Date last worked x
11. Birthplace Nampa (City or town) Idaho (State or foreign country)
Father
12. Name David Madison Tabor
13. Birthplace -- (City or town) Mo. (State or foreign country)
Mother
14. Maiden name Beulah May Shryack
15. Birthplace Kansas (City or town) (State or foreign country)
16. Informant's OWN Signature Olga Shirley, Chief Clerk State School and Colony Records
and Address Nampa, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-23-44 (Month) (Day) (Year)
(c) Place: Nampa Idaho
18. Funeral Director's OWN Signature F. K. Robinson
and Address Nampa Idaho
19. (a) Mar. 24-1944 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 21 1944
at 8:05 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from Mar. 22 1943, to to Mar. 21 1944
I last saw him alive on March 21 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Status Epilepticus	12 hrs.
Due to Epilepsy	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature C. Sanford Allen MD (M.D. or other)
and Address State School & Colony Date 3/21 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census APR 8 1944

Certificate Of Death

STATE OF IDAHO

State File No. 38233
Local Reg. No. 84
Reg. Dist. No. 340

1. **PLACE OF DEATH:**
   (a) County Canyon
   (b) City or town Caldwell
   (c) Street Address or R. F. D. No. 1901 Arthur
   (d) Death Occured Inside? ✓ Outside? ..... city or town
   (e) Died in a Home ✓ Hospital .... Institution .... Other place ....
   (f) Name Hosp. or Inst. ..... Stayed ..... days
   (g) Lived in this county 15 years ..... months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Canyon
   (c) City or town Caldwell
   (d) Street Address or R.F.D. No. .....
   (e) Deceased lived Inside? ✓ Outside? ..... city or town
   (f) Citizen of what country? .....
   (g) How long had deceased lived in Idaho? 15 years
   (h) Former residence (city, state) Nebr.

3. (a) **FULL NAME** John Byron Winkelblack 94b

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced widower
6. (b) Name of husband or wife Ann
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) 12-2-1872

8. AGE	Years	Months	Days	If less than 1 day
	71	3	19	hrs ..... min.

9. Exact Occupation ..... Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Stark Co. (City or town) Mo (State or foreign country)

Father
12. Name .....
13. Birthplace Va (City or town) (State or foreign country)

Mother
14. Maiden name Florence
15. Birthplace ..... (City or town) (State or foreign country)

16. Informant's **OWN** Signature Florence Smith
and Address Caldwell Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-24-44 (Month) (Day) (Year)
(c) Place: Caldwell Idaho

18. Funeral Director's **OWN** Signature E. K. Peckham
and Address Caldwell Idaho

19. (a) 3-24-44 (Date received and filed) (b) Vera Dokan Deputy (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 21 1944
at 5 o'clock A M.

21. **I HEREBY CERTIFY,** That I attended deceased from June 1942, to March 21 1944
I last saw h.sm alive on March 21 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Angina Pectoris	2 years
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation ..... Date	
Major finding	
Finding of autopsy	

PHYISICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature Earl W Warner M.D. (M. D. or other)
and Address Caldwell Date 3-23 1944
(For additional space, use reverse side)

United States
Department of Commerce
Bureau of the Census

APR 11 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 138234
Local Reg. No. 56
Reg. Dist. No. 362

1. **PLACE OF DEATH:**
(a) County Canyon
(b) City or town Nampa
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? ~~Outside~~? city or town
(e) Died in a ~~Home~~ Hospital Institution ~~Other place~~
(f) Name Hosp. or Inst. Mercy Stayed 10 days
(g) Lived in this county 26 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Nampa
(d) Street Address or R. F. D. No. 408-18 Ov. Se
(e) Deceased lived Inside? ~~Outside~~? city or town
(f) Citizen of what country? U. S. A.
(g) How long had deceased lived in Idaho? 26 years
(h) Former residence (city, state) Oregon

3. (a) **FULL NAME** Mishel Owen 131b

3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex F.
5. Color or race W.
6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) June 22 1877

8. AGE	Years	Months	Days	If less than 1 day
	66	8	29	hrs min.

9. Exact Occupation Housekeeper Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Texas (City or town) (State or foreign country)
Father
12. Name unknown
13. Birthplace unknown (City or town) (State or foreign country)
Mother
14. Maiden name Nancy Martin
15. Birthplace Georgia (City or town) (State or foreign country)
16. Informant's OWN Signature Ensign Olive J. Owen (NC)
and Address Seattle
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-22-44 (Month) (Day) (Year)
(c) Place Nampa Idaho
18. Funeral Director's OWN Signature F. K. Robinson
and Address Nampa Idaho
19. (a) April 1 1944 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 21 1944
at o'clock M.
21. **I HEREBY CERTIFY,** That I attended deceased from Mar 10 1941, to Mar 21 1944
I last saw her alive on Mar 20 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Influenzal (1) Broncho-Pneumonia	2 wks
33b (2) Nephritis	—
Due to (3) Enteritis 132.2	—
Anuria c̄ Uremia	7 days
Due to Hypertensive heart disease	93d
Other conditions Chronic Nephritis	131b
(Include pregnancy within 3 months of death)	
Hepatitis 125b2	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature P. Baltzer MP (M. D. or other)
and Address Nampa Date 3/24 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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138235

United States
Department of Commerce
Bureau of the Census

APR 11 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 138235
Local Reg. No. 54
Reg. Dist. No. 368

1. **PLACE OF DEATH:**
   (a) County Canyon
   (b) City or town Nampa
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? ~~Outside?~~ city or town
   (e) Died in a ~~Home~~ Hospital ~~Institution~~ ~~Other place~~
   (f) Name Hosp. or Inst. Caldwell Stayed days
   (g) Lived in this county 1 years 6 months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Valley
   (c) City or town McCall
   (d) Street Address or R. F. D. No. —
   (e) Deceased lived Inside? Outside? city or town
   (f) Citizen of what country? U S A
   (g) How long had deceased lived in Idaho? always years
   (h) Former residence (city, state) always

3. (a) **FULL NAME** William H. Basye 97

3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years

7. Date of Birth (Month, Day, Year) 8-8-72

8. AGE	Years	Months	Days	If less than 1 day
	71	7	17	hrs min.

9. Exact Occupation Farmer — Did this work for yrs.
10. Industry or Business and Miner — Date last worked
11. Birthplace Emmett (City or town) Idaho (State or foreign country)

Father
12. Name unknown
13. Birthplace unknown (City or town) (State or foreign country)

Mother
14. Maiden name unknown
15. Birthplace unknown (City or town) (State or foreign country)

16. Informant's **OWN** Signature F. K. Robinson
and Address Nampa Idaho

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3-27-44 (Month) (Day) (Year)
(c) Place: Cascade Idaho

18. Funeral Director's **OWN** Signature F. K. Robinson
and Address Nampa Idaho

19. (a) Mar. 27 1944 (Date received and filed) (b) Lydia Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 3-25 19 44
at o'clock M.

21. **I HEREBY CERTIFY,** That I attended deceased from Mar 24 19 , to 19
I last saw h[illegible] alive on 19 ; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Strangulated Arteriosclerosis	
& Old Age	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature Jos Saltzman MD (M. D. or other)
and Address Nampa Date 3/27 19 44

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

APR 11 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 138236
Local Reg. No. 62
Reg. Dist. No. 362

1. PLACE OF DEATH:
(a) County Canyon
(b) City or town Nampa.
X (c) Street Address or R. F. D. No. 604 Dewey.
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home __ Hospital X Institution __ Other place __
(f) Name Hosp. or Inst. Samaritan Stayed ____ days X
(g) Lived in this county ____ years ____ months 22 days X
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Nampa.
(d) Street Address or R. F. D. No. 604 Dewey.
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 25 years
(h) Former residence (city, state) Canada.

3. (a) FULL NAME Cynthia Ernestine Packard 97

3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Wm Henry
6. (c) Age of husband or wife if alive — years
7. Date of Birth (Month, Day, Year) Feb. 6 1856

8. AGE	Years	Months	Days	If less than 1 day
	88	1	19	hrs min.

9. Exact Occupation House wife Did this work for ____ yrs.
10. Industry or Business ____ Date last worked ____
11. Birthplace Ogdan (City or town) Utah (State or foreign country)
Father
12. Name Wm H Perry.
13. Birthplace Essex Co. (City or town) New York. (State or foreign country)
Mother
14. Maiden name Alice Stolwell
15. Birthplace Westfield (City or town) - Chautqua Co. New York. (State or foreign country)
16. Informant's OWN Signature X Mrs. Forrest Packard
and Address Kuna. Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-28-44 (Month) (Day) (Year)
(c) Place: Kohlerlawn Nampa.
18. Funeral Director's OWN Signature Wm D. Valley.
and Address Nampa. Idaho
19. (a) April 15 - 1944 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) March 25 1944
at 4 o'clock A M.
21. I HEREBY CERTIFY, That I attended deceased from 10-1-1943 to 3-25-1944
I last saw him alive on 3-13 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Uremic Coma 132.9 — Duration 36 hours
Due to Senility and Chronic Arteriosclerosis — Years
Due to 97
Other conditions ____
(Include pregnancy within 3 months of death)
Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature V C Bilkins (M. D. or other)
and Address Nampa Ida Date 3-31 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

APR 8 1944

Certificate Of Death

STATE OF IDAHO

State File No. 138237
Local Reg. No. 37
Reg. Dist. No. 360

1. **PLACE OF DEATH:**
(a) County Canyon
(b) City or town Caldwell
(c) Street Address or R.F.D. No. 1402 So Kim
(d) Death Occured Inside? ..... Outside? ..... city or town
(e) Died in a Home ✓ Hospital ..... Institution ..... Other place .....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county ..... years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Caldwell
(d) Street Address or R.F.D. No. 1402 So Kim
(e) Deceased lived Inside? ✓ Outside? ..... city or town
(f) Citizen of what country? .....
(g) How long had deceased lived in Idaho? 40 years
(h) Former residence (city, state) Nebr.

3. (a) **FULL NAME** William Carrol Lesley 93d

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Mary
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) Oct 2-1866

8. AGE	Years	Months	Days	If less than 1 day
	77	5	27	hrs min.

9. Exact Occupation Farmer Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Verdon (City or town) Neb (State or foreign country)
Father
12. Name Geo Lesley
13. Birthplace (City or town) Ill (State or foreign country)
Mother
14. Maiden name Mariah Naylor
15. Birthplace Ill (City or town) (State or foreign country)
16. Informant's OWN Signature Mrs G.W. Montgomery
and Address Caldwell Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-31-44 (Month) (Day) (Year)
(c) Place: Caldwell Idaho
18. Funeral Director's OWN Signature T. W. Dakan
and Address Caldwell Idaho
19. (a) 4-5-44 (Date received and filed) (b) Vera Dakan Deputy (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 29 1944
at ..... o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from Mar 27 1944 to Mar 29 1944
I last saw him alive on Mar 29 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Chronic myocarditis	3 yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYISCIAN
Name of operation ..... Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's OWN Signature [signature] (M. D. or other)
and Address Caldwell Ida Date 3-30 1944
(For additional space, use reverse side)

138238

United States
Department of Commerce
Bureau of the Census

APR 11 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 59
Reg. Dist. No. 962

1. **PLACE OF DEATH:**
(a) County Canyon
(b) City or town Nampa
(c) Street Address or R. F. D. No. Box 191
(d) Death Occurred ~~Inside~~? ~~Outside~~? ~~city or town~~
(e) Died in a Home ~~Hospital~~ ~~Institution~~ ~~Other place~~
(f) Name Hosp. or Inst. ~~Stayed~~ ~~days~~
(g) Lived in this county 43 years ~~months~~ ~~days~~
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Nampa
(d) Street Address or R. F. D. No. Box 91
(e) Deceased lived ~~Inside~~? ~~Outside~~? ~~city or town~~
(f) Citizen of what country? U S A
(g) How long had deceased lived in Idaho? 43 years
(h) Former residence (city, state) Mo

3. (a) **FULL NAME** Waitman Willis Groves 94a

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mattie
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Sept 10 1874

8. AGE	Years	Months	Days	If less than 1 day
	69	6	19	hrs min.

9. Exact Occupation Accountant — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace Ill (City or town) (State or foreign country)

Father
12. Name Joe Groves
13. Birthplace Penn (City or town) (State or foreign country)

Mother
14. Maiden name Mpsonger
15. Birthplace Penn (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mrs Clark G Groves
and Address Meridian Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/11/44 (Month) (Day) (Year)
(c) Place: Nampa Idaho
18. Funeral Director's **OWN** Signature F R Robinson
and Address Nampa Idaho
19. (a) April 1 1944 (Date received and filed) Lyda Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 29 1944
at ~~o'clock~~ ~~M.~~
21. **I HEREBY CERTIFY**, That I attended deceased from 7-10 1943, to 3-29 1944
I last saw him alive on 3-29 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Coronary Thrombosis	1 hr
Due to Hypertension	5 yrs.
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Where was disease contracted?
Name of operation ~~Date~~
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ~~Suicide~~? ~~Homicide~~?
Occurred ~~19~~ City, county, state where violence occurred
Place of Violence: Home ~~Farm~~ ~~Industry~~
Public Place ~~While at work~~?
Means of injury
23. Attendant's **OWN** Signature J C Horton (M. D. or other)
and Address Nampa Ida Date 3-31 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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United States
Department of Commerce
Bureau of the Census

APR 11 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 60
Reg. Dist. No. 363

1. **PLACE OF DEATH:**
(a) County Canyon
(b) City or town Nampa
(c) Street Address or R. F. D. No.
(d) Death Occurred ~~Inside~~? Outside? X city or town
(e) Died in a ~~Home~~ ~~Hospital~~ Institution X Other place
(f) Name ~~Hosp. or~~ Inst. State School & Colony days
(g) Lived in this county years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Nampa
(d) Street Address or R. F. D. No. State School & Colony
(e) Deceased lived Inside? Outside? X city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 18 years
(h) Former residence (city, state)

3. (a) **FULL NAME** Eva Maria Hearn

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3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) April 11 1890

8. AGE	Years	Months	Days	If less than 1 day
	53	11	19	hrs min.

9. Exact Occupation Institution Did this work for yrs.
10. Industry or Business State School & Colony Date last worked
11. Birthplace Nebraska (City or town) (State or foreign country)
Father
12. Name Francis M. Hearn
13. Birthplace Indiana (City or town) (State or foreign country)
Mother
14. Maiden name unknown
15. Birthplace Indiana (City or town) (State or foreign country)
16. Informant's OWN Signature Wilma Dwel Biss
and Address State School & Colony Nampa Idaho
17. (a) Burial (b) Date thereof April 3-1944 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: Kohlerlawn Cem Nampa
18. Funeral Director's OWN Signature Sherwin Webb
and Address Boise Idaho
19. (a) April 3-1944 (b) Lyda Rodgers (Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 3-31 1944
at 12:50 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from March 22 1943 to March 31 1944
I last saw her alive on 3-31 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Pneumonia (Bronchial	4 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature C. Sanford Perry M D (M. D. or other)
and Address Nampa Ida Date 3/31 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

138240

United States
Department of Commerce APR 15 1944
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 21
Reg. Dist. No. 470

1. **PLACE OF DEATH:**
(a) County Cassia
(b) City or town Burley
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? ✓ city or town
(e) Died in a Home ✓ Hospital Institution Other place
(f) Name Hosp. or Inst. — Stayed days
(g) Lived in this county 33 years — months — days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Cassia
(c) City or town Burley
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Outside? ✓ city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 33 years
(h) Former residence (city, state)

3. (a) **FULL NAME** Rose Caroline Nye 83a

3. (b) If veteran, name war — 3. (c) Social Security No. —
4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Stephen Charles Nye 6. (c) Age of husband or wife if alive 71 years
7. Date of Birth (Month, Day, Year) March 29, 1880

8. AGE	Years	Months	Days	If less than 1 day
	63	10	24	hrs min.

9. Exact Occupation At Home Did this work for Life yrs.
10. Industry or Business — Date last worked 2-21-44
11. Birthplace Calls Fort Box Elder Co. Utah (City or town) (State or foreign country)
Father
12. Name Joseph Seamore Frodsham
13. Birthplace Council Bluffs Iowa (City or town) (State or foreign country)
Mother
14. Maiden name Avasta Adelia Reedd
15. Birthplace Farmington, Utah (City or town) (State or foreign country)
16. Informant's OWN Signature S. C. Nye
and Address Burley Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-27-44 (Month) (Day) (Year)
(c) Place: Burley Idaho
18. Funeral Director's OWN Signature Vern B. McCulloch
and Address Burley Idaho
19. (a) 3-9-44 (Date received and filed) (b) Bt Nelson (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Feb 23 1944
at 2:25 o'clock A.M.
21. **I HEREBY CERTIFY,** That I attended deceased from Feb 20 1944 to Feb 23 1944
I last saw her alive on Feb 23 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebral Hemorrhage	2 Days
Due to Arterio Sclerosis	
Hypertension	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature Hugh E. Dean M.D. (Title or other)
and Address Burley Id. Date Mar 7 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce APR 15 1944
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 138241
Local Reg. No. 20
Reg. Dist. No. 471

1. **PLACE OF DEATH:**
(a) County Cassia
(b) City or town Declo
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? ✓ Outside? city or town
(e) Died in a Home ✓ Hospital Institution Other place
(f) Name Hosp. or Inst. — Stayed — days
(g) Lived in this county 49 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Cassia
(c) City or town Declo
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? ✓ Outside? city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 49 years
(h) Former residence (city, state)

3. (a) **FULL NAME** Benjamin Osterhout 83d

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ida Sparks Osterhout
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) April 12, 1866

8. AGE	Years	Months	Days	If less than 1 day
	77	10	17	hrs min.

9. Exact Occupation Farming Did this work for Life yrs.
10. Industry or Business Date last worked retired
11. Birthplace Willard, Utah (City or town) (State or foreign country)
Father
12. Name John Osterhout
13. Birthplace — Ohio (City or town) (State or foreign country)
Mother
14. Maiden name Mary Ann Taylor
15. Birthplace — No Data (City or town) (State or foreign country)
16. Informant's OWN Signature Wayne Osterhout
and Address Declo, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-6-44 (Month) (Day) (Year)
(c) Place: Declo Idaho
18. Funeral Director's OWN Signature Vern B. McCullach
and Address Burley, Idaho
19. (a) 3-9-44 (Date received and filed) (b) B. Wilson (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 1 1944
at 9:30 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from Jan 3 1944, to March 1 1944
I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Hemoplegia 83d	4 mo
Due to Hypertension 3 [illegible]	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature [illegible] MD (M. D. or other)
and Address Rupert Idaho Date 3-4 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

APR 15 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 138242
Local Reg. No. 22
Reg. Dist. No. 471

1. **PLACE OF DEATH:**
(a) County Cassia
(b) City or town Malta
(c) Street Address or R. F. D. No. Ca. Ca.
(d) Death Occurred Inside? ____ Outside? ✓ city or town
(e) Died in a Home __ Hospital ✓ Institution __ Other place ✓
(f) Name Hosp. or Inst. Cottage Stayed 3 days
(g) Lived in this county ____ years ____ months 3 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Saint Jo. Mo. (b) County Buchanan
(c) City or town St Jo. Mo.
(d) Street Address or ~~R. F. D.~~ No. 801 - Main
(e) Deceased lived Inside? ____ Outside? ____ city or town
(f) Citizen of what country? U. S.
(g) How long had deceased lived in Idaho? 3 days ~~years~~
(h) Former residence (city, state) St Jo. Mo.

3. (a) **FULL NAME** William E. Guy 1642

3. (b) If veteran, name war ____ 3. (c) Social Security No. ____
4. Sex M. 5. Color or race W. 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Minnie F. Garner 6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) May - 17 - 1869

8. AGE	Years	Months	Days	If less than 1 day
	74	9	19	hrs min.

9. Exact Occupation Farmer Did this work for 17 yrs.
10. Industry or Business Farming Date last worked ____
11. Birthplace Andrew Co. Mo. (City or town) (State or foreign country)
Father
12. Name Sam Guy
13. Birthplace ____ Tenn (City or town) (State or foreign country)
Mother
14. Maiden name No Data
15. Birthplace No Data (City or town) (State or foreign country)
16. Informant's OWN Signature Mrs. Fred Carter
and Address 343 Auburn ave. "Elishan" Tacoma Wash
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3-17-44 (Month) (Day) (Year)
(c) Place: Saint Jo. Mo. - St Joseph Mo.
18. Funeral Director's OWN Signature Vern B. McCullach
and Address Burley Idaho
19. (a) 3-11-44 (Date received and filed) (b) Bt Wilson (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May. 8 - 1944
at 3-5-44 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from ____ 19__ to ____ 19__
I last saw h____ alive on ____ 19__; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Gib Thread - Caused from Self inflected - Wound	
Due to Dependency 3-5-44	
Due to Loss of Blood	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted? ____	PHYSICIAN
Name of operation ____ Date ____	Underline the cause to which death should be charged statistically.
Major finding ____	
Finding of autopsy ____	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? Yes Homicide? ____
Occurred 3-5-44 19__ City, county, state where violence occurred On U. P. Bus. Enroute
Place of Violence: Home ____ Farm ____ Industry ____
Public Place Yes While at work? ____
Means of injury Self inflected
23. Attendant's OWN Signature Vern B. McCullach Coroner Co. (M.D. or other)
and Address Burley Date 3-11- 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

138243

United States
Department of Commerce
Bureau of the Census

APR 15 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 23
Reg. Dist. No. 47

1. **PLACE OF DEATH:**
(a) County Cassia
(b) City or town Burley
(c) Street Address or R. F. D. No. #3
(d) Death Occurred Inside? Outside? ✓ city or town
(e) Died in a Home ✓ Hospital Institution Other place
(f) Name Hosp. or Inst. — Stayed — days
(g) Lived in this county 26 years 9 months — days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Cassia
(c) City or town Burley
(d) Street Address or R. F. D. No. R# 3
(e) Deceased lived Inside? Outside? ✓ city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 26 years
(h) Former residence (city, state) —

3. (a) **FULL NAME** Benjamin Kimball Barney

94a

3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Betsy Hays Barney
6. (c) Age of husband or wife if alive 66 years
7. Date of Birth (Month, Day, Year) July 12, 1877

8. AGE	Years	Months	Days	If less than 1 day hrs	min.
	66	7	27		

9. Exact Occupation Farming — Did this work for — yrs.
10. Industry or Business — Date last worked 3-11-44
11. Birthplace Spanish Fork, Utah (City or town) (State or foreign country)

Father
12. Name Erastus Jaynes Barney
13. Birthplace Spanish Fork, Utah (City or town) (State or foreign country)

Mother
14. Maiden name Mary Glen Aitken
15. Birthplace St. Louis Mo. (City or town) (State or foreign country)

16. Informant's OWN Signature Iva E. Barney
and Address Burley, Idaho

17. (a) Burial (Burial, cremation or removal) (b) Date thereof 3-15-44 (Month) (Day) (Year)
(c) Place: Burley, Idaho

18. Funeral Director's OWN Signature Vyvyan McCulloch
and Address Burley, Idaho

19. (a) 3-15-44 (Date received and filed) (b) L. D. Nelson (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Mar. 11 1944
at 9 o'clock P. M.

21. **I HEREBY CERTIFY,** That I attended deceased from 3-11 1944 to 3-11 1944
I last saw h— alive on 3-11- 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death	Duration
Coronary Thrombosis	1 hrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation — Date
Major finding
Finding of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's OWN Signature M. Kelly M.D. (M. D. or other)
and Address Burley Date 3-13 1944

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

138244

United States
Department of Commerce
Bureau of the Census

APR 15 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 138244
Local Reg. No. 24
Reg. Dist. No. 4-70

1. **PLACE OF DEATH:**
(a) County Cassia
(b) City or town Burley
(c) Street Address or R. F. D. No. 127 S Overland
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home ~~Hospital~~ Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 39 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Cassia
(c) City or town Burley
(d) Street Address or R. F. D. No. 127 S overland
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? U. S. A.
(g) How long had deceased lived in Idaho? 44 years
(h) Former residence (city, state) S. L. Utah

3. (a) **FULL NAME** Charles Hogenson. 1676

3. (b) If veteran, name war ____
3. (c) Social Security No. ____
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Lillie
6. (c) Age of husband or wife if alive 70 years
7. Date of Birth (Month, Day, Year) Feb 11 1867

8. AGE	Years	Months	Days	If less than 1 day hrs min.
	77	1	08	

9. Exact Occupation Cane Picker — Did this work for 32 yrs.
10. Industry or Business Orchards — Date last worked July 42
11. Birthplace Salt Lake City Utah (City or town) (State or foreign country)

Father
12. Name Swen Hogenson
13. Birthplace Bergen Norway (City or town) (State or foreign country)

Mother
14. Maiden name Johnson
15. Birthplace Sweden (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mrs Lillie Hogenson
and Address ____

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/22/1944 (Month) (Day) (Year)
(c) Place: Burley Idaho

18. Funeral Director's **OWN** Signature J. Forest Weaver
and Address Burley Idaho

19. (a) 3-22-44 (Date received and filed) (b) E. F. Gibson (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Mar 19 1944
at 11 o'clock A M.

21. **I HEREBY CERTIFY,** That I attended deceased from June 1 1942, to March 19 1944
I last saw him alive on March 19 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Natural Causes due to old age Heart Failure — Duration ____
Due to Causes incident to old age — Duration ____
Due to ____ — Duration ____
Other conditions ____ — Duration ____
(Include pregnancy within 3 months of death)

Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's **OWN** Signature H. L. Shade D.O. (M. D. or other)
and Address Burley Ida. Date 3-20 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

138245

United States
Department of Commerce
Bureau of the Census

APR 15 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 25
Reg. Dist. No. 471

1. **PLACE OF DEATH:**
(a) County Cassia
(b) City or town Burley
(c) Street Address or R. F. D. No. 1-
(d) Death Occurred Inside? Outside? X city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 39 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Cassia
(c) City or town Burley
(d) Street Address or R. F. D. No. 1-
(e) Deceased lived Inside? Outside? X city or town
(f) Citizen of what country? U. S. A.
(g) How long had deceased lived in Idaho? 39 years
(h) Former residence (city, state) Utah.

3. (a) **FULL NAME** John F Allen. 83a

3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Date of Birth (Month, Day, Year) Aug 11- 1864

8. AGE	Years	Months	Days	If less than 1 day
	79	7-	15	hrs min.

9. Exact Occupation Farmer Did this work for 50 yrs.
10. Industry or Business Date last worked 1935
11. Birthplace Huntsville Utah (City or town) (State or foreign country)
Father
12. Name Elihu Allen
13. Birthplace California (City or town) (State or foreign country)
Mother
14. Maiden name Mary Alice Graham
15. Birthplace — Don't Know. (City or town) (State or foreign country)
16. Informant's OWN Signature Hamon F. Allen
and Address Burley Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 28-44 (Month) (Day) (Year)
(c) Place: Burley Cemetery
18. Funeral Director's OWN Signature Retta S. Payne
and Address Burley Idaho
19. (a) 3-27-44 (Date received and filed) (b) B. F. Wilson (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 26 1944
at 2 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from 3-17 1944, to 3-26- 1944
I last saw her alive on 3-25 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cerebral haemorrhage

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature G. G. Espe (M. D. or other)
and Address Burley Date 3-27-1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

APR 15 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 138246
Local Reg. No. 26
Reg. Dist. No. 471

1. **PLACE OF DEATH:**
(a) County Cassia
(b) City or town Oakley
(c) Street Address or R. F. D. No. -1-
(d) Death Occurred Inside? ____ Outside? X city or town
(e) Died in a Home X Hospital __ Institution __ Other place __
(f) Name Hosp. or Inst. — Stayed ____ days
(g) Lived in this county 25 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Cassia
(c) City or town Oakley
(d) Street Address or R. F. D. No. -1
(e) Deceased lived Inside? ____ Outside? X city or town
(f) Citizen of what country? U. S. A.
(g) How long had deceased lived in Idaho? 25 years
(h) Former residence (city, state) South Dakota.

3. (a) **FULL NAME** Knute K. Lee. 92E

3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex M.
5. Color or race W.
6. (a) Single, widowed, married, divorced Married
6. (b) Name of ~~husband~~ or wife Guri.
6. (c) Age of ~~husband~~ or wife if alive 50 years
7. Date of Birth (Month, Day, Year) Dec 22 - 1879

8. AGE	Years	Months	Days	If less than 1 day
	64	3	8	hrs min.

9. Exact Occupation Farmer Did this work for 25 yrs.
10. Industry or Business ____ Date last worked 1940
11. Birthplace Norway. (City or town) (State or foreign country)
Father
12. Name Kunte Lee.
13. Birthplace Norway. (City or town) (State or foreign country)
Mother
14. Maiden name Solversen
15. Birthplace Norway. (City or town) (State or foreign country)
16. Informant's OWN Signature Guri K. Lee
and Address ____
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof ____ (Month) (Day) (Year)
(c) Place: Oakley
18. Funeral Director's OWN Signature Retta S. Layne
and Address Burley Idaho.
19. (a) 4-4-44 (Date received and filed) (b) B. F. Wilson (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 31. 1944
at 1.45 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from 1-1-1941 19__, to 3-31 1944
I last saw h____ alive on ____ 19__; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Endocarditis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation ____ Date ____	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature R. J. Dutton (M. D. or other)
and Address Oakley Date 3/31 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

138247

United States
Department of Commerce
Bureau of the Census

APR 6 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 19
Reg. Dist. No. 210

1. **PLACE OF DEATH:**
(a) County Clearwater
(b) City or town Weippe, Idaho
(c) Street Address or R. F. D. No. Post Office Bx 86
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home X Hospital __ Institution __ Other place __
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county ~~one~~ years 7 months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State IDAHO (b) County CLEARWATER
(c) City or town WEIPPE, IDAHO
(d) Street Address or R. F. D. No. POST OFFICE
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? UNITED STATES
(g) How long had deceased lived in Idaho? 7 Mo. ~~years~~
(h) Former residence (city, state) ____

3. (a) **FULL NAME** JAY FRED HUME

108

3. (b) If veteran, name war INFANT
3. (c) Social Security No. ____
4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced INFANT
6. (b) Name of husband or wife ____
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) JULY 21st 1943

8. AGE	Years	Months	Days	If less than 1 day
		7	12	hrs min.

9. Exact Occupation INFANT Did this work for ____ yrs.
10. Industry or Business ____ Date last worked ____
11. Birthplace OROFINO, IDAHO (City or town) (State or foreign country)
Father
12. Name JOHN FRED HUME
13. Birthplace NELSON, BRITISH COLUMBIA (City or town) (State or foreign country)
Mother
14. Maiden name MARY ANN SANBORN
15. Birthplace SODUS, MICHIGAN (City or town) (State or foreign country)
16. Informant's OWN Signature X Mary Ann Hume
and Address WEIPPE, IDAHO
17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof MARCH 6th 1944 (Month) (Day) (Year)
(c) Place: ST. MARIES, IDAHO
18. Funeral Director's OWN Signature George B Blake
and Address OROFINO, IDAHO
19. (a) 3/6/44 (Date received and filed) (b) Chlair Bachorach (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) MARCH ~~6th~~ 4th 1944 19__ at 12:45 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from ********** 19 *** to ********** 19 **
I last saw h____ alive on ____ 19____; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
LOBAR PNEUMONIA	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation ____ Date ____	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature George B Blake CORONER (M. D. or other)
and Address OROFINO, IDAHO Date 3/6/44 19____
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

138248

United States
Department of Commerce
Bureau of the Census

APR 6 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 20
Reg. Dist. No. 210

1. **PLACE OF DEATH:**
(a) County CLEARWATER
(b) City or town OROFINO
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? X city or town
(e) Died in a Home Hospital Institution Other place X
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 12 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State IDAHO (b) County CLEARWATER
(c) City or town OROFINO
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? UNITED STATES
(g) How long had deceased lived in Idaho? ~~12~~ 9 years
(h) Former residence (city, state)

3. (a) **FULL NAME** MARTIN CLAY MOORE

94b

3. (b) If veteran, name war NO
3. (c) Social Security No.
4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife SUSAN
6. (c) Age of husband or wife if alive 50 years
7. Date of Birth (Month, Day, Year) MARCH 7, 1890

8. AGE	Years	Months	Days	If less than 1 day
	54			hrs min.

9. Exact Occupation LABORER — Did this work for LIFE yrs.
10. Industry or Business VARIOUS PLACES — Date last worked 3/7/44
11. Birthplace PROCTER, MISSOURI (City or town) (State or foreign country)

Father
12. Name GEORGE MOORE
13. Birthplace ILLNOIS (City or town) (State or foreign country)

Mother
14. Maiden name ELIZABETH GARGIAS
15. Birthplace UNKNONW (City or town) (State or foreign country)

16. Informant's OWN Signature Susie Moore
and Address Orofino Idaho
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof March 13/1944 (Month) (Day) (Year)
(c) Place: WELLS BENCH CEMETERY
18. Funeral Director's OWN Signature George B. Blake
and Address Orofino, Idaho
19. (a) 3/11/44 (Date received and filed) (b) Chloic Cadrarach (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 7th 1944
at 4:30 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 19, to 19
I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Angina Pectoris	6 mo.
Due to unknown	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature George B. Blake (M. D. or other)
and Address Orofino, Ida Date 3/10 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce APR 6 1944
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 13824
Local Reg. No. 21
Reg. Dist. No. 210

1. **PLACE OF DEATH:**
   (a) County Clearwater
   (b) City or town Orofino
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? ✓ Outside? ____ city or town
   (e) Died in a Home (Hospital) Institution Other place
   (f) Name Hosp. or Inst. State Hosp. North Lived 11½ mos.
   (g) Lived in this county ____ years 11½ months ____ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Ada
   (c) City or town Boise 716 E. Jefferson
   (d) Street Address or R. F. D. No. 716 E. Jefferson St
   (e) Deceased lived Inside? ✓ Outside? ____ city or town
   (f) Citizen of what country? Ada U. S.
   (g) How long had deceased lived in Idaho? 32 years
   (h) Former residence (city, state)

3. (a) **FULL NAME** Minnie Olive Jellison 13/a

3. (b) If veteran, name war ____
3. (c) Social Security No. ____
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife ____
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) Nov 7 - 1868

8. AGE	Years	Months	Days	If less than 1 day
	75	4	3	hrs ____ min.

9. Exact Occupation former school teacher Did this work for many yrs.
10. Industry or Business ____ Date last worked ____
11. Birthplace Mason Indiana (City or town) (State or foreign country)

Father
12. Name Edwin A. Jellison
13. Birthplace Winchester Ind (City or town) (State or foreign country)

Mother
14. Maiden name Nancy Sanders
15. Birthplace Indiana (City or town) (State or foreign country)

16. Informant's **OWN** Signature E. L. Berry M D and Address Orofino
17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof Mar. 12, 1944 (Month) (Day) (Year)
    (c) Place: BOISE, IDAHO
18. Funeral Director's **OWN** Signature George B Blake and Address Orofino Idaho
19. (a) 3/11/44 (Date received and filed) (b) Helen Bachara (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Nov 10 19 44
    at 8 45 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from June 1 19 44 to Nov 10 19 44
    I last saw her alive on Nov 10 19 44 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cardio-renal 13/a	5-10 Yrs
Due to Arteriosclerosis	5-10 Yrs
Due to 162a	
Other conditions Senile psychosis (Include pregnancy within 3 months of death)	1 Yr

Where was disease contracted? In Home
Name of operation None Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
    Occurred ____ 19 ____ City, county, state where violence occurred ____
    Place of Violence: Home ____ Farm ____ Industry ____
    Public Place ____ While at work? ____
    Means of injury ____
23. Attendant's **OWN** Signature E. L. Berry M D (M.D. or other)
    and Address Orofino Ida. 3-11 19 44

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

138250

United States
Department of Commerce
Bureau of the Census APR 6 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 22
Reg. Dist. No. 212

1. **PLACE OF DEATH:**
(a) County CLEARWATER
(b) City or town OROFINO
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. BURNS Stayed days
(g) Lived in this county 9 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State IDAHO (b) County CLEARWATER
(c) City or town OROFINO
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Outside? X city or town
(f) Citizen of what country? UNITED STATES
(g) How long had deceased lived in Idaho? ~~12~~ 21 years
(h) Former residence (city, state) COLTON, WASH.

3. (a) **FULL NAME** GEORGE G. KAESER 83a

3. (b) If veteran, name war NO
3. (c) Social Security No.
4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife KATHERINE
6. (c) Age of husband or wife if alive 77 years
7. Date of Birth (Month, Day, Year) DECEMBER 7, 1858

8. AGE	Years	Months	Days	If less than 1 day
	86	3	3	hrs min.

9. Exact Occupation HARNESS MAKER Did this work for LIFE yrs.
10. Industry or Business SELF-RETIRED Date last worked ?
11. Birthplace YANKTON, SOUTH DAKOTA (City or town) (State or foreign country)
Father
12. Name FREDERICK KAESER
13. Birthplace FON DUCLAC, WISCONSON (City or town) (State or foreign country)
Mother
14. Maiden name UNKNOWN
15. Birthplace FRANCE (City or town) (State or foreign country)
16. Informant's OWN Signature [signature]
and Address Fullerville Ida
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 3/13/44 (Month) (Day) (Year)
(c) Place: Riverside Cemetery (Orofino
18. Funeral Director's OWN Signature George B. Blake
and Address Orofino Idaho
19. (a) 3/11/44 (Date received and filed) (b) Chlaie Badsarach (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 10th 1944
at 12 30 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from Sept 25th 1941, to March 10th 1944
I last saw him alive on 3-9 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: 109:1	Duration
Old age Pneumonia 83a	few days
Due to Apoplexia stallack	11-7-43
Due to Hypertension 100	?
Other conditions (Include pregnancy within 3 months of death)	✓

Where was disease contracted? home
Name of operation ✓ Date ✓
Major finding ✓
Finding of autopsy ✓

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ✓ Suicide? ✓ Homicide? ✓
Occurred ✓ 19 City, county, state where violence occurred ✓
Place of Violence: Home ✓ Farm ✓ Industry ✓
Public Place ✓ While at work? ✓
Means of injury ✓
23. Attendant's OWN Signature M. Robertson (M. D. or other)
and Address Orofino Ida Date 3-11 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

APR 6 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 138251
Local Reg. No. 23
Reg. Dist. No. 210

1. **PLACE OF DEATH:**
(a) County Clearwater
(b) City or town Orofino
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? X city or town
(e) Died in a Home Hospital Institution X Other place
(f) Name Hosp. or Inst. St. Hos. No. Stayed days
(g) Lived in this county 17 years months 17 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Latah
(c) City or town Moscow
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Outside? X city or town
(f) Citizen of what country? United States
(g) How long had deceased lived in Idaho? 36 years
(h) Former residence (city, state) Nebraska

3. (a) **FULL NAME** HADDEN, JAMES 93d

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race White
6. (a) Single, widowed, married, divorced divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Dec. 1890

8. AGE	Years	Months	Days	If less than 1 day
	54			hrs min.

9. Exact Occupation Laborer Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Hastings, Nebraska (City or town) (State or foreign country)
Father
12. Name H. D. Hadden
13. Birthplace (City or town) (State or foreign country)
Mother
14. Maiden name Lottie Gummere
15. Birthplace (City or town) (State or foreign country)
16. Informant's OWN Signature E. L. Berryund
and Address Orofino Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-15-44 (Month) (Day) (Year)
(c) Place: State Hospital, North.
18. Funeral Director's OWN Signature [illegible]
and Address [illegible] Idaho
19. (a) 3/19/44 (Date received and filed) (b) Chloie Bachorach (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 12, 1944
at 4:00 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from June 1, 1943, to March 12, 1944
I last saw him alive on March 12, 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Hypostatic pneumonia 111 c	1 day
Due to Influenza 33b	6 wks.
Due to	
Other conditions Myocarditis 93e1 (Include pregnancy within 3 months of death)	2 yrs.

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature E. L. Berryund (M. D. or other)
and Address Orofino Ida Date 3-12-1944
(For additional space, use reverse side)

United States
Department of Commerce
Bureau of the Census

APR 6 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

138252
State File No.
Local Reg. No. 24
Reg. Dist. No. 210

1. **PLACE OF DEATH:**
(a) County CLEARWATER
(b) City or town PIERCE
(c) Street Address or R. F. D. No. RURAL
(d) Death Occurred Inside? Outside? X city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 10 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State IDAHO (b) County CLEARWATER
(c) City or town PIERCE
(d) Street Address or R. F. D. No. RURAL
(e) Deceased lived Inside? Outside? X city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? 67 years
(h) Former residence (city, state) Moscow, Idaho

3. (a) FULL NAME DANIEL THOMAS GUSTIN

932

3. (b) If veteran, name war NO
3. (c) Social Security No.
4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife POLLYANN
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) March 24, 1861

8. AGE	Years	Months	Days	If less than 1 day
	82	11	24	hrs min.

9. Exact Occupation FARMING Did this work for LIFE yrs.
10. Industry or Business SELF-RETIRED Date last worked 20years ago
11. Birthplace LEHI (City or town) UTAH (State or foreign country)

Father
12. Name AMOS GUSTIN
13. Birthplace UNKNOWN, UTAH? (City or town) (State or foreign country)

Mother
14. Maiden name CATHERINE GUSTIN
15. Birthplace UNKNOWN UTAH? (City or town) (State or foreign country)

16. Informant's OWN Signature Ernest Gustin
and Address Moscow Ida.
17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof MARCH 19, 1944 (Month) (Day) (Year)
(c) Place: MOSCOW, IDAHO
18. Funeral Director's OWN Signature George B. Blake
and Address Orofino, Idaho
19. (a) 3/19/44 (Date received and filed) (b) Certificate Embalmed (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH**
(Month, Day, Year) March 18, 1944 19
at 5:10 o'clock A M.

21. **I HEREBY CERTIFY,** That I attended deceased from July 1943 to Mar. 18 1944
I last saw h~~as~~ alive on July 1943; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Myocarditis, Chron	1 year
Due to Arterial sclerosis	Several
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's OWN Signature R. T. Hopkins (M. D. ~~or other~~)
and Address Orofino Date 3/19 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 138253
Local Reg. No. 26
Reg. Dist. No. 210

APR 6 1944

1. **PLACE OF DEATH:**
(a) County CLEARWATER
(b) City or town OROFINO
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. OROFINO Stayed 6 days
(g) Lived in this county 5 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State IDAHO (b) County CLEARWATER
(c) City or town PIERCE
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Outside? X city or town
(f) Citizen of what country? UNITED STATES
(g) How long had deceased lived in Idaho? 10 years
(h) Former residence (city, state) UNKNOWN

3. (a) **FULL NAME** ROBERT SUIT

94a

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) MARCH 10, 1878

8. AGE	Years	Months	Days	If less than 1 day
	66		9	hrs min.

9. Exact Occupation LABORER Did this work for LIFE yrs.
10. Industry or Business VARIOUS Date last worked TWO WEEKS AGO
11. Birthplace (City or town) KANSAS (State or foreign country)
Father
12. Name UNKNOWN
13. Birthplace UNKNOWN (City or town) (State or foreign country)
Mother
14. Maiden name UNKNWON
15. Birthplace UNKNOWN (City or town) (State or foreign country)
16. Informant's OWN Signature GENERAL INFORMATION and Address OROFINO, IDAHO
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 3/24/44 (Month) (Day) (Year)
(c) Place: HILL CEMETERY
18. Funeral Director's OWN Signature George B Blake and Address OROFINO, IDAHO
19. (a) 3/24/44 (Date received and filed) (b) Chloie Bacharach (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 3-19-44 19
at 11 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from 3-13 1944, to 3-19 1944
I last saw him alive on 3-19 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death	Duration
Coronary Heart disease.	6 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation — Date —	Underline the cause to which death should be charged statistically.
Major finding —	
Finding of autopsy —	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? — Suicide? — Homicide? —
Occurred — 19 City, county, state where violence occurred —
Place of Violence: Home — Farm — Industry —
Public Place While at work?
Means of injury —
23. Attendant's OWN Signature A B Pappenhagen M.D. (M.D. or other)
and Address Orofino Idaho Date 3-23 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

138254

United States
Department of Commerce
Bureau of the Census

APR 6 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 25
Reg. Dist. No. 210

1. **PLACE OF DEATH:**
(a) County Clearwater
(b) City or town Orofino
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? X city or town
(e) Died in a Home Hospital Institution X Other place
(f) Name Hosp. or Inst. St. Hos. No. Stayed days
(g) Lived in this county 6 years 4 months 3 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bonner
(c) City or town Ponderay
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Outside? city or town
(f) Citizen of what country? United States
(g) How long had deceased lived in Idaho? 10 years
(h) Former residence (city, state)

3. (a) **FULL NAME** DODSON, NELLIE RUTH

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3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) July 18, 1908

8. AGE	Years	Months	Days	If less than 1 day
	36	8	2	hrs min.

9. Exact Occupation None Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Marion, Iowa (City or town) (State or foreign country)
Father
12. Name Warren H. Dodson
13. Birthplace Texas (City or town) (State or foreign country)
Mother
14. Maiden name Mary Howard
15. Birthplace Texas (City or town) (State or foreign country)
16. Informant's OWN Signature E. L. Berry, M.D.
and Address Orofino, Ida.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/22/44 (Month) (Day) (Year)
(c) Place: Riverside Cemetery, Orofino
18. Funeral Director's OWN Signature Chloie S. Bacharach
and Address Orofino Ida.
19. (a) 3/21/44 (Date received and filed) (b) Chloie Bacharach (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 20, 1944
at 3:40 o'clock A.M.
21. **I HEREBY CERTIFY,** That I attended deceased from June 1, 1943, to March 20, 1944
I last saw her alive on March 19, 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
200a; Malnutrition 200a	
Progressive muscular atrophy 8211	3 yrs.
Due to Influenza 336	6 wks.
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature E. L. Berry, M.D. (M.D. or other)
and Address Orofino Ida. Date 3-20 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

APR 15 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 138255
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF DEATH:**
(a) County Elmore
(b) City or town Glenn Ferry
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county years 3 months 28 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Elmore
(c) City or town Glenn Ferry
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? years
(h) Former residence (city, state)

3. (a) FULL NAME WILLIAM BRIAN PAUL

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3. (b) If veteran, name war No.
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) September 22, 1943

8. AGE	Years	Months	Days	If less than 1 day
		3	28	hrs min.

9. Exact Occupation Infant Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Glenn Ferry Idaho (City or town) (State or foreign country)
Father
12. Name William C. Paul
13. Birthplace Blue Rapids Kamsas (City or town) (State or foreign country)
Mother
14. Maiden name Gertrude Hoffman
15. Birthplace Glenn Ferry Idaho (City or town) (State or foreign country)
16. Informant's OWN Signature X Mrs. W. C. Paul
and Address Glenn Ferry Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 21, 1944 (Month) (Day) (Year)
(c) Place: Glenn Rest Cemetery
18. Funeral Director's OWN Signature Felix J. Bey
and Address Mountain Home Idaho
19. (a) Jan 21-44 (Date received and filed) (b) Mary Sullivan (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Jan 20 1944
at 5 o'clock A M.
21. I HEREBY CERTIFY, That I attended deceased from Jan 19" 1944 to Jan 20 1944
I last saw him alive on Jan 19 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Not known, probably excessively high fever — Duration
Due to Influenza
Due to
Other conditions
(Include pregnancy within 3 months of death)
Where was disease contracted? At home
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature E. L. Simonton (M. D. or other)
and Address Glenns Ferry Date 1-21 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

MAR 20 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 138256
Local Reg. No. 4
Reg. Dist. No. 380

1. **PLACE OF DEATH:**
(a) County Elmore
(b) City or town Mountain Home
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? X city or town
(e) Died in a Home Hospital Institution Other place X
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county L years L months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Elmore
(c) City or town Glenn Ferry
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? 34 years
(h) Former residence (city, state) Durango Col.

3. (a) FULL NAME JOHN CHRISTOPHER CLARK

94b

3. (b) If veteran, name war No.
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Edna
6. (c) Age of husband or wife if alive 57 years
7. Date of Birth (Month, Day, Year) September 5, 1887

8. AGE	Years	Months	Days	If less than 1 day
	56	6	7	hrs min.

9. Exact Occupation Engineer Did this work for 30 yrs.
10. Industry or Business Gov. Railroad Date last worked 3/11/44
11. Birthplace Durango Colorado (City or town) (State or foreign country)
Father
12. Name Giles P. Clark
13. Birthplace Wisconsin (City or town) (State or foreign country)
Mother
14. Maiden name Dorthy Camarig
15. Birthplace Wisconsin (City or town) (State or foreign country)
16. Informant's OWN Signature Mrs Elsie Young
and Address Glenn Ferry Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof March 13, 1944 (Month) (Day) (Year)
(c) Place: Glenn Ferry Idaho
18. Funeral Director's OWN Signature Felix J. Bey
and Address Mountain Home Idaho
19. (a) March 15, 1944 (Date received and filed) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Mar 12. 1944
at 11 o'clock a M.
21. **I HEREBY CERTIFY,** That I attended deceased from 19 , to 19
I last saw h alive on 19 ; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Angina Pectoris	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? L Suicide? Homicide?
Occurred Mar 12, Elmore Co. 1944 City, county, state
where violence occurred ~~[illegible]~~
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature Philo L Green Coroner (M. D. or other)
and Address Mt. Home Date 3/15 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

138257

United States
Department of Commerce
Bureau of the Census APR 15 1944

Certificate Of Death

STATE OF IDAHO

State File No. 138257
Local Reg. No. 52
Reg. Dist. No. 57

1. **PLACE OF DEATH:**
   (a) County Elmore
   (b) City or town
   (c) Street Address or R. F. D. No.
   (d) Death Occured Inside? Outside? X city or town
   (e) Died in a Home.... Hospital.... Institution.... Other place X
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county years months days

   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Oklahoma (b) County
   (c) City or town Oklahoma City, Oklahoma
   (d) Street Address or R.F.D. No. 3412 S. Shartel St
   (e) Deceased lived Inside? X Outside? city or town
   (f) Citizen of what country? U S A
   (g) How long had deceased lived in Idaho? years
   (h) Former residence (city, state)

3. (a) **FULL NAME** SUTTLE, John H.

173

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) September 20, 1922

8. AGE	Years	Months	Days	If less than 1 day
	21	5	21	hrs min.

9. Exact Occupation Soldier — Did this work for 2 yrs.
10. Industry or Business — Date last worked
11. Birthplace Brock, Oklahoma (City or town) (State or foreign country)

Father
12. Name Eli Alson Suttle
13. Birthplace Unknown (City or town) (State or foreign country)

Mother
14. Maiden name
15. Birthplace (City or town) (State or foreign country)

16. Informant's **OWN** Signature John Suttle, Lt.
and Address AAF, Mountain Home, Idaho

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Mar 16 1944 (Month) (Day) (Year)
(c) Place: Ardmore, Oklahoma

18. Funeral Director's **OWN** Signature A. Sherwin Pickett
and Address Burns, Idaho

19. (a) 3-16-44 (Date received and filed) (b) R. Clark (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 12 March 19 44
at 0908 o'clock AM M.

21. **I HEREBY CERTIFY**, That I attended deceased ~~from~~ on 12 March 19 44, to - - - - - - 19
I last saw h... alive on 19...; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Burns, fourth degree, universal	
Due to Crasning and burning of B-24E Bomber	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? X Suicide? Homicide?
Occurred 12 March 19 44 City, county, state where violence occurred Elmore County, Idaho
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature Wm. J. Moore, Capt MC (M. D. or other)
and Address AAF, Mtn Home Ida Date 3/12 19 44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

APR 15 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 138258
Local Reg. No. 53
Reg. Dist. No. 371

1. **PLACE OF DEATH:**
   (a) County Elmore
   (b) City or town
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? Outside? X city or town
   (e) Died in a Home Hospital Institution Other place X
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county years months days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Texas (b) County
   (c) City or town Kirkland, Texas
   (d) Street Address or R. F. D. No. General Delivery
   (e) Deceased lived Inside? Outside? X city or town
   (f) Citizen of what country? U S A
   (g) How long had deceased lived in Idaho? years
   (h) Former residence (city, state)

3. (a) **FULL NAME** MORRIS, Cecil M. 173

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) June 28, 1914

8. AGE	Years	Months	Days	If less than 1 day
	29	8	13	hrs min.

9. Exact Occupation Soldier — Did this work for 2¼ yrs.
10. Industry or Business — Date last worked
11. Birthplace Kirkland, Texas (City or town) (State or foreign country)

Father
12. Name
13. Birthplace (City or town) (State or foreign country)

Mother
14. Maiden name
15. Birthplace (City or town) (State or foreign country)

16. Informant's **OWN** Signature Sgt John Sallee
and Address AAF, Mountain Home, Idaho

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Mar 16 1944 (Month) (Day) (Year)
(c) Place: Guanah, Texas

18. Funeral Director's **OWN** Signature Ashmun Mortuary
and Address Boise, Idaho

19. (a) 3-16-44 (Date received and filed) (b) R. Brash (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 12 March 1944
at 0908 o'clock A M. on

21. **I HEREBY CERTIFY,** That I attended deceased from 12 March 1944, to - - - - - - 19
I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Burns, fourth degree, universal	
Due to Crashing and burning of a	
B-24E Bomber	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? X Suicide? Homicide?
Occurred 12 March 1944 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work? Yes
Means of injury

23. Attendant's **OWN** Signature C. M. Moore, Capt MC (M. D. or other)
and Address AAF Mtn Home Idaho Date 3/12 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

APR 15 1944

Certificate Of Death

STATE OF IDAHO

State File No. 138259
Local Reg. No. 56
Reg. Dist. No.

1. **PLACE OF DEATH:**
   (a) County Elmore
   (b) City or town
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside?..... Outside? X city or town
   (e) Died in a Home.... Hospital.... Institution.... Other place X
   (f) Name Hosp. or Inst..... Stayed.....days
   (g) Lived in this county.....years .....months .....days

   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State California (b) County San Mateo
   (c) City or town Half Moon Bay, California
   (d) Street Address or R.F.D. No. RFD #1, Box 311
   (e) Deceased lived Inside?.....Outside? X city or town
   (f) Citizen of what country? U S A
   (g) How long had deceased lived in Idaho?.....years
   (h) Former residence (city, state)

3. (a) **FULL NAME** BUTTLER, Richard C.

173

3. (b) If veteran, name war.....
3. (c) Social Security No. 481-12-4475
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Paula K. Buttler
6. (c) Age of husband or wife if alive 30 years
7. Date of Birth (Month, Day, Year) May 26, 1920

8. AGE	Years	Months	Days	If less than 1 day
	23	9	15	hrs min.

9. Exact Occupation Soldier — Did this work for 4 yrs.
10. Industry or Business — Date last worked
11. Birthplace Sidney Nebraska (City or town) (State or foreign country)

Father
12. Name Orville V. Buttler
13. Birthplace Iowa (City or town) (State or foreign country)

Mother
14. Maiden name
15. Birthplace (City or town) (State or foreign country)

16. Informant's **OWN** Signature 1st John Doe
and Address AAF, Mountain Home, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 15 1944 (Month) (Day) (Year)
(c) Place: San Francisco Calif.

18. Funeral Director's **OWN** Signature A. Glenn Riddle
and Address Boise, Idaho

19. (a) 3-16-44 (Date received and filed) (b) R. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 12 March 1944
at 0908 o'clock A M.

21. **I HEREBY CERTIFY**, That I attended deceased ~~from~~ on 12 March 1944, to - - - - - 19.....
I last saw h..... alive on.....19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration
Fracture, right & left frontal & parietal bones of skull.
Due to Crasning and burning of a B-24E Bomber
Due to
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?
Name of operation..... Date.....
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? X Suicide? Homicide?
Occurred 12 March 1944 City, county, state where violence occurred Elmore County, Idaho
Place of Violence: Home.....Farm.....Industry.....
Public Place..... While at work?.....
Means of injury

23. Attendant's **OWN** Signature Wm. Moore, Capt MC (M. D. or other)
and Address AAF Mtn Home Ida. Date 3/12 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

APR 15 1944

Certificate Of Death

STATE OF IDAHO

State File No. 138260
Local Reg. No. 55
Reg. Dist. No. 371

1. **PLACE OF DEATH:**
(a) County Elmore
(b) City or town
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? Outside? X city or town
(e) Died in a Home Hospital Institution Other place X
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State California (b) County
(c) City or town Riverside, California
(d) Street Address or R.F.D. No. 2191 Main St.
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? U S A
(g) How long had deceased lived in Idaho? years
(h) Former residence (city, state)

3. (a) **FULL NAME** PHILLIPS, Harold J.

173

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Barbara Phillips
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	23	7	25	hrs min.

9. Exact Occupation Soldier Did this work for 3 yrs.
10. Industry or Business Date last worked
11. Birthplace Urbana, Illinois (City or town) (State or foreign country)
Father 12. Name
13. Birthplace (City or town) (State or foreign country)
Mother 14. Maiden name
15. Birthplace (City or town) (State or foreign country)
16. Informant's OWN Signature Sgt John Rolls
and Address AAF, Mountain Home, Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Mar 16 1944 (Month) (Day) (Year)
(c) Place: Riverside Calif.
18. Funeral Director's OWN Signature [illegible]
and Address Boise, Idaho
19. (a) 3-16-44 (Date received and filed) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 12 March 1944
at 0908 o'clock A M.
21. **I HEREBY CERTIFY**, That I attended deceased ~~from~~ on 12 March 1944, to - - - - 19
I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Burns, fourth degree, universal.	
Due to Crashing and burning of a B-24E Bomber	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? X Suicide? Homicide?
Occurred 12 March 1944 City, county, state where violence occurred Elmore County, Idaho
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature [illegible] Moore, Capt (M. D. or other)
and Address AAF Mtn Home Ida Date 3/12 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

APR 3 1944

State File No. 138261
Local Reg. No. 11
Reg. Dist. No. 540

1. **PLACE OF DEATH:**
(a) County Franklin
(b) City or town Preston
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? H Outside? city or town
(e) Died in a Home.... Hospital or Institution.... Other place....
(f) Name Hosp. or Inst. Preston Stayed 1 days
(g) Lived in this county years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State (b) County
(c) City or town
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? Outside? city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? years
(h) Former residence (city, state)

3. (a) **FULL NAME** Laura Jean Archibald

157E

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Baby

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Date of Birth (Month, Day, Year) Feb 23 1944

8. AGE	Years	Months	Days	If less than 1 day
			1 ✓	hrs min.

9. Exact Occupation BABY Did this work for yrs.

10. Industry or Business Date last worked

11. Birthplace Preston, Idaho (City or town) (State or foreign country)

Father
12. Name Virgil Archibald
13. Birthplace Welsville Utah (City or town) (State or foreign country)

Mother
14. Maiden name Marzilla Bingham
15. Birthplace Amalga Utah (City or town) (State or foreign country)

16. Informant's **OWN** Signature Virgil Archibald
and Address Dayton Idaho

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Feb 25 1944 (Month) (Day) (Year)
(c) Place: Welsville Utah

18. Funeral Director's **OWN** Signature W. H. Hendricks
and Address Preston Idaho

19. (a) 2-28-1944 (Date received and filed) (b) Effie Brower (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Feb 24 1944 19
at 3 o'clock P M.

21. **I HEREBY CERTIFY**, That I attended deceased from 2-23 1944, to 2-24 1944
I last saw her alive on 2-24 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Congenital Heart Disease	24 hrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature O. R. Cutler (M. D. or other)
and Address Preston Ida. Date 2-25 1944

(For additional space, use reverse side)

Hawks
138262

United States
Department of Commerce
Bureau of the Census APR 3 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 14
Reg. Dist. No. 540

1. **PLACE OF DEATH:**
(a) County Franklin
(b) City or town Preston
(c) Street Address or ~~R. F. D. No.~~ 58 S. 1 W.
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home X Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 60 years 3 months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Franklin.
(c) City or town Whitney.
(d) ~~Street Address or~~ R. F. D. No. 1 Preston.
(e) Deceased lived Inside? ____ Outside? X city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 60 years
(h) Former residence (city, state) England.

3. (a) **FULL NAME** Sarah S. Ramsbottom. 46E

3. (b) If veteran, name war ←
3. (c) Social Security No. ←
4. Sex F.M. 5. Color or race W.
6. (a) Single, widowed, married, divorced Married.
6. (b) Name of husband or wife James
6. (c) Age of husband or wife if alive 82 years
7. Date of Birth (Month, Day, Year) Nov. 10, 1864

8. AGE	Years	Months	Days	If less than 1 day
	79	3	17	hrs ____ min.

9. Exact Occupation Housewife Did this work for Life yrs.
10. Industry or Business Home Date last worked 12-1943
11. Birthplace England. (City or town) (State or foreign country)

Father
12. Name George Swainston.
13. Birthplace England. (City or town) (State or foreign country)

Mother
14. Maiden name Mary Groom.
15. Birthplace England. (City or town) (State or foreign country)

16. Informant's **OWN** Signature Lottie Jensen.
and Address Preston, Idaho.
17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof 3-1-44 (Month) (Day) (Year)
(c) Place: Whitney, Ida.
18. Funeral Director's **OWN** Signature A. B. Eckersell.
and Address Rigby, Idaho.
19. (a) 3-1-1944 (Date received and filed) (b) Effie W. Brower (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Feb. 27 1944
at 2:20 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from Dec 1943 to Feb 27 1944
I last saw her alive on Feb 27 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — Duration

Bowel obstruction — 3 days
Due to Carcinoma of Bowel — 1 yr.
Due to ____
Other conditions ____
(Include pregnancy within 3 months of death)

Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19 ____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's **OWN** Signature Leo R. Hampton (M. D. or other)
and Address Preston Ida Date 2/29 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

APR 3 1944

State File No. 38263
Local Reg. No. 16
Reg. Dist. No. 4-41

1. **PLACE OF DEATH:**
   (a) County Franklin
   (b) City or town Weston
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? Outside? out city or town
   (e) Died in a Home H Hospital Institution Other place
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county 25 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Franklin
   (c) City or town Weston
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? Outside? out city or town
   (f) Citizen of what country? India
   (g) How long had deceased lived in Idaho? 25 years
   (h) Former residence (city, state) Utah 5 years

3. (a) **FULL NAME** Mairy Khan

446

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race Oryan
6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife ------
6. (c) Age of husband or wife if alive ------ years
7. Date of Birth (Month, Day, Year) dont know

8. AGE	Years	Months	Days	If less than 1 day hrs	min.
	58				

9. Exact Occupation Farmer — Did this work for yrs.
10. Industry or Business — Date last worked Feb 25 1944
11. Birthplace India (City or town) (State or foreign country)

Father
12. Name Dont know
13. Birthplace India (City or town) (State or foreign country)

Mother
14. Maiden name Dont Know
15. Birthplace India (City or town) (State or foreign country)

16. Informant's **OWN** Signature C. Khan
and Address Preston Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 10 1944 (Month) (Day) (Year)
(c) Place: Weston Idaho

18. Funeral Director's **OWN** Signature M W Hendricks
and Address Preston Idaho

19. (a) 3-9-1944 (Date received and filed) (b) Effie W. Brannen (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Mar 6 1944 19
at 11:30 o'clock A M.

21. **I HEREBY CERTIFY**, That I attended deceased from Mar 2 1944, to Mar 6 1944
I last saw h alive on Mar 6 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — Duration

Hodgkins Disease — 3 Mo.
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature C. D. Eggen M.D. (M. D. or other)
and Address Preston, Ida. Date 3-9 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

APR 3 1944

Certificate Of Death

STATE OF IDAHO

State File No. 138264
Local Reg. No. 17
Reg. Dist. No. 40

1. PLACE OF DEATH:
(a) County Franklin
(b) City or town Preston
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? Outside? city or town
(e) Died in a Home h Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 25 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Franklin
(c) City or town Preston
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? Outside? city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? 30 30 years
(h) Former residence (city, state)

3. (a) FULL NAME Frank Elmer Collins 95C

3. (b) If veteran, name war
3. (c) Social Security No. 519-03-4922
4. Sex Male
5. Color or race white
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Alenda
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Feb 5 1884

8. AGE	Years	Months	Days	If less than 1 day
	60	1	7	hrs min.

9. Exact Occupation City worker Did this work for 18 yrs.
10. Industry or Business Date last worked Feb 11 44
11. Birthplace Lyn (City or town) Mass (State or foreign country)
Father 12. Name Robert Henry Collins
13. Birthplace Mass (City or town) (State or foreign country)
Mother 14. Maiden name Eva May Wilkins
15. Birthplace Mass (City or town) (State or foreign country)
16. Informant's OWN Signature Alenda Collins
and Address Preston Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 17 44 (Month) (Day) (Year)
(c) Place: Preston Idaho
18. Funeral Director's OWN Signature [signature]
and Address Preston Idaho
19. (a) 3-14-1944 (Date received and filed) (b) Effie W. Brower (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Mar 12 1944 19
at o'clock M.
21. **I HEREBY CERTIFY,** That I attended deceased from 19, to 19
I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Due to Natural Death	
Causes unknown	
Due to Heart attact	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature [signature] (M. D. or other)
coroner
and Address Preston, Idaho Date 3-14 1944
(For additional space, use reverse side)

United States
Department of Commerce
Bureau of the Census

APR 1 4 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 138265
Local Reg. No. 9
Reg. Dist. No. 650

1. **PLACE OF DEATH:**
(a) County Fremont
(b) City or town St. Anthony, Idaho
(c) Street Address or R. F. D. No. 131 W 3rd N.
(d) Death Occurred Inside? Yes Outside? ____ city or town
(e) Died in a Home Yes Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county Life years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Fremont
(c) City or town St. Anthony
(d) Street Address or R. F. D. No. 131 W 3rd N.
(e) Deceased lived Inside? Yes Outside? ____ city or town
(f) Citizen of what country? United States
(g) How long had deceased lived in Idaho? Life years
(h) Former residence (city, state) None.

3. (a) FULL NAME PATRICIA ANN JACOBS

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3. (b) If veteran, name war No.
3. (c) Social Security No. None.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife None.
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) March 28, 1930

8. AGE	Years	Months	Days	If less than 1 day
	13	11	14	hrs min.

9. Exact Occupation Student Did this work for 8 yrs.
10. Industry or Business Public Schools Date last worked 3-11-44
11. Birthplace Idaho Falls, Idaho. (City or town) (State or foreign country)
Father
12. Name Harold Jacobs
13. Birthplace Perry, Utah. (City or town) (State or foreign country)
Mother
14. Maiden name Cora Jackson
15. Birthplace ____ (City or town) (State or foreign country)
16. Informant's OWN Signature Helen J. Prater
and Address Ucon, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-14-44 (Month) (Day) (Year)
(c) Place: St. Anthony, Idaho
18. Funeral Director's OWN Signature M. D. Hansen
and Address St. Anthony Idaho
19. (a) March 13 1944 (Date received and filed) (b) M. D. Hansen (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 11 1944
at ____ o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from ____ 19__, to ____ 19__
I last saw h____ alive on ____ 19__; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Found Dead	
Due to Accidental gun wound in head	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation ____ Date ____	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Yes Suicide? ____ Homicide? ____
Occurred Home 3/11/1944 City, county, state where violence occurred St. Anthony - Fremont - Idaho
Place of Violence: Home Yes Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury Gun 30-30
23. Attendant's OWN Signature B. J. Soule MD (M. D. or other)
and Address St. Anthony Date 3/11/1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce APR 14 1944
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 138266
Local Reg. No. 10
Reg. Dist. No. 651

1. **PLACE OF DEATH:**
(a) County Fremont.
(b) City or town Ashton
(c) Street Address or R. F. D. No.
(d) Death Occurred ~~Inside?~~ XXXXX Outside? city or town
(e) Died in a Home ~~Hospital~~ ~~Institution~~ ~~Other place~~
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 42 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Fremont
(c) City or town Ashton.
(d) Street Address or R. F. D. No.
(e) Deceased lived ~~Inside?~~ XXXX Outside? city or town
(f) Citizen of what country? U.S.
(g) How long had deceased lived in Idaho? 42 years
(h) Former residence (city, state) Neb.

3. (a) **FULL NAME** John Earl Dearing.

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3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married.
6. (b) Name of husband or wife Lavone Dearing
6. (c) Age of husband or wife if alive 40 years
7. Date of Birth (Month, Day, Year) May. 28th1889

8. AGE	Years	Months	Days	If less than 1 day
	54	10	21	hrs min.

9. Exact Occupation Farmer Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Neb. (City or town) (State or foreign country)
Father
12. Name John Dearing
13. Birthplace Ky. (City or town) (State or foreign country)
Mother
14. Maiden name Maud Buhler.
15. Birthplace Mrion Ohio. (City or town) (State or foreign country)
16. Informant's OWN Signature Mrs LaVone Dearing
and Address Ashton Idaho.
17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof 3/22/44 (Month) (Day) (Year)
(c) Place: Ashton Idaho.
18. Funeral Director's OWN Signature Lewis Kiser
and Address Ashton Idaho
19. (a) 3/30/44 (Date received and filed) (b) M. L. Hansen (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 20 1944
at 8 o'clock A.M.
21. **I HEREBY CERTIFY,** That I attended deceased from March 19 1944 to March 20 1944
I last saw him alive on March 20 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Scarlet Fever	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature [illegible] (M. D. or other)
and Address Ashton Idaho Date 3-30 1944
(For additional space, use reverse side)

...gistrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item ...mpletely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or ...d typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

APR 14 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 138267
Local Reg. No. 11
Reg. Dist. No. 650

1. **PLACE OF DEATH:**
   (a) County Fremont
   (b) City or town St. Anthony
   (c) Street Address or R. F. D. No. 126 So. Bridge
   (d) Death Occurred Inside? Yes Outside? ____ city or town
   (e) Died in a Home ____ Hospital X Institution ____ Other place ____
   (f) Name Hosp. or Inst. Gen. Hosp. Stayed 1 days
   (g) Lived in this county Life years ____ months ____ days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Fremont
   (c) City or town St. Anthony
   (d) ~~Street Address~~ or R. F. D. No. 2
   (e) Deceased lived Inside? ____ Outside? yes city or town
   (f) Citizen of what country? United States
   (g) How long had deceased lived in Idaho? life. years
   (h) Former residence (city, state) ____

3. (a) FULL NAME WILLIAM DOWNING FERNEY

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3. (b) If veteran, name war No.
3. (c) Social Security No. None.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Helen Crapo
6. (c) Age of husband or wife if alive 33 years
7. Date of Birth (Month, Day, Year) February 15, 1909

8. AGE	Years	Months	Days	If less than 1 day
	35	1	8	hrs ____ min.

9. Exact Occupation Farmer — Did this work for 14 yrs.
10. Industry or Business Farm — Date last worked 1940
11. Birthplace St. Anthony, Idaho. (City or town) (State or foreign country)

Father
12. Name Frank P. Ferney
13. Birthplace Iowa (City or town) (State or foreign country)

Mother
14. Maiden name Minnie Luella Downing
15. Birthplace Iowa (City or town) (State or foreign country)

16. Informant's OWN Signature Cpl Raymond Ferney and Address ____
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 26, 1944 (Month) (Day) (Year)
   (c) Place: Parker, Idaho.
18. Funeral Director's OWN Signature M. D. Hansen and Address St. Anthony, Idaho
19. (a) 3/23/44 (Date received and filed) (b) M. D. Hansen (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 23 1944
   at 4 o'clock A. M.
21. **I HEREBY CERTIFY**, That I attended deceased from 1940 to March 22 1944
   I last saw him alive on March 22 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Nephritis	days.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
   Occurred ____ 19____ City, county, state where violence occurred ____
   Place of Violence: Home ____ Farm ____ Industry ____
   Public Place ____ While at work? ____
   Means of injury ____
23. Attendant's OWN Signature E. F. Lowe M.D. (M. D. or other)
   and Address St. Anthony Ida. Date 3/24 1944
   (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

APR 14 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 13826
Local Reg. No. 12
Reg. Dist. No. 650

1. **PLACE OF DEATH:**
   (a) County Fremont
   (b) City or town St. Anthony
   (c) Street Address or R. F. D. No. 250 N. Bridge
   (d) Death Occurred Inside? Yes Outside? ____ city or town
   (e) Died in a Home Yes Hospital ____ Institution ____ Other place ____
   (f) Name Hosp. or Inst. ____ Stayed ____ days
   (g) Lived in this county Since 1884 years ____ months ____ days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Fremont
   (c) City or town St. Anthony
   (d) Street Address or R. F. D. No. 250 N. Bridge
   (e) Deceased lived Inside? Yes Outside? ____ city or town
   (f) Citizen of what country? United States
   (g) How long had deceased lived in Idaho? Since 1884
   (h) Former residence (city, state) ____

3. (a) FULL NAME FANNIE CLAWSON GROVER 469

3. (b) If veteran, name war No.
3. (c) Social Security No. None.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife ____
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) January 17, 1864

8. AGE	Years	Months	Days	If less than 1 day
	80	2	11	hrs ____ min.

9. Exact Occupation Housewife — Did this work for 60 yrs.
10. Industry or Business Own Home — Date last worked Jan 1944
11. Birthplace Draper, Utah. (City or town) (State or foreign country)

Father
12. Name George W. Clawson
13. Birthplace New York (City or town) (State or foreign country)

Mother
14. Maiden name Ella Manhard
15. Birthplace Canada (City or town) (State or foreign country)

16. Informant's OWN Signature Jas R. Grover
and Address St. Anthony, RFD #2, Idaho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-2-44 (Month) (Day) (Year)
(c) Place: Parker, Idaho
18. Funeral Director's OWN Signature M. D. Hansen
and Address St. Anthony, Idaho
19. (a) April 1, 1944 (Date received and filed) (b) M. D. Hansen (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) March 28 1944
at 10-45 o'clock A. M.
21. I HEREBY CERTIFY, That I attended deceased from ____ 1943 to March 27 1944
I last saw her alive on March 27 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Carcinoma Pancreas	6 mos
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation ____ Date ____	
Major finding	
Finding of autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature E. L. Soule MD (M. D. or other)
and Address St. Anthony Date 3/29/1944
(For additional space, use reverse side)

United States
Department of Commerce
Bureau of the Census

MAR 14 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 138269
Local Reg. No. 1024
Reg. Dist. No. 420

1. **PLACE OF DEATH:**
   (a) County Gooding
   (b) City or town
   (c) Street Address or R. F. D. No. Main St.
   (d) Death Occurred Inside? X Outside? ____ city or town
   (e) Died in a Home __ Hospital X Institution __ Other place __
   (f) Name Hosp. or Inst. Gooding Co. Stayed ____ days
   (g) Lived in this county ____ years ____ months 1 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State — (b) County —
   (c) City or town —
   (d) Street Address or R. F. D. No. —
   (e) Deceased lived Inside? — Outside? — city or town
   (f) Citizen of what country? —
   (g) How long had deceased lived in Idaho? — years
   (h) Former residence (city, state) —

3. (a) **FULL NAME** Micheal Pauls 159

3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced —
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Date of Birth (Month, Day, Year) February 4-1944

8. AGE	Years	Months	Days	If less than 1 day
				4 hrs 30 min.

9. Exact Occupation — Did this work for — yrs.
10. Industry or Business — Date last worked —
11. Birthplace Gooding (City or town) Idaho (State or foreign country)

Father
12. Name J. W. Pauls
13. Birthplace Glenns Ferry (City or town) Idaho (State or foreign country)

Mother
14. Maiden name Barbra Mary Boyer
15. Birthplace Hagerman (City or town) Idaho (State or foreign country)

16. Informant's OWN Signature J. W. Pauls
and Address Glenns Ferry Ida
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-7-44 (Month) (Day) (Year)
(c) Place: Elmwood Cem. Gooding Ida
18. Funeral Director's OWN Signature H. P. Bright
and Address Gooding Idaho
19. (a) 2-5-44 (Date received and filed) (b) J. H. Cromwell (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Feb 4 1944
at 7 30 o'clock PM.
21. **I HEREBY CERTIFY,** That I attended deceased from Feb 4 1944, to Feb 4 1944
I last saw him alive on Feb 4 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Premature Birth 6 mo. 3 wks.	
Due to Premature Separation	
Due to Placenta	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation ____ Date ____	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature F. E. Burrett M.D. (M. D. or other)
and Address Gooding Ida Date 2/4 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Barrett

United States
Department of Commerce MAR 14 1944
Bureau of the Census

CERTIFICATE OF DEATH # 1082
STATE OF IDAHO

State File No. 138270
Local Reg. No. [redacted]
Reg. Dist. No. 420

1. **PLACE OF DEATH:**
(a) County Gooding
(b) City or town
(c) Street Address or ~~R. F. D.~~ No. main St
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. Gooding Co. Stayed 4 days
(g) Lived in this county years months 4 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State (b) County
(c) City or town
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Outside? city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? years
(h) Former residence (city, state)

3. (a) **FULL NAME** Irene Ann Campbell 161c

3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced —
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Date of Birth (Month, Day, Year) Feb. 23, 1944

8. AGE	Years	Months	Days	If less than 1 day
			4	hrs min.

9. Exact Occupation — Did this work for — yrs.
10. Industry or Business — Date last worked —
11. Birthplace Gooding (City or town) Idaho (State or foreign country)
Father
12. Name Robert Campbell
13. Birthplace Karns City (City or town) Penn. (State or foreign country)
Mother
14. Maiden name Edna May Ross
15. Birthplace Phenix (City or town) Airazona (State or foreign country)
16. Informant's OWN Signature Robert Campbell
and Address King Hill, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-29-44 (Month) (Day) (Year)
(c) Place: Elmwood Cem. Gooding Ida.
18. Funeral Director's OWN Signature H. P. Bright
and Address Gooding Idaho
19. (a) 3-1-44 (Date received and filed) (b) J. H. Connell (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Feb 27 1944
at 7:00 o'clock P.M.
21. **I HEREBY CERTIFY,** That I attended deceased from Feb 23 1944, to Feb. 27 1944
I last saw her alive on Feb. 27 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Hemorrhagic Neonatorum	Life
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state
where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature T. E. Barrett M.D. (M. D. or other)
and Address Gooding Ida Date 2/29 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

138271

United States
Department of Commerce
Bureau of the Census

APR 12 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 108
Reg. Dist. No. 420

1. PLACE OF DEATH:
(a) County Gooding
(b) City or town Gooding
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. Gooding Co Stayed 1 days
(g) Lived in this county 1 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State (unknown) (b) County
(c) City or town
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Outside? city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? years
(h) Former residence (city, state)

3. (a) FULL NAME Martin Kocjan 93d

3. (b) If veteran, name war ---
3. (c) Social Security No. ---
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) unknown

8. AGE	Years	Months	Days	If less than 1 day
	60			hrs min.

9. Exact Occupation Sheep Herder Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Czechoslovakia (City or town) (State or foreign country)

Father
12. Name
13. Birthplace (City or town) (State or foreign country)

Mother
14. Maiden name
15. Birthplace (City or town) (State or foreign country)

16. Informant's OWN Signature (Madeline Hotel)
and Address Gooding Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 3/3/44 (Month) (Day) (Year)
(c) Place: County Cemetary, Gooding Ida.
18. Funeral Director's OWN Signature
and Address Gooding Idaho
19. (a) (Date received and filed) (b) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) March 1st 1944
at 8:30 o'clock A.M.
21. I HEREBY CERTIFY, That I attended deceased from Feb 1st 1944, to 19
I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Chronic Myocarditis	?
93d	
Due to	
Due to	
Other conditions 336 (Include pregnancy within 3 months of death)	
Influenza	3 wks

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's OWN Signature T. E. O'Barr M.D. (M. D. or other)
and Address Gooding Ida Date 3/3 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

APR 10 1944

Certificate Of Death

STATE OF IDAHO

State File No. 138272
Local Reg. No.
Reg. Dist. No. [illegible]

1. **PLACE OF DEATH:**
   (a) County Gooding
   (b) City or town Wendell
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? X Outside? city or town
   (e) Died in a Home Hospital X Institution Other place
   (f) Name Hosp. or Inst. St. Valentines Stayed days
   (g) Lived in this county years months days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Jerome
   (c) City or town Jerome
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? X Outside? city or town
   (f) Citizen of what country?
   (g) How long had deceased lived in Idaho? 38 years
   (h) Former residence (city, state)

3. (a) **FULL NAME** Charles Vernon Schad

122a

3. (b) If veteran, name war
3. (c) Social Security No. 519-14-7075
4. Sex M
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Ava
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) April 7, 1903

8. AGE	Years	Months	Days	If less than 1 day
	40	11	7	hrs min.

9. Exact Occupation Bank Cashier Did this work for 13 yrs.
10. Industry or Business Jerome Nat'l Bank Date last worked
11. Birthplace San Jose, Calif (City or town) (State or foreign country)

Father
12. Name John Schad
13. Birthplace Iowa (City or town) (State or foreign country)

Mother
14. Maiden name Mary Donley
15. Birthplace Calif. (City or town) (State or foreign country)

16. Informant's **OWN** Signature Ava Schad
and Address Jerome, Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof Mar. 17-44 (Month) (Day) (Year)
(c) Place: Hailey Cemetery
18. Funeral Director's **OWN** Signature Nile Matthews
and Address Jerome, Idaho
19. (a) 3/19/44 Sister (b) M. Rose, O.S.B. (Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 14, 1944
at 11:45 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from Febr 24 1944 to Mar 14 1944
I last saw him alive on Mar 14 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Bronchial Pneumonia 107	1wk
Due to Coronary Thrombosis 94a	1wk.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? 122a2
Name of operation Herniorraphy Date 2-24-44
Major finding Rt inguinal Hernia
Finding of autopsy no

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature Reuben C. Matson M.D. (M. D. or other)
and Address Jerome Ida Date 19
(For additional space, use reverse side)

United States
Department of Commerce APR 10 1944
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 138273
Local Reg. No.
Reg. Dist. No. 421

1. **PLACE OF DEATH:**
(a) County Gooding Co.
(b) City or town Wendell
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? ✓ Outside? city or town
(e) Died in a Home Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Lincoln
(c) City or town Shoshone
(d) Street Address or R. F. D. No. 1
(e) Deceased lived Inside? Outside? ✓ city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? 40 years
(h) Former residence (city, state) Wendell Ida

3. (a) **FULL NAME** George Amos Bancroft 175 a

3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex
5. Color or race
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Jan-24-1870

8. AGE	Years	Months	Days	If less than 1 day
	73	2	4	hrs min.

9. Exact Occupation Farmer — Did this work for ~~3/28~~ 40 yrs
10. Industry or Business self — Date last worked 3/28-44
11. Birthplace Quincy (City or town) - Ill (State or foreign country)
Father
12. Name Amos J. Bancroft
13. Birthplace (City or town) ? (State or foreign country)
Mother
14. Maiden name R. Reader
15. Birthplace (City or town) ? (State or foreign country)
16. Informant's OWN Signature Myrtle I Bancroft
and Address Shoshone Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-31-44 (Month) (Day) (Year)
(c) Place: Shoshone Idaho
18. Funeral Director's OWN Signature Myrtle C. Burdett
and Address Shoshone Idaho
19. (a) 4/1/44 (Date received and filed) Sister M. Rose O.S.B. (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Mar 28 1944
at 10:15 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from 3 P.M. Mar 28 1944, to death 19
I last saw him alive on Mar 28 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Shock	10 hrs
Due to Concussion of Brain & Fracture lt clavicle & humerus	
Due to Runaway accident	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ✓ Suicide? Homicide?
Occurred Ranch-Shoshone Ida 19 City, county, state
where violence occurred March 28, 1944
Place of Violence: Home Farm ✓ Industry
Public Place While at work? ✓
Means of injury Runaway team
23. Attendant's OWN Signature Harold F. Holsinger M.D. (M. D. or other)
and Address Wendell Idaho Date 4/3 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

APR 12 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 138274
Local Reg. No. 1083
Reg. Dist. No. 420

1. **PLACE OF DEATH:**
   (a) County Gooding
   (b) City or town Gooding
   (c) Street Address or R. F. D. No. 1
   (d) Death Occurred Inside? ____ Outside? X city or town
   (e) Died in a Home X Hospital ____ Institution ____ Other place ____
   (f) Name Hosp. or Inst. ____ Stayed ____ days
   (g) Lived in this county 26 years ____ months ____ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Gooding
   (c) City or town Gooding
   (d) Street Address or R. F. D. No. 1
   (e) Deceased lived Inside? ____ Outside? X city or town
   (f) Citizen of what country? United States
   (g) How long had deceased lived in Idaho? 39 years
   (h) Former residence (city, state) ColoradoSpg,Colo

3. (a) **FULL NAME** William Edward Lewis

131a

3. (b) If veteran, name war no
3. (c) Social Security No. ------
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Pearl A. Lewis
6. (c) Age of husband or wife if alive 60 years
7. Date of Birth (Month, Day, Year) April 9, 1869

8. AGE	Years	Months	Days	If less than 1 day
	74	11	20	hrs ____ min. ____

9. Exact Occupation farming — Did this work for 39 yrs.
10. Industry or Business Railroad Engineer — Date last worked 7/1/43
11. Birthplace Clarksburg Indiana (City or town) (State or foreign country)

Father
12. Name James Lewis
13. Birthplace unknown (City or town) (State or foreign country)

Mother
14. Maiden name Nancy Freeman
15. Birthplace unknown (City or town) (State or foreign country)

16. Informant's **OWN** Signature Pearl Agnes Lewis
and Address R. R. 1
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 4/1/44 (Month) (Day) (Year)
(c) Place: Elmwood Cem., Gooding Idaho
18. Funeral Director's **OWN** Signature H. C. Bright
and Address Gooding Idaho
19. (a) 4-1-44 (Date received and filed) (b) J. A. Cummell (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 29- 1944
at 6 30 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from Jan 1944 to Mar 1944
Last saw him alive on 3-29 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Chronic nephritis	
Chronic Myocarditis	
Due to Arterio Sclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's **OWN** Signature J. A. Cummell (M. D. or other)
and Address Gooding Date 4-1- 1944
(For additional space use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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United States
Department of Commerce
Bureau of the Census

MAR 14 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 234
Local Reg. No.
Reg. Dist. No.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
   (a) County Idaho
   (b) City or town Kooskia
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? ✓ Outside? city or town
   (e) Died in a Home ✓ Hospital Institution Other place
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county 24 years 7 months 0 days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Idaho
   (c) City or town Kooskia
   (d) Street Address or R. F. D. No.
   (e) Deceased lived Inside? ✓ Outside? city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 26 years
   (h) Former residence (city, state) Corinth, Wisc.

3. (a) **FULL NAME** John C. McKinnon

46b

3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Mas. 5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Florence
6. (c) Age of husband or wife if alive 59 years
7. Date of Birth (Month, Day, Year) March 8, 1867

8. AGE	Years	Months	Days	If less than 1 day
	76	11	22	hrs min.

9. Exact Occupation Retired Farmer — Did this work for 56 yrs.
10. Industry or Business — Date last worked Sept. 1937
11. Birthplace Ontario (City or town), Canada (State or foreign country)

Father
12. Name Archibald McKinnon
13. Birthplace Teree (City or town), Scotland (State or foreign country)

Mother
14. Maiden name Sara McLean
15. Birthplace Teree (City or town), Scotland (State or foreign country)

16. Informant's **OWN** Signature Geo. C. McKinnon, Jr.
and Address Kamiah, Ida.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 4, 1944 (Month) (Day) (Year)
(c) Place: Prairie View - Grangeville
18. Funeral Director's **OWN** Signature Claude Tenary
and Address Kooskia, Idaho
19. (a) 3-4-44 (Date received and filed) (b) Registrar's signature

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 1 1944
at 12:45 o'clock A.M.
21. **I HEREBY CERTIFY,** That I attended deceased from Jan. 5 1944, to 3-1 1944
I last saw him alive on 2-29 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Carcinoma of Stomach	1 year
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature A. H. Bryan (M. D. or other)
and Address Kamiah, Ida. Date 3-4 1944
(For additional space, use reverse side)

United States
Department of Commerce
Bureau of the Census

APR 10 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 138278
Local Reg. No. 13
Reg. Dist. No. 240

1. **PLACE OF DEATH:** Idaho
(a) County
(b) City or town Grangeville
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? ✓ city or town
(e) Died in a Home ✓ Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 35 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Idaho
(c) City or town Grangeville
(d) Street Address or R. F. D. No. one
(e) Deceased lived Inside? Outside? ✓ city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? 35 years
(h) Former residence (city, state) Montana

3. (a) **FULL NAME** Maud Virginia Ely- 93d

3. (b) If veteran, name war No
3. (c) Social Security No.
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife John M.
6. (c) Age of husband or wife if alive 80 years
7. Date of Birth (Month, Day, Year) Feb. 23, 1875

8. AGE	Years	Months	Days	If less than 1 day
	69	0	8	hrs min.

9. Exact Occupation Housewife Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Ashley (City or town) Mo. (State or foreign country)
Father
12. Name James M. Wells.
13. Birthplace (City or town) Mo. (State or foreign country)
Mother
14. Maiden name Susan Ann. Block
15. Birthplace (City or town) Wis. (State or foreign country)
16. Informant's OWN Signature John M. Ely
and Address Grangeville, Ida
17. (a) burial (Burial, cremation, or removal) (b) Date thereof Mar. 6-1944 (Month) (Day) (Year)
(c) Place: Grangeville
18. Funeral Director's OWN Signature [illegible]
and Address Grangeville Ida
19. (a) 3/10/44 (Date received and filed) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 2 1944
at 3:20 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from Jan 1st 1944 to 3-2- 1944
I last saw her alive on 3-2- 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Coronary Embolus	94a
Due to Hypertension &	102
Myocarditis	93e1
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted? Home	
Name of operation Date	
Major finding	
Finding of autopsy —	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature Wesley F. Owe (M. D. or other)
and Address Cottonwood Date 3-2 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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United States
Department of Commerce MAR 7 1944
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 12
Reg. Dist. No. 240

1. **PLACE OF DEATH:**
(a) County Idaho
(b) City or town Grangeville
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? ← Outside? ____ city or town
(e) Died in a Home ____ Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. General Stayed ____ days
(g) Lived in this county 3 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Idaho
(c) City or town Grangeville
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? ← Outside? ____ city or town
(f) Citizen of what country? U.S.
(g) How long had deceased lived in Idaho? 5 years
(h) Former residence (city, state) Boise Idaho

3. (a) **FULL NAME** Joseph Edgar Bernier 309

3. (b) If veteran, name war ____ 3. (c) Social Security No. 635-18-6892

4. Sex M 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Elsie 6. (c) Age of husband or wife if alive 33 years

7. Date of Birth (Month, Day, Year) Oct 11. 1896

8. AGE	Years	Months	Days	If less than 1 day hrs	min.
	47	4	22.		

9. Exact Occupation laborer Did this work for hire? yrs.
10. Industry or Business ____ Date last worked 1943
11. Birthplace St Paul (City or town) Minn. (State or foreign country)

Father
12. Name Joseph T. Bernier
13. Birthplace ____ (City or town) R. I. (State or foreign country)

Mother
14. Maiden name Mary Louise Houle
15. Birthplace Montreal (City or town) Canada (State or foreign country)

16. Informant's **OWN** Signature Elsie Olga Bernier
and Address Grangeville, Ida.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/6/44 (Month) (Day) (Year)
(c) Place: Prairieview

18. Funeral Director's **OWN** Signature Holleman Cyl
and Address Grangeville Idaho

19. (a) 3/6/44 (Date received and filed) (b) ____ (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 3/3. 1944
at ____ o'clock ____ M.

21. **I HEREBY CERTIFY,** That I attended deceased from Jan 22 19 44 to March 3 19 44
I last saw h in alive on March 1 19 44; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Left side heart failure	6 mo
Due to Cardiovascular Syphilis	many years
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ____ Date ____
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19 ____ City, county, state where violence occurred
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury

23. Attendant's **OWN** Signature Lawhylus D MD (M. D. or other)
and Address Grangeville Date March 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

138280

United States
Department of Commerce
Bureau of the Census APR 8 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 7
Reg. Dist. No. 242

1. PLACE OF DEATH:
(a) County Idaho
(b) City or town Cottonwood
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. O.L.C. Stayed 12 days
(g) Lived in this county 33 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Idaho
(c) City or town Hay Patch
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? America
(g) How long had deceased lived in Idaho? 33 years
(h) Former residence (city, state) —

3. (a) FULL NAME Sister Christina Ruppert. 136

3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Female 5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Date of Birth (Month, Day, Year) Nov - 14 - 1910

8. AGE	Years	Months	Days	If less than 1 day
	33	3	4	hrs min.

9. Exact Occupation Religious — Did this work for — yrs.
10. Industry or Business — Date last worked
11. Birthplace Hay Patch Ida. (City or town) (State or foreign country)
Father
12. Name William Ruppert.
13. Birthplace — (City or town) (State or foreign country)
Mother
14. Maiden name Katherine Kaepel.
15. Birthplace Hay Patch (City or town) (State or foreign country)
16. Informant's OWN Signature Sister Helen
and Address Cottonwood Ida.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 8 / 44 (Month) (Day) (Year)
(c) Place: St. Gertrudes Cemetary
18. Funeral Director's OWN Signature Rev. A. Gendreau O.S.B.
and Address Cottonwood, Idaho
19. (a) 3-8-44 (Date received and filed) (b) W. J. Owen by T B (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) 3-6 1944
at 7:35 o'clock A. M.
21. I HEREBY CERTIFY, That I attended deceased from Feb 20 1944 to Mar. 6 1944
I last saw her alive on Mar. 1 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Pulmonary Tuberculosis	6 yrs.
Due to Acute Myocarditis	3 weeks
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted? Home,	PHYSICIAN
Name of operation — Date —	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature Wesley J. Owen, M.D. (M. D. or other)
and Address Cottonwood Date 3-6 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

138231

United States
Department of Commerce
Bureau of the Census

APR 4 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 534
Reg. Dist. No. 344

1. **PLACE OF DEATH:**
(a) County Idaho
(b) City or town Stites
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? ✓ city or town
(e) Died in a Home ✓ Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 55 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Idaho
(c) City or town Stites
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Outside? ✓ city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? years
(h) Former residence (city, state) —

3. (a) FULL NAME Fannie Anderson

190

3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Fem.
5. Color or race red
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife John Anderson
6. (c) Age of husband or wife if alive 78 years
7. Date of Birth (Month, Day, Year) 1857

8. AGE	Years	Months	Days	If less than 1 day hrs	min.
	87				

9. Exact Occupation Housewife — Did this work for 60 yrs.
10. Industry or Business — Date last worked 3/2/44
11. Birthplace Nezperce (City or town) Co., Idaho (State or foreign country)

Father
12. Name Shot in the Arm
13. Birthplace Idaho (City or town) (State or foreign country)

Mother
14. Maiden name Waskin
15. Birthplace Idaho (City or town) (State or foreign country)

16. Informant's OWN Signature Harrison Lott
and Address Lapwai Idaho 3:30 P.M.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 8 1944 (Month) (Day) (Year)
(c) Place: Stites Indian Cemetery
18. Funeral Director's OWN Signature Claude Tenary
and Address Kooskia Idaho
19. (a) 3/8/44 (Date received and filed) (b) H W Wentworth (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) March 7 1944
at 12:10 o'clock A.M.
21. I HEREBY CERTIFY, That I attended deceased from March 5 1944 to March 7 1944
I last saw h[illegible] alive on March 5 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Heart failure due to lung congestion and shock	
Due to falling in snow at night and laying till found in	
Due to Exposure	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's OWN Signature H. W. Wentworth (M. D. or other)
and Address Stites Date 3/8 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Northern Idaho Agency
Lapwai, Idaho
Mar. 18, 1944

Dear Dr. Wentworth:

Our records only show the year of birth of Mrs. John Anderson and not the month or day. She was born in the year 1857, regret we are unable to give all the information required.

Very truly yours,

A. G. Wilson, Supt.

138282

United States
Department of Commerce
Bureau of the Census

APR 8 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 8
Reg. Dist. No. 242

1. **PLACE OF DEATH:**
(a) County Idaho
(b) City or town Ferdinand
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 46 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Idaho
(c) City or town Ferdinand
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? U. S.
(g) How long had deceased lived in Idaho? 46 years
(h) Former residence (city, state)

3. (a) **FULL NAME** FRED TAUTFEST

93-E

3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Katie Fisher
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) November 4 1860

8. AGE	Years	Months	Days	If less than 1 day
	83	4	4	hrs min.

9. Exact Occupation Farmer, retired Did this work for life yrs.
10. Industry or Business Own Farm Date last worked 1921
11. Birthplace Russia (City or town) (State or foreign country)
Father
12. Name Jacob Tautfest
13. Birthplace Russia (City or town) (State or foreign country)
Mother
14. Maiden name Sophia Huffman
15. Birthplace Russia (City or town) (State or foreign country)
16. Informant's OWN Signature Edward Tautfest and Address Cottonwood, Ida.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3-8-44 (Month) (Day) (Year)
(c) Place: Craigmont, Ida.
18. Funeral Director's OWN Signature C. E. Clovis and Address Craigmont, Ida.
19. (a) 3-10-44 (Date received and filed) (b) W. J. Owen by TB (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 8 1944 at 1:00 o'clock A. M.
21. **I HEREBY CERTIFY**, That I attended deceased from Saw him 3 hrs. before death 19
I last saw him alive on 3-7 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Acute Congestion Cardia Failure	12 hrs.
Due to Not known	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted? Home	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide? Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature Wesley F. Owen M.D. (M. D. or other) and Address Cottonwood, Ida. Date 4-5 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

135283

United States
Department of Commerce
Bureau of the Census

APR 8 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 9
Reg. Dist. No. 242

1. **PLACE OF DEATH:**
(a) County Idaho
(b) City or town Cottonwood
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? ✓ Outside? ____ city or town
(e) Died in a Home ____ Hospital ✓ Institution ____ Other place ____
(f) Name Hosp. or Inst. Our Lady of Lourdes Stayed 29 days
(g) Lived in this county 29 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Idaho
(c) City or town Grangeville
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? ✓ Outside? ____ city or town
(f) Citizen of what country? U. S.
(g) How long had deceased lived in Idaho? 29 years
(h) Former residence (city, state)

3. (a) **FULL NAME** Benjamin Franklin Shaw 131a

3. (b) If veteran, name war ____ 3. (c) Social Security No. ____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Myrtle Devine 6. (c) Age of husband or wife if alive 67 years

7. Date of Birth (Month, Day, Year) August 1, 1874

8. AGE	Years	Months	Days	If less than 1 day
	70	7	10	hrs ____ min.

9. Exact Occupation Postmaster Did this work for 10 yrs.
10. Industry or Business ____ Date last worked 2/9/44
11. Birthplace Vancouver (City or town) Wn. (State or foreign country)

Father
12. Name B. F. Shaw
13. Birthplace ____ (City or town) Missouri (State or foreign country)

Mother
14. Maiden name Cynthia Luptalen
15. Birthplace ____ (City or town) Unknown (State or foreign country)

16. Informant's OWN Signature M. P. Shaw
and Address Grangeville Idaho

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3-10-44 (Month) (Day) (Year)
(c) Place: Mountain Hill

18. Funeral Director's OWN Signature Glenn Cahoon
and Address Grangeville Ida

19. (a) 3-10-44 (Date received and filed) (b) W. J. Orr (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 3/10 1944
at 12:40 o'clock P M.

21. **I HEREBY CERTIFY,** That I attended deceased from 2-1 1944 to 3-10 1944
I last saw h[illegible] alive on 3-10 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Congestion Cardiac Failure	2 wks
9502	
Due to Renal Vascular Disease 131a	5 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted? Home	PHYSICIAN
Name of operation ____ Date ____	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's OWN Signature Wesley J. Orr (M. D. or other)
and Address Cottonwood Date 4-5 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

APR 10 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 13824
Local Reg. No. 17
Reg. Dist. No. 240

1. **PLACE OF DEATH:**
(a) County Idaho
(b) City or town Pollock
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? ✓ Outside? ____ city or town
(e) Died in a Home ✓ Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 10 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Idaho
(c) City or town Pollock
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? ✓ Outside? ____ city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? 12 years
(h) Former residence (city, state)

3. (a) **FULL NAME** Claud Leroy Morton 109/6

3. (b) If veteran, name war 770
3. (c) Social Security No. 710
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Josephine
6. (c) Age of husband or wife if alive 65 years
7. Date of Birth (Month, Day, Year) Aug 22, 1883

8. AGE	Years	Months	Days	If less than 1 day hrs	min.
	60	6	23		

9. Exact Occupation Laborer — Did this work for ____ yrs.
10. Industry or Business ____ Date last worked 1943
11. Birthplace ____ (City or town) Mo. (State or foreign country)

Father
12. Name John Morton
13. Birthplace ____ (City or town) U.S. (State or foreign country)

Mother
14. Maiden name Mattie Ligler
15. Birthplace ____ (City or town) U.S. (State or foreign country)

16. Informant's **OWN** Signature David R. Walters
and Address Pollock Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-19-44 (Month) (Day) (Year)
(c) Place: Riggins Idaho
18. Funeral Director's **OWN** Signature ____
and Address Grangeville Idaho
19. (a) 4/4/44 (Date received and filed) (b) ____ (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 16 19 44
at 4 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from ____ 19____, to ____ 19____
I last saw h____ alive on ____ 19____; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Pneumonia	7 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation ____ Date ____	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's **OWN** Signature Glenn Cutler (M. D. or other)
and Address Grangeville Date 3/16 1944
(For additional space, use reverse side)

13825

United States
Department of Commerce
Bureau of the Census

APR 8 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 10
Reg. Dist. No. 242

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
   (a) County Idaho
   (b) City or town Cottonwood
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? ✓ Outside? ____ city or town
   (e) Died in a Home ___ Hospital ✓ Institution ___ Other place ___
   (f) Name Hosp. or Inst Our Lady of Sor Stayed ____ days
   (g) Lived in this county 53 years ____ months ____ days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Idaho
   (c) City or town Cottonwood
   (d) Street Address or R. F. D. No.
   (e) Deceased lived Inside? ____ Outside? ✓ city or town
   (f) Citizen of what country? U. S
   (g) How long had deceased lived in Idaho? 53 years
   (h) Former residence (city, state) Reuterville Ida

3. (a) **FULL NAME** Bernadine Rose Enneking 63c

3. (b) If veteran, name war ____ 3. (c) Social Security No. ____

4. Sex Female 5. Color or race Wht 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Frank 6. (c) Age of husband or wife if alive 82 years

7. Date of Birth (Month, Day, Year) Jan 20 1873

8. AGE	Years	Months	Days	If less than 1 day hrs	min.
	71	2	4		

9. Exact Occupation Housewife Did this work for 53 yrs.
10. Industry or Business ____ Date last worked 1/15/44
11. Birthplace ____ (City or town) Germany (State or foreign country)

Father
12. Name Frederick Renneker
13. Birthplace ____ (City or town) Germany (State or foreign country)

Mother
14. Maiden name Gertrude Greske
15. Birthplace ____ (City or town) Germany (State or foreign country)

16. Informant's **OWN** Signature Joe Enneking
and Address Reuterville Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/27/44 (Month) (Day) (Year)
(c) Place: Reuterville Idaho

18. Funeral Director's **OWN** Signature Gleason Cafes
and Address Orangeville Idaho

19. (a) 3-25-44 (Date received and filed) (b) W J Owen by PP (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 24 1944
at 7:00 o'clock P M.

21. **I HEREBY CERTIFY,** That I attended deceased from Dec. 20 1943 to Mar 24 1944
I last saw her alive on Mar 24 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Chronic Myocarditis	4 yrs.
932	
Due to Hyperthyroidism 63c	7 yrs.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? Home
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's **OWN** Signature Wesley A. Owen M.D. (M. D. or other)*
and Address Cottonwood Date 4-5 1944
(For additional space, use reverse side)

United States
Department of Commerce
Bureau of the Census

APR 10 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 138236
Local Reg. No. 15
Reg. Dist. No. 240

1. **PLACE OF DEATH:** Idaho
(a) County Idaho
(b) City or town Fenn.
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? city or town
(e) Died in a Home Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 61 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Idaho
(c) City or town Fenn
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Outside? city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? 61 years
(h) Former residence (city, state)

3. (a) **FULL NAME** Franz G. Heartburg 1626

3. (b) If veteran, name war No
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Johanna
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) April 9, 1856

8. AGE	Years	Months	Days	If less than 1 day
	87	11	20	hrs min.

9. Exact Occupation Farmer Did this work for Life yrs.
10. Industry or Business Diversified Date last worked 1934
11. Birthplace (City or town) Sweeden (State or foreign country)
Father
12. Name Nels Anderson
13. Birthplace (City or town) Sweeden (State or foreign country)
Mother
14. Maiden name not known
15. Birthplace (City or town) Sweeden (State or foreign country)
16. Informant's OWN Signature Oscar Heartburg
and Address Kenterville Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 4-2-44 (Month) (Day) (Year)
(c) Place: Cottonwood, Idaho
18. Funeral Director's OWN Signature [illegible]
and Address Grangeville, Idaho
19. (a) 4/3/44 (Date received and filed) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 30 1944
at 2 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from Feb. 16 1944, to March 30 1944
I last saw him alive on March 30 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Senility.	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature J. D. Shinnick M.D. (M. D. or other)
and Address Grangeville Date 3-30 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Original

United States
Department of Commerce
Bureau of the Census

APR 12 1944

Certificate Of Death

STATE OF IDAHO

State File No. 138287
Local Reg. No.
Reg. Dist. No.

1. PLACE OF DEATH:
(a) County Jerome
(b) City or town Hunt
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? X Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. Minidoka Project Hospital Stayed 148 days
(g) Lived in this county 1 years 5 months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Oregon (b) County Multnomah
(c) City or town Portland
(d) Street Address or R.F.D. No. 20 N.W. 4th St.
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? Japan
(g) How long had deceased lived in Idaho? 17 months years
(h) Former residence (city, state) Portland, Ore.

3. (a) **FULL NAME** Frank Ainosuke Mizoguchi

131a

3. (b) If veteran, name war
3. (c) Social Security No. 541-18-6936
4. Sex Male
5. Color or race Japanese
6. (a) Single, widowed, married, divorced widower
6. (b) Name of husband or wife Hatsume
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) June 5, 1889

8. AGE	Years	Months	Days	If less than 1 day
	54	8	28	hrs min.

9. Exact Occupation Cook Did this work for 30 yrs.
10. Industry or Business Date last worked
11. Birthplace Hiroshima, Japan (City or town) (State or foreign country)
Father
12. Name Mohachi Mizoguchi
13. Birthplace Hiroshima Japan (City or town) (State or foreign country)
Mother
14. Maiden name Yuka Morizawa
15. Birthplace Hiroshima, Japan (City or town) (State or foreign country)
16. Informant's **OWN** Signature Yamaidi Yamada
and Address 30-6-F Hunt, Idaho
17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 3-11-44 (Month) (Day) (Year)
(c) Place: Salt Lake Mausoleum
18. Funeral Director's **OWN** Signature D. A. L'Herisson
and Address Jerome Idaho
19. (a) 3-9-44 (Date received and filed) (b) G. M. Sinclair (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 4, 1944
at 2:45 o'clock p. M.
21. **I HEREBY CERTIFY**, That I attended deceased from October 7 1943, to March 4 1944
I last saw him alive on March 4 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Uremia 132:2	10 days
Due to Chronic Cardio-vascular renal disease 131a	years
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYISCIAN Underline the cause to which death should be charged statistically.
Name of operation Date	
Major finding	
Finding of autopsy not done	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature [signature] (M. D. or other)
and Address Hunt, Idaho Date 3- 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

138288

United States
Department of Commerce
Bureau of the Census APR 12 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
(a) County Jerome
(b) City or town Jerome
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Y Outside? city or town
(e) Died in a Home Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Jerome
(c) City or town Jerome
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Y Outside? city or town
(f) Citizen of what country? US
(g) How long had deceased lived in Idaho? years
(h) Former residence (city, state)

3. (a) **FULL NAME** Franklin Carlyle Hanel 107

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Dec 13, 1942

8. AGE	Years	Months	Days	If less than 1 day
	1	2	25	hrs min.

9. Exact Occupation Infant — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace Wendell (City or town) Idaho (State or foreign country)

Father
12. Name Frank Hanel
13. Birthplace Eugene (City or town) Oregon (State or foreign country)

Mother
14. Maiden name Nellie Nix
15. Birthplace Jerome (City or town) Idaho (State or foreign country)

16. Informant's **OWN** Signature Nellie Hanel
and Address Jerome Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 12-44 (Month) (Day) (Year)
(c) Place: Jerome Cemetery
18. Funeral Director's **OWN** Signature J R Wiley
and Address Jerome Idaho
19. (a) 3-11-44 (Date received and filed) (b) B M Sinclair (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH 1944

20. **DATE OF DEATH** (Month, Day, Year) March 8 19~~44~~
at 6:00 o'clock A M.

21. **I HEREBY CERTIFY,** That I attended deceased from Mar 4 1944, to Mar 8 1944
I last saw h~~im~~ alive on Mar 4 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Bronchial Pneumonia — Duration 4 days
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Where was disease contracted? —
Name of operation NO Date —
Major finding —
Finding of autopsy NO

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state
where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature Reuben C. Watson M.D.
(M. D. or other)
and Address Jerome Ida Date 3-8 1944
(For additional space, use reverse side)

Original

United States
Department of Commerce
Bureau of the Census

APR 12 1944

Certificate Of Death

STATE OF IDAHO

State File No. 138289
Local Reg. No.
Reg. Dist. No.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
   (a) County Jerome
   (b) City or town Hunt
   (c) Street Address or R. F. D. No.
   (d) Death Occured Inside? x Outside? city or town
   (e) Died in a Home Hospital x Institution Other place
   (f) Name Hosp. or Inst. Minidoka Project Hospital Stayed 58 days
   (g) Lived in this county 1 years 6 months 15 days

   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Washington (b) County King
   (c) City or town Seattle
   (d) Street Address or ~~R.F.D. No.~~ 1605 Jackson St.
   (e) Deceased lived Inside? x Outside? city or town
   (f) Citizen of what country? United States of America
   (g) How long had deceased lived in Idaho? 18 Mos. years
   (h) Former residence (city, state) Seattle, Wash.

3. (a) **FULL NAME** ARTHUR TETSURO KURIMURA

55E

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race Japanese
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) April 14, 1933

8. AGE	Years	Months	Days	If less than 1 day
	10	11	1	hrs min.

9. Exact Occupation Student — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace Seattle, Washington (City or town) (State or foreign country)

Father
12. Name Yoshiro Kurimura
13. Birthplace Hiroshima, Japan (City or town) (State or foreign country)

Mother
14. Maiden name Hatsune Kaneshige
15. Birthplace Hiroshima, Japan (City or town) (State or foreign country)

16. Informant's **OWN** Signature Take Kurimura
    and Address 6-7-B Hunt, Idaho
17. (a) Cremation (Burial, cremation or removal) (b) Date thereof 3-22-'44 (Month) (Day) (Year)
    (c) Place: Salt Lake City, Utah.
18. Funeral Director's **OWN** Signature D. A. L. Brinson
    and Address Jerome, Idaho
19. (a) 3-16-44 (Date received and filed) (b) E. W. Sinclair (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 15, 1944
    at 12:30 o'clock P. M.
21. **I HEREBY CERTIFY**, That I attended deceased from January 23, 1944, to March 15 1944
    I last saw h im alive on March 15, 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Generalized lymphosarcoma	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy same as above

PHYISCIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
    Occurred 19 City, county, state where violence occurred
    Place of Violence: Home Farm Industry
    Public Place While at work?
    Means of injury
23. Attendant's **OWN** Signature F. P. McChords (M. D. or ~~other~~)
    and Address Hunt Idaho Date 3/16 1944
    (For additional space, use reverse side)

138290

United States
Department of Commerce
Bureau of the Census

APR 12 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF DEATH:**
(a) County Jerome
(b) City or town Jerome
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 2 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Jerome
(c) City or town Jerome
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? U.S.
(g) How long had deceased lived in Idaho? 30 years
(h) Former residence (city, state) Wash

3. (a) **FULL NAME** Harry French 946

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Jane
6. (c) Age of husband or wife if alive 40 years
7. Date of Birth (Month, Day, Year) Dec 1 1873

8. AGE	Years	Months	Days	If less than 1 day
	70	3	15	hrs min.

9. Exact Occupation Bee Business — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace Saginaw Co (City or town) Michigan (State or foreign country)

Father
12. Name Not Known
13. Birthplace (City or town) (State or foreign country)

Mother
14. Maiden name
15. Birthplace (City or town) (State or foreign country)

16. Informant's **OWN** Signature X Frank Messenger
and Address
17. (a) Remove (Burial, cremation, or removal) (b) Date thereof 3-20-44 (Month) (Day) (Year)
(c) Place: Filer Idaho
18. Funeral Director's **OWN** Signature J R Wiley
and Address Jerome Idaho
19. (a) 3-16-44 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 16 1944
at 7:45 o'clock P M.
21. **I HEREBY CERTIFY**, That I attended deceased from 3-15 1944, to 3-16 1944
I last saw h alive on 3-15 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Angina Pectoris — Duration 2 wks.
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Where was disease contracted? —
Name of operation no Date
Major finding
Finding of autopsy no

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state
where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature Reuben C Mathews M.D. (M. D. or other)
and Address Jerome Ida Date 3-17 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Original

United States
Department of Commerce
Bureau of the Census

APR 12 1944

Certificate Of Death

STATE OF IDAHO

State File No. 138291
Local Reg. No.
Reg. Dist. No.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
   (a) County Jerome
   (b) City or town Hunt
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? X Outside? city or town
   (e) Died in a Home, Hospital, Institution, Other place
   (f) Name Hosp. or Inst. Minidoka Project Hospital Stayed 60 days
   (g) Lived in this county years 8 months 13 days

   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Jerome
   (c) City or town Hunt
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? Outside? city or town
   (f) Citizen of what country?
   (g) How long had deceased lived in Idaho? 8 months years
   (h) Former residence (city, state)

3. (a) **FULL NAME** CHIZUKO KOYANO

746

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race Japanese
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) July 8, 1943

8. AGE	Years	Months	Days	If less than 1 day hrs min.
		8	13	

9. Exact Occupation — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace Hunt, Idaho (City or town) (State or foreign country)

Father
12. Name Naohide Koyano
13. Birthplace Ehime, Japan (City or town) (State or foreign country)

Mother
14. Maiden name Misao Nakahiro
15. Birthplace Ehime, Japan (City or town) (State or foreign country)

16. Informant's **OWN** Signature Naohide Koyano
    and Address 8-11-F Hunt, Idaho
17. (a) Cremation (Burial, cremation or removal) (b) Date thereof 3-24-44 (Month) (Day) (Year)
    (c) Place: Salt Lake City, Utah.
18. Funeral Director's **OWN** Signature D. A. L'Heureux
    and Address Jerome, Idaho.
19. (a) 3-24-44 (Date received and filed) (b) C. W. Sinclair (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 21 1944
    at 12:25 o'clock a. M.
21. **I HEREBY CERTIFY**, That I attended deceased from January 21 1944, to March 21 1944
    I last saw her alive on March 21 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Hemolysis due to secondary anemia	
Due to bronchopneumonia, sequela	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation Date	
Major finding	
Finding of autopsy Aleukemic leukemia. Aplastic anemia	

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
    Occurred 19 City, county, state where violence occurred
    Place of Violence: Home Farm Industry
    Public Place While at work?
    Means of injury
23. Attendant's **OWN** Signature F. P. Richards (M. D. or other)
    and Address Hunt Ida Date 3/21 1944
    (For additional space, use reverse side)

138292

United States
Department of Commerce
Bureau of the Census APR 12 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
   (a) County Jerome
   (b) City or town Jerome
   (c) Street Address or R. F. D. No. none
   (d) Death Occurred Inside? * Outside? ____ city or town
   (e) Died in a Home __ Hospital __ Institution __ Other place *
   (f) Name Hosp. or Inst. none Stayed ____ days
   (g) Lived in this county 6 years ? months ? days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Jerome
   (c) City or town Jerome
   (d) Street Address or R. F. D. No. none
   (e) Deceased lived Inside? * Outside? ____ city or town
   (f) Citizen of what country? U. S.
   (g) How long had deceased lived in Idaho? 32 years
   (h) Former residence (city, state) same

3. (a) **FULL NAME** Jerome A. Journey

93d

3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Ella
6. (c) Age of husband or wife if alive Deceased years
7. Date of Birth (Month, Day, Year) Sept. 18, 1855

8. AGE	Years	Months	Days	If less than 1 day
	88	6	6	hrs ____ min. ____

9. Exact Occupation Retired Contractor — Did this work for 30 yrs.
10. Industry or Business none — Date last worked 1936
11. Birthplace Nevada, Missouri (City or town) (State or foreign country)

Father
12. Name Angus Journey
13. Birthplace Unknown (City or town) (State or foreign country)

Mother
14. Maiden name Patsy Baugh
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's **OWN** Signature W. A. Journey
and Address Seattle, Wash.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3/24/44 (Month) (Day) (Year)
(c) Place: Gooding, Idaho
18. Funeral Director's **OWN** Signature D. T. Albertson
and Address Buhl, Idaho
19. (a) 3-30-44 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Mar 24 1944
at 5:45 o'clock A M.

21. **I HEREBY CERTIFY**, That I attended deceased from Mar 22 1944, to Mar 24 1944
I last saw him alive on Mar 23 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Myocarditis	2 years
Due to —	
Due to —	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ____ Date ____
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state
where violence occurred
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work?
Means of injury

23. Attendant's **OWN** Signature Reuben C. Mahon M.D. (M. D. or other)
and Address Jerome Ida Date 3-25 1944

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Original

United States
Department of Commerce
Bureau of the Census

APR 1 2 1944

Certificate Of Death

STATE OF IDAHO

State File No. 138293
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF DEATH:**
(a) County Jerome
(b) City or town Hunt
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? X Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. Minidoka Project Hospital Stayed 56 days
(g) Lived in this county 1 years 1 months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Washington (b) County Kitsap
(c) City or town Port Blakely
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? Outside? X city or town
(f) Citizen of what country? Japan
(g) How long had deceased lived in Idaho? 13 months years
(h) Former residence (city, state) Port Blakely, Wn.

3. (a) **FULL NAME** OTOKICHI NAGATANI

55a

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race Japanese
6. (a) Single, widowed, married, divorced Married
6. (b) Name of ~~husband~~ or wife Kiwa
6. (c) Age of ~~husband~~ or wife if alive 49 years
7. Date of Birth (Month, Day, Year) April 29, 1881

8. AGE	Years	Months	Days	If less than 1 day
	62	10	24	hrs min.

9. Exact Occupation Farmer Did this work for 30 yrs.
10. Industry or Business Date last worked
11. Birthplace Hyogoken, Japan (City or town) (State or foreign country)
Father
12. Name Nagatani
13. Birthplace Hyogoken, Japan (City or town) (State or foreign country)
Mother
14. Maiden name Unobtainable
15. Birthplace Hyogoken, Japan (City or town) (State or foreign country)
16. Informant's OWN Signature Kiyo Nagatani
and Address 44-12-B Hunt, Idaho
17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: Salt Lake City, Utah.
18. Funeral Director's OWN Signature O. A. L'Hirisson
and Address Jerome, Idaho.
19. (a) 3-30-44 (Date received and filed) (b) E. W. Sinclair (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 24, 1944
at 6:15 o'clock A. M.
21. **I HEREBY CERTIFY**, That I attended deceased from July 14 1943, to March 24, 1944
I last saw him alive on March 24 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Squamous cell carcinoma with metastasis	
Due to generalized carcinomatosis.	
Carcinoma of the left adrenal	
~~Due to~~ gland probably primary	
~~Other conditions in~~ origin.	
(Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy same as above.

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature [signature] (M. D. or other)
and Address Hunt, Idaho Date 3-28 1944
(For additional space, use reverse side)

138294

United States
Department of Commerce APR 1 2 1944
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF DEATH:**
(a) County Jerome
(b) City or town Hazelton
(c) Street Address or R. F. D. No. Hazelton
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 15 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Jerome
(c) City or town Hazelton
(d) Street Address or R. F. D. No. Hazelton
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? U.S.
(g) How long had deceased lived in Idaho? 15 years
(h) Former residence (city, state)

3. (a) FULL NAME Clawson S. Kimball

94a

3. (b) If veteran, name war None
3. (c) Social Security No. 518-16-5522
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Helen
6. (c) Age of husband or wife if alive 34 years
7. Date of Birth (Month, Day, Year) January 6, 1899

8. AGE	Years	Months	Days	If less than 1 day
	45	2	21	hrs min.

9. Exact Occupation Laborer Did this work for yrs yrs.
10. Industry or Business Hillsdale Highway Date last worked Mar 1944
11. Birthplace Dist. Bedford, Wyo (City or town) (State or foreign country)
Father
12. Name Chas. C. Kimball
13. Birthplace Tombstone, Ariz. (City or town) (State or foreign country)
Mother
14. Maiden name Clara Hink
15. Birthplace Utah (City or town) (State or foreign country)
16. Informant's OWN Signature Louis Kimball and Address 141 Cleveland Sandpoint
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3/27/44 (Month) (Day) (Year)
(c) Place: Twin Falls, Idaho
18. Funeral Director's OWN Signature By White Mortuary E343 and Address Twin Falls, Idaho
19. (a) 3-30-44 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Mar 27 1944 at 8:30 o'clock A.M.
21. **I HEREBY CERTIFY,** That I attended deceased from Mar 27 1944 to Mar 27 1944
I last saw him alive on Mar. 27, 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death	Duration
Coronary Thrombosis	sudden
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide? Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature [signature] (M. D. or other) and Address Hazelton Date 3-27 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

APR 12 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 138295
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF DEATH:** Jerome
   (a) County
   (b) City or town Jerome
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? ✓ Outside? city or town
   (e) Died in a Home ✓ Hospital Institution Other place
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county 35 years months days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Jerome
   (c) City or town Jerome
   (d) Street Address or R. F. D. No.
   (e) Deceased lived Inside? ✓ Outside? city or town
   (f) Citizen of what country? US
   (g) How long had deceased lived in Idaho? 35 years
   (h) Former residence (city, state) Denver Colo

3. (a) **FULL NAME** Harriet I Graham 63 b

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Joseph
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Oct 15 1887

8. AGE	Years	Months	Days	If less than 1 day
	56	5	15	hrs min.

9. Exact Occupation At Home Did this work for yrs.
10. Industry or Business Madison Date last worked
11. Birthplace Saybrook (City or town) Ohio (State or foreign country)
Father
12. Name Andrew H. Warren
13. Birthplace Jefferson (City or town) Ohio (State or foreign country)
Mother
14. Maiden name Mary Simmons
15. Birthplace Jefferson (City or town) Ohio (State or foreign country)
16. Informant's OWN Signature John O. Magnelle and Address Denver Colo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-4-44 (Month) (Day) (Year)
(c) Place: Jerome Idaho
18. Funeral Director's OWN Signature J R Wiley and Address Jerome Idaho
19. (a) 45-xx (Date received and filed) (b) Mcmillan (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 30 1944
at o'clock M.
21. **I HEREBY CERTIFY,** That I attended deceased from 19 , to 19
I last saw her alive about 1/15/44; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Unknown
Due to 95 a
Due to
Other conditions Auricular fibrillation 1 yr
(Include pregnancy within 3 months of death)
Toxic thyroid 10 yrs
Where was disease contracted? 63 b
Name of operation None Date
Major finding
Finding of autopsy Not done

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature Carlyle Thrait (M. D. or other)
and Address Jerome Date 4/3 1944
(For additional space, use reverse side)

original

United States
Department of Commerce
Bureau of the Census

APR 12 1944

Certificate Of Death

STATE OF IDAHO

138296

State File No.
Local Reg. No.
Reg. Dist. No.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
   (a) County Jerome
   (b) City or town Hunt
   (c) Street Address or R. F. D. No.
   (d) Death Occured Inside? X Outside? city or town
   (e) Died in a Home Hospital X Institution Other place
   (f) Name Hosp. or Inst. Minidoka Project Hospital Stayed days
   (g) Lived in this county 1 years 7 months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Washington (b) County King
   (c) City or town Seattle
   (d) Street Address ~~or R.F.D. No.~~ 2701 Beacon Ave
   (e) Deceased lived Inside? X Outside? city or town
   (f) Citizen of what country? United States of America
   (g) How long had deceased lived in Idaho? 1 years
   (h) Former residence (city, state) Seattle, Wn

3. (a) **FULL NAME** Chiyeko Suyama

99

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female Race Japanese
5. Color or
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Takaichi
6. (c) Age of husband or wife if alive 41 years
7. Date of Birth (Month, Day, Year) September 9, 1913

8. AGE	Years	Months	Days	If less than 1 day
	30	6	20	hrs min.

9. Exact Occupation Housewife — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace Kent, Washington (City or town) (State or foreign country)

Mother Father
12. Name George Masuda
13. Birthplace Hiroshima, Japan (City or town) (State or foreign country)
14. Maiden name Kanaya Nakai
15. Birthplace Hiroshima, Japan (City or town) (State or foreign country)

16. Informant's **OWN** Signature Tsune W. Shimamoto
and Address 16-7-F Hunt, Idaho
17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 4-7-1944 (Month) (Day) (Year)
(c) Place Salt Lake City, Utah
18. Funeral Director's **OWN** Signature D. A. L. Harrison
and Address Jerome, Idaho.
19. (a) 4-7-44 (Date received and filed) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 31 1944
at 5:30 o'clock P. M.
21. **I HEREBY CERTIFY**, That I attended deceased from March 28, 1944, to March 31 1944
I last saw her alive on March 31 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Multiple septic emboli	22 hrs
with acute pulmonary edema	11 hrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy same as above

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature G. S. Rasmussen M.D. (M. D. or other)
and Address Hunt, Idaho Date 4-4 1944
(For additional space, use reverse side)

United States
Department of Commerce
Bureau of the Census

APR 13 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 138297
Local Reg. No. 70
Reg. Dist. No. 121

1. **PLACE OF DEATH:**
(a) County Kootenai
(b) City or town Farragut.Naval Train.St.
(c) Street Address or R. F. D. No. Farragut
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home __ Hospital X Institution __ Other place __
(f) Name Hosp. or Inst. NAVAL HOSPITAL FARRAGUT, IDAHO Stayed 1½ Months
(g) Lived in this county 0 years 5 months - days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Kootenai
(c) City or town Farragut.NTS
(d) Street Address or R. F. D. No. Farragut
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? US
(g) How long had deceased lived in Idaho? 5 months years
(h) Former residence (city, state) Hoisington,Kan.

3. (a) FULL NAME ADAMS, Eddie Frances. Sea.2c.USN. 342-81-80 81a

3. (b) If veteran, name war none
3. (c) Social Security No. not known
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife -----
6. (c) Age of husband or wife if alive --- years
7. Date of Birth (Month, Day, Year) 3-10-1926

8. AGE	Years	Months	Days	If less than 1 day
	17	11	21	hrs min.

9. Exact Occupation SEAMAN 2/class Did this work for 5 months yrs.
10. Industry or Business U.S.NAVY Date last worked 1944
11. Birthplace Kansas City, Missouri (City or town) (State or foreign country)
Father
12. Name not known
13. Birthplace Missouri (City or town) (State or foreign country)
Mother
14. Maiden name not known
15. Birthplace Missouri (City or town) (State or foreign country)
16. Informant's OWN Signature R.V.Allen.Pharm.USN
and Address NAVAL HOSPITAL FARRAGUT, IDAHO
17. (a) removal (Burial, cremation, or removal) (b) Date thereof 3-4-1944 (Month) (Day) (Year)
(c) Place: Hoisington,Kansas
18. Funeral Director's OWN Signature Mooney Funeral Chapel by [signature]
and Address COEUR D'ALENE, IDAHO
19. (a) 3/6-44 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) March 1 1944
at 7:00 o'clock P M.
21. I HEREBY CERTIFY, That I attended deceased from 12-22-43 19__, to 3-1-44 19__
I last saw him alive on 3-1- 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
MENINGITIS,CEREBROSPINAL, ACUTE, (PNEUMOCOCCIC).	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? USNTS.FARRAGUT
Name of operation none Date --
Major finding
Finding of autopsy same as cause of Death

OPTICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature [signature] Lt. Cdr. (M.C.) USNR (M. D. or other)
and Address NAVAL HOSPITAL FARRAGUT, IDAHO Date 3-2 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

138298

United States
Department of Commerce APR 13 1944
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 84
Reg. Dist. No. 121

1. **PLACE OF DEATH:**
(a) County KOOTENAI
(b) City or town FARRAGUT NTS
(c) Street Address or R. F. D. No. FARRAGUT
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home ____ Hospital X Institution ____ Other place ____
(f) Name Hosp. or Inst. NAVAL HOSPITAL FARRAGUT, IDAHO Stayed 4 days
(g) Lived in this county ____ years 1 months ____ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State IDAHO (b) County KOOTENAI
(c) City or town FARRAGUT NTS
(d) Street Address or R. F. D. No. FARRAGUT
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? US
(g) How long had deceased lived in Idaho? 1 month years
(h) Former residence (city, state) CENTER POINT, Ic IOWA.

3. (a) **FULL NAME** HOGLAN, Linden Dale. AS,V6,SV,USNR. 860-06-31

108

3. (b) If veteran, name war none
3. (c) Social Security No. not known
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Elsie Alice
6. (c) Age of husband or wife if alive not known years
7. Date of Birth (Month, Day, Year) 9-13-1909

8. AGE	Years	Months	Days	If less than 1 day
	34	5	21	hrs ____ min.

9. Exact Occupation APPRENTICE SEAMAN
Did this work for 1 month yrs.
10. Industry or Business U.S.NAVY R
Date last worked 1944
11. Birthplace TODDVILLE? IOWA (City or town) (State or foreign country)

Father
12. Name not known
13. Birthplace not known (City or town) (State or foreign country)

Mother
14. Maiden name not known
15. Birthplace not known (City or town) (State or foreign country)

16. Informant's **OWN** Signature R.V.Allen. Pharm.USN
NAVAL HOSPITAL FARRAGUT, IDAHO
and Address
17. (a) removal (Burial, cremation, or removal) (b) Date thereof 3-8-44 (Month) (Day) (Year)
(c) Place: Center Point, Iowa
18. Funeral Director's **OWN** Signature MOONEY FUNERAL CHAPEL by
and Address Coeur d'Alene, Idaho
19. (a) 3/9/44 (Date received and filed) (b) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 4 1944
at 8:18 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from 3-1 1944 to 3-4 1944
I last saw him alive on 3-4- 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
PNEUMONIA LOBAR	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? USNTS FARRAGUT
Name of operation none Date --
Major finding --
Finding of autopsy same as cause of death.

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's **OWN** Signature Lt. Comdr. H.E. Hand (mc) USNR
U.S. Naval Hospital (M. D. or other)
and Address Farragut Idaho Date 3-6- 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

138299

United States
Department of Commerce
Bureau of the Census

APR 13 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 97
Reg. Dist. No. 120

1. **PLACE OF DEATH:**
(a) County Kootenai
(b) City or town Coeur dAlene
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home Hospital Institution X Other place
(f) Name Hosp. or Inst. none Stayed days
(g) Lived in this county 14 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Koot.
(c) City or town Coeur dAlene
(d) Street Address or R. F. D. No. Coeur d'lene
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? U. S.
(g) How long had deceased lived in Idaho? 14 years
(h) Former residence (city, state) Minnesota

3. (a) **FULL NAME** Arne Tollefsrud 93d

3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Aase
6. (c) Age of husband or wife if alive 84 years
7. Date of Birth (Month, Day, Year) 6-15-1861

8. AGE	Years	Months	Days	If less than 1 day
	82	8	19	hrs min.

9. Exact Occupation farmer Did this work for 35 yrs.
10. Industry or Business Date last worked 1930
11. Birthplace Minnesota (City or town) (State or foreign country)
Father
12. Name Ole Tollefsrud
13. Birthplace Norway (City or town) (State or foreign country)
Mother
14. Maiden name Leve Gullingsrud
15. Birthplace Norway (City or town) (State or foreign country)
16. Informant's OWN Signature O. A. Tollefsrud and Address R4 Bx 393 Everett Wn
17. (a) removal (Burial, cremation, or removal) (b) Date thereof 3-7-1944 (Month) (Day) (Year)
(c) Place: Seattle Wash.
18. Funeral Director's OWN Signature C. Wendt and Address 109-111 Lakeside Ave.
19. (a) 3-8-44 (Date received and filed) (b) Frances M. Cole (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 3-4 1944
at o'clock M.
21. **I HEREBY CERTIFY,** That I attended deceased from 7-28 1944, to 3-4 1944
I last saw him alive on 3-4 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
93d Chronic Myocarditis	
Due to 93d Myocardial degeneration	yrs.
Due to 93a	
Other conditions Auricular fibrillation (Include pregnancy within 3 months of death)	4d.

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature H. L. Newcomb M.D. (M. D. or other)
and Address Coeur d'Alene 3-8-44 Date 19
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Dr. Fox

138300

United States
Department of Commerce
Bureau of the Census

APR 13 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. #93
Reg. Dist. No. 120

1. **PLACE OF DEATH:**
(a) County Kootenai
(b) City or town Coeur D' Alene
(c) Street Address or R. F. D. No. 820 5½ St.
(d) Death Occurred Inside? in Outside? city or town
(e) Died in a X Home Hospital Institution Other place
(f) Name Hosp. or Inst. -- Stayed days
(g) Lived in this county 41 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Kootenai
(c) City or town Coeur D' Alene
(d) Street Address or R. F. D. No 820 - 5½ St.
(e) Deceased lived Inside? in Outside? city or town
(f) Citizen of what country? U. S.
(g) How long had deceased lived in Idaho? 41 years
(h) Former residence (city, state) ----

3. (a) **FULL NAME** Clarissa Elizabeth Simmons 107

3. (b) If veteran, name war --
3. (c) Social Security No. --
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife --
6. (c) Age of husband or wife if alive -- years
7. Date of Birth (Month, Day, Year) June 16, 1854

8. AGE	Years	Months	Days	If less than 1 day
	89	8	19	hrs min.

9. Exact Occupation At Home Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Rush County Ind. (City or town) (State or foreign country)
Father
12. Name Peter Rader
13. Birthplace Ind. (City or town) (State or foreign country)
Mother
14. Maiden name Nancie Harlan,
15. Birthplace Ind. (City or town) (State or foreign country)
16. Informant's OWN Signature Mrs Robert Crane
and Address Coeur D'Alene Ida.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3/7/44 (Month) (Day) (Year)
(c) Place: Spokane, Wash.
18. Funeral Director's OWN Signature R.B. Mooney Mooney Chapel
and Address Coeur D' Alene, Idaho
19. (a) 3/7/44 (Date received and filed) (b) Frances M. Ebel (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 5, 1944 19
at 5:25 o'clock A. M.
21. **I HEREBY CERTIFY,** That I attended deceased from October 1939, to March 5th 1944
I last saw her alive on March 4 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
17 Cerebral Arteriosclerosis	20 yrs
Due to Terminal Hypostatic	107
Due to Bronchopneumonia	3 days
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted? —	PHYSICIAN
Name of operation — Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy —	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred — 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature [signature] (M. D. or other)
and Address Coeur d'Alene Date 3/6 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

138301

United States
Department of Commerce
Bureau of the Census

APR 13 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 138301
Local Reg. No. 86
Reg. Dist. No. 121

1. **PLACE OF DEATH:**
   (a) County Kootenai
   (b) City or town Farragut, NTS
   (c) Street Address or R. F. D. No. Farragut, Idaho
   (d) Death Occurred Inside? X Outside? ____ city or town
   (e) Died in a Home ____ Hospital X Institution ____ Other place ____
   (f) Name Hosp. or Inst. NAVAL HOSPITAL FARRAGUT IDAHO Stayed 24 days
   (g) Lived in this county 0 years 2 months ____ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Kootenai
   (c) City or town FARRAGUT, NTS
   (d) Street Address or R. F. D. No. Farragut
   (e) Deceased lived Inside? X Outside? ____ city or town
   (f) Citizen of what country? U.S.
   (g) How long had deceased lived in Idaho? 2 months ____ years
   (h) Former residence (city, state) Corinth, Miss.

3. (a) FULL NAME: KING, Sidney Clyde. AS,SV,V6,USNR. 939-76-33. 107

3. (b) If veteran, name war none
3. (c) Social Security No. not known
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife none
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) 2-5-1925

8. AGE	Years	Months	Days	If less than 1 day
	19	1	0	hrs ____ min.

9. Exact Occupation APPRENTICE SEAMAN Did this for 2 months yrs.
10. Industry or Business U.S.NAVY. R Date last worked 1944
11. Birthplace Corinth, Mississippi (City or town) (State or foreign country)

Father
12. Name Less King
13. Birthplace not known (City or town) (State or foreign country)

Mother
14. Maiden name not known
15. Birthplace not known (City or town) (State or foreign country)

16. Informant's OWN Signature R. V. Allen. Pharm. USN
and Address NAVAL HOSPITAL FARRAGUT, IDAHO
17. (a) removal (Burial, cremation, or removal) (b) Date thereof 3-8-44 (Month) (Day) (Year)
(c) Place: Corinth, Mississippi
18. Funeral Director's OWN Signature MOONEY FUNERAL CHAPEL by
and Address Coeur d'Alene, Idaho
19. (a) 3/9/44 (Date received and filed) (b) Ernest Mabee (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) March 5 19 44
at 2:20 o'clock A M.
21. I HEREBY CERTIFY, That I attended deceased from Feb. 11 19 44 to March 5 19 44
I last saw him alive on March 5 19 44; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — Duration

PNEUMONIA, BRONCHO.
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? USNTS FARRAGUT
Name of operation none Date --
Major finding --
Finding of autopsy same as cause of death

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19 ____ City, county, state where violence occurred
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury

23. Attendant's OWN Signature H. C. Ragsdale M.D. (M. D. or other)
and Address NAVAL HOSPITAL FARRAGUT, IDAHO Date 3-6 19 44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

APR 13 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 138302
Local Reg. No. 83
Reg. Dist. No. 121

1. **PLACE OF DEATH:**
(a) County Kootenai
(b) City or town Wallace
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? yes Outside? ____ city or town
(e) Died in a Home ~~Hospital~~ Institution ~~Other place~~
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 7 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Kootenai
(c) City or town Wallace
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? ~~Outside?~~ ____ city or town
(f) Citizen of what country? Kootenia
(g) How long had deceased lived in Idaho? 35 years
(h) Former residence (city, state) [illegible]

3. (a) **FULL NAME** Lilla Hickman 932

3. (b) If veteran, name war ____ 3. (c) Social Security No. ____
4. Sex F 5. Color or race W 6. (a) ~~Single~~, widowed, married, divorced
6. (b) Name of husband or wife S. L. Hickman 6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) Sept 25, 1866

8. AGE	Years	Months	Days	If less than 1 day
	77	5	12	hrs ____ min.

9. Exact Occupation Housewife Did this work for 50 yrs.
10. Industry or Business ____ Date last worked ____
11. Birthplace Hartville, Missouri (City or town) (State or foreign country)

Father
12. Name Samuel Young
13. Birthplace Missouri (City or town) (State or foreign country)

Mother
14. Maiden name Ellen Pierson
15. Birthplace Missouri (City or town) (State or foreign country)

16. Informant's OWN Signature Lloyd Hickman
and Address Osburn Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 12-1944 (Month) (Day) (Year)
(c) Place: Wallace Idaho
18. Funeral Director's OWN Signature H. D. Jaeger
and Address Funeral Home Wallace
19. (a) 3/17/44 (Date received and filed) (b) Frances M. Cahill (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 8 1944
at 12:00 o'clock Midnight
21. **I HEREBY CERTIFY,** That I attended deceased from did not see 19____, to did not see 19____
I last saw her alive on ____ 19____; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
~~Heart Failure~~ Coma	
Due to Chronic Myocarditis	15 yr
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's OWN Signature Hamilton Fitzsimmons Coroner M.D.
(M. D. or other)
and Address Coeur d'Alene, Ida. Date 3-10 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

138303

United States
Department of Commerce
Bureau of the Census

APR 13 1944

CERTIFICATE OF DEATH

STATE OF IDAHO Greenwood

State File No. ____
Local Reg. No. 98
Reg. Dist. No. 120

1. **PLACE OF DEATH:**
   (a) County Kootenai
   (b) City or town Coeur D Alene
   (c) Street Address or R. F. D. No. 213 W. Garden
   (d) Death Occurred Inside? X Outside? ____ city or town
   (e) Died in a Home X Hospital ____ Institution ____ Other place ____
   (f) Name Hosp. or Inst. none Stayed ____ days
   (g) Lived in this county 12 years ____ months ____ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Kootenai
   (c) City or town Coeur dAlene
   (d) Street Address or R. F. D. No. 213 W. Garden
   (e) Deceased lived Inside? X Outside? ____ city or town
   (f) Citizen of what country? U.S.
   (g) How long had deceased lived in Idaho? 12 years
   (h) Former residence (city, state) St Joe Idaho

3. (a) **FULL NAME** Charles L White

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3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Amanda
6. (c) Age of husband or wife if alive none years
7. Date of Birth (Month, Day, Year) 12-23-1863

8. AGE	Years	Months	Days	If less than 1 day
	80	2	17	hrs ____ min. ____

9. Exact Occupation carpenter — Did this work for 60 yrs.
10. Industry or Business ____ — Date last worked 1924
11. Birthplace Virginia (City or town) (State or foreign country)

Father
12. Name Franklin White
13. Birthplace Virginia (City or town) (State or foreign country)

Mother
14. Maiden name Cherry Houst
15. Birthplace Virginia (City or town) (State or foreign country)

16. Informant's **OWN** Signature Ladye N Hays
and Address 213 W Foster

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 3-17-44 (Month) (Day) (Year)
(c) Place Forest Cemetery

18. Funeral Director's **OWN** Signature C. Wendt
and Address 109-111 Lakeside Ave.

19. (a) 3/17/44 (Date received and filed) (b) Frances M. Kebel (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Monday, March 13 1944
at 2 o'clock A M.

21. **I HEREBY CERTIFY**, That I attended deceased from May 1936, to March 13 1944
I last saw h alive on March 12 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Bronchopneumonia	2 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's **OWN** Signature Wallace N Gilmore M.D. (M. D. or other)
and Address Coeur d'Alene, Ida. Date 3-17 1944

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

APR 13 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 138304
Local Reg. No. 76
Reg. Dist. No. 120

1. **PLACE OF DEATH:**
(a) County Kootenai
(b) City or town Coeurd'Alene
(c) Street Address or R. F. D. No. ---
(d) Death Occurred Inside? -- Outside? X city or town
(e) Died in a Home__ Hospital__ Institution__ Other place__
(f) Name Hosp. or Inst. --- Stayed ____ days
(g) Lived in this county 3 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Kootenai
(c) City or town Coeurd'Alene
(d) Street Address or R. F. D. No. ---
(e) Deceased lived Inside? -- Outside? X city or town
(f) Citizen of what country? Canada
(g) How long had deceased lived in Idaho? 20 years
(h) Former residence (city, state) New Hampshire

3. (a) FULL NAME Tom E. Condle

1866

3. (b) If veteran, name war do not kniw
3. (c) Social Security No. 518-03-4265
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife ---
6. (c) Age of husband or wife if alive --- years
7. Date of Birth (Month, Day, Year) May- 1879

8. AGE	Years	Months	Days	If less than 1 day
	64	10		hrs min.

9. Exact Occupation Lumberjack Did this work for life yrs.
10. Industry or Business Date last worked 3/15/44
11. Birthplace New Brunswick Canada (City or town) (State or foreign country)
Father
12. Name Do not know
13. Birthplace Do not know (City or town) (State or foreign country)
Mother
14. Maiden name Do not know
15. Birthplace Do not know (City or town) (State or foreign country)
16. Informant's OWN Signature Steve Grasson
and Address Dover Idaho
17. (a) burial (b) Date thereof 3/22/1944 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: Forest, Coeurd'Alene Ida.
18. Funeral Director's OWN Signature C. Wendt
and Address 109-111 Lake side C.D.A.
19. (a) 3/22/44 (Date received and filed) (b) Frances M. Ehel (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 3/15 1944
at about 4-00 o'clock P. M. I did not attend
21. **I HEREBY CERTIFY,** That I ~~attended~~ deceased from March 15 1944, to March 15 1944
I last saw him on March 15 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Crushed right chest with Punctured lung	3-15-44
Due to Kill by falling snag.	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Yes Suicide? Homicide?
Occurred March 15 1944 City, county, state where violence occurred Kootenai
Place of Violence: Home Farm Industry
Public Place While at work? yes
Means of injury snag left on him
23. Attendant's OWN Signature Hamilton H. Greenwood M.D. Coroner (M. D. or other)
and Address Coeur d'Alene, Ida Date 3-20 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

138305

United States
Department of Commerce
Bureau of the Census

APR 13 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 81
Reg. Dist. No. 191

1. **PLACE OF DEATH:** Kootenai
(a) County
(b) City or town Rathdrum
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? -- Outside? X city or town
(e) Died in a Home -- Hospital -- Institution -- Other place --
(f) Name Hosp. or Inst. ----- Stayed ----- days
(g) Lived in this county ----- years ----- months ----- days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Washo (b) County Spokane
(c) City or town Spokane
(d) Street Address or R. F. D. No. do not know
(e) Deceased lived Inside? X Outside? -- city or town
(f) Citizen of what country? do not know (Italy)
(g) How long had deceased lived in Idaho? not known years
(h) Former residence (city, state) not known

3. (a) **FULL NAME** Bruno Giovinnini

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3. (b) If veteran, name war no
3. (c) Social Security No. 518-03-5251
4. Sex M.
5. Color or race W.
6. (a) Single, widowed, married, divorced divorced
6. (b) Name of husband or wife -----
6. (c) Age of husband or wife if alive -------- years
7. Date of Birth (Month, Day, Year) do not know -1896

8. AGE	Years	Months	Days	If less than 1 day
	48			hrs min.

9. Exact Occupation railroad worker — Did this work for not known yrs.
10. Industry or Business Northern Pacific — Date last worked 3/17/44
11. Birthplace not known (City or town) Italy (State or foreign country)

Father
12. Name do not know
13. Birthplace do not know (City or town) (State or foreign country)

Mother
14. Maiden name do not know
15. Birthplace do not know (City or town) (State or foreign country)

16. Informant's **OWN** Signature Bernard Nelson
and Address Rathdrum Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 3/24/1944 (Month) (Day) (Year)
Kootenai County Cemetery C.D.A.
18. Funeral Director's **OWN** Signature J. B. Nelson
and Address Rathdrum Idaho
19. (a) 3-23-44 (Date received and filed) (b) Frances M. Creel (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 3/17 1944
about 8-00 o'clock P M. did not
21. **I HEREBY CERTIFY,** That I attended deceased from March 17 1944 to March 17 1944
I last saw him alive on March 17 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Crush, lacerated of decubitus and amputated	3-17-44
Due to Fell from moving train under train trucks.	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ----- Date -----
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Yes Suicide? ----- Homicide? -----
Occurred March 17 1944 City, county, state where violence occurred
Place of Violence: Home ----- Farm ----- Industry -----
Public Place Yes While at work? -----
Means of injury Run over by train.

23. Attendant's **OWN** Signature Hamilton H. Ellenwood M.D. (M. D. or other)
and Address Coeur d'Alene Date 3-20 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

138306

United States
Department of Commerce
Bureau of the Census

APR 13 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. [illegible]
Reg. Dist. No. 12D

1. **PLACE OF DEATH:**
(a) County Kootneai
(b) City or town Coeur d'Alene
(c) Street Address or R. F. D. No. 327 Forest Drive
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home X Hospital __ Institution __ Other place __
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 3 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Kootenai
(c) City or town Coeur d'Alene
(d) Street Address or R. F. D. No. 327 Forest dr
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? USA
(g) How long had deceased lived in Idaho? 3 years
(h) Former residence (city, state) Darby Mont.

3. (a) **FULL NAME** Alice Terrio

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3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Lewis
6. (c) Age of husband or wife if alive dead years
7. Date of Birth (Month, Day, Year) April 9-1855

8. AGE	Years	Months	Days	If less than 1 day
	88	11	9	hrs min.

9. Exact Occupation Housewife Did this work for 72 yrs.
10. Industry or Business own home Date last worked 1932
11. Birthplace Orange N.Y. (City or town) (State or foreign country)
Father
12. Name Henry Huycke
13. Birthplace unknown (City or town) (State or foreign country)
Mother
14. Maiden name Lavina Lambkins
15. Birthplace Penn. (City or town) (State or foreign country)
16. Informant's OWN Signature Winifred Johnson
and Address Coeur d'Alene, Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3-18-44 (Month) (Day) (Year)
(c) Place: Darby Montana
18. Funeral Director's OWN Signature Don English
and Address Coeur d'Alene, Idaho
19. (a) 3/18/44 (Date received and filed) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 3/18 1944
at 7:45 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from 3/15 1944, to 3/18 1944
I last saw her alive on 3/17 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Hypostatic Broncho-107	
Pneumonia: Terminal	1 day
Due to Cerebral hemorrhage, right 83a	4 days
Due to Cerebral arteriosclerosis	20 yrs.
Other conditions 97 (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation — Date
Major finding
Finding of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work?
Means of injury
23. Attendant's OWN Signature [illegible] (M. D. or other)
and Address 3/18/44 Date ____ 19__
(For additional space, use reverse side)
Coeur d'Alene, Idaho

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

138307

United States
Department of Commerce
Bureau of the Census

APR 13 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 138307
Local Reg. No. 91
Reg. Dist. No. 120

1. **PLACE OF DEATH:**
(a) County Kootenai
(b) City or town Coeur dAlene
(c) Street Address or R. F. D. No. 601 Hubbard
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home X Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. none Stayed ____ days
(g) Lived in this county 28 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Kootenai
(c) City or town Coeur dAlene
(d) Street Address or R. F. D. No. 601 Hubbard
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? U. S.
(g) How long had deceased lived in Idaho? 28 years
(h) Former residence (city, state) Minnesota

3. (a) **FULL NAME** Clara Westerburg Olson 93d

3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Andrew E
6. (c) Age of husband or wife if alive 71 years
7. Date of Birth (Month, Day, Year) 11-5-1872

8. AGE	Years	Months	Days	If less than 1 day
	71	4	15	hrs ____ min. ____

9. Exact Occupation Housewife — Did this work for 40 yrs.
10. Industry or Business ____ — Date last worked 1937
11. Birthplace do not know (City or town) Sweden (State or foreign country)

Father
12. Name (?) Westerburg
13. Birthplace do not know (City or town) Sweden (State or foreign country)

Mother
14. Maiden name do not know
15. Birthplace do not know (City or town) Sweden (State or foreign country)

16. Informant's OWN Signature Earl E Olson
and Address 726 N 6th Sandpoint, Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 3-23-1944 (Month) (Day) (Year)
(c) Place: Forest Cemetery C.D.A.
18. Funeral Director's OWN Signature C Wendt
and Address 109-111 Lakeside Ave. C.D.A.
19. (a) 3-23-44 (Date received and filed) (b) Frances M. Cebel (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 3/20/44 19____
at 4.30 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from Sept 1932, to March 20 1944
I last saw her alive on March 20 19 44; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Chronic Myocarditis	12
Due to Essential Hypertension	20-30 yrs
Due to	
Other conditions Apoplexy (Include pregnancy within 3 months of death)	12 yrs

Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy none

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature O M Mustard M.D.
and Address Coeur d'Alene (M. D. or other) Date 3/22 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

NAVAL HOSPITAL
FARRAGUT, IDAHO

138308

United States
Department of Commerce
Bureau of the Census

APR 13 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 89
Reg. Dist. No. 121

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
   (a) County KOOTENAI
   (b) City or town ~~XXXXXXXX~~ FARRAGUT NTS
   (c) Street Address or R. F. D. No. FARRAGUT
   (d) Death Occurred Inside? X Outside? ____ city or town
   (e) Died in a Home ____ Hospital X Institution ____ Other place ____
   (f) Name Hosp. or Inst. NAVAL HOSPITAL FARRAGUT, IDAHO Stayed 7 days
   (g) Lived in this county 0 years 1 months 10 days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State IDAHO (b) County KOOTENAI
   (c) City or town USNTS FARRAGUT
   (d) Street Address or R. F. D. No. FARRAGUT
   (e) Deceased lived Inside? X Outside? ____ city or town
   (f) Citizen of what country? U.S.
   (g) How long had deceased lived in Idaho? 1½ Months
   (h) Former residence (city, state) Granger, Iowa

3. (a) **FULL NAME** MARSH, James Thomas. AS,SV,V6,USNR. 860-11-66. 35

3. (b) If veteran, name war None
3. (c) Social Security No. not known
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Louise Jane
6. (c) Age of husband or wife if alive not known years
7. Date of Birth (Month, Day, Year) 7-1-1919

8. AGE	Years	Months	Days	If less than 1 day
	24	8	19	hrs ____ min.

9. Exact Occupation Apprentice seaman — Did this work for 1½ Months
10. Industry or Business U.S.NAVY.R — Date last worked 1944
11. Birthplace Arcadia, Kansas (City or town) (State or foreign country)

Father
12. Name not known
13. Birthplace not known (City or town) (State or foreign country)

Mother
14. Maiden name not known
15. Birthplace not known (City or town) (State or foreign country)

16. Informant's OWN Signature R.V.Allen.Pharm.USN
NAVAL HOSPITAL FARRAGUT, IDAHO
and Address ____
17. (a) removal (Burial, cremation or removal) (b) Date thereof 3-24-44 (Month) (Day) (Year)
(c) Place: DES MOINES, IOWA
18. Funeral Director's OWN Signature MOONEY FUNERAL CHAPEL by
and Address Coeur d'Alene, Idaho
19. (a) 3/25/44 (Date received and filed) (b) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 20 1944
at 6:00 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from 3-13- 1944 to 3-20 1944
I last saw him alive on 3-20 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: PNEUMONIA. BRONCHO — Duration 10 7
Due to ____
Due to ____
Other conditions Measles. 35
(Include pregnancy within 3 months of death)

Where was disease contracted? USNTS FARRAGUT
Name of operation none Date --
Major finding ____
Finding of autopsy Same as cause of death

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature
NAVAL HOSPITAL (M. D. or other)
and Address FARRAGUT, IDAHO Date 3-22 1944

(For additional space, use reverse side)

138309

United States
Department of Commerce
Bureau of the Census APR 13 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 85
Reg. Dist. No. 121

1. **PLACE OF DEATH:**
(a) County Kootenai
(b) City or town Coeur d'Alene
(c) Street Address or R. F. D. No. R#1
(d) Death Occurred Inside? Outside? X city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county years 2 months 22 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Wyoming (b) County Teton
(c) City or town Jackson
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? USA
(g) How long had deceased lived in Idaho? 2mo 22 days
(h) Former residence (city, state) Jackson Wyo.

3. (a) **FULL NAME** Paul A. Imeson 93d

3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Susie
6. (c) Age of husband or wife if alive dead years
7. Date of Birth (Month, Day, Year) Feb. 29, 1860

8. AGE	Years	Months	Days	If less than 1 day
	84	0	23	hrs min.

9. Exact Occupation Millwright Did this work for 57 yrs.
10. Industry or Business Saw mills Date last worked 1935
11. Birthplace Denver, Colorado (City or town) (State or foreign country)

Father
12. Name James G. Imeson
13. Birthplace unknown (City or town) (State or foreign country)

Mother
14. Maiden name Cynthia Reed
15. Birthplace Indiana (City or town) (State or foreign country)

16. Informant's OWN Signature Paul A. Imeson
and Address Coeur d'Alene, Idaho Jackson Wyo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3-27-44 (Month) (Day) (Year)
(c) Place Jackson Wyoming.
18. Funeral Director's OWN Signature Don English
and Address Coeur d'Alene, Idaho
19. (a) 3-25-44 (Date received and filed) (b) Registrar's signature

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 3-23-44 19
at 1:00 o'clock P M.
21. **I HEREBY CERTIFY** That I attended deceased from 19 to 19
I last saw him alive on MARCH 18, 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: 111c — Duration
Hypostatic pneumonia — 1 week.
Due to Chronic myocarditis 93d — ?
Due to
Other conditions (Include pregnancy within 3 months of death)
Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state
where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's OWN Signature William T. Wood M.D.
(M. D. or other)
and Address Coeur d'alene Date 3-24, 1944.
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Dr. Newcombe

138310

United States
Department of Commerce
Bureau of the Census

APR 13 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 77
Reg. Dist. No. 120

1. **PLACE OF DEATH:**
(a) County Kootenai
(b) City or town Coeur D' Alene
(c) Street Address or R. F. D. No. 741 Milatery Drive
(d) Death Occurred Inside? in Outside? city or town
(e) Died in a Home Hospital Institution Other place
(f) Name Hosp. or Inst. -- Stayed days
(g) Lived in this county 35 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Kootenai
(c) City or town Coeur D' Alene
(d) Street Address or R. F. D. No. 741 Mil. Drive
(e) Deceased lived Inside? in Outside? city or town
(f) Citizen of what country? U. S.
(g) How long had deceased lived in Idaho? 35 years
(h) Former residence (city, state) --

3. (a) FULL NAME Mary Dahl 93d

3. (b) If veteran, name war --
3. (c) Social Security No. --
4. Sex F.
5. Color or race W.
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife ---
6. (c) Age of husband or wife if alive -- years
7. Date of Birth (Month, Day, Year) December 8 1864

8. AGE	Years	Months	Days	If less than 1 day
	79	3	15	hrs min.

9. Exact Occupation At Home Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Norway (City or town) (State or foreign country)
Father
12. Name -- Vang
13. Birthplace Norway (City or town) (State or foreign country)
Mother
14. Maiden name -----
15. Birthplace Norway (City or town) (State or foreign country)
16. Informant's OWN Signature EDWIN DAHL
and Address Coeur D' Alene, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/27/44 (Month) (Day) (Year)
(c) Place: Forest Cemetery
18. Funeral Director's OWN Signature Mooney Chapel
and Address Coeur D' Alene, Idaho
19. (a) 3-25-44 (Date received and filed) (b) Frances M. Ebel (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 23, 1944 19
at 8:25 o'clock A. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 3. 2 1944, to 3. 22 1944
I last saw her alive on 3. 22 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebral thrombosis 93b	7d
Due to Arteriosclerosis 97	yrs
Due to	
Other conditions Chron. myocarditis (Include pregnancy within 3 months of death) with myocardial degeneration	93d
Where was disease contracted? 93d	
Name of operation Date	
Major finding	
Finding of autopsy	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature H. L. Newcombe M.D. (M. D. or other)
and Address Coeur d' Alene Date 3. 24 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

APR 13 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 138311
Local Reg. No. 75
Reg. Dist. No. 121

1. **PLACE OF DEATH:**
   (a) County Kootenai
   (b) City or town Coeur d'Alene (Farragut)
   (c) Street Address or R. F. D. No. Farragut
   (d) Death Occurred Inside? X Outside? ____ city or town
   (e) Died in a Home __ Hospital X Institution __ Other place __
   (f) Name Hosp. or Inst. NAVAL HOSPITAL FARRAGUT, IDAHO Stayed 6 days
   (g) Lived in this county 0 years 1 months 4 days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Kootenai
   (c) City or town USNTS Farragut
   (d) Street Address or R. F. D. No. Farragut
   (e) Deceased lived Inside? X Outside? ____ city or town
   (f) Citizen of what country? White U.S.
   (g) How long had deceased lived in Idaho? 1 Month years
   (h) Former residence (city, state) Ephraim, Utah

3. (a) **FULL NAME** CHRISTIANSEN, Ira Michael. AS USN-I (SA). 964-34-50 108

3. (b) If veteran, name war none
3. (c) Social Security No. not known
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Vivian
6. (c) Age of husband or wife if alive not known years
7. Date of Birth (Month, Day, Year) 4-6-1913

8. AGE	Years	Months	Days	If less than 1 day
	30	10	17	hrs min.

9. Exact Occupation Apprentice Seaman Did this work for 1 Month yrs.
10. Industry or Business US Navy. Reserve Date last worked 1944
11. Birthplace Mayfield, Utah (City or town) (State or foreign country)
Father
12. Name not known
13. Birthplace not known (City or town) (State or foreign country)
Mother
14. Maiden name not known
15. Birthplace not known (City or town) (State or foreign country)
16. Informant's OWN Signature R.V. Allen R.V. Allen.Pharm.USN
and Address NAVAL HOSPITAL FARRAGUT, IDAHO
17. (a) removal (Burial, cremation, or removal) (b) Date thereof 3-27-44 (Month) (Day) (Year)
(c) Place: Salt Lake City, Utah
18. Funeral Director's OWN Signature MOONEY FUNERAL CHAPEL by R.V. Mooney
and Address Coeur d'Alene, Idaho
19. (a) 3/28/44 (Date received and filed) (b) Frances M. Ebel (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 3-23- 1944
at 8:20 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from 3-18 1944 to 3-23 1944
I last saw him alive on 3-23 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
PNEUMONIA LOBAR	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? USNTS FARRAGUT
Name of operation ____ Date ____
Major finding ____
Finding of autopsy same as cause of death

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature H.G. Feldman, Lt. Cdr. (M) USNR (M. D. or other)
and Address NAVAL HOSPITAL FARRAGUT, IDAHO Date 3-25 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

138312

United States
Department of Commerce
Bureau of the Census APR 13 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 71
Reg. Dist. No. 121

1. **PLACE OF DEATH:**
(a) County Kootenai
(b) City or town Farragut USNTS
(c) Street Address or R. F. D. No. Farragut
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home ____ Hospital X Institution ____ Other place ____
(f) Name Hosp. or Inst. NAVAL HOSPITAL FARRAGUT, IDAHO Stayed 13 days
(g) Lived in this county 0 years 1 months 4 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Kootenai
(c) City or town USNTS Farragut, Idaho
(d) Street Address or R. F. D. No. Farragut
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? U.S.
(g) How long had deceased lived in Idaho? L Month years
(h) Former residence (city, state) Waldron, Ark.

3. (a) **FULL NAME** ALLEN, Norman Hardy. AS,V-6,USNR. 631-24-07 35

3. (b) If veteran, name war None
3. (c) Social Security No. not known
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife ____
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) 2-10-1927

8. AGE	Years	Months	Days	If less than 1 day
	17	1	15	hrs ____ min. ____

9. Exact Occupation APPRENTICE SEAMAN Did this work for 1 Month yrs.
10. Industry or Business US NAVY RESERVE Date last worked 1944
11. Birthplace Waldron, Arkansas (City or town) (State or foreign country)

Father
12. Name Stewart William Allen
13. Birthplace not known (City or town) (State or foreign country)

Mother
14. Maiden name not known
15. Birthplace not known (City or town) (State or foreign country)

16. Informant's OWN Signature R. W. Allen. Pharm. USN
and Address NAVAL HOSPITAL FARRAGUT, IDAHO
17. (a) removal (Burial, cremation, or removal) (b) Date thereof 3-29-44 (Month) (Day) (Year)
(c) Place: Heavener, Oklahoma
18. Funeral Director's OWN Signature by [illegible]
and Address Coeur d'Alene, Idaho.
19. (a) 4-4-44 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 25 19 44
at 8:10 o'clock P.M.
21. **I HEREBY CERTIFY,** That I attended deceased from 3-13-44 19 to 3-25-44 19
I last saw him alive on 3-25 19 44; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
PNEUMONIA BRONCHO	
Due to	
Due to	
Other conditions Measles	
(Include pregnancy within 3 months of death)	

Where was disease contracted? USNTS FARRAGUT
Name of operation none Date
Major finding
Finding of autopsy same as cause of death

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19 ____ City, county, state where violence occurred
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury
23. Attendant's OWN Signature H. E. Klinton (M. D. or other)
and Address NAVAL HOSPITAL FARRAGUT, IDAHO Date 3-28 19 44

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

138313

United States
Department of Commerce
Bureau of the Census

APR 13 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 138313
Local Reg. No. 90
Reg. Dist. No. 121

1. **PLACE OF DEATH:**
(a) County Kootenai
(b) City or town Farragut
(c) Street Address or R. F. D. No. Farragut
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home ____ Hospital ____ Institution ____ Other place X
(f) Name Hosp. or Inst. ____ Stayed 0 years 2 months 1 days
(g) Lived in this county ____ years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Kootenai
(c) City or town Farraugt
(d) Street Address or R. F. D. No. Farragut
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? U.S.
(g) How long had deceased lived in Idaho? 2 Months ____ years
(h) Former residence (city, state) Lublin, Wisconsin

3. (a) FULL NAME MRAVIK, Steve Albert. S2/C SV,V6,USNR. 959-04-65

164a

3. (b) If veteran, name war None
3. (c) Social Security No. not known
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife ____
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) 8-20-1925

8. AGE	Years	Months	Days	If less than 1 day
	~~23~~ 18	7	6	hrs ____ min. ____

9. Exact Occupation S 2/C
Did this work for 2 Months yrs.
10. Industry or Business U.S. Navy Reserve
Date last worked 1944
11. Birthplace Wisconsin (City or town) (State or foreign country)

Father
12. Name John Mravik
13. Birthplace not known (City or town) (State or foreign country)

Mother
14. Maiden name not known
15. Birthplace not known (City or town) (State or foreign country)

16. Informant's OWN Signature L.E. Miller. Pharm.USN
and Address USNTS Farragut, Idaho
17. (a) removal (Burial, cremation, or removal) (b) Date thereof 3-31-44 (Month) (Day) (Year)
(c) Place: Lublin, Wisconsin
18. Funeral Director's OWN Signature by MOONEY FUNERAL CHAPEL
and Address Coeur d'Alene, Idaho
19. (a) 4-4-44 (Date received and filed) (b) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 26 1944
at 0840 o'clock A M.

21. I HEREBY CERTIFY, That I attended deceased from March 26 1944 to March 26 1944
I last saw him ~~alive~~ on March 26 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Strangulation, Respiratory — Duration ____

Due to ____

Due to ____

Other conditions ____
(Include pregnancy within 3 months of death)

Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ____ Suicide? Yes Homicide? ____
Occurred March 26 1944 City, county, state where violence occurred Farragut, Kootenai, Idaho
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ✓
Means of injury Hanging

23. Attendant's OWN Signature Thomas R. White (M. D. ~~other~~)
and Address USNTS Farragut Date 3/29 1944

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

138314

United States
Department of Commerce
Bureau of the Census

APR 13 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 80
Local Reg. No.
Reg. Dist. No. 120

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
   (a) County Kootenai
   (b) City or town Rathdrum
   (c) Street Address or R. F. D. No. X
   (d) Death Occurred Inside? -- Outside? -- city or town
   (e) Died in a Home X Hospital -- Institution -- Other place --
   (f) Name Hosp. or Inst. ---------- Stayed ---- days
   (g) Lived in this county 45 years ---- months ---- days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Kootenai
   (c) City or town Rathdrum
   (d) Street Address or R. F. D. No.
   (e) Deceased lived Inside? -- Outside? X city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 45 years
   (h) Former residence (city, state) Iowa

932

3. (a) **FULL NAME** Joseph G. Fergerson

3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife ----
6. (c) Age of husband or wife if alive ------ years
7. Date of Birth (Month, Day, Year) Aug. 19th 1864

8. AGE	Years	Months	Days	If less than 1 day hrs	min.
	79	7	10		

9. *Exact Occupation Farmer — Did this work for life yrs.
10. Industry or Business — Date last worked 1940
11. Birthplace Cedar Rapids (City or town) Iowa (State or foreign country)

Father
12. Name do not know
13. Birthplace do not know (City or town) (State or foreign country)

Mother
14. Maiden name do not know
15. Birthplace do not know (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mrs Arthur C. Knight
and Address Post Falls Idaho

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 3/30/1944 (Month) (Day) (Year)
(c) Place: Pine Grove Cemetery Rathdrum

18. Funeral Director's **OWN** Signature A. B. Nelson
and Address Rathdrum Idaho

19. (a) 3/29/44 (Date received and filed) (b) Ernest M. Abel (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 3/27 1944
at 11.30 o'clock P M.

21. **I HEREBY CERTIFY**, That I attended deceased from Jan 15 1944 to Mar 27 1944
last saw h-- alive on 2/28 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Chr. Myocarditis — Duration ----
Due to Senility — 79 yrs.
Due to ----
Other conditions ---- (Include pregnancy within 3 months of death)
Where was disease contracted? Rural
Name of operation None Date ----
Major finding ----
Finding of autopsy None

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? -- Suicide? -- Homicide? --
Occurred ---- 19-- City, county, state where violence occurred ----
Place of Violence: Home -- Farm -- Industry --
Public Place ---- While at work? ----
Means of injury ----

23. Attendant's **OWN** Signature F. F. Hamm M.D.
and Address Coeur d'Alene (M. D. or other) Date 3/28 1944

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

APR 13 1944

Certificate Of Death

STATE OF IDAHO

State File No. 138315
Local Reg. No. 82
Reg. Dist. No. 120

1. PLACE OF DEATH:
(a) County Kootenai
(b) City or town Coeur dAlene
(c) Street Address or R.F.D. No. 412 Lakeside Ave.
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Home.... Hospital X Institution.... Other place....
(f) Name Hosp. or Inst. Lake City Sun Died ..... days
(g) Lived in this county 54 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Kootenai
(c) City or town Coeur dAlene
(d) Street Address or R.F.D. No. 22nd &Sherman
(e) Deceased lived Inside? x Outside? ..... city or town
(f) Citizen of what country? U.S.
(g) How long had deceased lived in Idaho? 54 years
(h) Former residence (city, state) Minn.

3. (a) FULL NAME Alfred F. Hedal

94a

3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex F. 5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Ada
6. (c) Age of husband or wife if alive 55 years
7. Date of Birth (Month, Day, Year) 5-31-1886

8. AGE	Years	Months	Days	If less than 1 day
	57	9	26	hrs min.

9. Exact Occupation Union Service Station Did this work for ..... yrs.
10. Industry or Business Service Station Date last worked 3-27-1944
11. Birthplace Twin Valley Minn. (City or town) (State or foreign country)
Father 12. Name Thomas Hedal
13. Birthplace Norway (City or town) (State or foreign country)
Mother 14. Maiden name Marie Brent
15. Birthplace Norway (City or town) (State or foreign country)
16. Informant's **OWN** Signature Mrs Ada Hedal
and Address 22nd & Sherman
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 4.1.44 (Month) (Day) (Year)
(c) Place: Forest Cemetery C D A
18. Funeral Director's **OWN** Signature C Wendt
and Address 109-111 Lakeside Ave.
19. (a) 4-1-44 (Date received and filed) (b) Frances M. Ebel (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) 3-27 1944
at 1:50 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 3/27.44 19..., to 3/27 1944
I last saw him alive on 3/27 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: —	Duration
Coronary Thrombosis	3 hours
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation ..... Date	
Major finding	
Finding of autopsy	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature [signature] (M. D. or other)
and Address Coeur d'Alene Id Date 3/28 1944
(For additional space, use reverse side)

138316

United States
Department of Commerce
Bureau of the Census

APR 13 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 74
Reg. Dist. No. 121

1. **PLACE OF DEATH:**
(a) County Kootenai
(b) City or town USNTS Farragut, Idaho
(c) Street Address or R. F. D. No. Farragut
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home __ Hospital X Institution __ Other place __
(f) Name Hosp. or Inst. NAVAL HOSPITAL FARRAGUT, IDAHO Stayed 18 days
(g) Lived in this county 0 years 4 months - days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State IDAHO (b) County Kootenai
(c) City or town USNTS Farragut
(d) Street Address or R. F. D. No. HCS Farragut
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? U.S.
(g) How long had deceased lived in Idaho? 4 Months years
(h) Former residence (city, state) Arcadia, Kansas

3. (a) FULL NAME CARPENTER, Boyd Allen. HA 1/C.SV,V6,USNR. 867-09-15 76a

3. (b) If veteran, name war None
3. (c) Social Security No. not known
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife ----
6. (c) Age of husband or wife if alive ----- years
7. Date of Birth (Month, Day, Year) 1-23-25

8. AGE	Years	Months	Days	If less than 1 day
	19	2	5	hrs min.

9. Exact Occupation HA 1/C Did this work for 4 Months yrs.
10. Industry or Business US Navy Reserve Date last worked 1944
11. Birthplace Mulberry, Kansas (City or town) (State or foreign country)
Father
12. Name Jess Floyd Carpenter
13. Birthplace -------- (City or town) (State or foreign country)
Mother
14. Maiden name Nora -------
15. Birthplace not known (City or town) (State or foreign country)
16. Informant's OWN Signature R. V. Allen. Pharm. USN. NAVAL HOSPITAL FARRAGUT, IDAHO and Address
17. (a) removal (Burial, cremation, or removal) (b) Date thereof 4-1-44 (Month) (Day) (Year)
(c) Place: Mulberry, Kansas
18. Funeral Director's OWN Signature Mooney Funeral Chapel by [signature] and Address Coeur d'Alene, Idaho
19. (a) 4-4-44 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) March 28 1944 at 11-:40 o'clock P M.
21. I HEREBY CERTIFY, That I attended deceased from 3-16 1944 to 3-28 1944
I last saw him alive on 3-28 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: GRANULOCYTOPENIA, MALIGNANT — Duration
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Where was disease contracted? USNTS FARRAGUT
Name of operation none Date
Major finding
Finding of autopsy same as cause of death

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
X Means of injury
23. Attendant's OWN Signature [signature] NAVAL HOSPITAL FARRAGUT, IDAHO (M. D. or other) and Address Date 3-28 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Wood

138317

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

APR 13 1944

State File No. 138317
Local Reg. No. 289
Reg. Dist. No. 120

1. **PLACE OF DEATH:**
(a) County Kootenai
(b) City or town Coeur D' Alene
(c) Street Address or R. F. D. No. 115 So. 7th
(d) Death Occurred Inside? in Outside? ____ city or town
(e) Died in a Home ~~Hospital, Institution, Other place~~
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 37 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho. (b) County Kootenai
(c) City or town Coeur D' Alene
(d) Street Address or R. F. D. No. 115 So 7th
(e) Deceased lived Inside? in Outside? ____ city or town
(f) Citizen of what country? U. S.
(g) How long had deceased lived in Idaho? 37 years
(h) Former residence (city, state) ____

3. (a) **FULL NAME** Falanda LaVoie

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3. (b) If veteran, name war ____ 3. (c) Social Security No. ____

4. Sex Female 5. Color or race hite 6. (a) Single, widowed, married, divorced widow

6. (b) Name of husband or wife ____ 6. (c) Age of husband or wife if alive ____ years

7. Date of Birth (Month, Day, Year) Sept. 25, 1859

8. AGE	Years	Months	Days	If less than 1 day
	84	6	5	hrs ____ min.

9. Exact Occupation at Home Did this work for ____ yrs.
10. Industry or Business ____ Date last worked ____
11. Birthplace ____ Canada (City or town) (State or foreign country)

Father
12. Name Thomas Cota
13. Birthplace ____ Canada (City or town) (State or foreign country)

Mother
14. Maiden name Not Known
15. Birthplace ____ Canada (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mrs E. J. Bilbadeau
and Address Coeur D' Alene, Idaho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/3/44 (Month) (Day) (Year)
(c) Place: St. Thomas Cemetery
18. Funeral Director's **OWN** Signature Mooney Chapel
and Address Coeur D' Alene, Idaho.
19. (a) 4-4-44 (Date received and filed) (b) Frances M. Edel (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 30, 1944 19____
at 11:50 o'clock P.M.

21. **I HEREBY CERTIFY,** That I attended deceased from Feb. 10 1944, to Mar 30 1944
I last saw h_r alive on Mar 30 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Carcinoma of liver — Duration 3 mo.
Due to ____
Due to ____
Other conditions ____
(Include pregnancy within 3 months of death)
Where was disease contracted? At home
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's **OWN** Signature John T. Wood (M. D. or other)
and Address Coeur d'Alene Ida Date Mar 31 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

138318

United States
Department of Commerce APR 12 1944
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 1037
Reg. Dist. No. 200

1. **PLACE OF DEATH:**
(a) County Latah
(b) City or town Moscow
(c) Street Address or R. F. D. No. 710 So. Main
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home __ Hospital X Institution __ Other place __
(f) Name Hosp. or Inst. Gritman Stayed 2 hrs. days
(g) Lived in this county ____ years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Latah
(c) City or town none
(d) Street Address or R. F. D. No. none
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? USA
(g) How long had deceased lived in Idaho? 2 hrs. years
(h) Former residence (city, state) ____

3. (a) **FULL NAME** Baby Pickens

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3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex M
5. Color or race White
6. (a) Single, widowed, married, divorced none
6. (b) Name of husband or wife none
6. (c) Age of husband or wife if alive none years
7. Date of Birth (Month, Day, Year) March 3, 1944

8. AGE	Years	Months	Days	If less than 1 day
				2 hrs min.

9. Exact Occupation none Did this work for none yrs.
10. Industry or Business none Date last worked none
11. Birthplace Moscow (City or town) Idaho (State or foreign country)
Father
12. Name James Pickens
13. Birthplace Geneva Idaho (City or town) (State or foreign country)
Mother
14. Maiden name Pearl Williams
15. Birthplace Troy (City or town) Idaho (State or foreign country)
16. Informant's OWN Signature Opal Wernecke
and Address Potlatch Idaho Box 14
17. (a) burial (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: Moscow Idaho
18. Funeral Director's OWN Signature H. R. Short
and Address Moscow Idaho
19. (a) 4/6/44 (Date received and filed) (b) L J Klaarn (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 3, 1944
at 6:30 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from March 3 1944, to March 3 1944
I last saw h____ alive on ____ 19____; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Prematurity	
infant (35 wks)	
Due to Not known	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted? Hours	PHYSICIAN
Name of operation hours Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy hours	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? no Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature [signature] M. D. (M. D. or other)
and Address Moscow Idaho Date 3/7 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

APR 12 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 138319
Local Reg. No. 1039
Reg. Dist. No. 200

1. **PLACE OF DEATH:**
(a) County Latah
(b) City or town Moscow
(c) Street Address or R. F. D. No. 710 So. Main
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home ____ Hospital X Institution ____ Other place ____
(f) Name Hosp. or Inst. Gritman Stayed 7 days
(g) Lived in this county ____ years ____ months 7 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Latah
(c) City or town Moscow, Idaho
(d) Street Address or R. F. D. No. ____
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? USA
(g) How long had deceased lived in Idaho? ____ years
(h) Former residence (city, state) ____

3. (a) **FULL NAME** ROBERT PAUL BUNCH, JR. 157E

3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex male
5. Color or race White
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife none
6. (c) Age of husband or wife if alive none years
7. Date of Birth (Month, Day, Year) February 26, 1944

8. AGE	Years	Months	Days	If less than 1 day hrs	min.
			7		

9. Exact Occupation none — Did this work for no yrs.
10. Industry or Business none — Date last worked none
11. Birthplace Moscow (City or town) Idaho (State or foreign country)

Father
12. Name Robert Paul Bunch
13. Birthplace Portland, Oregon (City or town) (State or foreign country)

Mother
14. Maiden name Caroline Wooten
15. Birthplace Georgia (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mrs. W. M. Bunch
and Address 736 Logan, Moscow Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-6-44 (Month) (Day) (Year)
(c) Place: Moscow, Idaho
18. Funeral Director's **OWN** Signature H. R. Short
and Address Moscow, Idaho
19. (a) 4/6/44 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 3-4 1944
at 7:15 o'clock A. M.

21. **I HEREBY CERTIFY**, That I attended deceased from 2-26-44, to 3-4-44
I last saw h~~im~~ alive on 3-3-44 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Congenital Heart disease 157e	6 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? —
Name of operation none Date —
Major finding —
Finding of autopsy Patent foramen ovale, Patent ductus arteriosus

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? — Suicide? — Homicide? —
Occurred — 19 — City, county, state where violence occurred —
Place of Violence: Home — Farm — Industry —
Public Place — While at work? —
Means of injury —

23. Attendant's **OWN** Signature Joseph V. Wilson MD (M. D. or other)
and Address Moscow Ida Date 3-4 1944
(For additional space, use reverse side)

138320

United States
Department of Commerce
Bureau of the Census

APR 12 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 1038
Reg. Dist. No. 200

1. **PLACE OF DEATH:**
(a) County Latah
(b) City or town Moscow
(c) Street Address or R. F. D. No. R.F.D. #2
(d) Death Occurred Inside? Outside? X city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 60 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Latah
(c) City or town Moscow, Idaho
(d) Street Address or R. F. D. No. R.F.D.#2
(e) Deceased lived Inside? Outside? X city or town
(f) Citizen of what country? USA
(g) How long had deceased lived in Idaho? 60 years
(h) Former residence (city, state)

3. (a) **FULL NAME** MRS. LILLY MOORS

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3. (b) If veteran, name war NONE
3. (c) Social Security No. none
4. Sex Female race White
5. Color or
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife unknown
6. (c) Age of husband or wife if alive unknown years
7. Date of Birth (Month, Day, Year) May 28, 1873

8. AGE	Years	Months	Days	If less than 1 day
	70	9	6	hrs min.

9. Exact Occupation housewife — Did this work for life yrs.
10. Industry or Business housewife — Date last worked unknown
11. Birthplace (City or town) England (State or foreign country)

Father
12. Name Richard Storey
13. Birthplace (City or town) England (State or foreign country)

Mother
14. Maiden name unknown
15. Birthplace (City or town) England (State or foreign country)

16. Informant's **OWN** Signature Mrs Alvin Bartlett
and Address Potlatch Ida.
17. (a) removal (Burial, cremation, or removal) (b) Date thereof 3-6-44 (Month) (Day) (Year)
(c) Place: Bellingham Wash.
18. Funeral Director's **OWN** Signature J. R. Short
and Address Moscow, Idaho
19. (a) 4/6/44 (Date received and filed) (b) L. G. Klaarn (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 4, 1944 1944
at 5 o'clock P M.
21. **I HEREBY CERTIFY**, That I attended deceased from 10-19-1944 to 3-4-1944
I last saw h alive on 11-30-1943 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary Occlusion — Duration Sudden
Due to Coronary arteriosclerosis
Due to generalized arteriosclerosis
Other conditions Watts hypertension
(Include pregnancy within 3 months of death)
1321 and nephritis

Where was disease contracted?
Name of operation — Date
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature Joseph R. Wilson (M. D. or other)
and Address Moscow, Ida Date 3-8-44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

138321

United States
Department of Commerce
Bureau of the Census APR 12 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 1040
Reg. Dist. No. 200

1. **PLACE OF DEATH:**
(a) County Latah
(b) City or town Deary
(c) Street Address or R. F. D. No. R.F.D. 1
(d) Death Occurred Inside? Outside? X city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 27 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Latah
(c) City or town Deary
(d) Street Address or R. F. D. No. RFD # 1
(e) Deceased lived Inside? Outside? X city or town
(f) Citizen of what country? USA
(g) How long had deceased lived in Idaho? 27 years
(h) Former residence (city, state)

3. (a) **FULL NAME** OSCAR S. HUFFMAN 93E

3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex Male
5. Color or race white
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Kate
6. (c) Age of husband or wife if alive 59 years
7. Date of Birth (Month, Day, Year) Nov. 13, 1880

8. AGE	Years	Months	Days	If less than 1 day
	63	3	24	hrs min.

9. Exact Occupation Farmer Did this work for life yrs.
10. Industry or Business Farming Date last worked 1944
11. Birthplace Bates County, Missouri (City or town) (State or foreign country)
Father
12. Name William Huffman
13. Birthplace New Jersey (City or town) (State or foreign country)
Mother
14. Maiden name Martha Minnick
15. Birthplace Bates County, Missouri (City or town) (State or foreign country)
16. Informant's OWN Signature Clarence Huffman
and Address Daary, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: Wild Rose Cemetery
18. Funeral Director's OWN Signature H. R. Short
and Address Moscow, Idaho
19. (a) 4/6/44 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 3 - 7 - 1944
at 2:30 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from 19 , to 19
I last saw h alive on 19 ; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Myrocarditis 93 01	
Coronary Occlusion 94 a	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature H. R. Short Coroner (M. D. or other)
and Address Moscow Date 3-9 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

138322

United States
Department of Commerce
Bureau of the Census

APR 12 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 1041
Reg. Dist. No. 200

1. **PLACE OF DEATH:**
(a) County Latah
(b) City or town Moscow
(c) Street Address or R. F. D. No. 710 S. Main
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home ____ Hospital X Institution ____ Other place ____
(f) Name Hosp. or Inst. Gritman Stayed 3 days
(g) Lived in this county 22 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Latah
(c) City or town Kendrick
(d) Street Address or R. F. D. No. RFD #2
(e) Deceased lived Inside? ____ Outside? X city or town
(f) Citizen of what country? USA
(g) How long had deceased lived in Idaho? 30 years
(h) Former residence (city, state)

3. (a) **FULL NAME** CARL KNUTSON

596

3. (b) If veteran, name war none
3. (c) Social Security No. None
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife none
6. (c) Age of husband or wife if alive none years
7. Date of Birth (Month, Day, Year) July 22, 1914

8. AGE	Years	Months	Days	If less than 1 day hrs	min.
	29	7	12		

9. Exact Occupation none — Did this work for ____ yrs.
10. Industry or Business none — Date last worked
11. Birthplace Potlatch (City or town) Idaho (State or foreign country)

Father
12. Name Mike Knutson
13. Birthplace Sweden (City or town) (State or foreign country)

Mother
14. Maiden name Amanda Wik Sweden
15. Birthplace Sweden (City or town) (State or foreign country)

16. Informant's **OWN** Signature Knut Knutson
and Address Deary Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-18-44 (Month) (Day) (Year)
(c) Place: Deary Idaho
18. Funeral Director's **OWN** Signature A. R. Smith
and Address Moscow, Idaho
19. (a) 4/6/44 (Date received and filed) (b) C. G. Kloarec (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 14 1944
at 10:20 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from November 1943, to March 14, 1944
I last saw him alive on 3/14/44 19____; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Emaciation	
	596
Due to Chronic generalized arthritis, with a complete ankylosis of spine	
Due to 156.2	
Other conditions None (Include pregnancy within 3 months of death)	
Where was disease contracted? Idaho	PHYSICIAN
Name of operation None Date	
Major finding	Underline the cause to which death should be charged statistically.
Finding of autopsy None	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury
23. Attendant's **OWN** Signature C. G. Kloarec (M. D. or other)
and Address Moscow, Idaho Date 3/15/44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

APR 12 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 138323
Local Reg. No. 1048
Reg. Dist. No. 200

1. **PLACE OF DEATH:**
   (a) County Latah
   (b) City or town Genesee
   (c) Street Address or R. F. D. No. RFD # 1
   (d) Death Occurred Inside? ____ Outside? X city or town
   (e) Died in a Home X Hospital ____ Institution ____ Other place ____
   (f) Name Hosp. or Inst. ____ Stayed ____ days
   (g) Lived in this county 64 years ____ months ____ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Latah
   (c) City or town Genesee
   (d) Street Address or R. F. D. No. 1
   (e) Deceased lived Inside? ____ Outside? X city or town
   (f) Citizen of what country? USA
   (g) How long had deceased lived in Idaho? 64 years
   (h) Former residence (city, state) ____

3. (a) FULL NAME LEO W. H. MILLER

118

3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Clara
6. (c) Age of husband or wife if alive 56 years
7. Date of Birth (Month, Day, Year) June 1, 1874

8. AGE	Years	Months	Days	If less than 1 day
	69	9	16	hrs ____ min. ____

9. Exact Occupation Farmer — Did this work for life yrs.
10. Industry or Business Farmer — Date last worked
11. Birthplace ____ (City or town) Wisconsin (State or foreign country)

Father
12. Name T. E. Miller
13. Birthplace Norway (City or town) (State or foreign country)

Mother
14. Maiden name Anne Halverson
15. Birthplace Norway (City or town) (State or foreign country)

16. Informant's OWN Signature James F. Brazier
and Address Genesee, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof ____ (Month) (Day) (Year)
(c) Place: Genesee, Idaho

18. Funeral Director's OWN Signature H. R. Short
and Address Moscow Idaho

19. (a) 4/6/44 (Date received and filed) (b) C. L. Klaas (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 3-16 1944
at 4:30 o'clock P. M.

21. **I HEREBY CERTIFY**, That I attended deceased from ____ 19____, to ____ 19____
I last saw h____ alive on ____ 19____; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Acute Indigestion	
Heart Attack	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's OWN Signature H. R. Short (M. D. or other)
and Address Moscow Date 3/12 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

APR 4 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 138324
Local Reg. No. 7
Reg. Dist. No. 208

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. PLACE OF DEATH:
(a) County Latah
(b) City or town Rural
(c) Street Address or R. F. D. No. 6 Mi. E. Harvard
(d) Death Occurred Inside? ..... Outside? Yes ..... city or town
(e) Died in a Home X Hospital ..... Institution ..... Other place .....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county ..... years 6 months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Latah
(c) City or town Rural Harvard
(d) Street Address or R. F. D. No. .....
(e) Deceased lived Inside? ..... Outside? Yes ..... city or town
(f) If foreign born, in U. S. ..... yrs. Citizen of U. S.? .....
(g) How long had deceased lived in Idaho? ..... years
(h) Former residence (city, state) Lewiston, Idaho

3. (a) **FULL NAME** May Rains

94a

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Jesse L.
6 (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) Jan. 19, 1880

8. AGE	Years	Months	Days	If less than 1 day
	64	1	28	hrs ..... min.

9. Exact Occupation Housework — Did this work for 44 yrs.
10. Industry or Business Own Home — Date last worked 3/17-44
11. Birthplace Lewiston, Idaho (City or town) (State or foreign country)

Father
12. Name Seraphine Wildenthaler
13. Birthplace Unknown (City or town) (State or foreign country)

Mother
14. Maiden name Harriet Palmer
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mrs David P. Rains
and Address Harvard, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-20-44 (Month) (Day) (Year)
(c) Place: Lewiston, Idaho
18. Funeral Director's **OWN** Signature H E Kimball
and Address Palouse, Wash.
19. (a) 3-20-1944 (Date received and filed) (b) Mrs F. R. Gibson (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 18, 1944
at 12:30 o'clock A M.

21. **I HEREBY CERTIFY,** That I attended deceased from March 16— 1944 to March 18— 1944
I last saw her alive on March 16 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — Duration
Coronary Occlusion
Due to .....
Due to .....
Other conditions (Include pregnancy within 3 months of death) .....
Where was disease first contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature F. C. Gibson (M. D. or other)
and Address Potlatch Ida Date 3/24 1944

(For additional space, use reverse side)

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

APR 12 1944

State File No. 138325
Local Reg. No. 1044
Reg. Dist. No. 2-04

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
   (a) County Latah
   (b) City or town Genesee
   (c) Street Address or R. F. D. No. none
   (d) Death Occurred Inside? X Outside? ____ city or town
   (e) Died in a Home ____ Hospital ____ Institution ____ Other place X
   (f) Name Hosp. or Inst. ____ Stayed ____ days
   (g) Lived in this county 16 years ____ months ____ days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Latah
   (c) City or town Genesee
   (d) Street Address or R. F. D. No. ____
   (e) Deceased lived Inside? X Outside? ____ city or town
   (f) Citizen of what country? USA
   (g) How long had deceased lived in Idaho? 16 years
   (h) Former residence (city, state) ____

3. (a) **FULL NAME** Dona Jean Post

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3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife none
6. (c) Age of husband or wife if alive none years
7. Date of Birth (Month, Day, Year) December 3, 1927

8. AGE	Years	Months	Days	If less than 1 day hrs	min.
	16	3	16		

9. Exact Occupation School girl — Did this work for ____ yrs.
10. Industry or Business Sophomore — Date last worked ____
11. Birthplace Genesee (City or town) Idaho (State or foreign country)

Father
12. Name George Post
13. Birthplace North Loon (City or town) Nebr. (State or foreign country)

Mother
14. Maiden name Norma Moore
15. Birthplace Grifford (City or town) Idaho (State or foreign country)

16. Informant's **OWN** Signature Georgia Post.
and Address Genesee, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-22-44 (Month) (Day) (Year)
(c) Place: Genesee, Idaho
18. Funeral Director's **OWN** Signature H. R. Short
and Address Moscow, Idaho
19. (a) 4/6/44 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 3 - 19 19 44
at 4 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from ____ 19____, to ____ 19____
I last saw h____ alive on ____ 19____; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Accidental death due to gun shot wound.	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation ____ Date ____	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? X Suicide? ____ Homicide? ____
Occurred 3-19 19 44 City, county, state where violence occurred Genesee, Idaho - Lat.
Place of Violence: Home X Farm ____ Industry AH
Public Place ____ While at work? ____
Means of injury Gun shot IN HEAD
23. Attendant's **OWN** Signature H. R. Short (M. D. or other)
and Address Moscow, Ida. Date 3-22 1944
(For additional space, use reverse side)

138326

United States
Department of Commerce APR 12 1944
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 1046
Reg. Dist. No. 7-1

1. **PLACE OF DEATH:**
(a) County Latah
(b) City or town Bovill
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 23 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Latah
(c) City or town Bovill
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? France
(g) How long had deceased lived in Idaho? 23 years
(h) Former residence (city, state)

3. (a) **FULL NAME** Genevieve Fable

83a

3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex F. 5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Emile
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) June 26, 1849

8. AGE	Years	Months	Days	If less than 1 day
	94	8	25	hrs min.

9. Exact Occupation none Did this work for yrs.
10. Industry or Business none Date last worked
11. Birthplace Paris (City or town) France (State or foreign country)

Father
12. Name Simon Fabre
13. Birthplace (City or town) France (State or foreign country)

Mother
14. Maiden name Alexandria Guillon
15. Birthplace (City or town) France (State or foreign country)

16. Informant's OWN Signature Jacqueline LaRue
and Address 111 N. Asbury Moscow
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-24-44 (Month) (Day) (Year)
(c) Place: Moscow, Idaho
18. Funeral Director's OWN Signature H. R. Short
and Address Moscow, Idaho
19. (a) 4/6/44 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 3 - 22 1944
at 10:57 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from 19, to 19
I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebral Hemorrhage	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature H. R. Short (M. D. or other)
and Address Moscow Date 3-22 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Wilson

United States
Department of Commerce
Bureau of the Census

APR 12 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 138327
Local Reg. No. 1045
Reg. Dist. No. 200

1. **PLACE OF DEATH:**
(a) County Latah
(b) City or town Moscow
(c) Street Address or R. F. D. No. 710 S. Main
(d) Death Occurred Inside? ____ Outside? X city or town
(e) Died in a Home __ Hospital X Institution __ Other place __
(f) Name Hosp. or Inst. ____ Stayed 21 days
(g) Lived in this county 31 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Latah
(c) City or town Moscow
(d) Street Address or R. F. D. No. RFD # 5
(e) Deceased lived Inside? ____ Outside? X city or town
(f) Citizen of what country? USA
(g) How long had deceased lived in Idaho? 31 years
(h) Former residence (city, state) ____

3. (a) **FULL NAME** AUGUSTA CATHERINE BATEMAN 93d

3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex F.
5. Color or race W.
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Ralph
6. (c) Age of husband or wife if alive 71 years
7. Date of Birth (Month, Day, Year) December 3, 1876

8. AGE	Years	Months	Days	If less than 1 day
	67	3	18	hrs min.

9. Exact Occupation Housewife — Did this work for life yrs.
10. Industry or Business Housekeeping — Date last worked ____
11. Birthplace Marietta (City or town) Ohio (State or foreign country)
Father
12. Name Moses Kilmer
13. Birthplace (City or town) N.Y. (State or foreign country)
Mother
14. Maiden name Nannie Spencer
15. Birthplace unknown (City or town) (State or foreign country)
16. Informant's OWN Signature Hugo W. Bateman
and Address Moscow, Idaho RFD 5
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-23-44 (Month) (Day) (Year)
(c) Place: Moscow, Idaho
18. Funeral Director's OWN Signature H. R. Short
and Address Moscow, Idaho
19. (a) 4/6/44 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 3 - 21 1944
at 5 o'clock P.M.
21. **I HEREBY CERTIFY**, That I attended deceased from 1-5-1940 to 3-21-1944
I last saw her alive on 3-21-1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration
94a Coronary Thrombosis 3 days
93d Chronic myocarditis 3 years
Due to
95c Cardiac decompensation
Due to Uterus Edema and Bilateral Flaccid effusion 3 mos.
Other conditions
(Include pregnancy within 3 months of death)
110b
Where was disease contracted? ____
Name of operation none Date ____
Major finding ____
Finding of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? — Suicide? — Homicide? —
Occurred — 19__ City, county, state where violence occurred —
Place of Violence: Home — Farm — Industry —
Public Place — While at work? —
Means of injury —
23. Attendant's OWN Signature Joseph G. Wilson (M. D. or other)
and Address Moscow Ida Date 3-23-44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

APR 4 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 138328
Local Reg. No. 8
Reg. Dist. No. 208

1. **PLACE OF DEATH:**
(a) County Latah
(b) City or town Potlatch
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. Potlatch Stayed 10 days
(g) Lived in this county 35 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Latah
(c) City or town Potlatch
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? USA
(g) How long had deceased lived in Idaho? 35 years
(h) Former residence (city, state)

3. (a) **FULL NAME** SAM PIVASH 93d

3. (b) If veteran, name war none
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced divorced
6. (b) Name of husband or wife none
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	66			hrs min.

9. Exact Occupation Logger Did this work for unkn. yrs.
10. Industry or Business Logger Date last worked 3-18-44
11. Birthplace (City or town) Yugoslavia (State or foreign country)
Father
12. Name Stojan Pivash
13. Birthplace (City or town) Yugoslavia (State or foreign country)
Mother
14. Maiden name Unknown
15. Birthplace (City or town) Yugoslavia (State or foreign country)
16. Informant's OWN Signature Mike Bubuly
and Address 1503 East Wellesley, Spokane Wn.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 3-29-44 (Month) (Day) (Year)
(c) Place: Moscow, Idaho
18. Funeral Director's OWN Signature H. R. Short
and Address Moscow, Idaho
19. (a) Mar. 29-1944 (Date received and filed) (b) Mrs F.C. Gibson (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 3-28- 1944
at 7:04 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from 3-18-44 19 , to 3-28-44 19
I last saw him alive on 3-28-44 19 ; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
93d	
chronic myo carditis	
Due to (auricular fibrillation	
95a	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature F.C. Gibson (M. D. or other)
and Address Potlatch Ida Date 3-29-1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

APR 12 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

138329
State File No.
Local Reg. No. 1047
Reg. Dist. No. 700

1. **PLACE OF DEATH:**
(a) County Latah
(b) City or town Moscow
(c) Street Address or R. F. D. No. 710 S. Main
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home ____ Hospital X Institution ____ Other place ____
(f) Name Hosp. or Inst. Gritman Stayed 14 days
(g) Lived in this county 9 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Latah
(c) City or town Princeton
(d) Street Address or R. F. D. No. ____
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? ____
(g) How long had deceased lived in Idaho? 9 years
(h) Former residence (city, state) So. Dakota

3. (a) **FULL NAME** Knock, Gertrude

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3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Oscar
6. (c) Age of husband or wife if alive unknown years
7. Date of Birth (Month, Day, Year) Nov. 5, 1875

8. AGE	Years	Months	Days	If less than 1 day
	68	4	26	hrs ____ min.

9. Exact Occupation housekeeper Did this work for life yrs.
10. Industry or Business ____ Date last worked unknown
11. Birthplace West Washington, (City or town) Maine (State or foreign country)

Father
12. Name unknown
13. Birthplace unknown (City or town) (State or foreign country)

Mother
14. Maiden name unknown
15. Birthplace unknown (City or town) (State or foreign country)

16. Informant's **OWN** Signature Rev. R. F. Griffith
and Address Princeton, Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 4-2-44 (Month) (Day) (Year)
(c) Place: Potlatch
18. Funeral Director's **OWN** Signature H. B. Short
and Address Moscow, Idaho
19. (a) 4/6/44 (Date received and filed) (b) L. J. Klaarn (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 3-31 1944
at 3:20 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from June 19 40 to 3/31/44 19
I last saw her alive on 3/31/44 19 ; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — Duration
Metastatic carcinoma of the abdomen, site most probably
Due to the rectum.
Due to ____
Other conditions None
(Include pregnancy within 3 months of death)
Where was disease contracted? Idaho
Name of operation None Date ____
Major finding ____
Finding of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19 ____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's **OWN** Signature L. J. Klaarn (M. D. or other)
and Address Moscow, Idaho Date 4/3/44 19
(For additional space, use reverse side)

United States
Department of Commerce
Bureau of the Census

APR 17 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

Williamson

138330

State File No.
Local Reg. No.
Reg. Dist. No. 69a

1. **PLACE OF DEATH:**
(a) County Lemhi
(b) City or town Salmon
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? ✓ Outside? ____ city or town
(e) Died in a Home ✓ Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 50 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Lemhi
(c) City or town
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? ✓ Outside? ____ city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? 50 years
(h) Former residence (city, state) N.Y.

3. (a) **FULL NAME** HARRY GULEKE 83a

3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex Male
5. Color or race W
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife Katherine
6. (c) Age of husband or wife if alive 67 years
7. Date of Birth (Month, Day, Year) Nov. 8, 1862

8. AGE	Years	Months	Days	If less than 1 day
	81	4	8	hrs ____ min.

9. Exact Occupation Placer Miner — Did this work for Life yrs.
10. Industry or Business River Boat Captain — Date last worked 1939
11. Birthplace Hayerstroug (City or town) N.Y. (State or foreign country)

Father
12. Name Charles
13. Birthplace Germany (City or town) (State or foreign country)

Mother
14. Maiden name unknown
15. Birthplace — (City or town) (State or foreign country)

16. Informant's OWN Signature Kathryn Guleke
and Address Salmon Ida.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-1944 (Month) (Day) (Year)
(c) Place: Salmon Ida.
18. Funeral Director's OWN Signature Ray McGoldrick
and Address SALMON
19. (a) April 11-44 (Date received and filed) (b) Clo C. Bellamy (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 3-16-44 19____
at 11:00 o'clock P M.

21. **I HEREBY CERTIFY,** That I attended deceased from November 1 1943, to 3-16- 1944
I last saw him alive on 3-16- 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Pneumonia 109.1 — Duration 4 days
83a.1
Due to Cerebral hemorrhage — 3 weeks
Due to
Other conditions
(Include pregnancy within 3 months of death)

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19____ City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's OWN Signature M. J. Williamson D.O.
(M. D. or other)
and Address SALMON, IDA. Date 3-16-1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce APR 1 7 1944
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

Amended

State File No. 138331
Local Reg. No.
Reg. Dist. No. 690

1. **PLACE OF DEATH:**
(a) County Lemhi
(b) City or town Salmon
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? ✓ Outside? ____ city or town
(e) Died in a Home ✓ Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 17 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County
(c) City or town Blackfoot
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? ✓ Outside? ____ city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? 40 years
(h) Former residence (city, state) TEXAS

3. (a) **FULL NAME** CHLOE REBEKIAH GILLIUM 83a

3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife JASPER N.
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) Jan 14, 1867

8. AGE	Years	Months	Days	If less than 1 day
	77	2	2	hrs ____ min. ____

9. Exact Occupation Housewife Did this work for Life yrs.
10. Industry or Business ____ Date last worked 3-6-44
11. Birthplace Red River Co. TEXAS (City or town) (State or foreign country)

Father
12. Name Samuel JENKINS
13. Birthplace unknown (City or town) (State or foreign country)

Mother
14. Maiden name unknown
15. Birthplace ____ (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs C. E. Nutt and Address SALMON
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-18-44 (Month) (Day) (Year)
(c) Place: Salmon Idaho
18. Funeral Director's OWN Signature Ray McGoldrick and Address SALMON
19. (a) April 11 - 44 (Date received and filed) (b) Chas C. Bellamy (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 3-16-44 19____
at 4:30 o'clock P M.

21. **I HEREBY CERTIFY,** That I attended deceased from March 8 1944 to March 16 1944
I last saw her alive on March 9 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebral Hemorrhage	9 days.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ____ Date ____
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work?
Means of injury

23. Attendant's OWN Signature J. L. Mullen M.D. (M. D. or other)
and Address Salmon Idaho Date 4-5 19 44

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

138332

United States
Department of Commerce APR 1 7 1944
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No. 69/

1. **PLACE OF DEATH:** Lemhi
   (a) County
   (b) City or town Mary
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? Outside? ✓ city or town
   (e) Died in a Home Hospital Institution Other place
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county years months 3 days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these.)
   (a) State Idaho (b) County Custer
   (c) City or town Mackay
   (d) Street Address or R. F. D. No.
   (e) Deceased lived Inside? Outside? ✓ city or town
   (f) Citizen of what country? U. S. A
   (g) How long had deceased lived in Idaho? 30 years
   (h) Former residence (city, state)

3. (a) **FULL NAME** TONY DETILLO 95c

3. (b) If veteran, name war No

3. (c) Social Security No. 721-14-2122

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced

6. (b) Name of husband or wife ✓

6. (c) Age of husband or wife if alive years

7. Date of Birth (Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day hrs min.
	56			

9. Exact Occupation Rancher — Did this work for Life yrs.

10. Industry or Business — Date last worked

11. Birthplace Italy (City or town) (State or foreign country)

Father
12. Name ✓
13. Birthplace ✓ (City or town) (State or foreign country)

Mother
14. Maiden name ✓
15. Birthplace ✓ (City or town) (State or foreign country)

16. Informant's OWN Signature Emerson Moody
    and Address Mackay, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-25-44 (Month) (Day) (Year)
    (c) Place: Mackay Ida

18. Funeral Director's OWN Signature Ray McGoldrick
    and Address Salmon

19. (a) April 11 44 (Date received and filed) (b) Chas. E. Bellamy (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 3-22-44 19
    at 3:20 o'clock P M.

21. **I HEREBY CERTIFY,** That I attended deceased from 19 to 19
    I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death	Duration
Heart trouble 95c2	
Due to Coronary Embolism	74a
Due to	
Other conditions Varicose Veins	100a2
(Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
    Occurred 19 City, county, state where violence occurred
    Place of Violence: Home Farm ✓ Industry
    Public Place While at work?
    Means of injury

23. Attendant's OWN Signature O L Barrus Coroner (M. D. or other)
    and Address Salmon Date 3-24 1944
    (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

APR 17 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

mulder

State File No. 138333
Local Reg. No.
Reg. Dist. No. 690

1. **PLACE OF DEATH:**
(a) County Lemhi
(b) City or town Salmon
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? ✓ Outside? city or town
(e) Died in a Home Hospital ✓ Institution Other place
(f) Name Hosp. or Inst. Mulder Stayed 15 mos days
(g) Lived in this county 1 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County
(c) City or town St Marys
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? ✓ Outside? city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? 2 years
(h) Former residence (city, state)

3. (a) **FULL NAME** JAMES HARVEY 157E

3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex M
5. Color or race W.
6. (a) Single, widowed, married, divorced ✓
6. (b) Name of husband or wife ✓
6. (c) Age of husband or wife if alive ✓ years
7. Date of Birth (Month, Day, Year) Jan 31, 1942

8. AGE	Years	Months	Days	If less than 1 day
	2	1	26	hrs min.

9. Exact Occupation Child Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace St Maries (City or town) Idaho (State or foreign country)
Father
12. Name Earl D. Harvey
13. Birthplace Jamestown Penn. (City or town) (State or foreign country)
Mother
14. Maiden name Katherine Pentland
15. Birthplace St Joe, Idaho (City or town) (State or foreign country)
16. Informant's OWN Signature Earl D. Harvey
and Address North fork Ida
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-29-44 (Month) (Day) (Year)
(c) Place: Salmon Ida
18. Funeral Director's OWN Signature Ray McGoldrick
and Address Salmon
19. (a) April 11-44 (Date received and filed) (b) Chas C. Bellamy (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 3-27-44 19
at o'clock M.
21. **I HEREBY CERTIFY,** That I attended deceased from 3-27 1944 to 3-27 1944
I last saw him alive on 3-27 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Influenza 33b	1 day
Congenital Valvular Head 157e	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted? Home	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature J. L. Mulder MD (M. D. or other)
and Address Salmon Ida Date 4-5 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census APR 12 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 138334
Local Reg. No. 3
Reg. Dist. No. 2-32

1. **PLACE OF DEATH:**
(a) County Lewis
(b) City or town Winchester
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? x Outside? ____ city or town
(e) Died in a Home x Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county ____ years 1 months 2 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under Item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Lewis
(c) City or town Winchester
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? x Outside? ____ city or town
(f) Citizen of what country? Yes
(g) How long had deceased lived in Idaho? 11/3 mo years
(h) Former residence (city, state)

3. (a) **FULL NAME** Charles Michael Bateman

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3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Male
5. Color or race Wht
6. (a) Single, widowed, married, divorced ----
6. (b) Name of husband or wife ----
6. (c) Age of husband or wife if alive ---- years
7. Date of Birth (Month, Day, Year) February 11, 1944

8. AGE	Years	Months	Days	If less than 1 day
		1	10	hrs ____ min. ____

9. Exact Occupation ---- Did this work for ---- yrs.
10. Industry or Business ---- Date last worked ----
11. Birthplace Lewiston, Idaho (City or town) (State or foreign country)

Father
12. Name Wesley Wilbur Bateman
13. Birthplace Lapwai, Idaho (City or town) (State or foreign country)

Mother
14. Maiden name Mary Louise Durst
15. Birthplace Winchester, Idaho (City or town) (State or foreign country)

16. Informant's OWN Signature Louise Bateman
and Address Winchester, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 24 44 (Month) (Day) (Year)
(c) Place: Cold Springs
18. Funeral Director's OWN Signature O. E. Clowes
and Address Craigmont, Idaho
19. (a) Mar 24 1944 (Date received and filed) (b) O. E. Clowes (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 21, 1944
at 8:15 o'clock A. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 3-21 1944, to 3-21 1944
I last saw h---- alive on 3-21 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Broncho Pneumonia	24 hrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted? Home	PHYSICIAN
Name of operation None Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury
23. Attendant's OWN Signature K. H. Collins MD (M. D. or other)
and Address Craigmont Ida Date 3-24 1944
(For additional space, use reverse side)

138335

United States
Department of Commerce
Bureau of the Census

APR 20 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 234
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF DEATH:**
(a) County Lewis
(b) City or town Kamiah Idaho
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? ✓ Outside? city or town
(e) Died in a Home ✓ Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Lewis
(c) City or town Kamiah.
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? ✓ Outside? city or town
(f) Citizen of what country? US
(g) How long had deceased lived in Idaho? 70 years
(h) Former residence (city, state) Wash.

3. (a) **FULL NAME** Sarah Jabeth 33a

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F
5. Color or race Ind
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Samuel
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) 1867

8. AGE	Years	Months	Days	If less than 1 day
	77	-	-	hrs min.

9. Exact Occupation — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace Silcott (City or town) Wash (State or foreign country)

Father
12. Name Red Wolf.
13. Birthplace Silcott (City or town) Wash (State or foreign country)

Mother
14. Maiden name Not Known
15. Birthplace (City or town) U.S. (State or foreign country)

16. Informant's OWN Signature Harrison Jabeth
and Address Kamiah. Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-27-44 (Month) (Day) (Year)
(c) Place: Kamiah. Ind #2.
18. Funeral Director's OWN Signature [illegible] Robertson
and Address Orangeville Ind
19. (a) 3/26-44 (Date received and filed) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 25 1944
at One o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from 3/2nd 1944 to 3/25 1944
I last saw her alive on 3/25 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Lobar Pneumonia 108	9 days
Due to	
Influenza 336	14 "
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state
where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature [illegible] (M. D. ~~or other~~)
and Address Kamiah Ind Date 3/26 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

138336

United States
Department of Commerce
Bureau of the Census

APR 20 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 232
Local Reg. No.
Reg. Dist. No.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
(a) County Idaho Latah
(b) City or town Kamiah
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? ✓ Outside? ___ city or town
(e) Died in a Home ✓ Hospital ___ Institution ___ Other place ___
(f) Name Hosp. or Inst. ___ Stayed ___ days
(g) Lived in this county ___ years 3 months ___ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Wash. (b) County Custer
(c) City or town Clarkston
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? ___ Outside? ✓ city or town
(f) Citizen of what country? U. S. A.
(g) How long had deceased lived in Idaho? 3 mo. years
(h) Former residence (city, state) Clarkston Wn.

3. (a) **FULL NAME** Henry C. Talbott 926

3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex M.
5. Color or race W.
6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife Carrie
6. (c) Age of husband or wife if alive — years
7. Date of Birth (Month, Day, Year) Nov. 12, 1859.

8. **AGE**

Years	Months	Days	If less than 1 day
84	4	16	hrs ___ min.

9. Exact Occupation Farmer — Did this work for Life yrs.
10. Industry or Business — Date last worked
11. Birthplace Missouri (City or town) (State or foreign country)
Father
12. Name Demorcille Talbott
13. Birthplace Not Known (City or town) (State or foreign country)
Mother
14. Maiden name Elizabeth (Not Known)
15. Birthplace Unknown (City or town) (State or foreign country)
16. Informant's OWN Signature Russell Talbott
and Address Kooskia Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-28-44 (Month) (Day) (Year)
(c) Place: Lewiston Idaho
18. Funeral Director's OWN Signature W. C. Merchant
and Address Clarkston, Wash
19. (a) 3-29-'44 (Date received and filed) (b) Burial Permit (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 28 1944
at 9 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from January 2 1944, to 3-28 1944
I last saw h— alive on 3-28 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: 926 — Duration
Mitral Stenosis — 4 years
Due to ___
Due to 13211 ___
Other conditions Nephritis — 4 years
(Include pregnancy within 3 months of death)

Where was disease contracted? Home
Name of operation None Date ___
Major finding ___
Finding of autopsy None

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ___ Suicide? ___ Homicide? ___
Occurred ___ 19___ City, county, state where violence occurred ___
Place of Violence: Home ___ Farm ___ Industry ___
Public Place ___ While at work? ___
Means of injury ___

23. Attendant's OWN Signature [illegible] M. D.
(M. D. or other)
and Address Kamiah Date 3-29 1944
(For additional space, use reverse side)

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United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 13
Reg. Dist. No. 630

1. **PLACE OF DEATH:**
(a) County Madison
(b) City or town Rexburg
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home X Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 40 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Madison
(c) City or town Rexburg
(d) Street Address or R. F. D. No. RFD 1
(e) Deceased lived Inside? ____ Outside? ____ city or town
(f) Citizen of what country? ____
(g) How long had deceased lived in Idaho? 40 years
(h) Former residence (city, state) Okla.

3. (a) FULL NAME Lillie V. Bergendoff Beattie

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3. (b) If veteran, name war ____
3. (c) Social Security No. ____
4. Sex Female Color or race ____
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Henry W. Beattie
6. (c) Age of husband or wife if alive 58 years
7. Date of Birth (Month, Day, Year) March 8, 1889

8. AGE	Years	Months	Days	If less than 1 day
	54	11	26	hrs ____ min. ____

9. Exact Occupation Housewife — Did this work for ____ yrs.
10. Industry or Business ____ — Date last worked ____
11. Birthplace Muskogee, Indian Territory, Okla. (City or town) (State or foreign country)

Father
12. Name Frank Bergendorff
13. Birthplace Tving Blinkinge, Sweden (City or town) (State or foreign country)

Mother
14. Maiden name Hannah Benson
15. Birthplace Sweden (City or town) (State or foreign country)

16. Informant's OWN Signature Della Hoopes
and Address Rexburg, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-10-44 (Month) (Day) (Year)
(c) Place: Burton
18. Funeral Director's OWN Signature Russell Clamm
and Address Rexburg, Idaho
19. (a) 3-10-44 (Date received and filed) (b) Mrs. A. E. Young (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 5 1944
at 9:30 o'clock ____ M.

21. **I HEREBY CERTIFY,** That I attended deceased from Sept. 10 1943 to March 5 1944
I last saw her alive on 3/5 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Hypertensive Cardio Vascular Renal Disease	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation none Date	
Major finding	
Finding of autopsy none	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's OWN Signature M. A. Rigby MD (M. D. or other)
and Address Rexburg Date 3/8 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

APR 1 2 1944

State File No. _____
Local Reg. No. 15
Reg. Dist. No. 63

1. **PLACE OF DEATH:**
(a) County Madison
(b) City or town Rexburg
(c) Street Address or R. F. D. No. RFD 3
(d) Death Occurred Inside? ____ Outside? X city or town
(e) Died in a Home X Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. _____ Stayed ____ days
(g) Lived in this county 1½ years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Colorado (b) County _____
(c) City or town Glade Park
(d) Street Address or R. F. D. No. _____
(e) Deceased lived Inside? ____ Outside? ____ city or town
(f) Citizen of what country? _____
(g) How long had deceased lived in Idaho? 1½ years
(h) Former residence (city, state) Colorado

3. (a) FULL NAME Samuel William Mow

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3. (b) If veteran, name war _____
3. (c) Social Security No. 521-22-1926
4. Sex Male
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Edna Summers
6. (c) Age of husband or wife if alive 34 years
7. Date of Birth (Month, Day, Year) Feb. 14, 1911

8. AGE	Years	Months	Days	If less than 1 day
	33	1		hrs ____ min.

9. Exact Occupation Mechanic — Did this work for 7 yrs.
10. Industry or Business Taylor Chevrolet Co — Date last worked 3-13-44
11. Birthplace Glade Park, Colo. (City or town) (State or foreign country)

Father
12. Name Charles Mow
13. Birthplace Unknown (City or town) (State or foreign country)

Mother
14. Maiden name Bertie Enchus
15. Birthplace Oregon (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs Edna Mow
and Address Rexburg RFD 3
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-21-44 (Month) (Day) (Year)
(c) Place: Rexburg
18. Funeral Director's OWN Signature Russel Williamson
and Address Rexburg, Idaho
19. (a) 3-18-44 (Date received and filed) (b) Mrs M E Young (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 14 1944
at 1:45 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from Aug 19 1943, to March 13 1944
I last saw him alive on March 13 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Angina Pectoris 946	5 hrs.
Due to Mild Anemia	1 yr.
Due to CO poisoning 796	1 yr.
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? _____
Name of operation _____ Date _____
Major finding _____
Finding of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred _____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place _____ While at work? _____
Means of injury _____
23. Attendant's OWN Signature L. S. Green D.C.
(M. D. or other)
and Address _____ Date _____ 19____
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

APR 12 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 138339
Local Reg. No. 14
Reg. Dist. No. 630

1. **PLACE OF DEATH:**
(a) County Madison
(b) City or town Rexburg
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home ____ Hospital X Institution ____ Other place ____
(f) Name Hosp. or Inst. Sutherland Stayed 7 days
(g) Lived in this county 37 years 7 months 14 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Madison
(c) City or town Rexburg
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? USA
(g) How long had deceased lived in Idaho? Lifetime years
(h) Former residence (city, state)

3. (a) FULL NAME Grace E. Sommers

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3. (b) If veteran, name war ____
3. (c) Social Security No. 528-26-3496
4. Sex Fem.
5. Color or race W.
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Sam Sommers
6. (c) Age of husband or wife if alive 40 years
7. Date of Birth (Month, Day, Year) July 28, 1906

8. AGE	Years	Months	Days	If less than 1 day
	37	7	14	hrs ____ min.

9. Exact Occupation Housewife — Did this work for ____ yrs.
10. Industry or Business Seed House Worker — Date last worked
11. Birthplace Hibbard (City or town) Idaho (State or foreign country)

Father
12. Name James W. Rock
13. Birthplace Morgan, Utah (City or town) (State or foreign country)

Mother
14. Maiden name Lillie Stevens
15. Birthplace Upton, Sumit County, Utah (City or town) (State or foreign country)

16. Informant's OWN Signature Sam Sommers
and Address Rexburg, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-18-44 (Month) (Day) (Year)
(c) Place: Rexburg
18. Funeral Director's OWN Signature Russell G. Tanner
and Address Rexburg, Idaho
19. (a) 3-17-44 (Date received and filed) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Mar. 14 1944
at 7:30 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from 3-1 1944 to 3-15 1944
I last saw her alive on 3-15 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Acute Myocarditis	1 day
Due to Following Operation for	
Due to removal of ovarian	
Other conditions Cysts (Include pregnancy within 3 months of death)	7 days

Where was disease contracted? ____
Name of operation Abdominal Date ____
Major finding Cystic ovaries
Finding of autopsy none

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature W. Sutherland (M. D. or other)
and Address Rexburg Ida. Date 3-17 1944
(For additional space, use reverse side)

United States
Department of Commerce
Bureau of the Census

APR 12 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 138340
Local Reg. No. 17
Reg. Dist. No. 630

1. PLACE OF DEATH:
(a) County Madison
(b) City or town Rexburg
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home Hospital Institution Other place
(f) Name Hosp. or Inst. Rexburg Mat. Home Stayed days
(g) Lived in this county years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State (b) County
(c) City or town
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Outside? city or town
(f) If foreign born, in U. S. yrs. Citizen of U. S.?
(g) How long had deceased lived in Idaho? years
(h) Former residence (city, state)

3. (a) **FULL NAME** Tanya Preece

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3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F. 5. Color or race W.
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife
6 (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) March 31, 1944

8. **AGE**	Years	Months	Days	If less than 1 day
				6 hrs min.

9. Exact Occupation Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Rexburg (City or town) Idaho (State or foreign country)
Father 12. Name Dean Preece
Father 13. Birthplace Cove (City or town) Utah (State or foreign country)
Mother 14. Maiden name Claire Packer
Mother 15. Birthplace Preston (City or town) Idaho (State or foreign country)
16. Informant's **OWN** Signature Dean Preece
and Address Rexburg R.F.D. 3
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/1/44 (Month) (Day) (Year)
(c) Place: Rexburg
18. Funeral Director's **OWN** Signature Russel F. Camm
and Address Rexburg Idaho
19. (a) 4-1-44 (Date received and filed) (b) Mrs. H. E. [illegible] (Re[illegible]ture)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Mar. 31 1944
at 10.30 o'clock A. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 3/31 1944 to 3/31 1944
I last saw her alive on 3/31 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Pressure Lunchy	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease first contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature M. F. Rigby (M. D. or other)
and Address Rexburg Date 4/1 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census APR 12 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 138341
Local Reg. No. 18
Reg. Dist. No. 630

1. **PLACE OF DEATH:**
(a) County Madison
(b) City or town Rexburg
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. Rexburg Mat. Home Stayed days
(g) Lived in this county years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State (b) County
(c) City or town
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Outside? city or town
(f) If foreign born, in U. S. yrs. Citizen of U. S.?
(g) How long had deceased lived in Idaho? years
(h) Former residence (city, state)

3. (a) **FULL NAME** Martha Preece

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3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife
6 (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) March 31, 1944

8. AGE	Years	Months	Days	If less than 1 day
				5 hrs min.

9. Exact Occupation — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace Rexburg (City or town) Idaho (State or foreign country)

Father
12. Name Dean Preece
13. Birthplace Cove (City or town) Utah (State or foreign country)

Mother
14. Maiden name Claire Packer
15. Birthplace Preston (City or town) Idaho (State or foreign country)

16. Informant's **OWN** Signature Dean Preece and Address Rexburg Rt. 3
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/1/44 (Month) (Day) (Year)
(c) Place: Rexburg
18. Funeral Director's **OWN** Signature Russell Glenn and Address Rexburg Idaho
19. (a) 4-1-44 (Date received and filed) (b) Reg. E. Young (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Mar. 31 1944 at 10:15 o'clock A. M.

21. I **HEREBY CERTIFY**, That I attended deceased from 3/31 1944 to 3/31 1944
I last saw h.e.r. alive on 3/31 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Premeturity	
Due to Lit. Four Wks	Six months
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease first contracted?	
Name of operation Date	
Major finding	
Finding of autopsy none	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature M. F. Rigby (M. D. or other)
and Address Rexburg Idaho Date 4/1 1944

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

APR 13 1944

Certificate Of Death

STATE OF IDAHO

State File No. 13842
Local Reg. No. 18
Reg. Dist. No. 4-50

1. **PLACE OF DEATH:**
   (a) County Minidoka
   (b) City or town August
   (c) Street Address or R.F.D. No. 715 - 6th St
   (d) Death Occured Inside? ✓ Outside? ..... city or town
   (e) Died in a Home ✓ Hospital .... Institution .... Other place ....
   (f) Name Hosp. or Inst. ..... Stayed ..... days
   (g) Lived in this county 38 years ..... months ..... days

   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Minid
   (c) City or town Rupert
   (d) Street Address or R.F.D. No. 715 - 6th St.
   (e) Deceased lived Inside? ✓ Outside? ..... city or town
   (f) Citizen of what country? USA.
   (g) How long had deceased lived in Idaho? 38 years
   (h) Former residence (city, state) .....

3. (a) **FULL NAME** Myrtle Larsen Mendenhall 832

3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex Fem
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Charles
6. (c) Age of husband or wife if alive 54 years
7. Date of Birth (Month, Day, Year) July 20 1892

8. AGE	Years	Months	Days	If less than 1 day
	51	7	12	hrs ..... min.

9. Exact Occupation Housewife — Did this work for ..... yrs.
10. Industry or Business ..... — Date last worked .....
11. Birthplace Park City (City or town) Utah (State or foreign country)

Father
12. Name Fred A. Larsen
13. Birthplace Sweden (City or town) (State or foreign country)

Mother
14. Maiden name Agusta Anderson
15. Birthplace Denmark (City or town) (State or foreign country)

16. Informant's **OWN** Signature Chas F. Mendenhall.
and Address Rupert Idaho

17. (a) Burial (Burial, cremation or removal) (b) Date thereof 8-6-44 (Month) (Day) (Year)
(c) Place: August Cemetery

18. Funeral Director's **OWN** Signature Rodney E. Boardman
and Address Rupert Idaho

19. (a) 3-21-44 (Date received and filed) (b) A. E. Ehmer (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 2 1944
at 9 o'clock P M.

21. **I HEREBY CERTIFY**, That I attended deceased from Feb 18 1944, to March 2 1944
I last saw h.. alive on March 2 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Heart Pleurisy	1 week.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature A. E. Ehmer MD
(M. D. or other)
and Address Rupert Idaho Date March 3 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce APR 13 1944
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 138343
Local Reg. No. 19
Reg. Dist. No. 450

1. **PLACE OF DEATH:**
(a) County Minidoka
(b) City or town Rupert
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? ✓ Outside? city or town
(e) Died in a Home Hospital Institution ✓ Other place
(f) Name Hosp. or Inst. Jones Nurse Home Stayed 10 days
(g) Lived in this county 18 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Minidoka
(c) City or town Rupert
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? ✓ Outside? city or town
(f) Citizen of what country? U.S.
(g) How long had deceased lived in Idaho? 18 years
(h) Former residence (city, state) Ohio

3. (a) **FULL NAME** Alice J. Deno 1860

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Fem
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Fred A.
6. (c) Age of husband or wife if alive 76 years
7. Date of Birth (Month, Day, Year) March 3. 1871

8. AGE	Years	Months	Days	If less than 1 day
	73	0	4	hrs min.

9. Exact Occupation Housewife Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace ✓ England (City or town) (State or foreign country)
Father
12. Name Cummings
13. Birthplace England (City or town) (State or foreign country)
Mother
14. Maiden name Unknown
15. Birthplace (City or town) (State or foreign country)
16. Informant's **OWN** Signature Fred A. Deno
and Address Rupert Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3-13-44 (Month) (Day) (Year)
(c) Place: Astabula, Ohio.
18. Funeral Director's **OWN** Signature Rodney C. Goodman
and Address Rupert, Idaho
19. (a) 3-21-44 (Date received and filed) (b) E. H. Elmore (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 9th 1944
at 1 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from Feb 26 1944, to March 9 1944
I last saw her alive on March 9 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Myocarditis	
Due to	
Due to	
Other conditions Fracture Rt Hip (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYISCIAN Underline the cause to which death should be charged statistically.
Name of operation Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? X Suicide? Homicide?
Occurred Feb 26 1944 City, county, state where violence occurred Rupert, Minidoka Idaho
Place of Violence: Home X Farm Industry
Public Place While at work?
Means of injury Fell in Kitchen
23. Attendant's **OWN** Signature [signature] (M. D. or other)
and Address Rupert Idaho Date 3-9 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

APR 13 1944

Certificate Of Death

STATE OF IDAHO

State File No. 138344
Local Reg. No. 20
Reg. Dist. No. 450

1. **PLACE OF DEATH:**
   (a) County Minidoka
   (b) City or town Rupert
   (c) Street Address or R.F.D. No. 2
   (d) Death Occured Inside? ..... Outside? ✓ city or town
   (e) Died in a Home ✓ Hospital .... Institution .... Other place ....
   (f) Name Hosp. or Inst. ..... Stayed ..... days
   (g) Lived in this county 18 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Minidoka
   (c) City or town Rupert
   (d) Street Address or R.F.D. No. 2
   (e) Deceased lived Inside? ..... Outside? ✓ city or town
   (f) Citizen of what country? U S
   (g) How long had deceased lived in Idaho? 18 years
   (h) Former residence (city, state) Nevada

3. (a) **FULL NAME** Nellie Frances Stockton 131a

3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex Fem
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Robt Elliott
6. (c) Age of husband or wife if alive 58 years
7. Date of Birth (Month, Day, Year) Feb 7 1891

8. AGE	Years	Months	Days	If less than 1 day
	53	1	5	hrs ..... min.

9. Exact Occupation Housewife Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Waverly (City or town) Missouri (State or foreign country)

Father
12. Name John W Pollard
13. Birthplace Kentucky (City or town) (State or foreign country)

Mother
14. Maiden name Jeanette Holt
15. Birthplace Indiana (City or town) (State or foreign country)

16. Informant's **OWN** Signature Robert E. Stockton
and Address R 2. Rupert, Idaho.

17. (a) Burial (Burial, cremation or removal) (b) Date thereof 3-17-44 (Month) (Day) (Year)
(c) Place: Rupert, Idaho

18. Funeral Director's **OWN** Signature Rodney L Boardman
and Address Rupert Idaho

19. (a) 3-21-44 (Date received and filed) (b) E M Ehrmann (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 12 1944
at 10:30 o'clock A M.

21. **I HEREBY CERTIFY**, That I attended deceased from Jan 1 1944, to Mar 12 1944
I last saw her alive on Mar 11 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Heart failure	
Due to Chronic nephritis 131b	
Due to Arterio sclerosis 97	
Other conditions Hypertension 102	
(Include pregnancy within 3 months of death)	

Where was disease contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYISICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature F H Kenagy (M. D. or other)
and Address Rupert Ida Date 3-15 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census APR 13 1944

Certificate Of Death

STATE OF IDAHO

State File No. 138345
Local Reg. No. 21
Reg. Dist. No. 4-5

1. **PLACE OF DEATH:**
   (a) County Minidoka
   (b) City or town Rupert.
   (c) Street Address or R. F. D. No. 2.
   (d) Death Occured Inside? ✓ Outside? ..... city or town
   (e) Died in a Home ✓ Hospital ..... Institution ..... Other place .....
   (f) Name Hosp. or Inst. ..... Stayed ..... days
   (g) Lived in this county 25 years ..... months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Minidoka
   (c) City or town Rupert
   (d) Street Address or R.F.D. No. 2
   (e) Deceased lived Inside? ..... Outside? 2 ..... city or town
   (f) Citizen of what country? U.S.
   (g) How long had deceased lived in Idaho? 25 years
   (h) Former residence (city, state) Utah

3. (a) **FULL NAME** Ada Verena Peart 631

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Fem
5. Color or race White
(a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Vaud N.
6. (c) Age of husband or wife if alive 47 years
7. Date of Birth (Month, Day, Year) Oct 22. 1893

8. AGE	Years	Months	Days	If less than 1 day
	50	4	21	hrs ..... min.

9. Exact Occupation Housewife, Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Nephi Utah (City or town) (State or foreign country)
Mother Father
12. Name Joseph Wm Carter
13. Birthplace Nephi Utah (City or town) (State or foreign country)
14. Maiden name Alice Read
15. Birthplace Nephi Utah (City or town) (State or foreign country)
16. Informant's **OWN** Signature Melvin Carter
and Address Rupert Idaho.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3-18-44 (Month) (Day) (Year)
(c) Place: Nephi, Utah.
18. Funeral Director's **OWN** Signature Rodney B. Bradman
and Address Rupert, Idaho.
19. (a) 3-21-44 (Date received and filed) (b) W. E. Elmore (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 3-13 1944
at 2 o'clock P M.
21. **I HEREBY CERTIFY**, That I attended deceased from 12-12 1944, to 3-13 1944.
I last saw h.r alive on 3-10 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Arteriosclerosis Hemorrhage	instant
Due to Hypertension 631	6 years.
Due to	
Other conditions Toxic Thyroid.	6 years.
(Include pregnancy within 3 months of death)	

Where was disease contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy, Arteriosclerosis Hemorrhage

PHYISICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature W. W. Wallace M.D.
(M. D. or other)
and Address Burley Idaho. Date 3-14 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce APR 13 1944
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. M 138346
Local Reg. No. 22
Reg. Dist. No. 450

1. **PLACE OF DEATH:**
(a) County Minidoka
(b) City or town Rupert
(c) Street Address or R.F.D. No. 2
(d) Death Occured Inside? ..... Outside? ✓ city or town
(e) Died in a Home ✓ Hospital ..... Institution ..... Other place .....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county ..... years 3 months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Minidoka
(c) City or town Rupert
(d) Street Address or R.F.D. No. 2
(e) Deceased lived Inside? ..... Outside? ✓ city or town
(f) Citizen of what country? US
(g) How long had deceased lived in Idaho? 2 mo 23 days years
(h) Former residence (city, state) .....

3. (a) **FULL NAME** Carolyn Moncur 107

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Fem
5. Color or race White
6. (a) Single, widowed, married, divorced Child
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) Dec 23 1943

8. AGE	Years	Months	Days	If less than 1 day
	0	2	23	hrs min.

9. Exact Occupation Child Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Rupert (City or town) Idaho (State or foreign country)
Father
12. Name Louis E. Moncur
13. Birthplace Rupert (City or town) Ida (State or foreign country)
Mother
14. Maiden name Fern McBride
15. Birthplace Oakley (City or town) Idaho (State or foreign country)
16. Informant's **OWN** Signature Louis E. Moncur
and Address Rupert Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-19-44 (Month) (Day) (Year)
(c) Place: Rupert, Idaho
18. Funeral Director's **OWN** Signature Rodney G. Goodman
and Address Rupert Idaho
19. (a) 3-21-44 (Date received and filed) (b) E. H. Elmore (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 16 1944
at 9 o'clock A. M.
21. **I HEREBY CERTIFY,** That I attended deceased from Birth 19....., to March 16 1944
I last saw h..... alive on ..... 19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: 107	Duration
Bronchial pneumonia	3 weeks
Due to Adelectasis at Birth	161 a
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYISCIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature C. A. Moellmer Jr. (M. D. or other)
and Address Rupert Idaho Date 3-16 1944
(For additional space, use reverse side)

138347

United States
Department of Commerce
Bureau of the Census

APR 13 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 17
Reg. Dist. No. 4-60

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
(a) County Minidoka
(b) City or town Paul
(c) Street Address or R. F. D. No. P. O.
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home X Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county ____ years 2 months 11 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Minidoka
(c) City or town Paul
(d) Street Address or R. F. D. No. P. O.
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? U. S. A.
(g) How long had deceased lived in Idaho? 2½ mos. years
(h) Former residence (city, state) ____

3. (a) **FULL NAME** KAY WALTER BRYSON (INFANT) 107

3. (b) If veteran, name war ____
3. (c) Social Security No. ____
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced ____
6. (b) Name of husband or wife ____
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) Jan. 6 1944

8. AGE	Years	Months	Days	If less than 1 day
		2	11.	hrs ____ min. ____

9. Exact Occupation ____ Did this work for ____ yrs.
10. Industry or Business ____ Date last worked ____
11. Birthplace (City or town) Rupert (State or foreign country) Idaho.

Father
12. Name Arnold. Bryson
13. Birthplace (City or town) Paul (State or foreign country) Idaho

Mother
14. Maiden name Ruth
15. Birthplace (City or town) Rupert (State or foreign country) Idaho

16. Informant's OWN Signature Ruth Bryson
and Address Paul Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/19/44 (Month) (Day) (Year)
(c) Place: Paul
18. Funeral Director's OWN Signature J. Forrest Weaver
and Address Burley Idaho
19. (a) 3-21-44 (Date received and filed) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 17 (no) 1944
at about 1 o'clock A. M.
21. **I HEREBY CERTIFY,** That I attended deceased from Birth Jan 6 1944 to ~~Feb~~ March 17 1944
I last saw her alive on Feb 10 1944 and death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: 107 — Duration
Bronchial Pneumonia — 1 day
Due to Acute respiratory infection — 3 weeks
Due to ____
Other conditions ____ — 114 c 2
(Include pregnancy within 3 months of death)

Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's OWN Signature [illegible] M D
and Address Rupert Idaho (M. D. or other) Date 3-18 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

138348

United States
Department of Commerce
Bureau of the Census

APR 12 1944

Certificate Of Death

STATE OF IDAHO

State File No. 138348
Local Reg. No. 55
Reg. Dist. No. 220

1. **PLACE OF DEATH:**
   (a) County Nez Perce
   (b) City or town Lewiston
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? X Outside? city or town
   (e) Died in a Home Hospital X Institution Other place
   (f) Name Hosp. or Inst St. Joseph Stayed 7 days
   (g) Lived in this county years months days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Nez Perce
   (c) City or town Lewiston
   (d) Street Address or R.F.D. No. 1312 18th St.
   (e) Deceased lived Inside? X Outside? city or town
   (f) Citizen of what country? USA
   (g) How long had deceased lived in Idaho? 58 years
   (h) Former residence (city, state) Missouri

3. (a) **FULL NAME** Frank Canterbury Davis 13/a

3. (b) If veteran, name war ----
3. (c) Social Security No. -----
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ivy
6. (c) Age of husband or wife if alive 63 years
7. Date of Birth (Month, Day, Year) Nov 12, 1870

8. AGE	Years	Months	Days	If less than 1 day
	73	3	19	hrs min.

9. Exact Occupation Ret. Farmer — Did this work for Life yrs.
10. Industry or Business ---------- — Date last worked 1942
11. Birthplace Missouri (City or town) (State or foreign country)

Father
12. Name Melville C Davis
13. Birthplace North Carolina (City or town) (State or foreign country)

Mother
14. Maiden name Sarrah R Livengood
15. Birthplace North Carolina (City or town) (State or foreign country)

16. Informant's **OWN** Signature Elmer Davis
and Address Cusick Wash

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3-2-44 (Month) (Day) (Year)
(c) Place: Clarkston, Washington

18. Funeral Director's **OWN** Signature W.C. Merchant
and Address Clarkston, Washington

19. (a) 3/4/44 (Date received and filed) (b) Margaret Vassar (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 2nd 1944
at 6:00 o'clock A M.

21. **I HEREBY CERTIFY**, That I attended deceased from 2-23 1944, to 3-2 1944
I last saw h.. alive on 3-2 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebral Hemorrhage 431	7 days
Due to Hypertensive Cardio Renal Disease 13/a	unknown
Due to	
Other conditions Anemia (Include pregnancy within 3 months of death)	unknown
Where was disease contracted? —	
Name of operation — Date	
Major finding —	
Finding of autopsy —	

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? — Suicide? — Homicide? —
Occurred — 19 City, county, state where violence occurred —
Place of Violence: Home — Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature J.M. McRae MD
and Address Lewiston Ida (M. D. or other) Date 3/3 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census APR 12 1944

Certificate Of Death

STATE OF IDAHO

State File No. 13834
Local Reg. No. 56
Reg. Dist. No. 220

1. **PLACE OF DEATH:**
(a) County Nezperce
(b) City or town Lewiston, Ida.
(c) Street Address or R. F. D. No.
(d) Death Occured Inside? X Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst St Josephs Stayed days
(g) Lived in this county years months 12 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Nezperce
(c) City or town Lewiston
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? U.S. of America
(g) How long had deceased lived in Idaho? 12 Days years
(h) Former residence (city, state) ------

3. (a) **FULL NAME** Dermont Lee Porterfield

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3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Feb. 19th, 1944

8. AGE	Years	Months	Days	If less than 1 day hrs min.
			12	

9. Exact Occupation Infant — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace Lewiston, Idaho (City or town) (State or foreign country)

Father
12. Name Dermont Lee Porterfield
13. Birthplace Telluride, Colo (City or town) (State or foreign country)

Mother
14. Maiden name Lethia A Peterson
15. Birthplace Solway, Minn. (City or town) (State or foreign country)

16. Informant's **OWN** Signature Lethia A Porterfield
and Address Clarkston, Wash.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3/2/44 (Month) (Day) (Year)
(c) Place: Clarkston, Wash.

18. Funeral Director's **OWN** Signature H. R. Merchant
and Address Clarkston, Wash.

19. (a) 3/2/44 (Date received and filed) (b) Margaret Vassar (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 2 19 44
at 3:30 o'clock A M.

21. **I HEREBY CERTIFY**, That I attended deceased from 2-19- 1944, to 3-2 1944
I last saw him alive on 3-1 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Prematurity	
Gastroenteritis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYISCIAN Underline the cause to which death should be charged statistically.
Name of operation ... Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature Walter Mewilliams (M. D. or other)
and Address Lewiston Date 3-4 1944
(For additional space, use reverse side)

138350

United States
Department of Commerce
Bureau of the Census

APR 12 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 61
Reg. Dist. No. 220

1. **PLACE OF DEATH:**
(a) County Nez Perce
(b) City or town Lewiston
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. St. Joseph's Stayed 16 days
(g) Lived in this county 40 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Nez Perce
(c) City or town Lewiston
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 40 years
(h) Former residence (city, state)

3. (a) **FULL NAME** James Jackson 93d

3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife no record
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) October 25, 1871

8. AGE	Years	Months	Days	If less than 1 day
	72	4	6	hrs min.

9. Exact Occupation Laborer — Did this work for ____ yrs.
10. Industry or Business General — Date last worked 1943
11. Birthplace Montgomery Co., Kentucky (City or town) (State or foreign country)

Father
12. Name James A. Jackson
13. Birthplace Virginia (City or town) (State or foreign country)

Mother
14. Maiden name Amanda E. Gibbs
15. Birthplace Kentucky (City or town) (State or foreign country)

16. Informant's OWN Signature
and Address Lewiston, Idaho

17. (a) removal (Burial, cremation, or removal) (b) Date thereof 3-8-44 (Month) (Day) (Year)
(c) Place: Gifford, Idaho

18. Funeral Director's OWN Signature Vincent U. Vassar
and Address Lewiston, Idaho

19. (a) 3/7/44 (Date received and filed) (b) Margaret Vassar (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 3, 1944
at 11:35 o'clock a.M.

21. **I HEREBY CERTIFY,** That I attended deceased from ____ 19____, to March 3, 1944
I last saw him alive on ____ 19____; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: 9 y a Coronary Occlusion, Recurrent — Duration 12 days
Due to Arteriosclerotic Heart Disease — 93d
Due to ____
Other conditions (Include pregnancy within 3 months of death)
Where was disease contracted?
Name of operation ____ Date ____
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury

23. Attendant's OWN Signature Walter Merrill Williams (M. D. or other)
and Address Lewiston Date 5-7-44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

M F W.

138351

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

APR 12 1944

State File No.
Local Reg. No. 65
Reg. Dist. No. 220

1. **PLACE OF DEATH:**
(a) County NezPerce
(b) City or town Lewiston
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home ____ Hospital X Institution ____ Other place ____
(f) Name Hosp. or Inst. St. Joesph Stayed ____ days
(g) Lived in this county ____ years 41 months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County NezPerce
(c) City or town Lewiston
(d) Street Address or R. F. D. No. Star Route
(e) Deceased lived Inside? ____ Outside? X city or town
(f) Citizen of what country? U.S.
(g) How long had deceased lived in Idaho? 41 years
(h) Former residence (city, state)

3. (a) **FULL NAME** Maria M. Dau

486

3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife John
6. (c) Age of husband or wife if alive 67 years
7. Date of Birth (Month, Day, Year) June 16 1882

8. AGE	Years	Months	Days	If less than 1 day
	61	8	17	hrs ____ min.

9. Exact Occupation Wife — Did this work for ____ yrs.
10. Industry or Business — Date last worked
11. Birthplace Wutenberg (City or town) Germany (State or foreign country)

Father
12. Name ? ? ?
13. Birthplace (City or town) Germany (State or foreign country)

Mother
14. Maiden name ? ? ?
15. Birthplace (City or town) Germany (State or foreign country)

16. Informant's **OWN** Signature Geo J Dau
and Address Lewiston Star Route
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/6/44 (Month) (Day) (Year)
(c) Place: Lewiston Idaho
18. Funeral Director's **OWN** Signature Brewer-Wann by H. H. Malson
and Address Lewiston, Idaho
19. (a) 3/9/44 (Date received and filed) (b) Margaret Vassar (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 3 19 44
at 12:30 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from June 1 19 44 to March 3 19 44
I last saw her alive on March 3 19 44 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Melastatic Carcinoma	3 mos
Abdomen	
Due to Carcinoma	1 yr
Uterus	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? Lewiston
Name of operation None Date
Major finding
Finding of autopsy None

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19 ____ City, county, state where violence occurred
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury
23. Attendant's **OWN** Signature E. V. Broadbent MD (M. D. or other)
and Address Lewiston Idaho Date 3-7 19 44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

APR 12 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 138352
Local Reg. No. 79
Reg. Dist. No. 221

1. **PLACE OF DEATH:**
(a) County Nez Perce
(b) City or town Lenore (Rural)
(c) Street Address or R. F. D. No. #1
(d) Death Occurred Inside? ____ Outside? X city or town
(e) Died in a Home X Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county ____ years 4 months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State IDAHO (b) County NEZPERCE
(c) City or town LENORE (RURAL)
(d) Street Address or R. F. D. No. ONE
(e) Deceased lived Inside? ____ Outside? YES city or town
(f) Citizen of what country? UNITED STATES
(g) How long had deceased lived in Idaho? FOUR MONTHS
(h) Former residence (city, state) NONE

3. (a) **FULL NAME** BARBARA ~~ROSE~~ Rae HOLLINGSWORTH

195E

3. (b) If veteran, name war INFANT
3. (c) Social Security No. ____
4. Sex FEMALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced SINGLE
6. (b) Name of husband or wife ____
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) NOVEMBER 2nd 1943

8. AGE	Years	Months	Days	If less than 1 day
		4	2	hrs min.

9. Exact Occupation INFANT Did this work for ____ yrs.
10. Industry or Business ____ Date last worked ____
11. Birthplace OROFINO, IDAHO (City or town) (State or foreign country)
Father
12. Name Unknown
13. Birthplace " (City or town) (State or foreign country)
Mother
14. Maiden name ALBERTA MAE HOLLINGSWORTH
15. Birthplace LENORE, IDAHO (RURAL) (City or town) (State or foreign country)
16. Informant's OWN Signature George B. Blake
and Address [illegible], Orofino, Idaho
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof March 7/1944 (Month) (Day) (Year)
(c) Place: SUNNYSIDE CEMETERY (LENORE, IDAHO)
18. Funeral Director's OWN Signature George B. Blake
and Address OROFINO, IDAHO
19. (a) 3/17/44 (Date received and filed) (b) Margaret Vassar (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) MARCH 4 1944
at about 6 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from ____ 19__, to ____ 19__
I last saw h__ alive on ____ 19__; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
STRANGULATION ON FOOD AFTER FEEDING	INSTANT
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation ____ Date ____	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature [signature] CORONER (MD. or OTHER)
and Address Lewiston, Idaho Date 3/10 1944
(For additional space, use reverse side)

138353

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH

STATE OF IDAHO

APR 12 1944

State File No. 138353
Local Reg. No. 66
Reg. Dist. No. 220

1. **PLACE OF DEATH:**
(a) County Nez Perce
(b) City or town Lewiston
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home ____ Hospital X Institution ____ Other place ____
(f) Name Hosp. or Inst. St. Joseph's Stayed 7 days
(g) Lived in this county ____ years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Lewis
(c) City or town Craigmont
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? U. S.
(g) How long had deceased lived in Idaho? 38 years
(h) Former residence (city, state)

3. (a) **FULL NAME** CLYDE VERN SMITH

112

3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) Feb. 19 1891

8. AGE	Years	Months	Days	If less than 1 day
	53	----	14	hrs ____ min.

9. Exact Occupation Farmer — Did this work for life yrs.
10. Industry or Business own farm — Date last worked 1932
11. Birthplace Leslie, Iowa (City or town) (State or foreign country)

Father
12. Name Ezra H. Smith
13. Birthplace Iowa. (City or town) (State or foreign country)

Mother
14. Maiden name Eva Goin
15. Birthplace Iowa (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mrs. Clarence Reid
and Address Meiser Idaho

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3-4-44 (Month) (Day) (Year)
(c) Place: Craigmont, Idaho.

18. Funeral Director's **OWN** Signature C. E. Clark
and Address Craigmont, Idaho.

19. (a) 3/10/44 (Date received and filed) (b) Margaret Vassar (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 4, 1944
at 2:05 o'clock P. M.

21. **I HEREBY CERTIFY,** That I attended deceased from 2-27- 1944, to 3-4-44 19____
I last saw h[illegible] alive on 3-4- 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Bronchial Asthma	years
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation ____ Date ____	
Major finding	
Finding of autopsy	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury

23. Attendant's **OWN** Signature Walter C. Williams (M. D. or other)
and Address Lewiston, Ida. Date ____ 19____
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

138354

United States
Department of Commerce
Bureau of the Census

APR 12 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 138354
Local Reg. No. 62
Reg. Dist. No. 220

1. **PLACE OF DEATH:**
(a) County Nez Perce
(b) City or town Lewiston
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? X city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. — Stayed days
(g) Lived in this county 10 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Nez Perce
(c) City or town Lewiston
(d) Street Address or R. F. D. No. Rural
(e) Deceased lived Inside? Outside? X city or town
(f) Citizen of what country? U. S.
(g) How long had deceased lived in Idaho? 10 years
(h) Former residence (city, state)

3. (a) **FULL NAME** Captain Temple 1624

3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Date of Birth (Month, Day, Year) Feb 6, 1855

8. AGE	Years	Months	Days	If less than 1 day
	89	0	29	hrs min.

9. Exact Occupation Retired farmer — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace Des Moines (City or town) Iowa (State or foreign country)

Father
12. Name John Temple
13. Birthplace ? (City or town) ? (State or foreign country)

Mother
14. Maiden name ? ?
15. Birthplace ? (City or town) ? (State or foreign country)

16. Informant's **OWN** Signature H. T. Smith
and Address Lewiston

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3/7/44 (Month) (Day) (Year)
(c) Place: Marquis Brower-Wagner Funeral Home

18. Funeral Director's **OWN** Signature by I. H. Malion
and Address Lewiston Idaho

19. (a) 3/7/44 (Date received and filed) (b) Margaret Lassen (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 5 1944
at 10:05 o'clock P M.

21. **I HEREBY CERTIFY,** That I attended deceased from March 1 1944, to March 5 1944
I last saw h— alive on — 19—; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Extreme old age - senility	
Due to no other cause discovered	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation — Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19— City, county, state
where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature Paul G. Johnson (M. D. or other)
and Address Lewiston Ida Date 3-6 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

APR 12 1944

Certificate Of Death

STATE OF IDAHO

State File No. 138355
Local Reg. No. 63
Reg. Dist. No. 220

1. PLACE OF DEATH:
(a) County Nez Perce
(b) City or town Lewiston
(c) Street Address or R.F.D. No. ------
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Home.... Hospital X Institution.... Other place....
(f) Name Hosp. or Ins St. Joseph Stayed 2 days
(g) Lived in this county ..... years ..... months 2 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Wash (b) County Asotin
(c) City or town Clarkston
(d) Street Address or R.F.D. No. #2
(e) Deceased lived Inside? ..... Outside? X ..... city or town
(f) Citizen of what country? USA
(g) How long had deceased lived in Idaho? ----- years
(h) Former residence (city, state) .....

3. (a) **FULL NAME** William George Daley 46 d

3. (b) If veteran, name war ------
3. (c) Social Security No. 518-10-8403
4. Sex M race W
5. Color or
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Pearl
6. (c) Age of husband or wife if alive 52 years
7. Date of Birth (Month, Day, Year) Sept 13, 1884

8. AGE	Years	Months	Days	If less than 1 day
	56	5	22	hrs ..... min.

9. Exact Occupation Farmer — Did this work for Life yrs.
10. Industry or Business — Date last worked
11. Birthplace Newton (City or town) Michigan (State or foreign country)

Father
12. Name Patrick Daley
13. Birthplace Canada (City or town) (State or foreign country)

Mother
14. Maiden name Kate Cassidy
15. Birthplace Canada (City or town) (State or foreign country)

16. Informant's **OWN** Signature Meldrem G. Daley
and Address Clarkston, Washington
17. (a) Burial Removal Date thereof 3-9-44 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: Clarkston, Washington
18. Funeral Director's **OWN** Signature W.C. Merchant
and Address Clarkston, Washington
19. (a) 3/8/44 (Date received and filed) (b) Margaret Vassar (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 6 1944
at 8:00 o'clock A M.
21. **I HEREBY CERTIFY**, That I attended deceased from [illegible] 1943, to 3-6- 1944
I last saw h[illegible] alive on 3-5- 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Carcinoma of Rectum	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? .....
Name of operation none Date .....
Major finding .....
Finding of autopsy not done

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature Walter M. Williams (M. D. or other)
and Address Lewiston Date 3-7- 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

APR 12 1944

Certificate Of Death

STATE OF IDAHO

State File No. 138356
Local Reg. No. 64
Reg. Dist. No. 220

1. PLACE OF DEATH:

(a) County Nez Perce
(b) City or town Lewiston
(c) Street Address or R.F.D. No. ---
(d) Death Occured Inside? X Outside? ... city or town
(e) Died in a Home ... Hospital X Institution ... Other place ...
(f) Name Hosp. or Inst St. Joseph Stayed 1 days
(g) Lived in this county ... years ... months 1 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

(a) State Wash (b) County Asotin
(c) City or town Clarkston
(d) Street Address or R.F.D. No. ---
(e) Deceased lived Inside? X Outside? ... city or town
(f) Citizen of what country? USA
(g) How long had deceased lived in Idaho? --- years
(h) Former residence (city, state) ...

3. (a) **FULL NAME** Virginia Lucille Allen 33b

3. (b) If veteran, name war ---
3. (c) Social Security No. ---
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife ---
6. (c) Age of husband or wife if alive --- years
7. Date of Birth (Month, Day, Year) September 11, 1931

8. AGE	Years	Months	Days	If less than 1 day
	12	5	25	hrs ... min.

9. Exact Occupation Student — Did this work for Life yrs.
10. Industry or Business — Date last worked
11. Birthplace Lewiston, Idaho (City or town) (State or foreign country)

Father
12. Name Macie Allen
13. Birthplace Dayton, Washington (City or town) (State or foreign country)

Mother
14. Maiden name Francis U Lee
15. Birthplace Lebedon, Oregon (City or town) (State or foreign country)

16. Informant's **OWN** Signature M. C. Allen
and Address Clarkston, Washington

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3-7-44 (Month) (Day) (Year)
(c) Place: Clarkston, Washington

18. Funeral Director's **OWN** Signature M. C. Merchant
and Address Clarkston, Washington

19. (a) 3/9/44 (Date received and filed) (b) Margaret Vassar (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 7, 1944
at 2:00 o'clock A.M.

21. **I HEREBY CERTIFY**, That I attended deceased from 3-6 1944, to 3-7 1944
I last saw her alive on 3-7 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Influenza — Duration
Due to ...
Due to ...
Other conditions (Include pregnancy within 3 months of death) ...
Where was disease contracted? ...
Name of operation none Date ...
Major finding ...
Finding of autopsy no autopsy

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ... Suicide? ... Homicide? ...
Occurred ... 19... City, county, state where violence occurred ...
Place of Violence: Home ... Farm ... Industry ...
Public Place ... While at work? ...
Means of injury ...

23. Attendant's **OWN** Signature J. M. Kyle (M. D. or Other)
and Address Theodore Date 3-8 1944
(For additional space, use reverse side)

138357

United States
Department of Commerce
Bureau of the Census

APR 12 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 138357
Local Reg. No. 71
Reg. Dist. No. 220

1. **PLACE OF DEATH:** c
   (a) County NezPerne
   (b) City or town Lewiston
   (c) Street Address or R. F. D. No. 331/2nd Ave.
   (d) Death Occurred Inside? X Outside? ____ city or town
   (e) Died in a Home X Hospital ____ Institution ____ Other place ____
   (f) Name Hosp. or Inst. ****** Stayed ____ days
   (g) Lived in this county 40 years ____ months ____ days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County NezPerce
   (c) City or town Lewiston
   (d) Street Address or R. F. D. No. 331 - 2nd Ave.
   (e) Deceased lived Inside? X Outside? ____ city or town
   (f) Citizen of what country? U.S.
   (g) How long had deceased lived in Idaho? 40 years
   (h) Former residence (city, state) ____

3. (a) **FULL NAME** Margaret Ann Russell 93d

3. (b) If veteran, name war ******
3. (c) Social Security No. ******
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife ****
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) July 14 1849

8. AGE	Years	Months	Days	If less than 1 day
	95	7	23	hrs ____ min.

9. Exact Occupation ____ Did this work for ____ yrs.
10. Industry or Business ____ Date last worked ____
11. Birthplace ? (City or town) Iowa (State or foreign country)

Father
12. Name James Topper
13. Birthplace England (City or town) (State or foreign country)

Mother
14. Maiden name Mary Ellin
15. Birthplace Ireland (City or town) (State or foreign country)

16. Informant's **OWN** Signature X Mrs. D. L. Russell
and Address Lewiston

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/10/44 (Month) (Day) (Year)
(c) Place: Lewiston, Idaho

18. Funeral Director's **OWN** Signature Brower-Wann By K. E. Malson
and Address Lewiston, Idaho

19. (a) 3/14/44 (Date received and filed) (b) Margaret Vassar (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 7 1944
at 2:45 o'clock A M.

21. **I HEREBY CERTIFY**, That I attended deceased from June 1942, to March 1944
I last saw her alive on March 4 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Chronic Nephritis	
Due to Arteriosclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's **OWN** Signature Forrest Tomlinson M.D. (M. D. or other)
and Address Lewiston Date 3-10 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

APR 12 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 138358
Local Reg. No. 74
Reg. Dist. No. 220

1. **PLACE OF DEATH:**
(a) County Nez Perce
(b) City or town Lewiston
(c) Street Address or R. F. D. No. 407 6th, Avenue
(d) Death Occurred Inside? ____ Outside? ____ city or town
(e) Died in a Home# Hospital__ Institution__ Other place__
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 24 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Nez Perce
(c) City or town Lewiston
(d) Street Address or R. F. D. No 407 6th, Avenue
(e) Deceased lived Inside? In Outside? ____ city or town
(f) Citizen of what country? ____
(g) How long had deceased lived in Idaho? 24 years
(h) Former residence (city, state) ____

3. (a) **FULL NAME** Rosmus O. Lee 92d

3. (b) If veteran, name war None
3. (c) Social Security No. ____
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Gertrude
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) December 15th, 1883

8. AGE	Years	Months	Days	If less than 1 day
	60	2	25	hrs min.

9. Exact Occupation ____ Did this work for ____ yrs.
10. Industry or Business ____ Date last worked ____
11. Birthplace Bergen, (City or town) Norway (State or foreign country)
Father
12. Name Ole R. Lee
13. Birthplace ____ (City or town) Norway (State or foreign country)
Mother
14. Maiden name Ingberg
15. Birthplace ____ (City or town) Norway (State or foreign country)
16. Informant's OWN Signature Mrs Agnes La Marche
and Address Lewiston, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/15/44 (Month) (Day) (Year)
(c) Place: Lewiston, Idaho
18. Funeral Director's OWN Signature Brower-Wann Co. By [signature]
and Address Lewiston, Idaho
19. (a) 3/16/44 (Date received and filed) (b) Margaret Vassar (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 10th, 1944 19__
at 10-30 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from July 1943 to March 10 1944
Last saw him alive on March 10 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Acute cardiac Dilatation 95 c 4	1 day
Due to Heart disease (Endocarditis)	1 year
Due to 92 e	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? Lewiston Ida
Name of operation none Date ____
Major finding ____
Finding of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature E G Braddock MD (M. D. or other)
and Address Lewiston Ida Date 3-13 1944
(For additional space, use reverse side)

Braddock

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce APR 12 1944
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 138359
Local Reg. No. 70
Reg. Dist. No. 220

1. **PLACE OF DEATH:**
(a) County Nez Perce
(b) City or town Lewiston
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? In Outside? city or town
(e) Died in a Home Hospital # Institution Other place
(f) Name Hosp. or Inst. St Joseph Stayed days
(g) Lived in this county 47 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Nez Perce
(c) City or town Peck
(d) Street Address or R. F. D. No. Rural
(e) Deceased lived Inside? Outside? Out city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? 47 years
(h) Former residence (city, state)

3. (a) **FULL NAME** Melvin A. Rogers 83a

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) April 6th, 1866

8. AGE	Years	Months	Days	If less than 1 day
	77	11	4	hrs min.

9. Exact Occupation Farmer Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Scio (City or town) New York (State or foreign country)
Father
12. Name Reuben D. Rogers
13. Birthplace Scion (City or town) New York (State or foreign country)
Mother
14. Maiden name Mary L. Black
15. Birthplace Scion (City or town) New York (State or foreign country)
16. Informant's OWN Signature E. E. Rogers
and Address Peck, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/14/44 (Month) (Day) (Year)
(c) Place: Lewiston, Idaho
18. Funeral Director's OWN Signature Brower-Wann Co. By L B Wann
and Address Lewiston, Idaho
19. (a) 3/14/44 (Date received and filed) (b) Margaret Vassar (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 10th, 1944 19
at o'clock M.
21. **I HEREBY CERTIFY,** That I attended deceased from 1943 to Mar 10 1944
I last saw him alive on Mar 10 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration
apoplexy
Due to Hypertension
Due to
Other conditions
(Include pregnancy within 3 months of death)
Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature J. M. Pyle (M. D. or other)
and Address Lewiston, Idaho Date 3-11 1944
(For additional space, use reverse side)

138360

United States
Department of Commerce
Bureau of the Census

APR 12 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 69
Reg. Dist. No. 121

1. **PLACE OF DEATH:**
(a) County Nez Perce
(b) City or town Lewiston
(c) Street Address or R. F. D. No. 1
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home__ Hospital__ Institution X Other place__
(f) Name Hosp. or Inst. Sommerville Home Stayed ____ days
(g) Lived in this county 12 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Nez Perce
(c) City or town Lewiston
(d) Street Address or R. F. D. No. N. Lewiston
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? U. S. A.
(g) How long had deceased lived in Idaho? 12 years
(h) Former residence (city, state)

3. (a) **FULL NAME** Alta Mae Soden 61

3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife no record
6. (c) Age of husband or wife if alive ~~years~~
7. Date of Birth (Month, Day, Year) 5-22-1868

8. AGE	Years	Months	Days	If less than 1 day hrs	min.
	75	9	18		

9. Exact Occupation housewife Did this work for ____ yrs.
10. Industry or Business ____ Date last worked ____
11. Birthplace San Joquin, California (City or town) (State or foreign country)

Father
12. Name no record
13. Birthplace no record (City or town) (State or foreign country)

Mother
14. Maiden name no record
15. Birthplace no record (City or town) (State or foreign country)

16. Informant's OWN Signature Guy Bussmann
and Address Lewiston, Idaho

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 3-13-44 (Month) (Day) (Year)
(c) Place: Lewiston, Idaho

18. Funeral Director's OWN Signature Vincent D. Vassar
and Address Lewiston, Idaho

19. (a) 3/13/44 (Date received and filed) (b) Margaret Vassar (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 10, 1944
at 9:40 o'clock a. M.

21. **I HEREBY CERTIFY,** That I attended deceased from Jan. 1943, to March 1944
I last saw her alive on 3-9 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Hemiplegia 83 days	
Arteriosclerosis	
Due to Diabetes Mellitus	61
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation ____ Date ____	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's OWN Signature Walter C. McWilliams (M. D. or other)
and Address Lewiston Date 3-13 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

mc Williams

United States
Department of Commerce
Bureau of the Census

APR 12 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 138361
Local Reg. No. 84
Reg. Dist. No. 220

1. **PLACE OF DEATH:**
(a) County Nez Perce
(b) City or town Lewiston
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. Whites Stayed 1 days
(g) Lived in this county 10 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Nez Perce
(c) City or town Lapwai
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 10 years
(h) Former residence (city, state)

3. (a) **FULL NAME** Carl Marsh

95c

3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) September 25, 1893

8. AGE	Years	Months	Days	If less than 1 day
	50	5	6	hrs min.

9. Exact Occupation mail carrier Did this work for 1 yrs.
10. Industry or Business Date last worked March '44
11. Birthplace Laurel, Ohio (City or town) (State or foreign country)
Father
12. Name no record
13. Birthplace no record (City or town) (State or foreign country)
Mother
14. Maiden name no record
15. Birthplace no record (City or town) (State or foreign country)
16. Informant's OWN Signature from records & paper of deceased V. Vassar
and Address Lapwai, Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 3-14-44 (Month) (Day) (Year)
(c) Place: Lewiston, Idaho
18. Funeral Director's OWN Signature Vincent V. Vassar
and Address Lewiston, Idaho
19. (a) 3/18/44 (Date received and filed) (b) Margaret Vassar (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 11, 1944
at 11:15 o'clock P.M.
21. **I HEREBY CERTIFY,** That I attended deceased from March 8th 1944, to March 11 1944
I last saw him alive on March 11 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Hypostatic Pneumonia	24 hours
Due to acute dilatation and decompensating heart	5 days.
Due to unknown	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature E. L. White M.D (M. D. or other)
and Address Lewiston Ida Date 3-22 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

C.P.W.

United States
Department of Commerce
Bureau of the Census

APR 1 2 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 138362
Local Reg. No. 73
Reg. Dist. No. 220

1. **PLACE OF DEATH:**
(a) County Nez Perce
(b) City or town Lewiston
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? In Outside? city or town
(e) Died in a Home Hospital Institution Other place X
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Washington (b) County Garfield
(c) City or town Pomeroy
(d) Street Address or R. F. D. No. 681 4th, Street
(e) Deceased lived Inside? In Outside? city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? years
(h) Former residence (city, state)

3. (a) **FULL NAME** GUSTAVE FRANKLIN OBENLAND (Gustave Franklin Obenland) 94a

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Hilda
6. (c) Age of husband or wife if alive 65 years
7. Date of Birth (Month, Day, Year) September 26, 1877

8. AGE	Years	Months	Days	If less than 1 day
	66	5	18	hrs min.

9. Exact Occupation Watchmaker Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace California (City or town) (State or foreign country)
Father
12. Name Not Known
13. Birthplace Germany (City or town) (State or foreign country)
Mother
14. Maiden name Not Known
15. Birthplace Germany (City or town) (State or foreign country)
16. Informant's OWN Signature Hilda Obenland
and Address Pomeroy, Washington
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof March 14, '44 (Month) (Day) (Year)
(c) Place: Pomeroy, Washington
18. Funeral Director's OWN Signature Brower-Wann Co. By L. B. Wann
and Address Lewiston, Idaho
19. (a) March 14, 1944 (Date received and filed) (b) Margaret Vassar (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 14th, 1944 19
at Approx. 11 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from 19, to 19
I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death	Duration
Patient dead when I arrived	
Due to Evidently Coronary	
Due to Chronicle	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature J. M. Lyle (M. D. or other)
and Address Lewiston Date 3-14 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. Statistical answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

138363

United States
Department of Commerce APR 12 1944
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 138363
Local Reg. No. 83
Reg. Dist. No. 220

1. **PLACE OF DEATH:**
(a) County Nez Perce
(b) City or town Lawiston
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? ✓ Outside? ____ city or town
(e) Died in a Home ____ Hospital ✓ Institution ____ Other place ____
(f) Name Hosp. or Inst. St Joseph's Stayed 3 days
(g) Lived in this county 40 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Nez Perce
(c) City or town Southwick
(d) Street Address or R. F. D. No. ✓
(e) Deceased lived Inside? ✓ Outside? ____ city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 40 years
(h) Former residence (city, state)

3. (a) **FULL NAME** Charles Kazda 95c

3. (b) If veteran, name war ____
3. (c) Social Security No. ____
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife ____
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) 11-4-1862

8. AGE	Years	Months	Days	If less than 1 day
	71	4	12	hrs ____ min. ____

9. Exact Occupation Sawmill — Did this work for 35 yrs.
10. Industry or Business operator — Date last worked 1941
11. Birthplace (City or town) Bohemia (State or foreign country)
Father
12. Name James Kazda
13. Birthplace (City or town) Bohemia (State or foreign country)
Mother
14. Maiden name Magdalene Bavel
15. Birthplace (City or town) Bohemia (State or foreign country)
16. Informant's OWN Signature Math Kazda
and Address Southwick Ida
17. (a) Burial (Burial, cremation or removal) (b) Date thereof 3-18-44 (Month) (Day) (Year)
(c) Place: Lewiston, Idaho
18. Funeral Director's OWN Signature Vincent A Vassar
and Address Lewiston, Idaho
19. (a) 3/18/44 (Date received and filed) (b) Margaret Vassal (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 3-16 1944
at 8:30 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from ____ 19____, to 3-16 1944
I last saw him alive on ____ 19____; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
a Coronary Heart Disease	year
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? ____ PHYSICIAN
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature Paul W Johnson (M. D.)
and Address Lewiston Ida Date Mch 23 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census APR 12 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 138364
Local Reg. No. 82
Reg. Dist. No. 220

1. **PLACE OF DEATH:**
(a) County Nez Perce
(b) City or town Lewiston
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? ✓ Outside? ____ city or town
(e) Died in a Home ____ Hospital ✓ Institution ____ Other place ____
(f) Name Hosp. or Inst. St. Josephs Stayed 1 days
(g) Lived in this county ____ years ____ months 7 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Latah
(c) City or town Genesee
(d) Street Address or R. F. D. No. ✓
(e) Deceased lived Inside? ✓ Outside? ____ city or town
(f) Citizen of what country? U. S. A.
(g) How long had deceased lived in Idaho? 10 years
(h) Former residence (city, state)

3. (a) **FULL NAME** Edward Gieseker 83a

3. (b) If veteran, name war ____
3. (c) Social Security No. 533-12-3822
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife ____
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) 11-20-1875

8. AGE	Years	Months	Days	If less than 1 day hrs	min.
	68	3	28		

9. Exact Occupation Retired Clerk Did this work for ____ yrs.
10. Industry or Business General Date last worked 1942
11. Birthplace Warsaw, Illinois (City or town) (State or foreign country)

Father
12. Name Carl Gieseker
13. Birthplace Germany (City or town) (State or foreign country)

Mother
14. Maiden name Catherine Lehenmeier
15. Birthplace Germany (City or town) (State or foreign country)

16. Informant's **OWN** Signature Geo F Mitchell
and Address Lewiston, Idaho
17. (a) Burial (Burial, cremation or removal) (b) Date thereof 3-21-44 (Month) (Day) (Year)
(c) Place: Lewiston, Idaho
18. Funeral Director's **OWN** Signature Vincent O. Vassar
and Address Lewiston, Idaho
19. (a) 3/21/44 (Date received and filed) (b) Margaret Vassar (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 3-18 1944
at 11:20 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 3/17-1944 19____ to 3/18-1944 19____
I last saw him alive on 3/18-1944 19____; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebral Hemorrhage	
Due to Hypertension and senile Old Age.	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ____ Date ____
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury

23. Attendant's **OWN** Signature H. Rouse M.D. (M. D. or other)
and Address Lewiston Ida. Date 3/20 1944
(For additional space, use reverse side)

Rouse

United States
Department of Commerce
Bureau of the Census

APR 12 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 138365
Local Reg. No. 87
Reg. Dist. No. 220

1. **PLACE OF DEATH:**
   (a) County Nez Perce
   (b) City or town Lewiston
   (c) Street Address or R. F. D. No. 4th, Ave. & 6th, St.
   (d) Death Occurred Inside? In Outside? ____ city or town
   (e) Died in a Home ___ Hospital # Institution ___ Other place ___
   (f) Name Hosp. or Inst. St Joseph Stayed ___ days
   (g) Lived in this county ____ years ____ months ½ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Nez Perce
   (c) City or town Lewiston
   (d) Street Address or R. F. D. No. ____
   (e) Deceased lived Inside? In Outside? ____ city or town
   (f) Citizen of what country? ____
   (g) How long had deceased lived in Idaho? ____ years
   (h) Former residence (city, state) ____

3. (a) **FULL NAME** Richard George Heitman

157E

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced ____
6. (b) Name of husband or wife ____
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) March 21st, 1944

8. AGE	Years	Months	Days	If less than 1 day
	____	____	____	14 hrs ____ min.

9. Exact Occupation None — Did this work for ____ yrs.
10. Industry or Business ____ — Date last worked ____
11. Birthplace Lewiston, Idaho (City or town) (State or foreign country)

Father
12. Name Elmer W. Heitman
13. Birthplace Gifford, Idaho (City or town) (State or foreign country)

Mother
14. Maiden name Carmilita Kinzer
15. Birthplace Uniontown, Washington (City or town) (State or foreign country)

16. Informant's **OWN** Signature Edmer Heitman
and Address Lewiston, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/23/1944 (Month) (Day) (Year)
(c) Place: Lewiston, Idaho

18. Funeral Director's **OWN** Signature Brower-Wann Co. By L B Wann
and Address Lewiston, Idaho

19. (a) 3/29/44 (Date received and filed) (b) Margaret Vassar (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 21st, 1944 1944
at ____ o'clock ____ M.

21. I **HEREBY CERTIFY**, That I attended deceased from March 21 1944, to March 21 1944
I last saw him alive on March 21 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cardiac Failure	
Due to Patent Foramen Ovale	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation ____ Date ____	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's **OWN** Signature Forrest Tomlinson M.D.
(M. D. or other)
and Address Lewiston Date 3-25 1944

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census APR 12 1944

Certificate Of Death

STATE OF IDAHO

State File No. 138366
Local Reg. No. 81
Reg. Dist. No. 220

1. **PLACE OF DEATH:**
   (a) County Nez Perce
   (b) City or town Lewiston
   (c) Street Address or R. F. D. No. ----------
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home .... Hospital X Institution .... Other place ....
   (f) Name Hosp. or Inst St. Joseph. Stayed ..... days
   (g) Lived in this county ..... years ..... months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Wash (b) County Asotin
   (c) City or town Clarkston
   (d) Street Address or R.F.D. No. --------
   (e) Deceased lived Inside? ..... Outside? X city or town
   (f) Citizen of what country? USA
   (g) How long had deceased lived in Idaho? ..... years
   (h) Former residence (city, state) .....

3. (a) **FULL NAME** Ida Green

932

3. (b) If veteran, name war ----
3. (c) Social Security No. -------
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Ray
6. (c) Age of husband or wife if alive ----- years
7. Date of Birth (Month, Day, Year) July 2, 1860

8. AGE	Years	Months	Days	If less than 1 day
	73	8	20	hrs ____ min.

9. Exact Occupation Housewife Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Salem, Oregon (City or town) (State or foreign country)

Father
12. Name (Unknown) Darr
13. Birthplace Germany (City or town) (State or foreign country)

Mother
14. Maiden name Unknown
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mrs. L. Copeland
and Address Lewiston, Idaho

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3-22-44 (Month) (Day) (Year)
(c) Place: Walla Walla, Washington

18. Funeral Director's **OWN** Signature W C Merchant
and Address Clarkston, Washington

19. (a) 3/22/44 (Date received and filed) (b) Margaret Vassar (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 22 19 44
at 9 o'clock A M.

21. **I HEREBY CERTIFY**, That I attended deceased from March 1943, to March 22 1944
I last saw h.er alive on 3-22- 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Coronary Occlusion	24a
Due to Arteriosclerosis	
Heart Disease	932
Due to congestive failure	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature Walter M. Williams (M. D. or other)
and Address Lewiston Date 3-23 19 44

(For additional space, use reverse side)

138367

United States
Department of Commerce
Bureau of the Census

APR 12 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 90
Reg. Dist. No. 220

1. **PLACE OF DEATH:**
(a) County Nez Perce
(b) City or town Lewiston
(c) Street Address or R. F. D. No. 1214 11th, Avenue
(d) Death Occurred Inside? In Outside? ____ city or town
(e) Died in a Home ____ Hospital ____ Institution ____ Other place #
(f) Name Hosp. or Inst. St Joseph ____ Stayed ____ days
(g) Lived in this county 12 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under Item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Nez Perce
(c) City or town Lewiston
(d) Street Address or R. F. D. No. 1214 11th, Avenue
(e) Deceased lived Inside? In Outside? ____ city or town
(f) Citizen of what country? ____
(g) How long had deceased lived in Idaho? 12 years
(h) Former residence (city, state) ____

3. (a) **FULL NAME** Annie Lee

170 c

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife ____
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) December 26th, 1861

8. AGE	Years	Months	Days	If less than 1 day
	82	3	-0-	hrs ____ min.

9. Exact Occupation At home — Did this work for ____ yrs.
10. Industry or Business ____ — Date last worked ____
11. Birthplace ____ (City or town) Oregon (State or foreign country)

Father
12. Name James Miller
13. Birthplace ____ (City or town) Indiana (State or foreign country)

Mother
14. Maiden name Martha ____
15. Birthplace ____ (City or town) Indiana (State or foreign country)

16. Informant's OWN Signature ____ and Address Lewiston, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/28/1944 (Month) (Day) (Year)
(c) Place: Lewiston, Idaho
18. Funeral Director's OWN Signature Brower-Wann Co. By L B Wann and Address Lewiston, Idaho
19. (a) 3/30/44 (Date received and filed) (b) Margaret Vassar (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 26th, 1944 19____ at 1:50 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from March 5 1944 to March 26 1944
I last saw her alive on March 26 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebral Hemorrhag	1 day
Due to Lacerated Brain	1 day
Due to auto accident	1 day
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? Lewiston
Name of operation None Date ____
Major finding ____
Finding of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? X Suicide? ____ Homicide? ____
Occurred March 26 19 44 City, county, state where violence occurred Lewiston Idaho
Place of Violence: Home ____ Farm ____ Industry ____
Public Place X While at work? ____
Means of injury Auto accident
23. Attendant's OWN Signature E L Broadbent (M. D. or other)
and Address Lewiston Ida Date 3-30 1944
(For additional space, use reverse side)

Brad Wash

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

APR 12 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 138368
Local Reg. No. 89
Reg. Dist. No. 220

1. **PLACE OF DEATH:**
(a) County Nez Perce
(b) City or town Lewiston
(c) Street Address or R. F. D. No. 4th, Ave. & 6th, Street
(d) Death Occurred Inside? In Outside? ____ city or town
(e) Died in a Home __ Hospital # Institution __ Other place __
(f) Name Hosp. or Inst. St Joseph Stayed 1 days
(g) Lived in this county ____ years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Washington (b) County Asotin
(c) City or town Clarkston
(d) Street Address or R. F. D. No. 12th, & Highland
(e) Deceased lived Inside? In Outside? ____ city or town
(f) Citizen of what country? ____
(g) How long had deceased lived in Idaho? ____ years
(h) Former residence (city, state) Idaho

3. (a) **FULL NAME** Louis Franklin Rickett 93d

3. (b) If veteran, name war None
3. (c) Social Security No. 701-18-0660
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ruth
6. (c) Age of husband or wife if alive 34 years
7. Date of Birth (Month, Day, Year) August 28th, 1900

8. AGE	Years	Months	Days	If less than 1 day
	43	6	28	hrs min.

9. Exact Occupation Machinist Did this work for ____ yrs.
10. Industry or Business Camas Prairie Railroad Date last worked ____
11. Birthplace David City, Nebraska (City or town) (State or foreign country)
Father
12. Name David Pickett
13. Birthplace Iowa (City or town) (State or foreign country)
Mother
14. Maiden name Clara Adkins
15. Birthplace Iowa (City or town) (State or foreign country)
16. Informant's OWN Signature [signature] and Address Lapwai, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof ____ (Month) (Day) (Year)
(c) Place: Lewiston, Idaho
18. Funeral Director's OWN Signature Brower-Wann Co. By [signature] and Address Lewiston, Idaho
19. (a) 3/29/44 (Date received and filed) (b) Margaret Vassar (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 26th, 1944 19__ at ____ o'clock ____ M.
21. **I HEREBY CERTIFY,** That I attended deceased from 3-25-44 19__, to 3-26-44 19__
I last saw ~~him~~ him alive on 3-26-44 19__; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebrovascular Accident	18 hours.
Due to Arteriosclerotic and Hypertensive Heart	93d
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation ____ Date ____	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature Walter C. McWilliams (M. D. or other) and Address Lewiston, Ida Date 3-28 1944
(For additional space, use reverse side)

MacWilliams

138369

United States
Department of Commerce
Bureau of the Census

APR 12 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 91
Reg. Dist. No. 220

1. PLACE OF DEATH:
(a) County Nez Perce
(b) City or town Lewiston
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home ____ Hospital X Institution ____ Other place ____
(f) Name Hosp. or Inst. St. Joseph Stayed ____ days
(g) Lived in this county 16 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Nez Perce
(c) City or town Lewiston
(d) Street Address or R. F. D. No. 0124-27th St.
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? U. S. A.
(g) How long had deceased lived in Idaho? 16 years
(h) Former residence (city, state)

3. (a) FULL NAME Esther M. Lienhard

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3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Fred
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) February 21, 1688

8. AGE	Years	Months	Days	If less than 1 day
	56	1	5	hrs ____ min.

9. Exact Occupation housewife — Did this work for ____ yrs.
10. Industry or Business at home — Date last worked
11. Birthplace Hurley, Wisconsin (City or town) (State or foreign country)

Father
12. Name Isaac DesChamps
13. Birthplace Canada (City or town) (State or foreign country)

Mother
14. Maiden name A. Anderson
15. Birthplace as record (City or town) (State or foreign country)

16. Informant's OWN Signature Fred Lienhard
and Address Lewiston, Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 3-29-44 (Month) (Day) (Year)
(c) Place: Lewiston, Idaho
18. Funeral Director's OWN Signature Vincent V. Vassar
and Address Lewiston, Idaho
19. (a) 3/30/44 (Date received and filed) (b) Margaret Vassar (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) March 26, 1944
at 12:20 o'clock A. M.
21. I HEREBY CERTIFY, That I attended deceased from March 1 1943 to March 26, 1944
I last saw her alive on March 24 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Diabetes Mel	10yr
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ____ Date ____
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury

23. Attendant's OWN Signature John D. Alley (M. D. or other)
and Address Lewiston Date 3-27 1944

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

APR 12 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 138370
Local Reg. No. 92
Reg. Dist. No. 220

1. **PLACE OF DEATH:**
   (a) County Nez Perce
   (b) City or town Lewiston
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? ✓ Outside? ____ city or town
   (e) Died in a Home ____ Hospital ✓ Institution ____ Other place ____
   (f) Name Hosp. or Inst. St. Joseph's Stayed 21 days
   (g) Lived in this county ____ years ____ months 21 days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Clearwater
   (c) City or town Orofino
   (d) Street Address or R. F. D. No.
   (e) Deceased lived Inside? ✓ Outside? ____ city or town
   (f) Citizen of what country? U. S. A.
   (g) How long had deceased lived in Idaho? 34 years
   (h) Former residence (city, state)

3. (a) **FULL NAME** Anna Theresa Lamphier 466

3. (b) If veteran, name war ____ 3. (c) Social Security No. ____

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Vernie 6. (c) Age of husband or wife if alive 59 years

7. Date of Birth (Month, Day, Year) 11 - 1 - 1889

8. AGE	Years	Months	Days	If less than 1 day hrs	min.
	54	4	26		

9. Exact Occupation Housewife Did this work for ____ yrs.
10. Industry or Business ____ Date last worked ____
11. Birthplace Genesee, Idaho (City or town) (State or foreign country)

Father
12. Name John Braemeling
13. Birthplace ____ Germany (City or town) (State or foreign country)

Mother
14. Maiden name no record
15. Birthplace no record (City or town) (State or foreign country)

16. Informant's OWN Signature V. Lamphier and Address Orofino, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-30-44 (Month) (Day) (Year)
    (c) Place: Lewiston, Idaho
18. Funeral Director's OWN Signature Vincent U. Vassar and Address Lewiston, Idaho
19. (a) 3/31/44 (Date received and filed) (b) Margaret Vassar (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 3-27 19 44 at 5:45 o'clock P. M.

21. **I HEREBY CERTIFY,** That I attended deceased from Sept 28 1943 to Mar 27 1944
    I last saw her alive on Mar 27 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Carcinoma of the	
Due to gall bladder	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation ____ Date ____	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
    Occurred ____ 19 ____ City, county, state where violence occurred ____
    Place of Violence: Home ____ Farm ____ Industry ____
    Public Place ____ While at work? ____
    Means of injury ____

23. Attendant's OWN Signature W. O. Clark M D (M. D. or other)
    and Address Lewiston Ida Date 3/31 1944
    (For additional space, use reverse side)

Clark

United States
Department of Commerce
Bureau of the Census APR 12 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 138371
Local Reg. No. 88
Reg. Dist. No. 220

1. **PLACE OF DEATH:**
   (a) County Nez Perce
   (b) City or town Lewiston
   (c) Street Address or R. F. D. No. 4th, Ave. & 6th, St.
   (d) Death Occurred Inside? In Outside? ____ city or town
   (e) Died in a Home ___ Hospital # Institution ___ Other place ___
   (f) Name Hosp. or Inst. St Joseph ___ Stayed ____ days
   (g) Lived in this county 74 years ____ months ____ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Nez Perce
   (c) City or town Lewiston
   (d) Street Address or R. F. D. No. 1121 Idaho Street
   (e) Deceased lived Inside? In Outside? ____ city or town
   (f) Citizen of what country? ____
   (g) How long had deceased lived in Idaho? 74 years
   (h) Former residence (city, state) ____

3. (a) **FULL NAME** Eugene Austin Rowley 97

3. (b) If veteran, name war ____ 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife ____ 6. (c) Age of husband or wife if alive ____ years

7. Date of Birth (Month, Day, Year) August 28th, 1944

8. AGE	Years	Months	Days	If less than 1 day
	88	7	-0-	hrs ____ min.

9. Exact Occupation Retired contractor Did this work for ____ yrs.
10. Industry or Business Building Date last worked ____
11. Birthplace Elmwood (City or town) Illinois (State or foreign country)

Father
12. Name La Fayette Rowley
13. Birthplace ____ (City or town) New York (State or foreign country)

Mother
14. Maiden name Sally Ann Ennis
15. Birthplace ____ (City or town) New York (State or foreign country)

16. Informant's **OWN** Signature Mrs Y. B. McKinney and Address Lewiston, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/31/1944 (Month) (Day) (Year)
    (c) Place: Lewiston, Idaho
18. Funeral Director's **OWN** Signature Brower-Wann Co. By R Brown and Address Lewiston, Idaho
19. (a) 3/30/44 (Date received and filed) (b) Margaret Vassar (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 28th, 1944 19____ at 3 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from June 1 19 44 to March 28 19 44 I last saw h. Wa alive on Mar 28 19 44 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Arterio Sclerosis	2 yrs
Due to Advanced age	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? Lewiston PHYSICIAN
Name of operation None Date ____
Major finding ____
Finding of autopsy None

Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's **OWN** Signature Ely Braddock M.D. (M. D. or other)
and Address Lewiston Ida. Date 3-30 1944
(For additional space, use reverse side)

Braddock

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

DUTIES:

1. INFORMANT shall SIGN HIS OWN NAME, under item 16 to authenticate the facts stated under items 1 to 15, inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. The FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.
3. The REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including SIGNATURES in BLACK ink under items 16, 18 and 23.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply *false information* to any one connected with completing a death certificate;

(b) *Neglect* or *refuse* to certify to the cause of death on request of the person in charge of the disposition of the deceased;

(c) *Remove* or *bury* the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) *Alter* a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated. For deaths occurring in a private home, "Home" should be checked. For deaths occurring on a highway, in a business house, on the street, at work, etc., "Other place" should be checked.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence. For those having a former IDAHO residence, additional care should be taken to state the correct COUNTY and the length of residence in IDAHO.

EXAMPLES

IMMEDIATE CAUSE OF DEATH:	DURATION
---------- *Cerebral hemorrhage* ----------	--- *1 day* ---
----------	----------
Due to---------- *Skull fracture* ----------	--- *1 day* ---
----------	----------
Due to---------- *Auto accident* ----------	--- *1 day* ---
Other conditions---*Multiple fractures*-------- (Include pregnancy within 3 months of death)	--- *1 day* ---

Where was disease first contracted? *Public place*----------
Name of operation---*Exp. Craniotomy*--- Date *11-12-45*--
Major finding------*Middle meningeal hemorrhage*----------
Finding of autopsy-------*Cerebral hemorrhage*----------
----------*multiple skeletal fractures*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?- *yes*-- Suicide?------ Homicide?------
Occurred--*11-12*----------1945 City, county, state where violence occurred-------*Boise, Ada, Idaho*----------
Place of Violence: Home------ Farm------ Industry------
Public Plaee---- *yes* ---- While at work? *yes* ----------
Means of injury-------*auto-truck collision*----------

IMMEDIATE CAUSE OF DEATH:	DURATION
----------	----------
------ *Hypostatic pneumonia* ----------	-- *7 days* --
Due to ----------	----------
------- *Cancer of stomach* ----------	-- *2 years* --
Due to ----------	----------
Other conditions------*Secondary anemia*------ (Include pregnancy within 3 months of death)	-- *2 years* --

Where was disease first contracted?------*Idaho*----------
Name of operation---*Gastroenterostomy*--- Date--*11-12-45*--
Major finding-----*Cancer of pylorus of stomach*----------
Finding of autopsy---------- *Lobar pneumonia,* ----------
---------- *generalized carcinomatosis* ----------

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident?------ Suicide?------ Homicide?------
Occurred----------19---- City, county, state where violence occurred----------
Place of Violence: Home------ Farm------ Industry------
Public Place---------- While at work?----------
Means of injury ----------

This body embalmed under direction of----------Lic. No.---------- at---------- on----------
ADDITIONAL REMARKS By Physician:----------

138372

United States
Department of Commerce
Bureau of the Census

APR 12 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 94
Reg. Dist. No. 220

1. **PLACE OF DEATH:**
(a) County Nezperce
(b) City or town Lewiston
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. White's Stayed 1 days
(g) Lived in this county years months 1 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Wash (b) County Asotin
(c) City or town Clarkston
(d) Street Address or R. F. D. No. 524- 4th St.
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? U.S. of America
(g) How long had deceased lived in Idaho? 1 Day ~~years~~
(h) Former residence (city, state) Clarkston, Wash

3. (a) FULL NAME John M. Hill

466

3. (b) If veteran, name war
3. (c) Social Security No. 538-16-0130
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Tillie
6. (c) Age of husband or wife if alive 67 years
7. Date of Birth (Month, Day, Year) October 13, 1880

8. AGE	Years	Months	Days	If less than 1 day
	63	5	16	hrs min.

9. Exact Occupation Warehouseman Did this work for yrs.
10. Industry or Business Date last worked 1940
11. Birthplace Wilson, New York (City or town) (State or foreign country)
Father
12. Name Andrew Hill
13. Birthplace Wilson, New York (City or town) (State or foreign country)
Mother
14. Maiden name Flora Adair
15. Birthplace Not Known (City or town) (State or foreign country)
16. Informant's OWN Signature Mrs J M Hill
and Address Clarkston, Wash.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3/29/44 (Month) (Day) (Year)
(c) Place: Clarkston, Wash.
18. Funeral Director's OWN Signature H R Merchant
and Address Clarkston, Wash.
19. (a) 3/30/44 (Date received and filed) (b) Margaret Vassar (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 3-28- 1944
at 4 30 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from 3-25- 1944, to 3-28- 1944
I last saw him alive on 3-28- 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death	Duration
Cancer of Liver	
Due to Acute hemorrhage	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature E. L. White (M. D. ~~or other~~)
and Address Lewiston Ida Date 3-30- 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

138373

United States
Department of Commerce
Bureau of the Census APR 12 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 138373
Local Reg. No. 93
Reg. Dist. No. 22d

1. **PLACE OF DEATH:**
(a) County Nezperce,
(b) City or town Lewiston
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home ____ Hospital X Institution ____ Other place ____
(f) Name Hosp. or Inst. St Joseph Stayed ____ days
(g) Lived in this county ____ years ____ months 5 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Wash (b) County Asotin
(c) City or town Clarkston
(d) Street Address or R. F. D. No. 814 2nd St
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? U.S. of America
(g) How long had deceased lived in Idaho? 5 Days years
(h) Former residence (city, state) Clarkston, Wash.

3. (a) FULL NAME Pearl Benjiman Hensley 83a

3. (b) If veteran, name war ____ 3. (c) Social Security No. ____
4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife ____ 6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) January 27, 1875

8. AGE	Years	Months	Days	If less than 1 day
	69	2	3	hrs ____ min.

9. Exact Occupation Retired Stockman Did this work for ____ yrs.
10. Industry or Business ____ Date last worked 1913
11. Birthplace Walla Walla, Wash. (City or town) (State or foreign country)

Father
12. Name Henry Clay Hensley
13. Birthplace Centralia, Illinois (City or town) (State or foreign country)

Mother
14. Maiden name Josephine Smelcer
15. Birthplace Des Moines, Ia. (City or town) (State or foreign country)

16. Informant's OWN Signature Jessie Pearl Hensley
and Address Clarkston, Wash.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3/30/44 (Month) (Day) (Year)
(c) Place: Clarkston, Wash.
18. Funeral Director's OWN Signature A A Merchant
and Address Clarkston, Wash.
19. (a) 3/31/44 (Date received and filed) (b) Margaret Vassar (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 30 1944
at 12.45 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from March 24 1944 to March 30 1944
I last saw him alive on March 30 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebral hemorrhage	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation ____ Date ____	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature W O Clark M D (M. D. or other)
and Address Lewiston Ida. Date 3/31 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce APR 12 1944
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 138374
Local Reg. No. 95
Reg. Dist. No. 220

1. **PLACE OF DEATH:**
(a) County Nez Perce
(b) City or town Lewiston
(c) Street Address or R. F. D. No. 1304 G Street
(d) Death Occurred Inside? In Outside? ____ city or town
(e) Died in a Home # Hospital __ Institution __ Other place __
(f) Name Hosp. or Inst. ---- Stayed ---- days
(g) Lived in this county ____ years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Nez Perce
(c) City or town Lewiston
(d) Street Address or R. F. D. No. 1304 G Street
(e) Deceased lived Inside? In Outside? ____ city or town
(f) Citizen of what country? U.S.
(g) How long had deceased lived in Idaho? ____ years
(h) Former residence (city, state) ____

3. (a) **FULL NAME** Maude Merriman 83a

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race ____
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Bert Merriman
6. (c) Age of husband or wife if alive 79 years
7. Date of Birth (Month, Day, Year) April 15th, 1874

8. AGE	Years	Months	Days	If less than 1 day
	69	11	15	hrs min.

9. Exact Occupation Housewife Did this work for ____ yrs.
10. Industry or Business ____ Date last worked ____
11. Birthplace Marsha 11town, Iowa (City or town) (State or foreign country)
Father
12. Name Thos Walks
13. Birthplace Pa (City or town) (State or foreign country)
Mother
14. Maiden name India Johnson
15. Birthplace Iowa (City or town) (State or foreign country)
16. Informant's OWN Signature Bert Merriman and Address Lewiston Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: Lewiston, Idaho
18. Funeral Director's OWN Signature Brower-Wann Co. By L B Wann and Address Lewiston, Idaho
19. (a) 4/3/44 (Date received and filed) (b) Margaret Vassar (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 30th, 1944 19__ at 12:45 o'clock A.M.
21. **I HEREBY CERTIFY,** That I attended deceased from July 19 1943, to March 29 1944
I last saw her alive on March 17 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebral hemorrhage	
Due to arteriosclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation ____ Date ____	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature W O Clark M D (M. D. or other)
and Address Lewiston Ida Date 3/30 1944
(For additional space, use reverse side)

Clark

United States
Department of Commerce
Bureau of the Census

MAR 7 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 138375
Local Reg. No. 1
Reg. Dist. No. 530

1. **PLACE OF DEATH:**
(a) County Oneida
(b) City or town Malad
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 28 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Oneida
(c) City or town Malad
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? 28 years
(h) Former residence (city, state)

3. (a) FULL NAME Verner Alva Jensen 163 M

3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Male
5. Color or race Wht.
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Gwen Wickham
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) March 9 1894

8. AGE	Years	Months	Days	If less than 1 day
	49	11	21	hrs min.

9. Exact Occupation Farming Did this work for 28 yrs.
10. Industry or Business Own Farm Date last worked 2/29/44
11. Birthplace Hyrum Utah (City or town) (State or foreign country)
Father
12. Name Christen Jensen
13. Birthplace Denmark (City or town) (State or foreign country)
Mother
14. Maiden name Mary Ann Israelsen
15. Birthplace Norway (City or town) (State or foreign country)
16. Informant's OWN Signature Lois Jensen
and Address Malad Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Mar 6 1944 (Month) (Day) (Year)
(c) Place: Hyrum Utah
18. Funeral Director's OWN Signature J. Guy Denson
and Address Malad Idaho
19. (a) 3-3-1944 (Date received and filed) (b) J. Guy Denson (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 1 1944
at 2 o'clock A. M.?
21. **I HEREBY CERTIFY,** That I attended deceased from not attended 19 19
I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Inhalation of fumes from exhaust	
Due to on car.	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted? ✓	PHYSICIAN
Name of operation ✓ Date ✓	Underline the cause to which death should be charged statistically.
Major finding ✓	
Finding of autopsy none.	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? ✓ Homicide?
Occurred March 1 1944 City, county, state where violence occurred Malad Oneida Ida
Place of Violence: Home ✓ Farm Industry
Public Place While at work? no
Means of injury Auto fumes
23. Attendant's OWN Signature J. P. Garstler Physician (M. D. or other)
and Address Malad Ida Date 3-3 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

138376

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

APR 6 1944

State File No. 138376
Local Reg. No. 4
Reg. Dist. No. 530

1. **PLACE OF DEATH:**
(a) County Oneida
(b) City or town Malad
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home X Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 32 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Oneida
(c) City or town Malad
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? 32 years
(h) Former residence (city, state)

3. (a) **FULL NAME** Ethel Rose Kent 94a

3. (b) If veteran, name war No
3. (c) Social Security No.
4. Sex Female
5. Color or race Wht.
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife B. O. Kent
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) August 8 1900

8. AGE	Years	Months	Days	If less than 1 day
	43	6	27	hrs ____ min.

9. Exact Occupation Housewife Did this work for 24 yrs.
10. Industry or Business Own Home Date last worked Mar 6 44
11. Birthplace Centerville Utah (City or town) (State or foreign country)

Father
12. Name Alfred Rose
13. Birthplace England (City or town) (State or foreign country)

Mother
14. Maiden name Mary Ann Brookes
15. Birthplace England (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mrs Arlene Kent Halford
and Address Malad Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 9 1944 (Month) (Day) (Year)
(c) Place: Malad Idaho.
18. Funeral Director's **OWN** Signature J. Guy Doman
and Address Malad Idaho
19. (a) 3-9-1944 (Date received and filed) (b) J. Guy Doman (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 6 1944
at 11:30 P. M. Mock P
21. **I HEREBY CERTIFY,** That I attended deceased from ____ 19____, to ____ 19____
I last saw h____ alive on ____ 19____; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cardiac death	
Probably coronary	
Due to thrombosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation none Date
Major finding
Finding of autopsy none

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury

23. Attendant's **OWN** Signature V. P. Garst M.D. (M. D. or other)
and Address Malad Ida Date 3-9 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

138377

United States
Department of Commerce
Bureau of the Census

APR 6 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 5
Reg. Dist. No. 530

1. **PLACE OF DEATH:**
   (a) County Oneida
   (b) City or town Malad
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? X Outside? city or town
   (e) Died in a Home Hospital X Institution Other place
   (f) Name Hosp. or Inst. Oneida Stayed 8 days
   (g) Lived in this county 33 years months days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Oneida
   (c) City or town Holbrook
   (d) Street Address or R. F. D. No.
   (e) Deceased lived Inside? Outside? X city or town
   (f) Citizen of what country?
   (g) How long had deceased lived in Idaho? 33 years
   (h) Former residence (city, state)

3. (a) FULL NAME August Richard Larson 92b

3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Male
5. Color or race Wht
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) April 13 1876

8. AGE	Years	Months	Days	If less than 1 day
	67	10	24	hrs min.

9. Exact Occupation Farmer Did this work for 33 yrs.
10. Industry or Business Own Farm Date last worked Jan 1944
11. Birthplace Sodermanland Sweden (City or town) (State or foreign country)

Father
12. Name Lars Erick Larson
13. Birthplace Sweden (City or town) (State or foreign country)

Mother
14. Maiden name Johanna Sophia Person
15. Birthplace Sweden (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. F. R. Sandler
and Address Salt Lake City Utah
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Mar 11 1944 (Month) (Day) (Year)
(c) Place: Lewiston Utah
18. Funeral Director's OWN Signature J. Guy Hansen
and Address Malad Idaho
19. (a) 3-9-1944 (Date received and filed) (b) J. Guy Hansen (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 8 1944
at 5:15 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from Nov. 1, 1943, to March 8 1944
I last saw him alive on March 7 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Empyema 110a	
Due to pleurisy 110b	
Due to	
Other conditions mytral regurg. (Include pregnancy within 3 months of death)	92b
Where was disease contracted?	PHYSICIAN
Name of operation Aspirated Date	Underline the cause to which death should be charged statistically.
Major finding pus,	
Finding of autopsy none,	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature V. P. Garst (M. D. or other)
and Address Malad Ida Date 3-9 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

APR 12 1944

PLACE OF DEATH
County of Owyhee
City of Homedale Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 13837

Registration District No.
Primary Registration District No. Local Registrar's No. 392
(No. 61)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME James Franklin Peirce
(a) Residence No. Vale Ore St. 131a
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male
4. Color or Race: white
5. Single, Married, Widowed or Divorced (write the word)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs Anna Peirce
6. DATE OF BIRTH (month, day, and year) Jan 20th 1876
7. AGE Years 68 Months — Days 16 If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ~~50 yrs~~
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation 50 Yrs.

12. BIRTHPLACE (city or town) (State or country) Platt City Mis

FATHER
13. NAME George Peirce
14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER
15. MAIDEN NAME Mary Edwards
16. BIRTHPLACE (city or town) (State or country) New York

17. INFORMANT Dwight F Peirce
(Address) Prineville Ore

18. BURIAL, CREMATION OR REMOVAL
Place Foot Vale Ore Date 2-9, 1944

19. UNDERTAKER [signature]
(Address) Ontario Oregon

20. FILED 4-10-44, 1944 Helen [illegible]
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 2/7 1944

22 I HEREBY CERTIFY, That I attended deceased from February 1, 1944, to 3/6/44, 193
I last saw him alive on Feb. 6, 1944: death is said to have occurred on the date stated above, at 6 a. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cardiac Asthma.	
Nephitis & hypertension	

Other **contributory causes** of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (**violence**) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and state)
Specify whether injury occurred in **industry**, in **home**, or in **public place**
Manner of injury
Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No. If so, specify
(Signed) G. H. Cooper, M. D.
(Address Homedale, Idaho

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

APR 12 1944

Certificate Of Death

STATE OF IDAHO

State File No. 138379
Local Reg. No. 62
Reg. Dist. No. 392

1. **PLACE OF DEATH:**
   (a) County Owyhee
   (b) City or town Homedale
   (c) Street Address or R. F. D. No.
   (d) Death Occured Inside? ✓ Outside? ..... city or town
   (e) Died in a Home.... Hospital.... Institution.... Other place....
   (f) Name Hosp. or Inst. ..... Stayed ..... days
   (g) Lived in this county 5 years ..... months ..... days

   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Owyhee
   (c) City or town Homedale
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? ✓ Outside? ..... city or town
   (f) Citizen of what country?
   (g) How long had deceased lived in Idaho? 5 years
   (h) Former residence (city, state) Colo.

3. (a) **FULL NAME** Beulah Lorraine Caler

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced S
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) June 18 - 1936

8. AGE	Years	Months	Days	If less than 1 day
	7	8	23	hrs min.

9. Exact Occupation Student — Did this work for ..... yrs.
10. Industry or Business ..... — Date last worked .....
11. Birthplace Arvada Colo (City or town) (State or foreign country)

Father
12. Name John Caler
13. Birthplace Bourbon Co. Kansas (City or town) (State or foreign country)

Mother
14. Maiden name Freda Jacobs
15. Birthplace Dove Co Kansas (City or town) (State or foreign country)

16. Informant's **OWN** Signature John A. Caler
and Address Homedale Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-15-44 (Month) (Day) (Year)
(c) Place: Wilder Idaho
18. Funeral Director's **OWN** Signature V. Peckham
and Address Caldwell Idaho
19. (a) 4-06-44 (Date received and filed) (b) Helen M. Dana (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 3 - 11 19 44
at 1 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from ..... 19..... to ..... 19.....
I last saw h..... alive on ..... 19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Heart Disease	
Never treated her	
Due to Died at home	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYISICIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature Jas. H. Cooper M.D. (M. D. or other)
and Address Homedale, Idaho Date 5/14 19 44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 138380
Local Reg. No. 64
Reg. Dist. No. 392

1. **PLACE OF DEATH:**
   (a) County Owyhee
   (b) City or town Marsing
   (c) Street Address or R.F.D. No. /
   (d) Death Occured Inside? ..... Outside? ✓ ..... city or town
   (e) Died in a Home ✓ Hospital .... Institution .... Other place ....
   (f) Name Hosp. or Inst. ..... Stayed ..... days
   (g) Lived in this county 3 years ..... months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County .....
   (c) City or town Marsing
   (d) Street Address or R.F.D. No. /
   (e) Deceased lived Inside? ..... Outside? ✓ ..... city or town
   (f) Citizen of what country? .....
   (g) How long had deceased lived in Idaho? 3 ..... years
   (h) Former residence (city, state) New

3. (a) **FULL NAME** Alta Leavitt 180

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
5. Color or race W
6. (a) Single, widowed, married, divorced M
4. Sex F
6. (b) Name of husband ~~or wife~~ Odell
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) Nov 16-1918

8. AGE	Years	Months	Days	If less than 1 day
	25	4	13	hrs ..... min.

9. Exact Occupation ..... Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Mesquite (City or town) (State or foreign country)

Father
12. Name Leo Hardy
13. Birthplace Mesquite Nev (City or town) (State or foreign country)

Mother
14. Maiden name Cornelia Barnum
15. Birthplace Bunkerville Nev. (City or town) (State or foreign country)

16. Informant's **OWN** Signature Samuel Leavitt
and Address Homedale Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-3-44 (Month) (Day) (Year)
(c) Place: Wilder

18. Funeral Director's **OWN** Signature V. Peckham
and Address Caldwell Idaho

19. (a) 4-10-44 (Date received and filed) (b) Helen M Dana (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 29 1944
at 6:30 o'clock P. M.

21. **I HEREBY CERTIFY,** That I attended deceased from 8 P.M. Mar 29 1944 to — 19—
I last saw h— alive on ..... 19—; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
death from burning which may have developed by	
Due to fire	
Due to —	
Other conditions — (Include pregnancy within 3 months of death)	

Where was disease contracted? —
Name of operation — Date .....
Major finding —
Finding of autopsy —

PHYISICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ✓ Suicide? ..... Homicide? .....
Occurred Mar 29 1944 City, county, state where violence occurred Owyhee County
Place of Violence: Home — Farm — Industry .....
Public Place ..... While at work? .....
Means of injury burned to death in fire

23. Attendant's **OWN** Signature Everett A. Fuller (M. D. or other)
and Address Homedale Date 4-1 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 138381
Local Reg. No. 63
Reg. Dist. No. 392

APR 12 1944

1. PLACE OF DEATH:
(a) County Owyhee
(b) City or town Marsing
(c) Street Address or R.F.D. No. ✓
(d) Death Occured Inside? ..... Outside? ..... city or town
(e) Died in a Home ✓ Hospital .... Institution .... Other place ....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 3 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County .....
(c) City or town Marsing
(d) Street Address or R.F.D. No. ✓
(e) Deceased lived Inside? ..... Outside? ..... city or town
(f) Citizen of what country? .....
(g) How long had deceased lived in Idaho? 3 years
(h) Former residence (city, state) Nev.

3. (a) FULL NAME Odell Leavitt 180

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced m
6. (b) Name of ~~husband or~~ wife Alta
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) Nov 25 - 1908

8. AGE	Years	Months	Days	If less than 1 day
	35	4	4	hrs min.

9. Exact Occupation ..... Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Mesquite (City or town) Nev (State or foreign country)
Father
12. Name Frank Leavitt
13. Birthplace Utah (City or town) (State or foreign country)
Mother
14. Maiden name Mary Huntsman
15. Birthplace Iowa (City or town) (State or foreign country)
16. Informant's OWN Signature Samuel Leavitt
and Address Homedale Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-3-44 (Month) (Day) (Year)
(c) Place: Wilder
18. Funeral Director's OWN Signature V Peckham
and Address Caldwell Idaho
19. (a) 4-10-44 (Date received and filed) (b) Helen M Dana (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 29 1944
at 6:30 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 8 P.M. Mar 29 1944, to — 19 —
I last saw h — alive on — 19 —; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Death from burning when home destroyed by fire	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation ..... Date	
Major finding	
Finding of autopsy	

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ✓ Suicide? ..... Homicide? .....
Occurred March 29 1944 City, county, state where violence occurred Owyhee County
Place of Violence: Home ✓ Farm — Industry ✓
Public Place ..... While at work? .....
Means of injury Burned to death in fire
23. Attendant's OWN Signature Everett A. Kelley (M. D. Mother) Homedale Ida. S.P.
and Address ..... Date 4-1 1944
(For additional space, use reverse side)

RIVERSIDE CEMETERY

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

MAR 16 1944

State File No. 13833
Local Reg. No. 12
Reg. Dist. No. 3-330

1. PLACE OF DEATH:

(a) County Payette
(b) City or town Payette
(c) Street Address or ~~XXXXXXX~~ No. 237 SO 10 th St
(d) Death Occured Inside? # Outside? city or town
(e) Died in a Home Hospital # Institution Other place
(f) Name Hosp. or Payette General stayed 10 days
(g) Lived in this county 16 years 5 months 18 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

(a) State Idaho (b) County Payette
(c) City or town Payette
(d) Street Address ~~XXXXXXX~~ No. 243 N. 6th st
(e) Deceased lived Inside? # Outside? city or town
(f) Citizen of what country? USA
(g) How long had deceased lived in Idaho? 40 years
(h) Former residence (city, state) O'Neil, Neb.

3. (a) FULL NAME ETTA NAOMI SAUNDERS OLSON. 121

3. (b) If veteran, name war ~~XXXXXX~~
3. (c) Social Security No. ~~XXXXXXXXX~~
4. Sex female 5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife John C. Olson.
6. (c) Age of husband or wife if alive 70 years
7. Date of Birth (Month, Day, Year) November 22 1873

8. AGE	Years	Months	Days	If less than 1 day
	70	3	11	hrs min.

9. Exact Occupation housewife — Did this work for 48 yrs.
10. Industry or Business Home — Date last worked 12-13-1943
11. Birthplace Monroe, (City or town) Wisconsin (State or foreign country)

Father
12. Name George Saunders
13. Birthplace Monroe (City or town) Wisconsin (State or foreign country)

Mother
14. Maiden name notknown
15. Birthplace Monroe (City or town) Wisconsin (State or foreign country)

16. Informant's OWN Signature Olive B Evans
and Address Payette Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 3/7/1944 (Month) (Day) (Year)
(c) Place: Payette, Idaho.
18. Funeral Director's OWN Signature Edith Sundeno
and Address Payette, Idaho
19. (a) 3/7/1944 (Date received and filed) (b) J.C. Woodward (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) MARCH 3,1944 19
at 3.00 o'clock P M.
21. **I HEREBY CERTIFY**, That I attended deceased from 8/22/1942 19 to 3/3/44 19
I last saw her alive on 3/3/44 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Gangrenous Appendicitis 12	1 1
with Appendiceal Abscess	
Due to Diabetes 41	
Intestinal Obstruction 2262	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? 1212
Name of operation Appendectomy 2/23/44
Major finding Gangrenous App
Finding of autopsy None

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's OWN Signature J.C. Woodward M.D.
and Address PAYETTE, ID Date 3/4/ 1944
(M. D. or other)
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

RIVERSIDE CEMETERY

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

MAR 16 1944

State File No. 138353
Local Reg. No. 13
Reg. Dist. No. 7330.

1. PLACE OF DEATH:

(a) County Payette
(b) City or town Payette
(c) Street Address or ~~RFD No.~~
(d) Death Occured Inside? if Outside? ....city or town
(e) Died in a Home/ Hospital.... Institution.... Other place....
(f) Name Hosp. or Inst..... Stayed.....days
(g) Lived in this county 10 years 6 months 10 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

(a) State Idaho (b) County Payette
(c) City or town Payette
(d) Street Address ~~RFD No.~~
(e) Deceased lived Inside? if Outside? ....city or town
(f) Citizen of what country? USA
(g) How long had deceased lived in Idaho? 10 years
(h) Former residence (city, state) Seyracuse, Neb.

3. (a) **FULL NAME** Frank Edwards. 74a

3. (b) If veteran, name war no
3. (c) Social Security No. 519-16-1416
4. Sex male
5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Amelid Edwards
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) Fuly 24 1885

8. AGE	Years	Months	Days	If less than 1 day
	58	7	15	hrs min.

9. Exact Occupation labor — Did this work for life yrs.
10. Industry or Business unloading coal Van Pattent Lumber Co. — Date last worked 3/8/1944
11. Birthplace Seyracuse (City or town) Nebraska (State or foreign country)

Father
12. Name William F. Edwards.
13. Birthplace Clay Co. (City or town) Missouri. (State or foreign country)

Mother
14. Maiden name Nancy Sheppard.
15. Birthplace Ahenandoah, (City or town) Iowa. (State or foreign country)

16. Informant's **OWN** Signature C. F. Edwards
and Address Payette, Idaho.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 3/11/1944 (Month) (Day) (Year)
(c) Place: Payette, Idaho.
18. Funeral Director's **OWN** Signature Edith Sanders
and Address Payette, Idaho
19. (a) 3/11/1944. (Date received and filed) (b) J. C. Woodward (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 9 19 44
at 7 o'clock A M.
21. **I HEREBY CERTIFY**, That I attended deceased from 3-7 19 44, to 3-9-44 19
I last saw h. alive on 3-7 19 44 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Coronary thrombosis	3 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation ..... Date	
Major finding	
Finding of autopsy	

PHYISICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home Farm Industry
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature John J. Kaiser M.D. (M. D. or other)
and Address Payette, Idaho. Date 3/9/1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census APR 3 1944

RIVERSIDE CEMETERY

Certificate Of Death

STATE OF IDAHO

State File No. 13833 4
Local Reg. No. 14
Reg. Dist. No. 3-330

1. **PLACE OF DEATH:**
   (a) County Payette
   (b) City or town Payette
   (c) Street Address or ~~R.F.D. No.~~ 237 So 10 th
   (d) Death Occured Inside? # Outside? city or town
   (e) Died in a Home Hospital # Institution Other place
   (f) Name Hosp. Payette General Stayed 3 days
   (g) Lived in this county 36 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Payette
   (c) City or town Payette
   (d) Street Address or ~~R.F.D. No.~~ 825 N 9th
   (e) Deceased lived Inside? # Outside? city or town
   (f) Citizen of what country? USA
   (g) How long had deceased lived in Idaho? 36 years
   (h) Former residence (city, state) Louiston, Idaho

3. (a) **FULL NAME** William A. Weygandt.

93E -

3. (b) If veteran, name war -----
3. (c) Social Security No. -----
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced divorced
6. (b) Name of husband or wife Ellen Weygandt
6. (c) Age of husband or wife if alive not known years
7. Date of Birth (Month, Day, Year) June 13 1873

8. AGE	Years	Months	Days	If less than 1 day
	70	9	1	hrs min.

9. Exact Occupation Carpenter Did this work for 30 yrs.
10. Industry or Business Building industry Date last worked June 1935
11. Birthplace Crawford Co. (City or town) Wisconsin. (State or foreign country)

Father
12. Name Richard Weygandt.
13. Birthplace ----- (City or town) Ohio. (State or foreign country)

Mother
14. Maiden name Louisa Chadwick.
15. Birthplace ----- (City or town) Michigan. (State or foreign country)

16. Informant's **OWN** Signature Loren Weygandt
and Address Payette, Idaho.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof March 18 1944 (Month) (Day) (Year)
(c) Place: Payette, Idaho.
18. Funeral Director's **OWN** Signature Edith Linder
and Address Payette, Idaho.
19. (a) 3/16/1944 (Date received and filed) (b) J C Woodward (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 14 1944 19
at 5:30 o'clock A. M.

21. **I HEREBY CERTIFY**, That I attended deceased from March 9 1944, to March 14 1944
I last saw him alive on March 13 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Chronic Myocarditis	
failured	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYISCIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature I. E. Woodward Jr. (M. D. or other)
and Address Payette, Idaho. Date 3/14/ 19 44
(For additional space, use reverse side)

Rosedale Memorial Park Cemetery

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

APR 3 1944

State File No. 138385
Local Reg. No. 15
Reg. Dist. No. 3-331

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. PLACE OF DEATH:

(a) County Payette
(b) City or town Fruitland
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? # Outside? city or town
(e) Died in a Home # Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 3 years 10 months 17 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

(a) State Idaho (b) County Payette
(c) City or town Fruitland
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? # Outside? city or town
(f) Citizen of what country? U S A
(g) How long had deceased lived in Idaho? 25 years
(h) Former residence (city, state) Weiser, Idaho

940

3. (a) FULL NAME Edmond Charles Connally

3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Effie Corpe Connally
6. (c) Age of husband or wife if alive 53 years
7. Date of Birth (Month, Day, Year) August 5 1886

8. AGE	Years	Months	Days	If less than 1 day
	57	7	13	hrs min.

9. Exact Occupation Buisness manager — Did this work for 2 yrs.
10. Industry or Business Pool Hall / Pool Hall — Date last worked 2/12/1944
11. Birthplace Harney, (City or town) Oregon. (State or foreign country)

Father
12. Name Jabe G. Connally
13. Birthplace Tennessee (City or town) (State or foreign country)

Mother
14. Maiden name Hetty Trout
15. Birthplace Ohio (City or town) (State or foreign country)

16. Informant's OWN Signature Effie Connally
and Address Fruitland, Idaho

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 3/21/1944 (Month) (Day) (Year)
(c) Place: Payette, Idaho.

18. Funeral Director's OWN Signature Edith Sanders
and Address Payette, Idaho.

19. (a) 3/21/1944 (Date received and filed) (b) J. O. Woodward (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 18 1944 19
at 10 P.M. o'clock M.

21. **I HEREBY CERTIFY**, That I attended deceased from Jan 1943, to Jan 1944
I last saw h alive on Jan 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary Thrombosis — Duration Few hours
Due to Previous Coronary — 3 yrs.
Due to
Other conditions (Include pregnancy within 3 months of death)
Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYISICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's OWN Signature John F. Caine M.D. (M. D. or other)
and Address Payette, Idaho Date 3/20/19 44
(For additional space, use reverse side)

138336

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

APR 6 1944

State File No.
Local Reg. No. 8
Reg. Dist. No. 500

1. **PLACE OF DEATH:**
(a) County Power
(b) City or town American Falls, Ida.
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. Schultz Mem Stayed 2 days
(g) Lived in this county 27 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bingham
(c) City or town Aberdeen, Idaho
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? U S.
(g) How long had deceased lived in Idaho? 27 years
(h) Former residence (city, state) Provo, Utah

3. (a) **FULL NAME** Angus Wride 46E

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married divorced married

6. (b) Name of husband or wife Harriet 6. (c) Age of husband or wife if alive 61 years

7. Date of Birth (Month, Day, Year) October 13, 1881

8. AGE	Years	Months	Days	If less than 1 day
	62	4	21	hrs min.

9. Exact Occupation Meat Cutter Did this work for 7 yrs.
10. Industry or Business Meat Market Date last worked Mar. 1-44
11. Birthplace Provo, Utah (City or town) (State or foreign country)
Father 12. Name Evan Wride
Father 13. Birthplace Cardiff, Wales (City or town) (State or foreign country)
Mother 14. Maiden name Martha Jones
Mother 15. Birthplace England. (City or town) (State or foreign country)
16. Informant's **OWN** Signature Harriet ann Wride and Address Aberdeen, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-8-1944 (Month) (Day) (Year) (c) Place: Aberdeen, Idaho
18. Funeral Director's **OWN** Signature H. L. Dame and Address American Falls, Idaho.
19. (a) Mar 8-1944 (Date received and filed) (b) Irene Daling (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 4 1944 at 8 o'clock P. M.

21. **I HEREBY CERTIFY,** That I attended deceased from Mar 2 1944, to Mar. 4 1944
I last saw him alive on Mar 4 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Intestinal obstruction	2 days.
Due to Carcinoma retroperitoneal involving intestinal mesentery	?
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Laparotomy Date Mar. 4
Major finding Carcinoma + Int. obst.
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature M. F. Farrell (M. D. or other)
and Address Am. Falls Ida Date 3-7 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

138357

United States
Department of Commerce
Bureau of the Census

MAR 9 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 9
Reg. Dist. No. 500

1. **PLACE OF DEATH:**
(a) County Power
(b) City or town American Falls, Ida.
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? X city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 0 years 0 months 20 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Power
(c) City or town American Falls.
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Outside? X city or town
(f) Citizen of what country? U S.
(g) How long had deceased lived in Idaho? 20 days years
(h) Former residence (city, state) Idaho.

3. (a) **FULL NAME** Asiel George Hill 182

3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) February 17, 1944

8. AGE	Years	Months	Days	If less than 1 day
	0	0	18	hrs min.

9. Exact Occupation Baby — Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace American Falls, Idaho. (City or town) (State or foreign country)
Father
12. Name Asiel Earl Hill
13. Birthplace Rigby, Idaho (City or town) (State or foreign country)
Mother
14. Maiden name Georgia Livingston
15. Birthplace Pocatello, Idaho. (City or town) (State or foreign country)
16. Informant's OWN Signature Asiel Hill
and Address American Falls, Idaho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-9-1944 (Month) (Day) (Year)
(c) Place: American Falls, Idaho.
18. Funeral Director's OWN Signature H L Davis
and Address American Falls, Idaho.
19. (a) Mch 8-1944 (Date received and filed) (b) Irene Baling (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 3-6 1944
at o'clock 2 a M.
21. **I HEREBY CERTIFY,** That I attended deceased from 19, to 19
I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Suffocation?	
Due to Accident.	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? yes Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature V. G. Logan M D (M. D. or other)
and Address American Falls Date 3-7 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

APR 6 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 138338
Local Reg. No. 10
Reg. Dist. No. 500

1. **PLACE OF DEATH:**
(a) County Power
(b) City or town American Falls, Ida.
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? X city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. none Stayed days
(g) Lived in this county 50 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Power
(c) City or town Rockland, Idaho
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Outside? X city or town
(f) Citizen of what country? U. S.
(g) How long had deceased lived in Idaho? 50 years
(h) Former residence (city, state) Utah.

3. (a) **FULL NAME** John Devinald Morris

200a

3. (b) If veteran, name war None
3. (c) Social Security No. none
4. Sex M.
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Elizabeth Ann
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) April 9, 1857

8. AGE	Years	Months	Days	If less than 1 day
	87	11	17	hrs ____ min.

9. Exact Occupation Stockman — Did this work for 50 yrs.
10. Industry or Business Livestock. — Date last worked
11. Birthplace Brigham City, Utah (City or town) (State or foreign country)

Father
12. Name John N. Morris
13. Birthplace Llanelly, Wales (City or town) (State or foreign country)

Mother
14. Maiden name Phoebe Devlond
15. Birthplace Llanelly, Wales (City or town) (State or foreign country)

16. Informant's **OWN** Signature J.D. Morris
and Address American Falls, Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3-27-44 (Month) (Day) (Year)
(c) Place Brigham City, Utah
18. Funeral Director's **OWN** Signature H. L. Davis
and Address American Falls, Idaho
19. (a) 3-27-1944 (Date received and filed) (b) Irene Paling (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 25 1944
at 6 o'clock A. M.
21. **I HEREBY CERTIFY,** That I attended deceased from ____ 19____, to ____ 19____
I last saw h____ alive on ____ 19____; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Undetermined. Found dead in bed.	
Due to Probable cardiac	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ____ Date ____
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work?
Means of injury
23. Attendant's **OWN** Signature W. H. Jones (M. D. or other)
and Address American Falls Ida Date 3-27 1944

(For additional space, use reverse side)

United States
Department of Commerce
Bureau of the Census APR 6 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 138389
Local Reg. No. 11
Reg. Dist. No. 500

1. **PLACE OF DEATH:**
(a) County Power
(b) City or town American Falls, Idaho
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. Schiltz Mem. Stayed 3 days
(g) Lived in this county 22 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Power
(c) City or town American Falls, Ida
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? U.S.
(g) How long had deceased lived in Idaho? 22 years
(h) Former residence (city, state) Oregon

3. (a) **FULL NAME** Jack Barker 131a

3. (b) If veteran, name war no
3. (c) Social Security No. None
4. Sex M
5. Color or race white
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ida Mae
6. (c) Age of husband or wife if alive 57 years
7. Date of Birth (Month, Day, Year) March 23, 1878

8. AGE	Years	Months	Days	If less than 1 day
	66	0	5	hrs min.

9. Exact Occupation Water Maintainer Did this work for 20 yrs.
10. Industry or Business City Am. Falls, Date last worked Oct. 43
11. Birthplace Florence, Colorado (City or town) (State or foreign country)
Father
12. Name William F. Barker
13. Birthplace Kentucky (City or town) (State or foreign country)
Mother
14. Maiden name Henline
15. Birthplace Kentucky (City or town) (State or foreign country)
16. Informant's OWN Signature Edith Meshler
and Address American Falls, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-1 ~~6-30~~-44 (Month) (Day) (Year)
(c) Place American Falls, Idaho
18. Funeral Director's OWN Signature H L Davis
and Address American Falls, Idaho
19. (a) Apr-1-1944 (Date received and filed) (b) Irene Daling (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 28 1944
at 9:30 o'clock a. M.
21. **I HEREBY CERTIFY,** That I attended deceased from Oct. 1943, to Mar 28 1944
I last saw him alive on Mar. 28 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Chronic Cardio Renal	
Vascular disease	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state
where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature M H Farrell (M. D. or other)
and Address Am Falls Date 3-29 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

APR 6 1944

State File No. 138390
Local Reg. No. 12
Reg. Dist. No. 500

1. **PLACE OF DEATH:**
(a) County Power
(b) City or town American Falls
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home ____ Hospital X Institution ____ Other place ____
(f) Name Hosp. or Inst. Schitz Memorial ____ days
(g) Lived in this county ____ years ____ months 4 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State ~~South Dakota~~ (b) County ~
(c) City or town Watertown
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? ~ years
(h) Former residence (city, state) ~

3. (a) **FULL NAME** William J. Bowers 73a

3. (b) If veteran, name war ____
3. (c) Social Security No. ____
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Not Known
6. (c) Age of husband or wife if alive Not Known years
7. Date of Birth (Month, Day, Year) Jan. 12, 1884

8. AGE	Years	Months	Days	If less than 1 day
	60	2	19	hrs ____ min. ____

9. Exact Occupation Steam pipe Fitter — Did this work for ~ yrs.
10. Industry or Business Kaiser Ship yard — Date last worked ~
11. Birthplace Philadelphia, Penn. (City or town) (State or foreign country)

Father
12. Name Not Known
13. Birthplace ____ (City or town) (State or foreign country)

Mother
14. Maiden name Not Known
15. Birthplace ____ (City or town) (State or foreign country)

16. Informant's **OWN** Signature H. L. Davis Coroner
and Address American Falls Idaho.
17. (a) Removal (b) Date thereof 4-2-44 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: Watertown South Dakota
18. Funeral Director's **OWN** Signature A. W. Davis
and Address American Falls Idaho.
19. (a) April 3-1944 (Date received and filed) (b) Irene Baling (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 31 19 44
at 9:30 o'clock P M.

21. **I HEREBY CERTIFY**, That I attended deceased from Mar. 29 19 44 to Mar. 31 19 44
I last saw him alive on Mar. 31 19 44; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Pernivious anemia	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation ____ Date ____	
Major finding	
Finding of autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19 ____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's **OWN** Signature M. A. Farrell M.D. (M. D. or other)
and Address Am. Falls Idaho Date 4-1 19 44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

APR 10 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 138391
Local Reg. No. 16
Reg. Dist. No. 142

1. **PLACE OF DEATH:**
(a) County Shoshone
(b) City or town Kellogg
(c) Street Address or R. F. D. No. 6
(d) Death Occurred Inside? ✓ Outside? ____ city or town
(e) Died in a Home __ Hospital ✓ Institution __ Other place __
(f) Name Hosp. or Inst. Wardner Stayed 7 days
(g) Lived in this county 19 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Shoshone
(c) City or town Kellogg
(d) Street Address or R. F. D. No. 6
(e) Deceased lived Inside? ✓ Outside? ____ city or town
(f) Citizen of what country? ____
(g) How long had deceased lived in Idaho? 19 years
(h) Former residence (city, state) Kellogg

3. (a) **FULL NAME** Virginia Margie Rolly 109b

3. (b) If veteran, name war ____ 3. (c) Social Security No. 519-22-1529
4. Sex f 5. Color or race ____ 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife ✓ 6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) May 15 - 1924

8. AGE	Years	Months	Days	If less than 1 day
	19	9	3	hrs min.

9. Exact Occupation restuarant Did this work for ____ yrs.
10. Industry or Business ____ Date last worked ____
11. Birthplace Kellogg Idaho (City or town) (State or foreign country)
Father
12. Name David J. Rolly
13. Birthplace Switzerland (City or town) (State or foreign country)
Mother
14. Maiden name Elizabeth Bleisner
15. Birthplace Fairfield Wn (City or town) (State or foreign country)
16. Informant's OWN Signature Gloria Rolly
and Address Kellogg Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 22-44 (Month) (Day) (Year)
(c) Place: Kellogg Idaho
18. Funeral Director's OWN Signature R. L. Stout
and Address Kellogg Idaho
19. (a) Mar. 13-1944 (Date received and filed) (b) Mrs. Helen M. Bride (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Feb. 18 1944
at 9 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 2-14 1944, to 2-18 1944
I last saw her alive on 2-18 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: 109.1 Streptococcus Pneumonia
Due to Pleural Effusion 110b 6-7 days
Due to ____
Other conditions ____
(Include pregnancy within 3 months of death)
Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature Robert Staley (M. D. or other)
and Address Kellogg Idaho Date 2-23 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

138392

United States
Department of Commerce
Bureau of the Census

APR 10 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 17
Reg. Dist. No. 142

1. **PLACE OF DEATH:**
(a) County Shoshone
(b) City or town Kellogg Ida
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? ✓ Outside? city or town
(e) Died in a Home Hospital ✓ Institution Other place
(f) Name Hospital Sherman Hosp Stayed 3 days
(g) Lived in this county years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Kootenai
(c) City or town Rose Lake
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? ✓ Outside? city or town
(f) Citizen of what country? U.S.
(g) How long had deceased lived in Idaho? 28 years
(h) Former residence (city, state) Oklahoma

3. (a) **FULL NAME** Catherine Agnes Chatfield 46E

3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Cassius
6. (c) Age of husband or wife if alive 56 years
7. Date of Birth (Month, Day, Year) Aug 22, - 1884

8. AGE	Years	Months	Days	If less than 1 day
	59	6	13	hrs min.

9. Exact Occupation Housewife Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Topeka Kansas (City or town) (State or foreign country)
Father
12. Name Thomas Kane
13. Birthplace Ireland (City or town) (State or foreign country)
Mother
14. Maiden name Mary Agnes Murphy
15. Birthplace Ireland (City or town) (State or foreign country)
16. Informant's OWN Signature C. M. Chatfield
and Address Rose Lake
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 8-44 (Month) (Day) (Year)
(c) Place: Lane Ida
18. Funeral Director's OWN Signature R. L. Stout
and Address Kellogg Ida
19. (a) Mar. 29-1944 (Date received and filed) (b) Mrs. Helen McBride (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 3-5 1944
at 10 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from 2-15 1944, to 3-5 1944
I last saw her alive on 3-5 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration
Post Operative Shock.
Due to Resection of Rt colon
Due to for Ca of Colon
Other conditions
(Include pregnancy within 3 months of death)
Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature Robert Stacey (M. D. or other)
and Address Kellogg Ida Date 3-27 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

APR 10 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 138393
Local Reg. No. 18
Reg. Dist. No. 142

1. **PLACE OF DEATH:**
(a) County Shoshone
(b) City or town Kellogg
(c) Street Address or R. F. D. No. 813 S Division
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home X Hospital __ Institution __ Other place __
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 41 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Shoshone
(c) City or town Kellogg
(d) Street Address or R. F. D. No. 813 S Division
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? Germany
(g) How long had deceased lived in Idaho? 41 years
(h) Former residence (city, state) ____

3. (a) **FULL NAME** Helen Becker 93d

3. (b) If veteran, name war ____ 3. (c) Social Security No. ____
4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Fred 6. (c) Age of husband or wife if alive 69 years
7. Date of Birth (Month, Day, Year) November 12, 1874

8. AGE	Years	Months	Days	If less than 1 day
	69	3	23	hrs min.

9. Exact Occupation Housewife Did this work for 40 yrs.
10. Industry or Business Home Date last worked ____
11. Birthplace Germany (City or town) (State or foreign country)
Father 12. Name Gus Theile
13. Birthplace Germany (City or town) (State or foreign country)
Mother 14. Maiden name ?
15. Birthplace Germany (City or town) (State or foreign country)
16. Informant's OWN Signature Fred Becker
and Address Kellogg Idaho
17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof March 8 1944 (Month) (Day) (Year)
(c) Place: Spokane Washington
18. Funeral Director's OWN Signature Grant M. Grade
and Address Kellogg Idaho
19. (a) 3-7-1944 (Date received and filed) (b) Mrs. Helen M. Bride (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) MAR. 5 1944
at 6:00 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from JAN 29 1944, to MAR. 5 1944
I last saw her alive on MAR 4 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death	Duration
95c2 CONGESTIVE HEART FAILURE	5 DAYS
Due to ARTERIAL HYPERTENSION	
93d CHRONIC MYOCARDITIS	4 YRS.
Due to 95c2	
Other conditions CARDIAC ASTHMA. (Include pregnancy within 3 months of death)	3 MOS.

Where was disease contracted? ✓
Name of operation NONE Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature M. E. Herr, D.O. (M. D. or other)
and Address Kellogg Date 3-7 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

APR 10 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 138394
Local Reg. No. 19
Reg. Dist. No. 142

1. **PLACE OF DEATH:**
(a) County Shoshone
(b) City or town Kellogg
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home __ Hospital X Institution __ Other place __
(f) Name Hosp. or Inst. Wardner Stayed 6 days
(g) Lived in this county 7 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Shoshone
(c) City or town Kellogg
(d) Street Address or R. F. D. No. Elk Creek
(e) Deceased lived Inside? ____ Outside? X city or town
(f) Citizen of what country? U.S.
(g) How long had deceased lived in Idaho? 7 years
(h) Former residence (city, state)

3. (a) **FULL NAME** Ethel Mathews 141d

3. (b) If veteran, name war ____ 3. (c) Social Security No. ____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Carl 6. (c) Age of husband or wife if alive 27 years

7. Date of Birth (Month, Day, Year) August 24 1920

8. AGE	Years	Months	Days	If less than 1 day
	23	6	12	hrs min.

9. Exact Occupation Housewife Did this work for 20 yrs.

10. Industry or Business Home Date last worked

11. Birthplace Spokane (City or town) Washington (State or foreign country)

Father
12. Name Chester Latimer
13. Birthplace Lind (City or town) Washington (State or foreign country)

Mother
14. Maiden name Unknown
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's OWN Signature Carl Mathews
and Address Elk Creek - Kellogg Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 8 1944 (Month) (Day) (Year)
(c) Place: Kellogg Idaho

18. Funeral Director's OWN Signature [illegible]
and Address Kellogg Idaho

19. (a) Nov. 8 - 1944 (Date received and filed) (b) Mrs. Helen McBride (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 3-6 1944
at 3 o'clock A M.

21. **I HEREBY CERTIFY,** That I attended deceased from 2-29 1944 to 3-6 1944
I last saw her alive on 3-6 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Dilatation left ventricle Rheumatic Heart Disease. Duration
Due to 95 b
Due to 141 d
Other conditions Therapeutic abortion
(Include pregnancy within 3 months of death)
3-1-44
Where was disease contracted?
Name of operation Dbe Date 3-1-44
Major finding 2 mo pregnancy
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury

23. Attendant's OWN Signature Robert Staley (M. D. or other)
and Address Kellogg Idaho Date 3-8 1944
(For additional space, use reverse side)

138395

United States
Department of Commerce
Bureau of the Census

APR 11 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 29
Reg. Dist. No. 140

1. **PLACE OF DEATH:**
(a) County Shoshone
(b) City or town
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? X city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. Shoshone Stayed 1 days
(g) Lived in this county 50 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Shoshone
(c) City or town Enaville
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? U.S.
(g) How long had deceased lived in Idaho? 50 years
(h) Former residence (city, state)

3. (a) **FULL NAME** Andrew Samuel Maki 136

3. (b) If veteran, name war —
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary
6. (c) Age of husband or wife if alive 70 years
7. Date of Birth (Month, Day, Year) February 17, 1873

8. AGE	Years	Months	Days	If less than 1 day
	71	0	20	hrs min.

9. Exact Occupation Miner Did this work for 50 yrs.
10. Industry or Business Mining Date last worked 1943
11. Birthplace Finland (City or town) (State or foreign country)
Father
12. Name Matt Maki
13. Birthplace Finland (City or town) (State or foreign country)
Mother
14. Maiden name Unknown
15. Birthplace Finland (City or town) (State or foreign country)
16. Informant's OWN Signature Mrs Mary Maki
and Address Enaville Idaho
17. (a) Bureal (Burial, cremation, or removal) (b) Date thereof March 14/44 (Month) (Day) (Year)
(c) Place: Kingston, Idaho
18. Funeral Director's OWN Signature [illegible]
and Address Kellogg Idaho
19. (a) Mar 20 44 (Date received and filed) (b) John Dwer (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 7 1944
at 9.40 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from 3/6/44 19 , 3/7/44 19
I last saw h alive on 3/6/44 19 ; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration
Pulmonary Tuberculosis
Due to Month
Due to
Other conditions
(Include pregnancy within 3 months of death)
Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature James R Dean (M. D. or other)
and Address Date 3/8/44 19
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

APR 11 1944

Certificate Of Death

STATE OF IDAHO

State File No. 138396
Local Reg. No. 31
Reg. Dist. No. 140

1. **PLACE OF DEATH:**
(a) County Shoshone
(b) City or town Wallace
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? Outside? city or town
(e) Died in a Home ✓ Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 50 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Shoshone
(c) City or town Wallace
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? ✓ Outside? city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? 50 years
(h) Former residence (city, state)

3. (a) **FULL NAME** William Flynn 94a

3. (b) If veteran, name war
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	73			hrs min.

9. Exact Occupation Miner Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Ireland (City or town) (State or foreign country)
Father
12. Name Not known.
13. Birthplace " " (City or town) (State or foreign country)
Mother
14. Maiden name " "
15. Birthplace " " (City or town) (State or foreign country)
16. Informant's OWN Signature John A Beer (Friends)
and Address Wallace Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 15-44 (Month) (Day) (Year)
(c) Place: Wallace Idaho
18. Funeral Director's OWN Signature John A Beer (Wards)
and Address Wallace Idaho
19. (a) Mar-13-44 (Date received and filed) (b) John A Beer (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 11 1944
at o'clock M.
21. **I HEREBY CERTIFY**, That I attended deceased from 19, to 19
I last saw h alive on 19; death is said to have occurred on the date and hour stated above.
Immediate Cause of Death: Duration
Apparently heart failure
Due to coronary sclerosis
Due to arteriosclerosis several years
Other conditions
(Include pregnancy within 3 months of death)
Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 3/11 1944 City, county, state
where violence occurred City Wallace
Place of Violence: Home Yes Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature H C Mowery Coroner (M. D. or other)
and Address Wallace Idaho Date 3/13 1944
(For additional space, use reverse side)

138397

United States
Department of Commerce
Bureau of the Census

APR 10 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 20
Reg. Dist. No. 142

1. **PLACE OF DEATH:**
(a) County Shoshone
(b) City or town Kellogg
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. Wardner Stayed days
(g) Lived in this county 56 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Shoshone
(c) City or town Kellogg
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? U.S.
(g) How long had deceased lived in Idaho? 56 years
(h) Former residence (city, state)

3. (a) **FULL NAME** John Vergobbi 1700

3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Maria
6. (c) Age of husband or wife if alive 78 years
7. Date of Birth (Month, Day, Year) September 9 1865

8. AGE	Years	Months	Days	If less than 1 day
	78	6	2	hrs min.

9. Exact Occupation Stone Mason Did this work for 50 yrs.
10. Industry or Business Masonry Date last worked 1943
11. Birthplace Besano (City or town) Italy (State or foreign country)
Father
12. Name ? Giacomo
13. Birthplace Unknown (City or town) Italy (State or foreign country)
Mother
14. Maiden name Unknown
15. Birthplace (City or town) Italy (State or foreign country)
16. Informant's OWN Signature John Vergobbi
and Address Kellogg Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 16/44 (Month) (Day) (Year)
(c) Place: Kellogg Idaho
18. Funeral Director's OWN Signature Frank M. Glade
and Address Kellogg Idaho
19. (a) 3-17-1944 (Date received and filed) (b) Mrs. Helen M. Brede (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 3-12 1944
at 11 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from 3-12 1944 to 3-12 1944
I last saw him alive on 3-12 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Shock subsequent to Injuries to Head & Pt	
Due to Extremity Struck by Automobile	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Yes Suicide? 3-12 Homicide?
Occurred Hi way 10 - Kellogg 1944 City, county, state where violence occurred Kellogg - Shoshone Idaho
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury Struck by Auto
23. Attendant's OWN Signature Robert Stevens (M. D. or other)
and Address Kellogg Idaho Date 3-17 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

APR 10 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

138398
State File No.
Local Reg. No. 21
Reg. Dist. No. 142

1. **PLACE OF DEATH:**
(a) County Shoshone
(b) City or town Kellogg
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home ____ Hospital X Institution ____ Other place ____
(f) Name Hosp. or Inst. Wardner Stayed 2 days
(g) Lived in this county 56 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Shoshone
(c) City or town Kellogg
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? U.S.
(g) How long had deceased lived in Idaho? 56 years
(h) Former residence (city, state)

3. (a) **FULL NAME** Maria Vergobbi

170c

3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) October 8 1865

8. AGE	Years	Months	Days	If less than 1 day
	78	5	5	hrs ____ min.

9. Exact Occupation Housewife — Did this work for 60 yrs.
10. Industry or Business Home — Date last worked 3/12/44
11. Birthplace Bagno (City or town) Italy (State or foreign country)

Father
12. Name Vincenzo Vergobbi
13. Birthplace Italy (City or town) (State or foreign country)

Mother
14. Maiden name Vincenza
15. Birthplace Italy (City or town) (State or foreign country)

16. Informant's OWN Signature Elmer Vergobbi
and Address Kellogg Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/15/44 (Month) (Day) (Year)
(c) Place: Greenwood - Kellogg
18. Funeral Director's OWN Signature Quantin Slade
and Address Kellogg Idaho
19. (a) 3-17-44 (Date received and filed) (b) Mrs. Helen McBride (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 3-13 1944
at 9 o'clock A. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 3-12 1944 to 3-13 1944
I last saw h[illegible] alive on 3-13-44 19____; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Shock from injuries	
Due to Struck by Auto	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ____ Date ____
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? yes Suicide? ____ Homicide? ____
Occurred 3-12 1944 City, county, state where violence occurred Kellogg - Shoshone - Ida
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury Struck by Auto
23. Attendant's OWN Signature Robert Green (M. D. or other)
and Address Kellogg Date 3-17 1944

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

APR 11 1944

Certificate Of Death

STATE OF IDAHO

State File No. 138399
Local Reg. No. 32
Reg. Dist. No. 141

1. **PLACE OF DEATH:**
   (a) County Shoshone
   (b) City or town Wallace
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? Outside? city or town
   (e) Died in a Home Hospital Institution Other place
   (f) Name Hosp. or Inst. Co Hosp. Stayed days
   (g) Lived in this county 14 years months days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Shoshone
   (c) City or town Wallace
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? Outside? city or town
   (f) Citizen of what country?
   (g) How long had deceased lived in Idaho? 53 years
   (h) Former residence (city, state) Mont.

3. (a) **FULL NAME** Neudlin Dinius 13 b

3. (b) If veteran, name war
3. (c) Social Security No. 518-03-3208
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mathilda
6. (c) Age of husband or wife if alive 37 years
7. Date of Birth (Month, Day, Year) Sept 30. 1899

8. AGE	Years	Months	Days	If less than 1 day
	73	5	14	hrs min.

9. Exact Occupation Miner. Did this work for 1937 yrs.
10. Industry or Business Hecla. Date last worked
11. Birthplace N.D. (City or town) (State or foreign country)

Father
12. Name Phillip Dinius
13. Birthplace Russia (City or town) (State or foreign country)

Mother
14. Maiden name Margaret Truse
15. Birthplace Russia (City or town) (State or foreign country)

16. Informant's **OWN** Signature and Address Matilda Dinius
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 16 '44 (Month) (Day) (Year)
   (c) Place: Wallace Idaho
18. Funeral Director's **OWN** Signature John Bever (Wards) and Address Wallace Idaho
19. (a) March 14-44 (Date received and filed) (b) John Bever (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March - 14 1944 at 4:00 o'clock A. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 1939 to 3/14/44 19
   I last saw h alive on 3/13/44 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Pulmonary Tuberculosis	7 mos
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) Arthritis	7 yrs.
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide? Occurred 19 City, county, state where violence occurred
   Place of Violence: Home Farm Industry
   Public Place While at work?
   Means of injury
23. Attendant's **OWN** Signature James R Bean (M. D. or other) and Address Wallace Date 3/14/44 19
   (For additional space, use reverse side)

United States
Department of Commerce APR 11 1944
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 138400
Local Reg. No. 33
Reg. Dist. No. 1140

1. **PLACE OF DEATH:**
(a) County Shoshone
(b) City or town ~~Kellogg~~ - Big Creek
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 8 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Shoshone
(c) City or town ~~Kellogg~~ Big Creek
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Outside? X city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? 8 years
(h) Former residence (city, state) Arizona

3. (a) **FULL NAME** CHARLOTTE L. McCURDY 46b

3. (b) If veteran, name war X
3. (c) Social Security No. X
4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife X
6. (c) Age of husband or wife if alive X years
7. Date of Birth (Month, Day, Year) May 26, 1862

8, AGE	Years	Months	Days	If less than 1 day
	81	9	27	hrs min.

9. Exact Occupation retired Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Wayne County Mich., (City or town) (State or foreign country)
Father
12. Name Wm. T. Rattenbury
13. Birthplace Chetenham England (City or town) (State or foreign country)
Mother
14. Maiden name Mathilda Ewing
15. Birthplace Londonberry No. Ireland (City or town) (State or foreign country)
16. Informant's OWN Signature [signature] and Address Kellogg Idaho
17. (a) removal (Burial, cremation, or removal) (b) Date thereof Mar. 25, 1944 (Month) (Day) (Year)
(c) Place: HOUGHTON MICHIGAN
18. Funeral Director's OWN Signature [signature] and Address 320 Main St. Kellogg Idaho
19. (a) Mar/28/44 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 3-23 1944 at 12 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from Jan 16 1944, to 3-23 1944
I last saw her alive on 3-23 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Hypostatic pneumonia	3 days
Due to Metastastic Carcinoma	60 days
Due to Carcinoma of stomach	6 mos
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature [signature] (M. D. or other)
and Address Wallace Ida Date 3-24 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

APR 11 1944

Certificate Of Death

STATE OF IDAHO

State File No. 138401 E.
Local Reg. No. 34
Reg. Dist. No. 141

1. **PLACE OF DEATH:**
(a) County Shoshone
(b) City or town Osburn
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? Outside? city or town
(e) Died in a Home ✓ Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 37 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Shoshone
(c) City or town Osburn
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? Outside? city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? 37 years
(h) Former residence (city, state) Idaho

3. (a) **FULL NAME** Clement Weir Edwards. 13a

3. (b) If veteran, name war
3. (c) Social Security No. 518-01-3872
4. Sex M
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Bertha
6. (c) Age of husband or wife if alive 50 years
7. Date of Birth (Month, Day, Year) April 15-1884

8. AGE	Years	Months	Days	If less than 1 day
	58	9	10	hrs min.

9. Exact Occupation Mining Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Avery (City or town) Mo. (State or foreign country)
Father
12. Name Edward Edwards
13. Birthplace (City or town) Ohio (State or foreign country)
Mother
14. Maiden name Charlotte Bishop
15. Birthplace (City or town) Mo. (State or foreign country)
16. Informant's OWN Signature Bertha Edwards
and Address Osburn Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Mar 29-44 (Month) (Day) (Year)
(c) Place: Oxford & Glenn Idaho
18. Funeral Director's OWN Signature John A Bever (wards)
and Address Wallace Idaho
19. (a) March 27-44 (Date received and filed) (b) John A Bever (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 25 1944
at 6:20 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 1932 19, to Mar 25 1944
I last saw him alive on 3-25 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Pulmonary Silico-Tuberculosis	2 yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation Date	
Major finding	
Finding of autopsy	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature Paul Ellis (M. D. or other)
and Address Wallace Ida Date 3-27 1944
(For additional space, use reverse side)

138402 B.

United States
Department of Commerce
Bureau of the Census

APR 11 1944

Certificate Of Death

STATE OF IDAHO

State File No. .....
Local Reg. No. 35
Reg. Dist. No. 140

1. PLACE OF DEATH
(a) County Shoshone
(b) City or town Wallace
(c) Street Address or R.F.D. No. .....
(d) Death Occured Inside? ..... Outside? ..... city or town
(e) Died in a Home ✓ Hospital ..... Institution ..... Other place .....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 14 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Shoshone
(c) City or town .....
(d) Street Address or R.F.D. No. .....
(e) Deceased lived Inside? ✓ Outside? ..... city or town
(f) Citizen of what country? .....
(g) How long had deceased lived in Idaho? 14 years
(h) Former residence (city, state) Idaho

3. (a) FULL NAME Dean Martindale Sebastian 6

3. (b) If veteran, name war .....
3. (c) Social Security No. 518-26-5573
4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) Aug-8-1929

8. AGE	Years	Months	Days	If less than 1 day
	14	5	17	hrs min.

9. Exact Occupation Student Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Wallace Idaho (City or town) (State or foreign country)
Father 12. Name Orst Sebastian
13. Birthplace Grangeville Idaho (City or town) (State or foreign country)
Mother 14. Maiden name Marvel McBride
15. Birthplace Gardenvale Idaho (City or town) (State or foreign country)
16. Informant's OWN Signature Marvel Sebastian
and Address Wallace Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 29-44 (Month) (Day) (Year)
(c) Place: Wallace Idaho.
18. Funeral Director's OWN Signature John Bower (Wards)
and Address Wallace Idaho
19. (a) Mar-27-44 (Date received and filed) (b) John Bower (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March-25 1944
at 6:30 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from ..... 19..., to Mch 25 1944
I last saw him alive on March 25 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Meningococcic	
Due to meningitis	1 day
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's OWN Signature H E Bonebrake (M. D. or other)
and Address Wallace Ida Date 3-27-44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

APR 11 1944

Certificate Of Death

STATE OF IDAHO

State File No. 138403
Local Reg. No. 36
Reg. Dist. No. 141

1. **PLACE OF DEATH:**
(a) County Shoshone
(b) City or town Silverton
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? ✓ Outside? city or town
(e) Died in a Home Hospital ✓ Institution Other place
(f) Name Hosp. or Inst. Co Hosp. Stayed days
(g) Lived in this county 15 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Shoshone
(c) City or town Wallace
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? ✓ Outside? city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? 15 years
(h) Former residence (city, state) Colo.

3. (a) **FULL NAME** Joseph Kurre 93d

3. (b) If veteran, name war
3. (c) Social Security No. 519-18-2592
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) June 29-1885

8. AGE	Years	Months	Days	If less than 1 day
	59	7	2	hrs min.

9. Exact Occupation Miner Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Austria (City or town) (State or foreign country)
Father
12. Name Not Known
13. Birthplace Austria (City or town) (State or foreign country)
Mother
14. Maiden name Not Known
15. Birthplace Austria (City or town) (State or foreign country)
16. Informant's **OWN** Signature John A Bever (Wards)
and Address Wallace Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mayord 3-44 (Month) (Day) (Year)
(c) Place: Wallace Idaho
18. Funeral Director's **OWN** Signature John A Bever (Wards)
and Address Wallace Idaho
19. (a) April 1st-44 (Date received and filed) (b) John A Bever (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 31 1944
at 2:30 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from Feby 1944, to 3/31/44 19
I last saw h alive on 3/31/44 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Chr. Myocarditis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature James R Dean MD (M. D. or other)
and Address Date 4/1/44 19
(For additional space, use reverse side)

United States
Department of Commerce
Bureau of the Census

APR 11 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 138411
Local Reg. No. 2
Reg. Dist. No. 620

1. **PLACE OF DEATH:**
   (a) County Teton
   (b) City or town Victor
   (c) ~~Street~~ or R. F. D. No. 1
   (d) Death Occurred Inside? ____ Outside? Yes city or town
   (e) Died in a Home X Hospital __ Institution __ Other place __
   (f) Name Hosp. or Inst. ____ Stayed ____ days
   (g) Lived in this county ____ years ____ months ____ days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Teton
   (c) City or town Victor
   (d) ~~Street~~ or R. F. D. No. 1
   (e) Deceased lived Inside? ____ Outside? Yes city or town
   (f) Citizen of what country? United States
   (g) How long had deceased lived in Idaho? since 1917 years
   (h) Former residence (city, state) ____

3. (a) FULL NAME ANNA MALINDA DUKE MURCH

93d

3. (b) If veteran, name war No.
3. (c) Social Security No. None
4. Sex ~~Male~~ Female
5. Color or race White
6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife ---
6. (c) Age of husband or wife if alive --- years
7. Date of Birth (Month, Day, Year) February 28, 1871

8. AGE	Years	Months	Days	If less than 1 day hrs min.
	73	0	15	

9. Exact Occupation Retired H.W. Did this work for 3 yrs.
10. Industry or Business Own Home Date last worked 1941
11. Birthplace Heber, Utah. (City or town) (State or foreign country)
Father
12. Name John Duke
13. Birthplace Albany, N.Y. (City or town) (State or foreign country)
Mother
14. Maiden name Martha Young
15. Birthplace Nashville, Tenn. (City or town) (State or foreign country)
16. Informant's OWN Signature Joseph L. Duke and Address Victor, Idaho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-20-44 (Month) (Day) (Year)
(c) Place: Victor, Idaho.
18. Funeral Director's OWN Signature M. L. Hansen and Address St. Anthony, Idaho.
19. (a) 3-18-44 (Date received and filed) (b) Ethel Tuckrell (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 15 1944 at 9:30 o'clock A.M.
21. **I HEREBY CERTIFY,** That I attended deceased from Aug 1941, to March 15 1944
I last saw her alive on Sept 15 1943; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Chronic Myocarditis	3 yrs
Cerebral Hemorrhage	1 wk.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation ____ Date ____	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature O. D. Hoffman, M.D. (M. D. or other)
and Address Driggs, Ida. Date 3/20 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

APR 11 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 138405
Local Reg. No. 3
Reg. Dist. No. 620

1. **PLACE OF DEATH:**
   (a) County Teton
   (b) City or town Driggs
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? Yes Outside? ____ city or town
   (e) Died in a Home __ Hospital X Institution __ Other place __
   (f) Name Hosp. or Inst. Driggs Hosp. stayed 4 days
   (g) Lived in this county 11 years ____ months ____ days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Teton
   (c) City or town Tetonia
   (d) Street Address or R. F. D. No.
   (e) Deceased lived Inside? ____ Outside? Yes city or town
   (f) Citizen of what country? United States
   (g) How long had deceased lived in Idaho? Life years
   (h) Former residence (city, state) Ashton, Idaho.

3. (a) FULL NAME LESLIE RANDOLPH OLSEN 46b

3. (b) If veteran, name war No.
3. (c) Social Security No. 528-33-2594
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Julia Bell
6. (c) Age of husband or wife if alive 38 years
7. Date of Birth (Month, Day, Year) May 22, 1897

8. AGE	Years	Months	Days	If less than 1 day
	46	10	5	hrs min.

9. Exact Occupation Farmer Did this work for 20 yrs.
10. Industry or Business Own Farm Date last worked Feb, 1944
11. Birthplace Ashton, Idaho. (City or town) (State or foreign country)
Father
12. Name John Peter Olsen
13. Birthplace Mantua, Utah. (City or town) (State or foreign country)
Mother
14. Maiden name Millie Ricks
15. Birthplace Logan, Utah. (City or town) (State or foreign country)
16. Informant's OWN Signature J. G. Pehrson
and Address Tetonia, Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3-31-44 (Month) (Day) (Year)
(c) Place: Wilford, Idaho.
18. Funeral Director's OWN Signature M. D. Hansen
and Address St. Anthony, Idaho.
19. (a) 4-5-44 (Date received and filed) (b) Ethel Tackwell (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 31 1944
at 5 o'clock A. M.
21. **I HEREBY CERTIFY,** That I attended deceased from Aug 1940 to March 31 1944
I last saw him alive on March 31 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Carcinoma of Stomach	2 years
Generalized Metastasis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation ____ Date ____	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury
23. Attendant's OWN Signature D. D. Hoffman, M.D. (M. D. or other)
and Address Driggs, Idaho Date 4-3 1944
(For additional space, use reverse side)

138406

United States
Department of Commerce
Bureau of the Census APR 12 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 67
Reg. Dist. No. 461

1. **PLACE OF DEATH:**
(a) County Twin Falls
(b) City or town Twin Falls
(c) Street Address or R. F. D. No. RFD #1
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home ____ Hospital ____ Institution ____ Other place X
(f) Name Hosp. or Inst. ____ Stayed 5 days
(g) Lived in this county 5 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Jerome
(c) City or town Hazelton
(d) Street Address or R. F. D. No. RFD #1
(e) Deceased lived Inside? ____ Outside? X city or town
(f) Citizen of what country? United States
(g) How long had deceased lived in Idaho? 5 years
(h) Former residence (city, state) S. Dakota

3. (a) **FULL NAME** Bessie Violet Williamson

140C

3. (b) If veteran, name war ____ 3. (c) Social Security No. ____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Joe Williamson 6. (c) Age of husband or wife if alive 44 years

7. Date of Birth (Month, Day, Year) Sept. 2, 1906

8. AGE	Years	Months	Days	If less than 1 day hrs	min.
	37	5	27		

9. Exact Occupation ____ Did this work for ____ yrs.
10. Industry or Business ____ Date last worked ____
11. Birthplace Platte, S. Dakota (City or town) (State or foreign country)

Father
12. Name Chris Schunnemun
13. Birthplace Denmark (City or town) (State or foreign country)

Mother
14. Maiden name No. Information
15. Birthplace " (City or town) (State or foreign country)

16. Informant's **OWN** Signature Joe Williamson
and Address Hazelton, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 (Month) 44 (Day) (Year)
(c) Place Sunset Memorial park
18. Funeral Director's **OWN** Signature S. C. Hullins
and Address Twin Falls, Idaho
19. (a) March 30 1944 (Date received and filed) (b) ____ (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 1 19 44
at 1:00 o'clock A M.

21. **I HEREBY CERTIFY,** That I attended deceased from Feb 26 1944, to Mar 1 1944
I last saw her alive on Feb 29 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death	Duration
Peritonetis	6 days
Due to Pelvic infection	6 days
Due to Self induced abortion	
Other conditions 14 days before. (Include pregnancy within 3 months of death)	

Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19 ____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's **OWN** Signature K E Langenwalter (M. D. or other)
and Address Twin Falls, Ida Date 3-1 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

138407

United States
Department of Commerce
Bureau of the Census

APR 12 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 138407
Local Reg. No. 69
Reg. Dist. No. 460

1. **PLACE OF DEATH:**
(a) County Twin Falls
(b) City or town Twin Falls
(c) Street Address or R. F. D. No. 261 7th Ave North
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home X Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 39 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Twin Falls
(c) City or town Twin Falls
(d) Street Address or R. F. D. No. 261 7th Ave N.
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country U.S.
(g) How long had deceased lived in Idaho? 39 years
(h) Former residence (city, state) Clarkston, Wash.

3. (a) **FULL NAME** BARGER, Harry Preston 47a

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Nettie E.
6. (c) Age of husband or wife if alive Deceased years
7. Date of Birth (Month, Day, Year) July 4, 1865

8. AGE	Years	Months	Days	If less than 1 day
	78	8	4	hrs ____ min.

9. Exact Occupation Retired Farmer Did this work for Yrs yrs.
10. Industry or Business Rancher Date last worked
11. Birthplace Clearfield, Penn. (City or town) (State or foreign country)
Father
12. Name Unknown
13. Birthplace Unknown (City or town) (State or foreign country)
Mother
14. Maiden name Unknown
15. Birthplace Unknown (City or town) (State or foreign country)
16. Informant's **OWN** Signature X Mrs Grace A. Taber
and Address 219 9th Ave No. Twin Falls
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/13/44 (Month) (Day) (Year)
(c) Place: Twin Falls Cem.
18. Funeral Director's **OWN** Signature White Mortuary
and Address Twin Falls Idaho
19. (a) 3-14-44 (Date received and filed) (b) ____ (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 8 19 44
at 6.00 o'clock P. M.
21. **I HEREBY CERTIFY**, That I attended deceased from Feb 27 19 44 to March 8 19 44
I last saw her alive on March 7 19 44 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death	Duration
Coronary Occlusion	6 hrs.
Due to	
Due to	
Other conditions Carcinoma	
(Include pregnancy within 3 months of death)	
Surgery	

Where was disease contracted? Twin Falls PHYSICIAN
Name of operation ____ Date ____
Major finding ____
Finding of autopsy None

Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19 ____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's **OWN** Signature Wallace Bang (M. D. or Other)
and Address Twin Falls Date 3/12 19 44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

APR 1 2 1944

Certificate Of Death

STATE OF IDAHO

State File No. 138408
Local Reg. No. 70
Reg. Dist. No. 461

1. PLACE OF DEATH:
(a) County Twin Falls
(b) City or town Twin Falls
(c) Street Address or R.F.D. No. 323 Shoshone St No.
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Home.... Hospital.... Institution X Other place....
(f) Name Hosp. or Inst. Dr. office Stayed 1 days
(g) Lived in this county 31 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Twin Falls
(c) City or town Buhl
(d) Street Address or R.F.D. No. Mccullum Addn.
(e) Deceased lived Inside? ..... Outside? X city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 31 years
(h) Former residence (city, state) Nebraska.

3. (a) FULL NAME Alden Earl Stombaugh 103

3. (b) If veteran, name war X
3. (c) Social Security No. X
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife X X
6. (c) Age of husband or wife if alive X years
7. Date of Birth (Month, Day, Year) March 1st.1884

8. AGE	Years	Months	Days	If less than 1 day
	60	x	9	hrs min.

9. Exact Occupation Farmer Did this work for life yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Kirkman. (City or town) Iowa. (State or foreign country)
Father
12. Name Clayton Stombaugh
13. Birthplace Unknown (City or town) (State or foreign country)
Mother
14. Maiden name Unknown
15. Birthplace Unknown. (City or town) (State or foreign country)
16. Informant's OWN Signature A.V. Stombaugh
and Address Box 409 Buhl, Ida.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/15/43 (Month) (Day) (Year)
(c) Place: Buhl
18. Funeral Director's OWN Signature Toaus & Johnson
and Address Buhl, Ida. L. Johnson
19. (a) March 15 1944 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 3-10 1944
at ..... o'clock ..... M.
21. **I HEREBY CERTIFY,** That I attended deceased from Feb. 28 1944, to March 10 1944
I last saw him alive on March 10 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Hemorrhage from some large blood vessel or	20 minutes
Due to blood vessel tumor that ruptured into the nose	
Due to probably thru the sphenoid sinus	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? Unknown
Name of operation None Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's OWN Signature A.D. Gillespie M.D. (M. D. or other)
and Address Twin Falls, Idaho. Date Mar. 15 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

APR 1 2 1944

Certificate Of Death

STATE OF IDAHO

State File No. 138409
Local Reg. No. 83
Reg. Dist. No. 461

1. **PLACE OF DEATH:**
(a) County Twin Falls,
(b) City or town Buhl,
(c) Street Address or R.F.D. No. 1
(d) Death Occured Inside? ..... Outside? x city or town
(e) Died in a Home.... Hospital x Institution.... Other place....
(f) Name Hosp. or Inst Buhl Hosp. Stayed 6 days
(g) Lived in this county 31 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Ida. (b) County Twin Falls
(c) City or town Buhl
(d) Street Address or R.F.D. No. 1
(e) Deceased lived Inside? ..... Outside? x city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 31 years
(h) Former residence (city, state) Cleveland, Ohio

3. (a) **FULL NAME** John Hlavaty

1316

3. (b) If veteran, name war x
3. (c) Social Security No. x
4. Sex Male
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary Hlavaty
6. (c) Age of husband or wife if alive 59 years
7. Date of Birth (Month, Day, Year) 7-28-1874 5 1875

8. AGE	Years	Months	Days	If less than 1 day
	68	8	16	hrs min.

9. Exact Occupation Farmer — Did this work for Life yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Czechoslovakia. (City or town) (State or foreign country)
Father
12. Name Unknown
13. Birthplace " (City or town) (State or foreign country)
Mother
14. Maiden name Unknown
15. Birthplace " (City or town) (State or foreign country)
16. Informant's **OWN** Signature John Hlavaty Jr.
and Address Rt. 1 Buhl, Ida.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-14-44 (Month) (Day) (Year)
(c) Place: Buhl Cemetery
18. Funeral Director's **OWN** Signature Evans & Johnson
and Address Buhl
19. (a) 3/29/44 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 3-11 1944
at 7 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 1939 19..., to 3-11- 1944
I last saw him alive on 3-11 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Chronic nephritis 1316	years
Due to Chronic urinary retention	5 years
Due to 13562	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature M. A. Drake M.D. (M. D. or other)
and Address Buhl, Ida. Date 3-24 1944
(For additional space, use reverse side)

United States
Department of Commerce
Bureau of the Census

APR 12 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 138410
Local Reg. No. 78
Reg. Dist. No. 460

1. **PLACE OF DEATH:**
(a) County Twin Falls
(b) City or town Twin Falls
(c) Street Address or R. F. D. No. 130 - 9th Ave. N.
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home X Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 32 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Twin Falls
(c) City or town Twin Falls
(d) Street Address or R. F. D. No. 130 - 9th Ave N.
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? U S
(g) How long had deceased lived in Idaho? 32 years
(h) Former residence (city, state) North Carolina

3. (a) **FULL NAME** Mary Herbert Robertson

3. (b) If veteran, name war ____
3. (c) Social Security No. ____
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Thos. M. ____
6. (c) Age of husband or wife if alive 67 years
7. Date of Birth (Month, Day, Year) June 12, 1872

8. AGE	Years	Months	Days	If less than 1 day
	71	9		hrs ____ min.

9. Exact Occupation housewife — Did this work for ____ yrs.
10. Industry or Business ____ — Date last worked ____
11. Birthplace Scotland Neck (City or town) N. Carolina (State or foreign country)

Father
12. Name Richard H. Smith
13. Birthplace Scotland Neck (City or town) N. C. (State or foreign country)

Mother
14. Maiden name Mary Cocke
15. Birthplace ____ (City or town) Virginia (State or foreign country)

16. Informant's **OWN** Signature John B. Robertson
and Address 261 17th Ave E. Twin Falls Ida
17. (a) Cremate (Burial, cremation, or removal) (b) Date thereof 3-16-44 (Month) (Day) (Year)
(c) Place: Twin Falls Cemetery
18. Funeral Director's **OWN** Signature H. C. Phillips
and Address Twin Falls Idaho
19. (a) March 22-44 (Date received and filed) (b) ____ (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 14 1944
at ____ o'clock P M.

21. **I HEREBY CERTIFY,** That I attended deceased from Mar 11 1944 to Mar 11 1944
I last saw her alive on Mar 11 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary Occlusion — Duration ____
Due to Coronary Spasm — 10 days
Due to ____
Other conditions ____
(Include pregnancy within 3 months of death)

Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19 ____ City, county, state ____
where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's **OWN** Signature John H. Caughlan (M. D. or Other)
and Address Twin Falls Ida Date 3-17 1944

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

138411

United States
Department of Commerce
Bureau of the Census

APR 1 2 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 73
Reg. Dist. No. 461

1. **PLACE OF DEATH:**
(a) County Twin Falls
(b) City or town Twin Falls
(c) Street Address or R. F. D. No. Twin Falls Co. Gen'l Hosp
(d) Death Occurred Inside? ____ Outside? X city or town
(e) Died in a Home __ Hospital X Institution __ Other place __
(f) Name Hosp. or Inst. Co. Gen'l. Hosp Stayed 4 days
(g) Lived in this county 28 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Twin Falls
(c) City or town Kimberly
(d) Street Address or R. F. D. No. Kimberly
(e) Deceased lived Inside? ____ Outside? X city or town
(f) Citizen of what country? U.S.
(g) How long had deceased lived in Idaho? 28 years
(h) Former residence (city, state) Colo.

3. (a) FULL NAME SILING, Virgil Tilghman 93d

3. (b) If veteran name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife Olive
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) February 27, 1867

8. AGE	Years	Months	Days	If less than 1 day
	77	0	19	hrs min.

9. Exact Occupation Retired Did this work for ____ yrs.
10. Industry or Business Farmer Date last worked
11. Birthplace North Manchester, Ind. (City or town) (State or foreign country)
Father
12. Name Tilghman I. Siling
13. Birthplace Maryland (City or town) (State or foreign country)
Mother
14. Maiden name Louisa Lawrence
15. Birthplace Ohio (City or town) (State or foreign country)
16. Informant's OWN Signature Mamie Siling
and Address Kimberly, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/18/44 (Month) (Day) (Year)
(c) Place Sunset Memorial Park Cem.
18. Funeral Director's OWN Signature [signature] White Mortuary
and Address Twin Falls, Idaho
19. (a) March 20 1944 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 16, 1944
at 11 o'clock A. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 10/23 1943, to March 16 1944
I last saw him alive on March 16 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Rt. Heart Failure	
Due to Chronic Myocarditis 93d	
Due to	
Other conditions Uremia: Chr. Prostatitis (Include pregnancy within 3 months of death) 1376	
Where was disease contracted?	PHYSICIAN
Name of operation ____ Date ____	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature [signature] (M. D. or other)
and Address Kimberly, Ida. Date 3/17 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

138412

United States
Department of Commerce
Bureau of the Census

APR 12 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 138412
Local Reg. No. 74
Reg. Dist. No. 460

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
   (a) County Twin Falls
   (b) City or town Twin Falls
   (c) Street Address or R. F. D. No. T. F. Co. Gen'l. Hosp.
   (d) Death Occurred Inside? ____ Outside? X city or town
   (e) Died in a Home ____ Hospital X Institution ____ Other place ____
   (f) Name Hosp. T. F. Co. Gen'l. Hosp. If not, how long did deceased live in this place? 9 days
   (g) Lived in this county 4 years ____ months ____ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Twin Falls
   (c) City or town Twin Falls
   (d) Street Address or R. F. D. No. 210 7th Ave No.
   (e) Deceased lived Inside? X Outside? ____ city or town
   (f) Citizen of what country? U. S.
   (g) How long had deceased lived in Idaho? ____ years
   (h) Former residence (city, state) Caldwell, Idaho

3. (a) **FULL NAME** SLATTERY, Frank

117a

3. (b) If veteran, name war None
3. (c) Social Security No. 518-22-8292
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary
6. (c) Age of husband or wife if alive 61 years
7. Date of Birth (Month, Day, Year) March 25, 1892

8. AGE	Years	Months	Days	If less than 1 day
	51	11	24	hrs ____ min.

9. Exact Occupation Stockman — Did this work for 35 yrs.
10. Industry or Business Livestock — Date last worked 3/4/44
11. Birthplace Douglas, Nebr. (City or town) (State or foreign country)

Father
12. Name Edward Slattery
13. Birthplace Ireland (City or town) (State or foreign country)

Mother
14. Maiden name Rose McGuire
15. Birthplace Ireland (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mrs. Frank Slattery
and Address 210 7th Ave North
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3/21/44 (Month) (Day) (Year)
(c) Place Grand Island, Nebr.
18. Funeral Director's **OWN** Signature By- White Mortuary E343
and Address Twin Falls, Idaho
19. (a) Mar 20 (Date received and filed) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 19 1944
at 7:30 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from Jan 22 1944 to Mar 19 1944
I last saw him alive on 3/9 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Hemorrhage — Duration 10 days
Due to Bleeding gastric ulcer
Due to ____
Other conditions ____
(Include pregnancy within 3 months of death)
Where was disease contracted? Home
Name of operation None Date ____
Major finding ____
Finding of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's **OWN** Signature C. A. Burton MD (M. D. or other)
and Address Mar 20/44 Date Twin Falls 19 Idaho
(For additional space, use reverse side)

Haas

United States
Department of Commerce
Bureau of the Census

APR 12 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 138413
Local Reg. No. 85
Reg. Dist. No. 461

1. **PLACE OF DEATH:**
(a) County Twin Falls
(b) City or town Kimberly
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home X Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 9 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County T. Falls
(c) City or town Kimberly
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? United States
(g) How long had deceased lived in Idaho? 9 years
(h) Former residence (city, state) Colorado

3. (a) **FULL NAME** Emma Jane Scholl

93d

3. (b) If veteran, name war X
3. (c) Social Security No. X
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Nelson E.
6. (c) Age of husband or wife if alive 80 years
7. Date of Birth (Month, Day, Year) Sept. 12, 1869

8. AGE	Years	Months	Days	If less than 1 day
	74	6	8	hrs ____ min.

9. Exact Occupation Housewife — Did this work for ____ yrs.
10. Industry or Business — Date last worked
11. Birthplace Pike County, Ill. (City or town) (State or foreign country)

Father
12. Name Perry Manker
13. Birthplace Ohio (City or town) (State or foreign country)

Mother
14. Maiden name Anna Eliza Wilson
15. Birthplace No. Inf. (City or town) (State or foreign country)

16. Informant's **OWN** Signature X Mrs. O. E. Tyler
and Address Kimberly, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-24-44 (Month) (Day) (Year)
(c) Place: Sunset Memorial Park
18. Funeral Director's **OWN** Signature L. E. Freeman
and Address Twin Falls, Idaho
19. (a) March 30-1944 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 20 19 44
at 1:15 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from ____ 19____, to ____ 19____
I last saw h____ alive on ____ 19____; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Acute Heart Failure	
Due to Chronic Myocarditis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? ____ PHYSICIAN
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's **OWN** Signature [signature] (M. D. or other)
and Address [illegible] Date 3/23 19 44

(For additional space use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

138414

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

APR 12 1944

State File No. 138414
Local Reg. No. 79
Reg. Dist. No. 461

1. **PLACE OF DEATH:**
(a) County Twin Falls
(b) City or town Twin Falls
(c) Street Address or R. F. D. 500 Bk 2nd St West
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home ____ Hospital ____ Institution ____ Other place X Street
(f) Name of Hospital or Institution ____ Stayed ____ days
(g) Lived in this county 13 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Twin Falls
(c) City or town Twin Falls
(d) Street Address or R. F. D. No. Rt 1,
(e) Deceased lived Inside? ____ Outside? X ____ city or town
(f) Citizen of what country? U.S.
(g) How long had deceased lived in Idaho? 13 years
(h) Former residence (city, state) ____

3. (a) **FULL NAME** Floy L. Mullins

164c

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife ____
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) April 13, 1930

8. AGE	Years	Months	Days	If less than 1 day
	13	11	7	hrs ____ min.

9. Exact Occupation Student — Did this work for 8 yrs.
10. Industry or Business Jr. High — Date last worked Mar. 1944
11. Birthplace Twin Falls, Idaho (City or town) (State or foreign country)

Father
12. Name Marvin M. Mullins
13. Birthplace Mt. Park, Okla. (City or town) (State or foreign country)

Mother
14. Maiden name Alta C. Boyd
15. Birthplace Stillwater, Okla. (City or town) (State or foreign country)

16. Informant's OWN Signature [signature] and Address Rt. 1, Twin Falls, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/22/44 (Month) (Day) (Year)
(c) Place: Sunset Mem. Park Cem.
18. Funeral Director's OWN Signature White Mortuary and Address Twin Falls, Idaho
19. (a) [illegible] (Date received and filed) (b) [signature] (Registrar's Signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 20th 19 44
at 6.20 PM o'clock ____ M.
21. **I HEREBY CERTIFY**, That I attended deceased from Deceased at 6.20 PM March 20th 19 44 to ____ 19 ____
I last saw h____ alive on ____ 19____; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Gun shot wound self inflicted. — Duration: Insta
Due to ____
Due to ____
Other conditions ____ (Include pregnancy within 3 months of death)
Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ____ Suicide? X Homicide? ____
Occurred March 20th 1944 (City) county, state where violence occurred Twin Falls, Idaho
Place of Violence: Home ____ Farm ____ Industry ____
Public Place Public Street While at work? ____
Means of injury Gun shot wound

23. Attendant's OWN Signature [signature] Acting Coroner (M. D. or other)
and Address Justice Peace Twin Falls, Idaho Date 3 21 44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

138415

United States
Department of Commerce
Bureau of the Census

APR 12 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 138415
Local Reg. No. 75
Reg. Dist. No. 461

1. **PLACE OF DEATH:**
(a) County Twin Falls
(b) City or town Twin Falls
(c) Street Address or R. F. D. No. 519-12-5168
(d) Death Occurred Inside? L Outside? ____ city or town
(e) Died in a Home ____ Hospital L Institution ____ Other place ____
(f) Name Hosp. or Inst. Twin Falls Hosp Stayed 12 days
(g) Lived in this county ____ years ____ months 12 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Jerome
(c) City or town Jerome
(d) Street Address or R. F. D. No. 1
(e) Deceased lived Inside? ____ Outside? X city or town
(f) Citizen of what country? U S
(g) How long had deceased lived in Idaho? 17 years
(h) Former residence (city, state) Tenn

3. (a) **FULL NAME** Fred Samuel Barnes n/a

3. (b) If veteran, name war ____
3. (c) Social Security No. 519-12-5168
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Margaret
6. (c) Age of husband or wife if alive 19 years
7. Date of Birth (Month, Day, Year) Nov 1, 1911

8. **AGE**

Years	Months	Days	If less than 1 day
32	4	19	hrs ____ min. ____

9. Exact Occupation Farmer — Did this work for ____ yrs.
10. Industry or Business ____ — Date last worked ____
11. Birthplace Mc Nairn Co (City or town) Tenn (State or foreign country)

Father
12. Name Charles Barnes
13. Birthplace Cumberland (City or town) Tenn (State or foreign country)

Mother
14. Maiden name Josie Richardson
15. Birthplace McNairn Co (City or town) Tenn (State or foreign country)

16. Informant's OWN Signature Margaret Barnes
and Address Jerome Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof March 20 44 (Month) (Day) (Year)
(c) Place: Jerome Idaho
18. Funeral Director's OWN Signature J R Wiley
and Address Jerome Idaho
19. (a) ____ (Date received and filed) ____ (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 20 1944
at 6:15 o'clock P. M.

21. **I HEREBY CERTIFY,** That I attended deceased from 2-28-44 19__, to 3-20-44 19__
I last saw him alive on 3-20-44 19__; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Subacute bacterial endocarditis — Duration 2 mos
Due to ____
Due to ____
Other conditions ____
(Include pregnancy within 3 months of death)

Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state
where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's OWN Signature Joseph W. Marshall M.D.
(M. D. or other)
and Address Twin Falls Idaho Date 3-20-44 19__
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

APR 1 2 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 138416
Local Reg. No. 82
Reg. Dist. No. 361

1. **PLACE OF DEATH:**
   (a) County Twin Falls
   (b) City or town Twin Falls
   (c) Street Address or R. F. D. No. 3
   (d) Death Occurred Inside? ____ Outside? X city or town
   (e) Died in a Home __ Hospital X Institution __ Other place __
   (f) Name Hosp. or Inst. T. F. County Stayed 90 days
   (g) Lived in this county 0 years 3 months 0 days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Nevada (b) County Elko
   (c) City or town Contact
   (d) Street Address or R. F. D. No. ____
   (e) Deceased lived Inside? X Outside? ____ city or town
   (f) Citizen of what country? ____
   (g) How long had deceased lived in Idaho? ____ years
   (h) Former residence (city, state) Buhl, Idaho

3. (a) **FULL NAME** Lena Gage Bugbee 124b

3. (b) If veteran, name war ____ 3. (c) Social Security No. ____
4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife L. C. 6. (c) Age of husband or wife if alive 60 years
7. Date of Birth (Month, Day, Year) September 17, 1883

8. AGE	Years	Months	Days	If less than 1 day
	60	6	5	hrs min.

9. Exact Occupation Storekeeper Did this work for ____ yrs.
10. Industry or Business ____ Date last worked ____
11. Birthplace Huntsville, Ohio (City or town) (State or foreign country)
Father
12. Name Joseph Parrett
13. Birthplace Good Hope, Ohio (City or town) (State or foreign country)
Mother
14. Maiden name Eva Marton
15. Birthplace ____ Ohio (City or town) (State or foreign country)
16. Informant's OWN Signature H B Bugbee and Address Omaha, Neb
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/26/44 (Month) (Day) (Year)
(c) Place: Sunset Memorial Park
18. Funeral Director's OWN Signature James E. Reynolds Reynolds Funeral Home and Address Twin Falls, Idaho
19. (a) 3/27/44 (Date received and filed) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 22, 1944 at 7:20 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 12-23 1943, to 3-22- 1944
I last saw her alive on 3-22 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Apoplexy	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) Hypotrophic Cirrosis of Liver	
Where was disease contracted? at home	
Name of operation Laparotomy Date 1-26-44	
Major finding Hypotrophic Cirrosis	
Finding of autopsy Hour of liver	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ✓ Suicide? ✓ Homicide? ✓
Occurred ✓ 19__ City, county, state where violence occurred ✓
Place of Violence: Home ✓ Farm ✓ Industry ✓
Public Place ✓ While at work? ✓
Means of injury None
23. Attendant's OWN Signature [signature] (M. D. or other) and Address Twin Falls Date 3-23 1944
(For additional space, use reverse side)

138417

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

APR 12 1944

State File No.
Local Reg. No. 80
Reg. Dist. No. 461

1. **PLACE OF DEATH:**
(a) County Twin Falls
(b) City or town Twin Falls
(c) Street Address or R. F. D. No. T.F.Co.Gen'lHosp
(d) Death Occurred Inside? Outside? X city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. T.F.Co.Gen'lHosp Stayed 4 days
(g) Lived in this county 37 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Twin Falls
(c) City or town Twin Falls
(d) Street Address or R. F. D. No. 136 6th Ave No.
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? U.S.
(g) How long had deceased lived in Idaho? life years
(h) Former residence (city, state) Boise

3. (a) **FULL NAME** ALVORD, David D.

99

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Statira M.
6. (c) Age of husband or wife if alive 65 years
7. Date of Birth (Month, Day, Year) July 17, 1873

8. AGE	Years	Months	Days	If less than 1 day hrs	min.
	70	8	6		

9. Exact Occupation Retired — Did this work for yrs.
10. Industry or Business Ins. Salesman — Date last worked
11. Birthplace Boise, Idaho (City or town) (State or foreign country)

Father
12. Name James H. Alvord
13. Birthplace New York (City or town) (State or foreign country)

Mother
14. Maiden name May Noggle
15. Birthplace Beloit, Wisconsin (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mrs D. D. Alvord
and Address Twin Falls, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/25/44 (Month) (Day) (Year)
(c) Place Twin Falls Cem.

18. Funeral Director's **OWN** Signature White Mortuary
and Address Twin Falls, Idaho

19. (a) (Date received and filed) (b) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Marc 23, 1944
at 6:45 o'clock P. M.

21. **I HEREBY CERTIFY,** That I attended deceased from 3-19 1944, to Mar. 23, 1944
I last saw him alive on Mar. 23, 1944; death is said to have occurred on the date and hour stated above.

	Duration
Immediate Cause of Death: Mesenteric Thrombosis	4 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation Date	
Major finding	
Finding of autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state
where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature John H. Evangelis (M. D. or other)
and Address Twin Falls, Ida. Date 3/24 1944

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

138418

United States
Department of Commerce
Bureau of the Census

APR 12 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 81
Reg. Dist. No. 460

1. **PLACE OF DEATH:**
(a) County Twin Falls
(b) City or town Kimberly
(c) Street Address or R. F. D. No. Co. Farm
(d) Death Occurred Inside? Outside? X city or town
(e) Died in a Home Hospital Institution X Other place
(f) Name Hosp. or Inst. County Farm Stayed days
(g) Lived in this county 30 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Twin Falls
(c) City or town Twin Falls
(d) Street Address or R. F. D. No. Reed Hotel
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? U.S.
(g) How long had deceased lived in Idaho? 30 years
(h) Former residence (city, state)

3. (a) FULL NAME Mc ROBERTS, Ernest W.

1626

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife None
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) May 30, 1866

8. AGE	Years	Months	Days	If less than 1 day
	77	9	23	hrs min.

9. Exact Occupation Elevator Did this work for yrs.
10. Industry or Business Operator Date last worked
11. Birthplace Tama County, Iowa (City or town) (State or foreign country)
Father
12. Name Edwin W. McRoberts
13. Birthplace Unknown (City or town) (State or foreign country)
Mother
14. Maiden name Martha Helen Willey
15. Birthplace Unknown (City or town) (State or foreign country)
16. Informant's OWN Signature Mrs Maude W. McRoberts
and Address Twin Falls, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/25/44 (Month) (Day) (Year)
(c) Place: Twin Falls Cem.
18. Funeral Director's OWN Signature White Mortuary, [illegible]
and Address Twin Falls, Idaho
19. (a) March 25 1944 (Date received and filed) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 23, 1944
at 5 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from Mar 1943 to Mar. 23, 1944
I last saw him alive on Mar. 23, 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Senility	
Due to	
Due to	
Other conditions None (Include pregnancy within 3 months of death)	
Where was disease contracted? at Home	
Name of operation None Date	
Major finding	
Finding of autopsy None	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury None
23. Attendant's OWN Signature J. H. Murphy (M. D. or other)
and Address Twin Falls, Ida Date 3/24 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

APR 12 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 13819
Local Reg. No. 84
Reg. Dist. No. 460

1. **PLACE OF DEATH:**
   (a) County Twin Falls Idaho
   (b) City or town Twin Falls
   (c) Street Address or R. F. D. No. 260 4th Ave. E.
   (d) Death Occurred Inside? X Outside? ____ city or town
   (e) Died in a Home X Hospital ____ Institution ____ Other place ____
   (f) Name Hosp. or Inst. ____ Stayed ____ days
   (g) Lived in this county 39 years 5 months 12 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County T F
   (c) City or town Twin Falls
   (d) Street Address or R. F. D. No. 260 4th ave E
   (e) Deceased lived Inside? X Outside? ____ city or town
   (f) Citizen of what country? ____
   (g) How long had deceased lived in Idaho? 39 years
   (h) Former residence (city, state) Chicago, Ill.

3. (a) **FULL NAME** Susan M. Prothero

95C

3. (b) If veteran, name war ____ 3. (c) Social Security No. ____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Albert W. 6. (c) Age of husband or wife if alive ____ years

7. Date of Birth (Month, Day, Year) May 5, 1854

8. AGE	Years	Months	Days	If less than 1 day
	89	10	23	hrs ____ min.

9. Exact Occupation Housewife Did this work for ____ yrs.
10. Industry or Business ____ Date last worked ____
11. Birthplace New Lisbon, Wisconsin (City or town) (State or foreign country)

Father
12. Name John Howland
13. Birthplace England (City or town) (State or foreign country)

Mother
14. Maiden name Marion Collins
15. Birthplace England (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs R. A. Carter
and Address 260 4th Ave. E.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/29/44 (Month) (Day) (Year)
(c) Place: Twin Falls Cemetery

18. Funeral Director's OWN Signature Reynolds Funeral Home Maurine P. Berry
and Address Twin Falls Idaho

19. (a) Mar 30 1944 (Date received and filed) (b) ____ (Registrar's Signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 26, 1944
at 12:50 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from March 1944 to March 26 1944
I last saw her alive on March 22 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death	Duration
acute Dilatation of Heart	2 days.
Due to Senility	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's OWN Signature Albert W. Prothero (M. D. or other)
and Address Twin Falls Date 3-29 1944

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

138420

United States
Department of Commerce
Bureau of the Census

APR 12 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 138420
Local Reg. No. 86
Reg. Dist. No. 460

1. PLACE OF DEATH:
(a) County Twin Falls
(b) City or town Twin Falls
(c) Street Address or R. F. D. No. 160-7th Ave. N.
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home X Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county ____ years ____ months 44 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Twin Falls
(c) City or town Twin Falls
(d) Street Address or R. F. D. No. 160-7th Ave. N.
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? United States
(g) How long had deceased lived in Idaho? 6 wks XXXX
(h) Former residence (city, state) ____

3. (a) FULL NAME Norman Van Walters

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3. (b) If veteran, name war X
3. (c) Social Security No. X
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife XX
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) February 18, 1944

8. AGE	Years	Months	Days	If less than 1 day
		1	10	hrs ____ min. ____

9. Exact Occupation XX — Did this work for ____ yrs.
10. Industry or Business ____ — Date last worked ____
11. Birthplace Twin Falls, Idaho (City or town) (State or foreign country)
Father
12. Name Harry M. Walters
13. Birthplace Walnut, Iowa (City or town) (State or foreign country)
Mother
14. Maiden name Bernyce Johnson
15. Birthplace Filer, Idaho (City or town) (State or foreign country)
16. Informant's OWN Signature Harry M. Walters and Address Twin Falls, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-30-44 (Month) (Day) (Year)
(c) Place: Sunset Memorial Park
18. Funeral Director's OWN Signature Bob Phillips and Address Twin Falls, Idaho
19. (a) MAR 31 1944 (Date received and filed) (b) ____ (Registrar's Signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) March 28 1944 at 7 ~~8~~ o'clock A. M.
21. I HEREBY CERTIFY, That I attended deceased from March 23 19XX, to March 28 19XX
I last saw h[illegible] alive on March 27 19XX; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Virus Pneumonia	4 days
Due to Influenza	5 days
Due to ____	____
Other conditions None (Include pregnancy within 3 months of death)	____

Where was disease contracted? Idaho
Name of operation None Date ____
Major finding ____
Finding of autopsy None

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature Clarence H. Schlotz M.D. (M. D. or other)
and Address Twin Falls Date March 29 19XX
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

138421

United States
Department of Commerce APR 12 1944 **CERTIFICATE OF DEATH**
Bureau of the Census STATE OF IDAHO

State File No. 138421
Local Reg. No. 88
Reg. Dist. No. 460

1. **PLACE OF DEATH:**
(a) County Twin Falls
(b) City or town Twin Falls
(c) Street Address or R. F. D. No. 1306 Maple Ave.
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home X Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 10 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County T. Falls
(c) City or town Twin Falls
(d) Street Address or R. F. D. No. 1306 Maple Ave.
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? United States
(g) How long had deceased lived in Idaho? 25 years
(h) Former residence (city, state) Kansas

3. (a) **FULL NAME** Lillian Tinker 131a

3. (b) If veteran, name war X
3. (c) Social Security No. X
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Edward
6. (c) Age of husband or wife if alive 50 years
7. Date of Birth (Month, Day, Year) November 28, 1895

8. AGE	Years	Months	Days	If less than 1 day
	48	4	2	hrs ____ min.

9. Exact Occupation Housewife Did this work for ____ yrs.
10. Industry or Business ____ Date last worked ____
11. Birthplace Centralia, Kansas (City or town) (State or foreign country)

Father
12. Name John M. Schaefer
13. Birthplace N. Y. (City or town) (State or foreign country)

Mother
14. Maiden name Octavia Jesse
15. Birthplace Va. (City or town) (State or foreign country)

16. Informant's **OWN** Signature E. M. Tinker
and Address Twin Falls, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-3-44 (Month) (Day) (Year)
(c) Place: Sunset Memorial Park
18. Funeral Director's **OWN** Signature S. C. Phillips
and Address Twin Falls, Idaho
19. (a) Apr. 4 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 30 1944
at 11:30 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from Dec 18 1944, to March 1944
I last saw h alive on March 30 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death	Duration
Cerebral hemorrhage	2 yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's **OWN** Signature Dolph Laughlin (M. D. or Coroner)
and Address Twin Falls Date 4-3 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

138422

United States
Department of Commerce
Bureau of the Census

APR 12 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 89
Reg. Dist. No. 460

1. **PLACE OF DEATH:**
(a) County Twin Falls
(b) City or town Twin Falls
(c) Street Address or R. F. D. No. 425 5th Ave. W.
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home X Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 30 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County T. Falls
(c) City or town Twin Falls
(d) Street Address or R. F. D. No. 425 5th Ave. W.
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? ____
(g) How long had deceased lived in Idaho? 30 years
(h) Former residence (city, state) Cripple Creek, Colorado

3. (a) **FULL NAME** Minnie C. Fulford

3. (b) If veteran, name war ____ 3. (c) Social Security No. ____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Frank 6. (c) Age of husband or wife if alive ____ years

7. Date of Birth (Month, Day, Year) August 9, 1859

8. AGE	Years	Months	Days	If less than 1 day
	84	7	21	hrs ____ min.

9. Exact Occupation Housewife — Did this work for ____ yrs.
10. Industry or Business ____ — Date last worked ____
11. Birthplace Philadelphia (City or town) N. Carolina (State or foreign country)

Father
12. Name Unknown
13. Birthplace ____ (City or town) ____ (State or foreign country)

Mother
14. Maiden name Unknown
15. Birthplace ____ (City or town) ____ (State or foreign country)

16. Informant's OWN Signature Mrs Thos. Fulford
and Address 403 2nd Ave. North

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/3/44 (Month) (Day) (Year)
(c) Place: Twin Falls Cemetery

18. Funeral Director's OWN Signature Reynolds Funeral Home Maurice R. Terry
and Address Twin Falls, Idaho

19. (a) 4-5-44 (Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 30 1944
at 4:55 o'clock P. M.

21. **I HEREBY CERTIFY,** That I attended deceased from Jan 10 1943, to Mar 30 1944
Last saw her alive on Mar 30 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: 932 — Duration
Hypocardial degeneration — 1 week
Due to old age — 80
Due to Cancer of left breast — 4 yrs.
Other conditions Metastases axilla — 2 yrs.
(Include pregnancy within 3 months of death)

Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's OWN Signature J. E. Langenwalter (M. D. or other)
and Address Twin Falls Date 4-4-44 19____
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

138423

United States
Department of Commerce
Bureau of the Census

APR 6 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 311
Reg. Dist. No. 310

1. **PLACE OF DEATH:**
(a) County Valley
(b) City or town McCall
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? ✓ city or town
(e) Died in a Home ✓ Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county years ~~months~~ 8 hrs days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Valley
(c) City or town McCall
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Outside? ✓ city or town
(f) Citizen of what country? yes
(g) How long had deceased lived in Idaho? 8 Hrs ~~years~~
(h) Former residence (city, state)

3. (a) **FULL NAME** Infant Clements

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3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex female race white
5. Color or race
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) 3/13/44

8. AGE	Years	Months	Days	If less than 1 day
				8 hrs min.

9. Exact Occupation — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace McCall Idaho (City or town) (State or foreign country)

Father
12. Name Walter J. Clements
13. Birthplace Creighton Nebr (City or town) (State or foreign country)

Mother
14. Maiden name Agnes Rowing Leaf
15. Birthplace McCall Ida (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mrs Asa Clements
and Address McCall Idaho
17. (a) burial (b) Date thereof 3/15/44 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: Pinecrest Cemetery
18. Funeral Director's **OWN** Signature
and Address
19. (a) Mar 31 1944 (b) Myrtle Tudner (Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 3/13/44 19
at 11:30 o'clock P M.

21. **I HEREBY CERTIFY,** That I attended deceased from 3/13/44 19, to 19
I last saw her alive on 3/13/44 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — Duration

Premature Birth

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature Susan B. Kerr DO (M. D. or other)
and Address McCall Ida Date 3/15/44

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

138424

United States
Department of Commerce APR 6 1944
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 312
Reg. Dist. No. 310

1. **PLACE OF DEATH:**
(a) County Valley
(b) City or town Stibnite
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 2 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Valley
(c) City or town Stibnite
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? ✓ Outside? city or town
(f) Citizen of what country? America
(g) How long had deceased lived in Idaho? 34 years
(h) Former residence (city, state)

3. (a) **FULL NAME** Lloyd Kenneth Smith 164c

3. (b) If veteran, name war ✓
3. (c) Social Security No. 518-07-1503
4. Sex M.
5. Color or race W.
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive 35 years
7. Date of Birth (Month, Day, Year) Dec-6-1910

8. AGE	Years	Months	Days	If less than 1 day
	33	3	12	hrs min.

9. Exact Occupation Shovel Ailer Did this work for 2 yrs.
10. Industry or Business Bradley Mining Co. Stibnite Idaho Date last worked 3/18/44
11. Birthplace Ustick Idaho (City or town) (State or foreign country)

Father
12. Name Wm H. Smith
13. Birthplace Mo. (City or town) (State or foreign country)

Mother
14. Maiden name Lizzie Ingram
15. Birthplace Mo (City or town) (State or foreign country)

16. Informant's OWN Signature Carroll Smith and Address Stibnite Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3/19/44 (Month) (Day) (Year)
(c) Place: Boise Idaho
18. Funeral Director's OWN Signature L. L. Pettingham and Address Cascade Idaho
19. (a) March 19 1944 (Date received and filed) (b) Myrtle Gardner (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 18 1944 at 9:00 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 19 , to 19
I last saw h alive on 19 ; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Gun shot wound of head	
Due to Self inflicted	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? X Homicide?
Occurred March 18 1944 City, county, state where violence occurred Stibnite Valley, Ida.
Place of Violence: Home ✓ Farm Industry
Public Place While at work?
Means of injury Small caliber rifle
23. Attendant's OWN Signature A B Halliday, M.D. (M. D. or other)
and Address Stibnite, Ida Date 3/18 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

MAR 9 1944

State File No. 138425
Local Reg. No.
Reg. Dist. No. 322

1. **PLACE OF DEATH:**
(a) County Washington
(b) City or town Cambridge
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? X city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 12 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Washington
(c) City or town Cambridge
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Outside? Out city or town
(f) If foreign born, in U. S. yrs. Citizen of U. S.?
(g) How long had deceased lived in Idaho? 56 years
(h) Former residence (city, state)

3. (a) **FULL NAME** James Wesley Clelland 61

3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex Male
5. Color or race Amr
6. (a) Single, widowed, married, divorced Widdower
6. (b) Name of husband or wife Clara
6 (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Jan 23 1858

8. AGE	Years	Months	Days	If less than 1 day
	86	1	7	hrs min.

9. Exact Occupation Farmer — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace Putman County Mo (City or town) (State or foreign country)

Father
12. Name James Clelland
13. Birthplace Verginia (City or town) (State or foreign country)

Mother
14. Maiden name Matilda Scott
15. Birthplace Verginia (City or town) (State or foreign country)

16. Informant's **OWN** Signature and Address Mrs Lelias Oner

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: Jerome 3 5 44

18. Funeral Director's **OWN** Signature and Address Cambridge Ida

19. (a) 3/3/44 (Date received and filed) (b) (Registrar's signature)

Dr. E. J. WHITMAN
CAMBRIDGE, IDAHO

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 1 1944
at 3:00 o'clock P. M.

21. I **HEREBY CERTIFY,** That I attended deceased from 1/1/43 1944 to 3/1/44 1944
I last saw him alive on 2/29/44 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cerebral Hemorrhage — Duration 18 hrs.
Due to Arterio-sclerosis Senile change — 15 yrs.
Due to
Other conditions Diabetes Mellitus — 3 yrs.
(Include pregnancy within 3 months of death)
Prostatic Hypertrophy — 2 yrs.
Where was disease first contracted? ?
Name of operation 0 Date 0
Major finding 0 0
Finding of autopsy 0

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature E. J. Whitman (M. D.)
and Address Cambridge, Idaho Date 3/3/44 19
(For additional space, use reverse side)

United States
Department of Commerce
Bureau of the Census

APR 1 1 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 138426
Local Reg. No. 8
Reg. Dist. No. 32

1. **PLACE OF DEATH:**
   (a) County Washington
   (b) City or town Weiser
   (c) Street Address or R. F. D. No. 201 West Commercial
   (d) Death Occurred Inside? X Outside? ____ city or town
   (e) Died in a Home X Hospital ____ Institution ____ Other place ____
   (f) Name Hosp. or Inst. None Stayed ____ days
   (g) Lived in this county 3 years ____ months ____ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Washington
   (c) City or town Weiser
   (d) Street Address or R. F. D. No. 553 West Commercial
   (e) Deceased lived Inside? X Outside? ____ city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 3 years
   (h) Former residence (city, state) Minneapolis, Kansas

3. (a) FULL NAME Jacob Harrison "Harry" Taylor

946

3. (b) If veteran, name war None
3. (c) Social Security No. None Known
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Addie
6. (c) Age of husband or wife if alive 55 years
7. Date of Birth (Month, Day, Year) January 11 1874

8. AGE	Years	Months	Days	If less than 1 day
	70	1	22	hrs ____ min.

9. Exact Occupation Laborer Did this work for 50 yrs.
10. Industry or Business Usually Farm Work Date last worked 3 years
11. Birthplace Imperial (City or town) Kansas (State or foreign country)

Father
12. Name Don't Know
13. Birthplace Don't Know (City or town) (State or foreign country)

Mother
14. Maiden name Don't Know
15. Birthplace Don't Know (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs Addie Taylor (Widow)
and Address 553 West Commercial St. Weiser.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/7/44 (Month) (Day) (Year)
(c) Place: Hillcrest Cemetery, Weiser, Idaho
18. Funeral Director's OWN Signature [illegible]
and Address Northam Funeral Home, Weiser, Ida.
19. (a) 3/6/44 (Date received and filed) (b) Marie A Shull (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) March 4 1944
at 5 o'clock P M.
21. I HEREBY CERTIFY, That I attended deceased from 2-20- 1944 to Mar 4 1944
I last saw h alive on Mar. 1 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Angina Pectoris	Sudden
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation ____ Date ____	
Major finding	
Finding of autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature [illegible] M. D.
(M. D. or other)
and Address [illegible] Date 3-6-1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

P 938427

United States
Department of Commerce APR 11 1944
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 9
Reg. Dist. No. 320

1. **PLACE OF DEATH:**
(a) County Washington
(b) City or town Weiser
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home ____ Hospital X Institution ____ Other place ____
(f) Name Hosp. or Inst. Weiser Hosp. Stayed 13 days
(g) Lived in this county ____ years ____ months 13 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Oregon (b) County Union
(c) City or town La Grande
(d) Street Address or R. F. D. No. 408 Adams Ave.
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 13 days years
(h) Former residence (city, state) Oregon

3. (a) FULL NAME Charles Fred Merrill

1626

3. (b) If veteran, name war None
3. (c) Social Security No. 712-07-2432
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mariam
6. (c) Age of husband or wife if alive 63 years
7. Date of Birth (Month, Day, Year) February 16 1872

8. AGE	Years	Months	Days	If less than 1 day
	72	00	26	hrs ____ min.

9. Exact Occupation Retired Boiler Maker Did this work for 35 yrs.
10. Industry or Business Union Pacific R.R. Date last worked 1930
11. Birthplace Mesper (City or town) Iowa (State or foreign country)

Father
12. Name Charles Sumner Merrill
13. Birthplace Augusta, Maine (City or town) [illegible] (State or foreign country)

Mother
14. Maiden name Eulissa Stewart
15. Birthplace Augusta, (City or town) Maine (State or foreign country)

16. Informant's OWN Signature Mariam E. Merrill Wife
and Address 408 Adams Ave. LeGrande, Oregon
17. (a) Removal (Burial, cremation or removal) (b) Date thereof March 13 '44 (Month) (Day) (Year)
(c) Place LaGrande - Oregon
18. Funeral Director's OWN Signature [illegible]
and Address Northern Funeral Home - Weiser
19. (a) 3-13-44 (Date received and filed) (b) Marie A. Snell (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 13 1944
at 11:50 o'clock A. M.
21. **I HEREBY CERTIFY,** That I attended deceased from Mar 1 - 1944 to Mar. 13 - 1944
I last saw him alive on 3 - 13 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Paralysis — Duration 3 Months
Due to ____
Due to ____
Other conditions ____ (Include pregnancy within 3 months of death)
Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature F. A. Schmuck M.D. (M. D. or other)
and Address 3-13-44 Date 19____
(For additional space, use reverse side)
Weiser Idaho

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

APR 11 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 138428
Local Reg. No. 10
Reg. Dist. No. 320

1. PLACE OF DEATH:
(a) County Washington
(b) City or town Weiser
(c) Street Address or R. F. D. No. 517 West Main St.
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home X Hospital __ Institution __ Other place __
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 22 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Washington
(c) City or town Weiser
(d) Street Address or R. F. D. No. 517 West Main
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 22 years
(h) Former residence (city, state) Lanesboro, Iowa

3. (a) FULL NAME Mrs. Emma Vader

162b

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Dan Vader
6. (c) Age of husband or wife if alive Deceased years
7. Date of Birth (Month, Day, Year) January 1 1859

8. AGE	Years	Months	Days	If less than 1 day
	85	2	16	hrs min.

9. Exact Occupation Housewife Did this work for Life yrs.
10. Industry or Business Home Date last worked 1941
11. Birthplace Decatur, Vanburen County, Mich. (City or town) (State or foreign country)
Father
12. Name John Morlan
13. Birthplace Don't know (City or town) (State or foreign country)
Mother
14. Maiden name Jemmima Murphy
15. Birthplace Don't know (City or town) (State or foreign country)
16. Informant's OWN Signature Louis N Vader (Son)
and Address 517 West Main, Weiser, Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3-18-44 (Month) (Day) (Year)
(c) Place: Lanesboro Cemetery, Lanesboro, Iowa
18. Funeral Director's OWN Signature [illegible]
and Address Northam Funeral Home, Weiser, Idaho
19. (a) 3/17/44 (Date received and filed) (b) Marie H Shell (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) March 16 1944
at 6:30 o'clock P.M.
21. I HEREBY CERTIFY, That I attended deceased from 2-23 1944, to Mar 16 1944
I last saw her alive on Mar 16 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Senility	2 Months
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation ____ Date ____	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature F A Schmid MD (M. D. or other)
and Address Weiser Ida Date 3-17-1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Dr. Schmitz

United States
Department of Commerce
Bureau of the Census APR 11 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 138429
Local Reg. No. 12
Reg. Dist. No.

1. **PLACE OF DEATH:**
(a) County Washington
(b) City or town Weiser
(c) Street Address or R. F. D. No. 611 East Main
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home ____ Hospital X Institution ____ Other place ____
(f) Name Hosp. or Inst. Weiser Hosp. Stayed 3 days
(g) Lived in this county 26 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Washington
(c) City or town Weiser
(d) Street Address or R. F. D. No. ____
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 26 years
(h) Former residence (city, state) Bridgeport, Oregon

3. (a) FULL NAME Mrs. Samantha Ellen Lovelace

16 76

3. (b) If veteran, name war ____ 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife ____ 6. (c) Age of husband or wife if alive Deceased years

7. Date of Birth (Month, Day, Year) October 2 1859

8. AGE	Years	Months	Days	If less than 1 day
	84	5	18	hrs ____ min.

9. Exact Occupation Housewife — Did this work for Life yrs.
10. Industry or Business Home — Date last worked 3/14/44
11. Birthplace Iola (City or town) Kansas (State or foreign country)

Father
12. Name Seibert Wilson
13. Birthplace ____ (City or town) Kansas (State or foreign country)

Mother
14. Maiden name Don't know
15. Birthplace ____ (City or town) Don't know (State or foreign country)

16. Informant's OWN Signature [illegible] (Step-Son)
and Address Baker, Oregon

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/22/44 (Month) (Day) (Year)
(c) Place: Hillcrest Cemetery, Weiser, Idaho

18. Funeral Director's OWN Signature [illegible]
and Address Northam Funeral Home, Weiser, Idaho

19. (a) 3/22/44 (Date received and filed) (b) Marie N. Shelt (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 20 1944
at 10:45 o'clock A.M.

21. **I HEREBY CERTIFY,** That I attended deceased from 3-15 1944 to 3-20 1944
I last saw h[illegible] alive on 3-20 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: [illegible] — Duration ____
Due to ____
Due to ____
Other conditions ____ (Include pregnancy within 3 months of death)
Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's OWN Signature [illegible] M D
(M. D. or other)
and Address [illegible] Date 3-22-1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

138439

United States
Department of Commerce
Bureau of the Census

APR 11 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 45
Reg. Dist. No. 362

1. **PLACE OF DEATH:**
   (a) County Canyon
   (b) City or town Nampa
   (c) Street Address or R. F. D. No. 111 Yale Ave
   (d) Death Occurred Inside? ✓ ~~Outside?~~ ~~city or town~~
   (e) Died in a ~~Home~~ Hospital ✓ ~~Institution~~ ~~Other place~~
   (f) Name Hosp. or Inst. Mercy Hospital Stayed ____ days
   (g) Lived in this county ✓ years ✓ months ✓ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Canyon
   (c) City or town Nampa
   (d) Street Address or ~~R. F. D.~~ No. 111 Yale Ave
   (e) Deceased lived Inside? ✓ ~~Outside?~~ ~~city or town~~
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? ✓ years
   (h) Former residence (city, state) ✓

3. (a) **FULL NAME** Jemmie Belle Caldwell

3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced ✓
6. (b) Name of husband or wife ✓
6. (c) Age of husband or wife if alive ✓ years
7. Date of Birth (Month, Day, Year) Feb. 26 - 1944

8. AGE	Years	Months	Days	If less than 1 day
	0	0	0	hrs min.

9. Exact Occupation ✓ Did this work for ✓ yrs.
10. Industry or Business ✓ Date last worked ✓
11. Birthplace Nampa Idaho (City or town) (State or foreign country)

Father
12. Name Webster Caldwell
13. Birthplace Missouri (City or town) (State or foreign country)

Mother
14. Maiden name
15. Birthplace Seattle Wash (City or town) (State or foreign country)

16. Informant's **OWN** Signature W. L. Caldwell
and Address Nampa, Ida
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/28/44 (Month) (Day) (Year)
(c) Place: Nampa Idaho
18. Funeral Director's **OWN** Signature Fred K. Robinson
and Address Nampa Idaho
19. (a) Mar. 14-1944 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Feb 26 1944
at ____ o'clock ____ M.
21. **I HEREBY CERTIFY,** That I attended deceased from Feb 26 1944, to Feb 26 1944
I last saw him alive on Feb 26 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Due to Atelectasis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation ____ Date ____	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's **OWN** Signature Thos E Marquis (M. D. or other)
and Address Nampa Ida Date Mar 8 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Nampa

138460

United States
Department of Commerce
Bureau of the Census

MAY 11 1944

Certificate Of Death

STATE OF IDAHO

State File No. 138460
Local Reg. No. 17
Reg. Dist. No. 130

1. PLACE OF DEATH:
(a) County Benewah
(b) City or town St. Maries
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? X Outside? city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county years 1 months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Latah
(c) City or town Bovill
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? U. S. A.
(g) How long had deceased lived in Idaho? 30 years
(h) Former residence (city, state)

3. (a) FULL NAME Charles Thomas Mulkey

82

3. (b) If veteran, name war None
3. (c) Social Security No. 519-09-4303
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) February 24, 1884

8. AGE	Years	Months	Days	If less than 1 day
	60	2	1	hrs min.

9. Exact Occupation Carpenter Did this work for 15 yrs.
10. Industry or Business Logging Date last worked Nov. 1943
11. Birthplace Bronaugh, (City or town) Missouri (State or foreign country)
Father
12. Name Christopher C. Mulkey
13. Birthplace Sedalia (City or town) Missouri (State or foreign country)
Mother
14. Maiden name Dalpha Leemaster
15. Birthplace Arcola, (City or town) Missouri (State or foreign country)
16. Informant's OWN Signature Del Mulkey
and Address St. Maries, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-28-44 (Month) (Day) (Year)
(c) Place: St. Maries, Idaho
18. Funeral Director's OWN Signature R. E. Wessa
and Address St. Maries, Idaho
19. (a) 5-8-44 (Date received and filed) (b) R. E. Wessa (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April 25, 1944 19
at 2:15 o'clock A. M.
21. **I HEREBY CERTIFY,** That I attended deceased from April 1, 1944 19 to April 25, 1944 19
I last saw him alive on 4/24/44 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Amyotrophic Lateral Sclerosis	5 mo
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? Bovill, Ida
Name of operation None Date
Major finding
Finding of autopsy None

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? No External Cause Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature C. A. Olmis MD (M. D. or other)
and Address St. Maries Date 4/27/44 19
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Lithgow 138461

United States
Department of Commerce
Bureau of the Census

MAY 1 1944

Certificate Of Death

STATE OF IDAHO

State File No. 138461
Local Reg. No. 9-44
Reg. Dist. No. 112

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
   (a) County Bonner
   (b) City or town Priest River
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? " Outside? city or town
   (e) Died in a Home Hospital" Institution Other place
   (f) Name Hosp. or Inst Priest River Stayed 12 days
   (g) Lived in this county 50 years months days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Bonner
   (c) City or town Priest River
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? Outside? X city or town
   (f) Citizen of what country? United States
   (g) How long had deceased lived in Idaho? 50 years
   (h) Former residence (city, state)

3. (a) **FULL NAME** JOHN HILTON LITHGOW 61

3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Jennie
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) June 22. 1869

8. AGE	Years	Months	Days	If less than 1 day hrs	min.
	74	10	--		

9. Exact Occupation Steam engineer Did this work for 40 yrs.
10. Industry or Business Logging industry Date last worked 1932
11. Birthplace Fairfield (City or town) Maine (State or foreign country)

Father
12. Name Henry Lithgow
13. Birthplace Scotland (City or town) (State or foreign country)

Mother
14. Maiden name Elizabeth McDonald
15. Birthplace Glasgow (City or town) Scotland (State or foreign country)

16. Informant's **OWN** Signature Harriet Pratt
and Address Klamath Falls, Oregon

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 4/26/44 (Month) (Day) (Year)
(c) Place: Priest River Cemetary

18. Funeral Director's **OWN** Signature L. L. Moon.
and Address Sandpoint. Idaho

19. (a) 4/26/44 (Date received and filed) (b) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) april 22 1944
at 8:20 o'clock P. M.

21. **I HEREBY CERTIFY,** That I attended deceased from april 11 1944, to april 22 1944
I last saw him alive on april 22 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Myocardial degeneration — Duration 5 yrs
Due to
Due to
Other conditions Diabetes
(Include pregnancy within 3 months of death)
Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred: 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature Leslie J. Stauffer, M.D.
(M. D. or other)
and Address Priest River Date 4-22 1944
(For additional space, use reverse side)

138462

United States MAY 15 1944
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 138462.
Local Reg. No. 132
Reg. Dist. No. 510

1. PLACE OF DEATH:
(a) County Bannock
(b) City or town Pocatello
(c) Street Address or R. F. D. No. 303. Shafer Apts.
(d) Death Occurred (Inside?) Outside? city or town
(e) Died in (Home) Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 23 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Bannock
(c) City or town Pocatello
(d) Street Address or R. F. D. No. 303. Shafer Apts.
(e) Deceased lived (Inside?) Outside? city or town
(f) Citizen of what country? United States.
(g) How long had deceased lived in Idaho? 23 years
(h) Former residence (city, state) Utah.

3. (a) FULL NAME Lewis Isrial Bale. 94a

3. (b) If veteran, name war World War #I
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Gladys E. Wright
6. (c) Age of husband or wife if alive 52 years
7. Date of Birth (Month, Day, Year) October. 17. 1893

8. AGE	Years	Months	Days	If less than 1 day
	50	6	27	hrs min.

9. Exact Occupation Dental Technician Did this work for 23 yrs.
10. Industry or Business Own business Date last worked 5/3/44.
11. Birthplace Nephi (City or town) Utah. (State or foreign country)
Father
12. Name Clifford Bale.
13. Birthplace (City or town) England. (State or foreign country)
Mother
14. Maiden name Alice Baxter.
15. Birthplace (City or town) Utah. (State or foreign country)
16. Informant's OWN Signature Mrs Gladys E Bale
and Address Pocatello Idaho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/9./44. (Month) (Day) (Year)
(c) Place: Mountain View Cem.
18. Funeral Director's OWN Signature Anthony W. Hall. Hall Mortuary.
and Address Pocatello Idaho.
19. (a) 5-12-1944 (Date received and filed) (b) D. C. Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) May. 4. 1944.
at o'clock 7 M.
21. I HEREBY CERTIFY, That I attended deceased from May 4 1944, to May 4 1944
I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary occlusion
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

Duration: Sudden death. Diagnosis Based on history of attack & pain.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature O. X. Call M.D. (M. D. or other)
and Address Pocatello, Idaho. Date 5/ 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

138463

United States
Department of Commerce
Bureau of the Census

MAY 6 1944

Certificate Of Death

STATE OF IDAHO

State File No. 138463
Local Reg. No. 20
Reg. Dist. No. 3-330

1. PLACE OF DEATH:
(a) County Payette
(b) City or town Payette
(c) Street Address or ~~R.F.D.~~ No. 237 So 10 th St.
(d) Death Occured Inside? ✓ Outside? ..... city or town
(e) Died in a Home .... Hospital ✓ Institution .... Other place ....
(f) Name Hosp. Payette General Stayed 3 days
(g) Lived in this county 7 years 6 months 11 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Payette
(c) City or town Payette
(d) Street Address or ~~R.F.D.~~ No. 513 N 6th Street
(e) Deceased lived Inside? ✓ Outside? ..... city or town
(f) Citizen of what country? U S A
(g) How long had deceased lived in Idaho? 7 years
(h) Former residence (city, state) Centralia Kans

3. (a) FULL NAME Floyd Milton Cassity

54a

3. (b) If veteran, name war ----
3. (c) Social Security No. 512-10-0960
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Dorothy L Cassity
6. (c) Age of husband or wife if ...e 27 years
7. Date of Birth (Month, Day, Year) January 13 1917

8. AGE	Years	Months	Days	If less than 1 day
	27	3	--	hrs min.

9. Exact Occupation Truck driver seller of soft drinks Did this work for 6 yrs.
10. Industry or Business Coca Cola Bottling works H,S,Harper Manager Date last worked
11. Birthplace Wetmore, Kansas. (City or town) (State or foreign country)
Father
12. Name Ray W. Cassity.
13. Birthplace Wetmore. Kansas. (City or town) (State or foreign country)
Mother
14. Maiden name Olive Dickson.
15. Birthplace Olatha, Kansas. (City or town) (State or foreign country)
16. Informant's OWN Signature L W Bergmann
and Address 510 N. 6th St Payette Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 4/16/1944 (Month) (Day) (Year)
(c) Place: Payette, Idaho.
18. Funeral Director's OWN Signature W. C. Landon
and Address Payette, Idaho.
19. (a) 4/14/1944 (Date received and filed) (b) J C Woodward (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April 13 1944 19....
at 2:40 o'clock a M.
21. **I HEREBY CERTIFY,** That I attended deceased from March 9 1944, to April 13 1944
I last saw him alive on April 12 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Infiltrating glioma of frontal lobes of brain	1 yr.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Brain Operation Date 3/25/44
Major finding glioma of frontal lobes - malignant
Finding of autopsy None.

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's OWN Signature R. Woodward, Jr. M.D. (M. D. or other)
and Address Payette, Idaho. Date 4/14 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

138464 138464

United States
Department of Commerce
Bureau of the Census MAY 9 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF DEATH:**
(a) County Lincoln
(b) City or town Shoshone
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 10 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Lincoln
(c) City or town Shoshone
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? forty years
(h) Former residence (city, state)

3. (a) **FULL NAME** SULLIVAN, Mrs. Theresa M.

3. (b) If veteran, name war no
3. (c) Social Security No. None
4. Sex female race white
5. Color or
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife D.E.Sullivan
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) February 27. 1882 deceased

8. AGE	Years	Months	Days	If less than 1 day
	62	1	16	hrs min.

9. Exact Occupation County Auditor and Recorder — Did this work for 13 yrs.
10. Industry or Business — Date last worked April 1944
11. Birthplace Korin, (City or town) Utah (State or foreign country)

Father
12. Name Fred Kossman
13. Birthplace Unknown (City or town) (State or foreign country)

Mother
14. Maiden name Unknown
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mrs N.P. Anderson
and Address 244-7th Ave, E. Rexburg

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 4/13/44 (Month) (Day) (Year)
(c) Place: Twin Falls, Idaho

18. Funeral Director's **OWN** Signature White Mortuary E-343
and Address Twin Falls, Idaho

19. (a) Apr-13-44 (Date received and filed) (b) Myrtle C. Burdett (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April 13th, 19 44
at 10 o'clock A M.

21. **I HEREBY CERTIFY,** That I attended deceased from 4/13 19 44 to 4/13 19 44
I last saw her alive 4/13 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Religious prevented the	
Attendance of a doctor	
Due to She died of	
Due to	
Other conditions Natural causes	
(Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature Myrtle C. Burdett Coroner (M. D. or other)
and Address Shoshone, Ida Date 4/13 19 44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

138465

MAY 1 2 1944

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 138465
Local Reg. No. 100
Reg. Dist. No. 461

1. **PLACE OF DEATH:**
   (a) County Twin Falls
   (b) City or town Buhl
   (c) Street Address or R. F. D. No. McCollom Add'n.
   (d) Death Occurred Inside? ____ Outside? * city or town
   (e) Died in a Home __ Hospital __ Institution __ Other place __
   (f) Name Hosp. or Inst. none Stayed ____ days
   (g) Lived in this county 31 years ? months ? days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Twin Falls
   (c) City or town Buhl
   (d) Street Address or R. F. D. No. McCollom Add'n.
   (e) Deceased lived Inside? ____ Outside? * city or town
   (f) Citizen of what country? U. S.
   (g) How long had deceased lived in Idaho? 31 years
   (h) Former residence (city, state) same

3. (a) **FULL NAME** Mrs Elizabeth Kendrick 13 c

3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife J. R. Kendrick
6. (c) Age of husband or wife if alive deceased years
7. Date of Birth (Month, Day, Year) Nov. 29, 1859

8. AGE	Years	Months	Days	If less than 1 day
	84	4	27	hrs min.

9. Exact Occupation Housewife Did this work for 60 yrs.
10. Industry or Business Housekeeping Date last worked 1/1/43
11. Birthplace Philidelphia, Tenn. (City or town) (State or foreign country)

Father
12. Name William Whitlock
13. Birthplace Tenn. (City or town) (State or foreign country)

Mother
14. Maiden name Mellisia Bowman
15. Birthplace Tenn. (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. Henry Lehman
and Address Buhl, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/27/44 (Month) (Day) (Year)
(c) Place: Buhl City Cemetery
18. Funeral Director's OWN Signature B. T. Albertson
and Address Buhl, Idaho
19. (a) April 27, 1944 (Date received and filed) (b) [signature] (Registrar's Signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April 25, 1944
at 10:30 o'clock A. M.
21. **I HEREBY CERTIFY,** That I attended deceased from April 17 1944, to April 24, 1944
I last saw her alive on April 21 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Respiratory Failure	4 days
Due to Circulatory Failure	Unknown
Due to Tuberculosis	4 years
Other conditions Senility (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ____ Date ____
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury
23. Attendant's OWN Signature [signature] (M. D. or other)
and Address [signature] Date 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

138466 138466

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

MAY 6 1944

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF DEATH:**
(a) County Herome
(b) City or town Hunt
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? x Outside? city or town
(e) Died in a Home Hospital x Institution Other place
(f) Name Hosp. or Inst. Minidoka Project Hospital Stayed days
(g) Lived in this county 1 years 7 months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Washington (b) County King
(c) City or town Seattle
(d) Street Address or R.F.D. No. 1209 E. Alder
(e) Deceased lived Inside? x Outside? city or town
(f) Citizen of what country? Japan
(g) How long had deceased lived in Idaho? 1 years
(h) Former residence (city, state) Seattle, Wash.

3. (a) **FULL NAME** Jin Tsutakawa 13/a

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race Japanese
6. (a) Single, widowed, married, divorced Married
6. (b) Name ~~of husband~~ or wife Michiko
6. (c) Age of ~~husband or~~ wife if alive 44 years
7. Date of Birth (Month, Day, Year) February 24, 1892

8. AGE	Years	Months	Days	If less than 1 day
	52	1	12	hrs min.

9. Exact Occupation Groceryman Did this work for yrs.
10. Industry or Business Import & Export Date last worked Aug. '42.
11. Birthplace Okayama, Japan (City or town) (State or foreign country)

Father
12. Name Kiichi Tsutakawa
13. Birthplace Okayama, Japan (City or town) (State or foreign country)

Mother
14. Maiden name Unobtainable
15. Birthplace (City or town) (State or foreign country)

16. Informant's **OWN** Signature Yukio Tsutakawa
and Address 2-6-D Hunt, Idaho

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 4-14-44 (Month) (Day) (Year)
(c) Place Salt Lake City, Utah

18. Funeral Director's **OWN** Signature W. L. Ferguson
and Address Jerome, Idaho

19. (a) 4-14-44 (Date received and filed) (b) E. M. Duncan (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April 5 1944
at 9:35 o'clock p. M.

21. **I HEREBY CERTIFY**, That I attended deceased from April 5 1944 to 19
I last saw him alive on April 5 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebral Hemorrhage	6 hours
Due to hypertensive cardio-vascular renal disease.	years.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy not done.

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature [signature] (M. D. or other)
and Address Hunt, Idaho Date 4-13-1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

MAY 1 2 1944

Certificate Of Death

STATE OF IDAHO

138467 R.D.

State File No. 138467
Local Reg. No. 17
Reg. Dist. No.

1. **PLACE OF DEATH:**
(a) County Washington
(b) City or town Weiser
(c) Street Address or R.F.D. No. 521 West Idaho
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Home X Hospital ..... Institution ..... Other place .....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 4 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Washington
(c) City or town Weiser
(d) Street Address or R.F.D. No. 521 West Idaho St.
(e) Deceased lived Inside? X Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 4 years
(h) Former residence (city, state) Belle Fourche S.D.

3. (a) **FULL NAME** Henry Andrew Smith

169

3. (b) If veteran, name war W. War #1
3. (c) Social Security No. 503-05-4466
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Pauline
6. (c) Age of husband or wife if alive 58 years
7. Date of Birth (Month, Day, Year) December 25 1885

8. AGE	Years	Months	Days	If less than 1 day
	58	3	14	hrs min.

9. Exact Occupation Fire Builder U.P.R.R. Did this work for 6 weeks
10. Industry or Business Railroad shops Date last worked 4/1/44
11. Birthplace Presho (City or town) South Dakota (State or foreign country)
Father
12. Name Louis Smith
13. Birthplace Don't know (City or town) (State or foreign country)
Mother
14. Maiden name Sarah Gunnison
15. Birthplace Norway (City or town) (State or foreign country)
16. Informant's **OWN** Signature X Mrs Henry Smith Wife
and Address 521 West Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/15/44 (Month) (Day) (Year)
(c) Place: Hillcrest Cemetery Weiser, Idaho
18. Funeral Director's **OWN** Signature A. J. Jones #357
and Address Northam Funeral Home Weiser, Idaho
19. (a) 4-10-44 (Date received and filed) (b) Marie H. Shell (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April 8 1944
at 12:45 o'clock P.M.
21. **I HEREBY CERTIFY**, That I attended deceased from 4-8-1944, to 4-8-1944
I last saw him alive on 4-8-1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Accidental, Injury to head causing	
Due to Concussion of brain & fracture of skull	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation ..... Date	
Major finding	
Finding of autopsy Fibrous clot in heart also Congestion	

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ✓ Suicide? ..... Homicide? .....
Occurred 3-31-1944 City, county, state where violence occurred Huntington Oregon
Place of Violence: Home ..... Farm ..... Industry ✓
Public Place R.R. Shop While at work? Yes
Means of injury bumped head on
23. Attendant's **OWN** Signature [illegible] (M. D. or other)
and Address Weiser, Idaho Date 4-9-1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

MAY 10 1944

Certificate Of Death

STATE OF IDAHO

138468

State File No. 138468
Local Reg. No. 64
Reg. Dist. No. 3

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise
   (c) Street Address or R.F.D. No. R # 3 (No 32nd St.)
   (d) Death Occured Inside? ..... Outside? X city or town
   (e) Died in a Home .... Hospital .... Institution .... Other place X
   (f) Name Hosp. or Inst. ---------- Stayed -- days
   (g) Lived in this county 1 years -- months --- days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Ada
   (c) City or town Boise
   (d) Street Address or R.F.D. No. Route # 3
   (e) Deceased lived Inside? ..... Outside? X city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 32 years
   (h) Former residence (city, state) Montana

3. (a) **FULL NAME** Carl Sjoberg

75c

3. (b) If veteran, name war None
3. (c) Social Security No. ----------
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife -------
6. (c) Age of husband or wife if alive ------ years
7. Date of Birth (Month, Day, Year) January 14, 1888

8. AGE	Years	Months	Days	If less than 1 day
	56	2	18	hrs min.

9. Exact Occupation Farmer — Did this work for --- yrs.
10. Industry or Business ---------- — Date last worked ----
11. Birthplace Sweden (City or town) (State or foreign country)

Father
12. Name Bostrom
13. Birthplace Sweden (City or town) (State or foreign country)

Mother
14. Maiden name Emelia Sjoberg
15. Birthplace Sweden (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mrs Amelia Stenger
and Address R#3, Boise, Ida.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 4/6/44 (Month) (Day) (Year)
(c) Place: Riverview Cemetery, Firth, Idaho

18. Funeral Director's **OWN** Signature W. McBratney
and Address Boise, Idaho

19. (a) 4-5-44 (Date received and filed) (b) R. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April 2 1944
at about Noon o'clock P. M.

21. **I HEREBY CERTIFY**, That ~~I attended deceased from ... 19 ... to ... 19~~
~~I last saw h... alive on ... 19~~; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Acute Heart Attack.	
Found Dead in his yard at	
~~Due to~~ his home.	
Natural Cause. Nothing to a	
Due to Criminal Nature Found.	
Other conditions (~~Include pregnancy within 3 months of death~~)	

Where was disease contracted?
Name of operation ..... Date .....
Major finding
Finding of autopsy None
No Inquest.

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury

23. Attendant's **OWN** Signature W. McBratney, Coroner (M. D. or other)
and Address Boise, Idaho Date 4/5 1944
(For additional space, use reverse side)

138469 138469

United States
Department of Commerce
Bureau of the Census

MAY 11 1944

Certificate Of Death

STATE OF IDAHO

State File No.
Local Reg. No. 1084
Reg. Dist. No. 420

1. PLACE OF DEATH:
(a) County Elmore
(b) City or town
(c) Street Address or R. F. D. No.
(d) Death Occured Inside? Outside? X city or town
(e) Died in a Home Hospital Institution Other place Main
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Texas (b) County
(c) City or town Electra
(d) Street Address or R.F.D. No. 119 W. Front
(e) Deceased lived Inside? ✓ Outside? city or town
(f) Citizen of what country? U S A
(g) How long had deceased lived in Idaho? years
(h) Former residence (city, state) Electra Texas

3. (a) **FULL NAME** Charles Blossom 516

3. (b) If veteran, name war
3. (c) Social Security No. 442-09-7264
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced ✓
6. (b) Name of husband or wife Lulu Blossom
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) 1881

8. AGE	Years	Months	Days	If less than 1 day
	63			hrs min.

9. Exact Occupation Upholster — Did this work for 15 yrs.
10. Industry or Business " — Date last worked Feb 1-44
11. Birthplace (City or town) Kansas (State or foreign country)

Father
12. Name S C Blossom
13. Birthplace (City or town) Wisconsin (State or foreign country)

Mother
14. Maiden name Emma S Blossom
15. Birthplace (City or town) unknown (State or foreign country)

16. Informant's **OWN** Signature J W Blossom
and Address 210 W 36th Kansas City, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 4-11-44 (Month) (Day) (Year)
(c) Place: Electra Texas

18. Funeral Director's **OWN** Signature W. F. Bright
and Address Goodin & Son Inc. Glenns Ferry Ida.

19. (a) 4-10-44 (Date received and filed) (b) J. A. Cornwall (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April 10 1944
at 4:30 o'clock P M.

21. **I HEREBY CERTIFY**, That I attended deceased from 19 to 19
I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — Duration

Cancer Prostate & Bladder
Due to Statement by brother
Due to
Other conditions
(Include pregnancy within 3 months of death)

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
Manner
OWN Signature J. A. Cornwall Coroner Fee $
(M. D. or other)
and Address Goodin Ida. Date 4-10 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

MAY 13 1944

138470

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 138470
Local Reg. No. 108
Reg. Dist. No. 120

1. **PLACE OF DEATH:**
(a) County Kootenai
(b) City or town Coeur D' Alene
(c) Street Address or R. F. D. No. 405 C.D'. A. Ave
(d) Death Occurred Inside? in Outside? ____ city or town
(e) Died in a Home__ Hospital__ Institution__ Other place__
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 34 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Kootenai
(c) City or town Coeur D' Alene
(d) Street Address or R. F. D. No. 803 Penn Ave
(e) Deceased lived Inside? in Outside? ____ city or town
(f) Citizen of what country? U.S.
(g) How long had deceased lived in Idaho? 34 years
(h) Former residence (city, state) ____

3. (a) **FULL NAME** William H, Kruse 94a

3. (b) If veteran, name war ____ 3. (c) Social Security No. None
4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife ----- 6. (c) Age of husband or wife if alive ----- years
7. Date of Birth (Month, Day, Year) Dec. 18, 1857

8. AGE	Years	Months	Days	If less than 1 day
	86	4	2	hrs min.

9. Exact Occupation Tinsmith Did this work for 72 yrs.
10. Industry or Business Tinshop Date last worked ____
11. Birthplace ____ (City or town) Germany (State or foreign country)
Father
12. Name Not Known
13. Birthplace ____ (City or town) Germany (State or foreign country)
Mother
14. Maiden name Not Known
15. Birthplace ____ (City or town) Germany (State or foreign country)
16. Informant's OWN Signature R P Kruse
and Address 803 Penn Ave Coeur d Alene
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/24/44 (Month) (Day) (Year)
(c) Place: Forrest Cemetery
18. Funeral Director's OWN Signature [illegible]
and Address Coeur d Alene Id
19. (a) 4-22-44 (Date received and filed) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April 20, 1944
at 11:15 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from 4/20 1944, to 4/20 1944
I last saw him alive on 4/20 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Coronary Occlusion	30 minutes
Due to Arterio Sclerosis	Many Years
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation ____ Date ____	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature [illegible] (M. D. or other)
and Address Coeur d Alene Id Date 4/21 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

138471 138471

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 25
Reg. Dist. No. 3-330

1. **PLACE OF DEATH:**
(a) County Payette Idaho
(b) City or town Payette
(c) Street Address or R. F. D. No. 1744 2nd Ave
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home ✓ Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 23 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Payette
(c) City or town Payette
(d) Street Address or R. F. D. No. /
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? U. S.
(g) How long had deceased lived in Idaho? 23 years
(h) Former residence (city, state) Illinois

3. (a) **FULL NAME** Jane A Corbit 107

3. (b) If veteran, name war ✓ 3. (c) Social Security No. none

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife ✓ 6. (c) Age of husband or wife if alive ✓ years

7. Date of Birth (Month, Day, Year) Oct 26 - 1877

8. AGE	Years	Months	Days	If less than 1 day
	66	6	16	hrs ____ min.

9. Exact Occupation Housewife Did this work for ____ yrs.
10. Industry or Business ✓ Date last worked
11. Birthplace Pellville (City or town) Kansas (State or foreign country)

Father
12. Name Henry Meeds
13. Birthplace ✓ (City or town) Ohio (State or foreign country)

Mother
14. Maiden name Amanda A McDougal
15. Birthplace ✓ (City or town) Illinois (State or foreign country)

16. Informant's **OWN** Signature Walter G Jacks.
and Address Payette

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-15-44 (Month) (Day) (Year)
(c) Place: Riverside Cemetery

18. Funeral Director's **OWN** Signature J E Goodwin
and Address Payette

19. (a) 5/15/1944 (Date received and filed) (b) J E Woodward (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) MAY 12, 1944 19____
at 8,30 o'clock A M.

21. **I HEREBY CERTIFY,** That I attended deceased from July 28 1943 to May 12, 1944 19____
I last saw her alive on MAY 12 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
AURICULAR FIBRILLATION	
Due to	
Due to	
Other conditions BRONCHO PNEUMONIA (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ____ Date ____
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury

23. Attendant's **OWN** Signature J E Woodward M.D.
(M. D. or Other)
and Address Payette, Idaho Date 5/15/1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

138472

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 138472
Local Reg. No. 184
Reg. Dist. No. 370

1. PLACE OF DEATH:
(a) County Ada
(b) City or town Boise
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Home.... Hospital X Institution.... Other place....
(f) Name Hosp. or Inst. St. Alph: Stayed ..... days
(g) Lived in this county 7 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Ada
(c) City or town Eagle
(d) Street Address or R.F.D. No. Rt. 1:
(e) Deceased lived Inside? X Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 7 years
(h) Former residence (city, state) Oregon

3. (a) FULL NAME Fred Douglas Miller 45a

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) Feb: 20th. 1876

8. AGE	Years	Months	Days	If less than 1 day
	68	2	26	hrs min.

9. Exact Occupation Farmer Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Roseburg (City or town) Oregon (State or foreign country)
Father
12. Name Asa Miller
13. Birthplace Ill: (City or town) (State or foreign country)
Mother
14. Maiden name Ellen Smith
15. Birthplace Monmouth (City or town) Oregon (State or foreign country)
16. Informant's OWN Signature Frank V. Miller
and Address Eagle Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/19/1944 (Month) (Day) (Year)
(c) Place: Cloverdale Memorial Park
18. Funeral Director's OWN Signature Schreiber & McCann
and Address Boise. Milford Dragoo
19. (a) 5-17-44 (Date received and filed) (b) R. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 16 1944
at 4:30 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from June 1942, to May 1944
I last saw him alive on 5-15 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Carcinoma of lip	3 years
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation ..... Date	
Major finding	
Finding of autopsy	

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's OWN Signature Alfred M. Popma M.D. (M. D. or other)
and Address Boise Ida Date 5-16 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK INK or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 216). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce MAY 17 1944
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

~~473~~ State File No. 138473
Local Reg. No. 122
Reg. Dist. No. 150

1. **PLACE OF DEATH:**
   (a) County Kootenai
   (b) City or town Coeur dAlene
   (c) Street Address or R.F.D. No. 412 Lakeside Ave,
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home.... Hospital X Institution.... Other place....
   (f) Name Hosp. or Inst. Lake City Gen ..... days
   (g) Lived in this county 8 years ..... months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Koot
   (c) City or town Coeur dAlene
   (d) Street Address or R.F.D. No. 812 St Maries
   (e) Deceased lived Inside? X Outside? ..... city or town
   (f) Citizen of what country? U. S.
   (g) How long had deceased lived in Idaho? 8 years
   (h) Former residence (city, state) Montana

3. (a) **FULL NAME** Adolph O. Lee 924

3. (b) If veteran, name war none
3. (c) Social Security No. .....
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Emma
6. (c) Age of husband or wife if alive 66 years
7. Date of Birth (Month, Day, Year) 1-6-1874

8. AGE	Years	Months	Days	If less than 1 day
	70	4	7	hrs ..... min.

9. Exact Occupation Electrician — Did this work for 25 yrs.
10. Industry or Business ..... — Date last worked 1936
11. Birthplace Vernon Co. Wisconsin (City or town) (State or foreign country)

Father
12. Name Ole T. Lee
13. Birthplace Norway (City or town) (State or foreign country)

Mother
14. Maiden name Andriana Matisdatter
15. Birthplace Norway (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mrs Emma M Lee
and Address 812 St Maries Ave,

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 5-12-44 (Month) (Day) (Year)
(c) Place: Forest Cemetery C. D. A.

18. Funeral Director's **OWN** Signature C. Mandt
and Address 109-111 Lakeside Ave.

19. (a) 5/17/44 (Date received and filed) (b) Emma M Lee (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 5-9 1944
at 5:30 o'clock A. M.

21. **I HEREBY CERTIFY**, That I attended deceased from 4/4 1940, to 5/9 1944
I last saw h[illegible] alive on 5/8/1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death	Duration
Chronic Endocarditis	many years
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? .....
Name of operation none Date .....
Major finding .....
Finding of autopsy none.

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature [signature] (M. D. or other)
and Address [illegible] Date [illegible] 19 44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

138474

State File No. 138474
Local Reg. No. 150A68
Reg. Dist. No. 370

1. PLACE OF DEATH:
(a) County Ada
(b) City or town Boise, Idaho
(c) Street Address or R.F.D. No. Garfield School
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Home.... Hospital.... Institution.... Other place X
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 26 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Ada
(c) City or town Boise, Idaho
(d) Street Address or R.F.D. No. 1021 N. 23rd
(e) Deceased lived Inside? X Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 33 years
(h) Former residence (city, state) Missouri

3. (a) FULL NAME Robert Fulton Lynch

95b

3. (b) If veteran, name war ------
3. (c) Social Security No. ---------
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Margaret
6. (c) Age of husband or wife if alive 61 years
7. Date of Birth (Month, Day, Year) February 24, 1886

8. AGE	Years	Months	Days	If less than 1 day
	58	1	25	hrs min.

9. Exact Occupation Teaching Did this work for 32 yrs.
10. Industry or Business ..... Date last worked 4-18-44
11. Birthplace Carrollton, Missouri (City or town) (State or foreign country)
Father
12. Name John A. Lynch
13. Birthplace Ray Co., Missouri (City or town) (State or foreign country)
Mother
14. Maiden name Ella May Davidson
15. Birthplace Adams Co., Ohio (City or town) (State or foreign country)
16. Informant's OWN Signature B M Lynch
and Address 422 Fillmore Caldwell
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/21/44 (Month) (Day) (Year)
(c) Place: Cloverdale Mem. Park, Boise, Idaho
18. Funeral Director's OWN Signature W McBrister
and Address Ninth and State Streets Boise Ida
19. (a) 4-20-44 (Date received and filed) (b) R Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April 18 1944
at 10:30 o'clock P M.
21. **I HEREBY CERTIFY**, That I attended deceased from June 27 1942 to April 18 1944
I last saw him alive on Feb. 25 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Coronary occlusion	instant
Due to Coronary Sclerosis	?
Due to	
Other conditions Rheumatic Heart disease (Include pregnancy within 3 months of death)	?

Where was disease contracted?
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's OWN Signature L M Bowden M.D. (M. D. or other)
and Address Boise, Idaho Date 4/20 1944
(For additional space, use reverse side)

138475F 138475

United States
Department of Commerce
Bureau of the Census

MAY 8 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 138475
Local Reg. No. 114
Reg. Dist. No. 570

1. **PLACE OF DEATH:**
(a) County Bannock
(b) City or town Pocatello
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home ____ Hospital X Institution ____ Other place ____
(f) Name Hosp. or Inst. General Stayed ____ days
(g) Lived in this county ____ years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bannock
(c) City or town Pocatello
(d) Street Address ~~XXXXX~~ No. 548 N. 13th Ave
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? U. S. A.
(g) How long had deceased lived in Idaho? 50 years
(h) Former residence (city, state) Germany

3. (a) **FULL NAME** ALBERT SCHMIERER 131a

3. (b) If veteran, name war ---
3. (c) Social Security No. ---
4. Sex male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife ---
6. (c) Age of husband or wife if alive ---- years
7. Date of Birth (Month, Day, Year) December 7, 1870

8. AGE	Years	Months	Days	If less than 1 day
	73	4	19	hrs ____ min.

9. Exact Occupation Retired Farmer Did this work for ____ yrs.
10. Industry or Business Farmer Date last worked
11. Birthplace ----- (City or town) Germany (State or foreign country)

Father
12. Name Unknown
13. Birthplace Germany (City or town) (State or foreign country)

Mother
14. Maiden name Unknown
15. Birthplace Germany (City or town) (State or foreign country)

16. Informant's OWN Signature Henry Van Dyke
and Address Pocatello, Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof May 1, 1944 (Month) (Day) (Year)
(c) Place: Pocatello, Idaho
18. Funeral Director's OWN Signature W. L. McHan
and Address Pocatello, Idaho
19. (a) May 3, 1944 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April 25 1944
at 7:45 o'clock P. M.
21. I HEREBY CERTIFY, That I attended deceased from April 23 1944 to April 25 1944
I last saw him alive on April 25 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cardio-nephritis	Unknown
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted? Idaho	PHYSICIAN
Name of operation None Date	Underline the cause to which death should be charged statistically.
Major finding General Edema	
Finding of autopsy None	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature W. N. Hughart (M. D. or other)
and Address Pocatello, Ida. Date 4/30 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

138476

United States
Department of Commerce
Bureau of the Census

MAY 8 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 138476
Local Reg. No. 99
Reg. Dist. No. 5-16

1. **PLACE OF DEATH:**
(a) County Bannock
(b) City or town Pocatello
(c) Street Address or ~~RFD~~ No. No. Johnson Av
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home ____ Hospital X Institution ____ Other place ____
(f) Name Hosp. or Inst. General Stayed 28 days
(g) Lived in this county 21 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bannock
(c) City or town Pocatello
(d) Street Address ~~RFD~~ No. 615 West Clark
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? U. S. A.
(g) How long had deceased lived in Idaho? 21 years
(h) Former residence (city, state) Kidder, Mo.

3. (a) **FULL NAME** HAROLD RENWICK CANNON

3. (b) If veteran, name war ____ 3. (c) Social Security No. ____

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Marjorie M 6. (c) Age of husband or wife if alive 45 years

7. Date of Birth (Month, Day, Year) December 5, 1900

8. AGE	Years	Months	Days	If less than 1 day hrs	min.
	43	3	28		

9. Exact Occupation Supt. of Mailes Did this work for 21 yrs.
10. Industry or Business U. S. Post Office Date last worked 12/6/43
11. Birthplace Kidder, Missouri (City or town) (State or foreign country)

Father
12. Name J. M. W. Cannon
13. Birthplace Greensburg, Pennsylvania (City or town) (State or foreign country)

Mother
14. Maiden name Mary S. Foote
15. Birthplace Rock Creek, Ohio (City or town) (State or foreign country)

16. Informant's OWN Signature Marjorie Cannon and Address Pocatello, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 4, 1944 (Month) (Day) (Year)
(c) Place: Pocatello, Idaho

18. Funeral Director's OWN Signature W. L. McHan and Address Pocatello, Idaho

19. (a) Apr. 3, 1944 (Date received and filed) (b) D. C. Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April 2 19 44
at 12:45 o'clock a. M.

21. I HEREBY CERTIFY, That I attended deceased from July 19 43 to Apr. 2 19 44
I last saw him alive on Apr. 2 19 44; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Recurrent Cerebral astrocytoma — Duration: 10 mo
Due to ____
Due to ____
Other conditions Von Recklinghausens disease — life
(Include pregnancy within 3 months of death)

Where was disease contracted? Home
Name of operation Craniotomy Date July 1943
Major finding Some
Finding of autopsy Cerebral astrocytoma, recurrent

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19 ____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's OWN Signature R. P. Howard M.D. (M. D. or other)
and Address Pocatello, Ida. Date 4/3/ 19 44

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

MAY 11 1944

Certificate Of Death

STATE OF IDAHO

138477

State File No. 138477
Local Reg. No. 175
Reg. Dist. No. 370

1. **PLACE OF DEATH:**
(a) County Ada
(b) City or town Boise
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? X Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. St. Alph: Stayed days
(g) Lived in this county 20 years 1 months 17 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Ada
(c) City or town Boise
(d) Street Address or R.F.D. No. 2405 N.24 St
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 20 years
(h) Former residence (city, state)

3. (a) **FULL NAME** Mildred Irene Colson

91a

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Mar. 20th 1924

8. AGE	Years	Months	Days	If less than 1 day
	20	1	17	hrs min.

9. Exact Occupation Filing Clerk Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Boise (City or town) Idaho (State or foreign country)
Father
12. Name Walter W. Colson
13. Birthplace (City or town) (State or foreign country)
Mother
14. Maiden name Margaret L. Gilbert
15. Birthplace Iowa (City or town) (State or foreign country)
16. Informant's **OWN** Signature Joe W. Colson
and Address Boise Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/10/1944 (Month) (Day) (Year)
(c) Place: Morris Hill Cemetery
18. Funeral Director's **OWN** Signature Schreiber & McCann
and Address Boise. Milford Dragoo
19. (a) 5-10-44 (Date received and filed) (b) R. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 5-7-1944
at 3:40 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from 3-2-43 19 to 5-7-1944
I last saw her alive on 5-7-1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death	Duration
Subacute Bacterial endocarditis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYISCIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature [illegible] (M. D. or other)
and Address Boise Idaho Date 5-9 1944
(For additional space, use reverse side)

138478 138478

United States
Department of Commerce
Bureau of the Census

MAY 9 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 72
Reg. Dist. No. 362

1. **PLACE OF DEATH:**
(a) County Canyon
(b) City or town Nampa
(c) Street Address or R. F. D. No. 311 9th Ave So
(d) Death Occurred Inside? ✓ Outside? ~~city or town~~
(e) Died in a Home ✓ Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 21 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Nampa
(d) Street Address or R. F. D. No. 311 9th Ave So
(e) Deceased lived Inside? ✓ Outside? ~~city or town~~
(f) Citizen of what country? U S A
(g) How long had deceased lived in Idaho? 21 years
(h) Former residence (city, state)

3. (a) **FULL NAME** Eben Wheeler Howland 83a

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Mary
6. (c) Age of husband or wife if alive — years
7. Date of Birth (Month, Day, Year) March 31, 1870

8. AGE	Years	Months	Days	If less than 1 day
	74		12	hrs min.

9. Exact Occupation Manager of Did this work for yrs.
10. Industry or Business Seed & Grain Co Date last worked
11. Birthplace Wisconsin (City or town) (State or foreign country)
Father
12. Name Lew Howland
13. Birthplace ✓ (City or town) (State or foreign country)
Mother
14. Maiden name Sites
15. Birthplace ✓ (City or town) (State or foreign country)
16. Informant's OWN Signature Mrs Mary Howland
and Address Nampa Ida
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/17/44 (Month) (Day) (Year)
(c) Place: Nampa
18. Funeral Director's OWN Signature F. K. Robinson
and Address Nampa
19. (a) April 24 1944 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April 13 1944
at o'clock M.
21. **I HEREBY CERTIFY,** That I attended deceased from Apr 10 1944 to Apr 13 1944
I last saw him alive on Apr 13 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Acute hemorrhage brain	
Due to General Arterial sclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature Horace P. Belknap (M. D. or other)
and Address Nampa Ida Date 4/26 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

B

138479

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 138479
Local Reg. No.
Reg. Dist. No.

1. PLACE OF DEATH:
(a) County Gem
(b) City or town Emmett
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? X Outside? city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 14 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Gem
(c) City or town Emmett
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? 14 years
(h) Former residence (city, state) Alabama

3. (a) FULL NAME ALICE CLARA FARRIS 94a

3. (b) If veteran, name war
3. (c) Social Security No. none
4. Sex fem
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife James M. Farris
6. (c) Age of husband or wife if alive 59 years
7. Date of Birth (Month, Day, Year) Apr. 15, 1886

8. AGE	Years	Months	Days	If less than 1 day
	58	1	21	hrs min.

9. Exact Occupation At home Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Buck Snort, Alabama (City or town) (State or foreign country)
Father 12. Name Thomas Mason
13. Birthplace Unknown (City or town) (State or foreign country)
Mother 14. Maiden name Unknown
15. Birthplace Unknown (City or town) (State or foreign country)
16. Informant's OWN Signature James M Farris
and Address Emmett, Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof May 9-1944 (Month) (Day) (Year)
(c) Place: Emmett, Idaho
18. Funeral Director's OWN Signature C D Bucknum
and Address Emmett, Idaho
19. (a) May 12 1944 (Date received and filed) (b) Mabel Felder (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 6, 1944 19
at 3/10 9:00 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from 3/10 1944, to 5/6 1944
I last saw her alive on 4/15 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Coronary Thrombosis	3 mo
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation Date	
Major finding	
Finding of autopsy	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature B Chapman (M. D. or other)
and Address Emmett, Idaho Date 5/8-1944 19
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

138489

State File No. 138480
Local Reg. No. 167
Reg. Dist. No. 370

1. PLACE OF DEATH:
(a) County Ada
(b) City or town Boise
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? XX Outside? ..... city or town
(e) Died in a Home .... Hospital X Institution .... Other place ....
(f) Name Hosp. or Inst. St. Luke's Stayed 7 days
(g) Lived in this county 35 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Ada
(c) City or town Boise
(d) Street Address or R.F.D. No. 1711 N. 10th
(e) Deceased lived Inside? XX Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 37 years
(h) Former residence (city, state) England

3. (a) **FULL NAME** William Allen

95 C

3. (b) If veteran, name war ---
3. (c) Social Security No. 518-07-6587
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Christine
6. (c) Age of husband or wife if alive 56 years
7. Date of Birth (Month, Day, Year) September 13, 1887

8. AGE	Years	Months	Days	If less than 1 day
	56	7	18	-- hrs -- min.

9. Exact Occupation Associated with Did this work for ..... yrs.
10. Industry or Business Boise Implement Company Date last worked 4-19-44
11. Birthplace Cornwall, England (City or town) (State or foreign country)
Father
12. Name William Allen
13. Birthplace Cornwall, England (City or town) (State or foreign country)
Mother
14. Maiden name Bessie Martyn
15. Birthplace Unknown (City or town) (State or foreign country)
16. Informant's **OWN** Signature Mrs. W. B. La Veine
and Address 1729-12th Ave - Seattle
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5 - 3 - 44 (Month) (Day) (Year)
(c) Place: Morris Hill Cemetery, Boise, Ida.
18. Funeral Director's **OWN** Signature [signature]
and Address Boise, Idaho
19. (a) 5-3-44 (Date received and filed) (b) R. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 1 1944
at 2:30 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from April 19 1944, to May 1 1944
I last saw him alive on April 30 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cardiac Decompensation	75 a
Due to Myocardial infarction	94 a
Due to Coronary Occlusion	94 a
Other conditions Coronary sclerosis (Include pregnancy within 3 months of death)	
Central embolus	85 b

Where was disease contracted?
Name of operation ..... Date .....
Major finding
Finding of autopsy

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury
23. Attendant's **OWN** Signature [signature] (M. D. or other)
and Address Boise, Idaho Date 5/3 1944
(For additional space, use reverse side)

AMENDED - DECEMBER 23, 1948

Federal Security Agency
United States Public Health Service
National Office of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 138481
Local Reg. No. 117
Reg. Dist. No. 54

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
   (a) County Bannock
   (b) City or town Pocatello
   (c) Street Address or R.F.D. No.
   (d) Death Occurred Inside? X Outside? city or town
   (e) Died in a Home Hospital Institution Other place
   (f) Name Hosp. or Inst. General Stayed 5 days
   (g) Lived in this county years months days

   Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Bannock
   (c) City or town Pocatello
   (d) Street Address or R.F.D. No. Yellowstone Hi-Way
   (e) Deceased lived Inside? Outside? X city or town
   (f) Citizen of what country?
   (g) How long had deceased lived in Idaho? 24 years
   (h) Former residence (city, state) Italy

3. (a) **FULL NAME** Carolina Salvucci

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Michael

6. (c) Age of husband or wife if alive years

7. Date of Birth (Month, Day, Year) September 1, 1864

8. AGE	Years	Months	Days	If less than 1 day
	79	7	27	hrs. min.

9. Exact Occupation Housewife Did this work for 50 yrs.

10. Industry or Business Date last worked

11. Birthplace Pesche, Italy (City or town) (State or foreign country)

Father
12. Name Carmen Salvucci
13. Birthplace Italy (City or town) (State or foreign country)

Mother
14. Maiden name Maria Vendetto
15. Birthplace Italy (City or town) (State or foreign country)

16. Informant's **OWN** Signature Domenico Salvucci
and Address Pocatello, Ida; R.R. North

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 5/2/44 (Month) (Day) (Year)
(c) Place Mountainview

18. Funeral Director's **OWN** Signature Byron B. Dowmard
and Address Pocatello, Idaho

19. (a) 5/2/44 (Date received and filed) (b) D. C. Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April 28 19 44
at o'clock M.

21. **I HEREBY CERTIFY,** That I attended deceased from April 24 19 44 to April 28 19 44
I last saw her alive on April 28 19 44; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cardiac failure	
Due to anteriosilerosis and senility	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation Date	PHYSICIAN Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following:
Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature J. R. McMahon (M. D. or other)
and Address Date 4/29 19 44

(For additional space, use reverse side)

138481

United States
Department of Commerce
Bureau of the Census

MAY 8 1944

Certificate Of Death

STATE OF IDAHO

State File No. 138481
Local Reg. No. 117
Reg. Dist. No. 5-4

1. PLACE OF DEATH:
(a) County Bannock
(b) City or town Pocatello
(c) Street Address or R.F.D. No. –
(d) Death Occured Inside? – Outside? ..... city or town
(e) Died in a Home .... Hospital – Institution .... Other place ....
(f) Name Hosp. or Inst. General Stayed 5 days
(g) Lived in this county ..... years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Bannock
(c) City or town Pocatello
(d) Street Address or R.F.D. No. Yellowstone Hi-Way
(e) Deceased lived Inside? ..... Outside? – city or town
(f) Citizen of what country? .....
(g) How long had deceased lived in Idaho? 24 years
(h) Former residence (city, state) Italy

3. (a) FULL NAME Carolina Salvucci 97

3. (b) If veteran, name war –
3. (c) Social Security No. none
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Michael
6. (c) Age of husband or wife if alive – years
7. Date of Birth (Month, Day, Year) Sept. 1, 1872

8. AGE	Years	Months	Days	If less than 1 day
	71	7	27	hrs min.

9. Exact Occupation Housewife Did this work for 50 yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Pesche (City or town) Italy (State or foreign country)
Father
12. Name Carmen Salvucci
13. Birthplace Italy (City or town) (State or foreign country)
Mother
14. Maiden name Maria Venditto
15. Birthplace Italy (City or town) (State or foreign country)
16. Informant's OWN Signature Domenico Salvucci
and Address Pocatello Id. R.F.D. N.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 5-2-44 (Month) (Day) (Year)
(c) Place: Mountainview
18. Funeral Director's OWN Signature Byron B. Downard
and Address Pocatello Idaho
19. (a) 5-2-1944 (Date received and filed) (b) D C Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April 28 1944
at ..... o'clock ..... M.
21. **I HEREBY CERTIFY,** That I attended deceased from April 24 1944, to April 28 1944
I last saw her alive on April 28 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cardiac failure	
Due to arteriosclerosis & senility	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYISCIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's OWN Signature J. R. McMahon (M. D. or other)
and Address 4/29 Date 44 19.....
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Bannock

Certificate No. 138481
Date Filed May 2, 1944

The undersigned does solemnly swear that certain facts on the certificate of Death (Birth or Death)
for Carolina Salvucci (Name on Original Certificate) who Died (Was Born or Died) on April 28, 1944 (Date of Event)
in Gen. Hosp. Pocatello (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Official Passport (Bible Record, Insurance Policy, Etc.) prepared on Mar. 20, 1920 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Birth Date	Sept. 1, 1872	Sept. 1, 1864
Age	71 yrs.	79 ~~80~~ yrs.

Subscribed and sworn to before me this 17th day of December, 1948

Notary Public, residing at Pocatello Idaho
My commission expires Dec 12, 1952
(Seal)

Signed X Domenico Salvucci
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
R.F.D. # 2 N. Pocatello Id.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bannock

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17th day of Dec, 1948

Notary Public, residing at Pocatello Idaho
My commission expires Dec 12, 1948
(Seal)

Signed X Otto F. Klein
(Signature of Any Credible Person)
353 West Terry
(Street Address, City, State)
Pocatello - Idaho

138482

United States
Department of Commerce
Bureau of the Census

MAY 9 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 138482
Local Reg. No. 80
Reg. Dist. No. 363

1. **PLACE OF DEATH:**
(a) County Canyon
(b) City or town Nampa
(c) Street Address or R. F. D. No. 4 Nampa
(d) Death Occurred Inside? — Outside? — city or town
(e) Died in a Home — Hospital — Institution — Other place —
(f) Name Hosp. or Inst. Nurse — Stayed 2½ weeks days
(g) Lived in this county 1 years — months — days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Nampa
(d) Street Address or R. F. D. ~~No.~~ R.F.D. 4
(e) Deceased lived Inside? — Outside? — city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 1 years
(h) Former residence (city, state) Montana

3. (a) **FULL NAME** John F. Brauer 55E

3. (b) If veteran, name war — 3. (c) Social Security No. —
4. Sex M race W
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Vera
6. (c) Age of husband or wife if alive — years
7. Date of Birth (Month, Day, Year) Jan 4 - 1887

8. AGE	Years	Months	Days	If less than 1 day
	57	3	16	hrs — min. —

9. Exact Occupation Farmer — Did this work for — yrs.
10. Industry or Business — Date last worked —
11. Birthplace Holland (City or town) (State or foreign country)
Father
12. Name Joseph Brauer
13. Birthplace Germany (City or town) (State or foreign country)
Mother
14. Maiden name —
15. Birthplace Not-Known (City or town) (State or foreign country)
16. Informant's OWN Signature Mrs. Fred O. Brauer
and Address Nampa
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/24/44 (Month) (Day) (Year)
(c) Place: Cloverdale Boise Ida
18. Funeral Director's OWN Signature Fred R. Robinson
and Address Nampa Ida
19. (a) May 1 1944 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April 20 1944
at — o'clock — M.

21. **I HEREBY CERTIFY**, That I attended deceased from 3 — 2 — 1944, to 4 — 20 — 1944
I last saw him alive on 4 — 20 — 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration
Organized Pulmonary Tuberculosis 4 Mo
Due to —
Due to —
Other conditions —
(Include pregnancy within 3 months of death)
Where was disease contracted? —
Name of operation — Date —
Major finding —
Finding of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? — Suicide? — Homicide? —
Occurred — 19— City, county, state where violence occurred —
Place of Violence: Home — Farm — Industry —
Public Place — While at work? —
Means of injury —

23. Attendant's OWN Signature V. C. Gilbreath (M. D. or other)
and Address Nampa Ida Date 4-20- 1944
(For additional space, use reverse side)

V. C.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

138488

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 39
Reg. Dist. No. 110

1. **PLACE OF DEATH:**
(a) County Bonner
(b) City or town Sandpoint
(c) Street Address or R. F. D. No. 514 N. 2nd. Ave.
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home ____ Hospital X Institution ____ Other place ____
(f) Name Hosp. or Inst. Community Stayed 10 days
(g) Lived in this county 26 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bonner
(c) City or town Cocolalla
(d) Street Address or R. F. D. No. ____
(e) Deceased lived Inside? ____ Outside? X city or town
(f) Citizen of what country? ____
(g) How long had deceased lived in Idaho? 26 years
(h) Former residence (city, state) ____

3. (a) **FULL NAME** ALVINA BERTHA CLARY

4 & 6

3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lyman C. Clary
6. (c) Age of husband or wife if alive 78 years
7. Date of Birth (Month, Day, Year) November 29, 1881

8. AGE	Years	Months	Days	If less than 1 day
	62	5	5	hrs ____ min. ____

9. Exact Occupation Housewife — Did this work for 42 yrs.
10. Industry or Business Own Home — Date last worked Apr. 1944
11. Birthplace Wisconsin (City or town) (State or foreign country)

Father
12. Name August Wiese
13. Birthplace Germany (City or town) (State or foreign country)

Mother
14. Maiden name Bertha Schmidt
15. Birthplace Germany (City or town) (State or foreign country)

16. Informant's **OWN** Signature Fred Clary
and Address Sandpoint, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 6, 1944 (Month) (Day) (Year)
(c) Place: Sandpoint, Idaho
18. Funeral Director's **OWN** Signature MOON MORTUARY
and Address Sandpoint, Idaho
19. (a) Laurance E. Moon (Date received and filed) (b) May 6, 1944 (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 4, 1944
at 7:15 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from April 22 1944 to MAY-4 1944
I last saw h[illegible] alive on MAY 3 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: CARCINOMA — Duration 2 yrs?
Uterine - Postoperative
Due to ____
Due to ____
Other conditions ____ (Include pregnancy within 3 months of death)
Where was disease contracted? ____
Name of operation Exploratory Date Nov. 12 1941
Major finding ____
Finding of autopsy ____

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's **OWN** Signature Floyd G. Wendle M D (M. D. or other)
and Address Sandpoint, Ida Date 5/6 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

138483 138483

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH

STATE OF IDAHO

State File No. 138483
Local Reg. No. 39
Reg. Dist. No. 110

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink on BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. PLACE OF DEATH:
(a) County Bonner
(b) City or town Sandpoint
(c) Street Address or R. F. D. No. 514 N. 2nd. Ave.
(d) Death Occurred Inside? X Outside? ..... city or town
(e) Died in a Home ..Hospital X Institution ..Other place ...
(f) Name Hosp. or Community Stayed 10 days
(g) Lived in this county 26 years ..... months ..... days
Note—For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Bonner
(c) City or town Cocolalla
(d) Street Address or R. F. D. No. .....
(e) Deceased lived Inside? ..... Outside? X ..... city or town
(f) If foreign born, in U. S. ..... yrs. Citizen of U. S.? yes
(g) How long had deceased lived in Idaho? 26 years
(h) Former residence (city, state) .....

3. (a) **FULL NAME** ALVINA BERTHA CLARY

3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lyman C. Clary
6 (c) Age of husband or wife if alive 78 years
7. Date of Birth (Month, Day, Year) November 29, 1871

8. AGE	Years	Months	Days	If less than 1 day
	62	5	5	hrs min.

9. Exact Occupation Housewife — Did this work for 42 yrs.
10. Industry or Business Own Home — Date last worked Apr. 1944
11. Birthplace Wisconsin (City or town) (State or foreign country)

Father
12. Name August Wiese
13. Birthplace Germany (City or town) (State or foreign country)

Mother
14. Maiden name Bertha Schmidt
15. Birthplace Germany (City or town) (State or foreign country)

16. Informant's **OWN** Signature Fred Clary
and Address Sandpoint, Idaho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 6, 1944 (Month) (Day) (Year)
(c) Place: Sandpoint, Idaho.
18. Funeral Director's **OWN** Signature MOON MORTUARY
and Address Sandpoint, Idaho.
19. (a) Lawrence R. Moon (Date received and filed) May 6, 1944 (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 4, 1944
at 7:15 o'clock P. M.

21. I **HEREBY CERTIFY,** That I attended deceased from April 22 1944 to May 4 1944
I last saw her alive on May 3 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — Duration
CARCINOMA Uterine - Post operative — 3 yrs
Due to .....
Due to .....
Other conditions (Include pregnancy within 3 months of death) .....
Where was disease first contracted? .....
Name of operation Exploratory Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature Floyd G. Wendle (M. D. or other)
and Address Sandpoint, Ida. Date 5-6 1944
(For additional space, use reverse side)

136484 138484

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 11
Reg. Dist. No. 341

1. **PLACE OF DEATH:**
(a) County Franklin
(b) City or town Dayton
(c) Street Address or R. F. D. No. -
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 12 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Franklin
(c) City or town Dayton
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) If foreign born, in U. S. yrs. Citizen of U. S.? Yes
(g) How long had deceased lived in Idaho? 48 years
(h) Former residence (city, state) Utah.

3. (a) **FULL NAME** Mary Elizabeth Dalley Hulet 83a

3. (b) If veteran, name war
3. (c) Social Security No.
5. Color or
6. (a) Single, widowed, married, divorced
4. Sex Female race White Married
6. (b) Name of husband or wife Sylvester S. Hulet
6 (c) Age of husband or wife if alive 87 years
7. Date of Birth (Month, Day, Year) September 8, 1856.

8. AGE	Years	Months	Days	If less than 1 day
	87	7	26	hrs min.

9. Exact Occupation Housewife — Did this work for yrs.
10. Industry or Business Own Home — Date last worked 1944
11. Birthplace Johnson's Fort, Iron Co., Utah (City or town) (State or foreign country)

Father
12. Name James Dalley.
13. Birthplace Leominster, England. (City or town) (State or foreign country)

Mother
14. Maiden name Emma Wright.
15. Birthplace Hull, England. (City or town) (State or foreign country)

16. Informant's OWN Signature Leonard M. Hulet and Address Dayton Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 6, 1944 (Month) (Day) (Year)
(c) Place: Dayton, Idaho.
18. Funeral Director's OWN Signature John M. Kofford and Address Preston, Idaho.
19. (a) 5-6-1944 (Date received and filed) (b) Effie W. Brower (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 4, 1944
at 12:45 o'clock A.M.
21. I **HEREBY CERTIFY**, That I attended deceased from 19, to 19
I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Apoplexy — Duration 10 da
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Where was disease first contracted? PHYSICIAN
Name of operation Date — Underline the cause to which death should be charged statistically.
Major finding
Finding of autopsy

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state
where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's OWN Signature A. R. Preston (M. D. or other)
and Address Preston, Idaho Date 5-5- 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United ~~States~~ MAY 15 1944
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

13 8485

State File No. 138485
Local Reg. No. 122
Reg. Dist. No. 571

1. **PLACE OF DEATH:**
   (a) County Bannock
   (b) City or town Pocatello
   (c) Street Address or R.F.D. No. 1225 E. Lander
   (d) Death Occured Inside? ~~—~~ Outside? ..... city or town
   (e) Died in a Home ~~—~~ Hospital .... Institution .... Other place ....
   (f) Name Hosp. or Inst. ..... Stayed ..... days
   (g) Lived in this county ..... years ..... months ..... days

   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Lincoln
   (c) City or town ~~Shoshone~~
   (d) Street Address or R.F.D. No. ~~—~~
   (e) Deceased lived Inside? ~~—~~ Outside? ..... city or town
   (f) Citizen of what country? U. S. A.
   (g) How long had deceased lived in Idaho? 50 years
   (h) Former residence (city, state) .....

3. (a) **FULL NAME** Carrie Edna Burgess 106 ~~—~~

3. (b) If veteran, name war ~~—~~
3. (c) Social Security No. none
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Charles W.
6. (c) Age of husband or wife if alive ~~—~~ years
7. Date of Birth (Month, Day, Year) November 5, ~~1894~~ 1873

8. AGE	Years	Months	Days	If less than 1 day
	69	5	27	hrs ..... min.

9. Exact Occupation Housewife — Did this work for ..... yrs.
10. Industry or Business ..... — Date last worked .....
11. Birthplace Red Cloud, Nebr. (City or town) (State or foreign country)

Father
12. Name Harvey A. Kenaston
13. Birthplace ~~—~~ (City or town) U. S. A. (State or foreign country)

Mother
14. Maiden name Ida Mae Furry
15. Birthplace ~~—~~ (City or town) U. S. A. (State or foreign country)

16. Informant's **OWN** Signature Harvey Burgess
    and Address Pocatello Idaho
17. (a) removal (b) Date thereof 5-2-44 (Burial, cremation, or removal) (Month) (Day) (Year)
    (c) Place: Shoshone Idaho
18. Funeral Director's **OWN** Signature Burdett Mortuary
    and Address Shoshone Idaho
19. (a) 5-2-1944 (Date received and filed) (b) D C Kay (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 2 1944
    at ..... o'clock ..... M.
21. **I HEREBY CERTIFY**, That I attended deceased from 12-12 1943, to 5-2 1944
    I last saw her alive on 4-26 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Pulmonary Hemorrhage	10 days
Due to Bronchiectasis	years
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYISCIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
    Occurred ..... 19 ..... City, county, state where violence occurred .....
    Place of Violence: Home ..... Farm ..... Industry .....
    Public Place ..... While at work? .....
    Means of injury .....
23. Attendant's **OWN** Signature R Brunell MD (M. D. or other)
    and Address Pocatello Date 5-2 1944
    (For additional space, use reverse side)

Pocatello, Idaho.
May 20.

Bureau of Vital Statistics
Boise, Idaho.

Gentlemen:-

Recently there was filed with you, the death Certificate of Carrie Edna Burgess of Shoshone.

I was informant there on and have discovered a mistake of one year which I wish to have corrected at once due to insurance policies. The birth date of Mrs. Burgess

should read 1873 instead
of 1874.

Would you kindly
correct this on the
original so that at a
later date I may have
some certified Copies made.

Thanking you in
advance, I remain,

No money enclosed
MAY 24 1941

Yours truly
B. N. Burgess.

Route I
Pocatello. Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

MAY 13 1944

Certificate Of Death

STATE OF IDAHO

138487

State File No. 138487
Local Reg. No. 119
Reg. Dist. No. 120

1. PLACE OF DEATH:

(a) County Kootenai
(b) City or town Coeur D'Alene
(c) Street Address or R.F.D. No. 702-3rd
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Home.... Hospital X Institution.... Other place....
(f) Name Hosp. or Inst. Home Stayed 4 days
(g) Lived in this county 37 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

(a) State Idaho (b) County Kootenai
(c) City or town Coeur D'Alene
(d) Street Address or R.F.D. No. 207 Wallace
(e) Deceased lived Inside? X Outside? ..... city or town
(f) Citizen of what country? United States
(g) How long had deceased lived in Idaho? 37 years
(h) Former residence (city, state) Pitcakeay, Mich.

3. (a) FULL NAME Evelyn P. Webb

83a

3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Newton
6. (c) Age of husband or wife if alive dead years
7. Date of Birth (Month, Day, Year) 7/2/1871

8. AGE	Years	Months	Days	If less than 1 day
	73	2	15	hrs min.

9. Exact Occupation Housewife — Did this work for 54 yrs.
10. Industry or Business own home — Date last worked 2/12/44
11. Birthplace Abbington (City or town) Illinois (State or foreign country)

Mother
12. Name George W. Saoor
13. Birthplace Abbington (City or town) Illinois (State or foreign country)

Father
14. Maiden name Dailora Johnston
15. Birthplace don't know (City or town) Virginia (State or foreign country)

16. Informant's **OWN** Signature Forrest G. Webb.
and Address 207 Wallace Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/25/44 (Month) (Day) (Year)
(c) Place: Forest Cemetery
18. Funeral Director's **OWN** Signature C. Wendt
and Address Coeur D'Alene, Idaho
19. (a) 4-24-44 (Date received and filed) (b) Frances M. Rat (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) 4/21/ 1944
at 4:15 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 2/2/ 1944 to 4/21/ 1944
I last saw her alive on 4/2/ 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Brain Hemorrhage	5 hours.
Due to Hypertension	9
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? Home
Name of operation None Date
Major finding
Finding of autopsy None

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature F. F. Hemingway M.D. (M. D. or other)
and Address Coeurdalene Date 4/22 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

MAY 12 1944

Dr. Schmitz

134488

Certificate Of Death

STATE OF IDAHO

134488

State File No.
Local Reg. No. 14
Reg. Dist. No. 320

1. **PLACE OF DEATH:**
   (a) County Washington
   (b) City or town Weiser
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? X Outside? city or town
   (e) Died in a Home X Hospital Institution Other place
   (f) Name Hosp. or Inst. None Stayed days
   (g) Lived in this county 69 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Washington
   (c) City or town Weiser
   (d) Street Address or R.F.D. No. 132 West Idaho St.
   (e) Deceased lived Inside? X Outside? city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 69 years
   (h) Former residence (city, state) Kansas

3. (a) **FULL NAME** MRS. EMMA FRANCES ESMOM

162b

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife James (Deceased)
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) December 14 1866

8. AGE	Years	Months	Days	If less than 1 day
	77	3	21	hrs min.

9. Exact Occupation Housewife — Did this work for Life yrs.
10. Industry or Business Home — Date last worked Oct. '43
11. Birthplace Atchison, Kansas (City or town) (State or foreign country)

Father
12. Name John Andrew Jackson
13. Birthplace Baltimore Maryland (City or town) (State or foreign country)

Mother
14. Maiden name Mary Elizabeth Williams
15. Birthplace Missouri (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mrs Ola Jones (Sister)
and Address 132 West Idaho Street, Weiser, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-6-44 (Month) (Day) (Year)
(c) Place: Millcrest Cemetery, Weiser

18. Funeral Director's **OWN** Signature F. E. Jones #357
and Address Northam Funeral Home, Weiser, Idaho

19. (a) 4-5-1944 (Date received and filed) (b) Marie K. Sloan (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April 3 19 44
at 7:45 o'clock P. M.

21. **I HEREBY CERTIFY**, That I attended deceased from 4-1-1944, to 4-3-1944.
I last saw her alive on 4-3-1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Uremia	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature F. A. Schmitz M.D. (M. D. or other)
and Address Weiser, Idaho Date 4-3-1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States Department of Commerce
Bureau of the Census

MAY 12 1944

Certificate Of Death

STATE OF IDAHO

138489

State File No. 1384
Local Reg. No. 92
Reg. Dist. No. 46

1. **PLACE OF DEATH:**
   (a) County Twin Falls
   (b) City or town Buhl
   (c) Street Address or R.F.D. No. 329 7th. Ave. So.
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home X Hospital .... Institution .... Other place ....
   (f) Name Hosp. or Inst. ..... Stayed ..... days
   (g) Lived in this county 36 years ..... months ..... days

   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Ida (b) County Twin Falls
   (c) City or town Buhl
   (d) Street Address or R.F.D. No. 329-7th. Ave. So.
   (e) Deceased lived Inside? X Outside? ..... city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 36 years
   (h) Former residence (city, state) Utah.

3. (a) **FULL NAME** Kate Grieshaber

93d

3. (b) If veteran, name war X
3. (c) Social Security No. X
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife John
6. (c) Age of husband or wife if alive X years
7. Date of Birth (Month, Day, Year) Nov. 13-1861

8. AGE	Years	Months	Days	If less than 1 day
	82	4	21	hrs ..... min.

9. Exact Occupation Retired — Did this work for ..... yrs.
10. Industry or Business Housewife — Date last worked 1943
11. Birthplace Millersburg, Ind. (City or town) (State or foreign country)

Father
12. Name August Faust
13. Birthplace Germany (City or town) (State or foreign country)

Mother
14. Maiden name Unknown
15. Birthplace Germany (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mrs. Clarence Goodhue
and Address Buhl Idaho. R.t 2.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/7/44 (Month) (Day) (Year)
(c) Place: Buhl, Ida

18. Funeral Director's **OWN** Signature Dana Johnson
and Address Buhl

19. (a) Apr 12 1944 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 4-3 1944
at 10 32 o'clock A M.

21. **I HEREBY CERTIFY**, That I attended deceased from 1936, to 4-3-1944
I last saw her alive on 4-3- 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Broncho Pneumonia	1 wk.
Due to Chronic Myocarditis	years
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ..... Date .....
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury

23. Attendant's **OWN** Signature M. A. Drake M.D. (M. D. or other)
and Address Buhl Ida Date 4-10 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

138490

State File No. 138490
Local Reg. No. 107
Reg. Dist. No. 579

1. **PLACE OF DEATH:**
   (a) County Bannock
   (b) City or town Pocatello
   (c) Street Address or R. F. D. No. —
   (d) Death Occured Inside? ‘ Outside? ..... city or town
   (e) Died in a Home .... Hospital .... Institution .... Other place ....
   (f) Name Hosp. or Inst. General Stayed 1 days
   (g) Lived in this county ..... years ..... months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Bannock
   (c) City or town Pocatello
   (d) Street Address or R.F.D. No. 618 N. 6th
   (e) Deceased lived Inside? ‘ Outside? ..... city or town
   (f) Citizen of what country? U. S. A.
   (g) How long had deceased lived in Idaho? 35 years
   (h) Former residence (city, state) .....

3. (a) **FULL NAME** Dan D. Pulos 97E.

3. (b) If veteran, name war World War I
3. (c) Social Security No. none
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Irene
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) August 15, 1890

8. AGE	Years	Months	Days	If less than 1 day
	53	7	25	hrs ..... min.

9. Exact Occupation ..... Did this work for ..... yrs.
10. Industry or Business U. P. R. R. Date last worked ?
11. Birthplace Greece (City or town) (State or foreign country)

Father
12. Name Dimitri Pulos
13. Birthplace Greece (City or town) (State or foreign country)

Mother
14. Maiden name Maria
15. Birthplace Greece (City or town) (State or foreign country)

16. Informant's **OWN** Signature George Pulos
and Address 618 No. 6th Ave.

17. (a) Burial (b) Date thereof 4-13-'44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: Mountain View

18. Funeral Director's **OWN** Signature Byron B. Maynard
and Address Pocatello Idaho

19. (a) 4-12-44 (b) D. C. Ray
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April 10, 1944.
at 3:40 o'clock P. M.

21. **I HEREBY CERTIFY**, That I attended deceased from April 10 1944 to April 10 1944.
I last saw h alive on April 10 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Coronary thrombosis	4 hrs.
94a	
Due to	
97e	
Due to	
Other conditions Endocarditis (Include pregnancy within 3 months of death)	6 months

Where was disease contracted? Idaho
Name of operation None Date .....
Major finding Cyanosis + weak pulse
Finding of autopsy None

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature N. W. Leghart
(M. D. or other)
and Address Pocatello Date 4/12 1944.
(For additional space, use reverse side)

138491

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 138491
Local Reg. No. 307
Reg. Dist. No. 302

1. PLACE OF DEATH:
(a) County Adams County
(b) City or town New Meadows
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? ..... city or town
(e) Died in a Home ....Hospital....Institution ....Other place ....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 4 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Washington (b) County Yakima
(c) City or town Yakima,
(d) Street Address or R. F. D. No. 506 N - 3rd St
(e) Deceased lived Inside? X Outside? ..... city or town
(f) If foreign born, in U. S. ..... yrs. Citizen of U. S. yes
(g) How long had deceased lived in Idaho? 6 years
(h) Former residence (city, state) Baker, Ore

3. (a) **FULL NAME** FRED JOSEPH TOUPIN 170C

3. (b) If veteran, name war no
3. (c) Social Security No. 518-09-3920
4. Sex Male
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Helen A Toupin
6 (c) Age of husband or wife if alive unknown years
7. Date of Birth (Month, Day, Year) Sept 21, 1883

8. AGE	Years	Months	Days	If less than 1 day
	60	6	19	hrs — min.

9. Exact Occupation Head Saw Filer. Did this work for 30 yrs.
10. Industry or Business Saw Mill Date last worked 4/8/44
11. Birthplace TERRESON (City or town), MINN (State or foreign country)

Father
12. Name unknown
13. Birthplace ..... (City or town) ..... (State or foreign country)

Mother
14. Maiden name unknown
15. Birthplace ..... (City or town) ..... (State or foreign country)

16. Informant's **OWN** Signature Melvin C Missman
and Address Council Ida
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/10/44 (Month) (Day) (Year)
(c) Place: Yakima Washington
18. Funeral Director's **OWN** Signature J A Hudelson
and Address Cambridge Ida
19. (a) 4/9/44 (Date received and filed) (b) Alan S Hunter MD (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 4/9/44 19.....
at 2:41 o'clock a M.
21. **I HEREBY CERTIFY,** That I attended deceased from 4/8/44 19....., to 4/9/44 19.....
I last saw him alive on 4/9/44, 19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Dilatation of Heart	1/2 hr
Due to Shock + exposure.	1/2 hr
Due to Myocarditis.	
Other conditions (Include pregnancy within 3 months of death) Possible Skull fracture	

Where was disease first contracted?
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? X Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred New Meadows, Adams Ida.
Place of Violence: Home ..... Farm ..... Industry .....
Public Place X While at work?
Means of injury Car overturned into Little Salmon River. 1/4 mile east of New Meadows
23. Attendant's **OWN** Signature Alan S Hunter MD (M. D. or other)
and Address Council Date 4/9/ 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

APP 2 3 1944

Certificate Of Death

STATE OF IDAHO

138497 State File No. 138492
Local Reg. No. 94a
Reg. Dist. No. 9

1. **PLACE OF DEATH:**
(a) County Bannock
(b) City or town Pocatello
(c) Street Address or R.F.D. No. 641 N. Arthur
(d) Death Occured Inside? — Outside? ..... city or town
(e) Died in a Home — Hospital .... Institution .... Other place ....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county ..... years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Bannock
(c) City or town Pocatello
(d) Street Address or R.F.D. No. 641 N. Arthur
(e) Deceased lived Inside? — Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 40 years
(h) Former residence (city, state) .....

3. (a) **FULL NAME** William Thomas Ennis 94a

3. (b) If veteran, name war —
3. (c) Social Security No. 712-05-1669
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Rose M.
6. (c) Age of husband or wife if alive 55 years
7. Date of Birth (Month, Day, Year) August 16, 1880

8. AGE	Years	Months	Days	If less than 1 day
	63	8	2	hrs ____ min.

9. Exact Occupation Asst. Supt. Did this work for 14 yrs.
10. Industry or Business U.P.R.R. Date last worked 4-18-44
11. Birthplace Baraboo (City or town) Wisconsin (State or foreign country)

Father
12. Name Christopher Ennis
13. Birthplace Ireland (City or town) (State or foreign country)

Mother
14. Maiden name Mary —
15. Birthplace Ireland (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mrs Rose M. Ennis
and Address 641 N. Arthur
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-21-44 (Month) (Day) (Year)
(c) Place: Mountainview
18. Funeral Director's **OWN** Signature Byron B. Downard
and Address Pocatello Idaho
19. (a) 4-20-1944 (Date received and filed) (b) D C Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April 18 19 44
at 9 45 o'clock P. M.
21. **I HEREBY CERTIFY**, That I attended deceased from April 18 1944 to April 18 1944
I last saw him alive on April 18 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Acute Heart Attack.	95c4
Due to Coronary Occlusion	94a
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYISCIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature W. J. Hartogensis M.D.
and Address Pocatello, Ida. (M. D. or other) Date 4-19-1944
(For additional space, use reverse side)

138493

138493

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 98
Reg. Dist. No. 461

1. **PLACE OF DEATH:**
(a) County Twin Falls
(b) City or town Twin Falls
(c) Street Address or R. F. D. No. none
(d) Death Occurred Inside? Outside? * city or town
(e) Died in a Home Hospital* Institution Other place
(f) Name Hosp. or Inst. Twin Falls Stayed 1 days
(g) Lived in this county 9 years ? months ? days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Twin Falls
(c) City or town Buhl
(d) Street Address or R. F. D. No. 4
(e) Deceased lived Inside? Outside? * city or town
(f) Citizen of what country? U. S.
(g) How long had deceased lived in Idaho? 9 years
(h) Former residence (city, state) same

3. (a) FULL NAME Fredrick Earl Pendergraft 184

3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife none
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) January 10, 1934

8. AGE	Years	Months	Days	If less than 1 day
	10	3	9	hrs min.

9. Exact Occupation Student Did this work for 4 yrs.
10. Industry or Business none Date last worked
11. Birthplace Bixby, Oklahoma (City or town) (State or foreign country)
Father
12. Name Lester Pendergraft
13. Birthplace Benton County, Ark. (City or town) (State or foreign country)
Mother
14. Maiden name Edna Bashaw
15. Birthplace Ornogo, Missouri (City or town) (State or foreign country)
16. Informant's OWN Signature Lester Pendergraft and Address Buhl, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/21/44 (Month) (Day) (Year)
(c) Place: Buhl City Cemetery
18. Funeral Director's OWN Signature B. T. Albertson and Address Buhl, Idaho
19. (a) April 21, 1944 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April 19, 1944 at 2:45 o'clock A. M.
21. **I HEREBY CERTIFY,** That I attended deceased from April 18 1944, to 19
I last saw him alive on 4-18-44 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Gunshot wound, accidental	8 hr.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Should fracture location of brain by bullet, hemorrhage	
Where was disease contracted?	
Name of operation Date	
Major finding	
Finding of autopsy	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? yes, Suicide? Homicide?
Occurred April 18 1944 City, county, state where violence occurred Buhl R.F.D.
Place of Violence: Home Farm ✓ Industry
Public Place While at work?
Means of injury 22 rifle
23. Attendant's OWN Signature M. A. Drake M.D. (M. D. or other) and Address Buhl Ida Date 4-20 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

138494 **138494**

United States
Department of Commerce
Bureau of the Census MAY 2 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 6
Local Reg. No.
Reg. Dist. No. 371

1. **PLACE OF DEATH:**
(a) County Ada
(b) City or town Meridian
(c) Street Address or R. F. D. No. 1
(d) Death Occurred Inside? Outside? ✓ city or town
(e) Died in a Home ✓ Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 12 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Ada
(c) City or town Meridian
(d) Street Address or R. F. D. No. 1
(e) Deceased lived Inside? Outside? ✓ city or town
(f) Citizen of what country? Germany
(g) How long had deceased lived in Idaho? 23 years
(h) Former residence (city, state)

3. (a) **FULL NAME** Katherine Sophie Wittenbrink 111c

3. (b) If veteran, name war ✓ 3. (c) Social Security No.
4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Wilbelm 6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) June 8 1865

8. AGE	Years	Months	Days	If less than 1 day
	78	9	19	hrs min.

9. Exact Occupation Housewife Did this work for 42 yrs.
10. Industry or Business — Date last worked 1941
11. Birthplace (City or town) Germany (State or foreign country)
Father
12. Name Cord Langrehr
13. Birthplace (City or town) Germany (State or foreign country)
Mother
14. Maiden name Sophie Saeder
15. Birthplace (City or town) Germany (State or foreign country)
16. Informant's **OWN** Signature C. H. Wittenbrink
and Address Meridian, Idaho, R 1
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: Nevada Missouri
18. Funeral Director's **OWN** Signature Kenneth M. Edmiston
and Address Meridian Idaho
19. (a) 3-29-44 (Date received and filed) (b) Grace L. Neal (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 3-28 1944
at 5:00 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 5-6 1941, to 3-28 1944
I last saw her alive on 3-27 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
111c	
Due to Hypostatic	
Pulmonia	
Due to	
Other conditions Senile	
(Include pregnancy within 3 months of death)	
mental deterioration	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature Jos. M. Thomas M.D.
(M. D. or other)
and Address Meridian Date 3-28 1944.
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answer "unknown" only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

13849 ✓

State File No. 138495
Local Reg. No. 63
Reg. Dist. No. 371

1. PLACE OF DEATH:

(a) County Ada
(b) City or town Boise
(c) Street Address or R.F.D. No. ----
(d) Death Occured Inside? ... Outside? X city or town
(e) Died in a Home.... Hospital X Institution.... Other place....
(f) Name Hosp. or Inst. Veterans Administration Stayed 27 days
(g) Lived in this county ... years ... months ... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

(a) State Idaho (b) County Canyon
(c) City or town Wilder
(d) Street Address or R.F.D. No. 1
(e) Deceased lived Inside? ... Outside? X city or town
(f) Citizen of what country? United States
(g) How long had deceased lived in Idaho? ... years
(h) Former residence (city, state) ...

926

3. (a) **FULL NAME** PHIPPS, Glenn H.

3. (b) If veteran, name war WW II
3. (c) Social Security No. 519-16-9625
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced S
6. (b) Name of husband or wife ...
6. (c) Age of husband or wife if alive ... years
7. Date of Birth (Month, Day, Year) June 14, 1924

8. AGE	Years	Months	Days	If less than 1 day
	19	9	21	hrs ... min.

9. Exact Occupation None — Did this work for ... yrs.
10. Industry or Business ... — Date last worked ...
11. Birthplace Colorado (City or town) (State or foreign country)

Mother Father
12. Name Henly Phipps
13. Birthplace Colorado (City or town) (State or foreign country)
14. Maiden name Bertha Bellah
15. Birthplace Colorado (City or town) (State or foreign country)

16. Informant's **OWN** Signature and Address Records--Veterans Administration Boise, Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 4/6/44 (Month) (Day) (Year)
(c) Place: Caldwell, Idaho
18. Funeral Director's **OWN** Signature and Address McBratney Funeral Home Boise, Idaho
19. (a) 4-5-44 (Date received and filed) (b) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April 4, 1944 at 7 o'clock A. M.
21. **I HEREBY CERTIFY**, That I attended deceased from March 8 1944, to April 4 1944
I last saw him alive on April 4 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Rheumatic Fever & Rheumatic Heart Disease with Aortic and mitral	Unknown
Due to regurgitation, cardiac enlargement, pericardial effusion,	
Due to myocardial insufficiency,	
Other conditions Class V (Include pregnancy within 3 months of death)	

Where was disease contracted? ...
Name of operation ... Date ...
Major finding ...
Finding of autopsy Same as above

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ... Suicide? ... Homicide? ...
Occurred ... 19... City, county, state where violence occurred ...
Place of Violence: Home ... Farm ... Industry ...
Public Place ... While at work? ...
Means of injury ...

23. Attendant's **OWN** Signature BURTON O. CLARK, M.D., CMO
Veterans Administration (M. D. or other)
and Address Boise, Idaho Date 4/5 1944
(For additional space, use reverse side)

138496

138496

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 99
Reg. Dist. No. 120

1. **PLACE OF DEATH:**
(a) County Kootenai
(b) City or town Coeur d'Alene
(c) Street Address or R. F. D. No. 312 W Garden
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. Cd'A. Hosp Stayed 21 days
(g) Lived in this county years months 21 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County ~~Kootenai~~
(c) City or town American Falls Power
(d) Street Address or R. F. D. No 219 Van Buren
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? USA
(g) How long had deceased lived in Idaho? 35 years
(h) Former residence (city, state) Minnesota.

3. (a) **FULL NAME** Charles F. Ziek 13b

3. (b) If veteran, name war None
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife none
6. (c) Age of husband or wife if alive ////// years
7. Date of Birth (Month, Day, Year) June 8, 1902

8. AGE	Years	Months	Days	If less than 1 day
	41	10	6	hrs min.

9. Exact Occupation Painter Did this work for 25 yrs.
10. Industry or Business Private Contractor Date last worked 5-1-43
11. Birthplace Minneapolis, Minn (City or town) (State or foreign country)
Father
12. Name Frank A Ziek
13. Birthplace Winsted Minn. (City or town) (State or foreign country)
Mother
14. Maiden name Mary A. Cafferty
15. Birthplace Winsted Minn. (City or town) (State or foreign country)
16. Informant's OWN Signature James H. Ziek and Address American Falls, Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 4-15-44 (Month) (Day) (Year)
(c) Place: American Falls, Idaho
18. Funeral Director's OWN Signature Don English and Address Coeur d'Alene Idaho
19. (a) 4-15-44 (Date received and filed) (b) Frances M. Ebel (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 4-14 1944
at 3 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from Mar. 1944, to April 13 1944
I last saw him alive on 4-13 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
14 Tuberculous Meningitis	3 wk.
Due to pulmonary tuberculosis	4 yr.
Due to 13b,	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature Lexander Barclay (M. D. or other)
and Address Coeur d'Alene Date 4-14 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

138497

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 138497
Local Reg. No. 1048
Reg. Dist. No. 200

1. **PLACE OF DEATH:**
(a) County Latah
(b) City or town Moscow
(c) Street Address or R. F. D. No. Dr.'s office
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home __ Hospital __ Institution __ Other place X
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 23 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Latah
(c) City or town Moscow
(d) Street Address or R. F. D. No. 910 E. E St.
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? USA
(g) How long had deceased lived in Idaho? 23 years
(h) Former residence (city, state) ____

3. (a) **FULL NAME** CECIL WILLARD PASSMORE

3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex male
5. Color or race Wh.
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Ruth
6. (c) Age of husband or wife if alive 44 years
7. Date of Birth (Month, Day, Year) Oct. 14, 1901

8. AGE	Years	Months	Days	If less than 1 day
	42	5	23	hrs min.

9. Exact Occupation U. S. Mail-carrier Did this work for ____ yrs.
10. Industry or Business " " Date last worked 3-25-44
11. Birthplace Mooresville, Indiana (City or town) (State or foreign country)
Father
12. Name Willard B. Passmore
13. Birthplace Mooresville, Indiana (City or town) (State or foreign country)
Mother
14. Maiden name Seba Ann Aldridge
15. Birthplace Indianopolis, Indiana (City or town) (State or foreign country)
16. Informant's OWN Signature Ruth L. Passmore
and Address 910 East E. St, Moscow Ida.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 4-13-44 (Month) (Day) (Year)
(c) Place: Moscow, Idaho
18. Funeral Director's OWN Signature H. R. Short
and Address Moscow, Idaho
19. (a) 4/27/44 (Date received and filed) (b) C. J. Klaarn (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 4-7- 1944
at 6:00 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from 4-7- 1944, to 4-7 1944
I last saw him alive on 4-7 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: | Duration
Acute Heart failure.
Due to Central Convulsion
Inj. syphilis vaccine.
Due to Acute Iritis & Glaucoma.
Other conditions ____
(Include pregnancy within 3 months of death)
Where was disease contracted? ____
Name of operation None Date ____
Major finding ____
Finding of autopsy None.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? No Suicide? No Homicide? No
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature C. Armstrong MD (M. D. or other)
and Address Moscow, Ida Date 4/12 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

MAY 5 1944

Certificate Of Death

STATE OF IDAHO

138498

State File No. 138498
Local Reg. No. 143
Reg. Dist. No. 370

1. PLACE OF DEATH:
(a) County Ada
(b) City or town Boise.
(c) Street Address or R.F.D. No. X
(d) Death Occured Inside? Yes Outside? ..... city or town
(e) Died in a Home.... Hospital X Institution.... Other place....
(f) Name Hosp. or Inst. St Alphonsus Stayed 18 Months
(g) Lived in this county 1 years 6 months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho. (b) County Twin Falls.
(c) City or town Twin Falls.
(d) Street Address or R.F.D. No. 172 Ash Street.
(e) Deceased lived Inside? Yes Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 10 years
(h) Former residence (city, state) Missouri.

3. (a) FULL NAME Lewis Oliver Terry.

13 b

3. (b) If veteran, name war No.
3. (c) Social Security No. 519-07-8219
4. Sex Male
5. Color or race White.
6. (a) Single, widowed, married, divorced Married.
6. (b) Name of husband or wife June. J. Terry
6. (c) Age of husband or wife if alive 30. years
7. Date of Birth (Month, Day, Year) June. 1. 1906.

8. AGE	Years	Months	Days	If less than 1 day
	37.	10.	12.	hrs min.

9. Exact Occupation Cafe Chef. Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Kansas City, Missouri. (City or town) (State or foreign country)
Father
12. Name Gilbert Terry.
13. Birthplace Unknown. (City or town) (State or foreign country)
Mother
14. Maiden name Unknown.
15. Birthplace Unknown. (City or town) (State or foreign country)
16. Informant's OWN Signature Mrs. June Terry
and Address 172 Ash St. Twin Falls Idaho
17. (a) Removal. (Burial, cremation, or removal) (b) Date thereof April. 15. 1944 (Month) (Day) (Year)
(c) Place: Twin Falls, Idaho.
18. Funeral Director's OWN Signature Clyde E. Summers Funeral Home
and Address Boise, Idaho.
19. (a) 4-14-44 (Date received and filed) (b) R. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April 13 1944
at 9:30 o'clock A. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 10-1-1942, to 4-13 1944
I last saw him alive on 4-12 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Pulmonary Tuberculosis	about 2 yr.
Due to	
Due to	
Other conditions ✓ (Include pregnancy within 3 months of death)	
Where was disease contracted? unknown	
Name of operation ..... Date	
Major finding	
Finding of autopsy no	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's OWN Signature A. F. Swindell M.D. (M. D. or other)
and Address Boise Ida Date 4-13 1944
(For additional space, use reverse side)

138499 138499

United States
Department of Commerce
Bureau of the Census MAY 4 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No. 431

1. **PLACE OF DEATH:**
   (a) County Gooding
   (b) City or town Wendell
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? ✓ Outside? city or town
   (e) Died in a Home Hospital ✓ Institution Other place
   (f) Name Hosp. or Inst. St Valentine Stayed days
   (g) Lived in this county years months 6 days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Ida[redacted] (b) County
   (c) City or town Shoshone
   (d) Street Address or R. F. D. No.
   (e) Deceased lived Inside? Outside? city or town
   (f) Citizen of what country? United States
   (g) How long had deceased lived in Idaho? years
   (h) Former residence (city, state) Am. Falls Idaho

3. (a) **FULL NAME** Roy Frank Schwarz 1866

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race Wht
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Hulda Schwarz
6. (c) Age of husband or wife if alive 33 years
7. Date of Birth (Month, Day, Year) June 3 1907

8. AGE	Years	Months	Days	If less than 1 day
	36	10	13	hrs min.

9. Exact Occupation Impr. Forman Did this work for 2 yrs.
10. Industry or Business Date last worked Apr. 10-44
11. Birthplace Appleton Wis. (City or town) (State or foreign country)

Father
12. Name Frank Schwarz
13. Birthplace New London Wis. (City or town) (State or foreign country)

Mother
14. Maiden name Florence Mann
15. Birthplace Appleton Wis. (City or town) (State or foreign country)

16. Informant's OWN Signature Hulda C. Schwarz
and Address Shoshone Idaho Box 2484
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 4-16-44 (Month) (Day) (Year)
(c) Place: American Falls, Idaho
18. Funeral Director's OWN Signature D. A. L'Herisson
and Address Jerome Idaho
19. (a) 4/20/44 (Date received and filed) (b) Sister M. Rose O.S. (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 4/16/44 19
at [redacted] o'clock M.
21. **I HEREBY CERTIFY,** That I attended deceased from 4/10/44 19, to 4/16/44 19
I last saw him alive on 4/15/44 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Chemical (bile) peritonitis following ruptured liver	4 days
~~Due to~~ Broken vertebra	6 days
~~Due to~~ Crushed chest	

Other conditions
(Include pregnancy within 3 months of death)

Where was disease contracted? None
Name of operation None Date
Major finding
Finding of autopsy Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ✓ Suicide? Homicide?
Occurred 4/10/44 19 City, county, state where violence occurred Lincoln County
Place of Violence: Home Farm Industry ✓
Public Place While at work? ✓
Means of injury Power pole fell on him
23. Attendant's OWN Signature Carlyle Lyril (M. D. or other)
and Address Jerome Date 4/19/44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

138500

State File No. 138500
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF DEATH:**
   (a) County Gem
   (b) City or town Emmett
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? Outside? X city or town
   (e) Died in a Home X Hospital Institution Other place
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county 20 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Gem
   (c) City or town Emmett
   (d) Street Address or R.F.D. No. Rd 1
   (e) Deceased lived Inside? Outside? X city or town
   (f) Citizen of what country? Gem
   (g) How long had deceased lived in Idaho? 20 years
   (h) Former residence (city, state)

3. (a) **FULL NAME** PHEABY JANE BUTTS 93d

3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Alexander Butts
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Dec. 12, 1863

8. AGE	Years	Months	Days	If less than 1 day
	80	4	10	hrs min.

9. Exact Occupation at home — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace Southhampton, Ontario, Canada (City or town) (State or foreign country)

Father
12. Name Isaac Brock Ontario, Canada
13. Birthplace (City or town) (State or foreign country)

Mother
14. Maiden name Eliza Parrish
15. Birthplace Ontario, Canada (City or town) (State or foreign country)

16. Informant's **OWN** Signature Leo Butts
and Address Emmett, Idaho

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 4/26-1944 (Month) (Day) (Year)
(c) Place: Emmett, Idaho

18. Funeral Director's **OWN** Signature C D Buckner
and Address Emmett, Idaho

19. (a) 4/26-1944 (Date received and filed) (b) Mary Felder (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April 22 19 44
at o'clock M.

21. **I HEREBY CERTIFY,** That I attended deceased from Nov 19 43, to Apr 22 19 44
I last saw h-- alive on Apr 22 19 44; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Myocarditis	Chronic
Due to Cardiac disease	Several
Due to	
Other conditions Cardiac Asthma	

(Include pregnancy within 3 months of death)

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature J L Reynolds M. D. or other
and Address Emmett, Idaho Date 4/26-1944 19

(For additional space, use reverse side)

138501 138501

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 8
Local Reg. No. 8
Reg. Dist. No. 380

1. **PLACE OF DEATH:**
(a) County Elmore
(b) City or town Mountain Home
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 1 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Twin Falls
(c) City or town Twin Falls
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? 33 years
(h) Former residence (city, state) Hammett Ida.

3. (a) **FULL NAME** SUSIE RACHEL TANNER 926

3. (b) If veteran, name war No.
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife William I.
6. (c) Age of husband or wife if alive 65 years
7. Date of Birth (Month, Day, Year) March 31, 1878

8. AGE	Years	Months	Days	If less than 1 day
	66	0	28	hrs min.

9. Exact Occupation Housewife — Did this work for Life yrs.
10. Industry or Business Home — Date last worked Nov./43
11. Birthplace Minnesota (City or town) (State or foreign country)

Father
12. Name Edmond Prentiss
13. Birthplace Unknown (City or town) (State or foreign country)

Mother
14. Maiden name Mary Reed
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's OWN Signature Wm. E. Tanner
and Address Mountain Home Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof May 1, 1944 (Month) (Day) (Year)
(c) Place: Jerome Idaho
18. Funeral Director's OWN Signature Felix J. Bey
and Address Mountain Home Idaho
19. (a) April 29 1944 (Date received and filed) (Registrar's Signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 4/28/44
at 1:25 o'clock P.M.
21. **I HEREBY CERTIFY,** That I attended deceased from 1/29/44 to 4/28/44
I last saw h- alive on 4/28 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Decompensation	1 yr
Due to Mitral Stenosis	10 yrs
Due to Anemia	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's OWN Signature Chas. E. Cosner (M. D. or other)
and Address Mt. Home Date 4/29 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

13850 Anderson

State File No. 138502
Local Reg. No. 160
Reg. Dist. No. 370

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise.
   (c) Street Address or R.F.D. No. 1109. O'Farrell.
   (d) Death Occured Inside? Yes Outside? ....city or town
   (e) Died in a Home X Hospital.... Institution.... Other place....
   (f) Name Hosp. or Inst.... Stayed....days
   (g) Lived in this county 8 years ....months ....days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho. (b) County Ada
   (c) City or town Boise.
   (d) Street Address or R.F.D. No. 1109. O'Farrell
   (e) Deceased lived Inside? Yes Outside? ....city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 31 years
   (h) Former residence (city, state) Colorado.

3. (a) **FULL NAME** Arthur Emery Pelton. 132

3. (b) If veteran, name war No.
3. (c) Social Security No. ....
4. Sex Male. race White.
5. Color or
6. (a) Single, widowed, married, divorced Married.
6. (b) Name of husband or wife Myrlte. I.
6. (c) Age of husband or wife if alive 69. years
7. Date of Birth (Month, Day, Year) August. 25. 1873.

8. AGE	Years	Months	Days	If less than 1 day
	70.	8.	1.	hrs min.

9. Exact Occupation Office of War Did this work for ....yrs.
10. Industry or Business Emergency. Date last worked ....
11. Birthplace Delaware Co. N. Y. (City or town) (State or foreign country)

Father
12. Name Hesekiah Pelton.
13. Birthplace New York. (City or town) (State or foreign country)

Mother
14. Maiden name Pratt.
15. Birthplace New York. (City or town) (State or foreign country)

16. Informant's **OWN** Signature Myrtle I Pelton
and Address 1109. O ' Farrell Street.

17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof April. 29. 1944 (Month) (Day) (Year)
(c) Place: Cloverdale Memorial Park.

18. Funeral Director's **OWN** Signature Summers Funeral Home. Clyde E. Summers
and Address Boise, Idaho.

19. (a) 4-29-44 (Date received and filed) (b) H. Clark (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April 26 1944
at 9.15 o'clock A. M.

21. **I HEREBY CERTIFY,** That I attended deceased from Dec. 17 1943 to April 26 1944
I last saw him alive on April 26 1944 death is said to have occurred on the date and hour stated above.

Cause	Duration
Immediate Cause of Death: Hemorrhage Brights Disease (1321)	3 wks.
Due to Following Operation of Infected Kidney,	115 a
Due to	
Other conditions Cathema 112 (Include pregnancy within 3 months of death)	60 yrs.

Where was disease contracted? ....
Name of operation .... Date ....
Major finding ....
Finding of autopsy ....

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? .... Suicide? .... Homicide? ....
Occurred .... 19.... City, county, state where violence occurred ....
Place of Violence: Home .... Farm .... Industry ....
Public Place .... While at work? ....
Means of injury ....

23. Attendant's **OWN** Signature L D Anderson MD
and Address 308 Eastman Bldg. Boise Idaho (Title or other) Dr.
Date June 19 44
(For additional space, use reverse side)

Dr. Pittinger.

138503

United States
Department of Commerce
Bureau of the Census

MAY 10 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 132
Reg. Dist. No. 370

1. **PLACE OF DEATH:**
(a) County Ada
(b) City or town Boise
(c) Street Address or R. F. D. No. ✓
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home __ Hospital X Institution __ Other place __
(f) Name Hosp. or Inst. St Alphonsus Stayed ____ days
(g) Lived in this county ____ years 7 months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Ida (b) County Valley
(c) City or town Roseberry
(d) Street Address or R. F. D. No. ✓
(e) Deceased lived Inside? ____ Outside? X city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 25 years
(h) Former residence (city, state) ✓

3. (a) **FULL NAME** Stanley Golum 122a

3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex M.
5. Color or race W.
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife ✓
6. (c) Age of husband or wife if alive ✓ years
7. Date of Birth (Month, Day, Year) April - 1870

8. AGE	Years	Months	Days	If less than 1 day
	73	8	—	hrs min.

9. Exact Occupation Rancher Did this work for ____ yrs.
10. Industry or Business Self. Date last worked ____
11. Birthplace Pa (City or town) (State or foreign country)
Father
12. Name Unknown
13. Birthplace " (City or town) (State or foreign country)
Mother
14. Maiden name "
15. Birthplace " (City or town) (State or foreign country)
16. Informant's OWN Signature Hospital Records.
and Address Boise, Ida
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/26/44 (Month) (Day) (Year)
(c) Place: Margarets Cemetery Cascade, Ida.
18. Funeral Director's OWN Signature L. L. Pittinger
and Address Cascade Ida
19. (a) 4-7-44 (Date received and filed) (b) R. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Feb-19-1944 19__
at ____ o'clock ____ M.
21. **I HEREBY CERTIFY,** That I attended deceased from 2-17-1944, to 2-19-1944
I last saw him alive on 2-19-1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebral Hemorrhage	83a1
Due to Arteriosclerosis	97
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation R Inguinal Hernia Date 2/18/44	
Major finding	
Finding of autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature Fred A Pittinger Jr (M. D. or other)
and Address Boise, Idaho Date 4-7-1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Information for Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

MAY 10 1944

Certificate Of Death

STATE OF IDAHO

John Beach

State File No. 138504
Local Reg. No. 142
Reg. Dist. No. 370

1. PLACE OF DEATH:
(a) County Ada
(b) City or town Boise.
(c) Street Address or R.F.D. No. 1419. N. 7 th
(d) Death Occured Inside? Yes Outside? ....city or town
(e) Died in a Home X Hospital.... Institution.... Other place....
(f) Name Hosp. or Inst..... Stayed.....days
(g) Lived in this county 37 years .....months .....days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho. (b) County Ada
(c) City or town Boise.
(d) Street Address or R.F.D. No. 1419. N. 7.
(e) Deceased lived Inside? Yes Outside? ....city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 37 years
(h) Former residence (city, state) Iowa.

3. (a) FULL NAME Mary. E. Harward. 1626

3. (b) If veteran, name war No.
3. (c) Social Security No. None.
4. Sex Female 5. Color or race White.
6. (a) Single, widowed, married, divorced Widow.
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) August. 27. 1848.

8. AGE	Years	Months	Days	If less than 1 day
	95.	6.	22.	hrs min.

9. Exact Occupation At Home. Did this work for ....yrs.
10. Industry or Business Date last worked
11. Birthplace Davis County, Iowa. (City or town) (State or foreign country)
Father 12. Name George Jay.
Father 13. Birthplace Unknown. (City or town) (State or foreign country)
Mother 14. Maiden name Unknown.
Mother 15. Birthplace Unknown. (City or town) (State or foreign country)
16. Informant's **OWN** Signature Mrs. Belle Harward
and Address 1419 N 7 st Boise Idaho
17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof March. 21. 1944. (Month) (Day) (Year)
(c) Place: Morris Hill Cemetery.
18. Funeral Director's **OWN** Signature Summers Funeral Home. Clyde E. Summers,
and Address Boise, Idaho.
19. (a) 4-13-44 (Date received and filed) (b) R. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 19 1/2 19 44
at ....o'clock ....M.
21. **I HEREBY CERTIFY**, That I attended deceased from Octbr 10 1943, to March 19 1944
I last saw h..... alive on .....19....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Heart Disease	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ..... Date.....
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident?..... Suicide?..... Homicide?.....
Occurred ..... 19..... City, county, state
Where violence occurred
Place of Violence: Home.....Farm.....Industry.....
Public Place..... While at work?.....
Means of injury

23. Attendant's **OWN** Signature Ray Borick (M. D. or other)
and Address Boise Ida Date 4-12 1944
(For additional space, use reverse side)

138505

United States
Department of Commerce
Bureau of the Census

MAY 2 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 1
Local Reg. No. 5
Reg. Dist. No. 311

1. **PLACE OF DEATH:**
(a) County Ada
(b) City or town Meridian
(c) Street Address or R. F. D. No. 1
(d) Death Occurred Inside? ____ Outside? ✓ city or town
(e) Died in a Home ✓ Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 35 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Ada
(c) City or town Meridian Id.
(d) Street Address or R. F. D. No. 1
(e) Deceased lived Inside? ____ Outside? ✓ city or town
(f) Citizen of what country? Norway
(g) How long had deceased lived in Idaho? 35 years
(h) Former residence (city, state) North Dakota

3. (a) **FULL NAME** John Fladmo

83a

3. (b) If veteran, name war ____ 3. (c) Social Security No. ____
4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced ____
6. (b) Name of husband or wife ____ 6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) April 3 1867

8. AGE	Years	Months	Days	If less than 1 day
	76	11	18	hrs min.

9. Exact Occupation Farmer Did this work for 35 yrs.
10. Industry or Business ____ Date last worked Mar 21 44
11. Birthplace Tretten Norway (City or town) (State or foreign country)
Father
12. Name ~~Unknown~~ ~~Norway~~
13. Birthplace ~~Norway~~ Norway (City or town) (State or foreign country)
Mother
14. Maiden name Unknown
15. Birthplace Norway (City or town) (State or foreign country)
16. Informant's OWN Signature Mrs Kenneth C Howard and Address Caldwell R-4
17. (a) ____ (Burial, cremation, or removal) (b) Date thereof 3/26/44 (Month) (Day) (Year)
(c) Place: Meridian
18. Funeral Director's OWN Signature W S Mateer and Address Meridian Idaho
19. (a) 3-24-44 (Date received and filed) (b) Grace L Neal (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Mar 21 1944
at 6 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from Mar 21 1944, to Mar 21 1944
I last saw him alive on Mar 21 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebral Hemorrhage	8 hrs
Due to arteriosclerosis	5 yrs.
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation ____ Date ____	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature L. E. Jewell MD (M. D. or other)
and Address Meridian Ida Date Mar 23 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

138506

United States
Department of Commerce
Bureau of the Census

MAY 10 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 129
Reg. Dist. No. 370

1. **PLACE OF DEATH:**
(a) County Ada
(b) City or town Boise
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home Hospital Institution Other place X
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 1 years 6 months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Ada
(c) City or town Boise
(d) Street Address or R. F. D. No. 1819 North 16th
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 1½ years
(h) Former residence (city, state) Colorado

3. (a) FULL NAME Franklin David King

168

3. (b) If veteran, name war ---
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife ---
6. (c) Age of husband or wife if alive ---- years
7. Date of Birth (Month, Day, Year) January 3, 1928

8. AGE	Years	Months	Days	If less than 1 day
	16	2	19	hrs min.

9. Exact Occupation In school Did this work for ---- yrs.
10. Industry or Business ---- Date last worked ----
11. Birthplace Mattison (City or town) Colorado (State or foreign country)
Father
12. Name William Franklin King
13. Birthplace Kingston, Georgia (City or town) (State or foreign country)
Mother
14. Maiden name Agnes Vida Ummel
15. Birthplace Ranson, Kansas (City or town) (State or foreign country)
16. Informant's OWN Signature Kenneth Libby and Address Boise, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/4/44 (Month) (Day) (Year)
(c) Place: Morris Hill Cemetery, Boise, Idaho
18. Funeral Director's OWN Signature [signature] and Address Boise, Idaho
19. (a) 4-5-44 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Probably Mch-22-1944 Body found dead Mch 23/44 at ---- o'clock ---- M.
21. **I HEREBY CERTIFY,** That ~~I attended deceased from ---- 19 ---- to ---- 19 ---- I last saw h ---- alive on ---- 19 ---- ~~; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Multiple Fractures of Skull. Found dead in basement of building in Julia Davis park.
Due to Violence
Other conditions
~~(Include pregnancy within 3 months of death)~~
Where was disease contracted? ----
Name of operation ---- Date ----
Major finding ----
Finding of autopsy Fractured Skull No Inquest.

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ---- Suicide? ---- Homicide? Yes
Occurred Probably Mch 22 1944 City, county, state where violence occurred Boise, Idaho
Place of Violence: Home ---- Farm ---- Industry ----
Public Place ---- While at work? ----
Means of injury Skull Fracture
23. Attendant's OWN Signature W McBratney, Coroner (M. D. or other) and Address Boise, Idaho Date 4/5/44 19
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

MAY 10 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 138507
Local Reg. No. 128
Reg. Dist. No. 370

1. **PLACE OF DEATH:**
(a) County Ada
(b) City or town Boise
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. St. Alphonse Stayed 19 days
(g) Lived in this county years months 19 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Elmore
(c) City or town Mountain Home
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? 27 years
(h) Former residence (city, state) McDermot Ida.

3. (a) FULL NAME FRANCISCA YRAZABAL

83a

3. (b) If veteran, name war No.
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Agustin
6. (c) Age of husband or wife if alive 61 years
7. Date of Birth (Month, Day, Year) June 17, 1899

8. AGE	Years	Months	Days	If less than 1 day
	44	9	14	hrs min.

9. Exact Occupation Housewife Did this work for Life yrs.
10. Industry or Business Home Date last worked Feb. 1944
11. Birthplace Nachtua Vizcaya (City or town) Spain (State or foreign country)
Father
12. Name Juan Domingo
13. Birthplace (City or town) Spain (State or foreign country)
Mother
14. Maiden name Magalane Enchausti
15. Birthplace (City or town) Spain (State or foreign country)
16. Informant's OWN Signature Eugenia Yrazabal
and Address Mountain Home Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof March 31, 1944 (Month) (Day) (Year)
(c) Place: Mountain Home Idaho
18. Funeral Director's OWN Signature Felix J. Bey
and Address Mountain Home Idaho
19. (a) 4-5-44 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 3-30 1944
at 3:00 o'clock A. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 3-8 1944 to 3-30 1944
I last saw her alive on 3-29 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Azzolexy
Due to Postinflammatory Encephalomyelitis
Due to
Other conditions
(Include pregnancy within 3 months of death)
Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy Hemorrhagic infarcts of brain & L. Kidney

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature [signature] (M. D. or other)
and Address Meridian Date 4-5 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

MAY 10 1944

Certificate Of Death

STATE OF IDAHO

State File No. 13858
Local Reg. No. 131
Reg. Dist. No. 370

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise.
   (c) Street Address or R.F.D. No. X
   (d) Death Occured Inside? Yes Outside? ....city or town
   (e) Died in a Home.... Hospital X Institution.... Other place....
   (f) Name Hosp. or Inst. St. Lukes. Stayed 6 Hrs.
   (g) Lived in this county.....years .....months 6 Hrs.

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho. (b) County Owhyee.
   (c) City or town Marsing.
   (d) Street Address or R.F.D. No. #1.
   (e) Deceased lived Inside? ....Outside? Yes city or town
   (f) Citizen of what country? X
   (g) How long had deceased lived in Idaho? X years
   (h) Former residence (city, state) X

3. (a) **FULL NAME** Michael Dale Mc Vey. 159

3. (b) If veteran, name war No.
3. (c) Social Security No. None.
4. Sex Male. 5. Color or race White. 6. (a) Single, widowed, married, divorced Single.
6. (b) Name of husband or wife ....
6. (c) Age of husband or wife if alive .... years
7. Date of Birth (Month, Day, Year) April. 1. 1944.

8. AGE	Years	Months	Days	If less than 1 day
				6 hrs min.

9. Exact Occupation None. Did this work for ....yrs.
10. Industry or Business .... Date last worked ....
11. Birthplace Boise, Idaho. (City or town) (State or foreign country)

Father
12. Name Jacob Dale Mc Vey.
13. Birthplace Greeley, Colorado. (City or town) (State or foreign country)

Mother
14. Maiden name Velma Fern Houser.
15. Birthplace Iowa. (City or town) (State or foreign country)

16. Informant's **OWN** Signature Jacob Dale Mc Vey
and Address R.F.D. Nampa Ida.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April. 3. 1944 (Month) (Day) (Year)
(c) Place: Morris Hill Cemetery.

18. Funeral Director's **OWN** Signature Clyde E. Summers
and Address Boise, Idaho.

19. (a) 4-6-44 (Date received and filed) (b) R. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April 1. 1944
at 2 o'clock P. M.

21. **I HEREBY CERTIFY,** That I attended deceased from 4-1 1944 to 4-1 1944
I last saw him alive on 4-1 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Prematurity	
Due to Premature labor.	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation ..... Date	
Major finding	
Finding of autopsy	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? .... Suicide? .... Homicide? ....
Occurred .... 19.... City, county, state where violence occurred ....
Place of Violence: Home.... Farm.... Industry....
Public Place .... While at work? ....
Means of injury ....

23. Attendant's **OWN** Signature J. M. Thomson M.D. (M. D. or other)
and Address Meridian Date 4-4 1944.
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census MAY 10 1944.

Certificate Of Death

STATE OF IDAHO

State File No. 138509
Local Reg. No. 130
Reg. Dist. No. 370

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise
   (c) Street Address or R.F.D. No. 1702 North 21st
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home X Hospital ..... Institution ..... Other place .....
   (f) Name Hosp. or Inst. ---------- Stayed -- days
   (g) Lived in this county 37 years -- months -- days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Ada
   (c) City or town Boise
   (d) Street Address or R.F.D. No. 1702 North 21st
   (e) Deceased lived Inside? X Outside? ..... city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 37 years
   (h) Former residence (city, state) .....

3. (a) **FULL NAME** Nettie L. Bear

195E

3. (b) If veteran, name war -------- 3. (c) Social Security No. ----------
4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Fred A. 6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) December 18, 1869

8. AGE	Years	Months	Days	If less than 1 day
	74	3	13	---- hrs ---- min.

9. Exact Occupation Housewife Did this work for ----- yrs.
10. Industry or Business -------- Date last worked ---
11. Birthplace Laramie, (City or town) Wyoming (State or foreign country)

Father
12. Name Chauncey Harrington
13. Birthplace Batavia (City or town) New York (State or foreign country)

Mother
14. Maiden name Tacy Tyson
15. Birthplace Virginia (City or town) (State or foreign country)

16. Informant's **OWN** Signature Robert L. Bear
and Address Boise, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/6/44 (Month) (Day) (Year)
(c) Place: Morris Hill Cemetery, Boise, Ida.

18. Funeral Director's **OWN** Signature McBratney Funeral Home
and Address Boise, Idaho

19. (a) 4-6-44 (Date received and filed) (b) ..... (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April 1, 1944 19.....
at .....o'clock .....M.

21. **I HEREBY CERTIFY**, That I attended deceased from 3 years 19.....to April 1 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
cardiac degeneration	3 years
Due to	
Due to	
Other conditions fracture of left arm (Include pregnancy within 3 months of death)	1 mo.

Where was disease contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYISICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature A. J. Coats (M. D. or other)
and Address Boise, Idaho Date 4/4 1944
(For additional space, use reverse side)

X

United States
Department of Commerce
Bureau of the Census

MAY 10 1944

Certificate Of Death

STATE OF IDAHO

Peterson

State File No. 138510
✓ Local Reg. No. 123
Reg. Dist. No. 5

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise.
   (c) Street Address or R.F.D. No. 1806. N. 7 st
   (d) Death Occured Inside? Yes Outside? ..... city or town
   (e) Died in a Home X Hospital .... Institution .... Other place ....
   (f) Name Hosp. or Inst. ..... Stayed ..... days
   (g) Lived in this county 43 years ..... months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho. (b) County Ada
   (c) City or town Boise.
   (d) Street Address or R.F.D. No. 1806. N. 7 th.
   (e) Deceased lived Inside? Yes Outside? ..... city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 43. years
   (h) Former residence (city, state) Montana.

3. (a) **FULL NAME** Elizabeth Kavanaugh Gray. 732

3. (b) If veteran, name war No.
3. (c) Social Security No. None.
4. Sex Female
5. Color or race White.
6. (a) Single, widowed, married, divorced Widow.
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) April. 19. 1871.

8. AGE	Years	Months	Days	If less than 1 day
	72.	11.	18.	hrs ..... min.

9. Exact Occupation At Home. Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Tenn. (City or town) (State or foreign country)

Father
12. Name James Draper.
13. Birthplace Virginia. (City or town) (State or foreign country)

Mother
14. Maiden name Lucy Kavanaugh.
15. Birthplace Virginia. (City or town) (State or foreign country)

16. Informant's **OWN** Signature John N Gray
and Address 14456-53 SW Seattle Wash

17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof April. 4. 1944 (Month) (Day) (Year)
(c) Place: Pioneer Cemetery.

18. Funeral Director's **OWN** Signature Clyde E Summers
and Address Boise, Idaho.

19. (a) 4-4-44 (Date received and filed) (b) R. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 4 - 1 19 44
at ..... o'clock ..... M.

21. **I HEREBY CERTIFY**, That I attended deceased from March 29 19 44, to April 1 1944
I last saw h.. alive on March 30 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebral Apoplexy	5 Days
Due to Cardiovascular disease	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? —
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature R. L. Peterson M.D. (M. D. or other)
and Address 518 Eastman Bldg. Date 7-3 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

MAY 10 1944

Certificate Of Death

STATE OF IDAHO

State File No. 138511
Local Reg. No. 62
Reg. Dist. No. 371

1. PLACE OF DEATH:
(a) County Ada
(b) City or town Star
(c) Street Address or R.F.D. No. X
(d) Death Occured Inside? ..... Outside? Yes city or town
(e) Died in a Home X Hospital ..... Institution ..... Other place .....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 37 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho. (b) County Ada
(c) City or town Boise.
(d) Street Address or R.F.D. No. P.O. Box. 147.
(e) Deceased lived Inside? ..... Outside? Yes city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 37 years
(h) Former residence (city, state) Iowa.

3. (a) FULL NAME James Buck Stoner. 111C

3. (b) If veteran, name war No.
3. (c) Social Security No. None.
4. Sex Male. 5. Color or race White.
6. (a) Single, widowed, married, divorced Married.
6. (b) Name of husband or wife Lydia Stoner.
6. (c) Age of husband or wife if alive 66. years
7. Date of Birth (Month, Day, Year) January. 28. 1856.

8. AGE	Years	Months	Days	If less than 1 day
	88.	2.	4.	hrs min.

9. Exact Occupation Retired Farmer. Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Iowa. (City or town) (State or foreign country)
Father: 12. Name Unknown.
13. Birthplace Unknown. (City or town) (State or foreign country)
Mother: 14. Maiden name Unknown.
15. Birthplace Unknown. (City or town) (State or foreign country)
16. Informant's OWN Signature Mrs Lydia J Stoner
and Address Star Idaho Box 147
17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof April. 5. 1944. (Month) (Day) (Year)
(c) Place: Star, Idaho.
18. Funeral Director's OWN Signature Summers Funeral Home. Clyde E Summers
and Address Boise, Idaho.
19. (a) 4-5-44 (Date received and filed) (b) R. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April. 2. 1944.
at 12.35. o'clock A. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 9-3 1940, to 4- [illegible] 1944
I last saw him alive on 4- [illegible] 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Hyp. Static 111C	
Terminal pneumonia	
Due to	
Due to	
Other conditions Cardiac failure. (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's OWN Signature [signature] (M. D. or other)
and Address Meridian Date 4-5 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

MAY 10 1944

Certificate Of Death

STATE OF IDAHO

State File No. 138512
Local Reg. No. 129
Reg. Dist. No. 370

1. PLACE OF DEATH:

(a) County Ada
(b) City or town Boise
(c) Street Address or R.F.D. No. 1st & Bannock
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Home .... Hospital .... Institution .... Other place ....
(f) Name Hosp. or Inst. St. Lukes Stayed 2 days
(g) Lived in this county ..... years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

(a) State Idaho (b) County .....
(c) City or town Hailey
(d) Street Address or R.F.D. No. .....
(e) Deceased lived Inside? ..... Outside? ..... city or town
(f) Citizen of what country? U.S.
(g) How long had deceased lived in Idaho? 32 years
(h) Former residence (city, state) Colo.

3. (a) FULL NAME Lee Jensen

175a

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) Oct. 30, 1880

8. AGE	Years	Months	Days	If less than 1 day
	63	5	3	hrs ..... min.

9. Exact Occupation Miner & Laberer Did this work for ..... yrs.
10. Industry or Business Feeding Sheep Date last worked Apr. 1, 1944
11. Birthplace Fairview, Utah (City or town) (State or foreign country)

Father
12. Name Hans Jensen
13. Birthplace Denmark (City or town) (State or foreign country)

Mother
14. Maiden name Elizabeth Nordstrom
15. Birthplace Sweden (City or town) (State or foreign country)

16. Informant's OWN Signature John H. Jensen and Address Hagerman, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 6, 1944 (Month) (Day) (Year)
(c) Place: Morris Hill
18. Funeral Director's OWN Signature Asheron Webb and Address Boise, Idaho
19. (a) 4-12-44 (Date received and filed) (b) R. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) April 3 19 44
at 3:20 o'clock A M.

21. I HEREBY CERTIFY, That I attended deceased from 4-1 19 44 to 4-3 19 44
I last saw him alive on 4-3 19 44 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Edema of respiratory center	?
Due to Fracture dislocation Cervical Spine & Cord injury	4 hrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ✓ Suicide? ..... Homicide? .....
Occurred 4-1-44 19 ..... City, county, state where violence occurred Nr. Hailey Blaine Co. Ida.
Place of Violence: Home ..... Farm ✓ Industry .....
Public Place ..... While at work? ✓
Means of injury Fell off hay wagon

23. Attendant's OWN Signature Jerome F. Gardner M.D.
and Address 403 Eastman (M. D. or other) Boise, Idaho Date 4/10 19 44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

MAY 10 1944

Certificate Of Death

STATE OF IDAHO

Coates

State File No. 138513
Local Reg. No. 127
Reg. Dist. No. 370

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise.
   (c) Street Address or R.F.D. No. 2102. N. 9 th.
   (d) Death Occured Inside? Yes Outside? ....city or town
   (e) Died in a Home X Hospital.... Institution.... Other place....
   (f) Name Hosp. or Inst.... Stayed ....days
   (g) Lived in this county 21 years ....months ....days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho. (b) County Ada
   (c) City or town Boise.
   (d) Street Address or R.F.D. No. 2102. N. 9 th.
   (e) Deceased lived Inside? Yes Outside? ....city or town
   (f) Citizen of what country? U.S.A?
   (g) How long had deceased lived in Idaho? 21 years
   (h) Former residence (city, state) Oregon.

3. (a) **FULL NAME** Ethel Belle Bacheler. 108

3. (b) If veteran, name war No.
3. (c) Social Security No. None.
4. Sex Female 5. Color or race White.
6. (a) Single, widowed, married, divorced Widow.
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive ....years
7. Date of Birth (Month, Day, Year) April. 22. 1877.

8. AGE	Years	Months	Days	If less than 1 day
	66.	11.	11.	hrs min.

9. Exact Occupation At Home. Did this work for ....yrs.
10. Industry or Business Date last worked
11. Birthplace Cove Oregon. (City or town) (State or foreign country)

Father
12. Name Mortimer Bloom.
13. Birthplace Illinois. (City or town) (State or foreign country)

Mother
14. Maiden name Dora Misenheimer.
15. Birthplace Penn. (City or town) (State or foreign country)

16. Informant's **OWN** Signature L W Monson
and Address 2109 n 9 stred

17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof April. 5. (Month) (Day) (Year)
(c) Place: Jordan Valley, Oregon.

18. Funeral Director's **OWN** Signature Summers Funeral Home. Clyde E Summers
and Address Boise, Idaho.

19. (a) 4-4-44 (Date received and filed) (b) R. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April 3, 1944 19....
at 9:30 o'clock A. M.

21. **I HEREBY CERTIFY**, That I attended deceased from 6 months 19.... to April 2, 1944 19....
I last saw her alive on April 2, 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
central pneumonia	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ....Date....
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19.... City, county, state 1944.
Where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature A. K. Coates (M. D. or other)
and Address Boise, Idaho Date 4/4 1944
(For additional space, use reverse side)

X

United States
Department of Commerce
Bureau of the Census

MAY 10 1944

Certificate Of Death

STATE OF IDAHO

Nokes

State File No. 138514
Local Reg. No. 425
Reg. Dist. No. 370

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise.
   (c) Street Address or R.F.D. No. X
   (d) Death Occured Inside? Yes Outside? ..... city or town
   (e) Died in a Home.... Hospital X Institution.... Other place....
   (f) Name Hosp. or Inst. St Alphosnsu Stayed 3. days
   (g) Lived in this county 45 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho. (b) County Ada
   (c) City or town Boise.
   (d) Street Address or R.F.D. No. 1611. Lincoln.
   (e) Deceased lived Inside? Yes Outside? ..... city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 45 years
   (h) Former residence (city, state) Oklahoma.

3. (a) **FULL NAME** Anna Fell. . 61

3. (b) If veteran, name war No.
3. (c) Social Security No. None
4. Sex Female 5. Color or race White.
6. (a) Single, widowed, married, divorced Married.
6. (b) Name of husband or wife Charles. L.
6. (c) Age of husband or wife if alive 63. years
7. Date of Birth (Month, Day, Year) January. 8. 1876.

8. AGE	Years	Months	Days	If less than 1 day
	68.	2.	25.	hrs min.

9. Exact Occupation At Home. Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Venita Oklahoma. (City or town) (State or foreign country)

Father
12. Name John Parkinson.
13. Birthplace France. (City or town) (State or foreign country)

Mother
14. Maiden name Unknown.
15. Birthplace Unknown. (City or town) (State or foreign country)

16. Informant's **OWN** Signature Chas L Fell
and Address 1611 Lincoln St Boise Idaho
17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof April. 6. 1944. (Month) (Day) (Year)
(c) Place: Morris Hill Cemetery.
18. Funeral Director's **OWN** Signature Clyde E. Summers
and Address Boise, Idaho.
19. (a) 4-4-44 (Date received and filed) (b) K. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 4-3-44 19.....
at 5 o'clock a M.
21. **I HEREBY CERTIFY,** That I attended deceased from 1939 19....., to 4-3-44 19.....
I last saw her alive on 4-3-44 19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
93d Chronic myo-carditis	6 months
61	
Due to Chronic Diabetes	10 years
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation ..... Date	
Major finding	
Finding of autopsy	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature Otwell T. Nokes, M.D. (M. D. or other)
and Address Boise Date 4-4-1944.
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

X

United States
Department of Commerce
Bureau of the Census

MAY 10 1944

Certificate Of Death

STATE OF IDAHO

Ward 138515
State File No.
Local Reg. No. 124
Reg. Dist. No. 370

1. PLACE OF DEATH:
(a) County Ada
(b) City or town Boise.
(c) Street Address or R.F.D. No. 310. Warm Springs.
(d) Death Occured Inside? Yes Outside? ..... city or town
(e) Died in a Home X Hospital.... Institution.... Other place....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county ..... years 3 months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho. (b) County Ada
(c) City or town Boise.
(d) Street Address or R.F.D. No. 310. Warm Springs Ave.
(e) Deceased lived Inside? ..... Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 45 years
(h) Former residence (city, state) Sweden.

3. (a) FULL NAME Andrew Nelson. 93d

3. (b) If veteran, name war No.
3. (c) Social Security No. None.
4. Sex Male.
5. Color or race White.
6. (a) Single, widowed, married, divorced Widower.
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) September. 18. 1866.

8. AGE	Years	Months	Days	If less than 1 day
	77.	6.	25.	hrs min.

9. Exact Occupation Retired Farmer. Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Ostervik, Sweden. (City or town) (State or foreign country)
Father
12. Name Nels Anderson.
13. Birthplace Sweden. (City or town) (State or foreign country)
Mother
14. Maiden name Unknown.
15. Birthplace Unknown. (City or town) (State or foreign country)
16. Informant's OWN Signature Oscar Nelson
and Address 421 E. 5 St Emmett Idaho
17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof April. 7. 1944. (Month) (Day) (Year)
(c) Place: Cascade, Idaho.
18. Funeral Director's OWN Signature Summers Funeral Home. Clyde E. Summers
and Address Boise, Idaho.
19. (a) 4-4-44 (Date received and filed) (b) N. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April 3 1944
at 7:00 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from March 1st 1944, to April 3 1944
I last saw him alive on April 3 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Pneumonia	2 days.
Due to Myocarditis	2 yrs
Due to Hypertension	10 yrs
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19.... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's OWN Signature Roscoe C. Ward (M. D. ~~or other~~)
and Address Boise Ida Date 4-4 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 33-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census MAY 10 1944

Certificate Of Death

STATE OF IDAHO

State File No. 138516
Local Reg. No. 137
Reg. Dist. No. 370

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise
   (c) Street Address or R. F. D. No.
   (d) Death Occured Inside? ✓ Outside? ..... city or town
   (e) Died in a Home.... Hospital ✓ Institution.... Other place....
   (f) Name Hosp. or Inst. St. Alphonsis Stayed ..... days
   (g) Lived in this county X years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Canyon
   (c) City or town
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? ..... Outside? ..... city or town
   (f) Citizen of what country?
   (g) How long had deceased lived in Idaho? ..... years
   (h) Former residence (city, state)

3. (a) **FULL NAME** Karen Mae Murphy. 81a

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced S
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) Jan 19 - 1943

8. AGE	Years	Months	Days	If less than 1 day
	1	2	25	hrs min.

9. Exact Occupation ..... Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Eugene Ore (City or town) (State or foreign country)

Father
12. Name W. E. Murphy
13. Birthplace Caldwell (City or town) (State or foreign country)

Mother
14. Maiden name Zella Mae Storey
15. Birthplace Middleton (City or town) (State or foreign country)

16. Informant's **OWN** Signature W. E. Murphy
and Address Middleton Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-6-44 (Month) (Day) (Year)
(c) Place: Middleton Idaho
18. Funeral Director's **OWN** Signature C. V. Peckham
and Address Caldwell Idaho
19. (a) 4-11-44 (Date received and filed) (b) R. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Dec - 4 - 1944
at 4:45 P.M. o'clock P. M.

21. **I HEREBY CERTIFY**, That I attended deceased from 4 - 2 1944, to 4 - 4 1944
I last saw h~~e~~r alive on 4 - 4 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Toxemia	
Due to Pneumococcic Pneumonia etis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ..... Date .....
Major finding
Finding of autopsy

PHYISICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury

23. Attendant's **OWN** Signature D. M. Thompson M.D. (M. D. or other)
and Address Emmett Date 4-8 1944
(For additional space, use reverse side)

138517

United States
Department of Commerce
Bureau of the Census MAY 2 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 7
Reg. Dist. No. 321

1. **PLACE OF DEATH:**
(a) County Ada
(b) City or town Meridian
(c) Street Address or R. F. D. No. 1
(d) Death Occurred Inside? Outside? ✓ city or town
(e) Died in a Home ✓ Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 20 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Ada
(c) City or town Meridian
(d) Street Address or R. F. D. No. 1
(e) Deceased lived Inside? Outside? ✓ city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? 55 years
(h) Former residence (city, state)

3. (a) **FULL NAME** Thomas Martin Jolley 94a

3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Elva
6. (c) Age of husband or wife if alive 57 years
7. Date of Birth (Month, Day, Year) August 10 1884

8. AGE	Years	Months	Days	If less than 1 day
	59	7	25	hrs min.

9. Exact Occupation Farmer Did this work for 20 yrs.
10. Industry or Business Date last worked 4-5-44
11. Birthplace Franklin (City or town) Idaho (State or foreign country)
Father
12. Name Thomas R Jolley
13. Birthplace Farmington (City or town) Utah (State or foreign country)
Mother
14. Maiden name Annie Lundgren
15. Birthplace Franklin (City or town) Idaho (State or foreign country)
16. Informant's OWN Signature Elva Jolley
and Address Meridian, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-10-44 (Month) (Day) (Year)
(c) Place: Meridian
18. Funeral Director's OWN Signature Kenneth M Edmiston
and Address Meridian Idaho
19. (a) 4-6-44 (Date received and filed) (b) Grace L Neal (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 4-5 1944
at 11:30 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 5-6 1939, to 4-5 1944
I last saw him alive on 2-1 1943; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cardiac failure — Duration
Due to Coronary insufficiency
Due to
Other conditions
(Include pregnancy within 3 months of death)
Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state
where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature Joseph Thomas Nes (M. D. or other)
and Address Meridian Date 4-10 1945
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

MAY 10 1944

State File No. 138518
Local Reg. No. 65
Reg. Dist. No. 37

1. PLACE OF DEATH:
(a) County Ada
(b) City or town Boise
(c) Street Address or R.F.D. No. 1905 Kerr
(d) Death Occured Inside? ..... Outside? X city or town
(e) Died in a Home X Hospital ... Institution ... Other place ...
(f) Name Hosp. or Inst. ---------- Stayed -- days
(g) Lived in this county Life years -- months -- days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Ada
(c) City or town Boise
(d) Street Address or R.F.D. No. 1905 Kerr
(e) Deceased lived Inside? ..... Outside? X city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? Life years
(h) Former residence (city, state) ----------

3. (a) **FULL NAME** Wayne Elvis Vogt

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3. (b) If veteran, name war ----- 3. (c) Social Security No. ----------
4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife ---------- 6. (c) Age of husband or wife if alive ------- years
7. Date of Birth (Month, Day, Year) June 16, 1941

8. AGE	Years	Months	Days	If less than 1 day
	2	9	19	hrs ~~~ min.

9. Exact Occupation ---------- Did this work for ----- yrs.
10. Industry or Business ---------- Date last worked -----
11. Birthplace Boise, Idaho (City or town) (State or foreign country)

Father
12. Name Clarence H. Vogt
13. Birthplace Dennison (City or town) Iowa (State or foreign country)

Mother
14. Maiden name Gladys Hartman
15. Birthplace Harvard, (City or town) Nebraska (State or foreign country)

16. Informant's **OWN** Signature Clarence H. Vogt
and Address 1905 Kerr Blvd
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/8/44 (Month) (Day) (Year)
(c) Place: Cloverdale Memorial Park, Boise, Idaho
18. Funeral Director's **OWN** Signature [illegible]
and Address Boise, Idaho
19. (a) 4-7-44 (Date received and filed) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April 5 19 44
at 2:30 o'clock A M.
21. **I HEREBY CERTIFY**, That I attended deceased from April 3 1944, to April 5 1944
I last saw h[illegible] alive on April 5 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Double Pneumonia — Duration 48 hrs
Due to Measles — 7 days
Due to 35
Other conditions (Include pregnancy within 3 months of death)
Where was disease contracted?
Name of operation ..... Date .....
Major finding
Finding of autopsy

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury

23. Attendant's **OWN** Signature [illegible] M.D. (M. D. or other)
and Address Boise Ida Date 4-5 1944
(For additional space, use reverse side)

Swindell

United States
Department of Commerce
Bureau of the Census

MAY 10 1944

Certificate Of Death

STATE OF IDAHO

State File No. 138519
Local Reg. No. 133
Reg. Dist. No. 370

1. PLACE OF DEATH:
(a) County Ada
(b) City or town Boise
(c) Street Address or R.F.D. No. 311 N. 4th St.
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Home X Hospital ..... Institution ..... Other place .....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 23 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Ada
(c) City or town Boise
(d) Street Address or R.F.D. No. 311 N. 4th
(e) Deceased lived Inside? X Outside? ..... city or town
(f) Citizen of what country? U. S. A.
(g) How long had deceased lived in Idaho? 23 years
(h) Former residence (city, state) New York

3. (a) **FULL NAME** GEORGE L. RISLEY 93d

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Anne Risley
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) October 15, 1868

8. AGE	Years	Months	Days	If less than 1 day
	75	5	21	hrs min.

9. Exact Occupation Retired Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Connecticut (City or town) (State or foreign country)
Father
12. Name Lorenzo Risley
13. Birthplace Connecticut (City or town) (State or foreign country)
Mother
14. Maiden name Amelia Allen
15. Birthplace Connecticut (City or town) (State or foreign country)
16. Informant's **OWN** Signature Anne E. Risley
and Address 311 N. 4th St. Boise, Ida.
17. (a) Burial (Burial, cremation or removal) (b) Date thereof 4/8/44 (Month) (Day) (Year)
(c) Place Mausoleum Morris Hill
18. Funeral Director's **OWN** Signature Schreiber & McCann
and Address Boise Milford Dragoo
19. (a) 4-8-44 (Date received and filed) (b) R. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 4-6 1944
at 5:00 o'clock a. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 11-8-1943, to Jan 1944
I last saw him alive on Jan 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
~~Arter~~ Congestive 95c2 Heart Failure	6 mo
Due to Arteriosclerotic Heart disease - Unk.	
Due to 93d	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted? ✓	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding	
Finding of autopsy None	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature O. F. Swindell M.D. (M. D. or other)
and Address Boise, Idaho Date 4-6-1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

MAY 10 1944

Certificate Of Death

STATE OF IDAHO

State File No. 138520
Local Reg. No. 140
Reg. Dist. No. 379

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise
   (c) Street Address or R. F. D. No. 2108 Harrison Blvd
   (d) Death Occured Inside? ✓ Outside? ..... city or town
   (e) Died in a Home .... Hospital ✓ Institution .... Other place ....
   (f) Name Hosp. or Inst. St. Luke's Hospital Stayed 6 days
   (g) Lived in this county 18 years 11 months ..... days

   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Ada
   (c) City or town Boise
   (d) Street Address or R.F.D. No. 2108 Harrison Blvd
   (e) Deceased lived Inside? ✓ Outside? ..... city or town
   (f) Citizen of what country? U S A
   (g) How long had deceased lived in Idaho? 19 years
   (h) Former residence (city, state) Los Angeles, Calif

3. (a) **FULL NAME** William James Donnelley 126

3. (b) If veteran, name war .....
3. (c) Social Security No. 519-24-4219
4. Sex M
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of ~~husband~~ or wife Dorothy Houston Donnelley
6. (c) Age of husband or wife if alive 39 years
7. Date of Birth (Month, Day, Year) Jan. 29, 1885

8. AGE	Years	Months	Days	If less than 1 day
	59	2	9	hrs ..... min.

9. Exact Occupation Salesman — Did this work for 41 yrs.
10. Industry or Business Furniture — Date last worked Apr. 1, 1944
11. Birthplace Peterborough, Ontario, Canada (City or town) (State or foreign country)

Mother
12. Name George Donnelley
13. Birthplace Glasgow Scotland (City or town) (State or foreign country)

Father
14. Maiden name Margaret Ann Lee
15. Birthplace Peterborough Ontario Canada (City or town) (State or foreign country)

16. Informant's **OWN** Signature Dorothy Houston Donnelley
and Address 2108 Harrison Blvd.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 10 1944 (Month) (Day) (Year)
(c) Place Morris Hill Cemetery

18. Funeral Director's **OWN** Signature Summers Funeral Home By Lloyd E. Summers
and Address Boise Idaho

19. (a) 4-12-44 (Date received and filed) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April 7 1944
at 7:10 o'clock P. M.

21. **I HEREBY CERTIFY**, That I attended deceased from Dec 1943, to April 7 1944
I last saw him alive on April 7 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary Occlusion — Duration 3 days
Due to Cholecystectomy — 4 days
Due to .....
Other conditions (Include pregnancy within 3 months of death) .....
Where was disease contracted? .....
Name of operation April 4 Date .....
Major finding Cholelithiasis & inflammation
Finding of autopsy .....

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature H. A. Koelsch MD (M. D. or other)
and Address Boise Date 4-10 1944

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

MAY 10 1944

Certificate Of Death

STATE OF IDAHO

State File No. 138521
Local Reg. No. 136
Reg. Dist. No. 370

1. PLACE OF DEATH:
(a) County Ada
(b) City or town Boise
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Home.... Hospital X Institution.... Other place....
(f) Name Hosp. or Inst. St. Alphonsus Stayed 21 days
(g) Lived in this county 22 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Ada
(c) City or town Boise
(d) Street Address or R.F.D. No. 619 Grove St.
(e) Deceased lived Inside? X Outside? ..... city or town
(f) Citizen of what country? Spain
(g) How long had deceased lived in Idaho? Idaho years
(h) Former residence (city, state) Spain

3. (a) **FULL NAME** RAMON MILLAN PATARRIETA

1316

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) April 1907

8. AGE	Years	Months	Days	If less than 1 day hrs min.
	37			

9. Exact Occupation Sheepherder — Did this work for ..... yrs.
10. Industry or Business ..... — Date last worked .....
11. Birthplace Bilboa, Spain (City or town) (State or foreign country)

Father
12. Name Unknown
13. Birthplace Spain (City or town) (State or foreign country)

Mother
14. Maiden name Unknown
15. Birthplace Spain (City or town) (State or foreign country)

16. Informant's **OWN** Signature Matilde Mazabal
and Address 619 Grove St. Boise, Idaho.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/11/44 (Month) (Day) (Year)
(c) Place: St. John's Cemetery

18. Funeral Director's **OWN** Signature Schreiber & McCann
and Address Boise Milford Dragoo

19. (a) 4-11-44 (Date received and filed) (b) R. L. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April 7 1944
at 11:00 o'clock a M.

21. **I HEREBY CERTIFY**, That I attended deceased from March 15 1944, to April 7 1944
I last saw him alive on April 7 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cirrhosis	3 years
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation ..... Date	
Major finding	
Finding of autopsy	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature Roscoe E. Ward (M. D. or other)
and Address Boise - Idaho Date 4-10 1944
(For additional space, use reverse side)

138522

United States
Department of Commerce
Bureau of the Census

MAY 10 1944

Certificate Of Death

STATE OF IDAHO

State File No. 135
Local Reg. No.
Reg. Dist. No. 370

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise.
   (c) Street Address or R.F.D. No. X
   (d) Death Occured Inside? Yes Outside? ....city or town
   (e) Died in a Home.... Hospital X Institution.... Other place....
   (f) Name Hosp. or Inst. St. Lukes. Stayed 7. days
   (g) Lived in this county 9 years ....months ....days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho. (b) County Ada
   (c) City or town Boise.
   (d) Street Address or R.F.D. No. 1025. Main.
   (e) Deceased lived Inside? Yes Outside? ....city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 9 years
   (h) Former residence (city, state) Montana.

3. (a) **FULL NAME** George Horace Cross. 73 2

3. (b) If veteran, name war No.
3. (c) Social Security No. None.
4. Sex Male. 5. Color or race White.
6. (a) Single, widowed, married, divorced Widower.
6. (b) Name of husband or wife ....
6. (c) Age of husband or wife if alive .... years
7. Date of Birth (Month, Day, Year) May. 16. 1868.

8. AGE	Years	Months	Days	If less than 1 day
	75.	10.	22.	hrs min.

9. Exact Occupation Retired Newspaper Did this work for ....yrs.
10. Industry or Business Operator. Date last worked ....
11. Birthplace Milwaukee, Wisconsin. (City or town) (State or foreign country)

Father
12. Name George. H. Cross.
13. Birthplace Hull, England. (City or town) (State or foreign country)

Mother
14. Maiden name Unknown.
15. Birthplace Unknown. (City or town) (State or foreign country)

16. Informant's **OWN** Signature G. H. Cross.
and Address 503. 12th Ave. N. Seattle Wn.

17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof April. 12. 1944. (Month) (Day) (Year)
(c) Place: Cloverdale Memorial Park.

18. Funeral Director's **OWN** Signature Summers Funeral Home. Clyde E. Summers
and Address Boise, Idaho.

19. (a) 4-11-44 (Date received and filed) (b) T. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April. 8. 19 44.
at 1.30. o'clock P M.

21. **I HEREBY CERTIFY**, That I attended deceased from April 1 19 44, to Apr 8 19 44
I last saw him alive on Apr 8 19 44; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
(a) Coronary Occlusion	5 min
Due to Chronic Myocarditis	Years
93 2	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? Boise Idaho
Name of operation None Date ....
Major finding ....
Finding of autopsy None

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? .... Suicide? .... Homicide? ....
Occurred .... 19 .... City, county, state where violence occurred ....
Place of Violence: Home .... Farm .... Industry ....
Public Place .... While at work? ....
Means of injury ....
Attendant's **OWN** Signature J. M. Brayton M.D. (M. D. or other)
and Address Boise Idaho Date .... 19 ....
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

MAY 10 1944

STATE OF IDAHO

State File No. 138523
Local Reg. No. ~~42~~ 70
Reg. Dist. No. ~~364~~

1. **PLACE OF DEATH:**
(a) County Ada
(b) City or town Star Idaho
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? ✓ Outside? city or town
(e) Died in a Home ✓ Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 22 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Ada
(c) City or town Star Idaho
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? ✓ Outside? city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 22 years
(h) Former residence (city, state) Oregon

3. (a) **FULL NAME** Elizabeth Ann Sterling 92b

3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife W.G.
6. (c) Age of husband or wife if alive ✓ years
7. Date of Birth (Month, Day, Year) Oct 26-1864

8. AGE	Years	Months	Days	If less than 1 day
	79	2	12	hrs min.

9. Exact Occupation Housewife Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Stockton Mo (City or town) (State or foreign country)
Father
12. Name William Faust
13. Birthplace Tenn. (City or town) (State or foreign country)
Mother
14. Maiden name Nancie Montgomery
15. Birthplace Kentucky (City or town) (State or foreign country)
16. Informant's **OWN** Signature Mrs. Fred M. Thompson
and Address Star Ida
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-15-44 (Month) (Day) (Year)
(c) Place: Canyon Hill
18. Funeral Director's **OWN** Signature [illegible]
and Address Caldwell Idaho
19. (a) 4-26-44 (Date received and filed) (b) R. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April - 8 1944
at 9:00 o'clock P. M.
21. **I HEREBY CERTIFY**, That I attended deceased from Mar 3 1944, to 4-8- 1944
I last saw her alive on 4-8- 1944; death is said to have occurred on the date and hour stated above.
Immediate Cause of Death: Duration
95a Heart Block In Minutes
Due to Mitral Regurgitation Years
92b
Due to Mayo Cordeler Years
Other conditions 93e1
(Include pregnancy within 3 months of death)
Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYISCIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature V. C. Bellamy (M. D. or other)
and Address Nampa Ida Date 4-14-1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

MAY 10 1944

Certificate Of Death

STATE OF IDAHO

State File No. 138524
Local Reg. No. 66
Reg. Dist. No. 37

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise
   (c) Street Address or R. F. D. No. .....
   (d) Death Occured Inside? ..... Outside? X ..... city or town
   (e) Died in a Home .... Hospital .X. Institution .... Other place ....
   (f) Name Hosp. or Inst. Ada County ..... Stayed ..... days
   (g) Lived in this county 10 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Ada
   (c) City or town Boise
   (d) Street Address or R.F.D. No. .....
   (e) Deceased lived Inside? ..... Outside? ..... city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 10 years
   (h) Former residence (city, state) .....

3. (a) **FULL NAME** Benard P. Kelly

83a

3. (b) If veteran, name war Unknown
3. (c) Social Security No. .....
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife ---------
6. (c) Age of husband or wife if alive ------ years
7. Date of Birth (Month, Day, Year) March 29, 1904

8. AGE	Years	Months	Days	If less than 1 day
	40	0	10	hrs ..... min.

9. Exact Occupation Painter — Did this work for ----- yrs.
10. Industry or Business ---------- — Date last worked --------
11. Birthplace Tennessee (City or town) (State or foreign country)

Father
12. Name Unknown
13. Birthplace Unknown (City or town) (State or foreign country)

Mother
14. Maiden name Unknown
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's **OWN** Signature M. B. Stephens
and Address Boise, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/12/44 (Month) (Day) (Year)
(c) Place: St. John's, Morris Hill, Boise, Ida.

18. Funeral Director's **OWN** Signature .....
and Address Boise, Idaho

19. (a) 4-10-44 (Date received and filed) (b) ..... (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April 9 19 44
at ..... o'clock P. M.

21. **I HEREBY CERTIFY**, That I attended deceased from Dec 2 1941, to Apr 9 1944
I last saw h.. alive on Apr. 7 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — Duration

Due to Apoplexy — .....
Due to Hypertension — 2 yrs
Due to .....
Other conditions (Include pregnancy within 3 months of death) .....
Where was disease contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature S. W. Forney MD (M. D. or other)
and Address Boise Ida. Date 4/10 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

MAY 10 1944

Certificate Of Death

STATE OF IDAHO

State File No. 138525
Local Reg. No. 146
Reg. Dist. No. 37C

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise
   (c) Street Address or R. F. D. No.
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home .... Hospital X Institution .... Other place ....
   (f) Name Hosp. or Inst. St. Alphonsus Stayed 4 days
   (g) Lived in this county ..... years ..... months 4 days

   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Elmore
   (c) City or town Glenn Ferry
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? X Outside? ..... city or town
   (f) Citizen of what country?
   (g) How long had deceased lived in Idaho? 20 years
   (h) Former residence (city, state) Glenn ferry Ida.

3. (a) **FULL NAME** CARL MOORE

93d

3. (b) If veteran, name war No.
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) April 1870

8. AGE	Years	Months	Days	If less than 1 day
	74	Unknown		hrs min.

9. Exact Occupation Farming — Did this work for 20 yrs.
10. Industry or Business Farm — Date last worked 1943
11. Birthplace Unknown (City or town) (State or foreign country)

Father
12. Name Unknown
13. Birthplace (City or town) (State or foreign country)

Mother
14. Maiden name Unknown
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's **OWN** Signature [signature] and Address Glenn Ferry Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof April 12, 1944 (Month) (Day) (Year)
    (c) Place: Glenn Fery Idaho
18. Funeral Director's **OWN** Signature [signature] and Address Mountain Home Idaho
19. (a) 4-17-44 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April 12 1944 at 9:30 o'clock P M.
21. **I HEREBY CERTIFY**, That I attended deceased from April 7 1944, to April 12 1944. I last saw him alive on April 12 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Congestive Heart Failure	2 wk
Due to Arterio-sclerotic Heart Disease - Chron	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding	
Finding of autopsy no	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
    Occurred ..... 19 ..... City, county, state
    where violence occurred
    Place of Violence: Home ..... Farm ..... Industry .....
    Public Place ..... While at work? .....
    Means of injury
23. Attendant's **OWN** Signature O. T. Swandell M.D. (M. D. or other)
    and Address Boise Ida Date 4-13 1944

(For additional space, use reverse side)

138526

United States
Department of Commerce
Bureau of the Census

MAY 10 1944

Certificate Of Death

STATE OF IDAHO

State File No.
Local Reg. No. 144
Reg. Dist. No. 370

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. PLACE OF DEATH:

(a) County Ada
(b) City or town Boise, Idaho
(c) Street Address or R.F.D. No. 1419 N. 6th
(d) Death Occured Inside? x Outside? ..... city or town
(e) Died in a Home X Hospital ..... Institution ..... Other place .....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 40 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

(a) State Idaho (b) County Ada
(c) City or town Boise
(d) Street Address or R.F.D. No. 1419 N. 6th
(e) Deceased lived Inside? x Outside? ..... city or town
(f) Citizen of what country? United States
(g) How long had deceased lived in Idaho? 40 years
(h) Former residence (city, state) .....

3. (a) **FULL NAME** JOHN WILLIAM ANDERSEN

94a

3. (b) If veteran, name war ——

3. (c) Social Security No. 519-14-2140

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Margaret

6. (c) Age of husband or wife if alive 72 years

7. Date of Birth (Month, Day, Year) October 10, 1860

8. AGE	Years	Months	Days	If less than 1 day
	83	6	3	—— hrs. ——min.

9. Exact Occupation Sec. of Modern Woodmen Lodge and Sec. of Odd Fellows Lodge No. 77 Did this work for 27 yrs.

10. Industry or Business Date last worked 3-16-44

11. Birthplace Denmark (City or town) (State or foreign country)

Father
12. Name Unknown
13. Birthplace De nmark (City or town) (State or foreign country)

Mother
14. Maiden name Unknown
15. Birthplace Denmark (City or town) (State or foreign country)

16. Informant's **OWN** Signature Hazel Slattery
and Address Seattle, Wash.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-15-44 (Month) (Day) (Year)
(c) Place: Morris Hill, Boise, Idaho

18. Funeral Director's **OWN** Signature [illegible]
and Address Boise, Idaho

19. (a) 4-15-44 (Date received and filed) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April 13 1944
at 10:00 a o'clock a M.

21. **I HEREBY CERTIFY**, That I attended deceased from April 12 1944, to April 13 1944
I last saw him alive on April 12 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary insufficiency — Duration 5 minutes
Due to Senility
Due to .....
Other conditions (Include pregnancy within 3 months of death) .....
Where was disease contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy ——

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature Isaac C. Ward (M. D. or other)
and Address Boise-Ada Date 4-14 1944

(For additional space, use reverse side)

Braxtan

138527

United States
Department of Commerce
Bureau of the Census

MAY 10 1944

Certificate Of Death

STATE OF IDAHO

State File No. 138527
Local Reg. No. 148
Reg. Dist. No. 37

1. PLACE OF DEATH:
(a) County Ada
(b) City or town Boise.
(c) Street Address or R.F.D. No. 1102. Hays.
(d) Death Occured Inside? Yes Outside? ..... city or town
(e) Died in a Home X Hospital ..... Institution ..... Other place .....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 60 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho. (b) County Ada
(c) City or town Boise.
(d) Street Address or R.F.D. No. 1102. Hays St
(e) Deceased lived Inside? Yes Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 74 years
(h) Former residence (city, state) X

3. (a) FULL NAME James Henry Wickersham.

93d

3. (b) If veteran, name war No.
3. (c) Social Security No. .....
4. Sex Male.
5. Color or race White.
6. (a) Single, widowed, married, divorced Married.
6. (b) Name of husband or wife Grace. D.
6. (c) Age of husband or wife if alive 68. years
7. Date of Birth (Month, Day, Year) February. 7. 1870.

8. AGE	Years	Months	Days	If less than 1 day
	74.	2.	7.	hrs min.

9. Exact Occupation Abstractor. Did this work for ..... yrs.
10. Industry or Business Boise Trust Company. Date last worked .....
11. Birthplace Silver City, Idaho. (City or town) (State or foreign country)
Father
12. Name James Henry Wickersham.
13. Birthplace Unknown. (City or town) (State or foreign country)
Mother
14. Maiden name Margaret. A. Hughes.
15. Birthplace England. (City or town) (State or foreign country)
16. Informant's OWN Signature Grace D. Wickersham
and Address 1102 Hays St. Boise, Ida.
17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof April 18. 1944. (Month) (Day) (Year)
(c) Place: Pioneer Cemetery.
18. Funeral Director's OWN Signature Clyde E. Summers Summers Funeral Home.
and Address Boise, Idaho.
19. (a) 4-19-44 (Date received and filed) (b) R. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April 14 1944
at 11.45 o'clock a M.
21. **I HEREBY CERTIFY,** That I attended deceased from June 1 1942, to April 14 1944
I last saw him alive on Apr 14 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Coronary occlusion	18 hr
Due to Hypertension & Chronic Myocarditis	years
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? Boise Idaho
Name of operation none Date .....
Major finding .....
Finding of autopsy none

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's OWN Signature T. N. Braxtan M.D. (M. D. or other)
and Address Boise Idaho Date 4/18 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census MAY 10 1944

Certificate Of Death

STATE OF IDAHO

State File No. 138523
Local Reg. No. 151
Reg. Dist. No. 376

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise.
   (c) Street Address or R.F.D. No. 2815. W. Jefferson.
   (d) Death Occured Inside? Yes Outside? ....city or town
   (e) Died in a Home X Hospital.... Institution.... Other place....
   (f) Name Hosp. or Inst.... Stayed....days
   (g) Lived in this county 40 years ....months ....days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho. (b) County Ada
   (c) City or town Boise.
   (d) Street Address or R.F.D. No. 2815. Jefferson
   (e) Deceased lived Inside? Yes Outside? ....city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 40 years
   (h) Former residence (city, state) Iowa.

3. (a) **FULL NAME** Laura Lura Oakes. 46 B

3. (b) If veteran, name war No.
3. (c) Social Security No. None.
4. Sex Female
5. Color or race White.
6. (a) Single, widowed, married, divorced Widow.
6. (b) Name of husband or wife ....
6. (c) Age of husband or wife if alive .... years
7. Date of Birth (Month, Day, Year) January. 16. 1849.

8. AGE	Years	Months	Days	If less than 1 day
	95.	2.	28.	hrs ... min.

9. Exact Occupation At Home. Did this work for ....yrs.
10. Industry or Business .... Date last worked ....
11. Birthplace Torch Ohio. (City or town) (State or foreign country)

Father
12. Name Nicholas Baker.
13. Birthplace Scotland. (City or town) (State or foreign country)

Mother
14. Maiden name Lenora Cleveland.
15. Birthplace Germany. (City or town) (State or foreign country)

16. Informant's **OWN** Signature Clyde C Oakes
and Address 716 Mohawk Spokane, Wn.

17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof April. 17. 1944. (Month) (Day) (Year)
(c) Place: Morris Hill Cemetery.

18. Funeral Director's **OWN** Signature Summers Funeral Home. Clyde E. Summers
and Address Boise, Idaho.

19. (a) 4-22-44 (Date received and filed) (b) R. Clark (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH**
(Month, Day, Year) April 14-1944 19....
at ----4------ o'clock P.M.

21. **I HEREBY CERTIFY**, That I attended deceased from March 31- 1944, to April 8----- 19 44
I last saw her alive on April 8- 19....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Carcinoma (?) of Liver	About 1 yr
Due to --	
Due to --	
Other conditions Senility (Include pregnancy within 3 months of death)	

Where was disease contracted? Boise, Ida.
Name of operation None Date....
Major finding ....
Finding of autopsy No Autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? No Suicide? No Homicide? No
Occurred.... 19.... City, county, state ....
Where violence occurred ....
Place of Violence: Home.... Farm.... Industry....
Public Place.... While at work?....
Means of injury ....

23. Attendant's **OWN** Signature M. Calloway (M. D. or other)
and Address 308 State, Boise Date 4-18- 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

MAY 10 1944

Certificate Of Death

STATE OF IDAHO

State File No. 13552
Local Reg. No. 148
Reg. Dist. No. 370

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise, Idaho
   (c) Street Address or R.F.D. No. 1515 N. 17th
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home .... Hospital X Institution .... Other place ....
   (f) Name Hosp. or Inst. St. Luke's Stayed 12 days
   (g) Lived in this county 36 years -- months -- days

   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Ada
   (c) City or town Boise
   (d) Street Address or R.F.D. No. 1515 N. 17th
   (e) Deceased lived Inside? X Outside? ..... city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 36 years
   (h) Former residence (city, state) Nebraska

3. (a) **FULL NAME** Anna Dirks

46E

3. (b) If veteran, name war ------
3. (c) Social Security No. ------
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife D.J.A.
6. (c) Age of husband or wife if alive 77 years
7. Date of Birth (Month, Day, Year) May 4, 1866

8. AGE	Years	Months	Days	If less than 1 day
	77	11	11	-- hrs -- min.

9. Exact Occupation Housewife — Did this work for -- yrs.
10. Industry or Business -------- — Date last worked ----
11. Birthplace Auburn, Nebraska (City or town) (State or foreign country)

Father
12. Name Thomas Efers
13. Birthplace ----- Germany (City or town) (State or foreign country)

Mother
14. Maiden name Margaret Yelkin
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's **OWN** Signature John J. Dirks
and Address Seattle, Wash.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-18-44 (Month) (Day) (Year)
(c) Place Morris Hill Cemetery, Boise, Idaho

18. Funeral Director's **OWN** Signature Edmund Bradley
and Address Boise, Idaho

19. (a) 4-17-44 (Date received and filed) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 4-15 1944
at 10:40 o'clock A. M.

21. **I HEREBY CERTIFY**, That I attended deceased from 4-1- 1944, to 4-15- 1944
I last saw her alive on 4-15 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Carcinoma Ascending Colon	8 mo
Due to -	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Resection Date 4-10-44
Major finding Carcinoma Ascending Colon
Finding of autopsy none

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature O. J. Swindell M. D (M. D. or other)
and Address Boise Ida Date 4-17 1944

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

MAY 10 1944

Certificate Of Death

STATE OF IDAHO

State File No. 138539
Local Reg. No. 149
Reg. Dist. No. 37

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise
   (c) Street Address or R.F.D. No. 1st & Bannock
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home .... Hospital X Institution .... Other place ....
   (f) Name Hosp. or Inst. St. Lukes Stayed 3 days
   (g) Lived in this county 4 years ..... months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Ada
   (c) City or town Boise
   (d) Street Address or R.F.D. No. 115 Main
   (e) Deceased lived Inside? X Outside? ..... city or town
   (f) Citizen of what country? U.S.
   (g) How long had deceased lived in Idaho? 4 years
   (h) Former residence (city, state) .....

3. (a) **FULL NAME** Charles O. Burton 61

3. (b) If veteran, name war .....
3. (c) Social Security No. 506-16-1281
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) July 15, 1888

8. AGE	Years	Months	Days	If less than 1 day
	55	9	2	hrs min.

9. Exact Occupation Painter Did this work for ..... yrs.
10. Industry or Business For self Date last worked Apr. 13, 1944
11. Birthplace Nebraska (City or town) (State or foreign country)

Father
12. Name David L Burton
13. Birthplace Nebraska (City or town) (State or foreign country)

Mother
14. Maiden name Effie Jenkins
15. Birthplace Nebraska (City or town) (State or foreign country)

16. Informant's **OWN** Signature Melvin Burton and Address .....
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 20, 1944 (Month) (Day) (Year)
   (c) Place: Grandview, Idaho
18. Funeral Director's **OWN** Signature Atherton Mortuary and Address Boise Idaho
19. (a) 4-20-44 (Date received and filed) (b) K Clark (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April 17 1944 at 7-4-1 o'clock A M.
21. **I HEREBY CERTIFY**, That I attended deceased from 4-13 1944, to 4-17 1944
   I last saw him alive on 4-17 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
(a) Lobar Pneumonia (108)	2 days
Due to Pneumococcus	
Due to 61	
Other conditions Diabetes Mellitus (Include pregnancy within 3 months of death)	years

Where was disease contracted? ..... if not at place of death?
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
   Occurred ..... 19 ..... City, county, state where violence occurred .....
   Place of Violence: Home ..... Farm ..... Industry .....
   Public Place ..... While at work? .....
   Means of injury .....
23. Attendant's **OWN** Signature L. O. Hamilton (M. D. or other)
   and Address Boise Idaho Date 4-20 1944
   (For additional space, use reverse side)

138531

United States
Department of Commerce
Bureau of the Census

MAY 10 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 138531
Local Reg. No. 159
Reg. Dist. No. 370

1. **PLACE OF DEATH:**
(a) County Ada
(b) City or town Boise
(c) Street Address or R. F. D. No. ~~V~~
(d) Death Occurred Inside? ~~Outside?~~ city or town
(e) Died in a ~~Home~~ Hospital ~~Institution~~ ~~Other place~~
(f) Name Hosp. or Inst. St Lukes Stayed 10 days
(g) Lived in this county ____ years ____ months 10 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Nampa Ida
(d) Street Address ~~or R. F. D.~~ No. 624-16 Ave S
(e) Deceased lived Inside? ~~Outside?~~ city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 25 years
(h) Former residence (city, state) ~~V~~

3. (a) **FULL NAME** Henry Harold Cheesbrough

3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of ~~husband or~~ wife Frances
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) Aug 17 1889

8. AGE	Years	Months	Days	If less than 1 day
	54	8	1	hrs ____ min.

9. Exact Occupation Cafe Mgr. Did this work for 20 yrs.
10. Industry or Business + owner Date last worked Apr 1-44
11. Birthplace Canada (City or town) (State or foreign country)

Father
12. Name No record
13. Birthplace (City or town) (State or foreign country)

Mother
14. Maiden name
15. Birthplace (City or town) (State or foreign country)

16. Informant's OWN Signature Ralph E. Cheesbrough
and Address 1524 Claire St.
17. (a) Burial (Burial, cremation or removal) (b) Date thereof 4-19-44 (Month) (Day) (Year)
(c) Place: Nampa
18. Funeral Director's OWN Signature J. K. Robinson
and Address Nampa Ida
19. (a) April 18-1944 (Date received and filed) (b) [illegible] (Registrar's signature)
R. Sharp

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Apr 18 1944
at 1:00 o'clock a M.
21. **I HEREBY CERTIFY,** That I attended deceased from 4-13 1944, to 4-18 1944
I last saw him alive on 4-17 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Miliary tuberculosis — Duration 2 mo.
Due to Tuberculosis of Kidney & Bladder — unknown
Due to
Other conditions
(Include pregnancy within 3 months of death)

Where was disease contracted?
Name of operation Nephrotomy Date Jan 44
Major finding
Finding of autopsy Miliary tuberculosis
Pathologist

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury

23. Attendant's OWN Signature O. L. Swendsen M D
(M. D. or other)
and Address Boise Idaho Date 4-21 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink on BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

MAY 10 1944

Certificate Of Death

STATE OF IDAHO

State File No. 138533
Local Reg. No. 150
Reg. Dist. No. 370

1. **PLACE OF DEATH:**
(a) County Ada
(b) City or town Boise
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? X Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. St. Alph. Stayed 5 days
(g) Lived in this county years months 5 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Washington
(c) City or town Weiser
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 64 years
(h) Former residence (city, state) Calif;

3. (a) **FULL NAME** Frank Harris

108

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Nettie
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) June 28th. 1854

8. AGE	Years	Months	Days	If less than 1 day
	89	9	20	hrs min.

9. Exact Occupation Atty: At Law Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Placerville (City or town) California (State or foreign country)
Father
12. Name William Harris
13. Birthplace (City or town) U.S.A. (State or foreign country)
Mother
14. Maiden name Unknown
15. Birthplace (City or town) U.S.A. (State or foreign country)
16. Informant's **OWN** Signature Mrs Emma Parry
and Address El Paso Texas
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 4/20/1944 (Month) (Day) (Year)
(c) Place: Weiser Idaho
18. Funeral Director's **OWN** Signature Schreiber & McCann
and Address Milford Dragoo
19. (a) 4-20-44 (Date received and filed) (b) R Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 4-18- 1944
at 12:20 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 4-13- 1944, to 4-18- 1944
I last saw him alive on 4-18-1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Lobar Pneumonia	
Due to	
Due to	
Other conditions Senilitis (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYISCIAN Underline the cause to which death should be charged statistically.
Name of operation Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature Fred A Pierce Jr (M. D. or other)
and Address Boise, Idaho Date 4-19-1944.
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

MAY 10 1944

State File No. 13853
Local Reg. No. 68
Reg. Dist. No. 371

1. PLACE OF DEATH:

(a) County Ada
(b) City or town Boise
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? Outside? XX city or town
(e) Died in a Home.... Hospital.... Institution.... Other place....
(f) Name Hosp. or Inst. Vets. Admn. Boise, Idaho Stayed 19 days
(g) Lived in this county years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

(a) State Oregon (b) County Malheur
(c) City or town Ontario
(d) Street Address or R.F.D. No. Route #2
(e) Deceased lived Inside? Outside? XX city or town
(f) Citizen of what country? U. S. A.
(g) How long had deceased lived in Idaho? Unknwn years
(h) Former residence (city, state)

3. (a) FULL NAME TIDWELL, William L.

932

3. (b) If veteran, name war WW
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Rosalie Tidwell
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) June 7, 1891

8. AGE	Years	Months	Days	If less than 1 day
	52	10	11	hrs min.

9. Exact Occupation Farmer — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace Utah (City or town) (State or foreign country)

Father
12. Name William TIDWELL
13. Birthplace Utah (City or town) (State or foreign country)

Mother
14. Maiden name Clarissa Jones
15. Birthplace Utah (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs Hull
and Address Records, Veterans Administration Boise, Idaho

17. (a) Shipment (Burial, cremation, or removal) (b) Date thereof 4 22 44 (Month) (Day) (Year)
(c) Place: Nampa, Idaho

18. Funeral Director's OWN Signature McBratney Funeral Home
and Address Boise, Idaho

19. (a) 4-30-44 (Date received and filed) (b) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) April 18, 1944
at 2:10 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from March 30 1944, to April 18, 1944
I last saw h. im. alive on April 18, 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Hypertensive Heart Disease	
with Myocardial Failure	1 Week
Due to	
Due to	
Other conditions Obesity, Severe (Include pregnancy within 3 months of death)	Unknown
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation None Date	
Major finding	
Finding of autopsy No Autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's OWN Signature Burton O. Clark
(M. D. or other)
and Address VAF., Boise, Ida. Date Apr. 18 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

MAY 10 1944

Certificate Of Death

STATE OF IDAHO

State File No. 13534
Local Reg. No. 69
Reg. Dist. No. 371

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? Outside? XX city or town
   (e) Died in a Home Hospital Institution Other place
   (f) Name Hosp. or Inst. Veterans Admin. 377 days
   (g) Lived in this county years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Twin Falls
   (c) City or town Filer, Idaho
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? Outside? XX city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 17 years
   (h) Former residence (city, state)

3. (a) **FULL NAME** MC GINNESS, Jim

832

3. (b) If veteran, name war WWII
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) June 9, 1919

8. AGE	Years	Months	Days	If less than 1 day
	24	10	10	hrs min.

9. Exact Occupation None — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace Ohio (City or town) (State or foreign country)

Father
12. Name Samuel H. MC GINNESS
13. Birthplace Pennsylvania (City or town) (State or foreign country)

Mother
14. Maiden name Anna Marie SCHEIDEMAN
15. Birthplace Nebraska (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mc Gill
and Address Records, Veterans Admn., Boise, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Shipped 4-21-44 (Month) (Day) (Year)
(c) Place: Twin Falls, Idaho

18. Funeral Director's **OWN** Signature McBratney Funeral Home
and Address Boise, Idaho

19. (a) 4-20-44 (Date received and filed) (b) T. Clark (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April 19, 1944
at 3:50 o'clock A. M.

21. **I HEREBY CERTIFY**, That I attended deceased from April 8, 1943, to April 19, 1944
I last saw him alive on April 19, 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Uremia	1 Wk.
Due to Pyelonephritis, chronic	1½ Yrs.
Due to Paraplegia	1½ Yrs.
Due to Fracture, Spine	1½ Yrs.
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy No Autopsy

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature Burton O. Clark
(M. D. or other) BURTON O. CLARK, M.D., CMO
and Address VAF, Boise, Idaho Date Apr. 19 19 44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

MAY 10 1944

Certificate Of Death

STATE OF IDAHO

State File No. 138535
Local Reg. No. 153
Reg. Dist. No. 370

1. PLACE OF DEATH:
(a) County Ada
(b) City or town Boise
(c) Street Address or R.F.D. No. 1007 N. 6th St.
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Home X Hospital ..... Institution ..... Other place .....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 44 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Ada
(c) City or town Boise
(d) Street Address or R.F.D. No. 1007 N. 6th
(e) Deceased lived Inside? X Outside? ..... city or town
(f) Citizen of what country? U. S. A.
(g) How long had deceased lived in Idaho? 44 years
(h) Former residence (city, state) Iowa

3. (a) **FULL NAME** WALTER A. MENDENHALL

94a

3. (b) If veteran, name war None
3. (c) Social Security No. 518-07-0049
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Annis Mendenhall
6. (c) Age of husband or wife if live ..... years
7. Date of Birth (Month, Day, Year) November 10, 1877

8. AGE	Years	Months	Days	If less than 1 day
	66	5	10	hrs min.

9. Exact Occupation President of ..... Did this work for ..... yrs.
10. Industry or Business Menmar Theatre Co. Date last worked .....
11. Birthplace Bloomfield, Iowa (City or town) (State or foreign country)
Father
12. Name Arthur W. Mendenhall
13. Birthplace Indiana (City or town) (State or foreign country)
Mother
14. Maiden name Ella M. Hawkins
15. Birthplace Winfield, Kansas (City or town) (State or foreign country)
16. Informant's **OWN** Signature Mrs. W. A. Mendenhall
and Address 1007 N. 6th St. Boise, Ida.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/24/44 (Month) (Day) (Year)
(c) Place: Pioneer Cemetery
18. Funeral Director's **OWN** Signature Schreiber & McCann
and Address Boise Milford Dragoo
19. (a) 4-24-44 (Date received and filed) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 4-20-1944
at 8:20 o'clock P. M.
21. **I HEREBY CERTIFY**, That I attended deceased from 12-21-1935, to 4-20-1944
I last saw him alive on 4-20-1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Coronary Thrombosis	
Due to arteriosclerosis	
Due to Hypertension	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYISCIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature Fred A. Pittenger (M. D. or other)
and Address Boise, Idaho Date 4-21-1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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United States
Department of Commerce
Bureau of the Census

MAY 10 1944

Certificate Of Death

STATE OF IDAHO

State File No. 138536
Local Reg. No. 154
Reg. Dist. No. 370

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? X Outside? city or town
   (e) Died in a Home Hospital K. Institution Other place
   (f) Name Hosp. or Inst St. Alphonsus lived 10 days
   (g) Lived in this county 65 years months days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Ada
   (c) City or town Boise
   (d) Street Address or R.F.D. No. 618 Franklin
   (e) Deceased lived Inside? X Outside? city or town
   (f) Citizen of what country? U. S. A.
   (g) How long had deceased lived in Idaho? 65 years
   (h) Former residence (city, state) Missouri

3. (a) **FULL NAME** LOUIS A. BAYER

107

3. (b) If veteran, name war
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife Magdalen
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) March 25, 1864 R.B.

8. AGE	Years	Months	Days	If less than 1 day
	80	0	26	hrs min.

9. Exact Occupation Retired Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Bavaria, Germany (City or town) (State or foreign country)

Father
12. Name John Bayer
13. Birthplace Germany (City or town) (State or foreign country)

Mother
14. Maiden name Unknown
15. Birthplace Germany (City or town) (State or foreign country)

16. Informant's **OWN** Signature Rosa Bayer
and Address 618 Franklin St. Boise, Ida.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/24/44 (Month) (Day) (Year)
(c) Place: Pioneer Cemetery

18. Funeral Director's **OWN** Signature Schreiber & McCann
and Address Boise Milford Dugas

19. (a) 4-24-44 (Date received and filed) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April 21, 1944
at 4:50 p.m. o'clock P. M.

21. **I HEREBY CERTIFY**, That I attended deceased from April 12, 1944, to April 21, 1944
I last saw him alive on April 21, 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Bronchopneumonia 107	9 days
Due to Senility 162	
Due to	
Other conditions Chronic arteriosclerosis 97 (Include pregnancy within 3 months of death)	

Where was disease contracted? At Home
Name of operation none Date
Major finding
Finding of autopsy none

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature D. H. Wahle M.D. (M. D. or other)
and Address Boise Idaho Date 4/24 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

MAY 10 1944

Certificate Of Death

STATE OF IDAHO

State File No. 138527
Local Reg. No. 155
Reg. Dist. No. 370

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise, Idaho
   (c) Street Address or R.F.D. No. 1108 Hays St.
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home X Hospital .... Institution .... Other place ....
   (f) Name Hosp. or Inst. ------ Stayed ---- days
   (g) Lived in this county 5 years ---- months ---- days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Ada
   (c) City or town Boise
   (d) Street Address or R.F.D. No. 1108 Hays St.
   (e) Deceased lived Inside? X Outside? ..... city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 5 years
   (h) Former residence (city, state) Oregon

3. (a) **FULL NAME** Harold Goodwin

83a

3. (b) If veteran, name war ------
3. (c) Social Security No. ------
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary
6. (c) Age of husband or wife if alive 78 years
7. Date of Birth (Month, Day, Year) March 21, 1863

8. AGE	Years	Months	Days	If less than 1 day
	81	1	1	---- hrs ---- min.

9. Exact Occupation Retired farmer — Did this work for 40 yrs.
10. Industry or Business — Date last worked
11. Birthplace Hanley --- England (City or town) (State or foreign country)

Father
12. Name Joseph Goodwin
13. Birthplace England (City or town) (State or foreign country)

Mother
14. Maiden name Bertha Fairbrother
15. Birthplace England (City or town) (State or foreign country)

16. Informant's **OWN** Signature Peter Goodwin
and Address 1108 Hays St. Boise Ida.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-27-44 (Month) (Day) (Year)
(c) Place: Morris Hill Cemetery, Boise, Ida.
18. Funeral Director's **OWN** Signature W. McBratney
and Address Boise, Idaho
19. (a) 4-25-44 (Date received and filed) (b) R. O. Clark (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April 22 — 1944
at about 5:00 o'clock P. M.
21. **I HEREBY CERTIFY,** That ~~I attended deceased from ---- 19-- to ---- 19--~~
~~I last saw him alive on ---- 19--~~; death is said to have occurred on the date and hour stated above.

	Immediate Cause of Death:	Duration
	Probably Apoplexy. Has had several strokes causing paralysis	
Due to	Previously.	
	Senility.	
~~Due to~~	No medical doctor in attendance	
~~Other conditions~~ (Include pregnancy within 3 months of death)	Nothing of a criminal nature found.	

Where was disease contracted? ----
Name of operation ---- Date ----
Major finding ----
Finding of autopsy None
No Inquest

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19.. City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature W. McBratney, Coroner (M. D. or other)
and Address Boise, Ida. Date 4/24 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Hamilton

United States
Department of Commerce
Bureau of the Census MAY 10 1944

Certificate Of Death

STATE OF IDAHO

State File No. 138538
Local Reg. No. 157
Reg. Dist. No. 370

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home .... Hospital X Institution .... Other place ....
   (f) Name Hosp. or Inst. St. Alph: Stayed ..... days
   (g) Lived in this county 15 years ..... months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Ada
   (c) City or town Boise
   (d) Street Address or R.F.D. No. 115 Main St
   (e) Deceased lived Inside? X Outside? ..... city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 15 years
   (h) Former residence (city, state) Montana

3. (a) **FULL NAME** John Joseph Hunt 13 b

3. (b) If veteran, name war None
3. (c) Social Security No. ?
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) July 24th. 1872

8. AGE	Years	Months	Days	If less than 1 day
	71	9	0	hrs min.

9. Exact Occupation Mining Man Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace County Mayo (City or town) Ireland (State or foreign country)
Father
12. Name Unknown
13. Birthplace ..... (City or town) Ireland (State or foreign country)
Mother
14. Maiden name Unknown
15. Birthplace ..... (City or town) Ireland (State or foreign country)
16. Informant's **OWN** Signature Lola Bimiard
and Address 115 Main St. Boise Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/27/1944 (Month) (Day) (Year)
(c) Place: St. John's Cemetery
18. Funeral Director's **OWN** Signature Schreiber + McCann
and Address Boise. Milford Dragoo
19. (a) 4-26-44 (Date received and filed) (b) R. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April 24 1944
at 8 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from 4-13 1944, to 4-24 1944
I last saw him alive on 4-24 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Pulmonary Tuberculosis	years
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYISCIAN
Name of operation ..... Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature S. O. P. Hamilton (M. D. or other)
and Address Boise Ida Date 4-26 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

MAY 10 1944

Certificate Of Death

STATE OF IDAHO

State File No. 138539
Local Reg. No. 156
Reg. Dist. No. 370

1. PLACE OF DEATH:
(a) County Ada
(b) City or town Boise.
(c) Street Address or R.F.D. No. 122. W. Jefferson.
(d) Death Occured Inside? Yes Outside? ..... city or town
(e) Died in a Home X Hospital ... Institution ... Other place ...
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 30 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho. (b) County Ada
(c) City or town Boise.
(d) Street Address or R.F.D. No. 122. W. Jefferso
(e) Deceased lived Inside? Yes Outside? ..... city or town
(f) Citizen of what country? U.S.A.?
(g) How long had deceased lived in Idaho? 30 years
(h) Former residence (city, state) Utah.

3. (a) FULL NAME Thomas William Jackman.

51 b

3. (b) If veteran, name war No.
3. (c) Social Security No. None.
4. Sex Male. 5. Color or race White. 6. (a) Single, widowed, married, divorced Married.
6. (b) Name of husband or wife Virginia T.
6. (c) Age of husband or wife if alive 72. years
7. Date of Birth (Month, Day, Year) January. 24. 1864.

8. AGE	Years	Months	Days	If less than 1 day
	80.	3.	1.	hrs ... min.

9. Exact Occupation Machinest. Did this work for ... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace England. (City or town) (State or foreign country)
Father 12. Name Thomas Jackman.
Father 13. Birthplace England. (City or town) (State or foreign country)
Mother 14. Maiden name Unknown.
Mother 15. Birthplace England. (City or town) (State or foreign country)
16. Informant's OWN Signature Virginia T. Jackman and Address 122 W Jefferson
17. (a) Removal. (Burial, cremation, or removal) (b) Date thereof April. 28. 1944 (Month) (Day) (Year)
(c) Place: Ogden, Utah.
18. Funeral Director's OWN Signature Clyde E. Summers and Address Boise, Idaho.
19. (a) 4-26-44 (Date received and filed) (b) K. Clark (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) April 25 19 44
at 2 o'clock a. M.
21. I HEREBY CERTIFY, That I attended deceased from Jan past 5 19 years 19
I last saw h... alive on ..... 19 ...; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Carcinoma of Prostate	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ..... Date .....
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ... Suicide? ... Homicide? ...
Occurred ... 19 ... City, county, state where violence occurred
Place of Violence: Home ... Farm ... Industry ...
Public Place ... While at work? ...
Means of injury
23. Attendant's OWN Signature J B Jones (M. D. or other)
and Address Boise Date 4-26 19 44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census MAY 10 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 138540
Local Reg. No. 162
Reg. Dist. No. 370

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise
   (c) Street Address or R. F. D. No. [illegible]
   (d) Death Occurred Inside? ____ Outside? ____ city or town
   (e) Died in a ~~Home~~ Hospital ~~Institution~~ Other place
   (f) Name Hosp. or Inst. Pierce Hotel Stayed ____ days
   (g) Lived in this county 1 years 6 months ____ days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Ada
   (c) City or town Boise
   (d) Street Address or R. F. D. No. Pierce Hotel
   (e) Deceased lived Inside? ✓ Outside? ____ city or ~~town~~
   (f) Citizen of what country? U S A
   (g) How long had deceased lived in Idaho? 41 years
   (h) Former residence (city, state) Idaho

3. (a) **FULL NAME** Hattie Dillman 836

3. (b) If veteran, name war None
3. (c) Social Security No. none
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Nat Dillman
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) Oct 13 1861

8. AGE	Years	Months	Days	If less than 1 day
	82	6	17	hrs ____ min. ____

9. Exact Occupation Housekeeper Did this work for ____ yrs.
10. Industry or Business ____ Date last worked ____
11. Birthplace Preston (City or town) Minnesota (State or foreign country)

Father
12. Name William Dillmon
13. Birthplace England (City or town) (State or foreign country)

Mother
14. Maiden name Sara Woolsey
15. Birthplace Ohio (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mrs Geo. Grosvenor
and Address 103 20th Ave So Nampa

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/29/44 (Month) (Day) (Year)
(c) Place: Nampa

18. Funeral Director's **OWN** Signature J. K. Robertson
and Address Nampa Idaho

19. (a) 5-2-44 (Date received and filed) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April 25 1944
at ____ o'clock ____ M.

21. **I HEREBY CERTIFY**, That I attended deceased from Apr 15 1944 to Apr 25 1944
I last saw her alive on Apr 25 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebral Thrombosis	10 days
Due to Senility	2 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy None

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's **OWN** Signature J. M. Braxton M D (M. D. or other)
and Address Boise Idaho Date Apr 27 1944
(For additional space, use reverse side)

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United States
Department of Commerce
Bureau of the Census

MAY 10 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 138541
Local Reg. No. 72
Reg. Dist. No. 871

1. **PLACE OF DEATH:**
(a) County Ada
(b) City or town Boise
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? ✓ city or town
(e) Died in a Home County Hospital Institution Other place
(f) Name ~~Hosp.~~ or Inst. County H Stayed days
(g) Lived in this county 25 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Ida. (b) County Jefferson & Ada
(c) City or town Meridian, 5 yr.
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? ✓ Outside? city or town
(f) Citizen of what country? U. S.
(g) How long had deceased lived in Idaho? 44 years
(h) Former residence (city, state) Nebraska

3. (a) **FULL NAME** Eugene Taylor 46 d

3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Md.
6. (b) Name of husband or wife Lillie Bell
6. (c) Age of husband or wife if alive 58 years
7. Date of Birth (Month, Day, Year) July 18, 1880

8. AGE	Years	Months	Days	If less than 1 day
	63	9	7	hrs min.

9. Exact Occupation Farming Did this work for 35 yrs.
10. Industry or Business Date last worked 1942
11. Birthplace Ripley, Ill. (City or town) (State or foreign country)
Father
12. Name Geo. H. Taylor
13. Birthplace Kentucky (City or town) (State or foreign country)
Mother
14. Maiden name Josephine Hill
15. Birthplace Ill. (City or town) (State or foreign country)
16. Informant's OWN Signature Lester E. Taylor
and Address Meridian
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/28/44 (Month) (Day) (Year)
(c) Place: Meridian Cemetery
18. Funeral Director's OWN Signature W S Mabey
and Address Meridian Id
19. (a) 4-29-44 (Date received and filed) (b) R. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Tues Apr 25 1944
at o'clock M.
21. **I HEREBY CERTIFY,** That I attended deceased from May 1939, to April 1944
I last saw her alive on Feb 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cancer of Rectum	5 yrs.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted? —	PHYSICIAN
Name of operation — Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy ✓	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature Alfred M. Topma M.D. (M. D. or other)
and Address Boise, Idaho Date 4-28 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

138542

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 138542
Local Reg. No. 154
Reg. Dist. No. 3701

MAY 10 1944

1. **PLACE OF DEATH:**
(a) County Ada
(b) City or town Boise
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? ✓ Outside? ____ city or town
(e) Died in a Home ____ Hospital ✓ Institution ____ Other place ____
(f) Name Hosp. or Inst. St Alphensus Stayed 4 days
(g) Lived in this county 7 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Ada
(c) City or town Meridian
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? ____ Outside? ____ city or town
(f) Citizen of what country? U.S.
(g) How long had deceased lived in Idaho? 7 years
(h) Former residence (city, state)

3. (a) **FULL NAME** Jane Kindall 126

3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife ✓
6. (c) Age of husband or wife if alive ✓ years
7. Date of Birth (Month, Day, Year) Feb. 19 1873

8. AGE	Years	Months	Days	If less than 1 day
	71	2	7	hrs ____ min. ____

9. Exact Occupation Housewife — Did this work for 50 yrs.
10. Industry or Business ____ — Date last worked April 1.
11. Birthplace Harrison (City or town) Arkansas (State or foreign country)

Father
12. Name Thomas H Kindall
13. Birthplace Atlanta (City or town) Georgia (State or foreign country)

Mother
14. Maiden name Emeline Crawford
15. Birthplace ____ (City or town) Georgia (State or foreign country)

16. Informant's **OWN** Signature Godie Rayner
and Address Meridian, Idaho.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 5-1-44 (Month) (Day) (Year)
(c) Place: Harrison Ark.
18. Funeral Director's **OWN** Signature Kenneth M Edmaston
and Address Meridian Idaho.
19. (a) 4-28-44 (Date received and filed) (b) T. Stark (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April 26 1944
at 2 o'clock P M.
21. **I HEREBY CERTIFY**, That I attended deceased from June 19 1936, to April 26 1944
I last saw her alive on April 26 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cardiac failure	2da
Due to Mitral Stenosis	10yrs
Due to	
Other conditions Cholelithiasis	5yrs
(Include pregnancy within 3 months of death) Hypertension	10yrs

Where was disease contracted? ____
Name of operation Cholecystectomy Date April 24 1944
Major finding Stones
Finding of autopsy ____

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's **OWN** Signature L E Jewell (M. D. or other)
and Address Meridian Date April 27 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

MAY 10 1944

State File No. 138543
Local Reg. No. 71
Reg. Dist. No. 371

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise, Idaho
   (c) Street Address or R.F.D. No. #5
   (d) Death Occured Inside? ..... Outside? XX city or town
   (e) Died in a Home X Hospital ... Institution ... Other place ...
   (f) Name Hosp. or Inst. ..... Stayed ..... days
   (g) Lived in this county 76 years ..... months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Ada
   (c) City or town Boise
   (d) Street Address or R.F.D. No. #5
   (e) Deceased lived Inside? ..... Outside? XX city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 76 years
   (h) Former residence (city, state) Iowa

3. (a) **FULL NAME** Charles N. Bruno

92E

3. (b) If veteran, name war ----
3. (c) Social Security No. ----
4. Sex Male race White
5. Color or
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lena
6. (c) Age of husband or wife if alive 71 years
7. Date of Birth (Month, Day, Year) December 25, 1865

8. AGE	Years	Months	Days	If less than 1 day
	78	4	1	--- hrs -- min.

9. Exact Occupation Truck Driver — Did this work for 29 yrs.
10. Industry or Business Boise City — Date last worked 1934
11. Birthplace Fremont County, Iowa (City or town) (State or foreign country)

Father
12. Name Unknown
13. Birthplace " (City or town) (State or foreign country)

Mother
14. Maiden name Unknown
15. Birthplace " (City or town) (State or foreign country)

16. Informant's **OWN** Signature Lena Bruno
and Address Rt. #5, Boise, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-28-44 (Month) (Day) (Year)
(c) Place: Morris Hill Cemetery, Boise, Ida.
18. Funeral Director's **OWN** Signature [illegible]
and Address Boise, Idaho
19. (a) 4-28-44 (Date received and filed) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 4-26 1944
at 2-10 o'clock P M.
21. **I HEREBY CERTIFY**, That I attended deceased from 4-13 1944, to 4-26 1944
I last saw ~~him~~ alive on 4-26 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Stroke -	14 days
Due to Hemorrhage left frontal P. Parietal	
Due to contused Speech area.	
Other conditions Arteriosclerosis &	
(Include pregnancy within 3 months of death) attacks of angina pectoris	years

Where was disease contracted?
Name of operation ..... Date .....
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature L. O. C. Hamilton (M. D. or other)
and Address Boise Idaho Date 4-28 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

AMENDED SEPTEMBER 9, 1946

Certificate Of Death

STATE OF IDAHO

State File No. 138544
Local Reg. No. 163
Reg. Dist. No. 370

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise
   (c) Street Address or R.F.D. No. X
   (d) Death Occured Inside? Yes Outside? ....city or town
   (e) Died in a Home.... Hospital X Institution.... Other place....
   (f) Name Hosp. or Inst. St. Lukes Stayed 10 days
   (g) Lived in this county 50 years ....months ....days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Ada
   (c) City or town Boise
   (d) Street Address or R.F.D. No. 1510 N. 12.
   (e) Deceased lived Inside? Yes Outside? ....city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 50 years
   (h) Former residence (city, state) Michigan

3. (a) **FULL NAME** Bernadine Tina Bedal

046E

3. (b) If veteran, name war No.
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widow.
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive ... years
7. Date of Birth (Month, Day, Year) June. 8. 1876.

8. AGE	Years	Months	Days	If less than 1 day hrs	min.
	67.	10.	19.		

9. Exact Occupation At Home — Did this work for ...yrs.
10. Industry or Business — Date last worked
11. Birthplace Calumet, Michigan. (City or town) (State or foreign country)

Father
12. Name John Hermo.
13. Birthplace Norway. (City or town) (State or foreign country)

Mother
14. Maiden name Carolina Kliner.
15. Birthplace Weden (City or town) (State or foreign country)

16. Informant's **OWN** Signature Anna Hartman
and Address R.D. #1. Boise, Idaho.

17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof May.1. 1944. (Month) (Day) (Year)
(c) Place: Morris Hill Cemetery.

18. Funeral Director's **OWN** Signature Summers Funeral Home. Clyde E. Summers.
and Address Boise, Idaho

19. (a) 5-2-44 (Date received and filed) (b) R. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April 27 19 44
at 2 o'clock P M.

21. I **HEREBY CERTIFY**, That I attended deceased from 4-3-44 19 to 4-27-44 19
I last saw h 34 alive on 4-27 19 44; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Anular Ca. of Sigmoid	
Bowel obstruction	4-24-44
Due to ?	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ... Date
Major finding
Finding of autopsy

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature Herald T. Nokes, M. D. (M. D. or other)
and Address Boise, Idaho Date 5/1/ 19 44

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

MAY 10 1944

Certificate Of Death

STATE OF IDAHO

State File No. 138544
Local Reg. No. 163
Reg. Dist. No. 370

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise.
   (c) Street Address or R.F.D. No. X
   (d) Death Occured Inside? Yes Outside? ..... city or town
   (e) Died in a Home .... Hospital X Institution .... Other place ....
   (f) Name Hosp. or Inst. St Lukes. Stayed 10 days
   (g) Lived in this county 50 years ..... months ..... days

   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho. (b) County Ada
   (c) City or town Boise.
   (d) Street Address or R.F.D. No. 1510. N. 12.
   (e) Deceased lived Inside? Yes Outside? ..... city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 50 years
   (h) Former residence (city, state) Michigan.

3. (a) **FULL NAME** Bernadine. M. Bedal. 46 E

3. (b) If veteran, name war No.

3. (c) Social Security No. None.

4. Sex Female 5. Color or race White. 6. (a) Single, widowed, married, divorced Widow.

6. (b) Name of husband or wife .....

6. (c) Age of husband or wife if alive ..... years

7. Date of Birth (Month, Day, Year) June. 8. 1876.

8. AGE	Years	Months	Days	If less than 1 day
	67.	10.	19.	hrs ..... min.

9. Exact Occupation At Home. Did this work for ..... yrs.

10. Industry or Business ..... Date last worked .....

11. Birthplace Calumet, Michigan. (City or town) (State or foreign country)

Father
12. Name John Hermo.
13. Birthplace Norway. (City or town) (State or foreign country)

Mother
14. Maiden name Carolina Kliner.
15. Birthplace Sweden. (City or town) (State or foreign country)

16. Informant's **OWN** Signature Anna Hartman
and Address R.D. # 1. Boise, Idaho.

17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof May. 1. 1944. (Month) (Day) (Year)
(c) Place: Morris Hill Cemetery.

18. Funeral Director's **OWN** Signature Summers Funeral Home. Clyde E. Summers,
and Address Boise, Idaho.

19. (a) 5-2-44 (Date received and filed) (b) K. Clark (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April 27 19 41
at 2 o'clock P. M.

21. **I HEREBY CERTIFY**, That I attended deceased from 4-3-44 19..., to 4-27-44 19...
I last saw h[illegible] alive on 4-27-1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Acute Ca of Sigmoid	
Bowel obstruction	4-25-44
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature Bernard T. Nokes M.D. (M. D. or other)
and Address Boise, Ida. Date 5-1-1944
(For additional space, use reverse side)

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho
County of Ada } ss.

Certificate No. 138544

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Bernadine Tina Bedal (Birth or Death)
for Bernadine M. Bedal (Name on Original Certificate) who died (~~Was Born~~ or Died) on April 27, 1944 (Date of Event)
in Boise, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible record (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Bernadine M. Bedal	Bernadine Tina Bedal

Subscribed and sworn to before me this 7th
day of September, 1946

Notary Public, residing at Boise, Idaho
My commission expires Dec. 13, 1946
(Seal)

Signed
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Boise, Idaho, Route 2
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Ada } ss.

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws,)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.
Subscribed and sworn to before me this 7th
day of September, 1946

Notary Public, residing at Boise, Idaho
My commission expires Dec 13, 1946
(Seal)

Signed Anna E. Hartman
(Signature of Any Credible Person)

(Street Address, City, State)
Route 2 Boise Idaho

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 138545
Local Reg. No. 166
Reg. Dist. No. 370

MAY 10 1944

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise, Idaho
   (c) Street Address or R. F. D. No.
   (d) Death Occured Inside? xx Outside? city or town
   (e) Died in a Home Hospital x Institution Other place
   (f) Name Hosp. or Inst. St. Luke's Stayed 2 days
   (g) Lived in this county 35 years months days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Ada
   (c) City or town Boise
   (d) Street Address or R.F.D. No. 1109 Howard
   (e) Deceased lived Inside? xx Outside? city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 35 years
   (h) Former residence (city, state) Germany

3. (a) **FULL NAME** Anna M. Haug

1226

3. (b) If veteran, name war ----
3. (c) Social Security No. ----
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Paul A.
6. (c) Age of husband or wife if alive --- years
7. Date of Birth (Month, Day, Year) November 6, 1859

8. AGE	Years	Months	Days	If less than 1 day
	84	5	23	-- hrs -- min.

9. Exact Occupation Housewife — Did this work for -- yrs.
10. Industry or Business ----- — Date last worked --
11. Birthplace Eningen, Germany (City or town) (State or foreign country)

Mother Father
12. Name Unknown
13. Birthplace (City or town) (State or foreign country)

Mother
14. Maiden name Unknown
15. Birthplace (City or town) (State or foreign country)

16. Informant's **OWN** Signature Bertha M. Beck
and Address 1461 Fort St. Boise, Ida.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-2-44 (Month) (Day) (Year)
(c) Place: Morris Hill Cemetery, Boise, Ida.

18. Funeral Director's **OWN** Signature [illegible]
and Address Boise, Idaho

19. (a) 5-4-44 (Date received and filed) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April 29 19 44
at 6 30 o'clock P. M.

21. **I HEREBY CERTIFY**, That I attended deceased from April 18 1944, to April 29 1944
I last saw h[illegible] alive on April 29 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Obstruction of small intestines — Duration 12 days
Due to right femoral hernia
Due to
Other conditions
(Include pregnancy within 3 months of death)

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature [illegible] (M. D. or other)
and Address Boise Ida Date 5-4 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

MAY 10 1944

State File No. 138546
Local Reg. No. 165
Reg. Dist. No. 3

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise.
   (c) Street Address or R.F.D. No. 1906. W. Idaho.
   (d) Death Occured Inside? Yes Outside? ..... city or town
   (e) Died in a Home X Hospital.... Institution.... Other place....
   (f) Name Hosp. or Inst. ..... Stayed ..... days
   (g) Lived in this county 17 years ..... months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho. (b) County Ada
   (c) City or town Boise.
   (d) Street Address or R.F.D. No. 1906. Idaho.
   (e) Deceased lived Inside? Yes Outside? ..... city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 36 years
   (h) Former residence (city, state) Texas.

3. (a) **FULL NAME** Candis Drake.

3. (b) If veteran, name war No.
3. (c) Social Security No. None.
4. Sex Female 5. Color or race White. 6. (a) Single, widowed, married, divorced Widow.
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) November. 10. 1864.

8. AGE	Years	Months	Days	If less than 1 day
	79.	5.	19.	hrs ..... min.

9. Exact Occupation At Home. Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Texas. (City or town) (State or foreign country)

Father
12. Name Willis Attoway.
13. Birthplace South Carolina. (City or town) (State or foreign country)

Mother
14. Maiden name Thilbery. Rid le.
15. Birthplace South Carolina. (City or town) (State or foreign country)

16. Informant's **OWN** Signature Claudia Drake
and Address 1906 Idaho St. Boise Ida.

17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof May 3. 1944 (Month) (Day) (Year)
(c) Place: Morris Hill Cemetery.

18. Funeral Director's **OWN** Signature Summers Funeral Home. Clyde E. Summers
and Address Boise, Idaho.

19. (a) 5-2-44 (Date received and filed) (b) R. Shark (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April 29 19 44
at 5:30 PM clock ..... M.

21. **I HEREBY CERTIFY**, That I attended deceased from past 2 years 19 ..... to ..... 19 .....
I last saw her alive on 4/29/44 19 ....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
myocardio degeneration	
Due to	
Due to hypertension	
Other conditions apoplexy (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation ..... Date	
Major finding	
Finding of autopsy	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature A. J. Coates (M. D. or other)
and Address Boise, Idaho Date 5/1/44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

NOV 10 1944

Certificate Of Death

STATE OF IDAHO

ward

State File No. 138547
Local Reg. No. 164
Reg. Dist. No. 370

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise.
   (c) Street Address or R.F.D. No. 1314. W. Franklin.
   (d) Death Occured Inside? Yes Outside? ....city or town
   (e) Died in a Home X Hospital.... Institution.... Other place....
   (f) Name Hosp. or Inst.... Stayed....days
   (g) Lived in this county....years 6 months....days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho. (b) County Ada
   (c) City or town Boise.
   (d) Street Address or R.F.D. No. 1314. Franklin
   (e) Deceased lived Inside? Yes Outside?....city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 43 years
   (h) Former residence (city, state) Canada.

3. (a) **FULL NAME** Bertha Lavina Willis. 472

3. (b) If veteran, name war No.
3. (c) Social Security No. None.
4. Sex Female 5. Color or race White.
6. (a) Single, widowed, married, divorced Widow.
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) July. 14. 1874,

8. AGE	Years	Months	Days	If less than 1 day
	69.	8.	16.	hrs min.

9. Exact Occupation At Home. Did this work for ....yrs.
10. Industry or Business Date last worked
11. Birthplace Toronto Canada. (City or town) (State or foreign country)

Father
12. Name George. A. Mc Donald.
13. Birthplace Canada. (City or town) (State or foreign country)

Mother
14. Maiden name Emily Harris.
15. Birthplace Canada. (City or town) (State or foreign country)

16. Informant's **OWN** Signature Bele L Dunphrey
and Address 1314. Franklin St. Boise, Ida.

17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof May. 2. 1944. (Month) (Day) (Year)
(c) Place: Cloverdale Memorial Park.

18. Funeral Director's **OWN** Signature Summers Funeral Home. Clyde E. Summers,
and Address Boise, Idaho.

19. (a) 5-2-44 (Date received and filed) (b) R. L. Clark (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April 30 1944
at 4.42 o'clock a M.

21. **I HEREBY CERTIFY**, That I attended deceased from Jan 20th 1944, to April 30 1944
I last saw her alive on April 29 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death	Duration
Carcinoma of left lung	6 months.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ..... Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred ..... 19.... City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature Lance C Ward (M. D. or other)
and Address Boise Ida Date 4-30 1944
(For additional space, use reverse side)

United States
Department of Commerce
Bureau of the Census

APR 26 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 13854 8
Local Reg. No. 390
Reg. Dist. No. 300

1. PLACE OF DEATH:
(a) County Adams
(b) City or town [redacted] Council.
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? X city or town
(e) Died in a Home Hospital Institution Other place X
(f) Name Hosp. or Inst. 0 Stayed days
(g) Lived in this county 0 years 0 months 0 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Valley
(c) City or town McCall.
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) If foreign born, in U. S. yrs. Citizen of U. S.? yes
(g) How long had deceased lived in Idaho? 15 years
(h) Former residence (city, state) —

3. (a) **FULL NAME** JUNE KOSKIE 1700

3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Female
5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife —
6 (c) Age of husband or wife if alive — years
7. Date of Birth (Month, Day, Year) June 7, 1928

8. AGE	Years	Months	Days	If less than 1 day
	15	10	2	hrs min.

9. Exact Occupation School Girl. Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace McCall Ida (City or town) (State or foreign country)
Father
12. Name Wayne A Koskie
13. Birthplace McCall Ida. (City or town) (State or foreign country)
Mother
14. Maiden name Alma Runska
15. Birthplace Kemmer. Wyoming (City or town) (State or foreign country)
16. Informant's **OWN** Signature Wayne A Koskie and Address McCall Ida.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4 (Month) (Day) 44 (Year)
(c) Place: McCall
18. Funeral Director's **OWN** Signature L. L. Pettersonton and Address Cascade, Idaho
19. (a) 4/20/44 (Date received and filed) (b) Alma Lenton Mr. (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 4/9/44 19
at 5:45 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from seen dead 19 to 19
I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Hemorrhage from laceration	—
Due to of R thigh, upper third	sudden
Due to uncontrolled	death
Other conditions Auto Accident (Include pregnancy within 3 months of death)	

Where was disease first contracted? —
Name of operation 0 Date
Major finding 0
Finding of autopsy 0

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? X Suicide? Homicide?
Occurred 19 City, county, state where violence occurred New Meadow, Adams, Idaho
Place of Violence: Home Farm Industry
Public Place — While at work?
Means of injury Leg cut when car turned over. Glass cut
23. Attendant's **OWN** Signature Wm H Houston Coroner Adams Co.
and Address Council Ida Date 4/10 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

MAY 8 1944

CERTIFICATE OF DEATH

STATE OF IDAHO

State File No. 138549
Local Reg. No. 391
Reg. Dist. No. 300

1. PLACE OF DEATH:
(a) County Adams
(b) City or town Council
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? in Outside? city or town
(e) Died in a Home Hospital x Institution Other place
(f) Name Hosp. or Inst. Comunity Stayed 1 days
(g) Lived in this county 7 years 2 months 14 days
Note For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Adams
(c) City or town New Meadows
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? in Outside? city or town
(f) If foreign born, in U. S. yrs. Citizen of U. S.?
(g) How long had deceased lived in Idaho? 7 years
(h) Former residence (city, state)

3. (a) **FULL NAME** David Ronald Ehle

115b

3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6 (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Feb 15 1937

8. AGE	Years	Months	Days	If less than 1 day
	7	2	14	hrs min.

9. Exact Occupation No
Did this work for yrs.
10. Industry or Business
Date last worked
11. Birthplace Meadows (City or town) Idaho (State or foreign country)

Father
12. Name Theadore Henry Ehle
13. Birthplace Hamiltom (City or town) Montana (State or foreign country)

Mother
14. Maiden name Ruhama Allison
15. Birthplace Salubria (City or town) Idaho (State or foreign country)

16. Informant's OWN Signature x J. H. Ehle
and Address New Meadows Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5 (Month) 1 (Day) 44 (Year)
(c) Place: Salubria
18. Funeral Director's OWN Signature J. A. Hudelson
and Address Cambridge Idaho
19. (a) 4/29/44 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April 29th 1944
at 10:37 o'clock A M.
21. I **HEREBY CERTIFY**, That I attended, deceased from 4/20/44 19, to 4/29/44 19
I last saw him alive on 4/29/44 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Acute Rheumatic Heart Disease.	4 mo.
Due to Septic sore throat and hypertrophic tonsillitis	4 mo.
Due to	
Other conditions (Include pregnancy within 3 months of death) inanition	

Where was disease first contracted?
Name of operation 0 Date
Major finding 0
Finding of autopsy 0

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? p Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature [signature] (M. D. or other)
and Address Council, Idaho Date 4/29/44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

MAY 8 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 138550
Local Reg. No. 79
Reg. Dist. No. 511

1. **PLACE OF DEATH:**
(a) County Bannock
(b) City or town Pocatello Idaho
(c) Street Address or R. F. D. No. 101 So. Johnson
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home ____ Hospital X Institution ____ Other place ____
(f) Name Hosp. or Inst. General Stayed 3 days
(g) Lived in this county ____ years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bannock
(c) City or town Lava Hot Springs
(d) Street Address or R. F. D. No. Whitestone Hotel
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? United States
(g) How long had deceased lived in Idaho? ____ years
(h) Former residence (city, state) Lima Mont.

3. (a) FULL NAME Frank Trleo

131a

3. (b) If veteran, name war None War #1
3. (c) Social Security No. ____
4. Sex Male
5. Color or race Mexican
6. (a) Single, widowed, married, divorced Unknown
6. (b) Name of husband or wife ____
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) Unknown.

8. AGE	Years	Months	Days	If less than 1 day
	About 54 Yrs.			hrs min.

9. Exact Occupation Sheepherder Did this work for Unknown yrs.
10. Industry or Business Retired Date last worked Unknown
11. Birthplace ____ (City or town) ____ (State or foreign country)
Father
12. Name Unknown
13. Birthplace " " " " " " " (City or town) ____ (State or foreign country)
Mother
14. Maiden name " " " "
15. Birthplace " " " " (City or town) ____ (State or foreign country)
16. Informant's OWN Signature From papers found on him.
and Address ____
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/6/ 1944 (Month) (Day) (Year)
(c) Place: Mountain View Cem.
18. Funeral Director's OWN Signature Hall Mortuary [signature]
and Address Pocatello Idaho
19. (a) 4-20-1944 (Date received and filed) (b) D C Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Feb. 14. 1944
at ____ o'clock ____ M.
21. **I HEREBY CERTIFY,** That I attended deceased from Feb. 12, 1944 to Feb. 14 1944
I last saw him alive on Feb. 14 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
131a	
Cardio-nephritic	Unknown
Due to ____	
Due to ____	
Other conditions ____ (Include pregnancy within 3 months of death)	
Where was disease contracted? Idaho	PHYSICIAN
Name of operation None Date ____	Underline the cause to which death should be charged statistically.
Major finding Edema of feet & legs.	
Finding of autopsy none	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature H. H. Hughart (M. D. or other)
and Address Pocatello, Idaho Date Feb 17 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

138551

United States
Department of Commerce
Bureau of the Census

MAY 8 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 100
Local Reg. No. 100
Reg. Dist. No. 510

1. **PLACE OF DEATH:**
(a) County Bannock
(b) City or town Pocatello
(c) Street Address or R. F. D. No. 101. So. Johnson.
(d) Death Occurred (Inside?) Outside? city or town
(e) Died in a Home (Hospital) Institution Other place
(f) Name Hosp. or Inst. General Stayed 7 days
(g) Lived in this county 10 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bannock
(c) City or town Pocatello
(d) Street Address or R. F. D. No. 1711. No. Main
(e) Deceased lived (Inside?) Outside? city or town
(f) Citizen of what country? United States
(g) How long had deceased lived in Idaho? 10 years
(h) Former residence (city, state) Calif.

3. (a) FULL NAME Ava Katherine Meyers. 81a

3. (b) If veteran, name war
3. (c) Social Security No. 712-05-7424.
4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife Joseph Malacy
6. (c) Age of husband or wife if alive Unknown years
7. Date of Birth (Month, Day, Year) July. 9. 1904.

8. AGE	Years	Months	Days	If less than 1 day
	39	8	26	hrs min.

9. Exact Occupation Laborer, Storehouse Did this work for 4 months yrs.
10. Industry or Business Union Pacific Ry. Date last worked 8/7/43.
11. Birthplace North Loup (City or town) Nebraska. (State or foreign country)
Father
12. Name Frank Meyers
13. Birthplace (City or town) Belgium. (State or foreign country)
Mother
14. Maiden name Anna Rudolph
15. Birthplace (City or town) Germany (State or foreign country)
16. Informant's OWN Signature Mabel M. Johnson
and Address Pocatello Idaho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 7. 1944 (Month) (Day) (Year)
(c) Place: Mountain View Cem.
18. Funeral Director's OWN Signature Arthur M. Hall
and Address Pocatello Idaho.
19. (a) 4-7-1944 (Date received and filed) (b) D C Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April. 4. 1944.
at o'clock M.
21. **I HEREBY CERTIFY,** That I attended deceased from 3-30 1944 to 4-4 1944
I last saw her alive on 4-4 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Septic meningitis	5 Day
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature [signature] (M. D. or other)
and Address Pocatello, Idaho Date 4/ 1944.
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

138552

United States
Department of Commerce
Bureau of the Census

MAY 8 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 101
Reg. Dist. No. 37

1. **PLACE OF DEATH:**
(a) County Bannock
(b) City or town Pocatello,
(c) Street Address or ~~XXXXXX~~ No. Johnson Ave.
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home ____ Hospital X Institution ____ Other place ____
(f) Name Hosp. or Inst. General Stayed 2 days
(g) Lived in this county 0 years 0 months 0 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bingham
(c) City or town Fort Hall
(d) Street Address or R. F. D. No. ____
(e) Deceased lived Inside? ____ Outside? X city or town
(f) Citizen of what country? U. S. A.
(g) How long had deceased lived in Idaho? 4 months years
(h) Former residence (city, state) ____

3. (a) **FULL NAME** WILMA PRISCELLA EDMO 119a

3. (b) If veteran, name war ____ 3. (c) Social Security No. ____

4. Sex female 5. Color or race Indian 6. (a) Single, widowed, married, divorced infant

6. (b) Name of husband or wife ____ 6. (c) Age of husband or wife if alive ____ years

7. Date of Birth (Month, Day, Year) November 13, 1943

8. AGE	Years	Months	Days	If less than 1 day
	0	4	23	hrs ____ min.

9. Exact Occupation ____ Did this work for ____ yrs.
10. Industry or Business ____ Date last worked ____
11. Birthplace Fort Hall, (City or town) Idaho (State or foreign country)

Father
12. Name Edward Edmo
13. Birthplace Fort Hall (City or town) Idaho (State or foreign country)

Mother
14. Maiden name Rachel Sook
15. Birthplace Stites (City or town) Idaho (State or foreign country)

16. Informant's OWN Signature Edward Edmo
and Address Fort Hall, Idaho

17. (a) burial (Burial, cremation, or removal) (b) Date thereof Apr. 8, 1944 (Month) (Day) (Year)
(c) Place: Fort Hall, Idaho

18. Funeral Director's OWN Signature H. L. McHaney
and Address Pocatello, Idaho

19. (a) April 6, 1944 (Date received and filed) (b) D C Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April 5 1944
at 6:05 o'clock a. M.

21. **I HEREBY CERTIFY**, That I attended deceased from April 3 1944 to April 5, 1944
I last saw her alive on April 5 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Acute Gastro-Enteritis — Duration 6 Days.
Due to ____
Due to ____
Other conditions (Include pregnancy within 3 months of death) ____
Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____ Public Place ____ While at work? ____
Means of injury ____

23. Attendant's OWN Signature W M Daugell, (M. D. or other)
and Address Pocatello, Ida. Date 4/5 1944

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States MAY 15 1944
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 135553
Local Reg. No. 5
Reg. Dist. No. 511

1. **PLACE OF DEATH:**
   (a) County Bannock
   (b) City or town Arimo
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? Outside? X city or town
   (e) Died in a Home X Hospital Institution Other place
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county 32 years months days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Bannock
   (c) City or town Arimo
   (d) Street Address or R. F. D. No.
   (e) Deceased lived Inside? Outside? X city or town
   (f) Citizen of what country?
   (g) How long had deceased lived in Idaho? 32 years
   (h) Former residence (city, state)

3. (a) FULL NAME Sarah A. Holden Farr

3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Female
5. Color or race Wht.
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Lucian C. Farr
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) October 1 1852

8. AGE	Years	Months	Days	If less than 1 day
	91	6	8	hrs min.

9. Exact Occupation Housewife — Did this work for 57 yrs.
10. Industry or Business Own Home — Date last worked 1944
11. Birthplace Provo Utah (City or town) (State or foreign country)

Father
12. Name Edward E. Holden
13. Birthplace England (City or town) (State or foreign country)

Mother
14. Maiden name Catherine Thatcher
15. Birthplace U.S.A. (City or town) (State or foreign country)

16. Informant's OWN Signature Catherine Farr
and Address Arimo Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 12 1944 (Month) (Day) (Year)
(c) Place: Arimo Idaho
18. Funeral Director's OWN Signature J. Guy Dennis
and Address Malad Idaho
19. (a) April 12, 1944 (Date received and filed) (b) Ada L. Coffin (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April 9 19 44
at 11:20 o'clock A. M.

21. **I HEREBY CERTIFY,** That I attended deceased from 2/23/44 19 , to 4/8/44 19
I last saw h[illegible] alive on 3/30 19 44; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Pneumonia	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's OWN Signature Ray L. Layton M.D. (M. D. or other)
and Address Downey, Ida. Date 4/11 1944
(For additional space, use reverse side)

136554

United States
Department of Commerce
Bureau of the Census

MAY 8 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 103
Reg. Dist. No. 511

1. PLACE OF DEATH:
(a) County Bannock
(b) City or town Pocatello
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? ✓ Outside? ____ city or town
(e) Died in a Home ____ Hospital ✓ Institution ____ Other place ____
(f) Name Hosp. or Inst. Pocatello General Stayed ____ days
(g) Lived in this county ____ years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Bingham
(c) City or town Ft Hall
(d) Street Address or R. F. D. No. Gibson
(e) Deceased lived Inside? ____ Outside? ✓ city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 60 years
(h) Former residence (city, state) ____

3. (a) FULL NAME Laura Fendoy. 13b

3. (b) If veteran, name war ____ 3. (c) Social Security No. ____

4. Sex Female 5. Color or race Indian (Shoshone) 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Yookoo Fendoy 6. (c) Age of husband or wife if alive 75 years

7. Date of Birth (Month, Day, Year) ? 1884

8. AGE	Years	Months	Days	If less than 1 day hrs	min.
	60				

9. Exact Occupation Housewife. Did this work for ____ yrs.
10. Industry or Business ____ Date last worked ____
11. Birthplace Lemhi (City or town), Idaho (State or foreign country)

Father
12. Name Monal
13. Birthplace ____ (City or town) ____ (State or foreign country)

Mother
14. Maiden name Not known.
15. Birthplace ____ (City or town) ____ (State or foreign country)

16. Informant's OWN Signature Annie Jackson Drink
and Address Blackfoot, Idaho. 4-11-44

17. (a) Removal (b) Date thereof ____ (Month) ____ (Day) ____ (Year)
(Burial, cremation, or removal)
(c) Place: Blackfoot, Idaho.

18. Funeral Director's OWN Signature John C. Sandberg
and Address Blackfoot, Idaho.

19. (a) 3-12-44 (Date received and filed) (b) D. C. Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) April 11 1944
at 1:15 o'clock A M.

21. I HEREBY CERTIFY, That I attended deceased from 4-6 1944, to 4-11 1944
I last saw h[illegible] alive on 4-10 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Pulmonary Tuberculosis — Duration Not Known
Due to ____
Due to ____
Other conditions ____ (Include pregnancy within 3 months of death)
Where was disease contracted? Not Known.
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's OWN Signature Wilfred T. Olsen M.D. (M. D. or other)
and Address Pocatello, Ida. Date 4-12 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

MAY 8 1944

State File No. 136555
Local Reg. No. 104
Reg. Dist. No. 511

1. **PLACE OF DEATH:**
   (a) County Bannock
   (b) City or town Pocatello
   (c) Street Address or R. F. D. No.
   (d) Death Occured Inside? ✓ Outside? ..... city or town
   (e) Died in a Home .... Hospital ✓ Institution .... Other place ....
   (f) Name Hosp. or Inst. St Anthony Stayed ..... days
   (g) Lived in this county ..... years ..... months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Bannock
   (c) City or town Pocatello
   (d) Street Address or R.F.D. No. 511 Wayne
   (e) Deceased lived Inside? ✓ Outside? ..... city or town
   (f) Citizen of what country? U. S. A.
   (g) How long had deceased lived in Idaho? ..... years
   (h) Former residence (city, state)

3. (a) **FULL NAME** Marvin George Frandsen 107

3. (b) If veteran, name war ✓
3. (c) Social Security No. none
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) November 9, 1943

8. AGE	Years	Months	Days	If less than 1 day
	0	5	10	hrs ..... min.

9. Exact Occupation none — Did this work for 0 yrs.
10. Industry or Business " — Date last worked 0
11. Birthplace Preston Idaho (City or town) (State or foreign country)

Father
12. Name Vernon Frandsen
13. Birthplace Basalt, Idaho (City or town) (State or foreign country)

Mother
14. Maiden name Wanda Balls
15. Birthplace Logan Utah (City or town) (State or foreign country)

16. Informant's **OWN** Signature Vernon B Frandsen
and Address 511 Wayne ave.
17. (a) removal (b) Date thereof 4-14-44 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: Basalt, Idaho
18. Funeral Director's **OWN** Signature Byron B. Downard
and Address Pocatello Idaho
19. (a) 4-14-44 (Date received and filed) (b) DC Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April 12 19 44
at 7:30 o'clock PM.
21. **I HEREBY CERTIFY**, That I attended deceased from April 11 1944, to April 13 1944
I last saw h.. alive on April 13 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Bronchio Pneumonia	4 days
Due to Upper Respiratory Infection	1 wk
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? Home
Name of operation ..... Date .....
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury

23. Attendant's **OWN** Signature Alden Campbell M D (M. D. or other)
and Address Pocatello Date April 19 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

135556

United States
Department of Commerce
Bureau of the Census MAY 8 1944

Certificate Of Death

STATE OF IDAHO

State File No. 135556
Local Reg. No. 405
Reg. Dist. No. 510

1. **PLACE OF DEATH:**
   (a) County Bannock
   (b) City or town Pocatello
   (c) Street Address or R. F. D. No. —
   (d) Death Occured Inside? — Outside? ..... city or town
   (e) Died in a Home.... Hospital — Institution.... Other place....
   (f) Name Hosp. or Inst. St. Anthony Stayed 10 days
   (g) Lived in this county 6 years 7 months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Bannock
   (c) City or town Pocatello
   (d) Street Address or R.F.D. No. 605 N. Harrison
   (e) Deceased lived Inside? — Outside? ..... city or town
   (f) Citizen of what country? U. S. A.
   (g) How long had deceased lived in Idaho? 42 years
   (h) Former residence (city, state) .....

3. (a) **FULL NAME** Sara Judd 95b

3. (b) If veteran, name war —
3. (c) Social Security No. none
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Wilford
6. (c) Age of husband or wife if alive 43 years
7. Date of Birth (Month, Day, Year) November 1, 1903

8. AGE	Years	Months	Days	If less than 1 day
	41	5	15	hrs min.

9. Exact Occupation Housewife — Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Basin (City or town), Idaho (State or foreign country)

Father
12. Name Alva Fairchild
13. Birthplace Grantsville (City or town), Ut. (State or foreign country)

Mother
14. Maiden name Sara Bemis
15. Birthplace Manti (City or town), Utah (State or foreign country)

16. Informant's **OWN** Signature Wilford Judd
and Address 605 N. Harrison

17. (a) Burial (Burial, cremation, or removal), (b) Date thereof 4-19-44 (Month) (Day) (Year)
(c) Place: Mountainview

18. Funeral Director's **OWN** Signature Byron B. Howard
and Address Pocatello Idaho

19. (a) 4-19-1944 (Date received and filed) (b) D C Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April, 16, 1944
at ..... o'clock ..... M.

21. **I HEREBY CERTIFY**, That I attended deceased from July 1943 to April 16 1944
I last saw her alive on April 16 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cardiac Decompensation	
Due to Rheumatic Heart Disease	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature R. R. Merrell M.D. (M. D. or other)
and Address Pocatello Date 4-18 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 138557
Local Reg. No. 147
Reg. Dist. No. 5-10

MAY 8 1944

1. **PLACE OF DEATH:**
   (a) County Bannock
   (b) City or town Pocatello
   (c) Street Address or R.F.D. No. —
   (d) Death Occured Inside? — Outside? ..... city or town
   (e) Died in a Home.... Hospital — Institution.... Other place....
   (f) Name Hosp. or Inst. General ..... Stayed ..... days
   (g) Lived in this county ..... years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Bannock
   (c) City or town Pocatello
   (d) Street Address or R.F.D. No. .....
   (e) Deceased lived Inside? ..... Outside? — city or town
   (f) Citizen of what country? U. S. A.
   (g) How long had deceased lived in Idaho? 9 years
   (h) Former residence (city, state) N. Y.

3. (a) **FULL NAME** Harry Diamond 46E

3. (b) If veteran, name war —
3. (c) Social Security No. none
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife unknown
6. (c) Age of husband or wife if alive — years
7. Date of Birth (Month, Day, Year) 1883

8. AGE	Years	Months	Days	If less than 1 day
	61	—	—	hrs min.

9. Exact Occupation Caretaker Did this work for 9 yrs.
10. Industry or Business Elmers Sea Food Mkt. Date last worked
11. Birthplace Albania (City or town) (State or foreign country)

Father
12. Name unknown
13. Birthplace Albania (City or town) (State or foreign country)

Mother
14. Maiden name unknown
15. Birthplace Albania (City or town) (State or foreign country)

16. Informant's **OWN** Signature George Zavalaris
and Address 316 S 3rd

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-24-44 (Month) (Day) (Year)
(c) Place: Mountainview

18. Funeral Director's **OWN** Signature Byron B. Downard
and Address Pocatello Idaho

19. (a) 4-22-44 (Date received and filed) (b) D C Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April 19 1944
at ..... o'clock ..... M.

21. **I HEREBY CERTIFY**, That I attended deceased from 1/31, 1944, to April 19, 1944.
I last saw him alive on April 18 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Carcinoma of colon — Duration unknown
Due to .....
Due to .....
Other conditions Cardiac insufficiency unknown
(Include pregnancy within 3 months of death)

Where was disease contracted? Idaho
Name of operation ..... Date .....
Major finding Impassable stricture
Finding of autopsy Carcinoma of colon metastasis to mesentary.

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature A. N. Hughart (M. D. or other)
and Address Pocatello Date 4/20 1944.
(For additional space, use reverse side)

138558

United States
Department of Commerce
Bureau of the Census

MAY 8 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 108
Reg. Dist. No. 3-11

1. **PLACE OF DEATH:**
(a) County Bannock
(b) City or town Virginia
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? (Outside) city or town
(e) Died in a Home Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county years months 2 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State California (b) County California.
(c) City or town Los Angeles
(d) Street Address or R. F. D. No. 350. East 98th.
(e) Deceased lived (Inside)? Outside? city or town
(f) Citizen of what country? United States.
(g) How long had deceased lived in Idaho? 2 Days. years
(h) Former residence (city, state) California.

3. (a) **FULL NAME** Charles Henry Jones.

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Etta B. Williams
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Feb. 2 1876.

8. AGE	Years	Months	Days	If less than 1 day
	68	2	17	hrs min.

9. Exact Occupation Blacksmith — Did this work for 40 yrs.
10. Industry or Business Retired — Date last worked 1939.
11. Birthplace Iron Mountain. (City or town) Michigan. (State or foreign country)

Father
12. Name Unknown
13. Birthplace (City or town) (State or foreign country)

Mother
14. Maiden name
15. Birthplace (City or town) (State or foreign country)

16. Informant's OWN Signature Delbert C. Jones
and Address 530 Idaho - Santa Monica Cal.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 5/3/44. (Month) (Day) (Year)
(c) Place: Butte. Montana.
18. Funeral Director's OWN Signature Hall Mortuary Arthur M Hall
and Address Pocatello. Idaho.
19. (a) 5-2-1944 (Date received and filed) (b) D C May (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April. 19. 1944.
at o'clock M.
21. **I HEREBY CERTIFY,** That I attended deceased from 19, to 19
I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Found dead	
Due to Cause Unknown	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's OWN Signature Arthur M Hall.
(M. D. or other)
and Address Pocatello, Idaho Date 5-2 1944.
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

MAY 8 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 138559
Local Reg. No. 409
Reg. Dist. No. 211

1. **PLACE OF DEATH:**
   (a) County Bannock
   (b) City or town Pocatello
   (c) Street Address or R. F. D. No. 101. So. Johnson.
   (d) Death Occurred (Inside?) Outside? city or town
   (e) Died in a Home (Hospital) Institution Other place
   (f) Name Hosp. or Inst. General Stayed 14 days
   (g) Lived in this county 34 years months days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Bannock
   (c) City or town Pocatello
   (d) Street Address or R. F. D. No. Yellowstone Hi-W
   (e) Deceased lived Inside? (Outside) city or town
   (f) Citizen of what country? United States
   (g) How long had deceased lived in Idaho? 34 years
   (h) Former residence (city, state) Utah

3. (a) **FULL NAME** Ruvina Jane Siler Lewis. 1496

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or Marion Lewis
6. (c) Age of husband or wife if alive 55 years
7. Date of Birth (Month, Day, Year) Sept. 12. 1903.

8. AGE	Years	Months	Days	If less than 1 day
	40	7	10	hrs min.

9. Exact Occupation House wife — Did this work for 22 yrs.
10. Industry or Business Own home — Date last worked Mar. 44.
11. Birthplace Pleasant View (City or town) Utah. (State or foreign country)

Father
12. Name Samuel Siler
13. Birthplace Brigham City (City or town) Utah. (State or foreign country)

Mother
14. Maiden name Emma Elizabeth Mower.
15. Birthplace North Ogden (City or town) Utah. (State or foreign country)

16. Informant's OWN Signature Marion Lewis
and Address Pocatello Idaho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 26-44 (Month) (Day) (Year)
(c) Place: Mountain View Cem.
18. Funeral Director's OWN Signature Hall Mortuary.
and Address Pocatello Idaho.
19. (a) 4-25-44 (Date received and filed) (b) D C Ka (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April. 22. 1944.
at 1.45 o'clock a M.
21. **I HEREBY CERTIFY,** That I attended deceased from 4/4 1944 to 4/22 1944
I last saw her alive on 4/22 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Paralytic ileus — Duration 2 wks
Due to Caesarean section
Due to
Other conditions (Include pregnancy within 3 months of death)
Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's OWN Signature J. R. McMahon (M. D. or other)
and Address Pocatello, Idaho Date 4/ 1944.
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

MAY 8 1944

Certificate Of Death

STATE OF IDAHO

State File No. 138569
Local Reg. No. 1/19
Reg. Dist. No. 5-11

1. **PLACE OF DEATH:**
   (a) County Bannock
   (b) City or town Pocatello
   (c) Street Address or R. F. D. No.
   (d) Death Occured Inside? ✓ Outside? ..... city or town
   (e) Died in a Home.... Hospital ✓ Institution.... Other place....
   (f) Name Hosp. or Inst. General Stayed 4 days
   (g) Lived in this county ..... years ..... months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Bannock
   (c) City or town Pocatello
   (d) Street Address or R.F.D. No. 121 Roosevelt
   (e) Deceased lived Inside? ✓ Outside? ..... city or town
   (f) Citizen of what country? U. S. A.
   (g) How long had deceased lived in Idaho? 12 years
   (h) Former residence (city, state) Lima, Mont.

3. (a) **FULL NAME** Lewis Burris Griffin 94a

3. (b) If veteran, name war ✓
3. (c) Social Security No. 712-05-1828
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Bessie
6. (c) Age of husband or wife if alive 43 years
7. Date of Birth (Month, Day, Year) June 19, 1888

8. AGE	Years	Months	Days	If less than 1 day
	55	10	4	hrs min.

9. Exact Occupation Brakeman — Did this work for 12 yrs.
10. Industry or Business U. P. R. R. — Date last worked 3-'44
11. Birthplace Mulberry (City or town) Ark. (State or foreign country)

Father
12. Name L. C. Griffin
13. Birthplace Dean. (City or town) (State or foreign country)

Mother
14. Maiden name Roxanna —
15. Birthplace Tenn. (City or town) (State or foreign country)

16. Informant's **OWN** Signature Bessie Griffin
and Address 121 Roosevelt

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-26-44 (Month) (Day) (Year)
(c) Place: Mountainview

18. Funeral Director's **OWN** Signature Byron B. Dawnard
and Address Pocatello Idaho

19. (a) 4-24-44 (Date received and filed) (b) DC Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April 23 19 44
at 7:00 o'clock A. M.

21. **I HEREBY CERTIFY**, That I attended deceased from 2-17-1944, to 4-23-1944
I last saw h e alive on 4-22-1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Coronary Occlusion	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ..... Date .....
Major finding
Finding of autopsy

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury

23. Attendant's **OWN** Signature C. C. Dawes (M. D. or other)
and Address Pocatello Date 4/24 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

MAY 8 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 138561
Local Reg. No. 440
Reg. Dist. No.

1. **PLACE OF DEATH:**
   (a) County Bannock
   (b) City or town Pocatello
   (c) Street Address or R. F. D. No. 650 No. 7th Ave.
   (d) Death Occurred Inside? ( ) Outside? ( ) city or town
   (e) Died in a Home ( ) Hospital ( ) Institution ( ) Other place
   (f) Name Hosp. or Inst. St. Anthony Stayed 7 days
   (g) Lived in this county 11 years ___ months ___ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Bannock
   (c) City or town Pocatello
   (d) Street Address or R. F. D. No. 1247 So. 5th Ave.
   (e) Deceased lived Inside? ( ) Outside? ( ) city or town
   (f) Citizen of what country? United States
   (g) How long had deceased lived in Idaho? 56 years
   (h) Former residence (city, state) Utah.

3. (a) FULL NAME Margaret LaZetta Green. 122a

3. (b) If veteran, name war ___ 3. (c) Social Security No. ___

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife C. W. Green 6. (c) Age of husband or wife if alive 54 years

7. Date of Birth (Month, Day, Year) Feb. 19. 1890

8. AGE	Years	Months	Days	If less than 1 day
	54	2	4	hrs ___ min.

9. Exact Occupation House-wife Did this work for 32 yrs.
10. Industry or Business Own home Date last worked April. 1944
11. Birthplace Richmond (City or town) Utah. (State or foreign country)

Father
12. Name Edward Bowman.
13. Birthplace West Jordon (City or town) Utah. (State or foreign country)

Mother
14. Maiden name Margaret R. Kent.
15. Birthplace Bountiful (City or town) Utah. (State or foreign country)

16. Informant's OWN Signature Lyle A. Wright
and Address Pocatello Idaho.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4 / 28 1944. (Month) (Day) (Year)
(c) Place: Mountain View Cem.

18. Funeral Director's OWN Signature Hall Mortuary, Inc.
and Address Pocatello Idaho

19. (a) 5-3-1944 (Date received and filed) (b) D. C. Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April. 23. 1944.
at ___ o'clock ___ M.

21. **I HEREBY CERTIFY,** That I attended deceased from 4/17/ 19xx, to 4/23 19xx
I last saw h___ alive on ___ 19___; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Acute heart failure	
Due to Coronary	
Due to ?	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? Hospital
Name of operation Hernia Date 4/17/44
Major finding Inguinal hernia
Finding of autopsy ___

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ___ Suicide? ___ Homicide? ___
Occurred ___ 19___ City, county, state where violence occurred ___
Place of Violence: Home ___ Farm ___ Industry ___
Public Place ___ While at work? ___
Means of injury ___

23. Attendant's OWN Signature O. Hall
and Address Pocatello, Idaho (M. D. or other) Date 5/2 19 44

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce MAY 8 1944 **CERTIFICATE OF DEATH**
Bureau of the Census STATE OF IDAHO

State File No. 138562
Local Reg. No. 440
Reg. Dist. No. 2

1. **PLACE OF DEATH:**
(a) County Bannock
(b) City or town Pocatello
(c) Street Address or R. F. D. No. 101. So. Johnson
(d) Death Occurred Inside( ) Outside?( ) city or town
(e) Died in a Home( ) Hospital( ) Institution( ) Other place( )
(f) Name Hosp. or Inst. General Stayed 14 days
(g) Lived in this county 2 years ___ months ___ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bannock
(c) City or town Pocatello
(d) Street Address or R. F. D. 813. East Sublette
(e) Deceased lived Inside?( ) Outside?( ) city or town
(f) Citizen of what country? United States
(g) How long had deceased lived in Idaho? 3 years
(h) Former residence (city, state) Kentucky.

3. (a) FULL NAME Andrew Jackson Osborne. 94a

3. (b) If veteran, name war None
3. (c) Social Security No. 271-12-2632.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mildred Johnson
6. (c) Age of husband or wife if alive 33 years
7. Date of Birth (Month, Day, Year) May. 16. 1904.

8. AGE	Years	Months	Days	If less than 1 day
	40	11	9	hrs ___ min.

9. Exact Occupation Taxi-driver Did this work for 2 yrs.
10. Industry or Business Yellow-Cab Co. Date last worked Sept. 1943.
11. Birthplace Floyd County, (City or town) Kentucky. (State or foreign country)

Father
12. Name Owen Osborne.
13. Birthplace Kentucky. (City or town) (State or foreign country)

Mother
14. Maiden name Louise Beverly.
15. Birthplace Kentucky. (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. Mildred D. Osborne
and Address Pocatello, Idaho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/29/44. (Month) (Day) (Year)
(c) Place: Mountain View Cem.
18. Funeral Director's OWN Signature Hall Mortuary
and Address Pocatello, Idaho.
19. (a) 5-3-1944 (Date received and filed) (b) D C Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April. 25. 1944.
at 5:30 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from Jan. 14 1943. to April 25 1944.
last saw h___ alive on ___ 19___; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — **Duration**
Coronary stenosis — 1 day.
Due to ___
Due to ___
Other conditions Endocarditis — Unknown
(Include pregnancy within 3 months of death)
Where was disease contracted? Idaho
Name of operation None Date ___
Major finding ___
Finding of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ___ Suicide? ___ Homicide? ___
Occurred ___ 19___ City, county, state where violence occurred ___
Place of Violence: Home ___ Farm ___ Industry ___
Public Place ___ While at work? ___
Means of injury ___
23. Attendant's OWN Signature H. W. Hughart (M. D. or other)
and Address Pocatello, Idaho Date 5/2 19 44
(For additional space, use reverse side)

138563

United States
Department of Commerce
Bureau of the Census MAY 8 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 112
Reg. Dist. No. 210

1. **PLACE OF DEATH:**
(a) County Bannock
(b) City or town Pocatello
(c) Street Address or R. F. D. No. 101. So. Johnson
(d) Death Occurred Inside( ) Outside? city or town
(e) Died in a Home (Hospital) Institution Other place
(f) Name Hosp. or Inst. General Stayed 28 days
(g) Lived in this county 40 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bannock
(c) City or town Pocatello
(d) Street Address or R. F. D. No. 224. So. 8th. Ave.
(e) Deceased lived Inside?) Outside? city or town
(f) Citizen of what country? United States.
(g) How long had deceased lived in Idaho? 40 years
(h) Former residence (city, state) Utah

3. (a) **FULL NAME** Eleanor Larsen Worley. 46 f

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife John P. Worley
6. (c) Age of husband or wife if alive 61. years
7. Date of Birth (Month, Day, Year) June 27. 1884.

8. AGE	Years	Months	Days	If less than 1 day
	59	9	29	hrs min.

9. Exact Occupation House-wife Did this work for 40 yrs.
10. Industry or Business Own home Date last worked March. 44.
11. Birthplace Mendon (City or town) Utah. (State or foreign country)

Father
12. Name Hans Peter Larsen.
13. Birthplace Denmark. (City or town) (State or foreign country)

Mother
14. Maiden name Eleanor Anderson Shelton.
15. Birthplace Philadelphia (City or town) Penn. (State or foreign country)

16. Informant's OWN Signature John Worley
and Address Pocatello Idaho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/29/44. (Month) (Day) (Year)
(c) Place: Mountain View Cem.
18. Funeral Director's OWN Signature Hall Mortuary. Anthony Hall
and Address Pocatello Idaho.
19. (a) 5-2-1944 (Date received and filed) (b) D. C. Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April. 25. 1944.
at 4:00 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from April 1 1944 to April 25 1944
I last saw her alive on April 24 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Carcinoma of Liver — Duration 1 year.
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Where was disease contracted? Pocatello
Name of operation Laparotomy Date 4-1-44.
Major finding Carcinoma of Liver.
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's OWN Signature Wilfred L. Allen M.D. (M. D. or other)
and Address Pocatello, Idaho. Date 4/27/ 1944.
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

MAY 15 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 135564
Local Reg. No. 131
Reg. Dist. No. 510

1. **PLACE OF DEATH:**
   (a) County Bannock
   (b) City or town Pocatello
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside?) Outside? city or town
   (e) Died in a Home Hospital Institution Other place
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county years 6 months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Bannock
   (c) City or town Pocatello
   (d) Street Address or R. F. D. No.
   (e) Deceased lived (Inside?) Outside? city or town
   (f) Citizen of what country? United States.
   (g) How long had deceased lived in Idaho? 6 Mo. years
   (h) Former residence (city, state) Utah.

3. (a) **FULL NAME** Genevieve James. 164b

3. (b) If veteran, name war
3. (c) Social Security No. 528-07-7733.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) March. 9. 1890.

8. AGE	Years	Months	Days	If less than 1 day hrs	min.
	54	1	18		

9. Exact Occupation Stenographer — Did this work for yrs.
10. Industry or Business Roy C. Black — Date last worked
11. Birthplace Salt Lake City, (City or town) Utah. (State or foreign country)

Father
12. Name John James
13. Birthplace Swansea, (City or town) So. Wales. (State or foreign country)

Mother
14. Maiden name Jennie Williams.
15. Birthplace Swansea, (City or town) So. Wales. (State or foreign country)

16. Informant's OWN Signature Elizabeth James
and Address Salt Lake City, Utah
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 5/9/44. (Month) (Day) (Year)
(c) Place: Salt Lake City, Utah.
18. Funeral Director's OWN Signature Hall Mortuary.
and Address Pocatello, Idaho.
19. (a) 5-8-44 (Date received and filed) (b) D C Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April. 27. 1944.
at o'clock M.

21. **I HEREBY CERTIFY,** That I attended deceased from 19, to 19
I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Drowning	
No Inquest	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy None

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred April 27 1944 City, county, state where violence occurred Pocatello Idaho
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's OWN Signature Anthony W Hall (M. D. or other)
and Address Pocatello, Idaho Date 5 1944
(For additional space, use reverse side)

138565

United States
Department of Commerce
Bureau of the Census

MAY • 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 138565
Local Reg. No. 118
Reg. Dist. No. 370

1. **PLACE OF DEATH:**
   (a) County Bannock
   (b) City or town Pocatello
   (c) Street Address or R. F. D. No. 347. So. Grant.
   (d) Death Occurred Inside( ) Outside? ____ city or town
   (e) Died in a (Home) Hospital ____ Institution ____ Other place ____
   (f) Name Hosp. or Inst. ____ Stayed ____ days
   (g) Lived in this county 41 years ____ months ____ days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Bannock
   (c) City or town Pocatello
   (d) Street Address or R. F. D. No. 347. So. Grant.
   (e) Deceased lived (Inside?) Outside? ____ city or town
   (f) Citizen of what country? United States.
   (g) How long had deceased lived in Idaho? 41 years
   (h) Former residence (city, state) Utah.

3. (a) FULL NAME: Arthur Alfred West. 106c

3. (b) If veteran, name war ____ 3. (c) Social Security No. ____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Aliza Eliza James 6. (c) Age of husband or wife if alive 64 years

7. Date of Birth (Month, Day, Year) November. 22. 1871

8. AGE	Years	Months	Days	If less than 1 day
	72	5	6	hrs ____ min.

9. Exact Occupation Chirppractor Did this work for 25 yrs.
10. Industry or Business Own Business Date last worked 4/14/44.
11. Birthplace London (City or town) England. (State or foreign country)

Father
12. Name Fredrick George West.
13. Birthplace ____ (City or town) England. (State or foreign country)

Mother
14. Maiden name Elizabeth Waterfall.
15. Birthplace ____ (City or town) England. (State or foreign country)

16. Informant's OWN Signature Dr. Arthur D. West
and Address Pocatello. Idaho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/1/1944. (Month) (Day) (Year)
(c) Place: Mountain View Cem.
18. Funeral Director's OWN Signature Hall Mortuary.
and Address Pocatello. Idaho.
19. (a) 5-3-1944 (Date received and filed) (b) D C Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) April. 28. 1944
at 1 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from April 13 1944, to April 28 1944
I last saw him alive on April 28 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death	Duration
Heart failure	
95a Auricular fibrillation, arrythmia	1 yr
Due to mild bronchitis 106c	2 wks
asthma 112	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ____ Date ____
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury

23. Attendant's OWN Signature Dr. Henry G. West (M. D. or other)
and Address Pocatello, Idaho Date 5/2. 1944.

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

MAY 8 1944

Certificate Of Death

STATE OF IDAHO

State File No. 135566
Local Reg. No. 119
Reg. Dist. No. 570

1. **PLACE OF DEATH:**
   (a) County Bannock
   (b) City or town Pocatello
   (c) Street Address or R. F. D. No.
   (d) Death Occured Inside? ~ Outside? city or town
   (e) Died in a Home Hospital ~ Institution Other place
   (f) Name Hosp. or Inst. St. Anthony Stayed days
   (g) Lived in this county years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Bannock
   (c) City or town Pocatello
   (d) Street Address or R.F.D. No. 348 N. 9th
   (e) Deceased lived Inside? ~ Outside? city or town
   (f) Citizen of what country? U. S. A.
   (g) How long had deceased lived in Idaho? 0 years
   (h) Former residence (city, state)

3. (a) **FULL NAME** Infant Fleming 159

3. (b) If veteran, name war ~
3. (c) Social Security No. none
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife ~
6. (c) Age of husband or wife if alive ~ years
7. Date of Birth (Month, Day, Year) April 28, 1944

8. AGE	Years	Months	Days	If less than 1 day
	0	0	?	hrs min.

9. Exact Occupation none Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Pocatello Idaho (City or town) (State or foreign country)

Father
12. Name William B. Fleming
13. Birthplace Pocatello Idaho (City or town) (State or foreign country)

Mother
14. Maiden name Laura Guyer
15. Birthplace Idaho Falls Id. (City or town) (State or foreign country)

16. Informant's **OWN** Signature William B. Fleming and Address 349 N. 9th
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-29-44 (Month) (Day) (Year)
    (c) Place: Mountain View
18. Funeral Director's **OWN** Signature Byron B. Howard and Address Pocatello Idaho
19. (a) 5-1-1944 (Date received and filed) (b) D C Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April 29 1944
    at o'clock M.
21. **I HEREBY CERTIFY**, That I attended deceased from 19, to 19
    I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Premature birth	
Due to 7 mos.	
Due to Separation of placenta	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
    Occurred 19 City, county, state where violence occurred
    Place of Violence: Home Farm Industry
    Public Place While at work?
    Means of injury
23. Attendant's **OWN** Signature O. H. Call (M. D. or other)
    and Address Pocatello Ida. Date 4/29 1944
    (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

MAY 11 1944

Certificate Of Death

STATE OF IDAHO

State File No. 138567
Local Reg. No. 15
Reg. Dist. No. 130

1. **PLACE OF DEATH:**
   (a) County Benewah
   (b) City or town St. Maries
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home X Hospital ..... Institution ..... Other place
   (f) Name Hosp. or Inst. ..... Stayed ..... days
   (g) Lived in this county 31 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Benewah
   (c) City or town St. Maries
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? X Outside? ..... city or town
   (f) Citizen of what country? U. S. A
   (g) How long had deceased lived in Idaho? 37 years
   (h) Former residence (city, state)

3. (a) **FULL NAME** Orpha Betty Robinson

97

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife John M.
6. (c) Age of husband or wife if alive 69 years
7. Date of Birth (Month, Day, Year) June 30, 1873

8. AGE	Years	Months	Days	If less than 1 day
	70	9	8	hrs min.

9. Exact Occupation Housewife — Did this work for 45 yrs.
10. Industry or Business Home — Date last worked Dec. 1940
11. Birthplace Curryville, (City or town) Mo. (State or foreign country)

Father
12. Name William H. Tinker
13. Birthplace Mo. (City or town) (State or foreign country)

Mother
14. Maiden name Mary E. Melville
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's **OWN** Signature J. M. Robinson
and Address St. Maries, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-10-44 (Month) (Day) (Year)
(c) Place: St. Maries, Idaho

18. Funeral Director's **OWN** Signature R. E. Wessa
and Address St. Maries, Idaho

19. (a) 5-8-44 (Date received and filed) (b) R. E. Wessa (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April 8, 1944 19
at 12:45 o'clock A. M.

21. **I HEREBY CERTIFY,** That I attended deceased from April 1 1944, to April 8th 1944
I last saw her alive on April 1 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Arteriosclerosis	?
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? St. Maries, Ida.
Name of operation None Date
Major finding
Finding of autopsy None

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred Natural
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work
Means of injury

23. Attendant's **OWN** Signature C. A. Robinson M.D. (M. D. or other)
and Address St. Maries, Ida. Date 4-10 19 44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census MAY 11 1944

Certificate Of Death

STATE OF IDAHO

State File No. 138568
Local Reg. No. 16
Reg. Dist. No. 130

1. **PLACE OF DEATH:**
   (a) County Benewah
   (b) City or town St. Maries
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? X Outside? city or town
   (e) Died in a Home X Hospital Institution Other place
   (f) Name Hosp. or Inst. Stayed 1 days
   (g) Lived in this county 27 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Benewah
   (c) City or town Plummer
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? X Outside? city or town
   (f) Citizen of what country? U. S. A.
   (g) How long had deceased lived in Idaho? 27 years
   (h) Former residence (city, state)

3. (a) **FULL NAME** William Matthew Bowmer

51b

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Betsy
6. (c) Age of husband or wife if alive 75 years
7. Date of Birth (Month, Day, Year) August 15, 1870

8. AGE	Years	Months	Days	If less than 1 day
	73	7	27	hrs min.

9. Exact Occupation Logger — Did this work for 27 yrs.
10. Industry or Business Woods — Date last worked 1939
11. Birthplace Grant Co. (City or town) Wisconsin (State or foreign country)

Father
12. Name Harman Bowmer
13. Birthplace Unknown (City or town) (State or foreign country)

Mother
14. Maiden name Mary Piddington
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's **OWN** Signature L W Bowmer
and Address St. Maries, Idaho

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 4-15-44 (Mouth) (Day) (Year)
(c) Place: Spokane, Washington

18. Funeral Director's **OWN** Signature R. E. Weesa
and Address St. Maries, Idaho

19. (a) 5-8-44 (Date received and filed) (b) R. E. Weesa (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April 12, 1944 19
at 4:10 o'clock P. M.

21. **I HEREBY CERTIFY**, That I attended deceased from Feb. 1944, to April 12 1944
I last saw him alive on April 12 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cancer of the Prostate	1 yr?
Due to (with metastases to pelvis + spine)	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? Plummer Id.
Name of operation None Date
Major finding
Finding of autopsy None

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature C A Robins M.D. (M. D. or other)
and Address St Maries Ida Date 4-13 1944
(For additional space, use reverse side)

United States
Department of Commerce
Bureau of the Census

MAY 9 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 135569
Local Reg. No. 53
Reg. Dist. No. 601

1. **PLACE OF DEATH:**
(a) County Bingham
(b) City or town Blackfoot
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home ____ Hospital X Institution ____ Other place ____
(f) Name Hosp. or Inst. St. Hosp. So. Stayed ____ days
(g) Lived in this county ____ years ____ months 8 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bingham
(c) City or town Blackfoot Idaho Falls Ida
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? U. S. A.
(g) How long had deceased lived in Idaho? 84 years
(h) Former residence (city, state) Idaho Falls, Idaho

3. (a) **FULL NAME** Douglas Smalley 107

3. (b) If veteran, name war ____ 3. (c) Social Security No. ____

4. Sex M 5. Color or race White 6. (a) Single, widowed, married, divorced ____

6. (b) Name of husband or wife ____ 6. (c) Age of husband or wife if alive ____ years

7. Date of Birth (Month, Day, Year) 8-15-1860

8. AGE	Years	Months	Days	If less than 1 day
	83	7	18	hrs ____ min.

9. Exact Occupation Master Mechanic Did this work for ____ yrs.
10. Industry or Business ____ Date last worked ____
11. Birthplace Bunker Hill Ill. (City or town) (State or foreign country)

Father
12. Name James Douglas Smalley
13. Birthplace New Jersey (City or town) (State or foreign country)

Mother
14. Maiden name Sarah Lipsker
15. Birthplace Ohio (City or town) (State or foreign country)

16. Informant's **OWN** Signature Douglas Smalley
and Address Blackfoot Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 2-44 (Month) (Day) (Year)
(c) Place Idaho Falls. Idaho.

18. Funeral Director's **OWN** Signature J. W. Drake Funeral Home
and Address Idaho Falls. Idaho

19. (a) April 2-44 (Date received and filed) (b) Mrs Walter E Lewis (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 4-2 1944
at 8:17 o'clock A. M.

21. **I HEREBY CERTIFY,** That I attended deceased from 3-26 1944 to 4-2 1944
I last saw him alive on 4-2 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Bronchial Pneumonia	2 days.
Due to Marked Senile Arteriosclerosis	9 yrs.
& Psychosis - 8 yrs.	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's **OWN** Signature David D McQuarrie (M. D. or other)
and Address Blackfoot Ida Date 4-2 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

MAY 9 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 13557
Local Reg. No. 54
Reg. Dist. No. 601

1. **PLACE OF DEATH:**
(a) County Brigham
(b) City or town Mareland
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home X Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 80 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Brigham
(c) City or town Mareland
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? U. S. A.
(g) How long had deceased lived in Idaho? 80 years
(h) Former residence (city, state) Utah

3. (a) **FULL NAME** Walter Charles Marrell 74a

3. (b) If veteran, name war None
3. (c) Social Security No. ____
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Anne Buttcane
6. (c) Age of husband or wife if alive 68 years
7. Date of Birth (Month, Day, Year) May 30, 1863

8. AGE	Years	Months	Days	If less than 1 day
	80	10	3	hrs ____ min. ____

9. Exact Occupation Retired Merchant Did this work for 20 yrs.
10. Industry or Business Mercantile store Date last worked 1936
11. Birthplace Logan (City or town) Utah (State or foreign country)

Father
12. Name Thomas Marrell
13. Birthplace ____ (City or town) England (State or foreign country)

Mother
14. Maiden name Selina Johnson
15. Birthplace ____ (City or town) England (State or foreign country)

16. Informant's **OWN** Signature Annie J Marrell
and Address Mareland Idaho
17. (a) Burial (Burial, cremation or removal) (b) Date thereof 4-6-44 (Month) (Day) (Year)
(c) Place: Draper City Cemetery
18. Funeral Director's **OWN** Signature Howard Carpenter
and Address Blackfoot Idaho
19. (a) Apr. 5, 1944 (Date received and filed) (b) Mrs Walter C Marrell (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April 3 1944
at 3 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from March 14 1944 to April 3 1944
I last saw him alive on April 3 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
[redacted]	
Coronary Heart Disease	1 wk
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation ____ Date ____	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's **OWN** Signature A J Miller M D (M. D. or other)
and Address Blackfoot Ida Date 4-7 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

MAY 9 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 13557
Local Reg. No. 5-8-
Reg. Dist. No. 601

1. **PLACE OF DEATH:**
(a) County Bingham
(b) City or town Blackfoot
(c) ~~Street Address~~ or R. F. D. No. 2
(d) Death Occurred Inside? ___ Outside? ✓ city or town
(e) Died in a Home ✓ Hospital ___ Institution ___ Other place ___
(f) Name Hosp. or Inst. ___ Stayed ___ days
(g) Lived in this county 35 years ___ months ___ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bingham
(c) City or town Blackfoot
(d) ~~Street Address~~ or R. F. D. No. 2
(e) Deceased lived Inside? ___ Outside? ✓ city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 35 years
(h) Former residence (city, state) Rushfield, Utah.

3. (a) **FULL NAME** Ole W. Peterson

55a

3. (b) If veteran, name war ___ 3. (c) Social Security No. ___

4. Sex Male 5. Color or race White (a) Single, widowed, married, divorced divorced

6. (b) Name of husband or wife Effie May Gould (c) Age of husband or wife if alive ___ years

7. Date of Birth (Month, Day, Year) April 16 1878

8. AGE	Years	Months	Days	If less than 1 day
	65	11	19	hrs ___ min.

9. Exact Occupation Retired Farmer Did this work for ___ yrs.
10. Industry or Business ___ Date last worked ___
11. Birthplace Rushfield, (City or town) Utah. (State or foreign country)

Father
12. Name Ole Peterson
13. Birthplace Denmark (City or town) (State or foreign country)

Mother
14. Maiden name Julia Hansen
15. Birthplace ___ Denmark (City or town) (State or foreign country)

16. Informant's **OWN** Signature Owen Peterson
and Address Rt. 2 Blackfoot Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-10-44 (Month) (Day) (Year)
(c) Place: Riverside-Thomas Cemetery
18. Funeral Director's **OWN** Signature John C. Sandberg
and Address Blackfoot Idaho
19. (a) APR. 6, 1944 (Date received and filed) (b) Mrs. Nellie A. Louie (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April 5 1944
at 3 o'clock A M.

21. **I HEREBY CERTIFY,** That I attended deceased from 4-4-44 19___, to 4-5- 19 44
I last saw h~~im~~ alive on 4-5- 19 44, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cerebral Hemorrhage — Duration 3 hrs.
Due to Hypertension — Yes
Due to ___
Other conditions ___
(Include pregnancy within 3 months of death)

Where was disease contracted? ___
Name of operation ___ Date ___
Major finding ___
Finding of autopsy ___

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ___ Suicide? ___ Homicide? ___
Occurred ___ 19___ City, county, state where violence occurred ___
Place of Violence: Home ___ Farm ___ Industry ___
Public Place ___ While at work? ___
Means of injury ___

23. Attendant's **OWN** Signature A E Miller M D
(M. D. or other)
and Address Blackfoot Date 4-5- 1944

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce MAY 9 1944
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 138572
Local Reg. No. 576
Reg. Dist. No. 601

1. **PLACE OF DEATH:**
(a) County Bingham
(b) City or town Blackfoot
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? ✓ Outside? city or town
(e) Died in a Home Hospital ✓ Institution Other place
(f) Name Hosp. or Inst. Parson Hosp. Stayed 1 days
(g) Lived in this county years months 1 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bingham
(c) City or town Blackfoot
(d) Street Address or R. F. D. No. 29 E. Monroe
(e) Deceased lived Inside? Outside? city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? years
(h) Former residence (city, state) None.

3. (a) **FULL NAME** Clyde H. Tacey Jr. 161c

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) April 5, 1944

8. AGE	Years	Months	Days	If less than 1 day
				14 hrs. min.

9. Exact Occupation Infant. Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Blackfoot, Idaho. (City or town) (State or foreign country)
Father
12. Name Clyde H. Tacey Jr.
13. Birthplace West Virginia Virginia (City or town) (State or foreign country)
Mother
14. Maiden name Flora Salverson
15. Birthplace Wapello Idaho (City or town) (State or foreign country)
16. Informant's OWN Signature Florence A. Salverson and Address 29 East Monroe
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-6-44 (Month) (Day) (Year)
(c) Place: Blackfoot Cem
18. Funeral Director's OWN Signature John C. Sandberg and Address Blackfoot, Idaho
19. (a) April 6, 1944 (Date received and filed) (b) Mrs Walter E. Laturie (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April 5 1944
at 7 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from April 5 1944, to April 5 1944
I last saw him alive on April 5 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
[redacted]	1 day
Hemorrhagic Disease of the	
~~Due to~~ Newborn	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide? Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature A. E. Miller MD (M. D. ~~or other~~) and Address Blackfoot Date April 6 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

MAY 9 1944 STATE OF IDAHO

State File No. 13557
Local Reg. No. 601
Reg. Dist. No. 601

1. **PLACE OF DEATH:**
(a) County Bingham
(b) City or town Shelley, Idaho
(c) Street Address or R. F. D. No.
(d) Death Occured Inside? X Outside? city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 40 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Bingham
(c) City or town Shelley
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? ✓ Outside? city or town
(f) Citizen of what country? USA
(g) How long had deceased lived in Idaho? 40 years
(h) Former residence (city, state)

3. (a) **FULL NAME** George W. Blackburn 516

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Jennie Blackburn
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) May 8, 1867

8. AGE	Years	Months	Days	If less than 1 day
	76	10	29	hrs min.

9. Exact Occupation Laborer — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace Salford (City or town) England (State or foreign country)
Father 12. Name George Blackburn
Father 13. Birthplace England (City or town) (State or foreign country)
Mother 14. Maiden name Elizabeth Wrigley
Mother 15. Birthplace England (City or town) (State or foreign country)
16. Informant's **OWN** Signature Jennie J. Blackburn
and Address Shelley, Idaho
17. (a) Burial (Burial, cremation or removal) (b) Date thereof 4-11-1944 (Month) (Day) (Year)
(c) Place Shelley Idaho
18. Funeral Director's **OWN** Signature J M Nalder
and Address Box 236 Shelley, Idaho
19. (a) 4-11-1944 (Date received and filed) (b) Mrs Malura E Palmer (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April 7 19 44
at 4:15 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from 12-13- 19 43, to 4-6- 19 44
I last saw him alive on 4-6- 19 44; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: (a) Sepsis - Gate Pneumonia — Duration 7 days
Due to (b) Removal of Malignant Suppurating Fibroid Pelvitis — 35 days
Due to (c)
Other conditions (Include pregnancy within 3 months of death)
Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYISICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature Edwin Carter M.D. (M. D. or other)
and Address Shelley Ida Date 4-13-1944
(For additional space, use reverse side)

5-2

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

MAY 9 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 138574
Local Reg. No. 57
Reg. Dist. No. 601

1. **PLACE OF DEATH:**
(a) County Bingham
(b) City or town Blackfoot
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? city or town
(e) Died in a Home Hospital ✓ Institution Other place
(f) Name Hosp. or Inst. Parsons Stayed 93 days
(g) Lived in this county 43 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bingham
(c) City or town Blackfoot
(d) Street Address or ~~R. F. D.~~ No. University St.
(e) Deceased lived Inside? ✓ Outside? city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 43 years
(h) Former residence (city, state) Davis Co. West Virginia 51 b

3. (a) FULL NAME David Franklin Arthur.

3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Male
5. Color or race White
6. (a) Single, widowed, ~~married~~, ~~divorced~~ Widowed
6. (b) Name of ~~husband~~ or wife Amelia Miller Arthur
6. (c) Age of ~~husband~~ or wife if ~~living~~ deceased years
7. Date of Birth (Month, Day, Year) July 13, 1861

8. AGE	Years	Months	Days	If less than 1 day
	83	8	27	hrs min.

9. Exact Occupation Barber retired Did this work for yrs.
10. Industry or Business Date last worked 1940
11. Birthplace Wheeling (City or town) West Virginia (State or foreign country)
Father
12. Name Nathaniel Clifton Arthur
13. Birthplace West Virginia (City or town) (State or foreign country)
Mother
14. Maiden Rachael Matilda Dorsey
15. Birthplace Webster County (City or town) West Virginia (State or foreign country)
16. Informant's OWN Signature [signature]
and Address 908 No Cedar St Glendale Calif
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-16-44 (Month) (Day) (Year)
(c) Place: Blackfoot Idaho
18. Funeral Director's OWN Signature E. J. Peck
and Address Blackfoot Idaho
19. (a) April 13, 1944 (Date received and filed) (b) Mrs Mateo E. Patrie (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April 10 1944
at 11:30 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from August 1937, to Apr. 10 1944
I last saw him alive on Apr. 10 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cancer of Prostate gland	Aug 1937
Due to	
Due to	
Other conditions Old age (Include pregnancy within 3 months of death)	
Where was disease contracted? Blackfoot	PHYSICIAN
Name of operation none Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy not made	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature W. E. Patrie M.D. (M. D. or other)
and Address Blackfoot Idaho Date Apr 11 1944
(For additional space, use reverse side)

United States
Department of Commerce
Bureau of the Census MAY 4 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 138575
Local Reg. No. 2
Reg. Dist. No. 602

1. **PLACE OF DEATH:**
(a) County Bingham
(b) City or town Aberdeen
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? ✓ Outside? ____ city or town
(e) Died in a Home ✓ Hospital — Institution — Other place —
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 31 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bingham
(c) City or town Aberdeen
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? ✓ Outside? ____ city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 31 years
(h) Former residence (city, state) Hastings, Neb.

3. (a) **FULL NAME** Isabella Dallas Fugate 46E

3. (b) If veteran, name war No
3. (c) Social Security No. NONE
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Marion A. Fugate
6. (c) Age of husband or wife if alive Deceased years
7. Date of Birth (Month, Day, Year) March 7, 1857

8. AGE	Years	Months	Days	If less than 1 day
	87	1	4	hrs ____ min.

9. Exact Occupation Retired — Did this work for ____ yrs.
10. Industry or Business House wife — Date last worked Aug, 1943
11. Birthplace Urbana, Ohio (City or town) (State or foreign country)

Father
12. Name James Dallas
13. Birthplace Middleton, Ohio (City or town) (State or foreign country)

Mother
14. Maiden name Sarah Ellen McCellan
15. Birthplace Middleton, Ohio (City or town) (State or foreign country)

16. Informant's **OWN** Signature H. W. Fugate
and Address Aberdeen, Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: Hastings, Nebraska
18. Funeral Director's **OWN** Signature Ann Dargis
and Address Ann Fabis Ida
19. (a) ____ (Date received and filed) (b) ____ (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April 11 1944
at 1:20 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from October 1941, to April 11 1944
I last saw her alive on April 11, 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Acute cardiac failure	2½ hours
Due to Anemia	2 Years
Due to Adenocarcinoma of Bowel	2 Years
Other conditions Hypertensive heart disease (Include pregnancy within 3 months of death)	10 years.

Where was disease contracted? Idaho
Name of operation None Date ____
Major finding ____
Finding of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's **OWN** Signature F. L. Harms M.D. (M. D. or other)
and Address Aberdeen Idaho Date April 11 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

138576

United States
Department of Commerce
Bureau of the Census

MAY 9 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 5
Reg. Dist. No. 601

1. **PLACE OF DEATH:**
(a) County Bingham
(b) City or town Blackfoot
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? X city or town
(e) Died in a Home Hospital Institution X Other place
(f) Name Hosp. or Inst. St. Hosp. So. Stayed days
(g) Lived in this county 4 years 2 months 6 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Washington
(c) City or town Midvale
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Outside? city or town
(f) Citizen of what country? U. S.
(g) How long had deceased lived in Idaho? 56 years
(h) Former residence (city, state)

3. (a) **FULL NAME** EDITH J. KEITHLEY

94a

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife W. G. Keithley
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) March 1, 1875

8. AGE	Years	Months	Days	If less than 1 day
	69	1	10	hrs min.

9. Exact Occupation housewife Did this work for 45 yrs.
10. Industry or Business Date last worked
11. Birthplace Princeton, Missouri (City or town) (State or foreign country)
Father
12. Name not given
13. Birthplace not given (City or town) (State or foreign country)
Mother
14. Maiden name not given
15. Birthplace not given (City or town) (State or foreign country)
16. Informant's OWN Signature Bonnie DeClue St. Hosp. So. records and Address Blackfoot, Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 4/12-44 (Month) (Day) (Year)
(c) Place: Weiser Idaho
18. Funeral Director's OWN Signature E. F. Peck and Address Blackfoot Idaho
19. (a) Apr. 12, 1944 (Date received and filed) (b) Mrs Walter E. Patrick (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April 11, 1944 at 5:35 o'clock P.M.
21. **I HEREBY CERTIFY,** That I attended deceased from Feb. 8, 1944, to Apr. 11, 1944
I last saw her alive on 4-11 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
94a Acute Coronary Thrombosis	6 hrs
Due to Senile Arteriosclerosis &	97
Psychosis 84d	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide? Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature David McCrosky (M. D. or other) and Address Blackfoot Ida Date 4-12 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

MAY 9 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 138577
Local Reg. No. 60
Reg. Dist. No. 601

1. **PLACE OF DEATH:**
   (a) County Bingham
   (b) City or town Blackfoot
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? X Outside? ____ city or town
   (e) Died in a Home ____ Hospital X Institution ____ Other place ____
   (f) Name Hosp. or Inst. Parsons Stayed 600 days
   (g) Lived in this county ____ years ____ months ____ days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Bingham
   (c) City or town Blackfoot
   (d) Street Address or R. F. D. No.
   (e) Deceased lived Inside? X Outside? ____ city or town
   (f) Citizen of what country? U. S. A.
   (g) How long had deceased lived in Idaho? 32 years
   (h) Former residence (city, state) Kansas

3. (a) **FULL NAME** Christian Killian

83a

3. (b) If veteran, name war ____ 3. (c) Social Security No. ____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife ____ 6. (c) Age of husband or wife if alive ____ years

7. Date of Birth (Month, Day, Year) November 16, ~~1859~~ 1844.

8. AGE	Years	Months	Days	If less than 1 day
	84	5	1	hrs ____ min.

9. Exact Occupation Retired Farmer Did this work for 65 yrs.
10. Industry or Business On Farm Date last worked 1942
11. Birthplace Indiana (City or town) (State or foreign country)

Father
12. Name Unknown
13. Birthplace (City or town) (State or foreign country)

Mother
14. Maiden name Unknown
15. Birthplace (City or town) (State or foreign country)

16. Informant's **OWN** Signature Lydia Deeds
and Address Blackfoot, Idaho.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 20 44 (Month) (Day) (Year)
(c) Place: Grove City Cemetery

18. Funeral Director's **OWN** Signature Howard Peckham
and Address Blackfoot, Idaho

19. (a) Apr. 18 1944 (Date received and filed) (b) Mrs Nadia C Eaton (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April 17, 1944.
at 10:20 o'clock A.M.

21. **I HEREBY CERTIFY,** That I attended deceased from 4-14-1944 to 4-17-1944
I last saw h alive on 4-17-1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebral hemorrhage	24 hrs.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation ____ Date ____	
Major finding	
Finding of autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury

23. Attendant's **OWN** Signature J. O. Hamilton M.D.
(M. D. or other)
and Address Blackfoot Idaho Date 4-18-1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

MAY 9 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 138578
Local Reg. No. 61
Reg. Dist. No. 60-6

1. **PLACE OF DEATH:**
   (a) County Bingham
   (b) City or town Blackfoot
   (c) Street Address or R. F. D. No. 225 So. Maple
   (d) Death Occurred Inside? X Outside? ____ city or town
   (e) Died in a Home X Hospital ____ Institution ____ Other place ____
   (f) Name Hosp. or Inst. ____ Stayed ____ days
   (g) Lived in this county 42 years ____ months ____ days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Bingham
   (c) City or town Blackfoot
   (d) Street Address or R. F. D. No. 225 So. Maple
   (e) Deceased lived Inside? X Outside? ____ city or town
   (f) Citizen of what country? U. S. A.
   (g) How long had deceased lived in Idaho? 42 years
   (h) Former residence (city, state) West Weber, Ut.

3. (a) **FULL NAME** SARAH JANE DANCE BITTON 83a

3. (b) If veteran, name war ____ 3. (c) Social Security No. ____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife John W. Bitton 6. (c) Age of husband or wife if alive ____ years

7. Date of Birth (Month, Day, Year) December 29, 1858.

8. **AGE**

Years	Months	Days	If less than 1 day
85	3	22	hrs ____ min.

9. Exact Occupation Retired Housewife Did this work for ____ yrs.
10. Industry or Business At home Date last worked ____
11. Birthplace Yarmouth, England. (City or town) (State or foreign country)

Father
12. Name William Dance
13. Birthplace Green Hills, England (City or town) (State or foreign country)

Mother
14. Maiden name Frances Battensby
15. Birthplace Durham, England. (City or town) (State or foreign country)

16. Informant's OWN Signature Alice Chamberlain and Address Blackfoot, Idaho.
17. (a) Removal (Burial, cremation or removal) (b) Date thereof 4-25-44. (Month) (Day) (Year)
    (c) Place: Ogden, Utah.
18. Funeral Director's OWN Signature Howard Packham and Address Blackfoot, Idaho.
19. (a) Apr 24, 1944 (Date received and filed) (b) Myra Walton E. Tabor (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April 21, 1944.
    at 6:45 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from Jan 4 1944 to Apr 21 1944
    last saw her alive on Apr 2 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Apoplexy	21 da
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation ____ Date ____	
Major finding	
Finding of autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
    Occurred ____ 19____ City, county, state where violence occurred ____
    Place of Violence: Home ____ Farm ____ Industry ____
    Public Place ____ While at work? ____
    Means of injury ____
23. Attendant's OWN Signature W W Beck M D (M. D. or other)
    and Address Blackfoot, Ida. Date 4-24 1944
    (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

MAY 9 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 138579
Local Reg. No. 62
Reg. Dist. No. 601

1. PLACE OF DEATH:
(a) County Bingham
(b) City or town Blackfoot
(c) Street Address or R. F. D. No. X
(d) Death Occurred Inside? ____ Outside? X city or town
(e) Died in a Home __ Hospital __ Institution __ Other place __
(f) Name Hosp. or Inst. St. Hosp. So. Stayed ____ days
(g) Lived in this county 1 years ____ months 9 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Bingham
(c) City or town Blackfoot
(d) Street Address or R. F. D. No. ____
(e) Deceased lived Inside? ____ Outside? X city or town
(f) Citizen of what country? US
(g) How long had deceased lived in Idaho? 35yrs years
(h) Former residence (city, state) Twin Falls, Idaho

3. (a) FULL NAME Catharine Gasser 94a

3. (b) If veteran, name war ____ 3. (c) Social Security No. ____
4. Sex Fem 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife ____ 6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) Sept. 26, 1856

8. AGE	Years	Months	Days	If less than 1 day
	87	6	27	hrs min.

9. Exact Occupation Housekeeper Did this work for ____ yrs.
10. Industry or Business ____ Date last worked ____
11. Birthplace New York (City or town) (State or foreign country)
Father
12. Name Adam Billim
13. Birthplace Unknown (City or town) (State or foreign country)
Mother
14. Maiden name Mary Rhinehart
15. Birthplace Unknown (City or town) (State or foreign country)
16. Informant's OWN Signature Thelma Mitchell St. Hospital South
and Address Blackfoot, Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 4-25-44 (Month) (Day) (Year)
(c) Place: Twin Falls Idaho
18. Funeral Director's OWN Signature John C. Sanders
and Address Blackfoot, Idaho
19. (a) April 24, 1944 (Date received and filed) (b) Mrs Valerie Eatwie (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) April 23 1944
at 5:20 o'clock A M.
21. I HEREBY CERTIFY, That I attended deceased from Apr. 13 1944 to Apr. 23 1944
I last saw her alive on April 23 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary Occlusion — Duration
Due to Marked Senile Arteriosclerosis & Psychosis
Due to ____
Other conditions ____
(Include pregnancy within 3 months of death)
Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature David McCrosby (M. D. or other)
and Address Blackfoot Ida Date 4-23 1944
(For additional space, use reverse side)

Mary Mick

United States
Department of Commerce
Bureau of the Census

MAY 1 1944

CERTIFICATE OF DEATH

STATE OF IDAHO

State File No. 135530
Local Reg. No. 4-44
Reg. Dist. No. 112

1. **PLACE OF DEATH:**
   (a) County ..... Bonner
   (b) City or town ..... Priest River
   (c) Street Address or R. F. D. No. .....
   (d) Death Occurred Inside? ..... Outside? X ..... city or town
   (e) Died in a Home X ..... Hospital ..... Institution ..... Other place .....
   (f) Name Hosp. or Inst. ..... Stayed ..... days
   (g) Lived in this county 5 ..... years ..... months ..... days

   Note — For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Bonner
   (c) City or town Priest River
   (d) Street Address or R. F. D. No. .....
   (e) Deceased lived Inside? ..... Outside? X ..... city or town
   (f) If foreign born, in U. S. ..... yrs. Citizen of U. S.? Yes
   (g) How long had deceased lived in Idaho? five years
   (h) Former residence (city, state) .....

3. (a) **FULL NAME** William C. Wuennecke 61

3. (b) If veteran, name war no — 3. (c) Social Security No. no

4. Sex male — race white — 5. Color or — 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Jennie Wuennecke — 6 (c) Age of husband or wife if alive 59 years

7. Date of Birth (Month, Day, Year) September 17. 1877

8. AGE	Years	Months	Days	If less than 1 day
	66	5	28	hrs ____ min.

9. Exact Occupation Farmer — Did this work for 40 yrs.

10. Industry or Business agriculture — Date last worked Feb. 39

11. Birthplace Huston County, Minn. (City or town) (State or foreign country)

Father
12. Name Fred Wuennecke
13. Birthplace Germany (City or town) (State or foreign country)

Mother
14. Maiden name Katherine Schrader
15. Birthplace Germany (City or town) (State or foreign country)

16. Informant's **OWN** Signature Jennie Wuennecke
    and Address Priest River Idaho.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-21-44 (Month) (Day) (Year)
    (c) Place: Priest River

18. Funeral Director's **OWN** Signature L. L. Skeen
    and Address Sandpoint, Idaho

19. (a) 3-17-44 (Date received and filed) (b) H. A. Monch (Registrar's Signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Mar 15 1944
    at 5 o'clock A M.

21. **I HEREBY CERTIFY,** That I attended deceased from Jan. 1944 to Mar 15 1944
    I last saw h/m alive on Mar 13 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Bronchopneumonia	10 d
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) Diabetes	61

Where was disease first contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
    Occurred ..... 19..... City, county, state where violence occurred .....
    Place of Violence: Home ..... Farm ..... Industry .....
    Public Place ..... While at work? .....
    Means of injury .....

23. Attendant's **OWN** Signature Edward W. Bond MD (M. D. or other)
    and Address Priest River Date 3-16 1944
    (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States Department of Commerce
Bureau of the Census

MAY 15 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 13853
Local Reg. No. 34
Reg. Dist. No. 110

1. **PLACE OF DEATH:**
   (a) County Bonner
   (b) City or town Sandpoint
   (c) Street Address or R. F. D. No. 212 Main St.
   (d) Death Occurred Inside? X Outside? ____ city or town
   (e) Died in a Home X Hospital ____ Institution ____ Other place ____
   (f) Name Hosp. or Inst. ____ Stayed ____ days
   (g) Lived in this county 26 years ____ months ____ days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under Item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Bonner
   (c) City or town Sandpoint
   (d) Street Address or R. F. D. No. 212 MainSt.
   (e) Deceased lived Inside? X Outside? ____ city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 26 years
   (h) Former residence (city, state) ____

3. (a) FULL NAME WILLIAM M. STAUDACHER

83a

3. (b) If veteran, name war No
3. (c) Social Security No. 531-24-4747
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife Sarah Staudacher
6. (c) Age of husband or wife if alive ? years
7. Date of Birth (Month, Day, Year) August 17, 1864

8. AGE	Years	Months	Days	If less than 1 day
	79	7	14	hrs ____ min.

9. Exact Occupation Barber — Did this work for Many yrs.
10. Industry or Business Barber Shop — Date last worked 1936
11. Birthplace Ottawa (City or town) Canada. (State or foreign country)

Father
12. Name Mathias Staudacher
13. Birthplace Germany (City or town) (State or foreign country)

Mother
14. Maiden name No Record
15. Birthplace ____ (City or town) (State or foreign country)

16. Informant's OWN Signature Gerald Staudacher
and Address San Diego, Calif.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 8, 1944 (Month) (Day) (Year)
(c) Place: Sandpoint, Idaho.
18. Funeral Director OWN Signature W. M. Moon
and Address Sandpoint, Idaho.
19. (a) 4-8-1944 (Date received and filed) (b) Laurena Moon (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) April 1, 1944
at do not know M.
21. I HEREBY CERTIFY, That I attended deceased from ____ 19____, to ____ 19____
I last saw h____ alive on ____ 19____; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Natural Causes	
Probable Cerebral Hemorrhage.	
Due to Found dead in bed.	
Due to ____	
Other conditions ____ (Include pregnancy within 3 months of death)	
____	

Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature W. M. Moon Coroner (M. D. or other)
and Address Sandpoint Idaho Date 4-4 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

MAY 15 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

138532

State File No.
Local Reg. No. 35
Reg. Dist. No. 110

1. **PLACE OF DEATH:**
   (a) County Bonner
   (b) City or town Sandpoint
   (c) Street Address or R. F. D. No. 1015 Poplar St.
   (d) Death Occurred Inside? X Outside? ____ city or town
   (e) Died in a Home X Hospital ____ Institution ____ Other place ____
   (f) Name Hosp. or Inst. ____ Stayed ____ days
   (g) Lived in this county 27 years ____ months ____ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Bonner
   (c) City or town Sandpoint
   (d) Street Address or R. F. D. No. 1015 Poplar St.
   (e) Deceased lived Inside? X Outside? ____ city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 27 years
   (h) Former residence (city, state) ____

3. (a) **FULL NAME** Leonie Theda De Mers

72 d

3. (b) If veteran, name war no
3. (c) Social Security No. 534-22-3408
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Divorded
6. (b) Name of husband or wife Alphonse DeMers
6. (c) Age of husband or wife if alive 53 years
7. Date of Birth (Month, Day, Year) December 7, 1899

8. AGE	Years	Months	Days	If less than 1 day
	45	4	29	hrs ____ min. ____

9. Exact Occupation Clerk — Did this work for 3 mos. yrs.
10. Industry or Business Bakery — Date last worked Jan. 7, 1944
11. Birthplace Glen Robertson, Ont. Canada. (City or town) (State or foreign country)

Father
12. Name Adelard Lavellee
13. Birthplace St. Justine, Quebec, Canada (City or town) (State or foreign country)

Mother
14. Maiden name Clara Brunet
15. Birthplace St. Justine, Quebec, Canada (City or town) (State or foreign country)

16. Informant's **OWN** Signature A. J. Mesmers
and Address Sandpoint, Idaho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 10, 1944 (Month) (Day) (Year)
(c) Place: Sandpoint, Idaho.
18. Funeral Director MOON MORTUARY
OWN Signature ____
and Address Sandpoint, Idaho.
19. (a) 4-8-1944 (Date received and filed) (b) ____ (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April 5 1944
at 2:20 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from Jan - 10 1944 to April 5 1944
I last saw her alive on April 3 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Endocarditis (Chronic)	2 yrs
Due to Cerebral Hemorrhage	30 hrs
Due to Hemiplegia	3 hrs
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's **OWN** Signature Floyd G. Wendle (M. D. or other)
and Address Sandpoint, Ida. Date 4-10 1944
(For additional space, use reverse side)

United States
Department of Commerce
Bureau of the Census

MAY 1 1944

CERTIFICATE OF DEATH

STATE OF IDAHO

State File No. 138583
Local Reg. No. 7-44
Reg. Dist. No. 112

1. PLACE OF DEATH:
(a) County Bonner
(b) City or town Newport
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? ✓ city or town
(e) Died in a Home ✓ Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 36 years months days
Note For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Bonner
(c) City or town Newport
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Outside? ✓ city or town
(f) If foreign born, in U. S. yrs. Citizen of U. S.?
(g) How long had deceased lived in Idaho? 36 years
(h) Former residence (city, state)

3. (a) **FULL NAME** George E. Hoisington 95C

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lelia
6 (c) Age of husband or wife if alive 74 years
7. Date of Birth (Month, Day, Year) May 6, 1860

8. AGE	Years	Months	Days	If less than 1 day
	83	11	6	hrs min.

9. Exact Occupation Retired Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Black River Falls, Wis (City or town) (State or foreign country)
Father 12. Name Albert Hoisington
13. Birthplace Vermont (City or town) (State or foreign country)
Mother 14. Maiden name Mary Nichols
15. Birthplace New York (City or town) (State or foreign country)
16. Informant's **OWN** Signature Lelia Hoisington
and Address Newport, Wash
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 14, 1944 (Month) (Day) (Year)
(c) Place: Newport, Wash
18. Funeral Director's **OWN** Signature C. E. Sherman
and Address Newport, Wash.
19. (a) 4-14-44 (Date received and filed) (b) F. A. Wonah (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April 12, 1944
at 8 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from 19, to 19
I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Natural Causes	
Chronic Heart Disease	
Due to Senility	
Due to	
Other conditions. (Include pregnancy within 3 months of death)	

Where was disease first contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature L. L. Moon Coroner (M. D. or other)
and Address Sandpoint, Ida. Date 4-14 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

MAY 1944

CERTIFICATE OF DEATH

STATE OF IDAHO

State File No. 1305 1
Local Reg. No. 5-44
Reg. Dist. No. 112

1. PLACE OF DEATH:
(a) County Bonner
(b) City or town Priest River
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? ✓ Outside? city or town
(e) Died in a Home ✓ Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 51 years months days
Note For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Bonner
(c) City or town Priest River
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? ✓ Outside? city or town
(f) If foreign born, in U. S. 55 yrs. Citizen of U. S.? yes
(g) How long had deceased lived in Idaho? 51 years
(h) Former residence (city, state)

3. (a) **FULL NAME** Maria Carmina Caprai 181

3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex F
5. Color or race W.
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband ~~or wife~~ Joseph Caprai
6 (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) January 21, 1864

8. AGE	Years	Months	Days	If less than 1 day
	80	2	24	hrs min.

9. Exact Occupation Housewife Did this work for 59 yrs.
10. Industry or Business Own Home Date last worked 3/1/44
11. Birthplace [illegible] San Giuliano Italy (City or town) (State or foreign country)

Father
12. Name Paul Albino
13. Birthplace Not Known - Italy (City or town) (State or foreign country)

Mother
14. Maiden name Felumenia De Pavenpo
15. Birthplace Italy (City or town) (State or foreign country)

16. Informant's **OWN** Signature Joseph H. Caprai
and Address Priest River Ida
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/20/44 (Month) (Day) (Year)
(c) Place: Priest River Cemetery Priest River Ida
18. Funeral Director's **OWN** Signature [illegible]
and Address Sandpoint Idaho
19. (a) 4-18-44 (Date received and filed) (b) F. A. Monch (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April 16 1944
at 2:10 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from April 11, 1944, to Apr. 16 1944
I last saw her alive on Apr. 16 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
myocardial degeneration	10 yrs.
Due to	
Due to	
Other conditions Burn - 2nd degree on March 26 - 144 sq. inches (Include pregnancy within 3 months of death)	

Where was disease first contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. ~~If~~ death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? No Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature Leslie J. Stauffer M.D. (M. D. or other)
and Address Priest River Ida Date 4-18 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce MAY 18 1944
Bureau of the Census

CERTIFICATE OF DEATH

STATE OF IDAHO

State File No. 1355
Local Reg. No. 37
Reg. Dist. No. 110

1. **PLACE OF DEATH:**
(a) County Bonner
(b) City or town Sandpoint
(c) Street Address or R. F. D. No. 514 n. Second
(d) Death Occurred Inside? X Outside? ..... city or town
(e) Died in a Home ... Hospital X Institution ... Other place ...
(f) Name Hosp. or Inst Community ... Stayed. ... days
(g) Lived in this county 2 years ... months ... days
Note—For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bonner
(c) City or town Sandpoint
(d) Street Address or R. F. D. No. County Farm
(e) Deceased lived Inside? ... Outside? X ... city or town
(f) If foreign born, in U. S. ... yrs. Citizen of U. S.? yes
(g) How long had deceased lived in Idaho? 4 years
(h) Former residence (city, state) ...

3. (a) **FULL NAME** JOSEPH BESSINGER 932

3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife ...
6 (c) Age of husband or wife if alive ... years
7. Date of Birth (Month, Day, Year) No Record

8. AGE	Years	Months	Days	If less than 1 day
	81			hrs min.

9. Exact Occupation County Indigent. Did this work for 2 yrs.
10. Industry or Business County Farm Date last worked ...
11. Birthplace Unknown (City or town) (State or foreign country)

Father
12. Name Unknown
13. Birthplace Unknown (City or town) (State or foreign country)

Mother
14. Maiden name Unknown
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's **OWN** Signature Charles Albertson
and Address Sandpoint, Idaho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 27, 1944 (Month) (Day) (Year)
(c) Place: Sandpoint, Idaho.
18. Funeral Director's **OWN** Signature MOON MORTUARY
and Address Sandpoint, Idaho.
19. (a) 4-27-1944 (Date received and filed) (b) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April 29 1944
at 7:00 o'clock P M.

21. I **HEREBY CERTIFY**, That I attended deceased from Apr. 18 1944, to Apr. 20 1944
I last saw him alive on Apr. 20 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Chronic Myocarditis	6 mo
Due to Arterio Sclerosis	5 yr
Due to ...	
Other conditions. (Include pregnancy within 3 months of death) ...	

Where was disease first contracted? ...
Name of operation ... Date ...
Major finding ...
Finding of autopsy ...

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ... Suicide? ... Homicide? ...
Occurred ... 19 ... City, county, state where violence occurred ...
Place of Violence: Home ... Farm ... Industry ...
Public Place ... While at work? ...
Means of injury ...

23. Attendant's **OWN** Signature Wm F. Tyler M.D. (M. D. or other)
and Address Sandpoint Ida. Date 4-26 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

MAY 12 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

1385[illegible]6

State File No.
Local Reg. No. 77
Reg. Dist. No. 114

1. **PLACE OF DEATH:**
(a) County Bonner
(b) City or town Clarksfork
(c) Street Address or R. F. D. No. None
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home X Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 7 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Ida ho (b) County Bonner
(c) City or town Clarksfork
(d) Street Address or R. F. D. No. None
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 7 years
(h) Former residence (city, state) Livingston, Mont

3. (a) **FULL NAME** Joseph W. Kellogg

95c

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Grace McWhisk Kellogg
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) April 15, 1860

8. AGE	Years	Months	Days	If less than 1 day
	83	8	7	hrs ____ min. ____

9. Exact Occupation Farming — Did this work for 7 yrs.
10. Industry or Business Farm — Date last worked 1924
11. Birthplace Covington, Kentucky (City or town) (State or foreign country)

Father
12. Name Unknown
13. Birthplace Unknown (City or town) (State or foreign country)

Mother
14. Maiden name Unknown
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's OWN Signature Emma A. Peppers
and Address 2134-NW 64th Seattle Wa

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Apr. 25, 1944 (Month) (Day) (Year)
(c) Place: Livingston, Montana

18. Funeral Director's OWN Signature Moon Mortuary
and Address Sandpoint, Idaho

19. (a) Apr 24 1944 (Date received and filed) (b) Arville Lemke (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 4-21 1944
at 10:30 o'clock P M.

21. **I HEREBY CERTIFY,** That I attended deceased from April 17 1944 to 4-21 1944
I last saw h[illegible] alive on 4-21 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Due to Heart Trouble	4 mo.
Bronchial Asthma	
Due to /	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ____ Date ____
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury

23. Attendant's OWN Signature P G Jones (M. D. or other)
and Address Clarksfork Date April 23 1944

(For additional space, use reverse side)

13557

United States MAY 1 9 1944
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 36
Reg. Dist. No. 110

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
   (a) County Bonner
   (b) City or town Sandpoint
   (c) Street Address or R. F. D. No. 514 N. Second
   (d) Death Occurred Inside? X Outside? ____ city or town
   (e) Died in a Home ____ Hospital X Institution ____ Other place ____
   (f) Name Hosp. or Inst. Community Stayed 12 days
   (g) Lived in this county 44 years ____ months ____ days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Bonner
   (c) City or town Sandpoint
   (d) Street Address or R. F. D. No. R.D. 2
   (e) Deceased lived Inside? ____ Outside? X city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 44 years
   (h) Former residence (city, state)

3. (a) **FULL NAME** Clara Belle Hanson Ames. 46E

3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Clarence E. Ames
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) Feb. 13, 1862.

8. AGE	Years	Months	Days	If less than 1 day
	82	2	9	hrs ____ min. ____

9. Exact Occupation Housewife — Did this work for Many yrs.
10. Industry or Business Own Home — Date last worked 1944
11. Birthplace Chillicothe, Ohio. (City or town) (State or foreign country)

Father
12. Name Grembury Webster Hanson
13. Birthplace No Record (City or town) (State or foreign country)

Mother
14. Maiden name Emarellis Welch
15. Birthplace No Record (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. Lu Deeter
and Address Sandpoint, Idaho.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 24, 1944. (Month) (Day) (Year)
(c) Place: Sandpoint, Idaho.

18. Funeral Director's OWN Signature MOON MORTUARY
and Address Sandpoint, Idaho.

19. (a) 4-24-1944 (Date received and filed) (b) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April 22 1944
at 7 o'clock P. M.

21. **I HEREBY CERTIFY,** That I attended deceased from April 8 1944 to Apr. 22 1944
I last saw h[illegible] alive on Apr. 22 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Hypostatic Pneumonia	4 da.
Due to Carcinoma Intestine	2 yrs.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ____ Date ____
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury

23. Attendant's OWN Signature Wm F. Taylor M.D. (M. D. or other)
and Address Sandpoint Ida. Date 4-24 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce MAY 1 2 1944
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 138588
Local Reg. No. 96
Reg. Dist. No. 610

1. **PLACE OF DEATH:**
(a) County Bonneville
(b) City or town Idaho Falls
(c) Street Address or R.F.D. No. Memorial Dr.
(d) Death Occured Inside? ✓ Outside? ..... city or town
(e) Died in a Home.... Hospital ✓ Institution.... Other place....
(f) Name Hosp. or Inst. L. D. S. Stayed 1 days
(g) Lived in this county ..... years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Bonneville
(c) City or town Iona, Idaho
(d) Street Address or R.F.D. No. .....
(e) Deceased lived Inside? ✓ Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 58 years
(h) Former residence (city, state) .....

3. (a) **FULL NAME** Violet Grace Steele 83a

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Wm G. Steele
6. (c) Age of husband ~~or wife~~ if alive 59 years
7. Date of Birth (Month, Day, Year) March 28, 1884

8. AGE	Years	Months	Days	If less than 1 day
	58			hrs min.

9. Exact Occupation Housewife Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Lincoln, Idaho (City or town) (State or foreign country)
Father
12. Name George Brunt
13. Birthplace England (City or town) (State or foreign country)
Mother
14. Maiden name Elizabeth Burnett
15. Birthplace England (City or town) (State or foreign country)
16. Informant's **OWN** Signature W. G. Steele
and Address Iona, Idaho
17. (a) Burial (Burial, cremation or removal) (b) Date thereof 3/30/44 (Month) (Day) (Year)
(c) Place: Iona, Idaho
18. Funeral Director's **OWN** Signature Jack A. Wood
and Address Idaho Falls, Idaho
19. (a) 5/8/44 (Date received and filed) (b) Anna Bridges (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 27 1944
at 4 o'clock A M.
21. **I HEREBY CERTIFY**, That I attended deceased from March 25 1944, to Mar 27 1944
I last saw her alive on Mar 27 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebral Hemorrhage	3 days
Due to Arterio Sclerosis & Hypertension	3 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? —
Name of operation ..... Date .....
Major finding .....
Finding of autopsy None

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? — Suicide? — Homicide? —
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature N. West MD (M. D. or other)
and Address Idaho Falls Idaho Date 5/1 1944
(For additional space, use reverse side)

13053

United States
Department of Commerce
Bureau of the Census

MAY 12 1944

Certificate Of Death

STATE OF IDAHO

State File No.
Local Reg. No. 81
Reg. Dist. No. 610

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
(a) County Bonneville
(b) City or town Idaho Falls
(c) Street Address or R. F. D. No.
(d) Death Occured Inside? ✓ Outside? ..... city or town
(e) Died in a Home ..... Hospital ✓ Institution ..... Other place .....
(f) Name Hosp. or Inst. Sacred Heart Stayed ..... days
(g) Lived in this county ..... years 1 months 24 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Jefferson
(c) City or town Mud Lake
(d) Street Address or R.F.D. No. Hamer Star Route
(e) Deceased lived Inside? ..... Outside? ✓ city or town
(f) Citizen of what country? U. S. A.
(g) How long had deceased lived in Idaho? 23 years
(h) Former residence (city, state) Shelby Neb.

3. (a) **FULL NAME** Emma Louise Olson

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3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Olson
6. (c) Age of husband or wife if alive 66 years
7. Date of Birth (Month, Day, Year) March 13 1883

8. AGE	Years	Months	Days	If less than 1 day
	61	—	15	hrs ..... min.

9. Exact Occupation Housewife. Did this work for life yrs.
10. Industry or Business At Home. Date last worked
11. Birthplace ..... (City or town) Germany (State or foreign country)

Father
12. Name August Seyert
13. Birthplace X (City or town) Germany (State or foreign country)

Mother
14. Maiden name Christene Muller
15. Birthplace X (City or town) Germany (State or foreign country)

16. Informant's **OWN** Signature E. L. Olson
and Address Hagerman Idaho

17. (a) Burial (Burial, cremation or removal) (b) Date thereof 4-2-1944 (Month) (Day) (Year)
(c) Place: Idaho Falls Idaho

18. Funeral Director's **OWN** Signature J. F. McGann
and Address Idaho Falls Idaho

19. (a) 4-22-44 (Date received and filed) (b) Anna Budge (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 28 1944
at 9:43 o'clock A. M.

21. **I HEREBY CERTIFY**, That I attended deceased from Feb 5 1944, to March 28 1944
I last saw h. alive on March 28 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death	Duration
Embolus to left lung	1 hr
Following a previous	
Due to Embolus to same lung	
on Feb 8, 1944 following	
Due to Appendectomy on 2/5/44	12 days
Other conditions Hypertension	unknown
(Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Appendectomy Date 2/5/44
Major finding Chronic Appendicitis
Finding of autopsy No autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature H. L. Willson (M. D. or other)
and Address Idaho Falls Date 3/29 1944
(For additional space, use reverse side)

(over)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

MAY 12 1944

Certificate Of Death

STATE OF IDAHO

State File No. 138590
Local Reg. No. 86
Reg. Dist. No. 61

1. **PLACE OF DEATH:**
(a) County Bonneville
(b) City or town Idaho Falls
(c) Street Address or R.F.D. No. #5
(d) Death Occured Inside? ..... Outside? ✓ city or town
(e) Died in a Home.... Hospital.... Institution.... Other place ✓
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county ..... years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Bonneville
(c) City or town Idaho Falls
(d) Street Address or R.F.D. No. 458-N. 19th
(e) Deceased lived Inside? ✓ Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 20 years
(h) Former residence (city, state) .....

3. (a) **FULL NAME** Pete Schell 17 OC

3. (b) If veteran, name war .....
3. (c) Social Security No. 518-14-1297
4. Sex ..... 5. Color or race .....
6. (a) Single, widowed, married, divorced .....
6. (b) Name of husband or wife Katherine Schell
6. (c) Age of husband or wife if alive 30 years
7. Date of Birth (Month, Day, Year) October 4, 1909

8. AGE	Years	Months	Days	If less than 1 day
	34	4	27	hrs min.

9. Exact Occupation Truck Driver Did this work for 15 yrs.
10. Industry or Business Idaho Falls Potatoe Association Date last worked Mar 31, 1944
11. Birthplace Sewald, Russia (City or town) (State or foreign country)
Father
12. Name John Schell
13. Birthplace Russia (City or town) (State or foreign country)
Mother
14. Maiden name Madeline Sewald
15. Birthplace Russia (City or town) (State or foreign country)
16. Informant's **OWN** Signature Sylvester F. Schell
and Address Idaho Falls, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/4/44 (Month) (Day) (Year)
(c) Place: Idaho Falls, Idaho
18. Funeral Director's **OWN** Signature Jack A. Wood
and Address Idaho Falls, Idaho
19. (a) 4/24/44 (Date received and filed) (b) Anna Bridges (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 31 1944
at 2 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from ..... 19....., to ..... 19.....
I last saw h..... alive on ..... 19.....; death is said to have occurred on the date and hour stated above.
Immediate Cause of Death: Duration
Due to City accident truck overturned and
Due to fire burned body beyond recognition
Due to Pete Schell was found
~~Other conditions~~ dead.
(Include pregnancy within 3 months of death)
Where was disease contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: (Accident?) truck Suicide? ..... Homicide? .....
Occurred March 31st 1944 City, county, state where violence occurred Idaho Fall Idaho
Place of Violence: Home ..... Farm ..... Industry yes
Public Place Highway While at work? yes
Means of injury truck and Fire Accident
23. Attendant's **OWN** Signature [illegible] Carter Coroner (M. D. or other)
and Address Idaho Falls Ida Date April 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

MAY 12 1944

Certificate Of Death

STATE OF IDAHO

State File No. 13551
Local Reg. No. 74
Reg. Dist. No. 610

1. **PLACE OF DEATH**
   (a) County Bonneville
   (b) City or town Idaho Falls
   (c) Street Address or R.F.D. No. 1 Blvd & Cedar
   (d) Death Occured Inside? ✓ Outside? ..... city or town
   (e) Died in a Home .... Hospital ✓ Institution .... Other place ....
   (f) Name Hosp. or Inst. Edward Hart Stayed ..... days
   (g) Lived in this county ..... years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Bonneville
   (c) City or town Idaho Falls
   (d) Street Address or R.F.D. No. 941 Pine
   (e) Deceased lived Inside? ✓ Outside? ..... city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? ..... years
   (h) Former residence (city, state) .....

3. (a) **FULL NAME** Rita Collette 159

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex F
5. Color or race W.
6. (a) Single, widowed, married, divorced .....
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) April 2, 1944

8. AGE	Years	Months	Days	If less than 1 day
	-	-	-	- hrs min.

9. Exact Occupation None — Did this work for ..... yrs.
10. Industry or Business ..... — Date last worked .....
11. Birthplace Idaho Falls, Idaho (City or town) (State or foreign country)

Father
12. Name Reed Collette
13. Birthplace Spanish Fork Utah (City or town) (State or foreign country)

Mother
14. Maiden name Agnes Wilhelm
15. Birthplace Idaho Falls, Idaho (City or town) (State or foreign country)

16. Informant's **OWN** Signature Reed Collette
and Address Idaho Falls, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/3/44 (Month) (Day) (Year)
(c) Place: Idaho Falls, Idaho

18. Funeral Director's **OWN** Signature Jack A. Wood
and Address Idaho Falls, Idaho

19. (a) 4/3/44 (Date received and filed) (b) Irma Bridges (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April 2 1944
at 5 o'clock P M.

21. **I HEREBY CERTIFY**, that I attended deceased from April 2 1944, to April 2 1944
I last saw h— alive on April 2 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Prematurity	
about 12 wks. premature	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature C. C. Eisenhower M.D. (M. D. or other)
and Address Idaho Falls Date 4-4 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

MAY 12 1944

Certificate Of Death

STATE OF IDAHO

State File No. 13552
Local Reg. No. 84
Reg. Dist. No. 610

1. **PLACE OF DEATH:**
   (a) County Bonneville
   (b) City or town Idaho Falls
   (c) Street Address or R.F.D. No. Memorial Hospital
   (d) Death Occured Inside? ✓ Outside? ..... city or town
   (e) Died in a Home .... Hospital or Institution .... Other place ....
   (f) Name Hosp. or Inst. L.D.S. Hosp. Stayed 4 days
   (g) Lived in this county ..... years ..... months ..... days

   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Bonneville
   (c) City or town Idaho Falls
   (d) Street Address or R.F.D. No. 795 E 14th
   (e) Deceased lived Inside? ✓ Outside? ..... city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? ..... years
   (h) Former residence (city, state) .....

3. (a) **FULL NAME** Naomi N. Fosbinder 55c

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex F
5. Color or race W.
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife Basil Fosbinder
6. (c) Age of husband or wife if alive 42 years
7. Date of Birth (Month, Day, Year) August 16, 1903

8. AGE	Years	Months	Days	If less than 1 day
	40	7	17	hrs ..... min.

9. Exact Occupation Housewife — Did this work for ..... yrs.
10. Industry or Business ..... — Date last worked .....
11. Birthplace Shelton (City or town) Idaho (State or foreign country)

Father
12. Name John Henry Newman
13. Birthplace Salt Lake, Utah (City or town) (State or foreign country)

Mother
14. Maiden name Josephine Harmon
15. Birthplace Montpelier, Utah (City or town) (State or foreign country)

16. Informant's **OWN** Signature Basil Fosbinder and Address Idaho Falls, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/8/44 (Month) (Day) (Year)
    (c) Place: Idaho Falls, Idaho
18. Funeral Director's **OWN** Signature Jack A. Ward and Address Idaho Falls Idaho
19. (a) 4/24/44 (Date received and filed) (b) Anna Briggs (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April 5 1944
    at 4 a o'Clock a M.
21. **I HEREBY CERTIFY**, That I attended deceased from March-31 1944, to April 5 1944
    I last saw her alive on April 4 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Hemorrhage -	2 days
Due to Cancer of Thyroid Gland	7 years
Due to	.....
Other conditions Secondary anemia (Include pregnancy within 3 months of death)	7 years

Where was disease contracted? —
Name of operation — Date —
Major finding —
Finding of autopsy —

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
    Occurred ..... 19..... City, county, state where violence occurred .....
    Place of Violence: Home ..... Farm ..... Industry .....
    Public Place ..... While at work? .....
    Means of injury .....
23. Attendant's **OWN** Signature Joseph M Hatch MD (M. D. or other)
    and Address Idaho Falls Date 4-12 1944

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

MAY 1 2 1944

Certificate Of Death

STATE OF IDAHO

State File No. 135503
Local Reg. No. 77
Reg. Dist. No. 610

1. **PLACE OF DEATH:**
(a) County Bonniville
(b) City or town
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? Outside? city or town
(e) Died in a Home Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 2 years 6 months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Bonniville
(c) City or town Idaho Falls,
(d) Street Address or R.F.D. No. 183 Lomax Ave.
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 14 years
(h) Former residence (city, state) Utah

3. (a) **FULL NAME** EVA J HALL

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3. (b) If veteran, name war None
3. (c) Social Security No.
4. Sex F.M.
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Oct. 12 1889

8. AGE	Years	Months	Days	If less than 1 day
	54	6	23	hrs min.

9. Exact Occupation Housewife Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Joseph (City or town) Utah (State or foreign country)
Father
12. Name Alvin Johnson
13. Birthplace England (City or town) (State or foreign country)
Mother
14. Maiden name Elmira Howed
15. Birthplace Salt Lake City (City or town) Utah (State or foreign country)
16. Informant's **OWN** Signature Claude Hall x
and Address Idaho Falls, Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 4-5-44 (Month) (Day) (Year)
(c) Place: Shelley, Idaho
18. Funeral Director's **OWN** Signature L M Nalder
and Address Box 236 Shelley, Idaho
19. (a) April 11-1944 (Date received and filed) (b) Anna Bridges (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April 5, 1944
at 11:35 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 3/15 1944 to 4/5 1944
I last saw her alive on 4/5 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: 108 Lobar Pneumonia — Duration 3 days.
Due to
Due to 92 e
Other conditions Endocarditis + Chronic Nephritis
(Include pregnancy within 3 months of death)
131 b
Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature A. P. Sodergren M.D. (M. D. or other)
and Address Idaho Falls Ida. Date 4/10 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce MAY 12 1944
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 135594
Local Reg. No. 85
Reg. Dist. No. 610

1. **PLACE OF DEATH:**
   (a) County Bonneville
   (b) City or town Idaho Falls
   (c) Street Address or R.F.D. No. Memorial Dr.
   (d) Death Occured Inside? — Outside? ..... city or town
   (e) Died in a Home .... Hospital — Institution .... Other place ....
   (f) Name Hosp. or Inst. L-H-S. Hosp. Stayed 120 days
   (g) Lived in this county ..... years ..... months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Bonneville
   (c) City or town Idaho Falls
   (d) Street Address or R.F.D. No. 260 - B Street
   (e) Deceased lived Inside? — Outside? ..... city or town
   (f) Citizen of what country? U. S. A.
   (g) How long had deceased lived in Idaho? 42 years
   (h) Former residence (city, state) .....

3. (a) **FULL NAME** Sarah Jane Ward 48b

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex F
5. Color or race W.
6. (a) Single, widowed, married, divorced .....
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) June 6, 1901

8. AGE	Years	Months	Days	If less than 1 day
	42	10		hrs min.

9. Exact Occupation Housewife — Did this work for ..... yrs.
10. Industry or Business ..... — Date last worked .....
11. Birthplace Idaho Falls, Idaho (City or town) (State or foreign country)

Father
12. Name Josiah W. Horkley
13. Birthplace England (City or town) (State or foreign country)

Mother
14. Maiden name Amelia Newman
15. Birthplace Ceva, Utah (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mrs Joseph Horkley and Address Idaho Falls, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/10/44 (Month) (Day) (Year)
    (c) Place: Idaho Falls, Idaho
18. Funeral Director's **OWN** Signature Jack A. Ward and Address Idaho Falls, Idaho
19. (a) 4/24/44 (Date received and filed) (b) Emma Rudgen (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April 6 1944
    at 3-20 o'clock P M.
21. **I HEREBY CERTIFY**, That I attended deceased from Sept. 10 1943, to April 6 1944
    I last saw her alive on April 6 - 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cancerous Uterus	
Intestinal Ileus	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation ..... Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
    Occurred ..... 19 ..... City, county, state where violence occurred .....
    Place of Violence: Home ..... Farm ..... Industry .....
    Public Place ..... While at work? .....
    Means of injury .....
23. Attendant's **OWN** Signature C. P. Rodeyneudmc. (M.D. or other)
    and Address Idaho Falls, Ida. Date 4/12 1944
    (For additional space, use reverse side)

United States
Department of Commerce MAY 1 2 1944
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 138595
Local Reg. No. 78
Reg. Dist. No. 610

1. **PLACE OF DEATH:**
(a) County Bonneville
(b) City or town Idaho Falls,
(c) Street Address or R. F. D. No. 900 Memorial Dr.
(d) Death Occurred Inside? yes Outside? ____ city or town
(e) Died in a Home __ Hospital X Institution __ Other place __
(f) Name Hosp. or Inst. LDS Hosp. Stayed 26 days
(g) Lived in this county ____ years ____ months 26 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Fremont
(c) City or town St. Anthony
(d) Street Address or R. F. D. No. Star Route
(e) Deceased lived Inside? ____ Outside? Yes city or town
(f) Citizen of what country? U.S.
(g) How long had deceased lived in Idaho? Life years
(h) Former residence (city, state) ____

3. (a) FULL NAME VAUN DELOY BOWEN 95 c

3. (b) If veteran, name war No. 3. (c) Social Security No. None
4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife None. 6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) January 18, 1931

8. AGE	Years	Months	Days	If less than 1 day
	13	1	18	hrs min.

9. Exact Occupation Student Did this work for 7 yrs.
10. Industry or Business Public Schools Date last worked 1943
11. Birthplace Rigby, Idaho. (City or town) (State or foreign country)
Father
12. Name Rulon Bowen
13. Birthplace Spanish Fork, Utah (City or town) (State or foreign country)
Mother
14. Maiden name Leora Brown
15. Birthplace Salt Lake City, Utah. (City or town) (State or foreign country)
16. Informant's OWN Signature Rulon Bowen
and Address Fort Ord, Calif.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 4-6-44 (Month) (Day) (Year)
(c) Place: St. Anthony, Idaho.
18. Funeral Director's OWN Signature M. L. Hansen
and Address St. Anthony, Idaho.
19. (a) April 14-1944 (Date received and filed) (b) Anna Budge (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April 6 1944
at 4:30 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from ____ 19__ to Apr. 6 1944
I last saw him alive on Apr. 6. 1944; death is said to have occurred on the date and hour stated above.
Immediate Cause of Death: Chronic endocarditis 2 yrs.
Due to Inflammatory rheumatism
Due to ____
Other conditions Decompensation and acute dilatation heart
(Include pregnancy within 3 months of death)
Where was disease contracted? ____
Name of operation None Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature John O. Miller MD (M. D. or other)
and Address Idaho Falls Ida Date Apr. 6 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

MAY 12 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 138596
Local Reg. No. 80
Reg. Dist. No. 610

1. **PLACE OF DEATH:**
   (a) County Bonneville
   (b) City or town Idaho Falls
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? X Outside? city or town
   (e) Died in a Home Hospital X Institution Other place
   (f) Name Hosp. or Inst. LDS Stayed days
   (g) Lived in this county years months days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State (b) County
   (c) City or town
   (d) Street Address or R. F. D. No.
   (e) Deceased lived Inside? Outside? city or town
   (f) Citizen of what country?
   (g) How long had deceased lived in Idaho? years
   (h) Former residence (city, state)

3. (a) **FULL NAME** Charles Jenkins 159

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife Ivy Jones
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) April 6-1944

8. AGE	Years	Months	Days	If less than 1 day
				5 hrs min.

9. Exact Occupation Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Idaho Falls Idaho (City or town) (State or foreign country)
Father
12. Name George E. Jenkins
13. Birthplace Humphrey, Idaho (City or town) (State or foreign country)
Mother
14. Maiden name Velma Aurora Parker
15. Birthplace Idaho (City or town) (State or foreign country)
16. Informant's OWN Signature G E Jenkins and Address Route # 4
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 4/9/44 (Month) (Day) (Year)
(c) Place Humphrey, Idaho
18. Funeral Director's OWN Signature Leo A Williams and Address Idaho Falls, Idaho
19. (a) 4/14/44 (Date received and filed) (b) Laura Bridges (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April 7 1944
at o'clock A. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 19, to 19
I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Premature 6 mo.	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature A. R. Sodergren (M. D. or other)
and Address Idaho Falls Date 4/12 1944
(For additional space, use reverse side)

United States
Department of Commerce
Bureau of the Census

MAY 1 2 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 13557
Local Reg. No. 73
Reg. Dist. No. 610

1. **PLACE OF DEATH:**
(a) County Bonneville
(b) City or town Idaho Falls
(c) Street Address or R. F. D. No. Memorial Dr.
(d) Death Occurred Inside? X Outside? ..... city or town
(e) Died in a Home ....Hospital or Institution ....Other place ....
(f) Name Hosp. or Inst. L.D.S. Stayed ..... days
(g) Lived in this county 6 years ..... months 4 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Jefferson
(c) City or town Lewisville
(d) Street Address or R. F. D. No. X
(e) Deceased lived Inside? X Outside? ..... city or town
(f) If foreign born, in U. S. ..... yrs. Citizen of U. S.? .....
(g) How long had deceased lived in Idaho? 59 years
(h) Former residence (city, state) Holliday, Ut.

3. (a) **FULL NAME** JOSEPH FRANKLIN WALKER 93d

3. (b) If veteran, name war X
3. (c) Social Security No. 519-05-9350
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Divorced.
6. (b) Name of husband or wife X
6 (c) Age of husband or wife if alive X years
7. Date of Birth (Month, Day, Year) April 21, 1882

8. AGE	Years	Months	Days	If less than 1 day hrs	min.
	61	11	14		

9. Exact Occupation Retired Watermaster Did this work for 10 yrs.
10. Industry or Business Canal Co. Date last worked 12/43
11. Birthplace Holliday, Utah. (City or town) (State or foreign country)

Father
12. Name Don Carlos Walker.
13. Birthplace Utah. (City or town) (State or foreign country)

Mother
14. Maiden name Ann Taylor Boyce.
15. Birthplace Utah. (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mary Walker and Address Rigby, Idaho. R. #1
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 4-7-44 (Month) (Day) (Year)
(c) Place: Rigby, Idaho.
18. Funeral Director's **OWN** Signature H. B. Eckersell and Address Rigby, Idaho.
19. (a) April 11-44 (Date received and filed) (b) Anna Budge (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April 7 1944
at 5:45 o'clock A M.

21. I **HEREBY CERTIFY**, That I attended deceased from March 1944, to April 7 1944
I last saw him alive on April 7 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: 1. Chronic Myocarditis — Duration 4 mos.
Due to Hypertension.
Due to
Other conditions (Include pregnancy within 3 months of death)

Where was disease first contracted? At home
Name of operation None Date
Major finding
Finding of autopsy None performed.

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature Nelson Hall, M.D. (M. D. or other)
and Address Rigby, Ida. Date 4/8 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

MAY 12 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 13[illegible]
Local Reg. No. 76
Reg. Dist. No. 610

1. PLACE OF DEATH:
(a) County Bonneville
(b) City or town Idaho Falls
(c) Street Address or R. F. D. No. Memorial Dr.
(d) Death Occurred Inside? x Outside? ..... city or town
(e) Died in a Home ....Hospital x Institution ....Other place ....
(f) Name Hosp. or Inst. L.D.S. Stayed ..... days
(g) Lived in this county ..... years ..... months 2 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Jefferson
(c) City or town Rigby
(d) Street Address or R. F. D. No. x
(e) Deceased lived Inside? x Outside? ..... city or town
(f) If foreign born, in U. S. ..... yrs. Citizen of U. S.? .....
(g) How long had deceased lived in Idaho? 43 years
(h) Former residence (city, state) Lehi, Utah.

3. (a) **FULL NAME** JOHN FRANKLIN RHODES.

93 d

3. (b) If veteran, name war x
3. (c) Social Security No. x
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed.
6. (b) Name of husband or wife Mary Elizabeth
6 (c) Age of husband or wife if alive x years
7. Date of Birth (Month, Day, Year) April 12, 1863

8. AGE	Years	Months	Days	If less than 1 day
	80	11	26	hrs min.

9. Exact Occupation Retired Farmer Did this work for 43 yrs.
10. Industry or Business Farm Date last worked 1935
11. Birthplace Lehi, Utah. (City or town) (State or foreign country)
Father
12. Name Alonzo Donald Rhodes.
13. Birthplace Mo. (City or town) (State or foreign country)
Mother
14. Maiden name Sarah Ann Bushman.
15. Birthplace ? (City or town) (State or foreign country)
16. Informant's **OWN** Signature [signature]
and Address Rigby, Idaho.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 4/7/44 (Month) (Day) (Year)
(c) Place: Rigby, Idaho.
18. Funeral Director's **OWN** Signature [signature]
and Address Rigby, Idaho.
19. (a) April 11-1944 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April 7 1944
at 2:30 o'clock P M.
21. I **HEREBY CERTIFY**, That I attended deceased from August 1 1938, to April 7 1944
I last saw him alive on April 7 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
1. Chronic Myocarditis	1 yrs.
Due to Hypertension	
~~Due to~~ Senility	
Other conditions ? (Include pregnancy within 3 months of death)	

Where was disease first contracted? At Home
Name of operation none Date .....
Major finding .....
Finding of autopsy none performed

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature Jedon Tall, M. D. (M. D. or other)
and Address Rigby, Idaho. Date 4/8 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

MAY 12 1944

Certificate Of Death

STATE OF IDAHO

State File No. 13555
Local Reg. No. 83
Reg. Dist. No. 610

1. **PLACE OF DEATH:**
   (a) County Bonneville
   (b) City or town Idaho Falls
   (c) Street Address or R.F.D. No. 1355 Mound
   (d) Death Occured Inside? ✓ Outside? ..... city or town
   (e) Died in a Home ✓ Hospital .... Institution .... Other place ....
   (f) Name Hosp. or Inst. ..... Stayed ..... days
   (g) Lived in this county ..... years ..... months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Bonneville
   (c) City or town Idaho Falls
   (d) Street Address or R.F.D. No 1355 Mound
   (e) Deceased lived Inside? ✓ Outside? ..... city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 32 years
   (h) Former residence (city, state) Colorado

3. (a) **FULL NAME** Orin C. Bates 132

3. (b) If veteran, name war .....
3. (c) Social Security No. 519-14-9241
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, (divorced)
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) July 14, 1891

8. AGE	Years	Months	Days	If less than 1 day hrs min.
	52	9		

9. Exact Occupation Painter — Did this work for ..... yrs.
10. Industry or Business ..... — Date last worked .....
11. Birthplace Sanford, Colorado (City or town) (State or foreign country)

Father
12. Name Sanguine Bates
13. Birthplace Tooele, Utah (City or town) (State or foreign country)

Mother
14. Maiden name Mary Jane Pofyfer
15. Birthplace Fulton, Illinois (City or town) (State or foreign country)

16. Informant's **OWN** Signature Ray Bates
and Address Idaho Falls, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/19/44 (Month) (Day) (Year)
(c) Place: Idaho Falls, Idaho

18. Funeral Director's **OWN** Signature Jack A. Wood
and Address Idaho Falls, Idaho

19. (a) 4/24/44 (Date received and filed) (b) Irma Bridges (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April 14 19 44
at 3-30 o'clock a M.

21. **I HEREBY CERTIFY**, That I attended deceased from March 26 19 44, to April 14 19 44
I last saw him alive on April 12 19 44; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Pneumonia	5 days
Hemorrhage Bronchae	
Due to Hypertention	10 Years
Due to Brights Disease	10 years
Other conditions Secondary anemia (Include pregnancy within 3 months of death)	

Where was disease contracted? —
Name of operation — Date .....
Major finding —
Finding of autopsy —

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature Joseph M. Hatch M.D. (M. D. or other)
and Address Idaho Falls Date 4-15 19 44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

MAY 12 1944

Certificate Of Death

STATE OF IDAHO

State File No. 136600
Local Reg. No. 82
Reg. Dist. No. 610

1. **PLACE OF DEATH:**
   (a) County Bonneville
   (b) City or town Idaho Falls
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? X Outside? city or town
   (e) Died in a Home Hospital X Institution Other place
   (f) Name Hosp. or Inst. L. D. S. Stayed 40 days
   (g) Lived in this county 4 years 7 months 3 days

   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Bonneville
   (c) City or town Idaho Falls
   (d) Street Address or R.F.D. No. 676 Memorial Dr.
   (e) Deceased lived Inside? X Outside? city or town
   (f) Citizen of what country? United States
   (g) How long had deceased lived in Idaho? 15 years
   (h) Former residence (city, state) Twin Falls, Ida.

3. (a) **FULL NAME** ARTHUR LINDSEY COULTON 9301

3. (b) If veteran, name war None
3. (c) Social Security No. 519-07-1214
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Eva Bell C.
6. (c) Age of husband or wife if alive 47 years
7. Date of Birth (Month, Day, Year) November 12, 1897

8. AGE	Years	Months	Days	If less than 1 day
	50	5	6	hrs min.

9. Exact Occupation Buyer — Did this work for 30 yrs.
10. Industry or Business Wholesale Produce — Date last worked 11/10/43
11. Birthplace Waltham (City or town) Massachusetts (State or foreign country)

Father
12. Name James Coulton
13. Birthplace Bingley (City or town) England (State or foreign country)

Mother
14. Maiden name Jane Lindsey
15. Birthplace (City or town) Scotland (State or foreign country)

16. Informant's OWN Signature Eva Bell Coulton and Address Idaho Falls, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 22, 1944 (Month) (Day) (Year)
    (c) Place: Idaho Falls, Idaho
18. Funeral Director's OWN Signature L. Buck and Address Idaho Falls, Idaho
19. (a) April 22 1944 (Date received and filed) (b) Quinn Rudger (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April 18 19 44
    at 2:35 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from Sept. 10 1943, to April 18 1944
    I last saw him alive on April 18 1944; death is said to have occurred on the date and hour stated above.

	Duration
Immediate Cause of Death: Myocarditis	8 mos.
Due to Malignant hypertension	2 yrs.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
    Occurred 19 City, county, state where violence occurred
    Place of Violence: Home Farm Industry
    Public Place While at work?
    Means of injury

23. Attendant's OWN Signature C. C. Erickson M.D. (M. D. or other)
    and Address Idaho Falls Date 4-24 1944
    (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

MAY 12 1944

Certificate Of Death

STATE OF IDAHO

State File No. 13601
Local Reg. No. 89
Reg. Dist. No. 610

1. **PLACE OF DEATH:**
   (a) County Bonneville
   (b) City or town Swan Valley
   (c) Street Address or R.F.D. No. Rural
   (d) Death Occured Inside? ..... Outside? X city or town
   (e) Died in a Home X Hospital .... Institution .... Other place ....
   (f) Name Hosp. or Inst. ..... Stayed ..... days
   (g) Lived in this county 24 years 7 months ? days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Bonneville
   (c) City or town Swan Valley
   (d) Street Address or R.F.D. No. Rural
   (e) Deceased lived Inside? ..... Outside? X city or town
   (f) Citizen of what country? United States
   (g) How long had deceased lived in Idaho? 34 years
   (h) Former residence (city, state) Lamar, Iowa

3. (a) **FULL NAME** HENRY WILLIAM KRUSE

164a

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Myrtle Krause
6. (c) Age of husband or wife if alive 43 years
7. Date of Birth (Month, Day, Year) September 22, 1885

8. AGE	Years	Months	Days	If less than 1 day
	58	7	2	hrs ... min.

9. Exact Occupation Farmer — Did this work for 40 yrs.
10. Industry or Business Self Employed — Date last worked Dec. 1943
11. Birthplace Lamar (City or town) Iowa (State or foreign country)

Father
12. Name Jochim Kruse
13. Birthplace Germany (City or town) (State or foreign country)

Mother
14. Maiden name Julia
15. Birthplace Unk. (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mrs Henry W Kruse
and Address Swan Valley, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 30, 1944 (Month) (Day) (Year)
(c) Place: Rose Hill Cem., Ida. Falls, Ida

18. Funeral Director's **OWN** Signature [signature]
and Address Idaho Falls, Idaho

19. (a) 4/29/44 (Date received and filed) (b) Emma Rudge (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April 24 19 44
at 2:30 o'clock P. M.

21. **I HEREBY CERTIFY**, That I attended deceased from ..... 19..., to ..... 19...
I last saw h... alive on ..... 19...; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death	Duration
Strangulated	
Hanging by Rope	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation ..... Date	PHYSICIAN Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... (Suicide?) yes Homicide? .....
Occurred April 24 1944 City, county, state where violence occurred Swan Valley
Place of Violence: Home ..... Farm yes Industry .....
Public Place ..... While at work? .....
Means of injury by Hanging by rope

23. Attendant's **OWN** Signature Fred D. Otis (M. D. or other)
and Address Idaho Falls, Ida. Date April 29 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

MAY 12 1944

Certificate Of Death

STATE OF IDAHO

State File No. 138602
Local Reg. No. 90
Reg. Dist. No. 610

1. **PLACE OF DEATH:**
   (a) County Bonneville
   (b) City or town Idaho Falls
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home.... Hospital X Institution.... Other place....
   (f) Name Hosp. or Inst. Sacred Heart Stayed 22 days
   (g) Lived in this county 25 years 7 months ? days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Bonneville
   (c) City or town Idaho Falls
   (d) Street Address or R.F.D. No. Route # 4
   (e) Deceased lived Inside? ..... Outside? X city or town
   (f) Citizen of what country? United States
   (g) How long had deceased lived in Idaho? 25 years
   (h) Former residence (city, state) Red Lodge, Mont.

3. (a) **FULL NAME** FRANK SHERMAN DUNHAM

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3. (b) If veteran, name war None
3. (c) Social Security No. 519-24-1616
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Margaret Minars
6. (c) Age of husband or wife if alive 59 years
7. Date of Birth (Month, Day, Year) December 30, 1874

8. AGE	Years	Months	Days	If less than 1 day
	69	3	26	hrs ..... min.

9. Exact Occupation Stockman — Did this work for 40 yrs.
10. Industry or Business Self employed — Date last worked Mar. 1944
11. Birthplace Janesville (City or town) Wisconsin (State or foreign country)

Father
12. Name Thomas Dunham
13. Birthplace Syracuse (City or town) New York (State or foreign country)

Mother
14. Maiden name Clara Cole
15. Birthplace Syracuse (City or town) New York (State or foreign country)

16. Informant's **OWN** Signature Margaret Dunham
and Address R.F.D. #4 Idaho Falls Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 30, 1944 (Month) (Day) (Year)
(c) Place: Rose Hill Cem., Idaho Falls, Ida
18. Funeral Director's **OWN** Signature
and Address Idaho Falls, Idaho
19. (a) 4/29/44 (Date received and filed) (b) Anna Budge (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April 26 1944
at 6:40 o'clock A. M.
21. **I HEREBY CERTIFY**, That I attended deceased from April 2 1944, to April 26 1944
I last saw him alive on April 26 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Lobar Pneumonia	3 days
Due to Bronchial Asthma	15 yrs.
Due to Chronic myocarditis	5 yrs.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ..... Date .....
Major finding
Finding of autopsy

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury

23. Attendant's **OWN** Signature C. C. Carmichael M.D. (M. D. or other)
and Address I. F. Date 5-3 1944
(For additional space, use reverse side)

United States
Department of Commerce
Bureau of the Census

MAY 1 2 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 135603
Local Reg. No. 92
Reg. Dist. No. 610

1. PLACE OF DEATH:
(a) County Bonneville
(b) City or town Idaho Falls
(c) Street Address or R. F. D. No. Memorial Dr.
(d) Death Occurred Inside? x Outside? ..... city or town
(e) Died in a Home ....Hospital x Institution ....Other place ....
(f) Name Hosp. or Inst. L.D.S. Stayed ..... days
(g) Lived in this county ..... years ..... months 1 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Bingham
(c) City or town Shelley
(d) Street Address or R. F. D. No. x
(e) Deceased lived Inside? x Outside? ..... city or town
(f) If foreign born, in U. S. ..... yrs. Citizen of U. S.? .....
(g) How long had deceased lived in Idaho? 3 years
(h) Former residence (city, state) Rigby, Idaho

3. (a) **FULL NAME** BOOTS MARIE CASE.

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3. (b) If veteran, name war x
3. (c) Social Security No. x
4. Sex F.M.
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife x
6 (c) Age of husband or wife if alive x years
7. Date of Birth (Month, Day, Year) Jan. 10, 1941

8. AGE	Years	Months	Days	If less than 1 day
	3	3	16	hrs min.

9. Exact Occupation Babe Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Rigby, Idaho. (City or town) (State or foreign country)
Father
12. Name Walter Thomas Case.
13. Birthplace Plainville, Kansas. (City or town) (State or foreign country)
Mother
14. Maiden name Alene Marie Allen.
15. Birthplace Big Piney, Wyoming. (City or town) (State or foreign country)
16. Informant's **OWN** Signature Walter Case and Address Shelley, Idaho.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 4/26/44 (Month) (Day) (Year)
(c) Place: Rigby, Idaho.
18. Funeral Director's **OWN** Signature A. B. Eckersell and Address Rigby, Idaho.
19. (a) 5/2/44 (Date received and filed) (b) Anna Bridges (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April 26 1944 at 3:00 o'clock A M.
21. I HEREBY CERTIFY, That I attended deceased from 6 [illegible] 1944, to 3 [illegible] 1944
I last saw her alive on 4/26 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Accidental 2nd Burns of entire Body. Duration 24 3rd
Due to .....
Due to .....
Other conditions .....
(Include pregnancy within 3 months of death)
Where was disease first contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy None.

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ✓ Suicide? ..... Homicide? .....
Occurred April 25, 1944 19 ..... City, county, state where violence occurred Shelley, Idaho
Place of Violence: Home ✓ Farm ..... Industry .....
Public Place ..... While at work? no
Means of injury Fire due to home cleaning of clothes
23. Attendant's **OWN** Signature Walter [illegible] (M. D. or other) and Address Idaho Falls, Ida Date ..... 19 .....
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

MAY 12 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 13604
Local Reg. No. 94
Reg. Dist. No. 610

1. **PLACE OF DEATH:**
   (a) County Bonneville
   (b) City or town Idaho Falls
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? X Outside? ____ city or town
   (e) Died in a Home ____ Hospital X Institution ____ Other place ____
   (f) Name Hosp. or Inst. L.D.S. Stayed ____ days
   (g) Lived in this county ____ years ____ months ____ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under Item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Jefferson
   (c) City or town Rexburg
   (d) Street Address or R. F. D. No.
   (e) Deceased lived Inside? ____ Outside? X city or town
   (f) Citizen of what country? U.S.
   (g) How long had deceased lived in Idaho? 50 years
   (h) Former residence (city, state)

3. (a) **FULL NAME** Henry Edelman

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife None

6. (c) Age of husband or wife if alive ____ years

7. Date of Birth (Month, Day, Year) 1857

8. AGE	Years	Months	Days	If less than 1 day
	86			hrs ____ min.

9. Exact Occupation Miner — Did this work for ____ yrs.

10. Industry or Business ____ — Date last worked ____

11. Birthplace Bonneville (City or town) Kentucky (State or foreign country)

Father
12. Name Not Known
13. Birthplace Not Known (City or town) (State or foreign country)

Mother
14. Maiden name Not Known
15. Birthplace Not Known (City or town) (State or foreign country)

16. Informant's OWN Signature George R Ewert
and Address Caldwell, Oregon

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/1/44 (Month) (Day) (Year)
(c) Place: Idaho Falls

18. Funeral Director's OWN Signature Leo G. Sullivan
and Address Idaho Falls, Ida.

19. (a) May 4-1944 (Date received and filed) (b) Lewis Rudge (Registrar's Signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April 27 19 44
at 6 o'clock P M.

21. **I HEREBY CERTIFY,** That I attended deceased from April 15 19 44 to April 27 19 44
I last saw h. alive on April 27 19 44; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Pulmonary Tuberculosis	
& acute Hemorrage of lungs	2 yrs
Due to —	
Due to —	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? Unknown

Name of operation None Date

Major finding

Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19 ____ City, county, state where violence occurred
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury

23. Attendant's OWN Signature Milton T. Rees M.D. (M. D. or other)
and Address Idaho Falls, Ida Date 5-1-1944

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

MAY 12 1944

Certificate Of Death

STATE OF IDAHO

State File No. 138605
Local Reg. No. 101
Reg. Dist. No. 610

1. **PLACE OF DEATH:**
(a) County Bonneville
(b) City or town Idaho Falls
(c) Street Address or R.F.D. No. Memorial Dr.
(d) Death Occured Inside? ✓ Outside? ..... city or town
(e) Died in a Home.... Hospital ✓ Institution.... Other place....
(f) Name Hosp. or Inst. L.D.S. Hosp. Stayed 5 days
(g) Lived in this county ..... years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Bingham
(c) City or town Shelley
(d) Street Address or R.F.D. No. Rt #1
(e) Deceased lived Inside? ..... Outside? ✓ city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 7 years
(h) Former residence (city, state) .....

3. (a) **FULL NAME** Florence Hope Williams 93d

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex F.
5. Color or race W.
6. (a) Single, widowed, married, divorced .....
6. (b) Name of husband or wife Delbert W. Williams
6. (c) Age of husband or wife if alive 40 years
7. Date of Birth (Month, Day, Year) May 9, 1905

8. AGE	Years	Months	Days	If less than 1 day
	38	11	19	hrs min.

9. Exact Occupation Housewife Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Fremont, Nebraska (City or town) (State or foreign country)
Father
12. Name John Kelley
13. Birthplace United States (City or town) (State or foreign country)
Mother
14. Maiden name Florence Harper
15. Birthplace Nebraska (City or town) (State or foreign country)
16. Informant's **OWN** Signature Delbert Williams
and Address Shelley Rt 1 Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/1/44 (Month) (Day) (Year)
(c) Place: Idaho Falls, Idaho
18. Funeral Director's **OWN** Signature Jack A. Wood
and Address Idaho Falls, Idaho
19. (a) 5/9/44 (Date received and filed) (b) Anna Bridges (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April 28 1944
at 2 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from Jan. 1 1944, to April 28 1944
I last saw her alive on April 28, 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cer. Myocarditis
Due to Decompensation
Due to Possible Ca of Liver
Other conditions .....
(Include pregnancy within 3 months of death)
Where was disease contracted? ?
Name of operation None Date .....
Major finding —
Finding of autopsy None

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature Walter R. Nat (M. D. or other)
and Address J. F. Date 1/2 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

MAY 12 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 4356
Local Reg. No. 95
Reg. Dist. No. 610

1. **PLACE OF DEATH:**
(a) County Bonneville
(b) City or town Idaho Falls.
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Y Outside? ____ city or town
(e) Died in a Home ____ Hospital Y Institution ____ Other place ____
(f) Name Hosp. or Inst. LDS. Hospital Stayed 8 days
(g) Lived in this county ____ years ____ months 8 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bingham
(c) City or town Blackfoot.
(d) ~~Street Address~~ or R. F. D. No. 3
(e) Deceased lived Inside? ____ Outside? Y city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 13 years
(h) Former residence (city, State) Tremonton, Utah.

3. (a) **FULL NAME** E. Arthur Jones 1316

3. (b) If veteran, name war —
3. (c) Social Security No. 519-12-6925
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married.
6. (b) Name of husband or wife Edna Wood Jones
6. (c) Age of husband or wife if alive 41 years
7. Date of Birth (Month, Day, Year) April 3, 1896

8. AGE	Years	Months	Days	If less than 1 day
	48	—	26	hrs ____ min.

9. Exact Occupation Farmer — Did this work for ____ yrs.
10. Industry or Business Watermaster — Date last worked
11. Birthplace Union, Utah (City or town) (State or foreign country)

Father
12. Name Daniel Jones
13. Birthplace Wales (City or town) (State or foreign country)

Mother
14. Maiden name Ellen Joyce Evans
15. Birthplace Wales. (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mrs. E. A. Jones
and Address Rt 3 Blackfoot, Idaho
17. (a) Remove (Burial, cremation, or removal) (b) Date thereof 4-29-44 (Month) (Day) (Year)
(c) Place: Blackfoot, Idaho
18. Funeral Director's **OWN** Signature John C. Sandberg
and Address Blackfoot, Idaho.
19. (a) May 1 44 (Date received and filed) (b) Rena Rudges (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April 29 1944
at 4:00 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from April 21 1944 to Apr. 29 1944
I last saw h____ alive on ____ 19____; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Chronic Nephritis — Duration many years
Due to ____
Due to ____
Other conditions ____
(Include pregnancy within 3 months of death)

Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's **OWN** Signature Ray Hatch M.D.
(M. D. or other)
and Address Idaho Falls Date 5, 1, 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

MAY 12 1944

Certificate Of Death

STATE OF IDAHO

State File No. 135607
Local Reg. No. 87
Reg. Dist. No. 610

1. PLACE OF DEATH:
(a) County Bonneville
(b) City or town Idaho Falls
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? X Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. L. D. S. Stayed 1/3 days
(g) Lived in this county 0 years 0 months 1/3 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Bonneville
(c) City or town Idaho Falls
(d) Street Address or R.F.D. No. 118 1st St.
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? United States
(g) How long had deceased lived in Idaho? 22 years
(h) Former residence (city, state) Ucon, Idaho

3. (a) FULL NAME TERRY LESTER ELG

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3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife None
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) April 30, 1944

8. AGE	Years	Months	Days	If less than 1 day
	0	0	0	7 hrs 40 min.

9. Exact Occupation None Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Idaho Falls (City or town) Idaho (State or foreign country)
Father
12. Name Lester George Elg
13. Birthplace Idaho Falls, Idaho (City or town) (State or foreign country)
Mother
14. Maiden name Edna Mae Davis
15. Birthplace Ucon (City or town) Idaho (State or foreign country)
16. Informant's OWN Signature Lester Elg
and Address Idaho Falls, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 1, 1944 (Month) (Day) (Year)
(c) Place: Ucon, Idaho
18. Funeral Director's OWN Signature C. A. Buck
and Address Idaho Falls, Idaho
19. (a) 4/3/44 (Date received and filed) (b) Anna Bridges (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April 30 1944
at 7:00 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 4/30 1944, to 4/30 1944
I last saw her alive on 4/30 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Prematurity 6 1/2 mos	
Due to Toxemia of mother	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation Date	
Major finding —	
Finding of autopsy	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? — Suicide? — Homicide? —
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury —
23. Attendant's OWN Signature Walter R. Neil (M. D. or other)
and Address I. F. Date 1/3 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

MAY 12 1944

Certificate Of Death

STATE OF IDAHO

State File No. 13663
Local Reg. No. 88
Reg. Dist. No. 610

1. **PLACE OF DEATH:**
   (a) County Bonneville
   (b) City or town Idaho Falls
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? X Outside? city or town
   (e) Died in a Home Hospital X Institution Other place
   (f) Name Hosp. or Inst. L.D.S. Stayed 1/3 days
   (g) Lived in this county 0 years 0 months 1/3 days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Bonneville
   (c) City or town Idaho Falls
   (d) Street Address or R.F.D. No. 118 1st Street
   (e) Deceased lived Inside? X Outside? city or town
   (f) Citizen of what country? United States
   (g) How long had deceased lived in Idaho? 22 years
   (h) Former residence (city, state) Ucon, Idaho

3. (a) **FULL NAME** LARRY GEORGE ELG

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3. (b) If veteran, name war None
3. (c) Social Security No: None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife None
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) April 30, 1944

8. AGE	Years	Months	Days	If less than 1 day
	0	0	0	7 hrs 40 min.

9. Exact Occupation None — Did this work for ____ yrs.
10. Industry or Business ____ — Date last worked ____
11. Birthplace Idaho Falls, Idaho (City or town) (State or foreign country)

Father
12. Name Lester George Elg
13. Birthplace Idaho Falls, Idaho (City or town) (State or foreign country)

Mother
14. Maiden name Edna Mae Davis
15. Birthplace Ucon (City or town) Idaho (State or foreign country)

16. Informant's **OWN** Signature Lester Elg.
and Address Idaho Falls, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 1, 1944 (Month) (Day) (Year)
(c) Place: Ucon, Idaho

18. Funeral Director's **OWN** Signature [signature]
and Address Idaho Falls, Idaho

19. (a) 4/3/44 (Date received and filed) (b) Anna Budge (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April 30 19 44
at 7:00 o'clock P.M.

21. **I HEREBY CERTIFY**, That I attended deceased from April 30 19 44, to April 30 19 44
I last saw h[illegible] alive on April 30 19 44, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Pneumonia	6 hrs
Due to Broncho Pneumonia	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? —
Name of operation None Date ____
Major finding No
Finding of autopsy ____

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? No Suicide? ____ Homicide? No
Occurred ____ 19 ____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's **OWN** Signature Walter A. Klein (M. D. or other)
and Address [illegible] Date 1944

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce MAY 1 2 1944
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 13[illegible]
Local Reg. No. 98
Reg. Dist. No. 610

1. **PLACE OF DEATH:**
(a) County Bonneville
(b) City or town Idaho Falls
(c) Street Address or R.F.D. No. Blvd & Cedar
(d) Death Occured Inside? ✓ Outside? ..... city or town
(e) Died in a Home ..... Hospital ✓ Institution ..... Other place .....
(f) Name Hosp. or Inst. Sacred Heart Stayed ..... days
(g) Lived in this county ..... years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Bonneville
(c) City or town Idaho Falls
(d) Street Address or R.F.D. No. .....
(e) Deceased lived Inside? ✓ Outside? ..... city or town
(f) Citizen of what country? Germany
(g) How long had deceased lived in Idaho? 32 years
(h) Former residence (city, state) .....

3. (a) **FULL NAME** Ludwig Breuherr 46b

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced .....
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) February 22, 1883

8. AGE	Years	Months	Days	If less than 1 day
	61	2	8	hrs min.

9. Exact Occupation Farm Laborer Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Taggenacbach, Germany (City or town) (State or foreign country)
Father
12. Name Not Known
13. Birthplace Germany (City or town) (State or foreign country)
Mother
14. Maiden name Not Known
15. Birthplace Germany (City or town) (State or foreign country)
16. Informant's **OWN** Signature T. M. Kaphammer
and Address Idaho Falls Rt #4
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/2/44 (Month) (Day) (Year)
(c) Place: Idaho Falls, Idaho
18. Funeral Director's **OWN** Signature Jack A. Wood
and Address Idaho Falls, Idaho
19. (a) 5/9/44 (Date received and filed) (b) Anna Bridges (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April 30 19 44
at 12-10 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from April 15 1944 to April 30 1944
I last saw him alive on April 30 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Carcinoma of Liver & Gall bladder & ducts.	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation Laparotomy Date	
Major finding C.A. of Liver & Gall bladder & ducts	
Finding of autopsy	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature A. R. Bodenquist M.D. (M.D. or other)
and Address Idaho Falls Date 5/3 1944
(For additional space, use reverse side)

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MAY 1 2 1944

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 14-44
Reg. Dist. No. 100

1. **PLACE OF DEATH:**
(a) County Boundary
(b) City or town Bonners Ferry
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? XXX city or town
(e) Died in a Home XX Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 24 years 34 months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Boundary
(c) City or town Bonners Ferry
(d) Street Address or R. F. D. No. South Bench
(e) Deceased lived Inside? Outside? X city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 34 years
(h) Former residence (city, state) Wisconsin

3. (a) **FULL NAME** Mrs. Hattie Shoup Wagner 94a

3. (b) If veteran, name war NO
3. (c) Social Security No. No
4. Sex Fem.
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Christian J.
6. (c) Age of husband or wife if alive 73 years
7. Date of Birth (Month, Day, Year) Dec. 4, 1870

8. AGE	Years	Months	Days	If less than 1 day hrs	min.
	73	4	9		

9. Exact Occupation Housewife — Did this work for 50 yrs.
10. Industry or Business at home — Date last worked 4/13/44
11. Birthplace Ontario Can. (City or town) (State or foreign country)

Father
12. Name William Leslie
13. Birthplace Canada (City or town) (State or foreign country)

Mother
14. Maiden name Elizabeth Mitchell
15. Birthplace Canada (City or town) (State or foreign country)

16. Informant's OWN Signature Alice Kruegel
and Address Bonners Ferry Idaho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/18/44 (Month) (Day) (Year)
(c) Place: Bonners Ferry Idaho.
18. Funeral Director's OWN Signature Frank Morse
and Address Bonners Ferry Idaho.
19. (a) Apr 19-1944 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April 13th. 1944
at [illegible] o'clock P M.
21. I HEREBY CERTIFY, That I attended deceased from April 13 1944 to 1944
I last saw her alive on April 13 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary Thrombosis — Duration 1 Day
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature [signature] M. D.
(M. D. or other)
and Address Bonners Ferry Date 4/14 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States Department of Commerce
Bureau of the Census

MAY 12 1944

Certificate Of Death

STATE OF IDAHO

State File No. 13661
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF DEATH:**
   (a) County Boundary
   (b) City or town Bonners Ferry
   (c) Street Address or R. F. D. No.
   (d) Death Occured Inside? XX Outside? city or town
   (e) Died in a Home XX Hospital Institution Other place
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county 13 years 6 months days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Boundary
   (c) City or town Bonners Ferry
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? XX Outside? city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 13 1/2 years
   (h) Former residence (city, state) Spokane Wash.

3. (a) **FULL NAME** Terese Luceille Hodsdon

3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Gene
6. (c) Age of husband or wife if alive 41 years
7. Date of Birth (Month, Day, Year) Aug. 19th. 1910

8. AGE	Years	Months	Days	If less than 1 day
	33	8	2	hrs min.

9. Exact Occupation Housewife Did this work for 14 yrs.
10. Industry or Business at home Date last worked 4/20/44
11. Birthplace Garfield Utah (City or town) (State or foreign country)

Father
12. Name James Layland
13. Birthplace unknown (City or town) (State or foreign country)

Mother
14. Maiden name Ethel Y Cook.
15. Birthplace England (City or town) (State or foreign country)

16. Informant's **OWN** Signature Gene Hodsdon
and Address Bonners Ferry Idaho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/24/44 (Month) (Day) (Year)
(c) Place: Bonners Ferry Idaho.
18. Funeral Director's **OWN** Signature Hawks Moyer
and Address Bonners Ferry Idaho.
19. (a) Apr 22-1944 (Date received and filed) (b) Chas Bonnell (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April 21st. 1944
at 1:50 o'clock A. M.
21. **I HEREBY CERTIFY**, That I attended deceased from March 11 1944 to Apr 21 1944
I last saw h[illegible] alive on Apr 20 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Chronic Valvular Heart Disease	
Aortic Regurgitation	
Due to Rheumatic fever	21 yrs
Due to	
Other conditions Influenza (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYISICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature Chas Bonnell M. D. (M. D. or other)
and Address Bonners Ferry Date Apr 22 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States Department of Commerce
Bureau of the Census

MAY 12 1944

Certificate Of Death

STATE OF IDAHO

State File No. 13861?
Local Reg. No. 17-44
Reg. Dist. No. 100

1. PLACE OF DEATH:

(a) County Boundary
(b) City or town Brown Creek Valley
(c) Street Address or R.F.D. No. Naples Idaho.
(d) Death Occured Inside? ..... Outside? XX city or town
(e) Died in a Hom XX Hospital.... Institution.... Other place....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 34 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

(a) State Idaho. (b) County Boundary
(c) City or town Naples
(d) Street Address or R.F.D. No. Brown Creek Vall
(e) Deceased lived Inside? ..... Outside? XX city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 40 years
(h) Former residence (city, state) Sandpoint Ida

3. (a) FULL NAME Mrs. May Farmore Mottner

738

3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex Fem. race White
5. Color or
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Fred W.
6. (c) Age of husband or wife if alive 67 years
7. Date of Birth (Month, Day, Year) May 25th.1876

8. AGE	Years	Months	Days	If less than 1 day
	67	11	4	hrs min.

9. Exact Occupation Housewife — Did this work for 40 yrs.
10. Industry or Business at home — Date last worked 1/1/44
11. Birthplace ..... (City or town) Iowa (State or foreign country)

Father
12. Name Henry Petram
13. Birthplace ..... (City or town) Unknown (State or foreign country)

Mother
14. Maiden name Mary Wells
15. Birthplace ..... (City or town) Unknown (State or foreign country)

16. Informant's **OWN** Signature F.W. Mottner
and Address Bonners Ferry Idaho.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/3/44 (Month) (Day) (Year)
(c) Place: Bonners Ferry Idaho.

18. Funeral Director's **OWN** Signature Lewis Moore
and Address Bonners Ferry Idaho.

19. (a) 4.3.44 (Date received and filed) (b) Lin Bonnee (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April 29th. 1944
at 3:10 o'clock A. M.

21. **I HEREBY CERTIFY**, That I attended deceased from Jan 1944 to Apr 29 1944
I last saw h alive on Apr 28 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Chronic Myocardial Degeneration — Duration 1 years.
Due to .....
Due to .....
Other conditions (Include pregnancy within 3 months of death) .....
Where was disease contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature Lin Bonnee M.D. (M. D. or other)
and Addr Bonners Ferry Date 4/30 1944

(For additional space, use reverse side)

United States
Department of Commerce
Bureau of the Census

MAY 6 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 130613
Local Reg. No. 47
Reg. Dist. No. 360

1. PLACE OF DEATH:
(a) County Canyon
(b) City or town Caldwell
(c) Street Address or R. F. D. No. 623 Cleveland
(d) Death Occurred Inside? ✓ Outside? ..... city or town
(e) Died in a Home ✓ Hospital ..... Institution ..... Other place .....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 54 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Caldwell
(d) Street Address or R. F. D. No. 623 Cleveland
(e) Deceased lived Inside? ✓ Outside? ..... city or town
(f) If foreign born, in U. S. ..... yrs. Citizen of U. S.? ✓
(g) How long had deceased lived in Idaho? 54 years
(h) Former residence (city, state) Iowa & Nebr

3. (a) **FULL NAME** Mrs Nancy Jane Glenn 107

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Hiram
6 (c) Age of husband or wife if alive Deceased years
7. Date of Birth (Month, Day, Year) Dec 31 1862

8. AGE	Years	Months	Days	If less than 1 day
	81	2	3	hrs min.

9. Exact Occupation Housewife Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Iowa (City or town) (State or foreign country)
Father
12. Name Samuel Porter Scott
13. Birthplace ..... (City or town) (State or foreign country)
Mother
14. Maiden name .....
15. Birthplace ..... (City or town) (State or foreign country)
16. Informant's **OWN** Signature S. P. Glenn
and Address 623 Cleveland
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mch 7-44 (Month) (Day) (Year)
(c) Place: Canyon Hill
18. Funeral Director's **OWN** Signature Jane L. Case
and Address Caldwell Idaho
19. (a) 4-28-44 (Date received and filed) (b) Agnes M. Denman (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 3-4 1944
at ..... o'clock ..... M.
21. I **HEREBY CERTIFY**, That I attended deceased from Feb 10 1944, to March 4 1944
I last saw her alive on March 3 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Terminal Pneumonia 107	
Bronch-Pneumonia	5 day
Due to Senile dementia	2 yrs
Due to 162	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease first contracted? Canyon Co
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature [signature] (M. D. or other)
and Address Caldwell Idaho Date 4/13 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

MAY 1 2 1944

Certificate Of Death

STATE OF IDAHO

State File No. 138614
Local Reg. No. 57
Reg. Dist. No. 365

1. PLACE OF DEATH:
(a) County Canyon
(b) City or town Parma
(c) Street Address or R.F.D. No. 2
(d) Death Occured Inside? ..... Outside? ✓ city or town
(e) Died in a Home .... Hospital .... Institution .... Other place ✓
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 14 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County .....
(c) City or town .....
(d) Street Address or R.F.D. No. .....
(e) Deceased lived Inside? ..... Outside? ..... city or town
(f) Citizen of what country? .....
(g) How long had deceased lived in Idaho? ..... years
(h) Former residence (city, state) .....

3. (a) **FULL NAME** Robert Harold Hartman 175b

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex M
5. Color or race W.
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) April 1 - 1930

8. AGE	Years	Months	Days	If less than 1 day
	13	11	4	hrs min.

9. Exact Occupation 8" Grade Student Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Parma Idaho (City or town) (State or foreign country)
Father
12. Name Orville E. Hartman
13. Birthplace Parma Idaho (City or town) (State or foreign country)
Mother
14. Maiden name Ruby J. Sonner
15. Birthplace Wakefield Nebr (City or town) (State or foreign country)
16. Informant's OWN Signature Orville E. Hartman
and Address Parma Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-8-44 (Month) (Day) (Year)
(c) Place: Ken Davis (Parma)
18. Funeral Director's OWN Signature [illegible]
and Address Caldwell Idaho
19. (a) 5-9-44 (Date received and filed) (b) Ruth Hill (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 5 1944
at 4 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from Mar 5 1944, to Mar 5 1944
I last saw ~~him~~ alive on Mar 5 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Head injuries & shock	
dragged by a horse	
Due to foot caught	
in stirrup	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? yes Suicide? — Homicide? —
Occurred Mar 5 1944 City, county, state where violence occurred at farm
Place of Violence: Home ..... Farm — Industry .....
Public Place ..... While at work? .....
Means of injury as above
23. Attendant's OWN Signature [illegible] (M. D. or other)
and Address Caldwell Idaho Date 3-9 1944
(For additional space, use reverse side)

United States
Department of Commerce
Bureau of the Census

MAY 9 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 138615
Local Reg. No. 65 (66)
Reg. Dist. No. 362

1. **PLACE OF DEATH:**
   (a) County Canyon
   (b) City or town Idaho
   (c) Street Address or R. F. D. No. 205-9 Ave So
   (d) Death Occurred Inside? ✓ ~~Outside?~~ ~~city or town~~
   (e) Died in a Home__ Hospital ✓ Institution__ Other place__
   (f) Name Hosp. or Inst. Mercy Stayed 1 days
   (g) Lived in this county 2 years ____ months ____ days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Canyon
   (c) City or town Nampa
   (d) Street Address or R. F. D. No. 205-9 Ave So
   (e) Deceased lived Inside? ✓ ~~Outside?~~ ~~city or town~~
   (f) Citizen of what country? U S A
   (g) How long had deceased lived in Idaho? 50 years
   (h) Former residence (city, state) Utah

3. (a) **FULL NAME** Donald L. Bennett 46b

3. (b) If veteran, name war____ 3. (c) Social Security No.____
4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Lula 6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) Nov 29 1886

8. AGE	Years	Months	Days	If less than 1 day
	57	4	5	hrs min.

9. Exact Occupation Clerk at Cigar Did this work for ____ yrs.
10. Industry or Business store Date last worked____
11. Birthplace Deseret (City or town) Utah (State or foreign country)
Father
12. Name Edward Bennett
13. Birthplace New Jersey (City or town) (State or foreign country)
Mother
14. Maiden name Speed
15. Birthplace New Jersey (City or town) (State or foreign country)
16. Informant's OWN Signature Lula Bennett and Address 205-9th Ave So
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/6/44 (Month) (Day) (Year)
(c) Place: Nampa Idaho
18. Funeral Director's OWN Signature F. R. Robinson and Address Nampa Idaho
19. (a) April 8-1944 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April 4 1944 at____ o'clock ____ M.
21. **I HEREBY CERTIFY,** That I attended deceased from 4-3 1944, to 4-4 1944
I last saw him alive on 4-3 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cancer	2 yrs
Due to Cancer of Stomach	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation____ Date____	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident?____ Suicide?____ Homicide?____
Occurred____ 19__ City, county, state where violence occurred____
Place of Violence: Home____ Farm____ Industry____
Public Place____ While at work?____
Means of injury____
23. Attendant's OWN Signature T. C. Houston (M. D. or other)
and Address Nampa Ida Date 4-4 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Weber

United States
Department of Commerce
Bureau of the Census

APR 11 1944

Certificate Of Death

STATE OF IDAHO

State File No. 135613
Local Reg. No. 63
Reg. Dist. No. 363

1. PLACE OF DEATH:
(a) County Canyon
(b) City or town Nampa
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? X Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. Samaritan Stayed 21 days
(g) Lived in this county years months 21 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Ada
(c) City or town Boise
(d) Street Address or R.F.D. No. 3605 4th So.
(e) Deceased lived Inside? Outside? city or town
(f) Citizen of what country? U. S. A.
(g) How long had deceased lived in Idaho? Life years
(h) Former residence (city, state) None

3. (a) **FULL NAME** MARION E. DENTLER

124b

3. (b) If veteran, name war None
3. (c) Social Security No. ?
4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Merle Dentler
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) August 20, 1906

8. AGE	Years	Months	Days	If less than 1 day
	37	7	15	hrs min.

9. Exact Occupation Housewife Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Boise, Idaho (City or town) (State or foreign country)
Father
12. Name John J. Pratt
13. Birthplace Boise, Idaho (City or town) (State or foreign country)
Mother
14. Maiden name Geneva M. Cassady
15. Birthplace Missouri (City or town) (State or foreign country)
16. Informant's **OWN** Signature Merle L. Dentler
and Address 3605 4th St. So. Boise
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/8/44 (Month) (Day) (Year)
(c) Place: Cloverdale Memorial Park
18. Funeral Director's **OWN** Signature Schreiber & McCann
and Address Boise Milford Dragoo
19. (a) April 7 1944 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 4 – 5 1944
at 11 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from 3 – 5 1944, to 4 – 5 1944
I last saw her alive on 4 – 5 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Nephritis	/
Cirrhosis Liver	/
Due to Hypertension	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature J. S. Weber (M. D. or other)
and Address Boise Ada Date 19
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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United States
Department of Commerce
Bureau of the Census

MAY 6 1944

Certificate Of Death

STATE OF IDAHO

State File No. .....
Local Reg. No. 44
Reg. Dist. No. 360

1. PLACE OF DEATH:
(a) County Canyon
(b) City or town Caldwell
(c) Street Address or R.F.D. No. .....
(d) Death Occured Inside? ✓ Outside? ..... city or town
(e) Died in a Home ✓ Hospital ..... Institution ..... Other place .....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 34 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Caldwell
(d) Street Address or R.F.D. No. .....
(e) Deceased lived Inside? ✓ Outside? ..... city or town
(f) Citizen of what country? .....
(g) How long had deceased lived in Idaho? 34 years
(h) Former residence (city, state) Colo.

3. (a) FULL NAME Nettie L. Shaw 162b

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) Aug 29 - 1853

8. AGE	Years	Months	Days	If less than 1 day
	90	7	6.	hrs min.

9. Exact Occupation Housekeeping Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Elizabethtown, Ing (City or town) (State or foreign country)
Father
12. Name Levy Mitchell
13. Birthplace Unknown (City or town) (State or foreign country)
Mother
14. Maiden name " "
15. Birthplace " " (City or town) (State or foreign country)
16. Informant's OWN Signature C C Bozman
and Address Caldwell Idaho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-8-44 (Month) (Day) (Year)
(c) Place: Nampa Idaho
18. Funeral Director's OWN Signature V. Peckham
and Address Caldwell Idaho
19. (a) 4-27-44 (Date received and filed) (b) Agnes M. Denman (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) April 5 1944
at 11 o'clock P M.
21. I HEREBY CERTIFY, That I attended deceased from Dec 13 1943 to Apr 5 1944
I last saw her alive on Mar 30 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Inanition	2 mo
Due to age	
Due to	
Other conditions — (Include pregnancy within 3 months of death)	

Where was disease contracted? Caldwell Idaho
Name of operation ..... Date .....
Major finding ..... Date .....
Finding of autopsy .....

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? — Suicide? — Homicide? .....
Occurred ..... 19.. City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's OWN Signature J. M. Kaley (M. D. or other)
and Address Caldwell Date 4-14-1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK [illegible] Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

MAY 6 1944

Certificate Of Death

STATE OF IDAHO

State File No. 13061
Local Reg. No. 41
Reg. Dist. No. 360

1. PLACE OF DEATH:
(a) County Canyon
(b) City or town Caldwell
(c) Street Address or R.F.D. No. 402 Denver
(d) Death Occured Inside? ..... Outside? ..... city or town
(e) Died in a Home X Hospital ..... Institution ..... Other place .....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 8 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Caldwell
(d) Street Address or R.F.D. No. 403 Denver
(e) Deceased lived Inside? X Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 8 years
(h) Former residence (city, state) Missouri

3. (a) FULL NAME William Bollinger Griffith 83a

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife Eliza
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) 9-5-1877

8. AGE	Years	Months	Days	If less than 1 day
	66	7	2	hrs min.

9. Exact Occupation Farming Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace ..... (City or town) Missouri (State or foreign country)
Father
12. Name Not Know
13. Birthplace ..... (City or town) (State or foreign country)
Mother
14. Maiden name Not Know
15. Birthplace ..... (City or town) (State or foreign country)
16. Informant's **OWN** Signature John E. Griffith
and Address 223 Chicago
17. (a) ..... (Burial, cremation, or removal) (b) Date thereof 4-10-44 (Month) (Day) (Year)
(c) Place: Canyon Hill Caldwell, Ida
18. Funeral Director's **OWN** Signature V. Peckham
and Address Caldwell, Idaho
19. (a) 4-20-44 (Date received and filed) (b) Agnes M. Denman (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 4-7- 1944
at 2:40 o'clock P.M.
21. **I HEREBY CERTIFY**, That I attended deceased from 4/5 1944, to 4/7 1947
I last saw him alive on 4/5 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death	Duration
Apoplexy	3
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYISCIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature [signature] (M.D. or other)
and Address Caldwell Date 4/14 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

MAY 6 1944

Certificate Of Death

STATE OF IDAHO

State File No. 13061
Local Reg. No. 40
Reg. Dist. No. 360

1. PLACE OF DEATH:
(a) County Canyon
(b) City or town Caldwell
(c) Street Address or R.F.D. No. 324 Galveston
(d) Death Occured Inside? X Outside? ___ city or town
(e) Died in a Home X Hospital ___ Institution ___ Other place ___
(f) Name Hosp. or Inst. ___ Stayed ___ days
(g) Lived in this county 10 years ___ months ___ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Caldwell
(d) Street Address or R.F.D. No. 324 Galveston
(e) Deceased lived Inside? X Outside? ___ city or town
(f) Citizen of what country? U. S. A.
(g) How long had deceased lived in Idaho? 44 years
(h) Former residence (city, state) Minnisota

3. (a) FULL NAME Ben Haagensen 83.a

3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Anna
6. (c) Age of husband or wife if alive ___ years
7. Date of Birth (Month, Day, Year) 5-28-1872

8. AGE	Years	Months	Days	If less than 1 day
	71	10	9	hrs min.

9. Exact Occupation Farmer & Threshermen Did this work for 40 yrs.
10. Industry or Business ___ Date last worked ___
11. Birthplace Wadena (City or town) Minnisota (State or foreign country)
Father
12. Name ___
13. Birthplace Not Know (City or town) (State or foreign country)
Mother
14. Maiden name ___
15. Birthplace Not Know (City or town) (State or foreign country)
16. Informant's OWN Signature Anna Haagensen
and Address 324 Galveston
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-11-44 (Month) (Day) (Year)
(c) Place: Canyon Hill Caldwell
18. Funeral Director's OWN Signature V Peckham
and Address Caldwell, Idaho.
19. (a) 4-20-44 (Date received and filed) (b) Agnes M Denman (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April - 7 1944
at 12 o'clock P.M.
21. **I HEREBY CERTIFY**, That I attended deceased from 4/1 1944, to 4/7 1944
I last saw her alive on 4/6 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Apoplexy	7 da
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYISCIAN Underline the cause to which death should be charged statistically.
Name of operation ___ Date ___	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ___ Suicide? ___ Homicide? ___
Occurred ___ 19___ City, county, state where violence occurred ___
Place of Violence: Home ___ Farm ___ Industry ___
Public Place ___ While at work? ___
Means of injury ___
23. Attendant's OWN Signature [signature] (M.D. or other)
and Address Caldwell Idaho Date 4/14 1944
(For additional space, use reverse side)

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

MAY 9 1944

State File No. 136620
Local Reg. No. 67
Reg. Dist. No. 362

1. **PLACE OF DEATH:**
(a) County Canyon
(b) City or town Nampa
(c) Street Address or R. F. D. No. 423-10 Ave So
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home X Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. ____ Stayed 3 mo days
(g) Lived in this county ____ years 3 months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Nampa
(d) Street Address or R. F. D. No. 423-10 Ave So
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 3 mo years
(h) Former residence (city, state) Tarrehutt Ind.

3. (a) **FULL NAME** Hazel G. Kent. 46E

3. (b) If veteran, name war ____ 3. (c) Social Security No. ____
4. Sex F. 5. Color or race W. 6. (a) Single, widowed, married, divorced Married.
6. (b) Name of husband or wife H.E. Kent. 6. (c) Age of husband or wife if alive 52 years
7. Date of Birth (Month, Day, Year) June 24 - 1905

8. AGE	Years	Months	Days	If less than 1 day
	38	9	14	hrs min.

9. Exact Occupation House wife Did this work for ____ yrs.
10. Industry or Business Self. Date last worked ____
11. Birthplace Opeta (City or town) Kansas (State or foreign country)
Father
12. Name Geo. B. Watson.
13. Birthplace Marsville (City or town) Kans. (State or foreign country)
Mother
14. Maiden name Hattie V. Locke
15. Birthplace Champaigne (City or town) Ill. (State or foreign country)
16. Informant's OWN Signature H.E. Kent
and Address Nampa Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/11/44 (Month) (Day) (Year)
(c) Place: Caldwell Idaho
18. Funeral Director's OWN Signature Wm Valley
and Address Nampa Ida.
19. (a) April-11-1944 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April 8 1944
at 3:30 o'clock ____ M.
21. **I HEREBY CERTIFY,** That I attended deceased from ____ 1944, to ____ 1944
I last saw her alive on ____ 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Ileum
Carcinoma of Bowels
Due to ____
Due to ____
Other conditions ____
(Include pregnancy within 3 months of death)
Where was disease contracted? unknown
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature W. C. Notts M.D. (M. D. or other)
and Address Nampa, Ida. Date 4-10 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census MAY 6 1944

Certificate Of Death

STATE OF IDAHO

State File No. 13502
Local Reg. No. 48
Reg. Dist. No. 361

1. **PLACE OF DEATH:**
   (a) County Canyon
   (b) City or town Caldwell
   (c) Street Address or R. F. D. No. 2
   (d) Death Occured Inside? ..... Outside? ..... city or town
   (e) Died in a Home ~~Hospital~~ Institution Other place
   (f) Name Hosp. or Inst. ..... Stayed ..... days
   (g) Lived in this county 35 years ..... months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Canyon
   (c) City or town Caldwell
   (d) Street Address or R.F.D. No. 2
   (e) Deceased lived Inside? ..... Outside? ~~✓~~ city or town
   (f) Citizen of what country? U. S. A.
   (g) How long had deceased lived in Idaho? 35 years
   (h) Former residence (city, state) Nebraska

3. (a) **FULL NAME** Mary Angeline Ingraham 93E

3. (b) If veteran, name war ~~✓~~
3. (c) Social Security No. ~~✓~~
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Wd
6. (b) Name of husband or wife ~~✓~~
6. (c) Age of husband or wife if alive ~~✓~~ years
7. Date of Birth (Month, Day, Year) May 18 1876

8. AGE	Years	Months	Days	If less than 1 day
	67	10	23	hrs ..... min.

9. Exact Occupation Housewife — Did this work for ..... yrs.
10. Industry or Business ..... — Date last worked .....
11. Birthplace Hillsboro Ind. (City or town) (State or foreign country)
12. Name of Father Curtis Hoff
13. Birthplace of Father Hillsboro Ind. (City or town) (State or foreign country)
14. Maiden name of Mother Mary Ann Fraser
15. Birthplace of Mother Ind. (City or town) (State or foreign country)
16. Informant's **OWN** Signature O. L. Ingraham and Address Caldwell Idaho R 2
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-13-44 (Month) (Day) (Year)
    (c) Place: Canyon Hill
18. Funeral Director's **OWN** Signature ..... and Address Caldwell Idaho
19. (a) 4-27-44 (Date received and filed) (b) Agnes M Dunman (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April 11 1944
    at 4:00 o'clock P. M.
21. **I HEREBY CERTIFY**, That I attended deceased from March 11 1944 to April 11 1944
    I last saw her alive on April 8 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Flu	2wks
Pneumonia	
Due to Myocarditis	2wks
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted? Idaho	
Name of operation ~~✓~~ Date ~~✓~~	
Major finding ~~✓~~	
Finding of autopsy ~~✓~~	

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ~~✓~~ Suicide? ~~✓~~ Homicide? ~~✓~~
    Occurred ~~✓~~ 19 ~~✓~~ City, county, state where violence occurred ~~✓~~
    Place of Violence: Home ~~✓~~ Farm ~~✓~~ Industry .....
    Public Place ~~✓~~ While at work? .....
    Means of injury .....
23. Attendant's **OWN** Signature J. M. Raley (M. D. or Coroner)
    and Address Caldwell Idaho Date April 11 1944
    (If additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

MAY 6 1944

Certificate Of Death

STATE OF IDAHO

State File No. 13[illegible]
Local Reg. No. 42
Reg. Dist. No. 360

1. PLACE OF DEATH:
(a) County Canyon
(b) City or town Caldwell
(c) Street Address or R.F.D. No. 320 Cleveland
(d) Death Occured Inside? ✓ Outside? ..... city or town
(e) Died in a Home.... Hospital.... Institution.... Other place....
(f) Name Hosp. or Inst. Snow Nursing Stayed ..... days
(g) Lived in this county 21 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Caldwell
(d) Street Address or R.F.D. No. 320 Cleveland
(e) Deceased lived Inside? ..... Outside? ..... city or town
(f) Citizen of what country? .....
(g) How long had deceased lived in Idaho? 24 years
(h) Former residence (city, state) Utah

3. (a) FULL NAME Agnes Jones Twiggs 61

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) Oct. 22 - 1863

8. AGE	Years	Months	Days	If less than 1 day
	71	5	11	hrs min.

9. Exact Occupation Nurse Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Salt Lake City Utah (City or town) (State or foreign country)
Father
12. Name Unknown
13. Birthplace " (City or town) (State or foreign country)
Mother
14. Maiden name Ines Swan
15. Birthplace Unknown (City or town) (State or foreign country)
16. Informant's OWN Signature Gilbert Watson
and Address Caldwell Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 4-18-44 (Month) (Day) (Year)
(c) Place: Caldwell Canyon Hill
18. Funeral Director's OWN Signature [illegible]
and Address Caldwell Idaho
19. (a) 4-27-44 (Date received and filed) (b) Agnes M Denman (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 4 - ~~16~~ 11 1944
at 2 o'clock A M.
21. **I HEREBY CERTIFY**, That I attended deceased from Jan 1940, to Apr 11 1944
I last saw her alive on Apr 11 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Diabetes Mellitus	10 yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYISCIAN
Name of operation ..... Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's OWN Signature [illegible] (M. D. or other)
and Address Caldwell Id. Date 4 - 24 1944
(For additional space, use reverse side)

United States
Department of Commerce
Bureau of the Census

MAY 9 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 135623
Local Reg. No. 69
Reg. Dist. No. 362

1. **PLACE OF DEATH:**
(a) County Canyon
(b) City or town Nampa ~~Idaho~~
(c) Street Address or R. F. D. No. 120 12 Ave No
(d) Death Occurred Inside? ✓ ~~Outside?~~ ~~city or town~~
(e) Died in a Home ✓ ~~Hospital~~ ~~Institution~~ ~~Other place~~
(f) Name Hosp. or Inst. _____ Stayed _____ days
(g) Lived in this county 7 years _____ months _____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Nampa
(d) Street Address or R. F. D. No. 120 12 Ave No
(e) Deceased lived Inside? ✓ ~~Outside?~~ ~~city or town~~
(f) Citizen of what country? U S A
(g) How long had deceased lived in Idaho? _____ years
(h) Former residence (city, state) _____

3. (a) **FULL NAME** Franklin Benjamin Rohrbacker 94a

3. (b) If veteran, name war _____
3. (c) Social Security No. 519-22-7776
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Rose
6. (c) Age of husband or wife if alive _____ years
7. Date of Birth (Month, Day, Year) Oct. 7 1875

8. AGE	Years	Months	Days	If less than 1 day
	68	6	5	hrs min.

9. Exact Occupation Retired Farmer Did this work for _____ yrs.
10. Industry or Business _____ Date last worked _____
11. Birthplace Iowa City Iowa (City or town) (State or foreign country)
Father
12. Name Daneal Rohrbacker
13. Birthplace Ohio (City or town) (State or foreign country)
Mother
14. Maiden name Vnick
15. Birthplace USA (City or town) (State or foreign country)
16. Informant's OWN Signature Rose Rohrbacker
and Address 120 12 Ave No Nampa
17. (a) Bureal (Burial, cremation, or removal) (b) Date thereof 4/15/44 (Month) (Day) (Year)
(c) Place: Nampa Idaho
18. Funeral Director's OWN Signature F. K. Robinson
and Address Nampa Idaho
19. (a) April 24-1944 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April 12 1944
at 3 2/5 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from 6-17 1943, to 4-12 1944
I last saw ~~him~~ alive on 4-11 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Coronary Dis	1 yr
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation _____ Date _____	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? _____ Suicide? _____ Homicide? _____
Occurred _____ 19__ City, county, state where violence occurred _____
Place of Violence: Home _____ Farm _____ Industry _____
Public Place _____ While at work? _____
Means of injury _____
23. Attendant's OWN Signature J. C. Horton (M. D. or other)
and Address Nampa Idaho Date 4-12 1944
(For additional space, use reverse side)

Horton

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

13062

United States
Department of Commerce
Bureau of the Census MAY 9 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 75
Reg. Dist. No. 362

1. **PLACE OF DEATH:**
(a) County Canyon
(b) City or town Nampa
(c) Street Address or R. F. D. No. 122 Thacker
(d) Death Occurred Inside? ✓ Outside? ~~city or town~~
(e) Died in a Home ✓ Hospital ~~Institution~~ Other place ~~~~
(f) Name Hosp. or Inst. Centen Stayed ~~days~~
(g) Lived in this county 11 years ~~months~~ ~~days~~
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Nampa
(d) Street Address or R. F. D. No. 122 Thacker
(e) Deceased lived Inside? ✓ Outside? ~~city or town~~
(f) Citizen of what country? U S A
(g) How long had deceased lived in Idaho? 11 years
(h) Former residence (city, state) Colo

3. (a) **FULL NAME** Nora Bell Siner 1316

3. (b) If veteran, name war ~~~~ 3. (c) Social Security No. ~~~~
4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife ~~~~ 6. (c) Age of husband or wife if alive Not living years
7. Date of Birth (Month, Day, Year) June 22 1866

8. AGE	Years	Months	Days	If less than 1 day
	77	9	20	hrs ~~min.~~

9. Exact Occupation Housewife Did this work for ~~yrs.~~
10. Industry or Business ~~~~ Date last worked ~~~~
11. Birthplace Grand Junction Colo (City or town) (State or foreign country)
Father 12. Name Gabreal Siner
Father 13. Birthplace ~~~~ (City or town) (State or foreign country)
Mother 14. Maiden name ~~~~
Mother 15. Birthplace ~~~~ (City or town) (State or foreign country)
16. Informant's **OWN** Signature Cecil D Siner
and Address Nampa Idaho
17. (a) Burial (b) Date thereof 4/18/44 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: Nampa
18. Funeral Director's **OWN** Signature F. K. Robinson
and Address Nampa Ida.
19. (a) April 28 1944 (b) Lyda Rodgers (Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April 12 1944
at ~~~~ o'clock ~~M.

21. **I HEREBY CERTIFY,** That I attended deceased from Dec. 12 1943, to Apr. 12 1944
I last saw her alive on Mar 24 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Myocarditis	Bel
Due to Chronic nephritis	1316
Due to ~~~~	~~~~
Other conditions (Include pregnancy within 3 months of death) ~~~~	~~~~

Where was disease contracted? ~~~~
Name of operation ~~~~ Date ~~~~
Major finding ~~~~
Finding of autopsy ~~~~

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ~~~~ Suicide? ~~~~ Homicide? ~~~~
Occurred ~~~~ 19~~ City, county, state where violence occurred ~~~~
Place of Violence: Home ~~~~ Farm ~~~~ Industry ~~~~
Public Place ~~~~ While at work? ~~~~
Means of injury ~~~~

23. Attendant's **OWN** Signature Samuel A Swayne M.D. (M.D. or other)
and Address Nampa Date Apr. 28 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Swayne

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

MAY 9 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 136625
Local Reg. No. 70
Reg. Dist. No. 363

1. **PLACE OF DEATH:**
   (a) County Canyon
   (b) City or town Nampa
   (c) Street Address or R. F. D. ~~No.~~ Melba RFD One
   (d) Death Occurred Inside? ✓ ~~Outside?~~ ~~city or town~~
   (e) Died in a Home ✓ Hospital ~~Institution~~ ~~Other place~~
   (f) Name Hosp. or Inst. _____ Stayed _____ days
   (g) Lived in this county 24 years _____ months _____ days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Canyon
   (c) City or town ~~Nampa~~
   (d) Street Address or R. F. D. ~~No.~~ Melba
   (e) Deceased lived Inside? ✓ ~~Outside?~~ ~~city or town~~
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 24 years
   (h) Former residence (city, state) _____

3. (a) **FULL NAME** Elizabeth Wade 93d

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____
4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive Not Living years
7. Date of Birth (Month, Day, Year) March 25 1864

8. AGE	Years	Months	Days	If less than 1 day
	80		18	hrs min.

9. Exact Occupation House wife Did this work for _____ yrs.
10. Industry or Business _____ Date last worked _____
11. Birthplace _____ (City or town) (State or foreign country)
Father
12. Name Jacob Tucker
13. Birthplace _____ (City or town) (State or foreign country)
Mother
14. Maiden name Pemberton
15. Birthplace Indiana (City or town) (State or foreign country)
16. Informant's OWN Signature Dilla Tucker
and Address R#2, Caldwell
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/17/44 (Month) (Day) (Year)
(c) Place: Canyon Hill Caldwell
18. Funeral Director's OWN Signature F. K. Robinson
and Address Nampa
19. (a) April 24 1944 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April 12 1944
at _____ o'clock _____ M.
21. **I HEREBY CERTIFY,** That I attended deceased from _____ 1942, to April 10 1944
I last saw her alive on April 10 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Chronic Myocarditis	10 yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted? Home	PHYSICIAN
Name of operation ✓ Date	Underline the cause to which death should be charged statistically.
Major finding ✓	
Finding of autopsy ✓	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ✓ Suicide? _____ Homicide? _____
Occurred _____ 19___ City, county, state where violence occurred _____
Place of Violence: Home _____ Farm _____ Industry _____
Public Place _____ While at work? _____
Means of injury _____
23. Attendant's OWN Signature L. Rodgers MD (M. D. or other)
and Address Nampa Ida Date 4-20 1944
(For additional space, use reverse side)

13

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

MAY 9 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 130626
Local Reg. No. 71
Reg. Dist. No. 363

1. **PLACE OF DEATH:**
   (a) County Canyon
   (b) City or town Nampa
   (c) Street Address or R. F. D. No. Melba
   (d) Death Occurred Inside? ✓ Outside? ____ city or town
   (e) Died in a Home __ Hospital ✓ Institution __ Other place __
   (f) Name Hosp. or Inst. Mercy Stayed 2 days
   (g) Lived in this county 41 years ____ months ____ days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Canyon
   (c) City or town Melba
   (d) Street Address or R. F. D. No. ____
   (e) Deceased lived Inside? ____ Outside? ____ city or town
   (f) Citizen of what country? U S A
   (g) How long had deceased lived in Idaho? 41 years
   (h) Former residence (city, state) ____

3. (a) **FULL NAME** Nelli Swarthout 83a

3. (b) If veteran, name war ____ 3. (c) Social Security No. ____
4. Sex Fem. 5. Color or race W 6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife not living 6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) 1877

8. AGE	Years	Months	Days	If less than 1 day
	67			hrs min.

9. Exact Occupation Housewife Did this work for ____ yrs.
10. Industry or Business ____ Date last worked ____
11. Birthplace ____ (City or town) Iowa (State or foreign country)
Father
12. Name ____
13. Birthplace ____ (City or town) ____ (State or foreign country)
Mother
14. Maiden name ____
15. Birthplace ____ (City or town) ____ (State or foreign country)
no record
16. Informant's OWN Signature Mrs. Loyd Swarthout
and Address Boise Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/17/44 (Month) (Day) (Year)
(c) Place: Nampa
18. Funeral Director's OWN Signature Fred K. Robinson
and Address Nampa Ida.
19. (a) April 24 1944 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April 13 1944
at 2 o'clock a M.
21. **I HEREBY CERTIFY,** That I attended deceased from 4-11-1944 to 4/13/1944
I last saw her alive on 4-12-1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebral haemorrhage	3 da.
Due to Hypertension	Several yrs.
Due to ____	
Other conditions ____ (Include pregnancy within 3 months of death)	
Where was disease contracted? ____	PHYSICIAN
Name of operation ____ Date ____	Underline the cause to which death should be charged statistically.
Major finding ____	
Finding of autopsy ____	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature Geo. A. A. Kelley M.D. (M. D. or other)
and Address Nampa, Ida. Date 4-20-1944
(For additional space, use reverse side)

13 6 27

United States
Department of Commerce
Bureau of the Census

MAY 9 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 76
Reg. Dist. No. 363

1. **PLACE OF DEATH:**
   (a) County Canyon
   (b) City or town Nampa
   (c) ~~Street Address or~~ R. F. D. No. 4
   (d) Death Occurred ~~Inside?~~ Outside? ~~city or town~~
   (e) Died in a Home ~~Hospital Institution Other place~~
   (f) Name Hosp. or Inst. — Stayed days
   (g) Lived in this county 30 years months days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Canyon
   (c) City or town Nampa
   (d) ~~Street Address or~~ R. F. D. No. 4
   (e) Deceased lived ~~Inside?~~ Outside? ~~city or town~~
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 30 years
   (h) Former residence (city, state) —

3. (a) **FULL NAME** Alice Pease 61

3. (b) If veteran, name war ✓
3. (c) Social Security No. none
4. Sex Fem
5. Color or race w
6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Date of Birth (Month, Day, Year) 10 / 10 / 74

8. AGE	Years	Months	Days	If less than 1 day
	69	6	4	hrs min.

9. Exact Occupation Housekeeper Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Kansas (City or town) (State or foreign country)
Father
12. Name no record
13. Birthplace " " (City or town) (State or foreign country)
Mother
14. Maiden name " "
15. Birthplace " " (City or town) (State or foreign country)
16. Informant's OWN Signature Mrs Beulah Wilson
and Address Nampa Ida
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 17-44 (Month) (Day) (Year)
(c) Place: Nampa Idaho
18. Funeral Director's OWN Signature F. K. Robinson
and Address Nampa Ida
19. (a) April 28-1944 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April 14 1944
at o'clock M.
21. **I HEREBY CERTIFY,** That I attended deceased from 1-15 1942 to 4-14 1944
I last saw her alive on 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death	Duration
Diabetes Gangrene	
both legs	1 Mo
Due to Diabetes	Years
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature [signature] (M. D. or other)
and Address Nampa Ida Date 4-28 1944
(For additional space, use reverse side)

B

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

13062

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

MAY 9 1944

State File No. 13062
Local Reg. No. 82
Reg. Dist. No. 362

1. **PLACE OF DEATH:**
   (a) County Canyon
   (b) City or town Nampa
   (c) Street Address or R. F. D. No. 1419 - 7th S.
   (d) Death Occurred Inside? ~~Outside?~~ city or town
   (e) Died in a ~~Home~~ ~~Hospital~~ Institution ~~Other place~~
   (f) Name Hosp. or Inst. Hyatts Stayed 10 days
   (g) Lived in this county 20 years ~~months~~ ~~days~~

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Canyon
   (c) City or town Nampa
   (d) Street Address or R. F. D. No. 1419 - 7th S.
   (e) Deceased lived Inside? ~~Outside?~~ city or town
   (f) Citizen of what country? U. S. A.
   (g) How long had deceased lived in Idaho? 20 years
   (h) Former residence (city, state) Kansas

3. (a) **FULL NAME** Mary Esther Huling 92a

3. (b) If veteran, name war ✓
3. (c) Social Security No. None
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or ~~wife~~ O. G. Huling
6. (c) Age of husband or wife if alive — years
7. Date of Birth (Month, Day, Year) Aug 26 - 1890

8. AGE	Years	Months	Days	If less than 1 day
	53	7	24	hrs ___ min. ___

9. Exact Occupation Housekeeper — Did this work for ___ yrs.
10. Industry or Business ___ Date last worked ___
11. Birthplace Kansas (City or town) (State or foreign country)

Father
12. Name Simmons
13. Birthplace — (City or town) (State or foreign country)

Mother
14. Maiden name Gardner
15. Birthplace — (City or town) (State or foreign country)

16. Informant's OWN Signature O. G. Huling and Address Nampa Ada
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-19-44 (Month) (Day) (Year)
   (c) Place: Cloverdale Cem
18. Funeral Director's OWN Signature F. K. Robinson and Address Nampa Ida
19. (a) May 6 1944 (Date received and filed) (b) Lydd Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April 14 — 1944
   at ___ o'clock ___ M.
21. **I HEREBY CERTIFY,** That I attended deceased from ___ 1944, to Apr. 14 1944
   I last saw her alive on ___ 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cardiac Resuscitation	92a
Heart Failure	
Due to Hypertension	10 Y
Due to Hemiplegia	83 D
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? ___
Name of operation ___ Date ___
Major finding ___
Finding of autopsy ___

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ___ Suicide? ___ Homicide? ___
   Occurred ___ 19___ City, county, state where violence occurred ___
   Place of Violence: Home ___ Farm ___ Industry ___
   Public Place ___ While at work? ___
   Means of injury ___
23. Attendant's OWN Signature Thos. E. Mangum M.D. (M. D. or other)
   and Address Nampa Ida Date 5-5 1944
   (For additional space, use reverse side)

M

United States
Department of Commerce
Bureau of the Census

MAY 9 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 13[illegible]
Local Reg. No. 68
Reg. Dist. No. 362

1. **PLACE OF DEATH:**
(a) County Canyon
(b) City or town Nampa
(c) Street Address or R. F. D. No. 815-11 Ave So
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home __ Hospital X Institution __ Other place __
(f) Name Hosp. or Inst. Mercy Stayed 1 days
(g) Lived in this county ____ years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Nampa
(d) Street Address or R. F. D. No. 815-11 Ave So
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 7 mo ~~years~~
(h) Former residence (city, state) Ill.

3. (a) **FULL NAME** Marian E Bailey 148a

3. (b) If veteran, name war —
3. (c) Social Security No. 317-20-6961
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) Nov. 29 - 1925

8. AGE	Years	Months	Days	If less than 1 day
	18	4	19	hrs min.

9. Exact Occupation House work. Did this work for ____ yrs.
10. Industry or Business ____ Date last worked ____
11. Birthplace Danville, Ill. (City or town) (State or foreign country)
Father
12. Name J. A. Bailey
13. Birthplace Danville Ill. (City or town) (State or foreign country)
Mother
14. Maiden name Mable E. Alverson.
15. Birthplace Hope Ill. (City or town) (State or foreign country)
16. Informant's OWN Signature X J. Emmette Bailey
and Address Valley Ida.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 4/21-1944 (Month) (Day) (Year)
(c) Place: Danville Ill.
18. Funeral Director's OWN Signature Wm D. Talley
and Address Nampa Idaho
19. (a) April-20-1944 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April 18 1944
at 9:30 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from ____ 19__, to ____ 19__
I last saw h__ alive on ____ 19__; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Puerperal Convulsions + Suppression of urine.	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation ____ Date ____	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature T. E. Horton (M. D. or other)
and Address Nampa Ida. Date 4-19 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

MAY 6 1944

Certificate Of Death

STATE OF IDAHO

State File No. 13630
Local Reg. No. 45
Reg. Dist. No. 361

1. PLACE OF DEATH:
(a) County Canyon
(b) City or town Roswell, Idaho
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? Outside? city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Roswell
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 40 years
(h) Former residence (city, state) Illinois

946

3. (a) **FULL NAME** William Newmont Rhoads

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Nettie R.
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) July-5-1866

8. AGE	Years	Months	Days	If less than 1 day
	77	9	14	hrs min.

9. Exact Occupation Farmer — Did this work for yrs.
10. Industry or Business Farming — Date last Worked
11. Birthplace Paris (City or town) Illinois (State or foreign country)

Father
12. Name Lloyd Rhoads
13. Birthplace London (City or town) England (State or foreign country)

Mother
14. Maiden name Unknown
15. Birthplace (City or town) (State or foreign country)

16. Informant's **OWN** Signature E.W. Rhoads
and Address Wilder, Idaho

17. (a) Buried (Burial, cremation, or removal) (b) Date thereof 4-22-44 (Month) (Day) (Year)
(c) Place: Wilder, Idaho

18. Funeral Director's **OWN** Signature
and Address Caldwell Idaho

19. (a) 4-27-44 (Date received and filed) (b) Agnes M Denman (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April 19 1944
at 7 o'clock P. M.

21. **I HEREBY CERTIFY**, That I attended deceased from Feb. 10 1944, to April 19 1944
I last saw h alive on April 19 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — Duration
Angina Pectoris
Due to Hypertention
Due to
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYISICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature W. M. Mitchell (M. D. or other)
and Address Parma Ida. Date 4/24 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

MAY 9 1944

Certificate Of Death

STATE OF IDAHO

State File No. 136631
Local Reg. No. 73
Reg. Dist. No. 363

1. PLACE OF DEATH:
(a) County Canyon
(b) City or town Nampa, Idaho
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? X Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. Samaritan Stayed days
(g) Lived in this county years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Caldwell
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 16 years
(h) Former residence (city, state) Iowa

3. (a) FULL NAME Jess Hopkins 92b

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Sept 14-1871

8. AGE	Years	Months	Days	If less than 1 day
	72	8	15	hrs min.

9. Exact Occupation Farmer Did this work for yrs.
10. Industry or Business Farming Date last worked
11. Birthplace Winterset, Iowa (City or town) (State or foreign country)
Father
12. Name James Hopkins
13. Birthplace Unknown (City or town) (State or foreign country)
Mother
14. Maiden name Francis Snodgrass
15. Birthplace Unknown (City or town) (State or foreign country)
16. Informant's OWN Signature Jesse Hopkins
and Address Caldwell, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-24-44 (Month) (Day) (Year)
(c) Place: Canyon Hill Caldwell, Ida
18. Funeral Director's OWN Signature [illegible]
and Address Caldwell
19. (a) April 28-1944 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 4-19, 1944
at 9:40 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 4-19 1944, to 4-19 1944
I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration

Due to Mitral Insufficiency
Due to
Other conditions
(Include pregnancy within 3 months of death)
Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature Thos E Mangum Md (M. D. or other)
and Address Nampa, Ida Date 4-24 1944
(For additional space, use reverse side)

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 13,632
Local Reg. No. 46
Reg. Dist. No. 361

MAY 6 1944

1. **PLACE OF DEATH:**
   (a) County Canyon
   (b) City or town Wilder
   (c) Street Address or R.F.D. No. R#1
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home X Hospital ..... Institution ..... Other place .....
   (f) Name Hosp. or Inst. ..... Stayed ..... days
   (g) Lived in this county 16 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Canyon
   (c) City or town Wilder
   (d) Street Address or R.F.D. No. .....
   (e) Deceased lived Inside? / Outside? X city or town
   (f) Citizen of what country? U. S. A.
   (g) How long had deceased lived in Idaho? 16 years
   (h) Former residence (city, state) .....

3. (a) **FULL NAME** Marion Agnus Dixon 95c

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) Sept 13 - 1888

8. AGE	Years	Months	Days	If less than 1 day
	55	7	6	hrs ..... min.

9. Exact Occupation Farmer — Did this work for ..... yrs.
10. Industry or Business ..... — Date last worked .....
11. Birthplace Yankton, S. Dakota (City or town) (State or foreign country)

Father
12. Name Henrick Dixon
13. Birthplace Denmark (City or town) (State or foreign country)

Mother
14. Maiden name Unknown
15. Birthplace Denmark (City or town) (State or foreign country)

16. Informant's **OWN** Signature Roy Gilbertson
and Address Wilder Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-22-44 (Month) (Day) (Year)
(c) Place: Wilder Idaho
18. Funeral Director's **OWN** Signature Peckham
and Address Caldwell Idaho
19. (a) 4-27-44 (Date received and filed) (b) Agnes M Denman (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April 20. 1944
at ..... o'clock 2. P.M.

21. **I HEREBY CERTIFY,** That I attended deceased from ..... 19 ..... to ..... 19 .....
I last saw him ~~alive~~ on Dead 4/20 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Heart Disease	
Due to Dont know	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? Dont know
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYISICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature Dr. I. Cooper M.D. (M. D. or other)
and Address Homedale. Idaho Date 4/24 1944
(For additional space, use reverse side)

Cooper

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

138633

United States
Department of Commerce
Bureau of the Census

MAY 9 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 77
Reg. Dist. No. 362

1. **PLACE OF DEATH:**
(a) County Canyon
(b) City or town Nampa
(c) Street Address or R. F. D. No. 311 Nectarine
(d) Death Occurred Inside? ✓ Outside? ~~city or town~~
(e) Died in a Home Hospital ✓ Institution Other place
(f) Name Hosp. or Inst. Lamartine Stayed 5 days
(g) Lived in this county 35 years 0 months 0 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Nampa
(d) Street Address or R. F. D. No. 311 Nectarine
(e) Deceased lived Inside? ~~Outside?~~ city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 35 years
(h) Former residence (city, state) —

3. (a) FULL NAME Loren Lewis Terry 131a

3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife ✓
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) May 2 - 1908

8. AGE	Years	Months	Days	If less than 1 day
	35	11	18	hrs min.

9. Exact Occupation None Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace St. Jos. Mo (City or town) (State or foreign country)
Father
12. Name L. E. Terry
13. Birthplace Ohio (City or town) (State or foreign country)
Mother
14. Maiden name Skinner
15. Birthplace Indiana (City or town) (State or foreign country)
16. Informant's OWN Signature L. E. Terry
and Address 311 Nectarine
17. (a) Bureal (Burial, cremation, or removal) (b) Date thereof 4/24/44 (Month) (Day) (Year)
(c) Place: Nampa
18. Funeral Director's OWN Signature F. K. Robinson
and Address Nampa
19. (a) April 28-1944 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Apr 20 1944
at o'clock M.
21. I HEREBY CERTIFY, That I attended deceased from June 1st 1944 to April 20 1944
I last saw him alive on on April 20 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cardio-Nephritis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature W. C. Holt, M.D. (M. D. or other)
and Address Nampa Ida Date Apr. 24 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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United States
Department of Commerce
Bureau of the Census

MAY 9 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 13o631
Local Reg. No. 78
Reg. Dist. No. 362

1. **PLACE OF DEATH:**
(a) County Canyon
(b) City or town Nampa
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? ~~Outside?~~ city or town
(e) Died in a ~~Home~~ Hospital ~~Institution~~ ~~Other place~~
(f) Name ~~Hosp. or Inst.~~ Nurses Home Stayed 14 ~~days~~
(g) Lived in this county 19 years ~~months~~ ~~days~~
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Nampa
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? ~~city or town~~
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 19 years
(h) Former residence (city, state) ~~—~~

3. (a) **FULL NAME** Lena V. Anders 932

3. (b) If veteran, name war ~~—~~
3. (c) Social Security No. Unknown
4. Sex Fem. Color or race W
5. 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife ~~—~~
6. (c) Age of husband or wife if alive ~~—~~ years
7. Date of Birth (Month, Day, Year) 11-10-1855

8. AGE	Years	Months	Days	If less than 1 day
	88	5	12	hrs ~~min.~~

9. Exact Occupation Housekeeper Did this work for ~~—~~ yrs.
10. Industry or Business ~~—~~ Date last worked ~~—~~
11. Birthplace ~~—~~ (City or town) ~~—~~ (State or foreign country)
Father 12. Name A. Cook
Father 13. Birthplace Germany (City or town) (State or foreign country)
Mother 14. Maiden name Hammitell
Mother 15. Birthplace Md (City or town) (State or foreign country)
16. Informant's OWN Signature Elizabeth Horst
and Address Box 1165 Nampa Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/25/44 (Month) (Day) (Year)
(c) Place: Riverdale Cem
18. Funeral Director's OWN Signature F. K. Robinson
and Address Nampa Ida
19. (a) April 28 1944 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Apr 22 19 44
at ~~—~~ o'clock ~~—~~ M.

21. **I HEREBY CERTIFY,** That I attended deceased from 4-2 1944 to 4-22 1944
I last saw h alive on 4-20 1944; death is said to have occurred on the date and hour stated above.

	Immediate Cause of Death:	Duration
95	Myocarditis Chronic	24 hrs
97	Due to Arteriosclerosis	Years
	Due to Pneumonia Hypostatic	1 day
	Due to 132:1	
	Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? ~~—~~
Name of operation ~~—~~ Date ~~—~~
Major finding ~~—~~
Finding of autopsy ~~—~~

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ~~—~~ Suicide? ~~—~~ Homicide? ~~—~~
Occurred ~~—~~ 19 ~~—~~ City, county, state where violence occurred ~~—~~
Place of Violence: Home ~~—~~ Farm ~~—~~ Industry ~~—~~
Public Place ~~—~~ While at work? ~~—~~
Means of injury ~~—~~

23. Attendant's OWN Signature V. C. Taylor M.D. (M. D. or other)
and Address Nampa Ida Date 4-28-1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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United States
Department of Commerce
Bureau of the Census

MAY 9 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 83
Reg. Dist. No. 363

1. **PLACE OF DEATH:**
(a) County Canyon
(b) City or town Nampa
(c) Street Address or R. F. D. No. Rt 2
(d) Death Occurred Inside? ~~Outside?~~ city or town
(e) Died in a ~~Home~~ Hospital ~~Institution~~ Other place
(f) Name Hosp. or Inst. Mercy Hospital Stayed days
(g) Lived in this county 25 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Nampa
(d) Street Address or R. F. D. No. R 4 D 2
(e) Deceased lived ~~Inside?~~ Outside? city or town
(f) Citizen of what country? U S A
(g) How long had deceased lived in Idaho? 38 years
(h) Former residence (city, state) —

3. (a) **FULL NAME** Kittie Belle Stover 93d

3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Fem
5. Color or race W
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Oct 30 - 1884

8. AGE	Years	Months	Days	If less than 1 day
	59	5	23	hrs min.

9. Exact Occupation Housekeeper Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Iowa (City or town) (State or foreign country)
Father
12. Name David Stone
13. Birthplace Mo. (City or town) (State or foreign country)
Mother
14. Maiden name Watts
15. Birthplace Kentucky (City or town) (State or foreign country)
16. Informant's OWN Signature Lucille Randolph
and Address Caldwell, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-25-44 (Month) (Day) (Year)
(c) Place: Cloverdale Cem
18. Funeral Director's OWN Signature F. K. Robinson
and Address
19. (a) May-6-1944 (Date received and filed) (b) Dyda Rodgers Jr (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Apr 23 1944
at 12:15 o'clock a M.
21. **I HEREBY CERTIFY,** That I attended deceased from 1940, to April 22nd 1944
I last saw her alive on April 22 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: 93d Chronic Myocarditis 97 — Duration 4 yrs
Due to Chronic Arteriosclerosis — Hypertension 102 — 6-4 years
Due to
Other conditions
(Include pregnancy within 3 months of death)
Where was disease contracted? Home
Name of operation None Date
Major finding
Finding of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature L L Rodwell MD (M. D. or other)
and Address Nampa Ida Date 5-3 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

MAY 9 1944

Certificate Of Death

STATE OF IDAHO

State File No. 135633
Local Reg. No. 81
Reg. Dist. No. 362

1. PLACE OF DEATH:
(a) County Canyon
(b) City or town Nampa
(c) Street Address or R.F.D. No. 623 6th Av So
(d) Death Occured Inside? ✓ Outside? ~~city or town~~
(e) Died in a Home ✓ Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 17 years — months — days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Nampa
(d) Street Address or R.F.D. No. 623 6th Av So
(e) Deceased lived Inside? ✓ Outside? ~~city or town~~
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 39 years
(h) Former residence (city, state) Nebraska

3. (a) **FULL NAME** Willard Francis Sinclair

3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Johanna
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) June 17 1866

8. AGE	Years	Months	Days	If less than 1 day
	77	10	9	hrs min.

9. Exact Occupation Insurance Did this work for yrs.
10. Industry or Business Real Estate Date last worked 1941
11. Birthplace Wisconsin (City or town) (State or foreign country)
Father
12. Name Eliza Sinclair
13. Birthplace Maine (City or town) (State or foreign country)
Mother
14. Maiden name Rachel Noyes
15. Birthplace Maine (City or town) (State or foreign country)
16. Informant's **OWN** Signature Mrs Robert Felts
and Address 7087 Killingsworth Portland Ore.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/1/44 (Month) (Day) (Year)
(c) Place: Emmett Ida
18. Funeral Director's **OWN** Signature F. K. Robinson
and Address Nampa Ida
19. (a) May 1-1944 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April 26 1944
at o'clock M.
21. **I HEREBY CERTIFY,** That I attended deceased from 19 to 4-26 1944
I last saw him alive on 4-26 1944, death is said to have occurred on the date and hour stated above.
Immediate Cause of Death: Non Spedinic Encephalitis Duration 4 days
Due to Elec. Intestinal Impaction
Due to
Other conditions Parkinsons Daily Years
(Include pregnancy within 3 months of death)
Where was disease contracted? Home
Name of operation Appendectomy Date 3-14-44
Major finding Ruptured Appendix
Finding of autopsy None

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature V C Bellman (M. D. or other)
and Address Nampa Ida Date 4-29 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

MAY 9 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 138637
Local Reg. No. 84
Reg. Dist. No. 363

1. **PLACE OF DEATH:**
   (a) County Canyon
   (b) City or town Nampa
   (c) Street Address or R. F. D. No. 1612-2d S
   (d) Death Occurred Inside? ✓ ~~Outside?~~ ~~a city or town~~
   (e) Died in a Home ✓ Hospital Institution Other place
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county 1 years 6 months days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Adams
   (c) City or town New Meadows
   (d) Street Address or R. F. D. No.
   (e) Deceased lived Inside? Outside? city or town
   (f) Citizen of what country? U S A
   (g) How long had deceased lived in Idaho? 56 years
   (h) Former residence (city, state)

3. (a) **FULL NAME** Alice Kent Karleskint 93d

3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife no
6. (c) Age of husband or wife if alive not living years
7. Date of Birth (Month, Day, Year) Nov 28 1855

8. AGE	Years	Months	Days	If less than 1 day
	88	4	18	hrs min.

9. Exact Occupation House keeper Did this work for — yrs.
10. Industry or Business Date last worked —
11. Birthplace (City or town) Not known (State or foreign country)
Father
12. Name Noel Jones
13. Birthplace (City or town) Not known (State or foreign country)
Mother
14. Maiden name Kent
15. Birthplace (City or town) — (State or foreign country)
16. Informant's OWN Signature Hugh Myers
and Address 1011-2 St North "Nampa"
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/28/44 (Month) (Day) (Year)
(c) Place: New Meadows
18. Funeral Director's OWN Signature Fred K. Robinson
and Address Nampa
19. (a) May-6-1944 (Date received and filed) (b) Lyda Rockefeller (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April 26 1944
at 4 o'clock 9 M.
21. **I HEREBY CERTIFY,** That I attended deceased from Sept 1943, to April 25 1944
I last saw her alive on April 25 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Chronic Myocarditis	10 years
Due to Senility	10 years
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted? Home	
Name of operation Date	
Major finding	
Finding of autopsy ✓	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state
where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature L. G. Rodwell MD (M. D. or other)
and Address Nampa Ida Date 5-3 1944
(For additional space, use reverse side)

130638

United States
Department of Commerce
Bureau of the Census

MAY 9 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 74
Reg. Dist. No. 368

1. **PLACE OF DEATH:**
   (a) County Canyon
   (b) City or town Nampa
   (c) Street Address or R. F. D. No. Box 531
   (d) Death Occurred Inside? Outside? X city or town
   (e) Died in a Home Hospital Institution X Other place
   (f) Name Hosp. or Inst. St School Stayed days
   (g) Lived in this county years 1 months 17 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Canyon
   (c) City or town Nampa
   (d) Street Address or R. F. D. No.
   (e) Deceased lived Inside? Outside? ✓ city or town
   (f) Citizen of what country? Kootenai
   (g) How long had deceased lived in Idaho? Life years
   (h) Former residence (city, state) Idaho

3. (a) **FULL NAME** Jaunita Lane 157a

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓
4. Sex Fem 5. Color or race White 6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive ✓ years
7. Date of Birth (Month, Day, Year) Nov. 20th 1939

8. AGE	Years	Months	Days	If less than 1 day
	4	5	7	hrs min.

9. Exact Occupation Child Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace St Maries Idaho (City or town) (State or foreign country)

Father
12. Name Albion H. Lane
13. Birthplace No. Dakota (City or town) (State or foreign country)

Mother
14. Maiden name
15. Birthplace Sweden (City or town) (State or foreign country)

16. Informant's OWN Signature C Sanford Wm MD (Records) and Address Supt. State School & Colony
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof April 29 1944 (Month) (Day) (Year)
    (c) Place: St Maries Idaho
18. Funeral Director's OWN Signature O Sherwin Webb and Address Boise, Idaho
19. (a) April 28 1944 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 4/27 1944 at 2:15 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from 3/9 1944, to 4/27 1944 I last saw her alive on 4/27 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
94a	
Due to Acute Coronary occlusion	15 min
Due to Hydrocephalus 157a	all life
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation — Date	Underline the cause to which death should be charged statistically.
Major finding —	
Finding of autopsy —	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? — Suicide? — Homicide? Occurred 19 City, county, state where violence occurred
    Place of Violence: Home Farm Industry
    Public Place While at work?
    Means of injury
23. Attendant's OWN Signature C Sanford Wm MD (M. D. or other) and Address State School & Colony Date 4/27 1944
    (For additional space, use reverse side)

Nampa Idaho

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

13663

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 79
Reg. Dist. No. 363

MAY 9 1944

1. **PLACE OF DEATH:**
(a) County Canyon
(b) City or town Nampa
(c) Street Address or R. F. D. No. Rural
(d) Death Occurred Inside? x Outside? ____ city or town
(e) Died in a Home __ Hospital x Institution __ Other place __
(f) Name Hosp. or Inst. Mercy Hosp. Stayed ____ days
(g) Lived in this county ____ years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Nampa
(d) Street Address or R. F. D. No. Rural
(e) Deceased lived Inside? ____ Outside? x city or town
(f) Citizen of what country? ____
(g) How long had deceased lived in Idaho? life years
(h) Former residence (city, state) ____

3. (a) FULL NAME Marvella Ilean Andrews 115c

3. (b) If veteran, name war x
3. (c) Social Security No. x
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife x
6. (c) Age of husband or wife if alive x years
7. Date of Birth (Month, Day, Year) Dec. 20, 1940

8. AGE	Years	Months	Days	If less than 1 day
	3	4	10	hrs min.

9. Exact Occupation x Did this work for x yrs.
10. Industry or Business x Date last worked x
11. Birthplace Lewiston (City or town) Idaho (State or foreign country)
Father
12. Name Earl E. Andrews
13. Birthplace Roseberry (City or town) Idaho (State or foreign country)
Mother
14. Maiden name Buelah Bolick
15. Birthplace Asotin (City or town) Wash. (State or foreign country)
16. Informant's OWN Signature Olga Shirley Chief Clerk
and Address State School and Colony
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 5-1-1944 (Month) (Day) (Year)
(c) Place: Lewiston Idaho
18. Funeral Director's OWN Signature Sherwin Webb
and Address Boise Idaho
19. (a) May-1-1944 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April 30 1944
at 6:51 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from Apr 22 1944, to Apr 30 1944
I last saw her alive on Apr 29 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Bronchial Pneumonia 107	2 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
115 c1	

Where was disease contracted? State School
Name of operation Tonsilectomy Date 4/22-44
Major finding Chronic infection tail
Finding of autopsy Tonsils & adenoids
none taken

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature E. D. Hinsalon MD (M. D. or other)
and Address Nampa Ida Date 4/30 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

135640

United States
Department of Commerce
Bureau of the Census

MAY 12 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 135640
Local Reg. No. 27 (#35)
Reg. Dist. No. 47

1. **PLACE OF DEATH:**
(a) County Cassia
(b) City or town Declo
(c) Street Address or R. F. D. No. —
(d) Death Occurred Inside? ____ Outside? ✓ city or town
(e) Died in a Home ✓ Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 32 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under Item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Cassia
(c) City or town Declo
(d) Street Address or R. F. D. No. —
(e) Deceased lived Inside? ____ Outside? ✓ city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 32 years
(h) Former residence (city, state) —

3. (a) **FULL NAME** Edwin M. Anderson

302

3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Laura Hollon Anderson
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) Oct 10 1882

8. AGE	Years	Months	Days	If less than 1 day
	61	4	16	hrs ____ min. ____

9. Exact Occupation Farming — Did this work for ____ yrs.
10. Industry or Business Pleasant Grove — Date last worked No data
11. Birthplace Pleasant Grove (City or town) Utah (State or foreign country)

Father
12. Name Monty Peter Andersen
13. Birthplace — (City or town) Denmark (State or foreign country)

Mother
14. Maiden name Mary Christine Nielsen
15. Birthplace — no data (City or town) (State or foreign country)

16. Informant's **OWN** Signature DeWayne Anderson
and Address Declo Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-1-44 (Month) (Day) (Year)
(c) Place: Burley Idaho

18. Funeral Director's **OWN** Signature Vern B. McCulloch
and Address Burley Idaho

19. (a) 4-19-44 (Date received and filed) (b) C. F. Watson (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) February 27 1944
at 11 o'clock AM.

21. **I HEREBY CERTIFY,** That I attended deceased from Sept 1 1943 to February 27 1944
I last saw him alive on Feb 24 1944 Death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Aneurysm of Aorta	6 mo
Due to —	
Due to —	
Other conditions — (Include pregnancy within 3 months of death)	

Where was disease contracted? Home
Name of operation None Date ____
Major finding ____
Finding of autopsy No autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's **OWN** Signature C. I. Sater M.D. (M. D. or other)
and Address Albion Idaho Date 4-13-1944

(For additional space, use reverse side)

MAY 12 1944

136641

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 136641
Local Reg. No. 30 (#2)
Reg. Dist. No. 47

1. **PLACE OF DEATH:**
(a) County Cassia
(b) City or town Burley
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? city or town
(e) Died in a Home Hospital Institution Other place
(f) Name Hosp. or Inst. City Jail Stayed days
(g) Lived in this county 39 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Cassia
(c) City or town Declo
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? ✓ Outside? city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 41 years
(h) Former residence (city, state)

3. (a) **FULL NAME** John Walter Flynn 124 a

3. (b) If veteran, name war World I
3. (c) Social Security No.
4. Sex M
5. Color or race W.
6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Date of Birth (Month, Day, Year) Jan 29, 1893

8. AGE	Years	Months	Days	If less than 1 day
	51	1	16	hrs min.

9. Exact Occupation Sheepman — Did this work for — yrs.
10. Industry or Business — Date last worked
11. Birthplace Cripple Creek, Colorado (City or town) (State or foreign country)

Father
12. Name George B. Flynn
13. Birthplace Jefferson City, Mo. (City or town) (State or foreign country)

Mother
14. Maiden name Lucinda Guthrie
15. Birthplace Kearney Co. Nebraska (City or town) (State or foreign country)

16. Informant's **OWN** Signature Stella M. Leish
and Address Declo, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-24-44 (Month) (Day) (Year)
(c) Place: Declo, Idaho

18. Funeral Director's **OWN** Signature Vern B. McCulloch
and Address Burley, Idaho

19. (a) 4-19-44 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 17 1944
at Mar 17 44 o'clock [illegible] M.

21. **I HEREBY CERTIFY,** That I attended deceased from Mar 16 1944, to Mar 17 1944
I last saw him alive on Mar 16 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Myocarditis	
Due to Cirrhosis of liver	
Due to Alcohol	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy as stated above

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. ~~Attendant's~~ **OWN** Signature Ca. Co. Coroner Vern B. McCulloch (M. D. or other)
and Address Burley Ida. Date 3-21-1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

APR 15 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 138643
Local Reg. No. 27
Reg. Dist. No. 470

1. **PLACE OF DEATH:**
   (a) County Cassia
   (b) City or town Burley
   (c) Street Address or R. F. D. No. 128 Hansen
   (d) Death Occurred Inside? X Outside? ____ city or town
   (e) Died in a Home X Hospital __ Institution __ Other place __
   (f) Name Hosp. or Inst. — Stayed — days
   (g) Lived in this county ____ years 8 months ____ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Cassia
   (c) City or town Burley
   (d) Street Address or R. F. D. No. 128 N Hansen
   (e) Deceased lived Inside? X Outside? ____ city or town
   (f) Citizen of what country? U S A
   (g) How long had deceased lived in Idaho? 9 mo. ~~years~~
   (h) Former residence (city, state) —

3. (a) **FULL NAME** Danny Ray Anderson (Infant) 107

3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex M
5. Color or race AN
6. (a) Single, widowed, married, divorced —
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) July 10, 1943

8. AGE	Years	Months	Days	If less than 1 day
		8	22	hrs min.

9. Exact Occupation Infant — Did this work for — yrs.
10. Industry or Business — Date last worked
11. Birthplace Burley (City or town) Idaho (State or foreign country)

Father
12. Name Ray Anderson
13. Birthplace Oakley (City or town) Idaho (State or foreign country)

Mother
14. Maiden name Margene Cranney
15. Birthplace Hed Heyborn (City or town) Idaho (State or foreign country)

16. Informant's OWN Signature Ray Anderson
and Address Burley Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 4/4/1944 (Month) (Day) (Year)
(c) Place: Marion Cemetery — Idaho
18. Funeral Director's OWN Signature J. Forrest Weaver
and Address Burley Idaho
19. (a) 4-6-44 (Date received and filed) (b) B. F. Wilson (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April 2, 1944
at 5 o'clock A. M.
21. **I HEREBY CERTIFY,** That I attended deceased from Mar 10 1944, to April 2 1944
I last saw him alive on April 2 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Bronchial Pneumonia	3 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation ____ Date ____	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature Hugh S Dean M.D. (M. D. or other)
and Address Burley Ida Date April 5 1944
(For additional space, use reverse side)

138643

United States
Department of Commerce
Bureau of the Census

MAY 12 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 1944 (#37)
Local Reg. No. 2-168-31
Reg. Dist. No. 4-71

1. **PLACE OF DEATH:**
(a) County Cassia
(b) City or town Albion
(c) Street Address or R. F. D. No. —
(d) Death Occurred Inside? ____ Outside? ____ city or town
(e) Died in a Home ✓ Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 25 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Cassia
(c) City or town Albion
(d) Street Address or R. F. D. No. —
(e) Deceased lived Inside? ____ Outside? ____ city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 29 years
(h) Former residence (city, state) ____

3. (a) **FULL NAME** Andrew Gustaf Erickson 46E

3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lena B. Erickson
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) August 24, 1872

8. AGE	Years	Months	Days	If less than 1 day hrs	min.
	71	7	9		

9. Exact Occupation Contractor — Did this work for Life yrs.
10. Industry or Business Contracting Bricklaying — Date last worked 1 Year Ago
11. Birthplace Sweden (City or town) (State or foreign country)

Father
12. Name Jon Erick Anderson
13. Birthplace — Sweden (City or town) (State or foreign country)

Mother
14. Maiden name Kristina Persdotter
15. Birthplace — Sweden (City or town) (State or foreign country)

16. Informant's **OWN** Signature Lyra L. Erickson and Address Albion, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-6-44 (Month) (Day) (Year)
(c) Place: Almo, Idaho
18. Funeral Director's **OWN** Signature Vern B. McCulloch and Address Burley, Idaho
19. (a) 4-19-44 (Date received and filed) (b) C. I. Soter (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April 3 1944 at 9 o'clock A. M.
21. **I HEREBY CERTIFY,** That I attended deceased from Nov. 15 1943 to April 3 1944
I last saw h[im] alive on April 2 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Carcinoma of 46e Ascending Colon	6 mos
Due to	
Due to	
Other conditions Arthritis (Include pregnancy within 3 months of death)	3 yr
13la Interstitial Nephritis	1 yr

Where was disease contracted? Home
Name of operation None Date
Major finding
Finding of autopsy No Autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's **OWN** Signature C. I. Soter M. D. (M. D. or other)
and Address Albion Ida Date 4/13 1944

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

APR 15 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 138644
Local Reg. No. 28
Reg. Dist. No. 470

1. **PLACE OF DEATH:**
(a) County Cassia
(b) City or town Burley
(c) Street Address or R. F. D. No. 11th Conant
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home X Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. — Stayed — days
(g) Lived in this county 4 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Cassia
(c) City or town Burley
(d) Street Address or R. F. D. No. 11th Conant
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? U. S. A.
(g) How long had deceased lived in Idaho? 35 years
(h) Former residence (city, state) Washington

3. (a) **FULL NAME** C. J. Clark (Calvin J Clark) 92b

3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex M.
5. Color or race W.
6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Date of Birth (Month, Day, Year) April 19 - 1864

8. AGE	Years	Months	Days	If less than 1 day
	79	11	3	hrs min.

9. Exact Occupation Farmer Did this work for 40 yrs.
10. Industry or Business — Date last worked 1938
11. Birthplace North Carolina (City or town) (State or foreign country)
Father
12. Name John Clark
13. Birthplace North Carolina (City or town) (State or foreign country)
Mother
14. Maiden name Elvira J. Bumgarner
15. Birthplace North Carolina (City or town) (State or foreign country)
16. Informant's OWN Signature Ira G. Clark
and Address Burley Idaho
17. (a) removal (Burial, cremation, or removal) (b) Date thereof April 7 (Month) (Day) (Year)
(c) Place: Rockland
18. Funeral Director's OWN Signature Retha S. Payne
and Address Burley Idaho
19. (a) 4-6-44 (Date received and filed) (b) D. F. Wilson (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April 3 - 1944
at ____ o'clock 925 P.M.
21. **I HEREBY CERTIFY,** That I attended deceased from Jan 2 1944, to 4-3- 1944
I last saw him alive on 4-3- 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
mitral regurgitation	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation ____ Date ____	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature [signature] (M. D. or other)
and Address Burley Date 4-4- 1944
(For additional space, use reverse side)

136615

United States
Department of Commerce
Bureau of the Census

MAY 12 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 34 (#40)
Reg. Dist. No. 470

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
   (a) County Cassia
   (b) City or town Burley
   (c) Street Address or R. F. D. No. Burley, P.O.
   (d) Death Occurred Inside? - Outside? ___ city or town
   (e) Died in a Home ___ Hospital - Institution ___ Other place ___
   (f) Name Hosp. or Inst. Cottage Stayed 8Hrls days
   (g) Lived in this county 28 years 2 months 30 days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under Item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Cassia
   (c) City or town Burley
   (d) Street Address or R. F. D. No. So. Hansen
   (e) Deceased lived Inside? - Outside? ___ city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 28 years
   (h) Former residence (city, state) No. Data

3. (a) **FULL NAME** Janie Hartwell 151

3. (b) If veteran, name war ___ 3. (c) Social Security No. ___

4. Sex F. 5. Color or race W. 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Byron J. 6. (c) Age of husband or wife if alive 74 years

7. Date of Birth (Month, Day, Year) Jan. 4, 1873

8. AGE	Years	Months	Days	If less than 1 day
	71	2	30	hrs ___ min.

9. Exact Occupation At Home Did this work for Life yrs.
10. Industry or Business ___ Date last worked ___
11. Birthplace Tooele (City or town) Utah (State or foreign country)

Father
12. Name J. B. Dunn
13. Birthplace No. Data (City or town) (State or foreign country)

Mother
14. Maiden name No. Data.
15. Birthplace No. Data. (City or town) (State or foreign country)

16. Informant's OWN Signature Ca. Co. Coroner Vern B. McCulloch and Address Burley, Idaho.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-7-44 (Month) (Day) (Year)
   (c) Place: Burley City Cemetery

18. Funeral Director's OWN Signature Vern B. McCulloch and Address Burley - Idaho

19. (a) 4-20-44 (Date received and filed) (b) B. T. Wilson (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 4/4/44 19___ at 8:25 o'clock P. M.

21. **I HEREBY CERTIFY,** That I attended deceased from ___ 19___, to ___ 19___
I last saw h___ alive on ___ 19___; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Burns all over the body	
Shock from burns	
Due to Accident while getting stove lighted	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation ___ Date ___	Underline the cause to which death should be charged statistically.
Major finding Severe Burns	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ___ Suicide? ___ Homicide? ___
Occurred 4/4/44 19___ City, county, state where violence occurred Residence
Place of Violence: Home X Farm ___ Industry ___
Public Place ___ While at work? ___
Means of injury Fire

23. ~~Attendant's~~ OWN Signature Vern B. McCulloch ~~Co. Coroner~~ (M. D. or other) Coroner
and Address Burley-Idaho Date 4-4- 1944
(For additional space, use reverse side)

MAY 1 2 1944

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 13[illegible]
Local Reg. No. 32 (#38)
Reg. Dist. No. 470

1. **PLACE OF DEATH:**
(a) County Cassia
(b) City or town Burley
(c) Street Address or R. F. D. No. 154 So. Albion
(d) Death Occurred Inside? ✓ Outside? ____ city or town
(e) Died in a Home ✓ Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. — Stayed ____ days
(g) Lived in this county 44 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Cassia
(c) City or town Burley
(d) Street Address or R. F. D. No. 154 So. Albion
(e) Deceased lived Inside? ✓ Outside? ____ city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 44 years
(h) Former residence (city, state) —

3. (a) **FULL NAME** Charles Henry Smith 84d

3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lillie Stokes Smith
6. (c) Age of husband or wife if alive 63 years
7. Date of Birth (Month, Day, Year) October 12, 1873

8. AGE	Years	Months	Days	If less than 1 day
	70	5	27	hrs min.

9. Exact Occupation Farmer Did this work for — yrs.
10. Industry or Business Farming Date last worked 7 years ago
11. Birthplace Willard (City or town) Utah (State or foreign country)
Father
12. Name George Smith
13. Birthplace (City or town) England (State or foreign country)
Mother
14. Maiden name Elizabeth Altrop
15. Birthplace (City or town) England (State or foreign country)
16. Informant's OWN Signature Milton C. Smith
and Address Elko Nev
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-12-44 (Month) (Day) (Year)
(c) Place: Burley, Idaho
18. Funeral Director's OWN Signature Vern B. McCullach
and Address Burley Idaho
19. (a) 4-19-44 (Date received and filed) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April 9 1944
at 4 o'clock A. M.
21. **I HEREBY CERTIFY,** That I attended deceased from Jan 5 1944, to April 9 1944
I last saw him alive on April 8 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Starvation	
Due to Paranoia	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation ____ Date ____	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature [illegible] (M. D. or other)
and Address Burley Date 4-13 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

MAY 1 2 1944

13o617

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 13o617
Local Reg. No. 33 (#39)
Reg. Dist. No. 47

1. **PLACE OF DEATH:**
(a) County Cassia
(b) City or town Declo
(c) Street Address or R. F. D. No. Declo P.O.
(d) Death Occurred Inside? - Outside? ____ city or town
(e) Died in a Home - Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 64 years 4 months 3 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Cassia
(c) City or town Declo
(d) Street Address or R. F. D. No. Declo P.O.
(e) Deceased lived Inside? - Outside? ____ city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 64 years
(h) Former residence (city, state) No. Datat

3. (a) FULL NAME Thomas Osterhout

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3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race W.
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lillie M.
6. (c) Age of husband or wife if alive 67 years
7. Date of Birth (Month, Day, Year) Dec. 8, 1870

8. AGE	Years	Months	Days	If less than 1 day
	73	4	3	hrs ____ min.

9. Exact Occupation Farming — Did this work for Life yrs.
10. Industry or Business ____ Date last worked ____
11. Birthplace Willard (City or town) Utah (State or foreign country)

Father
12. Name John Carlos Osterhout
13. Birthplace ____ (City or town) Germany (State or foreign country)

Mother
14. Maiden name Mary Ann Taylor
15. Birthplace ____ (City or town) England (State or foreign country)

16. Informant's OWN Signature Lillie M. Osterhout
and Address Ca. Co. Coroner Vern B. McCulloch Burley, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/15/44 (Month) (Day) (Year)
(c) Place: Declo, Cemetery

18. Funeral Director's OWN Signature Vern B. McCulloch
and Address Burley, Idaho

19. (a) 4-20-44 (Date received and filed) (b) R. D. Watson (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) 4/12/44 19____
at 4 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from ____ 19____, to ____ 19____
I last saw h____ alive on ____ 19____; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Lingering Illness, 7yr's.	
Due to Arteritis	
Some Period of Time	
Due to ____	
Other conditions ____ (Include pregnancy within 3 months of death)	
Where was disease contracted? ____	PHYSICIAN
Name of operation ____ Date ____	Underline the cause to which death should be charged statistically.
Major finding ____	
Finding of autopsy ____	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. ~~Attendant's~~ OWN Signature Vern B. McCulloch
Ca. Co. Coroner (M. D. or other)
and Address Burley, Ida. Date 4-12-1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

MAY 1 2 1944

13-648

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 50
Reg. Dist. No. 471

1. **PLACE OF DEATH:**
(a) County Cassia
(b) City or town Oakley
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home X Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 60 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Cassia
(c) City or town Oakley
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? U. S. A.
(g) How long had deceased lived in Idaho? 60 years
(h) Former residence (city, state)

3. (a) **FULL NAME** John Arthur Anderson 95c

3. (b) If veteran, name war —
3. (c) Social Security No.
4. Sex M. 5. Color or race W.
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Rhea
6. (c) Age of husband or wife if alive 43 years
7. Date of Birth (Month, Day, Year) April 13. 1884

8. AGE	Years	Months	Days	If less than 1 day
	59	11	29	hrs ____ min.

9. Exact Occupation Farmer — Did this work for Life yrs.
10. Industry or Business Miner — Date last worked April 12
11. Birthplace Oakley (City or town) Ida (State or foreign country)

Father
12. Name John Arthur Anderson
13. Birthplace Sweeden (City or town) (State or foreign country)

Mother
14. Maiden name Annie Sophia Berg
15. Birthplace Sweeden (City or town) (State or foreign country)

16. Informant's **OWN** Signature Rhea Anderson
and Address Oakley Ida
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 17 44 (Month) (Day) (Year)
(c) Place: Oakley Ida
18. Funeral Director's **OWN** Signature Retta Sue Payne
and Address Burley Idaho
19. (a) 5-8-44 (Date received and filed) (b) A. T. Wilson (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April 12 1944
at 9.30 o'clock P M.

21. I **HEREBY CERTIFY**, That I attended deceased from Mar 15 1944 to April 12 1944
I last saw him alive on April 12 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cardiac	2 yrs.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation ____ Date ____	
Major finding	
Finding of autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury

23. Attendant's **OWN** Signature Hal E Dean M D (M. D. or other)
and Address Burley Ida Date May 5 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

MAY 1 2 1944

13-649

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 49
Reg. Dist. No. 420

1. **PLACE OF DEATH:**
(a) County Cassia
(b) City or town Burley
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home ____ Hospital X Institution ____ Other place ____
(f) Name Hosp. or Inst. College Stayed 1 days
(g) Lived in this county 1 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Cassia
(c) City or town Burley
(d) Street Address or R. F. D. No. Edmond
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? U S A
(g) How long had deceased lived in Idaho? 1 1/2 years
(h) Former residence (city, state) ____

3. (a) **FULL NAME** Herbert Dean Savage. (Baby) 107

3. (b) If veteran, name war ____
3. (c) Social Security No. ____
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced ____
6. (b) Name of husband or wife ____
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) Oct 8 1942

8. AGE	Years	Months	Days	If less than 1 day
	1	6	6	hrs ____ min. ____

9. Exact Occupation ____ Did this work for ____ yrs.
10. Industry or Business ____ Date last worked ____
11. Birthplace Albion (City or town) ____ (State or foreign country)

Father
12. Name Erwin Savage
13. Birthplace Alba (City or town) Idaho (State or foreign country)

Mother
14. Maiden name S Jones
15. Birthplace Alma (City or town) Idaho (State or foreign country)

16. Informant's **OWN** Signature Erwin Savage
and Address Burley Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 4/20/44 (Month) (Day) (Year)
(c) Place: Alma
18. Funeral Director's **OWN** Signature J Forrest Heaven
and Address Burley Idaho
19. (a) 5-8-44 (Date received and filed) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) apr. 14 1944
at 10 o'clock ____ M.

21. **I HEREBY CERTIFY**, That I attended deceased from April 14 1944, to April 14 1944
I last saw him alive on April 14 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Bronchial Pneumonia	10 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's **OWN** Signature Hal E Dean M.D.
(M. D. or other)
and Address Burley Id. Date May 5 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

MAY 1 2 1944

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 136650
Local Reg. No. 51
Reg. Dist. No. 471

1. **PLACE OF DEATH:**
   (a) County Cassia
   (b) City or town Elba
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? X Outside? city or town
   (e) Died in a Home Hospital X Institution Other place
   (f) Name Hosp. or Inst. Cottage Stayed days
   (g) Lived in this county years months 23 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Cassia
   (c) City or town Elba
   (d) Street Address or R. F. D. No.
   (e) Deceased lived Inside? X Outside? city or town
   (f) Citizen of what country? U. S. A.
   (g) How long had deceased lived in Idaho? 40 years
   (h) Former residence (city, state) Idaho.

3. (a) **FULL NAME** Vivian Udy Ottley. 147b

3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or ~~wife~~ Fred E.
6. (c) Age of husband or ~~wife~~ if alive 40 years
7. Date of Birth (Month, Day, Year) March 24 - 1904

8. AGE	Years	Months	Days	If less than 1 day
	40		21	hrs min.

9. Exact Occupation Housewife Did this work for 20 yrs.
10. Industry or Business — Date last worked
11. Birthplace Elba (City or town) Idaho (State or foreign country)

Father
12. Name M. C. Udy.
13. Birthplace Farmington (City or town) Utah. (State or foreign country)

Mother
14. Maiden name Mary Lessie
15. Birthplace Elba (City or town) Idaho (State or foreign country)

16. Informant's OWN Signature Fred E. Ottley
and Address Elba Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 19. (Month) (Day) (Year)
(c) Place: Elba Idaho
18. Funeral Director's OWN Signature Retta S. Payne
and Address Burley Idaho
19. (a) 5-8-44 (Date received and filed) (b) Bt Wilson (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April 14 1944
at 7 o'clock A.M.
21. **I HEREBY CERTIFY,** That I attended deceased from Mar 26 1944, to April 14 1944
I last saw her alive on April 14 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Stay Occurred Septicaemia	21 days
Due to [illegible]	
Due to	
Other conditions [illegible] (Include pregnancy within 3 months of death)	2 yr.
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state
where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature Hugh E. Dean (M. D. or other)
and Address Burley Id. Date May 5 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

MAY 12 1944

13663

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 13663
Local Reg. No. 36 (#42)
Reg. Dist. No. 470

1. **PLACE OF DEATH:**
(a) County Cassia
(b) City or town Burley
(c) Street Address or R. F. D. No. N. Overland
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home X Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 34 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Cassia
(c) City or town Burley
(d) Street Address or R. F. D. No. N. Overland
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? U. S. A.
(g) How long had deceased lived in Idaho? 34 years
(h) Former residence (city, state) Utah

3. (a) **FULL NAME** Fred William Smith 1316

3. (b) If veteran, name war ____
3. (c) Social Security No. 518-09-1298
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lauretta
6. (c) Age of husband or wife if alive 48 years
7. Date of Birth (Month, Day, Year) Aug. 29 1884

8. AGE	Years	Months	Days	If less than 1 day
	59	7	20	hrs ____ min. ____

9. Exact Occupation Caretaker — Did this work for 4/19/1944
10. Industry or Business Caretaker — Date last worked 4/19/1944
11. Birthplace Woodruff (City or town) Utah (State or foreign country)

Father
12. Name Silas Marion Smith
13. Birthplace Not known (City or town) (State or foreign country)

Mother
14. Maiden name Alvira Partridge
15. Birthplace Not known (City or town) (State or foreign country)

16. Informant's **OWN** Signature Lauretta Smith
and Address Burley Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/23/1944 (Month) (Day) (Year)
(c) Place: Burley Cemetery

18. Funeral Director's **OWN** Signature J. Forrest Watson
and Address Burley Idaho

19. (a) 5-4-44 (Date received and filed) (b) B. F. Watson (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April 19 1944
at 8 o'clock P. M.

21. **I HEREBY CERTIFY,** That I attended deceased from ____ 19____, to ____ 19____
I last saw h____ alive on ____ 19____; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Coronary thrombosis	1 hr.
Due to Myocarditis	10 yrs
Due to Chr. Nephritis	10 yrs
Other conditions (Include pregnancy within 8 months of death)	

Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's **OWN** Signature M. Kelly M.D. (M.D. or other)
and Address Burley Date 4-22 19 44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States Department of Commerce
Bureau of the Census

MAY 12 1944

Certificate Of Death

STATE OF IDAHO

State File No. 13655
Local Reg. No. 52
Reg. Dist. No. 470

1. **PLACE OF DEATH:**
   (a) County Cassia (b) City or town Burley
   (c) Street Address or R. F. D. No. 3
   (d) Death Occured Inside? ... Outside? X city or town
   (e) Died in a Home ... Hospital ... Institution ... Other place ...
   (f) Name Hosp. or Inst. Cottage Stayed 1 days
   (g) Lived in this county 5 years ... months ... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Cassia
   (c) City or town Burley
   (d) Street Address or R.F.D. No. 3
   (e) Deceased lived Inside? ... Outside? X city or town
   (f) Citizen of what country? U. S. A.
   (g) How long had deceased lived in Idaho? 51 years
   (h) Former residence (city, state) Idaho.

3. (a) **FULL NAME** Sven N. Pettison. 46b

3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex M. 5. Color or race W.
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Margaret
6. (c) Age of husband or wife if alive 54 years
7. Date of Birth (Month, Day, Year) May 29- 1886

8. AGE	Years	Months	Days	If less than 1 day
	58			hrs min.

9. Exact Occupation Farmer — Did this work for 40 yrs.
10. Industry or Business — Date last worked
11. Birthplace ... (City or town) Sweeden (State or foreign country)

Mother Father
12. Name Otto Pettisson
13. Birthplace ... (City or town) Sweeden (State or foreign country)
14. Maiden name Helena Sjogbrand
15. Birthplace ... (City or town) Sweeden (State or foreign country)

16. Informant's **OWN** Signature Margaret E Pettison
and Address Burley Ida.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 30 (Month) (Day) (Year)
(c) Place: Oakley Idaho
18. Funeral Director's **OWN** Signature Retta L. Payne
and Address Burley Ida.
19. (a) 5-8-44 (Date received and filed) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April 27 1944
at 4 o'clock P.M.
21. **I HEREBY CERTIFY**, That I attended deceased from ... 19 ..., to 4-27- 1944
I last saw him alive on 4-27- 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Ca of stomach	6 mo.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ... Date
Major finding
Finding of autopsy

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ... Suicide? ... Homicide? ...
Occurred ... 19 ... City, county, state where violence occurred
Place of Violence: Home ... Farm ... Industry ...
Public Place ... While at work?
Means of injury

23. Attendant's **OWN** Signature M. Kelly M.D. (M. D. or other)
and Address Burley Date 5-5 1944.
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

MAY 6 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 138653
Local Reg. No. 27
Reg. Dist. No. 210

1. **PLACE OF DEATH:**
(a) County Clearwater
(b) City or town Orofino
(c) Street Address or R. F. D. No. Rt. 6
(d) Death Occurred Inside? Outside? X city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 45 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Clearwater
(c) City or town Orofino
(d) Street Address or R. F. D. No. Rt. 6
(e) Deceased lived Inside? Outside? X city or town
(f) Citizen of what country? U.S.
(g) How long had deceased lived in Idaho? 45 years
(h) Former residence (city, state) Wisconsin

3. (a) FULL NAME Daniel W. Delaney

164c

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex m
5. Color or race w
6. (a) Single, widowed, married, divorced m
6. (b) Name of husband or wife Bertha
6. (c) Age of husband or wife if alive 71 years
7. Date of Birth (Month, Day, Year) April 23, 1869

8. AGE	Years	Months	Days	If less than 1 day
	74	11	9	hrs min.

9. Exact Occupation farmer — Did this work for life yrs.
10. Industry or Business self — Date last worked 1941
11. Birthplace Tunnell City, Wisconsin (City or town) (State or foreign country)

Father
12. Name George Delaney
13. Birthplace unknown (City or town) (State or foreign country)

Mother
14. Maiden name Elizabeth
15. Birthplace unknown (City or town) (State or foreign country)

16. Informant's OWN Signature Bertha Delaney
and Address Orofino, Idaho.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 4/3/44 (Month) (Day) (Year)
(c) Place: Riverside cemetery, Orofino
18. Funeral Director's OWN Signature Edwin D. Badcock
and Address Orofino, Idaho
19. (a) 4/3/44 (Date received and filed) (b) Edwin Badcock (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April 1 1944
at 3:30 o'clock A.M.
21. **I HEREBY CERTIFY,** That I attended deceased from about 1930 19__, to 4-1 1944
I last saw him alive on 3-31 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Gun shot wound	15 hrs
Due to Influenza & Nephritis	6 weeks
Due to worry about getting well	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? home
Name of operation ✓ Date
Major finding
Finding of autopsy ✓

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? X Homicide?
Occurred March 31st 1944 City, county, state where violence occurred this home Orofino Ida
Place of Violence: Home X Farm Industry
Public Place While at work?
Means of injury Gun Shot, Rifle
23. Attendant's OWN Signature J. H. Shulson (M. D. or other)
and Address Orofino Date 4-2 1944
(For additional space, use reverse side)

138654

United States
Department of Commerce
Bureau of the Census MAY 6 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 28
Reg. Dist. No. 210

1. **PLACE OF DEATH:**
(a) County CLEARWATER
(b) City or town OROFINO
(c) Street Address or R. F. D. No. #6
(d) Death Occurred Inside? Outside? X city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 32 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State IDAHO (b) County CLEARWATER
(c) City or town OROFINO
(d) Street Address or R. F. D. No. #6
(e) Deceased lived Inside? Outside? X city or town
(f) Citizen of what country? UNITED STATES
(g) How long had deceased lived in Idaho? 32 years
(h) Former residence (city, state) CRYSTAL FALLS, TEX. TEXAS

3. (a) FULL NAME EMMA ANNA CAMPBELL 50

3. (b) If veteran, name war
3. (c) Social Security No. NONE
4. Sex FEMALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife ANDREW JACKSON
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) APRIL 10, 1869

8. AGE	Years	Months	Days	If less than 1 day
	74	11	22	hrs min.

9. Exact Occupation HOUSEWIFE (RETIRED) Did this work for LIFE yrs.
10. Industry or Business HOME Date last worked 8 months ago
11. Birthplace ? (City or town) MISSISSIPPI (State or foreign country)

Father
12. Name POSEY OTTS
13. Birthplace UNKNOWN (City or town) (State or foreign country)

Mother
14. Maiden name JANE ANDERSON
15. Birthplace UNKNOWN (City or town) (State or foreign country)

16. Informant's OWN Signature x Glenn Campbell and Address CAMAS WASHINGTON
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof April 5/1944 (Month) (Day) (Year)
(c) Place: NORMAL HILL CEMETERY LEWISTON, IDA.
18. Funeral Director's OWN Signature George L Blake and Address OROFINO, IDAHO
19. (a) 4/5/44 (Date received and filed) (b) Mildred Richards (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) April 2 19 44
at 1:00 o'clock P. M.
21. I HEREBY CERTIFY, That I attended deceased from June 19 44 to 19
I last saw her alive on 3-23-44 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Hypostatic pneumonia	few days
Due to Cardiac failure	
old age	
Due to	
Other conditions metastatic Carcinoma (Include pregnancy within 3 months of death)	
of breast	

Where was disease contracted?
Name of operation None Date 1942
Major finding —
Finding of autopsy —

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's OWN Signature A B Pappenhagen M. D. (M.D. or other)
and Address Orofino Idaho Date 4-3-44 19
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

MAY 6 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 13[illegible]
Local Reg. No. 29
Reg. Dist. No. 210

1. **PLACE OF DEATH:**
(a) County CLEARWATER
(b) City or town OROFINO
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 15 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State IDAHO (b) County CLEARWATER
(c) City or town OROFINO
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? 15 years
(h) Former residence (city, state)

3. (a) FULL NAME ALPHRETTA GOULD 92 d

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex female
5. Color or race WHITE
6. (a) Single, widowed, married, divorced DIVORCED
6. (b) Name of husband or wife JACK(ALVY)
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) MAY 11, 1876

8. AGE	Years	Months	Days	If less than 1 day
	67	10	24	hrs min.

9. Exact Occupation HOUSEWORK Did this work for LIFE yrs.
10. Industry or Business HOME Date last worked APRIL 2/44
11. Birthplace BOULDER CITY COLORADO (City or town) (State or foreign country)
Father
12. Name WILLIAM MILLER
13. Birthplace IOWA (City or town) (State or foreign country)
Mother
14. Maiden name ~~UNKNOWN~~ EVA JOSEPHINE YOUNG
15. Birthplace MICHIGAN (City or town) (State or foreign country)
16. Informant's OWN Signature X Clifford W. Fox
and Address OROFINO, IDAHO
17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof APRIL 8, /1944 (Month) (Day) (Year)
(c) Place: NORMAL HILL CEMETERY, LEWISTON, IDA.
18. Funeral Director's OWN Signature George B. Blake
and Address OROFINO, IDAHO
19. (a) 4/7/44 (Date received and filed) (b) Chloie Badsarach (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April 4th 1944
at 10 20 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from 4-3 1944 to 4-4 1944
I last saw her alive on 4-4 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Terminal Pneumonia	2
Due to Valvular heart disease	10 yrs
Due to Probably caught cold	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted? home	
Name of operation ✓ Date ✓	
Major finding ✓	
Finding of autopsy ✓	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ✓ Suicide? ✓ Homicide? ✓
Occurred ✓ 19 ✓ City, county, state where violence occurred ✓
Place of Violence: Home ✓ Farm ✓ Industry ✓
Public Place ✓ While at work? ✓
Means of injury ✓
23. Attendant's OWN Signature J. H. Robertson (M. D. or other)
and Address Orofino Ida Date 4/7 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

MAY 6 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 13[illegible]
Local Reg. No. 50
Reg. Dist. No. 210

1. **PLACE OF DEATH:**
(a) County Clearwater
(b) City or town Orofino
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? X city or town
(e) Died in a Home Hospital Institution X Other place
(f) Name Hosp. or Inst. St. Hos. No. Stayed days
(g) Lived in this county 2 years 5 months 27 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Kootenai
(c) City or town Wallace
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Outside? city or town
(f) Citizen of what country? United States
(g) How long had deceased lived in Idaho? 60 years
(h) Former residence (city, state)

3. (a) **FULL NAME** TUFFERSON, OLOF

131a

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) August 15, 1862

8. AGE	Years	Months	Days	If less than 1 day
	81	7	19	hrs min.

9. Exact Occupation Carpenter Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Sweden (City or town) (State or foreign country)
Father
12. Name Tufve Tufferson
13. Birthplace Sweden (City or town) (State or foreign country)
Mother
14. Maiden name Elsa Person
15. Birthplace Sweden (City or town) (State or foreign country)
16. Informant's OWN Signature E. L. Berry M.D.
and Address Orofino, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-6-44 (Month) (Day) (Year)
(c) Place: State Hospital No. cemetery
18. Funeral Director's OWN Signature [illegible]
and Address Orofino, Idaho
19. (a) 4/6/44 (Date received and filed) (b) Chlore Gadsarad (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April 4, 1944
at 11:15 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from June 1, 1943, to April 4, 1944
I last saw him alive on April 4, 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cardio renal disease	5 yrs.
Due to	
Due to	
Other conditions Influenza (Include pregnancy within 3 months of death)	2 mos.
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature E. L. Berry M.D. (M. D. or other)
and Address Orofino Idaho Date 4-5 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

MAY 6 1944

State File No. 13663?
Local Reg. No. 91
Reg. Dist. No. 210

1. **PLACE OF DEATH.**
(a) County Clearwater
(b) City or town Orofino
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? ✓ Outside? ____ city or town
(e) Died in a Home ___ Hospital ✓ Institution ___ Other place ___
(f) Name Hosp. or Inst. Orofino Stayed 2½ days
(g) Lived in this county ____ years ____ months 2½ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Clearwater
(c) City or town Orofino
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? ____ Outside? ____ city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? ____ years
(h) Former residence (city, state)

3. (a) **FULL NAME** BABY ISABELLE Joanette Jane Isbelle 159

3. (b) If veteran, name war —
3. (c) Social Security No.
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced S
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Date of Birth (Month, Day, Year) 4-13-44

8. AGE	Years	Months	Days	If less than 1 day
	—	—	2½	hrs ___ min.

9. Exact Occupation — Did this work for ____ yrs.
10. Industry or Business — Date last worked
11. Birthplace Orofino (City or town) Idaho (State or foreign country)
Father
12. Name Roy William Isbelle
13. Birthplace Gilbert (City or town) Idaho (State or foreign country)
Mother
14. Maiden name Charlene Vail Alderman
15. Birthplace Orofino (City or town) Idaho (State or foreign country)
16. Informant's **OWN** Signature George B Blake
and Address Orofino — Ida
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof Apr. 16 44 (Month) (Day) (Year)
(c) Place: Riverside Cemetery (Orofino)
18. Funeral Director's **OWN** Signature George B Blake
and Address Orofino — Ida
19. (a) 4/16/44 (Date received and filed) (b) L. Lucile Zacharias (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 4/10/44 19____
at 1:30 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from 4/13 1944 to 4/15 1944
I last saw h alive on 4/15 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Prematurity — Duration 2½ days
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Where was disease contracted?
Name of operation 0 Date
Major finding —
Finding of autopsy 0

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work?
Means of injury

23. Attendant's **OWN** Signature R. D. Hopkins (M. D. or other)
and Address Orofino Date 4/15 1944
(For additional space, use reverse side)

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

MAY 6 1944

State File No. 138658
Local Reg. No. 33
Reg. Dist. No. 210

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
   (a) County Clearwater
   (b) City or town Orofino
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? Outside? X city or town
   (e) Died in a Home Hospital Institution X Other place
   (f) Name Hosp. or Inst. St. Hos. No. Stayed days
   (g) Lived in this county 35 years 11 months 2 days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under Item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Bonner
   (c) City or town
   (d) Street Address or R. F. D. No.
   (e) Deceased lived Inside? Outside? city or town
   (f) Citizen of what country?
   (g) How long had deceased lived in Idaho? 36 years
   (h) Former residence (city, state) Washington

3. (a) **FULL NAME** JENSON, JACOB

83a

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) 1873

8. AGE	Years	Months	Days	If less than 1 day
Approx.	71			hrs min.

9. Exact Occupation Laborer — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace Sweden (City or town) (State or foreign country)

Father
12. Name
13. Birthplace (City or town) (State or foreign country)

Mother
14. Maiden name
15. Birthplace (City or town) (State or foreign country)

16. Informant's OWN Signature E. L. Burry M.D.
and Address Orofino Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-25-44 (Month) (Day) (Year)
(c) Place: State Hospital No. cemetery

18. Funeral Director's OWN Signature
and Address

19. (a) 4/27/44 (Date received and filed) (b) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April 23, 1944 at 5:35 o'clock P.M.

21. **I HEREBY CERTIFY**, That I attended deceased from June 1, 1943 to April 23, 1944
I last saw him alive on April 23, 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Apoplexy, brain	
Due to	
Malnutrition (voluntary)	5 yrs.
Due to	
Other conditions Dementia Praecox (Include pregnancy within 3 months of death)	36 yrs.

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's OWN Signature E. L. Burry M.D. (M. D. or other)
and Address Orofino Ida Date 4-24 1944

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census MAY 6 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 138659
Local Reg. No. 32
Reg. Dist. No. 2/6

1. **PLACE OF DEATH:**
(a) County CLEARWATER
(b) City or town OROFINO, IDAHO
(c) Street Address or R. F. D. No. STATE HOSP. NO.
(d) Death Occurred Inside? ____ Outside? YES city or town
(e) Died in a Home ____ Hospital ____ Institution X Other place ____
(f) Name Hosp. or Inst. ____ Stayed 20 days
(g) Lived in this county 1 years 6 months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under Item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State IDAHO (b) County CLEARWATER
(c) City or town OROFINO
(d) Street Address or R. F. D. No. GORMAN'S ADDITION
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? UNITED STATES
(g) How long had deceased lived in Idaho? 18 Mos. /// years
(h) Former residence (city, state) SIDNEY, NEB.

3. (a) **FULL NAME** MADGE E. LANCASTER 83a

3. (b) If veteran, name war ********** 3. (c) Social Security No. **********
4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife JOHN P. LANCASTER 6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) JANUARY 21st 1860

8. AGE	Years	Months	Days	If less than 1 day hrs min.
	84	3	4	

9. Exact Occupation HOUSEWIFE Did this work for LIFE yrs.
10. Industry or Business HOME Date last worked APRIL 4th 44
11. Birthplace MOUNT PLEASANT, PENNSYLVANIA (City or town) (State or foreign country)

Father
12. Name JACOB MILLER
13. Birthplace MT. PLEASANT, PENN. (City or town) (State or foreign country)

Mother
14. Maiden name MATILDA ELLIS
15. Birthplace PENNSYLVANIA (City or town) (State or foreign country)

16. Informant's **OWN** Signature Myrtle L. Stark and Address Orofino, Idaho.
17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof APRIL 26/44 (Month) (Day) (Year)
(c) Place: YORK, NEBRASKA
18. Funeral Director's **OWN** Signature George B. Blake and Address OROFINO, IDAHO
19. (a) 4/26/44 (Date received and filed) (b) Edwin D. Redmond (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) APRIL 25 19 44 at 5:25 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from April 10 1944, to April 25 1944
I last saw her alive on April 25 19 44; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
APOPLEXY, BRAIN	16 days
Due to ARTERIOSCLEROSIS	10 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ____ Date ____
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19 ____ City, county, state where violence occurred
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury

23. Attendant's **OWN** Signature F. L. Barry M.D. (M. D. or other)
and Address Orofino Ida Date 4-26 1944
(For additional space, use reverse side)

138660

United States
Department of Commerce
Bureau of the Census APR 25 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 6
Local Reg. No. 6
Reg. Dist. No. 350

1. **PLACE OF DEATH:**
(a) County Elmore
(b) City or town Mountain Home
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home X Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. Minkler Stayed 2 days
(g) Lived in this county ____ years 5 months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Elmore
(c) City or town Mountain Home
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? 5 Mo. years
(h) Former residence (city, state)

3. (a) **FULL NAME** FRANKLIN WHEALEAN MOORE

119a

3. (b) If veteran, name war No.
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) September 14, 1943

8. AGE	Years	Months	Days	If less than 1 day hrs	min.
		5	22		

9. Exact Occupation Infant
Did this work for ____ yrs.
10. Industry or Business
Date last worked
11. Birthplace Boise (City or town) Idaho (State or foreign country)
Father
12. Name Franklin W. Moore
13. Birthplace Fort Stockton (City or town) Texas (State or foreign country)
Mother
14. Maiden name Elsie Mc, Fadden
15. Birthplace Globe (City or town) Arizona (State or foreign country)
16. Informant's OWN Signature Arthur Lee Moore
and Address Mountain Home Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 10, 1944 (Month) (Day) (Year)
(c) Place: Mountain View Cemetery
18. Funeral Director's OWN Signature Felix J. Bey
and Address Mountain Home Idaho
19. (a) 3-8-44 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 3/6/44
at 3:30 o'clock A M.
21. **I HEREBY CERTIFY**, That I attended deceased from 3/4/44 19__, to 3/6/44 19__
I last saw her alive on 3/5/44, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Gastro enteritis	1 wk
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted? Not Home	
Name of operation ____ Date ____	
Major finding	
Finding of autopsy	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work?
Means of injury
23. Attendant's OWN Signature [signature] (M. D. or Osteo.)
and Address Not Home Date 3/8 19 44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

13-001

United States
Department of Commerce
Bureau of the Census

APR 25 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. ____
Local Reg. No. 6
Reg. Dist. No. 3-80

1. **PLACE OF DEATH:**
   (a) County Elmore
   (b) City or town Mountain Home
   (c) Street Address or R. F. D. No. ____
   (d) Death Occurred Inside? X Outside? ____ city or town
   (e) Died in a Home X Hospital ____ Institution ____ Other place ____
   (f) Name Hosp. or Inst. ____ Stayed ____ days
   (g) Lived in this county 18 years ____ months ____ days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Elmore
   (c) City or town Mountain Home
   (d) Street Address or R. F. D. No. ____
   (e) Deceased lived Inside? X Outside? ____ city or town
   (f) Citizen of what country? ____
   (g) How long had deceased lived in Idaho? 60 years
   (h) Former residence (city, state) Hammett Idaho

3. (a) **FULL NAME** ROSE ISABEL BRYANT 93a

3. (b) If veteran, name war No.
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Henry C.
6. (c) Age of husband or wife if alive 78 years
7. Date of Birth (Month, Day, Year) March 24, 1874

8. AGE	Years	Months	Days	If less than 1 day
	70	0	13	hrs ____ min.

9. Exact Occupation Housewife — Did this work for Life yrs.
10. Industry or Business Home — Date last worked 3/30/44
11. Birthplace Indiana (City or town) (State or foreign country)

Father
12. Name Ely Worthington
13. Birthplace Unknown (City or town) (State or foreign country)

Mother
14. Maiden name Unknown
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs Grace Field
and Address Mountain Home Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 11, 1944 (Month) (Day) (Year)
(c) Place: Mountain View Cemetery
18. Funeral Director's OWN Signature Ely J. Bey
and Address Mountain Home Idaho
19. (a) 4-8-44 (Date received and filed) (b) ____ (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April 7, 1944
at 10:30 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from 4-3-1944, to 4-7-1944
I last saw h[illegible] alive on 4-3-1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Acute Myocarditis	Late
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted? Home	PHYSICIAN — Underline the cause to which death should be charged statistically.
Name of operation ____ Date ____	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature J. E. Evans M D (M. D. or other)
and Address Mountain Home Ida Date 4-8-1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

APR 25 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 13,602
Local Reg. No. 7
Reg. Dist. No.

1. **PLACE OF DEATH:**
(a) County Elmore
(b) City or town Mountain Home
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county years months 13 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Gem
(c) City or town Emmett
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? 17 years
(h) Former residence (city, state) Emmett Idaho

3. (a) FULL NAME JENNIE HERDER

46E

3. (b) If veteran, name war No.
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Gustave
6. (c) Age of husband or wife if alive 75 years
7. Date of Birth (Month, Day, Year) June 2, 1880

8. AGE	Years	Months	Days	If less than 1 day
	64	10	7	hrs min.

9. Exact Occupation Housewife — Did this work for Life yrs.
10. Industry or Business Home — Date last worked Sept/43
11. Birthplace Ladonia (City or town) Missouri (State or foreign country)

Father
12. Name Frank Friar
13. Birthplace New York (City or town) (State or foreign country)

Mother
14. Maiden name Unknown
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's OWN Signature John F. Ball and Address Emmett Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof April 10, 1944 (Month) (Day) (Year)
(c) Place: Emmett Idaho
18. Funeral Director's OWN Signature Felix J. Bay and Address Mountain Home Idaho
19. (a) 4-12-44 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) 4/9 1944 at 12:15 o'clock P.M.
21. I HEREBY CERTIFY, That I attended deceased from 3/29 1944, to 4/9 1944
I last saw h[illegible] alive on 4/8 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cachexia	
Due to	
Carcinoma of colon	4 Mos
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's OWN Signature [signature] M.D.
(M. D. or other)
and Address Mt. Home Date 4/12 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

13o653

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

APR 28 1944

State File No.
Local Reg. No. 17
Reg. Dist. No. 540

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
   (a) County Franklin
   (b) City or town Preston
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? in Outside? city or town
   (e) Died in a Home H Hospital Institution Other place
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county Life years months days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State (b) County
   (c) City or town
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? Outside? city or town
   (f) Citizen of what country?
   (g) How long had deceased lived in Idaho? years
   (h) Former residence (city, state)

3. (a) **FULL NAME** Frank Charles Peterson

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3. (b) If veteran, name war
3. (c) Social Security No. 519-01-4410
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Meva
6. (c) Age of husband or wife if alive 42 years
7. Date of Birth (Month, Day, Year) July 1 1899

8. AGE	Years	Months	Days	If less than 1 day
	43	8	14	hrs min.

9. Exact Occupation Farmer — Did this work for yrs.
10. Industry or Business Field man Canning Factory — Date last worked 1942
11. Birthplace Preston (City or town) Idaho (State or foreign country)

Mother
12. Name Charles Peterson
13. Birthplace Richfield (City or town) Utah (State or foreign country)

Father
14. Maiden name Lucy White
15. Birthplace Porterville (City or town) Utah (State or foreign country)

16. Informant's **OWN** Signature Mrs Nora Peterson
and Address Preston Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 20 44 (Month) (Day) (Year)
(c) Place: Preston Idaho

18. Funeral Director's **OWN** Signature W. W. Kendrick
and Address Preston Idaho

19. (a) 3-20-1944 (Date received and filed) (b) Effie M. Brower (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Mar 20 15 1944 19
at o'clock M.

21. **I HEREBY CERTIFY**, That I attended deceased from 9/10 19 44, to 3/20 19 44
I last saw h/ alive on 3/20 19 44; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — Duration

Hodgkins Disease — 2 yrs
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature Leo R. Hawkes M.D (M. D. or other)
and Address Preston Ida Date 3/20 19 44
(For additional space, use reverse side)

United States
Department of Commerce
Bureau of the Census

APR 28 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 13611
Local Reg. No. 20
Reg. Dist. No. 540

1. **PLACE OF DEATH**
   (a) County Franklin
   (b) City or town Preston
   (c) Street Address or R. F. D. No. 2
   (d) Death Occurred Inside? ____ Outside? X city or town
   (e) Died in a Home X Hospital ____ Institution ____ Other place ____
   (f) Name Hosp. or Inst. ____ Stayed ____ days
   (g) Lived in this county ____ years ____ months 10 days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Utah (b) County Cache
   (c) City or town Price
   (d) Street Address or R. F. D. No. ____
   (e) Deceased lived Inside? X Outside? ____ city or town
   (f) Citizen of what country? ____
   (g) How long had deceased lived in Idaho? 27 years
   (h) Former residence (city, state) ____

3. (a) **FULL NAME** Simeon A. Jones

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3. (b) If veteran, name war No.
3. (c) Social Security No.
4. Sex M.
5. Color or race W.
6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife Lula P. Coddington
6. (c) Age of husband or wife if living 66 years
7. Date of Birth (Month, Day, Year) Dec. 30 - 1872

8. AGE	Years	Months	Days	If less than 1 day
	71	2	21	hrs ____ min. ____

9. Exact Occupation Farmer — Did this work for 30 yrs.
10. Industry or Business Own Farm — Date last worked 1935
11. Birthplace Heber City (City or town) Utah (State or foreign country)

Father
12. Name Elisha Jones
13. Birthplace Ohio (City or town) ____ (State or foreign country)

Mother
14. Maiden name Caroline Allen
15. Birthplace Missouri (City or town) ____ (State or foreign country)

16. Informant's **OWN** Signature Ralph Jones
and Address Preston Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Mar 29, 44 (Month) (Day) (Year)
(c) Place: Malad Idaho
18. Funeral Director's **OWN** Signature J. Guy Benson
and Address Malad Idaho
19. (a) 3-23-1944 (Date received and filed) (b) Effie M. Brauer (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Mar. 22 1944
at 9:45 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from Mar 15 1944 to Mar 22 1944
I last saw ~~him~~ alive on Mar 22 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Myocardities	2 yrs
Due to ____	____
____	____
Due to ____	____
Other conditions Diabetes Mellitis (Include pregnancy within 3 months of death)	7 yrs
____	____
Where was disease contracted? ____	PHYSICIAN
Name of operation ____ Date ____	Underline the cause to which death should be charged statistically.
Major finding ____	
Finding of autopsy ____	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's **OWN** Signature O. R. Carter (M. D. or other)
and Address Preston Idaho Date Mar 27 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

APR 28 1944

State File No. 13065
Local Reg. No. 21
Reg. Dist. No. 540

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. PLACE OF DEATH:
(a) County .....
(b) City or town Preston
(c) Street Address or R. F. D. No. 202 No. State
(d) Death Occurred Inside? ✓ Outside? .....city or town
(e) Died in a Home ✓ Hospital....Institution ....Other place ....
(f) Name Hosp. or Inst. .....Stayed.....days
(g) Lived in this county 10 years.....months.....days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Franklin
(c) City or town Preston
(d) Street Address or R. F. D. No. 202 No. State
(e) Deceased lived Inside? ✓ Outside? .....city or town
(f) If foreign born, in U. S. .....yrs. Citizen of U. S.? .....
(g) How long had deceased lived in Idaho? 10 years
(h) Former residence (city, state) Wellsville Utah

3. (a) **FULL NAME** William Currie Garrett 93d

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓
4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Rachel Barnes 6 (c) Age of husband or wife if alive deceased years
7. Date of Birth (Month, Day, Year) May 24 1867

8. AGE	Years	Months	Days	If less than 1 day
	76	10	3	hrs min.

9. Exact Occupation Foreman Did this work for 25 yrs.
10. Industry or Business Road Construction Date last worked 1934
11. Birthplace Salt Lake City (City or town) Utah (State or foreign country)

Father
12. Name Levi Clutcher Garrett
13. Birthplace Philadelphia (City or town) Pa. (State or foreign country)

Mother
14. Maiden name Christine Currie
15. Birthplace Edenburg (City or town) Scotland (State or foreign country)

16. Informant's **OWN** Signature Wm P Garrett and Address Preston Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Mar 30 1944 (Month) (Day) (Year)
(c) Place: Wellsville Utah
18. Funeral Director's **OWN** Signature T. W. Thompson and Address Preston Idaho
19. (a) 3-30-1944 (Date received and filed) (b) Effie W. Brouwer (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 27 1944 at 11 am o'clock a M.
21. **I HEREBY CERTIFY,** That I attended deceased from Mar 18 1944 to March 27 19 44
I last saw him alive on Mar 27 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Myocarditis	1 mon
Due to	
Due to	
Other conditions Arteriosclerosis	Indefi
(Include pregnancy within 3 months of death)	
Where was disease first contracted?	
Name of operation ..... Date	
Major finding	
Finding of autopsy	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature C. R. Cutler M.D. (M. D. or other)
and Address Preston Ida Date 3-27 19 44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

APR 28 1944

Certificate Of Death

STATE OF IDAHO

State File No. 13603
Local Reg. No. 22
Reg. Dist. No. 541

1. **PLACE OF DEATH:**
   (a) County Franklin
   (b) City or town Weston
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? X Outside? city or town
   (e) Died in a Home X Hospital Institution Other place
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county 36 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Franklin
   (c) City or town Weston
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? X Outside? city or town
   (f) Citizen of what country? U.S.
   (g) How long had deceased lived in Idaho? 75 years
   (h) Former residence (city, state) Logan, Utah

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3. (a) **FULL NAME** Agnes Olsen Maughan

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife John Maughan Jr
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) April 11, 1864

8. AGE	Years	Months	Days	If less than 1 day
	79	11	26	hrs min.

9. Exact Occupation Housewife — Did this work for yrs.
10. Industry or Business Own Home — Date last worked 1943
11. Birthplace Logan, Utah. (City or town) (State or foreign country)

Father
12. Name Christian Olsen,
13. Birthplace Roda, Norway. (City or town) (State or foreign country)

Mother
14. Maiden name Anna Elingsen,
15. Birthplace Christiania, Norway. (City or town) (State or foreign country)

16. Informant's **OWN** Signature Sarah Nelsen
and Address Weston Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-11-44 (Month) (Day) (Year)
(c) Place: Weston, Idaho.

18. Funeral Director's **OWN** Signature John M. Richards
and Address Preston, Idaho

19. (a) 4-7-1944 (Date received and filed) (b) Effie W. Brenner (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April 7 1944
at 7:15 o'clock P.M.

21. **I HEREBY CERTIFY**, That I attended deceased from Nov. 15 1943, to April 7 1944
I last saw her alive on April 4 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Carcinoma of Stomach	5 mo.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature W. Ezra Cragun M.D. (M. D. or other)
and Address Preston, Ida. Date 4-7 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

APR 28 1944

Certificate Of Death

STATE OF IDAHO

State File No. 13,087
Local Reg. No. 23
Reg. Dist. No. 540

1. PLACE OF DEATH:
(a) County Franklin
(b) City or town Preston
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? Outside? out city or town
(e) Died in a Home H Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 50 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State (b) County
(c) City or town
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? Outside? city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? years
(h) Former residence (city, state)

3. (a) FULL NAME Emma Jemima T Chapman

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3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife John Chapman
6. (c) Age of husband or wife if alive dead years
7. Date of Birth (Month, Day, Year) Nov 15 1865

8. AGE	Years	Months	Days	If less than 1 day
	78	5	10	hrs min.

9. Exact Occupation Housewife — Did this work for yrs.
10. Industry or Business — Date last worked 1942
11. Birthplace Croydon (City or town) Utah (State or foreign country)

Father
12. Name John Toone
13. Birthplace England (City or town) (State or foreign country)

Mother
14. Maiden name Jemoma Cook
15. Birthplace England (City or town) (State or foreign country)

16. Informant's **OWN** Signature Flossie C. Stokes
and Address Preston Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 10 44 (Month) (Day) (Year)
(c) Place: Preston Idaho

18. Funeral Director's **OWN** Signature M W Kendricks
and Address Preston Idaho

19. (a) 4-10-1944 (Date received and filed) (b) Effie W. Brenner (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April 7 1944 19
at o'clock M.

21. **I HEREBY CERTIFY**, That I attended deceased from 2/1 19 42; to 4/7 1944
I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — Duration

Carcinoma of cecum — ?
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature Leo R. Hawkes M.D. (M. D. or other)
and Address Preston Ida Date 4/10 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

APR 26 1944

Certificate Of Death

STATE OF IDAHO

State File No. 13563
Local Reg. No. 24
Reg. Dist. No. 540

1. **PLACE OF DEATH:**
   (a) County Franklin
   (b) City or town Preston Idaho
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? in Outside? city or town
   (e) Died in a Home h Hospital Institution Other place
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county life years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State (b) County
   (c) City or town
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? Outside? city or town
   (f) Citizen of what country?
   (g) How long had deceased lived in Idaho? years
   (h) Former residence (city, state)

3. (a) **FULL NAME** Cosett Shaffer

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3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Dec 30 1930

8. AGE	Years	Months	Days	If less than 1 day
	13	4	9 in	hrs min.

9. Exact Occupation School girl — Did this work for yrs.
10. Industry or Business — Date last worked 1942
11. Birthplace Preston Idaho (City or town) (State or foreign country)

Father
12. Name LeRoy Shaffer
13. Birthplace Preston Idaho (City or town) (State or foreign country)

Mother
14. Maiden name Pearl Stocks
15. Birthplace Tremonton Utah (City or town) (State or foreign country)

16. Informant's **OWN** Signature Pearl Shaffer
and Address Preston Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 13 (Month) (Day) (Year)
(c) Place: Preston Idaho

18. Funeral Director's **OWN** Signature M W Hendricks
and Address Preston Idaho

19. (a) 4-10-1944 (Date received and filed) (b) Geo W Brower (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April 9 1944
at 4 o'clock P M.

21. **I HEREBY CERTIFY,** That I attended deceased from Nov 1943, to April 9 1944
I last saw her alive on April 9 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Subacut Bacterial Endocarditis	2 Months
Due to Rheumatic fever	5 Months
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? Home
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state
44 where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature O. R. Cutler MD (M. D. or other)
and Address Preston Ida Date 4-9 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

APR 28 1944

Certificate Of Death

STATE OF IDAHO

State File No. 13[illegible]
Local Reg. No. 23
Reg. Dist. No. 540

1. **PLACE OF DEATH:**
   (a) County Franklin
   (b) City or town Preston
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home.... Hospital X Institution.... Other place....
   (f) Name Hosp. or Inst. Preston Hospital Stayed ..... days
   (g) Lived in this county 40 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County
   (c) City or town Banida
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? ..... Outside? ..... city or town
   (f) Citizen of what country?
   (g) How long had deceased lived in Idaho? ..... years
   (h) Former residence (city, state)

3. (a) **FULL NAME** Don Carlos Bapter 170c

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Alive Sleight
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) May 13 1876

8. AGE	Years	Months	Days	If less than 1 day
	67	11	1	hrs min.

9. Exact Occupation Farmer Did this work for ..... yrs.
10. Industry or Business ..... Date last worked 1941
11. Birthplace ..... (City or town) (State or foreign country)

Father
12. Name Zimori Harford Bapter
13. Birthplace unknown (City or town) (State or foreign country)

Mother
14. Maiden name Wealthy Matilda Higgins
15. Birthplace unknown (City or town) (State or foreign country)

16. Informant's **OWN** Signature Don Bapter
and Address Banida Idaho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 17 1944 (Month) (Day) (Year)
(c) Place: Preston, Idaho
18. Funeral Director's **OWN** Signature M Rothenbach
and Address Preston Id.
19. (a) 4-14-1944 (Date received and filed) (b) Effie W. Brower (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 4-14 1944
at 4 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from April 3 1944 to April 14 1944
I last saw him alive on 4-14 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebral Hemorrhage	24 hrs
Due to accident	
Due to	
Other conditions Lacerations of face & tongue (Include pregnancy within 3 months of death)	24 hrs

Where was disease contracted? Preston Id.
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ✓ Suicide? ..... Homicide? .....
Occurred 4-14 1944 City, county, state where violence occurred U.S. HIGHWAY U.S. 91
Place of Violence: Home ..... Farm ..... Industry Preston, Idaho
Public Place Highway While at work? ..... Whiffen
Means of injury Automobile rah into [illegible]
23. Attendant's **OWN** Signature O. R. Cutler M.D. (M. D. or other)
and Address Preston Ida Date 4-14 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census APR 28 1944

Certificate Of Death

STATE OF IDAHO

State File No. 13,679
Local Reg. No. 26
Reg. Dist. No. 4-40

1. **PLACE OF DEATH:**
   (a) County Franklin
   (b) City or town Preston
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? in Outside? city or town
   (e) Died in a Home H Hospital Institution Other place
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county years months days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State (b) County
   (c) City or town
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? Outside? city or town
   (f) Citizen of what country?
   (g) How long had deceased lived in Idaho? years
   (h) Former residence (city, state)

3. (a) **FULL NAME** George John Paull 131a

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lettie
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) July 14 1884

8. AGE	Years	Months	Days	If less than 1 day
	59	9	1	hrs min.

9. Exact Occupation Insurence Did this work for yrs.
10. Industry or Business and Show buisness Date last worked april 1
11. Birthplace Preston Idaho (City or town) (State or foreign country)

Father
12. Name Charles M Paull
13. Birthplace Chard England (City or town) (State or foreign country)

Mother
14. Maiden name Alice Fry
15. Birthplace Chard England (City or town) (State or foreign country)

16. Informant's **OWN** Signature Letitia B. Paull
and Address Preston Idaho

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof April 21 (Month) (Day) (Year) 44
(c) Place: Logan Utah

18. Funeral Director's **OWN** Signature M. W. Hendricks
and Address Preston Idaho

19. (a) 4-20-1944 (Date received and filed) (b) Effie W. Brauer (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April 15 1944
at 9 o'clock A M.

21. **I HEREBY CERTIFY**, That I attended deceased from April 12 1944 to April 15 1944
I last saw him alive on April 15 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebral Hemorrhage	3 days
Due to	
Cardio vasc. renal disease	10 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 44 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature O. R. Cutler M.D. (M. D. or other)
and Address Preston Ida. Date 4-20 1944
(For additional space, use reverse side)

United States
Department of Commerce
Bureau of the Census MAY 17 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 13607
Local Reg. No. 14
Reg. Dist. No. 651

1. PLACE OF DEATH: Fremont
(a) County Ashton.
(b) City or town
(c) Street Address or R. F. D. No. Ashton XXXXXX
(d) Death Occurred Inside? XXX Outside? city or town
(e) Died in a Home Hospital XX Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 37 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Fremont.
(c) City or town Ashton.
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Outside? XXXXX city or town
(f) Citizen of what country? U.S. 37
(g) How long had deceased lived in Idaho? years
(h) Former residence (city, state) Mo.

3. (a) FULL NAME Christine Lenz. 61

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female 5. Color or race White
6. (a) Single, ~~widowed~~, married, divorced, Widowed.
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Feb. 12th 1861.

8. AGE	Years	Months	Days	If less than 1 day
	83	1	23	hrs min.

9. Exact Occupation At Home Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace (City or town) Concordia Mo. (State or foreign country)
Father 12. Name Louis Stunkle
Father 13. Birthplace Germany (City or town) (State or foreign country)
Mother 14. Maiden name Dorthy Schonhorst.
Mother 15. Birthplace Dk (City or town) (State or foreign country)
16. Informant's OWN Signature Mrs. Lenz
and Address Ashton Idaho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/9/44 (Month) (Day) (Year)
(c) Place: Ashton Idaho.
18. Funeral Director's OWN Signature Lewis Kruse
and Address Ashton Idaho
19. (a) 4-11-44 (Date received and filed) (b) Mal Hansen (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) 4/4 1944
at 5:15 o'clock P M.
21. I HEREBY CERTIFY, That I attended deceased from — 19— to — 19—
I last saw h— alive on 4-4 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Myocardial Failure	
Due to Diabetes	
Due to	
Other conditions Decubitis Gangrene (Include pregnancy within 3 months of death)	
of foot	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19— City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature E. L. Soule MD (M. D. or other)
and Address St. Anthony Date 4-9 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

13562

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

APR 14 1944

State File No.
Local Reg. No. 13
Reg. Dist. No. 65

1. **PLACE OF DEATH:**
(a) County Fremont
(b) City or town Teton, Idaho
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Yes Outside? ____ city or town
(e) Died in a Home X Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county ____ years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Fremont
(c) City or town Teton
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Yes Outside? ____ city or town
(f) Citizen of what country? United States
(g) How long had deceased lived in Idaho? ____ years
(h) Former residence (city, state)

3. (a) **FULL NAME** Horace E. Gillette

200a

3. (b) If veteran, name war No.
3. (c) Social Security No. No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary Jones
6. (c) Age of husband or wife if alive 62 years
7. Date of Birth (Month, Day, Year) Dec. 10, 1878

8. AGE	Years	Months	Days	If less than 1 day
	65	3	28	hrs ____ min.

9. Exact Occupation Carpenter — Did this work for Life yrs.
10. Industry or Business Own Business — Date last worked 1943
11. Birthplace Salt Lake City, Utah (City or town) (State or foreign country)

Father
12. Name Carlos Gillette
13. Birthplace Neversink, N.Y. (City or town) (State or foreign country)

Mother
14. Maiden name Celestia Ann Pendleton
15. Birthplace Pleasantville, Ill. (City or town) (State or foreign country)

16. Informant's **OWN** Signature Alby B Gray
and Address Salt Lake City, Utah.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-8-44 (Month) (Day) (Year)
(c) Place: Teton, Idaho.

18. Funeral Director's **OWN** Signature M. L. Hansen
and Address St. Anthony, Idaho.

19. (a) April 11 1944 (Date received and filed) (b) M. L. Hansen (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April 5, 1944 19____
at 2:30 o'clock P. M.

21. **I HEREBY CERTIFY,** That I attended deceased from April 2 1944, to April 5 1944
I last saw him alive on April 5 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Myocardial Failure	6 mths.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation ____ Date ____	
Major finding	
Finding of autopsy	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury

23. Attendant's **OWN** Signature D. F. Goulet M.D. (M. D. or other)
and Address St Anthony Date 4/11/ 1944
(For additional space use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census MAY 17 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 13662
Local Reg. No. 15
Reg. Dist. No. 651

1. **PLACE OF DEATH:**
(a) County Fremont
(b) City or town St. Anthony
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? yes city or town
(e) Died in a Home Hospital Institution Other place X
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Fremont
(c) City or town Farnum
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Outside? Yes city or town
(f) Citizen of what country? United States
(g) How long had deceased lived in Idaho? 42 years
(h) Former residence (city, state)

3. (a) FULL NAME JAMES SHERIDAN WHITMORE 1756

3. (b) If veteran, name war No.
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Viola Simpson
6. (c) Age of husband or wife if alive 54 years
7. Date of Birth (Month, Day, Year) June 19, 1884

8. AGE	Years	Months	Days	If less than 1 day
	59	10	3	hrs min.

9. Exact Occupation Farmer — Did this work for 44 yrs.
10. Industry or Business Own Farm — Date last worked 4022-44
11. Birthplace Roanoke, Virginia (City or town) (State or foreign country)

Father
12. Name John Whitmore
13. Birthplace Ohio (City or town) (State or foreign country)

Mother
14. Maiden name Sarah Mason
15. Birthplace Virginia (City or town) (State or foreign country)

16. Informant's OWN Signature Carl Whitmore
and Address Drummond, Idaho.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-26-44 (Month) (Day) (Year)
(c) Place: Pineview Cemetery, Ashton, Ida.

18. Funeral Director's OWN Signature M. S. Hansen
and Address St. Anthony, Idaho.

19. (a) 5-2-44 (Date received and filed) (b) M. S. Hansen (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) April 22 19 44
at 12 Noon. o'clock M.

21. I HEREBY CERTIFY, That I attended deceased from April 22 19 44 to 19
I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebral hemorrhage & shock	1 hr
Due to Horse kicked pt in the head	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? yes Suicide? Homicide?
Occurred April 22 1944 City, county, state where violence occurred Dupont Ashton Ida
Place of Violence: Home Farm yes Industry
Public Place While at work? yes
Means of injury

23. Attendant's OWN Signature Owen L. Felt (M. D. or other)
and Address St. Anthony Date 5/2 1944
(For additional space, use reverse side)

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 13[illegible]671
Local Reg. No.
Reg. Dist. No.

MAY 17 1944

1. **PLACE OF DEATH:**
(a) County Gem
(b) City or town Emmett
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. Mary Secor Stayed days
(g) Lived in this county 11 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Gem
(c) City or town Emmett
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? 15 years
(h) Former residence (city, state) Minn.

3. (a) **FULL NAME** EMIL ALTERMATT

94a

3. (b) If veteran, name war no
3. (c) Social Security No. 518-07-3114
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) February 2, 1888

8. AGE	Years	Months	Days	If less than 1 day
	56	0	28	hrs min.

9. Exact Occupation Garage Mechanic Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Brown County, Minn (City or town) (State or foreign country)
Father
12. Name John Altermatt
13. Birthplace Minn. (City or town) (State or foreign country)
Mother
14. Maiden name Unknown
15. Birthplace (City or town) (State or foreign country)
16. Informant's OWN Signature Miles W. Altermatt
and Address San Leandro, Calif
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 3/8-1944 (Month) (Day) (Year)
(c) Place: Emmett, Idaho
18. Funeral Director's OWN Signature C. D. Buckner
and Address Emmett, Idaho
19. (a) 2/8-1944 (Date received and filed) (b) C. D. Buckner (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Mar. 5, 1944 19
at 4:30 o'clock A. M.
21. **I HEREBY CERTIFY,** That I attended deceased from Feb. 22 1944, to Mch. 5 1944
I last saw him alive on Mch. 5 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Coronary disease of heart	Feb. 22/44
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state
where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature [signature] (M. D. or other)
and Address Emmett, Idaho Date 3/8-1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

138675

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH

STATE OF IDAHO

MAY 17 1944

State File No.
Local Reg. No.
Reg. Dist. No.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
   (a) County Gem
   (b) City or town Emmett
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? Outside? X city or town
   (e) Died in a Home X Hospital Institution Other place
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county 8 years months days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Gem
   (c) City or town Emmett
   (d) Street Address or R. F. D. No.
   (e) Deceased lived Inside? Outside? X city or town
   (f) Citizen of what country? U.S.
   (g) How long had deceased lived in Idaho? 8 years
   (h) Former residence (city, state)

3. (a) **FULL NAME** JULIAN AUGUS REDTFELDT 83a

3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex male
5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Redtfeldt
6. (c) Age of husband or wife if alive 69 years
7. Date of Birth (Month, Day, Year) Dec. 6, 1866

8. AGE	Years	Months	Days	If less than 1 day
	77	3	8	hrs min.

9. Exact Occupation farmer — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace Cologne, Germany (City or town) (State or foreign country)

Father
12. Name August Redtfeldt
13. Birthplace Germany (City or town) (State or foreign country)

Mother
14. Maiden name Unknown
15. Birthplace Germany (City or town) (State or foreign country)

16. Informant's OWN Signature [redacted] Wagner
and Address Emmett, Idaho

17. (a) burial (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: Emmett, Idaho

18. Funeral Director's OWN Signature C. O. Buckman
and Address Emmett, Idaho

19. (a) 3/16-1944 (Date received and filed) (b) C. O. Buckman (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Mar. 14, 1944 19
at o'clock M.

21. **I HEREBY CERTIFY,** That I attended deceased from March 7 1944, to March 12 1944
I last saw him alive on 3/12 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebral hemorrhage	2 mo.
Due to Arteriosclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's OWN Signature D. Chipman (M. D.)
and Address Emmett, Idaho Date 3/16-1944

(For additional space, use reverse side)

13613

United States
Department of Commerce
Bureau of the Census

MAY 17 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF DEATH:**
(a) County Gem
(b) City or town Emmett
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 40 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Gem
(c) City or town Emmett
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? 40 years
(h) Former residence (city, state) Iowa

3. (a) **FULL NAME** ANN HARTMAN

468

3. (b) If veteran, name war
3. (c) Social Security No. none
4. Sex female Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Andrew A. Hartman
6. (c) Age of husband or wife if alive 65 years
7. Date of Birth (Month, Day, Year) Nov. 18, 1881

8. AGE	Years	Months	Days	If less than 1 day
	62	4	5	hrs min.

9. Exact Occupation At home — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace Grinell, Iowa (City or town) (State or foreign country)

Father
12. Name Lewis Abney
13. Birthplace Unknown (City or town) (State or foreign country)

Mother
14. Maiden name Unknown
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's **OWN** Signature Andrew A. Hartman
and Address Emmett, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/25-1944 (Month) (Day) (Year)
(c) Place: Emmett, Idaho
18. Funeral Director's **OWN** Signature C. W. Buckner
and Address Emmett, Idaho
19. (a) 3/25-1944 (Date received and filed) (b) C. W. Buckner (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 23, 1944 19
at o'clock M.
21. **I HEREBY CERTIFY,** That I attended deceased from May 19 42, to Mar 23 19 44
I last saw her alive on May 19 40; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — Duration
Carcinoma of liver
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?
Name of operation Exploration Date Jan 1944
Major finding Carcinoma of liver
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature J. L. Reynolds (M. D., or other)
and Address Emmett, Idaho Date 3/24-1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

135677

United States
Department of Commerce MAY 17 1944
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF DEATH:** Gem
   (a) County Emmett
   (b) City or town
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? Outside? X city or town
   (e) Died in a Home X Hospital Institution Other place
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county 70 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Gem
   (c) City or town Emmett
   (d) Street Address or R. F. D. No.
   (e) Deceased lived Inside? Outside? X city or town
   (f) Citizen of what country?
   (g) How long had deceased lived in Idaho? 70 years
   (h) Former residence (city, state) Indiana

3. (a) **FULL NAME** WILLIAM MARION WILSON 77

3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Lena Wilson
6. (c) Age of husband or wife if alive 63 years
7. Date of Birth (Month, Day, Year) Nov. 30, 1860

8. AGE	Years	Months	Days	If less than 1 day
	84	3	25	hrs min.

9. Exact Occupation Farmer — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace Maryville (City or town) Mo. (State or foreign country)

Father
12. Name James A. Wilson
13. Birthplace Indiana (City or town) (State or foreign country)

Mother
14. Maiden name Martha L. Martin
15. Birthplace Ohio (City or town) (State or foreign country)

16. Informant's **OWN** Signature Lena Wilson
and Address Emmett, Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 3/27-1944 (Month) (Day) (Year)
(c) Place: Emmett, Idaho
18. Funeral Director's **OWN** Signature O. D. Buckenmeyer
and Address Emmett, Idaho
19. (a) 3/27-1944 (Date received and filed) (b) O. D. Buckenmeyer (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 25, 1944 19
at o'clock M.

21. **I HEREBY CERTIFY,** That I attended deceased from 1940 19 to March 25 1944
I last saw h alive on March 23 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebral Arterio-Sclerosis	
Uremia	
Due to Age	
Due to	
Other conditions Hypertrophied Prostates (Include pregnancy within 3 months of death)	
retention of urine	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature J. D. Reynolds (M. D., or other)
and Address Emmett, Idaho Date 3/27-1944

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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United States
Department of Commerce
Bureau of the Census

MAY 17 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF DEATH:**
   (a) County Gem
   (b) City or town Emmett
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? Outside? X city or town
   (e) Died in a Home X Hospital Institution Other place
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county 2 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Gem
   (c) City or town Emmett
   (d) Street Address or R. F. D. No.
   (e) Deceased lived Inside? Outside? X city or town
   (f) Citizen of what country?
   (g) How long had deceased lived in Idaho? 2 years
   (h) Former residence (city, state) Oakland, Cal

3. (a) **FULL NAME** CLARENCE ALBERT BRILL

1156

3. (b) If veteran, name war no
3. (c) Social Security No. 520-09-8764
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Aug. 25, 1901

8. AGE	Years	Months	Days	If less than 1 day
	43	7	9	hrs min.

9. Exact Occupation Auto Mechanic — Did this work for yrs.
10. Industry or Business Automobile — Date last worked
11. Birthplace PLATTE, SO. DAKOTA (City or town) (State or foreign country)

Father
12. Name Albert S. Brill
13. Birthplace Wisconsin (City or town) (State or foreign country)

Mother
14. Maiden name Geda M. Strand
15. Birthplace Union Co., So. Dakota (City or town) (State or foreign country)

16. Informant's OWN Signature Charles Orville Brill
and Address Emmett, Idaho

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 4/8-1944 (Month) (Day) (Year)
(c) Place: Emmett, Idaho

18. Funeral Director's OWN Signature C O Buckmeier
and Address Emmett, Idaho

19. (a) April 6, 1944 (Date received and filed) C O Buckmeier (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April 4, 1944 1944
at 4:20 o'clock P M.

21. **I HEREBY CERTIFY**, That I attended deceased from April 3 1944 to April 4 1944
I last saw him alive on April 4 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
8/a Streptococcic meningitis	2 days
Due to Streptococcic throat infection	11 hrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's OWN Signature P S Pauls D.O. (M. D. or other)
and Address Emmett, Idaho Date 4/6-1944

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce MAY 17 1944
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 13[illegible]
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF DEATH:**
(a) County Gem
(b) City or town Emmett
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. Mary Secor Stayed 14 days
(g) Lived in this county 46 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Gem
(c) City or town Emmett
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? 46 years
(h) Former residence (city, state) Ohio

3. (a) **FULL NAME** GEORGIA STEINBOWER

107

3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex fem
5. Color or race wht
6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Sept. 17, 1859

8. AGE	Years	Months	Days	If less than 1 day
	84	7	20	hrs min.

9. Exact Occupation At home Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Franklin Co., Ohio (City or town) (State or foreign country)
Father
12. Name Alexander Jackson
13. Birthplace unknown (City or town) (State or foreign country)
Mother
14. Maiden name Unknown
15. Birthplace Unknown (City or town) (State or foreign country)
16. Informant's OWN Signature Grace R. Noland
and Address Emmett, Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 4/10-1944 (Month) (Day) (Year)
(c) Place: Emmett, Idaho
18. Funeral Director's OWN Signature C D Buckneum
and Address Emmett, Idaho
19. (a) 4/10-1944 (Date received and filed) (b) C D Buckneum (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Apr. 7, 1944 19
at 6 50 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from Feb 15 1944, to 4/7/1944
I last saw her alive on 4/7/1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Lobular Pneumonia	2 wk
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted? Home	PHYSICIAN
Name of operation — Date —	Underline the cause to which death should be charged statistically.
Major finding —	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature B Chipman (M. D. or other)
and Address Emmett, Idaho Date 4/10-1944
(For additional space, use reverse side)

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

MAY 6 1944

State File No. 13659
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF DEATH:** Gem
(a) County
(b) City or town Emmett
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. Mary Secor Stayed days
(g) Lived in this county years months 1 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Boise
(c) City or town Horseshoe Bend
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? 6 years
(h) Former residence (city, state) Nebraska

3. (a) **FULL NAME** VIE CLINTON ROSE 175 E

3. (b) If veteran, name war no
3. (c) Social Security No.
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Pearl Rose
6. (c) Age of husband or wife if alive 19 years
7. Date of Birth (Month, Day, Year) Jan. 10, 1920

8. AGE	Years	Months	Days	If less than 1 day
	24	3	4	hrs min.

9. Exact Occupation Day laborer — Did this work for yrs.
10. Industry or Business Saw mill — Date last worked
11. Birthplace Benkelman, Neb. (City or town) (State or foreign country)

Father
12. Name William F. Rose
13. Birthplace Missouri (City or town) (State or foreign country)

Mother
14. Maiden name Anna Alice Pursley
15. Birthplace Fordland, Mo. (City or town) (State or foreign country)

16. Informant's **OWN** Signature Johnnie J Rose
and Address Horseshoe Bend, Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 4/18-1944 (Month) (Day) (Year)
(c) Place: Emmett, Idaho
18. Funeral Director's **OWN** Signature C D Buckner
and Address Emmett, Idaho
19. (a) 4/17-1944 (Date received and filed) (b) Malvin Fields (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April 14, 1944 19
at 7:00 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 4/14 1944 to 4/14 1944
I last saw him alive on 4/14 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — Duration
Cerebral Hemorrage — 4 hrs
Due to Fall
Due to Concussion
Other conditions
(Include pregnancy within 3 months of death)

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Yes Suicide? Homicide?
Occurred 4/14 1944 City, county, state
where violence occurred at work
Place of Violence: Home Farm Industry yes
Public Place — While at work? yes
Means of injury Fall on head
23. Attendant's **OWN** Signature B Chapman
and Address Emmett, Idaho (M. D. or other) Date 4/17-1944

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

MAY 17 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 13[illegible]
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF DEATH:**
(a) County Gem
(b) City or town Emmett
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home __ Hospital X Institution __ Other place __
(f) Name Hosp. or Inst. Mary Secor Stayed ____ days
(g) Lived in this county ____ years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Gem
(c) City or town Emmett
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? 41 years
(h) Former residence (city, state) Utah

3. (a) **FULL NAME** MATTHEW HANSEN

55E

3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) April 17, 1869

8. AGE	Years	Months	Days	If less than 1 day
	75	0	0	hrs min.

9. Exact Occupation Day laborer Did this work for ____ yrs.
10. Industry or Business Date last worked
11. Birthplace Salt Lake, Utah (City or town) (State or foreign country)
Father
12. Name Martin H. Hansen
13. Birthplace Norway (City or town) (State or foreign country)
Mother
14. Maiden name Unknown
15. Birthplace Unknown (City or town) (State or foreign country)
16. Informant's **OWN** Signature Martin H. Smith and Address Emmett, Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof Apr. 19-1944 (Month) (Day) (Year)
(c) Place: Emmett, Idaho
18. Funeral Director's **OWN** Signature C D Buckner and Address Emmett, Idaho
19. (a) 4/18-1944 (Date received and filed) (b) C D Buckner (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April 17, 1944 19__ at 2:00 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from Feb. 10 1944 to 4/16/ 1944
I last saw him alive on 4/16/ 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Metastatic Sarcoma	2 yrs.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work?
Means of injury
23. Attendant's **OWN** Signature B Chiffonneau (M. D. or other) and Address Emmett, Idaho Date 4/18-1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Regular

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United States
Department of Commerce
Bureau of the Census

MAY 17 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF DEATH:**
(a) County Gem
(b) City or town Emmett
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 40 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Gem
(c) City or town Emmett
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? 40 years
(h) Former residence (city, state) Iowa

3. (a) FULL NAME WILLIAM WINTHROP WILTON 94a

3. (b) If veteran, name war Spanish Amer. 3. (c) Social Security No. none
4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife Anna Wilton 6. (c) Age of husband or wife if alive 62 years
7. Date of Birth (Month, Day, Year) May 1, 1872

8. AGE	Years	Months	Days	If less than 1 day
	71	11	17	hrs min.

9. Exact Occupation Real Estate Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Iowa (City or town) (State or foreign country)
Father
12. Name Robert H. Wilton
13. Birthplace England (City or town) (State or foreign country)
Mother
14. Maiden name Elizabeth Jane Counsell
15. Birthplace England (City or town) (State or foreign country)
16. Informant's OWN Signature Letha Wilton Davis
and Address 2108 River Rd. Jacksonville Fla.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 4/22-1944 (Month) (Day) (Year)
(c) Place: Emmett, Idaho
18. Funeral Director's OWN Signature D Buckneum
and Address Emmett, Idaho
19. (a) 4/22 1944 (Date received) (b) D Buckneum (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Apr. 18, 1944 19
at 2 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from 4/14/ 1944, to 4/18/ 1944
I last saw him alive on 4/18 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Coronary Thrombosis	3 mo.
Due to	
Due to Arteriosclerosis	2 yrs.
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature B Chipman (M. D.)
and Address Emmett, Idaho Date 4/22/1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

MAY 17 1944

Certificate Of Death

STATE OF IDAHO

State File No. 136[illegible]3
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF DEATH:**
(a) County Gem
(b) City or town Emmett
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? X Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. Mary Secor Stayed days
(g) Lived in this county 19 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Gem
(c) City or town Emmett
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? 19 years
(h) Former residence (city, state) Iowa

3. (a) **FULL NAME** FANNIE CARTER MARTIN

186a

3. (b) If veteran, name war no
3. (c) Social Security No. 519-01-9677
4. Sex fem
5. Color or race wht
6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Feb. 24, 1876

8. AGE	Years	Months	Days	If less than 1 day
	68	1	29	hrs min.

9. Exact Occupation At home Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Sidney, Iowa (City or town) (State or foreign country)
Father
12. Name Joseph David Carter
13. Birthplace Sidney, Iowa (City or town) (State or foreign country)
Mother
14. Maiden name Clara Helen Throckmorton
15. Birthplace Mo. (City or town) (State or foreign country)
16. Informant's OWN Signature Helen S. Madsen
and Address Emmett, Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 4/27-1944 (Month) (Day) (Year)
(c) Place: Emmett, Idaho
18. Funeral Director's OWN Signature C D Bucknum
and Address Emmett, Idaho
19. (a) 4/27-1944 (Date received and filed) (b) C D Bucknum (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April 23, 1944 19
at o'clock M.
21. **I HEREBY CERTIFY,** That I attended deceased from Apr. 3rd 1944, to Apr. 23 1944
I last saw her alive on Apr 23 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Apoplexia. Possibly an embolus from a fractured hip	
Due to	3 wks
Due to Fractured hip	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? X Suicide? Homicide?
Occurred ABOUT 4/1 1944. City, county, state where violence occurred Home
Place of Violence: Home X Farm Industry
Public Place While at work?
Means of injury Fall
23. Attendant's OWN Signature J L Reynolds (M. D. or other)
and Address Emmett, Idaho Date 4/27-1944
(For additional space, use reverse side)

Reynolds

United States
Department of Commerce
Bureau of the Census

MAY 17 1944

Certificate Of Death

STATE OF IDAHO

State File No. 13[illegible]
Local Reg. No.
Reg. Dist. No.

1. PLACE OF DEATH:
(a) County Gem
(b) City or town Emmett
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? X Outside? city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 22 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Gem
(c) City or town Emmett
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? 22 years
(h) Former residence (city, state) Missouri

3. (a) **FULL NAME** ROSETTA E. DELZELL 94a

3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Wm. Delzell
6. (c) Age of husband or wife if alive 76 years
7. Date of Birth (Month, Day, Year) Feb. 14, 1876

8. AGE	Years	Months	Days	If less than 1 day
	68	2	10	hrs min.

9. Exact Occupation At home Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Johnson Co., Mo (City or town) (State or foreign country)
Father
12. Name John Grantham
13. Birthplace Unknown (City or town) (State or foreign country)
Mother
14. Maiden name Eliza Faust
15. Birthplace unknown (City or town) (State or foreign country)
16. Informant's OWN Signature W. H. Delzell
and Address Eagle, Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 4/27-1944 (Month) (Day) (Year)
(c) Place: Emmett, Idaho
18. Funeral Director's OWN Signature C D Buckner
and Address Emmett, Idaho
19. (a) 4/27-1944 (Date received and filed) (b) C D Buckner (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April 24, 1944 19
at 1-30 o'clock a M.
21. **I HEREBY CERTIFY,** That I attended deceased from 19 to 19
I last saw Died alive on within 30 min after 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration
Was called but patient was dead before I arrived
Due to
Gave a good picture of a
Due to Coronary occlusion
Other conditions
(Include pregnancy within 3 months of death)
Has had hypertension for years
Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature J L Reynolds (M. D. or other)
and Address Emmett, Ida 4/27-1944 Date 19
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census MAY 17 1944

Certificate Of Death

STATE OF IDAHO

State File No. 136685
Local Reg. No. 1
Reg. Dist. No.

1. PLACE OF DEATH:
(a) County Gem
(b) City or town Emmett
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? X Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. Mary Secor Stayed days
(g) Lived in this county 41 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Gem
(c) City or town Emmett
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? 41 years
(h) Former residence (city, state) Indiana

3. (a) **FULL NAME** DANIEL J. WAMPLER 195 E

3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Jennie Wampler
6. (c) Age of husband or wife if alive 78 years
7. Date of Birth (Month, Day, Year) Oct. 22, 1863

8. AGE	Years	Months	Days	If less than 1 day
	80	6	3	hrs min.

9. Exact Occupation farmer Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Indiana (City or town) (State or foreign country)
Father
12. Name Isaac Wampler
13. Birthplace Unknown (City or town) (State or foreign country)
Mother
14. Maiden name Unknown
15. Birthplace Unknown (City or town) (State or foreign country)
16. Informant's OWN Signature [signature]
and Address c/o Morrison Hotel Seattle Wash
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 4/28-1944 (Month) (Day) (Year)
(c) Place: Emmett, Idaho
18. Funeral Director's OWN Signature C D Buckman
and Address Emmett, Idaho
19. (a) 4/28-1944 (Date received and filed) (b) C D Buckman (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April 25-1944 19
at 10 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from Apr 3rd 1944, to Apr 25 1944
I last saw him alive on Apr 25 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cardiac failure	
Chronic heart disease	
Due to	
Due to	
Other conditions Fractured leg (Include pregnancy within 3 months of death)	3 wks

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature J L Reynolds (M. D. or other)
and Address Emmett Idaho Date 4/28-1944
(For additional space, use reverse side)

Reynolds

138683

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

MAY 6 1944

1. PLACE OF DEATH:
(a) County Gem
(b) City or town Emmett
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? X Outside? city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 8 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Gem
(c) City or town Emmett
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? 45 years
(h) Former residence (city, state) Arkansas

3. (a) FULL NAME JAMES BROOKSHIRE

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3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced widower
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) March 12, 1871

8. AGE	Years	Months	Days	If less than 1 day
	73	1	13	hrs min.

9. Exact Occupation miner Did this work for yrs.
10. Industry or Business Mining Date last worked
11. Birthplace Arkansas (City or town) (State or foreign country)
Father
12. Name Christopher C. Brookshire
13. Birthplace Unknown (City or town) (State or foreign country)
Mother
14. Maiden name Miriam Howell
15. Birthplace Unknown (City or town) (State or foreign country)
16. Informant's OWN Signature + Mrs. W. Brookshire
and Address 503-11 Ave N. Nampa Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 4/28-1944 (Month) (Day) (Year)
(c) Place: Emmett, Idaho
18. Funeral Director's OWN Signature C D Buckner
and Address Emmett, Idaho
19. (a) 4/27-1944 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April 25, 1944 19
at 1 a.m. o'clock M.
21. **I HEREBY CERTIFY,** That I attended deceased from Apr 23 1944, to Apr 25 1944
I last saw him alive on Apr 24 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Tuberculosis Pulmonary	Several yrs
This fellow came from Mt Home	
Due to Two days before he died	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature J L Reynolds (M. D. or other)
and Address Emmett, Idaho Date 4/27-1944 19
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

MAY 4 1944

State File No. 138687
Local Reg. No.
Reg. Dist. No. 4-21

1. **PLACE OF DEATH:**
(a) County Gooding
(b) City or town Wendell
(c) Street Address or R. F. D. No. none
(d) Death Occurred Inside? * Outside? ____ city or town
(e) Died in a Home ____ Hospital * Institution ____ Other place ____
(f) Name Hosp. or Inst. Wendell Hospital Stayed 1 days
(g) Lived in this county 0 years 0 months 1 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Gooding
(c) City or town Wendell
(d) Street Address or R. F. D. No. none
(e) Deceased lived Inside? * Outside? ____ city or town
(f) Citizen of what country? U. S.
(g) How long had deceased lived in Idaho? 1 day years
(h) Former residence (city, state) same

3. (a) **FULL NAME** Terry Lawrence Tyler

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3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Infant
6. (b) Name of husband or wife none
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) April 12, 1944

8. AGE	Years	Months	Days	If less than 1 day
	0	0	0	10 hrs ____ min.

9. Exact Occupation none — Did this work for ____ yrs.
10. Industry or Business none — Date last worked ____
11. Birthplace Wendell, Idaho (City or town) (State or foreign country)

Father
12. Name Lawrence Tyler
13. Birthplace Twin Falls, Idaho (City or town) (State or foreign country)

Mother
14. Maiden name Velma Goodwin
15. Birthplace Franklin, Idaho (City or town) (State or foreign country)

16. Informant's **OWN** Signature Veda Wigington
and Address Buhl, Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 4/12/44 (Month) (Day) (Year)
(c) Place: Buhl, Idaho
18. Funeral Director's **OWN** Signature D. T. Albertson
and Address Buhl, Idaho
19. (a) 4/18/44 (Date received and filed) Lister M. Rose (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April 12, 1944
at ____ o'clock ____ M.

21. **I HEREBY CERTIFY,** That I attended deceased from Apr. 12 1944 to Apr. 15 1944
I last saw him alive on Apr. 15 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — **Duration**

159 Premature infant with atelectasis of Right Lung — 10 hrs
Due to 16 (a)
Due to
Other conditions
(Include pregnancy within 3 months of death)

Where was disease contracted?
Name of operation ____ Date ____
Major finding
Finding of autopsy Atelectasis of right lung

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury

23. Attendant's **OWN** Signature J. F. Thurston M.D. (M. D. or other)
and Address Buhl, Idaho Date 4-14-1944
(For additional space, use reverse side)

United States
Department of Commerce
Bureau of the Census

MAY 11 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 138688
Local Reg. No. 1088
Reg. Dist. No. 420

1. PLACE OF DEATH:
(a) County Gooding
(b) City or town Hagerman
(c) Street Address or R. F. D. No. Hagerman
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home X Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. ---------- Stayed ---- days
(g) Lived in this county 56 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Gooding
(c) City or town Hagerman
(d) Street Address or R. F. D. No. Hagerman
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? U S A
(g) How long had deceased lived in Idaho? 58 years
(h) Former residence (city, state) Marys Vill, Calif.

3. (a) FULL NAME Thomas Edwin Thompson 94a

3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Mable M.
6. (c) Age of husband or wife if alive 54 years
7. Date of Birth (Month, Day, Year) Dec. 15, 1866

8. AGE	Years	Months	Days	If less than 1 day
	77	3	29	hrs min.

9. Exact Occupation Farming Did this work for life yrs.
10. Industry or Business ---------- Date last worked 3/15/44
11. Birthplace Marys Vill, California (City or town) (State or foreign country)
Father
12. Name Lehi Thompson
13. Birthplace unknown (City or town) (State or foreign country)
Mother
14. Maiden name Elizabeth J. Hearst
15. Birthplace ------ England (City or town) (State or foreign country)
16. Informant's OWN Signature Mabel McThompson
and Address Hagerman
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 4/17/44 (Month) (Day) (Year)
(c) Place: Hagerman Idaho
18. Funeral Director's OWN Signature H.P. Bright
and Address Gooding Ida.
19. (a) 4-17-44 (Date received and filed) (b) J. H. Emmett (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) April 13 1944
at 1 o'clock P. M.
21. I HEREBY CERTIFY, That I attended deceased from Did not attend 19-
I last saw h Dead when Harvard 19-
said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Coronary Occlusion	1/2 hr
Due to —	
✓	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation ____ Date ____	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature F. E. Barrett M.D. (M. D. or other)
and Address Gooding Ida. Date 4/15 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

MAY 4 1944

Certificate Of Death

STATE OF IDAHO

State File No. 138689
Local Reg. No.
Reg. Dist. No. 421

1. **PLACE OF DEATH:**
(a) County Gooding
(b) City or town Wendell
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? X Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. St. Valentine Stayed 3 days
(g) Lived in this county 34 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Twin Falls
(c) City or town Buhl
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 34 years
(h) Former residence (city, state) Pullman, Ida.

3. (a) **FULL NAME** William Halsey Harvey

83a

3. (b) If veteran, name war X
3. (c) Social Security No. X
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lulu Harvey
6. (c) Age of husband or wife if alive 74 years
7. Date of Birth (Month, Day, Year) Sept. 29th. 1863

8. AGE	Years	Months	Days	If less than 1 day
	80	6	19	hrs min.

9. Exact Occupation Farmer Did this work for 34 yrs.
10. Industry or Business Date last worked 1939
11. Birthplace Cincinnati, Ohio (City or town) (State or foreign country)
Father
12. Name Daniel Harvey
13. Birthplace KY. (City or town) (State or foreign country)
Mother
14. Maiden name Unknown
15. Birthplace Unknown (City or town) (State or foreign country)
16. Informant's **OWN** Signature Harold R. Harvey
and Address Rt. 1 Buhl, Ida.
17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 4/21/44 (Month) (Day) (Year)
(c) Place Salt Lake City, Utah.
18. Funeral Director's **OWN** Signature Vans Johnson
and Address Buhl, L. Johnson
19. (a) 4/24/44 Sister M. Rose O.S.B. (Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April 17, 1944 19
at 5 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from March 27, 1944, to April 17 1944
I last saw him alive on April 17 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Circulatory Failure	10 years
Due to Respiratory Failure	2 days
Due to Cerebral hemorrhage	4 days
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation Date	
Major finding	
Finding of autopsy	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature Alan W. Wussler 44 (M. D. or other)
and Address Buhl, Idaho Date 4-19 1944
(For additional space, use reverse side)

138690

United States
Department of Commerce
Bureau of the Census

MAY 11 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 1086
Reg. Dist. No. 420

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
   (a) County Gooding
   (b) City or town Gooding
   (c) Street Address or R. F. D. No. Main St.
   (d) Death Occurred Inside? X Outside? ___ city or town
   (e) Died in a Home ___ Hospital ___ Institution ___ Other place ___
   (f) Name Hosp. or Inst. Gooding Co Stayed 10 minutes
   (g) Lived in this county 33 years ___ months ___ days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Gooding
   (c) City or town Bliss
   (d) Street Address or R. F. D. No. Bliss
   (e) Deceased lived Inside? ___ Outside? X city or town
   (f) Citizen of what country? United States
   (g) How long had deceased lived in Idaho? 33 years
   (h) Former residence (city, state) Chicago, Ill.

3. (a) **FULL NAME** John Behrens 1756

3. (b) If veteran, name war ---
3. (c) Social Security No. ---
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Minne E.
6. (c) Age of husband or wife if alive 68 years
7. Date of Birth (Month, Day, Year) Dec. 22, 1870

8. AGE	Years	Months	Days	If less than 1 day
	73	3	27	hrs ___ min.

9. Exact Occupation Farming — Did this work for 33 yrs.
10. Industry or Business Butcher — Date last worked 4/18/44
11. Birthplace Will County, (City or town) Ill. (State or foreign country)

Father
12. Name Otto Behrens
13. Birthplace --- (City or town) Germany (State or foreign country)

Mother
14. Maiden name Sophie Wassenfelt
15. Birthplace --- (City or town) Germany (State or foreign country)

16. Informant's OWN Signature Vernon Behrens
and Address Bliss Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 4/22/44 (Month) (Day) (Year)
(c) Place: Elmwood Cem. Gooding Idaho
18. Funeral Director's OWN Signature H. P. Bright
and Address Gooding Idaho
19. (a) 4-21-44 (Date received and filed) (b) J H Connell (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April 18 1944
at 6-15 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from 4-18 1944 to 4-18 1944
I last saw h--- alive on 4-18 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — Duration

Accidental injuries — 1 hr
Due to ---
Due to ---
Other conditions (Include pregnancy within 3 months of death) ---
Where was disease contracted? ---
Name of operation --- Date ---
Major finding ---
Finding of autopsy Chest Crushed

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ✓ Suicide? --- Homicide? ---
Occurred 4-18 1944 City, county, state where violence occurred Bliss Ida
Place of Violence: Home ✓ Farm ✓ Industry ---
Public Place --- While at work? ✓
Means of injury Run away team

23. Attendant's OWN Signature J H Connell (M. D. or other)
and Address Gooding Date 4-21 1944
(For additional space, use reverse side)

138691

United States
Department of Commerce
Bureau of the Census MAY 11 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 1087
Reg. Dist. No. 420

1. **PLACE OF DEATH:**
(a) County Gooding
(b) City or town Gooding
(c) Street Address or R. F. D. No. 733 Idaho St.
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home X Hospital __ Institution __ Other place __
(f) Name Hosp. or Inst. ------ Stayed ____ days
(g) Lived in this county 34 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Gooding
(c) City or town Gooding
(d) Street Address or R. F. D. No. 733 Idaho St.
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? United States
(g) How long had deceased lived in Idaho? 34 years
(h) Former residence (city, state) Phoenix, Ariz.

3. (a) **FULL NAME** Jessie Thrush Thomas 93d

3. (b) If veteran, name war ------ 3. (c) Social Security No. ------
4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife George L. 6. (c) Age of husband or wife if alive deceased years
7. Date of Birth (Month, Day, Year) Jan. 20, 1862

8. AGE	Years	Months	Days	If less than 1 day
	82	2	29	hrs min.

9. Exact Occupation housewife Did this work for life yrs.
10. Industry or Business -------- Date last worked 11/1/43
11. Birthplace Clinton (City or town) Missouri (State or foreign country)
Father
12. Name unknown
13. Birthplace " " (City or town) (State or foreign country)
Mother
14. Maiden name unknown
15. Birthplace " " (City or town) (State or foreign country)
16. Informant's OWN Signature W. C. Thomas
and Address Gooding Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 4/21 (Month) (Day) (Year)
(c) Place: Pocatello Idaho
18. Funeral Director's OWN Signature H. P. Bright
and Address Gooding Idaho
19. (a) 5-1-44 (Date received and filed) (b) J H Cromwell (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 4-18 1944
at ____ o'clock ____ M.
21. I HEREBY CERTIFY, That I attended deceased from Dead when I arrived 19__ to 19__
I last saw h____ alive on 19__; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Chronic Myocarditis — Duration
Due to Senility
Due to
Other conditions
(Include pregnancy within 3 months of death)
Where was disease contracted?
Name of operation ____ Date ____
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury
23. Attendant's OWN Signature F. E. Barrett M.D. (M. D. or other)
and Address Gooding Ida. Date 4/20 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census MAY 4 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 138692
Local Reg. No.
Reg. Dist. No. H-21

1. **PLACE OF DEATH:**
(a) County Gooding
(b) City or town Wendell
(c) Street Address or R. F. D. No. Main St.
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home ____ Hospital X Institution ____ Other place ____
(f) Name Hosp. or Inst. St Valentines Stayed 2 days
(g) Lived in this county 7 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Gooding
(c) City or town Wendell
(d) Street Address or R. F. D. No. 1
(e) Deceased lived Inside? ____ Outside? X city or town
(f) Citizen of what country? United States
(g) How long had deceased lived in Idaho? 27 years
(h) Former residence (city, state) Bannock Co. Ida.

3. (a) **FULL NAME** Margaret Content Hamilton 92b

3. (b) If veteran, name war ____ 3. (c) Social Security No. ____
4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Sam O. Hamilton 6. (c) Age of husband or wife if alive 68 years
7. Date of Birth (Month, Day, Year) March 1, 1876

8. AGE	Years	Months	Days	If less than 1 day
	68	1	18	hrs ____ min. ____

9. Exact Occupation housewife Did this work for life yrs.
10. Industry or Business ____ Date last worked 4/15/44
11. Birthplace ____ (City or town) Missouri (State or foreign country)

Father
12. Name J. W. Chalfont
13. Birthplace unknown (City or town) (State or foreign country)

Mother
14. Maiden name Harriet Content Dillman
15. Birthplace unknown (City or town) (State or foreign country)

16. Informant's **OWN** Signature L O Hamilton
and Address Wendell Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 4/28/44 (Month) (Day) (Year)
(c) Place: Wendell Idaho
18. Funeral Director's **OWN** Signature H. C. Bright
and Address Gooding Idaho
19. (a) 4/23/44 (Date received and filed) Kirsten M. Rose (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 4-19-44 19____
at 9 o'clock P M.

21. **I HEREBY CERTIFY,** That I attended deceased from Jan 1943, to death 19____
I last saw her alive on 4-19 19 44; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Acute Cardiac Failure 92b	4 hrs.
Due to Mitral Heart Disease 58e	many yrs.
Due to Probably Rheumatic Fever	Unknown
Other conditions in early life (Include pregnancy within 3 months of death)	

Where was disease contracted? Unknown PHYSICIAN
Name of operation ____ Date ____
Major finding ____
Finding of autopsy none
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's **OWN** Signature Harold T. Hlenger M.D. (M. D. or other)
and Address Wendell, Idaho Date 4-24 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

MAY 4 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 138693
Local Reg. No.
Reg. Dist. No. 421

1. **PLACE OF DEATH:**
   (a) County Gooding
   (b) City or town Wendell
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? ✓ Outside? city or town
   (e) Died in a Home Hospital ✓ Institution Other place
   (f) Name Hosp. or Inst. St Valentine Stayed days
   (g) Lived in this county years months 2 days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Jerome
   (c) City or town Jerome
   (d) Street Address or R. F. D. No.
   (e) Deceased lived Inside? ✓ Outside? city or town
   (f) Citizen of what country? U S
   (g) How long had deceased lived in Idaho? years
   (h) Former residence (city, state) Jerome Idaho

3. (a) **FULL NAME** Cheryl Darlene Reddick 107

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) March 2-1944

8. AGE	Years	Months	Days	If less than 1 day
	—	1	21	hrs min.

9. Exact Occupation Infant Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Wendell (City or town) Idaho (State or foreign country)
Father
12. Name Ellis Reddick
13. Birthplace Hartville (City or town) Mo (State or foreign country)
Mother
14. Maiden name Ruby Wolfenbarger
15. Birthplace Rockfield (City or town) Idaho (State or foreign country)
16. Informant's OWN Signature x Ellis S. Reddick
and Address Jerome Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 4-23-44 (Month) (Day) (Year)
(c) Place: Jerome Idaho
18. Funeral Director's OWN Signature J R Wiley
and Address Jerome Idaho
19. (a) 4/25/44 (Date received and filed) Lester M. Rose, O.S.B. (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April 23 1944
at 6:20 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from Apr 22 1944, to Apr 23 1944
I last saw her alive on Apr 22 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Bronchial Pneumonia	3 days
Due to a Cold - 10 days	5-6 days
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation no Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy no	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state
where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature Reuben C. Matson MD (M. D. or other)
and Address Jerome Ida Date 19
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

MAY 8 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

MAY 8 1944

138694

State File No.
Local Reg. No.
Reg. Dist. No. 4-21

1. **PLACE OF DEATH:**
(a) County Gooding
(b) City or town Wendell
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? — Outside? — city or town
(e) Died in a Home — Hospital — Institution — Other place
(f) Name Hosp. or Inst. St Valentine's Stayed — days
(g) Lived in this county — years — months — days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Jerome
(c) City or town Jerome
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? — Outside? — city or town
(f) Citizen of what country? U S
(g) How long had deceased lived in Idaho? — years
(h) Former residence (city, state)

3. (a) **FULL NAME** Howard Leroy Richardson 170c

3. (b) If veteran, name war —
3. (c) Social Security No. 518-22-9547
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Frances
6. (c) Age of husband or wife if alive 15 years
7. Date of Birth (Month, Day, Year) Dec 4 1924

8. AGE	Years	Months	Days	If less than 1 day hrs	min.
	17	—	24		

9. Exact Occupation Laborer — Did this work for — yrs.
10. Industry or Business — Date last worked
11. Birthplace Jerome (City or town) Idaho (State or foreign country)

Father
12. Name Arthur Richardson
13. Birthplace Bob's City (City or town) Neb (State or foreign country)

Mother
14. Maiden name Mabel Tanner
15. Birthplace Iowa (City or town) (State or foreign country)

16. Informant's OWN Signature Mabel Richardson
and Address Jerome Iowa
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 4-30-44 (Month) (Day) (Year)
(c) Place: Jerome Idaho
18. Funeral Director's OWN Signature F R Wiley
and Address Jerome Idaho
19. (a) 5/4/44 (Date received and filed) State Registrar (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April 30, 1944
at 3:00 o'clock P M.

21. **I HEREBY CERTIFY,** That I attended deceased from 9 pm 4-29-1944, to 3 am 4-30-1944
I last saw him alive on 4-30-1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebral Concussion	6 hrs
Due to Violence from car accid	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation — Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? X Suicide? — Homicide? —
Occurred 4-29-1944 City, county, state where violence occurred Jerome, Jerome, Idaho.
Place of Violence: Home — Farm — Industry —
Public Place Highway — While at work? —
Means of injury Car overturned

23. Attendant's OWN Signature H Holsinger M D (M. D. or other)
and Address Wendell, Idaho Date 5-2-1944

(For additional space, use reverse side)

138695

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

MAY 9 1944

State File No. 138695
Local Reg. No. 11
Reg. Dist. No. 242

1. **PLACE OF DEATH:**
(a) County Idaho
(b) City or town Cottonwood
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? ✓ Outside? ____ city or town
(e) Died in a Home ____ Hospital ✓ Institution ____ Other place ____
(f) Name Hosp. or Inst. Our Lady of Consolation Stayed 2 days
(g) Lived in this county ____ years ____ months 2 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Idaho
(c) City or town Clearwater, Idaho
(d) Street Address or R. F. D. No. —
(e) Deceased lived Inside? ____ Outside? ✓ city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? — years
(h) Former residence (city, state) —

3. (a) **FULL NAME** Buddy Dean Smith 158

3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Masc.
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) April 1, 1944

8. AGE	Years	Months	Days	If less than 1 day hrs min.
			2	

9. Exact Occupation — Did this work for — yrs.
10. Industry or Business — Date last worked —
11. Birthplace Cottonwood, Idaho (City or town) (State or foreign country)

Father
12. Name Melvin E. Smith
13. Birthplace Clearwater, Idaho (City or town) (State or foreign country)

Mother
14. Maiden name Alice Adela Farris
15. Birthplace Clearwater, Idaho (City or town) (State or foreign country)

16. Informant's OWN Signature Melvin E. Smith
and Address Clearwater Idaho
17. (a) removal (Burial, cremation, or removal) (b) Date thereof April 3 1944 (Month) (Day) (Year)
(c) Place: To Kooskia for burial at Clearwater
18. Funeral Director's OWN Signature Claude Thruway
and Address Kooskia, Idaho
19. (a) 4-3-44 (Date received and filed) (b) W. O. Owen Registrar (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April 3 1944
at 7:30 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from April 1 1944 to April 3 1944
I last saw him alive on April 2 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Pre Natal Mal Nutrition.	
Due to Unknown.	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation ____ Date ____	PHYSICIAN
Major finding	Underline the cause to which death should be charged statistically.
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature Wesley F. Owen M.D.
(M. D. or other)
and Address Cottonwood Date 4-3 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

138696

United States
Department of Commerce
Bureau of the Census

MAY 6 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 19
Reg. Dist. No. 240

1. PLACE OF DEATH: Idaho
(a) County
(b) City or town Grangeville
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? ✓ Outside? city or town
(e) Died in a Home Hospital Institution Other place
(f) Name Hosp. or Inst. General Stayed 56 days
(g) Lived in this county 40 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Idaho
(c) City or town Grangeville
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? ✓ Outside? city or town
(f) Citizen of what country? US
(g) How long had deceased lived in Idaho? 41 years
(h) Former residence (city, state) Iowa

3. (a) FULL NAME Francis James Fassnacht 109b

3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex M
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Anna Mary
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) August 15, 1855

8. AGE	Years	Months	Days	If less than 1 day
	88	8	5	hrs min.

9. Exact Occupation Merchant Did this work for yrs.
10. Industry or Business Genl. Mdse Date last worked 1903
11. Birthplace Sharpsbury (City or town) - Penn (State or foreign country)
Father
12. Name Frederick L. Fassnacht
13. Birthplace (City or town) Penn. (State or foreign country)
Mother
14. Maiden name Catherine McGee
15. Birthplace (City or town) Penn. (State or foreign country)
16. Informant's OWN Signature Hazel M. Fassnacht
and Address Grangeville. Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof Apr. 24 44 (Month) (Day) (Year)
(c) Place: Lewiston. Idaho
18. Funeral Director's OWN Signature Jess Roberts on
and Address Grangeville Idaho
19. (a) 4/23/44 (Date received and filed) (b) Glenn Aldor (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) April 20 1944
at o'clock M.
21. I HEREBY CERTIFY, That I attended deceased from Feb 1 1944, to April 20 1944
I last saw him alive on April 20 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Pneumonia	2 days
Due to	
Due to	
Other conditions Senility (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature J D Shimnick M.D. (M. D. or other)
and Address Grangeville Date 4-20 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

MAY 6 1944

State File No. 138697
Local Reg. No. 20
Reg. Dist. No. 240

1. **PLACE OF DEATH:**
   (a) County Idaho
   (b) City or town Grangeville
   (c) Street Address or R. F. D. No.
   (d) Death Occured Inside? ✓ Outside? ..... city or town
   (e) Died in a Home .... Hospital .... Institution .... Other place ....
   (f) Name Hosp. or Inst General Stayed 20 days
   (g) Lived in this county 64 years ..... months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Idaho
   (c) City or town Grangeville
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? ✓ Outside? ..... city or town
   (f) Citizen of what country? U. S
   (g) How long had deceased lived in Idaho? 64 years
   (h) Former residence (city, state) Grangeville.

3. (a) **FULL NAME** Robert E. Roby. 46E

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) Feb 6. 1866.

8. AGE	Years	Months	Days	If less than 1 day
	78	2	23	hrs min.

9. Exact Occupation Retire — Did this work for ..... yrs.
10. Industry or Business Farmer — Date last worked 1934
11. Birthplace Salem (City or town) Oregon (State or foreign country)

Father
12. Name Unknown.
13. Birthplace Unknown. (City or town) (State or foreign country)

Mother
14. Maiden name Unknown
15. Birthplace Unknown. (City or town) (State or foreign country)

16. Informant's **OWN** Signature Eagle Lode Records
and Address Grangeville. Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/2/44 (Month) (Day) (Year)
(c) Place: Grangeville Idaho
18. Funeral Director's **OWN** Signature Glenn Cales
and Address Grangeville Ida.
19. (a) 4/30/44 (Date received and filed) (b) Glenn Cales (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April 29 - 1944
at 7 o'clock A M.
21. **I HEREBY CERTIFY**, That I attended deceased from Jan 1 1944 to April 29 1944
I last saw him alive on 4-27 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Carcinoma of ascending colon	
Due to	
Due to	
Other conditions Senility (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ..... Date .....
Major finding
Finding of autopsy

PHYISICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature J. D. Shinnick M.D. (M. D. or other)
and Address Grangeville Date 4-29 1944
(For additional space, use reverse side)

138698

United States
Department of Commerce
Bureau of the Census

MAY 11 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 1085
Reg. Dist. No. 420

1. **PLACE OF DEATH:**
(a) County ~~Lincoln~~ Gooding
(b) City or town Gooding
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? ~ Outside? ~ city or town
(e) Died in a Home ~ Hospital ~ Institution ~ Other place ~
(f) Name Hosp. or Inst. ~ Stayed ~ days
(g) Lived in this county ~ years ~ months ~ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Lincoln
(c) City or town Shoshone
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? ~ Outside? ~ city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? ~ years
(h) Former residence (city, state)

3. (a) **FULL NAME** Connie Ann Hogue 1221

3. (b) If veteran, name war ~
3. (c) Social Security No. infant
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced ~
6. (b) Name of husband or wife ~
6. (c) Age of husband or wife if alive ~ years
7. Date of Birth (Month, Day, Year) Dec - 2 - 1943

8. AGE	Years	Months	Days	If less than 1 day
		4	2	hrs ~ min. ~

9. Exact Occupation infant — Did this work for ~ yrs.
10. Industry or Business ~ — Date last worked ~
11. Birthplace Twin Falls Idaho (City or town) (State or foreign country)

Father
12. Name Harry Hogue
13. Birthplace Cottle Ill. (City or town) (State or foreign country)

Mother
14. Maiden name Leta Mae Hogue
15. Birthplace Idaho. (City or town) (State or foreign country)

16. Informant's **OWN** Signature Harry Hogue - father
and Address Shoshone - Idaho
17. (a) Burial (Burial, cremation or removal) (b) Date thereof 4-7-44 (Month) (Day) (Year)
(c) Place: Shoshone
18. Funeral Director's **OWN** Signature Myrtle C. Burdett
and Address Shoshone Idaho
19. (a) 5-1-44 (Date received and filed) (b) J. A. Cranney (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Apr. 4 19 44
at 6 o'clock A.M.
21. **I HEREBY CERTIFY,** That I attended deceased from April 3 1944, to April 4 1944
I last saw her alive on April 4 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Intestinal Intussusception	24 hrs.
Due to ~	
Due to ~	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? Home
Name of operation ~ Date ~
Major finding ~
Finding of autopsy ~

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ~ Suicide? ~ Homicide? ~
Occurred ~ 19 ~ City, county, state where violence occurred ~
Place of Violence: Home ~ Farm ~ Industry ~
Public Place ~ While at work? ~
Means of injury ~
23. Attendant's **OWN** Signature T. E. Barnett M.D. (M. D. or other)
and Address Gooding Idaho Date 5/2 19 44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 138699
Local Reg. No. 6
Reg. Dist. No. 640

MAY 11 1944

1. **PLACE OF DEATH:**
(a) County Jefferson
(b) City or town Rigby
(c) Street Address or R. F. D. No. X
(d) Death Occurred Inside? X Outside? ..... city or town
(e) Died in a Home X Hospital ..... Institution ..... Other place .....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 44 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Jefferson
(c) City or town Rigby
(d) Street Address or R. F. D. No. X
(e) Deceased lived Inside? X Outside? ..... city or town
(f) If foreign born, in U. S. 74 yrs. Citizen of U. S.? Yes
(g) How long had deceased lived in Idaho? 46 years
(h) Former residence (city, state) Denmark.

3. (a) **FULL NAME** ANDREW OLE ANDERSON. 131a

3. (b) If veteran, name war X
3. (c) Social Security No. X
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Eunice
6 (c) Age of husband or wife if alive 76 years
7. Date of Birth (Month, Day, Year) Dec. 13, 1866

8. AGE	Years	Months	Days	If less than 1 day hrs	min.
	77	4	2		

9. Exact Occupation Retired Farmer — Did this work for life yrs.
10. Industry or Business Farm — Date last worked Dec. 1943
11. Birthplace Denmark. (City or town) (State or foreign country)

Father
12. Name Jens Anderson.
13. Birthplace Denmark. (City or town) (State or foreign country)

Mother
14. Maiden name Mary Ann Nielsen.
15. Birthplace Denmark. (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mrs J. Anderson
and Address Rigby, Idaho. R. #1
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/17/44 (Month) (Day) (Year)
(c) Place: Rigby, Idaho,
18. Funeral Director's **OWN** Signature A. B. Eckersell
and Address Rigby, Idaho.
19. (a) May 6 1944 (Date received and filed) (b) Mrs A B Eckersell (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April 15 1944
at 1:20 o'clock A M.

21. I **HEREBY CERTIFY**, That I attended deceased from March 15 1941 to April 15, 1944
I last saw h... alive on April 14 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — Duration
111c Hypostatic pneumonia-2days
Due to Cardio Vascular — Renal Disease — 131a
Due to Heart disease
Other conditions
(Include pregnancy within 3 months of death)

Where was disease first contracted? Idaho.
Name of operation. — Date
Major finding —
Finding of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature Clifford B. Rigby M. D. (M. D. or other)
and Address Rigby, Idaho. Date 4-17 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Original

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

MAY 6 1944

State File No. 138700
Local Reg. No.
Reg. Dist. No.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
   (a) County Jerome
   (b) City or town Hunt
   (c) Street Address or R. F. D. No.
   (d) Death Occured Inside? x Outside? city or town
   (e) Died in a Home Hospital x Institution Other place
   (f) Name Hosp. or Inst. Minidoka Project Hospital Stayed days
   (g) Lived in this county years months days

   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State (b) County
   (c) City or town
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? Outside? city or town
   (f) Citizen of what country?
   (g) How long had deceased lived in Idaho? years
   (h) Former residence (city, state)

3. (a) **FULL NAME** HIDEKAZU KAKUTANI

16/a

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race Japanese
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) April 4, 1944

8. AGE	Years	Months	Days	If less than 1 day
				hrs 30 min.

9. Exact Occupation — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace Hunt, Idaho (City or town) (State or foreign country)

Father
12. Name Juzo Kakutani
13. Birthplace Fukuiken Japan (City or town) (State or foreign country)

Mother
14. Maiden name Yu Ishida
15. Birthplace Fukuiken, Japan (City or town) (State or foreign country)

16. Informant's **OWN** Signature
    and Address 17-10-B Hunt, Idaho
17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
    (c) Place: Salt Lake City, Utah
18. Funeral Director's **OWN** Signature D. A. Simpson
    and Address Jerome Idaho
19. (a) 4-10-44 (Date received and filed) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April 4 1944
    at 2:45 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from April 4 1944, to April 4 1944
    I last saw him alive on April 4 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Asphyxia neonatorium	
Due to operative delivery	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYISICIAN Underline the cause to which death should be charged statistically.
Name of operation Date	
Major finding	
Finding of autopsy Not done.	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
    Occurred 19 City, county, state where violence occurred
    Place of Violence: Home Farm Industry
    Public Place While at work?
    Means of injury
23. Attendant's **OWN** Signature [signature] (M. D. or other)
    and Address Hunt, Idaho Date 4-8 1944

(For additional space, use reverse side)

Original

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

MAY 6 1944

State File No. 138701
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF DEATH:**
   (a) County Jerome
   (b) City or town Hunt
   (c) Street Address or R.F.D. No. Block 17-5-F
   (d) Death Occured Inside? X Outside? city or town
   (e) Died in a Home X Hospital Institution Other place
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county years 8 months 20 days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Washington (b) County King
   (c) City or town Kirkland
   (d) Street Address or R.F.D. No. Rt. 2 Box 259
   (e) Deceased lived Inside? Outside? X city or town
   (f) Citizen of what country? Japan
   (g) How long had deceased lived in Idaho? years
   (h) Former residence (city, state) Kirkland Wn.

3. (a) **FULL NAME** Kane Funai

1640

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race Japanese
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Kametaro
6. (c) Age of husband or wife if alive 70 years
7. Date of Birth (Month, Day, Year) April 8, 1890

8. AGE	Years	Months	Days	If less than 1 day
	53	11	28	hrs min.

9. Exact Occupation Housewife — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace Kumamoto, Japan (City or town) (State or foreign country)

Father
12. Name Unobtainable
13. Birthplace (City or town) (State or foreign country)

Mother
14. Maiden name Unobtainable
15. Birthplace (City or town) (State or foreign country)

16. Informant's **OWN** Signature George Funai
and Address 17-5-F Hunt, Idaho

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 4-11-44 (Month) (Day) (Year)
(c) Place: Salt Lake City, Utah

18. Funeral Director's **OWN** Signature D. L. Grayson
and Address Jerome, Idaho

19. (a) 4-11-44 (Date received and filed) (b) D. P. Sinclair (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April 5, 19 44
between 9 & 11 o'clock a. M.

21. **I HEREBY CERTIFY**, That I attended deceased from ..... 19..... to ..... 19.....
I last saw h..... alive on ..... 19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Suicide by hanging	
Due to post menopausal depression	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy Not done

PHYISICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? X Homicide?
Occurred April 5, 19 44 City, county, state where violence occurred Hunt, Jerome, Idaho
Place of Violence: Home X Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature [signature] (M. D. or other)
and Address Hunt, Idaho Date 4-8- 19 44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

MAY 6 1944

State File No. 138702
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF DEATH:**
   (a) County Jerome
   (b) City or town Hunt
   (c) Street Address or R. F. D. No.
   (d) Death Occured Inside? X Outside? city or town
   (e) Died in a Home Hospital Institution Other place
   (f) Name Hosp. or Inst. Minidoka Project Hospital Stayed 11 days
   (g) Lived in this county years 6 months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Washington (b) County King
   (c) City or town Seattle
   (d) Street Address or R.F.D. No. 7710 Aurora Ave.
   (e) Deceased lived Inside? X Outside? city or town
   (f) Citizen of what country? Japan
   (g) How long had deceased lived in Idaho? years
   (h) Former residence (city, state) Seattle, Wash.

3. (a) **FULL NAME** Kaichi Iwami

94a

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race Japanese
6. (a) Single, widowed, married, divorced Married
6. (b) Name of ~~husband~~ or wife Sakuya
6. (c) Age of ~~husband~~ or wife if alive 61 years
7. Date of Birth (Month, Day, Year) January 5, 1875

8. AGE	Years	Months	Days	If less than 1 day
	69	3	2	hrs min.

9. Exact Occupation Groceryman — Did this work for 10 yrs.
10. Industry or Business Grocery & Market — Date last worked April '42
11. Birthplace Hiroshima, Japan (City or town) (State or foreign country)

Father
12. Name Unobtainable
13. Birthplace (City or town) (State or foreign country)

Mother
14. Maiden name Unobtainable
15. Birthplace (City or town) (State or foreign country)

16. Informant's **OWN** Signature Rasuke Tamura
and Address 26-11-G Hunt, Idaho
17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 4-15-44 (Month) (Day) (Year)
(c) Place: Salt Lake City Utah
18. Funeral Director's **OWN** Signature D. A. Davidson
and Address Jerome Idaho
19. (a) 4-15-44 (Date received and filed) (b) E. V. Duncan (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April 7 19 44
at 10:45 o'clock p. M.
21. **I HEREBY CERTIFY**, That I attended deceased from March 27 19 44, to April 7 19 44
I last saw h im alive on April 7 19 44; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Coronary occlusion	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation Date	
Major finding	
Finding of autopsy not done.	

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature (M. D. or other)
and Address Hunt, Idaho Date 4-13 1944
(For additional space, use reverse side)

138703

United States
Department of Commerce
Bureau of the Census

MAY 6 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF DEATH:**
(a) County Jerome
(b) City or town Eden
(c) Street Address or R. F. D. No. 1
(d) Death Occurred Inside? Outside? L city or town
(e) Died in a Home L Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county years 5 months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Jerome
(c) City or town
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Outside? L city or town
(f) Citizen of what country? U S.
(g) How long had deceased lived in Idaho? years
(h) Former residence (city, state) Burley Idaho

3. (a) **FULL NAME** Ida Carlow

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Frank
6. (c) Age of husband or wife if alive 40 years
7. Date of Birth (Month, Day, Year) May 25 1884

8. AGE	Years	Months	Days	If less than 1 day hrs	min.
	59	11	18		

9. Exact Occupation At Home — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace Ketchum (City or town) Idaho (State or foreign country)

Father
12. Name Geo M Peters
13. Birthplace Jackson (City or town) Mo. (State or foreign country)

Mother
14. Maiden name Mary Dyer
15. Birthplace Springfield (City or town) Mo (State or foreign country)

16. Informant's OWN Signature x F D Carlow
and Address Eden Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-15-44 (Month) (Day) (Year)
(c) Place: Jerome Idiho
18. Funeral Director's OWN Signature J R Wiley
and Address Jerome Idaho
19. (a) 4-15-44 (Date received and filed) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April 13 1944
at 4:30 o'clock A M.

21. **I HEREBY CERTIFY**, That I attended deceased from Feb 22 1944 to Feb 24 1944
I last saw her alive on Feb 24 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Carcinoma Cervix Uteri — Duration 3 yrs.
Due to —
Due to
Other conditions (Include pregnancy within 3 months of death)
Where was disease contracted?
Name of operation no Date
Major finding
Finding of autopsy no

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's OWN Signature Reuben C Matson Md (M. D. or other)
and Address Jerome Ida Date 19
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Original

United States
Department of Commerce
Bureau of the Census

MAY 6 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 138704
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF DEATH:**
(a) County Jerome
(b) City or town Hunt
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? x Outside? city or town
(e) Died in a Home Hospital x Institution Other place
(f) Name Hosp. or Inst. Minidoka Project Hospital Stayed 9 days
(g) Lived in this county 1 years 7 months 12 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Oregon (b) County Multnomah
(c) City or town Portland
(d) ~~Street Address or~~ R. F. D. No. 4 Box 850
(e) Deceased lived Inside? Outside? x city or town
(f) Citizen of what country? Japan
(g) How long had deceased lived in Idaho? 1 years
(h) Former residence (city, state) Portland, Ore.

3. (a) **FULL NAME** Daizo Miyamoto

130

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race Japanese
6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife Fude
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) January 5, 1877

8. AGE	Years	Months	Days	If less than 1 day
	67	3	14	hrs min.

9. Exact Occupation Farmer Did this work for 20 yrs.
10. Industry or Business Farm Date last worked 4-1942
11. Birthplace Kumamoto, Japan (City or town) (State or foreign country)
Father
12. Name Unobtainable
13. Birthplace (City or town) (State or foreign country)
Mother
14. Maiden name Unobtainable
15. Birthplace (City or town) (State or foreign country)
16. Informant's OWN Signature Mrs [illegible]
and Address 31-10-E Hunt, Idaho
17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 4-24-1944 (Month) (Day) (Year)
(c) Place: Salt Lake City, Utah
18. Funeral Director's OWN Signature D. A. L'Hussson
and Address Jerome Idaho
19. (a) 4-24-44 (Date received and filed) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April 19 1944
at 5:00 o'clock p. M.
21. **I HEREBY CERTIFY,** That I attended deceased from March 20 1944 to April 19 1944
I last saw him alive on April 19 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Uremia 132.2	
Due to Acute nephritis 130	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy as above	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature Paul S. Shigaya M.D. (M. D. or other)
and Address Hunt, Idaho Date 4/22 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 138705
Local Reg. No. 113
Reg. Dist. No. 121

1. **PLACE OF DEATH:**
(a) County KOOTENAI
(b) City or town FARRAGUT
(c) Street Address or R. F. D. No. FARRAGUT
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home ____ Hospital X Institution ____ Other place ____
(f) Name Hosp. or Inst. NAVAL HOSPITAL FARRAGUT, IDAHO Stayed 8 days
(g) Lived in this county 0 years 1 months 6 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State IDAHO (b) County KOOTENAI
(c) City or town FARRAGUT NTS
(d) Street Address or R. F. D. No. FARRAGUT
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? U.S.
(g) How long had deceased lived in Idaho? 1 Month years
(h) Former residence (city, state) LOS ANGELES, C.

3. (a) FULL NAME OWENS, Kenneth Roland. AS,V6,SV,USNR.880-09-59 108

3. (b) If veteran, name war NONE
3. (c) Social Security No. NOT KNOWN
4. Sex M
5. Color or race M
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife ESTHER K.
6. (c) Age of husband or wife if alive NOT KNOWN years
7. Date of Birth (Month, Day, Year) 4-18-1908

8. AGE	Years	Months	Days	If less than 1 day
	35	10	19	hrs ____ min.

9. Exact Occupation APPRENTICE SEAMAN — Did this work for 1 month
10. Industry or Business US NAVY RESERVE — Date last worked 1944
11. Birthplace ILLINOIS (City or town) (State or foreign country)

Father
12. Name NOT KNOWN
13. Birthplace NOT KNOWN (City or town) (State or foreign country)

Mother
14. Maiden name NOT KNOWN
15. Birthplace NOT KNOWN (City or town) (State or foreign country)

16. Informant's OWN Signature R.V.ALLEN.PHARM.USN
and Address NAVAL HOSPITAL FARRAGUT, IDAHO
17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof 3-10-44 (Month) (Day) (Year)
(c) Place: LOS ANGELES, CALIFORNIA
18. Funeral Director's OWN Signature by [illegible]
and Address COEUR D'ALENE, IDAHO
19. (a) 3-11-44 (Date received and filed) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) MARCH 7 19 44
at 4:51 o'clock A M.
21. I HEREBY CERTIFY, That I attended deceased from 2-28 19 44 to March 7 19 44
I last saw him alive on March 7 19 44; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — Duration

PNEUMONIA, LOBAR
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)

Where was disease contracted? NTS FARRAGUT
Name of operation NONE Date **
Major finding
Finding of autopsy SAME AS CAUSE OF DEATH

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19 ____ City, county, state where violence occurred
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury

23. Attendant's OWN Signature Arthur B Hendrick (M. D. or other)
and Address NAVAL HOSPITAL FARRAGUT, IDAHO Date 3-8- 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

138706

United States
Department of Commerce
Bureau of the Census

MAY 13 1944

DrFox

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 116
Reg. Dist. No. 1-9

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
   (a) County Kootenai
   (b) City or town Coeur D' Alene
   (c) Street Address or R. F. D. No. --
   (d) Death Occurred Inside? in Outside? ____ city or town
   (e) Died in a Home __ Hospital __ Institution __ Other place __
   (f) Name Hosp. or Inst Lake City Gen'l ____ days
   (g) Lived in this county 0 years 0 months 1 days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho. (b) County Kootenai
   (c) City or town Coeur D'Alene,
   (d) Street Address or R. F. D. No. Gibbs,
   (e) Deceased lived Inside? in Outside? ____ city or town
   (f) Citizen of what country? U. S.
   (g) How long had deceased lived in Idaho? 1 day years
   (h) Former residence (city, state) Idaho.

3. (a) **FULL NAME** John Warren Smith 3rd

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3. (b) If veteran, name war --
3. (c) Social Security No.
4. Sex M.
5. Color or race W.
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife --
6. (c) Age of husband or wife if alive -- years
7. Date of Birth (Month, Day, Year) March 29, 1944

8. AGE	Years	Months	Days	If less than 1 day
	0	0	3	hrs ___ min.

9. Exact Occupation --- Did this work for ____ yrs.
10. Industry or Business ____ Date last worked ____
11. Birthplace Coeur D' Alene, Idaho. (City or town) (State or foreign country)

Father
12. Name John Warren Smith Jr.
13. Birthplace Penn. (City or town) (State or foreign country)

Mother
14. Maiden name Mary LaBert
15. Birthplace Missoula, Mont. (City or town) (State or foreign country)

16. Informant's **OWN** Signature John Warren Smith 3rd
and Address Gibbs, Idaho.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/3/44 (Month) (Day) (Year)
(c) Place: Forest Cemetery

18. Funeral Director's **OWN** Signature Mooney Chapel
and Address Coeur D' Alene, Idaho.

19. (a) 4-4-44 (Date received and filed) (b) Frances M. Reed (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April 1, 1944 19__
at 1:30 o'clock P. M.

21. **I HEREBY CERTIFY,** That I attended deceased from 3-29- 19 44, to 4-1 19 44
I last saw h__ alive on ____ 19__; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Status Thymico-Lymphaticus	1 hr.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? —
Name of operation — Date ____
Major finding ____
Finding of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's **OWN** Signature [illegible] (M. D.)
and Address Coeur d'Alene Date 4/3 19 44

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

MAY 13 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 138707
Local Reg. No. 111
Reg. Dist. No. 121

1. **PLACE OF DEATH:**
   (a) County Kootenai
   (b) City or town Farragut NTS
   (c) Street Address or R. F. D. No. Farragut
   (d) Death Occurred Inside? X Outside? ____ city or town
   (e) Died in a Home ____ Hospital X Institution ____ Other place ____
   (f) Name Hosp. or Inst. FARRAGUT, IDAHO Stayed 1 days
   (g) Lived in this county 0 years 0 months 24 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Kootenai
   (c) City or town USNTS Farragut
   (d) Street Address or R. F. D. No. Farragut
   (e) Deceased lived Inside? X Outside? ____ city or town
   (f) Citizen of what country? US
   (g) How long had deceased lived in Idaho? 24 Days years
   (h) Former residence (city, state) Boulder, Colo.

3. (a) **FULL NAME** MOORE, Frazier Lee. AS,SV,V6,USNR. 877-05-50.

3. (b) If veteran, name war none
3. (c) Social Security No. not known
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife ____
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) January 8, 1926

8. AGE	Years	Months	Days	If less than 1 day
	18	2	26	hrs ____ min. ____

9. Exact Occupation Apprentice Seaman Did this work for 24 days yrs.
10. Industry or Business U.S.Navy. Reserve Date last worked 1944
11. Birthplace Smith Center, Kansas (City or town) (State or foreign country)

Father
12. Name Johnathan B. Moore
13. Birthplace ____ (City or town) (State or foreign country)

Mother
14. Maiden name not known
15. Birthplace ____ (City or town) (State or foreign country)

16. Informant's **OWN** Signature R.V.Allen,Pharm,USN
and Address NAVAL HOSPITAL FARRAGUT, IDAHO
17. (a) removal (Burial, cremation, or removal) (b) Date thereof 4-7-44 (Month) (Day) (Year)
(c) Place: Boulder, Colorado
18. Funeral Director's **OWN** Signature Mooney Funeral Chapel by
and Address Coeur d'Alene, Idaho
19. (a) 4-7-44 (Date received and filed) (b) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April 4 1944
at 8:25 o'clock A M.
21. **I HEREBY CERTIFY**, That I attended deceased from 4-3 1944 to 4-4- 1944
I last saw him alive on 4-4- 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
SCARLET FEVER	
Due to	
Due to	
Other conditions Pneumonia Complications (Include pregnancy within 3 months of death)	

Where was disease contracted? USNTS FARRAGUT
Name of operation none Date ____
Major finding ____
Finding of autopsy same as cause of death.

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's **OWN** Signature E.E.Stinton (M. D. or other)
and Address NAVAL HOSPITAL FARRAGUT, IDAHO Date 4-5- 1944

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

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MAY 13 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 138708
Local Reg. No. 88 170
Reg. Dist. No. 120

1. **PLACE OF DEATH:**
   (a) County Kootenai
   (b) City or town Coeur d'Alene
   (c) Street Address or R. F. D. No. 1012 2nd St
   (d) Death Occurred Inside? X Outside? ____ city or town
   (e) Died in a Home X Hospital ____ Institution ____ Other place ____
   (f) Name Hosp. or Inst. ____ Stayed ____ days
   (g) Lived in this county 43 years ____ months ____ days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Kootenai
   (c) City or town Coeur d'Alene
   (d) Street Address or R. F. D. No Marine Rt.
   (e) Deceased lived Inside? ____ Outside? X city or town
   (f) Citizen of what country? USA
   (g) How long had deceased lived in Idaho? 43 years
   (h) Former residence (city, state) Duluth Minn.

3. (a) **FULL NAME** John Howard Welch

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3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Emily
6. (c) Age of husband or wife if alive 70 years
7. Date of Birth (Month, Day, Year) March 10, 1864

8. AGE	Years	Months	Days	If less than 1 day
	80	0	25	hrs ____ min.

9. Exact Occupation Farmer — Did this work for 43 yrs.
10. Industry or Business own farm — Date last worked 1940
11. Birthplace Groton Mass. (City or town) (State or foreign country)

Father
12. Name John Welch
13. Birthplace Ireland (City or town) (State or foreign country)

Mother
14. Maiden name Julia Brennan
15. Birthplace Ireland (City or town) (State or foreign country)

16. Informant's OWN Signature Emily Welch.
and Address Coeur d'Alene, Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 4-7-44 (Month) (Day) (Year)
(c) Place: Forest Cem. Cd'A, Idaho
18. Funeral Director's OWN Signature Don English
and Address Coeur d'Alene, Idaho
19. (a) 4-7-44 (Date received and filed) (b) Frances M. Isbell (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 4-5-44 19____
at 3:30 o'clock A M.

21. **I HEREBY CERTIFY,** That I attended deceased from 4-3- 1944 to 4-5- 1944
I last saw h[illegible] alive on 4-3 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Carcinoma of liver	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ____ Date ____
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury

23. Attendant's OWN Signature E. H. Teed (M. D. or other)
and Address Grand Attle Date 4-6 1944

(For additional space, use reverse side)

NAVAL HOSPITAL
FARRAGUT IDAHO

United States
Department of Commerce
Bureau of the Census

MAY 13 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 138709
Local Reg. No. 110
Reg. Dist. No. 131

1. **PLACE OF DEATH:**
(a) County Kootenai
(b) City or town USNTS Farragut
(c) Street Address or R. F. D. No. Farragut
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home ____ Hospital X Institution ____ Other place ____
(f) Name Hosp. or Inst. ____ Stayed 38 days
(g) Lived in this county 0 years 2 months 13 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Kootenai
(c) City or town USNTS Farragut
(d) Street Address or R. F. D. No. Farragut
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? U.S.
(g) How long had deceased lived in Idaho? 2½ Months years
(h) Former residence (city, state) McLeod, Montana

3. (a) **FULL NAME** MASON, Robert Charles. AS,SV,V6,USNR. 877-81-93

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3. (b) If veteran, name war None
3. (c) Social Security No. not known
4. Sex M
5. Color or race Wh
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife none
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) 12-5-23

8. AGE	Years	Months	Days	If less than 1 day
	20	4	4	hrs ____ min.

9. Exact Occupation APPRENTICE SEAMAN — Did this work for 2½ Months yrs.
10. Industry or Business U.S.NAVY. RESERVE — Date last worked 1944
11. Birthplace McLeod, Montana (City or town) (State or foreign country)

Father
12. Name Howard Mason
13. Birthplace not known (City or town) (State or foreign country)

Mother
14. Maiden name not known
15. Birthplace not known (City or town) (State or foreign country)

16. Informant's **OWN** Signature R. V. Allen. Pharm. USN
and Address NAVAL HOSPITAL FARRAGUT IDAHO

17. (a) removal (Burial, cremation, or removal) (b) Date thereof 4-12-44 (Month) (Day) (Year)
(c) Place: Big Timber, Montana

18. Funeral Director MOONEY FUNERAL CHAPEL
OWN Signature by [illegible]
and Address Coeur d'Alene, Idaho

19. (a) 4-13-44 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April 9 1944
at 3:30 o'clock P. M.

21. **I HEREBY CERTIFY,** That I attended deceased from 3-3- 1944, to 4-9 1944
I last saw him alive on 4-9 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
MENINGITIS, CEREBROSPINAL, ACUTE (PNEUMOCOCCIC, TYPE V).	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? USNTS FARRAGUT
Name of operation none Date
Major finding
Finding of autopsy same as cause of death.

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury

23. Attendant's **OWN** Signature James W. Leatherman, M.D.
NAVAL HOSPITAL (M. D. or other)
and Address FARRAGUT IDAHO Date 4-11 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

138710

United States
Department of Commerce
Bureau of the Census

MAY 13 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 12-1
Reg. Dist. No. 12-1

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
   (a) County Kootenai
   (b) City or town USNTS Farragut
   (c) Street Address or R. F. D. No. Farragut
   (d) Death Occurred Inside? X Outside? ____ city or town
   (e) Died in a Home ___ Hospital ___ Institution ___ Other place X
   (f) Name Hosp. or Inst. ____ Stayed 16 days
   (g) Lived in this county ___ years ___ months ___ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Kootenai
   (c) City or town Farragut, USNTS
   (d) Street Address or R. F. D. No. Farragut
   (e) Deceased lived Inside? X Outside? ____ city or town
   (f) Citizen of what country? U.S.
   (g) How long had deceased lived in Idaho? 16 days years
   (h) Former residence (city, state) Rochester, Mich.

3. (a) **FULL NAME** ZIEMANN, Leonard John. MoMM 1/C.USNR. 951-68-15

94a

3. (b) If veteran, name war none
3. (c) Social Security No. not known
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Helen Ann
6. (c) Age of husband or wife if alive not known years
7. Date of Birth (Month, Day, Year) 7-19-1914

8. AGE	Years	Months	Days	If less than 1 day
	29	8	21	hrs ___ min.

9. Exact Occupation Motor Machinist Mate 1st Class — Did this work for ____ yrs.
10. Industry or Business US Navy Reserve — Date last worked 1944
11. Birthplace Royal Oak, Michigan (City or town) (State or foreign country)

Father
12. Name Bernard Ziemann.
13. Birthplace Royal Oak, Michigan (City or town) (State or foreign country)

Mother
14. Maiden name Mary Chapp
15. Birthplace Michigan (City or town) (State or foreign country)

16. Informant's **OWN** Signature L.F. Miller. Pharm. USN
and Address USNTS Farragut, Idaho
17. (a) removal (Burial, cremation, or removal) (b) Date thereof 4-15-44 (Month) (Day) (Year)
(c) Place: Royal Oak, Michigan
18. Funeral Director's **OWN** Signature by Mooney Funeral Chapel
and Address Coeur d'Alene Idaho
19. (a) 4-15-44 (Date received and filed) (b) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April 10 1944
at 4:20 o'clock P M.
21. **I HEREBY CERTIFY**, That I attended deceased from April 10 1944 to April 10 1944
I did not see him alive on 4-10-44; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
THROMBOSIS, Coronary Artery	
Due to	
Due to	
Other conditions Cardiac rupture (Include pregnancy within 3 months of death)	

Where was disease contracted? ____
Name of operation none Date ____
Major finding ____
Finding of autopsy Same as Cause of death

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's **OWN** Signature Wm. P. Mull CAPTAIN (MC) (M. D. or other)
and Address USNTS FARRAGUT, IDAHO Date 4-13 1944

(For additional space, use reverse side)

138711

United States
Department of Commerce
Bureau of the Census

MAY 13 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. ____
Local Reg. No. 114
Reg. Dist. No. 121

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
   (a) County Kootenai
   (b) City or town USNTS Farragut, Idaho
   (c) Street Address or R. F. D. No. Farragut
   (d) Death Occurred Inside? X Outside? ____ city or town
   (e) Died in a Home ____ Hospital X Institution ____ Other place ____
   (f) Name Hosp. or Inst. NAVAL HOSPITAL FARRAGUT, IDAHO Stayed 16 days
   (g) Lived in this county 0 years 2 months 20 days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Kootenai
   (c) City or town Farragut, USNTS
   (d) Street Address or R. F. D. No. Farragut
   (e) Deceased lived Inside? X Outside? ____ city or town
   (f) Citizen of what country? U.S.
   (g) How long had deceased lived in Idaho? 2½ Months years
   (h) Former residence (city, state) Mayfield, Utah

3. (a) **FULL NAME** PETERSON, Orland Laurence. S2/C,SV,V6,USNR. 964-30-49

80a

3. (b) If veteran, name war None
3. (c) Social Security No. not known
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife none
6. (c) Age of husband or wife alive none years
7. Date of Birth (Month, Day, Year) 3-13-1925

8. AGE	Years	Months	Days	If less than 1 day
	19	0	28	hrs ____ min.

9. Exact Occupation Seaman Second Class — Did this work for 2½ Months yrs.
10. Industry or Business US Navy Reserve — Date last worked 1944
11. Birthplace Mayfield, Utah (City or town) (State or foreign country)

Father
12. Name Laurence Thorvald Peterson
13. Birthplace ____ (City or town) (State or foreign country)

Mother
14. Maiden name not known
15. Birthplace not known (City or town) (State or foreign country)

16. Informant's OWN Signature R.V. Allen. Pharm. USN
and Address NAVAL HOSPITAL FARRAGUT, IDAHO
17. (a) removal (Burial, cremation, or removal) (b) Date thereof 4-14-44 (Month) (Day) (Year)
(c) Place: Manti, Utah
18. Funeral Director's OWN Signature by Mooney Funeral Chapel
and Address Coeur d'Alene, Idaho
19. (a) 4-15-44 (Date received and filed) (b) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April 11 1944
at 3:20 o'clock P M.
21. **I HEREBY CERTIFY**, That I attended deceased from March 27 1944, to April 11 1944
I last saw him alive on April 11 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
BRAIN ABSCESS	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? USNTS FARRAGUT
Name of operation none Date ____
Major finding ____
Finding of autopsy Same as cause of death.

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature James W. Leatherman (M. D. or other) MD
and Address NAVAL HOSPITAL FARRAGUT, IDAHO Date 4-13 1944
(For additional space, use reverse side)

138712

United States
Department of Commerce
Bureau of the Census

MAY 13 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 109
Reg. Dist. No. 120

1. **PLACE OF DEATH:**
(a) County Kootenai
(b) City or town Coeur d'Alene
(c) Street Address or R. F. D. No. 1525 Lakeshore
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home X Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 24 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Kootenai
(c) City or town Coeur d'Alene
(d) Street Address or R. F. D. No. 1525 Lakeshore
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? USA
(g) How long had deceased lived in Idaho? 24 years
(h) Former residence (city, state) Spokane Wn.

3. (a) **FULL NAME** Bruce Scott McDonald

45 f

3. (b) If veteran, name war World War
3. (c) Social Security No. 518-03-7162
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Carmelita
6. (c) Age of husband or wife if alive 40 years
7. Date of Birth (Month, Day, Year) Oct. 9 1896

8. AGE	Years	Months	Days	If less than 1 day
	47	6	4	hrs ____ min.

9. Exact Occupation Investments — Did this work for 25 yrs.
10. Industry or Business Own Business — Date last worked Oct. 43
11. Birthplace Wallace, Idaho (City or town) (State or foreign country)

Father
12. Name Scott McDonald
13. Birthplace St. Joseph, Mo. (City or town) (State or foreign country)

Mother
14. Maiden name Agnes J. Smith
15. Birthplace Minnesota. (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs Bruce McDonald
and Address Coeur d'Alene, Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 4-15-44 (Month) (Day) (Year)
(c) Place: Spokane, Wash.
18. Funeral Director's OWN Signature Don English
and Address Coeur d'Alene, Idaho
19. (a) 4-15-44 (Date received and filed) (b) Frances M. Elwell (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 4-13-44 19____
at 4:00 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from Oct 1943, to 4-13 1944
I last saw him alive on 4-12 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
hemorrhage	6 min.
Due to Carcinoma of tonsil	6 mo.
Due to	
Other conditions — (Include pregnancy within 3 months of death)	

Where was disease contracted? Idaho
Name of operation none Date
Major finding —
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature Leander Lawler (M. D. or other)
and Address Coeur d'Alene Date 4-14 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

138713

United States
Department of Commerce MAY 13 1944
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 138713
Local Reg. No. 10 6
Reg. Dist. No. 121

1. **PLACE OF DEATH:**
   (a) County Kootenai
   (b) City or town USNTS FARRAGUT
   (c) Street Address or R. F. D. No. Farragut
   (d) Death Occurred Inside? X Outside? ____ city or town
   (e) Died in a Home ___ Hospital X Institution ___ Other place ___
   (f) Name Hosp. or Inst. NAVAL HOSPITAL FARRAGUT, IDAHO Stayed 18 days
   (g) Lived in this county 0 years 1 months 3 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State IDAHO (b) County KOOTENAI
   (c) City or town USNTS FARRAGUT
   (d) Street Address or R. F. D. No. Farragut
   (e) Deceased lived Inside? X Outside? ____ city or town
   (f) Citizen of what country? U.S.
   (g) How long had deceased lived in Idaho? 1 mo. 3 days
   (h) Former residence (city, state) Chicago, Illinois

3. (a) FULL NAME IZZO, Raymond Ambrose. AS, 36, USNR. 727-19-31. 121

3. (b) If veteran, name war None
3. (c) Social Security No. not known
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife none
6. (c) Age of husband or wife if alive ----- years
7. Date of Birth (Month, Day, Year) 3-29-1926

8. AGE	Years	Months	Days	If less than 1 day
	18	0	4	hrs ___ min.

9. Exact Occupation Apprentice Seaman — Did this work for 1 month yrs.
10. Industry or Business US Navy. Reserve — Date last worked 1944
11. Birthplace Chicago, Illinois (City or town) (State or foreign country)

Father
12. Name Ambrose Izzo
13. Birthplace not known (City or town) (State or foreign country)

Mother
14. Maiden name not known
15. Birthplace not known (City or town) (State or foreign country)

16. Informant's OWN Signature R. V. Allen. Pharm. USN
and Address NAVAL HOSPITAL FARRAGUT, IDAHO
17. (a) removal (Burial, cremation, or removal) (b) Date thereof 4-17-44 (Month) (Day) (Year)
(c) Place: Chicago, Illinois
18. Funeral Director's OWN Signature by Moonay Funeral Chapel
and Address Coeur d Alene, Idaho
19. (a) 4-17-44 (Date received and filed) (b) Registrar's signature

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April 13 1944
at 5:08 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from 3-25-44 19___ to 4-13-44 19___
I last saw him alive on 4-13-44 19___; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: PNEUMONIA, LOBAR 108 — Duration
Due to ___
Due to ___
Other conditions ___
(Include pregnancy within 3 months of death)
1214
Where was disease contracted? USNTS FARRAGUT PHYSICIAN
Name of operation Appendectomy Date 3-25-44 — Underline the cause to which death should be charged statistically.
Major finding -----
Finding of autopsy Same as cause of death

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ___ Suicide? ___ Homicide? ___
Occurred ___ 19___ City, county, state where violence occurred ___
Place of Violence: Home ___ Farm ___ Industry ___
Public Place ___ While at work? ___
Means of injury ___
23. Attendant's OWN Signature H. Feldman, H. Cand. (MC) (M. D. or other)
and Address NAVAL HOSPITAL FARRAGUT, IDAHO Date April 15 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

MAY 1 3 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 138714
Local Reg. No. 107
Reg. Dist. No. 120

1. **PLACE OF DEATH:**
(a) County Kootenai
(b) City or town Coeur d'Alene
(c) Street Address or R. F. D. No. 3rd & Foster
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home __ Hospital X Institution __ Other place __
(f) Name Hosp. or Inst. Home Hosp Stayed 1 days
(g) Lived in this county 60 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Kootenai
(c) City or town ~~Coeur d'Alene~~ Medimont
(d) Street Address or R. F. D. No. ____
(e) Deceased lived Inside? ____ Outside? X city or town
(f) Citizen of what country? USA
(g) How long had deceased lived in Idaho? 45 years
(h) Former residence (city, state) Rockford Wn

3. (a) FULL NAME Charles Doty

200a

3. (b) If veteran, name war none
3. (c) Social Security No. ____
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife ////////
6. (c) Age of husband or wife if alive ////////
7. Date of Birth (Month, Day, Year) 7-1880-

8. AGE	Years	Months	Days	If less than 1 day
	64	-	-	hrs min.

9. Exact Occupation Logger Did this work for 40 yrs.
10. Industry or Business Lumbering business Date last worked 1943
11. Birthplace Rockford Wn. (City or town) (State or foreign country)
Father
12. Name George Doty
13. Birthplace Unknown (City or town) (State or foreign country)
Mother
14. Maiden name unknown
15. Birthplace unknown (City or town) (State or foreign country)
16. Informant's OWN Signature Fred Doty
and Address Coeur d'Alene, Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 4-19-44 (Month) (Day) (Year)
(c) Place: Forest cem. Cd'A Idaho
18. Funeral Director's OWN Signature Don English
and Address Coeur d'Alene, Idaho
19. (a) 4-19-44 (Date received and filed) (b) Frances M. Cole (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 4-15-44 19__
at 9:45 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from 4/13 1944, to 4/14 1944
I last saw him alive on 4/14/44 19__; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Heart failure — Duration 2 weeks
Due to He was dying when I first saw him and I know nothing
Due to contributing causes.
Other conditions ____
(Include pregnancy within 3 months of death)
Where was disease contracted? Home
Name of operation None Date ____
Major finding ____
Finding of autopsy None.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature F. F. Hamilton M.D. (M. D. or other)
and Address Coeur d'Alene Date 4/18 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

MAY 13 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 138715
Local Reg. No. 102
Reg. Dist. No. 120

1. **PLACE OF DEATH:**
   (a) County Kootenai
   (b) City or town Farragut, Idaho
   (c) Street Address or R. F. D. No. U. S. N. H.
   (d) Death Occurred Inside? X Outside? ____ city or town
   (e) Died in a Home ____ Hospital X Institution ____ Other place ____
   (f) Name Hosp. or Inst. Naval Hospital Stayed 4 days
   (g) Lived in this county ____ years ____ months 4 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Kootenai
   (c) City or town Coeur d' Alene, Idaho
   (d) Street Address or R. F. D. No. 310 Military Dr.
   (e) Deceased lived Inside? ____ Outside? ____ city or town
   (f) Citizen of what country? U. S. A.
   (g) How long had deceased lived in Idaho? 4 days ~~years~~
   (h) Former residence (city, state) ____

3. (a) **FULL NAME** BARBARA NEL BERNARD

157E

3. (b) If veteran, name war ____ 3. (c) Social Security No. ____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced ____

6. (b) Name of husband or wife ____ 6. (c) Age of husband or wife if alive ____ years

7. Date of Birth (Month, Day, Year) 4-11-44

8. AGE	Years	Months	Days	If less than 1 day: hrs	min.
			4		

9. Exact Occupation ____ Did this work for ____ yrs.
10. Industry or Business ____ Date last worked ____
11. Birthplace U. S. Naval Hospital, Farragut (City or town) (State or foreign country)

Father
12. Name HAROLD WRIGHT BERNARD
13. Birthplace Athol, Idaho (City or town) (State or foreign country)

Mother
14. Maiden name EVELYN MC DONALD
15. Birthplace Rathdrum, Idaho (City or town) (State or foreign country)

16. Informant's **OWN** Signature Harold W. Bernard
and Address 310 Military Drive, Cda. Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-15-44 (Month) (Day) (Year)
(c) Place: Forest cem. Cda.
18. Funeral Director's **OWN** Signature Don English
and Address Coeur d' Alene Idaho
19. (a) 4-15-44 (Date received and filed) (b) Frances M. Keller (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April 14 19 44
at 9:45 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from April 11, 19 44, to April 14, 19 44
I last saw her alive on April 14, 19 44; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: 161a Asphyxia - Neonatorum — Duration: few minutes
Due to 157c Congenital Cardiac Malformation — birth
Due to 159 Premature 8 mo. term
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? —
Name of operation ____ Date ____
Major finding ____
Finding of autopsy —

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19 ____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's **OWN** Signature W. H. Stadle Lt Cdr MC USNR (M. D. or other)
and Address Farragut Date 4-15 1944
(For additional space, use reverse side)

MAY 13 1944

138716

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 104
Reg. Dist. No. 121

1. **PLACE OF DEATH:**
(a) County Kootenai
(b) City or town USNTS FARRAGUT
(c) Street Address or R. F. D. No. Farragut
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home __ Hospital X Institution __ Other place __
(f) Name Hosp. or Inst. NAVAL HOSPITAL FARRAGUT, IDAHO Stayed 1 days
(g) Lived in this county 0 years 1 months 10 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Kootenai
(c) City or town USNTS Farragut
(d) Street Address or R. F. D. No. Farragut
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? U.S.
(g) How long had deceased lived in Idaho? 1 Month
(h) Former residence (city, state) Whiting, Indiana

3. (a) FULL NAME EMERSON, Robert James. As,V6,USNR. 727-17-86. 76a

3. (b) If veteran, name war None
3. (c) Social Security No. not known
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife ----
6. (c) Age of husband or wife if alive ---- years
7. Date of Birth (Month, Day, Year) January 19, 1927

8. AGE	Years	Months	Days	If less than 1 day
	17	2	28	hrs min.

9. Exact Occupation APPRENTICE SEAMAN Did this work for 1 Month yrs.
10. Industry or Business US Navy Reserve Date last worked 1944
11. Birthplace Whiting, Indiana (City or town) (State or foreign country)
Father
12. Name Richard Emerson
13. Birthplace not known (City or town) (State or foreign country)
Mother
14. Maiden name not known
15. Birthplace not known (City or town) (State or foreign country)
16. Informant's OWN Signature R.V. Allen. Pharm. USN
and Address NAVAL HOSPITAL FARRAGUT, IDAHO
17. (a) removal (Burial, cremation, or removal) (b) Date thereof 4-19-44 (Month) (Day) (Year)
(c) Place: Whiting, Indiana
18. Funeral Director's OWN Signature MOONEY FUNERAL CHAPEL by [signature]
and Address Coeur d'Alene, Idaho
19. (a) 4-20-44 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April 16 1944
at 3:55 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from 4-16-44 19__, to 4-17-44 19__
I last saw him alive on 4-17-44 19__; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
GRANULOCYTOPENIA, MALIGNANT	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? USNTS FARRAGUT
Name of operation none Date --
Major finding --
Finding of autopsy same as cause of death

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature [signature] (M. D. or other)
and Address NAVAL HOSPITAL FARRAGUT, IDAHO Date 4-18 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

138717

United States
Department of Commerce
Bureau of the Census

MAY 13 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 118
Reg. Dist. No. 121

1. **PLACE OF DEATH:**
(a) County Kootenai
(b) City or town Coeur d' Alene
(c) Street Address or R. F. D. No. Home Hospital
(d) Death Occurred Inside? in Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. Home Stayed 4 days
(g) Lived in this county -- years -- months --- days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Kootenai
(c) City or town Worley
(d) Street Address or R. F. D. No. Worley
(e) Deceased lived Inside? Outside? out city or town
(f) Citizen of what country? U.S.
(g) How long had deceased lived in Idaho? 1 years
(h) Former residence (city, state) California

3. (a) FULL NAME Mrs. Josie B. Stranger 93d

3. (b) If veteran, name war ----- 3. (c) Social Security No. ——
4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife T. W. Stranger 6. (c) Age of husband or wife if alive ----- years
7. Date of Birth (Month, Day, Year) April 30, 1853

8. AGE	Years	Months	Days	If less than 1 day
	80	11	21	hrs min.

9. Exact Occupation Housewife Did this work for life yrs.
10. Industry or Business Date last worked 1942
11. Birthplace Sweeden (City or town) (State or foreign country)
Father
12. Name Ole Johnson
13. Birthplace ****-* (City or town) Sweden (State or foreign country)
Mother
14. Maiden name No Information
15. Birthplace " " (City or town) (State or foreign country)
16. Informant's OWN Signature W. G. Bloomsburg
and Address Worley Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 4-23-44 (Month) (Day) (Year)
(c) Place: Tacoma Washington
18. Funeral Director's OWN Signature [illegible]
and Address Coeur d'Alene Idaho
19. (a) 4-23-44 (Date received and filed) (b) Frances M. Obel (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April 21, 1944
at 11:35 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from January 23 1944, to April 21 1944
I last saw her alive on April 21, 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: 13d	Duration
Chronic myocarditis & myocardial degeneration	yrs.
Due to	
Due to	
Other conditions 1. Hypertension (Include pregnancy within 3 months of death)	yrs.
2. Senility	
Where was disease contracted? At home	PHYSICIAN
Name of operation — Date	Underline the cause to which death should be charged statistically.
Major finding —	
Finding of autopsy —	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature H. L. Lewcombe M.D. (M. D. or other)
and Address Coeur d'Alene Idaho Date 4-21 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

MAY 13 1944

Horring

Certificate Of Death

STATE OF IDAHO

State File No. 138718
Local Reg. No. 117
Reg. Dist. No. 120

1. PLACE OF DEATH:

(a) County Kootenai
(b) City or town Coeur D'Alene
(c) Street Address or R.F.D. No. 212 N. 18th
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Home X Hospital .... Institution .... Other place ....
(f) Name Hosp. or Inst. none Stayed ..... days
(g) Lived in this county 48 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

(a) State Idaho (b) County Kootenai
(c) City or town Coeur D'Alene
(d) Street Address or R.F.D. No. 212 N. 18th
(e) Deceased lived Inside? X Outside? ..... city or town
(f) Citizen of what country? United States
(g) How long had deceased lived in Idaho? 48 years
(h) Former residence (city, state) Spokane, Wash.

3. (a) FULL NAME Flora Stowe

122a

3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife George
6. (c) Age of husband or wife if alive 72 years
7. Date of Birth (Month, Day, Year) 11/29/1875

8. AGE	Years	Months	Days	If less than 1 day
	68	4	28	hrs min.

9. Exact Occupation housewife — Did this work for 50 yrs.
10. Industry or Business own home — Date last worked 11/1943
11. Birthplace Pendina (City or town) North Dakota (State or foreign country)

Father
12. Name John Kinney
13. Birthplace dont know (City or town) (State or foreign country)

Mother
14. Maiden name Kittie Don't know
15. Birthplace Don't know (City or town) (State or foreign country)

16. Informant's OWN Signature George M. Stowe
and Address 212 N. 18th

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 5/1/44 (Month) (Day) (Year)
(c) Place: Forest Cemtery

18. Funeral Director's OWN Signature C. Wendt
and Address 9-111 Lakeside Ave. Coeur D. A.

19. (a) 5-1-44 (Date received and filed) (b) Frances M. Elder (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 4/27/ 19 44
at 8:55 o'clock A. M.

21. **I HEREBY CERTIFY**, That I attended deceased from 4/20 19 44 to 4/27 19 44
I last saw her alive on 4/27 19 44 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Heart failure — Duration
122a
Due to General run down condition, from large kenned with addhesions and partial stroke 2 months
Due to
Other conditions Arth.
(Include pregnancy within 3 months of death)

Where was disease contracted? Home
Name of operation None Date
Major finding
Finding of autopsy None

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's OWN Signature F. F. Homer (M. D. or other)
and Address Coeur d'Alene Date [redacted] 19 44
(For additional space, use reverse side)

MAY 1 3 1944

138719

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 105
Reg. Dist. No. 121

1. **PLACE OF DEATH:**
   (a) County Kootenai
   (b) City or town Coeurd'Alene
   (c) Street Address or R. F. D. No. *** ******
   (d) Death Occurred Inside? in Outside? ** city or town
   (e) Died in a Home__ Hospital X Institution__ Other place__
   (f) Name Hosp. or Inst. L.G.General Stayed 7 days
   (g) Lived in this county 45 years ____ months ____ days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Kootenai
   (c) City or town Post Falls Idaho
   (d) Street Address or R. F. D. No.
   (e) Deceased lived Inside? in Outside? city or town
   (f) Citizen of what country? U.S.
   (g) How long had deceased lived in Idaho? 45 years
   (h) Former residence (city, state) Ontario

3. (a) **FULL NAME** Mr. Alexander Lincoln Hawthorne 117a

3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Kate
6. (c) Age of husband or wife if alive 62yrs years
7. Date of Birth (Month, Day, Year) Nov. 4, 1877

8. AGE	Years	Months	Days	If less than 1 day
66	66	5	23	hrs min.

9. Exact Occupation Barber Did this work for 41 yrs.
10. Industry or Business Barber Shop Date last worked Apr 7, 1944
11. Birthplace Verchoid (City or town) Ont. (State or foreign country)
Father
12. Name John Hawthorne
13. Birthplace (City or town) Ireland (State or foreign country)
Mother
14. Maiden name Jannette Stirton
15. Birthplace (City or town) Canada (State or foreign country)
16. Informant's OWN Signature L. L. Hawthorne and Address Post Falls Ida.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof May 1, 1944 (Month) (Day) (Year)
(c) Place Post Falls cem. Idaho
18. Funeral Director's OWN Signature [illegible] and Address [illegible]
19. (a) 5-1-44 (Date received and filed) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) april 27 1944 at 5:00 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from March 1944 to April 27 1944
I last saw him alive on april 26 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration
95c2 Acute decompensation of [illegible] 5 days
93d Chronic [illegible] 20 yrs
Due to Ruptured Ulcer 10 days
Due to
Other conditions
(Include pregnancy within 3 months of death) 117a2
Where was disease contracted?
Name of operation [illegible] Date 4-20-44
Major finding Ruptured [illegible]
Finding of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature [illegible] M.D. (M. D. or other)
and Address Coeur d'Alene Ida Date 4-28 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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United States
Department of Commerce
Bureau of the Census

NOV 13 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 138720
Local Reg. No. 111
Reg. Dist. No. 121

1. **PLACE OF DEATH:**
   (a) County Kootenai
   (b) City or town
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? Outside? X city or town
   (e) Died in a Home Hospital Institution Other place
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county 28 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Colorado (b) County Shoshone
   (c) City or town Kellogg
   (d) Street Address or R. F. D. No. 215 W Mission
   (e) Deceased lived Inside? X Outside? city or town
   (f) Citizen of what country? U.S.
   (g) How long had deceased lived in Idaho? 28 years
   (h) Former residence (city, state)

3. (a) **FULL NAME** Leo Emil Reich

183

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ruby
6. (c) Age of husband or wife if alive 51 years
7. Date of Birth (Month, Day, Year) July 16 1882

8. AGE	Years	Months	Days	If less than 1 day
	61	9	11	hrs min.

9. Exact Occupation Dentist — Did this work for 35 yrs.
10. Industry or Business Dental — Date last worked April 27 44
11. Birthplace Moravia (City or town) Czech (State or foreign country)

Father
12. Name Bud Jungwa
13. Birthplace Czech (City or town) (State or foreign country)

Mother
14. Maiden name See Unknown
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs Ruby Reich
and Address Kellogg Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 2 44 (Month) (Day) (Year)
(c) Place: Funeral Home Kellogg Idaho

18. Funeral Director's OWN Signature Joseph Peavey
and Address Kellogg Idaho

19. (a) 5-2-44 (Date received and filed) (b) Frances M. Ebel (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April 28 1944
at o'clock M. Died

21. **I HEREBY CERTIFY**, That I attended deceased from April 28 1944, to April 28 1944
I last saw him alive on April 28 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Stimulation by drowning (Felon strangle) — Duration 4-28-44
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Where was disease contracted?
Name of operation None Date
Major finding
Finding of autopsy None

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? No Suicide? Homicide?
Occurred April 28 1944 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place No While at work? No
Means of injury Not drowning

23. Attendant's OWN Signature Dwight H. Fellenwood M.D. (M. D. or other)
and Address Coeur d'Alene, Ida. Date 5-1 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

MAY 13 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 138721
Local Reg. No. 100
Reg. Dist. No. 120

1. **PLACE OF DEATH:**
(a) County Kootenai
(b) City or town Coeur D' Alehe
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? in Outside? city or town
(e) Died in a Home Hospital Institution Other place
(f) Name Hosp. or Inst. C. D' A. Homes 12 days Yrs.
(g) Lived in this county 12 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Kootenai
(c) City or town Coeur D' Alene
(d) Street Address or R. F. D. No. C. D' A. Homes
(e) Deceased lived Inside? Outside? In city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? 12 years
(h) Former residence (city, state)

3. (a) FULL NAME William Abell

186a

3. (b) If veteran, name war --
3. (c) Social Security No. --
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife --
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) May 1, 1858

8. AGE	Years	Months	Days	If less than 1 day
	85	11	29	hrs min.

9. Exact Occupation Retired Did this work for 12 yrs.
10. Industry or Business Date last worked
11. Birthplace Kentucky (City or town) (State or foreign country)
Father
12. Name William Abel Sr.
13. Birthplace Not Known (City or town) (State or foreign country)
Mother
14. Maiden name Not Known
15. Birthplace Not Known (City or town) (State or foreign country)
16. Informant's OWN Signature and Address Coeur D' Alene, Idaho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/2/44 (Month) (Day) (Year)
(c) Place: Forest Cemetery
18. Funeral Director's OWN Signature Mooney Chapel R. [illegible] and Address Coeur d'Alene Idaho
19. (a) 5/2/44 (Date received and filed) (b) Frances M. [illegible] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) April 30 1944 at 1:10 o'clock A M.
21. I HEREBY CERTIFY, That I attended deceased from 4/27 1944, to 4/30 1944
I last saw him alive on 4/28 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Fracture - Neck of R. Femur	3 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ✓ Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home ✓ Farm Industry
Public Place While at work?
Means of injury Fall
23. Attendant's OWN Signature O M Stusted MD (M. D. or other)
and Address 5/1-44 Date 19
(For additional space, use reverse side)

Coeur d'Alene, Idaho

MAY 1 2 1944

138722

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 138722
Local Reg. No. 1049
Reg. Dist. No. 200

1. **PLACE OF DEATH:**
(a) County Latah
(b) City or town Moscow
(c) Street Address or R. F. D. No. 710 S. Main
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home ____ Hospital X Institution ____ Other place ____
(f) Name Hosp. or Inst. Gritman Stayed 2 days
(g) Lived in this county 1 years ____ months ____ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Latah
(c) City or town Moscow
(d) Street Address or R. F. D. No. ____
(e) Deceased lived Inside? ____ Outside? X city or town
(f) Citizen of what country? USA
(g) How long had deceased lived in Idaho? ____ years
(h) Former residence (city, state) ____

3. (a) **FULL NAME** GEORGE W. GRIFFITH 107

3. (b) If veteran, name war none
3. (c) Social Security No. NONE
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife ____
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) Sept. 27, 1869

8. AGE	Years	Months	Days	If less than 1 day
	74	6	5	hrs ____ min. ____

9. Exact Occupation Woodcutter — Did this work for 15 yrs.
10. Industry or Business ____ — Date last worked Penn.
11. Birthplace ____ (City or town) (State or foreign country)
Father
12. Name unknown
13. Birthplace unknown (City or town) (State or foreign country)
Mother
14. Maiden name unknown
15. Birthplace unknown (City or town) (State or foreign country)
16. Informant's OWN Signature F. B. Short
and Address Moscow, Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 4/4/44 (Month) (Day) (Year)
(c) Place: Moscow, Idaho
18. Funeral Director's OWN Signature F. B. Short
and Address Moscow, Idaho
19. (a) 5/6/44 (Date received and filed) (b) L. J. Klasen (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 4-2- 44 19____
at 111 o'clock A M.

21. **I HEREBY CERTIFY**, That I attended deceased from March 4 1944, to April 2 1944
I last saw him alive on 4/2/44 19____; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Bronchial pneumonia 107	4 days
Due to Malnutrition 2000	
Due to ____	
Other conditions None (Include pregnancy within 3 months of death)	

Where was disease contracted? Idaho
Name of operation None Date ____
Major finding ____
Finding of autopsy None

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's OWN Signature L. J. Klasen (M. D. or other)
and Address Moscow Idaho Date 4/4 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

138723

United States
Department of Commerce
Bureau of the Census

MAY 12 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 1050
Reg. Dist. No. 200

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. PLACE OF DEATH:
(a) County Latah
(b) City or town Moscow
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Yes Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. Critman Stayed 20 days
(g) Lived in this county years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Washington (b) County Whitman
(c) City or town Palouse
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Yes Outside? city or town
(f) If foreign born, in U. S. yrs. Citizen of U. S.?
(g) How long had deceased lived in Idaho? years
(h) Former residence (city, state)

3. (a) **FULL NAME** Richard Butler Wishard 1316

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Mary 6 (c) Age of husband or wife if alive years

7. Date of Birth (Month, Day, Year) October 17, 1871

8. AGE	Years	Months	Days	If less than 1 day
	71	5	16	hrs min.

9. Exact Occupation Carpenter Did this work for 45 yrs.

10. Industry or Business Retired Date last worked 9-1938

11. Birthplace Jefferson Co. (City or town) Oregon (State or foreign country)

Father
12. Name William Henry Wishard
13. Birthplace La. (City or town) (State or foreign country)

Mother
14. Maiden name Louisa Wells
15. Birthplace Ill. (City or town) (State or foreign country)

16. Informant's **OWN** Signature Bert Wishard and Address Genessee, Idaho

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 4-3-44 (Month) (Day) (Year)
(c) Place: Palouse, Washington

18. Funeral Director's **OWN** Signature H E Kimball and Address Palouse, Wash.

19. (a) 5/6/44 (Date received and filed) (b) L J Klaarn (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April 3 1944
at 7:45 o'clock A. M.

21. I **HEREBY CERTIFY**, That I attended deceased from 5-6- 1936 to 4-3- 1944
I last saw h[illegible] alive on 4-2- 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: (Duration)
932 Chronic myocarditis with decompensation 8 yrs
Due to Chronic Nephritis 8 yrs
1316 1064 Chronic Bronchitis
Due to Uraemia 139.2
Other conditions (Include pregnancy within 3 months of death) Chronic Nephritis 1.4a

Where was disease first contracted? None PHYSICIAN
Name of operation None Date
Major finding None
Finding of autopsy None

Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? — Suicide? — Homicide? —
Occurred — 19— City, county, state where violence occurred —
Place of Violence: Home — Farm — Industry —
Public Place — While at work? —
Means of injury —

23. Attendant's **OWN** Signature Joseph J. McLaren MD
and Address Moscow Ida (M. D. or other) Date 4-7- 1944
(For additional space, use reverse side)

Dr. Schultz

United States
Department of Commerce
Bureau of the Census

MAY 12 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 138724
Local Reg. No. 1051
Reg. Dist. No. 200

1. **PLACE OF DEATH:**
(a) County Latah
(b) City or town Troy
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? X city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Latah
(c) City or town Troy
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Outside? X city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? 37 years
(h) Former residence (city, state)

3. (a) FULL NAME OLE SEVERT BENSON 46h.

3. (b) If veteran, name war NONE
3. (c) Social Security No. NONE
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) May 31, 1863

8. AGE	Years	Months	Days	If less than 1 day
	80	10	4	hrs min.

9. Exact Occupation — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace Tronhjem (City or town) Norway (State or foreign country)

Father
12. Name
13. Birthplace (City or town) (State or foreign country)

Mother
14. Maiden name
15. Birthplace (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. Edna M. Eller
and Address
17. (a) burial (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: Dry Creek, Ida.
18. Funeral Director's OWN Signature H. O. Short
and Address Moscow, Idaho
19. (a) 5/6/44 (Date received and filed) (b) L. Klaas (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH**
(Month, Day, Year) 4-5- 1944
at 6:15 o'clock P M.

21. **I HEREBY CERTIFY,** That I attended deceased from March 1 1944 to 4/7 1944
I last saw him alive on 4/5 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cancer,	
Due to Cancer of stomach	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's OWN Signature Dan Schultz (M. D. or other)
and Address Troy Ida Date 4/10 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

MAY 1 2 1944

138725

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 138725
Local Reg. No. 1052
Reg. Dist. No. 200

1. **PLACE OF DEATH:**
(a) County Latah
(b) City or town Moscow
(c) Street Address or R. F. D. No. 710 S. Main
(d) Death Occurred Inside? x Outside? ____ city or town
(e) Died in a Home ____ Hospital X Institution ____ Other place ____
(f) Name Hosp. or Inst. Gritman Stayed 4 days
(g) Lived in this county 58 years 5 months 6 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Latah
(c) City or town Moscow
(d) Street Address or R. F. D. No. 617 S. Wash.
(e) Deceased lived Inside? x Outside? ____ city or town
(f) Citizen of what country? USA
(g) How long had deceased lived in Idaho? 58 years
(h) Former residence (city, state) ____

3. (a) FULL NAME EMMA SCHUMACKER 61

3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex Female 5. Color or race W
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife ____
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) Nov. 2, 1885

8. AGE	Years	Months	Days	If less than 1 day
	58	5	6	hrs ____ min.

9. Exact Occupation housekeeper Did this work for life yrs.
10. Industry or Business private home Date last worked
11. Birthplace Linville, Latah (City or town) Idaho (State or foreign country)

Father
12. Name Julius Schumacher
13. Birthplace Sweden (City or town) (State or foreign country)

Mother
14. Maiden name Sophia Knust
15. Birthplace Germany (City or town) (State or foreign country)

16. Informant's OWN Signature Wm. F. Schumacker Moscow and Address ____
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 4-12-44 (Month) (Day) (Year)
(c) Place: Moscow, Idaho
18. Funeral Director's OWN Signature H. R. Short and Address Moscow, Idaho
19. (a) 5/6/44 (Date received and filed) (b) L. A. Klaarn (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) 4-8- 1944
at 3 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from ____ 19__, to 4-5 1944
I last saw h__ alive on 4-5 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cause indefinite — Nephritis · 130 — Duration ____
Due to ____
Due to Senile diabetes · 61
Other conditions ____
(Include pregnancy within 3 months of death)

Where was disease contracted? Home ·
Name of operation None · Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature C. Armstrong M. D.
(M. D. or other)
and Address Moscow, Ida Date 4-12 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Dr. Christiansen

138726

United States
Department of Commerce
Bureau of the Census

MAY 11 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No. 202

1. **PLACE OF DEATH:**
   (a) County Latah
   (b) City or town Southwick
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? X Outside? city or town
   (e) Died in a Home X Hospital Institution Other place
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county 42 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Latah
   (c) City or town Southwick
   (d) Street Address or R. F. D. No.
   (e) Deceased lived Inside? X Outside? city or town
   (f) Citizen of what country? USA
   (g) How long had deceased lived in Idaho? 42 years
   (h) Former residence (city, state)

3. (a) **FULL NAME** SUSAN CARR

94a

3. (b) If veteran, ~~name war~~ none
3. (c) Social Security No. none
4. Sex
5. Color or race
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife John
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Sept. 28, 1867

8. AGE	Years	Months	Days	If less than 1 day
	76	6	10	hrs min.

9. Exact Occupation housekeeper Did this work for life yrs.
10. Industry or Business " Date last worked
11. Birthplace Richmond, Minn. (City or town) (State or foreign country)

Father
12. Name John Lang
13. Birthplace Germany (City or town) (State or foreign country)

Mother
14. Maiden name unknown
15. Birthplace unknown (City or town) (State or foreign country)

16. Informant's OWN Signature Joseph Kirchknopf
and Address Southend Ave
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 4-12-44 (Month) (Day) (Year)
(c) Place: Gold Hill, cemetery
18. Funeral Director's OWN Signature H. R. Short
and Address 126 E. First-Moscow, Idaho
19. (a) April 12, 1944 (Date received and filed) (b) R. F. Nesbit (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 4-8- 1944
at 3:30 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from ~~1935~~ 1935, to Apr 8 1944
I last saw her alive on Apr 6 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
94a Coronary thrombosis	Mar 29 1944
Cerebral thrombosis	Apr 6, 44
Due to 83b	
Hypertension	10 yrs.
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature D. A. Christensen M.D. (M. D. or other)
and Address Kendrick Date May 8 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

MAY 6 1944

State File No. 138727
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF DEATH:**
(a) County Latah
(b) City or town Potlatch
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home ____ Hospital X Institution ____ Other place ____
(f) Name Hosp. or Inst. Potlatch ____ Stayed 2 days
(g) Lived in this county ____ years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under Item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Clearwater
(c) City or town Orofino
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? Russian
(g) How long had deceased lived in Idaho? ? years
(h) Former residence (city, state)

3. (a) **FULL NAME** Nicklas Call 94a

3. (b) If veteran, name war ____
3. (c) Social Security No. 518-01-7192
4. Sex M
5. Color or race Wh.
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife ____
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day hrs	min.
	63				

9. Exact Occupation G.F.P.A. Did this work for ____ yrs.
10. Industry or Business ____ Date last worked ____
11. Birthplace ____ (City or town) Russia (State or foreign country)

Father
12. Name Unknown
13. Birthplace " (City or town) (State or foreign country)

Mother
14. Maiden name Unknown
15. Birthplace " (City or town) (State or foreign country)

16. Informant's OWN Signature Roy C. Gleek
and Address Moscow, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-18-44 (Month) (Day) (Year)
(c) Place:
18. Funeral Director's OWN Signature Roy C. Gleek
and Address Moscow Idaho
19. (a) April 17-1944 (Date received and filed) Mrs Judyp Mc Manama (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 4-10 1944
at 7:17 o'clock A M.

21. I HEREBY CERTIFY, That I attended deceased from April 8, 1944 to April 10 1944
I last saw him alive on April 10 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
94a Pulmonary Thrombosis	30 minutes
Pneumonia - bronchial	9 days
Due to 107	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation ____ Date ____	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's OWN Signature J. W. DeBree M.D. (M. D. or other)
and Address Potlatch Ida Date April 17 1944
(For additional space, use reverse side)

V Wilson

United States
Department of Commerce
Bureau of the Census

MAY 12 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 138723
Local Reg. No. 1053
Reg. Dist. No. 2

1. **PLACE OF DEATH:**
(a) County Latah
(b) City or town Moscow
(c) Street Address or R. F. D. No. 225 N. Asbury
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home X Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 55 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Latah
(c) City or town Moscow
(d) Street Address or R. F. D. No. 225 N. Asbury
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? USA
(g) How long had deceased lived in Idaho? 55 years
(h) Former residence (city, state) ____

3. (a) **FULL NAME** MARY IVERSON 97

3. (b) If veteran, name war NONE
3. (c) Social Security No. none
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Hans
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) March 10, 1868

8. AGE	Years	Months	Days	If less than 1 day
	76	1	2	hrs ____ min.

9. Exact Occupation none — Did this work for life yrs.
10. Industry or Business none — Date last worked ____
11. Birthplace NesAadalen (City or town) Norway (State or foreign country)

Father
12. Name Guldbren Wolden
13. Birthplace NesAadalen (City or town) Norway (State or foreign country)

Mother
14. Maiden name Ingerid Wolden
15. Birthplace NesAadalen (City or town) Norway (State or foreign country)

16. Informant's **OWN** Signature Roy Iverson
and Address Spokane, Washington

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-14-44 (Month) (Day) (Year)
(c) Place: Genesee, Idaho

18. Funeral Director's **OWN** Signature H. R. Short
and Address Moscow, Idaho

19. (a) 5/6/44 (Date received and filed) (b) L. G. Klaarn (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 4-12 1944
at 4:40 o'clock A M.

21. **I HEREBY CERTIFY,** That I attended deceased from 5-29-33 19____ to 4-12 1944
I last saw her alive on 4-10 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death	Duration
Malnutrition	2 weeks
97	
Due to Cerebral atherosclerosis with mental depression	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's **OWN** Signature Joseph G. Wilson M D (M. D. or other)
and Address Moscow, Ida. Date 4-17-1944

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

MAY 1 2 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 138729
Local Reg. No. 1054
Reg. Dist. No. 210

1. **PLACE OF DEATH:**
(a) County Latah
(b) City or town Moscow
(c) Street Address or R. F. D. No. 404 N. Jefferson
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home X Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. ____ Stayed 24 days
(g) Lived in this county ____ years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Latah
(c) City or town Moscow
(d) Street Address or R. F. D. No. 404 N. Jefferso
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? USA
(g) How long had deceased lived in Idaho? 24 years
(h) Former residence (city, state) ____

3. (a) **FULL NAME** Nina Mendendall

3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife William
6. (c) Age of husband or wife if alive 87 years
7. Date of Birth (Month, Day, Year) January 23, 1862

8. AGE	Years	Months	Days	If less than 1 day
	82	2	19	hrs ____ min.

9. Exact Occupation housekeeper Did this work for life yrs.
10. Industry or Business " Date last worked
11. Birthplace Shelbyville, (City or town) Illinois (State or foreign country)

Father
12. Name Halley White
13. Birthplace ____ (City or town) ____ (State or foreign country)

Mother
14. Maiden name Rosella, Wixon
15. Birthplace ____ (City or town) ____ (State or foreign country)

16. Informant's OWN Signature Mrs. E. L. Meeks
and Address Viola, Idaho

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 4-15-44 (Month) (Day) (Year)
(c) Place: Moscow, Idaho

18. Funeral Director's OWN Signature H. B. Short
and Address Moscow, Idaho

19. (a) 5/6/44 (Date received and filed) (b) E. J. Klaarn (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 4-12 1944
at 2:30 o'clock P M.

21. **I HEREBY CERTIFY**, That I attended deceased from 6-5- 1943 to 4-12- 1944
I last saw h[er] alive on 4-11- 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: (Duration)
930 Chronic myocarditis 8 mos
With decompensation
Due to and Cardiac arrythmia
95 c 2
Due to ____
Other conditions ____ (Include pregnancy within 3 months of death)
1316 Chronic nephritis 8 months
Where was disease contracted? Home
Name of operation none Date ____
Major finding ____
Finding of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's OWN Signature Joseph R. Wilson MD (M. D. or other)
and Address Moscow, Ida. Date 4-17- 1944
(For additional space, use reverse side)

MAY 12 1944

138730

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 138730
Local Reg. No. 105
Reg. Dist. No. 200

1. **PLACE OF DEATH:**
   (a) County Latah
   (b) City or town Moscow
   (c) Street Address or R. F. D. No. 735 East 8th
   (d) Death Occurred Inside? X Outside? ____ city or town
   (e) Died in a Home X Hospital ____ Institution ____ Other place ____
   (f) Name Hosp. or Inst. ____ Stayed ____ days
   (g) Lived in this county 25 years ____ months ____ days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Latah
   (c) City or town Moscow
   (d) Street Address or R. F. D. No. 735 E. 8th
   (e) Deceased lived Inside? X Outside? ____ city or town
   (f) Citizen of what country? USA
   (g) How long had deceased lived in Idaho? 25 years
   (h) Former residence (city, state) ____

3. (a) **FULL NAME** MILDRED FRANCES HILL 92b

3. (b) If veteran, name war none 3. (c) Social Security No. 518-10-6109

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife ____ 6. (c) Age of husband or wife if alive ____ years

7. Date of Birth (Month, Day, Year) March 30, 1919

8. AGE	Years	Months	Days	If less than 1 day
	25	0	13	hrs ____ min.

9. Exact Occupation Ticket Taker Did this work for Date last worked 8-20-43 yrs.
10. Industry or Business at local theatre
11. Birthplace Moscow, Idaho (City or town) (State or foreign country)

Father
12. Name John R. Hill
13. Birthplace Iowa (City or town) (State or foreign country)

Mother
14. Maiden name Nina Ann Mudgett
15. Birthplace Ashland Nebraska (City or town) (State or foreign country)

16. Informant's **OWN** Signature Wynne Hill
and Address 615 South Adams

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-17-44 (Month) (Day) (Year)
(c) Place: Moscow, Idaho

18. Funeral Director's **OWN** Signature H R Short
and Address Moscow, Idaho

19. (a) 5/6/44 (Date received and filed) (b) C L Klaarn (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 4 - 13 1944
at 11:55 o'clock P M.

21. **I HEREBY CERTIFY,** That I attended deceased from 10/8/38 1944 to 4/13/44 1944
I last saw her alive on 4/13/44 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cardiac failure,	6 mos.
93a Chronic myocarditis, with mitral stenosis, and aortic 92b	
92a regurgitation; marked enlargement	
Due to of heart. 95c 2	
Other conditions None (Include pregnancy within 3 months of death)	

Where was disease contracted? Idaho
Name of operation None Date ____
Major finding ____
Finding of autopsy None

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's **OWN** Signature C L Klaarn MD (M. D. or other)
and Address Moscow, Idaho Date 4/15 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

MAY 1 2 1944

Klaaren

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 138731
Local Reg. No. 105
Reg. Dist. No. 200

1. **PLACE OF DEATH:**
   (a) County Latah
   (b) City or town Moscow
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? Outside? X city or town
   (e) Died in a Home X Hospital Institution Other place
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county 64 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Latah
   (c) City or town Moscow
   (d) Street Address or R. F. D. No.
   (e) Deceased lived Inside? Outside? X city or town
   (f) Citizen of what country?
   (g) How long had deceased lived in Idaho? 64 years
   (h) Former residence (city, state)

3. (a) **FULL NAME** ANNIE CAMERON

83a

3. (b) If veteran, name war NONE
3. (c) Social Security No. NONE
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) June 12, 1874

8. AGE	Years	Months	Days	If less than 1 day
	69	10	3	hrs min.

9. Exact Occupation none Did this work for yrs.
10. Industry or Business none Date last worked
11. Birthplace Ross-shire (City or town) Scotland (State or foreign country)

Father
12. Name Duncan Cameron
13. Birthplace (City or town) Scotland (State or foreign country)

Mother
14. Maiden name Annie Stewart
15. Birthplace (City or town) Scotland (State or foreign country)

16. Informant's OWN Signature Christine Cameron
and Address Moscow, Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 4-17-44 (Month) (Day) (Year)
(c) Place: Moscow, Idaho
18. Funeral Director's OWN Signature H. R. Grant
and Address Moscow, Idaho
19. (a) 5/6/44 (Date received and filed) (b) C. J. Klaaren (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 4-15-44 1944
at 3:15 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from 5/10/43 19 , to 4/15/44 19
I last saw her alive on 4/15/44 19 ; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebral hemorrhage	1 week
Due to Generalized arteriosclerosis with hypertension	
Due to	
Other conditions None (Include pregnancy within 3 months of death)	
Where was disease contracted? Idaho	
Name of operation None Date	
Major finding	
Finding of autopsy None	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature C. J. Klaaren (M. D. or other)
and Address Moscow, Idaho Date 4/17 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

D. [illegible] 138732

United States
Department of Commerce
Bureau of the Census

MAY 11 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No. 202

1. **PLACE OF DEATH:** Latah
(a) County
(b) City or town Southwick P.O.
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? X city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 9 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Latah
(c) City or town Sawtooth P.O.
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Outside? X city or town
(f) Citizen of what country? USA
(g) How long had deceased lived in Idaho? 9 years
(h) Former residence (city, state) Jordan, Mont

3. (a) **FULL NAME** Bert McAntire 62

3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Wilma
6. (c) Age of ~~husband~~ or wife if alive 49 years
7. Date of Birth (Month, Day, Year) Oct. 15, 1897

8. AGE	Years	Months	Days	If less than 1 day
	46	6	1	hrs min.

9. Exact Occupation Farmer Did this work for Life yrs.
10. Industry or Business " Date last worked
11. Birthplace Kill'wrinning (City or town) Mo. (State or foreign country)
Father
12. Name William T. McAntire
13. Birthplace (City or town) Mo. (State or foreign country)
Mother
14. Maiden name Myrtle Milliken
15. Birthplace (City or town) Iowa (State or foreign country)
16. Informant's OWN Signature W. D. McAntire
and Address
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-22-44 (Month) (Day) (Year)
(c) Place: Gold Hill Cemetery
18. Funeral Director's OWN Signature H. R. Short
and Address 126 E 1st - Moscow Ida
19. (a) Apr 21, 1944 (Date received and filed) (b) B. F. Nesbitt (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 4-16 1944
at 5 o'clock P.M.
21. **I HEREBY CERTIFY,** That I attended deceased from July 1943, to Apr. 16 1944
I last saw him alive on Apr 14 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Coronary occlusion	94a
Due to Coronary sclerosis	2 yrs.
Due to 62	
Other conditions Acromegalia (Include pregnancy within 3 months of death)	25 yrs.

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature D. Alkinstensen M.D. (M. D. or other)
and Address Kendrick Date Apr 21 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

138733

United States
Department of Commerce
Bureau of the Census MAY 6 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 138733
Local Reg. No.
Reg. Dist. No.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. PLACE OF DEATH:
(a) County Latah
(b) City or town Onoway
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Yes Outside? city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 35 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Latah
(c) City or town Onoway
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Yes Outside? city or town
(f) If foreign born, in U. S. 58 yrs. Citizen of U. S.?
(g) How long had deceased lived in Idaho? 35 years
(h) Former residence (city, state)

3. (a) **FULL NAME** William Henry Doyle

466

3. (b) If veteran, name war None
3. (c) Social Security No. 518-01-0611
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Christine
6 (c) Age of husband or wife if alive 64 years
7. Date of Birth (Month, Day, Year) Jan. 17, 1869

8. AGE	Years	Months	Days	If less than 1 day
	75	3	9	hrs min.

9. Exact Occupation Scaler — Did this work for 20 yrs.
10. Industry or Business Saw Mill — Date last worked 4-1-44
11. Birthplace Ottawa (City or town) Canada (State or foreign country)

Father
12. Name Martin Doyle
13. Birthplace (City or town) Canada (State or foreign country)

Mother
14. Maiden name Mary O'brein
15. Birthplace (City or town) Ireland (State or foreign country)

16. Informant's **OWN** Signature Mrs J. McNamee
and Address Potlatch, Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 4-26-44 (Month) (Day) (Year)
(c) Place: Palouse, Wash.
18. Funeral Director's **OWN** Signature H E Kimball
and Address Palouse, Wash.
19. (a) APR 29 1944 (Date received and filed) Mrs Gladys McNamara (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April 26, 1944
at 3:30 o'clock P M.

21. I **HEREBY CERTIFY**, That I attended deceased from Oct 1, 1941 to April 26, 1944
I last saw h. alive on April 25 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Auricular Fibrillation 95a — Duration 24 hrs
Chronic Myocarditis 938 — years
Due to
Due to 466
Other conditions Carcinoma of Stomach
(Include pregnancy within 3 months of death)

Where was disease first contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature J. W. DeBree M. D. (M. D. or other)
and Address Potlatch Ida Date April 26 1944
(For additional space, use reverse side)

MAY 1 2 1944

138734

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 138734
Local Reg. No. 1057
Reg. Dist. No. 200

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
   (a) County Latah
   (b) City or town Deary
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? X Outside? ____ city or town
   (e) Died in a Home X Hospital ____ Institution ____ Other place ____
   (f) Name Hosp. or Inst. ____ Stayed ____ days
   (g) Lived in this county 27 years ____ months ____ days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Latah
   (c) City or town Deary
   (d) Street Address or R. F. D. No.
   (e) Deceased lived Inside? X Outside? ____ city or town
   (f) Citizen of what country? USA
   (g) How long had deceased lived in Idaho? 27 years
   (h) Former residence (city, state)

3. (a) **FULL NAME** NICOLINE HANNA FOSSUM

3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Lars G.
6. (c) Age of husband or wife if alive 67 years
7. Date of Birth (Month, Day, Year) April 14, 1871

8. AGE	Years	Months	Days	If less than 1 day
	73	0	14	hrs ____ min.

9. Exact Occupation none — Did this work for Life yrs.
10. Industry or Business none — Date last worked
11. Birthplace ____ (City or town) Iowa (State or foreign country)

Father
12. Name Thomas Lee
13. Birthplace ____ (City or town) Norway (State or foreign country)

Mother
14. Maiden name Mary Lee
15. Birthplace ____ (City or town) Norway (State or foreign country)

16. Informant's **OWN** Signature Lars G. Fossum
and Address Deary, Idaho
17. (a) Burial (Burial, cremation or removal) (b) Date thereof 4-30-44 (Month) (Day) (Year)
(c) Place: Lutheran Cemetery, Deary
18. Funeral Director's **OWN** Signature R. O. Short
and Address Moscow, Idaho
19. (a) 5/6/44 (Date received and filed) (b) L. L. Klaas (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 4-27- 1944
at 2:45 o'clock A M.
21. **I HEREBY CERTIFY**, That I attended deceased from 4-25 1944; to 4-26-1944
I last saw h alive on 4-26-1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death	Duration
95c 2 Cardiac decompensation	
200a with edema	
Due to Acute Myocarditis	93a
Due to Influenza	33b
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? Home
Name of operation none Date
Major finding
Finding of autopsy none

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury
23. Attendant's **OWN** Signature Joseph G. Wilson MD (M. D. or other)
and Address Moscow Ida Date 5-2- 1944

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

APR 17 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

Stratton

State File No. 138735
Local Reg. No.
Reg. Dist. No. 690

1. **PLACE OF DEATH:**
(a) County Lemhi
(b) City or town Salmon
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? ✓ Outside? city or town
(e) Died in a Home Hospital ✓ Institution Other place
(f) Name Hosp. or Inst. Selbaugh Stayed 60 days
(g) Lived in this county 10 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County
(c) City or town Buhl
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Outside? ✓ city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? 65 years
(h) Former residence (city, state)

3. (a) **FULL NAME** SOREN M. NELSON, 131b

3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex M.
5. Color or race W.
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife agnes
6. (c) Age of husband or wife if alive 69 years
7. Date of Birth (Month, Day, Year) JAN. 9, 1863

8. AGE	Years	Months	Days	If less than 1 day
	81	2	29	hrs min.

9. Exact Occupation Farmer Did this work for Life yrs.
10. Industry or Business Rancher Date last worked 1936
11. Birthplace Denmark (City or town) (State or foreign country)

Father
12. Name
13. Birthplace Denmark (City or town) (State or foreign country)

Mother
14. Maiden name Unknown
15. Birthplace ✓ (City or town) (State or foreign country)

16. Informant's OWN Signature Calvert M. Nelson and Address Challis, Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 4-14-44 (Month) (Day) (Year)
(c) Place: OVID - Bear Lake Co. - Idaho
18. Funeral Director's OWN Signature Ray McGoldrick and Address SALMON
19. (a) April 11-44 (Date received and filed) (b) Chas C. Bellamy (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April 8, 1944 19
at 6:00 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from March 27 1944 to April 7 1944
I last saw him alive on April 7 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Uremia	12 days
Due to ~~XXXXXXXXXXX~~ Glomerular nephritis	5 yrs.
Due to senile or arterio- sclerotic	
Other conditions dementia 3 years (Include pregnancy within 3 months of death)	162

Where was disease contracted? Lemhi County
Name of operation None Date
Major finding
Finding of autopsy None made

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's OWN Signature O. T. Stratton, M. D. (M. D. or other)
and Address Salmon, Ida. Date 4/10/44 19
(For additional space, use reverse side)

138736

United States
Department of Commerce APR 25 1944
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 234
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF DEATH:** Lewis
(a) County
(b) City or town Kamiah
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? ✓ city or town
(e) Died in a Home ✓ Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 40 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Lewis
(c) City or town Kamiah
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Outside? ✓ city or town
(f) Citizen of what country? U. S. A.
(g) How long had deceased lived in Idaho? 40 years
(h) Former residence (city, state) Oregon

3. (a) **FULL NAME** A. Preston Morris — 97

3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Jan 22, 1870

8. AGE	Years	Months	Days	If less than 1 day
	73	11	21	hrs min.

9. Exact Occupation Farmer Did this work for life yrs.
10. Industry or Business Date last worked
11. Birthplace Linn Co - Oregon (City or town) (State or foreign country)
Father
12. Name N. M. Morris
13. Birthplace U.S. (City or town) (State or foreign country)
Mother
14. Maiden name Margaret Ann Propst
15. Birthplace US (City or town) (State or foreign country)
16. Informant's OWN Signature A. J. Morris and Address Kamiah
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-15-44 (Month) (Day) (Year)
(c) Place: Kamiah Idaho
18. Funeral Director's OWN Signature Jess Robertson and Address Orangeville
19. (a) 1/15-44 (Date received and filed) (b) Conrad Brown (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Jan 13 1944 at 7 o'clock A. M.
21. **I HEREBY CERTIFY,** That I attended deceased from Nov. 15th 1943, to 1/13 1944
I last saw her alive on 1/13 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Senile Gangrene of legs	6 mo
Due to Arteriosclerosis 97	years
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide? Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature A. S. Bryan (M. D. ~~or other~~) and Address Kamiah Date 1/14 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

138737

United States
Department of Commerce
Bureau of the Census APR 25 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 23
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF DEATH:**
(a) County Idaho Lewis
(b) City or town Kamiah
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? ✓ Outside? — city or town
(e) Died in a Home ✓ Hospital — Institution — Other place —
(f) Name Hosp. or Inst. — Stayed — days
(g) Lived in this county 30 years — months — days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Lewis
(c) City or town Kamiah
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? ✓ Outside? — city or town
(f) Citizen of what country? Sweden
(g) How long had deceased lived in Idaho? 30 years
(h) Former residence (city, state) Menominee Wis.

3. (a) **FULL NAME** Charles Alfred Green, 1316

3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife Wimens
6. (c) Age of husband or wife if alive — years
7. Date of Birth (Month, Day, Year) June 4 1855

8. AGE	Years	Months	Days	If less than 1 day
	88	7	27	hrs — min.

9. Exact Occupation Retired — Did this work for — yrs.
10. Industry or Business Labor — Date last worked
11. Birthplace Gate Borg Sweden (City or town) (State or foreign country)

Father
12. Name Not Known
13. Birthplace Sweden (City or town) (State or foreign country)

Mother
14. Maiden name Not Known
15. Birthplace Sweden (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mrs. Frank Nixon and Address Kamiah Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-3-44 (Month) (Day) (Year)
(c) Place: Kamiah
18. Funeral Director's **OWN** Signature Lee Robertson and Address Kamiah Idaho
19. (a) 2-3-44 (Date received and filed) (b) Buell Brown (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Feb 1 1944
at 10:45 o'clock A M.

21. **I HEREBY CERTIFY,** That I attended deceased from Jan. 20 1944 to Feb 1 1944
Last saw him alive on Feb 1 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Chronic Nephritis — Duration: 4 years
Due to —
Due to —
Other conditions — (Include pregnancy within 3 months of death)
Where was disease contracted? —
Name of operation — Date —
Major finding —
Finding of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? — Suicide? — Homicide? —
Occurred — 19— City, county, state where violence occurred —
Place of Violence: Home — Farm — Industry —
Public Place — While at work? —
Means of injury —

23. Attendant's **OWN** Signature C. F. Bryan (M. D. or other)
and Address Kamiah Date 2-7 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

138733

United States
Department of Commerce
Bureau of the Census

APR 25 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 234
Local Reg. No.
Reg. Dist. No.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
   (a) County Lewis
   (b) City or town Kamiah
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? ✓ Outside? ____ city or town
   (e) Died in a Home ____ Hospital ✓ Institution ____ Other place ____
   (f) Name Hosp. or Inst. Groves Stayed 34 days
   (g) Lived in this county ✓ years ____ months ____ days

   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Lewis
   (c) City or town Winchester
   (d) Street Address or R. F. D. No. ✓
   (e) Deceased lived Inside? ✓ Outside? ____ city or town
   (f) Citizen of what country? USA
   (g) How long had deceased lived in Idaho? ____ years
   (h) Former residence (city, state) ✓

3. (a) **FULL NAME** Oliver Waite

3. (b) If veteran, name war ____
3. (c) Social Security No. ____
4. Sex M
5. Color or race W
6. (a) Single, ~~widowed, married, divorced~~
6. (b) Name of husband or wife ____
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) ✓ 1875

8. AGE	Years	Months	Days	If less than 1 day
	69			hrs ____ min.

9. Exact Occupation Painter — Did this work for ____ yrs.
10. Industry or Business ____ Date last worked ____
11. Birthplace Unknown (City or town) (State or foreign country)

Father
12. Name Unknown
13. Birthplace ____ (City or town) (State or foreign country)

Mother
14. Maiden name Unknown
15. Birthplace ____ (City or town) (State or foreign country)

16. Informant's OWN Signature Ama Groves
    and Address Kamiah Idaho
17. (a) ____ (Burial, ~~cremation, removal~~) (b) Date thereof Feb 19 1944 (Month) (Day) (Year)
    (c) Place: ____
18. Funeral Director's OWN Signature Harold Paul
    and Address Kamiah Idaho
19. (a) 2-19-44 (Date received and filed) (b) Registrar's signature

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Feb. 19th 1944
    at 7 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from December 1943, to 2-18 1944
    I last saw ~~him~~ alive on 2-18 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cancer of tongue	2 yrs.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
    Occurred ____ 19____ City, county, state where violence occurred ____
    Place of Violence: Home ____ Farm ____ Industry ____
    Public Place ____ While at work? ____
    Means of injury ____
23. Attendant's OWN Signature A. J. Bryan (M. D. ~~other~~)
    and Address Kamiah Date 2-19 1944

(For additional space, use reverse side)

138739

United States MAY 15 1944
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 234
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF DEATH:**
(a) County Lewis
(b) City or town Kamiah
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? ✓ Outside? city or town
(e) Died in a Home ✓ Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 1 years 2 months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Idaho
(c) City or town Cottonwood
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? ✓ Outside? city or town
(f) Citizen of what country? U.S.
(g) How long had deceased lived in Idaho? 65 years
(h) Former residence (city, state) West Va.

3. (a) **FULL NAME** Nannie E Rooke 33a

3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Andrew B.
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) May 20. 1850

8. AGE	Years	Months	Days	If less than 1 day
	93	8	19	hrs min.

9. Exact Occupation housewife Did this work for yrs.
10. Industry or Business Date last worked 11/30/44
11. Birthplace Paint Creek (City or town) West Va. (State or foreign country)
Father
12. Name Joshua Harriman
13. Birthplace (City or town) W. Va (State or foreign country)
Mother
14. Maiden name Morris.
15. Birthplace (City or town) W. Va. (State or foreign country)
16. Informant's OWN Signature John L. Rooke
and Address Cottonwood. Idaho
17. (a) Burial (Burial, cremation or removal) (b) Date thereof Mar. 13, 1944 (Month) (Day) (Year)
(c) Place: Cottonwood. Idaho
18. Funeral Director's OWN Signature [illegible] Robertson
and Address Grangeville. Idaho
19. (a) 4/15-'44 (Date received and filed) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 9 1944
at 6:15 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from 2/15 1944, to 3/9 1944
I last saw her alive on 3/9 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Influenza 33b	3 dys
Bronchio-Pneumonia	18.
Due to 107	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature [illegible] (M. D. ~~or other~~)
and Address Kamiah Date 3/10 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

138740

United States
Department of Commerce
Bureau of the Census

JAN 1.1 1945

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 138740
Local Reg. No. 74
Reg. Dist. No. 631

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. PLACE OF DEATH:
(a) County Madison
(b) City or town Sugar City
(c) Street Address or R. F. D. No. ✓
(d) Death Occurred Inside? ✓ Outside? ... city or town
(e) Died in a Home ✓ Hospital ... Institution ... Other place ...
(f) Name Hosp. or Inst. ... Stayed ... days
(g) Lived in this county ✓ years ... months ... days
Note For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Madison
(c) City or town Sugar City
(d) Street Address or R. F. D. No. ✓
(e) Deceased lived Inside? ... Outside? ✓ city or town
(f) If foreign born, in U. S. ... yrs. Citizen of U. S.? ...
(g) How long had deceased lived in Idaho? ... years
(h) Former residence (city, state) ...

3. (a) **FULL NAME** Infant Howells, Edward William 157E

3. (b) If veteran, name war ...
3. (c) Social Security No. ...
4. Sex M. race W.
5. Color or race ...
6. (a) Single, widowed, married, divorced ...
6. (b) Name of husband or wife ...
6 (c) Age of husband or wife if alive ... years
7. Date of Birth (Month, Day, Year) January 3, 1944

8. AGE	Years	Months	Days	If less than 1 day
			1.	hrs ... min.

9. Exact Occupation ... Did this work for ... yrs.
10. Industry or Business ... Date last worked ...
11. Birthplace Sugar City. (City or town) Idaho. (State or foreign country)

Father
12. Name Infant Howells
13. Birthplace Sugar (City or town) Idaho (State or foreign country)

Mother
14. Maiden name Isadore Thompson.
15. Birthplace St. Anthony (City or town) Idaho. (State or foreign country)

16. Informant's **OWN** Signature John M Howells and Address Sugar City Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-4-44 (Month) (Day) (Year)
(c) Place: Sugar City
18. Funeral Director's **OWN** Signature Rowe and Address ...
19. (a) 1-5-44 (Date received and filed) (b) Mrs H E Young (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20 **DATE OF DEATH** (Month, Day, Year) Jan 4 1944
at 9 o'clock A M.

21. **I HEREBY CERTIFY,** That I attended deceased from Jan 3 1944 to Jan 4 1944
I last saw him alive on Jan 4 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration
Premature 157e
Patent Foramen Ovale - Heart
Due to Premature birth 15 hrs
Due to ...
Other conditions ...
(Include pregnancy within 3 months of death)

Where was disease first contracted? ... PHYSICIAN
Name of operation ... Date ...
Major finding ...
Finding of autopsy ...
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ... Suicide? ... Homicide? ...
Occurred ... 19... City, county, state where violence occurred ...
Place of Violence: Home ... Farm ... Industry ...
Public Place ... While at work? ...
Means of injury ...

23. Attendant's **OWN** Signature M Rutherland (M. D. or other)
and Address Rexburg Ida. Date 1-5 1944
(For additional space, use reverse side)

United States
Department of Commerce
Bureau of the Census

APR 1 2 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 138741
Local Reg. No. 19
Reg. Dist. No. 630

1. **PLACE OF DEATH:** Madison
(a) County Madison
(b) City or town Rexburg
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. Rigby Hosp. Stayed 4 days
(g) Lived in this county years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State (b) County
(c) City or town
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Outside? city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? years
(h) Former residence (city, state)

3. (a) **FULL NAME** Baby Jeppesen 1600

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race W.
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
			4	hrs min.

9. Exact Occupation Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Rexburg (City or town) Idaho (State or foreign country)
Father
12. Name Ralph N. Jeppesen
13. Birthplace Rexburg, Idaho (City or town) (State or foreign country)
Mother
14. Maiden name June Ricks
15. Birthplace Antelope, Idaho (City or town) (State or foreign country)
16. Informant's OWN Signature Ralph N. Jeppesen
and Address Rexburg, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/5/44 (Month) (Day) (Year)
(c) Place: Rexburg
18. Funeral Director's OWN Signature Russel Flamm
and Address Rexburg, Idaho
19. (a) 4-5-44 (Date received and filed) (b) Mrs. N. E. Young (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April 4 1944
at 7:30 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from April 1 1944, to April 4 1944
I last saw him alive on April 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration
Intra Cranial Haemorrhage.
Due to Difficult, long labor.
Due to
Other conditions
(Include pregnancy within 3 months of death)
Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state
where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature H. B. Rigby (M. D. or other)
and Address Rexburg Date 4-5 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

138742

United States
Department of Commerce
Bureau of the Census

MAY 11 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 20
Reg. Dist. No. 630

1. **PLACE OF DEATH:**
(a) County Madison
(b) City or town Rexburg
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. Rigby Hosp Stayed days
(g) Lived in this county years months X days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Madison
(c) City or town Rexburg
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Outside? city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? years
(h) Former residence (city, state)

3. (a) **FULL NAME** Dean Ricks Kerr

161c

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race W.
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) April 5, 1944

8. AGE	Years	Months	Days	If less than 1 day
			4 ✓	hrs min.

9. Exact Occupation Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Rexburg (City or town) Idaho (State or foreign country)
Father
12. Name Joseph S. Kerr
13. Birthplace Ora, Idaho (City or town) (State or foreign country)
Mother
14. Maiden name Wanda Ricks
15. Birthplace Rexburg, Idaho (City or town) (State or foreign country)
16. Informant's OWN Signature Mrs Robert Kerr
and Address Rexburg, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-9-44 (Month) (Day) (Year)
(c) Place: Rexburg
18. Funeral Director's OWN Signature Russel Flamm
and Address Rexburg, Idaho
19. (a) 4-11-44 (Date received and filed) (b) Mrs A E Young (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 4-8 1944
at 700 o'clock M.
21. **I HEREBY CERTIFY,** That I attended deceased from 4-5- 1944, to 4-8 1944
I last saw ~~him~~ alive on 4-8- 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Icterus Neonatorum	Gravis
Due to Congenital	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature B Rigby (M. D. or other)
and Address Rexburg Date 4-13 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

MAY 11 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 138743
Local Reg. No. 21
Reg. Dist. No. 630

1. PLACE OF DEATH:
(a) County MADISON
(b) City or town REXBURG
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? # Outside? city or town
(e) Died in a Home Hospital # Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State IDAHO (b) County MADISON
(c) City or town REXBURG
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? # Outside? city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? years
(h) Former residence (city, state)

3. (a) FULL NAME Baby Atkinson

159

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced Babe
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) April 9,1944

8. AGE	Years	Months	Days	If less than 1 day
			1	5 hrs min.

9. Exact Occupation Babe Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Rexburg, Idaho (City or town) (State or foreign country)
Father
12. Name Wm. D. Atkinson
13. Birthplace Lyman, Idaho (City or town) (State or foreign country)
Mother
14. Maiden name Mary V. Ricks
15. Birthplace Rexburg, Idaho (City or town) (State or foreign country)
16. Informant's OWN Signature William D. Atkinson
and Address Rexburg RD 1 Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 11/44 (Month) (Day) (Year)
(c) Place Sutton Cemetery, Madison Co. Ida.
18. Funeral Director's OWN Signature Rolland D. Weiser
and Address Rexburg, Idaho
19. (a) 4-13-44 (Date received and filed) (b) Mrs H E Young (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) April 10 1944
at 7.00 o'clock P. M.
21. I HEREBY CERTIFY, That I attended deceased from 4/10 1944 to 4/11 1944
I last saw him alive on 4/11 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Prematurity	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation none Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy none	

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state
where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature M. L. Rigby MD (M. D. or other)
and Address Rexburg Date 4/11 1944
(For additional space, use reverse side)

United States
Department of Commerce MAY 11 1944
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 138744
Local Reg. No. 22
Reg. Dist. No. 630

1. **PLACE OF DEATH:**
(a) County Madison
(b) City or town Rexburg
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. Rigby Hosp. Stayed days
(g) Lived in this county years months 1 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Montana (b) County
(c) City or town Livingston
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? None years
(h) Former residence (city, state) Montana

3. (a) FULL NAME Josephine Bartlett 195E

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race W.
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Horace Bartlett
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) May 20, 1864

8. AGE	Years	Months	Days	If less than 1 day
	79	10	26	hrs min.

9. Exact Occupation Housewife Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Colorado Springs, Colo. (City or town) (State or foreign country)
Father
12. Name John Gage
13. Birthplace Ohio (City or town) (State or foreign country)
Mother
14. Maiden name Elmira Blood
15. Birthplace Unknown (City or town) (State or foreign country)
16. Informant's OWN Signature H. G. Bartlett
and Address West Yellowstone, Mont.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 4-17-44 (Month) (Day) (Year)
(c) Place: Livingston, Mont.
18. Funeral Director's OWN Signature Russel Flamm
and Address Rexburg, Idaho
19. (a) 4-17-44 (Date received and filed) (b) Mrs H E Young (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April 16 1944
at 8:30 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from April 15 1944, to April 16 1944
I last saw her alive on April 16 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Myocarditis	93e1
Due to Senility, Fracture	
Due to Right Arm.	195e1
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state
where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature H. B. Rigby Mrs (M. D. or other)
and Address Rexburg Date 4-17 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

MAY 11 1944

Certificate Of Death

STATE OF IDAHO

State File No. 138745
Local Reg. No. 23
Reg. Dist. No. 630

1. PLACE OF DEATH:
(a) County Madison
(b) City or town Rexburg
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? X Outside? city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 44 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Madison
(c) City or town Rexburg
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? Outside? city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? 44 years
(h) Former residence (city, state) Utah

3. (a) **FULL NAME** James Albert Woodmansee

940

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race W.
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Elizabeth Moyes
6. (c) Age of husband or wife if alive 66 years
7. Date of Birth (Month, Day, Year) Aug. 19,1876

8. AGE	Years	Months	Days	If less than 1 day
	67	8	4	hrs min.

9. Exact Occupation Retired Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Ogden, Utah (City or town) (State or foreign country)
Father
12. Name Charles Henry Woodmansee
13. Birthplace Ohio (City or town) (State or foreign country)
Mother
14. Maiden name Harriet Eleanor Porter
15. Birthplace New York (City or town) (State or foreign country)
16. Informant's **OWN** Signature R. Irving Woodmansee
and Address Rexburg, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-26-44 (Month) (Day) (Year)
(c) Place: Rexburg
18. Funeral Director's **OWN** Signature Russel F. Camm
and Address Rexburg, Idaho
19. (a) 4-25-44 (Date received and filed) (b) Mrs H E Young (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April 22 1944
at 5:30 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 4/22/44 4/22 1944, to 19
I last saw him alive on 4/22 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death	Duration
Coronary Occlusion	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation no Date	
Major finding	
Finding of autopsy none	

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature M. L. Rigby MD (M. D. or other)
and Address Rexburg Date 4/24 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

MAY 11 1944

Certificate Of Death

STATE OF IDAHO

State File No. 13571S
Local Reg. No. 24
Reg. Dist. No. 630

1. **PLACE OF DEATH:**
   (a) County Madison
   (b) City or town Rexburg
   (c) Street Address or R. F. D. No.
   (d) Death Occured Inside? X Outside? city or town
   (e) Died in a Home X Hospital Institution Other place
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county years 2 months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Madison
   (c) City or town Rexburg
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? X Outside? city or town
   (f) Citizen of what country?
   (g) How long had deceased lived in Idaho? years
   (h) Former residence (city, state)

3. (a) **FULL NAME** Merrill J. Hansel

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3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race W.
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Feb. 11, 1944

8. AGE	Years	Months	Days	If less than 1 day hrs min.
		2	14	

9. Exact Occupation Infant — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace Rexburg, Idaho (City or town) (State or foreign country)

Father
12. Name George G. Hansel
13. Birthplace Garber, Iowa (City or town) (State or foreign country)

Mother
14. Maiden name Una Olive McKenna
15. Birthplace Hibbard, Idaho (City or town) (State or foreign country)

16. Informant's **OWN** Signature Geo. G. Hansel
and Address Rexburg, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-26-44 (Month) (Day) (Year)
(c) Place: Rexburg

18. Funeral Director's **OWN** Signature Russell Glamm
and Address Rexburg, Idaho

19. (a) 4-26-44 (Date received and filed) (b) Mrs N E Young (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Apr. 25 1944
at 7 o'clock A M.

21. **I HEREBY CERTIFY**, That I attended deceased from Feb. 11 1944, to Apr. 25 1944
I last saw him alive on Apr. 25 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — Duration

Acute Toxemia from
Due to indigestion — 1 day
Due to
Other conditions none
(Include pregnancy within 3 months of death)

Where was disease contracted? Home
Name of operation none Date —
Major finding —
Finding of autopsy no autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? — Suicide? — Homicide? —
Occurred — 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature [illegible] M.D.
(M. D. or other)
and Address Rexburg Ida. Date 4-25 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

MAY 11 1944

Certificate Of Death

STATE OF IDAHO

State File No. 135747
Local Reg. No. 25
Reg. Dist. No. 630

1. **PLACE OF DEATH:**
   (a) County Madison
   (b) City or town Rexburg
   (c) Street Address or R. F. D. No.
   (d) Death Occured Inside? X Outside? city or town
   (e) Died in a Home X Hospital Institution Other place
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county 45 years months days

   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Madison
   (c) City or town Rexburg
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? Outside? city or town
   (f) Citizen of what country?
   (g) How long had deceased lived in Idaho? 45 years
   (h) Former residence (city, state)

3. (a) **FULL NAME** Edward Lamb

732

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race W.
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Mary Ann Galbriath
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) May 12, 1866

8. AGE	Years	Months	Days	If less than 1 day
	77	11	18	hrs min.

9. Exact Occupation Farmer — Did this work for yrs.
10. Industry or Business — Date last worked 1930
11. Birthplace Muskatine, Iowa (City or town) (State or foreign country)

Father
12. Name Luke Lamb
13. Birthplace Unknown (City or town) (State or foreign country)

Mother
14. Maiden name Hetta -- Unknown
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's **OWN** Signature A. B. R. Gill
and Address Rexburg, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/1/44 (Month) (Day) (Year)
(c) Place: Archer

18. Funeral Director's **OWN** Signature Russell Glamm
and Address Rexburg, Idaho

19. (a) 5-1-44 (Date received and filed) (b) Mrs H E Young (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April 28 1944
at 1:55 o'clock P M.

21. **I HEREBY CERTIFY**, That I attended deceased from June 20 1940, to April 28 1944
I last saw h.IM alive on April 28 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Chronic Myocarditis — Duration 93 a
Due to Hypertrophy of Prostate — 137 a
Due to
Other conditions (Include pregnancy within 3 months of death)
Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature M. F. Rigby M.D.
and Address Rexburg (M.D. or other)
Date Apr. 29 1944
(For additional space use reverse side)

m

13874 8

United States
Department of Commerce FEB 14 1944
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 13874 8
Local Reg. No. 4
Reg. Dist. No. 450

1. **PLACE OF DEATH:**
(a) County Minidoka
(b) City or town Rupert
(c) ~~Street Address~~ or R. F. D. No. 2
(d) Death Occurred Inside? ____ Outside? ✓ city or town
(e) Died in a Home ____ Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 0 years 0 months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Minidoka
(c) City or town Rupert
(d) ~~Street Address~~ or R. F. D. No. 2
(e) Deceased lived Inside? ____ Outside? ✓ city or town
(f) Citizen of what country? ____
(g) How long had deceased lived in Idaho? ____ years
(h) Former residence (city, state) ____

3. (a) **FULL NAME** Virginia Vibbert 159

3. (b) If veteran, name war ____ 3. (c) Social Security No. ____

4. Sex Fem. 5. Color or race White 6. (a) Single, widowed, married, divorced ____

6. (b) Name of husband or wife ____ 6. (c) Age of husband or wife if alive ____ years

7. Date of Birth (Month, Day, Year) Jan 17 1944

8. AGE	Years	Months	Days	If less than 1 day
	0	0	0	4 hrs ____ min.

9. Exact Occupation Stitcher. Did this work for ____ yrs.
10. Industry or Business sewing Date last worked ____
11. Birthplace Rupert (City or town) Idaho (State or foreign country)
Father
12. Name Raymond Vibbert
13. Birthplace Darlington (City or town) Indiana (State or foreign country)
Mother
14. Maiden name Hanna Kraus
15. Birthplace Rupert (City or town) Ida. (State or foreign country)
16. Informant's **OWN** Signature Raymond Vibbert
and Address Rupert Ida
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-17-44 (Month) (Day) (Year)
(c) Place: Hagerman Idaho
18. Funeral Director's **OWN** Signature Rodney L Hardman
and Address Rupert Idaho
19. (a) 2-10-44 (Date received and filed) (b) C. H. Emerson (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 17 1944
at 4:30 o'clock A M.

21. **I HEREBY CERTIFY,** That I attended deceased from Birth June 1944, to Jan 17 1944
I last saw her alive on ____ 19____; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Prematurity (4 months)	1 day.
Due to ____	
Due to ____	
Other conditions ____ (Include pregnancy within 3 months of death)	

Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's **OWN** Signature C. H. Wallace, M.D. (M. D. or other)
and Address Burley Idaho Date 1-31 19 44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

APR 13 1944

Certificate Of Death

STATE OF IDAHO

State File No. 138749
Local Reg. No. 24
Reg. Dist. No. 45

1. PLACE OF DEATH:
(a) County Minidoka
(b) City or town Rupert
(c) Street Address ~~or R.F.D. No.~~ 723 E St.
(d) Death Occured Inside? ✓ Outside? ..... city or town
(e) Died in a Home ✓ Hospital ..... Institution ..... Other place .....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 40 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Minidoka
(c) City or town Rupert
(d) Street Address or R.F.D. No. 723 E St
(e) Deceased lived Inside? ✓ Outside? ..... city or town
(f) Citizen of what country? U.S.
(g) How long had deceased lived in Idaho? 40 years
(h) Former residence (city, state) Wyoming

3. (a) FULL NAME Emma Caroline Dickson 130

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex F.
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) Sept 22 1865

8. AGE	Years	Months	Days	If less than 1 day
	78	6	9	hrs min.

9. Exact Occupation Housewife Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Sioux City (City or town) Iowa (State or foreign country)
Father
12. Name L F Dessy
13. Birthplace ..... (City or town) Canada (State or foreign country)
Mother
14. Maiden name Josephine Giggar
15. Birthplace St Louis (City or town) Mo. (State or foreign country)
16. Informant's **OWN** Signature Mrs C. M. Wheeler
and Address Rupert Idaho Route 3.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-3-1944 (Month) (Day) (Year)
(c) Place: Rupert Idaho
18. Funeral Director's **OWN** Signature Rodney G Goodman
and Address Rupert Idaho
19. (a) 4-4-44 (Date received and filed) (b) S W Elmore (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) April 1 1944
at 2:30 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from Jan 3 1944, to April 1 1944
I last saw her alive on April 1 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Acute nephritis	3 months
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation ..... Date	
Major finding	
Finding of autopsy	

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature [illegible] (M.D. or other)
and Address Rupert Idaho Date 4-2 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

APR 13 1944

Certificate Of Death

STATE OF IDAHO

State File No. 138750
Local Reg. No. 28
Reg. Dist. No. 450

1. **PLACE OF DEATH:**
   (a) County Minidoka
   (b) City or town Heyburn
   (c) Street Address or R. F. D. No. Route 1
   (d) Death Occured Inside? ..... Outside? ✓ city or town
   (e) Died in a Home ✓ Hospital .... Institution .... Other place ....
   (f) Name Hosp. or Inst. ..... Stayed ..... days
   (g) Lived in this county 2 ✓ years ..... months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Minidoka
   (c) City or town Heyburn
   (d) Street Address or R.F.D. No. Route 1
   (e) Deceased lived Inside? ..... Outside? ✓ city or town
   (f) Citizen of what country? .....
   (g) How long had deceased lived in Idaho? 24 years
   (h) Former residence (city, state) Kansas

3. (a) **FULL NAME** Newmerris Foster 93d

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex M
5. Color or race White
6. (a) Single, widowed, married, divorced divorced
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) Oct 9 1869

8. AGE	Years	Months	Days	If less than 1 day
	74	5	22	hrs ..... min.

9. Exact Occupation Retired — Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace ..... (City or town) Kansas (State or foreign country)

Father
12. Name James Foster
13. Birthplace ..... (City or town) unknown (State or foreign country)

Mother
14. Maiden name unknown.
15. Birthplace ..... (City or town) (State or foreign country)

16. Informant's **OWN** Signature Elmyra Foster
and Address Heyburn Idaho Route 1

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-4-44 (Month) (Day) (Year)
(c) Place: Heyburn Idaho

18. Funeral Director's **OWN** Signature Rodney B. Boardman
and Address Rupert, Idaho.

19. (a) 4-4-44 (Date received and filed) (b) E. K. Edmunds (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 4 — 1 — 19 44
at 11:30 o'clock ~~A.~~ M. PM.

21. **I HEREBY CERTIFY**, That I attended deceased from 4 — 1 — 19 44 to 4 — 1 — 19 44
I last saw him alive on 4 — 1 — 19 44 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Myocarditis.	3 yrs.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYISICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature Geo. Glenn Swope M.D. (M.D. or other)
and Address Rupert Idaho Date 4-2 19 44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

MAY 12 1944

Certificate Of Death

STATE OF IDAHO

State File No. 138751
Local Reg. No. 25
Reg. Dist. No. 450

1. **PLACE OF DEATH:**
(a) County Minidoka
(b) City or town Rupert
(c) Street Address or ~~R.F.D.~~ No. 633 G St.
(d) Death Occured Inside? ✓ Outside? ..... city or town
(e) Died in a Home ✓ Hospital ..... Institution ..... Other place .....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 22 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Minidoka
(c) City or town Rupert
(d) Street Address or R.F.D. No. 633 G.
(e) Deceased lived Inside? ✓ Outside? ..... city or town
(f) Citizen of what country? US
(g) How long had deceased lived in Idaho? 68 years
(h) Former residence (city, state) Idaho

3. (a) **FULL NAME** May Rice Tweed. 93E

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex F
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Harry
6. (c) Age of husband or wife if alive 65 years
7. Date of Birth (Month, Day, Year) Nov 22. 1875

8. AGE	Years	Months	Days	If less than 1 day
	68	4	28	hrs min.

9. Exact Occupation Housewife Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Cassia County (City or town) Idaho (State or foreign country)
Father
12. Name William K. Rice
13. Birthplace Salt Lake City (City or town) Utah (State or foreign country)
Mother
14. Maiden name Ada Clawson
15. Birthplace Salt Lake City (City or town) Utah (State or foreign country)
16. Informant's **OWN** Signature Harry Tweed
and Address Rupert Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-22-44 (Month) (Day) (Year)
(c) Place: Rupert Cemetery
18. Funeral Director's **OWN** Signature Rodney E. Goodman
and Address Rupert Idaho
19. (a) 5-6-44 (Date received and filed) (b) E H Elmore (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April 20 1944
at ..... o'clock ..... M.
21. **I HEREBY CERTIFY**, That I attended deceased from March 8 1944, to April 20 1944
I last saw her alive on April 17 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Myocarditis	
Due to Anemia	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYISCIAN
Name of operation ..... Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature E H Elmore (M. D. or other)
and Address Rupert Date 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

MAY 12 1944

Certificate Of Death

STATE OF IDAHO

State File No. 138752
Local Reg. No. 97
Reg. Dist. No. 220

1. **PLACE OF DEATH:**
   (a) County Nez Perce
   (b) City or town Lewiston
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? Outside? X city or town
   (e) Died in a Home Hospital Institution X Other place
   (f) Name Hosp. or Inst. Somerville Home Stayed 240 days
   (g) Lived in this county 37 years months days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Nez Perce
   (c) City or town Lewiston
   (d) Street Address or R.F.D. No. 1816 13th Ave.
   (e) Deceased lived Inside? X Outside? city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 37 years
   (h) Former residence (city, state)

3. (a) **FULL NAME** WILLIAM LITCHFIELD William Litchfield 46d

3. (b) If veteran, name war none
3. (c) Social Security No. 519-03-5146
4. Sex male
5. Color or race White
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) 9-29-1877

8. AGE	Years	Months	Days	If less than 1 day
	66	6	29	hrs min.

9. Exact Occupation laborer Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Mohawk, New York (City or town) (State or foreign country)

Father
12. Name James I. Litchfield
13. Birthplace New York (City or town) (State or foreign country)

Mother
14. Maiden name Fila Merryhew
15. Birthplace New York (City or town) (State or foreign country)

16. Informant's OWN Signature from records Somerville Home O. O. Vassar
and Address Lewiston, Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 4-3-44 (Month) (Day) (Year)
(c) Place: Lewiston, Idaho
18. Funeral Director's OWN Signature Vincent O. Vassar
and Address Lewiston, Idaho
19. (a) 4/13/44 (Date received and filed) (b) Margaret Vassar (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 31, 1944
at 6:30 o'clock a. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 19, to March 31, 1944
I last saw him alive on 3-30 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Carcinoma of Rectum	1½ years
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's OWN Signature Walter C. McWilliams (M. D. or other)
and Address Lewiston Date 4-10- 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

MAY 1 2 1944

Certificate Of Death

STATE OF IDAHO

State File No. 138753
Local Reg. No. 98
Reg. Dist. No. 220

1. PLACE OF DEATH:
(a) County Nez Perce
(b) City or town Lewiston
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? Outside? X city or town
(e) Died in a Home Hospital Institution X Other place
(f) Name Hosp. or Inst. somerville home Stayed 1 days
(g) Lived in this county years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Nez Perce
(c) City or town Lewiston
(d) Street Address or R.F.D. No. 1116 Idaho
(e) Deceased lived Inside? — Outside? city or town
(f) Citizen of what country? —
(g) How long had deceased lived in Idaho? — years
(h) Former residence (city, state) —

3. (a) FULL NAME RICHARD WILLIAM DENNING Richard William Denning 93d

3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Date of Birth (Month, Day, Year) no record

8. AGE	Years	Months	Days	If less than 1 day
	70			hrs min.

9. Exact Occupation laborer Did this work for no record yrs.
10. Industry or Business no record Date last worked —
11. Birthplace no record (City or town) (State or foreign country)
Father
12. Name no record
13. Birthplace no record (City or town) (State or foreign country)
Mother
14. Maiden name no record
15. Birthplace no record (City or town) (State or foreign country)
16. Informant's OWN Signature from papers in deceased O. Vassar
and Address Lewiston - Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-7-44 (Month) (Day) (Year)
(c) Place: Lewiston, Idaho
18. Funeral Director's OWN Signature Vincent O. Vassar
and Address Lewiston, Idaho
19. (a) 4/13/44 (Date received and filed) (b) Margaret Vassar (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) April 3, 1944
at 4:00 o'clock a. M.

21. I HEREBY CERTIFY, That I attended deceased from 3-3 1944, to 19
I last saw him alive on 3-3- 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Congestive Heart Failure -	one day
Due to Hypertensive Heart Disease	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation Date	
Major finding	
Finding of autopsy	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's OWN Signature Walter C. McWilliams (M. D. or other)
and Address Lewiston Date 4-10- 1944
(For additional space, use reverse side)

138754

United States
Department of Commerce
Bureau of the Census MAY 1 2 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 99
Reg. Dist. No. 220

1. **PLACE OF DEATH:**
(a) County Nez Perce
(b) City or town Lewiston
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? x Outside? city or town
(e) Died in a Home Hospital x Institution Other place
(f) Name Hosp. or Inst. St. Joseph Stayed 10 days
(g) Lived in this county years months 21 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Lewis
(c) City or town Craigmont
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Outside? x city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? Life years
(h) Former residence (city, state)

3. (a) FULL NAME Joseph Perry Tefft

117a

3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Christina Jacks
6. (c) Age of husband or wife if alive 31 years
7. Date of Birth (Month, Day, Year) Sept. 8, 1901

8. AGE	Years	Months	Days	If less than 1 day
	42	7	1	hrs min.

9. Exact Occupation Farmer Did this work for life yrs.
10. Industry or Business Own Farm Date last worked 3-15-44
11. Birthplace Forest, Idaho (City or town) (State or foreign country)
Father
12. Name Bertram W. Tefft
13. Birthplace Elgin, Ill. (City or town) (State or foreign country)
Mother
14. Maiden name Christine Hendrickson
15. Birthplace Portland, Ore. (City or town) (State or foreign country)
16. Informant's OWN Signature Victor Tefft
and Address Craigmont
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 4-9-44 (Month) (Day) (Year)
(c) Place: Craigmont, Idaho
18. Funeral Director's OWN Signature C. E. Clovis
and Address Craigmont, Idaho
19. (a) 4-9-44 (Date received and filed) (b) Margaret Vassar (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April 9 1944
at 2:00 o'clock A.M.
21. **I HEREBY CERTIFY,** That I attended deceased from March 15 1944 to April 9 1944
I last saw him alive on April 8 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Uremia	7 days
Due to "Post operative" Gastrojejunostomy	10 days
Due to Gastric ulcer	5 yrs.
Other conditions (Include pregnancy within 3 months of death)	
	11

Where was disease contracted? Lewiston Ida
Name of operation Gastro-jejunostomy Date 3-29-44
Major finding Pyloric obstruction from old gastric ulcer
Finding of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state
where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature E. G. Broadock MD (M. D. or other)
and Address Lewiston Ida Date 4-12 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

138755

United States
Department of Commerce
Bureau of the Census

MAY 1 2 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 138755
Local Reg. No. 96
Reg. Dist. No. 220

1. **PLACE OF DEATH:**
(a) County Nez Perce
(b) City or town Lapwai, Idaho
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? city or town
(e) Died in a Home Hospital Institution Other place
(f) Name Hosp. or Inst. Fort Lapwai Sanatorium Stayed 6 days
(g) Lived in this county years months 6 days
Note For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Clearwater
(c) City or town Orofino, Idaho
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Outside? city or town
(f) If foreign born, in U. S. yrs. Citizen of U. S.?
(g) How long had deceased lived in Idaho? 16 years
(h) Former residence (city, state) Plummer, Idaho

3. (a) **FULL NAME** Rita Cherrapkin

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3. (b) If veteran, name war – 3. (c) Social Security No.
4. Sex Female 5. Color or race Indian 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife – 6 (c) Age of husband or wife if alive – years
7. Date of Birth (Month, Day, Year) September 4 1927

8. AGE	Years	Months	Days	If less than 1 day hrs	min.
	16	7	8		

9. Exact Occupation None Did this work for – yrs.
10. Industry or Business None Date last worked
11. Birthplace Plummer (City or town) Idaho (State or foreign country)

Father
12. Name Joseph Cherrapkin
13. Birthplace Plummer, Idaho (City or town) (State or foreign country)

Mother
14. Maiden name Anna Antelope
15. Birthplace Plummer (City or town) Idaho (State or foreign country)

16. Informant's **OWN** Signature H.P.Mahan (Records) H.P.Mahan and Address Fort Lapwai Sanatorium, Lapwai, Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 4/13/1944 (Month) (Day) (Year)
(c) Place: Worley, Idaho
18. Funeral Director's **OWN** Signature Brower-Wann Co. By L.B.Wann and Address Lewiston, Idaho
19. (a) 4/13/44 (Date received and filed) (b) Margaret Vassar (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 4-12-1944 p 19
at 2:45 o'clock M.

21. **I HEREBY CERTIFY,** That I attended deceased from 4-6- 1944, to 4-12- 1944
I last saw h...er alive on 4-12- 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Pulmonary Tuberculosis 13 b 1	1 Year
Due to Tuberculosis of Peritoneum	10 days
Due to 15	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease first contracted? Orofino, Idaho
Name of operation – Date –
Major finding
Finding of autopsy No Autopsy.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature H.P.Mahan H.P.Mahan
and Address Fort Lapwai, Idaho (M. D. or other) Date 4-12-44 19

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census MAY 1 2 1944

Certificate Of Death

STATE OF IDAHO

State File No. 138756
Local Reg. No. 100
Reg. Dist. No. 220

1. **PLACE OF DEATH:**
   (a) County Nezperce
   (b) City or town Lewiston, Ida.
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? X Outside? city or town
   (e) Died in a Home Hospital X Institution Other place
   (f) Name Hosp. or Inst. White's Stayed days
   (g) Lived in this county years months 4 days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Wash (b) County Asotin
   (c) City or town Clarkston
   (d) Street Address or R.F.D. No. 5th & Chestnut
   (e) Deceased lived Inside? Outside? city or town
   (f) Citizen of what country? U.S. of America
   (g) How long had deceased lived in Idaho? 4 Days ~~years~~
   (h) Former residence (city, state) Wash.

3. (a) **FULL NAME** Elmer J Harwick 95c

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Lilah
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) July 23, 1856

8. AGE	Years	Months	Days	If less than 1 day
	87	8	27	hrs min.

9. Exact Occupation Retired Warehouse Foreman Did this work for yrs.
10. Industry or Business Mercantile (Grocery) Date last worked
11. Birthplace PawPaw, Mich. (City or town) (State or foreign country)

Father
12. Name Andrew J. Harwick
13. Birthplace Rochester N.Y. (City or town) (State or foreign country)

Mother
14. Maiden name Eleanor J Armstrong
15. Birthplace Lockport, N.Y. (City or town) (State or foreign country)

16. Informant's **OWN** Signature Howard L. Harwick
and Address Clarkston, Wash.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 4-19-44 (Month) (Day) (Year)
(c) Place: Clarkston, Wash.
18. Funeral Director's **OWN** Signature H R Merchant
and Address Clarkston, Wash.
19. (a) 4-19-44 (Date received and filed) (b) Margaret Vassar (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 4-19- 1944
at 1 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from 4-12 1944, to 4-19-1944
I last saw him alive on 4-19-1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration
95c3 Acute Dilatation of heart following
Due to Paralysis of bowel with impaction of 123:4
Due to Shock
Other conditions
(Include pregnancy within 3 months of death)

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYISCIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature E. L. White (M. D. or other)
and Address Lewiston Ida Date 4-18 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

MAY 12 1944

Certificate Of Death

STATE OF IDAHO

State File No. 138757
Local Reg. No. 105
Reg. Dist. No. 220

1. **PLACE OF DEATH:**
   (a) County Nez Perce
   (b) City or town Lewiston
   (c) Street Address or R.F.D. No. 413-17th St.
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home X Hospital.... Institution.... Other place....
   (f) Name Hosp. or Inst..... Stayed ..... days
   (g) Lived in this county 34 years ..... months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Nez Perce
   (c) City or town Lewiston
   (d) Street Address or R.F.D. No. 413-17th St.
   (e) Deceased lived Inside? X Outside? ..... city or town
   (f) Citizen of what country? U. S. A.
   (g) How long had deceased lived in Idaho? 34 years
   (h) Former residence (city, state) .....

3. (a) **FULL NAME** John Konrad Rohrmann 30a

3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Katharina
6. (c) Age of husband or wife if alive 64 years
7. Date of Birth (Month, Day, Year) June 8, 1867

8. AGE	Years	Months	Days	If less than 1 day
	76	10	12	hrs ..... min.

9. Exact Occupation Farmer — Did this work for ..... yrs.
10. Industry or Business retired — Date last worked .....
11. Birthplace ..... Bohemia (City or town) (State or foreign country)

Father
12. Name Albin Rohrmann
13. Birthplace ..... Bohemia (City or town) (State or foreign country)

Mother
14. Maiden name Katherina Prell
15. Birthplace ..... Bohemia (City or town) (State or foreign country)

16. Informant's OWN Signature Frieda M. Rohrman Zumwalt
and Address Lewiston, Idaho

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 4-24-44 (Month) (Day) (Year)
(c) Place: .....

18. Funeral Director's OWN Signature Lewiston, Idaho
and Address Vincent O. Gaspar

19. (a) 4/24/44 (Date received and filed) (b) Margaret Vassar (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April 20, 1944
at 2:10 o'clock P. M.

21. **I HEREBY CERTIFY,** That I attended deceased from ..... 19..... to April 20, 1944
I last saw him alive on ..... 19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: 94a	Duration
Coronary thrombosis	1 hour
Due to arteria sclerosis 97	10 yrs.
Due to Locomotor ataxia	15 yrs.
Other conditions 30a. (Include pregnancy within 3 months of death)	

Where was disease contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's OWN Signature E. L. White M. D. (M. D. or other)
and Address Lewiston Ida. Date 5-1 1944
(For additional space, use reverse side)

13875 8

United States
Department of Commerce MAY 12 1944
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 104
Reg. Dist. No. 220

1. PLACE OF DEATH:
(a) County Nez Perce
(b) City or town Lewiston
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or St. Joseph's Stayed 0 days
(g) Lived in this county years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Lewis
(c) City or town Craigmont
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? U. S.
(g) How long had deceased lived in Idaho? 48 years
(h) Former residence (city, state)

3. (a) FULL NAME GEORGE FRANKLIN PRESNELL 1316

3. (b) If veteran, name war No
3. (c) Social Security No. 518-03-2955
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Naomi Davis Presnell
6. (c) Age of husband or wife if 47 years
7. Date of Birth (Month, Day, Year) May 4 1894

8. AGE	Years	Months	Days	If less than 1 day
	49	11	21	hrs min.

9. Exact Occupation Laborer — Did this work for 1 yrs.
10. Industry or Business Grain Warehouse — Date last worked 4-20-44
11. Birthplace Spokane, Wash. (City or town) (State or foreign country)

Father
12. Name Abner E. Presnell
13. Birthplace North Carolina (City or town) (State or foreign country)

Mother
14. Maiden name Martha Gregg
15. Birthplace North Carolina (City or town) (State or foreign country)

16. Informant's OWN Signature Naomi Presnell
and Address Craigmont, Ida.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 4-25-44 (Month) (Day) (Year)
(c) Place: Craigmont, Ida.
18. Funeral Director's OWN Signature C. E. Clow
and Address Craigmont, Ida.
19. (a) 5/1/44 (Date received and filed) (b) Margaret Chase (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) April 25 1944
at 10:45 o'clock A M.
21. I HEREBY CERTIFY, That I attended deceased from 1942* 19 42, to April 25 19 44
I last saw him alive on April 25 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Septicaemia	1- days
following phlebitis	4 days
Due to Endicarditis	1 ½ yea
Nephritis	1 ½ yea
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state
where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's OWN Signature R C Dunlop M D (M. D. or other)
and Address Craigmont, Ida Date 4/26 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

138753

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

MAY 8 1944

State File No. _____
Local Reg. No. 730
Reg. Dist. No. 530

1. **PLACE OF DEATH:**
(a) County Oneida
(b) City or town Malad
(c) Street Address or R. F. D. No. _____
(d) Death Occurred Inside? X Outside? _____ city or town
(e) Died in a Home __ Hospital X Institution __ Other place __
(f) Name Hosp. or Inst. Oneida Stayed 4 days
(g) Lived in this county 35 years _____ months _____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Oneida
(c) City or town Malad
(d) Street Address or R. F. D. No. _____
(e) Deceased lived Inside? X Outside? _____ city or town
(f) Citizen of what country? _____
(g) How long had deceased lived in Idaho? 35 years
(h) Former residence (city, state) _____

3. (a) FULL NAME George James Tew

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3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Male
5. Color or race Wht.
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Alice Silvester
6. (c) Age of husband or wife if alive _____ years
7. Date of Birth (Month, Day, Year) December 25 1862

8. AGE	Years	Months	Days	If less than 1 day
	81	3	10	hrs min.

9. Exact Occupation Farming — Did this work for 60 yrs.
10. Industry or Business Leased Farm — Date last worked 1938
11. Birthplace Hertfordshire (City or town) England (State or foreign country)

Father
12. Name James George Tew
13. Birthplace England (City or town) (State or foreign country)

Mother
14. Maiden name Eliza Cagby
15. Birthplace England (City or town) (State or foreign country)

16. Informant's OWN Signature Arthur Tew
and Address Malad Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 7 44 (Month) (Day) (Year)
(c) Place: Malad Idaho Rt 1
18. Funeral Director's OWN Signature J. Guy Keman
and Address Malad Idaho
19. (a) 4-7-1944 (Date received and filed) (b) J. Guy Keman (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) April 4 1944
at 12:30 o'clock P. M.
21. I HEREBY CERTIFY, That I attended deceased from June 1 1943 to April 4 1944
I last saw him alive on Apr. 4 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: hypocarditis — Duration _____
Due to _____
Due to _____
Other conditions Mitral regurg. (Include pregnancy within 3 months of death)
Where was disease contracted? Malad,
Name of operation none Date _____
Major finding _____
Finding of autopsy none
Pronounced

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? _____ Suicide? _____ Homicide? _____
Occurred _____ 19 ____ City, county, state where violence occurred _____
Place of Violence: Home _____ Farm _____ Industry _____
Public Place _____ While at work? _____
Means of injury _____
23. Attendant's OWN Signature V. P. Gast M.D. (M. D. or other)
and Address Malad, Ida. Date 4-7-1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

138760

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

MAY 6 1944

State File No. 21
Local Reg. No.
Reg. Dist. No. 3-330

1. **PLACE OF DEATH:**
(a) County Payette
(b) City or town Payette
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? ✓ city or town
(e) Died in a Home ✗ Hospital Institution Other place ✓
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 35 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Payette
(c) City or town Payette
(d) Street Address or R.F. D. No.
(e) Deceased lived Inside? ✗ Outside? city or town
(f) Citizen of what country? U. S.
(g) How long had deceased lived in Idaho? 30 years
(h) Former residence (city, state) Penna Delmar

3. (a) **FULL NAME** Thomas Alexander Wayne 107

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Mary Frances Wayne
6. (c) Age of husband or wife if alive 62 years
7. Date of Birth (Month, Day, Year) July 20 - 1864

8. AGE	Years	Months	Days	If less than 1 day hrs	min.
	79	8	13		

9. Exact Occupation Minister — Did this work for 15 yrs.
10. Industry or Business Nurseryman — Date last worked
11. Birthplace Peoria Ill. (City or town) Illinois (State or foreign country)

Father
12. Name Isaac Lewis Wayne
13. Birthplace Vermilion Ill (City or town) (State or foreign country)

Mother
14. Maiden name Margaret Burgess
15. Birthplace unknown (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs Myrtle Wood
and Address Payette R-1

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 5-44 (Month) (Day) (Year)
(c) Place: Riverside

18. Funeral Director's OWN Signature L Foster
and Address Payette Idaho

19. (a) 4/18/1944 (Date received and filed) (b) J B Woodward (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April 2nd 1944
at 5:00 o'clock A M.

21. **I HEREBY CERTIFY,** That I attended deceased from March 28 1944, to 19
I last saw h[illegible] alive on March 30 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Bronchopneumonia	
Due to Senility	
Due to	
Other conditions (Include pregnancy within 3 months of death) Senile Dementia	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's OWN Signature R. L. Woodward Jr. (M. D. or other)
and Address Payette Date 4-8 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Rosedale Memorial Park Cemetery

Certificate Of Death

STATE OF IDAHO

APR 1 1 1944

State File No. 138761
Local Reg. No. 17
Reg. Dist. No. 3-330

1. PLACE OF DEATH:
(a) County Payette
(b) City or town Payette
(c) Street Address or R.F.D. No. 936 2nd ave so
(d) Death Occured Inside? # Outside? city or town
(e) Died in a Home # Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 20 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Payette
(c) City or town Payette
(d) Street Address or R.F.D. No. 936 2nd ave so
(e) Deceased lived Inside? # Outside? city or town
(f) Citizen of what country? USA
(g) How long had deceased lived in Idaho? 20 years
(h) Former residence (city, state) Basin, Wyoming

3. (a) **FULL NAME** Ethel Louise Frazier 44b

3. (b) If veteran, name war ------
3. (c) Social Security No. 519-10-0773
4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife ----
6. (c) Age of husband or wife if alive ---- years
7. Date of Birth (Month, Day, Year) December 25 1917

8. AGE	Years	Months	Days	If less than 1 day
	26	3	10	hrs min.

9. Exact Occupation Cashier-clerk Did this work for 2 yrs.
10. Industry or Business Idaho Power Co Date last worked 11/5/1942
11. Birthplace Basin, Wyoming. (City or town) (State or foreign country)
Father
12. Name Jonathan Frazier.
13. Birthplace Pennsville, Penn. (City or town) (State or foreign country)
Mother
14. Maiden name Lulu Mahoney.
15. Birthplace Western, Nebraska. (City or town) (State or foreign country)
16. Informant's **OWN** Signature Lulu M Frazier and Address Payette, Idaho.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 4/6/1944 (Month) (Day) (Year)
(c) Place: payette, Idaho.
18. Funeral Director's **OWN** Signature Edith Landon and Address Payette, Idaho.
19. (a) 4/6/1944 (Date received and filed) (b) J. C. Woodward (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April 3 1944 19
at 8:30 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from May 28 1943, to April 3 1944
I last saw her alive on April 2 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Acute Apnea	Several hours
Myocardial failure	
Due to Hodgkins Disease	2 years
Due to 44b	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted? 6381	
Name of operation Thyroidectomy Date 1942	
Major finding Hodgkins Nodules	
Finding of autopsy	

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature John J Kaiser M.D. (M. D. or other)
and Address Payette, Idaho. Date 4/6/1944 19
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

MAY 6 1944

Certificate Of Death

STATE OF IDAHO

State File No. 138762
Local Reg. No. 72
Reg. Dist. No. 3-330

1. PLACE OF DEATH:

(a) County Payette
(b) City or town Payette
(c) Street Address or ~~R.F.D. No.~~ 227 So 10th
(d) Death Occured Inside? # Outside? ..... city or town
(e) Died in a Home .... Hospital .... Institution .... Other place ....
(f) Name Hosp. or Inst. Payette General Stayed 1 days
(g) Lived in this county 29 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

(a) State Idaho (b) County Payette
(c) City or town Payette
(d) Street Address ~~R.F.D. No.~~ 1621 1st Ave So
(e) Deceased lived Inside? # Outside? ..... city or town
(f) Citizen of what country? U S A
(g) How long had deceased lived in Idaho? 29 years
(h) Former residence (city, state) Grants Pass. Oregon

131a

3. (a) **FULL NAME** Clarence Charles Yount.

3. (b) If veteran, name war ----
3. (c) Social Security No. ----
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced widower
6. (b) Name of husband or wife Barbara Kolar Yount
6. (c) Age of husband or wife if alive diseased years
7. Date of Birth (Month, Day, Year) September 5 1867

8. AGE	Years	Months	Days	If less than 1 day hrs min.
	75	6	7	

9. Exact Occupation Contractor of Lumber Industery Did this work for 32 yrs.
10. Industry or Business Lumber Industry Date last worked 1942
11. Birthplace Dakota (City or town) I'll. (State or foreign country)

Father
12. Name Charles Yount
13. Birthplace Waverly, (City or town) Penn. (State or foreign country)

Mother
14. Maiden name Adelaid Beck.
15. Birthplace (City or town) Penn. (State or foreign country)

16. Informant's **OWN** Signature Mrs. John A. Pearce
and Address Payette, Idaho.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 4/15/1944 (Month) (Day) (Year)
(c) Place: Payette, Idaho.
18. Funeral Director's **OWN** Signature Glenn C. Sanders
and Address Payette, Idaho.
19. (a) 4/14/44. (Date received and filed) (b) J.C. Woodward (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April 12 1944 19....
at 7:30 o'clock P. M.
21. **I HEREBY CERTIFY**, That I attended deceased from 1915 19.... to 4/12/44 19....
I last saw him alive on 4/12/44 19....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cardio vascular renal	
Due to disease 8 yrs	
131a	
Due to 200a	
Other conditions Ascites 2 yrs (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYISCIAN
Name of operation ..... Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19.... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature J.R.W. Woodward, Ser. M.D. (M. D. or other)
and Address Payette, Idaho Date 4/14/1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States Riverside Cemetery
Department of Commerce
Bureau of the Census MAY 6 1944

Certificate Of Death

STATE OF IDAHO

State File No. 138763
Local Reg. No. 22.
Reg. Dist. No. 3-330

1. PLACE OF DEATH:
(a) County Payette
(b) City or town Payette
(c) Street Address or ~~XXXXXXXXX~~ 1106 N 6th St.
(d) Death Occured Inside? # Outside? city or town
(e) Died in a Home # Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 24 years 1 months 6 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Payette
(c) City or town Payette
(d) Street Address or ~~XXXXXXXXX~~ 1106 N 6th St
(e) Deceased lived Inside? # Outside? city or town
(f) Citizen of what country? USA
(g) How long had deceased lived in Idaho? 24 years
(h) Former residence (city, state) Rupert, Idaho.

3. (a) **FULL NAME** M.W. Alspaugh. 131a

3. (b) If veteran, name war ---- 3. (c) Social Security No. -----
4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Kathleen Alspugh 6. (c) Age of husband or wife if alive 65 years
7. Date of Birth (Month, Day, Year) May 27 1863.

8. AGE	Years	Months	Days	If less than 1 day
	76	10	24	hrs min.

9. Exact Occupation farmer Did this work for life yrs.
10. Industry or Business ranch Date last worked 11-1-1943
11. Birthplace Richmond, Ind., (City or town) (State or foreign country)
Father 12. Name Henry Alspaugh
13. Birthplace ------- Penn., (City or town) (State or foreign country)
Mother 14. Maiden name Nancy Mc Kee.
15. Birthplace ---- Ohio. (City or town) (State or foreign country)
16. Informant's **OWN** Signature M W Alspaugh
and Address Seattle, Wn.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 4-23-1944 (Month) (Day) (Year)
(c) Place: Payette, Idaho.
18. Funeral Director's **OWN** Signature Edith Sandon
and Address Payette, Idaho.
19. (a) 4/22/1944 (Date received and filed) (b) J C Woodward (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April 21 1944 19
at / o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from 1942 to Apr 21 1944
I last saw him alive on Apr 20 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Myocardial failure	2 days
94a Due to Coronary Occlusion	3 mos
Due to Cardio Vascular Renal Dis	2 yrs
Other conditions 131a (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature John J Kaiser M.D. (M. D. or other)
and Address Payette, Idaho. Date 4/22 1944
(For additional space, use reverse side)

Riverside Cemetery

United States
Department of Commerce
Bureau of the Census

MAY 6 1944

Certificate Of Death

STATE OF IDAHO

State File No. 138734
Local Reg. No. 23
Reg. Dist. No. 3-330

1. PLACE OF DEATH:
(a) County Payette
(b) City or town Payette
(c) Street Address or R.F.D. No. ~~XX.XX~~ 519-5th st
(d) Death Occured Inside? # Outside? ..... city or town
(e) Died in a Home # Hospital ..... Institution ..... Other place .....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 3 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Payette
(c) City or town Payette
(d) Street Address or R.F.D. No. 519-N.5th St
(e) Deceased lived Inside? # Outside? ..... city or town
(f) Citizen of what country? usa
(g) How long had deceased lived in Idaho? 3 years
(h) Former residence (city, state) Atoma, Kansas.

3. (a) FULL NAME Clarence Milton Arnold. 117a

3. (b) If veteran, name war ------
3. (c) Social Security No. 460-10-9533
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Irene Arnold
6. (c) Age of husband or wife if alive 35 years
7. Date of Birth (Month, Day, Year) June 17 1906

8. AGE	Years	Months	Days	If less than 1 day
	37	10	7	hrs min.

9. Exact Occupation Auto Mechanic Did this work for 18 yrs.
10. Industry or Business Garage Date last worked 4/8/44
11. Birthplace Atoma (City or town) Kansas. (State or foreign country)
Father
12. Name Robert Arnold
13. Birthplace (City or town) Kansas (State or foreign country)
Mother
14. Maiden name Cora Bronson
15. Birthplace (City or town) Nebraska (State or foreign country)
16. Informant's OWN Signature Mrs Irene Arnold and Address Payette, Idaho.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 4/27/1944 (Month) (Day) (Year)
(c) Place: Payette, Idaho.
18. Funeral Director's OWN Signature Edith Loudin and Address Payette, Idaho.
19. (a) 4/26/1944 (Date received and filed) (b) J. C. Woodward (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April 24 1944 at 9:45 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from 1941 to April 1944
I last saw him alive on April 24 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Myocardial failure	
Due to Coronary Occlusion	24 hrs
94a	
Due to	
Other conditions Peptic Ulcer (Include pregnancy within 3 months of death)	3 years
117a 2	
Where was disease contracted?	PHYISCIAN
Name of operation ..... Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's OWN Signature John J. Kaiser M.D. (M. D. or other)
and Address Payette, Idaho. Date 4/26/ 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

138765

United States
Department of Commerce
Bureau of the Census

MAY 6 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 13
Reg. Dist. No. 504

1. **PLACE OF DEATH:**
(a) County Power
(b) City or town Rockland
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? x Outside? city or town
(e) Died in a Home Hospital x Institution Other place
(f) Name Hosp. or Inst. Schiltz Hotel Stayed 14 days
(g) Lived in this county 50 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Power
(c) City or town Rockland
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? x Outside? city or town
(f) Citizen of what country? United States
(g) How long had deceased lived in Idaho? 50 years
(h) Former residence (city, state) Brigham, Utah

3. (a) **FULL NAME** Thomas B. Barnard 108

3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex Male
5. Color or race Wh.
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Millie
6. (c) Age of husband or wife if alive 65 years
7. Date of Birth (Month, Day, Year) October 8, 1875

8. AGE	Years	Months	Days	If less than 1 day
	68	5	25	hrs min.

9. Exact Occupation Farmer — Did this work for 50 yrs.
10. Industry or Business Farming — Date last worked Feb/44
11. Birthplace Brigham City, Utah (City or town) (State or foreign country)
Father
12. Name Ezra Barnard
13. Birthplace — England (City or town) (State or foreign country)
Mother
14. Maiden name Esther Batey
15. Birthplace — England (City or town) (State or foreign country)
16. Informant's **OWN** Signature Vern E Barnard
and Address Rockland, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-16-44 (Month) (Day) (Year)
(c) Place: Rockland, Idaho
18. Funeral Director's **OWN** Signature A W Dana
and Address American Falls, Idaho
19. (a) April 17 1944 (Date received and filed) (b) Irene Paling (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April 13 1944
at o'clock M.

21. **I HEREBY CERTIFY,** That I attended deceased from March 30 1944, to April 13 1944
I last saw him alive on April 13 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Double Lobar Pneumonia	2 weeks.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature W H Powell (M. D. or other)
and Address 4-15-44 Date 19
(For additional space, use reverse side)

Am. Falls Ida.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

138766

United States
Department of Commerce
Bureau of the Census

MAY 6 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 14
Reg. Dist. No. 500

1. **PLACE OF DEATH:**
(a) County Power
(b) City or town American Falls
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. Schiltz Men Stayed 1½ days
(g) Lived in this county 1 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Power
(c) City or town American Falls
(d) Street Address or R. F. D. No. 656 Falls Ave.
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? United States
(g) How long had deceased lived in Idaho? years
(h) Former residence (city, state)

3. (a) **FULL NAME** Anna Zemo

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race Wh.
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Bazel
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) September 20, 1883

8. AGE	Years	Months	Days	If less than 1 day
	61	7	17	hrs min.

9. Exact Occupation Housewife Did this work for 35 yrs.
10. Industry or Business Housekeeping Date last worked Apr., '44
11. Birthplace Vienna (City or town) Austria (State or foreign country)
Father
12. Name Paul Parnaga
13. Birthplace (City or town) (State or foreign country)
Mother
14. Maiden name Parnaga (married)
15. Birthplace (City or town) (State or foreign country)
16. Informant's OWN Signature Mrs. S. J. Monaghan
and Address American Falls, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-20-44 (Month) (Day) (Year)
(c) Place: Falls View Cem., Am. Falls
18. Funeral Director's OWN Signature A. W. Davis
and Address American Falls, Idaho
19. (a) April 19-1944 (Date received and filed) (b) Irene Saling (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April 17 1944
at 4:20 o'clock A. M.
21. **I HEREBY CERTIFY,** That I attended deceased from Apr 15 1944, to Apr 17 1944
I last saw his alive on Apr 16 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cardiac Decompensation	
General Anasarca	
Due to	
Due to	
Other conditions Syphilis 30g (Include pregnancy within 3 months of death)	?
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature N. H. Farrell (M. D. or other)
and Address Am Falls Ida Date 4-18 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

APR 1 1 1944

Certificate Of Death

STATE OF IDAHO

State File No. 138767
Local Reg. No. 28
Reg. Dist. No. 140

1. PLACE OF DEATH:
(a) County Shoshone
(b) City or town Wallace
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? ✓ Outside? city or town
(e) Died in a Home Hospital Institution Other place
(f) Name Hosp. or Inst. Providence Stayed days
(g) Lived in this county years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State (b) County
(c) City or town
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? Outside? city or town
(f) Citizen of what country? Ward
(g) How long had deceased lived in Idaho? years
(h) Former residence (city, state)

3. (a) FULL NAME Infant Boyle.

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3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) March-5-1944

8. AGE	Years	Months	Days	If less than 1 day
	0	0	0	10 hrs min.

9. Exact Occupation None Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Wallace (City or town) Idaho (State or foreign country)
Father
12. Name Irwin Boyle.
13. Birthplace (City or town) Min. (State or foreign country)
Mother
14. Maiden name Sarah O'Rourke
15. Birthplace (City or town) Burke Idaho (State or foreign country)
16. Informant's **OWN** Signature Irwin Boyle
and Address Burke Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 6-44 (Month) (Day) (Year)
(c) Place: Wallace Idaho
18. Funeral Director's **OWN** Signature John Bauer (words)
and Address Wallace Idaho
19. (a) March 6-44 (Date received and filed) (b) John Bauer (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March-5 1944
at 12:45 o'clock P. M.
21. **I HEREBY CERTIFY**, That I attended deceased from 1 19, to 19
I last saw him alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Anemia	10 hrs
Due to Prematurity	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature H. C. Mowery (M. D. or other)
and Address Wallace Idaho Date 6 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

MAY 8 1944

Certificate Of Death

STATE OF IDAHO

State File No. 13[illegible]63
Local Reg. No. 37
Reg. Dist. No. 141

1. **PLACE OF DEATH:**
(a) County Shoshone
(b) City or town Osburn
(c) Street Address or R. F. D. No. .....
(d) Death Occured Inside? ✓ Outside? ..... city or town
(e) Died in a Home .... Hospital .... Institution .... Other place ....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 45 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Shoshone
(c) City or town Osburn
(d) Street Address or R.F.D. No. .....
(e) Deceased lived Inside? ✓ Outside? ..... city or town
(f) Citizen of what country? .....
(g) How long had deceased lived in Idaho? 1 years
(h) Former residence (city, state) Idaho.

3. (a) **FULL NAME** Stanislaus Daniel Lemieux 73a

3. (b) If veteran, name war .....
3. (c) Social Security No. none
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Anna
6. (c) Age of husband or wife if alive 61 years
7. Date of Birth (Month, Day, Year) Dec 23 1865

8. AGE	Years	Months	Days	If less than 1 day
	78	3	8	hrs min.

9. Exact Occupation Merchant. Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Province Quebec Canada (City or town) (State or foreign country)

Father
12. Name John Brown
13. Birthplace Canada (City or town) (State or foreign country)

Mother
14. Maiden name Mary Brown
15. Birthplace Canada (City or town) (State or foreign country)

16. Informant's **OWN** Signature Arsene Lemieux
and Address Osburn Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 3-44 (Month) (Day) (Year)
(c) Place: Wallace Idaho
18. Funeral Director's **OWN** Signature John A Bower (Wash)
and Address Wallace Idaho
19. (a) Apr 3-44 (Date received and filed) (b) John A Brown (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April 1 1944
at 4:10 o'clock A. M.

21. **I HEREBY CERTIFY**, That I attended deceased from April 3 1944 to April 1 1944
I last saw h[illegible] alive on April 1 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration
Acute Cardiac Dilatation
Due to Arterio Sclerosis Chronic
Due to .....
Other conditions (Include pregnancy within 3 months of death) .....
Where was disease contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature [illegible] M. D.
and Address [illegible] Date [illegible] 19[illegible]
(M. D. or other)
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

MAY 8 1944

Certificate Of Death

STATE OF IDAHO

State File No. 138769
Local Reg. No. 38
Reg. Dist. No. 140

1. PLACE OF DEATH:
(a) County Shoshone
(b) City or town Wallace
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? Outside? city or town
(e) Died in a Home Hospital ✓ Institution Other place
(f) Name Hosp. or Inst. Providence Stayed days
(g) Lived in this county years 6 months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Montana (b) County
(c) City or town Ronan
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? Outside? city or town
(f) Citizen of what country? U. S.
(g) How long had deceased lived in Idaho? 7 mos years
(h) Former residence (city, state)

3. (a) **FULL NAME** Evelyn Andersen

1700

3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex f
5. Color or race W
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) March 24 1926

8. AGE	Years	Months	Days	If less than 1 day
	18		9	hrs min.

9. Exact Occupation Sampler Did this work for yrs.
10. Industry or Business Mining Date last worked 4/3/44
11. Birthplace Scobey, Mont (City or town) (State or foreign country)
Father
12. Name Anton A. Andersen
13. Birthplace Denmark (City or town) (State or foreign country)
Mother
14. Maiden name Jessie M. Field
15. Birthplace Williston, N. D. (City or town) (State or foreign country)
16. Informant's **OWN** Signature Anton A. Andersen
and Address Ronan, Mont.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 4-4-44 (Month) (Day) (Year)
(c) Place: Ronan Mont.
18. Funeral Director's **OWN** Signature [signature]
and Address Wallace
19. (a) May-1-44 (Date received and filed) (b) John A. Bever (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 4-4 1944
at 4 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 4/3 1944 to 4-4 1944
I last saw her alive on 4/4 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Fros Skull	8 hrs
Ribs & Pelvis	
Due to auto accident	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYISCIAN Underline the cause to which death should be charged statistically.
Name of operation Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Yes Suicide? Homicide?
Occurred 4/3 1944 City, county, state where violence occurred Public Hgwy
Place of Violence: Home Farm Industry
Public Place While at work? No
Means of injury Auto accident
23. Attendant's **OWN** Signature [signature] (M. D. or other)
and Address Wallace Id. Date 4-4 1944
(For additional space, use reverse side)

138770

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No.
Local Reg. No. 39
Reg. Dist. No. 148

MAY 8 1944

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. PLACE OF DEATH:

(a) County Shoshone
(b) City or town Calder
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? Outside? X city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county years 2 months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

(a) State Idaho (b) County Shoshone
(c) City or town Calder
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? Outside? X city or town
(f) Citizen of what country? U. A. A.
(g) How long had deceased lived in Idaho? 2 Months years
(h) Former residence (city, state)

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3. (a) **FULL NAME** Richard Edward Booker

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) January 28, 1944

8. AGE	Years	Months	Days	If less than 1 day
	0	2	8	hrs min.

9. Exact Occupation None Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace St. Maries Idaho (City or town) (State or foreign country)

Father
12. Name George Edward Booker
13. Birthplace Newton, Ill. (City or town) (State or foreign country)

Mother
14. Maiden name Jonavard Thorp
15. Birthplace Staples, Minn. (City or town) (State or foreign country)

16. Informant's **OWN** Signature E. C. Booker
and Address Calder, Idaho

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 4-6-44 (Month) (Day) (Year)
(c) Place: St. Maries, Idaho

18. Funeral Director's **OWN** Signature R. E. Weeda
and Address St. Maries, Idaho

19. (a) Apr 8-44 (Date received and filed) (b) Thos Bower (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April 6, 1944 19
About 4:00 o'clock A. M.

21. **I HEREBY CERTIFY**, That I attended deceased from 19 to 19
I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death	Duration
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state
where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature (M.D. or other)
and Address Date 19
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

MAY 8 1944

Certificate Of Death

STATE OF IDAHO

State File No. 138771
Local Reg. No. 40
Reg. Dist. No. 140

1. PLACE OF DEATH:
(a) County Shoshone
(b) City or town Wallace
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? Outside? city or town
(e) Died in a Home Hospital Institution Other place
(f) Name Hosp. or Inst. Providence Stayed days
(g) Lived in this county years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State (b) County
(c) City or town
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? Outside? city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? years
(h) Former residence (city, state)

3. (a) FULL NAME John Gary Ruffier 159

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) April 5-1944

8. AGE	Years	Months	Days	If less than 1 day
			2	hrs min.

9. Exact Occupation None. Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Wallace Idaho (City or town) (State or foreign country)
Father
12. Name Henry M Ruffier
13. Birthplace Cripple Creek Colo. (City or town) (State or foreign country)
Mother
14. Maiden name Mary F Cochran
15. Birthplace Mullan Idaho (City or town) (State or foreign country)
16. Informant's **OWN** Signature Henry M Ruffier
and Address Wallace Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 8-44 (Month) (Day) (Year)
(c) Place: Wallace Idaho
18. Funeral Director's **OWN** Signature John A Bever (Wards)
and Address Wallace Idaho
19. (a) Apr 8-44 (Date received and filed) (b) John A Bever (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Apr 7 1944
at 11:00 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from 19, to 19
I last saw h alive on 19; death is said to have occurred on the date and hour stated above.
Immediate Cause of Death: Asthenia Congenital 2 da
Due to Premature Birth 6 mo
Due to 159
Other conditions
(Include pregnancy within 3 months of death)
Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature H C Mowery (M. D. or other)
and Address Wallace Idaho Date 1/8 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

MAY 8 1944

Certificate Of Death

STATE OF IDAHO

State File No. 138772
Local Reg. No. 41
Reg. Dist. No. 141

1. PLACE OF DEATH:
(a) County Shoshone
(b) City or town Pinkerton
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? ✓ Outside? city or town
(e) Died in a Home Hospital ✓ Institution Other place
(f) Name Hosp. or Inst. Co. Hosp. Stayed days
(g) Lived in this county 15 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Shoshone
(c) City or town
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? Outside? city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? 15 years
(h) Former residence (city, state) Wash

3. (a) FULL NAME Esther Roby. 107

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex ✓
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Harry
6. (c) Age of husband or wife if alive 56 years
7. Date of Birth (Month, Day, Year) June - 11 - 1893

8. AGE	Years	Months	Days	If less than 1 day
	51	2	28	hrs min.

9. Exact Occupation [illegible] Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace (City or town) Poland (State or foreign country)
Father
12. Name Ignatz
13. Birthplace (City or town) Poland (State or foreign country)
Mother
14. Maiden name
15. Birthplace (City or town) Poland (State or foreign country)
16. Informant's **OWN** Signature Harry Roby
and Address Mullan Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr-12-44 (Month) (Day) (Year)
(c) Place: Wallace Idaho
18. Funeral Director's **OWN** Signature Thos A Bever (Wardly)
and Address Wallace Idaho
19. (a) Apr 10-44 (Date received and filed) (b) John A Bever (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Apr 9 1944
at 3 P. o'clock P. M.
21. I HEREBY CERTIFY, That I attended deceased from 9/3/43 19 to 4/9/44 19
I last saw h alive on 4/7/44 19; death is said to have occurred on the date and hour stated above.
Immediate Cause of Death: 107 Duration
Bronchial Pneumonia
Due to
Due to
Other conditions Menopause
(Include pregnancy within 3 months of death)
Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy
PHYSICIAN Underline the cause to which death should be charged statistically.
22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature James R Bean (M. D. or other)
and Address Wallace Date 4/10/44 19
(For additional space use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

MAY 8 1944

Certificate Of Death

STATE OF IDAHO

State File No. 138773
Local Reg. No. 42
Reg. Dist. No. 140

1. PLACE OF DEATH:
(a) County Shoshone
(b) City or town Wallace
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? ✓ Outside? ..... city or town
(e) Died in a Home ..... Hospital ..... Institution ..... Other place
(f) Name Hosp. or Inst. Providence Stayed ..... days
(g) Lived in this county ..... years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State ..... (b) County
(c) City or town
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? ..... Outside? ..... city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? ..... years
(h) Former residence (city, state)

3. (a) FULL NAME Judith M. Underlich 1226

3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) April 11 - 1944

8. AGE	Years	Months	Days	If less than 1 day
			2	hrs min.

9. Exact Occupation None Did this work for ..... yrs.
10. Industry or Business Date last worked
11. Birthplace Wallace (City or town) Idaho (State or foreign country)
Father
12. Name Ernest Underlich
13. Birthplace Bremard (City or town) Minn. (State or foreign country)
Mother
14. Maiden name Frances Dukelich
15. Birthplace Ill. (City or town) (State or foreign country)
16. Informant's **OWN** Signature Ernest Wunderlich
and Address Tim Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Apr 17-44 (Month) (Day) (Year)
(c) Place: Libby Mont.
18. Funeral Director's **OWN** Signature John A Beaver (Wards)
and Address Wallace Idaho
19. (a) Jn 14-44 (Date received and filed) (b) John A Beaver (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Apr 13 1944
at 11.45 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from ..... 19....., to ..... 19.....
I last saw h..... alive on ..... 19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Intestinal Obstruction	few hrs
Due to Myasthenia	
Due to Congenital Gram	6½ mos
Other conditions starting (Include pregnancy within 3 months of death) 159	
Where was disease contracted?	
Name of operation ..... Date	
Major finding	
Finding of autopsy	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury
23. Attendant's **OWN** Signature H. M. Owens (M.D. or other)
and Address Wallace Idaho Date 7/13 1944
(For additional space, use reverse side)

138774

United States
Department of Commerce
Bureau of the Census

MAY 8 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 22
Reg. Dist. No. 142

1. **PLACE OF DEATH:**
(a) County Shoshone
(b) City or town Kellogg
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? ✓ Outside? city or town
(e) Died in a Home Hospital ✓ Institution Other place
(f) Name Hosp. or Inst. Gardner Stayed 11 mos.
(g) Lived in this county 17 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Shoshone
(c) City or town Kellogg
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? ✓ Outside? city or town
(f) Citizen of what country? U. S.
(g) How long had deceased lived in Idaho? 17 years
(h) Former residence (city, state)

3. (a) **FULL NAME** James H. D. MacKay 55E

3. (b) If veteran, name war
3. (c) Social Security No. 518-01-7757
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Emma Jane MacKay
6. (c) Age of husband or wife if alive 64 years
7. Date of Birth (Month, Day, Year) April 2, 1881

8. AGE	Years	Months	Days	If less than 1 day
	63	—	12	hrs min.

9. Exact Occupation Carpenter Forman Did this work for yrs.
10. Industry or Business Bunker Hill Date last worked
11. Birthplace Balmoral Mills (City or town) Nova Scotia (State or foreign country)
Father
12. Name John C.
13. Birthplace Earl Town (City or town) Nova Scotia (State or foreign country)
Mother
14. Maiden name Maria McCloud
15. Birthplace The Falls (City or town) Nova Scotia (State or foreign country)
16. Informant's OWN Signature Emma Jane MacKay
and Address Kellogg
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 16, 1944 (Month) (Day) (Year)
(c) Place: Greenwood Cemetery, Kellogg, Ida.
18. Funeral Director's OWN Signature Frank McGlade
and Address Kellogg Idaho
19. (a) Apr. 18-'44 (Date received and filed) (b) Wm. Helen McBride (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April 15 1944
at 4 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from 3-17 1942, to 4-15 1944
I last saw him alive on 4-15 1943 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
13012 Uraemic Coma	48 hr.
Due to Metastatic Ca from	
Due to Hypernephroma removed 1940	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature Robert Staley (M. D. or other)
and Address Kellogg Idaho Date 4-17 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 38775
Local Reg. No. 43
Reg. Dist. No. 141

MAY 8 1944

1. **PLACE OF DEATH:**
(a) County Shoshone
(b) City or town Avery Idaho
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? ✓ Outside? city or town
(e) Died in a Home ....Hospital....Institution ....Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Washington (b) County Spokane
(c) City or town Spokane
(d) Street Address or R. F. D. No. 1135 E Boone
(e) Deceased lived Inside? ✓ Outside? city or town
(f) If foreign born, in U. S. yrs. Citizen of U. S.?
(g) How long had deceased lived in Idaho? years
(h) Former residence (city, state)

169

3. (a) **FULL NAME** Lester Mc Gowan

3. (b) If veteran, name war no
3. (c) Social Security No. 516-20-2294
4. Sex Male race White
5. Color or
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6 (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Dec 20 1909

8. AGE	Years	Months	Days	If less than 1 day hrs	min.
	34	5	23		

9. Exact Occupation Brakeman — Did this work for 8 Days
10. Industry or Business Milwaukee R R — Date last worked 4-18-44
11. Birthplace Dayton (City or town) Washington (State or foreign country)

Father
12. Name Thomas Mc Gowan
13. Birthplace La Salle (City or town) Ill (State or foreign country)

Mother
14. Maiden name Alice Straw
15. Birthplace Pennsylvania (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mrs Alice Packer
and Address 611 Boone Ave mother
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-19-44 (Month) (Day) (Year)
(c) Place: Spokane, Wash
18. Funeral Director's **OWN** Signature E. L. Wilson
and Address Spokane Wash
19. (a) Apr 24-44 (Date received and filed) (b) John Burr (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Apr. 18 1944
at about 5:30 o'clock A. M.

21. I **HEREBY CERTIFY**, That I attended deceased from 19..., to 19...
I last saw h... alive on 19...; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Crushed Chest — Duration
Due to Broken Collar Bone and Left Shoulder
Due to Contusion of Lung
Other conditions
(Include pregnancy within 3 months of death)

Where was disease first contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Yes Suicide? Homicide?
Occurred Apr 18 1944 City, county, state where violence occurred Spokane Co Wash
Place of Violence: Home Farm Industry
Public Place While at work? Yes
Means of injury Fell off Car

23. Attendant's **OWN** Signature M. D. Wood (M. D. or other)
and Address Spokane Wash Date 4-24 19...
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 138776
Local Reg. No. 44
Reg. Dist. No. 141

MAY 8 1944

1. PLACE OF DEATH:
(a) County Shoshone
(b) City or town Kellogg
(c) Street Address or R. F. D. No.
(d) Death Occured Inside? ✓ Outside? ..... city or town
(e) Died in a Home ..... Hospital ..... Institution ..... Other place ✓
(f) Name Hosp. or Inst. County Stayed 18a days
(g) Lived in this county ..... years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Shoshone
(c) City or town Avery
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? ..... Outside? ✓ ..... city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? 15 years
(h) Former residence (city, state)

3. (a) FULL NAME Matt Jalmar Matson

93d

3. (b) If veteran, name war .....
3. (c) Social Security No. 517-09-0429
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced .....
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) 11-8-1886

8. AGE	Years	Months	Days	If less than 1 day
	57	5	12	hrs ..... min.

9. Exact Occupation Miner — Did this work for ..... yrs.
10. Industry or Business Mining — Date last worked .....
11. Birthplace Megaumee, Mich (City or town) (State or foreign country)

Father
12. Name .....
13. Birthplace ..... (City or town) (State or foreign country)

Mother
14. Maiden name .....
15. Birthplace ..... (City or town) (State or foreign country)

16. Informant's **OWN** Signature [signature] and Address Wallace Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/27/44 (Month) (Day) (Year)
(c) Place: Wallace Idaho
18. Funeral Director's **OWN** Signature [signature] and Address Wallace Idaho
19. (a) May 7 44 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April 20 19 44
at 12:55 o'clock P M.

21. **I HEREBY CERTIFY**, That I attended deceased from 6/10/43 19 , to 4/20/44 19
I last saw him alive on 4/19/44 19 ; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Chronic Myocarditis	
Arteriosclerosis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury

23. Attendant's **OWN** Signature James R Bean (M. D. or other)
and Address Wallace Date Apr. 26 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

MAY 8 1944

State File No. 138777
Local Reg. No. 45
Reg. Dist. No. 141

1. PLACE OF DEATH:
(a) County Shoshone
(b) City or town Mullan
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? ✓ Outside? city or town
(e) Died in a Home ✓ Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State (b) County Boise
(c) City or town
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? Outside? city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? years
(h) Former residence (city, state)

3. (a) **FULL NAME** Melba Charlene Roberts. 108

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Jan - 16 - 1944

8. AGE	Years	Months	Days	If less than 1 day
		3	15	hrs min.

9. Exact Occupation None — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace Kentucky (City or town) Kentucky (State or foreign country)

Father
12. Name Charles Roberts
13. Birthplace Kentucky (City or town) Arkansas (State or foreign country)

Mother
14. Maiden name Nellie Cannon
15. Birthplace (City or town) Nebraska (State or foreign country)

16. Informant's **OWN** Signature Mrs Charles Roberts
and Address 315 - Indiana St Mullan Ida.

17. (a) Buried (Burial, cremation, or removal) (b) Date thereof Apr. 24-1944 (Month) (Day) (Year)
(c) Place: Wallace Idaho

18. Funeral Director's **OWN** Signature Thos Bowen (Wards)
and Address Wallace Idaho.

19. (a) Apr 24-44 (Date received and filed) (b) Thos Bowen (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April 21 1944
at 8:45 o'clock A. M.

21. **I HEREBY CERTIFY**, That I attended deceased from Apr. 21 1944, to Apr 21 1944
I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Lobar Pneumonia	12 hrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature F W Rolfs MD (M. D. or other)
and Address Mullan Ida Date 4-21-1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 1387[illegible]
Local Reg. No. 46
Reg. Dist. No. 140

MAY 8 1944

1. **PLACE OF DEATH:**
   (a) County Shoshone
   (b) City or town Wallace
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? Outside? city or town
   (e) Died in a Home Hospital ✓ Institution Other place
   (f) Name Hosp. or Inst. Providence Stayed days
   (g) Lived in this county years months days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State (b) County
   (c) City or town
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? Outside? city or town
   (f) Citizen of what country?
   (g) How long had deceased lived in Idaho? years
   (h) Former residence (city, state)

3. (a) **FULL NAME** Gerald Robert Purin 159

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Mod
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) April 22 - 1944

8. AGE	Years	Months	Days	If less than 1 day
			1 ✓	hrs min.

9. Exact Occupation None Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Wallace (City or town) Idaho (State or foreign country)
Father
12. Name Joseph Purin
13. Birthplace (City or town) Italy (State or foreign country)
Mother
14. Maiden name Dorothy Mills
15. Birthplace (City or town) Mich (State or foreign country)
16. Informant's **OWN** Signature Mrs Wm Davis
and Address 123 W Idaho Kellogg
17. (a) Apr 24-44 (Burial, cremation, or removal) (b) Date thereof John A Bever (Month) (Day) (Year)
(c) Place: Wallace Idaho
18. Funeral Director's **OWN** Signature John A Bever (Wards)
and Address Wallace Idaho
19. (a) Apr 24-44 (Date received and filed) (b) John A Bever (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April 23 1944
at 2:30 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from Apr. 22 1944, to Apr. 23 1944
I last saw him alive on Apr. 23 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Pressure Purity	
Due to ?	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature [illegible] Gerald (M. D. or other)
and Address Wallace Date 4/28 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 13877.1
Local Reg. No. 47
Reg. Dist. No. 440

MAY 8 1944

1. **PLACE OF DEATH:**
   (a) County Shoshone
   (b) City or town Kellogston
   (c) Street Address or R. F. D. No.
   (d) Death Occured Inside? Outside? ~ city or town
   (e) Died in a Home Hospital ~ Institution Other place
   (f) Name Hosp. or Inst. Co Hosp. Stayed days
   (g) Lived in this county 15 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Shoshone
   (c) City or town Burke
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? ~ Outside? city or town
   (f) Citizen of what country?
   (g) How long had deceased lived in Idaho? 40 years
   (h) Former residence (city, state) —

3. (a) **FULL NAME** Earnest Wittmarsh 596

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) March 19 - 1867

8. AGE	Years	Months	Days	If less than 1 day
	77		6	hrs min.

9. Exact Occupation Miner — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace London (City or town) England (State or foreign country)

Father
12. Name Nat Brown
13. Birthplace " " (City or town) (State or foreign country)

Mother
14. Maiden name "
15. Birthplace " (City or town) (State or foreign country)

16. Informant's **OWN** Signature John A Beaver (Co Hosp Records)
and Address Wallace Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 28-44 (Month) (Day) (Year)
(c) Place: Wallace Idaho

18. Funeral Director's **OWN** Signature John A Beaver (Wards)
and Address Wallace Idaho

19. (a) Apr-26-44 (Date received and filed) (b) John A Beaver (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April 25 1944
at 2.15 o'clock P. M.

21. **I HEREBY CERTIFY,** That I attended deceased from 3/25/44 to 4/25/44 19
I last saw h alive on 3/4/44 19 44 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration
Arthritis 11 years
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature James R Bean (M. D. or other)
and Address Date 19
(For additional space, use reverse side)

138780

United States
Department of Commerce
Bureau of the Census

MAY 2 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 23
Reg. Dist. No. 142

1. **PLACE OF DEATH:**
(a) County Shoshone
(b) City or town Kellogg
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? ✓ ~~Outside~~? city or town
(e) Died in a Home Hospital ✓ Institution Other place
(f) Name Hosp. or Inst. Gardner Stayed 6 days
(g) Lived in this county 29 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Shoshone
(c) City or town Kellogg Ida
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Outside? ✓ city or town
(f) Citizen of what country? N.S.
(g) How long had deceased lived in Idaho? years
(h) Former residence (city, state)

3. (a) **FULL NAME** John Knute Maki 92b

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of ~~husband~~ or wife Ida Maki
6. (c) Age of husband or wife if alive 62 years
7. Date of Birth (Month, Day, Year) Jan-8-1892

8. AGE	Years	Months	Days	If less than 1 day
	52	3	18	hrs min.

9. Exact Occupation Farmer Did this work for 22 yrs.
10. Industry or Business Date last worked
11. Birthplace Finland (City or town) (State or foreign country)
Father
12. Name Hendry Maki
13. Birthplace Finland (City or town) (State or foreign country)
Mother
14. Maiden name Helena Maki
15. Birthplace Finland (City or town) (State or foreign country)
16. Informant's OWN Signature Ole Nelson
and Address 510 Main St. Kellogg
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 30-1944 (Month) (Day) (Year)
(c) Place: Kellogg Ida
18. Funeral Director's OWN Signature R. L. Stout
and Address 320 Main Kellogg Ida
19. (a) 4-30-1944 (Date received and filed) (b) Mrs. Helen McBride (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 4-26-1944
at 905 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from 4-21 1944, to 4-26-1944
I last saw him alive on 4-26-1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Mitral Stenosis	?
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? Eanaville Ida
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature Glenn McCapper MD (M. D. or other)
and Address Kellogg Ida Date 4-30 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census MAY 8 1944

Certificate Of Death

STATE OF IDAHO

State File No. 1387 1
Local Reg. No. 48
Reg. Dist. No. 140

1. **PLACE OF DEATH:**
(a) County Shoshone
(b) City or town Wallace
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? ✓ Outside? city or town
(e) Died in a Home Hospital Institution Other place
(f) Name Hosp. or Inst. Wallace Stayed days
(g) Lived in this county 3 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Shoshone
(c) City or town Mullan
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? ✓ Outside? city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? 3 years
(h) Former residence (city, state) N. D.

3. (a) **FULL NAME** Gus Gohl 466

3. (b) If veteran, name war
3. (c) Social Security No. 502-07-1220
4. Sex M
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) 1890

8. AGE	Years	Months	Days	If less than 1 day
	54			hrs min.

9. Exact Occupation Miner Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace (City or town) Russia (State or foreign country)
Father
12. Name Not Known
13. Birthplace (City or town) Russia (State or foreign country)
Mother
14. Maiden name Not Known
15. Birthplace (City or town) Russia (State or foreign country)
16. Informant's **OWN** Signature Arnold Gohl
and Address Mullan Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 3-44 (Month) (Day) (Year)
(c) Place: Mullan Idaho
18. Funeral Director's **OWN** Signature John A Bover (Wards)
and Address Wallace Idaho
19. (a) May 1-44 (Date received and filed) (b) John A Bover (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April 30 1944
at 5 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from June 1943 19 , to April 30 1944
I last saw him alive on April 30 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Lymphosarcoma of Stomach	
Due to	1 yr.?
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Sulfonamide Alcoholemia	
Where was disease contracted?	PHYSICIAN
Name of operation Stomach Resection Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature L E Bonefeste (M. D. or other)
and Address Wallace, Idaho Date May 1, 1944
(For additional space, use reverse side)

United States
Department of Commerce
Bureau of the Census

MAY 1 2 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 138732
Local Reg. No. 94
Reg. Dist. No. 461

1. **PLACE OF DEATH:**
(a) County Twin Falls
(b) City or town Filer
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? X city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 33 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County TwinFalls
(c) City or town Filer
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Outside? X city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 33 years
(h) Former residence (city, state) Hot Lake, Ore.

3. (a) FULL NAME Robert S. Armes 93d

3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Carrie M.
6. (c) Age of husband or wife if alive 68 years
7. Date of Birth (Month, Day, Year) April 5, 1877

8. AGE	Years	Months	Days	If less than 1 day
	67			hrs min.

9. Exact Occupation Farm owner Did this work for yrs.
10. Industry or Business Managed own farm Date last worked 1909
11. Birthplace (City or town) Iowa (State or foreign country)
Father
12. Name George Armes
13. Birthplace (City or town) Unknown (State or foreign country)
Mother
14. Maiden name Mary E. Whitacre
15. Birthplace (City or town) Unknown (State or foreign country)
16. Informant's OWN Signature Carrie M Armes
and Address Filer, Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 4-7-44 (Month) (Day) (Year)
(c) Place: I.O.O.F. Cem. Filer, Idaho
18. Funeral Director's OWN Signature White Mortuary Ella M. White E-249
and Address Twin Falls, Idaho
19. (a) 4/14/44 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April 4th, 1944 19
at 7:20 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 19 to April 4, 1944
I last saw him alive on April 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
111c Hypostatic pneumonia 83a1	8 wks
Due to Cerebral hemorrhage	2 wks
Due to Hypertensive Cardio Vascular Disease	10 yrs
Other conditions 93d (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature [signature] (M. D. or other)
and Address Filer, Idaho Date 4/6 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

138733

United States
Department of Commerce
Bureau of the Census

MAY 1 2 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 99
Reg. Dist. No. 461

1. **PLACE OF DEATH:**
   (a) County Twin Falls
   (b) City or town Twin Falls
   (c) Street Address or R. F. D. No. R. F. D. #2
   (d) Death Occurred Inside? ____ Outside XX city or town
   (e) Died in a Home XX Hospital __ Institution __ Other place __
   (f) Name Hosp. or Inst. ____ Stayed ____ days
   (g) Lived in this county 31 years ____ months ____ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Twin Falls
   (c) City or town Twin Falls
   (d) Street Address or R. F. D. No. #2
   (e) Deceased lived Inside? ____ Outside XX city or town
   (f) Citizen of what country? U. S.
   (g) How long had deceased lived in Idaho? 31 years
   (h) Former residence (city, state) Ida Grove, Ia.

3. (a) FULL NAME DORTHEA PUTZIER 94a

[redacted]

3. (c) Social Security No. none

[redacted]

6. (a) Single, widowed, married, divorced Married

6. (b) [redacted] wife [redacted]

(c) Age of husband or wife if alive 70 years

7. Date of Birth (Month, Day, Year) Aug 12, 1878

8. AGE	Years	Months	Days	If less than 1 day
	65	8		hrs min.

9. Exact Occupation Housewife Did this work for ____ yrs.
10. Industry or Business ____ Date last worked ____
11. Birthplace Ida Grove, Iowa (City or town) (State or foreign country)

Father
12. Name Charles Brockman
13. Birthplace Germany (City or town) (State or foreign country)

Mother
14. Maiden name Eliza Engle
15. Birthplace Germany (City or town) (State or foreign country)

16. Informant's OWN Signature Albert Putzier
and Address Rt#2 Twin Falls, Ida.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/12/44 (Month) (Day) (Year)
(c) Place: Sunset Mem. Park Cem.
18. Funeral Director's OWN Signature White Mortuary by [illegible]
and Address Twin Falls, Idaho
19. (a) [illegible] (Date received and filed) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April 1, 49, 1944
at 6 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from Apr 8 1944, to April 9 1944
I last saw her alive on Apr 9 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Coronary occlusion	18 hrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation ____ Date ____	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature John H. Haughton (M. D. or other)
and Address Twin Falls Date Apr. 10 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

MAY 12 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 138784
Local Reg. No. 91
Reg. Dist. No. 460

1. **PLACE OF DEATH:**
(a) County Twin Falls
(b) City or town Twin Falls
(c) Street Address or R. F. D. No. 125-4th Ave. N.
(d) Death Occurred Inside? XX Outside? ____ city or town
(e) Died in a Home XX Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 26 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Twin Falls
(c) City or town Twin Falls
(d) Street Address or R. F. D. No. 125-4th Ave. N.
(e) Deceased lived Inside? XX Outside? ____ city or town
(f) Citizen of what country? U. S.
(g) How long had deceased lived in Idaho? 26 years
(h) Former residence (city, state) Livingston, Mont. Mc

3. (a) **FULL NAME** LEWIS LEOPOLD 94a

3. (b) If veteran, name war World War I
3. (c) Social Security No. 51907-9590
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Venice H.
6. (c) Age of husband or wife if alive 44 years
7. Date of Birth (Month, Day, Year) Jan. 4, 1900

8. AGE	Years	Months	Days	If less than 1 day
	44	3	5	hrs ____ min.

9. Exact Occupation Clerk Dept. Store — Did this work for ____ yrs. ____ yrs.
10. Industry or Business Dept. Store — Date last worked 4/8/44
11. Birthplace Livingstone, Mont. (City or town) (State or foreign country)

Father
12. Name George Leopold
13. Birthplace Chicago, Ill. (City or town) (State or foreign country)

Mother
14. Maiden name Yetta Frendenthal
15. Birthplace Germany (City or town) (State or foreign country)

16. Informant's OWN Signature Clarence Leopold
and Address 125 4th Ave No.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 4/12/44 (Month) (Day) (Year)
(c) Place Los Angeles, Calif.
18. Funeral Director's OWN Signature White Mortuary E343
and Address Twin Falls, Idaho
19. (a) [illegible] (b) [illegible]
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April 9, 1944
at 5:30 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from ____ 19____ to ____ 19____
I last saw h____ alive on dist ant 19____; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary Thrombosis — Duration
Due to Prematura Senility
Due to Gastrostomia for Stricture of Oesophagus
Due to ____
Other conditions ____
(Include pregnancy within 3 months of death)

Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature R. J. Drake (M. D. or other)
and Address Twin Falls Date Apr. 10 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

MAY 12 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

138735

State File No.
Local Reg. No. 95
Reg. Dist. No. 460

1. **PLACE OF DEATH:**
(a) County Twin Falls
(b) City or town Twin Falls
(c) Street Address or R. F. D. No. 1221- 9th Ave. E.
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home X Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 4 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Twin Falls
(c) City or town Twin Falls
(d) Street Address or R.F.D. No. 1221-9th Ave. E
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 4 years
(h) Former residence (city, state) ____

3. (a) **FULL NAME** CHAFFER, Mrs. Isabella F. 162

3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife E. J. Chaffer deceased
6. (c) Age of husband or wife if ____ years
7. Date of Birth (Month, Day, Year) Sept. 7th, 1850

8. AGE	Years	Months	Days	If less than 1 day
	93	7	6	hrs ____ min.

9. Exact Occupation Housewife — Did this work for 60 yrs.
10. Industry or Business ____ — Date last worked 1930
11. Birthplace Groveland, (City or town) Illinois (State or foreign country)

Father
12. Name William Huxtable
13. Birthplace ____ (City or town) England (State or foreign country)

Mother
14. Maiden name Barbara Robinson
15. Birthplace ____ (City or town) Scotland (State or foreign country)

16. Informant's **OWN** Signature Clarice Miller
and Address 1221-8th Ave. E.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 4-17-44 (Month) (Day) (Year)
(c) Place: Twin Falls Cemetery
18. Funeral Director's **OWN** Signature White Mortuary Ella M. White E-249
and Address Twin Falls, Idaho.
19. (a) 4-17-44 (Date received and filed) (b) ____ (Registrar's Signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April 13th, 1944 at 4:10 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from 4-12 1944 to 4-13- 1944
I last saw her alive on 4/12 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Myocardial failure	3
Due to Senility	
Due to ____	
Other conditions ____ (Include pregnancy within 3 months of death)	
Where was disease contracted? ____	
Name of operation ____ Date ____	
Major finding ____	
Finding of autopsy ____	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's **OWN** Signature Isabel B. Friendshuh (M. D. or other)
and Address Twin Falls, Ida Date 4/14/44
(For additional space, use reverse side)

United States Department of Commerce
Bureau of the Census

MAY 12 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 138736
Local Reg. No. 96
Reg. Dist. No. 461

1. **PLACE OF DEATH:**
(a) County Twin Falls
(b) City or town Twin Falls
(c) Street Address or R. F. D. No. #1
(d) Death Occurred Inside? ____ Outside? X city or town
(e) Died in a Home ____ Hospital X Institution ____ Other place ____
(f) Name Hosp. or Inst. ____ Stayed 6 days
(g) Lived in this county 37 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Twin Falls
(c) City or town Filer
(d) Street Address or R. F. D. No. 1
(e) Deceased lived Inside? ____ Outside? X city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 37 years
(h) Former residence (city, state) ____

3. (a) FULL NAME OSBORN, Abel

175a

3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex male
5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of ~~husband~~ or wife Emma
6. (c) Age of husband or wife if alive 54 years
7. Date of Birth (Month, Day, Year) August 31, 1868

8. AGE	Years	Months	Days	If less than 1 day
	75	7	13	hrs ____ min.

9. Exact Occupation Farmer — Did this work for 37 yrs.
10. Industry or Business ____ Date last worked 4-8-44
11. Birthplace Scranton, (City or town) Pa. (State or foreign country)

Father
12. Name William Wesley Osborn
13. Birthplace Unknown (City or town) Pa. (State or foreign country)

Mother
14. Maiden name Sarah Barnett
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs Abel Osborn
and Address Rt. #1, Filer, Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 4-16-44 (Month) (Day) (Year)
(c) Place: Buhl Cemetery
18. Funeral Director's OWN Signature White Mortuary Ella McWhite E-249
and Address Twin Falls, Idaho
19. (a) Apr 17 1944 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April 14, 1944
at 3 o'clock A M.

21. **I HEREBY CERTIFY,** That I attended deceased from Apr 8 1944, to 4-14 1944
I last saw him alive on Apr 13 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Traumatic pneumonia Right Lung	4 da
Due to Fractured Ribs - Right and Crushing of Right Chest	6 day
Due to Farm tractor accident	
Other conditions Fracture left femur (Include pregnancy within 3 months of death)	6 day
Fracture dislocation Right Ankle	

Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? X Suicide? ____ Homicide? ____
Occurred April 8 1944 City, county, state where violence occurred Twin Falls.
Place of Violence: Home ____ Farm X Industry ____
Public Place ____ While at work? yes
Means of injury Fell from moving tractor

23. Attendant's OWN Signature Juan Anderson M D (M. D. or other)
and Address Filer Idaho Date 4-14 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

MAY 1 2 1944

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 138787
Local Reg. No. 97
Reg. Dist. No. 460

1. **PLACE OF DEATH:**
(a) County Twin Falls
(b) City or town Twin Falls
(c) Street Address or R. F. D. No. 218-3rd Ave. N.
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home ____ Hospital X Institution ____ Other place ____
(f) Name Hosp. or Inst T. Falls Stayed 2 days
(g) Lived in this county 21 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County T. Falls
(c) City or town Twin Falls
(d) Street Address or R. F. D. No. 218-3rd Ave. N.
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? United States
(g) How long had deceased lived in Idaho? 21 years
(h) Former residence (city, state) Texas

3. (a) **FULL NAME** Molly White 132

3. (b) If veteran, name war X
3. (c) Social Security No. X
4. Sex Female
5. Color or race negro
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Clarence White
6. (c) Age of husband or wife if alive 65 years
7. Date of Birth (Month, Day, Year) January 7, 1879

8. AGE	Years	Months	Days	If less than 1 day
	65	3	11	hrs ____ min.

9. Exact Occupation Housewife — Did this work for ____ yrs.
10. Industry or Business ____ — Date last worked ____
11. Birthplace Needville, Texas (City or town) (State or foreign country)

Father
12. Name George Lee
13. Birthplace No inf (City or town) (State or foreign country)

Mother
14. Maiden name No inf
15. Birthplace " (City or town) (State or foreign country)

16. Informant's **OWN** Signature X Charles Harrison
and Address Twin Falls, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-20-44 (Month) (Day) (Year)
(c) Place: Twin Falls Cemetery

18. Funeral Director's **OWN** Signature L. C. Phillips
and Address Twin Falls, Idaho

19. (a) APR 21 1944 (Date received and filed) (b) [signature] (Registrar's Signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April 18 1944
at 5:30 o'clock P M.

21. **I HEREBY CERTIFY**, That I attended deceased from 4-15 1944, to 4-18 1944
I last saw h[illegible] alive on 4-18- 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Broncho Pneumonia — Duration ____
Due to ____
Due to ____
Other conditions ____
(Include pregnancy within 3 months of death)

Where was disease contracted? Not known
Name of operation None Date ____
Major finding ____
Finding of autopsy None

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's **OWN** Signature J. W. Worklin (M. D. or other)
and Address Twin Falls Date 4-21 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

MAY 12 1944

1387

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 1387
Local Reg. No. 106
Reg. Dist. No. 461

1. **PLACE OF DEATH:**
(a) County Twin Falls
(b) City or town Twin Falls
(c) Street Address or R. F. D. No. T.F.Co.Gen'l.Hosp
(d) Death Occurred Inside? X Outside? XXXX city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. T.F.Co.GenHosp Stayed days
(g) Lived in this county 35 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Twin Falls
(c) City or town Hansen
(d) Street Address or R. F. D. No. Hansen 2
(e) Deceased lived Inside? Outside? X city or town
(f) Citizen of what country? U.S.
(g) How long had deceased lived in Idaho? 35 years
(h) Former residence (city, state) St Louis

3. (a) **FULL NAME** Adam Link

938

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Nellie 1/17/1944
6. (c) Age of husband or wife if living years
7. Date of Birth (Month, Day, Year) May 7th, 1872

8. AGE	Years	Months	Days	If less than 1 day hrs	min.
	71	11	17		

9. Exact Occupation Farmer — Did this work for 30 yrs.
10. Industry or Business Retired — Date last worked 1938
11. Birthplace Vaellbrun, Germany (City or town) (State or foreign country)

Father
12. Name Peter Link
13. Birthplace Germany (City or town) (State or foreign country)

Mother
14. Maiden name Mary Heber
15. Birthplace Germany (City or town) (State or foreign country)

16. Informant's **OWN** Signature Peter Link
and Address Hansen, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/27/44 (Month) (Day) (Year)
(c) Place: Twin Falls Cem.
18. Funeral Director's **OWN** Signature White Mortuary
and Address Twin Falls, Idaho
19. (a) 5/1/44 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April 24, 1944
at 6 o'clock A. M.

21. **I HEREBY CERTIFY,** That I attended deceased from April 23, 1944, to April 24, 1944
I last saw him alive on April 23, 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Chronic Myocarditis	3 yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature [signature] (M. D. or other)
and Address Twin Falls, Ida Date 4/24 1944

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

MAY 12 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 13879
Local Reg. No. 107
Reg. Dist. No. 461

1. **PLACE OF DEATH:**
   (a) County Twin Falls
   (b) City or town Twin Falls
   (c) Street Address or R. F. D. No. T.F.Co.Gen'lHosp
   (d) Death Occurred Inside? ____ Outside? X city or town
   (e) Died in a Home ____ Hospital X Institution ____ Other place ____
   (f) Name Hosp or Inst T.F.Co.Gen'lHosp Stayed 28 days
   (g) Lived in this county 30 years ____ months ____ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Twin Falls
   (c) City or town Filer
   (d) Street Address or R. F. D. No. Filer
   (e) Deceased lived Inside? X Outside? ____ city or town
   (f) Citizen of what country? U.S.
   (g) How long had deceased lived in Idaho? 30 years
   (h) Former residence (city, state) ____

3. (a) **FULL NAME** Walter Scott McCleary 1376

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Nellie Deceased
6. (c) Age of husband or wife if alive ____ years 1935
7. Date of Birth (Month, Day, Year) February 19, 1869

8. AGE	Years	Months	Days	If less than 1 day
	75	2	8	hrs ____ min.

9. Exact Occupation Retired — Did this work for ____ yrs.
10. Industry or Business ____ — Date last worked ____
11. Birthplace Ohio (City or town) (State or foreign country)

Father
12. Name Holmes McCleary
13. Birthplace Delaware (City or town) (State or foreign country)

Mother
14. Maiden name LaVina Signs
15. Birthplace Ohio (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mrs Bertha Glick
and Address Twin Falls, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof ____ (Month) (Day) (Year)
(c) Place: Filer IOOF Cem.
18. Funeral Director's **OWN** Signature White Mortuary
and Address Twin Falls, Idaho
19. (a) 5/2/44 (Date received and filed) (Registrar's Signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April 27, 1944 19____
at 5 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from ____ 19____, to April 27, 1944
I last saw him alive on April 27, 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Paralytic ileus	10 days
12262	
Due to Prostatectomy	10 days
1376	
Due to ____	
Other conditions ____ (Include pregnancy within 3 months of death)	

Where was disease contracted? Prostatectomy
Name of operation Prostatectomy Date 4-18-44
Major finding ____
Finding of autopsy ____

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's **OWN** Signature John A. Langdale (M. D. or other)
and Address Twin Falls, Idaho Date 4/28/1944

(For additional space, use reverse side)

United States Department of Commerce
Bureau of the Census

MAY 12 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 138790
Local Reg. No. 108
Reg. Dist. No. 460

1. **PLACE OF DEATH:**
   (a) County Twin Falls
   (b) City or town Twin Falls
   (c) Street Address or R. F. D. No. 415 2nd Ave No.
   (d) Death Occurred Inside? X Outside? ____ city or town
   (e) Died in a Home X Hospital ____ Institution ____ Other place ____
   (f) Name Hosp. or Inst. ____ Stayed ____ days
   (g) Lived in this county 8 years ____ months ____ days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Twin Falls
   (c) City or town Twin Falls
   (d) Street Address or R. F. D. No. 415 2nd Ave No
   (e) Deceased lived Inside? X Outside? ____ city or town
   (f) Citizen of what country? U.S.
   (g) How long had deceased lived in Idaho? 31 years
   (h) Former residence (city, state) ____

3. (a) **FULL NAME** BLACK, Daniel L.

94a

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ruby W.
6. (c) Age of husband or wife if alive 52 years
7. Date of Birth (Month, Day, Year) August 27, 1888

8. AGE	Years	Months	Days	If less than 1 day
	55	8	2	hrs ____ min.

9. Exact Occupation Produce Business — Did this work for 20 yrs.
10. Industry or Business Food — Date last worked 4/28/44
11. Birthplace Deseret (City or town) Utah (State or foreign country)

Father
12. Name Daniel J. Black
13. Birthplace Utah (City or town) (State or foreign country)

Mother
14. Maiden name Amanda Henry
15. Birthplace Utah (City or town) (State or foreign country)

16. Informant's **OWN** Signature Leon F. Black
and Address Twin Falls, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/2/44 (Month) (Day) (Year)
(c) Place Sunset Mem. Park Cem.

18. Funeral Director's **OWN** Signature White Mortuary
and Address Twin Falls, Idaho

19. (a) 5/2/44 (Date received and filed) (b) A. O. Humphrey (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April 28, 1944 19____
at 6 o'clock P. M.

21. **I HEREBY CERTIFY,** That I attended deceased from April 28 19 44 to April 28, 19 44
I last saw him alive on April 28, 19 44; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
1 Coronary occlusion	45 Min
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's **OWN** Signature John H. Gallagher (M. D. or Coroner)
and Address Twin Falls, Ida Date 4/29/44

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

MAY 12 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 138791
Local Reg. No. 104
Reg. Dist. No. 461

1. **PLACE OF DEATH:**
   (a) County Twin Falls
   (b) City or town Twin Falls
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? Outside? X city or town
   (e) Died in a Home__ Hospital__ Institution__ X Other place__
   (f) Name Hosp. or Inst. Co. Farm Stayed days
   (g) Lived in this county 25 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County T. Falls
   (c) City or town Filer,
   (d) Street Address or R. F. D. No.
   (e) Deceased lived Inside? Outside? city or town
   (f) Citizen of what country?
   (g) How long had deceased lived in Idaho? 25 years
   (h) Former residence (city, state) Kalamazoo, Mich.

3. (a) FULL NAME Charles Bemenderfer

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3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Margaret
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) February 25, 1863

8. AGE	Years	Months	Days	If less than 1 day
	81	2	3	hrs min.

9. Exact Occupation Retired Auto Mechanic — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace Goshen (City or town) Indiana (State or foreign country)

Father
12. Name
13. Birthplace (City or town) (State or foreign country)

Mother
14. Maiden name
15. Birthplace (City or town) (State or foreign country)

16. Informant's OWN Signature C. A. Timm
and Address Twin Falls, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/1/44 (Month) (Day) (Year)
(c) Place: Sunset Memorial Park
18. Funeral Director's OWN Signature Reynolds Funeral Home
and Address Twin Falls, Idaho
19. (a) MAY 1 1944 (Date received and filed) (b) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April 28, 1944
at 7:40 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 4-19-1944 to 4-28-1944
I last saw him alive on 4-28-1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Debility — Duration
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)

Where was disease contracted? at home
Name of operation None Date
Major finding
Finding of autopsy None

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury None

23. Attendant's OWN Signature J. N. Murphy (M. D. or other)
and Address Twin Falls Date 6-1 1944
(For additional space, use reverse side)

138792

United States Department of Commerce
Bureau of the Census

MAY 12 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 103
Reg. Dist. No. 461

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
   (a) County Twin Falls
   (b) City or town Twin Falls
   (c) Street Address or R. F. D. No. 3
   (d) Death Occurred Inside? ____ Outside? X city or town
   (e) Died in a Home X Hospital ____ Institution ____ Other place ____
   (f) Name Hosp. or Inst. ____ Stayed ____ days
   (g) Lived in this county 27 years ____ months ____ days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County T.Falls
   (c) City or town Twin Falls
   (d) Street Address or R. F. D. No. 3
   (e) Deceased lived Inside? ____ Outside? X city or town
   (f) Citizen of what country? U.S.
   (g) How long had deceased lived in Idaho? 27 years
   (h) Former residence (city, state) Grenola, Kans.

3. (a) FULL NAME Mary A. Hankins

131a

3. (b) If veteran, name war ____
3. (c) Social Security No. ____
4. Sex Female Color or race White
5. 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife W. E.
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) August 29, 1867

8. AGE	Years	Months	Days	If less than 1 day
	76	7	29	hrs ____ min.

9. Exact Occupation Housewife — Did this work for ____ yrs.
10. Industry or Business ____ — Date last worked ____
11. Birthplace Turner (City or town) Missouri (State or foreign country)

Father
12. Name J. H. Caddie
13. Birthplace Unknown (City or town) Missouri (State or foreign country)

Mother
14. Maiden name Lucinda F. Williams
15. Birthplace Unknown (City or town) Missouri (State or foreign country)

16. Informant's OWN Signature X Mrs. A. Hankins
and Address Route 3, Twin Falls, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/1/44 (Month) (Day) (Year)
(c) Place: Twin Falls Cemetery

18. Funeral Director's OWN Signature James E. Reynolds Reynolds Funeral Home
and Address Twin Falls, Idaho

19. (a) May 1 1944 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April 28, 1944 19____
at 8:30 o'clock A. M.

21. **I HEREBY CERTIFY,** That I attended deceased from June 19 42 to April 28 19 44
I last saw her alive on April 29 19 44 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Hypertensive Cardio Vascular Renal disease	
Due to old age	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation ____ Date ____	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's OWN Signature O. A. Burke M.D. (M. D. or other)
and Address 317 Shoshone Date 4-28-1944
(For additional space, use reverse side)

United States
Department of Commerce
Bureau of the Census

MAY 1 2 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 138733
Local Reg. No. 102
Reg. Dist. No. 461

1. **PLACE OF DEATH:**
(a) County Twin Falls
(b) City or town Twin Falls
(c) Street Address or R. F. D. No. RR 3
(d) Death Occurred Inside? ✓ Outside? ____ city or town
(e) Died in a Home __ Hospital ✓ Institution __ Other place __
(f) Name Hosp. or Inst. Twin Falls Co. Stayed ____ days
(g) Lived in this county ____ years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Jerome
(c) City or town Jerome Idaho
(d) Street Address or R. F. D. No. ____
(e) Deceased lived Inside? ✓ Outside? ____ city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? ____ years
(h) Former residence (city, state) ____

3. (a) **FULL NAME** Baby Johnson

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3. (b) If veteran, name war ____
3. (c) Social Security No. ____
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced ____
6. (b) Name of husband or wife Leo Johnson
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) 4-29-44

8. AGE	Years	Months	Days	If less than 1 day
	—	—	—	✓ 1 hrs min.

9. Exact Occupation Infant Did this work for ____ yrs.
10. Industry or Business ____ Date last worked ____
11. Birthplace Twin Falls (City or town) Idaho (State or foreign country)
Father
12. Name Leo Johnson
13. Birthplace Jerome (City or town) Idaho (State or foreign country)
Mother
14. Maiden name Gertrude McGary
15. Birthplace Carey (City or town) Idaho (State or foreign country)
16. Informant's OWN Signature Mrs Leo Johnson
and Address Jerome Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-30-44 (Month) (Day) (Year)
(c) Place: Jerome Idaho
18. Funeral Director's OWN Signature Nile Matthews
and Address Jerome Idaho
19. (a) May-1-1944 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 4-29 1944
at ____ o'clock ____ M.
21. **I HEREBY CERTIFY,** That I attended deceased from ____ 19__, to ____ 19__
I last saw h__ alive on ____ 19__; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Prematurity — 5½ mos	
Due to Premature separation of placenta	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation ____ Date ____	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature Valdy B. Fuendeling, M.D. (M. D. or other)
and Address Twin Falls Ida Date 4-29 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

138794

United States
Department of Commerce
Bureau of the Census

MAY 12 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 138794
Local Reg. No. 105
Reg. Dist. No. 461

1. **PLACE OF DEATH:**
   (a) County Twin Falls
   (b) City or town Twin Falls
   (c) Street Address or R. F. D. No. 3
   (d) Death Occurred Inside? ____ Outside? X city or town
   (e) Died in a Home ____ Hospital X Institution ____ Other place ____
   (f) Name Hosp. or Inst. T.F.County Stayed ____ days
   (g) Lived in this county 3 years ____ months ____ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County T.Falls
   (c) City or town Kimberly
   (d) Street Address or R. F. D. No. ____
   (e) Deceased lived Inside? X Outside? ____ city or town
   (f) Citizen of what country? ____
   (g) How long had deceased lived in Idaho? ____ years
   (h) Former residence (city, state) ____

3. (a) FULL NAME Janice Cushing

836

3. (b) If veteran, name war ____ 3. (c) Social Security No. ____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife C. L. ____ 6. (c) Age of husband or wife if alive ____ years

7. Date of Birth (Month, Day, Year) August 30, 1915

8. AGE	Years	Months	Days	If less than 1 day
	28	8	0	hrs ____ min. ____

9. Exact Occupation Housewife Did this work for ____ yrs.
10. Industry or Business ____ Date last worked ____
11. Birthplace Rexburg, (City or town) Idaho (State or foreign country)

Father
12. Name Wm. H. Moore
13. Birthplace Brigham City, (City or town) Utah (State or foreign country)

Mother
14. Maiden name Mary Ellen Neeley
15. Birthplace Burton, (City or town) Idaho (State or foreign country)

16. Informant's OWN Signature C. L. Cushing and Address Kimberly, Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 5/1, 44 (Month) (Day) (Year)
    (c) Place Rexburg, Idaho
18. Funeral Director's OWN Signature James C. Reynolds Funeral Home and Address Twin Falls, Idaho
19. (a) MAY 4 1944 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April 30, 1944 at 12:50 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 8/12/ 1942 to 4/30/ 1944
    I last saw her alive on 4/30/ 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Rt. heart Failure	
Due to Vasomotor Collapse	
Suspect Cerebral Embolism	836
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
    Occurred ____ 19__ City, county, state where violence occurred ____
    Place of Violence: Home ____ Farm ____ Industry ____
    Public Place ____ While at work? ____
    Means of injury ____
23. Attendant's OWN Signature Glenn A. Horn Jr. M.D. (M. D. or other)
    and Address Kimberly, Ida. Date 5/4 1944
    (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

138795

United States
Department of Commerce
Bureau of the Census

MAY 8 1942

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 4
Reg. Dist. No. 620

1. **PLACE OF DEATH:**
(a) County Teton
(b) City or town Driggs
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Yes Outside? ____ city or town
(e) Died in a Home X Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county ____ years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Teton
(c) City or town Driggs
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Yes Outside? ____ city or town
(f) Citizen of what country? U.S.
(g) How long had deceased lived in Idaho? Life years
(h) Former residence (city, state) Twin Falls, Ida

3. (a) FULL NAME WALLACE B. VAN LEUVEN 46E

3. (b) If veteran, name war No. 3. (c) Social Security No.
4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife **** 6. (c) Age of husband or wife if alive ***** years
7. Date of Birth (Month, Day, Year) January 28, 1884

8. AGE	Years	Months	Days	If less than 1 day
	60	2	28	hrs ____ min.

9. Exact Occupation Sheepman Did this work for life yrs.
10. Industry or Business ____ Date last worked 1942
11. Birthplace Clifton, Idaho (City or town) (State or foreign country)
Father
12. Name William VanLeuven
13. Birthplace Blue Creek, Wyo. (City or town) (State or foreign country)
Mother
14. Maiden name Julia Ann Lake
15. Birthplace North Ogden, Utah (City or town) (State or foreign country)
16. Informant's OWN Signature Louie Burton and Address Driggs, Idaho.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 4-29-44 (Month) (Day) (Year)
(c) Place: Annis, Idaho.
18. Funeral Director's OWN Signature M. L. Hansen and Address St. Anthony, Idaho.
19. (a) 4-29-44 (Date received and filed) (b) Ethel Fackrell (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April 26 1944
at 1 o'clock A. M.
21. **I HEREBY CERTIFY**, That I attended deceased from Aug 1942 to April 26 1944
I last saw h alive on April 25 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Uremia Myocarditis	
with Cardiac Decompensation	2 yrs.
Due to	
Carcinoma Large Bowel	6 mos.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ____ Date ____
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury
23. Attendant's OWN Signature C. D. Hoffman M.D. (M. D. or other)
and Address Driggs, Idaho Date 4/28 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Dr. Schmitz

138796

United States Department of Commerce
Bureau of the Census

MAY 12 1944

Certificate Of Death

STATE OF IDAHO

State File No. 138796
Local Reg. No. 35
Reg. Dist. No. 320

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
   (a) County Washington
   (b) City or town Weiser
   (c) Street Address or R.F.D. No. 7th and West Commercial
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home.... Hospital.... Institution.... Other place....
   (f) Name Hosp. or Inst. None Stayed ..... days
   (g) Lived in this county 50 years ..... months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Washington
   (c) City or town Weiser
   (d) Street Address or R.F.D. No. 7th and W. Comm.
   (e) Deceased lived Inside? X Outside? ..... city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 50 years
   (h) Former residence (city, state) Utah

3. (a) **FULL NAME** MRS. ELIZA MILLIER

1626

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife George (Deceased)
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) March 27 1856

8. AGE	Years	Months	Days	If less than 1 day
	88	00	8	hrs ..... min.

9. Exact Occupation Housewife — Did this work for Life yrs.
10. Industry or Business Home — Date last worked 1 year ago.
11. Birthplace ..... England (City or town) (State or foreign country)

Father
12. Name William Hampton
13. Birthplace ..... Don't know (City or town) (State or foreign country)

Mother
14. Maiden name Don't know
15. Birthplace ..... (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mrs. E. M. Land (Daughter)
and Address Boise, Idaho. 1107 N. 9th St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-7-44 (Month) (Day) (Year)
(c) Place Millcrest Cemetery, Weiser, Idaho

18. Funeral Director's **OWN** Signature A. D. Jones #357
and Address Northam Funeral Home, Weiser, Idaho

19. (a) 4-5-44 (Date received and filed) (b) Merritt Shell (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April 4 19 44
at 9:00 o'clock A. M.

21. **I HEREBY CERTIFY**, That I attended deceased from 4-4- 1944, to 4-4- 1944
I last saw her alive on 4-4- 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebral Hemorrhage	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ..... Date .....
Major finding
Finding of autopsy

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury

23. Attendant's **OWN** Signature F. A. Schmitz M. D. (M. D. or Other)
and Address Weiser, Idaho Date 4-5- 1944
(For additional space, use reverse side)

Dr. Schmitz P.D.

United States
Department of Commerce
Bureau of the Census

MAY 1 2 1944

Certificate Of Death

STATE OF IDAHO

State File No. 138797
Local Reg. No. 16
Reg. Dist. No. 320

1. PLACE OF DEATH:
(a) County Washington
(b) City or town Weiser
(c) Street Address or R.F.D. No. Pioneer Road
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Home X Hospital ..... Institution ..... Other place .....
(f) Name Hosp. or Inst. None Stayed ..... days
(g) Lived in this county 33 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Washington
(c) City or town Weiser
(d) Street Address or R.F.D. No. R.#2 Weiser, Ida.
(e) Deceased lived Inside? ..... Outside? X city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 33 years
(h) Former residence (city, state) Kansas

3. (a) FULL NAME Abbie Elizabeth Steinweden

162b

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Benjamin
6. (c) Age of husband or wife if alive Deceased years
7. Date of Birth (Month, Day, Year) February 24 1861

8. AGE	Years	Months	Days	If less than 1 day
	83	1	12	hrs min.

9. Exact Occupation Housewife Did this work for Life yrs.
10. Industry or Business Home Date last worked 1941
11. Birthplace Donovan County (City or town) Kansas (State or foreign country)
Father
12. Name Charles Pearson
13. Birthplace Don't know (City or town) (State or foreign country)
Mother
14. Maiden name Frances Vermillion
15. Birthplace Kentucky (City or town) (State or foreign country)
16. Informant's OWN Signature Mrs A W Stout
and Address Weiser, Idaho Route #2
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-10-44 (Month) (Day) (Year)
(c) Place: Millcrest Cemetery Weiser
18. Funeral Director's OWN Signature C. S. Jones #357
and Address Northam Funeral Home, Weiser, Idaho
19. (a) 4-6-44 (Date received and filed) (b) Marie H. Shell (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April 5th 1944
at 11 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from ..... 1940, to 4-3 1944
I last saw h..... alive on ..... 19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Senility	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYISCIAN
Name of operation ..... Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's OWN Signature F. A. Schmitz M.D. (M. D. or other)
and Address Weiser Date 4-6 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

MAY 1 2 1944

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 1387
Local Reg. No. 18
Reg. Dist. No. 320

1. PLACE OF DEATH:
(a) County Washington
(b) City or town Weiser
(c) Street Address or R.F.D. No. R.F.D. #1
(d) Death Occured Inside? ..... Outside? X city or town
(e) Died in a Home X Hospital ..... Institution ..... Other place .....
(f) Name Hosp. or Inst. None Stayed ..... days
(g) Lived in this county ..... years 4 months 2 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Washington
(c) City or town Weiser
(d) Street Address or R.F.D. No. R.F.D. #1
(e) Deceased lived Inside? ..... Outside? X city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 7 months
(h) Former residence (city, state) Cortez, Colorado

3. (a) **FULL NAME** Barbara Nadene Milligan

3. (b) If veteran, name war .....
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife None
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) August 16 1932

8. AGE	Years	Months	Days	If less than 1 day
	11	7	28	hrs min.

9. Exact Occupation Student Did this work for ..... yrs.
10. Industry or Business Central Grade Schl Date last worked .....
11. Birthplace Cortez, Colorado (City or town) (State or foreign country)

Father
12. Name Emory Milligan
13. Birthplace Phillipsburg, Kansas (City or town) (State or foreign country)

Mother
14. Maiden name Nettie Huddleston
15. Birthplace Maysville, Oklahoma (City or town) (State or foreign country)

16. Informant's **OWN** Signature Nettie Milligan Mother
and Address R.F.D. 1 Weiser, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-17-44 (Month) (Day) (Year)
(c) Place: Hillcrest Cmetery Weiser, Idaho
18. Funeral Director's **OWN** Signature A. S. Jones # 357
and Address Weiser, Idaho. Northam Funeral Home
19. (a) April 15-1944 (Date received and filed) (b) Marie H. Shell (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April 13 1944
at 10 o'clock P. M.
21. **I HEREBY CERTIFY**, That I attended deceased from Expired before Doctor arrived
I last saw h..... alive on ..... 19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Generalized Peritonitis	
Due to Ruptured Appendix	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation ..... Date	
Major finding	
Finding of autopsy Generalized Peritonitis Ruptured Appendix	

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature M S McGrath M.D. (M. D. or other)
and Address Weiser, Idaho Date 4/14 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

MAY 12 1944

Dr. Schmidt

Certificate Of Death

STATE OF IDAHO

State File No. 138799
Local Reg. No. 19
Reg. Dist. No. 320

1. **PLACE OF DEATH:**
   (a) County Washington
   (b) City or town Weiser, Idaho.
   (c) Street Address or R.F.D. No. Weiser Motel
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home .... Hospital X Institution .... Other place ....
   (f) Name Hosp. or Inst. Weiser, Hosp. Stayed 2 days
   (g) Lived in this county 64 years ..... months ..... days

   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Washington
   (c) City or town Weiser
   (d) Street Address or R.F.D. No. Weiser Motel
   (e) Deceased lived Inside? X Outside? ..... city or town
   (f) Citizen of what country? U. S. A.
   (g) How long had deceased lived in Idaho? ..... years
   (h) Former residence (city, state) .....

3. (a) **FULL NAME** Mrs. Minnie Estella Weston

83a

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Charles
6. (c) Age of husband or wife if alive Deceased years
7. Date of Birth (Month, Day, Year) October 9 1865

8. AGE	Years	Months	Days	If less than 1 day
	78	6	5	hrs min.

9. Exact Occupation Housewife — Did this work for Life yrs.
10. Industry or Business Home — Date last worked 4-12-44
11. Birthplace Nebraska (City or town) (State or foreign country)

Father
12. Name Doctor Pope
13. Birthplace Don't know (City or town) (State or foreign country)

Mother
14. Maiden name Don't know
15. Birthplace Don't know (City or town) (State or foreign country)

16. Informant's **OWN** Signature Charles Weston, Son
and Address 651 West Butterfield, Weiser, Ida.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/10/44 (Month) (Day) (Year)
(c) Place: Hillcrest Cemetery, Weiser, Idaho
18. Funeral Director's **OWN** Signature #357
and Address Weiser, Idaho Northam F. Home
19. (a) April 15 - 44 (Date received and filed) (b) Marie A. Shell (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April 14, 1944
at 10:45 o'clock P. M.

21. **I HEREBY CERTIFY**, That I attended deceased from April 12 - 1944, to April 14 1944
I last saw her alive on 4-14-44 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebral Hemmorage	2 days
Due to Hemiplegia	
Due to Senility	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ..... Date .....
Major finding
Finding of autopsy

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature F A Schmidt M. D.
(M. D. or other)
and Address Weiser, Idaho Date 4-16 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

MAY 1 2 1944

Certificate Of Death

STATE OF IDAHO

State File No. 13880
Local Reg. No. 20
Reg. Dist. No.

1. **PLACE OF DEATH:**
   (a) County Washington
   (b) City or town Weiser
   (c) Street Address or R.F.D. No. 155 West Court
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home X Hospital .... Institution .... Other place ....
   (f) Name Hosp. or Inst. None Stayed ..... days
   (g) Lived in this county 3 years ..... months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Washington
   (c) City or town Weiser
   (d) Street Address or R.F.D. No. 155 West Court
   (e) Deceased lived Inside? X Outside? ..... city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 3 years
   (h) Former residence (city, state) Overland, Kans.

3. (a) **FULL NAME** Jennie Lee Page

1316

3. (b) If veteran, name war .....
3. (c) Social Security No. None
4. Sex Female race White
5. Color or
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Charles (Deceased)
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) November 2 1868

8. AGE	Years	Months	Days	If less than 1 day
	75	5	22	hrs min.

9. Exact Occupation Housewife — Did this work for Life yrs.
10. Industry or Business Home — Date last worked 1931
11. Birthplace Carrollton, Missouri (City or town) (State or foreign country)

Father
12. Name Barthelomew Burrus
13. Birthplace Virginia (City or town) (State or foreign country)

Mother
14. Maiden name Virginia E. Russell
15. Birthplace Virginia (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mrs Guy Combs (Sister)
and Address 155 West Court St. Weiser, Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 4/26/44 (Month) (Day) (Year)
(c) Place: Masoleum. Lin. Mem. Park Portland, Oregon
18. Funeral Director's **OWN** Signature #357
and Address Northam Funeral Home, Weiser, Idaho
19. (a) 4-25-44 (Date received and filed) (b) Marie N Shell (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April 24 1944 19
at 8:45 o'clock P. M.
21. **I HEREBY CERTIFY**, That I attended deceased from July 1942 1942 to April 24 1944
I last saw her alive on April 24 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebral Hemorrhage	1301
Due to Hypertension	
Due to Chronic Nephritis	1316
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ..... Date .....
Major finding
Finding of autopsy

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury
23. Attendant's **OWN** Signature W S McGrath M D (M. D. or Coroner)
and Address Weiser, Idaho Date 4/25 19 44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

MAY 10 1944

Certificate Of Death

STATE OF IDAHO

State File No. 138802
Local Reg. No. 152
Reg. Dist. No. 370

1. PLACE OF DEATH:
(a) County Ada
(b) City or town Boise
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? X Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. St. Alph: Stayed days
(g) Lived in this county 0 years 0 months 0 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Ada
(c) City or town Boise
(d) Street Address or R.F.D. No. 1319 E. Wash;
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 0 years
(h) Former residence (city, state)

3. (a) **FULL NAME** David Lee Hooper 159

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) April 19th. 1944

8. AGE	Years	Months	Days	If less than 1 day
	0	0	0	~~Stillborn~~ 1/2 hrs min.

9. Exact Occupation None Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Boise (City or town) Idaho (State or foreign country)
Father
12. Name Darrell L. Hooper
13. Birthplace Rexburg (City or town) Idaho (State or foreign country)
Mother
14. Maiden name Verna Sielaff
15. Birthplace Mtn Home (City or town) Idaho (State or foreign country)
16. Informant's **OWN** Signature Mrs A Sielaff
and Address Boise Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/20/1944 (Month) (Day) (Year)
(c) Place: Morris Hill Cemetery
18. Funeral Director's **OWN** Signature Schreiber & McCann
and Address Boise. Milford Dragoo
19. (a) 4-24-44 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April 19, 1944 19
at ~~6:00~~ o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 19, to 19
I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Asphyxia Neonatorum	1/2 hr
Due to Prematurity	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYISCIAN Underline the cause to which death should be charged statistically.
Name of operation Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature Wm C Eller LtMC (M. D. or other)
and Address Gowen Field Date 19
(For additional space, use reverse side)

United States
Department of Commerce
Bureau of the Census

MAY 12 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 138817
Local Reg. No. 90
Reg. Dist. No. 401

1. **PLACE OF DEATH:**
   (a) County Twin Falls
   (b) City or town " "
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? Outside? ✓ city or town
   (e) Died in a Home Hospital ✓ Institution Other place
   (f) Name Hosp. or Inst. Twin Falls Stayed days
   (g) Lived in this county years months days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Twin Falls
   (c) City or town Twin Falls
   (d) Street Address or R. F. D. No.
   (e) Deceased lived Inside? Outside? city or town
   (f) Citizen of what country? T. F.
   (g) How long had deceased lived in Idaho? seconds years
   (h) Former residence (city, state)

3. (a) **FULL NAME** Gayle Ann Poulton 159

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) April 7 - 1944

8. AGE	Years	Months	Days	If less than 1 day
	0	0	0	seconds hrs min.

9. Exact Occupation Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Twin Falls (City or town) Idaho (State or foreign country)
Father
12. Name James Edward Poulton
13. Birthplace Oakley (City or town) Idaho (State or foreign country)
Mother
14. Maiden name Melba Adams
15. Birthplace Oakley (City or town) Idaho (State or foreign country)
16. Informant's OWN Signature James Edward Poulton
and Address Route #2 Gooding
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Apr. 10 '44 (Month) (Day) (Year)
(c) Place: Burley Cemetery
18. Funeral Director's OWN Signature C. L. Lutz
and Address 748 Blue Lakes Blvd.
19. (a) April 10 1944 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April 7th 1944
at 2.00 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from April 7th 1944, to 19
I last saw her alive on Apr 7 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Prematurity	
Due to Cause unknown	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature Valdy B. Fuendeling, M.D. (M. D. or other)
and Address Twin Falls, Ida Date 4-10 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

138820 138820

United States Department of Commerce
Bureau of the Census

MAY 15 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 138820
Local Reg. No. 189
Reg. Dist. No. 510

1. **PLACE OF DEATH:**
(a) County Bannock
(b) City or town Pocatello
(c) Street Address ~~XXXXXX~~ 235 W. Bridger
(d) Death Occurred Inside? x Outside? ____ city or town
(e) Died in a Home X Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 44 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bannock
(c) City or town Pocatello
(d) Street Address ~~XXXXXX~~ No. 235 W. Bridger
(e) Deceased lived Inside? x Outside? ____ city or town
(f) Citizen of what country? U. S. A.
(g) How long had deceased lived in Idaho? 44 years
(h) Former residence (city, state) Logan, Utah

3. (a) **FULL NAME** DANIEL RUSSEL FJELDSTED 106 b

3. (b) If veteran, name war ---
3. (c) Social Security No. ____
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Ethel May
6. (c) Age of husband or wife if alive 56 years
7. Date of Birth (Month, Day, Year) March 23, 1890

8. AGE	Years	Months	Days	If less than 1 day
	54	1	15	hrs ____ min. ____

9. Exact Occupation TurnTable Operator Did this work for 30 yrs.
10. Industry or Business U. P. Railroad Date last worked Feb. 3/44
11. Birthplace Logan (City or town) Utah (State or foreign country)
Father
12. Name Daniel Fjelsted
13. Birthplace Salt Lake City, (City or town) Utah (State or foreign country)
Mother
14. Maiden name Annie unknown
15. Birthplace unknown (City or town) Utah (State or foreign country)
16. Informant's OWN Signature Mrs R. Fjeldsted and Address Pocatello, Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 5/11/44 (Month) (Day) (Year)
(c) Place: Pocatello, Idaho
18. Funeral Director's OWN Signature K. L. McKean and Address Pocatello, Idaho
19. (a) 5/10/44 (Date received and filed) (b) D C Kay (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 8 1944 at 7:50 o'clock P. M.
21. **I HEREBY CERTIFY**, That I attended deceased from June 1943 to May 8 1944
I last saw him alive on May 8 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Myocardial failure	10 d.
Due to Right bent Strain	1 month
113	
Due to Emphysema + Chr Bronchitis	1 year
Other conditions (Include pregnancy within 3 months of death)	106 b

Where was disease contracted? Home
Name of operation None Date ____
Major finding ____
Finding of autopsy None

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state ____
where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature R. P. Howard M.D. (M. D. or other)
and Address Pocatello, Ida. Date 5/10 19 44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

138821

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 138821
Local Reg. No. 82
Reg. Dist. No. 371

1. PLACE OF DEATH:
(a) County Ada
(b) City or town Boise, Idaho
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? Outside? XX city or town
(e) Died in a Home Hospital Institution Other place X
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 7 years months 24 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Ada
(c) City or town Boise
(d) Street Address or R.F.D. No. 210 ½ N. 6th
(e) Deceased lived Inside? XX Outside? city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 30 years
(h) Former residence (city, state) Missouri

3. (a) **FULL NAME** Homer A. Young

164c

3. (b) If veteran, name war ----
3. (c) Social Security No. 518-09-6382
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Jennie Lou
6. (c) Age of husband or wife if alive 28 years
7. Date of Birth (Month, Day, Year) October 17, 1908

8. AGE	Years	Months	Days	If less than 1 day
	35	6	29	---- hrs --- min.

9. Exact Occupation General painter Did this work for about 7 mo. ~~yrs.~~
10. Industry or Business Worked at Gowen Field Date last worked 5/15/44
11. Birthplace Mansfield, Missouri (City or town) (State or foreign country)
Father
12. Name Sam Young
13. Birthplace Missouri (City or town) (State or foreign country)
Mother
14. Maiden name Ann Elizabeth Hunt
15. Birthplace Missouri (City or town) (State or foreign country)
16. Informant's **OWN** Signature Jennie L Young and Address Boise, Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 5/18/44 (Month) (Day) (Year)
(c) Place: Burley, Idaho
18. Funeral Director's **OWN** Signature W McBratney and Address Boise, Idaho
19. (a) 5-18-44 (Date received and filed) (b) R. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 16 1944
~~at~~ Found about 12:30 P. o'clock M., Last seen about 10:00 AM.
21. **I HEREBY CERTIFY**, That ~~I attended deceased from~~ ~~19~~ ; to ~~19~~ ~~I last saw h~~ ~~alive on~~ ~~19~~ ; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Suicide. Shot himself in his head with a	30/06
~~Due to~~ Winchester Rifle.	
~~Due to~~ Died instantly	
Other conditions (~~Include pregnancy within 3 months of death~~)	

Where was disease contracted? ---
Name of operation --- Date ---
Major finding No Autopsy
~~Finding of autopsy~~ No Inquest.

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? --- Suicide? Yes Homicide? ---
Occurred 5/16/44 19 --- City, county, state where violence occurred Boise, Ada Co., Idaho.
Place of Violence: Home Farm Industry
Public Place In Hills north of Boise, Idaho While at work?
Means of injury 30/06 Winchester Rifle
23. Attendant's **OWN** Signature W McBratney Coroner ~~(M. D. or other)~~
and Address Boise, Idaho Date 5/18 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

1388 2nd

State File No. **138822**
Local Reg. No. 28
Reg. Dist. No. 40

1. **PLACE OF DEATH:**
   (a) County Franklin
   (b) City or town Preston Idaho
   (c) Street Address or R. F. D. No.
   (d) Death Occured Inside? Outside? city or town
   (e) Died in a Home Hospital Institution Other place
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county 45 years months days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Franklin
   (c) City or town Winder
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? Outside? out city or town
   (f) Citizen of what country? U.S. U. S.
   (g) How long had deceased lived in Idaho? 50 years
   (h) Former residence (city, state)

3. (a) **FULL NAME** William A Schuldberg 122a

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Sarah
6. (c) Age of husband or wife if alive dead years
7. Date of Birth (Month, Day, Year) Dec 1 1873

8. AGE	Years	Months	Days	If less than 1 day
	70	4	24	hrs min.

9. Exact Occupation Farmer — Did this work for life yrs.
10. Industry or Business — Date last worked Mar 30
11. Birthplace Munthorp Sweden (City or town) (State or foreign country)

Father
12. Name Peter A Schuldberg
13. Birthplace Sweden (City or town) (State or foreign country)

Mother
14. Maiden name Anna Anderson
15. Birthplace Sweden (City or town) (State or foreign country)

16. Informant's **OWN** Signature Elva L. Taylor
and Address Preston Idaho

17. (a) Burila (Burial, cremation, or removal) (b) Date thereof Apr 28 (Month) (Day) 44 (Year)
(c) Place: Preston Idaho

18. Funeral Director's **OWN** Signature M. W. Hendricks
and Address Preston Idaho

19. (a) 4-26-1944 (Date received and filed) (b) Effie M. Brewer (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April 25 1944
at 2 o'clock P.M.

21. **I HEREBY CERTIFY**, That I attended deceased from 4-16 1944, to 4-25 1944
I last saw h alive on 4-25 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — Duration
Acute Nephritis — 5 days
Due to Staphylococcic Septicemia 122a1 — 3 days.
Due to Lumbar Tuberculosis of spine and sacrum
Due to
Other conditions Acute Respiratory infection, Uric Acid
(Include pregnancy within 3 months of death)

Where was disease contracted?
Name of operation None Date 4-18-44
Major finding None
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature J. R. Quate (M. D. or other)
and Address Preston Ida. Date 4-26 1944
(For additional space, use reverse side)

1388 v3

138823

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH

STATE OF IDAHO

State File No.
Local Reg. No. 188
Reg. Dist. No. 180

MAY 27 1944

1. PLACE OF DEATH:
   (a) County Kootenai
   (b) City or town USNTC Farragut
   (c) Street Address or R. F. D. No. Farragut
   (d) Death Occurred Inside? X Outside? ____ city or town
   (e) Died in a Home ____ Hospital X Institution ____ Other place ____
   (f) Name Hosp. or Inst. [illegible] Stayed 6 days
   (g) Lived in this county 0 years 3 months 24 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
   (a) State Idaho (b) County Kootenai
   (c) City or town Farragut. USNTC
   (d) Street Address or R. F. D. No. Farragut
   (e) Deceased lived Inside? X Outside? ____ city or town
   (f) Citizen of what country? U.S.
   (g) How long had deceased lived in Idaho? 3 Months years
   (h) Former residence (city, state) Roundup, Montana

3. (a) FULL NAME KOMAC, Henry William. AS USN-I. 877-80-19

129

3. (b) If veteran, name war None
3. (c) Social Security No. not known
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife none
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) 9-9-25

8. AGE	Years	Months	Days	If less than 1 day
	18	8	3	hrs ____ min.

9. Exact Occupation Apprentice Seaman — Did this work for 3 Months yrs.
10. Industry or Business U.S. Navy — Date last worked 1944
11. Birthplace Roundup, Montana (City or town) (State or foreign country)

Father
12. Name Antone, Komac
13. Birthplace ------ (City or town) (State or foreign country)

Mother
14. Maiden name not known
15. Birthplace not known (City or town) (State or foreign country)

16. Informant's OWN Signature R.V. Allen. Pharm. USN
and Address [illegible] HOSPITAL FARRAGUT, IDAHO

17. (a) removal (Burial, cremation or removal) (b) Date thereof 5-14-44 (Month) (Day) (Year)
(c) Place: Roundup, Montana

18. Funeral Director's OWN Signature MOONEY FUNERAL CHAPEL by [illegible]
and Address Coeur d'Alene, Idaho

19. (a) 5/15/44 (Date received and filed) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) May 12 1944
at 3:00 A.M. o'clock A M.

21. I HEREBY CERTIFY, That I attended deceased from May 6 1944 to May 12 1944
I last saw him alive on May 11 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
PERITONITIS, ACUTE	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? USNTC FARRAGUT
Name of operation — Date
Major finding
Finding of autopsy same as cause of death

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury

23. Attendant's OWN Signature [illegible] (M. D. or other)
and Address NAVAL HOSPITAL FARRAGUT, IDAHO Date 5-13 1944

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

138824 Armstrong 138824

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 1058
Reg. Dist. No. 200

1. **PLACE OF DEATH:**
(a) County Latah
(b) City or town Moscow
(c) Street Address or R. F. D. No. 623 Ash St
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home X Hospital __ Institution __ Other place __
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 30 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Latah
(c) City or town Moscow
(d) Street Address or R. F. D. No. 623 Ash St.
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? ____
(g) How long had deceased lived in Idaho? 30 years
(h) Former residence (city, state) ____

3. (a) FULL NAME CHARLES C McCOY

51b

3. (b) If veteran, name war NO
3. (c) Social Security No. NONE
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Ellen
6. (c) Age of husband or wife if alive 51 years
7. Date of Birth (Month, Day, Year) July 25, 1886

8. AGE	Years	Months	Days	If less than 1 day
	57	11	27	hrs min.

9. Exact Occupation Engineer Did this work for 23 yrs.
10. Industry or Business Uni. I heating plant Date last worked 11-43
11. Birthplace Succers (City or town) Missouri (State or foreign country)
Father
12. Name McCoy
13. Birthplace unknown (City or town) (State or foreign country)
Mother
14. Maiden name unknown
15. Birthplace unknown (City or town) (State or foreign country)
16. Informant's OWN Signature Virgil D. Moss
and Address 2704 E. 35th. Spokane, Wn
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 5-24-44 (Month) (Day) (Year)
(c) Place: Moscow, Idaho
18. Funeral Director's OWN Signature H. R. Short
and Address Moscow Idaho
19. (a) 5/25/44 (Date received and filed) (b) C. J. Klaarn (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 5-22- 1944
at 12:45 o'clock A.M.
21. **I HEREBY CERTIFY,** That I attended deceased from Jan 1943, to May 22 1944
I last saw him alive on 5/20 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Adeno Carcinoma of Prostate gland.	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted? Home	PHYSICIAN
Name of operation Hour Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy Hour made	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature C. Chamberlain M. D. (M. D. or other)
and Address Moscow Ida Date 5/25 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

138825

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 138825
Local Reg. No. 33
Reg. Dist. No. 140

1. **PLACE OF DEATH:**
(a) County Franklin
(b) City or town Preston
(c) Street Address or R. F. D. No. 320 So. State
(d) Death Occurred Inside? X Outside? ..... city or town
(e) Died in a Home X Hospital ..... Institution ..... Other place .....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 40 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Franklin
(c) City or town Preston
(d) Street Address or R. F. D. No. 320 So. State,
(e) Deceased lived Inside? X Outside? ..... city or town
(f) If foreign born, in U. S. ..... yrs. Citizen of U. S.? Yes
(g) How long had deceased lived in Idaho? 40 years
(h) Former residence (city, state) .....

3. (a) **FULL NAME** Ernest Elnor Gayman

83a

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Della H. Gayman
6 (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) May 30, 1877

8. AGE	Years	Months	Days	If less than 1 day
	66	11	12	hrs ..... min.

9. Exact Occupation Cattle raiser — Did this work for ..... yrs.
10. Industry or Business ..... — Date last worked .....
11. Birthplace Douglas, Kansas. (City or town) (State or foreign country)

Father
12. Name John Gayman
13. Birthplace Not Known, Ohio. (City or town) (State or foreign country)

Mother
14. Maiden name Flora Olmstead
15. Birthplace Not Known, Minnesota (City or town) (State or foreign country)

16. Informant's **OWN** Signature Charley Gayman
and Address Idaho Falls Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 16, 1944 (Month) (Day) (Year)
(c) Place: Franklin, Idaho.
18. Funeral Director's **OWN** Signature John M. Kofoed
and Address Preston, Idaho.
19. (a) 5-18-1944 (Date received and filed) (b) Effie W. Brower (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 12, 1944
at 2:30 o'clock P.M.
21. I **HEREBY CERTIFY**, That I attended deceased from 2/x 1944, to 5/13 1944
I last saw h..... alive on ..... 19..... ; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebral hemorrhage	
Due to	
Hypertension	10 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease first contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature Leo R. Hawkes M. D. (M. D. or other)
and Address Preston Ida Date 5/15 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1388 26

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 138826
Local Reg. No. 99
Reg. Dist. No. 220

1. **PLACE OF DEATH:**
   (a) County Nez Perce
   (b) City or town Lewiston
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? ✓ Outside? ..... city or town
   (e) Died in a Home .... Hospital .... Institution .... Other place ....
   (f) Name Hosp. or Inst. St. Josephs Stayed ..... days
   (g) Lived in this county ..... years ..... months 34 days

   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Nez Perce
   (c) City or town Lewiston
   (d) Street Address or R.F.D. No. East Lewiston
   (e) Deceased lived Inside? ✓ Outside? ..... city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 2/3 years
   (h) Former residence (city, state) Kansas

3. (a) **FULL NAME** Ellen McAnelly 4181

3. (b) If veteran, name war —
3. (c) Social Security No. 431-05-9640
4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) 7-10-1886

8. AGE	Years	Months	Days	If less than 1 day
	57	10	4	hrs ..... min.

9. Exact Occupation Housewife Did this work for 23 yrs.
10. Industry or Business ..... Date last worked April 1943
11. Birthplace Stillwater, Minn. (City or town) (State or foreign country)

Father
12. Name C. W. Carlson
13. Birthplace Sweden (City or town) (State or foreign country)

Mother
14. Maiden name Johanna Chegle
15. Birthplace Sweden (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mrs Alex L. Schaub
and Address Lewiston, Idaho

17. (a) removal (b) Date thereof 5-15-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: Walla Walla, Wash.

18. Funeral Director's **OWN** Signature Vincent V. Vassar
and Address Lewiston, Idaho

19. (a) 5/15/44 (b) Margaret Vassar
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH 5-14-44

20. **DATE OF DEATH** (Month, Day, Year) Oct 9, 1943
at ..... o'clock ..... M.

21. **I HEREBY CERTIFY,** That I attended deceased from Oct 9, 1943 to 5-14-1944
I last saw h..... alive on ..... 19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: (a) Insanition. — Duration .....
Due to Carcinoma — .....
Due to Obstruction — .....
Other conditions (Include pregnancy within 3 months of death) — .....
.....
Where was disease contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature A. J. Schlatter M.D.
and Address Lewiston, Ida. (M.D. or other) Date 5-15-1944
(For additional space, use reverse side)

138827

138827

United States
Department of Commerce
Bureau of the Census MAY 31 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 22
Reg. Dist. No. 240

1. **PLACE OF DEATH:**
(a) County Idaho
(b) City or town Grangeville
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? ✓ Outside? city or town
(e) Died in a Home ✓ Hospital Institution Other place
(f) Name Hosp. or Inst. — Stayed — days
(g) Lived in this county 38 years 3 months — days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Idaho
(c) City or town Kooskia
(d) Street Address or R. F. D. No. —
(e) Deceased lived Inside? ✓ Outside? city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 38 years
(h) Former residence (city, state) Boseman, N. D.

3. (a) FULL NAME Carl Ferdinand Schroeder 51b

3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Mas.
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Katherin
6. (c) Age of husband or wife if alive 69 years
7. Date of Birth (Month, Day, Year) March 2, 1868

8. AGE	Years	Months	Days	If less than 1 day
	76	2	20	hrs min.

9. Exact Occupation Retired Farmer Did this work for All life yrs.
10. Industry or Business — Date last worked 1/1/44
11. Birthplace Saldau (City or town) Genmany (State or foreign country)
Father
12. Name Unknown
13. Birthplace " (City or town) (State or foreign country)
Mother
14. Maiden name Unknown
15. Birthplace " (City or town) (State or foreign country)
16. Informant's OWN Signature Albert Schroeder
and Address Kamiah Idaho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 24, 1944 (Month) (Day) (Year)
(c) Place: Kooskia Cemetery
18. Funeral Director's OWN Signature Claude Thenary
and Address Kooskia Idaho.
19. (a) 5/24/44 (Date received and filed) (b) Glenn Arlon (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 22 1944
at 10:20 o'clock A.M.
21. **I HEREBY CERTIFY,** That I attended deceased from Jan 1 1944, to May 22 1944
I last saw him alive on May 21 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Carcinoma of prostate	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted? ?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? no Suicide? Homicide?
Occurred 19 City, county, state
where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature L. A. Wheelwright (M. D. or other)
and Address Grangeville Date May 24 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

138828

138828

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 169
Reg. Dist. No. 370

1. **PLACE OF DEATH:**
(a) County Ada
(b) City or town Boise
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? ✓ Outside? city or town
(e) Died in a Home Hospital ✓ Institution Other place
(f) Name Hosp. or Inst. St Alphonsus Stayed 1 days
(g) Lived in this county 1 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Washington (b) County King
(c) City or town Seattle
(d) Street Address or R. F. D. No. 613 Smith Tower Av
(e) Deceased lived Inside? ✓ Outside? city or town
(f) Citizen of what country? US
(g) How long had deceased lived in Idaho? 1 years
(h) Former residence (city, state)

3. (a) **FULL NAME** Corda Clifford La Fountaine 94a

3. (b) If veteran, name war ✓
3. (c) Social Security No. 542-18-9084
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Veralone
6. (c) Age of husband or wife if alive 38 years
7. Date of Birth (Month, Day, Year) Feb. 5, 1901

8. AGE	Years	Months	Days	If less than 1 day
	43	3	1	hrs min.

9. Exact Occupation Engineer Did this work for 12 yrs.
10. Industry or Business C.A.A. Date last worked May 1
11. Birthplace Hewitt (City or town) Minn. (State or foreign country)
Father
12. Name Corda John La Fountaine
13. Birthplace Hatfield (City or town) Minn. (State or foreign country)
Mother
14. Maiden name Lura Richardson
15. Birthplace Utica (City or town) Minn. (State or foreign country)
16. Informant's OWN Signature Vera La Fountaine
and Address 613 Smith Tower Av. Seattle Wash
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 5-9-44 (Month) (Day) (Year)
(c) Place: Walla Walla Washington
18. Funeral Director's OWN Signature Kenneth McEdington
and Address Meridian Idaho
19. (a) 5-5-44 (Date received and filed) (b) R. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 6 1944
at 7:40 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from 5/6 1944 to 5/6 1944
I last saw him alive on 5/6 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: 94a
Coronary occlusion with myocardial infarction
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

Duration
Immediate
94a

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature [signature] M.D. (M. D. or other)
and Address Boise, Idaho Date 5/8 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

138829 138829

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 138829
Local Reg. No. 87
Reg. Dist. No. 3

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. PLACE OF DEATH:
(a) County Ada
(b) City or town Boise
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? Outside? xx city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. Vets. Admn. Stayed 8 days
(g) Lived in this county years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Ada
(c) City or town Boise
(d) Street Address or R.F.D. No. 1309 State Street
(e) Deceased lived Inside? xx Outside? city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? years
(h) Former residence (city, state)

3. (a) **FULL NAME** DE WITT, Charles L. 93d

3. (b) If veteran, name war WW
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Elizabeth D. DeWitt
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) January 21, 1890

8. AGE	Years	Months	Days	If less than 1 day
	54	4	4	hrs min.

9. Exact Occupation Painter and Decorator — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace (City or town) Indiana (State or foreign country)
Father 12. Name Frank DeWitt
Father 13. Birthplace (City or town) Indiana (State or foreign country)
Mother 14. Maiden name Lucy Lacy
Mother 15. Birthplace (City or town) Indiana (State or foreign country)
16. Informant's **OWN** Signature Records, Veterans Administration
and Address Boise, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/27/44 (Month) (Day) (Year)
(c) Place Cloverdale Memorial Park, Boise Ida
18. Funeral Director's **OWN** Signature McBratney Funeral Home
and Address Boise, Idaho
19. (a) 5-27-44 (Date received and filed) (b) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 25, 1944
at 7:48 A.M. o'clock M.

21. **I HEREBY CERTIFY**, That I attended deceased from May 17, 1944, to May 25, 1944
I last saw him alive on May 25, 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Posterior Myocardial Infarction	15 days
Due to Coronary Arteriosclerotic Heart Disease	8 Mo.
Due to	
Other conditions Old Anterior Myocardial Infarction (Include pregnancy within 3 months of death)	8 Mo.

Where was disease contracted?
Name of operation None Date
Major finding
Finding of autopsy Same as above

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature ARTHUR W. SCHULZ, Lt. Col. M.C. (M. D. or other)
and Address VAF, Boise, Ida. Date May 25 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

138830 138830
State File No. 138830
Local Reg. No. 82A
Reg. Dist. No. 371

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise
   (c) Street Address or R. F. D. No. ---
   (d) Death Occured Inside? ..... Outside? XX city or town
   (e) Died in a Home.... Hospital X Institution.... Other place....
   (f) Name Hosp. or Inst. Veterans Administration Length of stay 49 days
   (g) Lived in this county ..... years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Adams
   (c) City or town Weiser
   (d) Street Address or R.F.D. No. County Road
   (e) Deceased lived Inside? ..... Outside? ..... city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? ..... years
   (h) Former residence (city, state) .....

3. (a) **FULL NAME** ROUTSON, Leonard F. 93d

3. (b) If veteran, name war SAW
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Maude Routson
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) October 4, 1860

8. AGE	Years	Months	Days	If less than 1 day
	83	7	18	hrs min.

9. Exact Occupation Retired — Did this work for ..... yrs.
10. Industry or Business ..... — Date last worked .....
11. Birthplace Illinois (City or town) (State or foreign country)

Father
12. Name John W. Routson
13. Birthplace Ohio (City or town) (State or foreign country)

Mother
14. Maiden name Lucinda ?
15. Birthplace Moraville, Illinois (City or town) (State or foreign country)

16. Informant's **OWN** Signature Records, Veterans Administration
and Address Boise, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/24/44 (Month) (Day) (Year)
(c) Place: Weiser, Idaho

18. Funeral Director's **OWN** Signature McBratney Funeral Home
and Address Boise, Idaho

19. (a) 5-22-44 (Date received and filed) (b) ..... (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 22 19 44
at 12:06 o'clock A.M.

21. **I HEREBY CERTIFY**, That I attended deceased from April 3, 1944, to May 22 1944
I last saw him alive on May 22 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Pneumonia, bronchial 107	2 days
Due to 93e	
Other conditions: Arteriosclerotic ~~xxxx~~ Heart Disease with Myocardial 93e2	
Other conditions Damage (Include pregnancy within 3 months of death)	Unknown

Where was disease contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy No autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature ARTHUR W. SCHULZ, Lt. Col. M.C. (M.D. or Coroner)
Chief Medical Officer
and Address V.A. Boise, Idaho Date May 22 19 44
(For additional space, use reverse side)

138831 **138831**

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF DEATH:**
(a) County Gem
(b) City or town Emmett
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home ____ Hospital ____ Institution ____ Other place X
(f) Name Hosp. or Inst. Jones Rooms Stayed ____ days
(g) Lived in this county ____ years ____ months 20 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Nampa
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? ____ Outside? ____ city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? 16 yrs years
(h) Former residence (city, state) South Dakota

3. (a) **FULL NAME** Wm Thomas Raffety 922

3. (b) If veteran, name war No.
3. (c) Social Security No. No
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Myrtle
6. (c) Age of husband or wife if alive 63 years
7. Date of Birth (Month, Day, Year) Oct 22 - 1869

8. AGE	Years	Months	Days	If less than 1 day
	74	6	14	hrs ____ min.

9. Exact Occupation Retired Real Estate — Did this work for 16 yrs.
10. Industry or Business Self — Date last worked
11. Birthplace Cascade (City or town) Iowa (State or foreign country)

Father
12. Name Elon Raffety
13. Birthplace Tunkhannock (City or town) (State or foreign country)

Mother
14. Maiden name Unknown
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's **OWN** Signature Myrtle Raffety
and Address 424-12 Ave S. Nampa

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 5-6-44 (Month) (Day) (Year)
(c) Place: Nampa Ida.

18. Funeral Director's **OWN** Signature C L Buckmaster
and Address Emmett Idaho

19. (a) 5/6-1944 (Date received and filed) (b) C L Buckmaster (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 6 1944
at 8:30 o'clock A.M.

21. **I HEREBY CERTIFY**, That I attended deceased from Apr. 13 1944, to May 5 1944
I last saw him alive on May 5 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Valvular insufficiency	unknown
Due to 922	
Due to 73a	
Other conditions Pernicious anemia (Include pregnancy within 3 months of death)	unknown

Where was disease contracted?
Name of operation ____ Date ____
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury

23. Attendant's **OWN** Signature P D Pauls D.O. (M. D. or other)
and Address Emmett Idaho Date 5/8 - 1944

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

13883 ✓

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

JUN 6 1944

State File No. 13883
Local Reg. No. 57
Reg. Dist. No. 34

1. PLACE OF DEATH:
(a) County Canyon
(b) City or town Caldwell
(c) Street Address or R. F. D. No.
(d) Death Occured Inside? ✓ Outside? ..... city or town
(e) Died in a Home ✓ Hospital .... Institution .... Other place ....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 42 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Parma
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? ✓ Outside? ..... city or town
(f) Citizen of what country? U. S. A.
(g) How long had deceased lived in Idaho? 42 years
(h) Former residence (city, state)

3. (a) FULL NAME Leonard James Chaney 195E

3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Blanche
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) Sept-2-1902

8. AGE	Years	Months	Days	If less than 1 day
	41	7	26	hrs min.

9. Exact Occupation Mail Carrier Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Middleton (City or town) Idaho (State or foreign country)

Father
12. Name J. T. Chaney
13. Birthplace Tennessee (City or town) (State or foreign country)

Mother
14. Maiden name Anna Irene Smith
15. Birthplace Eagle (City or town) Idaho (State or foreign country)

16. Informant's **OWN** Signature Mrs Blanche Chaney
and Address Caldwell Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-22-44 (Month) (Day) (Year)
(c) Place Parma Idaho

18. Funeral Director's **OWN** Signature
and Address Caldwell Idaho

19. (a) 6-1-44 (Date received and filed) (b) Ruth Hill (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 17 1944
at 11:30 o'clock A. M.

21. **I HEREBY CERTIFY**, That I attended deceased from ..... 19..... to ..... 19.....
I last saw h..... alive on ..... 19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration
Crushed in Bumper agst
Due to Stepped letting Coupt of
Due to Car, fell on Deceased
Other conditions right side & shoulder, while he was trying under Car, (Include pregnancy within 3 months of death) while replacing front Spring.

Where was disease contracted?
Name of operation ..... Date .....
Major finding
Finding of autopsy None.

PHYISICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? X Suicide? ..... Homicide? .....
Occurred May 17 1944 City, county, state where violence occurred East Parma Ida.
Place of Violence: Home X Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
Attendant's **OWN** Signature Wm D. Talley Coroner
and Address Nampa Ida Date 6-24 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 33-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

138833 138833

United States
Department of Commerce
Bureau of the Census

JUN 5 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 138833
Local Reg. No. 24
Reg. Dist. No. 240

1. **PLACE OF DEATH:**
   (a) County IDAHO
   (b) City or town ONE MILE SOUTH KOOSKIA
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? Outside? X city or town
   (e) Died in a Home Hospital Institution Other place X
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county years months 0 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State IDAHO (b) County CLEARWATER
   (c) City or town TEAKEAN
   (d) Street Address or R. F. D. No. 1 LENORE
   (e) Deceased lived Inside? Outside? X city or town
   (f) Citizen of what country? UNITED STATES
   (g) How long had deceased lived in Idaho? LIFE years
   (h) Former residence (city, state)

3. (a) **FULL NAME** LEWIS W. CHOATE

170C

3. (b) If veteran, name war NO
3. (c) Social Security No. 518-20-5663
4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced SINGLE
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) JUNE 2, 1923

8. AGE	Years	Months	Days	If less than 1 day
	20	11	26	hrs min.

9. Exact Occupation TRUCK DRIVER — Did this work for 3 yrs.
10. Industry or Business TRUCKING & FARMING — Date last worked MAY 27/1944
11. Birthplace TEAKEAN, (City or town) IDAHO (State or foreign country)

Father
12. Name ASA B. CHOATE
13. Birthplace TEAKEAN, (City or town) IDAHO (State or foreign country)

Mother
14. Maiden name CECILE WORTHINGTON
15. Birthplace (City or town) OREGON (State or foreign country)

16. Informant's OWN Signature Asa B. Choate
and Address Route 1 Lenore, Idaho
17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof MAY 28/1944 (Month) (Day) (Year)
(c) Place: NORMAL HILL CEMETERY LEWISTON, IDA.
18. Funeral Director's OWN Signature George B. Blake
and Address ORofino, IDAHO
19. (a) 5/30/44 (Date received and filed) (b) Glenn Culer (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) MAY 28, 1944 at 1:45 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from *************** 19**, to *************** 19** I last saw h** alive on *************** 19**; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
SUFFOCATION	5 MIN.
PROBABLE INTERNAL INJURIES	
Due to CAR WRECK WHICH BURNED	
(SMOKE FROM ABOVE)	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? YES Suicide? Homicide?
Occurred MAY 28 1944 City, county, state where violence occurred S. Kooskia, IdahoCounty, Id
Place of Violence: Home Farm Industry
Public Place PUBLIC HIGHWAY While at work?
Means of injury AUTO ACCIDENT
23. Attendant's OWN Signature Glenn Culer (M. D. or other)
and Address Grangeville Date 5/28 1944
(For additional space, use reverse side)

IDAHO COUNTY CORONER

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

138834 Idaho 138834

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF DEATH:**
(a) County Latah
(b) City or town Troy, Idaho
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? X city or town
(e) Died in a Home Hospital Institution Other place X
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Latah
(c) City or town Avon
(d) Street Address or R. F. D. No. RFD 1
(e) Deceased lived Inside? Outside? X city or town
(f) Citizen of what country? USA
(g) How long had deceased lived in Idaho? 24 years
(h) Former residence (city, state)

3. (a) **FULL NAME** Evelyn Maxine Dennis 1472

3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Ethan
6. (c) Age of husband or wife if alive 36 years
7. Date of Birth (Month, Day, Year) February 12, 1917

8. AGE	Years	Months	Days	If less than 1 day
	27	3	15	hrs min.

9. Exact Occupation housekeeper — Did this work for life yrs.
10. Industry or Business " — Date last worked
11. Birthplace Palouse, Washington (City or town) (State or foreign country)

Father
12. Name Alva Howell
13. Birthplace Palouse, Washington (City or town) (State or foreign country)

Mother
14. Maiden name Bertha Clear
15. Birthplace Palouse, Washington (City or town) (State or foreign country)

16. Informant's **OWN** Signature Ethan Dennis
and Address Avon, Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 5-29-44 (Month) (Day) (Year)
(c) Place: Moscow, Idaho
18. Funeral Director's **OWN** Signature W. R. Short
and Address Moscow, Idaho
19. (a) 6/1/44 (Date received and filed) (b) L. J. Klaarn (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 27, 1944 19
at 1:30 o'clock A.M.
21. **I HEREBY CERTIFY,** That I attended deceased from 5/1/44 19 to 5/27/44 19
I last saw her alive on 5/27/44 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Pulmonary embolus 111a	5½ hrs.
Due to	
Due to	
Other conditions Forceps delivery, (Include pregnancy within 3 months of death)	
5/16/44 1472	

Where was disease contracted? Idaho
Name of operation None Date
Major finding
Finding of autopsy None

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature L. J. Klaarn (M. D. or other)
and Address Moscow, Idaho Date 6/1/44 19
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

138835

State File No. 138835
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF DEATH:**
   (a) County BOISE
   (b) City or town R/R LOWMAN
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? ✓ Outside? ... city or town
   (e) Died in a Home ... Hospital ... Institution ... Other place ...
   (f) Name Hosp. or Inst. ... Stayed ... days
   (g) Lived in this county ✓ years ✓ months ... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State IDAHO (b) County CANYON
   (c) City or town NAMPA
   (d) Street Address or R.F.D. No. 311-22nd Ave S
   (e) Deceased lived Inside? ✓ Outside? ... city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 30 years
   (h) Former residence (city, state) Born in Blackfoot Idaho.

3. (a) **FULL NAME** Gordon Keith Loyd 182

3. (b) If veteran, name war No
3. (c) Social Security No. 712-09-5760
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lola
6. (c) Age of husband or wife if alive ... years
7. Date of Birth (Month, Day, Year) Oct. 28th 1913.

8. AGE	Years	Months	Days	If less than 1 day
	30 1913			hrs min.

9. Exact Occupation Aircraft Did this work for ... yrs.
10. Industry or Business on U.P.R.R. Date last worked June 3-44
11. Birthplace Idaho (City or town) (State or foreign country)

Father
12. Name Ernest Loyd
13. Birthplace ✓ (City or town) (State or foreign country)

Mother
14. Maiden name Cumberland
15. Birthplace Mo. (City or town) (State or foreign country)

16. Informant's **OWN** Signature Lola Loyd
and Address Nampa, Idaho

17. (a) Burial (b) Date thereof (Month) (Day) (Year)
(Burial, cremation, or removal)
(c) Place: Nampa Idaho

18. Funeral Director's **OWN** Signature Fred K. Robeson
and Address Nampa Idaho

19. (a) June 6-1944 (b) Mabel Fowler
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 4th 1944
at ... o'clock ... M.

21. **I HEREBY CERTIFY**, That I attended deceased from ... 19..., to ... 19...
I last saw h... alive on ... 19...; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Suffocation due to concussion	
from falling over a tree and breaking striking him on head,	
Due to causing unconsciousness and head bruised	
Due to in mind for an period of thirty	
Other conditions minutes	
(Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ... Date ...
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ✓ Suicide? ... Homicide? ...
Occurred June 4th 1944 City, county, state where violence occurred
Place of Violence: Home ... Farm ... Industry ...
Public Place ... While at work? ...
Means of injury

23. Attendant's **OWN** Signature Reginald John Mellor (M. D. or other) Coroner
and Address Idaho City Date June 4 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

138836

State File No. 138836
Local Reg. No. 79
Reg. Dist. No. 371

1. **PLACE OF DEATH:**
(a) County Ada
(b) City or town Boise.
(c) Street Address or R.F.D. No. 917. Houston Road.
(d) Death Occured Inside? ..... Outside? Yes city or town
(e) Died in a Home X Hospital ..... Institution ..... Other place .....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 1 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho. (b) County Ada
(c) City or town Boise.
(d) Street Address or R.F.D. No. 917. Houtson Road.
(e) Deceased lived Inside? ..... Outside? Yes city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 1 years
(h) Former residence (city, state) Washington.

3. (a) **FULL NAME** Martin Baxter Miller.

94a

3. (b) If veteran, name war No.
3. (c) Social Security No. 539-10-9642
4. Sex Male. 5. Color or race White.
6. (a) Single, widowed, married, divorced Married.
6. (b) Name of husband or wife Helen. C.
6. (c) Age of husband or wife if alive 46. years
7. Date of Birth (Month, Day, Year) May. 30. 1900.

8. AGE	Years	Months	Days	If less than 1 day
	43.	11.	14.	hrs min.

9. Exact Occupation Newspaper Editor. Did this work for 20 yrs.
10. Industry or Business Statesman Printing Co. Date last worked
11. Birthplace Chicago, Ill. (City or town) (State or foreign country)
Father
12. Name Andrew Baxter Miller.
13. Birthplace Penn. (City or town) (State or foreign country)
Mother
14. Maiden name Bertha Schmutz.
15. Birthplace Berlin Germany. (City or town) (State or foreign country)
16. Informant's OWN Signature Mrs Helen C Miller
and Address 917 Houston Rd
17. (a) Cremation. (Burial, cremation, or removal) (b) Date thereof May. 17. 1944. (Month) (Day) (Year)
(c) Place: Spokane Washington.
18. Funeral Director's OWN Signature Summers Funeral Home. Clyde E. Summers
and Address Boise, Idaho.
19. (a) 5-15-44 (Date received and filed) (b) K. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 5-14. 1944
at 4 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from ..... 19....., to ..... 19.....
I last saw h✓ alive on ..... 19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Coronary	
thrombosis	
Due to	
Due to	
Other conditions overwork (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's OWN Signature A J Coats (M. D. or other)
and Address Boise Date 5/15 1944
(For additional space, use reverse side)

138837

138837

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 138837
Local Reg. No. 23
Reg. Dist. No. 240

MAY 31 1944

1. **PLACE OF DEATH:**
(a) County Idaho
(b) City or town Freench Creek,
(c) Street Address or R. F. D. No.
(d) Death Occured Inside? ✓ Outside? ..... city or town
(e) Died in a Home ✓ Hospital .... Institution .... Other place ....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 8 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Idaho
(c) City or town French Creek
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? ..... Outside? ✓ city or town
(f) Citizen of what country? U S
(g) How long had deceased lived in Idaho? ..... years
(h) Former residence (city, state) Boise Idaho

3. (a) **FULL NAME** Carl H. Norris 83a

3. (b) If veteran, name war World I
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	About 54			hrs min.

9. Exact Occupation Miner — Did this work for ..... yrs.
10. Industry or Business — Date last worked
11. Birthplace Un Known (City or town) (State or foreign country)
Father 12. Name Un Known
Father 13. Birthplace " " (City or town) (State or foreign country)
Mother 14. Maiden name "
Mother 15. Birthplace " " (City or town) (State or foreign country)
16. Informant's **OWN** Signature Friends
and Address French Creek Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 5/14/44 (Month) (Day) (Year)
(c) Place: Boise Idaho
18. Funeral Director's **OWN** Signature Glenn Culver
and Address Grangeville Ida.
19. (a) 5/14/44 (Date received and filed) (b) Glenn Culver (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 5/11 1944
at ..... o'clock ..... M.
21. **I HEREBY CERTIFY**, That I attended deceased from ..... 19..... to ..... 19.....
I last saw h..... alive on ..... 19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — Duration

Cerebral Hemorrhage
Due to Heart
Due to
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?
Name of operation ..... Date .....
Major finding
Finding of autopsy

PHYISICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury
23. Attendant's **OWN** Signature Glenn Culver (M. D. or other)
and Address Grangeville Date 5/11 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

138838 — 13883

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 191
Local Reg. No. 370
Reg. Dist. No.

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? X Outside? city or town
   (e) Died in a Home Hospital X Institution Other place
   (f) Name Hosp. or Inst. St. Alphonsus Stayed days
   (g) Lived in this county 29 years months days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Ada
   (c) City or town Boise
   (d) Street Address or R.F.D. No. Rt. #2
   (e) Deceased lived Inside? Outside? XX city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 29 years
   (h) Former residence (city, state) North Dakota

3. (a) **FULL NAME** John N. Silver

46 E

3. (b) If veteran, name war ------
3. (c) Social Security No 519-10-0461
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Edith E.
6. (c) Age of husband or wife if alive ---- years
7. Date of Birth (Month, Day, Year) January 16, 1878

8. AGE	Years	Months	Days	If less than 1 day
	66	4	9	-- hrs -- min.

9. Exact Occupation Retired — Did this work for ... yrs.
10. Industry or Business — Date last worked
11. Birthplace Carroll Co. (City or town) Indiana (State or foreign country)

Father
12. Name Jacob N. Silver
13. Birthplace Hamilton, Ohio (City or town) (State or foreign country)

Mother
14. Maiden name Mary E. McCain
15. Birthplace Carroll Co., Indiana (City or town) (State or foreign country)

16. Informant's **OWN** Signature Helen Stockham
and Address Nyssa, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/29/44 (Month) (Day) (Year)
(c) Place: Morris Hill Cemetery, Boise, Ida.

18. Funeral Director's **OWN** Signature Thomas Bratney
and Address Boise, Idaho

19. (a) 5-27-44 (Date received and filed) (b) R. Shaw (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 25 1944
at 905 o'clock P M.

21. **I HEREBY CERTIFY**, That I attended deceased from March 4 1942 to May 25 1944
I last saw him alive on May 25 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Carcinoma of the colon	2 years
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation ... Date	
Major finding	
Finding of autopsy	

PHYISICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature Roscoe C Ward (M. D. or other)
and Address Boise Ida. Date 5-27 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census JUN 5 1944

Certificate Of Death

STATE OF IDAHO

138839

State File No. 138839
Local Reg. No. 145
Reg. Dist. No. 210

1. **PLACE OF DEATH:**
(a) County Bannock
(b) City or town Pocatello
(c) Street Address or R.F.D. No. 334 S. 6th
(d) Death Occured Inside? ✓ Outside? ..... city or town
(e) Died in a Home ✓ Hospital .... Institution .... Other place ....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county ..... years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Bannock
(c) City or town Pocatello
(d) Street Address or R.F.D. No. 334 S. 6th
(e) Deceased lived Inside? ✓ Outside? ..... city or town
(f) Citizen of what country? U. S. A.
(g) How long had deceased lived in Idaho? 45 years
(h) Former residence (city, state) Iowa

3. (a) **FULL NAME** Margaret Blake 53

3. (b) If veteran, name war ✓
3. (c) Social Security No. .....
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced divorced
6. (b) Name of husband or wife John E.
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) March 12, 1891

8. AGE	Years	Months	Days	If less than 1 day
	53	2	13	hrs min.

9. Exact Occupation Stenographer Did this work for ..... yrs.
10. Industry or Business Sel. Serv. Board Date last worked .....
11. Birthplace Burlington (City or town) Iowa (State or foreign country)
Father
12. Name George R. Harmer
13. Birthplace Iowa (City or town) (State or foreign country)
Mother
14. Maiden name Anna Forden
15. Birthplace Iowa (City or town) (State or foreign country)
16. Informant's **OWN** Signature Peggy P. Stephenson
and Address 324 So. 5th Ave.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 5/27/44 (Month) (Day) (Year)
(c) Place: Mountainview
18. Funeral Director's **OWN** Signature Byron B. Downard
and Address Pocatello Idaho
19. (a) 5-26-1944 (Date received and filed) (b) D C Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 25, 1944
at ..... o'clock ..... M.
21. **I HEREBY CERTIFY,** That I attended deceased from ..... 1943 to May 25 1944
I last saw her alive on May 23 1944, death is said to have occurred on the date and hour stated above.

Immediate ~~Cause of Death~~:	Duration
Metastatic melanoma	3 mo
Due to Ungual melanoma	1 year
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted? Home	
Name of operation Input Date 1943	
Major finding Finger	
~~Finding of autopsy~~ melanoma	

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature R. P. Howard M.D. (M. D. or other)
and Address Pocatello Idaho Date 5-26 1944
(For additional space, use reverse side)

138840 138840

United States
Department of Commerce
Bureau of the Census

JUN 5 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 138
Reg. Dist. No. 510

1. **PLACE OF DEATH:**
(a) County Bannock
(b) City or town Pocatello
(c) Street Address ~~or R. F. D.~~ No. 546 E. Hayden
(d) Death Occurred Inside? x Outside? city or town
(e) Died in a Home x Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 25 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bannock
(c) City or town Pocatello
(d) Street Address ~~or R. F. D.~~ No. 546 E. Hayden
(e) Deceased lived Inside? x Outside? city or town
(f) Citizen of what country? U. S. A.
(g) How long had deceased lived in Idaho? 25 years
(h) Former residence (city, state) LaGrange, Texas

3. (a) **FULL NAME** LESLIE SAMUEL WORMLEY 92d

3. (b) If veteran, name war ----
3. (c) Social Security No. 712-07-0492
4. Sex male
5. Color or race colored
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Lillian
6. (c) Age of husband or wife if alive 43 years
7. Date of Birth (Month, Day, Year) February 8, 1889

8. AGE	Years	Months	Days	If less than 1 day
	55	3	8	hrs min.

9. Exact Occupation Painter Did this work for 17 yrs.
10. Industry or Business U. P. Railroad Date last worked 4/15/44
11. Birthplace LaGrange, (City or town) Texas (State or foreign country)
Father
12. Name Henry Wormley
13. Birthplace Unknown (City or town) Texas (State or foreign country)
Mother
14. Maiden name Unknown
15. Birthplace Unknown (City or town) Unknown (State or foreign country)
16. Informant's OWN Signature Lillian Wormley
and Address Pocatello, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: Pocatello, Idaho
18. Funeral Director's OWN Signature H. L. McHan
and Address Pocatello, Idaho
19. (a) May 18/44 (Date received and filed) (b) D. C. Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 16 1944
at 9:45 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from Apr 12 1944, to May 16 1944
I last saw him alive on May 16 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Coronary Occlusion	94a
Due to Hypertension	102
Due to Chronic Valvular Heart Disease	92d
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state
where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature H. J. Hartvigsen, M. D. (M. D. or other)
and Address Pocatello, Date 5/18 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JUN 5 1944

Certificate Of Death

STATE OF IDAHO

138841 138841
State File No.
Local Reg. No. 447
Reg. Dist. No. 5/0

1. **PLACE OF DEATH:**
(a) County Bannock
(b) City or town Pocatello
(c) Street Address or R. F. D. No. ~
(d) Death Occured Inside? ~ Outside? ..... city or town
(e) Died in a Home .... Hospital ~ Institution .... Other place ....
(f) Name Hosp. or Inst. General Stayed 90 days
(g) Lived in this county ..... years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Bannock
(c) City or town Pocatello
(d) Street Address or R.F.D. No. 536 W. Lewis
(e) Deceased lived Inside? ~ Outside? ..... city or town
(f) Citizen of what country? U. S. A.
(g) How long had deceased lived in Idaho? 48 years
(h) Former residence (city, state) .....

3. (a) **FULL NAME** Mike V. Kubiak 46

3. (b) If veteran, name war ~
3. (c) Social Security No. 518-05-8735
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Anna
6. (c) Age of husband or wife if alive 49 years
7. Date of Birth (Month, Day, Year) February 1, 1891

8. AGE	Years	Months	Days	If less than 1 day
	53	3	27	hrs min.

9. Exact Occupation Boilermaker-Printer Did this work for ..... yrs.
10. Industry or Business U.P.P.R.-Pocatello Tribune Date last worked
11. Birthplace La Grande (City or town) Oregon (State or foreign country)

Father
12. Name Michael Kubiak
13. Birthplace Hungary (City or town) (State or foreign country)

Mother
14. Maiden name Anna
15. Birthplace Denmark (City or town) (State or foreign country)

16. Informant's **OWN** Signature X Anna Kubiak
and Address 536 W. Lewis

17. (a) Burial (Burial, cremation, or removal), (b) Date thereof 5-31-44 (Month) (Day) (Year)
(c) Place: Mountainview

18. Funeral Director's **OWN** Signature Byron B. Dawsey
and Address Pocatello Idaho

19. (a) 5-30 44 (Date received and filed) (b) D. C. Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 28 19 44
at 7:38 o'clock A. M.

21. **I HEREBY CERTIFY**, That I attended deceased from Sept. 28 19 44 to May 28 19 44.
I last saw h~ alive on May 28 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: 46 — Duration
Carcinoma of Stomach about 1 yr.
Carcinoma of Esophagus about 1 yr.
Due to 46a
Due to .....
Other conditions Secondary anemia 6 mo.
(Include pregnancy within 3 months of death)
Where was disease contracted? Idaho
Name of operation None Date .....
Major finding Mass in abdomen
Finding of autopsy None

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature W. W. Hughart (M. D. or other)
and Address Pocatello, Ida. Date May 29 1944,
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

138842

State File No. 138842
Local Reg. No. 197
Reg. Dist. No. 310

1. PLACE OF DEATH:

(a) County Ada
(b) City or town Boise
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? xx Outside? ..... city or town
(e) Died in a Home .... Hospital x Institution .... Other place ....
(f) Name Hosp. or Inst. St. Luke's Stayed 4 days
(g) Lived in this county 25 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

(a) State Idaho (b) County Ada
(c) City or town Boise
(d) Street Address or R.F.D. No. Rt. 4
(e) Deceased lived Inside? ..... Outside? xx ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 39 years
(h) Former residence (city, state) Montana

3. (a) FULL NAME Eunice V. Stewart

94a

3. (b) If veteran, name war -------
3. (c) Social Security No. -----
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Fountain S.
6. (c) Age of husband or wife if alive 67 years
7. Date of Birth (Month, Day, Year) November 27, 1877

8. AGE	Years	Months	Days	If less than 1 day
	66	6	0	-- hrs -- min.

9. Exact Occupation Housewife — Did this work for --- yrs.
10. Industry or Business ----- — Date last worked ---
11. Birthplace Bolivar, Missouri (City or town) (State or foreign country)

Father
12. Name James C. Heydon
13. Birthplace Missouri (City or town) (State or foreign country)

Mother
14. Maiden name Arzetta Lower
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's **OWN** Signature Fountain S. Stewart
and Address R4 Boise, Ida

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/1/44 (Month) (Day) (Year)
(c) Place: Morris Hill Cemetery, Boise, Ida.

18. Funeral Director's **OWN** Signature W. M. Bentley
and Address Boise, Idaho

19. (a) 6-1-44 (Date received and filed) (b) R. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 27 1944
at 8 o'clock P M.

21. **I HEREBY CERTIFY**, That I attended deceased from May 25 1944, to May 27, 1944
I last saw her alive on May 27 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Coronary Thrombosis	2 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ..... Date .....
Major finding
Finding of autopsy

PHYISICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury

23. Attendant's **OWN** Signature W. A. Koelsch (M. D. or other)
and Address Boise Date 5/31 1944
(For additional space, use reverse side)

138843

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

138843

State File No.
Local Reg. No. 64
Reg. Dist. No. 360

1. PLACE OF DEATH:
(a) County Canyon
(b) City or town Caldwell
(c) Street Address or R.F.D. No. 607 Elgin
(d) Death Occured Inside? ✓ Outside? ..... city or town
(e) Died in a Home ✓ Hospital.... Institution.... Other place....
(f) Name Hosp. or Inst. ✓ Stayed..... days
(g) Lived in this county 23 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Caldwell
(d) Street Address or R.F.D. No. 607 Elgin
(e) Deceased lived Inside? ✓ Outside? ..... city or town
(f) Citizen of what country? U.S.
(g) How long had deceased lived in Idaho? 23 years
(h) Former residence (city, state) Utah

3. (a) FULL NAME Clifford Herman Olsen 46 b

3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Ina
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) April-13-1900

8. AGE	Years	Months	Days	If less than 1 day
	44	1	11	hrs min.

9. Exact Occupation Laborer Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Provo Utah (City or town) (State or foreign country)

Father
12. Name Albert Herman Olsen
13. Birthplace Washington Tale - Wisc. (City or town) (State or foreign country)

Mother
14. Maiden name Prudence Conrad
15. Birthplace Provo Utah (City or town) (State or foreign country)

16. Informant's **OWN** Signature Ina Olsen
and Address Caldwell Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-27-44 (Month) (Day) (Year)
(c) Place Canyon Hill
18. Funeral Director's **OWN** Signature J. Peckham
and Address Caldwell Idaho
19. (a) 6-8-44 (Date received and filed) (b) Agnes M. Denman (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 24 1944
at 7:30 o'clock P.M.
21. **I HEREBY CERTIFY**, That I attended deceased from March 6 1944, to May 23 1944
I last saw him alive on May 23 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cancer of Stomach	8 months
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYISCIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature [signature] (M. D. or other)
and Address Caldwell Idaho Date 7/31 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JUN 6 1944

Certificate Of Death

STATE OF IDAHO

138844

State File No. 138844
Local Reg. No. 55
Reg. Dist. No. 365

1. **PLACE OF DEATH:**
(a) County Canyon
(b) City or town Parma
(c) Street Address or R.F.D. No. 2
(d) Death Occured Inside? ..... Outside? ✓ city or town
(e) Died in a Home ✓ Hospital ..... Institution ..... Other place .....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 14 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Parma
(d) Street Address or R.F.D. No. 2
(e) Deceased lived Inside? ..... Outside? ✓ city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 14 years
(h) Former residence (city, state) Ind

3. (a) **FULL NAME** Mary Elsie Vertrees 131a

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓
4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife C. D. Vertrees 6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) July 31-1890

8. AGE	Years	Months	Days	If less than 1 day
	53	9	6	hrs min.

9. Exact Occupation Housekeeping Did this work for Life yrs.
10. Industry or Business ✓ Date last worked
11. Birthplace Burns City Ind (City or town) (State or foreign country)
Father 12. Name Milton Stowman
13. Birthplace Ind (City or town) (State or foreign country)
Mother 14. Maiden name Synthyaam Osborn
15. Birthplace Ind (City or town) (State or foreign country)
16. Informant's **OWN** Signature C. D. Vertrees
and Address Parma #2
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-10-44 (Month) (Day) (Year)
(c) Place Parma 5-10-44
18. Funeral Director's **OWN** Signature V. Peckham
and Address Caldwell Idaho
19. (a) 6-1-44 (Date received and filed) (b) Ruth Hill (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 6 1944
at 6:35 o'clock A M.
21. **I HEREBY CERTIFY**, That I attended deceased from 12/27 1943, to 5-6 1944
I last saw her alive on May 4 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Acute Coronary thrombosis 94a	5 hours
Due to Hypertensive Cardio vascular Renal disease	12 yrs.
Due to 131a	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ..... Date .....
Major finding
Finding of autopsy

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury
23. Attendant's **OWN** Signature L. A. Manlding M.D. (M. D. or other)
and Address Nyssa, Ore. Date 5-13 1944
(For additional space, use reverse side)

138845

United States
Department of Commerce
Bureau of the Census

MAY 27 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

138845

State File No. 138845
Local Reg. No. 30
Reg. Dist. No. 310

1. **PLACE OF DEATH:**
(a) County Franklin
(b) City or town Preston
(c) Street Address or R. F. D. No. 105 So. 4th. West.
(d) Death Occurred Inside? X Outside? ..... city or town
(e) Died in a Home X Hospital ... Institution ... Other place ....
(f) Name Hosp. or Inst. Preston Mem. Stayed ..... days
(g) Lived in this county 31 years - months 4 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Franklin
(c) City or town Preston
(d) Street Address or R. F. D. No. 105 So. 4th. West
(e) Deceased lived Inside? X Outside? ..... city or town
(f) If foreign born, in U. S. ..... yrs. Citizen of U. S.? Yes
(g) How long had deceased lived in Idaho? 31 years
(h) Former residence (city, state) .....

3. (a) **FULL NAME** Griselda May Bowcut Jensen 61

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Female race White
5. Color or
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Loyle Richard Jensen
6 (c) Age of husband or wife if 33 years
7. Date of Birth (Month, Day, Year) April 28, 1913.

8. AGE	Years	Months	Days	If less than 1 day
	31	-	4	hrs ... min.

9. Exact Occupation Housewife — Did this work for 14 yrs.
10. Industry or Business Own Home — Date last worked 4-29-44
11. Birthplace Mapleton, Idaho. (City or town) (State or foreign country)

Father
12. Name John E. Bowcut.
13. Birthplace Franklin, Idaho. (City or town) (State or foreign country)

Mother
14. Maiden name Harriet G. Porter.
15. Birthplace Franklin, Idaho. (City or town) (State or foreign country)

16. Informant's **OWN** Signature and Address Loyle Richard Jensen 105 So. 4th West Preston
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 5, 1944 (Month) (Day) (Year)
(c) Place: Franklin, Idaho
18. Funeral Director's **OWN** Signature and Address John M. Richards Preston, Idaho
19. (a) 5-3-1944 (Date received and filed) (b) Effie W. Brower (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 2, 1944
at 1:15 o'clock P.M.

21. I **HEREBY CERTIFY**, That I attended deceased from May 1 1944, to May 2 1944
I last saw h[illegible] alive on May 2 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Diabetic Crisis	2 hrs
Influenza	2 days
Due to Diabetes Mellitus	7 years
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease first contracted? Home	
Name of operation ... Date	
Major finding	
Finding of autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ... Suicide? ... Homicide? ...
Occurred ... 19 ... City, county, state where violence occurred ...
Place of Violence: Home ... Farm ... Industry ...
Public Place ... While at work? ...
Means of injury ...

23. Attendant's **OWN** Signature O. R. Carlson M.D.
and Address Preston Ida. (M. D. or other) Date 5-3 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

138846 138846

United States
Department of Commerce
Bureau of the Census

JUN 12 1944

Certificate Of Death

STATE OF IDAHO

State File No.
Local Reg. No 22-44
Reg. Dist. No 100

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
   (a) County Boundary
   (b) City or town Copeland
   (c) Street Address or R.F.D. No. Star Route
   (d) Death Occured Inside? ..... Outside? XX city or town
   (e) Died in a Home.... Hospital.... Institution.... Other place XX
   (f) Name Hosp. or Inst..... Stayed.....days
   (g) Lived in this county.....years .....months ....13 days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Boundary
   (c) City or town Copeland
   (d) Street Address or R.F.D. No. Star Route
   (e) Deceased lived Inside? .....Outside? XX city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 13 days
   (h) Former residence (city, state) Evanston Ill.

3. (a) **FULL NAME** William August Julius Gieszelmann

175a

3. (b) If veteran, name war no
3. (c) Social Security No. 357-12-1097
4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary K.
6. (c) Age of husband or wife if alive 40 years
7. Date of Birth (Month, Day, Year) Aug. 30th. 1902.

8. AGE	Years	Months	Days	If less than 1 day
	41	8	23	hrs min.

9. Exact Occupation Farmer — Did this work for 13 days
10. Industry or Business his own — Date last worked 5/23/44
11. Birthplace ..... (City or town) Ill. (State or foreign country)

Father
12. Name J. Julius Gieszelmann
13. Birthplace ..... (City or town) Ill. (State or foreign country)

Mother
14. Maiden name Anna S. Buehrer
15. Birthplace ..... (City or town) Ill. (State or foreign country)

16. Informant's **OWN** Signature Mary K. Gieszelmann
and Address Copeland Idaho

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 5/25/44 (Month) (Day) (Year)
(c) Place: Granite City Ill.

18. Funeral Director's **OWN** Signature Frank Moore
and Address Bonners Ferry Idaho.

19. (a) May 24-1944 (Date received and filed) (b) Fin Dowell (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 23rd. 1944
at 9:00 o'clock A. M.

21. **I HEREBY CERTIFY,** That I attended deceased from ..... 19..... to ..... 19.....
I last saw h..... alive on ..... 19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Crushed chest due to fall under wheel of tractor.	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation ..... Date	
Major finding	
Finding of autopsy	

PHYISICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? XX Suicide? ..... Homicide? .....
Occurred Copeland Idaho. City, county, state
where violence occurred May 23rd. 1944
Place of Violence: Home ..... Farm XX Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature Lloyd Reed - Coroner (M. D. or other)
and Address Bonners Ferry Date May 23 1944
(For additional space, use reverse side)

138847

United States
Department of Commerce
Bureau of the Census JUN 5 1944

Certificate Of Death

STATE OF IDAHO

138847

State File No. 138847
Local Reg. No. 320
Reg. Dist. No. 68

1. **PLACE OF DEATH:**
(a) County Custer
(b) City or town Challis
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? Outside? ✓ city or town
(e) Died in a Home Hospital Institution Other place ✓
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county years 1 months 7 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Ohio (b) County
(c) City or town Marion
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? Outside? ✓ city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 1 Month years
(h) Former residence (city, state) Ohio.

3. (a) **FULL NAME** Eva Roberta Gillespie 195e

3. (b) If veteran, name war no
3. (c) Social Security No. 271-24-1532
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Joe
6. (c) Age of husband or wife if alive 26 years
7. Date of Birth (Month, Day, Year) March 4 - 1923

8. AGE	Years	Months	Days	If less than 1 day
	21	2	16	hrs min.

9. Exact Occupation house wife Did this work for yrs.
10. Industry or Business None Date last worked
11. Birthplace Canton (City or town) Ohio (State or foreign country)
Father 12. Name Alfred Roberts
13. Birthplace (City or town) (State or foreign country)
Mother 14. Maiden name Nevada
15. Birthplace (City or town) (State or foreign country)
16. Informant's OWN Signature Ann Gillespie
and Address Prosper, Ohio
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 5/20/43 (Month) (Day) (Year)
(c) Place: Arco Idaho
18. Funeral Director's OWN Signature W. S. Marvel
and Address Arco Ida.
19. (a) May 31 1944 (Date received and filed) (b) Edna McKenney (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 19 or 20 1944
at o'clock M.
21. **I HEREBY CERTIFY,** That I attended deceased from 19, to 19
I last saw h alive on 19; death is said to have occurred on the date and hour stated above.
✓ **Immediate Cause of Death:** Exposure + Exhaustion — Duration
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ✓ Suicide? Homicide?
Occurred 19 City, county, state where violence occurred in mountains
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature N.N. Hartman Coroner (M. D. or other)
and Address Challis Ida Date 5/21 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

138848 138848

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 4
Local Reg. No. 18-44
Reg. Dist. No. 10 9

JUN 12 1944

1. PLACE OF DEATH:
(a) County Boundary
(b) City or town Bonners Ferry.
(c) Street Address or R. F. D. No.
(d) Death Occured Inside? Outside? XX city or town
(e) Died in a Home.... Hospital X Institution.... Other place....
(f) Name Hosp. or Inst. Bonners Ferry ed 1 days
(g) Lived in this county 18 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Boundary
(c) City or town Copeland IdahO
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? Outside? XX city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 40 years
(h) Former residence (city, state) Kilgore Idaho

3. (a) FULL NAME Frederick Christian Fredericksen 830

3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Harriet Esther
6. (c) Age of husband or wife if alive 57 years
7. Date of Birth (Month, Day, Year) Jan. 6th. 1891

8. AGE	Years	Months	Days	If less than 1 day
	53	3	27	hrs min.

9. Exact Occupation Farmer — Did this work for 40 yrs.
10. Industry or Business His own — Date last worked 4/30/44
11. Birthplace Elsinore Utah. (City or town) (State or foreign country)
Father 12. Name Frederick Fredericksen
Father 13. Birthplace Denmark (City or town) (State or foreign country)
Mother 14. Maiden name Anna Christiansen
Mother 15. Birthplace Denmark. (City or town) (State or foreign country)
16. Informant's OWN Signature Harriett Fredericksen
and Address Copeland Idaho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/8/44 (Month) (Day) (Year)
(c) Place: Bonners Ferry Idaho.
18. Funeral Director's OWN Signature Frank Morse
and Address Bonners Ferry Idaho.
19. (a) May 4-1944 (Date received and filed) (b) Ken Bonner (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 3rd. 1944
at 12:10 o'clock P. M.
21. **I HEREBY CERTIFY**, That I attended deceased from June 1940, to May 3 1944
last saw her alive on May 3 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cerebral hemorrhage — Duration 12 hrs
8301
Due to
Due to 117
Other conditions Chronic Bronchial Asthma & Bronchiectasis
(Include pregnancy within 3 months of death)
Where was disease contracted? Idaho
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's OWN Signature Ken Bonner M.D. (M. D. or other)
and Address Bonners Ferry Date 5/4 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

138849

Certificate Of Death

STATE OF IDAHO

138849

State File No. .....
Local Reg. No. 102
Reg. Dist. No. 362

1. PLACE OF DEATH:
(a) County Canyon
(b) City or town Nampa
(c) Street Address or R.F.D. No. 520 7th ave so.
(d) Death Occured Inside? X ~~Outside~~? ..... city ~~or town~~
(e) Died in a Home X ~~Hospital~~ ~~Institution~~ ~~Other place~~
(f) Name Hosp. or Inst. ✓ Stayed ✓ days
(g) Lived in this county 18 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Nampa
(d) Street Address or R.F.D. No. 520 7th Ave So.
(e) Deceased lived Inside? X ~~Outside~~? ..... city ~~or town~~
(f) Citizen of what country? U. S. A.
(g) How long had deceased lived in Idaho? 18 years
(h) Former residence (city, state) Wash.

3. (a) FULL NAME EVELYN ELOISE KENNEDY 93E

3. (b) If veteran, name war no
3. (c) Social Security No. .....
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife no
6. (c) Age of husband or wife if alive no years
7. Date of Birth (Month, Day, Year) May 29, 1893

8. AGE	Years	Months	Days	If less than 1 day
	50	11	28	hrs min.

9. Exact Occupation School Teacher Did this work for 20 yrs.
10. Industry or Business ..... Date last worked 5/19/44
11. Birthplace Redding, Calif. (City or town) (State or foreign country)
Father
12. Name Benjamin S. Kennedy
13. Birthplace Kentucky (City or town) (State or foreign country)
Mother
14. Maiden name Heaton
15. Birthplace Illinois (City or town) (State or foreign country)
16. Informant's **OWN** Signature Rosa L. Smith
and Address 520-7th Ave. S. Nampa, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/25/44 (Month) (Day) (Year)
(c) Place: Nampa, Idaho
18. Funeral Director's **OWN** Signature Fred K. Robinson
and Address Nampa Ida
19. (a) June 12-1944 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 23 1944
at 9 o'clock a M.
21. **I HEREBY CERTIFY**, That I attended deceased from May 23 1944, to May 23 1944
I last saw her alive on 5-23 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Acute dilatation heart	95c3
Due to Myocarditis.	93e1
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature H. P. Belknap (M. D. or other)
and Address Nampa Date 5/26/44
(For additional space, use reverse side)

138850

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

JUN 5 1944

STATE OF IDAHO

State File No. 138850
Local Reg. No. 150
Reg. Dist. No. 510

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
   (a) County Bannock
   (b) City or town Pocatello
   (c) Street Address of ~~XXXXX~~ No. 127 No. 12th Ave
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home ..... Hospital X Institution ..... Other place .....
   (f) Name Hosp. or Inst. ..... Stayed ..... days
   (g) Lived in this county ..... years ..... months ..... days
   Note. For a person residing in THIS county LESS than 1 year. give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Bannock
   (c) City or town Pocatello
   (d) Street Address ~~XXXXX~~ No. 127 No. 12th Ave
   (e) Deceased lived Inside? X Outside? ..... city or town
   (f) Citizen of what country? U. S. A.
   (g) How long had deceased lived in Idaho? Life years
   (h) Former residence (city, state) Springfield, Ida

3. (a) **FULL NAME** SAMUEL MILLER COOPER 93E

3. (b) If veteran, name war ---
3. (c) Social Security No. ---
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) November 22, 1868

8. AGE	Years	Months	Days	If less than 1 day
	75	6	9	hrs ..... min.

9. Exact Occupation Retired farmer Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Oxford, Idaho (City or town) (State or foreign country)

Father
12. Name Vincent J. Cooper
13. Birthplace Unknown (City or town) (State or foreign country)

Mother
14. Maiden name Mary Jane Miller
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mrs Geo. L. Andrews
and Address Pocatello, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 3/44 (Month) (Day) (Year)
(c) Place: Springfield, Idaho

18. Funeral Director's **OWN** Signature J. L. McKay
and Address Pocatello, Idaho

19. (a) June 1, 1944 (Date received and filed) (b) E C Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 31 1944
at ..... o'clock ..... M.

21. **I HEREBY CERTIFY**, That I attended deceased from May 25 1944 to May 31 1944
I last saw him alive on May 30 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cardiac Failure	
Due to Cardiac hypertrophy	2 yrs.
Due to Myocarditis	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYISICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature J. R. McMahon (M. D. or other)
and Address Pocatello, Ida Date 6/1 1944

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 33-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census JUN 12 1944

Certificate Of Death

STATE OF IDAHO

13885 State File No. 138851
Local Reg. No. 106
Reg. Dist. No. 610

1. **PLACE OF DEATH:**
   (a) County Bonneville
   (b) City or town Idaho Falls
   (c) Street Address or R.F.D. No. 550 J Street
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home X Hospital .... Institution .... Other place ....
   (f) Name Hosp. or Inst. ..... Stayed ..... days
   (g) Lived in this county 22 years 7 months 14 days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Bonneville
   (c) City or town Idaho Falls
   (d) Street Address or R.F.D. No. 550 J St.
   (e) Deceased lived Inside? X Outside? ..... city or town
   (f) Citizen of what country? United States
   (g) How long had deceased lived in Idaho? 22 years
   (h) Former residence (city, state) Lakeview, Mont.

3. (a) **FULL NAME** MARTYN PAUL FITCH

940

3. (b) If veteran, name war World I
3. (c) Social Security No. 519-09-2811
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Valentine Foster
6. (c) Age of husband or wife if alive F. 51 years
7. Date of Birth (Month, Day, Year) June 3, 1893

8. AGE	Years	Months	Days	If less than 1 day
	50	11	12	hrs ..... min.

9. Exact Occupation Mechanic — Did this work for 22 yrs.
10. Industry or Business Automobile — Date last worked 4/22/44
11. Birthplace Sheridan (City or town) Montana (State or foreign country)

Father
12. Name Willard H. Fitch
13. Birthplace Lorraine Co., Ohio (City or town) (State or foreign country)

Mother
14. Maiden name Virginia Frances Miller
15. Birthplace Trenton (City or town) New Jersey (State or foreign country)

16. Informant's **OWN** Signature Valentine F. Fitch
and Address Idaho Falls, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 16, '44 (Month) (Day) (Year)
(c) Place: Idaho Falls, Idaho

18. Funeral Director's **OWN** Signature Orland C. Buck
and Address Idaho Falls, Idaho

19. (a) May 18 1944 (Date received and filed) (b) Anna Rudges (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 15 19 44
at 7:30 o'clock A. M.

21. **I HEREBY CERTIFY**, That I attended deceased from April 24 1944, to May 15 1944
I last saw h[illegible] alive on May 12 1944; death is said to have occurred on the date and hour stated above.

	Duration
Immediate Cause of Death: Coronary Thrombosis	4/29/44
Due to Hypertension	Unknown
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted? ?	
Name of operation [illegible] Date	
Major finding	
Finding of autopsy	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature H. L. Wilson (M. D. or other)
and Address Idaho Falls Date 5/18 1944
(For additional space, use reverse side)

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

138852

State File No. 138852
Local Reg. No. 57
Reg. Dist. No. 470

1. **PLACE OF DEATH:**
(a) County Cassia
(b) City or town Burley
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. Cottage Stayed 2 days
(g) Lived in this county 27 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Cassia
(c) City or town Burley
(d) Street Address or R. F. D. No. 629 N. Almo
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? U.S.
(g) How long had deceased lived in Idaho? 27 years
(h) Former residence (city, state) ---

3. (a) FULL NAME Joseph Samuel Young

1316

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Annie E. Young
6. (c) Age of husband or wife if alive 56 years
7. Date of Birth (Month, Day, Year) August 12, 1886

8. AGE	Years	Months	Days	If less than 1 day
	57	9	15	hrs min.

9. Exact Occupation Mail Carrier Did this work for 25 yrs.
10. Industry or Business U.S.P.O. Date last worked
11. Birthplace Mansfield, Missouri (City or town) (State or foreign country)
Father
12. Name Joseph S. Young
13. Birthplace Missouri (City or town) (State or foreign country)
Mother
14. Maiden name Amdie McClellan
15. Birthplace Missouri (City or town) (State or foreign country)
16. Informant's OWN Signature Robert T. Young
and Address Soda Springs, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6 1 44 (Month) (Day) (Year)
(c) Place Burley Idaho
18. Funeral Director's OWN Signature Vern B. McCullach
and Address Burley Idaho
19. (a) 6-5-44 (Date received and filed) (b) B. H. Wilson (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 28 1944
at 3 o'clock A. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 19 , to 5-28 1944
I last saw him alive on 5-27 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Myocarditis	3 wks
Due to Ch. Nephritis	9
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature L. M. Kelly, M.D. (M. D. or other)
and Address Burley Date 6-2 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce MAY 12 1944
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

138853

State File No. 138853
Local Reg. No. 102
Reg. Dist. No. 610

1. **PLACE OF DEATH:**
(a) County Bonneville
(b) City or town Idaho Falls
(c) Street Address or R.F.D. No. 274 - 2nd
(d) Death Occured Inside? ✓ Outside? ..... city or town
(e) Died in a Home ✓ Hospital .... Institution .... Other place ....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county ..... years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Bonneville
(c) City or town Idaho Falls
(d) Street Address or R.F.D. No. 274 - 2nd
(e) Deceased lived Inside? ✓ Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 12 years
(h) Former residence (city, state) Washington

3. (a) **FULL NAME** Clyde Kenneth Martin 94a

3. (b) If veteran name war World War I
3. (c) Social Security No. 532-07-5217
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife Nellie Martin
6. (c) Age of husband or wife if alive 44 years
7. Date of Birth (Month, Day, Year) May 14, 1893

8. AGE	Years	Months	Days	If less than 1 day
	49	11	19	hrs min.

9. Exact Occupation Railway Engineer Did this work for ..... yrs.
10. Industry or Business ..... Date last worked
11. Birthplace Joplin, Missouri (City or town) (State or foreign country)
Father
12. Name Albert Martin
13. Birthplace United States (City or town) (State or foreign country)
Mother
14. Maiden name Jessie Sullivan
15. Birthplace United States (City or town) (State or foreign country)
16. Informant's OWN Signature Nellie Martin
and Address Idaho Falls Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/7/44 (Month) (Day) (Year)
(c) Place: Idaho Falls, Idaho
18. Funeral Director's OWN Signature Jack G. Wood
and Address Idaho Falls Idaho
19. (a) 5/9/44 (Date received and filed) (b) Anna Budges (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 3 1944
at 7 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from May 3 1944 to May 3 1944
I last saw him alive on none 19 ; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Coronary Thrombosis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? no Suicide? no Homicide? no
Occurred ..... 19 ..... City, county, state where violence occurred
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? ..... none
Means of injury
23. Attendant's OWN Signature Walter R. West (M. D. or other)
and Address I.F. Date 7/8 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census JUN 1 9 1944

Certificate Of Death

STATE OF IDAHO

138854 138854

State File No. 138854
Local Reg. No. 105
Reg. Dist. No. 363

1. **PLACE OF DEATH:**
   (a) County Canyon
   (b) City or town Nampa
   (c) Street Address or R.F.D. No. 1615 - 8th St. So.
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home.... Hospital X Institution.... Other place....
   (f) Name Hosp. or Inst. Mercy Hosp Stayed ..... days
   (g) Lived in this county ..... years ..... months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Owyhee
   (c) City or town Marsing
   (d) Street Address or R.F.D. No. .....
   (e) Deceased lived Inside? ..... Outside? X city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 41 years
   (h) Former residence (city, state) N. Carolina

3. (a) **FULL NAME** WILLIAM FRANK MAXWELL 1226

3. (b) If veteran, name war World #1
3. (c) Social Security No. .....
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) March 11, 1890

8. AGE	Years	Months	Days	If less than 1 day
	54	2	27	hrs ..... min.

9. Exact Occupation Farmer — Did this work for Life yrs.
10. Industry or Business Farming — Date last worked X
11. Birthplace Hendersonville, N. Carolina (City or town) (State or foreign country)

Father
12. Name J. L. Maxwell
13. Birthplace North Carolina (City or town) (State or foreign country)

Mother
14. Maiden name Annie C. Patton
15. Birthplace North Carolina (City or town) (State or foreign country)

16. Informant's **OWN** Signature A. P. Maxwell
and Address Marsing, Idaho.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6 - 12-1944 (Month) (Day) (Year)
(c) Place: Canyon Hill Cemetery-Caldwell

18. Funeral Director's **OWN** Signature S. V. Peckham
and Address Caldwell, Idaho.

19. (a) June 19-1944 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 8 19 44
at 7:00 o'clock P.M.

21. **I HEREBY CERTIFY**, That I attended deceased from June 7 1944, to June 8 1944
I last saw h.im. alive on June 8 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Strept. Entero - colitis 12.0a2	1½ mos.
Toxemia & Exhaustion	4 days
Due to Paralytic Ileus 1226 2	+ Dys.
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature Joe Saltzer MD (M. D. or other)
and Address Nampa Date 6/18 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

MAY 10 1944

Certificate Of Death

STATE OF IDAHO

State File No. 138655
Local Reg. No. 138
Reg. Dist. No. 370

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise
   (c) Street Address or R.F.D. No. 1st & Bannock
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home .... Hospital X Institution .... Other place ....
   (f) Name Hosp. or Inst. St. Lukes Stayed ..... days
   (g) Lived in this county ..... years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County .....
   (c) City or town Pocatello
   (d) Street Address or R.F.D. No. 1242 N. Garfield
   (e) Deceased lived Inside? X Outside? ..... city or town
   (f) Citizen of what country? U.S.
   (g) How long had deceased lived in Idaho? Life years
   (h) Former residence (city, state) .....

3. (a) **FULL NAME** Baby Hadley 161a

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced .....
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) April 12, 1944

8. AGE	Years	Months	Days	If less than 1 day
				hrs 5 min.

9. Exact Occupation Baby — Did this work for ..... yrs.
10. Industry or Business ..... — Date last worked .....
11. Birthplace Boise, Idaho (City or town) (State or foreign country)

Father
12. Name Bill MacFaddin
13. Birthplace ..... (City or town) (State or foreign country)

Mother
14. Maiden name Jacqueline Hadley
15. Birthplace Melburg Idaho (City or town) (State or foreign country)

16. Informant's **OWN** Signature Geo. Hadley and Address .....
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 12, 1944 (Month) (Day) (Year)
    (c) Place: Morris Hill
18. Funeral Director's **OWN** Signature ..... and Address .....
19. (a) 4-12-44 (Date received and filed) (b) ..... (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Apr - 12 19 44
    at 12 o'clock a M.
21. **I HEREBY CERTIFY**, That I attended deceased from April 12 1944, to April 12 1944
    I last saw him alive on April 12 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Due to Atelectasis.	5 Hours
Due to Toxic from 2-3 months	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
    Occurred ..... 19 ..... City, county, state where violence occurred .....
    Place of Violence: Home ..... Farm ..... Industry .....
    Public Place ..... While at work? .....
    Means of injury .....
23. Attendant's **OWN** Signature Sir Forney MD (M. D. or other)
    and Address Boise Date 4-12-1944

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

Rogers

State File No. 138856
Local Reg. No. 170
Reg. Dist. No. 370

JUN 14 1944

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise.
   (c) Street Address or R.F.D. No. X
   (d) Death Occured Inside?..... Outside?.....city or town
   (e) Died in a Home.... Hospital X Institution.... Other place....
   (f) Name Hosp. or Inst. St Lukes. Stayed 1. days
   (g) Lived in this county 4. years 7. months 23. days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho. (b) County Ada
   (c) City or town Boise.
   (d) Street Address or R.F.D. No. 2323. Anderson.
   (e) Deceased lived Inside?.....Outside? Yes city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 4 years
   (h) Former residence (city, state) X

3. (a) **FULL NAME** Herbert Vincent Milliken. 12

3. (b) If veteran, name war No.
3. (c) Social Security No. None.
4. Sex Male. 5. Color or race White.
6. (a) Single, widowed, married, divorced Single.
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) September. 8. 1939.

8. AGE	Years	Months	Days	If less than 1 day
	4.	7.	23.	hrs min.

9. Exact Occupation None. Did this work for .....yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Boise, Idaho. (City or town) (State or foreign country)

Father
12. Name Leroy. L. Millekin.
13. Birthplace Boise, Idaho. (City or town) (State or foreign country)

Mother
14. Maiden name Louise Smith.
15. Birthplace Weiser, Idaho. (City or town) (State or foreign country)

16. Informant's **OWN** Signature Louise Milliken
and Address 2323 Anderson

17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof May. 5. 1944. (Month) (Day) (Year)
(c) Place: Morris Hill Cemetery.

18. Funeral Director's **OWN** Signature Clyde E. Summers
and Address Boise, Idaho.

19. (a) 5-6-44 (Date received and filed) (b) K. Clark (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 1. 1944
at 6.30 o'clock P M.

21. **I HEREBY CERTIFY**, That I attended deceased from April 23 1944, to May 1 1944.
I last saw him alive on May 1 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Tetanus	7 days
Due to Surgery - Laceration	apx. 23.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? Home.
Name of operation Debridement Date? April 23
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident?..... Suicide?..... Homicide?.....
Occurred..... 19..... City, county, state where violence occurred .....
Place of Violence: Home.....Farm.....Industry.....
Public Place..... While at work?.....
Means of injury .....

23. Attendant's **OWN** Signature Stanley T. Yoakum (M. D. or other)
and Address Boise Date 5-5 1944
(For additional space, use reverse side)

138857

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

JUN 14 1944

State File No.
Local Reg. No. 168
Reg. Dist. No.

1. PLACE OF DEATH:
(a) County Ada
(b) City or town Boise, Idaho
(c) Street Address or R.F.D. No. 1003 N. 8th
(d) Death Occured Inside? XX Outside? ..... city or town
(e) Died in a Home X Hospital ..... Institution ..... Other place .....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 46 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Ada
(c) City or town Boise
(d) Street Address or R.F.D. No. 1003 N. 8th
(e) Deceased lived Inside? XX Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 65 years
(h) Former residence (city, state) California

3. (a) **FULL NAME** Ella E. Hutchings

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3. (b) If veteran, name war ----
3. (c) Social Security No. ------
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife William H.
6. (c) Age of husband or wife if alive ----- years
7. Date of Birth (Month, Day, Year) November 4, 1861

8. AGE	Years	Months	Days	If less than 1 day
	82	5	28	-- hrs -- min.

9. Exact Occupation Housewife Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Grafton, Ontario, Canada (City or town) (State or foreign country)
Father
12. Name John Tolmie
13. Birthplace New York State (City or town) (State or foreign country)
Mother
14. Maiden name Nancy McDonald
15. Birthplace Canada (City or town) (State or foreign country)
16. Informant's **OWN** Signature Luella Johnson
and Address Boise, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5 - 4 - 44 (Month) (Day) (Year)
(c) Place: Pioneer Cemetery, Boise, Idaho
18. Funeral Director's **OWN** Signature [signature]
and Address Boise, Idaho
19. (a) 5-4-44 (Date received and filed) (b) R. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 5/2 1944
at 2:15 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from April 24 1944, to 5/2 1944
I last saw her alive on 5/1 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Acute Pulmonary Edema 111c	6 hrs.
Due to Chronic Myocarditis 132	?
Due to	
Other conditions Senility 162 (Include pregnancy within 3 months of death)	

Where was disease contracted? —
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature C. Sanford Allen MD (M. D. or other)
and Address Nampa, Idaho Date 5/2 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JUN 14 1944

Certificate Of Death

STATE OF IDAHO

Bodly 138858

State File No.
Local Reg. No. 171
Reg. Dist. No. 37

1. **PLACE OF DEATH:**
(a) County Ada
(b) City or town Boise.
(c) Street Address or R.F.D. No. Idah Ha Hotel.
(d) Death Occured Inside? ..... Outside? ..... city or town
(e) Died in a Home.... Hospital.... Institution.... Other place X
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county ..... years 6 months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho. (b) County Valley.
(c) City or town Mc Call.
(d) Street Address or R.F.D. No. X
(e) Deceased lived Inside Yes Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 29 years
(h) Former residence (city, state) Colorado.

3. (a) **FULL NAME** Margaret Catherine Carrey. 83a

3. (b) If veteran, name war No.
3. (c) Social Security No. None.
4. Sex Female
5. Color or Race White.
6. (a) Single, widowed, married, divorced Married.
6. (b) Name of husband or wife Bradford. J.
6. (c) Age of husband or wife if alive 50. years
7. Date of Birth (Month, Day, Year) March. 12. 1896.

8. AGE	Years	Months	Days	If less than 1 day
	48.	1.	20.	hrs min.

9. Exact Occupation At Home. Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Aspin, Colorado. (City or town) (State or foreign country)
Father
12. Name Patrick Mc Ginnis.
13. Birthplace Pennsylvania. (City or town) (State or foreign country)
Mother
14. Maiden name Mary Welsh.
15. Birthplace New York. (City or town) (State or foreign country)
16. Informant's **OWN** Signature Bradford J Carrey
and Address McCall Idaho.
17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof May. 6. 1944. (Month) (Day) (Year)
(c) Place: St Johns Cemetery.
18. Funeral Director's **OWN** Signature Clyde E Summers
and Address Boise, Idaho.
19. (a) 5-6-44 (Date received and filed) (b) R. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 2 1944
at 9 30 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from ..... 19....., to ..... 19.....
I last saw h..... alive on ..... 19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration

Due to Cerebral hemorrhage

Due to

Other conditions
(Include pregnancy within 3 months of death)

Where was disease contracted?
Name of operation ..... Date .....
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury

23. Attendant's **OWN** Signature H Bodly D.O. (M. D. or other)
and Address Boise Idaho Date 5-5 1944
(For additional space, use reverse side)

DISINTERMENT PERMIT

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH
BOISE, IDAHO

APPLICATION HAVING BEEN MADE for the disinterment of the body of Mrs. Margaret Catherine Carrey now lying buried in St. John's, Morris Hill Cemetery, in the City or Town of Boise County of Ada State of Idaho, who died on the 2 day of May, 1944 Aged 48 years 1 months 20 days, the cause of death being Cerebral hemorrhage and not directly or indirectly by diphtheria; (membranous croup); scarlet fever; smallpox; leprosy; asiatic cholera; typhus fever; or yellow fever as shown by the certificate of death of said deceased, given by Dr. J. Horace Bodle attending physician

THIS IS TO CERTIFY that permission is hereby given for such disinterment and removal by private conveyance (private or railway conveyance) to St. John's, Morris Hill Cemetery in the City or Town of Boise County of Ada State of Idaho to take effect upon the approval by the local board of health of the City, Town, or County of Boise it being understood and provided that nothing herein shall be deemed as contravening or in anywise modifying or releasing the Regulations of the Department of Public Health governing the Transportation of Corpses or the requirements for a Transportation permit, and all Transportation Companies and Common Carriers will be governed accordingly; and provided further, that where the disinterment is for the purpose of reinterment in another part of the same cemetery, or in a contiguous cemetery, the removal shall not be made by any public conveyance. The disinterment and removal must be done under the personal supervision of a licensed Embalmer in good standing. If the remains are to be removed from the cemetery they (including the disinterred casket), must be enclosed in a new metallic lined outer case before removal.

Given under my hand and Seal of the Department of Public Health at Boise, Idaho, this 23 day of October, A.D. 1952.

Permit issued to:

W. W. Burgess
Director, Division of Vital Statistics
by - Mabel Fielder, Deputy

The foregoing application for disinterment and removal is hereby approved by the local Board of Health of the City, Town or County of Boise State of Idaho, this _____ day of October 1952.

Janell C. Carey, M.D.
Health Officer

Form DPH-48019

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JUN 1 1944
JUN 14 1944

Certificate Of Death

STATE OF IDAHO

State File No. 138859
Local Reg. No. 73
Reg. Dist. No. 371

1. **PLACE OF DEATH:**
(a) County Ada
(b) City or town Boise
(c) Street Address or R.F.D. No. 1013 N. 28 St.
(d) Death Occured Inside? X Outside? X city or town
(e) Died in a Home X Hospital.... Institution.... Other place....
(f) Name Hosp. or Inst..... Stayed.....days
(g) Lived in this county 40 years .....months .....days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Ada
(c) City or town Boise
(d) Street Address or R.F.D. No. 1013 N. 28 St.
(e) Deceased lived Inside? X Outside?.....city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 40 years
(h) Former residence (city, state) Mont:

3. (a) **FULL NAME** Charles Henry Winston 61

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) April 3rd. 1858

8. AGE	Years	Months	Days	If less than 1 day
	86	0	29	hrs min.

9. Exact Occupation Farmer Did this work for .....yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Columbus (City or town) Ohio (State or foreign country)
Father
12. Name William A. Winston
13. Birthplace ..... (City or town) Virginia (State or foreign country)
Mother
14. Maiden name Fannie Rittenhouse
15. Birthplace ..... (City or town) Virginia (State or foreign country)
16. Informant's **OWN** Signature Olive Montgomery
and Address Boise Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof ..... (Month) (Day) (Year)
(c) Place: Joplin Cemetery
18. Funeral Director's **OWN** Signature Schreiber & McCann
and Address Boise Milford Drago
19. (a) 5-4-44 (Date received and filed) (b) R. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May - 2 1944
at 1 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from Apr. 28 1944 to May 2 1944
I last saw him alive on Apr. 28 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Senility 162	
~~Due to~~ Decubitus 61	
Due to Myocarditis 9301	
Other conditions ..... (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYISCIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident?..... Suicide?..... Homicide?.....
Occurred..... 19..... City, county, state where violence occurred .....
Place of Violence: Home.....Farm.....Industry.....
Public Place..... While at work?.....
Means of injury .....
23. Attendant's **OWN** Signature S W Forney MD (M. D. or other)
and Address Boise Date 5/2 1944
(For additional space, use reverse side)

138860

United States
Department of Commerce
Bureau of the Census

JUN 14 1944

Certificate Of Death

STATE OF IDAHO

State File No.
Local Reg. No. 75
Reg. Dist. No. 371

1. PLACE OF DEATH:
(a) County Ada
(b) City or town Boise
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? Outside? XX city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. Vets. Admn. Boise, Idaho Stayed 46 days
(g) Lived in this county years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Ada
(c) City or town Boise
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? Outside? city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? years
(h) Former residence (city, state)

3. (a) **FULL NAME** SMITH, Harley

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3. (b) If veteran, name war WW
3. (c) Social Security No. 1,275,365
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) April 18, 1896

8. AGE	Years	Months	Days	If less than 1 day
	48		16	hrs min.

9. Exact Occupation None Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace (City or town) Utah (State or foreign country)
Father
12. Name Unknown
13. Birthplace (City or town) (State or foreign country)
Mother
14. Maiden name Unknown
15. Birthplace (City or town) (State or foreign country)
16. Informant's OWN Signature McGill Records, Veterans Administration
and Address Boise, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/8/44 (Month) (Day) (Year)
(c) Place: Boise, Idaho Mathis Hill
18. Funeral Director's OWN Signature McBratney Funeral Home
and Address Boise, Idaho
19. (a) 5-8-44 (Date received and filed) (b) R. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 3, 1944
at 3:00 o'clock A. M.
21. **I HEREBY CERTIFY**, That I attended deceased from March 18, 1944, to May 3, 1944
I last saw him alive on May 3, 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cholecystitis, Chronic 127a2	Unkown
Cholelithiasis, Chronic 126	"
Due to Progressive Muscular Atrophy	"
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted? 127b1	

Name of operation Cholecystectomy Date 5-1-44
Major finding Cholecystitis & Cholelithiasis
Finding of autopsy No Autopsy

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature Burton O. Clark
BURTON O. CLARK, M.D. (M. D. or other)
and Address VAF, BOISE, IDAHO Date May 5, 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

138861

United States
Department of Commerce
Bureau of the Census

JUN 1 1 1944

Certificate Of Death

STATE OF IDAHO

State File No.
Local Reg. No. 172
Reg. Dist. No. 37

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. PLACE OF DEATH:

(a) County Ada
(b) City or town Boise, Idaho
(c) Street Address or R.F.D. No. 1326 Denver St.
(d) Death Occured Inside? xx Outside? ..... city or town
(e) Died in a Home x Hospital .... Institution .... Other place ....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 17 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

(a) State Idaho (b) County Ada
(c) City or town Boise
(d) Street Address or R.F.D. No. 1326 Denver St.
(e) Deceased lived Inside? xx Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 17 years
(h) Former residence (city, state) Oregon

3. (a) **FULL NAME** Ida L. Emery

3. (b) If veteran, name war ----
3. (c) Social Security No. ----
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Albert
6. (c) Age of husband or wife if alive 66 years
7. Date of Birth (Month, Day, Year) October 21, 1881

8. AGE	Years	Months	Days	If less than 1 day
	62	6	13	-- hrs -- min.

9. Exact Occupation Housewife — Did this work for ..... yrs.
10. Industry or Business — Date last worked
11. Birthplace Castle Creek, Idaho (City or town) (State or foreign country)

Father
12. Name Unknown
13. Birthplace ..... (City or town) (State or foreign country)

Mother
14. Maiden name Unknown
15. Birthplace ..... (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mrs. Ruth Palmer
and Address Boise, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-6-44 (Month) (Day) (Year)
(c) Place: Cloverdale Memorial Park, Boise.

18. Funeral Director's **OWN** Signature W. McCartney
and Address Boise, Idaho

19. (a) 5-8-44 (Date received and filed) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 4 19 44
at 8:30 o'clock A. M.

21. **I HEREBY CERTIFY**, That I attended deceased from 4-30 19 44, to 5-2-44 19 ..... I last saw her alive on 5-2-44 19 ....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
endo-carditis 92e	
apoplexy 83a1	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature A. J. Coates (M. D. or other)
and Address Boise, Idaho Date 5/5/ 19 44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JUN 14 1944

Certificate Of Death

STATE OF IDAHO

State File No. 138862
Local Reg. No. 84
Reg. Dist. No. 371

1. PLACE OF DEATH:
(a) County Ada
(b) City or town Boise
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? ✓ Outside? ... city or town
(e) Died in a Home ... Hospital ✓ Institution ... Other place ...
(f) Name Hosp. or Inst. Ada Co. Stayed ✓ days
(g) Lived in this county 5 years ✓ months ✓ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Ada
(c) City or town Boise
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? ✓ Outside? ... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 38 years
(h) Former residence (city, state) Mo.

3. (a) FULL NAME Alonzo Wiseman 93d

3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife ✓
6. (c) Age of husband or wife if alive ✓ years
7. Date of Birth (Month, Day, Year) Jan 30 1872

8. AGE	Years	Months	Days	If less than 1 day
	72	3	5	hrs min.

9. Exact Occupation None (blind) Did this work for ... yrs.
10. Industry or Business ... Date last worked ...
11. Birthplace Kanton Mo. (City or town) (State or foreign country)
Father
12. Name John Wiseman
13. Birthplace Alton Ind. (City or town) (State or foreign country)
Mother
14. Maiden name Margaret Culver
15. Birthplace Kentucky (City or town) (State or foreign country)
16. Informant's **OWN** Signature Mrs Pearl M. Davison
and Address Caldwell R.D. 3
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-12-44 (Month) (Day) (Year)
(c) Place: Canyon Hill 5
18. Funeral Director's **OWN** Signature Pepham
and Address Caldwell Ida
19. (a) 5-24-44 (Date received and filed) (b) D Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 5 1944
at Six o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from ... 19 ... to ✓ ✓ 1944
I last saw him alive on ✓ 4 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Myocarditis 93e1	years
Due to Arteriosclerosis 97	1
Due to Senility 162	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ... Date ...
Major finding
Finding of autopsy

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ... Suicide? ... Homicide? ...
Occurred ... 19 ... City, county, state where violence occurred
Place of Violence: Home ... Farm ... Industry ...
Public Place ... While at work? ...
Means of injury
23. Attendant's **OWN** Signature S W Forney MD (M. D. or other)
and Address Boise Ida Date 5/5 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Parkinson 117

Certificate Of Death

JUN 14 1944

STATE OF IDAHO

138663

State File No.
Local Reg. No. 176
Reg. Dist. No. 370

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise.
   (c) Street Address or R.F.D. No. 802. N. 20.
   (d) Death Occured Inside? Yes Outside? ..... city or town
   (e) Died in a Home X Hospital .... Institution .... Other place ....
   (f) Name Hosp. or Inst. ..... Stayed ..... days
   (g) Lived in this county 45 years ..... months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho. (b) County Ada
   (c) City or town Boise.
   (d) Street Address or R.F.D. No. 802. N. 20.
   (e) Deceased lived Inside? Yes Outside? ..... city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 45 years
   (h) Former residence (city, state) France.

3. (a) **FULL NAME** Michel Yriberry. 131b

3. (b) If veteran, name war No.
3. (c) Social Security No. None.
4. Sex Male. 5. Color or race White. 6. (a) Single, widowed, married, divorced Married.
6. (b) Name of husband or wife Daisy Roberts
6. (c) Age of husband or wife if alive 42. years
7. Date of Birth (Month, Day, Year) Feb. 16. 1884.

8. AGE	Years	Months	Days	If less than 1 day
	60.	2.	21.	hrs ..... min.

9. Exact Occupation U.S. Mail Did this work for ..... yrs.
10. Industry or Business Contractor. Date last worked .....
11. Birthplace Urrugne Basses Pyrenees France. (City or town) (State or foreign country)

Father
12. Name Dominica Yriberry.
13. Birthplace France. (City or town) (State or foreign country)

Mother
14. Maiden name Unknown.
15. Birthplace Unknown. (City or town) (State or foreign country)

16. Informant's OWN Signature Daisy Roberts Yriberry
and Address 802. N. 20. St Boise, Idaho.

17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof May. 9. 1944. (Month) (Day) (Year)
(c) Place: Cloverdale Memorial Park.

18. Funeral Director's OWN Signature Summers Funeral Home. Clyde E. Summers
and Address Boise, Idaho.

19. (a) 5-10-44 (Date received and filed) (b) R. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 7 1944
at 4 o'clock P.M.

21. **I HEREBY CERTIFY,** That I attended deceased from July 20 1942; to May 7 1944
I last saw him alive on May 7 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Uremia 132.2	
Due to Chronic Nephritis	131b
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's OWN Signature C. Parkinson (M. D. or other)
and Address ..... Date 19
(For additional space, use reverse side)

138864

United States
Department of Commerce
Bureau of the Census JUN 14 1944

Certificate Of Death

STATE OF IDAHO

State File No.
Local Reg. No. 77
Reg. Dist. No. 371

1. PLACE OF DEATH:
(a) County Ada
(b) City or town Boise
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? XX Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. Ada County Stayed 28 days
(g) Lived in this county 8 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County ADA
(c) City or town Boise
(d) Street Address or R.F.D. No. 506 Wash. St.
(e) Deceased lived Inside? XX Outside? city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 38 years
(h) Former residence (city, state) Oklahoma

3. (a) **FULL NAME** Jennie Sparkman

93d

3. (b) If veteran, name war ----
3. (c) Social Security No. -----
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Oliver
6. (c) Age of husband or wife if alive ---- years
7. Date of Birth (Month, Day, Year) November 4, 1869

8. AGE	Years	Months	Days	If less than 1 day
	74	6	3	-- hrs -- min.

9. Exact Occupation Housewife Did this work for -- yrs.
10. Industry or Business --- Date last worked --
11. Birthplace --- (City or town) Ohio (State or foreign country)
Father
12. Name Matthew Templin
13. Birthplace (City or town) Ohio (State or foreign country)
Mother
14. Maiden name ---- Thacker
15. Birthplace (City or town) Ohio (State or foreign country)
16. Informant's **OWN** Signature Turner J Sparkman
and Address Boise, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/10/44 (Month) (Day) (Year)
(c) Place: Cloverdale Memorial Park
18. Funeral Director's **OWN** Signature W McBrahney
and Address Boise, Idaho
19. (a) 5-9-44 (Date received and filed) (b) R. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 7 1944
at 8 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from Apr. 14 1944, to May 7 1944
I last saw her alive on May 6 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Myocarditis	Years
Due to Senility	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYISCIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature S. W. Forney M.D. (M. D. or other)
and Address Boise Ida. Date 7/8 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census JUN 14 1944

Certificate Of Death

STATE OF IDAHO

138865

State File No.
Local Reg. No. 174
Reg. Dist. No. 270

1. **PLACE OF DEATH:**
(a) County Ada
(b) City or town Boise
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? XX Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. St. Luke's Stayed 42 days
(g) Lived in this county 8 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Ada
(c) City or town Boise
(d) Street Address or R.F.D. No. 1118 N. 13th
(e) Deceased lived Inside? XX Outside? city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 63 years
(h) Former residence (city, state) Illinois

3. (a) **FULL NAME** Clay Vance 46E

3. (b) If veteran, name war ----
3. (c) Social Security No. ----
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Priscilla
6. (c) Age of husband or wife if alive 72 years
7. Date of Birth (Month, Day, Year) August 16, 1871

8. AGE	Years	Months	Days	If less than 1 day
	72	9	6	-- hrs -- min.

9. Exact Occupation Retired Did this work for -- yrs.
10. Industry or Business --- Date last worked --
11. Birthplace Paris, Illinois (City or town) (State or foreign country)
Father
12. Name Joseph Vance
13. Birthplace Illinois (City or town) (State or foreign country)
Mother
14. Maiden name Jane Archer
15. Birthplace Unknown (City or town) (State or foreign country)
16. Informant's **OWN** Signature Aileen Kallman
and Address Los Angeles, California
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/10/44 (Month) (Day) (Year)
(c) Place: Morris Hill Cemetery, Boise, Ida.
18. Funeral Director's **OWN** Signature [signature]
and Address Boise, Idaho
19. (a) 5-9-44 (Date received and filed) (b) R. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 5-8 1944
at 4:30 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from 3-8-1944, to 5-8 1944
I last saw him alive on 5-8 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Carcinomatosis of abdomen	3 mo.
Due to Probably primary in Colon 46E	?
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? ✓
Name of operation Exploratory Date ?
Major finding
Finding of autopsy none

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature O. F. Swindell M.D. (M. D. or other)
and Address Boise, Idaho Date 5-9 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

138066

United States
Department of Commerce
Bureau of the Census

JUN 14 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 177
Reg. Dist. No.

1. **PLACE OF DEATH:**
(a) County Ada
(b) City or town Boise
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? ✓ Outside? ____ city or town
(e) Died in a Home ____ Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. St. Alphonsus Stayed ____ days
(g) Lived in this county 30 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Ada
(c) City or town Meridian
(d) Street Address or R. F. D. No. Home
(e) Deceased lived Inside? ✓ Outside? ____ city or town
(f) Citizen of what country? U. S.
(g) How long had deceased lived in Idaho? 30 years
(h) Former residence (city, state) Minnesota

3. (a) **FULL NAME** Harriet V. Myers 170c

3. (b) If veteran, name war ____ 3. (c) Social Security No. ____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced widow

6. (b) Name of husband or wife ____ 6. (c) Age of husband or wife if alive ____ years

7. Date of Birth (Month, Day, Year) Dec 8 - 1860

8. AGE	Years	Months	Days	If less than 1 day hrs	min.
	84	4			

9. Exact Occupation Housekeeper Did this work for Life yrs.
10. Industry or Business ____ Date last worked May 1 1944
11. Birthplace ____ (City or town) (State or foreign country)

Father
12. Name A B Jacobs
13. Birthplace Ohio (City or town) (State or foreign country)

Mother
14. Maiden name Sarah Abernathy
15. Birthplace Ills (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs Eva M. Frost
and Address Palm City Cal

17. (a) ____ (Burial, cremation, or removal) (b) Date thereof 5/14/44 (Month) (Day) (Year)
(c) Place: Meridian Cemetery

18. Funeral Director's OWN Signature W. S. Mateer
and Address Meridian Idaho

19. (a) 5-12-44 (Date received and filed) (b) ____ (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 8 1944
at 10.30 o'clock A.M.

21. **I HEREBY CERTIFY,** That I attended deceased from ____ 19____, to ____ 19____
I last saw her alive on May 8th 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cardiac failure	
Due to Myocardial degeneration	
Due to Shock from fractured arm.	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? X Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred Meridian, Idaho
Place of Violence: Home X Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury Car backed into her.

23. Attendant's OWN Signature Jean Thomas M.D. (M. D. or other)
and Address Meridian Date 5-11 1944

(For additional space, use reverse side)

Dr 138067

United States
Department of Commerce
Bureau of the Census

JUN 14 1944

Certificate Of Death

STATE OF IDAHO

State File No.
Local Reg. No. 76
Reg. Dist. No. 371

1. PLACE OF DEATH:
(a) County Ada
(b) City or town Boise
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? XX Outside? ..... city or town
(e) Died in a Home.... Hospital X Institution Other place
(f) Name Hosp. or Inst. Ada County Stayed Since 5/7/42 days
(g) Lived in this county ..... years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Ada
(c) City or town Boise
(d) Street Address or R.F.D. No. Rt. 5
(e) Deceased lived Inside? ..... Outside? XX city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 42 years
(h) Former residence (city, state)

3. (a) FULL NAME Addie Kootlas

1246

3. (b) If veteran, name war ---
3. (c) Social Security No. ---
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife ——
6. (c) Age of husband or wife if alive --- years
7. Date of Birth (Month, Day, Year) October 4, 1901

8. AGE	Years	Months	Days	If less than 1 day
	42	7	5	--- hrs -- min.

9. Exact Occupation Housekeeper Did this work for -- yrs.
10. Industry or Business --- Date last worked --
11. Birthplace Boise (City or town) Idaho (State or foreign country)
Father 12. Name Unknown
13. Birthplace (City or town) (State or foreign country)
Mother 14. Maiden name Unknown
15. Birthplace (City or town) (State or foreign country)
16. Informant's OWN Signature Frank M. Massengale
and Address Boise, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/11/44 (Month) (Day) (Year)
(c) Place: Morris Hill Cemetery, Boise, Ida
18. Funeral Director's OWN Signature [illegible]
and Address Boise, Idaho
19. (a) 5-9-44 (Date received and filed) (b) R. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) May - 9 1944
at 4:30 o'clock P.M.
21. I HEREBY CERTIFY, That I attended deceased from 7/30 1942 to 5-9 1944
I last saw her alive on 5-8- 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Congestive heart failure	7 -
Due to Cirrhosis	12 [illegible]
Due to Myocarditis	[illegible]
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ..... Date
Major finding
Finding of autopsy

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury
23. Attendant's OWN Signature S. W. Forney MD (M. D. or other)
and Address Boise Ida Date 5/9 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

JUN 1 4 1944 STATE OF IDAHO

138868

State File No.
Local Reg. No. 8581
Reg. Dist. No. 371

1. PLACE OF DEATH:
(a) County Ada
(b) City or town Boise
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? Outside? XX city or town
(e) Died in a Home Hospital Institution Other place X
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 1 years 3 months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Ada
(c) City or town Boise
(d) Street Address or R.F.D. No. 419 S. 10th
(e) Deceased lived Inside? XX Outside? city or town
(f) Citizen of what country? Germany
(g) How long had deceased lived in Idaho? 1¼ years
(h) Former residence (city, state) Washington

3. (a) FULL NAME Gunther Max Carl Leidel

175 d

3. (b) If veteran, name war ----
3. (c) Social Security No. 539-09-0537
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Victoria
6. (c) Age of husband or wife if alive 29 years
7. Date of Birth (Month, Day, Year) January 19, 1905

8. AGE	Years	Months	Days	If less than 1 day
	39	3	11	-- hrs -- min.

9. Exact Occupation Millwright — Did this work for 3 mo. yrs
10. Industry or Business Sawmill — Date last worked 5/9/44
11. Birthplace Bohlen Thuringen (City or town) Germany (State or foreign country)
Father
12. Name Unknown
13. Birthplace (City or town) Germany (State or foreign country)
Mother
14. Maiden name Unknown
15. Birthplace (City or town) Germany (State or foreign country)
16. Informant's OWN Signature Victoria Leidel
and Address 419 S 10th Boise, Ida.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/16/44 (Month) (Day) (Year)
(c) Place: Morris Hill Cemetery, Boise, Ida
18. Funeral Director's OWN Signature W McBratney
and Address Boise, Idaho
19. (a) 5-17-44 (Date received and filed) (b) R. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) May - 9 - 1944
at about 3:30 o'clock P. M.

21. I HEREBY CERTIFY, That ~~I attended deceased from~~ ~~19~~, to ~~19~~ ~~I last saw h~~ ~~alive on~~ ~~19~~; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Chest badly crushed over his heart caused by dump truck — Duration
Due to body coming down on him catching him between
Due to the frame of the truck
Other conditions (Include pregnancy within 3 months of death) and the body of the truck. Killed instantly.
Where was disease contracted? Accident. Nothing of a criminal nature found.
Name of operation Date
Major finding
Finding of autopsy None
No Inquest

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? yes Suicide? — Homicide? —
Occurred May 9 - 1944 19 City, county, state where violence occurred Boise, Ada Co, Idaho
Place of Violence: Home — Farm — Industry Saw mill
Public Place — While at work? Yes
Means of injury Dump truck accident

23. Attendant's OWN Signature W McBratney (M. D. or other) Coroner
and Address Boise, Idaho Date 5/10/44 19
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

JUN 14 1944

138869

State File No. 138869
Local Reg. No. 179
Reg. Dist. No. 2

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise
   (c) Street Address or R.F.D. No. 1st & Bannock
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home .... Hospital X Institution .... Other place ....
   (f) Name Hosp. or Inst. St. Lukes Stayed 7 days
   (g) Lived in this county 18 years ..... months ..... days

   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Ada
   (c) City or town Boise
   (d) Street Address or R.F.D. No. 1716 N. 9th
   (e) Deceased lived Inside? X Outside? ..... city or town
   (f) Citizen of what country? U.S.
   (g) How long had deceased lived in Idaho? Life years
   (h) Former residence (city, state) .....

3. (a) **FULL NAME** Vivian Lucille Fackrell

121

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) Sept. 2, 1925

8. AGE	Years	Months	Days	If less than 1 day
	18	8	8	hrs ..... min.

9. Exact Occupation Stenographer Did this work for 1 yrs.
10. Industry or Business Dept. Public Health Date last worked May 3, 1944
11. Birthplace Boise, Idaho (City or town) (State or foreign country)

Father
12. Name Lyman M. Fackrell
13. Birthplace Orderville, Utah (City or town) (State or foreign country)

Mother
14. Maiden name Audrey Bruno
15. Birthplace Boise, Idaho (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mrs L.M. Fackrell
and Address 1716 N. 9th, Boise, Ida.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 13, 1944 (Month) (Day) (Year)
(c) Place: Cloverdale

18. Funeral Director's **OWN** Signature .....
and Address Boise, Idaho

19. (a) 5-13-44 (Date received and filed) (b) ..... (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 10 19 44
at 9:00 o'clock PM.

21. **I HEREBY CERTIFY**, That I attended deceased from May 3 19 44, to May 10 19 44
I last saw him alive on May 10 19 44; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — Duration

Exhaustion - 121 — 5-7-44
Ruptured appendix. — 5-1-44
Due to Mal-Nutrition.
Due to .....
Other conditions (Include pregnancy within 3 months of death) .....

Where was disease contracted? Home.
Name of operation Appendicitis Date 5-3-44
Major finding Gangrenous appx
Finding of autopsy No.

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature Stanley T. Nokes M.D.
(M. D. or other)
and Address Boise Date 5-12-19 44
(For additional space, use reverse side)

Piondexter 138870

United States
Department of Commerce
Bureau of the Census

JUN 14 1944

Certificate Of Death

STATE OF IDAHO

State File No.
Local Reg. No. 181
Reg. Dist. No. 37

1. PLACE OF DEATH:
(a) County Ada
(b) City or town Boise.
(c) Street Address or R.F.D. No. 1504. N. 21.
(d) Death Occured Inside? Yes Outside? ..... city or town
(e) Died in a Home X Hospital ..... Institution ..... Other place .....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 24 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho. (b) County Ada
(c) City or town Boise.
(d) Street Address or R.F.D. No. 1504. N. 21.
(e) Deceased lived Inside? Yes Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 24 years
(h) Former residence (city, state) Utah.

3. (a) FULL NAME Dr. John Simmons Dade.

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3. (b) If veteran, name war No.
3. (c) Social Security No. None.
4. Sex Male. 5. Color or race White. 6. (a) Single, widowed, married, divorced Married.
6. (b) Name of husband or wife Flora Dade. 6. (c) Age of husband or wife if alive 57. years
7. Date of Birth (Month, Day, Year) December. 27. 1872.

8. AGE	Years	Months	Days	If less than 1 day
	71.	4.	14.	hrs min.

9. Exact Occupation Veterinarian. Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Baltimore Maryland. (City or town) (State or foreign country)
Father
12. Name Alexander Dade.
13. Birthplace Baltimore Maryland. (City or town) (State or foreign country)
Mother
14. Maiden name Unknown.
15. Birthplace Unknown. (City or town) (State or foreign country)
16. Informant's OWN Signature Flora Dade
and Address 1504. N. 21 St Boise, Idaho.
17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof May. 13. 1944. (Month) (Day) (Year)
(c) Place: Morris Hill Cemetery.
18. Funeral Director's OWN Signature Clyde E. Summers Funeral Home.
and Address Boise, Idaho.
19. (a) 5-15-44 (Date received and filed) (b) R. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 11 1944
at 3:42 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from Feb 21 1944 to May 11 1944
I last saw him alive on May 11 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Coronary Artery Disease with Myocardial degeneration	4 months
Due to Coronary Adenosis	
Due to	
Other conditions Diabetes Mellitus (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred — 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's OWN Signature L. B. Piondexter M.D. (M. D. or other)
and Address Boise, Idaho Date 5/13 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JUN 14 1944

Certificate Of Death

STATE OF IDAHO

State File No. 1388.1
Local Reg. No. 183
Reg. Dist. No. 3

1. PLACE OF DEATH:
(a) County Ada
(b) City or town Boise
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? xx Outside? city or town
(e) Died in a Home Hospital x Institution Other place
(f) Name Hosp. or Inst St. Luke's Stayed days
(g) Lived in this county 8 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Ada
(c) City or town Boise
(d) Street Address or R.F.D. No. 2313 Overland Rd.
(e) Deceased lived Inside? Outside? xx city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 8 years
(h) Former residence (city, state) Nebraska

3. (a) **FULL NAME** Emma Olive Dick

48a

3. (b) If veteran, name war ---
3. (c) Social Security No. ----
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Loor B.
6. (c) Age of husband or wife if alive 57 years
7. Date of Birth (Month, Day, Year) August 25, 1891

8. AGE	Years	Months	Days	If less than 1 day
	52	8	16	-- hrs -- min.

9. Exact Occupation Housewife — Did this work for --yrs.
10. Industry or Business ---- — Date last worked ---
11. Birthplace Kenesaw Nebraska (City or town) (State or foreign country)

Father
12. Name C. W. Cullip
13. Birthplace Kentucky (City or town) (State or foreign country)

Mother
14. Maiden name Nellie B. Booth
15. Birthplace Illinois (City or town) (State or foreign country)

16. Informant's **OWN** Signature Nora Snyder
and Address Boise, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/15/44 (Month) (Day) (Year)
(c) Place: Morris Hill Cemetery, Boise, Ida.
18. Funeral Director's **OWN** Signature W. Mac Bonfigey
and Address Boise, Idaho
19. (a) 5-17-44 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 11 1944
at 2 P.M. o'clock
21. **I HEREBY CERTIFY**, That I attended deceased from July 1938, to May 1944
I last saw h[illegible] alive on 5-11-44; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — Duration

Carcinoma of Cervix — 8 yrs.
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Where was disease contracted? —
Name of operation Date
Major finding
Finding of autopsy —

PHYISCIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature Alfred M. Popma M.D. (M. D. or other)
and Address Boise Idaho Date 5-17 1944
(For additional space, use reverse side)

138872

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

JUN 14 1944

State File No.
Local Reg. No. 178
Reg. Dist. No. 370

1. PLACE OF DEATH:
(a) County Ada
(b) City or town Boise.
(c) Street Address or R.F.D. No. 605. Hays Street.
(d) Death Occured Inside? Yes Outside? ..... city or town
(e) Died in a Home X Hospital.... Institution.... Other place....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 16 years 5. months 18. days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho. (b) County Ada
(c) City or town Boise.
(d) Street Address or R.F.D. No. 605. Hays St.
(e) Deceased lived Inside? Yes Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 16. years
(h) Former residence (city, state) X

3. (a) FULL NAME Wanda Laverne Mc Kinnis. 81a

3. (b) If veteran, name war No.
3. (c) Social Security No. None.
4. Sex Female 5. Color or race White.
6. (a) Single, widowed, married, divorced Single.
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) November. 24. 1927.

8. AGE	Years	Months	Days	If less than 1 day
	16.	5.	18.	hrs min.

9. Exact Occupation None. Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Meridian, Idaho. (City or town) (State or foreign country)
Father 12. Name Frank. L. Mc Kinnis.
13. Birthplace Lyons, Kansas. (City or town) (State or foreign country)
Mother 14. Maiden name Faye Hamby.
15. Birthplace Missouri. (City or town) (State or foreign country)
16. Informant's OWN Signature Frank L McKinnis
and Address 605 Hays. Boise
17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof May.15.1944. (Month) (Day) (Year)
(c) Place: Meridian, Idaho.
18. Funeral Director's OWN Signature Summers Funeral Home. Clyde E Summers
and Address Boise, Idaho.
19. (a) 2-13-44 (Date received and filed) (b) R. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 12 1944
at ..... o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from April 1928, to May 12 1944
I last saw her alive on May 12 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
111c Hypostatic pneumonia	48 hrs
Due to Paralysis 83d	16 years
Due to Pneumococcic meningitis	16 yrs ago
Other conditions 81a (Include pregnancy within 3 months of death) Extreme Malnutrition	about 3 yrs

Where was disease contracted?
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's OWN Signature Harmon Tremaine Mill (M. D. or other)
and Address Boise Ida. Date 5/13 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Pennell 138673

United States
Department of Commerce
Bureau of the Census JUN 14 1944

Certificate Of Death

STATE OF IDAHO

State File No.
Local Reg. No. 182
Reg. Dist. No. 370

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise.
   (c) Street Address or R.F.D. No. X
   (d) Death Occured Inside? Yes Outside? ....city or town
   (e) Died in a Home.... Hospital X Institution.... Other place....
   (f) Name Hosp. or Inst. St. Lukes. Stayed 1 days
   (g) Lived in this county 3 years ....months ....days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Ida. (b) County Ada
   (c) City or town Boise.
   (d) Street Address or R.F.D. No. Depot Inn.
   (e) Deceased lived Inside? Yes Outside? ....city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 3 years
   (h) Former residence (city, state) Michigan.

3. (a) **FULL NAME** Guy Dennis Burdick. 136

3. (b) If veteran, name war No.
3. (c) Social Security No. 272-03-4532
4. Sex Male. 5. Color or race White. 6. (a) Single, widowed, married, divorced Married.
6. (b) Name of husband or wife Laura Burdick. 6. (c) Age of husband or wife if alive 52. years
7. Date of Birth (Month, Day, Year) September. 11. 1888.

8. AGE	Years	Months	Days	If less than 1 day
	55.	8.	1.	hrs min.

9. Exact Occupation Laborer. Did this work for ....yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Bear Lake Penn. (City or town) (State or foreign country)

Father
12. Name Laffette M. Burdick.
13. Birthplace Penn. (City or town) (State or foreign country)

Mother
14. Maiden name Laura Coykendall.
15. Birthplace Ohio. (City or town) (State or foreign country)

16. Informant's **OWN** Signature Howard R. Burdick
and Address Depot Inn, Boise, Idaho

17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof May. 17. 1944 (Month) (Day) (Year)
(c) Place: Morris Hill Cemetery.

18. Funeral Director's **OWN** Signature Clyde E. Summers
and Address Boise, Idaho.

19. (a) 5-16-44 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 5-12 1944
at 11:30 o'clock a M.

21. **I HEREBY CERTIFY,** That I attended deceased from 9-2-1941, to 5-12-1944
I last saw him alive on 5-12-1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Anaemia 1521.2	?
Due to Tuberculosis of Genitourinary tract	about 4 years
Due to Pulmonary T.B. 20	4 years
Other conditions 136.1 (Include pregnancy within 3 months of death)	

Where was disease contracted? ✓
Name of operation Nephrectomy Date 1941
Major finding T.B. Left Kidney
Finding of autopsy none

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature O. J. Pennell M.D. (M. D. or other)
and Address Boise, Idaho Date 5-15 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JUN 14 1944

Certificate Of Death

STATE OF IDAHO

Sprague

State File No. 13874
Local Reg. No. 78
Reg. Dist. No. 371

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise.
   (c) Street Address or R.F.D. No. 3421.- 4 th Ave S
   (d) Death Occured Inside? ..... Outside? Yes city or town
   (e) Died in a Home X Hospital .... Institution .... Other place ....
   (f) Name Hosp. or Inst. ..... Stayed ..... days
   (g) Lived in this county 3. years 5. months 22. days

   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho. (b) County Ada
   (c) City or town Boise.
   (d) Street Address or R.F.D. No. 3421.- 4 th Ave South
   (e) Deceased lived Inside? ..... Outside? Yes city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 3 years
   (h) Former residence (city, state) X

3. (a) **FULL NAME** Buddy Watson Bogard. 35

3. (b) If veteran, name war No.
3. (c) Social Security No. None.
4. Sex Male. 5. Color or race White. 6. (a) Single, widowed, married, divorced Single.
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) November. 21. 1940.

8. AGE	Years	Months	Days	If less than 1 day
	3.	5.	22.	hrs min.

9. Exact Occupation None. Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Boise, Idaho. (City or town) (State or foreign country)

Father
12. Name Durward. L. Watson.
13. Birthplace Colorado Springs Colorado. (City or town) (State or foreign country)

Mother
14. Maiden name Genevieve Wright.
15. Birthplace Springfield, Missouri. (City or town) (State or foreign country)

16. Informant's **OWN** Signature W. E. Bogard
and Address 3421 4th Ave South.

17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof May. 15. 1944. (Month) (Day) (Year)
(c) Place: Morris Hill Cemetery.

18. Funeral Director's **OWN** Signature Clyde E. Summers
and Address Boise, Idaho.

19. (a) 5-15-44 (Date received and filed) (b) R. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 13" 1944
at 11'45 o'clock P. M.

21. **I HEREBY CERTIFY**, That I attended deceased from May 11 1944, to May 13 1944
I last saw h~~e~~ alive on May 13 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Measles - Encephalitis	4 da.
Due to 35 805	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted? Home	
Name of operation ..... Date	PHYSICIAN Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy none.	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature J. M. Sprague M.D. (M. D. or other)
and Address Boise Ida. Date 5-15 1944

(For additional space, use reverse side)

138075

United States
Department of Commerce
Bureau of the Census JUN 14 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 80
Reg. Dist. No. 371

1. **PLACE OF DEATH:**
(a) County Ada
(b) City or town Meridian
(c) Street Address or R. F. D. No. 2
(d) Death Occurred Inside? ✓ Outside? ___ city or town
(e) Died in a Home ✓ Hospital ___ Institution ___ Other place ___
(f) Name Hosp. or Inst. ___ Stayed ___ days
(g) Lived in this county 14 years ___ months ___ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Ada
(c) City or town Meridian
(d) Street Address or R. F. D. No. 2
(e) Deceased lived Inside? ___ Outside? ✓ city or town
(f) Citizen of what country? US
(g) How long had deceased lived in Idaho? 21 years
(h) Former residence (city, state) ___

3. (a) **FULL NAME** Hilda Lenore Warner 131a

3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Jay E
6. (c) Age of husband or wife if alive 46 years
7. Date of Birth (Month, Day, Year) Feb. 8, 1881

8. AGE	Years	Months	Days	If less than 1 day hrs	min.
	63	3	5		

9. Exact Occupation Housewife Did this work for 40 yrs.
10. Industry or Business ___ Date last worked Oct 1943
11. Birthplace Sloan (City or town) Iowa (State or foreign country)

Father
12. Name John Sundstrom
13. Birthplace — (City or town) Sweden (State or foreign country)

Mother
14. Maiden name Christine Carlsen
15. Birthplace — (City or town) Sweden (State or foreign country)

16. Informant's **OWN** Signature L E Mariner
and Address RR Meridian Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-16-44 (Month) (Day) (Year)
(c) Place: Clay's dale
18. Funeral Director's **OWN** Signature Kenneth McEdmiston
and Address Meridian Idaho
19. (a) 5-16-44 (Date received and filed) (b) A. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 13 1944
at 5:30 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from April 1942, to May 13 1944
I last saw her alive on May 12 19 44 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:		Duration
	Uremia 132:2	2 mo
Due to	Nephritis 132:1	2 yrs
Due to	Hypertention 102	5 yrs
Other conditions (Include pregnancy within 3 months of death)		

Where was disease contracted? ___
Name of operation ___ Date ___
Major finding ___
Finding of autopsy ___

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ___ Suicide? ___ Homicide? ___
Occurred ___ 19 ___ City, county, state where violence occurred ___
Place of Violence: Home ___ Farm ___ Industry ___
Public Place ___ While at work? ___
Means of injury ___
23. Attendant's **OWN** Signature L E Jewell M D
and Address Meridian Ida (M. D. or other) Date May 13 19 44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink on BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

13857G

United States
Department of Commerce
Bureau of the Census JUN 14 1944

Certificate Of Death

STATE OF IDAHO

State File No. 13857G
Local Reg. No. 185
Reg. Dist. No. 3

1. PLACE OF DEATH:
(a) County Ada
(b) City or town Boise
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? X Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. St. Lukes Stayed 4 ~~days~~ Weeks
(g) Lived in this county 0 years 0 months 28 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Ada
(c) City or town Boise
(d) Street Address or R.F.D. No. Route # 2
(e) Deceased lived Inside? Outside? X city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 4 Weeks years
(h) Former residence (city, state) --------

3. (a) FULL NAME Eugene Allen Milburn

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3. (b) If veteran, name war ------
3. (c) Social Security No. --------
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife --------
6. (c) Age of husband or wife if alive ------ years
7. Date of Birth (Month, Day, Year) April 16, 1944

8. AGE	Years	Months	Days	If less than 1 day
	0	0	28	~~hrs~~ min.

9. Exact Occupation None — Did this work for --- yrs.
10. Industry or Business ---------- — Date last worked ------
11. Birthplace Boise, Idaho (City or town) (State or foreign country)
Father 12. Name Vernal Lloyd Milburn
13. Birthplace Boise, Idaho (City or town) (State or foreign country)
Mother 14. Maiden name Geraldine Ann Parker
15. Birthplace Boise, Idaho (City or town) (State or foreign country)
16. Informant's **OWN** Signature Vernal L Milburn
and Address Boise Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/16/44 (Month) (Day) (Year)
(c) Place: Morris Hill Cemetery, Boise, Idaho
18. Funeral Director's **OWN** Signature [illegible]
and Address Boise, Idaho
19. (a) 5-19-44 (Date received and filed) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 14 1944
at 5.25 o'clock P. M.
21. **I HEREBY CERTIFY**, That I attended deceased from April 24 1944 to May 14 1944
I last saw him alive on May 13 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Prematurity	28 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature Harmon Jermaine M.D. (M. D. or other)
and Address Boise Ida. Date 5/17 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

JUN 14 1944

State File No. 13807
Local Reg. No. 86
Reg. Dist. No. 371

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) ~~City~~ or town Horseshoe Bend
   (c) Street Address or R. F. D. No.
   (d) Death Occured ~~Inside?~~ Outside? city or town
   (e) Died in a ~~Home~~ Hospital ~~Institution~~ ~~Other place~~
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county 18 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Ada
   (c) ~~City or~~ town Star
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? ~~Outside?~~ ~~city or~~ town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 18 years
   (h) Former residence (city, state) Texas

3. (a) **FULL NAME** Charles C. Rice 95a

3. (b) If veteran, name war
3. (c) Social Security No. 518-22-1481
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced
6. (b) Name of ~~husband~~ or wife Mackie
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Mar 7-1878

8. AGE	Years	Months	Days	If less than 1 day
	66	2	10	hrs min.

9. Exact Occupation Common Labor Did this work for yrs.
10. Industry or ~~Business~~ Saw Mill Date last worked 5/17/44
11. Birthplace W. Virginia (City or town) (State or foreign country)

Father
12. Name Isaac Rice
13. Birthplace W. Virginia (City or town) (State or foreign country)

Mother
14. Maiden name Hawthorne
15. Birthplace W. Virginia (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mrs. Ruth Hill
and Address Star Ida
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/19/44 (Month) (Day) (Year)
(c) Place: Cloverdale Cem
18. Funeral Director's **OWN** Signature F. K. Fobes
and Address Nampa Ida
19. (a) 5-26-44 (Date received and filed) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 5/17 1944
at o'clock M.

21. **I HEREBY CERTIFY**, That I attended deceased from 5-17 1944, to 5-17- 1944
I last saw him ~~alive~~ on 5-17 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration
Sudden death possibly heart block or ruptured
Due to
Cause unknown as no autopsy
Due to was performed
Other conditions
(Include pregnancy within 3 months of death)
Man was at work and just fell and died in a few minutes
Where was disease contracted?
Name of operation None Date
Major finding
Finding of autopsy No autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature J. L. Reynolds (M. D. or other)
and Address Emmett Ida Date 5-19 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census JUN 1 1 1944

Certificate Of Death

STATE OF IDAHO

State File No. 1388[illegible]
Local Reg. No. 186
Reg. Dist. No. [illegible]

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise
   (c) Street Address or R.F.D. No. 412 N. 21 st
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home X Hospital ..... Institution ..... Other place .....
   (f) Name Hosp. or Inst. ..... Stayed ..... days
   (g) Lived in this county 10 years ..... months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Ada
   (c) City or town Boise
   (d) Street Address or R.F.D. No. 412N 21st
   (e) Deceased lived Inside? X Outside? ..... city or town
   (f) Citizen of what country? U.S.
   (g) How long had deceased lived in Idaho? 15 years
   (h) Former residence (city, state) Logan, Utah

3. (a) **FULL NAME** Isabella M. Peterson 93d

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife O.E. Peterson
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) Dec. 12, 1863

8. AGE	Years	Months	Days	If less than 1 day
	80	5	6	hrs min.

9. Exact Occupation Housewife Did this work for ..... yrs.
10. Industry or Business Own Home Date last worked Mar. 1944
11. Birthplace Salt Lake City, Utah (City or town) (State or foreign country)
Father
12. Name John Andrew
13. Birthplace Ireland (City or town) (State or foreign country)
Mother
14. Maiden name Elizabeth Wright
15. Birthplace England (City or town) (State or foreign country)
16. Informant's **OWN** Signature S.G. Peterson
and Address 1102 N.24th, Boise, Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof May 21, 1944 (Month) (Day) (Year)
(c) Place: Logan, Utah
18. Funeral Director's **OWN** Signature Sherwin Webb
and Address Boise, Idaho
19. (a) 5-2044 (Date received and filed) (b) R. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 18 1944
at 11 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from May 1 1942 to May 18 1944
I last saw her alive on May 18 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
111c Pulmonary Oedema	18 hrs.
Due to Myocardial failure & Chronic Myocarditis	1 year
Due to 93d	
Other conditions Right Hemiplegia (Include pregnancy within 3 months of death) 83d	4 days

Where was disease contracted?
Name of operation ..... Date .....
Major finding .....
Finding of autopsy None

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature T. N. Braxton MD (M. D. or other)
and Address Boise Idaho Date May 20 1944
(For additional space, use reverse side)

Dr. Form 1388.79

United States
Department of Commerce
Bureau of the Census JUN 14 1944

Certificate Of Death

STATE OF IDAHO

State File No.
Local Reg. No. 187
Reg. Dist. No. 870

1. PLACE OF DEATH:
(a) County Ada
(b) City or town Boise
(c) Street Address or R.F.D. No. 2305 North 20th
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Home X Hospital ..... Institution ..... Other place .....
(f) Name Hosp. or Inst. ---------- Stayed -- days
(g) Lived in this county 22 years -- months -- days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Ada
(c) City or town Boise
(d) Street Address or R.F.D. No. 2305 North 20th
(e) Deceased lived Inside? X Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 22 years
(h) Former residence (city, state) Nebraska

3. (a) **FULL NAME** Benjamin Walton Bennett

94a

3. (b) If veteran, name war ------
3. (c) Social Security No. .....
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Sarah Blanche
6. (c) Age of husband or wife if alive 59-1 years
7. Date of Birth (Month, Day, Year) July 26, 1872

8. AGE	Years	Months	Days	If less than 1 day
	71	10	24	hrs min.

9. Exact Occupation Retired — Did this work for ---- yrs.
10. Industry or Business ---------- — Date last worked ------
11. Birthplace Redoak, Iowa (City or town) (State or foreign country)
Father
12. Name Silas Walton Bennett
13. Birthplace Pennsylvania (City or town) (State or foreign country)
Mother
14. Maiden name Elizabeth Duke
15. Birthplace Ireland (City or town) (State or foreign country)
16. Informant's OWN Signature Mrs. Dan Straub
and Address Boise, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/23/44 (Month) (Day) (Year)
(c) Place: Cloverdale Mem. Park, Boise, Ida.
18. Funeral Director's OWN Signature [illegible]
and Address Boise Idaho
19. (a) 5-23-44 (Date received and filed) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 20 1944
at ..... o'clock P M
21. I HEREBY CERTIFY, That I attended deceased from 5-19 1941, to 5-20 1944
I last saw him alive on 5-19 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Coronary heart disease	3 or 4 yrs
Due to Hypertension	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYISCIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's OWN Signature S W Forney M D (M. D. or other)
and Address Boise Ida Date ..... 19.....
(For additional space, use reverse side)

MAY 20 1944

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JUN 1 1 1944

Certificate Of Death

STATE OF IDAHO

State File No. 135080
Local Reg. No. 189
Reg. Dist. No. 3

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise
   (c) Street Address or R. F. D. No.
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home .... Hospital X Institution .... Other place ....
   (f) Name Hosp. or Inst St. Lukes Stayed ..... days
   (g) Lived in this county 0 years 0 months 1 days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Ada
   (c) City or town Star
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? ..... Outside? X ..... city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 1 Day years
   (h) Former residence (city, state) -------

3. (a) **FULL NAME** Robert Michael Tuerretin 159

3. (b) If veteran, name war -------
3. (c) Social Security No. ---------
4. Sex Male race White
5. Color or
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife -------
6. (c) Age of husband or wife if alive ------- years
7. Date of Birth (Month, Day, Year) May 19, 1944

8. AGE	Years	Months	Days	If less than 1 day
	0	0	1	hrs min.

9. Exact Occupation None Did this work for --- yrs.
10. Industry or Business ---------- Date last worked ----
11. Birthplace Idaho (City or town) (State or foreign country)

Father
12. Name Robert Tuerretin
13. Birthplace Ada County, Idaho (City or town) (State or foreign country)

Mother
14. Maiden name Eva Mae Little
15. Birthplace Teton County, Idaho (City or town) (State or foreign country)

16. Informant's **OWN** Signature J. M. Little
and Address Eagle R/ Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/ 22/ 44 (Month) (Day) (Year)
(c) Place: Morris Hill Cemetery, Boise, Idaho
18. Funeral Director's **OWN** Signature [illegible]
and Address Boise, Idaho
19. (a) 5-24-44 (Date received and filed) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 20 1944
at 10 A.M. o'clock P.M.
21. **I HEREBY CERTIFY**, That I attended deceased from May 19 1944, to May 20 1944
I last saw him alive on ..... 19 ....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death	Duration
Prematurity	1 day
Due to Premature Loosening of Placenta	1 day
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation ..... Date	
Major finding	
Finding of autopsy None	

PHYISICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature J. M. Braxton M.D. (M. D. or other)
and Address Boise Idaho Date ..... 19 .....
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census JUN 14 1944

Certificate Of Death

STATE OF IDAHO

State File No. 13855
Local Reg. No. 85
Reg. Dist. No. 371

1. PLACE OF DEATH:
(a) County Ada
(b) City or town Boise
(c) Street Address or R.F.D. No. Route 5
(d) Death Occured Inside? ..... Outside? xx city or town
(e) Died in a Home. X Hospital.... Institution.... Other place....
(f) Name Hosp. or Inst..... Stayed.....days
(g) Lived in this county.....years .....months .....days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Ada
(c) City or town Boise
(d) Street Address or R.F.D. No. Route 5
(e) Deceased lived Inside? ..... Outside? xx city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 36 years
(h) Former residence (city, state) Michigan

3. (a) **FULL NAME** James Leroy Davis

46b

3. (b) If veteran, name war ----
3. (c) Social Security No. ----
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Leora
6. (c) Age of husband or wife if alive ---- years
7. Date of Birth (Month, Day, Year) August 12, 1865

8. AGE	Years	Months	Days	If less than 1 day
	78	9	8	--- hrs - min.

9. Exact Occupation Sheepman — Did this work for -- yrs.
10. Industry or Business ---- — Date last worked --
11. Birthplace Davisburg, Michigan (City or town) (State or foreign country)

Father
12. Name James Harvey Davis
13. Birthplace Davisburg, Michigan (City or town) (State or foreign country)

Mother
14. Maiden name Isabelle Erwin
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's **OWN** Signature James L. Davis
and Address Twin Falls, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/23/44 (Month) (Day) (Year)
(c) Place: Morris Hill Cemetery, Boise, Idaho

18. Funeral Director's **OWN** Signature [illegible]
and Address Boise, Idaho

19. (a) 5-24-44 (Date received and filed) (b) R. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 20 1944
at ..... o'clock ..... M.

21. **I HEREBY CERTIFY**, That I attended deceased from May 1 1944, to ..... 19.....
I last saw h--- alive on ..... 19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Carcinoma of Stomach	1 yr
and Anemia	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? Boise Idaho
Name of operation None Date .....
Major finding .....
Finding of autopsy None

PHYISICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature J. M. Brayton M.D. (M. D. or other)
and Address Boise Idaho — Date ..... 19.....
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JUN 14 1944

Certificate Of Death

STATE OF IDAHO

Swindell 138882

State File No. 188
Local Reg. No. 188
Reg. Dist. No. 370

1. **PLACE OF DEATH:**
(a) County Ada
(b) City or town Boise.
(c) Street Address or R.F.D. No. X
(d) Death Occured Inside? Yes Outside? ..... city or town
(e) Died in a Home .... Hospital X Institution .... Other place ....
(f) Name Hosp. or Inst St Lukes. Stayed 12 days
(g) Lived in this county 24 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho. (b) County Ada
(c) City or town Boise.
(d) Street Address or R.F.D. No. 1211. Brady St
(e) Deceased lived Inside? Yes Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 29 years
(h) Former residence (city, state) X

3. (a) **FULL NAME** Ella Velma Rolfe. 72a

3. (b) If veteran, name war No.
3. (c) Social Security No. 518- 07- 2055.
4. Sex Female 5. Color or race White.
6. (a) Single, widowed, married, divorced Married.
6. (b) Name of husband or wife Lewis Ward.
6. (c) Age of husband or wife if alive 32. years
7. Date of Birth (Month, Day, Year) April. 17. 1915.

8. AGE	Years	Months	Days	If less than 1 day
	29.	1.	5.	hrs min.

9. Exact Occupation Telephone Operator. Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Idaho Falls, Idaho. (City or town) (State or foreign country)
Father 12. Name David Munro.
13. Birthplace Canada. (City or town) (State or foreign country)
Mother 14. Maiden name Emma Josephene Smith.
15. Birthplace Independence Mo. (City or town) (State or foreign country)
16. Informant's **OWN** Signature Lewis Ward Rolfe
and Address 1211 Brady St
17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof May. 24. 1944. (Month) (Day) (Year)
(c) Place: Cloverdale Memorial Park.
18. Funeral Director's **OWN** Signature Summers Funeral Home. Clyde E Summers
and Address Boise, Idaho.
19. (a) 5-24-44 (Date received and filed) (b) N. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 5-22 1944
at 8.02 o'clock a M.
21. **I HEREBY CERTIFY**, That I attended deceased from 8-24 1943, to 5-22 1944
I last saw her alive on 5-21 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: 118:3	Duration
Hemorrhage from Stomach	30 min.
Due to Thrombocytopenia 72a	2 mo
Due to Lupus Erythematosis	153:2
Other conditions Leukemia	3 yr
(Include pregnancy within 3 months of death)	

Where was disease contracted? ✓
Name of operation ..... Date .....
Major finding .....
Finding of autopsy hemorrhage into intestinal tract & colony

PHYSICIAN/ Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature A. F. Swindell M.D. (M. D. or other)
and Address Boise, Idaho Date 5-23 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JUN 14 1944

Certificate Of Death

STATE OF IDAHO

State File No. 138003
Local Reg. No. 196
Reg. Dist. No. 370

1. **PLACE OF DEATH:**
(a) County Ada
(b) City or town Boise
(c) Street Address or R.F.D. No. 412 State
(d) Death Occured Inside? ..... Outside? ..... city or town
(e) Died in a Home .... Hospital X Institution .... Other place ....
(f) Name Hosp. or Inst. St Alphonsus Stayed 11 days
(g) Lived in this county ..... years ..... months 11 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State ..... (b) County .....
(c) City or town .....
(d) Street Address or R.F.D. No. 1719½ N 18th
(e) Deceased lived Inside? ..... Outside? ..... city or town
(f) Citizen of what country? .....
(g) How long had deceased lived in Idaho? ..... years
(h) Former residence (city, state) .....

3. (a) **FULL NAME** Joan Katherine Schumick 159

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Fem
5. Color or race W
6. (a) Single, widowed, married, divorced .....
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) May 11 1944

8. AGE	Years	Months	Days	If less than 1 day
			11	hrs min.

9. Exact Occupation Baby Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Boise (City or town) Idaho (State or foreign country)
Father
12. Name John F. Schumick
13. Birthplace Columbus (City or town) Ohio (State or foreign country)
Mother
14. Maiden name Katherine J Dorthaler
15. Birthplace Columbus (City or town) Ohio (State or foreign country)
16. Informant's **OWN** Signature Jim S. Schumick
and Address 1719½ N 18th St
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 23, 1944 (Month) (Day) (Year)
(c) Place: Morris Hill
18. Funeral Director's **OWN** Signature O Sherwin Webb
and Address Boise, Idaho
19. (a) 5-29-44 (Date received and filed) (b) R. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 22 1944
at 8 40 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from May 11 1944, to May 22 1944
I last saw her alive on May 22 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Prematurity	
Due to 7 mo.	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted? 0	
Name of operation 0 Date	
Major finding	
Finding of autopsy 0	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature Verne J Lundas (M. D. or other)
and Address Bowen Field Date 5-29 1944
(For additional space, use reverse side)

Ph 976

United States
Department of Commerce
Bureau of the Census

JUN 14 1944

Certificate Of Death

STATE OF IDAHO

State File No. 138[illegible]4
Local Reg. No. 88
Reg. Dist. No. 371

1. PLACE OF DEATH:
(a) County Ada
(b) City or town Boise.
(c) Street Address or R.F.D. No. 1802. Robert.
(d) Death Occured Inside? ..... Outside? Yes city or town
(e) Died in a Home X Hospital ..... Institution ..... Other place .....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 7 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho. (b) County Ada
(c) City or town Boise.
(d) Street Address or R.F.D. No. 1802. Robert.
(e) Deceased lived Inside? ..... Outside? Yes city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 7 years
(h) Former residence (city, state) Washington.

3. (a) FULL NAME Fred Nelson Wilson.

131a

3. (b) If veteran, name war No.
3. (c) Social Security No. None.
4. Sex Male. 5. Color or race White. 6. (a) Single, widowed, married, divorced Married.
6. (b) Name of husband or wife Mate. F. Wilson. 6. (c) Age of husband or wife if alive 78. years
7. Date of Birth (Month, Day, Year) December. 5. 1859.

8. AGE	Years	Months	Days	If less than 1 day
	84.	4.	17.	hrs min.

9. Exact Occupation Farmer. Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace West Union, Iowa. (City or town) (State or foreign country)
Father 12. Name Houston Nelson Wilson.
13. Birthplace Canada. (City or town) (State or foreign country)
Mother 14. Maiden name Unknown.
15. Birthplace Unknown. (City or town) (State or foreign country)
16. Informant's OWN Signature Margaret Nichols
and Address 1802 Robert St. Boise Idaho
17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof May. 27. 1944. (Month) (Day) (Year)
(c) Place: Morris Hill Cemetery.
18. Funeral Director's OWN Signature Summers Funeral Home. Clyde E Summers
and Address Boise, Idaho.
19. (a) 5-29-44 (Date received and filed) (b) R. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 23 1944
at 8 o'clock P M.
21. **I HEREBY CERTIFY**, That I attended deceased from May 19 ....., to May 23 1944
I last saw him alive on May 10 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cardio-Renal Disease	1943
Due to Senility	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation NA Date	
Major finding	
Finding of autopsy	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state
where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's OWN Signature Harold T. Nokes (M. D. or other)
and Address Boise Ida Date 5-28 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

JUN 14 1944

State File No. 138[illegible]5
Local Reg. No. 192
Reg. Dist. No.

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise
   (c) Street Address or R.F.D. No. 412 State
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home.... Hospital X Institution.... Other place....
   (f) Name Hosp. or Inst. St. Alphonsus Stayed ..... days
   (g) Lived in this county ..... years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Ada
   (c) City or town Boise
   (d) Street Address or R.F.D. No. Grandview Rte 5 Court
   (e) Deceased lived Inside? ..... Outside? X city or town
   (f) Citizen of what country? U.S.
   (g) How long had deceased lived in Idaho? 6 wks years
   (h) Former residence (city, state) Brooklyn, New York

3. (a) **FULL NAME** Baby Groll 161c

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced .....
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) Stillborn May 24 1944

8. AGE	Years	Months	Days	If less than 1 day
				1 hrs min.

9. Exact Occupation ..... Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Boise, Idaho (City or town) (State or foreign country)

Father
12. Name Clifford W. Groll
13. Birthplace Brooklyn, New York (City or town) (State or foreign country)

Mother
14. Maiden name Florence Ernst
15. Birthplace Brooklyn New York (City or town) (State or foreign country)

16. Informant's **OWN** Signature Clifford W. Groll
and Address Rte 5 Boise
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 25, 1944 (Month) (Day) (Year)
(c) Place: Morris Hill
18. Funeral Director's **OWN** Signature Sherman Webb
and Address Boise, Idaho
19. (a) 5-27-44 (Date received and filed) (b) R. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 24 1944
at 1:10 o'clock A.M.
21. **I HEREBY CERTIFY,** That I attended deceased from May 24 1944, to May 24 1944
I last saw him alive on May 24 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
161c	
Due to Erythroblastosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation ..... Date	
Major finding 161c	
Finding of autopsy Erythroblastosis Congenital hydrops	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature Verne J. Reynolds (M.D. or other)
and Address Bowen Field Date 5-29 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JUN 14 1944

Certificate Of Death

STATE OF IDAHO

State File No. 138[illegible]6
Local Reg. No. 193
Reg. Dist. No. [illegible]

1. PLACE OF DEATH:
(a) County Ada
(b) City or town Boise
(c) Street Address or R.F.D. No. 13th & Eastman
(d) Death Occured Inside? XX Outside? ..... city or town
(e) Died in a Home.... Hospital.... Institution.... Other place X
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 1 years 7 months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Ada
(c) City or town Boise
(d) Street Address or R.F.D. No. 1511 N. 11th
(e) Deceased lived Inside? XX Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 13 years
(h) Former residence (city, state) Oregon

3. (a) FULL NAME Jesse Ferguson

95c

3. (b) If veteran, name war ----
3. (c) Social Security No. 518-24-7592
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ethel
6. (c) Age of husband or wife if alive 57 years
7. Date of Birth (Month, Day, Year) July 22, 1880

8. AGE	Years	Months	Days	If less than 1 day
	63	10	2	-- hrs -- min.

9. Exact Occupation Night manager of Clean-up crew at Did this work for 1½ yrs.
10. Industry or Business Gowen Field Date last worked 5/23/44
11. Birthplace Fresno, California (City or town) (State or foreign country)
Father
12. Name John Ferguson
13. Birthplace Nashville, Tennessee (City or town) (State or foreign country)
Mother
14. Maiden name Margaret Freeman
15. Birthplace Indiana (City or town) (State or foreign country)
16. Informant's **OWN** Signature Hale Ferguson
and Address Box 142 Mells Ida
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/27/44 (Month) (Day) (Year)
(c) Place: Cloverdale Memorial Park, Boise, Ida
18. Funeral Director's **OWN** Signature W McBratney
and Address Boise, Idaho
19. (a) 5-27-44 (Date received and filed) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May - 24 - 1944
at about 8:00 o'clock P. M.
21. **I HEREBY CERTIFY,** That ~~I attended deceased from ..... 19 ....., to ..... 19 .....~~
~~I last saw h2 alive on ..... 19 .....~~; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Dropped dead. Acute Heart attack. Probably coronary occlusion.	
~~Due to~~ 94a	
~~Due to~~ Nothing of a Criminal Nature	
~~Other conditions~~ found. ~~(Include pregnancy within 3 months of death)~~	

Where was disease contracted? ——
Name of operation —— Date ——
Major finding ——
Finding of autopsy None
No Inquest.

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature W McBratney, Coroner (M. D. or other)
and Address Boise, Idaho Date 5/25/44 19 .....
(For additional space, use reverse side)

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United States
Department of Commerce
Bureau of the Census

JUN 14 1944

Certificate Of Death

STATE OF IDAHO

State File No. 138837
Local Reg. No. 194
Reg. Dist. No. 37[illegible]

1. PLACE OF DEATH:
(a) County Ada
(b) City or town Boise
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? X Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. St. Lukes Stayed 11 days
(g) Lived in this county years months 11 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Boise
(c) City or town Centerville
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 66 years
(h) Former residence (city, state) Mass.

3. (a) FULL NAME Homer C. Granger

93d

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Oct. 31st 1861

8. AGE	Years	Months	Days	If less than 1 day
	82	6	24	hrs min.

9. Exact Occupation Miner Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Berkshire Co. (City or town) Mass. (State or foreign country)
Father
12. Name Norman Granger
13. Birthplace (City or town) U. S. A. (State or foreign country)
Mother
14. Maiden name Delia Howell
15. Birthplace (City or town) U. S. A. (State or foreign country)
16. Informant's OWN Signature Amber E. Bennett
and Address Berkeley Calif.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/1/44 (Month) (Day) (Year)
(c) Place: Meridian Cemetery
18. Funeral Director's OWN Signature Schreiber & McCann
and Address Boise Milford Dragoo
19. (a) 5-29-44 (Date received and filed) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 25 1944
at 1.45 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from May 17 1944 to May 25 1944
I last saw him alive on May 25 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Hypertensive Heart	
Disease - Right Heart	
Due to failure	2 wk
Arteriosclerosis	years
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYISCIAN Underline the cause to which death should be charged statistically.
Name of operation Date	
Major finding	
Finding of autopsy None	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature T. H. Brayton MD (M. D. or other)
and Address Date 19
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

138868

United States
Department of Commerce
Bureau of the Census

JUN 1 1 1944

Certificate Of Death

STATE OF IDAHO

State File No.
Local Reg. No. 190
Reg. Dist. No. 370

1. PLACE OF DEATH:
(a) County Ada
(b) City or town Boise
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? X Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. St. Lukes Stayed 3 days
(g) Lived in this county 2 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Ada
(c) City or town Boise
(d) Street Address or R.F.D. No. 1610 Franklin
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 26 years
(h) Former residence (city, state) Missouri

3. (a) **FULL NAME** Gilbert B. Dorward 83d

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Henrietta
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Aug. 3rd 1870

8. AGE	Years	Months	Days	If less than 1 day
	73	9	23	hrs min.

9. Exact Occupation Carpenter Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Wisconsin (City or town) (State or foreign country)
Father 12. Name Dorward
13. Birthplace U.S.A. (City or town) (State or foreign country)
Mother 14. Maiden name
15. Birthplace U.S.A. (City or town) (State or foreign country)
16. Informant's OWN Signature X D. P. Chapin
and Address 1610 Franklin. Boise Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/29/1944 (Month) (Day) (Year)
(c) Place: Morris Hill Cemetery
18. Funeral Director's OWN Signature Schreiber & McCann
and Address Boise. Milford Chapin
19. (a) 5-27-44 (Date received and filed) (b) H. Blair (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 5-26 1944
at 11 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from 5-21- 1944, to 5-26- 1944
I last saw him alive on 5-26 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Hemiplegia 83d	5 days
Due to Arteriosclerosis .97	10 yr
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYISCIAN Underline the cause to which death should be charged statistically.
Name of operation Date	
Major finding	
Finding of autopsy no	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature R. D. Emmerton (M. D. or other)
and Address Boise Date 5-26 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census JUN 14 1944

Certificate Of Death

STATE OF IDAHO

State File No. 138669
Local Reg. No. 195
Reg. Dist. No. 370

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? X Outside? city or town
   (e) Died in a Home Hospital X Institution Other place
   (f) Name Hosp. or Inst. St. Alph; Stayed 4 days
   (g) Lived in this county years months 4 days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Boise
   (c) City or town Idaho City Stage Rt
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? X Outside? city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 42 years
   (h) Former residence (city, state) So Dak:

3. (a) **FULL NAME** Abbie W. Ashton 132.

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife D.W. Ashton
6. (c) Age of husband or wife if alive 77 years
7. Date of Birth (Month, Day, Year) Oct. 14th. 1869

8. AGE	Years	Months	Days	If less than 1 day
	74	7	12	hrs min.

9. Exact Occupation Housewife Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Vermont (City or town) (State or foreign country)

Father
12. Name James Wight
13. Birthplace Mass: (City or town) (State or foreign country)

Mother
14. Maiden name Nichols
15. Birthplace Mass (City or town) (State or foreign country)

16. Informant's **OWN** Signature D.W. Ashton
and Address Idaho City Stage Rt. Boise

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/29/1944 (Month) (Day) (Year)
(c) Place: Morris Hill Cemetery

18. Funeral Director's **OWN** Signature Scheid & McCann
and Address Boise

19. (a) 5-29-44 (Date received and filed) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 26 1944
at 6 o'clock P. M.

21. **I HEREBY CERTIFY**, That I attended deceased from May 21 1944 to May 26 1944
I last saw h. alive on May 26 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Pneumonia Congestion — Duration 132:1
Due to Bright's Disease — 132:1
Due to
Other conditions —
(Include pregnancy within 3 months of death)

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state
where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature [illegible] (M. D. or other)
and Address [illegible] Date May 27 1944 19
(For additional space, use reverse side) Boise Ida.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JUN 14 1944

Certificate Of Death

STATE OF IDAHO

138890

State File No.
Local Reg. No. 198
Reg. Dist. No. 370

1. PLACE OF DEATH:
(a) County Ada
(b) City or town Boise.
(c) Street Address or R.F.D. No. X
(d) Death Occured Inside? Yes Outside? ..... city or town
(e) Died in a Home ..... Hospital X Institution ..... Other place .....
(f) Name Hosp. or Inst. St Lukes. Stayed 90 days
(g) Lived in this county 45 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho. (b) County Ada
(c) City or town Boise.
(d) Street Address or R.F.D. No. 1017. Fort.
(e) Deceased lived Inside? Yes Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 45 years
(h) Former residence (city, state) Oregon.

3. (a) FULL NAME Grace Peebles Agnew.

46 E

3. (b) If veteran, name war No.
3. (c) Social Security No. None.
4. Sex Female
5. Color or race White.
6. (a) Single, widowed, married, divorced Married.
6. (b) Name of husband or wife James. D.
6. (c) Age of husband or wife if alive 74. years
7. Date of Birth (Month, Day, Year) February. 12. 1869.

8. AGE	Years	Months	Days	If less than 1 day
	75.	3.	14.	hrs min.

9. Exact Occupation At Home. Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Salem, Oregon. (City or town) (State or foreign country)
Father
12. Name John. C. Peebles.
13. Birthplace Penn. (City or town) (State or foreign country)
Mother
14. Maiden name Eliza Jane Marks.
15. Birthplace Kentucky. (City or town) (State or foreign country)
16. Informant's OWN Signature James D. Agnew
and Address 1017 Fort St Boise Idaho
17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof May. 29. 1944. (Month) (Day) (Year)
(c) Place: Morris Hill Cemetery.
18. Funeral Director's OWN Signature Summers Funeral Home. Clyde E. Summers
and Address Boise, Idaho.
19. (a) 6-1-44 (Date received and filed) (b) K. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May. 26. 1944.
at 12.45. o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from Feb 1944, to May 26 1944
I last saw her alive on May 24 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Carcinoma of colon	10 months
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's OWN Signature [signature] M.D. (M. D. or other)
and Address Boise Date 5-29 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JUN 14 1944

Certificate Of Death

STATE OF IDAHO

State File No. 138891
Local Reg. No. 89
Reg. Dist. No. 371

1. PLACE OF DEATH:
(a) County Ada
(b) City or town Boise.
(c) Street Address or R.F.D. No. 1907. Boise Ave
(d) Death Occured Inside? ~~Yes~~ Outside? Yes city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county years months 30 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho. (b) County Washington.
(c) City or town Weiser.
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? Yes Outside? city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 31 years
(h) Former residence (city, state) Illinois.

3. (a) FULL NAME Stephen Thomas Attebery. 93d

3. (b) If veteran, name war No.
3. (c) Social Security No. None.
4. Sex Male. 5. Color or race White.
6. (a) Single, widowed, married, divorced Widower.
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) October. 30. 1883.

8. AGE	Years	Months	Days	If less than 1 day
	60.	6.	28.	hrs min.

9. Exact Occupation Laborer. Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Decatur, Illinois. (City or town) (State or foreign country)
Father
12. Name William Clement Attebery.
13. Birthplace Decatur, Illinois. (City or town) (State or foreign country)
Mother
14. Maiden name Sarah Donald.
15. Birthplace Decatur, Illinois. (City or town) (State or foreign country)
16. Informant's OWN Signature Blanche Morse
and Address The Dalles, Ore
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof May. 30. 1944. (Month) (Day) (Year)
(c) Place: Weiser, Idaho.
18. Funeral Director's OWN Signature Summers Funeral Home. Clyde E. Summers
and Address Boise, Idaho.
19. (a) 5-29-44 (Date received and filed) (b) R. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) May 28 1944
at 5 o'clock 9 M.
21. I HEREBY CERTIFY, That I attended deceased from May 26 1944, to May 28 1944
I last saw him alive on May 26 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
111c Pulmonary Oedema	2 days
Due to 93d Chronic Myocarditis	years
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy None

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature T. M. Boughton M.D. (M. D. or other)
and Address Boise Mayor Date 29 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States Department of Commerce
Bureau of the Census

JUN 14 1944

Certificate Of Death

STATE OF IDAHO

State File No. 138892
Local Reg. No. 199
Reg. Dist. No.

1. PLACE OF DEATH:
(a) County Ada
(b) City or town Boise
(c) Street Address or R.F.D. No. St. Lukes
(d) Death Occured Inside? X Outside? ... city or town
(e) Died in a Home ... Hospital X Institution ... Other place ...
(f) Name Hosp. or Inst. St. Lukes Stayed ... days
(g) Lived in this county 48 years ... months ... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Caldwell
(d) Street Address or R.F.D. No. 1010 Cleveland
(e) Deceased lived Inside? X Outside? ... city or town
(f) Citizen of what country? U. S. A.
(g) How long had deceased lived in Idaho? 48 years
(h) Former residence (city, state) Born in Caldwell

3. (a) FULL NAME Lyman Budd Hallrich 14

3. (b) If veteran, name war Worldwar
3. (c) Social Security No. ...
4. Sex M race W
5. Color or
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Elizabeth
6. (c) Age of husband or wife if alive 43 years
7. Date of Birth (Month, Day, Year) 2-19-1896

8. AGE	Years	Months	Days	If less than 1 day
	48	3	10	hrs ... min.

9. Exact Occupation Harness Maker. Did this work for 8 yrs.
10. Industry or Business ... Date last worked 5-17-44
11. Birthplace Caldwell Idaho (City or town) (State or foreign country)
Father 12. Name John Hallrich
Father 13. Birthplace Germany (City or town) (State or foreign country)
Mother 14. Maiden name Emma Lunneburne
Mother 15. Birthplace Illinois (City or town) (State or foreign country)
16. Informant's OWN Signature Elizabeth Hallrich and Address 1010 Cleveland St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-2-44 (Month) (Day) (Year)
(c) Place: Canyon Hill Cemetery
18. Funeral Director's OWN Signature ... and Address Caldwell Idaho
19. (a) 6-7-44 (Date received and filed) (b) ... (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) 5-29 1944
at 2:15 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from May 23 1944, to May 29 1944
I last saw h. l. m. alive on May 29 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Tuberculous Meningitis 14	3 days
Due to Genito-urinary tuberculosis 20	18 months
Due to ...	
Other conditions (Include pregnancy within 3 months of death) ...	

Where was disease contracted? ...
Name of operation ... Date ...
Major finding ...
Finding of autopsy ...

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ... Suicide? ... Homicide? ... Occurred ... 19... City, county, state where violence occurred ...
Place of Violence: Home ... Farm ... Industry ...
Public Place ... While at work? ...
Means of injury ...

23. Attendant's OWN Signature W. A. Koelsch MD (M. D. or other)
and Address Boise Date 6-5 1944
(For additional space, use reverse side)

United States
Department of Commerce
Bureau of the Census

JUN 14 1944

Certificate Of Death

STATE OF IDAHO

Coates 138893
State File No.
Local Reg. No. 90
Reg. Dist. No. 371

1. PLACE OF DEATH:
(a) County Ada
(b) City or town Boise.
(c) Street Address or R.F.D. No. 4.
(d) Death Occured Inside? ..... Outside? Yes city or town
(e) Died in a Home X Hospital.... Institution.... Other place....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 38 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho. (b) County Ada
(c) City or town Boise.
(d) Street Address or R.F.D. No. 900. E. State.
(e) Deceased lived Inside? Yes Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 38 years
(h) Former residence (city, state) Illinois.

3. (a) FULL NAME Edwin Roy Hanford. 87c

3. (b) If veteran, name war No.
3. (c) Social Security No. None.
4. Sex Male.
5. Color or race White.
6. (a) Single, widowed, married, divorced Married.
6. (b) Name of husband or wife Katherine Mae
6. (c) Age of husband or wife if alive 61. years
7. Date of Birth (Month, Day, Year) September. 2. 1879.

8. AGE	Years	Months	Days	If less than 1 day
	64.	8.	28.	hrs min.

9. Exact Occupation Nurseryman. Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Chicago, Illinois. (City or town) (State or foreign country)
Father 12. Name Unknown.
13. Birthplace Unknown. (City or town) (State or foreign country)
Mother 14. Maiden name Carrie Brooks.
15. Birthplace Unknown. (City or town) (State or foreign country)
16. Informant's OWN Signature Earl Mark Hanford
and Address 2110 Bannock St Boise
17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof June. 2. 1944 (Month) (Day) (Year)
(c) Place: Cloverdale Memorial Park.
18. Funeral Director's OWN Signature Summers Funeral Home. Clyde E Summers,
and Address Boise, Idaho.
19. (a) 6-2-44 (Date received and filed) (b) K. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) 5-30- 1944
at 9 o'clock P M.
21. I HEREBY CERTIFY, That I attended deceased from 10 yrs to ..... 19....
I last saw him alive on 5/30 1944 death is said to have occurred on the date and hour, stated above.

Immediate Cause of Death:	Duration
Pneumonia	11c
Hypostatic	
Due to Infection	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Parkinsons disease	87c

Where was disease contracted?
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's OWN Signature A. J. Coats (M. D. or other)
and Address Boise Date 6/1 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

138894

United States
Department of Commerce
Bureau of the Census

MAY 27 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 5
Reg. Dist. No. 5-11

1. PLACE OF DEATH:
(a) County Bannock
(b) City or town Pocatello
(c) Street Address or R. F. D. No. Lava Hot Sprgs.
(d) Death Occurred Inside?) Outside? city or town
(e) Died in a (Home) Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Bannock
(c) City or town Lava Hot Springs
(d) Street Address or R. F. D. No. Lava Hot Springs
(e) Deceased lived (Inside?) Outside? city or town
(f) Citizen of what country? United States
(g) How long had deceased lived in Idaho? 52 years
(h) Former residence (city, state) Utah

3. (a) FULL NAME Harriett Marie Bybee Avery Berry. 94b

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife James T. Berry
6. (c) Age of husband or wife if alive 76 years
7. Date of Birth (Month, Day, Year) March 17. 1870.

8. AGE	Years	Months	Days	If less than 1 day
	73	11	20	hrs min.

9. Exact Occupation Housewife — Did this work for 52 yrs.
10. Industry or Business Own Home — Date last worked
11. Birthplace Honey Ville (City or town) Utah. (State or foreign country)

Father
12. Name John Jefferson Bybee.
13. Birthplace Clay County, (City or town) Indiana. (State or foreign country)

Mother
14. Maiden name Serrah Ann Lloyd.
15. Birthplace (City or town) England. (State or foreign country)

16. Informant's OWN Signature James T Berry.
and Address Lava Hot Springs, Idaho.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3/12. 1944 (Month) (Day) (Year)
(c) Place: Lava Hot Springs, Idaho.
18. Funeral Director's OWN Signature Arthur W Hall
and Address Hall Mortuary Pocatello, Idaho.
19. (a) May 20 1944 (Date received and filed) (b) Mrs Harrison Crowell (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Mar. 7 19 44.
at 6:30 o'clock P M.
21. I HEREBY CERTIFY, That I attended deceased from On Mar 7 1944, to On Mar 7, 1944
I last saw her alive on Mar 7 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death — Duration
Angina Pectoris
Due to Senility
Due to
Other conditions (Include pregnancy within 3 months of death)
Where was disease contracted? at home
Name of operation None Date
Major finding
Finding of autopsy Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's OWN Signature Dr. C. A. Rich (M. D. or other)
and Address Lava Hot Springs Ida Date 3-12 1944.
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

13805

United States
Department of Commerce
Bureau of the Census MAY 27 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. ____
Local Reg. No. ____
Reg. Dist. No. 511

1. **PLACE OF DEATH:**
(a) County Bannock
(b) City or town Grace, Idaho
(c) Street Address or R. F. D. No. Star route
(d) Death Occurred Inside? ____ Outside? X city or town
(e) Died in a Home X Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county ____ years 2 months 4 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2. Same

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bannock
(c) City or town Grace
(d) Street Address or R. F. D. No. ____
(e) Deceased lived Inside? ____ Outside? X city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 2 MO. years
(h) Former residence (city, state) ____

3. (a) **FULL NAME** DE RAY DENNIS COLLINS

111c

3. (b) If veteran, name war 0
3. (c) Social Security No. 0
4. Sex male
5. Color or Race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife ____
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) Jany. 21st, 1944

8. AGE	Years	Months	Days	If less than 1 day
		2	4	hrs ____ min.

9. Exact Occupation Baby — Did this work for ____ yrs.
10. Industry or Business ____ — Date last worked ____
11. Birthplace Dee Hospital Ogden, Utah. (City or town) (State or foreign country)

Father
12. Name JOE D. COLLINS
13. Birthplace Grace, Idaho (City or town) (State or foreign country)

Mother
14. Maiden name ~~Mother~~ Mada G. GATES
15. Birthplace Soda Springs, Idaho (City or town) (State or foreign country)

16. Informant's **OWN** Signature Joe D. Collins
and Address Grace, Idaho

17. (a) Buriel (Burial, cremation, or removal) (b) Date thereof 3/27/44 (Month) (Day) (Year)
(c) Place: Grace, Idaho

18. Funeral Director's **OWN** Signature E. D. Whiteman
and Address Soda Springs, Idaho

19. (a) May 29, 1944 (Date received and filed) (b) Mrs Harrison Cranell (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 25, 1944 19____
at 10.30 o'clock A M.

21. **I HEREBY CERTIFY,** That I attended deceased from ____ 19____ to 3/25/44 19____
I last saw h im alive on 3/25/44 19____; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
hypostatic pneumonia	36 hours
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation ____ Date ____	
Major finding	
Finding of autopsy	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's **OWN** Signature J. B. Koelliker, M.D. (M. D. or other)
and Address Soda Springs Date ____ 19____
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census MAY 27 1944

Certificate Of Death

STATE OF IDAHO

State File No. 13[illegible]
Local Reg. No. 7
Reg. Dist. No. 5 11

1. **PLACE OF DEATH:**
   (a) County Bannock
   (b) City or town Lago
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? Outside? out city or town
   (e) Died in a Home Hospital Institution Other place
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county life months days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State (b) County
   (c) City or town
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? Outside? city or town
   (f) Citizen of what country?
   (g) How long had deceased lived in Idaho? years
   (h) Former residence (city, state)

3. (a) **FULL NAME** Willias J Swensen 175c

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife LaVera Snow

6. (c) Age of husband or wife if alive years

7. Date of Birth (Month, Day, Year) Sept 24 1906

8. AGE	Years	Months	Days	If less than 1 day
	37	6	16	hrs min.

9. Exact Occupation Farmer — Did this work for yrs.

10. Industry or Business — Date last worked 1944

11. Birthplace Lago Idaho (City or town) (State or foreign country)

Father
12. Name Joseph Swensen
13. Birthplace (City or town) (State or foreign country)

Mother
14. Maiden name Regina Christensen
15. Birthplace (City or town) (State or foreign country)

16. Informant's **OWN** Signature Leon J Swenson
and Address Lago Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 13 (Month) (Day) (Year)
(c) Place: Lago Idaho

18. Funeral Director's **OWN** Signature [illegible]
and Address Preston Idaho

19. (a) May 20 1944 (Date received and filed) (b) Mrs Harrison Crowell (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April 10 1944 19
at o'clock M.

21. **I HEREBY CERTIFY**, That I attended deceased from 19, to 19
I last saw him alive on 4-6 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Skull fracture & hemorrhage	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ✓ Suicide? Homicide?
Occurred Farm 4-10 1944 City, county, state
where violence occurred Bannock County, Idaho
Place of Violence: Home Farm ✓ Industry
Public Place While at work?
Means of injury Caught in a water wheel

23. Attendant's **OWN** Signature J B Rockler M.D.
(M. D. or other)
and Address Date 19
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States MAY 15 1944
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 138[illegible]
Local Reg. No. 2/20
Reg. Dist. No. 511

1. PLACE OF DEATH:
(a) County Bannock
(b) City or town Pocatello
(c) Street Address or R.F.D. No. 101. So. Johnson.
(d) Death Occured (Inside?) Outside? city or town
(e) Died in a Home (Hospital) Institution Other place
(f) Name Hosp. or Inst. General Stayed 60 days
(g) Lived in this county 60 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Bannock
(c) City or town Lava Hot Springs.
(d) Street Address or R.F.D. No.
(e) Deceased lived (Inside?) Outside? city or town
(f) Citizen of what country? United States
(g) How long had deceased lived in Idaho? 60 years
(h) Former residence (city, state) Utah

3. (a) FULL NAME Sylvia Moss Tillotson. 50

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or Arthur Tillotson.
6. (c) Age of husband or wife if alive 68 years
7. Date of Birth (Month, Day, Year) Oct. 1. 1880.

8. AGE	Years	Months	Days	If less than 1 day
	63	7	-	hrs min.

9. Exact Occupation House-wife Did this work for 46 yrs.
10. Industry or Business Own home. Date last worked Feb. 1944.
11. Birthplace Portage (City or town) Utah (State or foreign country)
Father
12. Name Commodore Moss.
13. Birthplace Dennison (City or town) Iowa. (State or foreign country)
Mother
14. Maiden name Anna Lish.
15. Birthplace Malad (City or town) Idaho. (State or foreign country)
16. Informant's OWN Signature Arthur T. Tillotson
and Address Lava Hot Springs, Idaho.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof May. 5. 1944 (Month) (Day) (Year)
(c) Place: McCammon Idaho
18. Funeral Director's OWN Signature Arthur M. Hall
and Address Pocatello Idaho
19. (a) 5-3-44 (Date received and filed) (b) D C Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 1, 1944
at 4 30 o'clock A.M.
21. **I HEREBY CERTIFY**, That I attended deceased from Mar. 1 1944, to May 1 1944.
I last saw her alive on April 30 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Toxemia	1 mo.
50	
Due to Carcinoma of breast known about 2 mo.	2 mo.
Due to 61	
Other conditions Diabetes mellitus (Include pregnancy within 3 months of death)	2 yrs.
131 Chronic nephritis	unknown

Where was disease contracted? Idaho
Name of operation Removal of breast Date 4/5/44
Major finding Carcinoma
Finding of autopsy None

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature H. H. Hughart (M. D. or other)
and Address Pocatello Date 5/2 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States MAY 15 1944
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 13555
Local Reg. No. 121
Reg. Dist. No. 3rd

1. **PLACE OF DEATH:**
   (a) County Bannock
   (b) City or town Pocatello
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? Outside? city or town
   (e) Died in a Home Hospital or Institution Other place
   (f) Name Hosp. or Inst. St. Anthony Stayed 30 days
   (g) Lived in this county 0 years 0 months 30 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Bonniville
   (c) City or town Idaho Falls,
   (d) Street Address or R.F.D. No. 209 11th St.
   (e) Deceased lived Inside? X Outside? city or town
   (f) Citizen of what country? U. S. A.
   (g) How long had deceased lived in Idaho? 17Mo years
   (h) Former residence (city, state) Idaho

3. (a) **FULL NAME** Linda Jean Bradley

74a

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female race White
5. Color or
6. (a) Single, widowed, married, divorced Baby
6. (b) Name of husband or wife -----
6. (c) Age of husband or wife if alive - - - years
7. Date of Birth (Month, Day, Year) Sept. 29, 1942

8. AGE	Years	Months	Days	If less than 1 day
	1	7	2	hrs min.

9. Exact Occupation None Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Idaho Falls, (City or town) Idaho (State or foreign country)

Father
12. Name Lynn Bradley
13. Birthplace Shelley, (City or town) Idaho (State or foreign country)

Mother
14. Maiden name Jeanne Anderson
15. Birthplace Santa Rosa (City or town) California (State or foreign country)

16. Informant's **OWN** Signature Mrs. Lynn Bradley
and Address 209 11th St. Idaho Falls.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 5-1-44 (Month) (Day) (Year)
(c) Place: Shelley, Idaho
18. Funeral Director's **OWN** Signature L M Nalder
and Address Shelley, Idaho
19. (a) 5-1-44 (Date received and filed) (b) D C Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 1, 1944
at 11:50 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from April 2 1944, to May 1 1944
I last saw her alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Acute Leukemia	2 mo
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? Home
Name of operation Date
Major finding
Finding of autopsy

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature W W Dougall (M. D. or other)
and Address Pocatello Date 5/5/ 1944
(For additional space, use reverse side)

United States Department of Commerce
Bureau of the Census

MAY 15 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 13[illegible]
Local Reg. No. 124
Reg. Dist. No. 510

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. PLACE OF DEATH:
(a) County Bannock.
(b) City or town Pocatello.
(c) Street Address or R. F. D. No. So. Lincoln.
(d) Death Occurred Inside? X Outside? ..... city or town
(e) Died in a Home .... Hospital X Institution .... Other place ....
(f) Name Hosp. or Inst. Poc. Gen. Stayed ..... days
(g) Lived in this county 8 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho. (b) County Bannock
(c) City or town Pocatello
(d) Street Address or R. F. D. No. 643 W. Halliday
(e) Deceased lived Inside? X Outside? ..... city or town
(f) If foreign born, in U. S. ..... yrs. Citizen of U. S.? .....
(g) How long had deceased lived in Idaho? 25 years
(h) Former residence (city, state) Union, Utah.

3. (a) **FULL NAME** ELECTA ENGEBORG ORAM. 131a

3. (b) If veteran, name war X
3. (c) Social Security No. X
4. Sex F.M.
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Richard Edward
6 (c) Age of husband or wife if alive 35 years
7. Date of Birth (Month, Day, Year) Dec. 29, 1908

8. AGE	Years	Months	Days	If less than 1 day
	35	4	6	hrs ..... min.

9. Exact Occupation Housewife — Did this work for life yrs.
10. Industry or Business Home — Date last worked 2/43
11. Birthplace Eureka, Utah. (City or town) (State or foreign country)

Father
12. Name Roy Lew Stockham.
13. Birthplace Bingham, Utah. (City or town) (State or foreign country)

Mother
14. Maiden name Sophia Engeborg Johnson.
15. Birthplace Big Cottonwood, Utah. (City or town) (State or foreign country)

16. Informant's OWN Signature E. E. Oram and Address 643 W. Halliday. Pocatello, Ida.
17. (a) Removal. (Burial, cremation, or removal) (b) Date thereof 5/8/44 (Month) (Day) (Year)
(c) Place: Rigby, Idaho.
18. Funeral Director's OWN Signature [illegible] and Address Rigby, Idaho.
19. (a) 5-9-1944 (Date received and filed) (b) D. C. Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 5 1944
at 7:15 o'clock P M.

21. I **HEREBY CERTIFY**, That I attended deceased from June 19 44 to May 5 19 44
I last saw h. alive on 5/5 19 44; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — **Duration**
Uremia 132.2
Due to Chronic Cystitis - 131a
Due to Chronic Nephritis 131b
Other conditions
(Include pregnancy within 3 months of death)

Where was disease first contracted?
Name of operation ✓ Date
Major finding ✓
Finding of autopsy ✓

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's OWN Signature O. F. Bell (M. D. or other)
and Address Pocatello, Idaho Date ..... 19 .....
(For additional space, use reverse side)

138900

United States
Department of Commerce
Bureau of the Census

MAY 15 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 129
Reg. Dist. No. 6

1. **PLACE OF DEATH:**
(a) County Bannock
(b) City or town Pocatello
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Yes Outside? city or town
(e) Died in a Home ....Hospital ....Institution ....Other place ....
(f) Name Hosp. or Inst. Lynn Stayed days
(g) Lived in this county: 0 years 1 months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Utah (b) County Salt Lake
(c) City or town Salt Lake City
(d) Street Address or R. F. D. No. 127 So. 1st W.
(e) Deceased lived Inside? Yes Outside? city or town
(f) If foreign born, in U. S. yrs. Citizen of U. S.?
(g) How long had deceased lived in Idaho? 1 mo. years
(h) Former residence (city, state)

3. (a) **FULL NAME** JULIAN AREITIO

121

3. (b) If veteran, name war. —
3. (c) Social Security No. none
4. Sex M. Color or race W.
5. Color or
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Dorothy Sykes
6 (c) Age of husband or wife if alive 25 years
7. Date of Birth (Month, Day, Year) Jan. 6 1903

8. AGE	Years	Months	Days	If less than 1 day
	41	5	29	hrs min.

9. Exact Occupation Sheepherder — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace Spain (City or town) (State or foreign country)

Father
12. Name Unknown
13. Birthplace Spain (City or town) (State or foreign country)

Mother
14. Maiden name Unknown
15. Birthplace Spain (City or town) (State or foreign country)

16. Informant's **OWN** Signature x Dorothy Greitio
and Address Salt Lake City Utah
17. (a) removal (Burial, cremation, or removal) (b) Date thereof 5-9-44 (Month) (Day) (Year)
(c) Place: Salt Lake City Utah
18. Funeral Director's **OWN** Signature Byron B. Doward
and Address Pocatello Idaho
19. (a) 5-9-44 (Date received and filed) (b) D C Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 5 1944
at 6:35 o'clock P. M.

21. I **HEREBY CERTIFY**, That I attended deceased from May 1 1944 to May 5 1944
I last saw h— alive on May 5 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — Duration
Secondary
Pneumonia — 12 days
Due to Influenza
Due to 121:2
Other conditions Ruptured appendix
(Include pregnancy within 3 months of death)

Where was disease first contracted? Pocatello
Name of operation Laparotomy Date May 5
Major finding adhesions
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature J. H. Lynn (M. D. or other)
and Address Pocatello Date 5-9 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

138901

United States
Department of Commerce
Bureau of the Census

MAY 15 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 26
Reg. Dist. No. 510

1. **PLACE OF DEATH:**
(a) County Bannock
(b) City or town Pocatello
(c) Street Address ~~XXXXXXXX~~ North 7th Ave
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home __ Hospital X Institution __ Other place __
(f) Name Hosp. or Inst. St. Anthony Stayed 8 days
(g) Lived in this county 40 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bannock
(c) City or town Pocatello
(d) Street Address ~~XXXXXXXX~~ Midwest Hotel
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? U. S. A.
(g) How long had deceased lived in Idaho? 60 years
(h) Former residence (city, state) ____

3. (a) **FULL NAME** JOHN G. BROYLES 97

3. (b) If veteran name war Spanish American
3. (c) Social Security No. ---
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife ____
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	82			hrs min.

9. Exact Occupation Carpenter Did this work for ____ yrs.
10. Industry or Business ____ Date last worked ____
11. Birthplace ____ (City or town) Kentucky (State or foreign country)
Father
12. Name ____
13. Birthplace ____ (City or town) ____ (State or foreign country)
Mother
14. Maiden name ____
15. Birthplace ____ (City or town) ____ (State or foreign country)
16. Informant's OWN Signature Guy Nelson
and Address Pocatello, Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof ____ (Month) (Day) (Year)
(c) Place: Pocatello, Idaho
18. Funeral Director's OWN Signature H. L. McHan
and Address Pocatello, Idaho
19. (a) May 6, 1944 (Date received and filed) (b) D C Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 5 1944
at 6:00 o'clock a. M.
21. **I HEREBY CERTIFY,** That I attended deceased from March 2-1 1944, to May 5 1944
I last saw him alive on May 5 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Hypostatic pneumonia	7 days
Generalized	
Due to arteriosclerosis	years
~~Due to~~	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation ____ Date ____	Underline the cause to which death should be charged statistically.
Major finding None	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature Ralph B. Hegsted M.D. (M. D. or other)
and Address Pocatello, Ida Date 5/8 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

138902

United States
Department of Commerce
Bureau of the Census

MAY 15 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 1
Local Reg. No. [illegible]
Reg. Dist. No. 51

1. **PLACE OF DEATH:**
   (a) County Bannock
   (b) City or town Pocatello
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? X Outside? city or town
   (e) Died in a Home Hospital X Institution Other place
   (f) Name Hosp. or Inst. St. Anthony Stayed 3 days
   (g) Lived in this county years months days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Power
   (c) City or town Rockland, Idaho.
   (d) Street Address or R. F. D. No.
   (e) Deceased lived Inside? Outside? city or town
   (f) Citizen of what country? U. S.
   (g) How long had deceased lived in Idaho? Life years
   (h) Former residence (city, state) Idaho.

3. (a) **FULL NAME** Alberta Gay Shipp 107

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife None
6. (c) Age of husband or wife if alive None years
7. Date of Birth (Month, Day, Year) December 8, 1943

8. AGE	Years	Months	Days	If less than 1 day
	0	4	28	hrs min.

9. Exact Occupation Baby. Did this work for — yrs.
10. Industry or Business — Date last worked —
11. Birthplace American Falls, Idaho. (City or town) (State or foreign country)
Father
12. Name Albert Shipp
13. Birthplace Independence, Kansas (City or town) (State or foreign country)
Mother
14. Maiden name Vera Tyler
15. Birthplace Rockland, Idaho (City or town) (State or foreign country)
16. Informant's OWN Signature Albert Shipp and Address Rockland, Idaho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 10-1944 (Month) (Day) (Year)
(c) Place: Rockland, Idaho
18. Funeral Director's OWN Signature H L Davis and Address American Falls, Idaho.
19. (a) 5-+6-44 (Date received and filed) (b) D C Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May - 6 - 1944 at 7 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from May 3 1944, to May 6 1944
I last saw her alive on May 6 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: 107	Duration
Broncho-Pneumonia	5 days
Due to Upper Respiratory Infection	7 "
Due to	10 40 2
Other conditions Mongolism (Include pregnancy within 3 months of death)	84 a

Where was disease contracted? home
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide? Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature [illegible] (M. D. or other) and Address Pocatello Date 5/9 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce MAY 15 1944
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 138903
Local Reg. No. 128
Reg. Dist. No. 811

1. **PLACE OF DEATH:**
(a) County Bannock
(b) City or town Pocatello
(c) Street Address or R. F. D. No.
(d) Death Occured Inside? ✓ Outside? city or town
(e) Died in a Home Hospital ✓ Institution Other place
(f) Name Hosp. or Inst. St Anthony Stayed 2 days
(g) Lived in this county years 1 months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Bannock
(c) City or town Pocatello
(d) Street Address or R.F.D. No. Richland Acres
(e) Deceased lived Inside? ✓ Outside? city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 0 years
(h) Former residence (city, state)

3. (a) **FULL NAME** Martin Blair Andrus 157E

3. (b) If veteran, name war ✓
3. (c) Social Security No. none
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife ✓
6. (c) Age of husband or wife if alive ✓ years
7. Date of Birth (Month, Day, Year) May 5, 1944

8. AGE	Years	Months	Days	If less than 1 day
	0	0	2	hrs min.

9. Exact Occupation none Did this work for yrs.
10. Industry or Business " Date last worked
11. Birthplace Pocatello (City or town) Idaho (State or foreign country)
Father
12. Name Milo D. Andrus
13. Birthplace Idaho Falls (City or town) Idaho (State or foreign country)
Mother
14. Maiden name Lena Lois Hancock
15. Birthplace Marysville (City or town) Idaho (State or foreign country)
16. Informant's **OWN** Signature Milo Andrus
and Address Richland Acres
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-9-44 (Month) (Day) (Year)
(c) Place: Mountainview
18. Funeral Director's **OWN** Signature Byron B. Downard
and Address Pocatello Idaho
19. (a) 5-9-44 (Date received and filed) (b) D C Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 7 1944
at 10 o'clock am M.
21. **I HEREBY CERTIFY,** That I attended deceased from 5/5/ 1944, to 5-7 1944
I last saw him alive on 5-7 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Due to Congenital Heart Disease	157E
Due to	
Other conditions Pneumonia (Include pregnancy within 3 months of death)	159
Where was disease contracted?	
Name of operation Date	
Major finding	
Finding of autopsy	

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state
where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature C P Lincoln MD (M. D. or other)
and Address Pocatello Date 5/7 1944
(For additional space, use reverse side)

138994

United States
Department of Commerce MAY 15 1944
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 130
Reg. Dist. No. 511

1. **PLACE OF DEATH:**
(a) County Bannock
(b) City or town Onkam
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 1 years 6 months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bannock
(c) City or town Onkam
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? 36 years
(h) Former residence (city, state)

3. (a) **FULL NAME** Jennie Jenkins Harvey 61

3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex F.
5. Color or race W.
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife W. W. Harvey
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) June 17-1862

8. AGE	Years	Months	Days	If less than 1 day
	81	10	23	hrs min.

9. Exact Occupation H. W. Did this work for 57 yrs.
10. Industry or Business Own Home Date last worked Apr. 1944
11. Birthplace (City or town) Wisconsin (State or foreign country)
Father
12. Name William Jenkins
13. Birthplace (City or town) Orland (State or foreign country)
Mother
14. Maiden name Isabell McClaskey
15. Birthplace (City or town) Wisconsin (State or foreign country)
16. Informant's OWN Signature Ada Barkdull
and Address Onkam Ida
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof May 12. 44 (Month) (Day) (Year)
(c) Place: Logan Utah
18. Funeral Director's OWN Signature J. Guy Benson
and Address Malad Ida
19. (a) 5/1/44 (Date received and filed) (b) D C Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 10 1944
at 6:35 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 2/1 1943 to 5/16 1944
I last saw her alive on 2/1 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Diabetic Coma. Duration
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Where was disease contracted?
Name of operation no Date
Major finding
Finding of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state
where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature [signature] (M. D. or other)
and Address Pocatello Date 5/11 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States Department of Commerce
Bureau of the Census

MAY 15 1944

Certificate Of Death

STATE OF IDAHO

State File No. 13895
Local Reg. No. 133
Reg. Dist. No. 21

1. **PLACE OF DEATH:**
   (a) County Bannock
   (b) City or town Pocatello
   (c) Street Address or R. F. D. No.
   (d) Death Occured Inside? ✓ Outside? ..... city or town
   (e) Died in a Home .... Hospital ✓ Institution .... Other place ....
   (f) Name Hosp. or Inst. St Anthonys Stayed 1 hr days
   (g) Lived in this county ..... years ..... months ..... days

   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Fremont
   (c) City or town St Anthony
   (d) Street Address or R.F.D. No. /
   (e) Deceased lived Inside? ✓ Outside? ..... city or town
   (f) Citizen of what country? U S A
   (g) How long had deceased lived in Idaho? Life years
   (h) Former residence (city, state) None

3. (a) **FULL NAME** Mary Anne Swensen 10

3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) Nov-26-1938

8. AGE	Years	Months	Days	If less than 1 day
	5	5	15	hrs ..... min.

9. Exact Occupation None — Did this work for ..... yrs.
10. Industry or Business ..... — Date last worked .....
11. Birthplace St Anthony (City or town) Idaho (State or foreign country)

Father
12. Name Lue Casperson Swensen
13. Birthplace Mt Pleasant (City or town) Utah (State or foreign country)

Mother
14. Maiden name Elva Orrin
15. Birthplace Milford (City or town) Idaho (State or foreign country)

16. Informant's **OWN** Signature Mrs Swensen
    and Address St Anthony Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof May 11 1944 (Month) (Day) (Year)
    (c) Place: St Anthony, Idaho
18. Funeral Director's **OWN** Signature M S Hanson
    and Address St Anthony Idaho
19. (a) 5-11-44 (Date received and filed) (b) D C Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 11 1944
    at 1230 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from May 10 1944 to May 11 1944
    I last saw her alive on May 11 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Myocardial Failure	1 hr.
Due to Mediastinal Emphysema (113)	4 hrs.
Due to Membranous Croup (10)	12 hrs
Other conditions (Include pregnancy within 3 months of death)	
Collapse of Left lung	

Where was disease contracted? St Anthonys
Name of operation tracheotomy Date May 11
Major finding ✓
Finding of autopsy

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
    Occurred ..... 19 ..... City, county, state where violence occurred .....
    Place of Violence: Home ..... Farm ..... Industry .....
    Public Place ..... While at work? .....
    Means of injury .....
23. Attendant's **OWN** Signature E L Locke MD (M. D. or other)
    and Address St Anthony Date 5/11/1944
    (For additional space, use reverse side)

United States
Department of Commerce
Bureau of the Census

JUN 5 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 138906
Local Reg. No. 134
Reg. Dist. No. 511

1. **PLACE OF DEATH:**
(a) County Bannock
(b) City or town McCammon
(c) Street Address or R. F. D. No.
(d) Death Occurred (Inside?) Outside? city or town
(e) Died in (a Home) Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 40 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bannock
(c) City or town McCammon
(d) Street Address or R. F. D. No.
(e) Deceased lived (Inside?) Outside? city or town
(f) Citizen of what country? United States.
(g) How long had deceased lived in Idaho? 40 years
(h) Former residence (city, state) None

3. (a) **FULL NAME** Mary Eulalia Rowe. 93E

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Sherman Rowe
6. (c) Age of husband or wife if alive 45 years
7. Date of Birth (Month, Day, Year) June. 5. 1903.

8. AGE	Years	Months	Days	If less than 1 day
	40	11	6	hrs min.

9. Exact Occupation House-wife Did this work for 23 yrs.
10. Industry or Business Own home Date last worked
11. Birthplace McCammon (City or town) Idaho. (State or foreign country)
Father
12. Name John E. Hansen.
13. Birthplace Woodruff (City or town) Idaho. (State or foreign country)
Mother
14. Maiden name May McCrary.
15. Birthplace (City or town) Utah. (State or foreign country)
16. Informant's OWN Signature Sherman Rowe
and Address McCammon Idaho.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 5/14. 1944. (Month) (Day) (Year)
(c) Place: McCammon Idaho.
18. Funeral Director's OWN Signature Anthony M. Hall
and Address Pocatello Idaho.
19. (a) 5-14-44 (Date received and filed) (b) D C Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May. 11. 1944
at o'clock M.
21. **I HEREBY CERTIFY,** That I attended deceased from Nov. 15, 1943, to May 11, 1944
I last saw her alive on May 10 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Myocardial 93e2	
insufficiency	
Due to	
unknown	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Nephrosis 133b3	
Where was disease contracted? at home	PHYSICIAN
Name of operation none Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy not done	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state
where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature C A Rich MD (M. D. or other)
and Address Lava Hot Spg. ~~Pocatello~~, Idaho. Date 5/13 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce JUN 5 1944
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 13997
Local Reg. No. 135
Reg. Dist. No. 510

1. **PLACE OF DEATH:**
(a) County Bannock
(b) City or town Pocatello
(c) Street Address or R. F. D. No. 101. So. Johnson.
(d) Death Occurred (Inside?) Outside? city or town
(e) Died in a Home (Hospital) Institution Other place
(f) Name Hosp. or Inst. General Stayed 21 days
(g) Lived in this county 20 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bannock
(c) City or town Pocatello
(d) Street Address or R. F. D. No. 451. No. Main.
(e) Deceased lived (Inside?) Outside? city or town
(f) Citizen of what country? United States
(g) How long had deceased lived in Idaho? 20 years
(h) Former residence (city, state) Lovell, Wyoming.

3. (a) FULL NAME Julius John Apel. 117a

3. (b) If veteran, name war None
3. (c) Social Security No. 518-05-8046.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Idella Ames.
6. (c) Age of husband or wife if alive 54 years
7. Date of Birth (Month, Day, Year) April. 5. 1883

8. AGE	Years	Months	Days	If less than 1 day
	61	1	7	hrs min.

9. Exact Occupation Jr. Post Engineer Did this work for 1yr-6Mo. yrs.
10. Industry or Business Pocatello Air Base Date last worked April 1944
11. Birthplace Trenton (City or town) Illinois. (State or foreign country)
Father
12. Name John Apel.
13. Birthplace (City or town) Germany. (State or foreign country)
Mother
14. Maiden name Unknown
15. Birthplace (City or town) (State or foreign country)
16. Informant's OWN Signature Mrs Della Apel
and Address Pocatello Idaho.
17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof 5/17 1944. (Month) (Day) (Year)
(c) Place: Mountain View Cem.
18. Funeral Director's OWN Signature Hall Mortuary, Arthur W. Hall
and Address Pocatello Idaho.
19. (a) 5-16-44 (Date received and filed) (b) D C Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May. 12. 1944
at o'clock M.
21. **I HEREBY CERTIFY,** That I attended deceased from 19, to 19
I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: 111a
Pulmonary Embolus — sudden
Due to Post Operation
Due to Somock resection, Ulcer
Other conditions
(Include pregnancy within 3 months of death)
117a1
Where was disease contracted?
Name of operation Stomach Ulcer Date 4-18-44
Major finding Large perforating ulcer
Finding of autopsy Pulmonary Embolism

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state
where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature O. F. Call (M. D. or other)
and Address Pocatello, Idaho. Date 5/15 1944.
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce JUN 5 1944
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 138998
Local Reg. No. 136
Reg. Dist. No. 571

1. **PLACE OF DEATH:**
(a) County Bannock
(b) City or town Pocatello
(c) Street Address or R. F. D. No. So. Johnson Ave
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home __ Hospital X Institution __ Other place __
(f) Name Hosp. or Inst. General Stayed 7 days
(g) Lived in this county 0 years 0 months 7 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bingham
(c) City or town Blackfoot
(d) Street Address or R. F. D. No. College Hotel
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? U. S. A.
(g) How long had deceased lived in Idaho? 40 years
(h) Former residence (city, state) Lincoln, Nebr

3. (a) FULL NAME William Charles Krantz. 131a

3. (b) If veteran, name war none
3. (c) Social Security No. 712-07-0458
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife ____
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) August 9, 1887

8. AGE	Years	Months	Days	If less than 1 day
	57	9	5	hrs min.

9. Exact Occupation Mechanical foreman Did this work for 30 yrs.
10. Industry or Business U. P. Railroad Date last worked 5/7/44
11. Birthplace Lincoln, Nebraska (City or town) (State or foreign country)
Father
12. Name C. C. Krantz
13. Birthplace Unknown Germany (City or town) (State or foreign country)
Mother
14. Maiden name Amelia Manske
15. Birthplace Unknown Germany (City or town) (State or foreign country)
16. Informant's OWN Signature N. D. Krantz
and Address 295 3rd. st. Idaho Falls
17. (a) removal (Burial, cremation, or removal) (b) Date thereof 5/15/44 (Month) (Day) (Year)
(c) Place: Idaho Falls, Idaho
18. Funeral Director's OWN Signature H. L. McHan
and Address Pocatello, Idaho
19. (a) May 15/44 (Date received and filed) (b) D C Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 14 1944
at 6:55 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from May 10 1944, to May 14 1944
I last saw him alive on May 14 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cardio-renal disease	131a
Due to	
Due to	
Other conditions Bronchial asthma (Include pregnancy within 3 months of death)	112
Where was disease contracted?	PHYSICIAN
Name of operation ____ Date ____	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature [signature] (M. D. or other)
and Address Pocatello, Ida Date 5/15/1944
(For additional space, use reverse side)

138999

United States
Department of Commerce
Bureau of the Census

JUN 5 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 137
Reg. Dist. No. 570

1. **PLACE OF DEATH:**
(a) County Bannock
(b) City or town Pocatello
(c) Street Address or R. F. D. No. 650 No. 7th. Ave.
(d) Death Occurred (Inside?) Outside? city or town
(e) Died in a Home (Hospital) Institution Other place
(f) Name Hosp. or Inst. St. Anthony Stayed days
(g) Lived in this county 23 years months 6 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bannock
(c) City or town Pocatello
(d) Street Address or R. F. D. No. 1605 No. 2nd. Ave.
(e) Deceased lived (Inside?) Outside? city or town
(f) Citizen of what country? United States.
(g) How long had deceased lived in Idaho? 23yrs. 6Da. year.
(h) Former residence (city, state) None

3. (a) **FULL NAME** Mary Marcella Chacon Somora. 901

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Charles Ygnacro Somora 6. (c) Age of husband or wife if living 44 years
7. Date of Birth (Month, Day, Year) May. 10. 1921.

8. AGE	Years	Months	Days	If less than 1 day
	23	-	6	hrs min.

9. Exact Occupation House-wife Did this work for yrs.
10. Industry or Business Own home Date last worked
11. Birthplace Pocatello (City or town) Idaho (State or foreign country)

Father
12. Name Morris Chacon.
13. Birthplace New Mexico. (City or town) (State or foreign country)

Mother
14. Maiden name Pablita Pineda.
15. Birthplace Colo. (City or town) (State or foreign country)

16. Informant's **OWN** Signature
and Address Pocatello Idaho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/20/1944. (Month) (Day) (Year)
(c) Place: Mountain View Cem.
18. Funeral Director's **OWN** Signature Hall Mortuary. Arthur M. Hall
and Address Pocatello Idaho.
19. (a) 5-19-1944 (Date received and filed) (b) D C Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May. 16. 1944
at o'clock M.
21. **I HEREBY CERTIFY,** That I attended deceased from March 1 1944, to May 16 1944
I last saw her alive on May 16 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Heart failure during Duration
Anaesthesia for Section
Due to Conversation of
1943 Bleeding Ulcer of Long Standing
Due to Cervical Tear and
Other conditions Ulcerations
(Include pregnancy within 3 months of death)

Where was disease contracted? ✓
Name of operation Caesarean Section Date May 16 44
Major finding
Finding of autopsy Old and recent
Pericarditis 901

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature William F. Howard (M. D. or other)
and Address Pocatello, Idaho Date 5/ 1944.
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

138910

United States
Department of Commerce JUN 5 1944
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 139.
Reg. Dist. No. 51

1. **PLACE OF DEATH:**
(a) County Bannock
(b) City or town Pocatello
(c) Street Address or R. F. D. No. One.
(d) Death Occurred Inside? (Outside?) city or town
(e) Died in a (Home) Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 21 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bannock
(c) City or town Pocatello
(d) Street Address or R. F. D. No. One.
(e) Deceased lived Inside? (Outside?) city or town
(f) Citizen of what country? United States
(g) How long had deceased lived in Idaho? 21. years
(h) Former residence (city, state) Utah.

3. (a) FULL NAME Esther Smith Baldwin. 956

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or G. Allen Baldwin
6. (c) Age of husband or wife if alive 40 years
7. Date of Birth (Month, Day, Year) Feb. 5. 1908.

8. AGE	Years	Months	Days	If less than 1 day
	36	3	11	hrs min.

9. Exact Occupation House-wife — Did this work for 18 yrs.
10. Industry or Business Own home — Date last worked
11. Birthplace Turner (City or town) Idaho. (State or foreign country)

Father
12. Name Warren S. Smith.
13. Birthplace Brigham City (City or town) Utah. (State or foreign country)

Mother
14. Maiden name Esther Coleman.
15. Birthplace Smithfield (City or town) Utah. (State or foreign country)

16. Informant's OWN Signature
and Address Pocatello Idaho.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 5/20/1944. (Month) (Day) (Year)
(c) Place: Mooreland Idaho.
18. Funeral Director's OWN Signature Arthur M. Hall.
and Address Hall Mortuary. Pocatello Idaho.
19. (a) 5-20-1944 (Date received and filed) (b) D C Kay (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May. 16. 1944.
at o'clock M.

21. **I HEREBY CERTIFY,** That I attended deceased from 1939, to May 16 1944
I last saw her alive on May 16 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cerebral Embolism 834 — Duration 1 day
Due to Rheumatic heart disease 936
Due to
Other conditions
(Include pregnancy within 3 months of death)
Where was disease contracted? Not
Name of operation None Date
Major finding —
Finding of autopsy None

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state
where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's OWN Signature R. P. Howard M.D. (M. D. or other)
and Address Pocatello, Idaho. Date 5/ 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce JUN 8 1944
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 13691
Local Reg. No. 8
Reg. Dist. No. 511

1. **PLACE OF DEATH:**
(a) County Bannock
(b) City or town Lava Hot Springs.
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? (Outside?) city or town
(e) Died in a (Home) Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county years 2 months 23 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bannock
(c) City or town Lava Hot Springs.
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? (Outside?) city or town
(f) Citizen of what country? United States
(g) How long had deceased lived in Idaho? 3Mo. 23Da. years
(h) Former residence (city, state) None

3. (a) FULL NAME Dorothy Jeanette Potter. 336

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Jan. 24. 1944.

8. AGE	Years	Months	Days	If less than 1 day
		3	23	hrs min.

9. Exact Occupation Child — Did this work for yrs.
10. Industry or Business At home. — Date last worked
11. Birthplace Lava Hot Springs, Ida. (City or town) (State or foreign country)

Father
12. Name Glen Allen Potter.
13. Birthplace Lava Hot Springs, Ida. (City or town) (State or foreign country)

Mother
14. Maiden name Josephine Dee.
15. Birthplace Lava Hot Springs, Ida. (City or town) (State or foreign country)

16. Informant's OWN Signature Glen Potter
and Address Lava Hot Springs, Ida.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 5/21/1944. (Month) (Day) (Year)
(c) Place Lava Hot Springs, Idaho.
18. Funeral Director's OWN Signature Hall Mortuary, by Thos. M. Hall
and Address Pocatello, Idaho.
19. (a) May 23 1944 (Date received and filed) (b) Mrs Harrison Crowell (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May. 17. 1944
at o'clock M.
21. **I HEREBY CERTIFY,** That I attended deceased from May 13 1944 to May 17 1944
I last saw her alive on May 17 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — Duration
Intestinal
Due to Influenza
Due to
Other conditions
(Include pregnancy within 3 months of death)
Where was disease contracted? at home
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's OWN Signature C. A. Rich M.D.
and Address Lava Hot Springs Idaho. (M. D. or other) Date 5 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JUN 5 1944

Certificate Of Death

STATE OF IDAHO

State File No. 138912
Local Reg. No. ~~139~~ 140
Reg. Dist. No. 5W

1. PLACE OF DEATH:
(a) County Bannock
(b) City or town Pocatello
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? Outside? city or town
(e) Died in a Home (Hospital) Institution Other place
(f) Name Hosp. or Inst. St Anthony Stayed 1 days
(g) Lived in this county years months 1 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Bannock
(c) City or town Pocatello
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? ✓ Outside? city or town
(f) Citizen of what country? N.S.A
(g) How long had deceased lived in Idaho? ✓ years
(h) Former residence (city, state) ✓

3. (a) **FULL NAME** Diane Lee Sayler 159

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex
5. Color or race
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) May 17-44

8. AGE	Years	Months	Days	If less than 1 day
			1	hrs min.

9. Exact Occupation ✓ Did this work for ✓ yrs.
10. Industry or Business Date last worked
11. Birthplace Pocatello Idaho (City or town) (State or foreign country)
Father 12. Name Rollo Sayler
13. Birthplace Goodwin Ariz (City or town) (State or foreign country)
Mother 14. Maiden name Anah Cousins
15. Birthplace Morris Minn (City or town) (State or foreign country)
16. Informant's **OWN** Signature X R. O. Sayler
and Address 101 Rosewood, Pocatello
17. (a) burial (Burial, cremation, or removal) (b) Date thereof May 19-44 (Month) (Day) (Year)
(c) Place: Pocatello Idaho
18. Funeral Director's **OWN** Signature Byron B Downard
and Address
19. (a) 5-19-1944 (Date received and filed) (b) D C Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 5-17 1944
at 9 o'clock a M.
21. **I HEREBY CERTIFY**, That I attended deceased from 5-16 1944, to 5-17 1944
I last saw her alive on 5-16 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Atelectasis 16 hr	
Due to Prematurity. 6 1/2 mo.	159
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYISCIAN Underline the cause to which death should be charged statistically.
Name of operation Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature [signature] (M. D. or other)
and Address Pocatello, Idaho Date 5-19 1944
(For additional space, use reverse side)

138913

United States
Department of Commerce
Bureau of the Census

JUN 5 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 141
Reg. Dist. No. 5-11

1. **PLACE OF DEATH:**
(a) County Bannock
(b) City or town Pocatello
(c) Street Address or R. F. D. No. One.
(d) Death Occurred Inside? (Outside?) city or town
(e) Died in a (Home) Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 43 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bannock
(c) City or town Pocatello
(d) Street Address or R. F. D. No. One
(e) Deceased lived Inside? (Outside?) city or town
(f) Citizen of what country? United States
(g) How long had deceased lived in Idaho? 43 years
(h) Former residence (city, state) Utah

3. (a) FULL NAME Henry Soloman Woodland. 93d

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Elizabeth Calvert
6. (c) Age of husband or wife if alive 65 years
7. Date of Birth (Month, Day, Year) Oct. 10. 1866.

8. AGE	Years	Months	Days	If less than 1 day
	77	7	10	hrs min.

9. Exact Occupation Farmer-Stockman Did this work for 43 yrs.
10. Industry or Business Own business Date last worked 2 years ago.
11. Birthplace Williard (City or town) Utah. (State or foreign country)
Father
12. Name Thomas Steepleford Woodland.
13. Birthplace Albany (City or town) Illinois. (State or foreign country)
Mother
14. Maiden name Margaret Whitaker.
15. Birthplace Fairview. (City or town) No. Carolina. (State or foreign country)
16. Informant's OWN Signature James H Woodland
and Address Pocatello Idaho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/23/1944. (Month) (Day) (Year)
(c) Place: Mountain View Cem.
18. Funeral Director's OWN Signature Arthur M Hall
and Address Hall Mortuary. Pocatello Idaho.
19. (a) 5-22-44 (Date received and filed) (b) D C Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May. 20. 1944
at o'clock M.
21. **I HEREBY CERTIFY,** That I attended deceased from Aug 1942 to May 20 1944
I last saw him alive on May 15 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death	Duration
95c 2 congestive heart failure	18 mo
Due to Rheumatic + Arteriosclerotic heart disease	18 mo
Due to	93d
Other conditions Benign Prostatic Hypertrophy (Include pregnancy within 3 months of death)	137a
Where was disease contracted? Home	
Name of operation Prost. Resection Date 1942	
Major finding	
Finding of autopsy None	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state
where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature R. P. Howard M.D. (M. D. or other)
and Address Pocatello, Idaho. Date 5/ 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

138914

United States
Department of Commerce
Bureau of the Census

JUN 5 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 142
Reg. Dist. No. 21

1. **PLACE OF DEATH:**
(a) County Bannock
(b) City or town Pocatello
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? — city or town
(e) Died in a Home — Hospital — Institution — Other place
(f) Name Hosp. or Inst. Pocatello General Stayed days
(g) Lived in this county — years — months 3 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Wyoming (b) County Uinta
(c) City or town Evanston
(d) Street Address or R. F. D. No. 430. 14th St
(e) Deceased lived Inside? — Outside? — city or town
(f) Citizen of what country? U. S. A.
(g) How long had deceased lived in Idaho? 3 days
(h) Former residence (city, state)

3. (a) **FULL NAME** Ralph James Green 1576

3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Male
5. Color or race white
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Date of Birth (Month, Day, Year) May 19, 1944

8. AGE	Years	Months	Days	If less than 1 day
	—	—	3	hrs min.

9. Exact Occupation Infant Did this work for — yrs.
10. Industry or Business Date last worked
11. Birthplace Pocatello Idaho (City or town) (State or foreign country)
Father
12. Name Ralph James Green
13. Birthplace McCammon Idaho (City or town) (State or foreign country)
Mother
14. Maiden name Helen Evans
15. Birthplace Arimo. Idaho (City or town) (State or foreign country)
16. Informant's OWN Signature Ralph J. Green
and Address Evanston Wyoming
17. (a) Removal (b) Date thereof May 21 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: Arimo Idaho
18. Funeral Director's OWN Signature H. L. McHan
and Address Pocatello Idaho
19. (a) 5-21-44 (Date received and filed) (b) D. Clay (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 21 1944
at 3.15 a. o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from May 19 1944 to May 21 1944
I last saw him alive on May 20 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Surgical Shock	14 hours
Due to Repair of Large Meningocele of Congenital origin	1576
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted? Congenital	PHYSICIAN
Name of operation Repair Date 5-20-44	Underline the cause to which death should be charged statistically.
Major finding Meningocele & Spina Bifida	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state
where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature Hilfred L. Olsen M.D. (M. D. or other)
and Address Pocatello Idaho May 21 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JUN 5 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 138915
Local Reg. No. 144
Reg. Dist. No. 271

1. **PLACE OF DEATH:**
   (a) County Power
   (b) City or town Pocatello AAFld, Idaho
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? X Outside? ____ city or town
   (e) Died in a Home ____ Hospital ____ Institution ____ Other place X
   (f) Name Hosp. or Inst. ____ Stayed ____ days
   (g) Lived in this county 0 years 7 months 17 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Oregon (b) County Unknown
   (c) City or town Albany
   (d) Street Address or R. F. D. No. 839 West Sixth
   (e) Deceased lived Inside? X Outside? ____ city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 7 mo 17 days ____ years
   (h) Former residence (city, state)

3. (a) FULL NAME FRAGER, WILLIAM L. 2ND LT AC, O-750503

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3. (b) If veteran, name war None
3. (c) Social Security No. Unknown
4. Sex Male
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Elizabeth J.
6. (c) Age of husband or wife if alive Unknown years
7. Date of Birth (Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	26	6	24	hrs ____ min.

9. Exact Occupation Pilot — Did this work for 10 Months yrs.
10. Industry or Business U.S. Army Air Force — Date last worked 24 May 44
11. Birthplace Albany (City or town) Oregon (State or foreign country)

Father
12. Name Unknown
13. Birthplace ____ (City or town) Russia (State or foreign country)

Mother
14. Maiden name Unknown
15. Birthplace ____ (City or town) Russia (State or foreign country)

16. Informant's OWN Signature Army Records
and Address Sta Hosp, AAB, Pocatello, Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof May 26-44 (Month) (Day) (Year)
(c) Place: Albany Ore
18. Funeral Director's OWN Signature Arthur D. Hall.
and Address Pocatello Ida
19. (a) 5-26-1944 (Date received and filed) (b) D. Kay (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) May 24 19 44
at 12:48 MWT o'clock P/M.
21. I HEREBY CERTIFY, That I attended deceased from ____ 19____, to ____ 19____
I last saw h____ alive on ____ 19____; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Shock and Hemorrhage	Instant
Due to Multiple fractures	Instant
Due to Aircraft Accident	Instant
Other conditions 3rd degree burns (Include pregnancy within 3 months of death)	Instant

Where was disease contracted?
Name of operation ____ Date ____
Major finding
Finding of autopsy Not done

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Yes Suicide? ____ Homicide? ____
Occurred May 24 1944 City, county, state where violence occurred Power County Idaho
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? X
Means of injury Aircraft Accident
23. Attendant's OWN Signature Clinton B. Hoffman Major, MC (M. D. or other)
and Address Pto AAFld, Idaho Date 24 May 1944
(For additional space, use reverse side)

138916

United States
Department of Commerce
Bureau of the Census

JUN 5 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 146
Reg. Dist. No. 510

1. **PLACE OF DEATH:**
(a) County Bannock
(b) City or town Pocatello
(c) Street Address or R. F. D. No. 650 N. 7th
(d) Death Occurred Inside? yes Outside? ____ city or town
(e) Died in a Home __ Hospital X Institution __ Other place __
(f) Name Hosp. or Inst. St. Anthony Stayed 28 days
(g) Lived in this county 27 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bannock
(c) City or town Pocatello
(d) Street Address or R. F. D. No. 557 N. Harrison
(e) Deceased lived Inside? yes Outside? ____ city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 27 years
(h) Former residence (city, state) Iowa

3. (a) FULL NAME Edward Lawrence Delaney 127 ay

3. (b) If veteran, name war ____
3. (c) Social Security No. 519-07-1771
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Mary Reiter
6. (c) Age of husband or wife if alive 56 years
7. Date of Birth (Month, Day, Year) Nov. 14, 1882

8. AGE	Years	Months	Days	If less than 1 day
	61	6	12	hrs min.

9. Exact Occupation Laborer Did this work for 35 yrs.
10. Industry or Business ____ Date last worked 3/25/44
11. Birthplace Genesso, Ill. (City or town) (State or foreign country)
Father
12. Name Thomas F. Delaney
13. Birthplace Connecticut (City or town) (State or foreign country)
Mother
14. Maiden name Mary Jane Lynch
15. Birthplace Wisconsin (City or town) (State or foreign country)
16. Informant's OWN Signature Julia Anne Lowin
and Address Omaha Neb.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof May 27, 44 (Month) (Day) (Year)
(c) Place: Sioux City, Iowa
18. Funeral Director's OWN Signature Arthur W. Hall
and Address Hall Mortuary Pocatello, Idaho
19. (a) 5-26-1944 (Date received and filed) (b) D. Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 26 1944
at 9 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from May 10 19__, to May 26 1944
I last saw him alive on May 26 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Respiratory failure	
Due to Operative anesthetic	
Due to Chronic hypertrophic Gast Blood	127 b 3
Other conditions Hypertrophic cirrhosis of liver (Include pregnancy within 3 months of death)	124 b 1

Where was disease contracted? ____
Name of operation Cholecystitis Date 5/26/44
Major finding large infected Gallbladder
Finding of autopsy ____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature [signature] (M. D. or other)
and Address Pocatello Date 5/26 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JUN 5 1944

Certificate Of Death

STATE OF IDAHO

State File No. 13[illegible]
Local Reg. No. 157
Reg. Dist. No. 510

1. **PLACE OF DEATH:**
(a) County Bannock
(b) City or town Pocatello
(c) Street Address ~~XXXXXXX~~ No. No. Johnson Ave
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Home.... Hospital X Institution.... Other place....
(f) Name Hosp. or Inst. General Stayed ..... days
(g) Lived in this county 20 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Bannock
(c) City or town Pocatello
(d) Street Address ~~XXXXXXX~~ No. East Center
(e) Deceased lived Inside? X Outside? ..... city or town
(f) Citizen of what country? U. S. A.
(g) How long had deceased lived in Idaho? 54 years
(h) Former residence (city, state) .....

3. (a) **FULL NAME** Patrick Devaney 131a

3. (b) If veteran, name war ----
3. (c) Social Security No. ----
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) November 13, 1876

8. AGE	Years	Months	Days	If less than 1 day
	67	6	16	hrs min.

9. Exact Occupation Retired Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace LaPlatte, Missouri (City or town) (State or foreign country)
Father
12. Name James Devaney
13. Birthplace Limerick, Ireland (City or town) (State or foreign country)
Mother
14. Maiden name Alice Sampson
15. Birthplace Danville, Missouri (City or town) (State or foreign country)
16. Informant's OWN Signature Mary C Burton
and Address Shoshone Idaho.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof June 1, 44 (Month) (Day) (Year)
(c) Place: Gooding, Idaho
18. Funeral Director's OWN Signature H. L. McHan
and Address Pocatello, Idaho
19. (a) May 31, 1944 (Date received and filed) (b) D C Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 29 1944
at 7:50 o'clock a. M.
21. **I HEREBY CERTIFY,** That I attended deceased from May 24 1944, to May 29 1944
I last saw him alive on May 29 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Edema of lungs 131a	8 hrs.
Due to Cardio-renal 131a	3 yrs.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? Idaho
Name of operation None Date .....
Major finding Generalized edema
Finding of autopsy None

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's OWN Signature H. H. Hughart (M. D. or other)
and Address Pocatello, Ida Date 5/31/44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JUN 5 1944

Certificate Of Death

STATE OF IDAHO

State File No. 138913
Local Reg. No. 149
Reg. Dist. No. 5-11

1. **PLACE OF DEATH:**
   (a) County Bannock
   (b) City or town Pocatello
   (c) Street Address or R.F.D. No. 338 West Clark
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home.... Hospital X Institution.... Other place....
   (f) Name Hosp. or Inst. Lynn Bros Stayed one days
   (g) Lived in this county ..... years ..... months one days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Bannock
   (c) City or town Alameda
   (d) Street Address or R.F.D. No. 174 Washington
   (e) Deceased lived Inside? x Outside? ..... city or town
   (f) Citizen of what country? Bannock
   (g) How long had deceased lived in Idaho? ..... years
   (h) Former residence (city, state) .....

3. (a) **FULL NAME** ~~Sally~~ Katherine Rar Knowles

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3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced .....
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) May 30 - 1944

8. AGE	Years	Months	Days	If less than 1 day
				hrs 30 min.

9. Exact Occupation xx Did this work for ..... yrs.
10. Industry or Business xx Date last worked .....
11. Birthplace Pocatello (City or town) Idaho (State or foreign country)

Father
12. Name George H. Knowles
13. Birthplace Richmond (City or town) Utah (State or foreign country)

Mother
14. Maiden name Beatrice McMasters
15. Birthplace Brigham City, (City or town) Utah (State or foreign country)

16. Informant's **OWN** Signature George H. Knowles
and Address 174 Washington Ave
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 31, 44 (Month) (Day) (Year)
(c) Place: Mountain View Cemetery
18. Funeral Director's **OWN** Signature Arthur W. Hall Hall Mortuary
and Address Pocatello, Idaho.
19. (a) 5-31-44 (Date received and filed) (b) D C Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 30 1944
at 1:15 o'clock P M.
21. **I HEREBY CERTIFY**, That I attended deceased from May 30 1944 to May 30 1944
I last saw her alive on May 30 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Pneumatic about fine 1/2 mo — Duration
Due to Peripheral membranes
Due to
Other conditions None
(Include pregnancy within 3 months of death)
Where was disease contracted? —
Name of operation — Date —
Major finding —
Finding of autopsy —

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? — Suicide? — Homicide? —
Occurred — 19 — City, county, state
where violence occurred —
Place of Violence: Home — Farm ..... Industry .....
Public Place — While at work? —
Means of injury —
23. Attendant's **OWN** Signature [signature] (M. D. or other)
and Address Pocatello Ida Date 5/31 1944
(For additional space, use reverse side)

138919

United States
Department of Commerce
Bureau of the Census

MAY 27 1944

CERTIFICATE OF DEATH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No. 552

1. **PLACE OF DEATH:**
(a) County Bear Lake
(b) City or town Montpelier
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? ✓ Outside? ..... city or town
(e) Died in a Home ....Hospital....Institution ....Other place ....
(f) Name Hosp. or Inst. Montpelier Stayed 2 days
(g) Lived in this county ..... years ..... months 2 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Ida (b) County Bear Lake
(c) City or town Montpelier
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? ✓ Outside? ..... city or town
(f) If foreign born, in U. S. ..... yrs. Citizen of U. S.?
(g) How long had deceased lived in Idaho? ..... years
(h) Former residence (city, state) Premature infant

3. (a) **FULL NAME** Wanda Golda Williams

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3. (b) If veteran, name war. [illegible]
3. (c) Social Security No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife
6 (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) Mar. 9. 1944.

8. AGE	Years	Months	Days	If less than 1 day
			2	hrs min.

9. Exact Occupation Infant Did this work for ..... yrs.
10. Industry or Business Date last worked
11. Birthplace Montpelier (City or town) Idaho (State or foreign country)

Father
12. Name David Williams
13. Birthplace Montpelier (City or town) Idaho (State or foreign country)

Mother
14. Maiden name Goldie L. Pugmire
15. Birthplace Montpelier (City or town) Idaho (State or foreign country)

16. Informant's **OWN** Signature David Williams and Address Montpelier Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jun 15 1944 (Month) (Day) (Year)
(c) Place: Montpelier Idaho
18. Funeral Director's **OWN** Signature [illegible] and Address Montpelier Idaho
19. (a) Mar 15 1944 (Date received and filed) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 11 1944
at 10 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from Mar 9 1944 to Mar 11 1944
I last saw her alive on Mar 11 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death	Duration
Premature infant	
Due to Placenta Praevia	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease first contracted?
Name of operation ..... Date
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work?
Means of injury

23. Attendant's **OWN** Signature L. P. Gaerlies (M. D. or other)
and Address Montpelier Date Mar 11 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

MAY 27 1944

State File No. 138929
Local Reg. No.
Reg. Dist. No. 5

1. **PLACE OF DEATH:**
(a) County Bear Lake
(b) City or town Montpelier
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? # Outside? city or town
(e) Died in a Home Hospital # Institution Other place
(f) Name Hosp. or Inst. Bear Lake Stayed 5 days
(g) Lived in this county years months 5 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Utah (b) County Cache
(c) City or town Richmond
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? # Outside? city or town
(f) If foreign born, in U. S. yrs. Citizen of U. S.?
(g) How long had deceased lived in Idaho? 10 days years
(h) Former residence (city, state) Richmond, Utah

3. (a) **FULL NAME** Jane W. Johnson 83a

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife
6 (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) July 3, 1877

8. AGE	Years	Months	Days	If less than 1 day
	66	8	20	hrs min.

9. Exact Occupation Housewife — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace Richmond, Utah (City or town) (State or foreign country)

Father
12. Name [redacted] John Whitehead
13. Birthplace Richmond, Utah (City or town) (State or foreign country)

Mother
14. Maiden name Jecossa Robison
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's **OWN** Signature Owen Jo Johnson
and Address Montpelier, Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3/24/44 (Month) (Day) (Year)
(c) Place: Richmond, Utah
18. Funeral Director's **OWN** Signature
and Address Montpelier, Idaho
19. (a) May 23 1944 (Date received and filed) (b) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 23 19 44
at 12.30 o'clock P. M.

21. I **HEREBY CERTIFY**, That I attended deceased from March 18 1944, to March 23 19 44
I last saw h[illegible] alive on March 23 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Acute Cerebral hemorrhage	5 days
Due to: Hypertension	2 yrs.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease first contracted? Unknown
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature R B Lundsay, M.D.
and Address Montpelier (M. D. or other)
Date 3-24 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

APR 14 1944

CERTIFICATE OF DEATH

STATE OF IDAHO

State File No. 138921
Local Reg. No.
Reg. Dist. No. 552

1. PLACE OF DEATH:

(a) County Bear Lake
(b) City or town Montpelier
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. Bear Lake Stayed 0 days
(g) Lived in this county years months 0 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)

(a) State Idaho (b) County Bear Lake
(c) City or town Montpelier
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) If foreign born, in U. S. yrs. Citizen of U. S.?
(g) How long had deceased lived in Idaho? 2 Hours years
(h) Former residence (city, state)

3. (a) **FULL NAME** Deon Rex

161a

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Infant
6. (b) Name of husband or wife
6 (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) March 28, 1944

8. AGE	Years	Months	Days	If less than 1 day
				2 hrs min.

9. Exact Occupation Infant Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Montpelier (City or town) Idaho (State or foreign country)

Father
12. Name Donald S. Rex
13. Birthplace Salt Lake City, (City or town) Utah (State or foreign country)

Mother
14. Maiden name Mabel Cook
15. Birthplace Paris (City or town) Idaho (State or foreign country)

16. Informant's **OWN** Signature Donald S. Rex
and Address Georgetown, Idaho.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof March 29, 44 (Month) (Day) (Year)
(c) Place: Randolph, Utah
18. Funeral Director's **OWN** Signature [signature]
and Address Montpelier, Idaho
19. (a) Mar 29 1944 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 28 1944
at 7:15 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from March 28 1944, to March 28 1944
I last saw him alive on March 28 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Congenital atelectasis	1 hr.
Due to Congenital inhibition to expand lungs.	1 hr.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease first contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature R B Lindsay, M.D. (M. D. or other)
and Address Montpelier, Idaho Date Mar/29 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

MAY 27 1944

CERTIFICATE OF DEATH

STATE OF IDAHO

State File No. 1389[illegible]
Local Reg. No.
Reg. Dist. No. 552

1. PLACE OF DEATH:
(a) County ~~Montpelier~~ Bear Lake
(b) City or town Montpelier
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 38 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Bear Lake
(c) City or town Montpelier
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) If foreign born, in U. S. 38 yrs. Citizen of U. S.? Yes
(g) How long had deceased lived in Idaho? 38 years
(h) Former residence (city, state)

3. (a) **FULL NAME** Christian Seewer 1096

3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Anna Nydegger
6 (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) October 12, 1858

8. AGE	Years	Months	Days	If less than 1 day hrs min.
	85	5	19	

9. Exact Occupation Laborer Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Con Bern (City or town) Switzerland (State or foreign country)

Father
12. Name Unknown
13. Birthplace (City or town) Switzerland (State or foreign country)

Mother
14. Maiden name Unknown ~~Switzerland~~
15. Birthplace (City or town) Switzerland (State or foreign country)

16. Informant's **OWN** Signature Carl W Seewer
and Address Montpelier, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 3, 1944 (Month) (Day) (Year)
(c) Place: Montpelier, Idaho.
18. Funeral Director's **OWN** Signature [signature]
and Address Montpelier, Idaho
19. (a) Apr. 3, 1944 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 31 1944
at 4:15 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from March 5 1944, to 19
I last saw him alive on March 31 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Pneumonia 109:1	2 wks
Due to Senility 112	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease first contracted? None
Name of operation None Date
Major finding Physical
Finding of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature Reed Rich M.D. (M. D. or other)
and Address Montpelier, Idaho Date April 1 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 138923
Local Reg. No.
Reg. Dist. No. 52 2

MAY 27 1944

1. PLACE OF DEATH:
(a) County Bear Lake
(b) City or town Montpelier
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? # Outside? city or town
(e) Died in a Home Hospital Institution Other place
(f) Name Hosp. or Inst. Bear Lake Stayed 1 days
(g) Lived in this county years months 1 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Wyoming (b) County Lincoln
(c) City or town Cokeville
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? # Outside? city or town
(f) If foreign born, in U. S. yrs. Citizen of U. S.?
(g) How long had deceased lived in Idaho? years
(h) Former residence (city, state) Cokeville, Wyo.

3. (a) **FULL NAME** Robert T. Hutchison

131a

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife
6 (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) February 29, 1888

8. AGE	Years	Months	Days	If less than 1 day hrs	min.
	56	1	15		

9. Exact Occupation Bartender — Did this work for 23 yrs.
10. Industry or Business — Date last worked 4/12/44
11. Birthplace Albion, Wyoming (City or town) (State or foreign country)

Father
12. Name Not known
13. Birthplace Not known (City or town) (State or foreign country)

Mother
14. Maiden name Not known
15. Birthplace Not known (City or town) (State or foreign country)

16. Informant's **OWN** Signature Hope Lund and Address Cokeville Wyoming
17. (a) Removal & Burial (Burial, cremation, or removal) Date thereof 4/16/44 (Month) (Day) (Year)
(c) Place: Cokeville, Wyoming
18. Funeral Director's **OWN** Signature J. A. Williams and Address Montpelier, Idaho
19. (a) 4/16/44 (Date received and filed) (b) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April 13 19 44 at 10 o'clock P. M.

21. I **HEREBY CERTIFY.** That I attended deceased from April 13 19xx, to April 13 19xx. I last saw h.. alive on 4-12 19 44; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: 93a 1	Duration
Acute Cerebral Hemorrhage.	1½ hrs.
Due to Hypertension 102	10 yrs.
Due to nephritis 1321	10 yrs.
Other conditions (Include pregnancy within 3 months of death)	
Where was disease first contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature R. B. Lindsey, M.D. (M.D. or other)
and Address Montpelier, Ida. Date 4-13 19 44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

MAY 27 1944

CERTIFICATE OF DEATH

STATE OF IDAHO

State File No. 138821
Local Reg. No.
Reg. Dist. No. JJ

1. **PLACE OF DEATH:**
   (a) County Bear Lake
   (b) City or town Montpelier
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? X Outside? city or town
   (e) Died in a Home Hospital X Institution Other place
   (f) Name Hosp. or Inst. Bear Lake Stayed days
   (g) Lived in this county years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Bear Lake
   (c) City or town Montpelier
   (d) Street Address or R. F. D. No.
   (e) Deceased lived Inside? Outside? city or town
   (f) If foreign born, in U. S. yrs. Citizen of U. S.?
   (g) How long had deceased lived in Idaho? years
   (h) Former residence (city, state)

3. (a) **FULL NAME** Baby Bee

159

3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Infant
6. (b) Name of husband or wife
6 (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) April 20, 1944

8. AGE	Years	Months	Days	If less than 1 day
	0	0	0	7 hrs min.

9. Exact Occupation Infant Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Montpelier (City or town) Idaho. (State or foreign country)

Father
12. Name J. Logan Bee
13. Birthplace Georgetown (City or town) Idaho. (State or foreign country)

Mother
14. Maiden name Alice Vae Anderson
15. Birthplace Montpelier, Idaho. (City or town) (State or foreign country)

16. Informant's **OWN** Signature O L Anderson
and Address Ogden, Utah
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 22, 1944 (Month) (Day) (Year)
(c) Place: Georgetown, Idaho.
18. Funeral Director's **OWN** Signature [signature]
and Address Montpelier, Idaho.
19. (a) Apr. 22, 1944 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April 21, 1944
at 12.05 o'clock A M.
21. I **HEREBY CERTIFY**, That I attended deceased from April 21 1944, to April 21 1944
I last saw her alive on April 21 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Congenital atelectases 161a	3 hrs.
Due to premature birth (Twin)	159
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease first contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature R. B. Lindsay, M.D. (M. D. or other)
and Address Montpelier, Idaho Date Apr. 22 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

MAY 27 1944

CERTIFICATE OF DEATH

STATE OF IDAHO

State File No. 138925
Local Reg. No.
Reg. Dist. No. 57

1. PLACE OF DEATH:

(a) County Bear Lake
(b) City or town Montpelier
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. Bear Lake Stayed days
(g) Lived in this county years months days

Note For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)

(a) State Idaho (b) County Bear Lake
(c) City or town Montpelier
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) If foreign born, in U. S. yrs. Citizen of U. S.?
(g) How long had deceased lived in Idaho? years
(h) Former residence (city, state)

3. (a) **FULL NAME** Isabelle Bee 159

3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Infant
6. (b) Name of husband or wife
6 (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) April 20, 1944

8. AGE	Years	Months	Days	If less than 1 day
	0	0	0	11 hrs min.

9. Exact Occupation Infant Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Montpelier (City or town) Idaho. (State or foreign country)

Father
12. Name J. Logan Bee
13. Birthplace Georgetown (City or town) Idaho. (State or foreign country)

Mother
14. Maiden name Alice Vae Anderson
15. Birthplace Montpelier (City or town) Idaho. (State or foreign country)

16. Informant's **OWN** Signature [signature]
and Address Ogden, Utah
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof [redacted] 1944 (Month) (Day) (Year)
(c) Place: Georgetown, Idaho.
18. Funeral Director's **OWN** Signature [signature]
and Address Montpelier, Idaho.
19. (a) Apr. 27, 1944 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April 21 1944
at 4 o'clock A M.
21. I **HEREBY CERTIFY**, That I attended deceased from April 21 1944, to April 21 1944
I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
161a Congenital atelectasis	7 hrs
Due to Premature birth (Twin) 159	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease first contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature R. B. Lindsay M.D. (M. D. or other)
and Address Montpelier, Idaho Date Apr 22 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH

STATE OF IDAHO

State File No. 138926
Local Reg. No.
Reg. Dist. No. 55

JUN 27 1944

1. PLACE OF DEATH:
(a) County Bear Lake
(b) City or town Montpelier
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? ..... city or town
(e) Died in a Home ..... Hospital X Institution ..... Other place
(f) Name Hosp. or Inst. Montpelier Stayed 1 days
(g) Lived in this county 18 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Bear Lake
(c) City or town Paris
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? ..... city or town
(f) If foreign born, in U. S. ..... yrs. Citizen of U. S.? Yes
(g) How long had deceased lived in Idaho? 18 years
(h) Former residence (city, state)

3. (a) **FULL NAME** Josephine Irene Dougan 636

3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife John Dougan
6 (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) March 17, 1873

8. AGE	Years	Months	Days	If less than 1 day
	71	1	16	hrs min.

9. Exact Occupation Housewife & Hotel Operator
Did this work for ..... yrs.
10. Industry or Business Retired
Date last worked
11. Birthplace Camp Stanbough, Wyoming (City or town) (State or foreign country)

Father
12. Name Noyes Baldwin
13. Birthplace Woodbridge Conn (City or town) (State or foreign country)

Mother
14. Maiden name Josephine Wright
15. Birthplace New York New York (City or town) (State or foreign country)

16. Informant's **OWN** Signature John B. Dougan
and Address Box 699 - Idaho Falls, Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof May 9, 1944 (Month) (Day) (Year)
(c) Place: Lander, Wyoming
18. Funeral Director's **OWN** Signature [signature]
and Address Montpelier, Idaho
19. (a) May 3, 1944 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 2, 1944 19.....
at 3 o'clock P M.
21. I **HEREBY CERTIFY**, That I attended deceased from Nov 1942 to May 2 1944
I last saw her alive on May 2 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Physolotic Heart	
Due to Lotic Gastric	3 yrs
Due to inoperable 636	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease first contracted? home
Name of operation none Date
Major finding
Finding of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury
23. Attendant's **OWN** Signature [signature] (M. D. or other)
and Address Montpelier, Idaho Date May 3 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JUN 12 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 138927
Local Reg. No. 18
Reg. Dist. No. 130

1. **PLACE OF DEATH:**
(a) County Benewah
(b) City or town St. Joe
(c) Street Address or R. F. D. No. Rural
(d) Death Occurred Inside? ____ Outside? ✓ city or town
(e) Died in a Home ✓ Hospital __ Institution __ Other place __
(f) Name Hosp. or Inst. — Stayed — days
(g) Lived in this county 54 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Benewah
(c) City or town St. Joe
(d) Street Address or R. F. D. No. Rural
(e) Deceased lived Inside? ____ Outside? ✓ city or town
(f) Citizen of what country? U. S. A.
(g) How long had deceased lived in Idaho? 56 years
(h) Former residence (city, state) Ontario

3. (a) **FULL NAME** George Jarvis Ross 94a

3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Emma M.
6. (c) Age of husband or wife if alive 73 years
7. Date of Birth (Month, Day, Year) Sept 8th 1864

8. AGE	Years	Months	Days	If less than 1 day
	79	8	15	hrs — min.

9. Exact Occupation Farming — Did this work for 54 yrs.
10. Industry or Business Farming — Date last worked 1942
11. Birthplace Iroquois (City or town) Ontario (State or foreign country)
Father
12. Name John S. Ross
13. Birthplace (City or town) Ontario (State or foreign country)
Mother
14. Maiden name Charolette Carmen
15. Birthplace (City or town) Ontario (State or foreign country)
16. Informant's OWN Signature James [illegible]
and Address 607 W. Lakeshore Ave. C.D.A.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 5-23-44 (Month) (Day) (Year)
(c) Place: Coeur d'Alene Idaho
18. Funeral Director's OWN Signature R. B. Mooney
and Address Mooney Funeral Chapel 411 C.D.A. Idaho
19. (a) 6-7-44 (Date received and filed) (b) R. E. Wessa (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 23rd 1944
at 4 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from Feb. 17th 1944, to 1944
I last saw him alive on April 23th 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Coronary Sclerosis	
Due to Aterisclerosis and General senility	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation ____ Date ____	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature O. D. Platt, M.D. (M. D. or other)
and Address St. Maries, Ida. Date 5/23/44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA §8-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census JUN 12 1944

Certificate Of Death

STATE OF IDAHO

138923
State File No.
Local Reg. No. 19
Reg. Dist. No. 130

1. **PLACE OF DEATH:**
(a) County Benewah
(b) City or town St. Maries
(c) Street Address or R. F. D. No.
(d) Death Occured Inside? X Outside? city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 31 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Benewah
(c) City or town St. Maries
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? U. S. A.
(g) How long had deceased lived in Idaho? 32 years
(h) Former residence (city, state)

3. (a) **FULL NAME** William Wesley Steele 131a

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Margie
6. (c) Age of husband or wife if alive 60 years
7. Date of Birth (Month, Day, Year) January 8, 1876

8. AGE	Years	Months	Days	If less than 1 day
	68	4	19	hrs min.

9. Exact Occupation Fuel Dealer Did this work for 4 yrs.
10. Industry or Business Retail Date last worked 1933
11. Birthplace Litchfield, (City or town) Minn. (State or foreign country)

Father
12. Name Alfred Steele
13. Birthplace Irontown (City or town) Ohio (State or foreign country)

Mother
14. Maiden name Mary F. Peerman
15. Birthplace Green County, (City or town) Ohio (State or foreign country)

16. Informant's **OWN** Signature Mrs Margy Steele
and Address St. Maries, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-31-44 (Month) (Day) (Year)
(c) Place: St. Maries, Idaho

18. Funeral Director's **OWN** Signature R. E. Wessa
and Address St. Maries, Idaho

19. (a) 6-7-44 (Date received and filed) (b) R. E. Wessa (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 27, 1944 19
at 9:25 o'clock A. M.

21. **I HEREBY CERTIFY**, That I attended deceased from Sep- 10 1940, to May 27 1944
I last saw ~~him~~ alive on May 25 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebral Hemorrhage	83 a
Due to Arteriosclerosis	97
Due to Chronic Nephritis	131 c
Other conditions Myocarditis (Include pregnancy within 3 months of death)	93 e

Where was disease contracted? —
Name of operation — Date
Major finding —
Finding of autopsy —

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? — Suicide? — Homicide? —
Occurred — 19 City, county, state where violence occurred —
Place of Violence: Home — Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature Owen D. Platt, M.D (M. D. or other)
and Address St. Maries Date 5-27 1944
(For additional space, use reverse side)

138929

United States
Department of Commerce
Bureau of the Census

JUN 12 1944

Certificate Of Death

STATE OF IDAHO

State File No.
Local Reg. No. 20
Reg. Dist. No. 130

1. PLACE OF DEATH:
(a) County Benewah
(b) City or town St. Maries
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? X Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. St. Maries Stayed 69 days
(g) Lived in this county 8 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Benewah
(c) City or town St. Maries
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? U. S. A.
(g) How long had deceased lived in Idaho? 11 years
(h) Former residence (city, state)

3. (a) FULL NAME Henry Warren Trefren 83a

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Anna
6. (c) Age of husband or wife if alive 69 years
7. Date of Birth (Month, Day, Year) April 1, 1871

8. AGE	Years	Months	Days	If less than 1 day
	73	1	29	hrs min.

9. Exact Occupation Farmer Did this work for 55 yrs.
10. Industry or Business Farming Date last worked Jan. 1943
11. Birthplace Newton, Iowa (City or town) (State or foreign country)
Father 12. Name George Trefren
13. Birthplace Boston, Mass. (City or town) (State or foreign country)
Mother 14. Maiden name Sarah Sandusky
15. Birthplace Unknown (City or town) (State or foreign country)
16. Informant's OWN Signature Mrs H W Trefren
and Address St. Maries, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-2-44 (Month) (Day) (Year)
(c) Place: St. Maries, Idaho
18. Funeral Director's OWN Signature R. E. Wessa
and Address St. Maries, Idaho
19. (a) 6-7-44 (Date received and filed) (b) R. E. Wessa (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 30, 1944 19
at 7:45 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 3-27 1944, to 5-30 1944
I last saw him alive on 5-30 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebral hemorrhage	1/2 yrs
Due to Arteriosclerosis	?
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? St. Maries, Ida
Name of operation None Date
Major finding
Finding of autopsy None

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? 1 Homicide?
Occurred 19 City, county, state
where violence occurred No accident
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature J O A Robins MD (M. D. or other)
and Address St Maries Ida Date 6-1 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

138931

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

JUN 12 1944

STATE OF IDAHO

State File No.
Local Reg. No. 64
Reg. Dist. No. 601

1. **PLACE OF DEATH:**
(a) County Bingham
(b) City or town Shelley, Idaho
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? — Outside? X city or town
(e) Died in a Home — Hospital — Institution — Other place X
(f) Name Hosp. or Inst. — — Stayed — days
(g) Lived in this county — years — months — days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Bingham
(c) City or town Shelley,
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? X Outside? — city or town
(f) Citizen of what country? U. S. A
(g) How long had deceased lived in Idaho? 17 years
(h) Former residence (city, state) SAME

3. (a) **FULL NAME** Leon George Hansen 1700

3. (b) If veteran, name war None
3. (c) Social Security No. 546-32-9624
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife — —
6. (c) Age of husband or wife if alive — — years
7. Date of Birth (Month, Day, Year) July 16, 1926

8. AGE	Years	Months	Days	If less than 1 day
	17	9	20	hrs min.

9. Exact Occupation Laborer Did this work for 1 Month
10. Industry or Business Dehyderating Plant Date last worked 5-6-44
11. Birthplace Shelley, Idaho (City or town) (State or foreign country)
Father
12. Name George Theodore Hansen
13. Birthplace Denmark (City or town) (State or foreign country)
Mother
14. Maiden name Hila Boyce
15. Birthplace Shelley, Idaho (City or town) (State or foreign country)
16. Informant's **OWN** Signature Hila M. Hansen
and Address Shelley, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-10-44 (Month) (Day) (Year)
(c) Place: Hill Crest, Shelley, Idaho
18. Funeral Director's **OWN** Signature L M Nalder
and Address Shelley, Idaho
19. (a) May 10-1944 (Date received and filed) (b) Mrs Walter E Patrick (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 6, 1944
at 11:10 o'clock A. M.
21. **I HEREBY CERTIFY,** That I attended deceased from May 6 1944, to Same 19
I last saw him ### on Dead 5-6-44; death is said to have occurred on the date and hour stated above.
Immediate Cause of Death: Duration
Fractured neck + skull
double fracture rt. femur
Due to car accidentally
tipped over pinning him
Due to beneath it in a
Other conditions canal with water
(Include pregnancy within 3 months of death)
Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYISCIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? yes Suicide? Homicide?
Occurred May 6 1944 City, county, state where violence occurred Shelley, Bingham Co. Ida
Place of Violence: Home Farm Industry
Public Place Canal While at work? no
Means of injury car accident
23. Attendant's **OWN** Signature H. L. Schiess, M.D. (M. D. or other)
and Address Shelley - Ida Date 5/9 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

138932

United States
Department of Commerce
Bureau of the Census

JUN 12 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 138932
Local Reg. No. 65
Reg. Dist. No. 601

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
   (a) County Bingham
   (b) City or town Blackfoot
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? Outside? ✓ city or town
   (e) Died in a Home Hospital Institution ✓ Other place
   (f) Name Hosp. or Inst State Hosp., Stayed days
   (g) Lived in this county 1 years 8 months 17 days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Twin Falls, Co
   (c) City or town Filer
   (d) Street Address or R. F. D. No.
   (e) Deceased lived Inside? Outside? ✓ city or town
   (f) Citizen of what country? United States
   (g) How long had deceased lived in Idaho? 35 years
   (h) Former residence (city, state)

3. (a) **FULL NAME** Grace Owings 93a

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F
5. Color or race I
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Dead
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) February 1, 1868

8. AGE	Years	Months	Days	If less than 1 day
	76	3	6	hrs min.

9. Exact Occupation — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace New York State (City or town) (State or foreign country)

Father
12. Name Walter Howard
13. Birthplace New York State (City or town) (State or foreign country)

Mother
14. Maiden name Olda Rizpah
15. Birthplace New York State (City or town) (State or foreign country)

16. Informant's OWN Signature Vanda Jensen
    and Address State Hospital South, Record Blackfoot Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof May 8 1944 (Month) (Day) (Year)
    (c) Place: Twin Falls Idaho
18. Funeral Director's OWN Signature E. T. Peck
    and Address Blackfoot Idaho
19. (a) May 8 44 (Date received and filed) (b) Myra Nalen (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 5-7 1944
    at 4:45 o'clock A.M.
21. **I HEREBY CERTIFY,** That I attended deceased from 2-1 1944 to 5-7 1944
    I last saw h[illegible] alive on 5-7 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
93a1 Cerebral Hemorrhage	1 hr
Due to Senile Arterio-Sclerosis & Psychosis	94d
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
    Occurred 19 City, county, state where violence occurred
    Place of Violence: Home Farm Industry
    Public Place While at work?
    Means of injury
23. Attendant's OWN Signature J. A. McClusky (M. D. or other)
    and Address Blackfoot Ida Date 5-8 1944

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JUN 12 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 138933
Local Reg. No. 66
Reg. Dist. No. 601

1. **PLACE OF DEATH:**
   (a) County Bingham
   (b) City or town Blackfoot
   (c) ~~Street Address~~ or R. F. D. No. 3
   (d) Death Occurred Inside? ____ Outside? ✓ city or town
   (e) Died in a Home ✓ Hospital __ Institution __ Other place __
   (f) Name Hosp. or Inst. ____ Stayed ____ days
   (g) Lived in this county ____ years ____ months ____ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Bingham
   (c) City or town Blackfoot
   (d) Street Address or R. F. D. No. 3
   (e) Deceased lived Inside? ____ Outside? ✓ city or town
   (f) Citizen of what country? ____
   (g) How long had deceased lived in Idaho? ____ years
   (h) Former residence (city, state) none

3. (a) **FULL NAME** Sandra Larsen 182

3. (b) If veteran, name war ____ 3. (c) Social Security No. ____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife ____ 6. (c) Age of husband or wife if alive ____ years

7. Date of Birth (Month, Day, Year) August 24, 1943

8. AGE	Years	Months	Days	If less than 1 day
	—	8	13	hrs min.

9. Exact Occupation Infant. Did this work for ____ yrs.

10. Industry or Business ____ Date last worked ____

11. Birthplace Blackfoot, Idaho (City or town) (State or foreign country)

Father
12. Name Leo J. Larsen
13. Birthplace Blackfoot, Idaho (City or town) (State or foreign country)

Mother
14. Maiden name Alitta Sorensen
15. Birthplace Blackfoot, Idaho (City or town) (State or foreign country)

16. Informant's OWN Signature Leo J. Larsen and Address Rt 3 Blackfoot, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/9/44 (Month) (Day) (Year)
   (c) Place: Groeland Cemetery

18. Funeral Director's OWN Signature John C. Sandberg and Address Blackfoot, Idaho

19. (a) May 9, 1944 (Date received and filed) (b) Mrs Helen E. Patrick (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 7 1944 at 7 o'clock A M.

21. **I HEREBY CERTIFY,** That I attended deceased from Was dead when I first saw her I last saw h____ alive on ____ 19____; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Found dead in bed — Duration
Due to Asphyxiated in covers
Due to ____
Other conditions ____
(Include pregnancy within 3 months of death)
Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Yes Suicide? ____ Homicide? ____
Occurred May 7 1944 City, county, state where violence occurred ____
Place of Violence: Home x Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury Asphyxiated in covers

23. Attendant's OWN Signature W W Beck (M. D. or other) and Address Blackfoot, Ida Date 5-9 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JUN 12 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 138934
Local Reg. No. 67
Reg. Dist. No. 600

1. **PLACE OF DEATH:**
(a) County Bingham
(b) City or town Blackfoot
(c) Street Address or R. F. D. No. 117 S. Ash
(d) Death Occurred Inside? ✓ Outside? ____ city or town
(e) Died in a Home ✓ Hospital __ Institution __ Other place __
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county ____ years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bingham
(c) City or town Blackfoot
(d) Street Address or R. F. D. No. 117 South Ash
(e) Deceased lived Inside? ✓ Outside? ____ city or town
(f) Citizen of what country? ____
(g) How long had deceased lived in Idaho? life years
(h) Former residence (city, state) ____

3. (a) **FULL NAME** Sandra Lee Adams 107

3. (b) If veteran, name war ____ 3. (c) Social Security No. ____
4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife ____ 6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) Jan 31 1944

8. AGE	Years	Months	Days	If less than 1 day
	—	3	10	hrs min.

9. Exact Occupation Infant. Did this work for ____ yrs.
10. Industry or Business ____ Date last worked ____
11. Birthplace Blackfoot (City or town) Idaho (State or foreign country)
Father
12. Name Claude Adams
13. Birthplace Grace (City or town) Idaho (State or foreign country)
Mother
14. Maiden name Milba Cottrell
15. Birthplace Richmond (City or town) Utah (State or foreign country)
16. Informant's OWN Signature Claude Adams and Address Blackfoot, Idaho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-11-44 (Month) (Day) (Year)
(c) Place: Moreland Idaho
18. Funeral Director's OWN Signature John C. Sandberg and Address Blackfoot, Idaho
19. (a) May 11 1944 (Date received and filed) (b) Mrs Walter E. Fabini (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 9 1944 at 8:15 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from 5-9 1944, to ____ 19__
I last saw him alive on 5-9 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Bronco Pneumonia 107 — Duration 3 days
Due to Prematurity 109 & Malnutrition
Due to ____
Other conditions ____
(Include pregnancy within 3 months of death)
Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature A E Miller MD (M. D. or other) and Address Blackfoot, Idaho Date 5-10 1944
(For additional space, use reverse side)

Grave No. 657 State Hospital So.

United States
Department of Commerce
Bureau of the Census

JUN 12 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 138935
Local Reg. No. 68
Reg. Dist. No. 601

1. **PLACE OF DEATH:**
   (a) County Bingham
   (b) City or town Blackfoot
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? Outside? X city or town
   (e) Died in a Home Hospital Institution X Other place
   (f) Name Hosp. or Inst. St. Hosp. So. Stayed days
   (g) Lived in this county years months days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Ada
   (c) City or town Boise
   (d) Street Address or R. F. D. No.
   (e) Deceased lived Inside? Outside? X city or town
   (f) Citizen of what country?
   (g) How long had deceased lived in Idaho? 25 years
   (h) Former residence (city, state)

3. (a) **FULL NAME** Pedro Echanobe 117a

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race Spanish
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Not known

8. AGE	Years	Months	Days	If less than 1 day
	About	46 Years		hrs min.

9. Exact Occupation Laborer Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Spain (City or town) (State or foreign country)
Father
12. Name Aniceto Echanobe
13. Birthplace Spain (City or town) (State or foreign country)
Mother
14. Maiden name Benita Echanobe
15. Birthplace Spain (City or town) (State or foreign country)
16. Informant's OWN Signature Thelma Mitchell St. Hospital So. Records and Address Blackfoot, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-18-44 (Month) (Day) (Year)
(c) Place: State Hospital So. Cemetery
18. Funeral Director's OWN Signature [illegible] and Address Blackfoot, Idaho
19. (a) May 18, 1944 (Date received and filed) (b) Mrs Natus E. [illegible] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 11 1944
at 3:20 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from Nov. 1 1943, to May 11 1944
I last saw him alive on May 11 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Perforated Peptic Ulcer	117a 2
Due to	
Due to Dementia Praecox	84b
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature David McAnshy (M. D. or other)
and Address Blackfoot Ida Date 5- 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

138936

United States
Department of Commerce JUN 12 1944
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 69
Reg. Dist. No. 600

1. **PLACE OF DEATH:**
(a) County Bingham
(b) City or town Blackfoot
(c) Street Address or ~~R. F. D.~~ No. 869 E. Bridge
(d) Death Occurred Inside? ✓ Outside? ___ city or town
(e) Died in a Home ✓ Hospital ___ Institution ___ Other place ___
(f) Name Hosp. or Inst. ___ Stayed ___ days
(g) Lived in this county 42 years ___ months ___ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bingham
(c) City or town Blackfoot
(d) Street Address or ~~R. F. D.~~ No. 689 E. Bridge
(e) Deceased lived Inside? ✓ Outside? ___ city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 44 years
(h) Former residence (city, state) Basalt, Idaho

3. (a) **FULL NAME** Charles F. Bailey 94a

3. (b) If veteran, name war ___ 3. (c) Social Security No. ___
4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Rhoda Kinney Bailey 6. (c) Age of husband or wife if alive ___ years
7. Date of Birth (Month, Day, Year) June 17, 1867

8. AGE	Years	Months	Days	If less than 1 day
	76	10	29	hrs min.

9. Exact Occupation Retired Farmer Did this work for ___ yrs.
10. Industry or Business ___ Date last worked ___
11. Birthplace Grantsville, Utah (City or town) (State or foreign country)
Father
12. Name Charles W. Bailey
13. Birthplace Penn (City or town) (State or foreign country)
Mother
14. Maiden name Mary Barrus
15. Birthplace Ill (City or town) (State or foreign country)
16. Informant's OWN Signature Riley F. Bailey
and Address Firth, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-19-44 (Month) (Day) (Year)
(c) Place: Basalt Idaho
18. Funeral Director's OWN Signature John C. Sandberg
and Address Blackfoot, Idaho
19. (a) May 17, 1944 (Date received and filed) (b) Mrs. Helen E. [illegible] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 16 1944
About 5 o'clock A. M.
21. **I HEREBY CERTIFY,** That I attended deceased from Nov 15 1943, to May 16 1944
I last saw her alive on May 14 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Coronary Heart Disease	10 min
Due to Arteriosclerosis	Years
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation ___ Date ___	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ___ Suicide? ___ Homicide? ___
Occurred ___ 19___ City, county, state where violence occurred ___
Place of Violence: Home ___ Farm ___ Industry ___
Public Place ___ While at work? ___
Means of injury ___
23. Attendant's OWN Signature A. E. Miller M.D. (M. D. or other)
and Address Blackfoot Date 5-17 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Crane # 65b

United States
Department of Commerce
Bureau of the Census

JUN 12 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 138937
Local Reg. No. 70
Reg. Dist. No. 601

1. **PLACE OF DEATH:**
   (a) County Bingham
   (b) City or town Blackfoot
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? Outside? X city or town
   (e) Died in a Home Hospital ✓ Institution ✓ Other place
   (f) Name Hosp. or Inst. St. Hosp. So. Stayed days
   (g) Lived in this county 26 years 11 months 27 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Bannock
   (c) City or town Pocatello
   (d) Street Address or R. F. D. No.
   (e) Deceased lived Inside? X Outside? city or town
   (f) Citizen of what country? US
   (g) How long had deceased lived in Idaho? 27 years
   (h) Former residence (city, state) Wyoming

3. (a) **FULL NAME** Leona Whaley

127b

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Fem
5. Color or race White
6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) June 1, 1879

8. AGE	Years	Months	Days	If less than 1 day
	64	11	11	hrs. min.

9. Exact Occupation Housekeeper Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Memphis (City or town) Tennessee (State or foreign country)

Father
12. Name John Bolin
13. Birthplace (City or town) (State or foreign country)

Mother
14. Maiden name Grace Bolin
15. Birthplace V. C. Gwens (City or town) (State or foreign country)

16. Informant's OWN Signature Thelma Mitchell St. Hospital So. Records
and Address Blackfoot, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May-16-44 (Month) (Day) (Year)
(c) Place: Ossifrum Cem. Blackfoot
18. Funeral Director's OWN Signature V. C. Gwens
and Address Blackfoot, Idaho
19. (a) May-16-44 (Date received and filed) (b) Mrs. Nature Estimate (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 12 1944
at 10:02 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from Nov. 1 1943 to May 12 1944
I last saw her alive on May 12 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Peritonitis c̄ 129	3 days.
Due to Perforation of Common Duct	127b
Due to Dementia Praecox	84b
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature David McCrosby (M. D. or other)
and Address Blackfoot Ida Date 5 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census JUN 12 1944

Certificate Of Death

STATE OF IDAHO

State File No. 13[illegible]
Local Reg. No. 71
Reg. Dist. No. 601

1. **PLACE OF DEATH:**
(a) County Bingham
(b) City or town Shelley,
(c) Street Address or R. F. D. No.
(d) Death Occured Inside? X Outside? city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 34 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Bingham
(c) City or town Shelley, Idaho
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? Outside? city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 34 years
(h) Former residence (city, state)

3. (a) **FULL NAME** Francea Elizabeth Harker 1626

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex F.M.
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) March 16, 1851

8. AGE	Years	Months	Days	If less than 1 day
	93	2	2	hrs min.

9. Exact Occupation ret. Housewife Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Pointon (City or town) England (State or foreign country)

Father
12. Name William Wright
13. Birthplace England (City or town) (State or foreign country)

Mother
14. Maiden name Charlotte Rouse
15. Birthplace England (City or town) (State or foreign country)

16. Informant's **OWN** Signature W H Harker
and Address Idaho Falls, Idaho

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof May 44 (Month) (Day) (Year)
(c) Place: Taylorsville, Utah

18. Funeral Director's **OWN** Signature L M Naldon
and Address Shelley Idaho

19. (a) May 22 1944 (Date received and filed) (b) Mrs Nadine E Larsen (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 18, 1944
at 8:30 o'clock A. M.

21. **I HEREBY CERTIFY**, That I attended deceased from 6-15 1940, to 5-17 1944
I last saw her alive on 5-17 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Heart Failure — Duration
Due to Senility — 4 Yrs.
Due to —
Other conditions (Include pregnancy within 3 months of death)
Where was disease contracted? at home
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature Edwin Carter (M. D. or other)
and Address May 19 Date 1944
(For additional space, use reverse side)

138939

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 3
Reg. Dist. No. 602

1. **PLACE OF DEATH:**
(a) County Bingham
(b) City or town Sterling
(c) Street Address or R. F. D. No. R.F.D. I
(d) Death Occurred Inside? Outside? X city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county years 20 months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bingham
(c) City or town Sterling
(d) Street Address or R. F. D. No. R.F.D.#I
(e) Deceased lived Inside? Outside? X city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 20 months
(h) Former residence (city, state) Ogden, Utah

3. (a) **FULL NAME** SARAH J. BOWMAN

95c

3. (b) If veteran, name war NO
3. (c) Social Security No. no
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife B. F. Bowman
6. (c) Age of husband or wife if alive Deceased years
7. Date of Birth (Month, Day, Year) April 5, 1864

8. AGE	Years	Months	Days	If less than 1 day
	80	1	14	hrs min.

9. Exact Occupation Retired — Did this work for 10 yrs.
10. Industry or Business Housework — Date last worked 1933
11. Birthplace Uintah, Weber Co. Utah (City or town) (State or foreign country)

Father
12. Name William Kendall
13. Birthplace England (City or town) (State or foreign country)

Mother
14. Maiden name Joanna Peck
15. Birthplace England (City or town) (State or foreign country)

16. Informant's **OWN** Signature Chas W Bowman
and Address Sterling Idaho
17. (a) Removal to (Burial, cremation, or removal) (b) Date thereof May 19 1944 (Month) (Day) (Year)
(c) Place: To be buried @ Ogden, Utah
18. Funeral Director's **OWN** Signature Howard Packham
and Address Blackfoot, Idaho
19. (a) May 19, 1944 (Date received and filed) (b) [illegible] Harris (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 19, 1944
at 3:30 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from Oct. 30 1943 to April 5 1944
I last saw h[illegible] alive on April 5 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — **Duration**
Found dead in bed
Due to Senility and Heart decompensation
Due to Anemia
Other conditions
(Include pregnancy within 3 months of death)

Where was disease contracted? Utah
Name of operation none Date
Major finding none
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature
(M. D. or other)
and Address Date 19
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

JUN 12 1944

State File No. 13
Local Reg. No. 72
Reg. Dist. No. 601

1. PLACE OF DEATH:
(a) County Bingham
(b) City or town Blackfoot, Idaho
(c) Street Address or R.F.D. No. Box 390
(d) Death Occured Inside? ..... Outside? x city or town
(e) Died in a Home.... Hospital.... Institution — Other place....
(f) Name Hosp. or Inst. St. Hosp. Sou Stayed ..... days
(g) Lived in this county 0 years ..... 0 months .... 4 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Gem County
(c) City or town Emmett Idaho
(d) Street Address or R.F.D. No. .....
(e) Deceased lived Inside? ..... Outside? * city or town
(f) Citizen of what country? U. S. A.
(g) How long had deceased lived in Idaho? Life years
(h) Former residence (city, state) .....

3. (a) FULL NAME ALWORTH, JUNE

85

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) Nov. 17, 1922

8. AGE	Years	Months	Days	If less than 1 day
	21	6	8	hrs min.

9. Exact Occupation Limited Sec Work Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Pocatello, Idaho (City or town) (State or foreign country)
Father
12. Name Mr. Wm. Fleming Alworth
13. Birthplace Grand Valley Pa. (City or town) (State or foreign country)
Mother
14. Maiden name Ida Edith Todloer
15. Birthplace Cresent Utah (City or town) (State or foreign country)
16. Informant's **OWN** Signature Freda L. Eneam State Hosp. So. Records
and Address Box 390, Blackfoot, Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof May-26-44 (Month) (Day) (Year)
(c) Place: Pocatello, Idaho
18. Funeral Director's **OWN** Signature John C. Sandberg
and Address Blackfoot, Idaho
19. (a) May-26-44 (Date received and filed) (b) Mrs Walter E. Latimer (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 25, 1944
at 6:00 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from May 21, 1944, to May 24, 1944
I last saw h..... alive on ..... 19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Asphyxiation	
Due to Epileptic convulsion	
Due to Epilepsy	20 yrs +
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYISCIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ✓ Suicide? ..... Homicide? .....
Occurred May 25 1944 City, county, state where violence occurred Blackfoot Bingham Ida
Place of Violence: Home ..... Farm ..... Industry .....
Public Place State Hosp While at work? .....
Means of injury face down in bed pillow
23. Attendant's **OWN** Signature H A Lewis MD (M. D. or other)
and Address Blackfoot Date May 25 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce JUN 12 1944
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 138921
Local Reg. No. 73
Reg. Dist. No. 601

1. **PLACE OF DEATH:**
(a) County Bingham
(b) City or town Blackfoot.
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? ✓ Outside? city or town
(e) Died in a Home Hospital ✓ Institution Other place
(f) Name Hosp. or Inst. Parson Hospt. Stayed 60 days
(g) Lived in this county 50 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bingham
(c) City or town from Sterling
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Outside? ✓ city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 50 years
(h) Former residence (city, state) Mendon, Utah

3. (a) **FULL NAME** Sarah Isabell Cole

83a

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife John Cole
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) April 12 1873

8. AGE	Years	Months	Days	If less than 1 day
	71	1	15	hrs min.

9. Exact Occupation Housewife. Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Mendon (City or town) Utah (State or foreign country)
Father
12. Name Henry Gardner
13. Birthplace (City or town) England (State or foreign country)
Mother
14. Maiden name Mary Walker
15. Birthplace (City or town) England (State or foreign country)
16. Informant's OWN Signature Eva Fay Cole Graffin
and Address Missoula Montana
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-31-44 (Month) (Day) (Year)
(c) Place: Springfield Idaho
18. Funeral Director's OWN Signature John C. Sandberg
and Address Blackfoot, Idaho
19. (a) May-31-44 (Date received and filed) (b) Mrs Walter E. Palmer (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 27 1944
at 11:35 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 5-17 1944 to 5-27 1944
I last saw her alive on 5-27 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebral hemorrhage	10 da
Due to	
Due to	
Other conditions Secondary (Include pregnancy within 3 months of death)	
Anemia	4 mo

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature A. O. Hampton (M. D. or other)
and Address Blackfoot Id. Date 5-30 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

138542

United States
Department of Commerce
Bureau of the Census

JUN 12 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. _____
Local Reg. No. 75
Reg. Dist. No. 601

1. **PLACE OF DEATH:**
   (a) County Bingham
   (b) City or town Blackfoot
   (c) Street Address or R. F. D. No. St Hospital
   (d) Death Occurred Inside? ____ Outside? # ____ city or town
   (e) Died in a Home ____ Hospital ____ Institution ____ Other place ____
   (f) Name Hosp. or Inst. St Hosp South Stayed ____ days
   (g) Lived in this county 14 years 2 months 1 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Washington
   (c) City or town Weiser
   (d) Street Address or R. F. D. No. ____
   (e) Deceased lived Inside? ____ Outside? # ____ city or town
   (f) Citizen of what country? U. S. A.
   (g) How long had deceased lived in Idaho? 53 years
   (h) Former residence (city, state) ____

3. (a) **FULL NAME** EMMA LARSEN

97

3. (b) If veteran, name war ____
3. (c) Social Security No. ____
4. Sex F
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife C M Larson
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth 7/6/1878 (Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	~~66~~ 65	10	16	hrs ____ min. ____

9. Exact Occupation Housewife — Did this work for ____ yrs.
10. Industry or Business ____ — Date last worked ____
11. Birthplace Copenhagen Denmark (City or town) (State or foreign country)

Father
12. Name Fredrick Johnson
13. Birthplace Copenhagen Denmark (City or town) (State or foreign country)

Mother
14. Maiden name Christena Bestrom
15. Birthplace Not known (City or town) (State or foreign country)

16. Informant's OWN Signature Freda L. Emlow and Address Records of St Hosp South 390 Blackfoot Ida
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 31st (Month) (Day) (Year)
   (c) Place: Blackfoot Cedar
18. Funeral Director's OWN Signature E J Rick and Address Blackfoot Idaho
19. (a) May 31 44 (Date received and filed) (b) Mrs Mildred E Tabor (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 22 1944 at 3:30 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from May 1 1942, to May 22 1944
   I last saw her alive on May 21 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
General arteriosclerosis	7
	97
Due to	
Due to	
Other conditions 245 (Include pregnancy within 3 months of death)	
Dementia paralox	14 yrs

PHYSICIAN

Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
   Occurred ____ 19__ City, county, state where violence occurred ____
   Place of Violence: Home ____ Farm ____ Industry ____
   Public Place ____ While at work? ____
   Means of injury ____
23. Attendant's OWN Signature H A Hewins MD (M. D. or other) and Address Blackfoot Dat May 22 1944

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

13 5942

United States
Department of Commerce
Bureau of the Census JUN 5 1944

Certificate Of Death

STATE OF IDAHO

State File No. 13 5942
Local Reg. No. 152
Reg. Dist. No. 511

1. **PLACE OF DEATH:**
   (a) County Bingham
   (b) City or town Fort Hall
   (c) Street Address or R. F. D. No. R.F.D.
   (d) Death Occured Inside? ..... Outside? ← city or town
   (e) Died in a Home.... Hospital.... Institution.... Other place....
   (f) Name Hosp. or Inst..... Stayed.....days
   (g) Lived in this county.....years .....months .....days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Bingham
   (c) City or town Fort Hall
   (d) Street Address or R.F.D. No. R.F.D.
   (e) Deceased lived Inside? ← Outside? ← city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 58 years
   (h) Former residence (city, state) Deer Lodge Mont.

3. (a) **FULL NAME** Phillip E. Lavatta 466

3. (b) If veteran, name war ←
3. (c) Social Security No. 519-24-1570
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced ~~married~~
6. (b) Name of husband or wife May
6. (c) Age of husband or wife if alive 61 years
7. Date of Birth (Month, Day, Year) May 15, 1874

8. AGE	Years	Months	Days	If less than 1 day
	70	0	14	hrs min.

9. Exact Occupation ..... Did this work for .....yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Deer Lodge Mont. (City or town) (State or foreign country)

Father
12. Name Thomas Lavatta
13. Birthplace Taos N. Mexico (City or town) (State or foreign country)

Mother
14. Maiden name Angelac —
15. Birthplace ..... Idaho (City or town) (State or foreign country)

16. Informant's **OWN** Signature Frankie E. Lavatta
and Address Fort Hall Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-1-44 (Month) (Day) (Year)
(c) Place: Mountainview

18. Funeral Director's **OWN** Signature Byron B. Downard
and Address Pocatello Idaho

19. (a) 2-21 44 (Date received and filed) (b) L C Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 29, 1944
at .....o'clock .....M.

21. **I HEREBY CERTIFY**, That I attended deceased from Apr 1 1944, to May 29 1944
I last saw him alive on Apr 18 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Carcinoma of Stomach — Duration 3 months
Due to .....
Due to .....
Other conditions .....
(Include pregnancy within 3 months of death)

Where was disease contracted? Ft Hall
Name of operation — Date —
Major finding —
Finding of autopsy none

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home..... Farm..... Industry.....
Public Place..... While at work?.....
Means of injury .....

23. Attendant's **OWN** Signature R W Howard M.D. (M. D. or other)
and Address Pocatello Ida. Date 6-2 1944
(For additional space, use reverse side)

13892

United States
Department of Commerce
Bureau of the Census

MAY 22 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 17
Reg. Dist. No. 410

1. **PLACE OF DEATH:**
(a) County Blaine
(b) City or town Hailey
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? ✓ Outside? city or town
(e) Died in a Home ✓ Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 25 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Blaine
(c) City or town Hailey
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? ✓ Outside? city or town
(f) Citizen of what country? U. S.
(g) How long had deceased lived in Idaho? 25 years
(h) Former residence (city, state) Boise, Idaho

3. (a) **FULL NAME** Helmer. P. Seines 46b

3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Florence
6. (c) Age of husband or wife if alive 56 years
7. Date of Birth (Month, Day, Year) Feb. 2, 1878

8. AGE	Years	Months	Days	If less than 1 day
	66	2		hrs min.

9. Exact Occupation laborer Did this work for 42 yrs.
10. Industry or Business Coal dealer Date last worked 12-1-43
11. Birthplace Bodo, Norway (City or town) (State or foreign country)

Father
12. Name ✓ unknown
13. Birthplace unknown (City or town) (State or foreign country)

Mother
14. Maiden name unknown
15. Birthplace unknown (City or town) (State or foreign country)

16. Informant's OWN Signature Florence H. Seines
and Address Hailey, Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 4-5-44 (Month) (Day) (Year)
(c) Place: Hailey cemetery
18. Funeral Director's OWN Signature Mrs. L. Harris
and Address Hailey, Idaho
19. (a) 5-18-1944 (Date received and filed) (b) Robert H. Wright (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April 2 1944
at 11 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from Jan 1 1944 to April 2 1944
I last saw him alive on April 2 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration
Carcinoma Stomach 1y
Due to Hemorrhage
Due to
Other conditions
(Include pregnancy within 3 months of death)
Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state
where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature E. W. Fox (M. D. or other)
and Address Hailey, Ida Date 4-29 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Dr. Hoy 13[illegible]

United States
Department of Commerce MAY 22 1944
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 20
Reg. Dist. No. 410

1. **PLACE OF DEATH:**
(a) County Blaine
(b) City or town Hailey
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? ✓ Outside? city or town
(e) Died in a Home ✓ Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 20 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Blaine
(c) City or town Hailey
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? ✓ Outside? city or town
(f) Citizen of what country? U. S.
(g) How long had deceased lived in Idaho? 22 years
(h) Former residence (city, state) Kansas

3. (a) **FULL NAME** Dora Young 83d

3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Hyrum
6. (c) Age of husband or wife if alive 73 years
7. Date of Birth (Month, Day, Year) Mar. 15, 1882

8. AGE	Years	Months	Days	If less than 1 day
	62	1	12	hrs min.

9. Exact Occupation housewife Did this work for 12 yrs.
10. Industry or Business Date last worked 1-15-44
11. Birthplace Kansas (City or town) (State or foreign country)
Father
12. Name George Simon
13. Birthplace unknown (City or town) (State or foreign country)
Mother
14. Maiden name Elizabeth Birch
15. Birthplace unknown (City or town) (State or foreign country)
16. Informant's OWN Signature H M Young
and Address Hailey, Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 4-29-44 (Month) (Day) (Year)
(c) Place: Hailey, Idaho
18. Funeral Director's OWN Signature Mrs. L. Harris
and Address Hailey, Idaho
19. (a) 5-18-1944 (Date received and filed) (b) Robert H. Wright (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April 27 1944
at 7 o'clock A. M.
21. **I HEREBY CERTIFY,** That I attended deceased from Feb 2 1944 to April 27 1944
I last saw her alive on April 27 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Paralysis / Hemiplegia	3 mo.
Due to Cardiac failure	1 day
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature E. W. Fox (M. D. or other)
and Address Hailey, Ida Date 4/29 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

13946

United States
Department of Commerce
Bureau of the Census

MAY 22 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 13946
Local Reg. No. 21
Reg. Dist. No. 410

1. **PLACE OF DEATH:**
(a) County Blaine
(b) City or town Hailey
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? ✓ Outside? ____ city or town
(e) Died in a Home ____ Hospital ✓ Institution ____ Other place ____
(f) Name Hosp. or Inst. Hailey Clinic Stayed ____ days
(g) Lived in this county 10 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Camas
(c) City or town Fairfield
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? ____ Outside? ✓ city or town
(f) Citizen of what country? U. S.
(g) How long had deceased lived in Idaho? 63 years
(h) Former residence (city, state)

3. (a) **FULL NAME** Herman H. Severe 1756

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Orrie 6. (c) Age of husband or wife if alive 64 years

7. Date of Birth (Month, Day, Year) May 17, 1874

8. AGE	Years	Months	Days	If less than 1 day
	69	11	12	hrs ____ min.

9. Exact Occupation rancher Did this work for 30 yrs.
10. Industry or Business ____ Date last worked 4-29-44
11. Birthplace Grantsville, Utah (City or town) (State or foreign country)

Father
12. Name Lyman Wyatt Severe
13. Birthplace Illinois (City or town) (State or foreign country)

Mother
14. Maiden name Malinda Jane McIntosh
15. Birthplace Illinois (City or town) (State or foreign country)

16. Informant's **OWN** Signature Herman Severe
and Address Fairfield, Idaho

17. (a) burial (b) Date thereof 5-1-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: Hailey, Idaho

18. Funeral Director's **OWN** Signature Thos. Latham
and Address Hailey, Idaho

19. (a) 5-18-1944 (b) Robert H. Wright
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April 29 1944
at 7:30 o'clock P. M.

21. **I HEREBY CERTIFY**, That I attended deceased from April 29 1944, to April 29 1944
I last saw him alive on 4-29-44; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Internal hemorrhage	12 hrs
Chest injury - accident	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation ____ Date ____	
Major finding	
Finding of autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ✓ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state
where violence occurred Ranch
Place of Violence: Home ____ Farm ✓ Industry ____
Public Place ____ While at work? ____
Means of injury Gored by bull

23. Attendant's **OWN** Signature E. W. Fox (M. D. or other)
and Address Hailey, Ida Date 4-29 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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United States
Department of Commerce
Bureau of the Census JUN 12 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 23
Reg. Dist. No. 410

1. **PLACE OF DEATH:**
(a) County Blaine
(b) City or town Bellevue
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? ✓ city or town
(e) Died in a Home ✓ Hospital Institution Other place
(f) Name Hosp. or Inst: Stayed days
(g) Lived in this county 23 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Blaine
(c) City or town Bellevue
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Outside? ✓ city or town
(f) Citizen of what country? U. S.
(g) How long had deceased lived in Idaho? 40 years
(h) Former residence (city, state) Geneva, Ida.

3. (a) **FULL NAME** Nevada Loche Teuscher 46b

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Joseph 6. (c) Age of husband or wife if alive 59 years

7. Date of Birth (Month, Day, Year) Dec. 6, 1881

8. AGE	Years	Months	Days	If less than 1 day
	62	4	29	hrs min.

9. Exact Occupation housewife Did this work for 39 yrs.
10. Industry or Business Date last worked 5-15-44
11. Birthplace Summit Point, West Va. (City or town) (State or foreign country)

Father
12. Name Worth J. Anderson
13. Birthplace [illegible] West Va. (City or town) (State or foreign country)

Mother
14. Maiden name Mary Jane Loche
15. Birthplace West Va. (City or town) (State or foreign country)

16. Informant's **OWN** Signature Joseph Teuscher
and Address Bellevue Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 5-7-44 (Month) (Day) (Year)
(c) Place: Bellevue cemetery
18. Funeral Director's **OWN** Signature Mrs. H. Harris
and Address Hailey Idaho
19. (a) 6-2-1944 (Date received and filed) (b) Robert H. Wright (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 5 1944
at 6:30 o'clock P.M.
21. **I HEREBY CERTIFY,** That I attended deceased from Jan 1 1944 to May 5 1944
Last saw h[illegible] alive on May 5 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Carcinoma of Liver	4 mo
Due to Bed Sore - Bed Ridden	1 yr
Due to Pneumonia	1 wk
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature E. W. Fox (M. D. or other)
and Address Hailey, Ida Date 5/31/1944

(For additional space, use reverse side)

13594

United States
Department of Commerce
Bureau of the Census

JUN 12 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 22
Reg. Dist. No. 410

1. **PLACE OF DEATH:**
(a) County Blaine
(b) City or town Hailey
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? ✓ Outside? ____ city or town
(e) Died in a Home ✓ Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 63 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Blaine
(c) City or town Hailey
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? ✓ Outside? ____ city or town
(f) Citizen of what country? U. S.
(g) How long had deceased lived in Idaho? ____ years
(h) Former residence (city, state) Boise

3. (a) **FULL NAME** Edith Percy Ensign 93E

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife ✓ 6. (c) Age of husband or wife if alive ✓ years

7. Date of Birth (Month, Day, Year) Sept. 25 1879

8. **AGE**

Years	Months	Days	If less than 1 day
64	7	24	hrs ____ min.

9. Exact Occupation Home work Did this work for 40 yrs.
10. Industry or Business ____ Date last worked 5-19-44
11. Birthplace Boise, Idaho (City or town) (State or foreign country)

Father
12. Name Francis E. Ensign
13. Birthplace Williams County, Ohio (City or town) (State or foreign country)

Mother
14. Maiden name Margaret E. Reich
15. Birthplace Liverpool, England (City or town) (State or foreign country)

16. Informant's **OWN** Signature E W Ensign
and Address Hailey, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-21-44 (Month) (Day) (Year)
(c) Place: Hailey, Idaho
18. Funeral Director's **OWN** Signature Mrs L Hanna
and Address Hailey Idaho
19. (a) 6-2-1944 (Date received and filed) (b) Robert H Wright (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 19, 1944
at 4:30 o'clock P M.

21. **I HEREBY CERTIFY,** That I attended deceased from May 17 1944, to May 19 1944
I last saw her alive on May 19 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cardiac Asthma 93 c 2	3 days
Due to Myocarditis	93 e 1
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ____ Date ____
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19 ____ City, county, state where violence occurred
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury

23. Attendant's **OWN** Signature E. W. Fox (M. D. or other)
and Address Hailey, Ida Date 5/31 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

138949

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

JUN 12 1944

State File No. 24
Local Reg. No. 24
Reg. Dist. No. 410

1. **PLACE OF DEATH:**
(a) County Blaine
(b) City or town Bellevue
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? ✓ Outside? ____ city or town
(e) Died in a Home ✓ Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 14 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Blaine
(c) City or town Bellevue
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? ✓ Outside? ____ city or town
(f) Citizen of what country? U. S.
(g) How long had deceased lived in Idaho? 46 years
(h) Former residence (city, state) Utah

3. (a) **FULL NAME** Amon Alden Ivie 94a

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Martha 6. (c) Age of husband or wife if alive 64 years

7. Date of Birth (Month, Day, Year) July 26, 1878

8. AGE	Years	Months	Days	If less than 1 day
	65	9	24	hrs ____ min.

9. Exact Occupation former Did this work for ____ yrs.
10. Industry or Business ____ Date last worked 6-15-43
11. Birthplace Lehi, Utah (City or town) (State or foreign country)

Father
12. Name Hyrum Ivie
13. Birthplace Salt Lake City, Utah (City or town) (State or foreign country)

Mother
14. Maiden name Esther Jordan
15. Birthplace Council Bluff, Ia. (City or town) (State or foreign country)

16. Informant's **OWN** Signature Martha Ivie
and Address Bellevue, Idaho
17. (a) Burial (Burial, cremation or removal) (b) Date thereof 5-23-44 (Month) (Day) (Year)
(c) Place: Bellevue, Idaho
18. Funeral Director's **OWN** Signature Mrs. H. Harris
and Address Hailey, Ida.
19. (a) 6-2-1944 (Date received and filed) (b) Robert B. Wright (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 20 1944
at 7:30 o'clock P.M.

21. **I HEREBY CERTIFY,** That I attended deceased from 5-17 1944 to 5-20 1944
I last saw him alive on 5-18 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Coronary Occlusion	3 days
Due to Hypertension	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ____ Date ____
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury

23. Attendant's **OWN** Signature [signature] (M. D. or other)
and Address Hailey Ida. Date June 20 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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United States
Department of Commerce
Bureau of the Census

JUN 12 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 25
Reg. Dist. No. 410

1. **PLACE OF DEATH:**
   (a) County Blaine
   (b) City or town Hailey
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? Outside? ✓ city or town
   (e) Died in a Home ✓ Hospital Institution Other place
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county — years 2 months 18 days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Blaine
   (c) City or town Hailey
   (d) Street Address or R. F. D. No.
   (e) Deceased lived Inside? Outside? ✓ city or town
   (f) Citizen of what country? U. S.
   (g) How long had deceased lived in Idaho? 2 mo. ~~years~~
   (h) Former residence (city, state) ✓

3. (a) **FULL NAME** Patsy Rae Cutler 107

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓
4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced ✓
6. (b) Name of husband or wife ✓ 6. (c) Age of husband or wife if alive ✓ years
7. Date of Birth (Month, Day, Year) Mar. 9, 1944

8. AGE	Years	Months	Days	If less than 1 day
	—	2	18	hrs min.

9. Exact Occupation ✓ Did this work for ✓ yrs.
10. Industry or Business ✓ Date last worked ✓
11. Birthplace Hailey, Idaho (City or town) (State or foreign country)
Father
12. Name Aquilla H. Cutler
13. Birthplace Logan, Utah (City or town) (State or foreign country)
Mother
14. Maiden name Mary D. Brown
15. Birthplace Bellevue, Idaho (City or town) (State or foreign country)
16. Informant's OWN Signature Mary Cutler and Address Hailey, Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 5-29-44 (Month) (Day) (Year)
(c) Place: Hailey cemetery
18. Funeral Director's OWN Signature Ima L. Harris and Address Hailey, Ida.
19. (a) 6-8-1944 (Date received and filed) (b) Robert H. Wright (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 27 1944 at 1:00 o'clock P.M.
21. **I HEREBY CERTIFY,** That I attended deceased from May 26 1944 to May 27 1944
I last saw her alive on May 27 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Broncho pneumonia	3 wks
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide? Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature E. W. Fox (M. D. or other) and Address Hailey, Ida Date 5/31 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 26
Local Reg. No. 26
Reg. Dist. No. 410

1. **PLACE OF DEATH**
   (a) County Blaine
   (b) City or town Hailey
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? ✓ Outside? ____ city or town
   (e) Died in a Home ✓ Hospital ____ Institution ____ Other place ____
   (f) Name Hosp. or Inst. ____ Stayed ____ days
   (g) Lived in this county 50 years ____ months ____ days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Blaine
   (c) City or town Hailey
   (d) Street Address or R. F. D. No.
   (e) Deceased lived Inside? ✓ Outside? ____ city or town
   (f) Citizen of what country? U. S.
   (g) How long had deceased lived in Idaho? 62 years
   (h) Former residence (city, state) Kansas

3. (a) **FULL NAME** Shade Jackson Benson

3. (b) If veteran, name war ✓
3. (c) Social Security No. 518-16-5369

4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Bessie
6. (c) Age of husband or wife if alive 58 years

7. Date of Birth (Month, Day, Year) March 31, 1874

8. AGE	Years	Months	Days	If less than 1 day
	70	1	28	hrs ____ min. ____

9. Exact Occupation merchant — Did this work for ____ yrs.
10. Industry or Business Clothing — Date last worked
11. Birthplace Washington Co. Kansas (City or town) (State or foreign country)

Father
12. Name John W. Benson
13. Birthplace N. Carolina (City or town) (State or foreign country)

Mother
14. Maiden name Lucy Scott
15. Birthplace N. Carolina (City or town) (State or foreign country)

16. Informant's **OWN** Signature Clay Fitzmiller
and Address Hailey, Idaho

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 5-30-44 (Month) (Day) (Year)
(c) Place: Hailey cemetery

18. Funeral Director's **OWN** Signature Mrs. L. Harris
and Address Hailey Idaho

19. (a) 6-8-1944 (Date received and filed) (b) Robert H. Wright (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 28 1944
at 10:00 o'clock A. M.

21. **I HEREBY CERTIFY,** That I attended deceased from May 1, 1943 to May 28 1944
I last saw her alive on May 28 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Coronary disease	2 yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation ____ Date ____	
Major finding	
Finding of autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's **OWN** Signature S. W. Fox (M. D. or other)
and Address Hailey, Ida. Date 5/31 1944

(For additional space, use reverse side)

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United States
Department of Commerce
Bureau of the Census

JUN 19 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 40
Reg. Dist. No. 110

1. PLACE OF DEATH:
(a) County Bonner
(b) City or town Sandpoint
(c) Street Address or R. F. D. No. 514 N. Second
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home ____ Hospital X Institution ____ Other place ____
(f) Name Hosp. or Inst. Community Stayed 3 days
(g) Lived in this county 10 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Bonner
(c) City or town Sandpoint
(d) Street Address or R. F. D. No. 802 Larch St
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 10 years
(h) Former residence (city, state) ____

3. (a) FULL NAME Clayton Emmett Shoemaker 93d

3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife ____
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) April 22, 1878

8. AGE	Years	Months	Days	If less than 1 day
	66	0	6	hrs min.

9. Exact Occupation Farming Did this work for life yrs.
10. Industry or Business Farm Date last worked Mar. 1944
11. Birthplace Macon County, Ill. (City or town) (State or foreign country)
Father
12. Name George Shoemaker
13. Birthplace Penn. (City or town) (State or foreign country)
Mother
14. Maiden name Nancy Chenoweth
15. Birthplace Ohio. (City or town) (State or foreign country)
16. Informant's OWN Signature Amanda Shoemaker and Address 802 Larch St. Sandpoint, Ida.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 2, 1944. (Month) (Day) (Year)
(c) Place Pack River Cemetery-Bonner Co.
18. Funeral Director's OWN Signature MOON MORTUARY [signature] and Address Sandpoint, Idaho.
19. (a) MAY - 2 1944 (Date received and filed) (b) Lawrence [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) April 28, 1944 at 1:15 o'clock P. M.
21. I HEREBY CERTIFY, That I attended deceased from April 26 1944, to April 28 1944
I last saw him alive on April 28 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Chronic myocarditis	1 yr.
Due to Arterio Sclerosis	2 yrs.
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Hypostatic Pneumonia	2 days

Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature Wm. F. Tylia M.D. (M. D. or other) and Address Sandpoint, Ida. Date 5-2 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH

STATE OF IDAHO

State File No. 13553
Local Reg. No. 78
Reg. Dist. No. 114

JUN 8 1944

1. **PLACE OF DEATH:**
(a) County ... Bonner
(b) City or town Clarksfork
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 33 years months days

Note For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bonner
(c) City or town. Clarksfork
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) If foreign born, in U. S. yrs. Citizen of U. S.?
(g) How long had deceased lived in Idaho? 33 years
(h) Former residence (city, state)

3. (a) **FULL NAME** CHARLES THOMAS ANTON JOHNSON

95c

3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6 (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) March 8, 1861

8. AGE	Years	Months	Days	If less than 1 day
	83	1	20	hrs min.

9. Exact Occupation Prospector — Did this work for 33 yrs.
10. Industry or Business Mining — Date last worked 1942
11. Birthplace Coon Valley, Wisconsin. (City or town) (State or foreign country)

Father
12. Name Johan P. Johannesen
13. Birthplace Norway (City or town) (State or foreign country)

Mother
14. Maiden name Dagne Thoresdatter
15. Birthplace Norway (City or town) (State or foreign country)

16. Informant's **OWN** Signature Tonine Johnson
and Address Emida, Idaho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 3, 1944 (Month) (Day) (Year)
(c) Place Clarksfork, Idaho.
18. Funeral Director's **OWN** Signature Moon Mortuary
and Address Sandpoint, Idaho.
19. (a) May 2 1944 (Date received and filed) (b) Orville Crump (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April 28, 1944
at 1:00 o'clock p M.

21. **I HEREBY CERTIFY,** That I attended deceased from April - 25 1944, to April 27 1944
I last saw h.me alive on April 27 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Heart trouble. — Duration
Due to Old age. —
Due to
Other conditions. (Include pregnancy within 3 months of death)
Where was disease first contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature F. G. Johnson (M. D. or other)
and Address Clarksfork, Ida. Date 5-2 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census JUN 8 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 13[illegible]
Local Reg. No. 78
Reg. Dist. No. 114

1. **PLACE OF DEATH:**
(a) County Bonner
(b) City or town Cabinet
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? X city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed. days
(g) Lived in this county. 22 years months days
Note For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bonner
(c) City or town Cabinet
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Outside? X city or town
(f) If foreign born, in U. S. 45 yrs. Citizen of U. S.? yes
(g) How long had deceased lived in Idaho? 22 years
(h) Former residence (city, state)

3. (a) **FULL NAME** ANDREW SILTA 95c

3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Hilma Silta
6 (c) Age of husband or wife if alive 61 years
7. Date of Birth (Month, Day, Year) Sept. 16, 1873

8. AGE	Years	Months	Days	If less than 1 day
	70	7	17	hrs min.

9. Exact Occupation Farmer Did this work for 22 yrs.
10. Industry or Business Own Farm Date last worked 1938
11. Birthplace Lahti, Finland (City or town) (State or foreign country)

Father
12. Name Juho Silta
13. Birthplace Finland (City or town) (State or foreign country)

Mother
14. Maiden name No Record
15. Birthplace Finland (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mrs. Lydia Rich
and Address Cabinet, Idaho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 6, 1944 (Month) (Day) (Year)
(c) Place: Cabinet, Idaho.
18. Funeral Director's **OWN** Signature Moon Mortuary
and Address Sandpoint, Idaho.
19. (a) May 6, 1944 (Date received and filed) (b) Orville Crisp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 3, 1944
at 5:45 o'clock P. M.

21. I **HEREBY CERTIFY**, That I attended deceased from April 17 1944, to May 3 1944
I last saw h[illegible] alive on April 17 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Heart Trouble	
Due to High Blood pressure and Stroke	
Due to	
Other conditions. (Include pregnancy within 3 months of death)	
Where was disease first contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence. Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature P. G. Jones (M. D. or other)
and Address Clarks Fork Date 5-6 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JUN 19 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 13[illegible]
Local Reg. No. 41
Reg. Dist. No. 110

1. **PLACE OF DEATH:**
(a) County Bonner
(b) City or town Sandpoint
(c) Street Address or R. F. D. No. 514 N. Second
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home ____ Hospital X Institution ____ Other place ____
(f) Name Hosp. or Inst. Community Stayed ____ days
(g) Lived in this county ____ years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bonner
(c) City or town Sandpoint
(d) Street Address or R. F. D. No. 1124 Church St
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? ____ years
(h) Former residence (city, state) ____

3. (a) FULL NAME **ELIZABETH ANNE SIMONSON** 159

3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife ____
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) May 8, 1944.

8. AGE	Years	Months	Days	If less than 1 day
	0	0	0	2 hrs ____ min.

9. Exact Occupation None — Did this work for ____ yrs.
10. Industry or Business ____ — Date last worked ____
11. Birthplace Sandpoint, Idaho. (City or town) (State or foreign country)

Father
12. Name Edgar Simonson
13. Birthplace Oslo, Norway (City or town) (State or foreign country)

Mother
14. Maiden name Lucille Montague
15. Birthplace Clarksfork Idaho (City or town) (State or foreign country)

16. Informant's OWN Signature Edgar Simonson
and Address 1124 Church St-Sandpoint, Ida
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 9, 1944. (Month) (Day) (Year)
(c) Place: Sandpoint, Idaho.
18. Funeral Director MOON MORTUARY
OWN Signature ____
and Address Sandpoint, Idaho
19. (a) MAY - 9 1944 (Date received and filed) (b) ____ (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 8, 1944
at 4 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from May 8 1944 to May 8 1944
I last saw her alive on May 8 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Premature birth	
5½ mo foetus	
Due to ____	
____	
Due to ____	
Other conditions ____ (Include pregnancy within 3 months of death)	
____	
Where was disease contracted? ____	PHYSICIAN
Name of operation ____ Date ____	Underline the cause to which death should be charged statistically.
Major finding ____	
Finding of autopsy ____	
____	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's OWN Signature Wm F Tyler MD (M. D. or other)
and Address Sandpoint, Ida Date 5-9 1944

(For additional space, use reverse side)

13[illegible]

United States
Department of Commerce
Bureau of the Census

JUN 19 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 42
Reg. Dist. No. 110

1. **PLACE OF DEATH:**
   (a) County Bonner
   (b) City or town Sandpoint
   (c) Street Address or R. F. D. No. 514 N. Second
   (d) Death Occurred Inside? X Outside? ____ city or town
   (e) Died in a Home ____ Hospital X Institution ____ Other place ____
   (f) Name Hosp. or Inst. Community Stayed 11 days
   (g) Lived in this county 4 years ____ months ____ days

   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Bonner
   (c) City or town Sandpoint
   (d) Street Address or R. F. D. No. 1023 Washington
   (e) Deceased lived Inside? X Outside? ____ city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 4 years
   (h) Former residence (city, state) ____

3. (a) **FULL NAME** Anna Rebecca Hebden 93d

3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Female Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Grant Mc Cart
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) Dec. 4, 1865.

8. AGE	Years	Months	Days	If less than 1 day
	78	5	8	hrs ____ min.

9. Exact Occupation Teacher Did this work for 35 yrs.
10. Industry or Business Public Schools Date last worked 1926
11. Birthplace Union Star, Missouri, (City or town) (State or foreign country)

Father
12. Name James Hebden
13. Birthplace Vermont. (City or town) (State or foreign country)

Mother
14. Maiden name Mary Fields.
15. Birthplace Vermont. (City or town) (State or foreign country)

16. Informant's OWN Signature James McCart.
and Address 1023 Wash Sandpoint, Ida.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 15, 1944 (Month) (Day) (Year)
(c) Place: Sandpoint, Idaho
18. Funeral Director's OWN Signature MOON MORTUARY
and Address Sandpoint Idaho
19. (a) MAY 15 1944 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 12, 1944
at 1115 o'clock A. M.

21. **I HEREBY CERTIFY,** That I attended deceased from Sept 15 1943, to May 12 1944
I last saw her alive on May 12 1944; death is said to have occurred on the date and hour stated above.

	Immediate Cause of Death	Duration
III	a Hypostatic Pneumonia	2 da
	Due to Chronic Myocarditis 93d	2 yrs
	Due to	
	Other conditions (Include pregnancy within 3 months of death) Spinal arthritis	5 yrs

Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's OWN Signature Wm A Taylor MD (M. D. or other)
and Address Sandpoint Idaho Date 5-15 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

13[illegible]

United States
Department of Commerce
Bureau of the Census JUN 19 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 44
Reg. Dist. No. 110

1. PLACE OF DEATH:
(a) County Bonner
(b) City or town Sandpoint
(c) Street Address or R. F. D. No. 514 N. Second
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home ____ Hospital X Institution ____ Other place ____
(f) Name Hosp. or Inst. Community Stayed 3 days
(g) Lived in this county 40 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Bonner
(c) City or town Sandpoint
(d) Street Address or R. F. D. No. Church & Ruth
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? Germany
(g) How long had deceased lived in Idaho? 40 years
(h) Former residence (city, state) ____

3. (a) FULL NAME KARL GOTTLIB BAKER

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3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife ____
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) July 17, 1862

8. AGE	Years	Months	Days	If less than 1 day
	82	9	27	hrs min.

9. Exact Occupation Carpenter Did this work for life yrs.
10. Industry or Business Building Date last worked 1940
11. Birthplace Bresslau, Germany (City or town) (State or foreign country)
Father
12. Name Karl Becker
13. Birthplace Germany (City or town) (State or foreign country)
Mother
14. Maiden name No Record
15. Birthplace Germany (City or town) (State or foreign country)
16. Informant's OWN Signature Wm Hollenbeck
and Address Sandpoint, Idaho.
17. (a) Burial 1944 (b) Date thereof May 20, 1944 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: Sandpoint, Idaho.
18. Funeral Director's OWN Signature MOON MORTUARY [signature]
and Address Sandpoint, Idaho.
19. (a) MAY 20 1944 (Date received and filed) (b) Lawrence [signature] (Registrar's signature)

MAY 20 1944

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) May 13, 1944
at 2:00 o'clock P. M.
21. I HEREBY CERTIFY, That I attended deceased from May 11 1944, to May 13 1944
I last saw him alive on May 13 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Toxaemia from burn left chest & side	2 days
Due to	
Due to	
Other conditions Arteriosclerosis (Include pregnancy within 3 months of death)	5 yr.
Myocarditis	1 yr.
Where was disease contracted?	PHYSICIAN
Name of operation ____ Date ____	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? yes Suicide? no Homicide? no
Occurred May 11 1944 City, county, state where violence occurred Sandpoint, Bonner Co. Idaho
Place of Violence: Home yes Farm ____ Industry ____
Public Place ____ While at work? smoking
Means of injury Clothes caught fire from pipe
23. Attendant's OWN Signature Wm F Tyler MD (M. D. or other)
and Address Sandpoint Idaho Date 5/20 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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United States
Department of Commerce
Bureau of the Census

JUN 1 9 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 43
Reg. Dist. No. 110

1. **PLACE OF DEATH:**
(a) County Bonner
(b) City or town Sandpoint
(c) Street Address or R. F. D. No. 514 N. Second
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home ____ Hospital X Institution ____ Other place ____
(f) Name Hosp. or Inst. Community Stayed 10 days
(g) Lived in this county 30 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bonner
(c) City or town Sandpoint
(d) Street Address or R. F. D. No. County Farm
(e) Deceased lived Inside? ____ Outside? X ____ city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 30 years
(h) Former residence (city, state) ____

3. (a) **FULL NAME** JERRY BABCOCK 73d

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife ____
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) No Record

8. AGE	Years	Months	Days	If less than 1 day hrs	min.
	87				

9. Exact Occupation Woodsman Did this work for Life yrs.
10. Industry or Business Logging Date last worked 1929
11. Birthplace No Record (City or town) (State or foreign country)
Father
12. Name No Record
13. Birthplace No Record (City or town) (State or foreign country)
Mother
14. Maiden name No Record
15. Birthplace No Record (City or town) (State or foreign country)
16. Informant's OWN Signature Charles Albertson.
and Address Sandpoint, Idaho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 18, 1944 (Month) (Day) (Year)
(c) Place: Sandpoint, Idaho.
18. Funeral Director MOON MORTUARY
OWN Signature ____
and Address Sandpoint, Idaho.
19. (a) MAY 18 1944 (Date received and filed) (b) ____ (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 14th 1944
at 8:00 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from May 4 1944, to May 14 1944
I last saw him alive on May 14 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death	Duration
Coronary Thrombus due Senility	
Due to	
Due to Arteriosclerosis	5 yr
Other conditions Myocarditis (Include pregnancy within 3 months of death)	2 yr
Asthma	3 yr

Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature Wm F. Tyler M.D. (M. D. or other)
and Address Sandpoint, Ida. Date 5/18 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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United States
Department of Commerce
Bureau of the Census

JUN 19 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 13
Local Reg. No. 45
Reg. Dist. No. 110

1. **PLACE OF DEATH:**
   (a) County Bonner
   (b) City or town Sandpoint
   (c) Street Address or R. F. D. No. 504 N. Second
   (d) Death Occurred Inside? X Outside? ____ city or town
   (e) Died in a Home ____ Hospital X Institution ____ Other place ____
   (f) Name Hosp. or Inst. Community Stayed 1 days
   (g) Lived in this county 9 years ____ months ____ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Bonner
   (c) City or town Sandpoint
   (d) Street Address or R. F. D. No. 1007 Church St
   (e) Deceased lived Inside? X Outside? ____ city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 9 years
   (h) Former residence (city, state) ____

3. (a) FULL NAME REVA FLORENCE UHRIG

3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Conrad D. Uhrig
6. (c) Age of husband or wife if alive 38 years
7. Date of Birth (Month, Day, Year) Feb. 25, 1921.

8. AGE	Years	Months	Days	If less than 1 day
	23	2	28	hrs ____ min.

9. Exact Occupation Housewife — Did this work for 2 yrs.
10. Industry or Business Own Home — Date last worked May 1944
11. Birthplace Barkley, Kansas. (City or town) (State or foreign country)

Father
12. Name Earl Abner Haslett.
13. Birthplace Overbrook, Kansas. (City or town) (State or foreign country)

Mother
14. Maiden name Florence E. Wilson
15. Birthplace Coffee County, Kansas. (City or town) (State or foreign country)

16. Informant's OWN Signature Conrad D. Uhrig
and Address 1007 Church Sandpoint, Ida ho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 27, 1944 (Month) (Day) (Year)
(c) Place: Sandpoint, Idaho.
18. Funeral Director's OWN Signature MOON MORTUARY
and Address Sandpoint, Idaho.
19. (a) MAY 27 1944 (Date received and filed) (b) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) May 23, 1944
at 10:10 o'clock A. M.
21. I HEREBY CERTIFY, That I attended deceased from Apr 15 1944 to May 23 1944
I last saw h[illegible] alive on May 23 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebral Lues 30c	(work symptoms)
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 5½ months pregnant	
Where was disease contracted?	PHYSICIAN
Name of operation ____ Date ____ Major finding	Underline the cause to which death should be charged statistically.
Finding of autopsy	

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature Wm F. Tyler M.D. (M.D. or other)
and Address Sandpoint, Ida. Date 5-27 1944
(For additional space, use reverse side)

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United States
Department of Commerce
Bureau of the Census JUN 19 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 46
Reg. Dist. No. 110

1. **PLACE OF DEATH:**
(a) County Bonner
(b) City or town Sandpoint, Idaho
(c) Street Address or R. F. D. No. 514 N. 2nd.
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home __ Hospital X Institution __ Other place __
(f) Name Hosp. or Inst. Community Stayed 73 days
(g) Lived in this county 35 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bonner
(c) City or town Priest River
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 35 years
(h) Former residence (city, state)

3. (a) FULL NAME HARRY MILLER

93d

3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex Male
5. Color or race white
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) No Record

8. AGE	Years	Months	Days	If less than 1 day
	72			hrs min.

9. Exact Occupation Old Age Pensioner Did this work for ____ yrs.
10. Industry or Business None Date last worked
11. Birthplace Farmer City, Ill. (City or town) (State or foreign country)
Father
12. Name Unknown
13. Birthplace " (City or town) (State or foreign country)
Mother
14. Maiden name Unknown
15. Birthplace " (City or town) (State or foreign country)
16. Informant's OWN Signature Carl F. Conrady
and Address Newport Wash. Phy 70W
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 28, 1944. (Month) (Day) (Year)
(c) Place ~~Sandpoint, Idaho~~ Priest River, Idaho
18. Funeral Director MOON MORTUARY
OWN Signature L. G. Moon
and Address Sandpoint, Idaho
19. (a) MAY 28 1944 (Date received and filed) (b) Lawrence G. Moon (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 26, 1944
at 6:50 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from March 13 1944, to May 26 1944
I last saw him alive on May 26 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
chronic myocarditis	1 yr
Due to arteriosclerosis	5 yr
Due to	
Other conditions (Include pregnancy within 3 months of death) Bronchiectasis	8 mo
Where was disease contracted?	PHYSICIAN
Name of operation ____ Date ____	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury
23. Attendant's OWN Signature Wm F Tyler M D (M. D. or other)
and Address Sandpoint Date May 28 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

138961

United States
Department of Commerce
Bureau of the Census JUN 12 1944

Certificate Of Death

STATE OF IDAHO

State File No.
Local Reg. No. 117
Reg. Dist. No. 611

1. **PLACE OF DEATH:**
(a) County Bonneville
(b) City or town Rigby R.F.D. #1
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? Outside? city or town
(e) Died in a Home Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Bonneville
(c) City or town Rigby Rt #1
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? Outside? ✓ city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 60 years
(h) Former residence (city, state) Utah

3. (a) **FULL NAME** Martha Jane Lee 83a

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife Orrin Lee
6. (c) Age of husband or wife if alive 82 years
7. Date of Birth (Month, Day, Year) Sept 2, 1862

8. AGE	Years	Months	Days	If less than 1 day
	81	7	20	hrs min.

9. Exact Occupation Housewife Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Bountiful, Utah (City or town) (State or foreign country)
Father
12. Name William M. White
13. Birthplace ✓ ✓ (City or town) (State or foreign country)
Mother
14. Maiden name Martha Grey
15. Birthplace ✓ ✓ (City or town) (State or foreign country)
16. Informant's **OWN** Signature A. Stanley Lee
and Address Rigby #1 Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/26/44 (Month) (Day) (Year)
(c) Place: Ucon, Idaho
18. Funeral Director's **OWN** Signature Jack A. Wood
and Address Idaho Falls, Idaho
19. (a) 5/23/44 (Date received and filed) (b) Louise Bridges (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April 22 1944
at 3-05 o'clock a M.
21. **I HEREBY CERTIFY,** That I attended deceased from Apr 1 1944 to Apr 22 1944
I last saw her alive on Nov 1 1943 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebral Hemorrhage	1 day
Due to Arteriosclerosis	years
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation Date	
Major finding	
Finding of autopsy	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature [signature] (M. D. or other)
and Address Date 19
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

. 13[illegible]

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

JUN 12 1944

State File No.
Local Reg. No. 99
Reg. Dist. No. 610

1. **PLACE OF DEATH:**
(a) County Bonneville
(b) City or town Idaho Falls
(c) Street Address or R.F.D. No. Memorial Hospital
(d) Death Occured Inside? — Outside? — city or town
(e) Died in a Home — Hospital — Institution — Other place —
(f) Name Hosp. or Inst. L.D.S. Stayed 2 days
(g) Lived in this county — years — months — days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Bonneville
(c) City or town Idaho Falls
(d) Street Address or R.F.D. No. Rt #1
(e) Deceased lived Inside? — Outside? — city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? — years
(h) Former residence (city, state)

3. (a) **FULL NAME** Mariam Robb 159

3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced —
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Date of Birth (Month, Day, Year) May 2, 1944

8. AGE	Years	Months	Days	If less than 1 day
			2	hrs min.

9. Exact Occupation Infant — Did this work for — yrs.
10. Industry or Business — Date last worked —
11. Birthplace Idaho Falls Idaho (City or town) (State or foreign country)

Father
12. Name Kenneth A. Robb
13. Birthplace Idaho Falls Idaho (City or town) (State or foreign country)

Mother
14. Maiden name Margaret Chrisman
15. Birthplace Preston Idaho (City or town) (State or foreign country)

16. Informant's **OWN** Signature Kenneth A Robb
and Address Idaho Falls Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/6/44 (Month) (Day) (Year)
(c) Place: Idaho Falls Idaho
18. Funeral Director's **OWN** Signature Jack A. Wood
and Address Idaho Falls Idaho
19. (a) 5/9/44 (Date received and filed) (b) Emma Bridges (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 4 19 44
at 8-45 o'clock P.M.

21. **I HEREBY CERTIFY,** That I attended deceased from May 2 1944, to May 4 1944
I last saw her alive on May 4 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Premature Birth — Duration 2 days
Due to Birth at 7½ months
Due to —
Other conditions (Include pregnancy within 3 months of death) —
Where was disease contracted? —
Name of operation — Date —
Major finding —
Finding of autopsy —

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? — Suicide? — Homicide? —
Occurred — 19 — City, county, state where violence occurred —
Place of Violence: Home — Farm — Industry —
Public Place — While at work? —
Means of injury —

23. Attendant's **OWN** Signature Milton T. Rees M.D. (M. D. or other)
and Address Idaho Falls Ida. Date May 5 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

MAY 12 1944

Certificate Of Death

STATE OF IDAHO

13[illegible]

State File No.
Local Reg. No. 100
Reg. Dist. No. 610

1. **PLACE OF DEATH:**
   (a) County Bonneville
   (b) City or town Idaho Falls
   (c) Street Address or R.F.D. No. Memorial Dr.
   (d) Death Occured Inside? ✓ Outside? ..... city or town
   (e) Died in a Home.... Hospital ✓ Institution.... Other place....
   (f) Name Hosp. or Inst. L.D.S. Hosp. Stayed 1/2 days
   (g) Lived in this county ..... years ..... months 1/2 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Bonneville
   (c) City or town Ucon, Idaho
   (d) Street Address or R.F.D. No. .....
   (e) Deceased lived Inside? ✓ Outside? ..... city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? ..... years
   (h) Former residence (city, state) .....

3. (a) **FULL NAME** Kenneth Clayton 336

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex M
5. Color or race W.
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) November 26, 1942

8. AGE	Years	Months	Days	If less than 1 day
	1	5	8	hrs ..... min.

9. Exact Occupation Child — Did this work for ..... yrs.
10. Industry or Business ..... — Date last worked .....
11. Birthplace Idaho Falls, Idaho (City or town) (State or foreign country)

Father
12. Name Wilford Clayton
13. Birthplace South Carolina (City or town) (State or foreign country)

Mother
14. Maiden name Harriett Hill
15. Birthplace Ucon, Idaho (City or town) (State or foreign country)

16. Informant's **OWN** Signature Wilford N. Clayton
and Address Ucon, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/7/44 (Month) (Day) (Year)
(c) Place: Ucon, Idaho

18. Funeral Director's **OWN** Signature Jack A. Ward
and Address Idaho Falls, Idaho

19. (a) 5/9/44 (Date received and filed) (b) Emma A. Bridges (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 4 1944
at 1 o'clock A.M.

21. **I HEREBY CERTIFY,** That I attended deceased from May 3 1944, to May 4 1944
I last saw him alive on May 3 1944; death is said to have occurred on the date and hour stated above.

	Duration
Immediate Cause of Death: 103 Internal Hemorrhage	4 hours
Due to Influenza - 331	5 days
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted? at Home	
Name of operation none Date	
Major finding	
Finding of autopsy none performed.	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature Logan Tall, M.D. (M. D. or other)
and Address Rigby, Idaho Date 5/7 1944
(For additional space, use reverse side)

13[illegible]

United States
Department of Commerce
Bureau of the Census JUN 12 1944

Certificate Of Death

STATE OF IDAHO

State File No.
Local Reg. No. 103
Reg. Dist. No. 610

1. PLACE OF DEATH
(a) County Bonneville
(b) City or town Idaho Falls
(c) Street Address or R. F. D. No. Cedar & Blvd.
(d) Death Occured Inside? ✓ Outside? ..... city or town
(e) Died in a Home .... Hospital ✓ Institution .... Other place ....
(f) Name Hosp. or Inst. Sacred Heart Stayed 1 hr. days
(g) Lived in this county ..... years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Bonneville
(c) City or town Idaho Falls
(d) Street Address or R.F.D. No. ~~Cedar~~ 116 W. 14th
(e) Deceased lived Inside? ✓ Outside? ..... city or town
(f) Citizen of what country? U. S. A.
(g) How long had deceased lived in Idaho? 62 years
(h) Former residence (city, state) Utah

3. (a) FULL NAME Rilla Buttenshaw 83a

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex F
5. Color or race W.
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife Ben Buttenshaw
6. (c) Age of husband or wife if alive 75 years
7. Date of Birth (Month, Day, Year) August 22, 1878

8. AGE	Years	Months	Days	If less than 1 day
	65	8	15	hrs ..... min.

9. Exact Occupation Housewife Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Morgan, Utah (City or town) (State or foreign country)

Father
12. Name James W. Murphy
13. Birthplace Atlantic, Georgia (City or town) (State or foreign country)

Mother
14. Maiden name Adeline Simmons
15. Birthplace Bountiful, Utah (City or town) (State or foreign country)

16. Informant's **OWN** Signature Ben Buttenshaw
and Address Idaho Falls, Idaho
17. (a) Burial (Burial, cremation or removal) (b) Date thereof 5/10/44 (Month) (Day) (Year)
(c) Place: Shelton, Idaho
18. Funeral Director's **OWN** Signature Jack A. Ward
and Address Idaho Falls, Idaho
19. (a) May 11-1944 (Date received and filed) (b) Lena Bridges (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 7 1944
at 7 o'clock P. M.
21. **I HEREBY CERTIFY**, That I attended deceased from Apr 21st 1943, to Feb — 1944
I last saw h[illegible] alive on Feb 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebral Hemorrhage	4 hrs
Due to arterial sclerosis	10 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature H. B. Spencer M.D.
and Address Idaho Falls Ida (M. D. or other) Date May 11 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census JUN 12 1944

Certificate Of Death

STATE OF IDAHO

State File No. 13[illegible]
Local Reg. No. 104
Reg. Dist. No. 610

1. **PLACE OF DEATH:**
(a) County Bonneville
(b) City or town Idaho Falls
(c) Street Address or R.F.D. No. 460 10th Street
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Home X Hospital ..... Institution ..... Other place .....
(f) Name Hosp. or Inst. None Stayed ..... days
(g) Lived in this county 28 years 0 months 2 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Bonneville
(c) City or town Idaho Falls
(d) Street Address or R.F.D. No. 460 10th St.
(e) Deceased lived Inside? X Outside? ..... city or town
(f) Citizen of what country? United States
(g) How long had deceased lived in Idaho? 28 years
(h) Former residence (city, state) Brady, Montana

3. (a) **FULL NAME** ADA MAY RIGGS 50

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife James. D. Riggs
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) September 19, 1861

8. AGE	Years	Months	Days	If less than 1 day hrs min.
	82	7	23	

9. Exact Occupation Housewife Did this work for 63 yrs.
10. Industry or Business At Home Date last worked Mar. 1944
11. Birthplace Elwood (City or town) Illinois (State or foreign country)
Father
12. Name A. C. More
13. Birthplace Unknown (City or town) (State or foreign country)
Mother
14. Maiden name Lydia Bachellor
15. Birthplace Unknown (City or town) (State or foreign country)
16. Informant's OWN Signature Pearl M. Simmons
and Address Idaho Falls, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 15, 1944 (Month) (Day) (Year)
(c) Place: Idaho Falls, Idaho
18. Funeral Director's OWN Signature Orland C. Buck
and Address Idaho Falls, Idaho
19. (a) May 15-1944 (Date received and filed) (b) Anna Budges (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 12 1944
at 4:15 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from Feb 28 1944, to May 12 1944
I last saw her alive on May 12 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Hemorrhage Pleural	6 hrs
Cavity from Cancer	4 yrs
Due to Metastatic Cancer Lung	2 yrs
Due to Cancer of Breast	4 yrs
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation None Date
Major finding
Finding of autopsy no

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's OWN Signature [signature] (M. D. or other)
and Address Idaho Falls Date 5/15 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JUN 12 1944

Certificate Of Death

STATE OF IDAHO

State File No. 13[illegible]
Local Reg. No. 110
Reg. Dist. No. 610

1. **PLACE OF DEATH:**
(a) County Bonneville
(b) City or town Idaho Falls
(c) Street Address or R.F.D. No. 557 N. Ridge
(d) Death Occured Inside? ✓ Outside? ..... city or town
(e) Died in a Home ✓ Hospital ..... Institution ..... Other place .....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county ..... years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Bonneville
(c) City or town Idaho Falls
(d) Street Address or R.F.D. No. 557 N. Ridge
(e) Deceased lived Inside? ✓ Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 34 years
(h) Former residence (city, state) Missouri

3. (a) **FULL NAME** Henry Thomas Branstetter 93d

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced .....
6. (b) Name of husband or wife Nannie Branstetter
6. (c) Age of husband or wife if alive 80 years
7. Date of Birth (Month, Day, Year) December 11, 1852

8. AGE	Years	Months	Days	If less than 1 day
	91	5	7	hrs min.

9. Exact Occupation Retired Farmer Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Pike County, Missouri (City or town) (State or foreign country)
Father
12. Name William H. Branstetter
13. Birthplace Missouri (City or town) (State or foreign country)
Mother
14. Maiden name Maria Goodman
15. Birthplace Missouri (City or town) (State or foreign country)
16. Informant's **OWN** Signature N. B. Reed
and Address Rigby, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/21/44 (Month) (Day) (Year)
(c) Place Idaho Falls, Idaho
18. Funeral Director's **OWN** Signature Jack A. Wood
and Address Idaho Falls Idaho
19. (a) May 20-'44 (Date received and filed) (b) Laura Bridges (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 18 1944
at 8-45 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from Nov. 10 1943, to May 18 1944
I last saw him alive on May 18 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Uremia	5 days
Due to Myocarditis	3 yrs.
Due to Senility	✓
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature C. C. Erickson MD (M. D. or other)
and Address Idaho Falls Date 5-20 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

JUN 12 1944

State File No. 13[illegible]
Local Reg. No. 111
Reg. Dist. No. 610

1. **PLACE OF DEATH:**
(a) County Bonneville
(b) City or town Idaho Falls
(c) Street Address or R.F.D. No. Memorial Dr.
(d) Death Occured Inside? ✓ Outside? ..... city or town
(e) Died in a Home.... Hospital ✓ Institution.... Other place....
(f) Name Hosp. or Inst. L-U.S. Hosp. Stayed ..... days
(g) Lived in this county ..... years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Bonneville
(c) City or town Idaho Falls
(d) Street Address or R.F.D. No. 1590 Curtis
(e) Deceased lived Inside? ..... Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 17 years
(h) Former residence (city, state) .....

3. (a) **FULL NAME** John Lester Peterson 186b

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Male
5. Color or race W
6. (a) Single, widowed, married, divorced .....
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) April 27, 1927

8. AGE	Years	Months	Days	If less than 1 day
	17		17	hrs min.

9. Exact Occupation Clay Laborer Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Idaho Falls, Idaho (City or town) (State or foreign country)
Father
12. Name John B. Peterson
13. Birthplace Wisconsin (City or town) (State or foreign country)
Mother
14. Maiden name Lena Cook
15. Birthplace Belgium (City or town) (State or foreign country)
16. Informant's **OWN** Signature John B. Peterson
and Address Idaho Falls Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/17/44 (Month) (Day) (Year)
(c) Place: Idaho Falls, Idaho
18. Funeral Director's **OWN** Signature Jack A. Wood
and Address Idaho Falls Idaho
19. (a) May 17-1944 (Date received and filed) (b) Anna Rudges (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 14 1944
at 5:30 o'clock P.M.
21. **I HEREBY CERTIFY,** That I attended deceased from May 14 1944, to May 14 1944
I last saw him alive on May 14 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Fracture Base of Skull	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation ..... Date	
Major finding	
Finding of autopsy	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? yes Suicide? ..... Homicide? .....
Occurred May 14 1944 City, county, state where violence occurred Blackfoot, Bingham, Idaho
Place of Violence: Home ..... Farm ..... Industry .....
Public Place yes While at work? .....
Means of injury Falling Rock.
23. Attendant's **OWN** Signature A. R. Sedgwick M.D. (M. D. or other)
and Address Idaho Falls Date 5/15 1944
(For additional space, use reverse side)

138968

United States
Department of Commerce
Bureau of the Census JUN 12 1944

Certificate Of Death

STATE OF IDAHO

State File No.
Local Reg. No. 113
Reg. Dist. No. 61D

Informant, Funeral Director, Registrar and Medical Attendant MUST sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
   (a) County Bonneville
   (b) City or town Irwin
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? Outside? / city or town
   (e) Died in a Home / Hospital Institution Other place
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county years months days

   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Bonneville
   (c) City or town Irwin
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? Outside? / city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 60 years
   (h) Former residence (city, state)

3. (a) **FULL NAME** Lydia Jane Jacobson 46b

3. (b) If veteran, name war
3. (c) Social Security No.
4. [redacted]
5. Color or race W.
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife Oliver Jacobsen
6. (c) Age of husband or wife if alive 62 years
7. Date of Birth (Month, Day, Year) Sept. 9, 1883

8. AGE	Years	Months	Days	If less than 1 day
	60	8	10	hrs min.

9. Exact Occupation Housewife — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace Clifton, Idaho (City or town) (State or foreign country)

Father
12. Name James R. Daniels
13. Birthplace Ohio (City or town) (State or foreign country)

Mother
14. Maiden name Lydia Jane Howells
15. Birthplace Hamilton, Idaho (City or town) (State or foreign country)

16. Informant's **OWN** Signature Oliver Jakobsen
and Address Irwin, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/22/44 (Month) (Day) (Year)
(c) Place: Irwin, Idaho

18. Funeral Director's **OWN** Signature Jack A. Ward
and Address Idaho Falls

19. (a) May 20 - '44 (Date received and filed) (b) Anna Budge (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 19 19 44
at 7 o'clock P.M.

21. **I HEREBY CERTIFY,** That I attended deceased from May 14 1944, to May 19 1944
I last saw h[illegible] alive on 14 May 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cancer Peritoneum	2 yrs.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state
where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature T. C. Eriksen M.D. (M. D. or other)
and Address J. F. Date 5/20 1944
(For additional space, use reverse side)

United States
Department of Commerce
Bureau of the Census

JUN 12 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 13[illegible]
Local Reg. No. 113
Reg. Dist. No. 610

Informant, Funeral Director, Registrar and Medical Attendant, E[illegible] must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-[illegible] and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. PLACE OF DEATH:
(a) County Bonneville
(b) City or town Idaho Falls
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. L. D. S. Hosp. Stayed 4 days
(g) Lived in this county years months 4 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Jefferson
(c) City or town Ririe
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) If foreign born, in U. S. yrs. Citizen of U. S.?
(g) How long had deceased lived in Idaho? Life years
(h) Former residence (city, state)

3. (a) **FULL NAME** Helen Elaine Rowan 147d

3. (b) If veteran, name war X 3. (c) Social Security No.
4. Sex fm 5. Color or [redacted]hite 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Bl[redacted] Rowan 6 (c) Age of husband or wife if alive 25 years
7. Date of Birth (Month, Day, Ye[redacted]) [redacted]ril 25, 1920

8. AGE	Years	Months	Days	If less than 1 day
24	24	0	22	hrs min.

9. Exact Occupation housewife Did this work for life yrs.
10. Industry or Business own home Date last worked May 13
11. Birthplace Lorenzo (City or town) Idaho (State or foreign country)

Father
12. Name Delbert Morgan
13. Birthplace ? (City or town) (State or foreign country)

Mother
14. Maiden name Jesse V Bush
15. Birthplace Grass Valley (City or town) Utah (State or foreign country)

16. Informant's **OWN** Signature Blaine J. Rowan and Address Ririe Idaho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 21 1944 (Month) (Day) (Year)
(c) Place: Shelton Idaho.
18. Funeral Director's **OWN** Signature [illegible] and Address Shelley Idaho
19. (a) May 22-44 (Date received and filed) (b) Anna Bridges (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 17 1944 at 10:30 o'clock p.m. M.

21. I **HEREBY CERTIFY**, That I attended deceased from December 27 1943, to May 17 1944
I last saw h.er alive on May 17 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration
Pulmonary Embolism 3 hrs
Due to Delivery of Dead fetus
Due to
Other conditions Pregnancy at term
(Include pregnancy within 3 months of death)

Where was disease first contracted? At Hospital
Name of operation Normal delivery Date 5/19/44
Major finding No abnormalities
Finding of autopsy None performed

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature Eldon Hall, M.D. (M. D. or other)
and Address Ririe, Ida Date 5/19 1944
(For additional space, use reverse side)

138970

United States
Department of Commerce
Bureau of the Census

JUN 12 1944

Certificate Of Death

STATE OF IDAHO

State File No. .....
Local Reg. No. 116
Reg. Dist. No. 610

1. PLACE OF DEATH:
(a) County Bonneville
(b) City or town Idaho Falls
(c) Street Address or R.F.D. No. Bingham Ave.
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Home X Hospital ..... Institution ..... Other place .....
(f) Name Hosp. or Inst. None Stayed ..... days
(g) Lived in this county 0 years 0 months 2 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Bonneville
(c) City or town Idaho Falls
(d) Street Address or R.F.D. No. Bingham Ave.
(e) Deceased lived Inside? X Outside? ..... city or town
(f) Citizen of what country? United States
(g) How long had deceased lived in Idaho? 1 ~~10~~ day ~~years~~
(h) Former residence (city, state) ~~Havre, Montana~~ Idaho Falls, Ida.

3. (a) FULL NAME LORAINE HOLVERSON

157m

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife None
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) May 16, 1944

8. AGE	Years	Months	Days	If less than 1 day
	0	0	2	hrs min.

9. Exact Occupation None Did this work for ..... yrs.
10. Industry or Business None Date last worked .....
11. Birthplace Idaho Falls, Idaho (City or town) (State or foreign country)
Father
12. Name John W. Holverson
13. Birthplace ~~McCammon~~ Bozzello Idaho (City or town) (State or foreign country)
Mother
14. Maiden name Bertha Wilkie
15. Birthplace ~~Havre~~ ~~Montana~~ (City or town) (State or foreign country)
16. Informant's OWN Signature Bertha Wilkie Holverson
and Address Box 874 Idaho Falls Ida.
17. (a) Burial (b) Date thereof May 18, '44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: Idaho Falls, Idaho
18. Funeral Director's OWN Signature Orland C. Buck
and Address Idaho Falls, Ida.
19. (a) May 22-1944 (b) Anna Bridges
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 17, 1944
at 7:45 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from May 16, 1944, to May 17, 1944
I last saw her alive on May 16, 1944, death is said to have occurred on the date and hour stated above.
Immediate Cause of Death: Monstrosity
1- Ventral wall abdomen open
Due to 2- Meningocele lumbar and sacral region
Due to Imperfect foetal development
Other conditions .....
(Include pregnancy within 6 months of death)
Duration 157m
Where was disease contracted? .....
Name of operation None Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's OWN Signature Jane Ann Holverson (M. D. Other)
and Address Idaho Falls, Ida Date May 17, 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1309

United States
Department of Commerce JUN 12 1944
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 120
Reg. Dist. No. 610

1. **PLACE OF DEATH:**
(a) County Bonneville
(b) City or town Idaho Falls,
(c) Street Address or R. F. D. No. 900 Memorial Dr.
(d) Death Occurred Inside? Yes Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. LDS Hosp. Stayed 51 days
(g) Lived in this county years months 51 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Fremont
(c) City or town Teton
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Outside? Yes city or town
(f) Citizen of what country? United States
(g) How long had deceased lived in Idaho? Life years
(h) Former residence (city, state)

3. (a) FULL NAME WARD BASSETT BAKER

108

3. (b) If veteran, name war No. 3. (c) Social Security No. None
4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Emma Siddoway 6. (c) Age of husband or wife if alive 57 years
7. Date of Birth (Month, Day, Year) January 6, 1887

8. AGE	Years	Months	Days	If less than 1 day
	57	4	14	hrs min.

9. Exact Occupation Sheepman Did this work for 35 yrs.
10. Industry or Business Own Business Date last worked 1944
11. Birthplace Teton, Idaho (City or town) (State or foreign country)
Father
12. Name Simon P. Baker
13. Birthplace Mendon, Utah (City or town) (State or foreign country)
Mother
14. Maiden name Sarah Bassett
15. Birthplace Cardith, Wales (City or town) (State or foreign country)
16. Informant's OWN Signature Emma Baker
and Address Teton, Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 5-20-44 (Month) (Day) (Year)
(c) Place: St. Anthony, Idaho
18. Funeral Director's OWN Signature M. D. Hansen
and Address St. Anthony, Idaho.
19. (a) May 26-44 (Date received and filed) (b) Anna Bridges (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 20 1944
at 10:15 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from Apr 18 1944 to May 20 1944
I last saw him alive on May 20 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: 108
Lobar Pneumonia
Pleural Effusion
Due to 110b
Due to 93d Chronic Myocarditis
Other conditions
(Include pregnancy within 3 months of death)
131b Chronic Nephritis
Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

Duration
3 week
Many
Years

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature [signature] (M. D. or other)
and Address Idaho Falls, Ida Date May 23 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JUN 12 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 1559
Local Reg. No. 119
Reg. Dist. No. 610

1. PLACE OF DEATH:
(a) County Bonneville
(b) City or town Idaho Falls
(c) Street Address or R. F. D. No. Memorial Dr.
(d) Death Occurred Inside? X Outside? ..... city or town
(e) Died in a Home ....Hospital X Institution ....Other place ....
(f) Name Hosp. or Inst. L.D.S. Stayed ..... days
(g) Lived in this county ..... years 1 months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Jefferson
(c) City or town Rigby
(d) Street Address or R. F. D. No. X
(e) Deceased lived Inside? X Outside? ..... city or town
(f) If foreign born, in U. S. ..... yrs. Citizen of U. S.? .....
(g) How long had deceased lived in Idaho? 24 years
(h) Former residence (city, state) Gunnison, Ut.

3. (a) **FULL NAME** FRANCES AMELIA ANDERSON. 55E

3. (b) If veteran, name war X
3. (c) Social Security No. X
4. Sex F.M.
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Hyrum A.
6 (c) Age of husband or wife if alive 76 years
7. Date of Birth (Month, Day, Year) Nov. 12, 1890

8. AGE	Years	Months	Days	If less than 1 day
	53	6	9	hrs ..... min.

9. Exact Occupation Housewife — Did this work for 24 yrs.
10. Industry or Business Home — Date last worked 4/44
11. Birthplace Sterling, Utah. (City or town) (State or foreign country)

Father
12. Name Marinus Beauregard
13. Birthplace Myra Denmark. (City or town) (State or foreign country)

Mother
14. Maiden name Amelia Edwards
15. Birthplace Manti, Utah. (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mrs. M. Beauregard and Address 3095 So. 2nd East. Salt Lake, Ute
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 5/21/44 (Month) (Day) (Year)
(c) Place: Rigby, Idaho.
18. Funeral Director's **OWN** Signature C. B. Eshelman and Address Rigby, Idaho.
19. (a) May 26-1944 (Date received and filed) (b) Anna Burgon (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 21 1944 at 8:30 o'clock A.M.

21. I **HEREBY CERTIFY**, That I attended deceased from April 20 1940, to May 21 1944
I last saw her alive on May 21 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death	Duration
1. Edema of Lungs	48 hrs
Due to Obstruction Lymphatic System,	4 months
Due to Sarcomas of Peritoneal	10 Mos
Other conditions (Include pregnancy within 3 months of death)	

Where was disease first contracted? Ovaries
Name of operation None Date .....
Major finding .....
Finding of autopsy None performed.

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state ..... where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature Aldon Bell M.D. (M. D. or other)
and Address Rigby, Idaho. Date 5/23 1944
(For additional space, use reverse side)

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United States
Department of Commerce
Bureau of the Census JUN 12 1944

Certificate Of Death

STATE OF IDAHO

State File No.
Local Reg. No. 126
Reg. Dist. No. 610

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
   (a) County Bonneville
   (b) City or town Idaho Falls, 4th.
   (c) Street Address or R.F.D. No. Minnesota
   (d) Death Occured Inside? ... Outside? ... city or town
   (e) Died in a Home ... Hospital ✓ Institution ... Other place ...
   (f) Name Hosp. or Inst. L.D.S. Stayed 12 days
   (g) Lived in this county ... years ... months ... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Bonneville
   (c) City or town Shelley
   (d) Street Address or R.F.D. No. Rt #1
   (e) Deceased lived Inside? ... Outside? ✓ city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 14 years
   (h) Former residence (city, state) Utah

3. (a) **FULL NAME** Henry Smith Davies 24a

3. (b) If veteran, name war ...
3. (c) Social Security No. 518-22-7378
4. Sex M
5. Color or race W.
6. (a) Single, widowed, (married) divorced
6. (b) Name of husband or wife Barbara Slavin
6. (c) Age of husband or wife if alive 26 years
7. Date of Birth (Month, Day, Year) October 12, 1916

8. AGE	Years	Months	Days	If less than 1 day
	27	7	13	hrs ... min.

9. Exact Occupation Carpenter — Did this work for ... yrs.
10. Industry or Business ... — Date last worked ...
11. Birthplace Mountain Home, Utah (City or town) (State or foreign country)

Father
12. Name James Wallace Davies
13. Birthplace United States (City or town) (State or foreign country)

Mother
14. Maiden name Blanche Meacham
15. Birthplace United States (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mrs Barbara Davies
and Address Shelley, Idaho Route #1.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/29/44 (Month) (Day) (Year)
(c) Place: Idaho Falls, Idaho
18. Funeral Director's **OWN** Signature Jack A. Ward
and Address Idaho Falls, Idaho
19. (a) June 7-1944 (Date received and filed) (b) Emma Budge (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 25 1944
at 8:50 o'clock P M.

21. **I HEREBY CERTIFY,** That I attended deceased from May 14 1944, to May 25, 1944.
I last saw h... alive on May 25 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — Duration
Acute Septicaemia of undetermined origin.
Due to and organisation — 12 days
Due to ...
Other conditions (Include pregnancy within 3 months of death) ...
Where was disease contracted? ...
Name of operation ✓ Date ...
Major finding ...
Finding of autopsy ...

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ... Suicide? ... Homicide? ...
Occurred ... 19... City, county, state where violence occurred ...
Place of Violence: Home ... Farm ... Industry ...
Public Place ... While at work? ...
Means of injury ...

23. Attendant's **OWN** Signature W. Ray Hatch M.D. (M. D. or other)
and Address Idaho Falls Date 6-1- 1944
(For additional space, use reverse side)

1359

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

JUN 12 1944

State File No.
Local Reg. No. 121
Reg. Dist. No. 610

1. PLACE OF DEATH:
(a) County Bonneville
(b) City or town Idaho Falls
(c) Street Address or R.F.D. No. Memorial Dr.
(d) Death Occured Inside? ... Outside? ... city or town
(e) Died in a Home.... Hospital ... Institution.... Other place....
(f) Name Hosp. or Inst. L.D.S. Hosp. Stayed 7 days
(g) Lived in this county.....years .....months .....days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Bonneville
(c) City or town Idaho Falls
(d) Street Address or R.F.D. No. RT #1
(e) Deceased lived Inside? ... Outside? ... city or town
(f) Citizen of what country? ...
(g) How long had deceased lived in Idaho? ... years
(h) Former residence (city, state) ...

3. (a) FULL NAME Julia Harriett Crain 108

3. (b) If veteran, name war ...
3. (c) Social Security No. ...
4. Sex F
5. Color or race W.
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife Marion Crain
6. (c) Age of husband or wife if alive ... years
7. Date of Birth (Month, Day, Year) Sept 23, 1872

8. AGE	Years	Months	Days	If less than 1 day hrs	min.
	71	8	3		

9. Exact Occupation Housewife — Did this work for ...yrs.
10. Industry or Business ... — Date last worked
11. Birthplace Brainard, Iowa (City or town) (State or foreign country)

Father
12. Name M. T. Crain
13. Birthplace Indiana (City or town) (State or foreign country)

Mother
14. Maiden name Hattie Tibbitts
15. Birthplace Iowa (City or town) (State or foreign country)

16. Informant's **OWN** Signature Charles Crain and Address Idaho Falls RT #1

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 5/28/44 (Month) (Day) (Year)
(c) Place: St. Anthony, Idaho

18. Funeral Director's **OWN** Signature Jack A. Wood and Address Idaho Falls Idaho

19. (a) 5-29-44 (Date received and filed) (b) Anna Bridges (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 26 19 44
at 2-30 o'clock P. M.

21. **I HEREBY CERTIFY**, That I attended deceased from ... 19..., to ... 19...
I last saw h... alive on ... 19...; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Bilateral Pneumonia	7 days
Due to ...	
Due to ...	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation None Date	
Major finding	
Finding of autopsy	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ... Suicide? ... Homicide? ...
Occurred ... 19... City, county, state where violence occurred ...
Place of Violence: Home ... Farm ... Industry ...
Public Place ... While at work? ...
Means of injury ...

23. Attendant's **OWN** Signature [illegible] (M. D. or Other)
and Address ... Date ... 19 44

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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United States
Department of Commerce
Bureau of the Census JUN 12 1944

Certificate Of Death

STATE OF IDAHO

State File No.
Local Reg. No. 127
Reg. Dist. No. 610

1. **PLACE OF DEATH:**
(a) County Bonneville
(b) City or town Idaho Falls
(c) Street Address or R.F.D. No. Memorial Hospital
(d) Death Occured Inside? ✓ Outside? ..... city or town
(e) Died in a Home.... Hospital ✓ Institution.... Other place....
(f) Name Hosp. or Inst. L-D-S ..... Stayed ..... days
(g) Lived in this county ..... years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Bonneville
(c) City or town Idaho Falls
(d) Street Address or R.F.D. No. 1605 S. Highee
(e) Deceased lived Inside? ✓ Outside? ..... city or town
(f) Citizen of what country? U. S. A.
(g) How long had deceased lived in Idaho? 13 years
(h) Former residence (city, state) Illinois

3. (a) **FULL NAME** Abagail Adeline Yeaman 108

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife Richard Yeaman
6. (c) Age of husband or wife if alive 70 years
7. Date of Birth (Month, Day, Year) June 5, 1865

8. AGE	Years	Months	Days	If less than 1 day
	78	11	23	hrs ..... min.

9. Exact Occupation Housewife Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Spring Green, (City or town) Wisconsin (State or foreign country)
Father 12. Name William Yeaman
Father 13. Birthplace United States (City or town) (State or foreign country)
Mother 14. Maiden name unknown
Mother 15. Birthplace " (City or town) (State or foreign country)
16. Informant's **OWN** Signature Richard Yeaman and Address 1605 So. Highee - Idaho Falls
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/1/44 (Month) (Day) (Year)
(c) Place Idaho Falls, Idaho
18. Funeral Director's **OWN** Signature Jack A. Ward and Address Idaho Falls, Idaho
19. (a) June 7-1944 (Date received and filed) (b) Elma Budge (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 28 19XX at 4 o'clock P.M.
21. **I HEREBY CERTIFY**, That I attended deceased from ..... 19..... to ..... 19.....
I last saw h..... alive on ..... 19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Bilateral Pneumonia	
Due to	7 days
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation ..... Date	
Major finding	
Finding of autopsy	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature [illegible] (M. D. or other)
and Address ..... Date 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census JUN 12 1944

Certificate Of Death

STATE OF IDAHO

State File No. 13[illegible]
Local Reg. No. 19-47
Reg. Dist. No. 100

1. PLACE OF DEATH:
(a) County Boundary
(b) City or town ~~COPELAND~~ Ferry
(c) Street Address or R. F. D. No.
(d) Death Occured Inside? Outside? xx city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 35 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Boundary
(c) City or town Copeland
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? Outside? xx city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 35 years
(h) Former residence (city, state) Seattle Wash.

3. (a) FULL NAME Charles C.J. Madson

3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Wid.
6. (b) Name of husband or wife Amanda May.
6. (c) Age of husband or wife if alive Dec. years
7. Date of Birth (Month, Day, Year) Nov. 4th. 1866

8. AGE	Years	Months	Days	If less than 1 day
	77	5	0	hrs min.

9. Exact Occupation Ret. Farmer — Did this work for 20 yrs.
10. Industry or Business Hos own — Date last worked 1938
11. Birthplace (City or town) Denmark (State or foreign country)
Father 12. Name Unknown
Father 13. Birthplace (City or town) " (State or foreign country) "
Mother 14. Maiden name "
Mother 15. Birthplace (City or town) " (State or foreign country) "
16. Informant's **OWN** Signature R. P. Bishop
and Address Copeland Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/9/44 (Month) (Day) (Year)
(c) Place: Copeland Idaho
18. Funeral Director's **OWN** Signature Frank Moore
and Address Bonners Ferry Idaho,
19. (a) 6-5-44 (Date received and filed) (b) Ken Bonner (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 4th. 19 44
at 5:50 o'clock P.M.
21. **I HEREBY CERTIFY**, That I attended deceased from Sept. 19 43, to May 4, 1944
I last saw him alive on April 19 44, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Carcinoma of the Stomach	6 mo
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYISICIAN Underline the cause to which death should be charged statistically.
Name of operation Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature R. M. Bonner M.D. (M. D. or other)
and Address Bonners Ferry Date 5-5 19 44
(For additional space, use reverse side)

United States
Department of Commerce
Bureau of the Census JUN 12 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

Local Registrar's Duplicate
Local Reg. No. 20-44
Reg. Dist. No. 100

1. **PLACE OF DEATH:**
(a) County Boundary
(b) City or town Bonners Ferry
(c) Street Address or R. F. D. No. Kootenai Mission
(d) Death Occurred Inside? ____ Outside? X city or town
(e) Died in a Home X Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 91 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Boundary
(c) City or town Bonners Ferry
(d) Street Address or R. F. D. No. Kootenai Mission
(e) Deceased lived Inside? ____ Outside? X city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 91 years
(h) Former residence (city, state) ____

3. (a) FULL NAME Rebecca Keayhakall David

3. (b) If veteran, name war ____
3. (c) Social Security No. none
4. Sex Female
5. Color or race Indian
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Chief David
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) 1853?

8. AGE	Years	Months	Days	If less than 1 day hrs	min.
	91				

9. Exact Occupation Housewife — Did this work for ____ yrs.
10. Industry or Business ____ Date last worked ____
11. Birthplace Bonners Ferry Idaho (City or town) (State or foreign country)

Father
12. Name Jerome Keayhakall
13. Birthplace Bonners Ferry Idaho (City or town) (State or foreign country)

Mother
14. Maiden name Charlotte Feather
15. Birthplace Bonners Ferry Idaho (City or town) (State or foreign country)

16. Informant's OWN Signature Simon Francis
and Address Bonners Ferry Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 6 1944 (Month) (Day) (Year)
(c) Place: Indian Cemetery
18. Funeral Director's OWN Signature Indian
and Address ____
19. (a) May 6 1944 (Date received and filed) (b) Ken Bonner (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 4 19 44
at ____ o'clock ____ M.

21. I HEREBY CERTIFY, That I attended deceased from April 25 19 44, to May 4 19 44
I last saw her alive on May 2 19 44, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Senile Arteriosclerosis	7
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19 ____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's OWN Signature Ken Bonner M. D. (M. D. or other)
and Address Bonners Ferry Date May 6 19 44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JUN 12 1944

Certificate Of Death

STATE OF IDAHO

State File No. 13[illegible]
Local Reg. No. 21-44
Reg. Dist. No. 100

1. **PLACE OF DEATH:**
   (a) County Boundary
   (b) City or town Bonners Ferry
   (c) Street Address or R.F.D. No. 1.
   (d) Death Occured Inside?..... Outside? XX ....city or town
   (e) Died in a Home.... Hospital X Institution.... Other place....
   (f) Name Hosp. or Inst..... Stayed 1 days
   (g) Lived in this county.....years 5 months .....days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Boundary
   (c) City or town Bonners Ferry
   (d) Street Address or R.F.D. No. 1
   (e) Deceased lived Inside?.....Outside? XX ....city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 5 years
   (h) Former residence (city, state) Pocatello Ida.

3. (a) **FULL NAME** Alice Marie Cornell

92C

3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex Fem. 5. Color or race White
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) March 15th. 1928

8. AGE	Years	Months	Days	If less than 1 day
	16	2	3	hrs min.

9. Exact Occupation schoolgirl Did this work for .....yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Holly Colorado (City or town) (State or foreign country)

Father
12. Name Ray R. Cornell
13. Birthplace Mo. (City or town) (State or foreign country)

Mother
14. Maiden name Ruby Seal
15. Birthplace Kan. (City or town) (State or foreign country)

16. Informant's **OWN** Signature Ruby Cornell
and Address Bonners Ferry Idago.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/22/44 (Month) (Day) (Year)
(c) Place: Paradise Valley Idaho.
18. Funeral Director's **OWN** Signature Frank Moore
and Address Bonners Ferry Idaho
19. (a) 5-19-44 (Date received and filed) (b) R.M. Bowell (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 18th. 1944 19.....
at 5:40 o'clock P.M.

21. **I HEREBY CERTIFY**, That I attended deceased from May 17 1944, to May 18 1944
I last saw her alive on May 18 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
92 Chronic valvular heart disease	9 yrs.
Due to Rheumatic fever 58c	
Due to	
Other conditions Recurrent subacute endocarditis. 91b (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYISICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident?..... Suicide?..... Homicide?.....
Occurred..... 19..... City, county, state where violence occurred .....
Place of Violence: Home.....Farm.....Industry.....
Public Place..... While at work?.....
Means of injury .....

23. Attendant's **OWN** Signature R.M. Bowell M.D. (M. D. or other)
and Address Bonners Ferry Date 5-19 1944
(For additional space, use reverse side)

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

JUN 12 1944

Local Registrar's Duplicate
Local Reg. No. 23-44
Reg. Dist. No. 100

1. **PLACE OF DEATH:**
(a) County Boundary
(b) City or town Bonners Ferry
(c) Street Address or R. F. D. No. Kootenai Mission
(d) Death Occurred Inside? # Outside? # city or town
(e) Died in a Home # Hospital # Institution # Other place
(f) Name Hosp. or Inst. # Stayed # days
(g) Lived in this county 20 years # months # days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Boundary
(c) City or town Bonners Ferry
(d) Street Address or R. F. D. No. Kootenai Mission
(e) Deceased lived Inside? # Outside? # city or town
(f) Citizen of what country? Canada
(g) How long had deceased lived in Idaho? 20 years
(h) Former residence (city, state) Creston B.C.

3. (a) **FULL NAME** Theresa Temo

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3. (b) If veteran, name war #
3. (c) Social Security No. None
4. Sex Female
5. Color or race Indian
6. (a) Single, widowed, married, divorced wid owed
6. (b) Name of husband or wife Matan
6. (c) Age of husband or wife if alive # years
7. Date of Birth (Month, Day, Year) Sept 13 1868

8. AGE	Years	Months	Days	If less than 1 day
	75	8	11	hrs # min.

9. Exact Occupation Housewife — Did this work for # yrs.
10. Industry or Business Home — Date last worked #
11. Birthplace Creston B.C. Canada (City or town) (State or foreign country)

Father
12. Name Edward Antoine
13. Birthplace Creston B.C. (City or town) (State or foreign country)

Mother
14. Maiden name Martha Finawa
15. Birthplace Creston B.C. (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mrs [illegible] and Address Bonners Ferry Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof May 26 44 (Month) (Day) (Year)
(c) Place: Indian Cemetery
18. Funeral Director's **OWN** Signature Indians and Address Bonners Ferry Idaho
19. (a) 5-26-44 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 24 44
at 1:20 o'clock P M.

21. **I HEREBY CERTIFY,** That I attended deceased from May 1 1944 to May 24 1944
and last saw her alive on May 22 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Chronic Fibroid Phthisis — Duration ?
Due to #
Due to #
Other conditions (Include pregnancy within 3 months of death) #
Where was disease contracted? #
Name of operation # Date #
Major finding #
Finding of autopsy #

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? # Suicide? # Homicide? #
Occurred # 19 # City, county, state where violence occurred #
Place of Violence: Home # Farm # Industry #
Public Place # While at work? #
Means of injury #

23. Attendant's **OWN** Signature [signature] M. D.
and Address Bonners Ferry (M. D. or other) Date 5-26 1944

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JUN 6 1944

Certificate Of Death

STATE OF IDAHO

State File No. 138939
Local Reg. No. 51
Reg. Dist. No. 361

1. **PLACE OF DEATH:**
(a) County Canyon
(b) City or town Greenleaf
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? Outside? ✓ city or town
(e) Died in a Home Hospital Institution Other place ✓
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 19 years 7 months 2 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Greenleaf
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? ✓ Outside? city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 19 years
(h) Former residence (city, state)

3. (a) **FULL NAME** Ernest Floyd Vivecoat 170c

3. (b) If veteran, name war ✓
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Eileen
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Sept 2-1924

8. AGE	Years	Months	Days	If less than 1 day
	19	7	2	hrs min.

9. Exact Occupation Farmer Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Caldwell Idaho (City or town) (State or foreign country)
Father
12. Name Floyd Vivecoat
13. Birthplace Iowa (City or town) (State or foreign country)
Mother
14. Maiden name Eva Herlocker
15. Birthplace Clemons Iowa (City or town) (State or foreign country)
16. Informant's **OWN** Signature Floyd Vivecoat and Address Greenleaf Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-29-44 (Month) (Day) (Year)
(c) Place Greenleaf Idaho
18. Funeral Director's **OWN** Signature [illegible] and Address Caldwell Idaho
19. (a) 5-16-44 (Date received and filed) (b) Agnes M Denman (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH 25

20. **DATE OF DEATH** (Month, Day, Year) April - ~~26~~ 1944 at 9:30 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 19 , to 19
I last saw h alive on 19 ; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Ford Coup legring Road turning over several times.	
~~Due to~~ Crushed Chest & Receiving Blow on Right side of	
~~Due to~~ head.	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy None

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? X Suicide? Homicide?
Occurred April 25 1944 City, county, state where violence occurred 1/2 Mi. So. Greenleaf Ida.
Place of Violence: Home Farm Industry
Public Place County Road While at work?
Means of injury
23. Attendant's **OWN** Signature Wm. D. Talley (M. D. or other)
and Address Nampa Ida. Date 4/27 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JUN 6 1944

Certificate Of Death

STATE OF IDAHO

State File No. 138981
Local Reg. No. 49
Reg. Dist. No. 361

1. **PLACE OF DEATH:**
(a) County Canyon
(b) City or town Caldwell
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? ✓ Outside? ..... city or town
(e) Died in a Home.... Hospital ✓ Institution ..... Other place....
(f) Name Hosp. or Inst. Memorial Stayed 9 days
(g) Lived in this county 5 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County
(c) City or town Notus
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? ..... Outside? ✓ city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 5 years
(h) Former residence (city, state)

3. (a) **FULL NAME** Bessie Louise Tincknell 13c

3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Virgil
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) Aug 24-1910

8. AGE	Years	Months	Days	If less than 1 day
	33	8	1	hrs min.

9. Exact Occupation Housekeeping Did this work for life yrs.
10. Industry or Business ..... Date last worked
11. Birthplace Coffeeville (City or town) Kansas (State or foreign country)
Father
12. Name Louise Cancel
13. Birthplace ..... (City or town) (State or foreign country)
Mother
14. Maiden name Bertha Williams
15. Birthplace Lawrence Kansas (City or town) (State or foreign country)
16. Informant's **OWN** Signature Virgil E Tincknell
and Address Notus Ida
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 4-27-44 (Month) (Day) (Year)
(c) Place: Canyon Hill
18. Funeral Director's **OWN** Signature [illegible]
and Address Caldwell Ida
19. (a) 5-16-44 (Date received and filed) (b) Agnes M Denman (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April - 25 1944
at 5:00 o'clock P M.
21. **I HEREBY CERTIFY**, That I attended deceased from Apr 10 1944, to Apr 25 1944
I last saw her alive on Apr 25 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
12262 Intestinal obstruction	10 da
Due to mass adhesions probably tuberculous	6 yrs.
Due to 13c	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation adhesions Date 4-17-44
Major finding free adhesions
Finding of autopsy none

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury
23. Attendant's **OWN** Signature G W Montgomery (M. D. or other)
and Address Caldwell Ida Date 4-27 1944
(For additional space, use reverse side)

138982

United States
Department of Commerce
Bureau of the Census JUN 6 1944

Certificate Of Death

STATE OF IDAHO

State File No.
Local Reg. No. 38
Reg. Dist. No. 361

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
   (a) County Canyon
   (b) City or town Middleton
   (c) Street Address or R. F. D. No. ✓
   (d) Death Occured Inside? ..... Outside? ✓ city or town
   (e) Died in a Home ✓ Hospital .... Institution .... Other place ....
   (f) Name Hosp. or Inst. ✓ Stayed ✓ days
   (g) Lived in this county 32 years ... months ... days

   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Canyon
   (c) City or town Middleton ✓
   (d) Street Address or R.F.D. No. ✓
   (e) Deceased lived Inside? ..... Outside? ✓ city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 32 years
   (h) Former residence (city, state) Stella Nebr.

3. (a) **FULL NAME** Lela Elizabeth Allen. 61

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓
4. Sex ..... 5. Color or race ..... 6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife Lacy E. Allen 6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) Dec 3-1865

8. AGE	Years	Months	Days	If less than 1 day
	78	4	24	hrs ... min.

9. Exact Occupation Housekeeping Did this work for Self yrs.
10. Industry or Business ✓ Date last worked ✓
11. Birthplace Charlesville Iowa (City or town) (State or foreign country)

Father
12. Name Henry Boyer
13. Birthplace Maryland Eng. (City or town) (State or foreign country)

Mother
14. Maiden name Addie Austin
15. Birthplace Vermont (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mrs Ruth M Damron and Address Caldwell R.D.#1

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 1-44 (Month) (Day) (Year)
(c) Place: Star Ada

18. Funeral Director's **OWN** Signature ..... and Address Caldwell Ida

19. (a) 5-16-44 (Date received and filed) (b) Agnes Mdenman (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Apr-27- 1944
at 5:30 o'clock P. M.

21. **I HEREBY CERTIFY**, That I attended deceased from Ap 26 1944, to Ap 27 1944
I last saw h alive on Ap 26 - 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Diabetes Mellitus	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ..... Date
Major finding
Finding of autopsy

PHYISICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury

23. Attendant's **OWN** Signature Samuel M Swayne MD (M. D. or other)
and Address Nampa Ida Date 5-1- 1944
(For additional space use reverse side)

13583

United States
Department of Commerce
Bureau of the Census JUN 6 1944

Certificate Of Death

STATE OF IDAHO

State File No.
Local Reg. No. 48
Reg. Dist. No. 360

1. PLACE OF DEATH:
(a) County Canyon
(b) City or town Caldwell
(c) Street Address or R. F. D. No. # 3
(d) Death Occured Inside? ✓ Outside? ... city or town
(e) Died in a Home ... Hospital ... Institution ... Other place ...
(f) Name Hosp. or Inst. Memorial Stayed 1 days
(g) Lived in this county 9 years — months — days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Ida (b) County Canyon
(c) City or town Caldwell
(d) Street Address or R.F.D. No. 3
(e) Deceased lived Inside? ... Outside? ✓ city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 9 years
(h) Former residence (city, state) ...

3. (a) FULL NAME Mathilda Jestrabek. 61

3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Wd
6. (b) Name of husband or wife Rudolf
6. (c) Age of husband or wife if alive ✓ years
7. Date of Birth (Month, Day, Year) Oct-25-1874

8. AGE	Years	Months	Days	If less than 1 day
	69	6	3	hrs ... min.

9. Exact Occupation Housekeeper — Did this work for 2 yrs.
10. Industry or Business ✓ — Date last worked
11. Birthplace Bohemia (City or town) (State or foreign country)

Father
12. Name Emanuel Petasek
13. Birthplace Bohemia (City or town) (State or foreign country)

Mother
14. Maiden name Anna Spernoga
15. Birthplace Bohemia (City or town) (State or foreign country)

16. Informant's **OWN** Signature Rudolf Jestrabek Sr
and Address Caldwell #3

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-1-44 (Month) (Day) (Year)
(c) Place: Canyon Hill

18. Funeral Director's **OWN** Signature V. Peckham
and Address Caldwell Ida

19. (a) 5-16-44 (Date received and filed) (b) Agnes M Denman (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Apr. 28, 1944
at 2:30 o'clock P M.

21. I HEREBY CERTIFY, That I attended deceased from July 1942, to Apr 28 1944
Last saw h... alive on ... 19...; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Diabetes Mellitus	10 yrs.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation ... Date	
Major finding	
Finding of autopsy	

PHYISICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ... Suicide? ... Homicide? ...
Occurred ... 19... City, county, state where violence occurred ...
Place of Violence: Home ... Farm ... Industry ...
Public Place ... While at work? ...
Means of injury ...

23. Attendant's **OWN** Signature [illegible] M.D. (M. D. or other)
and Address Caldwell Date 4-29 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JUN 9 1944

Certificate Of Death

STATE OF IDAHO

State File No. 1389 1
Local Reg. No. 86
Reg. Dist. No. 363

1. **PLACE OF DEATH:**
   (a) County Canyon
   (b) City or town Nampa
   (c) Street Address or R. F. D. No.
   (d) Death Occured Inside? ✓ Outside? ..... city or town
   (e) Died in a Home Hospital ✓ Institution ..... Other place
   (f) Name Hosp. or Inst. Samaritan Stayed ..... days
   (g) Lived in this county — years 3 months 7 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Canyon
   (c) City or town Parma
   (d) Street Address or R.F.D. No. P.O. Box 41
   (e) Deceased lived Inside? ✓ Outside? ..... city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 1/4 years
   (h) Former residence (city, state) Washington

3. (a) **FULL NAME** Michael Dewayne Miles 107

3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex M
5. Color or race White
6. (a) Single, widowed, married, divorced ✓
6. (b) Name of husband or wife ✓
6. (c) Age of husband or wife if alive ✓ years
7. Date of Birth (Month, Day, Year) Jan 22-1944

8. AGE	Years	Months	Days	If less than 1 day
	—	3	7	hrs min.

9. Exact Occupation — Did this work for ..... yrs.
10. Industry or Business — Date last worked
11. Birthplace Longview (City or town) Wash. (State or foreign country)

Father
12. Name Orville Miles
13. Birthplace Nampa (City or town) Ida (State or foreign country)

Mother
14. Maiden name Enid Anderson
15. Birthplace Hagerman (City or town) Ida (State or foreign country)

16. Informant's **OWN** Signature Orville O. Miles
and Address Parma Idaho Box 41
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 2 (Month) (Day) (Year)
(c) Place: Roswell
18. Funeral Director's **OWN** Signature Peckham
and Address Caldwell Ida
19. (a) May-13-1944 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April 29 1944
at 3:30 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from 4-28-44 19....., to 4-29- 1944
I last saw h..... alive on ..... 19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Acute bronchial pneumonia — Duration x 8 hrs.
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Where was disease contracted?
Name of operation ..... Date
Major finding
Finding of autopsy None made

PHYISCIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury
23. Attendant's **OWN** Signature Thos E Maupin (M. D. or other)
and Address Nampa Idaho Date ..... 19.....
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 1359
Local Reg. No. 92
Reg. Dist. No. 363

JUN 9 1944

1. **PLACE OF DEATH:**
(a) County Canyon
(b) City or town Nampa
(c) Street Address or R. F. D. No.
(d) Death Occured Inside? ~~Outside~~? city ~~or town~~
(e) Died in a ~~Home~~ Hospital ~~Institution~~ ~~Other place~~
(f) Name Hosp. ~~or Inst~~ Mercy Stayed days
(g) Lived in this county years 5 months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Ida (b) County Ada
(c) City or town Kuna
(d) Street Address or R.F.D. No. RFD
(e) Deceased lived ~~Inside~~? Outside? X city or town
(f) Citizen of what country? ✓
(g) How long had deceased lived in Idaho? 8 Mo. years
(h) Former residence (city, state) ✓

3. (a) **FULL NAME** Henry Charles Holsclaw 111c

3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced ✓
6. (b) Name of husband or wife ✓
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Aug 5 - 1943

8. AGE	Years	Months	Days	If less than 1 day hrs min.
		8	27	

9. Exact Occupation ✓ Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Grangeville Ida (City or town) (State or foreign country)
Father 12. Name Wm Holsclaw
Father 13. Birthplace Iowa (City or town) (State or foreign country)
Mother 14. Maiden name Fromm
Mother 15. Birthplace Nebraska (City or town) (State or foreign country)
16. Informant's **OWN** Signature Mrs Wm Holsclaw
and Address Kuna Ida
17. (a) Nampa (Burial, cremation, or removal) (b) Date thereof 5-4-44 (Month) (Day) (Year)
(c) Place: Nampa Ida
18. Funeral Director's **OWN** Signature F. K. Robinson
and Address Nampa Ida
19. (a) May-20-1944 (Date received and filed) Lydia Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 2 1944
at 10 o'clock A M. May 1
21. **I HEREBY CERTIFY,** That I attended deceased from May 1 1944, to May 2 1944
I last saw him alive on May 2 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Acute Edema of Lungs	11 hrs
Due to Bronchial Asthma 86	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature Samuel A Swayne MD (M. D. or other)
and Address Nampa Ida Date May 5 1944
(For additional space, use reverse side)

8

United States
Department of Commerce JUN 6 1944
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 13[illegible]86
Local Reg. No. 53
Reg. Dist. No. 360

1. PLACE OF DEATH:
(a) County Canyon
(b) City or town Caldwell
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? ✓ Outside? ..... city or town
(e) Died in a Home Hospital Institution Other place
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 12 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Caldwell
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? ✓ Outside? ..... city or town
(f) If foreign born, in U. S. ..... yrs. Citizen of U. S.? ✓
(g) How long had deceased lived in Idaho? 49 years
(h) Former residence (city, state) Coeur D'Alene Ida

3. (a) **FULL NAME** Andrew Elfsten 162a

3. (b) If veteran, name war No
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) ~~Single~~, widowed, ~~married~~, ~~divorced~~
6. (b) Name of husband or wife —
6 (c) Age of husband or wife if alive — years
7. Date of Birth (Month, Day, Year) Nov. 28 1859

8. AGE	Years	Months	Days	If less than 1 day
	84	5	7	hrs min.

9. Exact Occupation Farmer Did this work for Life yrs.
10. Industry or Business ..... Date last worked 1932
11. Birthplace Sweden (City or town) (State or foreign country)
Father
12. Name Andrew P. Elfsten
13. Birthplace Elfhytan, Sweden (City or town) (State or foreign country)
Mother
14. Maiden name Ula Gustavason
15. Birthplace Elfhytan Sweden (City or town) (State or foreign country)
16. Informant's **OWN** Signature Margaret A. Allen
and Address Caldwell Idaho
17. (a) Removal (Burial, cremation or removal) (b) Date thereof 5-7-44 (Month) (Day) (Year)
(c) Place: Coeur D'Alene Idaho
18. Funeral Director's **OWN** Signature Paul L. Case
and Address Caldwell Idaho
19. (a) 5-16-44 (Date received and filed) (b) Agnes M. Denman (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 5 1944
at 8 o'clock A M.
21. I **HEREBY CERTIFY**, That I attended deceased from Jun 10 1944 to May 5 1944
I last saw him alive on May 1 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Senile Dementia	6 Mo
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease first contracted?	
Name of operation ..... Date	
Major finding	
Finding of autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury
23. Attendant's **OWN** Signature [illegible] (M. D. or other)
and Address Caldwell Idaho Date 5/6 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

JUN 9 1944

State File No. 1355
Local Reg. No. 87
Reg. Dist. No. 962

1. **PLACE OF DEATH:**
(a) County Canyon
(b) City or town Nampa
(c) Street Address or R.F.D. No. 1023-15 ave S
(d) Death Occured Inside? ~~Outside?~~ city or town
(e) Died in a Home ~~Hospital~~ ~~Institution~~ ~~Other place~~
(f) Name Hosp. or Inst. ~~Stayed~~ days
(g) Lived in this county 3 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Nampa
(d) Street Address or R.F.D. No. 1023-15 ave S
(e) Deceased lived Inside? ~~Outside?~~ city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 3 years
(h) Former residence (city, state) Indiana

3. (a) **FULL NAME** Mrs Maud Howland 92b

3. (b) If veteran, name war —
3. (c) Social Security No. None
4. Sex Fem
5. Color or race W
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Oct 1st 1867

8. AGE	Years	Months	Days	If less than 1 day hrs min.
	76			

9. Exact Occupation at home — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace Ohio (City or town) (State or foreign country)

Father
12. Name Wm Stephenson
13. Birthplace (City or town) (State or foreign country)

Mother
14. Maiden name Underwood
15. Birthplace " (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mrs J F Robison and Address Nampa Ida
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 5/15/44 (Month) (Day) (Year)
(c) Place: Lancaster Indiana
18. Funeral Director's **OWN** Signature F. K. Robinson and Address Nampa Ida
19. (a) May-12-1944 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 5/6 1944
at 7 o'clock P. M.

21. **I HEREBY CERTIFY**, That I attended deceased from 1-4 1944, to 1-10 1944
I last saw h... alive on ... 19...; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — Duration
Mitral Insufficiency. — 92b
Due to Chronic Arthritis. 59b
Due to —
Other conditions Senile Dementia — 16 2a
(Include pregnancy within 3 months of death)

Where was disease contracted?
Name of operation ... Date
Major finding
Finding of autopsy

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred ... 19... City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature Thos. E. Mayberry MD (M. D. or other)
and Address Nampa Date 5/8 19 44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JUN 6 1944

Certificate Of Death

STATE OF IDAHO

State File No. 138988
Local Reg. No. 17
Reg. Dist. No. 110

1. **PLACE OF DEATH:**
   (a) County Canyon
   (b) City or town Caldwell
   (c) Street Address or R.F.D. No. Blatchley Hall
   (d) Death Occured Inside? ✓ Outside? ..... city or town
   (e) Died in a Home ✓ Hospital ..... Institution ..... Other place .....
   (f) Name Hosp. or Inst. ..... Stayed ..... days
   (g) Lived in this county 22 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Canyon
   (c) City or town Caldwell
   (d) Street Address or R.F.D. No. Blatchley Hall
   (e) Deceased lived Inside? ..... Outside? ..... city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 24 years
   (h) Former residence (city, state) Wisc.

3. (a) **FULL NAME** Alpha B. Holt 83 a

3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife ✓
6. (c) Age of husband or wife if alive ✓ years
7. Date of Birth (Month, Day, Year) Mch-12-1862

8. AGE	Years	Months	Days	If less than 1 day
	82	1	23	hrs min.

9. Exact Occupation Housekeeping Did this work for life yrs.
10. Industry or Business ✓ Date last worked
11. Birthplace Menomonee Falls Wisc (City or town) (State or foreign country)

Father
12. Name Andrew Barns
13. Birthplace Penn (City or town) (State or foreign country)

Mother
14. Maiden name Menna Craus
15. Birthplace Germany (City or town) (State or foreign country)

16. Informant's **OWN** Signature Ivah L. Holt
and Address Blatchley Hall Caldwell Ida
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-8-44 (Month) (Day) (Year)
(c) Place: Canyon Hill
18. Funeral Director's **OWN** Signature V. Peckham
and Address Caldwell Ida
19. (a) 5-24-44 (Date received and filed) (b) Agnes M. Denman (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 5 1944
at 12:30 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from April 28 1944, to May 5 1944
I last saw her alive on May 5 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Apoplexy	6
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYISCIAN
Name of operation ..... Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature [illegible] (M. D. or other)
and Address Caldwell Ida Date 5/18 1944
(For additional space, use reverse side)

Fink.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JUN 9 1944

Certificate Of Death

STATE OF IDAHO

State File No. 138989
Local Reg. No. 93
Reg. Dist. No. 362

1. PLACE OF DEATH:
(a) County Canyon
(b) City or town Nampa
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? ✓ ~~Outside?~~ ~~city or town~~
(e) Died in a ~~Home~~ Hospital ✓ ~~Institution~~ Other place
(f) Name Hosp. or Inst. Mercy Stayed 10 days
(g) Lived in this county 36 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Nampa
(d) Street Address or R.F.D. No. Commercial Building
(e) Deceased lived Inside? ✓ Outside? ~~city~~ or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 36 years
(h) Former residence (city, state) Idaho

3. (a) **FULL NAME** Harold C. Altizer

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Oct 23 1900

8. AGE	Years	Months	Days	If less than 1 day
	43	5	16	hrs min.

9. Exact Occupation Defense worker Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Carthage Ill. (City or town) (State or foreign country)
Father
12. Name D. P. Altizer
13. Birthplace Virginia (City or town) (State or foreign country)
Mother
14. Maiden name Lester
15. Birthplace Virginia (City or town) (State or foreign country)
16. Informant's **OWN** Signature Byron A. Altizer
and Address Rt 1 Nampa Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 5/12/44 (Month) (Day) (Year)
(c) Place: Caldwell Idaho
18. Funeral Director's **OWN** Signature F. K. Robinson
and Address Nampa Ida
19. (a) May 20-1944 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 9 1944
at o'clock M.
21. **I HEREBY CERTIFY,** That I attended deceased from May 2 1944, to May 9 1944
I last saw him alive on May 9 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Paralytic ileus	
Due to Partial obstruction bowel	
Due to Peritonitis	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? 12 12
Name of operation Appendix Date 4/28/44
Major finding Retrocecal appendix
Finding of autopsy

PHYSICIAN: Underline cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature Horace P. Belknap (M. D. or other)
and Address Nampa Ida Date 5/11 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census JUN 6 1944

Certificate Of Death

STATE OF IDAHO

State File No. 138990
Local Reg. No. 52
Reg. Dist. No. 361

1. **PLACE OF DEATH:**
(a) County Canyon
(b) City or town Caldwell
(c) Street Address or R.F.D. No. S-10th
(d) Death Occured Inside? ✓ Outside? ..... city or town
(e) Died in a Home ✓ Hospital ..... Institution ..... Other place .....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 45 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Caldwell
(d) Street Address or R.F.D. No. S-10th St
(e) Deceased lived Inside? ✓ Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 45 years
(h) Former residence (city, state) Fayette Ia

3. (a) **FULL NAME** Robert Jacob Hertig 94b

3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Date of Birth (Month, Day, Year) June 14-1867

8. AGE	Years	Months	Days	If less than 1 day
	76	10	25	hrs min.

9. Exact Occupation Farming Did this work for life yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Switzerland (City or town) (State or foreign country)
Father
12. Name Jacob Hertig
13. Birthplace Switzerland (City or town) (State or foreign country)
Mother
14. Maiden name Maryann Wenger
15. Birthplace Switzerland (City or town) (State or foreign country)
16. Informant's **OWN** Signature Mrs. I. J. Durnil
and Address Parma Ida
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-13-44 (Month) (Day) (Year)
(c) Place: Tucker Cem
18. Funeral Director's **OWN** Signature [illegible]
and Address Caldwell Ida
19. (a) 5-16-44 (Date received and filed) (b) Agnes M Denman (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 9 1944
at 2 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from ..... 19....., to ..... 19.....
I last saw h..... alive on ..... 19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Probable 94b Angina Pectoris
Due to History - Pain in region of Heart & Arm
Due to .....
Other conditions .....
(Include pregnancy within 3 months of death)

Duration

Where was disease contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred May 9 1944 City, county, state where violence occurred Caldwell
Place of Violence: Home X Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature Wm D. Talbey (M. D. or other)
and Address Nampa Ida Date 5-10 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JUN 9 1944

Certificate Of Death

STATE OF IDAHO

State File No. 13[illegible]
Local Reg. No. 99
Reg. Dist. No. 362

1. **PLACE OF DEATH:**
(a) County Canyon
(b) City or town Nampa ~~Caldwell~~
(c) Street Address or R.F.D. No. 812-S-12
(d) Death Occured Inside? ✓ Outside? ..... city or town
(e) Died in a Home ✓ Hospital ..... Institution ..... Other place .....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 35 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Nampa
(d) Street Address or R.F.D. No. 812-S-12
(e) Deceased lived Inside? ✓ Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 40 years
(h) Former residence (city, state) Pa.

3. (a) **FULL NAME** Charles Scrimshaw Taylor. 131b

3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex M.
5. Color or race W.
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Eula
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) Mch-13-1876

8. AGE	Years	Months	Days	If less than 1 day
	68	1	27	hrs min.

9. Exact Occupation Farming Did this work for Life ~~yrs.~~
10. Industry or Business ..... Date last worked .....
11. Birthplace Beaver Meadows. Pa (City or town) (State or foreign country)
Father
12. Name Jacob Taylor
13. Birthplace England (City or town) (State or foreign country)
Mother
14. Maiden name Mariam Scrimshaw
15. Birthplace Michigan (City or town) (State or foreign country)
16. Informant's **OWN** Signature Eula E. Taylor
and Address 812-S-12 Nampa Ida
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 13-44 (Month) (Day) (Year)
(c) Place: Canyon Hill Cald
18. Funeral Director's **OWN** Signature [illegible]
and Address Caldwell Ida
19. (a) May-25-1944 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 10 1944
at 2:30 o'clock A.M.
21. **I HEREBY CERTIFY,** That I attended deceased from Oct 1944 to May 10 1944
I last saw him alive on May 9 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Chronic Myocarditis 93	Sept 43
Chronic Nephritis 131b	Oct 43
Due to Chronic Hepatitis 124b2	Oct 43
Due to	
Other conditions None (Include pregnancy within 3 months of death)	

Where was disease contracted? Home
Name of operation None Date .....
Major finding .....
Finding of autopsy None

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature [illegible] (M. D. or other)
and Address Nampa Ida Date 5-13 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JUN 9 1944

Certificate Of Death

STATE OF IDAHO

State File No. 1389
Local Reg. No. 95
Reg. Dist. No. 362

1. PLACE OF DEATH:
(a) County Canyon
(b) City or town Nampa
(c) Street Address or R.F.D. No. 704 10 Ave So
(d) Death Occured Inside? ✓ Outside? ..... city or town
(e) Died in a Home .... Hospital ✓ Institution .... Other place ....
(f) Name Hosp. or Inst. Mercy Stayed 1 days
(g) Lived in this county 42 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Nampa
(d) Street Address or R.F.D. No. 704 10 Ave So
(e) Deceased lived Inside? ✓ Outside? ..... city or town
(f) Citizen of what country? U S A
(g) How long had deceased lived in Idaho? 42 years
(h) Former residence (city, state) .....

3. (a) FULL NAME Laura Sill Orr 181

3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or ~~wife~~ Robert
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) Jan 23 1862

8. AGE	Years	Months	Days	If less than 1 day
	82	3	18	hrs min.

9. Exact Occupation House keeper Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Penn (City or town) (State or foreign country)
Father
12. Name George Sill
13. Birthplace Penn (City or town) (State or foreign country)
Mother
14. Maiden name Elizabeth Kerhort
15. Birthplace Penn (City or town) (State or foreign country)
16. Informant's **OWN** Signature .....
and Address Nampa Ida
17. (a) Bureal (Burial, cremation, or removal) (b) Date thereof 5/17/44 (Month) (Day) (Year)
(c) Place: Nampa Idaho
18. Funeral Director's **OWN** Signature F. K. Robinson
and Address Nampa Ida
19. (a) May-22-1944 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) May 11 1944
at 1 30 o'clock A M.

21. I HEREBY CERTIFY, That I attended deceased from May 10 1944, to May 11 1944
I last saw her alive on May 10 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death	Duration
Burned to death	
Head to feet	
Due to Clothes caught fire	
while burning trash	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Yes Suicide? ..... Homicide? .....
Occurred May 10 1944 City, county, state where violence occurred Nampa Ida
Place of Violence: Home Yes Farm ..... Industry .....
Public Place ..... While at work? Yes
Means of injury Burning trash at home cleaning yard
23. Attendant's **OWN** Signature H P Belknap (M. D. or other)
and Address Nampa Date May 12 1944
(For additional space, use reverse side)

135[illegible]

United States
Department of Commerce
Bureau of the Census

JUN 9 1944

Certificate Of Death

STATE OF IDAHO

State File No. .....
Local Reg. No. 85
Reg. Dist. No. 363

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
   (a) County Canyon
   (b) City or town Nampa
   (c) Street Address or R.F.D. No. —
   (d) Death Occured Inside? ~~Outside~~? ..... city or town
   (e) Died in a ~~Home~~ Hospital ~~Institution~~ ~~Other~~ place
   (f) Name Hosp. or Inst. Mercy Stayed 3 days
   (g) Lived in this county ..... years / ..... months 3 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Owyhee
   (c) City or town R.F.D. Homedale
   (d) Street Address or R.F.D. No. —
   (e) Deceased lived ~~Inside?~~ ..... Outside? ..... city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 7 years
   (h) Former residence (city, state) Oregon

3. (a) **FULL NAME** Jane Mae Conrad 56b

3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or ~~wife~~ John
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) Dec 11 — 1896

8. AGE	Years	Months	Days	If less than 1 day
	47	5	0	hrs min.

9. Exact Occupation Housewife Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Nebraska (City or town) (State or foreign country)

Father
12. Name William Jones
13. Birthplace Md (City or town) (State or foreign country)

Mother
14. Maiden name Pringle
15. Birthplace Nebraska (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs Joe Churruca
and Address Marsing Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 5/15/44 (Month) (Day) (Year)
(c) Place: Millwaukee Oregon
18. Funeral Director's OWN Signature F. K. Robinson
and Address Nampa, Ida
19. (a) May-19-1944 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 5 — 11 — 1944
at 5:15 o'clock A. M.
21. **I HEREBY CERTIFY**, That I attended deceased from 5-8-1944, to 5-11-1944,
I last saw her alive on 5-10-1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: 99:1	Duration
Fatty embolus obstructing vessels in left hemisphere	36 hrs.
Due to Operative accident unavoidable	5-9-'44
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? 139b1
Name of operation Hysterectomy Date 5-9-44
Major finding Fibroid uterus
Finding of autopsy none 56b

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's OWN Signature Geo. A. Kerrey M.D. (M. D. or other)
and Address Nampa, Ida. Date 5-15 1944
(For additional space, use reverse side)

K

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census JUN 6 1944

Certificate Of Death

STATE OF IDAHO

State File No. 135994
Local Reg. No. 59
Reg. Dist. No. 360

1. PLACE OF DEATH:
(a) County Canyon
(b) City or town Caldwell
(c) Street Address or R.F.D. No. 1
(d) Death Occured Inside? ✓ Outside? ..... city or town
(e) Died in a Home.... Hospital ✓ Institution.... Other place....
(f) Name Hosp. or Inst. Sant Stayed ..... days
(g) Lived in this county ..... years 7 months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County .....
(c) City or town American Falls
(d) Street Address or R.F.D. No. .....
(e) Deceased lived Inside? ..... Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 7 years
(h) Former residence (city, state) Montana

3. (a) FULL NAME Alice Margaret Reimann 1226

3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced ✓
6. (b) Name of husband or wife ✓
6. (c) Age of husband or wife if alive ✓ years
7. Date of Birth (Month, Day, Year) Jan 10-1927

8. AGE	Years	Months	Days	If less than 1 day
	17	4	2	hrs min.

9. Exact Occupation Student Did this work for ✓ yrs.
10. Industry or Business ✓ Date last worked ✓
11. Birthplace Montana (City or town) (State or foreign country)
Father
12. Name Henry W. Reimann
13. Birthplace Eugene Ore (City or town) (State or foreign country)
Mother
14. Maiden name Martha L. Ragnest
15. Birthplace Odessa Wash (City or town) (State or foreign country)
16. Informant's **OWN** Signature Henry W. Reimann
and Address Caldwell #1
17. (a) Burial (b) Date thereof May-17-44 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place Caldwell Canyon Hill
18. Funeral Director's **OWN** Signature [illegible]
and Address Caldwell Ida
19. (a) 5-25-44 (Date received and filed) (b) Agnes M. Denman (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 12 1944
at 9 o'clock P.M.
21. **I HEREBY CERTIFY**, That I attended deceased from April 30 1944, to May 12 1944
I last saw her alive on May 12 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Peritonitis 127	12 days
Due to Intestinal obstruction from adhesions	1226-7
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Resection gut Date 5/1
Major finding Intestinal Obstruction
Finding of autopsy None

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature [illegible] (M. D. or other)
and Address Caldwell Ida Date 5/20 1944
(For additional space, use reverse side)

Cole

415-12 [illegible]

13[illegible]

United States
Department of Commerce
Bureau of the Census

JUN 9 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 89
Reg. Dist. No. 363

1. **PLACE OF DEATH:**
(a) County Canyon
(b) City or town Nampa,
(c) Street Address or R. F. D. No. Rural
(d) Death Occurred Inside? Outside? x city or town
(e) Died in a Home Hospital Institution x Other place
(f) Name Hosp. or Inst. St School Stayed days
(g) Lived in this county 23 years 1 months 3 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Nampa
(d) Street Address or R. F. D. No. Rural
(e) Deceased lived Inside? Outside? x city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? life years
(h) Former residence (city, state)

3. (a) FULL NAME Joseph Perry

94a

3. (b) If veteran, name war x
3. (c) Social Security No. x
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced x
6. (b) Name of husband or wife x
6. (c) Age of husband or wife if alive x years
7. Date of Birth (Month, Day, Year) Unknown

8. AGE	Years	Months	Days	If less than 1 day
	61			hrs min.

9. Exact Occupation none Did this work for x yrs.
10. Industry or Business x Date last worked x
11. Birthplace (City or town) Idaho (State or foreign country)
Father
12. Name Henry Perry
13. Birthplace (City or town) Unknown (State or foreign country)
Mother
14. Maiden name Unknown
15. Birthplace (City or town) Unknown (State or foreign country)
16. Informant's OWN Signature Olga Shirley, Clerk
and Address State School & Colony Records Nampa, Idaho
17. (a) Removal (Burial, cremation or removal) (b) Date thereof 5/16/44 (Month) (Day) (Year)
(c) Place: Preston
18. Funeral Director's OWN Signature Wm D. Talley
and Address Nampa Ida.
19. (a) May-16-1944 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 13 1944
at 5:50 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from March 22 1943, to May 13 1944
I last saw him alive on May 13 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
94a Coronary Occlusion	5 Min.
Due to Acute Angina Pectorus 94b	10 Min.
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature C. Sanford Allen MD (M. D. or other)
and Address State School & Colony Date 5/13 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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United States
Department of Commerce
Bureau of the Census

JUN 9 1944

Certificate Of Death

STATE OF IDAHO

State File No. .....
Local Reg. No. 96
Reg. Dist. No. 362

1. PLACE OF DEATH:
(a) County Canyon
(b) City or town Nampa
(c) Street Address or R.F.D. No. .....
(d) Death Occured Inside? ..... ~~Outside?~~ ..... city or town
(e) Died in a ~~Home~~ .... Hospital .... ~~Institution~~ .... ~~Other~~ place ....
(f) Name Hosp. or Inst. Mercy Stayed 10 days
(g) Lived in this county ..... years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Nampa
(d) Street Address or R.F.D. No. .....
(e) Deceased lived Inside? ..... ~~Outside?~~ ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? ..... years
(h) Former residence (city, state) ✓

3. (a) FULL NAME Charles Robert Cox 107

3. (b) If veteran, name war ✓
3. (c) Social Security No. .....
4. Sex Male
5. Color or race white
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife ✓
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) March 17 1944

8. AGE	Years	Months	Days	If less than 1 day
		1	26	hrs min.

9. Exact Occupation none Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Nampa, Idaho (City or town) (State or foreign country)
Father
12. Name Chas C. Cox
13. Birthplace Grace, Idaho (City or town) (State or foreign country)
Mother
14. Maiden name Adams
15. Birthplace San Francisco, Calif (City or town) (State or foreign country)
16. Informant's OWN Signature Chas L. Cox
and Address Nampa Ida
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-16-44 (Month) (Day) (Year)
(c) Place: Nampa Idaho
18. Funeral Director's OWN Signature F. K. Robinson
and Address Nampa Ida
19. (a) May-22-1944 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 13 1944
at 5 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from March 17 1944, to May 13 1944
I last saw him alive on May 13 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
107 Bronchopneumonia	24 hrs
Due to	
158 Due to Malnutrition	5 wks.
Other conditions Pylorospasm (Include pregnancy within 3 months of death)	15 yrs

Where was disease contracted? Home
Name of operation none Date .....
Major finding ✓
Finding of autopsy none

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's OWN Signature R. L. Rodwell MD (M. D. or other)
and Address Nampa Ida Date 5 19 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census JUN 9 1944

Certificate Of Death

STATE OF IDAHO

State File No. 13555?
Local Reg. No. 97
Reg. Dist. No. 362

1. PLACE OF DEATH:
(a) County Canyon
(b) City or town Nampa
(c) Street Address or R.F.D. No. 116 17 Ave So
(d) Death Occured Inside? ✓ Outside? ..... city or town
(e) Died in a Home ✓ Hospital .... Institution .... Other place ....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 41 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Nampa
(d) Street Address or R.F.D. No. 116 17 Ave So
(e) Deceased lived Inside? ✓ Outside? ..... city or town
(f) Citizen of what country? U. S. A.
(g) How long had deceased lived in Idaho? 41 years
(h) Former residence (city, state) Dakota

3. (a) FULL NAME Wm. W. Parkinson 131.a

3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex M
5. Color or race W
6. (a) Single, widowed, married divorced married
6. (b) Name of ~~husband~~ or wife Minna
6. (c) Age of husband or wife if alive ✓ years
7. Date of Birth (Month, Day, Year) July 27 1855

8. AGE	Years	Months	Days	If less than 1 day hrs	min.
	88	9	16		

9. Exact Occupation Farmer — Did this work for ..... yrs.
10. Industry or Business (retired) — Date last worked .....
11. Birthplace Pellisnara (City or town) (State or foreign country)
Father 12. Name .....
Father 13. Birthplace ..... (City or town) (State or foreign country)
Mother 14. Maiden name .....
Mother 15. Birthplace ..... (City or town) (State or foreign country)
16. Informant's OWN Signature E. M. Parkinson
and Address Nampa Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/17/44 (Month) (Day) (Year)
(c) Place: Nampa Idaho
18. Funeral Director's OWN Signature F. K. Robinson
and Address Nampa Ida
19. (a) May-22-1944 (Date received and filed) (b) Lydd Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 13 1944
at ..... o'clock ..... M.
21. **I HEREBY CERTIFY**, That I attended deceased from June 10 1944, to 5-13- 1944
I last saw h— alive on 5-10- 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death — Duration
Cerebral Hemiplegia — 1 Mo
Due to Arterial Sclerosis — 7 Yrs
Due to Chronic Nephritis — 4 Years
Other conditions Ulcer — 4 Years
(Include pregnancy within 3 months of death)

Where was disease contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's OWN Signature O. C. Bellamy M.D.
and Address Nampa Ida Date 5-20 1944
(M. D. or other)
(For additional space, use reverse side)

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United States
Department of Commerce
Bureau of the Census

JUN 9 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 88
Reg. Dist. No. 363

1. **PLACE OF DEATH:**
(a) County Canyon
(b) City or town Nampa
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home Hosp. X Institution Other place
(f) Name Hosp. or Inst. Caldwell Home Stayed days
(g) Lived in this county years months 60 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Elmore
(c) City or town Sammett
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 39 years
(h) Former residence (city, state) Oregon

3. (a) **FULL NAME** Leon Dawson 93d

3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Aug 12 - 1867

8. AGE	Years	Months	Days	If less than 1 day
	76	9	1	hrs min.

9. Exact Occupation Traping Did this work for 25 yrs.
10. Industry or Business Self Date last worked
11. Birthplace Plymouth, Iowa (City or town) (State or foreign country)
Father
12. Name I. A. Dawson
13. Birthplace Mich. (City or town) (State or foreign country)
Mother
14. Maiden name Mary L. Bayley
15. Birthplace Penn (City or town) (State or foreign country)
16. Informant's OWN Signature X Edith H. King
and Address Twin Fall Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 5-15-1944 (Month) (Day) (Year)
(c) Place: Robinette Oregon
18. Funeral Director's OWN Signature Wm D. Talley
and Address Nampa Idaho
19. (a) May 15-1944 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 13 1944
at 12:45 o'clock P.M.
21. **I HEREBY CERTIFY,** That I attended deceased from 19 , to 19
I last saw h alive on 19 ; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cardiac decompensation	9 SC 2
Chronic hypertensive	
Due to cardio vascular disease	93 d
Anasarca	
~~Due to~~ Pulmonary oedema	111 C
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature Joe Salter MD (M. D. or other)
and Address Nampa Date 5/15 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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United States
Department of Commerce
Bureau of the Census

JUN 9 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 94
Reg. Dist. No. 362

1. **PLACE OF DEATH:**
(a) County Canyon
(b) City or town Nampa
(c) Street Address or R. F. D. No. 720-6th St No
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home X Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. Mercy Stayed 7 days
(g) Lived in this county ____ years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Ida (b) County Canyon
(c) City or town Nampa
(d) Street Address or R. F. D. No. 720-6th St No
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 9 years
(h) Former residence (city, state) Calif.

3. (a) **FULL NAME** Isaac Phillip Henry 93d

3. (b) If veteran, name war No.
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married divorced Married
6. (b) Name of husband or wife Eva
6. (c) Age of husband or wife if alive 58 years
7. Date of Birth (Month, Day, Year) March 15 - 1877

8. AGE	Years	Months	Days	If less than 1 day hrs	min.
	67	2	0		

9. Exact Occupation Retired — Did this work for ____ yrs.
10. Industry or Business ____ — Date last worked ____
11. Birthplace Keokuk (City or town) Iowa (State or foreign country)

Father
12. Name W. Henry
13. Birthplace Unknown (City or town) (State or foreign country)

Mother
14. Maiden name Ann Fisher
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's **OWN** Signature X Mrs C. H. Rose
and Address 723 - 10 Ave So
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/18/44 (Month) (Day) (Year)
(c) Place: Cloverdale Boise Ida
18. Funeral Director's **OWN** Signature W. D. Talley
and Address Nampa Ida
19. (a) May 18 1944 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 14 1944
at 12:30 o'clock P.M.
21. **I HEREBY CERTIFY,** That I attended deceased from April 26 1944 to May 14 1944
I last saw him alive on May 13 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: 538.1 Cerebral Hemorrhage — Duration 1 day
Due to Arteriosclerosis & 97 hypertension 402 93d — 5 yrs
Due to ____
Other conditions Chronic Myocarditis (Include pregnancy within 3 months of death) — 10 yrs
Where was disease contracted? Home
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's **OWN** Signature E. E. Lowell M.D.
(M. D. or other)
and Address Nampa Ida. Date 5-16-1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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United States
Department of Commerce
Bureau of the Census

JUN 9 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 90
Reg. Dist. No. 362

1. **PLACE OF DEATH:**
   (a) County Canyon
   (b) City or town Nampa
   (c) Street Address or R. F. D. No. 603 9th ave
   (d) Death Occurred Inside? ✓ Outside? ____ city or town
   (e) Died in a Home ✓ Hospital ____ Institution ____ Other place ____
   (f) Name Hosp. or Inst. ____ Stayed 11 Hours
   (g) Lived in this county ____ years 6 months 5 days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Canyon
   (c) City or town Nampa
   (d) Street Address or R. F. D. No. 603-9th ave South
   (e) Deceased lived Inside? ✓ Outside? ____ city or town
   (f) Citizen of what country? U.S.
   (g) How long had deceased lived in Idaho? 56 years
   (h) Former residence (city, state) Missouri

3. (a) **FULL NAME** John Matthews 93d

3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife — —
6. (c) Age of husband or wife if alive — — years
7. Date of Birth (Month, Day, Year) Oct 5 - 1958

8. AGE	Years	Months	Days	If less than 1 day
	85	6	10	hrs min.

9. Exact Occupation Farmer — Did this work for Life yrs.
10. Industry or Business ____ Date last worked ____
11. Birthplace Clay County Ill (City or town) (State or foreign country)
Father
12. Name Unknown
13. Birthplace Unknown (City or town) (State or foreign country)
Mother
14. Maiden name Unknown
15. Birthplace Unknown (City or town) (State or foreign country)
16. Informant's OWN Signature H. F. Matthews and Address 216 13 Ave South Nampa
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May-18-1944 (Month) (Day) (Year)
(c) Place: Meridian Idaho
18. Funeral Director's OWN Signature W S Mateer and Address Meridian Id
19. (a) May-16-1944 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 15 1944 at 2 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from Jan 1944, to May 15 1944
I last saw him alive on May 15 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death	Duration
Acute dilatation heart	95 C 4
Due to Artero sclerosis &	77
Due to Myocarditis	93 C 1
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature V C Belknap (M.D. or other) and Address Nampa Ida Date 5 16 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

DUTIES:

1. INFORMANT shall SIGN HIS OWN NAME, under item 16 to authenticate the facts stated under items 1 to 15, inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. The FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.
3. The REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including SIGNATURES in BLACK ink under items 16, 18 and 23.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply *false information* to any one connected with completing a death certificate;

(b) *Neglect* or *refuse* to certify to the cause of death on request of the person in charge of the disposition of the deceased;

(c) *Remove* or *bury* the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) *Alter* a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated. For deaths occurring in a private home, "Home" should be checked. For deaths occurring on a highway, in a business house, on the street, at work, etc., "Other place" should be checked.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence. For those having a former IDAHO residence, additional care should be taken to state the correct COUNTY and the length of residence in IDAHO.

EXAMPLES

IMMEDIATE CAUSE OF DEATH:	DURATION
_____ *Cerebral hemorrhage* _____	*1 day*
_____	_____
Due to _____ *Skull fracture* _____	*1 day*
_____	_____
Due to _____ *Auto accident* _____	*1 day*
Other conditions ___ *Multiple fractures* _____ (Include pregnancy within 3 months of death)	*1 day*

Where was disease first contracted? *Public place*
Name of operation ___ *Exp. Craniotomy* ___ Date *11-12-45*
Major finding _____ *Middle meningeal hemorrhage*
Finding of autopsy _____ *Cerebral hemorrhage*
_____ *multiple skeletal fractures*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? *yes* Suicide? _____ Homicide? _____
Occurred *11-12* _____ 1945 City, county, state where violence occurred _____ *Boise, Ada, Idaho*
Place of Violence: Home _____ Farm _____ Industry _____
Public Place ___ *yes* ___ While at work? *yes* _____
Means of injury _____ *auto-truck collision*

IMMEDIATE CAUSE OF DEATH:	DURATION
_____	_____
_____ *Hypostatic pneumonia* _____	*7 days*
Due to _____	_____
_____ *Cancer of stomach* _____	*2 years*
Due to _____	_____
Other conditions _____ *Secondary anemia* _____ (Include pregnancy within 3 months of death)	*2 years*

Where was disease first contracted? _____ *Idaho*
Name of operation ___ *Gastroenterostomy* ___ Date *11-12-45*
Major finding _____ *Cancer of pylorus of stomach*
Finding of autopsy _____ *Lobar pneumonia,*
_____ *generalized carcinomatosis*

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? _____ Suicide? _____ Homicide? _____
Occurred _____ 19___ City, county, state where violence occurred _____
Place of Violence: Home _____ Farm _____ Industry _____
Public Place _____ While at work? _____
Means of injury _____

This body embalmed under direction of _____ Lic. No. _____ at _____ on _____
ADDITIONAL REMARKS By Physician: _____

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census JUN 9 1944

Certificate Of Death

STATE OF IDAHO

State File No. 139001
Local Reg. No. 1[illegible]
Reg. Dist. No. 363

1. PLACE OF DEATH:
(a) County Canyon
(b) City or town Nampa
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Home X Hospital ..... Institution ..... Other place
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county ..... years 6 months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Gem
(c) City or town Emmett
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? X ~~Outside~~? ..... city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? 14 years
(h) Former residence (city, state) Illinois

3. (a) FULL NAME JANET JOHNSON 108

3. (b) If veteran, name war .....
3. (c) Social Security No. none
4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) Oct. 25, 1862

8. AGE	Years	Months	Days	If less than 1 day
	81	8	20	hrs min.

9. Exact Occupation At home Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace La Salle, Ill (City or town) (State or foreign country)
Father 12. Name Thomas Matters
13. Birthplace Newport Hill, Scotland (City or town) (State or foreign country)
Mother 14. Maiden name Agnes Brown
15. ~~Birthplace~~ Scotland (City or town) (State or foreign country)
16. Informant's OWN Signature Mrs Bessie Colburn
and Address Emmett, Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 5/18-1944 (Month) (Day) (Year)
(c) Place: Emmett, Idaho
18. Funeral Director's OWN Signature C D Bucknum
and Address Emmett, Idaho
19. (a) May 25-1944 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) May 15, 1944 19.....
at ..... o'clock ..... M.
21. I HEREBY CERTIFY, That I attended deceased from 5-14-44 19....., to 5-15-44 1944
I last saw her alive on 5-15- 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration
108 Pneumonia Lobar 48 hours
83a Due to Stroke 4 days
97 Due to Arteriosclerosis 9 years
Other conditions .....
(Include pregnancy within 3 months of death)
Where was disease contracted?
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's OWN Signature V C Bellamy (M. D. or other)
and Address Nampa Ida Date 5-20 1944
(For additional space, use reverse side)

United States
Department of Commerce
Bureau of the Census

JUN 6 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 139[illegible]
Local Reg. No. 54
Reg. Dist. No. 361

1. PLACE OF DEATH:
(a) County Canyon
(b) City or town Caldwell
(c) Street Address or R. F. D. No. 3 R 3
(d) Death Occurred Inside? ..... Outside? X city or town
(e) Died in a Home ....Hospital....Institution ....Other place ....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 24 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Caldwell
(d) Street Address or R. F. D. No. 3
(e) Deceased lived Inside? ..... Outside? X city or town
(f) If foreign born, in U. S. ..... yrs. Citizen of U. S.? Yes
(g) How long had deceased lived in Idaho? 24 years
(h) Former residence (city, state) .....

3. (a) **FULL NAME** George Phillip Sharpan 93d

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife .....
6 (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) May 14 1868

8. AGE	Years	Months	Days	If less than 1 day
	76	-	2	hrs min.

9. Exact Occupation Farmer — Did this work for life yrs.
10. Industry or Business ..... Date last worked 5-15-44
11. Birthplace Ontario (City or town) Canada (State or foreign country)
Father
12. Name John P Sharpan
13. Birthplace England (City or town) (State or foreign country)
Mother
14. Maiden name .....
15. Birthplace England (City or town) (State or foreign country)
16. Informant's OWN Signature John Sharpan
and Address R 3 Caldwell Ida
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-19-44 (Month) (Day) (Year)
(c) Place: Middleton Ida Cemetery
18. Funeral Director's OWN Signature Carl L. Case
and Address Caldwell Idaho
19. (a) 5-19-44 (Date received and filed) (b) Agnes M Denman (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 16-44 19.....
at 6 A.M. o'clock A M.
21. I HEREBY CERTIFY, That I attended deceased from Feb. 5 1944, to Mar 25 1944
I last saw him alive on Mar 25 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Chronic myocarditis with myocardial degeneration	2 yrs
Due to	
Due to	
Other conditions ..... (Include pregnancy within 3 months of death)	

Where was disease first contracted? .....
Name of operation none Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's OWN Signature C. R. Whittenberger DO (M. D. or other)
and Address Caldwell, Idaho Date May 18 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

139003

United States
Department of Commerce
Bureau of the Census

JUN 9 1944

Certificate Of Death

STATE OF IDAHO

State File No. .....
Local Reg. No. 98
Reg. Dist. No. 368

1. PLACE OF DEATH:
(a) County Canyon
(b) City or town Nampa
(c) Street Address or R.F.D. No. 2 mi East
(d) Death Occured Inside? ..... Outside? ✓ city or town
(e) Died in a Home ✓ Hospital ..... Institution ..... Other place .....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county ..... years 27 months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Nampa
(d) Street Address or R.F.D. No. 2 mi East
(e) Deceased lived Inside? ..... Outside? ✓ city or town
(f) Citizen of what country? U S A
(g) How long had deceased lived in Idaho? 27 years
(h) Former residence (city, state) Arizona

3. (a) **FULL NAME** Lizzie Burri 46 b

3. (b) If veteran, name war no
3. (c) Social Security No. .....
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife not living
6. (c) Age of husband or wife if alive not living years
7. Date of Birth (Month, Day, Year) Sept 24 1870

8. AGE	Years	Months	Days	If less than 1 day
	73	7	22	hrs min.

9. Exact Occupation House keeper Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Switzerland (City or town) (State or foreign country)

Father
12. Name Forester
13. Birthplace Switzerland (City or town) (State or foreign country)

Mother
14. Maiden name not known
15. Birthplace " " (City or town) (State or foreign country)

16. Informant's **OWN** Signature Elmer Burri
and Address Rt 4 Nampa Ida
17. (a) Bureau (Burial, cremation, or removal) (b) Date thereof 5/18/44 (Month) (Day) (Year)
(c) Place: Nampa Idaho
18. Funeral Director's **OWN** Signature Fred K. Robinson
and Address Nampa Ida
19. (a) May 22 1944 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 16 1944
at ..... o'clock ..... M.
21. **I HEREBY CERTIFY**, That I attended deceased from April 17 1944, to May 16 1944
I last saw her alive on May 16 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Due to Carcinoma of stomach	✓
Due to myocarditis	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation none Date	
Major finding	
Finding of autopsy none made	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature Thos E Mangum (M. D. or other)
and Address Nampa Ida Date May 19 1944
(For additional space, use reverse side)

m

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

139004

United States
Department of Commerce
Bureau of the Census

JUN 6 1944

Certificate Of Death

STATE OF IDAHO

State File No.
Local Reg. No. 58
Reg. Dist. No. 360

1. **PLACE OF DEATH:**
(a) County Canyon
(b) City or town Caldwell
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? ✓ Outside? city or town
(e) Died in a Home Hospital ✓ Institution Other place
(f) Name Hosp. or Inst. Sanitarium Stayed days
(g) Lived in this county 31 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Parma
(d) Street Address or R.F.D. No. 1
(e) Deceased lived Inside? Outside? ✓ city or town
(f) Citizen of what country? U.S.
(g) How long had deceased lived in Idaho? 31 years
(h) Former residence (city, state)

3. (a) **FULL NAME** Peter Samuel Wagner 94a

3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Jan 29-1879

8. AGE	Years	Months	Days	If less than 1 day
	65	3	18	hrs min.

9. Exact Occupation Farmer Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Bentonville Ark (City or town) (State or foreign country)
Father
12. Name Philip Wagner
13. Birthplace Germany (City or town) (State or foreign country)
Mother
14. Maiden name Not known
15. Birthplace (City or town) (State or foreign country)
16. Informant's **OWN** Signature Fern O. Chase
and Address Parma Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-20-44 (Month) (Day) (Year)
(c) Place Roswell Idaho
18. Funeral Director's **OWN** Signature J. Peckham
and Address Caldwell Idaho
19. (a) 5-24-44 (Date received and filed) (b) Agnes M. Denman (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, ~~Year~~) May 17 1944
at 4 30 o'clock P M.
21. **I HEREBY CERTIFY**, That I attended deceased from May 15 1944, to May 17 1944
I last saw her alive on May 17 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Coronary Thrombosis	3 da
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYISCIAN Underline the cause to which death should be charged statistically.
Name of operation Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature [signature] (M.D. or other)
and Address Caldwell Ida Date 5/20 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census JUN 6 1944

Certificate Of Death

STATE OF IDAHO

State File No. 13[illegible]
Local Reg. No. 60
Reg. Dist. No. 360

1. **PLACE OF DEATH:**
(a) County Canyon
(b) City or town Caldwell
(c) Street Address or R.F.D. No. 1402 Fairview
(d) Death Occured Inside? ← Outside? ..... city or town
(e) Died in a Home ← Hospital .... Institution .... Other place ....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 25 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Ida (b) County Canyon
(c) City or town Caldwell
(d) Street Address or R.F.D. No. 1402 Fairview
(e) Deceased lived Inside? ← Outside? ..... city or town
(f) Citizen of what country? U. S. A.
(g) How long had deceased lived in Idaho? 25 years
(h) Former residence (city, state) Iowa

3. (a) **FULL NAME** Sarah Jane Berry 1606

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex F
5. Color or race W.
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Robert
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) May 25 1858

8. AGE	Years	Months	Days	If less than 1 day
	85	11	23	hrs ..... min.

9. Exact Occupation House wife ..... Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Green County Iowa (City or town) (State or foreign country)

Father
12. Name Amos Black
13. Birthplace ..... (City or town) (State or foreign country)

Mother
14. Maiden name Katherine
15. Birthplace ..... (City or town) (State or foreign country)

16. Informant's **OWN** Signature Jessie M. Lamkin
and Address 402 Fairview-Caldwell
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-20-44 (Month) (Day) (Year)
(c) Place: Canyon Hill
18. Funeral Director's **OWN** Signature .....
and Address Caldwell Idaho
19. (a) 5-23-44 (Date received and filed) (b) Agnes Dinman (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 18 1944
at 12 o'clock ..... M.
21. **I HEREBY CERTIFY**, That I attended deceased from May 1 1944, to May 18 1944
I last saw h[illegible] alive on May 8 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
(a) Senility	4 Mos.
Due to (b) Intestinal Stasis	4 Mos.
Due to (c)	.....
Other conditions (Include pregnancy within 3 months of death)	.....

Where was disease contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYISICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature [illegible] (M. D. or other)
and Address [illegible] Date May 23 19 44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census JUN 9 1944

Certificate Of Death

STATE OF IDAHO

State File No. 139[illegible]
Local Reg. No. 91
Reg. Dist. No. 362

1. PLACE OF DEATH:
(a) County Canyon
(b) City or town Nampa
(c) Street Address or R.F.D. No. 111 9th Ave No
(d) Death Occured Inside? ✓ Outside? ..... city or town
(e) Died in a Home.... Hospital ✓ Institution.... Other place....
(f) Name Hosp. or Inst. Mercy Stayed 9 days
(g) Lived in this county ..... years 2 months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Nampa
(d) Street Address or R.F.D. No. 111 9 Ave No
(e) Deceased lived Inside? ✓ Outside? ..... city or town
(f) Citizen of what country? U S A
(g) How long had deceased lived in Idaho? ..... years
(h) Former residence (city, state) Okla

3. (a) **FULL NAME** Elizabeth Brown 93d

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife not living
6. (c) Age of husband or wife if alive not living years
7. Date of Birth (Month, Day, Year) July 31 1859

8. AGE	Years	Months	Days	If less than 1 day
	84	9	18	hrs min.

9. Exact Occupation House keeper Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Indiana (City or town) (State or foreign country)
Father
12. Name Kremer
13. Birthplace ✓ (City or town) (State or foreign country)
Mother
14. Maiden name ✓
15. Birthplace ✓ (City or town) (State or foreign country)
16. Informant's **OWN** Signature Mrs. Chlora Grant
and Address 111-9 ave. No.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 5/21/44 (Month) (Day) (Year)
(c) Place: Okla city
18. Funeral Director's **OWN** Signature Fred F. Robinson
and Address Nampa Ida
19. (a) May-20-1944 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 19 1944
at 12 15 o'clock p M.
21. **I HEREBY CERTIFY**, That I attended deceased from May 15 1944, to May 19 1944
I last saw her alive on May 19 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Chronic Myocarditis	10 years
Due to	
Due to	
Other conditions Asthma (Include pregnancy within 3 months of death)	10 yrs
Where was disease contracted? Home	
Name of operation ✓ Date	
Major finding ✓	
Finding of autopsy ✓	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature J. F. Rodwell MD (M. D. or other)
and Address Nampa Ida Date 5-20 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census JUN 12 1944

Certificate Of Death

STATE OF IDAHO

State File No. 139007
Local Reg. No. 66
Reg. Dist. No. 360

1. **PLACE OF DEATH:**
(a) County Canyon
(b) City or town Caldwell
(c) Street Address or R.F.D. No. 309 Denver
(d) Death Occured Inside? ✓ Outside? ..... city or town
(e) Died in a Home .... Hospital .... Institution .... Other place ....
(f) Name Hosp. or Inst. Memorial Hosp. ..... days
(g) Lived in this county 24 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Caldwell
(d) Street Address or R.F.D. No. .....
(e) Deceased lived Inside? ✓ Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 24 years
(h) Former residence (city, state) N. Carolina

3. (a) **FULL NAME** Ethel Emma Leone Biggerstaff 121

3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Chaney
6. (c) Age of husband or wife if alive — years
7. Date of Birth (Month, Day, Year) Oct. 27-1899

8. AGE	Years	Months	Days	If less than 1 day
	44	7	25	hrs min.

9. Exact Occupation House wife Did this work for life yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Montezuma N Carolina (City or town) (State or foreign country)
Father
12. Name Townsend
13. Birthplace Tenn (City or town) (State or foreign country)
Mother
14. Maiden name Louisa Fregg
15. Birthplace Tenn (City or town) (State or foreign country)
16. Informant's **OWN** Signature C B Biggerstaff
and Address Caldwell Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-25-44 (Month) (Day) (Year)
(c) Place: Canyon Hill
18. Funeral Director's **OWN** Signature [illegible]
and Address Caldwell Idaho
19. (a) 6-8-44 (Date received and filed) (b) Agnes M Denman (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 22 1944
at 4:30 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from May 1 1944, to May 22 1944
I last saw her alive on May 22 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Coronary embolism	10 min
Due to clot from surgical field of 2 wks ago	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation Sarcoidal Implantation Date May 10th	
Major finding Appendectomy	
Finding of autopsy —	

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature M Montgomery (M. D. or other)
and Address Caldwell Ida Date 5/26 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

JUN 9 1944

State File No. 13[illegible]
Local Reg. No. 121
Reg. Dist. No. 362

1. **PLACE OF DEATH:**
(a) County Canyon
(b) City or town Nampa
(c) Street Address or R. F. D. No. 407 - 13th Ave No
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home ____ Hospital X Institution ____ Other place ____
(f) Name Hosp. or Inst. Mercy Stayed ____ days
(g) Lived in this county ____ years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Ida (b) County Canyon
(c) City or town Nampa
(d) Street Address or R. F. D. No. 407 - 13th Ave No
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? ✓ years
(h) Former residence (city, state) ✓

3. (a) **FULL NAME** Judy Ann Fairchild. 1-9

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife ____ 6. (c) Age of husband or wife if alive ____ years

7. Date of Birth (Month, Day, Year) May 23 - 1944

8. AGE	Years	Months	Days	If less than 1 day hrs	min.
	✓	1	✓		

9. Exact Occupation ✓ Did this work for ✓ yrs.
10. Industry or Business ____ Date last worked ____
11. Birthplace Nampa (City or town) Ida (State or foreign country)

Father
12. Name Wayne Elmer Fairchild
13. Birthplace Twin Falls (City or town) Mont. (State or foreign country)

Mother
14. Maiden name Lorraine Geysler
15. Birthplace Central (City or town) Ida. (State or foreign country)

16. Informant's **OWN** Signature Lorraine Fairchild
and Address ____

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-26-44 (Month) (Day) (Year)
(c) Place: Nampa (Cemetery)

18. Funeral Director's **OWN** Signature Wm R Talley
and Address Nampa Ida.

19. (a) May 27-1944 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 23 19[illegible]
at 5:30 o'clock P M.

21. **I HEREBY CERTIFY,** That I attended deceased from May 23 1944 to May 23 1944
I last saw h___ alive on ____ 19____; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Immature delivery at 3½ mo	
Due to Placenta praevia	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? ✓
Name of operation ✓ Date ____
Major finding ____
Finding of autopsy ✓

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's **OWN** Signature [illegible] M.D.
(M. D. or other)
and Address Nampa Ida. Date 5-26 19[illegible]
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

JUN 6 1944

State File No. 13900
Local Reg. No. 61
Reg. Dist. No. 36 D

1. PLACE OF DEATH:
(a) County Canyon
(b) City or town Caldwell
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home Hospital Institution Other place
(f) Name Hosp. or Inst. I.O.O.F. Home 15 yrs 1 mo 5 da
(g) Lived in this county years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Caldwell
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) If foreign born, in U. S. yrs. Citizen of U. S.?
(g) How long had deceased lived in Idaho? 46 years
(h) Former residence (city, state)

3. (a) **FULL NAME** Mrs Mary Ann Hadsall 162a

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife W B Hadsall
6 (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) July 1 1850

8. AGE	Years	Months	Days	If less than 1 day
	93	10	24	hrs min.

9. Exact Occupation Home — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace Carnwall (City or town) England (State or foreign country)

Father
12. Name Unknown
13. Birthplace (City or town) (State or foreign country)

Mother
14. Maiden name Unknown
15. Birthplace (City or town) (State or foreign country)

16. Informant's **OWN** Signature Margaret A. Allen
and Address Caldwell Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-27-44 (Month) (Day) (Year)
(c) Place: Middleton Ida
18. Funeral Director's **OWN** Signature Paul L. Bard
and Address Caldwell Idaho
19. (a) 5-26-44 (Date received and filed) (b) Registrar's Dinman (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 25-44 19
at 7.45 A.M. o'clock M.

21. I **HEREBY CERTIFY**, That I attended deceased from Several Years 19 to May 25 44 19
I last saw h alive on May 22 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Senile Dementia	1 Year
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease first contracted? Canyon Co.
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature [illegible] (M. D. or Other)
and Address Caldwell Date 5-27 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce JUN 6 1944
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 139[illegible]
Local Reg. No. 62
Reg. Dist. No. 361

1. **PLACE OF DEATH:**
(a) County Canyon
(b) City or town Caldwell
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? ✓ Outside? ..... city or town
(e) Died in a Home.... Hospital ✓ Institution ✓ Other place....
(f) Name Hosp. or Inst. Memorial Park Stayed 1 days
(g) Lived in this county 1 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Ida (b) County Canyon
(c) City or town Greenleaf
(d) Street Address or R.F.D. No. ✓
(e) Deceased lived Inside? ✓ Outside? ..... city or town
(f) Citizen of what country? U.S.
(g) How long had deceased lived in Idaho? 1 years
(h) Former residence (city, state) Kansas

3. (a) **FULL NAME** Herman Winslow 61

3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife ✓
6. (c) Age of husband or wife if alive ✓ years
7. Date of Birth (Month, Day, Year) Feb-11-1882

8. AGE	Years	Months	Days	If less than 1 day
	62	3	18	hrs min.

9. Exact Occupation Farmer Did this work for ..... yrs.
10. Industry or Business Date last worked
11. Birthplace Freemont County Iowa (City or town) (State or foreign country)
Father
12. Name Nathan Winslow
13. Birthplace Indiana (City or town) (State or foreign country)
Mother
14. Maiden name Lydia Lamb
15. Birthplace Ind. (City or town) (State or foreign country)
16. Informant's **OWN** Signature Clarence Winslow
and Address Wilder R2 - Idaho
17. (a) Removal (Burial, cremation or removal) (b) Date thereof 5-30-44 (Month) (Day) (Year)
(c) Place: Esbon Kansas
18. Funeral Director's **OWN** Signature T. W. Dakan
and Address Caldwell Idaho
19. (a) 5-31-44 (Date received and filed) (b) Agnes M Denman (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 29 1944
at 10:45 o'clock A.M.
21. **I HEREBY CERTIFY**, That I attended deceased from May 25 1944, to May 29 1944
I last saw him alive on May 29 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
May 29 Coronary Thrombosis	3 hrs
Due to	
Due to	
Other conditions Diabetis (Include pregnancy within 3 months of death)	5 years
Where was disease contracted?	PHYISCIAN
Name of operation ..... Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury
23. Attendant's **OWN** Signature C. R. Whittenberger D.O. (M. D. or other)
and Address Caldwell Ida Date 5/30 1944
(For additional space, use reverse side)

United States
Department of Commerce
Bureau of the Census

MAY 12 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 13901
Local Reg. No. 44
Reg. Dist. No. 471

1. **PLACE OF DEATH:**
(a) County Cassia
(b) City or town Burley
(c) Street Address or R. F. D. No. 410 N. Burton Ave
(d) Death Occurred Inside? ✓ Outside? ____ city or town
(e) Died in a Home ✓ Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county ____ years ____ months 9 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Cassia
(c) City or town Burley - Idaho
(d) Street Address or R. F. D. No. 410 N. Burton Ave.
(e) Deceased lived Inside? ✓ Outside? ____ city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 1 Mo. 9 da. years
(h) Former residence (city, state) ____

3. (a) **FULL NAME** Jaynee Louise Jones 107

3. (b) If veteran, name war ____ 3. (c) Social Security No. ____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced ____

6. (b) Name of husband or wife ____ 6. (c) Age of husband or wife if alive ____ years

7. Date of Birth (Month, Day, Year) May 21 1944

8. AGE	Years	Months	Days	If less than 1 day
		1	9	hrs ____ min.

9. Exact Occupation ____ Did this work for ____ yrs.
10. Industry or Business ____ Date last worked ____
11. Birthplace Burley - Idaho (City or town) Idaho (State or foreign country)

Father
12. Name James Herbert Jones
13. Birthplace ____ (City or town) England (State or foreign country)

Mother
14. Maiden name Eva Esther Snyder
15. Birthplace Indiana (City or town) [redacted] (State or foreign country)

16. Informant's **OWN** Signature Mrs. Eva H. Jones
and Address 410 N. Burton Ave. Burley Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5 - 14 - 44 (Month) (Day) (Year)
(c) Place: Burley City Cemetery

18. Funeral Director's **OWN** Signature Frank McCullough
and Address Burley Idaho

19. (a) 5-15-44 (Date received and filed) (b) E. F. Williams (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 1 1944
at 6 o'clock A. M.

21. **I HEREBY CERTIFY**, That I attended deceased from April 22 1944, to May 1 1944
I last saw her alive on May 1 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Bronchial Pneumonia	7 Days
Due to ____	
Due to ____	
Other conditions ____ (Include pregnancy within 3 months of death)	

Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's **OWN** Signature H. E. Deem M.D. (M. D. or other)
and Address Burley Ida. Date May 12 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Dr. Espe

139012

United States Department of Commerce
Bureau of the Census

MAY 12 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 47
Reg. Dist. No. 470

1. **PLACE OF DEATH:**
(a) County Cassia
(b) City or town Burley Idaho
(c) Street Address or R. F. D. No. 201 No. Ella
(d) Death Occurred Inside? ✓ Outside? ____ city or town
(e) Died in a Home ✓ Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 30 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Cassia
(c) City or town Burley
(d) Street Address or R. F. D. No. 201 No. Ella
(e) Deceased lived Inside? ✓ Outside? ____ city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 30 years
(h) Former residence (city, state) ____

3. (a) **FULL NAME** Daniel Cornel Judd

55E

3. (b) If veteran, name war ____ 3. (c) Social Security No. ____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Perilda Judd 6. (c) Age of husband or wife if alive ____ years

7. Date of Birth (Month, Day, Year) April 23, 1864

8. AGE	Years	Months	Days	If less than 1 day
	80	—	9	hrs ____ min.

9. Exact Occupation Farming Did this work for — yrs.
10. Industry or Business ____ Date last worked —
11. Birthplace Putnam (City or town) Tennessee (State or foreign country)

Father
12. Name Benjamin Franklyn Judd
13. Birthplace Putnam Co. (City or town) Tennessee (State or foreign country)

Mother
14. Maiden name Margaret Ann Carlton
15. Birthplace Putnam Co. (City or town) Tennessee (State or foreign country)

16. Informant's **OWN** Signature Perilda Judd and Address Burley, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-6-44 (Month) (Day) (Year)
(c) Place: Burley Cemetery
18. Funeral Director's **OWN** Signature Bryk M. Sullock and Address Burley Idaho
19. (a) 5-8-44 (Date received and filed) (b) R. T. Wilson (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 3 1944 at 9:20 o'clock A M
21. **I HEREBY CERTIFY,** That I attended deceased from 7-1 1943, to 5-3 1944
I last saw h— alive on 5-3 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Peritonitis	
Due to Perforation of small bowel	
Due to Cancer	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19— City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's **OWN** Signature G. H. Espe (M. D. or other)
and Address Burley Date 5/4/1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

R. Espe M.D.

United States
Department of Commerce MAY 1 2 1944
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 139[illegible]3
Local Reg. No. 46
Reg. Dist. No. 470

1. **PLACE OF DEATH:**
(a) County Cassia
(b) City or town Burley, Idaho
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? ✓ Outside? city or town
(e) Died in a Home Hospital ✓ Institution Other place
(f) Name Hosp. or Inst. Cottage Stayed 3 days
(g) Lived in this county years 3 months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Cassia
(c) City or town Burley
(d) Street Address or R. F. D. No. 636 No. Yale
(e) Deceased lived Inside? ✓ Outside? city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 3 years
(h) Former residence (city, state) Clearfield, Utah

3. (a) **FULL NAME** Mary Ann Zabriskie 24a

3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Date of Birth (Month, Day, Year) May 15, 1933

8. AGE	Years	Months	Days	If less than 1 day
	9	11	17	hrs min.

9. Exact Occupation Student Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Ogden, Utah (City or town) (State or foreign country)
Father
12. Name George Zabriskie
13. Birthplace Mount Pleasant, Utah (City or town) (State or foreign country)
Mother
14. Maiden name Millie Dodge
15. Birthplace Mount Pleasant, Utah (City or town) (State or foreign country)
16. Informant's OWN Signature Millie Briggs
and Address 636 No. Yale, Burley, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-8-44 (Month) (Day) (Year)
(c) Place Burley Cemetery
18. Funeral Director's OWN Signature Vern B. McCulloch
and Address Burley, Idaho
19. (a) 5-5-44 (Date received and filed) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 3 1944
at 2:57 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from May 1, 1944, to May 3 - 1944
I last saw her alive on May 3 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Blood stream infection	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state
where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature G. G. Espe (M. D. or other)
and Address Burley Date 5-5-1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States Department of Commerce
Bureau of the Census

MAY 12 1944

Certificate Of Death

STATE OF IDAHO

State File No. 1344
Local Reg. No. 35 (42)
Reg. Dist. No. 470

1. **PLACE OF DEATH:**
   (a) County Cassia
   (b) City or town Burley
   (c) Street Address or R. F. D. No. 243 S. Albion ave.
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home — Hospital — Institution .... Other place Car.
   (f) Name Hosp. or Inst. — Stayed — days
   (g) Lived in this county 31 years 6 months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Cassia
   (c) City or town Burley
   (d) Street Address or R.F.D. No. 243 S. Albion ave
   (e) Deceased lived Inside? X Outside? ..... city or town
   (f) Citizen of what country? U S A
   (g) How long had deceased lived in Idaho? 31 years
   (h) Former residence (city, state) Colo.

3. (a) **FULL NAME** Burton Franklin Rudolph 75c

3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Grace
6. (c) Age of husband or wife if alive 56 years
7. Date of Birth (Month, Day, Year) Oct 11 1881

8. AGE	Years	Months	Days	If less than 1 day
	62	7	22	hrs min.

9. Exact Occupation Carpenter — Did this work for ..... yrs.
10. Industry or Business Carpenter — Date last worked .....
11. Birthplace South Haven (City or town) Minn. (State or foreign country)

Father
12. Name O. F. T. Rudolph
13. Birthplace Unknown (City or town) Penn. (State or foreign country)

Mother
14. Maiden name Mary Kelley
15. Birthplace Unknown (City or town) Unknown (State or foreign country)

16. Informant's **OWN** Signature X Mrs. Grace Rudolph
and Address Burley Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/6/1944 (Month) (Day) (Year)
(c) Place: Burley cemetery

18. Funeral Director's **OWN** Signature J. Forrest Weaver
and Address Burley Idaho

19. (a) 5-4-44 (Date received and filed) (b) B. F. Wilson (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 3 1944
at about 10 o'clock P M.

21. **I HEREBY CERTIFY**, That I attended deceased from ..... 19..... to ..... 19.....
I last saw h..... alive on ..... 19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death	Duration
Acute Dilatation of Heart	
Due to	
Due to Lifting a heavy load	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature G. G. Gespel (M. D. or other)
and Address Burley Date 5/3/1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

MAY 1 2 1944

Certificate Of Death

STATE OF IDAHO

State File No. 1330
Local Reg. No. 48
Reg. Dist. No. 470

1. PLACE OF DEATH:
(a) County Cassia
(b) City or town Burley
(c) Street Address or R.F.D. No. —
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Home.... Hospital X Institution.... Other place....
(f) Name Hosp. or Inst. Cottage Stayed 5 days
(g) Lived in this county 30 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Cassia
(c) City or town Burley
(d) Street Address or R.F.D. No. Rt. 1
(e) Deceased lived Inside? ..... Outside? X city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 30 years
(h) Former residence (city, state) Utah

3. (a) FULL NAME Roy Samuel Hunt 93E

3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Bertha
6. (c) Age of husband or wife if alive 61 years
7. Date of Birth (Month, Day, Year) May 12 1883

8. AGE	Years	Months	Days	If less than 1 day
	60	10	23	hrs min.

9. Exact Occupation Farmer Did this work for Life yrs.
10. Industry or Business Rancher Date last worked 1943
11. Birthplace Wahoo Neb. (City or town) (State or foreign country)
Father
12. Name Samuel C Hunt
13. Birthplace Unknown Ill. (City or town) (State or foreign country)
Mother
14. Maiden name Hannah Johnson
15. Birthplace Unk. Ill. (City or town) (State or foreign country)
16. Informant's OWN Signature Mrs Bertha Hunt
and Address Burley Rt. 1 Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 5/8/1944 (Month) (Day) (Year)
(c) Place: Burley Cemetery
18. Funeral Director's OWN Signature J Forrest Weaver
and Address Burley Idaho
19. (a) 5-8-44 (Date received and filed) (b) Dt Wilson (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May ~~April~~ 5 1944
at 7:15 o'clock P.M.
21. **I HEREBY CERTIFY,** That I attended deceased from April 27 1944, to May 4 1944
I last saw him alive on May 4 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Myocarditis 93e 1	
Due to Septicaemia 34a	12 days
Due to Infected Neck	115a
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYISCIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's OWN Signature Hugh E Dean M.D. (M. D. or other)
and Address Burley Id. Date May 6 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census [illegible] 1944

Certificate Of Death

STATE OF IDAHO

State File No. 139[illegible]
Local Reg. No. 54
Reg. Dist. No. 471

1. PLACE OF DEATH:
(a) County Cassia
(b) City or town Burley
(c) Street Address or R.F.D. No. —
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Home ..... Hospital X Institution ..... Other place .....
(f) Name Hosp. or Inst. Cottage Stayed 4 days
(g) Lived in this county 34 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Cassia
(c) City or town Jackson
(d) Street Address or R.F.D. No. R.F.D.
(e) Deceased lived Inside? X Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 34 years
(h) Former residence (city, state) Idaho

3. (a) FULL NAME Mary Catherine Simkson Nelson. 131a

3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex F
5. Color or race W.
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive — years
7. Date of Birth (Month, Day, Year) Sept 25 - 1853

8. AGE	Years	Months	Days	If less than 1 day
	91	7	11	hrs min.

9. Exact Occupation Housewife Did this work for 78 yrs.
10. Industry or Business ..... Date last worked May 1st 44
11. Birthplace Denmark (City or town) (State or foreign country)
Father 12. Name Dont Know
13. Birthplace " " (City or town) (State or foreign country)
Mother 14. Maiden name Dont Know
15. Birthplace " " (City or town) (State or foreign country)
16. Informant's **OWN** Signature Henry Nelson
and Address Rupert R. 1 Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 9 - 44 (Month) (Day) (Year)
(c) Place: Burley Ido
18. Funeral Director's **OWN** Signature Retta S. Payne
and Address Burley Idaho
19. (a) 5-13-44 (Date received and filed) (b) [illegible] Wilson (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) May 6th 1944
at 7 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from ..... 19 to 19
I last saw her alive on May 6 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration
Myocarditis 9301 ?
Due to Arteriosclerosis
Due to Ch. Nephritis 131b
Other conditions .....
(Include pregnancy within 3 months of death)
Where was disease contracted?
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature [illegible] (M. D. or other)
and Address Burley Date 5-11 1944
(For additional space, use reverse side)

United States
Department of Commerce
Bureau of the Census

MAY 1 2 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 1390[illegible]
Local Reg. No. 53
Reg. Dist. No. 470

1. **PLACE OF DEATH:**
   (a) County Cassia
   (b) City or town Burley
   (c) Street Address or R. F. D. No. —
   (d) Death Occurred Inside? ✓ Outside? ____ city or town
   (e) Died in a Home __ Hospital __ Institution __ Other place ✓
   (f) Name Hosp. or Inst. — Stayed ____ days
   (g) Lived in this county 2 years ____ months ____ days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Cassia
   (c) City or town Burley
   (d) Street Address or R. F. D. No. —
   (e) Deceased lived Inside? ✓ Outside? ____ city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 2 years
   (h) Former residence (city, state) Ogden, Utah

3. (a) **FULL NAME** Robert Thurston Aldous 94b

3. (b) If veteran, name war —
3. (c) Social Security No. ____
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Date of Birth (Month, Day, Year) April, 1878

8. AGE	Years	Months	Days	If less than 1 day
	66			hrs min.

9. Exact Occupation Laborer Did this work for Life yrs.
10. Industry or Business ____ Date last worked April 1944
11. Birthplace Weber Co. (City or town) Utah (State or foreign country)
Father
12. Name George P. Aldous
13. Birthplace — (City or town) England (State or foreign country)
Mother
14. Maiden name Christina Thurston
15. Birthplace — (City or town) Denmark (State or foreign country)
16. Informant's OWN Signature Mabel Slater
and Address Burley, Idaho R#1
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 5-8-44 (Month) (Day) (Year)
(c) Place: Ogden, Utah
18. Funeral Director's OWN Signature Vern B. McCullach
and Address Burley, Idaho
19. (a) 5/8/44 (Date received and filed) (b) B. F. Wilson (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 7 1944
at 7:15 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from — — 19__, to — — 19__
I last saw h__ alive on ____ 19__; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Heart Ailment	
Angina Pectoris	94b
Due to	
Information from Co. Dr.	
Due to Sudden Attack	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation ____ Date ____	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature Vern B. McCullach Co. Co. Coroner (Mode or other)
and Address Burley, Idaho Date 5-7-1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 133018
Local Reg. No. 58
Reg. Dist. No. 4-7

1. **PLACE OF DEATH:**
   (a) County Cassia
   (b) City or town Burley
   (c) Street Address or R. F. D. No. No. Data
   (d) Death Occurred Inside? X Outside? ____ city or town
   (e) Died in a Home ____ Hospital X Institution ____ Other place ____
   (f) Name Hosp. or Inst. Cottage Stayed 1-1/2 days
   (g) Lived in this county ____ years ____ months 4 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2. Montana, No. Data

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Monatana (b) County No. Data
   (c) City or town GT. Falls, Montana
   (d) Street Address or R. F. D. No. No. Data
   (e) Deceased lived Inside? ____ Outside? X city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? ? years
   (h) Former residence (city, state) GrangeVille Ida.

3. (a) FULL NAME Wilbur Arddis Crim

1276

3. (b) If veteran, name war ** 3. (c) Social Security No. 516*26*3385

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced No. Data

6. (b) Name of husband or wife No. Data 6. (c) Age of husband or wife if alive ? years

7. Date of Birth (Month, Day, Year) No. Data 3/22/1911

8. AGE	Years	Months	Days	If less than 1 day
	about 33	I ?	I ?. ?	hrs ____ min.

9. Exact Occupation Cattle&Farm Did this work for ? yrs.
10. Industry or Business Cattle Date last worked No. Data
11. Birthplace Grangeville, Idaho. (City or town) (State or foreign country)

Father
12. Name No. Data
13. Birthplace No. Data (City or town) (State or foreign country)

Mother
14. Maiden name NoData
15. Birthplace No. Data (City or town) (State or foreign country)

16. Informant's OWN Signature Coroner, Ca. Co.
and Address Burley, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-10-44 (Month) (Day) (Year)
(c) Place: Burley, Idaho
18. Funeral Director's OWN Signature Vern B. McCulloch
and Address Burley, Idaho
19. (a) 5-3-44 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) 5/10/44 19____
at 3.01 o'clock P M.
21. I HEREBY CERTIFY, That I attended deceased from 5-9-19 44 to ____ 19____
I last saw h[illegible] alive on 5-10 19 44, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — Duration

Acute Catarrahal
Due to jaundice
Due to
Other conditions
(Include pregnancy within 3 months of death)

Where was disease contracted?
Name of operation ____ Date ____
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury

23. Attendant's OWN Signature [signature] (M. D. or other)
and Address Burley Date 5-20-19 44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JUN 5 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 139019
Local Reg. No. 38
Reg. Dist. No. 210

1. **PLACE OF DEATH:**
(a) County CLEARWATER
(b) City or town AHSAHKA
(c) Street Address or R. F. D. No. 3 Miles Rural
(d) Death Occurred Inside? Outside? X city or town
(e) Died in a Home Hospital Institution Other place X
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 10 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State IDAHO (b) County CLEARWATER
(c) City or town OROFINO
(d) Street Address or R. F. D. No. 3 MILES RURAL
(e) Deceased lived Inside? Outside? X city or town
(f) Citizen of what country? UNITED STATES
(g) How long had deceased lived in Idaho? 10 years
(h) Former residence (city, state) OREGON

3. (a) FULL NAME MURIEL LEE WILLOUGHBY

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3. (b) If veteran, name war NO
3. (c) Social Security No. 519-05-0806
4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife ELLEN CASEY
6. (c) Age of husband or wife if alive 19 years
7. Date of Birth (Month, Day, Year) MARCH 26, 1918

8. AGE	Years	Months	Days	If less than 1 day
	26	1	4	hrs min.

9. Exact Occupation FARMER & CARPENTER — Did this work for LIFE yrs.
10. Industry or Business CONTRACTING & OWN FARM — Date last worked APRIL 29/44
11. Birthplace EDDYVILLE (City or town) OREGON (State or foreign country)

Father
12. Name THOMAS FRANK WILLOUGHBY
13. Birthplace KANSAS (City or town) (State or foreign country)

Mother
14. Maiden name GEORGIA MARSHALL WILLOUGHBY
15. Birthplace OREGON (City or town) (State or foreign country)

16. Informant's OWN Signature Perry Casey
and Address Kooskia Idaho
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof May 20, 1944 (Month) (Day) (Year)
(c) Place: WESEMAN CEMETERY
18. Funeral Director's OWN Signature George B Blake
and Address OROFINO, IDAHO
19. (a) 5/20/44 (Date received and filed) (b) Lulu Beckwith (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) APRIL 30 1944
at 3:00 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from ********** 19** to ********** 19**
I last saw h** alive on ********** 19**; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
DROWNING	3 min.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? X Suicide? Homicide?
Occurred April 30 1944 City, county, state where violence occurred Rural Clearwater, Idaho
Place of Violence: Home Farm Industry
Public Place X While at work?
Means of injury Overturned boat in River
23. Attendant's OWN Signature George B Blake CORONER (OFFICIAL TITLE)
and Address Orofino, Idaho Date May 20 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

JUN 6 1944

State File No. 13[illegible]
Local Reg. No. 34
Reg. Dist. No. 210

1. **PLACE OF DEATH:**
(a) County CLEARWATER
(b) City or town WEIPPE
(c) Street Address or R. F. D. No. POSTOFFICE
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home X Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 3 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State IDAHO (b) County CLEARWATER
(c) City or town WEIPPE
(d) Street Address or R. F. D. No. POSTOFFICE
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? UNITED STATES
(g) How long had deceased lived in Idaho? 3 years
(h) Former residence (city, state) COLDRIDGE, MONTANA

3. (a) **FULL NAME** EMIL FERNET HUETH

3. (b) If veteran, name war NO
3. (c) Social Security No. 516-18-6217
4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife HATTIES ROSE
6. (c) Age of husband or wife if alive 50 years
7. Date of Birth (Month, Day, Year) JUNE 30, 1883

8. AGE	Years	Months	Days	If less than 1 day
	60	10	4	hrs ____ min. ____

9. Exact Occupation LABORER & FARMER — Did this work for LIFE yrs.
10. Industry or Business SAWMILLS & FARMS — Date last worked OCT. 28, 1943
11. Birthplace GERMANY (City or town) (State or foreign country)

Father
12. Name FERDINAND HUETH
13. Birthplace GERMANY (City or town) (State or foreign country)

Mother
14. Maiden name AUGUSTA SCHULTZ
15. Birthplace GERMANY (City or town) (State or foreign country)

16. Informant's **OWN** Signature Hattie Rose Hueth
and Address Weippe Idaho

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAY 7, 1944 (Month) (Day) (Year)
(c) Place Weippe - Idaho

18. Funeral Director's **OWN** Signature George B Blake
and Address OROFINO, IDAHO

19. (a) 5/6/44 (Date received and filed) (b) Edwin Buchanan (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH**
(Month, Day, Year) MAY 4 1944
at 12:30 o'clock A. M.

21. **I HEREBY CERTIFY,** That I attended deceased from ********** 19**, to ********** 19**
I last saw h** alive on ********** 19**; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
CARCINOMA OF PROSTRATE	2 yrs.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? WEIPPE
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? *** Suicide? ____ Homicide? ____
Occurred ********** 19** City, county, state where violence occurred **********
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's **OWN** Signature George B Blake (M. D. or other)
and Address OROFINO, IDAHO Date MAY 6 1944

(For additional space, use reverse side)

139021

United States
Department of Commerce
Bureau of the Census

JUN 5 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 55
Reg. Dist. No. 210

1. **PLACE OF DEATH:**
(a) County Clearwater
(b) City or town Orofino Idaho
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? ✓ city or town
(e) Died in a Home Hospital ✓ Institution Other place
(f) Name Hosp. or Inst. State Hosp. Nat'l days
(g) Lived in this county 2 years 4 months 8 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Nez Perce
(c) City or town Lewiston
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? ✓ Outside? city or town
(f) Citizen of what country? Nez Perce N.D.
(g) How long had deceased lived in Idaho? 17 years
(h) Former residence (city, state)

3. (a) **FULL NAME** Albert Jones 83a

3. (b) If veteran, name war —
3. (c) Social Security No. None
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Nell
6. (c) Age of husband or wife if alive 44 years
7. Date of Birth (Month, Day, Year) Nov. 6 1872

8. AGE	Years	Months	Days	If less than 1 day
	71	6	1	hrs min.

9. Exact Occupation Meat Cutter Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Winchester Ill. (City or town) (State or foreign country)
Father
12. Name Robert Jones
13. Birthplace Unknown (City or town) (State or foreign country)
Mother
14. Maiden name Unknown
15. Birthplace Unknown (City or town) (State or foreign country)
16. Informant's X OWN Signature Nell Jones
and Address Lewiston Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 5/7/44 (Month) (Day) (Year)
(c) Place: Lewiston Idaho
18. Funeral Director's OWN Signature Brower-Wann by K.H. Malcom
and Address Lewiston Idaho
19. (a) 5/9/44 (Date received and filed) (b) Chloie Bacharach (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 7 1944
at 4:30 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from June 1 1943, to May 7 1944
I last saw him alive on May 6 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
apoplexy (brain)	hrs.
Due to arteriosclerosis (stroke 2½ yrs ago)	5 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted? Home	PHYSICIAN
Name of operation none Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy none	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state
where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature E. L. Berry M.D. (M. D. or other)
and Address Orofino Ida Date May 7 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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United States
Department of Commerce
Bureau of the Census

JUN 5 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 37
Reg. Dist. No. 210

1. **PLACE OF DEATH:**
(a) County Clearwater
(b) City or town Orofino
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 45 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Clearwater
(c) City or town Orofino
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? x Outside? city or town
(f) Citizen of what country? U.S.
(g) How long had deceased lived in Idaho? 45 years
(h) Former residence (city, state) Osage, Minn.

3. (a) **FULL NAME** Fred L. Frazier

3. (b) If veteran, name war
3. (c) Social Security No. 519-03-4476
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Maud
6. (c) Age of husband or wife if alive 63 years
7. Date of Birth (Month, Day, Year) Feb. 23, 1872

8. AGE	Years	Months	Days	If less than 1 day
	72	2	21	hrs min.

9. Exact Occupation Fire ass. Did this work for 23 yrs.
10. Industry or Business C.T.P.A. Date last worked 1943
11. Birthplace Springville, Wis. (City or town) (State or foreign country)
Father
12. Name Elijah Frazier
13. Birthplace Ohio (City or town) (State or foreign country)
Mother
14. Maiden name Sara Ann Powell
15. Birthplace Ohio (City or town) (State or foreign country)
16. Informant's OWN Signature Maud Frazier
and Address Orofino, Idaho.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 5/18/44 (Month) (Day) (Year)
(c) Place: Weseman cemetery, Orofino
18. Funeral Director's OWN Signature Claire S. Bacharach
and Address Orofino, Idaho.
19. (a) 5/15/44 (Date received and filed) (b) Claire S. Bacharach (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 5-14-44 19
at 7:34 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from Oct. 1943, to 5-14-44 19
I last saw him alive on 5-14-44 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebral Hemorrhage	2 hrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted? —	PHYSICIAN
Name of operation — Date	Underline the cause to which death should be charged statistically.
Major finding —	
Finding of autopsy —	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? — Suicide? — Homicide? —
Occurred 19 City, county, state where violence occurred —
Place of Violence: Home — Farm — Industry
Public Place — While at work? —
Means of injury
23. Attendant's OWN Signature A.B. Pappenhagen M.D. (M. D. or other)
and Address Orofino Idaho Date 5-15 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

139023

United States
Department of Commerce
Bureau of the Census

JUN 5 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 36
Reg. Dist. No. 210

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
   (a) County Clearwater
   (b) City or town Orofino
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? Outside? X city or town
   (e) Died in a Home Hospital Institution X Other place
   (f) Name Hosp. or Inst. St. Hos. No. Stayed days
   (g) Lived in this county 20 years 10 months 15 days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under Item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Lewis
   (c) City or town Craigmont
   (d) Street Address or R. F. D. No.
   (e) Deceased lived Inside? Outside? city or town
   (f) Citizen of what country? United States
   (g) How long had deceased lived in Idaho? 35 years
   (h) Former residence (city, state) Farmington, Wn.

3. (a) FULL NAME HOLMES, ROSE E.

93d

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife U. G.
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) July 13, 1888

8. AGE	Years	Months	Days	If less than 1 day
	55	9	27	hrs min.

9. Exact Occupation Housewife — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace Farmington, Washington (City or town) (State or foreign country)

Father
12. Name Wallace P. Farrington
13. Birthplace New York (City or town) (State or foreign country)

Mother
14. Maiden name Etta J. Baldwin
15. Birthplace New York (City or town) (State or foreign country)

16. Informant's OWN Signature E. L. Berry M.D.
and Address Orofino Idaho

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof May 12/44 (Month) (Day) (Year)
(c) Place: Craigmont, Idaho

18. Funeral Director's OWN Signature George B. Blake
and Address Orofino Idaho

19. (a) 5/11/44 (Date received and filed) (b) Lettie Kadderly (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 10, 1944
at 4:45 o'clock A. M.

21. **I HEREBY CERTIFY,** That I attended deceased from June 1, 1943, to May 10, 1944
I last saw her alive on May 9, 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
93d Chronic Myocarditis	10 yrs.
Due to s/s	
Due to	
Other conditions Epilepsy (Include pregnancy within 3 months of death)	20 yrs.

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state
where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's OWN Signature E. L. Berry M.D.
(M.D. or other)
and Address Orofino Idaho Date 5-11-1944
(For additional space, use reverse side)

13[illegible]

United States
Department of Commerce
Bureau of the Census JUN 5 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 39
Reg. Dist. No. 210

1. **PLACE OF DEATH:**
(a) County Clearwater
(b) City or town Orofino
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? X city or town
(e) Died in a Home Hospital Institution X Other place
(f) Name Hosp. or Inst. St.Hos.No Stayed 16 days
(g) Lived in this county years months 16 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County NezPerce
(c) City or town Lewiston, Idaho
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Outside? X city or town
(f) Citizen of what country? United States
(g) How long had deceased lived in Idaho? years
(h) Former residence (city, state)

3. (a) **FULL NAME** KING, GEORGE

131a

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) unascertained

8. AGE	Years	Months	Days	If less than 1 day hrs	min.
	79				

9. Exact Occupation Laborer — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace Iowa (City or town) (State or foreign country)

Father
12. Name unknown
13. Birthplace unknown (City or town) (State or foreign country)

Mother
14. Maiden name unknown
15. Birthplace unknown (City or town) (State or foreign country)

16. Informant's **OWN** Signature E. L. Berry M.D.
and Address Orofino Ida.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-16-44 (Month) (Day) (Year)
(c) Place: State Hospital No. cemetery

18. Funeral Director's **OWN** Signature [illegible]
and Address Orofino, Ida.

19. (a) 5/19/44 (Date received and filed) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 16, 1944
at 3:15 o'clock A.M.

21. **I HEREBY CERTIFY,** That I attended deceased from May 1, 1944 to May 16, 1944
I last saw him alive on May 15, 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cardio-renal disease	15 yrs.
Due to	
Due to	
Other conditions Senile dementia (Include pregnancy within 3 months of death)	5 yrs.

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state
where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature E. L. Berry M.D.
and Address Orofino Ida. Date (M.D. or other) 5-16 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

13[illegible]

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

JUN 5 1944

State File No.
Local Reg. No. 40
Reg. Dist. No. 210

1. **PLACE OF DEATH:**
(a) County CLEARWATER
(b) City or town OROFINO
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home ____ Hospital X Institution ____ Other place ____
(f) Name Hosp. or Inst. BURNS Stayed 0 days
(g) Lived in this county 0 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State IDAHO (b) County CLEARWATER
(c) City or town OROFINO
(d) Street Address or R. F. D. No. ROUTE #1
(e) Deceased lived Inside? ____ Outside? X city or town
(f) Citizen of what country? UNITED STATES
(g) How long had deceased lived in Idaho? 0 years
(h) Former residence (city, state)

3. (a) **FULL NAME** JOHNNY RAY LAUBY

3. (b) If veteran, name war NO
3. (c) Social Security No. NO
5. Color or race WHITE
6. (a) Single, widowed, married, divorced INFANT
4. Sex MALE
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) MAY 19, 1944

8. AGE	Years	Months	Days	If less than 1 day
	0	0	0	2 hrs ____ min.

9. Exact Occupation INFANT Did this work for ____ yrs.
10. Industry or Business Date last worked
11. Birthplace OROFINO, (City or town) IDAHO (State or foreign country)

Father
12. Name RAYMOND J. LAUBY
13. Birthplace NEZ PERCE, (City or town) IDAHO (State or foreign country)

Mother
14. Maiden name MARGARET HANSEN
15. Birthplace OROFINO, (City or town) IDAHO (State or foreign country)

16. Informant's **OWN** Signature X Mrs John W. Hansen
and Address OROFINO, IDAHO 25

17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof MAY 25 1944 (Month) (Day) (Year)
(c) Place: NORMAL HILL CEMETERY LEWISTON, IDA

18. Funeral Director's **OWN** Signature George K Blake
and Address OROFINO, IDAHO

19. (a) 5/22/44 (Date received and filed) (b) Claire Backstrand (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 19th 1944
at 10 15 o'clock a M.

21. **I HEREBY CERTIFY,** That I attended deceased from ____ 19____, to 5/19/ 19 44
I last saw him alive on 5-19 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Unknown	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? None
Name of operation ✓ Date
Major finding ✓
Finding of autopsy ✓

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ✓ Suicide? ✓ Homicide?
Occurred ✓ 19 ✓ City, county, state where violence occurred ✓
Place of Violence: Home ✓ Farm ✓ Industry
Public Place ✓ While at work? ✓
Means of injury

23. Attendant's **OWN** Signature J H Robinson (M. D. or other)
and Address Orofino Date 5/22 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JUN 5 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 13[illegible]
Local Reg. No. 41
Reg. Dist. No. 210

1. **PLACE OF DEATH:**
(a) County CLEARWATER
(b) City or town GILBERT
(c) Street Address or R. F. D. No. RURAL
(d) Death Occurred Inside? Outside? X city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 47 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State IDAHO (b) County CLEARWATER
(c) City or town GILBERT
(d) Street Address or R. F. D. No. RURAL
(e) Deceased lived Inside? Outside? X city or town
(f) Citizen of what country? UNITED STATES
(g) How long had deceased lived in Idaho? 47 years
(h) Former residence (city, state) WELLS, NEVADA

3. (a) FULL NAME JAMES MICHAEL MURPHY

830

3. (b) If veteran, name war NO
3. (c) Social Security No. NONE
4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife ELLA
6. (c) Age of husband or wife if alive 67 years
7. Date of Birth (Month, Day, Year) SEPTEMBER 17, 1863

8. AGE	Years	Months	Days	If less than 1 day
	80	8	14	hrs min.

9. Exact Occupation FARMING — Did this work for LIFE yrs.
10. Industry or Business OWN FARM — Date last worked MAY 25/1944
11. Birthplace CHAMBERSBURG, PENNSYLVANIA (City or town) (State or foreign country)

Father
12. Name UNASCERTAINABLE
13. Birthplace " (City or town) (State or foreign country)

Mother
14. Maiden name UNASCERTAINABLE
15. Birthplace " (City or town) (State or foreign country)

16. Informant's OWN Signature X Ella Murphy
and Address X Orofino Idaho
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JUNE 2/1944 (Month) (Day) (Year)
(c) Place: GILBERT CEMETERY
18. Funeral Director's OWN Signature George B Kelly
and Address Orofino, Idaho
19. (a) 6/1/44 (Date received and filed) (b) Katherine Zacharach (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 2nd 1944
at 7:30 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from June 1937 19— to May 2nd 1944
I last saw him alive on May 29th 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
(a) Old age Pneumonia	1 week
Due to Apoplexy attack	1937
Due to Hypertension	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? Home
Name of operation — Date —
Major finding —
Finding of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? — Suicide? — Homicide? —
Occurred — 19— City, county, state where violence occurred —
Place of Violence: Home — Farm — Industry —
Public Place — While at work? —
Means of injury —

23. Attendant's OWN Signature J W Robertson (M. D. or other)
and Address Orofino Date 6-1 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce JUN 5 1944
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

13307
State File No.
Local Reg. No. 42
Reg. Dist. No. 210

1. **PLACE OF DEATH:**
(a) County Clearwater
(b) City or town Orofino
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home X Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 36 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Clearwater
(c) City or town Orofino
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? U. S.
(g) How long had deceased lived in Idaho? 36 years
(h) Former residence (city, state)

3. (a) **FULL NAME** Minerva Brophy Britan

3. (b) If veteran, name war ____ 3. (c) Social Security No. ____
4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Herbert 6. (c) Age of husband or wife if alive 65 years
7. Date of Birth (Month, Day, Year) April 10, 1874

8. AGE	Years	Months	Days	If less than 1 day hrs	min.
	70	0	21		

9. Exact Occupation housewife Did this work for life yrs.
10. Industry or Business ____ Date last worked April 44
11. Birthplace Lily Lake, Ill. (City or town) (State or foreign country)

Father
12. Name Charles A Brophy
13. Birthplace Canada (City or town) (State or foreign country)

Mother
14. Maiden name Sara Hubbs
15. Birthplace Canada (City or town) (State or foreign country)

16. Informant's **OWN** Signature Hester D Britan
and Address Orofino, Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 6/2/44 (Month) (Day) (Year)
(c) Place: Riverside Cemetery, Orofino
18. Funeral Director's **OWN** Signature Goldie D. Bacharach
and Address Orofino, Idaho
19. (a) 6/1/44 (Date received and filed) (b) Goldie D. Bacharach (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 31 19 44
at 7:00 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from May 13 19 44 to May 31 19 44
I last saw her alive on 5/31 19 44 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary thrombosis — Duration 5 days
940
Due to Chronic cardiac dilatation 9502 — 3 months
Due to ____
Other conditions ____
(Include pregnancy within 3 months of death)

Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19 ____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's **OWN** Signature A. J. Hopkins (M. D. or other)
and Address Orofino Date 6/1 19 44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

13902

United States
Department of Commerce
Bureau of the Census

JUN 14 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 13902
Local Reg. No. 83
Reg. Dist. No. 371

1. **PLACE OF DEATH:**
   (a) County Elmore
   (b) City or town MHAAF, Mt. Home, Idaho
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? X Outside? ____ city or town
   (e) Died in a Home ____ Hospital ____ Institution ____ Other place ____
   (f) Name Hosp. or Inst. Sta. Hos. MHAAF Stayed 7hr 50 min
   (g) Lived in this county ____ years ____ months ____ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State California (b) County
   (c) City or town Huntington Park
   (d) Street Address or R. F. D. No. 5908 Rugby Ave.
   (e) Deceased lived Inside? ____ Outside? ____ city or town
   (f) Citizen of what country?
   (g) How long had deceased lived in Idaho? ____ years
   (h) Former residence (city, state)

3. (a) **FULL NAME** Arthur L. Fladd

184

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced S
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) October 10, 1921

8. AGE	Years	Months	Days	If less than 1 day
	22	7	10	hrs ____ min.

9. Exact Occupation ____ Did this work for ____ yrs.
10. Industry or Business Military Service, AAF Date last worked
11. Birthplace Stanford, Conn. (City or town) (State or foreign country)

Father
12. Name Unknown
13. Birthplace Unknown (City or town) (State or foreign country)

Mother
14. Maiden name Dorothy Gertrude Fladd
15. Birthplace New York (City or town) New York (State or foreign country)

16. Informant's OWN Signature S/Sgt Calvin C. Newart
and Address MHAAF, Mt. Home, Idaho

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof May 23, 1944 (Month) (Day) (Year)
(c) Place: New Cannon, Conn.

18. Funeral Director's OWN Signature Thompson-Webb
and Address Boise, Idaho

19. (a) 5-22-44 (Date received and filed) (b) R. Clark (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 20 1944
at 9:30 o'clock P.M.

21. **I HEREBY CERTIFY**, That I attended deceased from 5/20/44 1:40 P.M. 1944, to 5/20/44 9:30PM. 1944
I last saw him alive on 20 May 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Wound, Gunshot head.	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation ____ Date ____	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? X Suicide? ____ Homicide? ____
Occurred 20 May 1944 City, county, state where violence occurred MHAAF, Mt. Home, Idaho
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? X
Means of injury Gun

23. Attendant's OWN Signature Edward J. Kelting MD (M. D. or other)
and Address MHAAF, Mt. Home, Ida. Date 5/21 1944

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

MAY 27 1944

STATE OF IDAHO

State File No. 13[illegible]
Local Reg. No. 27
Reg. Dist. No. 541

1. PLACE OF DEATH:
(a) County Franklin
(b) City or town Franklin
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? in Outside? city or town
(e) Died in a Home Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 68 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Franklin
(c) City or town Franklin
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? in Outside? city or town
(f) Citizen of what country? U. S.
(g) How long had deceased lived in Idaho? 68 years
(h) Former residence (city, state)

3. (a) FULL NAME Anetta Olsen

836

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Feaml
5. Color or race white
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Hans
6. (c) Age of husband or wife if alive dead years
7. Date of Birth (Month, Day, Year) July 2 1858

8. AGE	Years	Months	Days	If less than 1 day
	85	9	17	hrs min.

9. Exact Occupation Housewife — Did this work for yrs.
10. Industry or Business — Date last worked 1935
11. Birthplace Norway (City or town) (State or foreign country)

Mother Father
12. Name Simon Peterson
13. Birthplace Norway (City or town) (State or foreign country)
14. Maiden name Annie Sorensen
15. Birthplace Norway (City or town) (State or foreign country)

16. Informant's **OWN** Signature FRANK OLSEN
and Address Franklin Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April (Month) 22 (Day) 44 (Year)
(c) Place: Franklin Idaho
18. Funeral Director's **OWN** Signature [illegible]
and Address Preston Idaho
19. (a) 4-19-1944 (Date received and filed) (b) Effie M. Brewer (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April 19 1944
at o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from April 18 1944, to April 18 1944
I last saw her alive on April 18 1944; death is said to have occurred on the date and hour stated above.

Cause	Duration
Immediate Cause of Death: Cerebral Thrombosis	1 day
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation Date	
Major finding	
Finding of autopsy	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature [illegible] (M. D. or other)
and Address Lewiston, Ut. Date 4-19 1944
(For additional space, use reverse side)

United States
Department of Commerce
Bureau of the Census

MAY 27 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 15037
Local Reg. No. 29
Reg. Dist. No. 540

1. **PLACE OF DEATH:**
(a) County Franklin
(b) City or town Preston
(c) Street Address or R. F. D. No. 59 east 1st. No.
(d) Death Occurred Inside? x Outside? ..... city or town
(e) Died in a Home ....Hospital x Institution ....Other place ....
(f) Name Hosp. or Inst. Preston Mem. Stayed 6 days
(g) Lived in this county ..... years ..... months 6 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Franklin
(c) City or town Preston
(d) Street Address or R. F. D. No. 59 East 1st. No
(e) Deceased lived Inside? x Outside? ..... city or town
(f) If foreign born, in U. S. ..... yrs. Citizen of U. S.? Yes
(g) How long had deceased lived in Idaho? 6 Days ~~Years~~
(h) Former residence (city, state) .....

3. (a) **FULL NAME** Susan Ray Agutter, 161c

3. (b) If veteran, name war ..... 3. (c) Social Security No. .....

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife ..... 6 (c) Age of husband or wife if alive ..... years

7. Date of Birth (Month, Day, Year) April 26, 1944

8. AGE	Years	Months	Days	If less than 1 day
	-	-	6	hrs ____ min.

9. Exact Occupation None Did this work for ..... yrs.

10. Industry or Business ..... Date last worked .....

11. Birthplace Preston, Idaho (City or town) (State or foreign country)

Father
12. Name Frank Agutter,
13. Birthplace Salt Lake City, Utah. (City or town) (State or foreign country)

Mother
14. Maiden name Saphornia Stephenson,
15. Birthplace Preston, Idaho. (City or town) (State or foreign country)

16. Informant's **OWN** Signature Frank Agutter and Address Preston Idaho.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-3-44 (Month) (Day) (Year)
(c) Place: Preston, Idaho.

18. Funeral Director's **OWN** Signature John M. Richards and Address Preston, Idaho

19. (a) 5-3-1944 (Date received and filed) (b) Effie M. Brower (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 2, 1944
at 3 o'clock A. M.

21. I **HEREBY CERTIFY**, That I attended deceased from April 7, 1944 to May 2 1944
I last saw her alive on May 2 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
a Uremic Gravis	5 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease first contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature O. R. Cutler M.D. (M. D. or other)
and Address Preston Ida Date 5-3 1944

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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United States
Department of Commerce MAY 17 1944
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 16
Reg. Dist. No. 650

1. **PLACE OF DEATH:**
(a) County Fremont
(b) City or town St. Anthony
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Yes Outside? ____ city or town
(e) Died in a Home XX Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 34 years 2 months 3 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Fremont
(c) City or town St. Anthony
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Yes Outside? ____ city or town
(f) Citizen of what country? United States
(g) How long had deceased lived in Idaho? 34 years
(h) Former residence (city, state)

3. (a) FULL NAME HILDA CHRISTINE NEILSON NYBORG 102

3. (b) If veteran, name war No.
3. (c) Social Security No. None.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife ----
6. (c) Age of husband or wife if alive ---- years
7. Date of Birth (Month, Day, Year) May 20, 1872

8. AGE	Years	Months	Days	If less than 1 day
	71	11	18	hrs ____ min.

9. Exact Occupation Housewife — Did this work for 52 yrs.
10. Industry or Business Own Home — Date last worked 1943
11. Birthplace Mt. Pleasant, Utah. (City or town) (State or foreign country)

Father
12. Name Neils Neilson
13. Birthplace Sweden (City or town) (State or foreign country)

Mother
14. Maiden name Chasty Irdahl
15. Birthplace Sweden (City or town) (State or foreign country)

16. Informant's OWN Signature Floyd R. Nyborg
and Address St. Anthony, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-12-44 (Month) (Day) (Year)
(c) Place: Milford, Idaho.
18. Funeral Director's OWN Signature Mel Hansen
and Address St. Anthony, Idaho.
19. (a) May 13 1944 (Date received and filed) (b) Mel Hansen (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 8, 1944 19____
at 4 o'clock P. M.

21. **I HEREBY CERTIFY,** That I attended deceased from ____ 1942 to May 8 1944
I last saw her alive on May 8 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death	Duration
Myocardial Failure	1 hr
Due to Hypertension 102	1 yr.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ____ Date ____
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work?
Means of injury

23. Attendant's OWN Signature E. Poulsen (M. D. or other)
and Address St Anthony Date 5/12/1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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United States
Department of Commerce
Bureau of the Census JUN 12 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 16
Reg. Dist. No. 650

1. **PLACE OF DEATH:**
(a) County Fremont
(b) City or town St. Anthony
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Yes Outside? ____ city or town
(e) Died in a Home X Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 44 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Fremont
(c) City or town St. Anthony, Idaho
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Yes Outside? ____ city or town
(f) Citizen of what country? United States
(g) How long had deceased lived in Idaho? 44 years
(h) Former residence (city, state)

3. (a) FULL NAME MILDRED JOHANNA NYBORG PETERSON 94a

3. (b) If veteran, name war No.
3. (c) Social Security No. 518-24-9777
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lars J. Peterson
6. (c) Age of husband or wife if alive 55 years
7. Date of Birth (Month, Day, Year) June 15, 1893

8. AGE	Years	Months	Days	If less than 1 day
	50	11	7	hrs ____ min.

9. Exact Occupation Housewife — Did this work for 29 yrs.
10. Industry or Business Own home — Date last worked 5-22-44
11. Birthplace Mt. Pleasant, Utah (City or town) (State or foreign country)

Father
12. Name Andrew Ephriam Nyborg
13. Birthplace Salt Lake City, Utah (City or town) (State or foreign country)

Mother
14. Maiden name Laura Hansen
15. Birthplace Mt. Pleasant, Utah (City or town) (State or foreign country)

16. Informant's OWN Signature Lars J Peterson
and Address St. Anthony, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-25-44 (Month) (Day) (Year)
(c) Place: Milford, Idaho
18. Funeral Director's OWN Signature Mel Hansen
and Address St. Anthony, Idaho
19. (a) May 25, 1944 (Date received and filed) (b) Mel Hansen (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 22 1944
at 6:30 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 5/22 1944, to ____ 19____
I last saw h__ alive on ____ 19____; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Coronary Occlusion	
Due to Above	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ____ Date ____
Major finding
Finding of autopsy None performed

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury

23. Attendant's OWN Signature O. L. Felt (M. D. or other)
and Address St. Anthony Date 5/25 1944
(For additional space use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JUN 10 1944

Certificate Of Death

STATE OF IDAHO

State File No. 13[illegible]
Local Reg. No.
Reg. Dist. No. 6

1. **PLACE OF DEATH:**
   (a) County Gem.
   (b) City or town Emmett.
   (c) Street Address or R.F.D. No. 514. S. Commercial.
   (d) Death Occured Inside? Yes Outside? ....city or town
   (e) Died in a Home X Hospital.. Institution.... Other place....
   (f) Name Hosp. or Inst..... Stayed.....days
   (g) Lived in this county 10 years .....months .....days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho. (b) County Gem.
   (c) City or town Emmett.
   (d) Street Address or R.F.D. No. 514. S. Commercial.
   (e) Deceased lived Inside? Yes Outside? ....city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 32. years
   (h) Former residence (city, state) Iowa.

3. (a) **FULL NAME** Joel Brown. 46E

3. (b) If veteran, name war No.
3. (c) Social Security No. 518-10-9659
4. Sex Male. 5. Color or race White. 6. (a) Single, widowed, married, divorced Married.
6. (b) Name of husband or wife Eva. E. Brown 6. (c) Age of husband or wife if alive 62. years
7. Date of Birth (Month, Day, Year) February. 1. 1860.

8. AGE	Years	Months	Days	If less than 1 day
	84.	3.	24.	hrs min.

9. Exact Occupation Laborer. Did this work for ....yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Marion County Iowa. (City or town) (State or foreign country)

Father
12. Name John. W. Brown.
13. Birthplace Ohio. (City or town) (State or foreign country)

Mother
14. Maiden name Eva Ann Shook.
15. Birthplace Unknown. (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mrs. Eva Brown
and Address 514 S Commercial Emmett

17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof May. 29. 1944. (Month) (Day) (Year)
(c) Place: Cloverdale Memorial Park.

18. Funeral Director's **OWN** Signature Clyde E. Summers
and Address Boise, Idaho

19. (a) May 27-1944 (Date received and filed) (b) C.R. Buckner (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May. 25. 1944.
at 8.45. o'clock P M.

21. **I HEREBY CERTIFY,** That I attended deceased from August 1943 to May 25 1944
I last saw him alive on May 15 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Carcinoma - G.I. tract. — Duration 1 yr.
Due to .....
Due to .....
Other conditions (Include pregnancy within 3 months of death) .....
Where was disease contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature [illegible] M.D. (M. D. or other)
and Address Boise Date 5/29 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

MAY 6 1944

State File No. 13[illegible]
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF DEATH:**
(a) County Gem
(b) City or town Emmett
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? Outside? X city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 24 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Gem
(c) City or town Emmett
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? Outside? X city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? 24 years
(h) Former residence (city, state) Colorado

3. (a) **FULL NAME** VICTOR G. KINNEY

74a

3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex male
5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Clara Kinney
6. (c) Age of husband or wife if alive 55 years
7. Date of Birth (Month, Day, Year) Nov. 16, 1884

8. AGE	Years	Months	Days	If less than 1 day
	59	6	15	hrs min.

9. Exact Occupation Farmer — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace White Sulphur Springs, Col (City or town) (State or foreign country)

Father
12. Name James Oliver Kinney
13. Birthplace Waterloo, Iowa (City or town) (State or foreign country)

Mother
14. Maiden name Mary Ellen Eubank
15. Birthplace Quincy, Ill (City or town) (State or foreign country)

16. Informant's **OWN** Signature Bessie Ann Trent
and Address 934 Missoula Ave. Helena Mont
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 5/5-1944 (Month) (Day) (Year)
(c) Place: Emmett, Idaho
18. Funeral Director's **OWN** Signature E M Buckner
and Address Emmett, Idaho
19. (a) 5/5-1944 (Date received and filed) (b) Mabel Peden (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 1, 1944 19
at 11:45 o'clock A. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 19, to 19
I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary Occlusion (Probably) — Duration
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature E M Buckner Coroner (M. D. or Other)
and Address Emmett, Idaho Date 5/5-1944 19
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JUN 8 1944

Certificate Of Death

STATE OF IDAHO

State File No. 139[illegible]
Local Reg. No.
Reg. Dist. No.

1. PLACE OF DEATH:
(a) County Gem
(b) City or town Emmett
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? Outside? X city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 55 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Gem
(c) City or town Emmett
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? Outside? X city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 55 years
(h) Former residence (city, state) Scotland

3. (a) **FULL NAME** JAMES LITTLE 872

3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex male
5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Maude Little
6. (c) Age of husband or wife if alive 64 years
7. Date of Birth (Month, Day, Year) Dec. 27, 1866

8. AGE	Years	Months	Days	If less than 1 day
	77	6	4	hrs min.

9. Exact Occupation Farmer Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Edinburg (City or town) Scotland (State or foreign country)
Father 12. Name George Little
13. Birthplace Scotland (City or town) (State or foreign country)
Mother 14. Maiden name Helen Elliot
15. Birthplace Scotland (City or town) (State or foreign country)
16. Informant's OWN Signature Leslie Little
and Address Boise, Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 5/3-1944 (Month) (Day) (Year)
(c) Place: Emmett, Idaho
18. Funeral Director's OWN Signature C D Buckner
and Address Emmett, Idaho
19. (a) 5/3-1944 (Date received and filed) (b) C D Buckner (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 1, 1944 19
at three years M.
21. **I HEREBY CERTIFY**, That I attended deceased from Three years under 19
I last saw h alive on obscurian 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebral Hardening with Uremia	83 a 1
Due to General Arterio Sclerosis 97	132:2
Due to	several years
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature J L Reynolds (M. D. or other)
and Address Emmett, Idaho 5/3-1944 Date 19
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JUN 8 1944

Certificate Of Death

STATE OF IDAHO

State File No. 139[illegible]
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF DEATH:**
   (a) County Gem
   (b) City or town Emmett
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? X Outside? city or town
   (e) Died in a Home X Hospital Institution Other place
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county 28 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Gem
   (c) City or town Emmett
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? X Outside? city or town
   (f) Citizen of what country?
   (g) How long had deceased lived in Idaho? all life years
   (h) Former residence (city, state)

3. (a) **FULL NAME** ETHEL MELINDA PARKS 46 E

3. (b) If veteran, name war
3. (c) Social Security No. none
4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife M.C.Parks
6. (c) Age of husband or wife if alive 59 years
7. Date of Birth (Month, Day, Year) Feb. 19, 1895

8. AGE	Years	Months	Days	If less than 1 day
	49	2	12	hrs min.

9. Exact Occupation At home Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Hailey, Idaho (City or town) (State or foreign country)

Father
12. Name Clinton Storey
13. Birthplace Arkansas (City or town) (State or foreign country)

Mother
14. Maiden name Emma Cline
15. Birthplace Missouri (City or town) (State or foreign country)

16. Informant's OWN Signature Mark C Parks
and Address Emmett, Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 5/5-1944 (Month) (Day) (Year)
(c) Place: Emmett, Idaho
18. Funeral Director's OWN Signature C D Buckner
and Address Emmett, Idaho
19. (a) 5/4-1944 (Date received and filed) (b) C D Buckner (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 1, 1944 19
at 1:00 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from March 10 1944, to 5/1/ 1944
I last saw her alive on 5/1/ 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Carcinoma Colon	2 yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature B Chipman (M. D. or other)
and Address Emmett, Idaho Date 5/4-1944 19
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

JUN 8 1944

STATE OF IDAHO

State File 139
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF DEATH:**
   (a) County Gem
   (b) City or town Emmett
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? X Outside? city or town
   (e) Died in a Home Hospital X Institution Other place
   (f) Name Hosp. or Inst. Mary Secor Stayed days
   (g) Lived in this county years months 1 days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Gem
   (c) City or town Emmett
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? X Outside? city or town
   (f) Citizen of what country?
   (g) How long had deceased lived in Idaho? 1 day years
   (h) Former residence (city, state)

3. (a) **FULL NAME** Infant Daughter of W.E.Hankins

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3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex female 5. Color or race White
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) May 1, 1944

8. AGE	Years	Months	Days	If less than 1 day
			1	hrs min.

9. Exact Occupation Infant Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Emmett, Idaho (City or town) (State or foreign country)

Father
12. Name W.E.Hankins
13. Birthplace Jackson Co., Minn. (City or town) (State or foreign country)

Mother
14. Maiden name Helen Ruth Smith
15. Birthplace Gem County, Idaho (City or town) (State or foreign country)

16. Informant's **OWN** Signature W.E.Hankins
and Address Emmett, Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 5/4-1944 (Month) (Day) (Year)
(c) Place: Emmett, Idaho
18. Funeral Director's **OWN** Signature C.D.Buckman
and Address Emmett, Idaho
19. (a) 5/4-1944 (Date received and filed) (b) C.D.Buckman (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 2, 1944 19
at 9:15 am o'clock a M.
21. **I HEREBY CERTIFY,** That I attended deceased from 5-1-44 19, to 5-2 1944
I last saw her alive on 5-2 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Premature birth (7 months)	
Due to Placenta previa	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature [signature]
and Address Emmett, Idaho (M. D. or other)
Date 5/4-1944 19
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 13[illegible]
Local Reg. No.
Reg. Dist. No.

JUN 8 1944

1. PLACE OF DEATH:
(a) County Gem
(b) City or town Emmett
(c) Street Address or R. F. D. No.
(d) Death Occured Inside? Outside? X city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 17 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Gem
(c) City or town Emmett
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? Outside? X city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? 17 years
(h) Former residence (city, state) Tenn.

3. (a) FULL NAME SAMUEL ELIJAH HARRIS 61

3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced widower
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Oct. 30, 1882

8. AGE	Years	Months	Days	If less than 1 day
	61	6	2	hrs min.

9. Exact Occupation Farmer — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace Tenn. (City or town) (State or foreign country)

Father
12. Name Bartlett Y. Harris
13. Birthplace Unknown (City or town) (State or foreign country)

Mother
14. Maiden name Sally Webb
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's **OWN** Signature James W Harris
and Address Emmett, Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 5/6-1944 (Month) (Day) (Year)
(c) Place: Emmett, Idaho
18. Funeral Director's **OWN** Signature C. D. Buckmaster
and Address Emmett, Idaho
19. (a) 5/5-1944 (Date received and filed) (b) C. D. Buckmaster (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 2, 1944 19
at 2:00 o'clock P M.
21. **I HEREBY CERTIFY**, That I attended deceased from 4/30 19 44, to 5/1 19 44
I last saw him alive on 5/1 19 44, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death	Duration
Diabetes Coma	1 days
Due to Diabetes Mellitus	Not Known
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature B Stutsman M. D.
and Address Emmett, Idaho Date 5/5-1944 19
(For additional space, use reverse side)

United States
Department of Commerce
Bureau of the Census

JUN 8 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 13[illegible]
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF DEATH:**
(a) County Gem
(b) City or town Emmett
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 34 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Gem
(c) City or town Emmett
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) If foreign born, in U. S. yrs. Citizen of U. S.?
(g) How long had deceased lived in Idaho? 34 years
(h) Former residence (city, state) Illinois

3. (a) **FULL NAME** Mary Emily Shaw 94a

3. (b) If veteran, name war
3. (c) Social Security No. none
4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife
6 (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) July 13, 1866

8. AGE	Years	Months	Days	If less than 1 day
	77	10	22	hrs min.

9. Exact Occupation At home Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Burnt Prairie, Ill (City or town) (State or foreign country)

Father
12. Name John King
13. Birthplace Unknown (City or town) (State or foreign country)

Mother
14. Maiden name Susan Schull
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's **OWN** Signature Olive Dean Phillips and Address Emmett, Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 5/8-1944 (Month) (Day) (Year)
(c) Place: Emmett, Idaho
18. Funeral Director's **OWN** Signature C. D. Buckmann and Address Emmett, Idaho
19. (a) 5/8-1944 (Date received and filed) (b) C. D. Buckmann (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 5-5- 19[illegible] at 9 o'clock a M.
21. I **HEREBY CERTIFY,** That I attended deceased from May 2 nd 19[illegible], to May 5 th 19[illegible]
I last saw her alive on May 4 19[illegible]; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary Occlusion — Duration
Due to Arterio Sclerosis
Due to Age
Other conditions
(Include pregnancy within 3 months of death)

Where was disease first contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature J. L. Raymond (M. D. or other)
and Address Emmett Date 5-5- 19[illegible]
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

13504

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census JUN 8 1944

Certificate Of Death

STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF DEATH:**
   (a) County Gem
   (b) City or town Emmett
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? X Outside? ....city or town
   (e) Died in a Home.... Hospital X Institution.... Other place....
   (f) Name Hosp. or Inst. MarySecor Stayed 14 days
   (g) Lived in this county.....years .....months .....days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Gem
   (c) City or town Emmett
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside?.....Outside? X ...city or town
   (f) Citizen of what country?
   (g) How long had deceased lived in Idaho? All life years
   (h) Former residence (city, state)

3. (a) **FULL NAME** HELEN RUTH HANKINS

1476

3. (b) If veteran, name war .....
3. (c) Social Security No. none
4. Sex female 5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Wayne E. Hankins
6. (c) Age of husband or wife if alive 30 years
7. Date of Birth (Month, Day, Year) July 15- 1915

8. AGE	Years	Months	Days	If less than 1 day hrs	min.
	28	9	18		

9. Exact Occupation At home Did this work for .....yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Emmett, Idaho (City or town) (State or foreign country)

Mother Father
12. Name Robert Smith
13. Birthplace Utah (City or town) (State or foreign country)
14. Maiden name Pearl E. Wills
15. Birthplace Nebraska (City or town) (State or foreign country)

16. Informant's **OWN** Signature Wayne E Hankins
and Address Emmett, Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 5/11-1944 (Month) (Day) (Year)
(c) Place: Emmett, Idaho
18. Funeral Director's **OWN** Signature O D Buckner
and Address Emmett, Idaho
19. (a) 5/10-1944 (Date received and filed) (b) O D Buckner (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 7, 1944 19.....
at 11:20 o'clock p. M.
21. **I HEREBY CERTIFY**, That I attended deceased from Jan. 14 1944, to May 7th 1944
I last saw her alive on May 7th 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Placenta previa with hemorrhage 146 c	3 weeks
Due to pregnancy of 7 months	
1476 Puerperal sepsis following	
Due to Cesarian Section 1496	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Cesarian Date 5/1/44
Major finding Central placenta previa
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident?..... Suicide?..... Homicide?.....
Occurred..... 19..... City, county, state where violence occurred .....
Place of Violence: Home.....Farm.....Industry.....
Public Place.....While at work?.....
Means of injury .....
23. Attendant's **OWN** Signature [signature]
and Address Emmett, Idaho (M. D. or other) Date 5/10-1944 19.....
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JUN 8 1944

Certificate Of Death

STATE OF IDAHO

State File No. 133[illegible]
Local Reg. No.
Reg. Dist. No.

1. PLACE OF DEATH:
(a) County Gem
(b) City or town Emmett
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? X Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. Mary Secor Stayed days
(g) Lived in this county 10 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Gem
(c) City or town Emmett
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? x Outside? city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? 10 years
(h) Former residence (city, state) North Carolina

3. (a) FULL NAME THOMAS MINICH

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3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Feb. 8, 1861

8. AGE	Years	Months	Days	If less than 1 day
	83	3	0	hrs min.

9. Exact Occupation none Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace North Carolina (City or town) (State or foreign country)
Father
12. Name Unknown
13. Birthplace Unknown (City or town) (State or foreign country)
Mother
14. Maiden name Unknown
15. Birthplace Unknown (City or town) (State or foreign country)
16. Informant's **OWN** Signature Mrs Elijah Smith
and Address Emmett, Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 5/11-1944 (Month) (Day) (Year)
(c) Place: Emmett, Idaho
18. Funeral Director's **OWN** Signature C D Buckman
and Address Emmett, Idaho
19. (a) 5/10-1944 (Date received and filed) (b) C D Buckman (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 8, 1944 19
at 4 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from 5-4 1944, to 5-8 1944
I last saw him alive on 5/8/ 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Lobular Pneumonia	3 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted? Home	
Name of operation Date	
Major finding	
Finding of autopsy	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature B. Chipman (M. D. ~~or other~~)
and Address Emmett, Idaho Date 5/10-1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JUN 8 1944

Certificate Of Death

STATE OF IDAHO

State File No. 13[illegible]
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF DEATH:**
   (a) County Gem
   (b) City or town Emmett
   (c) Street Address or R. F. D. No.
   (d) Death Occured Inside? X Outside? city or town
   (e) Died in a Home Hospital Institution Other place X
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county 10 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Gem
   (c) City or town Emmett
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? X Outside? city or town
   (f) Citizen of what country?
   (g) How long had deceased lived in Idaho? 10 years
   (h) Former residence (city, state) Illinois

3. (a) **FULL NAME** TAYLOR A. PATE

3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced widower
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) March 10, 1863

8. AGE	Years	Months	Days	If less than 1 day
	81	1	29	hrs min.

9. Exact Occupation Retired farmer Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Champaign County, Ill (City or town) (State or foreign country)

Father
12. Name Unknown
13. Birthplace Unknown (City or town) (State or foreign country)

Mother
14. Maiden name Unknown
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's **OWN** Signature E M Buckenum, Coroner
and Address Emmett, Idaho

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 5/13-1944 (Month) (Day) (Year)
(c) Place: Emmett, Idaho

18. Funeral Director's **OWN** Signature E M Buckenum
and Address Emmett, Idaho

19. (a) 5/12-1944 (Date received and filed) (b) E M Buckenum (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 9, 1944 19
at 3:30 o'clock P. M.

21. **I HEREBY CERTIFY**, That I attended deceased from 19, to 19
I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Died suddenly--probably	
of Coronary Occlusion	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature E M Buckenum, Coroner (M. D. or other)
and Address Emmett, Idaho Date 5/12-1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JUN 8 1944

Certificate Of Death

STATE OF IDAHO

State File No. 139..
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF DEATH:**
(a) County Gem
(b) City or town Emmett
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? X Outside? city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 12 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Gem
(c) City or town Emmett
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? 12 years
(h) Former residence (city, state) Indiana

3. (a) **FULL NAME** ARTHUR A. JARED 107

3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) May 12, 1860

8. AGE	Years	Months	Days	If less than 1 day
	83	11	27	hrs min.

9. Exact Occupation none Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Montezuma (City or town) Indiana (State or foreign country)
Father
12. Name Unknown
13. Birthplace Unknown (City or town) (State or foreign country)
Mother
14. Maiden name Unknown
15. Birthplace Unknown (City or town) (State or foreign country)
16. Informant's **OWN** Signature Mrs Elijah Smith
and Address Emmett, Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 5/10-1944 (Month) (Day) (Year)
(c) Place: Emmett, Idaho
18. Funeral Director's **OWN** Signature C D Buckman
and Address Emmett, Idaho
19. (a) 5/9-1944 (Date received and filed) (b) C D Buckman (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 9, 1944 19
at o'clock M.
21. **I HEREBY CERTIFY,** That I attended deceased from 3-1- 1944, to 5/8- 1944
I last saw him alive on 5/8/ 1944 death is said to have occurred on the date and hour stated above.
Immediate Cause of Death 107 Duration
Lobular Pneumonia 5 days
Due to Chronic Bronchitis
106 b
Due to
Other conditions
(Include pregnancy within 3 months of death)
Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature B Chipman (M. D. ~~or other~~)
and Address Emmett, Idaho Date 5/9-1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JUN 8 1944

Certificate Of Death

STATE OF IDAHO

State File No. 13[illegible]
Local Reg. No.
Reg. Dist. No.

1. PLACE OF DEATH:
(a) County Gem
(b) City or town Emmett
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? Outside? X city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 25 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Gem
(c) City or town Emmett
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? Outside? X city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? 25 years
(h) Former residence (city, state) Indiana

3. (a) **FULL NAME** GOLDIE MAY OFFICER . 164 c

3. (b) If veteran, name war
3. (c) Social Security No. none
4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Feb. 24, 1894

8. AGE	Years	Months	Days	If less than 1 day
	50	2	18	hrs min.

9. Exact Occupation At home Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Benkleman, Neb (City or town) (State or foreign country)
Father
12. Name Fred King
13. Birthplace New York (City or town) (State or foreign country)
Mother
14. Maiden name Mollie Bash
15. Birthplace Indiana (City or town) (State or foreign country)
16. Informant's **OWN** Signature Ralph Antone
and Address Council, Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 5/15-1944 (Month) (Day) (Year)
(c) Place: Emmett, Idaho
18. Funeral Director's **OWN** Signature C D Bucknum
and Address Emmett, Idaho
19. (a) 5/13-1944 (Date received and filed) (b) C D Bucknum (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 12, 1944 19
at 12:30 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 19, to 19
I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Suicide by gun-shot wound in left chest	
~~Due to~~	
Due to	
Other conditions (Include pregnancy within 3 months of death) Carcinoma	
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? ✓ Homicide?
Occurred May 12 1944 City, county, state where violence occurred Near Emmett, Gem, Ida
Place of Violence: Home ✓ Farm Industry
Public Place While at work?
Means of injury Shot herself with small pistol
23. Attendant's **OWN** Signature Merle Bucknum Coroner (M. D. or other)
and Address Emmett, Idaho Date 5/13-1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JUN 8 1944

Certificate Of Death

STATE OF IDAHO

State File No. 139045
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF DEATH:**
(a) County Gem.
(b) City or town Emmett.
(c) Street Address or R.F.D. No. X
(d) Death Occured Inside? Yes Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. Mary Secor Stayed 8 days
(g) Lived in this county years 6. months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho. (b) County Gem.
(c) City or town Emmett.
(d) Street Address or R.F.D. No. 1.
(e) Deceased lived Inside? Outside? Yes city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 6 mo. years
(h) Former residence (city, state) Oregon.

3. (a) **FULL NAME** Ethel Rude Carter. 49a

3. (b) If veteran, name war No.
3. (c) Social Security No. None.
4. Sex Female 5. Color or race White.
6. (a) Single, widowed, married, divorced Widow.
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) February. 22. 1897.

8. AGE	Years	Months	Days	If less than 1 day
	47.	2.	24.	hrs min.

9. Exact Occupation At Home. Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Quartsburg, Idaho. (City or town) (State or foreign country)
Father 12. Name Peter Rude.
13. Birthplace Norway. (City or town) (State or foreign country)
Mother 14. Maiden name Anna Clowder.
15. Birthplace Placerville, Idaho. (City or town) (State or foreign country)
16. Informant's OWN Signature Charles E. Carter
and Address 1410 Yale Ave. New York
17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof May. 17. 1944 (Month) (Day) (Year)
(c) Place: Cloverdale Memorial Park.
18. Funeral Director's OWN Signature Clyde E. Summers
and Address Boise, Idaho.
19. (a) 6/2-1944 (Date received and filed) (b) C.D. Buckman (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 16, 1944 19
at 5:33 o'clock a. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 5/7/44 19, to 5/16/44 19
I last saw her alive on 5/16/44 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cancer, primary in ovary	two yrs.
Obstruction of bowel	3 wks.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature [signature] (M. D. or other)
and Address Emmett, Ida. Date May 27/44 19
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

JUN 8 1944

State File No. 139046
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF DEATH:**
   (a) County Gem
   (b) City or town Emmett
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? X Outside? city or town
   (e) Died in a Home Hospital X Institution Other place
   (f) Name Hosp. or Inst. Mary Secor Stayed days
   (g) Lived in this county 45 years months days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Gem
   (c) City or town Emmett
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? X Outside? city or town
   (f) Citizen of what country?
   (g) How long had deceased lived in Idaho? 45 years
   (h) Former residence (city, state) Illinois

3. (a) **FULL NAME** FRANK THEODORE AKIN 83a

3. (b) If veteran, name war no
3. (c) Social Security No. 541-09-8352
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Sept. 3, 1870

8. AGE	Years	Months	Days	If less than 1 day
	73	8	14	hrs min.

9. Exact Occupation Saw mill worker Did this work for yrs.
10. Industry or Business Lumber Date last worked
11. Birthplace Illinois (City or town) (State or foreign country)

Father
12. Name James Akin
13. Birthplace Illinois (City or town) (State or foreign country)

Mother
14. Maiden name Unknown
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's **OWN** Signature Wm S Phillips
and Address Emmett Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 5/19-1944 (Month) (Day) (Year)
(c) Place: Emmett, Idaho
18. Funeral Director's **OWN** Signature C Buckman
and Address Emmett, Idaho
19. (a) 5/19-1944 (Date received and filed) (b) C Buckman (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 17, 1944 19
at Hood o'clock A M.
21. **I HEREBY CERTIFY**, That I attended deceased from 5-15- 1944, to 5-16- 1944
I last saw him alive on 5-16 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebral Hemorrhage	4 days.
Due to Arterio Sclerosis	2 yrs.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature B Chapman (M. D. or [illegible])
and Address Emmett, Idaho Date 5/19-1944

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

JUN 8 1944

State File No. 13,047
Local Reg. No.
Reg. Dist. No.

Owner

1. **PLACE OF DEATH:**
   (a) County Gem
   (b) City or town Emmett
   (c) Street Address or R. F. D. No.
   (d) Death Occured Inside? X Outside? city or town
   (e) Died in a Home Hospital X Institution Other place
   (f) Name Hosp. or Inst. Mary Secor Stayed days
   (g) Lived in this county years 6 months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Gem
   (c) City or town Emmett
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? Outside? X city or town
   (f) Citizen of what country?
   (g) How long had deceased lived in Idaho? 20 years
   (h) Former residence (city, state) Cascade, Idaho

3. (a) **FULL NAME** NELLIE EUGENE GOSLIN 83a

3. (b) If veteran, name war
3. (c) Social Security No. none
4. Sex fem
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Thos. E. Goslin
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Dec. 18, 1878

8. AGE	Years	Months	Days	If less than 1 day
	66	5	6	hrs min.

9. Exact Occupation At home Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Iowa (City or town) (State or foreign country)

Father
12. Name Oscar E. Whitehead
13. Birthplace Boone, Iowa (City or town) (State or foreign country)

Mother
14. Maiden name Mathilda Currel
15. Birthplace Boone, Iowa (City or town) (State or foreign country)

16. Informant's **OWN** Signature Francis C. Goslin and Address Cascade, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
    (c) Place:
18. Funeral Director's **OWN** Signature O. D. Buckmaster and Address Emmett, Idaho
19. (a) 5/26-1944 (Date received and filed) (b) O. D. Buckmaster (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 24, 1944 19
    at 3:25 o'clock a. M.
21. **I HEREBY CERTIFY**, That I attended deceased from 5/21/44 19 to 5/24/44 19
    I last saw h or alive on 5/24/44 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebral hemorrhage (stroke)	3 days
Due to Hypertension	1 yr.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
    Occurred 19 City, county, state where violence occurred
    Place of Violence: Home Farm Industry
    Public Place While at work?
    Means of injury

23. Attendant's **OWN** Signature [illegible] (M. D. or other)
    and Address Emmett, Idaho Date 5/26-1944 19
    (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JUN 19 1944

Certificate Of Death

STATE OF IDAHO

State File No. 133048
Local Reg. No.
Reg. Dist. No. 421

1. PLACE OF DEATH:
(a) County Gooding
(b) City or town Wendell
(c) Street Address or R.F.D. No. R.F.D
(d) Death Occured Inside? Outside? x city or town
Over (e) Died in a Home Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county x years 2 months 8 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Ida. (b) County Gooding
(c) City or town Clear Lakes
(d) Street Address or R.F.D. No. XX
(e) Deceased lived Inside? Outside? x city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 2 Mo. years
(h) Former residence (city, state) x

3. (a) **FULL NAME** Alvin Thompson, 2 00C

3. (b) If veteran, name war x
3. (c) Social Security No. x
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife x
6. (c) Age of husband or wife if alive x years
7. Date of Birth (Month, Day, Year) Feb.29th. 1944

8. AGE	Years	Months	Days	If less than 1 day
	x	2	8	hrs min.

9. Exact Occupation x At Home Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Wendell, Ida. (City or town) (State or foreign country)
Father 12. Name Robert Alvin Thompson,
13. Birthplace Okla. (City or town) (State or foreign country)
Mother 14. Maiden name Elizabeth Rogers,
15. Birthplace Okla. (City or town) (State or foreign country)
16. Informant's **OWN** Signature Kathern Hansen
and Address Wendell Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/9/44 (Month) (Day) (Year)
(c) Place: Buhl
18. Funeral Director's **OWN** Signature Evans T. Johnson
and Address Buhl. L. J. Johnson
19. (a) 6/14/44 (Date received and filed) Sister M. Rose O.S.B. (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 7/44 19
at 7:30 o'clock A. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 19, to 19
I last saw h alive on 19; death is said to have occurred on the date and hour stated above.
Immediate Cause of Death: The doctor hadn't seen the baby since birth, so would not sign. Duration
Due to
Due to Died on the way to hospital
Other conditions
(Include pregnancy within 3 months of death)
Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature Sister M. Rose O.S.B. (M. D. or other)
and Address Registrar Date 6/15 1944
(For additional space, use reverse side)
Wendell, Idaho

139049

United States
Department of Commerce
Bureau of the Census

JUN 12 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 1087
Reg. Dist. No. 420

1. **PLACE OF DEATH:**
(a) County Gooding
(b) City or town Gooding
(c) Street Address or R. F. D. No. 360 6th Ave W.
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home X Hospital __ Institution __ Other place __
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 28 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Gooding
(c) City or town Gooding
(d) Street Address or R. F. D. No. 360 6th Ave W.
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? U.S.
(g) How long had deceased lived in Idaho? 28 years
(h) Former residence (city, state) ____

3. (a) FULL NAME Baysinger, Nettie 33a

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Madison W.
6. (c) Age of husband or wife if alive ____ years Deceased 3-14-41
7. Date of Birth (Month, Day, Year) November 8, 1868

8. AGE	Years	Months	Days	If less than 1 day
	75	6	2	hrs min.

9. Exact Occupation Housewife Did this work for ____ yrs.
10. Industry or Business Own Home Date last worked ____
11. Birthplace Danville, Illinois (City or town) (State or foreign country)
Father
12. Name Jacob Masters
13. Birthplace Unknown (City or town) (State or foreign country)
Mother
14. Maiden name Unknown
15. Birthplace Unknown (City or town) (State or foreign country)
16. Informant's OWN Signature H E Baysinger
and Address Gooding, Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 5-10-44 (Month) (Day) (Year)
(c) Place: Twin Falls, Idaho
18. Funeral Director's OWN Signature White Mortuary by Dwight Phillips
and Address Twin Falls, Idaho
19. (a) 6-1-44 (Date received and filed) (b) J H Cromwell (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 10 1944
at 4 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from 1942 to 5-10 1944
I last saw her alive on 5-10 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Broncho-pneumonia 107	2 da
Due to Influenza 33 b	7 da
Due to	
Other conditions Chronic Bronchitis (Include pregnancy within 3 months of death)	1066

Where was disease contracted? Home
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature J H Cromwell (M. D. or other)
and Address Gooding Date 5-10 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JUN 12 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 13[illegible]
Local Reg. No. 10[illegible]
Reg. Dist. No.

1. **PLACE OF DEATH:**
(a) County Gooding
(b) City or town Bliss
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Yes Outside? ____ city or town
(e) Died in a Home Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 16 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Gooding
(c) City or town ~~Gooding~~ Bliss
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Yes Outside? ____ city or town
(f) Citizen of what country? U. S.
(g) How long had deceased lived in Idaho? 8 years
(h) Former residence (city, state) Iowa

3. (a) **FULL NAME** Edward Dale Miller 932

3. (b) If veteran, name war ____
3. (c) Social Security No. ____
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Pearl
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) Feb 22 1889

8. AGE	Years	Months	Days	If less than 1 day
	55	2	21	hrs ____ min.

9. Exact Occupation Farmer — Did this work for ____ yrs.
10. Industry or Business ____ — Date last worked ____
11. Birthplace Albia (City or town) Iowa (State or foreign country)

Father
12. Name Washburn Miller
13. Birthplace ____ (City or town) Iowa (State or foreign country)

Mother
14. Maiden name Jeppie Forster
15. Birthplace ____ (City or town) Iowa (State or foreign country)

16. Informant's OWN Signature Mrs. E. J. Miller
and Address Bliss Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 5-16-44 (Month) (Day) (Year)
(c) Place: Gooding, Ida.
18. Funeral Director's OWN Signature J. R. Wiley
and Address Jerome Idaho
19. (a) 5-16-44 (Date received and filed) (b) H. Connell (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 12 1944
at 7:00 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from Apr. 1939, to May 12 1944
I last saw him alive on April 1 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cachexia 1/2 — Duration 10 yrs
Due to ____
Due to ____
Other conditions Chronic 93d (Include pregnancy within 3 months of death) — 5 yrs
Myocarditis
Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature Fred E. Barrett M.D. (M. D. or other)
and Address Gooding Ida. Date 5/12 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JUN 12 1944

Certificate Of Death

STATE OF IDAHO

State File No. 13[illegible]
Local Reg. No. 12[illegible]
Reg. Dist. No. 4[illegible]

1. **PLACE OF DEATH:**
   (a) County Gooding
   (b) City or town Gooding
   (c) Street Address or R.F.D. No. 313 Michigan
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home X Hospital.... Institution.... Other place....
   (f) Name Hosp. or Inst. ..... Stayed ..... days
   (g) Lived in this county 33 years 1 months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Gooding
   (c) City or town Gooding
   (d) Street Address or R.F.D. No. 313 Michigan
   (e) Deceased lived Inside? X Outside? ..... city or town
   (f) Citizen of what country? United States
   (g) How long had deceased lived in Idaho? 33 years
   (h) Former residence (city, state) Longmont Colorado

3. (a) **FULL NAME** Reuben Francis Bliss 95c

3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Orra Bliss
6. (c) Age of husband or wife if alive 73 years
7. Date of Birth (Month, Day, Year) June - 4 - 1866

8. AGE	Years	Months	Days	If less than 1 day
	77	11	10	hrs min.

9. Exact Occupation Ditch Rider — Did this work for 32 yrs.
10. Industry or Business Farming — Date last worked 11-22-43
11. Birthplace Paris Iowa (City or town) (State or foreign country)

Father
12. Name Joseph H. Bliss
13. Birthplace Pennsylvania (City or town) (State or foreign country)

Mother
14. Maiden name Mary Jane Church
15. Birthplace [illegible] Iowa (City or town) (State or foreign country)

16. Informant's **OWN** Signature Myron V. Bliss
and Address Gooding Ida.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 17, 1944 (Month) (Day) (Year)
(c) Place: Elmwood Cem. Gooding
18. Funeral Director's **OWN** Signature H.P. Bright
and Address Gooding Idaho
19. (a) 5-16-44 (Date received and filed) (b) J.H. Cranwell (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 14 1944
at 8:30 o'clock PM.

21. **I HEREBY CERTIFY**, That I attended deceased from 1942, to 5-14- 1944
I last saw him alive on 5-14- 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
11c hypostatic pneumonia	2 da
Due to Asthenia - 11.2	
Due to Chronic heart disease	95c
Other conditions Pernicious anemia (Include pregnancy within 3 months of death)	73a
Where was disease contracted? home	
Name of operation ..... Date	
Major finding	
Finding of autopsy	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature J.H. Cranwell (M. D. or other)
and Address Gooding Ida. Date 5/16 1944
(For additional space, use reverse side)

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United States
Department of Commerce
Bureau of the Census

JUN 5 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No. 421

1. **PLACE OF DEATH**
(a) County Gooding
(b) City or town Wendell
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? ✓ Outside? city or town
(e) Died in a Home Hospital ✓ Institution Other place
(f) Name Hosp. or Inst. Stayed 15 days
(g) Lived in this county years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Lincoln
(c) City or town Shoshone
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Outside? ✓ city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 25 years
(h) Former residence (city, state) Jerome Idaho

3. (a) **FULL NAME** Golden H. Nebeker 13b

3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Elizabeth V. Nebeker
6. (c) Age of husband or wife if alive 37 years
7. Date of Birth (Month, Day, Year) July-13-1901

8. AGE	Years	Months	Days	If less than 1 day
	42	10	4	hrs min.

9. Exact Occupation Farmer Did this work for 25 yrs.
10. Industry or Business Farm Date last worked
11. Birthplace Sigurd (City or town) - Utah (State or foreign country)
Father
12. Name Wilford F. Nebeker
13. Birthplace (City or town) Nevada (State or foreign country)
Mother
14. Maiden name Cynthia Benson
15. Birthplace Hyrum (City or town) Utah (State or foreign country)
16. Informant's OWN Signature Elizabeth V. Nebeker
and Address Gooding - Idaho
17. (a) Burial (Burial, cremation or removal) (b) Date thereof May 20 44 (Month) (Day) (Year)
(c) Place: Shoshone
18. Funeral Director's OWN Signature Mystle C. Burdett
and Address Shoshone Idaho
19. (a) 5/22/44 Sister M. Rose, O.S.B. (Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 17, 1944
at 5:00 o'clock A. M.
21. **I HEREBY CERTIFY,** That I attended deceased from June 1940, to May 17 1944
I last saw him alive on May 17 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Tuberculous Meningitis - 14	1 wk
13b	
Due to Pulmonary T Bc	4 yrs
Pharyngeal T Bc	1 yr
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted? ✓	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature Fred E. Barrett M.D. (M. D. or other)
and Address Gooding Ida Date 5/22 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JUN 12 1944

Certificate Of Death

STATE OF IDAHO

State File No. 133053
Local Reg. No. 1091
Reg. Dist. No. 420

1. **PLACE OF DEATH:**
(a) County Gooding
(b) City or town Gooding
(c) Street Address or R.F.D. No. 557 Neb. St.
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Home X Hospital ..... Institution ..... Other place .....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 13 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Gooding
(c) City or town Gooding
(d) Street Address or R.F.D. No. 557 Neb. St.
(e) Deceased lived Inside? X Outside? ..... city or town
(f) Citizen of what country? United States
(g) How long had deceased lived in Idaho? 13 years
(h) Former residence (city, state) Detroit, Mich.

3. (a) **FULL NAME** Mary Louise Crooker

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3. (b) If veteran, name war ----
3. (c) Social Security No. 519-22-3589
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Warner D.
6. (c) Age of husband or wife if alive 43 years
7. Date of Birth (Month, Day, Year) Sept. 9, 1903

8. AGE	Years	Months	Days	If less than 1 day
	40	8	11	hrs min.

9. Exact Occupation Housewife — Did this work for life yrs.
10. Industry or Business Hotel Maid — Date last worked May, 1943
11. Birthplace Valetia, (City or town) New York (State or foreign country)
Father
12. Name Peter Roberts
13. Birthplace ------- (City or town) Canada (State or foreign country)
Mother
14. Maiden name Mary Louise Sturcott
15. Birthplace ------- (City or town) Canada (State or foreign country)
16. Informant's OWN Signature Warner D. Crooker
and Address Gooding Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 5/25/44 (Month) (Day) (Year)
(c) Place: Elmwood Cem. Gooding Idaho
18. Funeral Director's OWN Signature H.P. Bright
and Address Gooding Idaho
19. (a) 5-23-44 (Date received and filed) (b) J. H. Cromwell (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 20 1944
at 12 30 o'clock O.M.
21. **I HEREBY CERTIFY,** That I attended deceased from May 20 1943, to May 20 1944.
I last saw her alive on May 20 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Carcinoma of Breasts with	
Due to Metastasis to Liver & Spine	2 yrs.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Radical Removal Date
Major finding Breasts May 1944
Finding of autopsy Adm. Ca

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's OWN Signature Fred E. Barrett M.D. (M. D. or other)
and Address Gooding Ida. Date 5/22 1944
(For additional space, use reverse side)

133054

United States
Department of Commerce JUN 5 1944
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No. 421

1. **PLACE OF DEATH:**
(a) County Gooding
(b) City or town Wendell
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Lincoln
(c) City or town Shoshone
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 41 years
(h) Former residence (city, state)

3. (a) FULL NAME Mary Ann Peterson 1200

3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife deceased
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Oct. 22-1864

8. AGE	Years	Months	Days	If less than 1 day
	79	7	1	hrs min.

9. Exact Occupation Housewife Did this work for yrs.
10. Industry or Business Home Date last worked
11. Birthplace Jefferson City (City or town) Mo. (State or foreign country)
Father
12. Name John Campbell
13. Birthplace ? (City or town) U.S.A. (State or foreign country)
Mother
14. Maiden name Frances Woods
15. Birthplace ? (City or town) U.S.A. (State or foreign country)
16. Informant's OWN Signature J. E. Anson
and Address
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 27-44 (Month) (Day) (Year)
(c) Place: Shoshone Idaho
18. Funeral Director's OWN Signature Myrtle C. Burdett
and Address Shoshone Idaho
19. (a) 5/26/44 (Date received and filed) (b) Sr. M. Rose ASP (Registrar's signature)
(Mrs. Fleischman)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 5-28 1944
at 2 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from May 5 19 to May 28 1944
I last saw her alive on May 22 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Valvular Heart Lesion	
Colitis & Senile dementia	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state
where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature S. Hopper (M. D. or other)
and Address Hazelton Date 5-26 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

13[illegible]5

United States
Department of Commerce JUN 5 1944
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No. 421

1. **PLACE OF DEATH:**
(a) County Gooding
(b) City or town Wendell
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. If Dalenlus Stayed days
(g) Lived in this county years months 1 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Jerome
(c) City or town Eden
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Outside? X city or town
(f) Citizen of what country? U S
(g) How long had deceased lived in Idaho? 40 years
(h) Former residence (city, state)

3. (a) **FULL NAME** Harry Ryan 92

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) — — 1869

8. AGE	Years	Months	Days	If less than 1 day
	75	—	—	hrs min.

9. Exact Occupation Farmer — Did this work for yrs.
10. Industry or Business Farm — Date last worked
11. Birthplace (City or town) England (State or foreign country)
Father
12. Name not known
13. Birthplace (City or town) " (State or foreign country) "
Mother
14. Maiden name " "
15. Birthplace (City or town) " (State or foreign country) "
16. Informant's **OWN** Signature A Hughes
and Address Eden Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof May 26 - 44 (Month) (Day) (Year)
(c) Place: Jerome Idaho
18. Funeral Director's **OWN** Signature J R Wiley
and Address Jerome Idaho
19. (a) 5/30/44 (Date received and filed) (b) Sue M. Rose D.S.R. (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 26 1944
at 5 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from May 25 1944, to May 26 1944
I last saw him alive on May 24 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Valvular heart disease — Duration
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature [illegible] (M. D. or other)
and Address Hazelton Date 5-26 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

(Mrs. Fleischman)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JUN 5 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 13305
Local Reg. No.
Reg. Dist. No. 421

1. **PLACE OF DEATH:**
   (a) County Gooding
   (b) City or town Wendell, Idaho
   (c) Street Address or R. F. D. No. none
   (d) Death Occurred Inside? * Outside? ____ city or town
   (e) Died in a Home ____ Hospital * Institution ____ Other place ____
   (f) Name Hosp. or Inst. St. Valentines Hosp. I days
   (g) Lived in this county 0 years 0 months 1 days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Twin Falls
   (c) City or town Buhl
   (d) Street Address or R. F. D. No. 4
   (e) Deceased lived Inside? ____ Outside? * city or town
   (f) Citizen of what country? U. S.
   (g) How long had deceased lived in Idaho? 33 years
   (h) Former residence (city, state) Same

3. (a) **FULL NAME** Albert George Karcher

94a

3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife none
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) May 8, 1887

8. AGE	Years	Months	Days	If less than 1 day
	57	0	19	hrs ____ min.

9. Exact Occupation Chicken Hatchery Owner — Did this work for 30 yrs.
10. Industry or Business Raising Chickens — Date last worked 5/25/44
11. Birthplace Burlington, Wisconsin (City or town) (State or foreign country)

Father
12. Name John H. Karcher
13. Birthplace unknown (City or town) (State or foreign country)

Mother
14. Maiden name Dora Hintzpeter
15. Birthplace Germany (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs Emily Critchfield
and Address Pocatello, Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 5/26/44 (Month) (Day) (Year)
(c) Place: Buhl, Idaho
18. Funeral Director's OWN Signature B. T. Culbertson
and Address Buhl, Idaho
19. (a) May 29 1944 (Date received and filed) Sister M. Rose, O.S.B. (Registrar's signature)

June 1/44

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 26, 1944
at 4:45 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 12-30-42 19____, to May 26, 1944
I last saw him alive on May 26 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Respiratory Failure	12 hour
Due to Congestive Heart Failure	1 week
Due to Coronary Thrombosis	12 hour
Other conditions 94a (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ____ Date ____
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury

23. Attendant's OWN Signature [signature] (M. D. or other)
and Address Buhl, Idaho Date May 29 1944
(For additional space, use reverse side)

139057

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 535
Reg. Dist. No. 244

1. **PLACE OF DEATH:**
(a) County Idaho
(b) City or town Clearwater
(c) Street Address or R. F. D. No. —
(d) Death Occurred Inside? ✓ Outside? ____ city or town
(e) Died in a Home ✓ Hospital __ Institution __ Other place __
(f) Name Hosp. or Inst. — Stayed — days
(g) Lived in this county 31 years 5 months — days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Idaho
(c) City or town Clearwater
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? ✓ Outside? ____ city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 31 years
(h) Former residence (city, state) Oswego, Kansas

3. (a) FULL NAME James Freeman Gillett

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3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Mas.
5. Color or race white
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Gertrude
6. (c) Age of husband or wife if alive 74 years
7. Date of Birth (Month, Day, Year) Dec. 16 1857

8. AGE	Years	Months	Days	If less than 1 day
	86	4	14	hrs min.

9. Exact Occupation Farmer — Did this work for all life yrs.
10. Industry or Business " — Date last worked 1931
11. Birthplace Jonesborough (City or town) Indiana (State or foreign country)
Father
12. Name William Gillett
13. Birthplace — (City or town) Penn. (State or foreign country)
Mother
14. Maiden name Wealthy Ann Clark
15. Birthplace — (City or town) Penn. (State or foreign country)
16. Informant's OWN Signature Mrs. Hattie Wayman
and Address R-1 Box 121 Clarkston Wash.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/3/44 (Month) (Day) Wed. (Year) 10:00 AM
(c) Place: Clearwater Cemetery
18. Funeral Director's OWN Signature Claude Trevary
and Address Kooskia, Idaho
19. (a) 6/2/44 (Date received and filed) (b) H W Wentworth (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) April 30 1944
at 7 o'clock P. M.
21. I HEREBY CERTIFY, That I attended deceased from April 29 1944, to April 30 1944
I last saw her alive on April 30 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Fall on can rim fracturing ribs -
Due to Chronic Stiffened rheumatic
Due to Painful to draw any breath
Other conditions Bloody expectoration
(include pregnancy within 3 months of death)
Shock
Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ✓ Suicide? ____ Homicide? ____
Occurred April 30 1944 City, county, state where violence occurred Clearwater Idaho to Ida
Place of Violence: Home ✓ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury Milk can
23. Attendant's OWN Signature H W Wentworth M.D. (M. D. or other)
and Address Stites Date 5/2 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JUN 6 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 13[illegible]
Local Reg. No. 27
Reg. Dist. No. 240

1. **PLACE OF DEATH:**
(a) County Idaho
(b) City or town Grangeville
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? ✓ Outside? ____ city or town
(e) Died in a Home ____ Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. General ____ Stayed ____ days
(g) Lived in this county ____ years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Idaho
(c) City or town Grangeville
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? ✓ Outside? ____ city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? 76 years
(h) Former residence (city, state) Oregon

3. (a) **FULL NAME** Ida Isabell Daggett. 46a

3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex F M
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Charles L.
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) Sept. 30, 1861

8. AGE	Years	Months	Days	If less than 1 day
	82	7	1	hrs ____ min.

9. Exact Occupation Housewife — Did this work for ____ yrs.
10. Industry or Business Farm — Date last worked
11. Birthplace Linneus Corner Maine (City or town) (State or foreign country)

Father
12. Name Colb Bachelder
13. Birthplace U.S. (City or town) (State or foreign country)

Mother
14. Maiden name Not Known
15. Birthplace Do (City or town) (State or foreign country)

16. Informant's **OWN** Signature C A Daggett
and Address Portland. Oregon
17. (a) Buried (Burial, cremation, or removal) (b) Date thereof 6 (Month) 7 (Day) 44 (Year)
(c) Place: Masonic Cem.
18. Funeral Director's **OWN** Signature Jas Robertson
and Address Grangeville Ida
19. (a) 6/30/44 (Date received and filed) (b) Glen Allen (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 1 19 44
at 10:37 o'clock P.M.

21. **I HEREBY CERTIFY,** That I attended deceased from Jan 1 1944 to May 1 1944
I last saw her alive on May 1 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Carcinoma of Duodenum	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ____ Date ____
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19 ____ City, county, state where violence occurred
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury

23. Attendant's **OWN** Signature J D Shumard M.D.
(M. D. or other)
and Address Grangeville Date 5-2 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

JUN 5 1944

State File No. 13[illegible]
Local Reg. No. 25
Reg. Dist. No. 240

1. **PLACE OF DEATH:** Idaho
   (a) County Grangeville
   (b) City or town
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? ✓ Outside? ____ city or town
   (e) Died in a Home ✓ Hospital ____ Institution ____ Other place ____
   (f) Name Hosp. or Inst. ____ Stayed ____ days
   (g) Lived in this county 45 years ____ months ____ days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Idaho
   (c) City or town Grangeville
   (d) Street Address or R. F. D. No.
   (e) Deceased lived Inside? ✓ Outside? ____ city or town
   (f) Citizen of what country? U.S.
   (g) How long had deceased lived in Idaho? 50 years
   (h) Former residence (city, state) Mo.

3. (a) **FULL NAME** Carl Robert Carleton 732

3. (b) If veteran, name war No
3. (c) Social Security No. No
4. **Sex** M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lenore
6. (c) Age of husband or wife if alive 64 years
7. Date of Birth (Month, Day, Year) Aug 31 1875

8. AGE	Years	Months	Days	If less than 1 day
	68	7	4	hrs ____ min.

9. Exact Occupation Police Judge — Did this work for 4 yrs.
10. Industry or Business La Platte — Date last worked
11. Birthplace (City or town) La Platte (State or foreign country) Mo.
12. Father — Name John Fletcher Carleton
13. Father — Birthplace (City or town) ____ (State or foreign country) Tenn.
14. Mother — Maiden name Elizabeth Dongedson
15. Mother — Birthplace (City or town) ____ (State or foreign country) U.S.
16. Informant's OWN Signature Helen Foster and Address Grangeville, Ida.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-8-44 (Month) (Day) (Year)
   (c) Place: Grangeville
18. Funeral Director's OWN Signature John Robertson and Address Grangeville Ida
19. (a) 5/30/44 (Date received and filed) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 4 1944 at 3 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from May 2nd 1944 to May 4 1944
   I last saw her alive on May 3rd 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
a acute dilation of the heart	1
Due to	
Due to Chronic Nephritis	1 yr
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ____ Date ____
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
   Occurred ____ 19____ City, county, state where violence occurred
   Place of Violence: Home ____ Farm ____ Industry ____
   Public Place ____ While at work? ____
   Means of injury

23. Attendant's OWN Signature J. W. Shumway M.D. (M. D. or other)
   and Address Grangeville Date 5-6 1944
   (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JUN 5 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 13[illegible]
Local Reg. No. 26
Reg. Dist. No. 340

1. **PLACE OF DEATH:**
(a) County Idaho
(b) City or town Grangeville
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? ✓ Outside? ____ city or town
(e) Died in a Home ✓ Hospital __ Institution __ Other place __
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 30 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Idaho
(c) City or town Grangeville
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? ____ Outside? ✓ city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? ____ years
(h) Former residence (city, state)

3. (a) **FULL NAME** George W. Altman. 108-

3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Esra
6. (c) Age of husband or wife if alive 74 years
7. Date of Birth (Month, Day, Year) Nov. 26 1858

8. AGE	Years	Months	Days	If less than 1 day hrs / min.
	85	6	7	

9. Exact Occupation Farmer — Did this work for Life yrs.
10. Industry or Business Diversified — Date last worked 1941
11. Birthplace Lockport (City or town) New York (State or foreign country)
Father 12. Name Frederick W. Altman
Father 13. Birthplace Germany (City or town) (State or foreign country)
Mother 14. Maiden name Wilhelmina Brauer
Mother 15. Birthplace Germany (City or town) (State or foreign country)
16. Informant's OWN Signature E. F. Altman and Address Elk City, Idaho
17. (a) Buria (Burial, cremation, or removal) (b) Date thereof 5-29-44 (Month) (Day) (Year)
(c) Place: Grangeville Idaho
18. Funeral Director's OWN Signature Jesse Robertson and Address Grangeville Idaho
19. (a) 5/30/44 (Date received and filed) (b) Glenn Ashley (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 28 1944
at 2:00 o'clock P M.

21. **I HEREBY CERTIFY,** That I attended deceased from May 1 1944 to May 27 1944
I last saw him alive on May 27 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Pneumonia (Lobar)	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation ____ Date ____ Major finding	Underline the cause to which death should be charged statistically.
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury

23. Attendant's OWN Signature J. D. Shumick M.D. (M. D. or other)
and Address Grangeville Ida. Date May 27 1944

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JUN 5 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 13[illegible]
Local Reg. No. 28
Reg. Dist. No. 240

1. **PLACE OF DEATH:**
(a) County Idaho
(b) City or town Grangeville
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? ✓ Outside? ____ city or town
(e) Died in a Home ____ Hospital ✓ Institution ____ Other place ____
(f) Name Hosp. or Inst. General Stayed 4 days
(g) Lived in this county ____ years 4 months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under Item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Idaho
(c) City or town Grangeville
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? ✓ Outside? ____ city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 64 M D years
(h) Former residence (city, state) New York

3. (a) **FULL NAME** Mary D. McFadden

3. (b) If veteran, name war ____ 3. (c) Social Security No. ____
4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife ____ 6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) Feb. 27, 1874

8. AGE	Years	Months	Days	If less than 1 day hrs	min.
	70				

9. Exact Occupation Journalist — Did this work for life yrs.
10. Industry or Business News — Date last worked ✓
11. Birthplace (City or town) ____ (State or foreign country) Canada

Father
12. Name David McFadden
13. Birthplace (City or town) ____ (State or foreign country) Canada

Mother
14. Maiden name Julia O'Connor
15. Birthplace (City or town) ____ (State or foreign country) Canada

16. Informant's **OWN** Signature [illegible] Raymond
and Address Grangeville Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-2-1944 (Month) (Day) (Year)
(c) Place: Grangeville, Idaho
18. Funeral Director's **OWN** Signature [illegible] Anderson
and Address Grangeville Idaho
19. (a) 6/2/1944 (Date received and filed) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 5-29 1944
at 11-30 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from 5-24 1944 to 5-29 1944
I last saw h[illegible] alive on 5-29 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebral Concussion	5 hrs
Due to Old Kidney trouble	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ____ Date ____
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury

23. Attendant's **OWN** Signature D. Shinnick M.D. (M. D. or other)
and Address Grangeville Date 5-30 1944

(For additional space, use reverse side)

139062

United States
Department of Commerce
Bureau of the Census

MAY 29 1944

Certificate Of Death

STATE OF IDAHO

State File No. .....
Local Reg. No. 6
Reg. Dist. No. 641

1. **PLACE OF DEATH:**
(a) County Jefferson
(b) City or town Rivie
(c) Street Address or R.F.D. No. .....
(d) Death Occured Inside? ✓ Outside? ..... city or town
(e) Died in a Home ✓ Hospital ..... Institution ..... Other place .....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county ..... years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Jefferson
(c) City or town Rivie Idaho
(d) Street Address or R.F.D. No. .....
(e) Deceased lived Inside? ✓ Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 60 years
(h) Former residence (city, state) .....

3. (a) **FULL NAME** Fanny Moss 93d

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex F.
5. Color or race W.
6. (a) Single, widowed, married, divorced .....
6. (b) Name of husband or wife Hyrum R. Moss
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) April 12, 1855

8. AGE	Years	Months	Days	If less than 1 day
	89		9	hrs min.

9. Exact Occupation Housewife Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Stubbsgreen, England (City or town) (State or foreign country)
Father
12. Name John Watson
13. Birthplace England (City or town) (State or foreign country)
Mother
14. Maiden name Hannah Mills
15. Birthplace England (City or town) (State or foreign country)
16. Informant's **OWN** Signature John Moss
and Address Rivie, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/23/44 (Month) (Day) (Year)
(c) Place: Annis, Idaho
18. Funeral Director's **OWN** Signature Jack A. Wood
and Address Idaho Falls, Idaho
19. (a) June 1 1944 (Date received and filed) (b) Mrs A B Eckersell (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April 21 1944
at ..... o'clock ..... M.
21. **I HEREBY CERTIFY,** That I attended deceased from June 1942, to April 21 1944
I last saw her alive on April 10 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Chronic Myocarditis 93d	6 yrs
Due to Hypertension 10 d	Indefinite
Due to	
Other conditions Senility 16 2 6 (Include pregnancy within 3 months of death)	
Where was disease contracted? At Home	
Name of operation none Date	
Major finding	
Finding of autopsy none	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature Dedon Hall, M.D. (M. D. or other)
and Address Rigby, Ida Date 5/3 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

MAY 29 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. [illegible]
Local Reg. No. 7
Reg. Dist. No. 640

1. PLACE OF DEATH:
(a) County Jefferson
(b) City or town Rigby
(c) Street Address or R. F. D. No. X
(d) Death Occurred Inside? X Outside? ..... city or town
(e) Died in a Home X Hospital ..... Institution ..... Other place .....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 60 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Jefferson
(c) City or town Rigby
(d) Street Address or R. F. D. No. .....
(e) Deceased lived Inside? X Outside? ..... city or town
(f) If foreign born, in U. S. ..... yrs. Citizen of U. S.? .....
(g) How long had deceased lived in Idaho? 60 years
(h) Former residence (city, state) Salt Lake City, Ut.

3. (a) **FULL NAME** EMMA KINGHORN.

83a

3. (b) If veteran, name war X
3. (c) Social Security No. X
4. Sex F.M.
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed.
6. (b) Name of husband or wife George
6 (c) Age of husband or wife if alive X years
7. Date of Birth (Month, Day, Year) Dec. 25, 1860

8. AGE	Years	Months	Days	If less than 1 day
	83	4	14	hrs min.

9. Exact Occupation Housewife Did this work for life yrs.
10. Industry or Business Home Date last worked 5/44
11. Birthplace Salt Lake City, Utah. (City or town) (State or foreign country)

Father
12. Name Edward Blair.
13. Birthplace England. (City or town) (State or foreign country)

Mother
14. Maiden name Jane Fenwich.
15. Birthplace England. (City or town) (State or foreign country)

16. Informant's OWN Signature X E. Kinghorn and Address Rigby, Idaho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/12/44 (Month) (Day) (Year)
(c) Place: Lewisville, Idaho.
18. Funeral Director's OWN Signature A B Eckersell and Address Rigby, Idaho.
19. (a) June 1 1944 (Date received and filed) (b) Mrs A B Eckersell (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 9 1944 at 12:05 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from August 1941, to May 9 1944
I last saw her alive on May 8 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
1. Cerebral Hemorrhage 83a	48 hrs
Due to Hypertension - Arteriosclerosis 102 97	10 yrs
Due to	
Other conditions Senility 162 b (Include pregnancy within 3 months of death)	—

Where was disease first contracted? At home
Name of operation none Date .....
Major finding .....
Finding of autopsy none performed

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's OWN Signature Dedon Tall, M.D. (M. D. or other) and Address Rigby, Idaho. Date 5/17 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census MAY 29 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 13[illegible]
Local Reg. No. 8
Reg. Dist. No. 640

1. **PLACE OF DEATH:**
(a) County Jefferson
(b) City or town Ririe
(c) Street Address or R. F. D. No. 2 Rigby
(d) Death Occurred Inside? ..... Outside? X ..... city or town
(e) Died in a Home X Hospital .... Institution .... Other place ....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 47 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Jefferson
(c) City or town Rigby
(d) Street Address or R. F. D. No. X
(e) Deceased lived Inside? X Outside? ..... city or town
(f) If foreign born, in U. S. ..... yrs. Citizen of U. S.? .....
(g) How long had deceased lived in Idaho? 67 years
(h) Former residence (city, state) Salt Lake, Ut

3. (a) **FULL NAME** CLISTA FLORENCE KIMBALL. 131a

3. (b) If veteran, name war X
3. (c) Social Security No. X
4. Sex F. M.
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed.
6. (b) Name of husband or wife Wm. W.
6 (c) Age of husband or wife if alive X years
7. Date of Birth (Month, Day, Year) Aug. 26, 1854

8. AGE	Years	Months	Days	If less than 1 day
	89	8	23	hrs min.

9. Exact Occupation Housewife — Did this work for life yrs.
10. Industry or Business Home — Date last worked 1937
11. Birthplace Beaver Island, Mich. (City or town) (State or foreign country)

Father
12. Name Ezra Thornton.
13. Birthplace New York. (City or town) (State or foreign country)

Mother
14. Maiden name Harriet Hiskenlooper.
15. Birthplace Pittsburg, Pa. (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. Temps Hill and Address 1611 So 10th. Yakima, Wash.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/24/44 (Month) (Day) (Year)
(c) Place: Rigby, Idaho.
18. Funeral Director's OWN Signature A. E. Eckersell and Address Rigby, Idaho.
19. (a) June 1 1944 (Date received and filed) (b) Mrs. A. E. Eckersell (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 19 1944 at 3:45 o'clock P M.

21. I **HEREBY CERTIFY**, That I attended deceased from Oct 19 1943, to May 19 1944
I last saw her alive on May 19 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
(a) Myocarditis 9301	6 Mo.
Due to Cardio-Vascular-Renal disease 731a	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease first contracted? ..... PHYSICIAN
Name of operation ..... Date .....
Major finding .....
Finding of autopsy ..... Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's OWN Signature Clifford B. Rigby M.D. (M. D. or other)
Health officer
and Address Rigby, Idaho. Date May 22 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JUN 9 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 153
Reg. Dist. No. 440

1. **PLACE OF DEATH:**
(a) County Jerome
(b) City or town Hunt
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. Minidoka Project Hospital Stayed 14 days
(g) Lived in this county 1 years 7 months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Oregon (b) County Multnomah
(c) City or town Portland
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Outside? city or town
(f) Citizen of what country? Japan
(g) How long had deceased lived in Idaho? 1 years
(h) Former residence (city, state) Portland, Ore.

3. (a) FULL NAME Yeisuke Hirama

93 E

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race Japanese
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) December 8, 1869

8. AGE	Years	Months	Days	If less than 1 day
	75	4	18	hrs min.

9. Exact Occupation Laborer Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Miyagi Ken, Japan (City or town) (State or foreign country)
Father
12. Name Unobtainable
13. Birthplace (City or town) (State or foreign country)
Mother
14. Maiden name Unobtainable
15. Birthplace (City or town) (State or foreign country)
16. Informant's OWN Signature [signature]
and Address [illegible] Hunt, Idaho
17. (a) Cremation (b) Date thereof 5-2-'44 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place Salt Lake City, Utah
18. Funeral Director's OWN Signature Nile Matthews
and Address Jerome, Idaho
19. (a) 5-2-44 (Date received and filed) (b) E. M. Sinclair (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April 26, 1944
at 12:45 o'clock a.M.
21. **I HEREBY CERTIFY,** That I attended deceased from April 12, 1944, to April 26, 1944
I last saw him alive on April 26, 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
43 Myocarditis, pericarditis with effusion, and hypostatic ~~Due to~~ pneumonia	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy not done.	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature Paul S. Shigaya M.D. (M.D. or other)
and Address Hunt, Idaho Date 4-28 1944
(For additional space, use reverse side)

139066

United States
Department of Commerce
Bureau of the Census

JUN 9 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 156
Reg. Dist. No. 440

1. **PLACE OF DEATH:**
(a) County Jerome
(b) City or town Hunt
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. Minidoka Project Hospital Stayed 2 days
(g) Lived in this county years 7 months 2 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Oregon (b) County M Multnomah
(c) City or town Portland
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? Japan
(g) How long had deceased lived in Idaho? years
(h) Former residence (city, state) Portland, Oreg.

3. (a) FULL NAME Takaji Morioka

108

3. (b) If veteran, name war
3. (c) Social Security No. 541-05-2401
4. Sex Male
5. Color or race Japanese
6. (a) Single, widowed, married, divorced Married
6. (b) Name of ~~husband or~~ wife Masue
6. (c) Age of ~~husband or~~ wife if alive 50 years
7. Date of Birth (Month, Day, Year) February 15, 1873

8. AGE	Years	Months	Days	If less than 1 day
	71	2	12	hrs min.

9. Exact Occupation Section Boss Did this work for 20 yrs.
10. Industry or Business Lumber mill Date last worked 4-42
11. Birthplace Okayama, Japan (City or town) (State or foreign country)
Father
12. Name Hachiya
13. Birthplace Okayama, Japan (City or town) (State or foreign country)
Mother
14. Maiden name Unobtainable
15. Birthplace (City or town) (State or foreign country)
16. Informant's OWN Signature [illegible]
and Address 645-C Hunt, Idaho
17. (a) Cremation (b) Date thereof 5-5-44 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: Salt Lake City, Utah
18. Funeral Director's OWN Signature Nils Matthews
and Address Jerome, Idaho
19. (a) 5-5-44 (Date received and filed) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April 27 1944
at 7:45 o'clock a. M.
21. **I HEREBY CERTIFY,** That I attended deceased from never 19 , to 19
I last saw him alive on never 19 ; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Massive bilateral pneumonia	
myocardial failure	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy not done	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature [illegible] (M. D. or other)
and Address Hunt, Idaho Date 4-28-44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census JUN 9 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 13967
Local Reg. No. 154
Reg. Dist. No. 410

1. **PLACE OF DEATH:**
(a) County Jerome
(b) City or town Jerome
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? X city or town
(e) Died in a Home Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 2 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Jerome
(c) City or town Jerome
(d) Street Address or R. F. D. No. 1
(e) Deceased lived Inside? Outside? X city or town
(f) Citizen of what country? U S
(g) How long had deceased lived in Idaho? 16 years
(h) Former residence (city, state) Cumberland Co Tenn

3. (a) **FULL NAME** Nancy Jane Adams 97

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Date of Birth (Month, Day, Year) April 11 1856

8. AGE	Years	Months	Days	If less than 1 day
	88	—	18	hrs min.

9. Exact Occupation — Did this work for — yrs.
10. Industry or Business — Date last worked
11. Birthplace Cumberland Co Tenn (City or town) (State or foreign country)
Father
12. Name William J Adams
13. Birthplace Cumberland Co Tenn (City or town) (State or foreign country)
Mother
14. Maiden name Mary Wyatt
15. Birthplace Cumberland Co Tenn (City or town) (State or foreign country)
16. Informant's OWN Signature M L Adams
and Address Jerome Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 5-3-44 (Month) (Day) (Year)
(c) Place: Twin Falls
18. Funeral Director's OWN Signature J R Wiley
and Address Jerome Idaho
19. (a) 5-5-44 (Date received and filed) (b) B W Sinclair (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April 29 1944
at 6:15 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from Feb 19 1944 to Apr 29 1944
I last saw her alive on Feb 19 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Pulmonary hemorrhage	15 min
Due to Arteriosclerosis	years
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's OWN Signature Reuben C. Matson M.D. (M. D. or other)
and Address Jerome Ida Date 19
(For additional space, use reverse side)

United States
Department of Commerce
Bureau of the Census

JUN 9 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 133068
Local Reg. No. 157
Reg. Dist. No. 44

1. **PLACE OF DEATH:**
(a) County Jerome
(b) City or town Hunt
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. Minidoka Project Hospital Stayed 2 days
(g) Lived in this county years 7 months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Washington (b) County King
(c) City or town Seattle
(d) Street Address or R. F. D. No. 1904 E. Fir St.
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? United States of America
(g) How long had deceased lived in Idaho? years
(h) Former residence (city, state) Seattle, Wash.

3. (a) **FULL NAME** Robert Seiichi Kanemoto

24a

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race Japanese
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) November 4, 1937

8. AGE	Years	Months	Days	If less than 1 day
	6	5	29	hrs min.

9. Exact Occupation Student Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Seattle, Washington (City or town) (State or foreign country)
Father
12. Name Yutaka Kanemoto
13. Birthplace Seattle, Washington (City or town) (State or foreign country)
Mother
14. Maiden name Haruko Omori
15. Birthplace Tacoma, Washington (City or town) (State or foreign country)
16. Informant's OWN Signature Hisato Fujii
and Address 6-11-G, HUNT, IDAHO
17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 5-8-44 (Month) (Day) (Year)
(c) Place: Salt Lake City Utah
18. Funeral Director's OWN Signature Nile Matthews
and Address Jerome Idaho
19. (a) 5-19-44 (Date received and filed) (b) E. M. Sinclair (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 3, 1944
at 10:00 o'clock a.M.
21. **I HEREBY CERTIFY,** That I attended deceased from May 1, 1944, to May 3, 1944
I last saw him alive on May 3, 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Septicemia	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy Not done	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature Masayoshi Sto[illegible] (M. D. or other)
and Address Hunt, Idaho Date 5-9- 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK in BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Statistics, Boise, Idaho.

United States
Department of Commerce JUN 9 1944
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 133069
Local Reg. No. 158
Reg. Dist. No. 440

1. **PLACE OF DEATH:**
(a) County Jerome
(b) City or town Hunt
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 1 years 7 months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Oregon (b) County Multnomah
(c) City or town Portland
(d) Street Address or R. F. D. No. 211 N.W. 3rd Av
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? Japan
(g) How long had deceased lived in Idaho? 1 years
(h) Former residence (city, state) Portland, Ore

3. (a) FULL NAME YOSHIHEI HAYAMIZU 93d

3. (b) If veteran, name war
3. (c) Social Security No. 540-12-1132
4. Sex Male
5. Color or race Japanese
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) July 1, 1881

8. AGE	Years	Months	Days	If less than 1 day
	62	10	3	hrs min.

9. Exact Occupation Cannery worker Did this work for 15 yrs.
10. Industry or Business Date last worked
11. Birthplace Wakayama, Japan (City or town) (State or foreign country)
Father
12. Name Toyoemon Hayami
13. Birthplace Wakayama, Japan (City or town) (State or foreign country)
Mother
14. Maiden name Koto Nishida
15. Birthplace Wakayama, Japan (City or town) (State or foreign country)
16. Informant's OWN Signature Yoshio Hayami
and Address 5-3-A Hunt, Idaho
17. (a) Cremation (Burial, cremation, removal) (b) Date thereof 5-10-44 (Month) (Day) (Year)
(c) Place Salt Lake City Utah
18. Funeral Director's OWN Signature Nile Matthews
and Address Jerome Idaho
19. (a) 5-10-44 (Date received and filed) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Night of May 3 & 4 1944
at unknown o'clock M.
21. **I HEREBY CERTIFY,** That I attended deceased from never 19 , to 19
I last saw him alive on never 19 ; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Coronary thrombosis 94a	
Chronic Myocarditis 93d	
~~Due to~~ Hypostatic pneumonia of lower right lobe.	111c
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy as above.	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature [illegible] (M. D. or other)
and Address Hunt, Idaho Date 5-6- 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK INK. BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce JUN 9 1944
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 139670
Local Reg. No. 15-6
Reg. Dist. No. 440

1. **PLACE OF DEATH:**
   (a) County Jerome
   (b) City or town Jerome
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? Outside? X city or town
   (e) Died in a Home X Hospital Institution Other place
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county 21 years months days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Jerome
   (c) City or town Jerome
   (d) Street Address or R. F. D. No.
   (e) Deceased lived Inside? Outside? X city or town
   (f) Citizen of what country? U S
   (g) How long had deceased lived in Idaho? 29 years
   (h) Former residence (city, state) St. Frances, Mim

3. (a) **FULL NAME** Hirum Seymour Miller 93E

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Flora
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) March 23 1852

8. AGE	Years	Months	Days	If less than 1 day
	92	1	16	hrs min.

9. Exact Occupation Retired — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace Ohio (City or town) (State or foreign country)

Father
12. Name Samuel Miller
13. Birthplace Ohio (City or town) (State or foreign country)

Mother
14. Maiden name Charlotte ?
15. Birthplace Not Known (City or town) (State or foreign country)

16. Informant's OWN Signature John H. Miller
and Address Twin Falls Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-12-44 (Month) (Day) (Year)
(c) Place: Jerome, Cemetery
18. Funeral Director's OWN Signature J R Wiley
and Address Jerome, Idaho,
19. (a) 5-5-44 (Date received and filed) (b) E. P. Sinclair (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May, 9 1944
at 2:05 o'clock P M.

21. **I HEREBY CERTIFY**, That I attended deceased from Jan 9 1944, to May 9 1944
last saw him alive on May 9 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Myocarditis — Duration 5 Mos.
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Where was disease contracted?
Name of operation No Date
Major finding
Finding of autopsy No

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state
where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's OWN Signature Reuben C. Matson MD
(M. D. or other)
and Address Jerome Ida Date 19
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Original

United States
Department of Commerce
Bureau of the Census

JUN 9 1944

Certificate Of Death

STATE OF IDAHO

State File No. 139071
Local Reg. No. 159
Reg. Dist. No. 440

1. **PLACE OF DEATH:**
   (a) County Jerome
   (b) City or town Hunt
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home ..... Hospital X Institution ..... Other place
   (f) Name Hosp. or Inst. Minidoka Project Hospital Stayed 181 days
   (g) Lived in this county ..... years 6 months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State California (b) County Sacremento
   (c) City or town Sacremento
   (d) Street Address or ~~R.F.D. No.~~ 407 "O" Street
   (e) Deceased lived Inside? X Outside? ..... city or town
   (f) Citizen of what country? Japan
   (g) How long had deceased lived in Idaho? 6 months years
   (h) Former residence (city, state) Sacremento

3. (a) **FULL NAME** Jinnosuke Hayashi 94a

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Male
5. Color or race Japanese
6. (a) Single, widowed, married, divorced widower
6. (b) Name of husband or wife Toyo
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) December 21, 1866

8. AGE	Years	Months	Days	If less than 1 day
	77	4	20	hrs min.

9. Exact Occupation Retired Merchant Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Okayama, Japan (City or town) (State or foreign country)

Father
12. Name Unobtainable
13. Birthplace ..... (City or town) (State or foreign country)

Mother
14. Maiden name Unobtainable
15. Birthplace ..... (City or town) (State or foreign country)

16. Informant's **OWN** Signature Akeo Hayashi D.D.S.
and Address 17-7-B Hunt, Idaho
17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 5-15-44 (Month) (Day) (Year)
(c) Place Salt Lake City, Utah
18. Funeral Director's **OWN** Signature Nile Matthews
and Address Jerome Idaho
19. (a) 5-15-44 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 11 1944
at 5:10 o'clock a. M.
21. **I HEREBY CERTIFY**, That I attended deceased from November 11 1943, to May 11 1944
I last saw him alive on May 11 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Hypostatic pneumonia 11a	
Coronary Occlusion 94a	
~~Due to~~ Pyelonephritis 133a	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYISCIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding	
Finding of autopsy As above	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature Paul S. Shegaya M.D. (M. D. or other)
and Address Hunt, Idaho Date 5-12 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JUN 9 1944

Certificate Of Death

STATE OF IDAHO

State File No. 13907
Local Reg. No. 169
Reg. Dist. No. 440

1. **PLACE OF DEATH:**
(a) County Jerome
(b) City or town Hunt
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? X Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. Minidoka Project Hospital Stayed 20 days
(g) Lived in this county years 1 months 2 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State California (b) County Kern
(c) City or town Bakersfield
(d) Street Address or R.F.D. No. Box 1537
(e) Deceased lived Inside? Outside? city or town
(f) Citizen of what country? Japan
(g) How long had deceased lived in Idaho? years
(h) Former residence (city, state) Bakersfield, Cal.

3. (a) **FULL NAME** HIROSHI KATO

46 b

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race Japanese
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) March 1, 1886

8. AGE	Years	Months	Days	If less than 1 day
	58	2	14	hrs min.

9. Exact Occupation Laborer Did this work for yrs.
10. Industry or Business Farm Date last worked 4-12-44
11. Birthplace Yamaguchi, Japan (City or town) (State or foreign country)
Father
12. Name Unobtainable
13. Birthplace (City or town) (State or foreign country)
Mother
14. Maiden name Unobtainable
15. Birthplace Information taken from medical chart and alien registration card. (City or town) (State or foreign country)
16. Informant's OWN Signature Dr F. P. Richards
and Address Hunt, Idaho
17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 5-19-44 (Month) (Day) (Year)
(c) Place Salt Lake City, Utah
18. Funeral Director's OWN Signature Nile Matthews
and Address Jerome, Idaho
19. (a) 5-19-44 (Date received and filed) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 15 1944
at 9:35 o'clock P.M.
21. **I HEREBY CERTIFY,** That I attended deceased from May 3, 1944, to May 15 1944
I last saw him alive on May 15 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Acute circulatory failure	
Marked cachexia. Carcinoma of	
~~Due to~~ pyloric end of stomach with	
complete obstruction.	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation Anterior gastrojejunostomy Date 5/13/44	PHYISCIAN Underline the cause to which death should be charged statistically.
Major finding Carcinoma of pylorus with obstruction.	
Finding of autopsy Not done.	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature [illegible] (M. D. or other)
and Address Hunt, Idaho Date 5/17 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JUN 9 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 139073
Local Reg. No. 161
Reg. Dist. No. 410

1. **PLACE OF DEATH:**
(a) County Jerome
(b) City or town Jerome
(c) Street Address or R. F. D. No. 2
(d) Death Occurred Inside? ___ Outside? L ___ city or town
(e) Died in a Home L Hospital ___ Institution ___ Other place ___
(f) Name Hosp. or Inst. ___ Stayed ___ days
(g) Lived in this county 2 years ___ months ___ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Jerome
(c) City or town Jerome
(d) Street Address or R. F. D. No. ___
(e) Deceased lived Inside? ___ Outside? L ___ city or town
(f) Citizen of what country? U S
(g) How long had deceased lived in Idaho? ___ years
(h) Former residence (city, state) Twin Falls Idaho

3. (a) **FULL NAME** John Thomas Fist

164C

3. (b) If veteran, name war ___
3. (c) Social Security No. ___
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife ___
6. (c) Age of husband or wife if alive ___ years
7. Date of Birth (Month, Day, Year) April 16, 1925

8. AGE	Years	Months	Days	If less than 1 day
	19	1	5	hrs ___ min. ___

9. Exact Occupation On Farm — Did this work for ___ yrs.
10. Industry or Business At Home — Date last worked ___
11. Birthplace Buhl (City or town) Idaho (State or foreign country)

Father
12. Name Armin Fist
13. Birthplace Sherwood (City or town) Oregon (State or foreign country)

Mother
14. Maiden name Marie Becher
15. Birthplace West Gate (City or town) Iowa (State or foreign country)

16. Informant's OWN Signature [signature] and Address Jerome Idaho
17. (a) Removal (Burial, cremation or removal) (b) Date thereof 5-23-44 (Month) (Day) (Year)
(c) Place: Twin Falls Idaho
18. Funeral Director's OWN Signature J R Wiley and Address Jerome Idaho
19. (a) 5-22-1944 (Date received and filed) (b) B Bentley (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 20 1944
at ___ o'clock ___ M.

21. **I HEREBY CERTIFY,** That I attended deceased from ___ 19___ to ___ 19___
I last saw h___ alive on ___ 19___; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Brain Concussion — Duration ___
Due to Gunshot Wound in head ___
Due to ___
Other conditions ___
(Include pregnancy within 3 months of death)
Where was disease contracted? ___
Name of operation ___ Date ___
Major finding ___
Finding of autopsy ___

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ___ Suicide? No Homicide? ___
Occurred May 20 1944 City, county, state where violence occurred Jerome County Idaho
Place of Violence: Home L Farm ___ Industry ___
Public Place ___ While at work? ___
Means of injury Gunshot

23. Attendant's OWN Signature J R Wiley (Coroner) (M. D. or other)
and Address Jerome Idaho Date 5-22 1944

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting, item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Original

13907

United States Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 13907
Local Reg. No. 112
Reg. Dist. No. 240

JUN 6 1944

1. **PLACE OF DEATH:**
   (a) County Jerome
   (b) City or town Hunt
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? X Outside? city or town
   (e) Died in a Home Hospital X Institution Other place
   (f) Name Hosp. or Inst. Minidoka Project Hospital Stayed 191 days
   (g) Lived in this county years 6 months 9 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State California (b) County Sacremento
   (c) City or town Sacremento
   (d) Street Address or R.F.D. No. 309 Capital Ave.
   (e) Deceased lived Inside? X Outside? city or town
   (f) Citizen of what country? Japan
   (g) How long had deceased lived in Idaho? years
   (h) Former residence (city, state)

3. (a) **FULL NAME** Isami Fukushima

136

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male race Japanese
5. Color or
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) March 16, 1901

8. AGE	Years	Months	Days	If less than 1 day hrs	min.
	43	2	5		

9. Exact Occupation Laborer — Did this work for yrs.
10. Industry or Business Farm — Date last worked
11. Birthplace Yamaguchi, Japan (City or town) (State or foreign country)

Father
12. Name Unobtainable
13. Birthplace (City or town) (State or foreign country)

Mother
14. Maiden name Unobtainable
15. Birthplace Information taken from identification card, (State or foreign country)

16. Informant's **OWN** Signature I. F. Nicands
and Address Hunt, Idaho

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 5-26-44 (Month) (Day) (Year)
(c) Place Salt Lake City Utah

18. Funeral Director's **OWN** Signature Nile Matheson
and Address Jerome, Idaho

19. (a) 5-26-44 (Date received and filed) (b) A. L. Sinclair (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 21 19 44
at 6:00 o'clock P. M.

21. **I HEREBY CERTIFY**, That I attended deceased from May 17, 1944, to May 21, 1944
I last saw him alive on May 21, 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Recurrent pulmonary hemorrhage	
Due to pulmonary tuberculosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation Date	
Major finding	
Finding of autopsy Not done	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature V. P. Nicands (M. D. or ~~other~~)
and Address Hunt, Idaho Date 5/24 1944
(For additional space, use reverse side)

Original

United States
Department of Commerce
Bureau of the Census

JUN 9 1944

Certificate Of Death

STATE OF IDAHO

State File No. 13907
Local Reg. No. 163
Reg. Dist. No. 448

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
   (a) County Jerome
   (b) City or town Hunt
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? X Outside? city or town
   (e) Died in a Home Hospital X Institution Other place
   (f) Name Hosp. or Inst. Minidoka Project Hospital Stayed 49 days
   (g) Lived in this county 1 years 8 months days

   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Oregon (b) County Clackamas
   (c) City or town Milwaukee
   (d) ~~Street Address or~~ R.F.D. No. 11 Box 851
   (e) Deceased lived Inside? Outside? X city or town
   (f) Citizen of what country? Japan
   (g) How long had deceased lived in Idaho? 1½ years
   (h) Former residence (city, state) Milwaukee Ore.

3. (a) **FULL NAME** HENRY YOICHI KOIDA

466

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race Japanese
6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife Tsuta
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) January 6, 1874

8. AGE	Years	Months	Days	If less than 1 day
	70	4	24	hrs min.

9. Exact Occupation Florist — Did this work for 10 yrs.
10. Industry or Business Greenhouse owner — Date last worked 4-1942
11. Birthplace Yamaguchi, Japan (City or town) (State or foreign country)

Father
12. Name Unobtainable
13. Birthplace (City or town) (State or foreign country)

Mother
14. Maiden name Unobtainable
15. Birthplace (City or town) (State or foreign country)

16. Informant's **OWN** Signature Tsuta Koida
    and Address 34-4-B Hunt, Idaho
17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
    (c) Place:
18. Funeral Director's **OWN** Signature D. A. Peterman
    and Address Jerome
19. (a) 6-6-44 (Date received and filed) (b) J. W. Duncan (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 30, 19 44
    at 10:00 o'clock p. M.
21. **I HEREBY CERTIFY**, That I attended deceased from never 19 , to never 19
    I last saw him ~~alive~~ dead on May 30, 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Acute coronary thrombosis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) Carcinoma of the stomach.	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy not done.

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
    Occurred 19 City, county, state where violence occurred
    Place of Violence: Home Farm Industry
    Public Place While at work?
    Means of injury
23. Attendant's **OWN** Signature G. M. Blanton, M.D. (M. D. or other)
    and Address Hunt, Idaho Date 5-31-1944
    (For additional space, use reverse side)

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United States
Department of Commerce
Bureau of the Census

JUN 12 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 13907
Local Reg. No. 144
Reg. Dist. No. 12-0

1. **PLACE OF DEATH:**
(a) County Kootenai
(b) City or town Coeur d'Alene
(c) Street Address or R. F. D. No. 5406 N. 15th
(d) Death Occurred Inside? ____ Outside? X ____ city or town
(e) Died in a Home X Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 2 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Kootenai
(c) City or town Coeur d'Alene
(d) Street Address or R. F. D. No. 5406 N. 15th
(e) Deceased lived Inside? ____ Outside? X ____ city or town
(f) Citizen of what country? USA 2 yrs
(g) How long had deceased lived in Idaho? 18/mo/ years
(h) Former residence (city, state) Cashmere Wn.

3. (a) **FULL NAME** Boyd J. Tilton

194a

3. (b) If veteran, name war None
3. (c) Social Security No. 473-05-9981
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Ethel
6. (c) Age of husband or wife if alive 53 years
7. Date of Birth (Month, Day, Year) Jan 25, 1890

8. AGE	Years	Months	Days	If less than 1 day
	54	2	10	hrs ____ min.

9. Exact Occupation Fireman — Did this work for 2 yrs.
10. Industry or Business Farragut NTC — Date last worked 4-4-44
11. Birthplace Cherokee Co. Iowa (City or town) (State or foreign country)

Father
12. Name W. J. Tilton
13. Birthplace Illinois (City or town) (State or foreign country)

Mother
14. Maiden name Nellie S. Anderson
15. Birthplace Cherokee Co. Iowa (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs B J Tilton
and Address Coeur d'Alene, Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 5-10-44 (Month) (Day) (Year)
(c) Place: Cherokee Iowa.
18. Funeral Director's OWN Signature Don E. Welch
and Address Coeur d'Alene, Idaho
19. (a) 5/9/44 (Date received and filed) (b) Frances M. Lobel (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 5-5-44 19____
at 8:00 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from 5/5 1944 to 5-5 1944
I last saw ~~alive~~ alive on ____ 19____; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary Heart Disease — Duration 4-8 mos
194a
Due to ____
Due to We walked in from garden, Laying on chesterfield and fell on the floor and was dead in 2-3 minutes
Other conditions ____
(Include pregnancy within 3 months of death)

Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature F. F. Horning M.D. (M. D. or other)
and Address Coeur d'alene Date 5/5 1944

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Wm Wood

139077

United States
Department of Commerce
Bureau of the Census JUN 12 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 126
Reg. Dist. No. 120

1. **PLACE OF DEATH:**
(a) County Kootenai
(b) City or town Coeur d'Alene
(c) Street Address or R. F. D. No. 723 A St.
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home X Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 1 years 4 months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Kootenai
(c) City or town Coeur d'Alene
(d) Street Address or R. F. D. No. 723 A. St.
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? USA
(g) How long had deceased lived in Idaho? 5 mo. years
(h) Former residence (city, state) Gearhart Ore

3. (a) **FULL NAME** Terry Lee Lewis Carter 157d

3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife ////////
6. (c) Age of husband or wife if alive ////// years
7. Date of Birth (Month, Day, Year) Jan. 26, 1943

8. AGE	Years	Months	Days	If less than 1 day
	1	2	26	hrs min.

9. Exact Occupation none Did this work for ____ yrs.
10. Industry or Business none Date last worked ____
11. Birthplace Seaside Oregon (City or town) (State or foreign country)
Father
12. Name Lewis Glenn Carter Jr
13. Birthplace Sandpoint Idaho (City or town) (State or foreign country)
Mother
14. Maiden name Betty Jeanne Baker
15. Birthplace Coeur d'Alene, Idaho (City or town) (State or foreign country)
16. Informant's OWN Signature Mrs L. G. Carter Jr.
and Address Coeur d'Alene, Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 5-9-44 (Month) (Day) (Year)
(c) Place Forest Cem. Cd'A, Idaho
18. Funeral Director's OWN Signature Don English
and Address Coeur d'Alene, Idaho
19. (a) 5/8/44 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 5-6-44 19__
at 4:45 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from January 1944, to april 6, 1944
I last saw him alive on april 6 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Microcephaly	Since Birth
Due to Congenital malformation	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation ____ Date ____	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature William T. Wood M.D. (M. D. or other)
and Address Coeur d'alene Date 5-8 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States Department of Commerce
Bureau of the Census

JUN 12 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 139078
Local Reg. No. 146
Reg. Dist. No. 12-1

1. **PLACE OF DEATH:**
   (a) County Kootenai
   (b) City or town Rathdrum
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? X Outside? ____ city or town
   (e) Died in a Home X Hospital ____ Institution ____ Other place ____
   (f) Name Hosp. or Inst. ____ Stayed 3 days
   (g) Lived in this county ____ years ____ months ____ days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Washington (b) County Spokane
   (c) City or town Spokane
   (d) Street Address or R. F. D. No. 2104 College
   (e) Deceased lived Inside? X Outside? ____ city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? ____ years
   (h) Former residence (city, state) Mt. Pleasant, Iowa 94a

3. (a) **FULL NAME** Nathan Wickham

3. (b) If veteran, name war --
3. (c) Social Security No. none
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Dora Wickham
6. (c) Age of husband or wife if alive -- years
7. Date of Birth (Month, Day, Year) May 1, 1866

8. AGE	Years	Months	Days	If less than 1 day
	78	-	7	hrs ____ min.

9. Exact Occupation Farmer, retired — Did this work for life yrs.
10. Industry or Business ____ Date last worked 1940
11. Birthplace Not Known (City or town) Ohio (State or foreign country)

Father
12. Name Ralph Wickham
13. Birthplace Do not know (City or town) (State or foreign country)

Mother
14. Maiden name Do not know
15. Birthplace Do not know (City or town) (State or foreign country)

16. Informant's OWN Signature Ray Wickham
    and Address 703 S[illegible]
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 5/8/44 (Month) (Day) (Year)
    (c) Place: Spokane, Wash.
18. Funeral Director's OWN Signature A. B. Nelson
    and Address Rathdrum, Idaho.
19. (a) 5-8-44 (Date received and filed) (b) Frances A. Neal (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 8 1944
    at 5:30 o'clock A. M. died
21. **I HEREBY CERTIFY,** That I ~~attended~~ deceased from did not see 19__, to 19__
    I last ~~saw~~ him alive on May 8 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Probable Coronary Thrombosis	1d.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ____ Date ____
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
    Occurred ____ 19__ City, county, state where violence occurred
    Place of Violence: Home ____ Farm ____ Industry ____
    Public Place ____ While at work? ____
    Means of injury
23. Attendant's OWN Signature H. L. Newcomb (M. D. or other)
    and Address Coeur d'Alene, Idaho Date 5-8 1944
    (For additional space, use reverse side)

United States
Department of Commerce
Bureau of the Census

JUN 12 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 1390[illegible]
Local Reg. No. 132
Reg. Dist. No. 120

1. **PLACE OF DEATH:**
(a) County Kootenai
(b) City or town Coeur d'Alene
(c) Street Address or R. F. D. No. 412 Lakeside
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home __ Hospital X Institution __ Other place __
(f) Name Hosp. or Inst. LCG Stayed 3 days
(g) Lived in this county 37 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Kootenai
(c) City or town Hayden Lake
(d) Street Address or R. F. D. No. ____
(e) Deceased lived Inside? ____ Outside? X ____ city or town
(f) Citizen of what country? USA
(g) How long had deceased lived in Idaho? 37 years
(h) Former residence (city, state) Sprague Wn.

3. (a) **FULL NAME** Mamie Katherine Harman 84 d

3. (b) If veteran, name war /////
3. (c) Social Security No. //////
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife /////
6. (c) Age of husband or wife if alive ////// years
7. Date of Birth (Month, Day, Year) July 1, 1906

8. AGE	Years	Months	Days	If less than 1 day
	37	10	8	hrs min.

9. Exact Occupation none Did this work for ____ yrs.
10. Industry or Business none Date last worked ____
11. Birthplace Sprague Wn. (City or town) (State or foreign country)
Father
12. Name Victor L. Harman
13. Birthplace Harrisburg Virginia (City or town) (State or foreign country)
Mother
14. Maiden name Mary E. Blair
15. Birthplace Newburg Virginia (City or town) (State or foreign country)
16. Informant's OWN Signature V. L. Harman
and Address Hayden Lake, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-12-44 (Month) (Day) (Year)
(c) Place: Forest Cem. Cd'a Idaho
18. Funeral Director's OWN Signature Don Engtish
and Address Cd'a Idaho
19. (a) 5/12/44 (Date received and filed) (b) Frances M. Clee (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 5-9-44 19__
at 7:40 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 5-7 1944, to 5-9 1944
I last saw her alive on 5-9 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Inanition	4 mos. ±
Due to Involutional melancholia 84 d	2 yrs. ±
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation ____ Date ____	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature [illegible] (M. D. or other)
and Address Coeur d'Alene, Idaho Date 5-9 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

NAVAL HOSPITAL
FARRAGUT, IDAHO

13968?

United States
Department of Commerce
Bureau of the Census JUN 12 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 129
Reg. Dist. No. 12/

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
   (a) County Kootenai
   (b) City or town USNTC Farragut, Idaho
   (c) Street Address or R. F. D. No. Farragut, Idaho
   (d) Death Occurred Inside? X Outside? ____ city or town
   (e) Died in a Home ____ Hospital X Institution ____ Other place ____
   (f) Name Hosp. or Inst. NAVAL HOSPITAL FARRAGUT, IDAHO Stayed 7 days
   (g) Lived in this county 0 years 2 months 7 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State IDAHO (b) County KOOteani
   (c) City or town USNTC Farragut, Idaho
   (d) Street Address or R. F. D. No. Farragut, Idaho
   (e) Deceased lived Inside? X Outside? ____ city or town
   (f) Citizen of what country? U. S. 7days
   (g) How long had deceased lived in Idaho? 2Months ~~X~~
   (h) Former residence (city, state) Overland, Mo.

3. (a) **FULL NAME** EAST, HARRY MILAM. S2/c USN. 338-66-54 58E

3. (b) If veteran, name war None
3. (c) Social Security No. not known
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) 4-10-26

8. AGE	Years	Months	Days	If less than 1 day
	18	1	1	hrs ____ min.

9. Exact Occupation Seaman 2/c — Did this work for 2 Months yrs.
10. Industry or Business U. S. Navy — Date last worked 1944
11. Birthplace Hawk Point, Mo. (City or town) (State or foreign country)

Father
12. Name not known
13. Birthplace not known (City or town) (State or foreign country)

Mother
14. Maiden name Frances M
15. Birthplace not known (City or town) (State or foreign country)

16. Informant's **OWN** Signature [signature] NAVAL HOSPITAL FARRAGUT, IDAHO and Address
17. (a) removal (Burial, cremation, or removal) (b) Date thereof 5-13-44 (Month) (Day) (Year)
    (c) Place: St. Louis, Mo.
18. Funeral Director's **OWN** Signature by Mooney Funeral Chapel. and Address Coeur d'Alene, Idaho
19. (a) 5/15/44 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 11 19 44 at 0620 o'clock A. M.
21. **I HEREBY CERTIFY,** That I attended deceased from May 4 1944, to May 11 19 44
    I last saw him alive on May 11 19 44; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
RHEUMATIC FEVER	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? USNTC FARRAGUT
Name of operation none Date
Major finding
Finding of autopsy Same as cause of death.

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
    Occurred ____ 19 ____ City, county, state where violence occurred
    Place of Violence: Home ____ Farm ____ Industry ____
    Public Place ____ While at work? ____
    Means of injury
23. Attendant's **OWN** Signature [signature] (M. D. or other)
    and Address NAVAL HOSPITAL FARRAGUT, IDAHO Date 5-12 1944

(For additional space, use reverse side)

139081

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

JUN 12 1944

State File No.
Local Reg. No. 140
Reg. Dist. No. 121

1. **PLACE OF DEATH:**
(a) County Kooteani
(b) City or town USNTC FARRAGUT, IDAHO
(c) Street Address or R. F. D. No. Farragut, Idaho
(d) Death Occurred Inside? Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. NAVAL HOSPITAL FARRAGUT, IDAHO Stayed 15 days
(g) Lived in this county 0 years 0 months 17 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State IDAHO (b) County Kooteani
(c) City or town USNTC FARRAGUT, IDAHO
(d) Street Address or R. F. D. No. Farragut
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? U.S.
(g) How long had deceased lived in Idaho? 17 days ~~years~~
(h) Former residence (city, state) Kansas City, Mo

3. (a) FULL NAME SIMS, Walter Wilson AS, SV, V6, USNR. 957-10-31. 31a

3. (b) If veteran, name war None
3. (c) Social Security No. not known
4. Sex W
5. Color or race M
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Goldie Sims
6. (c) Age of husband or wife if alive not known years
7. Date of Birth (Month, Day, Year) not known

8. AGE	Years	Months	Days	If less than 1 day hrs	min.
	31	6	6		

9. Exact Occupation APPRENTICE SEMAN Did this work for 20 days yrs.
10. Industry or Business U. S. NAVY RESERVE Date last worked 1944
11. Birthplace Oregon (City or town) (State or foreign country)

Father
12. Name not known
13. Birthplace not known (City or town) (State or foreign country)

Mother
14. Maiden name not known
15. Birthplace not known (City or town) (State or foreign country)

16. Informant's OWN Signature R. V. Allen Pharm. USN
and Address NAVAL HOSPITAL FARRAGUT, IDAHO
17. (a) removal (Burial, cremation, or removal) (b) Date thereof 5-20-44 (Month) (Day) (Year)
(c) Place: Des Moines, Iowa Mooney Funeral Chapel
18. Funeral Director's OWN Signature By
and Address Couer D'Alene, Idaho
19. (a) 5/23/44 (Date received and filed) (b) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 15 19 44
at 6:35 o'clock P. M.
21. I HEREBY CERTIFY, That I attended deceased from May 1 19 44 to May 15 19 44
I last saw h[illegible] alive on May 15 19 44; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
PACHYMENINGITIS SPINAL [illegible]	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? USNTC Farragut
Name of operation none Date
Major finding
Finding of autopsy Same as cause of death

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
X Means of injury
23. Attendant's OWN Signature (M. D. or other)
and Address NAVAL HOSPITAL FARRAGUT, IDAHO Date 5-17 19 44

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH

STATE OF IDAHO

State File No. 13906
Local Reg. No. 143
Reg. Dist. No. 120

JUN 12 1944

1. **PLACE OF DEATH:**
   (a) County Kootenai
   (b) City or town Coeur D' Alene
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? in Outside? ____ city or town
   (e) Died ~~in a Home~~ Hospital ~~Institution~~ ~~Other place~~
   (f) Name Hosp. or Inst. L. C. Gen Stayed 2 days
   (g) Lived in this county 14 years ____ months ____ days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Kootenai
   (c) City or town Coeur D' Alene
   (d) Street Address or R. F. D. No. 419 Wallace
   (e) Deceased lived Inside? ____ Outside? ____ city or town
   (f) Citizen of what country? U. S.
   (g) How long had deceased lived in Idaho? 30 years
   (h) Former residence (city, state)

3. (a) FULL NAME Frank F. Tecklenburg 94a

3. (b) If veteran, name war ——
3. (c) Social Security No. 518-03-4155
4. Sex Male
5. Color or race W.
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Clara M.
6. (c) Age of husband or wife if alive 64 years
7. Date of Birth (Month, Day, Year) Nov. 17, 1875

8. AGE	Years	Months	Days	If less than 1 day
	68	6	0	hrs ____ min.

9. Exact Occupation Clerk — Did this work for 50 yrs.
10. Industry or Business Grocery — Date last worked Dec. 43
11. Birthplace Gustro Germany (City or town) (State or foreign country)

Father
12. Name Carl Tecklenburg
13. Birthplace Germany (City or town) (State or foreign country)

Mother
14. Maiden name Passow
15. Birthplace Germany (City or town) (State or foreign country)

16. Informant's OWN Signature Nathalia Knudsen
and Address Coeur d' Alene
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/19/44 (Month) (Day) (Year)
(c) Place: Forest Cemetery
18. Funeral Director's OWN Signature Mooney Chapel
and Address Coeur D' Alene, Idaho.
19. (a) 5/19/44 (Date received and filed) (b) Frances Mehl (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) May 17 1944
at 7:20 o'clock A M.
21. I HEREBY CERTIFY, That I attended deceased from Dec. 1943, to May 16 1944
I last saw him alive on May 16 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary Thrombosis 94a — Duration 3 d.
Due to Coronary Sclerosis 94a — yrs.
Due to ____
Other conditions Left bundle branch block — 6 mos.
(Include pregnancy within 3 months of death)

Where was disease contracted? Coeur d' Alene
Name of operation —— Date ____
Major finding ——
Finding of autopsy ——

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? —— Suicide? —— Homicide? ——
Occurred ____ 19____ City, county, state where violence occurred ——
Place of Violence: Home —— Farm —— Industry ——
Public Place —— While at work? ——
Means of injury ——
23. Attendant's OWN Signature H. H. Newcombe M.D. (M. D. or other)
and Address Coeur d' Alene, Date 5-17 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Wood

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United States
Department of Commerce
Bureau of the Census

JUN 12 1944

Certificate Of Death

STATE OF IDAHO

State File No. 139083
Local Reg. No. 129
Reg. Dist. No. 12-10

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
   (a) County Kootenai
   (b) City or town Coeur D'Alene
   (c) Street Address or R.F.D. No. 702 3rd Ave.
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home .... Hospital X Institution .... Other place ....
   (f) Name Hosp. or Inst. Home Stayed 3½ days
   (g) Lived in this county 35 years ..... months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Kootenai
   (c) City or town Coeur D'Alene
   (d) Street Address or R.F.D. No. R.R.#1
   (e) Deceased lived Inside? ..... Outside? X city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 35 years
   (h) Former residence (city, state) Great Falls, Mont

3. (a) **FULL NAME** Erery H. Clingan 93d

3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Emily
6. (c) Age of husband or wife if alive dead years
7. Date of Birth (Month, Day, Year) April 4 - 1859

8. AGE	Years	Months	Days	If less than 1 day
	85	1	18	hrs ..... min.

9. Exact Occupation Farmer — Did this work for ..... yrs.
10. Industry or Business Farm — Date last worked 1939
11. Birthplace Mansfield (City or town) Ohio (State or foreign country)

Father
12. Name Chas. F. Clingan
13. Birthplace Mansfield (City or town) Ohio (State or foreign country)

Mother
14. Maiden name Elizabeth F.
15. Birthplace Whittleley (City or town) England (State or foreign country)

16. Informant's **OWN** Signature Mrs. E. Palm
and Address Vivian - S.D.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/23/44 (Month) (Day) (Year)
(c) Place: Forest Cemetery

18. Funeral Director's **OWN** Signature C. Wendt
and Address 109-111 Lakeside Ave. C.D.

19. (a) 5-23-44 (Date received and filed) (b) Frances M. Kehoe (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 5/17/ 1944
at 2:00 o'clock P. M.

21. **I HEREBY CERTIFY,** That I attended deceased from 5/13/44 19 to 5/17 1944
I last saw h[illegible] alive on 5/17 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Chr. Myocarditis. Decompensated	3 weeks.
Due to	
Due to	
Other conditions Senility (Include pregnancy within 3 months of death)	

Where was disease contracted? Home
Name of operation None Date
Major finding
Finding of autopsy None

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's A. **OWN** Signature F. F. Hamer M.D.
and Address Coeur d'Alene (M. D. or other) Date May 23 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census JUN 12 1944

Certificate Of Death

STATE OF IDAHO

State File No. 13963
Local Reg. No. 131
Reg. Dist. No. 1-1

1. PLACE OF DEATH:

(a) County Kootenai
(b) City or town Post Falls
(c) Street Address or R.F.D. No. R.F.D. #1
(d) Death Occured Inside? — Outside? X city or town
(e) Died in a Home — Hospital — Institution — Other place —
(f) Name Hosp. or Inst. — Stayed — days
(g) Lived in this county 36 years — months — days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

(a) State Idaho (b) County Kootenai
(c) City or town Post Falls
(d) Street Address or R.F.D. No. 1
(e) Deceased lived Inside? — Outside? X city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 36 years
(h) Former residence (city, state) Springfield Ore.

3. (a) **FULL NAME** Thomas J. Foster

1621

3. (b) If veteran, name war NO
3. (c) Social Security No. none
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Helen
6. (c) Age of husband or wife if alive 73 years
7. Date of Birth (Month, Day, Year) June 9 1862

8. AGE	Years	Months	Days	If less than 1 day
	81	11	9	hrs — min.

9. Exact Occupation Farmer — Did this work for life yrs.
10. Industry or Business — Date last worked Dec. 1941
11. Birthplace Springfield (City or town) Oregon (State or foreign country)

Father
12. Name Granville Foster
13. Birthplace do not know (City or town) Penn. (State or foreign country)

Mother
14. Maiden name do not know Clark
15. Birthplace do not know (City or town) West Virginia (State or foreign country)

16. Informant's **OWN** Signature Mrs. Frank C. Foster
and Address R.F.D. #1, Post Falls.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 5/20/1944 (Month) (Day) (Year)
(c) Place: Evergreen Cemetery Post Falls

18. Funeral Director's **OWN** Signature C. Wendt
and Address 109-111 Lake Side, C.D.A.

19. (a) 5/20/44 (Date received and filed) (b) Frances M. Eckel (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 5/18 19 44
at 9.45 o'clock P. M.

21. **I HEREBY CERTIFY**, That I attended deceased from 1942 19 — to 5-15 19 44
I last saw h— alive on 5-15 19 44 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Senility — Duration

Due to —
Due to —
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?
Name of operation — Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature C.H. Teed (M. D. or other)
and Address Coeur d'Alene Date 5-20 1944
(For additional space, use reverse side)

Horning
United States
Department of Commerce
Bureau of the Census

JUN 12 1944

Certificate Of Death

STATE OF IDAHO

139085

State File No.
Local Reg. No. ~~120~~ 135
Reg. Dist. No. 120

1. PLACE OF DEATH:
(a) County Kootenai
(b) City or town Coeurd'Alene
(c) Street Address or R.F.D. No. 702-3d
(d) Death Occured Inside? ___ Outside? ___ city or town
(e) Died in a Home - Hospital X Institution - Other place
(f) Name Hosp. or Inst. Home Hosp. Stayed 5 days
(g) Lived in this county ___ years ___ months ___ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Kootenai
(c) City or town Rathdrum.
(d) Street Address or R.F.D. No. ---------
(e) Deceased lived Inside? ___ Outside? ___ city or town
(f) Citizen of what country? do not know
(g) How long had deceased lived in Idaho? not known
(h) Former residence (city, state) Harrison Ida.

3. (a) **FULL NAME** Frank B. Haslett 137a

3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife ------
6. (c) Age of husband or wife if alive ------ years
7. Date of Birth (Month, Day, Year) do not know / 1863

8. AGE	Years	Months	Days	If less than 1 day
	81	-	-	hrs min.

9. Exact Occupation Farmer Did this work for --- yrs.
10. Industry or Business Date last worked do not know
11. Birthplace do not know (City or town) Mich. (State or foreign country)
Father
12. Name do not know
13. Birthplace do not know (City or town) (State or foreign country)
Mother
14. Maiden name do not know
15. Birthplace do not know (City or town) (State or foreign country)
16. Informant's OWN Signature Bernard Nelson
and Address Rathdrum. Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 5/23/1944 (Month) (Day) (Year)
(c) Place: Forest Cemetery C.D.A.
18. Funeral Director's OWN Signature A B Nelson
and Address Rathdrum Idaho
19. (a) 5-23-44 (Date received and filed) (b) Frances M. Kobel (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 5/21 1944
at 11/50 o'clock A. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 1933 19__, to 5/21 1944
I last saw him alive on 5/20 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Acute Urinary Retention	24 hrs.
135b2	
Due to Hypertrophy of prostate	137a
Due to	
Other conditions Senility. (Include pregnancy within 3 months of death)	162

Where was disease contracted? Home.
Name of operation None Date
Major finding
Finding of autopsy None

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19__ City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature H. F. Horning MD. (M. D. or other)
and Address Coeurd'Alene Date 5/22 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Dr. W. Wood 139085 139085

United States
Department of Commerce
Bureau of the Census

JUN 12 1944

Certificate Of Death

STATE OF IDAHO

State File No.
Local Reg. No. 145
Reg. Dist. No. 120

1. PLACE OF DEATH:
(a) County Kootenai
(b) City or town Coeur D'Alnene
(c) Street Address or R.F.D. No. #1
(d) Death Occured Inside? ..... Outside? X city or town
(e) Died in X Home X Hospital ..... Institution ..... Other place .....
(f) Name Hosp. or Inst. none Stayed ..... days
(g) Lived in this county 16 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Kootenai
(c) City or town Coeur D'Alene
(d) Street Address or R.F.D. No. #1
(e) Deceased lived Inside? ..... Outside? X city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 16 years
(h) Former residence (city, state) Worley, Ida.

3. (a) FULL NAME Arch. W. West

2000

3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex M
5. Color or race W
(a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Nettie
(c) Age of husband or wife if alive 63 years
7. Date of Birth (Month, Day, Year) 4/27/1872 1881

8. AGE	Years	Months	Days	If less than 1 day
	72	0	26	hrs min.

9. Exact Occupation farmer Did this work for life yrs.
10. Industry or Business own farm Date last worked 12/26/42
11. Birthplace St. Joseph (City or town) Missouri (State or foreign country)
Father
12. Name Cyrus West
13. Birthplace do not know (City or town) (State or foreign country)
Mother
14. Maiden name Eleanor Baker
15. Birthplace do not know (City or town) (State or foreign country)
16. Informant's OWN Signature Mrs Nettie West
and Address Coeur d'Alene route 1
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/25/44 (Month) (Day) (Year)
(c) Place: Forest Cemetery
18. Funeral Director's OWN Signature C. Wendt
and Address 109-111 Lakeside Ave. C.D'A.
19. (a) 5-25-44 (Date received and filed) (b) Frances M. Obel (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

44

20. **DATE OF DEATH** 5/23 (Month, Day, Year) ..... 19.....
at 8:30 o'clock A. M.
21. **I HEREBY CERTIFY,** That I attended deceased from ..... 19....., to ..... 19.....
I last saw h..... alive on ..... 19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
unknown	
Did not see prior to death	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's OWN Signature William T. Wood M.D. (M. D. or other)
and Address Coeur d'Alene Date 5-25 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Dr. Teed

139037

United States
Department of Commerce
Bureau of the Census

JUN 12 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 136
Reg. Dist. No. 121

1. **PLACE OF DEATH:**
(a) County Kootenai
(b) City or town Belgrove District
(c) Street Address or R. F. D. No. Marine Rt.
(d) Death Occurred Inside? ____ Outside? X city or town
(e) Died in a Home X Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. none ____ Stayed ____ days
(g) Lived in this county 25 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Kootenai
(c) City or town Belgrove District
(d) Street Address or R. F. D. No. Marine Rt.
(e) Deceased lived Inside? ____ Outside? X city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 25 years
(h) Former residence (city, state) Spokane, Wash.

3. (a) FULL NAME Richard Howard

83a

3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Libbie
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) 3/26/1877

8. AGE	Years	Months	Days	If less than 1 day
	67	1	27	hrs min.

9. Exact Occupation farmer — Did this work for 25 yrs.
10. Industry or Business own farm — Date last worked 5/23/43
11. Birthplace don't know (City or town) England (State or foreign country)

Father
12. Name Richard Howard
13. Birthplace don't know (City or town) England (State or foreign country)

Mother
14. Maiden name don't know
15. Birthplace don't know (City or town) England (State or foreign country)

16. Informant's OWN Signature Richard C. Howard
and Address 10234 Dorothy Ave South Gate, Cal.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 5/27/44 (Month) (Day) (Year)
(c) Place: Forest Cemetery
18. Funeral Director's OWN Signature C. Wendt
and Address 109-111 Lakeside Ave. C.D'A.
19. (a) 5/27/44 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) 5/23/ 1944
at 3:00 o'clock A.M.
21. I HEREBY CERTIFY, That I attended deceased from Oct 1943 19__, to 5-22- 1944
I last saw her alive on 5-22 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cerebral Hemorrhage — Duration
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Where was disease contracted?
Name of operation ____ Date ____
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work?
Means of injury
23. Attendant's OWN Signature E. H. Teed (M. D. or other)
and Address Coeur d'Alene Date 5-23 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census JUN 12 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 13906
Local Reg. No. 147
Reg. Dist. No. 120

1. **PLACE OF DEATH:**
(a) County Kootenai
(b) City or town Coeur d'alene
(c) Street Address or R. F. D. No. Home Hospital
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home ____ Hospital X Institution ____ Other place ____
(f) Name Hosp. or Inst. Home Hosp Stayed 14 days
(g) Lived in this county 40 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Kootenai
(c) City or town Coeur d'Alene
(d) Street Address or R. F. D. No. 1107 No 5th St.
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 40 years
(h) Former residence (city, state) Iowa

3. (a) FULL NAME Mrs. Emma Carrie Williams

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3. (b) If veteran, name war ---
3. (c) Social Security No. ----
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife George
6. (c) Age of husband or wife if alive deceased years
7. Date of Birth (Month, Day, Year) Dec. 13, 1865

8. AGE	Years	Months	Days	If less than 1 day
	78	5	14	hrs ____ min. ____

9. Exact Occupation Housewife — Did this work for life yrs.
10. Industry or Business ------- — Date last worked 1944
11. Birthplace Anton Iowa (City or town) (State or foreign country)

Father
12. Name Jones
13. Birthplace No Information (City or town) " (State or foreign country) "

Mother
14. Maiden name ____
15. Birthplace " " " (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs Frederick H Williams
and Address 2252 Hamptons Parkway Eve
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5 29 44 (Month) (Day) (Year)
(c) Place: Forest Coeur d'Alene
18. Funeral Director's OWN Signature ____
and Address ____
19. (a) 5/29/44 (Date received and filed) (b) Frances M. Abel (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 27 1944
at 11:20 o'clock A. M.
21. **I HEREBY CERTIFY,** That I attended deceased from June 1942, to May 27, 1944
I last saw her alive on May 24, 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebral Embolus	2 weeks.
Due to Hypertension	6 years.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state ____
where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's OWN Signature William T. Wood M.D. (M. D. or other)
and Address Coeur d'alene Date 5-29 1944
(For additional space, use reverse side)

139039

United States
Department of Commerce
Bureau of the Census JUN 12 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 124
Reg. Dist. No. 12

1. PLACE OF DEATH:
(a) County Kootenai
(b) City or town Farragut, Idaho
(c) Street Address or R. F. D. No. U. S. N. H.
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home ___ Hospital X Institution ___ Other place ___
(f) Name Hosp. or Inst. U. S. N. H. Stayed 3 days
(g) Lived in this county ____ years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

NAVAL HOSPITAL FARRAGUT IDAHO

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Kootenai
(c) City or town Coeur d' Alene
(d) Street Address or R. F. D. No. 721 W. Lakeshore
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 1⅛ years
(h) Former residence (city, state) Iowa

3. (a) FULL NAME RUTH ANN HARTZLER

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3. (b) If veteran, name war ____
3. (c) Social Security No. ____
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced ____
6. (b) Name of husband or wife ____
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) Dec. 13, 1931

8. AGE	Years	Months	Days	If less than 1 day hrs	min.
	12	5	15		

9. Exact Occupation Student — Did this work for 6 yrs.
10. Industry or Business School — Date last worked 1944
11. Birthplace Indianola (City or town) Iowa (State or foreign country)

Father
12. Name Kenneth Hartzler
13. Birthplace Indianola (City or town) Iowa (State or foreign country)

Mother
14. Maiden name Ruth Fetrow
15. Birthplace ---- (City or town) Iowa (State or foreign country)

16. Informant's OWN Signature Frances E. Hartzler
and Address Coeur d'Alene, Idaho

17. (a) removal (Burial, cremation, or removal) (b) Date thereof 6-29-44 (Month) (Day) (Year)
(c) Place: Boise, Idaho

18. Funeral Director's OWN Signature by Mooney Funeral Chapel
and Address Coeur d'Alene, Idaho

19. (a) 6/30/44 (Date received and filed) (b) Frances M. Edel (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) May 28th 19 44
at 7:15 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from May 26th 1944, to May 28th 19 44
I last saw her alive on May 28th 19 44; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Acute Hemorrhagic Nephritis	
Due to	
Due to	
Other conditions Cerebral Failure (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ____ Date ____
Major finding
Finding of autopsy no autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19 ____ City, county, state where violence occurred
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury

23. Attendant's OWN Signature G. I. Matheson M.D. (M. D. or other)
and Address NAVAL HOSPITAL FARRAGUT, IDAHO Date 5-29 19 44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JUN 12 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 139090
Local Reg. No. 1060
Reg. Dist. No. 200

1. **PLACE OF DEATH:**
(a) County Latah
(b) City or town Moscow
(c) Street Address or R. F. D. No. 710 So. Main
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home __ Hospital X Institution __ Other place __
(f) Name Hosp. or Inst. Gritman Stayed 3 days
(g) Lived in this county 55 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Latah
(c) City or town Moscow
(d) Street Address or R. F. D. No. 411 SO. Lincoln
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? USA
(g) How long had deceased lived in Idaho? 55 years
(h) Former residence (city, state) ____

3. (a) FULL NAME FRANCIS CURTIS DANIELSON 83a

3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife August
6. (c) Age of husband or wife if alive 64 years
7. Date of Birth (Month, Day, Year) December 24, 1872

8. AGE	Years	Months	Days	If less than 1 day
	71	4	7	hrs min.

9. Exact Occupation housekeeper Did this work for life yrs.
10. Industry or Business " Date last worked ____
11. Birthplace Hamilton County (City or town) Ohio (State or foreign country)
Father
12. Name John Herider
13. Birthplace (City or town) Ohio (State or foreign country)
Mother
14. Maiden name Ella Walker
15. Birthplace (City or town) Ohio (State or foreign country)
16. Informant's OWN Signature August Danielson
and Address 411 So. Lincoln, Moscow Ida
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 5-3-44 (Month) (Day) (Year)
(c) Place: Farmington, Wn.
18. Funeral Director's OWN Signature H. R. Short
and Address Moscow, Idaho
19. (a) 6/3/44 (Date received and filed) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) May 1 1944
at 12:15 o'clock P M.
21. I HEREBY CERTIFY, That I attended deceased from ____ 19__, to May 1 1944
I last saw her alive on May 1 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration
83a Left Cerebral hemorrhage with paralysis of
83d Due to right side of body 3 days and coma
Due to ____
Other conditions anuncular
(Include pregnancy within 3 months of death)
95a fibrillation 15 years
Where was disease contracted? —
Name of operation — Date ____
Major finding —
Finding of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? — Suicide? — Homicide? —
Occurred ____ 19__ City, county, state where violence occurred —
Place of Violence: Home — Farm — Industry —
Public Place — While at work? ____
Means of injury —
23. Attendant's OWN Signature Joseph L. Wilson MD (M. D. or other)
and Address Moscow Ida Date 5-4 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Klaa 1396

United States
Department of Commerce
Bureau of the Census JUN 12 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 1061
Reg. Dist. No. 200

1. **PLACE OF DEATH:**
(a) County Latah
(b) City or town Moscow
(c) Street Address or R. F. D. No. 3
(d) Death Occurred Inside? Outside? X city or town
(e) Died in a Home Hospital Institution X Other place
(f) Name Hosp. or Inst. County Home Stayed days
(g) Lived in this county years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Latah
(c) City or town Moscow
(d) Street Address or R. F. D. No. 3
(e) Deceased lived Inside? Outside? X city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? years
(h) Former residence (city, state)

3. (a) **FULL NAME** Halvor Erickson 61

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) unknown

8. AGE	Years	Months	Days	If less than 1 day
	73			hrs min.

9. Exact Occupation none — Did this work for yrs.
10. Industry or Business none — Date last worked
11. Birthplace unknown (City or town) (State or foreign country)

Father
12. Name unknown
13. Birthplace unknown (City or town) (State or foreign country)

Mother
14. Maiden name unknown
15. Birthplace unknown (City or town) (State or foreign country)

16. Informant's **OWN** Signature H. R. Short
and Address Moscow, Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 5-18-44 (Month) (Day) (Year)
(c) Place: Moscow
18. Funeral Director's **OWN** Signature H. R. Short
and Address Moscow, Idaho
19. (a) 6/3/44 (Date received and filed) (b) L J Klaarn (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 16, 1944 19
at 5:30 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from 5/12/44 19 to 5/16/44 19
I last saw him alive on 5/12/44 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — Duration

Diabetic coma — 2 days
Due to Complicated by diabetes and gangrene of the right foot
Due to
Other conditions Senility
(Include pregnancy within 3 months of death)

Where was disease contracted? Idaho
Name of operation None Date
Major finding
Finding of autopsy None

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature L J Klaarn (M. D. or other)
and Address Moscow Idaho Date 6/3 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

139092

United States
Department of Commerce
Bureau of the Census

JUN 12 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 139092
Local Reg. No. 1063
Reg. Dist. No. 20

1. **PLACE OF DEATH:**
(a) County Latah
(b) City or town Moscow
(c) Street Address or R. F. D. No. 506 East 8th
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home ____ Hospital X Institution ____ Other place ____
(f) Name Hosp. or Inst. Critman Stayed 18 days
(g) Lived in this county 29 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Latah
(c) City or town Moscow
(d) Street Address or R. F. D. No. 506 E. 8th
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? USA
(g) How long had deceased lived in Idaho? 29 years
(h) Former residence (city, state) ____

3. (a) **FULL NAME** JOHN VEUM 107

3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Peterina
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) June 4, 1859

8. AGE	Years	Months	Days	If less than 1 day
	84	11	24	hrs ____ min.

9. Exact Occupation none — Did this work for ____ yrs.
10. Industry or Business none — Date last worked ____
11. Birthplace ____ (City or town) Norway (State or foreign country)

Father
12. Name unknown
13. Birthplace ____ (City or town) Norway (State or foreign country)

Mother
14. Maiden name unknown
15. Birthplace ____ (City or town) Norway (State or foreign country)

16. Informant's **OWN** Signature Fred Veum
and Address 506 E. 8th
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 6-1-44 (Month) (Day) (Year)
(c) Place: Moscow cemetery
18. Funeral Director's **OWN** Signature R. R. Short
and Address Moscow, Idaho
19. (a) 6/9/44 (Date received and filed) (b) L. Q. Klaarn (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 28, 1944
at 5:30 o'clock P.M.
21. **I HEREBY CERTIFY,** That I attended deceased from 3/27/39 19__ to 5/28/44 19__
I last saw him alive on 5/28/44 19__; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Bronchial pneumonia 107	5 days
Due to Senility 162	
Due to ____	
Other conditions None (Include pregnancy within 3 months of death)	

Where was disease contracted? Idaho
Name of operation None Date ____
Major finding ____
Finding of autopsy None

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's **OWN** Signature L. Q. Klaarn (M. D. or other)
and Address Moscow, Idaho Date 6/9 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

139053

United States
Department of Commerce JUN 15 1944
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No. 691

1. **PLACE OF DEATH:**
(a) County Lemhi
(b) City or town FAR Forney
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? ✓ city or town
(e) Died in a Home Hospital Institution Other place ✓
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State California (b) County Alameda
(c) City or town San Leandro
(d) Street Address or R. F. D. No. 301 Tobin Ave
(e) Deceased lived Inside? ✓ Outside? city or town
(f) Citizen of what country? United States
(g) How long had deceased lived in Idaho? years
(h) Former residence (city, state) Topeka Kansas

3. (a) **FULL NAME** JAMES H. WILLIAMS

3. (b) If veteran, name war No
3. (c) Social Security No. 549-16-2223
4. Sex M
5. Color or race F
6. (a) Single, widowed, married, divorced divorced
6. (b) Name of husband or wife Myrtle
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) 9-18-1896

8. AGE	Years	Months	Days	If less than 1 day
	47	7	16	hrs min.

9. Exact Occupation Miner — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace Topeka (City or town) Kansas (State or foreign country)

Father
12. Name James Henry Williams
13. Birthplace Topeka (City or town) Kansas (State or foreign country)

Mother
14. Maiden name Tabor
15. Birthplace (City or town) Kentucky (State or foreign country)

16. Informant's OWN Signature H. E. Williams
and Address 301 Tobin Ave. San Leandro Calif.
17. (a) (Burial, cremation, or removal) (b) Date thereof 5-14-44 (Month) (Day) (Year)
(c) Place: SPOKANE — WASH
18. Funeral Director's OWN Signature Ray McGoldrick
and Address SALMON
19. (a) June 11-44 (Date received and filed) (b) Elsie A. Bellamy (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 5-4-44 19
at 11 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from 19, to 19
I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Coronary Thrombosis	2 HRS
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury ACT.
23. Attendant's OWN Signature O. L. Barrus-CORONOR (M. D. or other)
and Address SALMON IDA Date 5-4-1944
(For additional space, use reverse side)

United States
Department of Commerce
Bureau of the Census

JUN 15 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

Mulder

State File No. 139091
Local Reg. No.
Reg. Dist. No. 690

1. PLACE OF DEATH: Lemhi
(a) County
(b) City or town Salmon
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? ✓ Outside? city or town
(e) Died in a Home Hospital ✓ Institution Other place
(f) Name Hosp. or Inst. Rose Stayed 8 days
(g) Lived in this county 52 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Ida (b) County Lemhi
(c) City or town Baker
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Outside? ✓ city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? 52 years
(h) Former residence (city, state)

3. (a) FULL NAME MARY EMMA TERRY 46E

3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife EDWARD L.
6. (c) Age of husband or wife if alive 57 years
7. Date of Birth (Month, Day, Year) Dec 26 1891

8. AGE	Years	Months	Days	If less than 1 day
	52	4	14	hrs min.

9. Exact Occupation Housewife Did this work for Life yrs.
10. Industry or Business Date last worked
11. Birthplace Ellis, Idaho (City or town) (State or foreign country)
Father
12. Name Chas Matley
13. Birthplace Chester, Penna (City or town) (State or foreign country)
Mother
14. Maiden name Edith Ellis
15. Birthplace Salmon, Ida (City or town) (State or foreign country)
16. Informant's OWN Signature Fred Matley
and Address
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-13-44 (Month) (Day) (Year)
(c) Place: May Idaho
18. Funeral Director's OWN Signature Ray McGoldrick
and Address Salmon
19. (a) June 11-44 (Date received and filed) (b) Clio C. Bellamy (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) May 10 - 1944
at 7:45 o'clock P M.
21. I HEREBY CERTIFY, That I attended deceased from May 1 1944, to May 10 1944
I last saw her alive on May 10 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: 46f Carcinoma liver and intestines — Duration 1 yr.
Due to 46e
Due to
Other conditions
(Include pregnancy within 3 months of death)
Where was disease contracted? Home
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature J. L. Mulder MD (M. D. or other)
and Address Salmon Ida Date 5-31 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JUN 16 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 139095
Local Reg. No.
Reg. Dist. No. 232

1. **PLACE OF DEATH:**
(a) County Lewis
(b) City or town Winchester
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county years 5 months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Nez Perce
(c) City or town Forest
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Outside? X city or town
(f) Citizen of what country? U S
(g) How long had deceased lived in Idaho? 50 years
(h) Former residence (city, state)

3. (a) FULL NAME ALTA M. WERHAN 1316

3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife William F. Werhan
6. (c) Age of husband or wife if alive 75 years
7. Date of Birth (Month, Day, Year) May 7 1883

8. AGE	Years	Months	Days	If less than 1 day
	60	10	30	hrs min.

9. Exact Occupation Housewife Did this work for life yrs.
10. Industry or Business Own home Date last worked 8-1-43
11. Birthplace Des Moines, Iowa (City or town) (State or foreign country)

Father
12. Name Lewis Simmons
13. Birthplace (City or town) (State or foreign country)

Mother
14. Maiden name Charity Smith
15. Birthplace (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs Anna Ford
and Address Winchester, Ida.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-10-44 (Month) (Day) (Year)
(c) Place: Craigmont, Ida.
18. Funeral Director's OWN Signature H. E. Clover
and Address Craigmont, Ida.
19. (a) Apr 10 1944 (Date received and filed) (b) H. E. Clover (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April 6 1944
at 3:10 o'clock P. M.
21. I HEREBY CERTIFY, That I attended deceased from April 5 1944 to April 6 1944
I last saw her alive on April 5 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Incompetent heart	
Due to Chronic endocarditis	4 years
Due to 1316 Chronic nephritis	4 years
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's OWN Signature H. E. Dunlap M.D. (M. D. or other)
and Address Craigmont, Ida Date 4-8 1944
(For additional space, use reverse side)

139096

United States
Department of Commerce
Bureau of the Census

MAY 20 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 240
Reg. Dist. No. 230

1. **PLACE OF DEATH:**
(a) County Lewis
(b) City or town Nezperce
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? city or town
X (e) Died in a Home Hospital Institution Other place X
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 43 years 1 months 8 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Lewis
(c) City or town Nezperce
(d) Street Address or R. F. D. No. ✓
X (e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? United States
(g) How long had deceased lived in Idaho? 43 years
(h) Former residence (city, state) Decatur, Ill.

3. (a) FULL NAME George Francis Hines

94.0

3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Alice
6. (c) Age of husband or wife if alive dead years
7. Date of Birth (Month, Day, Year) March 11, 1867

8. AGE	Years	Months	Days	If less than 1 day
	77	1	2	hrs min.

9. Exact Occupation Farmer until 1927 Did this work for 43 yrs.
10. Industry or Business Had since operated apartment house Date last worked July, 1943
11. Birthplace Decatur, Illinois (City or town) (State or foreign country)
Father
12. Name George Hines
13. Birthplace Ireland (City or town) (State or foreign country)
Mother
14. Maiden name Mary Griffin
15. Birthplace Ireland (City or town) (State or foreign country)
16. Informant's OWN Signature Mrs. E. A. Conger
and Address Nezperce, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-17-44 (Month) (Day) (Year)
(c) Place: Catholic Cemetery
18. Funeral Director's OWN Signature Albert Huff
and Address Nezperce Idaho
19. (a) 4-17-44 (Date received and filed) (b) Albert Huff (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April 13, 1944
at 2:20 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from Nov. 1943, to Apr. 13 1944
I last saw him alive on April 13 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Coronary Thrombosis	1 hr.
Due to Generalized Arteriosclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state
where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature Leonard L. Mauro, M.D. (M. D. or other)
and Address Nezperce, Idaho Date April 15 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

139097

United States
Department of Commerce
Bureau of the Census

MAY 20 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 241
Reg. Dist. No. 23a

1. **PLACE OF DEATH:**
(a) County Lewis
(b) City or town Nezperce
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Yes Outside? city or town
(e) Died in a Home Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 41 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Lewis
(c) City or town Nezperce
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Yes Outside? city or town
(f) Citizen of what country? US
(g) How long had deceased lived in Idaho? 41 years
(h) Former residence (city, state)

3. (a) FULL NAME Ferdinand Franz Schuck 93d

3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife Single
6. (c) Age of husband or wife if alive ✓ years
7. Date of Birth (Month, Day, Year) Sept. 24, 1867

8. AGE	Years	Months	Days	If less than 1 day
	76	6	27	hrs – min.

9. Exact Occupation Farmer Did this work for 35 yrs.
10. Industry or Business Date last worked Aug. 1943
11. Birthplace Rudelsdorf (City or town) Austria (State or foreign country)
Father
12. Name Ferdinand Schuck
13. Birthplace Rudelsdorf (City or town) Austria (State or foreign country)
Mother
14. Maiden name Anna Voltin
15. Birthplace Türpas (City or town) Austria (State or foreign country)
16. Informant's OWN Signature Justina Schuck
and Address Nezperce, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 22, 1944 (Month) (Day) (Year)
(c) Place: Catholic Cemetery
18. Funeral Director's OWN Signature Albert Huff
and Address Nezperce Idaho
19. (a) 5-15-44 (Date received and filed) (b) Albert Huff (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April 20, 1944
at 4:20 o'clock A.M.
21. **I HEREBY CERTIFY,** That I attended deceased from Nov. 1943, to Apr. 20 1944
I last saw him alive on Apr. 20 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Arteriosclerotic Heart Disease	Years
Due to Generalized Arteriosclerosis	Years
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state
where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature Leonard L. Mauro, M.D. (M. D. or other)
and Address Nezperce, Idaho Date May 15 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

139093

United States
Department of Commerce
Bureau of the Census

JUN 19 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 242
Reg. Dist. No. 230

1. **PLACE OF DEATH:**
(a) County Lewis
(b) City or town Nezperce Ida
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 24 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Calif (b) County Riverside
(c) City or town Riverside
(d) Street Address or R. F. D. No. 1965 E. Linden St
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? USA
(g) How long had deceased lived in Idaho? 24 years
(h) Former residence (city, state) Nezperce

3. (a) FULL NAME William Madison Patiet 94a

3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Sarah
6. (c) Age of husband or wife if alive 69 years
7. Date of Birth (Month, Day, Year) Jan 30 1864

8. AGE	Years	Months	Days	If less than 1 day
	80	3	22	hrs min.

9. Exact Occupation Retired Farmer Did this work for 40 yrs.
10. Industry or Business Farm Date last worked
11. Birthplace St Joseph (City or town) Mo (State or foreign country)
Father
12. Name ✓ Don Rowe
13. Birthplace ✓ Mo (City or town) (State or foreign country)
Mother
14. Maiden name Nancy Passman
15. Birthplace ✓ Mo (City or town) (State or foreign country)
16. Informant's OWN Signature Sarah B Patiet
and Address Riverside Calif
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-27-44 (Month) (Day) (Year)
(c) Place: Nezperce Cemetery
18. Funeral Director's OWN Signature Albert Huff
and Address Nezperce Idaho
19. (a) 5-27-44 (Date received and filed) (b) Albert Huff (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 22 1944
at 6:20 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from — 19 , to May 22 1944
I last saw h alive on 19 ; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Coronary Thrombosis	5 minutes
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature Leonard L. Mauro M.D. (M. D. or other)
and Address Nezperce, Ida. Date May 27 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce JUN 19 1944
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 139099
Local Reg. No. 243
Reg. Dist. No. 23

1. **PLACE OF DEATH:**
(a) County Lewis
(b) City or town Nezperce
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 46 years 6 months 3 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Lewis
(c) City or town Nezperce,
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? in Outside? city or town
(f) Citizen of what country? U S
(g) How long had deceased lived in Idaho? 45-6-3 years
(h) Former residence (city, state) Lewiston

3. (a) **FULL NAME** Mary Ann Wimpy 131 a

3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex Female
5. Color or race white
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Mary A
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) June 7th 1844

8. AGE	Years	Months	Days	If less than 1 day
	99	11	17	hrs min.

9. Exact Occupation Housewife Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Toccoa Ga. (City or town) (State or foreign country)
Father
12. Name Andrew B. Anderson
13. Birthplace Knoxville Tenn (City or town) (State or foreign country)
Mother
14. Maiden name Mary Ann Anderson
15. Birthplace Toccoa Ga. (City or town) (State or foreign country)
16. Informant's OWN Signature James W. Wimpy
and Address Orofino Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-27-44 (Month) (Day) (Year)
(c) Place: Removal Lewiston Idaho
18. Funeral Director's OWN Signature Albert Huff
and Address Nezperce Idaho
19. (a) 5-27-44 (Date received and filed) (b) Albert Huff (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 23 1944
at 8.40 A o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from May 1907 to May 23 1944
I last saw her alive on May 23 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death	Duration
99:2 ~~Aortitis, chronic endocarditis,~~ ~~chronic nephritis~~ 131 b 92 d	3 years
Due to arteriosclerosis, senility 97 162 b	some
Due to	
Other conditions (Include pregnancy within 3 months of death)	
~~Where was disease contracted?~~	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature R. E. Dunlop M.D. (M. D. or other)
and Address Craigmont Idaho Date May 24 1944
(For additional space, use reverse side)

139100

United States
Department of Commerce
Bureau of the Census

JUN 12 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 26
Reg. Dist. No. 630

1. **PLACE OF DEATH:**
(a) County MADISON
(b) City or town REXBURG
(c) Street Address or R. F. D. No. SUTHERLAND HOSP.
(d) Death Occurred Inside? # Outside? city or town
(e) Died in a Home Hospital # Institution Other place
(f) Name Hosp. or Inst. SUTHERLAND Stayed 8 days
(g) Lived in this county 25 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State IDAHO (b) County MADISON
(c) City or town REXBURG
(d) Street Address or R. F. D. No. West 1st So.
(e) Deceased lived Inside? # Outside? city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 35 years
(h) Former residence (city, state) California

3. (a) **FULL NAME** HARRY GRANT HOUSTON 83a

3. (b) If veteran, name war No
3. (c) Social Security No. none
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Elizabeth Houston
6. (c) Age of husband or wife if alive 65 years
7. Date of Birth (Month, Day, Year) APRIL 8, 1871

8. AGE	Years	Months	Days	If less than 1 day
	73	1	6	hrs min.

9. Exact Occupation Retired Restruant Did this work for 50 yrs.
10. Industry or Business Operator Restruant Date last worked Jan. 10/41
11. Birthplace New York City, N.Y. (City or town) (State or foreign country)
Father
12. Name ? Houston
13. Birthplace unknown (City or town) (State or foreign country)
Mother
14. Maiden name unknown
15. Birthplace unknown (City or town) (State or foreign country)
16. Informant's OWN Signature Elizabeth Houston
and Address Rexburg, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/17/44 (Month) (Day) (Year)
(c) Place: Fielding Memorial Park, Bonneville Co.
18. Funeral Director's OWN Signature Rolland Nerser
and Address Rexburg, Idaho
19. (a) 5-16-44 (Date received and filed) (b) Mrs H E Young (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 14 1944
at 10:55 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from July 1939, to May 14 1944
I last saw him alive on May 14 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Arterio-sclerosis	97
Due to with 83a1 Cerebral Haemorrhage	2 yrs
Due to Paralysis of Rt side 83a	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy no autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature N Sutherland (M.D.) (M. D. or other)
and Address Rexburg Ida Date 5-15 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JUN 12 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 13910
Local Reg. No. 27
Reg. Dist. No. 630

1. **PLACE OF DEATH:**
   (a) County Madison
   (b) City or town Rexburg
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? X Outside? ____ city or town
   (e) Died in a Home ____ Hospital X Institution ____ Other place ____
   (f) Name Hosp. or Inst. Rexburg Mat. Home Stayed ____ days
   (g) Lived in this county ____ years ____ months ____ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State ____ (b) County ____
   (c) City or town ____
   (d) Street Address or R. F. D. No. ____
   (e) Deceased lived Inside? ____ Outside? ____ city or town
   (f) Citizen of what country? ____
   (g) How long had deceased lived in Idaho? ____ years
   (h) Former residence (city, state) ____

3. (a) **FULL NAME** Elva Ann Bowen

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3. (b) If veteran, name war ____
3. (c) Social Security No. ____
4. Sex Female 5. Color or race W.
6. (a) Single, widowed, married, divorced ____
6. (b) Name of husband or wife ____
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) May 22, 1944

8. AGE	Years	Months	Days	If less than 1 day
			1	8 hrs ____ min.

9. Exact Occupation ____ Did this work for ____ yrs.
10. Industry or Business ____ Date last worked ____
11. Birthplace Rexburg, Idaho (City or town) (State or foreign country)

Father
12. Name Dee Farrell Bowen
13. Birthplace Rexburg, Idaho (City or town) (State or foreign country)

Mother
14. Maiden name Myrth Benson
15. Birthplace Farnum, Idaho (City or town) (State or foreign country)

16. Informant's **OWN** Signature Dee F. Bowen
and Address Thornton, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/23/44 (Month) (Day) (Year)
(c) Place: Archer

18. Funeral Director's **OWN** Signature ____
and Address Rexburg, Idaho

19. (a) 5-22-44 (Date received and filed) (b) Mrs H E Young (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 22 1944
at 10:30 o'clock P. M.

21. **I HEREBY CERTIFY**, That I attended deceased from 5/2/44 to 5/22/44
I last saw her alive on 5/22/44 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Prematurity — Duration ____
Due to Lived 8 hours
Due to ____
Other conditions ____ (Include pregnancy within 3 months of death)

Where was disease contracted? ____
Name of operation None Date ____
Major finding ____
Finding of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's **OWN** Signature W. T. Rigby M.D. (M. D. or other)
and Address Rexburg Ida. Date 5/22 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

FEB 15 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 139102
Local Reg. No. 5
Reg. Dist. No. 470

1. **PLACE OF DEATH:**
(a) County Minidoka
(b) City or town Rupert
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. Stayed 2 days
(g) Lived in this county — years — months 2 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these) Father
(a) State Idaho (b) County Cassia
(c) City or town Burley
(d) Street Address or R. F. D. No. 330 E Main
(e) Deceased lived Inside? + Outside? city or town
(f) Citizen of what country? U S A
(g) How long had deceased lived in Idaho? — years
(h) Former residence (city, state) —

3. (a) **FULL NAME** (Infant) Karen Call. 160c

3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced —
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Date of Birth (Month, Day, Year) Jan 7 1944

8. AGE	Years	Months	Days	If less than 1 day
			2	hrs min.

9. Exact Occupation Infant Did this work for — yrs.
10. Industry or Business — Date last worked —
11. Birthplace Rupert (City or town) Idaho (State or foreign country)
Father
12. Name Devere Call.
13. Birthplace Burley (City or town) Idaho (State or foreign country)
Mother
14. Maiden name Lorna Bowen
15. Birthplace Burley (City or town) Idaho (State or foreign country)
16. Informant's OWN Signature Devere Call
and Address Burley Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/14/1944 (Month) (Day) (Year)
(c) Place: Burley cemetery
18. Funeral Director's OWN Signature J Forrest Weaver
and Address Burley Idaho
19. (a) 1-14-44 (Date received and filed) (b) B. F. Wilson (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 1 — 11 1944
at 9 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from Birth 1-9 1944, to 1 — 1 11 1944
I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebral injury	
Due to Birth	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? X, Suicide? Homicide?
Occurred Birth injury 1-9 1944 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature C A Moldmer M.D. (M. D. or other)
and Address Rupert Idaho Date 1-12 1944
(For additional space, use reverse side)

139103

United States
Department of Commerce
Bureau of the Census JUN 12 1944

Certificate Of Death

M.

STATE OF IDAHO

State File No.
Local Reg. No. 28
Reg. Dist. No. 450

1. **PLACE OF DEATH:**
(a) County Minidoka
(b) City or town Rupert
(c) Street Address or R.F.D. No. Route 2
(d) Death Occured Inside? ✓ Outside? ..... city or town
(e) Died in a Home.... Hospital ✓ Institution.... Other place....
(f) Name Hosp. or Inst. Rupert Stayed 8 days
(g) Lived in this county 37 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Minidoka
(c) City or town Rupert
(d) Street Address or R.F.D. No. Route 2
(e) Deceased lived Inside? ..... Outside? ✓ city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 37 years
(h) Former residence (city, state) Scotland

3. (a) **FULL NAME** Mina Inkster Flett. 125 b

3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex Fem. 5. Color or race W.
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) May 6 1871

8. AGE	Years	Months	Days	If less than 1 day
	72	11	1	hrs min.

9. Exact Occupation Housewife Did this work for ..... yrs.
10. Industry or Business ..... Date last worked
11. Birthplace Orkney Isle Scotland (City or town) (State or foreign country)
Father 12. Name Peter Inkster
13. Birthplace Scotland (City or town) (State or foreign country)
Mother 14. Maiden name Margret Ferguson
15. Birthplace Scotland (City or town) (State or foreign country)
16. Informant's **OWN** Signature Peter Inkster
and Address Rupert Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-10-44 (Month) (Day) (Year)
(c) Place: Rupert Idaho
18. Funeral Director's **OWN** Signature Rodney G Goodman
and Address Rupert Idaho
19. (a) 5-9-44 (Date received and filed) (b) E O Elmore (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April 7 1944
at ..... o'clock ..... M.
21. **I HEREBY CERTIFY**, That I attended deceased from Dec 6 1943, to April 7 1944
I last saw her alive on April 7 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Multiple abscesses of Liver 125 b 1	2 weeks
Due to 127 b 4 Biliary obstruction cause	
Due to unknown	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ..... Date .....
Major finding
Finding of autopsy Multiple abscesses of Liver.

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury
23. Attendant's **OWN** Signature A Moulton M.D. (M. D. or other)
and Address 4-8-44 Date ..... 19.....
(For additional space, use reverse side) Rupert Idaho

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census JUN 12 1944

Certificate Of Death

STATE OF IDAHO

K

State File No. 13310
Local Reg. No. 27
Reg. Dist. No. 450

1. **PLACE OF DEATH:**
   (a) County Minidoka
   (b) City or town Rupert
   (c) Street Address or R. F. D. No.
   (d) Death Occured Inside? ✓ Outside? ..... city or town
   (e) Died in a Home ... Hospital ... Institution ... Other place ...
   (f) Name Hosp. or Inst. Rupert Hos. Stayed 4 days
   (g) Lived in this county 39 years ... months ... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Minidoka
   (c) City or town Rupert
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? ..... Outside? ✓ ..... city or town
   (f) Citizen of what country? U S
   (g) How long had deceased lived in Idaho? 39 years
   (h) Former residence (city, state) Missouri

3. (a) **FULL NAME** Emma Sophia Isenberg 932

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex F
5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Edward
6. (c) Age of husband or wife if alive 77 years
7. Date of Birth (Month, Day, Year) Sept. 27 1871

8. AGE	Years	Months	Days	If less than 1 day
	72	6	28	hrs ... min.

9. Exact Occupation Housewife ... Did this work for ... yrs.
10. Industry or Business ... Date last worked ...
11. Birthplace Millersville (City or town) Missouri (State or foreign country)

Father
12. Name Wilferth
13. Birthplace ... Missouri (City or town) (State or foreign country)

Mother
14. Maiden name Emma Miller
15. Birthplace ... Missouri (City or town) (State or foreign country)

16. Informant's **OWN** Signature E. E. Isenberg
and Address 1227 E 3rd So. Salt Lake City Utah

17. (a) Burial (Burial, cremation or removal) (b) Date thereof 4-14-44 (Month) (Day) (Year)
(c) Place: Rupert Idaho

18. Funeral Director's **OWN** Signature Rodney B. Boardman
and Address Rupert, Idaho

19. (a) 5-9-44 (Date received and filed) (b) Earl E. Isenberg (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April 10 19 44
at 6:00 o'clock A. M.

21. **I HEREBY CERTIFY,** That I attended deceased from Mar 15 19 44, to April 10 19 44
I last saw her alive on April 9 19 44; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: 9301 Duration
Hypostatic pneumonia
Due to Arteriosclerosis 77
Due to ...
Other conditions Cerebral hemorrhage Mar 15 8321
(Include pregnancy within 3 months of death)
Where was disease contracted? ...
Name of operation ... Date ...
Major finding ...
Finding of autopsy ...

PHYISICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ... Suicide? ... Homicide? ...
Occurred ... 19 ... City, county, state where violence occurred ...
Place of Violence: Home ... Farm ... Industry ...
Public Place ... While at work? ...
Means of injury ...

23. Attendant's **OWN** Signature H. H. Kenney MD (M. D. or other)
and Address Rupert Date 5-9 19 44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census JUN 12 1944

Certificate Of Death

STATE OF IDAHO

State File No. 13[illegible]
Local Reg. No. 26
Reg. Dist. No. 450

1. **PLACE OF DEATH:**
(a) County Minidoka
(b) City or town Rupert
(c) Street Address ~~or~~ R. F. D. No. 2
(d) Death Occured Inside? ..... Outside? ✓ city or town
(e) Died in a Home ✓ Hospital ..... Institution ..... Other place .....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 31 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Minidoka
(c) City or town Rupert
(d) Street Address or R.F.D. No. 2
(e) Deceased lived Inside? ..... Outside? ✓ city or town
(f) Citizen of what country? U S
(g) How long had deceased lived in Idaho? 31 years
(h) Former residence (city, state) North Dakota

3. (a) **FULL NAME** Edward Plocher

3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex M
5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Magdelena
6. (c) Age of husband or wife if alive 53 years
7. Date of Birth (Month, Day, Year) Oct 24 1887

8. AGE	Years	Months	Days	If less than 1 day
	56	6	5	hrs min.

9. Exact Occupation Farmer Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace ..... (City or town) Russia (State or foreign country)
Father
12. Name Christ Plocher
13. Birthplace ..... (City or town) Russia (State or foreign country)
Mother
14. Maiden name Margaret Albrecht
15. Birthplace ..... (City or town) Russia (State or foreign country)
16. Informant's **OWN** Signature Albert Plocher
and Address Rupert Route 3
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-3-44 (Month) (Day) (Year)
(c) Place: Rupert Cemetery
18. Funeral Director's **OWN** Signature Rodney E. Goodman
and Address Rupert Idaho
19. (a) 5-9-44 (Date received and filed) (b) E. H. Elmore (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April 29 1944
at ..... o'clock ..... M.
21. **I HEREBY CERTIFY,** That I attended deceased from Nov. 1944, to April 29 1944
I last saw him alive on April 28 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Carcinoma of Stomach	3 years
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYISCIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature [illegible] MD (M. D. or other)
and Address Rupert Date April 19[illegible]
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JUN 12 1944

Certificate Of Death

STATE OF IDAHO

State File No. 13910
Local Reg. No. 29
Reg. Dist. No. 450

1. PLACE OF DEATH:
(a) County Minidoka
(b) City or town Rupert
(c) Street Address or R.F.D. No. Box 41
(d) Death Occured Inside? ..... Outside? ✓ city or town
(e) Died in a Home ✓ Hospital.... Institution.... Other place....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 29 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Minidoka
(c) City or town Rupert
(d) Street Address or R.F.D. No. Box 41
(e) Deceased lived Inside? ..... Outside? ✓ city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 29 years
(h) Former residence (city, state) Oregon

3. (a) FULL NAME Anna Krivanec 93 d

3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex Fem. 5. Color or race W.
6. (a) ~~Single~~, widowed, married, ~~divorced~~ Widowed
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) Jan I 1870

8. AGE	Years	Months	Days	If less than 1 day
	74	5	7	hrs min.

9. Exact Occupation Housewife Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Shuhrov, Cechocho Slovakia (City or town) (State or foreign country)
Father
12. Name Frank Jellinek
13. Birthplace Shuhrov Cechocho Slovakia (City or town) (State or foreign country)
Mother
14. Maiden name Katherine Wilcock
15. Birthplace Shuhrov, Cechocho Slovakia (City or town) (State or foreign country)
16. Informant's **OWN** Signature Charles B Krivanec
and Address Route 2 Rupert Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-10-44 (Month) (Day) (Year)
(c) Place: Rupert Idaho
18. Funeral Director's **OWN** Signature Rodney G Goodman
and Address Rupert Idaho
19. (a) 6-8-44 (Date received and filed) (b) E H Elmore (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) May 7 1944
at ..... o'clock ..... M.

21. I HEREBY CERTIFY, That I attended deceased from April 26 1944, to May 7 1944
I last saw h..... alive on ..... 19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Myocerdite 93 e1	3 years
Due to ~~Lobar~~ Pneumonia 107	1 week
Due to Bronchial	
Other conditions Common cold (Include pregnancy within 3 months of death)	3 weeks

Where was disease contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature A A Moellmer (M. D. or other)
and Address Rupert Idaho Date May 8 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce JUN 12 1944
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 133107
Local Reg. No. 33
Reg. Dist. No. 450

1. **PLACE OF DEATH:**
(a) County Minidoka
(b) City or town Rupert
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? ✓ Outside? ..... city or town
(e) Died in a Home.... Hospital ✓ Institution.... Other place....
(f) Name Hosp. or Inst. Rupert Stayed 1 days
(g) Lived in this county 34 years 2 months 12 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Minidoka
(c) City or town Rupert
(d) Street Address or R.F.D. No. 3
(e) Deceased lived Inside? ..... Outside? — city or town
(f) Citizen of what country? US
(g) How long had deceased lived in Idaho? 34 years
(h) Former residence (city, state) Iowa

3. (a) **FULL NAME** Lillian Maud Irving 108

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex F
5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Willard S.
6. (c) Age of husband or wife if alive 75 years
7. Date of Birth (Month, Day, Year) Nov 19 1877

8. AGE	Years	Months	Days	If less than 1 day
	66	5	27	hrs min.

9. Exact Occupation Housewife Did this work for ..... yrs.
10. Industry or Business own Home Date last worked .....
11. Birthplace Meridan (City or town) Illinois (State or foreign country)
Father
12. Name Michael Jacoby
13. Birthplace (City or town) Pennsylvania (State or foreign country)
Mother
14. Maiden name Sarah Fuss
15. Birthplace (City or town) Pennsylvania (State or foreign country)
16. Informant's **OWN** Signature R. N. Irving
and Address Boise, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-19-44 (Month) (Day) (Year)
(c) Place: Rupert Idaho
18. Funeral Director's **OWN** Signature Rodney C. Goodman
and Address Rupert Idaho
19. (a) 6-8-44 (Date received and filed) (b) E. H. Ehrnse (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 16 1944
at 8:30 o'clock A. M.
21. **I HEREBY CERTIFY,** That I attended deceased from May 15 1944 to May 16 1944
I last saw her alive on May 16 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Pneumonia	
Lobar	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYISCIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature F. H. Kinagy (M. D. or other)
and Address Rupert Id. Date 5-18 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census JUN 12 1944

Certificate Of Death

STATE OF IDAHO

State File No. 1351
Local Reg. No. 345
Reg. Dist. No. 460

1. **PLACE OF DEATH:**
(a) County Minidoka
(b) City or town Rupert
(c) Street Address or R.F.D. No. 2
(d) Death Occured Inside? ✓ Outside? ..... city or town
(e) Died in a Home ✓ Hospital ..... Institution ..... Other place .....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 39 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Minidoka
(c) City or town Rupert
(d) Street Address or R.F.D. No. 2
(e) Deceased lived Inside? ..... Outside? ✓ ..... city or town
(f) Citizen of what country? U.S.
(g) How long had deceased lived in Idaho? 39 years
(h) Former residence (city, state) Washington

3. (a) **FULL NAME** Robert West. 93d

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex M
5. Color or race White
6. (a) Single, widowed, married divorced Widowed
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) Jan 9 1858

8. AGE	Years	Months	Days	If less than 1 day
	86	4	11	hrs ..... min.

9. Exact Occupation Retired — Did this work for ..... yrs.
10. Industry or Business Farmer — Date last worked .....
11. Birthplace Fayette (City or town) Missouri (State or foreign country)

Father
12. Name John West
13. Birthplace Missouri (City or town) (State or foreign country)

Mother
14. Maiden name Mary E Hardin
15. Birthplace unknown (City or town) (State or foreign country)

16. Informant's **OWN** Signature Ella Marshall
and Address Rupert Idaho
17. (a) Burial (Burial, cremation or removal) (b) Date thereof 5-24-44 (Month) (Day) (Year)
(c) Place: Rupert Idaho
18. Funeral Director's **OWN** Signature Rodney L Goodman
and Address Rupert Idaho
19. (a) 6-8-44 (Date received and filed) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 20 1944
at 2:15 o'clock P. M.
21. **I HEREBY CERTIFY**, That I attended deceased from May 20 1943 to May 20 1944
I last saw h.im alive on May 20 1944 death is said to have occurred on the date and hour stated above.

Immediate ~~Cause of~~ Death:	Duration
Arteriosclerosis	
Due to	
Due to	
Other conditions Myocarditis (Include pregnancy within 3 months of death)	

Where was disease contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature J H Keagy (M. D. or other)
and Address Rupert Ida. Date 5-22 19 44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JUN 12 1944

Certificate Of Death

STATE OF IDAHO

State File No. 139[illegible]
Local Reg. No. 32
Reg. Dist. No. 450

1. PLACE OF DEATH:
(a) County Minidoka
(b) City or town Rupert
(c) Street Address or R.F.D. No. Route 3
(d) Death Occured Inside? ..... Outside? ✓ city or town
(e) Died in a Home.... Hospital.... Institution.... Other place ✓
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 0 years 0 months 14 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Ada
(c) City or town Boise
(d) Street Address or R.F.D. No. 408½ South 11.
(e) Deceased lived Inside? ✓ Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 2 years
(h) Former residence (city, state) Boise Idaho

3. (a) FULL NAME Danny Dee Daniels. 183

3. (b) If veteran, name war No
3. (c) Social Security No. no
4. Sex Male
5. Color or race White.
6. (a) Single, widowed, married, divorced Child
6. (b) Name of husband or wife None
6. (c) Age of husband or wife if alive none years
7. Date of Birth (Month, Day, Year) January 20 1942

8. AGE	Years	Months	Days	If less than 1 day
	2	4	9	hrs min.

9. Exact Occupation Child. Did this work for ..... yrs.
10. Industry or Business ..... Date last worked
11. Birthplace Boise (City or town) Idaho. (State or foreign country)
Father
12. Name Dan Larue Daniels.
13. Birthplace Pocatello (City or town) Idaho (State or foreign country)
Mother
14. Maiden name Leona Marie Heisel
15. Birthplace Penokee (City or town) Kansas (State or foreign country)
16. Informant's **OWN** Signature Mrs. Dan Daniels
and Address Boise Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-2-44 (Month) (Day) (Year)
(c) Place: Rupert Cemetery
18. Funeral Director's **OWN** Signature Rodney E. Goodman
and Address Rupert Idaho
19. (a) 6-8-44 (Date received and filed) (b) E. H. Elmore (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 29 1944
at 9:30 o'clock A. M.
21. **I HEREBY CERTIFY,** That I attended deceased from ..... 19....., to ..... 19.....
I last saw h..... alive on did not see alive. 19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Drowning.	Sudden
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Accident occurred on farm about 4 miles ease and 1 mile south of Rupert.
Where was disease contracted?
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYISCIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? X Suicide? ..... Homicide? .....
Occurred May 29 1944 city, county, state where violence occurred Minidoka Co. Idaho.
Place of Violence: Home ..... Farm X Industry .....
Public Place ..... While at work? .....
Means of injury Drowning.
23. Attendant's **OWN** Signature C. A. Moulton (M. D. or other)
and Address Rupert Idaho Date May 20 1944.
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JUN 12 1944

Certificate Of Death

STATE OF IDAHO

State File No. 139110
Local Reg. No. 21
Reg. Dist. No. 450

1. PLACE OF DEATH:
(a) County Minidoka
(b) City or town ~~Rupert~~ Paul
(c) ~~Street Address~~ or R.F.D. No. 1
(d) Death Occured Inside? ..... Outside? ✓ city or town
(e) Died in a Home.... Hospital.... Institution.... Other place....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 30 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Minidoka
(c) City or town Paul
(d) ~~Street Address~~ or R.F.D. No. 1
(e) Deceased lived Inside? ..... Outside? ✓ city or town
(f) Citizen of what country? US
(g) How long had deceased lived in Idaho? 30 years
(h) Former residence (city, state) North Dakota

3. (a) FULL NAME Gottlieb Praegitzer 93d

3. (b) If veteran, name war .....
3. (c) Social Security No. ——
4. Sex M
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Christina
6. (c) Age of husband or wife if alive 64 years
7. Date of Birth (Month, Day, Year) Aug 14 1877

8. AGE	Years	Months	Days	If less than 1 day
	66	9	16	hrs min.

9. Exact Occupation Farmer Did this work for ..... yrs.
10. Industry or Business Own Date last worked .....
11. Birthplace Russia (City or town) (State or foreign country)
Father
12. Name John Praegitzer
13. Birthplace Russia (City or town) (State or foreign country)
Mother
14. Maiden name Catherine Jergens
15. Birthplace Russia (City or town) (State or foreign country)
16. Informant's **OWN** Signature Richard Praegitzer
and Address Paul Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jun 4-1944 (Month) (Day) (Year)
(c) Place: Rupert Cemetery
18. Funeral Director's **OWN** Signature Rodney Goodman
and Address Rupert Idaho
19. (a) 6-8-44 (Date received and filed) (b) E H Elmore (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 30 1944
at 11:15 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from May 18 1944 to May 30 1944
I last saw him alive on May 30 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Myocarditis 93c1	1 year.
Due to 93d	
Hypertensive heart disease.	2 year.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature C A Moodhuer M.D. (M. D. or other)
and Address Rupert Idaho Date May 1931
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JUN 12 1944

Certificate Of Death

STATE OF IDAHO

State File No. 139111
Local Reg. No. 30
Reg. Dist. No. 450

1. **PLACE OF DEATH:**
(a) County Minidoka
(b) City or town Rupert
(c) Street Address or R.F.D. No. 816 7 St.
(d) Death Occured Inside? ✓ Outside? ..... city or town
(e) Died in a Home ✓ Hospital.... Institution.... Other place....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 20 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Minidoka
(c) City or town Rupert
(d) Street Address or ~~R.F.D.~~ No. 816 7 St.
(e) Deceased lived Inside? ✓ Outside? ..... city or town
(f) Citizen of what country? U.S.
(g) How long had deceased lived in Idaho? 20 years
(h) Former residence (city, state) Nephi Utah

3. (a) **FULL NAME** Ellen Christena Broadhead 93d

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex F
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) May 24 1867

8. AGE	Years	Months	Days	If less than 1 day
	77	0	7	hrs min.

9. Exact Occupation Housewife. Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Gunnison (City or town) Utah (State or foreign country)
Father
12. Name David Norton
13. Birthplace unknown (City or town) (State or foreign country)
Mother
14. Maiden name Tobitha McDaniel
15. Birthplace unknown (City or town) (State or foreign country)
16. Informant's **OWN** Signature R. J. Broadhead
and Address Rupert Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 6-3-44 (Month) (Day) (Year)
(c) Place: Nephi Utah
18. Funeral Director's **OWN** Signature Rodney S. Goodman
and Address Rupert Idaho
19. (a) 6-8-44 (Date received and filed) (b) E. H. Elmore (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 31 1944
at 5:30 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from Nov. 1937, to May 31 1944
I last saw her alive on May 31 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Myocarditis	8 years
Due to Hypertensive heart disease	8 years
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYISCIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature [signature] (M. D. or other)
and Address Rupert Idaho Date 6-1 1944
(For additional space, use reverse side)

13911

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

JUN 10 1944 STATE OF IDAHO

State File No.
Local Reg. No. 114
Reg. Dist. No. 220

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
   (a) County Nez Perce
   (b) City or town Lewiston
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? ✓ Outside? ..... city or town
   (e) Died in a Home .... Hospital ✓ Institution .... Other place ....
   (f) Name Hosp. or Inst St. Josephs Stayed 14 days
   (g) Lived in this county 64 years ..... months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Nez Perce
   (c) City or town Lewiston
   (d) Street Address or R.F.D. No. 1303 - 10th Ave
   (e) Deceased lived Inside? ✓ Outside? ..... city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 64 years
   (h) Former residence (city, state)

3. (a) **FULL NAME** Abbie R. Haynes 93d

3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex female 5. Color or race white
6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Date of Birth (Month, Day, Year) 1 - 7 - 1880

8. AGE	Years	Months	Days	If less than 1 day
	64	3	22	hrs min.

9. Exact Occupation housewife Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Lewiston, Idaho (City or town) (State or foreign country)

Father
12. Name Jasper Rand
13. Birthplace Mass. (City or town) (State or foreign country)

Mother
14. Maiden name unknown
15. Birthplace (City or town) (State or foreign country)

16. Informant's **OWN** Signature Helen Haynes
and Address Lewiston, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5 - 1 - 44 (Month) (Day) (Year)
(c) Place: Lewiston, Idaho

18. Funeral Director's **OWN** Signature U. J. Casper
and Address Lewiston, Idaho

19. (a) 5/15/44 (Date received and filed) (b) Margaret Vassar (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 4 - 29 1944
at 12:05 o'clock A. M.

21. **I HEREBY CERTIFY**, That I attended deceased from April 14 1944, to April 29 1944
I last saw her alive on April 29 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Chronic myocarditis — Duration .....
Due to ..... — Duration .....
Due to ..... — Duration .....
Other conditions (Include pregnancy within 3 months of death) — Duration .....
Where was disease contracted? — Duration .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature A. J. White, M.D.
and Address Lewiston, Ida. Date 5 - 1 - 1944
(M.D. or other)
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census JUN 10 1944

Certificate Of Death

STATE OF IDAHO

State File No. 13911
Local Reg. No. 118
Reg. Dist. No. 220

1. **PLACE OF DEATH:**
   (a) County Nez Perce
   (b) City or town Lewiston
   (c) Street Address or R.F.D. No. 1015-10th Ave.
   (d) Death Occured Inside? x Outside? ..... city or town
   (e) Died in a Home x Hospital ... Institution ... Other place ...
   (f) Name Hosp. or Inst. ..... Stayed ..... days
   (g) Lived in this county 30 years ..... months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Nez Perce
   (c) City or town Lewiston
   (d) Street Address or R.F.D. No. 1015-10th Ave
   (e) Deceased lived Inside? x Outside? ..... city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 30 years
   (h) Former residence (city, state) .....

3. (a) **FULL NAME** Herbert H. Bratton 472

3. (b) If veteran, name war none
3. (c) Social Security No. .....
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Esther Bratton
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) February 2, 1888

8. AGE	Years	Months	Days	If less than 1 day
	56	3	1	hrs ..... min.

9. Exact Occupation Retired Did this work for 30 yrs.
10. Industry or Business Merchant Date last worked 1943
11. Birthplace Johnsville, Illinois (City or town) (State or foreign country)

Father
12. Name no record
13. Birthplace no no record (City or town) (State or foreign country)

Mother
14. Maiden name no record
15. Birthplace no no record (City or town) (State or foreign country)

16. Informant's **OWN** Signature Esther M. Bratton
and Address Lewiston, Idaho
17. (a) Burial (b) Date thereof 5-6-44 (Burial, cremation or removal) (Month) (Day) (Year)
(c) Place: Lewiston, Idaho
18. Funeral Director's **OWN** Signature Vincent V. Vassar
and Address Lewiston, Idaho
19. (a) 5/23/44 (Date received and filed) (b) Margaret Vassar (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 5-3-44 19.....
at 11:20 o'clock P. M.
21. **I HEREBY CERTIFY**, That I attended deceased from May 1943 to May 3 1944
I last saw him alive on May 1 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Strangulation	1 day.
Due to Carcinoma of Lung #472	1 year
Due to	
Other conditions Metastasis (Include pregnancy within 3 months of death)	6 mos
carcinoma Bowel	

Where was disease contracted? Lewiston Idaho
Name of operation none Date .....
Major finding .....
Finding of autopsy none made

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature E. H. Braddock MD (M. D. or other)
and Address Lewiston Idaho Date 6-8 19 44
(For additional space, use reverse side)

13911

United States
Department of Commerce
Bureau of the Census

JUN 10 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 116
Reg. Dist. No. 220

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
   (a) County NezPerce
   (b) City or town Lewiston (Orchards)
   (c) Street Address or R. F. D. No. Rural
   (d) Death Occurred Inside? Outside? X city or town
   (e) Died in a Home X Hospital Institution Other place
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county 18 years months days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County NezPerce
   (c) City or town Lewiston (Orchards)
   (d) Street Address or R. F. D. No. Rural
   (e) Deceased lived Inside? Outside? X city or town
   (f) Citizen of what country? U.S.
   (g) How long had deceased lived in Idaho? years
   (h) Former residence (city, state)

3. (a) **FULL NAME** Archie E. Wilson

950

3. (b) If veteran, name war No
3. (c) Social Security No. 519-14-6167
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lillie
6. (c) Age of husband or wife if alive 55 years
7. Date of Birth (Month, Day, Year) APril 22 1886

8. AGE	Years	Months	Days	If less than 1 day
	58	0	3	hrs min.

9. Exact Occupation Merchant — Did this work for yrs.
10. Industry or Business 15 Yrs. — Date last worked
11. Birthplace Everett (City or town) Mo. (State or foreign country)

Father
12. Name Milton Wilson
13. Birthplace (City or town) Mo. (State or foreign country)

Mother
14. Maiden name Rhoda Castell
15. Birthplace (City or town) Calif. (State or foreign country)

16. Informant's OWN Signature Willard M Wilson and Address Lewiston, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/8/44 (Month) (Day) (Year)
    (c) Place: Lewiston, Idaho
18. Funeral Director's OWN Signature By K.H. Malcom and Address Lewiston, Idaho
19. (a) 5/20/44 (Date received and filed) (b) Margaret Vassar (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 5 1944 at 5:00 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from March 27 1944, to May 4 1944
    I last saw him alive on May 4 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Congestive heart disease — Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?

Name of operation Date

Major finding

Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
    Occurred 19 City, county, state where violence occurred
    Place of Violence: Home Farm Industry
    Public Place While at work?
    Means of injury

23. Attendant's OWN Signature A. J. White M.D. (M. D. or other)
    and Address Lewiston, Ida. Date 5-11 1944
    (For additional space, use reverse side)

A. J. White

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

JUN 10 1944

State File No. 139116
Local Reg. No. 113
Reg. Dist. No. 220

1. **PLACE OF DEATH:**
   (a) County Nez Perce
   (b) City or town Lewiston
   (c) Street Address or R.F.D. No. 725-6th Ave.
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home X Hospital .... Institution .... Other place ....
   (f) Name Hosp. or Inst. ..... Stayed ..... days
   (g) Lived in this county 40 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Nez Perce
   (c) City or town Lewiston
   (d) Street Address or R.F.D. No. 725-6th Ave.
   (e) Deceased lived Inside? X Outside? ..... city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 40 years
   (h) Former residence (city, state) .....

3. (a) **FULL NAME** Woodford Dennis Jesse

83a

3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex male
5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Emma
6. (c) Age of husband or wife if alive 68 years
7. Date of Birth (Month, Day, Year) August 10, 1871

8. AGE	Years	Months	Days	If less than 1 day
	72	8	12	hrs ..... min.

9. Exact Occupation retired — Did this work for ..... yrs.
10. Industry or Business ..... — Date last worked .....
11. Birthplace Clay County, Missouri (City or town) (State or foreign country)

Father
12. Name W. W. Jesse
13. Birthplace ..... Missouri (City or town) (State or foreign country)

Mother
14. Maiden name Amanda Boggers
15. Birthplace ..... Missouri (City or town) (State or foreign country)

16. Informant's **OWN** Signature Jesse Jesse
and Address Lewiston, Idaho

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 5/12/44 (Month) (Day) (Year)
(c) Place: Lewiston, Idaho

18. Funeral Director's **OWN** Signature Vincent V. Vassar
and Address Lewiston, Idaho

19. (a) 5/15/44 (Date received and filed) (b) Margaret Vassar (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 8, 1944 19.....
at 12:40 o'clock P. M.

21. **I HEREBY CERTIFY,** That I attended deceased from January 1, 1944, to May 7, 1944
I last saw him alive on May 7, 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death	Duration
Cerebral hemorrhage	
Due to	
Due to	
Other conditions ..... (Include pregnancy within 3 months of death)	

Where was disease contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature A. J. White, M.D.
and Address Lewiston, Ida. (M. D. or other) Date 5-12-1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census JUN 10 1944

Certificate Of Death

STATE OF IDAHO

State File No. 139117
Local Reg. No. 122
Reg. Dist. No. 220

1. PLACE OF DEATH:
(a) County Nez Perce
(b) City or town Lewiston
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? X Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. St. Joseph's Stayed 24 days
(g) Lived in this county 6 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Nez Perce
(c) City or town Lewiston
(d) Street Address or R.F.D. No. 514-D St.
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 6 years
(h) Former residence (city, state)

3. (a) FULL NAME Robert Gordon Johnson 154a

3. (b) If veteran, name war none
3. (c) Social Security No. 519-03-5334
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) 1890

8. AGE	Years	Months	Days	If less than 1 day
	54			hrs min.

9. Exact Occupation Sheepherder Did this work for 5 yrs.
10. Industry or Business Date last worked 4-10-44
11. Birthplace Grant Co., Oregon (City or town) (State or foreign country)
Father
12. Name Thomas Johnson
13. Birthplace no record (City or town) (State or foreign country)
Mother
14. Maiden name Marie Campbell
15. Birthplace no record (City or town) (State or foreign country)
16. Informant's OWN Signature Vincent V. Vassar from deceased papers
and Address Lewiston, Idaho.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 5-23-44 (Month) (Day) (Year)
(c) Place: Lewiston, Idaho
18. Funeral Director's OWN Signature Vincent V. Vassar
and Address Lewiston, Idaho
19. (a) 5/31/44 (Date received and filed) (b) Margaret Vassar (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) May 13, 1944 19
at 12:10 o'clock p. M.

21. I HEREBY CERTIFY, That I attended deceased from April 19 1944, to May 13 1944
I last saw him alive on May 13 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Pulmonary edema	111c
Due to Toxemia	
Due to Acute osteitis of right tibia	
Other conditions (Include pregnancy within 3 months of death)	154a

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's OWN Signature A. J. White M.D. (M.D. or other)
and Address Lewiston, Id. Date 5-24 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JUN 10 1944

Certificate Of Death

STATE OF IDAHO

State File No. 139118
Local Reg. No. 119
Reg. Dist. No. 220

1. **PLACE OF DEATH:**
(a) County Ney Perce
(b) City or town Lewiston
(c) Street Address or R.F.D. No. 224-9th St.
(d) Death Occured Inside? ✓ Outside? ..... city or town
(e) Died in a Home ✓ Hospital ..... Institution ..... Other place .....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 29 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Ney Perce
(c) City or town Lewiston
(d) Street Address or R.F.D. No. 224-9th St.
(e) Deceased lived Inside? 67 Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 67 years
(h) Former residence (city, state) .....

3. (a) **FULL NAME** Harriet Evangeline Wildenthaler 83a

3. (b) If veteran, name war None
3. (c) Social Security No. none
4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Date of Birth (Month, Day, Year) April 2, 1854

8. AGE	Years	Months	Days	If less than 1 day
	90	1	16	hrs min.

9. Exact Occupation housewife Did this work for ..... yrs.
10. Industry or Business at home Date last worked .....
11. Birthplace Whiteside Co. Illinois (City or town) (State or foreign country)
Father
12. Name Thomas Palmer
13. Birthplace New York (City or town) (State or foreign country)
Mother
14. Maiden name Dorcas Gable
15. Birthplace New York (City or town) (State or foreign country)
16. Informant's OWN Signature R E Turkus
and Address Lewiston, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-20-44 (Month) (Day) (Year)
(c) Place: Lewiston, Idaho
18. Funeral Director's OWN Signature Vincent V. Vassar
and Address Lewiston, Idaho
19. (a) 5/23/44 (Date received and filed) (b) Margaret Vassar (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 5-18 1944
at 2:00 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 1911 [illegible] 8 1911, to 5-18 1944
I last saw her alive on 5-17 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebral Hemorrhage	4 hrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted? —	
Name of operation ..... Date	
Major finding —	
Finding of autopsy	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's OWN Signature [illegible] (M. D. or other)
and Address ..... Date ..... 19.....
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census JUN 10 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 13911 9
Local Reg. No. 115
Reg. Dist. No. 220

1. **PLACE OF DEATH:**
   (a) County Nez Perce
   (b) City or town Lewiston
   (c) Street Address or R. F. D. No. 4th, Ave. & 6th, St.
   (d) Death Occurred Inside? In Outside? ____ city or town
   (e) Died in a Home ___ Hospital # Institution ___ Other place ___
   (f) Name Hosp. or Inst. St. Joseph ___ Stayed ____ days
   (g) Lived in this county ____ years 5 months ____ days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Washington (b) County Spokane
   (c) City or town Spokane
   (d) Street Address or R. F. D. No. ____
   (e) Deceased lived Inside? In Outside? ____ city or town
   (f) Citizen of what country? ____
   (g) How long had deceased lived in Idaho? ____ years
   (h) Former residence (city, state) ____

3. (a) FULL NAME Lottie Lee Tipton

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Marion W. Tipton
6. (c) Age of husband or wife if alive 81 years
7. Date of Birth (Month, Day, Year) September 1st, 1866

8. AGE	Years	Months	Days	If less than 1 day
	77	8	18	hrs ____ min.

9. Exact Occupation At home — Did this work for ____ yrs.
10. Industry or Business ____ — Date last worked ____
11. Birthplace ____ (City or town) Indiana (State or foreign country)

Father
12. Name William Marsh
13. Birthplace ____ (City or town) Missouri (State or foreign country)

Mother
14. Maiden name Sarah ____
15. Birthplace ____ (City or town) Missouri (State or foreign country)

16. Informant's OWN Signature Mabel M. Gordon
and Address Lewiston, Idaho

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 5/21/1944 (Month) (Day) (Year)
(c) Place: Spokane, Washington

18. Funeral Director's OWN Signature Brower-Wann Co. By [illegible]
and Address Lewiston, Idaho

19. (a) 6/20/44 (Date received and filed) (b) Margaret Vassar (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) May 19th, 1944 19____
at 8:25 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from 12-1 19 43 to 5-19 19 44
I last saw h[illegible] alive on 5-19 19 44; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Lobar Pneumonia	3 days
Due to —	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted? —	PHYSICIAN
Name of operation None Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy None	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? — Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

28. Attendant's OWN Signature John M. Alley (M. D. or other)
and Address ____ Date ____ 19____
(For additional space, use reverse side)

Alley

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JUN 10 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 13129
Local Reg. No. 130
Reg. Dist. No. 220

1. **PLACE OF DEATH:**
   (a) County Nez Perce
   (b) City or town Lewiston
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? In Outside? ____ city or town
   (e) Died in a Home ___ Hospital # Institution ___ Other place ___
   (f) Name Hosp. or Inst. St Joseph Stayed ____ days
   (g) Lived in this county ____ years ____ months ____ days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Nez Perce
   (c) City or town Lewiston
   (d) Street Address or R. F. D. No. 1328 G. Street
   (e) Deceased lived Inside? In Outside? ____ city or town
   (f) Citizen of what country?
   (g) How long had deceased lived in Idaho? ____ years
   (h) Former residence (city, state)

3. (a) **FULL NAME** Tena Christianson 83a

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) November 6th, 1865

8. AGE	Years	Months	Days	If less than 1 day
	78	6	16	hrs ____ min.

9. Exact Occupation At home — Did this work for ____ yrs.
10. Industry or Business — Date last worked
11. Birthplace Norway (City or town) (State or foreign country)

Father
12. Name August Larson
13. Birthplace Norway (City or town) (State or foreign country)

Mother
14. Maiden name Not known
15. Birthplace Norway (City or town) (State or foreign country)

16. Informant's OWN Signature L. L. Christianson
and Address Lewiston, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/24/1944 (Month) (Day) (Year)
(c) Place: Lewiston, Idaho

18. Funeral Director's OWN Signature Brower-Wann Co. By Brower-Wann
and Address Lewiston, Idaho

19. (a) 6/7/44 (Date received and filed) (b) Margaret Vassar (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 22nd, 1944 19____
at 12:45 o'clock A. M.

21. **I HEREBY CERTIFY,** That I attended deceased from April 7 1944, to May 22 1944
I last saw him alive on May 21 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death	Duration
Hypostatic pneumonia	
Due to Cerebral hemorrhage	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation ____ Date ____ Major finding	Underline the cause to which death should be charged statistically.
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury

23. Attendant's OWN Signature C. J. Christie, M.D. (M. D. or other)
and Address Lewiston, Ida. Date 5-24 1944

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

JUN 10 1944

STATE OF IDAHO

State File No. 13512
Local Reg. No. 120
Reg. Dist. No. 220

1. **PLACE OF DEATH:**
   (a) County Nezperce
   (b) City or town Lewiston, Idaho
   (c) Street Address or R. F. D. No.
   (d) Death Occured Inside? Outside? X city or town
   (e) Died in a Home X Hospital Institution Other place
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county 1 years months days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Nezperce
   (c) City or town Lewiston
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? X Outside? city or town
   (f) Citizen of what country? U.S. of America
   (g) How long had deceased lived in Idaho? 1 years
   (h) Former residence (city, state) Winchester, Ida.

3. (a) **FULL NAME** Christena Cowan Hanna

83a

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Frank M. Hanna
6. (c) Age of husband or wife if alive b75 years
7. Date of Birth (Month, Day, Year) Oct. 28, 1857

8. AGE	Years	Months	Days	If less than 1 day
	86	2	26	hrs min.

9. Exact Occupation Housewife — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace Kansas (City or town) (State or foreign country)

Father
12. Name Wyatt Jasper
13. Birthplace Kentucky (City or town) (State or foreign country)

Mother
14. Maiden name Elizabeth Cowan
15. Birthplace Kentucky (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mrs. Prentice Walker
and Address R#2 Lewiston Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/26/44 (Month) (Day) (Year)
(c) Place: Lewiston Idaho

18. Funeral Director's **OWN** Signature A. F. Merchant
and Address Clarkston Wash.

19. (a) 5/26/44 (Date received and filed) (b) Margaret Vassar (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 24 19 44
at 6 o'clock A M.

21. **I HEREBY CERTIFY,** That I attended deceased from 5 19, to 19
I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Insanity — Duration
Due to Cerebral Hemorrhage
Due to Arteriosclerosis
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature A. G. White, M.D. (M. D. or other)
and Address 5-25-44 Date 19
(For additional space, use reverse side)

Lewiston, Ida.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 33-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census JUN 10 1944

Certificate Of Death 13912?

STATE OF IDAHO

State File No. 13912?
Local Reg. No. 13912?
Reg. Dist. No. 220

1. **PLACE OF DEATH:**
   (a) County Nez Perce
   (b) City or town Lewiston
   (c) Street Address or R.F.D. No. 319-6th St.
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home X Hospital .... Institution .... Other place ....
   (f) Name Hosp. or Inst. ..... Stayed ..... days
   (g) Lived in this county 67 years ..... months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Nez Perce
   (c) City or town Lewiston
   (d) Street Address or R.F.D. No. 319-6th St.
   (e) Deceased lived Inside? X Outside? ..... city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 67 years
   (h) Former residence (city, state) .....

3. (a) **FULL NAME** Mary Alice Butler 94a

3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife ---------
6. (c) Age of husband or wife if alive ---------years
7. Date of Birth (Month, Day, Year) August 1, 1866

8. AGE	Years	Months	Days	If less than 1 day
	77	7	23	hrs min.

9. Exact Occupation Housewife — Did this work for ..... yrs.
10. Industry or Business At Home — Date last worked .....
11. Birthplace Marysville, California (City or town) (State or foreign country)

Father
12. Name John Nelson Hardesty
13. Birthplace Ohio (City or town) (State or foreign country)

Mother
14. Maiden name Margaret Babe Hardesty
15. Birthplace Pennsylvania (City or town) (State or foreign country)

16. Informant's **OWN** Signature Margaret B. Hoyt
and Address Lewiston, Idaho

17. (a) burial (Burial, cremation, or removal) (b) Date thereof May 29, 1944 (Month) (Day) (Year)
(c) Place: Lewiston, Idaho

18. Funeral Director's **OWN** Signature Vincent V. Vassar
and Address Lewiston, Idaho

19. (a) May 31 1944 (Date received and filed) (b) Margaret Vassar (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 24, 1944
at 9:30 o'clock P M.

21. **I HEREBY CERTIFY,** That I attended deceased from ..... 19..... to ..... 19.....
I last saw h..... alive on ..... 19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Heart Failure, natural	
Caused without Medical	
Due to Antecedent Probably due	
to Coronary Occlusion	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature R. B. Lamm M.D.
and Address Lewiston Idaho Date 5-26-44
(For additional space, use reverse side)

139123

United States
Department of Commerce
Bureau of the Census JUL 18 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 128
Reg. Dist. No. 220

1. **PLACE OF DEATH:**
(a) County Nez Perce
(b) City or town Lewiston
(c) Street Address or R. F. D. No. 603 - 6th Ave.
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home X Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county ____ years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Nez Perce
(c) City or town Lewiston
(d) Street Address or R. F. D. No. 603 - 6th Ave.
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? U.S.
(g) How long had deceased lived in Idaho? 56 years
(h) Former residence (city, state) ____

3. (a) **FULL NAME** KORMAH L. HOWE 1316

3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife ____
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) June 2nd, 1886

8. AGE	Years	Months	Days	If less than 1 day hrs min.
	75	11	27	

9. Exact Occupation Housewife Did this work for ____ yrs.
10. Industry or Business ____ Date last worked ____
11. Birthplace Saccarappa, Maine (City or town) (State or foreign country)

Father
12. Name John Mayo
13. Birthplace Not known. (City or town) (State or foreign country)

Mother
14. Maiden name Not known
15. Birthplace Not known. (City or town) (State or foreign country)

16. Informant's OWN Signature L B Rhodes
and Address 608 - 6th Ave.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof May 31, 1944 (Month) (Day) (Year)
(c) Place: Lewiston, Idaho
18. Funeral Director's OWN Signature Brower-Wann Co. By L B Wann
and Address 1434 Main St.
19. (a) 6/7/44 (Date received and filed) (b) Margaret Vassar (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 5-29 1944
at ____ o'clock ____ M.

21. **I HEREBY CERTIFY,** That I attended deceased from 1-11 1944, to 5-29 1944
I last saw her alive on 5-29 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Myocarditis Chronic 938	5 mos.
Chronic Nephritis. 1316	Unknown
Due to ____	
Due to ____	
Other conditions ____ (Include pregnancy within 3 months of death)	

Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's OWN Signature J M McRae (M. D. or other)
and Address 517 Bryden Bldg Date 6/7 1944
(For additional space, use reverse side)

McRae

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JUN 8 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 139124
Local Reg. No. 9
Reg. Dist. No. 530

1. **PLACE OF DEATH:**
(a) County Oneida
(b) City or town Malad
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. Oneida Stayed 6 Hrs
(g) Lived in this county 33 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Oneida
(c) City or town Malad
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? 33 years
(h) Former residence (city, state)

3. (a) **FULL NAME** Laura Catherine Holbrook Willie Murray 131a

3. (b) If veteran, name war
3. (c) Social Security No. None
4. Sex Female 5. Color or race Wht. 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Fred Murray
6. (c) Age of husband or wife if alive 56 years
7. Date of Birth (Month, Day, Year) January 18 1888

8. AGE	Years	Months	Days	If less than 1 day
	56	3	14	hrs min.

9. Exact Occupation Housewife Did this work for 38 yrs.
10. Industry or Business Own Home Date last worked May 2 44
11. Birthplace Bountiful Utah (City or town) (State or foreign country)
Father
12. Name Moses Angell Holbrook
13. Birthplace Bountiful Utah (City or town) (State or foreign country)
Mother
14. Maiden name Jane Ann Knighton
15. Birthplace Sunderland-England (City or town) (State or foreign country)
16. Informant's OWN Signature Fred Murray and Address Malad Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 4- 1944 (Month) (Day) (Year)
(c) Place: Malad Idaho
18. Funeral Director's OWN Signature J. Guy Hansen and Address Malad Idaho.
19. (a) 5-5-1944 (Date received and filed) (b) J. Guy Hansen (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 2 1944 19
at 10:30 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from years 19, to 5-2 1944
I last saw h alive on 5-2 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Apoplexy 831 — Duration 12 hr
Due to Arteri-sclerosis 97
Due to nephritis 152.1
Due to
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's OWN Signature O. H. Mabey M.D. (M. D. or other)
and Address Malad Date 5-4 1944

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

139125

United States
Department of Commerce
Bureau of the Census

JUN 8 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 10
Reg. Dist. No. 530

1. **PLACE OF DEATH:**
(a) County Oneida
(b) City or town Malad
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. Oneida Stayed 3½ days
(g) Lived in this county years months 3½ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bannock
(c) City or town Arimo
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? years
(h) Former residence (city, state)

3. (a) FULL NAME Myers (Baby) 161c

3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Male
5. Color or race Wht.
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) April 30 1944

8. AGE	Years	Months	Days	If less than 1 day
			3½	hrs min.

9. Exact Occupation Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Malad Idaho (City or town) (State or foreign country)
Father
12. Name James Charles Myers
13. Birthplace Raleigh, North Carolina (City or town) (State or foreign country)
Mother
14. Maiden name Thelma Hawkins
15. Birthplace McCammon Idaho. (City or town) (State or foreign country)
16. Informant's OWN Signature James Charles Myers
and Address Arimo Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof May 5 1944 (Month) (Day) (Year)
(c) Place: Arimo Idaho
18. Funeral Director's OWN Signature J. Guy Benson
and Address Malad Idaho
19. (a) 5-5-1944 (Date received and filed) (b) J. Guy Benson (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 4 1944
at 3:05 o'clock A.M.
21. **I HEREBY CERTIFY,** That I attended deceased from 4-30 1944, to May 4 1944
I last saw him alive on May 4 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebral Hemorrhage 83a1	48 hrs
Hematytic Jaundice 161c	"
Due to Anemia, Possible birth injury in precipitate birth	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature Rex G. Layton M.D. (M. D. or other)
and Address Downey, Ida Date 5/4 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JUN 8 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 139123
Local Reg. No. 11
Reg. Dist. No. 530

1. **PLACE OF DEATH:**
   (a) County Oneida
   (b) City or town Malad
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? X Outside? city or town
   (e) Died in a Home Hospital X Institution Other place
   (f) Name Hosp. or Inst. Oneida Stayed 2 days
   (g) Lived in this county years months 2 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Bannock
   (c) City or town Downey
   (d) Street Address or R. F. D. No.
   (e) Deceased lived Inside? Outside? X city or town
   (f) Citizen of what country?
   (g) How long had deceased lived in Idaho? Life years
   (h) Former residence (city, state)

3. (a) FULL NAME Elizabeth Mary Wise Barnes 145b

3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Female 5. Color or race Wht.
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Isaac W. Barnes
6. (c) Age of husband or wife if alive 46 years
7. Date of Birth (Month, Day, Year) April 2 1899

8. AGE	Years	Months	Days	If less than 1 day
	45	1	3	hrs min.

9. Exact Occupation Housewife Did this work for 20 yrs.
10. Industry or Business Own Home Date last worked Apr 30 44
11. Birthplace Garland Utah (City or town) (State or foreign country)

Father
12. Name Joseph Wise
13. Birthplace England (City or town) (State or foreign country)

Mother
14. Maiden name Abbie M. Wardley
15. Birthplace Utah (City or town) (State or foreign country)

16. Informant's OWN Signature Isaac W Barnes
and Address Downey Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 5/7/1944 (Month) (Day) (Year)
(c) Place: Downey Idaho
18. Funeral Director's OWN Signature J. Guy Hensan
and Address Malad Idaho.
19. (a) 5-6-1944 (Date received and filed) (b) J. Guy Hensan (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 4 1944
at 2:15 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from Nov. 1943, to May 4 1944
I last saw her alive on May 4 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Hemorrhage - ? Rupture of Uterus - 1950	1 day
Due to Placenta 146a previa centralis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature Rex S. Layton M.D. (M. D. or other)
and Address Downey Ida Date 5/6 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JUN 8 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 139127
Local Reg. No. 13
Reg. Dist. No. 530

1. **PLACE OF DEATH:**
(a) County Oneida
(b) City or town Malad
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. Oneida Stayed 21 days
(g) Lived in this county Life years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Oneida
(c) City or town Malad
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? Life years
(h) Former residence (city, state)

3. (a) FULL NAME Edward Winfield Colton 97

3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Louise Clark
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) January 1 1866

8. AGE	Years	Months	Days	If less than 1 day
	78	4	17	hrs min.

9. Exact Occupation Teacher-Clerk-Farmer Did this work for 40 yrs.
10. Industry or Business School-Bank-P.O. Date last worked 1921
11. Birthplace Weber Valley Utah (City or town) (State or foreign country)
Father
12. Name Joseph Colton
13. Birthplace England (City or town) (State or foreign country)
Mother
14. Maiden name Ellen White
15. Birthplace England (City or town) (State or foreign country)
16. Informant's OWN Signature Roscoe Colton
and Address Malad Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 20 44 (Month) (Day) (Year)
(c) Place: Malad Idaho
18. Funeral Director's OWN Signature J. Guy Benson
and Address Malad Idaho
19. (a) 5-18-1944 (Date received and filed) (b) J. Guy Benson (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 18 1944
at 2:15 o'clock A. M.
21. **I HEREBY CERTIFY,** That I attended deceased from A 1942, to May 18 1944
I last saw him alive on May 17 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Arteriosclerosis 97
Due to General debility 1626
Due to
Other conditions
(Include pregnancy within 3 months of death)
Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature O H Mabey M.D. (M. D. or other)
and Address Malad Date 5-18 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

JUN 8 1944

State File No. 1391
Local Reg. No. 14
Reg. Dist. No. 530

1. **PLACE OF DEATH:**
   (a) County Oneida
   (b) City or town Malad
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? X Outside? ____ city or town
   (e) Died in a Home X Hospital ____ Institution ____ Other place ____
   (f) Name Hosp. or Inst. ____ Stayed ____ days
   (g) Lived in this county 37 years ____ months ____ days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Oneida
   (c) City or town Malad
   (d) Street Address or R. F. D. No.
   (e) Deceased lived Inside? X Outside? ____ city or town
   (f) Citizen of what country?
   (g) How long had deceased lived in Idaho? 37 years
   (h) Former residence (city, state)

3. (a) **FULL NAME** Violet Marilda Hansen Rose 50

3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Female Color or Race Wht.
5. Color or
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lehi Rose
6. (c) Age of husband or wife if alive 61 years
7. Date of Birth (Month, Day, Year) August 7 1887

8. AGE	Years	Months	Days	If less than 1 day
	56	9	16	hrs ____ min.

9. Exact Occupation Housewife — Did this work for 38 yrs.
10. Industry or Business Own Home — Date last worked April 1944
11. Birthplace Hyrum Utah (City or town) (State or foreign country)

Father
12. Name Hans H. Hansen
13. Birthplace Sweden (City or town) (State or foreign country)

Mother
14. Maiden name Emma Edlefsen
15. Birthplace Norway (City or town) (State or foreign country)

16. Informant's OWN Signature Irven Lee Rose.
and Address Malad Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof May 26 44 (Month) (Day) (Year)
(c) Place: Hyrum Utah.
18. Funeral Director's OWN Signature J. Guy Hansen
and Address Malad Idaho.
19. (a) 5-14-1944 (Date received and filed) (b) J. Guy Hansen (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 23 1944
at 1:03 o'clock P.M.
21. I HEREBY CERTIFY, That I attended deceased from March 28 1944 to May 23 1944
I last saw her alive on May 23 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cancer of breast — Duration
Due With general metastasis.
Due to
Other conditions
(Include pregnancy within 3 months of death)

Where was disease contracted?
Name of operation ____ Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury

23. Attendant's OWN Signature O. A. Mabey M.D. (M. D. or other)
and Address Malad Date 5-14 1944

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

BURIAL AT MIDVALE, IDAHO

Certificate Of Death

STATE OF IDAHO

MAY 17 1944

State File No. 139129
Local Reg. No. 25
Reg. Dist. No. 3330

1. PLACE OF DEATH:
(a) County Payette
(b) City or town Payette
(c) Street Address or R.F.D. No. 126 N 7th St
(d) Death Occured Inside? # Outside? ..... city or town
(e) Died in a Home # Hospital ..... Institution ..... Other place ....
(f) Name of Home or Hospital Canton Home for Aged Stayed 90 days
(g) Lived in this county ..... years ..... months 90 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Wash.
(c) City or town Midvale
(d) Street Address or R.F.D. No. 1
(e) Deceased lived Inside? ..... Outside? # ..... city or town
(f) Citizen of what country? USA
(g) How long had deceased lived in Idaho? 45 years
(h) Former residence (city, state) Midvale, Idaho.

3. (a) FULL NAME Mrs. Elvira Stewart.

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3. (b) If veteran, name war ---
3. (c) Social Security No. ---
4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife James Austin Stewart
6. (c) Age of husband or wife if alive ..... deceased ..... years
7. Date of Birth (Month, Day, Year) December 30 1846

8. AGE	Years	Months	Days	If less than 1 day
	97	4	3	hrs ..... min.

9. Exact Occupation at home — Did this work for life yrs.
10. Industry or Business Home — Date last worked 1915
11. Birthplace Pike Co. (City or town) Missouri (State or foreign country)

Father
12. Name Thomas Mackey
13. Birthplace notknown (City or town) (State or foreign country)

Mother
14. Maiden name Anna Jones
15. Birthplace notknown (City or town) (State or foreign country)

16. Informant's OWN Signature L. E. Stewart
and Address Midvale, Idaho.

17. (a) removal (Burial, cremation, or removal) (b) Date thereof 5/7/1944 (Month) (Day) (Year)
(c) Place: midvale Idaho.

18. Funeral Director's OWN Signature Edith Sanders
and Address Payette, Idaho.

19. (a) 5/6/1944 (Date received and filed) (b) J. C. Woodward (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) MAY 4, 1944 19.....
at 11.30 o'clock P. M.

21. **I HEREBY CERTIFY**, That I attended deceased from 5/4/1944 19..... to 5/4/1944 19.....
I last saw h.er alive on 5/4/44 19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — Duration

Broncho-Pneumonia 107 — 2 days
Senility-Asthenia
Due to .....
Due to .....
Other conditions (Include pregnancy within 3 months of death)
Where was disease contracted?
Name of operation ..... Date .....
Major finding
Finding of autopsy

PHYISCIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's OWN Signature J. C. Woodward M.D. (M. D. or other)
and Address Payette, Id Date 5/6/44

(For additional space, use reverse s..)

Riverside Cemetery

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

MAY 17 1944

State File No. 13139
Local Reg. No. 26
Reg. Dist. No. 3-330

1. **PLACE OF DEATH:**
   (a) County Payette
   (b) City or town Payette
   (c) Street Address or ~~RURAL~~ No. 649 N 8th St.
   (d) Death Occured Inside? # Outside? city or town
   (e) Died in a Home# Hospital Institution Other place
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county 11 years 9 months 6 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Payette
   (c) City or town Payette
   (d) Street Address ~~RURAL~~ No. 649 N 8th St
   (e) Deceased lived Inside? # Outside? city or town
   (f) Citizen of what country? U S A
   (g) How long had deceased lived in Idaho? 11 years
   (h) Former residence (city, state) Clark So Dak

3. (a) **FULL NAME** Charles Henry Poirier. 93d

3. (b) If veteran, name war ----
3. (c) Social Security No. 518-10-3622
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife Mary wPoirier
6. (c) Age of husband or wife if Diseased years
7. Date of Birth (Month, Day, Year) June 23 1876

8. AGE	Years	Months	Days	If less than 1 day
	67	10	13	hrs min.

9. Exact Occupation Bartender — Did this work for 6 yrs.
10. Industry or Business The Club — Date last worked 4/25/44
11. Birthplace Kankakee, (City or town) Ill (State or foreign country)

Father
12. Name Henry Poirier
13. Birthplace (City or town) Canada (State or foreign country)

Mother
14. Maiden name ---
15. Birthplace (City or town) --- (State or foreign country)

16. Informant's **OWN** Signature William Poirier
and Address Payette, Idaho.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 5/10/1944 (Month) (Day) (Year)
(c) Place: Payette, Idaho.

18. Funeral Director's **OWN** Signature Edith Landon
and Address Payette, Idaho.

19. (a) May 9 1944 (Date received and filed) (b) J C Woodward (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

A

20. **DATE OF DEATH** (Month, Day, Year) May 6 1944 19
at 1130 o'clock P M.

21. **I HEREBY CERTIFY**, That I attended deceased from April 1944, to May 6 1944
I last saw h alive on May 6 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Myocardial failure	few days
93 a 1 Due to Cerebral Hemorrhage	48 hrs
Due to Hypertension, Heart Dis	months
Other conditions 93d (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature John J Kaiser MD (M. D. or other)
and Address Payette, Idaho. Date 5/9 19 44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Riverside Cemetery

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

139131
State File No. 139131
Local Reg. No. 24
Reg. Dist. No. 3330

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. PLACE OF DEATH:

(a) County Payette
(b) City or town Payette
(c) Street Address or ~~R.F.D. No.~~ 1536 2nd Ave So.
(d) Death Occured Inside? # Outside? city or town
(e) Died in a Home, # Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 39 years 2 months 1 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

(a) State Idaho (b) County Payette
(c) City or town Payette
(d) Street Address or ~~R.F.D. No.~~ 1536 2nd Ave So
(e) Deceased lived Inside? # Outside? city or town
(f) Citizen of what country? USA
(g) How long had deceased lived in Idaho? 39 years
(h) Former residence (city, state) Laurens, Iowa.

3. (a) **FULL NAME** John Wesley Farson. 1626

3. (b) If veteran, name war ---
3. (c) Social Security No. ----
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced widower
6. (b) Name of husband or wife Nancy Farson.
6. (c) Age of husband or wife if deceased years
7. Date of Birth (Month, Day, Year) February 22 1860.

8. AGE	Years	Months	Days	If less than 1 day
	84	2	15	hrs min.

9. Exact Occupation Carpenter — Did this work for 46 yrs.
10. Industry or Business Building — Date last worked 1934
11. Birthplace Perry Grove, (City or town) Iowa. (State or foreign country)

Father
12. Name Dr. John H. Farson.
13. Birthplace Perry Grove, (City or town) Iowa. (State or foreign country)

Mother
14. Maiden name Susan Kesler.
15. Birthplace --- (City or town) Penn. (State or foreign country)

16. Informant's **OWN** Signature M. W. Farson
and Address Payette, Idaho.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 5/10/1944 (Month) (Day) (Year)
(c) Place: Payette, Idaho.

18. Funeral Director's **OWN** Signature Edith Sanders.
and Address Payette, Idaho.

19. (a) May 9 1944 (Date received and filed) (b) J. C. Woodward (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 8 1944 19
at 4:20 o'clock P. M.

21. **I HEREBY CERTIFY**, That I attended deceased from 1910 19 to 5/8/44 19
I last saw h. alive on 5/6/44 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Senility	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature Dr. H. R. Woodward, Jr. (M. D. or other)
and Address Payette, Idaho. Date 5/9 19 44
(For additional space, use reverse side)

Riverside Cemetery.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 139132
Local Reg. No. 29
Reg. Dist. No. 3330

1. PLACE OF DEATH:
(a) County Payette
(b) City or town Payette
(c) Street Address or R.F.D. No. 7th Ave North
(d) Death Occured Inside? # Outside? city or town
(e) Died in a Home # Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 41 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Payette
(c) City or town Payette
(d) Street Address or R.F.D. No. 7th Ave North
(e) Deceased lived Inside? # Outside? city or town
(f) Citizen of what country? USA
(g) How long had deceased lived in Idaho? 41 years
(h) Former residence (city, state) Fairfield, Mo.

3. (a) FULL NAME William Taylor Ashinhurst. 59b

3. (b) If veteran, name war ----- 3. (c) Social Security No. ------
4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Nancy Jane Ashinhurst 6. (c) Age of husband or wife if alive 81 years
7. Date of Birth (Month, Day, Year) December 6 1865

8. AGE	Years	Months	Days	If less than 1 day
	78	5	17	hrs min.

9. Exact Occupation farmer Did this work for life yrs.
10. Industry or Business ranch Date last worked Dec. 1943
11. Birthplace Burksville, Kentucky. (City or town) (State or foreign country)
Father
12. Name Ralph Ashinhurst.
13. Birthplace Laconia, Indiana. (City or town) (State or foreign country)
Mother
14. Maiden name Caroline Green.
15. Birthplace Burksville, Kentucky. (City or town) (State or foreign country)
16. Informant's OWN Signature Seth Ashinhurst
and Address 1015 7th Ave N. Payette, Idaho.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof May 25 1944 (Month) (Day) (Year)
(c) Place: Payette, Idaho.
18. Funeral Director's OWN Signature Edith Landon
and Address Payette, Idaho.
19. (a) 5/24/1944 (Date received and filed) (b) J.C. Woodward (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 23 1944 19
at 9:45 o'clock A. M.
21. **I HEREBY CERTIFY,** That I attended deceased from May 27 1944, to May 21 1944
I last saw him alive on May 21 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Senility	162b
Due to	
Due to Chronic Arthritis	2 yr
Other conditions 59b (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature Dr. S.R. Woodward, Sr. (M. D. or other)
and Address Payette, Idaho. Date 5/24 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Parkview Cemetery.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

JUN 20 1944

State File No. 139133
Local Reg. No. 30.
Reg. Dist. No. 3331.

1. PLACE OF DEATH:

(a) County Payette
(b) City or town New Plymouth
(c) Street Address or R.F.D. No. West Blve.
(d) Death Occured Inside? # Outside? ..... city or town
(e) Died in a Home # Hospital ..... Institution ..... Other place .....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 46 years 1 months 12 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

(a) State Idaho (b) County Payette
(c) City or town New Plymouth
(d) Street Address or R.F.D. No. West Boulevard
(e) Deceased lived Inside? # Outside? ..... city or town
(f) Citizen of what country? USA
(g) How long had deceased lived in Idaho? 46 years
(h) Former residence (city, state) Omaha, Neb.

3. (a) **FULL NAME** James W. Lynch.

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3. (b) If veteran, name war ------
3. (c) Social Security No. -------
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Phebe E. Lynch.
6. (c) Age of husband or wife if alive 73 years
7. Date of Birth (Month, Day, Year) December 28 1858.

8. AGE	Years	Months	Days	If less than 1 day
	85	5	1	hrs min.

9. Exact Occupation retired orchardist Did this work for ..... yrs.
10. Industry or Business Fruit Ranch Date last worked 1937
11. Birthplace Omaha (City or town) Nebraska (State or foreign country)

Father
12. Name Joseph Lynch
13. Birthplace ----- (City or town) Irland. (State or foreign country)

Mother
14. Maiden name Hannah O'Neil.
15. Birthplace ----- (City or town) Ireland. (State or foreign country)

16. Informant's OWN Signature Phebe E Lynch
and Address New Plymouth, Idaho.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 6/2/1944 (Month) (Day) (Year)
(c) Place: New Plymouth, Idaho.
18. Funeral Director's OWN Signature Edith Lindsay
and Address Payette, Idaho
19. (a) 6/1/1944 (Date received and filed) (b) J C Woodward (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 29 1944
at 12:25 o'clock P M.
21. **I HEREBY CERTIFY**, That I attended deceased from May 3 1944, to May 29 1944
I last saw him alive on May 29 1944; death is said to have occurred on the date and hour stated above.

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Immediate Cause of Death:	Duration
Terminal bronchial pneumonia	one week
Due to Senility 1646	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYISCIAN
Name of operation ..... Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's OWN Signature Geo. E. Davis M.D. (M. D. or other)
and Address New Plymouth, Ida. Date May 31 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Riverside Cemetery.

Certificate Of Death

JUN 20 1944

STATE OF IDAHO

State File No. 13915
Local Reg. No. 31
Reg. Dist. No. 3-330

1. **PLACE OF DEATH:**
   (a) County Payette
   (b) City or town Payette
   (c) Street Address ~~XXXXXXX~~ 1024 Center Ave.
   (d) Death Occured Inside? # Outside? ..... city or town
   (e) Died in a Home # Hospital .... Institution .... Other place ....
   (f) Name Hosp. or Inst. ..... Stayed ..... days
   (g) Lived in this county 61 years 10 months 25 days

   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Payette
   (c) City or town Payette
   (d) Street Address ~~XXXXXXX~~ 1024 Center ave
   (e) Deceased lived Inside? # Outside? ..... city or town
   (f) Citizen of what country? USA
   (g) How long had deceased lived in Idaho? 61 years
   (h) Former residence (city, state) Payette Ida

3. (a) **FULL NAME** Walter G. Pence. 93d

3. (b) If veteran, name war ------
3. (c) Social Security No. ------
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Adda W. Pence
6. (c) Age of husband or wife if alive 60 years
7. Date of Birth (Month, Day, Year) July 5 1882

8. AGE	Years	Months	Days	If less than 1 day
	61	11	25	hrs ..... min.

9. Exact Occupation Stockman — Did this work for life yrs.
10. Industry or Business Stock ranch — Date last worked 5/25/1944
11. Birthplace Boise, Idaho. (City or town) (State or foreign country)

Father
12. Name Peter Pence.
13. Birthplace Kittanning, Penn. (City or town) (State or foreign country)

Mother
14. Maiden name Phila Anna Bixby.
15. Birthplace Oregon, Missouri. (City or town) (State or foreign country)

16. Informant's **OWN** Signature Adda W Pence
and Address 1024 Center Ave, Payette, Idaho

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 6/2/1944 (Month) (Day) (Year)
(c) Place: Payette, Idaho.

18. Funeral Director's **OWN** Signature Edith Sundeen
and Address Payette, Idaho.

19. (a) 6/1/1944 (Date received and filed) (b) J.C. Woodward (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 30 1944
at 1:00 o'clock A. M.

21. **I HEREBY CERTIFY**, That I attended deceased from May 25 1944 to May 30 1944
I last saw him alive on May 29 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Left cerebral hemorrhage (83a1)	5 days
Due to arterio sclerosis	93
chronic myocarditis	93d
Due to	
Other conditions Old coronary (Include pregnancy within 3 months of death)	
thrombosis	

Where was disease contracted?
Name of operation ..... Date .....
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
occurred ..... 19 ..... City, county, state where violence occurred
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury

23. Attendant's **OWN** Signature J. R. Woodward M.D.
(M. D. or other)
and Address Payette, Idaho. Date 5/31 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JUN 5 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 13935
Local Reg. No. 16
Reg. Dist. No. 500

1. **PLACE OF DEATH:**
(a) County Power
(b) City or town American Falls, Ida.
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home Hospital Institution Other place
(f) Name Hosp. or Inst. Schultz Stayed days
(g) Lived in this county 0 years 0 months 0 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Calif. (b) County
(c) City or town Long Beach, Calif.
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? U. S.
(g) How long had deceased lived in Idaho? 10 years
(h) Former residence (city, state) Idaho - Calif.

3. (a) **FULL NAME** Cloyde Allan Wafford. 184

3. (b) If veteran, name war — 3 (c) Social Security No. None
4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife — 6. (c) Age of husband or wife if alive — years
7. Date of Birth (Month, Day, Year) July 5 1930

8. AGE	Years	Months	Days	If less than 1 day
	13	10	15	hrs min.

9. Exact Occupation Student — Did this work for Schools yrs.
10. Industry or Business — Date last worked
11. Birthplace Aberdeen (City or town) Idaho (State or foreign country)
Father 12. Name J. M. Wafford
13. Birthplace Kansas (City or town) Oklahoma (State or foreign country)
Mother 14. Maiden name Evelyn Larsen
15. Birthplace Aberdeen (City or town) Idaho (State or foreign country)
16. Informant's **OWN** Signature Mrs. Helen Wafford
and Address Aberdeen Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-25-44 (Month) (Day) (Year)
(c) Place: Aberdeen Idaho.
18. Funeral Director's **OWN** Signature H. E. Downing
and Address American Falls, Idaho
19. (a) May 30 - 1944 (Date received and filed) (b) Irene Dahling (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 20, 1944
at 10:00 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from May 20 1944, to May 20, 1944
I last saw him alive on May 20, 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Respiratory failure	2 hours
Due to Intracranial pressure and brain damage	2 hours
Due to Gun shot wound, self inflicted	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? Idaho
Name of operation None Date
Major finding None
Finding of autopsy None

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Yes Suicide? Homicide?
Occurred May 20 1944 City, county, state where violence occurred Aberdeen, Bingham, Ida.
Place of Violence: Home Farm Industry
Public Place Yes While at work? No
Means of injury Gun shot
23. Attendant's **OWN** Signature L. L. Harms M.D. (M. D. or other)
and Address Aberdeen Idaho Date May 20 1944
(For additional space, use reverse side)

13913

United States
Department of Commerce
Bureau of the Census

JUN 8 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 24
Reg. Dist. No. 142

1. **PLACE OF DEATH:**
(a) County Shoshone
(b) City or town Kellogg
(c) Street Address or R. F. D. No. 66
(d) Death Occurred Inside? Outside? city or town
(e) Died in a Home Hospital Institution Other place
(f) Name Hosp. or Inst. Wardner Stayed days
(g) Lived in this county years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State (b) County
(c) City or town
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Outside? city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? years
(h) Former residence (city, state)

3. (a) **FULL NAME** Robert Dale Cornell 157E

3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex Male
5. Color or race W
6. (a) Single, widowed, married, divorced ✓
6. (b) Name of husband or wife ✓
6. (c) Age of husband or wife if alive — years
7. Date of Birth (Month, Day, Year) May 4 - 1944

8. AGE	Years	Months	Days	If less than 1 day
				8 hrs min.

9. Exact Occupation Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Kellogg (City or town) Idaho (State or foreign country)
Father
12. Name Lyle Cornell
13. Birthplace Newark (City or town) S. Dak. (State or foreign country)
Mother
14. Maiden name Emily Hughes
15. Birthplace Kellogg (City or town) Idaho (State or foreign country)
16. Informant's OWN Signature Lyle Cornell
and Address Kellogg Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 5 1944 (Month) (Day) (Year)
(c) Place: Kellogg Idaho
18. Funeral Director's OWN Signature R. L. Stout
and Address Kellogg Idaho
19. (a) May 9 1944 (Date received and filed) (b) Mrs. Helen McBride (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 4, 1944
at 4:30 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from May 4 1944, to — 19
I last saw him alive on May 4 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Congenital heart	birth
Due to New born	
lived 8 hrs	
Due to Cesarean section	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted? Kellogg	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature Glenn McCloffey M.D. (M. D. or other)
and Address Kellogg Ida. Date 5-9 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

13137

United States
Department of Commerce
Bureau of the Census

JUN 8 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. ____
Local Reg. No. 285
Reg. Dist. No. 142

1. **PLACE OF DEATH:**
(a) County Shoshone
(b) City or town Kellogg
(c) Street Address or R. F. D. No. ____
(d) Death Occurred Inside? ✓ Outside? ____ city or town
(e) Died in a Home ____ Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. Wardner Stayed ____ days
(g) Lived in this county 8 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Shoshone
(c) City or town Cataldo
(d) Street Address or R. F. D. No. ____
(e) Deceased lived Inside? ____ Outside? ____ city or town
(f) Citizen of what country? ____
(g) How long had deceased lived in Idaho? 25 years
(h) Former residence (city, state) Kind Wn

3. (a) **FULL NAME** Lewis G Dowell 54a

3. (b) If veteran, name war ✓
3. (c) Social Security No. 516-01-7973
4. Sex Male
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Veta
6. (c) Age of husband or wife if alive 55 years
7. Date of Birth (Month, Day, Year) March 28-1904

8. AGE	Years	Months	Days	If less than 1 day
	40	1	11	hrs ____ min. ____

9. Exact Occupation Miner — Did this work for ____ yrs.
10. Industry or Business ____ — Date last worked ____
11. Birthplace Kind (City or town) Wash. (State or foreign country)

Father
12. Name Cyrus W. Dowell
13. Birthplace Mo. (City or town) (State or foreign country)

Mother
14. Maiden name Tibbve
15. Birthplace Dont Know (City or town) (State or foreign country)

16. Informant's **OWN** Signature Veta Dowell
and Address Kellogg Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 11 1944 (Month) (Day) (Year)
(c) Place: Kellogg Ida.
18. Funeral Director's **OWN** Signature Kellogg Stuart
and Address Kellogg Idaho
19. (a) May 12 1944 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 9 19KK
at 1150 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from Feb 1943, to May 9 1944
I last saw him alive on May 9 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cerebral glioma — Duration 1yr
Due to ____
Due to ____
Other conditions ____ (Include pregnancy within 3 months of death)
Where was disease contracted? Kellogg Ida
Name of operation Craniotomy Date 5-1-43
Major finding glioma brain
Finding of autopsy not done

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's **OWN** Signature Glenn McCaffery M.D. (M. D. or other)
and Address Kellogg Ida Date 5-12-1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JUN 9 1944

Certificate Of Death

STATE OF IDAHO

State File No. 139138
Local Reg. No. 49
Reg. Dist. No. 141

1. **PLACE OF DEATH:**
(a) County Shoshone
(b) City or town Mullan
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? ✓ Outside? city or town
(e) Died in a Home ✓ Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 22 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Shoshone
(c) City or town Mullan
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? ✓ Outside? city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? 22 years
(h) Former residence (city, state) Landfront Idaho

3. (a) **FULL NAME** Carl Royland. 136

3. (b) If veteran, name war No
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Elsie.
6. (c) Age of husband or wife if alive 37 years
7. Date of Birth (Month, Day, Year) May-15-1895

8. AGE	Years	Months	Days	If less than 1 day
	48	11	25	hrs min.

9. Exact Occupation Mining. Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Nekkefjord (City or town) Norway (State or foreign country)
Father
12. Name Osmond Royland
13. Birthplace Norway (City or town) (State or foreign country)
Mother
14. Maiden name Not known
15. Birthplace Norway (City or town) (State or foreign country)
16. Informant's **OWN** Signature Mrs. Carl Royland
and Address Mullan Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May-13-44 (Month) (Day) (Year)
(c) Place: Mullan Idaho
18. Funeral Director's **OWN** Signature John A Bever (Wards)
and Address Wallace Idaho
19. (a) May-12-44 (Date received and filed) (b) John A Bever (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 10 1944
at 1:20 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 1934, to May 10 1944
I last saw him alive on May 9 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Pulmonary Tuberculosis	4 yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature Pauline Ellis (M. D. or other)
and Address Wallace Ida Date 5-12 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

JUN 9 1944

State File No. 133139
Local Reg. No. 50
Reg. Dist. No. 140

1. PLACE OF DEATH:
(a) County Shoshone
(b) City or town Wallace
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? ✓ Outside? ..... city or town
(e) Died in a Home ..... Hospital ..... Institution ..... Other place
(f) Name Hosp. or Inst. Providence Stayed ..... days
(g) Lived in this county ..... years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Shoshone
(c) City or town Prichard
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? ✓ Outside? ..... city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? ..... years
(h) Former residence (city, state) Idaho

3. (a) FULL NAME James Moore 131a

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	82			hrs min.

9. Exact Occupation Miner Did this work for ..... yrs.
10. Industry or Business Date last worked
11. Birthplace Ohio (City or town) (State or foreign country)
Father
12. Name Not known
13. Birthplace " " (City or town) (State or foreign country)
Mother
14. Maiden name " "
15. Birthplace " " (City or town) (State or foreign country)
16. Informant's **OWN** Signature John A Bever Hosp Records
and Address Wallace Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May-15-44 (Month) (Day) (Year)
(c) Place: Wallace Idaho
18. Funeral Director's **OWN** Signature John A Bever
and Address Wallace Idaho
19. (a) May-12-44 (Date received and filed) (b) John A Bever (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May-12 1944
at 9 o'clock A. M.
21. **I HEREBY CERTIFY,** That I attended deceased from ..... 19....., to ..... 19.....
I last saw h..... alive on ..... 19.....; death is said to have occurred on the date and hour stated above.
Immediate Cause of Death Duration
94a Coronary Sclerosis Sometimes
Due to
97 Arteriosclerosis several yrs
Due to Nephritis 132:1 10 days
Other conditions
(Include pregnancy within 3 months of death)
Where was disease contracted? Home
Name of operation ..... Date .....
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury
23. Attendant's **OWN** Signature H C Mowery (M. D. or other)
and Address Wallace Idaho Date 5/12 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census JUN 9 1944

Certificate Of Death

STATE OF IDAHO

State File No. 139140
Local Reg. No. 51
Reg. Dist. No. 140

1. PLACE OF DEATH:
(a) County Shoshone
(b) City or town Wallace
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? ✓ Outside? city or town
(e) Died in a Home Hospital ✓ Institution Other place
(f) Name Hosp. or Inst. Roordwell Stayed days
(g) Lived in this county 3 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Shoshone
(c) City or town Wallace
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? ✓ Outside? city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? years
(h) Former residence (city, state) Idaho.

3. (a) FULL NAME Estelle Edith Wade.

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F.
5. Color or race W.
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Wallace
6. (c) Age of husband or wife if alive 39 years
7. Date of Birth (Month, Day, Year) Dec 25-1905

8. AGE	Years	Months	Days	If less than 1 day
	38	5	20	hrs min.

9. Exact Occupation At Home Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Nampa Idaho. (City or town) (State or foreign country)
Father 12. Name Namon S Cogier
13. Birthplace Ohio. (City or town) (State or foreign country)
Mother 14. Maiden name Margaret O'Harra.
15. Birthplace Colo. (City or town) (State or foreign country)
16. Informant's OWN Signature Wallace Wade
and Address Wallace Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof May 22-44 (Month) (Day) (Year)
(c) Place: Idaho Falls.
18. Funeral Director's OWN Signature John A Bever (Wards)
and Address Wallace Idaho
19. (a) May 10-44 (Date received and filed) (b) John A Bever (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 15 1944
at 9.30 o'clock P. M.
21. **I HEREBY CERTIFY**, That I attended deceased from May 4 1944, to May 15 1944
I last saw her alive on May 15 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Em Coliform, Cardiac	5 MINUTES
Due to	
Due to Laparotomy (on)	
Other conditions May 6th (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation Lap Date 5/6/44	PHYSICIAN Underline the cause which death should be charged statistically.
Major finding Appendicitis, sub acute	
Finding of autopsy 12 1 2	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature E. J. Gerald MD (M. D. or other)
and Address Wallace Idaho Date 5/16 1944
(For additional space, use reverse side)

139141

United States
Department of Commerce
Bureau of the Census

JUN 8 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. ____
Local Reg. No. 26
Reg. Dist. No. 142

1. **PLACE OF DEATH**
   (a) County Shoshone
   (b) City or town Kellogg
   (c) Street Address or R. F. D. No. ____
   (d) Death Occurred Inside? X Outside? ____ city or town
   (e) Died in a Home __ Hospital X Institution __ Other place __
   (f) Name Hosp. or Inst. Wardner Stayed 24 days
   (g) Lived in this county 60 years ____ months ____ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Shoshone
   (c) City or town Wardner
   (d) Street Address or R. F. D. No. ____
   (e) Deceased lived Inside? X Outside? ____ city or town
   (f) Citizen of what country? U.S.
   (g) How long had deceased lived in Idaho? 60 years
   (h) Former residence (city, state) ____

3. (a) **FULL NAME** Jacob Kaldenbach 181

3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife ____
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) April 28, 1859

8. AGE	Years	Months	Days	If less than 1 day
	85	0	18	hrs min.

9. Exact Occupation Store Owner Did this work for 20 yrs.
10. Industry or Business general Store Date last worked 1929
11. Birthplace Dover Ohio (City or town) (State or foreign country)

Father
12. Name Unknown
13. Birthplace Unknown (City or town) (State or foreign country)

Mother
14. Maiden name Unknown
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs Ethel Loftwald
and Address Spokane Washington
17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof May 18, 1944 (Month) (Day) (Year)
(c) Place: Spokane Washington
18. Funeral Director's OWN Signature Grant McGrade
and Address Kellogg Idaho
19. (a) May 17-1944 (Date received and filed) (b) Mrs. Helen McBride (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 5-16-44 19__
at 3:30 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from Apr 22 1944, to 5-16 1944
I last saw him alive on 5-16 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Uraemia 132:2	
Due to 2nd to 3rd degree burns of both legs & hands	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation ____ Date ____	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature Robert Stoley (M. D. or other)
and Address Kellogg Ida Date 5-17 1944
(For additional space, use reverse

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JUN 8 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 1391[illegible]
Local Reg. No. 27
Reg. Dist. No. 142

1. **PLACE OF DEATH:**
   (a) County Shoshone
   (b) City or town Kellogg
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? Y Outside? ____ city or town
   (e) Died in a Home __ Hospital Y Institution __ Other place __
   (f) Name Hosp. or Inst. Wardner Stayed 5 days
   (g) Lived in this county ____ years ____ months 21 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Washington (b) County Columbia
   (c) City or town Dayton
   (d) Street Address or R. F. D. No.
   (e) Deceased lived Inside? Y Outside? ____ city or town
   (f) Citizen of what country? U.S.
   (g) How long had deceased lived in Idaho? 31 Days years
   (h) Former residence (city, state)

3. (a) **FULL NAME** Walter McKinney 92b

3. (b) If veteran, name war No
3. (c) Social Security No 712-05-0694
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) June 1, 1872

8. AGE	Years	Months	Days	If less than 1 day
	~~67~~ 71	11	26	hrs min.

9. Exact Occupation Telegrapher Did this work for 45 yrs.
10. Industry or Business Railroad Date last worked May 1944
11. Birthplace Illinois (City or town) (State or foreign country)

Father
12. Name
13. Birthplace (City or town) (State or foreign country)

Mother
14. Maiden name Unknown
15. Birthplace (City or town) (State or foreign country)

16. Informant's OWN Signature Bud McKinney and Address Kingston Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 31 1944 (Month) (Day) (Year)
   (c) Place: Dayton Washington
18. Funeral Director's OWN Signature Quantm C Glade and Address Kellogg Idaho
19. (a) June 2-1944 (Date received and filed) (b) Mrs. Helen McBride (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 27 1944
   at 5 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from April 21 1944, to May 27 1944
   I last saw him alive on May 27 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Uremia 13212	2 weeks
Due to Mitral heart disease	40 yrs
Due to 92b	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted? ?	PHYSICIAN
Name of operation none Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
   Occurred ____ 19__ City, county, state where violence occurred
   Place of Violence: Home ____ Farm ____ Industry ____
   Public Place ____ While at work? ____
   Means of injury ____
23. Attendant's OWN Signature Glenn McCaffey MD (M. D. or other)
   and Address Kellogg Ida Date 5-31 1944
   (For additional space, use reverse side)

139143

United States
Department of Commerce JUN 9 1944
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 5
Reg. Dist. No. 620

1. **PLACE OF DEATH:**
(a) County Teton
(b) City or town Tetonia
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Yes Outside? city or town
(e) Died in a Home XX Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 25 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Teton
(c) City or town Tetonia
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Yes Outside? city or town
(f) Citizen of what country? United States
(g) How long had deceased lived in Idaho? Life years
(h) Former residence (city, state)

3. (a) **FULL NAME** NEILS WILLARD JORGENSEN 93a

3. (b) If veteran, name war No.
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Sarah McCracken
6. (c) Age of husband or wife if alive 55 years
7. Date of Birth (Month, Day, Year) November 10, 1878

8. AGE	Years	Months	Days	If less than 1 day
	65	6	7	hrs min.

9. Exact Occupation Mailcarrier Did this work for yrs.
10. Industry or Business U.S. Government Date last worked 1944
11. Birthplace Weston, Oneida County, Idaho (City or town) (State or foreign country)
Father
12. Name Neils Jorgensen
13. Birthplace Denmark (City or town) (State or foreign country)
Mother
14. Maiden name Mary Nelson
15. Birthplace Denmark (City or town) (State or foreign country)
16. Informant's OWN Signature James W. Jorgensen
and Address Tetonia, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-21-44 (Month) (Day) (Year)
(c) Place: Cache-Clawson, Idaho
18. Funeral Director's OWN Signature M. D. Hansen
and Address St. Anthony, Idaho
19. (a) 6-6-44 (Date received and filed) (b) Ethel Fackrell (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 17 1944
at 4:10 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from Nov. 1943, to May 17 1944
I last saw him alive on May 6 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
93 Chronic Myocarditis	?
Cardiac Decompensation	6 mo.
Due to	
Due to	
Other conditions Chronic Arthritis (Include pregnancy within 8 months of death)	59 b

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature [illegible], M. D. (M. D. or other)
and Address Driggs, Idaho Date May 17 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JUN 14 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 139144
Local Reg. No. 109
Reg. Dist. No. 461

1. **PLACE OF DEATH:**
(a) County Twin Falls
(b) City or town Twin Falls
(c) Street Address or R. F. D. No. 3
(d) Death Occurred Inside? ____ Outside? X city or town
(e) Died in a Home X Hospital __ Institution __ Other place __
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 30 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Twin Falls
(c) City or town Twin Falls
(d) Street Address or R. F. D. No. 3
(e) Deceased lived Inside? ____ Outside? X city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 30 years
(h) Former residence (city, state) Monte Vista, Colo

3. (a) FULL NAME Charles Ward Clark 94a

3. (b) If veteran, name war ____
3. (c) Social Security No. ____
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Carrie
6. (c) Age of husband or wife if alive 76 years
7. Date of Birth (Month, Day, Year) December 31, 1869

8. AGE	Years	Months	Days	If less than 1 day
	74	3	29	hrs min.

9. Exact Occupation Farmer — Did this work for ____ yrs.
10. Industry or Business ____ Date last worked ____
11. Birthplace Flesherton- Ontario, Canada (City or town) (State or foreign country)
Father
12. Name ____
13. Birthplace ____ (City or town) (State or foreign country)
Mother
14. Maiden name ____
15. Birthplace ____ (City or town) (State or foreign country)
16. Informant's OWN Signature C. C. Clark
and Address 3135 S.E. 63rd Port One
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/4/44 (Month) (Day) (Year)
(c) Place: Twin Falls Cem.
18. Funeral Director's OWN Signature Reynolds Funeral Home James E. Reynolds
and Address Twin Falls, Idaho
19. (a) 5/3/44 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) April 30, 1944
at 7:15 o'clock A. M.
21. I HEREBY CERTIFY, That I attended deceased from 4-26 1944 to 4/30/ 1944
I last saw him alive on 4-26 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Coronary occlusion	1 hr.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation ____ Date ____	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature John H. Haughton (M. D. or other)
and Address Twin Falls, Ida. Date ____ 19__
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

JUN 14 1944

State File No. 1331
Local Reg. No. 126
Reg. Dist. No. 461

1. PLACE OF DEATH:
(a) County Twinfalls
(b) City or town " "
(c) Street Address or R. F. D. No.
(d) Death Occured Inside? X Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or In Twinfalls Co Stayed 6 days
(g) Lived in this county years months 6 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Lincoln
(c) City or town Richfield
(d) Street Address or R.F.D. No. Richfield
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? United States
(g) How long had deceased lived in Idaho? 38 years
(h) Former residence (city, state) Denver, Colo.

3. (a) FULL NAME Andrew W. Will

131a

3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife -----
6. (c) Age of husband or wife if alive ---- years
7. Date of Birth (Month, Day, Year) June 29, 1866

8. AGE	Years	Months	Days	If less than 1 day
	77	10	4	hrs min.

9. Exact Occupation Ditch Rider — Did this work for 30 yrs.
10. Industry or Business ---- — Date last worked 1935
11. Birthplace Pumaroy Ohio (City or town) (State or foreign country)

Mother
12. Name -------- Will
13. Birthplace unknown (City or town) (State or foreign country)

Father
14. Maiden name -------- Crumbaker
15. Birthplace unknown (City or town) (State or foreign country)

16. Informant's **OWN** Signature David A Weichbrand
and Address Alma, Colo.
17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof 5/7/44 (Month) (Day) (Year)
(c) Place: GOODING Idaho
18. Funeral Director's **OWN** Signature H.P. Bright
and Address Gooding Idaho
19. (a) 5-26-44 (Date received and filed) (b) (Registrar's Signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 3 - 1944
at 7 o'clock A M.
21. **I HEREBY CERTIFY**, That I attended deceased from 4-26 1944, to 5-3 1944
I last saw h. I m alive on 5-3 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Senility	
Due to Cardio renal disease	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted? Home	
Name of operation None Date	PHYSICIAN Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy None	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature C A Burton MD
and Address Twin Falls Idaho (M. D. or other) Date 5/6 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census JUN 14 1944

Certificate Of Death

STATE OF IDAHO

State File No. 139146
Local Reg. No. 111
Reg. Dist. No. 461

1. **PLACE OF DEATH:**
(a) County Twin Falls,
(b) City or town Buhl
(c) Street Address or R.F.D. No. 1
(d) Death Occured Inside? ..... Outside? x city or town
(e) Died in a Home x Hospital ..... Institution ..... Other place .....
(f) Name Hosp. or Inst. ------- Stayed ..... days
(g) Lived in this county 35 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Twin Falls
(c) City or town Buhl
(d) Street Address or R.F.D. No. 1
(e) Deceased lived Inside? ..... Outside? x city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 35 years
(h) Former residence (city, state) Colorado

3. (a) **FULL NAME** Laura Fedelia Broyles 83a

3. (b) If veteran, name war x
3. (c) Social Security No. x
4. Sex Female
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Edward Broyles
6. (c) Age of husband or wife if alive 68 years
7. Date of Birth (Month, Day, Year) Jan 27th. 1877

8. AGE	Years	Months	Days	If less than 1 day
	67	3	7	hrs min.

9. Exact Occupation Housewife Did this work for ..... yrs.
10. Industry or Business ..... Date last worked 4/25/44
11. Birthplace Sibley, Iowa (City or town) (State or foreign country)
Father
12. Name Samuel Shipp Thatcher
13. Birthplace Indiana. (City or town) (State or foreign country)
Mother
14. Maiden name Martha Ann Dalton
15. Birthplace Harland, Iowa. (City or town) (State or foreign country)
16. Informant's **OWN** Signature Lance K. Broyles
and Address Boise, Ida. 2004 N 9th
17. (a) Burial (b) Date thereof 5/8/44 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: Twin Falls, Ida.
18. Funeral Director's **OWN** Signature Louis J. Johnson
and Address Buhl
19. (a) May 6, 1944 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 5-4 1944
at 7 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from 4-30 1944, to 5-4 1944
I last saw her alive on 5-3 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebral hemorrhage	5 days
Due to arteriosclerosis + hypertension	years
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature M. A. Drake M.D. (M. D. or other)
and Address Buhl, Ida. Date 5-6 1944
(For additional space, use reverse side)

United States
Department of Commerce
Bureau of the Census JUN 14 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 139127
Local Reg. No. 110
Reg. Dist. No. 460

1. **PLACE OF DEATH:**
(a) County Twin Falls
(b) City or town Twin Falls
(c) Street Address or R. F. D. No. 545 2nd Ave No.
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home X Hospital __ Institution __ Other place __
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 2 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Twin Falls
(c) City or town Twin Falls
(d) Street Address or R. F. D. No. 545 2nd Ave No
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? U.S.
(g) How long had deceased lived in Idaho? 2 years
(h) Former residence (city, state) Wooster, Ohio

3. (a) **FULL NAME** DAGUE, Olive M.

61

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife ____
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) February 20, 1873

8. AGE	Years	Months	Days	If less than 1 day
	71	2[illegible]	16	hrs min.

9. Exact Occupation Housewife Did this work for ____ yrs.
10. Industry or Business ____ Date last worked ____
11. Birthplace Wooster, Ohio (City or town) (State or foreign country)
Father
12. Name Adam Miller
13. Birthplace Wooster, Ohio (City or town) (State or foreign country)
Mother
14. Maiden name Mary Clepper
15. Birthplace Ohio (City or town) (State or foreign country)
16. Informant's OWN Signature Creath Barnard
and Address Twin Falls, Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 5/8/44 (Month) (Day) (Year)
(c) Place: Wooster, Ohio
18. Funeral Director's OWN Signature White Mortuary Ella M. White E-249
and Address Twin Falls, Idaho
19. (a) May 8 1944 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 6th 1944
at 6:30 o'clock A. M.
21. I HEREBY CERTIFY, That I attended deceased from May 6th 1944, to May 6th 1944
I last saw her alive on May 6th 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Coronary occlusion	40 Min
Due to Diabetes Mellitus	15 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature John [signature] (M. D. or other)
and Address Twin Falls, Idaho 5/6 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

139148

United States
Department of Commerce
Bureau of the Census

JUN 14 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 112
Reg. Dist. No. 460

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
   (a) County Twin Falls
   (b) City or town Buhl
   (c) Street Address or R. F. D. No. 700 11th No.
   (d) Death Occurred Inside? * Outside? ____ city or town
   (e) Died in a Home* Hospital__ Institution__ Other place__
   (f) Name Hosp. or Inst. none Stayed ____ days
   (g) Lived in this county 37 years ? months ? days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Twin Falls
   (c) City or town Buhl
   (d) Street Address or R. F. D. No. 700 11th No.
   (e) Deceased lived Inside? * Outside? ____ city or town
   (f) Citizen of what country? U. S.
   (g) How long had deceased lived in Idaho? 37 years
   (h) Former residence (city, state) same

3. (a) **FULL NAME** Eugene J. Thometz

940

3. (b) If veteran, name war none
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Frances
6. (c) Age of husband or wife if alive 41 years
7. Date of Birth (Month, Day, Year) March 23, 1901

8. AGE	Years	Months	Days	If less than 1 day
	43	1	13	hrs ____ min.

9. Exact Occupation Body Shop Owner of Top & Did this work for 13 yrs.
10. Industry or Business Canvass Work Date last worked 5/6/44
11. Birthplace Stanberry, Missouri (City or town) (State or foreign country)

Father
12. Name M. A. Thometz
13. Birthplace Chicago, Ill. (City or town) (State or foreign country)

Mother
14. Maiden name Annie Mary Pauly
15. Birthplace Chicago, Ill. (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. E. J. Thometz
and Address Buhl, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/10/44 (Month) (Day) (Year)
(c) Place: Twin Falls Cemetery
18. Funeral Director's OWN Signature D. J. Robertson
and Address Buhl, Idaho
19. (a) May 9, 1944 (Date received and filed) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 6 1944
at 11:30 o'clock A. M.
21. **I HEREBY CERTIFY,** That I attended deceased from May 5 1944 to May 6 1944
I last saw him alive on May 6 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Coronary Thrombosis	7 days
Due to Coronary Sclerosis	2 years
Due to Obesity	2 years
Other conditions (Include pregnancy within 3 months of death)	
Non specific Cystitis.	
Where was disease contracted? unknown	PHYSICIAN
Name of operation ____ Date ____	Underline the cause to which death should be charged statistically.
Major finding ____	
Finding of autopsy Coronary Sclerosis.	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature John W. Winstead (M. D. or other)
and Address Buhl Idaho Date 5-8 1944
(For additional space, use reverse side)

United States
Department of Commerce
Bureau of the Census

JUN 14 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 139149
Local Reg. No. 115
Reg. Dist. No. 460

1. **PLACE OF DEATH:**
(a) County Twin Falls
(b) City or town Twin Falls
(c) Street Address or R. F. D. No. F.T.Co.Gen.Hosp
(d) Death Occurred Inside? ____ Outside? X city or town
(e) Died in a Home __ Hospital X Institution __ Other place __
(f) Name Hosp. or Inst. T.F.Co.Gen Stayed ____ days
(g) Lived in this county 30 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Twin Falls
(c) City or town Twin Falls
(d) Street Address or ~~XXXXX~~ No. 211 Quincy St.
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 30 years
(h) Former residence (city, state) ____

3. (a) **FULL NAME** CARDWELL, Claude C. Sr.

83a

3. (b) If veteran, name war no
3. (c) Social Security No. 519-05-8373
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Cecil Leo
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) Dec., 30, 1885

8. AGE	Years	Months	Days	If less than 1 day
	58	4	6	hrs min.

9. Exact Occupation Laborer Did this work for ____ yrs.
10. Industry or Business Day labor Date last worked ____
11. Birthplace Republic, Kansas (City or town) (State or foreign country)
Father
12. Name Nelson D. Cardwell
13. Birthplace Iowa (City or town) (State or foreign country)
Mother
14. Maiden name Clara Ella Fisher
15. Birthplace Iowa. (City or town) (State or foreign country)
16. Informant's OWN Signature Melvin Cardwell
and Address Twin Falls, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/12/44 (Month) (Day) (Year)
(c) Place: Twin Falls Cem.
18. Funeral Director's OWN Signature White Mortuary Ella M. White E-249
and Address Twin Falls, Idaho.
19. (a) 5/12/44 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 6, 1944 19__
at 10:45 o'clock P.M.
21. **I HEREBY CERTIFY,** That I attended deceased from Apr. 26 1944, to May 6, 1944
I last saw him alive on May 6 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebral hemorrhage	83a
Ort. Hemiplegia	83d
Due to ?	
?	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation ____ Date ____	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature [signature] (M. D. or other)
and Address Twin Falls, Ida Date May 9 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

139159

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

JUN 14 1944

State File No. 139159
Local Reg. No. 116
Reg. Dist. No. 461

1. **PLACE OF DEATH:**
   (a) County Twin Falls
   (b) City or town Twin Falls
   (c) Street Address or R. F. D. No. 514-3rd Ave. N.
   (d) Death Occurred Inside? X Outside? ____ city or town
   (e) Died in a Home ____ Hospital ____ Institution ____ Other place ____
   (f) Name Hosp. or Inst. ____ Stayed ____ days
   (g) Lived in this county 32 years ____ months ____ days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Twin Falls
   (c) City or town ~~Twin~~ Kimberly,
   (d) Street Address or R. F. D. No. Route #1.
   (e) Deceased lived Inside? ____ Outside? X city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 32 years
   (h) Former residence (city, state) Snyder, Colo.

3. (a) **FULL NAME** CHAMPLIN, Mrs. Eunice Leona 83a

3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex femal e race white
5. Color or
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife L. W. Champlin
6. (c) Age of husband or wife if alive 83 years
7. Date of Birth (Month, Day, Year) Dec., 27, 1864

8. AGE	Years	Months	Days	If less than 1 day
	79	4	10	hrs ____ min.

9. Exact Occupation Housewife — Did this work for 50 yrs.
10. Industry or Business ____ — Date last worked 1940
11. Birthplace Des Moines, (City or town) Iowa (State or foreign country)

Father
12. Name Hudson
13. Birthplace Unknown (City or town) (State or foreign country)

Mother
14. Maiden name Bailey
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's OWN Signature L. W. Champlin
and Address Kimberly, Idaho, Rt. #1.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 5-10-44 (Month) (Day) (Year)
(c) Place Twin Falls Cemetery
18. Funeral Director's OWN Signature Ella McWhite E-249
and Address Twin Falls Idaho
19. (a) 6-14-44 (Date received and filed) (b) ____ (Registrar's Signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 7th, 1944
at 2:00 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 4-24-44 19__ to May 6th 1944
I last saw her alive on 5-1-44 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebral hemorrhage	8 da.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ____ Date ____
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury

23. Attendant's OWN Signature Joseph W. Marshall M.D. (M. D. or other)
and Address Twin Falls, Ida. Date 5-9 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census JUN 14 1944

Certificate Of Death

STATE OF IDAHO

State File No. 1391
Local Reg. No. 120
Reg. Dist. No. 461

1. **PLACE OF DEATH:**
   (a) County Twin Falls,
   (b) City or town Twin Falls,
   (c) Street Address or R.F.D. No. 3
   (d) Death Occured Inside? ..... Outside? x city or town
   (e) Died in a Home x Hospital.... Institution.... Other place....
   (f) Name Hosp. or Inst..... Stayed.....days
   (g) Lived in this county 32 years .....months .....days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Twin Falls
   (c) City or town Twin Falls
   (d) Street Address or R.F.D. No. 3
   (e) Deceased lived Inside? ..... Outside? x city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 32 years
   (h) Former residence (city, state) Phillipsburgh, Penna.

3. (a) **FULL NAME** Robert Berryman Slee, 46

3. (b) If veteran, name war Spanish Am. And. Mex. Border. 3. (c) Social Security No. 518-07-4029

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Edna Slee 6. (c) Age of husband or wife if alive 57 years

7. Date of Birth (Month, Day, Year) Nov. 28-1881

8. AGE	Years	Months	Days	If less than 1 day
	62	x	12	hrs min.

9. Exact Occupation Auto Salesman Did this work for 13 yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace McIntyre, Penna. (City or town) (State or foreign country)

Father
12. Name William Henry Slee
13. Birthplace ..... England (City or town) (State or foreign country)

Mother
14. Maiden name Salina Mathews
15. Birthplace ..... England. (City or town) (State or foreign country)

16. Informant's **OWN** Signature Nadine Slee
and Address 103½ N. 10th Boise, Ida.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-15-44 (Month) (Day) (Year)
(c) Place: Buhl

18. Funeral Director's **OWN** Signature Evans D. Johnson
and Address Buhl

19. (a) 5 17 44 (Date received and filed) (b) ..... (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 5-10 1944
at 5.00 o'clock P M.

21. **I HEREBY CERTIFY**, That I attended deceased from 10-1-43 19..., to 5-10-44 19...
I last saw him alive on 5-10-44 19...; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cancer of Stomach	1yr -
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation ..... Date	
Major finding	
Finding of autopsy	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home..... Farm..... Industry.....
Public Place..... While at work?.....
Means of injury .....

23. Attendant's **OWN** Signature Joseph W. Marshall M.D. (M. D. or other)
and Address Twin Falls, Idaho Date 5-10-44
(For additional space, use reverse side)

United States
Department of Commerce
Bureau of the Census

JUN 14 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 13[illegible]
Local Reg. No. 121
Reg. Dist. No. 460

1. **PLACE OF DEATH:**
(a) County Twin Falls,
(b) City or town Twin Falls,
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? , Outside? city or town
(e) Died in a Home Hospital Institution Other place
(f) Name Hosp. or Inst. Twin Falls Stayed 1 days
(g) Lived in this county years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho. (b) County Twin Falls
(c) City or town Twin Falls,
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? No Inf.
(g) How long had deceased lived in Idaho? years
(h) Former residence (city, state) No Inf.

3. (a) **FULL NAME** John W. Martin

3. (b) If veteran, name war
3. (c) Social Security No. 519-20-1727
4. Sex m
5. Color or race w
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	63			hrs min.

9. Exact Occupation Labor Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace (City or town) (State or foreign country)
Father
12. Name No Inf.
13. Birthplace No Inf. (City or town) (State or foreign country)
Mother
14. Maiden name No Inf.
15. Birthplace No Inf. (City or town) (State or foreign country)
16. Informant's OWN Signature (No Known relatives) [signature]
and Address
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: Filer Cemetery 5/13/44
18. Funeral Director's OWN Signature [signature]
and Address
19. (a) 5/13/44 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 11Th. 1944
at 8 o'clock p M.
21. **I HEREBY CERTIFY,** That I attended deceased from 5-11 1944, to 5-11 1944
I last saw him alive on 5-11 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Apoplexy. — Duration
Due to
Due to
Other conditions None
(Include pregnancy within 3 months of death)
Where was disease contracted? at home
Name of operation None Date
Major finding ✓
Finding of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ✓ Suicide? ✓ Homicide? ✓
Occurred ✓ 19 City, county, state where violence occurred ✓
Place of Violence: Home ✓ Farm ✓ Industry ✓
Public Place ✓ While at work? ✓
Means of injury None
23. Attendant's OWN Signature [signature] (M. D. or other)
and Address Twin Falls Date 5-17 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JUN 14 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 139155
Local Reg. No. 119
Reg. Dist. No. 461

1. **PLACE OF DEATH:**
(a) County Twin Falls
(b) City or town Twin Falls
(c) Street Address or R. F. D. No. 1
(d) Death Occurred Inside? ____ Outside? X city or town
(e) Died in a Home __ Hospital X Institution __ Other place __
(f) Name Hosp. or Inst. T.F.County Stayed 6 days
(g) Lived in this county 27 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Twin Falls
(c) City or town Twin Falls
(d) Street Address or R. F. D. No. 3
(e) Deceased lived Inside? ____ Outside? X city or town
(f) Citizen of what country? U. S.
(g) How long had deceased lived in Idaho? 27 years
(h) Former residence (city, state) West Point, Ia.

3. (a) FULL NAME Frank Schubert

95a

3. (b) If veteran, name war ____ 3. (c) Social Security No. ____
4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Lena 6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) November 22, 1865

8. AGE	Years	Months	Days	If less than 1 day
	78	5	21	hrs min.

9. Exact Occupation Farmer Did this work for ____ yrs.
10. Industry or Business ____ Date last worked ____
11. Birthplace Henry County (City or town) Iowa (State or foreign country)
Father
12. Name Gottlieb Schubert
13. Birthplace Germany (City or town) (State or foreign country)
Mother
14. Maiden name Anna Muscick
15. Birthplace Germany (City or town) (State or foreign country)
16. Informant's OWN Signature James Schubert
and Address Twin Falls, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/15/44 (Month) (Day) (Year)
(c) Place: Sunset Memorial Park
18. Funeral Director's OWN Signature James E. Reynolds Reynolds Funeral Home
and Address Twin Falls, Idaho
19. (a) 5/16/44 (Date received and filed) (b) [signature] (Registrar's Signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 13, 1944
at 12:00 o'clock M. Noon
21. **I HEREBY CERTIFY,** That I attended deceased from ____ 19__, to ____ 19__
I last saw him alive on ____ 19__; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death	Duration
Auricular Hebrillation	2 yr
95a	
Due to Arterial hypertension	20 yr
Due to 102	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation ____ Date ____	
Major finding	
Finding of autopsy	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature [signature] (M. D. or other)
and Address Twin Falls Date ____ 19__
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1391[illegible]

United States
Department of Commerce
Bureau of the Census

JUN 14 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 122
Reg. Dist. No. 460

1. **PLACE OF DEATH:**
(a) County Twin Falls
(b) City or town Twin Falls
(c) Street Address or R. F. D. No. T.F.Co.Gen. Hosp
(d) Death Occurred Inside? Outside? X city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. Stayed 1 days
(g) Lived in this county 0 years 5 months 13 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Twin Falls
(c) City or town Twin Falls
(d) Street Address or ~~R. F. D.~~ No. 302-2nd Ave. S.
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? life years
(h) Former residence (city, state)

3. (a) **FULL NAME** MENDIOLA, Carolyn Ruth

108

3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) November 17, 1943

8. AGE	Years	Months	Days	If less than 1 day
	0	5	28	hrs min.

9. Exact Occupation Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Twin Falls, Idaho (City or town) (State or foreign country)
Father
12. Name Claude Mendiola
13. Birthplace Mountain Home, Idaho (City or town) (State or foreign country)
Mother
14. Maiden name Isabel Bilbao
15. Birthplace Jorden Valley, Oregon (City or town) (State or foreign country)
16. Informant's OWN Signature Claude Mendiola
and Address 302- 2nd Ave. S. Twin Falls
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 5-19-44 (Month) (Day) (Year)
(c) Place: Twin Falls Cemetery
18. Funeral Director's OWN Signature Ella M. White E-249
and Address Twin Falls, Idaho
19. (a) 5/19/44 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 15, 1944
at 7:00 o'clock P.M.
21. **I HEREBY CERTIFY,** That I attended deceased from May 15 1944, to May 15 1944
I last saw her alive on May 15 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration
Lobar Pneumonia
Due to Cardiac failure
Due to
Other conditions
(Include pregnancy within 3 months of death)
Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature Valdi B. Fuendeling, M.D. (M. D. or other)
and Address Date 19
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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United States
Department of Commerce
Bureau of the Census

JUN 14 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 123
Reg. Dist. No. 460

1. **PLACE OF DEATH:**
(a) County Twin Falls County
(b) City or town Twin Falls
(c) Street Address or R. F. D. No. T. F. Co. Gen. Hosp
(d) Death Occurred Inside? Outside? X city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. Stayed 1 days
(g) Lived in this county 15 years 11 months 28 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Twin Falls
(c) City or town Twin Falls
(d) Street Address or R. F. D. No. 320- Ash St.
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? life years
(h) Former residence (city, state)

3. (a) **FULL NAME** CUBIT, Roy Patrick

170C

3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) May 18- 1928

8. AGE	Years	Months	Days	If less than 1 day
	15	11	28	hrs min.

9. Exact Occupation Mailing clerk
Industry or Business Times-News
Did this work for yrs.
Date last worked 5-15-44
11. Birthplace Twin Falls, (City or town) Idaho (State or foreign country)

Father
12. Name Roy Cubit
13. Birthplace River Falls, (City or town) Wisconsin (State or foreign country)

Mother
14. Maiden name ~~Hazel~~ Hazel Scheu
15. Birthplace Pocatello, (City or town) Idaho (State or foreign country)

16. Informant's **OWN** Signature Roy Cubit
and Address 320- Ash Street, Twin Falls
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 5/18/44 (Month) (Day) (Year)
(c) Place SUNSET MEMORIAL PARK CEM.
18. Funeral Director's **OWN** Signature White Mortuary
and Address Twin Falls, Idaho.
19. (a) 5-19-44 (Date received and filed) (b) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 16, 1944
at 1:00 o'clock P.M.
21. **I HEREBY CERTIFY,** That I attended deceased from 5-16-44 19 to May 16, 1944
I last saw him alive on May 16 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Skull fracture	3-hrs.
Due to auto accident	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation Date	
Major finding	
Finding of autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature Joseph W. Marshall. M.D. (M. D. or other)
and Address Twin Falls, Ida. Date 5-16 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

JUN 14 1944

13958
State File No.
Local Reg. No. 133
Reg. Dist. No. 461

1. PLACE OF DEATH:
(a) County Twin Falls
(b) City or town Buhl
(c) Street Address or R. F. D. No. 820 Prague Ave
(d) Death Occurred Inside? * Outside? ____ city or town
(e) Died in a Home ____ Hospital* ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. Buhl Stayed 2 days
(g) Lived in this county 31 years ? months ? days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Twin Falls
(c) City or town Buhl
(d) Street Address or R. F. D. No. Route #3
(e) Deceased lived Inside? ____ Outside? * city or town
(f) Citizen of what country? U. S.
(g) How long had deceased lived in Idaho? 31 years
(h) Former residence (city, state) same

3. (a) FULL NAME Mrs. Iva P. Woodruff

83a

3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Wm. P.
6. (c) Age of husband or wife if alive 63 years
7. Date of Birth (Month, Day, Year) March 26, 1884

8. AGE	Years	Months	Days	If less than 1 day
	60	1	23	hrs ____ min. ____

9. Exact Occupation Housewife — Did this work for 40 yrs.
10. Industry or Business housekeeping — Date last worked 5/15/44
11. Birthplace Aurora, (City or town) Missouri (State or foreign country)

Father
12. Name Wm. Wolfinbarger
13. Birthplace ? (City or town) Tenn. (State or foreign country)

Mother
14. Maiden name Nancy Jane Fulbright
15. Birthplace ? (City or town) Missouri (State or foreign country)

16. Informant's OWN Signature Emery E. Woodruff
and Address Buhl, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/23/44 (Month) (Day) (Year)
(c) Place: Buhl City Cemetery
18. Funeral Director's OWN Signature D. J. Albertson
and Address Buhl, Idaho
19. (a) May 26, 1944 (Date received and filed) (b) ____ (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) May 19, 1944
at 11:00 o'clock P. M.
21. I HEREBY CERTIFY, That I attended deceased from 5-6-1944, to 5-19-1944
I last saw her alive on 5-19-44 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebral Hemorrhage	13 days
Due to arteriosclerosis + hypertension	years
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature M. C. Drake M.D. (M. D. or other)
and Address Buhl Ida. Date 5-23-1944
(For additional space, use reverse side)

139159

United States
Department of Commerce
Bureau of the Census

JUN 14 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 124
Reg. Dist. No. 461

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
   (a) County Twin Falls
   (b) City or town Twin Falls
   (c) Street Address or R. F. D. No. 948 2nd Ave. W.
   (d) Death Occurred Inside? X Outside? ____ city or town
   (e) Died in a Home X Hospital ____ Institution ____ Other place ____
   (f) Name Hosp. or Inst. ____ Stayed ____ days
   (g) Lived in this county 0 years 1 months 14 days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Calif. (b) County ____
   (c) City or town Oakland
   (d) Street Address or R. F. D. No. ____
   (e) Deceased lived Inside? X Outside? ____ city or town
   (f) Citizen of what country? ____
   (g) How long had deceased lived in Idaho? 6 wks.
   (h) Former residence (city, state) Oakland, Calif.

3. (a) **FULL NAME** Luva McKinstry

95c

3. (b) If veteran, name war ____ 3. (c) Social Security No. 572-16-8678

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Emmett 6. (c) Age of husband or wife if alive ____ years

7. Date of Birth (Month, Day, Year) June 20, 1890

8. AGE	Years	Months	Days	If less than 1 day
	53	11	0	hrs ____ min.

9. Exact Occupation Seamstress — Did this work for ½ yrs.

10. Industry or Business California Quartermaster Depot — Date last worked Jan. 1944

11. Birthplace Salem (City or town) Iowa (State or foreign country)

Father
12. Name John Denney
13. Birthplace ____ Iowa (City or town) (State or foreign country)

Mother
14. Maiden name Hannah Jane Jessup
15. Birthplace ____ (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs Earl Maddy
and Address 948 2nd Ave. W.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/24/44 (Month) (Day) (Year)
(c) Place: Sunset Memorial Park

18. Funeral Director's OWN Signature James E. Reynolds Funeral Home
and Address Twin Falls, Idaho

19. (a) 5/24/44 (Date received) ____ filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 20, 1944
at 10:45 o'clock A. M.

21. **I HEREBY CERTIFY**, That I attended deceased from 5-17 1944, to 5/20 1944
I last saw her alive on 5/20 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cardiac Asthma	4 mo.
Due to ____	
Due to ____	
Other conditions ____ (Include pregnancy within 3 months of death)	
Where was disease contracted? ____	PHYSICIAN
Name of operation ____ Date ____	Underline the cause to which death should be charged statistically.
Major finding ____	
Finding of autopsy ____	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's OWN Signature A. A. Newberry (M. D. or other)
and Address Twin Falls Ida. Date 5/23 19____

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JUN 14 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 13310
Local Reg. No. 127
Reg. Dist. No. 461

1. **PLACE OF DEATH:**
(a) County Twin Falls
(b) City or town Twin Falls
(c) Street Address or R. F. D. No. T.F.Co.Gen'l.Hosp.
(d) Death Occurred Inside? ____ Outside? X city or town
(e) Died in a Home __ Hospital X Institution __ Other place __
(f) Name Hosp. or Inst. T.F.Co.Gen'l Hosp. Stayed 1 days
(g) Lived in this county 0 years 0 months 1 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Twin Falls
(c) City or town Twin Falls
(d) Street Address or R. F. D. No. T.F.Co.Gen'l.Hosp.
(e) Deceased lived Inside? ____ Outside? X city or town
(f) Citizen of what country? ____
(g) How long had deceased lived in Idaho? ____ years
(h) Former residence (city, state) ____

3. (a) **FULL NAME** KASTER, Robert M.

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3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife ____
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) May 21, 1944

8. AGE	Years	Months	Days	If less than 1 day
	0	0	0	21 hrs min.

9. Exact Occupation None Did this work for ____ yrs.
10. Industry or Business None Date last worked ____
11. Birthplace Twin Falls, Idaho (City or town) (State or foreign country)
Father
12. Name Howard Kaster
13. Birthplace Filer, Idaho (City or town) (State or foreign country)
Mother
14. Maiden name Bernice Gulick
15. Birthplace Filer, Idaho (City or town) (State or foreign country)
16. Informant's OWN Signature Howard Kaster
and Address Filer, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/22/44 (Month) (Day) (Year)
(c) Place: Sunset Mem. Park Cem.
18. Funeral Director's OWN Signature White Mortuary
and Address Twin Falls, Idaho
19. (a) 5/31/44 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 21, 1944 19__
at 11:55 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from May 21, 1944, to May 21, 1944
I last saw him alive on May 21, 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Prematurity	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation ____ Date ____	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature [signature] M.D. (M. D. or other)
and Address Filer, Idaho Date 5/24 1944
(For additional space, use reverse side)

13515

United States
Department of Commerce
Bureau of the Census JUN 14 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 128
Reg. Dist. No. 461

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
   (a) County Twin Falls
   (b) City or town Twin Falls
   (c) Street Address or R. F. D. No. T.F.Co.Gen'l.Hosp.
   (d) Death Occurred Inside? ____ Outside? X city or town
   (e) Died in a Home ____ Hospital X Institution ____ Other place ____
   (f) Name Hosp. or Inst. T.F.C.Gen'l Hos. Stayed 1 days
   (g) Lived in this county 35 years ____ months ____ days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Twin Falls
   (c) City or town Twin Falls
   (d) Street Address or R. F. D. No. Twin Falls R-3
   (e) Deceased lived Inside? ____ Outside? X city or town
   (f) Citizen of what country? ____
   (g) How long had deceased lived in Idaho? 35 years
   (h) Former residence (city, state) Arizona

3. (a) **FULL NAME** OWENS, P. B.

3. (b) If veteran, name war None
3. (c) Social Security No. ____
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Gertrude
6. (c) Age of husband or wife if alive 56 years
7. Date of Birth (Month, Day, Year) February 1st, 1885

8. AGE	Years	Months	Days	If less than 1 day
	59	3	20	hrs ____ min.

9. Exact Occupation NIGHT WATCHMAN Did this work for 3 yrs.
10. Industry or Business ____ Date last worked May 1st 44
11. Birthplace Phoenix, Arizona (City or town) (State or foreign country)

Father
12. Name Ardeen Owens
13. Birthplace Unknown (City or town) (State or foreign country)

Mother
14. Maiden name Unknown
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's **OWN** Signature Frank B. Kraigh
and Address Twin Falls, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/24/44 (Month) (Day) (Year)
(c) Place: Twin Falls Cem.

18. Funeral Director's **OWN** Signature White Mortuary
and Address Twin Falls, Idaho

19. (a) 5/31/44 (Date received and filed) (b) ____ (Registrar's Signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 21, 1944
at 10 A. M. o'clock ____ M.

21. **I HEREBY CERTIFY,** That I attended deceased from 5/20 1944 to 5/21 1944
I last saw him alive on 5/21 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cancer of Colon — Duration ____
Due to ____
Due to ____
Other conditions ____
(Include pregnancy within 3 months of death)

Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's **OWN** Signature J. H. Humphrey (M. D. or other)
and Address Twin Falls, Ida. Date 5/23 1944

(For additional space, use reverse side)

United States
Department of Commerce
Bureau of the Census JUN 1 4 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 139[illegible]
Local Reg. No. 134
Reg. Dist. No. 461

1. **PLACE OF DEATH:**
(a) County Twin Falls
(b) City or town Filer
(c) Street Address or R. F. D. No. 2
(d) Death Occurred Inside? ____ Outside? * city or town
(e) Died in a Home * Hospital __ Institution __ Other place __
(f) Name Hosp. or Inst. none Stayed ____ days
(g) Lived in this county 33 years 7 months ? days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Twin Falls
(c) City or town Filer
(d) Street Address or R. F. D. No. 2
(e) Deceased lived Inside? ____ Outside? * city or town
(f) Citizen of what country? U. S.
(g) How long had deceased lived in Idaho? 33 years
(h) Former residence (city, state) same

3. (a) **FULL NAME** Mrs. Minerva Alice Williams

3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife C. G. Williams
6. (c) Age of husband or wife if alive 68 years
7. Date of Birth (Month, Day, Year) June 22, 1878

8. AGE	Years	Months	Days	If less than 1 day
	65	10	29	hrs min.

9. Exact Occupation Housewife Did this work for 40 yrs.
10. Industry or Business Housekeeping Date last worked 5/21/44
11. Birthplace Unknown, Iowa (City or town) (State or foreign country)
Father
12. Name Martin A. Page
13. Birthplace ? Ohio (City or town) (State or foreign country)
Mother
14. Maiden name Amanda Sales
15. Birthplace Unknown (City or town) (State or foreign country)
16. Informant's OWN Signature Everett Bonnichsen
and Address Filer, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/25/44 (Month) (Day) (Year)
(c) Place: Filer I.O.O.F. Cemetery
18. Funeral Director's OWN Signature B. T. Albertson
and Address Buhl, Idaho
19. (a) May 24, 1944 (Date received and filed) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 5-21 1944
at 8:45 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from Did not attend 19__
I last saw h__ alive on 19__; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Coronary Occlusion	7
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation ____ Date ____	
Major finding	
Finding of autopsy	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature A. A. Newberry (M. D. or other)
and Address Twin Falls Idaho Date 5/23 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

13[illegible]

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

JUN 14 1944

State File No. [illegible]
Local Reg. No. 125
Reg. Dist. No. 461

1. **PLACE OF DEATH:**
(a) County Twin Falls
(b) City or town Twin [illegible]
(c) Street Address or R. F. D. No. [illegible]
(d) Death Occurred Inside? ____ Outside? X city or town
(e) Died in a Home ____ Hospital X Institution ____ Other place ____
(f) Name Hosp. or Inst. T. F. County Stayed 2 days
(g) Lived in this county 12 years 3 months 26 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Twin Falls
(c) City or town Hansen
(d) Street Address or R. F. D. No. ____
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? ____
(g) How long had deceased lived in Idaho? 12 years
(h) Former residence (city, state) None

3. (a) FULL NAME Katherine Lois Calico

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3. (b) If veteran, name war ____ 3. (c) Social Security No. ____
4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife ____ 6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) January 27, 1932

8. AGE	Years	Months	Days	If less than 1 day
	12	3	26	hrs ____ min.

9. Exact Occupation Student Did this work for ____ yrs.
10. Industry or Business [illegible] Date last worked [illegible]
11. Birthplace [illegible] (City or town) [illegible] (State or foreign country)

Father
12. Name Cleo Calico
13. Birthplace Berryville, Arkansas (City or town) (State or foreign country)

Mother
14. Maiden name Katherine M. Goodwill
15. Birthplace Eagle River, Wisconsin (City or town) (State or foreign country)

16. Informant's OWN Signature Cleo Calico
and Address Hagerman Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/25/44 (Month) (Day) (Year)
(c) Place: Twin Falls Cemetery
18. Funeral Director's OWN Signature James E. Reynolds Reynolds Funeral Home
and Address Twin Falls, Idaho
19. (a) 5/24/44 (Date received and filed) (b) [illegible] (Registrar's Signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 23, 1944 19____
at 9:05 o'clock A. M.
21. I HEREBY CERTIFY, That I attended deceased from May 5/17 19 44, to 5/23 19 44
I last saw h[illegible] alive on 5/23 19 44; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Purpura Hemorrhagica — Duration 2 days
Due to ____
Due to ____
Other conditions ____ (Include pregnancy within 3 months of death)
Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature A. A. Newberry (M. D. or other) M.D.
and Address Twin Falls Date 5/23 19____
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

JUN 14 1944

State File No.
Local Reg. No. 129
Reg. Dist. No. 460

1. **PLACE OF DEATH:**
(a) County Twin Falls
(b) City or town ~~Hansen~~ Kimberly
(c) Street Address or R. F. D. No. T.F.Co.Farm
(d) Death Occurred Inside? Outside? X city or town
(e) Died in a Home Hospital Institution X Other place
(f) Name Hosp. or Inst. T.F.Co.Farm Stayed 5 days
(g) Lived in this county 30 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County TwinFalls
(c) City or town Twin Falls
(d) Street Address or R. F. D. No. 135 Adams
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? U.S.
(g) How long had deceased lived in Idaho? 30 years
(h) Former residence (city, state)

3. (a) **FULL NAME** SCHRENK, Jacob

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3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife none
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) March 14, 1865

8. AGE	Years	Months	Days	If less than 1 day hrs	min.
	79	2	10		

9. Exact Occupation Retired Farmer Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Archbold, Ohio (City or town) (State or foreign country)

Father
12. Name Antona Schrenk
13. Birthplace Germany (City or town) (State or foreign country)

Mother
14. Maiden name Barbara Imthurn
15. Birthplace Germany (City or town) (State or foreign country)

16. Informant's OWN Signature J C Kennison
and Address Twin Falls, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/27/44 (Month) (Day) (Year)
(c) Place: Twin Falls Cem.
18. Funeral Director's OWN Signature By E343
and Address Twin Falls, Idaho
19. (a) 5/31/44 (Date received and filed) (b) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 24, 1944 1944
at 1 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from 5-16 1944, to 5-24 1944
I last saw him alive on 5-20 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary Block — Duration
Due to
Due to
Other conditions Senility — 16 2b
(Include pregnancy within 3 months of death)
Where was disease contracted? at home
Name of operation None Date
Major finding
Finding of autopsy None

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state
where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's OWN Signature J. N. Wenrich (M. D. or other)
and Address Twin Falls, Idaho Date 5-25 1944
(For additional space, use reverse side)

13915

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

JUN 14 1944

State File No.
Local Reg. No. 130
Reg. Dist. No. 460

1. **PLACE OF DEATH:**
(a) County: Twin Falls
(b) City or town: Twin Falls
(c) Street Address or R. F. D. No. 350 2nd Ave. W.
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home X Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 31 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under Item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County T. Falls
(c) City or town Twin Falls
(d) Street Address or R. F. D. No. 350 2nd Ave. W.
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? ____
(g) How long had deceased lived in Idaho? 31 years
(h) Former residence (city, state) Lead City, S. D.

3. (a) **FULL NAME** Calvin A. Fox

3. (b) If veteran, name war ____ 3. (c) Social Security No. ____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lottie A. 6. (c) Age of husband or wife if alive 71 years

7. Date of Birth (Month, Day, Year) January 10, 1867

8. AGE	Years	Months	Days	If less than 1 day hrs	min.
	77	4	18		

9. Exact Occupation Carpenter Did this work for ____ yrs.
10. Industry or Business ____ Date last worked ____
11. Birthplace Gallopolis, Ohio (City or town) (State or foreign country)

Father
12. Name Joshua Fox
13. Birthplace Chester Co., Pa. (City or town) (State or foreign country)

Mother
14. Maiden name Elizabeth P. Worthington
15. Birthplace Muskeegan, Ohio (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs B. Whitsel
and Address Twin Falls, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/31/44 (Month) (Day) (Year)
(c) Place: Sunset Memorial Park

18. Funeral Director's OWN Signature Reynolds Funeral Home
and Address Twin Falls, Idaho

19. (a) 5/31/44 (Date received and filed) (b) ____ (Registrar's Signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 28, 1944
at 6:00 o'clock P. M.

21. **I HEREBY CERTIFY,** That I attended deceased from Jan. 1942 19____ to 5-28-44 19____
I last saw him alive on 5-28-44 19____; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Coronary Heart Disease	2yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's OWN Signature Joseph W. Marshall M.D (M. D. or other)
and Address Twin Falls, Idaho Date 5-28-44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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United States
Department of Commerce
Bureau of the Census

JUN 14 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 132
Reg. Dist. No. 460

1. **PLACE OF DEATH:**
(a) County Twin Falls
(b) City or town Twin Falls
(c) Street Address or R. F. D. No. T.F.Co.Gen. Hosp
(d) Death Occurred Inside? Outside? X city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. Stayed 5 days
(g) Lived in this county 32 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Twin Falls
(c) City or town Twin Falls
(d) Street Address or R. F. D. No. 401 2nd, St, N.
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 32 years
(h) Former residence (city, state)

3. (a) **FULL NAME** RIMBY, George Lewis

3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Vivia deceased
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) November 23, 1859

8. AGE	Years	Months	Days	If less than 1 day
	84	6	5	hrs min.

9. Exact Occupation Retired Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Murryville, Illinois (City or town) (State or foreign country)
Father
12. Name Uriah Rimby
13. Birthplace (City or town) (State or foreign country)
Mother
14. Maiden name Thankful Grossman
15. Birthplace Hartford, Conn. (City or town) (State or foreign country)
16. Informant's OWN Signature Lem A. Chapin
and Address 404-7th Ave, N. City
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 5-31-44 (Month) (Day) (Year)
(c) Place: Twin Falls Cemetery
18. Funeral Director's OWN Signature White Mortuary Ella M. White E-249
and Address Twin Falls, Idaho
19. (a) 6-7-44 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 28th 1944
at 7:00 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from Sept 1943, to May 28, 1944
I last saw him alive on 5-28 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Carcinoma of Oesophagus	3 yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature John R. Loughlin (M. D. or other)
and Address Twin Falls, Idaho Date 19
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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United States
Department of Commerce
Bureau of the Census

JUN 14 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 131
Local Reg. No. 460
Reg. Dist. No.

1. **PLACE OF DEATH:**
(a) County Twin Falls
(b) City or town Twin Falls
(c) Street Address or R. F. D. No. 535 Polk St.
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home X Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 23 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County T. Falls
(c) City or town Twin Falls
(d) Street Address or R. F. D. No. 535 Polk St.
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? United States
(g) How long had deceased lived in Idaho? 23 years
(h) Former residence (city, state) Oklahoma

3. (a) FULL NAME John H. Maxwell

3. (b) If veteran, name war XX
3. (c) Social Security No. ____
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife ____
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) August 22, 1904

8. AGE	Years	Months	Days	If less than 1 day
	39	9	8	hrs ____ min.

9. Exact Occupation Potato Sorter — Did this work for 15 yrs.
10. Industry or Business Produce — Date last worked May 27
11. Birthplace Anadarko, Okla. (City or town) (State or foreign country)

Father
12. Name William Allen Maxwell
13. Birthplace Oklahoma (City or town) (State or foreign country)

Mother
14. Maiden name Kate Smith
15. Birthplace Kansas (City or town) (State or foreign country)

16. Informant's X OWN Signature Ralph Maxwell
and Address Twin Falls, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-2-44 (Month) (Day) (Year)
(c) Place: Sunset Memorial Park
18. Funeral Director's OWN Signature H. E. Phillips
and Address Twin Falls, Idaho
19. (a) June 6 1944 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 30 19 44
at 4:30 o'clock A.M. viewed on May 30th 19 44, to ____ 19 ____
I last saw h____ alive on ____ 19 ____; death is said to have occurred on the date and hour stated above.

21. I HEREBY CERTIFY, That I attended deceased from

Immediate Cause of Death: — Duration

Probably Coronary Thrombosis

Due to ____

Due to ____

Other conditions ____
(Include pregnancy within 3 months of death)

Where was disease contracted? ____ PHYSICIAN
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19 ____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's OWN Signature [signature] (M. D. or other)
and Address Justice of the Peace Acting County Coroner Date 6 6 1944
(If additional space, use reverse side)

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United States
Department of Commerce
Bureau of the Census

JUN 10 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 114
Reg. Dist. No. 310

1. **PLACE OF DEATH:**
   (a) County Valley
   (b) City or town McCall
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? X Outside? ____ city or town
   (e) Died in a Home X Hospital __ Institution __ Other place __
   (f) Name Hosp. or Inst. ____ Stayed ____ days
   (g) Lived in this county 25 years ____ months ____ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Valley
   (c) City or town McCall
   (d) Street Address or R. F. D. No.
   (e) Deceased lived Inside? X Outside? ____ city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 30 years
   (h) Former residence (city, state) Ill.

3. (a) **FULL NAME** Chas. Newton McDonald 59b

3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Grace
6. (c) Age of husband or wife if alive 65 years
7. Date of Birth (Month, Day, Year) Jan-28-1888

8. AGE	Years	Months	Days	If less than 1 day
	56	3	22	hrs min.

9. Exact Occupation ____ Did this work for ____ yrs.
10. Industry or Business Retired Date last worked ____
11. Birthplace Ireton, Idwa. (City or town) (State or foreign country)

Father
12. Name Thomas McDonald
13. Birthplace Ill. (City or town) (State or foreign country)

Mother
14. Maiden name Fannie R. Thompson
15. Birthplace Ill. (City or town) (State or foreign country)

16. Informant's OWN Signature Grace McDonald and Address McCall Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 5/22/44 (Month) (Day) (Year)
    (c) Place: Boise, Idaho.
18. Funeral Director's OWN Signature L. L. Pitterington and Address Cascade, Idaho
19. (a) May 22-44 (Date received and filed) (b) Myrtle M. Gardner (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May-20 — 1944
    at about 3 o'clock A.M.
21. **I HEREBY CERTIFY,** That I attended deceased ~~from~~ at 3:15 Am 5/20 1944, to ____ 19__
    I last saw ~~him alive on~~ at death 5/20 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cardiac failure	
Due to Ostio Arthritis.	
(Spinal)	
Due to 3 yr. old injury.	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted? —	PHYSICIAN
Name of operation None Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
    Occurred ____ 19__ City, county, state where violence occurred ____
    Place of Violence: Home ____ Farm ____ Industry ____
    Public Place ____ While at work? ____
    Means of injury ____
23. Attendant's OWN Signature D. Nunstrong M.D. (M. D. or other)
    and Address McCall Id. Date 5/22 1944.
    (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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United States
Department of Commerce
Bureau of the Census

MAY 11 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 113
Reg. Dist. No. 310

1. **PLACE OF DEATH:**
(a) County Valley
(b) City or town McCall
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 12 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Valley
(c) City or town McCall.
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 41 years
(h) Former residence (city, state) Mo.

3. (a) **FULL NAME** Levi Lawrence McFall 95c

3. (b) If veteran, name war ✓
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife ✓
6. (c) Age of husband or wife if alive ✓ years
7. Date of Birth (Month, Day, Year) Nov-13-1883

8. AGE	Years	Months	Days	If less than 1 day
	60	5	18	hrs min.

9. Exact Occupation Labor Did this work for yrs.
10. Industry or Business West Coast Power Co. Date last worked 4/30/44
11. Birthplace Lawrenceberg, Mo. (City or town) (State or foreign country)
Father
12. Name John L. McFall
13. Birthplace Halltown, Mo. (City or town) (State or foreign country)
Mother
14. Maiden name Valeria Allen
15. Birthplace Springfield, Mo. (City or town) (State or foreign country)
16. Informant's OWN Signature Frank C. McFall and Address Boise R3
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/3/44 (Month) (Day) (Year)
(c) Place: McCall Cemetery, McCall Ida
18. Funeral Director's OWN Signature L. L. Pitterington and Address Cascade, Ida
19. (a) May 3rd 1944 (Date received and filed) (b) Myrtle Gardner (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May-1- 1944
at o'clock M.
21. **I HEREBY CERTIFY,** That I attended deceased from 19, to 19
I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
No Doctor in attendance	
Due to apparent heart attack	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy None	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature [signature] (M. D. or other)
and Address Stat. Coroner Date 5-5-44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census JUN 9 1944.

Certificate Of Death

STATE OF IDAHO

State File No. 13517
Local Reg. No. 21
Reg. Dist. No. 320

1. **PLACE OF DEATH:**
   (a) County Washington
   (b) City or town Weiser
   (c) Street Address or R. F. D. No.
   (d) Death Occured Inside? X Outside? city or town
   (e) Died in a Home Hospital X Institution Other place
   (f) Name Hosp. or Inst. Weiser Hosp Stayed 3 days
   (g) Lived in this county 2 years months days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Washington
   (c) City or town 1012 East Commercial
   (d) Street Address or R.F.D. No. Weiser, Idaho
   (e) Deceased lived Inside? X Outside? city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 2 years
   (h) Former residence (city, state) Green Forest, Ark.

3. (a) **FULL NAME** Wilma Lee Sneed

150 b

3. (b) If veteran, name war None
3. (c) Social Security No. 519-24-4864
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Joe
6. (c) Age of husband or wife if alive 22 years
7. Date of Birth (Month, Day, Year) August 20 1926

8. AGE	Years	Months	Days	If less than 1 day
	17	8	16	hrs min.

9. Exact Occupation Housewife — Did this work for 2 yrs. yrs.
10. Industry or Business Home — Date last worked 5/4/44
11. Birthplace Western Grove, Arkansas (City or town) (State or foreign country)

Father
12. Name Solmie Monroe Dixon
13. Birthplace Newton County Arkansas (City or town) (State or foreign country)

Mother
14. Maiden name Esther Johnson
15. Birthplace Western Grove Arkansas (City or town) (State or foreign country)

16. Informant's **OWN** Signature Wilma Sneed (Husband)
and Address 1012 East Commercial St. Weiser.
17. (a) Removal (b) Date thereof 5/8/44 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: Green Forest, Arkansas
18. Funeral Director's **OWN** Signature A. L. Jones
and Address Northam Funeral Home, Weiser, Idaho
19. (a) 5/8/44 (Date received and filed) (b) Marie B. Shull (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 6 1944
at 2:00 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from Nov. 1 - 1943, to May 6 - 1944
I last saw her alive on May 6 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Hyperdatagenasity Post Partum.	
Due to 3 day Post Partum.	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYISICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature Jack Young M. D. (M. D. or Other)
and Address Weiser, Idaho Date 5-8 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

JUN 9 1944

STATE OF IDAHO

State File No. 1331
Local Reg. No. 22
Reg. Dist. No. 320

1. **PLACE OF DEATH:**
   (a) County Washington
   (b) City or town Rural near Weiser, Idaho
   (c) Street Address or R. F. D. No.
   (d) Death Occured Inside? ..... Outside? X ..... city or town
   (e) Died in a Home .... Hospital .... Institution .... Other place X
   (f) Name Hosp. or Inst. Weiser Hosp. Stayed D.O.A. days
   (g) Lived in this county 00 years 1 months 1 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Canyon
   (c) City or town Nampa Melba
   (d) Street Address or R.F.D. No. Route #1
   (e) Deceased lived Inside? ..... Outside? X ..... city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? Life years
   (h) Former residence (city, state)

3. (a) **FULL NAME** JIMMY LEON MEALEY

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3. (b) If veteran, name war .....
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive None years
7. Date of Birth (Month, Day, Year) October 12 1942

8. AGE	Years	Months	Days	If less than 1 day
	1	6	26	hrs min.

9. Exact Occupation None — Did this work for 00 yrs.
10. Industry or Business None — Date last worked 00
11. Birthplace Nampa (City or town) Idaho (State or foreign country)

Father
12. Name Richard Mealey
13. Birthplace Carlisle (City or town) Kansas (State or foreign country)

Mother
14. Maiden name Zella Manus
15. Birthplace Chickashaw (City or town) Oklahoma (State or foreign country)

16. Informant's **OWN** Signature Richard Mealey (Father)
and Address Midvale, Idaho Star Route

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 5/10/44 (Month) (Day) (Year)
(c) Place: Nampa, Idaho Melba, Idaho

18. Funeral Director's **OWN** Signature [signature]
and Address Northam Funeral Home, Weiser, Ida.

19. (a) 5-9-44 (Date received and filed) (b) Marie H Shull (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 8 1944
at Near 5:00 o'clock P.M.

21. **I HEREBY CERTIFY**, That I attended deceased from ..... 19..... to ..... 19.....
I last saw h..... alive on ..... 19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — Duration
Child and mother thrown from runaway horse at Nicholsen ranch in Paddock
Due to Valley East of Weiser, Idaho.
Best available information indicates
Due to child died of skull fracture within
Other conditions 15 minutes after accident
(Include pregnancy within 3 months of death) while
enroute to hospital in auto.

Where was disease contracted?
Name of operation ..... Date .....
Major finding
Finding of autopsy

PHYISICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury

23. Attendant's **OWN** Signature Mrs L B Northam Coroner (M. D. or other)
of Washington County.
and Address Weiser, Idaho Date 5/9/44

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

JUN 9 1944

STATE OF IDAHO

State File No. 1331
Local Reg. No. 23
Reg. Dist. No. 320

1. **PLACE OF DEATH:**
   (a) County Washington
   (b) City or town Weiser
   (c) Street Address or R.F.D. No. 515 East Park St.
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home .... Hospital .... Institution .... Other place X
   (f) Name Hosp. or Inst. ..... Stayed ..... days
   (g) Lived in this county 13 years ..... months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State ~~Washington~~ Idaho (b) County Washington
   (c) City or town Weiser
   (d) Street Address or R.F.D. No. 515 East Park
   (e) Deceased lived Inside? X Outside? ..... city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 13 years
   (h) Former residence (city, state) Humbole, Texas

3. (a) **FULL NAME** ROBERT JEFFERSON GOSS

3. (b) If veteran, name war None
3. (c) Social Security No. 518-14-4498
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife Emma Lou (Deceased)
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) March 26 1877

8. AGE	Years	Months	Days	If less than 1 day
	67	1	12	hrs min.

9. Exact Occupation Laborer — Did this work for Life yrs.
10. Industry or Business General — Date last worked 5/8/44
11. Birthplace Jefferson City (City or town) Missouri (State or foreign country)

Father
12. Name Wilson L. Goss
13. Birthplace ..... (City or town) Missouri (State or foreign country)

Mother
14. Maiden name Wilkins
15. Birthplace ..... (City or town) Missouri (State or foreign country)

16. Informant's **OWN** Signature Mrs Willis Waterman daughter
and Address Route #1 Weiser, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/10/44 (Month) (Day) (Year)
(c) Place: Hillcrest Cemetery, Weiser, Idaho

18. Funeral Director's **OWN** Signature [signature]
and Address Northam Funeral Home, Weiser, Idaho

19. (a) 5-10-44 (Date received and filed) (b) Marie A. Shull (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 8 1944
at 10 o'clock A. M.

21. **I HEREBY CERTIFY**, That I attended deceased from May 8 1944, to May 8 1944
I last saw h~~im~~ alive on May 8 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death	Duration
Coronary Thrombosis	Sudden
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature F. E. Schmidt M. D. (M. D. or Other)
and Address Weiser, Idaho Date 6-9- 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce JUN 9, 1944
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 1351
Local Reg. No. 24
Reg. Dist. No. 320

1. **PLACE OF DEATH:**
(a) County Washington
(b) City or town Weiser
(c) Street Address or R.F.D. No. 440 E. Main St.
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Home.... Hospital.... Institution.... Other place X
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county ..... years ..... months 14 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Boise (b) County Ada
(c) City or town Boise
(d) Street Address or R.F.D. No. 609 Main St
(e) Deceased lived Inside? X Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 26 years
(h) Former residence (city, state) Provo, Uta h

3. (a) **FULL NAME** LEONARD WALL NUTTALL 95C

3. (b) If veteran, name war None
3. (c) Social Security No. 518-07-1925
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Winifred
6. (c) Age of husband or wife if alive 54 years
7. Date of Birth (Month, Day, Year) October 26 1888

8. AGE	Years	Months	Days	If less than 1 day
	55	6	16	hrs min.

9. Exact Occupation Construction Foreman Did this work for 29 yrs.
10. Industry or Business Telephone Co. Date last worked 5/11/44
11. Birthplace Wallsburg, Utah (City or town) (State or foreign country)
Father
12. Name ~~Geo~~ William George Nuttall
13. Birthplace Provo, Utah (City or town) (State or foreign country)
Mother
14. Maiden name Juilette Wall
15. Birthplace Provo, Utah (City or town) (State or foreign country)
16. Informant's **OWN** Signature Mrs Leonard W. Nuttall
and Address 609 Main St. Boise, Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 5/15/44 (Month) (Day) (Year)
(c) Place: Provo, Utah
18. Funeral Director's **OWN** Signature [illegible]
and Address Northam Funeral Home, Weiser
19. (a) 5/15/44 (Date received and filed) (b) Marie [illegible] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 12 1944 19.....
at 5:00 o'clock A. M.
21. **I HEREBY CERTIFY**, That I attended deceased from ..... 19....., to ..... 19.....
I last saw h..... alive on ..... 19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration
Heart Attack.
Mr. Nuttall had expired when
Due to physcian arrived. It is the
opinon of Dr. Schmitz and
Due to myself that the cause of death
Other conditions was as stated above.
(Include pregnancy within 3 months of death)

Where was disease contracted?
Name of operation ..... Date .....
Major finding
Finding of autopsy

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury
23. Attendant's **OWN** Signature Mrs L C Northam (M. D. or other)
and Address Weiser, Idaho Date 5-12 1944 Washington Co. Coroner
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JUN 9 1944

Certificate Of Death

STATE OF IDAHO

State File No. 1331
Local Reg. No. 25
Reg. Dist. No. 3201

1. **PLACE OF DEATH:**
   (a) County Washington
   (b) City or town Weiser
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? X Outside? city or town
   (e) Died in a Home Hospital X Institution Other place
   (f) Name Hosp. or Inst. Weiser Hosp. Stayed days
   (g) Lived in this county 00 years 00 months 7 hrs days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Washington
   (c) City or town Weiser
   (d) Street Address or R.F.D. No. Weiser, Hosp.
   (e) Deceased lived Inside? X Outside? city or town
   (f) Citizen of what country?
   (g) How long had deceased lived in Idaho? 7 hrs. years
   (h) Former residence (city, state) None

3. (a) **FULL NAME** Infant Morlock

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3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) May 22 1944

8. AGE	Years	Months	Days	If less than 1 day
				7 hrs 00 min.

9. Exact Occupation — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace Weiser, Idaho (City or town) (State or foreign country)

Father
12. Name Donald Morlock
13. Birthplace Clarinda, Iowa (City or town) (State or foreign country)

Mother
14. Maiden name Flora Ina Grable
15. Birthplace Halls, Missouri (City or town) (State or foreign country)

16. Informant's **OWN** Signature Donald Morlock
and Address Huntington, Oregon
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 5/24/44 (Month) (Day) (Year)
(c) Place: St. Joseph, Missouri
18. Funeral Director's **OWN** Signature [illegible]
and Address Northam Funeral Home, Weiser, Idaho
19. (a) 5/24/44 (Date received and filed) (b) Marie A. Shell (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 23, 1944 19
at 5:45 o'clock A. M.
21. **I HEREBY CERTIFY**, That I attended deceased from May 22 1944, to May 23 1944
I last saw him alive on May 23 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Premature (Cmo Gestation)	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYISCIAN Underline the cause to which death should be charged statistically.
Name of operation Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature M S McGrath MD (M. D. or other)
and Address Weiser, Idaho Date 5/24 1944
(For additional space, use reverse side)

139194

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 139194
Local Reg. No. 67
Reg. Dist. No. 360

1. **PLACE OF DEATH:**
(a) County Canyon
(b) City or town Caldwell
(c) Street Address or R.F.D. No. R.D. #1
(d) Death Occured Inside? ✓ Outside? ..... city or town
(e) Died in a Home ✓ Hospital ..... Institution ..... Other place .....
(f) Name Hosp. or Inst. ..... Stayed — days
(g) Lived in this county 52 years 4 months 2 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Caldwell
(d) Street Address or R.F.D. No. R.D. #1
(e) Deceased lived Inside? ✓ Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 52 years
(h) Former residence (city, state) — —

3. (a) **FULL NAME** John Dedlief Finck 46d

3. (b) If veteran, name war ✓
3. (c) Social Security No. .....
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Dessa
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) Feb-7-1892

8. AGE	Years	Months	Days	If less than 1 day
	52	4	2	hrs min.

9. Exact Occupation Railway Clerk Did this work for 33 yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Caldwell Idaho (City or town) (State or foreign country)
Father
12. Name John D. Finck Sr.
13. Birthplace Germany (City or town) (State or foreign country)
Mother
14. Maiden name Christina Ledenberg
15. Birthplace Germany (City or town) (State or foreign country)
16. Informant's **OWN** Signature Dessa E. Finck
and Address Canyon Hill Rte 1
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-13-1944 (Month) (Day) (Year)
(c) Place: Canyon Hill Cem
18. Funeral Director's **OWN** Signature Peckham
and Address Caldwell Ida
19. (a) 6-20-44 (Date received and filed) (b) Agnes M Denman (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 9 1944
at 12.25 o'clock P M.
21. **I HEREBY CERTIFY**, That I attended deceased from May 1st 1944, to June 9 1944
I last saw him alive on June 2 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Coronary Rectum	7 yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted? Canyon Co.	
Name of operation ..... Date	
Major finding	
Finding of autopsy	

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature [illegible] (M.D. or other)
and Address Caldwell Ida Date 7/14 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

139195

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 139195
Local Reg. No. 11
Reg. Dist. No. 641

1. PLACE OF DEATH:
(a) County Jefferson
(b) City or town Camas
(c) Street Address or R. F. D. No. X
(d) Death Occurred Inside? ..... Outside? X ..... city or town
(e) Died in a Home X Hospital .... Institution .... Other place ....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 27 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Jefferson
(c) City or town Camas
(d) Street Address or R. F. D. No. X
(e) Deceased lived Inside? ..... Outside? X ..... city or town
(f) If foreign born, in U. S. ..... yrs. Citizen of U. S.? .....
(g) How long had deceased lived in Idaho? 27 years
(h) Former residence (city, state) Sandy, Utah.

3. (a) **FULL NAME** MARY ANN KILLIAN.

3. (b) If veteran, name war X
3. (c) Social Security No. X
4. Sex F.M.
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Andrew
6 (c) Age of husband or wife if alive 66 years
7. Date of Birth (Month, Day, Year) Jan. 31, 1880

8. AGE	Years	Months	Days	If less than 1 day
	64	4	2	hrs min.

9. Exact Occupation Housewife Did this work for life yrs.
10. Industry or Business Home Date last worked 4/44
11. Birthplace Sandy, Utah. (City or town) (State or foreign country)
Father
12. Name Matts Swenson.
13. Birthplace Sweden. (City or town) (State or foreign country)
Mother
14. Maiden name Ellen Oakson.
15. Birthplace Sweden (City or town) (State or foreign country)
16. Informant's **OWN** Signature Andrew Killian and Address Camas, Idaho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/4/44 (Month) (Day) (Year)
(c) Place: Annis Idaho
18. Funeral Director's **OWN** Signature A B Eckersell and Address Rigby, Idaho.
19. (a) July 18 1944 (Date received and filed) (b) Mrs A B Eckersell (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 2 1944 at 12:55 o'clock A M.
21. I **HEREBY CERTIFY**, That I attended deceased from June 7 1943 to June 2 1944
I last saw her alive on June 21 1943; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Gastric obstruction	?
Due to Carcinoma stomach	?
Due to Carcinoma	
Other conditions (Include pregnancy within 3 months of death) Peritoneal gland	?

Where was disease first contracted?
Name of operation None Date
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature John O Mellor MD (M. D. or other)
and Address Idaho Falls Date June 8, 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

139196

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 139196
Local Reg. No. 12
Reg. Dist. No. 641

1. PLACE OF DEATH:
(a) County Jefferson
(b) City or town Poplar
(c) Street Address or R. F. D. No. X
(d) Death Occurred Inside? ..... Outside? X city or town
(e) Died in a Home ....Hospital....Institution ....Other place X
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 47 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Jefferson
(c) City or town Lewisville
(d) Street Address or R. F. D. No. Rigby, R. #1
(e) Deceased lived Inside? ..... Outside? X city or town
(f) If foreign born, in U. S. ..... yrs. Citizen of U. S.? .....
(g) How long had deceased lived in Idaho? 47 years
(h) Former residence (city, state) None

3. (a) **FULL NAME** JOSEPH LELAND KINGHORN

3. (b) If veteran, name war World #1 3. (c) Social Security No. 519-10-9386
4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Gladys 6 (c) Age of husband or wife if alive 41 years
7. Date of Birth (Month, Day, Year) April 14, 1897

8. AGE	Years	Months	Days	If less than 1 day
	47	1	22	hrs min.

9. Exact Occupation Farming Did this work for life yrs.
10. Industry or Business Farm Date last worked 6/5/44
11. Birthplace Lewisville, Idaho. (City or town) (State or foreign country)

Father
12. Name James Kinghorn.
13. Birthplace Salt Lake City, Utah. (City or town) (State or foreign country)

Mother
14. Maiden name Luna Jardine.
15. Birthplace West Weber, Utah. (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mrs J. L. Kinghorn
and Address Rigby, Idaho. R. #1
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/9/44 (Month) (Day) (Year)
(c) Place: Lewisville, Idaho.
18. Funeral Director's **OWN** Signature A. B. Eckersell
and Address Rigby, Idaho.
19. (a) June 18 1944 (Date received and filed) (b) Mrs A B Eckersell (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 5 1944
at 10:00 o'clock A M.
21. I **HEREBY CERTIFY**, That ~~attended deceased~~ from ~~[illegible]~~ 19..... ~~I saw the body~~; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Accidental drowning in Great Feeder canal.	
Due to being hit by moving drift wood and being pushed into the water.	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease first contracted?
Name of operation ..... Date
Major finding
Finding of autopsy None

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? yes Suicide? no Homicide? no
Occurred June 5 1944 City, county, state where violence occurred Poplar, Jefferson, Ida.
Place of Violence: Home ..... Farm ..... Industry X
Public Place ..... While at work? yes
Means of injury Accidental drowning.
23. Attendant's **OWN** Signature A. B. Eckersell Coroner (M. D. or other)
and Address Rigby, Idaho. Date 6/6 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

139197

State File No. 139197
Local Reg. No. 101
Reg. Dist. No. 371

1. PLACE OF DEATH:
(a) County Ada
(b) City or town Grandview
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? — Outside? XX city or town
(e) Died in a Home X Hospital — Institution — Other place —
(f) Name Hosp. or Inst. — Stayed — days
(g) Lived in this county 3 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Ada
(c) City or town Grandview
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? Outside? XX city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 68 years
(h) Former residence (city, state) Caldwell, Idaho

3. (a) FULL NAME Alexander Ballantyne 94a

3. (b) If veteran, name war ----
3. (c) Social Security No. ---
4. Sex male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Edna
6. (c) Age of husband or wife if alive 57 years
7. Date of Birth (Month, Day, Year) January 9, 1876

8. AGE	Years	Months	Days	If less than 1 day
	68	5	2	-- hrs -- min.

9. Exact Occupation Stockman & Rancher Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Ola, Idaho (City or town) (State or foreign country)
Father
12. Name James Ballantyne
13. Birthplace Scotland (City or town) (State or foreign country)
Mother
14. Maiden name Sarah Lockhead
15. Birthplace Scotland (City or town) (State or foreign country)
16. Informant's OWN Signature Nova Snyder
and Address Boise, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/16/44 (Month) (Day) (Year)
(c) Place: Canyon Hill Cemetery, Caldwell, Ida
18. Funeral Director's OWN Signature [signature]
and Address 504 So. Kimball Ave., Caldwell
19. (a) 6-19-44 (Date received and filed) (b) D. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) June 11 1944
Found about 6:15 o'clock P. M.

21. I HEREBY CERTIFY, That ~~I attended deceased from~~ ~~19~~, ~~to~~ ~~19~~ ~~I last saw h~~ ~~alive on~~ ~~19~~; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration
Found dead in bed at his ranch.
Acute heart attack, probably 94a
~~Due to~~ Coronary occlusion.
Natural cause. Nothing of
~~Due to~~ a criminal nature found.
~~Other conditions~~
(~~Include pregnancy within 3 months of death~~)

Where was disease contracted? —
Name of operation — Date —
Major finding —
Finding of autopsy None
No Inquest.

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's OWN Signature W. McBratney
Coroner of Ada County
and Address Boise, Idaho Date 6/12 1944
(For additional space, use reverse side)

139198 139198

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 94
Reg. Dist. No. 371

1. **PLACE OF DEATH:**
(a) County Twin Falls County
(b) City or town Rural
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? X city or town
(e) Died in a Home Hospital Institution Other place X
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State New Jersey (b) County
(c) City or town Jersey City
(d) Street Address or R. F. D. No. 10 Stegman Place
(e) Deceased lived Inside? Outside? city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? years
(h) Former residence (city, state)

3. (a) **FULL NAME** WILLIAM R. COMERY

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Norma R Comery
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) September 10 1921

8. AGE	Years	Months	Days	If less than 1 day
	22	8	24	hrs min.

9. Exact Occupation Military service — Did this work for yrs.
10. Industry or Business Military service — Date last worked
11. Birthplace Staten Island, New York (City or town) (State or foreign country)

Father
12. Name Unknown
13. Birthplace (City or town) (State or foreign country)

Mother
14. Maiden name Unknown
15. Birthplace (City or town) (State or foreign country)

16. Informant's OWN Signature Wm Dewees
and Address MHAAF, Mountain Home, Idaho

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof June 7, 1944 (Month) (Day) (Year)
(c) Place: Staten Island, New York

18. Funeral Director's OWN Signature
and Address Boise, Idaho

19. (a) 6-6-44 (Date received and filed) (b) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 4 1944
at 0945 o'clock A M. on
21. **I HEREBY CERTIFY,** That I attended deceased from 4 June 1944, to 1944
I last saw him alive on June 4 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — Duration
Decapitation, fractures, compound
upper & lower extremities, burns
3rd degree generalized

Due to Crashing & burning of
military aircraft
(Include pregnancy within 3 months of death)

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Yes Suicide? Homicide?
Occurred 4 June 1944 City, county, state where violence occurred Twin Falls County, Idaho
Place of Violence: Home Farm Industry
Public Place Rural While at work? Yes
Means of injury Aircraft accident

23. Attendant's OWN Signature Wm D Moore, Capt. MC (M. D. or other)
and Address MHAAF, Mtn. Home Ida Date 6/4 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

139199 139199

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 92
Reg. Dist. No. 371

1. **PLACE OF DEATH:**
(a) County Ada
(b) City or town Boise
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? ✓ city or town
(e) Died in a Home Hospital Institution Other place
(f) Name Hosp. or Inst. St. Alphonsus Hosp. Stayed 2 yrs days
(g) Lived in this county 8 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Ada
(c) City or town Meridian
(d) Street Address or R. F. D. No. 1
(e) Deceased lived Inside? Outside? ✓ city or town
(f) Citizen of what country? U.S.
(g) How long had deceased lived in Idaho? 8 years
(h) Former residence (city, state)

3. (a) **FULL NAME** Bertha Vreugdenhil

3. (b) If veteran, name war ✓ 3. (c) Social Security No.
4. Sex F 5. Color or race W. 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife John 6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) November 4 1864

8. AGE	Years	Months	Days	If less than 1 day
	79	7	—	hrs min.

9. Exact Occupation Housewife Did this work for 50 yrs.
10. Industry or Business Date last worked 1940
11. Birthplace Holland (City or town) (State or foreign country)

Father
12. Name Harmen Heijkoop
13. Birthplace Holland (City or town) (State or foreign country)

Mother
14. Maiden name Unknown
15. Birthplace Holland (City or town) (State or foreign country)

16. Informant's OWN Signature Gertrude Tigelhoff and Address R1 Meridian Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 6-7-44 (Month) (Day) (Year)
(c) Place: Mitchell, South Dakota
18. Funeral Director's OWN Signature Kenneth M. Edmiston and Address Meridian, Idaho
19. (a) 6-5-44 (Date received and filed) (b) K. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 4 1944 at 10:34 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from June 1942 to June 4 1944 I last saw her alive on June 2 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Apoplexy	
Due to Senility & Hypertension	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's OWN Signature J. H. Varney MD (M. D. or other)
and Address Boise Idaho Date June 6 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink on BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

139200

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 139200
Local Reg. No. 72
Reg. Dist. No. 360

1. PLACE OF DEATH:
(a) County Canyon
(b) City or town Parma
(c) Street Address or R.F.D. No. Parma, Idaho
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Home.... Hospital.... Institution.... Other place....
(f) Name Hosp. or Inst. Caldwell Hospital Stayed ..... days
(g) Lived in this county 26 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Parma
(d) Street Address or R.F.D. No. Parma, Idaho
(e) Deceased lived Inside? X ~~Outside?~~ ..... ~~city or~~ town
(f) Citizen of what country? U. S. A.
(g) How long had deceased lived in Idaho? 26 years
(h) Former residence (city, state) Parma Ida

3. (a) FULL NAME FRANK CLYDE LAFLIN 108

3. (b) If veteran, name war no
3. (c) Social Security No. .....
4. Sex m
5. Color or race w
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife no
6. (c) Age of husband or wife if alive no years
7. Date of Birth (Month, Day, Year) Jan. 12 1916

8. AGE	Years	Months	Days	If less than 1 day
	27	3	8	hrs min.

9. Exact Occupation Radio Shop Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Melba, Idaho (City or town) (State or foreign country)
Father
12. Name Frank Laflin
13. Birthplace Nebraska (City or town) (State or foreign country)
Mother
14. Maiden name Haughton
15. Birthplace New, York (City or town) (State or foreign country)
16. Informant's OWN Signature Mrs Beryl Laflin
and Address Parma Ida
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/2/1943 (Month) (Day) (Year)
(c) Place: Nampa, Idaho
18. Funeral Director's OWN Signature F. K. Robinson
and Address Nampa, Idaho
19. (a) 6-23-44 (Date received and filed) (b) Agnes M. Denman (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 30 1944
at 1 3 a o'clock a M.
21. **I HEREBY CERTIFY**, That I attended deceased from May 22 1943 to May 30 1943
I last saw him alive on May 29 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Pneumonia (Lobar)	8 day
Due to Deferred Chest	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted? Parma	
Name of operation none Date	
Major finding	
Finding of autopsy	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's OWN Signature [signature] (M. D. or other)
and Address Caldwell Ida Date 6/23 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

139201 139201

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF DEATH:**
   (a) County Gem
   (b) City or town Emmett
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? Outside? X city or town
   (e) Died in a Home Hospital Institution Other place X
   (f) Name Hosp. or Inst. Stayed 7 days
   (g) Lived in this county years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Calif. (b) County San Barnadino
   (c) City or town San Barnadino
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? Outside? city or town
   (f) Citizen of what country?
   (g) How long had deceased lived in Idaho? 7 days years
   (h) Former residence (city, state) Calif.

3. (a) **FULL NAME** WALTER FINTON NEWMAN

3. (b) If veteran, name war
3. (c) Social Security No. none
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Dec. 3, 1932

8. AGE	Years	Months	Days	If less than 1 day
	11	5	18	hrs min.

9. Exact Occupation child — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace San Bernadino, Cal. (City or town) (State or foreign country)

Father
12. Name Osborn Newman
13. Birthplace Crawford Co., Kan. (City or town) (State or foreign country)

Mother
14. Maiden name Irlie Lee
15. Birthplace Carroll Co., Ark. (City or town) (State or foreign country)

16. Informant's **OWN** Signature Osborn Newman
and Address San Bernadino, Cal.

17. (a) burial (b) Date thereof (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: San Bernadino, Cal

18. Funeral Director's **OWN** Signature O. D. Buckmeun
and Address Emmett, Idaho

19. (a) 5/27-1944 (Date received and filed) (b) O. D. Buckmeun (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 21, 1944 19
at o'clock M.

21. **I HEREBY CERTIFY,** That I attended deceased from 19 to 19
I last saw h alive on 19 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Accidental Drowning in Black Canyon Reservoir — Duration
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ✓ Suicide? Homicide?
Occurred May 21 19 44 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place ✓ While at work?
Means of injury

23. Attendant's **OWN** Signature Merle Buckmun, Coroner (M. D. or other)
and Address Emmett, Idaho Date 5/27-1944 19
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census JUN 12 1944

Certificate Of Death

STATE OF IDAHO

139202

State File No. 139202
Local Reg. No. 63
Reg. Dist. No. 360

1. **PLACE OF DEATH:**
(a) County Canyon
(b) City or town Caldwell
(c) Street Address or R.F.D. No. 2409 Mich.
(d) Death Occured Inside? ✓ Outside? ..... city or town
(e) Died in a Home.... Hospital.... Institution.... Other place....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 18 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Caldwell
(d) Street Address or R.F.D. No. 2409 Mich Ave
(e) Deceased lived Inside? ✓ Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 18 years
(h) Former residence (city, state) Oregon

3. (a) **FULL NAME** Susan Lydia Stickney

3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife Frank
6. (c) Age of husband or wife if alive ✓ years
7. Date of Birth (Month, Day, Year) Nov-6th-1877

8. AGE	Years	Months	Days	If less than 1 day
	66	6	26	hrs min.

9. Exact Occupation Housewife Did this work for ..... yrs.
10. Industry or Business Date last worked
11. Birthplace Oakland (City or town) Oregon (State or foreign country)
Father
12. Name Walker Reid Davis
13. Birthplace Maysville (City or town) Kentucky (State or foreign country)
Mother
14. Maiden name Josephine Reed
15. Birthplace Oakland (City or town) Oregon (State or foreign country)
16. Informant's **OWN** Signature [illegible]
and Address San Mateo, Calif.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 6-5-44 (Month) (Day) (Year)
(c) Place: Spokane Washington
18. Funeral Director's **OWN** Signature [illegible]
and Address Caldwell Idaho
19. (a) 6-8-44 (Date received and filed) (b) Agnes M. Denman (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 2 1944
at 8:45 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from March 1 1944 to June 2 1944
I last saw her alive on June 2 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Carcinoma of the liver from metastasis	3 mos.
~~Due to~~ Primary site unknown	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYISCIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature C. R. Whittenberger D.O. (M. D. or other)
and Address Caldwell, Ida Date June 5 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JUN 28 1944

139 ~~203~~

Certificate Of Death

STATE OF IDAHO

State File No. 139203
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF DEATH:**
(a) County Idaho
(b) City or town Boles
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? Outside? ✓ city or town
(e) Died in a Home.... Hospital.... Institution.... Other place ✓
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 40 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Idaho
(c) City or town Grangeville
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? ✓ Outside? city or town
(f) Citizen of what country? U. S
(g) How long had deceased lived in Idaho? 40 years
(h) Former residence (city, state) Grangeville Ida.

3. (a) **FULL NAME** William Clyde Lee. 83 a

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Nov 29 1880

8. AGE	Years	Months	Days	If less than 1 day
	63	6	15	hrs min.

9. Exact Occupation Sheep — Did this work for 25 yrs.
10. Industry or Business Hearder. Date last worked 6/14/44
11. Birthplace Taylor County Iowa (City or town) (State or foreign country)
Father
12. Name Richard Lee.
13. Birthplace Unknown. (City or town) (State or foreign country)
Mother
14. Maiden name Susan Overman.
15. Birthplace Unknown. (City or town) (State or foreign country)
16. Informant's **OWN** Signature Robert E. Lee
and Address Grangeville. Ida.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/17/44 (Month) (Day) (Year)
(c) Place: Grangeville Idaho.
18. Funeral Director's **OWN** Signature Glenn Aulor
and Address Grangeville Idaho
19. (a) 6/16/44 (Date received and filed) (b) Glenn Aulor (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 14 1944
at o'clock M.
21. **I HEREBY CERTIFY,** That I attended deceased from 19, to 19
I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration
Cerebral Hemorrhage
Due to Found dead.
Due to
Other conditions
(Include pregnancy within 3 months of death)
Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 6/14 1944 City, county, state where violence occurred
Place of Violence: Home Farm ✓ Industry
Public Place While at work? ✓
Means of injury
23. Attendant's **OWN** Signature Glenn Aulor (M. D. or other)
and Address Grangeville Date 6/16 1944
(For additional space, use reverse side)

IDAHO COUNTY CORONER

139204 139204

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 139204
Local Reg. No. 107
Reg. Dist. No. 363

1. **PLACE OF DEATH**
(a) County Canyon
(b) City or town Nampa
(c) Street Address or R. F. D. No. Rout 1
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home __ Hospital X Institution __ Other place __
(f) Name Hosp. or Inst. Mercy Stayed ____ days
(g) Lived in this county 8 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Nampa
(d) Street Address or R. F. D. No. Rout 1
(e) Deceased lived Inside? ____ Outside? X city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 8 years
(h) Former residence (city, state) Kans.

3. (a) **FULL NAME** Jacob. Albert Zimmerman 53

3. (b) If veteran, name war Mo
3. (c) Social Security No. 100-09-3233
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Dacy
6. (c) Age of husband or wife if alive 38 years
7. Date of Birth (Month, Day, Year) Jan. 13 - 1902.

8. AGE	Years	Months	Days	If less than 1 day
	42	5	11	hrs min.

9. Exact Occupation P. F. E. Did this work for 8 yrs.
10. Industry or Business Store Dept Date last worked Jan 1944
11. Birthplace Utica (City or town) NEBRASKA (State or foreign country)
Father
12. Name Geo. Zimmerman
13. Birthplace Ill (City or town) (State or foreign country)
Mother
14. Maiden name Amelia Blasing.
15. Birthplace Ill. (City or town) (State or foreign country)
16. Informant's OWN Signature Dacy M. Zimmerman and Address Nampa Ida.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-27-44 (Month) (Day) (Year)
(c) Place: Nampa Ida Kohlerlawn,
18. Funeral Director's OWN Signature Wm. D. Talley, and Address Nampa Idaho.
19. (a) June-26-1944 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 22 1944 at 9:45 o'clock a. M.
21. **I HEREBY CERTIFY,** That I attended deceased from Jan 19 1944 to June 22 1944
I last saw him alive on June 22 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Generalized	
Malignant melanoma	7
Due to	
Malignant melanoma forehead	7
Due to	
Other conditions None	
(Include pregnancy within 3 months of death)	
Where was disease contracted? None	
Name of operation ✓ Date	
Major finding ✓	
Finding of autopsy ✓	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature R. L. Rodwell M.D. (M. D. or other)
and Address Nampa Ida Date Jan 21 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

139205

Certificate Of Death

STATE OF IDAHO

State File No. 15920[illegible]
Local Reg. No. 218
Reg. Dist. No. 370

1. **PLACE OF DEATH:**
(a) County Ada
(b) City or town Boise,
(c) Street Address or R.F.D. No. 1607. N. 6. th
(d) Death Occured Inside? Yes Outside? ..... city or town
(e) Died in a Home X Hospital .... Institution .... Other place ....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 44 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho. (b) County Ada
(c) City or town Boise,
(d) Street Address or R.F.D. No. 1912. Idaho.
(e) Deceased lived Inside? Yes Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 56 years
(h) Former residence (city, state) Missouri.

3. (a) **FULL NAME** Joseph. P. Hennessy.

3. (b) If veteran, name war No.
3. (c) Social Security No. X
4. Sex Male. 5. Color or race White.
6. (a) Single, widowed, married, divorced Married.
6. (b) Name of husband or wife Mary. L.
6. (c) Age of husband or wife if alive 71. years
7. Date of Birth (Month, Day, Year) January. 25. 1871.

8. AGE	Years	Months	Days	If less than 1 day
	73.	4.	24.	hrs ..... min.

9. Exact Occupation Retired Railroad Engineer. Did this work for ..... yrs. Date last worked .....
10. Industry or Business .....
11. Birthplace St Louis, Missouri. (City or town) (State or foreign country)

Father
12. Name Morris Hennessy.
13. Birthplace Ireland, (City or town) (State or foreign country)

Mother
14. Maiden name Johanna Burke.
15. Birthplace Ireland, (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mary L Hennessy
and Address 1912. Idaho. Street. Boise, Idaho.

17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof June. 23. 1944. (Month) (Day) (Year)
(c) Place: St Johns Cemetery.

18. Funeral Director's **OWN** Signature Clyde E. Summers
and Address Boise, Idaho.

19. (a) 6-22-44 (Date received and filed) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June. 19. 1944.
at 5 o'clock P. M.

21. **I HEREBY CERTIFY,** That I attended deceased from May. 1. 1943 to June. 19. 1944
I last saw h[illegible] alive on May. 10. 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Coronary Thrombosis	1 yr.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Injured ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature L D Anderson MD (M. D. or other)
and Address Boise Idaho Date June 22 1944
(For additional space, use reverse side)

139206

139206

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 16
Reg. Dist. No. 530

1. **PLACE OF DEATH:**
(a) County Oneida
(b) City or town Malad
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 38 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Oneida
(c) City or town Malad
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? 38 years
(h) Former residence (city, state)

3. (a) **FULL NAME** Fenley Amos Merrill
2nd name 1st name

3. (b) If veteran, name war no
3. (c) Social Security No. 528-05-3914
4. Sex Male
5. Color or race Whit.
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ella Leigh
6. (c) Age of husband or wife if alive 57 years
7. Date of Birth (Month, Day, Year) Oct-23-1880

8. AGE	Years	Months	Days	If less than 1 day
	63	7	30	hrs min.

9. Exact Occupation Merchant. Did this work for 45 yrs.
10. Industry or Business Hardware-Lumber Date last worked 1940
11. Birthplace Brigham Utah
(City or town) (State or foreign country)
Father
12. Name John F. Merrill
13. Birthplace Iowa
(City or town) (State or foreign country)
Mother
14. Maiden name Mary E. Cole
15. Birthplace American Forks Utah
(City or town) (State or foreign country)
16. Informant's OWN Signature Mrs A. F. Merrill
and Address Malad Idaho
17. (a) Burial (b) Date thereof 6-26-1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: Malad Idaho
18. Funeral Director's OWN Signature J. Guy Benson
and Address Malad Idaho
19. (a) 6-24-1944 (b) J. Guy Benson
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June-23 1944
at 7:55 o'clock A. M.
21. **I HEREBY CERTIFY,** That I attended deceased from June 19 1944 to June 23 1944
I last saw him alive on June 22 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebral hemorrhage	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state
where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature O H Maley M.D.
(M. D. or other)
and Address Malad Date 6-26 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

(1944 07) State File No. 13920
Local Reg. No. 111
Reg. Dist. No. 371

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise
   (c) Street Address or R. F. D. No.
   (d) Death Occured Inside? Outside? XX city or town
   (e) Died in a Home.... Hospital X Institution.... Other place....
   (f) Name Hosp. or Inst. Vets. Admn. Stayed 9 days
   (g) Lived in this county ....years ....months ....days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Canyon
   (c) City or town Caldwell
   (d) Street Address or R.F.D. No 622 Everett
   (e) Deceased lived Inside? ✓ Outside? ....city or town
   (f) Citizen of what country? U.S.
   (g) How long had deceased lived in Idaho? ....years
   (h) Former residence (city, state) Caldwell Ida

3. (a) **FULL NAME** SAYRE, Pirl R.

3. (b) If veteran, name war WW
3. (c) Social Security No. 519-09-0313
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lavona Sayre
6. (c) Age of husband or wife if alive .... years
7. Date of Birth (Month, Day, Year) May 6, 1899

8. AGE	Years	Months	Days	If less than 1 day
	45		18	hrs min.

9. Exact Occupation Postoffice Clerk — Did this work for Unknown yrs.
10. Industry or Business — Date last worked Unknown
11. Birthplace Burns (City or town) Kansas (State or foreign country)

Mother
12. Name George Sayre
13. Birthplace (City or town) Kansas (State or foreign country)

Father
14. Maiden name Inise Deel
15. Birthplace (City or town) Kansas (State or foreign country)

16. Informant's **OWN** Signature M. C. Bull Records, Veterans Administration
and Address Boise, Idaho

17. (a) Shipment (Burial, cremation, or removal) (b) Date thereof 5-24-44 (Month) (Day) (Year)
(c) Place: Caldwell, Idaho

18. Funeral Director's **OWN** Signature C. V. Peckham
and Address Boise, Idaho

19. (a) 5-29-44 (Date received and filed) (b) R. E. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH**
(Month, Day, Year) May 24, 1944
at 8:30 o'clock P. M.

21. **I HEREBY CERTIFY**, That I attended deceased from May 15, 1944, to May 24, 1944
I last saw him alive on May 24, 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — Duration
Cerebral Hemorrhage — 5 Weeks
Due to Hypertension, Arterial, Severe — Unknown
Due to
Other conditions (Include pregnancy within 3 months of death)
Where was disease contracted?
Name of operation None Date
Major finding
Finding of autopsy None

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature ARTHUR W. SCHULZ, Lt. Col. M. C. (M. D. or other)
and Address VAF, Boise, Idaho Date May 25 19 44
(For additional space, use reverse side)

Certified True Corrected Copy

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

JUL 14 1944

STATE OF IDAHO

State File No. 15923
Local Reg. No.
Reg. Dist. No.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
   (a) County Jerome
   (b) City or town Hunt
   (c) Street Address or R. F. D. No.
   (d) Death Occured Inside? Outside? city or town
   (e) Died in a Home Hospital Institution Other place X
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county years 5 months days

   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Oregon (b) County Multnomah
   (c) City or town Portland
   (d) Street Address ~~or R.F.D. No.~~ 536 Grand Ave.
   (e) Deceased lived Inside? X Outside? city or town
   (f) Citizen of what country? Japan
   (g) How long had deceased lived in Idaho? years
   (h) Former residence (city, state)

94-i

3. (a) **FULL NAME** Kaiji Harry Ikeya

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race Japanese
6. (a) Single, widowed, married, divorced Married
6. (b) Name of ~~husband~~ or wife Sae Ikeya
6. (c) Age of ~~husband or~~ wife if alive 44 years
7. Date of Birth (Month, Day, Year) October 15, 1890

8. AGE	Years	Months	Days	If less than 1 day hrs	min.
	53	7	23		

9. Exact Occupation Hotel Manager — Did this work for yrs.
10. Industry or Business Hotel — Date last worked
11. Birthplace Shizuoka Ken, Japan (City or town) (State or foreign country)

Father
12. Name Gihei Ikeya
13. Birthplace Shizuoka Ken, Japan (City or town) (State or foreign country)

Mother
14. Maiden name Han Ikeya
15. Birthplace Shizuoka Ken, Japan (City or town) (State or foreign country)

16. Informant's **OWN** Signature Sae Ikeya
    and Address 4-1-A Hunt, Idaho
17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 6-14-44 (Month) (Day) (Year)
    (c) Place: Salt Lake City, UTAH
18. Funeral Director's **OWN** Signature Nile Matthews
    and Address Jerome, Idaho
19. (a) 6-12-44 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 8, 1944
    at 3:55 o'clock p. M.
21. **I HEREBY CERTIFY**, That I attended deceased from never 19, to never 19
    I last saw him dead on June 8, 19 44 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Acute coronary thrombosis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation Date	
Major finding	
Finding of autopsy not done	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
    Occurred 19 City, county, state where violence occurred
    Place of Violence: Home Farm Industry
    Public Place While at work?
    Means of injury
23. Attendant's **OWN** Signature [signature] (M. D. or other)
    and Address Hunt, Idaho Date 6/10 19 44
    (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States Department of Commerce Bureau of the Census — Original

Certificate Of Death

JUL 14 1944 — STATE OF IDAHO

State File No. 164
Local Reg. No. 4
Reg. Dist. No. 4-46

1. **PLACE OF DEATH:**
   (a) County Jerome
   (b) City or town Hunt
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? X Outside? city or town
   (e) Died in a Home Hospital Institution Other place X
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county years 5 months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Oregon (b) County Multnomah
   (c) City or town Portland
   (d) Street Address or R.F.D. No. 536 Grand Ave.
   (e) Deceased lived Inside? X Outside? city or town
   (f) Citizen of what country? Japan
   (g) How long had deceased lived in Idaho? years
   (h) Former residence (city, state) Portland, Ore.

3. (a) **FULL NAME** Kaiji Harry Ikeya

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male race Japanese
5. Color or
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Sae Ikeya
6. (c) Age of husband or wife if alive 39? years
7. Date of Birth (Month, Day, Year) March 21, 1900

8. AGE	Years	Months	Days	If less than 1 day
	44	2	18	hrs min.

9. Exact Occupation Hotel Manager — Did this work for yrs.
10. Industry or Business Hotel — Date last worked
11. Birthplace Shizuoka Ken, Japan (City or town) (State or foreign country)

Father
12. Name Gihei Ikeya
13. Birthplace Shizuoka Ken, Japan (City or town) (State or foreign country)

Mother
14. Maiden name Han Ikeya
15. Birthplace Shizuoka Ken, Japan (City or town) (State or foreign country)

16. Informant's **OWN** Signature [signature]
and Address 4-1-A Hunt, Idaho

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 6-14-44 (Month) (Day) (Year)
(c) Place: Salt Lake City, Utah

18. Funeral Director's **OWN** Signature Dale Matthews
and Address Jerome, Idaho.

19. (a) 6-13-44 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH**
(Month, Day, Year) June 8, 1944
at 3:55 o'clock p. M.

21. **I HEREBY CERTIFY,** That I attended deceased from never 19, to never 19,
I last saw him alive on June 8 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Acure coronary thrombosis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation Date	
Major finding	
Finding of autopsy not done.	

PHYISICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature [signature] (M. D. or other)
and Address Hunt, Idaho Date 6/10 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

139209

State File No. 0
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF DEATH:**
(a) County Canyon
(b) City or town Caldwell
(c) Street Address or R.F.D. No. 3
(d) Death Occured Inside? ..... Outside? X city or town
(e) Died in a Home.... Hospital.... Institution.... Other place....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 22 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Caldwell
(d) Street Address or R.F.D. No. 3
(e) Deceased lived Inside? ..... Outside? X city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 22 years
(h) Former residence (city, state) .....

3. (a) **FULL NAME** HELENA C. PRUITT

131a

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Fem.
5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Frank D. Pruitt
6. (c) Age of husband or wife if alive — years
7. Date of Birth (Month, Day, Year) April 19, 1868

8. AGE	Years	Months	Days	If less than 1 day
	76	2	18	hrs min.

9. Exact Occupation Housewife Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Jefferson, Iowa (City or town) (State or foreign country)
Father
12. Name James R. Chaffin
13. Birthplace New York (City or town) (State or foreign country)
Mother
14. Maiden name Mariah A. Whitney
15. Birthplace New Hampshire (City or town) (State or foreign country)
16. Informant's OWN Signature F. P. Pruitt
and Address Route 3, Caldwell, Ida.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/11/44 (Month) (Day) (Year)
(c) Place: Canyon Hill Cemetery, Caldwell
18. Funeral Director's OWN Signature C. V. Peckham
and Address 504 So. Kimball Ave., Caldwell
19. (a) July 18-1944 (Date received and filed) (b) Mabel Fields (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 7, 1944
at 6 o'clock A. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 6-19-44 19..., to 7-7-1944
I last saw her alive on 7-6-1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cardiovascular renal disease	6 Mo.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation ..... Date	
Major finding	
Finding of autopsy	

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's OWN Signature Carl Warner D.O. (M. D. or other)
and Address Caldwell Ida Date 7-10 1944
(For additional space, use reverse side)

139210 13921

United States
Department of Commerce
Bureau of the Census

JUN 28 1944

CERTIFICATE OF DEATH

STATE OF IDAHO

State File No.
Local Reg. No. 152
Reg. Dist. No.

1. **PLACE OF DEATH:**
(a) County Bear Lake
(b) City or town Montpelier
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 57 years months days
Note For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bear Lake
(c) City or town Montpelier
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) If foreign born, in U. S. yrs. Citizen of U. S.? Yes
(g) How long had deceased lived in Idaho? years
(h) Former residence (city, state)

3. (a) **FULL NAME** Margaret Sarah Ann Barrett

3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Thomas Barrett
6 (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) August 1, 1853

8. AGE	Years	Months	Days	If less than 1 day
	90	9	1	hrs min.

9. Exact Occupation Housewife Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Staffordshire (City or town) England (State or foreign country)

Father
12. Name William H. Poulton
13. Birthplace (City or town) England (State or foreign country)

Mother
14. Maiden name Elisabeth Rasspass
15. Birthplace (City or town) England (State or foreign country)

16. Informant's OWN Signature Lurena Barrett
and Address Montpelier, Idaho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 7, 1944 (Month) (Day) (Year)
(c) Place: Montpelier, Idaho.
18. Funeral Director's OWN Signature [signature]
and Address Montpelier, Idaho.
19. (a) May 7, 1944 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 2, 1944 19
at 2 o'clock P M.
21. I HEREBY CERTIFY, That I attended deceased from March 1 1944, to May 2 1944
I last saw her alive on May 2 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Herpes Zoster	2 Mo.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease first contracted? home	
Name of operation Date	
Major finding	
Finding of autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature [signature] (M. D. or other)
and Address Montpelier, Idaho Date May 3 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

139211 139211

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 139211
Local Reg. No. 222
Reg. Dist. No. 370

1. PLACE OF DEATH:
(a) County Ada
(b) City or town Boise
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? ..... Outside? xx city or town
(e) Died in a Home.... Hospital X Institution.... Other place....
(f) Name Hosp. or Inst. County Hosp. Stayed ..... days
(g) Lived in this county 7 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Ada
(c) City or town Boise
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? xx Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 7 years
(h) Former residence (city, state) Oklahoma

3. (a) FULL NAME Noah Wesley Beeler

45 d

3. (b) If veteran, name war --
3. (c) Social Security No. --
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) August 11, 1865

8. AGE	Years	Months	Days	If less than 1 day
	78	10	22	-- hrs -- min.

9. Exact Occupation Retired farmer Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Lindy, Missouri (City or town) (State or foreign country)
Father
12. Name Noah Beeler
13. Birthplace Missouri (City or town) (State or foreign country)
Mother
14. Maiden name Unknown
15. Birthplace (City or town) (State or foreign country)
16. Informant's OWN Signature Allen M Beeler
and Address San Diego Calif
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/6/44 (Month) (Day) (Year)
(c) Place: Morris Hill Cemetery, Boise, Idaho
18. Funeral Director's OWN Signature W McBratney
and Address Boise Idaho
19. (a) 7-5-44 (Date received and filed) (b) R. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 3 1944
at 11:20 o'clock A.M.
21. **I HEREBY CERTIFY,** That I attended deceased from Apr 4 1944 to 7 3 1944
I last saw him alive on July 3 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Sarcoma Jan.	1 yr.
~~Due to~~	
~~Due to~~	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury
23. Attendant's OWN Signature S. W. Farney MD (M. D. or other)
and Address Boise Date 7/5 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

139747 Stratton

State File No. 139212
Local Reg. No.
Reg. Dist. No. 696

1. **PLACE OF DEATH:**
(a) County Lemhi
(b) City or town Salmon
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? ✓ Outside? ____ city or town
(e) Died in a Home ____ Hospital or Institution ____ Other place ____
(f) Name Hosp. or Inst. Rose Stayed 25 days
(g) Lived in this county 32 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Lemhi
(c) City or town Salmon
(d) Street Address or R. F. D. No. Leadore
(e) Deceased lived Inside? ____ Outside? ✓ city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? 32 years
(h) Former residence (city, state)

3. (a) **FULL NAME** MARIE CHANDLER KUMMER 1406

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex F 5. Color or race W 6. (a) Single, widowed, (married) divorced

6. (b) Name of husband or wife Chas F. 6. (c) Age of husband or wife if alive 47 years

7. Date of Birth (Month, Day, Year) July 21, 1909

8. AGE	Years	Months	Days	If less than 1 day hrs	min.
	34	10	22		

9. Exact Occupation Housewife Did this work for Life
10. Industry or Business Date last worked
11. Birthplace Blaine (City or town) Mont. (State or foreign country)

Father
12. Name ETNA CHANDLER
13. Birthplace Ark. (City or town) (State or foreign country)

Mother
14. Maiden name ARTIE GRAY
15. Birthplace Bannock Mont. (City or town) (State or foreign country)

16. Informant's OWN Signature Charles T Kummer
and Address SALMON

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-15-44 (Month) (Day) (Year)
(c) Place: Salmon, Ida.

18. Funeral Director's OWN Signature Ray McGoldrick
and Address SALMON

19. (a) June 27 1944 (Date received and filed) (b) Alice O'Bellamy (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) JUNE 13 1944
at 1:00 o'clock A M.

21. **I HEREBY CERTIFY,** That I attended deceased from May 8 1944, to June 13 1944
I last saw her alive on June 12 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Bacterial endocarditis 9/a diagnoses June 1 1944	
Due to Septic abortion existing from May 3 1944	
Due to General septicemia	1406
Other conditions (Include pregnancy within 3 months of death) Yes about four months.	

Where was disease contracted? Lemhi County
Name of operation ____ Date ____
Major finding
Finding of autopsy None made

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work?
Means of injury

23. Attendant's OWN Signature O. T. Stratton
O. T. Stratton, M. d. (M. D. or other)
and Address Salmon, Idaho Date 6/27 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Armstrong 139213

United States
Department of Commerce
Bureau of the Census

JUL 6 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 1064
Reg. Dist. No. 200

1. **PLACE OF DEATH:**
   (a) County Latah
   (b) City or town Moscow
   (c) Street Address or R. F. D. No. Uni. of Idaho
   (d) Death Occurred Inside? X Outside? ____ city or town
   (e) Died in a Home __ Hospital __ Institution X Other place __
   (f) Name Hosp. or Inst. Uni. of Ida. Lived ____ days
   (g) Lived in this county 24 years ____ months ____ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Latah
   (c) City or town Moscow, Idaho
   (d) Street Address or R. F. D. No. 407 E. 8th
   (e) Deceased lived Inside? X Outside? ____ city or town
   (f) Citizen of what country? USA
   (g) How long had deceased lived in Idaho? 43 years
   (h) Former residence (city, state) ____

3. (a) FULL NAME WILLIAM LOUIS STEPHENS

73d

3. (b) If veteran, name war World War 1
3. (c) Social Security No. none
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Jolene
6. (c) Age of husband or wife if alive 35 years
7. Date of Birth (Month, Day, Year) Oct. 20, 1898

8. AGE	Years	Months	Days	If less than 1 day
	45	8	6	hrs min.

9. Exact Occupation Dis. Ag. Ext. Agent Did this work for 18 yrs.
10. Industry or Business Uni. of Idaho Date last worked 6-26-44
11. Birthplace Clarksburg (City or town) Mo. (State or foreign country)

Father
12. Name Alfred B. Stephens
13. Birthplace ____ (City or town) Mo. (State or foreign country)

Mother
14. Maiden name Oma June Stone
15. Birthplace ____ (City or town) Mo. (State or foreign country)

16. Informant's OWN Signature G. T. McAlexander and Address Moscow, Idaho
17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 6-28-44 (Month) (Day) (Year)
    (c) Place: Spokane, Washington
18. Funeral Director's OWN Signature H. R. Short and Address Moscow, Idaho
19. (a) 6/30/44 (Date received and filed) (b) E. J. Klaarn (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 26 1944 at 9:10 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from June 26 1944, to June 26 1944
    I last saw him alive on June 4 1941; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death	Duration
Sudden Heart failure (Heart Block)	(Sudden) 9:10
Due to Chronic Myocarditis	73d
Due to Intense obesity	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted? Home	
Name of operation None. Date	
Major finding	
Finding of autopsy None made.	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
    Occurred ____ 19__ City, county, state where violence occurred ____
    Place of Violence: Home ____ Farm ____ Industry ____
    Public Place ____ While at work? ____
    Means of injury ____
23. Attendant's OWN Signature O. Armstrong M. D. (M. D. or other) and Address Moscow, Ida. Date 6/30 1944
    (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JUL 10 1944

Certificate Of Death

STATE OF IDAHO

1
134 r 14

State File No. 139214
Local Reg. No. 520
Reg. Dist. No. 13

1. **PLACE OF DEATH:**
   (a) County Caribou
   (b) City or town Soda Springs
   (c) Street Address or R. F. D. No. -
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home .... Hospital X Institution .... Other place ....
   (f) Name Hosp. or Inst. Soda Springs Stayed 8 days
   (g) Lived in this county ..... years ..... months 8 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Bannock
   (c) City or town Grace
   (d) Street Address or R.F.D. No. -
   (e) Deceased lived Inside? X Outside? ..... city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 46 years
   (h) Former residence (city, state) Utah

3. (a) **FULL NAME** Lucinda B. Egbert

1246

3. (b) If veteran, name war -
3. (c) Social Security No. -
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Samuel Egbert
6. (c) Age of husband or wife if alive Dead 23 years
7. Date of Birth (Month, Day, Year) November 15, 1868

8. AGE	Years	Months	Days	If less than 1 day
	75	7	0	hrs min.

9. Exact Occupation Retired — Did this work for - yrs.
10. Industry or Business - — Date last worked -
11. Birthplace Cottonwood (City or town) Utah (State or foreign country)

Father
12. Name Thomas A. Beckstead
13. Birthplace Canada (City or town) (State or foreign country)

Mother
14. Maiden name Lydia Rose
15. Birthplace Canada (City or town) (State or foreign country)

16. Informant's **OWN** Signature Henry Nelson
and Address Pocatello, Idaho.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 6/19/1944 (Month) (Day) (Year)
(c) Place: North Ogden Cemetery, Utah

18. Funeral Director's **OWN** Signature Hall Mortuary
and Address 229 South Garfield

19. (a) July 6 1944 (Date received and filed) (b) D. Russell Lynch (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 15 1944
at 7:30 o'clock P M.

21. **I HEREBY CERTIFY**, That I attended deceased from July 1938 to June 15 1944
I last saw h.. alive on June 13 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebral apoplexy	1 hour
Due to Hypertension, cerebral stroke	6 yrs +
Due to Hepatic cirrhosis	1
Other conditions Rectum	
(Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ..... Date .....
Major finding
Finding of autopsy

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury

23. Attendant's **OWN** Signature J. B. Koehler M. D. (M. D. or other)
and Address Soda Springs, Idaho 6-15 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JUL 10 1944

Certificate Of Death

STATE OF IDAHO

139-16

State File No. 13922
Local Reg. No. 117
Reg. Dist. No. 322

1. **PLACE OF DEATH:**
   (a) County Canyon
   (b) City or town Nampa
   (c) Street Address or R.F.D. No. 623-7 Ave So.
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home X Hospital .... Institution .... Other place ....
   (f) Name Hosp. or Inst. ..... Stayed ..... days
   (g) Lived in this county 23 years ..... months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Ida. (b) County Canyon
   (c) City or town Nampa
   (d) Street Address or R.F.D. No. 623-7 Ave So
   (e) Deceased lived Inside? X Outside? ..... city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 28. years
   (h) Former residence (city, state) Utah

3. (a) **FULL NAME** Elliot A. Airmet

3. (b) If veteran, name war #1
3. (c) Social Security No. 700-09-3425
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Leah
6. (c) Age of husband or wife if alive 44 years
7. Date of Birth (Month, Day, Year) Febr-13-1886

8. AGE	Years	Months	Days	If less than 1 day
	48	4	17	hrs ..... min.

9. Exact Occupation P.E. Carman Did this work for 14 yrs.
10. Industry or Business P.E. Plant. Date last worked June 30-1944
11. Birthplace Mt. Pleasant (City or town) Utah (State or foreign country)

Father
12. Name John A. Airmet
13. Birthplace Salt Lake City (City or town) Utah (State or foreign country)

Mother
14. Maiden name Bertha M. Bramstead
15. Birthplace Mt. Pleasant (City or town) Utah (State or foreign country)

16. Informant's **OWN** Signature X Mrs. E. A. Airmet
and Address R. 1 - Nampa Ida.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 5-44 (Month) (Day) (Year)
(c) Place: Nampa Idaho Plot Adventist
18. Funeral Director's **OWN** Signature W. M. Gallen
and Address Nampa Idaho.
19. (a) July-6-1944 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 30 19 44
at 5:15 o'clock P. M.
21. **I HEREBY CERTIFY**, That I attended deceased from ..... 19 ..... to ..... 19 .....
I last saw h.. alive on Can remember; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — Duration

Coronary Thrombosis — 1 day
Due to Coronary sclerosis — ?
Due to .....
Other conditions (Include pregnancy within 3 months of death) .....

Where was disease contracted? Home
Name of operation ..... Date .....
Major finding —
Finding of autopsy —

PHYISICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature L. F. Donovan M.D. (M. D. or other)
and Address Nampa Ida. Date July 7 1944
(For additional space, use reverse side)

Parkview Cemetery

139216 139216

United States
Department of Commerce
Bureau of the Census

JUL 10 1944

Certificate Of Death

STATE OF IDAHO

State File No. 37
Local Reg. No.
Reg. Dist. No. 3-331

1. PLACE OF DEATH:

(a) County Payette
(b) City or town New Plymouth.
(c) ~~Street Address or~~ R.F.D. No. 1
(d) Death Occured Inside? ..... Outside? ..... city or town
(e) Died in a Home ..... Hospital ..... Institution ..... Other place .....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 5 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

(a) State Idaho (b) County Payette
(c) City or town New Plymouth
(d) ~~Street Address or~~ R.F.D. No. 1
(e) Deceased lived Inside? ..... Outside? ..... city or town
(f) Citizen of what country? USA
(g) How long had deceased lived in Idaho? 5 years
(h) Former residence (city, state) Harrison, Neb.

3. (a) **FULL NAME** William T. Jones.

830

3. (b) If veteran, name war -----
3. (c) Social Security No. -----
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Sadie E. Jones.
6. (c) Age of husband or wife if alive 73 years
7. Date of Birth (Month, Day, Year) June 8 1863

8. AGE	Years	Months	Days	If less than 1 day
	81	-	20	hrs min.

9. Exact Occupation farmer — Did this work for life yrs.
10. Industry or Business ranch — Date last worked 6/24/44
11. Birthplace Green River, Wis. (City or town) (State or foreign country)

Father
12. Name George Jones.
13. Birthplace ----- England. (City or town) (State or foreign country)

Mother
14. Maiden name Jane Glavinor.
15. Birthplace Radnorshire, SO- Wales. (City or town) (State or foreign country)

16. Informant's **OWN** Signature W. T. Jones Jr
and Address New Plymouth, Idaho.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 7/1/1944 (Month) (Day) (Year)
(c) Place: New Plymouth, Idaho.
18. Funeral Director's **OWN** Signature Edith Loudon
and Address Payette, Idaho.
19. (a) 7/1/1944 (Date received and filed) (b) J C Woodward (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) JUNE 28, 1944 19.....
at 6.00 o'clock P. M.
21. **I HEREBY CERTIFY**, That I attended deceased from June 26, 1944 19....., to June 28 1944
I last saw him alive on June 28 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebral Hemorrhage	
Due to Senility	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYISCIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature J C Woodward MD (M. D. or other)
and Address Payette, Id Date 6/30 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JUL 10 1944

Certificate Of Death

STATE OF IDAHO

139217

State File No. 139217
Local Reg. No. 70
Reg. Dist. No. 360

1. **PLACE OF DEATH:**
(a) County Canyon
(b) City or town Caldwell
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? ✓ Outside? ..... city or town
(e) Died in a Home.... Hospital ✓ Institution ..... Other place....
(f) Name Hosp. or Inst. Memorial Stayed 4 days
(g) Lived in this county 3 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Wilder
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? ..... Outside? ✓ ..... city or town
(f) Citizen of what country? U.S.
(g) How long had deceased lived in Idaho? 3 years
(h) Former residence (city, state) Oklahoma

3. (a) **FULL NAME** William Sidney Slate 94a

3. (b) If veteran, name war World I
3. (c) Social Security No. ✓
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Menilla
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) March 16-1892

8. AGE	Years	Months	Days	If less than 1 day
	52	2	20	hrs min.

9. Exact Occupation Farmer Did this work for ..... yrs.
10. Industry or Business ..... Date last worked
11. Birthplace Poke Co. (City or town) Missouri (State or foreign country)
Father
12. Name Newton J. Slate
13. Birthplace Kentucky (City or town) (State or foreign country)
Mother
14. Maiden name Annie Kelsey
15. Birthplace Mo. (City or town) (State or foreign country)
16. Informant's **OWN** Signature Mr Menilla Slate
and Address Wilder Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-10-44 (Month) (Day) (Year)
(c) Place: Wilder Idaho
18. Funeral Director's **OWN** Signature J. Peckham
and Address Caldwell Idaho
19. (a) 6-20-44 (Date received and filed) (b) Agnes M Denman (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 6 1944
at 5:00 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from June 5 1944 to June 6 1944
I last saw him alive on June 5 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Coronary Thrombosis	1 day
Due to	
Due to	
Other conditions Pyorrhea (Include pregnancy within 3 months of death)	years

Where was disease contracted?
Name of operation ..... Date
Major finding
Finding of autopsy

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury
23. Attendant's **OWN** Signature C.R. Whittenberger D.O. (M. D. or other)
and Address Caldwell Ida Date June 10 1944
(For additional space, use reverse side)

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United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

Notes 18 139 State File No. 139219
Local Reg. No. 229
Reg. Dist. No. 370

1. PLACE OF DEATH:
(a) County Ada
(b) City or town Boise.
(c) Street Address or R.F.D. No. X
(d) Death Occured Inside Yes Outside? ..... city or town
(e) Died in a Home.... Hospital X Institution.... Other place....
(f) Name Hosp. or Inst. St Lukes Stayed 4 days
(g) Lived in this county 40 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho. (b) County Ada
(c) City or town Boise.
(d) Street Address or R.F.D. No. 1715. N. 20.
(e) Deceased lived Inside? Yes Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 40 years
(h) Former residence (city, state) Missouri.

3. (a) FULL NAME Anna Julia Sheldon. 93a

3. (b) If veteran, name war No.
3. (c) Social Security No. None.
4. Sex Female. 5. Color or race White.
6. (a) Single, widowed, married, divorced Widow.
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) April. 17. 1879.

8. AGE	Years	Months	Days	If less than 1 day
	65.	1.	13.	hrs min.

9. Exact Occupation At Home. Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Avilla Missouri. (City or town) (State or foreign country)
Father 12. Name William Shaffer.
13. Birthplace Missouri. (City or town) (State or foreign country)
Mother 14. Maiden name Harriett Pollard.
15. Birthplace Missouri. (City or town) (State or foreign country)
16. Informant's OWN Signature Monica S. Edsall
and Address 1120 N. 24th Boise Idaho
17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof July. 5. 1944. (Month) (Day) (Year)
(c) Place: Morris Hill Cemetery.
18. Funeral Director's OWN Signature Summers Funeral Home. Clyde E. Summers
and Address Boise, Idaho.
19. (a) 7-1-44 (Date received and filed) (b) R. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) June 30 1944
at 1:30 o'clock P M.
21. I HEREBY CERTIFY, That I attended deceased from ..... 1938, to Present 19
I last saw her alive on 6-30-44 19 ; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Acute Myocarditis. 93a	
Due to Hypertension. 112	1938
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation ..... Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's OWN Signature Harold T. Nokes M.D. (M. D. or other)
and Address Boise Date 7-1- 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

139219 159219

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

JUN 19 1944

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF DEATH:**
(a) County Kootenai
(b) City or town Coeur d'Alene
(c) Street Address or R. F. D. No. 8th & Sherman
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home Hospital Institution Other place X
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 13 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Kootenai
(c) City or town Coeur d'Alene
(d) Street Address or R. F. D. No. 1620 Lakeside
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? USA
(g) How long had deceased lived in Idaho? 13 years
(h) Former residence (city, state) Montana

3. (a) **FULL NAME** John A. Hentz 83a

3. (b) If veteran, name war Spanish American
(c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Gertrude
6. (c) Age of husband or wife if alive 62 years
7. Date of Birth (Month, Day, Year) Aug. 29, 1871

8. AGE	Years	Months	Days	If less than 1 day
	69	9	13	hrs min.

9. Exact Occupation Carpenter — Did this work for 30 yrs.
10. Industry or Business Private — Date last worked 1930
11. Birthplace Pointette Wisconsin (City or town) (State or foreign country)

Father
12. Name Alexander Hentz
13. Birthplace unknown (City or town) (State or foreign country)

Mother
14. Maiden name unknown
15. Birthplace Scotland (City or town) (State or foreign country)

16. Informant's OWN Signature Marjorie E. Hentz
and Address Coeur d'Alene, Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 6-15-44 (Month) (Day) (Year)
(c) Place Forest Cem. Coeur d'Alene
18. Funeral Director's OWN Signature D. English
and Address Coeur d'Alene, Idaho
19. (a) 6/14/44 (Date received and filed) (b) Ramer M. Odell (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 6-12-1944
at 9 o'clock A. M. did not

21. **I HEREBY CERTIFY,** That I attended deceased from 6-12-1944 to 6-12-1944
I last saw him alive on 6-12-1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Hypertension	10 yrs
Hemorrhage in brain	6-12-44
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy none

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's OWN Signature Jennie A. Greenwood M. D. (M. D. or other)
and Address Coeur d'Alene Idaho Date 6-13 1944

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

JUL 11 1944

STATE OF IDAHO

139 v 20

State File No. 139220
Local Reg. No. 119
Reg. Dist. No. 371

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town 8 miles NW of Gowen Fld, Ida.
   (c) Street Address or R.F.D. No. --
   (d) Death Occured Inside? ... Outside? x ... city or town
   (e) Died in a Home ... Hospital ... Institution ... Other place x
   (f) Name Hosp. or Inst. -- Stayed - days
   (g) Lived in this county ... years 1 ... months 10 ... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Virginia (b) County --
   (c) City or town Alexandria
   (d) Street Address or R.F.D. No. Route 1
   (e) Deceased lived Inside? ... Outside? x ... city or town
   (f) Citizen of what country? U. S.
   (g) How long had deceased lived in Idaho? 1-10/30 ~~years~~ mo.
   (h) Former residence (city, state) See above

3. (a) **FULL NAME** FRALEY, Paul H. 33631139 173

3. (b) If veteran, name war --
3. (c) Social Security No. --
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife --
6. (c) Age of husband or wife if alive -- years
7. Date of Birth (Month, Day, Year) 25 September 1920

8. AGE	Years	Months	Days	If less than 1 day
	23	9	4	hrs min.

9. Exact Occupation Gunner — Did this work for 1-3/12 yrs.
10. Industry or Business U. S. Army — Date last worked 6-29-44
11. Birthplace Hunnington, West Virginia (City or town) (State or foreign country)

Father
12. Name Jennings Brian Fraley
13. Birthplace Unknown (City or town) (State or foreign country)

Mother
14. Maiden name Arlie (Unknown)
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's **OWN** Signature Phillip C Pedersen
PHILLIP C. PEDERSEN
and Address Gowen Field, Boise, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 2, 1944 (Month) (Day) (Year)
(c) Place: Alexandria, Virginia

18. Funeral Director's **OWN** Signature Atherton Wells
and Address Boise, Idaho.

19. (a) 7-1-44 (Date received and filed) (b) A Shirk (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH**
(Month, Day, Year) 29 June 1944
at 9:32 o'clock P.M.

21. **I HEREBY CERTIFY**, That I attended deceased from -- 19 --, to -- 19 --
I last saw h- alive on -- 19 -; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Dismemberment, compound fracture of the skull with evulsion of the ~~Due to~~ brain, disintegration, partial incineration.	Instantly
Due to Airplane Accident	
Other conditions -- (Include pregnancy within 3 months of death)	

Where was disease contracted? --
Name of operation -- Date -
Major finding --
Finding of autopsy See above

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? x Suicide? Homicide?
Occurred June 29 1944 City, county, state where violence occurred Ada County, Idaho
Place of Violence: Home Farm Industry
Public Place x While at work?
Means of injury Airplane Accident

23. Attendant's **OWN** Signature Frank L Fletcher
FRANK L. FLETCHER, LT COL, (M. D. or other) M.C.
and Address Gowen Field, Idaho Date 6-30 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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United States
Department of Commerce
Bureau of the Census

JUL 12 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 15932
Local Reg. No. 55
Reg. Dist. No. 110

1. **PLACE OF DEATH:**
(a) County Bonner
(b) City or town Sandpoint
(c) Street Address or R. F. D. No. 1st. & Pine St.
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home __ Hospital __ Institution __ Other place X
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 40 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bonner
(c) City or town Sagle
(d) Street Address or R. F. D. No. R.F.D.
(e) Deceased lived Inside? ____ Outside? X city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 40 years
(h) Former residence (city, state) ____

3. (a) FULL NAME ROY LONG

3. (b) If veteran, name war World I
3. (c) Social Security No. 518-01-3614
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Tessie Marie
6. (c) Age of husband or wife if alive 38 years
7. Date of Birth (Month, Day, Year) January 20, 1897

8. AGE	Years	Months	Days	If less than 1 day
	47	5	7	hrs ____ min. ____

9. Exact Occupation Sawyer — Did this work for 1 yrs.
10. Industry or Business Box Factory — Date last worked June 1944
11. Birthplace Rhodes, Iowa. (City or town) (State or foreign country)

Father
12. Name Wilson A. Long
13. Birthplace Iowa (City or town) (State or foreign country)

Mother
14. Maiden name Lucy Ellen Denser
15. Birthplace Iowa (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs Roy Long
and Address R.F.D. Sagle, Idaho.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 30, 1944 (Month) (Day) (Year)
(c) Place: Westmond Cemetery - Bonner County

18. Funeral Director's OWN Signature MOON MORTUARY
and Address Sandpoint, Idaho

19. (a) June 30, 1944 (Date received and filed) (b) Florence Dixon (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 27, 1944
at 11:00 o'clock A. M.

21. **I HEREBY CERTIFY,** That I attended deceased from ____ 19____, to ____ 19____
I last saw h____ alive on ____ 19____; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Natural Causes. Died Suddenly — Duration ____
Due to Probable Coronary Thrombosis. ____
Due to ____ ____
Other conditions ____ ____
(Include pregnancy within 3 months of death)
Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy None

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's OWN Signature R. L. Moon Coroner (M. D. or other)
and Address Sandpoint, Idaho Date June 27 19 44
(For additional space, use reverse side)

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United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 13[illegible]
Local Reg. No. 180.
Reg. Dist. No. 510

1. **PLACE OF DEATH:**
(a) County Bannock
(b) City or town Pocatello
(c) Street Address or R.F.D. No. 650. No. 7th.
(d) Death Occured (Inside?) Outside? city or town
(e) Died in a Home (Hospital) Institution Other place
(f) Name Hosp. or Inst. St. Anthony Stayed days
(g) Lived in this county 17 years 1 months 27 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Bannock
(c) City or town Pocatello
(d) Street Address or R.F.D. No. 726. No. 12th. Ave.
(e) Deceased lived (Inside?) Outside? city or town
(f) Citizen of what country? United States
(g) How long had deceased lived in Idaho? Life years
(h) Former residence (city, state) None

3. (a) **FULL NAME** Norman Boyd Lott. 170C

3. (b) If veteran, name war
3. (c) Social Security No. 518-28-2831
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) May. 4. 1927

8. AGE	Years	Months	Days	If less than 1 day
	17	1	27	hrs min.

9. Exact Occupation Messenger Did this work for yrs.
10. Industry or Business Union Pacific Ry Date last Worked
11. Birthplace Pocatello. (City or town) Idaho. (State or foreign country)
Father
12. Name Charles Wilford Lott.
13. Birthplace Provo. (City or town) Utah (State or foreign country)
Mother
14. Maiden name Elva Myrtle Mower.
15. Birthplace Fairview. (City or town) Utah (State or foreign country)
16. Informant's **OWN** Signature E. W. Lott.
and Address Pocatello. Idaho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/ 5/ 1944 (Month) (Day) (Year)
(c) Place: Mountain View Cem.
18. Funeral Director's **OWN** Signature Hall Mortuary.
and Address Pocatello. Idaho
19. (a) 7-7-1944 (Date received and filed) (b) D C Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 1. 19 44.
at 5:50 o'clock P. M. 7/1
21. **I HEREBY CERTIFY**, That I attended deceased from 19 44, to 7/1 19 44
I last saw h[illegible] alive on 7/1 19 44; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Basilar fracture — Duration
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYISICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 7/1 19 44 City, county, state where violence occurred Bannock
Place of Violence: Home Farm Industry
Public Place Street While at work?
Means of injury Collision
23. Attendant's **OWN** Signature [illegible]
and Address Pocatello, Idaho. (M. D. or other)
Date 7/ 19 44
(For additional space, use reverse side)

Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK INK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

139 223 State File No. 15[illegible]
Local Reg. No. 162
Reg. Dist. No. 121

1. **PLACE OF DEATH:**
(a) County Kootenai
(b) City or town Farragut, Idaho
(c) Street Address or R. F. D. No. U. S. N. H.
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home ____ Hospital X Institution ____ Other place ____
(f) Name Hosp. or Inst. U.S.N.H. Stayed 14 days
(g) Lived in this county ____ years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Kootenai
(c) City or town Rathdrum
(d) Street Address or R. F. D. No. Box 203
(e) Deceased lived Inside? ____ Outside? X city or town
(f) Citizen of what country? U.S.
(g) How long had deceased lived in Idaho? 9 Months years
(h) Former residence (city, state) SanFrancisco, Cal

3. (a) FULL NAME A MARION JEAN MOODY

39C

3. (b) If veteran, name war None
3. (c) Social Security No. ———
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife James S
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) March 1, 1911

8. AGE	Years	Months	Days	If less than 1 day
	33	3	18	hrs ____ min.

9. Exact Occupation Housewife — Did this work for ____ yrs.
10. Industry or Business Home — Date last worked ———
11. Birthplace San Francisco, California (City or town) (State or foreign country)

Father
12. Name Harry B. McCarthy
13. Birthplace California (City or town) (State or foreign country)

Mother
14. Maiden name Mary ———
15. Birthplace California (City or town) (State or foreign country)

16. Informant's OWN Signature James A. Moody
and Address Rathdrum, Idaho

17. (a) removal (Burial, cremation, or removal) (b) Date thereof 6/20/1944 (Month) (Day) (Year)
(c) Place: SanFrancisco Calif.

18. Funeral Director's OWN Signature T. B. Nelson
and Address Rathdrum Idaho

19. (a) 6-20-44 (Date received and filed) (b) Frances M. Edel (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 19 June 1944
at 7:20 P. M. o'clock ____ M.

21. I HEREBY CERTIFY, That I attended deceased from 6-5- 1944, to 6-19-44 19____
I last saw h-er alive on 19 June 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Rocky Mountain Spotted Fever — Duration 14 days.
Due to ____
Due to ____
Other conditions ____
(Include pregnancy within 3 months of death)
Where was disease contracted? Rathdrum, Ida.
Name of operation none Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's OWN Signature Fernand W. Mannhardt (M. D. or other)
and Address Farragut Ida. Date 6-20 19 44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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United States
Department of Commerce
Bureau of the Census

JUL 12 1944

Certificate Of Death

STATE OF IDAHO

State File No. .....
Local Reg. No. 166
Reg. Dist. No. 121

1. PLACE OF DEATH:
(a) County Kootenai
(b) City or town Post Falls
(c) Street Address or R.F.D. No. 1.
(d) Death Occured Inside? -- Outside? X city or town
(e) Died in a Home.... Hospital.... Institution.... Other place....
(f) Name Hosp. or Inst. ------ Stayed -- days
(g) Lived in this county 4 years -- months -- days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Kootenai
(c) City or town Post Falls
(d) Street Address or R.F.D. No. 1.
(e) Deceased lived Inside? --- Outside? X city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 40 years
(h) Former residence (city, state) Cocalala Ida.

3. (a) **FULL NAME** William I. Spencer

3. (b) If veteran, name war no
3. (c) Social Security No. 519-16-2063
4. Sex M.
5. Color or race W.
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Cora Maud
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) 2/5/ 1884

8. AGE	Years	Months	Days	If less than 1 day
	60	4	0	hrs min.

9. Exact Occupation Farmer — Did this work for 40 yrs.
10. Industry or Business ..... Date last worked 6/1/44
11. Birthplace Burlington (City or town) Iowa (State or foreign country)

Father
12. Name Houston Levi Isaac Spencer
13. Birthplace do not know (City or town) New York State (State or foreign country)

Mother
14. Maiden name Lydia Davidson
15. Birthplace do not know (City or town) Mo. (State or foreign country)

16. Informant's **OWN** Signature James L. Spencer
and Address 1513-3rd St. CDA. Ida.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 6/11/1944 (Month) (Day) (Year)
(c) Place: Evergreen Cemetery-Post Falls
18. Funeral Director's **OWN** Signature A. B. Nelson
and Address 109-111 Lake Side Coeurd'Alene
19. (a) 6/8/44 (Date received and filed) (b) Frances M. Kebel (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 6/5 1944
at 4-30 o'clock P.M.

21. **I HEREBY CERTIFY**, That I attended deceased from 6-5 1944, to 6-5 1944
I last saw him alive on 6-5 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Hypertension	15 yrs
Chronic myocarditis	20 yrs.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation none Date
Major finding
Finding of autopsy none

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature [illegible] Coroner D. (M. D. or other)
and Address Coeur d'Alene Ida Date 6-5 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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United States
Department of Commerce
Bureau of the Census

JUL 12 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 139[illegible]
Local Reg. No. 144
Reg. Dist. No. 460

1. **PLACE OF DEATH:**
(a) County Twin Falls
(b) City or town Twin Falls
(c) Street Address or R. F. D. No. 627-2nd Ave. S.
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home __ Hospital X Institution __ Other place __
(f) Name Hosp. or Inst. T. Falls Stayed 10 days
(g) Lived in this county 40 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County T. Falls
(c) City or town Twin Falls
(d) Street Address or R. F. D. No. 627 2nd Ave. S.
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? Germany
(g) How long had deceased lived in Idaho? 40 years
(h) Former residence (city, state) Germany

3. (a) **FULL NAME** Mary Winters

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3. (b) If veteran, name war ____ 3. (c) Social Security No. ____
4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife ____ 6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) August 15, 1855

8. AGE	Years	Months	Days	If less than 1 day
	88	10	11	hrs min.

9. Exact Occupation Housewife Did this work for ____ yrs.
10. Industry or Business ____ Date last worked ____
11. Birthplace Germany (City or town) (State or foreign country)
Father
12. Name Andrew Heber
13. Birthplace Germany (City or town) (State or foreign country)
Mother
14. Maiden name No. Inf.
15. Birthplace " (City or town) (State or foreign country)
16. Informant's OWN Signature J. E. Winters
and Address Twin Falls, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-28-44 (Month) (Day) (Year)
(c) Place Twin Falls Cemetery
18. Funeral Director's OWN Signature S. C. Phillips
and Address Twin Falls, Idaho
19. (a) June 28-1944 (Date received and filed) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 26 1944
at 8:45 o'clock A M.
21. I HEREBY CERTIFY, That I attended deceased from June 21 1944, to June 26 1944
I last saw her alive on June 25 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Arteriosclerosis	Years
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation ____ Date ____	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature A. A. Newberry (M. D. or other)
and Address Twin Falls Date 6/26 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

139-26 155226

State File No. .....
Local Reg. No. 211
Reg. Dist. No. 370

1. PLACE OF DEATH:
(a) County Ada
(b) City or town Boise
(c) Street Address or R.F.D. No. 1218 Sherman St.
(d) Death Occured Inside? XX Outside? ..... city or town
(e) Died in a Home X Hospital ..... Institution ..... Other place .....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 16 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Ada
(c) City or town Boise
(d) Street Address or R.F.D. No. 1218 Sherman St
(e) Deceased lived Inside? XX Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 16 years
(h) Former residence (city, state) Iowa

3. (a) **FULL NAME** DeWitt DeAlbum Bartels

3. (b) If veteran, name war ----
3. (c) Social Security No. 518-24-8068
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Laureeta
6. (c) Age of husband or wife if alive --- years
7. Date of Birth (Month, Day, Year) May 16, 1881

8. AGE	Years	Months	Days	If less than 1 day
	63	0	25	-- hrs -- min.

9. Exact Occupation Sheet metal worker Did this work for ..... yrs.
10. Industry or Business Gowen Field Date last worked 6/10/44
11. Birthplace Ogden, Iowa (City or town) (State or foreign country)
Father
12. Name Phillip S. Bartels
13. Birthplace Pennsylvania (City or town) (State or foreign country)
Mother
14. Maiden name -- Lackey
15. Birthplace Illinois (City or town) (State or foreign country)
16. Informant's **OWN** Signature Harry H. Bartels
and Address Ridgecrest Calif.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/15/44 (Month) (Day) (Year)
(c) Place: Morris Hill Cemetery, Boise, Idaho
18. Funeral Director's **OWN** Signature W. McBratney
and Address Boise, Idaho
19. (a) 6-15-44 (Date received and filed) (b) R. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 11, 1944
Found about 11:50 o'clock A. M.
21. **I HEREBY CERTIFY**, That ~~I attended deceased from~~ ~~19~~, ~~to~~ ~~19~~ ~~I last saw h~~ ~~alive on~~ ~~19~~; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Probably coronary occlusion; Found dead in bed at his home	
~~Due to~~ Natural cause.	
Nothing of a criminal nature	
~~Due to~~ found	
Other conditions ~~(Include pregnancy within 3 months of death)~~	
Where was disease contracted? —	
Name of operation — Date —	
Major finding —	
Finding of autopsy None No Inquest	

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature W. McBratney
and Address Coroner Ada County Boise, Idaho Date 6/12/44 19.....
(For additional space, use reverse side)

139227 139227

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 135
Local Reg. No. 61
Reg. Dist. No.

JUL 12 1944

1. **PLACE OF DEATH:**
(a) County Bonneville
(b) City or town Millcreek
(c) Street Address or R. F. D. No.
(d) Death Occured Inside? ✓ Outside? ..... city or town
(e) Died in a Home .... Hospital .... Institution .... Other place ✓
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county ..... years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Bonneville
(c) City or town Ucon, Idaho
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? ✓ Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 1 years
(h) Former residence (city, state)

3. (a) **FULL NAME** Elmer A. Ames 192

3. (b) If veteran, name war .....
3. (c) Social Security No. 529-26-9251
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced .....
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) October 24, 1896

8. AGE	Years	Months	Days	If less than 1 day
	47	7	15	hrs ..... min.

9. Exact Occupation Farmer — Did this work for ..... yrs.
10. Industry or Business ..... — Date last worked .....
11. Birthplace Cleveland, Idaho (City or town) (State or foreign country)

Father
12. Name Joseph Ames
13. Birthplace Utah (City or town) (State or foreign country)

Mother
14. Maiden name Jeanette Austin
15. Birthplace Idaho (City or town) (State or foreign country)

16. Informant's **OWN** Signature Joseph Ames
and Address Thornton, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/13/44 (Month) (Day) (Year)
(c) Place: Ucon, Idaho
18. Funeral Director's **OWN** Signature Jack A. Ward
and Address Idaho Falls, Idaho
19. (a) 6/23/44 (Date received and filed) (b) Anna Budge (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 9 19 44
at ..... o'clock ..... M.

21. **I HEREBY CERTIFY**, That I attended deceased from ..... 19..... to ..... 19.....
I last saw h..... alive on ..... 19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Fractured Skull	
Struck by lightning	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred June 9 19 44 City, county, state where violence occurred Idaho Falls Idaho
Place of Violence: Home ..... Farm ..... Industry yes
Public Place ..... While at work? yes
Means of injury Lightning etc

23. Attendant's **OWN** Signature [illegible] (M. D. or other)
and Address Idaho Falls Ida Date 19 44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

139228 139[illegible]

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

JUL 12 1944

STATE OF IDAHO

State File No.
Local Reg. No. 157
Reg. Dist. No. 5-10

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
   (a) County Bannock
   (b) City or town Pocatello
   (c) Street Address or R. F. D. No. —
   (d) Death Occured Inside? — Outside? ....city or town
   (e) Died in a Home.... Hospital — Institution.... Other place....
   (f) Name Hosp. or Inst. St. Anthony Stayed 5 days
   (g) Lived in this county.....years .....months .....days
   Note. For a person residing in THIS county LESS than 1 year. give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Bannock
   (c) City or town Pocatello
   (d) Street Address or R.F.D. No. 1035 N. Lincoln
   (e) Deceased lived Inside? — Outside? ....city or town
   (f) Citizen of what country? U. S. A.
   (g) How long had deceased lived in Idaho? 3 years
   (h) Former residence (city, state) ....

3. (a) **FULL NAME** Robert Dennis Rowe 170C

3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex M race W
5. Color or race —
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) April 9, 1941

8. AGE	Years	Months	Days	If less than 1 day
	3	1	24	hrs min.

9. Exact Occupation none — Did this work for ....yrs.
10. Industry or Business — Date last worked
11. Birthplace Pocatello Idaho (City or town) (State or foreign country)

Father
12. Name Robt. Willard Rowe
13. Birthplace American Falls, Id. (City or town) (State or foreign country)

Mother
14. Maiden name Elsie Seelos
15. Birthplace American Falls, Idaho (City or town) (State or foreign country)

16. Informant's **OWN** Signature Robert W. Rowe
and Address 1035 N. Lincoln

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 6-6-44 (Month) (Day) (Year)
(c) Place: Mountainview

18. Funeral Director's **OWN** Signature Byron B. Dowrard
and Address Pocatello, Idaho

19. (a) 6-6-1944 (Date received and filed) (b) D C Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 3 19 44
at ....o'clock ....M.

21. **I HEREBY CERTIFY**, That I attended deceased from May 30 1944, to June 3 1944
I last saw h.... alive on ....19....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — Duration
Influenza Meningitis — 5 da
Due to ....
Due to ....
Other conditions Contributory — 5 days
(Include pregnancy within 3 months of death)
Fracture of skull
Where was disease contracted? ....
Name of operation .... Date ....
Major finding ....
Finding of autopsy ....

PHYISICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? yes Suicide? .... Homicide? ....
Occurred May 29 1944 City, county, state where violence occurred Pocatello Bannock Idaho
Place of Violence: Home .... Farm .... Industry ....
Public Place — While at work? No
Means of injury Fell out of car.

23. Attendant's **OWN** Signature Ralph B. Reyated M.D. (M.D. or other)
and Address Pocatello, Idaho Date 6/5 1944
(For additional space, use reverse side)

139229 139[illegible]

United States
Department of Commerce
Bureau of the Census

JUL 12 1944

Certificate Of Death

STATE OF IDAHO

State File No.
Local Reg. No. 133
Reg. Dist. No. 220

1. **PLACE OF DEATH:**
(a) County Nezperce
(b) City or town Lewiston Idaho
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. St Joseph Stayed days
(g) Lived in this county years months 6 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Wash (b) County Asotin
(c) City or town Clarkston
(d) Street Address or R.F.D. No. 439-2nd St
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? U S of America
(g) How long had deceased lived in Idaho? 6 Days years
(h) Former residence (city, state) Wash.

3. (a) **FULL NAME** William Henry Mahon

95C

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Laura Berms
6. (c) Age of husband or wife if alive 71 years
7. Date of Birth (Month, Day, Year) August 4 1868

8. AGE	Years	Months	Days	If less than 1 day
	75	10	9	hrs min.

9. Exact Occupation Horticulturist Did this work for 40 yrs.
10. Industry or Business Date last worked June 1943
11. Birthplace Fayatteville NY (City or town) (State or foreign country)
Father
12. Name Patrick Mahon
13. Birthplace Ireland (City or town) (State or foreign country)
Mother
14. Maiden name Catherin Foley
15. Birthplace Ireland (City or town) (State or foreign country)
16. Informant's **OWN** Signature Catherine Mahon
and Address Clarkston, Wash.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 6/13/44 (Month) (Day) (Year)
(c) Place: Clarkston, Wash.
18. Funeral Director's **OWN** Signature H R Merchant
and Address Clarkston, Wash.
19. (a) 6/14/44 (Date received and filed) (b) Margaret Vassar (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 13 1944
at 2.30 o'clock P.M.
21. **I HEREBY CERTIFY,** That I attended deceased from Oct. 1943 to June 13 1944
I last saw him alive on June 13 1944 death is said to have occurred on the date and hour stated above.
Immediate Cause of Death: Valvular organic heart disease
Due to Early life rheumatism
Due to
Other conditions (Include pregnancy within 3 months of death)
Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

Duration

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature Paul W Johnson (M. D. or other)
and Address Lewiston Ida Date June 14 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

139230

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 139230
Local Reg. No. 173
Reg. Dist. No. 120

JUL 13 1944

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
   (a) County KOOTENAI
   (b) City or town COEUR DALENE
   (c) Street Address or R.F.D. No. 515 Homestead
   (d) Death Occured Inside? X Outside? --- city or town
   (e) Died in a Home ... Hospital ... Institution ... Other place ...
   (f) Name Hosp. or Inst. at home Stayed --- days
   (g) Lived in this county 13 years --- months --- days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State IDAHO (b) County KOOTENAI
   (c) City or town COEUR DALENE
   (d) Street Address or R.F.D. No. 515 Homestead Ave
   (e) Deceased lived Inside? X Outside? --- city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 13 years
   (h) Former residence (city, state) Denver Colo.

3. (a) **FULL NAME** HAL H. HALE

93d

3. (b) If veteran, name war World NO. 1.
3. (c) Social Security No. 519-03-8826
4. Sex male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife ---
6. (c) Age of husband or wife if alive --- years
7. Date of Birth (Month, Day, Year) NOVEMBER-18th-1888

8. AGE	Years	Months	Days	If less than 1 day
	55	7	14	hrs min.

9. Exact Occupation NIGHT WATCHMAN STATE HIGHWAY DEP'T Did this work for 3 yrs.
10. Industry or Business Date last worked 7/1/44.
11. Birthplace MADISONVILLE (City or town) KY. (State or foreign country)

Mother Father
12. Name JOHN W. HALE
13. Birthplace MADISONVILLE (City or town) KY. (State or foreign country)

Mother
14. Maiden name MARTHA WILSON
15. Birthplace MADISONVILLE (City or town) KY. (State or foreign country)

16. Informant's **OWN** Signature Mrs. Bessie Britton
and Address 515 E. Homestead ave esq.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 7/6/1944. (Month) (Day) (Year)
(c) Place: FOREST* COEUR DALENE IDA.
18. Funeral Director's **OWN** Signature A. B. Nelson
and Address 109-111 LAKE SIDE AVE. C. D. A.
19. (a) July 6, 1944 (Date received and filed) (b) Francis M. Lahel (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 7/2 1944
at 3:00 o'clock A. M.
21. **I HEREBY CERTIFY**, That I attended deceased from 1-10 1944, to 7-2- 1944
I last saw him alive on 3-15- 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Chronic Myocarditis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ... Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ... Suicide? ... Homicide? ...
Occurred ... 19... City, county, state where violence occurred
Place of Violence: Home ... Farm ... Industry ...
Public Place ... While at work? ...
Means of injury

23. Attendant's **OWN** Signature C. H. Teed (M. D. or other)
and Address Orem Building Date 7-5 1944
(For additional space, use reverse side)

139231 139231

United States
Department of Commerce
Bureau of the Census

JUL 24 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 14
Reg. Dist. No.

1. PLACE OF DEATH:
(a) County Bonneville
(b) City or town Idaho Falls
(c) Street Address or R. F. D. No. 495 8th
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home __ Hospital __ Institution __ Other place X
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 33 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State ____ (b) County ____
(c) City or town ____
(d) Street Address or R. F. D. No. ____
(e) Deceased lived Inside? ____ Outside? ____ city or town
(f) Citizen of what country? ____
(g) How long had deceased lived in Idaho? ____ years
(h) Former residence (city, state) ____

3. (a) FULL NAME Clinton Smith 1640

3. (b) If veteran, name war World War No 2
3. (c) Social Security No. 518 05 9822
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Edell McDonald
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) March 3, 1911

8. AGE	Years	Months	Days	If less than 1 day
	33	4	5	hrs min.

9. Exact Occupation Bricklayer Did this work for ____ yrs.
10. Industry or Business ____ Date last worked ____
11. Birthplace Idaho Falls (City or town) Idaho (State or foreign country)
Father
12. Name Charles Smith
13. Birthplace ____ (City or town) Germany (State or foreign country)
Mother
14. Maiden name Alma Carlson
15. Birthplace ____ (City or town) Kansas (State or foreign country)
X 16. Informant's OWN Signature Edell E. Smith
and Address 495-8th City
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/11/44 (Month) (Day) (Year)
(c) Place: Idaho Falls, Idaho
18. Funeral Director's OWN Signature Leo A. Williams
and Address Idaho Falls, Idaho
19. (a) 7/10/44 (Date received and filed) (b) Anna Budges (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) July 7th 1944
at 8 pm o'clock P.M.
21. I HEREBY CERTIFY, That I attended deceased from ____ 19__, to ____ 19__
I last saw h__ alive on ____ 19__; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Gunshot wound by 22 rifle to site temple	
Due to self inflicted	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation ____ Date ____	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ____ (Suicide?) yes Homicide? ____
Occurred July 7th 1944 City, county, state where violence occurred Idaho Falls Idaho
Place of Violence (Home) yes Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury Gunshot wound by 22 rifle
23. Attendant's OWN Signature self inflicted site temple Fred Bertie Coroner (M. D. or other)
and Address Fred Bertie Date July 8 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

139232

United States Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 139232
Local Reg. No. 223
Reg. Dist. No. 370

JUL 11 1944

1. **PLACE OF DEATH:**
(a) County Ada
(b) City or town Boise
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? ✓ Outside? city or town
(e) Died in a Home Hospital ✓ Institution Other place
(f) Name Hosp. or Inst. St. Luke's Stayed days
(g) Lived in this county years 7 months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Caldwell
(d) Street Address or R.F.D. No. 2
(e) Deceased lived Inside? Outside? ✓ city or town
(f) Citizen of what country? U.S.
(g) How long had deceased lived in Idaho? years
(h) Former residence (city, state)

3. (a) **FULL NAME** Harold Clifton Pinecoat 906

3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced D
6. (b) Name of husband or wife ✓
6. (c) Age of husband or wife if alive ✓ years
7. Date of Birth (Month, Day, Year) Oct 25 1925

8. AGE	Years	Months	Days	If less than 1 day
	18	7	5	hrs min.

9. Exact Occupation Farmer Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Caldwell (City or town) Idaho (State or foreign country)

Father
12. Name Purcell C. Pinecoat
13. Birthplace Valley (City or town) Colorado (State or foreign country)

Mother
14. Maiden name Bessie M. Kerpien
15. Birthplace Butte (City or town) Montana (State or foreign country)

16. Informant's **OWN** Signature Mrs H. C. Pinecoat
and Address Rt 2 Caldwell Ida

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-1-44 (Month) (Day) (Year)
(c) Place: Cemetery Hill Caldwell

18. Funeral Director's **OWN** Signature
and Address Caldwell, Idaho

19. (a) 6-26-44 (Date received and filed) (b) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 30 1944
at 12:30 o'clock P.M.

21. **I HEREBY CERTIFY,** That I attended deceased from May 26 1944, to May 30 1944
I last saw him alive on May 29 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — Duration

Adhesive Pericarditis — 10 da.
Due to Sarcoidosis (Boeck's) — 1 year.
Due to
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy many sarcoid masses in heart, lungs, liver, spleen, kidneys & lymph nodes; organized adhesive type pericarditis

PHYISICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature Harrison Jemaine M.D.
(M. D. or other)
and Address Boise Ida. Date 6/15 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census JUL 11 1944

Certificate Of Death

STATE OF IDAHO

State File No.
Local Reg. No. 20 370
Reg. Dist. No.

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise
   (c) Street Address or R. F. D. No.
   (d) Death Occured Inside? XX Outside? city or town
   (e) Died in a Home.... Hospital XX Institution.... Other place....
   (f) Name Hosp. or Inst St. Alphonsus Stayed 7 days
   (g) Lived in this county years 1 months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Iowa (b) County Cedar
   (c) City or town Clarence
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? Outside? XX city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 1 mo. years
   (h) Former residence (city, state) Iowa

3. (a) **FULL NAME** Ruth Crist

74a

3. (b) If veteran, name war ---
3. (c) Social Security No. ---
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Harry
6. (c) Age of husband or wife if alive 55 years
7. Date of Birth (Month, Day, Year) January 17, 1891

8. AGE	Years	Months	Days	If less than 1 day
	53	4	16	-- hrs -- min.

9. Exact Occupation Housewife — Did this work for -- yrs.
10. Industry or Business --- — Date last worked --
11. Birthplace Chase Co., Nebraska (City or town) (State or foreign country)

Father
12. Name A. W. Berryhill
13. Birthplace Virginia (City or town) (State or foreign country)

Mother
14. Maiden name Orpha Claney
15. Birthplace Ohio (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mrs. Vernon L. Johnson
and Address Boise, Idaho

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 6/3/44 (Month) (Day) (Year)
(c) Place: Clarence, Iowa

18. Funeral Director's **OWN** Signature [illegible]
and Address Boise, Idaho

19. (a) 6-3-44 (Date received and filed) (b) R. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 2 1944
at 2 30 o'clock P M.

21. **I HEREBY CERTIFY**, That I attended deceased from May 15 1944, to June 2 1944
I last saw her alive on June 2 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Lymphatic Leukemia	1½ yrs.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature Alfred M. Hopkins M.D. (M. D. or other)
and Address Boise Idaho Date 6-2 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

JUL 11 1944

STATE OF IDAHO

Amended 139234
State File No.
Local Reg. No. 200
Reg. Dist. No. 370

1. PLACE OF DEATH:
(a) County Ada
(b) City or town Boise.
(c) Street Address or R.F.D. No. X
(d) Death Occured Inside? Yes Outside? ....city or town
(e) Died in a Home.... Hospital X Institution.... Other place....
(f) Name Hosp. or Inst. St. Lukes. Stayed 21 days
(g) Lived in this county 15 years ....months ....days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho. (b) County Ada
(c) City or town Boise.
(d) Street Address or R.F.D. No. 1615. Jefferson
(e) Deceased lived Inside? Yes Outside? ....city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 54 years
(h) Former residence (city, state) X

3. (a) FULL NAME Lillian Reid Hartman. W/a

3. (b) If veteran, name war No.
3. (c) Social Security No. 518-07-9966
4. Sex Female 5. Color or race White.
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife ....
6. (c) Age of husband or wife if alive 1890. years
7. Date of Birth (Month, Day, Year) April. 8. 1890.

8. AGE	Years	Months	Days	If less than 1 day
	54.	1.	23.	hrs ... min.

9. Exact Occupation Clerk in Did this work for ....yrs.
10. Industry or Business General Store. Date last worked ....
11. Birthplace Boise, Idaho. (City or town) (State or foreign country)

Father
12. Name Thomas. J. Reid.
13. Birthplace Brooklyn, New York. (City or town) (State or foreign country)

Mother
14. Maiden name Lillian Noyes.
15. Birthplace Idaho City, Idaho. (City or town) (State or foreign country)

16. Informant's OWN Signature Margaret R. Robbins
and Address 729 S.W. Harrison. Portland. Ore.

17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof June. 3. 1944 (Month) (Day) (Year)
(c) Place: Ketchum, Idaho.

18. Funeral Director's OWN Signature Summers Funeral Home. Clyde E. Johnson
and Address Boise, Idaho

19. (a) 6-1-44 (Date received and filed) (b) R. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) June 1 1944
at 4:00 o'clock P M.

21. I HEREBY CERTIFY, That I attended deceased from 1-7-1944, to June 1 1944
I last saw h.[illegible] alive on 5-31 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Secondary Carcinomatosis of Abdomen	Unk
Due to Carcinoma of ovary 49a	6 mo
Due to	5 yr.
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? —
Name of operation Laparotomy Date ....
Major finding ....
Finding of autopsy None

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? .... Suicide? .... Homicide? ....
Occurred .... 19.... City, county, state where violence occurred ....
Place of Violence: Home .... Farm .... Industry ....
Public Place .... While at work? ....
Means of injury ....

23. Attendant's OWN Signature O. F. Swinnell M.D. (M. D. or other)
and Address Boise, Ida Date 6-1-1944
(For additional space, use reverse side)

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United States
Department of Commerce
Bureau of the Census

JUL 11 1944

Certificate Of Death

STATE OF IDAHO

State File No. 139235
Local Reg. No. 202
Reg. Dist. No. 370

1. PLACE OF DEATH:
(a) County Ada
(b) City or town Boise
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Home .... Hospital X Institution .... Other place ....
(f) Name Hosp. or Inst. St. Lukes Stayed ..... days
(g) Lived in this county 1 years 6 months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Ada
(c) City or town Eagle
(d) Street Address or R.F.D. No. Pearl Rt:
(e) Deceased lived Inside? X Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 22 years
(h) Former residence (city, state) Montana

3. (a) FULL NAME Clyde Earl Murphy 1546

3. (b) If veteran, name war None
3. (c) Social Security No. 519-16-8852
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Jennie
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) Feb: 20th. 1898

8. AGE	Years	Months	Days	If less than 1 day
	46	3	12	hrs min.

9. Exact Occupation Farmer Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace ..... Kansas
(City or town) (State or foreign country)
Father
12. Name William Murphy
13. Birthplace ..... Ill:
(City or town) (State or foreign country)
Mother
14. Maiden name Mary Ann Broadstone
15. Birthplace ..... Iowa
(City or town) (State or foreign country)
16. Informant's OWN Signature Jennie Murphy
and Address Pearl Rt. Eagle Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/6/1944 (Month) (Day) (Year)
(c) Place: Cloverdale Memorial Park
18. Funeral Director's OWN Signature Schreiber & McCann
and Address Milford Oregon
19. (a) 6-5-44 (Date received and filed) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) June 2 1944
at 3 PM o'clock P M.

21. I HEREBY CERTIFY, That I attended deceased from June 1 1944 to June 2 1944
I last saw him alive on June 2 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Septicemia	?
Due to Cellulitis of Jaw 24a	4 weeks
Due to Dental Caries	?
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ..... Date .....
Major finding
Finding of autopsy

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury

23. Attendant's OWN Signature [illegible] (M. D. or other)
and Address Boise Date 6/5 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JUL 11 1944

Certificate Of Death

STATE OF IDAHO

State File No. 139236
Local Reg. No. 91
Reg. Dist. No. 371

1. PLACE OF DEATH:
(a) County Ada
(b) City or town Boise
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? Outside? XX city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. Ada Co. Hosp. Stayed 15 days
(g) Lived in this county 8 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Ada
(c) City or town Boise
(d) Street Address or R.F.D. No. 1800 Abbs
(e) Deceased lived Inside? Outside? XX city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 8 years
(h) Former residence (city, state) Kansas

3. (a) **FULL NAME** Flossie Demaray Gough

492

3. (b) If veteran, name war ---
3. (c) Social Security No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife John
6. (c) Age of husband or wife if alive 52 years
7. Date of Birth (Month, Day, Year) February 22, 1889

8. AGE	Years	Months	Days	If less than 1 day
	55	3	12	-- hrs -- min.

9. Exact Occupation Housewife Did this work for -- yrs.
10. Industry or Business ---- Date last worked --
11. Birthplace Burr Oak, Kansas (City or town) (State or foreign country)
Father
12. Name Samuel Demaray
13. Birthplace Ontario, Canada (City or town) (State or foreign country)
Mother
14. Maiden name Cora Howard
15. Birthplace New York (City or town) (State or foreign country)
16. Informant's OWN Signature John E. Gough
and Address 1800 Abbs St. Boise, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/5/44 (Month) (Day) (Year)
(c) Place: Morris Hill Cemetery, Boise, Idaho
18. Funeral Director's OWN Signature [illegible]
and Address Boise, Idaho
19. (a) 6-5-44 (Date received and filed) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 3 1944
at 10 o'clock a M.
21. I HEREBY CERTIFY, That I attended deceased from May 1 1942 to June 3 1944
I last saw her alive on June 2 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Hemorrhage	
Due to Carcinoma latus	4-5 yrs.
Due to CANCER OF VULVA	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature S W Forney M.D. (M. D. or other)
and Address Boise Ida Date JUN 5 1944
(For additional space, use reverse side)

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United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 139257
Local Reg. No. 93
Reg. Dist. No. 371

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1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise
   (c) Street Address or R.F.D. No. Rt. 5:
   (d) Death Occured Inside? ✓ Outside? X city or town
   (e) Died in a Home X Hospital Institution Other place
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county 53 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Ada
   (c) City or town Boise
   (d) Street Address or R.F.D. No. Rt. 5:
   (e) Deceased lived Inside? ✓ Outside? X city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 58 years
   (h) Former residence (city, state) Iowa

3. (a) **FULL NAME** Lola Kathyrn Shirley

1626

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or Race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Othello
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Oct. 21st 1865

8. AGE	Years	Months	Days	If less than 1 day
	78	7	11	hrs min.

9. Exact Occupation Housewife Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace National Iowa (City or town) (State or foreign country)

Father
12. Name Fred Ehrlich
13. Birthplace U.S.A. (City or town) (State or foreign country)

Mother
14. Maiden name Mary Farley
15. Birthplace U.S.A. (City or town) (State or foreign country)

16. Informant's **OWN** Signature Houston M. Shirley
and Address Boise Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/6/1944 (Month) (Day) (Year)
(c) Place: Morris Hill Cemetery

18. Funeral Director's **OWN** Signature Schneider & McCann
and Address Boise, Mitchell Chapel

19. (a) 6-5-44 (Date received and filed) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 3 1944
at o'clock M.

21. **I HEREBY CERTIFY**, That I attended deceased from 5-6 1944, to 6-2 1944
I last saw h[illegible] alive on June 2 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration
Chronic myofibrosis — 1-2 years
or heart failure decompensation
Due to old age + malnutrition
Due to being alone, feebleness,
Other conditions
(Include pregnancy within 3 months of death)

Where was disease contracted? Idaho
Name of operation None Date
Major finding
Finding of autopsy None

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature Hans J. Sikker. MD (M. D. or other)
and Address Boise Idaho Date June 5 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census JUL 1 1 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 139238
Local Reg. No. 205
Reg. Dist. No. 370

1. **PLACE OF DEATH:**
(a) County Ada
(b) City or town Boise
(c) Street Address or R. F. D. No. —
(d) Death Occurred Inside? — Outside? — city or town
(e) Died in a Home — Hospital ✓ Institution — Other place —
(f) Name Hosp. or Inst. St Lukes Stayed — days
(g) Lived in this county — years — months — days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Ada
(c) City or town Boise
(d) Street Address or R. F. D. No. 4
(e) Deceased lived Inside? — Outside? ✓ city or town
(f) Citizen of what country? U S
(g) How long had deceased lived in Idaho? — years
(h) Former residence (city, state) —

3. (a) **FULL NAME** Baby Flynn. 157E

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓
4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife ✓ 6. (c) Age of husband or wife if alive ✓ years
7. Date of Birth (Month, Day, Year) June 3 1944

8. AGE	Years	Months	Days	If less than 1 day
				17 hrs min.

9. Exact Occupation — Did this work for — yrs.
10. Industry or Business — Date last worked —
11. Birthplace Boise (City or town) Idaho (State or foreign country)
Father
12. Name George W. Flynn
13. Birthplace Mt Carroll (City or town) Illinois (State or foreign country)
Mother
14. Maiden name Anna Margetio
15. Birthplace Boise (City or town) Idaho (State or foreign country)
16. Informant's **OWN** Signature George W Flynn
and Address Boise Idaho R 4
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-4-44 (Month) (Day) (Year)
(c) Place: Meridian, Idaho
18. Funeral Director's **OWN** Signature Kenneth McEuen
and Address Meridian Idaho
19. (a) 6-5-44 (Date received and filed) (b) H Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 6 - 3 19 44
at — o'clock — M.
21. **I HEREBY CERTIFY,** That I attended deceased from — 19— to — 19—
I last saw h— alive on — 19—; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Congenital Heart disease — Duration —
Due to — —
Due to — —
Other conditions — —
(Include pregnancy within 3 months of death)

Where was disease contracted? —
Name of operation — Date —
Major finding —
Finding of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? — Suicide? — Homicide? —
Occurred — 19— City, county, state where violence occurred —
Place of Violence: Home — Farm — Industry —
Public Place — While at work? —
Means of injury —
23. Attendant's **OWN** Signature A J Coats (M. D. or other)
and Address Boise Date — 19—
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JUL 1 - 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 139239
Local Reg. No. 8
Reg. Dist. No. 371

1. **PLACE OF DEATH:**
(a) County Ada
(b) City or town Kuna
(c) Street Address or R. F. D. No. 2
(d) Death Occurred Inside? ____ Outside? ✓ city or town
(e) Died in a Home ✓ Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 26 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Ada
(c) City or town Kuna
(d) Street Address or R. F. D. No. 2
(e) Deceased lived Inside? ____ Outside? ✓ city or town
(f) Citizen of what country? U S
(g) How long had deceased lived in Idaho? 26 years
(h) Former residence (city, state) ____

3. (a) **FULL NAME** Julia Emma Reynolds 61

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife James M. 6. (c) Age of husband or wife if alive 72 years

7. Date of Birth (Month, Day, Year) October 17 1873

8. AGE	Years	Months	Days	If less than 1 day
	70	6	19	hrs ____ min.

9. Exact Occupation Housewife Did this work for 50 yrs.
10. Industry or Business ____ Date last worked 1942
11. Birthplace Paris (City or town) Texas (State or foreign country)

Father
12. Name James L Book
13. Birthplace — (City or town) Illinois (State or foreign country)

Mother
14. Maiden name Belle Walker
15. Birthplace — (City or town) Texas (State or foreign country)

16. Informant's **OWN** Signature W. D. Reynolds
and Address Kuna Idaho R2
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-7-44 (Month) (Day) (Year)
(c) Place: Kuna
18. Funeral Director's **OWN** Signature Kenneth W. Edmiston
and Address Meridian Idaho
19. (a) May 7-44 (Date received and filed) (b) Grace L Neal (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 5 1944
at 10 o'clock A M.

21. **I HEREBY CERTIFY,** That I attended deceased from June 15 1934, to May 5 1944
I last saw h[illegible] alive on May 3 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Uremia	5 da.
Due to Chronic Nephritis	5 yrs.
Due to ____	____
Other conditions Hypertention (Include pregnancy within 3 months of death)	8 yrs.
Diabetes Mellitus	7 years

Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's **OWN** Signature L. E. Jewell M.D.
(M. D. or other)
and Address Meridian Ida Date May 6 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

JUL 11 1944

State File No. 139240
Local Reg. No. 99
Reg. Dist. No. 371

1. PLACE OF DEATH:
(a) County Ada
(b) City or town Eagle.
(c) Street Address or R.F.D. No. 1.
(d) Death Occured Inside? ..... Outside? Yes city or town
(e) Died in a Home X Hospital .... Institution .... Other place ....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 32 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho. (b) County Ada
(c) City or town Eagle.
(d) Street Address or R.F.D. No. 1.
(e) Deceased lived Inside? ..... Outside? Yes city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 32. years
(h) Former residence (city, state) Utah.

3. (a) FULL NAME Virginia Robertson House. 940

3. (b) If veteran, name war No.
3. (c) Social Security No. None.
4. Sex Female 5. Color or race White. 6. (a) Single, widowed, married, divorced Married.
6. (b) Name of husband or wife Merle. F.
6. (c) Age of husband or wife if alive 44. years
7. Date of Birth (Month, Day, Year) November. 29. 1905.

8. AGE	Years	Months	Days	If less than 1 day
	38.	6.	6.	hrs ..... min.

9. Exact Occupation At Home. Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Ogden, Utah. (City or town) (State or foreign country)
Father 12. Name William Robertson.
Father 13. Birthplace Nevada. (City or town) (State or foreign country)
Mother 14. Maiden name Georgia Tyree.
Mother 15. Birthplace Ogden, Utah. (City or town) (State or foreign country)
16. Informant's OWN Signature Mrs F. House and Address R.D. # 1. Eagle, Idaho.
17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof June. 9. 1944 (Month) (Day) (Year)
(c) Place: Morris Hill Cemetery.
18. Funeral Director's OWN Signature Summers Funeral Home. Clyde E. Burgauer and Address Boise, Idaho.
19. (a) 6-12-44 (Date received and filed) (b) R. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 5 1944
at 6 o'clock P M.
21. **I HEREBY CERTIFY**, That I attended deceased from May 6 1942, to June 5 1944
I last saw her alive on April 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Coronary occlusion	Sudden
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ..... Date .....
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury

23. Attendant's OWN Signature W. E. Jewell (M. D. or other)
and Address Meridian Date June 9 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JUL 11 1944

Certificate Of Death

STATE OF IDAHO

State File No. 139241
Local Reg. No. 204
Reg. Dist. No. 370

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise.
   (c) Street Address or R.F.D. No. X
   (d) Death Occured Inside? Yes Outside? ..... city or town
   (e) Died in a Home .... Hospital X .... Institution .... Other place ....
   (f) Name Hosp. or Inst. St. Lukes. Stayed 21 days
   (g) Lived in this county ..... years ..... months 21 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Oregon. (b) County Malheur.
   (c) City or town Nyssa.
   (d) Street Address or R.F.D. No. X
   (e) Deceased lived Inside? Yes Outside? ..... city or town
   (f) Citizen of what country? U.S.A.?
   (g) How long had deceased lived in Idaho? 21 Days years
   (h) Former residence (city, state) Utah.

3. (a) **FULL NAME** Lenora Pittenger Majors. 131 b.

3. (b) If veteran, name war No.
3. (c) Social Security No. None.
4. Sex Female 5. Color or race White.
6. (a) Single, widowed, married, divorced Married.
6. (b) Name of husband or wife Delmar. K.
6. (c) Age of husband or wife if alive 36. years
7. Date of Birth (Month, Day, Year) April. 20. 1915.

8. AGE	Years	Months	Days	If less than 1 day
	29.	1.	15.	hrs ..... min.

9. Exact Occupation At Home. Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Paul, Idaho. (City or town) (State or foreign country)

Father
12. Name William. W. Pittenger.
13. Birthplace Kansas. (City or town) (State or foreign country)

Mother
14. Maiden name Mary Crary.
15. Birthplace Marshalltown, Iowa. (City or town) (State or foreign country)

16. Informant's **OWN** Signature Delmer K. Majors
and Address Nyssa Oregon

17. (a) Removal. (Burial, cremation, or removal) (b) Date thereof June. 6. 1944 (Month) (Day) (Year)
(c) Place: Burley, Idaho. Summers Funeral Home.

18. Funeral Director's **OWN** Signature Clyde E. Summers
and Address Boise, Idaho.

19. (a) 6-6-44 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 5th 1944
at 1:00 o'clock A. M.

21. **I HEREBY CERTIFY**, That I attended deceased from May 15th 1944 to June 5th 1944
I last saw her alive on June 4 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Uraemia	20 da.
Due to Chronic Nephritis	abt 4 yr.
Due to —	
Other conditions None (Include pregnancy within 3 months of death)	

Where was disease contracted? —
Name of operation None Date
Major finding
Finding of autopsy Contracted Kidneys

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state .....
Where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature O. F. Swindell M.D. (M. D. or other)
and Address Boise Ida. Date 6-5 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JUL 11 1944

Certificate Of Death

STATE OF IDAHO

State File No. 139242
Local Reg. No. 203
Reg. Dist. No. 370

1. PLACE OF DEATH:
(a) County Ada
(b) City or town Boise
(c) Street Address or R.F.D. No. 1503 State St.
(d) Death Occured Inside? XX Outside? ..... city or town
(e) Died in a Home X Hospital ..... Institution ..... Other place .....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 61 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Ada
(c) City or town Boise
(d) Street Address or R.F.D. No. 1503 State St.
(e) Deceased lived Inside? XX Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 61 years
(h) Former residence (city, state) Kansas

3. (a) FULL NAME Florilla E. Post

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3. (b) If veteran, name war ---
3. (c) Social Security No. -----
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife John
6. (c) Age of husband or wife if alive --- years
7. Date of Birth (Month, Day, Year) June 25, 1862

8. AGE	Years	Months	Days	If less than 1 day
	81	11	9	-- hrs -- min.

9. Exact Occupation Housewife — Did this work for -- yrs.
10. Industry or Business --- — Date last worked --
11. Birthplace Green Co., Wisconsin (City or town) (State or foreign country)
Father
12. Name Joshua Adee
13. Birthplace New York (City or town) (State or foreign country)
Mother
14. Maiden name Mary Caryle
15. Birthplace Maine (City or town) (State or foreign country)
16. Informant's OWN Signature Violet Fiala
and Address R#2 Nampa, Ida.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/6/44 (Month) (Day) (Year)
(c) Place: Morris Hill Cemetery, Boise, Idaho
18. Funeral Director's OWN Signature W. McBratney
and Address Boise, Idaho
19. (a) 6-6-44 (Date received and filed) (b) R. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 6 1944
at 10:40 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from May 5 1942, to June 2 1944
I last saw her alive on June 1 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Uremia	3 wks
Due to Chronic nephritis	2 yrs
Due to Hypertention	5 yrs
Other conditions (Include pregnancy within 3 months of death) Chronic myocarditis	5 yrs.

Where was disease contracted?
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's OWN Signature L. E. Jewell (M. D. or other)
and Address Meridian, Ida. Date June 9 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JUL 11 1944

Certificate Of Death

STATE OF IDAHO

State File No. 13923
Local Reg. No. 206
Reg. Dist. No. 378

1. **PLACE OF DEATH:**
(a) County Ada
(b) City or town Boise.
(c) Street Address or R.F.D. No. X
(d) Death Occured Inside? Yes Outside? ....city or town
(e) Died in a Home.... Hospital. X Institution.... Other place....
(f) Name Hosp. or Inst. St Alphons Stayed 25 days
(g) Lived in this county 5 years ....months ....days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho. (b) County Ada
(c) City or town Boise.
(d) Street Address or R.F.D. No. 3111. Kootenai.
(e) Deceased lived Inside?....Outside? Yes city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 5 years
(h) Former residence (city, state) Washington.

3. (a) **FULL NAME** Margaret Walker. 50

3. (b) If veteran, name war No.
3. (c) Social Security No. None.
4. Sex Female 5. Color or race White.
6. (a) Single, widowed, married, divorced Married.
6. (b) Name of husband or wife Hadyn. H.
6. (c) Age of husband or wife if alive 52. years
7. Date of Birth (Month, Day, Year) April. 24. 1892.

8. AGE	Years	Months	Days	If less than 1 day
	52.	1.	12.	hrs min.

9. Exact Occupation At Home. Did this work for ....yrs.
10. Industry or Business Date last worked
11. Birthplace Huron, South Dakota. (City or town) (State or foreign country)

Father
12. Name Hugh William. C. Jackson.
13. Birthplace England. (City or town) (State or foreign country)

Mother
14. Maiden name Margaret Tichbourne.
15. Birthplace Canada. (City or town) (State or foreign country)

16. Informant's **OWN** Signature Hadyn H Walker
and Address P.O. Box 4 797 Boise Idaho

17. (a) Removal. (Burial, cremation, or removal) (b) Date thereof June. 9. 1944 (Month) (Day) (Year)
(c) Place: Spokane, Washington.

18. Funeral Director's **OWN** Signature Summers Funeral Home. Clyde L. Summers
and Address Boise, Idaho.

19. (a) 6-8-44 (Date received and filed) (b) A. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 6 19 44
at 115 o'clock P M.

21. **I HEREBY CERTIFY**, That I attended deceased from March 15 19 44 to June 6 19 44
I last saw her alive on June 6 19 44; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Carcinoma of both breasts with metastasis to lungs.	3 years
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation ... Date	
Major finding	
Finding of autopsy	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident?.... Suicide?.... Homicide?....
Occurred.... 19.... City, county, state where violence occurred
Place of Violence: Home.... Farm.... Industry....
Public Place.... While at work?....
Means of injury

23. Attendant's **OWN** Signature Lucas C Ward (M. D. or other)
and Address Boise Ida Date 6-8 1944
(For additional space, use reverse side)

Pittenger

United States
Department of Commerce
Bureau of the Census

JUL 11 1944

Certificate Of Death

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STATE OF IDAHO.

State File No. 139244
Local Reg. No. 208
Reg. Dist. No. 370

1. PLACE OF DEATH:
(a) County Ada
(b) City or town Boise
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Home ..... Hospital X Institution ..... Other place
(f) Name Hosp. or Inst. St. Alph: Stayed ..... days
(g) Lived in this county 1 years 6 months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Ada
(c) City or town Boise
(d) Street Address or R.F.D. No. Rt. 5:
(e) Deceased lived Inside? ..... Outside? X city or town
(f) Citizen of what country? ?
(g) How long had deceased lived in Idaho? 1½ years
(h) Former residence (city, state) Nevada

3. (a) **FULL NAME** Samuel Castello

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3. (b) If veteran, name war None
3. (c) Social Security No. 530-01-5639
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Zora
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) July 14th. 1899

8. AGE	Years	Months	Days	If less than 1 day
	44	10	23	hrs min.

9. Exact Occupation Laborer Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace ..... Spain (City or town) (State or foreign country)
Father
12. Name James Castello
13. Birthplace ..... Spain (City or town) (State or foreign country)
Mother
14. Maiden name Unknown
15. Birthplace ..... Spain (City or town) (State or foreign country)
16. Informant's OWN Signature Zora Castello
and Address Boise Idaho Rt; 5:
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/12/44 (Month) (Day) (Year)
(c) Place: St. John's Cemetery
18. Funeral Director's OWN Signature Schreiber & McCamy
and Address Boise Milford Oregon
19. (a) 6-12-44 (Date received and filed) (b) R Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 7 1944
at 6 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from May 1 1944, to June 7 1944
I last saw him alive on June 6 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Shock following Gut resections 200 C	
Due to obstruction 122 E 2	
Due to adhesions	
Other conditions (Include pregnancy within 3 months of death).	
Where was disease contracted?	
Name of operation Gut resection Date 6/5/44	PHYISCIAN Underline the cause to which death should be charged statistically.
Major finding Gut obstruction	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's OWN Signature Fred. A. Pittenger (M. D. or other)
and Address Boise Id Date 6/8 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JUL 11 1944

Certificate Of Death

STATE OF IDAHO

State File No. 139245
Local Reg. No. 207
Reg. Dist. No. 370

1. PLACE OF DEATH:
(a) County Ada
(b) City or town Boise
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? XX Outside? ..... city or town
(e) Died in a Home .... Hospital x Institution .... Other place ....
(f) Name Hosp. or Inst St. Alphonsus Stayed 3 mo ~~days~~
(g) Lived in this county 1 years 5 months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Ada
(c) City or town Boise
(d) Street Address or R.F.D. No. 714 Hayes
(e) Deceased lived Inside? XX Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 67 years
(h) Former residence (city, state) Illinois

3. (a) FULL NAME Sarah Parmelia Driscoll

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3. (b) If veteran, name war ---
3. (c) Social Security No. ---
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Timothy
6. (c) Age of husband or wife if alive --- years
7. Date of Birth (Month, Day, Year) November 17, 1861

8. AGE	Years	Months	Days	If less than 1 day
	82	6	23	-- hrs --- min.

9. Exact Occupation Housewife Did this work for -- yrs.
10. Industry or Business --- Date last worked --
11. Birthplace Spring Garden, Illinois (City or town) (State or foreign country)
Father
12. Name Edwin Utley
13. Birthplace New York (City or town) (State or foreign country)
Mother
14. Maiden name Martha Hanks
15. Birthplace Kentucky (City or town) (State or foreign country)
16. Informant's OWN Signature Edwin A Driscoll
and Address 1414-No. 26-Boise
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/12/44 (Month) (Day) (Year)
(c) Place: Weiser, Idaho
18. Funeral Director's OWN Signature [signature]
and Address Boise, Idaho
19. (a) 6-12-44 (Date received and filed) (b) N Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) June 9 1944
at 6 12 o'clock P M.
21. I HEREBY CERTIFY, That I attended deceased from Feb 24 1943 to June 9 1944
I last saw her alive on June 9 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Pneumonia	
Due to Mitral Stenosis	
Due to	
Other conditions Senility (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYISCIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding	
Finding of autopsy	

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury
23. Attendant's OWN Signature Fred A. Pierce Ex (M. D. or other)
and Address 5 00 Eastman Bldg Date 6-12 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JUL 11 1944

Certificate Of Death

STATE OF IDAHO

State File No. 139246
Local Reg. No. 100
Reg. Dist. No. 371

1. PLACE OF DEATH:
(a) County BOISE
(b) City or town N/R BANKS IDAHO
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? Outside? ✓ city or town
(e) Died in a Home Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State IDAHO (b) County
(c) City or town EMMETT
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? Outside? city or town
(f) Citizen of what country? SPAIN ?
(g) How long had deceased lived in Idaho? years
(h) Former residence (city, state) Spain

3. (a) **FULL NAME** SEGUNDO AROSTEGUI. 200 W

3. (b) If veteran, name war None
3. (c) Social Security No. ?
4. Sex M
5. Color or race WHITE
6. (a) Single, widowed, married, divorced SINGLE
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) March 30, 1899

8. AGE	Years	Months	Days	If less than 1 day
	45	2	10	hrs min.

9. Exact Occupation SHEEPHERDER Did this work for yrs.
10. Industry or Business A.L. LAND & SHEEP CO. Date last worked
11. Birthplace SPAIN (City or town) (State or foreign country)
Father
12. Name Unknown
13. Birthplace SPAIN (City or town) (State or foreign country)
Mother
14. Maiden name Unknown
15. Birthplace SPAIN (City or town) (State or foreign country)
16. Informant's **OWN** Signature Cruz Arostegui
and Address Capital Room, 706 2/2 Ste
17. (a) Burial (b) Date thereof 6/14/44 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: St. John's Cemetery
18. Funeral Director's **OWN** Signature Schreiber & McCann
and Address Boise Milford Dragoo
19. (a) 6-15-44 (b) R. Sharp (Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) JUNE 10th 1944
at 8 AM. TO 10 AM o'clock M.
21. **I HEREBY CERTIFY,** That I attended deceased from 19, to 19
I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
HEART FAILURE	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYISCIAN Underline the cause to which death should be charged statistically.
Name of operation Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred JUNE 10th 1944 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature Reginald John Mellor Coroner BOISE COUNTY (M. D. or other)
and Address IDAHO CITY. Date JUNE 11th 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JUL 11 1944

Certificate Of Death

STATE OF IDAHO

Farney 521

State File No. 139247
Local Reg. No. 98
Reg. Dist. No. 371

1. PLACE OF DEATH:
(a) County Ada
(b) City or town Boise.
(c) Street Address or R.F.D. No. X
(d) Death Occured Inside? ..... Outside? Yes city or town
(e) Died in a Home.... Hospital X Institution.... Other place....
(f) Name Hosp. or Inst. Ada County Stayed 21 days
(g) Lived in this county 44 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho. (b) County Ada
(c) City or town Boise.
(d) Street Address or R.F.D. No. 1811. Warren.
(e) Deceased lived Inside? Yes Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 44 years
(h) Former residence (city, state) Oregon.

3. (a) FULL NAME Rosetta Wingate. 83a

3. (b) If veteran, name war No.
3. (c) Social Security No. None.
4. Sex Female 5. Color or race White. 6. (a) Single, widowed, married, divorced Married.
6. (b) Name of husband or wife Samuel Wingate. 6. (c) Age of husband or wife if alive 88. years
7. Date of Birth (Month, Day, Year) September. 19. 1863.

8. AGE	Years	Months	Days	If less than 1 day
	80.	8.	20.	hrs min.

9. Exact Occupation At Home. Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Salem Oregon. (City or town) (State or foreign country)
Father 12. Name John. V. Ramsey.
13. Birthplace Kentucky. (City or town) (State or foreign country)
Mother 14. Maiden name Fannie Tomlinson.
15. Birthplace Missouri. (City or town) (State or foreign country)
16. Informant's OWN Signature J. E. Wingate
and Address Boise Idaho R.D.2.
17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof June.12.1944 (Month) (Day) (Year)
(c) Place: Cloverdale Memorial Park.
18. Funeral Director's OWN Signature Clyde E. Summers Funeral Home.
and Address Boise, Idaho.
19. (a) 6-12-44 (Date received and filed) (b) A. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) June-10-1944
at 10 o'clock A. M.
21. I HEREBY CERTIFY, That I attended deceased from June 1- 1944 to June 1944
I last saw her alive on June 9 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Apoplexy. 83a1
Due to Senility 162b
Due to Hypertension. 102
Other conditions
(Include pregnancy within 3 months of death)

Duration: Several years standing.

Where was disease contracted?
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's OWN Signature S W Forney MD (M. D. or other)
and Address Boise Ida Date 6/12 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink on BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JUL 12 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 139248
Local Reg. No. 209
Reg. Dist. No. 376

1. **PLACE OF DEATH:**
(a) County Ada
(b) City or town Boise
(c) Street Address or R. F. D. No. —
(d) Death Occurred Inside? ✓ Outside? ____ city or town
(e) Died in a Home ____ Hospital ✓ Institution ____ Other place ____
(f) Name Hosp. or Inst. St Lukes Stayed 3 days
(g) Lived in this county ____ years ____ months 3 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Ada
(c) City or town Meridian
(d) Street Address or R. F. D. No. 506 Idaho Ave
(e) Deceased lived Inside? ✓ Outside? ____ city or town
(f) Citizen of what country? U S
(g) How long had deceased lived in Idaho? — years
(h) Former residence (city, state) —

3. (a) **FULL NAME** Johnnie Lloyd Bench 161c

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓
4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife ✓ 6. (c) Age of husband or wife if alive ✓ years
7. Date of Birth (Month, Day, Year) June 8 1944

8. AGE	Years	Months	Days	If less than 1 day
			3	hrs min.

9. Exact Occupation ✓ Did this work for ✓ yrs.
10. Industry or Business ✓ Date last worked ✓
11. Birthplace Boise (City or town) Idaho (State or foreign country)

Father
12. Name Ernest Lloyd Bench
13. Birthplace Rexburg (City or town) Idaho (State or foreign country)

Mother
14. Maiden name Eva Pearl Campbell
15. Birthplace Cambridge (City or town) Nebraska (State or foreign country)

16. Informant's **OWN** Signature Lewis L Campbell
and Address Meridian Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-12-44 (Month) (Day) (Year)
(c) Place: Meridian
18. Funeral Director's **OWN** Signature Kenneth M Eggleston
and Address Meridian Idaho
19. (a) 6-13-44 (Date received and filed) (b) — (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 11 1944
at 4 o'clock a M.
21. **I HEREBY CERTIFY,** That I attended deceased from June 8 1944, to June 11 1944
I last saw him alive on June 11 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Ere Thrombosis Coronalis	3 da
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation ____ Date ____	
Major finding	
Finding of autopsy	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's **OWN** Signature R C Jewell M D
(M. D. or other)
and Address Meridian Date June 12 1944
(For additional space, use reverse side)

United States
Department of Commerce
Bureau of the Census

JUL 1 1 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 139249
Local Reg. No. 213
Reg. Dist. No. 370

1. **PLACE OF DEATH:**
(a) County Ada
(b) City or town Boise
(c) Street Address or R. F. D. No. —
(d) Death Occurred Inside? ✓ Outside? ____ city or town
(e) Died in a Home __ Hospital ✓ Institution __ Other place __
(f) Name Hosp. or Inst. St Luke's Stayed ____ days
(g) Lived in this county 1 years 7 months ✓ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Ada
(c) City or town Meridian
(d) Street Address or R. F. D. No. East First St.
(e) Deceased lived Inside? ✓ Outside? ____ city or town
(f) Citizen of what country? U S
(g) How long had deceased lived in Idaho? 1½ years
(h) Former residence (city, state) ____

3. (a) **FULL NAME** Margret Ellen Morris 179x

3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Date of Birth (Month, Day, Year) November, 10, 1942

8. AGE	Years	Months	Days	If less than 1 day
	1	7	2	hrs min.

9. Exact Occupation — Did this work for — yrs.
10. Industry or Business — Date last worked —
11. Birthplace Meridian (City or town) Idaho (State or foreign country)
Father
12. Name Wyatt H Morris
13. Birthplace Osage (City or town) Arkansas (State or foreign country)
Mother
14. Maiden name Edith Stacy
15. Birthplace Buffalo (City or town) Missouri (State or foreign country)
16. Informant's OWN Signature Mr Wyatt Morris
and Address Meridian Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-16-44 (Month) (Day) (Year)
(c) Place: Meridian Idaho
18. Funeral Director's OWN Signature Kenneth M. Edmiston
and Address Meridian Idaho
19. (a) 6-19-44 (Date received and filed) (b) R. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 6-12 1944
at 8:00 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from 6-12 1944, to 6-12 1944
I last saw her alive on 6-12 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Poisoning from Sodium Salicylate	
Due to —	
Due to	
Other conditions — (Include pregnancy within 3 months of death)	
Pills taken by mistake at	
Where was disease contracted? Home	PHYSICIAN
Name of operation — Date —	Underline the cause to which death should be charged statistically.
Major finding —	
Finding of autopsy —	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Yes Suicide? — Homicide? —
Occurred 6/12/44 19__ City, county, state where violence occurred Meridian, Idaho
Place of Violence: Home XX Farm ____ Industry ____
Public Place — While at work? ____
Means of injury Sodium Salicylate Pills taken by mistake
23. Attendant's OWN Signature Mrs Thomas [illegible] (M. D. or other)
and Address Meridian, Idaho Date 6-14 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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United States
Department of Commerce
Bureau of the Census

JUL 11 1944

Certificate Of Death

STATE OF IDAHO

State File No. 139250
Local Reg. No. 210
Reg. Dist. No. 370

1. PLACE OF DEATH:
(a) County Ada
(b) City or town Boise
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? X Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. St. Alph: Stayed days
(g) Lived in this county 33 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Ada
(c) City or town Eagle Idaho
(d) Street Address or R.F.D. No. Rt. 1:
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 33 years
(h) Former residence (city, state) So Dak:

3. (a) FULL NAME Walter Ferguson

93d

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced ?
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) July 22 1857

8. AGE	Years	Months	Days	If less than 1 day
	86	10	20	hrs min.

9. Exact Occupation Farmer Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Cincinnati (City or town) Ohio (State or foreign country)
Father
12. Name Unknown
13. Birthplace (City or town) U.S.A. (State or foreign country)
Mother
14. Maiden name Unknown
15. Birthplace (City or town) U.S.A. (State or foreign country)
16. Informant's OWN Signature Clara Jenkins
and Address Eagle Idaho RT 1:
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/15/1944 (Month) (Day) (Year)
(c) Place: Cloverdale Memorial Park
18. Funeral Director's OWN Signature Schreiber & McCann
and Address Milford Oregon
19. (a) 6-14-44 (Date received and filed) (b) R. Pharo (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 12th 1944
at 6:10 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from May 31 1944 to June 11 1944
I last saw him alive on June 11 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Sepsis + Chronic Myocarditis 93d	5 Years
Due to Coronary Sclerosis	
Due to	
Other conditions ✓ (Include pregnancy within 3 months of death)	
Where was disease contracted Eagle Idaho	
Name of operation None Date ✓	
Major finding ✓	
Finding of autopsy ✓	

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature James L. Stewart MD (M. D. or other)
and Address Boise Idaho Date June 13 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JUL 11 ...

Certificate Of Death

STATE OF IDAHO

State File No. 139251
Local Reg. No. 107
Reg. Dist. No. 37

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Meridian
   (c) Street Address or R. F. D. No.
   (d) Death Occured Inside? ✓ Outside? ..... city or town
   (e) Died in a Home ✓ Hospital .... Institution .... Other place ....
   (f) Name Hosp. or Inst. ..... Stayed ..... days
   (g) Lived in this county ..... years ✓ ..... months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Canyon
   (c) City or town Greenleaf
   (d) Street Address or R.F.D. No. ✓
   (e) Deceased lived Inside? ✓ Outside? ..... city or town
   (f) Citizen of what country? U. S. A.
   (g) How long had deceased lived in Idaho? 44 years
   (h) Former residence (city, state) Oregon

3. (a) **FULL NAME** Huldah Ann Logier.

3. (b) If veteran, name war ✓
3. (c) Social Security No. —
4. Sex F
5. Color or race W.
6. (a) Single, widowed, married, divorced Wd.
6. (b) Name of husband or wife Edward
6. (c) Age of husband or wife if alive — years
7. Date of Birth (Month, Day, Year) July 18 1869

8. AGE	Years	Months	Days	If less than 1 day
	74	10	27	hrs min.

9. Exact Occupation Housewife — Did this work for ..... yrs.
10. Industry or Business — Date last worked ✓
11. Birthplace Hamilton (City or town) Indiana (State or foreign country)

Father
12. Name Amzy Cox
13. Birthplace N. Carolina (City or town) (State or foreign country)

Mother
14. Maiden name Melissa Wells
15. Birthplace N. Carolina (City or town) (State or foreign country)

16. Informant's **OWN** Signature E. L. Logier
and Address Greenleaf Idaho
17. (a) Removal (Burial, cremation or removal) (b) Date thereof 6-19-44 (Month) (Day) (Year)
(c) Place: Greenleaf Idaho
18. Funeral Director's **OWN** Signature J. Rexburg
and Address Caldwell Idaho
19. (a) 6-26-44 (Date received and filed) (b) ..... (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 15 1944
at one o'clock A. M.
21. **I HEREBY CERTIFY**, That I attended deceased from June 13 1944 to June 15 1944
I last saw h.er alive on June 13 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Uremia	3 wks.
Due to Chronic Nephritis	Undetermined
Due to	
Other conditions Diabetes Mellitus (Include pregnancy within 3 months of death)	Undetermined

Where was disease contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYISICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature L. E. Jewell M.D.
(M. D. or other)
and Address Meridian Date June 15 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census JUL 11 '44

Certificate Of Death

STATE OF IDAHO

139283

State File No.
Local Reg. No. 214
Reg. Dist. No. 270

1. PLACE OF DEATH:
(a) County Ada
(b) City or town Boise
(c) Street Address or R.F.D. No. 1612 N. 8th St.
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Home X Hospital ..... Institution ..... Other place .....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 30 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Ada
(c) City or town Boise
(d) Street Address or R.F.D. No. 1612 N. 8th
(e) Deceased lived Inside? X Outside? ..... city or town
(f) Citizen of what country? U. S. A.
(g) How long had deceased lived in Idaho? 34 years
(h) Former residence (city, state) Kansas

3. (a) **FULL NAME** MAE E. BURDICK

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Nate C.
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) April 4, 1881

8. AGE	Years	Months	Days	If less than 1 day
	63	2	11	hrs ..... min.

9. Exact Occupation Housewife — Did this work for ..... yrs.
10. Industry or Business ..... — Date last worked .....
11. Birthplace Michigan (City or town) (State or foreign country)

Father
12. Name Nathan Smith
13. Birthplace U. S. A. (City or town) (State or foreign country)

Mother
14. Maiden name O'Neill
15. Birthplace U. S. A. (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mrs G H Shallman
and Address 312 Ivy Ave. Boise, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/19/44 (Month) (Day) (Year)
(c) Place: Morris Hill Cemetery
18. Funeral Director's **OWN** Signature Schneidt & McCann
and Address Boise Milford Morgan
19. (a) 6-19-44 (Date received and filed) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 15 1944
at 4:20 o'clock P M.
21. **I HEREBY CERTIFY**, That I attended deceased from June 15 1943 to June 15 1944
I last saw her alive on June 15 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Hemiplegia	1/2 day
Due to Hypertension	3 years.
Due to	
Other conditions Myocarditis (Include pregnancy within 3 months of death)	

Where was disease contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19.. City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature Forrest C Ward (M. D. or other)
and Address Boise - Idaho Date 6-16 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JUL 11 1944

Certificate Of Death

STATE OF IDAHO

State File No. 139253
Local Reg. No. 212
Reg. Dist. No. 370

1. PLACE OF DEATH:
(a) County Ada
(b) City or town Boise.
(c) Street Address or R.F.D. No. 1319. E. Wash.
(d) Death Occured Inside? Yes Outside? ..... city or town
(e) Died in a Home X Hospital ... Institution ... Other place ...
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 6 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho. (b) County Ada
(c) City or town Boise.
(d) Street Address or R.F.D. No. 1319. E. Wash.
(e) Deceased lived Inside? Yes Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 50 years
(h) Former residence (city, state) Arizona.

3. (a) FULL NAME Simeon Cook Drollinger. 95c

3. (b) If veteran, name war No.
3. (c) Social Security No. None.
4. Sex Male. 5. Color or race White.
6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) February. 2. 1861.

8. AGE	Years	Months	Days	If less than 1 day
	83.	4.	23.	hrs min.

9. Exact Occupation Farmer. Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Payson, Utah. (City or town) (State or foreign country)
Father: 12. Name Simeon. C. Drollinger.
13. Birthplace Indiana. (City or town) (State or foreign country)
Mother: 14. Maiden name Ann Eliza Davis.
15. Birthplace Canada. (City or town) (State or foreign country)
16. Informant's OWN Signature A. A. Hooper
and Address 1319 E. Wash. Boise Ida
17. (a) Removal. (b) Date thereof June. 18. 1944. (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: Ashton, Idaho.
18. Funeral Director's OWN Signature Summers Funeral Home. Clyde E. Summers
and Address Boise, Idaho.
19. (a) 6-17-44 (Date received and filed) (b) R. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) June 15 1944
Found 5:00 o'clock P. M.
21. I HEREBY CERTIFY, That ~~I attended deceased from ..... 19 ..., to ..... 19 ..., I last saw h ..... alive on ..... 19 ...~~; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Found dead in his home Probably acute Heart attack. Duration
Due to Senility. Nothing of a criminal Nature
Due to found
Other conditions .....
(Include pregnancy within 3 months of death)
Where was disease contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy None
No Inquest

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state
Where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's OWN Signature W. McKinney Coroner (M. D. or other)
and Address Boise, Idaho Date 6/16/44 19 ..
(For additional space, use reverse side)

139234

United States
Department of Commerce
Bureau of the Census JUL 11 1944

Certificate Of Death

STATE OF IDAHO

State File No.
Local Reg. No. 102
Reg. Dist. No. 371

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise.
   (c) Street Address or R.F.D. No. 4
   (d) Death Occured Inside? ..... Outside? Yes city or town
   (e) Died in a Home X Hospital .... Institution .... Other place ....
   (f) Name Hosp. or Inst. ..... Stayed ..... days
   (g) Lived in this county 42 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho. (b) County Ada
   (c) City or town Boise.
   (d) Street Address or R.F.D. No. 4.
   (e) Deceased lived Inside? ..... Outside? Yes city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 42 years
   (h) Former residence (city, state) Kansas.

3. (a) **FULL NAME** Harrison Benjamin Hill. 164a

3. (b) If veteran, name war World War. I. 3. (c) Social Security No. None.

4. Sex Male. 5. Color or race White. 6. (a) Single, widowed, married, divorced Married.

6. (b) Name of husband or wife Mabel. 6. (c) Age of husband or wife if alive 56. years

7. Date of Birth (Month, Day, Year) April. 2. 1889.

8. AGE	Years	Months	Days	If less than 1 day
	55.	2.	15.	hrs ..... min.

9. Exact Occupation Retired Store Operator. Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Liberal Kansas. (City or town) (State or foreign country)

Father
12. Name Asbury C. Hill.
13. Birthplace Elmira New York. (City or town) (State or foreign country)

Mother
14. Maiden name Mary Elizabeth Baum.
15. Birthplace Kolsville, Wis. (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs Mabel R Hill
and Address R.D. # 4. Boise, Idaho.

17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof June. 20. (Month) (Day) 1944. (Year)
(c) Place: Morris Hill Cemetery. Summers Funeral Home.

18. Funeral Director's OWN Signature Clyde E. Bransgrave
and Address Boise, Idaho.

19. (a) 6-19-44 (Date received and filed) (b) R. Shark (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 17 — 1944
about 2:30 o'clock P. M.

21. **I HEREBY CERTIFY,** That ~~I attended deceased from ..... 19.. to ..... 19..~~
~~I last saw h.. alive on ..... 19..~~; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death Duration
Suicide by hanging self by the neck. Cause of this
Due to act was poor health and a deranged mind.
~~Due to~~ Nothing of a Criminal
~~Other conditions~~ nature found.
(Include pregnancy within 3 months of death)

Where was disease contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy None.
No Inquest.

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? Yes. Homicide? .....
Occurred 6/17/44 19.. City, county, state where violence occurred 4 Miles S.W. of Boise
Place of Violence: Home Yes. Farm — Industry .....
Public Place — While at work? .....
Means of injury Hanging by the neck.

23. Attendant's OWN Signature Ernest Bratney Coroner (M. D. or other)
and Address Boise Idaho. Date 6/19 1944

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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United States
Department of Commerce
Bureau of the Census

JUL 11 1944

Certificate Of Death

STATE OF IDAHO

State File No. ____
Local Reg. No. 105
Reg. Dist. No. 371

1. PLACE OF DEATH:
(a) County Ada
(b) City or town Boise
(c) Street Address or R.F.D. No. 4110-6th Ave. So.
(d) Death Occured Inside? ____ Outside? XX city or town
(e) Died in a Home X Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 36 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Ada
(c) City or town Boise
(d) Street Address or R.F.D. No. 4110-6th Ave. So.
(e) Deceased lived Inside? ____ Outside? XX city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 36 years
(h) Former residence (city, state) Pennsylvania

3. (a) FULL NAME Irwin Mathias Chambers 93d

3. (b) If veteran, name war ----
3. (c) Social Security No. ----
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Anna
6. (c) Age of husband or wife if alive 77 years
7. Date of Birth (Month, Day, Year) November 2, 1867

8. AGE	Years	Months	Days	If less than 1 day
	76	7	15	- hrs - min.

9. Exact Occupation Contractor — Did this work for -- yrs.
10. Industry or Business Plastering — Date last worked 1939
11. Birthplace Greensburg, Pennsylvania (City or town) (State or foreign country)
Father: 12. Name Unknown
13. Birthplace ____ (City or town) (State or foreign country)
Mother: 14. Maiden name Unknown
15. Birthplace ____ (City or town) (State or foreign country)
16. Informant's OWN Signature [signature]
and Address R3 Caldwell Ida
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/20/44 (Month) (Day) (Year)
(c) Place: Cloverdale Memorial Park, Boise, Ida
18. Funeral Director's OWN Signature [signature]
and Address Boise, Idaho
19. (a) 6-20-44 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 6-17-44 19____
at 3:00 o'clock A.M.
21. **I HEREBY CERTIFY,** That I attended deceased from March 1944, to June 17 1944
I last saw h____ alive on ____ 19____; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Coronary Embolus 94a	6 hours
Due to Chronic Myocarditis 93d	1930
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYISCIAN Underline the cause to which death should be charged statistically.
Name of operation ____ Date ____	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature Harvey T. Nokes (M. D. or other)
and Address Boise Date 6-19 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

139236

United States
Department of Commerce
Bureau of the Census

JUL 11 1944

Certificate Of Death

STATE OF IDAHO

State File No.
Local Reg. No. 104
Reg. Dist. No. 371

1. **PLACE OF DEATH:**
(a) County Ada
(b) City or town Boise
(c) Street Address or R.F.D. No. Rt. 2
(d) Death Occured Inside? Outside? X city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 10½ years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Ada
(c) City or town Boise
(d) Street Address or R.F.D. No. Rt. 2
(e) Deceased lived Inside? Outside? XX city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 46 years
(h) Former residence (city, state) Illinois

3. (a) **FULL NAME** Howard Grant Adams

83a

3. (b) If veteran, name war ---
3. (c) Social Security No. ---
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Cora Mae
6. (c) Age of husband or wife if alive 73 years
7. Date of Birth (Month, Day, Year) January 26, 1868

8. AGE	Years	Months	Days	If less than 1 day
	76	4	23	- hrs - min.

9. Exact Occupation Farmer — Did this work for - yrs.
10. Industry or Business ---- — Date last worked -
11. Birthplace Galesburg, Illinois (City or town) (State or foreign country)
Father
12. Name Robert Adams
13. Birthplace Illinois (City or town) (State or foreign country)
Mother
14. Maiden name Amanda Sill
15. Birthplace Illinois (City or town) (State or foreign country)
16. Informant's **OWN** Signature E G Adams
and Address R D 2 - Boise
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/20/44 (Month) (Day) (Year)
(c) Place: Morris Hill Cemetery, Boise, Ida.
18. Funeral Director's **OWN** Signature [signature]
and Address Boise, Idaho
19. (a) 6-20-44 (Date received and filed) (b) K Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 18 1944
at about 1:00 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 19, to 19
I last saw him alive on Sept, 1942; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebral hemorrhage 83a1	10 years
Due to Hypertension 102	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYISCIAN Underline the cause to which death should be charged statistically.
Name of operation Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature Mary K Cochran, D.O. (M. D. or other)
and Address Boise, Idaho Date June 20 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JUL 11 1944

Certificate Of Death

STATE OF IDAHO

State File No. 139257
Local Reg. No. 276
Reg. Dist. No. 370

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise, Idaho
   (c) Street Address or R.F.D. No. 118 South 9th
   (d) Death Occured Inside? x Outside? ... city or town
   (e) Died in a Home ... Hospital ... Institution ... Other place x
   (f) Name Hosp. or Inst. ... Stayed ... days
   (g) Lived in this county -- years -- months none days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Mass (b) County ---
   (c) City or town Beverly
   (d) Street Address or R.F.D. No. 333 Cabot St
   (e) Deceased lived Inside? x Outside? ... city or town
   (f) Citizen of what country? U. S.
   (g) How long had deceased lived in Idaho? 8 days ~~years~~
   (h) Former residence (city, state) Same as above

3. (a) **FULL NAME** ALBERT S. WHALEN ASN 11088084

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3. (b) If veteran, name war --
3. (c) Social Security No. --
4. Sex Male race White
5. Color or
6. (a) Single, widowed, married, divorced widower
6. (b) Name of husband or wife --
6. (c) Age of husband or wife if alive -- years
7. Date of Birth (Month, Day, Year) June 10, 1898

8. AGE	Years	Months	Days	If less than 1 day
	46	0	9	hrs min.

9. Exact Occupation Soldier — Did this work for 10/12 yrs.
10. Industry or Business U. S. Army — Date last worked 6-18-44
11. Birthplace Beverly (City or town) Mass (State or foreign country)

Father
12. Name Unknown
13. Birthplace Unknown (City or town) (State or foreign country)

Mother
14. Maiden name Lucy (Unknown)
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's **OWN** Signature Phillip C. Pedersen
and Address Gowen Field, Boise, Idaho

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof June 21, 1944 (Month) (Day) (Year)
(c) Place: Beverly, Mass.

18. Funeral Director's **OWN** Signature Edmund Webb
and Address Boise, Idaho

19. (a) 6-21-44 (Date received and filed) (b) H. Clark (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 19 19 44
at 1230 o'clock A.M.

21. **I HEREBY CERTIFY,** That I attended deceased from --- 19 --, to --- 19 --
I last saw h-- alive on --- 19 --; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Subarachnoid Hemorrhage	
Cause undetermined	Instant
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted? ---	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation -- Date ---	
Major finding --	
Finding of autopsy Same as above (Histological findings not complete)	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ... Suicide? ... Homicide? ...
Occurred ... 19 ... City, county, state where violence occurred ...
Place of Violence: Home ... Farm ... Industry ...
Public Place ... While at work? ...
Means of injury ...

23. Attendant's **OWN** Signature Leland G. Hunnicutt
LELAND G. HUNNICUTT, MAJ, MC. (M. D. or other)
and Address Gowen Fld, Idaho Date 6-19 19 44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JUL 11 1944

Certificate Of Death

STATE OF IDAHO

A. B. Boerly

State File No. 139208
Local Reg. No. 217
Reg. Dist. No. 370

1. PLACE OF DEATH:
(a) County Ada
(b) City or town Boise,
(c) Street Address or R.F.D. No. X
(d) Death Occured Inside? Yes Outside? ..... city or town
(e) Died in a Home .... Hospital X. Institution .... Other place ....
(f) Name Hosp. or Inst. St. Lukes. Stayed 5. days
(g) Lived in this county ..... years 3 months 22. days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Ada
(c) City or town Boise,
(d) Street Address or R.F.D. No. 1309. Hays.
(e) Deceased lived Inside? Yes Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 3 mo. years
(h) Former residence (city, state) X

3. (a) FULL NAME Rebecca Louise Johnson. 157a

3. (b) If veteran, name war No.
3. (c) Social Security No. None.
4. Sex Female 5. Color or race White.
6. (a) Single, widowed, married, divorced Single.
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) February/ 27. 1944.

8. AGE	Years	Months	Days	If less than 1 day
		3.	22.	hrs min.

9. Exact Occupation None. Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Boise Idaho. (City or town) (State or foreign country)
Father
12. Name Robert. M. Johnson.
13. Birthplace St Louis, Missouri. (City or town) (State or foreign country)
Mother
14. Maiden name Harriett Smith.
15. Birthplace Weiser, Idaho. (City or town) (State or foreign country)
16. Informant's OWN Signature Harriet Grace Johnson
and Address 1309 Hays Street Boise Idaho
17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof June. 22. 1944 (Month) (Day) (Year)
(c) Place: Morris Hill Cemetery.
18. Funeral Director's OWN Signature Clyde E. Summers
and Address Boise, Idaho.
19. (a) 6-22-44 (Date received and filed) (b) K. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 6-19 1944
at 9 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from Feb 27 1944, to June 1944
I last saw h..... alive on ..... 19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death	Duration
Hydrocephalis	3 mo.
Due to Anomalie of birth	22 days
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ..... Date .....
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury
23. Attendant's OWN Signature A. B. Boerly M.D. (M. D. or other)
and Address Boise Ida Date 6-21 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JUL 11 1944

Certificate Of Death

STATE OF IDAHO

State File No. 139259
Local Reg. No. 103
Reg. Dist. No. 371

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? Outside? XX city or town
   (e) Died in a Home Hospital X Institution Other place
   (f) Name Hosp. or Inst. V.A.F., Boise Idaho Stayed 4 days
   (g) Lived in this county years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Bingham
   (c) City or town Sterling
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? Outside? city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? years
   (h) Former residence (city, state)

3. (a) **FULL NAME** STRANG, David L. 131a

3. (b) If veteran, name war WW
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Georgina Strang
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) December 21, 1892

8. AGE	Years	Months	Days	If less than 1 day
	51	5	29	hrs min.

9. Exact Occupation Farmer — Did this work for Unkn. yrs.
10. Industry or Business — Date last worked
11. Birthplace (City or town) South Dakota (State or foreign country)

Father
12. Name Curtis Strang
13. Birthplace (City or town) Wisconsin (State or foreign country)

Mother
14. Maiden name Rosa Mary Strang
15. Birthplace (City or town) Ireland (State or foreign country)

16. Informant's OWN Signature Records, Veterans Admn.
and Address Boise, Idaho
17. (a) Shipment (Burial, cremation, or removal) (b) Date thereof 6/21/44 (Month) (Day) (Year)
(c) Place: Aberdeen, Idaho
18. Funeral Director's OWN Signature McBratney Funeral Home
and Address Boise, Idaho
19. (a) 6-20-44 (Date received and filed) (b) R. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 19, 1944
at 12:15 o'clock A. M.
21. **I HEREBY CERTIFY,** That I attended deceased from June 15, 1944, to June 19, 1944
I last saw him alive on June 19, 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Uremia	About 18 Days
Due to Nephritis, chronic (Arteriolar Nephrosclerosis) 77d	About 1 Year
Due to 131a	
Other conditions Hypertensive Heart Disease (Include pregnancy within 3 months of death)	About 18 days

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy No autopsy

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature ARTHUR W. SCHULZ, Lt.Col., M.C. (M. D. or other)
and Address VAF., Boise, Ida. Date June 19 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JUL 11 1944

Certificate Of Death

STATE OF IDAHO

Pendleton

State File No. 139260
Local Reg. No. 219
Reg. Dist. No. 370

1. PLACE OF DEATH:
(a) County Ada
(b) City or town Boise.
(c) Street Address or R.F.D. No. X
(d) Death Occured Inside? Yes Outside? ..... city or town
(e) Died in a Home ..... Hospital X Institution ..... Other place .....
(f) Name Hosp. or Inst. St Lukes. Stayed 1. days
(g) Lived in this county 38 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho. (b) County Ada
(c) City or town Boise.
(d) Street Address or R.F.D. No. 518. Warm Springs.
(e) Deceased lived Inside? Yes Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 38 years
(h) Former residence (city, state) Iowa.

3. (a) FULL NAME John Grahan Dunham.

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3. (b) If veteran, name war No.
3. (c) Social Security No. 518-07-1182
4. Sex Male. 5. Color or race White.
6. (a) Single, widowed, married, divorced Married.
6. (b) Name of husband or wife Augusta. D.
6. (c) Age of husband or wife if alive 69. years
7. Date of Birth (Month, Day, Year) July. 3. 1874.

8. AGE	Years	Months	Days	If less than 1 day
	69.	11.	17.	hrs min.

9. Exact Occupation Retired Advertising Did this work for ..... yrs.
10. Industry or Business Manager, Idaho Statesman. Date last worked
11. Birthplace Burlington, Iowa. (City or town) (State or foreign country)
Father 12. Name Frank. R. Dunham.
13. Birthplace Vermont. (City or town) (State or foreign country)
Mother 14. Maiden name Harriett Foot.
15. Birthplace Burlington, Iowa. (City or town) (State or foreign country)
16. Informant's OWN Signature Mrs Augusta D Dunham
and Address 518. Warm Springs Avenue.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof June 23 1944 (Month) (Day) (Year)
(c) Place: Burlington, Iowa
18. Funeral Director's OWN Signature Clyde E Summers
and Address Boise, Idaho.
19. (a) 6-22-44 (Date received and filed) (b) R. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June. 20. 1944.
at 6:32 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from June 19 1944 to June 20 1944
I last saw him alive on June 20 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Lobar Pneumonia	1 week
Due to —	?
Due to —	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation ..... Date	
Major finding	
Finding of autopsy —	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's OWN Signature [signature] M.D. (M. D. or other)
and Address Boise, Idaho Date 6/22 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JUL 11 1944

Certificate Of Death

STATE OF IDAHO

State File No. 139261
Local Reg. No. 221
Reg. Dist. No. 370

1. **PLACE OF DEATH:**
(a) County Ada
(b) City or town Boise
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Home ..... Hospital X Institution ..... Other place
(f) Name Hosp. or Inst. St. Alph: Stayed ..... days
(g) Lived in this county 20 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Ada
(c) City or town Boise
(d) Street Address or R.F.D. No. 2022 EllisAve
(e) Deceased lived Inside? X Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 20 years
(h) Former residence (city, state) Utah

3. (a) **FULL NAME** Neil B. Meagher 121

3. (b) If veteran, name war None
3. (c) Social Security No. 340-01-4876
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lucille
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) Feb. 19th. 1888

8. AGE	Years	Months	Days	If less than 1 day
	56	4	1	hrs min.

9. Exact Occupation Salesman Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Minneapolis (City or town) Minn: (State or foreign country)
Father
12. Name John Meagher
13. Birthplace ..... (City or town) Penn: (State or foreign country)
Mother
14. Maiden name Mary Gleason
15. Birthplace Hennepin Co. (City or town) Minn. (State or foreign country)
16. Informant's OWN Signature Cornelius Meagher
and Address 2022 Ellis Ave. Boise Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/24/1944 (Month) (Day) (Year)
(c) Place: St. John's Cemetery
18. Funeral Director's OWN Signature Schreiber & McCann
and Address Boise Moffett Dragoo
19. (a) 6-26-44 (Date received and filed) (b) R. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 6-20-1944
at 5 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 5-2-1944, to 6-20-44 1944
I last saw him alive on ..... 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration
Cardiac Decompensation
Due to Exhaustion from fecal fistula
Due to .....
Other conditions .....
(Include pregnancy within 3 months of death)
Where was disease contracted?
Name of operation appendectomy Date 5/3/44
Major finding .....
Finding of autopsy .....

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's OWN Signature Fred. A. Pierangeli (M. D. or other)
and Address Boise, Idaho Date 6-23-1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

JUL 11 1944

State File No. 139262
Local Reg. No. 106
Reg. Dist. No. 37

1. PLACE OF DEATH:

(a) County Ada
(b) City or town Boise
(c) Street Address or R. F. D. No.
(d) Death Occured Inside? Outside? X city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. Ada County Stayed days
(g) Lived in this county 5 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

(a) State Idaho (b) County Ada
(c) City or town Boise
(d) Street Address or R.F.D. No. 1919 - 31st St.
(e) Deceased lived Inside? Outside? X city or town
(f) Citizen of what country? U. S. A.
(g) How long had deceased lived in Idaho? 67 years
(h) Former residence (city, state)

3. (a) **FULL NAME** George Washington Fuller

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3. (b) If veteran, name war ----- 3. (c) Social Security No. ---

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Bertha E. 6. (c) Age of husband or wife if alive 63 years

7. Date of Birth (Month, Day, Year) July 19, 1876

8. AGE	Years	Months	Days	If less than 1 day
	67	11	3	-- hrs -- min.

9. Exact Occupation Farmer Did this work for - yrs.
10. Industry or Business --- Date last worked -
11. Birthplace Emmett, Idaho (City or town) (State or foreign country)

Father
12. Name William Fuller
13. Birthplace Missouri (City or town) (State or foreign country)

Mother
14. Maiden name Unknown
15. Birthplace Quincy, Ohio (City or town) (State or foreign country)

16. Informant's **OWN** Signature P. C. Harrison
and Address Rt. 3, Boise, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/24/44 (Month) (Day) (Year)
(c) Place: Morris Hill Cemetery, Boise, Idaho

18. Funeral Director's **OWN** Signature [signature]
and Address Boise, Idaho

19. (a) 6-23-44 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 22 1944
at 12 o'clock N M.

21. **I HEREBY CERTIFY**, That I attended deceased from Oct 1943 to June 1944
I last saw h[illegible] alive on June 21 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Congestive heart	4 yrs.
Due to Failure	
Due to Myocarditis	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature S. H. Forney MD (M. D. or other)
and Address Boise Date 6/28 1944

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census JUL 1 1 '44

Certificate Of Death

STATE OF IDAHO

State File No. 13923
Local Reg. No. 224
Reg. Dist. No. 370

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? X Outside? city or town
   (e) Died in a Home Hospital X Institution Other place
   (f) Name Hosp. or Inst. St. Luke's Stayed days
   (g) Lived in this county years months days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Boise
   (c) City or town Banks
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? Outside? X city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 10 years
   (h) Former residence (city, state) Oregon

3. (a) **FULL NAME** James Henry Hayes

3. (b) If veteran, name war ----
3. (c) Social Security No. 519-16-6689
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Dora
6. (c) Age of husband or wife if alive 51 years
7. Date of Birth (Month, Day, Year) October 2, 1884

8. AGE	Years	Months	Days	If less than 1 day
	59	8	20	-- hrs -- min.

9. Exact Occupation Laborer — Did this work for 4 yrs.
10. Industry or Business Logging Camp — Date last worked May 1944
11. Birthplace Caledonia, New York (City or town) (State or foreign country)

Father
12. Name James H. Hayes
13. Birthplace Northhampton, Massachusetts (City or town) (State or foreign country)

Mother
14. Maiden name Jane Buchanan
15. Birthplace Caledonia, New York (City or town) (State or foreign country)

16. Informant's **OWN** Signature Ruth T. Hayes
and Address Enterprise, Oregon
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 6/26/44 (Month) (Day) (Year)
(c) Place: Wallowa, Oregon
18. Funeral Director's **OWN** Signature Mel Gateley
and Address Boise, Idaho
19. (a) 6-26-44 (Date received and filed) (b) H. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 22 1944
at 11 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from Dec 1943, to June 1944
I last saw h/m alive on June 22 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cardiac decompensation	1 month
Due to Chronic Myocarditis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature H. A. Adelsah M.D. (M. D. or other)
and Address Boise Ida Date 6-23 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JUL 11 1944

Certificate Of Death

STATE OF IDAHO

Stewart

State File No. 139264
Local Reg. No. 226
Reg. Dist. No. 370

1. **PLACE OF DEATH:**
(a) County Ada
(b) City or town Boise,
(c) Street Address or R.F.D. No. X
(d) Death Occured Inside? Yes Outside? ..... city or town
(e) Died in a Home.... Hospital X Institution.... Other place....
(f) Name Hosp. or Inst. St Lukes. Stayed 53 days
(g) Lived in this county 50 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho. (b) County Ada
(c) City or town Boise,
(d) Street Address or R.F.D. No. 1401. N. 10.
(e) Deceased lived Inside? Yes Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 50 years
(h) Former residence (city, state) Iowa.

3. (a) **FULL NAME** Mirbell Mary Parker.

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3. (b) If veteran, name war No.
3. (c) Social Security No. None.
4. Sex Female
5. Color or race White.
6. (a) Single, widowed, married, divorced Married.
6. (b) Name of husband or wife Marion. S.
6. (c) Age of husband or wife if alive 76 years
7. Date of Birth (Month, Day, Year) February. 26. 1886.

8. AGE	Years	Months	Days	If less than 1 day
	58.	3.	27.	hrs min.

9. Exact Occupation At Home. Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Thurman, Iowa. (City or town) (State or foreign country)
Father
12. Name Hiram Frank Reel.
13. Birthplace Missouri. (City or town) (State or foreign country)
Mother
14. Maiden name Mary Elizabeth Duncan.
15. Birthplace Greenfield, Ohio. (City or town) (State or foreign country)
16. Informant's **OWN** Signature M. S. Parker
and Address 1401. N. 10 St, Boise, Idaho.
17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof June. 26. 44 (Month) (Day) (Year)
(c) Place: Morris Hill Cemetery.
18. Funeral Director's **OWN** Signature Clyde E. Summers
and Address Boise, Idaho.
19. (a) 6-27-44 (Date received and filed) (b) R. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, ~~Year~~) June 23 1944
at 7:40 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from Dec. 3 1943 to June 23 1944
I last saw h..... alive on June 22 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Metastatic Carcinoma	
Due to Old Breast Carcinoma	1941-44
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted Boise	
Name of operation Breast Amputation Date 1941	
Major finding	
Finding of autopsy	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature James L. Stewart (M. D. or other)
and Address Boise Idaho Date June 26 1944
(For additional space, use reverse side)

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United States
Department of Commerce
Bureau of the Census

JUL 11 1944

Certificate Of Death

STATE OF IDAHO

State File No. 139265
Local Reg. No. 220
Reg. Dist. No. 370

1. PLACE OF DEATH:
(a) County Ada
(b) City or town Boise
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? X Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. St. Lukes Stayed 1 days
(g) Lived in this county 6 years 10 months 1 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Ada
(c) City or town Boise
(d) Street Address or R.F.D. No. 1104 Lincoln
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 6 years
(h) Former residence (city, state) None

3. (a) FULL NAME Darlene Sharon Culver

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3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Aug; 22 1937

8. AGE	Years	Months	Days	If less than 1 day
	6	10	1	hrs min.

9. Exact Occupation None Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Boise (City or town) Idaho (State or foreign country)
Father
12. Name Lemuel Culver
13. Birthplace Montana (City or town) (State or foreign country)
Mother
14. Maiden name Henrietta Deering
15. Birthplace Billings (City or town) Montana (State or foreign country)
16. Informant's OWN Signature Lem Culver
and Address 1104 Lincoln St. Boise Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/24/44 (Month) (Day) (Year)
(c) Place: Morris Hill Cemetery
18. Funeral Director's OWN Signature Schreiber & McCann
and Address Milford Dragoo
19. (a) 6-23-44 (Date received and filed) (b) R. Shaggo (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 23 1944
at about 7 o'clock a M.
21. **I HEREBY CERTIFY**, That I attended deceased from 8.30 PM 6/22 1944, to 7 AM 6/23 1944
I last saw her alive on June 22 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Severe burns of about 3/4 of body surface	
Due to accidental burning of	
Due to Clothes.	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? Boise Idaho
Name of operation None Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ✓ Suicide? Homicide?
Occurred Boise Idaho 1944 City, county, state 6/22/44
where violence occurred
Place of Violence: Home ✓ Farm Industry
Public Place While at work? No
Means of injury Playing with matches
23. Attendant's OWN Signature T. N. Brattan (M. D. or other)
and Address Boise Idaho Date 6/23 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Hamilton 13925

United States
Department of Commerce
Bureau of the Census

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Certificate Of Death

STATE OF IDAHO

State File No. 13925
Local Reg. No. 110
Reg. Dist. No. 371

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise,
   (c) Street Address or R.F.D. No. 1922. Leadville,
   (d) Death Occured Inside? ~~Yes~~ Outside? Yes city or town
   (e) Died in a Home X Hospital ... Institution ... Other place ...
   (f) Name Hosp. or Inst. ... Stayed ... days
   (g) Lived in this county 2 years ... months ... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho. (b) County Ada
   (c) City or town Boise,
   (d) Street Address or R.F.D. No. 1.
   (e) Deceased lived Inside? ... Outside? Yes city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 45 years
   (h) Former residence (city, state) Scotland,

3. (a) **FULL NAME** Olga Albertine Brown. 83d

3. (b) If veteran, name war No.
3. (c) Social Security No. None.
4. Sex Female 5. Color or race White.
6. (a) Single, widowed, married, divorced Widow.
6. (b) Name of husband or wife ...
6. (c) Age of husband or wife if alive ... years
7. Date of Birth (Month, Day, Year) June. 20. 1871.

8. AGE	Years	Months	Days	If less than 1 day
	73.	0.	4.	hrs ... min.

9. Exact Occupation At Home. Did this work for ... yrs.
10. Industry or Business ... Date last worked ...
11. Birthplace Dundee Scotland, (City or town) (State or foreign country)

Father
12. Name Albert Grothe.
13. Birthplace Germany. (City or town) (State or foreign country)

Mother
14. Maiden name Sophia Camphuis.
15. Birthplace Holland. (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mrs Bessie Brown
and Address 1922 Leadville St. R.F.D. Boise

17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof June 27. 1944. (Month) (Day) (Year)
(c) Place: Morris Hill Cemetery.

18. Funeral Director's **OWN** Signature Clyde E. Summers
and Address Boise, Idaho.

19. (a) 6-27-44 (Date received and filed) (b) A. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June. 24. 1944.
at 9.45. o'clock P M.

21. **I HEREBY CERTIFY**, That I attended deceased from 6-17 1944 to 6-24 1944
I last saw her alive on 6-24 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Hemiplegia Right face left arm & left leg.	6-17-44 to
Due to Hemorrhage from right fissure of Rolando	6-24-44
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? ~
Name of operation ~ Date
Major finding ~
Finding of autopsy ~

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ~ Suicide? ~ Homicide? ~
occurred ... 19... City, county, state where violence occurred ...
Place of Violence: Home ... Farm ... Industry ...
Public Place ... While at work? ...
Means of injury ...

23. Attendant's **OWN** Signature L. O. P. Hamilton (M. D. or other)
and Address Boise Idaho Date 6-26 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census JUL 11 1944

Certificate Of Death

STATE OF IDAHO

139207

State File No.
Local Reg. No. 108
Reg. Dist. No. 371

1. PLACE OF DEATH:

(a) County Ada
(b) City or town Boise
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? Outside? XX city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. Vets. Admn. Stayed 0 days
(g) Lived in this county years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

(a) State Idaho (b) County Canyon
(c) City or town Caldwell
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? Outside? city or town
(f) Citizen of what country? USA
(g) How long had deceased lived in Idaho? Unkn. years
(h) Former residence (city, state)

3. (a) **FULL NAME** LEONARD, Charles

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3. (b) If veteran, name war WW.
3. (c) Social Security No. Unknown
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) August 23, 1887

8. AGE	Years	Months	Days	If less than 1 day
	56	10	1	hrs min.

9. Exact Occupation Sheep Herder — Did this work for Unkn. yrs.
10. Industry or Business — Date last worked Unkn.
11. Birthplace (City or town) Texas (State or foreign country)

Father
12. Name Unknown
13. Birthplace (City or town) (State or foreign country)

Mother
14. Maiden name Unknown
15. Birthplace (City or town) (State or foreign country)

16. Informant's **OWN** Signature Records, Veterans Administration
and Address Boise, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/28/44 (Month) (Day) (Year)
(c) Place: Morris Hill Cemetery, Boise, Idaho

18. Funeral Director's **OWN** Signature McBRATNEY FUNERAL HOME
and Address Boise, Idaho

19. (a) 6-27-44 (Date received and filed) (b) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 24, 1944
at 8:04 o'clock P. M.

21. **I HEREBY CERTIFY**, That I attended deceased from 24 12:30 PM June 24 1944, to 8:04 PM June 1944
I last saw h. im alive on June 24, 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Perforated Peptic Ulcer	18 Hrs.
Due to 11744 15312	
Due to 776	
Other conditions Alcoholism, Acute (Include pregnancy within 3 months of death)	1 Mo.

Where was disease contracted?
Name of operation Exploratory Laparotomy Date 6-24-44
Major finding Perforated Peptic Ulcer with Peritonitis
Finding of autopsy No autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature ARTHUR W. SCHULZ, Lt. Col., M.C.
(M. D. or other)
and Address VAF., Boise, Ida. Date June 24 1944
(For additional space, use reverse side)

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United States
Department of Commerce
Bureau of the Census

JUL 11 1944

Certificate Of Death

STATE OF IDAHO

State File No.
Local Reg. No. 225
Reg. Dist. No. 370

1. PLACE OF DEATH:
(a) County Ada
(b) City or town Boise
(c) Street Address or R.F.D. No. 1117 No. 11th St.
(d) Death Occured Inside? x Outside? ..... city or town
(e) Died in a Home x Hospital ..... Institution ..... Other place .....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 8 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Ada
(c) City or town Boise
(d) Street Address or R.F.D. No. 1117 No. 11th St.
(e) Deceased lived Inside? x Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 25½ years
(h) Former residence (city, state) Iowa

3. (a) **FULL NAME** Emanuel Hawkinson

94a

3. (b) If veteran, name war ---
3. (c) Social Security No. --
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Abbie
6. (c) Age of husband or wife if alive — years
7. Date of Birth (Month, Day, Year) January 11, 1872

8. AGE	Years	Months	Days	If less than 1 day
	72	5	13	- hrs - min.

9. Exact Occupation Retired farmer Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Illinois (City or town) (State or foreign country)
Father
12. Name Eric Hawkinson
13. Birthplace Sweden (City or town) (State or foreign country)
Mother
14. Maiden name Ella
15. Birthplace Sweden (City or town) (State or foreign country)
16. Informant's OWN Signature Vinnie A. Beamguard
and Address Payette Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/27/44 (Month) (Day) (Year)
(c) Place: Morris Hill Cemetery, Boise, Idaho
18. Funeral Director's OWN Signature W. McBratney
and Address Boise, Idaho
19. (a) 6-27-44 (Date received and filed) (b) R. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 24 — 1944
at about 2:00 o'clock A M.
21. **I HEREBY CERTIFY,** That ~~I attended deceased from ..... 19 ....., to ..... 19 .....~~
~~I last saw h ..... alive on ..... 19 .....~~; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration
Acute Heart attack. Probably
Coronary occlusion. 94a
Due to Natural Cause
Nothing of a criminal
~~Due to~~ nature found 94a
Other conditions
~~(Include pregnancy within 3 months of death)~~
No Medical Doctor in attendance before death.
Where was disease contracted?
Name of operation — Date —
Major finding —
Finding of autopsy None
No Inquest

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? — Suicide? — Homicide? —
Occurred — 19 — City, county, state where violence occurred —
Place of Violence: Home — Farm — Industry —
Public Place — While at work? —
Means of injury —
23. Attendant's OWN Signature W. McBratney
Coroner of Ada County (M. D. or other)
and Address Boise, Ida Date 6/24 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Hamilton 139230

United States
Department of Commerce
Bureau of the Census

JUL 11 1944

Certificate Of Death

STATE OF IDAHO

State File No.
Local Reg. No. 228
Reg. Dist. No. 370

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise.
   (c) Street Address or R.F.D. No. 617. N. 16 St.
   (d) Death Occured Inside? Yes Outside? ....city or town
   (e) Died in a Home X Hospital.... Institution.... Other place....
   (f) Name Hosp. or Inst.... Stayed ....days
   (g) Lived in this county 8 years ....months ....days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho. (b) County Ada
   (c) City or town Boise,
   (d) Street Address or R.F.D. No. 617. N. 16.
   (e) Deceased lived Inside? Yes Outside? ....city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 45 years
   (h) Former residence (city, state) Iowa.

3. (a) **FULL NAME** Frank Spencer Peyton. 106 b

3. (b) If veteran, name war No.
3. (c) Social Security No. None.
4. Sex Male. 5. Color or race White. 6. (a) Single, widowed, married, divorced Married.
6. (b) Name of husband or wife Marie. L.
6. (c) Age of husband or wife if alive 71. years
7. Date of Birth (Month, Day, Year) May. 29. 1878.

8. AGE	Years	Months	Days	If less than 1 day
	66.	0.	25.	hrs min.

9. Exact Occupation Retired Merchant Did this work for ....yrs.
10. Industry or Business .... Date last worked ....
11. Birthplace Princeton, Iowa. (City or town) (State or foreign country)

Father
12. Name George Peyton.
13. Birthplace Princeton, Iowa. (City or town) (State or foreign country)

Mother
14. Maiden name Unknown.
15. Birthplace Unknown. (City or town) (State or foreign country)

16. Informant's **OWN** Signature Marie L. Peyton.
and Address 617. N. 16 st Boise, Idaho.

17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof June. 27. 1944 (Month) (Day) (Year)
(c) Place: Cloverdale Memorial Park.

18. Funeral Director's **OWN** Signature Summers Funeral Home. Clyde E. Summers
and Address Boise, Idaho.

19. (a) 6-29-44 (Date received and filed) (b) R. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June. 24. 19 44.
at 9 o'clock P.M.

21. **I HEREBY CERTIFY**, That I attended deceased from 4-1 1944, to 6-24 1944
I last saw him alive on 6-24 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Silicosis.	3 yrs
Due to Severe bronchiorrhoea	Nov. 1943
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? Idaho Gold mine
Name of operation .... Date ....
Major finding ....
Finding of autopsy ....

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? .... Suicide? .... Homicide? ....
Occurred .... 19.... City, county, state ....
Where violence occurred ....
Place of Violence: Home .... Farm .... Industry ....
Public Place .... While at work? ....
Means of injury ....

23. Attendant's **OWN** Signature L. H. C. Hamilton (M. D. or other)
and Address Boise Idaho Date 6-27 1944
(For additional space, use reverse side)

R39270

United States
Department of Commerce
Bureau of the Census

JUL 11 1944

Certificate Of Death

STATE OF IDAHO

State File No.
Local Reg. No. 109
Reg. Dist. No. 371

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise
   (c) Street Address or R.F.D. No. Rt. 3
   (d) Death Occured Inside? ..... Outside? x city or town
   (e) Died in a Home x Hospital ..... Institution ..... Other place .....
   (f) Name Hosp. or Inst. ..... Stayed ..... days
   (g) Lived in this county 42 years ..... months ..... days

   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Ada
   (c) City or town Boise
   (d) Street Address or R.F.D. No. Rt. 3
   (e) Deceased lived Inside? ..... Outside? xx city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 55 years
   (h) Former residence (city, state) Oregon

3. (a) **FULL NAME** Joseph Jefferson Minton

938

3. (b) If veteran, name war --
3. (c) Social Security No. --
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Mary Elizabeth
6. (c) Age of husband or wife if alive -- years
7. Date of Birth (Month, Day, Year) October 13, 1859

8. AGE	Years	Months	Days	If less than 1 day
	84	8	12	-- hrs -- min.

9. Exact Occupation Retired — Did this work for ..... yrs.
10. Industry or Business — Date last worked .....
11. Birthplace Cape Jordo, Missouri (City or town) (State or foreign country)

Mother Father
12. Name Willis J. Minton
13. Birthplace Cape Jordo, Missouri (City or town) (State or foreign country)

Mother
14. Maiden name Unknown
15. Birthplace ..... (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mrs Jos Kewley
and Address Boise, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/29/44 (Month) (Day) (Year)
(c) Place: Morris Hill Cemetery, Boise, Idaho

18. Funeral Director's **OWN** Signature McBagley
and Address Boise, Idaho

19. (a) 6-27-44 (Date received and filed) (b) L. Blake (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 25 19 44
at ..... o'clock ..... M.

21. **I HEREBY CERTIFY,** That I attended deceased from March 23 19 44 to June 21 19 44
I last saw him alive on June 21 19 44; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Bronchopneumonia	1 week
Due to Edema Lungs generalized	
Due to decompensation Heart	1-2 yrs
Due to old age myocardial fibrosis	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation ..... Date	
Major finding	
Finding of autopsy none	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature H. J. Pikler M.D. (M. D. or other)
and Address Boise, Ida Date June 26 19 44
(For additional space, use reverse side)

Paindexter

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

JUL 11 1944

State File No. 139271
Local Reg. No. 222
Reg. Dist. No. 370

1. PLACE OF DEATH:
(a) County Ada
(b) City or town Boise
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Home ..... Hospital X Institution ..... Other place
(f) Name Hosp. or Inst. St. Alph; Stayed ..... days
(g) Lived in this county 31 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Ada
(c) City or town Boise
(d) Street Address or R.F.D. No. 619 Washington
(e) Deceased lived Inside? X Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 31 years
(h) Former residence (city, state) Kansas

3. (a) **FULL NAME** Charles Gardner Allen 94 a

3. (b) If veteran, name war None
3. (c) Social Security No. 518-07-0093
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Allie
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) July 26th. 1880

8. AGE	Years	Months	Days	If less than 1 day
	63	10	29	hrs min.

9. Exact Occupation Journalist Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Kingsley (City or town) Iowa (State or foreign country)
Father
12. Name Thomas D. Allen
13. Birthplace England (City or town) (State or foreign country)
Mother
14. Maiden name Belle Peterson
15. Birthplace Penn: (City or town) (State or foreign country)
16. Informant's **OWN** Signature Mrs J C Swift
and Address 104 No 6th. Boise Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/27/1944 (Month) (Day) (Year)
(c) Place: Morris Hill Cemetery
18. Funeral Director's **OWN** Signature Schneider & McCann
and Address Milford Dragoo
19. (a) 6-26-44 (Date received and filed) (b) R. Shaap (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 25 1944
at 3:37 o'clock P M.
21. **I HEREBY CERTIFY**, That I attended deceased from 12/17 1942 to 6/25 1944
I last saw him alive on 6/25 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Coronary occlusion	immediate
Due to Coronary Sclerosis	2
Due to	
Other conditions Peripheral Vascular disease (Include pregnancy within 3 months of death)	3
Where was disease contracted?	
Name of operation — Date	
Major finding	
Finding of autopsy —	

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature S. W. Paindexter M.D. (M. D. or other)
and Address Boise, Idaho Date 6/26 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JUL 11 1944

Certificate Of Death

STATE OF IDAHO

State File No. 13927
Local Reg. No. 227
Reg. Dist. No. 37

1. **PLACE OF DEATH:**
(a) County Ada
(b) City or town Boise
(c) Street Address or R.F.D. No. 1st & Bannock
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Home .... Hospital X Institution .... Other place ....
(f) Name Hosp. or Inst. St. Lukes Stayed ..... days
(g) Lived in this county ..... years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Twin Falls
(c) City or town Twin Falls
(d) Street Address or R.F.D. No. 295 Locust
(e) Deceased lived Inside? X Outside? ..... city or town
(f) Citizen of what country? U.S.
(g) How long had deceased lived in Idaho? Life years
(h) Former residence (city, state) none

3. (a) **FULL NAME** Melvin Rolin Walker 52a

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Effie Walker
6. (c) Age of husband or wife if alive 61 years
7. Date of Birth (Month, Day, Year) Jan 24, 1882

8. AGE	Years	Months	Days	If less than 1 day
	62	5	21	hrs ..... min.

9. Exact Occupation Farmer — Did this work for Life yrs.
10. Industry or Business Own farm — Date last worked June 17, 1944
11. Birthplace Albion, Idaho (City or town) (State or foreign country)

Father
12. Name David Walker
13. Birthplace North Carolina (City or town) (State or foreign country)

Mother
14. Maiden name Eliza Jane Fanning
15. Birthplace Pettis Co. Mo. (City or town) (State or foreign country)

16. Informant's **OWN** Signature Merrill R. Walker
and Address 435 4th Ave. No. Twin Falls
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof June 27 1944 (Month) (Day) (Year)
(c) Place: Twin Falls, Ida.
18. Funeral Director's **OWN** Signature C. L. Lutz
and Address Twin Falls, Ida.
19. (a) 6-27-44 (Date received and filed) (b) R. L. Clark (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 26 1944
at 6:20 o'clock P M.
21. **I HEREBY CERTIFY**, That I attended deceased from June 22 1944 to June 26 1944
I last saw h[illegible] alive on June 26 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration
Post operative shock following removal of a Carcinoma
Due to Of right Kidney
Due to .....
Other conditions (Include pregnancy within 3 months of death) .....
Where was disease contracted?
Name of operation Nephrectomy Date 6-24-44
Major finding .....
Finding of autopsy .....

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature T. B. Keppler (M. D. or other)
and Address Boise Date 6-27 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census JUL 1 1944

Certificate Of Death

STATE OF IDAHO

State File No. 13923
Local Reg. No. 121
Reg. Dist. No. 37

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise
   (c) Street Address or R.F.D. No. 1906 Vista
   (d) Death Occured Inside? ..... Outside? X city or town
   (e) Died in a Home X Hospital.... Institution.... Other place....
   (f) Name Hosp. or Inst..... Stayed.....days
   (g) Lived in this county.....years .....months 7.....days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County.....
   (c) City or town Homedale
   (d) Street Address or R.F.D. No.....
   (e) Deceased lived Inside? X Outside?.....city or town
   (f) Citizen of what country? U.S.
   (g) How long had deceased lived in Idaho? 20 years
   (h) Former residence (city, state) Arizona

3. (a) **FULL NAME** Joseph Garland Hughes 130

3. (b) If veteran, name war.....
3. (c) Social Security No.....
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Dona M. Hughes
6. (c) Age of husband or wife if alive..... years
7. Date of Birth (Month, Day, Year) Nov. 28, 1875

8. AGE	Years	Months	Days	If less than 1 day
	68	6	28	hrs min.

9. Exact Occupation Service Station operator Did this work for .....yrs.
10. Industry or Business..... Date last worked .....
11. Birthplace Gurdon, Arkansas (City or town) (State or foreign country)
Father 12. Name William M. Hughes
Father 13. Birthplace Tenn. (City or town) (State or foreign country)
Mother 14. Maiden name Tennesse Hiaks
Mother 15. Birthplace Unknown (City or town) (State or foreign country)
16. Informant's **OWN** Signature Porter W. Hughes and Address 1906 Vista
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 27, 1944 (Month) (Day) (Year)
(c) Place: Wilder, Idaho
18. Funeral Director's **OWN** Signature [illegible] and Address Boise, Idaho
19. (a) 7-5-44 (Date received and filed) (b) R. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 26 19 44
at.....o'clock .....M.
21. **I HEREBY CERTIFY**, That I attended deceased from ..... 19..... to ..... 19.....
I last saw h..... alive on ..... 19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Acute Nephritis	June 10
Contraction of	
Due to Uraemia.	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation..... Date.....	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident?..... Suicide?..... Homicide?.....
Occurred..... 19..... City, county, state where violence occurred .....
Place of Violence: Home..... Farm..... Industry.....
Public Place..... While at work?.....
Means of injury .....
23. Attendant's **OWN** Signature Dorothy T. Nokes (M. D. or other)
and Address Boise Date 6-28 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census JUL 11 1944

Certificate Of Death

STATE OF IDAHO

State File No. 1392
Local Reg. No. 112
Reg. Dist. No. 371

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise
   (c) Street Address or R.F.D. No. Rt. 2
   (d) Death Occured Inside? ..... Outside? x city or town
   (e) Died in a Home x Hospital ..... Institution ..... Other place .....
   (f) Name Hosp. or Inst. ..... Stayed ..... days
   (g) Lived in this county 31 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Ada
   (c) City or town Boise
   (d) Street Address or R.F.D. No. Rt. 2
   (e) Deceased lived Inside? ..... Outside? xx city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 31 years
   (h) Former residence (city, state) Iowa

3. (a) **FULL NAME** Laura Gibson Davis

46E

3. (b) If veteran, name war ---
3. (c) Social Security No. ---
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Beden
6. (c) Age of husband or wife if alive 79 years
7. Date of Birth (Month, Day, Year) November 23, 1868

8. AGE	Years	Months	Days	If less than 1 day
	75	7	5	-- hrs -- min.

9. Exact Occupation Housewife Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Madrid, Iowa (City or town) (State or foreign country)

Father
12. Name William Gibson
13. Birthplace Kentucky (City or town) (State or foreign country)

Mother
14. Maiden name Lidia Ann Gilman
15. Birthplace Indiana (City or town) (State or foreign country)

16. Informant's OWN Signature Glenn E. Caskey
and Address 1519 Division St Boise, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/1/44 (Month) (Day) (Year)
(c) Place: Cloverdale Memorial Park, Boise, Ida
18. Funeral Director's OWN Signature [illegible]
and Address Boise, Idaho
19. (a) 6-30-44 (Date received and filed) (b) N. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 28 1944
at 7 o'clock a M.
21. **I HEREBY CERTIFY,** That I attended deceased from June 5 1944, to June 28 1944
I last saw her alive on June 25 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Intestinal Obstruction	10da
Due to Carcinoma	
Sigmoid 46E	2 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's OWN Signature L. E. Jewell (M. D. or other)
and Address Meridian Ida Date June 29 1944
(For additional space, use reverse side)

139275

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 139275
Local Reg. No. 120
Reg. Dist. No. 371

JUL 11 19??

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town 8 miles NW of Gowen Fld, Ida.
   (c) Street Address or R.F.D. No. --
   (d) Death Occured Inside? ... Outside? x ... city or town
   (e) Died in a Home ... Hospital ... Institution ... Other place x.
   (f) Name Hosp. or Inst. -- Stayed ... days
   (g) Lived in this county -- years 1 months 10 days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Missouri (b) County --
   (c) City or town Kansas City
   (d) Street Address or R.F.D. No. 2740 Holly St.
   (e) Deceased lived Inside? x ... Outside? ... city or town
   (f) Citizen of what country? U. S.
   (g) How long had deceased lived in Idaho? 1-10/30 years mo.
   (h) Former residence (city, state) See above

3. (a) **FULL NAME** DENNIS, Vernon R. 37726205

3. (b) If veteran, name war --
3. (c) Social Security No. --
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife --
6. (c) Age of husband or wife if alive -- years
7. Date of Birth (Month, Day, Year) 16 August 1925

8. AGE	Years	Months	Days	If less than 1 day
	18	10	13	hrs ... min.

9. Exact Occupation Aerial Gunner — Did this work for 7-20/30 mo.
10. Industry or Business U. S. Army — Date last worked 6-29-44
11. Birthplace Higginsville, Missouri (City or town) (State or foreign country)

Mother
12. Name James Ray Dennis
13. Birthplace Unknown (City or town) (State or foreign country)

Father
14. Maiden name Gladys May (Unknown)
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's **OWN** Signature Phillip C Pedersen
and Address Gowen Field, Boise, Idaho

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof July 2, 1944 (Month) (Day) (Year)
(c) Place: Kansas Mo

18. Funeral Director's **OWN** Signature [illegible]
and Address Boise Idaho

19. (a) 7-1-44 (Date received and filed) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 29 June 1944
at 9:32 o'clock P.M.

21. **I HEREBY CERTIFY**, That I attended deceased from -- 19-- to -- 19--
I last saw h-- alive on -- 19--; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Dismemberment, compound fracture of the skull with evulsion of	Instant-
Due to the brain, disintegration,	ly
partial incineration.	
Due to Airplane Accident.	
Other conditions -- (Include pregnancy within 3 months of death)	

Where was disease contracted? --
Name of operation -- Date --
Major finding --
Finding of autopsy See above

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? x Suicide? ... Homicide? ...
Occurred June 29 1944 City, county, state where violence occurred Ada County, Idaho
Place of Violence: Home ... Farm ... Industry ...
Public Place x While at work? ...
Means of injury Airplane Accident

23. Attendant's **OWN** Signature Frank L Fletcher
FRANK L. FIETCHER, LT COL. (M. D. or other) M.C.
and Address Gowen Field, Ida. Date 6-30 1944
(For additional space, use reverse side)

139270

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

JUL 11 1944

State File No.
Local Reg. No. 118
Reg. Dist. No. 371

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. PLACE OF DEATH:

(a) County Ada
(b) City or town 8 miles NW of Gowen Fld, Ida.
(c) Street Address or R.F.D. No. --
(d) Death Occured Inside?..... Outside? X city or town
(e) Died in a Home.... Hospital.... Institution.... Other place X
(f) Name Hosp. or Inst. -- Stayed ..... days
(g) Lived in this county ..... years 1 months 10 days

Note. For a person residing in THIS county LESS than 1 year. give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

(a) State Kansas (b) County --
(c) City or town Simpson
(d) Street Address or R.F.D. No. 1
(e) Deceased lived Inside?..... Outside? X city or town
(f) Citizen of what country? U.S.
(g) How long had deceased lived in Idaho? 1-10/30 ~~mo.~~ years
(h) Former residence (city, state) See above

3. (a) **FULL NAME** FREEMAN, Forrest Elroy 17119586 173

3. (b) If veteran, name war --
3. (c) Social Security No. --
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife --
6. (c) Age of husband or wife if alive -- years
7. Date of Birth (Month, Day, Year) 13 August 1916

8. AGE	Years	Months	Days	If less than 1 day
	27	10	16	hrs min.

9. Exact Occupation Soldier — Did this work for 1-8/12 yrs.
10. Industry or Business U. S. Army — Date last worked 6/29/44
11. Birthplace Simpson, Kansas (City or town) (State or foreign country)

Father
12. Name Earl J. Freeman
13. Birthplace Unknown (City or town) (State or foreign country)

Mother
14. Maiden name --
15. Birthplace -- (City or town) (State or foreign country)

16. Informant's **OWN** Signature Phillip C Pedersen
and Address Gowen Field, Boise, Idaho

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof July 2 1944 (Month) (Day) (Year)
(c) Place: Belot, Kansas

18. Funeral Director's **OWN** Signature Atherton Webb
and Address Boise, Idaho

19. (a) 7-1-44 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH
(Month, Day, Year) 29 June 1944
at 9:32 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from -- 19 --, to -- 19 --
I last saw h-- alive on -- 19 --; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Fractured skull, evisceration, partial incineration — Duration: Instantly
Due to Airplane Accident
Due to
Other conditions --
(Include pregnancy within 3 months of death)

Where was disease contracted? --
Name of operation -- Date
Major finding --
Finding of autopsy See above

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? X Suicide? Homicide?
Occurred 29 June 1944 City, county, state where violence occurred Ada County, Idaho
Place of Violence: Home Farm Industry
Public Place X While at work?
Means of injury Airplane Accident

23. Attendant's **OWN** Signature Frank L Fletcher
and Address Gowen Field, Idaho (M. D. or other) U. S. A.
FRANK L. FLETCHER, Lt Col
Date 6-30 1944

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

JUL 11 1944

State File No. 139217
Local Reg. No. 175
Reg. Dist. No. 371

1. PLACE OF DEATH:
(a) County Ada
(b) City or town 8 miles NW of Gowen Fld, Ida.
(c) Street Address or R.F.D. No. --
(d) Death Occured Inside? ..... Outside? x city or town
(e) Died in a Home.... Hospital.... Institution.... Other place x
(f) Name Hosp. or Inst. -- Stayed -- days
(g) Lived in this county -- years 20/30 months -- days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Missouri (b) County --
(c) City or town Kansas City
(d) Street Address or R.F.D. No. 2632 Elmwood
(e) Deceased lived Inside? x Outside? ..... city or town
(f) Citizen of what country? U.S.
(g) How long had deceased lived in Idaho? 20/30 ~~years~~ mo.
(h) Former residence (city, state) See above

3. (a) FULL NAME VON ARB, Niel Clark 0-723479

173

3. (b) If veteran, name war --
3. (c) Social Security No. --
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Betty Anne
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) July 26, 1917

8. AGE	Years	Months	Days	If less than 1 day
	26	11	3	hrs min.

9. Exact Occupation Navigator Did this work for 2-7/30 yrs.
10. Industry or Business U. S. Army Date last worked 6-29-44
11. Birthplace Missouri (City or town) (State or foreign country)
Father
12. Name Chalmer E. Von Arb
13. Birthplace Unknown (City or town) (State or foreign country)
Mother
14. Maiden name Cecile Irene (Unknown)
15. Birthplace Unknown (City or town) (State or foreign country)
16. Informant's OWN Signature Phillip C. Pedersen PHILLIP C. PEDERSEN
and Address Gowen Field, Boise, Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof July 2 1944 (Month) (Day) (Year)
(c) Place: Kansas City, Mo.
18. Funeral Director's OWN Signature Sherwin Webb
and Address Boise, Idaho
19. (a) 7-1-44 (Date received and filed) (b) N. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 29 June 1944
at 9:32 o'clock P.M.
21. **I HEREBY CERTIFY,** That I attended deceased from -- 19 -, to -- 19 -
I last saw h -- alive on -- 19 -; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Dismemberment, compound fracture of the skull with evulsion of the brain, disintegration, partial incineration.	Instantly
Due to Airplane accident	
Other conditions -- (Include pregnancy within 3 months of death)	
Where was disease contracted? --	PHYISCIAN Underline the cause to which death should be charged statistically.
Name of operation -- Date -	
Major finding --	
Finding of autopsy See above	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? x Suicide? ..... Homicide? .....
Occurred 29 June 1944 City, county, state where violence occurred Ada County, Idaho
Place of Violence: Home ..... Farm ..... Industry .....
Public Place x While at work? .....
Means of injury Airplane Accident
23. Attendant's OWN Signature Frank L. Fletcher
FRANK L. FLETCHER, LT COL, (M. D. or other) M.C.
and Address Gowen Field, Idaho Date 6-30 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JUL 11 1944

Certificate Of Death

STATE OF IDAHO

State File No. 139278
Local Reg. No. 116
Reg. Dist. No. 371

1. PLACE OF DEATH:
(a) County Ada
(b) City or town 8 miles NW of Gowen Fld, Ida
(c) Street Address or R.F.D. No. --
(d) Death Occured Inside? ..... Outside? x city or town
(e) Died in a Home .... Hospital .... Institution .... Other place x
(f) Name Hosp. or Inst. -- Stayed - days
(g) Lived in this county ..... years 1 months 10 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State California (b) County --
(c) City or town Santa Anna
(d) Street Address or R.F.D. No. 505 E. Bishop St.
(e) Deceased lived Inside? x Outside? ..... city or town
(f) Citizen of what country? U. S.
(g) How long had deceased lived in Idaho? 1-10/30 mo.
(h) Former residence (city, state) See above

3. (a) FULL NAME PAGENKOPP, Welton E. 39704156 173

3. (b) If veteran, name war --
3. (c) Social Security No. --
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife --
6. (c) Age of husband or wife if alive -- years
7. Date of Birth (Month, Day, Year) 22 February 1924

8. AGE	Years	Months	Days	If less than 1 day hrs min.
	20	4	7	

9. Exact Occupation Armament Gunner Did this work for 1 yrs.
10. Industry or Business U. S. Army Date last worked 6-29-44
11. Birthplace Santa Anna, California (City or town) (State or foreign country)
Father
12. Name Willard G. Pagenkopp
13. Birthplace Unknown (City or town) (State or foreign country)
Mother
14. Maiden name Nellie Fay (Unknown)
15. Birthplace Unknown (City or town) (State or foreign country)
16. Informant's OWN Signature Phillip C. Pedersen PHILLIP C. PEDERSEN
and Address Gowen Field, Boise, Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof July 2, 1944 (Month) (Day) (Year)
(c) Place: Santa Anna, Calif.
18. Funeral Director's OWN Signature Sherwin Webb
and Address Boise Idaho
19. (a) 7-1-44 (Date received and filed) (b) N. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) 29 June 1944
at 9:32 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from -- 19-, to -- 19-
I last saw h-- alive on -- 19--; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Dismemberment, compound fracture of the skull with evulsion of the brain, disintegration, partial incineration.	Instantly
Due to Airplane Accident	
Other conditions -- (Include pregnancy within 3 months of death)	
Where was disease contracted? --	PHYISCIAN Underline the cause to which death should be charged statistically.
Name of operation -- Date --	
Major finding --	
Finding of autopsy See above	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? x Suicide? ..... Homicide? .....
Occurred June 29 1944 City, county, state where violence occurred Ada County, Idaho
Place of Violence: Home ..... Farm ..... Industry .....
Public Place x While at work? .....
Means of injury Airplane Accident
23. Attendant's OWN Signature Frank L. Fletcher FRANK L. FLETCHER, LT COL. (M. D. or other) M.C.
and Address Gowen Field, Idaho Date 6-30 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JUL 1 1 1944

Certificate Of Death

STATE OF IDAHO

State File No. 139279
Local Reg. No. 117
Reg. Dist. No. 371

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town 8 miles NW of Gowen Fld, Ida.
   (c) Street Address or R.F.D. No. --
   (d) Death Occured Inside? ..... Outside? x city or town
   (e) Died in a Home .... Hospital .... Institution .... Other place ....
   (f) Name Hosp. or Inst. -- Stayed ..... days
   (g) Lived in this county - years 1 months 10 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Ohio (b) County --
   (c) City or town Cleveland
   (d) Street Address or R.F.D. No. 3427 W 49th St.
   (e) Deceased lived Inside? x Outside? ..... city or town
   (f) Citizen of what country? U.S.
   (g) How long had deceased lived in Idaho? 1-10/30 mo. years
   (h) Former residence (city, state) See above

3. (a) **FULL NAME** LAMM, James H. 35535027 173

3. (b) If veteran, name war --
3. (c) Social Security No. --
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Margaret
6. (c) Age of husband or wife if alive Unknown years
7. Date of Birth (Month, Day, Year) 15 September 1917

8. AGE	Years	Months	Days	If less than 1 day
	26	9	14	hrs min.

9. Exact Occupation Soldier — Did this work for 1-5/12 yrs.
10. Industry or Business U.S. Army — Date last worked 6-29-44
11. Birthplace Pennsboro, West Virginia (City or town) (State or foreign country)

Father
12. Name Unknown
13. Birthplace -- (City or town) (State or foreign country)

Mother
14. Maiden name Ethel (Unknown)
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's **OWN** Signature Phillip C. Pedersen PHILLIP C. PEDERSEN
and Address Gowen Field, Boise, Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof July 2, 1944 (Month) (Day) (Year)
(c) Place: Pennsboro, West Virginia
18. Funeral Director's **OWN** Signature Sherwin Webb
and Address Boise, Idaho
19. (a) 7-1-44 (Date received and filed) (b) R. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 29 June 1944
at 9:32 o'clock P.M.
21. **I HEREBY CERTIFY,** That I attended deceased from -- 19 -, to -- 19 -
I last saw h - alive on -- 19 -; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Dismemberment, compound fracture of the skull with evulsion of the brain, disintegration, partial incineration.	Instantly
Due to Airplane Accident	
Other conditions -- (Include pregnancy within 3 months of death)	
Where was disease contracted? --	PHYISCIAN Underline the cause to which death should be charged statistically.
Name of operation -- Date --	
Major finding --	
Finding of autopsy See above	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? x Suicide? ..... Homicide? .....
Occurred 29 June 1944. City, county, state where violence occurred Ada County, Idaho
Place of Violence: Home ..... Farm ..... Industry .....
Public Place x While at work? .....
Means of injury Airplane Accident
23. Attendant's **OWN** Signature Frank L. Fletcher
FRANK L. FLETCHER, LT COL, (M. D. or other) M.C.
and Address Gowen Field, Ida. Date 6-30 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JUL 11 1944

Certificate Of Death

STATE OF IDAHO

State File No. 139250
Local Reg. No. 114
Reg. Dist. No. 371

1. PLACE OF DEATH:
(a) County Ada
(b) City or town 8 miles NW of Gowen Fld, Ida.
(c) Street Address or R.F.D. No. --
(d) Death Occured Inside? ..... Outside? X city or town
(e) Died in a Home .... Hospital .... Institution .... Other place X
(f) Name Hosp. or Inst. -- Stayed -- days
(g) Lived in this county ..... years 1 months 10 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State New York (b) County Onondaga
(c) City or town Syracuse
(d) Street Address or R.F.D. No. --
(e) Deceased lived Inside? X Outside? ..... city or town
(f) Citizen of what country? U.S.
(g) How long had deceased lived in Idaho? 1-10/30 mo. years
(h) Former residence (city, state) See above

3. (a) FULL NAME MARTIN, JR., Edgar Bradley 0-829519 173

3. (b) If veteran, name war --
3. (c) Social Security No. --
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Anne R.
6. (c) Age of husband or wife if alive Unknown years
7. Date of Birth (Month, Day, Year) May 30, 1922

8. AGE	Years	Months	Days	If less than 1 day
	22	-	29	hrs min.

9. Exact Occupation Co-Pilot Did this work for 2½ ~~mo~~
10. Industry or Business U. S. Army Date last worked 6-29-44
11. Birthplace ---- (City or town) New York (State or foreign country)
Father
12. Name Edgar B. Martin
13. Birthplace Unknown (City or town) (State or foreign country)
Mother
14. Maiden name Emma L. (Unknown)
15. Birthplace Unknown (City or town) (State or foreign country)
16. Informant's OWN Signature Phillip C. Pedersen
and Address PHILLIP C. PEDERSEN Gowen Field, Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof July 2, 1944 (Month) (Day) (Year)
(c) Place: Syracuse, New York
18. Funeral Director's OWN Signature [illegible]
and Address Boise Idaho
19. (a) 7-1-44 (Date received and filed) (b) R. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) 29 June 1944
at 9:32 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from -- 19--, to -- 19--
I last saw h - alive on -- 19--; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Dismemberment, compound fracture of the skull with evulsion of ~~xxxxx~~ the brain, disintegration, partial incineration.	Instantly
Due to Airplane Accident	
Other conditions -- (Include pregnancy within 3 months of death)	
Where was disease contracted? --	PHYISCIAN Underline the cause to which death should be charged statistically.
Name of operation -- Date --	
Major finding —	
Finding of autopsy See above	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? X Suicide? ..... Homicide? .....
Occurred June 29 1944 City, county, state where violence occurred Ada County, Idaho
Place of Violence: Home ..... Farm ..... Industry .....
Public Place X While at work? .....
Means of injury Airplane Accident

23. Attendant's OWN Signature Frank L. Fletcher
FRANK L. FLETCHER, LT COL, (M. D. or other) M.C.
and Address Gowen Field, Ida. Date 6-30 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JUL 11 1944

Certificate Of Death

STATE OF IDAHO

State File No. 13928
Local Reg. No. 112
Reg. Dist. No. 371

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town 8 miles NW of Gowen Fld, Idaho
   (c) Street Address or R.F.D. No. — —
   (d) Death Occured Inside? ..... Outside? X city or town
   (e) Died in a Home.... Hospital.... Institution.... Other place X
   (f) Name Hosp. or Inst. — — Stayed — days
   (g) Lived in this county ..... years 1 months 10 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State New Jersey (b) County —
   (c) City or town Wenonah
   (d) Street Address or R.F.D. No. — —
   (e) Deceased lived Inside? X Outside? ..... city or town
   (f) Citizen of what country? U. S.
   (g) How long had deceased lived in Idaho? 1 10/30 mo.
   (h) Former residence (city, state) See above

3. (a) **FULL NAME** SOUTHARD, James Richard 0-824005 173

3. (b) If veteran, name war — 3. (c) Social Security No. —

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife — 6. (c) Age of husband or wife if alive — years

7. Date of Birth (Month, Day, Year) August 7, 1922

8. AGE	Years	Months	Days	If less than 1 day
	21	10	22	hrs min.

9. Exact Occupation Pilot Did this work for 4 21/30 mo. yrs.
10. Industry or Business U. S. Army Date last worked 6-29-44
11. Birthplace Camden (City or town) New Jersey (State or foreign country)

Mother Father
12. Name Samuel E. Southard
13. Birthplace Unknown (City or town) (State or foreign country)
14. Maiden name Ruth Euphemia (Unknown)
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's **OWN** Signature Phillip C Pedersen
and Address Gowen Field, Boise, Idaho

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof July 2, 1944 (Month) (Day) (Year)
(c) Place: Camden, New Jersey

18. Funeral Director's **OWN** Signature Atherton Bybee
and Address Boise, Idaho

19. (a) 7-1-44 (Date received and filed) (b) R Shaw (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 29 June 19 44
at 9:32 o'clock P. M.

21. **I HEREBY CERTIFY,** That I attended deceased from — 19 —, to — 19 —
I last saw h— alive on — 19 —; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Dismemberment, compound fracture of the skull with evulsion of the brain, disintegration, partial incineration.	Instantly.
Due to Airplane Accident	
Other conditions — (Include pregnancy within 3 months of death)	
Where was disease contracted? —	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation — Date —	
Major finding —	
Finding of autopsy See above	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? X Suicide? ..... Homicide? .....
Occurred June 29 19 44 City, county, state where violence occurred Ada County, Idaho
Place of Violence: Home ..... Farm ..... Industry .....
Public Place X While at work? .....
Means of injury Airplane Accident

23. Attendant's **OWN** Signature Frank L Fletcher M.C.
FRANK L. FLETCHER, LT COL, (M. D. or other) M.C.
and Address Gowen Fld, Idaho Date 6-30 19 44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JUL 1 1 194

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 139282
Local Reg. No. 123
Reg. Dist. No. 371

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise
   (c) Street Address or R. F. D. No. 1207 Broxon St
   (d) Death Occurred Inside? ___ Outside? X city or town
   (e) Died in a Home X Hospital ___ Institution ___ Other place ___
   (f) Name Hosp. or Inst. ___ Stayed ___ days
   (g) Lived in this county ___ years ___ months 7 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Elmore
   (c) City or town Mountain Home
   (d) Street Address or R. F. D. No. ___
   (e) Deceased lived Inside? ___ Outside? X city or town
   (f) Citizen of what country? ___
   (g) How long had deceased lived in Idaho? 58 years
   (h) Former residence (city, state) Mtn. Home Ida.

3. (a) **FULL NAME** WILLIE ETTA REEDY

92b

3. (b) If veteran, name war No.
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Charles W.
6. (c) Age of husband or wife if alive ___ years
7. Date of Birth (Month, Day, Year) September 23, 1870

8. AGE	Years	Months	Days	If less than 1 day
	74	9	7	hrs min.

9. Exact Occupation Housewife — Did this work for Life yrs.
10. Industry or Business Home — Date last worked 1934
11. Birthplace Chillcotta (City or town) Missouri (State or foreign country)

Father
12. Name Robert Grant
13. Birthplace Saline Co. (City or town) Mo. (State or foreign country)

Mother
14. Maiden name Nancy Brown
15. Birthplace (City or town) Missouri (State or foreign country)

16. Informant's OWN Signature Mrs. Virginia Beutler
and Address 1207 Broxon St Boise
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof June 30, 1944 (Month) (Day) (Year)
(c) Place: Mountain View Cemetery
18. Funeral Director's OWN Signature Felix J. Bey
and Address Mountain Home Idaho
19. (a) 7-8-44 (Date received and filed) (b) R. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 6/30 1944
at 1:30 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from 2/9 1944, to 6/22 1944
I last saw h___ alive on ___ 19___; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Coronary Sclerosis	1 wk
Due to Cardiac Decompensation	
Mitral Stenosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation ___ Date ___	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ___ Suicide? ___ Homicide? ___
Occurred ___ 19___ City, county, state where violence occurred ___
Place of Violence: Home ___ Farm ___ Industry ___
Public Place ___ While at work? ___
Means of injury ___
23. Attendant's OWN Signature [signature] (M. D. or other)
and Address Mt Home Date 7/5 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

JUL 11 1944

State File No. 13928
Local Reg. No. 230
Reg. Dist. No. 370

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise
   (c) Street Address or R.F.D. No. 1303 Manitou
   (d) Death Occured Inside? XX Outside? ..... city or town
   (e) Died in a Home X Hospital .... Institution .... Other place ....
   (f) Name Hosp. or Inst. ..... Stayed ..... days
   (g) Lived in this county 28 years ..... months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Ada
   (c) City or town Boise
   (d) Street Address or R.F.D. No. 1303 Manitou
   (e) Deceased lived Inside? XX Outside? ..... city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 28 years
   (h) Former residence (city, state) North Dakota

3. (a) **FULL NAME** Elizabeth Cleo Morrison

3. (b) If veteran, name war ....
3. (c) Social Security No. --
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife James A.
6. (c) Age of husband or wife if alive 62 years
7. Date of Birth (Month, Day, Year) November 8, 1892

8. AGE	Years	Months	Days	If less than 1 day
	51	7	22	-- hrs -- min.

9. Exact Occupation Housewife — Did this work for ..... yrs.
10. Industry or Business — Date last worked .....
11. Birthplace Olney, Illinois (City or town) (State or foreign country)

Mother Father
12. Name Joseph Weston
13. Birthplace ..... Illinois (City or town) (State or foreign country)
14. Maiden name Dora Jenner
15. Birthplace ..... Illinois (City or town) (State or foreign country)

16. Informant's **OWN** Signature James A. Morrison
and Address Boise, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/5/44 (Month) (Day) (Year)
(c) Place: Pioneer Cemetery, Boise, Idaho
18. Funeral Director's **OWN** Signature [illegible]
and Address Boise, Idaho
19. (a) 7-11-44 (Date received and filed) (b) R. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 30 1944
at 1:30 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from ..... 19..... to ..... 19.....
I last saw h... alive on ..... 19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Coronary Occlusion - Sudden death	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ..... Date .....
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature [illegible] MD (M. D. or other)
and Address Boise Date 6-30 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census JUL 10 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 133284
Local Reg. No.
Reg. Dist. No.

1. PLACE OF DEATH:
(a) County Adams
(b) City or town Council
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home Hospital. X Institution Other place
(f) Name Hosp. or Inst. Community Stayed 5 mons.
(g) Lived in this county 14 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Adams
(c) City or town Council
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) If foreign born, in U. S. yrs. Citizen of U. S.? Yes
(g) How long had deceased lived in Idaho? 50 years
(h) Former residence (city, state) —

3. (a) **FULL NAME** Lewis Patrick Wedding 516

3. (b) If veteran, name war No. 3. (c) Social Security No. None
4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife — 6 (c) Age of husband or wife if alive — years
7. Date of Birth (Month, Day, Year) Nov. 22, 1869

8. AGE	Years	Months	Days	If less than 1 day hrs	min.
	74	6	10		

9. Exact Occupation Retired Did this work for yrs.
10. Industry or Business Date last worked 1938
11. Birthplace Emporia (City or town), Kansas (State or foreign country)
Father 12. Name Patrick Henry Wedding
Father 13. Birthplace Unknown (City or town) (State or foreign country)
Mother 14. Maiden name Julia Jones
Mother 15. Birthplace Unknown (City or town) (State or foreign country)
16. Informant's **OWN** Signature Orrie E Lewis and Address Council, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 3, 1944 (Month) (Day) (Year)
(c) Place: Council, Idaho
18. Funeral Director's **OWN** Signature J. H. Anderson and Address Council, Idaho
19. (a) 6/5/44 (Date received and filed) (b) Registrar's signature

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 1 19 44
at 7:23 o'clock P. M.
21. I **HEREBY CERTIFY**, That I attended deceased from 1939 19, to June 1 19 44
I last saw him alive on June 1 19 44; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
ERYSIPELAS Head + face	2wks.
Due to Carcinoma Prostate 216	3yrs
Due to	
Other conditions Senility 516 (Include pregnancy within 3 months of death)	3yrs

Where was disease first contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury 0
23. Attendant's **OWN** Signature Alma Hunter MD (M. D. or other)
and Address Council Date 6-3 19 44
(For additional space, use reverse side)

United States
Department of Commerce
Bureau of the Census

JUL 10 1944

CERTIFICATE OF DEATH

STATE OF IDAHO

State File No. 139205
Local Reg. No.
Reg. Dist. No.

1. PLACE OF DEATH:

(a) County Adams
(b) City or town Council
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. Comunity Stayed days
(g) Lived in this county 1 years 7 months 23 days

Note For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)

(a) State Idaho (b) County Adams
(c) City or town Council
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Outside? Out city or town
(f) If foreign born, in U. S. yrs. Citizen of U. S.? 1 7
(g) How long had deceased lived in Idaho? years
(h) Former residence (city, state)

3. (a) **FULL NAME** Duane Alton Harrington 181

3. (b) If veteran, name war no
3. (c) Social Security No.
4. Sex Male
5. Color or race white Amr
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6 (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) October 14 1942

8. AGE	Years	Months	Days	If less than 1 day
	1	7	23	hrs min.

9. Exact Occupation 0 Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Council Idaho (City or town) (State or foreign country)

Father
12. Name Alton Clyde Harrington
13. Birthplace Council Ida (City or town) (State or foreign country)

Mother
14. Maiden name Susan Elizabeth Sipe
15. Birthplace idvale Idaho (City or town) (State or foreign country)

16. Informant's **OWN** Signature Alton Clyde Harrington and Address Council Idaho
17. (a) Burial (Burial, cremation or removal) (b) Date thereof 6 8 44 (Month) (Day) (Year)
(c) Place: Hornet creek
18. Funeral Director's **OWN** Signature J Atterdelson and Address Cambridge Ida
19. (a) 6/5/44 (Date received and filed) (b) Alan Hunter (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 6/5/44 19 at 10:05 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 6/5/44 19, to 6/5/44 19
I last saw him alive on 6/5/44 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
3rd Degree Burns.	7 hrs
of entire body except	
Due to anterior abdomen + chest	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease first contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? X Suicide? Homicide?
Occurred 6/5/44 19 City, county, state where violence occurred Adams Ida
Place of Violence: Home Farm Industry
Public Place X While at work? No
Means of injury Car burned up the child was sleeping in
23. Attendant's **OWN** Signature Alan Hunter MD (M. D. or other)
and Address Council Date 6/5 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JUL 10 1944

CERTIFICATE OF DEATH

STATE OF IDAHO

State File No. 1392[illegible]
Local Reg. No.
Reg. Dist. No.

1. PLACE OF DEATH:

(a) County Adams
(b) City or town Council
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? in Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Ins. Comunity Stayed days
(g) Lived in this county years months days

Note For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)

(a) State Idaho (b) County Washington
(c) City or town Cambridge
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Outside? ✓ city or town
(f) If foreign born, in U. S. yrs. Citizen of U. S.? Yes
(g) How long had deceased lived in Idaho? 42 years
(h) Former residence (city, state)

3. (a) **FULL NAME** Hariett Loretta Bailey Ware 83a

3. (b) If veteran, name war
3. (c) Social Security No.
5. Color or W
6. (a) Single, widowed, married, divorced Widdow
4. Sex Female race Amr
6. (b) Name of husband or wife
6 (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) March 25 1855

8. AGE	Years	Months	Days	If less than 1 day
	89	2	29	hrs min.

9. Exact Occupation Houswife Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Wane Co (City or town) Oregan (State or foreign country)

Father
12. Name Holland Bailey
13. Birthplace Unknown (City or town) (State or foreign country)

Mother
14. Maiden name Elizabeth McCollum
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's **OWN** Signature P. H. Ware
and Address Indian Valley Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-26 44 (Month) (Day) (Year)
(c) Place: Indian Valley
18. Funeral Director's **OWN** Signature J A Hudson
and Address Cambridge Id
19. (a) 6/24/44 (Date received and filed) (b) Alvin Hunter MD (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 6/23/44 19
at 12:30 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from 6/21 1944, to 6/23 1944
I last saw him alive on 6/23 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Apoplexy	4 days
Due to Hypertension 12 mos	years
Due to Senility	10 yrs
Other conditions (Include pregnancy within 3 months of death)	

Where was disease first contracted? None
Name of operation O Date
Major finding O
Finding of autopsy O

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? O Suicide? Homicide?
Occurred O 19 City, county, state
where violence occurred O
Place of Violence: Home O Farm Industry
Public Place O While at work?
Means of injury O
23. Attendant's **OWN** Signature Alvin Hunter MD (M. D. or other)
and Address Council Id Date 6/24 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JUL 12 1944

Certificate Of Death

STATE OF IDAHO

State File No. 1392[illegible]
Local Reg. No. 154
Reg. Dist. No. 310

1. **PLACE OF DEATH:**
(a) County Bannock
(b) City or town Pocatello
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? ✓ Outside? city or town
(e) Died in a Home Hospital ✓ Institution Other place
(f) Name Hosp. or Inst. General Stayed days
(g) Lived in this county years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Bannock
(c) City or town Pocatello
(d) Street Address or R.F.D. No. 230 S. Hayes
(e) Deceased lived Inside? ✓ Outside? city or town
(f) Citizen of what country? U. S. A.
(g) How long had deceased lived in Idaho? 17 years
(h) Former residence (city, state)

3. (a) **FULL NAME** Wanda Lee Thompson 170C

3. (b) If veteran, name war ✓
3. (c) Social Security No. 528-30-2931
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife ✓
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) March 5, 1927

8. AGE	Years	Months	Days	If less than 1 day
	17	2	26	hrs min.

9. Exact Occupation Telephone Operator Did this work for 3 mo. ~~yrs.~~
10. Industry or Business Mt. St. Tel. Co. Date last worked 5/31/44
11. Birthplace Pocatello Idaho (City or town) (State or foreign country)
Father
12. Name Eliga A. Thompson
13. Birthplace Centerville Iowa (City or town) (State or foreign country)
Mother
14. Maiden name Mary Armstrong
15. Birthplace Richmond Virginia (City or town) (State or foreign country)
16. Informant's **OWN** Signature Eliga A. Thompson
and Address 230 S. Hayes
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 6-3-44 (Month) (Day) (Year)
(c) Place: Mountainview
18. Funeral Director's **OWN** Signature Byron B. Downard
and Address Pocatello Idaho
19. (a) 6-3-1944 (Date received and filed) (b) D C Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 31 1944
at 9:30 o'clock A. M.
21. **I HEREBY CERTIFY**, That I attended deceased from May 31 1944, to May 31 1944.
I last saw her alive on May 31 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Respiratory paralysis	New minutes
Due to Skull fracture?	8½ hrs.
Shock	8½ hrs.
Due to Auto-accident	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? Idaho
Name of operation None Date
Major finding Shock
Finding of autopsy None

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Yes Suicide? Homicide?
Occurred 5/31 1944 City, county, state
Where violence occurred Portneuf Hill-Main Highway Bannock
Place of Violence: Home Farm Industry
Public Place Hiway While at work?
Means of injury Auto accident
Car turned over
23. Attendant's **OWN** Signature W. H. Hughart (M. D. or other)
and Address Pocatello Date 6/3 1944.
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

139239

United States
Department of Commerce
Bureau of the Census JUL 12 1944

Certificate Of Death

STATE OF IDAHO

State File No. .....
Local Reg. No. 156
Reg. Dist. No. 5/5

1. PLACE OF DEATH:
(a) County Bannock
(b) City or town Pocatello
(c) Street Address or No. So. Johnson Ave
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Home .... Hospital .X. Institution .... Other place ....
(f) Name Hosp. or Inst. General Stayed 6 days
(g) Lived in this county 52 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County County
(c) City or town Pocatello
(d) Street Address or No. 629 S. Harrison
(e) Deceased lived Inside? X Outside? ..... city or town
(f) Citizen of what country? U. S. A.
(g) How long had deceased lived in Idaho? 52 years
(h) Former residence (city, state) .....

3. (a) **FULL NAME** PETE CHRISTIAN M. JENSEN 935

3. (b) If veteran, name war ---
3. (c) Social Security No. .....
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced divorced
6. (b) Name of husband or wife Alta
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) October 27, 1882

8. AGE	Years	Months	Days	If less than 1 day
	61	7	12	hrs ..... min.

9. Exact Occupation Store keeper Did this work for 15 yrs.
10. Industry or Business Hill Bros. Garage Date last worked 5/28/44
11. Birthplace Denmark (City or town) (State or foreign country)

Father
12. Name Jens Christian Jensen
13. Birthplace Denmark (City or town) (State or foreign country)

Mother
14. Maiden name Christina M. Christensen
15. Birthplace Denmark (City or town) (State or foreign country)

16. Informant's **OWN** Signature E M Jensen
and Address Pocatello Ida.
17. (a) Buried (Burial, cremation, or removal) (b) Date thereof June 5 44 (Month) (Day) (Year)
(c) Place: Pocatello, Idaho
18. Funeral Director's **OWN** Signature H. L. McClain
and Address Pocatello, Idaho
19. (a) June 2, 1944 (Date received and filed) (b) D C Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 1, 1944
at 8:40 o'clock P. M.
21. **I HEREBY CERTIFY**, That I attended deceased from May 29 1944 to June 1 1944
I last saw him alive on June 1 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cardiac failure	
Due to Myocarditis &	
Due to Pneumothorax	5 yrs
Other conditions Spondylitis	
(Include pregnancy within 3 months of death)	

Where was disease contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature J. R. McMahon (M. D. or other)
and Address Pocatello, Ida. Date 6/2 1944
(For additional space, use reverse side)

139200

United States
Department of Commerce JUL 12 1944
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 167
Reg. Dist. No. 511

1. **PLACE OF DEATH:**
(a) County Bannock.
(b) City or town Pocatello
(c) Street Address or R. F. D. No. 101. So. Johnson.
(d) Death Occurred (Inside?) Outside? city or town
(e) Died in a Home (Hospital) Institution Other place
(f) Name Hosp. or Inst. General Stayed 1 days
(g) Lived in this county 25 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bannock
(c) City or town Alemeda
(d) Street Address or R. F. D. No. 804. McKinley
(e) Deceased lived (Inside?) Outside? city or town
(f) Citizen of what country? United States.
(g) How long had deceased lived in Idaho? 38 years
(h) Former residence (city, state) Colorado.

3. (a) **FULL NAME** Beatrice Smith.

1312

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or Albert H. Smith.
6. (c) Age of husband or wife if alive 57 years
7. Date of Birth (Month, Day, Year) December. 12. 1890

8. AGE	Years	Months	Days	If less than 1 day
	54	5	20	hrs min.

9. Exact Occupation House-wife Did this work for 30 yrs.
10. Industry or Business Own home Date last worked 6/1/1944
11. Birthplace (City or town) New Mexico. (State or foreign country)
Father
12. Name G. E. Booth.
13. Birthplace (City or town) England. (State or foreign country)
Mother
14. Maiden name Wilamina Kaisen.
15. Birthplace (City or town) Penn. (State or foreign country)
16. Informant's OWN Signature A H Smith
and Address Alemeda. Idaho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/5/1944. (Month) (Day) (Year)
(c) Place Mountain View Cem.
18. Funeral Director's OWN Signature Arthur W. Hall
and Address Pocatello, Idaho.
19. (a) 6-15-1944 (Date received and filed) (b) D C Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June. 1. 1944.
at 7:30 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from December 1941, to June 1 1944.
I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cardio-renal with	
Due to hypertension	4 yrs.
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted? Idaho	PHYSICIAN
Name of operation None Date	Underline the cause to which death should be charged statistically.
Major finding General edema	
Finding of autopsy None	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature H. H. Hughart (M. D. or other)
and Address Pocatello, Idaho Date 6/7 1944.
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JUL 12 1944

Certificate Of Death

STATE OF IDAHO

State File No. 13929
Local Reg. No. 159
Reg. Dist. No. 511

1. **PLACE OF DEATH:**
   (a) County Bannock
   (b) City or town Pocatello
   (c) Street Address ~~XXXXX~~ D. No. So. Johson Ave
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home .... Hospital X Institution .... Other place ....
   (f) Name Hosp. or Inst. General Stayed ..... days
   (g) Lived in this county 0 years 0 months 0 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Bannock
   (c) City or town Pocatello
   (d) ~~XXXXXXXXXXXX~~ R.F.D. No. 2 North
   (e) Deceased lived Inside? X Outside? ..... city or town
   (f) Citizen of what country? U. S. A.
   (g) How long had deceased lived in Idaho? ..... years
   (h) Former residence (city, state) .....

3. (a) **FULL NAME** INFANT OLDENKAMP

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3. (b) If veteran, name war -----
3. (c) Social Security No. -----
4. Sex male
5. Color or race White
6. (a) Single, widowed, married, divorced infant
6. (b) Name of husband or wife -----
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) June 4, 1944

8. AGE	Years	Months	Days	If less than 1 day
	0	0	0	12 hrs min.

9. Exact Occupation ---- Did this work for ---- yrs.
10. Industry or Business ---- Date last worked ----
11. Birthplace Pocatello, Idaho (City or town) (State or foreign country)

Father
12. Name Howard J. Oldenkamp
13. Birthplace Grove City, Minnesota (City or town) (State or foreign country)

Mother
14. Maiden name Julia R. Knudson
15. Birthplace Brownsville, Penn. (City or town) (State or foreign country)

16. Informant's **OWN** Signature Famous Knudsen
and Address Pocatello, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 6, '44 (Month) (Day) (Year)
(c) Place: Pocatello, Idaho

18. Funeral Director's **OWN** Signature H L McKay
and Address Pocatello, Idaho

19. (a) June 6/44 (Date received and filed) (b) D C Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 4 19 44
at 5:15 o'clock P M.

21. **I HEREBY CERTIFY**, That I attended deceased from 6-4- 1944, to 6-4 1944
I last saw h im alive on 6-4 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Premature birth	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature D C Ray (M.D. or other)
and Address Pocatello, Ida. Date 6/6 19 44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census JUL 12 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 139291
Local Reg. No. 159
Reg. Dist. No. 571

1. **PLACE OF DEATH:**
(a) County Power
(b) City or town Pocatello AAFld, Idaho
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home ____ Hospital X Institution ____ Other place ____
(f) Name Hosp. or Inst. AAF Sta Hosp Stayed 10 Min.
(g) Lived in this county 0 years 0 months 5 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Illinois (b) County ____
(c) City or town Chicago
(d) Street Address or R. F. D. No. 822 N Springfield Av.
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 5 days years
(h) Former residence (city, state) Harding Fld, La.

3. (a) FULL NAME BUZZANCA, FRANK A. F/O AC T-2937 173

3. (b) If veteran, name war None
3. (c) Social Security No. Unknown
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife ____
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) April 6, 1924

8. AGE	Years	Months	Days	If less than 1 day
	20	1	29	hrs ____ min.

9. Exact Occupation Pilot — Did this work for 2½ Mos.
10. Industry or Business U.S. Army — Date last worked June 5, 44
11. Birthplace Chicago (City or town) (State or foreign country)

Father
12. Name Nicholas Buzzanca
13. Birthplace Italy (City or town) (State or foreign country)

Mother
14. Maiden name Unknown
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's OWN Signature Army Records
and Address AAF Sta Hosp, Pocatello AAFld, Ida
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 6/7/1944 (Month) (Day) (Year)
(c) Place: ____
18. Funeral Director's OWN Signature Arthur J. Hall
and Address Pocatello Ida
19. (a) 6-7-1944 (Date received and filed) (b) D Clay (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 5 June 1944
at 5:45 MWT o'clock P.M.

21. **I HEREBY CERTIFY,** That I attended deceased from ____ 19____, to ____ 19____
I last saw h____ alive on ____ 19____; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Evisceration of brain	10 Min
Due to Skull fracture	10 Min
Due to Aircraft Accident	10 Min
Other conditions Lacerations of Left forearm (Include pregnancy within 3 months of death)	10 Min

Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy Not done

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Yes Suicide? ____ Homicide? ____
Occurred June 5 1944 City, county, state where violence occurred Power County, Idaho
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury Aircraft Accident

23. Attendant's OWN Signature Donald E. Higgins Maj. MC. (M. D. or other)
and Address AAFld, Pocatello Date 6 June 1944

(For additional space, use reverse side)

United States
Department of Commerce
Bureau of the Census

JUL 12 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 139292
Local Reg. No. 16 c
Reg. Dist. No. 37

1. **PLACE OF DEATH:**
(a) County Power
(b) City or town Pocatello AAFld, Idaho
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home ____ Hospital ____ Institution ____ Other place X
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 0 years 0 months 5 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Oregon (b) County
(c) City or town Corvallis
(d) Street Address or R. F. D. No. 460 Jefferson St.
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 5 Days ~~years~~
(h) Former residence (city, state)

3. (a) FULL NAME FISCHER, WILLIAM F. F/O AC T-2996

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3. (b) If veteran, name war None
3. (c) Social Security No. Unknown
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife - - -
6. (c) Age of husband or wife if alive - - - years
7. Date of Birth (Month, Day, Year) February 13, 1924

8. AGE	Years	Months	Days	If less than 1 day
	20	3	22	hrs ____ min.

9. Exact Occupation Pilot — Did this work for 2½ Mos.
10. Industry or Business U. S. Army — Date last worked 5 June 44
11. Birthplace Corvallis, Oregon (City or town) (State or foreign country)

Father
12. Name Frederick S. Fischer
13. Birthplace U.S.A. (City or town) (State or foreign country)

Mother
14. Maiden name Anna C.
15. Birthplace U.S.A. (City or town) (State or foreign country)

16. Informant's OWN Signature Army Records
and Address AAF Sta Hosp, Pocatello AAFld, Ida.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 6/8/1944 (Month) (Day) (Year)
(c) Place: Corvallis, Ore.
18. Funeral Director's OWN Signature Arthur P. Hall
and Address Pocatello Ida
19. (a) 6-7-1944 (Date received and filed) (b) D. C. Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 5 1944
at 5:35 MWT o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from ____ 19____, to ____ 19____
I last saw h____ alive on ____ 19____; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Decapitation	Instant
Due to Aircraft Accident	Instant
Due to	
Other conditions Compound fracture of (Include pregnancy within 3 months of death)	
R wrist and R femur	Instant
Where was disease contracted?	
Name of operation ____ Date ____	
Major finding	
Finding of autopsy Not done	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Yes Suicide? ____ Homicide? ____
Occurred June 5 1944 City, county, state where violence occurred Power County, Idaho
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? Yes
Means of injury Aircraft Accident
23. Attendant's OWN Signature Donald E. Higgins Maj. MC (M. D. or other)
and Address AAFld Pocatello Date June 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JUL 12 1944

CERTIFICATE OF DEATH

STATE OF IDAHO

State File No. 139203
Local Reg. No. 161
Reg. Dist. No. 511

1. PLACE OF DEATH:

(a) County Bannock
(b) City or town Pocatello
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. General Stayed 1 days
(g) Lived in this county 6 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)

(a) State Idaho (b) County Bear Lake
(c) City or town Wardboro
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) If foreign born, in U. S. yrs. Citizen of U. S.?
(g) How long had deceased lived in Idaho? 6 years
(h) Former residence (city, state)

3. (a) **FULL NAME** Gary Rood Edghill

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3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6 (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) July 5, 1937

8. AGE	Years	Months	Days	If less than 1 day
	6	11	1	hrs min.

9. Exact Occupation At home Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Wardboro (City or town) Idaho. (State or foreign country)

Father
12. Name Milton Warfield Edghill
13. Birthplace Omaha (City or town) Nebraska (State or foreign country)

Mother
14. Maiden name Rhea Georgia Horsley
15. Birthplace Soda Springs, Idaho. (City or town) (State or foreign country)

16. Informant's **OWN** Signature Milton W. Edghill
and Address Montpelier, Idaho.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof June 6, 1944 (Month) (Day) (Year)
(c) Place: Montpelier, Idaho.
18. Funeral Director's **OWN** Signature Frank M. Williams
and Address Montpelier, Idaho
19. (a) 6-6-44 (Date received and filed) (b) D. C. Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June, 6, 1944
at o'clock M.
21. **I HEREBY CERTIFY,** That I attended deceased from June 6 1944 to June 6 1944
I last saw him alive on June 6 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Respiratory Paralysis — Duration

Due to

Due to Patient died while under ether
Other conditions anesthetic from respiratory paralysis due to status lymphaticus.
(Include pregnancy within 3 months of death)

Where was disease first contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature Wm L. Clathier (M. D. ~~or other~~)
and Address Box 1230 Pocatello Date 6-9 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

139294

United States
Department of Commerce JUL 12 1944
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 139294
Local Reg. No. 167
Reg. Dist. No. 571

1. **PLACE OF DEATH:**
(a) County Bannock
(b) City or town Lava Hot Springs
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? ✓ Outside? ____ city or town
(e) Died in a Home ____ Hospital ____ Institution ____ Other place ✓
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 6 years 0 months 24 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County [redacted]
(c) City or town Boise
(d) Street Address or R. F. D. No. 407 West Jefferson
(e) Deceased lived Inside? ✓ Outside? ____ city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 50 years
(h) Former residence (city, state) Odessa Russia

3. (a) **FULL NAME** Fred Brose 183

3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Christine
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) Sept. 10. 1868.

8. AGE	Years	Months	Days	If less than 1 day
	76	8	27	hrs ____ min.

9. Exact Occupation Farmer — Did this work for ____ yrs.
10. Industry or Business Retired — Date last worked
11. Birthplace Unknown (City or town) (State or foreign country)
Father 12. Name Unknown
Father 13. Birthplace Unknown (City or town) (State or foreign country)
Mother 14. Maiden name Unknown
Mother 15. Birthplace Unknown (City or town) (State or foreign country)
16. Informant's OWN Signature Mrs. Fred Brose and Address Rupert Idaho
17. (a) Cremated (Burial, cremation or removal) (b) Date thereof 6-9-44 (Month) (Day) (Year)
(c) Place: Boise Idaho
18. Funeral Director's OWN Signature Rothwell Chapman and Address Rupert Idaho
19. (a) 6-10-44 (Date received and filed) (b) W. C. Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 6 1944
at ____ o'clock ____ M.

21. **I HEREBY CERTIFY,** That I attended deceased from ____ 19____, to ____ 19____
I last saw h____ alive on ____ 19____; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Accidental Drowning found dead in private pool	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ____ Date ____
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ✓ Suicide? ____ Homicide? ____
Occurred June 6 1944 City, county, state where violence occurred White Horse Hotel
Place of Violence: Home ____ Farm ____ Industry ____
Public Place Hotel While at work? No
Means of injury

23. Attendant's OWN Signature Anthony W. Hall (M. D. or Coroner)
and Address Preston Date June 7 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

139295

United States
Department of Commerce
Bureau of the Census

JUL 12 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 762
Local Reg. No.
Reg. Dist. No. 571

1. **PLACE OF DEATH:**
(a) County Power
(b) City or town Pocatello AAFld, Idaho
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home Hospital Institution Other place X
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 0 years 0 months 8 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Texas (b) County
(c) City or town Victoria
(d) Street Address or R. F. D. No. 1003 N.E. St
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 8 days years
(h) Former residence (city, state) Harding Field, La.

3. (a) FULL NAME TAYLOR, CARLTON F., Jr. 2nd Lt. AC 0-770000 173

3. (b) If veteran, name war None
3. (c) Social Security No. Unknown
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lou Rayne
6. (c) Age of husband or wife if alive Unknown years
7. Date of Birth (Month, Day, Year) January 20, 1923

8. AGE	Years	Months	Days	If less than 1 day
	21	4	17	hrs min.

9. Exact Occupation Pilot — Did this work for 3 Mos yrs.
10. Industry or Business U. S. Army — Date last worked 8 Jun 44
11. Birthplace Victoria, Texas (City or town) (State or foreign country)
Father
12. Name Unknown
13. Birthplace Unknown (City or town) (State or foreign country)
Mother
14. Maiden name Unknown
15. Birthplace Unknown (City or town) (State or foreign country)
16. Informant's OWN Signature Army Records
and Address AAF sta Hospl Pocatello AAFld, Ida.
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place:
18. Funeral Director's OWN Signature Gordon M. Hall
and Address Pocatello, Idaho
19. (a) 6-8-44 (Date received and filed) (b) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 7 1944
at 4:14 MWT o'clock P.M.
21. **I HEREBY CERTIFY,** That I attended deceased from 19 , to 19
I last saw h alive on 19 ; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Evisceration of cranial contents	Instant
Due to Skull fracture	Instant
Due to Aircraft Accident	Instant
Other conditions Maltiple fractures & third degree burns (Include pregnancy within 3 months of death)	Instant

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy Same as above.

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Yes Suicide? Homicide?
Occurred June 7 1944 City, county, state where violence occurred AAFld, Power Cty, Idaho
Place of Violence: Home Farm Industry
Public Place While at work? Yes
Means of injury Aircraft Accident
23. Attendant's OWN Signature Jay M. Faulkner M.D.
and Address Pocatello, AAFld, Ida. Date June 8 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 139[illegible]
Local Reg. No. 164
Reg. Dist. No. 510

JUL 12 1944

1. **PLACE OF DEATH:**
   (a) County Bannock
   (b) City or town Pocatello
   (c) Street Address ~~XXXXXX~~ No. 738 W. Bonneville
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home X Hospital.... Institution.... Other place....
   (f) Name Hosp. or Inst. ..... Stayed ..... days
   (g) Lived in this county 32 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Bannock
   (c) City or town Pocatello
   (d) Street Address ~~XXXXXX~~ No. 738 W. Bonneville
   (e) Deceased lived Inside? X Outside? ..... city or town
   (f) Citizen of what country? U. S. A.
   (g) How long had deceased lived in Idaho? 32 years
   (h) Former residence (city, state) Logan, Utah

3. (a) **FULL NAME** WILLARD RICHARD JACOBSEN

3. (b) If veteran, name war ---
3. (c) Social Security No. -----
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife -----
6. (c) Age of husband or wife if alive ---- years
7. Date of Birth (Month, Day, Year) November 7, 1870

8. AGE	Years	Months	Days	If less than 1 day
	73	7	2	hrs min.

9. Exact Occupation Retired farmer Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Slagelse, Denmark (City or town) (State or foreign country)

Father
12. Name Ferdinand Jacobsen
13. Birthplace Denmark (City or town) (State or foreign country)

Mother
14. Maiden name Carloline Lund
15. Birthplace Nyborg, Denmark (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mrs Paul Allen
and Address Pocatello, Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 6/9/44 (Month) (Day) (Year)
(c) Place: Logan, Utah
18. Funeral Director's **OWN** Signature H. L. McHan
and Address Pocatello, Idaho
19. (a) June 9/44 (Date received and filed) (b) D. C. Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 9 1944
at 5:25 o'clock a. M.
21. **I HEREBY CERTIFY**, That I attended deceased from ..... 19..... to June 9 1944
I last saw him alive on June 9 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Pneumonia
Due to Y prostate
Due to
Other conditions
(Include pregnancy within 3 months of death)

Duration

Where was disease contracted?
Name of operation ..... Date .....
Major finding
Finding of autopsy

PHYISCIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature [signature] (M. D. or other)
and Address Pocatello Date 6/9 1944
(For additional space, use reverse side)

139297

United States
Department of Commerce
Bureau of the Census

JUL 12 1944

Certificate Of Death

STATE OF IDAHO

State File No.
Local Reg. No. 165
Reg. Dist. No. 511

1. **PLACE OF DEATH:**
(a) County Bannock
(b) City or town Pocatello
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? ✓ Outside? city or town
(e) Died in a Home Hospital ✓ Institution Other place
(f) Name Hosp. or Inst. St Anthony Stayed days
(g) Lived in this county years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Georgia (b) County Hall
(c) City or town near Gainsville Ga.
(d) Street Address or R.F.D. No. R.F.D.
(e) Deceased lived Inside? Outside? ✓ city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 1 mo. ~~years~~
(h) Former residence (city, state) Georgia

3. (a) **FULL NAME** John Cecil Hall 91C

3. (b) If veteran, name war ✓
3. (c) Social Security No. none
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife ✓
6. (c) Age of husband or wife if alive ✓ years
7. Date of Birth (Month, Day, Year) July 5, 1929

8. AGE	Years	Months	Days	If less than 1 day
	14	11	5	hrs min.

9. Exact Occupation none Did this work for yrs.
10. Industry or Business none Date last worked
11. Birthplace Hall County Georgia (City or town) (State or foreign country)
Father
12. Name Byron Hall
13. Birthplace North Carolina (City or town) (State or foreign country)
Mother
14. Maiden name Prudence Caler
15. Birthplace North Carolina (City or town) (State or foreign country)
16. Informant's **OWN** Signature X Kate M. Hall
and Address 449 So 12 St
17. (a) removal (Burial, cremation, or removal) (b) Date thereof 6-12-44 (Month) (Day) (Year)
(c) Place: Gainsville, Georgia
18. Funeral Director's **OWN** Signature Byron B. Downard
and Address Pocatello Idaho
19. (a) 6-12-44 (Date received and filed) (b) D C Kay (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 10 1944
at 2 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from 5-10, 1944, to 6-10 1944
I last saw him alive on 6-10 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cardiac Insufficiency	
Due to Endocarditis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYISCIAN Underline the cause to which death should be charged statistically.
Name of operation T & A. Date 5-31-44	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state
where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature R R Russell M.D. (M. D. or other)
and Address Pocatello Date 6-12 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JUL 12 1944

Certificate Of Death

STATE OF IDAHO

State File No. 1332
Local Reg. No. 168
Reg. Dist. No. 510

1. **PLACE OF DEATH:**
   (a) County Bannock
   (b) City or town Pocatello
   (c) Street Address or R.F.D. No. No. of City
   (d) Death Occured Inside? (Outside?) city or town
   (e) Died in a Home.... Hospital.... Institution.... (Other place.)
   (f) Name Hosp. or Inst..... Stayed.....days
   (g) Lived in this county 16 years 8 months 14 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Bannock
   (c) City or town Pocatello
   (d) Street Address or R.F.D. No. 1346 So. 2nd. Ave
   (e) Deceased lived (Inside) Outside? city or town
   (f) Citizen of what country? United States
   (g) How long had deceased lived in Idaho? 16 years
   (h) Former residence (city, state) None

3. (a) **FULL NAME** Donald Dean Boyce. 170C

3. (b) If veteran, name war None
3. (c) Social Security No. 518-24-9401
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Sept. 27. 1927.

8. AGE	Years	Months	Days	If less than 1 day
	16	8	14	hrs min.

9. Exact Occupation Creamery-helper Did this work for One yrs.
10. Industry or Business Mutual Creamery Date last worked June/10/44
11. Birthplace Pocatello (City or town) Idaho. (State or foreign country)

Father
12. Name George Franklin Boyce.
13. Birthplace Lewisville, (City or town) Idaho. (State or foreign country)

Mother
14. Maiden name Lena T. Bauman.
15. Birthplace Bozeman, (City or town) Montana. (State or foreign country)

16. Informant's **OWN** Signature Frank T Boyce
and Address Pocatello, Idaho.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 6/15, 1944. (Month) (Day) (Year)
(c) Place: Lewisville, Idaho.
18. Funeral Director's **OWN** Signature Arthur M Hall
and Address Hall Mortuary, Pocatello, Idaho.
19. (a) 6-15-1944 (Date received and filed) (b) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June. 10. 1944.
at o'clock M.
21. **I HEREBY CERTIFY**, That I attended deceased from 19, to 19
I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Fractured Skull Car Accident — Duration
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Where was disease contracted? —
Name of operation — Date —
Major finding —
Finding of autopsy None held

PHYISICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred June 10 - 1944 City, county, state where violence occurred Highway #91 North
Place of Violence: Home Farm Industry
Public Place ✓ While at work?
Means of injury Auto Accident
Car ran off narrow bridge on main Hiway #91
23. Attendant's **OWN** Signature Arthur M Hall Coroner
and Address Pocatello, Idaho (M. D. or Coroner) Date 6/ 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JUL 12 1944

Certificate Of Death

STATE OF IDAHO

State File No. 139299
Local Reg. No. 166
Reg. Dist. No. 510

1. **PLACE OF DEATH:**
(a) County Bannock
(b) City or town Pocatello
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? — Outside? city or town
(e) Died in a Home Hospital — Institution Other place
(f) Name Hosp. or Inst. St. Anthony Stayed 1 days
(g) Lived in this county years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Bannock
(c) City or town Pocatello
(d) Street Address or R.F.D. No. 257 N. 10th
(e) Deceased lived Inside? — Outside? city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 49 years
(h) Former residence (city, state) Georgia

3. (a) **FULL NAME** Frank Merrithew Porter 1176

3. (b) If veteran, name war —
3. (c) Social Security No. 519-18-4197
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Lucy
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) October 20, 1887

8. AGE	Years	Months	Days	If less than 1 day
	56	7	21	hrs min.

9. Exact Occupation Mechanic Did this work for 30 yrs.
10. Industry or Business U.S. Naval Gun Plant Date last worked 6-6-44
11. Birthplace Louisville (City or town) Georgia (State or foreign country)
Father 12. Name Frank Merrithew Porter
Father 13. Birthplace Md. (City or town) (State or foreign country)
Mother 14. Maiden name Lessie Byron
Mother 15. Birthplace Dixon Co. of Tenn (City or town) (State or foreign country)
16. Informant's **OWN** Signature Mrs. F. M. Porter
and Address 257 N. 10th
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-14-44 (Month) (Day) (Year)
(c) Place: Mountainview
18. Funeral Director's **OWN** Signature Byron B. Howard
and Address Pocatello Idaho
19. (a) 6-13-1944 (Date received and filed) (b) D. Kay (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June, 11, 1944
at 5 o'clock A M.

21. **I HEREBY CERTIFY**, That I attended deceased from November 18 1943, to June 11 1944
I last saw him alive on June 10 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration

Peritonitis - generalized — 1 day
Due to Perforation of duodenum — 1 day
Due to Amebic ulcer — 3 months
Other conditions — (Include pregnancy within 3 months of death)

Where was disease contracted?
Name of operation Closure of perf. Date 6/8/44
Major finding Perforation of duodenum
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature Ralph B. Hegsted M.D. (M. D. or other)
and Address Pocatello, Idaho Date 6/12 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

JUL 12 1944

State File No. 13930
Local Reg. No. 169
Reg. Dist. No. 310

1. **PLACE OF DEATH:**
   (a) County Bannock
   (b) City or town Pocatello
   (c) Street Address or R.F.D. No. 338. West Clark.
   (d) Death Occured (Inside?) Outside? city or town
   (e) Died in a Home (Hospital.) Institution Other place
   (f) Name Hosp. or Inst. Lynn Bros. Stayed 3Hrs. days
   (g) Lived in this county 4 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Bannock
   (c) City or town Pocatello
   (d) Street Address or R.F.D. No. 427. No. Arthur.
   (e) Deceased lived (Inside?) Outside? city or town
   (f) Citizen of what country? United States.
   (g) How long had deceased lived in Idaho? years
   (h) Former residence (city, state)

3. (a) **FULL NAME** Gladys Katherine Carlton. 1486

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Wilson Carlton 6. (c) Age of husband or wife if alive 24 years

7. Date of Birth (Month, Day, Year) November. 5. 1918.

8. AGE	Years	Months	Days	If less than 1 day
	25	7	11	hrs min.

9. Exact Occupation House-wife Did this work for yrs.

10. Industry or Business Own Home Date last worked

11. Birthplace Montpelier. (City or town) Idaho. (State or foreign country)

Mother Father
12. Name Fredrick Ferdinand Bucher
13. Birthplace Switzerland. (City or town) (State or foreign country)

Mother Father
14. Maiden name Catherine Short.
15. Birthplace London. (City or town) England. (State or foreign country)

16. Informant's **OWN** Signature Wilson Carlton and Address Pocatello. Idaho.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/21/1944. (Month) (Day) (Year)
   (c) Place: Mountain View Cem.

18. Funeral Director's **OWN** Signature Hall Mortuary. and Address Pocatello. Idaho.

19. (a) 6-20-44 (Date received and filed) (b) D C May (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June. 16. 1944.
   at 6 15 o'clock P M.

21. **I HEREBY CERTIFY**, That I attended deceased from May 14 1944 to June 16 1944
   I last saw h[illegible] alive on June 16 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Brain abscess	
Cerebral Pulgency	
Due to Encephalitis	
Due to pregnancy	
Other conditions acute nephritis	13

(Include pregnancy within 3 months of death)

Where was disease contracted? Home
Name of operation Delivery Date 6-16-44
Major finding Baby Cesarean
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
   Occurred 19 City, county, state where violence occurred
   Place of Violence: Home Farm Industry
   Public Place While at work?
   Means of injury

23. Attendant's **OWN** Signature [illegible] (M. D. or other)
   and Address Pocatello, Idaho. Date 6/19 1944
   (For additional space, use reverse side)

United States
Department of Commerce
Bureau of the Census

JUL 12 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 13930
Local Reg. No. 170
Reg. Dist. No. 511

1. **PLACE OF DEATH:**
(a) County Bannock
(b) City or town Pocatello
(c) Street Address or R. F. D. No. 605.No.7th.Ave.
(d) Death Occurred (Inside?) ____ Outside? ____ city or town
(e) Died in a Home (Hospital) Institution Other place
(f) Name Hosp. or Inst. St.Anthony Stayed 3 days
(g) Lived in this county ____ years ____ months 3 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Custer
(c) City or town Mackey
(d) Street Address or R. F. D. No.
(e) Deceased lived (Inside?) ____ Outside? ____ city or town
(f) Citizen of what country? United States
(g) How long had deceased lived in Idaho? 3 Days years
(h) Former residence (city, state) None

3. (a) FULL NAME Max Keller.

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3. (b) If veteran, name war ____ 3. (c) Social Security No. ____
4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife ____ 6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) June. 15. 1944.

8. AGE	Years	Months	Days	If less than 1 day
	---	----	3	hrs min.

9. Exact Occupation Infant Did this work for ____ yrs.
10. Industry or Business ____ Date last worked ____
11. Birthplace Mackey. (City or town) Idaho. (State or foreign country)
Father
12. Name Vernal Edward Keller.
13. Birthplace Rigby. (City or town) Idaho. (State or foreign country)
Mother
14. Maiden name Thaylus Barker.
15. Birthplace Lorenzo. (City or town) Idaho. (State or foreign country)
16. Informant's OWN Signature Vernal Keller
and Address Mackey. Idaho.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 6/19/1944. (Month) (Day) (Year)
(c) Place: Rigby. Idaho.
18. Funeral Director's OWN Signature Arthur M Hall
and Address Pocatello. Idaho.
19. (a) 6-19-1944 (Date received and filed) (b) D C Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June.18. 1944
at 12:30 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from June 17 1944, to June 18 1944
I last saw him alive on June 18 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Congenital Heart disease	3 days
Due to	
Due to	
Other conditions Prematurity (Include pregnancy within 3 months of death)	3 days
Heart Lip, Cleft Palate	
Where was disease contracted?	PHYSICIAN
Name of operation None Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state
where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature [illegible] (M. D. or other)
and Address Pocatello, Idaho. Date 6/ 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce JUL 12 1944
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 139302
Local Reg. No. 171
Reg. Dist. No. 51

1. **PLACE OF DEATH:**
(a) County Bannock
(b) City or town Pocatello
(c) Street Address or R. F. D. No. So. of City
(d) Death Occurred Inside? (Outside) city or town
(e) Died in a Home Hospital Institution (Other place)
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bannock
(c) City or town Pocatello
(d) Street Address or R. F. D. No. So. of City.
(e) Deceased lived Inside? (Outside) city or town
(f) Citizen of what country? United States.
(g) How long had deceased lived in Idaho? life years
(h) Former residence (city, state) None

3. (a) **FULL NAME** Bert Lee Palmer.

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3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) July. 11. 1942.

8. AGE	Years	Months	Days	If less than 1 day
	1	11	7	hrs min.

9. Exact Occupation Child at home Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Pocatello. (City or town) Idaho. (State or foreign country)
Father
12. Name Bert Lee Palmer.
13. Birthplace Pocatello. (City or town) Idaho. (State or foreign country)
Mother
14. Maiden name Theda Berdell LaBaum.
15. Birthplace Pocatello. (City or town) Idaho. (State or foreign country)
16. Informant's OWN Signature Theda Berdell Palmer
and Address Pocatello, Idaho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/22/1944. (Month) (Day) (Year)
(c) Place: Mountain View Cem.
18. Funeral Director's OWN Signature Arthur M Hall
and Address Pocatello, Idaho.
19. (a) 6-23-44 (Date received and filed) (b) D C Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June. 18. 1944.
at o'clock M.
21. **I HEREBY CERTIFY,** That I attended deceased from 19 , to 19
I last saw h alive on 19 ; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Drowning	
Due to accidental	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ✓ Suicide? Homicide?
Occurred June 18 1944 City, county, state where violence occurred Portneuf River to Pona
Place of Violence: Home Farm Industry
Public Place ✓ While at work?
Means of injury
23. Attendant's OWN Signature Arthur M Hall (M. D. or other)
and Address Pocatello, Idaho. Date 6/22 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

139303

United States
Department of Commerce
Bureau of the Census

JUL 12 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 173
Reg. Dist. No. 510.

1. **PLACE OF DEATH:**
(a) County Bannock
(b) City or town Pocatello
(c) Street Address or R. F. D. No. 101. So. Johnson.
(d) Death Occurred (Inside?) Outside? city or town
(e) Died in a Home (Hospital) Institution Other place
(f) Name Hosp. or Inst. General Stayed days
(g) Lived in this county 25 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bannock
(c) City or town Pocatello
(d) Street Address or R. F. D. No. 201. West Putnam
(e) Deceased lived (Inside) Outside? city or town
(f) Citizen of what country? United States
(g) How long had deceased lived in Idaho? 25 years
(h) Former residence (city, state) Utah

3. (a) FULL NAME John F. Norton.

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3. (b) If veteran, name war
3. (c) Social Security No. 519-01-4341
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Alice Palmer
6. (c) Age of husband or wife if alive 30 years
7. Date of Birth (Month, Day, Year) Dec. 27. 1910.

8. AGE	Years	Months	Days	If less than 1 day
	33	5	23	hrs min.

9. Exact Occupation Tender-truckman Did this work for 4 yrs.
10. Industry or Business U. P. Ry. Date last worked 6/17/44.
11. Birthplace Mammoth. (City or town) Utah. (State or foreign country)
Father
12. Name John R. Norton.
13. Birthplace Nephi. (City or town) Utah. (State or foreign country)
Mother
14. Maiden name Esther Jorgensen.
15. Birthplace Manti. (City or town) Utah. (State or foreign country)
16. Informant's OWN Signature Alice G. Norton
and Address Pocatello, Idaho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/22/1944. (Month) (Day) (Year)
(c) Place Mountain View Cem.
18. Funeral Director's OWN Signature Arthur M. Hall
and Address Hall Mortuary, Pocatello, Idaho.
19. (a) 6-28-1944 (Date received and filed) (b) D. C. Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June. 19. 1944
at o'clock M.
21. **I HEREBY CERTIFY,** That I attended deceased from 19, to 19
I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Evidently an electrocution	
Due to High Tension wire contact	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ✓ Suicide? Homicide?
Occurred 6-19 1944 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place ✓ While at work?
Means of injury Electrocution
23. Attendant's OWN Signature [signature] (M. D. or other)
and Address Pocatello, Idaho. Date 6/21 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JUL 12 1944

Certificate Of Death

STATE OF IDAHO

State File No. 139301
Local Reg. No. 172
Reg. Dist. No. 311

1. **PLACE OF DEATH:**
(a) County Bannock
(b) City or town Pocatello
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? ✓ Outside? city or town
(e) Died in a Home Hospital ✓ Institution Other place
(f) Name Hosp. or Inst. St. Anthony Stayed 0 days
(g) Lived in this county years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Bannock
(c) City or town Pocatello
(d) Street Address or R.F.D. No. R.F.D. #1 N.
(e) Deceased lived Inside? Outside? ✓ city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 7 years
(h) Former residence (city, state) Kansas

3. (a) **FULL NAME** Mary Frances Cooper 170C

3. (b) If veteran, name war ✓
3. (c) Social Security No. none
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Cecil V.
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) October, 14, 1912

8. AGE	Years	Months	Days	If less than 1 day
	31	8	5	hrs min.

9. Exact Occupation Housewife Did this work for yrs.
10. Industry or Business Date last worked 6-19-44
11. Birthplace Lenexa (City or town) Kansas (State or foreign country)
Father
12. Name Remi Boehm
13. Birthplace Lenexa (City or town) Kansas (State or foreign country)
Mother
14. Maiden name Mamie Hauser
15. Birthplace Lenexa (City or town) Kansas (State or foreign country)
16. Informant's **OWN** Signature C. V. Cooper
and Address R.F.D. #1 Pocatello
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 6-22-44 (Month) (Day) (Year)
(c) Place: Mountainview
18. Funeral Director's **OWN** Signature Byron B. Downard
and Address Pocatello Idaho
19. (a) 6-24-1944 (Date received and filed) (b) D C Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 19 1944
at 3 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from June 19 1944 to June 19 1944
I last saw her alive on Jan 19 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Scull Fracture
Due to Crushed Skull.
Due to Auto Accident
Other conditions
(Include pregnancy within 3 months of death)
Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

Duration

PHYISCIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ✓ Suicide? Homicide?
Occurred June 19 1944 City, county, state where violence occurred Pocatello Ida
Place of Violence: Home Farm Industry
Public Place 7th & Clark While at work? no
Means of injury Collission at Intersection
23. Attendant's **OWN** Signature J. J. Hartvigsen, M.D. (M. D. or other)
and Address Pocatello, Ida Date 6-21-1944
(For additional space, use reverse side)

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

JUL 12 1944

State File No. 13550
Local Reg. No. 174
Reg. Dist. No. 5

1. **PLACE OF DEATH:**
(a) County Bannock
(b) City or town Pocatello
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. St. Anthony Stayed 20 days
(g) Lived in this county 20 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Jefferson
(c) City or town Rigby,
(d) Street Address or R. F. D. No. 1
(e) Deceased lived Inside? Outside? X city or town
(f) If foreign born, in U. S. yrs. Citizen of U. S.?
(g) How long had deceased lived in Idaho? 29 years
(h) Former residence (city, state) Spanish Fork, Ut.

3. (a) **FULL NAME** VELMA TAYLOR. 123

3. (b) If veteran, name war X
3. (c) Social Security No. X
4. Sex F. M.
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lorin R.
6 (c) Age of husband or wife if alive 56 years
7. Date of Birth (Month, Day, Year) May 24, 1905

8. AGE	Years	Months	Days	If less than 1 day
	39	0	27	hrs min.

9. Exact Occupation Housewife — Did this work for life yrs.
10. Industry or Business Home — Date last worked May-44
11. Birthplace Spanish Fork, Utah. (City or town) (State or foreign country)

Father
12. Name William Franklin Barney.
13. Birthplace Spanish Fork, Utah. (City or town) (State or foreign country)

Mother
14. Maiden name Lovisa Losee
15. Birthplace Spanish Fork, Utah, (City or town) (State or foreign country)

16. Informant's **OWN** Signature Velma L. Taylor
and Address Rigby, Idaho. R. #1
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 6/20/44 (Month) (Day) (Year)
(c) Place: Grant, Idaho.
18. Funeral Director's **OWN** Signature C. B. Eckersell
and Address Rigby, Idaho.
19. (a) 6-23-1944 (Date received and filed) (b) D C Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 20 1944
at 12:40 o'clock P M.

21. I **HEREBY CERTIFY**, That I attended deceased from 5-13- 1944, to 19
I last saw her alive on 6/20 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
General peritonitis	3 days
Due to Fecal fistula operation	12 yrs
Due to Abscessed appendix 12 yrs ago	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease first contracted?
Name of operation Repair Date 6/17/44
Major finding Fecal fistula
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature O. Teall (M. D. or other)
and Address Pocatello, Idaho Date 19
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 139306
Local Reg. No. 178
Reg. Dist. No. 510

1. **PLACE OF DEATH:**
(a) County Bannock
(b) City or town Pocatello
(c) Street Address or R. F. D. No. 835.So.5th.Ave.
(d) Death Occurred (Inside?) ____ Outside? ____ city or town
(e) Died in a Home __ Hospital __ Institution __ Other place __
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county - years 2 months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED** (Always fill in these)
(a) State Idaho [redacted] Bannock
(c) City or town Poc[redacted]
(d) Street Address or R. [redacted].5th.Ave.
(e) Deceased lived (Inside[redacted] ____ city or town
(f) Citizen of what country? [redacted] States
(g) How long had deceased lived [redacted]o? 2 years
(h) Former residence (city, state) New York

3. (a) **FULL NAME** Theron H.Edel.

3. (b) If veteran, name war ____ 3. (c) Social Security No. 063-18-0908

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Margaret Drury 6. (c) Age of husband or wife if alive 22 years

7. Date of Birth (Month, Day, Year) May.27. 1915.

8. AGE	Years	Months	Days	If less than 1 day
	29	1	1	hrs min.

9. Exact Occupation Musician Did this work for 15 yrs.

10. Industry or Business ____ Date last worked ____

11. Birthplace Olean, (City or town) New York. (State or foreign country)

Father
12. Name Charles Edel.
13. Birthplace Olean, (City or town) New York. (State or foreign country)

Mother
14. Maiden name Mabel Humphery.
15. Birthplace Shinglehouse, (City or town) New York. (State or foreign country)

16. Informant's OWN Signature Mrs Theron Edel
and Address Pocatello, Idaho.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 6/30/1944 (Month) (Day) (Year)
(c) Place: Olean New York.

18. Funeral Director's OWN Signature Arthur W. Hall
and Address Pocatello, Idaho.

19. (a) 6-30-44 (Date received and filed) (b) D C Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June. 28. 1944.
at ____ o'clock ____ M.

21. **I HEREBY CERTIFY,** That I attended deceased from ____ 19__, to ____ 19__
I last saw h__ alive on ____ 19__; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Strangulation by Hanging	
Due to Suicide	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation ____ Date ____	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ✓ Homicide? ____
Occurred June 28 1944 City, county, state
where (violence occurred) Residence
Place of Violence: Home ✓ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's OWN Signature Arthur W. Hall (M. D. or other)
and Address Pocatello, Idaho. Date 6/30 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 13307
Local Reg. No. 179
Reg. Dist. No. 510

JUL 12 1944

1. **PLACE OF DEATH:**
   (a) County Bannock
   (b) City or town Pocatello
   (c) Street Address or R.F.D. No. 310 East Center
   (d) Death Occured (Inside) Outside? city or town
   (e) Died in a Home.... Hospital.... Institution... (Other place)...
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county 10 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Bannock
   (c) City or town Pocatello
   (d) Street Address or R.F.D. No. 310 East Center
   (e) Deceased lived (Inside) Outside? city or town
   (f) Citizen of what country? United States
   (g) How long had deceased lived in Idaho? 40 years
   (h) Former residence (city, state) Illinois.

3. (a) **FULL NAME** John H. Stoll.

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) August. 30. 1864.

8. AGE	Years	Months	Days	If less than 1 day
	80	10	-	hrs min.

9. Exact Occupation Musican — Did this work for 40. yrs.
10. Industry or Business Retired Postal Clerk — Date last worked 15 Yrs. Ago
11. Birthplace Dalton, Ohio (City or town) (State or foreign country)

Mother
12. Name Unknown
13. Birthplace (City or town) (State or foreign country)

Father
14. Maiden name
15. Birthplace (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mr Emma Reaves
and Address Pocatello, Idaho.
17. (a) Burial (b) Date thereof 7/1/1944. (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: Mountain View Cem.
18. Funeral Director's **OWN** Signature Arthur W Hall.
and Address Hall Mortuary. Pocatello, Idaho.
19. (a) 7-8-1944 (b) D C Ray (Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June. 29. 1944.
at o'clock M.
21. **I HEREBY CERTIFY**, That I attended deceased from 19, to 19
I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death	Duration
Gun Shot Wound in Head.	
Due to accident.	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? No inquest held. accident thought to be due to accidental discharge while cleaning gun.
Name of operation 38 Cl. Revolver. Date
Major finding
Finding of autopsy

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ✓ Suicide? Homicide?
Occurred June 29 1944 City, county, state where violence occurred at Home
Place of Violence: Home ✓ Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature Arthur W Hall. (M. D. or Coroner)
and Address Pocatello, Idaho. Date 7/1 1944

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census JUN 28 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 15508
Local Reg. No. 55
Reg. Dist. No.

1. PLACE OF DEATH:
(a) County Bear Lake
(b) City or town Montpelier
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. Bear Lake Stayed 3 days
(g) Lived in this county. 2 years 6 months 27 days
Note For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Bear Lake
(c) City or town Montpelier
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) If foreign born, in U. S. yrs. Citizen of U. S.?
(g) How long had deceased lived in Idaho? 2 years
(h) Former residence (city, state)

3. (a) **FULL NAME** Katheryne Watkins 1156

3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6 (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) October 11, 1942

8. AGE	Years	Months	Days	If less than 1 day
	1	6	27	hrs min.

9. Exact Occupation at home Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Montpelier (City or town) Idaho. (State or foreign country)

Father
12. Name DeVerle Watkins
13. Birthplace Downing (City or town) Idaho (State or foreign country)

Mother
14. Maiden name Verba Titensor
15. Birthplace Thayne (City or town) Wyoming (State or foreign country)

16. Informant's **OWN** Signature and Address Montpelier, Idaho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 10, 1944 (Month) (Day) (Year)
(c) Place: Montpelier, Idaho.
18. Funeral Director's **OWN** Signature and Address Montpelier, Idaho.
19. (a) May 10, 1944 (Date received and filed) (b) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 8, 1944 19
at 8 o'clock A M.

21. I **HEREBY CERTIFY**, That I attended deceased from May 6 1944 to May 8 1944
I last saw her alive on May 5 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Septicemia — Duration 3 days
Due to: Streptococcus Sore Throat — 3 days
Due to:
Other conditions.
(Include pregnancy within 3 months of death)

Where was disease first contracted? Home
Name of operation None Date
Major finding
Finding of autopsy None

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature (M. D. or other)
and Address Montpelier, Idaho Date 5/9/1944
(For additional space, use reverse side)

139709

United States
Department of Commerce
Bureau of the Census

JUN 28 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No. 11

1. **PLACE OF DEATH:**
(a) County Bear Lake
(b) City or town Georgetown
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? ... city or town
(e) Died in a Home X Hospital ... Institution ... Other place ...
(f) Name Hosp. or Inst. ... Stayed ... days
(g) Lived in this county 60 years ... months ... days
Note—For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bear Lake
(c) City or town. Montpelier
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? ... city or town
(f) If foreign born, in U. S. ... yrs. Citizen of U. S.? Yes
(g) How long had deceased lived in Idaho? 60 years
(h) Former residence (city, state)

3. (a) **FULL NAME** Mary Emeline Dunn 92E

3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Jedediah Tippetts
6. (c) Age of husband or wife if alive ... years
7. Date of Birth (Month, Day, Year) August 23, 1869

8. AGE	Years	Months	Days	If less than 1 day
	74	8	17	hrs ... min.

9. Exact Occupation Housewife — Did this work for ... yrs.
10. Industry or Business — Date last worked
11. Birthplace Clarkston (City or town) Utah (State or foreign country)

Father
12. Name John Johnson Dunn
13. Birthplace Virginia (City or town) (State or foreign country)

Mother
14. Maiden name Sophia Dunn
15. Birthplace Salt Lake City (City or town) Utah (State or foreign country)

16. Informant's **OWN** Signature Edith Gaadum
and Address Pocatello, Idaho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 12, 1944 (Month) (Day) (Year)
(c) Place: Georgetown, Idaho.
18. Funeral Director's **OWN** Signature
and Address Montpelier, Idaho.
19. (a) May 4, 1944 (Date received and filed) (b) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 9, 1944 19...
at 12 o'clock ... M.

21. **I HEREBY CERTIFY,** That I attended deceased from April 3 1944, to May 9 1944
I last saw her alive on May 8 19 44; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Myocardial failure	8 mo.
Due to Hypertrophic cirrhosis	5 yrs.
Due to	
Other conditions. (Include pregnancy within 3 months of death)	

Where was disease first contracted? ... PHYSICIAN
Name of operation ... Date ...
Major finding ... Underline the cause to which death should be charged statistically.
Finding of autopsy ...

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ... Suicide? ... Homicide? ...
Occurred ... 19 ... City, county, state where violence occurred ...
Place of Violence: Home ... Farm ... Industry ...
Public Place ... While at work? ...
Means of injury ...

23. Attendant's **OWN** Signature R B Lindsay M.D.
(M. D. or other)
and Address Montpelier, Idaho Date May 10 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JUN 28 1944

CERTIFICATE OF DEATH

STATE OF IDAHO

State File No. 139310
Local Reg. No.
Reg. Dist. No. 55

1. PLACE OF DEATH:
(a) County Bear Lake
(b) City or town Montpelier
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 61 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Bear Lake
(c) City or town Montpelier
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) If foreign born, in U. S. 61 yrs. Citizen of U. S.? Yes
(g) How long had deceased lived in Idaho? years
(h) Former residence (city, state)

3. (a) **FULL NAME** Annie Schmid Kunz 46 b

3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Wm. John Kunz
6 (c) Age of husband or wife if alive 79 years
7. Date of Birth (Month, Day, Year) May 7, 1867

8. AGE	Years	Months	Days	If less than 1 day
	77	0	16	hrs min.

9. Exact Occupation Farmer Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace (City or town) Switzerland (State or foreign country)

Father
12. Name Karl A. Schmid
13. Birthplace (City or town) Switzerland (State or foreign country)

Mother
14. Maiden name Anna Landert
15. Birthplace (City or town) Switzerland (State or foreign country)

16. Informant's **OWN** Signature [signature]
and Address Montpelier, Idaho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 28, 1944 (Month) (Day) (Year)
(c) Place: Bern, Idaho
18. Funeral Director's **OWN** Signature [signature]
and Address Montpelier, Idaho.
19. (a) May 28 1944 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 23 1944
at 10:15 o'clock A M.
21. I **HEREBY CERTIFY**, That I attended deceased from March 2 1944 to May 23 1944
I last saw her alive on May 23 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Carcinoma of Stomach	6 mos
Due to unknown	
Due to	
Other conditions Cholecystitis (Include pregnancy within 3 months of death)	unknown

Where was disease first contracted? unknown
Name of operation none Date
Major finding physical
Finding of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature [signature] (M. D. or other)
and Address Montpelier Date 6-24 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JUN 28 1944

CERTIFICATE OF DEATH

STATE OF IDAHO

State File No. 139311
Local Reg. No. 552
Reg. Dist. No.

1. PLACE OF DEATH:
(a) County Bear Lake
(b) City or town Dingle
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 80 years 0 months 28 days
Note For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Bear Lake
(c) City or town Dingle
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) If foreign born, in U. S. yrs. Citizen of U. S.? Yes
(g) How long had deceased lived in Idaho? 80 years
(h) Former residence (city, state)

3. (a) **FULL NAME** Mary Ann Beck Lindsay

3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Wm. Henry Lindsay
6 (c) Age of husband or wife if alive 84 years
7. Date of Birth (Month, Day, Year) April 28, 1864

8. AGE	Years	Months	Days	If less than 1 day
	80	0	28	hrs min.

9. Exact Occupation Housewife Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Paris (City or town) Idaho (State or foreign country)
Father
12. Name Andrus Beck
13. Birthplace (City or town) Denmark (State or foreign country)
Mother
14. Maiden name Sophia Hansen
15. Birthplace (City or town) Denmark (State or foreign country)
16. Informant's **OWN** Signature Wm H Lindsay Jr.
and Address Dingle, Idaho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 1, 1944 (Month) (Day) (Year)
(c) Place: Dingle, Idaho
18. Funeral Director's **OWN** Signature [signature]
and Address Montpelier, Idaho.
19. (a) June 1, 1944 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 26, 1944 19
at 8:45 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from May 12 1944, to May 26 1944
I last saw her alive on May 22 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Carcinoma of head of Pancreas	2 yrs.
Due to Senility 626	10 yrs
Due to Myocardial Failure	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease first contracted? unknown
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature R B Lindsay M.D. (M. D. or other)
and Address Montpelier, Idaho Date May 27 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JUN 28 1944

CERTIFICATE OF DEATH

STATE OF IDAHO

State File No. 139312
Local Reg. No. 552
Reg. Dist. No.

1. PLACE OF DEATH:

(a) County Bear Lake
(b) City or town Geneva
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 63 years months days

Note For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)

(a) State Idaho (b) County Bear Lake
(c) City or town Geneva
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) If foreign born, in U. S. 63 yrs. Citizen of U. S.? Yes
(g) How long had deceased lived in Idaho? 63 years
(h) Former residence (city, state)

3. (a) **FULL NAME** Albert Thomas Price

3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Freda Bertha Boehme
6 (c) Age of husband or wife if alive 65 years
7. Date of Birth (Month, Day, Year) February 17, 1869

8. AGE	Years	Months	Days	If less than 1 day
	75	3	13	hrs min.

9. Exact Occupation Farmer Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Pembrookshire (City or town) Pensylvaina (State or foreign country)

Father
12. Name Alfred Thomas Price
13. Birthplace (City or town) Wales (State or foreign country)

Mother
14. Maiden name Jane Williams
15. Birthplace (City or town) Wales (State or foreign country)

16. Informant's **OWN** Signature Fred W Price
and Address Geneva, Idaho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 2, 1944 (Month) (Day) (Year)
(c) Place: Geneva, Idaho
18. Funeral Director's **OWN** Signature [signature]
and Address Montpelier, Idaho.
19. (a) June 7, 1944 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 30 1944
at 10:50 o'clock A. M.
21. I **HEREBY CERTIFY**, That I attended deceased from May 29 1944, to May 30 1944
I last saw him alive on May 29 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Uremia — Duration Unknown
Due to Hypertensive Cardio-Vascular Renal disease
Due to Unknown
Other conditions
(Include pregnancy within 3 months of death)
Where was disease first contracted? Unknown
Name of operation None Date
Major finding Missed
Finding of autopsy None

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature [signature] (M. D. or other)
and Address Montpelier, Idaho Date 5-31 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JUN 28 1944

CERTIFICATE OF DEATH

STATE OF IDAHO

State File No. 139313
Local Reg. No.
Reg. Dist. No. 55

1. PLACE OF DEATH:

(a) County Bear Lake
(b) City or town Bloomington
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 64 years months days

Note For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)

(a) State Idaho (b) County Bear Lake
(c) City or town Bloomington
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) If foreign born, in U. S. 64 yrs. Citizen of U. S.? Yes
(g) How long had deceased lived in Idaho? 64 years
(h) Former residence (city, state)

3. (a) **FULL NAME** Harry Quinton

131a

3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary Ann Bateman
6 (c) Age of husband or wife if alive 75 years
7. Date of Birth (Month, Day, Year) March 31, 1866

8. AGE	Years	Months	Days	If less than 1 day
	78	2	0	hrs min.

9. Exact Occupation Farmer Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace (City or town) England (State or foreign country)

Father
12. Name James Quinton
13. Birthplace (City or town) England (State or foreign country)

Mother
14. Maiden name Elizabeth Brown
15. Birthplace (City or town) England (State or foreign country)

16. Informant's **OWN** Signature Chester Quinton
and Address Bloomington, Idaho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 3, 1944 (Month) (Day) (Year)
(c) Place: Bloomington, Idaho.
18. Funeral Director's **OWN** Signature [signature]
and Address Montpelier, Idaho.
19. (a) June 3, 1944 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 30 1944
at 10:10 o'clock P M.
21. I **HEREBY CERTIFY**, That I attended deceased from Jan 15 1931, May 30 1944
I last saw him alive on May 30 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Uremic Coma	5 days
Due to chronic Nephritis	13 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease first contracted? Home
Name of operation None Date
Major finding Coma albumen & casts in Urine. arterial hypertension
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature Spencer H Rich MD (M. D. or other)
and Address Paris, Idaho Date May 31 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JUN 28 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 139314
Local Reg. No.
Reg. Dist. No. 583

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. PLACE OF DEATH:
(a) County Bear Lake
(b) City or town Montpelier
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 20 years 10 months 9 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Bear Lake
(c) City or town Montpelier
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) If foreign born, in U. S. yrs. Citizen of U. S.? Yes
(g) How long had deceased lived in Idaho? years
(h) Former residence (city, state)

3. (a) **FULL NAME** Pearl Della Lewis Bentsen

3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Alfred J. Bentsen
6 (c) Age of husband or wife if alive 24 years
7. Date of Birth (Month, Day, Year) ~~June 1, 1924~~ Aug 21. 1923

8. AGE	Years	Months	Days	If less than 1 day
	20	10	9	hrs min.

9. Exact Occupation Housewife — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace Paris (City or town) Idaho (State or foreign country)

Father
12. Name Samuel Wilford Lewis
13. Birthplace Paris (City or town) Idaho (State or foreign country)

Mother
14. Maiden name Olive Passey
15. Birthplace Montpelier, Idaho. (City or town) (State or foreign country)

16. Informant's **OWN** Signature Merinda Bentsen and Address Montpelier, Idaho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 4, 1944 (Month) (Day) (Year)
(c) Place: Montpelier, Idaho.
18. Funeral Director's **OWN** Signature and Address Montpelier, Idaho.
19. (a) June 4, 1944 (Date received and filed) (b) (Registrar's Signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 1 1944
at 12:45 o'clock P. M.

21. I **HEREBY CERTIFY** That I attended deceased from November 7 1943 to June 1 1944
I last saw h. alive on June 1 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Pulmonary Tuberculosis — Duration 7 mos.
Due to Unknown
Due to
Other conditions.
(Include pregnancy within 3 months of death)
Where was disease first contracted? Unknown
Name of operation Date
Major finding
Finding of autopsy None

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature (M. D. or other)
and Address Montpelier Ida. Date 6-3 1944
(For additional space, use reverse side)

United States
Department of Commerce
Bureau of the Census

JUN 28 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 139395
Local Reg. No.
Reg. Dist. No. 1

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. PLACE OF DEATH:
(a) County Bear Lake
(b) City or town Ovid
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 70 years 7 months 18 days
Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Bear Lake
(c) City or town Ovid
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) If foreign born, in U. S. yrs. Citizen of U. S.? Yes
(g) How long had deceased lived in Idaho? 70 years
(h) Former residence (city, state)

3. (a) **FULL NAME** Mary Elizabeth Sorensen

83a

3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Nels Sorensen
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) October 13, 1873

8. AGE	Years	Months	Days	If less than 1 day hrs	min.
	70	7	18		

9. Exact Occupation Housewife — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace Bloomington (City or town) Idaho (State or foreign country)

Father
12. Name Mathew Thornock
13. Birthplace England (City or town) (State or foreign country)

Mother
14. Maiden name Ann Ward
15. Birthplace England (City or town) (State or foreign country)

16. Informant's **OWN** Signature Geo. Sorensen and Address Georgetown, Idaho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 5, 1944 (Month) (Day) (Year)
(c) Place: Ovid Idaho
18. Funeral Director's **OWN** Signature and Address Montpelier, Idaho.
19. (a) June 5, 1944 (Date received and filed) (b) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 1, 1944 19
at 2:10 o'clock P.M.

21. **I HEREBY CERTIFY**, That I attended deceased from May 25 19 44 to June 1 19 44
I last saw her alive on June 1 19 44; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cerebral Hemmorhage — Duration 5 days
causing Hemiplegia
Due to Arterial Hypertension — 10 yrs.
Due to
Other conditions
(Include pregnancy within 3 months of death)
Where was disease first contracted? Home
Was operation performed? Date
Was autopsy? Findings? None.

Right sided paralysis, arterial hypertension

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature Spencer Richmond (M. D. or other)
and Address Paris, Idaho Date June 2 1944
(For additional space, use reverse side)

United States
Department of Commerce
Bureau of the Census

JUN 28 1944

CERTIFICATE OF DEATH

STATE OF IDAHO

State File No. 139316
Local Reg. No.
Reg. Dist. No. 5-7

1. **PLACE OF DEATH:**
(a) County Bear Lake
(b) City or town Montpelier Ida.
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Yes Outside? ..... city or town
(e) Died in a Home ....Hospital....Institution ... Other place Yes
(f) Name Hosp. or Inst. ..... Stayed 3 days
(g) Lived in this county ..... years ..... months 3 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Wyoming (b) County Lincoln
(c) City or town Kemmerer
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Yes Outside? ..... city or town
(f) If foreign born, in U. S. ..... yrs. Citizen of U. S.? .....
(g) How long had deceased lived in Idaho? 13 days years
(h) Former residence (city, state) Kemmerer Wyo

3. (a) **FULL NAME** Lena Marie Skinner

3. (b) If veteran, name war ..... 3. (c) Social Security No. .....

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced .....

6. (b) Name of husband or wife ..... 6 (c) Age of husband or wife if alive ..... years

7. Date of Birth (Month, Day, Year) December 31 1943.

8. AGE	Years	Months	Days	If less than 1 day
		5	8	hrs min.

9. Exact Occupation Child Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Afton (City or town) Wyoming (State or foreign country)

Father
12. Name LeRoy Palmer Skinner
13. Birthplace Bedford (City or town) Wyoming (State or foreign country)

Mother
14. Maiden name Zella Coy
15. Birthplace Thayne (City or town) Wyoming (State or foreign country)

16. Informant's **OWN** Signature LeRoy E. Skinner
and Address Afton Wyoming
17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof June 7 1944 (Month) (Day) (Year)
(c) Place: Afton Lincoln County Wyo
18. Funeral Director's **OWN** Signature [illegible]
and Address [illegible]
19. (a) June 7 1944 (Date received and filed) (b) [illegible] (Registrar's Signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 7 1944
at 3 o'clock P. M.

21. I **HEREBY CERTIFY**, That I attended deceased from June 1 1944 to June 7 1944
I last saw h.e.r. alive on June 7 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Meningitis	5 days
Due to Pertussis	3 weeks
Due to	
Other conditions. (Include pregnancy within 3 months of death)	

Where was disease first contracted? Home
Name of operation None Date .....
Major finding .....
Finding of autopsy None

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature Reed Hugh MD (M. D. or other)
and Address Montpelier Ida. Date 6-7 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JUN 28 1944

CERTIFICATE OF DEATH

STATE OF IDAHO

State File No. 139317
Local Reg. No.
Reg. Dist. No. 552

1. PLACE OF DEATH:
(a) County Bear Lake
(b) City or town Montpelier
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 24 years months days
Note For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Bear Lake
(c) City or town Montpelier
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) If foreign born, in U. S. yrs. Citizen of U. S.? Yes
(g) How long had deceased lived in Idaho? 24 years
(h) Former residence (city, state)

3. (a) **FULL NAME** Hannah Rosella Wells

3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Charles R. Wells
6 (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) March 31, 1868

8. AGE	Years	Months	Days	If less than 1 day
	76	3	5	hrs min.

9. Exact Occupation Housewife Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Golden City, (City or town) Colorado. (State or foreign country)

Father
12. Name Washington Jones
13. Birthplace Springfield (City or town) Illinois (State or foreign country)

Mother
14. Maiden name Hannah Heaton
15. Birthplace Ideal Green (City or town) England (State or foreign country)

16. Informant's **OWN** Signature O W Weller
and Address Montpelier, Idaho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 12, 1944 (Month) (Day) (Year)
(c) Place: Montpelier, Idaho.
18. Funeral Director's **OWN** Signature [signature]
and Address Montpelier, Idaho.
19. (a) June 12, 1944 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 8, 1944 19
at 12:30 o'clock A M.
21. I **HEREBY CERTIFY**, That I attended deceased from June 4 1944, to June 8 1944
I last saw her alive on June 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Chronic Myocarditis
Due to Senility
Due to Possible Gastric Malignancy
Other conditions
(Include pregnancy within 3 months of death)
Where was disease first contracted?
Name of operation Date
Major finding
Finding of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature [signature] (M. D. or other)
and Address Montpelier, Idaho Date 6/8/1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census JUL 17 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 139318
Local Reg. No. 6
Reg. Dist. No. 550

1. PLACE OF DEATH:
(a) County Bear Lake
(b) City or town Paris
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home Hospital Institution Other place X
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 53 years 0 months 18 days
Note For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Bear Lake
(c) City or town Paris
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) If foreign born, in U. S. yrs. Citizen of U. S.?
(g) How long had deceased lived in Idaho? 53 years
(h) Former residence (city, state)

3. (a) **FULL NAME** Sarah Ellen Bird

3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Walter Bird
6 (c) Age of husband or wife if alive 59 years
7. Date of Birth (Month, Day, Year) June 3, 1891

8. AGE	Years	Months	Days	If less than 1 day
	53	0	18	hrs min.

9. Exact Occupation Housewife Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Ovid (City or town) Idaho (State or foreign country)
Father
12. Name Stephen B. Ludlum
13. Birthplace (City or town) Wisconsin (State or foreign country)
Mother
14. Maiden name Sarah A. Oakey
15. Birthplace (City or town) England (State or foreign country)
16. Informant's OWN Signature Bedford W. Bird and Address 3326 N. E. 53 Ave Portland Ore.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 26, 1944 (Month) (Day) (Year)
(c) Place: Paris, Idaho.
18. Funeral Director's OWN Signature [signature] and Address Montpelier, Idaho
19. (a) June 26 1944 (Date received and filed) (b) Beulah H. Bolton (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 21, 1944 19
at 3:30 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from 19, to 19
I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration
Strangulation--due to hanging, was found hanging from rafters in Barn
Due to Suicide.
Due to
Other conditions
(Include pregnancy within 3 months of death)
Where was disease first contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? yes Homicide?
Occurred June 21, 1944 19 City, county, state where violence occurred Paris, Bear Lake Co, Idaho
Place of Violence: Home X Farm Industry
Public Place While at work?
Means of injury Strangulation.
23. Attendant's OWN Signature [signature] (M. D. or other) Coroner and Address Montpelier, Idaho Date June 22/44 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

139319

United States
Department of Commerce
Bureau of the Census

JUL 12 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 175
Reg. Dist. No. 511

1. PLACE OF DEATH:
(a) County Bingham
(b) City or town 10 Miles S.E. of Aberdeen
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? X city or town
(e) Died in a Home Hospital Institution Other place X
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 0 years 0 months 22 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Nevada (b) County
(c) City or town Lovelock
(d) Street Address or R. F. D. No. Unknown
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 22 days ~~years~~
(h) Former residence (city, state) Harding Fld, Ia.

3. (a) FULL NAME JERGENSEN, RAYMOND A., 2nd Lt., A.C. 0-769840 173

3. (b) If veteran, name war None
3. (c) Social Security No.
4. Sex M
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) October 4, 1921

8. AGE	Years	Months	Days	If less than 1 day
	22	8	18	hrs min.

9. Exact Occupation Pilot Did this work for 3 mos yrs.
10. Industry or Business U. S. Army Date last worked 22 Jun 44
11. Birthplace Lovelock (City or town) Nevada (State or foreign country)
Father
12. Name Unknown
13. Birthplace Unknown (City or town) (State or foreign country)
Mother
14. Maiden name Kamilla
15. Birthplace Unknown (City or town) Denmark (State or foreign country)
16. Informant's OWN Signature Army Records
and Address AAF Sta Hosp, Pocatello AAFld, Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof June 23 44 (Month) (Day) (Year)
(c) Place Minnemucca Nevada
18. Funeral Director's OWN Signature [signature]
and Address Pocatello Idaho
19. (a) 6-23-1944 (Date received and filed) (b) D C Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) June 22 1944
at o'clock M.
21. I HEREBY CERTIFY, That I attended deceased from 19, to 19
I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Decapitation	Instant
Due to Aircraft Accident	Instant
~~Due to~~ Multiple fractures, traumatic amputation of both legs	
Other conditions (Include pregnancy within 3 months of death) 3rd degree burns, abdominal evisceration	Instant

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy Multiple hemorrhage of lungs & perforation of heart & aorta.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Yes Suicide? Homicide?
Occurred June 22 1944 City, county, state where violence occurred Bingham, Idaho
Place of Violence: Home Farm Industry
Public Place While at work? Yes
Means of injury Aircraft Accident
23. Attendant's OWN Signature Harry Grant (M. D. or other)
and Address Pto AAFld, Idaho Date June 22 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

139320

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 139320
Local Reg. No. 176
Reg. Dist. No. 21

JUL 3 2 '44

1. **PLACE OF DEATH:**
(a) County Bingham
(b) City or town 10 Miles S.E. of Aberdeen
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? X city or town
(e) Died in a Home Hospital Institution Other place X
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 0 years 0 months 22 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State California (b) County
(c) City or town FResno
(d) Street Address or R. F. D. No. 130 North U Street
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 22 days xxx
(h) Former residence (city, state) Harding Fld, La.

3. (a) FULL NAME MORRISON, ORVILLE J., 2nd Lt., A.C. 0-744626

173

3. (b) If veteran, name war None
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lucille C.
6. (c) Age of husband or wife if alive Unknown years
7. Date of Birth (Month, Day, Year) June 4, 1918

8. AGE	Years	Months	Days	If less than 1 day
	26	0	19	hrs min.

9. Exact Occupation Pilot — Did this work for 1yr3mos. yrs.
10. Industry or Business U. S. Army — Date last worked June 22 '44
11. Birthplace Unknown (City or town) Iowa (State or foreign country)

Father
12. Name Unknown
13. Birthplace (City or town) (State or foreign country)

Mother
14. Maiden name Unknown
15. Birthplace (City or town) (State or foreign country)

16. Informant's OWN Signature Army Records
and Address AAF Sta Hosp, Pocatello AAFld, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 28-44 (Month) (Day) (Year)
(c) Place: Ventura Calif

18. Funeral Director's OWN Signature Arthur H. Hall
and Address

19. (a) 6-23-1944 (Date received and filed) (b) D C Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) June 22 19 44
at 09:05 MWT o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from 19 , to 19
I last saw h alive on 19 ; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Decapitation	Instant
Due to Aircraft Accident	Instant
xxx Traumatic amputations lHand, L thigh, Multiple fractures	
Other conditions (Include pregnancy within 3 months of death) third degree burns, abdominal eviscerations	Instant

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy Not done

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Yes Suicide? Homicide?
Occurred June 22, 19 44 City, county, state where violence occurred Bingham, Idaho
Place of Violence: Home Farm Industry
Public Place While at work? Yes
Means of injury Aircraft Accident

23. Attendant's OWN Signature Harry Grant (M. D. or other)
and Address Pto AAFld, Idaho Date June 22 19 44

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

JUL 12 1944

State File No. 139321
Local Reg. No. 21
Reg. Dist. No. 130

1. PLACE OF DEATH:
(a) County Benewah
(b) City or town St. Maries
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? X Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. St. Maries Stayed days
(g) Lived in this county years 10 months 12 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Oregon (b) County Lane
(c) City or town Culp Creek
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? Outside? X city or town
(f) Citizen of what country? U. S. A.
(g) How long had deceased lived in Idaho? 1 years
(h) Former residence (city, state)

3. (a) FULL NAME Robert Jackson Violette

175 d

3. (b) If veteran, name war —
3. (c) Social Security No. 540-03-7781
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ruth
6. (c) Age of husband or wife if alive 30 years
7. Date of Birth (Month, Day, Year) January 15, 1898

8. AGE	Years	Months	Days	If less than 1 day
	46	4	29	hrs min.

9. Exact Occupation Sawyer Did this work for 10 yrs.
10. Industry or Business Lumber Mill Date last worked 6-12-44
11. Birthplace Arcadia, California (City or town) (State or foreign country)
Father 12. Name John J. Violette
13. Birthplace Unknown (City or town) (State or foreign country)
Mother 14. Maiden name Annie Scott
15. Birthplace Unknown (City or town) (State or foreign country)
16. Informant's OWN Signature Mrs Robert J. Violette
and Address Santa, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-15-44 (Month) (Day) (Year)
(c) Place: St. Maries, Idaho
18. Funeral Director's OWN Signature R. E. Wessa
and Address St. Maries, Idaho
19. (a) 7-8-44 (Date received and filed) (b) R. E. Wessa (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 12, 1944 19
at 4 05 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from 6-12 1944, to 6-12 1944
I last saw him alive on 6-12 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Traumatism by crushing (L arm, chest-abdomen, legs)	3 hrs
Due to Being crushed by tractor	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Emergency care amputation Date 6/17/44
Major finding Traumatic left upper arm
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ✓ Suicide? Homicide?
Occurred 6-12 1944 City, county, state where violence occurred near Santa, Benewah Co, Ida
Place of Violence: Home Farm Industry ✓
Public Place While at work? yes
Means of injury Crushed by tractor
23. Attendant's OWN Signature C A Robins MD (M. D. or other)
and Address St Maries Ida Date 6/15 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JUL 12 1944

Certificate Of Death

STATE OF IDAHO

State File No. 139322
Local Reg. No. 22
Reg. Dist. No. 130

1. PLACE OF DEATH:
(a) County Benewah
(b) City or town Emida
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? Outside? X city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 52 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Benewah
(c) City or town Emida
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? Outside? X city or town
(f) Citizen of what country? U. S. A.
(g) How long had deceased lived in Idaho? 52 years
(h) Former residence (city, state)

3. (a) FULL NAME Joseph Mordecai Griffith 93d

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) February 26, 1874

8. AGE	Years	Months	Days	If less than 1 day
	70	3	22	hrs min.

9. Exact Occupation Farmer Did this work for 52 yrs.
10. Industry or Business Farming Date last worked 4-30-44
11. Birthplace Monument, Colorado (City or town) (State or foreign country)
Father
12. Name Mordecai A. Griffith
13. Birthplace Pike County, Mo. (City or town) (State or foreign country)
Mother
14. Maiden name Dorothea Swisher
15. Birthplace Pike County, Mo. (City or town) (State or foreign country)
16. Informant's OWN Signature C H Griffith
and Address Emida, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-20-44 (Month) (Day) (Year)
(c) Place: Emida, Idaho
18. Funeral Director's OWN Signature R. E. Wessa
and Address St. Maries, Idaho
19. (a) 7-8-44 (Date received and filed) (b) R. E. Wessa (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 18, 1944 19
at 6:15 o'clock A. M.
21. **I HEREBY CERTIFY,** That I attended deceased from April 19 1944, to May 25 1944
I last saw him alive on May 25 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Myocarditis Chronic	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation Date	
Major finding	
Finding of autopsy	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature Owen D. Plath, MD (M. D. or other)
and Address St. Maries Ida Date 6-19 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JUL 12 1944

Certificate Of Death

STATE OF IDAHO

State File No. 139323
Local Reg. No. 23
Reg. Dist. No. 130

1. PLACE OF DEATH:
(a) County Benewah
(b) City or town St. Maries
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? X Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. St. Maries Stayed 4 days
(g) Lived in this county years months 4 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Shoshone
(c) City or town Avery
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? U. S. A.
(g) How long had deceased lived in Idaho? 15 years
(h) Former residence (city, state)

3. (a) FULL NAME Arthur Seeton Harrigan

47C

3. (b) If veteran, name war None
3. (c) Social Security No. 707-18-3301
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Gertha
6. (c) Age of husband or wife if alive 43 years
7. Date of Birth (Month, Day, Year) December 20, 1888

8. AGE	Years	Months	Days	If less than 1 day
	55	6	0	hrs min.

9. Exact Occupation Telegraph Operator Did this work for 28 yrs.
10. Industry or Business Railroad Date last worked 3-18-44
11. Birthplace Aberdeen, S. D. (City or town) (State or foreign country)
Father
12. Name Thornton T. Harrigan
13. Birthplace British West Indies (City or town) (State or foreign country)
Mother
14. Maiden name Isabella Seeton
15. Birthplace Halifax Nova Scotia (City or town) (State or foreign country)
16. Informant's OWN Signature Mrs. A. S. Harrigan
and Address Avery, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-23-44 (Month) (Day) (Year)
(c) Place: St. Maries, Idaho
18. Funeral Director's OWN Signature R. E. Wessa
and Address St. Maries, Idaho
19. (a) 7-8-44 (Date received and filed) (b) R. E. Wessa (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 20, 1944 19
at 11:00 o'clock A. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 6-16 1944, to 6-20 1944
I last saw him alive on 6-20 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Carcinoma of Bronchus "R"	4-5 yrs
Due to	
Due to	
Other conditions Secondary Anemia (Include pregnancy within 3 months of death)	
Where was disease contracted? Avery, Ida	
Name of operation None Date	
Major finding	
Finding of autopsy None	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred No external 19 City, county, state where violence occurred
Place of Violence: Home Case Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature [signature] (M.D. or other)
and Address St Maries Ida Date 6-22 1944
(For additional space, use reverse side)

139324

United States
Department of Commerce
Bureau of the Census

JUL 10 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 76
Reg. Dist. No. 600

1. **PLACE OF DEATH:**
(a) County Bingham
(b) City or town Blackfoot
(c) Street Address or R. F. D. No. 52 S. Pine
(d) Death Occurred Inside? ✓ Outside? city or town
(e) Died in a Home ✓ Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 28 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bingham
(c) City or town Blackfoot
(d) Street Address or R. F. D. No. 52 S. Pine
(e) Deceased lived Inside? ✓ Outside? city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 28 years
(h) Former residence (city, state) Murray, Utah

3. (a) **FULL NAME** Emma M. Park 83a

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife William A. Park 6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Oct. 16 1877

8. AGE	Years	Months	Days	If less than 1 day
	66	7	19	hrs min.

9. Exact Occupation Housewife Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Murray, Utah (City or town) (State or foreign country)
Father
12. Name Reuben J. Miller
13. Birthplace Lancashire Co. Penna. (City or town) (State or foreign country)
Mother
14. Maiden name Jane Hughes
15. Birthplace Herfordshire England (City or town) (State or foreign country)
16. Informant's OWN Signature Wm. Park
and Address Boise, Idaho
17. (a) Burial (Burial, cremation or removal) (b) Date thereof 6-9-44 (Month) (Day) (Year)
(c) Place: Blackfoot, Idaho
18. Funeral Director's OWN Signature John C. Sandberg
and Address Blackfoot, Idaho
19. (a) June 8, 1944 (Date received and filed) (b) Myra Waters E. Fatur (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 5 1944
at 4:20 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from June 3 1944, to June 5 1944
I last saw her alive on June 5 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration
Cerebral Hemorrhage 1 da
Due to Hypertension
Due to Indefinite
Other conditions
(Include pregnancy within 3 months of death)
Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature W W Beck (M. D. or other)
and Address Blackfoot, Ida Date 6-7 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

139325

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

JUL 10 1944

State File No.
Local Reg. No. 77
Reg. Dist. No. 601

1. **PLACE OF DEATH:**
(a) County Bingham
(b) City or town Blackfoot
(c) Street Address or R. F. D. No. 3
(d) Death Occurred Inside? Outside? X city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 2 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bingham
(c) City or town Blackfoot
(d) Street Address or R. F. D. No. 3
(e) Deceased lived Inside? Outside? X city or town
(f) Citizen of what country? U. S. A.
(g) How long had deceased lived in Idaho? 2 years
(h) Former residence (city, state)

3. (a) FULL NAME Thomas Doyle Woodland

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) June 26, 1942.

8. AGE	Years	Months	Days	If less than 1 day
	1	11	14	hrs min.

9. Exact Occupation None — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace Grace, Idaho. (City or town) (State or foreign country)

Father
12. Name Thomas Fi Woodland
13. Birthplace Blackfoot, Idaho. (City or town) (State or foreign country)

Mother
14. Maiden name Emma Daniels
15. Birthplace Wayan, Idaho. (City or town) (State or foreign country)

16. Informant's OWN Signature and Address Blackfoot, Idaho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-13-44 (Month) (Day) (Year)
(c) Place: Grove City Cemetery
18. Funeral Director's OWN Signature Howard Packham and Address Blackfoot, Idaho.
19. (a) June 11, 1944 (Date received and filed) (b) Myra Hatch Clark (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 10, 1944.
at 8 o'clock A M.

21. **I HEREBY CERTIFY,** That I attended deceased from 6-10, 1944 to 6-10 1944
I last saw him alive on 6-18 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Bronchopneumonia 1571	1 day
Due to German Measles 350	
Due to	
Other conditions Hydrocephalus Congenital 1570 (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's OWN Signature A S Miller M D (M. D. or other)
and Address Blackfoot Date 6-11 1944
(For additional space use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

139326

United States
Department of Commerce
Bureau of the Census

JUL 10 1944

Certificate Of Death

STATE OF IDAHO

State File No.
Local Reg. No. 78
Reg. Dist. No. 601

1. **PLACE OF DEATH:**
(a) County Bingham
(b) City or town Blackfoot
(c) Street Address or R.F.D. No. Box 390
(d) Death Occured Inside? Outside? X city or town
(e) Died in a Home Hospital Institution X Other place
(f) Name Hosp. or Inst. State Hos. S. Stayed 14 days
(g) Lived in this county years months 14 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Jefferson
(c) City or town Rigby
(d) Street Address or R.F.D. No. Roberts Star R.
(e) Deceased lived Inside? Outside? X city or town
(f) Citizen of what country? Jefferson
(g) How long had deceased lived in Idaho? 46 years
(h) Former residence (city, state) Rigby, Idaho

3. (a) **FULL NAME** HENRY BRAMMER.

3. (b) If veteran, name war X
3. (c) Social Security No. X
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Margaret
6. (c) Age of husband or wife if alive 66 years
7. Date of Birth (Month, Day, Year) Feb. 2, 1873

8. AGE	Years	Months	Days	If less than 1 day
	71	4	11	hrs min.

9. Exact Occupation Retired Farmer Did this work for life yrs.
10. Industry or Business Farm Date last worked Jan. 1943
11. Birthplace olstein (City or town) Germany (State or foreign country)
Father
12. Name Fredrick Charles Brammer.
13. Birthplace Germany (City or town) (State or foreign country)
Mother
14. Maiden name Emma Elizabeth (Unknown)
15. Birthplace Germany. (City or town) (State or foreign country)
16. Informant's OWN Signature HOSPITAL RECORDS
and Address Mrs. Deola Maddox
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 6/17/44 (Month) (Day) (Year)
(c) Place: Rigby, Idaho.
18. Funeral Director's OWN Signature A B Eckersell
and Address Rigby, Idaho.
19. (a) 6-17-44 (Date received and filed) (b) Mrs Walter E Pulvine (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) ~~Feb.~~ June 13 1944
at 5:30 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from May 31 1944, to June 13 1944
I last saw him alive on June 13 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Coronary occlusion	—
Due to General arteriosclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Senile psychosis	2 yrs +
Where was disease contracted?	PHYISCIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature H A Hewins MD (M. D. or other)
and Address Blackfoot Date 6-13 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JUL 10 1944

Certificate Of Death

STATE OF IDAHO

State File No. 139327
Local Reg. No. 79
Reg. Dist. No. 601

1. PLACE OF DEATH:
(a) County Bingham
(b) City or town Blackfoot
(c) Street Address or R.F.D. No. St. Hosp. South
(d) Death Occured Inside? ..... Outside? # city or town
(e) Died in a Home.... Hospital.... Institution # Other place....
(f) Name Hosp. or Inst. St. Hosp. So Stayed ..... days
(g) Lived in this county ..... years 10 months 20 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Bingham
(c) City or town Blackfoot
(d) Street Address or R.F.D. No. St. Hosp. South
(e) Deceased lived Inside? ..... Outside? # city or town
(f) Citizen of what country? U. S. A.
(g) How long had deceased lived in Idaho? 10- 20- years
(h) Former residence (city, state) Twin Falls

3. (a) FULL NAME Rose McInroy

3 OC

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife W. B.
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) June 13, ~~1897~~ 1892

8. AGE	Years	Months	Days	If less than 1 day
	~~47~~ 52		1	hrs min.

9. Exact Occupation House wife Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Poena Neb (City or town) (State or foreign country)
Father
12. Name Elijah Devore
13. Birthplace Not known (City or town) (State or foreign country)
Mother
14. Maiden name Carolyn Breawr
15. Birthplace Not known (City or town) (State or foreign country)
16. Informant's **OWN** Signature Records State Hosp. Sou.
and Address Freda L Enlaw.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 6-19-44 (Month) (Day) (Year)
(c) Place: Sioux City, Iowa
18. Funeral Director's **OWN** Signature Howard Packham
and Address Blackfoot, Idaho
19. (a) June-19-44 (Date received and filed) (b) Mrs Walter E Patrick (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) June 14, 1944
at 11:30 o'clock A M.

21. I HEREBY CERTIFY, That I attended deceased from Nov 1 1943, to June 14 1944
I last saw her alive on June 14 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Status Epileptrius 85	6 hrs
Due to CNS Neurosyphilis 30	c
Due to c Psychosis 84	d
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYISCIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature David McCrosky (M. D. or other)
and Address Blackfoot Ida Date 6/16 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JUL 10 1944

Certificate Of Death

STATE OF IDAHO

State File No. 13932
Local Reg. No. 80
Reg. Dist. No. 601

1. PLACE OF DEATH:

(a) County Bingham
(b) City or town Blackfoot
(c) Street Address or R.F.D. No. St. Hosp. South
(d) Death Occured Inside? ... Outside? # ... city or town
(e) Died in a Home ... Hospital ... Institution # ... Other place ...
(f) Name Hosp. or Inst. St. Hospl. So. Stayed ... days
(g) Lived in this county ... years 8 ... months 6 ... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

(a) State Idaho (b) County Canyon
(c) City or town Caldwell, Idaho
(d) Street Address or R.F.D. No. St. Hosp. South
(e) Deceased lived Inside? ... Outside? # ... city or town
(f) Citizen of what country? U. S. A.
(g) How long had deceased lived in Idaho? 20Yrs years
(h) Former residence (city, state) Caldwell, Idaho

3. (a) **FULL NAME** Edward Dolbow

3. (b) If veteran, name war ...
3. (c) Social Security No. ...
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife ...
6. (c) Age of husband or wife if alive ... years
7. Date of Birth (Month, Day, Year) About 70 Years

8. AGE	Years	Months	Days	If less than 1 day
		Not known		hrs ... min.

9. Exact Occupation Farmer — Did this work for ... yrs.
10. Industry or Business — Date last worked ...
11. Birthplace Illionis (City or town) (State or foreign country)

Father
12. Name ...
13. Birthplace ... (City or town) (State or foreign country)

Mother
14. Maiden name ...
15. Birthplace ... (City or town) (State or foreign country)

16. Informant's **OWN** Signature Records of State Hosp. So.
and Address Freda L. Enbow

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 7-21-44 (Month) (Day) (Year)
(c) Place: Caldwell, Idaho

18. Funeral Director's **OWN** Signature John C. Applebury
and Address Blackfoot, Idaho

19. (a) June 21 1944 (Date received and filed) (b) Mrs. Walter E. Paine (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH**
(Month, Day, Year) June 19, 1944
at 5:30 o'clock P M.

21. **I HEREBY CERTIFY**, That I attended deceased from Nov. 1 1943, to June 19 1944
I last saw him alive on June 19 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Lobar pneumonia	1 day
Due to Acute bronchitis	2 day
Due to ...	
Other conditions 97 (Include pregnancy within 3 months of death)	
General arteriosclerosis	—

Where was disease contracted? ...
Name of operation ... Date ...
Major finding ...
Finding of autopsy ...

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ... Suicide? ... Homicide? ...
Occurred ... 19... City, county, state where violence occurred ...
Place of Violence: Home ... Farm ... Industry ...
Public Place ... While at work? ...
Means of injury ...

23. Attendant's **OWN** Signature H. A. Stevens (M. D. or other)
and Address Blackfoot Date 6-21 19 44
(For additional space, use reverse side)

139329

United States
Department of Commerce
Bureau of the Census

JUL 10 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. ____
Local Reg. No. 81
Reg. Dist. No. 601

1. **PLACE OF DEATH:**
(a) County Bingham
(b) City or town Shelley,
(c) Street Address or R. F. D. No. # 2
(d) Death Occurred Inside? ____ Outside? X city or town
(e) Died in a Home ___ Hospital ___ Institution ___ Other place X
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 44 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bingham
(c) City or town Shelley,
(d) Street Address or R. F. D. No. No 2
(e) Deceased lived Inside? ____ Outside? X city or town
(f) Citizen of what country? U.S.A. 60
(g) How long had deceased lived in Idaho? ____ years
(h) Former residence (city, state) Idaho

3. (a) FULL NAME SIMEON CHRISTOFFERSON

3. (b) If veteran, name war NONE
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Anna
6. (c) Age of husband or wife if alive 53 years
7. Date of Birth (Month, Day, Year) June 21, 1884

8. AGE	Years	Months	Days	If less than 1 day
	60	0	2	hrs ____ min. ____

9. Exact Occupation Farmer — Did this work for ____ yrs.
10. Industry or Business ____ — Date last worked ____
11. Birthplace Soda Springs (City or town) (State or foreign country)

Father
12. Name Chris Christofferson
13. Birthplace Denmark (City or town) (State or foreign country)

Mother
14. Maiden name Bertha Hansen
15. Birthplace Denmark (City or town) (State or foreign country)

16. Informant's OWN Signature Anna Christofferson X
and Address Shelley, R.F.D. 2

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-30-44 (Month) (Day) (Year)
(c) Place: Firth

18. Funeral Director's OWN Signature L M Nalder
and Address Shelley, Idaho

19. (a) 6-29-1944 (Date received and filed) (b) Mrs Nalder Registrar (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 23 1944
at 9:45 o'clock P. M.

21. **I HEREBY CERTIFY,** That I attended deceased from ____ 19__, to ____ 19__
I last saw him alive on June 23 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary Thrombosis — Duration 6/23/44
Due to ____
Due to ____
Other conditions ____ (Include pregnancy within 3 months of death)
Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? no Suicide? no Homicide? no
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's OWN Signature H. L. Schiess, M.D. (M. D. or other)
and Address Shelley Idaho Date 6/26 1944

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

139330

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

JUL 10 1944

STANDARD CERTIFICATE OF DEATH

Registered No. Local Reg. no 83 Reg. dist no 601

1. PLACE OF DEATH:

County Bingham State Idaho

Township Fort Hall

City or village Fort Hall No. Fort Hall Agency Hospital St., Mens Ward.
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. 12 days. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ days.

2. FULL NAME SAM ANTELOPE

Residence: No. Star Route, Bannock Creek St., ____ Ward. ____
(Usual place of abode) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	Ind.Sho.4/4	Married

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Lucy Antelope

6. DATE OF BIRTH (month, day, and year) July 1, 1881

7. AGE	Years	Months	Days	If LESS than 1 day,
	62			____ hrs. or ____ mins.

OCCUPATION

8. Trade, profession, or particular kind of work done as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town and State or country): Fort Hall

FATHER

13. NAME: Ole Antelope (Deceased)

14. BIRTHPLACE (city or town and State or country): Fort Hall, Idaho

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town and State or country): Unknown

17. INFORMANT (name and address):

18. BURIAL, CREMATION, OR REMOVAL:

Place Bannock Creek Date June 27, 1944

19. UNDERTAKER (name and address): Mr. Earl Cutler

20. FILED July 5-44, 193 Mrs Nathan E. Palmer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 27 1944 30g

22. I HEREBY CERTIFY That I attended deceased from June 15, 1944 to June 27, 1944

I last saw him alive on June 27, 1944 death is said to have occurred on the date stated above, at 2:55 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage 8391	June 26 1944

Other contributory causes of importance:

Syphilis 30g	years.

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no Date of injury ____, 193

Where did injury occur? ____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place:

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Ralph B. Hegsted M.D.

(Address) Pocatello, Idaho

8—2001

U. S. GOVERNMENT PRINTING OFFICE 11—3164

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JUL 10 1944

Certificate Of Death

STATE OF IDAHO

State File No. 139331
Local Reg. No. 82
Reg. Dist. No. 601

1. **PLACE OF DEATH:**
(a) County Bingham
(b) City or town Blackfoot.
(c) Street Address or R.F.D. No. St. Hosp. Sou
(d) Death Occured Inside? ..... Outside? # ..... city or town
(e) Died in a Home ..... Hospital ..... Institution # ..... Other place .....
(f) Name Hosp. or Inst. St. Hosp So Stayed ..... days
(g) Lived in this county ..... years ..... months 24 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Ada
(c) City or town Boise
(d) Street Address or R.F.D. No. # 3
(e) Deceased lived Inside? ..... Outside? # ..... city or town
(f) Citizen of what country? U. S. A.
(g) How long had deceased lived in Idaho? 38 years
(h) Former residence (city, state) Utah

3. (a) **FULL NAME** Amelia, Stanford Gwilliam

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced .....
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) Aug. 23. 1866

8. AGE	Years	Months	Days	If less than 1 day
	77	10	7	hrs min.

9. Exact Occupation House wife Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Utah (City or town) (State or foreign country)
Father
12. Name Not given
13. Birthplace Not given (City or town) (State or foreign country)
Mother
14. Maiden name Not given
15. Birthplace Not given (City or town) (State or foreign country)
16. Informant's **OWN** Signature Records, State Hosp. Sou
and Address [illegible]
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof July 1st (Month) (Day) (Year)
(c) Place: Boise Idaho
18. Funeral Director's **OWN** Signature E. F. Peck
and Address Blackfoot Idaho
19. (a) June 30, 1944 (Date received and filed) (b) Mrs Walter E. Fabrie (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 30 1944
at 1:30 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from June 6 1944 to June 29 19
I last saw her alive on June 29 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration
Cerebral Arterio Sclerosis
Due to Psychosis
Due to .....
Other conditions .....
(Include pregnancy within 3 months of death)
Where was disease contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature L. A. McCrosky M.D. (M. D. or other)
and Address Blackfoot Ida Date 6/30 1944
(For additional space, use reverse side)

Hot

139332

United States
Department of Commerce
Bureau of the Census

JUL 10 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 27
Local Reg. No.
Reg. Dist. No. 410

1. **PLACE OF DEATH:**
(a) County Blaine
(b) City or town Hailey
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? ✓ Outside? ____ city or town
(e) Died in a Home ✓ Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 63 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Blaine
(c) City or town Hailey
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? ✓ Outside? ____ city or town
(f) Citizen of what country? U.S.
(g) How long had deceased lived in Idaho? 63 years
(h) Former residence (city, state)

3. (a) **FULL NAME** Thomas Frank Bailey 516

3. (b) If veteran, name war ✓
3. (c) Social Security No. 519-14-0046
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife ✓
6. (c) Age of husband or wife if alive ✓ years
7. Date of Birth (Month, Day, Year) March 6, 1881

8. AGE	Years	Months	Days	If less than 1 day
	63	3	1	hrs ____ min. ____

9. Exact Occupation Electrician — Did this work for 40 yrs.
10. Industry or Business ____ — Date last worked April-43
11. Birthplace Tamaroa, Mex. (City or town) (State or foreign country)

Father
12. Name Wm. Henry Bailey
13. Birthplace Mt. Pleasant, Iowa (City or town) (State or foreign country)

Mother
14. Maiden name Caroline Redsull
15. Birthplace ____ Oregon (City or town) (State or foreign country)

16. Informant's **OWN** Signature Vera Romaine
and Address Hailey, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-10-44 (Month) (Day) (Year)
(c) Place: Hailey Cemetery

18. Funeral Director's **OWN** Signature Mrs. L. Hartung
and Address Hailey, Ida.

19. (a) 7-4-1944 (Date received and filed) (b) Robert H. Wright (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 7 1944
at 7:10 o'clock P M.

21. **I HEREBY CERTIFY,** That I attended deceased from Jan 1 1944 to June 7 1944
I last saw h[illegible] alive on June 7 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cancer of Intestine	1 yr.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ____ Date ____
Major finding
Finding of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury

23. Attendant's **OWN** Signature E. W. [illegible]
and Address Hailey, Ida. (M. D. or other) Date 6/30 1944

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

139333

United States
Department of Commerce JUL 1 0 1944
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 28
Reg. Dist. No. 410

1. **PLACE OF DEATH:**
(a) County Blaine
(b) City or town Hailey
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? ✓ Outside? city or town
(e) Died in a Home Hospital ✓ Institution Other place
(f) Name Hosp. or Inst. Hailey Clinic Stayed 8 days
(g) Lived in this county 58 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Blaine
(c) City or town Hailey
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? ✓ Outside? city or town
(f) Citizen of what country? U. S.
(g) How long had deceased lived in Idaho? 58 years
(h) Former residence (city, state) Idaho

3. (a) **FULL NAME** Wm. Russell Werry 61

3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of ~~husband or~~ wife Dora
6. (c) Age of husband or wife if alive 48 years
7. Date of Birth (Month, Day, Year) Mar. 11, 1885

8. AGE	Years	Months	Days	If less than 1 day
	59	3	16	hrs min.

9. Exact Occupation Did this work for 20 yrs.
10. Industry or Business hotel & club Date last worked
11. Birthplace Colorado (City or town) (State or foreign country)
Father
12. Name Nicholas Werry
13. Birthplace England (City or town) (State or foreign country)
Mother
14. Maiden name Hanna Crape Morcam
15. Birthplace England (City or town) (State or foreign country)
16. Informant's OWN Signature Dora M. Werry
and Address Ketchum, Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 6-29-44 (Month) (Day) (Year)
(c) Place: Hailey cemetery
18. Funeral Director's OWN Signature Mrs G Harris
and Address Hailey, Ida.
19. (a) 7-4-1944 (Date received and filed) (b) Robert H. Wright (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 27 1944
at 8:15 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from 6-23 1944 to 6-27 1944
I last saw him alive on 6-27 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Coronary Block	1 hr.
Due to Diabetes	7 yrs.
✓ Due to Possible Typhoid fever	
Other conditions of 10 day duration	1
(Include pregnancy within 3 months of death)	

Where was disease contracted? Ketchum, Ida
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state
where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature E. W. [signature] (M. D. or other)
and Address Hailey, Ida Date 6-30 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

139334

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

JUL 14 1944

State File No.
Local Reg. No. 9 44
Reg. Dist. No. 112

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
   (a) County Bonner
   (b) City or town Priest River
   (c) Street Address or R. F. D. No.
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home.... Hospital X Institution.... Other place....
   (f) Name Hosp. or Inst. Priest River Stayed 3 days
   (g) Lived in this county 4½ years ..... months ..... days

   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Bonner
   (c) City or town Priest River
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? ✓ Outside? ..... city or town
   (f) Citizen of what country? U. S. A.
   (g) How long had deceased lived in Idaho? 4½ years
   (h) Former residence (city, state)

3. (a) **FULL NAME** Helena Phoebe Bacon

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex F race W
5. Color or
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or ~~wife~~ Chas. Wm. Bacon
6. (c) Age of husband or wife if alive 51 years
7. Date of Birth (Month, Day, Year) April 16, 1877

8. AGE	Years	Months	Days	If less than 1 day
	67	1	8	hrs ..... min.

9. Exact Occupation Housewife Did this work for 50 yrs.
10. Industry or Business own Home Date last worked Apr 1, 1944
11. Birthplace ..... Wisconsin (City or town) (State or foreign country)

Father
12. Name Albert Fosdick
13. Birthplace ..... unknown (City or town) (State or foreign country)

Mother
14. Maiden name Susanne Fish
15. Birthplace ..... unknown (City or town) (State or foreign country)

16. Informant's **OWN** Signature Charles Wm Bacon
and Address Priest River Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 9 1944 (Month) (Day) (Year)
(c) Place: Priest River Cemetery - Priest River
18. Funeral Director's **OWN** Signature H. A. Moon
and Address Sandpoint Idaho
19. (a) May 25 - 1944 (Date received and filed) (b) F. A. Monah (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 24 1944
at 1100 o'clock A M.

21. **I HEREBY CERTIFY**, That I attended deceased from May 1, 1944, to May 24, 1944
I last saw her alive on May 18 1944; death is said to have occurred on the date and hour stated above.

	Duration
Immediate Cause of Death: Diabetes mellitus	5 yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation ..... Date	
Major finding	
Finding of autopsy	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury

23. Attendant's **OWN** Signature Leslie J. Stauffer, M.D. (M. D. or other)
and Address Priest River Date 4-24 1944
(For additional space, use reverse side)

Ida.

139335

United States
Department of Commerce
Bureau of the Census

JUL 12 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 139335
Local Reg. No. 80
Reg. Dist. No. 114

1. **PLACE OF DEATH:**
(a) County Bonner
(b) City or town Hope
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home X Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county ____ years 4 months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Alaska (b) County
(c) City or town Anchorage
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 4 mos years
(h) Former residence (city, state) Anchorage, Alaska

3. (a) **FULL NAME** ALVIN WALTER BOCKOVEN

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3. (b) If veteran, name war None
3. (c) Social Security No. 574-03-6998
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) March 18, 1918

8. AGE	Years	Months	Days	If less than 1 day
	26	2	11	hrs ____ min.

9. Exact Occupation Electrician & Carpenter. Did this work for 3 yrs.
10. Industry or Business U.S. Gov't Date last worked Nov. '43
11. Birthplace Maple Grove, Minnesota (City or town) (State or foreign country)

Father
12. Name Alvie Elmo Bockoven
13. Birthplace Princeton Minnesota (City or town) (State or foreign country)

Mother
14. Maiden name Clara M. Neuman
15. Birthplace Maple Grove, Minnesota (City or town) (State or foreign country)

16. Informant's OWN Signature A. E. Bockoven
and Address Hope, Idaho

17. (a) Burial, [illegible] (b) Date thereof June 2, 1944 (Month) (Day) (Year)
(Burial, cremation, or removal)
(c) Place: Sandpoint, Idaho

18. Funeral Director's OWN Signature Moon Mortuary
and Address Sandpoint, Idaho

19. (a) 6-2-1944 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 29 1944
at ____ o'clock ____ M.

21. **I HEREBY CERTIFY,** That I attended deceased from March 1944 to May 1944
I last saw h___ alive on ____ 19___; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Malignant brain tumor	
Operate by Dr Paul	
Due to Cr Flothow Seattle	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN — Underline the cause to which death should be charged statistically.
Name of operation ____ Date ____	
Major finding	
Finding of autopsy None	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19___ City, county, state where violence occurred
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury

23. Attendant's OWN Signature Floyd C. Wendle (M. D. or other)
and Address Sandpoint Date 6-1 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JUL 14 1944

CERTIFICATE OF DEATH

STATE OF IDAHO

State File No. 139336
Local Reg. No. 11, 1944
Reg. Dist. No. 112

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. PLACE OF DEATH:
(a) County Bonner
(b) City or town Priest River
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? X city or town
(e) Died in a Home Hospital Institution Other place X
(f) Name Hosp. or Inst. Stayed. days
(g) Lived in this county 11 years months days
Note For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Bonner
(c) City or town Priest River
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Outside? X city or town
(f) If foreign born, in U. S. yrs. Citizen of U. S. Yes
(g) How long had deceased lived in Idaho? 11 years
(h) Former residence (city, state) Kevin. Montana

3. (a) **FULL NAME** Charles Avery Bergdorf

3. (b) If veteran, name war
3. (c) Social Security No. 519-03-3346
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6 (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) June 5. 1915

8. AGE	Years	Months	Days	If less than 1 day
	28	11	25	hrs min.

9. Exact Occupation Farmer — Did this work for 12 yrs.
10. Industry or Business Farming — Date last worked 5/30/44
11. Birthplace Kevin. Montana (City or town) (State or foreign country)

Father
12. Name Henry Bergdorf
13. Birthplace Chippewa Falls. Wisconsin (City or town) (State or foreign country)

Mother
14. Maiden name Esther Lillian Morris
15. Birthplace Indiana (City or town) (State or foreign country)

16. Informant's **OWN** Signature Henry Bergdorf
and Address Priest River. Idaho
17. (a) burial (Burial, cremation or removal) (b) Date thereof 6/2/44 (Month) (Day) (Year)
(c) Place: Priest River. Idaho
18. Funeral Director's **OWN** Signature L. D. Nixon
and Address Sandpoint. Idaho
19. (a) 6-7-44 (Date received and filed) (b) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 30. 1944
at 11 o'clock A. M.

21. **I HEREBY CERTIFY,** That I attended deceased from 19, to 19
I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Accidental Drowning — Duration
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
at Thams Ferry on Pend d'Oreille River
Where was disease first contracted?
Name of operation Date
Major finding
Finding of autopsy. none.

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Yes Suicide? Homicide?
Occurred May 30, 1944 City, county, state where violence occurred. Thama, Bonner Co. Ida.
Place of Violence: Home Farm Industry
Public Place Yes While at work? Yes.
Means of injury Accidental Drowning

23. Attendant's **OWN** Signature L. D. Nixon Coroner (M. D. or other)
and Address Sandpoint, Idaho Date 6-1-1944
(For additional space, use reverse side)

United States
Department of Commerce
Bureau of the Census

JUL 12 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 139337
Local Reg. No. 48
Reg. Dist. No. 110

1. **PLACE OF DEATH:**
(a) County Bonner
(b) City or town Sandpoint
(c) Street Address or R. F. D. No. 514 N. 2nd
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home ____ Hospital X Institution ____ Other place ____
(f) Name Hosp. or Inst. Community Stayed 28 days
(g) Lived in this county 29 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bonner
(c) City or town Sandpoint
(d) Street Address or R. F. D. No. Route 1
(e) Deceased lived Inside? ____ Outside? X city or town
(f) Citizen of what country? Norway
(g) How long had deceased lived in Idaho? 29 years
(h) Former residence (city, state) Norway

3. (a) **FULL NAME** OLE E. MAHLE

3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Marit Mahle
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) June 24, 1852

8. AGE	Years	Months	Days	If less than 1 day
	91	11	20	hrs ____ min.

9. Exact Occupation Farmer — Did this work for 60 yrs.
10. Industry or Business own farm — Date last worked May 6, '44
11. Birthplace Norway (City or town) (State or foreign country)

Father
12. Name Eric Mahle
13. Birthplace Norway (City or town) (State or foreign country)

Mother
14. Maiden name Synora Hoil
15. Birthplace Norway (City or town) (State or foreign country)

16. Informant's **OWN** Signature x Edevin Mahle
and Address Rt. 1 Sandpoint, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 7, 1944 (Month) (Day) (Year)
(c) Place: Sandpoint, Idaho
18. Funeral Director's **OWN** Signature MOON MORTUARY
and Address SANDPOINT, IDAHO
19. (a) June 7 1944 (Date received and filed) (b) Lawrence E. Moon (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 4, 1944
at 11 12 o'clock A M.

21. **I HEREBY CERTIFY,** That I attended deceased from May 6, 1944 to ____ 19____
I last saw him alive on June 4, 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Chronic Myocarditis 930 — Duration 1 yr
Due to Arteriosclerosis 97 — 10 yrs.
Due to ____
Other conditions ____
(Include pregnancy within 3 months of death)
Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's **OWN** Signature Wm F Tyler M.D.
and Address Sandpoint Ida (M. D. or other) Date Mar. 8 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

139339

United States
Department of Commerce
Bureau of the Census

JUL 12 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 49
Reg. Dist. No. 110

1. **PLACE OF DEATH:**
(a) County Bonner
(b) City or town Sandpoint
(c) Street Address or R. F. D. No. 514 N. 2nd.
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home __ Hospital X Institution __ Other place __
(f) Name Hosp. or Inst. Community Stayed 7 days
(g) Lived in this county 1 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bonner
(c) City or town Sandpoint
(d) Street Address or R. F. D. No. Route 1
(e) Deceased lived Inside? ____ Outside? X city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 2 years
(h) Former residence (city, state)

3. (a) FULL NAME WILLIAM HENRY GARDNER

3. (b) If veteran, name war none
3. (c) Social Security No. No Record
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Myrtle Gardner
6. (c) Age of husband or wife if alive 30 years
7. Date of Birth (Month, Day, Year) July 15, 1907

8. AGE	Years	Months	Days	If less than 1 day
	36	10	20	hrs min.

9. Exact Occupation woodsman Did this work for 1 yrs.
10. Industry or Business Lumber Date last worked 1941
11. Birthplace Keycee, Wyoming (City or town) (State or foreign country)
Father
12. Name John Henry Gardner
13. Birthplace Nevada, Mo. (City or town) (State or foreign country)
Mother
14. Maiden name Bertha A. Kester
15. Birthplace Guthrie Center, Iowa (City or town) (State or foreign country)
16. Informant's OWN Signature J H Gardner and Address R.F.D. 1 Sandpoint, Ida.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 7, 1944 (Month) (Day) (Year)
(c) Place: Pack River Cemetery Bonner County
18. Funeral Director's OWN Signature MOON MORTUARY [signature] and Address SANDPOINT, IDAHO
19. (a) 6-7-44 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 5, 1944 at 4 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from May 31 1944, to June 5 1944
I last saw him alive on 6/5 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Hypostatic pneumonia	3 days
Due to Cancer scrotum	1½ yr
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Indary anaemia	1 yr

Where was disease contracted?
Name of operation ____ Date ____
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work?
Means of injury

23. Attendant's OWN Signature Wm F Tyler MD (M. D. or other) and Sandpoint Ida Date June 8 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce JUL 12 1944
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 139339
Local Reg. No. 50
Reg. Dist. No. 110

1. **PLACE OF DEATH:**
(a) County Bonner
(b) City or town Sandpoint
(c) Street Address or R. F. D. No. 514 N. 2nd Ave.
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home __ Hospital X Institution __ Other place __
(f) Name Hosp. or Inst. Community Stayed 6 days
(g) Lived in this county 18 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bonner
(c) City or town Sandpoint
(d) Street Address or R. F. D. No. 1225 Lake St.
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 18 years
(h) Former residence (city, state) ____

3. (a) FULL NAME JOSEPH S. SOLOMON 83a

3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Leona Solomon
6. (c) Age of husband or wife if alive 68 years
7. Date of Birth (Month, Day, Year) July 11, 1867

8. AGE	Years	Months	Days	If less than 1 day
	76	10	18	hrs min.

9. Exact Occupation Farmer Did this work for life yrs.
10. Industry or Business Own Farm Date last worked 1943
11. Birthplace Iowa (City or town) (State or foreign country)
Father
12. Name William Solomon
13. Birthplace No Record (City or town) (State or foreign country)
Mother
14. Maiden name No Record
15. Birthplace No Record (City or town) (State or foreign country)
16. Informant's OWN Signature John Solomon
and Address 8429 25th Ave SW Seattle, Wash.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 15, 1944 (Month) (Day) (Year)
(c) Place: Sandpoint, Idaho.
18. Funeral Director's OWN Signature MOON MORTUARY L. Moon
and Address Sandpoint, Idaho.
19. (a) 6-14-1944 (Date received and filed) (b) Lawrence Moon (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 9th 1944
at 8:30 o'clock A. M.
21. **I HEREBY CERTIFY,** That I attended deceased from May 27 1944, to June 9 1944
I last saw him alive on June 8 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebral hemorrhage	1 wk
Due to Arterio Sclerosis	5 yr.
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation ____ Date ____	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature Wm F. Tyler M D (M. D. or other)
and Address Sandpoint, Ida Date 6-14 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JUL 12 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 139340
Local Reg. No. 51
Reg. Dist. No. 110

1. **PLACE OF DEATH:**
(a) County Bonner
(b) City or town Sandpoint
(c) Street Address or R. F. D. No. 514 N. 2nd Ave
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home ____ Hospital X Institution ____ Other place ____
(f) Name Hosp. or Inst. Community Stayed 5 days
(g) Lived in this county 0 years 1 months 0 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bonner
(c) City or town Clarksfork
(d) Street Address or R. F. D. No. ____
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 1 mo yrs
(h) Former residence (city, state) Vancouver, Wash

3. (a) **FULL NAME** FRANK GEORGE PRISHMONT

46 b

3. (b) If veteran, name war No
3. (c) Social Security No. 517-18-1489
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Barbara
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) Oct. 10, 1875

8. AGE	Years	Months	Days	If less than 1 day
	68	8	6	hrs ____ min.

9. Exact Occupation Shipfitter — Did this work for 2½ yrs.
10. Industry or Business Ship yards — Date last worked Feb. 1944
11. Birthplace Lithuania (City or town) (State or foreign country)

Father
12. Name George Prishmont
13. Birthplace Lithuania (City or town) (State or foreign country)

Mother
14. Maiden name No Record
15. Birthplace Lithuania (City or town) (State or foreign country)

16. Informant's OWN Signature George Prishmont
and Address Box 17, Clarksfork Ida
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof June 19, 1944 (Month) (Day) (Year)
(c) Place: Heron, Montana.
18. Funeral Director's OWN Signature MOON MORTUARY
and Address Sandpoint, Idaho.
19. (a) 6-19-1944 (Date received and filed) (b) Laurence Moon (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 16, 1944
at 6:30 o'clock A. M.

21. **I HEREBY CERTIFY,** That I attended deceased from June 11, 1944, to June 16, 1944
I last saw him alive on June 15, 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Hypostatic Pneumonia	4 days
Due to	
Cancer of stomach	6 mo
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Secondary anaemia	6 mo

Where was disease contracted? ____ If not at place of death, how long? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's OWN Signature Wm F Tyler M.D. (M. D. or other)
and Address Sandpoint, Ida Date 6-19-1944

(For additional space, use reverse side)

United States
Department of Commerce
Bureau of the Census

JUL 14 1944

CERTIFICATE OF DEATH

STATE OF IDAHO

State File No. 139341
Local Reg. No. 12 1944
Reg. Dist. No. 112

1. PLACE OF DEATH:
(a) County Bonner
(b) City or town Priest River, Idaho
(c) Street Address or R. F. D. No. Nordman Route
(d) Death Occurred Inside? ..... Outside? X city or town
(e) Died in a Home ... Hospital ... Institution . Other place X.
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 1 years — months — days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Wash (b) County Spokane
(c) City or town Spokane
(d) Street Address or R. F. D. No. No regular address
(e) Deceased lived Inside? X Outside? ..... city or town
(f) If foreign born, in U. S. ..... yrs. Citizen of U. S.? yes
(g) How long had deceased lived in Idaho? 1 years
(h) Former residence (city, state) Spokane-Wash

3. (a) **FULL NAME** David Charles Gardiner

3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife .....
6 (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) February 26, 1941

8. AGE	Years	Months	Days	If less than 1 day
	3	3	23	hrs min.

9. Exact Occupation none — Did this work for 2 yrs.
10. Industry or Business none — Date last worked none
11. Birthplace Spokane (City or town) Wash. (State or foreign country)

Father
12. Name Charles Gardner
13. Birthplace not known (City or town) (State or foreign country)

Mother
14. Maiden name Florence Workman
15. Birthplace not know (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mrs Geo. C. Richter
and Address Priest River, Ida.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 6-18-44 (Month) (Day) (Year)
(c) Place: Spokane-Wash
18. Funeral Director's **OWN** Signature MOON MORTUARY L. F. Moon
and Address Sandpoint, Idaho
19. (a) 6/18/44 (Date received and filed) (b) A. A. Worsch (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 18, 1944
at 10:30 o'clock A. M.
21. **I HEREBY CERTIFY,** That I attended deceased from ..... 19....., to ..... 19.....
I last saw h..... alive on ..... 19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death	Duration
Accidental Drowning	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease first contracted?	PHYSICIAN
Name of operation ..... Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? yes Suicide? — Homicide? —
Occurred June 18, 1944 City, county, state where violence occurred Luby Bay Resort - Bonner Co
Place of Violence: Home Priest Lake Industry Idaho
Public Place yes While at work? —
Means of injury Fell from dock.
23. Attendant's **OWN** Signature L. F. Moon Coroner (M. D. or other)
and Address Sandpoint Idaho Date June 18, 1944
(For additional space, use reverse side)

...mant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each ...em should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

139342

United States
Department of Commerce
Bureau of the Census

JUL 12 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 52
Reg. Dist. No. 110

1. **PLACE OF DEATH:**
   (a) County Bonner
   (b) City or town Sandpoint
   (c) Street Address or R. F. D. No. 514 N. 2nd Ave.
   (d) Death Occurred Inside? X Outside? ____ city or town
   (e) Died in a Home ____ Hospital X Institution ____ Other place ____
   (f) Name Hosp. or Community Stayed 14 days
   (g) Lived in this county 0 years 3 months 0 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Bonner
   (c) City or town Sandpoint
   (d) Street Address or R. F. D. No. N. Boyer Ave.
   (e) Deceased lived Inside? X Outside? ____ city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 3 mo. years
   (h) Former residence (city, state) Scotts Bluff, Nebraska

3. (a) FULL NAME Anna Shively

95c

3. (b) If veteran, name war none
3. (c) Social Security No. none
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
4. Sex Female
6. (b) Name of husband or wife Levi Shively
6. (c) Age of husband or alive ____ years
7. Date of Birth (Month, Day, Year) November 5, 1867

8. AGE	Years	Months	Days	If less than 1 day
	76	7	15	hrs ____ min.

9. Exact Occupation Housewife — Did this work for 58 yrs.
10. Industry or Business Own Home — Date last worked May 1944
11. Birthplace Clinton, Iowa. (City or town) (State or foreign country)

Father
12. Name Robert Rawlins
13. Birthplace England (City or town) (State or foreign country)

Mother
14. Maiden name Mary Jane Bailey
15. Birthplace No Record (City or town) (State or foreign country)

16. Informant's OWN Signature Kenneth R Shively
and Address Sandpoint, Idaho.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 22, 1944 (Month) (Day) (Year)
(c) Place Sandpoint, Idaho.

18. Funeral Director MOON MORTUARY
OWN Signature Lawrence O Moon
and Address Sandpoint, Idaho.

19. (a) JUN 22 1944 (Date received and filed) (b) Lawrence O Moon (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) June 20th 19 44
at 11:30 o'clock A M.

21. I HEREBY CERTIFY, That I attended deceased from June - 3 19 44 to Jun - 20 19 44
I last saw her alive on June 19 19 44 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death	Duration
CATGIAC - Asthma	1 yr
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation None Date
Major finding
Finding of autopsy None

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19 ____ City, county, state where violence occurred
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury

23. Attendant's OWN Signature Floyd G Verdie (M. D. or other)
and Address Sandpoint, Ida Date 6-21 1944

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

JUL 12 1944

State File No. 139343
Local Reg. No. 53
Reg. Dist. No. 110

1. **PLACE OF DEATH:**
   (a) County Bonner
   (b) City or town Sandpoint
   (c) Street Address or R. F. D. No. 514 N. Second
   (d) Death Occurred Inside? X Outside? ____ city or town
   (e) Died in a Home ____ Hospital X Institution ____ Other place ____
   (f) Name Hosp. or Inst. Community Hosp. Stayed 1 days
   (g) Lived in this county 44 years ____ months ____ days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Bonner
   (c) City or town Sandpoint
   (d) Street Address or R. F. D. No. 901 N. 5th Ave
   (e) Deceased lived Inside? X Outside? ____ city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 44 years
   (h) Former residence (city, state) ____

3. (a) **FULL NAME** Helen Ashley Hawkins

3. (b) If veteran, name war no
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife William E.
6. (c) Age of husband or wife if alive 66 years
7. Date of Birth (Month, Day, Year) August 30, 1879

8. AGE	Years	Months	Days	If less than 1 day
	64	9	23	hrs ____ min. ____

9. Exact Occupation Teacher — Did this work for 25 yrs.
10. Industry or Business Public Schools — Date last worked Feb. 1944
11. Birthplace Springfield, Ohio. (City or town) (State or foreign country)

Father
12. Name John K. Ashley
13. Birthplace Ohio (City or town) (State or foreign country)

Mother
14. Maiden name Florence Carter
15. Birthplace Ohio (City or town) (State or foreign country)

16. Informant's **OWN** Signature Elaine H. Narestad
and Address Rudyard, Mont.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 28, 1944 (Month) (Day) (Year)
(c) Place Sandpoint, Idaho.
18. Funeral Director's **OWN** Signature MOON MORTUARY
and Address Sandpoint, Idaho.
19. (a) 6-28-1944 (Date received and filed) (b) Laurence E. Moon (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 23rd. 1944
at 11:40 o'clock P.M.
21. **I HEREBY CERTIFY,** That I attended deceased from June 23 1944 to June 23 1944
I last saw her alive on June 23 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Diabetic Coma	12 hrs
Due to Arteriosclerosis	Several years
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation None Date	
Major finding	
Finding of autopsy None	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's **OWN** Signature Floyd G. Wendle (M. D. or other)
and Address Sandpoint Date 6-26 1944
(For additional space use reverse side)

139344

United States
Department of Commerce
Bureau of the Census

JUL 12 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 54
Reg. Dist. No. 110

1. **PLACE OF DEATH:**
(a) County Bonner
(b) City or town Sandpoint
(c) Street Address or R. F. D. No. 514 N. Second
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home ____ Hospital X Institution ____ Other place ____
(f) Name Hosp. or Inst. Community Stayed 1 days
(g) Lived in this county 27 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bonner
(c) City or town Dover, Idaho.
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? ____ Outside? X city or town
(f) Citizen of what country? U.S.A
(g) How long had deceased lived in Idaho? 27 years
(h) Former residence (city, state)

3. (a) FULL NAME CARL GORDON PETERSON

3. (b) If veteran, name war No
3. (c) Social Security No. 518-03-9336
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Marcia Elzina
6. (c) Age of husband or wife if alive 48 years
7. Date of Birth (Month, Day, Year) October 27, 1892

8. AGE	Years	Months	Days	If less than 1 day
	51	7	29	hrs min.

9. Exact Occupation Sawyer Did this work for 20 yrs.
10. Industry or Business Logging Date last worked June 1944
11. Birthplace Chalk Mound, Kansas. (City or town) (State or foreign country)
Father
12. Name Peter Peterson
13. Birthplace Baltimore, Md. (City or town) (State or foreign country)
Mother
14. Maiden name Nora L. Waters
15. Birthplace Kansas. (City or town) (State or foreign country)
16. Informant's OWN Signature Ralph E. Peterson and Address Dover, Idaho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 29, 1944 (Month) (Day) (Year)
(c) Place: Sandpoint, Idaho.
18. Funeral Director's OWN Signature MOON MORTUARY [signature] and Address Sandpoint, Idaho.
19. (a) 6-29-1944 (Date received and filed) (b) Lawrence G. Moon (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 26, 1944 at 5:30 o'clock P. M.
21. I HEREBY CERTIFY, That I attended deceased from June 26 1944 to June 26 1944 I last saw him alive on June 26 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebral hemorrhage	few hours
Due to Skull fracture	few hours
Due to	
Other conditions Fracture ribs (Include pregnancy within 3 months of death)	few hours
Internal injuries of chest	
Where was disease contracted?	PHYSICIAN
Name of operation ____ Date ____	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Yes Suicide? ____ Homicide? ____
Occurred June 26 1944 City, county, state where violence occurred Bonner Co. Idaho
Place of Violence: Home ____ Farm ____ Industry Yes
Public Place ____ While at work? Yes
Means of injury Struck by falling tree
23. Attendant's OWN Signature Wm F Tyler MD (M. D. or other)
and Address Sandpoint, Idaho Date 6-29 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JUL 12 1944

Certificate Of Death

STATE OF IDAHO

State File No. 139345
Local Reg. No. 134
Reg. Dist. No. 610

1. **PLACE OF DEATH:**
(a) County Bonneville
(b) City or town Idaho Falls
(c) Street Address or R.F.D. No. 624-K
(d) Death Occured Inside? ✓ Outside? ..... city or town
(e) Died in a Home ✓ Hospital ..... Institution ..... Other place .....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county ..... years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Bonneville
(c) City or town Idaho Falls
(d) Street Address or R.F.D. No. 624-K
(e) Deceased lived Inside? ✓ Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 19 years
(h) Former residence (city, state) .....

3. (a) **FULL NAME** Juliane Borg

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced .....
6. (b) Name of husband or wife Frank A. Borg
6. (c) Age of husband or wife if alive 69 years
7. Date of Birth (Month, Day, Year) Nov 15, 1880

8. AGE	Years	Months	Days	If less than 1 day
	63	6	12	hrs min.

9. Exact Occupation Housewife Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Stavanger (City or town), Norway (State or foreign country)
Father
12. Name Abraham Bendixson
13. Birthplace Norway (City or town) (State or foreign country)
Mother
14. Maiden name Asteaina Osterdaughter
15. Birthplace Norway (City or town) (State or foreign country)
16. Informant's **OWN** Signature Jonas Borg
and Address Idaho Falls, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/2/44 (Month) (Day) (Year)
(c) Place: Idaho Falls, Idaho
18. Funeral Director's **OWN** Signature Jack A. Wood
and Address Idaho Falls, Idaho
19. (a) 6/23/44 (Date received and filed) (b) Anna Bridges (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 27 1944
at 4 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from ..... 19....., to ..... 19.....
I last saw h..... alive on ..... 19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Heart attack	
Coronary thrombosis	
Due to	
Due to	
Other conditions ..... (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation ..... Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred May 27th 1944 City, county, state where violence occurred Idaho Falls Idaho
Place of Violence: Home yes Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury Heart attack
23. Attendant's **OWN** Signature Fred Porter Crane (M. D. or other)
and Address Idaho Falls Date June 14 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JUL 12 1944

Certificate Of Death

STATE OF IDAHO

State File No. 139346
Local Reg. No. 122
Reg. Dist. No. 610

1. PLACE OF DEATH:
(a) County Bonneville
(b) City or town Idaho Falls
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Home ..... Hospital X Institution ..... Other place
(f) Name Hosp. or Inst. Sacred Heart Stayed 22 days
(g) Lived in this county 7 years 6 months 0 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Bonneville
(c) City or town Idaho Falls
(d) Street Address or R.F.D. No. 1011 Bear St.
(e) Deceased lived Inside? X Outside? ..... city or town
(f) Citizen of what country? United States
(g) How long had deceased lived in Idaho? 7 years
(h) Former residence (city, state) Turtle Lake, North Dakota

3. (a) FULL NAME ANNA BERG

92 d

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Gust Berg
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) October 18, 1882

8. AGE	Years	Months	Days	If less than 1 day
	61	7	13	hrs min.

9. Exact Occupation Housewife Did this work for 25 yrs.
10. Industry or Business At home Date last worked Oct. 1943
11. Birthplace Storden (City or town) Minnesota (State or foreign country)
Father
12. Name Rasmus Anderson
13. Birthplace Norway (City or town) (State or foreign country)
Mother
14. Maiden name Marie
15. Birthplace Norway (City or town) (State or foreign country)
16. Informant's OWN Signature Arnold Berg
and Address Idaho Falls, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 4, '44 (Month) (Day) (Year)
(c) Place: Fielding Memorial Park, Idaho Falls, Idaho
18. Funeral Director's OWN Signature Orland E. Buck
and Address Idaho Falls, Idaho
19. (a) 6/6/44 (Date received and filed) (b) Anna Budgis (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) June 1 1944
at 10:52 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from May 8 1944, to June 1 1944
I last saw her alive on June 1 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death	Duration
(1) Chronic Myocarditis	1 yr
(2) + Nephritis & Decompensation	2 mo
Due to Valvular Disease	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation no Date	
Major finding	
Finding of autopsy no	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? — Suicide? — Homicide? —
Occurred — 19 — City, county, state where violence occurred —
Place of Violence: Home — Farm — Industry —
Public Place — While at work? —
Means of injury

23. Attendant's OWN Signature Jabez N. Hrst. MD (M. D. or other)
and Address Idaho Falls Date 6/6 1944
(For additional space, use reverse side)

139347

United States
Department of Commerce
Bureau of the Census JUL 12 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 125
Reg. Dist. No. 610

1. **PLACE OF DEATH:**
(a) County Bonneville
(b) City or town Idaho Falls
(c) Street Address or R. F. D. No. 163 Longfellow
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home X Hospital __ Institution __ Other place __
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 37 years 7 months ? days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bonneville
(c) City or town Idaho Falls
(d) Street Address or R. F. D. No. Route # 3
(e) Deceased lived Inside? ____ Outside? X city or town
(f) Citizen of what country? United States
(g) How long had deceased lived in Idaho? 37 years
(h) Former residence (city, state) Archer, Neb.

3. (a) **FULL NAME** SAMUEL SCHAUMLEFFEL

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Emma S.
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) November 3, 1866

8. AGE	Years	Months	Days	If less than 1 day
	77	7	1	hrs min.

9. Exact Occupation Farmer, retired Did this work for 48 yrs.
10. Industry or Business Self employed Date last worked May 1935
11. Birthplace Buffalo (City or town) New York (State or foreign country)
Father
12. Name Unknown
13. Birthplace Unknown (City or town) (State or foreign country)
Mother
14. Maiden name Unknown
15. Birthplace Unknown (City or town) (State or foreign country)
16. Informant's OWN Signature Geo. L. Schaumleffel
and Address Idaho Falls, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 6, 1944 (Month) (Day) (Year)
(c) Place: Idaho Falls, Idaho
18. Funeral Director's OWN Signature Orland C. Buck
and Address Idaho Falls, Idaho
19. (a) 6/10/44 (Date received and filed) (b) Anna Bridges (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 4 1944
at 8:55 o'clock A. M.
21. **I HEREBY CERTIFY,** That I attended deceased from April 1 1944, to June 4 1944
I last saw him alive on June 3 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Chr. Myocarditis & Senility 163 — Duration
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Where was disease contracted?
Name of operation ____ Date ____
Major finding
Finding of autopsy ____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state
where violence occurred
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work?
Means of injury
23. Attendant's OWN Signature W. R. West (M. D. or other)
and Address ____ Date 6 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JUN 12 1944

Certificate Of Death

STATE OF IDAHO

State File No. 13934
Local Reg. No. 121
Reg. Dist. No. 6-D

1. **PLACE OF DEATH:**
(a) County Bonneville
(b) City or town Idaho Falls
(c) Street Address or R.F.D. No. Memorial Hosp.
(d) Death Occured Inside? ✓ Outside? ..... city or town
(e) Died in a Home .... Hospital ✓ Institution .... Other place ....
(f) Name Hosp. or Inst. L.D.S. Hosp. Stayed ..... days
(g) Lived in this county ..... years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Bonneville
(c) City or town Idaho Falls
(d) Street Address or R.F.D. No. 120 W. 14th
(e) Deceased lived Inside? ✓ Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 60 years
(h) Former residence (city, state) Utah

3. (a) **FULL NAME** Mary Ellen Hill 932

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Female
5. Color or race W
6. (a) Single, widowed, married, divorced .....
6. (b) Name of husband or wife Henry C. Hill
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) March 12, 1874

8. AGE	Years	Months	Days	If less than 1 day
	70	2	25	hrs min.

9. Exact Occupation Housewife Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Clarkston, Utah (City or town) (State or foreign country)

Father
12. Name Owen Sayer
13. Birthplace England (City or town) (State or foreign country)

Mother
14. Maiden name Mary Ellen Byrd
15. Birthplace Pinita, Utah (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mrs. Vera Stone
and Address Idaho Falls, Idaho

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 6/12/44 (Month) (Day) (Year)
(c) Place: Rigby, Idaho

18. Funeral Director's **OWN** Signature Jack C. Ward
and Address Idaho Falls, Idaho

19. (a) 6/12/44 (Date received and filed) (b) Elma Burgess (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 7 1944
at 5-30 o'clock P.M.

21. **I HEREBY CERTIFY**, That I attended deceased from 6-1 1944, to 6-7 1944
I last saw h[illegible] alive on 6-4 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Myocarditis	4 yrs.
Due to Hypertension, [illegible]	10 yrs.
Arteriosclerosis	10 yrs.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature C. C. Eisenhauer M.D. (M. D. or other)
and Address Idaho Falls, Idaho Date 6/12 1944
(For additional space, use reverse side)

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United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

1 2 1944

State File No.
Local Reg. No. 129
Reg. Dist. No. 610

1. PLACE OF DEATH:
(a) County Bonneville
(b) City or town Idaho Falls
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? X Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. L.D.S. Stayed 5 days
(g) Lived in this county 0 years 0 months 5 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Jefferson
(c) City or town Terreton
(d) Street Address or R.F.D. No. Rural
(e) Deceased lived Inside? Outside? X city or town
(f) Citizen of what country? United States
(g) How long had deceased lived in Idaho? 9 years
(h) Former residence (city, state) Clarkston, Utah

3. (a) FULL NAME LEO JOSEPH RASMUSSEN 175a

3. (b) If veteran, name war None
3. (c) Social Security No. 519-01-1136
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Burneice R.
6. (c) Age of husband or wife if alive 27 years
7. Date of Birth (Month, Day, Year) November 24, 1913

8. AGE	Years	Months	Days	If less than 1 day
	30	6	16	hrs min.

9. Exact Occupation Farmer Did this work for 10 yrs.
10. Industry or Business Self employed Date last worked 6/5/'44
11. Birthplace Clarkston, Utah (City or town) (State or foreign country)
Father
12. Name Lars Joseph Rasmussen
13. Birthplace Clarkston Utah (City or town) (State or foreign country)
Mother
14. Maiden name Kate Dahle
15. Birthplace Clarkston Utah (City or town) (State or foreign country)
16. Informant's OWN Signature Mrs Vera Gilbert
and Address Idaho Falls, Ida.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof June 15, '44 (Month) (Day) (Year)
(c) Place: Clarkston, Utah
18. Funeral Director's OWN Signature Orland C. Buck
and Address Idaho Falls, Idaho
19. (a) 6/14/44 (Date received and filed) (b) Anna Bridges (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 10 1944
at 10:30 o'clock A. M.
21. **I HEREBY CERTIFY,** That I attended deceased from June 5, 1944, to June 10 1944
I last saw him alive on June 10 1944; death is said to have occurred on the date and hour stated above.
Immediate Cause of Death: Fracture of Skull — Duration
Due to Cerebrophage
Due to
Other conditions (Include pregnancy within 3 months of death)
Probably run away team. Deceased was following
Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ✓ Suicide? Homicide?
Occurred 6/5/44 19 City, county, state where violence occurred Terreton Idaho
Place of Violence: Home Farm ✓ Industry
Public Place While at work? ✓
Means of injury Accidental
23. Attendant's OWN Signature [signature] (M. D. or other)
and Address [illegible] Date 6/14 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JUL 12 1944

Certificate Of Death

STATE OF IDAHO

State File No. 139350
Local Reg. No. 132
Reg. Dist. No. 610

1. PLACE OF DEATH:
(a) County Bonneville
(b) City or town Idaho Falls
(c) Street Address or R.F.D. No. 366 'J' St.
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Home X Hospital ..... Institution ..... Other place .....
(f) Name Hosp. or Inst. None Stayed ..... days
(g) Lived in this county 36 years ? months ? days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Bonneville
(c) City or town Idaho Falls
(d) Street Address or R.F.D. No. 366 'J' St.
(e) Deceased lived Inside? X Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 36 years
(h) Former residence (city, state) Bellevue, Ohio

3. (a) FULL NAME WARREN ALBERT BAKER 124b

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Alice R. Baker
6. (c) Age of husband or wife if alive 67 years
7. Date of Birth (Month, Day, Year) March 11, 1878

8. AGE	Years	Months	Days	If less than 1 day
	66	3	0	hrs min.

9. Exact Occupation Merchant Did this work for 35 yrs.
10. Industry or Business Household wares Date last worked 6/1/44
11. Birthplace Bellevue (City or town) Ohio (State or foreign country)
Father
12. Name Emanuel Baker
13. Birthplace Snyder County, Penn. (City or town) (State or foreign country)
Mother
14. Maiden name Mary Matilda Harsch
15. Birthplace Huron County, Ohio (City or town) (State or foreign country)
16. Informant's OWN Signature Alice R. Baker
and Address Idaho Falls, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 15, '44 (Month) (Day) (Year)
(c) Place: Idaho Falls, Idaho
18. Funeral Director's OWN Signature Orland C. Buck
and Address Idaho Falls, Idaho
19. (a) 6/15/44 (Date received and filed) (b) Anna Bridges (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month Day, Year) June 11 1944
at 6:45 o'clock A. M.
21. **I HEREBY CERTIFY**, That I attended deceased from June 4 1944, to June 11 1944
I last saw him alive on June 11 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Coronary Occlusion	
Due to	
Due to	
Other conditions Chronic Hepatitis & Colitis (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's OWN Signature A. P. Sodergren [illegible] (M. D. or other)
and Address Idaho Falls Idaho Date 6/15 1944
(For additional space, use reverse side)

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Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No.
Local Reg. No. 130
Reg. Dist. No. 610

JUN 12 1944

1. **PLACE OF DEATH:**
   (a) County Bonneville
   (b) City or town Idaho Falls
   (c) Street Address or R.F.D. No. 185 Whittier st.
   (d) Death Occured Inside? ✓ Outside? ..... city or town
   (e) Died in a Home ✓ Hospital .... Institution .... Other place ....
   (f) Name Hosp. or Inst. ..... Stayed ..... days
   (g) Lived in this county ..... years ..... months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Bonneville
   (c) City or town Idaho Falls
   (d) Street Address or R.F.D. No. 185 Whittier St.
   (e) Deceased lived Inside? ✓ Outside? ..... city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 43 years
   (h) Former residence (city, state) Illinois

3. (a) **FULL NAME** John F. Van Epps

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex M
5. Color or race W
6. (a) Single, widowed, (married) divorced
6. (b) Name of husband or wife Emma Van Epps
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) August 5, 1861

8. AGE	Years	Months	Days	If less than 1 day
	82	10	7	hrs min.

9. Exact Occupation Farmer — Did this work for ..... yrs.
10. Industry or Business ..... — Date last worked .....
11. Birthplace Stephenson County, Illinois (City or town) (State or foreign country)

Father
12. Name James Van Epps
13. Birthplace New York (City or town) (State or foreign country)

Mother
14. Maiden name Hesta French
15. Birthplace New York (City or town) (State or foreign country)

16. Informant's **OWN** Signature Edgar J. Van Epps
and Address Idaho Falls Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/15/44 (Month) (Day) (Year)
(c) Place: Idaho Falls, Idaho
18. Funeral Director's **OWN** Signature Jack A. Woods
and Address Idaho Falls. Idaho
19. (a) 6/16/44 (Date received and filed) (b) Lena Rudger (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 12 1944
at 4-30 o'clock P M.

21. **I HEREBY CERTIFY,** That I attended deceased from Apr. 25 1944, to June 12 1944
I last saw him alive on June 11 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Apoplexy	
Due to	
Due to High Blood Pressure	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? No
Name of operation None Date
Major finding
Finding of autopsy —

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? — Suicide? — Homicide? —
Occurred — 19 City, county, state where violence occurred —
Place of Violence: Home — Farm Industry
Public Place — While at work?
Means of injury

23. Attendant's **OWN** Signature Dr. Jennie M. Gardner (M.D. or other)
and Address 653 N. Capital Idaho Falls Idaho Date June 14 1944
(For additional space, use reverse side)

139352

United States
Department of Commerce
Bureau of the Census

JUL 12 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 131
Reg. Dist. No. 610

1. **PLACE OF DEATH:**
(a) County Bonneville
(b) City or town Garfield
(c) Street Address or R. F. D. No. Rigby, Idaho. R. #1
(d) Death Occurred Inside? ..... Outside? X city or town
(e) Died in a Home X Hospital ..... Institution ..... Other place ....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 47 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bonneville
(c) City or town Garfield
(d) Street Address or R. F. D. No. Rigby. R #1
(e) Deceased lived Inside? ..... Outside? X city or town
(f) If foreign born, in U. S. ..... yrs. Citizen of U. S.? .....
(g) How long had deceased lived in Idaho? 57 years
(h) Former residence (city, state) Fish Haven, Ida

3. (a) **FULL NAME** PHINEAS MELVIN COOK. 93d

3. (b) If veteran, name war X
3. (c) Social Security No. X
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ruth
6 (c) Age of husband or wife if alive 64 years
7. Date of Birth (Month, Day, Year) May 24, 1870

8. AGE	Years	Months	Days	If less than 1 day
	74	0	16	hrs min.

9. Exact Occupation Farmer Did this work for life yrs.
10. Industry or Business Farm Date last worked Oct. 1943
11. Birthplace Charleston, Idaho. (City or town) (State or foreign country)

Father
12. Name Phineas Howland Cook.
13. Birthplace Utah. (City or town) (State or foreign country)

Mother
14. Maiden name Elizabeth Hill.
15. Birthplace Utah. (City or town) (State or foreign country)

16. Informant's **OWN** Signature Leo Cook
and Address Rigby, Idaho. R. #1
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/12/44 (Month) (Day) (Year)
(c) Place: Ucon, Idaho.
18. Funeral Director's **OWN** Signature A. B. Eckersell
and Address Rigby, Idaho.
19. (a) 6/16/44 (Date received and filed) (b) Anna Bridges (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 12 1944
at 12:03 o'clock A M.

21. **I HEREBY CERTIFY,** That I attended deceased from Feb. 1942, to June 8 1944
I last saw him alive on June 8 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
1. Chronic Myocarditis	6 mos.
Due to Influenza	10 days
Due to	
Other conditions Senility (Include pregnancy within 3 months of death)	

Where was disease first contracted? at home
Name of operation none Date
Major finding
Finding of autopsy none performed

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature Dedon Tall, M.D. (M. D. or other)
and Address Rigby, Idaho. Date 6/13 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JUL 12 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

139333
State File No.
Local Reg. No. 136
Reg. Dist. No. 610

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. PLACE OF DEATH:
(a) County Bonneville
(b) City or town Poplar
(c) Street Address or R. F. D. No. Rigby. R. #2
(d) Death Occurred Inside? ..... Outside? X ..... city or town
(e) Died in a Home ....Hospital....Institution ....Other place X
(f) Name Hosp. or Inst. ..... Stayed .... days
(g) Lived in this county ..... years 1 months .... days
Note For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Jefferson
(c) City or town Rigby
(d) Street Address or R. F. D. No. X
(e) Deceased lived Inside? X ..... Outside? ..... city or town
(f) If foreign born, in U. S. ..... yrs. Citizen of U. S.? .....
(g) How long had deceased lived in Idaho? 20 years
(h) Former residence (city, state) None

3. (a) **FULL NAME** LLOYD FRANK HIGLEY. 175a

3. (b) If veteran, name war X
3. (c) Social Security No. 519-22-0787
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Rayelda
6 (c) Age of husband or wife if alive 24 years
7. Date of Birth (Month, Day, Year) April 13, 1924

8. AGE	Years	Months	Days	If less than 1 day
	20	2	0	hrs min.

9. Exact Occupation Laborer — Did this work for 5 years
10. Industry or Business Farm — Date last worked 6/13/44
11. Birthplace Rexburg, Idaho. (City or town) (State or foreign country)

Father
12. Name George Higley.
13. Birthplace Tooele, Utah. (City or town) (State or foreign country)

Mother
14. Maiden name Alice Eva Curtis.
15. Birthplace Gregray, Montana. (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mrs. Lloyd Higley
and Address Rigby, Idaho. R. #1
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 6/13/44 (Month) (Day) (Year)
(c) Place: Rigby, Idaho.
18. Funeral Director's **OWN** Signature C. E. Eckersell
and Address Rigby, Idaho.
19. (a) 6/27/44 (Date received and filed) (b) Lena Bridges (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 13 19 44
at 1 o'clock P. M.

21. I **HEREBY CERTIFY**, That I attended deceased from ..... 19..... to ..... 19.....
I last saw h..... alive on ..... 19..... ; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — Duration
Tumor Resection
Due to Incised cuts on hand
Due to
Other conditions
(Include pregnancy within 3 months of death)

Where was disease first contracted? ..... PHYSICIAN
Name of operation ..... Date .....
Major finding ..... Underline the cause to which death should be charged statistically.
Finding of autopsy .....

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Y Suicide? ..... Homicide? .....
Occurred June 15 19 44 City, county, state where violence occurred Rupert Idaho
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury Fractured Skull

23. Attendant's **OWN** Signature Fred Parker Coroner (M. D. or other)
and Address Idaho Falls Date June 22 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census JUL 12 1944

Certificate Of Death

STATE OF IDAHO

State File No. 139354
Local Reg. No. 142
Reg. Dist. No. 610

1. **PLACE OF DEATH:**
(a) County Bonneville
(b) City or town Idaho Falls
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? X Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. Sacred Heart Stayed 1 days
(g) Lived in this county 16 years 11 months 10 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Bonneville
(c) City or town Idaho Falls
(d) Street Address or R.F.D. No. 294 6th Street
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 16 years
(h) Former residence (city, state) None

3. (a) **FULL NAME** DOROTHY LOUISE HISKEY

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife None
6. (c) Age of husband or wife if alive None years
7. Date of Birth (Month, Day, Year) July 9, 1927

8. AGE	Years	Months	Days	If less than 1 day hrs min.
	16	11	10	

9. Exact Occupation Student Did this work for 10 yrs.
10. Industry or Business Date last worked 5/18/44
11. Birthplace Idaho Falls, Idaho (City or town) (State or foreign country)
Father
12. Name Ercele A. Hiskey
13. Birthplace Tooele Utah (City or town) (State or foreign country)
Mother
14. Maiden name Clara B. Marker
15. Birthplace Idaho Falls, Idaho (City or town) (State or foreign country)
16. Informant's **OWN** Signature Ercele Hiskey
and Address Idaho Falls, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 25, '44 (Month) (Day) (Year)
(c) Place: Idaho Falls, Idaho
18. Funeral Director's **OWN** Signature Orland C. Buck
and Address Idaho Falls, Idaho
19. (a) 6/28/44 (Date received and filed) (b) Anna Budge (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 19 1944
at 11:15 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from June 18 1944, to June 19 1944
I last saw her alive on June 19 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Lobar Pneumonia	3 Wks
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? unknown
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature Milton T. Rees M.D. (M. D. or other)
and Address Idaho Falls, Ida Date June 27 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JUL 12 1944

Certificate Of Death

STATE OF IDAHO

139355

State File No. 6
Local Reg. No. 138
Reg. Dist. No. 610

1. **PLACE OF DEATH:**
   (a) County Bonneville
   (b) City or town Idaho Falls
   (c) Street Address or R.F.D. No. Memorial Hosp.
   (d) Death Occured Inside? ✓ Outside? ..... city or town
   (e) Died in a Home.... Hospital ✓ Institution.... Other place....
   (f) Name Hosp. or Inst. L.D.S. Hosp. Stayed ..... days
   (g) Lived in this county ..... years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Bonneville
   (c) City or town Ucon, Idaho
   (d) Street Address or R.F.D. No. .....
   (e) Deceased lived Inside? ✓ Outside? ..... city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? ..... years
   (h) Former residence (city, state) .....

3. (a) **FULL NAME** Opal Tyler 159

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex F
5. Color or race .....
6. (a) Single, widowed, married, divorced .....
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) June 20 1944

8. AGE	Years	Months	Days	If less than 1 day
				5 hrs min.

9. Exact Occupation None — Did this work for ..... yrs.
10. Industry or Business ..... — Date last worked .....
11. Birthplace Idaho Falls, Idaho (City or town) (State or foreign country)

Father
12. Name A. Murray Tyler
13. Birthplace Ucon Idaho (City or town) (State or foreign country)

Mother
14. Maiden name Opal May Fisher
15. Birthplace Rupert Idaho (City or town) (State or foreign country)

16. Informant's **OWN** Signature A M Tyler
and Address Ucon, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/21/44 (Month) (Day) (Year)
(c) Place: Ucon, Idaho

18. Funeral Director's **OWN** Signature Jack A. Wood
and Address Idaho Falls, Idaho

19. (a) 6/29/44 (Date received and filed) (b) Emma Budges (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 20 1944
at 5 o'clock P M.

21. **I HEREBY CERTIFY**, That I attended deceased from 8 A.M. June 20 1944, to 5 P.M. 1944
I last saw h..... alive on ..... 19....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Prematurity 7 Mo	
Due to Hydramnios Twins	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature Milton T. Rees M.D. (M. D. or other)
and Address Idaho Falls, Ida. Date June 27 1944
(For additional space, use reverse side)

139356

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 139356
Local Reg. No. 177
Reg. Dist. No. 2

JUL 7 1944

1. **PLACE OF DEATH:**
(a) County Bonneville
(b) City or town Idaho Falls, Idaho
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home ____ Hospital ____ Institution ____ Other place X
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county Unknown years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Michigan (b) County ____
(c) City or town Detroit
(d) Street Address or R. F. D. No. 11 W. Margaret
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? U. S. A.
(g) How long had deceased lived in Idaho? 3 mos ~~years~~
(h) Former residence (city, state) ____

3. (a) FULL NAME WHALEN, JAMES T. Private ASN 36147016

240

3. (b) If veteran, name war ____ 3. (c) Social Security No. ____
4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) April 3, 1908

8. AGE	Years	Months	Days	If less than 1 day
	36	2	20	hrs ____ min.

9. Exact Occupation Soldier Did this work for 2 yrs.
10. Industry or Business U. S. Army Date last worked 5 Jun 1944
11. Birthplace Cleveland (City or town) Ohio (State or foreign country)

Father
12. Name Unknown
13. Birthplace Unknown (City or town) (State or foreign country)

Mother
14. Maiden name Unknown
15. Birthplace Bay City, Michigan (City or town) (State or foreign country)

16. Informant's OWN Signature Army Records Sta Supt
and Address U.S. Army Air Base - Pocatello
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 6/26/1944. (Month) (Day) (Year)
(c) Place: Detroit, Michigan.
18. Funeral Director's OWN Signature Arthur J. Hall
and Address Pocatello Ida
19. (a) 6-26-1944 (Date received and filed) (b) L C Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 23 1944
at ____ o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from ____ 19____, to ____ 19____
I last saw h____ alive on ____ 19____; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Septicemia	Unknown
Due to Abscess	Unknown
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ____ Date ____
Major finding
Finding of autopsy Same as above.

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature J. Robinson (M. D. or other)
and Address Pocatello AAFld, Ida Date 24 June 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

139357

United States
Department of Commerce
Bureau of the Census

JUL 12 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 141
Reg. Dist. No. 610

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
(a) County Bonneville
(b) City or town Idaho Falls, Ida.
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home ____ Hospital X Institution ____ Other place ____
(f) Name Hosp. or Inst. L.D.S. Stayed 17 days
(g) Lived in this county ____ years 2 months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Utah (b) County Salt Lake
(c) City or town Salt Lake City
(d) Street Address or R. F. D. No. Goshen Ct.
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? U.S.
(g) How long had deceased lived in Idaho? 2 wks years
(h) Former residence (city, state) Salt Lake City Ut.

3. (a) **FULL NAME** Mrs Jane Barclay. 1396

3. (b) If veteran, name war —
3. (c) Social Security No. None
4. Sex F
5. Color or race W
6. (a) Single, widowed, married or divorced Married
6. (b) Name of husband or wife Robert Barclay.
6. (c) Age of husband or wife if alive 50 years
7. Date of Birth (Month, Day, Year) June 10 - 1901

8. AGE	Years	Months	Days	If less than 1 day hrs	min.
	43	0	18		

9. Exact Occupation Housewife Did this work for ____ yrs.
10. Industry or Business ____ Date last worked ____
11. Birthplace Ogden (City or town) Utah (State or foreign country)

Father
12. Name James Dougan
13. Birthplace Newcastle (City or town) Eng. (State or foreign country)

Mother
14. Maiden name Margaret Martin
15. Birthplace Ogden (City or town) Utah (State or foreign country)

16. Informant's **OWN** Signature Robert S. Barclay
and Address Salt Lake City Utah
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 7/2/44 (Month) (Day) (Year)
(c) Place: Mountain View Gdns.
18. Funeral Director's **OWN** Signature Geo. A. Sullivan
and Address Idaho Falls Idaho
19. (a) 7/1/44 (Date received and filed) (b) Irma Burgon (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 28, 1944 at 5:45 o'clock A. M.

21. **I HEREBY CERTIFY,** That I attended deceased from June 8, 1944, to June 28, 1944
I last saw her alive on June 27, 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Pulmonary embolism? two	
weeks following vaginal	
Due to hysterectomy for	
prolapsus uteri 1937-6-3	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? ____
Name of operation (see ____ Date 6-13-44
Major finding additional remarks
Finding of autopsy ____

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state ____
where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's **OWN** Signature H. Ray Hatch MD (M. D. or other)
and Address Idaho Falls Date 6, 28 19 44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JUL 12 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 139335
Local Reg. No. 144
Reg. Dist. No. 6/9

1. **PLACE OF DEATH:**
   (a) County Bonneville
   (b) City or town Idaho Falls
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? Yes Outside? XX city or town
   (e) Died in a Home XX Hospital XX Institution XX Other place
   (f) Name Hosp. or Inst. LDS Hosp. Stayed 3 days
   (g) Lived in this county 0 years 0 months 3 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Fremont
   (c) City or town Drummond
   (d) Street Address or R. F. D. No.
   (e) Deceased lived Inside? XX Outside? Yes city or town
   (f) Citizen of what country? United States
   (g) How long had deceased lived in Idaho? 44 years
   (h) Former residence (city, state)

3. (a) **FULL NAME** William Gee Baird 83a

3. (b) If veteran, name war No.
3. (c) Social Security No. None.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife Lucy Jacobs
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) June 17, 1865

8. AGE	Years	Months	Days	If less than 1 day
	79	0	13	hrs min.

9. Exact Occupation Retired Farmer Did this work for 5 yrs.
10. Industry or Business Own Farm Date last worked
11. Birthplace Heber City, Utah (City or town) (State or foreign country)

Father
12. Name Robert Baird
13. Birthplace Scotland (City or town) (State or foreign country)

Mother
14. Maiden name Jane Cummings
15. Birthplace Scotland (City or town) (State or foreign country)

16. Informant's **OWN** Signature Glen W Baird
and Address Drummond, Idaho.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 6-30-44 (Month) (Day) (Year)
(c) Place: St. Anthony, Idaho
18. Funeral Director's **OWN** Signature M. A. Hansen
and Address St. Anthony, Idaho.
19. (a) 7-7-44 (Date received and filed) (b) Anna Bridge (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 30 1944
at 10 o'clock A. M.
21. **I HEREBY CERTIFY,** That I attended deceased from June 26 1944 to June 30 1944
I last saw h alive on June 30 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death	Duration
Bron cho Pneumonia	5 days
Due to	
Due to	
Other conditions Arterial Hemorrhage (Include pregnancy within 3 months of death)	12 days

Where was disease contracted? Drummond Idaho
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's **OWN** Signature ____ (M. D. or other)
and Address ____ Date ____ 19__
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JUL 10 1944

Certificate Of Death

STATE OF IDAHO

State File No. 139359
Local Reg. No. 24-44
Reg. Dist. No. 00

1. **PLACE OF DEATH:**
(a) County Boundary
(b) City or town Eileen, Idaho
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? Outside? X city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 38 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Boundary
(c) City or town Eileen
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? Outside? X city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? 38 years
(h) Former residence (city, state) Spokane, Wash.

3. (a) **FULL NAME** Lincoln Martin Peters

133a

3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Ida Peters
6. (c) Age of husband or wife if alive 77 years
7. Date of Birth (Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	82	7	26	hrs min.

9. Exact Occupation Timber & mining Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Arbanner, Illinois (City or town) (State or foreign country)
Father
12. Name Martin Lewis Peters
13. Birthplace Unknown (City or town) (State or foreign country)
Mother
14. Maiden name Mary Pynor
15. Birthplace Unknown (City or town) (State or foreign country)
16. Informant's **OWN** Signature L. G. Peters
and Address
17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof June 14, 1944 (Month) (Day) (Year)
(c) Place: Smith & Co. Spokane Wash
18. Funeral Director's **OWN** Signature Frank Morse
and Address Bonners Ferry, Idaho
19. (a) 6-13-44 (Date received and filed) (b) Rm Dowell (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 12 1944
at o'clock M.
21. **I HEREBY CERTIFY,** That I attended deceased from 19, to 19
I last saw h alive on 19; death is said to have occurred on the date and hour stated above.
Immediate Cause of Death: Myocardial failure (acute) Duration
Due to
Due to
Other conditions Chronic Pyelonephritis
(Include pregnancy within 3 months of death)
Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy
PHYISCIAN Underline the cause to which death should be charged statistically.
22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature Floyd Reed Coroner (M. D. or other)
and Address Bonners Ferry Date 6-13 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

JUL 10 1944

State File No. 139360
Local Reg. No. 24-44
Reg. Dist. No. 100

1. **PLACE OF DEATH:**
   (a) County Boundary
   (b) City or town Bonners Ferry
   (c) Street Address or R.F.D. No. Upper Fry Creek
   (d) Death Occured Inside? ... Outside? XX ... city or town
   (e) Died in a Home ... Hospital ... Institution ... Other place XX
   (f) Name Hosp. or Inst. ... Stayed ... days
   (g) Lived in this county 19 years ... months ... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Boundary
   (c) City or town Bonners Ferry
   (d) Street Address or R.F.D. No. Upper Fry Creek
   (e) Deceased lived Inside? ... Outside? XX ... city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 19 years
   (h) Former residence (city, state) Porthill Idaho

3. (a) **FULL NAME** Frank Eden Parshall

3. (b) If veteran, name war No
3. (c) Social Security No. 519-20-5186
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive ... years
7. Date of Birth (Month, Day, Year) 2/29/1924

8. AGE	Years	Months	Days	If less than 1 day
	20	3	16	hrs ... min.

9. Exact Occupation Laborer — Did this work for 1 yrs.
10. Industry or Business at home ranch — Date last worked 6/13/44
11. Birthplace New Norway Alberta Canada (City or town) (State or foreign country)

Father
12. Name Frank Israel Parshall
13. Birthplace Nebraska (City or town) (State or foreign country)

Mother
14. Maiden name Irene Shearer
15. Birthplace Nebraska (City or town) (State or foreign country)

16. Informant's **OWN** Signature Inez L. Parshall
and Address Bonners Ferry Idaho.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/16/44 (Month) (Day) (Year)
(c) Place: Bonners Ferry Idaho.

18. Funeral Director's **OWN** Signature Bank Moyse
and Address Bonners Ferry Idaho.

19. (a) 6-15-44 (Date received and filed) (b) Ruth Bovee (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 13th. 1944
at 4:30 o'clock P. M.

21. **I HEREBY CERTIFY**, That I attended deceased from ... 19 ... to ... 19 ...
I last saw h... alive on ... 19 ... ; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Gunshot wound in heart — Duration ...
Due to hunting accident
Due to ...
Other conditions (Include pregnancy within 3 months of death) ...
Where was disease contracted? ...
Name of operation ... Date ...
Major finding ...
Finding of autopsy ...

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? yes Suicide? ... Homicide? ...
Occurred 6/13/44 19... City, county, state where violence occurred Near Bonners Ferry
Place of Violence: Home ... Farm XXX Industry ...
Public Place ... While at work? ...
Means of injury 22 Cal. pistol

23. Attendant's **OWN** Signature Lloyd Reed Coroner (M. D. or other)
and Address Bonners Ferry Date 6/15/19 44
(For additional space, use reverse side)

DISINTERMENT PERMIT

IDAHO STATE BOARD OF HEALTH

BOISE, IDAHO

APPLICATION HAVING BEEN MADE for the disinterment of the body of Frank Eden Parshall

now lying buried in Bonners Ferry (Grandview) Cemetery, in the City or Town of Bonners Ferry

County of Boundary State of Idaho, who died on the 13 day of June, 1944, Aged 20 years ____ months ____ days, the cause of death being Accidental Gunshot Wound and not directly or indirectly by diphtheria; (membranous croup); scarlet fever; smallpox; leprosy; asiatic cholera; typhus fever or yellow fever as shown by the certificate of death of said deceased, given by

Lloyd Reed, Coroner attending physician

THIS IS TO CERTIFY that permission is hereby given for such disinterment and removal by private
private or railway conveyance

to E.O.O.F. Cemetery in the City or Town of Porthill County of Boundary

State of Idaho to take effect upon the approval by the local board of health of the City, Town, or County of

Boundary it being understood and provided that nothing herein shall be deemed as contravening or in anywise modifying or releasing the Regulations of the State Board of Health governing the Transportation of corpses or the requirements for a Transportation permit, and all Transportation Companies and Common Carriers will be governed accordingly; and provided further, that where the disinterment is for the purpose of reinterment in another part of the same cemetery, or in a contiguous cemetery, the removal shall not be made by any public conveyance. The disinterment and removal must be done under the personal supervision of a licensed Embalmer in good standing. If the remains are to be removed from the cemetery they (including the disinterred casket), must be enclosed in a new metallic lined outer case before removal.

Given under my hand and Seal of the State Board of Health at Boise, Idaho,

this 28th day of June, A.D. 19 65.

Permit issued to:
Hillcrest Memorial Chapel
Bonners Ferry, Idaho

W. W. Benson
by _____
Director, Division of Vital Statistics

The foregoing application for disinterment and removal is hereby approved by the local Board of Health of the City,

Town or County of _____ State of Idaho, this _____ day of _____, 19__.

_____
Health Officer

FORM BH 56-019

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

JUL 10 1944

State File No. 139361
Local Reg. No. 26-47
Reg. Dist. No. 100

1. **PLACE OF DEATH:**
   (a) County Boundary
   (b) City or town Bonners Ferry
   (c) Street Address or R. F. D. No.
   (d) Death Occured Inside? XX Outside? ..... city or town
   (e) Died in a Home X Hospital ..... Institution ..... Other place .....
   (f) Name Hosp. or Inst. ..... Stayed ..... days
   (g) Lived in this county 9 years ..... months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Boundary
   (c) City or town Bonners Ferry
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? XX Outside? ..... city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 9 years
   (h) Former residence (city, state) Elkhart Kansas

3. (a) **FULL NAME** John T. Grimes 1066

3. (b) If veteran, name war No
3. (c) Social Security No A/N 518-16-2357
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Annie Laura
6. (c) Age of husband or wife if alive 54 years
7. Date of Birth (Month, Day, Year) 6/18/1875

8. AGE	Years	Months	Days	If less than 1 day
	69	11	27	hrs ..... min.

9. Exact Occupation Ret. Farmer Did this work for 50 yrs.
10. Industry or Business at home Date last worked 1938
11. Birthplace Nebraska (City or town) (State or foreign country)

Father
12. Name George Henry Grimes
13. Birthplace Penn. (City or town) (State or foreign country)

Mother
14. Maiden name Katherine E. Quigley
15. Birthplace Quebec Canada. (City or town) (State or foreign country)

16. Informant's **OWN** Signature Alice Greenway
and Address Bonners Ferry Idaho.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/19/44 (Month) (Day) (Year)
(c) Place: Bonners Ferry Idaho.

18. Funeral Director's **OWN** Signature Frank Moore
and Address Bonners Ferry Idaho.

19. (a) 6 16 44 (Date received and filed) (b) Ken Bonner (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 15th. 1944
at 6:30 o'clock P. M.

21. **I HEREBY CERTIFY**, That I attended deceased from May 17 1944 to June 15 1944
I last saw him alive on June 15 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Pulmonary Abscess & Gangrene	4 weeks
Due to Chronic Bronchitis	
secondary Infection	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYISICIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature Ken Bonner M. D. (M. D. or other)
and Address Bonners Ferry Date 6-16 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

139362

United States
Department of Commerce
Bureau of the Census

JUL 10 1944

Certificate Of Death

STATE OF IDAHO

State File No. 139362
Local Reg. No. 29-47
Reg. Dist. No. 100

1. **PLACE OF DEATH:**
   (a) County Boundary
   (b) City or town Copeland
   (c) Street Address or R.F.D. No. Star Route
   (d) Death Occured Inside? ..... Outside? XX city or town
   (e) Died in a Home X Hospital .... Institution .... Other place ....
   (f) Name Hosp. or Inst. ..... Stayed ..... days
   (g) Lived in this county 20 years ..... months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Boundary
   (c) City or town Copeland
   (d) Street Address or R.F.D. No. Star Route
   (e) Deceased lived Inside? ..... Outside XX ..... city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 48 years
   (h) Former residence (city, state) Pocatello Idaho

3. (a) **FULL NAME** Mrs. Clara Devaney Schaller

3. (b) If veteran, name war .....
3. (c) Social Security No. no
4. Sex Fem race White
5. Color or
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Samuel E.
6. (c) Age of husband or wife if alive 49 years
7. Date of Birth (Month, Day, Year) March 17th, 1896

8. AGE	Years	Months	Days	If less than 1 day
	48	3	7	hrs ..... min.

9. Exact Occupation Housewife — Did this work for 30 yrs.
10. Industry or Business At home — Date last worked 6/23/44
11. Birthplace Pocatello (City or town) Idaho (State or foreign country)

Father
12. Name Martin Devaney
13. Birthplace ..... (City or town) Wis. (State or foreign country)

Mother
14. Maiden name Bridget Moriarity
15. Birthplace ..... (City or town) Wis. (State or foreign country)

16. Informant's **OWN** Signature S. E. Schaller
and Address Copeland Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/28/44 (Month) (Day) (Year)
(c) Place: Copeland Idaho.

18. Funeral Director's **OWN** Signature Clark Morse
and Address Bonners Ferry Idaho

19. (a) 6-24-44 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 24th. 1944
at 7:00 o'clock A. M.

21. **I HEREBY CERTIFY**, That I attended deceased from ..... 19..... to ..... 19.....
I last saw h..... alive on ..... 19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Sudden death	
Due to Coronary Occlusion	
Due to Coronary Sclerosis	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYISCIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature Lloyd Reed Corum (M. D. or other)
and Address Bonners Ferry Date 6/24 19 44
(For additional space, use reverse side)

139363

United States
Department of Commerce
Bureau of the Census

JUL 7 1944

Certificate Of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. [illegible]
Reg. Dist. No. 670

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
   (a) County Butte
   (b) City or town Arco
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? ✓ Outside? ✓ city or town
   (e) Died in a Home ✓ Hospital Institution Other place
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county years months 14 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Utah (b) County Salt Lake
   (c) City or town Salt Lake City
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? ✓ Outside? city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 14 days years
   (h) Former residence (city, state) Hazelton Ida

3. (a) **FULL NAME** Clara J. Hinck Kimball

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F
5. Color or race White
6. (a) Single, widowed, married, divorced divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Dec. 10 1873

8. AGE	Years	Months	Days	If less than 1 day
	65	6	12	hrs min.

9. Exact Occupation House wife Did this work for yrs.
10. Industry or Business Home Date last worked 1943
11. Birthplace Toode (City or town) Utaha (State or foreign country)

Father
12. Name Andrew Hink
13. Birthplace Utah (City or town) (State or foreign country)

Mother
14. Maiden name Mary Mathie
15. Birthplace Utah (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mrs. Elda Coon
and Address Arco, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/27/44 (Month) (Day) (Year)
(c) Place: Sunset Memorial Park Twin Falls
18. Funeral Director's **OWN** Signature [illegible] Morris Elda.
and Address Arco Ida
19. (a) June 26-1944 (Date received and filed) (b) Mary G. Dietrich (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 22 1944
at 6 o'clock 9 M.
21. **I HEREBY CERTIFY**, That I attended deceased from June 18 1944, to June 22 1944
I last saw her alive on June 21 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Sarcoma — Generalized ~~Carcinomatosis~~ Duration 6 mo.
Due to Sarcoma of Uterus 3 years.
Due to
Other conditions
(Include pregnancy within 3 months of death)

Where was disease contracted? Sarcoma of Uterus
Name of operation Removed Date Apr. 1944
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state
where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature I. R. Egbert M. D. (M. D. or others)
and Address Arco Ida. Date June 26 1944
(For additional space, use reverse side)

139364

United States
Department of Commerce
Bureau of the Census

MAR 9 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 139364
Local Reg. No. 5
Reg. Dist. No. 3

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. PLACE OF DEATH:
(a) County Canyon
(b) City or town Nampa.
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? ✓ Outside? ..... city or town
(e) Died in a ~~Home~~ Hospital Institution Other place
(f) Name Hosp. or Inst. Mercy Stayed ..... days
(g) Lived in this county ..... years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Homedale
(d) Street Address or R. F. D. No. —
(e) Deceased lived Inside? ✓ Outside? ..... city or town
(f) If foreign born, in U. S. ..... yrs. Citizen of U. S.? .....
(g) How long had deceased lived in Idaho? ..... years
(h) Former residence (city, state) .....

3. (a) **FULL NAME** Russel John Seaquest 1518

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex M race W
5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife .....
6 (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) Jan 28 44

8. AGE	Years	Months	Days	If less than 1 day
			4	hrs min.

9. Exact Occupation — Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Nampa (City or town) Idaho (State or foreign country)

Father
12. Name R. J. Seaquest
13. Birthplace Portland (City or town) Ore (State or foreign country)

Mother
14. Maiden name Lela Hull
15. Birthplace Noble (City or town) Okla (State or foreign country)

16. Informant's **OWN** Signature R. J. Seaquest
and Address Homedale
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-3-44 (Month) (Day) (Year)
(c) Place: Wilson Idaho
18. Funeral Director's **OWN** Signature Caldwell Idaho
and Address
19. (a) Feb. 29 1944 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 2-1 1944
at 7 o'clock P. M.

21. **I HEREBY CERTIFY,** That I attended deceased from Jan 28 19 ..... to 2-1 19 44
I last saw h..... alive on ..... 19 ..... ; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Bronchio-Pneumonia	1dy
Congenital obstruction	
Due to of intestinal tract	
Due to 15791	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease first contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature Jos Falzer (M. D. or other)
and Address Nampa Date 2/2/5 19 44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Taley

JUN 12 1944

Certificate Of Death

STATE OF IDAHO

State File No. 139365
Local Reg. No. 65
Reg. Dist. No. 360

1. PLACE OF DEATH:
(a) County Canyon
(b) City or town Caldwell
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? ✓ Outside? ..... city or town
(e) Died in a Home .... Hospital ✓ Institution .... Other place ....
(f) Name Hosp. or Inst. Card Sam Stayed ..... days
(g) Lived in this county 32 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Caldwell
(d) Street Address or R.F.D. No. 902 Dearborn
(e) Deceased lived Inside? X Outside? ..... city or town
(f) Citizen of what country? U. S.
(g) How long had deceased lived in Idaho? 32 years
(h) Former residence (city, state) Oklahoma

3. (a) FULL NAME Bungow Miles Black 83a

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Fannie
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) Mar 6 - 1883

8. AGE	Years	Months	Days	If less than 1 day
	61	2	25	hrs min.

9. Exact Occupation Stockman Did this work for 30 yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace West Plane (City or town) Missouri (State or foreign country)
Father
12. Name John Black
13. Birthplace Georgia (City or town) (State or foreign country)
Mother
14. Maiden name Martha Rackley
15. Birthplace Georgia (City or town) (State or foreign country)
16. Informant's OWN Signature Boy J Black
and Address Caldwell Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-3-44 (Month) (Day) (Year)
(c) Place: Canyon Hill - Caldwell
18. Funeral Director's OWN Signature [illegible]
and Address Caldwell Idaho
19. (a) 6-8-44 (Date received and filed) (b) Agnes M Denman (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) 6-1- 1944
at 5:40 o'clock P M.

21. I HEREBY CERTIFY, That I attended deceased from Apr 26 1941, to June 1 1944
I last saw him alive on June 1 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebral hemorrhage	3 yrs
Complete paralysis	
Due to except one hand.	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted? Caldwell.	
Name of operation — Date —	
Major finding —	
Finding of autopsy —	

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? — Suicide? — Homicide? —
Occurred — 19— City, county, state
where violence occurred —
Place of Violence: Home — Farm — Industry
Public Place — While at work? —
Means of injury —

23. Attendant's OWN Signature [illegible] (M. D. or other)
and Address Caldwell Id Date June 6 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JUL 10 1944

Certificate Of De[redacted]

STATE OF IDAHO

State File No. 139366
Local Reg. No. 68
Reg. Dist. No. 361

1. **PLACE OF DEATH:**
   (a) County Canyon
   (b) City or town Caldwell
   (c) Street Address or R.F.D. No. 1515 Blvd.
   (d) Death Occured Inside? ✓ Outside? ..... city or town
   (e) Died in a Home ✓ Hospital.... Institution.... Other place....
   (f) Name Hosp. or Inst. ..... Stayed ..... days
   (g) Lived in this county 25 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual R[redacted]ce of Deceased:** (Always fill in these)
   (a) Sta[redacted]daho (b) County Canyon
   (c) City[redacted]own Caldwell
   (d) Str[redacted]dress or R.F.D. No. 1515 Blvd.
   (e) Dec[redacted]ived Inside? ✓ Outside? ..... city or town
   (f) Citiz[redacted]what country? U.S.A.
   (g) How [redacted]had deceased lived in Idaho? 25 years
   (h) Former residence (city, state) Indiana

3. (a) **FULL NAME** Harriet Ellen McCarthy

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) Dec 26 1857

8. AGE	Years	Months	Days	If less than 1 day
	87	1	8	hrs ..... min.

9. Exact Occupation Post Mistress — Did this work for ..... yrs.
10. Industry or Business — Date last worked .....
11. Birthplace Rensselaer (City or town) Indiana (State or foreign country)

Father
12. Name John McCarthy
13. Birthplace [illegible] (City or town) [illegible] (State or foreign country)

Mother
14. Maiden name Harriet Hayes
15. Birthplace Albany (City or town) New York (State or foreign country)

16. Informant's **OWN** Signature Geo McCarthy and Address Nampa Ida.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-6-44 (Month) (Day) (Year)
    (c) Place: Canyon Co Ida
18. Funeral Director's **OWN** Signature [illegible] and Address Caldwell Ida.
19. (a) 6-20-44 (Date received and filed) (b) Louis M. Denman (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 4 1944 at 3:15 o'clock P M
21. **I HEREBY CERTIFY**, That I attended deceased from April 1943 to June 4 1944
    I last saw her alive on June 2 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebral embolism	one day.
Due to hypertension	
Due to —	
Other conditions — (Include pregnancy within 3 months of death)	

Where was disease contracted? —
Name of operation — Date —
Major finding —
Finding of autopsy —

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
    Occurred ..... 19 ..... City, county, state where violence occurred .....
    Place of Violence: Home ..... Farm ..... Industry .....
    Public Place ..... While at work? .....
    Means of injury .....

23. Attendant's **OWN** Signature E. L. Munn M.D. (M. D. or other)
    and Address Caldwell Ida. Date 6-9 1944
    (For additional space, use reverse side)

139367

United States
Department of Commerce
Bureau of the Census

JUL 10 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. ____
Local Reg. No. 103
Reg. Dist. No. 348

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
   (a) County: Canyon
   (b) City or town: Nampa
   (c) Street Address or R. F. D. No.: R.F.D.
   (d) Death Occurred Inside? ____ Outside? X city or town
   (e) Died in a Home ____ Hospital ____ Institution X Other place ____
   (f) Name Hosp. or Inst. St. School ____ Stayed 127 days
   (g) Lived in this county ____ years 4 months 6 days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State: Idaho (b) County: Ada
   (c) City or town: Boise
   (d) Street Address or R. F. D. No.: 1704 Bannock St.
   (e) Deceased lived Inside? X Outside? ____ city or town
   (f) Citizen of what country? ____
   (g) How long had deceased lived in Idaho? 37 years
   (h) Former residence (city, state) ____

3. (a) **FULL NAME** Teddy McCrory Lee

940

3. (b) If veteran, name war: X
3. (c) Social Security No.: X
4. Sex: M
5. Color or race: W
6. (a) Single, widowed, married, divorced: Single
6. (b) Name of husband or wife: X
6. (c) Age of husband or wife if alive: X years
7. Date of Birth (Month, Day, Year): April 22, 1882

8. AGE	Years	Months	Days	If less than 1 day
	62	1	17	hrs ____ min. ____

9. Exact Occupation: none — Did this work for: X yrs.
10. Industry or Business: ____ Date last worked: ____
11. Birthplace: ____ (City or town) Iowa (State or foreign country)

Father
12. Name: C. Herbert Lee
13. Birthplace: ____ (City or town) England (State or foreign country)

Mother
14. Maiden name: Georgia Susan McCrory
15. Birthplace: ____ (City or town) Iowa (State or foreign country)

16. Informant's OWN Signature: Olga Shirley, Clerk
and Address: State School and Colony Records
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 6/8/44 (Month) (Day) (Year)
(c) Place: Boise, Idaho
18. Funeral Director's OWN Signature: Fred K. Koburger
and Address: Nampa Ida.
19. (a) June 10 1944 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year): June 8 1944
at 6:10 o'clock A M.

21. **I HEREBY CERTIFY,** That I attended deceased from February 2 19 44, to June 7 1944
I last saw him alive on June 7 19 44; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Coronary Occlusion	about 10 m
Due to Bronchial Asthma	?
Due to Remotely old Encephalitis	
Other conditions Infatile Paralysis (Include pregnancy within 3 months of death)	
when 18months old.	
Where was disease contracted?	PHYSICIAN
Name of operation ____ Date ____	Underline the cause to which death should be charged statistically.
Major finding ____	
Finding of autopsy ____	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19 ____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's OWN Signature: C. Sanford Allen MD (M. D. or other)
and Address: Nampa Idaho Date 6/8 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JUL 10 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 139368
Local Reg. No. 104
Reg. Dist. No. 363

1. **PLACE OF DEATH:**
(a) County Canyon
(b) City or town Nampa
(c) Street Address or R. F. D. No. Caldwell Labor Camp
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home __ Hospital X Institution __ Other place __
(f) Name Hosp. or Inst. Mercy Stayed 1 days
(g) Lived in this county ____ years 1 months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Mexico (b) County R.C.H.O.
(c) City or town Churandiro
(d) Street Address or R. F. D. No. El Salto
(e) Deceased lived Inside? ____ Outside? X city or town
(f) Citizen of what country? Mexico
(g) How long had deceased lived in Idaho? 1 mo. years
(h) Former residence (city, state) Mexico

3. (a) **FULL NAME** Emilio Hurtado Cortes.

3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex M
5. Color or race O
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife ✓
6. (c) Age of husband or wife if alive ✓ years
7. Date of Birth (Month, Day, Year) — 1919

8. AGE	Years	Months	Days	If less than 1 day
	25			hrs min.

9. Exact Occupation Labor Did this work for ____ yrs.
10. Industry or Business Am Sugar Co. Date last worked ____
11. Birthplace R.C.H.O. El Salto - Chucandiro Mich. (City or town) (State or foreign country)
Father
12. Name Sebastian Cortes
13. Birthplace Unknown (City or town) (State or foreign country)
Mother
14. Maiden name Unknown
15. Birthplace Unknown (City or town) (State or foreign country)
16. Informant's OWN Signature From Record of W.A. at Caldwell Idaho over Phone
and Address Wm D Talley - Nampa Ida.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/10-44 (Month) (Day) (Year)
(c) Place: Kohlerlawn Cem. Nampa Ida.
18. Funeral Director's OWN Signature Wm D Talley
and Address Nampa Idaho
19. (a) June-12-1944 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 8 1944
at 10:30 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from June 8 1944 to June 8 1944
I last saw her alive on June 8 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: 24.a

	Duration
Streptococcic Septicemia	7 hr.
Due to unknown	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted? Labor Camp	
Name of operation ✓ Date	
Major finding ✓	
Finding of autopsy none	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature [signature] (M. D. or other)
and Address Nampa Ida Date 6-12 1944
(For additional space, use reverse side)

139369

United States
Department of Commerce
Bureau of the Census

JUL 10 1944

Certificate Of Death

STATE OF IDAHO

State File No. 71
Local Reg. No.
Reg. Dist. No. 360

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
(a) County Canyon
(b) City or town Caldwell
(c) Street Address or R.F.D. No. 1108 Arthur
(d) Death Occured Inside? ✓ Outside? ..... city or town
(e) Died in a Home ✓ Hospital.... Institution.... Other place....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 34 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Ida (b) County Canyon
(c) City or town Caldwell
(d) Street Address or R.F.D. No. 1108 Arthur
(e) Deceased lived Inside? ✓ Outside? ..... city or town
(f) Citizen of what country? U.S.
(g) How long had deceased lived in Idaho? 34 years
(h) Former residence (city, state) Kansas

3. (a) **FULL NAME** George Marshall Smith

3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Date of Birth (Month, Day, Year) Aug 17 - 1872

8. AGE	Years	Months	Days	If less than 1 day
	71	9	21	hrs min.

9. Exact Occupation Farmer Did this work for ..... yrs.
10. Industry or Business Date last worked
11. Birthplace Homestead (City or town) Iowa (State or foreign country)
Father
12. Name W. W. Smith
13. Birthplace Iowa (City or town) (State or foreign country)
Mother
14. Maiden name Leah A. Cardwell
15. Birthplace Iowa (City or town) (State or foreign country)
16. Informant's **OWN** Signature [signature]
and Address Caldwell Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-12-44 (Month) (Day) (Year)
(c) Place: Canyon Hill
18. Funeral Director's **OWN** Signature [signature]
and Address Caldwell Idaho
19. (a) 6-20-44 (Date received and filed) (b) Agnes M. Denman (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 8 1944
at 5:00 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from ..... 1940, to June 8 1944
I last saw him alive on March 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Coronary Thrombosis	Sudden
Due to Hypertension	4 years
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? Canyon Co.
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature [signature] (M.D. or other)
and Address Caldwell Idaho Date 6/14 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JUL 10 1944

Certificate Of Death

STATE OF IDAHO

State File No. 139370
Local Reg. No. 109
Reg. Dist. No. 363

1. **PLACE OF DEATH:**
(a) County Canyon
(b) City or town Nampa
(c) Street Address or R.F.D. No. Samaritan
(d) Death Occured Inside? ✓ Outside? ..... city or town
(e) Died in a Home.... Hospital ✓ Institution.... Other place....
(f) Name Hosp. or Inst. Samaritan Stayed ..... days
(g) Lived in this county 39 years — months — days
Note. For a person residing in THIS county LESS than 1 year. give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho, (b) County Canyon
(c) City or town Caldwell
(d) Street Address or R.F.D. No. 523, Belmont
(e) Deceased lived Inside? ✓ Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 39 years
(h) Former residence (city, state) Kansas

3. (a) **FULL NAME** John George Crawford

3. (b) If veteran, name war ✓
3. (c) Social Security No. .....
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Date of Birth (Month, Day, Year) Nov-18-1858

8. AGE	Years	Months	Days	If less than 1 day
	85	6	25	hrs min.

9. Exact Occupation Plasterer Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Columbia (City or town) E Ohio (State or foreign country)
Father
12. Name Thos. E. Crawford
13. Birthplace Mo (City or town) (State or foreign country)
Mother
14. Maiden name Elizabeth Crawford
15. Birthplace Mo (City or town) (State or foreign country)
16. Informant's **OWN** Signature Hiram D Crawford
and Address Caldwell Ida
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-14-44 (Month) (Day) (Year)
(c) Place: Canyon Hill
18. Funeral Director's **OWN** Signature [illegible]
and Address Caldwell Idaho
19. (a) June 30-1944 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 11 1944
at 1.30 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from May 16 1944, to June 11 1944
I last saw him alive on June 11 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Carcinoma of inferior mandible	
Due to age	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYISCIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding	
Finding of autopsy no autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. ~~Attendant's~~ **OWN** Signature Thos E Mangum MD (M. D. or other)
and Address Nampa Ida Date 6-27 1944
(For additional space, use reverse side)

1393:1

United States
Department of Commerce
Bureau of the Census

JUL 10 1944

Certificate Of Death

STATE OF IDAHO

State File No.
Local Reg. No. 116
Reg. Dist. No. 362

1. PLACE OF DEATH:
(a) County Canyon
(b) City or town Nampa
(c) Street Address or R.F.D. No. Rt. City Acres
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Home.... Hospital X Institution.... Other place....
(f) Name Hosp. or Inst. Mercey Stayed 2 days
(g) Lived in this county ..... years 7 months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Nampa
(d) Street Address or R.F.D. No. Rt. City Acres
(e) Deceased lived Inside? X Outside? ..... city or town
(f) Citizen of what country? U. S. A.
(g) How long had deceased lived in Idaho? 7 mo ~~years~~
(h) Former residence (city, state) Calif.

3. (a) FULL NAME Ira Lee Davis

3. (b) If veteran, name war no
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife no
6. (c) Age of husband or wife if alive no years
7. Date of Birth (Month, Day, Year) September 26, 1918

8. AGE	Years	Months	Days	If less than 1 day
	25	8	16	hrs min.

9. Exact Occupation Mechanic Did this work for ..... yrs.
10. Industry or Business ..... Date last worked 5/29/44
11. Birthplace Missouri (City or town) (State or foreign country)
Father
12. Name Chas. W. Davis
13. Birthplace Missouri (City or town) (State or foreign country)
Mother
14. Maiden name Hilden
15. Birthplace Missouri (City or town) (State or foreign country)
16. Informant's OWN Signature Thomas W. Davis
and Address City Acres Nampa
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/16/44 (Month) (Day) (Year)
(c) Place: Nampa, Idaho
18. Funeral Director's OWN Signature Fred K. Robinson
and Address Nampa, Idaho
19. (a) July-5-1944 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 12 1944
at ..... o'clock ..... M.
21. **I HEREBY CERTIFY,** That I attended deceased from 6-10 1944, to 6-12 1944
I last saw him alive on 6-12 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death	Duration
Spotted fever	
Due to Hemorrhagic type	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's OWN Signature H. P. Bilhamel (M. D. or other)
and Address Nampa Date 6/13 1944
(For additional space, use reverse side)

Information, I [illegible] ...ctor, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JUL 10 1944

Certificate Of Death

STATE OF IDAHO

State File No. 139372
Local Reg. No. 69
Reg. Dist. No. 360

1. PLACE OF DEATH:
(a) County Canyon
(b) City or town Caldwell
(c) Street Address or R.F.D. No. 2
(d) Death Occured Inside? 2 Outside? ..... city or town
(e) Died in a Home.... Hospital ✓ Institution.... Other place....
(f) Name Hosp. or Ins. Pennington Stayed ..... days
(g) Lived in this county 23 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Caldwell
(d) Street Address or R.F.D. No. -
(e) Deceased lived Inside? ✓ Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 23 years
(h) Former residence (city, state) Mo

3. (a) FULL NAME Joel Grant Martin 195E

3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) Dec-18-1871

8. AGE	Years	Months	Days	If less than 1 day
	72	5	24	hrs min.

9. Exact Occupation Farmer Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace ..... (City or town) (State or foreign country)
Father: ~~12. Name~~ Mt Grove Mo
13. Birthplace Unknown (City or town) (State or foreign country)
Mother: 14. Maiden name Sarah Alsup
15. Birthplace Mo (City or town) (State or foreign country)
16. Informant's **OWN** Signature [signature]
and Address Caldwell Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-14-44 (Month) (Day) (Year)
(c) Place: Canyon Hill
18. Funeral Director's **OWN** Signature [signature]
and Address Caldwell Idaho
19. (a) 6-20-44 (Date received and filed) (b) Agnes M Denman (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 12 1944
at ..... o'clock ..... M.
21. **I HEREBY CERTIFY,** That I attended deceased from June 9 1944 to June 12 1944
I last saw him alive on June 9 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death	Duration
Cerebral hemorrhage	3
~~Due to Fractured hip~~	~~3 mos~~
Paralysis agitans	years
Due to	
Other conditions Fractured hip (Include pregnancy within 3 months of death)	3 mos
and Decubitus of same	
Where was disease contracted?	
Name of operation ..... Date	
Major finding	
Finding of autopsy	

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature C. R. Whittenburger DD (M. D. or other)
and Address Caldwell, Ida Date June 14 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JUL 10 1944

Certificate Of Death

STATE OF IDAHO

State File No. 13[illegible]3
Local Reg. No.
Reg. Dist. No. 360

1. PLACE OF DEATH:
(a) County Canyon
(b) City or town Caldwell
(c) Street Address or R.F.D. No. ✓
(d) Death Occured Inside? ✓ Outside? ..... city or town
(e) Died in a Home .... Hospital ✓ Institution .... Other place ....
(f) Name Hosp. or Inst. Memorial Stayed ..... days
(g) Lived in this county ..... years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Caldwell
(d) Street Address or R.F.D. No. .....
(e) Deceased lived Inside? ..... Outside? ✓ city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 0 years
(h) Former residence (city, state) ✓

3. (a) FULL NAME Chester Akira Tsukamaki 109

3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex M
5. Color or race Y
6. (a) Single, widowed, married, divorced S
6. (b) Name of husband or wife ✓
6. (c) Age of husband or wife if alive ✓ years
7. Date of Birth (Month, Day, Year) June 11, 1944

8. AGE	Years	Months	Days	If less than 1 day
			4	hrs min.

9. Exact Occupation ✓ Did this work for ..... yrs.
10. Industry or Business ✓ Date last worked .....
11. Birthplace Caldwell Idaho (City or town) (State or foreign country)
Father
12. Name Ted Tsukamaki
13. Birthplace Japan (City or town) (State or foreign country)
Mother
14. Maiden name Mysao Kato
15. Birthplace Seattle Washington (City or town) (State or foreign country)
16. Informant's **OWN** Signature X Ted Tsukamaki
and Address F.S.A. Comp, Caldwell
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-17-44 (Month) (Day) (Year)
(c) Place: Canyon Hill
18. Funeral Director's **OWN** Signature [illegible]
and Address Caldwell Idaho
19. (a) 7-6-44 (Date received and filed) (b) Agnes M Denman (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) June 15 1944
at 6:00 o'clock A M.

21. I HEREBY CERTIFY, That I attended deceased from birth 19..., to June 15 1944
I last saw him alive on June 15 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Prematurity	6 mo.
Due to —	
Due to —	
Other conditions — (Include pregnancy within 3 months of death)	
Where was disease contracted? —	
Name of operation — Date —	
Major finding —	
Finding of autopsy —	

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature E. L. Munn MD (M. D. or other)
and Address Caldwell Idaho Date 6-19 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JUL 10 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 139374
Local Reg. No. 106
Reg. Dist. No. 362

1. PLACE OF DEATH
(a) County Canyon
(b) City or town Nampa Ida.
(c) Street Address or R. F. D. No. 223-21st Ave So.
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home __ Hospital X Institution __ Other place __
(f) Name Hosp. or Inst. Mercy Stayed 1 days
(g) Lived in this county 24 years ___ months ___ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Nampa
(d) Street Address or R. F. D. No. 223-21st Ave So.
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 24 years
(h) Former residence (city, state) Okla.

3. (a) FULL NAME Betty Elizabeth Robinson. 53

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓
4. Sex F 5. Color or race W. 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Wm M. Robinson 6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) Aug 30 1859

8. AGE	Years	Months	Days	If less than 1 day
	84	9	17	hrs min.

9. Exact Occupation House Wife Did this work for ____ yrs.
10. Industry or Business ____ Date last worked ____
11. Birthplace Louisville Ky. (City or town) (State or foreign country)
Father 12. Name M. R. Boyd.
13. Birthplace Unknown. (City or town) (State or foreign country)
Mother 14. Maiden name Margrette
15. Birthplace Unknown. (City or town) (State or foreign country)
16. Informant's OWN Signature James Robinson and Address Nampa Idaho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-20-44 (Month) (Day) (Year)
(c) Place: Kohlerlawn Nampa
18. Funeral Director's OWN Signature Wm D. Kelley and Address Nampa Ida.
19. (a) June 24 1944 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) June 17 1944 at 4:30 o'clock P M.
21. I HEREBY CERTIFY, That I attended deceased from 6-12 1944 to 6-17 1944
I last saw her alive on 6-17 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Due to Cancer	2 yr.
Due to Originated on side of nose.	
Other conditions (Include pregnancy within 3 months of death) No laceration involved.	
Where was disease contracted?	PHYSICIAN
Name of operation ____ Date ____	Underline the cause to which death should be charged statistically.
Major finding ____	
Finding of autopsy ____	

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature J. C. Horton (M. D. or other) and Address Nampa Idaho Date 6-20 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JUL 10 1944

Certificate Of Death

STATE OF IDAHO

State File No. 139375
Local Reg. No. 73
Reg. Dist. No. 360

1. PLACE OF DEATH:
(a) County Canyon
(b) City or town Caldwell
(c) Street Address or R.F.D. No. 210 Cleveland
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Arnold's Stayed ..... days
(g) Lived in this county 20 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Caldwell
(d) Street Address or R.F.D. No. R.F.D. #3
(e) Deceased lived Inside? ..... Outside? X city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 20 years
(h) Former residence (city, state)

3. (a) **FULL NAME** Susan Jane Jackson 97

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife John Jackson
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) April 3, 1857

8. AGE	Years	Months	Days	If less than 1 day
	87	2	18	hrs min.

9. Exact Occupation ..... Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Greencastle (City or town) Indiana (State or foreign country)
Father
12. Name George Washington Hodge
13. Birthplace ..... (City or town) Indiana (State or foreign country)
Mother
14. Maiden name .....
15. Birthplace ..... (City or town) (State or foreign country)
16. Informant's OWN Signature Mae DeCoursey
and Address Caldwell
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/24/44 (Month) (Day) (Year)
(c) Place: Kohlerlawn Cemetery, Nampa
18. Funeral Director's OWN Signature V. Peckham
and Address 504 So. Kimball Ave., Caldwell
19. (a) 7-6-44 (Date received and filed) (b) Agnes M Denman (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 21 1944
at ..... o'clock ..... M.
21. **I HEREBY CERTIFY**, That I attended deceased from ..... 1943 to 1944
I last saw her alive on June 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
myocardial failure	days
arterio sclerosis	
Due to senility 1625	years
Due to	
Other conditions Esophageal Pressure (Include pregnancy within 3 months of death)	—
Where was disease contracted? —	PHYISCIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state
where violence occurred
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's OWN Signature E L Munn MD (M. D. or other)
and Address Caldwell, Idaho Date 6-24 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

139376

United States
Department of Commerce
Bureau of the Census

JUL 10 1944

Certificate Of Death

STATE OF IDAHO

State File No. 110
Local Reg. No. 3
Reg. Dist. No. 3

1. **PLACE OF DEATH:**
   (a) County Canyon
   (b) City or town Nampa
   (c) Street Address or R.F.D. No. 1805 3rd St. So.
   (d) Death Occured Inside? ✓ Outside? ~~city or town~~
   (e) Died in a Home ✓ Hospital ~~Institution~~ ~~Other place~~
   (f) Name Hosp. or Inst. ..... Stayed ..... days
   (g) Lived in this county 44 years ~~months~~ ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Canyon
   (c) City or town Nampa
   (d) Street Address or R.F.D. No. 1805 3rd St. So.
   (e) Deceased lived Inside? ✓ Outside? ~~city or town~~
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 44 years
   (h) Former residence (city, state) .....

3. (a) **FULL NAME** Charles M. Harrison

3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex M
5. Color or race W
6. (a) ~~Single, widowed~~, married ~~divorced~~ Married
6. (b) Name of ~~husband or~~ wife Jane
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) Nov. 1, 1866

8. AGE	Years	Months	Days	If less than 1 day
	77	7	22	hrs ..... min.

9. Exact Occupation ..... Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Ill. (City or town) (State or foreign country)

Father
12. Name .....
13. Birthplace ..... (City or town) (State or foreign country)

Mother
14. Maiden name .....
15. Birthplace ..... (City or town) (State or foreign country)

16. Informant's **OWN** Signature Essie M. Florin
and Address Nampa Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/27/44 (Month) (Day) (Year)
(c) Place: Nampa Idaho

18. Funeral Director's **OWN** Signature F.K. Robuck
and Address Nampa Ida

19. (a) July 1 1944 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

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MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 23 1944
at ..... o'clock ..... M.

21. **I HEREBY CERTIFY**, That I attended deceased from 6-7- 1943, to 6-23- 1944
I last saw him alive on 6-24- 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cancer of Stomach + left Lung	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation ..... Date	
Major finding	
Finding of autopsy	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature Samuel A Swayne M.D. (M. D. or other)
and Address Nampa Ida Date 6-29- 1944
(For additional space, use reverse side)

111

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JUL 10 1944

Certificate Of Death

STATE OF IDAHO

State File No. 13937
Local Reg. No. 78
Reg. Dist. No. 960

1. **PLACE OF DEATH:**
   (a) County Canyon
   (b) City or town Caldwell
   (c) Street Address or R.F.D. No. —
   (d) Death Occured Inside? — Outside? ..... city or town
   (e) Died in a Home ..... Hospital — Institution ..... Other place ....
   (f) Name Hosp. or Inst. Memorial Hosp ..... Stayed ..... days
   (g) Lived in this county — years — months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Canyon
   (c) City or town Caldwell
   (d) Street Address or R.F.D. No. 2
   (e) Deceased lived Inside? — Outside? ..... city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? — years
   (h) Former residence (city, state) —

3. (a) **FULL NAME** Baby Pierce

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3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex M race W
5. Color or race
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) June 25 — 1944

8. AGE	Years	Months	Days	If less than 1 day
	0	0	0	hrs min.

9. Exact Occupation — Did this work for ..... yrs.
10. Industry or Business — Date last worked
11. Birthplace Caldwell Idaho (City or town) (State or foreign country)

Father
12. Name Delbert McPierce
13. Birthplace Oklahoma (City or town) (State or foreign country)

Mother
14. Maiden name Vanzandt
15. Birthplace Divide Creek Neb (City or town) (State or foreign country)

16. Informant's **OWN** Signature Delbert McPierce
and Address Caldwell Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-26-44 (Month) (Day) (Year)
(c) Place: Canyon Hill

18. Funeral Director's **OWN** Signature C. W. Eakin
and Address Caldwell Idaho

19. (a) 7-7-44 (Date received and filed) (b) Egbert N. Denman (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 25 19 44
at 9:00 o'clock A M.

21. **I HEREBY CERTIFY**, That I attended deceased from Noon June 25 1944, to 9 P.M. 6-25 1944
I last saw him alive on 6-25 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Pneumonia, Lobar	
wt 1½ #	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ..... Date
Major finding
Finding of autopsy

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following. Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury

23. Attendant's **OWN** Signature E. F. Munn MD (M. D. or other)
and Address Caldwell Date 7-6 1944
(For additional space use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JUL 10 1944

Certificate Of Death

STATE OF IDAHO

State File No. 1393
Local Reg. No. 111
Reg. Dist. No. 362

1. PLACE OF DEATH:
(a) County Canyon
(b) City or town Nampa
(c) Street Address or R.F.D. No. Holly St
(d) Death Occured Inside? ✓ ~~Outside?~~ ~~city or town~~
(e) Died in ~~a Home~~ Hospital ✓ ~~Institution~~ Other place
(f) Name Hosp. or Inst. Samaritan Stayed 10 days
(g) Lived in this county ~~years~~ 8 months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Nampa
(d) Street Address or R.F.D. No. Holly St
(e) Deceased lived Inside? ✓ ~~Outside?~~ ~~city or town~~
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 17 years
(h) Former residence (city, state) Half way Oregon

3. (a) FULL NAME Howard Benjamin Behner

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) ~~Single, widowed~~, married, ~~divorced~~ married
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive ✓ years
7. Date of Birth (Month, Day, Year) March 16, 1892

8. AGE	Years	Months	Days	If less than 1 day
	53	3	9	hrs min.

9. Exact Occupation Farmer Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Peoria (City or town) Illinois (State or foreign country)
Father
12. Name Jacob Behner
13. Birthplace ✓ (City or town) (State or foreign country)
Mother
14. Maiden name Mary Brown
15. Birthplace ✓ (City or town) (State or foreign country)
16. Informant's **OWN** Signature Mary Behner
and Address Rt 4 Nampa, Idaho
17. (a) Bureau (Burial, cremation, or removal) (b) Date thereof 6/28/44 (Month) (Day) (Year)
(c) Place: Nampa, Idaho
18. Funeral Director's **OWN** Signature F. K. Robinson
and Address Nampa, Idaho
19. (a) July-1-1944 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) June 25 1944
at o'clock M.

21. I HEREBY CERTIFY, That I attended deceased from June 16 1944 19, to June 25 1944
I last saw h. 1 m alive on June 24 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Coronary Occlusion	9 days
Myocardial infarction	9 "
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation Date	
Major finding	
Finding of autopsy	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature [signature] MD (M. D. or other)
and Address 407-11th Ave. Date 4/30/44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JUL 10 1944

Certificate Of Death

STATE OF IDAHO

State File No. 139379
Local Reg. No. 112
Reg. Dist. No. 363

1. **PLACE OF DEATH:** Canyon
   (a) County
   (b) City or town Nampa
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? ~~Outside?~~ city or town
   (e) Died in a ~~Home~~ Hospital ~~Institution~~ ~~Other place~~
   (f) Name Hosp. or Inst. Samaritan Stayed 5 days
   (g) Lived in this county 4 years months 5 days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Oregon (b) County Malheur
   (c) ~~City or~~ town Vale
   (d) Street Address or R.F.D. No. Box 764
   (e) Deceased lived Inside? ~~Outside?~~ ~~city or~~ town
   (f) Citizen of what country? USA
   (g) How long had deceased lived in Idaho? 4 years
   (h) Former residence (city, state) Oregon

3. (a) **FULL NAME** Lola Beatrice Tindall 1472

3. (b) If veteran, name war ✓
3. (c) Social Security No.
4. Sex Fem
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife J. F. Tindall
6. (c) Age of husband or wife if alive ✓ years
7. Date of Birth (Month, Day, Year) Apr 17 - 1907

8. AGE	Years	Months	Days	If less than 1 day
	37	2	9	hrs min.

9. Exact Occupation Housewife Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Nebraska (City or town) (State or foreign country)
Father
12. Name Carl Sauer
13. Birthplace Nebraska (City or town) (State or foreign country)
Mother
14. Maiden name Hickey
15. Birthplace Nebraska (City or town) (State or foreign country)
16. Informant's **OWN** Signature J. F. Tindall
and Address Vale, Oregon
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/29/44 (Month) (Day) (Year)
(c) Place: Nampa Ida
18. Funeral Director's **OWN** Signature F. K. Robinson
and Address Nampa Ida
19. (a) July-1-1944 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 26 1944
at o'clock M.
21. **I HEREBY CERTIFY,** That I attended deceased from Dec 1943, to June 26 1944
I last saw her alive on June 25 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Pulmonary Embolus From uterus	Instantaneous
~~Due to~~	
Normal delivery spontaneous	
~~Due to~~ 5 days previous	
Other conditions (Include pregnancy within 3 months of death)	
Toxemia of 3rd trimester ? rise in Blood Pres. but no kidney disease	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature Jos Saltzer MD (M. D. or other)
and Address 407 - 11th Ave So Date 4/30 1944
(For additional space, use reverse side)

5

139380

United States
Department of Commerce
Bureau of the Census

JUL 10 1944

Certificate Of Death

STATE OF IDAHO

State File No.
Local Reg. No. 108
Reg. Dist. No. 362

1. **PLACE OF DEATH:**
(a) County Canyon
(b) City or town Nampa
(c) Street Address or R.F.D. No. 1603½ 1st Str. No.
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Home X Hospital.... Institution.... Other place....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 48 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Ida (b) County Canyon
(c) City or town Nampa
(d) Street Address or R.F.D. No. 1603½ 1st Str. No.
(e) Deceased lived Inside? X Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 38 years
(h) Former residence (city, state) Austria.

3. (a) **FULL NAME** Nick Yockich

3. (b) If veteran, name war No.
3. (c) Social Security No. —
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Date of Birth (Month, Day, Year) April 14 — 1886

8. AGE	Years	Months	Days	If less than 1 day
	58	2	13	hrs min.

9. Exact Occupation Construction Did this work for 30 yrs.
10. Industry or Business Retired, Date last worked
11. Birthplace Austria. (City or town) (State or foreign country)
Father 12. Name Unknown
13. Birthplace " (City or town) (State or foreign country)
Mother 14. Maiden name Unknown
15. Birthplace " (City or town) (State or foreign country)
16. Informant's **OWN** Signature Wm Talley (Coroner)
and Address Nampa Ida.
17. (a) Burial (b) Date thereof 6-28-44 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: Nampa Ida (Rohlerlawn)
18. Funeral Director's **OWN** Signature Wm D Talley
and Address Nampa Idaho.
19. (a) June 28-1944 (b) Lyda Rodgers (Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 27 1944
at 9:45 o'clock A. M.
21. **I HEREBY CERTIFY,** That I attended deceased from ..... 19....., to ..... 19.....
I last saw h..... alive on ..... 19.....; death is said to have occurred on the date and hour stated above.
Immediate Cause of Death: Suicide. by placing 12 gauge
~~Due to~~ Shot gun shooter chin blowing most of
~~Due to~~ head apart.
Other conditions Despondency (Include pregnancy within 3 months of death) over Ill health.
Where was disease contracted?
Name of operation ..... Date .....
Major finding
Finding of autopsy No.

Duration

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? X Homicide? .....
Occurred June 27 1944 City, county, state where violence occurred Nampa Ida.
Place of Violence: Home X Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury as above stated
23. Attendant's **OWN** Signature Wm D Talley, Coroner (M. D. or other)
and Address Nampa Ida Date 6-27 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JUL 10 1944

Certificate Of Death

STATE OF IDAHO

State File No. 139381
Local Reg. No. 76
Reg. Dist. No. 360

1. PLACE OF DEATH:
(a) County Canyon
(b) City or town Caldwell
(c) Street Address or R.F.D. No. 818 Logan St., Sanitarium
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Home.... Hospital X Institution.... Other place....
(f) Name Hosp. or Inst. Caldwell Sanitarium Stayed ..... days
(g) Lived in this county ..... years ..... months 28 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Caldwell
(d) Street Address or R.F.D. No. R.F.D. #4
(e) Deceased lived Inside? ..... Outside? X city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 28 daxxx years
(h) Former residence (city, state) .....

3. (a) FULL NAME JAMES KENNETH HARRIS

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3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) June 1, 1944

8. AGE	Years	Months	Days	If less than 1 day
	-----	----	28	hrs min.

9. Exact Occupation ..... Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Caldwell (City or town) Idaho (State or foreign country)

Father
12. Name Kenneth A. Harris
13. Birthplace Stockton (City or town) Missouri (State or foreign country)

Mother
14. Maiden name Marie E. Obendorf
15. Birthplace Parma, Idaho (City or town) (State or foreign country)

16. Informant's OWN Signature Kenneth A. Harris
and Address Route 4, Caldwell, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/30/44 (Month) (Day) (Year)
(c) Place: Roswell Cemetery, Roswell, Ida.
18. Funeral Director's OWN Signature V. Peckham
and Address 504 So. Kimball Ave., Caldwell
19. (a) 7-7-44 (Date received and filed) (b) Agnes M. Denman (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 28, 1944
at ..... o'clock 5P M.
21. **I HEREBY CERTIFY,** That I attended deceased from June 1 1944 to June 28 1944
I last saw him alive on June 27 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Smothered in his Crib	Sudden
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYISCIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's OWN Signature J. M. Cole (M. D. or other)
and Address Caldwell Date 7/6 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JUL 10 1944

Certificate Of Death

STATE OF IDAHO

State File No. 139352
Local Reg. No. 114
Reg. Dist. No. 362

1. **PLACE OF DEATH:** Canyon
(a) County
(b) City or town Nampa
(c) Street Address or R.F.D. No. 815-13 Ave So
(d) Death Occured Inside? Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. Mercy Stayed days
(g) Lived in this county years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Nampa
(d) Street Address or R.F.D. No. 815-13 Ave So
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? — years
(h) Former residence (city, state) —

3. (a) **FULL NAME** Infant Son of Mr & Mrs. Clarence E. Moore

3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Date of Birth (Month, Day, Year) June 28 - 1944

8. AGE	Years	Months	Days	If less than 1 day hrs min.

9. Exact Occupation — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace Nampa Ida. (City or town) (State or foreign country)
Father
12. Name Clarence E. Moore
13. Birthplace Neb. (City or town) (State or foreign country)
Mother
14. Maiden name Betty L. Clark
15. Birthplace Neb. (City or town) (State or foreign country)
16. Informant's **OWN** Signature X Clarence E. Moore
and Address U.S. Army Tex.
17. (a) Burial (b) Date thereof 6-29-44 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: Nampa Ida. (Fohlertown)
18. Funeral Director's **OWN** Signature Wm D Talley
and Address Nampa Ida.
19. (a) July 1 - 1944 (b) Lyda Rodgers (Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 28 1944
at 3:30 o'clock P. M.
21. **I HEREBY CERTIFY**, That I attended deceased from 6-28 19, to 6-28 1944, death is said to have occurred on the date and hour stated above.
Immediate Cause of Death: [redacted]
Due to Fly & train trip brought on premature
Due to labor, shortness, membrane
Other conditions ruptured
(Include pregnancy within 3 months of death)
Unavoidable
Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

Duration

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature H P Bilhardt (M.D. or other)
and Address Nampa Date 19
(For additional space, use reverse side)

United States
Department of Commerce
Bureau of the Census

JUL 10 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 139383
Local Reg. No. 115
Reg. Dist. No. 363

1. **PLACE OF DEATH:**
(a) County Canyon
(b) City or town Nampa
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? ✓ Outside? ____ city or town
(e) Died in a Home __ Hospital ✓ Institution __ Other place __
(f) Name Hosp. or Inst. Mercy Stayed 2 days
(g) Lived in this county ____ years ____ months 2 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Owyhee
(c) City or town Homedale
(d) Street Address or R. F. D. No. 1
(e) Deceased lived Inside? ____ Outside? ✓ city or town
(f) Citizen of what country? U.S.
(g) How long had deceased lived in Idaho? 9 years
(h) Former residence (city, state)

3. (a) **FULL NAME** Glen Bridge 151

3. (b) If veteran, name war ✓
3. (c) Social Security No. ____
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Zelma
6. (c) Age of husband or wife if alive 42 years
7. Date of Birth (Month, Day, Year) Nov. 30 1899

8. AGE	Years	Months	Days	If less than 1 day
	44	6	29	hrs min.

9. Exact Occupation Farmer Did this work for 30 yrs.
10. Industry or Business — Date last worked 6-23-44
11. Birthplace Ridgeway (City or town) Missouri (State or foreign country)
Father
12. Name Calvin S. Bridge
13. Birthplace Mountmorrah (City or town) Mo. (State or foreign country)
Mother
14. Maiden name Minnie Stoner
15. Birthplace Ridgeway (City or town) Missouri (State or foreign country)
16. Informant's OWN Signature Zelma E. Bridge
and Address Homedale, Ida.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 6-29-44 (Month) (Day) (Year)
(c) Place: Meridian Idaho
18. Funeral Director's OWN Signature Kenneth M. Edmiston
and Address Meridian, Idaho.
19. (a) July 5 1944 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 6-29-1944
at 7 o'clock A.M.
21. **I HEREBY CERTIFY,** That I attended deceased from 6-27-1944, to 6-29-1944
I last saw him alive on 6-28-1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Acute staphlococcic infarct of the brain — Duration 3 hrs.
Due to Acute Staphlococcic Pyaemia 24.6 — Not known
Due to Furunculosis 151.2 — 5 months
Other conditions
(Include pregnancy within 3 months of death)
Where was disease contracted?
Name of operation ____ Date ____
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury
23. Attendant's OWN Signature Geo. O. A. Kellogg, M.D. (M. D. or other)
and Address Nampa, Idaho. Date 7-1-1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JUL 1 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 139384
Local Reg. No.
Reg. Dist. No. 520

1. **PLACE OF DEATH:**
   (a) County CARIBOU
   (b) City or town SODA SPRINGS, IDAHO.
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? X Outside? city or town
   (e) Died in a Home X Hospital Institution Other place
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county 25 years months days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State IDAHO (b) County CARIBOU
   (c) City or town SODA SPRINGS
   (d) Street Address or R. F. D. No.
   (e) Deceased lived Inside? X Outside? city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 27 years
   (h) Former residence (city, state) CHESTER, UTAH

3. (a) **FULL NAME** LYDIA ERMINA CHILD 95b

3. (b) If veteran, name war 0
3. (c) Social Security No. 0
4. Sex FEMALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced SINGLE
6. (b) Name of husband or wife 0
6. (c) Age of husband or wife if alive 0 years
7. Date of Birth (Month, Day, Year) APRIL 19, 1872

8. AGE	Years	Months	Days	If less than 1 day
	71	8	24	hrs min.

9. Exact Occupation HOUSE KEEPER Did this work for 50 yrs.
10. Industry or Business HOUSE KEEPING Date last worked 1/3/44
11. Birthplace MORONI, UTAH (City or town) (State or foreign country)

Father
12. Name JOEL H. CHILD
13. Birthplace ATHENS COUNTY, OHIO. (City or town) (State or foreign country)

Mother
14. Maiden name CHERSTE OLSON
15. Birthplace SWEDEN (City or town) (State or foreign country)

16. Informant's OWN Signature V. C. Childs
and Address RICHFIELD, UTAH
17. (a) BURIEL (Burial, cremation, or removal) (b) Date thereof 1/15/44 (Month) (Day) (Year)
(c) Place: FAIRVIEW CE. SODA SPRINGS, IDA
18. Funeral Director's OWN Signature E. D. Whitmore
and Address SODA SPRINGS, IDAHO
19. (a) Jan. 20, 1944 (Date received and filed) (b) Dr Russell Tigert (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) JANY. 13, 1944 19
at 2.15 o'clock P.M.
21. **I HEREBY CERTIFY,** That I attended deceased from 19, to 1/13/44 19
I last saw her alive on 1/13/44 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Rheumatic Heart	
Due to Disease	2 yrs
Due to Rhea Arthritis,	
Other conditions multiple (Include pregnancy within 3 months of death)	15 yrs

Where was disease contracted?
Name of operation none Date
Major finding
Finding of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature Russell Tigert (M. D. or ~~other~~)
and Address SODA SPRINGS, IDA. Date 19
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

139385

United States
Department of Commerce
Bureau of the Census

JUL 1 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No. 520

1. **PLACE OF DEATH:**
(a) County CARIBOU
(b) City or town SODA SPRINGS, IDAHO
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 25 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Caribou
(c) City or town Soda Springs
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 61 years
(h) Former residence (city, state)

3. (a) **FULL NAME** CHARLES H. MUNRO

3. (b) If veteran, name war 9
3. (c) Social Security No. 519-07-4219
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife EMMA ELLEN MUNRO
6. (c) Age of husband or wife if alive 54 years
7. Date of Birth (Month, Day, Year) MAY 23, 1882

8. AGE	Years	Months	Days	If less than 1 day
	61	8	2	hrs min.

9. Exact Occupation FARMER Did this work for 45 yrs.
10. Industry or Business FARMING Date last worked 1/20/44
11. Birthplace CHESTERFIELD, IDAHO (City or town) (State or foreign country)
Father
12. Name WILLIAM C. MUNRO
13. Birthplace SPANISH FORK, UTAH (City or town) (State or foreign country)
Mother
14. Maiden name MARY CLEMENTS
15. Birthplace OXFORD, IDAHO (City or town) (State or foreign country)
16. Informant's OWN Signature Orren Munro
and Address Soda Springs, Idaho
17. (a) BURIEL (Burial, cremation, or removal) (b) Date thereof 1/28/44. (Month) (Day) (Year)
(c) Place: FAIRVIEW CEM. SODA SPRINGS, IDA.
18. Funeral Director's OWN Signature E. D. Whitman
and Address Soda Springs, Idaho.
19. (a) Feb. 4, 1944 (Date received and filed) (b) D. Russell Tigert (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Jany. 25, 1944. 19
at 5 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from Jan. 25, 1944, to 1/25/44 19
I last saw him alive on 1/25/44 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Acute Organic Heart Disease (Coronary	
Due to Thrombosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted? Same	PHYSICIAN
Name of operation None Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy None	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature Russell Tigert (M. D. or other)
and Address Soda Springs, Ida. Date Feb. 4 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce JUL 1 1944
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 139386
Local Reg. No.
Reg. Dist. No. 520

1. **PLACE OF DEATH:**
(a) County CARIBOU
(b) City or town Soda Springs, Idaho.
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 20 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2. SALT LAKE CITY UT.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Caribou
(c) City or town Soda Springs
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 20 years
(h) Former residence (city, state) Utah

3. (a) FULL NAME MARY ANN HICKS

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3. (b) If veteran, name war 0
3. (c) Social Security No. 0
4. Sex FEMALE
5. Color or race
6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife 0
6. (c) Age of husband or wife if alive 0 years
7. Date of Birth (Month, Day, Year) OCTOBER 23, 1867

8. AGE	Years	Months	Days	If less than 1 day
	76	3	5	hrs min.

9. Exact Occupation HOUSE KEEPER Did this work for 60 yrs.
10. Industry or Business HOME Date last worked 1942
11. Birthplace ENGLAND (City or town) (State or foreign country)
Father
12. Name JOHN ROGERS
13. Birthplace ENGLAND (City or town) (State or foreign country)
Mother
14. Maiden name MARY BOND
15. Birthplace ENGLAND (City or town) (State or foreign country)
16. Informant's OWN Signature Joseph L. Lallatin
and Address Soda Springs, Idaho.
17. (a) BURIEL (Burial, cremation, or removal) (b) Date thereof 1/31/44 (Month) (Day) (Year)
(c) Place: Fair View Cem, Soda Springs, Ida.
18. Funeral Director's OWN Signature E. D. Whitman
and Address Soda Springs, Idaho
19. (a) Feb. 1, 1944 (Date received and filed) (b) D. Russell Tigert (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 1/28/44 19
at 5 o'clock PM.
21. **I HEREBY CERTIFY,** That I attended deceased from Nov. 1943 to 1/28/44 19
I last saw her alive on 1/28/44 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebral Hemorrhage	15 mos.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature Russell Tigert (M. D. or other)
and Address Soda Springs Date Feb. 1 1944
(For additional space, use reverse side)
Idaho

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JUL 1 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 139387
Local Reg. No.
Reg. Dist. No. 520

1. PLACE OF DEATH:
(a) County Caribou
(b) City or town Soda Springs
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? ... city or town
(e) Died in a Home ... Hospital X Institution ... Other place ...
(f) Name Hosp. or Inst. Caribou Stayed 29 days
(g) Lived in this county ... years ... months 29 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Wyoming (b) County Lincoln
(c) City or town Border
(d) Street Address or R. F. D. No. P.O. Raymond, Idaho
(e) Deceased lived Inside? ... Outside? X city or town
(f) If foreign born, in U. S. ... yrs. Citizen of U. S.? Yes
(g) How long had deceased lived in Idaho? 29 days years
(h) Former residence (city, state) Border, Wyoming

3. (a) **FULL NAME** Leroy Layland 46 d

3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Hazel Gerald
6 (c) Age of husband or wife if alive ... years
7. Date of Birth (Month, Day, Year) October 26 1874

8. AGE	Years	Months	Days	If less than 1 day
	69	3	28	hrs min.

9. Exact Occupation Farmer Did this work for ... yrs.
10. Industry or Business ... Date last worked ...
11. Birthplace ... (City or town) Missouri (State or foreign country)
Father
12. Name Art J. Layland
13. Birthplace ... (City or town) Missouri (State or foreign country)
Mother
14. Maiden name Martha Jane Westfall
15. Birthplace ... (City or town) Pensylvania (State or foreign country)
16. Informant's OWN Signature George Layland
and Address Montpelier, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 27, 1944 (Month) (Day) (Year)
(c) Place: Raymond, Idaho.
18. Funeral Director's OWN Signature [signature]
and Address Montpelier, Idaho.
19. (a) 3-29-44 (Date received and filed) (b) Dr Russell Tigel (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Feb. 23 1944
at 5:10 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from Jan. 25 1944, to Feb 23 1944
I last saw him alive on 2-23 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Hypostatic Pneumonia	2 days
Due to CA of rectum + General metastases to	46 d ?
Due to abdominal visera	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease first contracted?
Name of operation ... Date ...
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ... Suicide? ... Homicide? ...
Occurred ... 19 ... City, county, state where violence occurred
Place of Violence: Home ... Farm ... Industry ...
Public Place ... While at work? ...
Means of injury

23. Attendant's OWN Signature J B Koehler M.D. (M. D. or other)
and Address Soda Springs, Idaho 2-23 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH

STATE OF IDAHO

JUL 1 1944

State File No. 139388
Local Reg. No.
Reg. Dist. No. 521

1. **PLACE OF DEATH:**
(a) County Caribou
(b) City or town Soda Springs
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? X city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county years 4 months days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bear Lake
(c) City or town Geneva
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) If foreign born, in U. S. yrs. Citizen of U. S.? Yes
(g) How long had deceased lived in Idaho? 70 years
(h) Former residence (city, state)

3. (a) **FULL NAME** Magdelena Hirschi

3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex female race white
5. Color or
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Christian Hirschi
6 (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) September 17, 1859

8. AGE	Years	Months	Days	If less than 1 day
	85	7	17	hrs min.

9. Exact Occupation Housewife — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace (City or town) Switzerland (State or foreign country)

Father
12. Name Henry Von Allman
13. Birthplace (City or town) Switzerland (State or foreign country)

Mother
14. Maiden name Magdelena Ferer
15. Birthplace (City or town) Switzerland (State or foreign country)

16. Informant's **OWN** Signature Sylvia Pettrson
and Address Auburn, Wyoming
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 8, 1944 (Month) (Day) (Year)
(c) Place: Geneva, Idaho.
18. Funeral Director's **OWN** Signature
and Address Montpelier, Idaho.
19. (a) June 16, 1944 (Date received and filed) (b) Dr. Russell Tigert (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 4, 1944 19
at 12:45 o'clock A M.

21. I **HEREBY CERTIFY**, That I attended deceased from April 20 1944, to May 4 1944
I last saw her alive on April 28 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Acute myocardial failure	10 days
Due to Hypertension	2 yrs.
Due to Arteriosclerosis	5 yrs.
Other conditions (Include pregnancy within 3 months of death)	

Where was disease first contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature R. B. Lindsay M.D.
(M. D. or other)
and Address Montpelier, Idaho. Date May 5, 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JUL 10 1944

Certificate Of Death

STATE OF IDAHO

State File No. 139389
Local Reg. No. 10
Reg. Dist. No. 521

1. PLACE OF DEATH:

(a) County Caribu
(b) City or town Soda Springs
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? Outside? out city or town
(e) Died in a Home.... Hospital.... Institution.... Other place h
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county years 3 months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

(a) State Idaho (b) County Bannock
(c) City or town Grace
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? Outside? out city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? life years
(h) Former residence (city, state)

3. (a) **FULL NAME** Dennis Lester Conish

170c

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Child
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Feb 21 1938

8. AGE	Years	Months	Days	If less than 1 day
	6 ,	3	23	hrs min.

9. Exact Occupation child — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace Grace (City or town) Idaho (State or foreign country)

Father
12. Name Lester Conish
13. Birthplace Franklin (City or town) Idaho (State or foreign country)

Mother
14. Maiden name Orpha Mae Norstrom
15. Birthplace Soda Springs (City or town) (State or foreign country)

16. Informant's **OWN** Signature Soda Springs Idaho
and Address Soda Springs Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 24 (Month) (Day) (Year)
(c) Place: Grace Idaho

18. Funeral Director's **OWN** Signature
and Address Preston Idaho

19. (a) June 1 1944 (Date received and filed) (b) D Russell Tigert (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 14 1944 19
at o'clock M.

21. **I HEREBY CERTIFY**, That I attended deceased from 19, to 19
I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Fractured skull & severed genuine spinal — Duration
Due to Coral
Due to
Other conditions (Include pregnancy within 3 months of death)
Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ✓ Suicide? Homicide?
Occurred Caribou County 19 City, county, state
44 where violence occurred May 14, 1944
Place of Violence: Home Farm Industry
Public Place Highway While at work?
Means of injury Automobile turned over

23. Attendant's **OWN** Signature J. A. Koellner M.D. (M. D. or other)
and Address Date 19
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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United States
Department of Commerce JUL 1 1944
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No. 520

1. **PLACE OF DEATH:**
(a) County Caribou
(b) City or town Soda Springs, Idaho
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home ____ Hospital X Institution ____ Other place ____
(f) Name Hosp. or Inst. Caribou Co. Stayed 4 days
(g) Lived in this county ____ years ____ months 4 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Caribou
(c) City or town Soda Springs, Idaho
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? U. S. A.
(g) How long had deceased lived in Idaho? 4 days years
(h) Former residence (city, state) none

3. (a) **FULL NAME** ALFRED CARLYLE CRANDALL

3. (b) If veteran, name war 0
3. (c) Social Security No. 0
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) May 28, 1944

8. AGE	Years	Months	Days	If less than 1 day hrs	min.
			4		

9. Exact Occupation Infant — Did this work for 0 yrs.
10. Industry or Business 0 — Date last worked 0
11. Birthplace Soda Springs, Idaho. (City or town) (State or foreign country)

Father
12. Name Alfred Carlyle Crandall
13. Birthplace Idaho Falls, Idaho (City or town) (State or foreign country)

Mother
14. Maiden name Pearl Perkins
15. Birthplace Glens Ferry, Idaho (City or town) (State or foreign country)

16. Informant's OWN Signature Alfred C. Crandall
and Address Grace, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 3, 1944 (Month) (Day) (Year)
(c) Place: Turner, Idaho
18. Funeral Director's OWN Signature O. D. Pittman
and Address Soda Springs, Idaho
19. (a) June 1, 1944 (Date received and filed) (b) Dr. Russell Tigert (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 1ST, 1944 19____
at One o'clock A.M.
21. **I HEREBY CERTIFY,** That I attended deceased from ____ 19____ to 6/1/44 19____
I last saw him alive on 6/1/44 19____; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
6 & 7 month premature	1 day
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation ____ Date ____	
Major finding	
Finding of autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury

23. Attendant's OWN Signature J. B. Kochler M. D.
(M. D. or other)
and Address Soda Springs Date 6-1 1944
(For additional space, use reverse side)

13939/

United States
Department of Commerce JUL 1 1944
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No. 520

1. **PLACE OF DEATH:**
(a) County Caribou
(b) City or town Soda Springs, Idaho
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. Caribou Co Stayed 7 days
(g) Lived in this county 25 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County CARIBOU
(c) City or town Soda Springs
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 57 years
(h) Former residence (city, state) 0

3. (a) **FULL NAME** MARY AMELIA ANDERSON VERHAM

3. (b) If veteran, name war 0
3. (c) Social Security No. 0
4. Sex FEMALE race WHITE
5. Color or
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife HENRY VERHAM SR
6. (c) Age of husband or wife if alive 62 years
7. Date of Birth (Month, Day, Year) DECEMBER 8, 1886

8. AGE	Years	Months	Days	If less than 1 day
	57	5	27	hrs min.

9. Exact Occupation House Wife Did this work for 33 yrs.
10. Industry or Business House keeping Date last worked May 20, 1944
11. Birthplace Soda Springs, Idaho (City or town) (State or foreign country)

Father
12. Name NIELS ANDERSON
13. Birthplace DENMARK (City or town) (State or foreign country)

Mother
14. Maiden name MARY CHRISTOFFERSON
15. Birthplace DENMARK (City or town) (State or foreign country)

16. Informant's OWN Signature Earl L. Verham
and Address Soda Springs, Idaho
17. (a) Buriel (Burial, cremation, or removal) (b) Date thereof June 11, 1944 (Month) (Day) (Year)
(c) Place: Soda Springs, Idaho
18. Funeral Director's OWN Signature C. S. Whitman
and Address Soda Springs, Idaho
19. (a) June 12, 1944 (Date received and filed) (b) Dr Russell Tigert (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) JUNE 7, 1944 19
at 1.03 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from 19, to June 7, 1944 19
I last saw her alive on June 7, 1944 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Apoplexy	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? Soda Springs
Name of operation None Date
Major finding
Finding of autopsy 0

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? 0 Suicide? 0 Homicide? 0
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's OWN Signature Russell Tigert, M.D.
(M. D. or other)
and Address Soda Springs Date 6-10-1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

139392

United States
Department of Commerce JUL 1 1944
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No. 520

1. PLACE OF DEATH:
(a) County CARIBOU
(b) City or town Soda Springs, Idaho
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. Caribou Co Stayed 7 days
(g) Lived in this county 6 years months days
Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Caribou
(c) City or town Soda Springs, Idaho
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 6 years
(h) Former residence (city, state) Salt Lake City Utah.

3. (a) FULL NAME YETTE GOLDSTEIN 13b

3. (b) If veteran, name war 0
3. (c) Social Security No. 0
4. Sex Female
5. Color or race
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Louis Goldstein
6. (c) Age of husband or wife if alive 65 years
7. Date of Birth (Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	55			hrs min.

9. Exact Occupation House wife Did this work for 35 yrs.
10. Industry or Business 0 Date last worked May 30, 44
11. Birthplace (City or town) Austria (State or foreign country)
Father
12. Name Unknown
13. Birthplace (City or town) Unknown (State or foreign country)
Mother
14. Maiden name Unknown
15. Birthplace (City or town) Unknown (State or foreign country)
16. Informant's OWN Signature Miss Esther Mandel
and Address
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 6/16/44 (Month) (Day) (Year)
(c) Place: Salt Lake City, Utah
18. Funeral Director's OWN Signature (None here)
and Address
19. (a) June 7, 1944 (Date received and filed) (b) D. Russell Tigert (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) June 7, 1944 19
at 7.30 o'clock PM.
21. I HEREBY CERTIFY, That I attended deceased from 19 to 6/7/44 19
I last saw her alive on 6/7/44 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Apoplexy 83a1	1 day
Due to Cirrhosis of Liver 124.61	15 yrs
Due to Tbc of rt lung 13.61	15 yrs
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature J B Koehler M.D. (M. D. or other)
and Address Soda Springs, Idaho Date 6-7 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

139383

United States
Department of Commerce
Bureau of the Census JUL 10 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 520 11
Reg. Dist. No. 520

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. PLACE OF DEATH:

(a) County CARIBOU
(b) City or town Soda Springs, Ida.
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 25 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)

(a) State Idaho (b) County Caribou
(c) City or town Soda Springs
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) If foreign born, in U. S. yrs. Citizen of U. S.? Yes
(g) How long had deceased lived in Idaho? 60 years
(h) Former residence (city, state) none

3. (a) **FULL NAME** JOHN TAYLOR DAVIS

74a

3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife CELIA DAVIS
6. (c) Age of husband or wife if alive 55 years
7. Date of Birth (Month, Day, Year) NOV. 18, 1879

8. AGE	Years	Months	Days	If less than 1 day hrs	min.
	64	6	29		

9. Exact Occupation FARMER Did this work for 30 yrs.
10. Industry or Business FARMING Date last worked 1935
11. Birthplace CLIFTON, IDAHO (City or town) (State or foreign country)

Father
12. Name William C. DAVIS
13. Birthplace IOWA (City or town) (State or foreign country)

Mother
14. Maiden name ELIZA PACKER
15. Birthplace (City or town) (State or foreign country)

16. Informant's **OWN** Signature Celia Davis
and Address Soda Springs, Idaho
17. (a) Buriel (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: Soda Springs, Ida.
18. Funeral Director's **OWN** Signature E. D. Whitmore
and Address Soda Springs Idaho
19. (a) June 20, 1944 (Date received and filed) (b) By Russell Tigert (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 17, 44 19
at 2.30 o'clock P M.
21. I **HEREBY CERTIFY,** That I attended deceased from June 19 44, to June 17, 44 19
last saw him alive on June 17, 44 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Organic Heart Dis. (Coronary Thrombosis) — Duration 1 hr.
Due to 941
Due to
Other conditions (Include pregnancy within 3 months of death)
Where was disease first contracted? Soda Spgs, Ida
Name of operation none Date
Major finding
Finding of autopsy none made

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature Russell Tigert (M. D. or other)
and Address Soda Springs Date 6-20-1944
(For additional space see reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JUL 10 1944

Certificate Of Death

STATE OF IDAHO

State File No. 139394
Local Reg. No. 12
Reg. Dist. No. 520

1. **PLACE OF DEATH:**
(a) County Caribou
(b) City or town Soda Springs
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? ✓ Outside? city or town
(e) Died in a Home Hospital ✓ Institution Other place
(f) Name Hosp. or Inst. Soda Springs Hosp. Stayed 4 days
(g) Lived in this county years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Bannock
(c) City or town Bancroft
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? Outside? ✓ city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 25 years
(h) Former residence (city, state)

3. (a) **FULL NAME** William O'Brian Grimm 26a

3. (b) If veteran, name war ✓
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Helen
6. (c) Age of husband or wife if alive 26 years
7. Date of Birth (Month, Day, Year) October 4, 1918

8. AGE	Years	Months	Days	If less than 1 day
	25	8	21	hrs min.

9. Exact Occupation Farmer Did this work for 7 yrs.
10. Industry or Business Date last worked
11. Birthplace Pocatello Idaho (City or town) (State or foreign country)
Father
12. Name David W. Grimm
13. Birthplace Kansas (City or town) (State or foreign country)
Mother
14. Maiden name Ella Merrick
15. Birthplace Idaho (City or town) (State or foreign country)
16. Informant's **OWN** Signature X D. W. Grimm
and Address Bancroft Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-28-44 (Month) (Day) (Year)
(c) Place: Bancroft Idaho
18. Funeral Director's **OWN** Signature Byron B. Downard
and Address Pocatello Idaho
19. (a) June 30, 1944 (Date received and filed) (b) Dr Russell Tigrel (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 25 1944
at 1:45 P o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from 6-21 1944 to 6-25 1944
I last saw him alive on 6-25-44; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Bronchio Pneumonia	1 day
Tularemia Typhoid	
Due to type	7 days
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature J B Koehler M.D. (M. D. or other)
and Address Soda Springs Idaho 6-26-44
(For additional space, use reverse side)

United States
Department of Commerce
Bureau of the Census

JUL 1 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 139395
Local Reg. No.
Reg. Dist. No. 520

1. PLACE OF DEATH:
(a) County CARIBOU
(b) City or town Soda Springs, Idaho.
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. CARIBOU CO. Stayed 3 days
(g) Lived in this county years months 3 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Caribou
(c) City or town Soda Springs
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) If foreign born, in U. S. yrs. Citizen of U. S.? YES
(g) How long had deceased lived in Idaho? 3 days years
(h) Former residence (city, state) 0

3. (a) FULL NAME EDITH LAVON GRAHAM

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3. (b) If veteran, name war 0
3. (c) Social Security No. 0
4. Sex FEMALE race white
5. Color or
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife
6 (c) Age of husband or wife if alive ~~3 days~~ years
7. Date of Birth (Month, Day, Year) JUNE 23, 1944.

8. AGE	Years	Months	Days	If less than 1 day
			3	hrs min.

9. Exact Occupation Infant Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Soda Springs, Idaho (City or town) (State or foreign country)

Father
12. Name William GRAHAM
13. Birthplace NITER, IDAHO (City or town) (State or foreign country)

Mother
14. Maiden name IRIS CALL
15. Birthplace Soda Springs, Idaho (City or town) (State or foreign country)

16. Informant's OWN Signature and Address
17. (a) Buriel (Burial, ~~cremation, or removal~~) (b) Date thereof June 27, 1944 (Month) (Day) (Year)
(c) Place: Soda Springs, Idaho
18. Funeral Director's OWN Signature E. D. Whitman and Address Soda Springs, Ida
19. (a) June 27, 1944 (Date received and filed) (b) Dr. Russell Tyrell (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) June 26, 1944 19 at 3 o'clock P M.
21. I HEREBY CERTIFY, That I attended deceased from 19 , to June 26, 44 19
I last saw her alive on June 26, 44 19 ; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Premature 5½ mon infant	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease first contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide? Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature J. B. Koehler M.D. (M. D. or other)
and Address Date 6-26 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

139396

United States
Department of Commerce
Bureau of the Census

JUL 10 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 61
Reg. Dist. No. 470

1. **PLACE OF DEATH:**
(a) County Cassia
(b) City or town Burley
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home ____ Hospital ____ Institution ____ Other place X
(f) Name Hosp. or Inst. ---- Stayed ____ days
(g) Lived in this county 8 years 5 months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Cassia
(c) City or town Burley
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? Lifetime years
(h) Former residence (city, state) ----

3. (a) **FULL NAME** Patricia Harkness

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3. (b) If veteran, name war ----
3. (c) Social Security No. ----
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife ----
6. (c) Age of husband or wife if alive ---- years
7. Date of Birth (Month, Day, Year) November 13, 1935

8. AGE	Years	Months	Days	If less than 1 day
	8	5	29	hrs ____ min.

9. Exact Occupation Student — Did this work for ---- yrs.
10. Industry or Business — Date last worked ----
11. Birthplace Burley, (City or town) Idaho (State or foreign country)

Father
12. Name David Carlton Harkness
13. Birthplace Griffin, (City or town) Georgia (State or foreign country)

Mother
14. Maiden name Clara Annie Severe
15. Birthplace Burley (City or town) Idaho (State or foreign country)

16. Informant's OWN Signature D. C. Harkness
and Address Burley, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-17-44 (Month) (Day) (Year)
(c) Place: Burley, Idaho
18. Funeral Director's OWN Signature Kenneth McCulloch
and Address Burley, Idaho
19. (a) 6-10-44 (Date received and filed) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 13 1944
at ____ o'clock ____ M.

21. **I HEREBY CERTIFY,** That I attended deceased from 3/1 1944, to 5/6 1944
I last saw h____ alive on ____ 19____; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Acute Appendicitis	
Peritonitis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? Burley, Idaho
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state ____
where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's OWN Signature J. R. Llewellyn M.D.
(M. D. or other)
and Address 116 E. So. Temple Date 6/5 1944
(For additional space use reverse side)

Filed June 10th 1944

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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United States
Department of Commerce
Bureau of the Census

JUL 10 1944

Certificate Of Death

STATE OF IDAHO

State File No.
Local Reg. No. 60
Reg. Dist. No. 471

1. PLACE OF DEATH:
(a) County Cassia
(b) City or town Burley
(c) Street Address or R.F.D. No. West Main St.
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Home.... Hospital X Institution.... Other place....
(f) Name Hosp. or Inst. Cottage Stayed 1 days
(g) Lived in this county 3 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Cassia
(c) City or town Burley
(d) Street Address or R.F.D. No. West Main ST.
(e) Deceased lived Inside? X Outside? ..... city or town
(f) Citizen of what country? U.S.
(g) How long had deceased lived in Idaho? 4 years
(h) Former residence (city, state) Mo.

3. (a) **FULL NAME** Cena Christena Snavely 50

3. (b) If veteran, name war .....
3. (c) Social Security No. 518-24-5790
4. Sex F. 5. Color or race W.
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Nicholos
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) July 6 1869

8. AGE	Years	Months	Days	If less than 1 day
	74	10	18	hrs min.

9. Exact Occupation Hotel maid Did this work for 4 yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Saby Denmark (City or town) (State or foreign country)
Father
12. Name Thomas C. Mork
13. Birthplace Saby Denmark (City or town) (State or foreign country)
Mother
14. Maiden name Marie Pedersen
15. Birthplace No Data (City or town) (State or foreign country)
16. Informant's **OWN** Signature V. B. McCulloch, Ca. Co. Coroner
and Address Burley Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/28/44 (Month) (Day) (Year)
(c) Place: Burley Idaho
18. Funeral Director's **OWN** Signature Vern B. McCulloch
and Address Burley Idaho
19. (a) 6-13-44 (Date received and filed) (b) B. Wilson (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 25 1944
at ..... o'clock ..... M.
21. **I HEREBY CERTIFY,** That I attended deceased from ..... 19....., to ..... 19.....
I last saw h..... alive on ..... 19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Carcinoma of breast & lungs	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYISCIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature R. Dutton (M. D. or other)
and Address Oakley Date 5/25 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JUL 10 1944

Certificate Of Death

STATE OF IDAHO

State File No.
Local Reg. No. 69
Reg. Dist. No. 4-70

1. **PLACE OF DEATH:**
   (a) County Cassia
   (b) City or town Burley
   (c) Street Address or R.F.D. No. 225 N. Hansen
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home .... Hospital .... Institution .... Other place ....
   (f) Name Hosp. or Inst. ..... Stayed ..... days
   (g) Lived in this county 35 years ..... months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Cassia
   (c) City or town Burley
   (d) Street Address or R.F.D. No. 225 N. Hansen
   (e) Deceased lived Inside? X Outside? ..... city or town
   (f) Citizen of what country? U.S.
   (g) How long had deceased lived in Idaho? 35 years
   (h) Former residence (city, state) Union, Oreg.

3. (a) **FULL NAME** Ruby Gilman Cask

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex F. 5. Color or race W. 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Herbert Cask 6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) Sept. 18, 1884

8. AGE	Years	Months	Days	If less than 1 day
	59	8	19	hrs ..... min.

9. Exact Occupation At home Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace St. John's, Tooele Co. Utah (City or town) (State or foreign country)

Father
12. Name Samuel F. Gilman
13. Birthplace ..... (City or town) (State or foreign country)

Mother
14. Maiden name Carloine E.
15. Birthplace ..... (City or town) (State or foreign country)

16. Informant's **OWN** Signature Herbert Cask
and Address Burley Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/11/44 (Month) (Day) (Year)
(c) Place: Burley Idaho

18. Funeral Director's **OWN** Signature Jesse B. McCulloch
and Address Burley - Idaho

19. (a) 6-12-44 (Date received and filed) (b) [illegible] (Registrar's signature)

Filed 6/10/44

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 6/7/44 19.....
at 2:00 o'clock P. M.

21. **I HEREBY CERTIFY**, That I attended deceased from ..... 1942, to June 7 1944
I last saw her alive on June 7 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Myocarditis	3 yrs.
Due to Hypertension	-
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature H. L. Dunn (M. D. or other)
and Address Burley Ida. Date June 7 1944
(For additional space, use reverse side)

139399

United States
Department of Commerce
Bureau of the Census

JUL 10 1944

Certificate Of Death

STATE OF IDAHO

State File No.
Local Reg. No. 62
Reg. Dist. No. 471

1. **PLACE OF DEATH:**
(a) County Cassia
(b) City or town Burley
(c) Street Address or R.F.D. No. 3
(d) Death Occured Inside? ..... Outside? X city or town
(e) Died in a Home X Hospital ... Institution ... Other place ...
(f) Name Hosp. or Inst. - Stayed ..... days
(g) Lived in this county ..... years ..... months 13 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State - (b) County -
(c) City or town -
(d) Street Address or R.F.D. No. -
(e) Deceased lived Inside? - Outside? - city or town
(f) Citizen of what country? -
(g) How long had deceased lived in Idaho? - years
(h) Former residence (city, state) -

3. (a) **FULL NAME** Marsha Gail Freer Infant 1199

3. (b) If veteran, name war -
3. (c) Social Security No. -
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced -
6. (b) Name of husband or wife -
6. (c) Age of husband or wife if alive - years
7. Date of Birth (Month, Day, Year) June 1st 1944

8. AGE	Years	Months	Days	If less than 1 day
	-	-	13	hrs min.

9. Exact Occupation - Did this work for - yrs.
10. Industry or Business - Date last worked
11. Birthplace Rupert (City or town) Idaho (State or foreign country)

Father
12. Name Emil Dean Freer
13. Birthplace St. Anthony (City or town) Ido (State or foreign country)

Mother
14. Maiden name De Carma Demars
15. Birthplace Brigham City (City or town) Idah (State or foreign country)

16. Informant's **OWN** Signature Ethan Freer
and Address Burley, Ida.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 16 (Month) (Day) (Year)
(c) Place: Brigham City Idah
18. Funeral Director's **OWN** Signature Retta S. Payne
and Address Burley Ido
19. (a) 6-14-44 (Date received and filed) (b) B. Wilson (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 13. 1944.
at ..... o'clock ..... M.
21. **I HEREBY CERTIFY**, That I attended deceased from Birth 19..., to June 13 1944.
I last saw h..... alive on ..... 19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Enteritis	13 days.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYISCIAN
Name of operation ..... Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature C. A. Moellmer M.D. (M. D. or other)
and Address Rupert Idaho Date 6-14 1944.
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census JUL 7 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 139400
Local Reg. No. 45
Reg. Dist. No. 210

1. **PLACE OF DEATH:**
(a) County Clearwater
(b) City or town Orofino
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? X city or town
(e) Died in a Home Hospital Institution X Other place
(f) Name Hosp. or Inst. St. Hos. No Stayed days
(g) Lived in this county 1 years 4 months 4 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Idaho
(c) City or town Grangeville
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Outside? X city or town
(f) Citizen of what country? United States
(g) How long had deceased lived in Idaho? 50 years
(h) Former residence (city, state) Atlanta, Ga.

3. (a) **FULL NAME** LING, CHARLES A. 92 b

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Cora
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) April , 1864

8. AGE	Years	Months	Days	If less than 1 day
	80	2		hrs min.

9. Exact Occupation Farmer — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace Atlanta, Georgia (City or town) (State or foreign country)

Father
12. Name Joe Ling
13. Birthplace unascertained (City or town) (State or foreign country)

Mother
14. Maiden name Maria Atchison
15. Birthplace unascertained (City or town) (State or foreign country)

16. Informant's OWN Signature E. L. Berry
and Address Orofino Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-6-44 (Month) (Day) (Year)
(c) Place: State Hosp. North cemetery

18. Funeral Director's OWN Signature F. E. Basham
and Address Orofino, Idaho

19. (a) 6/9/44 (Date received and filed) (b) Edwin Bachmann (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 4, 1944 at 6:10 o'clock A.M.

21. **I HEREBY CERTIFY,** That I attended deceased from June 1, 1943, to June 4, 1944
I last saw him alive on June 3, 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: 111c	Duration
Hypostatic pneumonia	2 days
Due to Mytral insufficiency 926	5 yrs.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's OWN Signature E. L. Berry M. D.
and Address Orofino Idaho (M. D. or other) Date 6-4 1944
(For additional space, use reverse side)

United States
Department of Commerce
Bureau of the Census

JUL 7 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 1394[illegible]
Local Reg. No. 43
Reg. Dist. No. 210

1. **PLACE OF DEATH:**
(a) County CLEARWATER
(b) City or town OROFINO
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home Hospital Institution Other place X
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 7 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State IDAHO (b) County CLEARWATER
(c) City or town PIERCE
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? UNITED STATES
(g) How long had deceased lived in Idaho? 18 years
(h) Former residence (city, state) MICHIGAN

3. (a) FULL NAME JAMES McCUMBER

94a

3. (b) If veteran, name war NONE
3. (c) Social Security No. NONE
4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) APRIL 24, 1878

8. AGE	Years	Months	Days	If less than 1 day
	66	1	10	hrs min.

9. Exact Occupation TEAMSTER, &LABORER Did this work for LIFE yrs.
10. Industry or Business VARIOUS Date last worked UNKNOWN
11. Birthplace MISSION COUNTY, MICHIGAN (City or town) (State or foreign country)
Father
12. Name UNOBTAINABLE
13. Birthplace UNOBTAINABLE (City or town) (State or foreign country)
Mother
14. Maiden name UNOBTAINABLE
15. Birthplace UNOBTAINABLE (City or town) (State or foreign country)
16. Informant's OWN Signature Mrs. George Blake
and Address OROFINO, IDAHO
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JUNE 8/1944 (Month) (Day) (Year)
(c) Place: RIVERSIDE CEMETERY
18. Funeral Director's OWN Signature George B Blake
and Address OROFINO, IDAHO
19. (a) 6/7/44 (Date received and filed) (b) Claire Bacharach (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) JUNE 4, 1944
at about 3 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from **********19**, to **********19**
I last saw h*** alive on **********19**; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
CARDIAC THROMBOSIS 94a	?
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature George B Blake
Coroner
and Address OROFINO, IDAHO Date JUNE 7 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

139402

United States
Department of Commerce
Bureau of the Census JUL 7 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 44
Reg. Dist. No. 210

1. **PLACE OF DEATH:**
(a) County CLEARWATER
(b) City or town OROFINO
(c) Street Address or R. F. D. No. RURAL
(d) Death Occurred Inside? Outside? X city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 20 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State IDAHO (b) County CLEARWATER
(c) City or town OROFINO
(d) Street Address or R. F. D. No. RURAL
(e) Deceased lived Inside? Outside? X city or town
(f) Citizen of what country? UNITED STATES
(g) How long had deceased lived in Idaho? 35 years
(h) Former residence (city, state) OREGON

3. (a) FULL NAME CALVIN WILLIAM BAKER

1700

3. (b) If veteran, name war NO
3. (c) Social Security No 518-18-4206
4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife LUCY
6. (c) Age of husband or wife if alive 60 years
7. Date of Birth (Month, Day, Year) FEBRUARY 12, 1882

8. AGE	Years	Months	Days	If less than 1 day
	62	3	24	hrs min.

9. Exact Occupation WOODSWORKER Did this work for LIFE yrs.
10. Industry or Business VARIOUS Date last worked AUG. 16/1943
11. Birthplace COALDALE (City or town) COLORADO (State or foreign country)
Father
12. Name WILLIAM J. BAKER
13. Birthplace ARKANSAS (City or town) (State or foreign country)
Mother
14. Maiden name REBECCA D. BAKER
15. Birthplace MISSOURI (City or town) (State or foreign country)
16. Informant's OWN Signature X Lucy C Baker
and Address OROFINO, IDAHO
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 7, 1944 (Month) (Day) (Year)
(c) Place: Weseman Cemetery
18. Funeral Director's OWN Signature George B Blake
and Address OROFINO, IDAHO
19. (a) 6/7/44 (Date received and filed) (b) [illegible] Bacharach (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) June 5th 1944
at 12 20 o'clock P M.
21. I HEREBY CERTIFY, That I attended deceased from 8/30 1938, to 6/5/ 1944
I last saw him alive on 6-4 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Valvular Heart dis-	6 yrs
Due to Accident Car-	
Pushed heart to Hside	1938
Due to auto accident	?
Other conditions Nephritis	?
(Include pregnancy within 3 months of death)	
Alcoholic Cirrhosis	
Where was disease contracted? home	
Name of operation — Date —	
Major finding —	
Finding of autopsy —	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? No Suicide? — Homicide? —
Occurred — 19 City, county, state where violence occurred —
Place of Violence: Home — Farm — Industry —
Public Place — While at work? —
Means of injury —
23. Attendant's OWN Signature J H Robertson (M. D. or other)
and Address Orofino Ida Date 6-6 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

139403

United States
Department of Commerce
Bureau of the Census

JUL 7 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. [illegible]
Local Reg. No. [illegible]
Reg. Dist. No. 210

1. **PLACE OF DEATH:**
(a) County CLEARWATER
(b) City or town CAVENDISH
(c) Street Address or R. F. D. No. RT. # 51, LENORE, IDA.
(d) Death Occurred Inside? ____ Outside? X city or town
(e) Died in a Home X Hospital __ Institution __ Other place __
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 14 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State IDAHO (b) County CLEARWATER
(c) City or town CAVENDISH
(d) Street Address or R. F. D. No. RT # 51, LENORE
(e) Deceased lived Inside? ____ Outside? X city or town
(f) Citizen of what country? UNITED STATES
(g) How long had deceased lived in Idaho? 20 years
(h) Former residence (city, state) BOISE, IDAHO

3. (a) FULL NAME EVELYN MARION GOODALL

33b

3. (b) If veteran, name war NO
3. (c) Social Security No. NONE
4. Sex FEMALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced SINGLE
6. (b) Name of husband or wife ____
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) APRIL 19, 1924

8. AGE	Years	Months	Days	If less than 1 day
	20	1	20	hrs min.

9. Exact Occupation STUDENT Did this work for ____ yrs.
10. Industry or Business OROFINO SCHOOL Date last worked MAY 31, 1944
11. Birthplace BOISE (City or town) IDAHO (State or foreign country)
Father
12. Name A. H. GOODALL
13. Birthplace KANSAS (City or town) (State or foreign country)
Mother
14. Maiden name ISABELLA GOODALL
15. Birthplace MIGHIGAN (City or town) (State or foreign country)
16. Informant's OWN Signature A H Goodall
and Address Lenore
17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof Ida. (Month) (Day) JUN. 12/44 (Year)
(c) Place: NORMAL HILL CEMETERY, LEWISTON, IDA.
18. Funeral Director's OWN Signature George B. Blake
and Address Orofino, Idaho
19. (a) 6/12/44 (Date received and filed) (b) Chloie Bacharach (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 8 1944
at 6 30 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from 6-5-44 19__, to 6-8-44 19__
I last saw her alive on 6-8-44 19__; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death	Duration
Basal Complication subsequent to	1 day
Due to virulent influenza	5 days
Due to —	
Other conditions — (Include pregnancy within 3 months of death)	
Where was disease contracted? home	
Name of operation — Date —	
Major finding —	
Finding of autopsy —	

33b

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? — Suicide? — Homicide? —
Occurred — 19__ City, county, state where violence occurred
Place of Violence: Home — Farm — Industry —
Public Place — While at work? —
Means of injury
23. Attendant's OWN Signature A. B. Pappenhagen M.D. (M. D. or other)
and Address Orofino Date 6-10 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JUL 7 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 139404
Local Reg. No. 47
Reg. Dist. No. 216

1. **PLACE OF DEATH:**
(a) County CLEARWATER
(b) City or town PIERCE, IDAHO (RURAL)
(c) Street Address or R. F. D. No. 14MI. SOUTH PIERCE
(d) Death Occurred Inside? ____ Outside? X ____ city or town
(e) Died in a Home ____ Hospital ____ Institution ____ Other place X
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county ____ years ONE months ____ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State IDAHO (b) County BONNER
(c) City or town PRIEST RIVER
(d) Street Address or R. F. D. No. ____
(e) Deceased lived Inside? ____ Outside? X ____ city or town
(f) Citizen of what country? UNITED STATES
(g) How long had deceased lived in Idaho? 15 years
(h) Former residence (city, state) WISCONSIN

3. (a) **FULL NAME** FERN S. MERRITT

946

3. (b) If veteran, name war UNKNOWN
3. (c) Social Security No. ____
4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced SINGLE
6. (b) Name of husband or wife ____
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) 1892

8. AGE	Years	Months	Days	If less than 1 day
	62			hrs ____ min.

9. Exact Occupation POLE MAKER (CEDAR) Did this work for 15 yrs.
10. Industry or Business WOODS AREAS Date last worked 6/15/44
11. Birthplace ____ (City or town) WISCONSIN (State or foreign country)

Father
12. Name UNASC.
13. Birthplace UNASC. (City or town) ____ (State or foreign country)

Mother
14. Maiden name UNASC.
15. Birthplace UNASC. (City or town) ____ (State or foreign country)

16. Informant's **OWN** Signature X A E Yoder
and Address X E-11-Indiana Ave. Kellogg

17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof JUNE 15th 44 (Month) (Day) (Year)
(c) Place: SPOKANE, WASHINGTON

18. Funeral Director's **OWN** Signature George L. Blake
and Address OROFINO, IDAHO

19. (a) 6/15/44 (Date received and filed) (b) Edwin Bachrach (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) JUNE 14th 1944 19____
at 12:20 o'clock P.M.

21. **I HEREBY CERTIFY,** That I attended deceased from ********** 19** , to ********** 19** I last saw him alive on ____ 19____; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
ANGINA PECTORIS	15Min.
Due to ____	
Due to ____	
Other conditions ____ (Include pregnancy within 3 months of death)	
Where was disease contracted? ____	PHYSICIAN
Name of operation ____ Date ____	Underline the cause to which death should be charged statistically.
Major finding ____	
Finding of autopsy None	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's **OWN** Signature George L. Blake CORONER
and Address OROFINO, IDAHO Date 6/14/44

(For additional space, use reverse side)

139405

United States
Department of Commerce
Bureau of the Census

JUL 7 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 49
Reg. Dist. No. 210

1. **PLACE OF DEATH:**
(a) County Clearwater
(b) City or town Orofino Ida
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? ✓ Outside? ___ city or town
(e) Died in a Home ___ Hospital ✓ Institution ___ Other place ___
(f) Name Hosp. or Inst. State Hosp. North Stayed ___ days
(g) Lived in this county 2 years 7 months 6 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Nez Perce
(c) City or town Lewiston
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? ✓ Outside? ___ city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 30 years
(h) Former residence (city, state)

3. (a) **FULL NAME** Myrtle Dabeney 131a

3. (b) If veteran, name war ___ 3. (c) Social Security No. ___

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced widow

6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive ___ years

7. Date of Birth (Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day hrs min.
	74			

9. Exact Occupation None Did this work for ___ yrs.
10. Industry or Business ___ Date last worked ___
11. Birthplace Lancaster (City or town) Ohio (State or foreign country)

Father
12. Name Unknown
13. Birthplace ___ (City or town) ___ (State or foreign country)

Mother
14. Maiden name Unknown
15. Birthplace ___ (City or town) ___ (State or foreign country)

16. Informant's OWN Signature E. L. Barry M.D.
and Address Orofino Ida

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/17/44 (Month) (Day) (Year)
(c) Place: Old Cemetery North

18. Funeral Director's OWN Signature Ivan Sweeney
and Address Orofino Ida

19. (a) 6/19/44 (Date received and filed) (b) Orlando Bacharach (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 16 1944
at 8-15 o'clock P M.

21. **I HEREBY CERTIFY,** That I attended deceased from June 1 1943 to June 16 1944
I last saw her alive on June 16 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cardio renal disease	5
Due to Arteriosclerosis	10
Due to	
Other conditions Senility (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ___ Date ___
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ___ Suicide? ___ Homicide? ___
Occurred ___ 19___ City, county, state where violence occurred
Place of Violence: Home ___ Farm ___ Industry ___
Public Place ___ While at work? ___
Means of injury

23. Attendant's OWN Signature E. L. Barry M.D. (M. D. or other)
and Address Orofino Ida Date June 17 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

139406

United States
Department of Commerce
Bureau of the Census

JUL 7 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 48
Reg. Dist. No. 310

1. **PLACE OF DEATH:**
(a) County Clearwater
(b) City or town Orofino Idaho
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? ✓ city or town
(e) Died in a Home Hospital Institution Other place
(f) Name Hosp. or Inst. St. Hosp. No Stayed days
(g) Lived in this county 7 years 7 months 18 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Boundary ~~Clearw~~
(c) City or town Banners Ferry
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? ✓ Outside? city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 9 years
(h) Former residence (city, state) Mont.

3. (a) **FULL NAME** Callie Rathbun

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife Ben Rathbun
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) July 29 1872

8. AGE	Years	Months	Days	If less than 1 day
	71	11	12	hrs min.

9. Exact Occupation Former Housewife Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Nebraska (City or town) (State or foreign country)
Father
12. Name Fred Hamper
13. Birthplace Germany (City or town) (State or foreign country)
Mother
14. Maiden name Mary McKenzie
15. Birthplace Tenn. (City or town) (State or foreign country)
16. Informant's OWN Signature F. L. Barry M.D.
and Address Orofino Ida.
17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof JUNE 19, 1944 (Month) (Day) (Year)
(c) Place: BONNERS FERRY, IDAHO
18. Funeral Director's OWN Signature George B. Blake
and Address Orofino, Idaho
19. (a) 6/19/44 (Date received and filed) (b) Oliver Bachorach (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 17 1944
at 1-35 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from June 1 1943, to June 17 1944
I last saw her alive on June 17 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Mitral insufficiency	5-10 yrs
Due to Arteriosclerosis 131a	10 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature F. L. Barry M.D. (M. D. or other)
and Address Orofino Ida Date 6-17 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census JUL 7 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 139437
Local Reg. No. 50
Reg. Dist. No. 210

1. **PLACE OF DEATH:**
(a) County Ellsworth
(b) City or town Orofino
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? ✓ Outside? ✓ city or town
(e) Died in a Home Hospital ✓ Institution Other place
(f) Name Hosp. or Inst. St. Hosp. No Stayed days
(g) Lived in this county 3 years 10 months 3 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Nez Perce
(c) City or town Lewiston
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? ✓ Outside? city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 16 years
(h) Former residence (city, state)

3. (a) **FULL NAME** Elosia Philbrick 92b

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife ?
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Sept ? 1865

8. AGE	Years	Months	Days	If less than 1 day
	79	10		hrs min.

9. Exact Occupation former H.W. Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Iowa (City or town) (State or foreign country)
Father
12. Name Joseph Sidney Allen
13. Birthplace Indiana (City or town) (State or foreign country)
Mother
14. Maiden name Susanna Mack
15. Birthplace Ohio (City or town) (State or foreign country)
16. Informant's OWN Signature E. L. Berry M.D.
and Address Orofino Ida
17. (a) Removal (b) Date thereof 6/18/1944 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: Lewiston, Idaho
18. Funeral Director's OWN Signature Brower-Wann By L. B. Wann
and Address Lewiston, Idaho
19. (a) 6/23/44 (Date received and filed) (b) Chloie Bedrarach (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 18 1944
at 6-35 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from June 1 1943, to June 18 1944
I last saw her alive on June 17 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Hypostatic pneumonia 111c	2 da.
92b	
Due to Mitral insufficiency	10 yrs.
Due to arteriosclerosis 131a	10 yrs.
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature E. L. Berry M.D. (M. D. or other)
and Address Orofino Ida Date 6-18 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

139405

United States
Department of Commerce JUL 7 1944
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 51
Reg. Dist. No. 210

1. **PLACE OF DEATH:**
(a) County CLEARWATER
(b) City or town OROFINO
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? X city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. ST. HOSP. N. Stayed days
(g) Lived in this county years 3 months 3 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State IDAHO (b) County NEZ PERCE
(c) City or town LEWISTON
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? UNITED STATES
(g) How long had deceased lived in Idaho? UNASC. years
(h) Former residence (city, state)

3. (a) FULL NAME Walter Morris.

162b

3. (b) If veteran, name war NO
3. (c) Social Security No. NONE
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	84			hrs min.

9. Exact Occupation Laborer Did this work for yrs.
10. Industry or Business UNASC. Date last worked UNASC.
11. Birthplace Ill (City or town) (State or foreign country)
Father
12. Name William Morris
13. Birthplace Tenn (City or town) (State or foreign country)
Mother
14. Maiden name Mahalla Biggs
15. Birthplace Ill (City or town) (State or foreign country)
16. Informant's OWN Signature Hospital records
and Address Committ. papers. G.S.H.N.
17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof JUNE 28/1944 (Month) (Day) (Year)
(c) Place: CRAIGMONT, IDAHO
18. Funeral Director's OWN Signature George B. Blake
and Address OROFINO, IDAHO
19. (a) 6/29/44 (Date received and filed) (b) C. Blaine Kacharach (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 27 1944
at 9 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from March 24 1944, to June 27 1944
I last saw him alive on 6-27 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
old age	
Due to —	
Due to —	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted? —	PHYSICIAN
Name of operation — Date —	Underline the cause to which death should be charged statistically.
Major finding —	
Finding of autopsy —	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? — Suicide? — Homicide? —
Occurred — 19 City, county, state where violence occurred —
Place of Violence: Home — Farm — Industry —
Public Place — While at work? —
Means of injury —
23. Attendant's OWN Signature A.B. Pappenhagen M.D. (M. D. or other)
and Address Orofino Idaho Date 6-27 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

139[illegible]

United States
Department of Commerce
Bureau of the Census JUL 7 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 57
Reg. Dist. No. 210

1. **PLACE OF DEATH:**
(a) County Clearwater
(b) City or town Orofino
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? city or town
(e) Died in a Home Hospital Institution ✓ Other place
(f) Name Hosp. or Inst. St. Hosp. No. Stayed days
(g) Lived in this county 4 years 1 months 2 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Nez Perce
(c) City or town Lewiston
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Yes Outside? city or town
(f) Citizen of what country? U.S.
(g) How long had deceased lived in Idaho? 30 years
(h) Former residence (city, state)

3. (a) **FULL NAME** Frances Webster 111c

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) 1855

8. AGE	Years	Months	Days	If less than 1 day
	89			hrs min.

9. Exact Occupation — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace Beverly Ohio (City or town) (State or foreign country)

Father
12. Name Joseph Nulle
13. Birthplace Charleston W. Va. (City or town) (State or foreign country)

Mother
14. Maiden name
15. Birthplace (City or town) (State or foreign country)

16. Informant's **OWN** Signature State Hospital No. Records
and Address Orofino Idaho
17. (a) Removed (Burial, cremation, or removal) (b) Date thereof 7/1/1944 (Month) (Day) (Year)
(c) Place: Lewiston, Idaho
18. Funeral Director's **OWN** Signature L. B. Lewis
and Address Lewiston Idaho
19. (a) (Date received and filed) (b) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 6-30-44 19
at 10½ o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from 1940 19 to 6-30- 19 44
I last saw h[illegible] alive on 6-30-44 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Hypostatic Bronchio-Pneumia	24 hrs.
Due to old age	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation — Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature A. B. Pappenhagen M. D.
(M. D. or other)
and Address Orofino Idaho Date 6-30 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

139419

United States
Department of Commerce
Bureau of the Census

JUL 10 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 7
Local Reg. No.
Reg. Dist. No. 380

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. PLACE OF DEATH:

(a) County Elmore
(b) City or town Dixie
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 2 years 6 months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)

(a) State Idaho (b) County Ada
(c) City or town Horseshoe Bend
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) If foreign born, in U. S. yrs. Citizen of U. S.?
(g) How long had deceased lived in Idaho? 8 years
(h) Former residence (city, state) Pittsburg Penn.

3. (a) **FULL NAME** MARGARET HOLMES

83 a

3. (b) If veteran, name war No.
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Fred
6. (c) Age of husband or wife if alive 53 years
7. Date of Birth (Month, Day, Year) May 22, 1888

8. AGE	Years	Months	Days	If less than 1 day
	56	11	19	hrs min.

9. Exact Occupation Housewife — Did this work for Life yrs.
10. Industry or Business Home — Date last worked 5/10/44
11. Birthplace Pittsburg (City or town) Pennsylvania (State or foreign country)

Father
12. Name Unknown
13. Birthplace Unknown (City or town) (State or foreign country)

Mother
14. Maiden name Unknown
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's **OWN** Signature Fred Holmes
and Address Dixie Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 14, 1944 (Month) (Day) (Year)
(c) Place: Mountain View Cemetery
18. Funeral Director's **OWN** Signature Felix J. Bay
and Address Mountain Home, Idaho
19. (a) May 12, 1944 (Date received and filed) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 11th 1944
at 6:45 A.M. o'clock A.M.

21. **I HEREBY CERTIFY,** That I attended deceased from May 10 - 1944, to May 11 1944
I last saw h[illegible] alive on May 10 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cerebral Hemorrhage — Duration 12 hrs
Due to [illegible]
Due to
Other conditions None
(Include pregnancy within 3 months of death)

Where was disease first contracted?
Name of operation None Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? No Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury None

23. Attendant's **OWN** Signature [illegible] (M. D. or other)
and Address Date 19

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JUL 10 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

139412
State File No.
Local Reg. No. 10
Reg. Dist. No. 380

1. **PLACE OF DEATH:**
(a) County Elmore
(b) City or town Mountain Home
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home X Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county ____ years 2 months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Kansas (b) County Osborne
(c) City or town Natoma
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? 2 Mo. ******
(h) Former residence (city, state) Natoma Kansas

3. (a) FULL NAME WILLIAM KARL BOEDEKER

182

3. (b) If veteran, name war No.
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) September 20, 1943

8. AGE	Years	Months	Days	If less than 1 day
		7	24	hrs ____ min.

9. Exact Occupation Infant — Did this work for ____ yrs.
10. Industry or Business — Date last worked
11. Birthplace Danville Illinois (City or town) (State or foreign country)
Father
12. Name Walter C. Boedeker
13. Birthplace Natoma Kansas (City or town) (State or foreign country)
Mother
14. Maiden name Alice J. Hannan
15. Birthplace Danville Illinois (City or town) (State or foreign country)
16. Informant's OWN Signature Walter C. Boedeker and Address Mountain Home Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof May 15, 1944 (Month) (Day) (Year)
(c) Place: Natoma Kansas
18. Funeral Director's OWN Signature Jeff J. Bay and Address Mountain Home Idaho
19. (a) 5-15-44 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 5/14. 1944
at 8 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from ____ 19____, to ____ 19____
I last saw him alive on ____ 19____; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Suffocation	
Due to	
Due to Suffocation in bed.	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation ____ Date ____ Major finding	
Finding of autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ✓ Suicide? ____ Homicide? ____
Occurred May 14, 1944 City, county, state where violence occurred Mt. Home Elmore Idaho
Place of Violence: Home X Farm ____ Industry ____ Public Place Federal Housing Project While at work? ____
Means of injury Suffocation in bed.
23. Attendant's OWN Signature Phile F Green Coroner (M. D. or other)
and Address Mt. Home Idaho Date 5/15 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

JUL 10 1944

State File No. 13941?
Local Reg. No. 12
Reg. Dist. No. 380

1.. **PLACE OF DEATH:**
(a) County Elmore
(b) City or town Featherville
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? X city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county years 1 months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Colorado (b) County Otero
(c) City or town La Junta
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Outside? X city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? 1 Mo. years
(h) Former residence (city, state) La Junta Colorado

3. (a) **FULL NAME** CHARLES CURTIS LINHART

164c

3. (b) If veteran, name war No.
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) December 6, 1881

8. AGE	Years	Months	Days	If less than 1 day
	63	5	19	hrs min.

9. Exact Occupation Carpenter — Did this work for 30 yrs.
10. Industry or Business General Repair — Date last worked 1932
11. Birthplace (City or town) Missouri (State or foreign country)

Father
12. Name Unknown
13. Birthplace (City or town) Unknown (State or foreign country)

Mother
14. Maiden name Unknown
15. Birthplace (City or town) Unknown (State or foreign country)

16. Informant's **OWN** Signature Gus Stakesburry
and Address Featherville Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 28, 1944 (Month) (Day) (Year)
(c) Place: Mountain View Cemetery

18. Funeral Director's **OWN** Signature Ida J. Bay
and Address Mountain Home Idaho

19. (a) May 31, 1944 (Date received and filed) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 5/24 1944
at 2 o'clock P M.

21. **I HEREBY CERTIFY,** That I attended deceased from 19 to 19
I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Gun Shot wound — Duration
to Heart
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? X Homicide?
Occurred 5/24/44 19 City, county, state where violence occurred Featherville Elmore Ida
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury Gun Shot Wound

23. Attendant's **OWN** Signature Phil L Green Coroner (M. D. or other)
and Address Mtn. Home Ida Date 5/29 1944
(For additional space, use reverse side)

139413

United States
Department of Commerce
Bureau of the Census

JUL 10 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 13
Reg. Dist. No. 380

1. **PLACE OF DEATH:**
(a) County Elmore
(b) City or town Mountain Home
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county years 9 months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Wyoming (b) County Weston
(c) City or town Newcastle
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? 9 Mo. years
(h) Former residence (city, state) Newcastle Wym.

3. (a) FULL NAME ALBERTA DARLENE SHIPLEY

3. (b) If veteran, name war No.
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) November 7, 1936

8. AGE	Years	Months	Days	If less than 1 day
	7	7	27	hrs min.

9. Exact Occupation Infant Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Newcastle (City or town) Wyoming (State or foreign country)
Father
12. Name Thomas J. Shipley
13. Birthplace Florence (City or town) Nebraska (State or foreign country)
Mother
14. Maiden name Mildred Hoover
15. Birthplace Sedgewick (City or town) Colorado (State or foreign country)
16. Informant's OWN Signature Mildred Martin
and Address Mountain Home Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof June 6, 1944 (Month) (Day) (Year)
(c) Place: Nampa Idaho
18. Funeral Director's OWN Signature Felix J. Bay
and Address Mountain Home Idaho
19. (a) June 5, 1944 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 6/4 1944
at 4:15 o'clock P.M.
21. **I HEREBY CERTIFY,** That I attended deceased from 6/4 1944, to 6/4 1944
I last saw her alive on 6/4 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
A. Leukemia Leukemia	1 yr
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature [signature] (M. D. or other)
and Address Mt Home Date 6/5 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

139414

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

JUN 23 1944

State File No. 139414
Local Reg. No. 32
Reg. Dist. No. 540

1. **PLACE OF DEATH:**
(a) County Franklin
(b) City or town Preston
(c) Street Address or R. F. D. No. #2
(d) Death Occurred Inside? X Outside? ..... city or town
(e) Died in a Home ..... Hospital. X Institution ..... Other place .....
(f) Name Hosp. or Inst. Gen. Memorial Stayed ..... days
(g) Lived in this county ..... years 7 months 25 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Franklin
(c) City or town Preston
(d) Street Address or R. F. D. No. 2
(e) Deceased lived Inside? ..... Outside? X ..... city or town
(f) If foreign born, in U. S. ..... yrs. Citizen of U. S.? Yes
(g) How long had deceased lived in Idaho? 8 Mos. years
(h) Former residence (city, state) .....

3. (a) **FULL NAME** La Rene Day. 1156

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) September 15, 1943

8. AGE	Years	Months	Days	If less than 1 day
	-	7	25	hrs ..... min.

9. Exact Occupation At Home — Did this work for ..... yrs.
10. Industry or Business — Date last worked .....
11. Birthplace Preston, Idaho (City or town) (State or foreign country)

Father
12. Name Myron Day,
13. Birthplace Mapleton, Idaho. (City or town) (State or foreign country)

Mother
14. Maiden name Leona Nelson,
15. Birthplace Midvale, Utah. (City or town) (State or foreign country)

16. Informant's **OWN** Signature Myron Day
and Address Preston, Ida.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 15, 1944 (Month) (Day) (Year)
(c) Place: Franklin, Idaho,
18. Funeral Director's **OWN** Signature John M. Richards
and Address Preston, Idaho.
19. (a) 5-11-1944 (Date received and filed) (b) Effie N. Brauer (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 10, 1944
at 10 o'clock A. M.

21. I **HEREBY CERTIFY**, That I attended deceased from May 9 1944 to May 10 1944
I last saw h[er] alive on May 10 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Streptococci Sore Throat — Duration 24 hrs
Due to .....
Due to .....
Other conditions ..... (Include pregnancy within 3 months of death)
Where was disease first contracted? Home
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature O. B. Cutler M.D.
and Address Preston Ida. (M. D. or other) Date 5-11 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

139415

United States
Department of Commerce
Bureau of the Census JUN 23 1944

Certificate Of Death

STATE OF IDAHO

State File No.
Local Reg. No. 34
Reg. Dist. No. 640

1. PLACE OF DEATH:
(a) County Franklin
(b) City or town Preston
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? Outside? out city or town
(e) Died in a Home H Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 30 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Franklin
(c) City or town Preston
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? Outside? city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? years
(h) Former residence (city, state)

3. (a) FULL NAME Carl Axel Gustafson

526

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Anna
6. (c) Age of husband or wife if alive dead years
7. Date of Birth (Month, Day, Year) Feb 1 1876

8. AGE	Years	Months	Days	If less than 1 day
	68	3	3	hrs min.

9. Exact Occupation Farmer Did this work for yrs.
10. Industry or Business Date last worked 1942
11. Birthplace Sweden (City or town) (State or foreign country)
Father
12. Name John Gustafson
13. Birthplace Sweden (City or town) (State or foreign country)
Mother
14. Maiden name Anna Matilda Gustafson
15. Birthplace Sweden (City or town) (State or foreign country)
16. Informant's OWN Signature Alex Gustafson
and Address Preston Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 17 1944 (Month) (Day) (Year)
(c) Place: Preston Idaho
18. Funeral Director's OWN Signature M W Kindrick
and Address Preston Idaho
19. (a) 5-14-1944 (Date received and filed) (b) Effie W. Brower (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 13 1944 19
at 6 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from Oct 1 1943 to May 13 1944
I last saw him alive on May 13 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Ca. of Urinary Bladder	8 mos
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation Date	
Major finding	
Finding of autopsy	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature O. R. Cutler MD (M. D. or other)
and Address Preston Idaho Date 5-14 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JUN 23 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 139416
Local Reg. No. 35
Reg. Dist. No. 541

1. PLACE OF DEATH:
(a) County Franklin
(b) City or town Winder
(c) Street Address or R. F. D. No. #2
(d) Death Occurred Inside? ✓ Outside? ..... city or town
(e) Died in a Home ✓ Hospital ..... Institution ..... Other place .....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county ..... years ..... months 4 Hrs days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Franklin
(c) City or town Winder
(d) Street Address or R. F. D. No. #2
(e) Deceased lived Inside? ✓ Outside? ..... city or town
(f) If foreign born, in U. S. ✓ yrs. Citizen of U. S.? ✓
(g) How long had deceased lived in Idaho? 4 Hrs years
(h) Former residence (city, state) .....

3. (a) **FULL NAME** Jay Hollingsworth 161c

3. (b) If veteran, name war — 3. (c) Social Security No. .....

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife — 6 (c) Age of husband or wife if alive — years

7. Date of Birth (Month, Day, Year) June 5, 1944

8. AGE	Years	Months	Days	If less than 1 day
	—	—	—	4 hrs min.

9. Exact Occupation None Did this work for ..... yrs.

10. Industry or Business ..... Date last worked .....

11. Birthplace Winder (City or town) Idaho (State or foreign country)

Father
12. Name LaVern Hollingsworth
13. Birthplace Preston (City or town) Idaho (State or foreign country)

Mother
14. Maiden name Marjorie Wilcox
15. Birthplace Preston (City or town) Idaho (State or foreign country)

16. Informant's **OWN** Signature LaVern Hollingsworth and Address Preston Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 6, 1944 (Month) (Day) (Year)
(c) Place: Preston, Idaho

18. Funeral Director's **OWN** Signature Olin M. Richards and Address Preston Idaho

19. (a) 6-6-1944 (Date received and filed) (b) Effie W. Brower (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 5, 1944 at 4 o'clock P. M.

21. **I HEREBY CERTIFY,** That I attended deceased from ..... 19....., to ..... 19.....
I last saw h..... alive on ..... 19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Erythroblastosis Foetalis	
Due to	
Due to	
Other conditions ..... (Include pregnancy within 3 months of death)	
Where was disease first contracted?	PHYSICIAN
Name of operation ..... Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature Leo R. Hawker M.D. (M. D. or other)
and Address Preston Ida Date 6/6 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census JUN 23 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 13941
Local Reg. No. 36
Reg. Dist. No. 540

1. **PLACE OF DEATH:**
(a) County Franklin
(b) City or town Preston
(c) Street Address or R. F. D. No. 57 So. 1st. East
(d) Death Occurred Inside? X Outside? ....city or town
(e) Died in a Home X Hospital ....Institution ....Other place ....
(f) Name Hosp. or Inst. ....Stayed....days
(g) Lived in this county 67 years....months....days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Franklin
(c) City or town Preston
(d) Street Address or R. F. D. No. 57 So. 1st. East
(e) Deceased lived Inside? X Outside? ....city or town
(f) If foreign born, in U. S. 67 yrs. Citizen of U. S.? ....
(g) How long had deceased lived in Idaho? 67 years
(h) Former residence (city, state) Norway

3. (a) **FULL NAME** Charles Farenin Peterson

3. (b) If veteran, name war ....
3. (c) Social Security No. ....
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Sarah A. Peterson
6 (c) Age of husband or wife if alive 79 years
7. Date of Birth (Month, Day, Year) June 19, 1863.

8. AGE	Years	Months	Days	If less than 1 day
	80	11	25	hrs ... min.

9. Exact Occupation Farmer — Did this work for ....yrs.
10. Industry or Business Own Farm — Date last worked 1924
11. Birthplace Oslo, Norway. (City or town) (State or foreign country)

Father
12. Name Simon Peterson,
13. Birthplace Oslo, Norway. (City or town) (State or foreign country)

Mother
14. Maiden name Annie Chrostensen,
15. Birthplace Norway. (City or town) (State or foreign country)

16. Informant's **OWN** Signature Lorenna P. Hansen
and Address 228 Ad 2nd west Preston Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-19-44 (Month) (Day) (Year)
(c) Place: Franklin, Idaho.
18. Funeral Director's **OWN** Signature John M. Richards
and Address Preston, Idaho.
19. (a) 6-16-1944 (Date received and filed) (b) Effie W. Brenner (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 14 1944
at 10:30 o'clock P.M.

21. I **HEREBY CERTIFY**, That I attended deceased from June 1943, to 6-14 1944
I last saw h... alive on 6-13 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Pneumonia — Duration 2 yrs.
Due to ....
Due to ....
Other conditions (Include pregnancy within 3 months of death) ....
Where was disease first contracted? at home
Name of operation .... Date ....
Major finding ....
Finding of autopsy ....

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? .... Suicide? .... Homicide? ....
Occurred .... 19.... City, county, state where violence occurred ....
Place of Violence: Home .... Farm .... Industry ....
Public Place .... While at work? ....
Means of injury ....

23. Attendant's **OWN** Signature A. R. Curtis M.D.
and Address Preston Ida (M. D. or other) Date 6-16 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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United States
Department of Commerce
Bureau of the Census

JUL 15 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 20
Reg. Dist. No. 651

1. **PLACE OF DEATH:**
(a) County Fremont
(b) City or town St. Anthony,
(c) Street Address or R. F. D. No. 1
(d) Death Occurred Inside? Outside? yes city or town
(e) Died in a Home Hospital Institution Other place X
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Fremont
(c) City or town St. Anthony
(d) Street Address or R. F. D. No. 46 E 5th S.
(e) Deceased lived Inside? Yes Outside? city or town
(f) Citizen of what country? United States
(g) How long had deceased lived in Idaho? 39 years
(h) Former residence (city, state)

3. (a) FULL NAME ALMA ERNEST MILLER 169

3. (b) If veteran, name war No.
3. (c) Social Security No. None.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary Lidell
6. (c) Age of husband or wife if alive 60 years
7. Date of Birth (Month, Day, Year) December 26, 1884

8. AGE	Years	Months	Days	If less than 1 day
	59	5	18	hrs min.

9. Exact Occupation Farrmer Did this work for 40 yrs.
10. Industry or Business Own Farm Date last worked 6-14-44
11. Birthplace Castle Valley, Utah. (City or town) (State or foreign country)
Father
12. Name Christian M. Miller
13. Birthplace Denmark (City or town) (State or foreign country)
Mother
14. Maiden name Martha Ellen Staker
15. Birthplace Mt. Pleasant, Utah. (City or town) (State or foreign country)
16. Informant's OWN Signature Leonard Jensen
and Address St Anthony Idaho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-18-44 (Month) (Day) (Year)
(c) Place: Wilford, Idaho.
18. Funeral Director's OWN Signature M D Hansen
and Address St. Anthony, Idaho.
19. (a) June 18, 1944 (Date received and filed) (b) M D Hansen (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 14 1944
at 11:55 o'clock A. M.
21. **I HEREBY CERTIFY,** That I attended deceased from — 19 , to — 19
I last saw h— alive on — 19 ; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Struck by train at Rail Road crossing
Due to Brush obstructing view of train crew
Due to ar Mr Miller in Truck
Other conditions (Include pregnancy within 3 months of death)
Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? X Suicide? Homicide?
Occurred 6/14/44 19 City, county, state where violence occurred R.F.D.1, St. Anthony, Ida.
Place of Violence: Home Farm Industry
Public Place X While at work?
Means of injury Struck by train
23. Attendant's OWN Signature Louis Kuer
and Address Ashton Idaho Date 6-17 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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United States
Department of Commerce
Bureau of the Census JUL 15 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 47
Reg. Dist. No. 657

1. **PLACE OF DEATH:**
(a) County Idaho, Fremont
(b) City or town Chester
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Yes Outside? city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 20 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Fremont
(c) City or town Chester
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Yes Outside? city or town
(f) Citizen of what country? United States
(g) How long had deceased lived in Idaho? 43 years
(h) Former residence (city, state) Driggs, Idaho.

3. (a) **FULL NAME** LOTTIE CLARK BROWN 83a

3. (b) If veteran, name war No.
3. (c) Social Security No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Raymond Brown
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) October 15, 1891

8. AGE	Years	Months	Days	If less than 1 day
	52	8	11	hrs min.

9. Exact Occupation Housewife — Did this work for 35 yrs.
10. Industry or Business Own Home — Date last worked 6-23-44
11. Birthplace Lake View, Utah (City or town) (State or foreign country)

Father
12. Name John Clark
13. Birthplace Unknown (City or town) (State or foreign country)

Mother
14. Maiden name Alice Craig
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mrs Brown and Address Chester, Idaho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-1-44 (Month) (Day) (Year)
(c) Place: Pineview, Cemetery, Ashton.
18. Funeral Director's **OWN** Signature Mal Hansen and Address St. Anthony, Idaho
19. (a) July 1944 (Date received and filed) (b) Mal Hansen (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 26 1944 at 6 o'clock P M.
21. **I HEREBY CERTIFY**, That I attended deceased from Feb 1944 to June 26 1944
I last saw h[illegible] alive on June 26 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Myocardial Failure 2nd	1 hr.
Due to Cerebral Hemorrhage 83a	15 hrs
Due to Hypertension 122	10 yrs.
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature E L Clark MD and Address St Anthony (M. D. or other) Date June 27 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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United States
Department of Commerce JUL 15 1944
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 21
Reg. Dist. No. 651

1. **PLACE OF DEATH:**
(a) County Fremont
(b) City or town St. Anthony
(c) ~~XXXXXXXXXXX~~ R. F. D. No. 2
(d) Death Occurred Inside? Outside? Yes City or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 39 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Fremont
(c) City or town St. Anthony
(d) ~~XXXXXXXXX~~ or R. F. D. No. 2
(e) Deceased lived Inside? Outside? Yes City or town
(f) Citizen of what country? United States
(g) How long had deceased lived in Idaho? 39 years
(h) Former residence (city, state)

3. (a) FULL NAME CARL PETER NEILSON

162b

3. (b) If veteran, name war No.
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) August 5, 1859

8. AGE	Years	Months	Days	If less than 1 day
	84	10	25	hrs min.

9. Exact Occupation Retired Did this work for 15 yrs.
10. Industry or Business Date last worked
11. Birthplace Oland, Sweden (City or town) (State or foreign country)
Father
12. Name Neils Johnson
13. Birthplace Sweden (City or town) (State or foreign country)
Mother
14. Maiden name Kajsa Oldsdaughter
15. Birthplace Sweden (City or town) (State or foreign country)
16. Informant's OWN Signature G. O. Neilson
and Address St. Anthony, RFD #2, Idaho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-3-44 (Month) (Day) (Year)
(c) Place: Parker, Idaho
18. Funeral Director's OWN Signature M. D. Hansen
and Address St. Anthony, Idaho.
19. (a) July 3, 1944 (Date received and filed) (b) M. D. Hansen (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 30 1944
at 5 A.M. o'clock A. M.
21. **I HEREBY CERTIFY,** That I attended deceased from June 29 1944, to 19
I last saw him alive on June 29 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Senility & Heart Failure	
Due to 162b 200a	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? no Suicide no Homicide? no
Occurred 19 City, county, state where violence occurred no
Place of Violence: Home no Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature Owen L. Felt (M. D. or other)
and Address St. Anthony Date July 3 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JUL 12 1944

Certificate Of Death

STATE OF IDAHO

State File No. 139433
Local Reg. No. 341
Reg. Dist. No. 6

1. PLACE OF DEATH:
(a) County Gem
(b) City or town Emmett
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? Outside? X city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 34 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Gem
(c) City or town Emmett
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? Outside? X city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? 34 years
(h) Former residence (city, state) Arkansas

3. (a) FULL NAME ADA WALTERS

83 a

3. (b) If veteran, name war
3. (c) Social Security No. none
4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Aug. 3, 1859

8. AGE	Years	Months	Days	If less than 1 day
	84	10	2	hrs min.

9. Exact Occupation At home Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Greenfield, Mo (City or town) (State or foreign country)
Father 12. Name Samuel Taylor
13. Birthplace unknown (City or town) (State or foreign country)
Mother 14. Maiden name Amanda Yates
15. Birthplace unknown (City or town) (State or foreign country)
16. Informant's OWN Signature W F Bison
and Address Emmett Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 6/7-1944 (Month) (Day) (Year)
(c) Place: Emmett, Idaho
18. Funeral Director's OWN Signature C D Buckner
and Address Emmett, Idaho
19. (a) 6/7-1944 (Date received and filed) (b) C D Buckner (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 5, 1944 19
at 8:00 o'clock P M.
21. **I HEREBY CERTIFY**, That I attended deceased from Feb 20 1944, to June 1 1944
I last saw her alive on June 1 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebral Hemorrhage 83 a 1	4 mo.
Due to Arteriosclerosis 97	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation Date	
Major finding	
Finding of autopsy	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature B Chipman (M. D. or ~~other~~)
and Address 6/7-1944 Emmett, Idaho Date 19
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JUL 12 1944

Certificate Of Death

STATE OF IDAHO

State File No. 139424
Local Reg. No.
Reg. Dist. No. 6

1. PLACE OF DEATH:
(a) County Gem
(b) City or town Emmett
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? x Outside? city or town
(e) Died in a Home Hospital Institution Other place X
(f) Name Hosp. or Inst. Butte Hotel Stayed days
(g) Lived in this county years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Gem
(c) City or town Letha
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? Outside? X city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? years
(h) Former residence (city, state) Wamego, Kansas

3. (a) **FULL NAME** Irving A Burgess

94a

3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex m
5. Color or race white
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Sept. 12, 1870

8. AGE	Years	Months	Days	If less than 1 day
	73	8	25	hrs min.

9. Exact Occupation Farm Laborer Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Kansas (City or town) (State or foreign country)
Father
12. Name not known
13. Birthplace " " (City or town) (State or foreign country)
Mother
14. Maiden name not known
15. Birthplace " " (City or town) (State or foreign country)
16. Informant's OWN Signature Bay V Besgard
and Address Emmett, Idaho
17. (a) removal (Burial, cremation, or removal) (b) Date thereof June 9, 1944 (Month) (Day) (Year)
(c) Place: Wamego, Kansas
18. Funeral Director's OWN Signature Merle Buckmum
and Address Emmett, Ida
19. (a) June 9, 1944 (Date received and filed) (b) C D Buckmum (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 7 1944
at 4 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from 19 , to 19
I last saw h alive on 19 ; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death	Duration
Died while sleeping - probable cause of death Coronary	
Due to Occlusion 94a	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature Merle Buckmum Coroner (M. D. or other)
and Address Emmett, Ida Date June 9 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JUL 12 1944

Certificate Of Death

STATE OF IDAHO

State File No. 1394[illegible]
Local Reg. No. 341
Reg. Dist. No. 6

1. PLACE OF DEATH:
(a) County Gem
(b) City or town Emmett
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? X Outside? city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 44 years ~~44~~ months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Gem
(c) City or town Emmett
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? 44 years
(h) Former residence (city, state) Indiana

3. (a) FULL NAME JOHN JACKSON PATRICK 106b

3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Oct. 16 1850

8. AGE	Years	Months	Days	If less than 1 day
	93	7	14	hrs min.

9. Exact Occupation Retired farmer Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Indiana (City or town) (State or foreign country)
Father
12. Name Hiram Patrick
13. Birthplace unknown (City or town) (State or foreign country)
Mother
14. Maiden name Eliza Ann LeGore
15. Birthplace unknown (City or town) (State or foreign country)
16. Informant's OWN Signature Jason W Kelley
and Address Cascade, Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 6/12-1944 (Month) (Day) (Year)
(c) Place: Emmett, Idaho
18. Funeral Director's OWN Signature C D Bucknum
and Address Emmett, Idaho
19. (a) 6/12-1944 (Date received and filed) (b) C D Bucknum (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 10, 1944 19
at 2:00 o'clock A. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 4-10 1944, to 6-9 — 1944
I last saw him alive on 6-9- 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Hypostatic Pneumonia	10 days
Due to Chronic Bronchitis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature B Chipman (M. D. ~~or other~~)
and Address Emmett, Idaho Date 6/12-1944 19
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JUL 12 1944

Certificate Of Death

STATE OF IDAHO

State File No. 1394
Local Reg. No.
Reg. Dist. No. 6

1. PLACE OF DEATH:
(a) County Gem
(b) City or town Emmett
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? X Outside? city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 26 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Gem
(c) City or town Emmett
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? 26 years
(h) Former residence (city, state) Kansas

3. (a) FULL NAME MARGARET M. DILLON 46 F

3. (b) If veteran, name war
3. (c) Social Security No. none
4. Sex fem. 5. Color or race White
6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Jan. 28, 1862

8. AGE	Years	Months	Days	If less than 1 day
	82	4	25	hrs min.

9. Exact Occupation At home Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Ohio (City or town) (State or foreign country)

Father
12. Name Edward Cross
13. Birthplace Unknown (City or town) (State or foreign country)

Mother
14. Maiden name Sarah Ebersole
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's **OWN** Signature Thos E. Dillon
and Address Emmett, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/26-1944 (Month) (Day) (Year)
(c) Place: Emmett, Idaho

18. Funeral Director's **OWN** Signature C. D. Buckmaster
and Address Emmett, Idaho

19. (a) 6/26-1944 (Date received and filed) (b) C. D. Buckmaster (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 23, 1944 19
at 1 o'clock P M.

21. **I HEREBY CERTIFY**, That I attended deceased from May 14 1944, to June 24 1944
I last saw her alive on June 22 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: 46 F — Duration
Carcinoma of Liver, with Metastasis of
Due to Bowels and Stomach
Due to Carcinoma
Other conditions
(Include pregnancy within 3 months of death)

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature J. L. Reynolds (M. D. or other)
and Address Emmett, Idaho Date 6/26 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JUL 12 1944

Certificate Of Death

STATE OF IDAHO

State File No. 13943
Local Reg. No. 341
Reg. Dist. No. 6

1. **PLACE OF DEATH:**
   (a) County Gem
   (b) City or town Emmett
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? X Outside? city or town
   (e) Died in a Home X. Hospital Institution Other place
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county 6 years months days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Gem
   (c) City or town Emmett
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? X Outside? city or town
   (f) Citizen of what country?
   (g) How long had deceased lived in Idaho? 6 years
   (h) Former residence (city, state) Arkansas

3. (a) **FULL NAME** BETTY ROSE PERRIGO

3. (b) If veteran, name war
3. (c) Social Security No. none
4. Sex fem
5. Color or race white
6. (a) Single, widowed, married, divorced child
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Sept. 3, 1933

8. AGE	Years	Months	Days	If less than 1 day
	10	9	21	hrs min.

9. Exact Occupation At home — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace Mountainburg, Ark. (City or town) (State or foreign country)

Father
12. Name J.E.Perrigo
13. Birthplace Emporia Kan. (City or town) (State or foreign country)

Mother
14. Maiden name Bessie Shaw
15. Birthplace Neosha Falls, Kan. (City or town) (State or foreign country)

16. Informant's **OWN** Signature J.E. Perrigo
and Address Emmett, Idaho

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 6/27-1944 (Month) (Day) (Year)
(c) Place: Emmett, Idaho

18. Funeral Director's **OWN** Signature C.D. Buckmaster
and Address Emmett, Idaho

19. (a) 6/26-1944 (Date received and filed) (b) C.D. Buckmaster (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 24, 1944 19
at 11:00 o'clock P. M.

21. **I HEREBY CERTIFY**, That I attended deceased from May 10 1944, to June 24 1944
I last saw her alive on June 23 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Chronic Parenchymatous Nephritis — Duration 2 yrs.
Due to Scarlet Fever — Duration 120 days
Due to — Duration
Other conditions — Duration
(Include pregnancy within 3 months of death)

Where was disease contracted? Home
Name of operation — Date —
Major finding —
Finding of autopsy —

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature D Chipman M. D. or other
and Address Emmett, Idaho Date 6/26-1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of [redacted] 6 1944
Bureau of the [redacted]

Certificate Of Death

STATE OF IDAHO

State File No. 1394[illegible]
Local Reg. No.
Reg. Dist. No. 421

1. **PLACE OF DEATH:**
   (a) County Gooding
   (b) City or town Wendell
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? ✓ Outside? ..... city or town
   (e) Died in a Home .... Hospital ✓ Institution .... Other place ....
   (f) Name Hosp. or Inst. St Valentine Stayed ..... days
   (g) Lived in this county ..... years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Jerome
   (c) City or town Jerome
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? ✓ Outside? ..... city or town
   (f) Citizen of what country? U.S.
   (g) How long had deceased lived in Idaho? ..... years
   (h) Former residence (city, state) ——

3. (a) **FULL NAME** Baby L Silver

154

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) June 1 - 1944

8. AGE	Years	Months	Days	If less than 1 day
	—	—	—	hrs min.

9. Exact Occupation ..... Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Wendell (City or town) Idaho (State or foreign country)

Father
12. Name Leonard Silver
13. Birthplace Ashville (City or town) N Carolina (State or foreign country)

Mother
14. Maiden name Norna Reddick
15. Birthplace Jerome (City or town) Idaho (State or foreign country)

16. Informant's **OWN** Signature Leonard Silver
and Address Jerome Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 6-1-44 (Month) (Day) (Year)
(c) Place: Jerome Idaho
18. Funeral Director's **OWN** Signature J R Wiley
and Address Jerome Idaho
19. (a) 6/3/44 (Date received and filed) (b) Sister M Rose OSB (Registrar's signature)

(Mrs F Leischman)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 6/1/44 19.....
at ..... o'clock ..... M.
21. **I HEREBY CERTIFY,** That I attended deceased from 6/1 19 44, to 6/1/44 19.....
I last saw h..... alive on ..... 19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
(5 mo)	
Due to Prematurity	—
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYISCIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature Carlyle Surail (M. D. or other)
and Address Jerome Date 6/1 1944
(For additional space, use reverse side)

DISINTERMENT PERMIT

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH
BOISE, IDAHO

APPLICATION HAVING BEEN MADE for the disinterment of the body of Leonard L. Silver, Jr.

now lying buried in Jerome Cemetery, in the City or Town of Jerome

County of Jerome State of Idaho, who died on the 1st day of June, 1___, Aged ____ years ____ months

____ days, the cause of death being Premature birth and not directly or indirectly by diphtheria; (membranous croup); scarlet fever; smallpox; leprosy; asiatic cholera; typhus fever; or yellow fever as shown by the certificate of death of said deceased, given by

W. C. Snail attending physician

THIS IS TO CERTIFY that permission is hereby given for such disinterment and removal by private
private or railway conveyance

to family plot same Cemetery in the City or Town of Jerome County of Jerome

State of Idaho to take effect upon the approval by the local board of health of the City, Town, or County of

Jerome it being understood and provided that nothing herein shall be deemed as contravening or in anywise modifying or releasing the Regulations of the Department of Public Health governing the Transportation of Corpses or the requirements for a Transportation permit, and all Transportation Companies and Common Carriers will be governed accordingly; and provided further, that where the disinterment is for the purpose of reinterment in another part of the same cemetery, or in a contiguous cemetery, the removal shall not be made by any public conveyance. The disinterment and removal must be done under the personal supervision of a licensed Embalmer in good standing. If the remains are to be removed from the cemetery they (including the disinterred casket), must be enclosed in a new metallic lined outer case before removal.

Given under my hand and Seal of the Department of Public Health at Boise, Idaho,

Permit issued to:

this 6th day of August, A.D. 1952.

W. W. Benson
Director, Division of Vital Statistics
by- Mary Lynn Deputy

The foregoing application for disinterment and removal is hereby approved by the local Board of Health of the City, Town or County of [illegible] State of Idaho, this 26 day of June 19[illegible].

[illegible]
Health officer

Form DPH-48019

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census JUL 13 1944

Certificate Of Death

STATE OF IDAHO

State File No. 13942
Local Reg. No. 1093
Reg. Dist. No. 420

1. **PLACE OF DEATH:**
   (a) County Gooding
   (b) City or town Gooding
   (c) ~~Street Address~~ or R.F.D. No. 3
   (d) Death Occured Inside? ... Outside? X city or town
   (e) Died in a Home X Hospital ... Institution ... Other place ...
   (f) Name Hosp. or Inst. private home ... yed ... days
   (g) Lived in this county 13 years ... months ... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Gooding
   (c) City or town Gooding
   (d) ~~Street Address or~~ R.F.D. No. 3
   (e) Deceased lived Inside? ... Outside? X city or town
   (f) Citizen of what country? United States
   (g) How long had deceased lived in Idaho? 13 years
   (h) Former residence (city, state) Kinghill Idaho

3. (a) **FULL NAME** Jessie Laverta Pack 33a

3. (b) If veteran, name war ------ 3. (c) Social Security No. ----------

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife ------ 6. (c) Age of husband or wife if alive ------ years

7. Date of Birth (Month, Day, Year) April 14, 1922

8. AGE	Years	Months	Days	If less than 1 day
	22	1	21	hrs ... min.

9. Exact Occupation Invalid Did this work for 19 yrs.

10. Industry or Business ----- Date last worked -----

11. Birthplace Pocatello Idaho (City or town) (State or foreign country)

Father
12. Name Fred J. Pack
13. Birthplace Northampton, Northampton Shire England (City or town) (State or foreign country)

Mother
14. Maiden name Alice Watson
15. Birthplace Farmington Utah (City or town) (State or foreign country)

16. Informant's **OWN** Signature Fred J Pack
and Address Gooding, Idaho RR# 3

17. (a) burial (b) Date thereof 6/7/44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: Elmwood Cem. Gooding Idaho

18. Funeral Director's **OWN** Signature H.P. Bright
and Address Gooding Idaho

19. (a) 6-4-44 (Date received and filed) (b) J.H. Cromwell (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 4 1944
at 2:15 o'clock a M.

21. **I HEREBY CERTIFY**, That I attended deceased from Dec 1943, to 6-4 1944
I last saw her alive on 6-3 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Broncho-pneumonia 107	2 wks
Due to Influenza 33b	1 wk
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? Home

Name of operation ... Date ...
Major finding ...
Finding of autopsy ...

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ... Suicide? ... Homicide? ...
Occurred ... 19... City, county, state where violence occurred ...
Place of Violence: Home ... Farm ... Industry ...
Public Place ... While at work? ...
Means of injury ...

23. Attendant's **OWN** Signature J.H. Cromwell (M. D. or other)
and Address Gooding Date 6-6 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JUL 13 1944

Certificate Of Death

STATE OF IDAHO

State File No. 13945
Local Reg. No. 10 9
Reg. Dist. No. 4

1. PLACE OF DEATH:

(a) County Gooding
(b) City or town Gooding
(c) Street Address or ~~R.F.D.~~ No. 514 Utah
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Home X Hospital ..... Institution ..... Other place .....
(f) Name Hosp. or Inst. private home Stayed ..... days
(g) Lived in this county 9 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

(a) State Idaho (b) County Gooding
(c) City or town Gooding
(d) Street Address or ~~R.F.D.~~ No. 514 Utah
(e) Deceased lived Inside? X Outside? ..... city or town
(f) Citizen of what country? United States
(g) How long had deceased lived in Idaho? 9 years
(h) Former residence (city, state) Norton Kansas

3. (a) **FULL NAME** Mary Catherine Higgins 131b

3. (b) If veteran, name war ----
3. (c) Social Security No. -------
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Sam T. Higgins
6. (c) Age of husband or wife if alive 76 years
7. Date of Birth (Month, Day, Year) Feburary, 7, 1869

8. AGE	Years	Months	Days	If less than 1 day
	75	4	5	hrs min.

9. Exact Occupation Housewife Did this work for life yrs.
10. Industry or Business none Date last worked April, 1944
11. Birthplace Tama County, Iowa (City or town) (State or foreign country)

Father
12. Name John Thompson McCormick
13. Birthplace ------ Ohio (City or town) (State or foreign country)

Mother
14. Maiden name Mary Jane Giger
15. Birthplace Parry County, Ohio (City or town) (State or foreign country)

16. Informant's **OWN** Signature Sam T. Higgins
and Address Gooding Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 6/14/44 (Month) (Day) (Year)
(c) Place: Elmwood Cem. Gooding Idaho
18. Funeral Director's **OWN** Signature H.P. Bright
and Address Gooding Idaho
19. (a) 6-12-44 (Date received and filed) (b) J H Cromwell (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 12 1944
at 4 o'clock a M.
21. **I HEREBY CERTIFY**, That I attended deceased from May 10 1944 to June 12 1944
I last saw her alive on June 11 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Pulmonary edema 111c	24 hrs
Due to Circulatory failure 93d	
Due to myocarditis	
Other conditions Chronic nephritis (Include pregnancy within 3 months of death)	131b
Arteria 130	
Where was disease contracted? home	PHYISCIAN
Name of operation ..... Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature J H Cromwell (M. D. or other)
and Address Gooding Ida Date 6/14 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JUL 13 1944

Certificate Of Death

STATE OF IDAHO

State File No. 13945
Local Reg. No. 1095
Reg. Dist. No. 4-1

1. **PLACE OF DEATH:**
   (a) County Gooding
   (b) City or town Wendell
   (c) ~~Street Address~~ or R.F.D. No. 2
   (d) Death Occured Inside? ..... Outside? X city or town
   (e) Died in a Home X Hospital ..... Institution ..... Other place .....
   (f) Name Hosp. or Inst private home ..... ayed ..... days
   (g) Lived in this county 33 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Gooding
   (c) City or town Wendell
   (d) ~~Street Address or~~ R.F.D. No. 2
   (e) Deceased lived Inside? ..... Outside? X city or town
   (f) Citizen of what country? United States
   (g) How long had deceased lived in Idaho? 33 years
   (h) Former residence (city, state) Greensburg, Ind.

3. (a) **FULL NAME** Ira Arthur Kassens

932

3. (b) If veteran, name war ---------
3. (c) Social Security No. ----------
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Bessie Kassens
6. (c) Age of husband or wife if alive 53 years
7. Date of Birth (Month, Day, Year) July, 29, 1879

8. AGE	Years	Months	Days	If less than 1 day
	64	10	15	hrs ... min.

9. Exact Occupation farming — Did this work for life yrs.
10. Industry or Business carpender — Date last worked March 1941
11. Birthplace Greensburg (City or town) Indiana (State or foreign country)

Father
12. Name Albert Henery Kassens
13. Birthplace -------- (City or town) Germany (State or foreign country)

Mother
14. Maiden name Anna Safi Brandt
15. Birthplace -------- (City or town) Germany (State or foreign country)

16. Informant's **OWN** Signature Bessie Kassens
and Address Wendell Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 6/17/44 (Month) (Day) (Year)
(c) Place: Wendell Idaho
18. Funeral Director's **OWN** Signature W. P. Bright
and Address Gooding Idaho
19. (a) 6-14-44 (Date received and filed) (b) J. H. Cornwell (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 13 1944
at 7 o'clock P M.

21. **I HEREBY CERTIFY**, That I attended deceased from Dec. 1943, to June 13 1944
I last saw him alive on June 12 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Myocardial failure 20 m	8 mo
Hypertensive Cardiovascular disease	15 yrs.
Due to	
Due to	
Other conditions Old age (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ..... Date .....
Major finding
Finding of autopsy none

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature Harold H. Holsinger M.D. (M. D. or other)
and Address Wendell, Ida. Date 6-15 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce JUL 13 1944
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 139432
Local Reg. No. 1094
Reg. Dist. No. 42

1. **PLACE OF DEATH:**
   (a) County Gooding
   (b) City or town Wendell
   (c) Street Address or R.F.D. No. Wendell
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home X Hospital ..... Institution ..... Other place .....
   (f) Name Hosp. or Inst. ---------- Stayed --- days
   (g) Lived in this county 27 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Gooding
   (c) City or town Wendell
   (d) Street Address or R.F.D. No. Wendell
   (e) Deceased lived Inside? X Outside? ..... city or town
   (f) Citizen of what country? United States
   (g) How long had deceased lived in Idaho? 35 years
   (h) Former residence (city, state) Elianore, Utah

3. (a) **FULL NAME** Caroline F. Nielson 102

3. (b) If veteran, name war -----
3. (c) Social Security No. -------
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife R. M. Nielson
6. (c) Age of husband or wife if alive deceased years
7. Date of Birth (Month, Day, Year) May 23, 1861

8. AGE	Years	Months	Days	If less than 1 day
	83		25	hrs min.

9. Exact Occupation Housewife Did this work for life yrs.
10. Industry or Business --------- Date last worked 1943
11. Birthplace -------- (City or town) Denmark (State or foreign country)

Father
12. Name Carl Johnson
13. Birthplace ------- (City or town) Denmark (State or foreign country)

Mother
14. Maiden name Hansina Fredrickson
15. Birthplace -------- (City or town) Denmark (State or foreign country)

16. Informant's **OWN** Signature Zina N. Prince
and Address Herlong Calif.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 6/20/44 (Month) (Day) (Year)
(c) Place: Wendell Idaho
18. Funeral Director's **OWN** Signature H.P. Bright
and Address Gooding Idaho
19. (a) 6-18-44 (Date received and filed) (b) J.H. Cromwell (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 17 1944
at 3 o'clock P M.
21. **I HEREBY CERTIFY**, That I attended deceased from Nov. 15 1944, to death 19
I last saw her alive on 6/15 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Myocardial Failure 200a	5 days
Due to Hypertension 102	15 yrs.
Old age 162	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYISCIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature Harold F. Holsinger M.D. (M. D. or other)
and Address Wendell, Ida Date 6-21 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JUL 13 1944

Certificate Of Death

STATE OF IDAHO

State File No. 139433
Local Reg. No. 1098
Reg. Dist. No. 420

1. **PLACE OF DEATH:**
   (a) County Gooding
   (b) City or town Gooding
   (c) Street Address or R.F.D. No. 318 Montana
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home X Hospital ..... Institution ..... Other place .....
   (f) Name Hosp. or Inst. Private Home Served ..... days
   (g) Lived in this county 10 years ..... months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Gooding
   (c) City or town Gooding
   (d) Street Address or R.F.D. No. 318 Montana
   (e) Deceased lived Inside? X Outside? ..... city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 29 years
   (h) Former residence (city, state) Fossil, Ore.

3. (a) **FULL NAME** Naomi Ellen Lang

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife C. W. Lang
6. (c) Age of husband or wife if alive 49 years
7. Date of Birth (Month, Day, Year) June 3, 1899

8. AGE	Years	Months	Days	If less than 1 day
	45		20	hrs min.

9. Exact Occupation Housewife Did this work for Life yrs.
10. Industry or Business ..... Date last worked Sept. 1942
11. Birthplace Cordin, Oregon (City or town) (State or foreign country)

Father
12. Name Raymond F. Smith
13. Birthplace Duffer, Oregon (City or town) (State or foreign country)

Mother
14. Maiden name Mary E. Quinn
15. Birthplace Ashwood, Oregon (City or town) (State or foreign country)

16. Informant's **OWN** Signature C. W. Lang
and Address 318 Montana St Gooding
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 27 (Month) (Day) (Year)
(c) Place: Elmwood Cemetry-Gooding, Ida.
18. Funeral Director's **OWN** Signature H.P. Bright
and Address Gooding Idaho
19. (a) 6-28-44 (Date received and filed) (b) J.H. Cummell (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June, 23, 1944
at ..... o'clock ..... M.
21. **I HEREBY CERTIFY,** That I attended deceased from June 1st 1944, to June 23 1944
I last saw her alive on June 23 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
452 Heart. Block	4 hrs.
Due to Hypo. thyroidism	10 yrs.
Due to 6342 Thyroid. disease	10 yrs.
Other conditions General. Toxaemia	10 yrs.

(Include pregnancy within 3 months of death)

Where was disease contracted? Idaho.
Name of operation none Date .....
Major finding .....
Finding of autopsy .....

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature [signature] (M. D. or other)
and Address Shoshone, Idaho Date June 27 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JUL 10 1944

Certificate Of Death

STATE OF IDAHO

State File No. 139454
Local Reg. No.
Reg. Dist. No. 4-21

1. **PLACE OF DEATH:**
   (a) County Gooding
   (b) City or town Wendell
   (c) Street Address or R. F. D. No. —
   (d) Death Occured Inside? — Outside? ... city or town
   (e) Died in a Home ... Hospital — Institution ... Other place ...
   (f) Name Hosp. or Inst. Valentines Stayed 3 days
   (g) Lived in this county 0 years 0 months 3 days

   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Twin Falls
   (c) City or town Buhl
   (d) Street Address or R.F.D. No. 705-11th St.
   (e) Deceased lived Inside? — Outside? ... city or town
   (f) Citizen of what country? U. S.
   (g) How long had deceased lived in Idaho? 3 days years
   (h) Former residence (city, state) Same

3. (a) **FULL NAME** Robert Harley Duggan

160a

3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Infant
6. (b) Name of husband or wife none
6. (c) Age of husband or wife if alive — years
7. Date of Birth (Month, Day, Year) June 26, 1944

8. AGE	Years	Months	Days	If less than 1 day
	0	0	3	4 hrs min.

9. Exact Occupation none — Did this work for — yrs.
10. Industry or Business none — Date last worked —
11. Birthplace Wendell, Idaho (City or town) (State or foreign country)

Father
12. Name Lester Duggan
13. Birthplace Butler, Missouri (City or town) (State or foreign country)

Mother
14. Maiden name Keegan Fast
15. Birthplace Buhl, Idaho (City or town) (State or foreign country)

16. Informant's **OWN** Signature B. C. Fast
and Address Buhl, Idaho

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 6/29/44 (Month) (Day) (Year)
(c) Place: Buhl, Idaho

18. Funeral Director's **OWN** Signature B. F. Albertson
and Address Buhl, Idaho

19. (a) 7/8/44 (Date received and filed) (b) M. Ross, O.S.B. (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 6-29 1944
at 2 o'clock P M.

21. **I HEREBY CERTIFY,** That I attended deceased from 6-26 1944, to death 1944
I last saw him alive on 6-29 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebral Hemorrhage	11½ hrs
Due to Unknown - probably to malnourishment during	
Due to fetal life. Malnourished &	
Other conditions Asphyxia at birth. (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ... Date
Major finding
Finding of autopsy

PHYISICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ... Suicide? ... Homicide? ...
Occurred ... 19 ... City, county, state where violence occurred
Place of Violence: Home ... Farm ... Industry ...
Public Place ... While at work? ...
Means of injury

23. Attendant's **OWN** Signature H. Holsinger M.D. (M. D. or other)
and Address Wendell, Ida. Date 6-29 1944

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JUL 10 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 13945
Local Reg. No. 9
Reg. Dist. No. 640

1. **PLACE OF DEATH:**
(a) County Jefferson
(b) City or town Rigby
(c) Street Address or R. F. D. No. X
(d) Death Occurred Inside? ..... Outside? X ..... city or town
(e) Died in a Home .... Hospital .... Institution .... Other place X
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 8 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Jefferson
(c) City or town Rigby
(d) Street Address or R. F. D. No. X
(e) Deceased lived Inside? ..... Outside? X ..... city or town
(f) If foreign born, in U. S. ..... yrs. Citizen of U. S.? .....
(g) How long had deceased lived in Idaho? 8 years
(h) Former residence (city, state) None

3. (a) **FULL NAME** KENNETH RAY BROWN 1766

3. (b) If veteran, name war X
3. (c) Social Security No. X
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife X
6 (c) Age of husband or wife if alive X years
7. Date of Birth (Month, Day, Year) Dec. 6, 1935

8. AGE	Years	Months	Days	If less than 1 day
	8	5	21	hrs ____ min.

9. Exact Occupation School — Did this work for 2 yrs.
10. Industry or Business School — Date last worked 5/12/44
11. Birthplace Rigby, Idaho. (City or town) (State or foreign country)

Father
12. Name George Taylor Brown
13. Birthplace Grant, Idaho. (City or town) (State or foreign country)

Mother
14. Maiden name Annie Virginia Brady.
15. Birthplace Mt. Pleasant, Utah. (City or town) (State or foreign country)

16. Informant's **OWN** Signature George T. Brown and Address Rigby, Idaho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/1/44 (Month) (Day) (Year)
(c) Place: Rigby, Idaho.
18. Funeral Director's **OWN** Signature C. B. Eckersell and Address Rigby, Idaho.
19. (a) July 8 1944 (Date received and filed) (b) Mina B. Eckersell (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 27 1944
at 4:40 o'clock P M.

21. I **HEREBY CERTIFY**, That [redacted] deceased from [redacted] 19..... X [redacted] 19..... ; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Fractured Skull	
Due to Auto accident.	
Bicycle & Auto collision	
Due to	
Other conditions. (Include pregnancy within 3 months of death)	
Where was disease first contracted?	
Name of operation ..... Date	
Major finding	
Finding of autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? X Suicide? ..... Homicide? .....
Occurred May 27 1944 City, county, state where violence occurred Jefferson, Idaho.
Place of Violence: Home ..... Farm ..... Industry .....
Public Place X While at work? .....
Means of injury Hit by car.

23. Attendant's **OWN** Signature C. B. Eckersell Coroner (M. D. or other)
and Address Rigby, Idaho. Date 5/29 1944

(For additional space, use reverse side)

139435

United States
Department of Commerce
Bureau of the Census

JUL 10 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 10
Reg. Dist. No. 644

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. PLACE OF DEATH:
(a) County Jefferson.
(b) City or town Rigby
(c) Street Address or R. F. D. No. X
(d) Death Occurred Inside? ..... Outside? X city or town
(e) Died in a Home X Hospital ..... Institution ..... Other place .....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 38 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Jefferson
(c) City or town Rigby
(d) Street Address or R. F. D. No. X
(e) Deceased lived Inside? ..... Outside? X city or town
(f) If foreign born, in U. S. ..... yrs. Citizen of U. S.? .....
(g) How long had deceased lived in Idaho? 38 years
(h) Former residence (city, state) Ogden, Utah

3. (a) **FULL NAME** EDWARD JOSHUA HENRY

46 b

3. (b) If veteran, name war X
3. (c) Social Security No. X
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Nora Jane
6 (c) Age of husband or wife if alive 63 years
7. Date of Birth (Month, Day, Year) March 29, 1878

8. AGE	Years	Months	Days	If less than 1 day
	66	2	4	hrs ..... min.

9. Exact Occupation Farmer — Did this work for 40 yrs.
10. Industry or Business Farm — Date last worked 5/31/44
11. Birthplace Terrace, Utah. (City or town) (State or foreign country)

Father
12. Name Andrew Henry.
13. Birthplace England (City or town) (State or foreign country)

Mother
14. Maiden name Maria Small.
15. Birthplace England. (City or town) (State or foreign country)

16. Informant's **OWN** Signature Nora J Henry
and Address Rigby, Idaho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/6/44 (Month) (Day) (Year)
(c) Place: Rigby, Idaho.
18. Funeral Director's **OWN** Signature C B Eckersell
and Address Rigby, Idaho.
19. (a) July 8 1944 (Date received and filed) (b) Mrs A B Eckersell (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 2 19 44
at 3:30 o'clock P M.

21. I **HEREBY CERTIFY**, That I attended deceased from March 10 1943, to May 23 1944
I last saw h. im alive on May 28 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Gastric hemorrhage — Duration unknown
Due to Carcinoma of stomach — Duration Unknown
Due to .....
Other conditions ..... (Include pregnancy within 3 months of death)
Where was disease first contracted? Unknown
Name of operation none Date .....
Major finding .....
Finding of autopsy none autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature W S Warner D.O. (M. D. or other)
and Address Idaho Falls Date 6-6 1944

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JUL 10 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 13943
Local Reg. No. 13
Reg. Dist. No. 641

1. PLACE OF DEATH:
(a) County Jefferson
(b) City or town Lorenzo
(c) Street Address or R. F. D. No. X
(d) Death Occurred Inside? ... Outside? X ... city or town
(e) Died in a Home X ... Hospital ... Institution ... Other place ...
(f) Name Hosp. or Inst. ... Stayed ... days
(g) Lived in this county 59 years ... months ... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Jefferson
(c) City or town Lorenzo
(d) Street Address or R. F. D. No. X
(e) Deceased lived Inside? ... Outside? X ... city or town
(f) If foreign born, in U. S. ... yrs. Citizen of U. S.? ...
(g) How long had deceased lived in Idaho? 59 years
(h) Former residence (city, state) Ogden, Ut.

3. (a) **FULL NAME** HENRY DRAKE

55 E

3. (b) If veteran, name war X
3. (c) Social Security No. X
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Roxie Alice
6. (c) Age of husband or wife if alive 59 years
7. Date of Birth (Month, Day, Year) Nov. 18, 1878

8. AGE	Years	Months	Days	If less than 1 day hrs	min.
	65	6	26		

9. Exact Occupation Farming — Did this work for life yrs.
10. Industry or Business Farm — Date last worked Nov, 1943
11. Birthplace Ogden, Utah. (City or town) (State or foreign country)

Father
12. Name Orson Drake.
13. Birthplace Unknown. (City or town) (State or foreign country)

Mother
14. Maiden name Annie Petersen
15. Birthplace Sweden (City or town) (State or foreign country)

16. Informant's **OWN** Signature Eva Drake and Address Lorenzo, Idaho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/16/44 (Month) (Day) (Year)
(c) Place: Annis, Idaho.
18. Funeral Director's **OWN** Signature C. B. Eckersell and Address Rigby, Idaho.
19. (a) July 8 1944 (Date received and filed) (b) Mrs. C. B. Eckersell (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 13 1944
at 5:40 o'clock A M.

21. **I HEREBY CERTIFY,** That I attended deceased from March 1938, to June 13 1944
I last saw him alive on 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — Duration
1. Carcinoma (Cancer) - Right Pelvis — 14 mos
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)

Where was disease first contracted? At home
Name of operation None Date
Major finding
Finding of autopsy None performed

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ... Suicide? ... Homicide? ...
Occurred ... 19 ... City, county, state where violence occurred
Place of Violence: Home ... Farm ... Industry ...
Public Place ... While at work? ...
Means of injury

23. Attendant's **OWN** Signature Dean Hall, M. D. (M. D. or other)
and Address Rigby, Idaho. Date June 15 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JUL 10 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 13945
Local Reg. No. 14
Reg. Dist. No. 641

1. **PLACE OF DEATH:**
(a) County Jefferson
(b) City or town Rigby
(c) Street Address or R. F. D. No. 2
(d) Death Occurred Inside? ..... Outside? X city or town
(e) Died in a Home X Hospital ... Institution ... Other place ...
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 57 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Jefferson
(c) City or town Rigby
(d) Street Address or R. F. D. No. 2
(e) Deceased lived Inside? ..... Outside? X city or town
(f) If foreign born, in U. S. ..... yrs. Citizen of U. S.? .....
(g) How long had deceased lived in Idaho? 57 years
(h) Former residence (city, state) None

3. (a) **FULL NAME** LAURA MARY HAYWOOD. 61

3. (b) If veteran, name war X
3. (c) Social Security No. X
4. Sex F.M.
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife George Charles
6 (c) Age of husband or wife if alive 60 years
7. Date of Birth (Month, Day, Year) March 30, 1887

8. AGE	Years	Months	Days	If less than 1 day
	57	2	14	hrs ... min.

9. Exact Occupation Housewife — Did this work for life yrs.
10. Industry or Business Home — Date last worked 6/1/44
11. Birthplace Annis, Idaho. (City or town) (State or foreign country)

Father
12. Name Josiah Scott.
13. Birthplace Millcreek, Utah. (City or town) (State or foreign country)

Mother
14. Maiden name Mary Walton.
15. Birthplace Salt Lake City, Utah. (City or town) (State or foreign country)

16. Informant's **OWN** Signature Geo C Haywood
and Address Rigby, Idaho. R. #2
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/17/44 (Month) (Day) (Year)
(c) Place: Rigby, Idaho.
18. Funeral Director's **OWN** Signature A B Eckersell
and Address Rigby, Idaho.
19. (a) July 8 1944 (Date received and filed) (b) Mrs A B Eckersell (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 13 1944
at 11:50 o'clock A M.

21. **I HEREBY CERTIFY,** That I attended deceased from April 1939 to June 13 19xx
I last saw her alive on June 12 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — Duration
1. Hypertension - Cardio Vascular Renal — 6 yrs
Due to .....
Due to .....
Other conditions Diabetes — 6 yrs
(Include pregnancy within 3 months of death)

Where was disease first contracted? At home.
Name of operation None Date .....
Major finding .....
Finding of autopsy None performed

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature Edson Call, M.D. (M. D. or other)
and Address Rigby, Idaho. Date June 15 1944
(For additional space, use reverse side)

United States
Department of Commerce JUL 10 1944
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 139450
Local Reg. No. 15
Reg. Dist. No. 640

1. PLACE OF DEATH:
(a) County Jefferson
(b) City or town Rigby
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? x Outside? city or town
(e) Died in a Home x Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 43 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Jefferson
(c) City or town Rigby
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? x Outside? city or town
(f) If foreign born, in U. S. yrs. Citizen of U. S.?
(g) How long had deceased lived in Idaho? 43 years
(h) Former residence (city, state Killgore, Ida.

3. (a) FULL NAME BLANCHE ALLEN.

50

3. (b) If veteran, name war x
3. (c) Social Security No. x
4. Sex F. M.
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife x
6 (c) Age of husband or wife if alive x years
7. Date of Birth (Month, Day, Year) June 20, 1901

8. AGE	Years	Months	Days	If less than 1 day
	43	0	4	hrs min.

9. Exact Occupation None Did this work for x yrs.
10. Industry or Business x Date last worked x
11. Birthplace Killgore, Idaho. (City or town) (State or foreign country)
Father
12. Name James Allen.
13. Birthplace Marshall, Mo. (City or town) (State or foreign country)
Mother
14. Maiden name Margaret McCullough.
15. Birthplace England. (City or town) (State or foreign country)
16. Informant's OWN Signature [signature] and Address Rigby, Idaho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 27 1944 (Month) (Day) (Year)
(c) Place: Rigby, Idaho.
18. Funeral Director's OWN Signature [signature] and Address Rigby, Idaho.
19. (a) July 8 1944 (Date received and filed) (b) Mrs A B Eckersell (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) June 24 1944 at 8:50 o'clock A M.
21. I HEREBY CERTIFY, That I attended deceased from November 1943, to June 24 1944
I last saw her alive on June 23 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
1. Edema of Lungs	3 days
Due to Carcinoma of Lungs	8 months
Due to Carcinoma of Left Breast	2 yrs
Other conditions (Include pregnancy within 3 months of death)	50

Where was disease first contracted? At Home
Name of operation Left Mastectomy Date 12/21/44
Major finding Carcinoma of Left Breast
Finding of autopsy none performed

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature [signature] (M. D. or other) and Address Rigby, Idaho. Date June 26 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

JUL 7 1944

State File No. 13940
Local Reg. No. 21
Reg. Dist. No. 240

1. PLACE OF DEATH:
(a) County Idaho
(b) City or town Grangeville
(c) Street Address or R. F. D. No.
(d) Death Occured Inside? ✓ Outside? ..... city or town
(e) Died in a Home .... Hospital ✓ Institution .... Other place ....
(f) Name Hosp. or Inst. General Stayed 150 days
(g) Lived in this county 30 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Idaho
(c) City or town Grangeville
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? ✓ Outside? ..... city or town
(f) Citizen of what country? U.S.
(g) How long had deceased lived in Idaho? 30 years
(h) Former residence (city, state) Pollock, Ida.

3. (a) FULL NAME John. H. Atkins. 1225

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Single.
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) April 1 1857

8. AGE	Years	Months	Days	If less than 1 day
	87	1	6	hrs min.

9. Exact Occupation Miner. Did this work for 40 yrs.
10. Industry or Business ..... Date last worked 1940
11. Birthplace Hamblin County Tenn.
(City or town) (State or foreign country)

Father
12. Name Unknown.
13. Birthplace " "
(City or town) (State or foreign country)

Mother
14. Maiden name "
15. Birthplace " "
(City or town) (State or foreign country)

16. Informant's **OWN** Signature County Records
and Address Grangeville Idaho
17. (a) Burial (Burial, cremation or removal) (b) Date thereof 5/9/44 (Month) (Day) (Year)
(c) Place: Grangeville Ida
18. Funeral Director's **OWN** Signature Glenn Cubin
and Address Grangeville Ida
19. (a) 5/9/44 (Date received and filed) (b) Glenn Cubin (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 7 1944
at 7:10 o'clock A M.
21. **I HEREBY CERTIFY**, That I attended deceased from Sept 1 1943, to May 7 1944
I last saw him alive on May 6 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Obstruction of bowel — Duration
1225 b
Due to .....
Due to Senility 1225 b
Other conditions (Include pregnancy within 3 months of death)
Where was disease contracted?
Name of operation ..... Date .....
Major finding
Finding of autopsy

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature J. A. Shinnick M.D.
(M.D. or other)
and Address Grangeville Ida. Date 5/9 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census JUL 7 1944

Certificate Of Death

STATE OF IDAHO

State File No. 13942
Local Reg. No. 29
Reg. Dist. No. 240

1. **PLACE OF DEATH:**
   (a) County Idaho
   (b) City or town Grangeville
   (c) Street Address or R. F. D. No.
   (d) Death Occured Inside? ✓ Outside? ..... city or town
   (e) Died in a Home .... Hospital ✓ Institution .... Other place ....
   (f) Name Hosp. or Inst. General Stayed 2 days
   (g) Lived in this county 25 years ..... months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Idaho
   (c) City or town Grangeville
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? ✓ Outside? ..... city or town
   (f) Citizen of what country? U S
   (g) How long had deceased lived in Idaho? 25 years
   (h) Former residence (city, state) Grangeville Ida

3. (a) **FULL NAME** Addie M. Shirz. 94a

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Charles
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) Sept 15. 1870

8. AGE	Years	Months	Days	If less than 1 day
	73	8	28	hrs min.

9. Exact Occupation Housewife — Did this work for 45 yrs.
10. Industry or Business — Date last worked 6/1/44
11. Birthplace Seneca (City or town) Missouri (State or foreign country)

Father
12. Name M L. Mhoon
13. Birthplace Ark. (City or town) (State or foreign country)

Mother
14. Maiden name Nancy Jane Adams
15. Birthplace Missouri (City or town) (State or foreign country)

16. Informant's **OWN** Signature Bryan Shirz
and Address Grangeville Idaho.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/6/44 (Month) (Day) (Year)
(c) Place: Grangeville Idaho

18. Funeral Director's **OWN** Signature Glenn Culp
and Address Grangeville Idaho

19. (a) 6/6/44 (Date received and filed) (b) Glenn Culp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 3 1944
at 6:30 o'clock P M.

21. **I HEREBY CERTIFY,** That I attended deceased from May 1 1944 to June 3 1944
I last saw her alive on June 3 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Coronary Infarct	40 hours
Due to Coronary Arteriosclerosis	
Due to General Arteriosclerosis	
Other conditions (Include pregnancy within 3 months of death) none	

Where was disease contracted?
Name of operation ..... Date .....
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury

23. Attendant's **OWN** Signature R A Whitehurst (M. D. or other)
and Address Grangeville Date June 5 1944
(For additional space, use reverse side)

139442

United States
Department of Commerce
Bureau of the Census

JUL 7 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 536
Reg. Dist. No. 244

1. **PLACE OF DEATH:**
(a) County Idaho
(b) City or town Stites
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? ✓ Outside? city or town
(e) Died in a Home ✓ Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 5 years 3 months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Idaho
(c) City or town Stites
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? ✓ Outside? city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 5 years
(h) Former residence (city, state) Elmira, Wash.

3. (a) FULL NAME Madeleine Alva Hendrickson 131D

3. (b) If veteran, name war —
3. (c) Social Security No. 536-05-2665
4. Sex Fem.
5. Color or race white
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Date of Birth (Month, Day, Year) March 6, 1912

8. AGE	Years	Months	Days	If less than 1 day
	32	3	2	hrs min.

9. Exact Occupation Bookkeeper & teacher Did this work for 4½ yrs.
10. Industry or Business " Date last worked 5/26/44
11. Birthplace Red Bluff (City or town) California (State or foreign country)
Father
12. Name Benjamin F. Hendrickson
13. Birthplace Vancouver, (City or town) Washington. (State or foreign country)
Mother
14. Maiden name Barbara May Robertson
15. Birthplace Ontario, (City or town) Canada (State or foreign country)
16. Informant's OWN Signature B F Hendrickson
and Address Stites, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 11 1944 (Month) (Day) (Year) 3:00 P.M.
(c) Place: Kooskia cemetery
18. Funeral Director's OWN Signature Claude Thevary
and Address Kooskia, Idaho
19. (a) June 10-44 (Date received and filed) (b) H W Wentworth (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 8 1944
at 8:40 o'clock P. M.
21. I HEREBY CERTIFY, That I attended deceased from June 7th 1944, to June 8th 1944
I last saw her alive on June 8 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Uremic convulsion 130	30 hours
Due to Bright-chronic 131b	?
Due to	
Other conditions (Include pregnancy within 3 months of death) Ox heart - all valves 92d	

Where was disease contracted?
Name of operation Date
Major Bangs Kamish Lee
Finding of autopsy
physician for years

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature H. W Wentworth (M. D. or other)
and Address Stites Date 6/10 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce JUL 12 1944
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 15922
Local Reg. No. 12
Reg. Dist. No. 242

1. **PLACE OF DEATH:**
(a) County Idaho
(b) City or town Cottonwood
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home ____ Hospital X Institution ____ Other place ____
(f) Name Hosp. or Inst. Ladyof Consolata Stayed 362 days
(g) Lived in this county 25 years 1 months 3 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under Item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Germany (b) County ____
(c) City or town Westendöller
(d) Street Address or R. F. D. No. ____
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? Germany
(g) How long had deceased lived in Idaho? 25 years
(h) Former residence (city, state) Germany

3. (a) **FULL NAME** Sister M. Ottilia Berens 13 b

3. (b) If veteran, name war ____ 3. (c) Social Security No. ____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife ____ 6. (c) Age of husband or wife if alive ____ years

7. Date of Birth (Month, Day, Year) March 22, 1892

8. AGE	Years	Months	Days	If less than 1 day
	52	2	25	hrs 6 min.

9. Exact Occupation House work Did this work for 40 yrs.
10. Industry or Business ____ Date last worked ____
11. Birthplace Westendöller Germany (City or town) (State or foreign country)

Father
12. Name Bernard Berens
13. Birthplace Germany (City or town) (State or foreign country)

Mother
14. Maiden name Anna Feldhues
15. Birthplace Germany (City or town) (State or foreign country)

16. Informant's OWN Signature Sister M. Anna OSB and Address Cottonwood, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 19 44 (Month) (Day) (Year)
(c) Place St. Gertrude's Cemetary Cottonwood
18. Funeral Director's OWN Signature Rev R C Bauman and Address Kenterville, Idaho.
19. (a) 7-9-44 (Date received and filed) (b) W. J. Owen Registrar (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 16 1944 at 7:30 o'clock P. M.

21. **I HEREBY CERTIFY,** That I attended deceased from June 1 1944 to June 16 1944 I last saw her alive on June 15 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Pulmonary Tuberculosis	10 yrs.
Due to 13 b 1	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted? Home	PHYSICIAN
Name of operation ____ Date ____	Underline the cause to which death should be charged statistically.
Major finding ____	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's OWN Signature Wesley D. Owen M.D. (M. D. or other)
and Address Cottonwood Date 7-9 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JUL 7 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

139441
State File No.
Local Reg. No. 537
Reg. Dist. No. 344

1. **PLACE OF DEATH:**
(a) County Idaho
(b) City or town Harpster
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? city or town
(e) Died in a Home Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 17 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Idaho
(c) City or town Grangeville
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Outside? city or town
(f) Citizen of what country? U.S.
(g) How long had deceased lived in Idaho? 45 years
(h) Former residence (city, state) Colorado

3. (a) **FULL NAME** Francis Vivian McComas 336

3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) March 16 1882

8. AGE	Years	Months	Days	If less than 1 day hrs	min.
	62	3	2		

9. Exact Occupation Farmer — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace Canyon City (City or town) Colorado (State or foreign country)

Father
12. Name George Cressley McComas
13. Birthplace Ill. (City or town) (State or foreign country)

Mother
14. Maiden name Verlinda C. McMurray
15. Birthplace Ill. (City or town) (State or foreign country)

16. Informant's OWN Signature O. B. McComas and Address Harpster.
17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 6-20-1944 (Month) (Day) (Year)
(c) Place: Lewiston
18. Funeral Director's OWN Signature Chas Robertson and Address Lewiston Idaho
19. (a) June 20/44 (Date received and filed) (b) H W Wentworth (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 18 1944
at 7-0 o'clock P M.

21. **I HEREBY CERTIFY,** That I attended deceased from June 18 1944, to June 18 1944
I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — Duration
Influenza — Lived on 33 D 2 Weeks
Lobar Pneumonia
Due to Had Hemiplegia since Stroke 3 years ago
Due to Failing since had fracture of frontal
Other conditions bone twenty years ago
(Include pregnancy within 3 months of death)

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's OWN Signature H. W. Wentworth (M. D. or other)
and Address Stites Date 6/20 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JUL 7 1944

Certificate Of Death

STATE OF IDAHO

State File No. 13945
Local Reg. No. 31
Reg. Dist. No. 240

1. **PLACE OF DEATH:**
   (a) County Idaho
   (b) City or town Grangeville
   (c) Street Address or R. F. D. No.
   (d) Death Occured Inside? ✓ Outside? ..... city or town
   (e) Died in a Home .... Hospital ✓ Institution .... Other place ....
   (f) Name Hosp. or Inst General Stayed 60 days
   (g) Lived in this county 10 years ..... months ..... days

   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Idaho
   (c) City or town Whitebird Idaho
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? ..... Outside? ✓ city or town
   (f) Citizen of what country? U S
   (g) How long had deceased lived in Idaho? 10 years
   (h) Former residence (city, state) Waitsburg Wash

3. (a) **FULL NAME** Ward B. Barns 92b

3. (b) If veteran, name war .....
3. (c) Social Security No. 518-01-3955
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Single.
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) Jan 28. 1906.

8. AGE	Years	Months	Days	If less than 1 day
	38	4	24	hrs ..... min.

9. Exact Occupation Miner — Did this work for 15 yrs.
10. Industry or Business ..... — Date last worked 4/1/44
11. Birthplace Waitsburg (City or town) Wash (State or foreign country)

Father
12. Name George W. Barnes
13. Birthplace Walla Walla (City or town) Wn (State or foreign country)

Mother
14. Maiden name Ellie Bunker
15. Birthplace Lima (City or town) Ohio (State or foreign country)

16. Informant's **OWN** Signature Ray Bottorff
    and Address Pomeroy Wash
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 6/22/44 (Month) (Day) (Year)
    (c) Place: Waitsburg Wash
18. Funeral Director's **OWN** Signature Glenn Culer
    and Address Grangeville Ida
19. (a) 6/23/44 (Date received and filed) (b) Glenn Culer (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 6/22 1944
    at 7:10 o'clock P M.
21. **I HEREBY CERTIFY**, That I attended deceased from March 30 1944, to June 22 1944
    I last saw him alive on June 21 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Ventricular Fever	6 mos
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Mitral heart disease 92b	

Where was disease contracted?
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
    Occurred ..... 19..... City, county, state where violence occurred .....
    Place of Violence: Home ..... Farm ..... Industry .....
    Public Place ..... While at work? .....
    Means of injury .....
23. Attendant's **OWN** Signature La Wheeler MD (M. D. or other)
    and Address Grangeville Date June 22 1944

(For additional space, use reverse side)

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United States
Department of Commerce
Bureau of the Census JUL 7 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 30
Reg. Dist. No. 240

1. **PLACE OF DEATH:**
(a) County Idaho
(b) City or town Grangeville
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? ✓ Outside? ✓ city or town
(e) Died in a Home ✓ Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 56 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under Item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Idaho
(c) City or town Grangeville
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Outside? ✓ city or town
(f) Citizen of what country? U.S.
(g) How long had deceased lived in Idaho? 56 years
(h) Former residence (city, state) Ark.

3. (a) **FULL NAME** Thomas H. Seay. 83a

3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife Mary Edith
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Oct. 6 - 1874

8. AGE	Years	Months	Days	If less than 1 day hrs	min.
	69	8	22		

9. Exact Occupation Farmer — Did this work for Life yrs.
10. Industry or Business Diversified — Date last worked 1943
11. Birthplace Benton Co. (City or town) Arkansas (State or foreign country)

Father
12. Name Calvin Seay
13. Birthplace Ga (City or town) (State or foreign country)

Mother
14. Maiden name Hannah Thompson
15. Birthplace Ga (City or town) (State or foreign country)

16. Informant's **OWN** Signature Evelyn F. Seay
and Address Grangeville

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-5-44 (Month) (Day) (Year)
(c) Place: Prairie View Cemetery

18. Funeral Director's **OWN** Signature Jas Robertson
and Address Grangeville Ida.

19. (a) 7/3/44 (Date received and filed) (b) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 27 19 44
at 12:50 o'clock A M.

21. **I HEREBY CERTIFY,** That I attended deceased from June 27 19 44 to June 27 19 44
Last saw h~~im~~ alive on June 27 19 44; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death		Duration
Cerebral hemorrhage	83a.1	
Due to Arteriosclerosis	97	
Hypertension	102	
Due to		
Other conditions (Include pregnancy within 3 months of death)		

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature L. A. Wheelwright (M. D. or other)
and Address Grangeville Date Jun 30 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

13944

United States
Department of Commerce JUL 7 1944
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 539
Reg. Dist. No. 244

1. **PLACE OF DEATH:**
(a) County Idaho
(b) City or town Stites
(c) Street Address or R. F. D. No. —
(d) Death Occurred Inside? ✓ Outside? city or town
(e) Died in a Home ✓ Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 13 years 9 months — days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Idaho
(c) City or town Stites
(d) Street Address or R. F. D. No. —
(e) Deceased lived Inside? ✓ Outside? city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 48 years
(h) Former residence (city, state) Walla Walla, Wn.

3. (a) FULL NAME Joseph Paul Wood 95 c

3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Mas.
5. Color or race white
6. (a) Single, widowed, married, divorced divorced
6. (b) Name of husband or wife Jennie
6. (c) Age of husband or wife if alive 83 years
7. Date of Birth (Month, Day, Year) Nov. 11 1863

8. AGE	Years	Months	Days	If less than 1 day
	80	7	17	hrs min.

9. Exact Occupation Retired farmer Did this work for — yrs.
10. Industry or Business Farming Date last worked 1928
11. Birthplace Umatilla Co., Oregon (City or town) (State or foreign country)
Father
12. Name Joseph Paul Wood
13. Birthplace — Tenn. (City or town) (State or foreign country)
Mother
14. Maiden name Harriet Brown
15. Birthplace — Tenn. (City or town) (State or foreign country)
16. Informant's OWN Signature Edna Pitts
and Address Stites Idaho.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof July 1 1944 (Month) (Day) (Year)
(c) Place: Walla Walla, Wash.
18. Funeral Director's OWN Signature Claude Trinary
and Address Rooskia, Idaho
19. (a) June 29-44 (Date received and filed) (b) H W Wentworth MD (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 28 1944
at 6:50 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from Dec 16 1940 to June 28 1944
I last saw him alive on June 28 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: 95 c 2	Duration
Dilated right heart - Difficult respiration	7 years
Due to Eczema hands and feet	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state
where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature H W Wentworth (M. D. or other)
and Address Stites Ida Date June 29 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce JUL 7 1944
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 1394[illegible]
Local Reg. No. 538
Reg. Dist. No. 244

1. **PLACE OF DEATH:**
(a) County Idaho
(b) City or town Stites
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? ✓ Outside? city or town
(e) Died in a Home ✓ Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county — years 9 months — days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Minnesota (b) County Clay
(c) City or town Hawley
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Outside? ✓ city or town
(f) Citizen of what country? USA
(g) How long had deceased lived in Idaho? 9 Mo. ~~years~~
(h) Former residence (city, state) Hawley, Minn.

3. (a) FULL NAME Evie Olson

1246

3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Fem.
5. Color or race white
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Christian Olson
6. (c) Age of husband or wife if alive — years
7. Date of Birth (Month, Day, Year) April 30 1868

8. AGE	Years	Months	Days	If less than 1 day
	76	1	28	hrs min.

9. Exact Occupation Housewife Did this work for All life yrs.
10. Industry or Business — Date last worked 3/15/44
11. Birthplace Colpoys Bay, Ontario, Canada (City or town) (State or foreign country)
Father
12. Name William Brown
13. Birthplace Orkney Isles, Scotland (City or town) (State or foreign country)
Mother
14. Maiden name Sara Ann Kribs
15. Birthplace Toronto, Ontario, Canada (City or town) (State or foreign country)
16. Informant's OWN Signature Mrs Flora Kyle
and Address Kooskia Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: Hawley, Minnesota
18. Funeral Director's OWN Signature Claude T. Ruary
and Address Kooskia, Idaho
19. (a) June 29 (Date received and filed) (b) H W Wenhworth (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 29 1944
at 12:15 o'clock A.M.
21. **I HEREBY CERTIFY,** That I attended deceased from April 3 1944, to 6 June 29 1944
I last saw her alive on June 28 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Starvation from chronic inflammation of liver	
Due to Recurrent long severe attacks	Years
Due to Extreme nervous tension	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature H W Wenhworth MD (M. D. or other)
and Address Stites Ida Date June 29 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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United States
Department of Commerce
Bureau of the Census

JUL 7 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 31
Reg. Dist. No. 240

1. **PLACE OF DEATH:** Idaho
(a) County
(b) City or town Grangeville, Idaho
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? ✓ Outside? city or town
(e) Died in a Home Hospital ✓ Institution 5 Other place
(f) Name Hosp. or Inst. Bascoe Stayed days
(g) Lived in this county 31 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Idaho
(c) City or town Grangeville
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? ✓ Outside? city or town
(f) Citizen of what country? U.S.
(g) How long had deceased lived in Idaho? 31 years
(h) Former residence (city, state) Minn.

3. (a) **FULL NAME** Joel Altman 83b

3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Sophia
6. (c) Age of husband or wife if alive 80 years
7. Date of Birth (Month, Day, Year) May 22, 1862

8. AGE	Years	Months	Days	If less than 1 day
	82	1	8	hrs min.

9. Exact Occupation Farmer Did this work for 1934 yrs.
10. Industry or Business Diversified Date last worked
11. Birthplace Rockford (City or town) New York (State or foreign country)
Father
12. Name Fred Altman
13. Birthplace Germany (City or town) (State or foreign country)
Mother
14. Maiden name Wilhelmenia Brauer
15. Birthplace Germany (City or town) (State or foreign country)
16. Informant's OWN Signature Walter C. Altman
and Address Grangeville Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 7-3-44 (Month) (Day) (Year)
(c) Place: Prairie Vassar Cemetery
18. Funeral Director's OWN Signature Jess Robertson
and Address Grangeville Ida
19. (a) 7/3/44 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 30 1944
at 3 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from June 29 1944, to June 30 1944
I last saw him alive on June 29 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: 83b	Duration
Cerebral thrombosis	5 years.
Due to arteriosclerosis 97	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature [signature] MD (M.D. or other)
and Address Grangeville Date June 30 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Original

United States
Department of Commerce
Bureau of the Census

JUL 14 1944

Certificate Of Death

STATE OF IDAHO

State File No. 13950
Local Reg. No. 126
Reg. Dist. No. 440

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
   (a) County Jerome
   (b) City or town Hunt
   (c) Street Address or R. F. D. No.
   (d) Death Occured Inside? X Outside? city or town
   (e) Died in a Home Hospital X Institution Other place
   (f) Name Hosp. or Inst. Minidoka Prefect Hospital Stayed 22 days
   (g) Lived in this county years 2 months 6 days

   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Washington (b) County King
   (c) City or town Seattle
   (d) Street Address or R.F.D. No. 828-25th South
   (e) Deceased lived Inside? X Outside? city or town
   (f) Citizen of what country? Japan
   (g) How long had deceased lived in Idaho? years
   (h) Former residence (city, state) Seattle, Wash.

3. (a) **FULL NAME** KAMENOSUKE INABA

309

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race Japanese
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Tomiye
6. (c) Age of husband or wife if alive 50 years
7. Date of Birth (Month, Day, Year) August 13, 1883

8. AGE	Years	Months	Days	If less than 1 day
	60	9	18	hrs min.

9. Exact Occupation Proprietor — Did this work for yrs.
10. Industry or Business Market Business — Date last worked 1941
11. Birthplace Shizuoka Ken, Japan (City or town) (State or foreign country)

Father
12. Name Seikura Inaba
13. Birthplace Shizuoka Ken, Japan (City or town) (State or foreign country)

Mother
14. Maiden name Toyo
15. Birthplace Shizuoka Ken, Japan (City or town) (State or foreign country)

16. Informant's **OWN** Signature Tamiji Inaba
    and Address Hunt, Idaho 17-1-G
17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
    (c) Place:
18. Funeral Director's **OWN** Signature D. A. Thomson
    and Address Jerome
19. (a) 6-3-44 (Date received and filed) (b) D. A. Thomson (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 31 19 44
    at 9:30 o'clock a. M.
21. **I HEREBY CERTIFY**, That I attended deceased from May 9, 19 44 to May 31, 19 44
    I last saw h im alive on May 31, 19 44 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Lobar Pneumonia 108	
Due to	
Due to	
Other conditions Lues 30 yr. (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYISICIAN Underline the cause to which death should be charged statistically.
Name of operation Date	
Major finding	
Finding of autopsy Not done.	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
    Occurred 19 City, county, state where violence occurred
    Place of Violence: Home Farm Industry
    Public Place While at work?
    Means of injury
23. Attendant's **OWN** Signature Paul S. Suyama M.D. (M. D. or other)
    and Address Hunt, Idaho Date 6/1 19 44

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Original

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

JUL 14 1944

State File No. 139451
Local Reg. No. 165
Reg. Dist. No. 420

1. **PLACE OF DEATH:**
   (a) County Jerome
   (b) City or town Hunt
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? X Outside? city or town
   (e) Died in a Home X Hospital Institution Other place
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county years 8 months 15 days

   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Washington (b) County Pierce
   (c) City or town Tacoma
   (d) Street Address or R.F.D. No 2424 N. 31st. St.
   (e) Deceased lived Inside? X Outside? city or town
   (f) Citizen of what country? Japan
   (g) How long had deceased lived in Idaho? years
   (h) Former residence (city, state) Tacoma, Wash.

3. (a) **FULL NAME** Tokuji Matsumoto

3. (b) If veteran, name war
3. (c) Social Security No. 536-09-4965
4. Sex Male
5. Color or race Japanese
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Kiwa
6. (c) Age of husband or wife if alive 48 years
7. Date of Birth (Month, Day, Year) March 4, 1882

8. AGE	Years	Months	Days	If less than 1 day
	62	3	5	hrs min.

9. Exact Occupation Mill Worker — Did this work for 15 yrs.
10. Industry or Business Sawmill — Date last worked Apr. '42
11. Birthplace Shiga Ken, Japan (City or town) (State or foreign country)

Father
12. Name Chuzaimon Matsumoto
13. Birthplace Shiga Ken, Japan (City or town) (State or foreign country)

Mother
14. Maiden name Mito Matsumoto
15. Birthplace Shiga Ken, Japan (City or town) (State or foreign country)

16. Informant's **OWN** Signature Jim S. Masuga
    and Address 2-1-F Hunt, Ida.
17. (a) Cremation (Burial, cremation or removal) (b) Date thereof 6-16-44 (Month) (Day) (Year)
    (c) Place Salt Lake City, Utah
18. Funeral Director's **OWN** Signature Nile Mortuary
    and Address Jerome, Idaho.
19. (a) 6-15-44 (Date received and filed) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 9, 1944
    at 8:30 o'clock p. M.
21. **I HEREBY CERTIFY,** That I attended deceased from ~~Jan.~~ on June 9, 1944, to 19
    I last saw him alive on June 9, 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Acute cornnary thrombosis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYISICIAN Underline the cause to which death should be charged statistically.
Name of operation Date	
Major finding	
Finding of autopsy not done.	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
    Occurred 19 City, county, state where violence occurred
    Place of Violence: Home Farm Industry
    Public Place While at work?
    Means of injury
23. Attendant's **OWN** Signature [illegible] M. D.
    (M. D. or other)
    and Address Hunt, Idaho Date 6/10 1944
    (For additional space, use reverse side)

Original

United States
Department of Commerce
Bureau of the Census

JUL 14 1944

Certificate Of Death

STATE OF IDAHO

State File No. 139[illegible]
Local Reg. No. 164
Reg. Dist. No. 440

1. PLACE OF DEATH:

(a) County Jerome
(b) City or town Hunt
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? X Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. Minidoka Project Hospital Stayed 21 days
(g) Lived in this county years 10 months 14 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

(a) State Idaho (b) County Jerome
(c) City or town Hunt
(d) Street Address or R.F.D. No. 19-10-D
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? United States of America
(g) How long had deceased lived in Idaho? years
(h) Former residence (city, state) Hunt, Idaho

3. (a) **FULL NAME** Michael Masanobu Kanaya

6

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race Japanese
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) July 29, 1943

8. AGE	Years	Months	Days	If less than 1 day
		10	14	hrs min.

9. Exact Occupation Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Hunt, Idaho (City or town) (State or foreign country)

Father
12. Name Dick Toshiji Kanaya
13. Birthplace Wakayama, Japan (City or town) (State or foreign country)

Mother
14. Maiden name Mary Haruye Watanabe
15. Birthplace Wapato, Washington (City or town) (State or foreign country)

16. Informant's **OWN** Signature [illegible] Kanaya
and Address 19-10-D Hunt, Idaho
17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 6-19-44 (Month) (Day) (Year)
(c) Place: Salt Lake City, Utah.
18. Funeral Director's **OWN** Signature Nile Matthews
and Address Jerome Idaho
19. (a) 6-17-44 (Date received and filed) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 12, 1944
at 11:10 o'clock a. M.
21. **I HEREBY CERTIFY,** That I attended deceased from May 22, 1944, to June 12 1944
I last saw him alive on June 12, 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Meningitis	
Due to diplococcic infection	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYISCIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy Not done.	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature F. P. Richards (M. D. or ~~other~~)
and Address Hunt, Idaho Date 6/12 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JUL 14 1944

Certificate Of Death

STATE OF IDAHO

State File No. 13943
Local Reg. No. 67
Reg. Dist. No. 4-6

1. **PLACE OF DEATH:**
   (a) County Jerome
   (b) City or town Hunt
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? x Outside? city or town
   (e) Died in a Home Hospital Institution Other place x
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county 1 years 10 months days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Washington (b) County King
   (c) City or town Seattle
   (d) Street Address or R.F.D. No. 657 Weller St.
   (e) Deceased lived Inside? x Outside? city or town
   (f) Citizen of what country? Japan
   (g) How long had deceased lived in Idaho? 1½ years
   (h) Former residence (city, state) Seattle, Wash.

3. (a) **FULL NAME** Takekichi Kawamoto

94.2

3. (b) If veteran, name war
3. (c) Social Security No. 536-01-7239
4. Sex Male race Japanese
5. Color or
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) September 20, 1877

8. AGE	Years	Months	Days	If less than 1 day
	66	8	25	hrs min.

9. Exact Occupation Cannery Worker — Did this work for yrs.
10. Industry or Business Salmon Cannery — Date last worked 1941
11. Birthplace Wakayama, Japan (City or town) (State or foreign country)

Father
12. Name Takekichi Kawamoto
13. Birthplace Wakayama, Japan (City or town) (State or foreign country)

Mother
14. Maiden name Komino Matsumoto
15. Birthplace Wakayama, Japan (City or town) (State or foreign country)

16. Informant's **OWN** Signature Masaaki Kumahubo
and Address 1-10-13 Hunt, Idaho

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 6-20-44 (Month) (Day) (Year)
(c) Place: Salt Lake City, Utah

18. Funeral Director's **OWN** Signature Nile Matthews
and Address Jerome, Idaho

19. (a) 6-21-1944 (Date received and filed) (b) E. M. Sinclair (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 14, 1944 19
at 11:30 o'clock a. M.

21. **I HEREBY CERTIFY,** That I attended deceased from Never 19, to 19
I last saw him alive on June 14, 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Coronary occlusion	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation Date	
Major finding	
Finding of autopsy not done.	

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature F. McManus (M. D. ~~or other~~)
and Address Hunt, Idaho Date 6/16 1944
(For additional space, use reverse side)

Original

United States
Department of Commerce
Bureau of the Census

JUL 14 1944

Certificate Of Death

STATE OF IDAHO

State File No. 15944
Local Reg. No. 168
Reg. Dist. No. 140

1. **PLACE OF DEATH:**
(a) County Jerome
(b) City or town Hunt
(c) Street Address or R. F. D. No.
(d) Death Occured Inside? X Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. Minidoka Project Hospital Stayed 7 days
(g) Lived in this county years 8 months 18 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Washington (b) County King
(c) City or town Snoqualmie Falls
(d) Street Address or R.F.D. No. P.O. Box 41
(e) Deceased lived Inside? Outside? X city or town
(f) Citizen of what country? Japan
(g) How long had deceased lived in Idaho? ½ years
(h) Former residence (city, ~~State~~) Snoqualmie Falls, Wn.

3. (a) **FULL NAME** Mitsuo Nishimoto

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3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race Japanese
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Hisao
6. (c) Age of husband or wife if alive 53 years
7. Date of Birth (Month, Day, Year) June 5, 1883

8. AGE	Years	Months	Days	If less than 1 day
	61		13	hrs min.

9. Exact Occupation Laborer — Did this work for yrs.
10. Industry or Business Sawmill — Date last worked April '42
11. Birthplace Kochi Ken, Japan (City or town) (State or foreign country)
Father 12. Name Unobtainable
Father 13. Birthplace (City or town) (State or foreign country)
Mother 14. Maiden name Unobtainable
Mother 15. Birthplace (City or town) (State or foreign country)
16. Informant's **OWN** Signature [signature] and Address 4-9-C Hunt, Idaho
17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 6-26-44 (Month) (Day) (Year)
(c) Place: Salt Lake City Mausoleum
18. Funeral Director's **OWN** Signature [signature] and Address Jerome Idaho
19. (a) 6-21-44 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 18, 1944 at 7:45 o'clock a. M.

21. **I HEREBY CERTIFY**, That I attended deceased from June 12, 1944, to June 18 1944
I last saw h im alive on June 18 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Acute cardiac failure	
Due to	
Due to 128	
Other conditions Acute pancreatitis (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy as above

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature [signature] M.D. (M. D. or other)
and Address Hunt, Idaho Date 6/20 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JUL 14 1944

Certificate Of Death

STATE OF IDAHO

State File No. 13845
Local Reg. No. 170
Reg. Dist. No. 140

1. **PLACE OF DEATH:**
   (a) County Jerome
   (b) City or town Hunt
   (c) Street Address or R. F. D. No.
   (d) Death Occured Inside? x Outside? city or town
   (e) Died in a Home, Hospital, Institution, Other place
   (f) Name Hosp. or Inst. Minidoka Project Hospital Stayed 5 days
   (g) Lived in this county years 7 months 1 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Washington (b) County King
   (c) City or town Auburn
   (d) ~~Street Address or~~ R.F.D. No. 2 Box 93
   (e) Deceased lived Inside? Outside? x city or town
   (f) Citizen of what country? Japan
   (g) How long had deceased lived in Idaho? ½ years
   (h) Former residence (city, state) Auburn, Wash.

3. (a) **FULL NAME** Ishiro Iwai

934

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race Japanese
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Shina
6. (c) Age of husband or wife if alive 54 years
7. Date of Birth (Month, Day, Year) June 10, 1877

8. AGE	Years	Months	Days	If less than 1 day
	67		13	hrs min.

9. Exact Occupation Farmer — Did this work for yrs.
10. Industry or Business Farm — Date last worked April '42
11. Birthplace Fukui Ken, Japan (City or town) (State or foreign country)

Father
12. Name Ihe Iwai
13. Birthplace Fukui Ken, Japan (City or town) (State or foreign country)

Mother
14. Maiden name Mika Hirama
15. Birthplace Fukui Ken, Japan (City or town) (State or foreign country)

16. Informant's **OWN** Signature Shiro Iwai
and Address 28-7-B Hunt, Idaho

17. (a) Cremation (Burial, cremation or removal) (b) Date thereof 6-29-'44 (Month) (Day) (Year)
(c) Place Salt Lake City, Utah.

18. Funeral Director's **OWN** Signature Nile Matthews
and Address Jerome, Idaho

19. (a) 6-29-44 (Date received and filed) (b) E. W. Sinclair (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 23, 1944
at 4:15 o'clock a. M.

21. **I HEREBY CERTIFY**, That I attended deceased from June 18 1944, to June 23, 1944
I last saw him alive on June 23 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Acute coronary thrombosis — Duration

Due to

Due to

Other conditions Acute pulmonary edema. Chronic myocarditis.
(Include pregnancy within 3 months of death)

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy same as above.

PHYISICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature F. O. Nieman (M. D. or other)
and Address Hunt, Idaho Date 6/26 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JUL 14 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

13343
State File No.
Local Reg. No. 131
Reg. Dist. No. 446

1. **PLACE OF DEATH:**
(a) County Jerome
(b) City or town Jerome
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? ✓ city or town
(e) Died in a Home ✓ Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 1 years 6 months 29 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Jerome
(c) City or town Jerome
(d) Street Address or R. F. D. No. 1
(e) Deceased lived Inside? Outside? ✓ city or town
(f) Citizen of what country? US
(g) How long had deceased lived in Idaho? years
(h) Former residence (city, state) Same Idaho

3. (a) **FULL NAME** Ella Sue Hepworth

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3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Nov 28 1942

8. AGE	Years	Months	Days	If less than 1 day
	1	6	29	hrs min.

9. Exact Occupation Child — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace Wendell Idaho (City or town) (State or foreign country)

Father
12. Name Squire L Hepworth
13. Birthplace Springdale Utah (City or town) (State or foreign country)

Mother
14. Maiden name Lydia Ruesch
15. Birthplace Springdale Utah (City or town) (State or foreign country)

16. Informant's OWN Signature Squire Hepworth
and Address Jerome Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 29-44 (Month) (Day) (Year)
(c) Place: Jerome Idaho
18. Funeral Director's OWN Signature J R Wiley
and Address Jerome Idaho
19. (a) 8-1-44 (Date received and filed) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 27 1944
at 11:30 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from 19 to 19
I last saw h alive on 19 ; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death — Duration
Drowned 193
Due to Fall into Irrigation Ditch
Due to
Other conditions
(Include pregnancy within 3 months of death)
Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Yes Suicide? Homicide?
Occurred June 27 1944 City, county, state where violence occurred
Place of Violence: Home Farm Yes Industry
Public Place While at work?
Means of injury

23. Attendant's OWN Signature J R Wiley (Coroner) (M. D. or other)
and Address Jerome Idaho Date June 27 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JUN 12 1944

Certificate Of Death

STATE OF IDAHO

State File No. 13937
Local Reg. No. 142
Reg. Dist. No. 120

1. **PLACE OF DEATH:**
   (a) County Kootenai
   (b) City or town Coeurd'Alene
   (c) Street Address or R.F.D. No. 412 Lake Side
   (d) Death Occured Inside? X Outside? ---city or town
   (e) Died in a Home.... Hospital.... Institution.... Other place....
   (f) Name Hosp. or Inst. Lake City Gen. Stayed 12 days
   (g) Lived in this county 40 years --- months --- days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Kootenai
   (c) City or town Coeurd'Alene
   (d) Street Address or R.F.D. No. 414 W. Walnut
   (e) Deceased lived Inside? X Outside? -- city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 40 years
   (h) Former residence (city, state) Minn.

3. (a) **FULL NAME** (Frank) Arthur Franklin Steele

131a

3. (b) If veteran, name war no
3. (c) Social Security No. 519-14-5998
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Eunice V.
6. (c) Age of husband or wife if alive ------ years
7. Date of Birth (Month, Day, Year) 8/22/1877

8. AGE	Years	Months	Days	If less than 1 day hrs min.
	66	9	11	

9. Exact Occupation Law inforsement officer Did this work for 20 yrs.
10. Industry or Business ..... Date last worked 1942
11. Birthplace Litchfield (City or town) Minn. (State or foreign country)

Father
12. Name Alfred Steele
13. Birthplace Ironton (City or town) Ohio (State or foreign country)

Mother
14. Maiden name Mary E. Peerman
15. Birthplace Green Co. (City or town) Ohio (State or foreign country)

16. Informant's **OWN** Signature Leonard L. Steele
and Address Farragut Village 8A
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/7/1944 (Month) (Day) (Year)
(c) Place: Forest Cemetery, Coeurd'Alene
18. Funeral Director's **OWN** Signature A. B. Nelson
and Address 109-111 Lake Side, C.D.A.
19. (a) 6/8/44 (Date received and filed) (b) Frances M. Cobel (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 6/3 1944
at 2.30 o'clock P. M.

21. **I HEREBY CERTIFY,** That I attended deceased from May 2 1944 to June 3 1944
I last saw h[illegible] alive on June 2 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: 107 — Duration
Broncho-pneumonia — 4 Days
Due to Chronic myocardial degeneration 93d — 1 Yr
Due to Chronic enteritis — 5
Other conditions nephritis 131a
(Include pregnancy within 3 months of death)

Where was disease contracted?
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state
where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature Thos Allwood (M. D. or Other)
and Address Coeur d'Alene Ida. Date June 3 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

13458

United States
Department of Commerce
Bureau of the Census

JUL 12 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 13458
Local Reg. No. 161
Reg. Dist. No. 12

1. **PLACE OF DEATH:**
(a) County Kootenai
(b) City or town Coeur d'Alene
(c) Street Address or R. F. D. No. 412 Lakeside
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home ____ Hospital X Institution ____ Other place ____
(f) Name Hosp. or Inst. LCC Hosp Stayed 1 days
(g) Lived in this county ____ years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Kootenai
(c) City or town Rose Lake
(d) Street Address or R. F. D. No. ____
(e) Deceased lived Inside? ____ Outside? X city or town
(f) Citizen of what country? USA
(g) How long had deceased lived in Idaho? 21 years
(h) Former residence (city, state) none

3. (a) **FULL NAME** Baby Millard

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3. (b) If veteran, name war none
3. (c) Social Security No. None
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife ////////
6. (c) Age of husband or wife if alive //////// years
7. Date of Birth (Month, Day, Year) June 5. 1944

8. AGE	Years	Months	Days	If less than 1 day
	0	0	0	9 hrs ____ min.

9. Exact Occupation none Did this work for ____ yrs.
10. Industry or Business none Date last worked ____
11. Birthplace Rose Lake, Idaho (City or town) (State or foreign country)

Father
12. Name George Millard
13. Birthplace Grand Island Nebr. (City or town) (State or foreign country)

Mother
14. Maiden name Carol Marion Sanders
15. Birthplace Medimont, Idaho (City or town) (State or foreign country)

16. Informant's OWN Signature George C Millard
and Address Rose Lake, Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 6-7-44 (Month) (Day) (Year)
(c) Place: Forest Cem. Cd'A. Idaho
18. Funeral Director's OWN Signature Don English Jr
and Address Coeur d'Alene, Idaho
19. (a) 6-7-44 (Date received and filed) (Edward N. Edel (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 6-5-44 19____
at 12:30 o'clock P M.
21. I HEREBY CERTIFY, That I attended deceased from 6/3/44 19____, to 6/5/44 19____
I last saw ____ alive on ____ 19____; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Prematurity (7 months)	
Due to (Baby born at Rose Lake died on arrival at hospital	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature F. W. Hamm M.D.
and Address Coeur d'Alene (M. D. or other) Date 6/6 1944

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

13945

United States
Department of Commerce
Bureau of the Census JUL 12 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 13945
Local Reg. No. 152
Reg. Dist. No. 22

1. **PLACE OF DEATH:**
(a) County Kootenai
(b) City or town Coeur d'Alene, Idaho
(c) Street Address or R. F. D. No. 315 W. Carden
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home ____ Hospital X Institution ____ Other place ____
(f) Name Hosp. or Inst. Cd'A. Hosp Stayed 5 days
(g) Lived in this county 54 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Kootenai
(c) City or town Coeur d'Alene
(d) Street Address or R. F. D. No. 819 Cd'A. Ave.
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? USA
(g) How long had deceased lived in Idaho? 54 years
(h) Former residence (city, state) Dayton Wn.

3. (a) **FULL NAME** Perry L. Dittemore 13b

3. (b) If veteran, name war none
3. (c) Social Security No. 518-05-0947
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife ////
6. (c) Age of husband or wife if alive ////// years
7. Date of Birth (Month, Day, Year) June 16, 1879

8. AGE	Years	Months	Days	If less than 1 day
	64	11	20	hrs ____ min.

9. Exact Occupation truckdriver Did this work for 4 yrs.
10. Industry or Business State & County Date last worked 6-3-44
11. Birthplace Washingto Territory (City or town) (State or foreign country)

Father
12. Name Lewis T. Dittemore
13. Birthplace St. Joseph Mo. (City or town) (State or foreign country)

Mother
14. Maiden name Marilla E. Hall
15. Birthplace Peru Ill. (City or town) (State or foreign country)

16. Informant's **OWN** Signature C. L. Dittemore
and Address Coeur d'Alene, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-9-44 (Month) (Day) (Year)
(c) Place: Forest Cem. Cd'A. Idaho
18. Funeral Director's **OWN** Signature Don English
and Address Coeur d'Alene, Idaho
19. (a) June 8, 44 (Date received and filed) (b) Registrar's signature

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 6-6-44 19____
at 1:15 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from 1-11 19 43 to 6-6 19 44
I last saw him alive on 6-6-44 19____; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: pulmonary hemorrhage — Duration 4 min.
Due to pulmonary tuberculosis — 9 yrs.
Due to ____
Other conditions ____
(Include pregnancy within 3 months of death)
Where was disease contracted? Koot. County
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's **OWN** Signature Alexander Dunlap (M. D. or other)
and Address Coeur d'Alene Date 6-8 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JUL 12 1944

Certificate Of Death

STATE OF IDAHO

State File No. 139460
Local Reg. No. 154
Reg. Dist. No. 120

1. PLACE OF DEATH:
(a) County Kootenai
(b) City or town Coeurd'Alene
(c) Street Address or R.F.D. No. 412 Lake Side
(d) Death Occured Inside? X Outside? --- city or town
(e) Died in a Home Hospital Institution Other place
(f) Name Hosp. or Inst. Lake City Gen. Stayed 5 days
(g) Lived in this county 13 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Kootenai
(c) City or town Coeurd'Alene
(d) Street Address or R.F.D. No. 715 B St.
(e) Deceased lived Inside? X Outside? --- city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 13 years
(h) Former residence (city, state) Oppertuniy WN.

3. (a) FULL NAME William Roy Finch

58 d

3. (b) If veteran, name war no
3. (c) Social Security No. 519-07-7145
4. Sex M.
5. Color or race W.
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Ruth M.
6. (c) Age of husband or wife if alive 24 years
7. Date of Birth (Month, Day, Year) April-21-1916

8. AGE	Years	Months	Days	If less than 1 day hrs min.
	28	1	15	

9. Exact Occupation shoemaker Did this work for 6 yrs.
10. Industry or Business Date last worked 5/3/1944
11. Birthplace Oppertunity (City or town) Washington (State or foreign country)
Father
12. Name Ward A. Finch
13. Birthplace Scranton (City or town) Penn. (State or foreign country)
Mother
14. Maiden name Mary Kress
15. Birthplace Chilhowie (City or town) Virginia (State or foreign country)
16. Informant's OWN Signature Mrs. Wm Finch
and Address 715 B St. Coeur d'Alene, Ida
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 6/9/1944 (Month) (Day) (Year)
(c) Place: Forest, Coeurd'Alene Ida.
18. Funeral Director's OWN Signature C. Wendt
and Address 109-111 Lake Side, C.U.A.
19. (a) 6/8/44 (Date received and filed) (b) Frances M. Kohel (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) 6/6 1944
at 7-50 o'clock P. M.
21. I HEREBY CERTIFY, That I attended deceased from 6/1 1944, to 6/6 1944
I last saw him alive on 6/5 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Pan Cardetis 9502	4 wks.
Due to Inflammatory Rheumatism 58 e	6 wks.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature [signature] (M. D. or other)
and Address Coeur d'Alene Id. Date 6/7 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

JUL 12 1944

State File No. 13940
Local Reg. No. 168
Reg. Dist. No. 12-1

1. **PLACE OF DEATH:**
(a) County Kootenai
(b) City or town USNTC Farragut, Idaho
(c) Street Address or R. F. D. No. Farragut, Idaho
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home ____ Hospital X Institution ____ Other place ____
(f) Name Hosp. or Inst. NAVAL HOSPITAL FARRAGUT ____ Stayed 0 days
(g) Lived in this county 0 years 2 months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under Item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Kootenai
(c) City or town FARRAGUT, IDAHO
(d) Street Address or R. F. D. No. NAVAL HOSPITAL FARRAGUT, IDAHO
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? U.S.
(g) How long had deceased lived in Idaho? 2 Months ~~years~~
(h) Former residence (city, state) Havre, Montana

3. (a) **FULL NAME** SUSSEX, Lloyd Thomas. Comdr.(MC) V-(S), USNR. File 62256 94a

3. (b) If veteran, name war None
3. (c) Social Security No. not known
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Anne
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) Feb. 3, 1899

8. AGE	Years	Months	Days	If less than 1 day
	45	4	5	hrs ____ min. ____

9. Exact Occupation Commander, Medical Corps — Did this work for 3 Years yrs.
10. Industry or Business USN Reserve — Date last worked 6-8-44
11. Birthplace Hope, North Dakota (City or town) (State or foreign country)

Father
12. Name not known
13. Birthplace not known (City or town) (State or foreign country)

Mother
14. Maiden name not known
15. Birthplace not known (City or town) (State or foreign country)

16. Informant's OWN Signature R. V. Allen
and Address NAVAL HOSPITAL FARRAGUT, IDAHO R. V. Allen, Pharm, USN
17. (a) removal (Burial, cremation, or removal) (b) Date thereof 4-10-44 (Month) (Day) (Year)
(c) Place: Havre, Montana
18. Funeral Director's OWN Signature by Mooney Funeral Chapel
and Address Coeur d'Alene, Idaho
19. (a) 6/13/44 (Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 8 1944
at 10:35 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from June 8 1944, to June 8 1944
I last saw him alive on June 8 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
THROMBOSIS, Coronary Artery	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? USNTC Farragut PHYSICIAN
Name of operation none Date ____
Major finding ____
Finding of autopsy None

Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's OWN Signature Walter M. Whitaker Lt. Cdr. (MC) USNR (M. D. or other)
and Address NAVAL HOSPITAL FARRAGUT, IDAHO Date ____ 19____
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JUL 12 1944

Certificate Of Death

STATE OF IDAHO

State File No. 1394[illegible]
Local Reg. No. 160
Reg. Dist. No. 120

1. **PLACE OF DEATH:** Kootenai
   (a) County
   (b) City or town Coeurd'Alene
   (c) Street Address or R.F.D. No. 702-3d
   (d) Death Occured Inside? X Outside? - city or town
   (e) Died in a Home - ~~Hospital~~ X Institution - Other place
   (f) Name Hosp. or Inst. Home Hosp. Stayed 10 days
   (g) Lived in this county 9 years - months -- days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Kootenai
   (c) City or town Post Falls
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? X Outside? -- city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 9 years
   (h) Former residence (city, state) Columbus Neb.

3. (a) **FULL NAME** Wealth Ann Lentz

3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex F.
5. Color or race W.
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife J.R.
6. (c) Age of husband or wife if alive 67 years
7. Date of Birth (Month, Day, Year) April 29th 1879

8. AGE	Years	Months	Days	If less than 1 day
	65	1	9	hrs min.

9. Exact Occupation housewife Did this work for life yrs.
10. Industry or Business Date last worked 1940
11. Birthplace Biglo (City or town) Mo. (State or foreign country)

Father
12. Name Jim Howard
13. Birthplace do not know (City or town) Minn. (State or foreign country)

Mother
14. Maiden name Margaret Pettery
15. Birthplace do not know (City or town) Mo. (State or foreign country)

16. Informant's **OWN** Signature Mrs Jack Howard
and Address 623 Military Drive
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 6/12/1944 (Month) (Day) (Year)
(c) Place: Forest- Coeurd'Alene
18. Funeral Director's **OWN** Signature A. B. Nelson
and Address 109-111 Lake Side C.D.A.
19. (a) 6/8/44 (Date received and filed) (b) Frances M. Cobel (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 6/8 1944
at 5.25 o'clock A.M.
21. **I HEREBY CERTIFY,** That I attended deceased from 1936 19 to 6/8 1944
I last saw her alive on 6/1 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Brain hemorrhage	2 months
Due to (Cerebelar Hemorrhage	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted? home	
Name of operation None Date	
Major finding	
Finding of autopsy None	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature F. F. Hanning M.D. (M. D. or other)
and Address Coeur d'Alene Date 6/8 1944
(For additional space, use reverse side)

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13948

United States
Department of Commerce
Bureau of the Census

JUL 12 1944

Certificate Of Death

STATE OF IDAHO

State File No.
Local Reg. No. 172
Reg. Dist. No. 120

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
   (a) County Kootenai
   (b) City or town Coeurd Alene
   (c) Street Address or R.F.D. No. 412 Lake Side
   (d) Death Occured Inside? X Outside? ---city or town
   (e) Died in a Home---Hospital---Institution---Other place---
   (f) Name Hosp. or Inst. Lake City Gen. Stayed 23 days
   (g) Lived in this county 14 years - months - days

   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Kootenai
   (c) City or town Rathdrum
   (d) Street Address or R.F.D. No. -------
   (e) Deceased lived Inside? X Outside? --- city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 14 years
   (h) Former residence (city, state) Loma Linda Calif

3. (a) **FULL NAME** Anna E. Wilson

3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex F
5. Color or race W.
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive ---- years
7. Date of Birth (Month, Day, Year) April -19- 1877

8. AGE	Years	Months	Days	If less than 1 day
	67	1	22	hrs min.

9. Exact Occupation Nurse — Did this work for 38 yrs.
10. Industry or Business — Date last worked 4/15/44
11. Birthplace Millersburg Rice Co. Minn. (City or town) (State or foreign country)

Father
12. Name Able Leppert
13. Birthplace do not know Germany (City or town) (State or foreign country)

Mother
14. Maiden name Cathern Luekert
15. Birthplace do not know Germany (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mrs Martha Johnson
and Address 755- Sos. Way C D'a.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 6/15/1944 (Month) (Day) (Year)
(c) Place: Pine Grove Cem. Rathdrum

18. Funeral Director's **OWN** Signature A. B. Nelson
and Address Rathdrum Idaho.

19. (a) 6/14/44 (Date received and filed) (b) Frances M. Isbell (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 6/11 1944
at 11-48 o'clock P.M.

21. **I HEREBY CERTIFY**, That I attended deceased from 6/1 1944, to 6/11 1944
I last saw her alive on 6/10 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Carcinoma of Pancreas — Duration 1 month
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?
Name of operation ---- Date ----
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ---- Suicide? ---- Homicide? ----
Occurred ---- 19---- City, county, state where violence occurred
Place of Violence: Home---Farm---Industry---
Public Place---While at work?---
Means of injury

23. Attendant's **OWN** Signature O. M. Winstead (M. D. or other)
and Address Coeur d'Alene Ida. Date 6/12 1944
(For additional space, use reverse side)

United States
Department of Commerce
Bureau of the Census

JUL 12 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

139464
State File No.
Local Reg. No. 163
Reg. Dist. No. 12

1. **PLACE OF DEATH:**
(a) County Kootenai
(b) City or town Coeur D' Alene
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? in Outside? city or town
(e) Died in a Home Hospital Institution Other place
(f) Name Hosp. or Inst. Home Hosp Stayed 6mo days
(g) Lived in this county 23 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under Item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Kootenai
(c) City or town Coeur D' Alene
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? in Outside? city or town
(f) Citizen of what country? U. S.
(g) How long had deceased lived in Idaho? 23 years
(h) Former residence (city, state)

3. (a) **FULL NAME** George Mussleman

8 C

3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife ----
6. (c) Age of husband or wife if alive -- years
7. Date of Birth (Month, Day, Year) May 12, 1863

8. AGE	Years	Months	Days	If less than 1 day
	81	1	00	hrs min.

9. Exact Occupation Retired — Did this work for 1934 yrs.
10. Industry or Business Farmer — Date last worked
11. Birthplace Ken. (City or town) (State or foreign country)

Father
12. Name William Musselman
13. Birthplace Ken. (City or town) (State or foreign country)

Mother
14. Maiden name Not Known
15. Birthplace Kentucky (City or town) (State or foreign country)

16. Informant's OWN Signature Ola Musselman
and Address Tigard, Oregon

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/15/44 (Month) (Day) (Year)
(c) Place: Forest Cemetery

18. Funeral Director's OWN Signature Mooney Chapel
and Address Coeur D' Alene, Idaho

19. (a) 6/15/44 (Date received and filed) (b) Francis M. Colby (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 12, 1944
at 1:30 o'clock A M.

21. **I HEREBY CERTIFY,** That I attended deceased from 1936 19 -- to 6/12 1944
I last saw him alive on June 1 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Senility 162 D	
Due to	
Due to	
Other conditions Parkinsons Disease 8 yrs. (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's OWN Signature F. F. Horn M.D.
and Address Coeur d'Alene (M. D. or Coroner) Date 6/12 1944
(For additional space, use reverse side)

Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Information should be BLACK

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JUL 12 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 1394[illegible]
Local Reg. No. 164
Reg. Dist. No. 120

1. **PLACE OF DEATH:**
(a) County Kootenai
(b) City or town
(c) Street Address or R. F. D. No. Victory Camp
(d) Death Occurred Inside? xx Outside? " city or town
(e) Died in a Home Hospital Institution Other place
(f) Name Hosp. or Inst. Home Stayed days
(g) Lived in this county years 3 months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Wash. (b) County
(c) City or town Wapato
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? in Outside? city or town
(f) Citizen of what country? U. S.
(g) How long had deceased lived in Idaho? 3 mo years
(h) Former residence (city, state) Wash.

3. (a) FULL NAME BESSIE IDA ~~XX~~ OLNEY

93d

3. (b) If veteran, name war ---
3. (c) Social Security No. 534-18-4611
4. Sex Female 5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Grover
6. (c) Age of husband or wife if alive 49 years
7. Date of Birth (Month, Day, Year) Oct. 30, 1894

8. AGE	Years	Months	Days	If less than 1 day
	49	7	18	hrs min.

9. Exact Occupation Waitress Did this work for 6 yrs.
10. Industry or Business Date last worked 4/4/44
11. Birthplace Mo. (City or town) (State or foreign country)
Father
12. Name -- Adams
13. Birthplace Virginia (City or town) (State or foreign country)
Mother
14. Maiden name Alice Simpson
15. Birthplace Virg. (City or town) (State or foreign country)
16. Informant's OWN Signature Grover C. Olney
and Address B.O. Galley. Farragut Ida
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 4/20/44 (Month) (Day) (Year)
(c) Place: Wapato. Wash.
18. Funeral Director's OWN Signature R. B. Mooney Mooney Chapel
and Address Coeur D'Alene, Idaho
19. (a) 6/20/44 (Date received and filed) (b) Frank M. Ohel (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 18, 1944 19
at 7:30m o'clock A. M. did not
21. **I HEREBY CERTIFY,** That I attended deceased from 6-18 1944 to 6-18 1944
I last saw her alive on 6-18 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Chronic myocarditis 93d	15 yrs
Acute decompensation	
Due to of heart 95	6-17-44
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy None	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature Hamilton H. Greenwood (M. D. or other)
and Address Coeur d'Alene, Ida Date 6-19 1944
(For additional space, use reverse side)

United States
Department of Commerce JUL 12 1944
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 13940
Local Reg. No. 155
Reg. Dist. No. 121

1. **PLACE OF DEATH:**
(a) County Kootenai
(b) City or town USNTC FARRAGUT
(c) Street Address or R. F. D. No. Farragut
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home ____ Hospital X Institution ____ Other place ____
(f) Name Hosp. or Inst. NAVAL HOSPITAL FARRAGUT, IDAHO Stayed 4 days
(g) Lived in this county 0 years 1 months 21 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State IDAHO (b) County Kootenai
(c) City or town USNTC Farragut, Idaho
(d) Street Address or R. F. D. No. Farragut
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? U.S.
(g) How long had deceased lived in Idaho? 1 Month 21 days
(h) Former residence (city, state) Jenkins, Mo.

3. (a) FULL NAME GRIFFIN, Eugene Stephen. AS,V6,SV, USNR. 957-12-92 108

3. (b) If veteran, name war none
3. (c) Social Security No. not known
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife ———
6. (c) Age of husband or wife if alive ——— years
7. Date of Birth (Month, Day, Year) 1-26-1923

8. AGE	Years	Months	Days	If less than 1 day
	21	4	~~25~~ 25	hrs ____ min.

9. Exact Occupation Apprentice Seaman — Did this work for 1½ Months yrs.
10. Industry or Business U.S.NAVY.Reserve — Date last worked 1944
11. Birthplace Crane, Missouri (City or town) (State or foreign country)

Father
12. Name Harry Griffin
13. Birthplace not known (City or town) (State or foreign country)

Mother
14. Maiden name Edna L. ———
15. Birthplace not known (City or town) (State or foreign country)

16. Informant's OWN Signature R.V. Allen. Pharm. USN
and Address NAVAL HOSPITAL FARRAGUT, IDAHO

17. (a) removal (Burial, cremation, or removal) (b) Date thereof 6-23-44 (Month) (Day) (Year)
(c) Place: AURORA, MISSOURI

18. Funeral Director's OWN Signature by Mooney Funeral Chapel
and Address Coeur d'Alene, Idaho

19. (a) 6-26-44 (Date received and filed) (b) Frances M. Abel (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 21 June 1944
at 8:15 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from 6-18-44, 19__, to 6-21-44, 19__
I last saw him alive on 6-21 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
PNEUMONIA, LOBAR 108	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? USNTC FARRAGUT
Name of operation none Date ——
Major finding ———
Finding of autopsy Same as cause of death.

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's OWN Signature J. T. Williams (M. D. or other)
and Address NAVAL HOSPITAL FARRAGUT, IDAHO Date 6-22 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JUL 12 1944

Certificate Of Death

STATE OF IDAHO

State File No. 13467
Local Reg. No. 153
Reg. Dist. No. 120

1. **PLACE OF DEATH:**
   (a) County Kootenai
   (b) City or town Coeur d'Alene 702-3d
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? X Outside? -- city or town
   (e) Died in a Home -- Hospital -- Institution -- Other place --
   (f) Name Hosp. or Inst. Home Hosp. Stayed -- days
   (g) Lived in this county 6 years -- months -- days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Kootenai
   (c) City or town Coeur d'Alene
   (d) Street Address or R.F.D. No. Marine Route
   (e) Deceased lived Inside? -- Outside? X city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 6 years
   (h) Former residence (city, state) Ill.

3. (a) **FULL NAME** RALPH ELLENWOOD 93 2

3. (b) If veteran, name war NO
3. (c) Social Security No. NONE
4. Sex M. 5. Color or race W.
6. (a) Single, widowed, married, divorced SINGLE
6. (b) Name of husband or wife ---
6. (c) Age of husband or wife if alive ---- years
7. Date of Birth (Month, Day, Year) SEPT. 8th 1874

8. AGE	Years	Months	Days	If less than 1 day
	69	9	18	hrs min.

9. Exact Occupation FARMER Did this work for LIFE yrs.
10. Industry or Business Date last worked 1942
11. Birthplace (City or town) ILL. (State or foreign country)
Father
12. Name JERAMIAH ELLENWOOD
13. Birthplace (City or town) ILL. (State or foreign country)
Mother
14. Maiden name INDIANA COLE
15. Birthplace (City or town) ILL. (State or foreign country)
16. Informant's **OWN** Signature Mrs Laura Goodell
and Address C.D.A. Idaho
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 6/29/1944 (Month) (Day) (Year)
(c) Place: FOREST -- COEUR D'ALENE
18. Funeral Director's **OWN** Signature A. B. Nelson
and Address 109-111, LAKE SIDE* C.D.A.
19. (a) 6-29-44 (Date received and filed) (b) Frances M. Fehl (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 6/26 1944
at 9-45 o'clock A. M.

21. **I HEREBY CERTIFY**, That I attended deceased from 1942 19 -- to 6/26 1944
I last saw him alive on 6/25 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Chr. Myocarditis Arteriosclerosis	2 yrs.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? Home
Name of operation None Date
Major finding
Finding of autopsy None

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state
where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature F. F. Tenney M.D. (M. D. or other)
and Address Coeur d'Alene Date 6/27 1944
(For additional space, use reverse side)

Newcombe

13943

United States
Department of Commerce
Bureau of the Census

JUL 12 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 169
Reg. Dist. No. 128

1. **PLACE OF DEATH:**
(a) County Kootenai
(b) City or town Coeur D' Alene
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? in Outside? city or town
(e) Died in a ~~Home~~ Hospital ~~Institution~~ Other place
(f) Name Hosp. or Inst. Lake City Stayed 1 days
(g) Lived in this county Gen years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Kootenai
(c) City or town Coeur D' Alene,
(d) Street Address or R. F. D. No. Route 3
(e) Deceased lived Inside? Outside? out city or town
(f) Citizen of what country? U. S.
(g) How long had deceased lived in Idaho? 1 da years
(h) Former residence (city, state)

3. (a) **FULL NAME** Infant Taini

161a

3. (b) If veteran, name war --
3. (c) Social Security No. --
4. Sex M race W
5. Color or
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife ---
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) June 26, 1944

8. AGE	Years	Months	Days	If less than 1 day
	0	0	1	hrs min.

9. Exact Occupation --- None Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Coeur D' Alene (City or town) Idaho (State or foreign country)

Father
12. Name Allen H Taini
13. Birthplace Seattle (City or town) Wash. (State or foreign country)

Mother
14. Maiden name Evelyn Stewart
15. Birthplace Renton, (City or town) Wash. (State or foreign country)

16. Informant's **OWN** Signature Allan H Taini
and Address Rt 3 Coeur d'alene Ida.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 6-29-44 (Month) (Day) (Year)
(c) Place: Spokane, Wash.
18. Funeral Director's **OWN** Signature Mooney Chapel
and Address
19. (a) 6-28-44 (Date received and filed) (b) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 27, 1944 19
at 5:00 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 6-26 19 44, to 6-27 19 44
I last saw him alive on 6-27 19 44; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Respiratory Failure — Duration
159
Due to Prematurity (8 mos. 3½ lbs.)
Due to
Other conditions Fibro Atelectasis — 1d.
(Include pregnancy within 3 months of death)

Where was disease contracted? —
Name of operation — Date
Major finding —
Finding of autopsy —

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature H L Newcombe (M. D. or other)
and Address Coeur d'Alene Date 6-28 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JUL 12 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 13943
Local Reg. No. 157
Reg. Dist. No. 12

1. PLACE OF DEATH:
(a) County Kootenai
(b) City or town USNTC Farragut
(c) Street Address or R. F. D. No. Farragut
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home X Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. XXXXXXXXX Stayed X days
(g) Lived in this county 1 years 8 months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Kootenai
(c) City or town Farragut
(d) Street Address or R. F. D. No. Farragut
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? U.S.
(g) How long had deceased lived in Idaho? 12 years
(h) Former residence (city, state) Los Angeles, Calif

3. (a) FULL NAME HILL, James Lovett. ChY (PA) F-1 USNR 375-15-12

94a

3. (b) If veteran, name war World I
3. (c) Social Security No. none
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Anne F
6. (c) Age of husband or wife if alive not given years
7. Date of Birth (Month, Day, Year) 16 July 1897

8. AGE	Years	Months	Days	If less than 1 day
	46	11	11	hrs ____ min.

9. Exact Occupation Chief Yeoman — Did this work for 21 yrs.
10. Industry or Business U.S. Navy. Reserve — Date last worked 1944
11. Birthplace Sturgis, Kentucky (City or town) (State or foreign country)

Father
12. Name Leaban L. Hill
13. Birthplace Kentucky (City or town) (State or foreign country)

Mother
14. Maiden name Margaret Bradburn
15. Birthplace Tenn. (City or town) (State or foreign country)

16. Informant's OWN Signature L. E. Miller, Pharm USN
and Address USNTC. Farragut, Idaho
17. (a) removal (Burial, cremation, or removal) (b) Date thereof 6-30-44 (Month) (Day) (Year)
(c) Place: San Diego, California
18. Funeral Director's OWN Signature by Mooney Funeral Chapel
and Address Coeur d'Alene, Idaho
19. (a) 6/30/44 (Date received and filed) (b) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) 27 June 1944
at 6:30 o'clock P. M.
21. I HEREBY CERTIFY, That I attended deceased from 27 June 1944, to 27 June 1944
I last saw him alive on 6-27 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
THROMBOSIS, Coronary Artery	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? not known
Name of operation none Date 0
Major finding ____
Finding of autopsy same as cause of death

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's OWN Signature W. P. MULL, Captain USN (M. D. or other)
and Address USNTC FARRAGUT, IDAHO Date 6-28 1944

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JUL 12 1944

Certificate Of Death

STATE OF IDAHO

State File No. 139470
Local Reg. No. 165
Reg. Dist. No. 12-D

1. PLACE OF DEATH:
(a) County Kootenai
(b) City or town Coeurd Alene
(c) Street Address or R.F.D. No. 737 Militery
(d) Death Occured Inside? X Outside? -- city or town
(e) Died at Home X Hospital -- Institution -- Other place --
(f) Name Hosp. or Inst. ---- Stayed ---- days
(g) Lived in this county 26 years -- months -- days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Kootenai
(c) City or town Coeurd Alene
D.R.
(d) Street Address or R.F.D. No. 737- Militery
(e) Deceased lived Inside? X Outside? -- city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 35 years
(h) Former residence (city, state) Chicago, ILL.

3. (a) FULL NAME OLE OLSON

938

3. (b) If veteran, name war NO
3. (c) Social Security No. NONE
4. Sex M. 5. Color or race W.
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife KAROLINA
6. (c) Age of husband or wife if alive 64 years
7. Date of Birth (Month, Day, Year) MAY 12th 1866

8. AGE	Years	Months	Days	If less than 1 day
	78	1	16	hrs min.

9. Exact Occupation MILLWORKER Did this work for 38 yrs.
10. Industry or Business Date last worked 1936
11. Birthplace VERMLAND (City or town) SWEDEN (State or foreign country)

Father
12. Name OLE PERSON
13. Birthplace LYSVIK (City or town) SWEDEN (State or foreign country)

Mother
14. Maiden name GERTRUDE JOHNSON
15. Birthplace LYSVIK (City or town) SWEDEN (State or foreign country)

16. Informant's **OWN** Signature Karolina Olson
and Address 737 - MILITERY D.R.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 7/1/44 (Month) (Day) (Year)
(c) Place: FOREST, COEURD ALENE
18. Funeral Director's **OWN** Signature A. B. Nelson
and Address 109-111 LAKE SIDE, COEUR D'ALENE, IDA.
19. (a) 6/30/44 (Date received and filed) (b) Frances M. Thiel (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 6/28 19 44
at 4:30 o'clock A. M.
21. **I HEREBY CERTIFY**, That I attended deceased from 5-9 1944, to 6-28 1944
I last saw h in alive on 6-28 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
a. Arteriosclerosis, Myocarditis & Hypocardial degeneration	4 yrs.
Due to 934	
Due to	
Other conditions Coronary Thrombosis (Include pregnancy within 3 months of death)	2 days

Where was disease contracted? —
Name of operation — Date
Major finding —
Finding of autopsy —

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? — Suicide? — Homicide? —
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature H. C. Lemmon M.D. (M.D. or other)
and Address Coeur d'Alene Date 6-30 1944.
(For additional space, use reverse side)

13947

United States
Department of Commerce
Bureau of the Census

JUL 12 1944

Certificate Of Death

STATE OF IDAHO

State File No.
Local Reg. No. 170
Reg. Dist. No. 120

1. **PLACE OF DEATH:**
   (a) County KOOTENAI
   (b) City or town COEURD ALENE
   (c) Street Address or R.F.D. No. ---
   (d) Death Occured Inside? --- Outside? X city or town
   (e) Died in a Home -- Hospital -- Institution -- Other place --
   (f) Name Hosp. or Inst. ---- Stayed -- days
   (g) Lived in this county -- years -- months -- days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State WASH. (b) County ---
   (c) City or town PASCO
   (d) Street Address or R.F.D. No. ---
   (e) Deceased lived Inside? X Outside? - city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? NOT KNOWN years
   (h) Former residence (city, state)

3. (a) **FULL NAME** CLIFFORD OWEN TOPP

1200

3. (b) If veteran, name war NOT KNOWN
3. (c) Social Security No. 563-22-7274
4. Sex M. race W.
5. Color or
6. (a) Single, widowed, married, divorced DIVORCED
6. (b) Name of husband or wife DO NOT KNOW
6. (c) Age of husband or wife if alive ******* years
7. Date of Birth (Month, Day, Year) JUNE 17th 1891

8. AGE	Years	Months	Days	If less than 1 day
	53	0	11	hrs min.

9. Exact Occupation CEMENT LABOR Did this work for --- yrs.
10. Industry or Business Date last worked 6/--/44
11. Birthplace TUPELO (City or town) MISSISSIPPI (State or foreign country)

Father
12. Name WILLIAM HENRY TOPP
13. Birthplace DO NOT KNOW (City or town) (State or foreign country)

Mother
14. Maiden name IRENE THOMAS
15. Birthplace DO NOT KNOW (City or town) (State or foreign country)

16. Informant's OWN Signature Alfred Bernard Nelson
and Address COEURD ALENE IDAHO

17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof 7/3/1944 (Month) (Day) (Year)
(c) Place: TUPELO MISSISSIPPI

18. Funeral Director's OWN Signature A. B. Nelson
and Address 109- 111 LAKE SIDE. C.D.A.

19. (a) 7/3/44 (Date received and filed) (b) Frances M. Edel (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 6/28 1944
at 3 o'clock PM.

21. **I HEREBY CERTIFY**, That I attended deceased from June 26 1944, to June 28 1944
I last saw him alive on June 28 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Fractured rt pelvis — Duration
Due to Rupt rt pubis
Due to Rupture of bladder
Other conditions Rupture of left common iliac vein 6-28-44
(Include pregnancy within 3 months of death)

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? yes Suicide? Homicide?
Occurred 19 City, county, state where violence occurred County
Place of Violence: Home Farm Industry
Public Place yes While at work?
Means of injury Run over by car

23. Attendant's OWN Signature William H. Edmunds M.D.
(M. D. or other) Coroner
and Address Coeur d'Alene Ida. Date 6-29 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce JUL 13 1944
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 13947
Local Reg. No. 1066
Reg. Dist. No. 200

1. **PLACE OF DEATH:**
   (a) County Latah
   (b) City or town Moscow
   (c) Street Address or R. F. D. No. 403 No. Wash.
   (d) Death Occurred Inside? X Outside? ____ city or town
   (e) Died in a Home X Hospital ____ Institution ____ Other place ____
   (f) Name Hosp. or Inst. ____ Stayed ____ days
   (g) Lived in this county 61 years ____ months ____ days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Latah
   (c) City or town Moscow
   (d) Street Address or R. F. D. No. 403 N. Wash.
   (e) Deceased lived Inside? X Outside? ____ city or town
   (f) Citizen of what country? USA
   (g) How long had deceased lived in Idaho? 61 years
   (h) Former residence (city, state) ____

3. (a) **FULL NAME** JULIA SMITH

3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Ditler
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) May 31, 1858

8. AGE	Years	Months	Days	If less than 1 day
	86	0	10	hrs ____ min.

9. Exact Occupation Housekeeper — Did this work for life yrs.
10. Industry or Business Housekeeper — Date last worked
11. Birthplace Madison, Wis. (City or town) (State or foreign country)

Father
12. Name James Thompson
13. Birthplace Norway (City or town) (State or foreign country)

Mother
14. Maiden name Helen Larson
15. Birthplace Norway (City or town) (State or foreign country)

16. Informant's OWN Signature Theodora C. Smith
and Address Moscow Ida.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 6-14-44 (Month) (Day) (Year)
(c) Place: Genesee Valley, Ida.

18. Funeral Director's OWN Signature H. B. Short
and Address Moscow, Idaho

19. (a) 6/15/44 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 11, 1944
at 7:30 o'clock A.M.

21. **I HEREBY CERTIFY**, That I attended deceased from 4-5-44 to 6-11-44
I last saw her alive on 6-10 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cardiac failure	
Due to Hypertension	
Due to Cardio Vascular renal disease	Hyper
Other conditions (Include pregnancy within 3 months of death) Senility 1626	

Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's OWN Signature Joseph R. Sullivan M.D.
and Address Moscow, Ida. (M. D. or other) Date 6-16 1944

(For additional space, use reverse side)

Klaaren

United States
Department of Commerce
Bureau of the Census JUL 13 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 13943
Local Reg. No. 1067
Reg. Dist. No. 20

1. **PLACE OF DEATH:**
(a) County Latah
(b) City or town Moscow
(c) Street Address or R. F. D. No. 710 So. Kain
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home ____ Hospital X Institution ____ Other place ____
(f) Name Hosp. or Inst. Gritman Stayed 1 days
(g) Lived in this county ____ years 7 months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Latah
(c) City or town Viola
(d) Street Address or R. F. D. No. ____
(e) Deceased lived Inside? ____ Outside? X city or town
(f) Citizen of what country? USA
(g) How long had deceased lived in Idaho? 7mo. years
(h) Former residence (city, state) S. Dak.

3. (a) **FULL NAME** BURTON DALE KAIN

122 b

3. (b) If veteran, name war NONE
3. (c) Social Security No. none
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife ____
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) October 7, 1937

8. AGE	Years	Months	Days	If less than 1 day
	6	8	5	hrs ____ min.

9. Exact Occupation none — Did this work for ____ yrs.
10. Industry or Business none — Date last worked ____
11. Birthplace Moon (City or town) So. Dakota (State or foreign country)
Father
12. Name Rudolph Kain
13. Birthplace Rock Island, Ill. (City or town) (State or foreign country)
Mother
14. Maiden name Mary Patterson
15. Birthplace Bristel, South Dakota (City or town) (State or foreign country)
16. Informant's **OWN** Signature Rudolph Kain.
and Address Viola, Ida.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-13-44 (Month) (Day) (Year)
(c) Place: Moscow Idaho
18. Funeral Director's **OWN** Signature W. R. Short
and Address Moscow, Idaho
19. (a) 7/5/44 (Date received and filed) (b) C. J. Klaaren (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 12 19 44
at 3:40 o'clock A M.

21. **I HEREBY CERTIFY,** That I attended deceased from June 11 19 44, to June 12 19 44
I last saw him alive on June 12 19 44; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Generalized peritonitis 122	1 wk
Due to Strangulation fo small bowel, probably caused by adhesion	
Due to from former operation, one	year
Other conditions before, appendectomy. (Include pregnancy within 3 months of death) None	

Where was disease contracted? Idaho
Name of operation None Date ____
Major finding ____
Finding of autopsy Strangulation of small bowel, peritonitis.

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19 ____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's **OWN** Signature C. J. Klaaren (M. D. or other)
and Address Moscow, Idaho Date 7/5/44 19 ____
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1/39474

United States
Department of Commerce
Bureau of the Census JUL 13 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 1068
Reg. Dist. No. 202

1. **PLACE OF DEATH:**
(a) County Latah
(b) City or town Moscow
(c) Street Address or R. F. D. No. 710 S. Main
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home ____ Hospital X Institution ____ Other place ____
(f) Name Hosp. or Inst. Gritman Stayed 11 days
(g) Lived in this county ____ years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Latah
(c) City or town Bovill
(d) Street Address or R. F. D. No. none
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? USA
(g) How long had deceased lived in Idaho? unknown years
(h) Former residence (city, state) ____

3. (a) **FULL NAME** James Thompson

83a

3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced unknown
6. (b) Name of husband or wife none
6. (c) Age of husband or wife if alive none years
7. Date of Birth (Month, Day, Year) unknown

8. AGE	Years	Months	Days	If less than 1 day hrs min.
	80			

9. Exact Occupation pensioner Did this work for ____ yrs.
10. Industry or Business none Date last worked ____
11. Birthplace unknown (City or town) (State or foreign country)
Father
12. Name unknown
13. Birthplace unknown (City or town) (State or foreign country)
Mother
14. Maiden name unknown
15. Birthplace unknown (City or town) (State or foreign country)
16. Informant's **OWN** Signature Hospital records and Address H. R. Short
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-18-44 (Month) (Day) (Year)
(c) Place: Moscow Idaho
18. Funeral Director's **OWN** Signature H. R. Short and Address Moscow, Idaho
19. (a) 7/5/44 (Date received and filed) (b) L. J. Klaarn (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 13 1944 at 9:30 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from June 2 1944, to June 13 1944
I last saw him alive on 6/13/44 19____; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebral hemorrhage	12 dys
Due to Generalized arteriosclerosis and senility	
Due to ____	
Other conditions None (Include pregnancy within 3 months of death)	

Where was disease contracted? Idaho
Name of operation None Date ____
Major finding ____
Finding of autopsy None

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's **OWN** Signature L. J. Klaarn
and Address Moscow, Idaho (M. D. or other) Date 7/5/44 19____
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Ida 139475

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

JUL 13 1944

State File No. ____
Local Reg. No. 1069
Reg. Dist. No. 200

1. **PLACE OF DEATH:**
(a) County Latah
(b) City or town Moscow
(c) Street Address or R. F. D. No. #3
(d) Death Occurred Inside? ____ Outside? X city or town
(e) Died in a Home ____ Hospital ____ Institution X Other place ____
(f) Name Hosp. or Ins. Lat. Cn. Hosp. Stayed 26 days
(g) Lived in this county 30 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Latah
(c) City or town Juliaetta - Genesee
(d) Street Address or R. F. D. No. ____
(e) Deceased lived Inside? ____ Outside? X city or town
(f) Citizen of what country? ____
(g) How long had deceased lived in Idaho? 30 years
(h) Former residence (city, state) ____

3. (a) **FULL NAME** Manford Nutt 83a

3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced divorced
6. (b) Name of husband or wife ____
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) Not known

8. AGE	Years	Months	Days	If less than 1 day
	71			hrs min.

9. Exact Occupation none Did this work for ____ yrs.
10. Industry or Business ____ Date last worked ____
11. Birthplace unknown (City or town) (State or foreign country)
Father
12. Name unknown
13. Birthplace unknown (City or town) (State or foreign country)
Mother
14. Maiden name unknown
15. Birthplace unknown (City or town) (State or foreign country)
16. Informant's **OWN** Signature H. R. Short and Address Moscow, Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 6-18-44 (Month) (Day) (Year)
(c) Place: Genesee Cemetery
18. Funeral Director's **OWN** Signature H. R. Short and Address Moscow, Idaho
19. (a) 7/5/44 (Date received and filed) (b) C. J. Klaarn (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 15, 1944 at 10:30 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from 6/8/44, 19__, to 6/15/44, 19__
I last saw h[illegible] alive on 6/14/44, 19__; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cerebral hemorrhage 83a1 — Duration 10 dys.
Due to 97 Cerebral arteriosclerosis and hypertension 102
Due to ____
Other conditions None
(Include pregnancy within 3 months of death)
Where was disease contracted? Idaho
Name of operation None Date ____
Major finding ____
Finding of autopsy None

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's **OWN** Signature C. J. Klaarn (M. D. or other)
and Address Moscow, Idaho Date 7/5/44 19__
(For additional space, use reverse side)

Armstrong

189476

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

JUL 13 1944

State File No. 189476
Local Reg. No. 1070
Reg. Dist. No. 200

1. **PLACE OF DEATH:**
(a) County Latah
(b) City or town Moscow
(c) Street Address or R. F. D. No. 819 Mabelle Ave.
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home X Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 37 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Latah
(c) City or town Moscow
(d) Street Address or R. F. D. No. 819 Mabelle Av.
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 37 years
(h) Former residence (city, state) ____

3. (a) **FULL NAME** CORA A. OTT

4/65

3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife John Ott
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) April 27, 1865

8. AGE	Years	Months	Days	If less than 1 day
	79	1	19	hrs ____ min.

9. Exact Occupation housekeeper — Did this work for life yrs.
10. Industry or Business none — Date last worked ____
11. Birthplace [illegible] Michigan (City or town) (State or foreign country)

Father
12. Name Enos White
13. Birthplace unknown (City or town) (State or foreign country)

Mother
14. Maiden name unknown
15. Birthplace unknown (City or town) (State or foreign country)

16. Informant's **OWN** Signature C. M. Ott
and Address 836 Orchard Ave
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 6-19-44 (Month) (Day) (Year)
(c) Place: moscow / Idaho
18. Funeral Director's **OWN** Signature R. R. Short
and Address Moscow, Idaho
19. (a) 7/5/44 (Date received and filed) (b) L. A. Klaarn (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 16 1944
at 6:00 o'clock AM.

21. **I HEREBY CERTIFY,** That I attended deceased from June 3 1944, to June 16 1944
I last saw her alive on June 14 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
(a) Cerebral Thrombosis	12 days
Due to (b) Carcinoma of Stomach	4 wks
Due to (c)	
Other conditions Senility (Include pregnancy within 3 months of death)	

Where was disease contracted? Home.
Name of operation None Date ____
Major finding ____
Finding of autopsy None made.

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? No Suicide? No Homicide? No
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's **OWN** Signature C. Armstrong (M. D. or other)
and Address Moscow Ida Date 7/20 1944

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JUL 10 [illegible]

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 139477
Local Reg. No.
Reg. Dist. No. 202

1. **PLACE OF DEATH:**
   (a) County Latah
   (b) City or town Juliaetta
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? In Outside? city or town
   (e) Died in a Home # Hospital Institution Other place
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Nez Perce
   (c) City or town Lewiston
   (d) Street Address or R. F. D. No. 2
   (e) Deceased lived Inside? Outside? Out city or town
   (f) Citizen of what country?
   (g) How long had deceased lived in Idaho? 20 years
   (h) Former residence (city, state)

3. (a) FULL NAME **Marion S. Gruell** 54a

3. (b) If veteran, name war None
3. (c) Social Security No. 518-01-1990
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Edna
6. (c) Age of husband or wife if alive 39 years
7. Date of Birth (Month, Day, Year) June 12th, 1900

8. AGE	Years	Months	Days	If less than 1 day
	44	-0-	5	hrs min.

9. Exact Occupation Auto Mechanic — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace Peola (City or town) Washington (State or foreign country)

Father
12. Name Samuel Gruell
13. Birthplace Illinois (City or town) (State or foreign country)

Mother
14. Maiden name Lela Belle Thompson
15. Birthplace Rushville (City or town) Indiana (State or foreign country)

16. Informant's OWN Signature Mrs. M.S. Gruell
and Address Lewiston, Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 6/17/1944 (Month) (Day) (Year)
(c) Place: Lewiston, Idaho
18. Funeral Director's OWN Signature Brower-Wann Co. By A.B. Wann
and Address Lewiston, Idaho
19. (a) July 8, 1944 (Date received and filed) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 17th, 1944 19
at 8:40 o'clock P. M.

21. **I HEREBY CERTIFY,** That I attended deceased from June 17 1944 to June 17 1944
I last saw him alive on June 17 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Brain tumor (glioma) 56d — Duration 4 mo.
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Where was disease contracted?
Name of operation exploratory Date May 1944
Major finding inoperable tumor
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's OWN Signature Dr. Christensen M.D. (M. D. or other)
and Address Kendrick Date July 8 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

139478

United States
Department of Commerce
Bureau of the Census

JUL 13 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 1071
Reg. Dist. No. 200

1. **PLACE OF DEATH:**
(a) County Latah
(b) City or town Harvard (rural)
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? X city or town
(e) Died in a Home Hospital Institution Other place X
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Latah
(c) City or town Elk River
(d) Street Address or R. F. D. No. none
(e) Deceased lived Inside? Outside? X city or town
(f) Citizen of what country? ~~Sweden~~ U. S. A.
(g) How long had deceased lived in Idaho? unknown years
(h) Former residence (city, state)

3. (a) FULL NAME GUST ADOLPH PETERSON 170C

3. (b) If veteran, name war unknown
3. (c) Social Security No. 519-09-4703
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife none
6. (c) Age of husband or wife if alive none years
7. Date of Birth (Month, Day, Year) February 6, 1889

8. AGE	Years	Months	Days	If less than 1 day
	55	4	15	hrs min.

9. Exact Occupation Logger Did this work for yrs.
10. Industry or Business Lumber Date last worked 6-21-44
11. Birthplace Omol (City or town) Sweden (State or foreign country)
Father
12. Name Gust Peterson
13. Birthplace (City or town) unknown (State or foreign country)
Mother
14. Maiden name Christina Sahlin
15. Birthplace (City or town) unknown (State or foreign country)
16. Informant's OWN Signature Naturalization Paper
and Address H. R. Short
17. (a) burial (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: Moscow, Idaho
18. Funeral Director's OWN Signature H. R. Short
and Address Moscow, Idaho
19. (a) 7/5/44 (Date received and filed) (b) C. J. Klaarn (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 21, 1944
at 10:30 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from 19, to 19
I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Acute Alcholism	
aggravated by fall from	
Due to truck.	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? X Suicide? Homicide?
Occurred June 21 1944 City, county, state where violence occurred Latah county
Place of Violence: Home Farm Industry
Public Place X While at work?
Means of injury
23. Attendant's OWN Signature H. R. Short (M. D. or other) Coroner
and Address Moscow Ida. Date 6/24 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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United States
Department of Commerce
Bureau of the Census

JUL 13 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 139479
Local Reg. No. 1072
Reg. Dist. No. 200

1. **PLACE OF DEATH:**
(a) County Latah
(b) City or town Moscow
(c) Street Address or R. F. D. No. 710 S. Main
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home __ Hospital X Institution __ Other place __
(f) Name Hosp. or Inst. Gritman Stayed ____ days
(g) Lived in this county ____ years ____ months 1 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Latah
(c) City or town Moscoe
(d) Street Address or R. F. D. No. 324 N. Asbury
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? USA
(g) How long had deceased lived in Idaho? 1 day years
(h) Former residence (city, state) ____

3. (a) FULL NAME BABY PURNELL

3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife none
6. (c) Age of husband or wife if alive none years
7. Date of Birth (Month, Day, Year) June 21, 1944

8. AGE	Years	Months	Days	If less than 1 day
			1	hrs min.

9. Exact Occupation none Did this work for ____ yrs.
10. Industry or Business none Date last worked ____
11. Birthplace moscow (City or town) Idaho (State or foreign country)
Father
12. Name W. L. Purcell
13. Birthplace Galata Mont. (City or town) (State or foreign country)
Mother
14. Maiden name Arnona Flanigan
15. Birthplace Melstone, Mont. (City or town) (State or foreign country)
16. Informant's OWN Signature W. L. Purnell
and Address 324 N. Asbury
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 6-23-44 (Month) (Day) (Year)
(c) Place: Moscow, Idaho
18. Funeral Director's OWN Signature H. R. Short
and Address Moscow, Idaho
19. (a) 7/5/44 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 22, 1944
at 10:30 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from June 22 1944, to June 22 1944
I last saw her alive on June 22 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Congenital Defect anencephaly	1 day
Due to ?	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted? ?	
Name of operation 0 Date	
Major finding	
Finding of autopsy	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? 0 Suicide? 0 Homicide? 0
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature Edward H Dunn MD (M. D. or other)
and Address Moscow, Idaho Date 7-6 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

JUL 13 1944

State File No. 13948
Local Reg. No. 1076
Reg. Dist. No. 201

1. **PLACE OF DEATH:**
(a) County Latah
(b) City or town Moscow
(c) Street Address or R. F. D. No. 1218 S. Lynn
(d) Death Occurred Inside? x Outside? ____ city or town
(e) Died in a Home ____ Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst NURSING HOME Stayed 7 days
(g) Lived in this county 36 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Latah
(c) City or town Moscow
(d) Street Address or R. F. D. No. ~~1218 S. Lynn~~ 124 E. 7TH.
(e) Deceased lived Inside? x Outside? ____ city or town
(f) Citizen of what country? USA
(g) How long had deceased lived in Idaho? 36 years
(h) Former residence (city, state) ____

3. (a) **FULL NAME** FRED K. MOORE

83a

3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Helen
6. (c) Age of husband or wife if alive 78 years
7. Date of Birth (Month, Day, Year) Sept. 14, 1854

8. AGE	Years	Months	Days	If less than 1 day
	89	9	9	hrs ____ min.

9. Exact Occupation retired farmer Did this work for life yrs.
10. Industry or Business Farming Date last worked 1938
11. Birthplace Cato (City or town) New York (State or foreign country)

Father
12. Name James Moore
13. Birthplace N. Y. State (City or town) (State or foreign country)

Mother
14. Maiden name Emmaline Clark
15. Birthplace Pennsylvania (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mrs F. Stockwell
and Address ELK WASH.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 6-26-44 (Month) (Day) (Year)
(c) Place: Moscow, Idaho
18. Funeral Director's **OWN** Signature H. R. Short
and Address Moscow, Idaho
19. (a) 7/5/44 (Date received and filed) (b) L J Klaarn (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 23, 1944
at 5:00 o'clock A.M.

21. **I HEREBY CERTIFY,** That I attended deceased from 6/13/44 19__ to 6/23/44 19__
I last saw him alive on 6/22/44 19__; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebral hemorrhage 82-a1	4 dys
Due to Senility and generalized arteriosclerosis 97	16 yrs
Due to ____	____
Other conditions None (Include pregnancy within 3 months of death)	____

Where was disease contracted? Idaho
Name of operation None Date ____
Major finding ____
Finding of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's **OWN** Signature L J Klaarn (M. D. or other)
and Address Moscow, Idaho Date 7/5/44 19__
(For additional space, use reverse side)

Original 139481

United States
Department of Commerce
Bureau of the Census

JUL 13 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 1074
Reg. Dist. No. 200

1. **PLACE OF DEATH:**
(a) County Latah
(b) City or town Moscow
(c) Street Address or R. F. D. No. 710 S. Main St.
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home ____ Hospital X Institution ____ Other place ____
(f) Name Hosp. or Inst. Gritman Stayed 2 days
(g) Lived in this county 58 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Latah
(c) City or town Moscow
(d) Street Address or R. F. D. No. N. W. of city
(e) Deceased lived Inside? ____ Outside? X city or town
(f) Citizen of what country? USA
(g) How long had deceased lived in Idaho? 58 years
(h) Former residence (city, state) ____

3. (a) FULL NAME GAINFORD P. MIX 93E

3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Maude
6. (c) Age of husband or wife if alive 62 years
7. Date of Birth (Month, Day, Year) Oct. 15, 1876

8. AGE	Years	Months	Days	If less than 1 day
	67	8	13	hrs ____ min.

9. Exact Occupation farmer — Did this work for life yrs.
10. Industry or Business farmer — Date last worked
11. Birthplace Grand Island, Nebraska (City or town) (State or foreign country)

Father
12. Name Frank E. Mix
13. Birthplace Mt. Vernon, Ohio (City or town) (State or foreign country)

Mother
14. Maiden name Mary Grimes
15. Birthplace Virginia (City or town) (State or foreign country)

16. Informant's OWN Signature John O. Mix
and Address Boise, Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 7-1-44 (Month) (Day) (Year)
(c) Place: Moscow, Idaho
18. Funeral Director's OWN Signature F. R. Short
and Address Moscow, Idaho
19. (a) 7/5/44 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) June 28 1944
at 7:30 o'clock P M.
21. I HEREBY CERTIFY, That I attended deceased from June 23 1944, to June 28 1944
I last saw him alive on June 28 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebral Embolus. 53 b	
Due to Myocarditis. 93 d	
Due to Nephritis. 131 a	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? Home.
Name of operation None. Date ____
Major finding ____
Finding of autopsy None.

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature C. Armstrong M. D. (M. D. or other)
and Address Moscow, Ida. Date 7/2 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Wilson

United States
Department of Commerce
Bureau of the Census

JUL 13 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 139482
Local Reg. No. 1075
Reg. Dist. No. 200

1. **PLACE OF DEATH:**
(a) County Latah
(b) City or town Moscow
(c) Street Address or R. F. D. No. 710 S. Main
(d) Death Occurred Inside? Z Outside? ____ city or town
(e) Died in a Home __ Hospital X Institution __ Other place __
(f) Name Hosp. or Inst. Gritman Stayed 5 days
(g) Lived in this county 43 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Latah
(c) City or town Moscow
(d) Street Address or R. F. D. No. 923 S. Jefferso
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? USA
(g) How long had deceased lived in Idaho? 43 years
(h) Former residence (city, state) ____

3. (a) FULL NAME LAURA JOSEPHINE SHEETS

186a

3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife William A.
6. (c) Age of husband or wife if alive 78 years
7. Date of Birth (Month, Day, Year) June 7, 1868

8. AGE	Years	Months	Days	If less than 1 day
	76	0	22	hrs min.

9. Exact Occupation housekeeper Did this work for life yrs.
10. Industry or Business " Date last worked ____
11. Birthplace ____ (City or town) Illinois (State or foreign country)
Father
12. Name Elish E. Frazee
13. Birthplace unknown (City or town) (State or foreign country)
Mother
14. Maiden name unknown
15. Birthplace unknown (City or town) (State or foreign country)
16. Informant's OWN Signature W. A. Sheets
and Address 923 S. Jefferson
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 7-3-44 (Month) (Day) (Year)
(c) Place: Moscow Cemetery
18. Funeral Director's OWN Signature H. R. Short
and Address Moscow, Idaho
19. (a) 7/5/44 (Date received and filed) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 29, 1944
at 4:30 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from 6-25 19__, to 6-29-1944
I last saw her alive on 6-29 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Schock from Fracture of neck of	4 days
Due to left femur	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Secondary anemia	
Where was disease contracted?	PHYSICIAN
Name of operation None Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy none	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? yes Suicide? ____ Homicide? ____
Occurred 6-25 1944 City, county, state where violence occurred Moscow Idaho
Place of Violence: Home ____ Farm ____ Industry ____
Public Place yes church While at work? ____
Means of injury Fell on steps of methodist church
23. Attendant's OWN Signature J. Wilson M.D. (M. D. or other)
and Address Moscow, Ida Date 7-5-1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

139483

United States
Department of Commerce
Bureau of the Census

JUL 15 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

mulder

State File No.
Local Reg. No. 690
Reg. Dist. No.

1. **PLACE OF DEATH:**
(a) County Lemhi
(b) City or town Salmon
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? ✓ Outside? city or town
(e) Died in a Home Hospital Institution Other place
(f) Name Hosp. or Inst. PROVIDENCE Stayed 56 days
(g) Lived in this county 33 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Lemhi
(c) City or town Salmon
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? ✓ Outside? city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? 33 years
(h) Former residence (city, state) Montana

3. (a) **FULL NAME** EMERSON HILL 1376

3. (b) If veteran, name war No.
3. (c) Social Security No. No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife MARGARET
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) SEPT. 10, 1857

8. AGE	Years	Months	Days	If less than 1 day
	86	8	26	hrs min.

9. Exact Occupation Merchant Did this work for Life yrs.
10. Industry or Business Banker & Judge Date last worked
11. Birthplace Spring Creek (City or town) Tenn (State or foreign country)
Father
12. Name John Smith Hill
13. Birthplace (City or town) Tenn (State or foreign country)
Mother
14. Maiden name unknown
15. Birthplace (City or town) (State or foreign country)
16. Informant's OWN Signature Maude H. Vigl
and Address Salmon
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-9-44 (Month) (Day) (Year)
(c) Place: Masonic Plot, Salmon, Ida
18. Funeral Director's OWN Signature Ray McGoldrick
and Address SALMON
19. (a) July 12-44 (Date received and filed) (b) Chas C. Bellamy (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 6 1944
at 8 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from April 5 1944, to June 6 1944
I last saw him alive on June 6 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Myocarditis 93d — Duration 3 yrs.
Due to Senility
Postoperative Transurethral resection 1376
Due to
Other conditions
(Include pregnancy within 3 months of death)
Where was disease contracted? April 15 1944
Name of operation Transurethral resection Date
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature J. L. Mulder M.D. (M. D. or other)
and Address Salmon Ida Date 7-7 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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United States
Department of Commerce
Bureau of the Census

JUL 15 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No. 691

1. **PLACE OF DEATH:**
(a) County Lemhi
(b) City or town May, Ida
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? ✓ city or town
(e) Died in a Home Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 58 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Lemhi
(c) City or town May
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Outside? ✓ city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? 58 years
(h) Former residence (city, state)

3. (a) **FULL NAME** WILLIAM A. STEVENS 83-a

3. (b) If veteran, name war NO
3. (c) Social Security No. NO.
4. Sex M
5. Color or race W.
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife ANNA
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Dec 27, 1879

8. AGE	Years	Months	Days	If less than 1 day
	64	5	10	hrs min

9. Exact Occupation Rancher Did this work for Life yrs
10. Industry or Business Date last worked
11. Birthplace Kirksville, Mo (City or town) (State or foreign country)
Father
12. Name James Stevens
13. Birthplace unknown (City or town) (State or foreign country)
Mother
14. Maiden name Mary C. Clark
15. Birthplace unknown (City or town) (State or foreign country)
16. Informant's OWN Signature Mrs Marcy Hellman and Address Salmon
17. (a) (Burial, cremation, or removal) (b) Date thereof 6-12-44 (Month) (Day) (Year)
(c) Place: SALMON IDA.
18. Funeral Director's OWN Signature Ray McGoldrick and Address SALMON
19. (a) July 12-44 (Date received and filed) (b) Alice E. Bellamy (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 7th 1944
at 6:00 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from 19 , to 19
I last saw h alive on 19 ; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cerebral Hemorrhage — Duration

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's OWN Signature O L Barnes - acting (M. D. or Other)
and Address Date 19
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JUL 15 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

Mulder

State File No. 139485
Local Reg. No. 690
Reg. Dist. No.

1. **PLACE OF DEATH:** Lemhi
(a) County
(b) City or town Salmon
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? ✓ Outside? city or town
(e) Died in a Home Hospital ✓ Institution Other place
(f) Name Hosp. or Inst. Stayed 2 days
(g) Lived in this county 71 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Lemhi
(c) City or town Salmon
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Outside? city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? 71 years
(h) Former residence (city, state)

3. (a) **FULL NAME** Harry D. Goodwin

186a

3. (b) If veteran, name war No.
3. (c) Social Security No.
4. Sex M
5. Color or race W.
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife ANNIE
6. (c) Age of husband or wife if alive 69 years
7. Date of Birth (Month, Day, Year) Oct. 20, 1867

8. AGE	Years	Months	Days	If less than 1 day
	75	7	18	hrs min.

9. Exact Occupation Rancher Did this work for Life yrs.
10. Industry or Business and mining Date last worked
11. Birthplace Cleveland, Ohio (City or town) (State or foreign country)

Father
12. Name ✓
13. Birthplace (City or town) (State or foreign country)

Mother
14. Maiden name ANNIE DEZETTE
15. Birthplace (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs Alvin Ellis
and Address May
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-10-44 (Month) (Day) (Year)
(c) Place: May, Idaho
18. Funeral Director's OWN Signature Ray McGoldrick
and Address SALMON
19. (a) 7-12-44 (Date received and filed) (b) Otto C. Bellamy (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 6-8-44 19
at 4 o'clock A M.
21. I HEREBY CERTIFY, That I attended deceased from June 6 1944, to June 8 1944
I last saw him alive on June 8 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Emphysema chest	2 days
Fractured Ribs	3 days
Due to Myocarditis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation Date	
Major finding	
Finding of autopsy	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Yes Suicide? Homicide?
Occurred June 6 1944 City, county, state where violence occurred Salmon Lemhi Ida
Place of Violence: Home Farm Industry
Public Place Yes While at work? No
Means of injury Fell down stairs
23. Attendant's OWN Signature L. Mulder M.D. (M. D. or other)
and Address Salmon Ida Date 7-7 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JUL 15 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 139486
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF DEATH:**
(a) County Lemhi
(b) City or town Leadore
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? — city or town
(e) Died in a Home — Hospital — Institution — Other place —
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 31 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Lemhi
(c) City or town Leadore
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Outside? — city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 49 years
(h) Former residence (city, state) Utah

3. (a) **FULL NAME** CORALINE PETERSEN

3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife L. P. PETERSEN
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) July 19 1863

8. AGE	Years	Months	Days	If less than 1 day hrs	min.
	80	11	4		

9. Exact Occupation Housewife Did this work for Life yrs.
10. Industry or Business Date last worked
11. Birthplace Tolan, Denmark (City or town) (State or foreign country)

Father
12. Name Carolensen Jensen
13. Birthplace Denmark (City or town) (State or foreign country)

Mother
14. Maiden name M
15. Birthplace Denmark (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mrs Dora Hill
and Address Leadore

17. (a) (Burial, cremation, or removal) (b) Date thereof 6-26-44 (Month) (Day) (Year)
(c) Place: Leadore, Idaho

18. Funeral Director's **OWN** Signature Ray McGoldrick
and Address Salmon

19. (a) 7-12-44 (Date received and filed) (b) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 23, 1944
at 5 o'clock A M.

21. **I HEREBY CERTIFY,** That I attended deceased from 19 to 19
I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary Thrombosis — Duration
Due to SENILITY — complications
Due to
Other conditions (Include pregnancy within 3 months of death)
Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature O L Barrus acting coroner (M. D. or other)
and Address Date 19
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JUL 15 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 139487
Local Reg. No. 690
Reg. Dist. No.

1. **PLACE OF DEATH:** Lemhi
(a) County
(b) City or town Salmon
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? ✓ Outside? city or town
(e) Died in a Home Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 5 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Lemhi
(c) City or town Salmon
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? ✓ Outside? city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? years
(h) Former residence (city, state)

3. (a) **FULL NAME** ALICE BRADFORD DICKERSON 192

3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) FEB 15, 1939

8. AGE	Years	Months	Days	If less than 1 day
	5	4	15	hrs min.

9. Exact Occupation Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace ST ANTHONY IDA (City or town) (State or foreign country)
Father
12. Name Chas. C. Dickerson
13. Birthplace Quincy, Mass. (City or town) (State or foreign country)
Mother
14. Maiden name Lydia BAUER
15. Birthplace Roche Harbor Wash (City or town) (State or foreign country)
16. Informant's OWN Signature C. C. Dickerson
and Address Salmon, Ida
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-3-44 (Month) (Day) (Year)
(c) Place: Salmon, Idaho
18. Funeral Director's OWN Signature Ray McGoldrick
and Address SALMON,
19. (a) 7-12-44 (Date received and filed) (b) Clio E. Bellamy (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 6-30-44 19
at 4:45 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from 19, to 19
I last saw h alive on 19; death is said to have occurred on the date and hour stated above.
Immediate Cause of Death: Struck by Lightening Instantaneous
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature J. L. Muller MD (M. D. or other)
and Address Salmon Ida Date 7-7 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JUL 10 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 1394
Local Reg. No. 298
Reg. Dist. No. 430

1. **PLACE OF DEATH:**
(a) County Lincoln
(b) City or town Shoshone
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? ✓ Outside? ____ city or town
(e) Died in a Home ___ Hospital ___ Institution ___ Other place ___
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county ____ years 5 months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Twin Falls
(c) City or town Twin Falls, Idaho
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? ____ Outside? ____ city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? 39 years
(h) Former residence (city, state) Mt. View Utah

3. (a) **FULL NAME** Harry Gibbs Jackson 95C

3. (b) If veteran, name war no
3. (c) Social Security No. 519-14-2022
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Jessie E. Jackson
6. (c) Age of husband or wife if alive 63 years
7. Date of Birth (Month, Day, Year) Apr-6-1878

8. AGE	Years	Months	Days	If less than 1 day
	66	1	28	hrs ___ min.

9. Exact Occupation Laborer — Did this work for 8 yrs.
10. Industry or Business Idaho State Highway Dept. — Date last Worked June 3.
11. Birthplace Salt Lake, Utah (City or town) (State or foreign country)

Father
12. Name Henry Jackson
13. Birthplace ? U.S.A. (City or town) (State or foreign country)

Mother
14. Maiden name Ellen Gibbs
15. Birthplace ? U.S.A. (City or town) (State or foreign country)

16. Informant's **OWN** Signature Jessie E. Jackson
and Address 424-7th Ave East
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof June 4 (Month) (Day) 1944 (Year)
(c) Place: to Twin Falls
18. Funeral Director's **OWN** Signature Reynolds Funeral Home
and Address Twin Falls, Idaho per M.C.B.
19. (a) June 3-44 (Date received and filed) (b) Myrtle Burnett (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 3 1944
at ____ o'clock ____ M.
21. **I HEREBY CERTIFY,** That I attended deceased from ____ 19____, to ____ 19____
I last saw h____ alive on ____ 19____; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — **Duration**
unknown.
Due to apparent chronic heart trouble
Due to
Other conditions (Include pregnancy within 3 months of death)
Found dead in bed
Where was disease contracted?
Name of operation ____ Date ____
Major finding
Finding of autopsy
absolutely no signs of foul play

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred Trailer home near
Place of Violence: Home ____ Farm ____ Industrial ____
Public Place State Highway Offices
Means of injury
23. Attendant's **OWN** Signature Myrtle C. Burnett (M.D. or other)
and Address Shoshone Coroner of Lincoln Co Idaho — Date 6/4/44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census JUL 10 1944

Certificate Of Death

STATE OF IDAHO

State File No. 139489
Local Reg. No. 219
Reg. Dist. No. 430

1. **PLACE OF DEATH:**
   (a) County Lincoln
   (b) City or town Shoshone
   (c) Street Address or ~~R.F.D. No.~~ Logan & Bird
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home X Hospital.... Institution.... Other place....
   (f) Name Hosp. or Inst. ---------- Stayed --- days
   (g) Lived in this county ..... years ..... months 17 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Camas
   (c) City or town Fairfield
   (d) Street Address or R.F.D. No. Fairfield
   (e) Deceased lived Inside? ..... Outside? X city or town
   (f) Citizen of what country? United States
   (g) How long had deceased lived in Idaho? 44 years
   (h) Former residence (city, state) Oberland, Kansas

3. (a) **FULL NAME** Laura Jane Bundy 97

3. (b) If veteran, name war -----
3. (c) Social Security No. ------
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife E. Bundy
6. (c) Age of husband or wife if alive deceased years
7. Date of Birth (Month, Day, Year) Jan. 31, 1867 (1867)

8. AGE	Years	Months	Days	If less than 1 day
	77	4	17	hrs min.

9. Exact Occupation Housewife Did this work for life yrs.
10. Industry or Business none Date last worked 6/14/44
11. Birthplace Stockport (City or town) Ioway (State or foreign country)

Father
12. Name Oliver William Bradford
13. Birthplace ..... (City or town) (State or foreign country)

Mother
14. Maiden name Nancy Ann Peckam
15. Birthplace ..... (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs Greta Young
and Address Fairfield Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 6/21/44 (Month) (Day) (Year)
(c) Place: Fairfield Idaho
18. Funeral Director's OWN Signature H.P. Bright
and Address Gooding Idaho
19. (a) June 26-44 (Date received and filed) (b) Myrtle C. Burdett (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 6/17 1944
at 5 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 6/10 June 10 1944, to June 17 1944
I last saw her alive on June 16 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cardiac Failure — Duration
Due to Arteriosclerosis. 97
Due to age and hard work.
Other conditions Anemia. 66 b
(Include pregnancy within 3 months of death)
Where was disease contracted? Home
Name of operation none Date
Major finding
Finding of autopsy none.

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's OWN Signature [signature] (M. D. or other)
and Address Shoshone Idaho Date June 26 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JUN 12 1944

Certificate Of Death

STATE OF IDAHO

State File No. 139490
Local Reg. No. 28
Reg. Dist. No. 630

1. **PLACE OF DEATH:**
   (a) County Madison
   (b) City or town Rexburg
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? X Outside? city or town
   (e) Died in a Home Hospital Institution X Other place
   (f) Name Hosp. or Inst. Rexburg Mat. Home Stayed 10 days
   (g) Lived in this county years months 10 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State (b) County
   (c) City or town
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? Outside? city or town
   (f) Citizen of what country?
   (g) How long had deceased lived in Idaho? years
   (h) Former residence (city, state)

3. (a) **FULL NAME** Richard Lyle Newton 72a

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M. 5. Color or race W.
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) May 26, 1944

8. AGE	Years	Months	Days	If less than 1 day
			10	hrs min.

9. Exact Occupation Infant. Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Rexburg, Idaho (City or town) (State or foreign country)

Father
12. Name Paul Irvine Newton
13. Birthplace Mona, Utah (City or town) (State or foreign country)

Mother
14. Maiden name Neva Lasson
15. Birthplace Garland, Utah (City or town) (State or foreign country)

16. Informant's **OWN** Signature Paul Newton
and Address Rexburg, Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 6/5/44 (Month) (Day) (Year)
(c) Place: Tremonton, Utah
18. Funeral Director's **OWN** Signature Russel Flamm
and Address Rexburg
19. (a) 6-6-44 (Date received and filed) (b) Mrs H E Young (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 4, 1944
at 6:00 o'clock A. M.
21. **I HEREBY CERTIFY**, That I attended deceased from May 26 1944 to June 4, 1944
I last saw h. IM alive on June 4 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Henoch's Purpura	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYISCIAN Underline the cause to which death should be charged statistically.
Name of operation Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature M. L. Rigby MD (M. D. or other)
and Address Rexburg Date June 4 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JUL 12 1944

Certificate Of Death

STATE OF IDAHO

State File No. 139491
Local Reg. No. 29
Reg. Dist. No. 63

1. **PLACE OF DEATH:**
   (a) County Madison
   (b) City or town Rexburg
   (c) Street Address or R.F.D. No. Thornton Rt. 1
   (d) Death Occured Inside? ..... Outside? X city or town
   (e) Died in a Home X Hospital .... Institution .... Other place ....
   (f) Name Hosp. or Inst. ..... Stayed ..... days
   (g) Lived in this county 20 years ..... months ..... days

   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Madison
   (c) City or town Thornton,
   (d) Street Address or R.F.D. No. Rt. 1
   (e) Deceased lived Inside? ..... Outside? X city or town
   (f) Citizen of what country? U.S.
   (g) How long had deceased lived in Idaho? 47 years
   (h) Former residence (city, state) Utah

3. (a) **FULL NAME** Harriet Adeline Fowler Allen 131a

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Charles Allen
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) Feb. 4, 1856

8. AGE	Years	Months	Days	If less than 1 day
	88	4	7	hrs ..... min.

9. Exact Occupation Housewife — Did this work for ..... yrs.
10. Industry or Business ..... — Date last worked .....
11. Birthplace Gloucester Shire, England (City or town) (State or foreign country)

Father
12. Name William Fowler
13. Birthplace Auburn, Australia (City or town) (State or foreign country)

Mother
14. Maiden name Ellen Bradshaw
15. Birthplace Sheffield Yorkshire, England (City or town) (State or foreign country)

16. Informant's **OWN** Signature Loren A. Cheney
    and Address Thornton Ida. RFD #1
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/14/44 (Month) (Day) (Year)
    (c) Place: Archer
18. Funeral Director's **OWN** Signature Kenneth D. Hanson
    and Address Rexburg, Idaho
19. (a) 6-13-44 (Date received and filed) (b) Mia M. Young (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 11 1944
    at 5 o'clock P. M.
21. **I HEREBY CERTIFY**, That I attended deceased from Sept. 4 1943, to June 11 1944.
    I last saw her alive on June 11 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Chronic arthritis 131a	1 yr.
nephritis	
Due to	
Due to	
Other conditions Arteriosclerosis (Include pregnancy within 3 months of death)	1

Where was disease contracted? Rexburg
Name of operation none Date .....
Major finding .....
Finding of autopsy none

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
    Occurred ..... 19 ..... City, county, state where violence occurred .....
    Place of Violence: Home ..... Farm ..... Industry .....
    Public Place ..... While at work? .....
    Means of injury .....
23. Attendant's **OWN** Signature A. Rutherland M.D. (M. D. or other)
    and Address Rexburg Ida. Date 6-12 1944
    (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

MAR 17 1944

State File No. 13992
Local Reg. No. 14
Reg. Dist. No. 452

1. PLACE OF DEATH:
(a) County Minidoka
(b) City or town Rupert.
(c) Street Address or R. F. D. No. 3
(d) Death Occured Inside? ~~Outside?~~ city or town
(e) Died in a Home ~~Hospital~~ Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 0 years 0 months 16 hours ~~days~~

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Minidoka
(c) City or town Rupert.
(d) Street Address or R.F.D. No. 3
(e) Deceased lived Inside? Outside? ~~city or town~~
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 16 hours ~~years~~
(h) Former residence (city, state)

3. (a) FULL NAME Wade Clarence Jackson. 158

3. (b) If veteran, name war ~~No~~
3. (c) Social Security No. ~~No~~
4. Sex M. 5. Color or race W.
6. (a) Single, widowed, married, divorced Child.
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Feb. 18 1944.

8. AGE	Years	Months	Days	If less than 1 day
	0	0	0	16 ~~hrs~~ min.

9. Exact Occupation Child. Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Rupert. Idaho. (City or town) (State or foreign country)
Father 12. Name Rolland Jackson
Father 13. Birthplace Preston Wyoming (City or town) (State or foreign country)
Mother 14. Maiden name Zelma Lee Morgan
Mother 15. Birthplace Rupert Idaho (City or town) (State or foreign country)
16. Informant's **OWN** Signature Rolland Jackson and Address Rupert, Idaho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-20-44 (Month) (Day) (Year)
(c) Place: Rupert Cemetery.
18. Funeral Director's **OWN** Signature Rodney G. Boardman and Address Rupert, Idaho.
19. (a) 3-4-44 (Date received and filed) (b) A. E. Skinner (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Feb. 19 1944
at 6:30 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from Feb 14, 1944 to Feb 20. 1944
I last saw him alive on Feb 20 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Malnutrition	
neonatal	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYISICIAN Underline the cause to which death should be charged statistically.
Name of operation Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature F. H. Kenagy, M.D. (M. D. or other)
and Address Rupert Ida. Date 3-1 1944
(For additional space, use reverse side)

United States
Department of Commerce
Bureau of the Census

JUL 10 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 139493
Local Reg. No. 37
Reg. Dist. No. 450

1. **PLACE OF DEATH:**
(a) County Minidoka
(b) City or town Rupert
(c) Street Address or R. F. D. No. R 3 D 3
(d) Death Occurred Inside? ✓ Outside? ____ city or town
(e) Died in a Home ✓ Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 7 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Minidoka
(c) City or town Rupert
(d) Street Address or R. F. D. No. R 3 D 3
(e) Deceased lived Inside? ____ Outside? ✓ city or town
(f) Citizen of what country? U. S. A.
(g) How long had deceased lived in Idaho? 7 years
(h) Former residence (city, state) Missouri

3. (a) **FULL NAME** Sammy Harper

3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife ____
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) July 5 1870

8. AGE	Years	Months	Days	If less than 1 day
	73	10	27	hrs ____ min.

9. Exact Occupation Ret. Did this work for ____ yrs.
10. Industry or Business Farmer Date last worked ____
11. Birthplace ____ (City or town) ____ (State or foreign country)

Father
12. Name Wm Harper
13. Birthplace ____ (City or town) Kentucky (State or foreign country)

Mother
14. Maiden name Summers
15. Birthplace ____ (City or town) Kentucky (State or foreign country)

16. Informant's **OWN** Signature Mrs Harvey Monroe and Address Rupert Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-5-44 (Month) (Day) (Year)
(c) Place: Rupert Cemetery
18. Funeral Director's **OWN** Signature Rodney S Boardman and Address Rupert Idaho
19. (a) 7-7-44 (Date received and filed) (b) C H Edmunds (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 2 1944 at 6:00 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from ____ 19____, to ____ 19____
I last saw h____ alive on ____ 19____; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Coronary Occlusion	10 min.
Due to Myocarditis	3 years
Due to ____	
Other conditions ____ (Include pregnancy within 3 months of death)	

Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's **OWN** Signature C H Woodman (M. D. or other)
and Address Rupert Idaho Date 6-8 19 44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

M.

United States
Department of Commerce
Bureau of the Census

JUL 10 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 139494
Local Reg. No. 96
Reg. Dist. No. 450

1. **PLACE OF DEATH:**
   (a) County Minidoka
   (b) City or town Rupert
   (c) Street Address or R. F. D. No. Route I
   (d) Death Occurred Inside? ____ Outside? ✓ city or town
   (e) Died in a Home ✓ Hospital ____ Institution ____ Other place ____
   (f) Name Hosp. or Inst. ____ Stayed ____ days
   (g) Lived in this county 0 years 10 months ____ days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Rupert (b) County Minidoka
   (c) City or town Rupert
   (d) Street Address or R. F. D. No. I
   (e) Deceased lived Inside? ____ Outside? ✓ city or town
   (f) Citizen of what country? U S A
   (g) How long had deceased lived in Idaho? 10 mos years
   (h) Former residence (city, state) Eureka Springs Arkansas

3. (a) **FULL NAME** Honor Elizabeth Moon 107

3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex Fem. 5. Color or race White. 6. (a) Single, widowed, married, divorced Widow.
6. (b) Name of husband or wife Eli.
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) Jan 3. 1859

8. AGE	Years	Months	Days	If less than 1 day
	85	5	14	hrs ____ min.

9. Exact Occupation Housewife. Did this work for ____ yrs.
10. Industry or Business ____ Date last worked ____
11. Birthplace Sullivan Co. (City or town) Missouri (State or foreign country)
Father 12. Name John Reynolds
Father 13. Birthplace unknown (City or town) (State or foreign country)
Mother 14. Maiden name Martha Bowman
Mother 15. Birthplace unknown (City or town) (State or foreign country)
16. Informant's **OWN** Signature Mrs Floyd Sloane
and Address Rupert Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 21 1944 (Month) (Day) (Year)
(c) Place: Seligman Missouri
18. Funeral Director's **OWN** Signature Rodney B Boardman
and Address Rupert Idaho
19. (a) 7-6-44 (Date received and filed) (b) H K Edmonds (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 17 1944
at ____ o'clock ____ M.

21. **I HEREBY CERTIFY,** That I attended deceased from June 15 1944, to June 17 1944
I last saw h____ alive on ____ 19____; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death	Duration
Bronchial Pneumonia	1 week
Due to Accident & old age	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's **OWN** Signature A M Woodbury M D (M. D. or other)
and Address Rupert Idaho Date June 20 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JUL 10 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 139495
Local Reg. No. 38
Reg. Dist. No. 450

1. **PLACE OF DEATH:**
(a) County Minidoka
(b) City or town Rupert
(c) Street Address or R. F. D. No. RFD 1
(d) Death Occurred Inside? ____ Outside? ✓ city or town
(e) Died in a Home ✓ Hospital __ Institution __ Other place __
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 0 years 0 months 1 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Minidoka
(c) City or town Rupert
(d) Street Address or R. F. D. No. RFD #1
(e) Deceased lived Inside? ____ Outside? ✓ city or town
(f) Citizen of what country? US
(g) How long had deceased lived in Idaho? 7 hrs ~~years~~
(h) Former residence (~~city, state~~)

3. (a) **FULL NAME** Bobby Lee Marion

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3. (b) If veteran, name war ____ 3. (c) Social Security No. ____
4. Sex M 5. Color or race white 6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife ____ 6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) June 24 1944

8. AGE	Years	Months	Days	If less than 1 day
	0	0	0	7 hrs min.

9. Exact Occupation Stillborn Did this work for ____ yrs.
10. Industry or Business ____ Date last worked ____
11. Birthplace Rupert (City or town) Idaho (State or foreign country)
Father
12. Name Thedford C Marion
13. Birthplace Joplin (City or town) Missouri (State or foreign country)
Mother
14. Maiden name Alice Hill
15. Birthplace Ogden (City or town) Utah (State or foreign country)
16. Informant's OWN Signature Thedford C. Marion and Address Rupert Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-26-44 (Month) (Day) (Year)
(c) Place: Rupert Cemetery
18. Funeral Director's OWN Signature Rodney G Goodman and Address Rupert Idaho
19. (a) 7-7-44 (Date received and filed) (b) E H Elmore (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 25 1944 at 3 o'clock A. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 6-24 1944 to 6-25 1944
I last saw him alive on 6-24 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Premature Birth	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation ____ Date ____	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature E H Elmore (M. D. or other)
and Address Rupert Date 6-7 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JUL 12 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 139496
Local Reg. No. 120
Reg. Dist. No. 280

1. **PLACE OF DEATH:**
(a) County Nez Perce
(b) City or town Lewiston
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? In Outside? ____ city or town
(e) Died in a Home ____ Hospital ____ Institution ____ Other place X
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county ____ years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Clearwater
(c) City or town Greer
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? In Outside? ____ city or town
(f) Citizen of what country? U. St
(g) How long had deceased lived in Idaho? 1 years
(h) Former residence (city, state) Kamiah, Idaho

3. (a) **FULL NAME** Stanley Eugene Wolfe

2 C C

3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife none
6. (c) Age of husband or wife if alive none years
7. Date of Birth (Month, Day, Year) May 24, 1943

8. AGE	Years	Months	Days	If less than 1 day
	1	0	8	hrs ____ min.

9. Exact Occupation none — Did this work for ____ yrs.
10. Industry or Business none — Date last worked
11. Birthplace Kamiah, (City or town) Idaho (State or foreign country)

Father
12. Name Robert Wolfe
13. Birthplace Kamiah, Idaho (City or town) (State or foreign country)

Mother
14. Maiden name Mary Stewart
15. Birthplace Kooskia, Idaho (City or town) (State or foreign country)

16. Informant's OWN Signature Marian Wolfe
and Address Greer, Idaho
17. (a) removal (Burial, cremation, or removal) (b) Date thereof 6/2/44 (Month) (Day) (Year)
(c) Place: Kooskia, Idaho
18. Funeral Director's OWN Signature Brower-Wann Co. By L B Wann
and Address 1434 Main, Lewiston, Idaho
19. (a) 6/7/44 (Date received and filed) (b) Margaret Vassar (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 2nd, 1944 19____
at ____ o'clock ____ M.
21. **I HEREBY CERTIFY,** That I attended deceased from ____ 19____, to ____ 19____
I last saw h____ alive on ____ 19____; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Dead not Sick Home with left at death Died on way to Hospital — Duration

Due to ____

Due to ____

Other conditions ____
(Include pregnancy within 3 months of death)

Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's OWN Signature Paul W Johnson (M. D. or other)
and Address Lewiston Ida Date May 2 1944
(For additional space, use reverse side)

139497

United States
Department of Commerce
Bureau of the Census JUL 12 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 127
Reg. Dist. No. 220

1. **PLACE OF DEATH:**
(a) County Nez Perce
(b) City or town Lewiston
(c) Street Address or R. F. D. No. 2
(d) Death Occurred Inside? In Outside? ____ city or town
(e) Died in a Home# Hospital__ Institution__ Other place__
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county ____ years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Nez Perce
(c) City or town Lewiston
(d) Street Address or R. F. D. No. 2
(e) Deceased lived Inside? ____ Outside? Out city or town
(f) Citizen of what country? ____
(g) How long had deceased lived in Idaho? ____ years
(h) Former residence (city, state) ____

3. (a) **FULL NAME** Sarah Charlotte Pierstorff 93d

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife J.E.Pierstorff
6. (c) Age of husband or wife if alive 68 years
7. Date of Birth (Month, Day, Year) June 26th, 1887

8. AGE	Years	Months	Days	If less than 1 day
	56	11	6	hrs ____ min.

9. Exact Occupation Housewife Did this work for ____ yrs.
10. Industry or Business ____ Date last worked ____
11. Birthplace Alpowa (City or town) Washington (State or foreign country)

Father
12. Name Charles Vinnigerbolz
13. Birthplace Los Angeles (City or town) California (State or foreign country)

Mother
14. Maiden name Mary Elizabeth Mochel
15. Birthplace Marysville (City or town) Missouri (State or foreign country)

16. Informant's OWN Signature Mrs. Muriel A. Otto
and Address Lewiston, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/6/1944 (Month) (Day) (Year)
(c) Place: Lewiston, Idaho
18. Funeral Director's OWN Signature Brower-Wann Co. By L B Wann
and Address Lewiston, Idaho
19. (a) 6/7/44 (Date received and filed) (b) Margaret Vasson (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 7 1944
at 12.30 P.M. o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from ____ 19__, to ____ 19__
I last saw h[illegible] alive on Mar 27 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: acute dilation of heart — Duration 9d
Due to Chronic myocarditis ? 93d
Due to obliterative endarteritis ?
Other conditions 99x
(Include pregnancy within 3 months of death)
Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature Jean M Church MD (M. D. or other)
and Address Lewiston Date June 7 1944
(For additional space, use reverse side)

Church

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

13949

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

JUL 12 1944

State File No.
Local Reg. No. 123
Reg. Dist. No. 220

1. **PLACE OF DEATH:**
(a) County Nez Perce
(b) City or town Lewiston
(c) Street Address or R. F. D. No. [illegible]
(d) Death Occurred Inside? In Outside? ____ city or town
(e) Died in a Home ____ Hospital # Institution ____ Other place ____
(f) Name Hosp. or Inst. St Joseph Stayed 8 days
(g) Lived in this county 38 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Washington (b) County Benton
(c) City or town Kennewick
(d) Street Address or R. F. D. No. R.F.D. #2
(e) Deceased lived Inside? Out Outside? ____ city or town
(f) Citizen of what country? ____
(g) How long had deceased lived in Idaho? 8 Months years
(h) Former residence (city, state) ____

3. (a) FULL NAME James Nelson Pratt

1376

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Mary
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) September 24th, 1854

8. AGE	Years	Months	Days	If less than 1 day
	89	8	10	hrs ____ min.

9. Exact Occupation Retired — Did this work for ____ yrs.
10. Industry or Business N. P. Railroad — Date last worked ____
11. Birthplace Albany, Missouri (City or town) (State or foreign country)

Father
12. Name ____ Pratt
13. Birthplace Not known (City or town) (State or foreign country)

Mother
14. Maiden name Not known
15. Birthplace Not known (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs G. O. Hanoos
and Address Lewiston, Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 6/7/1944 (Month) (Day) (Year)
(c) Place: Kennewick, Washington
18. Funeral Director's OWN Signature Brower-Wann Co. By L Bell
and Address Lewiston, Idaho
19. (a) 6/7/44 (Date received and filed) (b) Margaret Vassar (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 4th, 1944 19____
at 3:47 o'clock A. M.
21. **I HEREBY CERTIFY,** That I attended deceased from May 31, 1944, to June 4 1944.
I last saw him alive on June 3 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Uremia	13 days
Due to Prostatic Abscess	13 days
Due to ____	____
Other conditions Diabetes Mellitus (Include pregnancy within 3 months of death)	12 years

Where was disease contracted? Johnson
Name of operation None Date ____
Major finding ____
Finding of autopsy not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature Joseph C. Bassett (M. D. or other)
and Address 7th & Bryden St Date ____ 19____
(For additional space, use reverse side)

Lucien Cohen McRae

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JUL 12 1944

Certificate Of Death

STATE OF IDAHO

State File No. 139499
Local Reg. No. 131
Reg. Dist. No. 220

1. **PLACE OF DEATH:**
(a) County Nez Perce
(b) City or town Lewiston
(c) Street Address or R.F.D. No. St. Joseph Hosp.
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Home .... Hospital X Institution .... Other place ....
(f) Name Hosp. or Inst. St. Joseph Stayed 6 days
(g) Lived in this county ..... years ..... months 6 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Washington (b) County Asotin
(c) City or town Clarkston
(d) Street Address or R.F.D. No. 914 3rd
(e) Deceased lived Inside? X Outside? ..... city or town
(f) Citizen of what country? United States
(g) How long had deceased lived in Idaho? 6 days ///
(h) Former residence (city, state) Clarkston, Wash

3. (a) **FULL NAME** Lillian M. Vorous 92 d

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex female 5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Albert C.
6. (c) Age of husband or wife if alive 71 years
7. Date of Birth (Month, Day, Year) July 14, 1873

8. AGE	Years	Months	Days	If less than 1 day
	70	9	22	hrs min.

9. Exact Occupation housewife Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Fish Creek, Wis. (City or town) (State or foreign country)
Father
12. Name John Norton
13. Birthplace England (City or town) (State or foreign country)
Mother
14. Maiden name Martha Wilford
15. Birthplace England (City or town) (State or foreign country)
16. Informant's **OWN** Signature Albert C. Vorous
and Address Clarkston, Wash
17. (a) removal (Burial, cremation, or removal) (b) Date thereof June 7, '44 (Month) (Day) (Year)
(c) Place: Clarkson, Washington
18. Funeral Director's **OWN** Signature H. R. Merchant
and Address Clarkston, Washington
19. (a) 6/8/44 (Date received and filed) (b) Margaret Vassar (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 6, 1944
at 11 o'clock P.M.
21. **I HEREBY CERTIFY,** That I attended deceased from Mar 30 1944 to June 6 1944
I last saw her alive on June 6 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Hypostatic pneumonia	[illegible]
Due to Chronic valvular heart disease	92 d
Due to Chronic myocarditis	92 d
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature W O Clark MD (M.D. or other)
and Address Lewiston Idaho Date 6-7-1944
(For additional space, use reverse side)

139500

United States
Department of Commerce
Bureau of the Census JUL 12 1944

Certificate Of Death

STATE OF IDAHO

State File No.
Local Reg. No. 149
Reg. Dist. No. 220

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
   (a) County Nez Perce
   (b) City or town Lewiston
   (c) Street Address or R.F.D. No. 309-5th Ave.
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home X Hospital ..... Institution ..... Other place .....
   (f) Name Hosp. or Inst. ..... Stayed ..... days
   (g) Lived in this county 75 years 1 months 15 days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Nez Perce
   (c) City or town Lewiston
   (d) Street Address or R.F.D. No. 309-5th Ave.
   (e) Deceased lived Inside? X Outside? ..... city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 75 years
   (h) Former residence (city, state) .....

3. (a) **FULL NAME** HOWARD STONE COBURN 13.2

3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife none
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) April 24, 1869

8. AGE	Years	Months	Days	If less than 1 day
	75	1	15	hrs ..... min.

9. Exact Occupation retired Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Lewiston, Idaho (City or town) (State or foreign country)

Father
12. Name Chester A. Coburn
13. Birthplace Rochester, Vermont (City or town) (State or foreign country)

Mother
14. Maiden name Martha Jane Chauncey
15. Birthplace Aurora, Illinois (City or town) (State or foreign country)

16. Informant's **OWN** Signature T. Ward
and Address Lewiston, Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 6-12-44 (Month) (Day) (Year)
(c) Place: Lewiston, Idaho
18. Funeral Director's **OWN** Signature Vincent V. Vassar
and Address Lewiston, Idaho
19. (a) June 29, 1944 (Date received and filed) (b) Margaret Vassar (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 9, 1944
at 1:00 o'clock a. M.
21. **I HEREBY CERTIFY**, That I attended deceased from a/w 1943 to June 9 1943
I last saw h— alive on Unc 1943; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
T.C. Chris	132 1
Due to /	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? at home
Name of operation none Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature John M. Alley (M. D. or other)
and Address Lewiston Date 6-25 1944
(For additional space, use reverse side)

Alley

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JUL 12 1944

Certificate Of Death

STATE OF IDAHO

State File No. 139501
Local Reg. No. 150
Reg. Dist. No. 220

1. **PLACE OF DEATH:**
   (a) County Nez Perce
   (b) City or town Lewiston
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? ✓ Outside? ..... city or town
   (e) Died in a Home.... Hospital ✓ Institution.... Other place....
   (f) Name Hosp. or Inst. St. Josephs Stayed 14 days
   (g) Lived in this county 41 years ..... months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Nez Perce
   (c) City or town Lewiston
   (d) Street Address or R.F.D. No. Rt 1
   (e) Deceased lived Inside? ✓ Outside? ..... city or town
   (f) Citizen of what country?
   (g) How long had deceased lived in Idaho? 41 years
   (h) Former residence (city, state)

3. (a) **FULL NAME** Rosa Murphy 83a

3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) no record

8. AGE	Years	Months	Days	If less than 1 day
	87			hrs min.

9. Exact Occupation Housewife — Did this work for ..... yrs.
10. Industry or Business at home — Date last worked
11. Birthplace Italy (City or town) (State or foreign country)

Mother
12. Name no record
13. Birthplace no record (City or town) (State or foreign country)

Father
14. Maiden name no record
15. Birthplace no record (City or town) (State or foreign country)

16. Informant's **OWN** Signature L. Murphy
and Address Lewiston, Idaho

17. (a) Burial (Burial, cremation or removal) (b) Date thereof 6-12-44 (Month) (Day) (Year)
(c) Place: Lewiston, Idaho

18. Funeral Director's **OWN** Signature Vincent O. Vassar
and Address Lewiston Idaho

19. (a) June 24 1944 (Date received and filed) (b) Margaret Vassar (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 6-12 19 44
at 2:10 o'clock P. M.

21. **I HEREBY CERTIFY**, That I attended deceased from ..... 19..... to ..... 19.....
I last saw h. alive on 6-12- 19 44; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Pulmonary edema	
Due to Cerebral hemorrhage	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury

23. Attendant's **OWN** Signature A. J. White M.D.
and Address Lewiston, Ida. (M. D. or other) Date 6-27, 19 44
(For additional space, use reverse side)

a. J. White

Permit issued to: Vincent V. Vassar
Vassar-Rawls Funeral Home
Lewiston, Idaho

m July 30, 1957
Date

Sent 8-2-57

Department of Public Health
Boise, Idaho

I hereby give authorization for the disinterment of: _____

NAME OF DECEASED Rosa Murphy

DATE OF DEATH June 10, 1944

CAUSE OF DEATH no record

ATTENDING PHYSICIAN A. J. White

BURIED IN Normal Hill CEMETERY

TO BE REMOVED TO another grave in same cemetery CEMETERY

RELATIONSHIP TO PERSON REQUESTING PERMIT Mother-in-law

NAME OF LICENSED EMBALMER Vincent V. Vassar

REASON FOR DISINTERMENT removal to permanent family plot

Very truly yours,

Louisa Murphy
Signature of relative or person requesting permit.

Lewiston, Idaho
Address

- * * * * * * * * * * * * * -

State of Idaho)
County of Nez Perce) ss

On this 1st day of August, 1957, before me Ilene McDonald, a Notary Public in and for the within county and state personally appeared Louisa Murphy known to me (or proved by the oath of _____) to be the person whose name is subscribed to the foregoing instrument, and acknowledged to me that he executed the same.

In Witness whereof I have hereunto set my hand and affixed my official seal this the day and year first above written.

(Seal)

Ilene McDonald
Notary Public, residing at Lewiston, Idaho
My commission expires Aug 29, 1957

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

JUL 12 1944

State File No. 139502
Local Reg. No. 146
Reg. Dist. No. 220

1. PLACE OF DEATH:
(a) County Nez Perce
(b) City or town Lewiston
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? ✓ Outside? ..... city or town
(e) Died in a Home.... Hospital ✓ Institution.... Other place....
(f) Name Hosp. or Inst. St. Josephs Stayed ..... days
(g) Lived in this county 11 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Nez Perce
(c) City or town Lewiston Lapwai
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? ..... Outside? ✓ city or town
(f) Citizen of what country? U.S.a.
(g) How long had deceased lived in Idaho? 11 years
(h) Former residence (city, state)

3. (a) **FULL NAME** Anna Marsh

3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Date of Birth (Month, Day, Year) 6 - 11 - 1857

8. AGE	Years	Months	Days	If less than 1 day
	87	—	2	hrs min.

9. Exact Occupation housewife — Did this work for ..... yrs.
10. Industry or Business at home — Date last worked .....
11. Birthplace Point Pleasant, Ohio (City or town) (State or foreign country)
Father 12. Name Julius Polty
Father 13. Birthplace Germany (City or town) (State or foreign country)
Mother 14. Maiden name .....
Mother 15. Birthplace Germany (City or town) (State or foreign country)
16. Informant's **OWN** Signature A. Marsh
and Address Lewiston, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-15-44 (Month) (Day) (Year)
(c) Place: Lewiston, Idaho
18. Funeral Director's **OWN** Signature Vincent J. Vassar
and Address Lewiston, Idaho
19. (a) June 29, 1944 (Date received and filed) (b) Margaret Vassar (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 13 1944
at 6 o'clock a M.
21. **I HEREBY CERTIFY**, That I attended deceased from 2-24 1944, to 6-13 1944
I last saw h[illegible] alive on 6-12 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
(a) Hypostatic pneumonia	
Due to (b) Chronic Myocarditis	
Due to (c)	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ..... Date .....
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury
23. Attendant's **OWN** Signature W O Clark M D (M. D. or other)
and Address Lewiston Ida. Date 6/27 1944
(For additional space, use reverse side)

Clerk

United States
Department of Commerce
Bureau of the Census

JUL 12 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 139503
Local Reg. No. 134
Reg. Dist. No. 220

1. **PLACE OF DEATH:**
   (a) County Nez Perce
   (b) City or town Lewiston
   (c) Street Address or R. F. D. No. 4th, Ave. & 6th, St.
   (d) Death Occurred Inside? In Outside? ____ city or town
   (e) Died in a Home ____ Hospital # ____ Institution ____ Other place ____
   (f) Name Hosp. or Inst. St. Joseph Stayed 8 days
   (g) Lived in this county ____ years ____ months ____ days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Washington (b) County Asotin
   (c) City or town Clarkston
   (d) Street Address or R. F. D. No. 444 11th, Street
   (e) Deceased lived Inside? In Outside? ____ city or town
   (f) Citizen of what country? ____
   (g) How long had deceased lived in Idaho? [illegible] years
   (h) Former residence (city, state) ____

3. (a) **FULL NAME** Bertha Nella Lindley

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife ____
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) October 30th, 1871

8. AGE	Years	Months	Days	If less than 1 day
	72	7	13	hrs ____ min.

9. Exact Occupation Housewife — Did this work for ____ yrs.
10. Industry or Business ____ — Date last worked ____
11. Birthplace Sumner, Iowa (City or town) (State or foreign country)

Father
12. Name Andrew McMeekin
13. Birthplace Stanton (City or town) Canada (State or foreign country)

Mother
14. Maiden name Frances L Davis
15. Birthplace Iowa (City or town) (State or foreign country)

16. Informant's OWN Signature U. B. Lindley and Address Lewiston, Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 6/16/1944 (Month) (Day) (Year)
   (c) Place: Steptoe, Washington
18. Funeral Director's OWN Signature Brower-Wann Co. By [illegible] and Address Lewiston, Idaho
19. (a) 6/16/44 (Date received and filed) (b) Margaret Vassar (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 13th, 1944 19____ at ____ o'clock ____ M.
21. **I HEREBY CERTIFY,** That I attended deceased from ____ 19____ to ____ 19____
   I last saw h[illegible] alive on 6-13-19[illegible] death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cerebral hemorrhage. — Duration ____
Due to: Hypertensive, cardio-vascular disease. — ____
Due to ____ — ____
Other conditions ____ — ____
(Include pregnancy within 3 months of death)

Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
   Occurred ____ 19____ City, county, state where violence occurred ____
   Place of Violence: Home ____ Farm ____ Industry ____
   Public Place ____ While at work? ____
   Means of injury ____
23. Attendant's OWN Signature A. J. White, M. D. (M. D. or other)
   and Address Lewiston, Id. Date 6-15-19[illegible]

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JUL 12 1944

Certificate Of Death

STATE OF IDAHO

State File No. 139504
Local Reg. No. 132
Reg. Dist. No. 220

1. PLACE OF DEATH:
(a) County Nez Pence
(b) City or town Lewiston
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? X Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. St Joseph Stayed 3 days
(g) Lived in this county 6 years 0 months 0 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Washington (b) County Ga.
(c) City or town Pomeroy
(d) Street Address or R.F.D. No. —
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? U.S.
(g) How long had deceased lived in Idaho? 20 years
(h) Former residence (city, state) Washington

3. (a) FULL NAME General Francis Birge. 6

3. (b) If veteran, name war None
3. (c) Social Security No. 537-12-4691
4. Sex M
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Pauline Birge
6. (c) Age of husband or wife if alive 39 years
7. Date of Birth (Month, Day, Year) Sept. 28. 1900

8. AGE	Years	Months	Days	If less than 1 day
	43	8	25	hrs min.

9. Exact Occupation Electrician Did this work for 18 yrs.
10. Industry or Business Newberry-Chandler & Moore Date last worked June 7-1944
11. Birthplace Franklin Co. Missouri (City or town) (State or foreign country)
Father
12. Name William L. Birge
13. Birthplace Franklin Co. Mo. (City or town) (State or foreign country)
Mother
14. Maiden name Nancy Cooper
15. Birthplace Franklin Co. Mo. (City or town) (State or foreign country)
16. Informant's **OWN** Signature Cordell L. Birge
and Address Hanford Wa.
17. (a) Removal & Burial (Burial, cremation, or removal) (b) Date thereof June 13-1944 (Month) (Day) (Year)
(c) Place: Pomeroy Wash.
18. Funeral Director's **OWN** Signature Vincent V. Vassar
and Address Lewiston, Idaho
19. (a) 6/13/44 (Date received and filed) (b) Margaret Vassar (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 13 1944
at 7 30 o'clock a M.
21. **I HEREBY CERTIFY,** That I attended deceased from June 9 1944, to June 13 1944
I last saw him alive on June 12 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Meningitis	4 day
Due to Meningococcus	
Infection	4 days
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? Hanford Wash
Name of operation None Date
Major finding Spinal punctured
Finding of autopsy shows infection of above None

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? — Suicide? — Homicide? —
Occurred — 19 City, county, state
where violence occurred —
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature J. W. Sherfey M.D. (M. D. or other)
and Address Pomeroy Date June 13 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census JUL 12 1944

Certificate Of Death

STATE OF IDAHO

State File No. 139505
Local Reg. No. 141
Reg. Dist. No. 220

1. **PLACE OF DEATH:**
(a) County Nez Perce
(b) City or town Lewiston
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? Outside? X city or town
(e) Died in a Home Hospital Institution X Other place
(f) Name Hosp. or Inst. somerville home Stayed 1 days
(g) Lived in this county 22 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Nez Perce
(c) City or town Lewiston
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? Outside? X city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 22 years
(h) Former residence (city, state)

3. (a) **FULL NAME** Frank Grignon 117a

3. (b) If veteran, name war none
3. (c) Social Security No. 519-09-2525
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) 11-16-1881

8. AGE	Years	Months	Days	If less than 1 day
	62	6	28	hrs min.

9. Exact Occupation laborer Did this work for yrs.
10. Industry or Business general Date last worked
11. Birthplace Winneconne, Wisconsin (City or town) (State or foreign country)
Father
12. Name John B. Grignon
13. Birthplace Grand Rapids, Wisconsin (City or town) (State or foreign country)
Mother
14. Maiden name Julia La Bonta
15. Birthplace Three Rivers, Canada (City or town) (State or foreign country)
16. Informant's OWN Signature Les Farrell
and Address Lewiston, Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 6-16-44 (Month) (Day) (Year)
(c) Place: Lewiston, Idaho
18. Funeral Director's OWN Signature Vincent V. Vassar
and Address
19. (a) June 27, 1944 (Date received and filed) (b) Margaret Vassar (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 14, 1944
at 5:30 o'clock a. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 6-13- 1944, to June 14, 1944
I last saw him alive on 6-14 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Peptic Ulcer, hemorrhage - two days	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature Walter C. McWilliams (M. D. or other)
and Address Lewiston Date 6-27- 1944
(For additional space, use reverse side)

McW

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JUL 12 1944

Certificate Of Death

STATE OF IDAHO

State File No. 139506
Local Reg. No. 147
Reg. Dist. No. 220

1. PLACE OF DEATH:
(a) County Nez Perce
(b) City or town Lewiston
(c) Street Address or R.F.D. No. Idaho Hotel
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Home X Hospital ..... Institution ..... Other place .....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county ..... years 6 months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Nez Perce
(c) City or town Lewiston
(d) Street Address or R.F.D. No. Idaho Hotel
(e) Deceased lived Inside? X Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 34 years
(h) Former residence (city, state) Grangeville, Ida

3. (a) FULL NAME Marion Curtis McAdams 94a

3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Walter
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) April 22, 1882

8. AGE	Years	Months	Days	If less than 1 day
	62	1	25	hrs min.

9. Exact Occupation housewife Did this work for ..... yrs.
10. Industry or Business at home Date last worked .....
11. Birthplace Forest City, Iowa (City or town) (State or foreign country)
Father
12. Name no record
13. Birthplace no record (City or town) (State or foreign country)
Mother
14. Maiden name no record
15. Birthplace no record (City or town) (State or foreign country)
16. Informant's OWN Signature [signature]
and Address Lewiston, Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 6-21-44 (Month) (Day) (Year)
(c) Place: Lewiston, Idaho
18. Funeral Director's OWN Signature Vincent V. Vassar
and Address Lewiston, Idaho
19. (a) June 29 1944 (Date received and filed) (b) Margaret Vassar (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Sat June 17 1944.
at 4 P.M. o'clock ..... M.
21. I HEREBY CERTIFY, That I attended deceased from June 5th 1944, to June 17 1944.
I last saw her alive on June 17th 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Coronary occlusion.	10 min.
Due to Arterial Sclerosis. 97	3 yrs.
Due to 94a	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? At home.
Name of operation None. Date .....
Major finding .....
Finding of autopsy Not None.

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Not due to Accident. Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's OWN Signature Joseph G. Baldeck M.D. (M. D. or other)
and Address 707 11th St. Date June 21 1944
Lewiston Idaho.
(For additional space, use reverse side)

Baldeck

139507

United States
Department of Commerce
Bureau of the Census

JUL 12 1944

Certificate Of Death

STATE OF IDAHO

State File No.
Local Reg. No. 138
Reg. Dist. No. 220

1. PLACE OF DEATH:
(a) County Nez Perce
(b) City or town Lewiston.
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? X Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. St. Joseph's Stayed 7 days
(g) Lived in this county years months 7 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Clearwater
(c) City or town Pierce
(d) Street Address or R.F.D. No. no record
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 10 years
(h) Former residence (city, state) Pierce, Idaho

3. (a) FULL NAME Fred D. Phillips 131a

3. (b) If veteran, name war none
3. (c) Social Security No. 518-03-4261
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife -----
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) 7-23-1887

8. AGE	Years	Months	Days	If less than 1 day
	57	11	4	hrs min.

9. Exact Occupation retired Did this work for yrs.
10. Industry or Business logger Date last worked Nov. 1943
11. Birthplace no record (City or town) (State or foreign country)
Father
12. Name no record
13. Birthplace no record (City or town) (State or foreign country)
Mother
14. Maiden name no record
15. Birthplace no record (City or town) (State or foreign country)
16. Informant's OWN Signature from papers on deceased V. V. Vassar
and Address Lewiston, Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 6- 44 (Month) (Day) (Year)
(c) Place: Lewiston, Idaho
18. Funeral Director's OWN Signature Vincent V. Vassar
and Address Lewiston, Idaho
19. (a) June 29 1944 (Date received and filed) (b) Margaret Vassar (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) June 19, 1944
at 7:00 o'clock p. M.
21. I HEREBY CERTIFY, That I attended deceased from June 12 1944, to June 19 1944
I last saw him alive on June 19 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cardio nephritis	6 mos
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? Pierce Idaho
Name of operation none Date
Major finding
Finding of autopsy none

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature E. G. Braddock MD (M. D. or other)
and Address Lewiston Ida. Date 6-27 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JUL 12 1944

Certificate Of Death

STATE OF IDAHO

State File No. 1395
Local Reg. No. 143
Reg. Dist. No. 220

1. PLACE OF DEATH:
(a) County Nez Perce
(b) City or town Lewiston
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? X Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. St. Joseph's Stayed 1 days
(g) Lived in this county 35 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Nez Perce
(c) City or town Lewiston
(d) Street Address or R.F.D. No. 23rd St. North
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 35 years
(h) Former residence (city, state)

3. (a) FULL NAME Eugene Arnone 164c

3. (b) If veteran, name war World War I
3. (c) Social Security No. 700-07-5750
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Anna Arnone
6. (c) Age of husband or wife if alive 80 years
7. Date of Birth (Month, Day, Year) 1881

8. AGE	Years	Months	Days	If less than 1 day
	63			hrs min.

9. Exact Occupation retired Did this work for yrs.
10. Industry or Business railroad Date last worked
11. Birthplace Italy (City or town) (State or foreign country)
Father
12. Name Louis Arnone
13. Birthplace Italy (City or town) (State or foreign country)
Mother
14. Maiden name Rose Pecora
15. Birthplace Italy (City or town) (State or foreign country)
16. Informant's OWN Signature Frank Arnone
and Address Lewiston, Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 6-24-44 (Month) (Day) (Year)
(c) Place: Lewiston, Idaho
18. Funeral Director's OWN Signature Vincent V. Vassar
and Address Lewiston, Idaho
19. (a) June 27 1944 (Date received and filed) (b) Margaret Vassar (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 20 1944
at 12:30 o'clock a. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 6-20 1944, to 6-20 1944
I last saw him alive on 6-20 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Self inflicted bullet wound of Skull	16½ hours
Due to —	
Due to —	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted? —	
Name of operation — Date	
Major finding —	
Finding of autopsy —	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? yes Homicide?
Occurred 6-20 1944 City, county, state where violence occurred Lewiston Nez Perce Idaho
Place of Violence: Home yes Farm Industry No
Public Place No While at work? No
Means of injury gun shot wound
23. Attendant's OWN Signature [signature] (M. D. or other)
and Address Lewiston Idaho Date 6/23 1944
(For additional space, use reverse side)

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Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JUL 12 1944

Certificate Of Death

STATE OF IDAHO

State File No. 139509
Local Reg. No. 138
Reg. Dist. No. 220

1. **PLACE OF DEATH:**
   (a) County Nez Perce
   (b) City or town Lewiston
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home .... Hospital X Institution .... Other place ....
   (f) Name Hosp. or Inst St. Joseph's Stayed 2 days
   (g) Lived in this county 9 years ..... months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Nez Perce
   (c) City or town Lewiston
   (d) Street Address or R.F.D. No. 23rd St. North
   (e) Deceased lived Inside? X Outside? ..... city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 9 years
   (h) Former residence (city, state)

3. (a) **FULL NAME** Anna Arnone 30C

3. (b) If veteran, name war -----
3. (c) Social Security No. -------
4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife Eugene
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) no record

8. AGE	Years	Months	Days	If less than 1 day
	80			hrs min.

9. Exact Occupation housewife Did this work for ..... yrs.
10. Industry or Business at home Date last worked .....
11. Birthplace Italy (City or town) (State or foreign country)

Father
12. Name no record
13. Birthplace Idahy (City or town) (State or foreign country)

Mother
14. Maiden name no record
15. Birthplace Italy (City or town) (State or foreign country)

16. Informant's **OWN** Signature Frank Arnone
and Address Lewiston, Idaho

17. (a) removal (Burial, cremation, or removal) (b) Date thereof 6-24-44 (Month) (Day) (Year)
(c) Place: Livingston, Montana

18. Funeral Director's **OWN** Signature Vincent U. Vassar
and Address Lewiston, Idaho

19. (a) June 23, 1944 (Date received and filed) (b) Margaret Vassar (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 20, 1944
at 4:00 o'clock p. M.

21. **I HEREBY CERTIFY,** That I attended deceased from 9-4 1942, to June 20, 1944
I last saw her alive on June 20, 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Coronary occlusion 94a	Instantaneous
Due to 30 C.	
Due to	
Other conditions Neuro Syphilis. (Include pregnancy within 3 months of death)	6 months
Where was disease contracted? ?	
Name of operation 0 Date	
Major finding 0	
Finding of autopsy 0	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? — Suicide? — Homicide? —
Occurred ..... 19— City, county, state where violence occurred —
Place of Violence: Home — Farm — Industry —
Public Place — While at work? —
Means of injury

23. Attendant's **OWN** Signature [illegible] (M. D. or other)
and Address Lewiston Ida. Date 6/23 1944
(For additional space, use reverse side)

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United States
Department of Commerce
Bureau of the Census

JUL 12 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 139519
Local Reg. No. 136
Reg. Dist. No. 220

1. **PLACE OF DEATH:**
(a) County Nez Perce.
(b) City or town
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. St Joseph Stayed days
(g) Lived in this county years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these).
(a) State Washington (b) County Garfield
(c) City or town Pomeroy
(d) Street Address or R. F. D. No. E 7
(e) Deceased lived Inside? X Outside? city or town
(f) If foreign born, in U. S. yrs. Citizen of U. S.?
(g) How long had deceased lived in Idaho? no. years
(h) Former residence (city, state) Washington

3. (a) **FULL NAME** Judith Ann Slaybaugh. 159

3. (b) If veteran name war No. 3. (c) Social Security No. no.
4. Sex Female 5. Color or race White. 6. (a) Single, widowed, married, divorced No.
6. (b) Name of husband or wife None 6 (c) Age of husband or wife if alive no. years
7. Date of Birth (Month, Day, Year) May 8 - 1944

8. AGE	Years	Months	Days	If less than 1 day
	0	1	13	hrs min.

9. Exact Occupation None. Did this work for yrs.
10. Industry or Business None. Date last worked
11. Birthplace Lewiston (City or town) Idaho (State or foreign country)
Father 12. Name Bill Eugene Slaybaugh.
13. Birthplace Pomeroy (City or town) Wn. (State or foreign country)
Mother 14. Maiden name Alvarena Van Ausdle
15. Birthplace Pomeroy (City or town) Wn. (State or foreign country)
16. Informant's **OWN** Signature Bill Slaybaugh
and Address Pomeroy. Wn
17. (a) Removal & Burial (Burial, cremation, or removal) (b) Date thereof 6-24-1944 (Month) (Day) (Year)
(c) Place: Pomeroy Wn
18. Funeral Director's **OWN** Signature Bert Richardson
and Address Pomeroy Wash.
19. (a) June 21 1944 (Date received and filed) (b) Margaret Vassar (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 21 1944
at 7 o'clock A M.
21. I, **HEREBY CERTIFY,** That I attended deceased from May 8 1944 to June 21 1944
I last saw her alive on June 20 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Inanition	6 wks
Due to Premature birth	6 wks
Due to Detachment of placenta	3 days
Other conditions (Include pregnancy within 3 months of death)	

Where was disease first contracted? —
Name of operation — Date
Major finding —
Finding of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? — Suicide? — Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature J W Sherfey (M. D. or other)
and Address Pomeroy Wn Date 6 21 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census JUL 12 1944

Certificate Of Death

STATE OF IDAHO

State File No. 139511
Local Reg. No. 140
Reg. Dist. No. 220

1. **PLACE OF DEATH:**
(a) County Nez Perce
(b) City or town Lapwai
(c) Street Address or R. F. D. No. Rte #1
(d) Death Occured Inside? ... Outside? ... city or town
(e) Died in a Home ✓ Hospital ... Institution ... Other place ...
(f) Name Hosp. or Inst. ... Stayed ... days
(g) Lived in this county 27 years ... months ... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Nez Perce
(c) City or town Lapwai
(d) Street Address or R.F.D. No. #1
(e) Deceased lived Inside? ... Outside? ✓ city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 27 years
(h) Former residence (city, state) ...

3. (a) **FULL NAME** Sylvester Sander

3. (b) If veteran, name war —
3. (c) Social Security No. ...
4. Sex Male race White
5. Color or ...
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Date of Birth (Month, Day, Year) 12-27-1916

8. AGE	Years	Months	Days	If less than 1 day
	27	5	26	hrs ... min.

9. Exact Occupation Laborer Did this work for ... yrs.
10. Industry or Business Farm Date last worked ...
11. Birthplace Lapwai, Idaho (City or town) (State or foreign country)
Father 12. Name B. J. Sander
Father 13. Birthplace Germany (City or town) (State or foreign country)
Mother 14. Maiden name H. C. Delsman
Mother 15. Birthplace Nebraska (City or town) (State or foreign country)
16. Informant's **OWN** Signature Lawrence Sander and Address Lapwai, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-27-44 (Month) (Day) (Year)
(c) Place: Lewiston, Idaho
18. Funeral Director's **OWN** Signature Vincent U. Vasser and Address Lewiston, Idaho
19. (a) June 27, 1944 (Date received and filed) (b) Margaret Vasser (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 6-23 1944
at 5:30 o'clock A. M.
21. **I HEREBY CERTIFY**, That I attended deceased from 6-21 1944, to 6-23 1944
I last saw him alive on 6-23 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Self inflicted bullet wound at Skull	6-23-44
Due to Mental despondent	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? —
Name of operation 0 Date ...
Major finding 0
Finding of autopsy ✓

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ... Suicide? yes Homicide? ...
Occurred 6-23 1944 City, county, state where violence occurred Nez Perce Idaho Rte 1 Lapwai
Place of Violence: Home ... Farm ✓ Industry ...
Public Place — While at work? No
Means of injury Self inflicted 22 calibre bullet wound
23. Attendant's **OWN** Signature [illegible] (M. D. or other)
and Address Lewiston Idaho Date 6-23 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

JUL 12 1944

State File No. 139512
Local Reg. No. 142
Reg. Dist. No. 220

1. **PLACE OF DEATH:**
   (a) County Nez Perce
   (b) City or town Lewiston
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? Outside? ✓ city or town
   (e) Died in a Home Hospital Institution Other place
   (f) Name Hosp. or Inst. Somerville Home Stayed 240 days
   (g) Lived in this county 35 years months days

   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Nez Perce
   (c) City or town Lewiston
   (d) Street Address or R.F.D. No. no record
   (e) Deceased lived Inside? Outside? ✓ city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 35 years
   (h) Former residence (city, state)

3. (a) **FULL NAME** Amelia Holt

3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) 9-24-1872

8. AGE	Years	Months	Days	If less than 1 day
	71	9	1	hrs min.

9. Exact Occupation Housewife — Did this work for yrs.
10. Industry or Business at home — Date last worked
11. Birthplace Washburn Missouri (City or town) (State or foreign country)

Father
12. Name Samuel Engle
13. Birthplace (City or town) (State or foreign country)

Mother
14. Maiden name
15. Birthplace (City or town) (State or foreign country)

16. Informant's **OWN** Signature Elsie Tangeyson
    and Address Lewiston Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-28-44 (Month) (Day) (Year)
    (c) Place: Lewiston Idaho
18. Funeral Director's **OWN** Signature Vincent O. Vassar
    and Address Lewiston, Idaho
19. (a) June 27, 1944 (Date received and filed) (b) Margaret Vassar (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 6-25 1944
    at 5:00 o'clock a. M.
21. **I HEREBY CERTIFY,** That I attended deceased from February 1944, to 6-24- 1944
    I last saw her alive on 6-24- 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Arteriosclerotic and Hypertensive Heart	years
Due to Cerebrovascular Accident	10 days
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
    Occurred 19 City, county, state where violence occurred
    Place of Violence: Home Farm Industry
    Public Place While at work?
    Means of injury
23. Attendant's **OWN** Signature Walter C. Mewilliams (M. D. or other)
    and Address Lewiston Date 6-26- 1944
    (For additional space, use reverse side)

M.D.W.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JUL 12 1944

Certificate Of Death

STATE OF IDAHO

State File No. 139513
Local Reg. No. 144
Reg. Dist. No. 220

1. **PLACE OF DEATH:**
   (a) County Nezperce
   (b) City or town Lewiston Idaho
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? Outside? city or town
   (e) Died in a Home.... Hospital X Institution.... Other place....
   (f) Name Hosp. or Inst. St Joseph Stayed days
   (g) Lived in this county years months 4 Hrs
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2. 4 Hours

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Nezperce
   (c) City or town Lewiston Idaho
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? X Outside? city or town
   (f) Citizen of what country? U.S. of Amer
   (g) How long had deceased lived in Idaho? 4Hours####
   (h) Former residence (city, state)

3. (a) **FULL NAME** Dwayne Eller

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male race White
5. Color or
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) June 26, 1944

8. AGE	Years	Months	Days	If less than 1 day
				4 hrs min.

9. Exact Occupation Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace (City or town) (State or foreign country)

Father
12. Name Samuel Clarence Eller
13. Birthplace Wallace, Idaho (City or town) (State or foreign country)

Mother
14. Maiden name Nellie Ann Smolinski
15. Birthplace Genoa, Nebr (City or town) (State or foreign country)

16. Informant's **OWN** Signature Sam Eller
and Address Clarkston, Wash.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 6/26/44 (Month) (Day) (Year)
(c) Place: Clarkston, Wash.

18. Funeral Director's **OWN** Signature A.G. Merchant
and Address Clarkston, Wash.

19. (a) June 28, 1944 (Date received and filed) (b) Margaret Vassar (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 26 19 44
at o'clock M.

21. **I HEREBY CERTIFY,** That I attended deceased from June 26 1944 to June 26 1944
I last saw him alive on June 26 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Premature Birth	
6 months	
Due to ?	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYISICIAN Underline the cause to which death should be charged statistically.
Name of operation Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature Forest Tomlinson (M. D. or other)
and Address Lewiston Date 6-26-1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JUL 12 1944

Certificate Of Death

STATE OF IDAHO

State File No. 139511
Local Reg. No. 145
Reg. Dist. No. 222

1. **PLACE OF DEATH:**
   (a) County Nezperce
   (b) City or town Lewiston
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? # Outside? city or town
   (e) Died in a Home Hospital X Institution Other place
   (f) Name Hosp. or Inst. St Joseph Stayed days
   (g) Lived in this county years months 4Hrs days

   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Nezperce
   (c) City or town Lewiston
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? X Outside? city or town
   (f) Citizen of what country? U S of Amer
   (g) How long had deceased lived in Idaho? 4 Hours
   (h) Former residence (city, state)

3. (a) **FULL NAME** Dwight Eller

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) June 26, 1944

8. AGE	Years	Months	Days	If less than 1 day
				4 hrs min.

9. Exact Occupation Premature — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace (City or town) (State or foreign country)

Father
12. Name Samuel Clarence Eller
13. Birthplace Wallace Idaho (City or town) (State or foreign country)

Mother
14. Maiden name Nellie Ann Smolinski
15. Birthplace Genoa, Nebr. (City or town) (State or foreign country)

16. Informant's **OWN** Signature Sam Eller
    and Address Clarkston, Wash.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 6/26/44 (Month) (Day) (Year)
    (c) Place: Clarkston, Wash.
18. Funeral Director's **OWN** Signature H. G. Merchant
    and Address Clarkston, Wash.
19. (a) June 28 1944 (Date received and filed) (b) Margaret Vassau (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 26 19 44
    at 1 o'clock 23 M.
21. **I HEREBY CERTIFY,** That I attended deceased from June 26 19 44 to June 26 19 44
    I last saw h. alive on June 26 19 44, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Premature Birth	
6 mo	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYISICIAN Underline the cause to which death should be charged statistically.
Name of operation Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
    Occurred 19 City, county, state where violence occurred
    Place of Violence: Home Farm Industry
    Public Place While at work?
    Means of injury
23. Attendant's **OWN** Signature F. Tomlinson M.D. (M. D. or other)
    and Address Lewiston Ida. Date 6-27 19 44
    (For additional space use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JUL 12 1944

Certificate Of Death

STATE OF IDAHO

State File No. 139515
Local Reg. No. 151
Reg. Dist. No. 220

1. PLACE OF DEATH:
(a) County Nezperce
(b) City or town Lewiston Idaho
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. The Clinic Stayed days
(g) Lived in this county years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Wash (b) County Asotin
(c) City or town Clarkston, Wash.
(d) Street Address or R.F.D. No. 1330-Libby St
(e) Deceased lived Inside? Outside? city or town
(f) Citizen of what country? U.S. of America
(g) How long had deceased lived in Idaho? X years
(h) Former residence (city, state) Clarkston, Wn.

3. (a) **FULL NAME** Cynthia Ann Uglem

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Nov. 20, 1937

8. AGE	Years	Months	Days	If less than 1 day
	6	7	9	hrs min.

9. Exact Occupation Child Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Lewiston, Idaho (City or town) (State or foreign country)
Father
12. Name Alfred O Uglem
13. Birthplace Spokane, Wash. (City or town) (State or foreign country)
Mother
14. Maiden name Evelyn May Handley
15. Birthplace Bovill, Idaho (City or town) (State or foreign country)
16. Informant's **OWN** Signature Alice Uglem
and Address Clarkston, Wash.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 6/29/44 (Month) (Day) (Year)
(c) Place: Clarkston, Wash.
18. Funeral Director's **OWN** Signature H R Merchant
and Address Clarkston, Wash.
19. (a) June 30, 1944 (Date received and filed) (b) Margaret Vassar (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 29 1944
at 5 o'clock P. M.
21. **I HEREBY CERTIFY**, That I attended deceased from June 29 1944 to June 29 1944
I last saw her alive on June 29 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Heart failure
Due to Tonsillectomy infected tonsils & free hemorrhage
Due to
Other conditions
(Include pregnancy within 3 months of death)
Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

Duration

PHYISCIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature Paul H Johnson (M. D. or other)
and Address Lewiston Ida Date 6-30 1944
(For additional space, use reverse side)

139516

United States
Department of Commerce
Bureau of the Census

JUL 12 1944

Certificate Of Death

STATE OF IDAHO

State File No.
Local Reg. No. 152
Reg. Dist. No. 220

1. PLACE OF DEATH:
(a) County Nez Perce
(b) City or town Lewiston
(c) Street Address or R.F.D. No. St. Joseph Hosp.
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Home ..... Hospital X Institution ..... Other place .....
(f) Name Hosp. or Inst. St. Joseph Stayed ..... days
(g) Lived in this county 12 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Nez Perce
(c) City or town Lewiston
(d) Street Address or R.F.D. No. 626 9th Ave.
(e) Deceased lived Inside? X Outside? ..... city or town
(f) Citizen of what country? United States
(g) How long had deceased lived in Idaho? 12 years
(h) Former residence (city, state) Clarkston, Wash.

3. (a) FULL NAME Blance Maud Mc Gee 56 b

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex female race white
5. Color or
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband ~~or wife~~ Edward D.
6. (c) Age of husband ~~or wife if~~ alive 46 years
7. Date of Birth (Month, Day, Year) Jan. 8, 1901

8. AGE	Years	Months	Days	If less than 1 day
	43	5	22	hrs min.

9. Exact Occupation housewife Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Clarkston, Washington (City or town) (State or foreign country)
Father
12. Name Fred C. Smith
13. Birthplace Elk Mund, Wisconsin (City or town) (State or foreign country)
Mother
14. Maiden name Bernice Avery
15. Birthplace Oclair, Wisconsin (City or town) (State or foreign country)
16. Informant's OWN Signature Edward D McGee
and Address 626 9th Ave. Lewiston, Ida.
17. (a) removal (Burial, cremation, or removal) (b) Date thereof 7 1 1944 (Month) (Day) (Year)
(c) Place: Clarkston, Washington
18. Funeral Director's OWN Signature H R Merchant
and Address Clarkston, Washington
19. (a) July 5 1944 (Date received and filed) (b) Margaret Vassar (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) June 30 1944
at 8 o'clock A.M.
21. I HEREBY CERTIFY, That I attended deceased from June 24 1944, to June 30 1944
I last saw h. Sr alive on June 29 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death	Duration
acute colitis infection	
Due to Gangrenous uterine fibroid	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Hysterectomy Date 6-29-44
Major finding
Finding of autopsy no autopsy

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's OWN Signature J M Lyle (M.D. or other)
and Address Lewiston Ida. Date 6-30 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JUL 10 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 13951?
Local Reg. No. 15
Reg. Dist. No. 530

1. **PLACE OF DEATH:**
   (a) County Oneida
   (b) City or town Malad
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? X Outside? city or town
   (e) Died in a Home Hospital X Institution Other place
   (f) Name Hosp. or Inst. Oneida Stayed 4 days
   (g) Lived in this county Life years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Oneida
   (c) City or town Malad
   (d) Street Address or R. F. D. No.
   (e) Deceased lived Inside? X Outside? city or town
   (f) Citizen of what country?
   (g) How long had deceased lived in Idaho? Life years
   (h) Former residence (city, state)

3. (a) **FULL NAME** Parley Morgan RIchards Jr. 97

3. (b) If veteran, name war No
3. (c) Social Security No. 519-20-3917
4. Sex Male
5. Color or race Wht.
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ethel V. Greer
6. (c) Age of husband or wife if alive 42 years
7. Date of Birth (Month, Day, Year) March 11 1896

8. AGE	Years	Months	Days	If less than 1 day
	48	3	4	hrs min.

9. Exact Occupation Custodian — Did this work for 13 yrs.
10. Industry or Business Malad Schools — Date last worked Oct. 1 1943
11. Birthplace Malad Idaho (City or town) (State or foreign country)

Father
12. Name Parley Morgan Richards
13. Birthplace Utah (City or town) (State or foreign country)

Mother
14. Maiden name Martha Alice Williams
15. Birthplace Utah (City or town) (State or foreign country)

16. Informant's OWN Signature Ethyl Richards
and Address Malad Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 19 44 (Month) (Day) (Year)
(c) Place: Malad Idaho

18. Funeral Director's OWN Signature J. Seay Hansen
and Address Malad Idaho.

19. (a) 6-17-1944 (Date received and filed) (b) J. Seay Hansen (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 15 1944
at 12:40 o'clock P. M.

21. **I HEREBY CERTIFY**, That I attended deceased from 1936 to June 15 1944
I last saw h— alive on June 15 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death	Duration
Acute Edema of Glottis,	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's OWN Signature O. A. Mabey M.D. (M. D. or other)
and Address Malad Date 6-17 1944

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

139518

United States
Department of Commerce JUL 10 1944
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 17
Reg. Dist. No. 530

1. PLACE OF DEATH:
(a) County Oneida
(b) City or town Malad
(c) Street Address or R. F. D. No. 1
(d) Death Occurred Inside? Outside? X city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 47 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Oneida
(c) City or town Malad
(d) Street Address or R. F. D. No. 1
(e) Deceased lived Inside? Outside? city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? 49 years
(h) Former residence (city, state)

3. (a) FULL NAME Jane Faux Scott

93E

3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Female
5. Color or race Wht.
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife A.E. Scott
6. (c) Age of husband or wife if alive 76 years
7. Date of Birth (Month, Day, Year) May 22 1867

8. AGE	Years	Months	Days	If less than 1 day
	77	1	4	hrs min.

9. Exact Occupation Housewife Did this work for 52 yrs.
10. Industry or Business Own Home Date last worked 6/4/1944
11. Birthplace Moroni Utah (City or town) (State or foreign country)
Father
12. Name Nathan Faux
13. Birthplace England (City or town) (State or foreign country)
Mother
14. Maiden name Clarissa Chase
15. Birthplace Utah (City or town) (State or foreign country)
16. Informant's OWN Signature Isabelle Scott Chantland
and Address Malad Idaho Rt 1
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof June 29 44 (Month) (Day) (Year)
(c) Place: Salt Lake City, Utah.
18. Funeral Director's OWN Signature J. Guy Benson
and Address Malad Idaho
19. (a) 6-27-1944 (Date received and filed) (b) J. Guy Benson (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) June 26 1944
at 7:15 o'clock P. M.
21. I HEREBY CERTIFY, That I attended deceased from June 5, 1944 to June 26, 1944
I last saw her alive on June 26, 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Acute articular rheumatism	
Due to	
Due to	
Other conditions Myocarditis (Include pregnancy within 3 months of death)	
Where was disease contracted? Malad Ida.	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy none.	

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature V. P. Garst, M. D. (M. D. or other)
and Address Malad Ida Date 6-27, 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

13951

United States
Department of Commerce
Bureau of the Census

JUL 10 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 13951
Local Reg. No. 11
Reg. Dist. No. 38

1. **PLACE OF DEATH:**
   (a) County Owyhee
   (b) City or town Bruneau
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? Outside? X city or town
   (e) Died in a Home X Hospital Institution Other place
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county 50 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Owyhee
   (c) City or town Bruneau
   (d) Street Address or R. F. D. No.
   (e) Deceased lived Inside? Outside? X city or town
   (f) Citizen of what country?
   (g) How long had deceased lived in Idaho? 50 years
   (h) Former residence (city, state) Unknown

3. (a) **FULL NAME** JAMES SMITH

3. (b) If veteran, name war No.
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) June 9, 1860

8. AGE	Years	Months	Days	If less than 1 day
	83	11	16	hrs min.

9. Exact Occupation Retired Ranch Hand — Did this work for 50 yrs.
10. Industry or Business Live Stock — Date last worked 1934
11. Birthplace Davenport (City or town) Iowa (State or foreign country)

Father
12. Name Unknown
13. Birthplace Unknown (City or town) (State or foreign country)

Mother
14. Maiden name Unknown
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mrs. S. Randall
and Address Bruneau Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 27, 1944 (Month) (Day) (Year)
(c) Place: Bruneau Cemetery

18. Funeral Director's **OWN** Signature Riley J. Day
and Address Mountain Home Idaho

19. (a) May 31, 1944 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 24 1944
at 9:30 o'clock PM.

21. **I HEREBY CERTIFY,** That I attended deceased from January 12 1944 to April 5 1944
I last saw him alive on April 5 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Due to Chronic Myocarditis	7 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted? Home	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature J. E. Evans (M. D. or other)
and Address Mtn Home Ida Date 5-29, 1944

(For additional space, use reverse side)

139520

United States
Department of Commerce
Bureau of the Census

JUL 10 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 64
Reg. Dist. No. 380

1. **PLACE OF DEATH:**
(a) County Owyhee
(b) City or town Bruneau
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? X city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county years months 21 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Elmore
(c) City or town Mountain Home
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? 37 years
(h) Former residence (city, state) Mtn. Home Ida.

3. (a) **FULL NAME** CATHERINE BELL GRAY

3. (b) If veteran, name war No.
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Dead
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Febuary 21, 1871

8. AGE	Years	Months	Days	If less than 1 day
	73	4	4	hrs min.

9. Exact Occupation Housewife Did this work for 40 yrs.
10. Industry or Business Home Date last worked 3/14/44
11. Birthplace College Springs (City or town) Iowa (State or foreign country)
Father
12. Name John H. Hensleigh
13. Birthplace England (City or town) (State or foreign country)
Mother
14. Maiden name Nancy Lydick
15. Birthplace Pennsylvania (City or town) (State or foreign country)
16. Informant's OWN Signature Enos F. Black
and Address Bruneau Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 28, 1944 (Month) (Day) (Year)
(c) Place: Mountain View Cemetery
18. Funeral Director's OWN Signature Felix J. Bay
and Address Mountain Home Idaho
19. (a) 7-1-1944 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 25 1944
at 6.15 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from Jan 1942 to June 25 1944
I last saw her alive on May 15 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Mitral Regurgation	2 yrs
Due to Arteriosclerosis	4 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature [signature] M. D. (M. D. or other)
and Address Mountain Home Ida. Date June 27 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Riverside Cemetery

United States
Department of Commerce
Bureau of the Census JUN 20 1944

Certificate Of Death

STATE OF IDAHO

State File No. 139521
Local Reg. No. 32
Reg. Dist. No. 3-330

1. PLACE OF DEATH:
(a) County Payette
(b) City or town Payette
(c) Street Address ~~or Rural No.~~ 217 So 7th
(d) Death Occured Inside? # Outside? ..... city or town
(e) Died in a Home / Hospital .... Institution .... Other place ....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 10 years — months — days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Payette
(c) City or town Payette
(d) Street Address ~~or Rural No.~~ 217 So 7th St
(e) Deceased lived Inside? # Outside? ..... city or town
(f) Citizen of what country? USA
(g) How long had deceased lived in Idaho? 10 years
(h) Former residence (city, state) Crofton, Neb.

3. (a) **FULL NAME** John M. Huennekens.

3. (b) If veteran, name war ---
3. (c) Social Security No. ---
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Martha Huennekens
6. (c) Age of husband or wife if alive 66 years
7. Date of Birth (Month, Day, Year) July 20 1878

8. AGE	Years	Months	Days	If less than 1 day
	65	10	12	hrs min.

9. Exact Occupation Farmer — Did this work for life yrs.
10. Industry or Business ranch — Date last worked 1937
11. Birthplace Crofton, (City or town) Nebraska. (State or foreign country)
Father 12. Name Henry Huennekens.
Father 13. Birthplace ----- (City or town) Holland. (State or foreign country)
Mother 14. Maiden name Frances Merkle.
Mother 15. Birthplace Delphos, (City or town) Ohio. (State or foreign country)
16. Informant's **OWN** Signature Martha Huennekens
and Address Payette, Idaho.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 6/6/1944 (Month) (Day) (Year)
(c) Place: Payette, Idaho.
18. Funeral Director's **OWN** Signature Edith Sanders
and Address Payette, Idaho.
19. (a) 6/5/1944 (Date received and filed) (b) J. C. Woodward (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 1 1944 19
at 7:00 o'clock P. M.

21. **I HEREBY CERTIFY**, That I attended deceased from May 30 1944, to June 1 1944
I last saw him alive on May 30 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Tuberculosis — Duration
Interstinal
Due to
Due to
Other conditions Diverticulitis
(Include pregnancy within 3 months of death)

Where was disease contracted?
Name of operation ..... Date .....
Major finding
Finding of autopsy

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury

23. Attendant's **OWN** Signature I. R. Overdevest M.D.
and Address Payette, Idaho. M. D. or other Date 6/5/1944 19
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

139522

United States
Department of Commerce JUL 10 1944
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 33
Reg. Dist. No. 3330

1. PLACE OF DEATH:
(a) County Payette
(b) City or town Payette
(c) Street Address or R. F. D. No. 307 N-9
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home X Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 50 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Payette
(c) City or town Payette
(d) Street Address or R. F. D. No. 307 N 9
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? U S
(g) How long had deceased lived in Idaho? 50 years
(h) Former residence (city, state) Nebraska

3. (a) FULL NAME Mary Ann Chase 92 b

3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife ____
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) April 19 1858

8. AGE	Years	Months	Days	If less than 1 day
	86	1	21	hrs min.

9. Exact Occupation Housewife Did this work for ____ yrs.
10. Industry or Business ____ Date last worked ____
11. Birthplace Lynn (City or town) Indiana (State or foreign country)
Father
12. Name Samuel Platt
13. Birthplace Unknown (City or town) (State or foreign country)
Mother
14. Maiden name Susan Davis
15. Birthplace Unknown (City or town) (State or foreign country)
16. Informant's OWN Signature Pearl Chase and Address ____
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6 12 1944 (Month) (Day) (Year)
(c) Place: Riverside Payette
18. Funeral Director's OWN Signature J L Foster and Address Payette Idaho
19. (a) 6/9/1944 (Date received and filed) (b) J C Woodward (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) 6-9 1944
at 6:30 o'clock A M.
21. I HEREBY CERTIFY, That I attended deceased from ____ 1941, to June 1944
I last saw her alive on May 31 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration
200 a Myocardial failure few hours
Due to Auricular fibrillation 10 days
Due to Mitral Stenosis old
Other conditions 92 b
(Include pregnancy within 3 months of death)
91 a
Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature John J Kaiser MD (M. D. or other)
and Address Payette Date 6-9 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Riverside Cemetery

United States
Department of Commerce
Bureau of the Census

JUL 10 1944

Certificate Of Death

STATE OF IDAHO

State File No. 139523
Local Reg. No. 34
Reg. Dist. No. 3-330

1. **PLACE OF DEATH:**
   (a) County Payette
   (b) City or town Payette
   (c) Street Address or R.F.D. No. 237 S 10th St.
   (d) Death Occured Inside? if Outside? city or town
   (e) Died in a Home Hospital if Institution Other place
   (f) Name Hosp. or Inst Payette General 1 days
   (g) Lived in this county 34 years months days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Payette
   (c) City or town Payette
   (d) Street Address or ~~RFD No.~~ 126 N 7th
   (e) Deceased lived Inside? if Outside? city or town
   (f) Citizen of what country? USA
   (g) How long had deceased lived in Idaho? 34 years
   (h) Former residence (city, state)

3. (a) **FULL NAME** Nancy Jane Wayne. 50

3. (b) If veteran, name war ---
3. (c) Social Security No. ----
4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife C. F. Wayne
6. (c) Age of husband or wife if alive 82 years
7. Date of Birth (Month, Day, Year) July 19 1861

8. AGE	Years	Months	Days	If less than 1 day
	82	10	21	hrs min.

9. Exact Occupation at home — Did this work for life yrs.
10. Industry or Business home — Date last worked May 1944
11. Birthplace Missouri. (City or town) (State or foreign country)

Mother Father
12. Name John Cox.
13. Birthplace (City or town) (State or foreign country)
14. Maiden name
15. Birthplace (City or town) (State or foreign country)

16. Informant's **OWN** Signature C. F. Gardner
and Address R#1 Boise Ida

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 6/14/1944 (Month) (Day) (Year)
(c) Place: Payette, Idaho.

18. Funeral Director's **OWN** Signature Dick Knudsen
and Address Payette, Idaho.

19. (a) 6/13/1944 (Date received and filed) (b) J. C. Woodward (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 10 1944 19
at 12:15 o'clock P. M.

21. **I HEREBY CERTIFY,** That I attended deceased from Jan. 1941, to June 10 1944
I last saw her alive on June 10 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebral Vascular hemorrhage	2 days.
Due to arteriosclerosis	
Due to Chronic myocarditis	
Other conditions Ca breast.	
(Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature R. Reed Ware Jr. (M. D. or other)
and Address Payette, Idaho Date 6/12 19 44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Ware

United States
Department of Commerce
Bureau of the Census

JUL 10 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 1395214 36
Local Reg. No. 3-331
Reg. Dist. No.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
(a) County Payette
(b) City or town Fruitland
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? ✓ Outside? ..... city or town
(e) Died in a Home ✓ Hospital ... Institution ... Other place ....
(f) Name Hosp. or Inst. ..... Stayed .... days
(g) Lived in this county 19 years ..... months ..... days
Note — For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Ida (b) County Payette
(c) City or town Fruitland Ida
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? ✓ Outside? ..... city or town
(f) If foreign born, in U. S. ... yrs. Citizen of U. S.?
(g) How long had deceased lived in Idaho? 20 years
(h) Former residence (city, state)

3. (a) **FULL NAME** Ruth Holt

3. (b) If veteran, name war —
3. (c) Social Security No. 518-40-2047
4. Sex F race W
5. Color or race W
5. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife James R. Holt
6. (c) Age of husband or wife if alive 23 years
7. Date of Birth (Month, Day, Year) July 11 - 1924

8. AGE	Years	Months	Days	If less than 1 day
	19	11	13	hrs min.

9. Exact Occupation Office Mgr Did this work for 2 yrs.
10. Industry or Business Date last worked
11. Birthplace Fruitland Ida (City or town) (State or foreign country)

Father
12. Name Edgar Emberg
13. Birthplace Utah (City or town) (State or foreign country)

Mother
14. Maiden name Laura Hooker
15. Birthplace Iowa (City or town) (State or foreign country)

16. Informant's **OWN** Signature Laura Holloway
and Address Fruitland Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/27/44 (Month) (Day) (Year)
(c) Place: Payette City Cemetery
18. Funeral Director's **OWN** Signature H. L. Peterson
and Address Ontario Ore
19. (a) 6/27/1944 (Date received by Local Reg.) (b) J. C. Woodward (Registrar's Signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 27 1944
at 11 o'Clock P. M.

21. **I HEREBY CERTIFY,** That I attended deceased from June 24 1944, to June 24 1944
I last saw her alive on June 24 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebral Hemorrhage	16 hrs
Due to Essential Hypertension	3 yrs ?
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease first contracted?
Name of operation None Date
Major finding
Finding of autopsy None

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ... Suicide? ... Homicide? ...
Occurred ... 19... City, county, state where violence occurred ...
Place of Violence: Home ... Farm ... Industry ...
Public Place ... While at work? ...
Means of injury ...

23. Attendant's **OWN** Signature H. Reese M.D. (M. D. or other)
and Address Ontario Ore Date 6/26 1944

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

JUL 12 1944

State File No. 139525
Local Reg. No. 123
Reg. Dist. No. 571

1. **PLACE OF DEATH:**
(a) County Power
(b) City or town Pocatello AAFld, Idaho
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? X city or town
(e) Died in a Home Hospital Institution Other place X
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 0 years 0 months 18 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Illinois (b) County Unknown
(c) City or town Chicago
(d) Street Address or R. F. D. No. 3633 Lake Pk Ave
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 18 Days yrs.
(h) Former residence (city, state)

3. (a) FULL NAME FISH, BENJAMIN FRANKLIN 1st Lt. AC 0-675685 173

3. (b) If veteran, name war None
3. (c) Social Security No. Unknown
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife - - -
6. (c) Age of husband or wife if alive - - - years
7. Date of Birth (Month, Day, Year) October 19, 1921

8. AGE	Years	Months	Days	If less than 1 day hrs	min.

9. Exact Occupation Pilot — Did this work for 1 2/12 yrs.
10. Industry or Business U.S. Army Air Force — Date last worked 18 May 44
11. Birthplace Unknown (City or town) Wisconsin (State or foreign country)

Father
12. Name Benjamin H. Fish
13. Birthplace U.S.A. (City or town) (State or foreign country)

Mother
14. Maiden name Unknown
15. Birthplace U.S.A. (City or town) (State or foreign country)

16. Informant's OWN Signature Army Records
and Address AAF Sta Hosp, AAFld, Pocatello, Ida.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 6/6/1944. (Month) (Day) (Year)
(c) Place: Chicago, Illinois.
18. Funeral Director's OWN Signature Hall Mortuary Arthur M Hall
and Address Pocatello, Idaho.
19. (a) 6-6-44 (Date received and filed) (b) D C Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 18 1944
at 8:20 MWT o'clock A.M.
21. **I HEREBY CERTIFY,** That I attended deceased from 19 , to 19
I last saw h alive on 19 ; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Shock and Hemorrhage	Instant
Due to Multiple Fractures	Instant
Due to Aircraft Accident	Instant
Other conditions Traumatic amputation of L leg and L arm, abdominal evisceration (Include pregnancy within 3 months of death)	Instant

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy Not done.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Yes Suicide? Homicide?
Occurred May 18 1944 City, county, state where violence occurred Power County, Idaho
Place of Violence: Home Farm Industry
Public Place While at work? Yes
Means of injury Aircraft Accident
23. Attendant's OWN Signature John [illegible] (M. D. or other)
and Address Ford AAF Date 6/6 1944
(For additional space, use reverse side)

United States
Department of Commerce
Bureau of the Census

JUL 6 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 139526
Local Reg. No. 17
Reg. Dist. No. 500

1. **PLACE OF DEATH:** Power
(a) County
(b) City or town Bonanza Bar Ranch
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? X city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 2 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Power
(c) City or town American Falls Ida
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Outside? X city or town
(f) Citizen of what country? U. S.
(g) How long had deceased lived in Idaho? 2 years
(h) Former residence (city, state) Idaho

3. (a) **FULL NAME** Gene Laverne Richardson

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife None
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) October 3, 1941

8. AGE	Years	Months	Days	If less than 1 day
	2	8	21	hrs min.

9. Exact Occupation Child Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Albion, Idaho (City or town) (State or foreign country)
Father
12. Name Elmer Richardson
13. Birthplace Twin Falls, Idaho (City or town) (State or foreign country)
Mother
14. Maiden name Mary Etta Sayre
15. Birthplace Senica, Mo. (City or town) (State or foreign country)
16. Informant's OWN Signature C. A. Slaughter
and Address American Falls, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-26-44 (Month) (Day) (Year)
(c) Place: Hegler, Idaho
18. Funeral Director's OWN Signature H. L. Davis
and Address Am. Falls, Idaho
19. (a) 6-27-1944 (Date received and filed) (b) Irene Daling (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 24 1944
at 3 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 19 to 19
I last saw him dead on June 24 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Accidental drowning — Duration
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Where was disease contracted? Bonanza Bar ranch - fell in irrigation ditch
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? X Suicide? Homicide?
Occurred June 24 1944 City, county, state where violence occurred Power Co. Ida.
Place of Violence: Home X Farm Industry
Public Place While at work?
Means of injury Irrigation ditch
23. Attendant's OWN Signature M H Farrell M D (M. D. or other)
and Address Am Falls Ida Date 6-26 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JUL 10 1944

Certificate Of Death

STATE OF IDAHO

State File No. 139527
Local Reg. No. 52
Reg. Dist. No. 140

1. **PLACE OF DEATH:**
   (a) County Shoshone
   (b) City or town Wallace
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? ✓ Outside? ..... city or town
   (e) Died in a Home .... Hospital ✓ Institution .... Other place ....
   (f) Name Hosp. or Inst. Providence Stayed ..... days
   (g) Lived in this county 30 years ..... months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Shoshone
   (c) City or town Kellogg
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? ✓ Outside? ..... city or town
   (f) Citizen of what country?
   (g) How long had deceased lived in Idaho? 21 years
   (h) Former residence (city, state)

3. (a) **FULL NAME** Dr William C Lindsay. 117a

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Mle. 5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Pearl
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) JAN. 2 1883

8. AGE	Years	Months	Days	If less than 1 day
	61	5	2	hrs ..... min.

9. Exact Occupation PHYSICIAN + SURGEON Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace MANAWA (City or town) WISC. (State or foreign country)
Father
12. Name George LINDSAY
13. Birthplace NEW YORK (City or town) (State or foreign country)
Mother
14. Maiden name Elizabeth RICHEY
15. Birthplace OHIO (City or town) (State or foreign country)
16. Informant's **OWN** Signature Wm C Lindsay Jr.
and Address Bellingham Wash
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof June 6-44 (Month) (Day) (Year)
(c) Place: 220 KANE WASH.
18. Funeral Director's **OWN** Signature P. L. Stout
and Address Kellogg, Idaho.
19. (a) June 10-44 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 4 1944
at 2:35 o'clock P. M.
21. **I HEREBY CERTIFY**, That I attended deceased from June 2 1944 to June 4 1944
I last saw him alive on June 4 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
93a Myocarditis, Chronic	4 years
Due to Cortico Sclerosis 97	4 years
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Ulcer Duodenum 117a	

Where was disease contracted?
Name of operation ..... Date .....
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury

23. Attendant's **OWN** Signature [signature] M.D.
(M. D. or other)
and Address Wallace Idaho Date June 6 19 44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JUL 10 1944

Certificate Of Death

STATE OF IDAHO

State File No. 139528
Local Reg. No. 53
Reg. Dist. No. 140

1. **PLACE OF DEATH:**
(a) County Shoshone
(b) City or town Wallace
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? ✓ Outside? city or town
(e) Died in a Home Hospital ✓ Institution Other place
(f) Name Hosp. or Inst. Wallace Stayed days
(g) Lived in this county 14 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Shoshone
(c) City or town Wallace
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? Outside? city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? 14 years
(h) Former residence (city, state) Wash.

3. (a) **FULL NAME** Victor Nestrom 1516

3. (b) If veteran, name war
3. (c) Social Security No. 518-03-3550
4. Sex Male
5. Color of race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Marie
6. (c) Age of husband or wife if alive 44 years
7. Date of Birth (Month, Day, Year) March 24-1890

8. AGE	Years	Months	Days	If less than 1 day
	53	2	14	hrs min.

9. Exact Occupation Miner Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Sweden (City or town) (State or foreign country)
Father
12. Name Eric Nestrom
13. Birthplace Sweden (City or town) (State or foreign country)
Mother
14. Maiden name Anna Nestrom
15. Birthplace Sweden (City or town) (State or foreign country)
16. Informant's **OWN** Signature Marie Nestrom
and Address Wallace Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof June 12-44 (Month) (Day) (Year)
(c) Place: Spokane Wash.
18. Funeral Director's **OWN** Signature Thos Bever
and Address Wallace Idaho
19. (a) June 9-44 (Date received and filed) (b) John Bever (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 8 1944
at 1:20 o'clock A. M.
21. **I HEREBY CERTIFY,** That I attended deceased from Mar 1944, to 6-8 1944
I last saw him alive on 6-7 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Uremia 1322	7 days
Due to Chronic nephritis	5 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature Paul Ellis (M. D. or other)
and Address Wallace Ida Date 6-10 1944
(For additional space, use reverse side)

139529

United States
Department of Commerce
Bureau of the Census

JUL 10 1944

Certificate Of Death

STATE OF IDAHO

State File No.
Local Reg. No. 54
Reg. Dist. No. 140

1. **PLACE OF DEATH:**
(a) County Shoshone
(b) City or town Wallace
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? ✓ Outside? city or town
(e) Died in a Home ✓ Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 50 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Shoshone
(c) City or town Wallace
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? Outside? city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? 50 years
(h) Former residence (city, state) Sweden

3. (a) **FULL NAME** Ella C Green. 131a

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex —
5. Color or race W.
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Feb 21-1869

8. AGE	Years	Months	Days	If less than 1 day
	75	3	4	hrs min.

9. Exact Occupation At Home Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Sweden (City or town) (State or foreign country)
Father 12. Name Not known
13. Birthplace " " (City or town) (State or foreign country)
Mother 14. Maiden name " "
15. Birthplace " " (City or town) (State or foreign country)
16. Informant's **OWN** Signature Mrs. Harry Talbot
and Address Chicago Ill.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 13-44 (Month) (Day) (Year)
(c) Place: Wallace Idaho
18. Funeral Director's **OWN** Signature John Bever (ward)
and Address Wallace Idaho
19. (a) June 10-44 (Date received and filed) (b) John Bever (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 10 1944
at 1:00 o'clock P. M.
21. **I HEREBY CERTIFY**, That I attended deceased from 3-10 1944, to 6-10- 1944
I last saw her alive on 6-10 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: 111c	Duration
Hypostatic pneumonia	4 days
Due to General anasarca	4 mos
Due to Hypertensive cardio-renal	
Other conditions disease 131a (Include pregnancy within 3 months of death)	4 yrs

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature Pauline Ellis (M. D. or other)
and Address Wallace Ida Date 6-13 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census JUL 10 1944

Certificate Of Death

STATE OF IDAHO

139530

State File No.
Local Reg. No. 55
Reg. Dist. No. 140

1. **PLACE OF DEATH:**
(a) County Shoshone
(b) City or town Wardner
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? ✓ Outside? city or town
(e) Died in a Home Hospital Institution Other place
(f) Name Hosp. or Inst. Hosp. Stayed days
(g) Lived in this county 43 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Shoshone
(c) City or town Osburn
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? Outside? city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? 43 years
(h) Former residence (city, state) Sweden

3. (a) **FULL NAME** Andy Greenwall 93d

3. (b) If veteran, name war
(c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Jan - 9 - 1873

8. AGE	Years	Months	Days	If less than 1 day
	70	3	2	hrs min.

9. Exact Occupation Miner Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Sweden (City or town) (State or foreign country)

Father
12. Name Not Known
13. Birthplace (City or town) (State or foreign country)

Mother
14. Maiden name
15. Birthplace (City or town) (State or foreign country)

16. Informant's **OWN** Signature John A Beer (Coroner)
and Address Wallace Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 14-44 (Month) (Day) (Year)
(c) Place: Kingston Idaho

18. Funeral Director's **OWN** Signature John A Beer (Coroner)
and Address Wallace Idaho

19. (a) June -12-44 (Date received and filed) (b) John A Beer (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 11 - 1944
at 7:30 o'clock P. M.

21. **I HEREBY CERTIFY**, That I attended deceased from 6/9/44 19 to 6/11/44 19
I last saw h alive on 6/10/44 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Chr. Myo Carditis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature James R Began (M. D. or other)
and Address Wallace Date 6/12 19
(For additional space use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census JUL 10 1944

Certificate Of Death

STATE OF IDAHO

State File No. 1395
Local Reg. No. 56
Reg. Dist. No. 140

1. **PLACE OF DEATH:**
(a) County Shoshone
(b) City or town Wallace
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? ✓ Outside? city or town
(e) Died in a Home Hospital ✓ Institution Other place
(f) Name Hosp. or Inst. Providence Stayed days
(g) Lived in this county 20 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Shoshone
(c) City or town Wallace
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? Outside? city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? 20 years
(h) Former residence (city, state) Wash

3. (a) **FULL NAME** Elmer T King 117b

3. (b) If veteran, name war
3. (c) Social Security No. 518-03-2801
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Kate
6. (c) Age of husband or wife if alive 56 years
7. Date of Birth (Month, Day, Year) Feb 2 - 1884

8. AGE	Years	Months	Days	If less than 1 day
	60	4	17	hrs min.

9. Exact Occupation Mining Did this work for yrs.
10. Industry or Business Russiaville Date last worked
11. Birthplace Russiaville Indiana (City or town) (State or foreign country)
Father
12. Name William King
13. Birthplace Indiana (City or town) (State or foreign country)
Mother
14. Maiden name Eva Marie Shirley
15. Birthplace Indiana (City or town) (State or foreign country)
16. Informant's **OWN** Signature Kate King
and Address Wallace Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 22-44 (Month) (Day) (Year)
(c) Place: Wallace Idaho
18. Funeral Director's **OWN** Signature Wm A Bower
and Address Wallace Idaho
19. (a) Jul 20-44 (Date received and filed) (b) John A Bower (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 19 1944
at 6:30 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from June 13 1944, to June 19 1944
I last saw him alive on June 19 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Pneumonia Bronchial	3d.
Myocarditis, Chronic	9 3d
Due to Pyloric Stenosis	months
Due to Duodenal Ulcer	
Other conditions 117b	
(Include pregnancy within 3 months of death)	

Where was disease contracted? Idaho
Name of operation Gastroenterostomy Date 6/17/44
Major finding
Finding of autopsy 0

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature [signature] (M. D. or other)
and Address Wallace Ida Date 6/20 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

JUL 10 1944

State File No. 139532
Local Reg. No. 57
Reg. Dist. No. 40

1. **PLACE OF DEATH:**
   (a) County Shoshone
   (b) City or town Wallace
   (c) Street Address or R. F. D. No.
   (d) Death Occured Inside? ~ Outside? city or town
   (e) Died in a Home Hospital Institution Other place
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county 36 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho. (b) County Shoshone
   (c) City or town
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? Outside? city or town
   (f) Citizen of what country?
   (g) How long had deceased lived in Idaho? 36 years
   (h) Former residence (city, state) Mont.

3. (a) **FULL NAME** Adeline C. Novella 164c

3. (b) If veteran, name war —
3. (c) Social Security No.
4. Sex ~ 5. Color or race W
6. (a) Single, widowed, married divorced Married
6. (b) Name of husband or wife Battista
6. (c) Age of husband or wife if alive 63 years
7. Date of Birth (Month, Day, Year) Oct-30-1898

8. AGE	Years	Months	Days	If less than 1 day
	45	7	22	hrs min.

9. Exact Occupation Ck Home Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Belt (City or town) Mont. (State or foreign country)

Father
12. Name Lewis Rizzonella
13. Birthplace (City or town) Austria (State or foreign country)

Mother
14. Maiden name
15. Birthplace Oregon (City or town) Italy (State or foreign country)

16. Informant's **OWN** Signature Austria
and Address Rt. 2 Kellogg

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 24-44 (Month) (Day) (Year)
(c) Place: Wallace Idaho

18. Funeral Director's **OWN** Signature John A Bauer (words)
and Address Wallace Idaho

19. (a) June 23-44 (Date received and filed) (b) John A Bauer (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 22 1944
at 8.30 o'clock A M.

21. **I HEREBY CERTIFY**, That I attended deceased from 19 to 19
I last saw her alive on June 22 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Gunshot wound of head Instant

Due to Self-inflicted

Due to

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? ~
Name of operation ~ Date
Major finding
Finding of autopsy ~

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? yes Homicide?
Occurred 6/22 (Month, Day, Year) City, county, state where violence occurred Wallace Idaho
Place of Violence: Home Farm Industry
Public Place At work? no
Means of injury Gun shot wound of head

23. Attendant's **OWN** Signature H. C. Shreffler Coroner
and Address Wallace Idaho (R.F.D. or Street) (City or town) (State) 6/23/44
(For additional space, use reverse side)

1395 [illegible]

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 28877
Local Reg. No. 28877
Reg. Dist. No. 142

1. **PLACE OF DEATH:**
(a) County Shoshone
(b) City or town Kellogg
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? ✓ Outside? city or town
(e) Died in a Home ✓ Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 28 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Shoshone
(c) City or town Kellogg
(d) Street Address or R. F. D. No. 66
(e) Deceased lived Inside? ✓ Outside? city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? 28 years
(h) Former residence (city, state) Spokane Wn.

3. (a) **FULL NAME** Albertis Eugene Loomis

3. (b) If veteran, name war ✓
3. (c) Social Security No. 518-01-9524
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Feb 15 -1877

8. AGE	Years	Months	Days	If less than 1 day
	67	4	7	hrs min.

9. Exact Occupation Janitor Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Hobart Ind (City or town) (State or foreign country)
Father
12. Name Morgan Loomis
13. Birthplace New York (City or town) (State or foreign country)
Mother
14. Maiden name Pricilla Wilson
15. Birthplace New York (City or town) (State or foreign country)
16. Informant's OWN Signature Mary Loomis
and Address Kellogg Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-26-1944 (Month) (Day) (Year)
(c) Place: Kellogg Idaho
18. Funeral Director's OWN Signature R. L. Stout
and Address Kellogg Idaho
19. (a) July 3-1944 (Date received and filed) (b) Mrs. Helen McFeeder (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 22 1944
at 8:15 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from 5-22-39 19 , to 6-22 1944
I last saw him alive on 6-22- 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death	Duration
Coronary Thrombosis	10 HRS.
Due to Chronic Myocarditis 94a 93d	2 YRS.
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature M. E. Herr D.O. (M. D. or other)
and Address Kellogg Date 6-29 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 139534
Local Reg. No. 58
Reg. Dist. No. 140

JUL 10 1944

1. **PLACE OF DEATH:**
   (a) County Shoshone
   (b) City or town Burke
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? Outside? city or town
   (e) Died in a Home ✓ Hospital Institution Other place
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county 40 years months days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County
   (c) City or town Burke
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? Outside? city or town
   (f) Citizen of what country?
   (g) How long had deceased lived in Idaho? 40 years
   (h) Former residence (city, state) Norway

3. (a) **FULL NAME** Einar I. Tofte.

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Anne
6. (c) Age of husband or wife if alive 62 years
7. Date of Birth (Month, Day, Year) Aug 18 1875

8. AGE	Years	Months	Days	If less than 1 day
	68	8	6.	hrs min.

9. Exact Occupation Mining. Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Norway. (City or town) (State or foreign country)

Father
12. Name Ole Tofte
13. Birthplace Norway (City or town) (State or foreign country)

Mother
14. Maiden name Marit Tladvod.
15. Birthplace Norway. (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mrs Anne Tofte
and Address Burke Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June-28-44 (Month) (Day) (Year)
(c) Place: Wallace Idaho.
18. Funeral Director's **OWN** Signature Thora Bever (wards)
and Address Wallace Idaho.
19. (a) June 26-44 (Date received and filed) (b) John A Bever (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June-24 1944
at 2 o'clock P. M.
21. **I HEREBY CERTIFY**, That I attended deceased from 19, to 19
I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Found dead in Lavatory Instant
Due to Apparently heart failure
Due to
Other conditions
(Include pregnancy within 3 months of death)

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature H. C. Mowery (M. D. or other)
and Address Wallace Idaho Date 6/24/44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JUL 10 1944

Certificate Of Death

STATE OF IDAHO

State File No. 139555
Local Reg. No. 59
Reg. Dist. No. 140

1. **PLACE OF DEATH:**
   (a) County Shoshone
   (b) City or town Wallace
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? ✓ Outside? ..... city or town
   (e) Died in a Home.... Hospital ✓ Institution.... Other place....
   (f) Name Hosp. or Inst. Co Hospital Stayed ..... days
   (g) Lived in this county 30 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Shoshone
   (c) City or town Wallace
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? ..... Outside? ..... city or town
   (f) Citizen of what country?
   (g) How long had deceased lived in Idaho? 30 years
   (h) Former residence (city, state) ✓

3. (a) **FULL NAME** William Perry.

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) Not Known.

8. AGE	Years	Months	Days	If less than 1 day
	69.			hrs min.

9. Exact Occupation Miner Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace ..... Wales
(City or town) (State or foreign country)

Father
12. Name Not Known
13. Birthplace " "
(City or town) (State or foreign country)

Mother
14. Maiden name " "
15. Birthplace " "
(City or town) (State or foreign country)

16. Informant's **OWN** Signature John A Bever (Hospital Records)
and Address Wallace Idaho
17. (a) Burial (b) Date thereof June 29-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place Kellogg. Wallace Idaho
18. Funeral Director's **OWN** Signature John A Bever (Wards)
and Address Wallace Idaho
19. (a) June 26-44 (b) John A Bever
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 26 1944
at 4 o'clock A. M.
21. **I HEREBY CERTIFY,** That I attended deceased from April 9 1944, to 6/26/44 19
I last saw h..... alive on 6/23/44 19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Bronchial Asthma	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature James R Bean
(M. D. or other)
and Address Wallace Date 6/26 19.....
(For additional space, use reverse side)

139536

United States
Department of Commerce
Bureau of the Census

JUL 10 1944

Certificate Of Death

STATE OF IDAHO

State File No.
Local Reg. No. 60
Reg. Dist. No. 140

1. PLACE OF DEATH:
(a) County Shoshone
(b) City or town Wallace
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? ✓ Outside? city or town
(e) Died in a Home Hospital ✓ Institution Other place
(f) Name Hosp. or Inst. Providence Stayed days
(g) Lived in this county 43 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Shoshone
(c) City or town Burke
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? Outside? city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? 43 years
(h) Former residence (city, state) Idaho

3. (a) FULL NAME Margaret Ann Osmond. 107

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F 5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Nov-13-1869

8. AGE	Years	Months	Days	If less than 1 day
	74	7	13	hrs min.

9. Exact Occupation At Home Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace (City or town) New Foundland (State or foreign country)
Father 12. Name Patrick Lewis
13. Birthplace (City or town) New Foundland (State or foreign country)
Mother 14. Maiden name Amelia Conway
15. Birthplace (City or town) New Foundland (State or foreign country)
16. Informant's OWN Signature Patrick Osmond
and Address Wallace Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 30-44 (Month) (Day) (Year)
(c) Place: Wallace Idaho
18. Funeral Director's OWN Signature Mina Beever (Wards)
and Address Wallace Idaho
19. (a) June 20-44 (Date received and filed) (b) John A Beever (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) June - 26 1944
at 12:15 o'clock A. M.
21. I HEREBY CERTIFY, That I attended deceased from June 10 1944, to June 26 1944
I last saw her alive on June 25 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Pneumonia Bronchial	8 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? Burke Idaho
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature E. F. Bussed MD (M. D. or other)
and Address Wallace Idaho Date 6/26 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JUL 10 1944

Certificate Of Death

STATE OF IDAHO

State File No. 139537
Local Reg. No. 61
Reg. Dist. No. 140

1. **PLACE OF DEATH:**
(a) County Shoshone
(b) City or town Wallace
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? — Outside? city or town
(e) Died in a Home Hospital — Institution Other place
(f) Name Hosp. or Inst. Providence Stayed days
(g) Lived in this county 27 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Shoshone
(c) City or town Wallace
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? Outside? city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? 27 years
(h) Former residence (city, state) Italy

3. (a) **FULL NAME** John Dire. 93d

3. (b) If veteran, name war —
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Josephine
6. (c) Age of husband or wife if alive 49 years
7. Date of Birth (Month, Day, Year) June-18-1884

8. AGE	Years	Months	Days	If less than 1 day
	60	0	9	hrs min.

9. Exact Occupation Retired Did this work for yrs.
10. Industry or Business Shoe Repair Shop Date last worked
11. Birthplace Italy (City or town) (State or foreign country)
Father
12. Name Dominick Dire
13. Birthplace Italy (City or town) (State or foreign country)
Mother
14. Maiden name Flora Paige
15. Birthplace Italy (City or town) (State or foreign country)
16. Informant's OWN Signature Dominick F. Dire
and Address Wallace Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof June 29-44 (Month) (Day) (Year)
(c) Place: Spokane Wash.
18. Funeral Director's OWN Signature John A Bever (work)
and Address Wallace Idaho
19. (a) June 28-44 (Date received and filed) (b) John A Bever (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 27 1944
at 1:15 o'clock A. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 19 , to 19
I last saw h alive on 19 ; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Hemorrhage Cerebral	5 hrs
Due to Arteriosclerosis & myocarditis	3 years
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted Home	
Name of operation Date	
Major finding	
Finding of autopsy	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature H. Mowery (M. D. or other)
and Address Wallace Idaho Date 6/28 1944
(For additional space, use reverse side)

139538

United States
Department of Commerce
Bureau of the Census

JUL 10 1944

Certificate Of Death

STATE OF IDAHO

State File No.
Local Reg. No. 62
Reg. Dist. No. 140

1. **PLACE OF DEATH:**
(a) County Shoshone
(b) City or town Wallace
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? ✓ Outside? city or town
(e) Died in a Home Hospital ✓ Institution Other place
(f) Name Hosp. or Inst. Co Hospital Stayed days
(g) Lived in this county 18 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Shoshone (b) County Idaho
(c) City or town Mullen
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? — Outside? city or town
(f) Citizen of what country? 42 yrs.
(g) How long had deceased lived in Idaho? 18 years
(h) Former residence (city, state) Finland

3. (a) **FULL NAME** Matt Parvi 83a

3. (b) If veteran, name war
3. (c) Social Security No. 518-03-1673
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Apr-18-1882

8. AGE	Years	Months	Days	If less than 1 day
	62	2	11	hrs min.

9. Exact Occupation Miner Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Finland (City or town) (State or foreign country)
Father 12. Name Not Known
13. Birthplace " " (City or town) (State or foreign country)
Mother 14. Maiden name " "
15. Birthplace " " (City or town) (State or foreign country)
16. Informant's **OWN** Signature John A Bever Co Hosp Records
and Address Wallace
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 1-44 (Month) (Day) (Year)
(c) Place: Wallace
18. Funeral Director's **OWN** Signature John A Bever (Warden)
and Address Wallace Idaho
19. (a) June 28-44 (Date received and filed) (b) John A Bever (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 28- 1944
at 1 A. o'clock M.
21. **I HEREBY CERTIFY**, That I attended deceased from 4/27/44 19 to 19
I last saw h alive on 6/28/44 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebral Apoplexy	3 hours
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) Rectal Fistula	
Where was disease contracted?	
Name of operation Date	
Major finding	
Finding of autopsy	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature James R Dean (M. D. or other)
and Address Wallace Date 6/28 19
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JUL 10 1944

Certificate Of Death

STATE OF IDAHO

State File No. 139530
Local Reg. No. 63
Reg. Dist. No. 140

1. **PLACE OF DEATH:**
(a) County Shoshone
(b) City or town Silverton
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? ✓ Outside? city or town
(e) Died in a Home Hospital Institution Other place
(f) Name Hosp. or Inst. Co Hosp. Stayed days
(g) Lived in this county 11 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Shoshone
(c) City or town Wallace
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? ✓ Outside? city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? 11 years
(h) Former residence (city, state) Wales.

3. (a) **FULL NAME** Richard Owens 13b

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) April 19 - 1884

8. AGE	Years	Months	Days	If less than 1 day
	60	1	11	hrs min.

9. Exact Occupation Miner Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Wales. (City or town) (State or foreign country)
Father
12. Name Not Known
13. Birthplace " " (City or town) (State or foreign country)
Mother
14. Maiden name " "
15. Birthplace " " (City or town) (State or foreign country)
16. Informant's **OWN** Signature John A Bever (Wards)
and Address Wallace
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 5-44 (Month) (Day) (Year)
(c) Place: Wallace Idaho
18. Funeral Director's **OWN** Signature John A Bever (Wards)
and Address Wallace Idaho
19. (a) July 1-44 (Date received and filed) (b) John A Bever (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 30 1944
at 3:45 o'clock P. M.
21. **I HEREBY CERTIFY**, That I attended deceased from 1/15 1944 to 6/30/44 19
I last saw h alive on 6/30/44 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Pulmonary tuberculosis	6 mos
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature James R Bean MD (M. D. or other)
and Address Wallace Date 7/3/44 19
(For additional space, use reverse side)

139540

United States
Department of Commerce JUL 10 1944
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 6
Reg. Dist. No. 6-2-0

1. **PLACE OF DEATH:**
(a) County Teton
(b) City or town Driggs
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? ✓ Outside? ____ city or town
(e) Died in a Home ____ Hospital ✓ Institution ____ Other place ____
(f) Name Hosp. or Inst. Teton Valley Stayed 107 days
(g) Lived in this county 12 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Teton
(c) City or town Driggs
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? ✓ Outside? ____ city or town
(f) Citizen of what country? U. S.
(g) How long had deceased lived in Idaho? 15 years
(h) Former residence (city, state) Jackson Wyo.

3. (a) **FULL NAME** Margaret W. Cunningham

3. (b) If veteran, name war ____ 3. (c) Social Security No. ____
4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Albert Cunningham 6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) Feb 8 1870

8. AGE	Years	Months	Days	If less than 1 day
	74	4	1	hrs ____ min.

9. Exact Occupation Hotel operator Did this work for ____ yrs.
10. Industry or Business ____ Date last worked ____
11. Birthplace Rochester N.Y. (City or town) (State or foreign country)
Father 12. Name Not known
Father 13. Birthplace United State (City or town) (State or foreign country)
Mother 14. Maiden name Not known
Mother 15. Birthplace United State (City or town) (State or foreign country)
16. Informant's OWN Signature Mrs Lucy Curtis and Address Idaho Falls Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 6/10/44 (Month) (Day) (Year)
(c) Place: Idaho Falls Idaho
18. Funeral Director's OWN Signature Jack A. Wright and Address Idaho Falls Idaho
19. (a) 6-10-44 (Date received and filed) (b) Ethel Factorill (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 7 1944 at 7:35 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from Dec 1940 to June 7 1944
I last saw her alive on June 7 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Carcinoma of Stomach — Duration 7 yrs.
Due to Chronic Myocarditis 93d — 4 yrs.
Due to ____
Other conditions ____
(Include pregnancy within 3 months of death)
Generalized arteriosclerosis

Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's OWN Signature O D Hansen M.D. (M. D. or other)
and Address Driggs Idaho Date June 7 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

139541

United States
Department of Commerce
Bureau of the Census

JUL 10 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF DEATH:**
(a) County Teton
(b) City or town Driggs
(c) Street Address or R. F. D. No. 2
(d) Death Occurred Inside? Outside? Yes (City or town)
(e) Died in a Home XX Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 38 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED** (Always fill in these)
(a) State Idaho (b) County Teton
(c) City or town Driggs
(d) Street Address or R. F. D. No. 2
(e) Deceased lived Inside? Outside? Yes (City or town)
(f) Country? United States
(g) How long did deceased lived in Idaho? 50 years
(h) Former residence (city, state)

3. (a) **FULL NAME** ZUMA ELIZA HARRIMAN MURDOCK 94a

3. (b) If veteran, name war No.
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Fred Murdock
6. (c) Age of husband or wife if alive 56 years
7. Date of Birth (Month, Day, Year) August 3, 1892

8. AGE	Years	Months	Days	If less than 1 day
	51	10	23	hrs min.

9. Exact Occupation Housewife — Did this work for 31 yrs.
10. Industry or Business Own Home — Date last worked 1943
11. Birthplace Huntington, Utah. (City or town) (State or foreign country)

Father
12. Name Henry Harrison Harriman
13. Birthplace Salt Lake City, Utah. (City or town) (State or foreign country)

Mother
14. Maiden name Sarah Elizabeth Hobbs
15. Birthplace England (City or town) (State or foreign country)

16. Informant's OWN Signature George Murdock
and Address Driggs, Idaho.

17. (a) Removal (b) Date thereof 6-29-44 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: Annis, Idaho.

18. Funeral Director's OWN Signature Mel Hansen
and Address St. Anthony, Idaho.

19. (a) _____ (b) _____ (Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 26 1944
at 1:45 P.M.

21. I HEREBY CERTIFY, that I attended deceased from July 19[illegible] to June 26 1944
I last saw h[illegible] alive on June 26 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Myocardial Infarction + Failure — Duration 3 wks
Due to Umbilical Hernia due to fall — May 19th
Due to Obesity — 10 years
Other conditions (Include pregnancy within 3 months of death) Varicose ulcers

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's OWN Signature O. D. Hansen, M.D.
and Address Driggs, Ida. (M.D. or other) Date June 26 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JUL 12 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 139542
Local Reg. No. 136
Reg. Dist. No. 460

1. **PLACE OF DEATH:**
   (a) County Twin Falls
   (b) City or town Twin Falls
   (c) Street Address or R. F. D. No. 144-10th Ave. E.
   (d) Death Occurred Inside? X Outside? ____ city or town
   (e) Died in a Home ____ Hospital X Institution ____ Other place ____
   (f) Name Hosp. or Inst. Twin Falls Gen. Stayed 14 days
   (g) Lived in this county 36 years ____ months ____ days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County T. Falls
   (c) City or town Twin Falls
   (d) Street Address or R. F. D. No. 144-10th Ave. E.
   (e) Deceased lived Inside? X Outside? ____ city or town
   (f) Citizen of what country? United States
   (g) How long had deceased lived in Idaho? 36 years
   (h) Former residence (city, state) Texas

3. (a) **FULL NAME** Martha C. Deiss

3. (b) If veteran, name war ____
3. (c) Social Security No. ____
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Herman E. Deiss
6. (c) Age of husband or wife if alive 61 years
7. Date of Birth (Month, Day, Year) August 24, 1881

8. AGE	Years	Months	Days	If less than 1 day
	62	9	8	hrs ____ min.

9. Exact Occupation Housewife — Did this work for ____ yrs.
10. Industry or Business ____ — Date last worked ____
11. Birthplace Bonham, Texas (City or town) (State or foreign country)

Father
12. Name No inf
13. Birthplace " (City or town) (State or foreign country)

Mother
14. Maiden name Susan Love
15. Birthplace Georgia (City or town) (State or foreign country)

16. Informant's OWN Signature M E Deiss
and Address Twin Falls Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-5-44 (Month) (Day) (Year)
(c) Place: Twin Falls Cemetery
18. Funeral Director's OWN Signature S. C. Phillips
and Address Twin Falls Idaho
19. (a) JUL 10 1944 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 2 1944
at 5:45 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from Dec 1940 to June 2 1944
I last saw h[illegible] alive on June 1 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Carcinoma of Liver — Duration 4 yrs
Due to ____
Due to ____
Other conditions ____
(Include pregnancy within 3 months of death)

Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature Peter McLaughlin (M. D. or other)
and Address Twin Falls Date 6-6- 1944

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JUL 11 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 139543
Local Reg. No. 95
Reg. Dist. No. 371

1. **PLACE OF DEATH:**
   (a) County Twin Falls County
   (b) City or town Rural
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? Outside? X city or town
   (e) Died in a Home Hospital Institution Other place X
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county years months days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Michigan (b) County
   (c) City or town Benton Harbor
   (d) Street Address or R. F. D. No. 342 Pipestone
   (e) Deceased lived Inside? Outside? city or town
   (f) Citizen of what country?
   (g) How long had deceased lived in Idaho? years
   (h) Former residence (city, state)

3. (a) **FULL NAME** RICHARD P. CLEMENTS

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3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Jeanny C Clements
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) November 21, 1921

8. AGE	Years	Months	Days	If less than 1 day
	22	6	13	hrs min.

9. Exact Occupation Soldier — Did this work for yrs.
10. Industry or Business Military sergice — Date last worked
11. Birthplace Benton Harbor, Michigan (City or town) (State or foreign country)

Father
12. Name Unknown
13. Birthplace (City or town) (State or foreign country)

Mother
14. Maiden name Unknown
15. Birthplace (City or town) (State or foreign country)

16. Informant's OWN Signature Cwclewlett
and Address MHAAF, Mountain Home, Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof June 7, 1944 (Month) (Day) (Year)
(c) Place: Benton Harbor, Michigan
18. Funeral Director's OWN Signature
and Address Boise, Idaho
19. (a) 6-6-44 (Date received and filed) (b) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 4 June 19 44
at 0945 o'clock A M. on
21. **I HEREBY CERTIFY,** That I attended deceased from 4 June 19 44 to 19
I last saw him alive on 4 June 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — Duration

Fractures, compound, multiple, mandible, Fractures, compound, multiple, upper and lower extremities, Avulsion of abdominal wall (a)

Due to Crashing & burning of military aircraft.
(Include pregnancy within 3 months of death)

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Yes Suicide? Homicide?
Occurred 4 June 19 44 City, county, state where violence occurred Twin Falls County, Idaho
Place of Violence: Home Farm Industry
Public Place Rural While at work? Yes
Means of injury Aircraft accident

23. Attendant's OWN Signature Wm. J. Moore, Capt. M.C. (M. D. or other)
and Address MHAAF, Mtn. Home, Ida Date 6/4 19 44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JUL 11 1944

Certificate Of Death

STATE OF IDAHO

State File No. 13954
Local Reg. No. 97
Reg. Dist. No. 37

1. PLACE OF DEATH:
(a) County Twin Falls County
(b) City or town Rural
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? Outside? X city or town
(e) Died in a Home Hospital Institution Other place X
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Texas (b) County
(c) City or town Dallas
(d) Street Address or R.F.D. No. 5807 Edison Courts
(e) Deceased lived Inside? Outside? city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? years
(h) Former residence (city, state)

3. (a) FULL NAME BYRON V. DUNN

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3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ernestine Dunn
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) April 13, 1908

8. AGE	Years	Months	Days	If less than 1 day
	36	1	21	hrs min.

9. Exact Occupation Soldier — Did this work for yrs.
10. Industry or Business Military service — Date last worked
11. Birthplace Hampton, Arkansas (City or town) (State or foreign country)

Father
12. Name Unknown
13. Birthplace Hampton, Arkansas (City or town) (State or foreign country)

Mother
14. Maiden name Lena Darnell
15. Birthplace Hampton, Arkansas (City or town) (State or foreign country)

16. Informant's **OWN** Signature Cus Hewlett
and Address MHAAF; Mountain Home, Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof June 7, 1944 (Month) (Day) (Year)
(c) Place: Dallas, Texas
18. Funeral Director's **OWN** Signature
and Address Boise, Idaho
19. (a) 6-6-44 (Date received and filed) (b) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 4 1944
at 0945 o'clock A M.
21. **I HEREBY CERTIFY**, That I attended deceased ~~from~~ on 4 June 1944, to 19
I last saw him ~~alive~~ on 4 June 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — Duration
Burns, third degree, generalized.
Fractures, compound, multiple, ~~lower~~ lower extremities, bilateral
Fractures, compound, multiple (a)
Due to Crashing & burning of
~~Other conditions~~ military aircraft
(Include pregnancy within 3 months of death)

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Yes Suicide? Homicide?
Occurred 4 June 1944 City, county, state where violence occurred Twin Falls County, Idaho
Place of Violence: Home Farm Industry
Public Place Rural While at work? Yes
Means of injury Aircraft accident
23. Attendant's **OWN** Signature Wm. O. Moon, Capt MC (M. D. or other)
and Address MHAAF Mtn Home Idaho 4/6 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census JUL 1 1 194[illegible]

Certificate Of Death

STATE OF IDAHO

State File No. 13952
Local Reg. No. 96
Reg. Dist. No. 371

1. **PLACE OF DEATH:**
   (a) County Twin Falls County
   (b) City or town Rural
   (c) Street Address or R. F. D. No.
   (d) Death Occured Inside? Outside? X city or town
   (e) Died in a Home Hospital Institution Other place X
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county years months days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Missouri (b) County
   (c) City or town St. Louis
   (d) Street Address or R.F.D. No. 2155 Blendon Place
   (e) Deceased lived Inside? Outside? city or town
   (f) Citizen of what country?
   (g) How long had deceased lived in Idaho? years
   (h) Former residence (city, state)

3. (a) **FULL NAME** GEORGE De WEES

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3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) May 10, 1923

8. AGE	Years	Months	Days	If less than 1 day
	21	0	24	hrs min.

9. Exact Occupation Soldier Did this work for yrs.
10. Industry or Business Military service Date last worked
11. Birthplace Harrisburg, Illinois (City or town) (State or foreign country)

Father
12. Name George M De Wees
13. Birthplace Harrisburg, Illinois (City or town) (State or foreign country)

Mother
14. Maiden name Elsie Lee De Wees
15. Birthplace Harrisburg, Illinois (City or town) (State or foreign country)

16. Informant's **OWN** Signature [signature]
and Address MHAAF, Mountain Home, Idaho

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof June 7, 1944 (Month) (Day) (Year)
(c) Place: Harrisburg, Ill.

18. Funeral Director's **OWN** Signature [signature]
and Address Boise, Idaho

19. (a) 6-6-44 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 4 19 44
at 0945 o'clock A M.

21. **I HEREBY CERTIFY,** That I attended deceased ~~from~~ on 4 June 19 44, to 19
I last saw ~~him~~ on 4 June 19 44; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: (Duration)
Burns, third degree, generalized with marked charring. Decapitation. Amputation, traumatic complete, lower extremities (a)
Due to Crashing & burning of military aircraft
(Include pregnancy within 3 months of death)

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Yes Suicide? Homicide?
Occurred June 4 19 44 city, county, state where violence occurred Twin Falls County, Idaho
Place of Violence: Home Farm Industry
Public Place Rural While at work? Yes
Means of injury Aircraft accident

23. Attendant's **OWN** Signature [signature] (M. D. or other)
and Address MHAAF, MTN HOME IDA Date 6/4 19 44
(For additional space, use reverse side)

United States
Department of Commerce
Bureau of the Census

JUL 12 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 139546
Local Reg. No. 135
Reg. Dist. No. 461

1. **PLACE OF DEATH:**
(a) County Twin Falls
(b) City or town Twin Falls
(c) Street Address or R. F. D. No. T.F.Co.Gen'l.Hosp
(d) Death Occurred Inside? ____ Outside? X city or town
(e) Died in a Home __ Hospital X Institution __ Other place __
(f) Name Hosp. or Inst. T.F.Co.Gen.Hosp Stayed 21 days
(g) Lived in this county 0 years 1 months 14 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Oregon (b) County ____
(c) City or town Portland
(d) Street Address or R. F. D. No. 1074 NE Oneonta
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? U.S.
(g) How long had deceased lived in Idaho? ____ years
(h) Former residence (city, state) ____

3. (a) FULL NAME TENNANT, Dean

90b

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife None
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) May 27, 1931

8. AGE	Years	Months	Days	If less than 1 day
	13	0	11	hrs min.

9. Exact Occupation Student Did this work for ____ yrs.
10. Industry or Business Public School Date last worked ____
11. Birthplace Gordon, Nebraska (City or town) (State or foreign country)
Father
12. Name Chas. W. Tennant
13. Birthplace Brokenbow, Nebr. (City or town) (State or foreign country)
Mother
14. Maiden name Marie Barr
15. Birthplace Wolbach, Nebrs. (City or town) (State or foreign country)
16. Informant's OWN Signature Chas W. Tennant
and Address 1074 NE Oneonta Street Portland, Oregon
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof (Month) 6-9-44 (Day) (Year)
(c) Place: Sunset Mem. Park Cem.
18. Funeral Director's OWN Signature Hugh H. Tillman
and Address Twin Falls, Idaho
19. (a) June 9 1944 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 7, 1944
at 5:45 o'clock P.M.
21. **I HEREBY CERTIFY,** That I attended deceased from 5/16 1944, to June 7, 1944
I last saw him alive on June 7, 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Rt Heart Failure c̄ passive congestion	
Due to Acute Glomerular Nephritis	
Due to	
Other conditions Hypertension 102 (Include pregnancy within 3 months of death)	
Fibrous Pericarditis	
Where was disease contracted?	PHYSICIAN
Name of operation ____ Date ____	Underline the cause to which death should be charged statistically.
Major finding ____	
Finding of autopsy Glomerular Nephritis & Fibrous Pericarditis	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature Glenn A Hoss Jr. (M. D. or other)
and Address Kimberly, Idaho Date 6/9 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

JUL 12 1944

State File No. 13957
Local Reg. No. 138
Reg. Dist. No. 460

1. **PLACE OF DEATH:**
(a) County Twin Falls
(b) City or town Twin Falls
(c) Street Address or R. F. D. No. 219 So. Wash.
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home ____ Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 4 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Twin Falls
(c) City or town Twin Falls
(d) Street Address or R. F. D. No. 219 So. Washingt
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? ____ years
(h) Former residence (city, state) ____

3. (a) **FULL NAME** KERLEY, Mrs. Dolly Mae

146c

3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex F. 5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Geo. D.
6. (c) Age of husband or wife if alive 44 years
7. Date of Birth (Month, Day, Year) May 13, 1905

8. AGE	Years	Months	Days	If less than 1 day
	39	0	26	hrs ____ min.

9. Exact Occupation Housewife — Did this work for ____ yrs.
10. Industry or Business Own Home — Date last worked ____
11. Birthplace Fort Scott, (City or town) Kansas (State or foreign country)

Father
12. Name W. W. Maffett
13. Birthplace Unknown (City or town) (State or foreign country)

Mother
14. Maiden name Unknown
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's **OWN** Signature Geo D Kerley
and Address 219 So. Washington
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/13/44 (Month) (Day) (Year)
(c) Place: Sunset Mem. Park Cem.
18. Funeral Director's **OWN** Signature White Mortuary
and Address Twin Falls, Idaho
19. (a) JUL 12-1944 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 9 1944
at 7:10 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from Nov 22 1943 to June 9 1944
I last saw h-r alive on June 9 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — Duration
Child birth — 8 hrs
Hemorrhage — 3 hrs
Due to Very high blood pressure — years
Due to Weak heart — years
Other conditions (Include pregnancy within 3 months of death) — years

Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's **OWN** Signature J. E. Langenwalter (M. D. ~~or other~~)
and Address Twin Falls Date June 11 1944
(For additional space, use reverse side)

1395-8

United States
Department of Commerce
Bureau of the Census

JUL 12 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 137
Reg. Dist. No. 461

1. **PLACE OF DEATH:**
   (a) County Twin Falls
   (b) City or town Twin Falls
   (c) Street Address or R. F. D. No. 3
   (d) Death Occurred Inside? Outside? X city or town
   (e) Died in a Home X Hospital Institution Other place
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county 0 years 9 months 9 days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Twin Falls
   (c) City or town Twin Falls
   (d) Street Address or R. F. D. No. 3
   (e) Deceased lived Inside? Outside? X city or town
   (f) Citizen of what country? U.S.
   (g) How long had deceased lived in Idaho? 0 years
   (h) Former residence (city, state) ---

3. (a) FULL NAME Joan Marie Crowson

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3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) September 4, 1943

8. AGE	Years	Months	Days	If less than 1 day
	0	9	9	hrs min.

9. Exact Occupation Infant — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace Twin Falls, Idaho (City or town) (State or foreign country)

Father
12. Name Richard R. Crowson
13. Birthplace Jonesboro, La. (City or town) (State or foreign country)

Mother
14. Maiden name Bessie Mitchell
15. Birthplace Montgomery, La. (City or town) (State or foreign country)

16. Informant's OWN Signature R R Crowson
and Address Route 3, Twin Falls, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-15-44 (Month) (Day) (Year)
(c) Place: Twin Falls Cemetery
18. Funeral Director's OWN Signature Reynolds Funeral Home
and Address Twin Falls, Idaho
19. (a) JUL 15 1944 (Date received and filed) (b) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 13, 1944
at 12:20 o'clock A.M.
21. **I HEREBY CERTIFY**, That I attended deceased from Feb. 17, 1944 to June 12, 1944
I last saw her alive on June 12, 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Acute Bronchopneumonia	24 hrs
Complicated by	
Due to Pylonic Stenosis	9 mos
Congenital	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation — Date
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's OWN Signature D. Spencer Roe M.D.
(M.D. or other)
and Address Twin Falls, Ida. Date June 15, 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

139549

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

JUL 12 1944

State File No. 139549
Local Reg. No. 139
Reg. Dist. No. 461

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
   (a) County Twin Falls
   (b) City or town Twin Falls
   (c) Street Address or R. F. D. No. 752-2nd Ave. S.
   (d) Death Occurred Inside? ____ Outside? ____ city or town
   (e) Died in a Home ____ Hospital ____ Institution ____ Other place ____
   (f) Name Hosp. or Inst. ____ Stayed ____ days
   (g) Lived in this county 0 years 0 months 3 days

   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Utah (b) County ____
   (c) City or town Midvale, Utah
   (d) Street Address or R. F. D. No. ____
   (e) Deceased lived Inside? ____ Outside? x city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 3 days years
   (h) Former residence (city, state) Midvale, Utah

3. (a) **FULL NAME** JAMES, Mrs. Alice

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3. (b) If veteran, name war no
3. (c) Social Security No. 529-18-1460
4. Sex female
5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or ~~wife~~ Charles Robt.
6. (c) Age of husband or wife if alive 23 years
7. Date of Birth (Month, Day, Year) May 24th, 1922

8. AGE	Years	Months	Days	If less than 1 day
	22	1	20	hrs ____ min.

9. Exact Occupation Housewife — Did this work for ____ yrs.
10. Industry or Business and typist — Date last worked 4-20-44
11. Birthplace Rigby, (City or town) Idaho (State or foreign country)

Father
12. Name George R. Adams
13. Birthplace Salt Lake City, (City or town) Utah (State or foreign country)

Mother
14. Maiden name Retta Walker
15. Birthplace Rigby, (City or town) Idaho (State or foreign country)

16. Informant's OWN Signature Retta Adams
and Address Midvale, Utah
17. (a) removal (Burial, cremation, or removal) (b) Date thereof 6-17-44 (Month) (Day) (Year)
(c) Place: Midvale, Utah
18. Funeral Director's OWN Signature White Mortuary E-249
and Address Twin Falls, Idaho
19. (a) June 12-1944 (Date received and filed) (b) [signature] (Local Registrar's Signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 14th, 1944
at Approx. 5.30 o'clock A.M. saw on
21. **I HEREBY CERTIFY,** That I attended deceased from June 14th 1944 to ____ 1944
I last saw her alive on ____ 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Internal Hemorrhage	
Due to Unknown	
Due to Verdict of Coroner Jury	
June 15th 1944 (Include pregnancy within 3 months of death)	

Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's OWN Signature [signature] Justice of the Peace Acting County Coroner (M. D. or other)
and Address Twin Falls, Idaho Date ____ 19____

(For additional space, use reverse side)

United States
Department of Commerce
Bureau of the Census

JUL 12 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 13955
Local Reg. No. 140
Reg. Dist. No. 460

1. **PLACE OF DEATH:**
(a) County Twin Falls
(b) City or town Twin Falls
(c) Street Address or R. F. D. No. 266 Blue Lakes N.
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home X Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 34 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Twin Falls
(c) City or town Twin Falls N.
(d) Street Address or R. F. D. No. 266-Blue Lakes
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 34 years
(h) Former residence (city, state) Tennessee

3. (a) **FULL NAME** GASKILL, Thomas Allen

1096

3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex male
5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Minnie E.
6. (c) Age of husband or wife if alive 70 years
7. Date of Birth (Month, Day, Year) November 12, 1872

8. AGE	Years	Months	Days	If less than 1 day
	71	7	4	hrs ____ min.

9. Exact Occupation Retired grocery man — Did this work for ____ yrs.
10. Industry or Business ____ — Date last worked ____
11. Birthplace Overton Co., (City or town) Tenn (State or foreign country)

Father
12. Name James Madison Gaskill
13. Birthplace Columbia, (City or town) Tenn (State or foreign country)

Mother
14. Maiden name Mary Jane Morrow
15. Birthplace Columbia, (City or town) Tenn (State or foreign country)

16. Informant's **OWN** Signature Mrs. T. A. Gaskill
and Address Twin Falls, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/19/44 (Month) (Day) (Year)
(c) Place Twin Falls Cem.
18. Funeral Director's **OWN** Signature White Mortuary
and Address Twin Falls, Idaho
19. (a) June 21 1944 (Date received and filed) (b) [signature] (Registrar's Signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 16, 1944
at 6:35 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from June 6 1944 to 6/15 1944
I last saw him alive on 6/15 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Hypostatic Pneumonia	5 days
Due to Acute Edema of Pneumonia	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation ____ Date ____	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's **OWN** Signature A. A. Newberry
and Address Twin Falls (M. D. or other) Date 6/16 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

139551

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH

STATE OF IDAHO

JUL 12 1944

State File No.
Local Reg. No. 141
Reg. Dist. No. 460

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
   (a) County Twin Falls
   (b) City or town Twin Falls
   (c) Street Address or R. F. D. No. 1076-2nd Ave, W.
   (d) Death Occurred Inside? ____ Outside? ____ city or town
   (e) Died in a Home X Hospital ____ Institution ____ Other place ____
   (f) Name Hosp. or Inst. ____ Stayed ____ days
   (g) Lived in this county 2 years 6 months ____ days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Twin Falls
   (c) City or town Twin Falls
   (d) Street Address or R. F. D. No. 1076-2nd Ave. W.
   (e) Deceased lived Inside? X Outside? ____ city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 2-½ years
   (h) Former residence (city, state) ____

3. (a) **FULL NAME** TEDROW, Silas Wilbur

3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Dorothy E.
6. (c) Age of husband or wife if alive ____ years

7. Date of Birth (Month, Day, Year) April 10, 1856

8. AGE	Years	Months	Days	If less than 1 day
	78	2	6	hrs ____ min.

9. Exact Occupation Retired farmer — Did this work for ____ yrs.
10. Industry or Business ____ — Date last worked ____
11. Birthplace Ringgold Co., (City or town) Iowa (State or foreign country)

Father
12. Name Silas Tedrow
13. Birthplace ____ (City or town) Ohio (State or foreign country)

Mother
14. Maiden name Hannah Brownell
15. Birthplace ____ (City or town) Indiana (State or foreign country)

16. Informant's **OWN** Signature Dorothy Tedrow
and Address 1076-2nd Ave. W. Twin Falls
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 6/19/44 (Month) (Day) (Year)
(c) Place: Sunset Memorial Park
18. Funeral Director's **OWN** Signature White Mortuary
and Address Twin Falls, Idaho
19. (a) June 21-1944 (Date received and filed) (b) ____ (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 16th, 1944
at 8:15 o'clock A M.

21. **I HEREBY CERTIFY**, That I attended deceased from 6/16 gen 19__ to 6/16 19__
I last saw him alive on 6/16 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Hemorrhage	
Due to Cancer Stomach	8
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation ____ Date ____	
Major finding	
Finding of autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's **OWN** Signature A. A. Newkerk (M. D. or other)
and Address Twin Falls, Ida. Date 6/16 19 44

(For additional space, use reverse side)

139552

United States
Department of Commerce JUL 12 1944
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 146
Reg. Dist. No. 461

1. **PLACE OF DEATH:**
(a) County Twin Falls
(b) City or town Twin Falls
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? * city or town
(e) Died in a Home Hospital * Institution Other place
(f) Name Hosp. or Inst. Twin Falls Co. Stayed I days
(g) Lived in this county 0 years 0 months I days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Twin Falls
(c) City or town Buhl
(d) Street Address or R. F. D. No. ROute I
(e) Deceased lived Inside? Outside? * city or town
(f) Citizen of what country? U. S.
(g) How long had deceased lived in Idaho? I Day years
(h) Former residence (city, state) same

3. (a) **FULL NAME** Eloise Marie Gihring

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3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Infant
6. (b) Name of husband or wife none
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) June 21, 1944

8. AGE	Years	Months	Days	If less than 1 day
	0	0	0	6 hrs ? min.

9. Exact Occupation none Did this work for yrs.
10. Industry or Business none Date last worked
11. Birthplace Twin Falls, Idaho (City or town) (State or foreign country)
Father
12. Name Theodore Gihring
13. Birthplace Osage County, Missouri (City or town) (State or foreign country)
Mother
14. Maiden name Mary D. Reinke
15. Birthplace Thayer County, Neb. (City or town) (State or foreign country)
16. Informant's OWN Signature Theo. Gihring
and Address Buhl, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/23/44 (Month) (Day) (Year)
(c) Place: Clover Cemetery--Buhl, Ida.
18. Funeral Director's OWN Signature D. T. Albertson
and Address Buhl, Idaho
19. (a) June 24, 1944 (Date received and filed) (b) [signature] (Registrar's Signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 22, 1944
at 12:30 o'clock A. M.
21. **I HEREBY CERTIFY,** That I attended deceased from June 22 1944, to June 22 1944
I last saw her alive on 6/22 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Prematurity	
Due to —	
Due to —	
Other conditions — (Include pregnancy within 3 months of death) —	
Where was disease contracted? —	PHYSICIAN
Name of operation — Date —	Underline the cause to which death should be charged statistically.
Major finding —	
Finding of autopsy —	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? — Homicide? —
Occurred — 19 City, county, state where violence occurred —
Place of Violence: Home Farm — Industry
Public Place — While at work?
Means of injury —
23. Attendant's OWN Signature Herbert Schwartz (M. D. or other)
and Address Twin Falls, Ida Date 6/23 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

139553

United States
Department of Commerce
Bureau of the Census

JUL 12 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 142
Reg. Dist. No. 461

1. **PLACE OF DEATH:**
(a) County Twin Falls
(b) City or town Twin Falls
(c) Street Address or R. F. D. No. 3
(d) Death Occurred Inside? Outside? X city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. T.F. County Stayed 1295 days
(g) Lived in this county 36 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Twin Falls
(c) City or town Filer
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? 36 years
(h) Former residence (city, state) Holbrook, Neb.

3. (a) FULL NAME Charlie Lee Brennan

13 b

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) April 8, 1898

8. AGE	Years	Months	Days	If less than 1 day
	46	2	15	hrs min.

9. Exact Occupation Laborer Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Holbrook (City or town) Nebraska (State or foreign country)
Father
12. Name E. H. Brennan
13. Birthplace (City or town) Illinois (State or foreign country)
Mother
14. Maiden name Lizzie Brennan
15. Birthplace (City or town) Illinois (State or foreign country)
16. Informant's OWN Signature W. L. Brennan
and Address Filer Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/27/44 (Month) (Day) (Year)
(c) Place: Filer I.O.O.F. Cemetery
18. Funeral Director's OWN Signature Reynolds Funeral Home Maurine R. Terry
and Address Twin Falls, Idaho
19. (a) June 27 1944 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 23 1944
at 3:46 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from Dec 1940 to June 23 1944
I last saw him alive on June 23 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration
Pulmonary T.B.
Due to
Due to
Other conditions None
(Include pregnancy within 3 months of death)
Where was disease contracted? Not known
Name of operation None Date
Major finding
Finding of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ✓ Suicide? ✓ Homicide? ✓
Occurred ✓ 19 City, county, state where violence occurred ✓
Place of Violence: Home ✓ Farm ✓ Industry ✓
Public Place ✓ While at work? ✓
Means of injury None
23. Attendant's OWN Signature J. T. Murphy (M. D. or other)
and Address Twin Falls. Date 6-27 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JUL 12 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 139554
Local Reg. No. 143
Reg. Dist. No. 461

1. **PLACE OF DEATH:**
   (a) County Twin Falls
   (b) City or town Kimberly
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? Outside? X city or town
   (e) Died in a Home Hospital Institution Other place X
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county 4 years months days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Twin Falls
   (c) City or town Kimberly
   (d) Street Address or R. F. D. No. 2 1
   (e) Deceased lived Inside? Outside? X city or town
   (f) Citizen of what country?
   (g) How long had deceased lived in Idaho? 11 years
   (h) Former residence (city, state) None

3. (a) **FULL NAME** Glen Owen Smith

170C

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) November 4, 1932

8. AGE	Years	Months	Days	If less than 1 day
	11	7	19	hrs min.

9. Exact Occupation Student Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Twin Falls, Idaho (City or town) (State or foreign country)

Father
12. Name Glen G. Smith
13. Birthplace Oakley, Idaho (City or town) (State or foreign country)

Mother
14. Maiden name Alpha Weighall
15. Birthplace Oakley, Idaho (City or town) (State or foreign country)

16. Informant's OWN Signature Glen G. Smith
and Address Route #1, Kimberly, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/28/44 (Month) (Day) (Year)
(c) Place: Sunset Memorial Park
18. Funeral Director's OWN Signature Reynolds Funeral Home Maurine R. Terry
and Address Twin Falls, Idaho
19. (a) June 27-44 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 23, 1944
at 8:30 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 19 , to 19
I last saw h alive on 19 ; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Hemorrhage — Duration
Due to Traumatic Rupture of Rx + Left Ventricle
Due to and left auricle
Other conditions Rupture of Liver
(Include pregnancy within 3 months of death)
Rupture of Left Lung
Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ✓ Suicide? Homicide?
Occurred 6/23 1944 City, county, state
where violence occurred Kimberly 3 Mi S
Place of Violence: Home Farm Industry
Public Place Highway While at work?
Means of injury Automobile
23. Attendant's OWN Signature Glen A. Hoss Jr. M.D. (M. D. or other)
and Address Kimberly, Ida. Date 6/24 1944
(For additional space, use reverse side)

139555

United States
Department of Commerce
Bureau of the Census

JUL 12 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 145
Reg. Dist. No. 460

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
   (a) County Twin Falls
   (b) City or town Twin Falls
   (c) Street Address or R. F. D. No. T. F. Co. Gen'l Hosp.
   (d) Death Occurred Inside? X Outside? ____ city or town?
   (e) Died in a Home ____ Hospital X Institution ____ Other place ____
   (f) Name Hosp. or Inst. T. F. Co. Hosp. Stayed 1 days
   (g) Lived in this county 35 years ____ months ____ days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Twin Falls
   (c) City or town Twin Falls
   (d) Street Address or R. F. D. No. 543 4th Ave No.
   (e) Deceased lived Inside? X Outside? ____ city or town
   (f) Citizen of what country? U.S.
   (g) How long had deceased lived in Idaho? 35 years
   (h) Former residence (city, state) ____

3. (a) **FULL NAME** DOUGLAS, Mrs. Gertrude M.

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Thomas J.
6. (c) Age of husband or wife if alive 77 years
7. Date of Birth (Month, Day, Year) August 2nd 1864

8. AGE	Years	Months	Days	If less than 1 day
	79	10	24	hrs ____ min.

9. Exact Occupation Housewife — Did this work for ____ yrs.
10. Industry or Business Own Home — Date last worked ____
11. Birthplace Waupun, Wisconsin (City or town) (State or foreign country)

Father
12. Name Henry Zoellner
13. Birthplace Germany (City or town) (State or foreign country)

Mother
14. Maiden name Unk
15. Birthplace unk (City or town) (State or foreign country)

16. Informant's **OWN** Signature T. Douglas
and Address Twin Falls, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/30/44 (Month) (Day) (Year)
(c) Place: Twin Falls Cem.
18. Funeral Director's **OWN** Signature White Mortuary
and Address Twin Falls, Idaho
19. (a) June 30 1944 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 26, 1944
at 9:30 o'clock P. M.

21. **I HEREBY CERTIFY,** That I attended deceased from March 26 1944, to June 26, 1944
I last saw her alive on June 26, 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: (Duration)
Coronary Occlusion
Due to Hypertension & arteriosclerosis
Due to old age
Other conditions
(Include pregnancy within 3 months of death)

Where was disease contracted?
Name of operation ____ Date ____
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury

23. Attendant's **OWN** Signature O. A. Drake M.D. (M. D. or other)
and Address Twin Falls, Ida Date 6/27 1944
(For additional space, use reverse side)

United States
Department of Commerce
Bureau of the Census

JUL 12 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 139536
Local Reg. No. 146
Reg. Dist. No. 461

1. **PLACE OF DEATH:**
(a) County Twin Falls
(b) City or town Twin Falls
(c) Street Address or R. F. D. No. R.t. 1,
(d) Death Occurred Inside? ____ Outside? X city or town
(e) Died in a Home X Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 3 years 10 months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Twin Falls
(c) City or town Twin Falls
(d) Street Address or R. F. D. No. R.t. 1,
(e) Deceased lived Inside X Outside? XXX city or town
(f) Citizen of what country? U.S.
(g) How long had deceased lived in Idaho? 4 years
(h) Former residence (city, state) Colo.

3. (a) **FULL NAME** LOHMANN, Mrs. Gertrude

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife John
6. (c) Age of husband or wife if alive 60 years
7. Date of Birth (Month, Day, Year) November 10, 1889

8. AGE	Years	Months	Days	If less than 1 day
	54	7	16	hrs ____ min.

9. Exact Occupation Housewife — Did this work for ____ yrs.
10. Industry or Business Own Home — Date last worked
11. Birthplace Butler County, Nebr. (City or town) (State or foreign country)

Father
12. Name JACOB SCHNEIDER Nebr.
13. Birthplace Germany (City or town) (State or foreign country)

Mother
14. Maiden name Unknown Hobin
15. Birthplace Germany (City or town) (State or foreign country)

16. Informant's **OWN** Signature John Lohmann
and Address Twin Falls, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/30/44 (Month) (Day) (Year)
(c) Place: Sunset Memorial Park Cem.
18. Funeral Director's **OWN** Signature White Mortuary
and Address Twin Falls, Idaho
19. (a) June 30 1944 (Date received and filed) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 26, 1944
at 5:50 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from June 25 1944, to June 26, 1944
I last saw her alive on June 26 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cerebral hemorrhage — Duration ____
Due to Hypertension ____
Due to ____
Other conditions ____
(Include pregnancy within 3 months of death)
Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's **OWN** Signature O. A. Brake (M. D. or other)
and Address Twin Falls, Ida. Date 6/27 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census JUL 12 1944

Certificate Of Death

STATE OF IDAHO

State File No. 139557
Local Reg. No. 146 148
Reg. Dist. No. 461

1. **PLACE OF DEATH:**
   (a) County Twin Falls,
   (b) City or town Buhl,
   (c) Street Address or R.F.D. No. 3
   (d) Death Occured Inside? ..... Outside? X city or town
   (e) Died in a Home X Hospital.... Institution.... Other place....
   (f) Name Hosp. or Inst..... Stayed.....days
   (g) Lived in this county.....years 1 months 20 days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Twin Falls.
   (c) City or town Buhl
   (d) Street Address or R.F.D. No. 3
   (e) Deceased lived Inside? ..... Outside? X city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 1 mo-20 da. years
   (h) Former residence (city, state) Buhl/

3. (a) **FULL NAME** Margaret Staten,

3. (b) If veteran, name war X
3. (c) Social Security No. X
4. Sex Female
5. Color or race white
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife X
6. (c) Age of husband or wife if alive X years
7. Date of Birth (Month, Day, Year) May 7th. 1944

8. AGE	Years	Months	Days	If less than 1 day
	X	1	20	hrs min.

9. Exact Occupation ..... Did this work for ..... yrs.
10. Industry or Business At Home Date last worked
11. Birthplace Buhl (City or town) Idaho (State or foreign country)

Father
12. Name Harry L. Staten
13. Birthplace Idaho Falls, (City or town) Idaho (State or foreign country)

Mother
14. Maiden name Zana Small
15. Birthplace Idaho Falls, (City or town) (State or foreign country)

16. Informant's **OWN** Signature Harry Louis Staten
and Address Buhl Idaho R#3

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/29/44 (Month) (Day) (Year)
(c) Place: Buhl, Ida.

18. Funeral Director's **OWN** Signature Evans & Johnson
and Address Buhl

19. (a) July 5, 1944 (Date received and filed) (b) [signature] (Registrar's Signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 27-1944
at 10 o'clock A. M.

21. **I HEREBY CERTIFY**, That I attended deceased from ..... 19..... to ..... 19.....
I last saw h..... alive on ..... 19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cause unknown	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home..... Farm..... Industry.....
Public Place..... While at work?.....
Means of injury .....

23. Attendant's **OWN** Signature C. E. Rucker M. D.
and Address Acting Coroner (M. D. or other) Date 6-29 1944
(For additional space, use reverse side) Buhl Idaho

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JUL 12 1944

Certificate Of Death

STATE OF IDAHO

State File No. 13955
Local Reg. No. 149
Reg. Dist. No. 461

1. PLACE OF DEATH:
(a) County Twin Falls
(b) City or town Twin Falls
(c) Street Address or R.F.D. No. 1
(d) Death Occured Inside? ..... Outside? ✓ city or town
(e) Died in a Home.... Hospital ✓ Institution.... Other place....
(f) Name Hosp. or Inst. Twin Falls Stayed 9 days
(g) Lived in this county ..... years ..... months 15 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Nevada (b) County
(c) City or town Montelo
(d) Street Address or R.F.D. No. unknown
(e) Deceased lived Inside? ..... Outside? ..... city or town
(f) Citizen of what country? unknown
(g) How long had deceased lived in Idaho? unknown years
(h) Former residence (city, state) unknown

3. (a) FULL NAME Matt Miller 175a

3. (b) If veteran, name war unknown
3. (c) Social Security No. unknown
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced unknown
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) unknown

8. AGE	Years	Months	Days	If less than 1 day
	60			hrs min.

9. Exact Occupation laborer Did this work for unknown yrs.
10. Industry or Business ..... Date last worked June 19
11. Birthplace unknown (City or town) (State or foreign country)
Father
12. Name unknown
13. Birthplace " (City or town) (State or foreign country)
Mother
14. Maiden name unknown
15. Birthplace " (City or town) (State or foreign country)
16. Informant's OWN Signature L. P. Larsen
and Address Kimberly Idaho R.2
17. (a) burial (Burial, cremation, or removal) (b) Date thereof July 1-1944 (Month) (Day) (Year)
(c) Place: Filer Cemetery
18. Funeral Director's OWN Signature C. L. Luke
and Address 148 Blue Lake
19. (a) July 1-1944 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) 6/29 1944
at 3:30 o'clock P M.

21. I HEREBY CERTIFY, That I attended deceased from 6/20 1944, to 6/29 1944
I last saw him alive on 6/29 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration
Pr. Heart Failure
Due to Pulmonary Embolism
Due to Accident with Horse team
Other conditions recovery period
(Include pregnancy within 3 months of death)
Where was disease contracted?
Name of operation ..... Date .....
Major finding
Finding of autopsy

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ✓ Suicide? ..... Homicide? .....
Occurred 6/20 1944 City, county, state where violence occurred Kimberly Idaho
Place of Violence: Home ..... Farm ✓ Industry .....
Public Place ..... While at work? ✓
Means of injury Horse drawn Hoag rake

23. Attendant's OWN Signature [signature] (M. D. or other)
and Address Kimberly Ido. Date 6/30 1944
(For additional space, use reverse side)

139559

United States
Department of Commerce
Bureau of the Census

JUL 12 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 139559
Local Reg. No. 150
Reg. Dist. No. 460

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
   (a) County Twin Falls
   (b) City or town Twin Falls
   (c) Street Address or R. F. D. No. 840 4th Ave. W.
   (d) Death Occurred Inside? X Outside? ____ city or town
   (e) Died in a Home X Hospital ____ Institution ____ Other place ____
   (f) Name Hosp. or Inst. ____ Stayed ____ days
   (g) Lived in this county 28 years ____ months ____ days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Twin Falls
   (c) City or town Twin Falls
   (d) Street Address or R. F. D. No. 840 4th Ave. W.
   (e) Deceased lived Inside? X Outside? ____ city or town
   (f) Citizen of what country? U. S. (Here 46 yrs.)
   (g) How long had deceased lived in Idaho? 44 years
   (h) Former residence (city, state) Ogden, Utah

3. (a) **FULL NAME** Carl Emil Molin

932

3. (b) If veteran, name war ____
3. (c) Social Security No. 519-05-1947
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife ____
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) Sept. 28, 1877

8. AGE	Years	Months	Days	If less than 1 day
	66	9	1	hrs ____ min.

9. Exact Occupation Laborer — Did this work for ____ yrs.
10. Industry or Business ____ — Date last worked ____
11. Birthplace Norberg, Sweden (City or town) (State or foreign country)

Father
12. Name Erik Leonard Molin
13. Birthplace Sweden (City or town) (State or foreign country)

Mother
14. Maiden name Augusta Maria Egleback
15. Birthplace Sweden (City or town) (State or foreign country)

16. Informant's OWN Signature E. L. Molin
and Address Route 3, Twin Falls, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/3/44 (Month) (Day) (Year)
(c) Place: Sunset Memorial Park
18. Funeral Director's OWN Signature Reynolds Funeral Home James E. Reynolds
and Address Twin Falls, Idaho
19. (a) July 3 1944 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Estimated about June 29 19 44
at unknown o'clock ____ M.
21. I HEREBY CERTIFY, That I attended deceased from July 1st 19 44, to ____ 19 ____
I last saw h[illegible] 19 ____; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Myocarditis	
Due to	
Hypertension	7
Due to	
Other conditions (Include pregnancy within 3 months of death)	1

Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19 ____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's OWN Signature J. O. Pumphrey
Acting Coroner Twin Falls, Ida (M. D. or other)
and Address Twin Falls, Idaho Date 7 3 45 19 ____

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JUL 12 1944

Certificate Of Death

STATE OF IDAHO

State File No. 139560
Local Reg. No. 150
Reg. Dist. No. 461

1. **PLACE OF DEATH:**
   (a) County Twin Falls
   (b) City or town Twin Falls
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? x Outside? city or town
   (e) Died in a Home Hospital x Institution Other place
   (f) Name Hosp. or Inst. County Stayed days
   (g) Lived in this county 10 years months days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Twin Falls
   (c) City or town Murtaugh
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? x Outside? city or town
   (f) Citizen of what country? U.S.
   (g) How long had deceased lived in Idaho? Life years
   (h) Former residence (city, state)

3. (a) **FULL NAME** Pearl Wilma Williams Blackburn

3. (b) If veteran, name war --
3. (c) Social Security No. --
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Claudius Elvin
6. (c) Age of husband or wife if alive 36 years
7. Date of Birth (Month, Day, Year) Blackburn Oct. 3, 1907

8. AGE	Years	Months	Days	If less than 1 day
	36	8	26	hrs min.

9. Exact Occupation At Home Did this work for yrs.
10. Industry or Business Date last worked ---
11. Birthplace Bellevue (City or town) Idaho (State or foreign country)

Father
12. Name George R. Williams
13. Birthplace Portage (City or town) Utah (State or foreign country)

Mother
14. Maiden name Sarah Blaser
15. Birthplace Montpelier, Idaho (City or town) (State or foreign country)

16. Informant's OWN Signature Claudius E Blackburn
and Address Murtaugh, Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 6-29-44 (Month) (Day) (Year)
(c) Place: Hurley, Idaho
18. Funeral Director's OWN Signature Vern B. McCulloch
and Address Burley, Idaho
19. (a) July 6-1944 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 29 1944
at 4:30 o'clock A.M.
21. **I HEREBY CERTIFY,** That I attended deceased from 6/28 1944, to 6/29 1944
I last saw her alive on 2:30 AM 6/29/44 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration
Oct. 1st. Trimester
Due to Chronic Myocarditis
Due to
Other conditions
(Include pregnancy within 3 months of death)
Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature [signature] (M. D. or other)
and Address Kimberly, Idaho Date 9/1 1944
(For additional space, use reverse side)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE, DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

TEMPORARY REMOVAL PERMIT
(For the purpose of preparing the body for burial)

I Vern B. McPullock do hereby certify that on the 29 day of June I removed the body of Mrs C. E. Blackburn who died at Twin Falls-Hospital Idaho, on the 29 day of June 1944 to Burley Idaho Idaho for the purpose of preparing said body for burial.

Vern B. McPullock
Signature of Person Authorized to remove Body

Date Filed June 29 1944 Registrar

This certificate must be filed with the local registrar of the district in which the person died, together with a properly and completely made out death certificate, and a burial-removal permit secured before the body can be buried or otherwise finally disposed of.

FORM VS 38

United States
Department of Commerce
Bureau of the Census

JUL 7 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 139561
Local Reg. No. 115
Reg. Dist. No. 310

1. **PLACE OF DEATH:**
   (a) County Valley
   (b) City or town McCall
   (c) Street Address or R. F. D. No. ✓
   (d) Death Occurred Inside? ____ Outside? X city or town
   (e) Died in a Home X Hospital __ Institution __ Other place __
   (f) Name Hosp. or Inst. ____ Stayed ____ days
   (g) Lived in this county ____ years 5 months ____ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Valley
   (c) City or town McCall
   (d) Street Address or R. F. D. No. ____
   (e) Deceased lived Inside? ____ Outside? X city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? ____ years
   (h) Former residence (city, state) Oregon

3. (a) **FULL NAME** Thelma Louise Platt 195E

3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced ____
6. (b) Name of husband or wife ____
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) Sept-2-1943

8. AGE	Years	Months	Days	If less than 1 day
		7	12	hrs min.

9. Exact Occupation ____ Did this work for ____ yrs.
10. Industry or Business Infant Date last worked ____
11. Birthplace Burns, Oregon (City or town) (State or foreign country)

Father
12. Name Harry Platt
13. Birthplace Mosier Oregon (City or town) (State or foreign country)

Mother
14. Maiden name Ruby Irene Platt
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's **OWN** Signature ____ and Address ____
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/12/44 (Month) (Day) (Year)
   (c) Place: Margarets Cemetery, Cascade Ida.
18. Funeral Director's **OWN** Signature L. L. Pitterington and Address Cascade Ida.
19. (a) June 30-1944 (Date received and filed) (b) Myrtle Gardner (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April-14-1944 at ____ o'clock ____ M.
21. **I HEREBY CERTIFY,** That I attended deceased from ____ 19__, to ____ 19__
   I last saw h__ alive on ____ 19__; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Coroners Jury Verdict "Malnutrition and broken neck caused by lack of care of Parents	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation ____ Date ____	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ✓ Suicide? ____ Homicide? ____
   Occurred ____ 19__ City, county, state where violence occurred ____
   Place of Violence: Home ____ Farm ____ Industry ____
   Public Place ____ While at work? ____
   Means of injury ____
23. Attendant's **OWN** Signature [signature] Acting Coroner (M. D. or other)
   and Address Cascade Idaho Date 5-12 1944
   (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JUL 7 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 139562
Local Reg. No. 116
Reg. Dist. No. 310

1. **PLACE OF DEATH:**
(a) County Velley
(b) City or town Donnelly
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? X city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county years 3 months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Valley
(c) City or town Donnelly
(d) Street Address or R. F. D. No. Idaho
(e) Deceased lived Inside? Outside? X city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? years
(h) Former residence (city, state)

3. (a) **FULL NAME** Joan Bohannon 157 M

3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex Femail
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife ✓
6. (c) Age of husband or wife if alive ✓ years
7. Date of Birth (Month, Day, Year) Mar-8-1944

8. AGE	Years	Months	Days	If less than 1 day
		3	10	hrs min.

9. Exact Occupation Did this work for yrs.
10. Industry or Business Infant Date last worked
11. Birthplace Donnelly, Idaho (City or town) (State or foreign country)
Father
12. Name John Bohannon
13. Birthplace Mo. (City or town) (State or foreign country)
Mother
14. Maiden name Maude Loucks.
15. Birthplace So. Dak. (City or town) (State or foreign country)
16. Informant's OWN Signature John Bohannon
and Address Donnelly Ida
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/20/44 (Month) (Day) (Year)
(c) Place: Home Cemetery, Donnelly Ida
18. Funeral Director's OWN Signature L. L. Pitterington
and Address Cascade, Ida
19. (a) June 30-44 (Date received and filed) (b) Myrtle Gardner (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June-18-1944
at 4:00 o'clock A.M.
21. **I HEREBY CERTIFY,** That I attended deceased from May 8 1944, to May 30 1944
I last saw her alive on May 30 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Marasmus 158 — Duration 2 mos
Due to Cleft palate with partial hypoplasia — Congenital
Due to 157 M of the mandable
Other conditions
(Include pregnancy within 3 months of death)
Where was disease contracted? Developmental
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state
where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature Harmon Bremaine M.D. (M. D. or other)
and Address Boise Date 6-14 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Dr. McGrath

139563

United States
Department of Commerce JUL 10 1944
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No.
Local Reg. No. 26
Reg. Dist. No. 320

1. PLACE OF DEATH:
(a) County Washington
(b) City or town Weiser
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? X Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. Weiser Hosp. Stayed 32 days
(g) Lived in this county 19 years 6 months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Washington
(c) City or town Weiser
(d) Street Address or R.F.D. No. 513 West Court
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 20 years
(h) Former residence (city, state) Norfolk, Virginia

3. (a) **FULL NAME** PAUL SIMPSON WARE

3. (b) If veteran, name war None
3. (c) Social Security No. 519-14-2310
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Leah
6. (c) Age of husband or wife if alive Legal years
7. Date of Birth (Month, Day, Year) July 15 1863

8. AGE	Years	Months	Days	If less than 1 day
	80	10	17	hrs min.

9. Exact Occupation Retired Publisher Did this work for 50 yrs.
10. Industry or Business Newspaper Date last worked 7/40
11. Birthplace York, Pennsylvania (City or town) (State or foreign country)
Father
12. Name William Hopple Ware
13. Birthplace Philadelphia, Pa. (City or town) (State or foreign country)
Mother
14. Maiden name Ophelia Swayne Hirst
15. Birthplace Philadelphia, Pa. (City or town) (State or foreign country)
16. Informant's **OWN** Signature Earle Sample
and Address 133 West Park Weiser, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 5, 1944 (Month) (Day) (Year)
(c) Place: Hillcrest Cem. Weiser, Idaho
18. Funeral Director's **OWN** Signature [illegible]
and Address Northam Funeral Home, Weiser, Idaho
19. (a) 6-3-44 (Date received and filed) (b) Marie H Shell (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 2 1944
at 11:20 o'clock A. M.
21. **I HEREBY CERTIFY**, That I attended deceased from March 13 1944 to June 2 1944
I last saw him alive on June 2 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Senility - Chronic Myocarditis 94 d	
Due to Hypertension	
Due to Chronic Nephritis	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYISCIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature M. S. McGrath MD (M. D. or other)
and Address Weiser, Idaho Date 6/3 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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United States
Department of Commerce
Bureau of the Census

JUL 10 1944

Certificate Of Death

STATE OF IDAHO

State File No. 1355
Local Reg. No. 57
Reg. Dist. No. 320

1. PLACE OF DEATH:
(a) County Washington
(b) City or town Weiser
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? X Outside? city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 00 years 9 months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Washington
(c) City or town Weiser
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 9 mo. ###
(h) Former residence (city, state) LeGrande, Oregon

3. (a) **FULL NAME** MAUDE HATTY ANDERSON 126

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife William
6. (c) Age of husband or wife if alive 61 years
7. Date of Birth (Month, Day, Year) May 5 1882

8. AGE	Years	Months	Days	If less than 1 day
	62	1	1	hrs min.

9. Exact Occupation Housewife Did this work for Life yrs.
10. Industry or Business Home Date last worked 5/22/44
11. Birthplace Salem (City or town) Oregon (State or foreign country)

Father
12. Name John Wesley Green
13. Birthplace Don't know (City or town) (State or foreign country)

Mother
14. Maiden name Don't know
15. Birthplace Don't know (City or town) (State or foreign country)

16. Informant's **OWN** Signature W. W. Anderson Husband
and Address 7th and West Butterfield

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/8/44 (Month) (Day) (Year)
(c) Place: Hillcerst Cemetery, Weiser, Idaho

18. Funeral Director's **OWN** Signature [illegible]
and Address Northam Funeral Home, Weiser, Ida.

19. (a) June 8 1944 (Date received and filed) (b) Marie A. Shell (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 6 1944
at 9:12 o'clock P. M.

21. **I HEREBY CERTIFY**, That I attended deceased from May 23 - 1944 to June 6 1944
I last saw her alive on June 6 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Gallbladder Obstruction	
Small Intestine	
Due to	
Due to	
Other conditions Adhesions	
(Include pregnancy within 3 months of death)	
Gallbladder	
Where was disease contracted?	
Name of operation Date	
Major finding	
Finding of autopsy Obstruction Small Intestine Gallbladder	

PHYISICIAN Underline the cause to which death should be charged statistically

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature F. A. Schmidt M.D. (M. D. or other)
and Address Weiser, Idaho Date June 7 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JUL 10 1944

Certificate Of Death

STATE OF IDAHO

State File No. 139565
Local Reg. No. 28
Reg. Dist. No. 320

1. **PLACE OF DEATH:**
   (a) County Washington
   (b) City or town Weiser
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? X Outside? city or town
   (e) Died in a Home Hospital X Institution Other place
   (f) Name Hosp. or Inst. Weiser Hosp. Stayed 11 days
   (g) Lived in this county 00 years 3 months days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Washington
   (c) City or town Weiser
   (d) Street Address or R.F.D. No. R.F.D. #3
   (e) Deceased lived Inside? Outside? X city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 3 Mo. years
   (h) Former residence (city, state) Ranier, Oregon

3. (a) **FULL NAME** Mrs. Mary Matilda Little

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Joseph (Deceased)
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) May 3 1867

8. AGE	Years	Months	Days	If less than 1 day
	77	1	20	hrs min.

9. Exact Occupation Housewife — Did this work for Life yrs.
10. Industry or Business Home — Date last worked 1939
11. Birthplace Missouri (City or town) (State or foreign country)

Father
12. Name Richard Lee
13. Birthplace Don't know (City or town) (State or foreign country)

Mother
14. Maiden name Josiphene Fritz
15. Birthplace Don't know (City or town) (State or foreign country)

16. Informant's **OWN** Signature Harry C. Littleson
and Address Route #3, Weiser, Idaho

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 6/25/44 (Month) (Day) (Year)
(c) Place: Ranier, Oregon

18. Funeral Director's **OWN** Signature A. S. Jones
and Address Northam Funeral Home, Weiser, Idaho

19. (a) 6/24/44 (Date received and filed) (b) Marie Shell (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 23 1944
at 9:15 o'clock A. M.

21. **I HEREBY CERTIFY**, That I attended deceased from June 12 1944, to June 23 1944
I last saw her alive on June 23 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
(a) Cerebral Hemorrhage	11 Days.
Due to (b) Hypertension	
Due to (c) Chronic Nephritis	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ..... Date .....
Major finding
Finding of autopsy

PHYISICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred ..... 19 ..... City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature J. D. McGrath M.D. (M. D. or other)
and Address Weiser, Idaho Date 6/24/ 1944
(For additional space, use reverse side)

Dr. McGrath

139566

United States
Department of Commerce
Bureau of the Census

JUL 10 1944

Certificate Of Death

STATE OF IDAHO

State File No.
Local Reg. No. 28
Reg. Dist. No. 320

1. PLACE OF DEATH:
(a) County Washington
(b) City or town Weiser
(c) Street Address or R.F.D. No. ~~[illegible]~~
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Home .... Hospital X Institution .... Other place ....
(f) Name Hosp. or Inst. Weiser Hosp. Stayed 1 days
(g) Lived in this county 24 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Washington
(c) City or town Weiser
(d) Street Address or R.F.D. No. 833 E. Main St.
(e) Deceased lived Inside? X Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? ~~[illegible]~~ 24 years
(h) Former residence (city, state) Springfield, Mo.

3. (a) FULL NAME Martha Frances Tyhurst 94a

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Samuel
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) April 25 1858

8. AGE	Years	Months	Days	If less than 1 day
	86	2	4	hrs min.

9. Exact Occupation Housewife Did this work for Life yrs.
10. Industry or Business Home Date last worked
11. Birthplace Springfield (City or town) Missouri (State or foreign country)
Father
12. Name Daniel Spears
13. Birthplace ..... (City or town) Indiana (State or foreign country)
Mother
14. Maiden name Catherine Eleanor Mays
15. Birthplace Missouri (City or town) ~~[illegible]~~ (State or foreign country)
16. Informant's OWN Signature Dan Tyhurst
and Address 414 West Idaho St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/3/44 (Month) (Day) (Year)
(c) Place: Hillcrest Cemetery Weiser, Ida.
18. Funeral Director's OWN Signature A. S. Jones E-357
and Address Northam Funeral Home, Weiser, Idaho
19. (a) 7/3/44 (Date received and filed) (b) Marie H Shell (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 29 1944
at 12:45 o'clock A. M.
21. **I HEREBY CERTIFY**, That I attended deceased from June 28th 1944 to June 29th 1944
I last saw her alive on June 28th 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Coronary Thrombosis 94a	24 hrs.
Due to Generalized Arteriosclerosis	94
Due to Senility	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation ..... Date	
Major finding	
Finding of autopsy	

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury
23. Attendant's OWN Signature M S McGrath M D (M. D. or other)
and Address Weiser, Idaho Date 6/30 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

139576 **139576**

State File No.
Local Reg. No. 174
Reg. Dist. No. 1 & 0

1. **PLACE OF DEATH:**
(a) County Kootenai
(b) City or town Coeur d'Alene
(c) Street Address or R. F. D. No. Marine Rt.
(d) Death Occurred Inside? Outside? X city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 0 years 0 months 3 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Washington (b) County Spokane
(c) City or town Spokane
(d) Street Address or R. F. D. No. 517 S Sound
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? USA
(g) How long had deceased lived in Idaho? 2days years
(h) Former residence (city, state) none

3. (a) **FULL NAME** Lena R[redacted] Cowgill

946

3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Duncan
6. (c) Age of husband or wife if alive 74 years
7. Date of Birth (Month, Day, Year) August 23, 1871

8. AGE	Years	Months	Days	If less than 1 day
	72	10	10	hrs min.

9. Exact Occupation Housewife — Did this work for 53 yrs.
10. Industry or Business own home — Date last worked 7-2-44
11. Birthplace Steilacoom (City or town) Washington (State or foreign country)

Father
12. Name Hatch
13. Birthplace unknown (City or town) (State or foreign country)

Mother
14. Maiden name Olive Harman
15. Birthplace Maine (City or town) (State or foreign country)

16. Informant's OWN Signature X C. Cowgill
and Address Spokane Washington
17. (a) removal (Burial, cremation, or removal) (b) Date thereof 7-3-44 (Month) (Day) (Year)
(c) Place: Spokane, Washington
18. Funeral Director's OWN Signature Don English
and Address Coeur d'Alene, Idaho
19. (a) 7-3-44 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 7-3-44 19
at 3:30 o'clock A M. did not
21. **I HEREBY CERTIFY,** That I attended deceased from did not 7-3 1944, to 7-3 1944
I last see her alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Angina Pectoris — Duration 2yrs
Due to —
Due to —
Other conditions None
(Include pregnancy within 3 months of death)
Where was disease contracted? —
Name of operation — Date
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's OWN Signature Kenneth Dudley M.D.
(M. D. or other)
and Address Coeur d'Alene Date 7-3 1944
(For additional space, use reverse side)

139577

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. [redacted]
Local Reg. No.
Reg. Dist. No.

1. PLACE OF DEATH:
(a) County Kootenai
(b) City or town Coeur d'Alene
(c) Street Address or R.F.D. No. 412 Lakeside
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Home ..... Hospital X Institution ..... Other place General
(f) Name Hosp. or Inst. Lake City Stayed 3 hrs. days
(g) Lived in this county 17 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Kootenai
(c) City or town Coeur d'Alene
(d) Street Address or R.F.D. No. 102 S. Third
(e) Deceased lived Inside? X Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 17 years
(h) Former residence (city, state) Kingsley, Iowa

3. (a) FULL NAME Joseph D. Phillips

1640

3. (b) If veteran, name war World War No. 1
3. (c) Social Security No. 536-05-0594
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife --
6. (c) Age of husband or wife if alive -- years
7. Date of Birth (Month, Day, Year) October 23, 1897

8. AGE	Years	Months	Days	If less than 1 day
	46	8	8	hrs min.

9. Exact Occupation Cook & Millworker Did this work for 2½ yrs.
10. Industry or Business ..... Date last worked June 1944
11. Birthplace Homer City, Indiana Co., Penn. (City or town) (State or foreign country)
Father
12. Name John E. Phillips
13. Birthplace Blacklick, Penn. (City or town) (State or foreign country)
Mother
14. Maiden name Nettie A. Johnston
15. Birthplace Washtinton Tp. Indiana Co, Penn. (City or town) (State or foreign country)
16. Informant's OWN Signature Cliff Johnson and Address Coeurd'Alene Idaho.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 7/3/44 (Month) (Day) (Year)
(c) Place: Spokane, Wash.
18. Funeral Director's OWN Signature A. B. Nelson and Address 109-111 Lake Side, C.D.A.
19. (a) 7-3-44 (Date received and filed) (b) Frances M. Ebel (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 7/1 1944 at 1:20 o'clock A.M.
21. **I HEREBY CERTIFY**, That I attended deceased from 6.30 1944, to 7.1 1944
I last saw him alive on 6.30 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Gunshot wound in forehead	7 hrs.
Due to Apparently self inflicted, with .22 rifle.	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ..... Date .....
Major finding
Finding of autopsy

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ✓ Homicide? .....
Occurred 6.30 1944 City, county, state where violence occurred Coeur d'Alene, Kootenai, Idaho
Place of Violence: Home ..... Farm ..... Industry .....
Public Place Hotel While at work? No
Means of injury .22 rifle
23. Attendant's OWN Signature H. L. Newcombe M.D. (M. D. or other)
and Address Coeur d'Alene Idaho Date 7.3 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JUL 24 1944

139578

Certificate Of Death

STATE OF IDAHO

139578

State File No.
Local Reg. No. 306
Reg. Dist. No. 306

1. PLACE OF DEATH:

(a) County Adams
(b) City or town Council
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? Outside? X city or town
(e) Died in a Home.... Hospital.... Institution.... Other place X
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county years months 0 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

(a) State Idaho (b) County Canyon
(c) City or town Houston
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? Outside? X city or town
(f) Citizen of what country? U. S. A.
(g) How long had deceased lived in Idaho? 9 years
(h) Former residence (city, state) Oklahoma

3. (a) FULL NAME Phillip L. B. Wittemborn

95c

3. (b) If veteran, name war World 1
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Minnie B.
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) July 9, 1896

8. AGE	Years	Months	Days	If less than 1 day
	47	11	27	hrs min.

9. Exact Occupation Farmer — Did this work for yrs.
10. Industry or Business Farming — Date last worked
11. Birthplace Mountain Home, (City or town) Arkansas (State or foreign country)

Father
12. Name August Wittemborn
13. Birthplace Germany (City or town) (State or foreign country)

Mother
14. Maiden name Lena Vight
15. Birthplace Germany (City or town) (State or foreign country)

16. Informant's OWN Signature Minnie Wittemborn
and Address Rt. 1 Box 209 Lantard Houston

17. (a) Veteran (Burial, cremation, or removal) (b) Date thereof 7-6-44 (Month) (Day) (Year)
(c) Place: Caldwell Idaho

18. Funeral Director's OWN Signature Peckham's Chapel - Mortuary
and Address 504 So. Kimball Ave. Caldwell

19. (a) 7-7-44 (Date received and filed) (b) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) July 6, 1944
at 7:00 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from
Dec 20 dead 19
I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Heart Disease — Duration Months Days
Due to Hypostatic Pneumonia
Due to
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy 0

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury Wrestling while in training Trip.

23. Attendant's OWN Signature William H. Houston (M. D. or other)
and Address Council Idaho Date 9/7 1944

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

139579 Wilson

State File No. **139579**
Local Reg. No. 1078
Reg. Dist. No. 20c

1. **PLACE OF DEATH**
(a) County Latah
(b) City or town Moscow
(c) Street Address or R. F. D. No. 1050 Main St
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home ____ Hospital X Institution ____ Other place ____
(f) Name Hosp. or Inst. Gritman Stayed 12 days
(g) Lived in this county 42 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Latah
(c) City or town Potlatch
(d) Street Address or R. F. D. No. ____
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 42 years
(h) Former residence (city, state) ____

3. (a) **FULL NAME** William Sherman Miller 52 b

3. (b) If veteran, name war San Juan
3. (c) Social Security No. None
4. Sex M
5. Color or race Wh
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Minnie B.
6. (c) Age of ~~husband~~ or wife if alive 66 years
7. Date of Birth (Month, Day, Year) Dec. 3. 1865

8. AGE	Years	Months	Days	If less than 1 day
	78	7	9	hrs ____ min.

9. Exact Occupation Farmer — Did this work for Life yrs.
10. Industry or Business Farming — Date last worked 1942
11. Birthplace Princeton (City or town) Illinois (State or foreign country)
Father
12. Name John G. Miller
13. Birthplace Harrisburg (City or town) Pa. (State or foreign country)
Mother
14. Maiden name Barbara Wappes
15. Birthplace Salina (City or town) Ohio (State or foreign country)
16. Informant's **OWN** Signature Marvin L. Miller
and Address Boise Ida.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-15-44 (Month) (Day) (Year)
(c) Place: Masonic Cem
18. Funeral Director's **OWN** Signature F. P. Short
and Address Moscow Idaho
19. (a) 7/22/44 (Date received and filed) (b) C. J. Klaarn (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 12 19 44
at 9:30 o'clock P. M.

21. **I HEREBY CERTIFY,** That I attended deceased from July 2 1940 19__ to July 12 19 44
I last saw h[illegible] alive on July 12 19 44 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Carcinoma of bladder with — Duration 52 b
Due to uremia and — 132
Due to metastasis — ____
Other conditions none — ____
(Include pregnancy within 3 months of death)

Where was disease contracted? ____
Name of operation none Date ____
Major finding ____
Finding of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's **OWN** Signature Joseph G. Wilson M.D.
and Address Moscow Ida. (M. D. or other)
Date 7-19 1944
(For additional space, use reverse side)

139580 139580

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

JUL 26 1944

STATE OF IDAHO

State File No.
Local Reg. No. 243
Reg. Dist. No. 370

1. PLACE OF DEATH:
(a) County Ada
(b) City or town Boise.
(c) Street Address or R.F.D. No. 2317. N. 21.
(d) Death Occured Inside? Yes Outside? ..... city or town
(e) Died in a Home X Hospital ..... Institution ..... Other place .....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 33 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho. (b) County Ada
(c) City or town Boise.
(d) Street Address or R.F.D. No. 2317. N. 21.
(e) Deceased lived Inside? Yes Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 33 years
(h) Former residence (city, state) Texas.

3. (a) **FULL NAME** Ferdinand Lee Finklea.

94a

3. (b) If veteran, name war No.
3. (c) Social Security No. 518007-8299
4. Sex Male.
5. Color or race White.
6. (a) Single, widowed, married, divorced Married.
6. (b) Name of husband or wife Anna. T.
6. (c) Age of husband or wife if alive 63. years
7. Date of Birth (Month, Day, Year) July. 22. 1879.

8. AGE	Years	Months	Days	If less than 1 day
	64.	11.	22.	hrs min.

9. Exact Occupation Wholesale Plumbing. Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Texas. (City or town) (State or foreign country)
Father
12. Name Gaddi Finklea.
13. Birthplace Mississippi. (City or town) (State or foreign country)
Mother
14. Maiden name Luella England.
15. Birthplace Mississippi. (City or town) (State or foreign country)
16. Informant's OWN Signature Richard M Finklea
and Address 2317 N 21 st - Boise Idaho
17. (a) Burial. (b) Date thereof July. 18. 1944.
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: Morris Hill Cemetery.
18. Funeral Director's OWN Signature Clyde E. Simmers
and Address Boise, Idaho.
19. (a) 7-17-44 (b) B. Sharp
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 14, 1944
at 5:30 o'clock P. M.
21. **I HEREBY CERTIFY,** That ~~I attended deceased from ..... 19 ..... to ..... 19 .....~~
~~I last saw h ..... alive on ..... 19 .....~~; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Acute Heart Attack	95 c4
Probably Coronary occlusion 94a	
Due to Nothing of a Criminal	
Due to Nature found	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ..... Date .....
Major finding .....
Finding of autopsy None
No Inquest

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state
where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's OWN Signature W. McBratney Coroner (M. D. or other)
and Address Boise Idaho Date 7/15/44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce JUL 28 1944
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

139581 **189581**

State File No. 189581
Local Reg. No. 260
Reg. Dist. No. 370

1. **PLACE OF DEATH:**
(a) County Ada
(b) City or town Boise
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? city or town
(e) Died in a Home Hospital Institution ~~Other place~~
(f) Name Hosp. or Inst. St Lukes Stayed 4 days
(g) Lived in this county years 4 months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Ida (b) County Canyon
(c) City or town Caldwell
(d) Street Address or R. F. D. No. Blaine
(e) Deceased lived Inside? ~~Outside~~? city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 36 years
(h) Former residence (city, state) —

3. (a) **FULL NAME** Ida Ellinai Casey 50

3. (b) If veteran, name war —
3. (c) Social Security No. None
4. Sex Fem. Color or race W
5. 6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Sept 3 - 1882

8. AGE	Years	Months	Days	If less than 1 day
	61	10	16	hrs min.

9. Exact Occupation Owner of Dept Store — Did this work for 8 yrs.
10. Industry or Business Dept Store — Date last worked
11. Birthplace Ill. (City or town) (State or foreign country)
Father
12. Name Joseph G. Casey
13. Birthplace Ill (City or town) (State or foreign country)
Mother
14. Maiden name Clara Balch
15. Birthplace Ill (City or town) (State or foreign country)
16. Informant's OWN Signature Grace Elam
and Address Nampa Idaho R3
17. (a) Removal (b) Date thereof 7-19-44 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: Nampa Ida
18. Funeral Director's OWN Signature F. K. Robinson
and Address Nampa Ida
19. (a) 7-27-44 (Date received and filed) (b) N. E. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 19 19 44
at 9:25 o'clock P. M.
21. **I HEREBY CERTIFY**, That I attended deceased from Jan 1942, to July 19 44
I last saw h[illegible] alive on July 19 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — **Duration**
Cancer of the Breast — 4 Yrs.
Due to —
Due to —
Other conditions (Include pregnancy within 3 months of death) —
Where was disease contracted? —
Name of operation — Date —
Major finding —
Finding of autopsy —

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's OWN Signature G. M. Popma M. D. (M. D. or other)
and Address Boise Ida Date 7-24 19 44
(For additional space, use reverse side)

Popma

139582 139582

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH

JUL 27 1944 STATE OF IDAHO

State File No. 139582
Local Reg. No. 60
Reg. Dist. No. 110

1. **PLACE OF DEATH:**
   (a) County Bonner
   (b) City or town Sandpoint
   (c) Street Address or R. F. D. No. 417 Ruth Ave
   (d) Death Occurred Inside? X Outside? ____ city or town
   (e) Died in a Home X Hospital ____ Institution ____ Other place ____
   (f) Name Hosp. or Inst. ____ Stayed ____ days
   (g) Lived in this county ____ years 2 months ____ days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Bonner
   (c) City or town Sandpoint
   (d) Street Address or R. F. D. No. 417 Ruth Ave.
   (e) Deceased lived Inside? X Outside? ____ city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 6 years
   (h) Former residence (city, state) Springfield, Ida.

3. (a) FULL NAME Clinton Edman Still 46 b

3. (b) If veteran, name war no
3. (c) Social Security No. 507-09-1239
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Roma Pearl
6. (c) Age of husband or wife if alive 36 years
7. Date of Birth (Month, Day, Year) May 10, 1901

8. AGE	Years	Months	Days	If less than 1 day
	43	1	29	hrs ____ min. ____

9. Exact Occupation Lineman — Did this work for 6 yrs.
10. Industry or Business Telephone Co. — Date last worked 1943
11. Birthplace Shawnee, Okla. (City or town) (State or foreign country)

Father
12. Name Orvin Still
13. Birthplace No Record (City or town) (State or foreign country)

Mother
14. Maiden name Nettie May Blake
15. Birthplace No Record (City or town) (State or foreign country)

16. Informant's OWN Signature David D. Harris
and Address Sandpoint, Idaho.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof July 12, 1944. (Month) (Day) (Year)
(c) Place: Blackfoot, Idaho.

18. Funeral Director's OWN Signature MOON MORTUARY
and Address Sandpoint, Idaho.

19. (a) 7-12-1944 (Date received and filed) (b) Lawrence Moon (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 9th 19 44
at 3:00 o'clock A. M.

21. **I HEREBY CERTIFY,** That I attended deceased from June 19 44 to July 8 19 44
I last saw h[illegible] alive on July 8 19 44 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
CARCINOMA	
GASTRIC	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation ____ Date ____	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy None	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19 ____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's OWN Signature [illegible] (M. D. or other)
and Address Sandpoint, Ida. Date 7-11 19 44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JUL 27 1944

Certificate Of Death

STATE OF IDAHO

139583

State File No. 139583
Local Reg. No. 1
Reg. Dist. No. 1

1. **PLACE OF DEATH:**
(a) County Shoshone
(b) City or town Wallace
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? ✓ Outside? ..... city or town
(e) Died in a Home ... Hospital ... Institution ... Other place ...
(f) Name Hosp. or Inst. Providence Stayed ..... days
(g) Lived in this county 1 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Shoshone
(c) City or town Dam
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? ✓ Outside? ..... city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? 1 years
(h) Former residence (city, state) Wash

3. (a) **FULL NAME** Neilina O Johnson 186a

3. (b) If veteran, name war World War I
3. (c) Social Security No. 537-12-9684
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) July 24 - 1893.

8. AGE	Years	Months	Days	If less than 1 day
	50	11	10	hrs min.

9. Exact Occupation Dairyman Did this work for ..... yrs.
10. Industry or Business Gen Dairy Date last worked
11. Birthplace N. Dakota (City or town) (State or foreign country)
Father
12. Name Edward Johnson
13. Birthplace Norway (City or town) (State or foreign country)
Mother
14. Maiden name Not known
15. Birthplace " Norway (City or town) (State or foreign country)
16. Informant's **OWN** Signature E. N. Johnson and Address Wallace Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof July 6-44 (Month) (Day) (Year)
(c) Place: Minot N. Dakota
18. Funeral Director's **OWN** Signature John A Bever (wards) and Address Wallace Idaho
19. (a) July 5-44 (Date received and filed) (b) John A Bever (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 4 1944
at 10 o'clock A. M.
21. **I HEREBY CERTIFY**, That I attended deceased from ..... 19 ..... to ..... 19 .....
I last saw him alive on 7/4 1944, death is said to have occurred on the date and hour stated above.
Immediate Cause of Death: Duration
Fred Base skull & Cerebral Hemorrhage 2 hrs
Due to
Due to Fig Ahead
Other conditions
(Include pregnancy within 3 months of death)
Where was disease contracted? Fell on street striking head
Name of operation Date
Major finding on side walk
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Yes Suicide? ..... Homicide? .....
Occurred 7-4 1944 City, county, state where violence occurred Street Wallace
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury Fall Fighting
23. Attendant's **OWN** Signature H. C. Norway Coroner (M. D. or other)
and Address Wallace Idaho Date 7/5 1944
(For additional space, use reverse side)

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

139584 State File No. 139584
Local Reg. No. 7
Reg. Dist. No. 510

1. **PLACE OF DEATH:**
(a) County Bannock
(b) City or town Pocatello
(c) Street Address ~~XXXXXXX~~ No. 631 No. Johnson
(d) Death Occurred Inside? X Outside? ..... city or town
(e) Died in a Home ....Hospital..X..nstitution ....Other place ....
(f) Name Hosp. or Inst. General Stayed 2 days
(g) Lived in this county 24 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bannock
(c) City or town Pocatello, Idaho
(d) Street Address ~~XXXXXXX~~ No. 631 No. Johnson
(e) Deceased lived Inside? X Outside? ..... city or town
(f) If foreign born, in U. S. — yrs. Citizen of U. S.? —
(g) How long had deceased lived in Idaho? 24 years
(h) Former residence (city, state) Ogden, Utah

3. (a) **FULL NAME** RAY B. HOUGH 61

3. (b) If veteran, name war — 3. (c) Social Security No. ———
5. Color or race white 6. (a) Single, widowed, married, divorced married
4. Sex male
6. (b) Name of husband or wife Mary E. Burton 6 (c) Age of husband or wife if alive 54 years
7. Date of Birth (Month, Day, Year) August 22, 1887

8. AGE	Years	Months	Days	If less than 1 day
	56	11	0	hrs ..... min.

9. Exact Occupation Manufacturer Did this work for 38 yrs.
10. Industry or Business Mattresses Date last worked 3/20/44
11. Birthplace Devils Lake (City or town) North Dakota (State or foreign country)

Father
12. Name Charles H. Hough
13. Birthplace Unknown (City or town) Michigan (State or foreign country)

Mother
14. Maiden name Almeda Lattie
15. Birthplace Unknown (City or town) Michigan (State or foreign country)

16. Informant's **OWN** Signature Mrs Mary E. Hough.
and Address Pocatello, Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 7/26/44 (Month) (Day) (Year)
(c) Place: Pocatello, Idaho
18. Funeral Director's **OWN** Signature H. L. McClain
and Address Pocatello, Idaho
19. (a) July 24/44 (Date received and filed) (b) 7-24-1944 (Registrar's signature) D. R. Raymond

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 22 1944
at 12:45 o'clock P. M.
21. I **HEREBY CERTIFY,** That I attended deceased from ~~Nov~~ 1933, to July 22 1944
I last saw h..im alive on July 22 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Diabetic Acidosis	1 day
Due to Diabetic gangrene	3 days
Due to Diabetes Mellitus	about 4 years
Other conditions. ——— (Include pregnancy within 3 months of death)	

Where was disease first contracted? Home
Name of operation ~~None~~ Date ———
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature R P Howard M.D. (M. D. or other)
and Address Pocatello, Ida Date 7/24 44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

139585

United States
Department of Commerce
Bureau of the Census

JUL 13 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 139585
Local Reg. No. 1076
Reg. Dist. No. 204

1. PLACE OF DEATH:
(a) County Benewah
(b) City or town 12 Mi. N. of Potlatch
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? Yes city or town
(e) Died in a Home Hospital Institution Other place X
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Wash. (b) County Whitman
(c) City or town Palouse
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Yes Outside? city or town
(f) If foreign born, in U. S. yrs. Citizen of U. S.? Yes
(g) How long had deceased lived in Idaho? years
(h) Former residence (city, state)

3. (a) **FULL NAME** Robert Alvah Lynd

170 c

3. (b) If veteran, name war None
3. (c) Social Security No. 533-12-5401
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6 (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) October 12, 1923

8. AGE	Years	Months	Days	If less than 1 day
	20	8	27	hrs min.

9. Exact Occupation Baker — Did this work for 4 yrs.
10. Industry or Business Bakery — Date last worked 7-1-44
11. Birthplace Palouse, Wash. (City or town) (State or foreign country)
Father
12. Name Rueben E. Lynd
13. Birthplace Potlatch, Idaho (City or town) (State or foreign country)
Mother
14. Maiden name Mary Ella West.
15. Birthplace Ill. (City or town) (State or foreign country)
16. Informant's **OWN** Signature Elmer J. Lynd and Address Palouse, Wash.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 7-9-44 (Month) (Day) (Year)
(c) Place: Palouse, Wash.
18. Funeral Director's **OWN** Signature H E Kimball and Address Palouse, Wash.
19. (a) 7/10/44 (Date received and filed) (b) C. J. Klaorn (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 9 1944 at 11 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from 19 , to 19
I last saw h alive on 19 ; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Skull fracture	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease first contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? # Suicide? Homicide?
Occurred 7-9 1944 City, county, state where violence occurred Benewah county
Place of Violence: Home Farm Industry
Public Place highway While at work?
Means of injury Automobile upset 170c
23. Attendant's **OWN** Signature H. R. Short Coroner (M. D. or other) and Address Moscow Date 7/10 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

139586

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 139586
Local Reg. No. 22
Reg. Dist. No. 630

1. **PLACE OF DEATH:**
(a) County Fremont
(b) City or town St. Anthony
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Yes Outside? ____ city or town
(e) Died in a Home X Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county ____ years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Fremont
(c) City or town St. Anthony, Idaho
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Yes Outside? ____ city or town
(f) Citizen of what country? United States
(g) How long had deceased lived in Idaho? ~ 49 years
(h) Former residence (city, state)

3. (a) **FULL NAME** EMMA TABITHA BURBANK DAW

1935

3. (b) If veteran, name war No.
3. (c) Social Security No. None.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife ---
6. (c) Age of husband or wife if alive ---- years
7. Date of Birth (Month, Day, Year) September 7, 1872

8. AGE	Years	Months	Days	If less than 1 day
	71	10	15	hrs ____ min.

9. Exact Occupation Retired — Did this work for 3 yrs.
10. Industry or Business Own Home — Date last worked 1943
11. Birthplace Brigham City, Utah (City or town) (State or foreign country)

Father
12. Name Daniel Mark Burbank
13. Birthplace Farmington, Iowa (City or town) (State or foreign country)

Mother
14. Maiden name Mary Jane Lindsay
15. Birthplace Bountiful, Utah (City or town) (State or foreign country)

16. Informant's **OWN** Signature E. L. Burbank
and Address St. Anthony, Idaho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-25-44 (Month) (Day) (Year)
(c) Place: Wilford, Idaho
18. Funeral Director's **OWN** Signature M. D. Hansen
and Address St. Anthony, Idaho.
19. (a) July 24/1944 (Date received and filed) (b) M. D. Hansen (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 22 1944
at 4:45 o'clock A. M.

21. **I HEREBY CERTIFY**, That I attended deceased from 1944, to July 22 1944
I last saw her alive on July 15 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Myocardial Failure	2 days
Due to	
Due to Broken Hip	9 mos
Other conditions (Oct. 18, 1943) (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ____ Date ____
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury

23. Attendant's **OWN** Signature D. Lyle Hall M.D. (M. D. or other)
and Address St. Anthony Date 7/24/1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

139487

State File No. 139587
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF DEATH:**
(a) County Gem
(b) City or town Sweet
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? X Outside? city or town
(e) Died in a Home.... Hospital.... Institution.... Other place X
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 10 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Gem
(c) City or town Sweet
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? all life years
(h) Former residence (city, state)

3. (a) **FULL NAME** WALTER CLINTON CLEMENS 94a

3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Helen Clemens
6. (c) Age of husband or wife if alive 57 years
7. Date of Birth (Month, Day, Year) Sept. 15, 1890

8. AGE	Years	Months	Days	If less than 1 day
	53	9	11	hrs min.

9. Exact Occupation Blacksmith Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Star, Idaho (City or town) (State or foreign country)

Father
12. Name Jacob Clemens
13. Birthplace Unknown (City or town) (State or foreign country)

Mother
14. Maiden name Josephine Kingsbury
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's **OWN** Signature Helen M. Clemens
and Address Sweet, Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 7/8-1944 (Month) (Day) (Year)
(c) Place: Sweet, Idaho
18. Funeral Director's **OWN** Signature C.O. Buckenum
and Address Emmett, Idaho
19. (a) 7/8-1944 (Date received and filed) (b) C.O. Buckenum (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 6, 1944 19
at about 8 o'clock A.M.
21. **I HEREBY CERTIFY,** That I attended deceased from 19, to 19
I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Died suddenly--probably of coronary occlusion	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature E.M. Buckenum Coroner (M. D. or other)
and Address Emmett, Idaho Date 7/8-1944 19
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census AUG 5 1944

Certificate Of Death

STATE OF IDAHO

139588

State File No. 139588
Local Reg. No. 70
Reg. Dist. No. 471

1. **PLACE OF DEATH:**
   (a) County Cassia
   (b) City or town Burley
   (c) Street Address or R. F. D. No. 2
   (d) Death Occured Inside? ..... Outside? ✓ city or town
   (e) Died in a Home.... Hospital.... Institution.... Other place ✓
   (f) Name Hosp. or Inst. ..... Stayed — days
   (g) Lived in this county 5 years ..... months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Cassia
   (c) City or town Burley
   (d) Street Address or R.F.D. No. 2
   (e) Deceased lived Inside? ..... Outside? ✓ city or town
   (f) Citizen of what country? U.S.
   (g) How long had deceased lived in Idaho? 5 years
   (h) Former residence (city, state) —

3. (a) **FULL NAME** Donald Carlos Williams 183

3. (b) If veteran, name war —
3. (c) Social Security No. .....
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Date of Birth (Month, Day, Year) May 20, 1911

8. AGE	Years	Months	Days	If less than 1 day
	33	1	16	hrs min.

9. Exact Occupation Farming — Did this work for — yrs.
10. Industry or Business / — Date last worked 7-7-44
11. Birthplace Vale, Oregon (City or town) (State or foreign country)

Father
12. Name John P. Williams
13. Birthplace Wellsville, Utah (City or town) (State or foreign country)

Mother
14. Maiden name Maytie O. Parker
15. Birthplace Elkton, S.D. (City or town) (State or foreign country)

16. Informant's **OWN** Signature Maytie O. Williams
and Address R. 2 Burley, Idaho

17. (a) Removal (b) Date thereof 7-12-44 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: Weyburn, Idaho

18. Funeral Director's **OWN** Signature Vern B. McCulloch
and Address Burley, Idaho

19. (a) 7-10-44 (Date received and filed) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 7 1944
at 6:15 o'clock P.M.

21. **I HEREBY CERTIFY,** That I attended deceased from ..... 19..... to ..... 19.....
I last saw h..... alive on ..... 19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death	Duration
Drowned	
Due to Epileptic seizure	
Due to Fell in epileptic seizure, face down in shallow water. Was irrigating on farm	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? No Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature G. E. Estes (M. D. or other)
and Address Burley Date 7/10/1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

139589

State File No. 139589
Local Reg. No. 135
Reg. Dist. No. 371

1. PLACE OF DEATH:
(a) County Ada
(b) City or town Boise
(c) Street Address or R.F.D. No. Route 1
(d) Death Occured Inside? ..... Outside? XX city or town
(e) Died in a Home X Hospital ..... Institution ..... Other place .....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county Life years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Ada
(c) City or town Boise
(d) Street Address or R.F.D. No. Route 1
(e) Deceased lived Inside? ..... Outside? X city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 19 years
(h) Former residence (city, state) ---

3. (a) FULL NAME Wayne Ivan Miller

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3. (b) If veteran, name war --
3. (c) Social Security No. 519-20-2020
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife --
6. (c) Age of husband or wife if alive -- years
7. Date of Birth (Month, Day, Year) July 4, 1925

8. AGE	Years	Months	Days	If less than 1 day
	19	0	17	- hrs - min.

9. Exact Occupation Milling--Employed by Boise Mill & Elevator Company — Did this work for 1½ yrs.
10. Industry or Business — Date last worked 7/21/44
11. Birthplace Boise, Idaho (City or town) (State or foreign country)
Father
12. Name Orla J. Miller
13. Birthplace Brooks County, Kansas (City or town) (State or foreign country)
Mother
14. Maiden name Eva Green
15. Birthplace Clay County, Kansas (City or town) (State or foreign country)
16. Informant's OWN Signature O. J. Miller
and Address R#1 Boise, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/25/44 (Month) (Day) (Year)
(c) Place: Cloverdale Memorial Cemetery, Boise, Idaho
18. Funeral Director's OWN Signature W. McBratney
and Address Boise Idaho
19. (a) 7-24-44 (Date received and filed) (b) D. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) July 21 - 1944
at 7:45 o'clock P. M.
21. I HEREBY CERTIFY, That ~~I attended deceased from ..... 19.., to ..... 19..~~ ~~I last saw h..... alive on ..... 19..~~; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Accidently Electrocuted	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? --
Name of operation -- Date --
Major finding --
Finding of autopsy None. No Inquest.

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Yes Suicide? — Homicide? —
Occurred July 21 - 1944 City, county, state where violence occurred Boise Idaho R#1
Place of Violence: Home Yes Farm — Industry —
Public Place — While at work? —
Means of injury Came in contact with live electric wire.
23. Attendant's OWN Signature W. McBratney (M. D. or other)
and Address Boise Idaho Coroner of Ada County Date 7/24 1944
(For additional space and reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

139590

State File No. 139590
Local Reg. No.
Reg. Dist. No.

1. PLACE OF DEATH:
(a) County Gem
(b) City or town Emmett
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? X Outside? city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 34 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Gem
(c) City or town Emmett
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? 34 years
(h) Former residence (city, state) Virginia

3. (a) FULL NAME WILLIAM J. PHIPPS

52b

3. (b) If veteran, name war no
3. (c) Social Security No. 518-26-8069
4. Sex male
5. Color or race White
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife Fannie L.
6. (c) Age of husband or wife if alive 56 years
7. Date of Birth (Month, Day, Year) Jan 8, 1883

8. AGE	Years	Months	Days	If less than 1 day
	61	6	16	hrs min.

9. Exact Occupation Day laborer — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace Independence, Va. (City or town) (State or foreign country)

Father
12. Name Zachary Phillips
13. Birthplace Virginia (City or town) (State or foreign country)

Mother
14. Maiden name Synthia Daniel
15. Birthplace Virginia (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mrs Gertrude Erickson
and Address Emmett Idaho

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 7/28-1944 (Month) (Day) (Year)
(c) Place: Emmett, Idaho

18. Funeral Director's **OWN** Signature O D Buckmaster
and Address Emmett, Idaho

19. (a) 7/27-1944 (Date received and filed) (b) O D Buckmaster (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 24, 1944 19
at 4 o'clock P M.

21. **I HEREBY CERTIFY**, That I attended deceased from Mar 22 1943 to July 24 1944 19
I last saw h alive on July 18 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Carcinoma of Bladder	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Radium implant
Major finding May 1943
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature J B Jeppesen M.D. (M. D. or other)
and Address Emmett, Idaho Date 7/27-1944 19
(For additional space, use reverse side)

United States
Department of Commerce
Bureau of the Census AUG 3 1944

CERTIFICATE OF DEATH

STATE OF IDAHO

139591

State File No. 139591
Local Reg. No. 8
Reg. Dist. No. 550

1. PLACE OF DEATH:
(a) County Bear Lake
(b) City or town Paris
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 50 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Bear Lake
(c) City or town Paris
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) If foreign born, in U. S. 50 yrs. Citizen of U. S.? Yes
(g) How long had deceased lived in Idaho? 50 years
(h) Former residence (city, state)

3. (a) **FULL NAME** Alfred Rosen 83d

3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Rosina Hoffman
6 (c) Age of husband or wife if alive 77 years
7. Date of Birth (Month, Day, Year) February 20, 1863

8. AGE	Years	Months	Days	If less than 1 day
	81	5	6	hrs min.

9. Exact Occupation Carpenter Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Bern (City or town) Switzerland (State or foreign country)

Father
12. Name John A. Rosen
13. Birthplace (City or town) Switzerland (State or foreign country)

Mother
14. Maiden name Unknown
15. Birthplace (City or town) Switzerland (State or foreign country)

16. Informant's **OWN** Signature R. L. Rosen and Address Paris, Idaho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 29 1944 (Month) (Day) (Year)
(c) Place: Paris, Idaho.
18. Funeral Director's **OWN** Signature [signature] and Address Montpelier, Idaho.
19. (a) July 29-1944 (Date received and filed) (b) Beulah H. Bolton (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 26, 1944 19
at 10:40 o'clock A M.
21. I **HEREBY CERTIFY**, That I attended deceased from July 18 1944 to July 26 1944
I last saw him alive on July 26 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death	Duration
Hemiplegia 83d	7 Days
Due to Arterial Hypertension 102	2 yrs.
Due to	
Other conditions. (Include pregnancy within 3 months of death)	

Where was disease first contracted? Home
Name of operation None Date
Major finding Acidez Paralysis
B. P. Systolic 190 D. 120
Finding of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature Spencer H. Richards (M. D. or other)
and Address Paris, Idaho Date 7/27, 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census AUG 3 1944

Certificate Of Death

STATE OF IDAHO

13459 State File No. 139592
Local Reg. No. 32-47
Reg. Dist. No. 100

1. **PLACE OF DEATH:**
(a) County Boundary
(b) City or town Naples (c) Street Address or R.F.D. No. Star Route #1
(d) Death Occured Inside? ..... Outside? X ..... city or town
(e) Died in a Home X Hospital .... Institution .... Other place ....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 2 years — months 20 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Boundary
(c) City or town Naples
(d) Street Address or R.F.D. No. Star Route #1
(e) Deceased lived Inside? ..... Outside? X ..... city or town
(f) Citizen of what country? U.S.
(g) How long had deceased lived in Idaho? 2 years
(h) Former residence (city, state) Butte, Montana

3. (a) **FULL NAME** Hugh Winford Garrett 94w

3. (b) If veteran, name war No
3. (c) Social Security No. 516-09-2110
4. Sex Male
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of ~~husband or~~ wife Gertrude
6. (c) Age of husband or wife if alive 55 years
7. Date of Birth (Month, Day, Year) May 5, 1889

8. AGE	Years	Months	Days	If less than 1 day
	55	2	18	hrs min.

9. Exact Occupation Farmer — Did this work for 2 yrs.
10. Industry or Business Farming — Date last worked July 23 1944
11. Birthplace Springer, N. M. (City or town) (State or foreign country)

Father
12. Name Harry Garrett
13. Birthplace Nashville, Tennessee (City or town) (State or foreign country)

Mother
14. Maiden name Lydia Casso
15. Birthplace Golden, Colorado (City or town) (State or foreign country)

16. Informant's **OWN** Signature Gertrude Garrett
and Address Naples Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/27/44 (Month) (Day) (Year)
(c) Place: Bonners Ferry Idaho

18. Funeral Director's **OWN** Signature Charles Monroe
and Address Bonners Ferry Ida

19. (a) Jul 73-1944 (Date received and filed) (b) C M Bonnell (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 23rd 19 44
at 7:10 o'clock P. M.

21. **I HEREBY CERTIFY,** That I attended deceased from ..... 19 ..... to ..... 19 .....
I last saw h..... alive on ..... 19 .....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — Duration
Sudden Death
Due to Coronary Occlusion
Due to
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?
Name of operation ..... Date .....
Major finding
Finding of autopsy

PHYISICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury

23. Attendant's **OWN** Signature Lloyd Reed Coroner (M. D. or other)
and Address Bonners Ferry Date 7/24 19 44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

AUG 7 1944

CERTIFICATE OF DEATH

STATE OF IDAHO

134593 State File No. 139593
Local Reg. No.
Reg. Dist. No. 502

1. **PLACE OF DEATH:**
   (a) County Bear Lake
   (b) City or town Pegram
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? Outside? X city or town
   (e) Died in a Home X Hospital Institution Other place
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county 46 years 0 months 29 days
   Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Bear Lake
   (c) City or town Bloomington
   (d) Street Address or R. F. D. No.
   (e) Deceased lived Inside? X Outside? city or town
   (f) If foreign born, in U. S. yrs. Citizen of U. S.?
   (g) How long had deceased lived in Idaho? 46 years
   (h) Former residence (city, state)

3. (a) **FULL NAME** George Elmer Parker

3. (b) If veteran, name war No
3. (c) Social Security No. Not sure
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lula Christensen
6 (c) Age of husband or wife if alive 44 years
7. Date of Birth (Month, Day, Year) June 5, 1898

8. AGE	Years	Months	Days	If less than 1 day
	46	0	29	hrs min.

9. Exact Occupation Farmer — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace Lanark, (City or town) Idaho. (State or foreign country)

Father
12. Name John George Parker
13. Birthplace England (City or town) (State or foreign country)

Mother
14. Maiden name Mary Ann Hymas,
15. Birthplace Liberty, Idaho. (City or town) (State or foreign country)

16. Informant's **OWN** Signature Lula C. Parker and Address Bloomington, Idaho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 10, 1944 (Month) (Day) (Year)
   (c) Place: Bloomington, Idaho.
18. Funeral Director's **OWN** Signature and Address Montpelier, Idaho.
19. (a) July 10 1944 (Date received and filed) (b) (Registrar's Signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 4, 1944 19
   at o'clock M.
21. **I HEREBY CERTIFY,** That I attended deceased from 19, to 19
   I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Unknown, but natural, died while asleep during night, probably	
Due to heart.	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease first contracted?
Name of Operation Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
   Occurred 19 City, county, state where violence occurred
   Place of Violence: Home Farm Industry
   Public Place While at work?
   Means of injury

23. Attendant's **OWN** Signature Coroner
   and Address Montpelier, Idaho. Date 7/5/44 19
   (For additional space, use reverse side)

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH

STATE OF IDAHO

AUG 7 1944

139594 139594

State File No.
Local Reg. No.
Reg. Dist. No. 55 2

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. PLACE OF DEATH:

(a) County Bear Lake
(b) City or town Montpelier
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? X city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 48 years months days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)

(a) State Idaho (b) County Bear Lake
(c) City or town Montpelier
(d) Street Address or R. F. D. No. 1
(e) Deceased lived Inside? Outside? X city or town
(f) If foreign born, in U. S. yrs. Citizen of U. S.?
(g) How long had deceased lived in Idaho? 48 years
(h) Former residence (city, state)

3. (a) **FULL NAME** Joseph Hyrum Orchard 46 F

3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Catherine Young
6. (c) Age of husband or wife if alive 67 years
7. Date of Birth (Month, Day, Year) April 25, 1869

8. AGE	Years	Months	Days	If less than 1 day
	75	2	12	hrs min.

9. Exact Occupation Farmer — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace East Weber Co. (City or town) Utah (State or foreign country)

Father
12. Name William H. Orchard
13. Birthplace England (City or town) (State or foreign country)

Mother
14. Maiden name Harriet Eliza Scott
15. Birthplace England (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mabel O. Murphy and Address Pocatello, Idaho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 11, 1944 (Month) (Day) (Year)
(c) Place: Montpelier, Idaho.
18. Funeral Director's **OWN** Signature and Address Montpelier, Idaho.
19. (a) July 11, 1944 (Date received and filed) (b) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 7, 1944 at 12:30 o'clock P M.

21. I **HEREBY CERTIFY**, That I attended deceased from April 21 19 44 to July 7 1944
I last saw h. alive on July 7 19 44; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cancer of Liver — Duration 6 mo

Due to

Due to

Other conditions. (Include pregnancy within 3 months of death)

Where was disease first contracted? Home

Name of operation none Date

Major finding

Finding of autopsy none

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? No Suicide? No Homicide? No
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature L. P. Gardner (M. D. or other)
and Address Montpelier, Idaho. Date 7/8/44 19

(For additional space, use reverse side)

139595

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 139595
Local Reg. No. 23
Reg. Dist. No. 651

1. **PLACE OF DEATH:**
(a) County Fremont
(b) City or town Teton
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? Yes city or town
(e) Died in a Home Hospital Institution Other place X
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county Life years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Fremont
(c) City or town Teton
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Outside? XX city or town
(f) Citizen of what country? U. S.
(g) How long had deceased lived in Idaho? Life. years
(h) Former residence (city, state)

3. (a) **FULL NAME** ALLEN G FULLMER

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3. (b) If veteran, name war No.
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) May 29th, 1939

8. AGE	Years	Months	Days	If less than 1 day
	5	1	26	hrs min.

9. Exact Occupation None. Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Teton, Idaho. (City or town) (State or foreign country)
Father
12. Name Guy Fullmer
13. Birthplace Hibbard, Idaho. (City or town) (State or foreign country)
Mother
14. Maiden name Ruth Allen
15. Birthplace Teton, Idaho. (City or town) (State or foreign country)
16. Informant's OWN Signature Guy Fullmer and Address Teton, Idaho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-29-44 (Month) (Day) (Year)
(c) Place: Teton, Idaho.
18. Funeral Director's OWN Signature M. D. Hansen and Address St. Anthony, Idaho.
19. (a) July 29 1944 (Date received and filed) (b) M. D. Hansen (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 25, 1944 at 2 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 19 , to 19
I last saw h alive on 19 ; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
accidental Drowning	
Falling in Canal	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Yes Suicide? Homicide?
Occurred July 25, 1944 19 City, county, state where violence occurred At home (farm)
Place of Violence: Home Near Teton, Idaho Farm Industry
Public Place -- While at work? --
Means of injury Canal
23. Attendant's OWN Signature Lewis Kiser Coroner (M. D. or other) and Address Ashton Idaho Date 7 28 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

139596

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 139596
Local Reg. No. 2521
Reg. Dist. No. 370

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? X Outside? city or town
   (e) Died in a Home Hospital X Institution Other place
   (f) Name Hosp. or Inst. St. Lukes Stayed 6 days
   (g) Lived in this county years months 6 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Elmore
   (c) City or town Mountain Home
   (d) Street Address or R. F. D. No.
   (e) Deceased lived Inside? Outside? X city or town
   (f) Citizen of what country?
   (g) How long had deceased lived in Idaho? 37 years
   (h) Former residence (city, state) St. Johns N. Dakota

3. (a) **FULL NAME** DESIRE JOSEPH LABBEE

117a

3. (b) If veteran, name war No.
3. (c) Social Security No. unknown
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) August 5, 1892

8. AGE	Years	Months	Days	If less than 1 day
	52	11	13	hrs min.

9. Exact Occupation Carpenter Did this work for 10 yrs.
10. Industry or Business Construction Date last worked 6/25/44
11. Birthplace Grandfork North Dakota (City or town) (State or foreign country)

Father
12. Name John Labbee
13. Birthplace Quebec Canada (City or town) (State or foreign country)

Mother
14. Maiden name Rebecca Gregory
15. Birthplace Quebec Canada (City or town) (State or foreign country)

16. Informant's OWN Signature Desire Labbee and Address Mountain Home Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof July 18, 1944 (Month) (Day) (Year)
    (c) Place: Mountain Home Idaho
18. Funeral Director's OWN Signature Felix J. Bay and Address Mountain Home Idaho
19. (a) 7-22-44 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 7-18 1944
    at 2:00 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from 7-14 1944, to 7-18 1944
    I last saw him alive on 7-18 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Intestinal Obstruction 122b	2 days
Ileus Peritonitis 129	
Due to Ruptured Gastric ulcer 117a1	4 wks
Due to Gastric ulcer 117a1	20 yrs
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted? ✓	PHYSICIAN
Name of operation none Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy as above	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide? Occurred 19 City, county, state where violence occurred
    Place of Violence: Home Farm Industry
    Public Place While at work?
    Means of injury
23. Attendant's OWN Signature R. D. Emmanton (M. D. or other) and Address Boise Ida Date 7-22 1944
    (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

139597

State File No. **139597**
Local Reg. No. 271
Reg. Dist. No. 370

1. PLACE OF DEATH:
(a) County Ada
(b) City or town Boise
(c) Street Address or R.F.D. No. 1st & Bannock
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Home.... Hospital. X Institution.... Other place....
(f) Name Hosp. or Inst. St. Lukes Stayed 12 days
(g) Lived in this county 7 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Ada
(c) City or town Boise
(d) Street Address or R.F.D. No. Rte. 1
(e) Deceased lived Inside? ..... Outside? X city or town
(f) Citizen of what country? U.S.
(g) How long had deceased lived in Idaho? 7 years
(h) Former residence (city, state) Oklahoma

3. (a) FULL NAME Della Leona Smith 46 E

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Fem.
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Henry A. Smith
6. (c) Age of husband or wife if alive 70 years
7. Date of Birth (Month, Day, Year) Oct. 9, 1875

8. AGE	Years	Months	Days	If less than 1 day
	68	9	24	hrs ..... min.

9. Exact Occupation House wife Did this work for ..... yrs.
10. Industry or Business own home Date last worked .....
11. Birthplace Pauldon County, Georgia (City or town) (State or foreign country)

Father
12. Name Thomas C.P. Brand
13. Birthplace Pauldon Co., Georgia (City or town) (State or foreign country)

Mother
14. Maiden name Rebecca Brown
15. Birthplace Pauldon Co., Georgia (City or town) (State or foreign country)

16. Informant's **OWN** Signature Henry R. Smith
and Address Boise Idaho R # 1
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 7 1944 (Month) (Day) (Year)
(c) Place: Morris Hill
18. Funeral Director's **OWN** Signature Atkinson & Wells
and Address Boise, Idaho
19. (a) 8-9-44 (Date received and filed) (b) L. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 8/3 19 44
at 12:30 o'clock A M.
21. **I HEREBY CERTIFY**, That I attended deceased from 5/16 19 44 to 8/3 19 44
I last saw her alive on 8/2 19 44 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cardiac decompensation	1 hr
Due to Carcinoma of ascending bowel	5/16/44
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? No
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred No
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature [signature] (M. D. or other)
and Address Boise Idaho Date 8/4 1944
(For additional space, use reverse side)

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139598

United States
Department of Commerce
Bureau of the Census

AUG 21 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 139598
Local Reg. No. 1104
Reg. Dist. No. 430

1. **PLACE OF DEATH:**
(a) County Gooding
(b) City or town Gooding
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? ✓ Outside? ____ city or town
(e) Died in a Home ____ Hospital ✓ Institution ____ Other place ____
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county ____ years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Lincoln
(c) City or town Shoshone
(d) Street Address or R. F. D. No. ____
(e) Deceased lived Inside? ____ Outside? ____ city or town
(f) Citizen of what country? ____
(g) How long had deceased lived in Idaho? 6-4 years
(h) Former residence (city, state) Hoytsville Utah

3. (a) **FULL NAME** Perry Harris

1316

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ____
4. Sex M race W
5. Color or race W
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Ada - deceased
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) Aug. 29 - 1868

8. AGE	Years	Months	Days	If less than 1 day
	75	11	9	hrs ____ min. ____

9. Exact Occupation Sheep Ranchers — Did this work for ____ yrs.
10. Industry or Business Agr. State of Idaho — Date last worked 1941
11. Birthplace Coalville (City or town) Utah (State or foreign country)

Father
12. Name Chauncey Sumner Harris
13. Birthplace ? (City or town) Conn. (State or foreign country)

Mother
14. Maiden name Susanna Warring
15. Birthplace England (City or town) (State or foreign country)

16. Informant's **OWN** Signature Roby A. Stowell
and Address Shoshone, Idaho

17. (a) Buried (Burial, cremation, or removal) (b) Date thereof 8-10-44 (Month) (Day) (Year)
(c) Place: Shoshone Idaho

18. Funeral Director's **OWN** Signature Myrtle C. Burdett
and Address Shoshone Idaho

19. (a) Aug 8-44 (Date received and filed) (b) J. A. Cunnell (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Aug - 7 1944
at 9 o'clock A. M.

21. **I HEREBY CERTIFY,** That I attended deceased from July 1 1944 to Aug 7 1944
I last saw him alive on Aug 7 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Chronic Nephritis — Duration 2 yrs
Due to ____
Due to ____
Other conditions Chronic Endocarditis Bacillus — 5 yrs
(Include pregnancy within 3 months of death)
Where was disease contracted? ✓
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19 ____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's **OWN** Signature T. E. Barrett M.D.
(M. D. or other)
and Address Gooding Ida Date 8-9 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

139599

United States
Department of Commerce
Bureau of the Census JUL 28 1944

CERTIFICATE OF DEATH

STATE OF IDAHO

State File No. 139599
Local Reg. No. 65
Reg. Dist. No. 392

1. PLACE OF DEATH:
(a) County
(b) City or town Homedale
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? ✓ city or town
(e) Died in a Home ✓ Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 5 years months days
Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Ida (b) County Latah
(c) City or town Moscow
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Outside? ✓ city or town
(f) If foreign born, in U. S. yrs. Citizen of U. S.?
(g) How long had deceased lived in Idaho? 25 years
(h) Former residence (city, state) W. Vir.

3. (a) **FULL NAME** Curtis Worth Chenoweth 94a

3. (b) If veteran, name war 1st WW 3. (c) Social Security No.
4. Sex M 5. Color or race W. 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Jessie Chenoweth 6 (c) Age of husband or wife if 54 years
7. Date of Birth (Month, Day, Year) Sept 21 1879

8. AGE	Years	Months	Days	If less than 1 day
	64	9	22	hrs min.

9. Exact Occupation Prop. Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace W. Vir. (City or town) (State or foreign country)
Father 12. Name Worth Chenoweth
13. Birthplace W. Vir. (City or town) (State or foreign country)
Mother 14. Maiden name Ann Stump
15. Birthplace W. Vir. (City or town) (State or foreign country)
16. Informant's **OWN** Signature Mary Chenoweth Potter
and Address
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof July 15-44 (Month) (Day) (Year)
(c) Place: Moscow Ida
18. Funeral Director's **OWN** Signature H. L. Peterson
and Address Ontario Or.
19. (a) July 12-1944 (Date received and filed) (b) Helen M. Daws (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 12 - 1944
at o'clock M.
21. **I HEREBY CERTIFY,** That I attended deceased from no 19, to no 19
I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: 94a Duration
Coronary Thrombosis
Due to Embolism 99.1
Due to
Other conditions
(Include pregnancy within 3 months of death)
Where was disease first contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature G. H. Cooper M.D. (M. D. or other)
and Address Homedale Ida Date 7/22 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

139600

United States
Department of Commerce
Bureau of the Census

AUG 7 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 139600
Local Reg. No. 60
Reg. Dist. No. 210

1. **PLACE OF DEATH:**
(a) County Clearwater
(b) City or town Orofino
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? X city or town
(e) Died in a Home Hospital Institution X Other place
(f) Name Hosp. or Inst. St. Hos. No. Stayed days
(g) Lived in this county 3 years 5 months 2 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Shoshone
(c) City or town Wallace
(d) Street Address or R. F. D. No. 414 Cedar St.
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? United States
(g) How long had deceased lived in Idaho? 5 years
(h) Former residence (city, state) Minnesota

3. (a) FULL NAME MICHELS, HENRY H.

94a

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Anna
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) September 18, 1869

8. AGE	Years	Months	Days	If less than 1 day
	74	10	2	hrs min.

9. Exact Occupation Retired Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Minnesota (City or town) (State or foreign country)
Father
12. Name unknown
13. Birthplace unknown (City or town) (State or foreign country)
Mother
14. Maiden name unknown
15. Birthplace unknown (City or town) (State or foreign country)
16. Informant's OWN Signature State Hosp. No. records and Address Orofino, Idaho
17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof JULY 24, 1944 (Month) (Day) (Year)
(c) Place: UNIONTOWN, WASHINGTON
18. Funeral Director's OWN Signature George B Blake and Address OROFINO, IDAHO
19. (a) 7/23/44 (Date received and filed) (b) Blaine Bacharach (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 20 1944
at 11 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from Feb. 14 1941, to July 20 1944
I last saw him alive on 7-28-44 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Coronary	
Heart disease	
Due to first attack	1938
Due to	
Other conditions (Include pregnancy within 3 months of death)	
senile psychosis.	
Where was disease contracted?	PHYSICIAN
Name of operation — Date —	Underline the cause to which death should be charged statistically.
Major finding —	
Finding of autopsy —	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? — Suicide? Homicide? —
Occurred — 19 City, county, state where violence occurred —
Place of Violence: Home — Farm — Industry —
Public Place — While at work? —
Means of injury
23. Attendant's OWN Signature A. B. Pappenhagen M.D. (M. D. or other)
and Address Orofino Idaho Date 7-31 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

139601 **139601**

United States
Department of Commerce
Bureau of the Census

AUG 7 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 58
Reg. Dist. No. 21

1. **PLACE OF DEATH:**
   (a) County Clearwater
   (b) City or town Orofino
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? Outside? X city or town
   (e) Died in a Home Hospital Institution X Other place
   (f) Name Hosp. or Inst. St. Hos. No. Stayed 7 days
   (g) Lived in this county years months 7 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Bonner
   (c) City or town Priest River
   (d) Street Address or R. F. D. No.
   (e) Deceased lived Inside? Outside? city or town
   (f) Citizen of what country? United States
   (g) How long had deceased lived in Idaho? 58 years
   (h) Former residence (city, state) Minnesota

3. (a) **FULL NAME** HAGMAN, ALBERT

83a

3. (b) If veteran, name war NO
3. (c) Social Security No. NONE
4. Sex M
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Helen
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) October 18, 1866

8. AGE	Years	Months	Days	If less than 1 day
	77	9	1	hrs min.

9. Exact Occupation Farmer — Did this work for LIFE yrs.
10. Industry or Business FARMS — Date last worked ?
11. Birthplace Stillwater, Minnesota (City or town) (State or foreign country)

Father
12. Name John P. Hagman
13. Birthplace Sweden (City or town) (State or foreign country)

Mother
14. Maiden name Johanna Mangse
15. Birthplace Sweden (City or town) (State or foreign country)

16. Informant's OWN Signature E. L. Berry M.D.
and Address Orofino Ida
17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof JULY 20th/44 (Month) (Day) (Year)
(c) Place: SANDPOINT, IDAHO
18. Funeral Director's OWN Signature George B. Blake
and Address OROFINO, IDAHO
19. (a) 7/20/44 (Date received and filed) (b) Phlaie Hadrouard (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 19, 1944
at 12:05 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from July 13, 1944, to July 19, 1944
I last saw him alive on July 19, 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: 83a1	Duration
Cerebral hemorrhage	nst.
Due to Arteriosclerosis	5 yrs.
Due to Hypertension	5 yrs.
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature E. L. Berry M.D. (M. D. or other)
and Address Orofino Ida Date 7-19 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

13960 ✓

United States
Department of Commerce
Bureau of the Census

JUL 13 1944

NON-RESIDENT CERTIFICATE OF DEATH

STATE OF IDAHO

State File No. 13902
Local Reg. No. 477
Reg. Dist. No. 200

1. PLACE OF DEATH:
(a) County Benewah
(b) City or town 12 Mi. N. of Potlatch
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? Yes city or town
(e) Died in a Home Hospital Institution Other place X
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Wash. (b) County Whitman
(c) City or town Palouse
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Yes Outside? city or town
(f) If foreign born, in U. S. yrs. Citizen of U. S.? Yes
(g) How long had deceased lived in Idaho? years
(h) Former residence (city, state)

3. (a) **FULL NAME** Charles Edward Cox

170 c

3. (b) If veteran, name war World War II 3. (c) Social Security No. 720-18-1548
4. Sex Male race White 5. Color or divorced 6. (a) Single, widowed, married, Single
6. (b) Name of husband or wife 6 (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) October 28, 1924

8. AGE	Years	Months	Days	If less than 1 day
	19	8	11	hrs min.

9. Exact Occupation Laborer Did this work for 3 yrs.
10. Industry or Business Brown Industries Date last worked 7/8-44
11. Birthplace Devon (City or town) Mont. (State or foreign country)

Father
12. Name Charles J. Cox
13. Birthplace Newberry (City or town) England (State or foreign country)

Mother
14. Maiden name Florence B. Easter
15. Birthplace Chelhais (City or town) Wash. (State or foreign country)

16. Informant's **OWN** Signature Charles E. Cox and Address Palouse, Wash.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 7-9-44 (Month) (Day) (Year)
(c) Place: Palouse, Wash.
18. Funeral Director's **OWN** Signature H. E. Kimball and Address Palouse, Wash.
19. (a) 7/10/44 (Date received and filed) (b) C. J. Klaas (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 9 1944
at 11 1 o'clock A M.

21. I **HEREBY CERTIFY**, That I attended deceased from 19, to 19
I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Skull fracture — Duration

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Where was disease first contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? # Suicide? Homicide?
Occurred 7-9 1944 City, county, state where violence occurred Benewah county
Place of Violence: Home Farm Industry
Public Place highway While at work?
Means of injury automobile upset

23. Attendant's **OWN** Signature H. A. Stout (M. D. or other)
and Address Moscow Date 7-10 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

139603

STATE OF IDAHO

State File No. 139603
Local Reg. No. 269
Reg. Dist. No. 360

1. PLACE OF DEATH:
(a) County Ada
(b) City or town Boise
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? xx Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. St. Alphonsus Stayed days
(g) Lived in this county 38 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Ada
(c) City or town Boise
(d) Street Address or R.F.D. No. 1619 Rossi St.
(e) Deceased lived Inside? xx Outside? city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 38 years
(h) Former residence (city, state) Montana

3. (a) FULL NAME Van Dale Culver

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3. (b) If veteran, name war --
3. (c) Social Security No. 519-03-3205
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Irene Hope
6. (c) Age of husband or wife if alive 35 years
7. Date of Birth (Month, Day, Year) June 27, 1900

8. AGE	Years	Months	Days	If less than 1 day
	44	1	9	-- hrs --min.

9. Exact Occupation Trucking Did this work for 20 yrs.
10. Industry or Business Owner of trucks Date last worked 7/22/44
11. Birthplace Douglas, Wyoming (City or town) (State or foreign country)
Father
12. Name Oliver A. Culver
13. Birthplace Indiana (City or town) (State or foreign country)
Mother
14. Maiden name Lucy Murry
15. Birthplace Missouri (City or town) (State or foreign country)
16. Informant's OWN Signature Mrs V. D. Culver
and Address Boise, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/8/44 (Month) (Day) (Year)
(c) Place: Morris Hill Cemetery, Boise, Idaho
18. Funeral Director's OWN Signature [signature]
and Address Boise, Idaho
19. (a) 8-8-44 (Date received and filed) (b) N. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) 8-5-1944
at o'clock M.
21. I HEREBY CERTIFY, That I attended deceased from 2-16-1942, to 8-5-1944
I last saw him alive on 8-5-1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Carcinoma of upper abdomen Pyloric region of stomach	
Due to Generalized Carcinoma	
Due to [illegible]	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature Fred A Pruing Er (M. D. or other)
and Address Boise, Idaho Date 8-7-1944
(For additional space, use reverse side)

139604

139604

United States
Department of Commerce
Bureau of the Census

AUG 9 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 3
Reg. Dist. No. 240

1. **PLACE OF DEATH:**
(a) County Idaho
(b) City or town Grangeville
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? ✓ Outside? ____ city or town
(e) Died in a Home ____ Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 71 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Idaho
(c) City or town Grangeville
(d) Street Address or R. F. D. No. ✓
(e) Deceased lived Inside? ____ Outside? ____ city or town
(f) Citizen of what country? U.S.
(g) How long had deceased lived in Idaho? 71 years
(h) Former residence (city, state) Oregon

3. (a) **FULL NAME** Bertha Long 92d

3. (b) If veteran, name war 7
3. (c) Social Security No.
4. Sex ____ 5. Color or race W 6. (a) Single, widowed, married, divorced Wid
6. (b) Name of husband or wife John
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) Sept 7 1870

8. AGE	Years	Months	Days	If less than 1 day
	73	10	-	hrs ____ min.

9. Exact Occupation housewife — Did this work for Life yrs.
10. Industry or Business ____ Date last worked year
11. Birthplace Salem (City or town) Oregon (State or foreign country)

Father
12. Name John A Swarts
13. Birthplace Frederick Co. (City or town) West Va. (State or foreign country)

Mother
14. Maiden name Mary Leonard
15. Birthplace Mason City (City or town) Ohio (State or foreign country)

16. Informant's **OWN** Signature R D Long
and Address Grangeville, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-10-44 (Month) (Day) (Year)
(c) Place Farmers Cemetery Grangeville
18. Funeral Director's **OWN** Signature ____
and Address ____
19. (a) 7/21/44 (Date received and filed) (b) ____ (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 7 - 19 44
at 1.50 o'clock P M.

21. **I HEREBY CERTIFY,** That I attended deceased from July 1 19 44 to July 7 19 44
I last saw h-- alive on July 7 19 44; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Chronic Valvular Heart disease.	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation ____ Date ____	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19 ____ City, county, state ____
where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's **OWN** Signature J D Shemick M.D.
and Address Grangeville (M. D. or other) Date 7-7 19 44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

139605

139605

United States
Department of Commerce AUG 12 1944
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 101
Reg. Dist. No. 601

1. **PLACE OF DEATH:**
(a) County Bingham
(b) City or town Blackfoot
(c) Street Address or R. F. D. No. 1
(d) Death Occurred Inside? Outside? X city or town
(e) Died in a Home Hospital Institution Other place X
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 20 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bingham
(c) City or town Blackfoot
(d) Street Address or R. F. D. No. 1
(e) Deceased lived Inside? Outside? X city or town
(f) Citizen of what country? U. S. A.
(g) How long had deceased lived in Idaho? 20 years
(h) Former residence (city, state) Sweden

3. (a) FULL NAME Olof Gottfred Johnson

164a

3. (b) If veteran, name war ----
3. (c) Social Security No. ------
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) June 2, 1897.

8. AGE	Years	Months	Days	If less than 1 day
	47	2	0	hrs min.

9. Exact Occupation Farmer Did this work for 20 yrs.
10. Industry or Business On farm Date last worked 8-2-44.
11. Birthplace (City or town) Sweden (State or foreign country)
Father
12. Name John Isaacson
13. Birthplace (City or town) Sweden (State or foreign country)
Mother
14. Maiden name Bertha (Unknown)
15. Birthplace (City or town) Sweden (State or foreign country)
16. Informant's OWN Signature Theodore Isaacson
and Address Rose, Idaho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-7-44. (Month) (Day) (Year)
(c) Place: Riverview Cem. Firth, Ida.
18. Funeral Director's OWN Signature C. T. Peck by H. Peckham
and Address Blackfoot, Idaho
19. (a) Aug-5-44. (Date received and filed) Mrs Walter E. Latrie (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 8-2 1944
at 10 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased ~~from~~ 8-2 1944 to 19
I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Hanging self with rope	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? yes Homicide?
Occurred 8-2 1944 City, county, state where violence occurred
Place of Violence: Home yes Farm Industry
Public Place While at work?
Means of injury Hanging with rope
23. Attendant's OWN Signature J. O. Hampton M.D. (M. D. or other)
and Address Blackfoot Ida Date 8-5 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

NON-RESIDENT
Certificate Of Death

STATE OF IDAHO

139606

State File No. 139606
Local Reg. No. 276
Reg. Dist. No. 370

1. PLACE OF DEATH:
(a) County Ada
(b) City or town Boise
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? XX Outside? ..... city or town
(e) Died in a Home .... Hospital X Institution .... Other place ....
(f) Name Hosp. or Inst. St. Alphonsus Stayed 3 days
(g) Lived in this county ..... years ..... months 7 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State North Carolina (b) County
(c) City or town Banners Elk
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? ..... Outside? XX city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 7 days years
(h) Former residence (city, state) Colorado

3. (a) FULL NAME Jane Amanda Banner

1756

3. (b) If veteran, name war ---
3. (c) Social Security No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife --
6. (c) Age of husband or wife if alive -- years
7. Date of Birth (Month, Day, Year) October 23, 1893

8. AGE	Years	Months	Days	If less than 1 day
	50	9	18	-- hrs -- min.

9. Exact Occupation Housewife Did this work for ..... yrs.
10. Industry or Business ..... Date last worked
11. Birthplace Bowen, Colorado (City or town) (State or foreign country)
Father
12. Name John Banner
13. Birthplace Unknown (City or town) (State or foreign country)
Mother
14. Maiden name Minnie Barrett
15. Birthplace Kansas (City or town) (State or foreign country)
16. Informant's OWN Signature Grace White
and Address Boise Ida R2
17. (a) Burial-Removal (b) Date thereof 8/13/44 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: Banners Elk, North Carolina
18. Funeral Director's OWN Signature [signature]
and Address Boise, Idaho
19. (a) 8-12-44 (Date received and filed) (b) R. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 8-10 1944
at 6:30 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 8-7 1944 to 8-10 1944
I last saw her alive on 8-10 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
peritonitis & Cardiac failure	
Due to Toxemia resulting from trauma to abdomen.	
Due to Crushed by horse.	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? X Suicide? ..... Homicide? .....
Occurred 8-7 1944 City, county, state where violence occurred Meridian, Ada, Ida.
Place of Violence: Home ..... Farm X Industry .....
Public Place ..... While at work? .....
Means of injury Crushed by horse
23. Attendant's OWN Signature Jos. M. Thomas [signature] (M. D. or other)
and Address Meridian Date 8-11 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

NON-RESIDENT
Certificate Of Death
STATE OF IDAHO

139609

State File No. 139607
Local Reg. No. 119
Reg. Dist. No. 363

1. PLACE OF DEATH:
(a) County Canyon
(b) City or town Nampa.
(c) Street Address or R.F.D. No. So. Power Line Road
(d) Death Occured Inside? ..... Outside? X city or town
(e) Died in a Home X Hospital ..... Institution ..... Other place .....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county ..... years ..... months 4 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Mont. (b) County Silver Bow
(c) City or town Butte
(d) Street Address or R.F.D. No. 912 - Emma St.
(e) Deceased lived Inside? X Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 4 days years
(h) Former residence (city, state) Butte Mont.

3. (a) FULL NAME Clara Hankin. 61

3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex F
5. Color or race W.
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife J. Harry.
6. (c) Age of husband or wife if alive 59. years
7. Date of Birth (Month, Day, Year) Oct 20 - 1892

8. AGE	Years	Months	Days	If less than 1 day
	52.	6	18	hrs min.

9. Exact Occupation Home Wife Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Evanston Wy. (City or town) (State or foreign country)
Father 12. Name John Marshall
13. Birthplace Eng. (City or town) (State or foreign country)
Mother 14. Maiden name Mary Ann Hankin.
15. Birthplace Eng. (City or town) (State or foreign country)
16. Informant's OWN Signature X W. S. Hankin
and Address South Power Line Road Nampa
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 7-10-'44 (Month) (Day) (Year)
(c) Place: Kemmerer Wyoming
18. Funeral Director's OWN Signature X Wm. D. Clayley
and Address Nampa Idaho
19. (a) July-10-1944 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) July 8 1944
at 9:00 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from ..... 19....., to ..... 19.....
I last saw h..... alive on ..... 19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: 61 Duration
Diabetic Coma and hours
Died during sleep
Due to Diabetes
Years
Due to .....
Other conditions .....
(Include pregnancy within 3 months of death)
Where was disease contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's OWN Signature V. C. Bell and S. (M. D. or other)
and Address Nampa Ida Date 7-9 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce AUG 14 1944
Bureau of the Census

NON-RESIDENT
CERTIFICATE OF DEATH
STATE OF IDAHO

139608

State File No. 139608
Local Reg. No. 193
Reg. Dist. No. 121

1. **PLACE OF DEATH:**
(a) County Kootenai
(b) City or town Bernards Peak
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? X city or town
(e) Died in a Home Hospital Institution Other place X
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county years months 1 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Washington (b) County Spokane
(c) City or town Geiger Field
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Outside? X city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? — years
(h) Former residence (city, state) Wash.

3. (a) **FULL NAME** Harry P. Nilsen 170C

3. (b) If veteran, name war World 2
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced M.
6. (b) Name of husband or wife Helen
6. (c) Age of husband or wife if alive — years
7. Date of Birth (Month, Day, Year) November 14-1918

8. AGE	Years	Months	Days	If less than 1 day
	25	8	2	hrs min.

9. Exact Occupation Painter Did this work for — yrs.
10. Industry or Business U.S. ARMY Date last worked —
11. Birthplace Vestraalen (City or town) Norway (State or foreign country)
Father
12. Name Not Known
13. Birthplace (City or town) Norway (State or foreign country)
Mother
14. Maiden name Helga Johnsen
15. Birthplace (City or town) Norway (State or foreign country)
16. Informant's OWN Signature C. E. Gilman
and Address N. 1306 Monroe St. Spokane, Wash.
17. (a) ~~Burial~~ (Burial, cremation, or removal) (b) Date thereof 7/18/44 (Month) (Day) (Year)
(c) Place: Spokane, Wash.
18. Funeral Director's OWN Signature C. E. Gilman
and Address N. 1306 Monroe St. Spokane, Wash.
19. (a) 7-17-44 (Date received and filed) (b) Frances M. Bell (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 16 1944
at 4 o'clock P. M. did not
21. **I HEREBY CERTIFY,** That I attended deceased from July 16 1944 to July 16 1944
I last saw him ~~alive~~ on July 16 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death	Duration
Skull fractures	7-16-44
Ruptured bladder	7-16-44
Due to Auto accident	
Due to Truck ran off grade at sharp turn	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ✓ Suicide? Homicide?
Occurred July 16 1944 City, county, state where violence occurred Kootenai, Idaho
Place of Violence: Home Farm Industry
Public Place Yes While at work? —
Means of injury Auto accident
23. Attendant's OWN Signature Hamilton J. Greenwood Coeur d'Alene Idaho (M. D. or other)
and Address Coeur d'Alene Idaho Date 7-16 1944
(For additional space, use reverse side)

1396 Wilcox 13960

United States
Department of Commerce
Bureau of the Census

AUG 14 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 1083
Reg. Dist. No. 202

1. **PLACE OF DEATH:**
(a) County Latah
(b) City or town Moscow
(c) Street Address or R. F. D. No. 716 S. Wash
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home X Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 10 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Latah
(c) City or town Moscow
(d) Street Address or R. F. D. No. 716 S. Wash
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? USA
(g) How long had deceased lived in Idaho? 10 years
(h) Former residence (city, state) ____

3. (a) **FULL NAME** Merle Wesley Kueney 57d

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife ____
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) Jan. 18, 1934

8. AGE	Years	Months	Days	If less than 1 day
	10	6	7	hrs ____ min.

9. Exact Occupation None — Did this work for ____ yrs.
10. Industry or Business None — Date last worked ____
11. Birthplace Troy (City or town) Idaho (State or foreign country)

Father
12. Name William M. Kueney
13. Birthplace Troy (City or town) Idaho (State or foreign country)

Mother
14. Maiden name Francis Wright
15. Birthplace Alicel (City or town) Oregon (State or foreign country)

16. Informant's **OWN** Signature Wm. M. Kueney
and Address 716 So. Wash

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-28-44 (Month) (Day) (Year)
(c) Place: Moscow Idaho

18. Funeral Director's **OWN** Signature F. R. Short
and Address Moscow Idaho

19. (a) 8/4/44 (Date received and filed) (b) ____ (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 25 1944
at 6 a o'clock A M.

21. **I HEREBY CERTIFY,** That I attended deceased from 2-16-43 19__, to 7-25 19 44
I last saw him alive on 7-24 19 44, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Brain tumor — Duration 18 months
Due to —
Due to —
Other conditions —
(Include pregnancy within 3 months of death)
Where was disease contracted? ____
Name of operation None Date ____
Major finding —
Finding of autopsy None

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred — 19__ City, county, state where violence occurred ____
Place of Violence: Home — Farm — Industry —
Public Place — While at work? ____
Means of injury ____

23. Attendant's **OWN** Signature Joseph A. Nelson M.D. (M. D. or other)
and Address Moscow Ida. Date 7-25 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

AUG 17 1944

Certificate Of Death

STATE OF IDAHO

139610 139610
State File No.
Local Reg. No. 13
Reg. Dist. No. 682

1. **PLACE OF DEATH:**
(a) County Custer
(b) City or town Mackay
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? ..... Outside? ✓ city or town
(e) Died in a Home ✓ Hospital.... Institution.... Other place....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 30 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Custer
(c) City or town Mackay
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? ✓ Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 30 years
(h) Former residence (city, state)

3. (a) **FULL NAME** John W. Brown 200a

3. (b) If veteran, name war Yes Spanish American War Social Security No.
4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife ..... 6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) Nov. 21 1867

8. AGE	Years	Months	Days	If less than 1 day
	76	4	25	hrs min.

9. Exact Occupation Carpenter & mine Did this work for life yrs.
10. Industry or Business mine & ext. Date last worked
11. Birthplace unknown (City or town) Alabama (State or foreign country)
Father 12. Name unknown
13. Birthplace ✓ (City or town) (State or foreign country)
Mother 14. Maiden name unknown
15. Birthplace (City or town) (State or foreign country)
16. Informant's **OWN** Signature Public Administater
and Address Court House, Challis, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/19/44 (Month) (Day) (Year)
(c) Place: Mackay, Idaho, Mt. Mc Caleb Cem.
18. Funeral Director's **OWN** Signature [signature]
and Address Arco Ida
19. (a) Aug. 7-44 (Date received and filed) (b) Rose Nowacki (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** April 16 1944
(Month, Day, Year) ..... 19.....
at 1 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from ..... 19....., to ..... 19.....
I last saw h..... alive on ..... 19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cause unknown but natural	
Due to heart and drppcial condition	3 years
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYISCIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding	
Finding of autopsy none	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury
23. Attendant's **OWN** Signature X H. H. Hartman (M. D. or other)
and Address Custer County Corner Challis, Idaho Date 4/17 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census AUG 17 1944

Certificate Of Death

STATE OF IDAHO

139611

State File No. 139611
Local Reg. No. 177
Reg. Dist. No. 460

1. **PLACE OF DEATH:**
(a) County Twin Falls
(b) City or town Twin Falls
(c) Street Address or R.F.D. No. 244 Quincy
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Home .... Hospital X Institution .... Other place ....
(f) Name Hosp. or Inst. T. Falls Stayed 118 days
(g) Lived in this county 1 years 6 months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County T. Falls
(c) City or town Twin Falls
(d) Street Address or R.F.D. No. 244 Quincy
(e) Deceased lived Inside? x Outside? ..... city or town
(f) Citizen of what country? United States
(g) How long had deceased lived in Idaho? 1½ years
(h) Former residence (city, state) Montana

3. (a) **FULL NAME** Peter D. Wenskus

58E

3. (b) If veteran, name war .....
3. (c) Social Security No. 517-22-1935
4. Sex Male
5. Color or race Caucasian
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Vicie Wenskus
6. (c) Age of husband or wife if alive 26 years
7. Date of Birth (Month, Day, Year) November 2, 1916

8. AGE	Years	Months	Days	If less than 1 day
	27	9	1	hrs min.

9. Exact Occupation Soda fountain attendant
Did this work for ..... yrs.
10. Industry or Business .....
Date last worked April 5,
11. Birthplace Throop, Penn. (City or town) (State or foreign country)
Father
12. Name Domonic Wenskus
13. Birthplace " Lithuania (City or town) (State or foreign country)
Mother
14. Maiden name Mary Dwazdowski
15. Birthplace Lithuania (City or town) (State or foreign country)
16. Informant's **OWN** Signature Thomas J. Wenskus
and Address Twin Falls, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-7-44 (Month) (Day) (Year)
(c) Place: Sunset Memorial Park
18. Funeral Director's **OWN** Signature S. C. Phillips
and Address Twin Falls, Idaho
19. (a) Aug 14 1944 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) August 3 1944
at 1:30 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from March 1 1944, to August 3 1944
I last saw him alive on August 2 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Pulmonary Edema 111c	1 wk
Due to Left Heart Failure 200a	3 wks
Due to Acute Rheumatic Fever	10 yrs
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature Ivan Anderson MD (M. D. or other)
and Address Filer Ida Date 8-10 1944
(For additional space, use reverse side)

139612

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 139612
Local Reg. No. 119
Reg. Dist. No. 370

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. PLACE OF DEATH:
(a) County Valley/
(b) City or town Donnelly.
(c) Street Address or R.F.D. No. X
(d) Death Occured Inside? ..... Outside? Yes City or town
(e) Died in a Home.... Hospital.... Institution.... Other place X
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county ..... years ..... months 0 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Ada
(c) City or town Boise,
(d) Street Address or R.F.D. No. 1923. N. 9 th
(e) Deceased lived Inside? Yes Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 16. years
(h) Former residence (city, state) X

3. (a) FULL NAME James William Cardin. 170c

3. (b) If veteran, name war No.
3. (c) Social Security No. 519-05-2043.
4. Sex Male. 5. Color or race White.
6. (a) Single, widowed, married, divorced Single.
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) September. 27. 1927.

8. AGE	Years	Months	Days	If less than 1 day
	16.	10.	8.	hrs ..... min.

9. Exact Occupation Laborer. Did this work for ..... yrs.
10. Industry or Business Bond- Tennyson Transfer Company. Date last worked .....
11. Birthplace Born at Boise, Idaho. (City or town) (State or foreign country)

Father
12. Name Oscar. C. Cardin.
13. Birthplace Kansas. (City or town) (State or foreign country)

Mother
14. Maiden name Edith Klingman.
15. Birthplace Nebraska. (City or town) (State or foreign country)

16. Informant's OWN Signature Edith E. Cardin
and Address 1923. N. 9 th Street, Boise.
17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof Aug. 12. 1944. (Month) (Day) (Year)
(c) Place: Cloverdale Memorial Park.
18. Funeral Director's OWN Signature Clyde E. Summers
and Address Boise, Idaho.
19. (a) Aug 5 1944 (Date received and filed) (b) Myrtle M. Gardner Deputy (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Aug 5 1944
at 10:30 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from ..... 19..... to ..... 19.....
I last saw h..... alive on ..... 19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Result of Car accident at Lake Fork Id.	
Skull fracture & internal injuries	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ✓ Suicide? ..... Homicide? .....
Occurred Aug. 5 1944 City, county, state where violence occurred 6 mi North of Cascade
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ✓ While at work? .....
Means of injury Auto accident
23. Attendant's OWN Signature D. Schoenhut (M. D. or other)
and Address Acting Coroner Date 8/9 1944
(For additional space, use reverse side)
Valley County Idaho

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filing out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

AUG 17 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

139613

State File No. 139613
Local Reg. No. 202
Reg. Dist. No. 510

1. PLACE OF DEATH:
(a) County Bannock
(b) City or town Pocatello
(c) Street Address ~~XXXXXX~~ No. So. Johnson Ave
(d) Death Occurred Inside? X Outside? ..... city or town
(e) Died in a Home ....Hospital..X..nstitution ....Other place ....
(f) Name Hosp. or Inst. General Stayed 46 days
(g) Lived in this county 28 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Bannock
(c) City or town Pocatello
(d) Street Address ~~XXXXXX~~ No. 1430 E. Clark
(e) Deceased lived Inside? X Outside? ..... city or town
(f) If foreign born, in U. S. ..... yrs. Citizen of U. S.? yes
(g) How long had deceased lived in Idaho? 28 years
(h) Former residence (city, state) Grayson, Ky.

47d

3. (a) **FULL NAME** RAY SELLARDS BOTTS

3. (b) If veteran, name war World War I
3. (c) Social Security No. 712-03-4883
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Lillian Davis
6. (c) Age of husband or wife if alive 46 years
7. Date of Birth (Month, Day, Year) May 22, 1889

8. AGE	Years	Months	Days	If less than 1 day
	55	2	7	hrs ..... min.

9. Exact Occupation Pipefitter — Did this work for 23 yrs.
10. Industry or Business U. P. Railroad — Date last worked May 8/44
11. Birthplace Grayson, Kentucky (City or town) (State or foreign country)

Father
12. Name George Moses Botts
13. Birthplace Unknown (City or town) Kentucky (State or foreign country)

Mother
14. Maiden name Elizabeth Horton
15. Birthplace Unknown (City or town) Kentucky (State or foreign country)

16. Informant's **OWN** Signature Lilian Davis Botts and Address Pocatello, Idaho
17. (a) Burial (Burial, cremation or removal) (b) Date thereof Aug. 3, 1944 (Month) (Day) (Year)
(c) Place: Pocatello, Idaho
18. Funeral Director's **OWN** Signature R. L. McClain and Address Pocatello, Idaho
19. (a) Aug. 2/44 (Date received and filed) (b) D C Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) August 1 1944
at 4:40 o'clock a. M.

21. I **HEREBY CERTIFY,** That I attended deceased from May 27 1944 to August 1 1944
I last saw him alive on August 1 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: acute Heart Failure. — Duration 95c3
Due to Cancer of right lung.
Due to .....
Other conditions ..... (Include pregnancy within 3 months of death)

Where was disease first contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy Tumor (Carcinoma) of right lung.

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature H. J. Hartwig Asst. M. D. (M. D. or other)
and Address Pocatello, Idaho Date Aug. 1 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census AUG 15 1944

Certificate Of Death

STATE OF IDAHO

State File No. 139614
Local Reg. No. 253
Reg. Dist. No. 370

1. **PLACE OF DEATH:**
(a) County Ada
(b) City or town Boise
(c) Street Address or R.F.D. No. 1st & Bannock
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Home.... Hospital X Institution.... Other place....
(f) Name Hosp. or Inst. St. Lukes Stayed ..... days
(g) Lived in this county ..... years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Caldwell
(d) Street Address or R.F.D. No. 1601 Arthur St.
(e) Deceased lived Inside? X Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 30 years
(h) Former residence (city, state) .....

3. (a) **FULL NAME** Carrie Lauretta Gordon 55c

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Fem
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife W.S. Gordon
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) Feb. 10, 1877

8. AGE	Years	Months	Days	If less than 1 day
	67	4	21	hrs min.

9. Exact Occupation Housewife Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Atchison County, Missouri (City or town) (State or foreign country)
Father 12. Name Edgerton E. Peck
13. Birthplace Canada (City or town) (State or foreign country)
Mother 14. Maiden name Woodhull
15. Birthplace Not Known (City or town) (State or foreign country)
16. Informant's OWN Signature Wayne W Gordon
and Address Salem, Oregon
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/3/44 (Month) (Day) (Year)
(c) Place: Canyon Hill Cemetery Caldwell
18. Funeral Director's OWN Signature V Pochham
and Address 504 So. Kimball Ave., Caldwell
19. (a) 1-22-44 (Date received and filed) (b) R Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 1, 1944
at 2 30 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from Oct 1943, to July 1 1944
I last saw her alive on Jan 30 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Carcinoma of the Thyroid	1 Year.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYISCIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's OWN Signature Alfred M Popma M.D. (M. D. or other)
and Address Boise-Ida Date 7-8 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

AUG 15 1944

Certificate Of Death

STATE OF IDAHO

State File No. 139615
Local Reg. No. 232 ~~230~~
Reg. Dist. No. 370

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise
   (c) Street Address or R. F. D. No.
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home .... Hospital X Institution .... Other place ....
   (f) Name Hosp. or Inst. St. Alph; Stayed ..... days
   (g) Lived in this county 42 years ..... months ..... days

   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Ada
   (c) City or town Boise
   (d) Street Address or R.F.D. No. 1003 N. 8th. St
   (e) Deceased lived Inside? X Outside? ..... city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 58 years
   (h) Former residence (city, state) Ireland

3. (a) **FULL NAME** Annie McAtee 83a

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) Dec. 25th 1864

8. AGE	Years	Months	Days	If less than 1 day
	79	6	6	hrs min.

9. Exact Occupation Housewife — Did this work for ..... yrs.
10. Industry or Business — Date last worked
11. Birthplace Leitrim Co; (City or town) Ireland (State or foreign country)

Father
12. Name John O Donnelly
13. Birthplace Ireland (City or town) (State or foreign country)

Mother
14. Maiden name Catherine Masterson
15. Birthplace Ireland (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mrs. V. A. Holden
and Address Carlsbad, N. M.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/5/1944 (Month) (Day) (Year)
(c) Place: St. John's Cemetery

18. Funeral Director's **OWN** Signature Schreiber & McCann
and Address Boise

19. (a) 7-6-44 (Date received and filed) (b) R. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 1 1944
at 3:20 o'clock P. M.

21. **I HEREBY CERTIFY**, That I attended deceased from June 23 1944, to July 1 1944
I last saw h..... alive on ..... 19 ....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cerebral Hemorrhage — Duration 6 days
Due to Hypertension
Due to
Other conditions (Include pregnancy within 3 months of death)
Where was disease contracted?
Name of operation ..... Date .....
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury

23. Attendant's **OWN** Signature W. A. Koelsch (M. D. or other)
and Address Boise Date 7-5 1944

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census Aug 1 - 1944

Certificate Of Death

STATE OF IDAHO

State File No. 139616
Local Reg. No. 124
Reg. Dist. No. 371

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? Outside? XX city or town
   (e) Died in a Home Hospital X Institution Other place
   (f) Name Hosp. or Inst. Vets. Admn. Stayed 23 days
   (g) Lived in this county years months days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County
   (c) City or town St. Maries, Idaho
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? Outside? city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? years
   (h) Former residence (city, state)

3. (a) **FULL NAME** FRASER, Delbert B. 93d

3. (b) If veteran, name war WW
3. (c) Social Security No. 518-03-5932
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married-Sep.
6. (b) Name of husband or wife Unknown
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) March 17, 1895

8. AGE	Years	Months	Days	If less than 1 day
	49	3	23	hrs min.

9. Exact Occupation Bartender Did this work for yrs.
10. Industry or Business Date last worked Unknown
11. Birthplace (City or town) Georgia (State or foreign country)

Father
12. Name George FRASER
13. Birthplace (City or town) Georgia (State or foreign country)

Mother
14. Maiden name Mamie H. Duncan
15. Birthplace (City or town) Georgia (State or foreign country)

16. Informant's **OWN** Signature M. Hall
and Address Records, Veterans Administration Boise, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/6/44 (Month) (Day) (Year)
(c) Place: Cloverdale Memorial Park, Boise, Ida.

18. Funeral Director's **OWN** Signature McBRATNEY FUNERAL HOME
and Address Boise, Idaho

19. (a) 7-6-44 (Date received and filed) (b) R. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 3, 1944
at 1:25 o'clock A. M.

21. **I HEREBY CERTIFY,** That I attended deceased from June 10, 1944, to July 3, 1944
I last saw him alive on July 3, 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Arteriosclerotic Heart Disease	
with pulmonary hypertension,	
due to myocardial damage and	
myocardial insufficiency	Unknown
due to	
Other conditions Pleurisy, suppurative (Include pregnancy within 3 months of death)	11da
acute, left	"
Silicosis, pulmonary.	11da.

Where was disease contracted?
Name of operation None Date
Major finding
Finding of autopsy See attached slip

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature ARTHUR W. SCHULZ, Lt.Col., M.C.
(M. D. or other)
and Address VAF, Boise, Ida. Date 7-3- 1944
(For additional space, use reverse side)

Findings of Autopsy:

Immediate Cause:	Duration
Myocardial Failure	1 Week
Pericarditis, acute, fibrinous	2 weeks
Effusion Pleural, rt. severe	1 day

Due to:

Pneumonioconiosus, severe	Unknown
Pleurisy, suppurative, acute, left	1 Month

Contributory:

Congestion, passive of cerebrum, liver, spleen, kidneys, lungs and myocardium	1 Week

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

NON-RESIDENT Certificate Of Death

STATE OF IDAHO

State File No. 139617
Local Reg. No. 126
Reg. Dist. No. 371

AUG 1 3 1944

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? Outside? XX city or town
   (e) Died in a Home Hospital X Institution Other place
   (f) Name Hosp. or Inst Vets. Admn. Stayed 128 days
   (g) Lived in this county years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Michigan (b) County
   (c) City or town
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? Outside? city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? years
   (h) Former residence (city, state)

3. (a) **FULL NAME** MacKINDER, Fred C.

47c

3. (b) If veteran, name war WW
3. (c) Social Security No. 532,12,1894
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) June 12, 1890

8. AGE	Years	Months	Days	If less than 1 day
	54		21	hrs min.

9. Exact Occupation Laborer — Did this work for yrs.
10. Industry or Business — Date last worked Unknown
11. Birthplace Michigan (City or town) (State or foreign country)

Father
12. Name A. B. MacKINDER
13. Birthplace Michigan (City or town) (State or foreign country)

Mother
14. Maiden name Emme McCAULEY
15. Birthplace Michigan (City or town) (State or foreign country)

16. Informant's **OWN** Signature Records, Vets. Admn.
and Address Boise, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/8/44 (Month) (Day) (Year)
(c) Place Morris Hill Cemetery, Boise, Idaho

18. Funeral Director's **OWN** Signature McBratney Funeral Home
and Address Boise, Idaho

19. (a) 7-8-44 (Date received and filed) (b) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 3 19 44
at 8:25 o'clock P. M.

21. **I HEREBY CERTIFY**, That I attended deceased from Feb. 26, 1944, to July 3, 1944
I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Bronchogenic Carcinoma, left, with Metastasis	11 Mo.
Due to	
Due to	
Other conditions Bronchtis, chronic (Include pregnancy within 3 months of death)	Unknown
	Many years

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy No autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature ARTHUR W. SCHULZ, Lt. Col., M.C.
(M. D. or other)
and Address VAF, Boise, Ida. Date 7-3-44 19

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

AUG 15 1944

Certificate Of Death

STATE OF IDAHO

State File No. 13961 8
Local Reg. No. 238
Reg. Dist. No. 370

1. PLACE OF DEATH:
(a) County Ada
(b) City or town Boise.
(c) Street Address or R.F.D. No. X
(d) Death Occured Inside? Yes Outside? ..... city or town
(e) Died in a Home .... Hospital X Institution .... Other place ....
(f) Name Hosp. or Inst. St Lukes. Stayed 1 days
(g) Lived in this county ..... years ..... months 1 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho. (b) County Ada
(c) City or town Boise.
(d) Street Address or R.F.D. No. 315. N. 16. St.
(e) Deceased lived Inside? Yes Outside? ..... city or town
(f) Citizen of what country? X
(g) How long had deceased lived in Idaho? 1 Day years
(h) Former residence (city, state) X

3. (a) FULL NAME Infant Brett.

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3. (b) If veteran, name war No.
3. (c) Social Security No. None.
4. Sex Male. 5. Color or race White.
6. (a) Single, widowed, married, divorced Single.
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) July. 4. 1944.

8. AGE	Years	Months	Days	If less than 1 day
				13 hrs 20 min.

9. Exact Occupation None. Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Ma Call, Idaho. (City or town) (State or foreign country)
Father
12. Name Thomas Hugh Brett.
13. Birthplace Atlantic, Iowa. (City or town) (State or foreign country)
Mother
14. Maiden name Ruby Henriett Staff.
15. Birthplace Emmett, Idaho. (City or town) (State or foreign country)
16. Informant's **OWN** Signature Thomas H. Brett
and Address 315 No. 16th St. Apt. 1
17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof July. 6. 1944. (Month) (Day) (Year)
(c) Place: Morris Hill Cemetery. Summers Funeral Home.
18. Funeral Director's **OWN** Signature Clyde C. Summers
and Address Boise, Idaho.
19. (a) 7-11-44 (Date received and filed) (b) R. E. Knapp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July [redacted] 1944
at 6:30 o'clock P.M.
21. **I HEREBY CERTIFY**, That I attended deceased from July 4 1944, to July 4th 1944
I last saw him alive on July 4th 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Prematurity	13hrs. 20 min.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation ..... Date	
Major finding	
Finding of autopsy	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature Harmon Delamine M.D.
(M.D. or other)
and Address Boise Ida. Date 7/6 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

AUG 15 1944

Certificate Of Death

STATE OF IDAHO

State File No. 13961
Local Reg. No. 231 232
Reg. Dist. No. 370

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? xx Outside? ..... city or town
   (e) Died in a Home .... Hospital X Institution .... Other place ....
   (f) Name Hosp. or Inst. St. Alphonsus Stayed ..... days
   (g) Lived in this county 50 years ..... months ..... days

   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Ada
   (c) City or town Boise
   (d) Street Address or R.F.D. No. 206 W. Jefferson
   (e) Deceased lived Inside? xx Outside? ..... city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 50 years
   (h) Former residence (city, state) ---

3. (a) **FULL NAME** Olive M. Biggs 1246

3. (b) If veteran, name war ---
3. (c) Social Security No. 518-07-2638
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife W. H. Biggs
6. (c) Age of husband or wife if alive 67 years
7. Date of Birth (Month, Day, Year) July 1, 1894

8. AGE	Years	Months	Days	If less than 1 day
	50	0	3	- hrs - min.

9. Exact Occupation Secretary — Did this work for 27 yrs.
10. Industry or Business Idaho Power Co. — Date last worked 6/30/44
11. Birthplace Boise, Idaho (City or town) (State or foreign country)

Mother Father
12. Name John Atkinson
13. Birthplace Canada (City or town) (State or foreign country)
14. Maiden name Melissa Jane Spence
15. Birthplace Canada (City or town) (State or foreign country)

16. Informant's **OWN** Signature W. H. Biggs
and Address Boise, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-8-44 (Month) (Day) (Year)
(c) Place: Mausoleum, Morris Hill Cemetery, Boise, Idaho

18. Funeral Director's **OWN** Signature [illegible]
and Address [illegible]

19. (a) 7-5-44 (Date received and filed) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 7-4 1944
at 10:35 o'clock A.M.

21. **I HEREBY CERTIFY,** That I attended deceased from 6-1 1941, to 7-4 1944
I last saw h. alive on 7-4 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Hemorrhage - Stomach 1183	24 hrs
Due to Carcinoma of liver 1246.1	3 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ..... Date .....
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury

23. Attendant's **OWN** Signature J. H. Hollingsworth M. D. or other
and Address Boise, Idaho Date 8-5 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 139620
Local Reg. No. 233
Reg. Dist. No. 370

AUG 1 - 1944

1. PLACE OF DEATH:

(a) County Ada
(b) City or town Boise
(c) Street Address or R.F.D. No. 1515 No. 16th St.
(d) Death Occured Inside? xx Outside? ..... city or town
(e) Died in a Home x Hospital .... Institution .... Other place ....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county Life years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

(a) State Idaho (b) County Ada
(c) City or town Boise
(d) Street Address or R.F.D. No. 1515 N. 16th St.
(e) Deceased lived Inside? xx Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? Life years
(h) Former residence (city, state) .....

3. (a) **FULL NAME** Clara Pauline Guinea

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3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Homer C.
6. (c) Age of husband or wife if alive 65 years
7. Date of Birth (Month, Day, Year) November 11, 1883

8. AGE	Years	Months	Days	If less than 1 day
	60	7	24	-- hrs -- min.

9. Exact Occupation Housewife — Did this work for ..... yrs.
10. Industry or Business — Date last worked .....
11. Birthplace Boise, Idaho (City or town) (State or foreign country)

Mother
12. Name Fred Granholm
13. Birthplace Germany (City or town) (State or foreign country)

Father
14. Maiden name .....
15. Birthplace Germany (City or town) (State or foreign country)

16. Informant's **OWN** Signature H. C. Guinea
and Address Boise, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/10/44 (Month) (Day) (Year)
(c) Place: Morris Hill Cemetery, Boise, Idaho

18. Funeral Director's **OWN** Signature Mc Bratney
and Address Boise, Idaho

19. (a) 7-6-44 (Date received and filed) (b) R. Clark (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 5th 1944
at 6:00 o'clock P M.

21. **I HEREBY CERTIFY**, That I attended deceased from February 1944 to July 5 1944
I last saw h[illegible] alive on July 4 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Myocarditis	3 years
Due to Hypertension	8 years
Due to Arteritis	10 years.
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy None made

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature Lucie C. Worden (M. D. or other)
and Address Boise Clinic Date 7-6 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

AUG 15 1944

Certificate Of Death

STATE OF IDAHO

John Bouk

State File No. 139621
Local Reg. No. 237
Reg. Dist. No. 370

1. PLACE OF DEATH:
(a) County Ada
(b) City or town Boise.
(c) Street Address or R.F.D. No. X
(d) Death Occured Inside? Yes Outside? ..... city or town
(e) Died in a Home.... Hospital X Institution.... Other place....
(f) Name Hosp. or Inst. St Alphonsus Stayed 13 days
(g) Lived in this county 21 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho. (b) County Ada
(c) City or town Boise.
(d) Street Address or R.F.D. No. 1813. Bannock.
(e) Deceased lived Inside? Yes Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 21. years
(h) Former residence (city, state) Nebraska.

3. (a) **FULL NAME** Emily Evalyn Robertson.

56b

3. (b) If veteran, name war No.
3. (c) Social Security No. 519-01-5668.
4. Sex Female 5. Color or race White.
6. (a) Single, widowed, married, divorced Single.
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) September. 24. 1889.

8. AGE	Years	Months	Days	If less than 1 day
	54.	9.	12.	hrs min.

9. Exact Occupation Accountant. Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Minneapolis (City or town) Minnesotta. (State or foreign country)
Father 12. Name Andrew. J. Robertson.
13. Birthplace Morrison, Ill. (City or town) (State or foreign country)
Mother 14. Maiden name Dora Reese.
15. Birthplace Bellefontaine, Ohio. (City or town) (State or foreign country)
16. Informant's OWN Signature Rob Roy Robertson
and Address Ontario Oregon
17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof July. 9. 1944. (Month) (Day) (Year)
(c) Place: Cloverdale Memorial Park.
18. Funeral Director's OWN Signature Clyde E. Summers, Summers Funeral Home.
and Address Boise, Idaho.
19. (a) 7-11-44 (Date received and filed) (b) K. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 6th 1944
at 930 o'clock a M.
21. **I HEREBY CERTIFY**, That I attended deceased from June 23 1944 to July 6th 1944
I last saw her alive on July 6th 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Pulmonary Embolism	111a
Due to following Hysterectomy performed June 24th 1944.	13961
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Hysterectomy Date
Major finding Fibroids of Uterus
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's OWN Signature John Bouk (M. D. or other)
and Address Boise Ida Date 7-7-1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

AUG 1 5 1944

State File No. 139622
Local Reg. No. 236
Reg. Dist. No. 370

1. PLACE OF DEATH:
(a) County Ada
(b) City or town Boise
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? X Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. St. Alph: Stayed days
(g) Lived in this county 75 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Ada
(c) City or town Boise
(d) Street Address or R.F.D. No. 1419 N. 11th
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 76 years
(h) Former residence (city, state) Kansas

3. (a) FULL NAME Lillias Mary Bryon 99

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Apr. 19th. 1851

8. AGE	Years	Months	Days	If less than 1 day
	93	3	18	hrs min.

9. Exact Occupation Housewife Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Kankakee (City or town) Ill: (State or foreign country)
Father
12. Name Myron Russell
13. Birthplace State of New York (City or town) (State or foreign country)
Mother
14. Maiden name Caroline Dana
15. Birthplace Orange Co: Vermont (City or town) (State or foreign country)
16. Informant's OWN Signature H. R. Bryon
and Address 705 S E 61 ave Portland Or.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/10/1944 (Month) (Day) (Year)
(c) Place: Pioneer Cemetery
18. Funeral Director's OWN Signature Schreiber & McCann
and Address Boise Milford Oregon
19. (a) 7-10-44 (Date received and filed) (b) R. Shaub (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) 7/7 1944
at 9:30 o'clock P M.

21. I HEREBY CERTIFY, That I attended deceased from 7/7 1944 to 7/7 1944
I last saw her alive on 7/7 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Right Femoral Thrombosis	99:1
Due to Senility	162b
Due to Cardiac Failure	200a
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation Date	
Major finding	
Finding of autopsy	

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature Fred. A. Pierce Ex (M. D. or other)
and Address Boise Date 7/10 1944
(For additional space, use reverse side)

139623

United States
Department of Commerce
Bureau of the Census

AUG 1 - 1944

Certificate Of Death

STATE OF IDAHO

State File No. 234
Local Reg. No. 370
Reg. Dist. No. 370

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise.
   (c) Street Address or R.F.D. No. X
   (d) Death Occured Inside? Yes Outside? ..... city or town
   (e) Died in a Home.... Hospital X Institution.... Other place....
   (f) Name Hosp. or Inst. St Lukes. Stayed 1. days
   (g) Lived in this county 44 years ..... months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho. (b) County Ada
   (c) City or town eridian.
   (d) Street Address or R.F.D. No. R.D. # 1.
   (e) Deceased lived Inside? ..... Outside? Yes city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 44 years
   (h) Former residence (city, state) Ohio.

3. (a) **FULL NAME** Cornelius James Oliver. 186a

3. (b) If veteran, name war No.
3. (c) Social Security No. None.
4. Sex Male. 5. Color or race White. 6. (a) Single, widowed, married, divorced Widower.
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) December. 21. 1870.

8. AGE	Years	Months	Days	If less than 1 day
	73.	6.	16.	hrs min.

9. Exact Occupation Farmer. Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Logan, Ohio. (City or town) (State or foreign country)

Father
12. Name Labon Oliver.
13. Birthplace New York. (City or town) (State or foreign country)

Mother
14. Maiden name Esther Hamblin.
15. Birthplace New York. (City or town) (State or foreign country)

16. Informant's **OWN** Signature P.W. Oliver
and Address Meridian R.I.

17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof July. 10. 1944 (Month) (Day) (Year)
(c) Place: Morris Hill Cemetery.

18. Funeral Director's **OWN** Signature Clyde E. Summers Summers Funeral Home.
and Address Boise, Idaho.

19. (a) 7-10-44 (Date received and filed) (b) R. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 7 19 44
at 6 o'clock p M.

21. **I HEREBY CERTIFY,** That I attended deceased from July 6 19 44, to July 7 19 44
I last saw h.. alive on July 7 19 44; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: (83a)	Duration
Cerebral Hemorrhage	18 hrs
Due to accidental injury To skull	
Due to (186a)	
Other conditions Fracture of Shoulder (Include pregnancy within 3 months of death)	18 hrs
Hypertension	2 yrs
Where was disease contracted?	
Name of operation ..... Date	
Major finding	
Finding of autopsy	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Yes Suicide? ..... Homicide? .....
Occurred July 6 19 44 City, county, state where violence occurred Ada County
Place of Violence: Home ~ Farm ..... Industry .....
Public Place ..... While at work? (186a)
Means of injury Fell down cement steps

23. Attendant's **OWN** Signature L. E. Jewell (M. D. or other)
and Address Meridian Ida. Date July 9 19 44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

AUG 15 1944

Certificate Of Death

STATE OF IDAHO

Tierney

State File No. 139624
Local Reg. No. 127
Reg. Dist. No. 371

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise.
   (c) Street Address or R.F.D. No. 2
   (d) Death Occured Inside? ..... Outside? Yes City or town
   (e) Died in a Home.... Hospital X Institution.... Other place....
   (f) Name Hosp. or Inst. Ada County Stayed 2 Yrs.
   (g) Lived in this county 42 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho. (b) County Ada
   (c) City or town Boise.
   (d) Street Address or R.F.D. No. 5
   (e) Deceased lived Inside? ..... Outside? Yes City or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 42 years
   (h) Former residence (city, state) Nebraska.

3. (a) **FULL NAME** Kittie. A. Phelps. 1626

3. (b) If veteran, name war No.
3. (c) Social Security No. None.
4. Sex Female
5. Color or Race White.
6. (a) Single, widowed, married, divorced Widow.
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) September. 21. 1855.

8. AGE	Years	Months	Days	If less than 1 day
	88.	9.	20.	hrs ..... min.

9. Exact Occupation At Home. Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Canada. (City or town) (State or foreign country)

Father
12. Name Unknown.
13. Birthplace Unknown. (City or town) (State or foreign country)

Mother
14. Maiden name Unknown.
15. Birthplace Unknown. (City or town) (State or foreign country)

16. Informant's **OWN** Signature Edward J. Nelson
and Address Route #5 Boise, Idaho

17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof July. 13. 1944 (Month) (Day) (Year)
(c) Place: Morris Hill Cemetery.

18. Funeral Director's **OWN** Signature Clyde E. Summers
and Address Boise, Idaho.

19. (a) 7-12-44 (Date received and filed) (b) R. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 8 1944
at ..... o'clock ..... M.

21. **I HEREBY CERTIFY**, That I attended deceased from Dec 1940, to June 1944
I last saw her alive on June 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Senility only	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature J. W. Tierney M.D. (M. D. or other)
and Address Boise Date 7/12 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

AUG 15 1944

Certificate Of Death

STATE OF IDAHO

State File No. 139625
Local Reg. No. 240
Reg. Dist. No. [illegible]

1. PLACE OF DEATH:
(a) County Ada
(b) City or town Boise
(c) Street Address or R.F.D. No. 1607 N 13th
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Home X Hospital .... Institution .... Other place ....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 25 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Ada
(c) City or town Boise
(d) Street Address or R.F.D. No. 1607 N 13th
(e) Deceased lived Inside? X Outside? ..... city or town
(f) Citizen of what country? U.S.
(g) How long had deceased lived in Idaho? 48 years
(h) Former residence (city, state) Moroni, Utah

3. (a) FULL NAME Hans Peter Hansen

93 d

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) Dec. 3, 1862

8. AGE	Years	Months	Days	If less than 1 day
	81	7	5	hrs min.

9. Exact Occupation Carpenter & Did this work for Life yrs.
10. Industry or Business ..... Date last worked 1935
11. Birthplace Moroni, Utah (City or town) (State or foreign country)
Father
12. Name Hans Hansen
13. Birthplace ..... Denmark (City or town) (State or foreign country)
Mother
14. Maiden name Johanna Petersen
15. Birthplace ..... Denmark (City or town) (State or foreign country)
16. Informant's OWN Signature H. L. Hansen
and Address Rte 2, Emmett, Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof July 13, 1944 (Month) (Day) (Year)
(c) Place: Shelley, Idaho
18. Funeral Director's OWN Signature Sherwin Webb
and Address Boise, Idaho
19. (a) 7-12-44 (Date received and filed) (b) K Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 8 1944
at 2:45 o'clock P. M.
21. **I HEREBY CERTIFY**, That I attended deceased from 5-2 1944 to 6-15-44 1944
I last saw him alive on 6-15 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Hypertensive Heart disease	2 yrs.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation ..... Date	
Major finding	
Finding of autopsy	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's OWN Signature S Hollingsworth (M. D. or other)
and Address Boise Idaho Date 7-11 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

AUG 15 1944

Certificate Of Death

STATE OF IDAHO

State File No. 139626
Local Reg. No. 239
Reg. Dist. No. 8

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise,
   (c) Street Address or R.F.D. No. 1409 E. Jefferson.
   (d) Death Occured Inside? Yes Outside? ..... city or town
   (e) Died in a Home X Hospital .... Institution .... Other place ....
   (f) Name Hosp. or Inst. ..... Stayed ..... days
   (g) Lived in this county 30 years ..... months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho. (b) County Ada
   (c) City or town Boise,
   (d) Street Address or R.F.D. No. 2817 - 6 Ave S
   (e) Deceased lived Inside? ..... Outside? Ye s city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 30 years
   (h) Former residence (city, state) Iowa.

3. (a) **FULL NAME** Ella Jones Funk. 92 E

3. (b) If veteran, name war No.
3. (c) Social Security No. None.
4. Sex Female 5. Color or race White.
6. (a) Single, widowed, married, divorced Widow.
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) June. 18. 1859.

8. AGE	Years	Months	Days	If less than 1 day
	85.	0.	21.	hrs min.

9. Exact Occupation At Home. Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Keosanqua, Iowa. (City or town) (State or foreign country)

Father
12. Name Ellis Jones.
13. Birthplace Ohio. (City or town) (State or foreign country)

Mother
14. Maiden name Mary Rayborn.
15. Birthplace Ohio. (City or town) (State or foreign country)

16. Informant's **OWN** Signature Geo. P. Jones
and Address 1409 E. Jefferson Boise Ida.

17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof July. 13. 1944 (Month) (Day) (Year)
(c) Place: Meridian, Idaho.

18. Funeral Director's **OWN** Signature Summers Funeral Home. Clyde E. Summers
and Address Boise, Idaho.

19. (a) 7-12-44 (Date received and filed) (b) ..... (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 9 1944
at 3.25 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19..... I last saw h.. alive on ..... 19..... death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Apoplexia	132 1
Due to Arteriosclerosis	92 e
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature J. R. Hall
and Address Boise Ida. (M.D. or other) 7-9 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

AUG 1 0 1944

Certificate Of Death

STATE OF IDAHO

State File No. 139627
Local Reg. No. 247
Reg. Dist. No. [illegible]

1. PLACE OF DEATH:
(a) County Ada
(b) City or town Boise
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Home .... Hospital X Institution .... Other place ....
(f) Name Hosp. or Inst. St. Alphonsus Stayed ..... days
(g) Lived in this county 15 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Ada
(c) City or town Boise
(d) Street Address or R.F.D. No. 417 So. 14 St
(e) Deceased lived Inside? X Outside? ..... city or town
(f) Citizen of what country? U. S. A.
(g) How long had deceased lived in Idaho? 15 years
(h) Former residence (city, state) Norway

3. (a) **FULL NAME** JAMES ANDERSON

3. (b) If veteran, name war No
3. (c) Social Security No. ?
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced ?
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) 1861

8. AGE	Years	Months	Days	If less than 1 day
About	83			hrs min.

9. Exact Occupation Laborer Did this work for ..... yrs.
10. Industry or Business Date last worked
11. Birthplace Norway (City or town) (State or foreign country)
Father
12. Name Unknown
13. Birthplace Unknown (City or town) (State or foreign country)
Mother
14. Maiden name Unknown
15. Birthplace Unknown (City or town) (State or foreign country)
16. Informant's OWN Signature Fred A Pittenger
and Address Eastman Bldg. Boise, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/13/44 (Month) (Day) (Year)
(c) Place: Morris Hill Cemetery
18. Funeral Director's OWN Signature Schreiber & McCann
and Address Boise Milford Onagoo
19. (a) 7-12-44 (Date received and filed) (b) R Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 7-10-1944
at 11:00 o'clock P. M.
21. **I HEREBY CERTIFY**, That I attended deceased from ..... 19....., to 7-10-1944.
I last saw him alive on 7-10-1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Uremia	
Due to Prostatic obstruction	
Due to C. H. Prostate	
Other conditions Senility (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYISCIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury
23. Attendant's OWN Signature Fred A Pittenger (M. D. or other)
and Address Boise, Idaho Date 7-11-1944
(For additional space, use reverse side)

United States
Department of Commerce
Bureau of the Census

AUG 15 1944

Certificate Of Death

STATE OF IDAHO

State File No. 139628
Local Reg. No. 242
Reg. Dist. No. 370

1. PLACE OF DEATH:
(a) County Ada
(b) City or town Boise
(c) Street Address or R.F.D. No. 1815 N. 10th St.
(d) Death Occured Inside? XX Outside? ..... city or town
(e) Died in a Home X Hospital ..... Institution ..... Other place .....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 34 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Ada
(c) City or town Boise
(d) Street Address or R.F.D. No. 1815 N. 10th St.
(e) Deceased lived Inside? XX Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 34 years
(h) Former residence (city, state) Illinois

3. (a) FULL NAME Aloysius F. Von Pinnon

94b

3. (b) If veteran, name war ---
3. (c) Social Security No. 518-07-1859
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Caroline
6. (c) Age of husband or wife if alive 63 years
7. Date of Birth (Month, Day, Year) September 19, 1880

8. AGE	Years	Months	Days	If less than 1 day
	63	10	23	-- hrs -- min.

9. Exact Occupation Salesman — Did this work for 22½ yrs.
10. Industry or Business American Laundry — Date last worked 3/30/42
11. Birthplace Chicago, Illinois (City or town) (State or foreign country)
Father: 12. Name Thomas Von Pinnon
13. Birthplace Germany (City or town) (State or foreign country)
Mother: 14. Maiden name Bourn
15. Birthplace Newfoundland (City or town) (State or foreign country)
16. Informant's OWN Signature Caroline J. Von Pinnon
and Address Boise, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/17/44 (Month) (Day) (Year)
(c) Place: Morris Hill Cemetery, Boise, Idaho
18. Funeral Director's OWN Signature [signature]
and Address Boise, Idaho
19. (a) 7-13-44 (Date received and filed) (b) R. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 7-12 1944
at 1 o'clock A M.
21. **I HEREBY CERTIFY**, That I attended deceased from 3-30 1942, to 7-12 1944
I last saw him alive on 7-12 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Hemiplegia - Speech, right face left arm & leg.	6-22-42 and again
Due to Hemorrhagia right fissure of Rlanda	7-11-44
Due to	
Other conditions Angina Pectoris 94b (Include pregnancy within 3 months of death)	3-30-42

Where was disease contracted? —
Name of operation — Date —
Major finding —
Finding of autopsy —

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's OWN Signature E. O. P. Hamilton (M. D. or other)
and Address Boise Ida Date 7-13 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

NON-RESIDENT
Certificate Of Death
STATE OF IDAHO

State File No. 139625
Local Reg. No. 128
Reg. Dist. No. 371

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town 2 miles SE of Gowen Fld, Idaho
   (c) Street Address or R.F.D. No. – –
   (d) Death Occured Inside? ... Outside? X ... city or town
   (e) Died in a Home ... Hospital ... Institution ... Other place X
   (f) Name Hosp. or Inst. – – Stayed – – days
   (g) Lived in this county – years – months 27 days

   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Iowa (b) County Polk
   (c) City or town Des Moines
   (d) Street Address or R.F.D. No. 4201 SW 10th Street
   (e) Deceased lived Inside? X ... Outside? ... city or town
   (f) Citizen of what country? U. S.
   (g) How long had deceased lived in Idaho? 27 days
   (h) Former residence (city, state) Same as above

3. (a) **FULL NAME** QUAINTANCE, Robert Orrin — 36742739 — 173

3. (b) If veteran, name war – –
3. (c) Social Security No. – –
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife – –
6. (c) Age of husband or wife if alive – – years
7. Date of Birth (Month, Day, Year) December 29, 1922

8. AGE	Years	Months	Days	If less than 1 day
	21	6	13	hrs min.

9. Exact Occupation Soldier — Did this work for 1 3/12 yrs.
10. Industry or Business U. S. Army — Date last worked 7-12-44
11. Birthplace Des Moines (City or town) Iowa (State or foreign country)

Father
12. Name Unknown
13. Birthplace Unknown (City or town) (State or foreign country)

Mother
14. Maiden name Lillian B. (Unknown)
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's OWN Signature Phillip C. Pedersen
and Address Gowen Field, Boise, Idaho

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof July 14 1944 (Month) (Day) (Year)
(c) Place: New Sharon, Iowa

18. Funeral Director's OWN Signature [illegible]
and Address Boise, Idaho

19. (a) 7-14-44 (Date received and filed) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 12 1944
at 0831 o'clock A. M.

21. **I HEREBY CERTIFY**, That I attended deceased from – – 19 –, to – – 19 –
I last saw h– alive on – – 19 –; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Compound fracture of skull, fracture of mandible, fracture of 1st to 10th right ribs, rupture of liver, spleen, kidneys, pericardium, and right lung. — Duration: Instantly.
Due to Airplane Accident
Other conditions – –
(Include pregnancy within 3 months of death)

Where was disease contracted? – –
Name of operation – – Date – –
Major finding –
Finding of autopsy See above

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? X Suicide? ... Homicide? ...
Occurred July 12 1944 City, county, state where violence occurred Ada County, Idaho
Place of Violence: Home ... Farm ... Industry ...
Public Place X While at work? ...
Means of injury Airplane Accident

23. Attendant's OWN Signature Frank L Fletcher
FRANK L. FLETCHER, LT COL. (M. D. or other) M.C.
and Address Gowen Fld, Idaho Date 7-12 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

AUG 15 1944

Certificate Of Death

STATE OF IDAHO

State File No. 139630
Local Reg. No. 257
Reg. Dist. No. 376

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise
   (c) Street Address or R.F.D. No. 1st & Bannock
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home .... Hospital X Institution .... Other place ....
   (f) Name Hosp. or Inst. St. Lukes Stayed ..... days
   (g) Lived in this county ..... years ..... months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Canyon
   (c) City or town Caldwell
   (d) Street Address or R.F.D. No. R.F.D. No. 3
   (e) Deceased lived Inside? ..... Outside? ..... city or town
   (f) Citizen of what country? .....
   (g) How long had deceased lived in Idaho? ..... years
   (h) Former residence (city, state) .....

3. (a) **FULL NAME** ADA FRANCES MADDEN 55 E

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) Nov. 30, 1866

8. AGE	Years	Months	Days	If less than 1 day
	77	7	13	hrs ..... min.

9. Exact Occupation School Teacher Did this work for 25 yrs.
10. Industry or Business Teaching Date last worked ?
11. Birthplace Boise Valley, Idaho (City or town) (State or foreign country)

Father
12. Name Chas. F. Madden
13. Birthplace St. Jenever, Missouri (City or town) (State or foreign country)

Mother
14. Maiden name Ella Coleman
15. Birthplace Boston, Mass. (City or town) (State or foreign country)

16. Informant's **OWN** Signature J. O. Madden
and Address 1807 Filmore, Caldwell, Ida.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/17/44 (Month) (Day) (Year)
(c) Place: Canyon Hill Cemetery, Caldwell

18. Funeral Director's **OWN** Signature V. P. Parkinson
and Address 504 So. Kimball Ave., Caldwell

19. (a) 7-25-44 (Date received and filed) (b) A. Draper (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 13, 1944
at 5:00 o'clock A. M.

21. **I HEREBY CERTIFY**, That I attended deceased from July 12 1944, to July 13 1944
I last saw her alive on July 12 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Lymphosarcoma	4 mos.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYISCIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature Alfred M. Hopkins M.D.
and Address Boise, Idaho (M. D. or other) Date 7-19 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

AUG 15 1944

Certificate Of Death

Forms

STATE OF IDAHO

State File No. 139631
Local Reg. No. 129
Reg. Dist. No. 371

1. PLACE OF DEATH:
(a) County Ada
(b) City or town Boise,
(c) Street Address or R.F.D. No. 2
(d) Death Occured Inside? ..... Outside? Yes city or town
(e) Died in a Home.... Hospital X Institution.... Other place....
(f) Name Hosp. or Inst Ada County Stayed 5. days
(g) Lived in this county 22 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho. (b) County Ada
(c) City or town Boise,
(d) Street Address or R.F.D. No. 1220. Washington.
(e) Deceased lived Inside? Yes Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 61. years
(h) Former residence (city, state) Ohio.

3. (a) FULL NAME Isaac Ralston Smith.

111c

3. (b) If veteran, name war No.
3. (c) Social Security No. None.
4. Sex Male.
5. Color or race White.
6. (a) Single, widowed, married, divorced Married.
6. (b) Name of husband or wife Annie. E.
6. (c) Age of husband or wife if alive 74. years
7. Date of Birth (Month, Day, Year) March. 11. 1861.

8. AGE	Years	Months	Days	If less than 1 day
	83.	4.	2.	hrs min.

9. Exact Occupation Retired Merchant Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Cardington, Ohio. (City or town) (State or foreign country)
Father
12. Name Finley. M. Smith.
13. Birthplace Cardington, Ohio. (City or town) (State or foreign country)
Mother
14. Maiden name Permelia Sutton.
15. Birthplace Penn. (City or town) (State or foreign country)
16. Informant's OWN Signature Clara E Strassman
and Address 1220. Washington St, Boise, Idaho.
17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof July. 15. 1944. (Month) (Day) (Year)
(c) Place: Morris Hill Cemetery.
18. Funeral Director's OWN Signature Summers Funeral Home. Clyde E Summers
and Address Boise, Idaho.
19. (a) 1-15-44 (Date received and filed) (b) R Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) July 13 1944
at 10:30 o'clock P M.
21. I HEREBY CERTIFY, That I attended deceased from July 10 1944, to July 13 1944
I last saw him alive on July 11 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Hypostatic pneumonia 111c	
Due to Senility + bed confinement	
Due to	162b
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding	
Finding of autopsy	

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state
Where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's OWN Signature S. W. Forney M.D. (M. D. or other)
and Address Boise Ida. Date 7/14 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

AUG 15 1944

Certificate Of Death

STATE OF IDAHO

State File No. 139632
Local Reg. No. 244
Reg. Dist. No. 370

1. PLACE OF DEATH:
(a) County Ada
(b) City or town Boise.
(c) Street Address or R.F.D. No. 1420. E. Jeff.
(d) Death Occured Inside? Yes Outside? ..... city or town
(e) Died in a Home X Hospital ... Institution ... Other place ...
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 42 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho. (b) County Ada
(c) City or town Boise.
(d) Street Address or R.F.D. No. 1420. E. Jeff.
(e) Deceased lived Inside? Yes Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 42 years
(h) Former residence (city, state) Iowa.

3. (a) FULL NAME Orville. M. Kyle.

9 4 a

3. (b) If veteran, name war No.
3. (c) Social Security No. None.
4. Sex Male. 5. Color or race White.
6. (a) Single, widowed, married, divorced Widower.
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) May. 11. 1889.

8. AGE	Years	Months	Days	If less than 1 day
	55.	2.	3.	hrs min.

9. Exact Occupation Laborer. Did this work for ..... yrs.
10. Industry or Business Boise City Parks Date last worked .....
11. Birthplace Iowa. (City or town) (State or foreign country)
Father: 12. Name Grant Kyle.
13. Birthplace Illinois. (City or town) (State or foreign country)
Mother: 14. Maiden name Mary. E. Humphrey.
15. Birthplace Indiana. (City or town) (State or foreign country)
16. Informant's OWN Signature Grant Kyle
and Address RR1 Boise Idaho
17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof July. 18. 1944 (Month) (Day) (Year)
(c) Place: Morris Hill Cemetery.
18. Funeral Director's OWN Signature Summers Funeral Home. Clyde E. Summers
and Address Boise, Idaho.
19. (a) 7-17-44 (Date received and filed) (b) R. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) July 14 1944
at about 9 o'clock P. M.
21. I HEREBY CERTIFY, That I ~~attended deceased from~~ ..... 19 ..., ~~to~~ ..... 19 ..... ~~I last saw h~~ ..... ~~alive on~~ ..... 19 ..... ; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Acute Heart Attack.	9 5 c 4
Probably Coronary occlusion.	9 4 a
Due to Nothing of Criminal Nature found.	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy None
No Inquest.

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's OWN Signature W. McBratney, Coroner (M. D. or other)
and Address Boise, Idaho Date 7/15/44 19 ..... (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

AUG 15 1944

Certificate Of Death

STATE OF IDAHO

State File No. 139653
Local Reg. No. 247
Reg. Dist. No.

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise
   (c) Street Address or R.F.D. No. —
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home.... Hospital or Institution.... Other place....
   (f) Name Hosp. or Inst. St. Alphonsus Stayed 8 days
   (g) Lived in this county — years — months — days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Cassia
   (c) City or town Burley
   (d) Street Address or R.F.D. No. .....
   (e) Deceased lived Inside? X Outside? ..... city or town
   (f) Citizen of what country? U. S. A.
   (g) How long had deceased lived in Idaho? 34 years
   (h) Former residence (city, state) South Dakota

3. (a) **FULL NAME** Olive Farrell.

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3. (b) If veteran, name war — 3. (c) Social Security No. —
4. Sex F 5. Color or race W. 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife — 6. (c) Age of husband or wife if alive — years
7. Date of Birth (Month, Day, Year) June 19- 1895

8. AGE	Years	Months	Days	If less than 1 day
	49		27	hrs min.

9. Exact Occupation House work Did this work for 25 yrs.
10. Industry or Business ..... Date last worked May 1944
11. Birthplace Terry (City or town) South Dakota (State or foreign country)

Father
12. Name John Farrell
13. Birthplace ..... (City or town) England (State or foreign country)

Mother
14. Maiden name Emma May Landers
15. Birthplace ..... (City or town) Minnesota (State or foreign country)

16. Informant's **OWN** Signature Emma May Yeama
and Address 170 N. Oakley Burley Ida

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 18 44 (Month) (Day) (Year)
(c) Place: Heyburn Idaho

18. Funeral Director's **OWN** Signature Ritter & Rapp
and Address Burley Idaho

19. (a) 7-20-44 (Date received and filed) (b) T. Shark (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 15 1944
at 11:15 o'clock P M.

21. **I HEREBY CERTIFY**, That I attended deceased from 7-8-1944, to 7-15-1944
I last saw her alive on 7-15 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Heart failure	two w.
Due to Shock. Fem. Alg. Fx. Left Hip. Pathological Fracture due to Carcinoma of Breast	1 w.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature Fred A. Fortney M.D. (M. D. or other)
and Address Boise, Idaho Date 7-20 1944.
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Dr 139634

United States
Department of Commerce
Bureau of the Census AUG 15 1944

Certificate Of Death

STATE OF IDAHO

State File No. 139634
Local Reg. No. 245
Reg. Dist. No. 370

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? X Outside? city or town
   (e) Died in a Home Hospital X Institution Other place
   (f) Name Hosp. or Inst. St. Alphonsus Stayed 3 days
   (g) Lived in this county 15 years months days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Ada
   (c) City or town Boise
   (d) Street Address or R.F.D. No. Sonna Bldg.
   (e) Deceased lived Inside? X Outside? city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 15 years
   (h) Former residence (city, state) Colorado

3. (a) **FULL NAME** George Fredrick Hirt

94a

3. (b) If veteran, name war None
3. (c) Social Security No. 519-10-6113
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Marie
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) September 9, 1879

8. AGE	Years	Months	Days	If less than 1 day
	64	10	7	-- hrs -- min.

9. Exact Occupation Jeweler — Did this work for 48 yrs.
10. Industry or Business ---------- — Date last worked --- --
11. Birthplace Newport (City or town) Kentucky (State or foreign country)

Father
12. Name George John Hirt
13. Birthplace Switzerland (City or town) (State or foreign country)

Mother
14. Maiden name Elizabeth Oechslin
15. Birthplace Switzerland (City or town) (State or foreign country)

16. Informant's **OWN** Signature George E. Hirt
and Address Hermosa Beach, Calif.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/18/44 (Month) (Day) (Year)
(c) Place: Morris Hill Cemetery, Boise, Ida.

18. Funeral Director's **OWN** Signature [illegible]
and Address Boise, Idaho

19. (a) 7-18-44 (Date received and filed) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 16 1944
at 12:50 o'clock a M.

21. **I HEREBY CERTIFY**, That I attended deceased from July 13 1944 to July 16 1944
I last saw him alive on July 15-1 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary occlusion — Duration 3 days
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature [illegible] (M. D. or other)
and Address Boise Ida Date 7-17 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

AUG 15 1944

NON-RESIDENT
Certificate Of Death

STATE OF IDAHO

State File No. 139635
Local Reg. No. 251
Reg. Dist. No. [illegible]

1. PLACE OF DEATH:
(a) County Ada
(b) City or town Boise
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? X Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. St. Alphonsus Stayed 10 days
(g) Lived in this county 00 years 00 months 10 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Oregon (b) County Malhuer
(c) City or town Weiser
(d) Street Address or R.F.D. No. Route #3
(e) Deceased lived Inside? Outside? X city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 00000 years
(h) Former residence (city, state) Winner, So. Dak.

3. (a) **FULL NAME** Lewis Monroe Lattimore

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3. (b) If veteran, name war None
3. (c) Social Security No.
4. Sex ##Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Antonettie
6. (c) Age of husband or wife if alive 57 years
7. Date of Birth (Month, Day, Year) April 12 1875

8. AGE	Years	Months	Days	If less than 1 day
	69	3	6	hrs min.

9. Exact Occupation Rancher and Carpenter Did this work for 30 yrs.
10. Industry or Business Stock and building Date last worked April '44
11. Birthplace Salix (City or town) Iowa (State or foreign country)
Father
12. Name Lewis Martin B. Lattimore
13. Birthplace Don't know (City or town) (State or foreign country)
Mother
14. Maiden name Don't know
15. Birthplace ''''''''''' (City or town) (State or foreign country)
16. Informant's **OWN** Signature Otto Kothley
and Address R.#3 Weiser, Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 7/18/44 (Month) (Day) (Year)
(c) Place: Weiser, Idaho
18. Funeral Director's **OWN** Signature Schreiber & McCann
and Address Boise Milford Dragoo
19. (a) 7-20-44 (Date received and filed) (b) R. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 18 1944
at 5 o'clock 9 M.
21. **I HEREBY CERTIFY,** That I attended deceased from July 6 1944, to July 18 1944
I last saw him alive on July 12 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Carcanoma Cecum	2 Months
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation Removal Date 7-12-44	
Major finding of Cancer	
Finding of autopsy	

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature F. A. Schmidt M.D. (M. D. or other)
and Address Weiser Date 7-18 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

AUG 1 - 1944

Certificate Of Death

STATE OF IDAHO

State File No. 139636
Local Reg. No. 130
Reg. Dist. No. 371

1. PLACE OF DEATH:

(a) County Ada
(b) City or town Boise
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? Outside? XX city or town
(e) Died in a Home Hospital XX Institution Other place
(f) Name Hosp. or Inst. Vets. Admn. Stayed 4 days
(g) Lived in this county years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

(a) State Idaho (b) County Ada
(c) City or town Boise
(d) Street Address or R.F.D. No. 1208 Franklin St.
(e) Deceased lived Inside? XX Outside? city or town
(f) Citizen of what country? USA
(g) How long had deceased lived in Idaho? Unkn. years
(h) Former residence (city, state)

3. (a) **FULL NAME** REEVE, Roland J.

572

3. (b) If veteran, name war WW
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Leitha Reeve
6. (c) Age of husband or wife if alive 43 years
7. Date of Birth (Month, Day, Year) October 13, 1894

8. AGE	Years	Months	Days	If less than 1 day
	49	9	5	hrs min.

9. Exact Occupation Merchant — Did this work for yrs.
10. Industry or Business — Date last worked Unknown
11. Birthplace Utah (City or town) (State or foreign country)

Mother Father
12. Name William REEVE,
13. Birthplace England (City or town) (State or foreign country)

Mother Father
14. Maiden name Sarah DOUGLAS
15. Birthplace Utah (City or town) (State or foreign country)

16. Informant's **OWN** Signature Records, Veterans Admn.
and Address Boise, Idaho

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof July 20 1944 (Month) (Day) (Year)
(c) Place: Cedar Hill

18. Funeral Director's **OWN** Signature Boise Funeral Home
and Address Boise, Idaho

19. (a) 7-20-44 (Date received and filed) (b) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 18, 1944
at 11:15 o'clock P. M.

21. **I HEREBY CERTIFY**, That I attended deceased from July 14, 1944, to July 18, 1944
I last saw him alive on July 18, 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Tumor, spinal cord, low cervical	About 1 Year
Due to	
Due to	
Other conditions Bronchitis, Acute (Include pregnancy within 3 months of death)	1 Week

Where was disease contracted?
Name of operation None Date
Major finding
Finding of autopsy No Autopsy

PHYISICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature ARTHUR W. SCHULZ, Lt. Col., M.C. (M.D. or Coroner)
Chief Medical Officer
and Address V.A., Boise, Ida. Date July 19 44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

AUG 15 1944

NON-RESIDENT
Certificate Of Death
STATE OF IDAHO

State File No. 139637
Local Reg. No. 248
Reg. Dist. No. [illegible]

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home.... Hospital X Institution.... Other place....
   (f) Name Hosp. or Inst. St. Lukes Stayed 5 days
   (g) Lived in this county ..... years 2 months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Oregon (b) County Umatilla
   (c) City or town Freewater
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? X Outside? ..... city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? " : Mos years
   (h) Former residence (city, state) Oregon

3. (a) **FULL NAME** Pearl Margaret Baker Moore 111a

3. (b) If veteran, name war None
3. (c) Social Security No. 540-12-2298
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Wayne C. Moore
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) Oct. 15th. 1910

8. AGE	Years	Months	Days	If less than 1 day
	33	9	4	hrs min.

9. Exact Occupation Housewife Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace ..... (City or town) Wisconsin (State or foreign country)
Father
12. Name Baker
13. Birthplace ..... (City or town) U.S.A. (State or foreign country)
Mother
14. Maiden name Unknown
15. Birthplace ..... (City or town) U.S.A. (State or foreign country)
16. Informant's **OWN** Signature Wayne C. Moore
and Address Freewater Oregon
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 7/20/1944 (Month) (Day) (Year)
(c) Place: Freewater Ore:
18. Funeral Director's **OWN** Signature Schreiber & McCann
and Address Boise. Milford Dragoo
19. (a) 7-20-44 (Date received and filed) (b) R. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 7/19 1944
at 9:53 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from 7/10 1944, to 7/19 1944
I last saw her alive on 7/19 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: 111a	Duration
Pulmonary thrombosis	2 dys.
Due to Pulmonary Hemorrhage 13b	2 dys
Due to Gestational glandular Ulc.	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ..... Date .....
Major finding
Finding of autopsy as above

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury
23. Attendant's **OWN** Signature [signature] (M. D. or other)
and Address Boise, Idaho Date 7/20 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

AUG 15 1944

Certificate Of Death

STATE OF IDAHO

State File No. 139635
Local Reg. No. 246
Reg. Dist. No.

1. PLACE OF DEATH:
(a) County Ada
(b) City or town Boise
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? X Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. St. Alphonsus Lived 1 days
(g) Lived in this county years 3 months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Ada
(c) City or town Boise
(d) Street Address or R.F.D. No. Milner Hotel
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? U. S. A.
(g) How long had deceased lived in Idaho Life years
(h) Former residence (city, state)

3. (a) **FULL NAME** ROBERTA PAULETTE RILEY 107

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) March 26, 1944

8. AGE	Years	Months	Days	If less than 1 day
	0	3	23	hrs min.

9. Exact Occupation None Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Boise, Idaho (City or town) (State or foreign country)
Father
12. Name Orville Riley
13. Birthplace Baker, Oregon (City or town) (State or foreign country)
Mother
14. Maiden name Betty Hein
15. Birthplace Cheyenne, Wyoming (City or town) (State or foreign country)
16. Informant's **OWN** Signature X Betty Riley
and Address Milner Hotel, Boise, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/22/44 (Month) (Day) (Year)
(c) Place: Cloverdale Memorial Park
18. Funeral Director's **OWN** Signature Schneiber & McCann
and Address Boise Milford Hagan
19. (a) 7-20-44 (Date received and filed) (b) R. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 19 1944
at 8:45 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 7-19- 1944, to 7-19- 1944
I last saw her alive on 7-19- 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Pneumonia, Bronchial	2 da.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYISCIAN Underline the cause to which death should be charged statistically.
Name of operation Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature L M Sprague, M. D. (M. D. or other)
and Address Boise Date 7-20 1944.
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

AUG 15 1944

Certificate Of Death

STATE OF IDAHO

State File No. 139639
Local Reg. No. 131
Reg. Dist. No. 371

1. PLACE OF DEATH:
(a) County Ada
(b) City or town Boise
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? Outside? XX city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. Ada Co. Hosp. Stayed days
(g) Lived in this county years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Ada
(c) City or town Boise
(d) Street Address or R.F.D. No. Ida. City Stage
(e) Deceased lived Inside? Outside? XX city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? Life years
(h) Former residence (city, state)

3. (a) **FULL NAME** Grover Kimzey

3. (b) If veteran, name war --
3. (c) Social Security No. --
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife --
6. (c) Age of husband or wife if alive -- years
7. Date of Birth (Month, Day, Year) March 27, 1886

8. AGE	Years	Months	Days	If less than 1 day
	58	3	22	-- hrs -- min.

9. Exact Occupation None — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace Caldwell, Idaho (City or town) (State or foreign country)
Father: 12. Name James Kimzey
13. Birthplace Unknown (City or town) (State or foreign country)
Mother: 14. Maiden name Mary Basil
15. Birthplace Iowa (City or town) (State or foreign country)
16. Informant's OWN Signature James Kimzey
and Address Boise, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/21/44 (Month) (Day) (Year)
(c) Place: Caldwell, Idaho
18. Funeral Director's OWN Signature W. McBratney
and Address Boise, Idaho
19. (a) 7-20-44 (Date received and filed) (b) R. Sharp (Registrar's signature)

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MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 7/19 1944
at 9:30 o'clock Am M.
21. **I HEREBY CERTIFY**, That I attended deceased from 19, to 19
I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death	Duration
Congestion heart failure 95 c2	3 mo
~~Due to~~ Tuberculous spine 16	Life
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature S. W. Forney, M.D. (M. D. or other)
and Address Boise Ida Date 7/19 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

AUG 1 0 1944

State File No. 139640
Local Reg. No. 132
Reg. Dist. No. 371

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise
   (c) Street Address or R.F.D. No. ---
   (d) Death Occured Inside? ..... Outside? XX city or town
   (e) Died in a Home.... Hospital X Institution.... Other place....
   (f) Name Hosp. or Inst. Veterans Administration Stayed 9 days
   (g) Lived in this county.....years .....months .....days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Payette
   (c) City or town Payette
   (d) Street Address or R.F.D. No. General Delivery
   (e) Deceased lived Inside? X Outside? ..... city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? ..... years
   (h) Former residence (city, state) .....

3. (a) **FULL NAME** WILSON, Herbert B.

3. (b) If veteran, name war SAW
3. (c) Social Security No. 418-22-1062
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mrs. Jessie Wilson
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) May 12, 1880

8. AGE	Years	Months	Days	If less than 1 day
	64	2	8	hrs min.

9. Exact Occupation Laborer — Did this work for unknown yrs.
10. Industry or Business — Date last worked unknown
11. Birthplace Nebraska (City or town) (State or foreign country)

Father
12. Name Unknown
13. Birthplace Unknown (City or town) (State or foreign country)

Mother
14. Maiden name Unknown
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's **OWN** Signature Records, Veterans Administration
and Address Boise, Idaho EEB

17. (a) Burial-Shipment (Burial, cremation, or removal) (b) Date thereof July 21, 1944 (Month) (Day) (Year)
(c) Place: Weiser, Idaho

18. Funeral Director's **OWN** Signature McBratney Funeral Home
and Address Boise, Idaho

19. (a) 7-21-44 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 20, 1944 19.....
at 4:25 p.m. o'clock .....M.

21. **I HEREBY CERTIFY**, That I attended deceased from July 11 1944 to July 20 1944
I last saw him alive on July 20 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Acute gangrenous appendicitis;	12 hrs
Peritonitis 129	9 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ..... Date .....
Major finding
Finding of autopsy No autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature ARTHUR W. SCHULZ, Lt. Col. MC (M.D. or Other)
and Address Chief Medical Officer V.A., Boise, Idaho Date July 21 19 44
(For additional space, use reverse side)

Stewart

United States
Department of Commerce
Bureau of the Census

AUG 15 1944

Certificate Of Death

STATE OF IDAHO

State File No. 139641
Local Reg. No. 259
Reg. Dist. No. 370

1. PLACE OF DEATH:
(a) County Ada
(b) City or town Boise.
(c) Street Address or R.F.D. No. X
(d) Death Occured Inside? Yes Outside? ..... city or town
(e) Died in a Home.... Hospital X Institution.... Other place....
(f) Name Hosp. or Inst. St Lukes. Stayed 12. days
(g) Lived in this county 34 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho. (b) County Ada
(c) City or town Boise.
(d) Street Address or R.F.D. No. 1911. Harrison.
(e) Deceased lived Inside? Yes Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 34 years
(h) Former residence (city, state) Illinois.

3. (a) FULL NAME Edward Theodore Biwer. 135b

3. (b) If veteran, name war No.
3. (c) Social Security No. None.
4. Sex Male. 5. Color or race White.
6. (a) Single, widowed, married, divorced Married.
6. (b) Name of husband or wife Sadie. L.
6. (c) Age of husband or wife if alive 57. years
7. Date of Birth (Month, Day, Year) January. 10. 1875.

8. AGE	Years	Months	Days	If less than 1 day
	69.	6.	12.	hrs min.

9. Exact Occupation Physician & Did this work for ..... yrs.
10. Industry or Business Surgeon. Date last worked .....
11. Birthplace Lincoln, Illinois. (City or town) (State or foreign country)
Father 12. Name Peter Michael Biwer.
13. Birthplace Luxenburg, (City or town) (State or foreign country)
Mother 14. Maiden name Augusta Henrietta Mittendorff.
15. Birthplace St Louis, Mo. (City or town) (State or foreign country)
16. Informant's OWN Signature Sadie L. Biwer
and Address 1911 Harrison Blvd
17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof July. 24. 1944 (Month) (Day) (Year)
(c) Place: Morris Hill Cemetery.
18. Funeral Director's OWN Signature Summers Funeral Home. Clyde E. Summers
and Address Boise, Idaho.
19. (a) 7-26-44 (Date received and filed) (b) R. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) July 22, 1944 19.....
at 9:45 o'clock A. M.
21. I HEREBY CERTIFY, That I attended deceased from December 14, 1943 19 1, to July 22, 1944
I last saw him alive on July 22, 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Chronic Myocarditis 93d General exhaustion	
Due to Ascending Pyelitis 133a	10 days
Due to Recto vesical fistula ---	7 months
Other conditions 135b2 (Include pregnancy within 3 months of death)	

Where was disease contracted? home resection
Name of operation July 11 1944-1st stage-rectal resection Sigmoidostomy 12/15/43
Major finding Rectovesical fistula
Finding of autopsy xxx

Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? x Suicide? x Homicide? .....
Occurred x 19..... City, county, state where violence occurred xxx
Place of Violence: Home x Farm x Industry x
Public Place x While at work? x
Means of injury x
23. Attendant's OWN Signature James L. Stewart (M. D. or other)
and Address 105 Nth 8th, Boise Date 7/26/44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Issued 13964½

United States
Department of Commerce
Bureau of the Census

AUG 15 1944

Certificate Of Death

STATE OF IDAHO

State File No.
Local Reg. No. 258
Reg. Dist. No. 370

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise.
   (c) Street Address or R.F.D. No. 500. Franklin.
   (d) Death Occured Inside? Yes Outside? ..... city or town
   (e) Died in a Home X. Hospital .... Institution .... Other place ....
   (f) Name Hosp. or Inst. ..... Stayed ..... days
   (g) Lived in this county 20 years ..... months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho. (b) County Ada
   (c) City or town Boise.
   (d) Street Address or R.F.D. No. 500. Franklin.
   (e) Deceased lived Inside? Yes. Outside? ..... city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 25 years
   (h) Former residence (city, state) Illinois.

3. (a) **FULL NAME** Robert Herbert Steinbuch. 94a

3. (b) If veteran, name war World War. I
3. (c) Social Security No. 518-07-2019
4. Sex Male. race White.
5. Color or
6. (a) Single, widowed, married, divorced Married.
6. (b) Name of husband or wife Callie. B.
6. (c) Age of husband or wife if alive 45. years
7. Date of Birth (Month, Day, Year) July. 19. 1884.

8. AGE	Years	Months	Days	If less than 1 day
	60.	0.	3.	hrs ..... min.

9. Exact Occupation State Plant Supervisor, Did this work for ..... yrs.
10. Industry or Business Mountain States Telephone Co. Date last worked
11. Birthplace Vandalia, Illinois. (City or town) (State or foreign country)

Father
12. Name Robert Steinbuch.
13. Birthplace Ohio. (City or town) (State or foreign country)

Mother
14. Maiden name Pauline Thoman.
15. Birthplace Wisconsin. (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs Callie B. Steinbuch and Address 500. Franklin Street, Boise, Idaho.
17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof July. 25. 1944. (Month) (Day) (Year)
(c) Place: Cloverdale Memorial Park.
18. Funeral Director's OWN Signature Summers Funeral Home. Clyde E. Summers and Address Boise, Idaho.
19. (a) 7-25-44 (Date received and filed) (b) R. Shaw (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 7-22 1944
at 5:45 o'clock a M.

21. **I HEREBY CERTIFY,** That I attended deceased from 7-15- 1944, to 7-22 1944
I last saw him alive on 7-22 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
94a Coronary Occlusion	3 hr
Due to Coronary Sclerosis	2 mo
Due to	
Other conditions (Include pregnancy within 3 months of death) None	
Where was disease contracted?	
Name of operation ..... Date	
Major finding	
Finding of autopsy None	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's OWN Signature O. F. Swindell M. D. (M. D. or other)
and Address Boise Ida. Date 7-24 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

AUG 15 1944

Certificate Of Death

STATE OF IDAHO

State File No. 139643
Local Reg. No. 255
Reg. Dist. No.

1. PLACE OF DEATH:
(a) County Ada
(b) City or town Boise
(c) Street Address or R.F.D. No. 1615 N. 17 St.
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Home X Hospital ..... Institution ..... Other place .....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 5 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Ada
(c) City or town Boise
(d) Street Address or R.F.D. No. 1615 N. 17
(e) Deceased lived Inside? X Outside? ..... city or town
(f) Citizen of what country? U. S. A.
(g) How long had deceased lived in Idaho? 5 years
(h) Former residence (city, state) Minnesota

3. (a) **FULL NAME** CLARA O. REINHARDT

93d

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) February 3, 1879

8. AGE	Years	Months	Days	If less than 1 day
	65	5	20	hrs min.

9. Exact Occupation Housewife Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Stillwater, Minnesota (City or town) (State or foreign country)
Father
12. Name William Wissinger
13. Birthplace U. S. A. (City or town) (State or foreign country)
Mother
14. Maiden name Birger
15. Birthplace Minnesota (City or town) (State or foreign country)
16. Informant's **OWN** Signature M. F. Seagrove
and Address 1615 N. 17 St. Boise, Ida.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 7/27/1944 (Month) (Day) (Year)
(c) Place: St. Paul Minn:
18. Funeral Director's **OWN** Signature Schreiber & McCann
and Address Boise Milford Dragon
19. (a) 7-24-44 (Date received and filed) (b) R. Shaap (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 7-23 1944
at 5:30 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from 5-10 1944, to 7-23 1944
I last saw her alive on 7-22 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Arteriosclerotic Heart disease	6 yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYISCIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature [illegible] (M. D. or other)
and Address Boise Idaho Date 7-24 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

AUG 15 1944

Certificate Of Death

STATE OF IDAHO

State File No. 139644
Local Reg. No. 261
Reg. Dist. No. [illegible]

1. PLACE OF DEATH:
(a) County Ada
(b) City or town Boise
(c) Street Address or R.F.D. No. 412 State
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Home .... Hospital X Institution .... Other place ....
(f) Name Hosp. or Inst. St. Alphonsis Stayed 3hrs. days
(g) Lived in this county 18 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Ada
(c) City or town Boise
(d) Street Address or R.F.D. No. .....
(e) Deceased lived Inside? ..... Outside? X city or town
(f) Citizen of what country? U.S.
(g) How long had deceased lived in Idaho? 27 years
(h) Former residence (city, state) Etna, Utah

3. (a) FULL NAME Mary Jane Allen 94a

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Fred E. Allen
6. (c) Age of husband or wife if alive 60 years
7. Date of Birth (Month, Day, Year) Aug. 4, 1883

8. AGE	Years	Months	Days	If less than 1 day
	60	11	20	hrs min.

9. Exact Occupation House wife Did this work for life yrs.
10. Industry or Business Own home Date last worked July 24, 1944
11. Birthplace Etna (City or town) Utah (State or foreign country)
Father 12. Name Seth P. Fletcher
13. Birthplace Dowagiac (City or town) Michigan (State or foreign country)
Mother 14. Maiden name Eliza C. Perry
15. Birthplace Des Moine (City or town) Iowa (State or foreign country)
16. Informant's OWN Signature Fred E. Allen
and Address Rte 1 Boise Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 27, 1944 (Month) (Day) (Year)
(c) Place: Morris Hill
18. Funeral Director's OWN Signature [illegible]
and Address Boise, Idaho
19. (a) 7-27-44 (Date received and filed) (b) R. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) July 24 1944
at 11:45 o'clock P M.

21. I HEREBY CERTIFY, That I attended deceased from July 24 1944, to July 24 1944
I last saw her alive on 7-24-44 19 ; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: 94a Coronary Embolus c̄ heart Black. Duration 7-24-44
Due to 95a ?
Due to .....
Other conditions .....
(Include pregnancy within 3 months of death)
Where was disease contracted? Home
Name of operation MD Date —
Major finding .....
Finding of autopsy —

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's OWN Signature Gerald T. Nokes (M. D. or other) MD
and Address Boise Date 7-26 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

AUG 15 1944

Certificate Of Death

STATE OF IDAHO

State File No. 139645
Local Reg. No. 256
Reg. Dist. No. 370

1. PLACE OF DEATH:
(a) County Ada
(b) City or town Boise
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Home .... Hospital X Institution .... Other place ....
(f) Name Hosp. or Inst. St. Alphonsus Stayed 3 Wks days
(g) Lived in this county ..... years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Wilder
(d) Street Address or R.F.D. No. Labor Camp
(e) Deceased lived Inside? ..... Outside? XX city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 3 mo. years
(h) Former residence (city, state) Arkansas

3. (a) FULL NAME Irene Thornton

163g

3. (b) If veteran, name war ----
3. (c) Social Security No. ---
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Hubert
6. (c) Age of husband or wife if alive 21 years
7. Date of Birth (Month, Day, Year) May 15, 1927

8. AGE	Years	Months	Days	If less than 1 day
	17	2	9	-- hrs -- min.

9. Exact Occupation Housewife — Did this work for -- yrs.
10. Industry or Business -- — Date last worked --
11. Birthplace Cercy County, Arkansas (City or town) (State or foreign country)
Father
12. Name W. C. Kyle
13. Birthplace Marshall, Arkansas (City or town) (State or foreign country)
Mother
14. Maiden name Bertha Kelly
15. Birthplace Marshall, Arkansas (City or town) (State or foreign country)
16. Informant's OWN Signature W C Kyle
and Address Wilder, Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 7/26/44 (Month) (Day) (Year)
(c) Place: Marshall, Arkansas
18. Funeral Director's OWN Signature [signature]
and Address Boise, Idaho
19. (a) 7-24-44 (Date received and filed) (b) R Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) 24th July 1944
at 4:00 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from ..... 19 ....., to 24 July 1944
I last saw her alive on 24 July 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
116:1 Esophageal Stricture	3 months
Due to Chemical burn of the esophagus from lye	3 months
Due to	
Other conditions (Include pregnancy within 3 months of death) Bronchopneumonia - empyema	2 weeks

Where was disease contracted? Arkansas
Name of operation Gastrostomy Date 6/30/44
Major finding Esophageal Stricture
Finding of autopsy — —

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? — Suicide? ✓ Homicide? —
Occurred April 1944 City, county, state where violence occurred Blytheville, Arkansas
Place of Violence: Home ✓ Farm — Industry —
Public Place no While at work? no
Means of injury swallowed lye

23. Attendant's OWN Signature David P. Anderson, M.D. (M. D. or other)
and Address Gowen Field, Idaho Date 24 July 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

AUG 15 1944

Certificate Of Death

STATE OF IDAHO

State File No. 139646
Local Reg. No. 254
Reg. Dist. No. 370

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise
   (c) Street Address or R.F.D. No. 413 Jefferson
   (d) Death Occured Inside? XX Outside? ..... city or town
   (e) Died in a Home X Hospital .... Institution .... Other place ....
   (f) Name Hosp. or Inst. ..... Stayed ..... days
   (g) Lived in this county ..... years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Canyon
   (c) City or town Nampa
   (d) Street Address or R.F.D. No. Route 1
   (e) Deceased lived Inside? XX Outside? ..... city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 46 years
   (h) Former residence (city, state) Sweden

3. (a) **FULL NAME** Margit Wennersten

95C

3. (b) If veteran, name war --
3. (c) Social Security No. --
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife ---
6. (c) Age of husband or wife if alive --- years
7. Date of Birth (Month, Day, Year) May 7, 1871

8. AGE	Years	Months	Days	If less than 1 day
	73	2	17	-- hrs -- min.

9. Exact Occupation Housekeeper — Did this work for -- yrs.
10. Industry or Business -- — Date last worked --
11. Birthplace Sweden (City or town) (State or foreign country)

Father
12. Name Eric Erickson
13. Birthplace Sweden (City or town) (State or foreign country)

Mother
14. Maiden name Unknown
15. Birthplace Sweden (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. C. R. Guy, N.B.
and Address 413½ Jefferson St., Boise, Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 7/24/44 (Month) (Day) (Year)
(c) Place: Nampa, Idaho
18. Funeral Director's OWN Signature Fred K. Robeiro
and Address Nampa, Idaho
19. (a) 7-24-44 (Date received and filed) (b) R. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 24 1944
Found about 10:30 o'clock A. M.
21. **I HEREBY CERTIFY,** That ~~I attended deceased from ..... 19 ..., to ..... 19 ..., I last saw h ..... alive on ..... 19 ..., death is~~ said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Found dead in Bed at her home. Had chronic heart ~~Due to~~ disease, probably coronary occlusion.	
Due to Nothing of a criminal	
Other conditions nature found. (Include pregnancy within 3 months of death)	

Where was disease contracted? —
Name of operation — Date —
Major finding —
Finding of autopsy None
No Inquest.

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's OWN Signature W. McBratney, Coroner (M. D. or other)
and Address Boise, Idaho Date 7/24/44 19 ..
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

AUG 15 1944

Certificate Of Death

STATE OF IDAHO

State File No. 139647
Local Reg. No. 139
Reg. Dist. No. 371

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise
   (c) Street Address or R.F.D. No. ---
   (d) Death Occured Inside? ..... Outside? XX city or town
   (e) Died in a Home.... Hospital X Institution.... Other place....
   (f) Name Hosp. or Inst. Veterans Admn Stayed 83 days
   (g) Lived in this county ..... years ..... months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Bannock
   (c) City or town Pocatello
   (d) Street Address or R.F.D. No. c/o Y.M.C.A.
   (e) Deceased lived Inside? X Outside? ..... city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? Unknown years
   (h) Former residence (city, state) Unknown

3. (a) **FULL NAME** SWEDBERG, John A.

55b

3. (b) If veteran, name war SP AM
3. (c) Social Security No. 537-03-1791
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Unknown
6. (c) Age of husband or wife if alive Deceased years
7. Date of Birth (Month, Day, Year) July 9 1877

8. AGE	Years	Months	Days	If less than 1 day
	67	0	15	hrs min.

9. Exact Occupation Machinist — Did this work for Unknown yrs.
10. Industry or Business — Date last worked March 6, 1944
11. Birthplace Washington, D. C. (City or town) (State or foreign country)

Father
12. Name John A. Swedberg
13. Birthplace Finland (City or town) (State or foreign country)

Mother
14. Maiden name Hedvig Lundberg
15. Birthplace Sweden (City or town) (State or foreign country)

16. Informant's **OWN** Signature Records, Veterans Administration
and Address Boise, Idaho E.E.B.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/31/44 (Month) (Day) (Year)
(c) Place: Morris Hill Cemetery Boise, Idaho

18. Funeral Director's **OWN** Signature McBratney Funeral Home
and Address Boise, Idaho

19. (a) 7-31-44 (Date received and filed) (b) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 24 1944
at 11:48 o'clock A M.

21. **I HEREBY CERTIFY,** That I attended deceased from May 2, 1944 to July 24 1944
I last saw him alive on July 24 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Carcinoma of right humerus	Unknown
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ..... Date
Major finding
Finding of autopsy No Autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury

23. Attendant's **OWN** Signature Arthur W. Schulz
Chief Medical Officer
and Address V.A., Boise, Idaho Date July 25 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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United States
Department of Commerce
Bureau of the Census

AUG 15 1944

Certificate Of Death

STATE OF IDAHO

State File No.
Local Reg. No. 138
Reg. Dist. No. 371

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise
   (c) Street Address or R.F.D. No. 2003 Vista Ave.
   (d) Death Occured Inside? Outside? XX city or town
   (e) Died in a Home X Hospital Institution Other place
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county 14 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Ada
   (c) City or town Boise
   (d) Street Address or R.F.D. No. 2003 Vista Ave.
   (e) Deceased lived Inside? Outside? XX city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 34 years
   (h) Former residence (city, state) Kuna, Idaho

3. (a) **FULL NAME** Mamie Myrtle Jevons

50

3. (b) If veteran, name war --
3. (c) Social Security No. --
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Francis O.
6. (c) Age of husband or wife if alive 34 years
7. Date of Birth (Month, Day, Year) February 19, 1910

8. AGE	Years	Months	Days	If less than 1 day
	34	5	5	-- hrs -- min.

9. Exact Occupation Housewife — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace Meridian, Idaho (City or town) (State or foreign country)

Father
12. Name Charles E. Moody
13. Birthplace Boulder, Colorado (City or town) (State or foreign country)

Mother
14. Maiden name Laura A. McKinnis
15. Birthplace Lyons, Kansas (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mamie Jevons
and Address Boise, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/26/44 (Month) (Day) (Year)
(c) Place: Cloverdale Memorial Park, Boise, Ida.

18. Funeral Director's **OWN** Signature
and Address Boise, Idaho

19. (a) 7-27-44 (Date received and filed) (b) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 24 19 44
at 2:30 o'clock P M.

21. **I HEREBY CERTIFY**, That I attended deceased from March 1944, to July 19 44
I last saw her alive on 7-24 19 44; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cancer of Breast	2 yrs.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature Alfred M. Popma M.D.
(M. D. or other)
and Address Boise Ida Date 7-28 1944
(For additional space, use reverse side)

139649

United States
Department of Commerce
Bureau of the Census

AUG 15 1944

Certificate Of Death

STATE OF IDAHO

State File No.
Local Reg. No. 137
Reg. Dist. No. 371

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise
   (c) Street Address or R.F.D. No. ---
   (d) Death Occured Inside? ..... Outside? XX city or town
   (e) Died in a Home.... Hospital X Institution.... Other place....
   (f) Name Hosp. or Inst. Veterans Admn. Stayed 24 days
   (g) Lived in this county.....years .....months .....days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Payette
   (c) City or town New Plymouth
   (d) Street Address or R.F.D. No. Box 23
   (e) Deceased lived Inside? ..... Outside? ..... city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? ..... years
   (h) Former residence (city, state) .....

3. (a) **FULL NAME** PIPER, Hazle O.

51C

3. (b) If veteran, name war WW II
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) Aug. 4, 1903

8. AGE	Years	Months	Days	If less than 1 day
	40	11	21	hrs min.

9. Exact Occupation Farmer — Did this work for Unknown yrs.
10. Industry or Business — Date last worked Unknown
11. Birthplace ..... (City or town) Kansas (State or foreign country)

Father
12. Name Edward Piper
13. Birthplace ..... (City or town) Ohio (State or foreign country)

Mother
14. Maiden name Laura Eason
15. Birthplace ..... (City or town) Kentucky (State or foreign country)

16. Informant's **OWN** Signature Records, Veterans Administration
and Address Boise, Idaho E.E.B.
17. (a) Burial-Shipment (Burial, cremation, or removal) (b) Date thereof 7/27/44 (Month) (Day) (Year)
(c) Place: Fairview Cemetery, New Plymouth, Idaho
18. Funeral Director's **OWN** Signature McBratney Funeral Home
and Address Boise, Idaho
19. (a) 7-27-44 (Date received and filed) (b) R. Blair (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 25 1944
at 3:35 A.M. o'clock ..... M.

21. **I HEREBY CERTIFY**, That I attended deceased from July 1 1944, to July 25 1944
I last saw him alive on July 25 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Teratoma of right testicle	
with metastasis to brain and	
~~Duetx~~ lungs	Unknown
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding	
Finding of autopsy Confirmed above & Hemothorax, left	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature ARTHUR W. SCHULZ, Lt. Col. MC (M. D.)
Chief Medical Officer
and Address V.A. Boise, Idaho Date 7-25 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

AUG 15 1944

Certificate Of Death

STATE OF IDAHO

State File No. 139650
Local Reg. No. 136
Reg. Dist. No. 371

1. PLACE OF DEATH:
(a) County Ada
(b) City or town Boise
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? Outside? XX city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. Ada County Stayed days
(g) Lived in this county years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Ada
(c) City or town Boise
(d) Street Address or R.F.D. No. 1118 Miller St.
(e) Deceased lived Inside? XX Outside? city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? years
(h) Former residence (city, state)

3. (a) FULL NAME Marie Maynard

195E

3. (b) If veteran, name war --
3. (c) Social Security No. --
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Hugh T.
6. (c) Age of husband or wife if alive -- years
7. Date of Birth (Month, Day, Year) March 24, 1863

8. AGE	Years	Months	Days	If less than 1 day
	81	4	2	- hrs - min.

9. Exact Occupation Cook & housewife Did this work for yrs.
10. Industry or Business Date last worked 1928
11. Birthplace Bradford, Pennsylvania (City or town) (State or foreign country)
Father 12. Name Solomon Nourse
13. Birthplace Pennsylvania (City or town) (State or foreign country)
Mother 14. Maiden name Julia --
15. Birthplace Pennsylvania (City or town) (State or foreign country)
16. Informant's OWN Signature Rosalie E. Leonard
and Address 803 Iowa Street Boise, Idaho
17. (a) Removal-Cremation (Burial, cremation, or removal) (b) Date thereof 7/28/44 (Month) (Day) (Year)
(c) Place: Portland, Oregon
18. Funeral Director's OWN Signature W. McBratney
and Address Boise, Idaho
19. (a) 7-27-44 (Date received and filed) (b) R. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) July 26 1944
at 2 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from Mch. 14 1944, to July 26 1944
I last saw her alive on 7-21 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Congestion heart failure	
Due to Senility	
~~Due to~~ Fractured hip	3/1/44
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's OWN Signature S W Forney MD (M. D. or other)
and Address Boise Date 7/27 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

AUG 15 1944

Certificate Of Death

STATE OF IDAHO

State File No. 139651
Local Reg. No. 262
Reg. Dist. No. 370

1. PLACE OF DEATH:
(a) County Ada
(b) City or town Boise
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? XX Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. St. Alphonsus Stayed days
(g) Lived in this county years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Ada
(c) City or town Boise
(d) Street Address or R.F.D. No. 1210 N. 8th St.
(e) Deceased lived Inside? XX Outside? city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? Life years
(h) Former residence (city, state)

3. (a) FULL NAME Clara Bertha Logan

83a

3. (b) If veteran, name war --
3. (c) Social Security No. --
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Herman
6. (c) Age of husband or wife if alive 59 years
7. Date of Birth (Month, Day, Year) August 7, 1896

8. AGE	Years	Months	Days	If less than 1 day
	51	11	20	-- hrs - min.

9. Exact Occupation Housewife Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Clearwater, Idaho (City or town) (State or foreign country)
Father: 12. Name Isaac Gunter
13. Birthplace Unknown (City or town) (State or foreign country)
Mother: 14. Maiden name Mary Ruark
15. Birthplace Unknown (City or town) (State or foreign country)
16. Informant's OWN Signature Herman Logan
and Address Boise, Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 7/28/44 (Month) (Day) (Year)
(c) Place: Lewiston, Idaho
18. Funeral Director's OWN Signature [signature]
and Address Boise, Idaho
19. (a) 7-27-44 (Date received and filed) (b) R. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 7/27 1944
at 4:45 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from 12/17 1943, to 7/27 1944
I last saw her alive on 7/26 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death	Duration
Cerebral Hemorrhage	6 hours
Due to Hypertension	?
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation Date	
Major finding	
Finding of autopsy —	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature [signature] (M. D. or other)
and Address Boise, Idaho Date 7/27 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

AUG 15 1944

Certificate Of Death

STATE OF IDAHO

State File No. 139652
Local Reg. No. 265
Reg. Dist. No. 370

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise.
   (c) Street Address or R.F.D. No. 1712. N. 19.
   (d) Death Occured Inside Yes. Outside? ..... city or town
   (e) Died in a Home X. Hospital ... Institution ... Other place ...
   (f) Name Hosp. or Inst. ..... Stayed ..... days
   (g) Lived in this county 14. years ..... months ..... days

   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho. (b) County Ada
   (c) City or town Boise.
   (d) Street Address or R.F.D. No. 1712. N. 19.
   (e) Deceased lived Inside? Yes. Outside? ..... city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 14. years
   (h) Former residence (city, state) Colorado.

3. (a) **FULL NAME** Dora. A. Doyle.

93d

3. (b) If veteran, name war No.
3. (c) Social Security No. None.
4. Sex Female. 5. Color or race White.
6. (a) Single, widowed, married, divorced Widow.
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) July. 20. 1862.

8. AGE	Years	Months	Days	If less than 1 day
	82.	0.	10.	hrs ... min.

9. Exact Occupation At Home. Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Saginaw, Michigan. (City or town) (State or foreign country)

Father
12. Name Ira La Munyon.
13. Birthplace New York. (City or town) (State or foreign country)

Mother
14. Maiden name Sarah Lineberry.
15. Birthplace New York. (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mrs Arlie E Afton
and Address 1712. N. 19 th. St. Boise, Idaho

17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof Aug. 2. 1944. (Month) (Day) (Year)
(c) Place: Cloverdale Memorial Park.

18. Funeral Director's **OWN** Signature Clyde E Summers
and Address Boise, Idaho.

19. (a) 8-2-44 (Date received and filed) (b) R Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 29 19 44
at 8: 20 o'clock A M.

21. **I HEREBY CERTIFY,** That I attended deceased from 8-10 1943, to 7-30 1944
I last saw her alive on 7-29 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Arteria-sclerotic Heart disease	2 yr
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy None

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature O J Summers M.D. (M. D. or other)
and Address Boise Ida Date 8-1 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

AUG 1 . 1944

Certificate Of Death

STATE OF IDAHO

Pittings

State File No. 139653
Local Reg. No. 140
Reg. Dist. No. 371

1. PLACE OF DEATH:
(a) County Ada
(b) City or town Boise.
(c) Street Address or R.F.D. No. R.D. # 1.
(d) Death Occured Inside? ..... Outside? Yes city or town
(e) Died in a Home X Hospital ..... Institution ..... Other place .....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 36 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho. (b) County Ada
(c) City or town Boise.
(d) Street Address or R.F.D. No. R.D. # 1.
(e) Deceased lived Inside? ..... Outside? Yes city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 36 years
(h) Former residence (city, state) Penn.

3. (a) FULL NAME Edgar Poe Treloar. 93d

3. (b) If veteran, name war No.
3. (c) Social Security No. None.
4. Sex Male.
5. Color or race White.
6. (a) Single, widowed, married, divorced Married.
6. (b) Name of husband or wife Florence. A.
6. (c) Age of husband or wife if alive 70. years
7. Date of Birth (Month, Day, Year) October. 3. 1866.

8. AGE	Years	Months	Days	If less than 1 day
	77.	9.	26.	. hrs min.

9. Exact Occupation Retired Merchant. Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Philadelphia Penn. (City or town) (State or foreign country)
Father 12. Name Unknown.
13. Birthplace England. (City or town) (State or foreign country)
Mother 14. Maiden name Julia Crowell.
15. Birthplace Unknown. (City or town) (State or foreign country)
16. Informant's OWN Signature Adele T. Tucker
and Address R.D. # 1. Boise, Idaho.
17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof Aug. 1. 1944. (Month) (Day) (Year)
(c) Place: Morris Hill Cemetery.
18. Funeral Director's OWN Signature Clyde E. Summers
and Address Boise, Idaho.
19. (a) 8-1-44 (Date received and filed) (b) N. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) July 29 1944
at 4 9 o'clock 9 M.
21. I HEREBY CERTIFY, That I attended deceased from Mar 12 1942, to July 29 1944
I last saw him alive on June 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Myocarditis	93 c1
Due to Hypertension	102
Due to Senility	162b
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ..... Date .....
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury
23. Attendant's OWN Signature Fred A. Pettingill (M. D. or other)
and Address Boise Idaho Date 8/1 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

AUG 15 1944

NON-RESIDENT
Certificate Of Death
STATE OF IDAHO

State File No. 139654
Local Reg. No. 142
Reg. Dist. No. 371

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Rural
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? Outside? X city or town
   (e) Died in a Home Hospital Institution Other place X
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county years 1 months days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Oklahoma (b) County
   (c) City or town Tulsa
   (d) Street Address or R.F.D. No. 1301 South Yale
   (e) Deceased lived Inside? Outside? city or town
   (f) Citizen of what country? United States
   (g) How long had deceased lived in Idaho? years
   (h) Former residence (city, state)

3. (a) **FULL NAME** ROBERT A. HENRY, 0-2059515

173

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) June 23, 1922

8. AGE	Years	Months	Days	If less than 1 day
	22	1	8	hrs min.

9. Exact Occupation Soldier — Did this work for yrs.
10. Industry or Business Army Air Forces — Date last worked 7/31/44
11. Birthplace Oklahoma (City or town) (State or foreign country)

Father
12. Name Allen E. Henry
13. Birthplace Unknown (City or town) (State or foreign country)

Mother
14. Maiden name Unknown
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's **OWN** Signature C. W. Newlett
and Address MHAAF, Mountain Home, Idaho

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Aug. 3, 1944 (Month) (Day) (Year)
(c) Place: Tulsa, Oklahoma

18. Funeral Director's **OWN** Signature
and Address Boise, Idaho

19. (a) 8-3-44 (Date received and filed) (b) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 31 July 1944
at 2000 o'clock P M.

21. **I HEREBY CERTIFY**, That I attended deceased from 19, to 19
I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Burns, 3rd degree, universal.	
Fractures, compound, femur, lower third, bilateral. Wound, lacerated above eyebrow, right.	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Yes Suicide? Homicide?
Occurred 31 July 1944 City, county, state where violence occurred Idaho
Place of Violence: Home Farm Industry
Public Place While at work? Yes
Means of injury Crash landing of plane

23. Attendant's **OWN** Signature Wm. J. Moore (M. D. or other)
and Address MHAAF Mtn Home Ida Date 8/1/44 19
(For additional space, use reverse side)

United States
Department of Commerce
Bureau of the Census

AUG 14 1944

CERTIFICATE OF DEATH

STATE OF IDAHO

State File No. 139655
Local Reg. No. 395
Reg. Dist. No. 300

1. PLACE OF DEATH:

(a) County Adams
(b) City or town Council
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. Comunity Stayed. days
(g) Lived in this county 1 years months days

Note For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)

(a) State Idaho (b) County Adams
(c) City or town New Meadows
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) If foreign born, in U. S. yrs. Citizen of U. S.?
(g) How long had deceased lived in Idaho? years
(h) Former residence (city, state) Idaho

3. (a) **FULL NAME** Ethel Mildred Halbesleben 142b

3. (b) If veteran, name war
3. (c) Social Security No. No
5. Color or
6. (a) Single, widowed, married, divorced Maried
4. Sex Female White
6. (b) Name of husband or wife Jesse Halbesleben
6 (c) Age of husband or wife if alive 31 years
7. Date of Birth (Month, Day, Year) June 16 1913

8. AGE	Years	Months	Days	If less than 1 day
	31		19	hrs min.

9. Exact Occupation Houswife Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Minnesota (City or town) (State or foreign country)

Father
12. Name Fred Groch
13. Birthplace Un Known (City or town) (State or foreign country)

Mother
14. Maiden name Un Known
15. Birthplace (City or town) (State or foreign country)

16. Informant's **OWN** Signature Jesse Halbesleben
and Address New Meadows.
17. (a) Idaho Falls (Burial, cremation, or removal) (b) Date thereof 7 9 44 (Month) (Day) (Year)
(c) Place: New Meadows Ida
18. Funeral Director's **OWN** Signature J A Hudson
and Address Cambridge Ida
19. (a) 7/7/44 (Date received and filed) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 7/5 1944
at 4:10 o'clock P M.

21. **I HEREBY CERTIFY,** That I attended deceased from 7/5 1944, to 7/5 1944.
I last saw her alive on 7/5 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: 143 — Duration
Massive Hemorrhage 18 hrs
Due to Ruptured Ectopic Pregnancy 142b 1 day
Due to
Other conditions
(Include pregnancy within 3 months of death)
Where was disease first contracted? Low 200 c
Name of operation Laparotomy Date 7/5
Major finding
Finding of autopsy 0

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature [illegible] (M. D. or other)
and Address Council Date 7/7/44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

AUG 11 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 139656
Local Reg. No. 181
Reg. Dist. No. 54

1. PLACE OF DEATH:
(a) County Bannock
(b) City or town Pocatello,
(c) Street Address ~~XXXXXX~~ No. 542 S. Garfield
(d) Death Occurred Inside? X Outside? ..... city or town
(e) Died in a Home X Hospital ..... Institution ..... Other place .....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 0 years 1 months 0 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County .....
(c) City or town Montpelier
(d) Street Address or R. F. D. No. .....
(e) Deceased lived Inside? X Outside? ..... city or town
(f) If foreign born, in U. S. ..... yrs. Citizen of U. S.? yes
(g) How long had deceased lived in Idaho? 40 years
(h) Former residence (city, state) .....

3. (a) **FULL NAME** JOAN BEHYMER 83a

3. (b) If veteran, name war --- 3. (c) Social Security No. ---
5. Color or 6. (a) Single, widowed, married,
4. Sex female race white divorced widowed
6. (b) Name of husband or wife Claude Behymer 6 (c) Age of husband or wife if alive ---- years
7. Date of Birth (Month, Day, Year) January 31, 1878

8. AGE	Years	Months	Days	If less than 1 day
	66	5	3	hrs min.

9. Exact Occupation housewife Did this work for ..... yrs.
10. Industry or Business home Date last worked .....
11. Birthplace Hamilton County, Illinois (City or town) (State or foreign country)
Father 12. Name William Flint
13. Birthplace Unknown U. S. A. (City or town) (State or foreign country)
Mother 14. Maiden name Mary McKnight
15. Birthplace Unknown U. S. A. (City or town) (State or foreign country)
X 16. Informant's **OWN** Signature R. B. Behymer and Address Pocatello, Idaho
17. (a) removal (Burial, cremation, or removal) (b) Date thereof July 3, 1944 (Month) (Day) (Year)
(c) Place: Montpelier, Idaho
18. Funeral Director's **OWN** Signature H. L. McHan and Address Pocatello, Idaho
19. (a) July 3/44 (Date received and filed) (b) D C Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 3 1944 at 4:30 o'clock a. M.
21. **I HEREBY CERTIFY,** That I attended deceased from June 4 1944 to July 3 1944. I last saw her alive on July 3 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: 83d Duration
paralysis of Degeneration
Due to apoplexy 22 wk
Due to High Blood Pressure 102
Other conditions .....
(Include pregnancy within 3 months of death)
Where was disease first contracted? Idaho
Name of operation — Date —
Major finding —
Finding of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? — Suicide? — Homicide? —
Occurred — 19 — City, county, state where violence occurred —
Place of Violence: Home — Farm — Industry —
Public Place — While at work? —
Means of injury —
23. Attendant's **OWN** Signature J W Lynn (M. D. or other)
and Address Pocatello, Idaho Date 7/3 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 139657
Local Reg. No. 6
Reg. Dist. No. 511

1. PLACE OF DEATH:
(a) County Bannock
(b) City or town Downey
(c) Street Address or R. F. D. No.
(d) Death Occured Inside? Outside? out city or town
(e) Died in a Home M. Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 45 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State ~~Bannock~~ Idaho (b) County Bannock
(c) City or town Downey
(d) Street Address or R.F.D. No. 1
(e) Deceased lived Inside? Outside? X city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 45 years
(h) Former residence (city, state)

3. (a) **FULL NAME** Rachel M Anderson

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Andrew
6. (c) Age of husband or wife if alive 75 years
7. Date of Birth (Month, Day, Year) Mar 2 1872

8. AGE	Years	Months	Days	If less than 1 day
	72	3	1	hrs min.

9. Exact Occupation Housewife Did this work for yrs.
10. Industry or Business Date last worked 1944
11. Birthplace Denmark (City or town) (State or foreign country)
Father
12. Name A. F Henrikson
13. Birthplace Denmark (City or town) (State or foreign country)
Mother
14. Maiden name Sine Jacobson
15. Birthplace Denmark (City or town) (State or foreign country)
16. Informant's **OWN** Signature Alma W. Anderson
and Address Downey Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof July 6 44 (Month) (Day) (Year)
(c) Place: Smithfield Utah
18. Funeral Director's **OWN** Signature M W Hendricks
and Address Preston Idaho
19. (a) July 5, 1944 (Date received and filed) (b) Ada L. Coffin (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 7/4 1944
at 10 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from 7/2 1944, to 7/4 1944
I last saw her alive on 7/3 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death Cerebral hemorrhage — Duration 36 hrs
Due to Hypertension
Due to Chr. nephritis
Other conditions
(Include pregnancy within 3 months of death)
Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature Rex G. Layton M.D. (M. D. or other)
and Address Downey, Ida Dat 7/6 1944
(For additional space see reverse side)

United States
Department of Commerce AUG 11 1944
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 139658
Local Reg. No. 183
Reg. Dist. No. 210

1. **PLACE OF DEATH:**
(a) County Bannock
(b) City or town Pocatello
(c) Street Address or R. F. D. No. 650.No.4th.Ave
(d) Death Occurred (Inside?) ____ Outside? ____ city or town
(e) Died in a Home (Hospital) Institution Other place
(f) Name Hosp. or Inst. St.Anthony Stayed ____ days
(g) Lived in this county 19 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bannock
(c) City or town Pocatello
(d) Street Address or R. F. D. No. 208.So.8th
(e) Deceased lived (Inside?) ____ Outside? ____ city or town
(f) Citizen of what country? United States
(g) How long had deceased lived in Idaho? 19 years
(h) Former residence (city, state) Utah

3. (a) FULL NAME Christo Hyldahl. 46 E

3. (b) If veteran, name war ____ 3. (c) Social Security No. 518-05-8651.
4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ruby Kotter 6. (c) Age of husband or wife if alive 49 years
7. Date of Birth (Month, Day, Year) January.21.1870.

8. AGE	Years	Months	Days	If less than 1 day
	74	5	15	hrs min.

9. Exact Occupation Cost Accountant Did this work for 19 yrs.
10. Industry or Business Kraft Cheese Co. Date last worked 6/26/1944
11. Birthplace ____ (City or town) Denmark. (State or foreign country)
Father
12. Name Soren Hyldahl.
13. Birthplace ____ (City or town) Denmark. (State or foreign country)
Mother
14. Maiden name Hannah Sorensen.
15. Birthplace ____ (City or town) Denmark. (State or foreign country)
16. Informant's OWN Signature Dorothy Jean Hyldahl
and Address Pocatello, Idaho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/8/1944. (Month) (Day) (Year)
(c) Place: Mountain View Cem.
18. Funeral Director's OWN Signature Hall Mortuary. Anthony M Hall
and Address Pocatello, Idaho.
19. (a) 6-10-1944 (Date received and filed) (b) D C Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July. 6. 1944
at 8 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from Sept 1943 to July 6 1944
I last saw him alive on July 5 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Postoperative Shock 200c	1 day
Due to Cecectomy	1 day
Due to Carcinoma of Cecum	indef.
Other conditions 46e (Include pregnancy within 3 months of death)	

Where was disease contracted? Home
Name of operation Cecectomy Date 7-5
Major finding Ca of Cecum
Finding of autopsy ____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature R P Howard M.D. (M. D. or other)
and Address Pocatello, Idaho Date 7/ 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

139659

United States
Department of Commerce
Bureau of the Census

AUG 11 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 184
Reg. Dist. No. 710

1. **PLACE OF DEATH:**
(a) County Bannock
(b) City or town Pocatello
(c) Street Address or R. F. D. No. 165. Rosewood.
(d) Death Occurred Inside? ( ) Outside? ( ) city or town
(e) Died in a (Home) Hospital ( ) Institution ( ) Other place ( )
(f) Name Hosp. or Inst. ( ) Stayed ( ) days
(g) Lived in this county 9 years ( ) months ( ) days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bannock
(c) City or town Pocatello
(d) Street Address or R. F. D. No. 165. Rosewood.
(e) Deceased lived (Inside? ( ) Outside? ( ) city or town
(f) Citizen of what country? United States
(g) How long had deceased lived in Idaho? 11 years
(h) Former residence (city, state) Illinois.

3. (a) **FULL NAME** Baulah Lucille Caudle. 13 t

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Claude E. Caudle
6. (c) Age of husband or wife if alive 33 years
7. Date of Birth (Month, Day, Year) August. 30. 1909.

8. AGE	Years	Months	Days	If less than 1 day
	33	10	9	hrs ( ) min. ( )

9. Exact Occupation House-wife — Did this work for 12 yrs.
10. Industry or Business Own Home — Date last worked
11. Birthplace Pleasant Hill, (City or town) Illinois (State or foreign country)

Father
12. Name Clarence A. Clark.
13. Birthplace Louisiana, (City or town) Mo. (State or foreign country)

Mother
14. Maiden name Josephine Gallaway.
15. Birthplace Martinsburg, (City or town) Illinois (State or foreign country)

16. Informant's OWN Signature Claude E. Caudle
and Address Pocatello, Idaho.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 7/10/1944. (Month) (Day) (Year)
(c) Place: Pleasant Hill, Illinois.
18. Funeral Director's OWN Signature Hall Mortuary.
and Address Pocatello, Idaho.
19. (a) 7-10-44 (Date received and filed) (b) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July. 9. 1944
at ( ) o'clock ( ) M.

21. **I HEREBY CERTIFY,** That I attended deceased from May 12 1944 to July 9 1944
I last saw h( ) alive on ( ) 19( ); death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Tuberculosis	
Pulmonary	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? Home
Name of operation — Date —
Major finding —
Finding of autopsy —

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? — Suicide? — Homicide? —
Occurred — 19( ) City, county, state
where violence occurred —
Place of Violence: Home — Farm — Industry —
Public Place — While at work? —
Means of injury —

23. Attendant's OWN Signature W. Lyman
and Address Pocatello, Idaho (M. D. or other)
Date 7/10 19 44

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 139669
Local Reg. No. 185
Reg. Dist. No. 5-11

AUG 1 1 1944

1. PLACE OF DEATH:
(a) County Bannock
(b) City or town Pocatello
(c) Street Address ~~XXXX~~ No. Wayne Avenue
(d) Death Occurred Inside? X Outside? ....city or town
(e) Died in a Home ....Hospital....Institution ....Other place ...X
(f) Name Hosp. or Inst. ....Stayed....days
(g) Lived in this county 0 years 4 months 0 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Bannock
(c) City or town Pocatello
(d) Street Address ~~XXXXX~~ No. 365 Washington
(e) Deceased lived Inside? X Outside? ....city or town
(f) If foreign born, in U. S. ....yrs. Citizen of U. S.? Yes
(g) How long had deceased lived in Idaho? 4 mos. ~~XXX~~
(h) Former residence (city, state) San Diego, Cal

3. (a) **FULL NAME** Dennis W. Woodard

183

3. (b) If veteran, name war ----- 3. (c) Social Security No. ----
5. Color or race white 6. (a) Single, widowed, married, divorced single
4. Sex male
6. (b) Name of husband or wife ----- 6 (c) Age of husband or wife if alive ----- years
7. Date of Birth (Month, Day, Year) June 12, 1942

8. AGE	Years	Months	Days	If less than 1 day
	2	0	27	hrs ... min.

9. Exact Occupation ----- Did this work for ---yrs.
10. Industry or Business ----- Date last worked ---
11. Birthplace San Diego, California (City or town) (State or foreign country)

Father
12. Name Max E. Woodard
13. Birthplace Pocatello, Idaho (City or town) (State or foreign country)

Mother
14. Maiden name Betty Olson
15. Birthplace Pocatello, Idaho (City or town) (State or foreign country)

16. Informant's **OWN** Signature Betty Woodard
and Address Pocatello, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 13 44 (Month) (Day) (Year)
(c) Place: Pocatello, Idaho
18. Funeral Director's **OWN** Signature J. L. McMann
and Address Pocatello, Idaho
19. (a) July 10/44 (Date received and filed) (b) D. C. Kay (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 9 1944
at 11:30 o'clock a. m.

21. **I HEREBY CERTIFY,** That I attended deceased from ....19...., to....19....
I last saw h..... alive on....19....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Accidental Drowning	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease first contracted?
Name of operation ..... Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? X Suicide? ..... Homicide? .....
Occurred July 9 1944 City, county, state where violence occurred Pocatello, Bannock, I
Place of Violence: Home ..... Farm ..... Industry .....
Public Place X While at work? .....
Means of injury Accidental drowning
23. Attendant's **OWN** Signature Fell in canal County Corone (M. D. or other)
and Address Pocatello, Ida Date July 9 1944

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

AUG 11 1944

Certificate Of Death

STATE OF IDAHO

State File No. 139661
Local Reg. No. 485½
Reg. Dist. No. 511

1. PLACE OF DEATH:
(a) County Bannock
(b) City or town 2 Miles S. of Inkom
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? Outside? X city or town
(e) Died in a Home Hospital Institution Other place X
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 0 years 0 months 0 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State (b) County
(c) City or town
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? Outside? city or town
(f) Citizen of what country? Italy
(g) How long had deceased lived in Idaho? 0 years
(h) Former residence (city, state)

3. (a) **FULL NAME** CANEVARI, LUIGI IE904731 - Private 169

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) February 9, 1922

8. AGE	Years	Months	Days	If less than 1 day
	22	5	0	hrs min.

9. Exact Occupation 28th Bn QM Service Did this work for Unknown yrs.
10. Industry or Business Co IS Unit, Ft. Lawton, Wash. Date last worked
11. Birthplace Italy (City or town) (State or foreign country)
Father 12. Name Unknown
13. Birthplace (City or town) (State or foreign country)
Mother 14. Maiden name Unknown
15. Birthplace (City or town) (State or foreign country)
16. Informant's **OWN** Signature War Dept Pass
and Address AAFld, Pocatello, Idaho
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: Fort Douglas Utah
18. Funeral Director's **OWN** Signature Byron B. Downard
and Address Pocatello Idaho
19. (a) 7-11-1944 (Date received and filed) (b) D C Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 9 1944
at 07:00 MWT o'clock P M.
21. **I HEREBY CERTIFY**, That I attended deceased from 19 , to 19
I last saw h alive on 19 ; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Skull Fracture, Compound	Instant
Due to Jumping from moving train	Instant
Due to Cerebral concussion, Mult.	Instant
Other conditions Contusions & Abrasions (Include pregnancy within 3 months of death) Laceration of back & extremities	

Where was disease contracted?
Name of operation Date
~~Major finding~~ Italian prisoner of ~~war~~ supposedly left train to be free-
~~Finding of autopsy~~

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Yes Suicide? Homicide?
Occurred July 9 1944 City, county, state where violence occurred Bannock County
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury Jumping off moving train.
23. Attendant's **OWN** Signature J W Eschenbrenner Jr Maj MC (M. D. or other)
and Address Pto, AAFld, Idaho Date July 9 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

AUG 11 1944

Certificate Of Death

STATE OF IDAHO

State File No. 139662
Local Reg. No. 194
Reg. Dist. No. 510

1. PLACE OF DEATH:

(a) County Bannock
(b) City or town Pocatello
(c) Street Address or R.F.D. No. 538. No. 13th.
(d) Death Occured (Inside?) Outside? city or town
(e) Died in a (Home) Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 7 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

(a) State Idaho (b) County Bannock
(c) City or town Pocatello
(d) Street Address or R.F.D. No. 538. No. 13th.
(e) Deceased lived (Inside?) Outside? city or town
(f) Citizen of what country? United States
(g) How long had deceased lived in Idaho? Life years
(h) Former residence (city, state) None

3. (a) **FULL NAME** Esther R. Curl. 1639

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife John M. Curl.

6. (c) Age of husband or wife if alive 29 years

7. Date of Birth (Month, Day, Year) January. 4. 1917.

8. AGE	Years	Months	Days	If less than 1 day
	27	6	7	hrs min.

9. Exact Occupation House-wife Did this work for 4 yrs.

10. Industry or Business Own home Date last worked 7/11/44

11. Birthplace American Falls. Idaho.
(City or town) (State or foreign country)

Father
12. Name Herman Nachtigal.
13. Birthplace Germany.
(City or town) (State or foreign country)

Mother
14. Maiden name Dora Giedd.
15. Birthplace Russia.
(City or town) (State or foreign country)

16. Informant's **OWN** Signature John M Curl
and Address Pocatello, Idaho.

17. (a) Removal (b) Date thereof 7/16/1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: American Falls. Idaho.

18. Funeral Director's **OWN** Signature Arthur M Hall
and Address Hall Mortuary. Pocatello, Idaho.

19. (a) 7-21-1944 (b) D C Kay
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July. 11. 1944
at o'clock M.

21. **I HEREBY CERTIFY**, That I attended deceased from 19, to 19
I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death Calcium Cyanogas Poison — Duration

Due to Found dead in her home several hours after death. Stomach analysis showed trace

Other conditions of hydrocyanic acid.
(Include pregnancy within 3 months of death)
Probable suicide

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy Trace of Cyanogas Poison

PHYISICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Yes Homicide?
Occurred July 11 1944 City, county, state where violence occurred Ast Home.
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature Arthur M Hall Coroner
and Address Pocatello, Idaho. (M. D. or other) Date 7/16 1944
(For additional space, use reverse side)

5

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce AUG 11 1944
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 139663
Local Reg. No. 186
Reg. Dist. No. 3

1. **PLACE OF DEATH:**
(a) County Bannock
(b) City or town Pocatello
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? ✓ Outside? city or town
(e) Died in a Home Hospital ✓ Institution Other place
(f) Name Hosp. or Inst. General Stayed 15 days
(g) Lived in this county years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Bingham
(c) City or town Blackfoot
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? ✓ Outside? city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 13 years
(h) Former residence (city, state)

3. (a) **FULL NAME** Lester Wayne Jimenez 58E

3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex W
5. Color or race M
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife ✓
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) May 24, 1931

8. AGE	Years	Months	Days	If less than 1 day
	13	1	18	hrs min.

9. Exact Occupation Student Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Emmett Idaho (City or town) (State or foreign country)
Father
12. Name Jim Jimenez
13. Birthplace Mexico (City or town) (State or foreign country)
Mother
14. Maiden name Naomi Gifford
15. Birthplace Woodville Idaho (City or town) (State or foreign country)
16. Informant's **OWN** Signature Mrs. Jim Jimenez
and Address Blackfoot Idaho
17. (a) removal (Burial, cremation, or removal) (b) Date thereof 7-12-44 (Month) (Day) (Year)
(c) Place: Blackfoot Idaho
18. Funeral Director's **OWN** Signature E. F. Peck
and Address Blackfoot Idaho
19. (a) 7-13-44 (Date received and filed) (b) D C Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 12 1944
at o'clock M.
21. **I HEREBY CERTIFY,** That I attended deceased from July 1 1944, to July 12 1944
I last saw him alive on July 12 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death	Duration
Subacute Rheumatic fever	6 months
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted? Home	
Name of operation none Date	
Major finding	
Finding of autopsy none	

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature R. P. Howard M.D. (M. D. or other)
and Address Pocatello Date 7-13 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

AUG 11 1944

Certificate Of Death

STATE OF IDAHO

State File No. 139664
Local Reg. No. 187
Reg. Dist. No. 5-19

1. **PLACE OF DEATH:**
(a) County Bannock
(b) City or town Pocatello
(c) Street Address or R.F.D. No. 705 McKinley
(d) Death Occured Inside? ✓ Outside? ..... city or town
(e) Died in a Home ✓ Hospital ..... Institution ..... Other place .....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county ..... years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Bannock
(c) City or town Pocatello
(d) Street Address or R.F.D. No. 705 McKinley
(e) Deceased lived Inside? ✓ Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 11 years
(h) Former residence (city, state) .....

3. (a) **FULL NAME** Donald Ray Sanders 24a

3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced ✓
6. (b) Name of husband or wife ✓
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) Oct. 24, 1934

8. AGE	Years	Months	Days	If less than 1 day
	10	8	18	hrs min.

9. Exact Occupation Student Did this work for ..... yrs.
10. Industry or Business ✓ Date last worked .....
11. Birthplace Pocatello Idaho (City or town) (State or foreign country)
Father
12. Name Charles A. Sanders
13. Birthplace Rockland Id. (City or town) (State or foreign country)
Mother
14. Maiden name Viola Whitaker
15. Birthplace Neely Id. (City or town) (State or foreign country)
16. Informant's **OWN** Signature X Charles A. Sanders
and Address Pocatello Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 7-15-44 (Month) (Day) (Year)
(c) Place: Mountainview
18. Funeral Director's **OWN** Signature Byron B. Downard
and Address Pocatello Idaho
19. (a) 7-13-1944 (Date received and filed) (b) D C Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 12 1944
at none o'clock A.M.
21. **I HEREBY CERTIFY,** That I attended deceased from Oct 1943 to July 12 1944
I last saw him alive on July 12 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Septicemia	10 months
unknown cause	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYISCIAN
Name of operation ..... Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature D. C. Ray (M. D. or other)
and Address Pocatello Date 7-13 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

AUG 11 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 139665
Local Reg. No. 188
Reg. Dist. No. 511

1. **PLACE OF DEATH:**
   (a) County Bannock
   (b) City or town Pocatello
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? ✓ Outside? city or town
   (e) Died in a Home Hospital ✓ Institution Other place
   (f) Name Hosp. St Anthony Hosp. Stayed 1 days
   (g) Lived in this county years months 1 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Bingham
   (c) City or town Pingree
   (d) Street Address or R. F. D. No.
   (e) Deceased lived Inside? Outside? ✓ city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 30 years
   (h) Former residence (city, state) Taylorsville, Utah

3. (a) **FULL NAME** Mary Alice Reece

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3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Bert A. Reece
6. (c) Age of husband or wife if alive 59 years
7. Date of Birth (Month, Day, Year) Nov. 2, 1890

8. AGE	Years	Months	Days	If less than 1 day
	53	9	11	hrs min.

9. Exact Occupation Housewife Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Taylorsville, Utah (City or town) (State or foreign country)

Father
12. Name George Albert Newbold
13. Birthplace England (City or town) (State or foreign country)

Mother
14. Maiden name Mary Jenkins
15. Birthplace (City or town) (State or foreign country)

16. Informant's OWN Signature B. A. Reece
and Address Pingree, Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 7-13-44 (Month) (Day) (Year)
(c) Place: Blackfoot, Idaho
18. Funeral Director's OWN Signature John C. Sandberg
and Address Blackfoot, Idaho
19. (a) 7-14-1944 (Date received and filed) (b) D C Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 13 1944
at 6 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from 7-12 1944, to 7-13 1944
I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Acute Cardiac Dilatation	minutes
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation Hernal Lapse Date 7-12-44	
Major finding Strangulated Omentum	
Finding of autopsy	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature A E Miller M D (M. D. or other)
and Address Blackfoot, Ida Date 7-13 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce AUG 11 1944
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 139666
Local Reg. No. 190
Reg. Dist. No. 6-10

1. PLACE OF DEATH:

(a) County Bannock
(b) City or town Pocatello
(c) Street Address or R.F.D. No. 226 West Greeley
(d) Death Occured (Inside) Outside? city or town
(e) Died in (a Home) Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 31 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

(a) State Idaho (b) County Bannock
(c) City or town Pocatello
(d) Street Address or R.F.D. No. 226 West Greeley
(e) Deceased lived (Inside) Outside? city or town
(f) Citizen of what country? United States
(g) How long had deceased lived in Idaho? 31 years
(h) Former residence (city, state) Iowa.

3. (a) **FULL NAME** La Nelle Marion Kane. 95c

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife John T. Kane

6. (c) Age of husband or wife if alive 48 years

7. Date of Birth (Month, Day, Year) May. 19. 1887.

8. AGE	Years	Months	Days	If less than 1 day
	57	2	5	hrs min.

9. Exact Occupation House-wife Did this work for 2 yrs.

10. Industry or Business Own home Date last worked 7/14/44.

11. Birthplace Fontanelle, (City or town) Iowa. (State or foreign country)

Father
12. Name William Duncan.
13. Birthplace Ohio (City or town) (State or foreign country)

Mother
14. Maiden name Mary Ann Jones.
15. Birthplace Iowa (City or town) (State or foreign country)

16. Informant's **OWN** Signature John T Kane
and Address Pocatello, Idaho.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/19/1944 (Month) (Day) (Year)
(c) Place: Mountain View Cem.

18. Funeral Director's **OWN** Signature Hall Mortuary.
and Address Pocatello, Idaho.

19. (a) 7-17-44 (Date received and filed) (b) D C Kay (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July. 15. 1944.
at 12 52 o'clock A M.

21. **I HEREBY CERTIFY**, That I attended deceased from July 15 1944 to July 15 1944
I last saw her alive on July 15 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death Acute Heart Attack — Duration
Due to ?
Due to ?
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature H. J. Hastings M.D. (M. D. or other)
and Address Pocatello, Idaho Date 7/ 1944
(For additional space, use reverse side)

United States
Department of Commerce
Bureau of the Census

AUG 11 1944

NON-RESIDENT CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 139667
Local Reg. No. 189
Reg. Dist. No. 5-7

1. **PLACE OF DEATH:**
(a) County Bingham
(b) City or town 10 miles S.W. Big Southern Buttes
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? x city or town
(e) Died in a Home Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 0 years 0 months 0 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Ohio (b) County
(c) City or town Cincinnatti
(d) Street Address or R. F. D. No. 1834 Emerson Ave.
(e) Deceased lived Inside? x Outside? city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 14 days
(h) Former residence (city, state) Pto AAFld, Idaho

3. (a) FULL NAME FALK, ROBERT J. 2nd Lt., A. C. 0-722039

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3. (b) If veteran, name war None
3. (c) Social Security No. Unknown
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) 16 Sept 1922

8. AGE	Years	Months	Days	If less than 1 day
	21	10	0	hrs min.

9. Exact Occupation Pilot — Did this work for 3 Mos 3 Days
10. Industry or Business U. S. Army — Date last worked 16 Jul 44
11. Birthplace Unknown (City or town) Ohio (State or foreign country)

Father
12. Name Unknown
13. Birthplace (City or town) (State or foreign country)

Mother
14. Maiden name Unknown
15. Birthplace (City or town) (State or foreign country)

16. Informant's OWN Signature Army Records
and Address AAF Sta Hosp, Pto AAFld, Idaho
17. (a) removal (Burial, cremation, or removal) (b) Date thereof 7/18/44 (Month) (Day) (Year)
(c) Place: Cincinnati, Ohio
18. Funeral Director's OWN Signature Byron B Howard
and Address Pocatello, Idaho
19. (a) 7/18/44 (Date received and filed) (b) A C Kay (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 16 July 1944
at 04:55 o'clock P.M.
21. **I HEREBY CERTIFY,** That I attended deceased from 19 , to 19
I last saw h alive on 19 ; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Disintegration	Instant
Due to Aircraft Accident	Instant
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy Not done.

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Yes Suicide? Homicide?
Occurred 16 July 19 44 City, county, state where violence occurred Bingham, Idaho
Place of Violence: Home Farm Industry
Public Place While at work? Yes
Means of injury Aircraft Accident
23. Attendant's OWN Signature J Blossman (M. D. or other)
and Address Pto AAFld, Idaho Date 16 July 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce AUG 11 1944
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 139668
Local Reg. No. 191
Reg. Dist. No. 2/8

1. PLACE OF DEATH:
(a) County Bannock
(b) City or town Pocatello
(c) Street Address or R.F.D. No. 101.So.Johnson
(d) Death Occured (Inside?) ..... Outside? ..... city or town
(e) Died in a Home (Hospital) Institution ..... Other place .....
(f) Name Hosp. or Inst. General Stayed 2 days
(g) Lived in this county 40 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Bannock
(c) City or town Pocatello
(d) Street Address or R.F.D. No. 303.East Gould
(e) Deceased lived (Inside?) ..... Outside? ..... city or town
(f) Citizen of what country? United States
(g) How long had deceased lived in Idaho? 40 years
(h) Former residence (city, state) Utah

3. (a) **FULL NAME** Marion Creig Palmer. 1226

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife Henry M Palmer
6. (c) Age of husband or wife if alive 59 years
7. Date of Birth (Month, Day, Year) September 14.1886

8. AGE	Years	Months	Days	If less than 1 day
	57	10	7	hrs min.

9. Exact Occupation House-Keeper Did this work for ..... yrs.
10. Industry or Business Own home Date last worked .....
11. Birthplace Randolph, (City or town) Utah. (State or foreign country)
Father
12. Name John M.Livingston.
13. Birthplace Scotland. (City or town) (State or foreign country)
Mother
14. Maiden name Marion Kennedy.
15. Birthplace Scotland. (City or town) (State or foreign country)
16. Informant's **OWN** Signature Mrs Carl Bakke
and Address Pocatello, Idaho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/24/1944. (Month) (Day) (Year)
(c) Place: Mountain View Cem.
18. Funeral Director's **OWN** Signature Arthur M Hall Hall Mortuary
and Address Pocatello, Idaho.
19. (a) 7-24-44 (Date received and filed) (b) D C Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July. 21. 1944
at ..... o'clock A M.
21. **I HEREBY CERTIFY**, That I attended deceased from 7-19 1944, to 7-21 1944
I last saw her alive on 7-21 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Intestinal obstruction	5
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation ..... Date 7-	
Major finding obstruction illum	
Finding of autopsy same	

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature ..... (M. D. or other)
and Address Pocatello, Idaho Date 7/ 1944
(For additional space, use reverse side)

United States
Department of Commerce
Bureau of the Census

AUG 11 1944

NON-RESIDENT CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 139669
Local Reg. No. 192
Reg. Dist. No. 511

1. **PLACE OF DEATH:**
(a) County Bingham
(b) City or town 4 Miles S.E. of Springfield
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? X city or town
(e) Died in a Home Hospital Institution Other place X
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 0 years 0 months 0 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State California (b) County
(c) City or town Englewood
(d) Street Address or R. F. D. No. 401 W Queen
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 25 dys. xxxx years
(h) Former residence (city, state) Pto AAFld, Idaho

3. (a) **FULL NAME** LORD, WALTER L. 2nd Lt 0-756632

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3. (b) If veteran, name war None
3. (c) Social Security No. Unknown
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) 16 May 1923

8. AGE	Years	Months	Days	If less than 1 day
	21	2	9	hrs min.

9. Exact Occupation Pilot — Did this work for 9mo 15 days yrs.
10. Industry or Business U. S. Army — Date last worked 25 July 1944
11. Birthplace Unknown (City or town) California (State or foreign country)

Father
12. Name Unknown
13. Birthplace Unknown (City or town) (State or foreign country)

Mother
14. Maiden name Unknown
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's OWN Signature Army Records
and Address AAF Station Hospital Paaf, Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 7/27/1944 (Month) (Day) (Year)
(c) Place: Inglewood, California.
18. Funeral Director's OWN Signature Byron B Downard
and Address Pocatello, Idaho.
19. (a) 7-27-1944 (Date received and filed) (b) A. C. Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 25 July 1944
at 02:30 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 19 to 19
I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Laceration of Brain	Instant
Due to Fracture of Skull	Instant
Due to Aircraft Accident	Instant
Other conditions Multiple fractures of ribs and pelvis (continued over) (Include pregnancy within 3 months of death)	Instant

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy Same as above.

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Yes Suicide? Homicide?
Occurred 25 July 1944 City, county, state where violence occurred Springfield, Bingham, Idaho
Place of Violence: Home Farm Industry
Public Place Yes While at work?
Means of injury Aircraft Accident
23. Attendant's OWN Signature Donald E. Hoggins M.D.
(M. D. or other)
and Address Pto AAFld, Idaho Date 25 July 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census AUG 11 1944

Certificate Of Death

STATE OF IDAHO

State File No. 139670
Local Reg. No. 196
Reg. Dist. No. 511

1. PLACE OF DEATH:
(a) County Bannock
(b) City or town Pocatello
(c) Street Address or R.F.D. No. 101. So. Johnson.
(d) Death Occured (Inside?) Outside? city or town
(e) Died in a Home (Hospital) Institution Other place
(f) Name Hosp. or Inst. General Stayed days
(g) Lived in this county 50 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Bannock
(c) City or town Robin.
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? (Outside?) city or town
(f) Citizen of what country? United States
(g) How long had deceased lived in Idaho? 50 years
(h) Former residence (city, state) Utah.

3. (a) FULL NAME Sarah Elizabeth Glover. 46E

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) March. 15. 1861.

8. AGE	Years	Months	Days	If less than 1 day
	83	4	12	hrs min.

9. Exact Occupation House-wife Did this work for yrs.
10. Industry or Business Retired Date last worked
11. Birthplace Richmond. (City or town) Utah. (State or foreign country)
Father
12. Name Issac Smith.
13. Birthplace (City or town) England. (State or foreign country)
Mother
14. Maiden name Sarah Schoules.
15. Birthplace (City or town) England. (State or foreign country)
16. Informant's **OWN** Signature Mrs Margaret Antone
and Address Rupert Idaho.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 7/31/1944. (Month) (Day) (Year)
(c) Place: Robin. Idaho.
18. Funeral Director's **OWN** Signature Anthony J. Hall
and Address Pocatello. Idaho.
19. (a) 7-31 44 (Date received and filed) (b) D C Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July. 27. 1944.
at o'clock M.
21. **I HEREBY CERTIFY**, That I attended deceased from July. 17. 1944, to July 27 1944
I last saw her alive on July 27 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Intestinal Obstruction.	12 2 62
Due to Carcinoma of bowel	46 E
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYISCIAN Underline the cause to which death should be charged statistically.
Name of operation Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature D. J. Hartvigsen, M.D. (M. D. or other)
and Address Pocatello. Idaho. Date 7/31 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

AUG 11 1944

Certificate Of Death

STATE OF IDAHO

State File No. 139671
Local Reg. No. 200
Reg. Dist. No. 511

1. PLACE OF DEATH:
(a) County Bannock
(b) City or town Pocatello
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? ✓ Outside? city or town
(e) Died in a Home Hospital ✓ Institution Other place
(f) Name Hosp. or Inst. St Anthony Stayed 28 days
(g) Lived in this county years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Bannock
(c) City or town Pocatello
(d) Street Address or R.F.D. No. Route 1 - N.
(e) Deceased lived Inside? ✓ Outside? city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 2 years
(h) Former residence (city, state) Phoenix, Ariz.

3. (a) FULL NAME Ruth M. Johnson

3. (b) If veteran, name war ✓
3. (c) Social Security No. none
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Henry
6. (c) Age of husband or wife if alive 44 years
7. Date of Birth (Month, Day, Year) October 25, 1901

8. AGE	Years	Months	Days	If less than 1 day
	42	9	3	hrs min.

9. Exact Occupation Housewife Did this work for 25 yrs.
10. Industry or Business Date last worked
11. Birthplace Burr Oak, Kansas (City or town) (State or foreign country)
Father
12. Name Clarence Mahler
13. Birthplace Iowa (City or town) (State or foreign country)
Mother
14. Maiden name Hattie Stokham
15. Birthplace Kansas (City or town) (State or foreign country)
16. Informant's **OWN** Signature Henry C Johnson
and Address R.1 N. Pocatello
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-31-44 (Month) (Day) (Year)
(c) Place: Mountainview
18. Funeral Director's **OWN** Signature Byron B. Downard
and Address Pocatello Idaho
19. (a) 8-3-1944 (Date received and filed) (b) D. Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 28 1944
at 10 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from June 24 1944 to July 28 1944
I last saw her alive on July 28 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Typhoid fever	
Due to Typhoid	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy Lungs Lucullus Stokham

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature A. R. Gibbons, MD (M. D. or other)
and Address Pocatello Date 7/31 1944
(For additional space, use reverse side)

United States
Department of Commerce
Bureau of the Census AUG 11 1944

NON-RESIDENT
CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 139672
Local Reg. No. 197
Reg. Dist. No. 611

1. **PLACE OF DEATH:**
(a) County Power
(b) City or town Pocatello AAFld, Idaho
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home Hospital Institution Other place X
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 0 years 8 months 29 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Texas (b) County
(c) City or town Bryan
(d) Street Address or R. F. D. No. Route 3
(e) Deceased lived Inside? Outside? X city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 8 mos 29 ~~days~~ years
(h) Former residence (city, state) Salt Lake City, Utah

3. (a) **FULL NAME** TOON, FLOYD E., Sgt., ASN 38207493

170c

3. (b) If veteran, name war None
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) May 10, 1912

8. AGE	Years	Months	Days	If less than 1 day
	32	2	20	hrs min.

9. Exact Occupation Soldier — Did this work for 1 11/12 yrs.
10. Industry or Business U. S. Army — Date last worked 30 Jul 44
11. Birthplace Stranger (City or town) Texas (State or foreign country)

Father
12. Name William H. Toon
13. Birthplace Tennessee (City or town) (State or foreign country)

Mother
14. Maiden name Sara Virginia
15. Birthplace Robertson County, Texas (City or town) (State or foreign country)

16. Informant's **OWN** Signature Army Records
and Address AAF Sta Hosp, Pto AAFld, Idaho
17. (a) Cremated (Burial, cremation, or removal) (b) Date thereof 7-31-44 (Month) (Day) (Year)
(c) Place: Bryan Texas
18. Funeral Director's **OWN** Signature Byron B. Doward
and Address Pocatello Idaho
19. (a) 7-31-1944 (Date received and filed) (b) D C Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 30 1944
at 10:30 MWT o'clock A. M.
21. **I HEREBY CERTIFY,** That I attended deceased from ____ 19____, to ____ 19____
I last saw h____ alive on ____ 19____; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Shock and Hemorrhage	Instant
Due to Crush, injuries of Heart & Lungs	Instant
Due to Truck accident	Instant
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy Same as above

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Yes Suicide? Homicide?
Occurred July 30 1944 City, county, state where violence occurred Pto AAFld, Power, Idaho
Place of Violence: Home Farm Industry
Public Place While at work? Yes
Means of injury Truck Accident
23. Attendant's **OWN** Signature John James (M. D. or other)
and Address Pto AAFld, Idaho Date 30 July 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census AUG 11 1944

Certificate Of Death

STATE OF IDAHO

State File No. 139673
Local Reg. No. 198
Reg. Dist. No. 511

1. **PLACE OF DEATH:**
(a) County Bannock
(b) City or town Pocatello
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? ✓ Outside? ..... city or town
(e) Died in a Home.... Hospital Institution Other place
(f) Name Hosp. or Inst. St Anthony Hospital Stayed ..... days
(g) Lived in this county ..... years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Blaine
(c) City or town Carey
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? ✓ Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 25 years
(h) Former residence (city, state) Peterson Utah.

3. (a) **FULL NAME** Alice Maria Olsen 126

3. (b) If veteran, name war no
3. (c) Social Security No.
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife D.A.M. Olsen
6. (c) Age of husband or wife if alive 65 years
7. Date of Birth (Month, Day, Year) Unknown

8. AGE	Years	Months	Days	If less than 1 day
	63			hrs min.

9. Exact Occupation House wife Did this work for life yrs.
10. Industry or Business Home Date last worked
11. Birthplace Peterson (City or town) Utah. (State or foreign country)
Father
12. Name William Young Sr.
13. Birthplace England (City or town) (State or foreign country)
Mother
14. Maiden name Julia Anderson
15. Birthplace Unknown (City or town) Utah (State or foreign country)
16. Informant's **OWN** Signature Melvin A. Olsen
and Address 587 E Court St Blackfoot
17. (a) removal (Burial, cremation, or removal) (b) Date thereof 7/30/44 (Month) (Day) (Year)
(c) Place: Arco Ida
18. Funeral Director's **OWN** Signature W. S. Marvel
and Address Arco Ida
19. (a) 7-31-1944 (Date received and filed) (b) D C Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 30 1944
at ..... o'clock ..... M.
21. **I HEREBY CERTIFY,** That I attended deceased from July 25 1944, to July 30, 1944
I last saw h..... alive on ..... 19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Paralytic Ileus acute	
Due to Cholecystectomy	
Due to Cholelithiasis	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation Cholocystectomy 7/28/44	PHYISCIAN Underline the cause to which death should be charged statistically.
Major finding Gall Stones	
Finding of autopsy Not Done	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature G. Rae (M. D. or other)
and Address ..... Date ..... 19.....
(For additional space, use reverse side)

Doc. Call.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

AUG 11 1944

Certificate Of Death

STATE OF IDAHO

State File No. 139674
Local Reg. No. 199
Reg. Dist. No. 510

1. **PLACE OF DEATH:**
(a) County Bannock
(b) City or town Pocatello
(c) Street Address or R. F. D. No.
(d) Death Occured Inside? Outside? city or town
(e) Died in a Home.... Hospital Institution.... Other place....
(f) Name Hosp. or Inst. General Stayed 25 days
(g) Lived in this county years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Bannock
(c) City or town Pocatello
(d) Street Address or R.F.D. No. 121 S. Hayes
(e) Deceased lived Inside? Outside? city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 30 years
(h) Former residence (city, state) Greater All,

3. (a) **FULL NAME** Abram Forster 94a

3. (b) If veteran, name war —
3. (c) Social Security No. 519-09-8130
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Lucy
6. (c) Age of husband or wife if alive ... years
7. Date of Birth (Month, Day, Year) September 8, 1876

8. AGE	Years	Months	Days	If less than 1 day
	67	10	23	hrs min.

9. Exact Occupation Printer — Did this work for 25 yrs.
10. Industry or Business Pocatello Tribune — Date last worked 7-'44
11. Birthplace Northumberland (City or town) England (State or foreign country)

Father
12. Name
13. Birthplace England (City or town) (State or foreign country)

Mother
14. Maiden name
15. Birthplace England (City or town) (State or foreign country)

16. Informant's **OWN** Signature X Mrs Abram Forster
and Address 121 So. Hayes

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-3-'44 (Month) (Day) (Year)
(c) Place: Mountainview Cem

18. Funeral Director's **OWN** Signature Byron B. Downard
and Address Pocatello Idaho

19. (a) 8-2-1944 (Date received and filed) (b) D C Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 31 1944
at 1 o'clock PM.

21. **I HEREBY CERTIFY,** That I attended deceased from July 1 1944, to July 31 1944
I last saw h— alive on 7-30 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Coronary Thrombosis	24 hours
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation ... Date	
Major finding	
Finding of autopsy	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature D C Ray (M. D. or other)
and Address Pocatello Date 8-2 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census AUG 11 1944

Certificate Of Death

STATE OF IDAHO

State File No. 139675
Local Reg. No. 201
Reg. Dist. No. 54

1. PLACE OF DEATH:
(a) County Bannock
(b) City or town Pocatello
(c) Street Address or R.F.D. No. 101. So. Johnson
(d) Death Occured (Inside?) Outside? city or town
(e) Died in a Home (Hospital) Institution Other place
(f) Name Hosp. or Inst. General Stayed 7 Mo. days
(g) Lived in this county 30 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Bannock
(c) City or town Lava Hot Sprgs.
(d) Street Address or R.F.D. No.
(e) Deceased lived (Inside?) Outside? city or town
(f) Citizen of what country? United States
(g) How long had deceased lived in Idaho? 30 years
(h) Former residence (city, state) Unknown.

3. (a) **FULL NAME** Alex. McLeod.

131a

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Unknown

8. AGE	Years	Months	Days	If less than 1 day
	About	69 Yrs.		hrs min.

9. Exact Occupation Laborer. Did this work for Unknown yrs.
10. Industry or Business U.P.Ry. Date last worked " " " " " "
11. Birthplace Unknown (City or town) (State or foreign country)
Father
12. Name Unknown
13. Birthplace " " " " " " " (City or town) (State or foreign country)
Mother
14. Maiden name " " " " " " "
15. Birthplace " " " " " " " (City or town) (State or foreign country)
16. Informant's **OWN** Signature Arthur M. Hall
and Address Pocatello. Idaho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/2/1944. (Month) (Day) (Year)
(c) Place: Mountain View Cem.
18. Funeral Director's **OWN** Signature Arthur M. Hall
and Address Pocatello. Idaho.
19. (a) 8-8-1944 (Date received and filed) (b) D. C. Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July. 31. 1944
at 4 o'clock a. M.
21. **I HEREBY CERTIFY,** That I attended deceased from Feb. 1940 to July 31 1944.
I last saw him alive on July 30 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
131a Cardio-renal	Several years
Due to	
Due to	
Other conditions Arthritis 59b (Include pregnancy within 3 months of death)	10 years.
Where was disease contracted? Idaho	
Name of operation None Date	
Major finding Edema of extremities	
Finding of autopsy None	

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature H. H. Hughart (M. D. or other)
and Address Pocatello, Idaho. Date 8/ 1944
(For additional space, use reverse side)

United States
Department of Commerce
Bureau of the Census

MAR 9 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 139676
Local Reg. No. 7
Reg. Dist. No. 552

1. **PLACE OF DEATH:**
(a) County Bear Lake
(b) City or town Montpelier
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. Bear Lake Stayed 8hrs ~~days~~
(g) Lived in this county years months 8hrs days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bear lake
(c) City or town Montpelier
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? U. S
(g) How long had deceased lived in Idaho? 8 Hours ~~years~~
(h) Former residence (city, state)

3. (a) **FULL NAME** Baby Hildt

159

3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) January 1, 1944

8. AGE	Years	Months	Days	If less than 1 day
	0	0	0	8 hrs min.

9. Exact Occupation Infant Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Montpelier (City or town) Idaho. (State or foreign country)
Father
12. Name Grant Roland Hildt
13. Birthplace Garden City, (City or town) Utah (State or foreign country)
Mother
14. Maiden name Scherell Wuthrich
15. Birthplace Montpelier (City or town) Idaho. (State or foreign country)
16. Informant's OWN Signature E. B. Wuthrich
and Address Montpelier, Idaho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 3, 1944 (Month) (Day) (Year)
(c) Place: Montpelier, Idaho.
18. Funeral Director's OWN Signature [signature]
and Address Montpelier, Idaho.
19. (a) Jan 3, 1944 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) January 1 1944
at 3:30 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from 1-1 1944, to 1-1 1944
I last saw him alive on 1-1-44 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Respiratory failure	6 hrs
Due to Premature birth	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature R B Lindsay, M D (M. D. or other)
and Address Montpelier, Idaho Date Jan 3, 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

AUG 3 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 18,977
Local Reg. No. 7
Reg. Dist. No. 550

1. **PLACE OF DEATH:**
(a) County Bear Lake
(b) City or town Sleights Canyon, near Paris, Idaho.
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? X city or town
(e) Died in a Home Hospital Institution Other place X
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 69 years 4 months 25 days
Note For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bear Lake
(c) City or town Paris
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) If foreign born, in U. S. yrs. Citizen of U. S.?
(g) How long had deceased lived in Idaho? 69 years
(h) Former residence (city, state)

3. (a) **FULL NAME** Perry Jacob Hess

200 b

3. (b) If veteran, name war No
3. (c) Social Security No. Yes, can't locate
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6 (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) February 9, 1875

8. AGE	Years	Months	Days	If less than 1 day
	69	4	25	hrs min.

9. Exact Occupation Sheepherder — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace Bloomington, (City or town) Idaho. (State or foreign country)

Father
12. Name Jacob Hess
13. Birthplace Salt Lake City, Utah (City or town) (State or foreign country)

Mother
14. Maiden name Hannah Thornock,
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's **OWN** Signature Ferris M. Hess and Address Montpelier, Idaho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 8, 1944 (Month) (Day) (Year)
(c) Place: Paris, Idaho.
18. Funeral Director's **OWN** Signature J. W. Williams and Address Montpelier, Idaho.
19. (a) July 8-1944 (Date received and filed) (b) Beulah H. Bolton (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 4, 1944 19
at o'clock M.

21. I **HEREBY CERTIFY,** That I attended deceased from 19, to 19
I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — Duration

Unknown but natural, died during night while asleep. Was last seen
Due to July 3rd, found dead July 7th
Due to
Other conditions
(Include pregnancy within 3 months of death)

Where was disease first contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22 If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred Died in Sheep Camp.
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature J. W. Williams Coroner XXXXXXother)
and Address Montpelier, Date 7/5 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census AUG 1 1 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 13967B
Local Reg. No.
Reg. Dist. No. 550

1. **PLACE OF DEATH:**
(a) County Bear Lake
(b) City or town Pegram
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? X city or town
(e) Died in a Home Hospital Institution Other place X
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 75 years 1 months 12 days
Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bear Lake
(c) City or town Paris
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) If foreign born, in U. S. yrs. Citizen of U. S.?
(g) How long had deceased lived in Idaho? 75 years
(h) Former residence (city, state)

3. (a) **FULL NAME** James Dunn 95C

3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Eva O. Hoff
6. (c) Age of husband or wife if alive 72 years
7. Date of Birth (Month, Day, Year) May 27, 1869

8. AGE	Years	Months	Days	If less than 1 day hrs	min.
	75	1	12		

9. Exact Occupation Bloomingtons Salesman — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace Bloomington, (City or town) Idaho, (State or foreign country)

Father
12. Name John Dunn
13. Birthplace (City or town) Michigan (State or foreign country)

Mother
14. Maiden name Julia M. McGuire
15. Birthplace (City or town) Unknown (State or foreign country)

16. Informant's **OWN** Signature Nelson Dunn
and Address Pegram, Idaho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 13, 1944 (Month) (Day) (Year)
(c) Place: Paris, Idaho.
18. Funeral Director's **OWN** Signature J. M. Williams
and Address Montpelier, Idaho.
19. (a) July 13, 1944 (Date received and filed) (b) (Registrar's Signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 9, 1944 19
at 9:30 o'clock A M.

21. I **HEREBY CERTIFY**, That I attended deceased from 19, to 19
I last saw h. alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Unknown but natural, died on	
bank of North Eden Creek while	
Due to fishing probably heart attack	
had been recieving treatments for	
Due to heart ailment.	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease first contracted?
Name of operation Date
Major findings
Findings of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature [illegible] Coroner (Official Title)
and Address Montpelier, Idaho Date 7/10/44 19
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH

STATE OF IDAHO

AUG 11 1944

State File No. 13967
Local Reg. No.
Reg. Dist. No. 52

1. **PLACE OF DEATH:**
   (a) County Bear Lake
   (b) City or town Montpelier
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? X Outside? city or town
   (e) Died in a Home Hospital X Institution Other place
   (f) Name Hosp. or Inst. Montpelier Stayed 1 hour
   (g) Lived in this county years months days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Bear Lake
   (c) City or town Montpelier
   (d) Street Address or R. F. D. No.
   (e) Deceased lived Inside? Outside? X city or town
   (f) If foreign born, in U. S. yrs. Citizen of U. S.?
   (g) How long had deceased lived in Idaho? years
   (h) Former residence (city, state)

3. (a) **FULL NAME** Dean Lauridsen

159

3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6 (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) July 22, 1944

8. AGE	Years	Months	Days	If less than 1 day
				1 hrs min.

9. Exact Occupation Infant — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace Montpelier (City or town) Idaho. (State or foreign country)

Father
12. Name Sylvester Lauridsen
13. Birthplace Montpelier (City or town) Idaho. (State or foreign country)

Mother
14. Maiden name Eva Myrtle Derricott
15. Birthplace Liberty (City or town) Idaho. (State or foreign country)

16. Informant's **OWN** Signature Sylvester Lauridsen
and Address Montpelier, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 23, 1944 (Month) (Day) (Year)
(c) Place: Montpelier, Idaho.
18. Funeral Director's **OWN** Signature
and Address Montpelier, Idaho
19. (a) July 23, 1944 (Date received and filed) (b) (Registrar's Signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 22, 1944 19
at 2 o'clock M.

21. I **HEREBY CERTIFY**, That I attended deceased from July 19 22, to 7/41 19
I last saw h. alive on July 22 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Premature — Duration
Due to 7 months fetus
Due to Lived 4 hrs.
Other conditions
(Include pregnancy within 3 months of death)

Where was disease first contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature (M. D. or other)
and Address Montpelier, Idaho Date 7/23 1944

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

AUG 1 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 139680
Local Reg. No.
Reg. Dist. No. 550

1. PLACE OF DEATH:
(a) County Bear Lake
(b) City or town Ovid
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 66 years 3 months 21 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Bear Lake
(c) City or town Ovid
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) If foreign born, in U. S. yrs. Citizen of U. S.?
(g) How long had deceased lived in Idaho? 66 years
(h) Former residence (city, state)

3. (a) **FULL NAME** Lorenzo Thomas Johnson

73a

3. (b) If veteran name war [illegible] War 1 3. (c) Social Security No. 518-15-6730
4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife 6 (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) April 4, 1878

8. AGE	Years	Months	Days	If less than 1 day
	66	3	21	hrs min.

9. Exact Occupation Farmer & Laborer Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Ovid (City or town) Idaho. (State or foreign country)
Father 12. Name Andrew Johnson
13. Birthplace (City or town) Denmark (State or foreign country)
Mother 14. Maiden name Christene Jensen
15. Birthplace (City or town) Denmark (State or foreign country)
16. Informant's **OWN** Signature Ezra A. Johnson and Address Ovid, Idaho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 28, 1944 (Month) (Day) (Year)
(c) Place: Ovid, Idaho.
18. Funeral Director's **OWN** Signature [illegible] and Address Montpelier, Idaho.
19. (a) July 28 1944 (Date received and filed) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 25, 1944 19
at 12 o'clock M.
21. I **HEREBY CERTIFY**, That I attended deceased from July 23 1944, to July 23 1944
I last saw h alive on July 23 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Seen in Coma 2 days
Due to Probable Cerebral Hemorrhage
Due to
Other conditions
(Include pregnancy within 3 months of death)
Where was disease first contracted? home
Name of operation none Date
Major finding
Finding of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature [illegible] (M. D. or other)
and Address Montpelier, Idaho Date 7/26/44 19
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JUL 19 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 139681
Local Reg. No.
Reg. Dist. No.

1. PLACE OF DEATH:
(a) County Benewah
(b) City or town Mission
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. ------ Stayed days
(g) Lived in this county 82 years — months — days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Benewah
(c) City or town Mission
(d) Street Address or R. F. D. No. ---
(e) Deceased lived Inside? X Outside? city or town
(f) If foreign born, in U. S. yrs. Citizen of U. S.?
(g) How long had deceased lived in Idaho? 82 years
(h) Former residence (city, state)

3. (a) **FULL NAME** Mary Louisa Benewah 83 a

3. (b) If veteran, name war ---- 3. (c) Social Security No. None
4. Sex Female 5. Color or race Indian 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Benewah Basil 6 (c) Age of husband or wife if alive 84 years
7. Date of Birth (Month, Day, Year) 82 or 83

8. AGE	Years	Months	Days	If less than 1 day
	82	Not definate		hrs min.

9. Exact Occupation Housewife Did this work for 61 yrs.
10. Industry or Business Own home Date last worked March 1944
11. Birthplace Coeur d'Alene (City or town) Bonneville (State or foreign country)

Father
12. Name HILARION
13. Birthplace Medimont (City or town) Idaho (State or foreign country)

Mother
14. Maiden name Marriette
15. Birthplace Spokane (City or town) Cemetery (State or foreign country)

16. Informant's **OWN** Signature Paschal J George
and Address DeSmet Mission, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-13-44 (Month) (Day) (Year)
(c) Place: Mission Idaho DeSmet
18. Funeral Director's **OWN** Signature H. G. Jaeger
and Address Fairfield Wn
19. (a) 4/12-44 (Date received and filed) (b) Cornelius E Byrne (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) April 11 1944
at 1:00 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from Jan 1943, to Feb 18 1944
I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebral Haemorrhage	83 a
Due to Arterial Sclerosis	97
Due to Hypertension	102
Other conditions (Include pregnancy within 3 months of death)	

Where was disease first contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature Dr C B Cliser (M. D. or other)
and Address Tekoa Wn Date 4-12- 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

139682

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

JUL 1 9 1944

STANDARD CERTIFICATE OF DEATH

1. PLACE OF DEATH

County Benewah State Idaho Registered No. _____

Township _____ or Village DeSmet or

City _____ No. _____ St., _____ Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME John Baptiste Falcon

(a) Residence: No. DeSmet Ida St., _____ Ward. _____

(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Cecile Chrochane

6. DATE OF BIRTH (month, day, and year): June 3 1855

7. AGE: Years 88 | Months 11 | Days 16 | If LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: General Farming

10. Date deceased last worked at this occupation (month and year): —

11. Total time (years) spent in this occupation: —

12. BIRTHPLACE (city or town) (State or country): Moose River North Dakota

FATHER

13. NAME: Pierre Falcon

14. BIRTHPLACE (city or town) (State or country): Canada

MOTHER

15. MAIDEN NAME: Mary Louise La Vallee

16. BIRTHPLACE (city or town) (State or country): Canada

17. INFORMANT (Address): Mrs Josephine Brown DeSmet Ida

18. BURIAL, CREMATION, OR REMOVAL Place: DeSmet Ida Date: May 20, 1944

19. UNDERTAKER (Address): none

20. FILED: MAY 20, 1944 Cornelius Byrne Registrar.

MEDICAL CERTIFICATE OF DEATH 13 b

21. DATE OF DEATH (month, day, and year): May 19, 1944

22. I HEREBY CERTIFY, That I attended deceased from Jan, 1944, to May 19, 1944

I last saw him alive on May 18, 1944 death is said to have occurred on the date stated above, at 3:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	

Other contributory causes of importance: Senility

Name of operation: — Date of: —

What test confirmed diagnosis? Clinical Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 19—

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. A. Nelson, M.D.

(Address) Tekoa Wash.

e11—3184

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

8—209 I
V. S. No. 98

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census AUG 11 1944

Certificate Of Death

STATE OF IDAHO

State File No. 139683
Local Reg. No. 24
Reg. Dist. No. 130

1. PLACE OF DEATH:
(a) County Benewah
(b) City or town Fernwood
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? X Outside? city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 21 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Benewah
(c) City or town Fernwood
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? U. S. A.
(g) How long had deceased lived in Idaho? 21 years
(h) Former residence (city, state)

3. (a) **FULL NAME** Robert Lee Merrick 94a

3. (b) If veteran, name war None
3. (c) Social Security No. 518-14-0299
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lola
6. (c) Age of husband or wife if alive 52 years
7. Date of Birth (Month, Day, Year) Dec. 13, 1880

8. AGE	Years	Months	Days	If less than 1 day
	63	6	20	hrs min.

9. Exact Occupation Farmer Did this work for 5 yrs.
10. Industry or Business Farming Date last worked 7-1-44
11. Birthplace Dayton, (City or town) Washington (State or foreign country)
Father 12. Name George Merrick
13. Birthplace Arkansas (City or town) (State or foreign country)
Mother 14. Maiden name Adelia Ogden
15. Birthplace Michigan (City or town) (State or foreign country)
16. Informant's OWN Signature Lola Merrick
and Address Fernwood, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-6-44 (Month) (Day) (Year)
(c) Place: St. Maries, Idaho
18. Funeral Director's OWN Signature R. E. Wessa
and Address St. Maries, Idaho
19. (a) 8-7-44 (Date received and filed) (b) R. E. Wessa (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 3, 1944 19
at 6:00 o'clock A. M.
21. **I HEREBY CERTIFY**, That I attended deceased from 6/23 1943, to 7/3 1944
I last saw him alive on May 15 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: 94a	Duration
Coronary heart disease (thrombosis)	3-4 yrs
Due to	
Due to	
Other conditions none (Include pregnancy within 3 months of death)	
Where was disease contracted? At home	
Name of operation None Date	
Major finding	
Finding of autopsy none	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state
where violence occurred No external cause
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature J. C. A. Obins MD (M. D. or other)
and Address St Maries, Ida Date 7/5 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 33-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

AUG 11 1944

Certificate Of Death

STATE OF IDAHO

State File No. 139684
Local Reg. No. 25
Reg. Dist. No. 130

1. PLACE OF DEATH:
(a) County Benewah
(b) City or town St. Maries
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? Outside? X city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 55 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Benewah
(c) City or town St. Maries
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? Outside? X city or town
(f) Citizen of what country? U. S. A.
(g) How long had deceased lived in Idaho? 55 years
(h) Former residence (city, state)

3. (a) FULL NAME Charles Alfred Jacot 93d

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) December 26, 1865

8. AGE	Years	Months	Days	If less than 1 day
	78	6	9	hrs min.

9. Exact Occupation Farmer — Did this work for 45 yrs.
10. Industry or Business Farming — Date last worked 7-5-44
11. Birthplace Locle (City or town) Switzerland (State or foreign country)

Father
12. Name Charles. Aime Jacot
13. Birthplace Unknown (City or town) (State or foreign country)

Mother
14. Maiden name Caroline Sandoz
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's OWN Signature Edmund Parret
and Address St. Maries, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-13-44 (Month) (Day) (Year)
(c) Place: St. Maries, Idaho

18. Funeral Director's OWN Signature R. E. Wessa
and Address St. Maries, Idaho

19. (a) 8-7-44 (Date received and filed) (b) R. E. Wessa (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) July 5, 1944 19
at 4:20 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from June 1 1940, to July 5 1944
I last saw alive on July 5 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Myocardial 93d	
Due to degenerated heart	93d
Due to angina	16yrs
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted? —	
Name of operation — Date —	
Major finding —	
Finding of autopsy —	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's OWN Signature O. D. Platt, MD (M. D. or other)
and Address St. Maries Ida. Date 7-7 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

AUG 1 1 1944

NON-RESIDENT Certificate Of Death

STATE OF IDAHO

State File No. 139685
Local Reg. No. 26
Reg. Dist. No. 130

1. **PLACE OF DEATH:**
(a) County Benewah
(b) City or town St. Maries
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? X Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. St. Maries Stayed 3 days
(g) Lived in this county years months 3 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Oregon (b) County Multnomah
(c) City or town Portland
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? U. S. A.
(g) How long had deceased lived in Idaho? 4 Months years
(h) Former residence (city, state)

3. (a) **FULL NAME** Tena Carol Cook 170c

3. (b) If veteran, name war None
3. (c) Social Security No. 543-18-5018
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) April 20, 1919

8. AGE	Years	Months	Days	If less than 1 day
	25	2	17	hrs min.

9. Exact Occupation Housework Did this work for 7 yrs.
10. Industry or Business Various homes Date last worked 7-3-44
11. Birthplace Powers Lake, N. D. (City or town) (State or foreign country)
Father
12. Name Charles J. Leef
13. Birthplace Spring Lake, Minn. (City or town) (State or foreign country)
Mother
14. Maiden name Tena Torvik
15. Birthplace Springfield, Minn. (City or town) (State or foreign country)
16. Informant's **OWN** Signature Chas J Leef
and Address Princeton, Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 7-11-44 (Month) (Day) (Year)
(c) Place: Potlatch, Idaho
18. Funeral Director's **OWN** Signature R. E. Wessa
and Address St. Maries, Idaho
19. (a) 8-7-44 (Date received and filed) (b) R. E. Wessa (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 7, 1944 19
at 12:40 o'clock A. M.
21. **I HEREBY CERTIFY,** That I attended deceased from July 4 1944, to July 7 1944
I last saw her alive on July 6 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Accidental traumatism (crushed chest in auto accident	7/4/44
Due to	
Due to	
Other conditions Hypostatic pneumonia (Include pregnancy within 3 months of death)	7/5/44

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Yes Suicide? No Homicide? No
Occurred July 4 1944 City, county, state where violence occurred In Heyburn Pk, Benewah Co, Ida
Place of Violence: Home Farm Industry
Public Place Highway While at work? No
Means of injury Auto turned over off grade
23. Attendant's **OWN** Signature C A Robins M D (M. D. or other)
and Address St Maries, Ida Date 7/8 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

AUG 1 1 1944

Certificate Of Death

STATE OF IDAHO

State File No. 139686
Local Reg. No. 27
Reg. Dist. No. 130

1. PLACE OF DEATH:
(a) County Benewah
(b) City or town St. Maries
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? X Outside? city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 34 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Benewah
(c) City or town St. Maries
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? U. S. A.
(g) How long had deceased lived in Idaho? 81 years
(h) Former residence (city, state)

3. (a) FULL NAME Donald Kenneth Nicholson 93d

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) August 15, 1862

8. AGE	Years	Months	Days	If less than 1 day
	81	10	26	hrs min.

9. Exact Occupation Lumberman Did this work for 45 yrs.
10. Industry or Business Logging Date last worked 1926
11. Birthplace Scotland (City or town) (State or foreign country)
Father 12. Name Unknown
Father 13. Birthplace Scotland (City or town) (State or foreign country)
Mother 14. Maiden name Anna McCrae
Mother 15. Birthplace Unknown (City or town) (State or foreign country)
16. Informant's OWN Signature Anna M. Hallerud
and Address St. Maries, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-13-44 (Month) (Day) (Year)
(c) Place: St. Maries, Idaho
18. Funeral Director's OWN Signature R. E. Wessa
and Address St. Maries, Idaho
19. (a) 8-7-44 (Date received and filed) (b) R. E. Wessa (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 11, 1944 19
at 1:15 o'clock A. M.

21. **I HEREBY CERTIFY**, That I attended deceased from 7-11 1944, to 7-11 1944
I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Myocarditis, Chronic	20 yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? Unknown
Name of operation None Date
Major finding
Finding of autopsy None

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? No Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's OWN Signature C A Adams MD (M. D. or other)
and Address St Maries, Ida Date 7-15 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

AUG 11 1944

Certificate Of Death

STATE OF IDAHO

State File No. 139687
Local Reg. No. 28
Reg. Dist. No. 130

1. PLACE OF DEATH:
(a) County Benewah
(b) City or town St. Maries
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? X Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. St. Maries Stayed 1½ days
(g) Lived in this county years months 1½ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Shoshone
(c) City or town Avery
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? U. S. A.
(g) How long had deceased lived in Idaho? 10 Months years
(h) Former residence (city, state) Littlefork, Minn.

3. (a) FULL NAME Guy Clements 24a

3. (b) If veteran, name war None
3. (c) Social Security No. 475-07-6926
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ellen M.
6. (c) Age of husband or wife if alive 57 years
7. Date of Birth (Month, Day, Year) Sept. 21, 1882

8. AGE	Years	Months	Days	If less than 1 day
	61	9	25	hrs min.

9. Exact Occupation Boilermaker helper Did this work for 10 Months yrs.
10. Industry or Business Railroad Date last worked 7-13-44
11. Birthplace Lewisburg, Ohio (City or town) (State or foreign country)
Father
12. Name John Clements
13. Birthplace W. Virginia (City or town) (State or foreign country)
Mother
14. Maiden name Catherine Grill
15. Birthplace Lewisburg, Ohio (City or town) (State or foreign country)
16. Informant's OWN Signature Mrs Ellen M Clements
and Address Avery, Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 7-19-44 (Month) (Day) (Year)
(c) Place: Littlefork, Minn
18. Funeral Director's OWN Signature R. E. Wessa
and Address St. Maries, Idaho
19. (a) 8-7-44 (Date received and filed) (b) R. E. Wessa (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) July 16, 1944 19
at 12:50 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 7/15 1944, to 7-16 1944
I last saw him alive on 7-16 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Infection, generalized (streptococcus)	4 days 24a
Due to	
Due to	
Other conditions Nephritis, acute diffuse (Include pregnancy within 3 months of death)	4 days

Where was disease contracted? Avery, Ida
Name of operation None Date
Major finding
Finding of autopsy None

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred No external cause 19 City, county, state
where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work
Means of injury

23. Attendant's OWN Signature [signature] (M. D. or other)
and Address St Maries, Ida Date 7-17 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

AUG 11 1944

Certificate Of Death

STATE OF IDAHO

State File No. 139688
Local Reg. No. 30
Reg. Dist. No. 130

1. PLACE OF DEATH:
(a) County Benewah
(b) City or town St. Maries
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? Outside? X city or town
(e) Died in a Home Hospital Institution X Other place
(f) Name Hosp. or Inst. Lawler's Stayed 12 days
(g) Lived in this county 30 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Benewah
(c) City or town St. Maries
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? U. S. A.
(g) How long had deceased lived in Idaho? 35 years
(h) Former residence (city, state)

3. (a) FULL NAME Francis Samuel Mannon 200 a

3. (b) If veteran, name war None
3. (c) Social Security No. 518-03-6711
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) February 18, 1880

8. AGE	Years	Months	Days	If less than 1 day
	64	5	8	hrs min.

9. Exact Occupation Laborer Did this work for 43 yrs.
10. Industry or Business Date last worked June 1944
11. Birthplace Clay Center, Iowa (City or town) (State or foreign country)
Father
12. Name James Mannon
13. Birthplace Clay Center, Iowa (City or town) (State or foreign country)
Mother
14. Maiden name Ella M. Antes
15. Birthplace Utica, N. Y. (City or town) (State or foreign country)
16. Informant's OWN Signature Jane M Buell
and Address St. Maries, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-28-44 (Month) (Day) (Year)
(c) Place: St. Maries, Idaho
18. Funeral Director's OWN Signature R. E. Wessa
and Address St. Maries, Idaho
19. (a) 8-7-44 (Date received and filed) (b) R. E. Wessa (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) July 26, 1944 19
at 9:05 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from 7-23 1944, to 7/26 1944
I last saw him alive on 7-25 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
General Anasarca	
Due to Heart and Portal Circulation of Liver	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation Appendix Date 7-23-44	
Major finding	
Finding of autopsy	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? — Suicide? — Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's OWN Signature D. D. Platt, M.D. (M. D. or other)
and Address St. Maries Ida Date 7-27 1944
(For additional space, use reverse side)

MAR 14 1944

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 139689
Local Reg. No. 30
Reg. Dist. No. 601

1. PLACE OF DEATH:
(a) County Bingham
(b) City or town Shelley,
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? X Outside? city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 0 years 0 months 0 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Bingham
(c) City or town Shelley
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? years
(h) Former residence (city, state)

3. (a) FULL NAME Judith Crooks

159

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex F.M.
5. Color or race White
6. (a) Single, widowed, married, divorced Babe
6. (b) Name of husband or wife --
6. (c) Age of husband or wife if alive -- years
7. Date of Birth (Month, Day, Year) Feb. 19, 1944

8. AGE	Years	Months	Days	If less than 1 day
	0	0	0	4 hrs min.

9. Exact Occupation Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace (City or town) (State or foreign country)
Father
12. Name Donald James Crooks
13. Birthplace American Forks (City or town) (State or foreign country)
Mother
14. Maiden name Edith Green Oler
15. Birthplace American Forks (City or town) (State or foreign country)
16. Informant's OWN Signature Don Crooks
and Address Shelley, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-21-44 (Month) (Day) (Year)
(c) Place: Hill Crest, Shelley, Idaho
18. Funeral Director's OWN Signature L M Nalder
and Address Shelley, Idaho
19. (a) Feb 20-1944 (Date received and filed) (b) Mrs Walter E Patrick (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 2-19-44 19
at 11:00 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from 2-19-1944 to 2-19-1944
I last saw her alive on 2-19-1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Premature Birth	1 Month
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation Date	
Major finding	
Finding of autopsy	

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature Edwin Outher MD (M. D. or other)
and Address Shelley Date 2-24 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census AUG 8 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 139690
Local Reg. No. 84
Reg. Dist. No. 600

1. **PLACE OF DEATH:**
(a) County Bingham
(b) City or town Blackfoot
(c) Street Address or R. F. D. No. 292 So. Stout.
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home X Hospital __ Institution __ Other place __
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 42 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bingham
(c) City or town Blackfoot
(d) Street Address or R. F. D. No. 292 So. Stout
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? U. S. A.
(g) How long had deceased lived in Idaho? 42 years
(h) Former residence (city, state) Missouri

3. (a) FULL NAME Alfred Brown Stephens

124b

3. (b) If veteran, name war ____ 3. (c) Social Security No. ____
4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ida Jane Bailor 6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) January 6, 1873.

8. AGE	Years	Months	Days	If less than 1 day
	71	5	25	hrs min.

9. Exact Occupation Building Contractor Did this work for 45 yrs.
10. Industry or Business Construction Date last worked 1943
11. Birthplace Clarksburg, Missouri (City or town) (State or foreign country)
Father
12. Name William Stephens
13. Birthplace Missouri. (City or town) (State or foreign country)
Mother
14. Maiden name Cecelia Arbuckle
15. Birthplace Missouri. (City or town) (State or foreign country)
16. Informant's OWN Signature Ida Jane Stephens
and Address Blackfoot, Idaho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-5-44. (Month) (Day) (Year)
(c) Place: Grove City Cemetery
18. Funeral Director's OWN Signature E. F. Peck
and Address Blackfoot, Idaho.
19. (a) July 4, 1944 (Date received and filed) (b) Mrs Walter E. Patrick (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 1, 1944
at 6:30 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from Dec 1 1943, to July 1st 1944
I last saw him alive on July 1st 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Myocarditis with Hypertrophic Cirrhosis	93 e1 3 yrs.
Due to 124b1	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation ____ Date ____	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature J. O. Hampton M.D. (M. D. or other)
and Address Blackfoot, Idaho Date 7-3 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

AUG 9 1944

Certificate Of Death

STATE OF IDAHO

State File No. 139691
Local Reg. No. ~~[illegible]~~ 98
Reg. Dist. No. 601

1. PLACE OF DEATH:
(a) County Bingham
(b) City or town Shelley
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? X Outside? city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 38 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Bingham
(c) City or town Shelley
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? U. S. A.
(g) How long had deceased lived in Idaho? 49 years
(h) Former residence (city, state) Utah

3. (a) **FULL NAME** William Thomas Norris 14b

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary
6. (c) Age of husband or wife if alive 79 years
7. Date of Birth (Month, Day, Year) Sept. 14, 1865

8. AGE	Years	Months	Days	If less than 1 day
	78	9	19	hrs min.

9. Exact Occupation Retired Did this work for yrs.
10. Industry or Business Laborer Date last worked 7-1-44
11. Birthplace Parawan (City or town) Utah (State or foreign country)
Father
12. Name William Norris
13. Birthplace (City or town) England (State or foreign country)
Mother
14. Maiden name Harriett Jackson
15. Birthplace (City or town) England (State or foreign country)
16. Informant's **OWN** Signature J. Norris X
and Address 1105 East Lander Pocatello Ida
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-6-44 (Month) (Day) (Year)
(c) Place: Hill Crest
18. Funeral Director's **OWN** Signature L M Nalder
and Address Shelley, Idaho
19. (a) 7-6-1944 (Date received and filed) (b) Mrs Walter E Patrick (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 2 1944
at 4:15 o'clock A: M.
21. **I HEREBY CERTIFY**, That I attended deceased from 7-1- 1944, to 7-2 1944
I last saw him alive on 7-1- 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Angina Pectoris	24 hrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted? at home	
Name of operation Date	
Major finding	
Finding of autopsy	

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature Edwin Cutler MD (M. D. or other)
and Address Shelley Date 7-8- 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census AUG 9 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 139692
Local Reg. No. 85
Reg. Dist. No. 600

1. PLACE OF DEATH:
(a) County Bingham
(b) City or town Blackfoot
(c) Street Address or R. F. D. No. 891 N. Shilling
(d) Death Occurred Inside? ✓ Outside? ____ city or town
(e) Died in a Home ✓ Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 42 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Bingham
(c) City or town Blackfoot
(d) Street Address or R. F. D. No. 891 N. Shilling
(e) Deceased lived Inside? ✓ Outside? ____ city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 50 years
(h) Former residence (city, state) Firth, Idaho

3. (a) FULL NAME Charles William Lyon 95C

3. (b) If veteran, name war ____ 3. (c) Social Security No. 518-10-8036
4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Seloma Hymas Lyon 6. (c) Age of husband or wife if alive 65 years
7. Date of Birth (Month, Day, Year) Dec 6, 1872

8. AGE	Years	Months	Days	If less than 1 day
	71	6	26	hrs min.

9. Exact Occupation Farming + Did this work for ____ yrs.
10. Industry or Business Machinist Date last worked ____
11. Birthplace Hyde Park (City or town) Utah (State or foreign country)
Father: 12. Name Charles Lyon
13. Birthplace Lincolnshire (City or town) England (State or foreign country)
Mother: 14. Maiden name Mary Balls
15. Birthplace Felstead (City or town) England (State or foreign country)
16. Informant's OWN Signature [signature]
and Address Idaho Falls, Idaho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-7-44 (Month) (Day) (Year)
(c) Place: Basalt Cemetery - Idaho
18. Funeral Director's OWN Signature John C. Sandberg
and Address Blackfoot, Idaho
19. (a) July 7, 1944 (Date received and filed) (b) Mrs Walter C. Laterie (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) July 2 1944
at 1:00 o'clock P.M.
21. I HEREBY CERTIFY, That I attended deceased from Jun 15 1944 to July 2 1944
I last saw h____ alive on ____ 19____; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: 95C Duration
Cardiac Decompensation 6 Mo
Due to Asthma 112 Years
Due to ____
Other conditions ____
(Include pregnancy within 3 months of death)
Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature A. E. Miller M.D. (M. D. or other)
and Address Blackfoot Ida. Date 7-7 1944
(For additional space use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

AUG 9 1944

Certificate Of Death

STATE OF IDAHO

State File No. 139693
Local Reg. No. 86
Reg. Dist. No. 601

1. **PLACE OF DEATH:**
(a) County Bingham
(b) City or town Shelley
(c) Street Address or R.F.D. No. Route #1
(d) Death Occured Inside? ..... Outside? X city or town
(e) Died in a Home.... Hospital.... Institution.... Other place X
(f) Name Hosp. or Inst. None Stayed ..... days
(g) Lived in this county 1 years 3 months 28 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Bingham
(c) City or town Shelley
(d) Street Address or R.F.D. No. Route # 1
(e) Deceased lived Inside? ..... Outside? X city or town
(f) Citizen of what country? United States
(g) How long had deceased lived in Idaho? 26 years
(h) Former residence (city, state) St. Anthony, Idaho

3. (a) **FULL NAME** EPHRAIM LLOYD HARDER

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3. (b) If veteran, name war None
3. (c) Social Security No. 519-18-6746
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Marg. Anabel H.
6. (c) Age of husband or wife if alive 29 years
7. Date of Birth (Month, Day, Year) December 12, 1916

8. AGE	Years	Months	Days	If less than 1 day hrs min.
	27	6	24	

9. Exact Occupation Farmer Did this work for 7 yrs.
10. Industry or Business Self Employed Date last worked 7/6/'44
11. Birthplace St. Anthony, Idaho (City or town) (State or foreign country)
Father 12. Name E. J. Harder
13. Birthplace Mendon Utah (City or town) (State or foreign country)
Mother 14. Maiden name Mary Iva Stone
15. Birthplace McCook Nebraska (City or town) (State or foreign country)
16. Informant's OWN Signature Mrs. E. Lloyd Harder
and Address Shelley, Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof July 6, 1944 (Month) (Day) (Year)
(c) Place: Idaho Falls, Idaho
18. Funeral Director's OWN Signature Orland Cox Brock
and Address Idaho Falls, Idaho
19. (a) July 8, 1944 (Date received and filed) (b) Mrs Walter E. Valerie (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 6 1944
at 2:15 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from ..... 19....., to ..... 19.....
I last saw h..... alive on ..... 19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Electrocution from high tension	
Due to wire	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? yes Suicide? ..... Homicide? .....
Occurred 7-6 1944 City, county, state where violence occurred Bingham Co. Idaho
Place of Violence: Home ..... Farm yes Industry .....
Public Place ..... While at work? yes
Means of injury contact high tension
23. Attendant's OWN Signature J. O. Hampton M.D. (M. D. or other)
and Address Blackfoot Idaho Date 7-8 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census AUG 9 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 139694
Local Reg. No. 87
Reg. Dist. No. 601

1. **PLACE OF DEATH:**
   (a) County BINGHAM
   (b) City or town Shelley Route #1
   (c) Street Address or R. F. D. No. Route #1
   (d) Death Occurred Inside? ____ Outside? # city or town
   (e) Died in a Home __ Hospital __ Institution __ Other place #
   (f) Name Hosp. or Inst. ____ Stayed ____ days
   (g) Lived in this county 3 years ____ months ____ days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State IDAHO (b) County BINGHAM
   (c) City or town SHELLEY
   (d) Street Address or R. F. D. No. ROUTE #1
   (e) Deceased lived Inside? ____ Outside? # city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 50 years
   (h) Former residence (city, state) SALEM, IDAHO

3. (a) FULL NAME GEORGE RAYMOND SHELTON

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3. (b) If veteran, name war No.
3. (c) Social Security No. 519-03-8747
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Flora Shelton
6. (c) Age of husband or wife if alive 42 years
7. Date of Birth (Month, Day, Year) JULY 16, 1893

8. AGE	Years	Months	Days	If less than 1 day
	50	11	20	hrs min.

9. Exact Occupation Rancher — Did this work for life yrs.
10. Industry or Business Cattle Ranch — Date last worked 7/6/44
11. Birthplace TETON CITY, IDAHO (City or town) (State or foreign country)

Father
12. Name John Shelton
13. Birthplace Mendon (City or town) Utah (State or foreign country)

Mother
14. Maiden name Melinda Lawrence
15. Birthplace Cottonwood (City or town) Utah (State or foreign country)

16. Informant's OWN Signature Flora Shelton
and Address Shelley, Idaho Route #1
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/10/44 (Month) (Day) (Year)
(c) Place: Teton City, Idaho
18. Funeral Director's OWN Signature Rolland Weiser
and Address Rexburg, Idaho
19. (a) July-8-44 (Date received and filed) (b) Mrs Walter E Patrick (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 6 1944
at 2:30 o'clock P.M.
21. **I HEREBY CERTIFY,** That I attended deceased from ____ 19__, to ____ 19__
I last saw h__ alive on ____ 19__; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death	Duration
Electrocution from High Tension wire	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation ____ Date ____	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? yes Suicide? ____ Homicide? ____
Occurred 7-6 1944 City, county, state where violence occurred Bingham Co. Ida
Place of Violence: Home ____ Farm yes Industry ____
Public Place ____ While at work? yes
Means of injury Contact High Tension wire
23. Attendant's OWN Signature J. O. Humphrie (M. D. or other)
and Address Blackfoot Idaho Date 7-8 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 139695
Local Reg. No. 99
Reg. Dist. No. 601

AUG 9 1944

1. **PLACE OF DEATH:**
(a) County Bingham
(b) City or town Basalt
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? X Outside? city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 55 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Bingham
(c) City or town Basalt
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? U. S. A.
(g) How long had deceased lived in Idaho? 55 years
(h) Former residence (city, state) Utah

3. (a) **FULL NAME** Nellie Dora Child Dye 46 E

3. (b) If veteran, name war None
3. (c) Social Security No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Joseph H.
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Oct. 11, 1870

8. AGE	Years	Months	Days	If less than 1 day
	73	9	1	hrs min.

9. Exact Occupation Housewife Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Ogden (City or town) Utah (State or foreign country)
Father
12. Name Warren Gould Child
13. Birthplace New York (City or town) (State or foreign country)
Mother
14. Maiden name Hannah Austin Wilder
15. Birthplace New York (City or town) (State or foreign country)
16. Informant's **OWN** Signature Ida D. Gardner
and Address Basalt, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-15-44 (Month) (Day) (Year)
(c) Place: Firth, Idaho
18. Funeral Director's **OWN** Signature L M Nalder
and Address Shelley, Idaho
19. (a) 7-15-1944 (Date received and filed) (b) Mrs Walter E Patrick (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 12 1944
at 2:15 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 5/26 1944, to 7/12 1944
I last saw her alive on 6/19 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Hemorrhage	7/11/44
Due to Carcinoma of transverse colon	5/26/44
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation Date	
Major finding	
Finding of autopsy	

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature H. L. Schiess, M.D. (M. D. or other)
and Address Shelley, Ida Date 7/13 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

AUG 9 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 139696
Local Reg. No. 89
Reg. Dist. No. 601

1. **PLACE OF DEATH:**
   (a) County Bingham
   (b) City or town Blackfoot
   (c) Street Address or R. F. D. No. Reservation
   (d) Death Occurred Inside? ____ Outside? X city or town
   (e) Died in a Home X Hospital __ Institution __ Other place __
   (f) Name Hosp. or Inst. ____ Stayed ____ days
   (g) Lived in this county 45 years ____ months ____ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Bingham
   (c) City or town Blackfoot
   (d) Street Address or R. F. D. No. Reservation
   (e) Deceased lived Inside? ____ Outside? ____ city or town
   (f) Citizen of what country? ____
   (g) How long had deceased lived in Idaho? ____ years
   (h) Former residence (city, state) ____

3. (a) **FULL NAME** Emerson Sandy 95C

3. (b) If veteran, name war ____ 3. (c) Social Security No. ____

4. Sex Male 5. Color or race Indian 6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife ____ 6. (c) Age of husband or wife if alive ____ years

7. Date of Birth (Month, Day, Year) About 1880

8. AGE	Years	Months	Days	If less than 1 day
	64			hrs min.

9. Exact Occupation Farmer & Cattleman Did this work for ____ yrs.
10. Industry or Business ____ Date last worked ____
11. Birthplace Blackfoot, Idaho. (City or town) (State or foreign country)

Father
12. Name Fort Hall. Sandy
13. Birthplace ____ (City or town) (State or foreign country)

Mother
14. Maiden name Minnie
15. Birthplace ____ (City or town) (State or foreign country)

16. Informant's **OWN** Signature Peter Jim
and Address Fort Hall, Idaho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-17-44 (Month) (Day) (Year)
(c) Place: Mission Cemetery
18. Funeral Director's **OWN** Signature Howard Parkham
and Address Blackfoot, Idaho
19. (a) July 17 (Date received and filed) (b) 44 Mrs Walter E. Patrick (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 7-13 1944
at 6 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from 7-12 1944, to 7-13 1944
I last saw him alive on 7-13 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: 111C Serminal Pneumonia 95C — Duration 3 days
Due to Cardiac Decompensation
Due to ____
Other conditions ____
(Include pregnancy within 3 months of death)
Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's **OWN** Signature A. E. Miller M.D. (M. D. or other)
and Address Blackfoot, Idaho Date 7-15 1944
(For additional space, use reverse side)

139697

United States
Department of Commerce
Bureau of the Census

AUG 9 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 90
Reg. Dist. No. 601

1. **PLACE OF DEATH:**
(a) County Bingham
(b) City or town Moreland
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? ✓ Outside? city or town
(e) Died in a Home ✓ Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 44 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bingham
(c) City or town Moreland
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? ✓ Outside? city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 44 years
(h) Former residence (city, state) Utah

3. (a) FULL NAME Lewis Robbins 94a

3. (b) If veteran, name war
3. (c) Social Security No. 518-26-3527
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Maude Nelson
6. (c) Age of husband or wife if alive 60 years
7. Date of Birth (Month, Day, Year) Jan. 21 1879

8. AGE	Years	Months	Days	If less than 1 day
	65	6	24	hrs min.

9. Exact Occupation Land Owner Did this work for 40 yrs.
10. Industry or Business managing his farms Date last worked
11. Birthplace Park City (City or town) Utah (State or foreign country)
Father
12. Name Lewis Robbins
13. Birthplace On boat on Missouri River (City or town) (State or foreign country)
Mother
14. Maiden name Margaret Haymond
15. Birthplace Greenwich (City or town) Scotland (State or foreign country)
16. Informant's OWN Signature L. D. Robbins and Address Shelley Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-19-44 (Month) (Day) (Year)
(c) Place: Grove City Cemetery
18. Funeral Director's OWN Signature Howard Packham and Address Blackfoot, Idaho
19. (a) July 18, 1944 (Date received and filed) (b) Mrs Walter C. Falcil (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 7-15 1944
at 6 31 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from 7-7 1944, to 7-15 1944
I last saw him alive on 7-15 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death	Duration
Terminal Pneumonia 111 C 1	2 days
Due to Coronary Heart Disease 94a	Years
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature A. E. Miller M.D. (M. D. or other) and Address Blackfoot, Ida. Date 7-18 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 139698
Local Reg. No. 91
Reg. Dist. No. 601

AUG 9 1944

1. PLACE OF DEATH:
(a) County Bingham
(b) City or town Blackfoot
(c) Street Address or R.F.D. No. St. Hospl South
(d) Death Occured Inside? ✓ Outside? ! city or town
(e) Died in a Home.... Hospital ✓ Institution ! Other place
(f) Name Hosp. or Inst. St. Hosp. So Stayed 35 ~~days~~ yrs
(g) Lived in this county 35 years 11 months 9 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Washington
(c) City or town Weiser
(d) Street Address or R.F.D. No. St. Hospl Sou
(e) Deceased lived Inside? Outside? ! city or town
(f) Citizen of what country? U. S. A.
(g) How long had deceased lived in Idaho? Not known Years
(h) Former residence (city, state) Weiser, Idaho

3. (a) FULL NAME Clara, Geer

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3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife O. L.
6. (c) Age of husband or wife if alive ... years
7. Date of Birth (Month, Day, Year) 1868

8. AGE	Years	Months	Days	If less than 1 day
	75	11	9	hrs min.

9. Exact Occupation Housewife — Did this work for ... yrs.
10. Industry or Business — Date last worked
11. Birthplace Kansas (City or town) (State or foreign country)

Father
12. Name Not Given
13. Birthplace Not given (City or town) (State or foreign country)

Mother
14. Maiden name Not Given
15. Birthplace Not given (City or town) (State or foreign country)

16. Informant's **OWN** Signature Fredo L. Enlow
and Address Records, St. Hosp. South

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 7-18-44 (Month) (Day) (Year)
(c) Place: Weiser Idaho

18. Funeral Director's **OWN** Signature John C. Sandberg
and Address Blackfoot Idaho

19. (a) July 18, 1944 (Date received and filed) (b) Mrs. Walter C. Fenn (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH
(Month, Day, Year) July 16 19 44
at 3:15 P. M. o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from Nov. 1 19 43, to July 16 19 44
I last saw her alive on July 16 19 44; death is said to have occurred on the date and hour stated above.

	Duration
Immediate Cause of Death: Carcinoma of the bulbary tract — Probably Ca. of	46 F
Due to Head of pancreas & Metastasis	4 Mos
Due to Dementia Praecox	846
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation ... Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ... Suicide? ... Homicide? ...
Occurred ... 19 ... City, county, state where violence occurred ...
Place of Violence: Home ... Farm ... Industry ...
Public Place ... While at work? ...
Means of injury ...

23. Attendant's **OWN** Signature David McCrosky (M. D. or other)
and Address Blackfoot Ida Date 7-17 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census AUG 9 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 139699
Local Reg. No. 92
Reg. Dist. No. 600

1. **PLACE OF DEATH:**
(a) County Bingham
(b) City or town Blackfoot
(c) Street Address or R. F. D. No. 717 S. Shilling
(d) Death Occurred Inside? ✓ Outside? ____ city or town
(e) Died in a Home ✓ Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 46 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bingham
(c) City or town Blackfoot
(d) Street Address or R. F. D. No. 717 S. Shilling
(e) Deceased lived Inside? ✓ Outside? ____ city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 45 years
(h) Former residence (city, state) Boise, Idaho

3. (a) **FULL NAME** Lorenzo Richardson Thomas

3. (b) If veteran, name war ____ 3. (c) Social Security No. ____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Marta Langenbacher Thomas (c) Age of husband or wife if alive 58 years

7. Date of Birth (Month, Day, Year) May 31 1870

8. AGE	Years	Months	Days	If less than 1 day
	74	1	16	hrs ____ min.

9. Exact Occupation Attorney-at-Law Did this work for 37 yrs.
10. Industry or Business ____ Date last worked ____
11. Birthplace Henley Staffordshire England (City or town) (State or foreign country)

Father
12. Name James Thomas
13. Birthplace ____ England (City or town) (State or foreign country)

Mother
14. Maiden name Elizabeth Richardson
15. Birthplace ____ England (City or town) (State or foreign country)

16. Informant's **OWN** Signature Nellie S. Thomas
and Address Tyrrell Co. Beaufort, Carolina
17. (a) Burial (Burial, cremation or removal) (b) Date thereof 7-20-44 (Month) (Day) (Year)
(c) Place: Blackfoot Idaho
18. Funeral Director's **OWN** Signature John C. Sandberg
and Address Blackfoot Idaho
19. (a) July 13 1944 (Date received and filed) (b) Mrs Walter C Tate (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 16 1944
at 6:00 o'clock P. M.

21. **I HEREBY CERTIFY,** That I attended deceased from April 20 1944, to July 16 1944
I last saw him alive on July 16 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Carcinoma of Cecum — Duration: Indefinite
Due to ____
Due to ____
Other conditions ____
(Include pregnancy within 3 months of death)
Where was disease contracted? ____
Name of operation Exploratory Date 6-4-44
Major finding Carcinoma
Finding of autopsy ____

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's **OWN** Signature W W Beck (M. D. or other)
and Address Blackfoot Ida Date 7-13 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 139700
Local Reg. No. ~~94~~ 100
Reg. Dist. No. 601

AUG 9 1944

1. **PLACE OF DEATH:**
   (a) County Bingham
   (b) City or town Shelley
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home X Hospital ..... Institution ..... Other place
   (f) Name Hosp. or Inst. ..... Stayed ..... days
   (g) Lived in this county 22 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Bingham
   (c) City or town Shelley,
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? X Outside? ..... city or town
   (f) Citizen of what country? U.S.A
   (g) How long had deceased lived in Idaho? 44 years
   (h) Former residence (city, state) Utah

3. (a) **FULL NAME** Mary M. Russell 94a

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife John Wesley
6. (c) Age of husband or wife if alive 78 years
7. Date of Birth (Month, Day, Year) March 29, 1868

8. AGE	Years	Months	Days	If less than 1 day
	76	3	18	hrs min.

9. Exact Occupation Housewife Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Nephi (City or town) Utah (State or foreign country)

Father
12. Name James N. Cook
13. Birthplace ..... (City or town) Canada (State or foreign country)

Mother
14. Maiden name Agness B. Morgan
15. Birthplace ..... (City or town) Scotland (State or foreign country)

16. Informant's **OWN** Signature Marion Russell
and Address Shelley, Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 7-20-1944 (Month) (Day) (Year)
(c) Place: Iona Cemetery - Bonneville County
18. Funeral Director's **OWN** Signature L M Nalder
and Address Shelley, Idaho
19. (a) 7-19-1944 (Date received and filed) (b) Mrs Walter E. Patrick (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 17 1944
at 10:20 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from July 17 1944, to July 17 1944
I last saw her ~~alive~~ dead on July 17 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Coronary occlusion	July 14/44
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYISCIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature H. L. Hickess, M.D. (M. D. or other)
and Address Shelley, Idaho Date 7/18 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 139701
Local Reg. No. 93
Reg. Dist. No. 601

AUG 9 1944

1. **PLACE OF DEATH:**
(a) County Bingham
(b) City or town Blackfoot
(c) Street Address or R.F.D. No. State Hos. South
(d) Death Occured Inside? ..... Outside? x city or town
(e) Died in a Home ..... Hospital ..... Institution x Other place .....
(f) Name Hosp. or Inst. State Hos. So Stayed ..... days
(g) Lived in this county 4 years 9 months 27 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Bingham
(c) City or town Blackfoot
(d) Street Address or R.F.D. No. State Hos. South
(e) Deceased lived Inside? ..... Outside? x city or town
(f) Citizen of what country? United States
(g) How long had deceased lived in Idaho? life years
(h) Former residence (city, state) .....

3. (a) **FULL NAME** Katherine McKeegan 93d

3. (b) If veteran, name war .....
3. (c) Social Security No. 535-03-6375
4. Sex fem. 5. Color or race white
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) Sept. 27, 1910

8. AGE	Years	Months	Days	If less than 1 day
	33	9	20	hrs min.

9. Exact Occupation Comptometor operator Did this work for 10 yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Moutain Home, Idaho (City or town) (State or foreign country)

Father
12. Name John McKeegan
13. Birthplace not given (City or town) (State or foreign country)

Mother
14. Maiden name not given
15. Birthplace not given (City or town) (State or foreign country)

16. Informant's OWN Signature Wilma Smith records of State Hos. South
and Address Blackfoot Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof July 19 (Month) (Day) (Year)
(c) Place: Mountain Home
18. Funeral Director's OWN Signature E. F. Peck
and Address Blackfoot Idaho
19. (a) July-19-44 (Date received and filed) (b) Wm. Walter E. Patrick (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 17 1944
at 1:45 o'clock A. M.
21. **I HEREBY CERTIFY,** That I attended deceased from Nov 1 1943, to July 17 1944
I last saw her alive on July 16 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cardio-Vascular Collapse	93d
Due to Poor Nutritional State	2 wks
Due to Dementia Praecox	84b
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's OWN Signature David McChesky (M. D. or other)
and Address Blackfoot Ida Date 7-17 1944
(For additional space, use reverse side)

139702

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 94
Reg. Dist. No. 604

AUG 9 1944

1. **PLACE OF DEATH:**
(a) County Bingham
(b) City or town Blackfoot
(c) Street Address or R. F. D. No. #2
(d) Death Occurred Inside? Outside? X city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 10 years 8 months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bingham
(c) City or town Blackfoot.
(d) Street Address or R. F. D. No. 2
(e) Deceased lived Inside? Outside? X city or town
(f) Citizen of what country? England
(g) How long had deceased lived in Idaho? 10 years
(h) Former residence (city, state) Utah.

3. (a) **FULL NAME** William Fletcher Graham

3. (b) If veteran, name war
3. (c) Social Security No. 519-26-2565
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Grace Peck
6. (c) Age of husband or wife if alive 46 years
7. Date of Birth (Month, Day, Year) June 19, 1890.

8. AGE	Years	Months	Days	If less than 1 day
	54	0	29	hrs min.

9. Exact Occupation Auto Dealer — Did this work for 15 yrs.
10. Industry or Business Automobile — Date last worked May-'44
11. Birthplace Abbytown County, England. (City or town) (State or foreign country)

Father
12. Name Tom Graham
13. Birthplace England (City or town) (State or foreign country)

Mother
14. Maiden name Ruby Beeby
15. Birthplace England (City or town) (State or foreign country)

16. Informant's **OWN** Signature Grace Peck Graham
and Address 1322 W 60th St Los Angeles

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-21-44. (Month) (Day) (Year)
(c) Place: Grove City Cem. Blackfoot

18. Funeral Director's **OWN** Signature Howard Packham
and Address Blackfoot, Idaho.

19. (a) July 18-44 (Date received and filed) (b) Mrs Hattie Eldredge (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 18, 1944.
at 1:25 o'clock P.M.

21. **I HEREBY CERTIFY,** That I attended deceased from 7-9-1944 to 7-18-1944
I last saw him alive on 7-17-1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cerebral Hemorrhage (right side) — Duration 9 da
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature J. O. Hampton M.D. (M. D. or other)
and Address Blackfoot Ida. Date 7-20 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census AUG 9 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 139703
Local Reg. No. 95
Reg. Dist. No. 601

1. **PLACE OF DEATH:**
   (a) County Bingham
   (b) City or town Blackfoot
   (c) ~~Street Address~~ or R. F. D. No. 2
   (d) Death Occurred Inside? ____ Outside? ✓ city or town
   (e) Died in a Home ✓ Hospital ____ Institution ____ Other place ____
   (f) Name Hosp. or Inst. ____ Stayed ____ days
   (g) Lived in this county 15 years ____ months ____ days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Bingham
   (c) City or town Blackfoot
   (d) ~~Street Address~~ or R. F. D. No. 2
   (e) Deceased lived Inside? ____ Outside? ✓ city or town
   (f) Citizen of what country? U. S. A.
   (g) How long had deceased lived in Idaho? 15 years
   (h) Former residence (city, state) Freedom, Wyo.

3. (a) **FULL NAME** Henry Louis Wolfley

3. (b) If veteran, name war ____ 3. (c) Social Security No. ____
4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife ____ 6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) July 19 1879

8. AGE	Years	Months	Days	If less than 1 day
	65	#	#	hrs min.

9. Exact Occupation Retired Farmer & Did this work for ____ yrs.
10. Industry or Business Rancher Date last worked ____
11. Birthplace St. Charles (City or town) Idaho (State or foreign country)
Father
12. Name Rudolph Wolfley
13. Birthplace Burn (City or town) Switzerland (State or foreign country)
Mother
14. Maiden name Magdaline Shearm
15. Birthplace Burn (City or town) Switzerland (State or foreign country)
16. Informant's OWN Signature Laron M. Wolfley and Address Rt. 2 Blackfoot, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-22-44 (Month) (Day) (Year)
(c) Place Thomas-Reversed Cemetery
18. Funeral Director's OWN Signature John C. Sandberg and Address Blackfoot, Idaho
19. (a) July 21, 1944 (Date received and filed) (b) Mrs. Peter E. Patrie (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 19 1944 at 1:15 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 7-17 1944 to 7-19 1944
I last saw him alive on 7-19 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebral Hemorrhage	15 days
Due to Hypertension	1½ yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation ____ Date ____	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature J. O. Hampton M.D. (M. D. or other) and Address Blackfoot Idaho Date 7-21 1944
(For additional space, use reverse side)

139704

United States
Department of Commerce
Bureau of the Census

AUG 9 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 96
Reg. Dist. No. 601

1. **PLACE OF DEATH:**
(a) County Bingham
(b) City or town Blackfoot
(c) Street Address or R. F. D. No. Rt. #1
(d) Death Occurred Inside? Outside? X city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 39 years 11 months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bingham
(c) City or town Blackfoot
(d) Street Address or R. F. D. No. Rt. #1
(e) Deceased lived Inside? Outside? X city or town
(f) Citizen of what country? United States
(g) How long had deceased lived in Idaho? 39 years
(h) Former residence (city, state)

3. (a) FULL NAME Gladys Evelyn Pendlebury Kluckhohn 184

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Roland Kluckhohn
6. (c) Age of husband or wife if alive 38 years
7. Date of Birth (Month, Day, Year) November 8, 1904

8. AGE	Years	Months	Days	If less than 1 day
	39	8	17	hrs min.

9. Exact Occupation Housewife — Did this work for 8 yrs.
10. Industry or Business At home — Date last worked 7-24-44.
11. Birthplace Evanston, Wyoming. (City or town) (State or foreign country)

Father
12. Name James Pendlebury
13. Birthplace West Leigh, England (City or town) (State or foreign country)

Mother
14. Maiden name Margaret Moss
15. Birthplace Lydiate, Lancashire, Eng. (City or town) (State or foreign country)

16. Informant's OWN Signature Margaret Johnson and Address Rt. 1 Blackfoot, Idaho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7- -44 (Month) (Day) (Year)
(c) Place: Grove City, Cem. Blackfoot.
18. Funeral Director's OWN Signature Howard Packham and Address Blackfoot, Idaho.
19. (a) July 26-44. (Date received and filed) (b) Lipa Nelson (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 25, 1944.
at 6:50 o'clock A. M.

21. **I HEREBY CERTIFY,** That I attended deceased ~~from~~ 7-2- 1944 to 19 I last saw h alive on 7-2- 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: accidental gun shot wound of chest — Duration: died instantly
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? yes Suicide? Homicide?
Occurred 7-25- 1944 City, county, state where violence occurred
Place of Violence: Home X Farm Industry
Public Place While at work?
Means of injury gun shot — chest

23. Attendant's OWN Signature C. O. Hagenstein M.D. (M. D. or other)
and Address Blackfoot Ida Date 7-26 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 139705
Local Reg. No. 97
Reg. Dist. No. 601

AUG 9 1944

1. **PLACE OF DEATH:**
   (a) County Bingham
   (b) City or town Blackfoot
   (c) Street Address or R. F. D. No. River Road
   (d) Death Occurred Inside? ____ Outside? X city or town
   (e) Died in a Home__ Hospital__ Institution__ Other place__
   (f) Name Hosp. or Inst. ____ Stayed ____ days
   (g) Lived in this county 42 years ____ months ____ days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Bingham
   (c) City or town Blackfoot
   (d) Street Address or R. F. D. No. River Road
   (e) Deceased lived Inside? ____ Outside? X city or town
   (f) Citizen of what country? U. S. A.
   (g) How long had deceased lived in Idaho? 42 years
   (h) Former residence (city, state) ____

3. (a) FULL NAME Regina Baer Hofer

162b

3. (b) If veteran, name war ____ 3. (c) Social Security No. ____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Traugott Hofer 6. (c) Age of husband or wife if alive ____ years

7. Date of Birth (Month, Day, Year) January 10, 1852.

8. AGE	Years	Months	Days	If less than 1 day
	92	6	17	hrs ____ min.

9. Exact Occupation Retired Housewife Did this work for ____ yrs.
10. Industry or Business at home Date last worked ____
11. Birthplace Aargau, Switzerland. (City or town) (State or foreign country)

Father
12. Name Johannes Baer
13. Birthplace ____ Switzerland (City or town) (State or foreign country)

Mother
14. Maiden name Anna Maria Hofer
15. Birthplace ____ Switzerland (City or town) (State or foreign country)

16. Informant's OWN Signature Clara M. Hofer
and Address Blackfoot, Idaho.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-30-44. (Month) (Day) (Year)
(c) Place: Grove City Cem. Blackfoot.

18. Funeral Director's OWN Signature Howard Packham
and Address Blackfoot, Idaho.

19. (a) July 29-44 (Date received and filed) (b) Mrs Walter E Francis (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 27, 1944.
at 4:30 o'clock P M.

21. **I HEREBY CERTIFY,** That I attended deceased from 7-23 19 44 to ____ 19 ____
I last saw her alive on 7-23 19 44; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cause incident to age	Years
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation ____ Date ____	
Major finding	
Finding of autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19 ____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's OWN Signature A E Miller M D (M. D. or other)
and Address Blackfoot, Ida. Date 7-29 1944
(For additional space, use reverse side)

United States
Department of Commerce
Bureau of the Census

AUG 10 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 139706
Local Reg. No. 29
Reg. Dist. No. 410

1. **PLACE OF DEATH:**
(a) County Blaine
(b) City or town Hailey
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? ✓ city or town
(e) Died in a Home Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Blaine
(c) City or town Hailey
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Outside? ✓ city or town
(f) Citizen of what country? U. S.
(g) How long had deceased lived in Idaho? 16 years
(h) Former residence (city, state) Colorado

3. (a) **FULL NAME** Orville Bryce Day 174

3. (b) If veteran, name war ✓
3. (c) Social Security No. 518-05-6650
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) April 3, 1916

8. AGE	Years	Months	Days	If less than 1 day
	28	2	28	hrs min.

9. Exact Occupation miner Did this work for 1 yrs.
10. Industry or Business Date last worked 7-1-44
11. Birthplace W. Roy, Colorado (City or town) (State or foreign country)
Father
12. Name Orville H. Day
13. Birthplace Mt. Ayr, Iowa (City or town) (State or foreign country)
Mother
14. Maiden name Mary E. Hitch
15. Birthplace Colorado (City or town) (State or foreign country)
16. Informant's OWN Signature Orville H. Day
and Address Jerome, Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 7-3-44 (Month) (Day) (Year)
(c) Place: Jerome, Idaho
18. Funeral Director's OWN Signature Mrs. L. Harris
and Address Hailey Ida.
19. (a) 8-3-1944 (Date received and filed) (b) Robert H. Wright (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 1 1944
at 1:30 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 7-1 1944 to 7-1 1944
I last saw h alive on 7/1 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Crushing injury to left side head. Left clavicle - shoulder - scapula
~~Due to~~ Chest -
Hemorrhage - (cerebral) 10 minutes
~~Due to~~ and Pulmonary
Other conditions
(Include pregnancy within 3 months of death)
Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ✓ Suicide? Homicide?
Occurred Triumph Mine 7/1 1944 City, county, state where violence occurred Triumph Mine - Hailey Ida.
Place of Violence: Home Farm Industry ✓
Public Place While at work? ✓
Means of injury Rock fell out of stope
23. Attendant's OWN Signature E. W. Fox M.D. (M. D. or other)
and Address Hailey Idaho Date 7-6 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

139707

United States
Department of Commerce
Bureau of the Census

AUG 10 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 139707
Local Reg. No. 30
Reg. Dist. No. 410

1. **PLACE OF DEATH**
(a) County Blaine
(b) City or town Hailey
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? ✓ Outside? ____ city or town
(e) Died in a Home ____ Hospital ✓ Institution ____ Other place ____
(f) Name Hosp. or Inst. Hailey Clinic Stayed 5 days
(g) Lived in this county 31 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Blaine
(c) City or town Hailey
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? ✓ Outside? ____ city or town
(f) Citizen of what country? U. S.
(g) How long had deceased lived in Idaho? 31 years
(h) Former residence (city, state) Wyoming

3. (a) **FULL NAME** Florence L. Shepherd 63a

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Charles 6. (c) Age of husband or wife if alive 64 years

7. Date of Birth (Month, Day, Year) Sept. 28, 1880

8. AGE	Years	Months	Days	If less than 1 day
	63	9	8	hrs ____ min.

9. Exact Occupation realtor Did this work for 5 yrs.
10. Industry or Business ____ Date last worked 7-1-44
11. Birthplace Mercer Co. Ill. (City or town) (State or foreign country)

Father
12. Name Oliver J. Floyd
13. Birthplace Ill. (City or town) (State or foreign country)

Mother
14. Maiden name Frankie Vernon
15. Birthplace Ill. (City or town) (State or foreign country)

16. Informant's **OWN** Signature Elizabeth Jacobs
and Address Hailey, Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 7-8-44 (Month) (Day) (Year)
(c) Place: Hailey cemetery
18. Funeral Director's **OWN** Signature Mrs. G. Hanna
and Address Hailey Ida.
19. (a) 8-3-1944 (Date received and filed) (b) Robert H. Wright (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 6 1944
at 10:40 o'clock P. M.

21. **I HEREBY CERTIFY**, That I attended deceased from 7-2 1944 to 7-6 1944
I last saw h[er] alive on 7-6 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Coronary Thrombosis	4 days
Due to Hypertension & arterial Sclerosis	1 year
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ____ Date ____
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury

23. Attendant's **OWN** Signature E. W. Jones M.D.
(M. D. or other)
and Address Hailey, Ida. Date 7-6 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

AUG 10 1944

NON-RESIDENT CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 139708
Local Reg. No. 31
Reg. Dist. No. 410

1. **PLACE OF DEATH:**
(a) County Blaine
(b) City or town Petersburg
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? ✓ Outside? ____ city or town
(e) Died in a Home ✓ Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county ____ years ____ months 1 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Iowa (b) County Marshal
(c) City or town Marshalltown
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? ✓ Outside? ____ city or town
(f) Citizen of what country? U. S.
(g) How long had deceased lived in Idaho? 2 days years
(h) Former residence (city, state) Iowa

3. (a) **FULL NAME** Bessie Bathoe Butler 94a

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex female 5. Color or race white 6. (a) Single, widowed, married divorced married

6. (b) Name of husband or wife Louis 6. (c) Age of husband or wife if alive 62 years

7. Date of Birth (Month, Day, Year) Sept 13, 1887

8. AGE	Years	Months	Days	If less than 1 day
	56	10	—	hrs ____ min.

9. Exact Occupation housewife Did this work for 35 yrs.
10. Industry or Business ____ Date last worked 7-13-44
11. Birthplace Union, Iowa (City or town) (State or foreign country)

Father
12. Name Emerly N. Fundy
13. Birthplace Indiana (City or town) (State or foreign country)

Mother
14. Maiden name Letta Morley
15. Birthplace Indiana (City or town) (State or foreign country)

16. Informant's **OWN** Signature L. E. Butler
and Address Marshalltown, Iowa
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 7-17-44 (Month) (Day) (Year)
(c) Place: Union, Iowa
18. Funeral Director's **OWN** Signature Ina L. Harris
and Address Hailey, Idaho
19. (a) 8-3-1944 (Date received and filed) (b) Robert H. Wright (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 13 1944
at 4:10 o'clock P.M.

21. **I HEREBY CERTIFY,** That I attended deceased from ✓ 19____, to ✓ 19____
I last saw h____ alive on ____ 19____; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Coronary disease	
Due to Hypertension	
Due to ✓	
Other conditions ✓ (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ____ Date ____
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury

23. Attendant's **OWN** Signature Blank Kennedy & Hall, Physician or other
and Address Hailey, Ida. Date 7/14 19 44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

AUG 10 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 139709
Local Reg. No. 32
Reg. Dist. No. 410

1. **PLACE OF DEATH**
(a) County Blaine
(b) City or town Hailey
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? ✓ Outside? city or town
(e) Died in a Home Hospital ✓ Institution Other place
(f) Name Hosp. or Inst. Hailey Clinic Stayed 1 days
(g) Lived in this county 2 years 6 months 17 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Blaine
(c) City or town Hailey
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? ✓ Outside? city or town
(f) Citizen of what country? U. S.
(g) How long had deceased lived in Idaho? 2 years
(h) Former residence (city, state)

3. (a) **FULL NAME** Marilyn Beryl Cooper

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3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced ✓
6. (b) Name of husband or wife ✓
6. (c) Age of husband or wife if alive ✓ years
7. Date of Birth (Month, Day, Year) Dec. 31, 1941

8. AGE	Years	Months	Days	If less than 1 day
	2	6	17	hrs min.

9. Exact Occupation ✓ Did this work for ✓ yrs.
10. Industry or Business ✓ Date last worked ✓
11. Birthplace Hailey, Idaho (City or town) (State or foreign country)
Father
12. Name David Cooper
13. Birthplace Idaho Falls, Idaho (City or town) (State or foreign country)
Mother
14. Maiden name Mary C. Sharp
15. Birthplace Bellevue, Idaho (City or town) (State or foreign country)
16. Informant's OWN Signature Mary C. Cooper
and Address Hailey, Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 7-18-44 (Month) (Day) (Year)
(c) Place: Hailey City cemetery
18. Funeral Director's OWN Signature Mrs L. Harris
and Address Hailey, Idaho
19. (a) 8-3-1944 (Date received and filed) (b) Robert H. Wright (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 7-16 1944
at 11:45 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 7/16 1944 to 7-16 1944
I last saw her alive on 7/16 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Gun shot wound Right shoulder Severance Sub clavian artery and species of lung - with fracture R shoulder & scapula
Due to
Other conditions Hemorrhage
(Include pregnancy within 8 months of death)
Where was disease contracted? Home
Name of operation Date
Major finding
Finding of autopsy

Duration: 4 hours

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ✓ Suicide? Homicide?
Occurred 7-16 1944 City, county, state
where violence occurred
Place of Violence: Home ✓ Farm Industry
Public Place While at work?
Means of injury Accidental discharge of 22 Rifle
23. Attendant's OWN Signature E. W. Jost MD (M. D. or other)
and Address Hailey, Ida Date 7-24 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce AUG 10 1944
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 139710
Local Reg. No. 34
Reg. Dist. No. 410

1. **PLACE OF DEATH:**
(a) County Blaine
(b) City or town Hailey
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? ✓ Outside? city or town
(e) Died in a Home ✓ Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 63 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Blaine
(c) City or town Hailey
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? ✓ Outside? city or town
(f) Citizen of what country? U.S.
(g) How long had deceased lived in Idaho? 63 years
(h) Former residence (city, state) Calif.

3. (a) **FULL NAME** John Cramer

3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife ✓
6. (c) Age of husband or wife if alive ✓ years
7. Date of Birth (Month, Day, Year) Aug. 24, 1868

8. AGE	Years	Months	Days	If less than 1 day
	75	11	4	hrs min.

9. Exact Occupation butcher Did this work for 3-1- yrs.
10. Industry or Business butcher shop Date last worked 7-1-44
11. Birthplace Eagle Pass (City or town) Texas (State or foreign country)
Father
12. Name Ernest Cramer
13. Birthplace Germany (City or town) (State or foreign country)
Mother
14. Maiden name Charlotte Bauer
15. Birthplace Germany (City or town) (State or foreign country)
16. Informant's **OWN** Signature A. R. [illegible]
and Address 1115 N.E. [illegible] Port. Ore
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 7-30-44 (Month) (Day) (Year)
(c) Place: Hailey cemetery
18. Funeral Director's **OWN** Signature Mrs L. Harris
and Address Hailey, Ida.
19. (a) 8-3-1944 (Date received and filed) (b) Robert H. Wright (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 28 1944
at 7:03 o'clock A. M.
21. **I HEREBY CERTIFY,** That I attended deceased from April 1 1944, to 7-28 1944
I last saw him alive on 7-28 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Coronary disease	4 mo
Due to Arteriosclerosis and Hypertension	2 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature E. W. [illegible] (M. D. or other)
and Address Hailey, Ida. Date 8/1 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

AUG 15 1944

Certificate Of Death

STATE OF IDAHO

State File No. 139711
Local Reg. No. 133
Reg. Dist. No. 371

1. **PLACE OF DEATH:**
   (a) County Boise
   (b) City or town Arrowrock Dam
   (c) Street Address or R.F.D. No. Twin Springs
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home.... Hospital.... Institution.... Other place X
   (f) Name Hosp. or Inst. ..... Stayed ..... days
   (g) Lived in this county 8 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Boise
   (c) City or town Twin Springs
   (d) Street Address or R.F.D. No. .....
   (e) Deceased lived Inside? X Outside? ..... city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho Lifetime years
   (h) Former residence (city, state) None

3. (a) **FULL NAME** Mary Lou Burdick 170c

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) Feb 19th. 1935

8. AGE	Years	Months	Days	If less than 1 day
	9	4	5	hrs min.

9. Exact Occupation Child — Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Boise Idaho (City or town) (State or foreign country)

Father
12. Name Louis L. Burdick
13. Birthplace N.Y. State (City or town) (State or foreign country)

Mother
14. Maiden name Louise Moshier
15. Birthplace Hailey Idaho (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mrs C. V. Mix
and Address Hailey Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/22/44 (Month) (Day) (Year)
(c) Place: Morris Hill Cemetery
18. Funeral Director's **OWN** Signature Schaliber & McCann
and Address Boise Milford Dragoo
19. (a) 1-21-44 (Date received and filed) (b) R. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 24th 1944
at 6 o'clock p. M.
21. **I HEREBY CERTIFY,** That I attended deceased from ..... 19....., to ..... 19.....
I last saw h..... alive on ..... 19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Due to Drowning	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYISCIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ✓ Suicide? ..... Homicide? .....
Occurred June 24, 1944 19..... City, county, state where violence occurred Arrowrock Dam
Place of Violence: Home ..... Farm ..... Industry .....
Public Place Highway While at work? .....
Means of injury car left road at turn, plunging into Arrowrock Lake
23. Attendant's **OWN** Signature Fermath John Mellor
and Address Boise County Coroner Idaho City Date July 21 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census AUG 15 1944

Certificate Of Death

STATE OF IDAHO

State File No. 139712
Local Reg. No. 134
Reg. Dist. No. 371

1. **PLACE OF DEATH:**
   (a) County Boise
   (b) City or town Arrow Rock Dam. Near Twin Springs
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? X Outside? city or town
   (e) Died in a Home Hospital Institution Other place X
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county 1 years 2 months days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Boise
   (c) City or town Near Twin Springs
   (d) Street Address or R.F.D. No. Boise Co.
   (e) Deceased lived Inside? X Outside? city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 9 years
   (h) Former residence (city, state) None

3. (a) **FULL NAME** Robert Oscar Card

120c

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Mar. 7th. 1935

8. AGE	Years	Months	Days	If less than 1 day
	9	3	17	hrs min.

9. Exact Occupation Student — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace Mountain Home Idaho (City or town) (State or foreign country)

Father
12. Name John William Card
13. Birthplace Boise Idaho (City or town) (State or foreign country)

Mother
14. Maiden name Virginia Jessee
15. Birthplace Homedale Idaho (City or town) (State or foreign country)

16. Informant's **OWN** Signature Virginia Card
and Address Boise Ida. C/O Atlanta Stage
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/24th/44 (Month) (Day) (Year)
(c) Place: Morris Hill Cemetery
18. Funeral Director's **OWN** Signature Schreiber & McCann
and Address Boise, Milford Driggs
19. (a) 7-24-44 (Date received and filed) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 24th 1944
at o'clock M.
21. **I HEREBY CERTIFY,** That I attended deceased from 19, to 19
I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — Duration

Due to Drowning

Due to

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYISICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ✓ Suicide? Homicide?
Occurred June 24, 1944 19 City, county, state where violence occurred Arrowrock, Boise, Count
Place of Violence: Home Farm Industry
Public Place Highway While at work?
Means of injury Car left road, plunging into Arrowlake Lake
23. Attendant's **OWN** Signature Reginald Lahue Stoller Coroner Ada County
and Address Idaho City Date July 24 19 44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

AUG 1 0 1944

Certificate Of Death

STATE OF IDAHO

State File No. 139713
Local Reg. No. 141
Reg. Dist. No. 371

1. PLACE OF DEATH:
(a) County Boise
(b) City or town Arrow Rock Dam.
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? X Outside? city or town
(e) Died in a Home Hospital Institution Other place X
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 1 years 2 months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Boise
(c) City or town Near Twin Springs
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 10 years
(h) Former residence (city, state) Oregon

3. (a) FULL NAME John William Card Jr.

170 c

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Apr: 28th. 1932

8. AGE	Years	Months	Days	If less than 1 day
	12	1	26	hrs min.

9. Exact Occupation Student Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Vale (City or town) Oregon (State or foreign country)
Father
12. Name John William Card
13. Birthplace Boise (City or town) Idaho (State or foreign country)
Mother
14. Maiden name Virginia Jessee
15. Birthplace Homedale (City or town) Idaho (State or foreign country)
16. Informant's OWN Signature Virginia Card
and Address Boise Ida: C/O Atlanta Stage
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/2/1944 (Month) (Day) (Year)
(c) Place: Morris Hill Cemetery
18. Funeral Director's OWN Signature Schreiber & McCann
and Address Boise Milford Oregon
19. (a) 8-2-44 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) June 24th 1944
at clock M.
21. I HEREBY CERTIFY, That I attended deceased from 19 , to 19
I last saw h alive on 19 ; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Due to Drowning	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYISCIAN Underline the cause to which death should be charged statistically.
Name of operation Date	
Major finding	
Finding of autopsy	

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ✓ Suicide? Homicide?
Occurred June 24th 1944 City, county, state where violence occurred Arrowrock
Place of Violence: Home Farm Industry
Public Place Highway While at work?
Means of injury car left road at turn, plunging into Arrowrock Lake
23. Attendant's OWN Signature Reginald John Mellor Coroner Blaine County
and Address Idaho City Date July 24 1944
(For additional space, use reverse side)

139714

United States
Department of Commerce
Bureau of the Census

AUG 11 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 56
Reg. Dist. No. 110

1. PLACE OF DEATH:
(a) County Bonner
(b) City or town Sandpoint
(c) Street Address or R. F. D. No. 514 N. 2nd Ave
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home ____ Hospital X Institution ____ Other place ____
(f) Name Hosp. or Inst. Community Stayed 3 days
(g) Lived in this county 34 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Bonner
(c) City or town Kootenai
(d) Street Address or R. F. D. No. ____
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 34 years
(h) Former residence (city, state) ____

3. (a) FULL NAME IDA M. KAHL

636

3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Theodor G. Kahl
6. (c) Age of husband or wife if alive 85 years
7. Date of Birth (Month, Day, Year) Nov. 23, 1870

8. AGE	Years	Months	Days	If less than 1 day
	73	7	13	hrs ____ min.

9. Exact Occupation Housewife — Did this work for 47 yrs.
10. Industry or Business Own Home — Date last worked 1943
11. Birthplace Waconia, Minn. (City or town) (State or foreign country)

Father
12. Name John Sheuble
13. Birthplace Germany (City or town) (State or foreign country)

Mother
14. Maiden name Elizabeth Verguson
15. Birthplace Germany (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. Ben Stockman
and Address Kootenai, Idaho.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 8, 1944 (Month) (Day) (Year)
(c) Place: Sandpoint, Idaho.

18. Funeral Director's OWN Signature MOON MORTUARY
and Address Sandpoint, Idaho.

19. (a) July 8, 1944 (Date received and filed) (b) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) July 6, 1944
at 8:30 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from June 1 1944 to July 6 1944
I last saw h[illegible] alive on July 5 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: 93d. Chronic Myocarditis — Duration 1 yr.
Due to Arteriosclerosis — 5 yrs.
Due to ____
Other conditions (Include pregnancy within 3 months of death) 636 Hypothyroidism — 2 yrs.
When was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's OWN Signature Wm F. Tyler MD (M. D. or other)
and Address Sandpoint, Ida. Date 7-8. 1944

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

139715

United States
Department of Commerce AUG 11 1944
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 57
Reg. Dist. No. 110

1. PLACE OF DEATH:
(a) County Bonner
(b) City or town Sandpoint
(c) Street Address or R. F. D. No. City Pump Plant
(d) Death Occurred Inside? Outside? X city or town
(e) Died in a Home Hospital Institution Other place X
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 38 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Bonner
(c) City or town Sandpoint
(d) Street Address or R. F. D. No. 511 N. 2nd Ave
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 38 years
(h) Former residence (city, state)

3. (a) FULL NAME: Charles Henry Carlson 1866

3. (b) If veteran, name war None
3. (c) Social Security No. 519-18-2376
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Jan. 28, 1868

8. AGE	Years	Months	Days	If less than 1 day hrs	min.
	76	5	8		

9. Exact Occupation Mechanic — Did this work for life yrs.
10. Industry or Business Mill Machinery — Date last worked July 1944
11. Birthplace Marine Mills, Minn. (City or town) (State or foreign country)

Father
12. Name Gustaf Carlson
13. Birthplace Sweden (City or town) (State or foreign country)

Mother
14. Maiden name No Record
15. Birthplace Sweden (City or town) (State or foreign country)

16. Informant's OWN Signature Nilson Carlson
and Address Ely, Minn.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 11, 1944. (Month) (Day) (Year)
(c) Place: Sandpoint, Idaho.

18. Funeral Director's OWN Signature MOON MORTUARY
and Address Sandpoint, Idaho.

19. (a) July 10, 1944 (Date received and filed) (b) Laurence E. Moon (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) July 6 1944
at 8:30 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from 19 to 19
I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Internal Hemorrhage,	
Crushed chest left side	
Due to Accidental - fell 30 feet	
into shaft, in Pump Plant;	
Due to during pump installation	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy None held.

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Yes Suicide? Homicide?
Occurred July 6 1944 City, county, state where violence occurred Sandpoint, Bonner Co. Ida.
Place of Violence: Home Farm Industry
Public Place While at work? Yes
Means of injury Fell down shaft.

23. Attendant's OWN Signature Lee Moon Coroner (M. D. or other)
and Address Sandpoint Ida Date July 6 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

139716

United States
Department of Commerce
Bureau of the Census

AUG 11 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 58
Reg. Dist. No. 110

1. PLACE OF DEATH:
(a) County Bonner
(b) City or town Sandpoint
(c) Street Address or R. F. D. No. R.F.D. 1
(d) Death Occurred Inside? Outside? X city or town
(e) Died in a Home Hospital Institution X Other place
(f) Name Hosp. or Inst. County Farm Stayed 1 Yr days
(g) Lived in this county 27 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Bonner
(c) City or town Laclede
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Outside? X city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 27 years
(h) Former residence (city, state)

3. (a) FULL NAME JESSE EDWARD BROWN

83a

3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife Ruth Brown
6. (c) Age of husband or wife if alive No Record years
7. Date of Birth (Month, Day, Year) May 25, 1862

8. AGE	Years	Months	Days	If less than 1 day hrs	min.
	82	1	12		

9. Exact Occupation County Indigent. Did this work for 1 yrs.
10. Industry or Business County Farm Date last worked
11. Birthplace Axtell, Kansas. (City or town) (State or foreign country)

Father
12. Name Seth Brown
13. Birthplace Kansas. (City or town) (State or foreign country)

Mother
14. Maiden name No Record
15. Birthplace No Record (City or town) (State or foreign country)

16. Informant's OWN Signature Clarence L. Brown and Address Eureka, Montana.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 10, 1944 (Month) (Day) (Year)
(c) Place: Sandpoint, Idaho.
18. Funeral Director's OWN Signature MOON MORTUARY and Address Sandpoint, Idaho
19. (a) July 10, 1944 (Date received and filed) (b) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) July 7, 1944. 19
at about 2:00 o'clock A. M.
21. I HEREBY CERTIFY, That I attended deceased from 19 to 19
I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Natural Causes: — Duration
Cerebral Hemorrhage
Due Found dead in bed.
Due to
Other conditions (Include pregnancy within 3 months of death)
Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy none held

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's OWN Signature R. D. Moon CORONER (M. D. or other)
and Address Sandpoint, Ida Date 7-7- 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

JUL 14 1944

State File No. 139717
Local Reg. No. 13-44
Reg. Dist. No. 112

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. PLACE OF DEATH:
(a) County Bonner
(b) City or town Priest River
(c) Street Address or R. F. D. No. Nordman
(d) Death Occurred Inside? ..... Outside? X ..... city or town
(e) Died in a Home X Hospital ..... Institution ..... Other place .....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county — years 5 months 15 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Bonner
(c) City or town Priest River
(d) Street Address or R. F. D. No. Nordman
(e) Deceased lived Inside? ..... Outside? X ..... city or town
(f) If foreign born, in U. S. ..... yrs. Citizen of U. S.? yes
(g) How long had deceased lived in Idaho? 5 mo. - 15 days years
(h) Former residence (city, state) Mont

3. (a) **FULL NAME** Larry Keith Brooks

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced .....
6. (b) Name of husband or wife .....
6 (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) Jan 25 - 1944

8. AGE	Years	Months	Days	If less than 1 day hrs	min.
	—	5	15		

9. Exact Occupation ..... Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Newport (City or town) Wash (State or foreign country)

Father
12. Name Fred M Brooks
13. Birthplace Cresco (City or town) Iowa (State or foreign country)

Mother
14. Maiden name Edna Erdman
15. Birthplace Clark Holms (City or town) Canada (State or foreign country)

16. Informant's **OWN** Signature Fred M Brooks
and Address Priest River, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7 10 44 (Month) (Day) (Year)
(c) Place: .....
18. Funeral Director's **OWN** Signature R. R. Moon
and Address Sandpoint, Idaho
19. (a) 7-10-44 (Date received and filed) (b) E. A. Woman (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 8 1944
at 6:30 o'clock A. M.

21. I **HEREBY CERTIFY,** That I attended deceased from July 6 1944, to July 8 1944
I last saw him alive on July 6 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Pertussis (whooping cough) — Duration 2 weeks
Due to .....
Due to .....
Other conditions. (Include pregnancy within 3 months of death) .....
Where was disease first contracted? at home
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature Leslie J. Stauffer M.D (M. D. or other)
and Address Priest River, Ida. Date 7-10 1944

(For additional space, use reverse side)

139718

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

AUG 11 1944

State File No.
Local Reg. No. 62
Reg. Dist. No. 110

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
   (a) County Bonner
   (b) City or town Ponderay
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? X Outside? ____ city or town
   (e) Died in a Home X Hospital ____ Institution ____ Other place ____
   (f) Name Hosp. or Inst. ____ Stayed ____ days
   (g) Lived in this county 10 years ____ months ____ days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Bonner
   (c) City or town Ponderay
   (d) Street Address or R. F. D. No.
   (e) Deceased lived Inside? X Outside? ____ city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 10 years
   (h) Former residence (city, state)

3. (a) FULL NAME Delbert Ferrel Poage

30b

3. (b) If veteran, name war none
3. (c) Social Security No. 518-05-1586
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Emily Eva
6. (c) Age of husband or wife if alive 59 years
7. Date of Birth (Month, Day, Year) November 11, 1884

8. AGE	Years	Months	Days	If less than 1 day
	59	8	10	hrs ____ min.

9. Exact Occupation Laborer — Did this work for 1 yrs.
10. Industry or Business Naval Base — Date last worked 1943
11. Birthplace Harrisburg, Nebraska. (City or town) (State or foreign country)

Father
12. Name George Bert Poage
13. Birthplace Iowa (City or town) (State or foreign country)

Mother
14. Maiden name Sara Marilla Lewis
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's OWN Signature Clyde M Poage
and Address Sandpoint, Idaho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-26-1944. (Month) (Day) (Year)
(c) Place: Sandpoint, Idaho.
18. Funeral Director's OWN Signature MOON MORTUARY
and Address Sandpoint, Idaho.
19. (a) 7-26-1944 (Date received and filed) (b) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 20, 1944
at 11:30 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from May 1944 to July 1944
I last saw him alive on June 21 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
30b Paresis - Senile	6 mo.
dementia 16 yrs	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation None Date
Major finding
Finding of autopsy None

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work?
Means of injury

23. Attendant's OWN Signature Floyd G Wendle (M. D., or other)
and Address Sandpoint, Ida Date 7-26 1944

(For additional space, use reverse side)

United States
Department of Commerce
Bureau of the Census

AUG 1 1 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 139719
Local Reg. No. 63
Reg. Dist. No. 110

1. **PLACE OF DEATH:**
(a) County Bonner
(b) City or town Sandpoint
(c) Street Address or R. F. D. No. 514 N. Second
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home __ Hospital X Institution __ Other place __
(f) Name Hosp. or Inst. Community Stayed 30 days
(g) Lived in this county 27 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bonner
(c) City or town Kootenai
(d) Street Address or R. F. D. No. ____
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 27 years
(h) Former residence (city, state) ____

3. (a) FULL NAME THEODOR G. KAHL. 92E

3. (b) If veteran, name war no
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Ida M. Kahl
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) January 18, 1859

8. AGE	Years	Months	Days	If less than 1 day
	85	6	6	hrs min.

9. Exact Occupation Farmer Did this work for 27 yrs.
10. Industry or Business Own Farm Date last worked 1938
11. Birthplace Middleton, Wisconsin. (City or town) (State or foreign country)
Father
12. Name Theodor Kahl.
13. Birthplace Unknown (City or town) (State or foreign country)
Mother
14. Maiden name Unknown
15. Birthplace Unknown (City or town) (State or foreign country)
16. Informant's OWN Signature Mrs Ben Stockman
and Address Kootenai Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 28, 1944. (Month) (Day) (Year)
(c) Place: Sandpoint, Idaho.
18. Funeral Director's OWN Signature MOON MORTUARY [signature]
and Address Sandpoint, Idaho.
19. (a) 7-28-1944 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 24th 1944
at 2:00 o'clock p M.
21. **I HEREBY CERTIFY,** That I attended deceased from June 16 1944, to July 24 1944
I last saw him alive on July 24 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Chronic myocarditis 93.21	1 yr.
Due to Arterio Sclerosis 99	5 yrs
Due to	
Other conditions Obliterative (Include pregnancy within 3 months of death)	99.12
End arteritis rt. foot	1 mo

Where was disease contracted? ____
Name of operation NO Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature Wm F. Tyler M.D. (M. D. or other)
and Address Sandpoint, Ida. Date 7-27 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

AUG 12 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 139720
Local Reg. No. 165
Reg. Dist. No. 610

1. **PLACE OF DEATH:**
(a) County Bonneville
(b) City or town Idaho Falls
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. Sacred Heart Stayed 173 days
(g) Lived in this county 2 years 9 months 0 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bonneville
(c) City or town Idaho Falls
(d) Street Address or R. F. D. No. 274 12th St
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 2 years
(h) Former residence (city, state) Presque Isle, Maine

3. (a) **FULL NAME** MAUDE ELIZABETH TAYLOR 53

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife William R. Taylor
6. (c) Age of husband or wife if alive 39 years
7. Date of Birth (Month, Day, Year) March 4, 1905

8. AGE	Years	Months	Days	If less than 1 day
	39	3	14	hrs min.

9. Exact Occupation Housewife Did this work for 14 yrs.
10. Industry or Business At Home Date last worked Oct. 1943
11. Birthplace Presque Isle, Maine (City or town) (State or foreign country)
Father
12. Name Ernest G. Beckwith
13. Birthplace Presque Isle, Maine (City or town) (State or foreign country)
Mother
14. Maiden name Jane English
15. Birthplace New Brunswick, Can. (City or town) (State or foreign country)
16. Informant's OWN Signature William R. Taylor
and Address Idaho Falls, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 20, 1944 (Month) (Day) (Year)
(c) Place: Idaho Falls, Idaho
18. Funeral Director's OWN Signature Orland C. Buck
and Address Idaho Falls, Idaho
19. (a) 6-22-44 (Date received and filed) (b) Anna Budger (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 18 1944
at 12:05 o'clock P.M.
21. **I HEREBY CERTIFY,** That I attended deceased from Feb 16 1943 to June 18 1944
I last saw her alive on June 18 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Metastatic Carcinoma on right temporal area — Duration
Due to metastasis from Carcinoma
Due to
Other conditions
(Include pregnancy within 3 months of death)
Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature H B Woolley M.D. (M. D. or other)
and Address Idaho Falls Date 6-22 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

AUG 12 1944

Certificate Of Death

STATE OF IDAHO

State File No. 139721
Local Reg. No. 147
Reg. Dist. No. 610

1. PLACE OF DEATH:
(a) County Bonneville
(b) City or town Idaho Falls
(c) Street Address or R.F.D. No. Memorial Dr.
(d) Death Occured Inside? ✓ Outside? ..... city or town
(e) Died in a Home.... Hospital ✓ Institution.... Other place....
(f) Name Hosp. or Inst. L.H.S. Stayed 6 days
(g) Lived in this county..... years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Jefferson
(c) City or town Grant
(d) Street Address or R.F.D. No. Idaho Falls Rt #2
(e) Deceased lived Inside? ..... Outside? ✓ city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 51 years
(h) Former residence (city, state) Utah

3. (a) FULL NAME Lyman Taylor

111a

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex M
5. Color or race W.
6. (a) Single, widowed, married, divorced .....
6. (b) Name of husband or wife Rachel S. Taylor
6. (c) Age of husband or wife if alive 55 years
7. Date of Birth (Month, Day, Year) December 2, 1887

8. AGE	Years	Months	Days	If less than 1 day
	56	7	4	hrs min.

9. Exact Occupation Farmer Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Smithfield, Utah (City or town) (State or foreign country)
Father
12. Name Lyman Taylor
13. Birthplace Utah (City or town) (State or foreign country)
Mother
14. Maiden name Maria Doane
15. Birthplace Utah (City or town) (State or foreign country)
16. Informant's OWN Signature Rachel Taylor
and Address Idaho Falls Rt #2
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 7/9/44 (Month) (Day) (Year)
(c) Place: Grant, Idaho
18. Funeral Director's OWN Signature Jack A. Wood
and Address Idaho Falls, Idaho
19. (a) 7/10/44 (Date received and filed) (b) Owen Budge (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) July 6 1944
at 2-30 o'clock A M.

21. I HEREBY CERTIFY, That I attended deceased from 6/30 1944, to 7/6 1944
I last saw him alive on 7/5 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Pulmonary Infarction	5 days
Due to Auricular Fibrillation	6 wks
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? At Home
Name of operation none Date .....
Major finding .....
Finding of autopsy none performed

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's OWN Signature Reason Tall, M.D. (M. D. or other)
and Address Rigby, Ida Date 7/10 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce AUG 12 1944
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 139722
Local Reg. No. 153
Reg. Dist. No. 610

1. **PLACE OF DEATH:**
(a) County Bonneville
(b) City or town Idaho Falls
(c) Street Address or R.F.D. No. Memorial Dr.
(d) Death Occured Inside? ✓ Outside? ..... city or town
(e) Died in a Home.... Hospital ✓ Institution.... Other place....
(f) Name Hosp. or Inst. L.D.S. Hosp. Stayed 2 days
(g) Lived in this county ..... years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Bonneville
(c) City or town Idaho Falls
(d) Street Address or R.F.D. No. #2
(e) Deceased lived Inside? ..... Outside? ✓ city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 58 years
(h) Former residence (city, state) .....

3. (a) **FULL NAME** Paul Muehlfeit 186a

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex M. 5. Color or race W.
6. (a) Single, widowed (married), divorced .....
6. (b) Name of husband or wife Flotilda
6. (c) Age of husband or wife if alive 83 years
7. Date of Birth (Month, Day, Year) January 25, 1860

8. AGE	Years	Months	Days	If less than 1 day
	84	5	11	hrs min.

9. Exact Occupation Retired Farmer Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Sandwier, Germany (City or town) (State or foreign country)
Father 12. Name Carl Muehlfeit
13. Birthplace Germany (City or town) (State or foreign country)
Mother 14. Maiden name Katherine Blunk
15. Birthplace Germany (City or town) (State or foreign country)
16. Informant's **OWN** Signature Mrs Joe Bidwell
and Address Idaho Falls Rt #2
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/10/44 (Month) (Day) (Year)
(c) Place: Idaho Falls, Idaho
18. Funeral Director's **OWN** Signature Jack A. Wood
and Address Idaho Falls, Idaho
19. (a) 7-31-44 (Date received and filed) (b) Anna Bridges (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 6 1944
at 10-30 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from July 21 - 1943 to July 6 - 1944
I last saw him alive on July 6 - 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration

93 Due to Chronic myocarditis with decompensation ?
Due to Chronic nephritis ?
Other conditions Fracture of left hip Mar 21, 1944 13 1b
(Include pregnancy within 3 months of death)
Where was disease contracted?
Name of operation None Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? see above Suicide? ..... Homicide? .....
Occurred Mar. 21, 1944 City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury A Fall
23. Attendant's **OWN** Signature John O. Mellor MD (M.D. or other)
and Address Idaho Falls Date July 6, 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

AUG 12 1944

Certificate Of Death

STATE OF IDAHO

State File No. 139723
Local Reg. No. 163
Reg. Dist. No. 610

1. **PLACE OF DEATH:**
(a) County Bonneville
(b) City or town Idaho Falls
(c) Street Address or R.F.D. No. Memorial Dr.
(d) Death Occured Inside? ... Outside? ... city or town
(e) Died in a Home ... Hospital or Institution ... Other place ...
(f) Name Hosp. or Inst. L.D.S. Hosp. Stayed 2 days
(g) Lived in this county ... years ... months ... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Bonneville
(c) City or town Idaho Falls
(d) Street Address or R.F.D. No. 137 - 3rd
(e) Deceased lived Inside? ✓ Outside? ... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 20 years
(h) Former residence (city, state) Utah

3. (a) **FULL NAME** Virginia C. Aland 934

3. (b) If veteran, name war ...
3. (c) Social Security No. 578-20-5147
4. Sex F.
5. Color or race W.
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife Lee Aland
6. (c) Age of husband or wife if alive 49 years
7. Date of Birth (Month, Day, Year) December 24, 1904

8. AGE	Years	Months	Days	If less than 1 day
	39	6	24	hrs ... min.

9. Exact Occupation Housewife. Did this work for ... yrs.
10. Industry or Business Rinz. Date last worked ...
11. Birthplace Bear City, Utah (City or town) (State or foreign country)

Father
12. Name Eurastus Christensen
13. Birthplace Utah (City or town) (State or foreign country)

Mother
14. Maiden name Emma Larsen
15. Birthplace Utah (City or town) (State or foreign country)

16. Informant's **OWN** Signature Lee Aland
and Address Idaho Falls, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/21/44 (Month) (Day) (Year)
(c) Place: Idaho Falls, Idaho

18. Funeral Director's **OWN** Signature Jack A. Wood
and Address Idaho Falls, Idaho

19. (a) 7/21/44 (Date received and filed) (b) Anna Burgess (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 18 1944
at 10-35 o'clock P. M.

21. **I HEREBY CERTIFY**, That I attended deceased from ... 1944, to July 18 1944
I last saw her alive on July 18 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: 8321	Duration
Cerebral Hemorrhage	2 days
Due to Pneumon Stroke	6 mos.
Due to Ch Myocarditis. 1321	2 yrs
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? —
Name of operation — Date ...
Major finding —
Finding of autopsy —

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? — Suicide? — Homicide? —
Occurred ... 19 ... City, county, state where violence occurred ...
Place of Violence: Home ... Farm — Industry —
Public Place ... While at work? ...
Means of injury ...

23. Attendant's **OWN** Signature Toby N. West
and Address Idaho Falls (M. D. or other)
Date 7/31 1944
(For additional space use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

AUG 12 1944

Certificate Of Death

STATE OF IDAHO

State File No. 139724
Local Reg. No. 154
Reg. Dist. No. 610

1. PLACE OF DEATH:
(a) County Bonneville
(b) City or town Idaho Falls
(c) Street Address or R.F.D. No. Cedar & Bend
(d) Death Occured Inside? ✓ Outside? ..... city or town
(e) Died in a Home .... Hospital ✓ Institution .... Other place ....
(f) Name Hosp. or Inst. Sacred Heart Stayed 7 days
(g) Lived in this county ..... years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County .....
(c) City or town Mackay
(d) Street Address or R.F.D. No. .....
(e) Deceased lived Inside? ✓ Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 60 years
(h) Former residence (city, state) Indiana

3. (a) FULL NAME Charles C. Davidson

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced .....
6. (b) Name of husband or wife Eliza C. Pearson Davidson
6. (c) Age of husband or wife if alive 73 years
7. Date of Birth (Month, Day, Year) August 31, 1855

8. AGE	Years	Months	Days	If less than 1 day
	87	10	19	hrs min.

9. Exact Occupation Retired Farmer Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Butler County, Penn. (City or town) (State or foreign country)
Father
12. Name Benjamin Davidson
13. Birthplace Ireland (City or town) (State or foreign country)
Mother
14. Maiden name Frances Cayton
15. Birthplace Pennsylvania (City or town) (State or foreign country)
16. Informant's OWN Signature Eliza E. Davidson
and Address Mackay, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/22/44 (Month) (Day) (Year)
(c) Place: Idaho Falls, Idaho
18. Funeral Director's OWN Signature Jack A. Wood
and Address Idaho Falls, Idaho
19. (a) 7/31/44 (Date received and filed) (b) Annie Budges (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 19 1944
at 4-30 o'clock P.M.
21. **I HEREBY CERTIFY,** That I attended deceased from July 7 1944 to July 19 1944
I last saw him alive on July 19 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Chronic Myocarditis	Many Years
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation ..... Date	
Major finding	
Finding of autopsy	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's OWN Signature [signature] (M. D. or other)
and Address Idaho Falls Ida Date July 19 1944
(For additional space, use reverse side)

United States
Department of Commerce
Bureau of the Census

AUG 12 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 139725
Local Reg. No. 150
Reg. Dist. No. 160

1. PLACE OF DEATH:
(a) County Bonneville
(b) City or town Idaho Falls, Idaho.
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. L.D. S. Stayed 4 days
(g) Lived in this county years months 4 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Bonn.
(c) City or town Idaho Falls, Idaho.
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) If foreign born, in U. S. yrs. Citizen of U. S.?
(g) How long had deceased lived in Idaho? 4 Days ~~years~~
(h) Former residence (city, state)

3. (a) **FULL NAME** Darrell La Wren Yates 200 a

3. (b) If veteran, name war X
3. (c) Social Security No. X
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Baby
6. (b) Name of husband or wife X
6 (c) Age of husband or wife if alive X years
7. Date of Birth (Month, Day, Year) July 16, 1944

8. AGE	Years	Months	Days	If less than 1 day
			4	hrs min.

9. Exact Occupation X Did this work for X yrs.
10. Industry or Business X Date last worked X
11. Birthplace Idaho Falls, Idaho. (City or town) (State or foreign country)

Father
12. Name Chester Yates
13. Birthplace Lake Point, Utah. (City or town) (State or foreign country)

Mother
14. Maiden name Radean Moncur
15. Birthplace Paul, Idaho (City or town) (State or foreign country)

16. Informant's **OWN** Signature James Moncur
and Address Hirie, Idaho.
17. (a) Shelton (Burial, cremation, or removal) (b) Date thereof July 22-44 (Month) (Day) (Year)
(c) Place: Shelton, Idaho.
18. Funeral Director's **OWN** Signature None
and Address
19. (a) 7/21/44 (Date received and filed) (b) Anna Bridges (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 20 1944
at 9:30 a. m. o'clock A. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 7/16 1944, to 7/20 1944
I last saw him alive on 7/20 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
1. Acute Myocardial Failure	4 hrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease first contracted? at Hospital
Name of operation None Date
Major finding
Finding of autopsy None performed

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature Alton Tall, M.D. (M. D. or other)
and Address Rigby, Ida Date 7/20 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

AUG 12 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 139726
Local Reg. No. [illegible]
Reg. Dist. No. 610

1. **PLACE OF DEATH:**
(a) County Bonneville
(b) City or town Idaho Falls
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Yes Outside? ____ city or town
(e) Died in a Home ____ Hospital X Institution ____ Other place ____
(f) Name Hosp. or Inst. LDS Hosp. Stayed 19 days
(g) Lived in this county ____ years ____ months 19 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Teton
(c) City or town Driggs
(d) Street Address or R. F. D. No. 1
(e) Deceased lived Inside? ____ Outside? Yes city or town
(f) Citizen of what country? United States
(g) How long had deceased lived in Idaho? 24 years
(h) Former residence (city, state)

3. (a) **FULL NAME** ELIZABETH MUETZENBERG DURTSCHI 15

3. (b) If veteran, name war No.
3. (c) Social Security No. None.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) February 20, 1883

8. AGE	Years	Months	Days	If less than 1 day
	61	5	4	hrs min.

9. Exact Occupation Housewife — Did this work for 35 yrs.
10. Industry or Business Own Home — Date last worked 1944
11. Birthplace Faulensee, Switzerland (City or town) (State or foreign country)

Father
12. Name Jacob Muetzenberg
13. Birthplace Switzerland (City or town) (State or foreign country)

Mother
14. Maiden name Susannah Kaempf
15. Birthplace Switzerland (City or town) (State or foreign country)

16. Informant's **OWN** Signature Armin W Durtschi
and Address Pocatello, Idaho.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 7-24-44 (Month) (Day) (Year)
(c) Place: Driggs, Idaho.
18. Funeral Director's **OWN** Signature M S Hansen
and Address St. Anthony, Idaho.
19. (a) 7-31-44 (Date received and filed) (b) Emma Budge (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 24 1944
at 11:30 o'clock A. M.
21. **I HEREBY CERTIFY,** That I attended deceased from July 5, 1944, to to July 24, 1944
I last saw her alive on July 24, 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Exhaustion, ten days following — Duration
133b1 a right nephrectomy for tubercu-
Due to losis of the right kidney
20
Due to
Other conditions Probably tubercular 15
(Include pregnancy within 3 months of death) peritonitis
Where was disease contracted?
Name of operation Rt. nephrectomy Date 7-6-44
Major finding Tuberculosis of rt kidney
Finding of autopsy No autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury

23. Attendant's **OWN** Signature W Ray Hatch M.D. (M. D. or other)
and Address Idaho Falls, Idaho Date 7-27 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

139727

United States
Department of Commerce
Bureau of the Census

AUG 12 1944

Certificate Of Death

STATE OF IDAHO

State File No. .....
Local Reg. No. 162
Reg. Dist. No. 610

1. PLACE OF DEATH:
(a) County Bonneville
(b) City or town Idaho Falls
(c) Street Address or R.F.D. No. Memorial Dr.
(d) Death Occured Inside? ✓ Outside? ..... city or town
(e) Died in a Home.... Hospital ✓ Institution.... Other place....
(f) Name Hosp. or Inst. L.U.S. Hosp. Stayed ..... days
(g) Lived in this county ..... years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Bonneville
(c) City or town Idaho Falls
(d) Street Address or R.F.D. No. 483½ D. St.
(e) Deceased lived Inside? ✓ Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 54 years
(h) Former residence (city, state) Utah

3. (a) FULL NAME George F. Rammell

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex M.
5. Color or race W.
6. (a) Single, widowed, married, divorced .....
6. (b) Name of husband or wife Josephine Rammell
6. (c) Age of husband or wife if alive 71 years
7. Date of Birth (Month, Day, Year) July 21, 1871

8. AGE	Years	Months	Days	If less than 1 day
	73		3	hrs min.

9. Exact Occupation Farmer Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Providence, Utah (City or town) (State or foreign country)
Father 12. Name Charles Rammell
13. Birthplace England (City or town) (State or foreign country)
Mother 14. Maiden name Caroline Berger
15. Birthplace Germany (City or town) (State or foreign country)
16. Informant's OWN Signature R. E. Rammell
and Address Idaho Falls, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/27/44 (Month) (Day) (Year)
(c) Place: Idaho Falls, Idaho
18. Funeral Director's OWN Signature Jack A. Wood
and Address Idaho Falls Idaho
19. (a) 8/7/44 (Date received and filed) (b) Anna Budger (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) July 24 1944
at 5 o'clock A M.

21. I HEREBY CERTIFY, That I attended deceased from Feb 14 1943, to July 24 1944
I last saw him alive on July 24 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
uremia	July 15/44
chronic nephritis	Feb/44
Due to pulmonary emphysema with unresolved pneumonia	Feb/43
Due to chronic myocarditis	Feb/43
Other conditions with failure (Include pregnancy within 3 months of death)	

Where was disease contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state
where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's OWN Signature H. P. Schiess M.D. (M. D. or other)
and Address Shelley, Ida Date 8/1 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

AUG 12 1944

Certificate Of Death

STATE OF IDAHO

State File No. 139728
Local Reg. No. 15
Reg. Dist. No. 610

1. **PLACE OF DEATH**
   (a) County Bonneville
   (b) City or town Idaho Falls
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home.... Hospital X Institution.... Other place....
   (f) Name Hosp. or Inst. Sacred Heart Stayed ..... days
   (g) Lived in this county ..... years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State ..... (b) County .....
   (c) City or town .....
   (d) Street Address or R.F.D. No. .....
   (e) Deceased lived Inside? ..... Outside? ..... city or town
   (f) Citizen of what country? .....
   (g) How long had deceased lived in Idaho? ..... years
   (h) Former residence (city, state) .....

3. (a) **FULL NAME** Paul William Colvin 81 a

3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced —
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) July 21, 1944

8. AGE	Years	Months	Days	If less than 1 day
			4	hrs min.

9. Exact Occupation ..... Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Idaho Falls, Idaho (City or town) (State or foreign country)

Father
12. Name William Wilford Colvin
13. Birthplace Park City, Utah (City or town) (State or foreign country)

Mother
14. Maiden name Esther Leona Hayes
15. Birthplace Idaho Falls, Idaho (City or town) (State or foreign country)

16. Informant's **OWN** Signature William Wilford Colvin
and Address 643 Lomax St. Idaho Falls, Ida
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/27/44 (Month) (Day) (Year)
(c) Place: Idaho Falls, Idaho.
18. Funeral Director's **OWN** Signature Leo A. Williams
and Address Idaho Falls, Idaho
19. (a) Aug. 1-1944 (Date received and filed) (b) Anna Bridges (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 25 1944
at 1:30 P.M. o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from July 21 1944, to July 25 1944
I last saw him alive on July 25 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebral Menningitis	2 days
Due to Unknown	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted? Birth	
Name of operation ..... Date	
Major finding	
Finding of autopsy not performed	

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature Milton T. Rees M.D. (M. D. or other)
and Address Idaho Falls, Ida. Date 27 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 139729
Local Reg. No. 159
Reg. Dist. No. 610

AUG 12 1944

1. **PLACE OF DEATH:**
(a) County Bonneville
(b) City or town Idaho Falls
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Home ..... Hospital X Institution ..... Other place
(f) Name Hosp. or Inst. Sacred Heart Stayed 25 days
(g) Lived in this county 0 years 0 months 25 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Jefferson
(c) City or town Roberts
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? X Outside? ..... city or town
(f) Citizen of what country? United States
(g) How long had deceased lived in Idaho? 35 years
(h) Former residence (city, state) Lima, Montana

3. (a) **FULL NAME** LOUIS HARMON JAKWAY

55e

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Angeline Jakway
6. (c) Age of husband or wife if alive 71 years
7. Date of Birth (Month, Day, Year) March 15, 1866

8. AGE	Years	Months	Days	If less than 1 day
	78	4	12	hrs min.

9. Exact Occupation Dealer Did this work for 6 yrs.
10. Industry or Business Toilet articles Date last worked June 1944
11. Birthplace Stevens Point, Wisconsin (City or town) (State or foreign country)
Father
12. Name Unknown
13. Birthplace Unknown (City or town) (State or foreign country)
Mother
14. Maiden name Unknown
15. Birthplace Unknown (City or town) (State or foreign country)
16. Informant's OWN Signature Mrs Angeline Jakway
and Address Roberts, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 31, 1944 (Month) (Day) (Year)
(c) Place: Fielding Mem. Park, Idaho Falls
18. Funeral Director's OWN Signature Orland C. Buck
and Address Idaho Falls, Idaho
19. (a) 8/3/44 (Date received and filed) (b) Anna Bulger (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 27 1944
at 7:30 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from July 1 1944, to July 27 1944
I last saw him alive on July 27 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Carcinoma Splenic Flexure	6 Mos
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation ..... Date	
Major finding	
Finding of autopsy	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury
23. Attendant's OWN Signature [signature] (M. D. or other)
and Address Idaho Falls, Ida. Date 7/31/ 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce AUG 12 1944
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 139730
Local Reg. No. 161
Reg. Dist. No. 610

1. **PLACE OF DEATH:**
(a) County Bonneville
(b) City or town Idaho Falls
(c) Street Address or R.F.D. No. Rt #3
(d) Death Occured Inside? ..... Outside? ✓ city or town
(e) Died in a Home ✓ Hospital ..... Institution ..... Other place .....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county ..... years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Bonneville
(c) City or town Idaho Falls
(d) Street Address or R.F.D. No. # 3
(e) Deceased lived Inside? — Outside? ✓ city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? ..... years
(h) Former residence (city, state) .....

3. (a) **FULL NAME** Julia Claudene Haggard 119a

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex F.
5. Color or race W.
6. (a) Single, widowed, married, divorced .....
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) April 22, 1944

8. AGE	Years	Months	Days	If less than 1 day
		3	5	hrs min.

9. Exact Occupation none Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Idaho Falls, Idaho (City or town) (State or foreign country)
Father
12. Name E. Ray Haggard
13. Birthplace Arkansas (City or town) (State or foreign country)
Mother
14. Maiden name Mable Carmich
15. Birthplace Arkansas (City or town) (State or foreign country)
16. Informant's **OWN** Signature E. Ray Haggard
and Address Idaho Falls Rt #3
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/30/44 (Month) (Day) (Year)
(c) Place: Ammon, Idaho
18. Funeral Director's **OWN** Signature Jack A. Wood
and Address Idaho Falls, Idaho
19. (a) 8/7/44 (Date received and filed) (b) Anna Budgen (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 27 1944
at 8 o'clock a M.
21. **I HEREBY CERTIFY,** That I attended deceased from ..... 19....., to ..... 19.....
I last saw h..... alive on ..... 19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
M. Malmevertson	158
Due to Intestinal disorders	119 a.m.
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation ..... Date	
Major finding	
Finding of autopsy	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred July 27 1944 City, county, state where violence occurred Ammon Idaho
Place of Violence: Home yes Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury Motor vehicle
23. Attendant's **OWN** Signature [illegible] (M. D. or other)
and Address Idaho Falls Date July 31 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

AUG 12 1944

Certificate Of Death

STATE OF IDAHO

State File No. 139731
Local Reg. No. 158
Reg. Dist. No. 610

1. PLACE OF DEATH:
(a) County Bonneville
(b) City or town Idaho Falls
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? X Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. Sacred Heart Stayed 30 days
(g) Lived in this county 39 years ? months ? days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Bonneville
(c) City or town Idaho Falls
(d) Street Address or R.F.D. No. 126 11th St.
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? United States
(g) How long had deceased lived in Idaho? 39 years
(h) Former residence (city, state) St. Paul, Minn.

3. (a) **FULL NAME** ESTHER AURORA POULSON 55e

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife C.F.Poulson
6. (c) Age of husband or wife if alive 82 years
7. Date of Birth (Month, Day, Year) July 26, 1883

8. AGE	Years	Months	Days	If less than 1 day
	61	0	3	hrs min.

9. Exact Occupation Housewife Did this work for 36 yrs.
10. Industry or Business At Home Date last worked Feb.1944
11. Birthplace St. Paul (City or town) Minnesota (State or foreign country)
Father
12. Name Nels Johnson
13. Birthplace (City or town) Sweden (State or foreign country)
Mother
14. Maiden name Betty Nelson
15. Birthplace (City or town) Sweden (State or foreign country)
16. Informant's OWN Signature Donald F. Poulson
and Address Hamden, Connecticut
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug.1,1944 (Month) (Day) (Year)
(c) Place: Rose Hill Cem., Idaho Falls
18. Funeral Director's OWN Signature Roland C. Burg
and Address Idaho Falls, Idaho
19. (a) 8-3-44 (Date received and filed) (b) Anna Budgen (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 29 1944
at 8:20 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from Mch 1 1944, to July 29 1944
I last saw her alive on July 29 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Carcinoma Pelvis 55e	
Due to and Cord	5 Mos
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature [signature] (M. D. or other)
and Address Idaho Falls July 31, 1944 Date 19
(For additional space, use reverse side)

United States
Department of Commerce
Bureau of the Census

AUG 12 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 139732
Local Reg. No. 157
Reg. Dist. No. 610

1. **PLACE OF DEATH:**
(a) County Bonneville
(b) City or town Idaho Falls
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. L.D.S.Hosp. Stayed 37 days
(g) Lived in this county 24 years ? months ? days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bonneville
(c) City or town Idaho Falls
(d) Street Address or R. F. D. No. 483 Broadway
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? United States
(g) How long had deceased lived in Idaho? 34 years
(h) Former residence (city, state) Los Angeles, California 46e

3. (a) FULL NAME LILLIE ELIZABETH SWANSON

3. (b) If veteran, name war None
3. (c) Social Security No. 519-09-1796
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) May 6, 1888

8. AGE	Years	Months	Days	If less than 1 day
	56	2	25	hrs min.

9. Exact Occupation Cook — Did this work for 9 yrs.
10. Industry or Business Restraunt — Date last worked 1/26/44
11. Birthplace Essex (City or town) England (State or foreign country)
Father
12. Name Sam Wilde
13. Birthplace Loubrough (City or town) England (State or foreign country)
Mother
14. Maiden name Emma Walters
15. Birthplace Swanwick (City or town) England (State or foreign country)
16. Informant's OWN Signature Evelyn Swanson
and Address Idaho Falls, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 3, 1944 (Month) (Day) (Year)
(c) Place: Rose Hill Cem., Idaho Falls
18. Funeral Director's OWN Signature Orland C. Buck
and Address Idaho Falls, Idaho
19. (a) Aug. 2-44 (Date received and filed) (b) Anna Budge (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 31 1944
at 12:15 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from 19 , to 19
I last saw h alive on 19 ; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Carcinoma of Squaf c̄ gen.	
Due to	
Due to Metastases	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? unknown
Name of operation Colostomy Date June 1944
Major finding Ca
Finding of autopsy no

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature W. R. Weit (M. D. or other)
and Address Idaho Falls Date 8/2 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

AUG 3 1944

139733

State File No.
Local Reg. No. 30-44
Reg. Dist. No. 106

1. **PLACE OF DEATH:**
(a) County Boundary
(b) City or town Bonners Ferry
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? Yes Outside? city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county years 7 months 9 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Boundary
(c) City or town Bonners Ferry
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? XX Outside? city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 7 mo 11 years
(h) Former residence (city, state) —

3. (a) **FULL NAME** Betty Lou Sinclair 1572

3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Infant
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Nov.29.1943

8. AGE	Years	Months	Days	If less than 1 day
		7	9	hrs min.

9. Exact Occupation — Did this work for — yrs.
10. Industry or Business — Date last worked —
11. Birthplace Bonners Ferry Idaho. (City or town) (State or foreign country)

Father
12. Name Melvin Sinclair
13. Birthplace Clearfield S. Dak. (City or town) (State or foreign country)

Mother
14. Maiden name Margaret La Fountain
15. Birthplace Bonners Ferry Idaho. (City or town) (State or foreign country)

16. Informant's **OWN** Signature ✓ Melvina L. Sinclair.
and Address Bonners Ferry Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/11/44 (Month) (Day) (Year)
(c) Place: Bonners Ferry Idaho

18. Funeral Director's **OWN** Signature Frank Moore.
and Address Bonners Ferry Idaho.

19. (a) July 18-1944 (Date received and filed) (b) R. M. Bond (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 8 th. 1944
at 9:50 o'clock P.M.

21. **I HEREBY CERTIFY**, That I attended deceased from 19 , to 19
I last saw h alive on 19 ; death is said to have occurred on the date and hour stated above.

	Duration
Immediate Cause of Death: Sudden Death	
Due to Congenital heart defect	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature Lloyd Reed Coroner (M.D. or other)
and Address Bonners Ferry Date 7-9 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census AUG 3 1944

Certificate Of Death

STATE OF IDAHO

State File No. 139734
Local Reg. No. 31-44
Reg. Dist. No. 100

1. **PLACE OF DEATH:**
   (a) County Boundary
   (b) City or town Porthill
   (c) Street Address or R. F. D. No.
   (d) Death Occured Inside? Outside? XX city or town
   (e) Died in a Home X Hospital Institution Other place
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county 14 years months days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Boundary
   (c) City or town Porthill
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? Outside? X city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 25 years
   (h) Former residence (city, state) Clark Fork Ida.

3. (a) **FULL NAME** Hugh Lloyd Stroud

55 e

3. (b) If veteran, name war No
3. (c) Social Security No. 518-14-5156
4. Sex Male race White
5. Color or
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Frankie
6. (c) Age of husband or wife if alive 55 years
7. Date of Birth (Month, Day, Year) 3/7/1889

8. AGE	Years	Months	Days	If less than 1 day
	55	4	16	hrs min.

9. Exact Occupation Farmer — Did this work for 35 yrs.
10. Industry or Business at home — Date last worked May 44
11. Birthplace (City or town) Ark. (State or foreign country)

Father
12. Name James L. Stroud
13. Birthplace (City or town) Ark. (State or foreign country)

Mother
14. Maiden name Mattie Johnston
15. Birthplace (City or town) Kan. (State or foreign country)

16. Informant's **OWN** Signature W. A. Stroud
and Address Kellogg Idaho.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/25/44 (Month) (Day) (Year)
(c) Place: Porthill Idaho.

18. Funeral Director's **OWN** Signature Frank Moore
and Address Bonners Ferry Idaho.

19. (a) July 25-1944 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) ~~May~~ July 23rd. 1944
at 6:00 o'clock P. M.

21. **I HEREBY CERTIFY**, That I attended deceased from May 2 1944, to July 23 1944
I last saw him alive on July 19 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Carcinoma	4 Mos.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYISICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature [signature] (M. D. or other)
and Address Custer, S. C. Date July 24 1944
(For additional space, use reverse side)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH JUL 29 1944
County of Canyon
City of Homedale

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 139735

Registration District No. 392
Primary Registration District No. ..... Local Registrar's No. 66

(No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Jonah L. Davis
(a) Residence No. Homedale Idaho St. 132
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX M
4. Color or Race W
5. Single, ~~Married, Widowed or Divorced~~ (write ~~the word~~)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single
6. DATE OF BIRTH (month, day, and year)
7. AGE Years 89 Months 8 Days 1 If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Ice
(State or country)

FATHER
13. NAME
14. BIRTHPLACE (city or town) not known
(State or country)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT
(Address)
18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Nampa Date 5/22/44, ~~193~~
19. UNDERTAKER F. K. Robinson
(Address) Nampa Ida
20. FILED 5-30, 1944. Helen M. Davis
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 5/17/44
22 I HEREBY CERTIFY, That I attended deceased from 5/1/, 1944 to May 17, 1944
I last saw him alive on 5/17 1944: death is said to have occurred on the date stated above, at 9.30 am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senesence & Nephritis	1321

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193.....
Where did injury occur? .....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) G. H. Cooper, M. D.
(Address Homedale, Idaho

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

AUG 4 1944

Certificate Of Death

STATE OF IDAHO

State File No. 139736
Local Reg. No. 84
Reg. Dist. No. 360

1. **PLACE OF DEATH:**
(a) County Canyon
(b) City or town Caldwell
(c) Street Address or R.F.D. No. 1224 Belmont
(d) Death Occured Inside? ✓ Outside? ..... city or town
(e) Died in a Home ✓ Hospital ..... Institution ..... Other place .....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 43 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Caldwell
(d) Street Address or R.F.D. No. 1224 Belmont
(e) Deceased lived Inside? ✓ Outside? ..... city or town
(f) Citizen of what country? U.S.
(g) How long had deceased lived in Idaho? 43 years
(h) Former residence (city, state) Ill

3. (a) **FULL NAME** Eliza Wehr 93a

3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife ✓
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) Sept-10-1874

8. AGE	Years	Months	Days	If less than 1 day
	69	8	15	hrs min.

9. Exact Occupation Housewife Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Wellington Ill (City or town) (State or foreign country)
Father
12. Name William Clark
13. Birthplace Ireland (City or town) (State or foreign country)
Mother
14. Maiden name Isabell Hull
15. Birthplace New York (City or town) (State or foreign country)
16. Informant's **OWN** Signature L. B. Wehr
and Address 1224 Belmont Caldwell
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-31-44 (Month) (Day) (Year)
(c) Place: Star Idaho
18. Funeral Director's **OWN** Signature [illegible]
and Address Caldwell Idaho
19. (a) 7-25-44 (Date received and filed) (b) Agnes McDenman (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May-25 1944
at 2:35 o'clock P.M.
21. **I HEREBY CERTIFY,** That I attended deceased from Jan 10 1944 to May 25 1944
I last saw her alive on May 24 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Acute Coronary	—
Due to	
93a Myocarditis	6 mo
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted? Caldwell	
Name of operation ..... Date	
Major finding —	
Finding of autopsy —	

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? — Suicide? — Homicide? —
Occurred ..... 19..... City, county, state
where violence occurred —
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature M. Haley (M. D. or other)
and Address Caldwell Date May 25 1944
(For additional space, use reverse side)

139737

United States
Department of Commerce
Bureau of the Census

AUG 4 1944

Certificate Of Death

STATE OF IDAHO

State File No. 139737
Local Reg. No. 80
Reg. Dist. No. 360

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
   (a) County Canyon
   (b) City or town Caldwell
   (c) Street Address or R. F. D. No.
   (d) Death Occured Inside? ✓ Outside? ..... city or town
   (e) Died in a Home ... Hospital ... Institution ... Other place ...
   (f) Name Hosp. or Inst. ..... Stayed ..... days
   (g) Lived in this county 7 years ..... months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Canyon
   (c) City or town Caldwell
   (d) Street Address or R.F.D. No. 11 E Bryant
   (e) Deceased lived Inside? ✓ Outside? ..... city or town
   (f) Citizen of what country? U.S.
   (g) How long had deceased lived in Idaho? 7 years
   (h) Former residence (city, state) Minn

3. (a) **FULL NAME** Alonzo Sherman Dyer 93d

3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife Addie
6. (c) Age of husband or wife if alive — years
7. Date of Birth (Month, Day, Year) May 20 - 1865

8. AGE	Years	Months	Days	If less than 1 day
	79	0	6	hrs ... min.

9. Exact Occupation Farmer — Did this work for ... yrs.
10. Industry or Business — Date last worked ...
11. Birthplace Jackson Ville Ill (City or town) (State or foreign country)

Father
12. Name William Dyer
13. Birthplace Penn (City or town) (State or foreign country)

Mother
14. Maiden name Mary York
15. Birthplace — (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mrs J Barnes
and Address Middleton Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-29-44 (Month) (Day) (Year)
(c) Place: Middleton Idaho

18. Funeral Director's **OWN** Signature J C Coffman
and Address Caldwell Idaho

19. (a) 7-21-44 (Date received and filed) (b) Ross M Denman (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 26 - 1944
at 4.00 o'clock P. M.

21. **I HEREBY CERTIFY**, That I attended deceased from June 1943, to May 1944
I last saw him alive on May 26 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cer Myocarditis	2
Due to	
Due to	
Other conditions Hypertrophied Prostate (Include pregnancy within 3 months of death)	
Benign Tumor	

Where was disease contracted?
Name of operation ..... Date .....
Major finding
Finding of autopsy

PHYISICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury

23. Attendant's **OWN** Signature R D Cossman MD (M. D. or other)
and Address Caldwell Ida Date 5 DC 1944
(For additional space, use reverse side)

Canyon Co. Physician

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

AUG 8 1944

State File No. 139738
Local Reg. No. 113
Reg. Dist. No. 862

1. PLACE OF DEATH:
(a) County Canyon
(b) City or town Nampa
(c) Street Address or R. F. D. No.
(d) Death Occured Inside? ~~Outside?~~ ..... city or town
(e) Died in a Home.... Hospital.... Institution.... Other place....
(f) Name Hosp. or Inst. Canyon Stayed ..... days
(g) Lived in this county 27 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Nampa
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? ~~Outside?~~ ..... city or town
(f) Citizen of what country? U. S. A.
(g) How long had deceased lived in Idaho? 27 years
(h) Former residence (city, state) Nebraska

3. (a) FULL NAME Belle Clark Jenkins. 131a

3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex F
5. Color or race W
6. (a) ~~Single~~, widowed, ~~married~~, divorced Widowed
6. (b) Name of husband or wife Not living
6. (c) Age of husband or wife if alive Not living years
7. Date of Birth (Month, Day, Year) Mar 24 - 1868

8. AGE	Years	Months	Days	If less than 1 day
	76	3	7	hrs min.

9. Exact Occupation none Did this work for ..... yrs.
10. Industry or Business — Date last worked
11. Birthplace ..... Wisconsin (City or town) (State or foreign country)

Father
12. Name David Clark
13. Birthplace Richmond Wis. (City or town) (State or foreign country)

Mother
14. Maiden name Olive Ann Collins
15. Birthplace N. Y. (City or town) (State or foreign country)

16. Informant's **OWN** Signature Alma F. Walker
and Address Nampa Idaho

17. (a) Removal (b) Date thereof 7-3-44 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: Ord Nebraska

18. Funeral Director's **OWN** Signature F. K. Robinson
and Address Nampa Ida.

19. (a) July 1 1944 (b) Lyda Rodgers (Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 7 - 1 - 1944
at 5 o'clock A. M.

21. **I HEREBY CERTIFY**, That I attended deceased from ..... 19..... to ..... 19.....
I last saw h.er alive on 6 - 29 - 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Angina Pectoris	3 days.
Due to Cardio-renal disease and Hypertension	Many years.
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature Geo. A. Kelly, M. D. (M. D. or other)
and Address Nampa Idaho Date ..... 19.....
(For additional space, use reverse side)

139739

United States
Department of Commerce
Bureau of the Census

JUL 10 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 139739
Local Reg. No. 118
Reg. Dist. No. 363

1. **PLACE OF DEATH:**
(a) County Canyon
(b) City or town Nampa
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? X city or town
(e) Died in a Home Hospital Institution Other place X
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county years 1 months 21 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Nampa
(d) Street Address or R. F. D. No.
(e) Deceased lived ~~Inside?~~ Outside? X city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? years
(h) Former residence (city, state) La Grande, Oreg.

3. (a) **FULL NAME** Ann Shirley Gallegos 107

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female race Am.
5. Color or
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Feb. 11, 1944

8. AGE	Years	Months	Days	If less than 1 day
	—	3	21	hrs min.

9. Exact Occupation — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace La Grande (City or town) Oreg. (State or foreign country)

Father
12. Name Leo Gallegos
13. Birthplace Crook (City or town) Colo (State or foreign country)

Mother
14. Maiden name Esther Aceves
15. Birthplace Amedez (City or town) Jalisco, Mexico (State or foreign country)

16. Informant's **OWN** Signature Mrs Leo Gallegos and Address
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-6-44 (Month) (Day) (Year)
(c) Place: Mt. Calvary Cem. Nampa, Ida
18. Funeral Director's **OWN** Signature D. McNamey and Address Boise Idaho
19. (a) July 6 1944 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 7-2 1944
at 8 o'clock A M.

21. **I HEREBY CERTIFY,** That I attended deceased from 5-6 1944 to 7-2 1944
I last saw him alive on 6-28 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Due to Pneumonia	
Bronchopneumonia	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature J. C. Horton (M. D. or other)
and Address Nampa Ida Date 7-2 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

139740

United States
Department of Commerce
Bureau of the Census

AUG 8 1944

Certificate Of Death

STATE OF IDAHO

State File No.
Local Reg. No. 122
Reg. Dist. No. 362

1. PLACE OF DEATH:
(a) County Canyon
(b) City or town Nampa
(c) Street Address or R.F.D. No. 704 10 Ave SO.
(d) Death Occured Inside? X ~~Outside?~~ city or town
(e) Died in a Home X. Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 42 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Nampa
(d) Street Address or R.F.D. No. 704 10 Ave SO.
(e) Deceased lived Inside? X ~~Outside?~~ city ~~or town~~
(f) Citizen of what country? U. S. A.
(g) How long had deceased lived in Idaho? 42 years
(h) Former residence (city, state) Missouri

3. (a) FULL NAME ROBERT ALEXANDER ORR

83a

3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of ~~husband or~~ wife not living
6. (c) Age of husband or wife if alive not living ~~years~~
7. Date of Birth (Month, Day, Year) June 11, 1854

8. AGE	Years	Months	Days	If less than 1 day
	90		22	hrs min.

9. Exact Occupation Farmer retired Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Trimble County Ky. (City or town) (State or foreign country)
Father 12. Name Alexander Orr
13. Birthplace Ky. (City or town) (State or foreign country)
Mother 14. Maiden name Wright
15. Birthplace Ky. (City or town) (State or foreign country)
16. Informant's OWN Signature Allen Orr
and Address R.F.D. Nampa Ida
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-~~4~~-7-1944 (Month) (Day) (Year)
(c) Place: Nampa, Idaho
18. Funeral Director's OWN Signature Fred K. Robinson
and Address Nampa, Idaho
19. (a) July-12-1944 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 3 1944
at o'clock M.
21. **I HEREBY CERTIFY**, That I attended deceased from Jan 1944, to July 3 1944
I last saw him alive on July 3 1944; death is said to have occurred on the date and hour stated above.
Immediate Cause of Death: 83a
Hemorrhage brain & paralysis respiration 114.1
Due to Pneumonia bronchial 107
Due to
Other conditions
(Include pregnancy within 3 months of death)
Where was disease contracted? Home
Name of operation Date
Major finding
Finding of autopsy

Duration

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature [signature] (M. D. or other)
and Address Nampa Ida Date 7/6 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

AUG 8 1944

Certificate Of Death

STATE OF IDAHO

State File No. 139741
Local Reg. No. 123
Reg. Dist. No. 3

1. PLACE OF DEATH:
(a) County Canyon
(b) City or town Nampa
(c) Street Address or R.F.D. No. R.F.D. #2
(d) Death Occured Inside? ..... Outside? X city or town
(e) Died in a Home X Hospital ..... Institution ..... Other place .....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 27 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Nampa
(d) Street Address or R.F.D. No. R. F. D. # 2
(e) Deceased lived Inside? ..... Outside? X city or town
(f) Citizen of what country? U. S. A.
(g) How long had deceased lived in Idaho? 27 years
(h) Former residence (city, state) .....

3. (a) FULL NAME CLARA ELLEN CHAPMAN 132

3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife not living
6. (c) Age of husband or wife if alive no years
7. Date of Birth (Month, Day, Year) Sept. 22, 1857

8. AGE	Years	Months	Days	If less than 1 day
	86	9	14	hrs min.

9. Exact Occupation At home — Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Indiana (City or town) (State or foreign country)
Father
12. Name Wm. R. Kreder
13. Birthplace Penn. (City or town) (State or foreign country)
Mother
14. Maiden name Hiteshew
15. Birthplace Maine (City or town) (State or foreign country)
16. Informant's OWN Signature Fred Chapman
and Address Nampa, Ida
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/16/44 (Month) (Day) (Year)
(c) Place: Meridian, Idaho
18. Funeral Director's OWN Signature T. K. Robinson
and Address Nampa, Idaho
19. (a) July 20-1944 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 6 1944
at ..... o'clock ..... M.
21. **I HEREBY CERTIFY,** That I attended deceased from ..... 19....., to ..... 19.....
I last saw h..... alive on ..... 19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Senilety & Nephritis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's OWN Signature W. C. Wolf, M.D. (M. D. or other)
and Address Nampa Idaho Date ..... 19.....
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 139742
Local Reg. No. 124
Reg. Dist. No. 3-22

1. **PLACE OF DEATH:**
   (a) County Canyon
   (b) City or town Nampa
   (c) Street Address or R.F.D. No. 411 12th ave No.
   (d) Death Occured Inside? x Outside? ~~city or town~~
   (e) Died in a ~~Home~~ Hospital x ~~Institution~~ ~~Other place~~
   (f) Name Hosp. or Inst. Mercy Hospital Stayed 7 days
   (g) Lived in this county 6 years months 1 days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Canyon
   (c) City or town Nampa
   (d) Street Address or R.F.D. No. 411 12th Ave N
   (e) Deceased lived Inside? x ~~Outside?~~ ~~city or town~~
   (f) Citizen of what country? U. S. A.
   (g) How long had deceased lived in Idaho? 19 years
   (h) Former residence (city, state) Utah

3. (a) **FULL NAME** SUEL ROPER 93d

3. (b) If veteran, name war no
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Grace
6. (c) Age of husband or wife if alive — years
7. Date of Birth (Month, Day, Year) Oct. 5, 1881

8. AGE	Years	Months	Days	If less than 1 day
	63	9	3	hrs min.

9. Exact Occupation Carman — Did this work for yrs.
10. Industry or Business P. F. E. Nampa — Date last worked
11. Birthplace Utah (City or town) (State or foreign country)

Father
12. Name Joseph Roper
13. Birthplace ✓ (City or town) (State or foreign country)

Mother
14. Maiden name Lamb
15. Birthplace ✓ (City or town) (State or foreign country)

16. Informant's OWN Signature Rose M. Roper
and Address Nampa Ida

17. (a) removal (Burial, cremation, or removal) (b) Date thereof 7/13/44 (Month) (Day) (Year)
(c) Place: Preston, Idaho

18. Funeral Director's OWN Signature J. K. Robinson
and Address Nampa, Idaho

19. (a) July-12-1944 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 8 1944
at 5:20 o'clock P M.

21. **I HEREBY CERTIFY**, That I attended deceased from July 1936 to July 8 1944
I last saw him alive on July 8 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — 93d — Duration
Acute Myocarditis — 7 days
93d
Due to Chronic Myocarditis — 10 yr
Due to " Bronchial Asthma — 10 yr
Other conditions — —
(Include pregnancy within 3 months of death)

Where was disease contracted? Home
Name of operation — Date
Major finding —
Finding of autopsy —

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's OWN Signature J. [illegible] (M. D. or other)
and Address Nampa Ida Date 7-11 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

AUG 4 1944

NON-RESIDENT
Certificate Of Death
STATE OF IDAHO

State File No. 139743
Local Reg. No. 79
Reg. Dist. No. 364

1. PLACE OF DEATH:
(a) County Canyon
(b) City or town Caldwell
(c) Street Address or R.F.D. No. 2
(d) Death Occured Inside? ..... Outside? X city or town
(e) Died in a Home.... Hospital.... Institution.... Other place X
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county ..... years 2 months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Calif. (b) County .....
(c) City or town Manzanar
(d) Street Address or R.F.D. No. .....
(e) Deceased lived Inside? ..... Outside? ..... city or town
(f) Citizen of what country? .....
(g) How long had deceased lived in Idaho? 2 mo years
(h) Former residence (city, state) Manzanar, Calif

3. (a) **FULL NAME** KEIJI SURUKI 94a

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Male
5. Color or race Japanese
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Kimeye Suruki
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) Feb. 8, 1890

8. AGE	Years	Months	Days	If less than 1 day
	54	5	2	hrs min.

9. Exact Occupation Farm Hand Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace ..... Japan
(City or town) (State or foreign country)

Father
12. Name .....
13. Birthplace .....
(City or town) (State or foreign country)

Mother
14. Maiden name .....
15. Birthplace .....
(City or town) (State or foreign country)

16. Informant's **OWN** Signature Kiyoshi Takata
and Address Farm Labor Camp, Caldwell, Ida
17. (a) Removal (b) Date thereof 7-12-44
~~(Burial, cremation, or removal)~~ (Month) (Day) (Year)
(c) Place: Manzanar, California
18. Funeral Director's **OWN** Signature V. Peckham
and Address 504 So. Kimball Ave., Caldwell
19. (a) 7-12-44 (b) Agnes M. Denman
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 10, 1944
at 6 20 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from ..... 19..... to July 10 1944
I last saw h..... alive on Dec. on arrival; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Coronary Thrombosis	Sudden
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYISCIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. ~~Attendant's~~ **OWN** Signature [signature] (M. D. or other)
and Address Caldwell Date 7/12 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH

AUG 8 1944 STATE OF IDAHO

State File No. 139744
Local Reg. No. 129
Reg. Dist. No. 362

1. **PLACE OF DEATH:**
   (a) County Canyon
   (b) City or town Nampa
   (c) Street Address or ~~R. F. D.~~ No. 615 6th St No
   (d) Death Occurred Inside? — ~~Outside?~~ ____ city or town
   (e) Died in a ~~Home~~ — Hospital — ~~Institution~~ ~~Other place~~ —
   (f) Name Hosp. or Inst. Nursery Stayed ____ days
   (g) Lived in this county ____ years ____ months ____ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Canyon
   (c) City or town Nampa Idaho
   (d) Street Address or ~~R. F. D.~~ No. 615 6th St No
   (e) Deceased lived Inside? — ~~Outside?~~ ____ ~~city or town~~
   (f) Citizen of what country? U. S. A.
   (g) How long had deceased lived in Idaho? 10 years
   (h) Former residence (city, state) —

3. (a) **FULL NAME** Martin C. Garrison

3. (b) If veteran, name war —
3. (c) Social Security No. 519-16-1672
4. Sex M
5. Color or race W
6. (a) ~~Single, widowed~~, married ~~divorced~~ Married
6. (b) Name of ~~husband or~~ wife Minnie
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) July 6 - 1895

8. AGE	Years	Months	Days	If less than 1 day
	59		6	hrs ____ min.

9. Exact Occupation ____ Did this work for ____ yrs.
10. Industry or Business Kelly Hay Co Date last worked 7/11/44
11. Birthplace ____ Mo. (City or town) (State or foreign country)

Father
12. Name J. M. Garrison
13. Birthplace — (City or town) (State or foreign country)

Mother
14. Maiden name Maud
15. Birthplace — (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mrs Minnie Garrison
and Address Nampa Ida
17. (a) Buried (b) Date thereof 7/15/44 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: Nampa Idaho
18. Funeral Director's **OWN** Signature F. K. Robinson
and Address Nampa Ida
19. (a) July 27-1944 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 11 1944
at ____ o'clock ____ M.

21. **I HEREBY CERTIFY,** That I attended deceased from July 11 1944, to July 11 1944
I last saw h— alive on July 11 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Fract. Skull.	
Crushed Chest	
Due to Comp. fract rt tibia.	
Hemorrhage	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? yes Suicide? ____ Homicide? ____
Occurred July 11 1944 City, county, state where violence occurred Canyon Co.
Place of Violence: Home ____ Farm ____ Industry ____
Public Place Highway While at work? ____
Means of injury Auto accident

23. Attendant's **OWN** Signature Samuel A Swayne M.D. (M. D. or other)
and Address Nampa, Ida Date 7-16-1944
(For additional space, use reverse side)

5

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

AUG 4 1944

Certificate Of Death

STATE OF IDAHO

State File No. 139745
Local Reg. No. 81
Reg. Dist. No. 360

1. **PLACE OF DEATH:**
(a) County Canyon
(b) City or town Caldwell
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? X Outside? city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Snow Nursing Stayed days
(g) Lived in this county 41 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Caldwell
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 41 years
(h) Former residence (city, state)

3. (a) **FULL NAME** James Sanford Kelley 195E

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) July 12, 1854

8. AGE	Years	Months	Days	If less than 1 day
	89	11	29	hrs min.

9. Exact Occupation Farmer Did this work for yrs.
10. Industry or Business Farming Date last worked
11. Birthplace Ohio (City or town) (State or foreign country)
Father
12. Name Absolum Kelley
13. Birthplace Ohio (City or town) (State or foreign country)
Mother
14. Maiden name Rebecca Wolfanborger
15. Birthplace Virginia (City or town) (State or foreign country)
16. Informant's **OWN** Signature Frances Kelley Wells
and Address 3191 W. Seventh St L.A.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/15/44 (Month) (Day) (Year)
(c) Place: Canyon Hill Cemetery, Caldwell
18. Funeral Director's **OWN** Signature V. Peckham
and Address 504 So. Kimball Ave., Caldwell
19. (a) 7-21-44 (Date received and filed) (b) Agnes M. Denman (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 11 1944
at 3:00 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from May 1943 to July 10 1944
I last saw him alive on July 10 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Chr. myocarditis	several years
Due to	
Due to	
Other conditions Fracture thereon (Include pregnancy within 3 months of death)	5 mo.
Where was disease contracted?	PHYISCIAN Underline the cause to which death should be charged statistically.
Name of operation Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature R. I. Ross M.D. (M. D. or other)
and Address Caldwell Ida Date 7/11 1944
(For additional space, use reverse side)

Canyon Co. Physician

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

AUG 8 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 139746
Local Reg. No. 126
Reg. Dist. No. 363

1. **PLACE OF DEATH:**
(a) County Canyon
(b) City or town
(c) Street Address or R. F. D. No. Bowmont
(d) Death Occurred Inside? — Outside? city or town
(e) Died in a ~~Home~~ Hospital — ~~Institution~~ ~~Other place~~
(f) Name Hosp. or Inst. Mercy Stayed days
(g) Lived in this county 31 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Bowmont Idaho
(d) Street Address or R. F. D. No.
(e) Deceased lived ~~Inside~~? Outside? — city or town
(f) Citizen of what country? U. S. A.
(g) How long had deceased lived in Idaho? 31 years
(h) Former residence (city, state) ✓

3. (a) **FULL NAME** Elizabeth Ethel Moulton 126

3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or ~~wife~~ Sewall
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Dec 27, 1900

8. AGE	Years	Months	Days	If less than 1 day
	43	6	15	hrs min.

9. Exact Occupation at Home Did this work for — yrs.
10. Industry or Business — Date last worked —
11. Birthplace Argos (City or town) Indiana (State or foreign country)
Father
12. Name J. L. Thomas
13. Birthplace (City or town) Ill (State or foreign country)
Mother
14. Maiden name Emma Markley
15. Birthplace Gary Cove (City or town) Indiana (State or foreign country)
16. Informant's OWN Signature Sewall Jesse Moulton
and Address Bowmont Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/19/44 (Month) (Day) (Year)
(c) Place: Nampa Idaho
18. Funeral Director's OWN Signature F. K. Robinson
and Address Nampa Idaho
19. (a) July-20-1944 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 12 1944
at o'clock M.
21. **I HEREBY CERTIFY,** That I attended deceased from June 5th 1944, to July 12th 1944
I last saw her alive on 7/12/ 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Shock & Toxaemia	
Due to Abdominal surgery. 126	30 min.
Due to Impacted common duct	4 years
Other conditions stone (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Transduodenal Choledochostomy Date 7/12/44
Major finding Impacted stone 126
~~Finding of autopsy~~ in common duct and acute Pancreatitis 128

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state
where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature Geo. A. A. Kellogg, M.D. (M. D. or other)
and Address Nampa Idaho Date 19
(For additional space, use reverse side)

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 139747
Local Reg. No. 124
Reg. Dist. No. 363

1. **PLACE OF DEATH:**
(a) County Canyon
(b) City or town Nampa
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? — ~~Outside?~~ ——city or town
(e) Died in a ~~Home~~ Hospital ~~Institution~~ ~~Other place~~
(f) Name Hosp. or Inst. Mercy Stayed ——days
(g) Lived in this county ——years ——months ——days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Owyhee
(c) ~~City or~~ town Murphy
(d) Street Address or R. F. D. No. None
(e) Deceased lived Inside? ——Outside? ——city or town
(f) Citizen of what country? U. S. A.
(g) How long had deceased lived in Idaho? — years
(h) Former residence (city, state) —

3. (a) **FULL NAME** Charles Boyle 46 F

3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex M
5. Color or race W
6. (a) Single, ~~widowed~~, married, divorced, ~~Single~~
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Date of Birth (Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	69			hrs min.

9. Exact Occupation Common Laborer Did this work for —— yrs.
10. Industry or Business — Date last worked
11. Birthplace —— (City or town) —— (State or foreign country)
Father 12. Name —
Father 13. Birthplace —— (City or town) —— (State or foreign country)
Mother 14. Maiden name —
Mother 15. Birthplace —— (City or town) —— (State or foreign country)
16. Informant's **OWN** Signature F. K. Robinson
and Address Nampa Ida
17. (a) Buried (Burial, cremation, or removal) (b) Date thereof 7/15/44 (Month) (Day) (Year)
(c) Place: Nampa Idaho
18. Funeral Director's **OWN** Signature Fred K. Robinson
and Address Nampa Ida
19. (a) July 20-1944 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 12 1944
at 2 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from July 1 1944, to July 12 1944
I last saw him alive on July 12 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Carcinoma liver — Duration 3 mo
Due to —
Due to —
Other conditions —— (Include pregnancy within 3 months of death)
Where was disease contracted? Nampa
Name of operation — Date ——
Major finding —
Finding of autopsy —

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? —— Suicide? —— Homicide? ——
Occurred —— 19— City, county, state where violence occurred —
Place of Violence: Home —— Farm —— Industry ——
Public Place —— While at work? —
Means of injury —
23. Attendant's **OWN** Signature [illegible] M.D.
(M. D. or other)
and Address Nampa Ida Date July 17 1944
(For additional space, use reverse side)

R.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

AUG 8 1944

Certificate Of Death

STATE OF IDAHO

State File No. 139748
Local Reg. No. 121
Reg. Dist. No. 363

1. **PLACE OF DEATH:**
(a) County Canyon
(b) City or town Nampa
(c) Street Address or R.F.D. No. Rout 3
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Home.... Hospital X Institution.... Other place....
(f) Name Hosp. or Inst. Mercy Stayed 21 days
(g) Lived in this county ..... years ..... months 21 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Ida (b) County Canyon
(c) City or town Nampa
(d) Street Address or R.F.D. No. Rout 3.
(e) Deceased lived Inside? ..... Outside? X city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 21 days
(h) Former residence (city, state) Ida.

3. (a) **FULL NAME** Judith Marie Braun 87E

3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife ✓
6. (c) Age of husband or wife if alive ✓ years
7. Date of Birth (Month, Day, Year) June 20 - 1944

8. AGE	Years	Months	Days	If less than 1 day
			21	hrs min.

9. Exact Occupation ..... Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Nampa (City or town) Ida. (State or foreign country)
Father
12. Name Louis Braun
13. Birthplace Paul's City Neb. (City or town) (State or foreign country)
Mother
14. Maiden name Hazel Fisher
15. Birthplace Rulo Neb. (City or town) (State or foreign country)
16. Informant's **OWN** Signature Louis R. Braun
and Address Rt 3, Nampa Ida.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/14-44 (Month) (Day) (Year)
(c) Place: Nampa Ida (Kohlerlawn)
18. Funeral Director's **OWN** Signature Wm D Talley
and Address Nampa Ida.
19. (a) July 19 1944 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 12 1944
at 3:30 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from June 20th 1944, to July 12 1944
I last saw her alive on July 12 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Congenital softening of brain	22 days
Due to Unknown - Possibly due to encephalitis from acute	
Due to sinus infection of mother	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? Congenitally
Name of operation ✓ Date .....
Major finding ✓
Finding of autopsy Soft brain with possible evidence of subsided inflammation

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature R L Roswell MD (M. D. or other)
and Address Nampa Ida Date July 13 1944
(For additional space, use reverse side)

139749

United States
Department of Commerce
Bureau of the Census

AUG 8 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 139749
Local Reg. No. 130
Reg. Dist. No. 363

1. PLACE OF DEATH:
(a) County Canyon
(b) City or town Nampa
(c) Street Address or R. F. D. No.
(d) Death Occurred ~~Inside?~~ Outside? city ~~or town~~
(e) Died in a Home ~~Hospital~~ ~~Institution~~ ~~Other place~~
(f) Name Hosp. or Inst. ✓ Stayed days
(g) Lived in this county 18 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Nampa Ida
(d) Street Address or R. F. D. No. ✓
(e) Deceased lived ~~Inside?~~ Outside? city ~~or town~~
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? years
(h) Former residence (city, state)

3. (a) FULL NAME Chester Hammond Smith 93E

3. (b) If veteran, name war ✓
3. (c) Social Security No. none
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Apr 24 - 1926

8. AGE	Years	Months	Days	If less than 1 day
	18	2	18	hrs min.

9. Exact Occupation none Did this work for yrs.
10. Industry or Business ✓ Date last worked
11. Birthplace Idaho (City or town) (State or foreign country)
Father
12. Name Kenneth Smith
13. Birthplace Ogden Utah (City or town) (State or foreign country)
Mother
14. Maiden name Rosenlof
15. Birthplace Idaho (City or town) (State or foreign country)
16. Informant's OWN Signature M Kenneth Smith
and Address Nampa Ida
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-16-44 (Month) (Day) (Year)
(c) Place: Tower Fairview
18. Funeral Director's OWN Signature F. K. Robinson
and Address Nampa, Ida
19. (a) July-27-1944 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) July 12 1944
at 11:26 o'clock A M.
21. I HEREBY CERTIFY, That I attended deceased from Nov. 26 1943, to July 12 1944
I last saw him alive on 7-12- 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Myocarditis; exhaustion
Due to Birth injury to cerebellum
Due to
Other conditions
(Include pregnancy within 3 months of death)
Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state
where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature Samuel A Guarino MD (M. D. or other)
and Address Nampa Ida Date 7-18-1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

AUG 8 1944

Certificate Of Death

STATE OF IDAHO

State File No. 139750
Local Reg. No. 127
Reg. Dist. No. 362

1. **PLACE OF DEATH:**
   (a) County Canyon
   (b) City or town Nampa
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? ✓ Outside? ..... city or town
   (e) Died in a Home.... Hospital ✓ Institution.... Other place....
   (f) Name Hosp. or Inst. Samaritan Stayed ..... days
   (g) Lived in this county ..... years ..... months 1 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Canyon
   (c) City or town Nampa
   (d) Street Address or R.F.D. No. ✓
   (e) Deceased lived Inside? X Outside? ✓ city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? ✓ years
   (h) Former residence (city, state) ✓

3. (a) **FULL NAME** John Wydell Graham 161a

3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced S
6. (b) Name of husband or wife ✓
6. (c) Age of husband or wife if alive ✓ years
7. Date of Birth (Month, Day, Year) July-17-1944

8. AGE	Years	Months	Days	If less than 1 day
	0	0	0	1 hrs min.

9. Exact Occupation None Did this work for ..... yrs.
10. Industry or Business ..... Date last worked
11. Birthplace Nampa (City or town) Idaho (State or foreign country)

Father
12. Name Chee Graham
13. Birthplace ..... (City or town) (State or foreign country)

Mother
14. Maiden name Josie Sanderson
15. Birthplace Caldwell (City or town) Idaho (State or foreign country)

16. Informant's **OWN** Signature W. A. Sanderson
and Address Caldwell Ida R3
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-19-44 (Month) (Day) (Year)
(c) Place: Canyon Hill
18. Funeral Director's **OWN** Signature T. W. Dakan
and Address Caldwell Idaho
19. (a) July-24-1944 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July-17 1944
at 7:15 o'clock P.M.
21. **I HEREBY CERTIFY,** That I attended deceased from ..... 19....., to ..... 19.....
I last saw h..... alive on ..... 19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Due to Asphyxia	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYISCIAN
Name of operation ..... Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature Thos. E. Marquez M.D. (M. D. or other)
and Address ..... Date ..... 19.....
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

AUG 4 1944

Certificate Of Death

STATE OF IDAHO

State File No. 139751
Local Reg. No. 88
Reg. Dist. No. 361

1. **PLACE OF DEATH:**
   (a) County Canyon
   (b) City or town Wilder
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home X Hospital ..... Institution ..... Other place
   (f) Name Hosp. or Inst. ..... Stayed ..... days
   (g) Lived in this county 37 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Canyon
   (c) City or town Wilder
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? X Outside? ..... city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 37 years
   (h) Former residence (city, state)

3. (a) **FULL NAME** William Riley Brown 131a

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) April 16, 1878

8. AGE	Years	Months	Days	If less than 1 day
	66	3	1	hrs min.

9. Exact Occupation Farmer — Did this work for ..... yrs.
10. Industry or Business Farming — Date last worked .....
11. Birthplace Cutler (City or town) Illinois (State or foreign country)

Father
12. Name William H. Brown
13. Birthplace Cutler, Illinois (City or town) (State or foreign country)

Mother
14. Maiden name Martha Fannin
15. Birthplace Cutler, Illinois (City or town) (State or foreign country)

X 16. Informant's OWN Signature Scott Brown
and Address Wilder Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/19/44 (Month) (Day) (Year)
(c) Place: Wilder Cemetery, Wilder, Ida.

18. Funeral Director's OWN Signature V. Peckham
and Address 504 So. Kimball Ave., Caldwell

19. (a) 7-25-44 (Date received and filed) (b) Agnes M. Denman (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 18 1944
at 8:45 o'clock P.M.

21. **I HEREBY CERTIFY,** That I attended deceased from May 31 1944, to July 18 1944
I last saw him alive on June 1 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cardio Vascular	1 yr.
Due to renal disease	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted? Wilder Id	
Name of operation — Date	
Major finding —	
Finding of autopsy No	

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? — Suicide? — Homicide? .....
Occurred — 19..... City, county, state where violence occurred —
Place of Violence: Home — Farm — Industry .....
Public Place — While at work? .....
Means of injury —

23. Attendant's OWN Signature J. M. Haley (M. D. or other)
and Address Caldwell Date July 21 1944
(For additional space, use reverse side)

United States
Department of Commerce
Bureau of the Census

AUG 8 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 139752
Local Reg. No. 131
Reg. Dist. No. 263

1. **PLACE OF DEATH:**
(a) County Canyon
(b) City or town Melba
(c) Street Address or R. F. D. No. Melba R.F.D. I
(d) Death Occurred ~~Inside~~? ____ Outside? ← city or town
(e) Died in a Home ← ~~Hospital~~ ~~Institution~~ ~~Other place~~
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county ____ years 3 months ____ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Melba
(d) Street Address or R. F. D. No. Melba Rt. I
(e) Deceased lived ~~Inside~~? ____ Outside? ← city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 28 years
(h) Former residence (city, state) ____

3. (a) FULL NAME Minerva Jane Whitehead

3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex F
5. Color or race W
6. (a) ~~Single~~, widowed, ~~married~~, ~~divorced~~ widowed
6. (b) Name of husband or wife No
6. (c) Age of husband or wife if alive No years
7. Date of Birth (Month, Day, Year) Sept 1, 1855

8. AGE	Years	Months	Days	If less than 1 day
	88	10	18	hrs ____ min.

9. Exact Occupation At Home — Did this work for ____ yrs.
10. Industry or Business ← — Date last worked ____
11. Birthplace Indiana (City or town) (State or foreign country)

Father
12. Name Pierce
13. Birthplace ← (City or town) (State or foreign country)

Mother
14. Maiden name ____
15. Birthplace England (City or town) (State or foreign country)

16. Informant's **OWN** Signature E C Whitehead and Address Nampa Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-21-1944 (Month) (Day) (Year)
(c) Place: Nampa Idaho

18. Funeral Director's **OWN** Signature J. K. Robinson and Address Nampa Ida

19. (a) July 27 1944 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 18 1944 at ____ o'clock ____ M.

21. **I HEREBY CERTIFY,** That I attended deceased from ____ 19____, to ____ 19____
I last saw h____ alive on ____ 19____; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	**Duration**
____	____
____	____
Due to ____	____
____	____
Due to ____	____
Other conditions ____ (Include pregnancy within 3 months of death)	____
____	____

Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's **OWN** Signature Lyda Rodgers, Local Registrar (M. D. or other)
and Address Nampa Idaho Date 7-27 19 44

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 139753
Local Reg. No. 83
Reg. Dist. No. 360

AUG 4 1944

1. **PLACE OF DEATH:**
(a) County Canyon
(b) City or town Caldwell
(c) Street Address or R.F.D. No. 818 Galveston
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Home X Hospital ..... Institution ..... Other place .....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county ..... years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Caldwell
(d) Street Address or R.F.D. No. 818 Calveston
(e) Deceased lived Inside? X Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? ..... years
(h) Former residence (city, state) .....

3. (a) **FULL NAME** CHARLES COOK FULLER

1310

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Annie Kay Fuller
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) Sept. 1, 1859

8. AGE	Years	Months	Days	If less than 1 day
	84	10	19	hrs ..... min.

9. Exact Occupation ..... Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace ..... (City or town) Wisconsin (State or foreign country)
Father
12. Name Edenezer Fuller
13. Birthplace Erie, (City or town) Pennsylvania (State or foreign country)
Mother
14. Maiden name Hannah Cook
15. Birthplace ..... (City or town) Pennsylvania (State or foreign country)
16. Informant's **OWN** Signature C. W. Fuller
and Address Logan St., Caldwell, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/22/44 (Month) (Day) (Year)
(c) Place: Canyon Hill Cemetery, Caldwell
18. Funeral Director's **OWN** Signature V. Peckham
and Address 504 So. Kimball Ave., Caldwell
19. (a) 8-1-44 (Date received and filed) (b) Agnes M. Denman (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 20, 19 44
at 4:55 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from January 1, 1944 to July 20 1944
I last saw h[illegible] alive on July 17 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cardiovascular renal disease	5 years
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYISICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature Earl W. Warner (M. D. or other)
and Address Caldwell Date 7/25 19 44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 35-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

AUG 8 1944

Certificate Of Death

STATE OF IDAHO

State File No. 139754
Local Reg. No. 128
Reg. Dist. No. 362

1. **PLACE OF DEATH:**
(a) County Canyon
(b) City or town Nampa
(c) Street Address or R.F.D. No. 415-4 Ave So
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Home.... Hospital.... Institution.... Other place....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 24 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Ida (b) County Canyon
(c) City or town Nampa
(d) Street Address or R.F.D. No. 415-4 Ave So
(e) Deceased lived Inside? ..... Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 24 years
(h) Former residence (city, state) 24 yrs.

3. (a) **FULL NAME** Myrtle Dorena Byrd.

164a

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex F
5. Color or race W.
6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) July 6 1900

8. AGE	Years	Months	Days	If less than 1 day
	44	~~[illegible]~~	14	hrs min.

9. Exact Occupation ..... Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Lincoln (City or town) Neb. (State or foreign country)
Father
12. Name Henry Washburn
13. Birthplace ..... (City or town) Mo. (State or foreign country)
Mother
14. Maiden name Ella Mumford
15. Birthplace ..... (City or town) Iowa. (State or foreign country)
16. Informant's **OWN** Signature Wm Washburn
and Address R 3 Nampa Ida.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-24-44 (Month) (Day) (Year)
(c) Place: Cloverdale Cem Boise.
18. Funeral Director's **OWN** Signature Wm D Talley
and Address Nampa Ida.
19. (a) July-24-1944 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 21 1944
at about 4:30 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from ..... 19....., to ..... 19.....
I last saw h..... alive on ..... 19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Strangulation by tying a 1/4 in. rope around	
Due to neck and hanging from studding in Home	
~~Due to~~ Garage.	
~~Other conditions~~ Despondance over (Include pregnancy within 3 months of death)	
Ill health.	

Where was disease contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy None

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? X Homicide? .....
Occurred July 21 1944 City, county, state where violence occurred Home Garage.
Place of Violence: Home X Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury as above.
23. Attendant's **OWN** Signature Wm D Talley (Coroner) (M. D. or other)
and Address Nampa Ida Date 7/21 1944
(For additional space, use reverse side)

139735

United States
Department of Commerce
Bureau of the Census

AUG 8 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 136
Reg. Dist. No. 362

1. **PLACE OF DEATH:**
(a) County Canyon
(b) City or town Nampa
(c) Street Address or R. F. D. No. 624 - 13 Ave So
(d) Death Occurred Inside? ~~—~~ Outside? ~~—~~ city or town
(e) Died in a Home ~~—~~ Hospital ~~—~~ Institution ~~—~~ Other place ~~—~~
(f) Name Hosp. or Inst. ~~—~~ Stayed ~~—~~ days
(g) Lived in this county 44 years ~~—~~ months ~~—~~ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Nampa
(d) Street Address or R. F. D. No. 624 - 13 Ave So
(e) Deceased lived Inside? ~~—~~ Outside? ~~—~~ city or town ~~—~~
(f) Citizen of what country? U. S. A.
(g) How long had deceased lived in Idaho? 44 years
(h) Former residence (city, state)

3. (a) **FULL NAME** Emma Snell Pederson 93E

3. (b) If veteran, name war ~~—~~
3. (c) Social Security No. ~~—~~
4. Sex F
5. Color or race W
6. (a) ~~Single, widowed~~, married, ~~divorced~~ married
6. (b) Name of husband or ~~wife~~ Ross
6. (c) Age of husband or wife if alive ~~—~~ years
7. Date of Birth (Month, Day, Year) May 23 1875

8. AGE	Years	Months	Days	If less than 1 day
	69	1	28	hrs ~~—~~ min. ~~—~~

9. Exact Occupation at Home — Did this work for ~~—~~ yrs.
10. Industry or Business ~~—~~ Date last worked ~~—~~
11. Birthplace Missouri (City or town) (State or foreign country)

Father
12. Name W. W. Snell
13. Birthplace Missouri (City or town) (State or foreign country)

Mother
14. Maiden name Bedford
15. Birthplace Missouri (City or town) (State or foreign country)

16. Informant's OWN Signature Ross Pederson
and Address #624-13 Ave So. Nampa Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/25/44 (Month) (Day) (Year)
(c) Place: Nampa Idaho
18. Funeral Director's OWN Signature F. K. Roberson
and Address Nampa Ida
19. (a) July 29 1944 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 21 1944
at ~~—~~ o'clock ~~—~~ M.

21. **I HEREBY CERTIFY,** That I attended deceased from January 12 1941, to July 21 1944
I last saw her alive on July 20 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	94a	Duration
Coronary sclerosis		
Due to Myocarditis	93e1	
Due to Nephritis	132i1	
Other conditions (Include pregnancy within 3 months of death)		
Where was disease contracted?		
Name of operation ~~—~~ Date ~~—~~		
Major finding		
Finding of autopsy		

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ~~—~~ Suicide? ~~—~~ Homicide? ~~—~~
Occurred ~~—~~ 19~~—~~ City, county, state where violence occurred ~~—~~
Place of Violence: Home ~~—~~ Farm ~~—~~ Industry ~~—~~
Public Place ~~—~~ While at work? ~~—~~
Means of injury ~~—~~

23. Attendant's OWN Signature Samuel A Swayne MD (M. D. or other)
and Address Nampa Idaho Date 7-26 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

AUG 4 1944

NON-RESIDENT
Certificate Of Death
STATE OF IDAHO

State File No. 139756
Local Reg. No. 82
Reg. Dist. No. 361

1. PLACE OF DEATH:
(a) County Canyon
(b) City or town Wilder
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? X Outside? city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 1½ years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Washington (b) County
(c) City or town Kelso
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 1½ years
(h) Former residence (city, state) Kelso, Wash.

3. (a) **FULL NAME** FLORA PINK SHELLEY

93d

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife John R. Shelley
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Aug. 22, 1868

8. AGE	Years	Months	Days	If less than 1 day
	75	1	1	hrs min.

9. Exact Occupation Housewife Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Trenton (City or town) Texas (State or foreign country)
Father 12. Name W. A. Jackson
13. Birthplace Texas (City or town) (State or foreign country)
Mother 14. Maiden name Unknown
15. Birthplace (City or town) (State or foreign country)
16. Informant's **OWN** Signature Elaine M Allen
and Address Wilder, Idaho.
17. (a) Removal (Burial, cremation or removal) (b) Date thereof 7/25/44 (Month) (Day) (Year)
(c) Place: Kelso Wash.
18. Funeral Director's **OWN** Signature H. Peckham
and Address Caldwell Idaho
19. (a) 7-25-44 (Date received and filed) (b) Agnes M Denman (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 23, 1944
at 1:40 o'clock A.M.
21. **I HEREBY CERTIFY,** That I attended deceased from June 1944, to July 21 1944
I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Tr Myocarditis	several years
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYISCIAN Underline the cause to which death should be charged statistically.
Name of operation Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature R I Ross M.D. (M. D. or other)
and Address Caldwell Date 7/24 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

NON-RESIDENT

Certificate Of Death

AUG 8 1944

STATE OF IDAHO

State File No. 139757
Local Reg. No. 133
Reg. Dist. No. 363

1. **PLACE OF DEATH:**
(a) County Canyon
(b) City or town Nampa
(c) Street Address or R.F.D. No. 412-17 Ave So
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Home X Hospital Institution ..... Other place ....
(f) Name Hosp. or Inst. ..... Stayed 21 days
(g) Lived in this county ..... years ..... months 21 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Owyhee
(c) City or town Marring
(d) Street Address or R.F.D. No. .....
(e) Deceased lived Inside? ..... Outside? X city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 21 days years
(h) Former residence (city, state) Marring Ida.

3. (a) **FULL NAME** Myrtle Bell Ketner.

3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex F
5. Color or race W.
6. (a) Single, widowed, married, divorced .....
6. (b) Name of husband or wife L.L. Ketner
6. (c) Age of husband or wife if alive 67 years
7. Date of Birth (Month, Day, Year) May 9 - 1890

8. AGE	Years	Months	Days	If less than 1 day
	54	2	15	hrs min.

9. Exact Occupation House wife. Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Roberts (City or town) Tex (State or foreign country)
Father
12. Name Russel Browning
13. Birthplace Unknown (City or town) (State or foreign country)
Mother
14. Maiden name Isabell Riley
15. Birthplace Hunt County Tex (City or town) (State or foreign country)
16. Informant's **OWN** Signature X Mrs. O.A. Moore
and Address 412 - 17 Ave N.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-27-44 (Month) (Day) (Year)
(c) Place: Nampa Rosardown
18. Funeral Director's **OWN** Signature W. D. Talley
and Address Nampa Ida
19. (a) July-29-1944 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 24 1944
at 6:00 o'clock A.M.
21. **I HEREBY CERTIFY**, That I attended deceased from on 7-24 1944, to ..... 19....
I last saw her alive on 7-24 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Myocarditis	6 hrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation ..... Date	
Major finding	
Finding of autopsy	

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature J. C. Hortas (M. D. or other)
and Address 7-25-44 Date ..... 19....
(For additional space, use reverse side)

Nampa Idaho

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census AUG 8 1944

Certificate Of Death

STATE OF IDAHO

State File No. 13975
Local Reg. No. 134
Reg. Dist. No. 363

1. PLACE OF DEATH:
(a) County Canyon.
(b) City or town Nampa.
(c) Street Address or R.F.D. No. 211 - 16 Ave. S.
(d) Death Occured Inside? Yes. Outside? ....city or town
(e) Died in a Home X Hospital.... Institution.... Other place....
(f) Name Hosp. or Inst.... Stayed....days
(g) Lived in this county....years 2 months....days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho. (b) County Canyon.
(c) City or town Nampa.
(d) Street Address or R.F.D. No. R.D. # 2.
(e) Deceased lived Inside?....Outside? Ye s city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 40 years
(h) Former residence (city, state) Illinois.

3. (a) FULL NAME Sena Anna Hall. 93E

3. (b) If veteran, name war No.
3. (c) Social Security No. None.
4. Sex Female
5. Color or Race White.
6. (a) Single, widowed, married, divorced Widow.
6. (b) Name of husband or wife....
6. (c) Age of husband or wife if alive.... years
7. Date of Birth (Month, Day, Year) February. 2. 1859.

8. AGE	Years	Months	Days	If less than 1 day
	85.	5.	22.	hrs min.

9. Exact Occupation At Home. Did this work for ....yrs.
10. Industry or Business.... Date last worked....
11. Birthplace Elgin, Illinois. (City or town) (State or foreign country)
Father 12. Name Robert Adams.
13. Birthplace Unknown. (City or town) (State or foreign country)
Mother 14. Maiden name Margaret Hiltz.
15. Birthplace Unknown. (City or town) (State or foreign country)
16. Informant's OWN Signature Allie D Wharton
and Address RR 2 Nampa
17. (a) Burial. (b) Date thereof July. 29. 1944. (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: Morris Hill Cemetery.
18. Funeral Director's OWN Signature Clyde E Summers Summers Funeral Home.
and Address Boise, Idaho.
19. (a) July-29-1944 (b) Lyda Rodgers (Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 24 1944
at 11 o'clock A. M.
21. **I HEREBY CERTIFY**, That I attended deceased from July 22 1944, to July 24 1944
I last saw her alive on July 22 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Myocarditis	
Due to Coronary Disease	9 da
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation.... Date....
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident?.... Suicide?.... Homicide?....
Occurred.... 19.... City, county, state where violence occurred
Place of Violence: Home.... Farm.... Industry....
Public Place.... While at work?....
Means of injury
23. Attendant's OWN Signature Samuel A Swanson M.D. (M. D. or other)
and Address Nampa, Ida Date 7-27-1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

AUG 8 1944

STATE OF IDAHO

State File No. 13975
Local Reg. No. 137
Reg. Dist. No. 362

1. **PLACE OF DEATH:**
(a) County Canyon
(b) City or town Nampa
(c) Street Address or R.F.D. No. 311 4th St So
(d) Death Occured Inside? ~~Outside~~? city or town
(e) Died in a Home.... ~~Hospital~~.... ~~Institution~~.... ~~Other place~~....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 65 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Nampa Ida
(d) Street Address or R.F.D. No. —
(e) Deceased lived Inside? ..... ~~Outside~~? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 65 years
(h) Former residence (city, state) —

3. (a) **FULL NAME** Lora Estella Thomason 93E

3. (b) If veteran, name war —
3. (c) Social Security No. ^
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Wm S.
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) 2/19/1878

8. AGE	Years	Months	Days	If less than 1 day
	65	5	6	hrs ..... min.

9. Exact Occupation Housekeeper Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Idaho (City or town) (State or foreign country)

Father
12. Name Joel Daudrd
13. Birthplace Washington (City or town) (State or foreign country)

Mother
14. Maiden name Courtney
15. Birthplace Washington (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mrs Nettie Wilson
and Address Caldwell Ida

17. (a) Buried (Burial, cremation, or removal) (b) Date thereof 7-29-44 (Month) (Day) (Year)
(c) Place: Kohlerlawn Cem

18. Funeral Director's **OWN** Signature E. K. Robinson
and Address Nampa Ida

19. (a) Aug. 2-1944 (Date received and filed) (b) Lyda Rodgers (Registrar's signature).

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 25 19 44
at ..... o'clock ..... M.

21. **I HEREBY CERTIFY**, That I attended deceased from ..... 19..... to ..... 19.....
I last saw h..... alive on ..... 19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Acute dilatation of the heart — Duration 9 yrs 4
Due to 33b Flu + myocarditis 93E1
embolais 99.1
Due to Flu 33b
Other conditions .....
(Include pregnancy within 3 months of death)

Where was disease contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature Francis S. Bethune (M. D. or other)
and Address Nampa Ida. Date 7/31/44
(For additional space, use reverse side)

United States
Department of Commerce
Bureau of the Census

AUG 8 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 139760
Local Reg. No. 135
Reg. Dist. No. 363

1. **PLACE OF DEATH:**
   (a) County Canyon
   (b) City or town Nampa
   (c) Street Address or R. F. D. No. Rural
   (d) Death Occurred Inside? ____ Outside? x city or town
   (e) Died in a ~~Home~~ ~~Hospital~~ Institution x Other place
   (f) Name ~~Hosp. or~~ Inst. St. School Stayed ____ days
   (g) Lived in this county 24 years 4 months 27 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Canyon
   (c) City or town Nampa
   (d) Street Address or R. F. D. No. Rural
   (e) Deceased lived Inside? ____ Outside? x city or town
   (f) Citizen of what country? ____
   (g) How long had deceased lived in Idaho? Life years
   (h) Former residence (city, state) ____

3. (a) **FULL NAME** Robert Leon Gerdes

92a

3. (b) If veteran, name war x
3. (c) Social Security No. x
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife x
6. (c) Age of husband or wife if alive x years
7. Date of Birth (Month, Day, Year) Unknown 1911

8. AGE	Years	Months	Days	If less than 1 day
	33?	x	x	hrs min.

9. Exact Occupation none — Did this work for x yrs.
10. Industry or Business none — Date last worked x
11. Birthplace Blackfoot, Idaho (City or town) (State or foreign country)

Father
12. Name Eno J. Gerdes
13. Birthplace Germany (City or town) (State or foreign country)

Mother
14. Maiden name Anna Bishop
15. Birthplace Iowa (City or town) (State or foreign country)

16. Informant's OWN Signature Olga Shirley, Clerk
and Address State School and Colony Records Nampa, Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 7/30/44 (Month) (Day) (Year)
(c) Place: Blackfoot, Ida
18. Funeral Director's OWN Signature F. K. Robinson
and Address Nampa, Ida
19. (a) July-29-1944 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 28 1944
at 5:20 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from March 22 1943, to July 28 1944
I last saw him alive on July 28 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Acute Dilatation of the Heart 95c4	2 Min.
Due to Aortic Regurtitation of the Heart	92a
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation ____ Date ____	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature [signature] (M. D. or other)
and Address ____ Date 7/28 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

NON-RESIDENT

Certificate Of Death

AUG 4 1944

STATE OF IDAHO

State File No. 139761
Local Reg. No. 86
Reg. Dist. No. 361

1. **PLACE OF DEATH:**
(a) County Canyon
(b) City or town Caldwell
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? X Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. Caldwell Sanatarium Stayed days
(g) Lived in this county years 3 months 8 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Mexico (b) County
(c) City or town
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? Outside? city or town
(f) Citizen of what country? Mexico
(g) How long had deceased lived in Idaho? 3 mo years
(h) Former residence (city, state) Mexico

3. (a) **FULL NAME** FLORENTINA SALAZAR

43

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mariade Jesusde Perezde Salazar
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) 1908

8. AGE	Years	Months	Days	If less than 1 day
	36			hrs min.

9. Exact Occupation Farm Laborer Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Mexico (City or town) (State or foreign country)
Father
12. Name Unknown
13. Birthplace Unknown (City or town) (State or foreign country)
Mother
14. Maiden name Unknown
15. Birthplace Unknown (City or town) (State or foreign country)
16. Informant's OWN Signature Frank M. Regan
and Address WFA Labor Camp Wilder, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/1/44 (Month) (Day) (Year)
(c) Place: Canyon Hill Cemetery, Caldwell
18. Funeral Director's OWN Signature C. V. Peckham
and Address 504 So. Kimball Ave., Caldwell, Ida
19. (a) 8-1-44 (Date received and filed) (b) Agnes M. Denman (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 28 1944
at 7:30 o'clock A. M.
21. **I HEREBY CERTIFY**, That I attended deceased from June 6 1944 to July 28 1944
I last saw him alive on July 28 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Pneumonia	1-9 M
Aspergillus niger	43 M
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? Canyon Co
Name of operation none Date
Major finding
Finding of autopsy none

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature J. M. Coe (M.D. or other)
and Address Caldwell Idaho Date 8/1 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

AUG 11 1944

Certificate Of Death

STATE OF IDAHO

State File No. 139762
Local Reg. No. 87
Reg. Dist. No. 960

1. **PLACE OF DEATH:**
   (a) County Canyon
   (b) City or town Caldwell
   (c) Street Address or R.F.D. No. 301 Belmont
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home X Hospital .... Institution .... Other place ....
   (f) Name Hosp. or Inst. ..... Stayed ..... days
   (g) Lived in this county 17 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Canyon
   (c) City or town Caldwell
   (d) Street Address or R.F.D. No. 301 Belmont
   (e) Deceased lived Inside? X Outside? ..... city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 17 years
   (h) Former residence (city, state) .....

3. (a) **FULL NAME** FLORENCE ELNORA BENNETT 462

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Fem. 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Roy E. Bennett
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) March 18, 1879

8. AGE	Years	Months	Days	If less than 1 day
	65	4	11	hrs min.

9. Exact Occupation Housewife Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace ..... Iowa (City or town) (State or foreign country)

Father
12. Name Ed Sanders
13. Birthplace Unknown (City or town) (State or foreign country)

Mother
14. Maiden name Unknown
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's **OWN** Signature Roy E Bennett
and Address 301 Belmont St., Caldwell

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/1/44 (Month) (Day) (Year)
(c) Place: Canyon Hill Cemetery, Caldwell

18. Funeral Director's **OWN** Signature C. V. Peckham
and Address 504 So. Kimball Ave., Caldwell

19. (a) 8-10-44 (Date received and filed) (b) Raymond Denman (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 29, 1944
at 11:50 o'clock A. M.

21. **I HEREBY CERTIFY**, That I attended deceased from 8/6/19[illegible], to 7/29/1944
I last saw her alive on 7/27/1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Carcinoma of the liver.	about 2 yrs.
Due to Secondary to Carcinoma of the rectum.	about 6 yrs.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature Geo. A. E. Kelly M.D.
(M. D. or other)
and Address Nampa, Ida. Date 8/9/1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

AUG 17 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 139769
Local Reg. No. 14
Reg. Dist. No. 520

1. **PLACE OF DEATH:**
(a) County CARIBOU
(b) City or town SODA SPRINGS, IDAHO
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home X Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 25 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State IDAHO (b) County CARIBOU
(c) City or town SODA SPRINGS
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 54 years
(h) Former residence (city, state) UTAH

3. (a) **FULL NAME** LORENZO S. MARRIOTT 131a

3. (b) If veteran, name war 0
3. (c) Social Security No. 0
4. Sex male
5. Color or race WHITE
6. (a) Single, widowed, married, divorced DOVORCED
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) AUGUST 29, 1873.

8. AGE	Years	Months	Days	If less than 1 day
	70	4	10	hrs ____ min.

9. Exact Occupation FARMER — Did this work for 25 yrs.
10. Industry or Business FARMING — Date last worked 1939
11. Birthplace PLAIN CITY, UTAH. (City or town) (State or foreign country)

Father
12. Name JOHN MARRIOTT
13. Birthplace UTAH (City or town) (State or foreign country)

Mother
14. Maiden name ALBERTA BLANCH SPIERS
15. Birthplace UTAH (City or town) (State or foreign country)

16. Informant's **OWN** Signature Lenard Marriott
and Address SODA SPRINGS, IDAHO
17. (a) BURIEL (Burial, cremation, or removal) (b) Date thereof 1/11/44 (Month) (Day) (Year)
(c) Place: FAIRVIEW CEM, SODA SPRINGS, IDA
18. Funeral Director's **OWN** Signature E. D. Whitman
and Address SODA SPRINGS, IDAHO
19. (a) Jan. 18, 1944 (Date received and filed) (b) Dr. Russell Tigert (Registrar's Signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) JANY. 9, 1944. 19____
at nine o'clock AM.

21. **I HEREBY CERTIFY,** That I attended deceased from May 1 1941, to 1/9/44 19____
I last saw him alive on 1/9/44 19____; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Chronic nephritis	3 mon.
Arteriosclerosis 97.	10 yrs.
Due to Hypertension 102	15 yrs.
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation ____ Date ____	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury

23. Attendant's **OWN** Signature J. B. Kackley M. D.
(M. D. or other)
and Address GRACE, IDAHO Date ____ 19____
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

AUG 5 1944

Certificate Of Death

STATE OF IDAHO

State File No. 139764
Local Reg. No. 67
Reg. Dist. No. 470

1. **PLACE OF DEATH:**
   (a) County Cassia
   (b) City or town Burley
   (c) Street Address or R. F. D. No.
   (d) Death Occured Inside? X Outside? city or town
   (e) Died in a Home Hospital X Institution Other place
   (f) Name Hosp. or Inst. — Stayed days
   (g) Lived in this county years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State — (b) County —
   (c) City or town —
   (d) Street Address or R.F.D. No. —
   (e) Deceased lived Inside? — Outside? — city or town
   (f) Citizen of what country? —
   (g) How long had deceased lived in Idaho? — years
   (h) Former residence (city, state) —

3. (a) **FULL NAME** Carrol Stimpson

160 c

3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Female
5. Color or race W
6. (a) Single, widowed, married, divorced —
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Date of Birth (Month, Day, Year) May 29 1944

8. AGE	Years	Months	Days	If less than 1 day
				8 hrs · min.

9. Exact Occupation — Did this work for — yrs.
10. Industry or Business — Date last worked
11. Birthplace Burley (City or town) Ida (State or foreign country)

Father
12. Name Brent Stimpson
13. Birthplace Weybourn Ida (City or town) (State or foreign country)

Mother
14. Maiden name Della Preston
15. Birthplace Idaho (City or town) (State or foreign country)

16. Informant's **OWN** Signature Brent Stimpson
and Address Weybourn Ida

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 29 (Month) (Day) (Year)
(c) Place: Weybourn Ida

18. Funeral Director's **OWN** Signature Retta L. Payne
and Address Burley Idaho

19. (a) 7-7-44 (Date received and filed) (b) R. T. Wilson (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 29 1944
at 8 30 o'clock A M.

21. **I HEREBY CERTIFY**, That I attended deceased from 5-29 1944, to 5-29 1944
I last saw her alive on 5-29 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Prematurity — Duration 6½ mo.
Due to premature separation of placenta
Due to —
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYISICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature M. Peck M D (M. D. or other)
and Address Burley Date 7-1 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census AUG 5 1944

Certificate Of Death

STATE OF IDAHO

State File No. 139705
Local Reg. No. 63
Reg. Dist. No. 470

1. **PLACE OF DEATH:**
   (a) County Cassia
   (b) City or town Burley
   (c) Street Address or R.F.D. No. 320 No. Oriental
   (d) Death Occured Inside? ✓ Outside? ..... city or town
   (e) Died in a Home ✓ Hospital .... Institution .... Other place ....
   (f) Name Hosp. or Inst. — Stayed ..... days
   (g) Lived in this county 10 years — months — days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Cassia
   (c) City or town Burley
   (d) Street Address or R.F.D. No. 320 No. Oriental
   (e) Deceased lived Inside? ✓ Outside? ..... city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 10 years
   (h) Former residence (city, state) —

3. (a) **FULL NAME** Oscar Kelly 92b

3. (b) If veteran, name war —
3. (c) Social Security No. .....
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced divorced
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) April 15, 1892

8. AGE	Years	Months	Days	If less than 1 day
	52	2	1	hrs min.

9. Exact Occupation Laborer — Did this work for ..... yrs.
10. Industry or Business ..... — Date last worked .....
11. Birthplace American Fork, Utah (City or town) (State or foreign country)

Father
12. Name Joseph L. Kelly
13. Birthplace Salt Lake City, Utah (City or town) (State or foreign country)

Mother
14. Maiden name Nancy Ann Hales
15. Birthplace no data (City or town) (State or foreign country)

16. Informant's **OWN** Signature Maude K. Finch
and Address Burley, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-23-44 (Month) (Day) (Year)
(c) Place: Burley, Idaho

18. Funeral Director's **OWN** Signature Verne McCulloch
and Address Burley, Idaho

19. (a) 7-5-44 (Date received and filed) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 17 1944
at 5:10 o'clock P M.

21. **I HEREBY CERTIFY**, That I attended deceased from May 20- 1944 to June 17 1944
I last saw h~~im~~ alive on June 17- 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Failure of Compensation — Duration 1 day
Due to Mitral regurgitation — 92b
Due to .....
Other conditions (Include pregnancy within 3 months of death) .....
Where was disease contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature G. Hespe (M. D. or other)
and Address Burley Date 6-23-1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census AUG 5 1944

Certificate Of Death

STATE OF IDAHO

State File No. 139766
Local Reg. No. 68
Reg. Dist. No. 471

1. **PLACE OF DEATH:**
   (a) County Cassia
   (b) City or town Oakley
   (c) Street Address or R. F. D. No. 20
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home.... Hospital X Institution.... Other place....
   (f) Name Hosp. or Inst. Oakley Stayed 2 days
   (g) Lived in this county 63 years ..... months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Cassia
   (c) City or town Oakley
   (d) Street Address or R.F.D. No. .....
   (e) Deceased lived Inside? X Outside? ..... city or town
   (f) Citizen of what country? U S A
   (g) How long had deceased lived in Idaho? 63 years
   (h) Former residence (city, state) Utah

3. (a) **FULL NAME** Esther Sandrum Wilson 466

3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Date of Birth (Month, Day, Year) May 10 1868

8. AGE	Years	Months	Days	If less than 1 day
	76	1	16	hrs ..... min.

9. Exact Occupation laborer — Did this work for Life yrs.
10. Industry or Business Farmer — Date last worked 1931
11. Birthplace Eden, Weber Co. Utah (City or town) (State or foreign country)

Father
12. Name Robert Wilson
13. Birthplace North Wales (City or town) (State or foreign country)

Mother
14. Maiden name Mary Bland
15. Birthplace Northumberland England (City or town) (State or foreign country)

16. Informant's **OWN** Signature Ida Dahlquist
    and Address Oakley Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 30 1944 (Month) (Day) (Year)
    (c) Place: Oakley
18. Funeral Director's **OWN** Signature J. Forrest Weaver
    and Address Burley Idaho
19. (a) 7-7-44 (Date received and filed) (b) R. F. Wilson (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 26 1944
    at 6:14 P. o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from June 25 1944, to June 26 1944
    I last saw her alive on June 26 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Hemorrhage of Stomach	
Due to Carcinoma of Stomach	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? .....
Name of operation no Date .....
Major finding .....
Finding of autopsy no

PHYISICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
    Occurred ..... 19..... City, county, state where violence occurred .....
    Place of Violence: Home ..... Farm ..... Industry .....
    Public Place ..... While at work? .....
    Means of injury no
23. Attendant's **OWN** Signature R. P. Sutton (M. D. or other)
    and Address Oakley Idaho Date 6/26 1944
    (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census AUG 5 1944

Certificate Of Death

STATE OF IDAHO

State File No. 13976?
Local Reg. No. 65
Reg. Dist. No. 470

1. **PLACE OF DEATH:**
   (a) County Cassia
   (b) City or town Burley
   (c) Street Address or R. F. D. No.
   (d) Death Occured Inside? Outside? ✓ city or town
   (e) Died in a Home ✓ Hospital Institution Other place
   (f) Name Hosp. or Inst. Stayed — days
   (g) Lived in this county 33 years months days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Cassia
   (c) City or town Burley
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? Outside? ✓ city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 33 years
   (h) Former residence (city, state)

3. (a) **FULL NAME** Joseph Lewis Morgan

3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive — years
7. Date of Birth (Month, Day, Year) Nov. 5, 1878

8. AGE	Years	Months	Days	If less than 1 day
	65	7	14	hrs min.

9. Exact Occupation Farming — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace Willard, Utah (City or town) (State or foreign country)

Father
12. Name Edward Morgan
13. Birthplace England (City or town) (State or foreign country)

Mother
14. Maiden name Rachel Cole
15. Birthplace Illinois (City or town) (State or foreign country)

16. Informant's **OWN** Signature J. H. Morgan
and Address Burley, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-25-44 (Month) (Day) (Year)
(c) Place: Burley Idaho

18. Funeral Director's **OWN** Signature Tom B. McCulloch
and Address Burley Idaho

19. (a) 7-5-44 (Date received and filed) (b) C. F. Wilson (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 20 1944
at 11:45 o'clock A. M.

21. **I HEREBY CERTIFY**, That I attended deceased from June 18 1944, to June 20 1944; I last saw him alive on June 20 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Coronary Occlusion	2 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature Kenneth E. Dean M.D. (M. D. or other)
and Address Burley Id. Date June 5 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

AUG 5 1944

Certificate Of Death

STATE OF IDAHO

State File No. 139768
Local Reg. No. 64
Reg. Dist. No. 471

1. **PLACE OF DEATH:**
   (a) County Cassia
   (b) City or town Declo
   (c) Street Address or R.F.D. No. —
   (d) Death Occured Inside? ..... Outside? ✓ city or town
   (e) Died in a Home ✓ Hospital ..... Institution ..... Other place .....
   (f) Name Hosp. or Inst. — Stayed — days
   (g) Lived in this county 58 years 4 months 27 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Cassia
   (c) City or town Declo.
   (d) Street Address or R.F.D. No. —
   (e) Deceased lived Inside? ..... Outside? ✓ city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 58 years
   (h) Former residence (city, state) —

3. (a) **FULL NAME** Evelyn Erickson Anderson 93 d

3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Andy J. Anderson
6. (c) Age of husband or wife if alive 63 years
7. Date of Birth (Month, Day, Year) January 25, 1886

8. AGE	Years	Months	Days	If less than 1 day
	58	4	27	hrs min.

9. Exact Occupation At Home Did this work for ..... yrs.
10. Industry or Business ..... Date last worked April 1944
11. Birthplace Oakley, Idaho (City or town) (State or foreign country)

Father
12. Name Eric Erickson
13. Birthplace — Sweden (City or town) (State or foreign country)

Mother
14. Maiden name Sophia Olsen
15. Birthplace — Sweden (City or town) (State or foreign country)

16. Informant's **OWN** Signature Louise Anderson
and Address Declo, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-26-44 (Month) (Day) (Year)
(c) Place: Declo Idaho
18. Funeral Director's **OWN** Signature [signature]
and Address Burley, Idaho
19. (a) 7-5-44 (Date received and filed) (b) B. Wilson (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 22 1944
at 3 o'clock A.M.
21. **I HEREBY CERTIFY,** That I attended deceased from June 10 1944, to June 22 1944
I last saw her alive on June 22 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Myocarditis	2 yr.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation ..... Date	
Major finding	
Finding of autopsy	

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature Hugh E. Dean M.D. (M. D. or other)
and Address Burley Id. Date July 5 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

AUG 5 1944

Certificate Of Death

STATE OF IDAHO

State File No. 139769
Local Reg. No. 71
Reg. Dist. No. 470

1. PLACE OF DEATH:
(a) County Cassia
(b) City or town Burley
(c) Street Address or R.F.D. No. —
(d) Death Occured Inside? ✓ Outside? ..... city or town
(e) Died in a Home.... Hospital ✓ Institution.... Other place....
(f) Name Hosp. or Inst. Cottage Stayed 1 days
(g) Lived in this county — years 1 months 8 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Cassia
(c) City or town Burley
(d) Street Address or R.F.D. No. 260 So. Albion
(e) Deceased lived Inside? ✓ Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? Life years
(h) Former residence (city, state) —

3. (a) FULL NAME John G. Harris

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3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Date of Birth (Month, Day, Year) May 26, 1944

8. AGE	Years	Months	Days	If less than 1 day
	—	1	8	hrs min.

9. Exact Occupation — Did this work for — yrs.
10. Industry or Business — Date last worked —
11. Birthplace Burley, Idaho (City or town) (State or foreign country)
Father
12. Name Myron Philips Harris
13. Birthplace Burley, Idaho (City or town) (State or foreign country)
Mother
14. Maiden name Theo Greco
15. Birthplace Richfield, Utah (City or town) (State or foreign country)
16. Informant's OWN Signature Myron Philips Harris
and Address 260 So. Albion, Burley Ida.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-9-44 (Month) (Day) (Year)
(c) Place: Burley, Idaho
18. Funeral Director's OWN Signature Vern B. McCulloch
and Address Burley Idaho
19. (a) 7-10-44 (Date received and filed) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 5 1944
at 2:50 o'clock P. M.
21. **I HEREBY CERTIFY**, That I attended deceased from ..... 19....., to ..... 19.....
I last saw h..... alive on ..... 19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Pertussis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYISCIAN
Name of operation ..... Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's OWN Signature G. G. Estes (M. D. or other)
and Address Burley Date 7/10/1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

AUG 5 1944

Certificate Of Death

STATE OF IDAHO

State File No. 139779
Local Reg. No. 69
Reg. Dist. No. 471

1. **PLACE OF DEATH:**
   (a) County Cassia
   (b) City or town Burley
   (c) Street Address or R. F. D. No. —
   (d) Death Occured Inside? ✓ Outside? ..... city or town
   (e) Died in a Home ✓ Hospital .... Institution .... Other place ....
   (f) Name Hosp. or Inst. — Stayed ..... days
   (g) Lived in this county ..... years 1 months 7 days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Jerome
   (c) City or town Jerome
   (d) Street Address or R.F.D. No. —
   (e) Deceased lived Inside? ✓ Outside? ..... city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 4 years
   (h) Former residence (city, state) Jerome, Idaho

3. (a) **FULL NAME** George Alfred Cuthbimore

3. (b) If veteran, name war —
3. (c) Social Security No. .....
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Elizabeth Campbell Cuthbimore
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) April 15, 1879

8. AGE	Years	Months	Days	If less than 1 day hrs	min.
	65	2	22		

9. Exact Occupation Merchant — Did this work for ..... yrs.
10. Industry or Business — Date last worked May 1944
11. Birthplace Pleasant Grove, Utah (City or town) (State or foreign country)

Father
12. Name James Cuthbimore
13. Birthplace — England (City or town) (State or foreign country)

Mother
14. Maiden name Clara (No data)
15. Birthplace — England (City or town) (State or foreign country)

16. Informant's **OWN** Signature F Cuthbimore
and Address Burley, Idaho

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 7-10-44 (Month) (Day) (Year)
(c) Place: Provo, Utah

18. Funeral Director's **OWN** Signature Vern B. McCulloch
and Address Burley, Idaho

19. (a) 7-10-44 (Date received and filed) (b) B F Wilson (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 8 19 44
at 8:15 o'clock P M.

21. **I HEREBY CERTIFY,** That I attended deceased from ..... 19 ..... to ..... 19 .....
I last saw h..... alive on ..... 19 .....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death	Duration
Cerebral haemorrhage	3 weeks
Due to High blood pressure	10 yr.
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature G H Espe (M. D. or other)
and Address Burley Date 7/10/ 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

AUG 5 1944

Certificate Of Death

STATE OF IDAHO

State File No. 13977
Local Reg. No. 74
Reg. Dist. No. 471

1. **PLACE OF DEATH:**
   (a) County Cassia
   (b) City or town Albion
   (c) Street Address or R. F. D. No. —
   (d) Death Occured Inside? ✓ Outside? ..... city or town
   (e) Died in a Home ✓ Hospital .... Institution .... Other place ....
   (f) Name Hosp. or Inst. .... Stayed — days
   (g) Lived in this county 32 years — months — days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Cassia
   (c) City or town Albion, Idaho
   (d) Street Address or R.F.D. No. —
   (e) Deceased lived Inside? ..... Outside? ✓ ..... city or town
   (f) Citizen of what country? U.S.
   (g) How long had deceased lived in Idaho? 32 years
   (h) Former residence (city, state) —

3. (a) **FULL NAME** Franklin George Butler 93a

3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Alice L Butler
6. (c) Age of husband or wife if alive 78 years
7. Date of Birth (Month, Day, Year) Dec. 4, 1870

8. AGE	Years	Months	Days	If less than 1 day hrs min.
	73	7	4	

9. Exact Occupation Farming — Did this work for ..... yrs.
10. Industry or Business — Date last worked 7-9-44
11. Birthplace Cookefalls, Kansas (City or town) (State or foreign country)

Father
12. Name John Butler
13. Birthplace — Ohio (City or town) (State or foreign country)

Mother
14. Maiden name Jennie Dickee
15. Birthplace — Ohio (City or town) (State or foreign country)

16. Informant's **OWN** Signature Allie L. Butler
and Address Albion, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-14-44 (Month) (Day) (Year)
(c) Place: Albion, Idaho
18. Funeral Director's **OWN** Signature Hugh McCulloch
and Address Burley, Idaho
19. (a) 7-23-44 (Date received and filed) (b) B F Nelson (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 9 19 44
at 5 o'clock P M.

21. **I HEREBY CERTIFY**, That I attended deceased from July 8 19 44 to July 9 19 44
Last saw h. alive on July 9 19 44 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Acute Myocarditis — Duration 2 da
Due to —
Due to —
Other conditions (Include pregnancy within 3 months of death) —
Where was disease contracted? Idaho
Name of operation None Date —
Major finding —
Finding of autopsy No Autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? No Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature G. I. Sater M D (M. D. or other)
and Address Albion Ida Date 7/15 19 44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

AUG 5 1944

Certificate Of Death

STATE OF IDAHO

State File No. 139772
Local Reg. No. 72
Reg. Dist. No. 470

1. **PLACE OF DEATH:**
   (a) County Cassia
   (b) City or town Burley
   (c) Street Address or R.F.D. No. 219 So. Oakley
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home X Hospital .... Institution .... Other place ....
   (f) Name Hosp. or Inst. ..... Stayed ..... days
   (g) Lived in this county 20 years 10 months 18 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Cassia
   (c) City or town Burley
   (d) Street Address or R.F.D. No. 219 So. Oakley
   (e) Deceased lived Inside? X Outside? ..... city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 20 years
   (h) Former residence (city, state) Utah

3. (a) **FULL NAME** Lewis William Nielsen

63 B

3. (b) If veteran, name war ---
3. (c) Social Security No. ---
4. Sex male
5. Color or race W.
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Mrs. N. Nielsen
6. (c) Age of husband or wife if alive 69 years
7. Date of Birth (Month, Day, Year) Aug. 23, 1875

8. AGE	Years	Months	Days	If less than 1 day
	68	10	18	hrs min.

9. Exact Occupation Farmer — Did this work for life yrs.
10. Industry or Business Farming — Date last worked 1942
11. Birthplace Pleasant Grove Utah (City or town) (State or foreign country)

Mother
12. Name Jorgen Nielsen
13. Birthplace Denmark (City or town) (State or foreign country)

Father
14. Maiden name No. Data
15. Birthplace No. Data (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mrs LaMar Bowers
and Address Burley Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/16-44 (Month) (Day) (Year)
(c) Place: Burley, Idaho

18. Funeral Director's **OWN** Signature Jesse B. McCulloch
and Address Burley Idaho

19. (a) 7-16-44 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 12-1944 19
at 11:30 o'clock P. M.

21. **I HEREBY CERTIFY,** That I attended deceased from Jan 1940 19 ., to July 12 1944
I last saw him alive on July 12 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Myocarditis	4 yr.
Due to Senile Senility	6 yr.
Due to	
Other conditions Duodenal Ulcer (Include pregnancy within 3 months of death)	10 yr.

Where was disease contracted?
Name of operation ..... Date .....
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature Hugh E Dean M.D. (M. D. or other)
and Address Burley Id. Date July 13 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to Sta Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

AUG 5 1944

Certificate Of Death

STATE OF IDAHO

State File No. 139773
Local Reg. No. 73
Reg. Dist. No. 471

1. **PLACE OF DEATH:**
(a) County Cassia
(b) City or town Almo
(c) Street Address or R.F.D. No. Almo, Ida
(d) Death Occured Inside? ..... Outside? ✓ city or town
(e) Died in a Home ✓ Hospital ..... Institution ..... Other place .....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 5 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Cassia
(c) City or town Almo
(d) Street Address or R.F.D. No. Almo
(e) Deceased lived Inside? ..... Outside? X city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 5 years
(h) Former residence (city, state) Calif.

3. (a) **FULL NAME** Henry Irving Gardner 95c

3. (b) If veteran, name war —
3. (c) Social Security No. 555-28-3292
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary Sparks Gardner
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) Dec. 18 - 1894

8. AGE	Years	Months	Days	If less than 1 day
	49	7	8	hrs min.

9. Exact Occupation Miner Did this work for ..... yrs.
10. Industry or Business Mining Date last worked .....
11. Birthplace Chicago Ill. (City or town) (State or foreign country)
Father
12. Name Robert Gardner
13. Birthplace no Data (City or town) (State or foreign country)
Mother
14. Maiden name Julia
15. Birthplace no Data (City or town) (State or foreign country)
16. Informant's **OWN** Signature Agnes Sparks
and Address Twin Falls Idaho
17. (a) Cremation (Burial, cremation, [illegible]) (b) Date thereof 7-31-44 (Month) (Day) (Year)
(c) Place: Salt Lake - Utah
18. Funeral Director's **OWN** Signature Vern B. McCulloch
and Address Burley - Idaho
19. (a) 7-30-44 (Date received and filed) B. P. Wilson (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 26 - 1944
at 8:30 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from ..... 19....., to ..... 19.....
I last saw h..... alive on ..... 19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death	Duration
Acute Dilatation of heart	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYISCIAN
Name of operation ..... Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work .....
Means of injury ..... Ca. Co. Cancer
23. Attendant's **OWN** Signature G. W. Estel (M. D. or other)
and Address Burley Date 7-27-1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

AUG 7 1944

State File No. 139774
Local Reg. No. 53
Reg. Dist. No. 210

1. **PLACE OF DEATH:**
(a) County Clearwater
(b) City or town Orofino
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? X city or town
(e) Died in a Home Hospital Institution X Other place
(f) Name Hosp. or Inst. St. Hos. No. Stayed days
(g) Lived in this county 8 years 10 months 6 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bonner
(c) City or town Sandpoint
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? United States
(g) How long had deceased lived in Idaho? 2 years
(h) Former residence (city, state) Buckley, Ill.

3. (a) **FULL NAME** SALYARDS, EMORY W.

95c

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race White
6. (a) Single, widowed, married, divorced divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) 1879

8. AGE	Years	Months	Days	If less than 1 day
	65			hrs min.

9. Exact Occupation Bookkeeper — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace Buckley, Illinois (City or town) (State or foreign country)
Father
12. Name J. W. Salyards
13. Birthplace England or France (City or town) (State or foreign country)
Mother
14. Maiden name Jennie Webster
15. Birthplace England (City or town) (State or foreign country)
16. Informant's OWN Signature E. P. Berry
and Address Orofino Ida.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof JULY 8/1944 (Month) (Day) (Year)
(c) Place: RIVERSIDE CEMETERY
18. Funeral Director's OWN Signature George B Blake
and Address OROFINO, IDAHO
19. (a) 7/7/44 (Date received and filed) (b) Helen Bacharach (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 7, 1944
at 1:20 o'clock A. M.
21. **I HEREBY CERTIFY,** That I attended deceased from June 1, 1943 to July 7, 1944
I last saw him alive on July 6, 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: 97 — Duration
Arteriosclerosis — 10 yrs.
Chronic heart disease — 10 yrs.
Due to 9522
Cerebral apoplexy — 2 wks
Due to 83201
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's OWN Signature E. P. Berry M.D.
and Address Orofino Ida. Date 7-7 1944
(M. D. or other)
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

AUG 7 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 139775
Local Reg. No. 54
Reg. Dist. No. 210

1. **PLACE OF DEATH:**
(a) County CLEARWATER
(b) City or town OROFINO
(c) Street Address or R. F. D. No. OROFINO HOSP.
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home __ Hospital X Institution __ Other place __
(f) Name Hosp. or Inst. OROFINO Stayed 31 days
(g) Lived in this county ____ years 9 months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State IDAHO (b) County CLEARWATER
(c) City or town OROFINO
(d) Street Address or R. F. D. No. POST OFFICE
(e) Deceased lived Inside? ____ Outside? YES city or town
(f) Citizen of what country? UNITED STATES
(g) How long had deceased lived in Idaho? 9 mo. years
(h) Former residence (city, state) LAWSON, COLO.

3. (a) **FULL NAME** STANWOOD TUPPER DUNLAP 30 g

3. (b) If veteran, name war NO
3. (c) Social Security No. NONE
4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced SINGLE
6. (b) Name of husband or wife ____
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) JANUARY 1st 1884

8. AGE	Years	Months	Days	If less than 1 day
	60	6	6	hrs min.

9. Exact Occupation STOCK RAISER Did this work for LIFE yrs.
10. Industry or Business STOCK RANCHES Date last worked May 1943
11. Birthplace EASTVILLE, NOVA SCOTIA (City or town) (State or foreign country)
Father
12. Name SUTHER ARCHIBALD DUNLAP
13. Birthplace EASTVILLE, NOVA SCOTIA (City or town) (State or foreign country)
Mother
14. Maiden name JANET V. DUNLAP Gaston
15. Birthplace EASTVILLE, NOVA SCOTIA (City or town) (State or foreign country)
16. Informant's OWN Signature Nessie D. Cochran
and Address Orofino Idaho
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JULY 10th 1944 (Month) (Day) (Year)
(c) Place: RIVERSIDE CEMETERY (OROFINO, IDAHO)
18. Funeral Director's OWN Signature George B Blake
and Address OROFINO, IDAHO
19. (a) 7/10/44 (Date received and filed) (b) Clarence Gadrard (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 7 1944
at 6 o'clock P. M.
21. **I HEREBY CERTIFY**, That I attended deceased from June 1 1944 to July 7 1944
I last saw him alive on July 7 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Chronic bronchitis	112
113 Emphysema, Asthma 112	1 year
Due to Syphilis 30 g	15 years
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted? Idaho	PHYSICIAN
Name of operation ____ Date ____	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature R. T. Hopkins (M. D. or other)
and Address Orofino Date 7/7 1944
(For additional space, use reverse side)

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

AUG 7 1944

State File No. 139776
Local Reg. No. 55
Reg. Dist. No. 20

1. **PLACE OF DEATH:**
   (a) County CLEARWATER
   (b) City or town OROFINO
   (c) Street Address or R. F. D. No. BURNS HOSPITAL
   (d) Death Occurred Inside? YES Outside? ____ city or town
   (e) Died in a Home ____ Hospital X Institution ____ Other place ____
   (f) Name Hosp. or Inst. BURNS Stayed 11 days
   (g) Lived in this county 15 years ____ months ____ days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State IDAHO (b) County CLEARWATER
   (c) City or town OROFINO (RURAL)
   (d) Street Address or R. F. D. No. RT. #5
   (e) Deceased lived Inside? ____ Outside? YES city or town
   (f) Citizen of what country? UNITED STATES
   (g) How long had deceased lived in Idaho? 16 60 years
   (h) Former residence (city, state) SPOKANE WASHINGTON

3. (a) FULL NAME ALFRED GRATE JENSEN

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3. (b) If veteran, name war NO
3. (c) Social Security No. NONE
4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced DIVORCED
6. (b) Name of husband or wife MARY GAY
6. (c) Age of husband or wife if alive 60 years
7. Date of Birth (Month, Day, Year) AUGUST 16th 1873

8. AGE	Years	Months	Days	If less than 1 day
	70	11	25	hrs ____ min.

9. Exact Occupation LABORER — Did this work for LIFE yrs.
10. Industry or Business RANCHES ECT. — Date last worked 3 Yrs. ago
11. Birthplace SAMARIA, IDAHO (City or town) (State or foreign country)

Father
12. Name JOHN P. JENSEN
13. Birthplace COPENHAGEN, DENMARK (City or town) (State or foreign country)

Mother
14. Maiden name MARY ANN ESKELSEN
15. Birthplace COPENHAGEN, DENMARK (City or town) (State or foreign country)

16. Informant's OWN Signature X S. N. Jensen
and Address X 1047 Elm st. Twinn Falls, Idaho
17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof JULY 14/44 (Month) (Day) (Year)
(c) Place: BRIGHAM CITY, UTAH
18. Funeral Director's OWN Signature George B Blake
and Address OROFINO, IDAHO
19. (a) 7/14/44 (Date received and filed) (b) Wallace Bradbrook (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 12th 1944
at 4:30 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from 6-24 1944 to 7-12 1944
I last saw h[illegible] alive on 7-12 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Uremia	
Due to Nephritis - Prostatatus	
Due to	
Other conditions Alcoholism (Include pregnancy within 3 months of death)	

Where was disease contracted? Home
Name of operation — Date —
Major finding —
Finding of autopsy —

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? — Suicide? — Homicide? —
Occurred — 19— City, county, state
where violence occurred —
Place of Violence: Home — Farm — Industry —
Public Place — While at work? —
Means of injury —

23. Attendant's OWN Signature J. H. Robertson (M. D. or other)
and Address Orofino Date 7/13 1944

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

AUG 7 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 139777
Local Reg. No. 56
Reg. Dist. No. 210

1. **PLACE OF DEATH:**
(a) County Clearwater
(b) City or town Orofino
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? X city or town
(e) Died in a Home Hospital Institution X Other place
(f) Name Hosp. or Inst. St. Hos. No. Stayed days
(g) Lived in this county years 7 months 11 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bonner
(c) City or town Sandpoint
(d) Street Address or R. F. D. No. 901 Cedar St.
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? United Stated
(g) How long had deceased lived in Idaho? 15 years
(h) Former residence (city, state) Green Bay, Wisc.

3. (a) FULL NAME BRANDT, WILLIAM

95c

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) 1877

8. AGE	Years	Months	Days	If less than 1 day
	67			hrs min.

9. Exact Occupation Farmer Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Green Bay, Wisconsin (City or town) (State or foreign country)
Father
12. Name unknown
13. Birthplace Germany (City or town) (State or foreign country)
Mother
14. Maiden name unknown
15. Birthplace unknown (City or town) (State or foreign country)
16. Informant's OWN Signature E. L. Berry MD
and Address Orofino Ida
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JULY 18, 1944 (Month) (Day) (Year)
(c) Place: RIVERSIDE CEMETERY, OROFINO, IDA.
18. Funeral Director's OWN Signature George B. Blake
and Address OROFINO, IDAHO
19. (a) 7/18/44 (Date received and filed) (b) Chloie Cachanach (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 15, 1944
at 5:50 o'clock P.M.
21. **I HEREBY CERTIFY,** That I attended deceased from Dec. 4, 1943, to July 15, 1944
I last saw him alive on July 15, 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cardiac insufficiency 95c3	?
Cardiac asthma 95c2	?
Due to	
Enphasema 113	?
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature E. L. Berry MD (M. D. or other)
and Address Orofino Ida Date 7-16 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

139778

United States
Department of Commerce
Bureau of the Census AUG 7 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 57
Reg. Dist. No. 210

1. **PLACE OF DEATH:**
(a) County Clearwater
(b) City or town Orofino
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? X city or town
(e) Died in a Home Hospital Institution X Other place
(f) Name Hosp. or Inst. St. Hos. No 6 Stayed 2 days
(g) Lived in this county years months 2 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under Item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County NezPerce
(c) City or town Lapwai
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Outside? city or town
(f) Citizen of what country? United States
(g) How long had deceased lived in Idaho? 35 years
(h) Former residence (city, state) Ill.

3. (a) **FULL NAME** MEIERS, FRED 131a

3. (b) If veteran, name war Spanish American
3. (c) Social Security No.
4. Sex M
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) 1873

8. AGE	Years	Months	Days	If less than 1 day
	71			hrs min.

9. Exact Occupation None Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace (City or town) Illinois (State or foreign country)
Father
12. Name unknown
13. Birthplace (City or town) unknown (State or foreign country)
Mother
14. Maiden name unknown
15. Birthplace (City or town) unknown (State or foreign country)
16. Informant's OWN Signature E. P. Berryman
and Address Orofino Ida
17. (a) Lewiston (Burial, cremation, or removal) (b) Date thereof 7/21/44 (Month) (Day) (Year)
(c) Place: Lewiston Normal Hill Cem.
18. Funeral Director's OWN Signature Edwin Bacharach
and Address Orofino, Ida
19. (a) 7/17/44 (Date received and filed) (b) Edwin Bacharach (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 17, 1944
at 5:40 o'clock A. M.

21. **I HEREBY CERTIFY,** That I attended deceased from July 15, 1944 to July 17, 1944
I last saw him alive on July 16, 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: 131a Cardio renal disease — Duration 5 yrs.
Due to Malnutrition
Due to Senility — 5 yrs.
Other conditions
(Include pregnancy within 3 months of death)
Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's OWN Signature E. P. Berryman (M.D. or other)
and Address Orofino Ida Date 7-17 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

AUG 7 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 139779
Local Reg. No. 59
Reg. Dist. No. 210

1. **PLACE OF DEATH:**
(a) County Clearwater
(b) City or town Orofino
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? X city or town
(e) Died in a Home Hospital Institution X Other place
(f) Name Hosp. or Inst. St. Hos. No. Stayed days
(g) Lived in this county 3 years 2 months 27 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Kootenai
(c) City or town Post Falls
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Outside? city or town
(f) Citizen of what country? United States
(g) How long had deceased lived in Idaho? 5 years
(h) Former residence (city, state) Iowa

3. (a) **FULL NAME** RHOADES, WILLIAM A.

93d

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) 1895

8. AGE	Years	Months	Days	If less than 1 day
	49			hrs min.

9. Exact Occupation Farmer Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Iowa (City or town) (State or foreign country)
Father
12. Name unknown
13. Birthplace Illinois (City or town) (State or foreign country)
Mother
14. Maiden name Joanna Smith
15. Birthplace unknown (City or town) (State or foreign country)
16. Informant's OWN Signature State Hospital No. records
and Address Orofino, Idaho
17. (a) CREMATION (Burial, cremation, or removal) (b) Date thereof JULY 22/1944 (Month) (Day) (Year)
(c) Place SPOKANE, WASHINGTON
18. Funeral Director's OWN Signature George B Blake
and Address OROFINO, IDAHO
19. (a) 7/21/44 (Date received and filed) (b) Chlaie Bacharach (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 20, 1944
at 10:30 o'clock A.M.
21. **I HEREBY CERTIFY,** That I attended deceased from April 22, 1941, to July 20, 1944
I last saw him alive on 7-19 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: 111c
Hypostatic pneumonia
93d Chronic myocarditis
Due to general debility
Due to Mental defects - since
Other conditions childhood
(Include pregnancy within 3 months of death)
Where was disease contracted? —
Name of operation — Date —
Major finding —
Finding of autopsy —

Duration
24 hrs
sweet years
20 [illegible]

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? — Suicide? — Homicide? —
Occurred — 19 City, county, state
where violence occurred
Place of Violence: Home — Farm — Industry —
Public Place While at work?
Means of injury
23. Attendant's OWN Signature A.B. Pappenhagen M.D. (M. D. or other)
and Address Orofino Idaho Date 7-20 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

139780

United States
Department of Commerce
Bureau of the Census

AUG 7 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 61
Reg. Dist. No. 210

1. **PLACE OF DEATH:**
(a) County Clearwater
(b) City or town Orofino
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? X city or town
(e) Died in a Home Hospital Institution X Other place
(f) Name Hosp. or Inst. St. Hos. No. Stayed days
(g) Lived in this county 12 years months 19 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Lewis
(c) City or town Reubens
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Outside? city or town
(f) Citizen of what country? United States
(g) How long had deceased lived in Idaho? 27 years
(h) Former residence (city, state) Penn.

3. (a) **FULL NAME** HECK, JOHN

94a

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race White
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) 1854

8. AGE	Years	Months	Days	If less than 1 day
	90			hrs min.

9. Exact Occupation Blacksmith Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Pennsylvania (City or town) (State or foreign country)
Father
12. Name George Heck
13. Birthplace unknown (City or town) (State or foreign country)
Mother
14. Maiden name Christiana ---
15. Birthplace unknown (City or town) (State or foreign country)
16. Informant's OWN Signature St. Hosp. No. records
and Address Orofino, Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 7/26/44 (Month) (Day) (Year)
(c) Place: Natural cemetery, Lewiston
18. Funeral Director's OWN Signature Chloie Bacharach
and Address Orofino Ida
19. (a) 7/25/44 (Date received and filed) (b) Chloie Bacharach (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 22 1944
at 4:45 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from July 3 1932, to July 22 1944
I last saw him alive on 7-21- 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary Heart disease
Due to senility.
Due to
Other conditions
(Include pregnancy within 3 months of death)
Where was disease contracted?
Name of operation — Date
Major finding
Finding of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? — Suicide? — Homicide? —
Occurred — 19 — City, county, state where violence occurred
Place of Violence: Home — Farm — Industry
Public Place — While at work?
Means of injury —
23. Attendant's OWN Signature A.B. Pappenhagen M.D. (M. D. or other)
and Address Orofino Idaho Date 7-22 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

AUG 7 1944

State File No. 139701
Local Reg. No. 62
Reg. Dist. No. 2-0

1. **PLACE OF DEATH:**
(a) County Clearwater
(b) City or town Orofino
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? X city or town
(e) Died in a Home Hospital Institution X Other place
(f) Name Hosp. or Inst. St. Hos. No. Stayed days
(g) Lived in this county 6 years 1 months 3 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County NezPerce
(c) City or town Lewiston
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Outside? city or town
(f) Citizen of what country? United States
(g) How long had deceased lived in Idaho? 40 years
(h) Former residence (city, state)

3. (a) **FULL NAME** HORNER, GUY CRAYON

93d

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) November 2, 1875

8. AGE	Years	Months	Days	If less than 1 day
	68	8	20	hrs min.

9. Exact Occupation Stockraising Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Kansas City, Missouri (City or town) (State or foreign country)
Father
12. Name John Seymour Horner
13. Birthplace Lebanon, Illinois (City or town) (State or foreign country)
Mother
14. Maiden name Margaret Mattingly
15. Birthplace Louisville, Kentucky (City or town) (State or foreign country)
16. Informant's **OWN** Signature St. Hosp. No. records and Address Orofino, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-24-44 (Month) (Day) (Year)
(c) Place: State Hosp. North cemetery
18. Funeral Director's **OWN** Signature and Address Orofino, Idaho
19. (a) 7/25/44 (Date received and filed) (b) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 22 1944
at 12 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from Oct. 1938, to July 22 1944
I last saw him alive on 6-21- 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: 111C Hypostatic pneumonia — Duration 24 hrs.
Due to old age and chronic myocarditis 934 —
Due to —
Other conditions (Include pregnancy within 3 months of death) —
Where was disease contracted? —
Name of operation — Date —
Major finding —
Finding of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature A B Pappenhagen M.D.
and Address Orofino Ida (M. D. or other) Date 7-22 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce AUG 7 1944
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 139782
Local Reg. No. 66
Reg. Dist. No. 210

1. **PLACE OF DEATH:**
(a) County CLEARWATER
(b) City or town PIERCE
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 8 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State IDAHO (b) County CLEARWATER
(c) City or town PIERCE
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? UNITED STATES
(g) How long had deceased lived in Idaho? years
(h) Former residence (city, state) DUNSMUIR, CALIF.

3. (a) FULL NAME CHRISTINA B. FRANK

93 E

3. (b) If veteran, name war NO
3. (c) Social Security No. NONE
4. Sex FEMALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) AUGUST 10, 1862

8. AGE	Years	Months	Days	If less than 1 day
	81	11	13	hrs min.

9. Exact Occupation RETIRED HOUSEWIFE Did this work for LIFE yrs.
10. Industry or Business HOME Date last worked ONE YEAR AGO
11. Birthplace GERMANY (City or town) (State or foreign country)
Father
12. Name SCHAMBER
13. Birthplace UNKNOWN (City or town) (State or foreign country)
Mother
14. Maiden name UNKNOWN
15. Birthplace UNKNOWN (City or town) (State or foreign country)
16. Informant's OWN Signature Chris Johnson
and Address PIERCE, IDAHO
17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof July 27/44 (Month) (Day) (Year)
(c) Place: Weiser, Idaho
18. Funeral Director's OWN Signature OROFINO, IDAHO George B. Black
and Address
19. (a) 7/29/44 (Date received and filed) (b) Claire Bachrach (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 24 1944
at 6 o'clock P.M.
21. **I HEREBY CERTIFY,** That I attended deceased from July 1st 1944 to July 20 1944
I last saw her alive on July 20 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration
My essential Ht disease.
Due to Senility.
Due to
Other conditions None.
(Include pregnancy within 3 months of death)
Where was disease contracted? at home.
Name of operation None Date
Major finding
Finding of autopsy Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred Not dead 1944 City, county, state
where violence occurred
Place of Violence: Home Farm or Industry
Public Place While at work?
Means of injury
Attendant's OWN Signature Joseph E. Burdick M.D. (M. D. or other)
and Address 701 11th St. Date July 28 1944
(For additional space, use reverse side)

Lewiston, Idaho.

United States
Department of Commerce
Bureau of the Census

AUG 7 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 139703
Local Reg. No. 63
Reg. Dist. No. 210

1. **PLACE OF DEATH:**
(a) County Clearwater
(b) City or town Ahsahka
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? X city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 46 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Clearwater
(c) City or town Ahsahka
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Outside? x city or town
(f) Citizen of what country? US
(g) How long had deceased lived in Idaho? 46 years
(h) Former residence (city, state) Michigan

3. (a) **FULL NAME** Frank Suprise

83a

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Oct. 10, 1857

8. AGE	Years	Months	Days	If less than 1 day
	86	9	15	hrs min.

9. Exact Occupation retired farmer Did this work for life yrs.
10. Industry or Business Date last worked
11. Birthplace Quebec, Canada (City or town) (State or foreign country)
Father
12. Name unknown
13. Birthplace " " (City or town) (State or foreign country)
Mother
14. Maiden name unknown
15. Birthplace " " (City or town) (State or foreign country)
16. Informant's OWN Signature Emma J. Baker
and Address Ahsahka, Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 7/28/44 (Month) (Day) (Year)
(c) Place: Riverside cemetery, Orofino
18. Funeral Director's OWN Signature Chloie S. Bachorach
and Address Orofino, Idaho
19. (a) 7/27/44 (Date received and filed) (b) Chloie Bachorach (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 7/25/44 19
at 4:00 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 7/20 1944, to 7/25 1944
I last saw him alive on 7/26 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebral hemorrhage	6 da.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature R. T. Hopkins (M. D. ~~or other~~)
and Address Orofino Id. Date 7/27 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

AUG 7 1944

State File No. 13970 4
Local Reg. No. 64
Reg. Dist. No. 210

1. **PLACE OF DEATH:**
   (a) County CLEARWATER
   (b) City or town WEIPPE
   (c) Street Address or R. F. D. No. POSTOFFICE
   (d) Death Occurred Inside? ____ Outside? X city or town
   (e) Died in a Home X Hospital ____ Institution ____ Other place ____
   (f) Name Hosp. or Inst. ____ Stayed ____ days
   (g) Lived in this county 6 years ____ months ____ days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State IDAHO (b) County CLEARWATER
   (c) City or town WEIPPE
   (d) Street Address or R. F. D. No. P. O.
   (e) Deceased lived Inside? X Outside? ____ city or town
   (f) Citizen of what country? UNITED STATES
   (g) How long had deceased lived in Idaho? 16 years
   (h) Former residence (city, state) TEKOA, IDAHO

3. (a) **FULL NAME** CORA IDA WALKER

184

3. (b) If veteran, name war NO
3. (c) Social Security No. NONE
4. Sex FEMALE race WHITE
5. Color or
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife JOHN DAVID
6. (c) Age of husband or wife if alive 72 years
7. Date of Birth (Month, Day, Year) FEBRUARY 24, 1879

8. AGE	Years	Months	Days	If less than 1 day
	65	5	1	hrs ____ min.

9. Exact Occupation housewife — Did this work for LIFE yrs.
10. Industry or Business HOME — Date last worked JULY 24/1944
11. Birthplace ROCKFORD (City or town) WASHINGTON (State or foreign country)

Father
12. Name WILLIAM McFALL
13. Birthplace MISSOURI (City or town) (State or foreign country)

Mother
14. Maiden name CALISTA HOWELL
15. Birthplace IOWA (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs Ray Hoppel
and Address 2918 S.E. BALFOUR, MILWAUKIE, ORE.
17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof JULY 28/1944 (Month) (Day) (Year)
(c) Place: ROCKFORD WASHINGTON
18. Funeral Director's OWN Signature George B Blake
and Address OROFINO, IDAHO
19. (a) 7/27/44 (Date received and filed) (b) Helen Beckwith (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) JULY 26, 1944 19____
at 1:00 o'clock A. M.
21. **I HEREBY CERTIFY,** That I attended deceased from **********19**, to **********19**
I last saw h** alive on **********19**; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
SEVERANCE OF SPINAL CORD	
Due to GUNSHOT THRU NECK	
Due to ACCIDENTAL DISCHARGE RIFLE	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ____ Date ____
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? YES Suicide? ____ Homicide? ____
Occurred July 23rd 1944 19____ City, county, state where violence occurred WEIPPE, CLEARWATER COUNTY
Place of Violence: Home X Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury GUNSHOT WOUND
23. Attendant's OWN Signature George B Blake M. D.
and Address Orofino Date 7/25 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census AUG 7 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 139785
Local Reg. No. 65
Reg. Dist. No. 210

1. **PLACE OF DEATH:**
(a) County Clearwater
(b) City or town Orofino
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? X city or town
(e) Died in a Home Hospital Institution X Other place
(f) Name Hosp. or Inst. St. Hos. No. Stayed days
(g) Lived in this county 1 years 5 months 15 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Benewah
(c) City or town St. Maries
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Outside? city or town
(f) Citizen of what country? United States
(g) How long had deceased lived in Idaho? years
(h) Former residence (city, state)

3. (a) **FULL NAME** MIESEN, MARTHA J.

83a

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F
5. Color or race White
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) October 21, 1879

8. AGE	Years	Months	Days	If less than 1 day
	64	9	7	hrs min.

9. Exact Occupation Housewife Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Ridgeville, Indiana (City or town) (State or foreign country)
Father
12. Name unknown
13. Birthplace unknown (City or town) (State or foreign country)
Mother
14. Maiden name unknown
15. Birthplace unknown (City or town) (State or foreign country)
16. Informant's OWN Signature E. L. Berryman
and Address Orofino Ida
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof July 29/1944 (Month) (Day) (Year)
(c) Place: St. Maries, Idaho
18. Funeral Director's OWN Signature George E. Blake
and Address Orofino Idaho
19. (a) 7/29/44 (Date received and filed) (b) Eddie Bachanach (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 28, 1944
at 1.50 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from June 1, 1943, to July 28, 1944
I last saw her alive on July 28 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebral hemorrhage	3 wks.
Due to Arteriosclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature E. L. Berryman D. (M. D. or other)
and Address Orofino Ida Date 7-28 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

AUG 17 1944

Certificate Of Death

STATE OF IDAHO

State File No. 139786
Local Reg. No. 9
Reg. Dist. No. 682

1. **PLACE OF DEATH:**
(a) County Custer
(b) City or town #
(c) Street Address or R. F. D. No.
(d) Death Occured Inside? Outside? ✓ city or town
(e) Died in a Home.... Hospital.... Institution ... Other place ✓
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county No years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Butte
(c) City or town Darlington
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? Outside? ✓ city or town
(f) Citizen of what country? U. S. A
(g) How long had deceased lived in Idaho? 21 years
(h) Former residence (city, state) Thomas, Idaho

3. (a) **FULL NAME** Dora Ethel Anderson Cottrell

3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex F. 5. Color or race W
6. (a) Single, widowed, married, divorced husband died in same accident
6. (b) Name of husband or wife ✓
6. (c) Age of husband or wife if alive ✓ years
7. Date of Birth (Month, Day, Year) February 4-1922

8. AGE	Years	Months	Days	If less than 1 day
	21	11	20	hrs min.

9. Exact Occupation Housewife Did this work for 3 yrs.
10. Industry or Business home Date last worked Jan 22-1944
11. Birthplace Thomas, Idaho (City or town) (State or foreign country)
Father 12. Name John A. Anderson
13. Birthplace Sweden (City or town) (State or foreign country)
Mother 14. Maiden name Dora Crawford
15. Birthplace Heber City, Utah (City or town) (State or foreign country)
16. Informant's **OWN** Signature Dora Anderson
and Address Thomas, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 27-1944 (Month) (Day) (Year)
(c) Place: Arco - Idaho
18. Funeral Director's **OWN** Signature W. S. Marvel
and Address Arco - Idaho -
19. (a) Aug. 7-44 (Date received and filed) (b) Rose Nowacki (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 1-24 1944
about 1:30 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from 19 , to 19
I last saw h alive on 19 ; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
drowning	
Due to auto accident	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYISCIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy none	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ✓ Suicide? Homicide?
Occurred 1-24 1944 City, county, state where violence occurred Custer County
Place of Violence: Home Farm Industry
Public Place Highway While at work?
Means of injury Slippery road near Mackay, Ida.
23. Attendant's **OWN** Signature H H Hartman (Coroner) (M. D. or other)
and Address Challis Idaho Date 1-27 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

AUG 17 1944

Certificate Of Death

STATE OF IDAHO

State File No. 139787
Local Reg. No. 10
Reg. Dist. No. 682

1. **PLACE OF DEATH:**
   (a) County Custer
   (b) City or town ✓
   (c) Street Address or R.F.D. No. ✓
   (d) Death Occured Inside? ..... Outside? ✓ city or town
   (e) Died in a Home.... Hospital.... Institution.... Other place ✓
   (f) Name Hosp. or Inst. ..... Stayed ..... days
   (g) Lived in this county 6 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Butte
   (c) City or town Darlington
   (d) Street Address or R.F.D. No. ✓
   (e) Deceased lived Inside? ..... Outside? ✓ city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 24 years
   (h) Former residence (city, state) Utah

3. (a) **FULL NAME** Alma William Cottrell 1700

3. (b) If veteran, name war ✓
3. (c) Social Security No. .....
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced wife died same accident
6. (b) Name of husband or wife ✓
6. (c) Age of husband or wife if alive ✓ years
7. Date of Birth (Month, Day, Year) May 1 - 1919

8. AGE	Years	Months	Days	If less than 1 day
	24	8	23	hrs min.

9. Exact Occupation farming Did this work for life yrs.
10. Industry or Business farm Date last worked Jan 22
11. Birthplace Morgan, Utah (City or town) (State or foreign country)

Father
12. Name Joseph E. Cottrell
13. Birthplace Kaysville - Utah (City or town) (State or foreign country)

Mother
14. Maiden name Harriet Eliza Clawson
15. Birthplace Morgan, Utah (City or town) (State or foreign country)

16. Informant's **OWN** Signature Joseph E. Cottrell
and Address Mackay Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 28, 1944 (Month) (Day) (Year)
(c) Place: Arco, Idaho
18. Funeral Director's **OWN** Signature W. S. Marvel
and Address Arco - Idaho
19. (a) Aug. 7 - 44 (Date received and filed) (b) Rose Nowacki (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Jan. 24 1944
at about 1:30 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from ..... 19....., to ..... 19.....
I last saw h..... alive on ..... 19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
drowning	
Due to auto accident	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYISCIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding	
Finding of autopsy none	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ✓ Suicide? ..... Homicide? .....
Occurred 1-24- 1944 City, county, state where violence occurred Custer County
Place of Violence: Home ..... Farm ..... Industry .....
Public Place Highway While at work? .....
Means of injury Slippery road near Mackay, Idah
23. Attendant's **OWN** Signature H. H. Hartman (Corner) (M. D. or other)
and Address Challis Ida Date 1/27 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 139788
Local Reg. No. 16
Reg. Dist. No. 8-2

1. **PLACE OF DEATH:**
   (a) County Custer
   (b) City or town ✓
   (c) Street Address or R. F. D. No. ✓
   (d) Death Occured Inside? ..... Outside? ✓ city or town
   (e) Died in a Home.... Hospital.... Institution.... Other place? ✓
   (f) Name Hosp. or Inst..... Stayed.....days
   (g) Lived in this county no years .....months .....days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Butte
   (c) City or town Darlington
   (d) Street Address or R.F.D. No. ✓
   (e) Deceased lived Inside? ..... Outside? ✓ city or town
   (f) Citizen of what country? U. S. a
   (g) How long had deceased lived in Idaho? 2 years
   (h) Former residence (city, state) Blackfoot Idaho.

3. (a) **FULL NAME** Ailene Ethel Cottrell

3. (b) If veteran, name war ✓ — 3. (c) Social Security No. ✓

4. Sex F — 5. Color or race W — 6. (a) Single, widowed, married, divorced ✓

6. (b) Name of husband or wife ✓ — 6. (c) Age of husband or wife if alive ✓ years

7. Date of Birth (Month, Day, Year) October 15-1941

8. AGE	Years	Months	Days	If less than 1 day
	2	3	9	hrs min.

9. Exact Occupation Child — Did this work for ✓ yrs.

10. Industry or Business ✓ — Date last worked ✓

11. Birthplace Blackfoot, Idaho (City or town) (State or foreign country)

Father
12. Name Alma W. Cottrell
13. Birthplace Morgan Utah (City or town) (State or foreign country)

Mother
14. Maiden name Dolfa Anderson
15. Birthplace Thomas Idaho (City or town) (State or foreign country)

16. Informant's **OWN** Signature Dora Anderson and Address Thomas Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 28-1944 (Month) (Day) (Year)
   (c) Place: arco, Idaho

18. Funeral Director's **OWN** Signature W. S. Marvel and Address Arco Idaho

19. (a) 7-7-44 (Date received and filed) (b) Rose Nowak (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 1-24 19 44
   at about 1:30 o'clock P M.

21. **I HEREBY CERTIFY,** That I attended deceased from ..... 19..... to ..... 19.....
   I last saw h..... alive on ..... 19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Crowding	
Due to Auto accident	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy none

PHYISICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ✓ Suicide? ..... Homicide? .....
   Occurred 1-24 1944 City, county, state where violence occurred Custer County
   Place of Violence: Home..... Farm..... Industry.....
   Public Place highway While at work? .....
   Means of injury Slippery road few miles from Mackay, Idaho

23. Attendant's **OWN** Signature W. H. Harrison (Coroner) (M. D. or other)
   and Address Challis, Ida. Date 1-27 1944
   (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

AUG 17 1944

Certificate Of Death

STATE OF IDAHO

State File No. 139789
Local Reg. No. 13
Reg. Dist. No. 682

1. **PLACE OF DEATH:**
   (a) County Custer
   (b) City or town Mackay
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? ✓ Outside? ..... city or town
   (e) Died in a Home.... Hospital.... Institution.... Other place....
   (f) Name Hosp. or Inst. ..... Stayed ..... days
   (g) Lived in this county 7 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Custer
   (c) City or town Mackay
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? ✓ Outside? ..... city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 33 years
   (h) Former residence (city, state) Neb.

3. (a) **FULL NAME** Charles F. Wagner

3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife Margret L.
6. (c) Age of husband or wife if alive 67 years
7. Date of Birth (Month, Day, Year) Oct. 17 - 1868

8. AGE	Years	Months	Days	If less than 1 day
	75	3	11	hrs min.

9. Exact Occupation Farmer — Did this work for life yrs.
10. Industry or Business Farm — Date last worked
11. Birthplace Millersburg (City or town) Iowa (State or foreign country)

Father
12. Name William F. Wagner
13. Birthplace ✓ (City or town) Ohio (State or foreign country)

Mother
14. Maiden name Catherine Misel
15. Birthplace ✓ (City or town) Ohio (State or foreign country)

16. Informant's **OWN** Signature Teresa M. Wagner
and Address Mackay Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 30, 1944 (Month) (Day) (Year)
(c) Place: Mackay Ida.
18. Funeral Director's **OWN** Signature W. S. Marvel
and Address Arco Idaho
19. (a) Aug. 7-44 (Date received and filed) (b) Rose Nowacki (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) January 28 1944
at 5 o'clock P M.
21. **I HEREBY CERTIFY**, That I attended deceased from Aug 1942 to Jan 1944
I last saw him alive on Jan 28 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Carcinoma of Hip.	2 yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYISCIAN
Name of operation ..... Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury
23. Attendant's **OWN** Signature C. A. Jensen M.D. (M.D. or other)
and Address Mackay Ida Date ..... 19.....
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce JUL 25 1944
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. **139790**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF DEATH:**
   (a) County Elmore
   (b) City or town King Hill
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? X Outside? ____ city or town
   (e) Died in a Home X Hospital ____ Institution ____ Other place ____
   (f) Name Hosp. or Inst. ____ Stayed ____ days
   (g) Lived in this county 36 years ____ months ____ days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Elmore
   (c) City or town King Hill
   (d) Street Address or R. F. D. No.
   (e) Deceased lived Inside? X Outside? ____ city or town
   (f) Citizen of what country?
   (g) How long had deceased lived in Idaho? 36 years
   (h) Former residence (city, state) Boulder Colorado

3. (a) **FULL NAME** ALBERT POLLARD CARNAHAM

926

3. (b) If veteran, name war No.
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Carrie
6. (c) Age of husband or wife if alive 69 years
7. Date of Birth (Month, Day, Year) April 19, 1870

8. AGE	Years	Months	Days	If less than 1 day
	74	0	21	hrs ____ min.

9. Exact Occupation Farming — Did this work for Life yrs.
10. Industry or Business General Farming — Date last worked 1938
11. Birthplace Boulder Colorado (City or town) (State or foreign country)

Father
12. Name John M. Carnaham
13. Birthplace Pennsylvania (City or town) (State or foreign country)

Mother
14. Maiden name Mary Norris
15. Birthplace Pennsylvania (City or town) (State or foreign country)

16. Informant's **OWN** Signature Karl P. Carnahan
and Address King Hill Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 5, 1944 (Month) (Day) (Year)
(c) Place: Glenn Rest Cemetery
18. Funeral Director's **OWN** Signature Ida J. Bay
and Address Mountain Home Idaho
19. (a) May 5 1944 (Date received and filed) (b) Mary Sullivan (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 2 - 1944
at ____ o'clock ____ M.
21. **I HEREBY CERTIFY,** That I attended deceased from ____ 19__ to ____ 19__
I last saw him alive on April 12 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Mitral Valve insufficiency	
with Cardio Sclerosis	10 yrs
Due to Early heart damage	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? ✓
Name of operation ____ Date ____
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury
23. Attendant's **OWN** Signature E. L. Simonton (M. D. or other)
and Address Idaho Falls Date 5-4 1944
(For additional space, use reverse side)

United States
Department of Commerce JUL 25 1944
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 139791
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF DEATH:**
(a) County Elmore
(b) City or town Hammett
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? X city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 12 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Elmore
(c) City or town Hammett
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Outside? X city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? 41 years
(h) Former residence (city, state) Nampa Idaho

3. (a) FULL NAME AMOS MUMAW SHENK

93E

3. (b) If veteran, name war No.
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Allie M.
6. (c) Age of husband or wife if alive 73 years
7. Date of Birth (Month, Day, Year) September 3,1874

8. AGE	Years	Months	Days	If less than 1 day
	70	9	8	hrs min.

9. Exact Occupation Farming Did this work for 50 yrs.
10. Industry or Business General Farming Date last worked 1934
11. Birthplace Elida (City or town) Ohio (State or foreign country)
Father
12. Name John M. Shenk
13. Birthplace Ohio (City or town) (State or foreign country)
Mother
14. Maiden name Fanny Good
15. Birthplace Ohio (City or town) (State or foreign country)
16. Informant's OWN Signature J. D. Shenk
and Address Hammett Ida
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 14,1944 (Month) (Day) (Year)
(c) Place: Glenn Rest Cemetery
18. Funeral Director's OWN Signature Felix J. Bey
and Address Mountain Home Idaho
19. (a) May 14-1944 (Date received and filed) (b) Mary Sullivan (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 11 1944
at o'clock M.
21. **I HEREBY CERTIFY,** That I attended deceased from May 16 1944 to 19
I last saw him alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Chronic bronchitis + myo-carditis	Since youth
Due to	
Due to	
Other conditions Poor physical condition (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature E. L. Simonton (M. D. or other)
and Address Glenns Ferry Date 7-16 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

AUG 3 1944

NON-RESIDENT CERTIFICATE OF DEATH
STATE OF IDAHO

139792
State File No.
Local Reg. No. 15
Reg. Dist. No. 380

1. **PLACE OF DEATH:**
(a) County Elmore
(b) City or town Mountain Home
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home X Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county ____ years ____ months 14 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Kansas (b) County Wyandotte
(c) City or town Kansas City
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? 14 days years
(h) Former residence (city, state) Kansas City Kansas

3. (a) **FULL NAME** PAUL GAYLORD GADDY

3. (b) If veteran, name war No.
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) January 2, 1943

8. AGE	Years	Months	Days	If less than 1 day
	1	6	7	hrs ____ min.

9. Exact Occupation Infant — Did this work for ____ yrs.
10. Industry or Business — Date last worked
11. Birthplace Kansas City Kansas (City or town) (State or foreign country)
Father
12. Name Charles P. Gaddy
13. Birthplace Picher Oklahoma (City or town) (State or foreign country)
Mother
14. Maiden name Laveta F. Myers
15. Birthplace Kansas City Missouri (City or town) (State or foreign country)
16. Informant's OWN Signature Charles P Gaddy
and Address Mountain Home Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof July 10, 1944 (Month) (Day) (Year)
(c) Place: Kansas City Kansas
18. Funeral Director's OWN Signature Felix J. Berg
and Address Mountain Home Idaho
19. (a) July 10 1944 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 7/9 1944
at 12 o'clock ____ M.
21. **I HEREBY CERTIFY,** That I attended deceased from 7/9 1944 to 7/9 1944
I last saw him alive on 7/9 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Exposure	
Due to	
Drowning	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation ____ Date ____	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Yes Suicide? ____ Homicide? ____
Occurred In Home 7/9 1944 City, county, state where violence occurred Elmore Co, Ida
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury Irrigation ditch
23. Attendant's OWN Signature [signature] (M. D. or other)
and Address In Home Date 7/10 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

AUG 3 1944

139793
State File No.
Local Reg. No. 16
Reg. Dist. No. 386

1. **PLACE OF DEATH:**
(a) County Elmore
(b) City or town Mountain Home
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home X Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 38 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Elmore
(c) City or town Mountain Home
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? 38 years
(h) Former residence (city, state) Soldiers Grove Wisconsin

3. (a) **FULL NAME** ADELBERT MITCHEAL

3. (b) If veteran, name war No.
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) August 20, 1878

8. AGE	Years	Months	Days	If less than 1 day
	66	11	28	hrs ____ min.

9. Exact Occupation Operator Rooming House — Did this work for 6 yrs.
10. Industry or Business Clerk — Date last worked 1941
11. Birthplace Prairie DuChien (City or town) Wisconsin (State or foreign country)
Father
12. Name Zachariah Mitcheal
13. Birthplace Unknown (City or town) (State or foreign country)
Mother
14. Maiden name Unknown
15. Birthplace Unknown (City or town) (State or foreign country)
16. Informant's **OWN** Signature Bessie L. Lyon
and Address Mountain Home Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 20, 1944 (Month) (Day) (Year)
(c) Place: Mountain View Cemetery
18. Funeral Director's **OWN** Signature Hely J. Bay
and Address Mountain Home Idaho
19. (a) July 21, 1944 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 17 1944
at 6 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from ____ 19____, to ____ 19____
I last saw h____ alive on ____ 19____; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Due to Apoplexy Stroke	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation ____ Date ____ Major finding	Underline the cause to which death should be charged statistically.
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred July 17 1944 City, county, state where violence occurred Mt. Home Elmore Co
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury Stroke
23. Attendant's **OWN** Signature Phile J. Green Coroner (M. D. or other)
and Address Mt. Home Id Date 7/20 1944
(For additional space, use reverse side)

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STANDARD CERTIFICATE OF DEATH

State File No. 139794
Registrar's No. 17

AUG 3 1944 State of IDAHO 380

1. PLACE OF DEATH:
(a) County Elmore
(b) City or town Mountain Home (If outside city or town limits, write RURAL)
(c) Name of hospital or institution: Mtn. Home Airbase (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day (Specify whether years, months or days) In this community 7 Mo. 12 Days

2. USUAL RESIDENCE OF DECEASED:
(a) State Idaho (b) County Elmore
(c) City or town Mountain Home (If outside city or town limits, write RURAL)
(d) Street No. 86 (If rural, give location)
(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) FULL NAME GAIL MARIE CAMPBELL
3. (b) If veteran, name war No. 3. (c) Social Security No. None
4. Sex Female | 5. Color or race White | 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife ____ 6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased December 15, 1943 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
	7	12	hr. ____ min.

9. Birthplace Boise (City, town, or county) Idaho (State or foreign country)
10. Usual occupation Infant
11. Industry or business ____
MOTHER / FATHER
12. Name Glenn Dale Campbell
13. Birthplace Castle Ford (City, town, or county) Idaho (State or foreign country)
14. Maiden name Kathryn Farlow
15. Birthplace Prarie (City, town, or county) Idaho (State or foreign country)
16. (a) Informant's own signature G W Farlow
(b) Address Mountain Home Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 29, 1944 (Month) (Day) (Year)
(c) Place; burial or cremation Mountain View Cemetery Mountain Home Idaho
18. (a) Signature of funeral director Kelly & Bay
(b) Address Mountain Home Idaho
19. (a) July 28 1944 (Date received local registrar) (b) A R Anderson (Registrar's signature)

MEDICAL CERTIFICATION
20. Date of death: Month July day 27
year 1944 hour 2 PM minute ____
21. I hereby certify that I attended the deceased from 7-27, 1944, to 7-27, 1944
that I last saw her alive on ____ (Died in Admission) 19____:
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Convulsions	86
Dessiase.	
Due to Pertony: Palsie baby at birth	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

PHYSICIAN

Major findings:
Of operations ____
Of autopsy ____

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) ____
(b) Date of occurrence ____
(c) Where did injury occur? ____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? ____ (Specify type of place)
While at work? ____ (e) Means of injury ____
23. Signature H. A. Thorpe, Capt. M.C. (M. D. or other)
Address Station Hospital, AAF Date signed 7-27-44
Mountain Home, Idaho

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 139795
Local Reg. No. 37
Reg. Dist. No. 341

JUL 22 1944

1. **PLACE OF DEATH:**
   (a) County Franklin
   (b) City or town Riverdale
   (c) Street Address or R.F.D. No. 2
   (d) Death Occured Inside? ..... Outside? X city or town
   (e) Died in a Home X Hospital Institution Other place
   (f) Name Hosp. or Inst. ..... Stayed ..... days
   (g) Lived in this county ..... years 6 months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2. Idaho Falls.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Franklin
   (c) City or town Riverdale
   (d) Street Address or R.F.D. No. 2
   (e) Deceased lived Inside? ..... Outside? X city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 6 Mos. years
   (h) Former residence (city, state) Idaho Falls, Idaho.

3. (a) **FULL NAME** Rebecca Barrington Waters.

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Frank J. Waters
6. (c) Age of husband or wife if alive 72 years
7. Date of Birth (Month, Day, Year) June 20, 1875.

8. AGE	Years	Months	Days	If less than 1 day
	68	11	27	hrs ..... min.

9. Exact Occupation Housewife Did this work for ..... yrs.
10. Industry or Business Own Home Date last worked .....
11. Birthplace Harrisville, Weber Co. Utah.
(City or town) (State or foreign country)

Father
12. Name James Barrington,
13. Birthplace St. Louis, Missouri.
(City or town) (State or foreign country)

Mother
14. Maiden name Rebecca Stone,
15. Birthplace Florence Nebraska.
(City or town) (State or foreign country)

16. Informant's **OWN** Signature Frank J. Waters
and Address Preston Idaho

17. (a) Burial (b) Date thereof 6-20-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: Riverdale, Idaho,

18. Funeral Director's **OWN** Signature John M. Richards
and Address Preston, Idaho.

19. (a) 6-17-1944 (b) Effie M. Brewer
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 17, 1944
at 11:40 o'clock A. M.

21. **I HEREBY CERTIFY**, That I attended deceased from June 12 1944 to June 17 1944
I last saw her alive on June 17 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
(a) Cerebral Hemorrhage	1 yr
Due to Generalized Arteriosclerosis	7
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? Home
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature O. B. Cutler M.D. (M. D. or other)
and Address Preston Ida Date 6-17 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce JUL 22 1944
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 139796
Local Reg. No. 38
Reg. Dist. No. 541

1. **PLACE OF DEATH:**
   (a) County Franklin
   (b) City or town Clifton
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? Outside? Out city or town
   (e) Died in a Home Hospital Institution Other place
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county 60 years months days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State (b) County
   (c) City or town
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? Outside? city or town
   (f) Citizen of what country?
   (g) How long had deceased lived in Idaho? years
   (h) Former residence (city, state)

3. (a) **FULL NAME** Ranson VanLeuvan

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Sarah
6. (c) Age of husband or wife if alive dead years
7. Date of Birth (Month, Day, Year) Nov 18 1858

8. AGE	Years	Months	Days	If less than 1 day
	85	7	3	hrs min.

9. Exact Occupation Farmer — Did this work for yrs.
10. Industry or Business — Date last worked 1943
11. Birthplace No Ogden Utah (City or town) (State or foreign country)

Father
12. Name Ranson VanLeuvan
13. Birthplace Canada (City or town) (State or foreign country)

Mother
14. Maiden name Lucinda Harvey
15. Birthplace New York (City or town) (State or foreign country)

16. Informant's **OWN** Signature Carey VanLeuvan
and Address Clifton Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 25 (Month) (Day) (Year)
(c) Place: Dayton Idaho

18. Funeral Director's **OWN** Signature M. W. Kendrick
and Address Preston Idaho

19. (a) 6-25-1944 (Date received and filed) (b) Effie W. Brewer (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 18 1944
at 6 o'clock P M.

21. **I HEREBY CERTIFY,** That I attended deceased from Jan 1 1944, to June 18 1944
I last saw h alive on June 18 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Myocarditis	1 Yr.
Due to —	
Due to	
Other conditions Arteriosclerosis (Include pregnancy within 3 months of death)	

Where was disease contracted? Home
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 44 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature O. R. Cutler M.D. (M. D. or other)
and Address Preston Ida Date 6-18 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

JUL 22 1944

State File No. 139797
Local Reg. No. 39
Reg. Dist. No. 640

1. **PLACE OF DEATH:**
   (a) County Franklin
   (b) City or town Preston
   (c) Street Address or R.F.D. No. 67 East 2 South.
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home X Hospital ... Institution ... Other place ...
   (f) Name Hosp. or Inst. ..... Stayed ..... days
   (g) Lived in this county 40 years ..... months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Franklin
   (c) City or town Preston
   (d) Street Address or R.F.D. No. 62 E. 2nd. South
   (e) Deceased lived Inside? X Outside? ..... city or town
   (f) Citizen of what country? U.S.
   (g) How long had deceased lived in Idaho? 40 years
   (h) Former residence (city, state) Logan, Utah

3. (a) **FULL NAME** Olive Dorothy Nielson Geddes. 52a

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Female
5. Color or Race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife James S. Geddes
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) September 18, 1881.

8. AGE	Years	Months	Days	If less than 1 day
	62	9	1	hrs ..... min.

9. Exact Occupation Housewife Did this work for ..... yrs.
10. Industry or Business Own Home Date last worked .....
11. Birthplace Preston, (City or town) Idaho. (State or foreign country)

Father
12. Name Hyrum Nielson
13. Birthplace Milton, (City or town) Weber Co., Utah. (State or foreign country)

Mother
14. Maiden name Hannah Christine Spongberg
15. Birthplace Richmond, (City or town) Utah. (State or foreign country)

16. Informant's **OWN** Signature Martha Geddes
and Address 67 East 2nd So.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-23-44 (Month) (Day) (Year)
(c) Place: Preston, Idaho.

18. Funeral Director's **OWN** Signature John M. Kepler
and Address Preston, Idaho

19. (a) 6-23-1944 (Date received and filed) (b) Effie W. Brower (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 19, 1944
at 3:45 o'clock PM.

21. **I HEREBY CERTIFY**, That I attended deceased from Aug. 1943, to 6-19 1944
I last saw h. alive on 6-19 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death	Duration
Metastatic adeno carcinoma of Uterus	7 month
Due to Primary adenocarcinoma of left kidney	1 yr.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Nephrectomy Date 12/9/43
Major finding Adeno carcinoma
Finding of autopsy Kidney

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature C. L. Cutler MD.
and Address Preston, Ida. (M.D. or other) Date 6-21-1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JUL 22 1944

Certificate Of Death

STATE OF IDAHO

State File No. 139798
Local Reg. No. 40
Reg. Dist. No. 540

1. **PLACE OF DEATH:**
(a) County FRANKLIN
(b) City or town PRESTON
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? YES Outside? ..... city or town
(e) Died in a Home.... Hospital X Institution.... Other place....
(f) Name Hosp. or Inst. PRESTON Stayed ..... days
(g) Lived in this county ..... years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Franklin
(c) City or town Riverdale
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? ..... Outside? ..... city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? 50 years
(h) Former residence (city, state)

3. (a) **FULL NAME** ELIZABETH FUHRIMAN SMITH 95b

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife ISAAC SMITH 6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) JUNE 9, 1871

8. AGE	Years	Months	Days	If less than 1 day
	73	0	12	hrs min.

9. Exact Occupation HOUSEWIFE Did this work for 50 yrs.
10. Industry or Business OWN HOME Date last worked
11. Birthplace PROVIDENCE, UTAH. (City or town) (State or foreign country)
Father
12. Name JACOB FUHRIMAN
13. Birthplace SWITZERLAND (City or town) (State or foreign country)
Mother
14. Maiden name BARBARA LOOSLI
15. Birthplace SWITZERLAND (City or town) (State or foreign country)
16. Informant's OWN Signature Jos. F. Smith
and Address PRESTON, IDAHO.
17. (a) BURIAL removal (b) Date thereof 6/24/44 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: LOGAN, UTAH.
18. Funeral Director's OWN Signature L. O. Lindquist
and Address Logan, Utah.
19. (a) 6-24-1944 (Date received and filed) (b) Effie W. Brower (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 21, 1944
at 12:30 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from June 1943, to 6-21 1944
I last saw her alive on 6-20 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Coronary Occlusion	3 hrs 94a
Due to Chronic Carditer Arteriosclerosis	3 yrs 95b
Due to Adenoma of Thyroid	1 yr.
Other conditions Pernicious Anemia (Include pregnancy within 3 months of death)	73a

Where was disease contracted?
Name of operation ..... Date .....
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury
23. Attendant's OWN Signature G. R. Cutler M.D. (M. D. or other)
and Address Preston Ida Date 6-24 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JUL 22 1944

Certificate Of Death

STATE OF IDAHO

State File No. 139795
Local Reg. No. 41
Reg. Dist. No. 540

1. **PLACE OF DEATH:**
   (a) County Franklin
   (b) City or town Preston
   (c) Street Address or R.F.D. No. 159 W. 4th. So.
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home X Hospital .... Institution .... Other place ....
   (f) Name Hosp. or Inst. ..... Stayed ..... days
   (g) Lived in this county 42 years ..... months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Franklin
   (c) City or town Preston.
   (d) Street Address or R.F.D. No. 159 W. 4th. So.
   (e) Deceased lived Inside? X Outside? ..... city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 42 years
   (h) Former residence (city, state) .....

3. (a) **FULL NAME** Alice Baird Rawlings Hancock. 1316

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Parley J. Hancock
6. (c) Age of husband or wife if alive 27 years
7. Date of Birth (Month, Day, Year) November 7, 1901.

8. AGE	Years	Months	Days	If less than 1 day
	42	8	23	hrs ..... min.

9. Exact Occupation Housewife — Did this work for ..... yrs.
10. Industry or Business Own Home — Date last worked .....
11. Birthplace Mink Creek, Idaho. (City or town) (State or foreign country)

Mother
12. Name Lorenzo Snow Baird,
13. Birthplace Brigham City, Utah. (City or town) (State or foreign country)

Father
14. Maiden name Newsena Keller.
15. Birthplace Mantua, Box Elder Co., Utah. (City or town) (State or foreign country)

16. Informant's **OWN** Signature Parley J. Hancock
and Address 159 W 4th So Preston Ida

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-5-44 (Month) (Day) (Year)
(c) Place: Preston, Idaho.

18. Funeral Director's **OWN** Signature John M. Richards
and Address Preston, Idaho.

19. (a) 7-5-1944 (Date received and filed) (b) Effie S. Brower (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 30, 1944
at 10:15 o'clock P.M.

21. **I HEREBY CERTIFY**, That I attended deceased from 3- 1944, to 6-30 1944
I last saw h.. alive on 6-30 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Coronary occlusion	12 hrs.
Due to Chronic Brights disease	5 yrs.
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature J. R. Carter M.D. (M. D. or other)
and Address Preston Ida Date 7-4 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States Department of Commerce Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 139800
Local Reg. No.
Reg. Dist. No. 051

1. **PLACE OF DEATH:**
   (a) County Fremont
   (b) City or town Island Park
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? Outside? X city or town
   (e) Died in a Home.... Hospital.... Institution.... Other place Forest
   (f) Name Hosp. or Inst. Stayed ..... days
   (g) Lived in this county ..... years 1 months ..... days

   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Madison
   (c) City or town Rexburg
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? X Outside? ..... city or town
   (f) Citizen of what country? U.S.
   (g) How long had deceased lived in Idaho? 6 years
   (h) Former residence (city, state) Iowa

3. (a) **FULL NAME** George Garfield Hansel 175e

3. (b) If veteran, name war .....
3. (c) Social Security No. 519-14-0201
4. Sex Male
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Una Olive McKenna
6. (c) Age of husband or wife if alive 25 years
7. Date of Birth (Month, Day, Year) Jan. 15, 1914

8. AGE	Years	Months	Days	If less than 1 day
	30	5	17	hrs min.

9. Exact Occupation Laborer Logging Did this work for ..... yrs.
10. Industry or Business Lumber Business Date last worked 7/2
11. Birthplace Garber, Iowa (City or town) (State or foreign country)

Father
12. Name Realto Hansel
13. Birthplace Garber, Iowa (City or town) (State or foreign country)

Mother
14. Maiden name Catherine Freight
15. Birthplace Garber, Iowa (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mrs. George Hansel
and Address Rexburg, Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 7/2/44 (Month) (Day) (Year)
(c) Place: Rexburg Cemetery
18. Funeral Director's **OWN** Signature Russel Flamm
and Address Rexburg, Idaho
19. (a) July 5, 1944 (Date received and filed) (b) M. L. Hansen (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 2 1944
at 7:00 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from July 2 1944, to July 2 1944
I last saw him alive on July 2 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Fracture Base skull extending Petrous portion Right
Due to Struck on head by falling tree
Due to
Other conditions
(Include pregnancy within 3 months of death)

Duration

Where was disease contracted?
Name of operation ..... Date .....
Major finding
Finding of autopsy

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? yes Suicide? no Homicide? no
Occurred July 2 1944 City, county, state where violence occurred Fremont County
Place of Violence: Home 0 Farm 0 Industry yes
Public Place Forest While at work? yes
Means of injury While driving blind dozer making road
23. Attendant's **OWN** Signature H. B. Rigby M.D. (M. D. or other)
and Address Rexburg Date 7-5-1944
(For additional space, use reverse side)

United States
Department of Commerce
Bureau of the Census

JUL 15 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 139801
Local Reg. No. 18
Reg. Dist. No. 651

1. **PLACE OF DEATH:**
(a) County Fremont
(b) City or town St. Anthony
(c) Street Address or R. F. D. No. RFD #2
(d) Death Occurred Inside? ____ Outside? Yes city or town
(e) Died in a Home __ Hospital __ Institution __ Other place XX
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 1 years 1 months 8 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Fremont
(c) City or town St. Anthony
(d) Street Address or R. F. D. No. RFD #2
(e) Deceased lived Inside? ____ Outside? Yes city or town
(f) Citizen of what country? United States
(g) How long had deceased lived in Idaho? Life years
(h) Former residence (city, state) ____

3. (a) FULL NAME RICHARD LEE CAMPBELL

183

3. (b) If veteran, name war No.
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife ____
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) May 24, 1943

8. AGE	Years	Months	Days	If less than 1 day
	1	1	8	hrs min.

9. Exact Occupation None — Did this work for ____ yrs.
10. Industry or Business ____ — Date last worked ____
11. Birthplace St. Anthony, RFD #2, Idaho (City or town) (State or foreign country)

Father
12. Name James E. Campbell
13. Birthplace Victor, Idaho (City or town) (State or foreign country)

Mother
14. Maiden name Clara Pulley
15. Birthplace St. Anthony, Idaho. (City or town) (State or foreign country)

16. Informant's OWN Signature James E. Campbell
and Address St. Anthony, RFD #2, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-5-44 (Month) (Day) (Year)
(c) Place: Parker, Idaho.
18. Funeral Director's OWN Signature M. D. Hansen
and Address St. Anthony, Idaho.
19. (a) July 2, 1944 (Date received and filed) (b) M. D. Hansen (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 2 1944
at 6 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from ____ 19__, to July 2 1944
I last saw h____ alive on ____ 19__; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — Duration

Drowning
Due to
Accident occurred at home: R.F.D.2
~~Due to~~ St. Anthony, Idaho
Other conditions
(Include pregnancy within 3 months of death)

Where was disease contracted?
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident Yes Suicide? ____ Homicide? ____
Occurred July 2 1944 City, county, state
~~where~~ violence occurred County
Place of Violence: Home ~~Yes~~ Farm Yes Industry ____
Public Place Not While at work? No
Means of injury Drowning
23. Attendant's OWN Signature E. L. Louble M.D. (M. D. or other)
and Address St. Anthony Date July 2 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

AUG 11 1944

Certificate Of Death

STATE OF IDAHO

State File No. 139802
Local Reg. No. 182
Reg. Dist. No. 510

1. **PLACE OF DEATH:**
   (a) County Fremont
   (b) City or town Ashton
   (c) Street Address or R.F.D. No. R.F.D.
   (d) Death Occured Inside? ..... Outside? ..... city or town
   (e) Died in a Home ✓ Hospital .... Institution .... Other place ....
   (f) Name Hosp. or Inst. — Stayed ..... days
   (g) Lived in this county ..... years ..... months 1 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Bannock
   (c) City or town Pocatello
   (d) Street Address or R.F.D. No. 435 - Mid Beaton
   (e) Deceased lived Inside? ..... Outside? ..... city or town
   (f) Citizen of what country? .....
   (g) How long had deceased lived in Idaho? 34 years
   (h) Former residence (city, state) Utah

3. (a) **FULL NAME** Silas C Orme 83a

3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Emma J Smith
6. (c) Age of husband or wife if alive 74 years
7. Date of Birth (Month, Day, Year) December 26 - 1864

8. AGE	Years	Months	Days	If less than 1 day
	79	6	7	hrs min.

9. Exact Occupation Retired Did this work for 50 yrs.
10. Industry or Business Rancher Date last worked 1937
11. Birthplace Tooele (City or town) Utah (State or foreign country)

Father
12. Name Samuel W Orme
13. Birthplace (City or town) England (State or foreign country)

Mother
14. Maiden name Sarah Cross
15. Birthplace (City or town) England (State or foreign country)

16. Informant's **OWN** Signature Laurence Orme
and Address Ashton Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof July 3 - 1944 (Month) (Day) (Year)
(c) Place: Pocatello Ida
18. Funeral Director's **OWN** Signature Arthur W Hall
and Address Pocatello Ida
19. (a) 7-5-1944 (Date received and filed) (b) D C Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 3 1944
at ..... o'clock ..... M.
21. I **HEREBY CERTIFY**, That I attended deceased from Sotime 19..., to Sotime 19...
I last saw h..... alive on ..... 19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Due to Apoplexy	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYISCIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature E. L. Dargis (M. D. or other)
and Address Ashton Idaho Date 7-8-1944
(For additional space, use reverse side)

139803

United States
Department of Commerce
Bureau of the Census

AUG 10 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 24
Reg. Dist. No. 651

1. **PLACE OF DEATH:**
   (a) County Fremont
   (b) City or town St. Anthony
   (c) Street Address or R. F. D. No. 1
   (d) Death Occurred Inside? Outside? Yes city or town
   (e) Died in a Home Hospital Institution Other place X
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county 1 years 6 months days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Fremont
   (c) City or town St. Anthony
   (d) Street Address or R. F. D. No.
   (e) Deceased lived Inside? Outside? Yes city or town
   (f) Citizen of what country? United States
   (g) How long had deceased lived in Idaho? Life years
   (h) Former residence (city, state)

3. (a) **FULL NAME** MANLEY BISWELL

175a

3. (b) If veteran, name war No.
3. (c) Social Security No. None.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) January 4, 1931

8. AGE	Years	Months	Days	If less than 1 day
	13	6	10	hrs min.

9. Exact Occupation Student — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace Hammett, Idaho. (City or town) (State or foreign country)

Father
12. Name Mardy Biswell
13. Birthplace Unknown (City or town) (State or foreign country)

Mother
14. Maiden name Gladys ---------
15. Birthplace Hagerman, Idaho. (City or town) (State or foreign country)

16. Informant's OWN Signature E. A. Kenyon
and Address St. Anthony, Idaho.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 7-16-44 (Month) (Day) (Year)
(c) Place: Mt. Home, Idaho.
18. Funeral Director's OWN Signature M. O. Hansen
and Address St. Anthony, Idaho.
19. (a) July 14, 1944 (Date received and filed) (b) M. O. Hansen (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 7-14 1944
at 10 o'clock A. M.

21. **I HEREBY CERTIFY,** That I attended deceased from ---------, 19---, to ---------, 19---
I last saw h-- alive on ---------, 19---; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
accidental	
Caused by Primary Hem	
Due to Hitched to Stay Race	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ---------- Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Yes Suicide? Homicide?
Occurred 7-14- 19 44 City, county, state where violence occurred Fremont, Idaho
Place of Violence: Home Farm Yes Industry
Public Place While at work? Yes
Means of injury

23. Attendant's OWN Signature [illegible]
and Address Ashton Idaho M.D. Date 7-15 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

AUG 1 0 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 139804
Local Reg. No. 75
Reg. Dist. No. 651

1. **PLACE OF DEATH:** Fremont.
   (a) County St. Anthony.
   (b) City or town ~~St Anthony~~.
   (c) Street Address or R. F. D. No.
   (d) Death Occurred In ~~City~~ Outside? city or town
   (e) Died in a Home Hospital Institution Other place
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county years months days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Fremont
   (c) City or town St Anthony
   (d) Street Address or R. F. D. No.
   (e) Deceased lived In ~~City~~ Outside? city or town
   (f) Citizen of what country? U.S.
   (g) How long had deceased lived in Idaho? years
   (h) Former residence (city, state) 35 Utah.

3. (a) **FULL NAME** Swan, Oliver Petersen. 94a

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife
6. (c) Age of husband if alive years

7. Date of Birth (Month, Day, Year) August 6th 1867

8. AGE	Years	Months	Days	If less than 1 day
	77	11	8	hrs min.

9. Exact Occupation Retired Farmer. Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Swe den (City or town) (State or foreign country)

Father
12. Name Swan. Petersen.
13. Birthplace Sweden. (City or town) (State or foreign country)

Mother
14. Maiden name Dont Know
15. Birthplace Sweden. (City or town) (State or foreign country)

16. Informant's **OWN** Signature Blaine Petersen
and Address St Anthony, Idaho 7/18/44

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: Ashton Idaho

18. Funeral Director's **OWN** Signature Lund Kuer
and Address Ashton Idaho

19. (a) July 18/1944 (Date received and filed) (b) M. D. Hansen (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 7/14 1944
at 4 o'clock P. M.

21. **I HEREBY CERTIFY,** That I attended deceased from Feb 1944, to present 1944
I last saw him alive on 2/10/1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Coronary occlusion	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation Date	
Major finding	
Finding of autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? no Suicide? no Homicide no
Occurred 19 City, county, state where violence occurred no
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature Owen L. Field (M. D. or other)
and Address St Anthony Date 7/18 1944
(For additional space, use reverse side)

United States
Department of Commerce
Bureau of the Census

AUG 10 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 139805
Local Reg. No. 76
Reg. Dist. No. 650

1. **PLACE OF DEATH:**
(a) County Fremont
(b) City or town St. Anthony
(c) Street Address or R. F. D. No. 440 S 1 E
(d) Death Occurred Inside? Yes Outside? ____ city or town
(e) Died in a Home X Hospital __ Institution __ Other place __
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county ____ years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Fremont
(c) City or town St. Anthony
(d) Street Address or R. F. D. No. 440 S. 1 E.
(e) Deceased lived Inside? Yes Outside? ____ city or town
(f) Citizen of what country? United States
(g) How long had deceased lived in Idaho? 50 years
(h) Former residence (city, state) ____

3. (a) **FULL NAME** ROSENA STAUFFER BIRCH 94b

3. (b) If veteran, name war No.
3. (c) Social Security No. None.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife ____
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) October 19, 1859

8. AGE	Years	Months	Days	If less than 1 day
	84	9	4	hrs min.

9. Exact Occupation Retired Did this work for 10 yrs.
10. Industry or Business ____ Date last worked ____
11. Birthplace Rothenbach, Bern, Switzerland.
(City or town) (State or foreign country)

Father
12. Name Ulrich Stauffer
13. Birthplace Switzerland
(City or town) (State or foreign country)

Mother
14. Maiden name Elizabeth Schenk
15. Birthplace Switzerland
(City or town) (State or foreign country)

16. Informant's OWN Signature Forland H. Mortensen
and Address Rexburg, Idaho
17. (a) Burial (b) Date thereof 7-27-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: Wilford, Idaho
18. Funeral Director's OWN Signature M. L. Hansen
and Address St. Anthony, Idaho.
19. (a) July 26, 1944 (b) M. L. Hansen
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 23 1944
at 11:45 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from ____ 1942, to July 20 1944
I last saw her alive on July 20 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration
Myocardial Failure 200 a 1 yr.
Due to Angina Pectoris 6 mo.
Due to ____
Other conditions ____
(Include pregnancy within 3 months of death)
Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature E. L. Lake MD (M. D. or other)
and Address St. Anthony Date 7/26/1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

AUG 10 1944

Certificate Of Death

STATE OF IDAHO

State File No. 139806
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF DEATH:**
(a) County Gem
(b) City or town Emmett
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? Outside? X city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 8 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Gem
(c) City or town Emmett
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? Outside? X city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? 8 years
(h) Former residence (city, state) Missouri

3. (a) **FULL NAME** IDA FRANCES WHITE

84b

3. (b) If veteran, name war
3. (c) Social Security No. none
4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Andrew M. White
6. (c) Age of husband or wife if alive 46 years
7. Date of Birth (Month, Day, Year) Mar. 7, 1907

8. AGE	Years	Months	Days	If less than 1 day
	37	4	2	hrs min.

9. Exact Occupation At home Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Missouri (City or town) (State or foreign country)
Father
12. Name Walter Drake
13. Birthplace Unknown (City or town) (State or foreign country)
Mother
14. Maiden name Ella Hoover
15. Birthplace Unknown (City or town) (State or foreign country)
16. Informant's **OWN** Signature Andrew M. White
and Address Emmett, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/11-1944 (Month) (Day) (Year)
(c) Place: Emmett, Idaho
18. Funeral Director's **OWN** Signature C D Bucknum
and Address Emmett, Idaho
19. (a) 7/11-1944 (Date received and filed) (b) C D Bucknum (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 9, 1944 19
at 7 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from July 1 1944, to July 7 1944
I last saw her alive on July 7 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Dementia Praecox	3 months
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature [signature] (M. D. or other)
and Address Emmett, Idaho Date 7/11-1944 19
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 139807
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF DEATH:** AUG 10 1944
   (a) County Gem
   (b) City or town Emmett
   (c) Street Address or R. F. D. No.
   (d) Death Occured Inside? X Outside? city or town
   (e) Died in a Home Hospital X Institution Other place
   (f) Name Hosp. or Inst Mary Secor Stayed days
   (g) Lived in this county 20 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Gem
   (c) City or town Emmett
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? x Outside? city or town
   (f) Citizen of what country?
   (g) How long had deceased lived in Idaho? 20 years
   (h) Former residence (city, state) Oregon

3. (a) **FULL NAME** CLARA HELEN DUNCANSON 186a

3. (b) If veteran, name war
3. (c) Social Security No. none
4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) May 18, 1859

8. AGE	Years	Months	Days	If less than 1 day
	85	1	28	hrs min.

9. Exact Occupation At home Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Sidney, Iowa (City or town) (State or foreign country)

Mother Father
12. Name Throckmorton
13. Birthplace Unknown (City or town) (State or foreign country)

Mother
14. Maiden name Unknown
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's **OWN** Signature Helen D. Madsen
and Address Emmett, Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 7/19-1944 (Month) (Day) (Year)
(c) Place: Emmett, Idaho
18. Funeral Director's **OWN** Signature O D Buckman
and Address Emmett, Idaho
19. (a) 7/18-1944 (Date received and filed) (b) O D Buckman (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 16, 1944 19
at 9-30 o'clock A. M.
21. **I HEREBY CERTIFY,** That I attended deceased from July 13 19 44 to July 16 - 19 44
I last saw her alive on July 16 19 44; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Shock from fall, broken humerus	
Due to General debility and old age	
Due to Chronic arthritis and	
Other conditions Myocarditis	
(Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? X Suicide? Homicide?
Occurred July 16, 1944 19 City, county, state where violence occurred at her home
Place of Violence: Home x Farm Industry
Public Place While at work?
Means of injury Fall
23. Attendant's **OWN** Signature J. F. Reynolds (M. D. or other)
and Address Emmett, Idaho Date 7/18-1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 139808
Local Reg. No. 1097
Reg. Dist. No. 620

AUG 10 1944

1. **PLACE OF DEATH:**
   (a) County Gooding
   (b) City or town Gooding
   (c) Street Address or R.F.D. No. 942 Idaho St.
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home X Hospital .... Institution .... Other place ....
   (f) Name Hosp. or Inst. private home ....yed ....days
   (g) Lived in this county 35 years .... months .... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Gooding
   (c) City or town Gooding
   (d) Street Address or R.F.D. No. 513 Montana
   (e) Deceased lived Inside? X Outside? ..... city or town
   (f) Citizen of what country? United States
   (g) How long had deceased lived in Idaho? 35 years
   (h) Former residence (city, state) Knob Norte, Misour

3. (a) **FULL NAME** Henry Porter Blodgett

3. (b) If veteran, name war rc
3. (c) Social Security No. no
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife May Lisle
6. (c) Age of husband or wife if alive 71 years
7. Date of Birth (Month, Day, Year) Jan. 7, 1861

8. AGE	Years	Months	Days	If less than 1 day
	83	5	24	hrs min.

9. Exact Occupation Highway Supervisor — Did this work for 17 yrs.
10. Industry or Business Farming — Date last worked 1933
11. Birthplace Waukegan Ill. (City or town) (State or foreign country)

Father
12. Name A.Z. Blodgett
13. Birthplace Fort Devon Ill. (City or town) (State or foreign country)

Mother
14. Maiden name Mary E. Porter
15. Birthplace ------ Canada (City or town) (State or foreign country)

16. Informant's **OWN** Signature Cyrus L. Blodgett
and Address Box 1302 Pullman Wash

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 7/5/44 (Month) (Day) (Year)
(c) Place: Elmwood Cem. Gooding Idaho

18. Funeral Director's **OWN** Signature H.P. Bright
and Address Gooding Idaho

19. (a) 7-1-44 (Date received and filed) (b) J.A. Cornwell (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July - 1 - 19 44
at 6 o'clock A M.

21. **I HEREBY CERTIFY**, That I attended deceased from 1942 19 to Jul 1 19 44
I last saw h-m alive on June 30 19 44; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cerebral hemorrhage — Duration 2 da
Due to Age + Arterio - sclerosis — 97
Due to .....
Other conditions (Include pregnancy within 3 months of death) .....
Where was disease contracted? .....
Name of operation none Date .....
Major finding .....
Finding of autopsy none

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature J.A. Cornwell (M. D. or other)
and Address Gooding Date 7-1 19 44
(For additional space, use reverse side)

139809

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

AUG 10 1944

State File No.
Local Reg. No. 1099
Reg. Dist. No. 420

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
   (a) County Gooding
   (b) City or town Gooding
   (c) Street Address or R. F. D. No. Main St.
   (d) Death Occurred Inside? X Outside? ____ city or town
   (e) Died in a Home ____ Hospital X Institution ____ Other place ____
   (f) Name Hosp. or Inst. Gooding Cty Stayed 16 days
   (g) Lived in this county ____ years ____ months 16 days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Gooding
   (c) City or town Gooding
   (d) Street Address or R. F. D. No. ____
   (e) Deceased lived Inside? X Outside? ____ city or town
   (f) Citizen of what country? U.S.
   (g) How long had deceased lived in Idaho? 16 das years
   (h) Former residence (city, state) ____

3. (a) **FULL NAME** Peter Ann Thompson

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3. (b) If veteran, name war X
3. (c) Social Security No. X
4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced X
6. (b) Name of husband or wife X
6. (c) Age of husband or wife if alive X years
7. Date of Birth (Month, Day, Year) June 20, 1944

8. AGE	Years	Months	Days	If less than 1 day
			16	hrs ____ min.

9. Exact Occupation X — Did this work for X yrs.
10. Industry or Business X — Date last worked X
11. Birthplace Gooding (City or town) Idaho (State or foreign country)

Father
12. Name Virgil A. Thompson
13. Birthplace Hill City, Kansas (City or town) (State or foreign country)

Mother
14. Maiden name Janet Cook
15. Birthplace Tacoma (City or town) Washington (State or foreign country)

16. Informant's **OWN** Signature Janet Thompson
and Address Gooding, Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof July 7, 44 (Month) (Day) (Year)
(c) Place: Gooding, Idaho
18. Funeral Director's **OWN** Signature H. C. Bright
and Address Gooding, Idaho
19. (a) July 7, 44 (Date received and filed) (b) J. H. Cummell (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 6 1944
at 11 o'clock P M.
21. I **HEREBY CERTIFY**, That I attended deceased from June 20 1944, to July 6 1944
I last saw her alive on 7-05 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death	Duration
Premature birth	
gestation period 6 mo	16 da
Due to Pneumonia	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's **OWN** Signature J. H. Cummell (M. D. or other)
and Address Gooding Date 7-7 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census AUG 10 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 139810
Local Reg. No.
Reg. Dist. No. 421

1. **PLACE OF DEATH:**
(a) County Gooding
(b) City or town
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? ✓ city or town
(e) Died in a Home ✓ Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 23 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Gooding
(c) City or town Jerome
(d) Street Address or R. F. D. No. 1
(e) Deceased lived Inside? Outside? ✓ city or town
(f) Citizen of what country? U S
(g) How long had deceased lived in Idaho? 23 years
(h) Former residence (city, state) Elko, Nev

3. (a) **FULL NAME** John Bert McGee 516

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Clara
6. (c) Age of husband or wife if alive 51 years
7. Date of Birth (Month, Day, Year) Jan 7 1876

8. AGE	Years	Months	Days	If less than 1 day
	68	6	5	hrs min.

9. Exact Occupation Farmer — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace Elko Co (City or town) Nevada (State or foreign country)

Father
12. Name John Bert McGee
13. Birthplace (City or town) Mo (State or foreign country)

Mother
14. Maiden name Nyt Brown
15. Birthplace Elko Co (City or town) Nevada (State or foreign country)

16. Informant's OWN Signature Alfred Peterson
and Address Jerome Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof July 12-44 (Month) (Day) (Year)
(c) Place: Jerome Idaho
18. Funeral Director's OWN Signature J R Wiley
and Address Jerome Idaho
19. (a) 7/13/44 (Date received and filed) Hester M. Elsey D.S.R. (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 12 1944
at 7:30 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from 1-25-44 19 , to 6-27 19 44
I last saw him alive on 6-27 19 44; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Uremia — Duration 3 wks
Due to Ca of Prostate
Due to
Other conditions
(Include pregnancy within 3 months of death)
Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's OWN Signature Harold G Holsinger M.D. (M. D. or other)
and Address Wendell, Ida. Date 7/13 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

AUG 10 1944

Certificate Of Death

STATE OF IDAHO

State File No. 139811
Local Reg. No. 1100
Reg. Dist. No. 420

1. PLACE OF DEATH:
(a) County Gooding
(b) City or town Wendell, Idaho
(c) Street Address or R.F.D. No. None
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Home X Hospital ..... Institution ..... Other place .....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county ..... years 1 months 12 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Camas
(c) City or town Fairfield
(d) Street Address or R.F.D. No. .....
(e) Deceased lived Inside? X Outside? ..... city or town
(f) Citizen of what country? U.S.
(g) How long had deceased lived in Idaho? 34 years
(h) Former residence (city, state) Richfield, Utah

3. (a) FULL NAME Annie Christine (Christensen) Thurber

46b

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex F
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Joseph H. Thurber
6. (c) Age of husband ~~or wife~~ if alive 86 years
7. Date of Birth (Month, Day, Year) 10/7/1866

8. AGE	Years	Months	Days	If less than 1 day
	77	9	8	hrs min.

9. Exact Occupation Nurse — Did this work for 48 yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Milton, Utah (City or town) (State or foreign country)
Father
12. Name Lars Peter Christensen
13. Birthplace Vreilev, Sogn Hjoring, Denmark (City or town) (State or foreign country)
Mother
14. Maiden name Ana Marie Nielson Lee
15. Birthplace Sterop, Denmark (City or town) (State or foreign country)
16. Informant's **OWN** Signature Jas B McClure
and Address Wendell Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 7-19-44 (Month) (Day) (Year)
(c) Place: Richfield Utah
18. Funeral Director's **OWN** Signature H. P. Bright
and Address Gooding Idaho
19. (a) July 19-44 (Date received and filed) (b) J. H. Commerce (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 15 1944
at 9 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from Nov. 15 1943 to July 15 1944
I last saw her alive on July 4 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Inanition	6 wks
Due to Cancer of the Stomach	4 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYISCIAN
Name of operation ..... Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature Harold T. Holsinger, M.D. (M. D. or other)
and Address Wendell, Ida Date 7-18 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

AUG 10 1944

Certificate Of Death

STATE OF IDAHO

State File No. 139812
Local Reg. No. 1101
Reg. Dist. No. 420

1. **PLACE OF DEATH:**
   (a) County Gooding
   (b) City or town Gooding
   (c) Street Address or R.F.D. No. Main St.
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home.... Hospital X Institution.... Other place....
   (f) Name Hosp. or Inst. Gooding Co. Stayed 1 days
   (g) Lived in this county ..... years ..... months 1 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State ..... (b) County .....
   (c) City or town .....
   (d) Street Address or R.F.D. No. .....
   (e) Deceased lived Inside? ..... Outside? ..... city or town
   (f) Citizen of what country? .....
   (g) How long had deceased lived in Idaho? ..... years
   (h) Former residence (city, state) .....

3. (a) **FULL NAME** Darla May Krahn 200a

3. (b) If veteran, name war ----
3. (c) Social Security No. ----
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced ----
6. (b) Name of husband or wife ----
6. (c) Age of husband or wife if alive ---- years
7. Date of Birth (Month, Day, Year) July, 15, 1944

8. AGE	Years	Months	Days	If less than 1 day
			1	hrs min.

9. Exact Occupation ..... Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Gooding Idaho (City or town) (State or foreign country)

Father
12. Name Edward Krahn
13. Birthplace Fairfield Idaho (City or town) (State or foreign country)

Mother
14. Maiden name Ina Baldwin
15. Birthplace Fairfield Idaho (City or town) (State or foreign country)

16. Informant's **OWN** Signature Edward Krahn
and Address Fairfield Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 7/17/44 (Month) (Day) (Year)
(c) Place: Elmwood Cem., Gooding Idaho
18. Funeral Director's **OWN** Signature H.P. Bright
and Address Gooding Idaho
19. (a) July 19-44 (Date received and filed) (b) J H Cromwell (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 16 1944
at 6 30 o'clock A. M.
21. **I HEREBY CERTIFY**, That I attended deceased from July 15 1944, to July 16 1944
I last saw her alive on July 16 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death	Duration
Tax mud in mother	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYISCIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature T. E. Barrett M.D. (M.D. or other)
and Address Gooding Ida Date 7/17 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

AUG 14 1944

Certificate Of Death

STATE OF IDAHO

State File No. 139813
Local Reg. No.
Reg. Dist. No. 421

1. PLACE OF DEATH:
(a) County Gooding
(b) City or town Wendell
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? X Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. St Valentine Stayed days
(g) Lived in this county — years — months — days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Jerome
(c) City or town Eden
(d) Street Address or R.F.D. No. R. 74
(e) Deceased lived Inside? Outside? X city or town
(f) Citizen of what country? U. S. A.
(g) How long had deceased lived in Idaho? 24 years
(h) Former residence (city, state)

3. (a) FULL NAME Keith Willis Okleberry.

1706

3. (b) If veteran, name war —
3. (c) Social Security No. 720-03-8871
4. Sex M. 5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Sept 14 - 1919

8. AGE	Years	Months	Days	If less than 1 day
	24	10	2	hrs min.

9. Exact Occupation Laborer Did this work for 10 yrs.
10. Industry or Business Date last worked July 16
11. Birthplace Eden (City or town) Utah (State or foreign country)
Father
12. Name Martin L. Okleberry
13. Birthplace Grantsville (City or town) Utah (State or foreign country)
Mother
14. Maiden name Matilda Erickson
15. Birthplace Sweden (City or town) (State or foreign country)
16. Informant's OWN Signature Paul Okleberry
and Address Eden Ido
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 20 (Month) (Day) (Year)
(c) Place: Twin Falls Idaho
18. Funeral Director's OWN Signature Retta S. Payne
and Address Burley Idaho.
19. (a) 8/12/44 (Date received and filed) Sister M. Rose D.B. (Registrar's signature)

(Lois Bungum)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) July 16 1944
at 11 o'clock A. M.
21. I HEREBY CERTIFY, That I attended deceased from 7-15 19 , to 7-16 1944
I last saw him alive on 7-16 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Basal skull fracture	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYISCIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? yes Suicide? Homicide?
Occurred 7-15 1944 City, county, state where violence occurred Hazelton, Jerome Co.
Place of Violence: Home Farm Industry
Public Place Highway While at work? no
Means of injury struck by automobile
23. Attendant's OWN Signature S. Hoppee (M. D. or other)
and Address Hazelton Date 8-8 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

AUG 10 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 139814
Local Reg. No.
Reg. Dist. No. 421

1. **PLACE OF DEATH:**
   (a) County Gooding
   (b) City or town Hagerman
   (c) Street Address or R. F. D. No. *
   (d) Death Occurred Inside? ____ Outside? * city or town
   (e) Died in a Home ____ Hospital ____ Institution ____ Other place *
   (f) Name Hosp. or Inst. none Stayed ____ days
   (g) Lived in this county 8 years ? months ? days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Gooding
   (c) City or town Hagerman
   (d) Street Address or R. F. D. No. none
   (e) Deceased lived Inside? ____ Outside? * city or town
   (f) Citizen of what country? U. S.
   (g) How long had deceased lived in Idaho? 25 years
   (h) Former residence (city, state) same

3. (a) FULL NAME Stephen Alfred Winegar Jr. 192

3. (b) If veteran, name war no
3. (c) Social Security No. 519-01-7625
4. Sex Male
5. Color or race white
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Fern Nieffenegger
6. (c) Age of husband or wife if alive 28 years
7. Date of Birth (Month, Day, Year) October 16, 1914

8. AGE	Years	Months	Days	If less than 1 day
	29	9	4	hrs min.

9. Exact Occupation Farmer — Did this work for 10 yrs.
10. Industry or Business Farming — Date last worked 7/20/44
11. Birthplace Ellensburgh, Washington (City or town) (State or foreign country)

Father
12. Name Stephen A. Winegar Jr.
13. Birthplace Wheeler Grove, Iowa (City or town) (State or foreign country)

Mother
14. Maiden name Emma Meinicke
15. Birthplace Marshall, Ill. (City or town) (State or foreign country)

16. Informant's OWN Signature Floyd Winegar
and Address Hagerman, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/23/44 (Month) (Day) (Year)
(c) Place: Hagerman Cemetery
18. Funeral Director's OWN Signature [illegible] Albertson
and Address Buhl, Idaho
19. (a) 7/22/44 (Date received and filed) (b) Sister M. Rose (Registrar's signature)
(Lois Bungum)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 20, 1944 19__
at 12:30 o'clock P.M.
21. **I HEREBY CERTIFY,** That I attended deceased from none 19__, to ____ 19__
I ~~last~~ saw him ~~alive on~~ only after death; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Asphyxiation	minutes
Due to Electrical Shock	seconds
Due to Lightning	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation ____ Date ____	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ✓ Suicide? ____ Homicide? ____
Occurred July 20 12:30 pm 1944 City, county, state where violence occurred Wendell, Gooding, Idaho
Place of Violence: Home ✓ Farm ✓ Industry ____
Public Place ____ While at work? ✓
Means of injury Struck by lightning
23. Attendant's OWN Signature Harold F. Holsinger M.D. (M. D. or other)
and Address Wendell, Idaho Date Jul 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

AUG 10 1944

Certificate Of Death

STATE OF IDAHO

State File No. 139815
Local Reg. No.
Reg. Dist. No. 4 41

1. PLACE OF DEATH:
(a) County Gooding
(b) City or town Wendell
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? X Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. St. Walentine Stayed days
(g) Lived in this county years months 15 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idahoe (b) County Jerome
(c) City or town Jerome
(d) Street Address or R.F.D. No. RFD 3
(e) Deceased lived Inside? Outside? X city or town
(f) Citizen of what country? U. S. A.
(g) How long had deceased lived in Idaho? 14 yrs years
(h) Former residence (city, state) Missouri

3. (a) FULL NAME HARVE SHROPSHIRE

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Pearl
6. (c) Age of husband or wife if alive 41 years
7. Date of Birth (Month, Day, Year) November 6, 1879

8. AGE	Years	Months	Days	If less than 1 day
	64	8	15	hrs min.

9. Exact Occupation Farmer Did this work for 50 yrs.
10. Industry or Business Farming Date last worked July 1
11. Birthplace i (City or town) Missouri (State or foreign country)
Father
12. Name Joe Shropshire
13. Birthplace Kentucky (City or town) (State or foreign country)
Mother
14. Maiden name Mary Pool
15. Birthplace (City or town) Missouri (State or foreign country)
16. Informant's OWN Signature Freeda Eastep
and Address Jerome, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 23 1944 (Month) (Day) (Year)
(c) Place: Jerome Cemetery
18. Funeral Director's OWN Signature Nile Matthews
and Address Jerome Idaho
19. (a) 7/24/44 (Date received and filed) (b) Sister M. Rose O.S.B. (Registrar's signature)
(Lois Bungum)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH July 21, 1944 (Month, Day, Year) 19
at Nine o'clock P. M.
21. I HEREBY CERTIFY, That I attended deceased from 12-20- 1943, to July 21 1944
I last saw him alive on July 21 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Myocarditis 92.01	6 das.
abdomen Due to Aortic Aneurysm 30d	1½ yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted? 121.2	
Name of operation Appendectomy Date 7-7-44	
Major finding Mod Inflam appx	
Finding of autopsy no	

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature Reuben C. Matson M.D. (M. D. or other)
and Address Jerome Ida Date 7-22 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census AUG 10 1944

Certificate Of Death

STATE OF IDAHO

State File No. 139816
Local Reg. No. 1103
Reg. Dist. No. 420

1. **PLACE OF DEATH:**
(a) County Gooding
(b) City or town Gooding
(c) Street Address or R.F.D. No. Main St.
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Home.... Hospital X Institution.... Other place....
(f) Name Hosp. or Inst. Gooding Hosp. Lived 12 days
(g) Lived in this county 16 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Gooding
(c) City or town Gooding
(d) Street Address or R.F.D. No. California St.
(e) Deceased lived Inside? X Outside? ..... city or town
(f) Citizen of what country? United States
(g) How long had deceased lived in Idaho? 39 years
(h) Former residence (city, state) Parowin Utah

3. (a) **FULL NAME** William A. Richards

51b

3. (b) If veteran, name war no
3. (c) Social Security No. 519-12-6295
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Ann Richards
6. (c) Age of husband or wife if alive 53 years
7. Date of Birth (Month, Day, Year) Aug 5, 1880

8. AGE	Years	Months	Days	If less than 1 day
	63	11	24	hrs min.

9. Exact Occupation farming Did this work for life yrs.
10. Industry or Business none Date last worked 3/1/1943
11. Birthplace Parowin Utah (City or town) (State or foreign country)
Father
12. Name Morgan Richards
13. Birthplace Wales (City or town) (State or foreign country)
Mother
14. Maiden name Margaret Adams
15. Birthplace Parowin Utah (City or town) (State or foreign country)
16. Informant's **OWN** Signature Mrs Ann Richards
and Address Gooding Ida.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 8/ 3/ 44 (Month) (Day) (Year)
(c) Place: Elmwood Cem. Gooding Ida.
18. Funeral Director's **OWN** Signature H. P. Bright
and Address Gooding Idaho
19. (a) 8-1-44 (Date received and filed) (b) J. J. Cornwell (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 7-29 1944
at 6 o'clock 17 M.
21. **I HEREBY CERTIFY,** That I attended deceased from 10/20 1942, to 7/29 1944
I last saw him alive on 7/29 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Carcinoma Prostate	2 yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation ..... Date	
Major finding	
Finding of autopsy	

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature F. E. Barrett M.D. (M. D. or other)
and Address Gooding Ida. Date 8/3 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

AUG 10 1944

Certificate Of Death

STATE OF IDAHO

State File No. 139817
Local Reg. No. 1182
Reg. Dist. No. 420

1. **PLACE OF DEATH:**
   (a) County Gooding
   (b) City or town Gooding
   (c) Street Address or R. F. D. No.
   (d) Death Occured Inside? X Outside? city or town
   (e) Died in a Home X Hospital Institution Other place
   (f) Name Hosp. or Inst. private home ayed days
   (g) Lived in this county 36 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Gooding
   (c) City or town Hagerman
   (d) Street Address or R.F.D. No. Hagerman
   (e) Deceased lived Inside? X Outside? city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 36 years
   (h) Former residence (city, state) Chandler, Okla.

3. (a) **FULL NAME** John C. Green

93d

3. (b) If veteran, name war no
3. (c) Social Security No. ----
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Manela Green
6. (c) Age of husband or wife if alive deceased years
7. Date of Birth (Month, Day, Year) Feburary 9, 1851

8. AGE	Years	Months	Days	If less than 1 day
	93	5	12	hrs min.

9. Exact Occupation Trapping — Did this work for life yrs.
10. Industry or Business none — Date last worked 1926
11. Birthplace Camdon Co. (City or town) Missouri (State or foreign country)

Father
12. Name John Green
13. Birthplace unknown (City or town) (State or foreign country)

Mother
14. Maiden name ----- Farmer
15. Birthplace unknown (City or town) (State or foreign country)

16. Informant's **OWN** Signature Eva A. Hostetler
and Address L.B. 132, Bliss, Idaho.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 7/22/44 (Month) (Day) (Year)
(c) Place: Elmwood Cem. Gooding Idaho

18. Funeral Director's **OWN** Signature W.P. Bright
and Address Gooding Idaho

19. (a) 7-23-44 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 21 1944
at ____ o'clock ____ M.

21. **I HEREBY CERTIFY**, That I attended deceased from July 20 1944, to July 21 1944
I last saw h alive on July 20 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death	Duration
Chronic Myocarditis	20 yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) Senility	

Where was disease contracted?
Name of operation ____ Date ____
Major finding
Finding of autopsy

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature T. E. O'Banion M.D. (M. D. or other)
and Address Rupert, Ida. Date 7/25 1944
(For additional space, use reverse side)

United States
Department of Commerce
Bureau of the Census

AUG 10 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 139818
Local Reg. No.
Reg. Dist. No. 421

1. **PLACE OF DEATH:**
   (a) County Gooding
   (b) City or town Wendell
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? X Outside? city or town
   (e) Died in a Home Hospital X Institution Other place
   (f) Name Hosp. or Inst. St Valentine Played days
   (g) Lived in this county years months days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Jerome
   (c) City or town Jerome
   (d) Street Address or R. F. D. No.
   (e) Deceased lived Inside? X Outside? city or town
   (f) Citizen of what country? U.S.
   (g) How long had deceased lived in Idaho? years
   (h) Former residence (city, state)

3. (a) FULL NAME Karreen Millet

83a

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) August 24. 1938,

8. AGE	Years	Months	Days	If less than 1 day
	5	10	28	hrs min.

9. Exact Occupation Child Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Jerome (City or town) Idaho (State or foreign country)
Father
12. Name Clarence A Millet
13. Birthplace Pleasant Grove (City or town) Utah (State or foreign country)
Mother
14. Maiden name Geneva May Johnson
15. Birthplace Monroe, (City or town) Utah. (State or foreign country)
16. Informant's OWN Signature X Clarence Millet
and Address Jerome, Idaho.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof July, 22. 44 (Month) (Day) (Year)
(c) Place: Jerome, Idaho,
18. Funeral Director's OWN Signature J R Wiley
and Address Jerome, Idaho,
19. (a) 7/25/44 (Date received and filed) Sopter M. Rose O.S.P. (Registrar's signature)
(Lois Bunguss)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 22 1944
at 7:30 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from July 14 1944 to July 22 1944
I last saw her alive on July 21 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebral Hemorrhage	8 hrs.
Due to Purpura Hemorrhagica 72 a	10 days
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation no Date	
Major finding	
Finding of autopsy no	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature Reuben C. Matson (M. D. or other)
and Address Jerome Ida Date 7-22 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce AUG 9 1944
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 139819
Local Reg. No. 1
Reg. Dist. No. 240

1. **PLACE OF DEATH:**
(a) County Idaho
(b) City or town Grangeville
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? ✓ Outside? city or town
(e) Died in a Home Hospital ✓ Institution Other place
(f) Name Hosp. or Inst. General Hosp. Stayed 1 days
(g) Lived in this county 68 years 5 months 29 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Idaho
(c) City or town Stites
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Outside? ✓ city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 68 years
(h) Former residence (city, state) —

3. (a) FULL NAME Alice Hayes Harsch Parsons 93d

3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Fem.
5. Color or race red
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Jude Parsons
6. (c) Age of husband or wife if alive 55 years
7. Date of Birth (Month, Day, Year) January 1, 1876

8. AGE	Years	Months	Days	If less than 1 day
	68	5	29	hrs min.

9. Exact Occupation Housewife Did this work for All life yrs.
10. Industry or Business — Date last worked 1940
11. Birthplace Kamiah (City or town) Idaho (State or foreign country)
Father
12. Name Alexander Hayes
13. Birthplace Kamiah (City or town) Idaho (State or foreign country)
Mother
14. Maiden name Mary Walker
15. Birthplace Kamiah (City or town) Idaho (State or foreign country)
16. Informant's OWN Signature Frank Rabin
and Address Stites Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 1, 1944 (Month) (Day) (Year)
(c) Place: East Kamiah Church Cemetery
18. Funeral Director's OWN Signature Claude Trenary
and Address Kooskia, Idaho
19. (a) 7/15/44 (Date received and filed) (b) Glenn Acker (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 29 1944
at 11:00 o'clock A.M.
21. **I HEREBY CERTIFY,** That I attended deceased from June 28 1944 to June 29 1944
I last saw her alive on June 29 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Heart failure asthmatic form — Duration 95 Ez
Due to arterio sclerotic heart disease 93d
Due to
Other conditions
(Include pregnancy within 3 months of death)
Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature L. A. Wheelwright (M. D. or other)
and Address Grangeville Date July 1 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census AUG 15 1944

Certificate Of Death

STATE OF IDAHO

State File No. 139820
Local Reg. No. 125
Reg. Dist. No. 371

1. PLACE OF DEATH:
(a) County Idaho
(b) City or town Burgdorf
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? XX Outside? ..... city or town
(e) Died in a Home.... Hospital.... Institution.... Other place X
(f) Name Hosp. or Inst. ..... Stayed 4 days
(g) Lived in this county ..... years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Ada
(c) City or town Boise
(d) Street Address or R.F.D. No. Rt. 5
(e) Deceased lived Inside? ..... Outside? XX city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 40 years
(h) Former residence (city, state) Washington

3. (a) FULL NAME Maude B. Ulrich

946

3. (b) If veteran, name war ---
3. (c) Social Security No. ---
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lyle
6. (c) Age of husband or wife if alive 50 years
7. Date of Birth (Month, Day, Year) February 7, 1888

8. AGE	Years	Months	Days	If less than 1 day
	56	4	25	-- hrs -- min.

9. Exact Occupation Housewife — Did this work for ..... yrs.
10. Industry or Business — Date last worked
11. Birthplace Asotin, Washington (City or town) (State or foreign country)

Father
12. Name Albert Delapp
13. Birthplace Unknown (City or town) (State or foreign country)

Mother
14. Maiden name Unknown
15. Birthplace (City or town) (State or foreign country)

16. Informant's OWN Signature Lyle C. Ulrich
and Address Boise, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/5/44 (Month) (Day) (Year)
(c) Place: Morris Hill Cemetery, Boise, Idaho

18. Funeral Director's OWN Signature W. M. Bryney
and Address Boise, Idaho

19. (a) 7-6-44 (Date received and filed) (b) R. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 2 19 44
at about 4 o'clock P. M.

21. **I HEREBY CERTIFY**, That I attended deceased from July 2 19 44, to July 2 19 44
I last saw her alive on July 2 19 44; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Acute Angina Pectoris — Duration
Due to
Due to High Blood pressure
Other conditions
(Include pregnancy within 3 months of death)

Where was disease contracted?
Name of operation ..... Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury

23. Attendant's OWN Signature L D Huff M.D.
and Address Nampa Ida (M.D. or other) Date 7-3 19 44
(For additional space, use reverse side)

139821

United States
Department of Commerce
Bureau of the Census

AUG 9 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 4
Reg. Dist. No. 2nd

1. **PLACE OF DEATH:**
(a) County Idaho
(b) City or town Grangeville
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? ✓ Outside? ____ city or town
(e) Died in a Home ____ Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 58 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Idaho
(c) City or town Grangeville
(d) Street Address or R. F. D. No. ✓
(e) Deceased lived Inside? ____ Outside? ____ city or town
(f) Citizen of what country? U.S.
(g) How long had deceased lived in Idaho? 58 years
(h) Former residence (city, state) Arkansas

3. (a) **FULL NAME** Dora Bell Morgan 83 a

3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Owen
6. (c) Age of husband or wife if alive 72 years
7. Date of Birth (Month, Day, Year) Nov. 6, 1880

8. AGE	Years	Months	Days	If less than 1 day
	63	8	3	hrs ____ min. ____

9. Exact Occupation Housewife — Did this work for Life yrs.
10. Industry or Business Home — Date last worked
11. Birthplace Benton Co. (City or town) Arkansas (State or foreign country)

Father
12. Name John F. Wilkins
13. Birthplace Ga. (City or town) (State or foreign country)

Mother
14. Maiden name Susan F. Seay
15. Birthplace Arkansas. (City or town) (State or foreign country)

16. Informant's **OWN** Signature Owen Morgan
and Address Grangeville Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-12-44 (Month) (Day) (Year)
(c) Place Grangeville Idaho
18. Funeral Director's **OWN** Signature Geo Robertson
and Address Grangeville Idaho
19. (a) 7/27/44 (Date received and filed) (b) Registrar's signature

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 9 1944
at ____ o'clock ____ M.

21. **I HEREBY CERTIFY,** That I attended deceased from Jan 1 1944 to July 9 1944
I last saw her alive on July 7 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cerebral Hemorrhage — Duration
Due to Hypertension
Due to
Other conditions (Include pregnancy within 3 months of death)
Where was disease contracted?
Name of operation ____ Date ____
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury

23. Attendant's **OWN** Signature J D Shumaker M.D. (M. D. or other)
and Address Grangeville Date 7-23 1944

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

AUG 9 1944

State File No. 139822
Local Reg. No. 2
Reg. Dist. No. 240

1. **PLACE OF DEATH:**
(a) County Idaho
(b) City or town Grangeville
(c) Street Address or R. F. D. No.
(d) Death Occured Inside? Outside? ~ city or town
(e) Died in a Home Hospital ~ Institution Other place
(f) Name Hosp. or Inst. County Stayed 45 days
(g) Lived in this county 50 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Idaho
(c) City or town Grangeville
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? ~ Outside? city or town
(f) Citizen of what country? Unknown
(g) How long had deceased lived in Idaho? 50 years
(h) Former residence (city, state) Keuterville

3. (a) **FULL NAME** Fred Myers 1626

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M 5. Color or race
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Unknown

8. AGE	Years	Months	Days	If less than 1 day hrs min.
	87			

9. Exact Occupation Laborer Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Unknown (City or town) (State or foreign country)
Father 12. Name Unknown
Father 13. Birthplace (City or town) (State or foreign country)
Mother 14. Maiden name
Mother 15. Birthplace (City or town) (State or foreign country)
16. Informant's **OWN** Signature County Recorder
and Address Grangeville Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/18/44 (Month) (Day) (Year)
(c) Place: Grangeville Idaho
18. Funeral Director's **OWN** Signature Glenn Caler
and Address Grangeville Idaho
19. (a) 7/18/44 (Date received and filed) (b) Glenn Caler (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 7/16 1944
at 1:30 o'clock A M.
21. **I HEREBY CERTIFY**, That I attended deceased from 6/15 1944, to 7-16 1944
I last saw him alive on 7-15 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Senility	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature J. D. Sherman M.D. (M. D. or other)
and Address Grangeville Date 7-16 1944
(For additional space, use reverse side)

139823

United States
Department of Commerce
Bureau of the Census

AUG 9 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 5
Reg. Dist. No. 240

1. **PLACE OF DEATH:** Idaho
(a) County
(b) City or town Grangeville
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? ✓ Outside? city or town
(e) Died in a Home Hospital ✓ Institution Other place
(f) Name Hosp. or Inst. General Stayed days
(g) Lived in this county years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Idaho
(c) City or town Grangeville
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? ✓ Outside? city or town
(f) Citizen of what country? U.S.
(g) How long had deceased lived in Idaho? — years
(h) Former residence (city, state) ✓

3. (a) **FULL NAME** Kenneth Hugh Kennedy 159

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) July 18, 1944

8. AGE	Years	Months	Days	If less than 1 day
				9 hrs min.

9. Exact Occupation Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace (City or town) (State or foreign country)
Father
12. Name Hugh Kennedy
13. Birthplace Stites Idaho (City or town) (State or foreign country)
Mother
14. Maiden name Lorraine Roupe
15. Birthplace Harpster, Idaho (City or town) (State or foreign country)
16. Informant's OWN Signature Mrs. A. J. Kennedy
and Address Grangeville Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-19-44 (Month) (Day) (Year)
(c) Place: Grangeville Idaho
18. Funeral Director's OWN Signature [illegible]
and Address Grangeville Ida
19. (a) 7/27/44 (Date received and filed) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 18 1944
at 3:30 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from July 18 1944 to July 18 1944
I last saw him alive on July 18 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Prematurity	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature L. A. Wheeler (M. D. or other)
and Address Grangeville Date July 18 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

139824

United States
Department of Commerce
Bureau of the Census AUG. 9 1944

Certificate Of Death

STATE OF IDAHO

State File No.
Local Reg. No. 7
Reg. Dist. No. 240

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
   (a) County Idaho
   (b) City or town Grangeville
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? ✓ Outside? city or town
   (e) Died in a Home Hospital Institution Other place
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county 53 years months days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Idaho
   (c) City or town Grangeville
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? ✓ Outside? city or town
   (f) Citizen of what country? U.S.
   (g) How long had deceased lived in Idaho? 53 years
   (h) Former residence (city, state) Grangeville. Ida

3. (a) **FULL NAME** George B. Briscoe 83a

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) June 22 1864

8. AGE	Years	Months	Days	If less than 1 day
	80		27	hrs min.

9. Exact Occupation Janitor Did this work for 15 yrs.
10. Industry or Business Work Date last worked
11. Birthplace Bentonville (City or town) Ark. (State or foreign country)

Father
12. Name John E Briscoe
13. Birthplace Missouri (City or town) (State or foreign country)

Mother
14. Maiden name Margaret Burgin
15. Birthplace McDuel County N.C. (City or town) (State or foreign country)

16. Informant's **OWN** Signature Margaret Shira
and Address Grangeville. Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/21/44 (Month) (Day) (Year)
(c) Place: Grangeville Idaho
18. Funeral Director's **OWN** Signature Glenn Culor
and Address Grangeville Idaho
19. (a) 7/21/44 (Date received and filed) (b) Glenn Culor (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 7/19 1944
at o'clock M.
21. **I HEREBY CERTIFY,** That I attended deceased from 19, to 19
I last saw him alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — Duration

Cerebral Hemorrhage
Due to
Found Dead
Due to
Other conditions
(Include pregnancy within 3 months of death)

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYISCIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work? ✓
Means of injury

23. Attendant's **OWN** Signature Glenn Culor (M. D. or other)
and Address Grangeville Date 7/20 1944
(For additional space, use reverse side)

IDAHO COUNTY CORONER

United States
Department of Commerce
Bureau of the Census AUG 2 1944

NON-RESIDENT CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 139825
Local Reg. No. 540
Reg. Dist. No. 244

1. PLACE OF DEATH:
(a) County Idaho
(b) City or town Clearwater
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? ✓ city or town
(e) Died in a Home Hospital Institution Other place ✓
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 3 years 10 months — days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Washington (b) County King
(c) City or town Seattle
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Outside? ✓ city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 3 4 years
(h) Former residence (city, state) Brush, Colorado

3. (a) FULL NAME Raymond Norman Gronsten 95c

3. (b) If veteran, name war —
3. (c) Social Security No. 521-16-9582
4. Sex Mas
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Evelyn Adela
6. (c) Age of husband or wife if alive 16 years
7. Date of Birth (Month, Day, Year) September 17, 1918

8. AGE	Years	Months	Days	If less than 1 day
	25	10	8	hrs min.

9. Exact Occupation Machinist Did this work for 2 yrs.
10. Industry or Business Machine Wks Date last worked 7/22/44
11. Birthplace Sligo, Colorado (City or town) (State or foreign country)
Father
12. Name Henry Gronsten
13. Birthplace Codington Co., South Dakota (City or town) (State or foreign country)
Mother
14. Maiden name Agnes Amelia Schack
15. Birthplace Atlantic, Iowa (City or town) (State or foreign country)
16. Informant's OWN Signature Henry Gronsten
and Address Box 75 Clearwater Ida.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 28, 1944 (Month) (Day) (Year)
(c) Place: Clearwater Cem.
18. Funeral Director's OWN Signature Claude Trevary
and Address Kooskia, Idaho
19. (a) July 26 44 (Date received and filed) (b) H W Wentworth (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) July 25 1944
at 2:30 o'clock P. M.
21. I HEREBY CERTIFY, That I attended deceased from Saw him after death July 28 1944
I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration
Ox heart - lost compensation
Due to Died without warning at home
Due to
Other conditions
(Include pregnancy within 3 months of death)
Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature H W Wentworth (M. D. or other)
and Address Stites Date 7/26 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

139826

United States
Department of Commerce
Bureau of the Census

AUG 9 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 6
Reg. Dist. No. 240

1. **PLACE OF DEATH:** Idaho
(a) County
(b) City or town Grangeville
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? city or town
(e) Died in a Home Hospital ✓ Institution Other place
(f) Name Hosp. or Inst. General Stayed 3 days
(g) Lived in this county 10 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under Item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Idaho
(c) City or town Grangeville
(d) Street Address or R. F. D. No. ✓
(e) Deceased lived Inside? Outside? city or town
(f) Citizen of what country? U.S.
(g) How long had deceased lived in Idaho? 10 years
(h) Former residence (city, state) Indiana

3. (a) **FULL NAME** John W. Muirhead. 13c

3. (b) If veteran, name war ✓
3. (c) Social Security No. 519-14-6394
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Jan. 9, 1879

8. AGE	Years	Months	Days	If less than 1 day hrs	min.
	65	6	17		

9. Exact Occupation Laborer — Did this work for yrs.
10. Industry or Business Woods. — Date last worked
11. Birthplace (City or town) Indiana (State or foreign country)

Father
12. Name Not Known
13. Birthplace (City or town) Not Known (State or foreign country)

Mother
14. Maiden name Not Known
15. Birthplace (City or town) Not Known (State or foreign country)

16. Informant's **OWN** Signature Mrs John Hays
and Address Grangeville Idaho
17. (a) Remove (Burial, cremation, or removal) (b) Date thereof 8-1-44 (Month) (Day) (Year)
(c) Place: Spokane
18. Funeral Director's **OWN** Signature Isa Peterson
and Address Grangeville Idaho
19. (a) 7/31/44 (Date received and filed) (b) Glen Adler (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 26 XX 19
at 11 o'clock A M.

21. **I HEREBY CERTIFY,** That I attended deceased from July 24 1944 to July 27 1944
I last saw him alive on July 27 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death	Duration
Acute Dilatation of Heart,	9 hrs
Due to Pneumonia (Lobar)	10 d
Due to	
Other conditions Chronic I. B. (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature J. D. Shinnick M.D. (M. D. or other)
and Address Date 19
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

139827

United States
Department of Commerce
Bureau of the Census

AUG 10 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 33
Local Reg. No.
Reg. Dist. No. 4-10

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
   (a) County Idaho
   (b) City or town Ketchum
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? Outside? ✓ city or town
   (e) Died in a Home Hospital Institution Other place
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county 10 years months days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County
   (c) City or town Eden
   (d) Street Address or R. F. D. No.
   (e) Deceased lived Inside? Outside? ✓ city or town
   (f) Citizen of what country? U. S.
   (g) How long had deceased lived in Idaho? 10 years
   (h) Former residence (city, state) Utah

3. (a) **FULL NAME** Ivor Gustave Peterson

3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife ✓
6. (c) Age of husband or wife if alive ✓ years
7. Date of Birth (Month, Day, Year) Aug 12 1883

8. AGE	Years	Months	Days	If less than 1 day
	60	11	16	hrs min.

9. Exact Occupation logger & canal laborer — Did this work for 30 yrs.
10. Industry or Business — Date last worked 7-26-44
11. Birthplace Virgohov (City or town) Sweden (State or foreign country)

Father
12. Name Peter Peterson
13. Birthplace Osterohov (City or town) Sweden (State or foreign country)

Mother
14. Maiden name Anna Larson
15. Birthplace Virgohov (City or town) Sweden (State or foreign country)

16. Informant's **OWN** Signature Mrs Deborah E. Mullaney and Address Midvale R.D. 1 Utah
17. (a) Murray Utah (Burial, cremation, or removal) (b) Date thereof July 31 1944 (Month) (Day) (Year)
    (c) Place: Murray Cemetery, Utah
18. Funeral Director's **OWN** Signature L. Harris and Address Hailey Idaho
19. (a) 8-3-1944 (Date received and filed) (b) Robert H. Wright (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 26 1944 at 12:30 o'clock P.M.
21. **I HEREBY CERTIFY,** That I attended deceased from ✓ 19 , to ✓ 19
    I last saw h alive on 19 ; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Fractured Skull	
Due to Tree falling on him	
Due to ✓	
Other conditions ✓ (Include pregnancy within 3 months of death)	
(Cutting timber for potato cellar)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? X Suicide? Homicide?
    Occurred 7/26/44 19 City, county, state where violence occurred Owl Creek, Blaine Co., Ida.
    Place of Violence: Home Farm Industry X
    Public Place U. S. Forest. While at work?
    Means of injury Tree fell on him
23. Attendant's **OWN** Signature [illegible] (M. D. or other)
    and Address Hailey Date 7-27 1944

(For additional space, use reverse side)

139828

United States
Department of Commerce
Bureau of the Census

AUG 9 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 8
Local Reg. No.
Reg. Dist. No. 240

1. **PLACE OF DEATH:**
(a) County Idaho
(b) City or town Kooskia
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? ✓ city or town
(e) Died in a Home ✓ Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county years 2 months 18 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Idaho
(c) City or town Kooskia
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Outside? ✓ city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 2 Mo ~~years~~
(h) Former residence (city, state)

3. (a) **FULL NAME** Michael Lee Miller 64

3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Mas. 5. Color or race White
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Date of Birth (Month, Day, Year) May 11 1944

8. AGE	Years	Months	Days	If less than 1 day
		2	18	hrs min.

9. Exact Occupation — Did this work for — yrs.
10. Industry or Business — Date last worked —
11. Birthplace Orofino, Idaho (City or town) (State or foreign country)

Father
12. Name Jay L. Miller
13. Birthplace Nezperce, Idaho (City or town) (State or foreign country)

Mother
14. Maiden name Ruth A. Sargent
15. Birthplace Northport, Wash. (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs Jay L. Miller
and Address Kooskia, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 31 1944 (Month) (Day) (Year)
(c) Place: Kooskia Cemetery
18. Funeral Director's OWN Signature Claude Tremaine
and Address Kooskia, Idaho.
19. (a) 8/1/44 (Date received and filed) (b) Glenn Cullen (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 29 1944
at 5:00 o'clock A.M.
21. **I HEREBY CERTIFY,** That I attended deceased from ____ 19____, to ____ 19____
I last saw h____ alive on ____ 19____; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Sudden Death	
Due to Persistent thymus	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19____ City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's OWN Signature Glenn Cullen (M. D. or other)
and Address Grangeville Date 8/1 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census AUG 10 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 139829
Local Reg. No. 78
Reg. Dist. No. 641

1. PLACE OF DEATH:
(a) County Jefferson
(b) City or town Rigby
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? X city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 60 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Jefferson
(c) City or town II Rigby
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Outside? X city or town
(f) If foreign born, in U. S. yrs. Citizen of U. S.?
(g) How long had deceased lived in Idaho? 60 years
(h) Former residence (city, state) North Carl.

3. (a) **FULL NAME** Jacob Newton Parks 93d

3. (b) If veteran, name war X
3. (c) Social Security No.
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
4. Sex Male
6. (b) Name of husband or wife Emma
6 (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) March 26 1855.

8. AGE	Years	Months	Days	If less than 1 day
	89	3	19	hrs min.

9. Exact Occupation carpenter Did this work for life yrs.
10. Industry or Business Building Date last worked 1942
11. Birthplace Burk County, NcC. (City or town) (State or foreign country)
Father 12. Name William W Parks
13. Birthplace North Carolina (City or town) (State or foreign country)
Mother 14. Maiden name Liza Ann Corpning
15. Birthplace North C. (City or town) (State or foreign country)
16. Informant's **OWN** Signature Mary J. Hathaway
and Address Rigby Rte. #1
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/18/44. (Month) (Day) (Year)
(c) Place: Rigby, Idaho.
18. Funeral Director's **OWN** Signature [signature]
and Address Rigby Idaho
19. (a) Aug 8 1944 (Date received and filed) (b) Mrs A B Eckersell (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 14 1944
at 10 o'clock A M.
21. I **HEREBY CERTIFY**, That I attended deceased from November 1940, to July 14 1944
I last saw him alive on July 7 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
1. Toxemia	5 days
Due to Infarct in Femoral Artery	5 days
Due to Chronic Myocarditis	Several yrs
Other conditions 93d (Include pregnancy within 3 months of death)	
Senility	

Where was disease first contracted? at home
Name of operation none Date
Major finding
Finding of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature Dean Hall, M.D. (M. D. or other)
and Address Rigby, Ida Date 7/17 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census AUG 10 1944

Certificate Of Death

STATE OF IDAHO

State File No. 139830
Local Reg. No. 16
Reg. Dist. No. 64

1. **PLACE OF DEATH:**
(a) County Jefferson
(b) City or town Roberts
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? ✓ Outside? ..... city or town
(e) Died in a Home ✓ Hospital.... Institution.... Other place....
(f) Name Hosp. or Inst..... Stayed.....days
(g) Lived in this county.....years .....months .....days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Jefferson
(c) City or town Roberts
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? ✓ Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 31 years
(h) Former residence (city, state) Utah

3. (a) **FULL NAME** Henry G. Marriott 131a

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife Mary Jane Marriott
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) April 26, 1868

8. AGE	Years	Months	Days	If less than 1 day
	76	2	29	hrs min.

9. Exact Occupation Blacksmith Did this work for .....yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace West Jordan, Utah (City or town) (State or foreign country)
Father 12. Name Thomas H. Marriott
Father 13. Birthplace England (City or town) (State or foreign country)
Mother 14. Maiden name Ann Baramore
Mother 15. Birthplace England (City or town) (State or foreign country)
16. Informant's **OWN** Signature Maude Monteer
and Address Roberts, Idaho
17. (a) Removed (Burial, cremation or removal) (b) Date thereof 7/28/44 (Month) (Day) (Year)
(c) Place: Sandy, Utah
18. Funeral Director's **OWN** Signature Jacky A. Wood
and Address Idaho Falls Idaho
19. (a) July 26-44 (Date received and filed) (b) Mrs A Beckstead (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 25 1944
at 2-45 o'clock P M.

21. **I HEREBY CERTIFY,** That I attended deceased from 7-25 1944, to 7-25 1944
I last saw him alive on 7-25 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
(a) Hypostatic Pneumonia	2 days
Due to (b) Cardio-Vascular Renal Disease	131a
Due to (c) Myocarditis	93 e 1
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? Idaho
Name of operation..... Date.....
Major finding .....
Finding of autopsy .....

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident?..... Suicide?..... Homicide?.....
Occurred..... 19..... City, county, state where violence occurred .....
Place of Violence: Home.....Farm.....Industry.....
Public Place..... While at work?.....
Means of injury .....

23. Attendant's **OWN** Signature Clifford S. Rigby M.D. (M. D. or other)
and Address Rigby, Ida Date 7-26 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States Original
Department of Commerce
Bureau of the Census

JUL 1 1 1944

NON-RESIDENT
Certificate Of Death
STATE OF IDAHO

State File No. 139831
Local Reg. No. 172
Reg. Dist. No. 440

1. **PLACE OF DEATH:**
(a) County Jerome
(b) City or town Hunt
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? x Outside? city or town
(e) Died in a Home Hospital x Institution Other place
(f) Name Hosp. or Inst. Minidoka Project Hospital Stayed 10 days
(g) Lived in this county 1 years 10 months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Washington (b) County Pierce
(c) City or town Tacoma
(d) ~~Street Address~~ or R.F.D. No. 2 Box 187 E
(e) Deceased lived Inside? Outside? x city or town
(f) Citizen of what country? Japan
(g) How long had deceased lived in Idaho? 1½ years
(h) Former residence (city, state) Tacoma, Wash.

3. (a) **FULL NAME** Ryutaro Itami

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race Japanese
6. (a) Single, widowed, married, divorced Married
6. (b) Name of ~~husband or~~ wife Kura
6. (c) Age of ~~husband or~~ wife if alive 66 years
7. Date of Birth (Month, Day, Year) October 14, 1876

8. AGE	Years	Months	Days	If less than 1 day
	67	8	19	hrs min.

9. Exact Occupation Farmer Did this work for yrs.
10. Industry or Business Farm Date last worked
11. Birthplace Okayama, Japan (City or town) (State or foreign country)
Father
12. Name Yoshizo Basho
13. Birthplace Okayama, Japan (City or town) (State or foreign country)
Mother
14. Maiden name Unobtainable
15. Birthplace (City or town) (State or foreign country)
16. Informant's **OWN** Signature K. ITAMI
and Address 28-6 L.A. Hunt, Idaho
17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 7-10-44 (Month) (Day) (Year)
(c) Place: Salt Lake City, Utah
18. Funeral Director's **OWN** Signature Nile Matthews
and Address Jerome Idaho
19. (a) 7-11-44 (Date received and filed) (b) C. W. Sinclair (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 5, 1944
at 1:40 o'clock a. M.
21. **I HEREBY CERTIFY,** That I attended deceased from June 25, 1944, to July 5, 1944
I last saw him alive on July 5, 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Thrombosis of iliac arteries.	
Due to	
Due to	
Other conditions Gangrene of both feet. Senility. (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYISCIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy not done.	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature [signature] (M. D. or other)
and Address Hunt, Idaho Date 7-5-1944
(For additional space, use reverse side)

Original

United States
Department of Commerce
Bureau of the Census

AUG 2 2 1944

NON-RESIDENT
Certificate Of Death
STATE OF IDAHO

State File No. 139832
Local Reg. No. 174
Reg. Dist. No. 440

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
   (a) County Jerome
   (b) City or town Hunt
   (c) Street Address or R. F. D. No.
   (d) Death Occured Inside? x Outside? city or town
   (e) Died in a Home Hospital x Institution Other place
   (f) Name Hosp. or Inst. Minidoka Project Hospital Stayed 107 days
   (g) Lived in this county 1 years 10 months days

   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Washington (b) County King
   (c) City or town Seattle
   (d) Street Address or ~~R.F.D. No.~~ 1315½ E. Spruce
   (e) Deceased lived Inside? x Outside? city or town
   (f) Citizen of what country? Japan
   (g) How long had deceased lived in Idaho? 1½ years
   (h) Former residence (city, state) Seattle, Wash.

3. (a) **FULL NAME** Shinichiro Suzuki

4 of 4

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race Japanese
6. (a) Single, widowed, married, divorced Married
6. (b) Name of ~~husband or~~ wife Misao
6. (c) Age of ~~husband~~ or wife if alive 47 years
7. Date of Birth (Month, Day, Year) April 25, 1888

8. AGE	Years	Months	Days	If less than 1 day
	56	2	10	hrs min.

9. Exact Occupation Salesman — Did this work for 15 yrs.
10. Industry or Business Market — Date last worked 4-1-42
11. Birthplace Shizuoka, Japan (City or town) (State or foreign country)

Father
12. Name Shichiroemon Takanashi
13. Birthplace Shizuoka, Japan (City or town) (State or foreign country)

Mother
14. Maiden name Mine Yamaguchi
15. Birthplace Shizuoka, Japan (City or town) (State or foreign country)

16. Informant's **OWN** Signature Masao Suzuki
    and Address 15-8-D Hunt, Idaho
17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 7-11-44 (Month) (Day) (Year)
    (c) Place:
18. Funeral Director's **OWN** Signature
    and Address
19. (a) 7-11-44 (Date received and filed) (b) E. M. Sinclair (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 5, 1944 at 10:06 o'clock a. M.
21. **I HEREBY CERTIFY**, That I attended deceased from March 20, 1944, to July 5 1944
    I last saw him alive on July 5, 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Carcinoma of head of pancreas	4 mont
Due to	
Due to	
Other conditions terminal heart failure (Include pregnancy within 3 months of death)	15 min.

Where was disease contracted?
Name of operation Exploration Date 7-5-44
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
    Occurred 19 City, county, state where violence occurred
    Place of Violence: Home Farm Industry
    Public Place While at work?
    Means of injury
23. Attendant's **OWN** Signature [signature] (M. D. or other)
    and Address Hunt, Idaho Date 7-6- 1944
    (For additional space, use reverse side)

Original

United States
Department of Commerce
Bureau of the Census

AUG 22 1944

NON-RESIDENT
Certificate Of Death
STATE OF IDAHO

State File No. 139833
Local Reg. No. 75
Reg. Dist. No. 44

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
   (a) County Jerome
   (b) City or town Hunt
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? X Outside? city or town
   (e) Died in a Home Hospital X Institution Other place
   (f) Name of Hosp. or Inst. Minidoka Project Hospital Stayed days
   (g) Lived in this county 1 years 10 months 7 days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Washington (b) County King
   (c) City or town Seattle
   (d) Street Address or R.F.D. No. 1962 Jackson St.
   (e) Deceased lived Inside? X Outside? city or town
   (f) Citizen of what country? United States of America
   (g) How long had deceased lived in Idaho? 1½ years
   (h) Former residence (city, state) Seattle, Wash.

3. (a) **FULL NAME** Kimiko Saito

3. (b) If veteran, name war
3. (c) Social Security No. 537-09-4475
4. Sex Male
5. Color or race Japanese
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Tad Teigi
6. (c) Age of husband or wife if alive 43 years
7. Date of Birth (Month, Day, Year) August 23, 1908

8. AGE	Years	Months	Days	If less than 1 day
	35	10	14	hrs min.

9. Exact Occupation Housewife — Did this work for 5 yrs.
10. Industry or Business — Date last worked
11. Birthplace Seattle, Washington (City or town) (State or foreign country)

Father
12. Name Kichio Tai
13. Birthplace Ashimori, Okayama, Japan (City or town) (State or foreign country)

Mother
14. Maiden name Hisano Hori
15. Birthplace Soja, Okayama, Japan (City or town) (State or foreign country)

16. Informant's **OWN** Signature Kimiko Saito
and Address 28-3-D Hunt, Idaho

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 7-13-44 (Month) (Day) (Year)
(c) Place Salt Lake City, Utah

18. Funeral Director's **OWN** Signature Nile Matthews
and Address Jerome Idaho.

19. (a) 7-13-44 (Date received and filed) (b) E. M. Sinclair (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 6, 1944
at 5:30 o'clock p. M.

21. **I HEREBY CERTIFY**, That I attended deceased from July 6, 1944, to 1944
I last saw her alive on July 6, 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cardiac Failure — Duration
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy not done.

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature F. C. Nichols (M. D. or other)
and Address Hunt, Ida Date 7/7/44 19
(For additional space, use reverse side)

Original

United States
Department of Commerce
Bureau of the Census AUG 22 1944

NON-RESIDENT
Certificate Of Death

STATE OF IDAHO

139834

State File No.
Local Reg. No. 173
Reg. Dist. No. 440

1. PLACE OF DEATH:
(a) County Jerome
(b) City or town Hunt
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? X Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. Minidoka Project Hospital Stayed 5 days
(g) Lived in this county 1 years 10 months 23 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Washington (b) County King
(c) City or town Seattle
(d) Street Address ~~or R.F.D. No.~~ 517 Washington
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? Japan
(g) How long had deceased lived in Idaho? 1½ years
(h) Former residence (city, state) Seattle, Wash.

3. (a) **FULL NAME** Juemon Fred Haramura

1316

3. (b) If veteran, name war
3. (c) Social Security No. 574-05-8465
4. Sex Male
5. Color or race Japanese
6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) February 13, 1881

8. AGE	Years	Months	Days	If less than 1 day
	63	4	24	hrs min.

9. Exact Occupation Butcher Did this work for yrs.
10. Industry or Business Meat Market Date last worked
11. Birthplace Yamaguchi, Japan (City or town) (State or foreign country)
Father
12. Name Unobtainable
13. Birthplace (City or town) (State or foreign country)
Mother
14. Maiden name Unobtainable
15. Birthplace (City or town) (State or foreign country)
16. Informant's **OWN** Signature B. Hara
and Address 6-4-A Hunt, Idaho
17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 7-12-44 (Month) (Day) (Year)
(c) Place: Salt Lake City, Utah
18. Funeral Director's **OWN** Signature Nils Matthews
and Address Jerome Idaho
19. (a) 7-22-44 (Date received and filed) (b) E. W. Sinclair (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 7, 1944
at 5:10 o'clock a. M.
21. **I HEREBY CERTIFY**, That I attended deceased from July 2, 1944, to July 7, 1944
I last saw him alive on July 7, 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Acute dilatation of the heart	
Due to	
Due to	
Other conditions chronic nephritis (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYISCIAN Underline the cause to which death should be charged statistically.
Name of operation Date	
Major finding	
Finding of autopsy not done.	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state
where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature F. P. Nicrands (M. D. or ~~other~~)
and Address Hunt Ida Date 7/7/44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

AUG 22 1944

Certificate Of Death

STATE OF IDAHO

State File No. 139835
Local Reg. No. 176
Reg. Dist. No. 440

1. **PLACE OF DEATH:**
   (a) County Jerome
   (b) City or town Jerome Ida ho
   (c) Street Address or R. F. D. No.
   (d) Death Occured Inside? % Outside? city or town
   (e) Died in a Home Hospital Institution Other place
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county 29 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Jerome
   (c) City or town Jerome Idaho
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? % Outside? city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 29 years
   (h) Former residence (city, state)

3. (a) **FULL NAME** EMMa McKInzie 74a

3. (b) If veteran, name war No
3. (c) Social Security No. none
4. Sex Female
5. Color or Race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife A.A.Mckinzie
6. (c) Age of husband or wife if alive 75 years
7. Date of Birth (Month, Day, Year) Aug.8, 1870

8. AGE	Years	Months	Days	If less than 1 day
	73	11	8	hrs min.

9. Exact Occupation Housewife — Did this work for 50 yrs.
10. Industry or Business apt.house operated — Date last worked July16
11. Birthplace Lichfiedd, Ill (City or town) (State or foreign country)

Mother
12. Name Amos Rinker
13. Birthplace Ill. (City or town) (State or foreign country)

Father
14. Maiden name Mary Unknown
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's **OWN** Signature Joseph Shirley
and Address Jerome, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July18,1944 (Month) (Day) (Year)
(c) Place: Jerome Cemetery

18. Funeral Director's **OWN** Signature Ole Matthews
and Address Jerome, Idaho

19. (a) 7-21-44 (Date received and filed) (b) E.W.Sinclair (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 16 1944
at o'clock P.M.

21. **I HEREBY CERTIFY**, That I attended deceased from June 1943 to July 16 1944
I last saw her alive on July 16 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — Duration
Coronary thrombosis — 14yrs
Due to — 1
Due to
Other conditions Arterial hyper-tension
(Include pregnancy within 3 months of death)
Where was disease contracted?
Name of operation None Date
Major finding
Finding of autopsy None

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature Orville Sweet (M. D. or other)
and Address Jerome Date 7/18/44
(For additional space, use reverse side)

Original

United States
Department of Commerce
Bureau of the Census AUG 2 3 1944

NON-RESIDENT
Certificate Of Death
STATE OF IDAHO

State File No. 139836
Local Reg. No. 177
Reg. Dist. No. 4c/c

1. PLACE OF DEATH:
(a) County Jerome
(b) City or town Hunt
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? x Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. Minidoka Project Hospital Stayed 485 days
(g) Lived in this county 1 years 10 months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Oregon (b) County Multnomah
(c) City or town Portland
(d) Street Address or R.F.D. No. 3256 N.E.Schuyler
(e) Deceased lived Inside? x Outside? city or town
(f) Citizen of what country? Japan
(g) How long had deceased lived in Idaho? 1½ years
(h) Former residence (city, state) Portland, Oregon

3. (a) **FULL NAME** Gensaku G. Somekawa

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3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race Japanese
6. (a) Single, widowed, married, divorced Married
6. (b) Name of ~~husband or~~ wife Yone
6. (c) Age of ~~husband or~~ wife if alive 55 years
7. Date of Birth (Month, Day, Year) October 19, 1875

8. AGE	Years	Months	Days	If less than 1 day
	68	9		hrs min.

9. Exact Occupation Did this work for yrs.
10. Industry or Business General Merchandise Date last worked
11. Birthplace Wakayama, Japan (City or town) (State or foreign country)
Father
12. Name Kanzaimon Somekawa
13. Birthplace Wakayama, Japan (City or town) (State or foreign country)
Mother
14. Maiden name Matsuno Somekawa
15. Birthplace Wakayama, Japan (City or town) (State or foreign country)
16. Informant's **OWN** Signature Mos. S. Somekawa
and Address 28-12-C Hunt, Idaho
17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 7-24-44 (Month) (Day) (Year)
(c) Place: Salt Lake City, Utah
18. Funeral Director's **OWN** Signature Nile Matthews
and Address Jerome Idaho
19. (a) 7-24-44 (Date received and filed) (b) E W Sinclair (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 19, 1944
at 1:20 o'clock a. M.
21. **I HEREBY CERTIFY,** That I attended deceased from July 18, 1944, to 19
I last saw him alive on July 18 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Bronchial pneumonia of right lung.	
Due to	
Due to	
Other conditions heart failure. (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy not done.

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature Isami [illegible] M.D. (M. D. or other)
and Address Hunt, Idaho Date 7-21 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census AUG 2 2 1944

Certificate Of Death

STATE OF IDAHO

State File No. 139837
Local Reg. No. 178
Reg. Dist. No. 4460

1. **PLACE OF DEATH:**
   (a) County Jerome Idaho
   (b) City or town Jerome Idaho
   (c) Street Address or R. F. D. No.
   (d) Death Occured Inside? % Outside? city or town
   (e) Died in a Home Hospital Institution Other place %
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county 10 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Jerome
   (c) City or town Jerome Idaho
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? % Outside? city or town
   (f) Citizen of what country? US A
   (g) How long had deceased lived in Idaho? 44Yrs. years
   (h) Former residence (city, state) St.Louis Mo.

3. (a) **FULL NAME** James Hanafin

932

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Mary O'Conner
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Feb. 14, 1871

8. AGE	Years	Months	Days	If less than 1 day
	73	5	6	hrs min.

9. Exact Occupation Retired Em ploy Of Did this work for 27 yrs.
10. Industry or Business U.P. Date last worked
11. Birthplace Abbydorney Co. Kerry Ireland (City or town) (State or foreign country)

Father
12. Name John Hanafin
13. Birthplace Abbydorney Co. Kerry Ireland (City or town) (State or foreign country)

Mother
14. Maiden name Margaret Cashell
15. Birthplace Ireland (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mrs L.W. Sanberg
and Address Jerome Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 24, 1944 (Month) (Day) (Year)
(c) Place: Shoshone Idaho
18. Funeral Director's **OWN** Signature Nile Matthews
and Address Jerome Idaho.
19. (a) 7-22-44 (Date received and filed) (b) E.V. Dinsdale (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 20 19 44
at 8.40 A.M. o'clock
21. **I HEREBY CERTIFY,** That I attended deceased from Jan 1 1944 to July 20 1944
I last saw h-- alive on July 15 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — Duration

Coronary thrombosis — 10 min.
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Chr. myocarditis — Years
Where was disease contracted? —
Name of operation None Date
Major finding
Finding of autopsy Not done

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature Carlyle Burial (M. D. or other)
and Address Jerome Ida Date 7/21/1944
(For additional space, use reverse side)

139838

United States
Department of Commerce
Bureau of the Census

JUL 14 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 169
Reg. Dist. No. 440

1. **PLACE OF DEATH:** Jerome
(a) County
(b) City or town Eden
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? ✓ city or town
(e) Died in a Home ✓ Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 2 years — months — days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Jerome
(c) City or town Eden
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? ✓ Outside? ✓ city or town
(f) Citizen of what country? U.S.
(g) How long had deceased lived in Idaho? 2 years
(h) Former residence (city, state) Omaha Neb

3. (a) **FULL NAME** Helen Redgwick

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Arthur
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) July 12, 1869

8. AGE	Years	Months	Days	If less than 1 day
	74	11	13	hrs min.

9. Exact Occupation At Home Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Clayton West (City or town) England (State or foreign country)
Father
12. Name William Barber
13. Birthplace (City or town) England (State or foreign country)
Mother
14. Maiden name Caroline Hardy
15. Birthplace (City or town) England (State or foreign country)
16. Informant's OWN Signature Mrs. Ed Louder
and Address Eden, Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 6-26-44 (Month) (Day) (Year)
(c) Place: Omaha Neb
18. Funeral Director's OWN Signature J R Wiley
and Address Jerome Idaho
19. (a) 6-26-44 (Date received and filed) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 25 1944
at 1:00 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from 5-21 1944 to 6-24 1944
I last saw her alive on June 24 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Valvular heart disease with arteriosclerosis	2d
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state
where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature [illegible] (M. D. or other)
and Address Hazelton Date 6-25 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Original

United States
Department of Commerce
Bureau of the Census

NON-RESIDENT
Certificate Of Death

STATE OF IDAHO

AUG 22 1944

State File No. 139839
Local Reg. No. 160
Reg. Dist. No. 440

1. **PLACE OF DEATH:**
   (a) County Jerome
   (b) City or town Hunt
   (c) Street Address or R. F. D. No.
   (d) Death Occured Inside? X Outside? city or town
   (e) Died in a Home Hospital X Institution Other place
   (f) Name Hosp. or Inst. Minidoka Project Hospital Stayed 10 days
   (g) Lived in this county 1 years 10 months days

Note. For a person residing in THIS county LESS than 1 year. give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Washington (b) County King
   (c) City or town Auburn
   (d) ~~Street Address or~~ R.F.D. No. 3 Box 12 A
   (e) Deceased lived Inside? X Outside? city or town
   (f) Citizen of what country? Japan
   (g) How long had deceased lived in Idaho? 1½ years
   (h) Former residence (city, state) Auburn, Wash.

3. (a) **FULL NAME** Hideichi Watanabe

466

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race Japanese
6. (a) Single, widowed, married, divorced married
6. (b) Name of ~~husband or~~ wife Sueo
6. (c) Age of ~~husband or~~ wife if alive 49 years
7. Date of Birth (Month, Day, Year) July 25, 1887

8. AGE	Years	Months	Days	If less than 1 day
	57		3	hrs min.

9. Exact Occupation Grower — Did this work for 5 yrs.
10. Industry or Business Greenhouse — Date last worked 4-1942
11. Birthplace Ehime Ken, Japan (City or town) (State or foreign country)

Father
12. Name Unobtainable
13. Birthplace (City or town) (State or foreign country)

Mother
14. Maiden name Unobtainable
15. Birthplace (City or town) (State or foreign country)

16. Informant's **OWN** Signature Hideichi Watanabe
and Address 8-9-B Hunt, Idaho
17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 7-31-44 (Month) (Day) (Year)
(c) Place: Salt Lake City, Utah
18. Funeral Director's **OWN** Signature Dale Matthews
and Address Jerome, Idaho
19. (a) 7-31-44 (Date received and filed) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 28, 1944
at 5:15 o'clock p. M.
21. **I HEREBY CERTIFY**, That I attended deceased from July 6, 1944, to July 28, 1944
I last saw h im alive on July 28, 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Post-operative collapse	8 hours
Due to colostomy for primary carcinoma of the rectum.	
Due to	
Other conditions primary carcinoma of the stomach (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Colostomy Date 7-28-44
Major finding Ca's of rectum and stomach.
Finding of autopsy not performed

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature [illegible] (M. D. or other)
and Address Hunt, Idaho Date 7-29- 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

139840

United States
Department of Commerce AUG 2 2 1944
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 139840
Local Reg. No. 187
Reg. Dist. No. 440

1. **PLACE OF DEATH:**
   (a) County Jerome
   (b) City or town Jerome
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? L Outside? ____ city or town
   (e) Died in a Home Hospital ____ Institution ____ Other place ____
   (f) Name Hosp. or Inst. ____ Stayed ____ days
   (g) Lived in this county 22 years ____ months ____ days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Jerome
   (c) City or town Jerome
   (d) Street Address or R. F. D. No.
   (e) Deceased lived Inside? L Outside? ____ city or town
   (f) Citizen of what country? U S
   (g) How long had deceased lived in Idaho? ____ years
   (h) Former residence (city, state)

3. (a) **FULL NAME** John Humphries

3. (b) If veteran, name war ____ 3. (c) Social Security No. 519-03-1543

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Alta 6. (c) Age of husband or wife if alive ____ years

7. Date of Birth (Month, Day, Year) Feb 22 1909

8. AGE	Years	Months	Days	If less than 1 day
	35	5	7	hrs ____ min.

9. Exact Occupation Laborer — Did this work for ____ yrs.
10. Industry or Business Farm — Date last worked
11. Birthplace Marysville (City or town) Idaho (State or foreign country)

Father
12. Name James L Humphries
13. Birthplace Durhan (City or town) N Carolina (State or foreign country)

Mother
14. Maiden name Sarah Ellis
15. Birthplace Durhan (City or town) N Carolina (State or foreign country)

16. Informant's **OWN** Signature J H Humphries
and Address Hazelton Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 3 44 (Month) (Day) (Year)
(c) Place: Jerome Idaho

18. Funeral Director's **OWN** Signature J R Wiley
and Address Jerome Idaho

19. (a) 8-1-44 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 29 1944
at 3:— o'clock P.M.

21. **I HEREBY CERTIFY**, That I attended deceased from July 29 1944 to July 29 1944
I last saw him alive on July 29 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary Thrombosis — Duration 1 hr.
Due to ____
Due to ____
Other conditions ____
(Include pregnancy within 3 months of death)
Where was disease contracted? ____
Name of operation None Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's **OWN** Signature Reuben C. Matson M.D.
(M. D. or other)
and Address Jerome Ida Date Aug 21 1944
(For additional space, use reverse side)

139841

United States
Department of Commerce
Bureau of the Census

AUG 22 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 188
Local Reg. No.
Reg. Dist. No. 440

1. **PLACE OF DEATH:**
(a) County Jerome
(b) City or town Jerome
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside Yes city or town
(e) Died in a Home Hospital Institution Other place ✓
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Jerome
(c) City or town Jerome
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? ✓ Outside? city or town
(f) Citizen of what country? U S
(g) How long had deceased lived in Idaho? years
(h) Former residence (city, state)

3. (a) **FULL NAME** Lyle E Robbins

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Feb 11 - 1929

8. AGE	Years	Months	Days	If less than 1 day
	15	5	19	hrs min.

9. Exact Occupation Student
Did this work for yrs.
10. Industry or Business
Date last worked
11. Birthplace Jerome (City or town) Idaho (State or foreign country)
Father
12. Name Simon L Robbins
13. Birthplace Brady Island (City or town) Nebraska (State or foreign country)
Mother
14. Maiden name Myrtle Stump
15. Birthplace Eddison (City or town) Nebraska (State or foreign country)
16. Informant's OWN Signature S S Robbins
and Address Jerome Idaho
17. (a) Remodel (Burial, cremation, or removal) (b) Date thereof Aug 2 - 44 (Month) (Day) (Year)
(c) Place: Twin Falls Idaho
18. Funeral Director's OWN Signature J R Wiley
and Address Jerome Idaho
19. (a) 7-31-44 (Date received and filed) (b) E Minclair (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 30 1944
at 1100 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from July 30 1944 to July 30 1944
I last saw him alive on July 30 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Skull fracture or fractured cervical vertebra —	1/4 hr
Crushed chest	
Due to (pulmonary edema)	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? —
Name of operation None Date
Major finding
Finding of autopsy Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ✓ Suicide? Homicide?
Occurred July 30 1944 City, county, state where violence occurred Jerome, Jerome, Ida
Place of Violence: Home Farm Industry
Public Place ✓ (road) While at work? —
Means of injury Auto accident
23. Attendant's OWN Signature Carlyle Smail (M. D. or other)
and Address Jerome Date 7/31 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

139842

United States
Department of Commerce
Bureau of the Census

JUL 19 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
   (a) County Kootenai
   (b) City or town Worley
   (c) Street Address or R. F. D. No. R.F.D.
   (d) Death Occurred Inside? Outside? X city or town
   (e) Died in a Home X Hospital Institution Other place
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county 60 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Kootenai
   (c) City or town Near Worley
   (d) Street Address or R. F. D. No. R.F.D.
   (e) Deceased lived Inside? Outside? X city or town
   (f) If foreign born, in U. S. yrs. Citizen of U. S.?
   (g) How long had deceased lived in Idaho? 60 years
   (h) Former residence (city, state)

3. (a) **FULL NAME** MARY THRESA WHATKIN (Daniels Kunmosi) 33a

3. (b) If veteran, name war X 3. (c) Social Security No. NO

4. Sex Female 5. Color or race Indian 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife 6 (c) Age of husband or wife if alive XX years

7. Date of Birth (Month, Day, Year) Unknown

8. AGE	Years	Months	Days	If less than 1 day
	87	Estimated age, by son		hrs min.

9. Exact Occupation Housewife Did this work for 62 yrs.

10. Industry or Business Own home Date last worked 1930

11. Birthplace Cusic (City or town) Washington (State or foreign country)

Father
12. Name Joseph Chetcheman
13. Birthplace Unknown (City or town) (State or foreign country)

Mother
14. Maiden name Flectia Pluff
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's **OWN** Signature Bernard Whatkan and Address Plummert, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-11-44 (Month) (Day) (Year)
   (c) Place: Indian Cemetery. Desmit, Ida.

18. Funeral Director's **OWN** Signature By Jaeger Funeral Home and Address Fairfield, Wash.

19. (a) 1-14 1944 (Date received and filed) (b) A. E. Warner (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) January 8 1944 at 7:00 o'clock P M.

21. **I HEREBY CERTIFY,** That I attended deceased from Jan 5 1944 Only 19
I last saw h[illegible] alive on Jan 5 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration
Bronchial Pneumonia 6 days
Due to Influenza
Due to old age and inanition
Other conditions (Include pregnancy within 3 months of death)

Where was disease first contracted? Missionat Desmit
Name of operation — Date
Major finding —
Finding of autopsy —

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature Walter E. Hart M.D. (M. D. or other)
and Address Fairfield, Wash. Date Jan 12 1944

(For additional space, use reverse side)

Dr Wm Wood

United States
Department of Commerce
Bureau of the Census

AUG 14 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 139843
Local Reg. No. 188
Reg. Dist. No. 120

1. **PLACE OF DEATH:**
(a) County Kootenai
(b) City or town Coeur D' Alene
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? in Outside? city or town
(e) Died in a ~~Home~~ Hospital ~~Institution~~ Other place
(f) Name Hosp. or Inst. L. C. Gen Stayed 1 days
(g) Lived in this county 1 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Kootenai
(c) City or town Coeur D' Alene
(d) Street Address or R. F. D. No. 924 Fifth
(e) Deceased lived Inside? in Outside? city or town
(f) Citizen of what country? U. S.
(g) How long had deceased lived in Idaho? 1 years
(h) Former residence (city, state) Wash.

3. (a) FULL NAME Bruenette K. Minert 93a

3. (b) If veteran, name war ----
3. (c) Social Security No. ----
4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Frederick
6. (c) Age of husband or wife if alive 82 years
7. Date of Birth (Month, Day, Year) July 3, 1875

8. AGE	Years	Months	Days	If less than 1 day
	68	11	29	hrs min.

9. Exact Occupation House Wife Did this work for XX yrs.
10. Industry or Business XX Date last worked XX
11. Birthplace Indiana (City or town) (State or foreign country)
Father
12. Name Zeb Kreisher
13. Birthplace Not Known Ind. (City or town) (State or foreign country)
Mother
14. Maiden name Margeret Thompson
15. Birthplace Not Known Ind. (City or town) (State or foreign country)
16. Informant's OWN Signature Bernadine Kreisher
and Address Elk River Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-5-44 (Month) (Day) (Year)
(c) Place: Forest Cemetery
18. Funeral Director's OWN Signature R M Mooney Mooney Chapel
and Address Coeur D' Alene, Idaho
19. (a) 7-5-44 (Date received and filed) (b) Frances [illegible] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 2, 1944 19
at o'clock A. M.
21. **I HEREBY CERTIFY,** That I attended deceased from June 8 1944, to July 1 1944
I last saw her alive on July 1 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
acute myocarditis 93a	2 days
Due to Hypertension	? years
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature William T. Wood M.D. (M. D. or other)
and Address Coeur d'alene Date 7-3 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Klaaren

United States
Department of Commerce
Bureau of the Census

JUL 13 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 139844
Local Reg. No. 1065
Reg. Dist. No. 200

1. **PLACE OF DEATH:**
(a) County Latah
(b) City or town Deary
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 8 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Latah
(c) City or town Deary
(d) Street Address or R. F. D. No. none
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? USA
(g) How long had deceased lived in Idaho? 8 years
(h) Former residence (city, state)

3. (a) FULL NAME NANCY MENTON

195E

3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife John W. Menton
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) August 4, 1865

8. AGE	Years	Months	Days	If less than 1 day
	78	10	28	hrs min.

9. Exact Occupation housekeeper Did this work for yrs.
10. Industry or Business " Date last worked
11. Birthplace Cleveland Minn. (City or town) (State or foreign country)
Father
12. Name Joseph Edwards
13. Birthplace New Jersey (City or town) (State or foreign country)
Mother
14. Maiden name Clarissa Baker
15. Birthplace Michigan (City or town) (State or foreign country)
16. Informant's OWN Signature L. A. Menton and Address 1517 N. E. Hamblet, Port Orr
17. (a) removal (Burial, cremation, or removal) (b) Date thereof 7-4-44 (Month) (Day) (Year)
(c) Place: Moscow, Idaho
18. Funeral Director's OWN Signature H. R. Short and Address Moscow, Idaho
19. (a) 7/5/44 (Date received and filed) (b) C. J. Klaaren (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 2, 1944 at 7:30 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from 4/14/44 19 , to 7/2/44 19
I last saw her alive on 6/19/44 19 ; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Bronchial pneumonia	1 week
Due to Senility, and fracture of right hip about six months ago	
Due to	
Other conditions None (Include pregnancy within 3 months of death)	
Where was disease contracted? Idaho	PHYSICIAN
Name of operation None Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy None	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide? Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature C. J. Klaaren (M. D. or other) and Address Moscow, Idaho Date 7/5/44 19
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

139845

United States
Department of Commerce
Bureau of the Census

AUG 14 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 197
Reg. Dist. No. 121

1. PLACE OF DEATH:
(a) County Kootenai
(b) City or town NavTraCen Farragut
(c) Street Address or R. F. D. No. Farragut
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home __ Hospital __ Institution __ Other place X
(f) Name Hosp. or Inst. -------- Stayed - days
(g) Lived in this county 0 years 1 months - days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Kootenai
(c) City or town NavTraCen Farragut
(d) Street Address or R. F. D. No. Farragut
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? US
(g) How long had deceased lived in Idaho? 1 month years
(h) Former residence (city, state) Echo, Utah

3. (a) FULL NAME SPACKMAN, Gale Robert. AS,SV-6,USNR. 964-54-12 195 E

3. (b) If veteran, name war None
3. (c) Social Security No. not known
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife -------
6. (c) Age of husband or wife if alive -------- years
7. Date of Birth (Month, Day, Year) 4-3-26

8. AGE	Years	Months	Days	If less than 1 day
	18	3	0	hrs min.

9. Exact Occupation Apprentice Seaman Did this work for 1 Month yrs.
10. Industry or Business U.S. Navy.Reserve Date last worked 1944
11. Birthplace Echo, Utah (City or town) (State or foreign country)
Father
12. Name Heber Carter Spackman
13. Birthplace not known (City or town) (State or foreign country)
Mother
14. Maiden name not known
15. Birthplace not known (City or town) (State or foreign country)
16. Informant's OWN Signature Franklin C. Wanhead C.Phil
and Address NavTraCen. Farragut, Idaho
17. (a) removal (b) Date thereof 7-7-1944 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: Ogden, Utah
18. Funeral Director's OWN Signature [signature]
and Address Sandpoint, Idaho
19. (a) 7/6/44 (b) [signature] (Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) 3 July 1944
at 7:30 o'clock P. M.
21. I HEREBY CERTIFY, That I attended deceased from July 3 1944 to July 3 1944
I last saw him alive on 3 July 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
INTRACRANIAL INJURY.	
Due to Injury sustained during boxing match.	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted? ---	PHYSICIAN
Name of operation none Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy same as cause of death	

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? X Suicide? ____ Homicide? ____
Occurred 3 July 1944 City, county, state where violence occurred NavTraCen. Farragut, Ida
Place of Violence: Home ____ Farm ____ Industry ____
Public Place X While at work? no
Means of injury injury during boxing match
23. Attendant's OWN Signature Lt. Cmdr. Glen J. Holmes MC USNR. (M. D. or other)
and Address NavTraCen. Farragut, Ida Date 5 July 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

AUG 14 1944

Certificate Of Death

STATE OF IDAHO

State File No. 139846
Local Reg. No. 191
Reg. Dist. No. 120

1. **PLACE OF DEATH:**
   (a) County Kootenai
   (b) City or town Coeur d'Alene
   (c) Street Address or R.F.D. No. 315 W. Garden
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home .... Hospital X Institution .... Other place
   (f) Name Hosp. or Inst. Coeur d'Alene Hospital Stayed 5 months
   (g) Lived in this county ..... years 5 months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Canyon
   (c) City or town Caldwell
   (d) Street Address or R.F.D. No. 1004 Albany
   (e) Deceased lived Inside? X Outside? ..... city or town
   (f) Citizen of what country? U.S.
   (g) How long had deceased lived in Idaho? 38 years
   (h) Former residence (city, state) ---

3. (a) **FULL NAME** EDWARD ALLAN NADEAU

136

3. (b) If veteran, name war no
3. (c) Social Security No. 559-09-8566
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife --
6. (c) Age of husband or wife if alive -- years
7. Date of Birth (Month, Day, Year) August 4, 1905

8. AGE	Years	Months	Days	If less than 1 day
	38	10	28	hrs min.

9. Exact Occupation Miner — Did this work for 24 yrs.
10. Industry or Business (Gold Mine) — Date last worked 9/1943
11. Birthplace Placerville, Idaho (City or town) (State or foreign country)

Mother Father
12. Name Noel Nadeau
13. Birthplace Quebec, Ont. Canada (City or town) (State or foreign country)
14. Maiden name Emma Nordmark
15. Birthplace St. Paul, Minnesota (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mrs. M. Nadeau
and Address 1004 Albany St Ida.
17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof 7/4/44 (Month) (Day) (Year)
(c) Place: Caldwell, Idaho
18. Funeral Director's **OWN** Signature A. B. Nelson
and Address 109-11 Lake Side Ave Coeur d'Alene Ida.
19. (a) 7-1-44 (Date received and filed) (b) Francis M. Label (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 7/3 1944
at 7.30 o'clock A M.

21. **I HEREBY CERTIFY**, That I attended deceased from Feb. 1944, to July 3 1944.
I last saw him alive on 7-2 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
14. tuberculous Meningitis	1 wk.
Due to Pulmonary tuberculosis	2 yrs.
Due to	
Other conditions Q.I. tuberculosis (Include pregnancy within 3 months of death)	4 mo.

Where was disease contracted? Canyon Co.
Name of operation — Date
Major finding —
Finding of autopsy —

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature Alexander Lovelace (M. D. or other)
and Address Coeur d'Alene Date 7-4 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 139847
Local Reg. No. 194
Reg. Dist. No. 120

AUG 14 1944

1. **PLACE OF DEATH:**
(a) County KOOTENAI
(b) City or town COEURD ALENE
(c) Street Address or ~~R.F.D.~~ No. 1138-N 7th ST
(d) Death Occured Inside? X Outside? -- city or town
(e) Died in a Home -- Hospital X Institution -- Other place --
(f) Name Hosp. or Inst. LAKE CITY GEN. Stayed 12 HOURS days
(g) Lived in this county 34 years -- months -- days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State IDAHO (b) County KOOTENAI
(c) City or town COEURD ALENE
(d) Street Address or R.F.D. No. 1138- N 7th ST.
(e) Deceased lived Inside? X Outside? -- city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 34 years
(h) Former residence (city, state) FONDA IOWA

3. (a) **FULL NAME** MABLE E. PETERSON

48b

3. (b) If veteran, name war NO
3. (c) Social Security No. 518-26-6264
4. Sex F. 5. Color or race W.
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife AARON R.
6. (c) Age of husband or wife if alive 60 years
7. Date of Birth (Month, Day, Year) SEPT 6th 1886

8. AGE	Years	Months	Days	If less than 1 day
	57	10	1	hrs min.

9. Exact Occupation HOUSEWIFE — Did this work for LIFE yrs.
10. Industry or Business — Date last worked AUG. 1943
11. Birthplace COMANCHA (City or town) IOWA (State or foreign country)

Father
12. Name JOHNAS STERNE
13. Birthplace DO NOT KNOW (City or town) GERMANY (State or foreign country)

Mother
14. Maiden name LENA TENNIS
15. Birthplace DO NOT KNOW (City or town) GERMANY (State or foreign country)

16. Informant's **OWN** Signature Aaron R Peterson
and Address 1138 N 7th ST. C.D.A.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 7/11/1944 (Month) (Day) (Year)
(c) Place: FOREST, COEURD ALENE

18. Funeral Director's **OWN** Signature A. B. Nelson
and Address 109-111 LAKE SIDE C.D.A.

19. (a) 7/12/44 (Date received and filed) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 7/7 1944
at 4:10 o'clock A.M.

21. **I HEREBY CERTIFY**, That I attended deceased from 1933 19.., to 7/7 1944
I last saw her alive on 7/4 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Carcinoma of uterus	2 yrs.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? Name of operation Exploratory Date ? Major finding Ca of uterus
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19.. City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature F. F. Finney MD (M. D. or other)
and Address Coeur d'alene Date 7/7 1944
(For additional space, use reverse side)

Done by Dr Finney of Spokane about 1930 ago

United States
Department of Commerce
Bureau of the Census

AUG 14 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 139848
Local Reg. No. 171
Reg. Dist. No. 12

1. **PLACE OF DEATH:**
(a) County Kootenai
(b) City or town Coeur d' Alene
(c) Street Address or R. F. D. No. 412 Lakeside
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home ____ Hospital ____ Institution X Other place ____
(f) Name Hosp. or Inst. LCG Stayed 12 days
(g) Lived in this county 12 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Kootenai
(c) City or town Coeur d'Alene
(d) Street Address or R. F. D. No. 402 S 17th
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? USA
(g) How long had deceased lived in Idaho? all years
(h) Former residence (city, state) Great Falls Montana

3. (a) **FULL NAME** Lydia Amundson

83 b

3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife J. C
6. (c) Age of husband or wife if alive 76 years
7. Date of Birth (Month, Day, Year) July 21 1872

8. AGE	Years	Months	Days	If less than 1 day
	71	11	18	hrs ____ min. ____

9. Exact Occupation Housewife — Did this work for 43 yrs.
10. Industry or Business own Home — Date last worked 1-1-44
11. Birthplace Stockholm Wisconsin (City or town) (State or foreign country)

Father
12. Name Olson
13. Birthplace Sweden (City or town) (State or foreign country)

Mother
14. Maiden name unknown
15. Birthplace Sweden (City or town) (State or foreign country)

16. Informant's OWN Signature J C Amundson
and Address Coeur d'Alene, Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 7-12-44 (Month) (Day) (Year)
(c) Place: Forest Cem. Cd'A, Idaho
18. Funeral Director's OWN Signature Don English
and Address Coeur d'Alene, Idaho
19. (a) 7-13-44 (Date received and filed) (b) Frances M. Ebel (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 7-9-44 19____
at 12:00 M o'clock ____ M.

21. **I HEREBY CERTIFY,** That I attended deceased from June 2 1944, to July 9, 1944
I last saw h[illegible] alive on July 9, 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cerebral Embolism — Duration 1 day
Due to ____
Due to ____
Other conditions ____
(Include pregnancy within 3 months of death)
Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's OWN Signature William T. Wood M.D. (M. D. or other)
and Address Coeur d'alene Date 7-13 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

AUG 14 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

139849
State File No.
Local Reg. No. 183
Reg. Dist. No. 121

1. **PLACE OF DEATH:**
(a) County Kootenai
(b) City or town NavTraCen, Farragut
(c) Street Address or R. F. D. No. Camp Ward. Farragut
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home ____ Hospital X Institution ____ Other place X
(f) Name Hosp. or Inst. Disp. 32B Stayed 1 days
(g) Lived in this county 0 years 1 months 0 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Kootenai
(c) City or town NavTraCen. Farragut
(d) Street Address or R. F. D. No. Camp Ward
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? W. US
(g) How long had deceased lived in Idaho? 1 Month ~~xxxx~~ years
(h) Former residence (city, state) Ellensburg, Wn.

3. (a) **FULL NAME** GROWCOCK, Boyd Edward. AS,SV,V6, USNR. 783-51-33

1956

3. (b) If veteran, name war none
3. (c) Social Security No. not known
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife none
6. (c) Age of husband or wife if alive ---- years
7. Date of Birth (Month, Day, Year) 10-21-1926

8. AGE	Years	Months	Days	If less than 1 day
	17	8	21	hrs ____ min. ____

9. Exact Occupation Apprentice Seaman Did this work for 1 Month yrs.
10. Industry or Business U.S. NAVY Reserve Date last worked 1944
11. Birthplace Emmett, Idaho (City or town) (State or foreign country)
Father
12. Name Leo Wallace Growcock
13. Birthplace not known (City or town) (State or foreign country)
Mother
14. Maiden name not known
15. Birthplace not known (City or town) (State or foreign country)
16. Informant's OWN Signature [signature] and Address NavTraCen.Farragut, Idaho
17. (a) removal (Burial, cremation, or removal) (b) Date thereof 7-15-1944 (Month) (Day) (Year)
(c) Place: Ellensburg, Washington
18. Funeral Director's OWN Signature Lawrence D. Moon and Address Sandpoint, Idaho.
19. (a) 7-15-1944 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 12 July 1944 at 11:40 o'clock A. M.
21. **I HEREBY CERTIFY**, That I attended deceased from 12 July 1944, to 12 July 1944
I last saw h im alive on 12 July 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
POISONING ANESTHESIA	
Due to (Procaine Local)	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? ----
Name of operation ____ Date ____
Major finding ____
Finding of autopsy same as cause of death.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature [signature] (M. D. ~~or other~~)
and Address NavTraCen Farragut, Idaho Date 7-13 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

AUG 1 4 1944

NON-RESIDENT
CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 139850
Local Reg. No. 189
Reg. Dist. No. 120

1. PLACE OF DEATH:
(a) County ~~Spokane~~ Coeur d'Alene
(b) City or town ~~Spokane~~ Kootenai
(c) Street Address or R. F. D. No. ~~W9/3rd~~
(d) Death Occurred Inside? ____ Outside? X city or town
(e) Died in a Home __ Hospital __ Institution __ Other place X
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 0 years 0 months 0 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Washington (b) County Spokane
(c) City or town Spokane
(d) Street Address or R. F. D. No. W9 3rd
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? USA
(g) How long had deceased lived in Idaho? XXXX years
(h) Former residence (city, state) Pomeroy Wn.

3. (a) FULL NAME Gilbert G. Morris 170 C

3. (b) If veteran, name war none
3. (c) Social Security No. 518-03-8032
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Martha
6. (c) Age of husband or wife if alive 30 years
7. Date of Birth (Month, Day, Year) June 1, 1912

8. AGE	Years	Months	Days	If less than 1 day
	32	1	12	hrs min.

9. Exact Occupation painting contactor Did this work for 15 yrs.
10. Industry or Business private Date last worked 7-12-44
11. Birthplace Pomeroy Washington (City or town) (State or foreign country)
Father
12. Name Charles Morris
13. Birthplace Pomeroy Wash. (City or town) (State or foreign country)
Mother
14. Maiden name Lucille Mossie
15. Birthplace Michigan (City or town) (State or foreign country)
16. Informant's OWN Signature Lloyd Morris
and Address Spokane Wash 126 W Graycourt
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 7-13-44 (Month) (Day) (Year)
(c) Place: Spokane Washington
18. Funeral Director's OWN Signature Don English
and Address Coeur d'Alene, Idaho
19. (a) 7-14-44 (Date received and filed) (b) Frances D. Ebel (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) July 13 1944
at 12:40 o'clock A M.
21. I HEREBY CERTIFY, That I attended deceased from July 13 1944, to July 13 1944
I last saw him alive on July 13 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death	Duration
Decerebrated	7-13-44
Auto-accident	
Due to	
Due to Collision of 2 cars. 2 miles west	
Other conditions of Coeur d' Alene on Highway No. 10 (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation none Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy none	

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? yes Suicide? ____ Homicide? ____
Occurred July 13 1944 City, county, state where violence occurred County
Place of Violence: Home ____ Farm ____ Industry ____
Public Place yes While at work? ____
Means of injury Auto accident
23. Attendant's OWN Signature Hamilton H. Greenwood Coroner (M. D. or other)
and Address Coeur d'Alene, Ida Date July 13 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

AUG 14 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 139851
Local Reg. No. 184
Reg. Dist. No. 121

1. **PLACE OF DEATH:**
   (a) County Kootenai
   (b) City or town USNTC Farragut, Idaho
   (c) Street Address or R. F. D. No. Farragut
   (d) Death Occurred Inside? X Outside? ____ city or town
   (e) Died in a Home ____ Hospital X Institution ____ Other place ____
   (f) Name Hosp. or Inst. NAVAL HOSPITAL FARRAGUT IDAHO Stayed 84 days
   (g) Lived in this county 0 years 4 months ____ days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Kootenai
   (c) City or town USNTC FARRAGUT
   (d) Street Address or R. F. D. No. Farragut
   (e) Deceased lived Inside? X Outside? ____ city or town
   (f) Citizen of what country? US
   (g) How long had deceased lived in Idaho? 4 Months years
   (h) Former residence (city, state) Great Falls, Mont.

3. (a) **FULL NAME** HOVDE, Norman Sanford

1100

3. (b) If veteran, name war none
3. (c) Social Security No. not known
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Vera LaFern
6. (c) Age of husband or wife if alive not known years
7. Date of Birth (Month, Day, Year) December 4, 1912

8. AGE	Years	Months	Days	If less than 1 day
	31	7	13	hrs ____ min.

9. Exact Occupation Apprentice Seaman Did this work for 4 Months yrs.
10. Industry or Business US Navy Reserve Date last worked 1944
11. Birthplace Galata, Montana (City or town) (State or foreign country)

Father
12. Name not known
13. Birthplace North Dakota (City or town) (State or foreign country)

Mother
14. Maiden name not known
15. Birthplace Norway (City or town) (State or foreign country)

16. Informant's OWN Signature R.V. Allen. Pharm, USN
and Address NAVAL HOSPITAL FARRAGUT IDAHO

17. (a) removal (Burial, cremation, or removal) (b) Date thereof 7-19-1944 (Month) (Day) (Year)
(c) Place: Great Falls, Montana

18. Funeral Director's OWN Signature Moon Mortuary
and Address Sandpoint Idaho.

19. (a) 7-19-1944 (Date received and filed) (b) ____ (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 17 July 1944
at 7:00 A.M. o'clock ____ M.

21. **I HEREBY CERTIFY,** That I attended deceased from 23 April 1944, to 17 July 1944
I last saw h im alive on 17 July 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
PLEURISY SUPPURATIVE	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? USNTC FARRAGUT
Name of operation -- Date --
Major finding --
Finding of autopsy same as cause of death

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's OWN Signature Charles B. Reymer. M.D.
(M. D. or other)
and Address NAVAL HOSPITAL FARRAGUT, IDAHO Date 7/17 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census AUG 14 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 139852
Local Reg. No. 201
Reg. Dist. No. 121

1. **PLACE OF DEATH:**
(a) County Kootenai
(b) City or town USNTC Farragut
(c) Street Address or R. F. D. No. Farragut
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home ____ Hospital ____ Institution ____ Other place X
(f) Name Hosp. or Inst. ------- Stayed - days
(g) Lived in this county 1 years 10 months 0 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Kootenai
(c) City or town USNTC Farragut
(d) Street Address or R. F. D. No. Farragut
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? US
(g) How long had deceased lived in Idaho? 1 Year 10 Mo
(h) Former residence (city, state) -------

3. (a) FULL NAME WOLBER, Charles (n). 164a

3. (b) If veteran, name war -----
3. (c) Social Security No. not known
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Anna
6. (c) Age of husband or wife if alive not known
7. Date of Birth (Month, Day, Year) 10-6-1884

8. AGE	Years	Months	Days	If less than 1 day
	59	9	11	hrs ____ min.

9. Exact Occupation Chief Commisary Steward — Did this work for ---- yrs.
10. Industry or Business US Navy — Date last worked 1944
11. Birthplace New York State (City or town) (State or foreign country)

Father
12. Name -------
13. Birthplace ------- (City or town) (State or foreign country)

Mother
14. Maiden name -------
15. Birthplace ------- (City or town) (State or foreign country)

X 16. Informant's OWN Signature Franklin C. Wurlod
and Address NavTraCen, Farragut, Idaho

17. (a) removal (Burial, cremation, or removal) (b) Date thereof 7-21-1944 (Month) (Day) (Year)
(c) Place: San Diego, California

18. Funeral Director MOON MORTUARY
OWN Signature [illegible]
and Address Sandpoint, Idaho

19. (a) 7-21-1944 (Date received and filed) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 17 July 1944
X at 0300 o'clock A. M. (approx)

21. **I HEREBY CERTIFY,** That I attended deceased from 17 July 1944, to 17 July 1944
I last saw h[illegible] on 17 July 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: STRANGULATION, RESPIRATORY — Duration
Due to Suicide.
Due to ----
Other conditions ---- (Include pregnancy within 3 months of death)

Where was disease contracted? ----
Name of operation none Date ----
Major finding ----
Finding of autopsy Same as cause of death

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ---- Suicide? X Homicide? ----
Occurred 17 July 1944 City, county, state where violence occurred Farragut, Kootenai, Idaho
Place of Violence: Home ---- Farm ---- Industry ----
Public Place NTC Farragut While at work? ----
Means of injury Strangulation, respiratory

X 23. Attendant's OWN Signature [illegible] (M. D. or other)
and Address NavTraCen, Farragut, Idaho Date 7-19 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce AUG 14 1944
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 139853
Local Reg. No. 181
Reg. Dist. No. 17

1. PLACE OF DEATH:
(a) County Kootenai
(b) City or town Coeur dAlene
(c) Street Address or R.F.D. No. 702- 3ed
(d) Death Occured Inside? X Outside? — city or town
(e) Died in a Home — Hospital X Institution — Other place —
(f) Name Hosp. or Inst. Home Hosp. Stayed 21 days
(g) Lived in this county DO NOT KNOW months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Kootenai
(c) City or town Rathdrum
(d) Street Address or R.F.D. No. — - - - - - -
(e) Deceased lived Inside? X Outside? — city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? DO NOT KNOW years
(h) Former residence (city, state) DO NOT KNOW

3. (a) FULL NAME E. AXIL ERICKSON 109b

3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex M. 5. Color or race W.
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife — — —
6. (c) Age of husband or wife if alive — — — years
7. Date of Birth (Month, Day, Year) do not know 1870

8. AGE	Years	Months	Days	If less than 1 day
	74	?	?	hrs min.

9. Exact Occupation Labor — Did this work for ? yrs.
10. Industry or Business — Date last worked ?
11. Birthplace do not know (City or town) (State or foreign country)
Father 12. Name do not know
Father 13. Birthplace " " (City or town) (State or foreign country)
Mother 14. Maiden name " "
Mother 15. Birthplace (City or town) (State or foreign country)
16. Informant's OWN Signature Richard Justus
and Address Rathdrum Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 7/19/44 (Month) (Day) (Year)
(c) Place: Forest C.D.A.
18. Funeral Director's OWN Signature A. B. Nelson Co.
and Address Rathdrum Idaho
19. (a) 7-19-44 (Date received and filed) (b) Frances M. Keller (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) 7/17 19 44
at 12: 20 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from 1940 19 , to 7/17 1944
I last saw h alive on 7/16 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Terminal Heart Failure — Duration
Due to Weakness following pneumonia 2 mos. ago. — 109:1
Due to —
Other conditions Senility
(Include pregnancy within 3 months of death)
Where was disease contracted? —
Name of operation None Date —
Major finding —
Finding of autopsy None

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's OWN Signature F. F. Hennig M.D. (M. D. or other)
and Address Coeur d'Alene Date 7/17 1944
(For additional space, use reverse side)

139854

United States
Department of Commerce
Bureau of the Census

AUG 14 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. ____
Local Reg. No. 165
Reg. Dist. No. 121

1. **PLACE OF DEATH:**
(a) County Kootenai
(b) City or town USNTC Farragut
(c) Street Address or R. F. D. No. Farragut
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home ____ Hospital X Institution ____ Other place ____
(f) Name Hosp. or Inst. ____ Stayed 3 days
(g) Lived in this county ____ years ____ months 21 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Kootenai
(c) City or town USNTC Farragut
(d) Street Address or R. F. D. No. Farragut
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? US
(g) How long had deceased lived in Idaho? 21 Days years
(h) Former residence (city, state) Mt. Vernon, Wn.

3. (a) **FULL NAME** HURLEY, Melvin Dean

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3. (b) If veteran, name war none
3. (c) Social Security No. not known
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife none
6. (c) Age of husband or wife if alive — years
7. Date of Birth (Month, Day, Year) Feb. 20 1927

8. AGE	Years	Months	Days	If less than 1 day
	17	4	28	hrs ____ min.

9. Exact Occupation Apprentice Seaman Did this work for 21 days yrs.
10. Industry or Business U.S. Navy Date last worked 1944
11. Birthplace Washington (City or town) (State or foreign country)
Father
12. Name not known Hurley
13. Birthplace not known (City or town) (State or foreign country)
Mother
14. Maiden name not known
15. Birthplace not known (City or town) (State or foreign country)
16. Informant's OWN Signature R.V. Allen.Pharm.USN and Address USNH Farragut, Idaho
17. (a) removal (Burial, cremation, or removal) (b) Date thereof 7-22-44 (Month) (Day) (Year)
(c) Place: Mt. Vernon, Washington
18. Funeral Director's OWN Signature MOON MORTUARY and Address Sandpoint Idaho,
19. (a) 7-22-1944 (Date received and filed) (b) ____ (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 18 July 1944
at 10:30 o'clock A M.
21. I HEREBY CERTIFY, That I attended deceased from 15 July 1944, to 18 July 1944
I last saw him alive on 18 July 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
PNEUMONIA, BRONCHO	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? USNTC Farragut, Ida.
Name of operation none Date —
Major finding —
Finding of autopsy Same as cause of death

Physician: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature Herman W. Weyerbacher (M. D. or other)
and Address USNH, Farragut, Ida. Date 7-19 1944
(For additional space use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce AUG 14 1944
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 139855
Local Reg. No. 198
Reg. Dist. No. 20

1. **PLACE OF DEATH:**
(a) County Kootenai
(b) City or town Coeurd'Alene
(c) Street Address or R.F.D. No. 702 3nd St.
(d) Death Occured Inside? X Outside? - city or town
(e) Died in a Home - Hospital X Institution - Other place -
(f) Name Hosp. or Inst. Home Hosp. Stayed 4 days
(g) Lived in this county 14 years - months - days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State IDAHO (b) County Kootenai
(c) City or town Coeurd'Alene
(d) Street Address or R.F.D. No. 718½ 2nd St.
(e) Deceased lived Inside? X Outside? - city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 14 years
(h) Former residence (city, state) Helgren, Mont.

3. (a) **FULL NAME** LILLIE M. STUART 93d

3. (b) If veteran, name war NO
3. (c) Social Security No. NONE
4. Sex F.
5. Color or race W.
6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife GEORGE
6. (c) Age of husband or wife if alive ---- years
7. Date of Birth (Month, Day, Year) 1- 1 - 1871

8. AGE	Years	Months	Days	If less than 1 day
	73	6	18	hrs min.

9. Exact Occupation HOUSEWIFE Did this work for 40 yrs.
10. Industry or Business Date last worked 7/13/44
11. Birthplace LUCUS, CO. (City or town) IOWA (State or foreign country)
Father
12. Name HENRY H. ROBISON
13. Birthplace DO NOT KNOW (City or town) IOWA (State or foreign country)
Mother
14. Maiden name MARY KNEELAND
15. Birthplace DO NOT KNOW (City or town) IOWA (State or foreign country)
16. Informant's OWN Signature Mrs. John Moseley
and Address Coeur d'alene, Idaho
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 7/22/1944 (Month) (Day) (Year)
(c) Place: FOREST. COEURD ALENE
18. Funeral Director's OWN Signature A. B. Nelson
and Address 109-111 Lake Side S.D.A.
19. (a) 7/21/44 (Date received and filed) (b) Frances M. Lebel (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 7/19 1944
at 5:20 o'clock P.M.
21. **I HEREBY CERTIFY,** That I attended deceased from 1939 19 , to 7/19 1944
I last saw her alive on 7/18 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: 200a	Duration
Heart Failure	
Hypertensive Heart Disease	93d
Due to Slight Stroke on 7/14/44	
Due to death not direct result of	
Other conditions stroke which was not severe. (Include pregnancy within 3 months of death)	
Where was disease contracted? Home	
Name of operation None Date	
Major finding	
Finding of autopsy None	

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature F. F. Hanning MD (M. D. or other)
and Address Coeur d'alene Date 7/19 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

AUG 14 1944

Certificate Of Death

STATE OF IDAHO

State File No. 139856
Local Reg. No. 196
Reg. Dist. No. 121

1. **PLACE OF DEATH:**
(a) County Kootenai
(b) City or town Coeurd Alene Ida.
(c) Street Address or R.F.D. No. 702-3nd St.
(d) Death Occured Inside? X Outside? - city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst Home Hosp. Stayed 2 days
(g) Lived in this county 9 years - months - days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Kootenai
(c) City or town Rathdrum Ida.
(d) Street Address or ~~R.F.D.~~ No. 2.
(e) Deceased lived Inside? X Outside? - city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 9 years
(h) Former residence (city, state) Coulee City Wn.

3. (a) **FULL NAME** CURTIS SELL

46g

3. (b) If veteran, name war NO
3. (c) Social Security No. 518-03-6445
4. Sex M.
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife GENEVA
6. (c) Age of husband or wife if alive 46 years
7. Date of Birth (Month, Day, Year) JUNE 28th 1888

8. AGE	Years	Months	Days	If less than 1 day
	56	0	21	hrs min.

9. Exact Occupation BLACKSMITH Did this work for 41 yrs.
10. Industry or Business Date last worked MAY*1944
11. Birthplace DO NOT KNOW (City or town) INDIANA (State or foreign country)
Father
12. Name DO NOT KNOW SELL
13. Birthplace DO NOT KNOW (City or town) PENN. (State or foreign country)
Mother
14. Maiden name DO NOT KNOW
15. Birthplace " " " (City or town) (State or foreign country)
16. Informant's **OWN** Signature Mrs Geneva Sell
and Address RATHDRUM IDA. R.F.D.#2
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 7/22/1944 (Month) (Day) (Year)
(c) Place: FOREST, COEURD ALENE IDA.
18. Funeral Director's **OWN** Signature A. B. Nelson
and Address RATHDRUM IDA.
19. (a) 7/21/44 (Date received and filed) (b) Frances M. Eckel (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 7/19 1944
at 11:45 o'clock P.M.
21. **I HEREBY CERTIFY,** That I attended deceased from 6.19 1944, to 7.16 1944
I last saw him alive on 7.16 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Obstructive jaundice	12764
Due to (Probable) Cancer of head of pancreas.	4 mos.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? At home
Name of operation none Date
Major finding
Finding of autopsy no autopsy

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature H. L. Lewcombe, M.D. (M. D. or other)
and Address Coeur d'Alene Idaho Date 7.21 1944
(For additional space, use reverse side)

NON-RESIDENT Fox

United States
Department of Commerce AUG 14 1944
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 139857
Local Reg. No. 192
Reg. Dist. No. 121

1. **PLACE OF DEATH:**
(a) County Kootenai
(b) City or town Coeur d'Alene
(c) Street Address or R. F. D. No. 412 Lakeside
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home __ Hospital X Institution __ Other place __
(f) Name Hosp. or Inst. LCG Hosp Stayed 7 days
(g) Lived in this county 1 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Montana (b) County Fergus
(c) City or town Lewistown
(d) Street Address or R. F. D. No. 811 6ht AveN
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? USA
(g) How long had deceased lived in Idaho? one years
(h) Former residence (city, state) Montana

3. (a) FULL NAME August Nelson

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3. (b) If veteran, name war none
3. (c) Social Security No. 517-09-9357
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Leonora
6. (c) Age of husband or wife if alive 50 years
7. Date of Birth (Month, Day, Year) March 9, 1878

8. AGE	Years	Months	Days	If less than 1 day
	66	4	10	hrs min.

9. Exact Occupation Warehouseman Did this work for 1 yrs.
10. Industry or Business Civil Service Date last worked 6-28-44
11. Birthplace Sweden (City or town) (State or foreign country)
Father
12. Name Hans Nelson
13. Birthplace Sweden (City or town) (State or foreign country)
Mother
14. Maiden name unknown
15. Birthplace Sweden (City or town) (State or foreign country)
16. Informant's OWN Signature George L. Nelson
and Address Lewistown Montana
17. (a) removal (Burial, cremation, or removal) (b) Date thereof 7-21-44 (Month) (Day) (Year)
(c) Place: Lewistown, Montana
18. Funeral Director's OWN Signature Don English
and Address Coeur d'Alene, Idaho
19. (a) 7/20/44 (Date received and filed) (b) Frances M. Nebel (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 7-19-44 19__
at 1:15 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from 7/12 1944, to 7/19 1944
I last saw him alive on 7/18 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Terminal bronchopneumonia 107	1 day
Due to Bowel hemorrhage of	
Due to undetermined origin	4 wks
Other conditions 123/2 (Include pregnancy within 3 months of death)	

Where was disease contracted? —
Name of operation ____ Date ____
Major finding —
Finding of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature [signature] (M. D. or other)
and Address Coeur d'Alene Date 7/19 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Greenwood

139858

United States
Department of Commerce
Bureau of the Census

AUG 14 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 187
Reg. Dist. No. 12-0

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
   (a) County Kootenai
   (b) City or town Coeur d'Alene
   (c) Street Address or R. F. D. No. 412 Lakeside
   (d) Death Occurred Inside? X Outside? ____ city or town
   (e) Died in a Home ____ Hospital X Institution ____ Other place ____
   (f) Name Hosp. or Inst. LCG Hosp Stayed 1 days
   (g) Lived in this county 30 years ____ months ____ days

   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Kootenai
   (c) City or town Coeur d'Alene
   (d) Street Address or R. F. D. No. RFD 1
   (e) Deceased lived Inside? // Outside? X city or town
   (f) Citizen of what country? USA
   (g) How long had deceased lived in Idaho? 30 years
   (h) Former residence (city, state) Montana

3. (a) **FULL NAME** Francis P Malone

934

3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife //////
6. (c) Age of husband or wife if alive ////// years
7. Date of Birth (Month, Day, Year) March 17, 1868

8. AGE	Years	Months	Days	If less than 1 day
	76	4	3	hrs ____ min. ____

9. Exact Occupation Millworker — Did this work for 20 yrs.
10. Industry or Business lumbering — Date last worked 1942
11. Birthplace Madison Wisc. (City or town) (State or foreign country)

Father
12. Name Richrd Malone
13. Birthplace Ireland (City or town) (State or foreign country)

Mother
14. Maiden name Kate Moran
15. Birthplace Madison Wisc. (City or town) (State or foreign country)

16. Informant's OWN Signature William Malone
and Address Half Way Oregon

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 7-24-44 (Month) (Day) (Year)
(c) Place: St Thomas Cem'y Idaho

18. Funeral Director's OWN Signature Don English
and Address Coeur d'Alene, Idaho

19. (a) 7/27/44 (Date received and filed) (b) Frances M. Abel (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 7-20-44 19____
at 8:30 o'clock P M.

21. **I HEREBY CERTIFY,** That I attended deceased from Aug 1940 to July 20 1944
I last saw him alive on July 20 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: 95c — Duration
Acute decompensation of Hrt 3-day
Chronic Myocarditis 934 10 yrs.
Due to ____
Due to ____
Other conditions ____
(Include pregnancy within 3 months of death)
Where was disease contracted? ____
Name of operation none Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state ____
where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's OWN Signature Theodore V. Greenwood M.D.
(M. D. or other)
and Address Coeur d'Alene Idaho Date 7-21 19 44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census AUG 1 1 1944

Certificate Of Death

STATE OF IDAHO

State File No. 139859
Local Reg. No. 182
Reg. Dist. No. 120

1. PLACE OF DEATH:
(a) County Kootenai
(b) City or town Coeurd'Alene
(c) Street Address or R.F.D. No. 702 - 3ed
(d) Death Occured Inside? X Outside? -- city or town
(e) Died in a Home.... Hospital.... Institution.... Other place....
(f) Name Hosp. or Inst. Home Hosp. Stayed 4 Months days
(g) Lived in this county 55 years - months - days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Kootenai
(c) City or town Coeurd'Alene
(d) Street Address or R.F.D. No. Star Route
(e) Deceased lived Inside? - Outside? X city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 55 years
(h) Former residence (city, state) Minn.

3. (a) **FULL NAME** ALONZA G. GOULD 1626

3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex M.
5. Color or race W.
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife VIRGINIA ROSE
6. (c) Age of husband or wife if alive 84 years
7. Date of Birth (Month, Day, Year) AUGUST 7th 1857

8. AGE	Years	Months	Days	If less than 1 day
	86	11	14	hrs min.

9. Exact Occupation FARMER Did this work for 55 yrs.
10. Industry or Business Date last worked 1930
11. Birthplace ROCHESTER (City or town) MINN. (State or foreign country)
Father
12. Name DO NOT KNOW GOULD
13. Birthplace DO NOT KNOW (City or town) PENN. (State or foreign country)
Mother
14. Maiden name DO NOT KNOW
15. Birthplace ''' ''' (City or town) (State or foreign country)
16. Informant's OWN Signature F. W. Lisenbee
and Address STAR ROUTE, COEURD'ALENE
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 11/24/1944 (Month) (Day) (Year)
(c) Place: FOREST-COEURD'ALENE
18. Funeral Director's OWN Signature A. B. Nelson
and Address 109-111 LAKE SIDE. C.D.A.
19. (a) 7/24/44 (Date received and filed) (b) Frances M. Clark (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 7/21 1944
at 8:45 o'clock P.M.
21. **I HEREBY CERTIFY**, That I attended deceased from Oct 1943, to 7/21 1944
I last saw him alive on 7/17 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Senility	
Due to Old age.	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? home
Name of operation Date
Major finding
Finding of autopsy

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature F. F. Hoining M.D. (M. D. or other)
and Address Coeurd'alene Date 7/22 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census AUG 14 1944

Certificate Of Death

STATE OF IDAHO

State File No. 139860
Local Reg. No. 178
Reg. Dist. No. 120

1. **PLACE OF DEATH:**
   (a) County KOOTENAI
   (b) City or town COEURD'ALENE
   (c) Street Address or R.F.D. No. 1417. PENN.
   (d) Death Occured Inside? ..... Outside? ..... city or town
   (e) Died in a Home X Hospital ... Institution ... Other place ...
   (f) Name Hosp. or Inst. ------ Stayed ... days
   (g) Lived in this county ... years ... months 5 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State IDAHO (b) County NEZ PERCE
   (c) City or town LEWISTON
   (d) Street Address or R.F.D. No. 1019- 8th ST.
   (e) Deceased lived Inside? X Outside? ... city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 18 years
   (h) Former residence (city, state) CHEWELAH, Wn.

3. (a) **FULL NAME** MILISSA FRANCES BANTA

95c

3. (b) If veteran, name war NO
3. (c) Social Security No. NONE
4. Sex F.
5. Color or race W.
6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife JAMES ALLEN,
6. (c) Age of husband or wife if alive DECEASED years
7. Date of Birth (Month, Day, Year) SEPTEMBER 26th 1856

8. AGE	Years	Months	Days	If less than 1 day
	87	10	1	hrs min.

9. Exact Occupation HOUSEWIFE Did this work for LIFE yrs.
10. Industry or Business ..... Date last worked 7/26/44
11. Birthplace MACON, CO. (City or town) MO. (State or foreign country)

Father
12. Name MARK WHITE
13. Birthplace DO NOT KNOW (City or town) KENTUCKEY (State or foreign country)

Mother
14. Maiden name GERLDA WRIGHT
15. Birthplace DO NOT KNOW (City or town) KENTUCKEY (State or foreign country)

16. Informant's **OWN** Signature Mrs Jessie F. McClelland
and Address 106 W Maple walla walla

17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof &? 7/29/1944 (Month) (Day) (Year)
(c) Place: RIVER SIDE PARK SPOKANE Wn.

18. Funeral Director's **OWN** Signature A.B. Nelson
and Address 109-111 LAKE SIDE, C-D.A.

19. (a) 7-28-44 (Date received and filed) (b) Frances M. Nelson (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 7/27 1944
at 5:30 o'clock A. M.

21. **I HEREBY CERTIFY**, That I attended deceased from 7-27 1944, to 7-27 1944
I last saw h[illegible] alive on 7-27 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: 95c Acute decompensation of Coronary Thrombosis — Duration 7-27-44 / 7-26-44
Due to 94a
Due to
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?
Name of operation ..... Date
Major finding
Finding of autopsy None

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury

23. Attendant's **OWN** Signature [illegible] M. D. or other)
and Address [illegible] Date 7-28 1944

(For additional space, use reverse side)

139861

United States
Department of Commerce
Bureau of the Census

AUG 14 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 200
Reg. Dist. No. 1240

1. **PLACE OF DEATH:**
(a) County Kootenai
(b) City or town Coeur d'Alene
(c) Street Address or R. F. D. No. 412 Lakeside
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home __ Hospital X Institution __ Other place __
(f) Name Hosp. or Inst. LCG Hosp Stayed 3 days
(g) Lived in this county 1 years 4 months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Kootenai
(c) City or town Post Falls
(d) Street Address or R. F. D. No. RFD #1
(e) Deceased lived Inside? ____ Outside? X city or town
(f) Citizen of what country? USA
(g) How long had deceased lived in Idaho? 1 years
(h) Former residence (city, state) North Dakota

3. (a) FULL NAME Myrtle M Wilberding

122a

3. (b) If veteran, name war ////////
3. (c) Social Security No. ////////
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Walter
6. (c) Age of husband or wife if alive 34 years
7. Date of Birth (Month, Day, Year) Dec 11 1911

8. AGE	Years	Months	Days	If less than 1 day
	32	7	15	hrs min.

9. Exact Occupation housewife Did this work for 11 yrs.
10. Industry or Business own home Date last worked 7-22-44
11. Birthplace Trent South Dakota (City or town) (State or foreign country)
Father
12. Name Johnson
13. Birthplace Norway (City or town) (State or foreign country)
Mother
14. Maiden name Anna Norskovan
15. Birthplace Norway (City or town) (State or foreign country)
16. Informant's OWN Signature W H Wilberding and Address Post Falls, Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 7-31-44 (Month) (Day) (Year)
(c) Place: St. Thomas Cd'A, Idaho
18. Funeral Director's OWN Signature Don English and Address Coeur d'Alene, Idaho
19. (a) 7-29-44 (Date received and filed) (b) Frances M. Kebel (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 7-27-44 19__ at 1:20 o'clock A.M.
21. **I HEREBY CERTIFY,** That I attended deceased from May 1944 to 7/27 1944
I last saw her alive on 7/27/44 19__; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Strangulated hernia	
Intra abdominal under an adhesive band	10 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation exploratory laperotomy Date 7/26/44	
Major finding Strangulated	
Finding of autopsy hernia	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature F. F. Hamer M.D. (M. D. or other)
and Address Coeur d'Alene Date 7/28 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

AUG 11 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 139862
Local Reg. No. 11
Reg. Dist. No. 208

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. PLACE OF DEATH:
(a) County Latah
(b) City or town Onaway
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Yes Outside? city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 30 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Latah
(c) City or town Onaway
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Yes Outside? city or town
(f) If foreign born, in U. S. yrs. Citizen of U. S.?
(g) How long had deceased lived in Idaho? 30 years
(h) Former residence (city, state)

3. (a) FULL NAME Samuel Jefferson Milner

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6 (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) October 20, 1870

8. AGE	Years	Months	Days	If less than 1 day
	73	8	15	hrs min.

9. Exact Occupation Merchant — Did this work for 25 yrs.
10. Industry or Business Generak Merchandise — Date last worked 1935
11. Birthplace Johnsonville (City or town) Ill. (State or foreign country)

Father
12. Name J. M. Milner
13. Birthplace Johnsonville (City or town) Ill. (State or foreign country)

Mother
14. Maiden name Malinda Hale
15. Birthplace Johnsonville (City or town) Ill. (State or foreign country)

16. Informant's **OWN** Signature Dive Tibbs-Bergman and Address Potlatch Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 7-5-44 (Month) (Day) (Year)
(c) Place: Palouse, Wash.
18. Funeral Director's **OWN** Signature H E Kimball and Address Palouse, Wash.
19. (a) July 6-1944 (Date received and filed) (b) Edith McManama (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 5 19 44 at 4:45 o'clock P M.
21. I **HEREBY CERTIFY**, That I attended deceased from 7/4/44 19 to 7/5/44 19
I last saw him alive on 7/4/44 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebral hemorrhage	2 dys
Due to Previous cerebral hemorrhages, one six months before, one 18 months	
Due to Generalized arteriosclerosis	
Other conditions None (Include pregnancy within 3 months of death)	

Where was disease first contracted? Idaho
Name of operation None Date
Major finding
Finding of autopsy None

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature L. L. Klaarn (M. D. or other)
and Address Moscow, Idaho Date 7/6/44 19
(For additional space, use reverse side)

United States
Department of Commerce
Bureau of the Census

AUG 14 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 139863
Local Reg. No. 1079
Reg. Dist. No. 200

1. **PLACE OF DEATH:**
(a) County Latah
(b) City or town Avon P.O.
(c) Street Address or R. F. D. No. rural
(d) Death Occurred Inside? ____ Outside? X city or town
(e) Died in a Home X Hospital __ Institution __ Other place __
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 57 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Latah
(c) City or town Avon (rural)
(d) Street Address or R. F. D. No. ____
(e) Deceased lived Inside? ____ Outside? X city or town
(f) Citizen of what country? USA
(g) How long had deceased lived in Idaho? 57 years
(h) Former residence (city, state) ____

3. (a) FULL NAME Sarah Christine Granlund

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3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife unknown
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) July 4, 1863

8. AGE	Years	Months	Days	If less than 1 day
	81	0	1	hrs min.

9. Exact Occupation housekeeper Did this work for life yrs.
10. Industry or Business housekeeper Date last worked ____
11. Birthplace DarLana (City or town) Sweden (State or foreign country)
Father
12. Name Johnson
13. Birthplace unknown (City or town) (State or foreign country)
Mother
14. Maiden name unknown
15. Birthplace unknown (City or town) (State or foreign country)
16. Informant's OWN Signature Mrs Albert Granlund
and Address Avon, Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 7-9-44 (Month) (Day) (Year)
(c) Place: Dry Creek Cemetery
18. Funeral Director's OWN Signature H. R. Short
and Address Moscow, Idaho
19. (a) 8/4/44 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 5, 1944
at 3:45 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from June 28, 1944 to July 5, 1944
I last saw her alive on 7/2 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration
Abrasion Nephritis
Due to General Debility
Due to Senility
Other conditions ____
(Include pregnancy within 3 months of death)
Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature Ben Schultz (M. D. or other)
and Address Troy Id. Date 7/8 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

AUG 9 1944

State File No. 139864
Local Reg. No.
Reg. Dist. No. 202

1. **PLACE OF DEATH:**
   (a) County Latah
   (b) City or town Julietta
   (c) Street Address or R. F. D. No. none
   (d) Death Occurred Inside? X Outside? ____ city or town
   (e) Died in a Home X Hospital ____ Institution ____ Other place ____
   (f) Name Hosp. or Inst. ____ Stayed ____ days
   (g) Lived in this county 20 years ____ months ____ days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Latah
   (c) City or town Julietta
   (d) Street Address or R. F. D. No. none
   (e) Deceased lived Inside? X Outside? ____ city or town
   (f) Citizen of what country? USA
   (g) How long had deceased lived in Idaho? 20 years
   (h) Former residence (city, state) ____

3. (a) **FULL NAME** Booker Dyer

3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex M race W
5. Color or
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Martha
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) January 10, 1864

8. AGE	Years	Months	Days	If less than 1 day
	80	5	27	hrs ____ min.

9. Exact Occupation Farming — Did this work for life yrs.
10. Industry or Business Farming — Date last worked
11. Birthplace Knoxville (City or town) Tenn (State or foreign country)

Father
12. Name Evanda Dyer Tenn.
13. Birthplace ____ (City or town) Tenn. (State or foreign country)

Mother
14. Maiden name Elima Sheldon
15. Birthplace ____ (City or town) Tenn. (State or foreign country)

16. Informant's **OWN** Signature Andy Dyer
and Address Troy, Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 7-10-44 (Month) (Day) (Year)
(c) Place: Fix Ridge
18. Funeral Director's **OWN** Signature W. R. Short
and Address Moscow, Idaho
19. (a) July 11, 1944 (Date received and filed) (b) M. F. Nesbit (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 7-7-44 1944
at 7:30 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from Apr 1944 to June 1944
I last saw him alive on June 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Arteriosclerotic heart disease	1 yr
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation ____ Date ____	
Major finding	
Finding of autopsy	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's **OWN** Signature Dr. Christensen (M. D. or other)
and Address Kendrick Date July 11 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

139865

United States
Department of Commerce
Bureau of the Census AUG 14 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 139865
Local Reg. No. 1080
Reg. Dist. No. 20

1. **PLACE OF DEATH:**
(a) County Latah
(b) City or town Genesee
(c) Street Address or R. F. D. No. Genesee
(d) Death Occurred Inside? # Outside? ____ city or town
(e) Died in a Home # Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 1 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Latah
(c) City or town Genesee
(d) Street Address or R. F. D. No. Genesee
(e) Deceased lived Inside? # Outside? ____ city or town
(f) Citizen of what country? U.S.
(g) How long had deceased lived in Idaho? 55 years
(h) Former residence (city, state) Bonners Ferry, Id

3. (a) FULL NAME Louis Fitzpatrick

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife ____
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) June 4, 1865

8. AGE	Years	Months	Days	If less than 1 day
	79	3	11	hrs ____ min. ____

9. Exact Occupation Retired — Did this work for 55 yrs.
10. Industry or Business farmer — Date last worked 1938
11. Birthplace ____ (City or town) Ireland (State or foreign country)

Father
12. Name Michael Fitzpatrick
13. Birthplace ____ (City or town) Ireland (State or foreign country)

Mother
14. Maiden name Ann Stapleton
15. Birthplace ____ (City or town) Ireland (State or foreign country)

16. Informant's OWN Signature J. M. Rabdau
and Address Genesee, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/21/44 (Month) (Day) (Year)
(c) Place: Genesee, Idaho
18. Funeral Director's OWN Signature H. R. Short
and Address Moscow, Idaho
19. (a) 8/14/44 (Date received and filed) (b) ____ (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 17, 1944 19____
at 1:45 o'clock P. M.

21. **I HEREBY CERTIFY,** That I attended deceased from ____ 19____, to ____ 19____
I last saw h____ alive on ____ 19____; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Acute Myocarditis	
Due to Dropped dead in garden	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's OWN Signature H. R. Short Coroner (M. D. or other)
and Address Moscow, Ida. Date 7/17 1944
(For additional space, use reverse side)

United States
Department of Commerce AUG 14 1944
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 139866
Local Reg. No. 108
Reg. Dist. No. 200

1. **PLACE OF DEATH:**
(a) County Latah
(b) City or town Moscow
(c) Street Address or R. F. D. No. 710 S. Main
(d) Death Occurred Inside? x Outside? ____ city or town
(e) Died in a Home __ Hospital x Institution __ Other place __
(f) Name Hosp. or Inst. Gritman Stayed 5 days
(g) Lived in this county ____ years ____ months 6 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Benewah
(c) City or town Fernwood Idaho
(d) Street Address or R. F. D. No. ____
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? USA
(g) How long had deceased lived in Idaho? 27 years
(h) Former residence (city, state) ____

3. (a) FULL NAME MYRTLE IVA ODEGARD

3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Rudolph
6. (c) Age of husband or wife if alive 42 years
7. Date of Birth (Month, Day, Year) Nov. 2, 1902

8. AGE	Years	Months	Days	If less than 1 day
	41	8	21	hrs min.

9. Exact Occupation housewife Did this work for life yrs.
10. Industry or Business none Date last worked ____
11. Birthplace Farmington (City or town) Washington (State or foreign country)
Father
12. Name L.F.Bechtel
13. Birthplace (City or town) Illinois (State or foreign country)
Mother
14. Maiden name Christie Layton
15. Birthplace Farmington (City or town) Washington (State or foreign country)
16. Informant's OWN Signature Rudolph Odegard
and Address Fernwood Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 7-26-44 (Month) (Day) (Year)
(c) Place: Fernwood, Idaho
18. Funeral Director's OWN Signature W. R. Short
and Address Moscow, Idaho
19. (a) 8/4/44 (Date received and filed) (b) C. J. Kaarn (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 23 1944
at 7:20 AM o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from July 18 1944, to July 23 1944
I last saw her alive on July 22 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Carcinoma of Liver. — Duration ____
Due to ____
Due to ____
Other conditions obstruction of common bile duct. (Include pregnancy within 3 months of death)
Where was disease contracted? House.
Name of operation Exploratory. Date July 18 44
Major finding Ca of Liver.
Finding of autopsy Bone made.

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature O. Armstrong M. D. (M. D. or other)
and Address Moscow Ida. Date 1/26 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Klaam 139867

United States
Department of Commerce
Bureau of the Census

AUG 14 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 1082
Reg. Dist. No. 20

1. **PLACE OF DEATH:**
(a) County Latah
(b) City or town Moscow
(c) Street Address or R. F. D. No. 446 E. 8th.
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home X Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 20 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Latah
(c) City or town Moscow
(d) Street Address or R. F. D. No. 446 E 8th
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 20 years
(h) Former residence (city, state) ____

3. (a) **FULL NAME** Virgil Wilson O'Dell

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mable
6. (c) Age of husband or wife if alive 29 years
7. Date of Birth (Month, Day, Year) June 1, 1916

8. AGE	Years	Months	Days	If less than 1 day
	28	1	22	hrs ____ min.

9. Exact Occupation Laborer — Did this work for 1yr yrs.
10. Industry or Business " — Date last worked 1941
11. Birthplace Potlatch (City or town) Idaho (State or foreign country)

Father
12. Name Myron O'Dell
13. Birthplace Colton (City or town) Washington (State or foreign country)

Mother
14. Maiden name Maude Layton
15. Birthplace Palouse (City or town) Washington (State or foreign country)

16. Informant's **OWN** Signature Mable O'Dell
and Address Moscow Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-26-44 (Month) (Day) (Year)
(c) Place: Moscow Idaho
18. Funeral Director's **OWN** Signature H. R. Hyde
and Address Moscow Idaho
19. (a) 8/4/44 (Date received and filed) (b) L. J. Klaam (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 7-23 1944
at Six o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from October 1943 to July 23 1944
I last saw him alive on July 17 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Miliary tuberculosis,	1½ yrs
Due to Pulmonary tuberculosis, bilateral	
Due to	
Other conditions None (Include pregnancy within 3 months of death)	

Where was disease contracted? Idaho
Name of operation None Date ____
Major finding ____
Finding of autopsy None

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's **OWN** Signature L. J. Klaam (M. D. or other)
and Address Moscow Idaho Date 8/1/44 19____
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

AUG 14 1944

State File No. 139868
Local Reg. No. 1084
Reg. Dist. No. 2nd

1. **PLACE OF DEATH:** Latah
(a) County
(b) City or town Viola
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? ✓ Outside? ____ city or town
(e) Died in a Home ✓ Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 50 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Latah
(c) City or town Viola Idaho
(d) Street Address or R. F. D. No. none
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? USA
(g) How long had deceased lived in Idaho? 50 years
(h) Former residence (city, state) (unknown)

3. (a) **FULL NAME** Mary Ellen Childers 93 E

3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex F
5. Color or race W
6. (a) Single, widowed, married divorced widowed
6. (b) Name of husband or wife William
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) Feb 14 1878

8. AGE	Years	Months	Days	If less than 1 day hrs	min.
	66	5	12		

9. Exact Occupation housewife Did this work for life yrs.
10. Industry or Business ____ Date last worked ____
11. Birthplace Sandy (City or town) Oregon (State or foreign country)

Father
12. Name (1st name unknown) Stone
13. Birthplace unknown (City or town) (State or foreign country)

Mother
14. Maiden name Unknown
15. Birthplace unknown (City or town) (State or foreign country)

16. Informant's **OWN** Signature Henry Kamp Sickler
and Address Potlatch Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-2-44 (Month) (Day) (Year)
(c) Place: Viola Ida

18. Funeral Director's **OWN** Signature H. R. Short
and Address Moscow Idaho

19. (a) 8/4/44 (Date received and filed) (b) L J Klaarn (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 7-26 1944
at 5 o'clock P. M.

21. **I HEREBY CERTIFY,** That I attended deceased from 5/17/41 19____ to 7/26/44 19____
I last saw her alive on 7/21/44 19____; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Acute myocardio failure	Sudden
Due to Myocarditis, with auricular fibrillation	
Due to	
Other conditions None (Include pregnancy within 3 months of death)	

Where was disease contracted? Idaho
Name of operation None Date
Major finding
Finding of autopsy None

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's **OWN** Signature L J Klaarn
and Address Moscow Idaho (M. D. or [illegible]) Date 8/1/44 19____
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

AUG 14 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 139869
Local Reg. No. 1085
Reg. Dist. No. 200

1. PLACE OF DEATH: Latah
(a) County
(b) City or town Moscow
(c) Street Address or R. F. D. No. 406 So. Jefferson
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 62 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Latah
(c) City or town Moscow
(d) Street Address or R. F. D. No. 406 So. Jefferson
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? USA.
(g) How long had deceased lived in Idaho? 62 years
(h) Former residence (city, state)

3. (a) FULL NAME Cora Bell Drury. 131a

3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Rodney
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Nov. 30, 1867

8. AGE	Years	Months	Days	If less than 1 day
	76	7	27	hrs min.

9. Exact Occupation Housewife Did this work for life yrs.
10. Industry or Business " Date last worked
11. Birthplace Murray (City or town) Iowa (State or foreign country)
Father
12. Name John B. Gibson
13. Birthplace (City or town) Iowa (State or foreign country)
Mother
14. Maiden name Cora Bell
15. Birthplace (City or town) Iowa (State or foreign country)
16. Informant's OWN Signature Ann Drury Grimes
and Address Seaside Oregon
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-29-44 (Month) (Day) (Year)
(c) Place: Moscow Idaho
18. Funeral Director's OWN Signature H. R. Short
and Address Moscow Idaho
19. (a) 8/4/44 (Date received and filed) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) July 27 1944
at 2:00 o'clock A M.
21. I HEREBY CERTIFY, That I attended deceased from Feb. 3 1943, to July 27 1944
I last saw her alive on 7/27 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Acute myocarditis
Due to Chr. Subcutaneous nephritis
Due to
Other conditions Hypertension
(Include pregnancy within 3 months of death)
Where was disease contracted? Home
Name of operation Date
Major finding
Finding of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature C. O. Smithson M.D. (M. D. or other)
and Address Moscow, Idaho Date 8/3/44 19
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Klaa...

United States
Department of Commerce
Bureau of the Census

AUG 14 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 139870
Local Reg. No. 1086
Reg. Dist. No. 200

1. **PLACE OF DEATH:**
   (a) County Latah
   (b) City or town Moscow
   (c) Street Address or R. F. D. No. 412 N. Howard
   (d) Death Occurred Inside? X Outside? ____ city or town
   (e) Died in a Home ____ Hospital ____ Institution X Other place ____
   (f) Name Hosp. or Inst. Ursaline Convent stayed ____ days
   (g) Lived in this county 7 years ____ months ____ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Latah
   (c) City or town Moscow
   (d) Street Address or R. F. D. No. 412 No Howard
   (e) Deceased lived Inside? X Outside? ____ city or town
   (f) Citizen of what country? USA.
   (g) How long had deceased lived in Idaho? 7 years
   (h) Former residence (city, state) Unknown

3. (a) **FULL NAME** Sister M. Celestine Kelly 94a

3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife none
6. (c) Age of husband or wife if alive none years
7. Date of Birth (Month, Day, Year) March 1, 1870

8. AGE	Years	Months	Days	If less than 1 day
	74	4	27	hrs min.

9. Exact Occupation Teacher Did this work for 50 yrs.
10. Industry or Business Teaching Date last worked ____
11. Birthplace West Meath (City or town) Ireland (State or foreign country)

Father
12. Name Patrick Kelly
13. Birthplace West Meath (City or town) Ireland (State or foreign country)

Mother
14. Maiden name Mary Downs
15. Birthplace West Meath (City or town) Ireland (State or foreign country)

16. Informant's OWN Signature Mother Finbarr
and Address 412 N Howard, Moscow, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-31-44 (Month) (Day) (Year)
(c) Place: Moscow Catholic Cemetery
18. Funeral Director's OWN Signature H R Short
and Address Moscow Idaho
19. (a) 8/4/44 (Date received and filed) (b) L J Klaarn (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 7-28 1944
at 2:12 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from September 1943, to July 28 1944
I last saw her alive on 7/28/44 19____; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Coronary occlusion	10 days
Due to Coronary and generalized arteriosclerosis	
Due to	
Other conditions Cerebral hemorrhage and frac. of hip, about four or five yrs. ago. (Include pregnancy within 3 months of death)	

Where was disease contracted? Idaho
Name of operation None Date ____
Major finding ____
Finding of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature L J Klaarn (M. D. or other)
and Address Moscow, Idaho Date 8/1/44 19____
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

139871

United States
Department of Commerce
Bureau of the Census

AUG 11 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 12
Reg. Dist. No. 208

1. PLACE OF DEATH:
(a) County Latah
(b) City or town Rural 7 Miles E. Garfield
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? Yes city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 28 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Latah
(c) City or town Rural 7 Mi. E. Garfield
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Outside? Yes city or town
(f) If foreign born, in U. S. yrs. Citizen of U. S.?
(g) How long had deceased lived in Idaho? 28 years
(h) Former residence (city, state)

3. (a) **FULL NAME** Charles Benjamin McBride

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lou
6 (c) Age of husband or wife if alive 61 years
7. Date of Birth (Month, Day, Year) May 7, 1873

8. AGE	Years	Months	Days	If less than 1 day
	71	2	23	hrs min.

9. Exact Occupation Farmer — Did this work for 50 yrs.
10. Industry or Business Wheat Farm — Date last worked 9-30-43
11. Birthplace Frankilin Co. (City or town) Va. (State or foreign country)

Father
12. Name William Mc.Bride
13. Birthplace (City or town) Va. (State or foreign country)

Mother
14. Maiden name Sally Brown
15. Birthplace (City or town) Va. (State or foreign country)

16. Informant's **OWN** Signature Jennie McBride and Address Garfield, Wash.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 7-30-44 (Month) (Day) (Year)
(c) Place: Palouse, Wash.
18. Funeral Director's **OWN** Signature H E Kimball and Address Palouse, Wash.
19. (a) July 31, 1944 (Date received and filed) (b) Lady McMcManama (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 30, 1944 at 5:30 o'clock A. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 1938 to July 30 1944
I last saw him alive on July 29 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Myocardial failure — Duration
Due to Chronic myocarditis
Due to
Other conditions Senility
(Include pregnancy within 3 months of death)
Where was disease first contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature C. R. Goodhope, M.D. (M. D. or other)
and Address Garfield Date 7-31 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JUL 15 1944

NON-RESIDENT CERTIFICATE OF DEATH

STATE OF IDAHO

mueller

139872

State File No.
Local Reg. No. 691
Reg. Dist. No.

1. **PLACE OF DEATH:**
   (a) County Lemhi
   (b) City or town Gibbonsville
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? ✓ Outside? ____ city or town
   (e) Died in a Home ✓ Hospital ____ Institution ____ Other place ____
   (f) Name Hosp. or Inst. ____ Stayed ____ days
   (g) Lived in this county 3 years ____ months ____ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State N. Da. (b) County ____
   (c) City or town Bismark
   (d) Street Address or R. F. D. No. ____
   (e) Deceased lived Inside? ✓ Outside? ____ city or town
   (f) Citizen of what country? ____
   (g) How long had deceased lived in Idaho? 3 years
   (h) Former residence (city, state) North Dakota

3. (a) **FULL NAME** RAYMOND DIXON BURMAN

3. (b) If veteran, name war 1st World war
3. (c) Social Security No. 519-20-3133
4. Sex M
5. Color or race W
6. (a) Single, widowed, (married), divorced
6. (b) Name of husband or wife MILDRED R.
6. (c) Age of husband or wife if alive 44 years
7. Date of Birth (Month, Day, Year) Sept. 4, 1896

8. AGE	Years	Months	Days	If less than 1 day
	47	9	29	hrs ____ min. ____

9. Exact Occupation Shoemaker — Did this work for Life yrs.
10. Industry or Business ____ — Date last worked ____
11. Birthplace VILLISCA, (City or town) Iowa (State or foreign country)

Father
12. Name Henry A. Burman
13. Birthplace ____ (City or town) Ky (State or foreign country)

Mother
14. Maiden name Mellisa Dixon
15. Birthplace ____ (City or town) Mo. (State or foreign country)

16. Informant's OWN Signature Mrs R D Burman
and Address Gibbonsville Ida

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-6-1944 (Month) (Day) (Year)
(c) Place: Salmon, Ida

18. Funeral Director's OWN Signature Ray McGoldrick
and Address SALMON

19. (a) 7-12-44 (Date received and filed) (b) Chas E. Bellamy (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 3- 44 19____
at 12:30 o'clock P. M.

21. **I HEREBY CERTIFY,** That I attended deceased from ____ 19____, to ____ 19____
I last saw h____ alive on ____ 19____; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
(a) Angina Pectoris	2 minutes
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's OWN Signature J. L. Mueller M.D.
(M. D. or other)
and Address Salmon Ida Date 7-7 1944

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

NON-RESIDENT

United States
Department of Commerce
Bureau of the Census

AUG 17 1944

CERTIFICATE OF DEATH

STATE OF IDAHO

State File No. 139873
Local Reg. No.
Reg. Dist. No.

1. PLACE OF DEATH: Lemhi
(a) County
(b) City or town Salmon
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? ✓ Outside? city or town
(e) Died in a Home Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 7 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Utah (b) County
(c) City or town Sandy & DRAPER
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? ✓ Outside? city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? 54 years
(h) Former residence (city, state) SODA SPRINGS

3. (a) FULL NAME WALLACE H. STOCKS 83a

3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife BLANCHE I.
6. (c) Age of husband or wife if alive 52 years
7. Date of Birth (Month, Day, Year) Jan 29, 1870

8. AGE	Years	Months	Days	If less than 1 day
	74	5	15	hrs min.

9. Exact Occupation Miner Did this work for Life yrs.
10. Industry or Business Date last worked
11. Birthplace Draper (City or town) Utah (State or foreign country)
Father
12. Name Moroni H. Stocks
13. Birthplace Lankyshire (City or town) England (State or foreign country)
Mother
14. Maiden name Sarah Heward
15. Birthplace Potiawatame (City or town) Iowa (State or foreign country)
16. Informant's OWN Signature Irene Stocks
and Address Salmon - Ida
17. (a) (Burial, cremation, or removal) (b) Date thereof 7-17-44 (Month) (Day) (Year)
(c) Place: Salmon
18. Funeral Director's OWN Signature Ray McGoldrick
and Address SALMON
19. (a) Clio C. Bellamy (Date received and filed) Clio C. Bellamy (Registrar's signature)
Aug 12-44

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) 7-13-44 19
at 6:50 o'clock P M.
21. I HEREBY CERTIFY, That I attended deceased from One visit 19, to April 28 1944
I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Had several crebral hemorrhages before my vist. At the time he had right hemiplegia and heart was irrgegular. Death result of cerebral accidents
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Duration

Where was disease contracted? Lemhi County
Name of operation None Date
Major finding
Finding of autopsy None made

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature O. T. Stratton M. D.
and Address Salmon, Idaho Date 8/5/44 19
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce AUG 17 1944
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

Mulder

State File No. 139874
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF DEATH:**
(a) County Lemhi
(b) City or town Salmon
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? ✓ Outside? ____ city or town
(e) Died in a Home ✓ Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 43 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County
(c) City or town
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? ____ Outside? ____ city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? 43 years
(h) Former residence (city, state) Kansas

3. (a) **FULL NAME** GEORGE CLAYTON HUDLOW 934

3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex M
5. Color or race W
6. (a) Single, widowed, (married) divorced
6. (b) Name of husband or wife Esther
6. (c) Age of husband or wife if alive 74 years
7. Date of Birth (Month, Day, Year) 2-3-1860

8. AGE	Years	Months	Days	If less than 1 day
	84	5	27	hrs min.

9. Exact Occupation Painter — Did this work for Life yrs.
10. Industry or Business — Date last worked
11. Birthplace Lawrence, Kansas (City or town) (State or foreign country)

Father
12. Name John Hudlow
13. Birthplace PENN (City or town) (State or foreign country)

Mother
14. Maiden name unknown
15. Birthplace (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs Esther Hudlow and Address
17. (a) Burial (Burial, cremation or removal) (b) Date thereof 8-1-44 (Month) (Day) (Year)
(c) Place: Salmon, Idaho
18. Funeral Director's OWN Signature Ray McGoldrick and Address SALMON
19. (a) Aug 12-44 (Date received and filed) (b) Chas C. Williams (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 7-30-44 19____
at 7:15 o'clock A M.

21. **I HEREBY CERTIFY,** That I attended deceased from Dec, 1942 to July 30 1944
I last saw him alive on July 29 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: (1) Chronic Bronchitis — Duration 30 Yrs.
(2) Chronic myocarditis — 10 Yrs.
Due to 43d
Due to
Other conditions
(Include pregnancy within 3 months of death)

Where was disease contracted?
Name of operation ____ Date ____
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury

23. Attendant's OWN Signature D. L. Mulder M.D. (M. D. or other)
and Address Salmon Ida. Date 8-7 1944
(For additional space, use reverse side)

139875

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 234
Local Reg. No.
Reg. Dist. No.

AUG 2 1944

1. **PLACE OF DEATH:**
(a) County Lewis
(b) City or town Kamiah
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? city or town
(e) Died in a Home ✓ Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 17 years 10 months 15 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Lewis
(c) City or town Kamiah
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? ✓ Outside? city or town
(f) Citizen of what country? USA
(g) How long had deceased lived in Idaho? 17 years
(h) Former residence (city, state) Same

3. (a) **FULL NAME** Charles Edward Nickel 52E

3. (b) If veteran, name war
3. (c) Social Security No. 578-22-4712
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Betty Nickel
6. (c) Age of husband or wife if alive 15 years
7. Date of Birth (Month, Day, Year) July 11, 1926

8. AGE	Years	Months	Days	If less than 1 day
	17	10	15	hrs min.

9. Exact Occupation Laborer Did this work for 1943 yrs.
10. Industry or Business — Date last worked —
11. Birthplace Kamiah (City or town) Idaho (State or foreign country)
Father
12. Name Charles William Nickel
13. Birthplace Lawerence Co. (City or town) Missouri (State or foreign country)
Mother
14. Maiden name Lillian McQueen
15. Birthplace Palouse (City or town) Wash (State or foreign country)
16. Informant's OWN Signature Johnnie William Nickel
and Address Kamiah Idaho
17. (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 5-29-44 (Month) (Day) (Year)
(c) Place: Kamiah Idaho
18. Funeral Director's OWN Signature Harold L. Paul
and Address Kamiah Idaho
19. (a) 6/7-1944 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 26 1944
at 6 o'clock P.M.
21. **I HEREBY CERTIFY,** That I attended deceased from May 1943, to Alone 19
I last saw him alive on 5 26 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Acute Rheumatic Fever	1 year
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted? Home	PHYSICIAN
Name of operation None Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy None	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature [signature] (M. D. ~~or other~~)
and Address Kamiah Ida Date 6/3 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

139876

United States
Department of Commerce
Bureau of the Census

AUG 2 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 234
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF DEATH:**
(a) County Idaho
(b) City or town Kamiah
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? ✓ city or town
(e) Died in a Home ✓ Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 27 years - months - days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Idaho
(c) City or town Kooskia
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Outside? ✓ city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 27 years
(h) Former residence (city, state) Colville, Wash.

3. (a) **FULL NAME** Margaret Evelyn Graham 35

3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Fem.
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Fleming
6. (c) Age of husband or wife if alive 79 years
7. Date of Birth (Month, Day, Year) Oct. 10, 1869

8. AGE	Years	Months	Days	If less than 1 day
	74	7	22	hrs min.

9. Exact Occupation Housewife Did this work for 55 yrs.
10. Industry or Business Date last worked 5/23/44
11. Birthplace Princeton, Kentucky (City or town) (State or foreign country)
Father
12. Name Moses Jackson
13. Birthplace — Kentucky (City or town) (State or foreign country)
Mother
14. Maiden name Margaret Kennedy
15. Birthplace — Kentucky (City or town) (State or foreign country)
16. Informant's OWN Signature Floyd F. Graham and Address Kamiah, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 3 1944 (Month) (Day) (Year)
(c) Place: Kooskia Cemetery
18. Funeral Director's OWN Signature Claude Trevary and Address Kooskia, Idaho
19. (a) 6/3 44 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 1 1944 at 6:00 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from May 25 1944, to 6/1 1944
I last saw her alive on 5/31 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Measles	5 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) Mitral Insufficiency & Senility	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide? Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature [signature] (M. D. or other) and Address Kamiah, Id. Date 6/2 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

139877

United States
Department of Commerce
Bureau of the Census AUG 2 1944

NON-RESIDENT
CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 234
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF DEATH:**
(a) County Idaho
(b) City or town Kooskia
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? ✓ city or town
(e) Died in a Home ✓ Hospital Institution Other place
(f) Name Hosp. or Inst. — Stayed — days
(g) Lived in this county years 1 months 21 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Washington (b) County Yakima
(c) City or town White Swan
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Outside? ✓ city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 1 mo 21 days
(h) Former residence (city, state) White Swan, Wash.

3. (a) FULL NAME Darwin Milton Corbett 95c

3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Mas.
5. Color or race red
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Rose Agnes
6. (c) Age of husband or wife if alive 72 years
7. Date of Birth (Month, Day, Year) October unknown 1869

8. AGE	Years	Months	Days	If less than 1 day
	74	8	—	hrs min.

9. Exact Occupation Retired farmer Did this work for 22 yrs.
10. Industry or Business — Date last worked 2/25/44
11. Birthplace Kooskia (City or town) Idaho (State or foreign country)
Father
12. Name William Pierre Corbett
13. Birthplace Idaho County (City or town) (State or foreign country)
Mother
14. Maiden name Elizabeth Mc Carty
15. Birthplace Pendleton, Oregon (City or town) (State or foreign country)
16. Informant's OWN Signature Rose Corbett
and Address White Swan, Wn.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 19 1944 (Month) (Day) (Year)
(c) Place: Kooskia family cemetery
18. Funeral Director's OWN Signature Claude Trevary
and Address Kooskia, Idaho
19. (a) 6/18-44 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 16 1944
at 10:15 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 5/19 1944, to 6/16 1944
I last saw him alive on 6/12 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cardiac asthma	years
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted? Home	PHYSICIAN
Name of operation None Date	Underline the cause to which death should be charged statistically.
Major finding —	
Finding of autopsy None	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature [signature] (M. D. or other)
and Address [illegible] Date 6/19 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JUL 12 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 139873
Local Reg. No. 30
Reg. Dist. No. 630

1. **PLACE OF DEATH:**
(a) County MADISON
(b) City or town REXBURG
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? # Outside? city or town
(e) Died in a Home Hospital # Institution Other place
(f) Name Hosp. or Inst. SUTHERLAND Stayed 1½ days
(g) Lived in this county 24 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State IDAHO (b) County MADISON
(c) City or town LYMAN
(d) Street Address or R. F. D. No. THORNTON, IDAHO #1
(e) Deceased lived Inside? Outside? # city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 24 years
(h) Former residence (city, state)

3. (a) FULL NAME VIVIAN EDNA BUTLER

147b

3. (b) If veteran, name war
3. (c) Social Security No. None
4. Sex F.M.
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lee Butler
6. (c) Age of husband or wife if alive 26 years
7. Date of Birth (Month, Day, Year) FEBRUARY 4, 1920

8. AGE	Years	Months	Days	If less than 1 day
	24	4	2	hrs min.

9. Exact Occupation Housewife Did this work for life yrs.
10. Industry or Business Home Date last worked
11. Birthplace Rexburg, Idaho (City or town) (State or foreign country)
Father
12. Name Frank Skidmore
13. Birthplace Missouri (City or town) (State or foreign country)
Mother
14. Maiden name Nora Large
15. Birthplace Wyoming (City or town) (State or foreign country)
16. Informant's OWN Signature Nora McCulloch
and Address Rexburg, Idaho Route #3
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: Sutton Cemetery, Madison, Co. Idaho
18. Funeral Director's OWN Signature [illegible]
and Address Rexburg, Idaho
19. (a) 7-5-44 (Date received and filed) (b) Mrs H E Young (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 3 1944
at 11:00 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from June 15 1939 to July 3 1944
I last saw her alive on July 3 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Acute Myocarditis following Child-birth	93a
Due to	1200
Due to	
Other conditions Six Weeks post partum (Include pregnancy within 3 months of death)	
Where was disease contracted? —	PHYSICIAN
Name of operation none Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy no	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state
where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature M. F. Rigby MD (M. D. or other)
and Address Rexburg Idaho Date 7/6 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 33-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce AUG 11 1944
Bureau of the Census

NON-RESIDENT
Certificate Of Death
STATE OF IDAHO

State File No. 139879
Local Reg. No. 31
Reg. Dist. No. 631

1. PLACE OF DEATH:
(a) County Madison
(b) City or town Rexburg
(c) Street Address or R.F.D. No. # 3
(d) Death Occured Inside?..... Outside? X city or town
(e) Died in a Home.... Hospital.... Institution.... Other place Canal
(f) Name Hosp. or Inst..... Stayed.....days
(g) Lived in this county.....years 3 months .....days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Calif. (b) County.....
(c) City or town San Francisco
(d) Street Address or R.F.D. No.....
(e) Deceased lived Inside? X Outside?.....city or town
(f) Citizen of what country?.....
(g) How long had deceased lived in Idaho?.....years
(h) Former residence (city, state) Calif.

3. (a) FULL NAME James Robert Blaser Jr. 183

3. (b) If veteran, name war.....
3. (c) Social Security No.....
4. Sex Male
5. Color or race W.
6. (a) Single, widowed, married, divorced Infant
6. (b) Name of husband or wife.....
6. (c) Age of husband or wife if alive..... years
7. Date of Birth (Month, Day, Year) Jan. 22, 1943

8. AGE	Years	Months	Days	If less than 1 day
	1	5	16	hrs min.

9. Exact Occupation Infant — Did this work for .....yrs.
10. Industry or Business..... — Date last worked.....
11. Birthplace San Francisco, Cal. (City or town) (State or foreign country)

Father
12. Name James Robert Blaser
13. Birthplace Plano, Idaho (City or town) (State or foreign country)

Mother
14. Maiden name Carrie Vivien Sveden
15. Birthplace Death Nevada (City or town) (State or foreign country)

16. Informant's **OWN** Signature Carrie V Blaser
and Address Rexburg RFD 3

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/11/44 (Month) (Day) (Year)
(c) Place: Rexburg Cem.

18. Funeral Director's **OWN** Signature Russell H Lamm
and Address Rexburg, Idaho

19. (a) 7-9-44 (Date received and filed) (b) Mrs H E Young (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 7/8 19 44
at 6 o'clock P. M.

21. **I HEREBY CERTIFY**, That I attended deceased from ..... 19..... to ..... 19.....
I last saw h..... alive on ..... 19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Accidental Drowning	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?.....
Name of operation..... Date.....
Major finding.....
Finding of autopsy.....

PHYISICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Yes Suicide?..... Homicide?.....
Occurred 7/8/44 19..... City, county, state where violence occurred Rexburg, Idaho
Place of Violence: Home x Farm x Industry.....
Public Place -- While at work? --
Means of injury Irrigation canal

23. Attendant's **OWN** Signature Russell H Lamm
Coroner (M. D. or other)
and Address Rexburg, Idaho Date 7/9 19 44
(For additional space, use reverse side)

United States
Department of Commerce
Bureau of the Census

AUG 11 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 139880
Local Reg. No. 32
Reg. Dist. No. 631

1. **PLACE OF DEATH:**
(a) County MADISON
(b) City or town CANYON CREEK
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? # city or town
(e) Died in a Home Hospital Institution Other place #
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 57 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Madison
(c) City or town Rexburg, Idaho Route #3
(d) Street Address or R. F. D. No. Route #3
(e) Deceased lived Inside? Outside? # city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 57 years
(h) Former residence (city, state)

3. (a) FULL NAME LEWIS FRANKLIN PARK 94a

3. (b) If veteran, name war
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Myrtle Park
6. (c) Age of husband or wife if alive % 52 years
7. Date of Birth (Month, Day, Year) December 31, 1886

8. AGE	Years	Months	Days	If less than 1 day
	57	6	13	hrs min.

9. Exact Occupation Farmer Did this work for Life yrs.
10. Industry or Business Farm Date last worked 7/13/44
11. Birthplace Rexburg, Idaho (City or town) (State or foreign country)
Father
12. Name James Park
13. Birthplace Utah (City or town) (State or foreign country)
Mother
14. Maiden name Maria Ann Carson
15. Birthplace Utah (City or town) (State or foreign country)
16. Informant's OWN Signature Belva Withers
and Address RexBurg, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/18/444 (Month) (Day) (Year)
(c) Place: Rexburg, Idaho
18. Funeral Director's OWN Signature Rolland J. Neiser
and Address Rexburg, Idaho
19. (a) 7-16-44 (Date received and filed) (b) Mrs H Eyaung (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 14 1944
at 4:30 o'clock P.M.
21. **I HEREBY CERTIFY,** That I attended deceased from June 1 1944 to July 14 1944
I last saw him alive on July 6 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Coronary Embolism	94a
Due to Myocarditis	
Due to Aortitis 99.2	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work
Means of injury
23. Attendant's OWN Signature [signature] (M. D. or other)
and Address Rexburg Date 7-17 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

AUG 11 1944

Certificate Of Death

STATE OF IDAHO

State File No. 139881
Local Reg. No. 33
Reg. Dist. No. 631

1. **PLACE OF DEATH:**
   (a) County Madison
   (b) City or town Archer
   (c) Street Address or R.F.D. No. Thornton R#1
   (d) Death Occured Inside? ..... Outside? # ....city or town
   (e) Died in a Home # .. Hospital .... Institution .... Other place ....
   (f) Name Hosp. or Inst. ..... Stayed ..... days
   (g) Lived in this county 51 years ..... months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Madison
   (c) City or town Archer
   (d) Street Address or R.F.D. No. Thornton#1
   (e) Deceased lived Inside? ..... Outside? # city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 51 years
   (h) Former residence (city, state) .....

3. (a) **FULL NAME** ELIZA AESCHBACHER 93d

3. (b) If veteran, name war .....
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Jacob Aeschbacher
6. (c) Age of husband or wife if living ..... years
7. Date of Birth (Month, Day, Year) October 7, 1866

8. AGE	Years	Months	Days	If less than 1 day
	77	9	16	hrs min.

9. Exact Occupation Housewife — Did this work for Life yrs.
10. Industry or Business Home — Date last worked 7/17/44
11. Birthplace Bern, Switzerland (City or town) (State or foreign country)

Father
12. Name Christian Gyger
13. Birthplace Switzerland (City or town) (State or foreign country)

Mother
14. Maiden name Rosine Eschler
15. Birthplace Switzerland (City or town) (State or foreign country)

16. Informant's **OWN** Signature ..... and Address Thornton, Idaho Route #1
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/27/44 (Month) (Day) (Year)
    (c) Place: Sutton Cemetery, Madison Co.
18. Funeral Director's **OWN** Signature Pollard Nelson and Address Rexburg, Idaho
19. (a) 7-24-44 (Date received and filed) (b) Mrs M E Young (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 23 1944 at 6:45 o'clock A.M.
21. **I HEREBY CERTIFY,** That I attended deceased from July 20 1944, to July 23 1944 I last saw her alive on July 23 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Chronic Myocarditis	
C Nephritis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYISICIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding	
Finding of autopsy None	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
    Occurred ..... 19 ..... City, county, state where violence occurred .....
    Place of Violence: Home ..... Farm ..... Industry .....
    Public Place ..... While at work? .....
    Means of injury .....
23. Attendant's **OWN** Signature M L Rigby M.D. or other
    and Address Rexburg Idaho Date 7/25 1944
    (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

AUG 11 1944

Certificate Of Death

STATE OF IDAHO

State File No. 139882
Local Reg. No. 34
Reg. Dist. No. 630

1. **PLACE OF DEATH:**
   (a) County Madison
   (b) City or town Rexburg
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home X Hospital ..... Institution ..... Other place
   (f) Name Hosp. or Inst. ..... Stayed ..... days
   (g) Lived in this county 7 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Madison
   (c) City or town Rexburg
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? ..... Outside? ..... city or town
   (f) Citizen of what country?
   (g) How long had deceased lived in Idaho? 21' years
   (h) Former residence (city, state)

3. (a) **FULL NAME** Antoinette Carmicheal Smead 93E

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Female
5. Color or race .....
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Wm. H. Smead
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) April 22, 1860

8. AGE	Years	Months	Days	If less than 1 day
	84	3	6	hrs min.

9. Exact Occupation Housewife Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Pecatonica, Ill. (City or town) (State or foreign country)

Father
12. Name John Peter Carmicheal
13. Birthplace Scotland (City or town) (State or foreign country)

Mother
14. Maiden name Mary Rockintham
15. Birthplace England (City or town) (State or foreign country)

16. Informant's OWN Signature Burton Smead
and Address Rexburg, Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 7/30/44 (Month) (Day) (Year)
(c) Place: Salt Lake City, Utah
18. Funeral Director's OWN Signature Russel Flamm
and Address Rexburg, Idaho
19. (a) 7-30-44 (Date received and filed) (b) Mrs H E Young (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 28 1944
at 8:45 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from July 1 1944, to July 28 1944
I last saw her alive on July 28 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Myocarditis	9
Due to	
Due to	
Other conditions none (Include pregnancy within 3 months of death)	
Where was disease contracted? —	
Name of operation ..... Date	
Major finding —	
Finding of autopsy —	

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? — Suicide? — Homicide? —
Occurred — 19 ..... City, county, state where violence occurred
Place of Violence: Home — Farm — Industry —
Public Place — While at work? —
Means of injury

23. Attendant's OWN Signature [signature] (M. D. or other)
and Address Rexburg Idaho Date 7-29 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

AUG 11 1944

Certificate Of Death

STATE OF IDAHO

State File No. 139863
Local Reg. No. 35
Reg. Dist. No. 630

1. **PLACE OF DEATH:**
   (a) County Madison
   (b) City or town Rexburg
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? X Outside? city or town
   (e) Died in a Home X Hospital Institution Other place
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county 15 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Madison
   (c) City or town Rexburg
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? X Outside? city or town
   (f) Citizen of what country? U.S.
   (g) How long had deceased lived in Idaho? Life years
   (h) Former residence (city, state)

3. (a) **FULL NAME** Robert Blair Rich

156 lb

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male race white
5. Color or
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) April 17, 1929

8. AGE	Years	Months	Days	If less than 1 day
	15	3	13	hrs min.

9. Exact Occupation none Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Rexburg (City or town) Idaho (State or foreign country)

Father
12. Name Blair C. Rich
13. Birthplace Rexburg, (City or town) Idaho (State or foreign country)

Mother
14. Maiden name Isabelle Hamilton
15. Birthplace Sugar City, (City or town) Idaho (State or foreign country)

16. Informant's **OWN** Signature Blair C Rich
and Address Rexburg, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/2/44 (Month) (Day) (Year)
(c) Place: Rexburg

18. Funeral Director's **OWN** Signature Kenneth Stevenson
and Address Rexburg, Idaho

19. (a) 8-2-44 (Date received and filed) (b) Mrs. R. Ellsworth (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 30 1944
at 3:30 o'clock P M.

21. **I HEREBY CERTIFY,** That I attended deceased from Aug. 1943 19 to July 30 1944
I last saw him alive on July 30 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Pseudo hypertrophic muscular atrophy	
Due to Twelve years	
duration	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation None Date	
Major finding None	
Finding of autopsy No	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature W. F. Rigby (M. D. or other)
and Address Rexburg Idaho Date July 31 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JUL 10 1944

Certificate Of Death

STATE OF IDAHO

State File No. 139884
Local Reg. No. 35
Reg. Dist. No. 451

1. PLACE OF DEATH:
(a) County Minidoka
(b) City or town Paul
(c) Street Address or R.F.D. No. 1
(d) Death Occured Inside? ..... Outside? X city or town
(e) Died in a Home X Hospital ..... Institution ..... Other place .....
(f) Name Hosp. or Inst. — Stayed — days
(g) Lived in this county 24 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Minidoka
(c) City or town Paul
(d) Street Address or R.F.D. No. 1
(e) Deceased lived Inside? ..... Outside? X city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 24 years
(h) Former residence (city, state) Utah.

3. (a) FULL NAME Jesse Billington 9 d

3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Male
5. Color or race W.
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Stella
6. (c) Age of husband or wife if alive 58 years
7. Date of Birth (Month, Day, Year) Feb 24 - 1878

8. AGE	Years	Months	Days	If less than 1 day
	66	4	11	hrs min.

9. Exact Occupation farmer Did this work for 30 yrs.
10. Industry or Business Date last worked 1943
11. Birthplace Kirksville (City or town) Missouri (State or foreign country)
Father
12. Name Thomas Billington
13. Birthplace Missouri (City or town) (State or foreign country)
Mother
14. Maiden name Susan Shark
15. Birthplace Kentucky (City or town) (State or foreign country)
16. Informant's **OWN** Signature Stella Billington
and Address Paul Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 9 - (Month) (Day) (Year)
(c) Place: Paul Idaho
18. Funeral Director's **OWN** Signature Retta S. Payne
and Address Burley Idaho
19. (a) 7-6-44 (Date received and filed) (b) E H Elmore (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 5 1944
at 8 - o'clock 9 - M.
21. **I HEREBY CERTIFY,** That I attended deceased from May 16 1943, to July 5 1944
I last saw him alive on July 1 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: 93 ex Duration
Chronic Myocarditis 3 yrs.
Due to arterio sclerosis 97
Due to Hypertension 105
Other conditions
(Include pregnancy within 3 months of death)
Where was disease contracted? at Home
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature E H Elmore (M. D. or other)
and Address Rupert Ida. Date 7-6 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census AUG 9 1944

Certificate Of Death

STATE OF IDAHO

State File No. 139855
Local Reg. No. 40
Reg. Dist. No. 457

1. **PLACE OF DEATH:**
(a) County Minidoka
(b) City or town Emerson
(c) Street Address or R.F.D. No. -
(d) Death Occured Inside? ..... Outside? X city or town
(e) Died in a Home X Hospital.... Institution.... Other place....
(f) Name Hosp. or Inst. — Stayed — days
(g) Lived in this county 39 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Minidoka
(c) City or town Emerson
(d) Street Address or R.F.D. No. -1
(e) Deceased lived Inside? ..... Outside? X city or town
(f) Citizen of what country? U. S. A.
(g) How long had deceased lived in Idaho? 39 years
(h) Former residence (city, state) Utah.

3. (a) **FULL NAME** Margaret Barron Hunt.

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3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Gilbert
6. (c) Age of husband or wife if alive 83 years
7. Date of Birth (Month, Day, Year) Nov-16-1865

8. AGE	Years	Months	Days	If less than 1 day
	79	7	19	hrs min.

9. Exact Occupation Housewife Did this work for 60 yrs.
10. Industry or Business — Date last worked 1942
11. Birthplace Parowan Utah (City or town) (State or foreign country)
Father
12. Name Frank Barron
13. Birthplace Georgia (City or town) (State or foreign country)
Mother
14. Maiden name Mary Miller
15. Birthplace Texas (City or town) (State or foreign country)
16. Informant's **OWN** Signature Gilbert Hunt
and Address Emerson Ido.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 8 (Month) (Day) (Year)
(c) Place: Heyburn Idaho
18. Funeral Director's **OWN** Signature Retta S. Payne
and Address Burley Idaho
19. (a) 7-18-44 (Date received and filed) (b) E H Ehrmann (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 5 1944
at 1 - One o'clock A-M.
21. **I HEREBY CERTIFY,** That I attended deceased from Mar 10 1940, to July 5 1944
I last saw her alive on July 5 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Pneumonia (Bronchial)	3 days
Due to Senility	
Due to Fractured Hip	10 days
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation ..... Date	
Major finding	
Finding of autopsy	

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? No Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature Hugh S Dean MD (M. D. or other)
and Address Burley Id. Date July 8 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

AUG 9 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 139666
Local Reg. No. 41
Reg. Dist. No. 433

1. **PLACE OF DEATH:**
(a) County Minidoka
(b) City or town Rupert
(c) Street Address or R. F. D. No. R. I
(d) Death Occurred Inside? — Outside? — city or town
(e) Died in a Home — Hospital — Institution — Other place —
(f) Name Hosp. or Inst. Rupert Stayed 2½ days
(g) Lived in this county 10 years 6 months 2 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these).
(a) State Idaho (b) County Minidoka
(c) City or town Rupert
(d) Street Address or R. F. D. No. R I
(e) Deceased lived Inside? — Outside? — city or town
(f) Citizen of what country? U S A
(g) How long had deceased lived in Idaho? 10 years
(h) Former residence (city, state) —

3. (a) **FULL NAME** Fay Dean Chugg

3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Date of Birth (Month, Day, Year) Jan 17 1937

8. AGE	Years	Months	Days	If less than 1 day
	10	6	2	hrs min.

9. Exact Occupation Child. Did this work for — yrs.
10. Industry or Business — Date last worked —
11. Birthplace Rupert (City or town) Idaho (State or foreign country)

Father
12. Name Peter J. Chugg
13. Birthplace Norman (City or town) Idaho (State or foreign country)

Mother
14. Maiden name Emma C. Norman
15. Birthplace Rupert (City or town) Idaho (State or foreign country)

16. Informant's **OWN** Signature Grace Bryanston and Address Rupert Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-24-44 (Month) (Day) (Year)
(c) Place: Rupert Cemetery
18. Funeral Director's **OWN** Signature Robert L Goodman and Address Rupert Idaho
19. (a) 8-7-44 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 19 1944 at 10:30 o'clock P. M.

21. **I HEREBY CERTIFY,** That I attended deceased from — 19—, to — 19—
I last saw h— alive on — 19—; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — Duration
Head injury
Due to Gun Shot wound.
Due to —
Other conditions — (Include pregnancy within 3 months of death)

Where was disease contracted? —
Name of operation — Date —
Major finding —
Finding of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? — Suicide? — Homicide? —
Occurred July 19 1944 City, county, state where violence occurred Rupert Minidoka Ida
Place of Violence: Home — Farm — Industry —
Public Place — While at work? —
Means of injury accidental Gun Shot

23. Attendant's **OWN** Signature Alan Goodman Coroner (M. D. or other)
and Address Rupert Date 7-21 1944
(For additional space, use reverse side)

United States
Department of Commerce
Bureau of the Census

AUG 1 8 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 139887
Local Reg. No. 175
Reg. Dist. No. 320

1. **PLACE OF DEATH:**
   (a) County Nez Perce
   (b) City or town Lewiston
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? In Outside? ____ city or town
   (e) Died in a Home ____ Hospital # Institution ____ Other place ____
   (f) Name Hosp. or Inst. St Joseph Stayed ____ days
   (g) Lived in this county ____ years ____ months 2 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Nez Perce
   (c) City or town Lewiston
   (d) Street Address or R. F. D. No.
   (e) Deceased lived Inside? In Outside? ____ city or town
   (f) Citizen of what country?
   (g) How long had deceased lived in Idaho? ____ years
   (h) Former residence (city, state)

3. (a) FULL NAME Margeret Johneel Snell

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3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race
6. (a) Single, widowed, married, divorced ____
6. (b) Name of husband or wife ____
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) June 23rd, 1944

8. AGE	Years	Months	Days	If less than 1 day
	___	___	2	hrs ___ min.

9. Exact Occupation None — Did this work for ____ yrs.
10. Industry or Business — Date last worked
11. Birthplace Lewiston (City or town) Idaho (State or foreign country)

Father
12. Name Howard Snell
13. Birthplace Lewiston (City or town) Idaho (State or foreign country)

Mother
14. Maiden name Marsha Cuneen
15. Birthplace North Dakota (City or town) (State or foreign country)

16. Informant's OWN Signature Oliver Snell
and Address Lewiston, Idaho

17. (a) Removal (Burial, cremation or removal) (b) Date thereof 6/24/1944 (Month) (Day) (Year)
(c) Place: Clarkston, Washington

18. Funeral Director's OWN Signature Brower-Wann Co. By L B Wann
and Address Lewiston, Idaho

19. (a) 8-1-44 (Date received and filed) (b) Margaret Vassar (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 23rd, 1944 19____
at 4 o'clock A. M.

21. **I HEREBY CERTIFY,** That I attended deceased from 6-21 1944 to 6-23 1944
I last saw h[illegible] alive on 6-23 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Premature birth-7 mos	2 da
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ____ Date ____
Major finding
Finding of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work?
Means of injury

23. Attendant's OWN Signature Paul H Johnson (M. D. or other)
and Address Lewiston Ida Date 6-26 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

139888

United States
Department of Commerce
Bureau of the Census AUG 18 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 164
Reg. Dist. No. 220

1. **PLACE OF DEATH:**
(a) County Nez Perce
(b) City or town Lewiston
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? In Outside? city or town
(e) Died in a Home Hospital # Institution Other place
(f) Name Hosp. or Inst. St Joseph Stayed days
(g) Lived in this county 40 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Nez Perce
(c) City or town Lewiston
(d) Street Address or R. F. D. No. 1527 10th, St.
(e) Deceased lived Inside? In Outside? city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? 40 years
(h) Former residence (city, state)

3. (a) FULL NAME Pearl May Henderson

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3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife ——
6. (c) Age of husband or wife if alive —— years
7. Date of Birth (Month, Day, Year) December 7th, 1884

8. AGE	Years	Months	Days	If less than 1 day
	59	6	18	hrs min.

9. Exact Occupation At home Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Farmland (City or town) Indiana (State or foreign country)
Father
12. Name William Roberts
13. Birthplace Not known (City or town) (State or foreign country)
Mother
14. Maiden name Viola E. James
15. Birthplace Not known (City or town) (State or foreign country)
16. Informant's OWN Signature Ralph R. Henderson
and Address Headquarters Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/29/1944 (Month) (Day) (Year)
(c) Place: Lewiston, Idaho
18. Funeral Director's OWN Signature Brower-Wann Co. By L B Wann
and Address Lewiston, Idaho
19. (a) July 26 1944 (Date received and filed) (b) Margaret Vassar (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 25th, 1944 19
at o'clock M.
21. **I HEREBY CERTIFY,** That I attended deceased from Jan, 1918, to 6-25 1944
I last saw her alive on 6-25 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Bronchi Pneumonia	5 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted? Hand	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature John N. Alley (M. D. or other)
and Address Date 19
(For additional space, use reverse side)

Alley

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

AUG 18 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 139889
Local Reg. No. 165
Reg. Dist. No. 220

1. **PLACE OF DEATH:**
   (a) County Nez Perce
   (b) City or town Lewiston
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? In Outside? city or town
   (e) Died in a Home # Hospital Institution Other place
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county 32 years months days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Nez Perce
   (c) City or town Lewiston
   (d) Street Address or R. F. D. No. 302 Prospect Ave.
   (e) Deceased lived Inside? Outside? city or town
   (f) Citizen of what country?
   (g) How long had deceased lived in Idaho? 32 years
   (h) Former residence (city, state)

3. (a) **FULL NAME** Thomas E. House 131 w

3. (b) If veteran, name war
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife ——
6. (c) Age of husband or wife if alive —— years
7. Date of Birth (Month, Day, Year) January 12th, 1863

8. AGE	Years	Months	Days	If less than 1 day
	81	5	14	hrs min.

9. Exact Occupation Merchant Did this work for yrs.
10. Industry or Business Furniture Date last worked
11. Birthplace Millageville (City or town) Iowa (State or foreign country)

Father
12. Name Not known
13. Birthplace Not known (City or town) (State or foreign country)

Mother
14. Maiden name Not known
15. Birthplace Not known (City or town) (State or foreign country)

16. Informant's OWN Signature Hazle Houck Lannon
and Address Lewiston, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6.28/1944 (Month) (Day) (Year)
(c) Place: Lewiston, Idaho
18. Funeral Director's OWN Signature Brower-Wann By L B Wann
and Address Lewiston, Idaho
19. (a) July 26 1944 (Date received and filed) (b) Margaret Vassar (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 26th, 1944 19
at 4 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from May 28 1944, to June 26 1944
I last saw him alive on June 26 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cardio nephritis	6 mos
Due to arterio sclerosis	2 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? Lewiston Idaho
Name of operation none Date
Major finding
Finding of autopsy none made

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature E G Braddock (M. D. or other)
and Address Lewiston Idaho Date July 10 1944
(For additional space, use reverse side)

139890

United States
Department of Commerce
Bureau of the Census

AUG 18 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 177
Reg. Dist. No. 220

1. PLACE OF DEATH:
(a) County Nez Perce
(b) City or town Lewiston
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? In Outside? city or town
(e) Died in a Home Hospital# Institution Other place
(f) Name Hosp. or Inst. St Joseph Stayed days
(g) Lived in this county years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Nez Perce
(c) City or town Lewiston
(d) Street Address or R. F. D. No. 1315 7th, Ave.
(e) Deceased lived Inside? In Outside? city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? years
(h) Former residence (city, state)

3. (a) FULL NAME Baby Richardson

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3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) July 2nd, 1944

8. AGE	Years	Months	Days	If less than 1 day
	—	—	—	5 hrs min.

9. Exact Occupation None Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Lewiston, Idaho (City or town) (State or foreign country)
Father
12. Name Don W. Richardson
13. Birthplace Nez Perce, Idaho (City or town) (State or foreign country)
Mother
14. Maiden name Melva Mae Voltz
15. Birthplace Grangeville, Idaho (City or town) (State or foreign country)
16. Informant's OWN Signature Mrs Earl Richardson
and Address Lewiston, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/3/1944 (Month) (Day) (Year)
(c) Place: Lewiston, Idaho
18. Funeral Director's OWN Signature Brower-Wann Co. By L B Wann
and Address Lewiston, Idaho
19. (a) 8-1-44 (Date received and filed) (b) Margaret Vassar (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) July 2nd, 1944 19
at 7 P.M. o'clock M.
21. I HEREBY CERTIFY, That I attended deceased from July 2nd 1944 to July 2nd 1944. I last saw him alive on July 2nd 1944 & death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Respiratory Failure
Due to Premature Birth
Due to Cause unknown
Other conditions none
(Include pregnancy within 3 months of death)
Where was disease contracted? at time
Name of operation none Date
Major finding
Finding of autopsy not done

Duration

PHYSICIAN
*Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature Joseph C. Bredel M.D. (M. D. or other)
and Address July 1st - 44 Date 19
(For additional space, use reverse side)

Bd [illegible]

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census AUG 1 8 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 139891
Local Reg. No. 172
Reg. Dist. No. 220

1. **PLACE OF DEATH:**
(a) County Nez Perce
(b) City or town Lewiston
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? In Outside? city or town
(e) Died in a Home Hospital # Institution Other place
(f) Name Hosp. or Inst. St. Joseph Stayed days
(g) Lived in this county 6 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Nez Perce
(c) City or town Lewiston
(d) Street Address or R. F. D. No. 333 Miller street
(e) Deceased lived Inside? In Outside? city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? 6 years
(h) Former residence (city, state)

3. (a) FULL NAME Widrick Hansen 97

3. (b) If veteran, name war None
3. (c) Social Security No. 518-18-8052
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife ———
6. (c) Age of husband or wife if alive ——— years
7. Date of Birth (Month, Day, Year) August 2nd, 1868

8. AGE

Years	Months	Days	If less than 1 day
75	11	1	hrs min.

9. Exact Occupation Carpenter Did this work for yrs.
10. Industry or Business Retired Date last worked
11. Birthplace Copenhagen, Denmark (City or town) (State or foreign country)

Father
12. Name Hans C. Hansen
13. Birthplace Copenhagen, Denmark (City or town) (State or foreign country)

Mother
14. Maiden name Carolin Mahlde
15. Birthplace Copenhagen, Denmark (City or town) (State or foreign country)

16. Informant's OWN Signature Julius Hansen and Address Lewiston, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/5/1944 (Month) (Day) (Year)
(c) Place: Lewiston, Idaho
18. Funeral Director's OWN Signature Brower-Wann Co. By L B Wann and Address Lewiston, Idaho
19. (a) 8-1-44 (Date received and filed) (b) Margaret Vassar (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 3rd, 1944 19
at o'clock M.

21. **I HEREBY CERTIFY**, That I attended deceased from June 19 44, to July 19 44
I last saw him alive on 7-3- 19 44; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death	Duration
Arteriosclerotic Gangrene 97	years
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation Date	
Major finding	
Finding of autopsy	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's OWN Signature Walter C. McWilliams (M. D. or other)
and Address Lewiston Date 8-1- 19 44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

AUG 18 1944

State File No. 138892
Local Reg. No. 153
Reg. Dist. No. 221

1. **PLACE OF DEATH:**
   (a) County Nez Perce
   (b) City or town Lewiston
   (c) Street Address or R. F. D. No. 2
   (d) Death Occurred Inside? ____ Outside? Out city or town
   (e) Died in a Home # Hospital ___ Institution ___ Other place ___
   (f) Name Hosp. or Inst. ____ Stayed ____ days
   (g) Lived in this county ____ years ____ months 2 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Nez Perce
   (c) City or town Lewiston
   (d) Street Address or R. F. D. No. 2
   (e) Deceased lived Inside? ____ Outside? Out city or town
   (f) Citizen of what country? ____
   (g) How long had deceased lived in Idaho? 2 years
   (h) Former residence (city, state) ____

3. (a) FULL NAME Arthur J. Anderson

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3. (b) If veteran, name war 1st, World
3. (c) Social Security No. 476-05-8363
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Delores
6. (c) Age of husband or wife if alive 31 years
7. Date of Birth (Month, Day, Year) March 15th, 1898

8. AGE	Years	Months	Days	If less than 1 day
	46	3	18	hrs ____ min.

9. Exact Occupation Farmer — Did this work for ____ yrs.
10. Industry or Business ____ — Date last worked ____
11. Birthplace Jakson (City or town) Minnesota (State or foreign country)

Father
12. Name ____ Anderson
13. Birthplace ____ (City or town) Norway (State or foreign country)

Mother
14. Maiden name Not known
15. Birthplace ____ (City or town) Norway (State or foreign country)

16. Informant's OWN Signature Mrs. A. J. Anderson
and Address Lewiston, Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 7/8/1944 (Month) (Day) (Year)
(c) Place: Jackson, Minnesota
18. Funeral Director's OWN Signature Brower-Wann Co. By L. B. Wann
and Address Lewiston, Idaho
19. (a) July 7 1944 (Date received and filed) (b) Margaret Vassar (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 3rd, 1944 19____
at ____ o'clock ____ M.

21. I HEREBY CERTIFY, That I attended deceased from June 21 19 44, to July 3 19 44
I last saw h alive on July 3 19 44 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary Thrombosis

	Duration
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation ____ Date ____	
Major finding	
Finding of autopsy	

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's OWN Signature John N. Kelly (M. D. or other)
and Address Lewiston Date 7-5 1944

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census AUG 18 1944

Certificate Of Death

STATE OF IDAHO

State File No. 139893
Local Reg. No. 154
Reg. Dist. No. 220

1. **PLACE OF DEATH:**
   (a) County Nez Perce
   (b) City or town Lewiston
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? X Outside? city or town
   (e) Died in a Home Hospital X Institution Other place
   (f) Name Hosp. or Inst St. Joseph's Stayed 270 days
   (g) Lived in this county 1 years months 5 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Nez Perce
   (c) City or town Lewiston
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? X Outside? city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 15 years
   (h) Former residence (city, state)

3. (a) **FULL NAME** Ruben A. Close 83a

3. (b) If veteran, name war none
3. (c) Social Security No. 518-01-6118
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced divorced
6. (b) Name of husband or wife no record
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) July 13, 1881

8. AGE	Years	Months	Days	If less than 1 day
	62	11	14	hrs min.

9. Exact Occupation oiler — Did this work for 15 yrs.
10. Industry or Business Lumber — Date last worked June 43
11. Birthplace Duluth, Minn. (City or town) (State or foreign country)

Father
12. Name George Close
13. Birthplace Canada (City or town) (State or foreign country)

Mother
14. Maiden name Christie Rice
15. Birthplace Canada (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mabel Cunningham
and Address Bremerton, Washington
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 7-5-44 (Month) (Day) (Year)
(c) Place: Lewiston, Idaho
18. Funeral Director's **OWN** Signature Vincent V. Vasser
and Address Lewiston, Idaho
19. (a) July 8 1944 (Date received and filed) (b) Margaret Vasser (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 4, 1944
at 12:05 o'clock p. M.

21. **I HEREBY CERTIFY**, That I attended deceased from June 29 1943, to July 4 1944
I last saw h~~im~~ alive on July 4 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Hypostatic Pneumonia IIC	3 da
Due to Cerebral hemorrhage	83a1
Due to arteriosclerosis	97
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature W O Clark MD (M. D. or other)
and Address Lewiston Idaho Date 7-5 1944
(For additional space, use reverse side)

United States
Department of Commerce
Bureau of the Census

AUG 18 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 139894
Local Reg. No. 166
Reg. Dist. No. 220

1. **PLACE OF DEATH:**
   (a) County Nez Perce
   (b) City or town Lewiston
   (c) Street Address or R. F. D. No. 1427 12th, Street
   (d) Death Occurred Inside? In Outside? ____ city or town
   (e) Died in a Home # Hospital ____ Institution ____ Other place ____
   (f) Name Hosp. or Inst. ____ Stayed ____ days
   (g) Lived in this county ____ years ____ months ____ days

   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Nez Perce
   (c) City or town Lewiston
   (d) Street Address or R. F. D. No. 1427 12th, St.
   (e) Deceased lived Inside? In Outside? ____ city or town
   (f) Citizen of what country? ____
   (g) How long had deceased lived in Idaho? ____ years
   (h) Former residence (city, state) ____

3. (a) FULL NAME Seth John Newland

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3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Gladys E.
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) February 19th, 1894

8. AGE	Years	Months	Days	If less than 1 day
	50	4	16	hrs min.

9. Exact Occupation Restaurant owner Did this work for ____ yrs.
10. Industry or Business ____ Date last worked ____
11. Birthplace Maine, (City or town) Wisconsin (State or foreign country)

Father
12. Name William Newland
13. Birthplace Not known (City or town) (State or foreign country)

Mother
14. Maiden name Hattie Voight
15. Birthplace Berlin, (City or town) Germany (State or foreign country)

16. Informant's OWN Signature Gladys E. Newland
and Address Lewiston, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/10/1944 (Month) (Day) (Year)
(c) Place: Lewiston, Idaho
18. Funeral Director's OWN Signature Brower-Wann Co. By L B Wann
and Address Lewiston, Idaho
19. (a) July 26 1944 (Date received and filed) (b) Margaret Vassar (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 5th, 1944 19____
at 7:45 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from ____ 19____, to ____ 19____
I last saw h____ alive on ____ 19____; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
~~xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx~~	
Gunshot wound	
~~Due to~~ in chest self inflicted	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? ✓
Name of operation ✓ Date ✓
Major finding ✓
Finding of autopsy ✓

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ✓ Homicide? ____
Occurred July 5th 1944 City, county, state where violence occurred Lewiston, Idaho
Place of Violence: Home ✓ Farm ____ Industry ____
Public Place ____ While at work? No
Means of injury ____
23. Attendant's OWN Signature L B Wann (M. D. or other)
and Address Lewiston Ida Date 7/10 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

AUG 18 1944

Certificate Of Death

STATE OF IDAHO

State File No. 139895
Local Reg. No. 157
Reg. Dist. No. 220

1. **PLACE OF DEATH:**
   (a) County Nez Perce
   (b) City or town Lewiston.
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? X Outside? city or town
   (e) Died in a Home.... Hospital X Institution.... Other place....
   (f) Name Hosp. or Inst St Joseph Stayed 40 days
   (g) Lived in this county 16 years months days

   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State (b) County
   (c) City or town
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? Outside? city or town
   (f) Citizen of what country?
   (g) How long had deceased lived in Idaho? years
   (h) Former residence (city, state)

3. (a) **FULL NAME** Mrs. Millicent Freeze 50

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Frank

6. (c) Age of husband or wife if alive 58 years

7. Date of Birth (Month, Day, Year) Apr. 3, 1888

8. AGE	Years	Months	Days	If less than 1 day
	56	3	7	hrs min.

9. Exact Occupation housewife Did this work for yrs.

10. Industry or Business Date last worked

11. Birthplace Johnsonville Ill. (City or town) (State or foreign country)

Father
12. Name Curtis Bratton
13. Birthplace Ohio (City or town) (State or foreign country)

Mother
14. Maiden name not obtainable
15. Birthplace (City or town) (State or foreign country)

16. Informant's **OWN** Signature Walter G. Haynes
and Address 202 5th. Ave.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof July 14, 1944 (Month) (Day) (Year)
(c) Place: Lewiston, Idaho

18. Funeral Director's **OWN** Signature E. S. Rawls
and Address 141 Ninth Street

19. (a) July 15, 1944 (Date received and filed) (b) Margaret Vance (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 11 1944
at 4 o'clock a. M.

21. **I HEREBY CERTIFY**, That I attended deceased from June 26 1943, to July 11 1944
I last saw her alive on July 11 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Chronic tubular kidney disease — Duration
Due to — Duration
Due to — Duration
Other conditions Carcinoma of breast with metastasis to lungs. — Duration
(Include pregnancy, within 3 months of death)
Where was disease contracted? — Duration
Name of operation Rad. Amp. Date 7/1/43 — Duration
Major finding Carcinoma — Duration
Finding of autopsy No autopsy — Duration

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state
1944 where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature W. C. Clark M.D. (M. D. or other)
and Address Lewiston Idaho Date 7/13 1944
(For additional space, use reverse side)

139896

United States
Department of Commerce
Bureau of the Census AUG 18 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 160
Reg. Dist. No. 220

1. **PLACE OF DEATH:**
(a) County Nez Perce
(b) City or town Lewiston
(c) Street Address or R. F. D. No. 1902½ Main Street
(d) Death Occurred Inside? In Outside? ____ city or town
(e) Died in a Home __ Hospital # Institution __ Other place __
(f) Name Hosp. or Inst. St Joseph Stayed ____ days
(g) Lived in this county 6 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Nez Perce
(c) City or town Lewiston
(d) Street Address or R. F. D. No. 1902½ Main Street
(e) Deceased lived Inside? In Outside? ____ city or town
(f) Citizen of what country? ____
(g) How long had deceased lived in Idaho? 55 years
(h) Former residence (city, state) ____

3. (a) FULL NAME Oliver L. Maguire 94a

3. (b) If veteran, name war None
3. (c) Social Security No. ____
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Sarah Olive
6. (c) Age of husband or wife if alive 54 years
7. Date of Birth (Month, Day, Year) December 13th, 1888

8. AGE	Years	Months	Days	If less than 1 day
	55	6	28	hrs min.

9. Exact Occupation Lumberman Did this work for ____ yrs.
10. Industry or Business ____ Date last worked ____
11. Birthplace Moscow (City or town) Idaho (State or foreign country)
Father
12. Name George W. Maguire
13. Birthplace ____ (City or town) New York (State or foreign country)
Mother
14. Maiden name Josephine Miller
15. Birthplace Pittsburg (City or town) Pennsylvania (State or foreign country)
16. Informant's OWN Signature Sarah Olive Maguire
and Address Lewiston, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/14/1944 (Month) (Day) (Year)
(c) Place: Lewiston, Idaho
18. Funeral Director's OWN Signature Brower-Wann Co. By L. D. Wann
and Address Lewiston, Idaho
19. (a) July 16 1944 (Date received and filed) (b) Margaret Vassar (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 11th, 1944 19__
at ____ o'clock ____ M.
21. I HEREBY CERTIFY, That I attended deceased from July 9th 1944, to July 11th 1944. I last saw him alive on July 11 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Coronary occlusion. 94a	12 hrs
Due to Angina Pectoris. 94b	6 yrs.
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted? At home.	PHYSICIAN
Name of operation none. Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy Not None.	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury None.
23. Attendant's OWN Signature Joseph G. Bardeck M.D. (M. D. or other)
and Address 707 11th St. Date July 13 1944
(For additional space; use reverse side)

Lewiston Idaho

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

139897

United States
Department of Commerce
Bureau of the Census

AUG 18 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 179
Reg. Dist. No. 220

1. **PLACE OF DEATH:**
(a) County Nez Perce
(b) City or town Lewiston
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? # Outside? city or town
(e) Died in a Home Hospital # Institution Other place
(f) Name Hosp. or Inst. St. Joseph Stayed 1 days
(g) Lived in this county years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Latah
(c) City or town Moscow
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? # Outside? city or town
(f) Citizen of what country? U.S.A
(g) How long had deceased lived in Idaho? 65 years
(h) Former residence (city, state)

3. (a) **FULL NAME** Arthur W. Randall 92e

3. (b) If veteran, name war
3. (c) Social Security No. none
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) March 25, 1879

8. AGE	Years	Months	Days	If less than 1 day
	65	3	19	hrs min.

9. Exact Occupation retired Did this work for yrs.
10. Industry or Business farming Date last worked
11. Birthplace Moscow (City or town) Idaho (State or foreign country)
Father
12. Name John E. Randall
13. Birthplace Wis. (City or town) (State or foreign country)
Mother
14. Maiden name Mary E. Wheeler
15. Birthplace Bethany N.Y. (City or town) (State or foreign country)
16. Informant's OWN Signature H. R. Short
and Address Moscow, Ida.
17. (a) removal (Burial, cremation, or removal) (b) Date thereof 7/14/44 (Month) (Day) (Year)
(c) Place: Moscow, Ida.
18. Funeral Director's OWN Signature H. R. Short
and Address Moscow, Ida.
19. (a) 8-8-44 (Date received and filed) (b) Margaret Vassar (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 14, 1944 19
at 8 o'clock A. M.
21. **I HEREBY CERTIFY,** That I attended deceased from July 13 1944, to July 14 1944
I last saw him alive on July 13 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Respiratory failure 2000	1 day
Due to Heart Disease 9562	1 yr
"Endocarditis" 92e	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? Moscow Idaho
Name of operation None Date
Major finding
Finding of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature E. G. Broadock MD (M. D. or other)
and Address Lewiston, Idaho Date 7-31 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

AUG 18 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 139898
Local Reg. No. 167
Reg. Dist. No. 220

1. **PLACE OF DEATH:**
   (a) County Nez Perce
   (b) City or town Lewiston
   (c) Street Address or R. F. D. No. 6th, 3rd, Ave.
   (d) Death Occurred Inside? In Outside? ____ city or town
   (e) Died in a Home ____ Hospital ____ Institution ____ Other place? ____
   (f) Name Hosp. or Inst. ____ Stayed ____ days
   (g) Lived in this county 29 years ____ months ____ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Nez Perce
   (c) City or town Lewiston
   (d) Street Address or R. F. D. No. 728 15th, St.
   (e) Deceased lived Inside? In Outside? ____ city or town
   (f) Citizen of what country? ____
   (g) How long had deceased lived in Idaho? 29 years
   (h) Former residence (city, state) ____

3. (a) **FULL NAME** Abner Addington

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Blanch E.
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) June 19th, 1874

8. AGE	Years	Months	Days	If less than 1 day
	70	-0-	25	hrs ____ min.

9. Exact Occupation Fuel merchant — Did this work for ____ yrs.
10. Industry or Business Coal and wood — Date last worked ____
11. Birthplace Pineville, (City or town) Missouri (State or foreign country)

Father
12. Name Not known
13. Birthplace Not known (City or town) (State or foreign country)

Mother
14. Maiden name Not known
15. Birthplace Not known (City or town) (State or foreign country)

16. Informant's **OWN** Signature Blanche E. Addington
and Address Lewiston, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/18/1944 (Month) (Day) (Year)
(c) Place: Lewiston, Idaho
18. Funeral Director's **OWN** Signature Brower-Wann Co. By R B Wann
and Address Lewiston, Idaho
19. (a) July 26/1944 (Date received and filed) (b) Margaret Vassar (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 14th, 1944 19____
at ____ o'clock ____ M.

21. **I HEREBY CERTIFY,** That I attended deceased from ____ 19____, to ____ 19____
I last saw h____ alive on ____ 19____; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Died Suddenly, while shoveling load of coal from truck	
Due to Coronary Thrombosis	
Due to ____	
Other conditions (Include pregnancy within 3 months of death) ____	

Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's **OWN** Signature R B Wann Coroner (M.D. or other)
and Address Lewiston, Ida. Date 7/17 19 44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

139899

United States
Department of Commerce
Bureau of the Census

AUG 18 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 173
Reg. Dist. No. 280

1. **PLACE OF DEATH:**
(a) County Nez Perce
(b) City or town Lewiston
(c) Street Address or R. F. D. No. 2306 Main Street
(d) Death Occurred Inside? In Outside? ____ city or town
(e) Died in a Home # Hospital __ Institution __ Other place __
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county ___ years 2 months ___ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Nez Perce
(c) City or town Lewiston
(d) Street Address or R. F. D. No. 2306 Main St.
(e) Deceased lived Inside? In Outside? ____ city or town
(f) Citizen of what country? ____
(g) How long had deceased lived in Idaho? ____ years
(h) Former residence (city, state) ____

3. (a) FULL NAME Jean Evelyn Hanson

119a

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife ____
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) April 15th, 1944

8. AGE	Years	Months	Days	If less than 1 day
	—	2	—	hrs min.

9. Exact Occupation None Did this work for ____ yrs.
10. Industry or Business ____ Date last worked ____
11. Birthplace Lewiston, Idaho (City or town) (State or foreign country)
Father
12. Name Harold R. Hanson
13. Birthplace Elmore, Minnesota (City or town) (State or foreign country)
Mother
14. Maiden name Olive Kelso
15. Birthplace Idaho (City or town) (State or foreign country)
16. Informant's OWN Signature Harold R. Hanson
and Address Lewiston, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/17/1944 (Month) (Day) (Year)
(c) Place: Lewiston, Idaho
18. Funeral Director's OWN Signature Brower-Wann Co. L B Wann
and Address ____
19. (a) 8-1-44 (Date received and filed) (b) Margaret Vassar (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 15th, 1944 19__
at 8:05 o'clock A. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 7/10 1944, to 7/15 1944
I last saw her alive on 7/15 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Toxemia	
following	
Due to Nonspecific Gastro	
Enteritis 119a 2	5 days
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted? none	PHYSICIAN
Name of operation -0 Date -	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy 0	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? 0 Suicide? 0 Homicide? 0
Occurred ____ 19__ City, county, state where violence occurred 0
Place of Violence: Home 0 Farm 0 Industry 0
Public Place 0 While at work? ____
Means of injury 0
23. Attendant's OWN Signature [signature] (M. D. or other)
and Address Lewiston Ida Date 7/26 1944
(For additional space, use reverse side)

McRea

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

NON-RESIDENT
CERTIFICATE OF DEATH
STATE OF IDAHO

United States
Department of Commerce
Bureau of the Census AUG 18 1944

State File No. 139900
Local Reg. No. 158
Reg. Dist. No. 220

1. **PLACE OF DEATH:**
   (a) County Nez Perce
   (b) City or town Lewiston
   (c) Street Address or R. F. D. No. St. Joesph Hosp.
   (d) Death Occurred Inside? X Outside? ____ city or town
   (e) Died in a Home ____ Hospital X Institution ____ Other place ____
   (f) Name Hosp. or Inst. St Joesph Stayed 4 days
   (g) Lived in this county 2 years ____ months ____ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Oregon (b) County ____
   (c) City or town Bartlett
   (d) Street Address or R. F. D. No. ____
   (e) Deceased lived Inside? ____ Outside? X city or town
   (f) Citizen of what country? United States
   (g) How long had deceased lived in Idaho? 2 years
   (h) Former residence (city, state) Lewiston, Idaho

3. (a) **FULL NAME** Joesph Clay Mallory

934

3. (b) If veteran, name war ____ 3. (c) Social Security No. ____

4. Sex male 5. Color or race White 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Mary E. 6. (c) Age of husband or wife if alive 48 years

7. Date of Birth (Month, Day, Year) July 27, 1885

8. AGE	Years	Months	Days	If less than 1 day
	58	11	20	hrs ____ min. ____

9. Exact Occupation farmer — Did this work for life yrs.
10. Industry or Business ____ — Date last worked ____
11. Birthplace Texas, (City or town) (State or foreign country)

Father
12. Name Benjamin Franklin Mallory
13. Birthplace Missouri (City or town) (State or foreign country)

Mother
14. Maiden name Letitia Owen
15. Birthplace Texas (City or town) (State or foreign country)

16. Informant's **OWN** Signature Eugene L. Wilson
and Address ____

17. (a) removal (Burial, cremation, or removal) (b) Date thereof July 18, 1944 (Month) (Day) (Year)
(c) Place: Bartlett, Oregon

18. Funeral Director's **OWN** Signature H. O. Merchant
and Address Clarkson, Washington

19. (a) July 18 1944 (Date received and filed) (b) Margaret Vassay (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 17, 1944
at 12:30 o'clock P M.

21. **I HEREBY CERTIFY,** That I attended deceased from January 1944, to July 17 1944
I last saw h____ alive on 7-9- 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
1 Hypertensive Heart Disease	years
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's **OWN** Signature Walter C. McWilliams (M. D. or Other)
and Address Lewiston Date 7-17- 1944

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census AUG 18 1944

NON-RESIDENT Certificate Of Death

STATE OF IDAHO

State File No. 139901
Local Reg. No.
Reg. Dist. No. 201

1. **PLACE OF DEATH:**
(a) County Hez Perce
(b) City or town Lewiston
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? ✓ Outside? city or town
(e) Died in a Home Hospital ✓ Institution Other place
(f) Name Hosp. or Inst St. Josephs Stayed 3 days
(g) Lived in this county years months 3 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Wash. (b) County Asotin
(c) City or town Clarkston
(d) Street Address or R.F.D. No. 1037-7th St.
(e) Deceased lived Inside? ✓ Outside? city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? years
(h) Former residence (city, state) Clarkston, Wash.

3. (a) **FULL NAME** Louise Windus 128

3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex female 5. Color or race white
6. (a) Single, widowed, married, divorced divorced
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Date of Birth (Month, Day, Year) 8-3-1880

8. AGE	Years	Months	Days	If less than 1 day
	63	11	14	hrs min.

9. Exact Occupation librarian Did this work for 40 yrs.
10. Industry or Business Date last worked
11. Birthplace Missouri Valley, Iowa (City or town) (State or foreign country)
Father 12. Name no record
13. Birthplace " " (City or town) (State or foreign country)
Mother 14. Maiden name no record
15. Birthplace (City or town) (State or foreign country)
16. Informant's **OWN** Signature Grace Frazier
and Address Spokane, Wash.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 7-22-44 (Month) (Day) (Year)
(c) Place: Clarkston, Washington
18. Funeral Director's **OWN** Signature Vincent V. Vassar
and Address Lewiston, Idaho
19. (a) 7-31-44 (Date received and filed) (b) Margaret Vassar (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 7-17 1944
at 10:15 o'clock a. M.
21. **I HEREBY CERTIFY,** That I attended deceased from July 12 1944 to July 17 1944
I last saw her alive on July 17 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: 128	Duration
Chronic pancreatitis	years
Due to Cholecystitis	years 125
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature Carol W. Johnson (M. D. or other)
and Address Lewiston, Ida. Date 7-22 1944
(For additional space, use reverse side)

Johnson

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census AUG 18 1944

Certificate Of Death

STATE OF IDAHO

State File No. 139902
Local Reg. No. 170
Reg. Dist. No. 280

1. **PLACE OF DEATH:**
(a) County Nez Perce
(b) City or town Lewiston
(c) Street Address or R. F. D. No. 1132 - Idaho
(d) Death Occured Inside? ✓ Outside? ....city or town
(e) Died in a Home ✓ Hospital.... Institution.... Other place....
(f) Name Hosp. or Inst.... Stayed....days
(g) Lived in this county 23 years ....months ....days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Nez Perce
(c) City or town Lewiston
(d) Street Address or R.F.D. No. 1132 - Idaho
(e) Deceased lived Inside? ✓ Outside? ....city or town
(f) Citizen of what country? U. S. A.
(g) How long had deceased lived in Idaho? 23 years
(h) Former residence (city, state) ....

3. (a) **FULL NAME** Frances Sears 50

3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive .... years
7. Date of Birth (Month, Day, Year) 10 - 29 - 1874

8. AGE	Years	Months	Days	If less than 1 day
	69	8	17	hrs min.

9. Exact Occupation housewife Did this work for ....yrs.
10. Industry or Business At home Date last worked ....
11. Birthplace Bannock, Montana (City or town) (State or foreign country)

Father
12. Name Samuel Jaggers
13. Birthplace England (City or town) (State or foreign country)

Mother
14. Maiden name Mary Hamilton
15. Birthplace Iowa (City or town) (State or foreign country)

16. Informant's **OWN** Signature Burl Clayton
and Address Lewiston, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7 - 19 - 44 (Month) (Day) (Year)
(c) Place: Lewiston, Idaho
18. Funeral Director's **OWN** Signature Vincent V. Vassar
and Address Lewiston, Idaho
19. (a) 7 - 31 - 44 (Date received and filed) (b) Margaret Vassar (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 7 - 19 19 44
at 7 o'clock P. M.
21. **I HEREBY CERTIFY**, That I attended deceased from 6 - 4 - 44 19 ..., to 7 - 19 - 44 19
I last saw her alive on 7 - 19 - 44 19 ...; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Starvation - self induced — Duration
Due to Domestic difficulties. Paranoid condition 844
Due to ....
Other conditions Carcinoma rt. breast — (Include pregnancy within 3 months of death)
Where was disease contracted?
Name of operation None Date
Major finding —
Finding of autopsy None.

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? .... Suicide? No Homicide? ....
Occurred .... 19 .... City, county, state where violence occurred ....
Place of Violence: Home .... Farm .... Industry ....
Public Place .... While at work? ....
Means of injury ....
23. Attendant's **OWN** Signature H. Rouse, M.D. (M. D. or other)
and Address Lewiston, Ida. Date 7-31- 1944
(For additional space, use reverse side)

Rouse

NON-RESIDENT
CERTIFICATE OF DEATH
STATE OF IDAHO

139903

United States
Department of Commerce AUG 1 8 1944
Bureau of the Census

State File No. 139903
Local Reg. No. 159
Reg. Dist. No. 920

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
   (a) County Nez Perce
   (b) City or town Lewiston
   (c) Street Address or R. F. D. No. St. Joesph Hosp
   (d) Death Occurred Inside? X Outside? ____ city or town
   (e) Died in a Home ____ Hospital X Institution ____ Other place ____
   (f) Name Hosp. or Inst. St. Joesph Stayed 3 days
   (g) Lived in this county ____ years ____ months 3 days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Washington (b) County Asotin
   (c) City or town Clarkston
   (d) Street Address or R. F. D. No. 923 7th Street
   (e) Deceased lived Inside? X Outside? ____ city or town
   (f) Citizen of what country? United States
   (g) How long had deceased lived in Idaho? 3 days years
   (h) Former residence (city, state) Spokane, Wash.

3. (a) **FULL NAME** Clara J. Robinson 83a

3. (b) If veteran, name war ____ 3. (c) Social Security No. ____

4. Sex female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Merrit 6. (c) Age of husband or wife if alive deceased years

7. Date of Birth (Month, Day, Year) April 10, 1868

8. AGE	Years	Months	Days	If less than 1 day hrs	min.
	76	3	10		

9. Exact Occupation housewife Did this work for ____ yrs.
10. Industry or Business ____ Date last worked ____
11. Birthplace Shellburg (City or town) Wisconsin (State or foreign country)

Father
12. Name William Osborn
13. Birthplace England (City or town) (State or foreign country)

Mother
14. Maiden name Elizabeth Code
15. Birthplace England (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs Henry Hall
and Address Nez Perce, Idaho

17. (a) removal (Burial, cremation, or removal) (b) Date thereof July 20, (Month) (Day) '44 (Year)
(c) Place: Clarkston, Washington

18. Funeral Director's OWN Signature H P Merchant
and Address Clarkston, Washington

19. (a) July 20 1944 (Date received and filed) (b) Margaret Vernon (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 20, 1944
at 12 o'clock P.M.

21. **I HEREBY CERTIFY,** That I attended deceased from 7-17-1944 to 7-20-1944
I last saw h____ alive on ____ 19____; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebrovascular Accident	two days
Due to Hypertension	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's OWN Signature Walter M. Williams (M. D.)
and Address Lewiston Date 7-20 1944

(For additional space, use reverse side)

United States
Department of Commerce
Bureau of the Census

AUG 1 8 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 139904
Local Reg. No. 178
Reg. Dist. No. 220

1. **PLACE OF DEATH:**
(a) County Nez Perce
(b) City or town Lewiston
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? x Outside? city or town
(e) Died in a Home Hospital Institution Other place x
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State transient (b) County
(c) City or town
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Outside? city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? years
(h) Former residence (city, state)

3. (a) FULL NAME CHARLES JOSEPH MILLER

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3. (b) If veteran, name war none
3. (c) Social Security No. 507-24-5068
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced single (?)
6. (b) Name of husband or wife ?
6. (c) Age of husband or wife if alive ? years
7. Date of Birth (Month, Day, Year) Not known 1912 ?

8. AGE	Years	Months	Days	If less than 1 day
	32	?	?	hrs min.

9. Exact Occupation transient Did this work for yrs.
10. Industry or Business Not known Date last worked
11. Birthplace " " (City or town) (State or foreign country)
Father
12. Name Not known
13. Birthplace " " (City or town) (State or foreign country)
Mother
14. Maiden name Not known
15. Birthplace " " (City or town) (State or foreign country)
16. ~~Informant~~'s ~~OWN Signature~~ Information obtained from ~~and Address~~ Draft Classification Card
17. (a) burial (Burial, cremation, or removal) (b) Date thereof Aug. 1, 1944 (Month) (Day) (Year)
(c) Place: Lewiston, Idaho
18. Funeral Director's OWN Signature Brower-Wann By: K. H. Malcom
and Address Lewiston, Idaho
19. (a) Aug. 1, 1944 (Date received and filed) (b) Margaret Vassar (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 26 1944
at approx. 11:30 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 19 , to 19
I last saw h alive on 19 ; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Broken neck - Skull fracture - Crushed Chest	
Due to fall under tram	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ✓ Suicide? Homicide?
Occurred July 26th 1944 City, county, state where violence occurred Lewiston Nez Perce Ida.
Place of Violence: Home Farm Industry
Public Place R.R. Track While at work?
Means of injury
23. Attendant's OWN Signature R B Wann Corona (M. D. or other)
and Address Lewiston Idaho Date 7/27 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

139905

United States
Department of Commerce
Bureau of the Census AUG 1 8 1944

NON-RESIDENT CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
   (a) County Nezperve
   (b) City or town Lewiston
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? X Outside? ____ city or town
   (e) Died in a Home ____ Hospital X Institution ____ Other place ____
   (f) Name Hosp. or Inst. White's Stayed ____ days
   (g) Lived in this county ____ years 2 months 1 days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Wash (b) County Asotin
   (c) City or town Clarkston
   (d) Street Address or R. F. D. No. 417 - 6th St.
   (e) Deceased lived Inside? X Outside? ____ city or town
   (f) Citizen of what country? U S of America
   (g) How long had deceased lived in Idaho? ____ years
   (h) Former residence (city, state)

3. (a) **FULL NAME** Robert H Vickers 922

3. (b) If veteran, name war ____ 3. (c) Social Security No. ____
4. Sex ____ 5. Color or race ____ 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Not Known 6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) Dec. 13, 1857

8. AGE	Years	Months	Days	If less than 1 day
	86	7	13	hrs ____ min.

9. Exact Occupation Retired Orchardist Did this work for ____ yrs.
10. Industry or Business ____ Date last worked ____
11. Birthplace Wheeling W. Va. (City or town) (State or foreign country)

Father
12. Name Not Known
13. Birthplace Not Known (City or town) (State or foreign country)

Mother
14. Maiden name Not Known
15. Birthplace Not Known (City or town) (State or foreign country)

16. Informant's **OWN** Signature Welfare Office Asotin Co.
and Address Clarkston, Wash.
17. (a) ____ (Burial, cremation or removal) (b) Date thereof ____ (Month) (Day) (Year)
(c) Place: Clarkston, Wash. Merchant
18. Funeral Director's **OWN** Signature H. R. Merchant
and Address Clarkston, Wash.
19. (a) July 28 1944 (Date received and filed) (b) Margaret Vassar (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 7 - 26 - 1944
at 9:45 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from 5 - 24 - 1944 to 7 - 26 - 1944
I last saw h~~e~~ alive on 7 - 26 - 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Chronic Endocarditis — Duration ____
Due to ____
Due to ____
Other conditions ____
(Include pregnancy within 3 months of death)
Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19 ____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's **OWN** Signature E. L. White. M. D. (M. D. or other)
and Address Lewiston Idaho Date 7 - 27 - 1944
(For additional space, use reverse side)

United States
Department of Commerce
Bureau of the Census

AUG 18 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 139906
Local Reg. No. 172
Reg. Dist. No. 220

1. **PLACE OF DEATH:**
(a) County Nez Perce
(b) City or town Lewiston
(c) Street Address or R. F. D. No. 2.
(d) Death Occurred Inside? ____ Outside? Out city or town
(e) Died in a Home# Hospital__ Institution__ Other place__
(f) Name Hosp. or Inst.____ Stayed____days
(g) Lived in this county 20 years ____months ____days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Nez Perce
(c) City or town Lewiston
(d) Street Address or R. F. D. No. 2.
(e) Deceased lived Inside? ____ Outside? Out city or town
(f) Citizen of what country? ____
(g) How long had deceased lived in Idaho? 20 years
(h) Former residence (city, state) ____

3. (a) FULL NAME Nancy Fitch Nichols

4 3a

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife D. C. Nichols
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) January 7th, 1864

8. AGE	Years	Months	Days	If less than 1 day
	80	6	20	hrs ____ min.

9. Exact Occupation At home — Did this work for ____ yrs.
10. Industry or Business ____ — Date last worked ____
11. Birthplace Magazine (City or town) Arkansas (State or foreign country)

Father
12. Name Corley
13. Birthplace ____ (City or town) ____ (State or foreign country)

Mother
14. Maiden name ____
15. Birthplace ____ (City or town) ____ (State or foreign country)

16. Informant's OWN Signature Madeline Thompson
and Address Lewiston, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/31/1944 (Month) (Day) (Year)
(c) Place: Lewiston, Idaho
18. Funeral Director's OWN Signature Brower-Wann Co. By L B Wann
and Address Lewiston, Idaho
19. (a) 8-1-44 (Date received and filed) (b) Margaret Vance (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 27th, 1944 19____
at 1:05 o'clock A. M.

21. **I HEREBY CERTIFY,** That I attended deceased from 1-5 1944 to 7-27 1944
I last saw h[illegible] alive on 7-26 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebral Haemorrhage	2 days
Due to arterio-sclerosis	7 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation ____ Date ____	
Major finding	
Finding of autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's OWN Signature E. L. White M.D. (M. D. or other)
and Address Lewiston Ida Date 7-29 1944
(For additional space, use reverse side)

E. L. White

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH

STATE OF IDAHO

AUG 18 1944

State File No. 13990
Local Reg. No. 181
Reg. Dist. No. 220

1. **PLACE OF DEATH:**
(a) County NEZ PERCE
(b) City or town LEWISTON
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. St. Josephs Stayed 11 days
(g) Lived in this county. years months days
Note For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State IDAHO (b) County LEWIS
(c) City or town NEZPERCE
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Outside? X city or town
(f) If foreign born, in U. S. . . yrs. Citizen of U. S.? X
(g) How long had deceased lived in Idaho? 49 years
(h) Former residence (city, state) Nezperce Idaho

3. (a) **FULL NAME** FRANK CHANDLER

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M race WHITE
5. Color or
6. (a) ~~Single~~, widowed, ~~married~~, divorced Widowed
6. (b) Name of husband or wife Hallie M. Beach
6 (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) April 22 1867

8. AGE	Years	Months	Days	If less than 1 day
	77	3	7	hrs min.

9. Exact Occupation Farmer (retired) Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace (City or town) (State or foreign country)
Father 12. Name Sereno Chandler Maine
Father 13. Birthplace don't know. (City or town) (State or foreign country)
Mother 14. Maiden name Laura Tillotson
Mother 15. Birthplace Iowa (City or town) (State or foreign country)
16. Informant's **OWN** Signature Lola Chandler
and Address Nezperce Idaho Rt 1
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 7-29-44 (Month) (Day) (Year)
(c) Place: Nezperce Idaho
18. Funeral Director's **OWN** Signature Vincent V. Vassar
and Address Lewiston, Idaho
19. (a) 8-8-44 (Date received and filed) (b) Margaret Vassar (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 7-29 19 44
at 12:40 o'clock a M.

21. **I HEREBY CERTIFY,** That I attended deceased from July 18 1944, to July 29 1944
I last saw h— alive on 7-25 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Organic Heart disease	years
Due to	
Due to	
Other conditions. (Include pregnancy within 3 months of death)	

Where was disease first contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature Lawrence Johnson (M. D. or other)
and Address Lewiston Ida Date 8-2 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

13990

United States
Department of Commerce
Bureau of the Census

AUG 18 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 171
Reg. Dist. No. 220

1. **PLACE OF DEATH:**
(a) County Nezperce
(b) City or town Lewiston
(c) Street Address or R. F. D. No. 0120 24th St
(d) Death Occurred Inside? Outside? city or town
(e) Died in a Home Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 3 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Nezperce
(c) City or town Lewiston
(d) Street Address or R. F. D. No. 0120 - 24th St.
(e) Deceased lived Inside? Outside? city or town
(f) Citizen of what country? U S of America
(g) How long had deceased lived in Idaho? 3 years
(h) Former residence (city, state) Clarkston, Wash

3. (a) FULL NAME Mary B. Parks

83 A

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female race White
5. Color or
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Caleb A Parks
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) March 28 1860

8. AGE	Years	Months	Days	If less than 1 day
	80	4	1	hrs min.

9. Exact Occupation Housewife Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Missouri (City or town) (State or foreign country)

Father
12. Name Joshua Campbell
13. Birthplace Not Known (City or town) (State or foreign country)

Mother
14. Maiden name Sarah Curhough
15. Birthplace Missouei (City or town) (State or foreign country)

16. Informant's OWN Signature Rose M Jones
and Address Lewiston Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 7/29/44 (Month) (Day) (Year)
(c) Place: Clarkston Wash.
18. Funeral Director's OWN Signature H & M Merchant
and Address Clarkston, Wash.
19. (a) 8-1-44 (Date received and filed) (b) Margaret Vasser (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) July 29 1944
at 4:30 o'clock A M.
21. I HEREBY CERTIFY, That I attended deceased from July 1 1944, to July 1944
I last saw her alive on July 27 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cerebral Haemorrhage (apoplexy) — Duration 4 weeks
Due to Arteriosclerosis — 8 Yrs
Due to —
Other conditions (Include pregnancy within 3 months of death) —
Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's OWN Signature E. L. White M.D. (M. D. or other)
and Address Lewiston Ida Date 7-29 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

AUG 1 8 1944

NON-RESIDENT

CERTIFICATE OF DEATH

STATE OF IDAHO

State File No. 139909
Local Reg. No. 180
Reg. Dist. No. 220

1. **PLACE OF DEATH:**
   (a) County Nez Perce
   (b) City or town Lewiston
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? X Outside? city or town
   (e) Died in a Home Hospital X Institution Other place
   (f) Name Hosp. or Inst. St. Joseph's Stayed days
   (g) Lived in this county 0 years months days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Washington (b) County Asotin
   (c) City or town Asotin
   (d) Street Address or R. F. D. No.
   (e) Deceased lived Inside? X Outside? city or town
   (f) Citizen of what country? U. S. A.
   (g) How long had deceased lived in Idaho? 0 years
   (h) Former residence (city, state) —

3. (a) FULL NAME LOUIS T. PALMER

95 C

3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife none
6. (c) Age of husband or wife if alive none years
7. Date of Birth (Month, Day, Year) June 14, 1862

8. AGE	Years	Months	Days	If less than 1 day
	82	1	17	hrs min.

9. Exact Occupation retired Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Eugene, Oregon (City or town) (State or foreign country)

Father
12. Name Thomas D. Palmer
13. Birthplace Illinois (City or town) (State or foreign country)

Mother
14. Maiden name Margaret McMillan
15. Birthplace Illinois (City or town) (State or foreign country)

16. Informant's OWN Signature Hospital records
and Address Lewiston, Idaho
17. (a) removal (Burial, cremation, or removal) (b) Date thereof Aug. 2, 1944 (Month) (Day) (Year)
(c) Place: Clarkston, Washington
18. Funeral Director's OWN Signature Brower-Wann By [signature]
and Address Lewiston Idaho
19. (a) 8-8-44 (Date received and filed) (b) Margaret Vassar (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 31 1944
at 6:30 o'clock A. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 1944 to July 31 1944
I last saw him alive on July 30 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Organic heart disease	years
Due to	
Due to	
Other conditions Oedema (Include pregnancy within 3 months of death)	4 wks
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature Paul G. Johnson (M. D. or other)
and Address Lewiston Ida Date 8-1-1944
(For additional space, use reverse side)

139910

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

AUG 8 1944

State File No.
Local Reg. No. 19
Reg. Dist. No. 530

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
   (a) County Oneida
   (b) City or town Malad
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? X Outside? ____ city or town
   (e) Died in a Home ____ Hospital X Institution ____ Other place ____
   (f) Name Hosp. or Inst. Oneida Stayed 12 days
   (g) Lived in this county 32 years ____ months ____ days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Oneida
   (c) City or town Malad
   (d) Street Address or R. F. D. No.
   (e) Deceased lived Inside? X Outside? ____ city or town
   (f) Citizen of what country?
   (g) How long had deceased lived in Idaho? 32 years
   (h) Former residence (city, state)

3. (a) **FULL NAME** Martha Melinda Whittaker Maxwell E

3. (b) If veteran, name war No
3. (c) Social Security No. 519-20-3637
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Marida Maxwell
6. (c) Age of husband or wife if alive 65 years
7. Date of Birth (Month, Day, Year) November 18 1879

8. AGE	Years	Months	Days	If less than 1 day
	64	8	5	hrs ____ min.

9. Exact Occupation Housewife — Did this work for 37 yrs.
10. Industry or Business Own Home — Date last worked 6/18/1944
11. Birthplace Plymouth Utah (City or town) (State or foreign country)

Father
12. Name David Whittaker
13. Birthplace Willard Utah (City or town) (State or foreign country)

Mother
14. Maiden name Naomi Jenkins
15. Birthplace North Carolina (City or town) (State or foreign country)

16. Informant's **OWN** Signature Naomi Thomas
and Address Rt. 2 Idaho Falls, Idaho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 25 44 (Month) (Day) (Year)
(c) Place: Malad Idaho
18. Funeral Director's **OWN** Signature J. Guy Kenan
and Address Malad Idaho
19. (a) 7-25-1944 (Date received and filed) (b) J. Guy Kenan (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 23 19 44
at 5:15 o'clock A. M.
21. I, **HEREBY CERTIFY**, That I attended deceased from June 15 19 44 to July 23 19 44
I last saw h[illegible] alive on July 22 19 44; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Myocarditis — Senile	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ____ Date ____
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19 ____ City, county, state where violence occurred
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury

23. Attendant's **OWN** Signature O H Maxfield (M. D. or other)
and Address Malad Date 7-25 19 44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce JUL 28 1944
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 139911
Local Reg. No. 67
Reg. Dist. No. 392

1. **PLACE OF DEATH:**
   (a) County Owyhee
   (b) City or town Homedale
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home X Hospital .... Institution .... Other place ....
   (f) Name Hosp. or Inst Days Nursing Stayed ..... days
   (g) Lived in this county 3 years ..... months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Owyhee
   (c) City or town Homedale
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? X Outside? ..... city or town
   (f) Citizen of what country?
   (g) How long had deceased lived in Idaho? 3 years
   (h) Former residence (city, state)

3. (a) **FULL NAME** Margaret Ella Mangan 131a

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Female
5. Color or Race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) January 9, 1890

8. AGE	Years	Months	Days	If less than 1 day
	54	6	3	hrs min.

9. Exact Occupation Housekeeping Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace ..... (City or town) (State or foreign country)
12. Father Name John Mangan
13. Father Birthplace Unknown (City or town) (State or foreign country)
14. Mother Maiden name Unknown
15. Mother Birthplace Unknown (City or town) (State or foreign country)
16. Informant's **OWN** Signature Robert J Mangan and Address Homedale, Idaho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/15/44 (Month) (Day) (Year)
    (c) Place: Wilder, Idaho.
18. Funeral Director's **OWN** Signature S V Peckham and Address 504 So. Kimball Ave., Caldwell
19. (a) July 20 1944 (Date received and filed) (b) Helen M Davis (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 12, 1944
    at 6:45 o'clock A. M.
21. **I HEREBY CERTIFY**, That I attended deceased from 6/15 1944, to 7/12 1944
    I last saw her alive on 6/30 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cardiac Decompensation	9 months
Due to Carcinomatosis	?
Renal Uraemia	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation ..... Date	
Major finding	
Finding of autopsy	

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
    Occurred ..... 19 ..... City, county, state where violence occurred .....
    Place of Violence: Home ..... Farm ..... Industry .....
    Public Place ..... While at work? .....
    Means of injury .....
23. Attendant's **OWN** Signature J M Baumgartner M D (M. D. or other)
    and Address Boise Date 7/19 1944
    (For additional space, use reverse side)

139912

United States
Department of Commerce
Bureau of the Census

AUG 10 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 68
Reg. Dist. No. 392

1. **PLACE OF DEATH:**
(a) County Owyhee
(b) City or town Marsing
(c) Street Address or R. F. D. No.
(d) Death Occurred ~~Inside?~~ Outside? city or town
(e) Died in a Home ✓ Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Owyhee
(c) City or town Marsing
(d) Street Address or R. F. D. No.
(e) Deceased lived ~~Inside?~~ Outside? city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 50 years
(h) Former residence (city, state) Bellevue, Ida.

3. (a) **FULL NAME** William F. Lawson

3. (b) If veteran, name war World War I
3. (c) Social Security No. 519-01-5286
4. Sex M
5. Color or race W
6. (a) Single, ~~widowed~~, ~~married~~, ~~divorced~~
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Date of Birth (Month, Day, Year) July 1 1894

8. AGE	Years	Months	Days	If less than 1 day
	50	—	22	hrs min.

9. Exact Occupation Miner — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace Bellevue, (City or town) Idaho (State or foreign country)

Father
12. Name Andrew Lawson
13. Birthplace Stockholm, (City or town) Sweden (State or foreign country)

Mother
14. Maiden name Langford
15. Birthplace Nebraska (City or town) (State or foreign country)

16. Informant's **OWN** Signature J. Roy Lawson
and Address

17. (a) Removal (Burial, ~~cremation~~, or ~~removal~~) (b) Date thereof 7/26/44 (Month) (Day) (Year)
(c) Place: Nampa, Idaho

18. Funeral Director's **OWN** Signature F. K. Robinson
and Address Nampa Ida

19. (a) Aug 1st 1944 (Date received and filed) (b) Helen M Davis (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 23 1944
at o'clock M.

21. **I HEREBY CERTIFY,** That I attended deceased from 19, to 19
I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Pulmonary Tuberculosis	
Due to Silicosis	20 yrs.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature J. D. Saltzer MD (M. D. or other)
and Address Nampa Date 7-26 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

AUG 10 1944

Certificate Of Death

STATE OF IDAHO

139913

State File No. 139913
Local Reg. No. 69
Reg. Dist. No. 392

1. PLACE OF DEATH:

(a) County Owyhee
(b) City or town Homedale
(c) Street Address or R.F.D. No.
(d) Death Occured Inside?..... Outside?.....city or town
(e) Died in a Home.... Hospital.... Institution.... Other place....
(f) Name Hosp. or Inst..... Stayed.....days
(g) Lived in this county 11 years .....months .....days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

(a) State Idaho (b) County Owyhee
(c) City or town Homedale
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside?.....Outside?.....city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho?.....years
(h) Former residence (city, state)

3. (a) **FULL NAME** JACKSON CALDWELL TAYLOR 92b

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Celestia B. Taylor
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) May 10, 1868

8. AGE	Years	Months	Days	If less than 1 day
	76	2	15	hrs min.

9. Exact Occupation Farmer — Did this work for yrs.
10. Industry or Business Farming — Date last worked
11. Birthplace Clay County, Missouri (City or town) (State or foreign country)

Father
12. Name Willian Taylor
13. Birthplace Unknown (City or town) (State or foreign country)

Mother
14. Maiden name Nancy Wilson
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs J C Taylor
and Address Homedale, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/29/44 (Month) (Day) (Year)
(c) Place: Wilder Cemetery, Wilder, Ida.

18. Funeral Director's OWN Signature V. Peckham
and Address 504 So. Kimball Ave., Caldwell

19. (a) Aug 5- 1944 (Date received and filed) (b) Helen M Davis (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 25 19 44
at 9:00 o'clock P.M.

21. **I HEREBY CERTIFY**, That I attended deceased from July 15, 1944, to July 24, 1944
I last saw him alive on July 24, 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Heart disease 92b	
Due to Senescence, & Complications	
Mitral Heart Disease	
Due to Nephritis & Senesence	13 2 1
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation..... Date.....
Major finding
Finding of autopsy

PHYISICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? No. Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's OWN Signature Geo. Cooper M.D (M. D. or other)
and Address Homedale, Idaho Date 8/3/ 19 44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

RIVERSIDE CEMETERY

Certificate Of Death

STATE OF IDAHO

AUG 2 1944

State File No. 139914
Local Reg. No. 38
Reg. Dist. No. 3-330.

1. **PLACE OF DEATH:**
   (a) County Payette
   (b) City or town Payette
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? / Outside? city or town
   (e) Died in a Home / Hospital Institution Other place
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county 5 years months days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Payette
   (c) City or town Payette
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? / Outside? city or town
   (f) Citizen of what country? USA
   (g) How long had deceased lived in Idaho? 56 years
   (h) Former residence (city, state) Roseberry, Idaho.

3. (a) **FULL NAME** Charles Isaac Barker.

3. (b) If veteran, name war ----
3. (c) Social Security No. ------
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife none
6. (c) Age of husband or wife if alive -------- years
7. Date of Birth (Month, Day, Year) January 27 1872

8. AGE	Years	Months	Days	If less than 1 day
	72	5	14	hrs min.

9. Exact Occupation farmer — Did this work for life yrs.
10. Industry or Business ranch — Date last worked Dec. 1943
11. Birthplace Newton Co. (City or town) Missouri. (State or foreign country)

Father
12. Name Craten Barker.
13. Birthplace ---- (City or town) Illinois. (State or foreign country)

Mother
14. Maiden name Target Ellen Bowler.
15. Birthplace ---- (City or town) Illinois. (State or foreign country)

16. Informant's **OWN** Signature Henry C Barker
and Address Payette, Idaho. R. 1.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 7/13/1944 (Month) (Day) (Year)
(c) Place: Payette, Idaho.

18. Funeral Director's **OWN** Signature Edith Landers
and Address Payette, Idaho.

19. (a) 7/13/1944 (Date received and filed) (b) J C Woodward (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 11 1944 19
at 12:45 o'clock A. M.

21. **I HEREBY CERTIFY**, That I attended deceased from July 11 19 44 to July 11 19 44
I last saw him alive on July 11 19 44; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
myocardial failure	5-6 days
Due to Chronic myocarditis	
Due to Senility	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYISICIAN Underline the cause to which death should be charged statistically.
Name of operation Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature I. R. Woodward M.D.
(M. D. or other)
and Address Payette, Idaho Date 7/12 19 44
(For additional space, use reverse side)

Parkview Cemetery.

139915

United States
Department of Commerce
Bureau of the Census

AUG 2 1944

Certificate Of Death

STATE OF IDAHO

State File No. 39
Local Reg. No. 39
Reg. Dist. No. 3-331

1. PLACE OF DEATH:
(a) County Payette
(b) City or town New Plymouth
(c) Street Address or R.F.D. No. West Blvd.
(d) Death Occured Inside? Outside? city or town
(e) Died in a Home Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 1 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Payette
(c) City or town New Plymouth
(d) Street Address or R.F.D. No. West Blvd.
(e) Deceased lived Inside? Outside? city or town
(f) Citizen of what country? U S A
(g) How long had deceased lived in Idaho? 11 years
(h) Former residence (city, state) Klamath Falls. Idaho.

3. (a) FULL NAME Clarence Albert Williams.

83a

3. (b) If veteran, name war -----
3. (c) Social Security No. 544-01-3545.
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Jessie Mable Williams
6. (c) Age of husband or wife if alive 62 years
7. Date of Birth (Month, Day, Year) December 11 1871.

8. AGE	Years	Months	Days	If less than 1 day
	72	7	12	hrs min.

9. Exact Occupation labor — Did this work for life yrs.
10. Industry or Business agriculture — Date last worked 7/23/1944
11. Birthplace Neosho Falls, Kansas. (City or town) (State or foreign country)
Father
12. Name Shephard A. Williams.
13. Birthplace New York, N.Y. (City or town) (State or foreign country)
Mother
14. Maiden name Katherine Schmidt.
15. Birthplace ------- Germany. (City or town) (State or foreign country)
16. Informant's OWN Signature Jessie Williams
and Address New Plymouth, Idaho.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 7-2[illegible]-1944 (Month) (Day) (Year)
(c) Place: New Plymouth, Idaho.
18. Funeral Director's OWN Signature [illegible]
and Address Payette, Idaho.
19. (a) 7/25/1944 (Date received and filed) (b) J C Woodward (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 23, 1944
at 7:40 o'clock A.M.
21. **I HEREBY CERTIFY**, That I attended deceased from July 18 1944, to July 23 1944
I last saw him alive on July 22 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebral Hemorrhage	Immediate
Due to Cerebral Arteriosclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYISCIAN Underline the cause to which death should be charged statistically.
Name of operation Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature Geo. E. Davis, M.D. (M. D. or other)
and Address New Plymouth, Ida. Date July 24 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

PARKVIEW CEMETERY

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH

STATE OF IDAHO

AUG 2 1944

State File No. 139916
Local Reg. No. 40
Reg. Dist. No. 3-331

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. PLACE OF DEATH:
(a) County Payette
(b) City or town New Plymouth
(c) Street Address or R. F. D. No. 1
(d) Death Occurred Inside? ..... Outside? ✓ city or town
(e) Died in a Home ✓ Hospital ..... Institution ..... Other place .....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 3 years ✓ months ..... days
Note—For a person residing in THIS county LESS than 1 year give FORMER residence under item 2

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Ida (b) County Payette
(c) City or town New Plymouth
(d) Street Address or R. F. D. No. .....
(e) Deceased lived Inside? ..... Outside? ..... city or town
(f) If foreign born, in U. S. ..... yrs. Citizen of U. S.? .....
(g) How long had deceased lived in Idaho? 24 years
(h) Former residence (city, state) Mo.

3. (a) **FULL NAME** William Frederick Brinckerhoff

3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex M race White
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Symphorie C
6. (c) Age of husband or wife if alive 49 years
7. Date of Birth (Month, Day, Year) Mar 22 - 1892

8. AGE	Years	Months	Days	If less than 1 day hrs	min.
	52	4	C		

9. Exact Occupation Farmer — Did this work for ..... yrs.
10. Industry or Business ..... — Date last worked .....
11. Birthplace Fairfield Me. (City or town) (State or foreign country)

Father
12. Name Eugene Brinckerhoff
13. Birthplace ? (City or town) Germany (State or foreign country)

Mother
14. Maiden name Louisa Kienbaum
15. Birthplace ..... (City or town) Me. (State or foreign country)

16. Informant's **OWN** Signature and Address Mrs. Wm Brinckerhoff New Plymouth, Ida
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 31 '44 (Month) (Day) (Year)
(c) Place: New Plymouth Ida
18. Funeral Director's **OWN** Signature and Address H. L. Peterson Ontario Ore.
19. (a) 7/31/1944 (Date received and filed) (b) J. B. Woodward (Registrar's Signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 28 1944
at 12:45 o'clock P.M.

21. **I HEREBY CERTIFY,** That I attended deceased from May 1, 1944, to July 28, 1944
I last saw him alive on July 27, 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Coronary occlusion	Immediate
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death) Myocarditis & heart failure	8 yrs

Where was disease first contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature Geo. E. Davis, M.D. (M.D. or other)
and Address New Plymouth Idaho Date July 29 1944
(For additional space, use reverse side)

United States
Department of Commerce
Bureau of the Census

AUG 4 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 139917
Local Reg. No. 18
Reg. Dist. No. 500

1. **PLACE OF DEATH:**
(a) County Power
(b) City or town American Falls Ida
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 33 years months days
Note. For a person residing in **THIS** county **LESS** than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Power
(c) City or town American Falls Ida
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? U.S.
(g) How long had deceased lived in Idaho? 33 years
(h) Former residence (city, state) S. Dakota.

3. (a) **FULL NAME** Caroline Winters 928

3. (b) If veteran, name war —
3. (c) Social Security No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Adolph
6. (c) Age of husband or wife if alive 78 years
7. Date of Birth (Month, Day, Year) Dec. 31, 1866

8. AGE	Years	Months	Days	If less than 1 day
	77	6	2	hrs min.

9. Exact Occupation Housework — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace Glückstahl, South Russia (City or town) (State or foreign country)

Father
12. Name Peter Flemmer
13. Birthplace South Russia (City or town) (State or foreign country)

Mother
14. Maiden name Elizabeth Rösler
15. Birthplace South Russia (City or town) (State or foreign country)

16. Informant's **OWN** Signature Cornelia A. Boyer
and Address 227 East 6th Casper Wyo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-6-44 (Month) (Day) (Year)
(c) Place: Pleasant Valley Cemetery
18. Funeral Director's **OWN** Signature H. Dance
and Address American Falls, Idaho
19. (a) July 5-1944 (Date received and filed) (b) Irene Daling (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 3 1944
at 9:30 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from 1940, to Death, 1944
I last saw her alive on June 26 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — **Duration**
(1) Coronary Thrombus
(2) Due to Chronic Valvular heart disease
(3) Due to Hypertension
Other conditions (Include pregnancy within 3 months of death)
Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature W. H. Farrell M.D. (M. D. or other)
and Address Am Falls Ida Date 7-5 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

NON-RESIDENT
Certificate Of Death
STATE OF IDAHO

139918

State File No. 2
Local Reg. No.
Reg. Dist. No. 1-1

AUG 8 1944

1. **PLACE OF DEATH:**
(a) County Shoshone
(b) City or town Near Cracknard
(c) Street Address or R. F. D. No.
(d) Death Occured Inside? ✓ Outside? city or town
(e) Died in a Home Hospital Institution Other place ✓
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county years months 6 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Mont. (b) County
(c) City or town Red Lodge
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? Outside? city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? 2 days years
(h) Former residence (city, state)

3. (a) **FULL NAME** Eli Emil Rintala

3. (b) If veteran, name war WWI
3. (c) Social Security No. 516-20-4840
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) May 28 - 1923

8. AGE	Years	Months	Days	If less than 1 day
	21	1	5	hrs min.

9. Exact Occupation Miner Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Red Lodge (City or town) Mont. (State or foreign country)
Father 12. Name John Rintala
Father 13. Birthplace Finland (City or town) (State or foreign country)
Mother 14. Maiden name
Mother 15. Birthplace Red Lodge (City or town) Mont. (State or foreign country)
16. Informant's **OWN** Signature Aletha F. Rintala and Address 17 Ingerton Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof July 4 44 (Month) (Day) (Year)
(c) Place: Billings Mont.
18. Funeral Director's **OWN** Signature Shirley Beer (Wards) and Address Wallace Idaho
19. (a) July 4 44 (Date received and filed) (b) Shirley Beer (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 3 19 44
at 3:45 o'clock P. M.
21. **I HEREBY CERTIFY**, That I attended deceased from ..... 19..., to ..... 19.....
I last saw h..... alive on ..... 19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Drowned	Few min
Due to Chronic Sinusitis	
Due to Water	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? No Suicide? Homicide?
Occurred July 3 1944 City, county, state where violence occurred Nr Ft Peck River
Place of Violence: Home Farm Industry
Public Place While At work?
Means of injury Drowned - Chronic Sinusitis
23. Attendant's **OWN** Signature H. M. Worcester (M. D. or other)
and Address Wallace Idaho Date July 4 19 44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 139919
Local Reg. No. 5
Reg. Dist. No. 140

AUG 8 1944

1. PLACE OF DEATH:
(a) County Shoshone
(b) City or town Wallace
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? ✓ Outside? city or town
(e) Died in a Home.... Hospital ✓ Institution.... Other place....
(f) Name Hosp. or Inst. Wallace Stayed days
(g) Lived in this county 40 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Shoshone
(c) City or town Gem
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? Outside? city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? 40 years
(h) Former residence (city, state) N Dakota

3. (a) FULL NAME James Garfield Hodgins 469

3. (b) If veteran, name war
3. (c) Social Security No. None
4. Sex M
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Maud
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Feb 13-1881

8. AGE	Years	Months	Days	If less than 1 day
	63	4	18	hrs min.

9. Exact Occupation Mining Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace (City or town) Wisconsin (State or foreign country)
Father
12. Name Thomas Hodgins
13. Birthplace (City or town) Nova Scotia (State or foreign country)
Mother
14. Maiden name Rebecca Dyson
15. Birthplace (City or town) Mich (State or foreign country)
16. Informant's OWN Signature A. W. Hodgins
and Address Mullan
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 11-44 (Month) (Day) (Year)
(c) Place: Wallace Idaho
18. Funeral Director's OWN Signature Thos Bevan (Wash)
and Address Wallace Idaho
19. (a) July 12-44 (Date received and filed) (b) John A Bevan (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 11 1944
at 5:30 o'clock P. M.
21. **I HEREBY CERTIFY**, That I attended deceased from 6-1 1944, to 6-11 1944
I last saw him alive on 6-11 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Acute cardiac decompensation	
Due to obstructive jaundice	
Due to Carcinoma of pancreas	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? ✓
Name of operation Cholecystogenostomy
Major finding Ca of Wall
~~Finding of autopsy~~ of pancreas

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature Pauline Ellis (M. D. or other)
and Address Wallace Ida Date 7-12 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 139920
Local Reg. No. 7
Reg. Dist. No. 140

AUG 8 1944

1. PLACE OF DEATH:
(a) County Shoshone
(b) City or town Wallace
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? ✓ Outside? city or town
(e) Died in a Home Hospital ✓ Institution Other place
(f) Name Hosp. or Inst. Providence Stayed 2 yrs days
(g) Lived in this county 37 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Shoshone
(c) City or town Wallace
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? Outside? city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? 37 years
(h) Former residence (city, state) Minn.

3. (a) FULL NAME Anna M Doyle.

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife James
6. (c) Age of husband or wife if alive 67 years
7. Date of Birth (Month, Day, Year) July-14-1882

8. AGE	Years	Months	Days	If less than 1 day
	62	0	4	hrs min.

9. Exact Occupation At Home. Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Oslo (City or town) Norway (State or foreign country)
Father
12. Name Not Known
13. Birthplace (City or town) Norway (State or foreign country)
Mother
14. Maiden name Sena Dahl.
15. Birthplace (City or town) Norway (State or foreign country)
16. Informant's **OWN** Signature Patricia Doyle
and Address Wallace Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 22-44 (Month) (Day) (Year)
(c) Place: Wallace Idaho
18. Funeral Director's **OWN** Signature John A Bever (Wards)
and Address Wallace Idaho
19. (a) July 19-44 (Date received and filed) (b) John A Bever (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 18 1944
at 10 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 1940 to Jul 18 1944
I last saw her alive on Jul 18 1944, death is said to have occurred on the date and hour stated above.
Immediate Cause of Death: Coronary Sclerosis Myocarditis Duration
Due to Diabetes & arterio sclerosis
Due to several yrs
Other conditions
(Include pregnancy within 3 months of death)
Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature H C Mowery (M.D. or other)
and Address Wallace Idaho Date 1/19 1944
(For additional space, use reverse side)

139921

United States
Department of Commerce
Bureau of the Census

AUG 8 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 29
Reg. Dist. No. 142

1. **PLACE OF DEATH:**
(a) County Shoshone
(b) City or town Kellogg
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home __ Hospital X Institution __ Other place __
(f) Name Hosp. or Inst. Wardner Stayed 3 1/2 MO
(g) Lived in this county ____ years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Shoshone
(c) City or town Kellogg
(d) Street Address or R. F. D. No. 214 W Mission
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? U.S.
(g) How long had deceased lived in Idaho? 30 years
(h) Former residence (city, state) Same

3. (a) **FULL NAME** Ella Dodd Cockrum 93E

3. (b) If veteran, name war ____ 3. (c) Social Security No. ____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife ____ 6. (c) Age of husband or wife if alive ____ years

7. Date of Birth (Month, Day, Year) March 23, 1863

8. AGE	Years	Months	Days	If less than 1 day
	81	4	2	hrs min.

9. Exact Occupation Home Did this work for 60 yrs.
10. Industry or Business Home Date last worked 1944
11. Birthplace Leonard Missouri (City or town) (State or foreign country)

Father
12. Name Unknown
13. Birthplace Unknown (City or town) (State or foreign country)

Mother
14. Maiden name Unknown
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs Chas Thomas
and Address Coeur d'alene Ida
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 27/44 (Month) (Day) (Year)
(c) Place: Coeur d'alene Idaho
18. Funeral Director's OWN Signature [illegible]
and Address Kellogg Idaho
19. (a) 7/27/44 (Date received and filed) (b) Gertrude Widmer (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 25 1944
at 11:30 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from 4-10 1944 to 7-25 1944
I last saw her alive on 7-25 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Myocarditis subsequent to Pneumonia starting 7-10-44	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation ____ Date ____	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature Robert Stolis (M. D. or other)
and Address Kellogg Idaho Date 7-27 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 139922
Local Reg. No. 8
Reg. Dist. No. 140

AUG 8 1944

1. **PLACE OF DEATH:**
(a) County Shoshone
(b) City or town Wallace
(c) Street Address or R. F. D. No.
(d) Death Occured Inside? ✓ Outside? ..... city or town
(e) Died in a Home.... Hospital.... Institution.... Other place....
(f) Name Hosp. or Inst. Wallace ..... Stayed ..... days
(g) Lived in this county 32 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Shoshone
(c) City or town Wallace
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? ..... Outside? ..... city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? 32 years
(h) Former residence (city, state) Ill.

3. (a) **FULL NAME** Urban J. Jones. 13a

3. (b) If veteran, name war
3. (c) Social Security No. 518-03-3561.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed.
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) June 3. 1883

8. AGE	Years	Months	Days	If less than 1 day
	61	1	23	hrs min.

9. Exact Occupation Mining Did this work for ..... yrs.
10. Industry or Business Date last worked
11. Birthplace Ill. (City or town) (State or foreign country)

Father
12. Name Benjamin M. Jones.
13. Birthplace Ill. (City or town) (State or foreign country)

Mother
14. Maiden name Sarah Ann Horton
15. Birthplace Ill. (City or town) (State or foreign country)

16. Informant's **OWN** Signature Wilbert Jones
and Address Dawson Ill.
17. (a) Interment (Burial, cremation, or removal) (b) Date thereof July 27-44 (Month) (Day) (Year)
(c) Place: Dawson Ill
18. Funeral Director's **OWN** Signature John A Beyer (Ward)
and Address Wallace Idaho
19. (a) July 26-44 (Date received and filed) (b) John A Beyer (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 26 1944
at 3:45 o'clock P. M.
21. **I HEREBY CERTIFY**, That I attended deceased from 7-20-44 19..., to 7-26 1944
I last saw him alive on 7-26 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Silico Tuberculosis	
Due to G. S. Lungs.	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation ..... Date	PHYSICIAN Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury
23. Attendant's **OWN** Signature Wm. T. Burns (M. D. or other)
and Address Wallace Ida. Date 7-26 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

AUG 8 1944

State File No. 139923
Local Reg. No. 9
Reg. Dist. No. 140

1. **PLACE OF DEATH:**
   (a) County Shoshone
   (b) City or town Wallace
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? ✓ Outside? ..... city or town
   (e) Died in a Home ..... Hospital ..... Institution ..... Other place .....
   (f) Name Hosp. or Inst. Wallace Stayed ..... days
   (g) Lived in this county 23 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Shoshone
   (c) City or town Burke
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? ..... Outside? ..... city or town
   (f) Citizen of what country?
   (g) How long had deceased lived in Idaho? 23 years
   (h) Former residence (city, state) Ohio Mo.

3. (a) **FULL NAME** Charles William Schwarze. 131a

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary
6. (c) Age of husband or wife if alive 70 years
7. Date of Birth (Month, Day, Year) Oct 16 - 1873

8. AGE	Years	Months	Days	If less than 1 day
	70	6	8	hrs min.

9. Exact Occupation Mining. Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace St. Louis Mo. (City or town) (State or foreign country)

Father
12. Name Not Known
13. Birthplace Germany (City or town) (State or foreign country)

Mother
14. Maiden name Not Known
15. Birthplace Germany (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mrs Mary Schwarze
and Address Wallace Idaho
17. (a) Burial (Burial, cremation or removal) (b) Date thereof July 28-44 (Month) (Day) (Year)
(c) Place: Wallace Idaho
18. Funeral Director's **OWN** Signature John A Bever (wards)
and Address Wallace Idaho
19. (a) July 25-44 (Date received and filed) (b) John A Bever (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 24 1944
at 5:30 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 6-26 1944, to 7-24 1944
I last saw him alive on 7-23 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Hypostatic pneumonia	2 days
Due to Cardiovascular renal disease	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation ..... Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature Paul Ellis (M. D. or other)
and Address Wallace Idaho Date 7-26 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census AUG 8 1944

Certificate Of Death

STATE OF IDAHO

State File No. 139924
Local Reg. No. 10
Reg. Dist. No. 140

1. **PLACE OF DEATH:**
(a) County Shoshone
(b) City or town Wallace
(c) Street Address or R. F. D. No.
(d) Death Occured Inside? ✓ Outside? city or town
(e) Died in a Home ✓ Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 39 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Shoshone
(c) City or town Wallace
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? ✓ Outside? city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? 39 years
(h) Former residence (city, state) Spokane Wash

3. (a) **FULL NAME** Fred Viele

3. (b) If veteran, name war
3. (c) Social Security No. 712-05-4118
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mable
6. (c) Age of husband or wife if alive 65 years
7. Date of Birth (Month, Day, Year) Oct-8-1872

8. AGE	Years	Months	Days	If less than 1 day
	71	8	23	hrs min.

9. Exact Occupation Retired Did this work for yrs.
10. Industry or Business R.R. man Date last worked
11. Birthplace Wisconsin (City or town) (State or foreign country)
Father
12. Name Irvin Viele
13. Birthplace Nor Known (City or town) (State or foreign country)
Mother
14. Maiden name Harsha Bean
15. Birthplace Nor Known (City or town) (State or foreign country)
16. Informant's **OWN** Signature Mable Viele Impingerdner
and Address Wallace Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Aug 3-44 (Month) (Day) (Year)
(c) Place: Spokane Wash
18. Funeral Director's **OWN** Signature Chas A Bevers
and Address Wallace Idaho
19. (a) July 31-44 (Date received and filed) (b) John A Bevers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 31 1944
at 4:50 o'clock A. M.
21. **I HEREBY CERTIFY,** That I attended deceased from — 1942, to July 31 1944
I last saw him alive on July 30 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Uremia	6-10 mo
Due to Nephritis, Chronic	4 years
Due to Nephrolithiasis	years
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature [illegible] Bussell, MD (M. D. or other)
and Address Wallace Idg. Date 11 31 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce AUG 11 1944
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 139925
Local Reg. No. 8
Reg. Dist. No. 620

1. **PLACE OF DEATH:**
(a) County Teton
(b) City or town Driggs
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? XX Outside? city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 45 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Teton
(c) City or town Driggs
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Yes Outside? city or town
(f) Citizen of what country? United States
(g) How long had deceased lived in Idaho? 45 years
(h) Former residence (city, state) Nephi, Utah.

3. (a) FULL NAME Marian Hannah Borrowman Price 83 a

3. (b) If veteran, name war No.
3. (c) Social Security No. None.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) October 28, 1864

8. AGE	Years	Months	Days	If less than 1 day
	79	8	8	hrs min.

9. Exact Occupation Retired Did this work for 5 yrs.
10. Industry or Business Home Date last worked 1938
11. Birthplace Nephi, Utah (City or town) (State or foreign country)
Father
12. Name John Borrowman
13. Birthplace Edinburgh, Scotland (City or town) (State or foreign country)
Mother
14. Maiden name Agnes Park
15. Birthplace Glascow, Scotland (City or town) (State or foreign country)
16. Informant's OWN Signature Vandee A. [illegible]
and Address Driggs, Idaho.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 7-10-44 (Month) (Day) (Year)
(c) Place: Nephi, Utah
18. Funeral Director's OWN Signature M. I. Hansen
and Address St. Anthony, Idaho
19. (a) 7-10-44 (Date received and filed) (b) Ethel Fackrell (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 6 1944
at 1:15 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from Aug 1940 to July 6 1944
I last saw her alive on July 6 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Hypostatic Pneumonia 111 C	3 days
Due to Cerebral Hemorrhage	2 yrs.
Atrophic Arthritis	4 yrs
~~Due to~~ Arteriosclerotic Gangrene	
Other conditions at foot	1 mo
(Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature O. D. Hoffman, M. D. (M. D. or other)
and Address Driggs, Idaho Date July 8 1944
(For additional space, use reverse side)

139926

United States
Department of Commerce
Bureau of the Census

AUG 11 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 9
Reg. Dist. No. 6-20

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
   (a) County Teton
   (b) City or town Driggs
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? X Outside? ____ city or town
   (e) Died in a Home X Hospital ____ Institution ____ Other place ____
   (f) Name Hosp. or Inst. ____ Stayed ____ days
   (g) Lived in this county ____ years ____ months ____ days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Teton
   (c) City or town Driggs
   (d) Street Address or R. F. D. No.
   (e) Deceased lived Inside? X Outside? ____ city or town
   (f) Citizen of what country? United States
   (g) How long had deceased lived in Idaho? 54 years
   (h) Former residence (city, state) Salt Lake, Uta

3. (a) FULL NAME: Eve Little Engberson

3. (b) If veteran, name war: No.
3. (c) Social Security No.: None
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Alma Engberson
6. (c) Age of husband or wife if alive: 70 years
7. Date of Birth (Month, Day, Year): September 3, 1878

8. AGE	Years	Months	Days	If less than 1 day
	65	10	5	hrs ____ min.

9. Exact Occupation: Housewife — Did this work for: 46 yrs.
10. Industry or Business: Own Home — Date last worked: 7-8-44
11. Birthplace: Salt Lake City, Utah (City or town) (State or foreign country)

Father
12. Name: George E. Little
13. Birthplace: Nauvoo, Illinois. (City or town) (State or foreign country)

Mother
14. Maiden name: Martha Taylor
15. Birthplace: England (City or town) (State or foreign country)

16. Informant's OWN Signature: Mrs Eve Engberson
and Address: Driggs, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-12-44 (Month) (Day) (Year)
(c) Place: Victor, Idaho.

18. Funeral Director's OWN Signature: M. L. Hansen
and Address: St. Anthony, Idaho.

19. (a) 7-12-44 (Date received and filed) (b) Ethel Tackrell (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year): July 8 1944
at 12:30 o'clock P M.

21. I HEREBY CERTIFY, That I attended deceased from July 1 1944, to July 8 1944
I last saw h[illegible] alive on July 1 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death	Duration
Coronary Occlusion	-
Due to Chronic Myocarditis with decompensation	3 Mo.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ____ Date ____
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury

23. Attendant's OWN Signature: O. D. Hansen M. D.
(M. D. or other)
and Address: Driggs Date July 8 1944
(For additional space, use reverse side)

United States
Department of Commerce
Bureau of the Census

AUG 11 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 139927
Local Reg. No. 10
Reg. Dist. No. 62-8

1. **PLACE OF DEATH:**
(a) County Teton
(b) City or town Tetonia
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? Yes (Fill in if outside city or town)
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 10 years 11 months 12 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Teton
(c) City or town Tetonia
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Outside? Yes (Fill in if outside city or town)
(f) Citizen of what country? United States
(g) How long had deceased lived in Idaho? 10 years
(h) Former residence (city, state) None.

3. (a) FULL NAME Carol June Beard

3. (b) If veteran, name war No.
3. (c) Social Security No. No.
4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife ----
6. (c) Age of husband or wife if alive ---- years
7. Date of Birth (Month, Day, Year) August 7, 1933

8. AGE	Years	Months	Days	If less than 1 day
	10	11	12	hrs min.

9. Exact Occupation Student — Did this work for 4 yrs.
10. Industry or Business — Date last worked
11. Birthplace Tetonia, Idaho. (City or town) (State or foreign country)

Father
12. Name James T. Beard
13. Birthplace Coalville, Utah (City or town) (State or foreign country)

Mother
14. Maiden name Rachael Woolstenhulme
15. Birthplace Camas, Utah. (City or town) (State or foreign country)

16. Informant's OWN Signature James T. Beard and Address Tetonia, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-24-44 (Month) (Day) (Year)
(c) Place: Cache-Clawson, Idaho.
18. Funeral Director's OWN Signature Mal Hansen and Address St. Anthony, Idaho.
19. (a) 7-24-44 (Date received and filed) (b) Ethel Tackett (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) July 19 1944 at 4:30 o'clock P. M.
21. I HEREBY CERTIFY, That I attended deceased from July 19 1944, to July 19 1944
I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Drowning	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? X Suicide? Homicide?
Occurred July 19 1944 City, county, state where violence occurred Teton Co., Ida.
Place of Violence: Home Farm Industry
Public Place Swimming Hole While at work?
Means of injury Drowning
23. Attendant's OWN Signature D. D. Hansen, M.D. (M. D. or other)
and Address Driggs, Ida. Date 7-19 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce AUG 10 1944
Bureau of the Census

NON-RESIDENT CERTIFICATE OF DEATH
STATE OF IDAHO

139928
State File No.
Local Reg. No. 152
Reg. Dist. No. 461

1. **PLACE OF DEATH:**
(a) County Twin Falls
(b) City or town Twin Falls
(c) Street Address or R. F. D. No. 3
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home ____ Hospital X Institution ____ Other place ____
(f) Name Hosp. or Inst. T. F. Co. Hosp Stayed 2 hrs.
(g) Lived in this county 0 years 0 months 0 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Minn. (b) County ____
(c) City or town Hibbing
(d) Street Address or R. F. D. No. ____
(e) Deceased lived Inside? ____ Outside? ____ city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? Did not live in Idaho day ____ years
(h) Former residence (city, state) Minn

3. (a) FULL NAME Mildred Alma Mattson

58E

3. (b) If veteran, name war ____
3. (c) Social Security No. 471-12-6337
4. Sex Female
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Runnie A.
6. (c) Age of husband or wife if alive 29 years
7. Date of Birth (Month, Day, Year) October 22, 1915

8. AGE	Years	Months	Days	If less than 1 day
	28	8	9	hrs ____ min.

9. Exact Occupation Housewife — Did this work for ____ yrs.
10. Industry or Business ____ — Date last worked ____
11. Birthplace Mt. Iron, (City or town) Minn. (State or foreign country)

Father
12. Name Isaac Koski
13. Birthplace Finland (City or town) (State or foreign country)

Mother
14. Maiden name unknown
15. Birthplace Michigan (City or town) (State or foreign country)

16. Informant's OWN Signature Runnie A Mattson Runnie A. Mattson
and Address Hibbing, Minn.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 7/2/44 (Month) (Day) (Year)
(c) Place Hibbing, Minn.
18. Funeral Director's OWN Signature Reynolds Funeral Home Reynolds
and Address Twin Falls, Idaho
19. (a) July 1 1944 (Date received and filed) (b) [signature] (Registrar's Signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 1, 1944
at 1:55 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 7/1/1944 to 7/1/1944
I last saw her alive on 7/1/1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Acute Cardiac failure — Duration ____
Due to ? — ____
Due to Rheumatic fever — ____
Other conditions — ____
(Include pregnancy within 3 months of death)

Where was disease contracted? ____ 1943
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state ____
where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's OWN Signature Hebri J Schmitz (M. D. or other)
and Address Twin Falls Date 7/1 1944

(For additional space, use reverse side)

139929

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

AUG 10 1944

State File No.
Local Reg. No. 153
Reg. Dist. No. 461

1. **PLACE OF DEATH:**
(a) County Twin Falls
(b) City or town Buehl
(c) Street Address or R. F. D. No. 3
(d) Death Occurred Inside? Outside? X city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 5 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Twin Falls
(c) City or town Buehl
(d) Street Address or R. F. D. No. 3
(e) Deceased lived Inside? Outside? X city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? 35 years
(h) Former residence (city, state) Mtn. Home Idaho

3. (a) **FULL NAME** JUAN JOSE YTURBE

3. (b) If veteran, name war No.
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Marceline
6. (c) Age of husband or wife if alive 48 years
7. Date of Birth (Month, Day, Year) June 18, 1885

8. AGE	Years	Months	Days	If less than 1 day
	59	0	15	hrs min.

9. Exact Occupation Farming — Did this work for 5 yrs.
10. Industry or Business General Farming — Date last worked 1942
11. Birthplace Ybarrangelua (City or town) Spain (State or foreign country)
Father
12. Name Juan J. Yturbe
13. Birthplace Ybarrangelua (City or town) Spain (State or foreign country)
Mother
14. Maiden name Dominica Arriola
15. Birthplace Spain (City or town) (State or foreign country)
16. Informant's **OWN** Signature X Louie Yturbe
and Address Buehl Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof July 3, 1944 (Month) (Day) (Year)
(c) Place: Mountain Home Idaho
18. Funeral Director's **OWN** Signature Felix J. Bey
and Address Mountain Home Idaho
19. (a) July 6/1944 (Date received and filed) (b) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 3 1944
at 1:30 o'clock P.M.
21. **I HEREBY CERTIFY,** That I attended deceased from 1940, to 7-3- 1944
I last saw he alive on 7-2- 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Broncho Pneumonia — Duration 1 wk.
Due to Chronic Myocarditis — years
Due to — years
Other conditions Bronchial Asthma — years
(Include pregnancy within 3 months of death)

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state
where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature M. A. Drake M.D. (M. D. or other)
and Address Buehl Ida Date 7-6- 1944

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

139930

United States
Department of Commerce
Bureau of the Census

AUG 10 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 154
Reg. Dist. No. 460

1. **PLACE OF DEATH:**
(a) County Twin Falls
(b) City or town Twin Falls
(c) Street Address or R. F. D. No. 435 4th Ave. E.
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home X Hospital __ Institution __ Other place __
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 34 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Twin Falls
(c) City or town Twin Falls
(d) Street Address or R. F. D. No. 435 4th Ave. E.
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? U. S.
(g) How long had deceased lived in Idaho? 34 years
(h) Former residence (city, state) Bolivar, Mo.

3. (a) FULL NAME Clarence Edward Allen

73 d

3. (b) If veteran, name war ____
3. (c) Social Security No. 518-12-8558
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Anna J.
6. (c) Age of husband or wife if alive 52 years
7. Date of Birth (Month, Day, Year) December 20, 1889

8. AGE	Years	Months	Days	If less than 1 day
	54	6	13	hrs min.

9. Exact Occupation Jeweler and Optometrist — Did this work for 34 yrs.
10. Industry or Business Sterling Jewelry Co. — Date last worked 6/9/44
11. Birthplace Gardner, Kans. (City or town) (State or foreign country)
Father
12. Name Joseph C. Allen
13. Birthplace Sandusky, Ohio (City or town) (State or foreign country)
Mother
14. Maiden name Minerva M. Geary
15. Birthplace Chester, Pa. (City or town) (State or foreign country)
16. Informant's OWN Signature Charles E. Allen
and Address Twin Falls, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/7/44 (Month) (Day) (Year)
(c) Place: Twin Falls Cemetery
18. Funeral Director's OWN Signature Reynolds Funeral Home James C. Reynolds
and Address Twin Falls, Idaho
19. (a) July 3-1944 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 3 1944
at 6:45 o'clock P. M.
21. I HEREBY CERTIFY, That I attended deceased from June 9 1944 to July 3 1944
I last saw him alive on July 3 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Coronary occlusion	10 mins
Due to coronary spasm (at intervals)	24 ds
Due to Myocarditis	1 yr
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted? home	
Name of operation None Date	
Major finding —	
Finding of autopsy	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ✓ Suicide? ✓ Homicide? ✓
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ✓
23. Attendant's OWN Signature George C. Halley (Title or other)
and Address Twin Falls Idaho Date July 5 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

AUG 10 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 139931
Local Reg. No. 155
Reg. Dist. No. 460

1. **PLACE OF DEATH:**
(a) County Twin Falls
(b) City or town Twin Falls
(c) Street Address or R. F. D. No. 851 Blue Lakes Blvd
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home X Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 2 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County T. Falls
(c) City or town Twin Falls
(d) Street Address or R. F. D. No. 851 Blue Lakes
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? United States
(g) How long had deceased lived in Idaho? 2 years
(h) Former residence (city, state) Pennsylvania

3. (a) **FULL NAME** Thomas Stephan Cahill

94a

3. (b) If veteran, name war ____
3. (c) Social Security No. 181-01-0042
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary Cahill
6. (c) Age of husband or wife if alive 46 years
7. Date of Birth (Month, Day, Year) January 11, 1890

8. AGE	Years	Months	Days	If less than 1 day
	54	5	26	hrs ____ min.

9. Exact Occupation Engineer — Did this work for 2 yrs.
10. Industry or Business Swift & Co. — Date last worked 7-5-44
11. Birthplace Mahanoy City, Pa. (City or town) (State or foreign country)

Father
12. Name Michael Cahill
13. Birthplace Penn. (City or town) (State or foreign country)

Mother
14. Maiden name Frances Webber
15. Birthplace Penn, (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mrs. Thos. Cahill
and Address Twin Falls, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-10-44 (Month) (Day) (Year)
(c) Place Twin Falls Cemetery
18. Funeral Director's **OWN** Signature L. C. Phillips
and Address Twin Falls, Idaho
19. (a) July 10 1944 (Date received and filed) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 6 19 44
at 2:10 o'clock P.M.
21. **I HEREBY CERTIFY,** That I attended deceased from 7-6 19 44 to 7-6 19 44
I last saw h[illegible] alive on 7-6 19 44, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Coronary occlusion	30 Min.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation ____ Date ____	
Major finding	
Finding of autopsy	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19 ____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's **OWN** Signature [signature]
and Address Twin Falls, Idaho (M. D. or other) Date 7-6 1944
(For additional space see reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

139932

United States
Department of Commerce
Bureau of the Census

Aug 10 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 156
Reg. Dist. No. 461

1. **PLACE OF DEATH:**
(a) County Twin Falls
(b) City or town Twin Falls
(c) Street Address or R. F. D. No. RFD #2
(d) Death Occurred Inside? x Outside? ____ city or town
(e) Died in a Home ____ Hospital x Institution ____ Other place ____
(f) Name Hosp. or Inst. ____ Stayed 1 days
(g) Lived in this county 23 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County T. Falls
(c) City or town Twin Falls
(d) Street Address or R. F. D. No. RFD #2
(e) Deceased lived Inside? ____ Outside? x city or town
(f) Citizen of what country? United States
(g) How long had deceased lived in Idaho? 23 years
(h) Former residence (city, state) N. Dakota

3. (a) **FULL NAME** August Leonard Ronell

53a

3. (b) If veteran, name war No
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Marie P. Ronell
6. (c) Age of husband or wife if alive 76 years
7. Date of Birth (Month, Day, Year) October 18, 1865

8. AGE	Years	Months	Days	If less than 1 day
	78	8	19	hrs ____ min.

9. Exact Occupation Farmer — Did this work for 23 yrs.
10. Industry or Business — Date last worked
11. Birthplace Ostergoetland, Sweden (City or town) (State or foreign country)

Father
12. Name John Ronell
13. Birthplace Sweden (City or town) (State or foreign country)

Mother
14. Maiden name Katherine Yudeen
15. Birthplace Sweden (City or town) (State or foreign country)

16. Informant's OWN Signature x Mrs A. L. Ronell
and Address Twin Falls, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-12-44 (Month) (Day) (Year)
(c) Place: Twin Falls Cemetery
18. Funeral Director's OWN Signature S. C. Phillips
and Address Twin Falls, Idaho
19. (a) July 13 1944 (Date received and filed) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 8 1944
at 3:45 o'clock A M.

21. **I HEREBY CERTIFY,** That I attended deceased from May 1 1944, to July 8 1944
I last saw him alive on July 8 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebral hemorrhage	
Due to Hypertension &	
arteriosclerosis	
Due to old age	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ____ Date ____
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19 ____ City, county, state where violence occurred
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work?
Means of injury

23. Attendant's OWN Signature M. A. Drake (M. D. or other)
and Address Twin Falls Date July 11 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

AUG 10 1944

Certificate Of Death

STATE OF IDAHO

State File No. 139933
Local Reg. No. 157
Reg. Dist. No. 460

1. **PLACE OF DEATH:**
   (a) County Twin Falls
   (b) City or town " "
   (c) Street Address or R.F.D. No. Shoshone Falls.
   (d) Death Occured Inside? Outside? x city or town
   (e) Died in a Home Hospital Institution Other place x
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county 15 years months days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Twin Falls
   (c) City or town Twin Falls, Ida.
   (d) Street Address or R.F.D. No. 1429-9th.Ave.E.
   (e) Deceased lived Inside? x Outside? city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 15 years
   (h) Former residence (city, state) x

3. (a) **FULL NAME** Eleanor Leland

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3. (b) If veteran, name war x
3. (c) Social Security No. 519-24-3802
4. Sex Femal Race White
5. Color or
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife x
6. (c) Age of husband or wife if alive x years
7. Date of Birth (Month, Day, Year) Dec.15-1928

8. AGE	Years	Months	Days	If less than 1 day
	15	6	28	hrs min.

9. Exact Occupation Store clerk — Did this work for 3 mo. yrs.
10. Industry or Business — Date last worked 7/13/43
11. Birthplace Buhl, Ida. (City or town) (State or foreign country)

Father
12. Name Howard Leland
13. Birthplace Ill. (City or town) (State or foreign country)

Mother
14. Maiden name Thelma Robertson
15. Birthplace Twin Falls, Ida. (City or town) (State or foreign country)

16. Informant's **OWN** Signature Howard D Leland
and Address 1429-9th.Ave.E. Twin Falls

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/17/1944 (Month) (Day) (Year)
(c) Place: Buhl, Ida.

18. Funeral Director's **OWN** Signature Evans & Johnson
and Address Buhl

19. (a) July 17-1944 (Date received and filed) (b) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 13th 1944
at Approx. 9. o'clock P M.

21. **I HEREBY CERTIFY**, That I attended deceased from saw at T.Falls Mortuary to 19
I last saw her alive on dead July 13th 44; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Fracture of Skull	Instant
Due to Multiple Fractures and lacerations of body	
Due to	
Due to Accident	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? X Suicide? Homicide?
Occurred July 13th 19 44 City (county) state where violence occurred Shoshone Falls, T F Co Idaho.
Place of Violence: Home Farm Industry
Public Place Yes While at work?
Means of injury Fell from south rim 200 feet in canyon at Shoshone Fall

23. Attendant's **OWN** Signature Justice of the Peace (M.D. or other)
and Address Coroner Date 7-17 44

(For additional space, use reverse side)

United States
Department of Commerce
Bureau of the Census AUG 10 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 139934
Local Reg. No. 162
Reg. Dist. No. 461

1. **PLACE OF DEATH:**
(a) County Twin Falls
(b) City or town Filer
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? X city or town
(e) Died in a Home Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 9 years 4 months 17 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Twin Falls
(c) City or town Filer
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Outside? X city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? life years
(h) Former residence (city, state) none

3. (a) FULL NAME DE KLOTZ, John Arthur

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3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) February 26, 1935

8. AGE	Years	Months	Days	If less than 1 day
	9	4	17	hrs min.

9. Exact Occupation (child(Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Filer, Idaho (City or town) (State or foreign country)
Father
12. Name G. F. DeKlotz,
13. Birthplace Laurens, Iowa (City or town) (State or foreign country)
Mother
14. Maiden name Florence Starkey
15. Birthplace Mt. Carmel, Illinois (City or town) (State or foreign country)
16. Informant's OWN Signature G. F. DeKlotz
and Address Filer, Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 7-17-44 (Month) (Day) (Year)
(c) Place: I.O.O.F. Cemetery, Filer
18. Funeral Director's OWN Signature White Mortuary Ella M. White E-249
and Address Twin Falls, Idaho
19. (a) July 18 1944 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 13 th, 1944
at 11:45 o'clock A. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 1944, to July 13. 1944
I last saw him alive on 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Convulsions	2 da
Due to Dehydration	5 day
Due to Burns of legs	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ✓ Suicide? Homicide?
Occurred July 8, 1944 City, county, state where violence occurred Home- Near Filer, Ida.
Place of Violence: Home X Farm Industry
Public Place While at work?
Means of injury accidental fire in bedclothes while sleeping.
23. Attendant's OWN Signature [signature] MD (M. D. or other)
and Address Filer, Idaho Date 7-17 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

139935

United States
Department of Commerce
Bureau of the Census

JUL 24 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 158
Reg. Dist. No. 461

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
   (a) County Twin Falls
   (b) City or town Twin Falls, 3½ Mi. N.
   (c) Street Address or R. F. D. No. on Hiway #93
   (d) Death Occurred Inside? Outside? X city or town
   (e) Died in a Home Hospital Institution Other place X
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county 0 years 0 months 0 days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Minidoka
   (c) City or town Rupert
   (d) Street Address or R. F. D. No.
   (e) Deceased lived Inside? X Outside? city or town
   (f) Citizen of what country?
   (g) How long had deceased lived in Idaho? 12 years
   (h) Former residence (city, state) Utah

3. (a) **FULL NAME** Darrel Wilford Jensen

170c

3. (b) If veteran, name war
3. (c) Social Security No. 700-09-3548
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Margaret
6. (c) Age of husband or wife if alive 28 years
7. Date of Birth (Month, Day, Year) February 28, 1906

8. AGE	Years	Months	Days	If less than 1 day
	38	4	16	hrs min.

9. Exact Occupation Contract Trucker — Did this work for yrs.
10. Industry or Business Alfalfa Meal — Date last worked 7/14/44
11. Birthplace Hyrum, Utah (City or town) (State or foreign country)

Father
12. Name Wilford L. Jensen
13. Birthplace Hyrum, Utah (City or town) (State or foreign country)

Mother
14. Maiden name Eliza Bevens
15. Birthplace Utah (City or town) (State or foreign country)

16. Informant's OWN Signature Margaret Jensen
and Address Rupert, Idaho

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 7/16/44 (Month) (Day) (Year)
(c) Place: Hyrum, Utah

18. Funeral Director's OWN Signature James E. Reynolds
and Address Twin Falls, Idaho

19. (a) JUL 15 1944 (Date received and filed) (b) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 14 19 44
at 10.30 o'clock P.M. saw on July 14th 19 44 to dead 7 14 19 44
I last saw him on 19 44; death is said to have occurred on the date and hour stated above.

21. **I HEREBY CERTIFY,** That I attended deceased from

Immediate Cause of Death:	Duration
Skull Fracture	
crushed chest, multiple fracture	
Due to of body.	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding Truck got out of control & crashed into a Garrett Freight
Finding of autopsy Line Truck.

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? yes Suicide? Homicide?
Occurred July 14th 1944 City (county) state where violence occurred North on US Highway 93 T.F. Idaho
Place of Violence: Home Farm Industry
Public Place Highway While at work? yes
Means of injury Auto Accident

23. Attendant's OWN Signature
Justice of the Peace (M. D. or other)
and Address Coroner T.F.Co. Date 7/16 19 44
(For additional space, see reverse side)

139936

United States
Department of Commerce JUL 24 1944
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 159
Reg. Dist. No. 461

1. PLACE OF DEATH:
(a) County Twin Falls
(b) City or town Twin Falls, Ida
(c) Street Address or R. F. D. No. North of T.F.US93
(d) Death Occurred Inside? Outside? X city or town
(e) Died in a Home Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Twin Falls
(c) City or town Twin Falls,
(d) Street Address or R. F. D. No. # 2
(e) Deceased lived Inside? Outside? X city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? 6 mos. ~~years~~
(h) Former residence (city, state) Arlington, Texas.

3. (a) FULL NAME BLAND, Mrs. Opal Fay

3. (b) If veteran, name war no
3. (c) Social Security No.
4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) March 31, 1913

8. AGE	Years	Months	Days	If less than 1 day
	31	4	13	hrs min.

9. Exact Occupation Housewife Did this work for yrs.
10. Industry or Business Date last worked 7-14-44
11. Birthplace (City or town) (State or foreign country)
Father
12. Name Unknown
13. Birthplace Unknown (City or town) (State or foreign country)
Mother
14. Maiden name Virgie Wood
15. Birthplace Unknown (City or town) (State or foreign country)
16. Informant's OWN Signature John M Bland
and Address Murtaugh, Idaho
17. (a) removal (Burial, cremation, or removal) (b) Date thereof 7-18-44 (Month) (Day) (Year)
(c) Place: Arlington, Texas
18. Funeral Director's OWN Signature White Mortuary Ella M White E-249
and Address Twin Falls, Idaho
19. (a) July 18 1944 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) July 14, 1944
at 10:30 o'clock P. M.
21. I HEREBY CERTIFY, That I ~~attended~~ saw deceased ~~from~~ on July 14th 1944 to 19
I last saw her ~~alive~~ on dead 7 14 44 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Skull fracture	
Multiple fractures of the entire body.	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy Truck got out of control & crashed into a Garrett Freight Line Truck

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? X Suicide? Homicide?
Occurred July 14th 1944 City (county, state) North on US 93, T F Co. Ida
where violence occurred
Place of Violence: Home Farm Industry
Public Place Hwy: While at work?
Means of injury Aut Accident.
23. Attendant's OWN Signature [signature] Justice of the Peace Acting Coroner (M. D. or other)
and Address Twin Falls, Ida Date 7 18 44 19
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce JUL 24 1944
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 139937
Local Reg. No. 160
Reg. Dist. No. 461

1. **PLACE OF DEATH:**
(a) County Twin Falls
(b) City or town Twin Falls.
(c) Street Address or R. F. D. No. North T F I.US 93
(d) Death Occurred Inside? ____ Outside? X city or town
(e) Died in a Home __ Hospital __ Institution __ Other place __
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 15 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Twin Falls
(c) City or town Twin Falls
(d) Street Address or R. F. D. No. RF D 2
(e) Deceased lived Inside? ____ Outside? X city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 15 years
(h) Former residence (city, state) Argonia, Kan.

3. (a) FULL NAME BLAND, Bert Milton 1700

3. (b) If veteran, name war no
3. (c) Social Security No. 519-03-8097
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife ____
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) April 25, 1910

8. AGE	Years	Months	Days	If less than 1 day
	34	2	19	hrs min.

9. Exact Occupation Foreman of labor crew for Did this work for 6 mos/ yrs.
10. Industry or Business Saunder's Mills Inc. Date last worked 7-13-44
11. Birthplace Argonia, Kansas (City or town) (State or foreign country)
Father
12. Name John M. Bland
13. Birthplace Argonia, Kansas (City or town) (State or foreign country)
Mother
14. Maiden name Anna Jane Chandler
15. Birthplace Kansas (City or town) (State or foreign country)
16. Informant's OWN Signature John M Bland
and Address Murtaugh, Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof ____ (Month) (Day) (Year)
(c) Place: Sunset Mem. Park
18. Funeral Director's OWN Signature White Mortuary Ella M White E-249
and Address Twin Falls, Idaho
19. (a) July 18 1944 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 14, 1944
at 10:30 o'clock P. M.
21. **I HEREBY CERTIFY**, That I ~~attended~~ saw deceased on ~~from~~ July 14th 1944 to ____ 19__
I last saw him ~~alive~~ on dead 7 14 44 19__; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: | Duration
Crushed Chest
Due to Laceration over scalp & face
Multiple fractures of entire
Due to body.
Other conditions
(Include pregnancy within 3 months of death)
Truck got out of control & crashed into a Garrett
Where was disease contracted?
Name of operation Freight Line Truck Date
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? X Suicide? ____ Homicide? ____
Occurred 7 14 44 19__ City (county), state where violence occurred North on US 93. T F Co. Ida
Place of Violence: Home ____ Farm ____ Industry X
Public Place Hwy. While at work? yes
Means of injury Auto Accident
23. Attendant's OWN Signature [signature] J.P. (M. D. or other)
Acting Coroner
and Address Twin Falls, Id. Date 7 18 44 19__
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

139938

United States
Department of Commerce
Bureau of the Census

JUL 24 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 161
Reg. Dist. No. 460

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
   (a) County Twin Falls
   (b) City or town Twin Falls
   (c) Street Address or R. F. D. No. North of T.F.US93
   (d) Death Occurred Inside? ____ Outside? X city or town
   (e) Died in a Home ____ Hospital ____ Institution ____ Other place ____
   (f) Name Hosp. or Inst. ____ Stayed ____ days
   (g) Lived in this county ____ years ____ months ____ days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Twin Falls
   (c) City or town Twin Falls
   (d) Street Address or R. F. D. No. 300 B L Blvd S.
   (e) Deceased lived Inside? X Outside? ____ city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 10 mos ~~years~~
   (h) Former residence (city, state) Iowa

3. (a) **FULL NAME** LITTLETON, Dean Alfred

170c

3. (b) If veteran, name war ____ no ____ 3. (c) Social Security No. ____ no ____

4. Sex male 5. Color or race White 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife ____ 6. (c) Age of husband or wife if alive ____ years

7. Date of Birth (Month, Day, Year) April 20th, 1929

8. AGE	Years	Months	Days	If less than 1 day
	15	3	24	hrs ____ min.

9. Exact Occupation Student — Did this work for ____ yrs.
10. Industry or Business ____ Date last worked 7-14-24
11. Birthplace Corning, (City or town) Iowa (State or foreign country)

Father
12. Name Claude Littleton
13. Birthplace Tenn (City or town) (State or foreign country)

Mother
14. Maiden name Vaun Hyde
15. Birthplace Iowa (City or town) (State or foreign country)

16. Informant's OWN Signature Claud R. Littleton
and Address 300 Blue Lakes Blvd.S.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 7-19-44 (Month) (Day) (Year)
(c) Place: Twin Falls Cemetery
18. Funeral Director's OWN Signature White Mortuary Elba White E-249
and Address Twin Falls, Idaho
19. (a) JUL 18 1944 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 14th, 1944
at 10:30 o'clock P.M. saw ____ on July 14th 1944 to ____ 19____
I last saw him alive on ____ dead 7 14 44 19____; death is said to have occurred on the date and hour stated above.

21. I HEREBY CERTIFY, That I attended deceased from

Immediate Cause of Death:	Duration
Fracture of Skull	
Due to " of Leg	
" of Jaw.	
Due to	
Other conditions (Include pregnancy within 3 months of death) Truck got out of control & Crashed into a Garrett Freight Line Truck	

Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? X Suicide? ____ Homicide? ____
Occurred 7 14 44 19____ City (county) state where violence occurred North On US 93, T F Co. Idaho
Place of Violence: Home ____ Farm ____ Industry X
Public Place Hwy. While at work? yes
Means of injury Auto Accident.

23. Attendant's OWN Signature [signature] J.P.
Acting Coroner (M. D. or other)
and Address Twin Falls, Ida Date 7 18 44 19____
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

AUG 10 1944

STATE OF IDAHO

State File No. 139939
Local Reg. No. 171
Reg. Dist. No. 461

1. **PLACE OF DEATH:**
   (a) County Twin Falls
   (b) City or town Twin Falls
   (c) Street Address or R.F.D. No. 2
   (d) Death Occured Inside? Outside? X city or town
   (e) Died in a Home Hospital X Institution Other place
   (f) Name Hosp. or Inst T.F.General Stayed 90 days
   (g) Lived in this county X years 7 months 9 days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Twin Falls
   (c) City or town Buhl
   (d) Street Address or R.F.D. No. 4
   (e) Deceased lived Inside? Outside? X city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 7 Mo-9Da. years
   (h) Former residence (city, state) Buhl

3. (a) **FULL NAME** Ralph Johnson 122b

3. (b) If veteran, name war X
3. (c) Social Security No. X
4. Sex Male race White
5. Color or
6. (a) Single, widowed, married, divorced X
6. (b) Name of husband or wife X
6. (c) Age of husband or wife if alive X years
7. Date of Birth (Month, Day, Year) Dec.9-1943

8. AGE	Years	Months	Days	If less than 1 day
	X	7	9	hrs min.

9. Exact Occupation At Home Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Buhl (City or town) Ida. (State or foreign country)

Mother Father
12. Name Wm.E.Johnson,
13. Birthplace Weston, Ida. (City or town) (State or foreign country)
14. Maiden name Pearl Thompson,
15. Birthplace Salt Lake City, Utah. (City or town) (State or foreign country)

16. Informant's **OWN** Signature Wm E. Johnson
    and Address R.F.D.4 Buhl, Ida.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-22-44 (Month) (Day) (Year)
    (c) Place: Buhl
18. Funeral Director's **OWN** Signature Frank Fortunato
    and Address Buhl
19. (a) Aug 2, 1944 (Date received and filed) (b) [illegible] (Registrar's Signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 7-18 19 44
    at 11 o'clock P. M.
21. **I HEREBY CERTIFY**, That I attended deceased from 5-5 19 44, to 7-18 19 44
    I last saw him alive on 7-18 19 44; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration
Pneumonia + shock days
Due to volvulus + intestinal
adhesions
Due to Antemortem torsion of 5-5-44
Other conditions Gonorrhea (?)
(Include pregnancy within 3 months of death)

Where was disease contracted?
Name of operation Laparotomy Date 5-5-44
Major finding Intussusception.
Finding at autopsy Resection 7-18-44.
Strictures and adhesions

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
    Occurred 19 City, county, state where violence occurred
    Place of Violence: Home Farm Industry
    Public Place While at work?
    Means of injury

23. Attendant's **OWN** Signature M.A. Drake M.D. (M. D. or other)
    and Address Buhl Ida Date 8-2 19 44
    (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

AUG 10 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 139940
Local Reg. No. 163
Reg. Dist. No. 460

1. **PLACE OF DEATH:**
   (a) County Twin Falls
   (b) City or town Twin Falls
   (c) Street Address or R. F. D. No. 3
   (d) Death Occurred Inside? ____ Outside? X city or town
   (e) Died in a Home __ Hospital X Institution __ Other place __
   (f) Name Hosp. or Inst. T.F. County Stayed 1½ days
   (g) Lived in this county 36 years ____ months ____ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County T. Falls
   (c) City or town Twin Falls
   (d) Street Address or R. F. D. No. 303½ Van Buren
   (e) Deceased lived Inside? X Outside? ____ city or town
   (f) Citizen of what country? U.S.
   (g) How long had deceased lived in Idaho? 36 years
   (h) Former residence (city, state) Easton, Kans.

3. (a) **FULL NAME** Henry Fielden Buchanan 175a

3. (b) If veteran, name war ____
3. (c) Social Security No. 517-24-2203
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ella May
6. (c) Age of husband or wife if alive 57 years
7. Date of Birth (Month, Day, Year) October 9, 1882

8. AGE	Years	Months	Days	If less than 1 day
	61	9	9	hrs min.

9. Exact Occupation Retired Farmer Did this work for ____ yrs.
10. Industry or Business ____ Date last worked ____
11. Birthplace Pleasant Ridge, Kansas (City or town) (State or foreign country)

Father
12. Name John Buchanan
13. Birthplace Pleasant Ridge, Kansas (City or town) (State or foreign country)

Mother
14. Maiden name Catherine Crofton
15. Birthplace Easton, Kansas (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs Mabel Hill
and Address Rt #3. Twin Falls Ida
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/20/44 (Month) (Day) (Year)
(c) Place: Sunset Memorial Park
18. Funeral Director's OWN Signature Reynolds Funeral Home James E. Reynolds
and Address Twin Falls, Idaho
19. (a) July 21-1944 (Date received and filed) (b) [signature] (Registrar's Signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 18, 1944
at 5:30 o'clock A.M.
21. **I HEREBY CERTIFY,** That I attended deceased from July 6 1944, to July 18 1944
I last saw him alive on July 17 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebral edema	8 day
Due to Cerebral concussion	10 day
Due to Farm accident	
Other conditions Fracture of 3 ribs - right chest (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation ____ Date ____	
Major finding ____	
Finding of autopsy ____	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? X Suicide? ____ Homicide? ____
Occurred July 6 1944 City, county, state where violence occurred Filer, Ida
Place of Violence: Home ____ Farm X Industry ____
Public Place ____ While at work? yes
Means of injury Fall of Hay Derrick pole
23. Attendant's OWN Signature Ivan A Anderson MD (M. D. or other)
and Address Filer Date 7-19 1944
(For additional space, use reverse side)

United States
Department of Commerce
Bureau of the Census

AUG 10 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 139941
Local Reg. No. 164
Reg. Dist. No. 46M

1. **PLACE OF DEATH:**
(a) County Twin Falls,
(b) City or town Twin Falls,
(c) Street Address or R. F. D. No. #2
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home ____ Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. Twin Falls Stayed 12 days
(g) Lived in this county 30 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Twin Falls
(c) City or town Twin Falls
(d) Street Address or R. F. D. No. #2
(e) Deceased lived Inside? ____ Outside? X city or town
(f) Citizen of what country? U.S.A
(g) How long had deceased lived in Idaho? 30 years
(h) Former residence (city, state) Penn.

3. (a) **FULL NAME** Charles David Miller

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3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife ____
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) Sept. 22Nd. 1875

8. AGE	Years	Months	Days	If less than 1 day hrs	min.
	68	9	28		

9. Exact Occupation Poultry man — Did this work for 10 yrs.
10. Industry or Business for himself — Date last worked July 3rd
Newton Hamilton Penn.
11. Birthplace ____ (City or town) ____ (State or foreign country)
Father
12. Name Wm. C. Miller,
13. Birthplace Penn. (City or town) (State or foreign country)
Mother
14. Maiden name Nancy Harshbarger
15. Birthplace Penn. (City or town) (State or foreign country)
16. Informant's OWN Signature Harriet Kellogg
and Address R #2 Twin Falls Ida
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/21/44 (Month) (Day) (Year)
(c) Place: Sunset Memorial Park
18. Funeral Director's OWN Signature L. C. Fullerton
and Address Twin Falls, Idaho.
19. (a) July 21 - 1944 (Date received and filed) (b) ____ (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 18 1944
at 11.30 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from July 3 1944 to July 18 1944
I last saw deceased alive on July 17, 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:
Asthma — Duration Several years
Due to ____
Due to ____
Other conditions Cardio-renal — Duration Several years
(Include pregnancy within 3 months of death)
vascular disease.
Where was disease contracted? (Not known)
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature Mont T. Powers M.D.
(M. D. or other)
and Address Twin Falls, Id Date 7-21-1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

AUG 10 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 139942
Local Reg. No. 165
Reg. Dist. No. 461

1. **PLACE OF DEATH:**
   (a) County Twin Falls
   (b) City or town Twin Falls
   (c) Street Address or R. F. D. No. T.F.Co.Hosp.
   (d) Death Occurred Inside? ____ Outside? X city or town
   (e) Died in a Home ____ Hospital X Institution ____ Other place ____
   (f) Name Hosp. T.F.Co.Hosp. Stayed 2 days
   (g) Lived in this county 0 years 0 months 2 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County TwinFalls
   (c) City or town Twin Falls
   (d) Street Address or R. F. D. No. T.F.Co.Hosp.
   (e) Deceased lived Inside? ____ Outside? X city or town
   (f) Citizen of what country? ____
   (g) How long had deceased lived in Idaho? ____ years
   (h) Former residence (city, state) ____

3. (a) **FULL NAME** LOWE, Infant Howard Robert

16/c

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife ____
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) July 18, 1944

8. AGE	Years	Months	Days	If less than 1 day
	0	0	2	hrs ____ min.

9. Exact Occupation none — Did this work for ____ yrs.
10. Industry or Business ____ — Date last worked ____
11. Birthplace Twin Falls, Idaho (City or town) (State or foreign country)

Father
12. Name Leon M. Lowe
13. Birthplace Perry Iowa (City or town) (State or foreign country)

Mother
14. Maiden name Dorothy Shearer
15. Birthplace Payette, Idaho (City or town) (State or foreign country)

16. Informant's **OWN** Signature Leon Lowe
and Address Twin Falls, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/21/44 (Month) (Day) (Year)
(c) Place: Sunset Memorial Park Cem.

18. Funeral Director's **OWN** Signature White Mortuary By [illegible]
and Address Twin Falls, Idaho

19. (a) July 21-1944 (Date received by Reg.) (b) [illegible] (Registrar's Signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 20, 1944
at 11:30 o'clock A. M.

21. **I HEREBY CERTIFY,** That I attended deceased from July 18, 1944, to July 20, 1944
I last saw him alive on July 20, 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — Duration
Icterus gravis — 2 days
Due to ____
Due to ____
Other conditions ____
(Include pregnancy within 3 months of death)

Where was disease contracted? Hospital
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's **OWN** Signature W. F. Payne, M.D. (M. D. or other)
and Address Twin Falls, Ida. Date 7-25 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

139943

United States
Department of Commerce
Bureau of the Census

AUG 10 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 139943
Local Reg. No. 166
Reg. Dist. No. 461

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
   (a) County Twin Falls
   (b) City or town Murtaugh
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? Outside? X city or town
   (e) Died in a Home X Hospital Institution Other place
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county 13 years months days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Twin Falls
   (c) City or town Murtaugh
   (d) Street Address or R. F. D. No.
   (e) Deceased lived Inside? Outside? X city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 13 years
   (h) Former residence (city, state)

3. (a) **FULL NAME** THORNTON, James Abraham

53

3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex male
5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Fannie
6. (c) Age of husband or wife if alive 63 years
7. Date of Birth (Month, Day, Year) July 12, 1872

8. AGE	Years	Months	Days	If less than 1 day
	72	0	9	hrs min.

9. Exact Occupation Farmer — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace Champion Co., (City or town) Illinois (State or foreign country)

Father
12. Name John Samuel Thornton
13. Birthplace South Carolina (City or town) (State or foreign country)

Mother
14. Maiden name Ferbia York
15. Birthplace Illinois (City or town) (State or foreign country)

16. Informant's **OWN** Signature Fannie Thornton
and Address Murtaugh, Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 7-25-44 (Month) (Day) (Year)
(c) Place: Sunset Memorial Park
18. Funeral Director's **OWN** Signature White Mortuary
and Address Twin Falls, Idaho
19. (a) Aug 25-1944 (Date received and filed) (b) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 21, 1944 19
at 8:00 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 7/20 19XX to 7/21 19XX
I last saw him alive on 7/21 19XX; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — Duration

Pulmonary Infarction — 7 hrs
Due to Metastatic Carcinoma
Due to (Melanoma of neck)
Other conditions
(Include pregnancy within 3 months of death)

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature John A. Thornton Jr. (M. D. or other)
and Address Kimberly, Idaho Date 7/22/44 19
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

AUG 10 1944

Certificate Of Death

STATE OF IDAHO

State File No. 139944
Local Reg. No. 168
Reg. Dist. No. 460

1. **PLACE OF DEATH:**
   (a) County Twin Falls
   (b) City or town Twin Falls
   (c) Street Address or R. F. D. No.
   (d) Death Occured Inside? X Outside? city or town
   (e) Died in a Home Hospital Institution Other place X
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county 14 years months days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County T. Falls
   (c) City or town Twin Falls
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? X Outside? city or town
   (f) Citizen of what country? United States
   (g) How long had deceased lived in Idaho? 30 years
   (h) Former residence (city, state) Iowa

3. (a) **FULL NAME** Charles Orlando Ramsey

3. (b) If veteran, name war X
3. (c) Social Security No. 519-07-8213
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife No. inf
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) October 27 --1880

8. AGE	Years	Months	Days	If less than 1 day
	63	8	23	hrs min.

9. Exact Occupation Produce buyer — Did this work for 30 yrs.
10. Industry or Business Cochrane Brokerage — Date last worked 7-20-44
11. Birthplace Creston, Iowa (City or town) (State or foreign country)

Father
12. Name Robert Ramsey
13. Birthplace no inf (City or town) (State or foreign country)

Mother
14. Maiden name Amarilla Sidebotham
15. Birthplace no inf (City or town) (State or foreign country)

16. Informant's **OWN** Signature Earl E. Berg
and Address Twin Falls, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-24-44 (Month) (Day) (Year)
(c) Place: Sunset Memorial Park
18. Funeral Director's **OWN** Signature L. C. Phillips
and Address Twin Falls, Idaho
19. (a) July 27 1944 (Date received and filed) (b) [illegible] (Registrar's Signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 20 1944
at 12:15 o'clock A M.

21. **I HEREBY CERTIFY**, That I attended deceased from 7/20 1944, to 7/20 1944
I last saw h[illegible] alive on 7/18 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cardiac failure	
Due to Probably Coronary Occlusion	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation — Date —
Major finding
Finding of autopsy

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? — Suicide? — Homicide? —
Occurred 19 City, county, state
where violence occurred
Place of Violence: Home Farm Industry
Public Place — While at work?
Means of injury

23. Attendant's **OWN** Signature A J Schwartz (M. D. or other)
and Address Twin Falls Date 7/25 1944
(For additional space, use reverse side)

139945

United States
Department of Commerce
Bureau of the Census

AUG 10 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 169
Reg. Dist. No. 460

1. **PLACE OF DEATH:**
(a) County Twin Falls
(b) City or town Twin Falls
(c) Street Address or R. F. D. No. T.F.Co.Gen. Hosp
(d) Death Occurred Inside? Outside? X city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. T.F.Co.Gen. Stayed days
(g) Lived in this county 4 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Twin Falls
(c) City or town Twin Falls
(d) Street Address or R. F. D. No. 551 Buchanan
(e) Deceased lived Inside? X Outside? X city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 4 years
(h) Former residence (city, state)

3. (a) FULL NAME OLSON, John A.

47d

3. (b) If veteran, name war
3. (c) Social Security No. 513-10-1987
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of ~~husband or~~ wife Lula M.
6. (c) Age of husband or wife if alive 50 years
7. Date of Birth (Month, Day, Year) June 6, 1887

8. AGE	Years	Months	Days	If less than 1 day
	57	1	22	hrs min.

9. Exact Occupation Driver for Did this work for 1 yrs.
10. Industry or Business Co-Op Oil Co. Date last worked 6-1-44
11. Birthplace Ogallah, (City or town) Kansas (State or foreign country)
Father
12. Name Hakan Olson
13. Birthplace Sweden (City or town) (State or foreign country)
Mother
14. Maiden name Bertha Olson
15. Birthplace Sweden (City or town) (State or foreign country)
16. Informant's OWN Signature X Ralph L Olson
and Address 551 Buchanan St. Twin Falls
17. (a) removal (Burial, cremation, or removal) (b) Date thereof 7-29-44 (Month) (Day) (Year)
(c) Place: Ellis, Kansas
18. Funeral Director's OWN Signature White Mortuary E-343
and Address Twin Falls, Idaho
19. (a) July 29 1944 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 28th, 1944
at 12:45 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 7/6 1944, to 7-28- 1944
I last saw him alive on 7/28 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Ca of lung	
Due to Ca of lung	
Due to —	
Other conditions — (Include pregnancy within 3 months of death)	
Where was disease contracted? —	PHYSICIAN
Name of operation — Date	Underline the cause to which death should be charged statistically.
Major finding —	
Finding of autopsy —	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred — 19 — City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place — While at work?
Means of injury —
23. Attendant's OWN Signature [signature] (M. D. or other)
and Address Twin Falls, Ida Date 19
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

AUG 10 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 139946
Local Reg. No. 170
Reg. Dist. No. 461

1. PLACE OF DEATH
(a) County [illegible]
(b) City or town Filer
(c) Street Address or R. F. D. No. 1
(d) Death Occurred Inside? ____ Outside? X city or town
(e) Death in a Home X Hospital __ Institution __ Other place __
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 11 years ____ months ____ days
Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County T. Falls
(c) City or town Filer
(d) Street Address or R. F. D. No. 1
(e) Deceased lived Inside? ____ Outside? X city or town
(f) Citizen of what country? ____
(g) How long had deceased lived in Idaho? 11 years
(h) Former residence (city, state) Jarbidge, Nev.

3. (a) FULL NAME Mary Caroline Beardslee 46 f

3. (b) If veteran, name war ____ 3. (c) Social Security No. ____
4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife T. C. Beardslee 6. (c) Age of husband or wife if alive 67 years
7. Date of Birth (Month, Day, Year) September 19, 1883

8. AGE	Years	Months	Days	If less than 1 day
	60	10	7	hrs min.

9. Exact Occupation Housewife Did this work for ____ yrs.
10. Industry or Business ____ Date last worked ____
11. Birthplace ____ (City or town) Missouri (State or foreign country)
Father
12. Name James Giffen
13. Birthplace Miller Co., (City or town) Missouri (State or foreign country)
Mother
14. Maiden name Emeline Stark
15. Birthplace ____ (City or town) Missouri (State or foreign country)
X 16. Informant's OWN Signature Carl Beardslee
and Address Filer, Idaho Route 1
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7 29 44 (Month) (Day) (Year)
(c) Place: Filer I.O.O.F. Cemetery
18. Funeral Director's OWN Signature Reynolds Funeral Home James E. Reynolds
and Address Twin Falls, Idaho
19. (a) July 31st 1944 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) July 26 1944
at 4:30 o'clock P. M.
21. I HEREBY CERTIFY, That I attended deceased from May 1944, to July 26 1944
I last saw her alive on July 25 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cachexia	3 wks
Due to Generalized Carcinomatosis	3 mo
Due to Carcinoma of liver	6 mo
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature Ivan Anderson MD (M. D. or other)
and Address Filer Ida Date 7-27 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address [illegible] Statistics, Boise, Idaho. Forward to State Bureau of Vital

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

AUG 10 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 139947
Local Reg. No. 172
Reg. Dist. No. 461

1. **PLACE OF DEATH:**
   (a) County Twin Falls
   (b) City or town Buhl, Idaho
   (c) Street Address or R. F. D. No. Route #3
   (d) Death Occurred Inside? ____ Outside? * city or town
   (e) Died in a Home ____ Hospital ____ Institution ____ Other place *
   (f) Name Hosp. or Inst. none Stayed ____ days
   (g) Lived in this county 26 years 5 months 26 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Twin Falls
   (c) City or town Buhl
   (d) Street Address or R. F. D. No. 615 11th No.
   (e) Deceased lived Inside? * Outside? ____ city or town
   (f) Citizen of what country? U. S.
   (g) How long had deceased lived in Idaho? 26 years
   (h) Former residence (city, state) same

3. (a) **FULL NAME** Walter Theodore Kerpa

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3. (b) If veteran, name war none
3. (c) Social Security No. 518-09-6788
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Irene
6. (c) Age of husband or wife if alive 26 years
7. Date of Birth (Month, Day, Year) Feb. 4, 1918

8. AGE	Years	Months	Days	If less than 1 day
	26	5	26	hrs ____ min.

9. Exact Occupation Manager of repair dept. in store — Did this work for 7 yrs.
10. Industry or Business Buhl Imp. Co. — Date last worked 7/28/44
11. Birthplace Buhl, Idaho (City or town) (State or foreign country)

Father
12. Name Edwin Kerpa
13. Birthplace Germany (City or town) (State or foreign country)

Mother
14. Maiden name Bertha Fatting
15. Birthplace Germany (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. Irene M. Kerpa
and Address Buhl, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/4/44 (Month) (Day) (Year)
(c) Place: Buhl City Cemetery

18. Funeral Director's OWN Signature B. T. Albertson
and Address Buhl, Idaho

19. (a) Aug. 1, 1944 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 30, 1944
at 3:15 o'clock P M.

21. **I HEREBY CERTIFY,** That I attended deceased from ____ 19____, to 7-30 1944
I last saw h____ alive on ____ 19____; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Drowning	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? yes Suicide? ____ Homicide? ____
Occurred July 30 1944 City, county, state where violence occurred Buhl T. R. Co. Idaho
Place of Violence: Home ____ Farm ____ Industry ____ Public Place yes Canbury Nat. 13 Mi. From While at work? ____ Buhl, Ida
Means of injury drowned in irrigation ditch

23. Attendant's OWN Signature W. A. Drake M.D.
(M. D. or other)
and Address Buhl Ida Date 7-31 1944

(For additional space, use reverse side)

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139948

United States
Department of Commerce
Bureau of the Census

AUG 10 1944

Certificate Of Death

STATE OF IDAHO

State File No. 173
Local Reg. No.
Reg. Dist. No. 460

1. PLACE OF DEATH:
(a) County Twin Falls
(b) City or town Twin Falls
(c) Street Address or R.F.D. No. 33st-5ave W.
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Home X Hospital ..... Institution ..... Other place .....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 25 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County T. Falls
(c) City or town Twin Falls
(d) Street Address or R.F.D. No. 3st-5ave W.
(e) Deceased lived Inside? X Outside? ..... city or town
(f) Citizen of what country? United States
(g) How long had deceased lived in Idaho? 25 years
(h) Former residence (city, state) Minnesota

3. (a) **FULL NAME** Alida Harriett Zimmerman

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Lloyd
6. (c) Age of husband or wife if alive 60 years
7. Date of Birth (Month, Day, Year) January 1, 1891

8. AGE	Years	Months	Days	If less than 1 day
	53	6	30	hrs min.

9. Exact Occupation Housewife Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Crookston, Minn. (City or town) (State or foreign country)
Father
12. Name No. Inf.
13. Birthplace " (City or town) (State or foreign country)
Mother
14. Maiden name No. Inf.
15. Birthplace " (City or town) (State or foreign country)
16. Informant's **OWN** Signature X L. C. Zimmerman
and Address Twin Falls, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-2-44 (Month) (Day) (Year)
(c) Place: Twin Falls Cemetery
18. Funeral Director's **OWN** Signature S. C. Phillips
and Address Twin Falls, Idaho
19. (a) Aug 8-1944 (Date received and filed) (b) [signature] (Registrar's Signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 30 1944
at 12:00 o'clock P.M.
21. **I HEREBY CERTIFY,** That I attended deceased from Nov. 23 1943, to July 30 1944
I last saw her alive on July 27 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
General Carcinomatosis	2 yrs
Due to Adenocarcinoma left ovary (cyst	4 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? Home
Name of operation Hysterectomy & salpingo-oophorectomy Date 1942
Major finding Carcinoma ovary
Finding of autopsy in pathologic section
Is in cause of death

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature George C. Bailey (M.D. or other)
and Address Twin Falls Ida Date 8/1 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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United States
Department of Commerce AUG 15 1944
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 111
Reg. Dist. No. 310

1. **PLACE OF DEATH:**
(a) County Valley
(b) City or town Smiths Ferry
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? X city or town
(e) Died in a Home Hospital Institution Other place X
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 45 years 7 months 25 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Valley
(c) City or town Donnelly
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Outside? X city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 45 years
(h) Former residence (city, state)

3. (a) **FULL NAME** Roy Edward Hall. 175E

3. (b) If veteran, name war ✓
3. (c) Social Security No. 519-01-6433
4. Sex M.
5. Color or race W.
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Katherine Hall
6. (c) Age of husband or wife if alive 42 years
7. Date of Birth (Month, Day, Year) Nov-16-1898

8. AGE	Years	Months	Days	If less than 1 day
	45	7	25	hrs min.

9. Exact Occupation Sawyer Did this work for yrs.
10. Industry or Business Logging Ind. Date last worked 7/11/44
11. Birthplace Van Wyck, Ida. (City or town) (State or foreign country)
Father
12. Name Samuel Hall
13. Birthplace Ill. (City or town) (State or foreign country)
Mother
14. Maiden name Eliza McCune
15. Birthplace Ill (City or town) (State or foreign country)
16. Informant's OWN Signature Katherine Hall
and Address Donnelly, Ida.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/15/44 (Month) (Day) (Year)
(c) Place Crown Point, Cascade, Ida
18. Funeral Director's OWN Signature L. L. Pitterington
and Address Cascade, Ida.
19. (a) July 28 1944 (Date received and filed) (b) Myrtle Gardner (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July-11- 1944
at 9:45 o'clock A. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 19 , to 19
I last saw h alive on 19 ; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Fractured Skull as a result of Tree falling.	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy No Autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ✓ Suicide? — Homicide? —
Occurred 9:45 A.M. July 11 1944 City, county, state where violence occurred Valley County - Idaho
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury Tree fell on him
23. Attendant's OWN Signature [signature] Acting Coroner (M. D. or other)
and Address Cascade, Ida Date 19
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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United States
Department of Commerce
Bureau of the Census

AUG 15 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 139950
Local Reg. No. 118
Reg. Dist. No. 318

1. **PLACE OF DEATH:**
(a) County Valley
(b) City or town McCall
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home X Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 2 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Valley
(c) City or town McCall
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 2 years
(h) Former residence (city, state) Kansas.

3. (a) **FULL NAME** James Robert Thompson 117a

3. (b) If veteran, name war ____ 3. (c) Social Security No. ____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Clara E. ____ 6. (c) Age of husband or wife if alive 61 years

7. Date of Birth (Month, Day, Year) April 26 1881

8. AGE	Years	Months	Days	If less than 1 day
	63	2	21	hrs ____ min.

9. Exact Occupation Retired Did this work for 30 yrs.
10. Industry or Business Stock Buyer Date last worked 5/10/44
11. Birthplace Clinton Mo. (City or town) (State or foreign country)

Father
12. Name John C. Thompson
13. Birthplace Kansas (City or town) (State or foreign country)

Mother
14. Maiden name Alice Lyons
15. Birthplace Kansas (City or town) (State or foreign country)

16. Informant's **OWN** Signature Ted V. Thompson
and Address McCall Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/20/44 (Month) (Day) (Year)
(c) Place: McCall Cemetery: McCall, Idaho

18. Funeral Director's **OWN** Signature L. L. Pettingrew
and Address Cascade, Idaho

19. (a) July 28 1944 (Date received and filed) (b) Myrtle Gardner (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 17 1944
at 7 o'clock ____ M.

21. **I HEREBY CERTIFY**, That I attended deceased ~~from~~ only on (day) 7/16 1944, to ____ 19__
I last saw ~~him~~ alive on 7/17 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cardiac failure — Duration ____
Due to Exhaustion ____
Due to over-work & fatigue ____
Other conditions Chr. alcoholism ____
(Include pregnancy within 3 months of death)
& Gastric ulcer. Long standing
Where was disease contracted? ____
Name of operation None Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's **OWN** Signature Don S. Numbers M.D.
and Address ~~COUNTY HEALTH OFFICER~~ DON S. NUMBERS, M. D. (M. D. or other) Date 7/20 1944
(For additional [illegible] see reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

AUG 11 1944

NON-RESIDENT
Certificate Of Death
STATE OF IDAHO

State File No. 13951
Local Reg. No. 1
Reg. Dist. No. 320

1. PLACE OF DEATH:
(a) County Washington
(b) City or town Weiser
(c) Street Address or R.F.D. No. 207 West Main St.
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Home X Hospital .... Institution .... Other place ....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county ..... years 9 months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Missouri (b) County Vernon
(c) City or town Nevada
(d) Street Address or R.F.D. No. 727 W. Sycamore
(e) Deceased lived Inside? X Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 9 Mo. ####
(h) Former residence (city, state) As above

3. (a) **FULL NAME** DOVA AGNES DUNHAM

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife None
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) October 10 1875

8. AGE	Years	Months	Days	If less than 1 day
	68	8	21	hrs ..... min.

9. Exact Occupation Housewife — Did this work for Life yrs.
10. Industry or Business Home — Date last worked 7/1/44
11. Birthplace Henry County (City or town) Missouri (State or foreign country)

Father
12. Name Joseph Sherman
13. Birthplace Don't Know (City or town) (State or foreign country)

Mother
14. Maiden name Rachel Stansberry
15. Birthplace Don't Know (City or town) (State or foreign country)

16. Informant's **OWN** Signature Sherman C Dunham
and Address 207 West Main St. Weiser, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/3/44 (Month) (Day) (Year)
(c) Place: Hillcreat Cem. Weiser, Idaho
18. Funeral Director's **OWN** Signature A. S. Jones E 357
and Address Northam Funeral Home, Weiser, Ida.
19. (a) July 3-44 (Date received and filed) (b) Marie H Shell (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 1 1944 19 ....
at 8:00 o'clock P.M.

21. **I HEREBY CERTIFY**, That I attended deceased from May 23 1944 to July 1st 1944
I last saw her alive on July 1st 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Coronary Thrombosis	
Due to Angina Pectaris	
Due to Generalized Arteriosclerosis	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ..... Date .....
Major finding
Finding of autopsy

PHYISICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 .... City, county, state where violence occurred
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury

23. Attendant's **OWN** Signature W. S. McGrath M.D. (M. D. or other)
and Address Weiser, Idaho Date 7/3 19 44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census AUG 11 1944

Dr. Schmitz

Certificate Of Death

STATE OF IDAHO

State File No. 139952
Local Reg. No. 2
Reg. Dist. No. 320

1. **PLACE OF DEATH:**
   (a) County Washington
   (b) City or town Weiser
   (c) Street Address or R.F.D. No. R.F.D.# 1
   (d) Death Occured Inside? ... Outside? X city or town
   (e) Died in a Home X Hospital ... Institution ... Other place ...
   (f) Name Hosp. or Inst. None ... Stayed ... days
   (g) Lived in this county 4 years ... months ... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Washington
   (c) City or town Weiser
   (d) Street Address or R.F.D. No. R.F.D. # 1
   (e) Deceased lived Inside? ... Outside? X city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 4 years
   (h) Former residence (city, state) Vale, Oregon

3. (a) **FULL NAME** Harriet Rebecca Shepherd

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife William Elbert
6. (c) Age of husband or wife if alive 75 years
7. Date of Birth (Month, Day, Year) November 20th 1870

8. AGE	Years	Months	Days	If less than 1 day
	73	7	14	hrs ... min.

9. Exact Occupation Housewife — Did this work for Life yrs.
10. Industry or Business Farm Home — Date last worked 7/3/44
11. Birthplace Cumberland Gap (City or town) Tenn. (State or foreign country)

Mother Father
12. Name Bill Raby
13. Birthplace ... North Carolina (City or town) (State or foreign country)
14. Maiden name Connor
15. Birthplace ... Illinois (City or town) (State or foreign country)

16. Informant's **OWN** Signature W. D. Shepherd
and Address Vale Oregon
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/7/44 (Month) (Day) (Year)
(c) Place: Hillcrest Cemetery, Weiser, Idaho
18. Funeral Director's **OWN** Signature C. S. Jones E 357
and Address Northam Funeral Home Weiser, Ida.
19. (a) 7/7/44 (Date received and filed) (b) Marie N Shell (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 4th 1944
at 2:00 o'clock A. M.
21. **I HEREBY CERTIFY**, That I attended deceased from 1-10-1943 to 7-4-1944
I last saw her alive on 5-7-1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
(a) Senility	
Due to (b) Apoplexy	4 yrs
Due to (c)	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation ... Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ... Suicide? ... Homicide? ...
Occurred ... 19 ... City, county, state where violence occurred ...
Place of Violence: Home ... Farm ... Industry ...
Public Place ... While at work? ...
Means of injury ...
23. Attendant's **OWN** Signature F. A. Schmitz M D (M. D. or other)
and Address Weiser, Idaho Date 7/7/1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

AUG 11 1944

Dr, Schmitz

Certificate Of Death

STATE OF IDAHO

State File No. 139953
Local Reg. No. 3
Reg. Dist. No. 320

1. **PLACE OF DEATH:**
   (a) County Washington
   (b) City or town Weiser
   (c) Street Address or R.F.D. No. North State St.
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home X Hospital ..... Institution ..... Other place .....
   (f) Name Hosp. or Inst. ..... Stayed ..... days
   (g) Lived in this county 6 years ..... months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Washington
   (c) City or town Weiser
   (d) Street Address or R.F.D. No. .....
   (e) Deceased lived Inside? X Outside? ..... city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 50 years
   (h) Former residence (city, state) Baker, Oregon

3. (a) **FULL NAME** Martha Ann Bennett

626

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female race White
5. Color or
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife William James
6. (c) Age of husband or wife if alive Deceased years
7. Date of Birth (Month, Day, Year) July 4 1848

8. AGE	Years	Months	Days	If less than 1 day
	96	00	2	hrs min.

9. Exact Occupation Housewife Did this work for 75 yrs.
10. Industry or Business Home Date last worked 1938
11. Birthplace ..... Illinois (City or town) (State or foreign country)

Mother
12. Name Ezra Wilson
13. Birthplace ..... Don't know (City or town) (State or foreign country)

Father
14. Maiden name Don't know
15. Birthplace ..... Don't know (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mrs Aleta Thompson
and Address New Meadows, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 8-44 (Month) (Day) (Year)
(c) Place: Hillcrest Cemetery, Weiser, Idaho

18. Funeral Director's **OWN** Signature A. L. Jones E357
and Address Northam Funeral Home, Weiser, Ida.

19. (a) July 9 1944 (Date received and filed) (b) Marie H. Shell (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 6 1944 19.....
at 5:00 o'clock P.M.

21. **I HEREBY CERTIFY**, That I attended deceased from 6-1-1941 to 7-6-1944
I last saw him alive on 7-3-1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Uremia	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature F. A. Schmitz M.D. (M. D. or other)
and Address Weiser, Idaho Date 7-9 19 44
(For additional space, use reverse side)

Dr. Schmitz

139954

United States
Department of Commerce
Bureau of the Census

AUG 11 1944

Certificate Of Death

STATE OF IDAHO

State File No. 139954
Local Reg. No. 4
Reg. Dist. No. 320

1. PLACE OF DEATH:
(a) County Washington
(b) City or town Weiser
(c) Street Address or R.F.D. No. 181 East Commercial
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Home X Hospital ..... Institution ..... Other place .....
(f) Name Hosp. or Inst. None Stayed ..... days
(g) Lived in this county 60 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Washington
(c) City or town Weiser
(d) Street Address or R.F.D. No. 181 E. Commercial
(e) Deceased lived Inside? X Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 60 years
(h) Former residence (city, state) San Francisco, Cal

3. (a) FULL NAME Annie Elizabeth Wilburn

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Josh
6. (c) Age of husband or wife if alive Deceased years
7. Date of Birth (Month, Day, Year) July 4th 1858

8. AGE	Years	Months	Days	If less than 1 day
	86	00	11	hrs min.

9. Exact Occupation Housewife — Did this work for Life yrs.
10. Industry or Business Home — Date last worked 1939
11. Birthplace Honululu (City or town) T.H. (State or foreign country)
Father 12. Name John Harris
Father 13. Birthplace (City or town) England (State or foreign country)
Mother 14. Maiden name Cadd
Mother 15. Birthplace (City or town) England (State or foreign country)
16. Informant's OWN Signature Bert H Wilburn
and Address Midvale, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-18-44 (Month) (Day) (Year)
(c) Place: Hillcrest Cemetery
18. Funeral Director's OWN Signature A. S. Jones
and Address Northam Funeral Home Weiser, Ida.
19. (a) 7-17-44 (Date received and filed) (b) Marie H. Stell (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 15 1944
at 6:45 o'clock A.M.
21. **I HEREBY CERTIFY**, That I attended deceased from 6-12- 1937, to 7-15- 1944
I last saw h~~e~~ alive on 8-4 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ..... Date .....
Major finding
Finding of autopsy

PHYISCIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury

23. Attendant's OWN Signature F. A. Schmitz (M. D. or other)
and Address Weiser, Idaho Date 7-17 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Dr. McGrath

United States
Department of Commerce
Bureau of the Census

AUG 11 1944

Certificate Of Death

STATE OF IDAHO

State File No. 139955
Local Reg. No. 5
Reg. Dist. No. 320

1. **PLACE OF DEATH:**
   (a) County Washington
   (b) City or town Weiser
   (c) Street Address or R.F.D. No. 736 East Court
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home X Hospital .... Institution .... Other place ....
   (f) Name Hosp. or Inst. ..... Stayed ..... days
   (g) Lived in this county 6 years ..... months ..... days

   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Washington
   (c) City or town Weiser
   (d) Street Address or R.F.D. No. 736 E. Court
   (e) Deceased lived Inside? X Outside? ..... city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 6 years
   (h) Former residence (city, state) Iowa

3. (a) **FULL NAME** RAY COX

3. (b) If veteran, name war None
3. (c) Social Security No. ###458-03-8435
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Effie
6. (c) Age of husband or wife if alive 57 years
7. Date of Birth (Month, Day, Year) September 5 ### 1882

8. AGE	Years	Months	Days	If less than 1 day
	61	10	21	hrs ..... min.

9. Exact Occupation Carpenter — Did this work for 30 yrs.
10. Industry or Business Building — Date last worked April '44
11. Birthplace Riverton (City or town) Iowa (State or foreign country)

Father
12. Name Mathew Cox
13. Birthplace ..... Michigan (City or town) (State or foreign country)

Mother
14. Maiden name Isabelle Jones
15. Birthplace Riverton, Iowa (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mrs Effie Cox
and Address 736 E. Court. Weiser, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/31/44 (Month) (Day) (Year)
(c) Place: Hillcrest Cem. Weiser, Idaho

18. Funeral Director's **OWN** Signature C. Jones #357
and Address Northam Funeral Home, Weiser, Ida.

19. (a) 7/29/44 (Date received and filed) (b) Marie H. Shell (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 25 1944
at 8:00 o'clock P. M.

21. **I HEREBY CERTIFY**, That I attended deceased from July 23rd 1944 to July 25th 1944
I last saw ~~him~~ alive on July 25th 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Chronic Myocarditis	
Due to Hypertension	
Due to Chronic Nephritis	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature M.S. McGrath M.D. (M. D. or Other)
and Address Weiser, Idaho Date 7/26 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census AUG 11 1944

Dr. McGrath

Certificate Of Death

STATE OF IDAHO

State File No. 139956
Local Reg. No. 6
Reg. Dist. No.

1. PLACE OF DEATH:
(a) County Washington
(b) City or town Weiser
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? X Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. Weiser Hospital Stayed 103 days
(g) Lived in this county years 3 months 13 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Washington
(c) City or town Weiser
(d) Street Address or R.F.D. No. Weiser Hosp.
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 103 days 11 years
(h) Former residence (city, state)

3. (a) FULL NAME GARY LEE STAMPER

157E

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife None
6. (c) Age of husband or wife if alive None years
7. Date of Birth (Month, Day, Year) April 16 1944

8. AGE	Years	Months	Days	If less than 1 day
	00	3	13	hrs min.

9. Exact Occupation None Did this work for yrs.
10. Industry or Business None Date last worked
11. Birthplace Hospital. Weiser, Idaho (City or town) (State or foreign country)
Father
12. Name Lyman Stamper
13. Birthplace Weiser, Idaho (City or town) (State or foreign country)
Mother
14. Maiden name Ida Olmstead
15. Birthplace Plummer, Idaho (City or town) (State or foreign country)
16. Informant's **OWN** Signature Lyman Donnel Stamper Father
and Address Huntington, Oregon
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/31/44 (Month) (Day) (Year)
(c) Place: Hillcrest Cemetery. Weiser, Idaho
18. Funeral Director's **OWN** Signature C. S. Jones #357
and Address Northam Funeral Home, Weiser, Ida.
19. (a) 7/29/44 (Date received and filed) (b) Marie H. Shell (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 29 1944
at 3 o'clock P.M.
21. I HEREBY CERTIFY, That I attended deceased from April 16th 1944, to July 29 1944
I last saw him alive on July 29 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death	Duration
Congenital Heart Disease	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation Date	
Major finding	
Finding of autopsy Congenital Heart — No Septum between Left & Rt. Ventricles	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature M S McGrath MD (M. D. or other)
and Address Weiser, Idaho Date 7/29 1944
(For additional space, use reverse side)

139993

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 139993
Local Reg. No. 282
Reg. Dist. No. 370

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home.... Hospital X Institution.... Other place....
   (f) Name Hosp. or Inst. St. Alphonsus ed 1 days
   (g) Lived in this county 9 years ..... months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Ada
   (c) City or town Boise
   (d) Street Address or R.F.D. No. Rt. # 1
   (e) Deceased lived Inside? ..... Outside? X ..... city or town
   (f) Citizen of what country? U. S. A.
   (g) How long had deceased lived in Idaho? 9 years
   (h) Former residence (city, state) Nebraska

3. (a) **FULL NAME** CATHERINE JASICA

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife John
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) April 6, 1893

8. AGE	Years	Months	Days	If less than 1 day
	51	4	16	hrs min.

9. Exact Occupation Housewife — Did this work for ..... yrs.
10. Industry or Business ..... — Date last worked
11. Birthplace Omaha (City or town) Nebraska (State or foreign country)

Father
12. Name Stanley Pankowski
13. Birthplace Poland (City or town) (State or foreign country)

Mother
14. Maiden name Unknown
15. Birthplace Poland (City or town) (State or foreign country)

16. Informant's **OWN** Signature Claire Jasica
and Address Boise, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/26/44 (Month) (Day) (Year)
(c) Place: St. John's Cemetery

18. Funeral Director's **OWN** Signature Schreiber & McCann
and Address Boise Milford Drago

19. (a) 8-23-44 (Date received and filed) (b) R. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) August 22 19 44
at 5:25 o'clock a M.

21. **I HEREBY CERTIFY**, That I attended deceased from Aug 21 19 44 to Aug 22 19 44
I last saw her alive on Aug 21 19 44; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Hemiplegia E.C.	1 day
Due to Hypertension	?
✓ Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ..... Date .....
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state
where violence occurred
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury

23. Attendant's **OWN** Signature Joseph C. Ward (M. D. or other)
and Address Boise Date 8-23 19 44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

AUG 15 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

139994 139994

State File No. _____
Local Reg. No. 67
Reg. Dist. No. 210

1. **PLACE OF DEATH:**
   (a) County CLEARWATER
   (b) City or town Whitepine Lbr. Mill 20
   (c) Street Address or R. F. D. No. _____
   (d) Death Occurred Inside? _____ Outside? X city or town
   (e) Died in a Home __ Hospital __ Institution __ Other place X
   (f) Name Hosp. or Inst. _____ Stayed _____ days
   (g) Lived in this county 8 years _____ months _____ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under Item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State IDAHO (b) County CLEARWATER
   (c) City or town OROFINO, IDAHO
   (d) Street Address or R. F. D. No. POST OFFICE
   (e) Deceased lived Inside? X Outside? _____ city or town
   (f) Citizen of what country? UNITED STATES
   (g) How long had deceased lived in Idaho? EIGHT years
   (h) Former residence (city, state) WARM SPRINGS, MONT

3. (a) **FULL NAME** MICHAEL THOMAS McDERMOTT

94a

3. (b) If veteran, name war WORLD WAR I
3. (c) Social Security No. 536-20-1076
4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced SINGLE
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years
7. Date of Birth (Month, Day, Year) MAY 1, 1892

8. AGE	Years	Months	Days	If less than 1 day
	52	3	2	hrs min.

9. Exact Occupation LABORER — Did this work for LIFE yrs.
10. Industry or Business WHITE PINE MILL — Date last worked AUG. 3, 1944
11. Birthplace O'NEILL, HOLT CO., NEBRASKA (City or town) (State or foreign country)

Father
12. Name DOMINICK McDERMOTT
13. Birthplace MAYO, IRELAND (City or town) (State or foreign country)

Mother
14. Maiden name MARY DIXON
15. Birthplace PHILADELPHIA, PENNSYLVANIA (City or town) (State or foreign country)

16. Informant's **OWN** Signature x V. L. Nunn
and Address BUTTE, MONTANA

17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof 8/7/44 (Month) (Day) (Year)
(c) Place: O'NEILL, NEBRASKA

18. Funeral Director's **OWN** Signature George B Blake
and Address OROFINO, IDAHO

19. (a) 8/9/44 (Date received and filed) (b) Lolene Barbarach (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) AUGUST 3 1944
at 1:00 o'clock A. M.

21. **I HEREBY CERTIFY,** That I attended deceased from _____ 19____, to _____ 19____
I last saw h____ alive on _____ 19____; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
PROBABLE CORONARY THROMBOSIS	UNKNOWN
Due to	
Due to	
✓ Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? _____
Name of operation _____ Date _____
Major finding _____
Finding of autopsy _____

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? _____ Suicide? _____ Homicide? _____
Occurred _____ 19____ City, county, state where violence occurred _____
Place of Violence: Home _____ Farm _____ Industry _____
Public Place _____ While at work? _____
Means of injury _____

23. Attendant's **OWN** Signature George B Blake
CORONER (M. D. or other)
and Address OROFINO, IDAHO Date 8/5/44 19____

(For additional space, use reverse side)

139996

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 139996
Local Reg. No. 149
Reg. Dist. No. 363

1. PLACE OF DEATH:
(a) County Canyon.
(b) City or town Nampa.
(c) Street Address or R.F.D. No. 903. - 11 th Ave. S.
(d) Death Occured Inside? Yes Outside? ..... city or town
(e) Died in a Home.... Hospital.... Institution.... Other place....
(f) Name Hosp. or Inst. Carter Nursing Home. Stayed ..... days.
(g) Lived in this county ..... years ..... months 25 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho. (b) County Ada
(c) City or town Eagle.
(d) Street Address or R.F.D. No. R.D. # 1.
(e) Deceased lived Inside? ..... Outside? Yes city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 34. years
(h) Former residence (city, state) Kansas.

3. (a) FULL NAME Albert. B. Horn.

83a

3. (b) If veteran, name war No.
3. (c) Social Security No. None.
4. Sex Male. 5. Color or race White. 6. (a) Single, widowed, married, divorced Married.
6. (b) Name of husband or wife Anna. M. Horn. 6. (c) Age of husband or wife if alive 54. years
7. Date of Birth (Month, Day, Year) May. 12. 1877.

8. AGE	Years	Months	Days	If less than 1 day
	67.	2.	27.	hrs min.

9. Exact Occupation Farmer. Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Sheridan Missouri. (City or town) (State or foreign country)
Father 12. Name William Frank Horn.
13. Birthplace Stober Springs Iowa. (City or town) (State or foreign country)
Mother 14. Maiden name Anne Hill.
15. Birthplace Unknown. (City or town) (State or foreign country)
16. Informant's OWN Signature Anna M Horn
and Address 710 Linden St Boise
17. (a) Burial. (b) Date thereof Aug. 14. 1944. (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: Cloverdale Memorial Park.
18. Funeral Director's OWN Signature Summers Funeral Home. Clyde E Summers
and Address Boise, Idaho.
19. (a) Aug. 28-1944 (b) Lyda Rodgers (Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) August 9 1944
at 4 o'clock P. M.
21. I HEREBY CERTIFY, That I attended deceased from 8 - 3 - 1944 to 8 - 9 - 1944
I last saw him alive on 8 - 9 - 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death	Duration
Cerebral hemorrhage	10 days
Due to Arteriosclerosis	years
✓ Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation ..... Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's OWN Signature V C Ballantine (M. D. or other)
and Address Nampa Ida Date 8-27 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

139997

United States
Department of Commerce
Bureau of the Census AUG 17 1944

Certificate Of Death

STATE OF IDAHO

State File No. 139997
Local Reg. No. 15
Reg. Dist. No. 570

1. PLACE OF DEATH:
(a) County CARIBOU
(b) City or town Soda Springs, Idaho.
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? X Outside? city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 8 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Caribou
(c) City or town Soda Springs, Idaho.
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 2 years
(h) Former residence (city, state) MITCHELL, Neb

3. (a) FULL NAME WILLIAM S. BEARDSLEY

112

3. (b) If veteran, (Write) SPANISH AMERICAN FIRST WORLD WAR MEX. BORDER
3. (c) Social Security No. 506-03-5437
4. Sex Male
Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife ETHLEEN BEARDSLEY
6. (c) Age of husband or wife if alive 66 years
7. Date of Birth (Month, Day, Year) AUGUST 27, 1876.

8. AGE	Years	Months	Days	If less than 1 day
	67	11	7	hrs min.

9. Exact Occupation LABORER — Did this work for 14 yrs.
10. Industry or Business SUGAR FACTORY — Date last worked 1941
11. Birthplace RED OAK, IOWA (City or town) (State or foreign country)
Father 12. Name JAMES BEARDSLEY
Father 13. Birthplace UNKNOWN (City or town) (State or foreign country)
Mother 14. Maiden name UNKNOWN
Mother 15. Birthplace UNKNOWN (City or town) (State or foreign country)
16. Informant's OWN Signature Ethleen Beardsley and Address Soda Springs, Idaho
17. (a) Buriel (Burial, cremation, or removal) (b) Date thereof Aug. 7, 1944 (Month) (Day) (Year)
(c) Place: Soda Springs, Idaho.
18. Funeral Director's OWN Signature O. D. Whitman and Address Soda Springs, Idaho
19. (a) 8-8-44 (Date received and filed) (b) Dr. Russell Tignal (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) August 4, 1944 19
at 4.16 o'clock P.M.
21. **I HEREBY CERTIFY**, That I attended deceased from 19 to Aug. 4, 1944 19
I last saw him alive on Aug. 4, 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Acute Heart failure	1 day
Due to asthma	4 years
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? Nebraska
Name of operation None Date
Major finding
Finding of autopsy None

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's OWN Signature Russell Tignal, M.D. (M. D. or other)
and Address Soda Springs Date 8-6 1944
(For additional space use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

139998

United States
Department of Commerce
Bureau of the Census

AUG 29 1944

Certificate Of Death

STATE OF IDAHO

State File No. 139998
Local Reg. No.
Reg. Dist. No.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
   (a) County Gem
   (b) City or town Emmett
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? X Outside? city or town
   (e) Died in a Home X Hospital Institution Other place
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county 20 years months days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Gem
   (c) City or town Emmett
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? X Outside? city or town
   (f) Citizen of what country?
   (g) How long had deceased lived in Idaho? 20 years
   (h) Former residence (city, state) Oklahoma

3. (a) **FULL NAME** FLORA ALICE GROGAN

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex female Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Floyd Graogan
6. (c) Age of husband or wife if alive 45 years
7. Date of Birth (Month, Day, Year) Oct. 16, 1901

8. AGE	Years	Months	Days	If less than 1 day
	42	9	25	hrs min.

9. Exact Occupation At home — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace Oklahoma (City or town) (State or foreign country)

Mother Father
12. Name JACOB FORD
13. Birthplace Unknown (City or town) (State or foreign country)
14. Maiden name Mattie Campbell
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's **OWN** Signature Floyd N Grogan
and Address Emmett, Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 8/12-1944 (Month) (Day) (Year)
(c) Place: Emmett, Idaho
18. Funeral Director's **OWN** Signature C D Quakenbush
and Address Emmett, Idaho
19. (a) 8/12-1944 (Date received and filed) (b) C D Quakenbush (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Aug. 11, 1944 19
at 9 o'clock A. M.

21. I **HEREBY CERTIFY**, That I attended deceased from June 20 1944 to Aug 11 1944
I last saw her alive on Aug 11 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Endocarditis 92 c	3 mo
Due to	
Due to Nephritis 130 1	3 mo
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature B Chipman
and Address Emmett, Idaho (M. D. or other) Date 8/12-1944 19
(For additional space, use reverse side)

139999

United States
Department of Commerce
Bureau of the Census AUG 31 1944

Certificate Of Death

STATE OF IDAHO

State File No. 139999
Local Reg. No. 210
Reg. Dist. No. 210

1. **PLACE OF DEATH:**
   (a) County Bannock
   (b) City or town Pocatello
   (c) Street Address ~~XXXXX~~ No. 905 No. Main St
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home X Hospital .... Institution .... Other place ....
   (f) Name Hosp. or Inst. ..... Stayed ..... days
   (g) Lived in this county ..... years ..... months ..... days

   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Bannock
   (c) City or town Pocatello
   (d) Street Address ~~XXXXX~~ No. 905 No. Main St
   (e) Deceased lived Inside? X Outside? ..... city or town
   (f) Citizen of what country? U. S. A.
   (g) How long had deceased lived in Idaho? 63 years
   (h) Former residence (city, state) .....

3. (a) **FULL NAME** EDITH MAY BELLAMY 94a

3. (b) If veteran, name war ----
3. (c) Social Security No. ----
4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife D. O. Bellamy 6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) October 9, 1877

8. AGE	Years	Months	Days	If less than 1 day hrs	min.
	66	10	4		

9. Exact Occupation housewife Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Berkshire, Cubbington, England (City or town) (State or foreign country)

Father
12. Name Samuel A. Goodard
13. Birthplace Berkshire, Cubbington, England (City or town) (State or foreign country)

Mother
14. Maiden name Sarah A. Ballard
15. Birthplace Warickshire, Cubbington, England (City or town) (State or foreign country)

16. Informant's **OWN** Signature D. O. Bellamy
and Address Pocatello, Idaho

17. (a) burial (b) Date thereof 8-17-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: Pocatello, Idaho

18. Funeral Director's **OWN** Signature W. L. McMahan
and Address Pocatello, Idaho

19. (a) Aug. 14/ 44 (b) D C Ray
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) August 13 19 44
at 1:00 o'clock p. M.

21. **I HEREBY CERTIFY,** That I attended deceased from ..... 19 ..... to Aug. 13, 1944
I last saw her alive on Aug. 13 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Coronary Thrombosis	24 hrs
Due to Hypertension	12 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature C. A. Thomas (M. D. or other)
and Address Pocatello, Ida Date 8/14 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 33-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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140000

140000

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 140000
Local Reg. No. 284
Reg. Dist. No. 370

1. PLACE OF DEATH:
(a) County Ada
(b) City or town Boise
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? x Outside? city or town
(e) Died in a Home Hospital x Institution Other place
(f) Name Hosp. or Inst St. Lukes Stayed 2 days
(g) Lived in this county 13 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Ada
(c) City or town Boise
(d) Street Address or R.F.D. No. 408 So 5th
(e) Deceased lived Inside? x Outside? city or town
(f) Citizen of what country? U. S. A.
(g) How long had deceased lived in Idaho? 13 years
(h) Former residence (city, state) Boise, Idaho

3. (a) FULL NAME HELEN ANTIONETTE ZUPAN

104 lb

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Femela
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) April 30, 1931

8. AGE	Years	Months	Days	If less than 1 day
	13	3	29	hrs min.

9. Exact Occupation Student — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace Seattle (City or town) Washington (State or foreign country)

Father
12. Name Jack Zupan
13. Birthplace Yugoslavia (City or town) (State or foreign country)

Mother
14. Maiden name Antonia Niksich
15. Birthplace Yugoslavia (City or town) (State or foreign country)

16. Informant's **OWN** Signature Jack Zupan
and Address 408 So. 5ht St. Boise, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-2-44 (Month) (Day) (Year)
(c) Place: St. John's Cemetery
18. Funeral Director's **OWN** Signature Schreiber & McCammon Mortuary Chapel
and Address Boise
19. (a) 8-31-44 (Date received and filed) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 8-29 1944
at 2:30 o'clock A M.

21. **I HEREBY CERTIFY,** That I attended deceased from 8-26 1944 to 8-28 1944
I last saw h.er alive on 8-28 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Respiratory failure 2nd	6 hrs
Due to Encephalitis - 80 # -	2 days
Due to Sinus infection 104 #	8 days
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? Unknown
Name of operation none Date
Major finding no
Finding of autopsy

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state
where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature R. D. Simonton (M. D. or other)
and Address Boise Date 8-29-44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

140001

State File No. 140001
Local Reg. No. 280
Reg. Dist. No. 370

1. PLACE OF DEATH:
(a) County Ada
(b) City or town Boise
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? X Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. St. Lukes Stayed 18 days
(g) Lived in this county 0 years 0 months 18 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Oregon (b) County Baker
(c) City or town New Bridge
(d) Street Address or R.F.D. No. New Bridge, Ore.
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 18 Days
(h) Former residence (city, state) New Bridge, Ore.

3. (a) FULL NAME Bleaden Ashby

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3. (b) If veteran, name war World War I
3. (c) Social Security No. Unknown
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lucil
6. (c) Age of husband or wife if alive 47 years
7. Date of Birth (Month, Day, Year) September 17, 1888

8. AGE	Years	Months	Days	If less than 1 day
	55	11	2	hrs min.

9. Exact Occupation Laborer — Did this work for All His Life yrs.
10. Industry or Business — Date last worked 7/20/44
11. Birthplace Union County, Oregon (City or town) (State or foreign country)
Father
12. Name William Ashby
13. Birthplace Iowa (City or town) (State or foreign country)
Mother
14. Maiden name Charlotte Hewitt
15. Birthplace Ohio (City or town) (State or foreign country)
16. Informant's OWN Signature G. W. Ashby
and Address Richland, Oregon
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 8/21/44 (Month) (Day) (Year)
(c) Place: Richland, Oregon
18. Funeral Director's OWN Signature McBratney Funeral Home
and Address Boise, Idaho
19. (a) 8-21-44 (Date received and filed) (b) R. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) August 19, 1944
at 7 30 o'clock P. M.
21. **I HEREBY CERTIFY**, That I attended deceased from August 1 1944, to August 19 1944
I last saw him alive on August 19 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Uremia	
Due to Prostatic obstruction	2 years
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation none Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature W B Jeppes M.D. (M.D. or other)
and Address Boise Ida. Date Aug 21 1944
(For additional space, use reverse side)

14000✓

United States
Department of Commerce
Bureau of the Census

SEP 2 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 140002
Local Reg. No. 19
Reg. Dist. No. 500

1. **PLACE OF DEATH:**
(a) County Power
(b) City or town American Falls, Idaho
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. Schultz mem Stayed days
(g) Lived in this county 9 years months 1½ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Power
(c) City or town Halbrook
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Outside? X city or town
(f) Citizen of what country? U. S.
(g) How long had deceased lived in Idaho? 33 years
(h) Former residence (city, state) Idaho

3. (a) **FULL NAME** Nora Belle Whitnah 806

3. (b) If veteran, name war No.
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lloyd
6. (c) Age of husband or wife if alive 38 years
7. Date of Birth (Month, Day, Year) Sept. 23 - 1909

8. AGE	Years	Months	Days	If less than 1 day
	34	10	26	hrs min.

9. Exact Occupation Housewife Did this work for yrs.
10. Industry or Business Date last worked 8-13-44
11. Birthplace Mountain City, Tenn. (City or town) (State or foreign country)
Father
12. Name Charles H. Donnelly
13. Birthplace Mtn City, Tenn. (City or town) (State or foreign country)
Mother
14. Maiden name Ella Burkett
15. Birthplace Jefferson N. C. (City or town) (State or foreign country)
16. Informant's OWN Signature Lloyd Whitnah
and Address Rockland, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-22-1944 (Month) (Day) (Year)
(c) Place: Rockland, Idaho
18. Funeral Director's OWN Signature H L Davis
and Address American Falls, Idaho
19. (a) Aug 23-1944 (Date received and filed) (b) Irene Saling (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) August 19 - 1944
at 8:40 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from Aug 18 1944, to Aug 19 1944
I last saw her alive on Aug 19 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death	Duration
Non hemolytic streptococcus Encephalitis Acute.	6 days.
Due to Possibly due to fall. Source of	
Due to infection not determined.	
~~Other conditions~~ (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature M. H. Jarrell (M. D. or other)
and Address Am Falls Date 8/21 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

140003

United States
Department of Commerce
Bureau of the Census

SEP 5 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 140003
Local Reg. No. 11
Reg. Dist. No. 240

1. **PLACE OF DEATH:** Idaho
   (a) County
   (b) City or town Grangeville Idaho
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? ✓ Outside? city or town
   (e) Died in a Home ✓ Hospital Institution Other place
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county 64 years months days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Idaho
   (c) City or town Grangeville Idaho
   (d) Street Address or R. F. D. No.
   (e) Deceased lived Inside? ✓ Outside? city or town
   (f) Citizen of what country? U.S.
   (g) How long had deceased lived in Idaho? 64 years
   (h) Former residence (city, state) None

3. (a) **FULL NAME** Ray D. Pearson

125 f

3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Clara E
6. (c) Age of husband or wife if alive 67 years
7. Date of Birth (Month, Day, Year) March 10, 1880

8. AGE	Years	Months	Days	If less than 1 day
	64	5	15	hrs min.

9. Exact Occupation Mail Carrier Did this work for 23 yrs.
10. Industry or Business Civil Service Date last worked 1-5-44
11. Birthplace Grangeville, Idaho (City or town) (State or foreign country)

Father
12. Name William C. Pearson
13. Birthplace New York (City or town) (State or foreign country)

Mother
14. Maiden name Isabell Crooks
15. Birthplace Iowa (City or town) (State or foreign country)

16. Informant's OWN Signature Esther Pearson and Address Grangeville, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/29/44 (Month) (Day) (Year)
    (c) Place: Grangeville, Idaho.
18. Funeral Director's OWN Signature Jess Robertson and Address Grangeville Idaho
19. (a) 8/26/44 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) August 25 1944 at 9:30 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from June 14 1944, to Aug. 25 1944
    I last saw him alive on Aug 25 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Gangrene of Liver + Pyelonephritis	6 mo.
Due to	
✓ Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted? –	PHYSICIAN
Name of operation – Date –	Underline the cause to which death should be charged statistically.
Major finding –	
Finding of autopsy None	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? – Suicide? – Homicide? –
    Occurred 19 City, county, state where violence occurred
    Place of Violence: Home Farm Industry
    Public Place While at work?
    Means of injury
23. Attendant's OWN Signature D. Harry E. Kale D.O. (M. D. or other)
    and Address Grangeville, Idaho Date Aug 28 1944
    (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Fox

14 0004

United States
Department of Commerce
Bureau of the Census

SEP 5 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 140004
Local Reg. No. 203
Reg. Dist. No. 120

1. **PLACE OF DEATH:**
(a) County Kootenai
(b) City or town Coeur d'Alene
(c) Street Address or R. F. D. No. 915 A St
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home X Hospital __ Institution __ Other place __
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county ____ years 1 months 10 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Arkansas (b) County Garland
(c) City or town Hot Springs
(d) Street Address or R. F. D. No. 430 Orange
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? USA
(g) How long had deceased lived in Idaho? 40 days years
(h) Former residence (city, state) Hot Spings Ak.

3. (a) **FULL NAME** William H. Pound

94a

3. (b) If veteran, name war none
3. (c) Social Security No. 702-18-6729
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Charity E
6. (c) Age of husband or wife if alive 70 years
7. Date of Birth (Month, Day, Year) Sept 12, 1875

8. AGE	Years	Months	Days	If less than 1 day
	68	11	13	hrs min.

9. Exact Occupation Rail road agent Did this work for 35 yrs.
10. Industry or Business MO.P RR Date last worked 1939
11. Birthplace Claypool Indiana (City or town) (State or foreign country)
Father
12. Name Thomas Pound
13. Birthplace Indiana (City or town) (State or foreign country)
Mother
14. Maiden name Mary Smith
15. Birthplace Ohio (City or town) (State or foreign country)
16. Informant's OWN Signature Mrs Guy Wellman
and Address Coeur d'Alene, Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 8-28-44 (Month) (Day) (Year)
(c) Place: Forest Cem. Cd'A, Idaho
18. Funeral Director's OWN Signature Don English
and Address Coeur d'Alene, Idaho
19. (a) 8/28/44 (Date received and filed) (b) Frances M. Cabal (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 8-25-44 19__
at 1:15 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from 8-23 1944, to 8-25 1944
I last saw him alive on 8-24 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Coronary Thrombosis	4 days
Due to Generalized Arteriosclerosis	10 yrs.
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted? Home	
Name of operation ____ Date ____	
Major finding	
Finding of autopsy	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature E. R. Fox MD (M. D. or other)
and Address Coeur d'Alene Date 8-26 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

SEP 8 1944

Certificate Of Death

STATE OF IDAHO

140605

State File No. 140005
Local Reg. No. 160
Reg. Dist. No. 362

1. PLACE OF DEATH:
(a) County Canyon
(b) City or town Nampa
(c) Street Address or R.F.D. No. 416-12 Ave No
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Home.... Hospital X Institution.... Other place....
(f) Name Hosp. or Inst. Mercy Stayed 2 days
(g) Lived in this county 9 years 8 months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Ida (b) County Canyon
(c) City or town Nampa
(d) Street Address or R.F.D. No. 416-12 Ave No
(e) Deceased lived Inside? X Outside? ..... city or town
(f) Citizen of what country? USA
(g) How long had deceased lived in Idaho? 64 years
(h) Former residence (city, state) Utah

3. (a) FULL NAME Hyrum. Melvin Loveland. 83a

3. (b) If veteran, name war No.
3. (c) Social Security No. —
4. Sex M. 5. Color or race W.
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Alla.
6. (c) Age of husband or wife if alive 62 years
7. Date of Birth (Month, Day, Year) Feb. 13-1878

8. AGE	Years	Months	Days	If less than 1 day
	66	6	18	hrs min.

9. Exact Occupation Boiler Maker Did this work for 17 yrs.
10. Industry or Business Union Pacific Date last worked 1933
11. Birthplace Woodruff Utah (City or town) (State or foreign country)
Father 12. Name Joel C. Loveland.
13. Birthplace Ohio (City or town) (State or foreign country)
Mother 14. Maiden name Manda Simmons
15. Birthplace Cann. (City or town) (State or foreign country)
16. Informant's OWN Signature X Lovella Wood
and Address Nampa
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-4-44 (Month) (Day) (Year)
(c) Place: Kohlerlawn, Nampa
18. Funeral Director's OWN Signature Wm. D. Talley
and Address Nampa Ida
19. (a) Sept-5-1944 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Aug. 31 1944
at 10:45 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from Aug 28, 1944, to Aug. 31 1944
I last saw him alive on 8-31-1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death	Duration
Cerebral Hemorrhage	3 Days
Due to Artery Sclerosis	Years
V Hypertension	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYISCIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's OWN Signature V C Bettinger (M. D. or other)
and Address Nampa Ida Date 9-2 19-44
(For additional space, use reverse side)

140006

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 140006
Local Reg. No. 158
Reg. Dist. No. 363

1. PLACE OF DEATH:
(a) County Canyon
(b) City or town Nampa
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? x Outside? city or town
(e) Died in a Home Hospital x Institution Other place
(f) Name Hosp. or Inst. Mercy Stayed 6 days
(g) Lived in this county 4 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Melba
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? Outside? x city or town
(f) Citizen of what country? U. S. A.
(g) How long had deceased lived in Idaho? 36 years
(h) Former residence (city, state) Provo, Utah

3. (a) FULL NAME Martha Annie James

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3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Louis William James
6. (c) Age of husband or wife if alive 69 years
7. Date of Birth (Month, Day, Year) Aug. 5, 1877

8. AGE	Years	Months	Days	If less than 1 day
	66	—	26	hrs min.

9. Exact Occupation Housewife Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Provo, Utah (City or town) (State or foreign country)
Father
12. Name Burdell Davis
13. Birthplace Provo, Utah (City or town) (State or foreign country)
Mother
14. Maiden name Martha Hall
15. Birthplace (City or town) (State or foreign country)
16. Informant's OWN Signature Louis William James
and Address Melba, Idaho - Rt. 1
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 5, 1944 (Month) (Day) (Year)
(c) Place: Morris Hill
18. Funeral Director's OWN Signature Kenneth Libby McBratney Funeral Home
and Address Boise, Idaho
19. (a) Sept-2-1944 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Sept 1 — 1944
at 10 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from Aug 5 — 1944, to Sep 1 — 1944
I last saw her alive on Sep. 1 — 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Acute Peritonitis	48 hours
✓ Due to Operation for Ruptured Appendix	5 days
✓ Due to	
Other conditions Chronic Arthritis (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature V C Bell Kemp (M. D. or other)
and Address Nampa Ida Date 9-2-1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

140007

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

SEP 6 1944

State File No. 140007
Local Reg. No. 94
Reg. Dist. No. 960

1. **PLACE OF DEATH:**
   (a) County Canyon
   (b) City or town Caldwell
   (c) Street Address or R.F.D. No. 5th & Albany
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home .... Hospital .... Institution .... Other place X
   (f) Name Hosp. or Inst. ..... Stayed ..... days
   (g) Lived in this county 22 years ..... months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Canyon
   (c) City or town Caldwell
   (d) Street Address or R.F.D. No. Route 2
   (e) Deceased lived Inside? ..... Outside? X ..... city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 22 ..... years
   (h) Former residence (city, state) .....

3. (a) **FULL NAME** CHESTER OTIS TEATER

94a

3. (b) If veteran, name war .....
3. (c) Social Security No. 519-03-0629
4. Sex ..... 5. Color or race .....
6. (a) Single, widowed, married, divorced .....
6. (b) Name of husband or wife Edythe Rowton Teater
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) Feb. 5, 1898

8. AGE	Years	Months	Days	If less than 1 day hrs	min.
	46	5	29		

9. Exact Occupation Truck Driver Did this work for ..... yrs.
10. Industry or Business Dairymen's Creamery Date last worked .....
11. Birthplace Spokane, (City or town) Washington (State or foreign country)

Father
12. Name Peter Boyd Teater
13. Birthplace ..... Wisconsin (City or town) (State or foreign country)

Mother
14. Maiden name Martha Elizabeth Pietzke
15. Birthplace ..... Missouri (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mrs. Edythe Teater
and Address Route 2, Caldwell, Idaho.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/8/44 (Month) (Day) (Year)
(c) Place: Canyon Hill Cemetery, Caldwell

18. Funeral Director's **OWN** Signature V. Peckham
and Address 504 So. Kimball Ave., Caldwell

19. (a) 8-29-44 (Date received and filed) (b) Signes M Denman (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Aug. 4, 1944
at 6:45 o'clock P. M.

21. **I HEREBY CERTIFY**, That I attended deceased from Aug. 4 1944 to Aug 4 1944
I last saw him alive on Aug 4 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death	Duration
Coronary Thrombosis	5 minutes
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature [illegible] M. D.
and Address [illegible] Date Aug 25 1944
(Additional space on reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

140008 140008

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

SEP 8 1944

State File No. 140008
Local Reg. No. 33-47
Reg. Dist. No. 100

1. PLACE OF DEATH:
(a) County Boundary
(b) City or town Bonners Ferry
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? Outside? XX city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. Bonners Ferry 7 days
(g) Lived in this county years 5 months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Boundary
(c) City or town Bonners Ferry
(d) Street Address or R.F.D. No. 1
(e) Deceased lived Inside? Outside? XX city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 49 years
(h) Former residence (city, state) Kellogg Idaho.

3. (a) **FULL NAME** William Edward Shuck

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3. (b) If veteran, name war 1st. World
3. (c) Social Security No. 519-14-552
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mabel
6. (c) Age of husband or wife if alive 42 years
7. Date of Birth (Month, Day, Year) June 23rd. 1895

8. AGE	Years	Months	Days	If less than 1 day
	49	2	5	hrs min.

9. Exact Occupation Farmer — Did this work for ½ yrs.
10. Industry or Business his own — Date last worked 8/20/44
11. Birthplace Curdley Creek Idaho. (City or town) (State or foreign country)

Mother
12. Name Net Shuck
13. Birthplace Ore. (City or town) (State or foreign country)

Father
14. Maiden name Julia Elliott
15. Birthplace Ore (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mabel Shuck
and Address Bonners Ferry Idaho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/2/44 (Month) (Day) (Year)
(c) Place: Bonners Ferry Idaho.
18. Funeral Director's **OWN** Signature Frank Monger
and Address Bonners Ferry Idaho.
19. (a) 6-29-44 (Date received and filed) (b) Ruth Bonker (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Aug. 28th. 19 44
at 9:00 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from Aug 22 19 44, to Aug 28 19 44
I last saw him alive on Aug 28 19 44; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — Duration
Gangrenous Appendicitis — 8/28/44
Due to Appendectomy — 8/22/44
Due to
Other conditions Gastric hemorrhage 3 days
(Include pregnancy within 3 months of death)

Where was disease contracted?
Name of operation Appendectomy Date 8/22
Major finding Gangrenous appendix
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature Ruth Bonker (M. D. or other)
and Address Bonners Ferry Ida. Date 8/29 44
(For additional space, use reverse side)

140009 140009

United States
Department of Commerce
Bureau of the Census

SEP 5 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 140009
Local Reg. No. 2-450
Reg. Dist. No. 430

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
   (a) County Lincoln
   (b) City or town Richfield
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? Outside? X city or town
   (e) Died in a Home X Hospital Institution Other place
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county 3 years months days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Lincoln
   (c) City or town Richfield
   (d) Street Address or R. F. D. No.
   (e) Deceased lived Inside? Outside? X city or town
   (f) Citizen of what country?
   (g) How long had deceased lived in Idaho? 3 years
   (h) Former residence (city, state) Ainsworth Nebraska

3. (a) **FULL NAME** James Radford Pate

3. (b) If veteran, name war —
3. (c) Social Security No. 508-09-3124
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Ida May Pate
6. (c) Age of husband or wife if alive 62 years
7. Date of Birth (Month, Day, Year) July 29 1876

8. AGE	Years	Months	Days	If less than 1 day
	68		7	hrs min.

9. Exact Occupation Farmer — Did this work for 48 yrs.
10. Industry or Business Farmer — Date last worked 7-25-44
11. Birthplace Orchesty Saline Co. Mo. (City or town) (State or foreign country)

Father
12. Name Wm. R. Pate
13. Birthplace — (City or town) (State or foreign country)

Mother
14. Maiden name Cordelia Carothers Cain
15. Birthplace Ill (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mrs. Upland Pate
and Address Richfield Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug-11-44 (Month) (Day) (Year)
(c) Place: Shoshone Idaho

18. Funeral Director's **OWN** Signature Myrtle C. Burdett
and Address Shoshone Ida

19. (a) Aug-8-44 (Date received and filed) (b) Myrtle C. Burdett (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Aug-6 1944
at 1:45 o'clock P. M.

21. **I HEREBY CERTIFY,** That I attended deceased from — 19— to — 19—
I last saw h— alive on — 19—; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Heart failure	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted? —	
Name of operation — Date	
Major finding —	
Finding of autopsy —	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19— City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature Myrtle C Burdett Coroner (M. D. or other)
and Address Shoshone Ida Date Aug 1944

(For additional space, use reverse side) 6

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

140010

United States
Department of Commerce
Bureau of the Census SEP 6 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140010
Local Reg. No. 7
Reg. Dist. No. 670

1. **PLACE OF DEATH:**
(a) County Oosher
(b) City or town Mackay
(c) Street Address or R. F. D. No. —
(d) Death Occured Inside? ✓ Outside? ... city or town
(e) Died in a Home ... Hospital ... Institution ... Other place ...
(f) Name Hosp. or Inst. ... Stayed ... days
(g) Lived in this county ... years ... months 1 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Jefferson
(c) City or town Lewisville
(d) Street Address or R.F.D. No. ...
(e) Deceased lived Inside? ✓ Outside? ... city or town
(f) Citizen of what country? U S A
(g) How long had deceased lived in Idaho? Life years
(h) Former residence (city, state) ...

3. (a) **FULL NAME** Jess LaVerne Richardson 124

3. (b) If veteran, name war None
3. (c) Social Security No. 518-18-2803
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Sylvia
6. (c) Age of husband or wife if alive 35 years
7. Date of Birth (Month, Day, Year) March 15-1904

8. AGE	Years	Months	Days	If less than 1 day
	40	5	1	hrs ... min.

9. Exact Occupation Miner — Did this work for 3 yrs.
10. Industry or Business Mine — Date last worked 1942
11. Birthplace Rexburg (City or town) Idaho (State or foreign country)

Father
12. Name George Richardson
13. Birthplace unknown (City or town) (State or foreign country)

Mother
14. Maiden name Well
15. Birthplace Willard Creek (City or town) Idaho (State or foreign country)

16. Informant's **OWN** Signature Sylvia Richardson
and Address Lewisville Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-20-1944 (Month) (Day) (Year)
(c) Place: Lewisville, Idaho

18. Funeral Director's **OWN** Signature W. L. Morrell
and Address Arco Ida.

19. (a) Aug 20-1944 (Date received and filed) (b) Mary G. Dietrich (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 8/16 1944
at 3:30 o'clock P. M.

21. **I HEREBY CERTIFY,** That I attended deceased from 8/15/44 19 to 8/16 1944
I last saw h... alive on 8/16/44 19 ...; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death	Duration
Myocarditis	
Due to Impacted Tonsils	
Due to	
✓ Other conditions Hypertrophic Cirrhosis Liver (Include pregnancy within 3 months of death)	
Where was disease contracted? unknown	
Name of operation ... Date ...	PHYSICIAN Underline the cause to which death should be charged statistically.
Major finding ...	
Finding of autopsy ...	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ... Suicide? ... Homicide? ...
Occurred ... 19 ... City, county, state where violence occurred ...
Place of Violence: Home ... Farm ... Industry ...
Public Place ... While at work? ...
Means of injury ...

23. Attendant's **OWN** Signature C. W. Jensen M.D. (M. D. or other)
and Address Mackay Ida. Date 8/17 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

SEP 11 1944

Certificate Of Death

STATE OF IDAHO

140011

State File No. 140011
Local Reg. No. 173
Reg. Dist. No. 610

1. **PLACE OF DEATH:**
(a) County Bonneville
(b) City or town Idaho Falls
(c) Street Address or R.F.D. No. Memorial Dr.
(d) Death Occured Inside? ✓ Outside? ..... city or town
(e) Died in a Home.... Hospital ✓ Institution.... Other place....
(f) Name Hosp. or Inst. L.U.S. Stayed 3 days
(g) Lived in this county ..... years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Bonneville
(c) City or town Iona
(d) Street Address or R.F.D. No. .....
(e) Deceased lived Inside? ✓ Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 42 years
(h) Former residence (city, state) Utah

3. (a) **FULL NAME** Annie L. Russell

109b

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex F
5. Color or race W.
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife Henry J. Russell
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) Oct 23, 1868

8. AGE	Years	Months	Days	If less than 1 day
	75	9	9	hrs min.

9. Exact Occupation Housewife Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Goshen, Utah (City or town) (State or foreign country)
Father
12. Name David A. King
13. Birthplace Pisgah Iowa (City or town) (State or foreign country)
Mother
14. Maiden name Anna Hannah Hicks
15. Birthplace Green County, Illinois (City or town) (State or foreign country)
16. Informant's **OWN** Signature Mrs S. C. Ritchie
and Address 1540 Mound ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/6/44 (Month) (Day) (Year)
(c) Place: Iona, Idaho
18. Funeral Director's **OWN** Signature Jack A. Wood
and Address Idaho Falls, Idaho
19. (a) 8/17/44 (Date received and filed) (b) Anna Budge (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) August 2 1944
at 3 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from July 30 1944, to Aug 2 1944
I last saw h..... alive on ..... 19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Pneumonia	4 days
Due to Chr. Cholecystis	
✓ Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation ..... Date	
Major finding	
Finding of autopsy	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature [signature] (M. D. or other)
and Address [illegible] Date 8/7 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census SEP 14 1944

Certificate Of Death

STATE OF IDAHO

140012 ✓

State File No. 140012
Local Reg. No. 212
Reg. Dist. No. 120

1. **PLACE OF DEATH:**
   (a) County Kootenai
   (b) City or town Coeur D'Alene
   (c) Street Address or R. F. D. No.
   (d) Death Occured Inside? XX Outside? city or town
   (e) Died in a Home Hospital X Institution Other place
   (f) Name Hosp. or Inst. Lakeside Stayed 1 days
   (g) Lived in this county 4 years 4 months days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Kootenai
   (c) City or town Spirit Lake
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? XX Outside? city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 40 years
   (h) Former residence (city, state) Copeland Idaho

3. (a) **FULL NAME** Hazel L. Farnam 83a

3. (b) If veteran, name war NO
3. (c) Social Security No. NO
4. Sex Fem. race White
5. Color or
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ed. R. Farnam
6. (c) Age of husband or wife if alive 48 years
7. Date of Birth (Month, Day, Year) Sep. 4, 1888

8. AGE	Years	Months	Days	If less than 1 day
	55	11	21	hrs min.

9. Exact Occupation Housewife Did this work for 35 yrs.
10. Industry or Business At Home Date last worked 8/25/44
11. Birthplace Wis. (City or town) (State or foreign country)

Father
12. Name Hiram Edwards
13. Birthplace Unknown (City or town) (State or foreign country)

Mother
14. Maiden name Louise Anderson
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's **OWN** Signature E. L. Farnam
and Address Spirit Lake Idaho.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 8/25/44 (Month) (Day) (Year)
(c) Place: Bonners Ferry Idaho.
18. Funeral Director's **OWN** Signature Frank Moore
and Address Bonners Ferry Idaho.
19. (a) 9/29/44 (Date received and filed) (b) Frances M. Eckel (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Aug. 25th. 1944
at 9:15 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from Aug. 25, 1944, to same 1944
I last saw her alive on Aug. 25, 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebral Hemorrhage	1 day.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYISICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature William T. Wood M.D. (M. D. or other)
and Address Coeur d'alene Date 9-1 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

140013

United States
Department of Commerce
Bureau of the Census SEP 14 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 140013
Local Reg. No. 227
Reg. Dist. No. 120

1. **PLACE OF DEATH:**
(a) County Kootenai
(b) City or town Coeur d'Alene
(c) Street Address or R. F. D. No. R 2
(d) Death Occurred Inside? ____ Outside? X ____ city or town
(e) Died in a Home X Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 37 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Kootenai
(c) City or town Coeur d'Alene
(d) Street Address or R. F. D. No. R # 2
(e) Deceased lived Inside? ____ Outside? X ____ city or town
(f) Citizen of what country? USA
(g) How long had deceased lived in Idaho? 37 years
(h) Former residence (city, state) Walla Walla Wn.

3. (a) **FULL NAME** Clyde A. Stafford

131a

3. (b) If veteran, name war None
3. (c) Social Security No. ____
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Hannah
6. (c) Age of husband or wife if alive 39 years
7. Date of Birth (Month, Day, Year) Nov. 20, 1896

8. AGE	Years	Months	Days	If less than 1 day
	48	9	7	hrs ____ min.

9. Exact Occupation Carpenter — Did this work for 37 yrs.
10. Industry or Business Private — Date last worked 1-1-44
11. Birthplace Ottawa (City or town) Kansas (State or foreign country)

Father
12. Name Andrew Stafford
13. Birthplace Indiana (City or town) (State or foreign country)

Mother
14. Maiden name Nannie Brockus
15. Birthplace Indiana (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs Hannah Stafford
and Address Coeur d'Alene, Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 8-31-44 (Month) (Day) (Year)
(c) Place: Forest Cem, Couer d'Alene
18. Funeral Director's OWN Signature Don English
and Address Coeur d'Alene, Idaho
19. (a) 9/3/44 (Date received and filed) (b) Frances M. Ebel (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 8-27-44 19____
at 3:15 o'clock P M.

21. **I HEREBY CERTIFY,** That I attended deceased from aug. 1, 1944, to aug. 26, 1944
I last saw him alive on aug. 26, 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Chronic Interstitial Nephritis — Duration 1 year.
Due to ____
Due to ____
Other conditions ____ (Include pregnancy within 3 months of death)
Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's OWN Signature William T. Wood M.D. (M. D. or other)
and Address C.D.A., Idaho. Date 8-30, 1944
(For additional space, use reverse side)

140014

140014

United States
Department of Commerce
Bureau of the Census

SEP 14 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 215
Reg. Dist. No. 120

1. PLACE OF DEATH:
(a) County Kootenia
(b) City or town Coeur d'Alene
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Ins. Lakeside Stayed 2 days
(g) Lived in this county years months 2 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Bonner
(c) City or town Kootenia
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? 9 Yrs Outside? city or town
(f) Citizen of what country? U. S.
(g) How long had deceased lived in Idaho? 9 years
(h) Former residence (city, state) Spokane, Wn

3. (a) FULL NAME Arne Jensen Haaland

83 n

3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Anna
6. (c) Age of husband or wife if alive 84 years
7. Date of Birth (Month, Day, Year) Jan. 2, 1884

8. AGE	Years	Months	Days	If less than 1 day
	60	7	14	hrs min.

9. Exact Occupation Farmer Did this work for 9 yrs.
10. Industry or Business Farm Date last worked 8/14/44
11. Birthplace Norway (City or town) (State or foreign country)
Father
12. Name Jensen Haaland
13. Birthplace Norway (City or town) (State or foreign country)
Mother
14. Maiden name Gonik
15. Birthplace Norway (City or town) (State or foreign country)
16. Informant's OWN Signature Hjalmar A. Haaland
and Address E 2527 Boone - Spokane, Wash #15
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 8-16-44 (Month) (Day) (Year)
(c) Place: Sandpoint, Idaho.
18. Funeral Director's OWN Signature MOON MORTUARY Lito Moon
and Address SANDPOINT, IDAHO
19. (a) 8/19/44 (Date received and filed) (b) Frances M. Ehl (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Aug. 16, 1944
at 5 o'clock A. M.
21. I HEREBY CERTIFY, That I attended deceased from Aug. 14, 1944, to Aug. 16, 1944
I last saw him alive on Aug. 16, 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebral Hemorrhage	3 days
Due to	
Due to	
✓ Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state
where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature William T. Wood M.D. (M. D. or other)
and Address Coeur d'Alene Date 8-18 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate, (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

140015

140045

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 140045
Local Reg. No. 297
Reg. Dist. No. 376

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? X Outside? city or town
   (e) Died in a Home Hospital X Institution Other place
   (f) Name Hosp. ~~or Inst.~~ St Lukes Stayed 14 days
   (g) Lived in this county years months 14 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Valley
   (c) City or town Cascade
   (d) Street Address or R. F. D. No.
   (e) Deceased lived Inside? X Outside? city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 52 years
   (h) Former residence (city, state) Iowa

3. (a) **FULL NAME** Frank M. Kerby 93d

3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary D.
6. (c) Age of husband or wife if alive 79 years
7. Date of Birth (Month, Day, Year) May-7-1870

8. AGE	Years	Months	Days	If less than 1 day
	74	4	—	hrs min.

9. Exact Occupation Attorney Did this work for 39 yrs.
10. Industry or Business Self Date last worked
11. Birthplace Appanoose Co. Iowa (City or town) (State or foreign country)

Father
12. Name Francis M. Kerby
13. Birthplace Iowa (City or town) (State or foreign country)

Mother
14. Maiden name Mary Daley
15. Birthplace Ireland (City or town) (State or foreign country)

16. Informant's OWN Signature Mary D Kerby
and Address Cascade Ida
17. (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 9-10-44 (Month) (Day) (Year)
(c) Place: Alpha Cemetery, Cascade Ida
18. Funeral Director's OWN Signature L. L. Tetterington
and Address Cascade, Ida
19. (a) 9-13-44 (Date received and filed) (b) K. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Sept-7- 1944
at 7:55 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from Aug. 22 1944 to Sept. 7 1944
I last saw him alive on Sept. 6 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Congestive Heart failure	2 mos
Due to Chronic myocarditis	1 year
✓ Due to Arterio Schlerosis	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted? Cascade Idaho	
Name of operation none Date	
Major finding	
Finding of autopsy	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state
where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature James L. Stewart (M. D. or other)
and Address Boise Idaho Date 9/13 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

140016

United States
Department of Commerce SEP 14 1944
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 140016
Local Reg. No. 21
Reg. Dist. No. 12

1. PLACE OF DEATH:
(a) County Kootenai
(b) City or town Coeur d'Alene
(c) Street Address or R. F. D. No. 1619 Penn
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home X Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 2 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Kootenai
(c) City or town Coeur d'Alene
(d) Street Address or R. F. D. No. 1619 Penn
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? USA
(g) How long had deceased lived in Idaho? 19 years
(h) Former residence (city, state) Twin Falls Ida

3. (a) FULL NAME Robert W. Glidden

55b

3. (b) If veteran, name war none
3. (c) Social Security No. ____
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife ////////
6. (c) Age of husband or wife if alive ////// years
7. Date of Birth (Month, Day, Year) August 10, 1924

8. AGE	Years	Months	Days	If less than 1 day
	19	11	24	hrs min.

9. Exact Occupation Night jailer Did this work for 3mo yrs.
10. Industry or Business county jail Date last worked 7-21-44
11. Birthplace Twin Falls, Idaho (City or town) (State or foreign country)
Father
12. Name Alfred M Glidden
13. Birthplace Washington (City or town) (State or foreign country)
Mother
14. Maiden name Mary F. Conner
15. Birthplace Idaho (City or town) (State or foreign country)
16. Informant's OWN Signature Mrs. Ralph N. Howell
and Address Coeur d'Alene, Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 8-5-44 (Month) (Day) (Year)
(c) Place: Mountain Home, Idaho
18. Funeral Director's OWN Signature Don English
and Address Coeur d'Alene, Idaho
19. (a) 8/5/44 (Date received and filed) (b) Frances M Keel (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) 8/4 1944
at 3 o'clock A M.
21. I HEREBY CERTIFY, That I attended deceased from June 1944, to 8/4 1944
I last saw him alive on 8/2 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death	Duration
Sarcoma (osteogenic) left Humerus	8-10 mo
Due to with metastasis to both lungs	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? Home amputation left arm
Name of operation ____ Date Feb 44
Major finding osteogenic sarcoma of left Humerus
Finding of autopsy ____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature F. F. Hanning MD (M. D. or other)
and Address Coeur d'Alene Date 8/4 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (IC. 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

V

140017

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 140017
Local Reg. No. 296
Reg. Dist. No. 370

SEP 15 1944

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise
   (c) Street Address or R.F.D. No. 5th and Main
   (d) Death Occured Inside? x Outside? ..... city or town
   (e) Died in a Home.... Hospital.... Institution.... Other place x
   (f) Name Hosp. or Inst. ..... Stayed ..... days
   (g) Lived in this county ..... years 3 months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Ada
   (c) City or town Boise
   (d) Street Address or R.F.D. No. 1610 Hervey
   (e) Deceased lived Inside? x Outside? ..... city or town
   (f) Citizen of what country? U. S. A.
   (g) How long had deceased lived in Idaho? 19 years
   (h) Former residence (city, state) Nyssa, Ore.

3. (a) **FULL NAME** Harry Amos Goshert

1 of c

3. (b) If veteran, name war None
3. (c) Social Security No. 518-07-3095
5. Color or Race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Cassie A
6. (c) Age of husband or wife if alive 49 years
7. Date of Birth (Month, Day, Year) July 2, 1892

8. AGE	Years	Months	Days	If less than 1 day hrs min.
	51	2	9	

9. Exact Occupation Hdwe Clerk — Did this work for 27 yrs.
10. Industry or Business ..... — Date last worked .....
11. Birthplace Fairbury, Nebr. (City or town) (State or foreign country)

Father
12. Name Sylvester D. Goshert
13. Birthplace Warsaw, Ind. (City or town) (State or foreign country)

Mother
14. Maiden name Elizabeth Amos
15. Birthplace Fairbury, Nebr. (City or town) (State or foreign country)

16. Informant's **OWN** Signature Kay L Goshert
and Address Shoshone, Idaho

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Sept. 13, 1944 (Month) (Day) (Year)
(c) Place: Nyssa, Ore.

18. Funeral Director's **OWN** Signature W. M. Bradley
and Address Boise, Idaho

19. (a) 9-16-44 (Date received and filed) (b) R. Clark (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Sept. 11, 19 44
at about 4:30 o'clock P. M.

21. **I HEREBY CERTIFY,** That ~~I attended deceased from~~ ..... 19 ..... to ..... 19 .....
~~I last saw h~~ ..... alive on ..... 19 ....., ~~death~~ is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Suicide; Shot himself in the head with 32	
~~Due to~~ Caliber revolver.	
Due to	
Other conditions (~~Include pregnancy within 3 months of death~~)	

Where was disease contracted? —
Name of operation — Date —
Major finding —
Finding of autopsy None
No Autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? — Suicide? Yes. Homicide? —
Occurred Sept 11, 1944 19— City, county, state where violence occurred Boise, Ada Co., Idaho
Place of Violence: Home — Farm — Industry .....
~~Public Place~~ Retail Hardware Store While at work? Yes.
Means of injury Gun Shot wound

23. Attendant's **OWN** Signature W. M. Bradley, Coroner Ada County (M. D. or other)
and Address ..... Date 9/12/44
(For additional space, use reverse side)

Idaho

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

140918

United States
Department of Commerce
Bureau of the Census

SEP 14 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 14018
Local Reg. No. 20
Reg. Dist. No. 12

1. **PLACE OF DEATH:**
(a) County Kootenai
(b) City or town Coeur d'Alene
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? In Outside? ____ city or town
(e) Died in a Home ____ Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. ____ Stayed 19 days
(g) Lived in this county 5 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Kootenai
(c) City or town Coeur d'Alene
(d) Street Address or R. F. D. No. 703 Garden
(e) Deceased lived Inside? In Outside? ____ city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 6 years
(h) Former residence (city, state)

3. (a) **FULL NAME** John Chelde 93a

3. (b) If veteran, name war ____
3. (c) Social Security No. 536-03-3002
4. Sex male
5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Mary
6. (c) Age of husband or wife if alive 68 years
7. Date of Birth (Month, Day, Year) May 16 1873

8. AGE	Years	Months	Days	If less than 1 day
	71	3	3	hrs ____ min.

9. Exact Occupation Cement finisher Did this work for 30 yrs.
10. Industry or Business ____ Date last worked 1937
11. Birthplace ____ (City or town) Norway (State or foreign country)
Father
12. Name ____ Eanerusan
13. Birthplace ____ (City or town) Norway (State or foreign country)
Mother
14. Maiden name Tattie Abrahamson
15. Birthplace ____ (City or town) Norway (State or foreign country)
16. Informant's **OWN** Signature Arthur A. Chelde
and Address 703 Garden Ave
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/22/44 (Month) (Day) (Year)
(c) Place: Forest Cemetery
18. Funeral Director's **OWN** Signature Mooney Chapel
and Address Coeur d'Alene Idaho
19. (a) 8/21/44 (Date received and filed) (b) James A. Lobel (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Aug. 19 1944
at 10 a.m. o'clock ____ M.
21. **I HEREBY CERTIFY,** That I attended deceased from 7-1 1944 to 8-19 1944
I last saw h____ alive on 8-15 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Apoplexy	
Due to Hypertension	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's **OWN** Signature E. H. Reed (M. D. or other)
and Address Coeur d'Alene Date 8-21 1944
(For additional space, use reverse side)

140019 140019

United States
Department of Commerce
Bureau of the Census

SEP 13 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 140019
Local Reg. No. 194
Reg. Dist. No. 461

1. **PLACE OF DEATH:**
(a) County Twin Falls
(b) City or town Twin Falls
(c) Street Address or R. F. D. No. T.F.Co.Gen.Hosp.
(d) Death Occurred Inside? ____ Outside? X city or town
(e) Died in a Home __ Hospital X Institution __ Other place __
(f) Name Hosp. or Inst. T.F.Co.Gen. Stayed ____ days
(g) Lived in this county 4 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Twin Falls
(c) City or town Twin Falls
(d) Street Address or R. F. D. No. 3
(e) Deceased lived Inside? ____ Outside? X city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? Seven years
(h) Former residence (city, state) ____

3. (a) **FULL NAME** JOHNSON, Mrs. Amy Mable

131b

3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or ~~Zzzz~~ Ben A.
6. (c) Age of husband or wife if alive 54 years
7. Date of Birth (Month, Day, Year) August 5, 1888

8. AGE	Years	Months	Days	If less than 1 day
	56	0	23	hrs min.

9. Exact Occupation Housewife — Did this work for 28 yrs.
10. Industry or Business ____ Date last worked 8-6-44
11. Birthplace Gothenberg, (City or town) Nebr. (State or foreign country)
Father
12. Name P. B. Bloom
13. Birthplace Sunberry (City or town) Penn (State or foreign country)
Mother
14. Maiden name Frances Folk
15. Birthplace Sunberry, (City or town) Penn (State or foreign country)
16. Informant's OWN Signature Velma Johnson
and Address Twin Falls, Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 9-1-44 (Month) (Day) (Year)
(c) Place: Twin Falls Cem.
18. Funeral Director's OWN Signature White Mortuary Ella M. White E-249
and Address Twin Falls, Idaho
19. (a) Sept 2 1944 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) August 28th 1944
at 2:00 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 8-1-44 19__ to Aug 28, 1944
I last saw her alive on 8-28-44 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Chronic nephritis	8 mos
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation ____ Date ____	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature Joseph W. Marshall, M.D. (M. D. or other)
and Address Twin Falls Date ____ 19__
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

140020

United States
Department of Commerce SEP 15 1944
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 140020
Local Reg. No. 153
Reg. Dist. No. 371

1. PLACE OF DEATH:
(a) County Elmore
(b) City or town Rural
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? Outside? X city or town
(e) Died in a Home Hospital Institution Other place X
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county years 2 months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Iowa (b) County
(c) City or town Tabor
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? Outside? city or town
(f) Citizen of what country? USA
(g) How long had deceased lived in Idaho? 2 Mos. years
(h) Former residence (city, state)

3. (a) FULL NAME WINDLE, FAY R.

173

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lyla M Windle
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) July 21 1925

8. AGE	Years	Months	Days	If less than 1 day
	19	0	27	hrs min.

9. Exact Occupation Soldier — Did this work for 11/12 yrs.
10. Industry or Business U S Army — Date last worked 8/18/44
11. Birthplace Omaha, Nebraska (City or town) (State or foreign country)

Father
12. Name Walter W Windle
13. Birthplace Unknown (City or town) (State or foreign country)

Mother
14. Maiden name Goldie E (Unknown)
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's OWN Signature [signature] and Address MHAAF, Mtn Home, Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Aug 23 1944 (Month) (Day) (Year)
(c) Place: Omaha, Nebraska
18. Funeral Director's OWN Signature [signature] and Address Boise Idaho
19. (a) 8-21-44 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) August 18 19 44
at 1846 o'clock P M.

21. **I HEREBY CERTIFY**, That I attended deceased from 19, to 19
I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Fractures, compound, complete, multiple, and Burns, 3rd degree ~~XXXXX~~ universal, with marked charring. — Duration: Instant
Due to
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Yes Suicide? Homicide?
Occurred 18 August 19 44 City, county, state where violence occurred Elmore County, Idaho
Place of Violence: Home Farm Industry
Public Place While at work? Yes
Means of injury Air-craft accident

23. Attendant's OWN Signature [signature] EDWARD J. HELBING, Maj., MC (M. D. or other)
and Address MHAAF, Mtn Home Ida Date 8-20 19 44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

INTERMENT AT WALLA WALLA, WASHINGTON

Certificate Of Death

SEP 6 1944

STATE OF IDAHO

140021

State File No. 140021
Local Reg. No. 52
Reg. Dist. No. 3-330

1. PLACE OF DEATH:
(a) County Payette
(b) City or town Payette
(c) Street Address or R.F.D. No. 237 S 10th
(d) Death Occured Inside? # Outside? city or town
(e) Died in a Home Hospital # Institution Other place
(f) Name Hosp. or Inst. Stayed 4 days
(g) Lived in this county 4 years 1 months 18 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Payette
(c) City or town Payette
(d) Street Address or R.F.D. No. 421 S 12
(e) Deceased lived Inside? # Outside? city or town
(f) Citizen of what country? USA
(g) How long had deceased lived in Idaho? 4 years
(h) Former residence (city, state) Prarie City Oregon

3. (a) **FULL NAME** Alexander H. Repp.

170c

3. (b) If veteran, name war ---
3. (c) Social Security No. ---
4. Sex male
5. Color or race german
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or Margaret H. Repp
6. (c) Age of husband or wife if alive 32 years
7. Date of Birth (Month, Day, Year) December 5 1903

8. AGE	Years	Months	Days	If less than 1 day
	40	8	18	hrs min.

9. Exact Occupation manager of a Hospital Did this work for 10 yrs.
10. Industry or Business Payette General Hosp Date last worked 8/23/44
11. Birthplace Nichnaja (City or town) Russia (State or foreign country)
Father
12. Name Henry Repp
13. Birthplace Nichnaja (City or town) Russia (State or foreign country)
Mother
14. Maiden name Mollie Hiffel
15. Birthplace Nichnaja (City or town) Russia (State or foreign country)
16. Informant's OWN Signature Mrs Alex Repp
and Address Payette, Idaho.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 8/27/1944 (Month) (Day) (Year)
(c) Place: Walla Walla Washington
18. Funeral Director's OWN Signature Edith Sundm.
and Address Payette, Idaho.
19. (a) 8/26/1944 (Date received and filed) (b) J. C. Woodward (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) August 25 1944 19
at 3 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from 1941, to Aug 23 1944
I last saw him alive on Aug 23 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Myocardial failure
Due to Concussion of Brain
Due to Internal hemorrhage
Other conditions Fracture of left humerus, + Shock.
(Include pregnancy within 3 months of death)
Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy
Fire truck overturned.

Duration

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? yes Suicide? Homicide?
Occurred Aug 21 1944 City, county, state where violence occurred Payette County Idaho
Place of Violence: Home Farm Industry x
Public Place While at work? + Yes
Means of injury Fire truck accident.
23. Attendant's OWN Signature John J Kaiser M D (M. D. or other)
and Address Payette, Idaho Date 8/25 1944
(For additional space, use reverse side)

146622

State File No. 140022
Local Reg. No. 211
Reg. Dist. No. 12 1

United States
Department of Commerce
Bureau of the Census

SEP 14 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in ONE handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
   (a) County KOOTENAI
   (b) City or town RATHDRUM
   (c) Street Address or R. F. D. No. ---
   (d) Death Occurred Inside? X Outside? -- city or town
   (e) Died in Home X Hospital -- Institution -- Other place --
   (f) Name Hosp. or Inst. ---- Stayed -- days
   (g) Lived in this county 19 years -- months -- days

   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State IDAHO (b) County KOOTENAI
   (c) City or town RATHDRUM
   (d) Street Address or R. F. D. No. ---
   (e) Deceased lived Inside? X Outside? -- city or town
   (f) Citizen of what country? U. S. A.
   (g) How long had deceased lived in Idaho? 19 years
   (h) Former residence (city, state) TROUT CREEK (MONTANA

3. (a) **FULL NAME** WALTER V. EPLIN

940

3. (b) If veteran, name war WORLD #1. (c) Social Security No. 518-05-0120
4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife KITTIE I. 6. (c) Age of husband or wife if alive 54 years
7. Date of Birth (Month, Day, Year) AUGUST 22d 1889

8. AGE	Years	Months	Days	If less than 1 day
	55	0	5	hrs ---- min.

9. Exact Occupation ELECTRICIAN Did this work for 15 yrs.
10. Industry or Business ---- Date last worked MAY 1944
11. Birthplace KENNEWICK (City or town) WASH. (State or foreign country)

Father
12. Name WILLIAM ALLEN EPLIN
13. Birthplace DO NOT KNOW (City or town) VIRGINIA (State or foreign country)

Mother
14. Maiden name NORA E. HOWE
15. Birthplace RUSHFORD (City or town) MINN. (State or foreign country)

16. Informant's OWN Signature Kittie I Eplin
and Address RATHDRUM, IDAHO.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 8-30-1944 (Month) (Day) (Year)
(c) Place: PINE GROVE CEMETERY RATHDRUM.
18. Funeral Director's OWN Signature A. B. Nelson
and Address RATHDRUM, IDAHO
19. (a) 8/30/44 (Date received and filed) (b) Frances M. Lakel (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 8/27 1944
at 4:45 o'clock A. M.

21. **I HEREBY CERTIFY,** That I attended deceased from July 29 1944, to Aug 27 1944
I last saw him alive on Aug 26 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Coronary Occlusion	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? —
Name of operation None Date ----
Major finding ----
Finding of autopsy —

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ---- Suicide? ---- Homicide? ----
Occurred ---- 19-- City, county, state where violence occurred ----
Place of Violence: Home ---- Farm ---- Industry ----
Public Place ---- While at work? ----
Means of injury ----

23. Attendant's OWN Signature H. L. Shadwick DO (M. D. or other)
and Address Spokane Wash Date Aug 29 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

140023

State File No. 140023
Local Reg. No. 365
Reg. Dist. No. 650

1. **PLACE OF DEATH:**
   (a) County Fremont
   (b) City or town St. Anthony
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? Yes Outside? ....city or town
   (e) Died in a Home X Hospital.... Institution.... Other place....
   (f) Name Hosp. or Inst.... Stayed....days
   (g) Lived in this county....years ....months ....days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Fremont
   (c) City or town St. Anthony
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? Yes Outside? ....city or town
   (f) Citizen of what country? United States
   (g) How long had deceased lived in Idaho? 50 years
   (h) Former residence (city, state) Utah.

3. (a) **FULL NAME** CATHERINE TOUT HANSEN

46 b.

3. (b) If veteran, name war No.
3. (c) Social Security No. None.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive .... years
7. Date of Birth (Month, Day, Year) September 10, 1881

8. AGE	Years	Months	Days	If less than 1 day
	63	0	3	hrs min.

9. Exact Occupation Housewife — Did this work for 34 yrs.
10. Industry or Business Own Home — Date last worked 1943
11. Birthplace Beaver Canyon, Utah. (City or town) (State or foreign country)

Father
12. Name John Tout
13. Birthplace Wellshire, England (City or town) (State or foreign country)

Mother
14. Maiden name Catherine Jenkins
15. Birthplace Wellshire, England (City or town) (State or foreign country)

16. Informant's **OWN** Signature Melvin Hansen
and Address St. Anthony, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-16-44 (Month) (Day) (Year)
(c) Place: Wilford, Idaho.

18. Funeral Director's **OWN** Signature M. L. Hanson
and Address St. Anthony Idaho

19. (a) Sept. 14, 1944 (Date received and filed) (b) M. L. Hanson (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) September 13 1944
at 12:45 o'clock P. M.

21. **I HEREBY CERTIFY**, That I attended deceased from June 1944, to Aug 9 1944
I last saw h[illegible] alive on Aug 15 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Hemorrhage	
Due to Ca of Stomach	
Due to	
✓ Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation.... Date....
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? No. Suicide? No Homicide? No
Occurred.... 19.... City, county, state where violence occurred None
Place of Violence: Home None Farm Industry
Public Place.... While at work?
Means of injury

23. Attendant's **OWN** Signature Owen L. Felt M.D.
(M. D. or other)
and Address St. A. Date 9/14 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

SEP 15 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

140024

State File No. 140024
Local Reg. No. 224
Reg. Dist. No. 5-10

1. PLACE OF DEATH:

(a) County Bannock
(b) City or town Pocatello
(c) Street Address or R. F. D. Rear 746. No. Johnson.
(d) Death Occurred (Inside?) Outside? city or town
(e) Died in a (Home) Hospital. Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 39 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)

(a) State Idaho (b) County Bannock
(c) City or town Pocatello
(d) Street Address or R. F. D. No. Rear 746. No. Johnson
(e) Deceased lived (Inside?) Outside? city or town
(f) If foreign born, in U. S. yrs. Citizen of U. S.? Yes
(g) How long had deceased lived in Idaho? 39 years
(h) Former residence (city, state) Gjol Denmark

3. (a) **FULL NAME** Pauline Swensen Larsen. 94a.

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Peter Larsen
6. (c) Age of husband or wife if alive Died 1929 years
7. Date of Birth (Month, Day, Year) July. 28. 1863.

8. AGE	Years	Months	Days	If less than 1 day
	81	1	10	hrs min.

9. Exact Occupation Retired housewife Did this work for 60 yrs.
10. Industry or Business Own Home Date last worked 9/7/1944
11. Birthplace Gjol (City or town) Denmark. (State or foreign country)

Father
12. Name Nels Christian Swensen.
13. Birthplace Agger, (City or town) Denmark. (State or foreign country)

Mother
14. Maiden name Maren Kjerstine Jensen.
15. Birthplace Gjol, (City or town) Denmark (State or foreign country)

16. Informant's **OWN** Signature and Address Marius C. Larsen Pocatello, Idaho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/11/1944. (Month) (Day) (Year)
(c) Place: Mountain View Cem.
18. Funeral Director's **OWN** Signature and Address Hall Mortuary. Pocatello Idaho.
19. (a) 9-9-1944 (Date received and filed) (b) D C Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) SEPT. 7 1944
at about 7:35 o'clock P M.

21. I **HEREBY CERTIFY**, That I attended deceased from June 1942 to Sept 1944
I last saw her alive on 9-7-1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: (Duration)
Coronary occlusion 1 hour
Due to
Due to
Due to
Other conditions Senility 3 years
(Include pregnancy within 3 months of death)

Where was disease first contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home. Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature D C Ray
Pocatello, Idaho. (M. D. or other)
and Address Date 9/9 1944

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

SEP 11 1944

Certificate Of Death

STATE OF IDAHO

140025 140025

State File No. 140025
Local Reg. No. 10
Reg. Dist. No. 320

1. PLACE OF DEATH:

(a) County Washington
(b) City or town Weiser
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? X Outside? city or town
(e) Died in a Home Hospital Institution Other place X
(f) Name Hosp. or Inst. None Stayed days
(g) Lived in this county years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

(a) State Idaho (b) County Washington
(c) City or town Weiser
(d) Street Address or R.F.D. No. 105 E. Galloway
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 1911 years
(h) Former residence (city, state) Clark Co. Mo.

3. (a) FULL NAME James Forest Wells

94h

3. (b) If veteran, name war W.W.#1
3. (c) Social Security No. 542-20-3470
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Temperance
6. (c) Age of husband or wife if alive 46 years
7. Date of Birth (Month, Day, Year) July 3 1896

8. AGE	Years	Months	Days	If less than 1 day
	48	1	16	hrs min.

9. Exact Occupation Rancher (Also some defense work) Did this work for Life yrs.
10. Industry or Business Cattle Ranch Date last worked 4 years
11. Birthplace Missouri (City or town) (State or foreign country)

Father
12. Name Jessie Lee Wells
13. Birthplace Clark County, Missouri (City or town) (State or foreign country)

Mother
14. Maiden name Lucy A. Shumate
15. Birthplace Clark County, Missouri (City or town) (State or foreign country)

16. Informant's **OWN** Signature Fanny M. Wells
and Address

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/23/44 (Month) (Day) (Year)
(c) Place: Fillmore

18. Funeral Director's **OWN** Signature C. S. Jones #357
and Address Northam F. Home Weiser, Idaho

19. (a) 8/22/44 (Date received and filed) (b) Marie A. Snell (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) August 19 19 44
at 4:30 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from Aug 14 1944, to Aug 19 1944
I last saw him alive on Aug 18 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Carcinoma Rectum	1 hour
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature F. A. Cannich M.D.
(M. D. or other)
and Address Weiser Ida. Date 8-22 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census SEP 18 1944

Certificate Of Death

STATE OF IDAHO

140026

State File No. 140026
Local Reg. No. 215
Reg. Dist. No. 370

1. PLACE OF DEATH:

(a) County Bannock
(b) City or town Pocatello
(c) Street Address or R.F.D. No. 101. So. Johnson
(d) Death Occured Inside( ) Outside?.....city or town
(e) Died in a Home (Hospital) Institution.... Other place....
(f) Name Hosp. or Inst. General Stayed 6 Mo. days
(g) Lived in this county 65 years ....months ....days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

(a) State Idaho (b) County Bannock
(c) City or town Hawkins Basin
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside?.....(Outside?)....city or town
(f) Citizen of what country? United States
(g) How long had deceased lived in Idaho? 65 years
(h) Former residence (city, state) Utah

3. (a) **FULL NAME** Emma Amanda Mowers Hawkins Wolverton. 131a

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Thomas Wolverton

6. (c) Age of husband or wife if alive 82 years

7. Date of Birth (Month, Day, Year) March 14. 1876

8. AGE	Years	Months	Days	If less than 1 day
	68	5	11	hrs min.

9. Exact Occupation House-wife Did this work for ....yrs.

10. Industry or Business Own home Date last worked .....

11. Birthplace Meadow (City or town) Utah (State or foreign country)

Father
12. Name Henry Crump.
13. Birthplace England (City or town) (State or foreign country)

Mother
14. Maiden name Emma Adams.
15. Birthplace England (City or town) (State or foreign country)

16. Informant's **OWN** Signature Henry Mowers
and Address Hawkins Basin, Idaho.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 8/29/1944 (Month) (Day) (Year)
(c) Place: Robin, Idaho.

18. Funeral Director's **OWN** Signature Hall Mortuary, by J. Hall
and Address Pocatello, Idaho.

19. (a) 9-6-1944 (Date received and filed) (b) D C Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) August. 25. 1944.
at 4:30 o'clock A. M.

21. **I HEREBY CERTIFY**, That I attended deceased from March 9 1944, to Aug. 25, 1944,
I last saw her alive on Aug. 24 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration

Cardio-renal — Several Years.
Due to .....
Due to .....
✓ Other conditions .....
(Include pregnancy within 3 months of death)

Where was disease contracted? Idaho
Name of operation None Date .....
Major finding General edema
Finding of autopsy none

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident?..... Suicide?..... Homicide?.....
Occurred..... 19..... City, county, state where violence occurred .....
Place of Violence: Home.....Farm.....Industry.....
Public Place..... While at work?.....
Means of injury .....

23. Attendant's **OWN** Signature N. N. Hughart
Pocatello, Idaho. (M. D. or other)
and Address ..... Date 9/4 1944.
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38.206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

SEP 15 1944

STATE OF IDAHO

140027

State File No. 140027
Local Reg. No. 218.
Reg. Dist. No. 510

1. **PLACE OF DEATH:**
   (a) County Bannock
   (b) City or town Pocatello
   (c) Street Address or R.F.D. No. 637 S. Fifth
   (d) Death Occured Inside? ..... Outside? ..... city or town
   (e) Died in a Home ✓ Hospital .... Institution .... Other place ....
   (f) Name Hosp. or Inst. ..... Stayed ..... days
   (g) Lived in this county ..... years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Bannock
   (c) City or town Pocatello
   (d) Street Address or R.F.D. No. 637 S. Fifth
   (e) Deceased lived Inside? ✓ Outside? ..... city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 45 years
   (h) Former residence (city, state) .....

3. (a) **FULL NAME** Louise Eldridge Cavanaugh 61

3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Thomas
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) Sept. 9, 1883

8. AGE	Years	Months	Days	If less than 1 day
	60	11	21	hrs ..... min.

9. Exact Occupation Merchant Did this work for ..... yrs.
10. Industry or Business 5th Ave. Grocery Date last worked .....
11. Birthplace Emporia (City or town) Florida (State or foreign country)

Father
12. Name Louis H. Eldridge
13. Birthplace Davenport, Iowa (City or town) (State or foreign country)

Mother
14. Maiden name Mary Black
15. Birthplace Tipton Ohio (City or town) (State or foreign country)

16. Informant's **OWN** Signature E. Cavanaugh
and Address 856 E. Carter

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-[illegible]-44 (Month) (Day) (Year)
(c) Place: Mountainview

18. Funeral Director's **OWN** Signature Byron B. Doward
and Address Pocatello Idaho

19. (a) 9-4-1944 (Date received and filed) (b) D C Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) September 1 1944
at ..... o'clock 7 P M.

21. **I HEREBY CERTIFY,** That I attended deceased from April 1942 to Sept 1 1944
I last saw her alive on Sept 1 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: apoplexy — Duration 24 hours
Due to ..... —
Due to ..... —
Other conditions Diabetes mellitus 3 yrs
(Include pregnancy within 3 months of death)

Where was disease contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature D C Ray M D (M. D. or other)
and Address Pocatello Date 9-4 1944
(For additional space, use reverse side)

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140028

140028

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 330
Reg. Dist. No. 120

1. **PLACE OF DEATH:**
(a) County Kootenai
(b) City or town Coeur D' Alene
(c) Street Address or R. F. D. No. 417 Indiana Ave.
(d) Death Occurred Inside? in Outside? ____ city or town
(e) Died in a Home ____ Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. Home Stayed ____ days
(g) Lived in this county ____ years 10 months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Kootenai
(c) City or town Coeur D' Alene
(d) Street Address or R. F. D. No. 417 Indiana
(e) Deceased lived Inside? in Outside? ____ city or town
(f) Citizen of what country? U. S.
(g) How long had deceased lived in Idaho? 10 Mo. years
(h) Former residence (city, state) San Diego, Cal.

3. (a) **FULL NAME** Rose Marie Morrow 33½.

3. (b) If veteran, name war -- 3. (c) Social Security No. --

4. Sex Female 5. Color or Race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife William V. 6. (c) Age of husband or wife if alive 54 years

7. Date of Birth (Month, Day, Year) Aug. 24 1900

8. AGE	Years	Months	Days	If less than 1 day
	44	0	7	hrs ____ min.

9. Exact Occupation House Wife Did this work for ____ yrs.
10. Industry or Business ____ Date last worked ____
11. Birthplace Boston (City or town) Mass (State or foreign country)

Father
12. Name Not Known
13. Birthplace Not Known (City or town) (State or foreign country)

Mother
14. Maiden name Not Known
15. Birthplace Not Known (City or town) (State or foreign country)

16. Informant's **OWN** Signature William Vernon Morrow
and Address Coeur D' Alene, Idaho.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 9/3/44 (Month) (Day) (Year)
(c) Place: San Diego, Calif.
18. Funeral Director's **OWN** Signature Mooney Chapel
and Address Coeur D' Alene, Idaho
19. (a) 9/2/44 (Date received and filed) (b) Russell M. Ebel (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Sept. 1 19 44
at 5:50 o'clock P.M.
21. **I HEREBY CERTIFY**, That I attended deceased from 9-1 19 44 to 9-1 19 44
I last saw her alive on 9-1 19 44 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Acute Myocarditis — Duration ____
Due to Influenza — ____
Due to ____ — ____
Other conditions ____ — ____
(Include pregnancy within 3 months of death)

Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19 ____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's **OWN** Signature E. H. Teed (M. D. or other)
and Address Coeur d'Alene Ida. Date 9-2 19 44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

140029

United States
Department of Commerce
Bureau of the Census

SEP 15 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140029
Local Reg. No. 270
Reg. Dist. No.

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise
   (c) Street Address or R.F.D. No. —
   (d) Death Occured Inside? ~~Outside?~~ city or town
   (e) Died in a ~~Home~~ Hospital ~~Institution~~ ~~Other~~ place
   (f) Name Hosp. or Inst. St. Lukes Stayed 10 days
   (g) Lived in this county 20 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Ida (b) County Ada
   (c) ~~City~~ or town Meridian Rt 2
   (d) Street Address or R.F.D. ~~No.~~ 2
   (e) Deceased lived ~~Inside?~~ Outside? city or town
   (f) Citizen of what country? U.S.A
   (g) How long had deceased lived in Idaho? 33 years
   (h) Former residence (city, state) Mo

3. (a) **FULL NAME** Gradie Pilkinton (Pilkinton) 92c

3. (b) If veteran, name war No
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of ~~husband~~ or wife Ruth
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) 10 - 22 - 1901

8. AGE	Years	Months	Days	If less than 1 day
	43	8	6	hrs ..... min.

9. Exact Occupation Farmer — Did this work for ..... yrs.
10. Industry or Business — Date last worked .....
11. Birthplace Mo. (City or town) (State or foreign country)

Father
12. Name Jas. T. Pilkinton
13. Birthplace Boone (City or town) (State or foreign country)

Mother
14. Maiden name Yates
15. Birthplace N. Carolina (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mrs Ruth Pilkinton
and Address Meridian

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-1-44 (Month) (Day) (Year)
(c) Place: Cloverdale Cem

18. Funeral Director's **OWN** Signature Fred K. Robinson
and Address Nampa Ida

19. (a) 8-9-44 (Date received and filed) (b) D. Clark (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 28 1944
at 6.30 o'clock P.M.

21. **I HEREBY CERTIFY,** That I attended deceased from May 1 1944, to July 28 1944
I last saw him alive on July 28 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Acute Cardiac collapse	12 hrs.
Due to Acute attack of Endocarditis - Valvular	4 mo.
Due to Rheumatic fever	5 years
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ..... Date .....
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature R. E. Jewell. (M. D. or other)
and Address Meridian Ida Date Aug 1 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

SEP 15 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140030
Local Reg. No. 273
Reg. Dist. No. 6

1. PLACE OF DEATH:
(a) County Ada
(b) City or town Boise
(c) Street Address or R. F. D. No. 1 & 8 Bannock
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Home.... Hospital X Institution.... Other place....
(f) Name Hosp. or Inst. St. Lukes Stayed 6 days
(g) Lived in this county ..... years ..... months 6 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Ada
(c) City or town Boise
(d) Street Address or R.F.D. No. 504 State
(e) Deceased lived Inside? X Outside? ..... city or town
(f) Citizen of what country? U.S.
(g) How long had deceased lived in Idaho? 6 days
(h) Former residence (city, state) Baby

3. (a) FULL NAME Elsie Weber

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Fem
5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) July 26 1944

8. AGE	Years	Months	Days	If less than 1 day
			6	hrs min.

9. Exact Occupation Baby — Did this work for ..... yrs.
10. Industry or Business ..... — Date last worked .....
11. Birthplace Boise, Ida (City or town) (State or foreign country)

Father
12. Name John P. Weber
13. Birthplace Creston, Iowa (City or town) (State or foreign country)

Mother
14. Maiden name Alice Lehl
15. Birthplace Independence, Kansas (City or town) (State or foreign country)

16. Informant's **OWN** Signature Dr. J. M. Kelly
and Address 504 State Boise Idaho

17. (a) Burial (Burial, cremation or removal) (b) Date thereof Aug. 3 1944 (Month) (Day) (Year)
(c) Place: Morris Hill

18. Funeral Director's **OWN** Signature Thomas Wright
and Address Boise, Idaho

19. (a) 8-9-44 (Date received and filed) (b) R. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Aug. 1 1944
at 1:25 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from Aug 1 1944, to Aug. 1 1944
I last saw her alive on Aug 1 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cerebral Hemorrhage — Duration 1 da.
Due to some congenital Anomalie
Due to .....
Other conditions ..... (Include pregnancy within 3 months of death)

Where was disease contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature Harmon Dermaine M.D. (M. D. or other)
and Address Boise Date 8/5 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

140031

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

SEP 15 1944

State File No. 140031
Local Reg. No. 266
Reg. Dist. No. 376

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise
   (c) Street Address or R.F.D. No. 2205 N. 17th St.
   (d) Death Occured Inside? XX Outside? ..... city or town
   (e) Died in a Home. x Hospital .... Institution .... Other place ....
   (f) Name Hosp. or Inst. ..... Stayed ..... days
   (g) Lived in this county 39 years ..... months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Ada
   (c) City or town Boise
   (d) Street Address or R.F.D. No. 2205 N. 17th St.
   (e) Deceased lived Inside? XX Outside? ..... city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 39 years
   (h) Former residence (city, state) Michigan

3. (a) **FULL NAME** Andrew Jackson Alexander

47d

3. (b) If veteran, name war ---
3. (c) Social Security No. 519-16-6791
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife --
6. (c) Age of husband or wife if alive -- years
7. Date of Birth (Month, Day, Year) August 14, 1880

8. AGE	Years	Months	Days	If less than 1 day
	63	11	19	-- hrs -- min.

9. Exact Occupation House Mover — Did this work for 16 yrs.
10. Industry or Business — Date last worked 7/25/44
11. Birthplace Saginaw (City or town) Michigan (State or foreign country)

Father
12. Name Robert Alexander
13. Birthplace Michigan (City or town) (State or foreign country)

Mother
14. Maiden name Wilson
15. Birthplace Michigan (City or town) (State or foreign country)

16. Informant's **OWN** Signature Joseph H. Alexander
and Address 2208 N 19 st Boise Idaho.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/4/44 (Month) (Day) (Year)
(c) Place: Morris Hill Cemetery, Boise, Idaho

18. Funeral Director's **OWN** Signature [illegible]
and Address Boise, Idaho

19. (a) 8-4-44 (Date received and filed) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Aug 2 1944
at 4:10 o'clock P M.

21. **I HEREBY CERTIFY**, That I attended deceased from July 28 1944, to July 28 1944
I last saw him alive on July 28 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cancer of Lung	8 mos.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation ..... Date	
Major finding	
Finding of autopsy	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature [illegible] (M. D. or other)
and Address [illegible] Date 8-7 1944
(For additional space, use reverse side)

140032

United States
Department of Commerce
Bureau of the Census

SEP 15 1944

Certificate Of Death

STATE OF IDAHO

State File No.
Local Reg. No. 144
Reg. Dist. No. 371

1. PLACE OF DEATH:
(a) County Ada
(b) City or town Boise
(c) Street Address or R.F.D. No. R.D. # 2.
(d) Death Occured Inside? Outside? city or town
(e) Died in a Home Hospital Institution Other place
(f) Name Hosp. or Inst. ADA COUNTY Stayed 5 YEARS
(g) Lived in this county 44 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State IDAHO (b) County ADA
(c) City or town BOISE
(d) Street Address or R.F.D. No. R.D. # 2.
(e) Deceased lived Inside? Outside? Yes city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 44. years
(h) Former residence (city, state) Utah.

3. (a) FULL NAME Mary Simonsen 61

3. (b) If veteran, name war No.
3. (c) Social Security No. None.
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife CHRIS SIMONSEN
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) AUG 8 1872

8. AGE	Years	Months	Days	If less than 1 day
	71	11	6	hrs min.

9. Exact Occupation At Home. Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace LOGAN UTAH (City or town) (State or foreign country)
Father
12. Name Unknown. PETERSON
13. Birthplace DENMARK (City or town) (State or foreign country)
Mother
14. Maiden name Unknown.
15. Birthplace Unknown. (City or town) (State or foreign country)
16. Informant's OWN Signature Mrs Geo H Barrett - Idaho
and Address 2107 Cleveland Blvd - Caldwell
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 8-5-44 (Month) (Day) (Year)
(c) Place: MORRIS HILL CEMETARY
18. Funeral Director's OWN Signature Summers Funeral Home. Clyde E Summers
and Address Boise, Idaho.
19. (a) 8-8-44 (Date received and filed) (b) R. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Aug 2 1944
at 7:30 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from Jan 1940, to Aug 1944
I last saw her alive on Aug 2 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Apoplexy	
Due to Diabetes	
Due to	
Other conditions Senility (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature S W Forney MD (M. D. or other)
and Address Boise Ida Date 8/4 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census SEP 15 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140038
Local Reg. No. 145
Reg. Dist. No. 371

1. **PLACE OF DEATH:**
(a) County ADA
(b) City or town BOISE
(c) Street Address or R.F.D. No. R.D. #2.
(d) Death Occured Inside? ..... Outside? Yes city or town
(e) Died in a Home ..... Hospital ..... Institution ..... Other place .....
(f) Name Hosp. or Inst. CRAFT MA. HOME Stayed ..... days
(g) Lived in this county ..... years ..... months 0 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State IDAHO (b) County ADA
(c) City or town BOISE
(d) Street Address or R.F.D. No. 2522. Sunset.
(e) Deceased lived Inside? ..... Outside? Yes city or town
(f) Citizen of what country? —X
(g) How long had deceased lived in Idaho? — years
(h) Former residence (city, state) —

3. (a) **FULL NAME** NEAL ALLEN DAVIS 157e

3. (b) If veteran, name war No.
3. (c) Social Security No. None.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced .....
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) AUG 3rd 1944

8. AGE	Years	Months	Days	If less than 1 day
				8 hrs 20 min.

9. Exact Occupation None. Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace BOISE ~~O DAVIS~~ (City or town) (State or foreign country)
Father
12. Name HYRUM O DAVIS
13. Birthplace IDAHO (City or town) (State or foreign country)
Mother
14. Maiden name CARMA HART
15. Birthplace IDAHO (City or town) (State or foreign country)
16. Informant's **OWN** Signature H. O. Davis
and Address 2522 Sunset
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 8-7-44 (Month) (Day) (Year)
(c) Place: CLOVERDALE M. PARK
18. Funeral Director's **OWN** Signature Summers Funeral Home. Clyde E. Summers
and Address Boise, Idaho.
19. (a) 8-8-44 (Date received and filed) (b) N. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) AUG 3rd 1944
at 2 am o'clock 9 M.
21. **I HEREBY CERTIFY,** That I attended deceased from Aug. 1 1944 to Aug. 2 1944
I last saw him alive on Aug 2 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Heart disease	
Due to Failure of Foramen	
Due to Ovalia	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted? no	
Name of operation None Date 8/3/44	
Major finding	
Finding of autopsy	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident no Suicide no Homicide no
Occurred no 19 City, county, state where violence occurred no
Place of Violence: Home — Farm — Industry —
Public Place no While at work no
Means of injury —
23. Attendant's **OWN** Signature Russell R. Craft M.D. (M.D. or other)
and Address Route 2 Boise Idaho Date 8/4 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

SEP 15 1944 - STATE OF IDAHO

State File No. 140634
Local Reg. No. 143
Reg. Dist. No. 371

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? Outside? XX city or town
   (e) Died in a Home.... Hospital X Institution.... Other place....
   (f) Name Hosp. or Inst. Vets. Admn. Stayed 41 days
   (g) Lived in this county.....years .....months .....days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased: (Always fill in these)**
   (a) State Idaho (b) County Twin Falls
   (c) City or town Twin Falls, Idaho
   (d) Street Address or R.F.D. No. 417 Heyburn Ave.
   (e) Deceased lived Inside? Outside? city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 1 Mo. years
   (h) Former residence (city, state)

3. (a) **FULL NAME** JULIAN, Macy

13 f.

3. (b) If veteran, name war World
3. (c) Social Security No. Unknown
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Regina JULIAN
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) May 4, 1893

8. AGE	Years	Months	Days	If less than 1 day
	51	2	30	hrs min.

9. Exact Occupation None — Did this work for ....yrs.
10. Industry or Business — Date last worked 1923 Or 1924
11. Birthplace — Iowa (City or town) (State or foreign country)

Father
12. Name William JULIAN
13. Birthplace — Ohio (City or town) (State or foreign country)

Mother
14. Maiden name Unknown
15. Birthplace — Indiana (City or town) (State or foreign country)

16. Informant's **OWN** Signature Records Veterans Admn.
and Address Boise, Idaho

17. (a) Burial-Removal (Burial, cremation, or removal) (b) Date thereof 8/5/44 (Month) (Day) (Year)
(c) Place: Twin Falls, Idaho

18. Funeral Director's **OWN** Signature McBratney Funeral Home
and Address Boise, Idaho

19. (a) 8-7-44 (Date received and filed) (b) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH**
(Month, Day, Year) August 3, 1944
at 9:20 o'clock P. M.

21. **I HEREBY CERTIFY**, That I attended deceased from June 23, 1944, to August 3, 1944
I last saw him alive on August 3, 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Tbc.Pul.Chr.Far Advanced,Active (3)	26 Yrs.
Due to Bronchiectasis	26 Yrs.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation None Date
Major finding
Finding of autopsy Tbc.Pul.Chr.Far Adv. Bronchiectasis

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature
ARTHUR W. SCHULZ, Lt. Col. (or other) CMC
and Address Boise, Idaho Date Aug. 4, 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

SEP 15 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140035
Local Reg. No. 267
Reg. Dist. No. 370

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? XX Outside? ..... city or town
   (e) Died in a Home .... Hospital X Institution .... Other place ....
   (f) Name Hosp. or Inst. St. Luke's Stayed ..... days
   (g) Lived in this county ..... years ..... months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Boise
   (c) City or town Horseshoe Bend
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? XX Outside? ..... city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? Life years
   (h) Former residence (city, state)

3. (a) **FULL NAME** Judy Arline Renfro

119a

3. (b) If veteran, name war --
3. (c) Social Security No. --
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife --
6. (c) Age of husband or wife if alive - years
7. Date of Birth (Month, Day, Year) April 27, 1944

8. AGE	Years	Months	Days	If less than 1 day
	--	3	4	-- hrs -- min.

9. Exact Occupation -- Did this work for ..... yrs.
10. Industry or Business -- Date last worked
11. Birthplace Boise, Idaho (City or town) (State or foreign country)
Father
12. Name Millard Renfro
13. Birthplace Kansas (City or town) (State or foreign country)
Mother
14. Maiden name Mildred Ranft
15. Birthplace Boise, Idaho (City or town) (State or foreign country)
16. Informant's OWN Signature Millard Renfro
and Address Horseshoe Bend, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/5/44 (Month) (Day) (Year)
(c) Place: Cloverdale Memorial Park, Boise, Ida.
18. Funeral Director's OWN Signature [illegible]
and Address Boise, Idaho
19. (a) 8-4-44 (Date received and filed) (b) R. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Aug 3 1944
at 2 30 o'clock P.M.
21. **I HEREBY CERTIFY**, That I attended deceased from Birth 19 to Aug 3 1944
I last saw her alive on Aug 3 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death	Duration
Enteritis	3 days
Due to Due to infection in intestinal tract	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
✓ Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury
23. Attendant's OWN Signature [illegible] (M. D. or other)
and Address Boise Ida Date Aug 4 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 140036
Local Reg. No. 272
Reg. Dist. No. 3-6

SEP 15 1944

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise
   (c) Street Address or R.F.D. No. 1st & Bannock
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home .... Hospital X Institution .... Other place ....
   (f) Name Hosp. or Inst. St Lukes Stayed ..... days
   (g) Lived in this county ..... years ..... months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Ada
   (c) City or town Boise
   (d) Street Address or R.F.D. No. 815 Lemp
   (e) Deceased lived Inside? X Outside? ..... city or town
   (f) Citizen of what country? U.S.
   (g) How long had deceased lived in Idaho? 4 years
   (h) Former residence (city, state) Durango, Colo.

3. (a) **FULL NAME** Claude P. Brown

3. (b) If veteran, name war .....
3. (c) Social Security No. 518-22-1365
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) April 14, 1926

8. AGE	Years	Months	Days	If less than 1 day
	18	3	20	hrs ..... min.

9. Exact Occupation Usher, Asst. Mang. Did this work for Aug 28 yrs.
10. Industry or Business Theatre Date last worked July 28, 1944
11. Birthplace Durango, Colorado (City or town) (State or foreign country)

Father
12. Name Vernon Brown
13. Birthplace New Mexico (City or town) (State or foreign country)

Mother
14. Maiden name Lima Palmer
15. Birthplace Certland, New Mexico (City or town) (State or foreign country)

16. Informant's **OWN** Signature Lyma Brown
and Address 815 Lemp St Boise, Ida.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 7, 1944 (Month) (Day) (Year)
(c) Place: Morris Hill

18. Funeral Director's **OWN** Signature A. Henry Wells
and Address Boise, Idaho

19. (a) 8-9-44 (Date received and filed) (b) R. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Aug. 4 1944
at 2:30 o'clock P M.

21. **I HEREBY CERTIFY**, That I attended deceased from Aug 1 1944 to Aug 4 1944
I last saw him alive on Aug 4 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration
Cerebral Thrombosis 24 hrs
Due to Subacute fractural endocarditis ?
Due to .....
Other conditions Rheumatic Heart disease ?
(Include pregnancy within 3 months of death)

Where was disease contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy —

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred —
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature C. M. Ramsden M.D. (M. D. or other)
and Address Boise, Idaho Date Aug 8 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

SEP 15 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140037
Local Reg. No. 268
Reg. Dist. No. 378

1. PLACE OF DEATH:
(a) County Ada
(b) City or town Boise
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? XX Outside? ..... city or town
(e) Died in a Home.... Hospital X Institution.... Other place....
(f) Name Hosp. or Inst. St. Luke's Stayed 3 days
(g) Lived in this county ..... years ..... months 3 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Ada
(c) City or town Caldwell
(d) Street Address or R.F.D. No. Rt.1
(e) Deceased lived Inside? ..... Outside? XX city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 13 mo. years
(h) Former residence (city, state)

3. (a) **FULL NAME** Wanita Faye Martell

122 b

3. (b) If veteran, name war --
3. (c) Social Security No. --
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife --
6. (c) Age of husband or wife if alive -- years
7. Date of Birth (Month, Day, Year) June 17, 1943

8. AGE	Years	Months	Days	If less than 1 day
	1	1	21	-- hrs -- min.

9. Exact Occupation None Did this work for ..... yrs.
10. Industry or Business -- Date last worked --
11. Birthplace Boise, Idaho (City or town) (State or foreign country)
Father
12. Name Arthur A. Martell
13. Birthplace Napoleon, North Dakota (City or town) (State or foreign country)
Mother
14. Maiden name Martha Reuer
15. Birthplace Lehr, North Dakota (City or town) (State or foreign country)
16. Informant's OWN Signature Arthur A. Martell
and Address Caldwell, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/10/44 (Month) (Day) (Year)
(c) Place: Cloverdale Memorial Park, Boise, Ida
18. Funeral Director's OWN Signature Wm McBratney
and Address Boise, Idaho
19. (a) 8-8-44 (Date received and filed) (b) R Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Aug. 7-1944 19.....
at 10:30 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from Aug. 5 1944, to Aug. 7 1944
I last saw her alive on Aug 7 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Intestinal Obstruction	24 hrs.
Due to Vomiting	
Due to irregular foods	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation Relief of obst. Date 8-7-44	
Major finding Obstruction	
Finding of autopsy —	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's OWN Signature Ascraly T. Nokes (M. D. or other)
and Address Boise Date 8-8 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

140633

United States
Department of Commerce
Bureau of the Census

SEP 15 1944

Certificate Of Death

STATE OF IDAHO

State File No.
Local Reg. No. 275A
Reg. Dist. No. 370

1. PLACE OF DEATH:

(a) County Ada
(b) City or town Boise
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? xx Outside? city or town
(e) Died in a Home.... Hospital X Institution.... Other place....
(f) Name Hosp. or Inst St. Luke's Stayed 5 days
(g) Lived in this county 40 years months days

Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

(a) State Idaho (b) County Ada
(c) City or town Boise Rt. 3
(d) Street Address or R.F.D. No. Pierce Park Lane
(e) Deceased lived Inside? Outside? xx city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 40 years
(h) Former residence (city, state)

3. (a) FULL NAME Clara Mae Mallory

50

3. (b) If veteran, name war --
3. (c) Social Security No. --
4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife E.O.
6. (c) Age of husband or wife if alive 57 years
7. Date of Birth (Month, Day, Year) April 11, 1904

8. AGE	Years	Months	Days	If less than 1 day
	40	3	27	-- hrs --- min.

9. Exact Occupation Housewife Did this work for -- yrs.
10. Industry or Business -- Date last worked --
11. Birthplace Boise, Idaho (City or town) (State or foreign country)

Father
12. Name Sigel Clark
13. Birthplace Missouri (City or town) (State or foreign country)

Mother
14. Maiden name Clara Van Hise
15. Birthplace Nebraska (City or town) (State or foreign country)

16. Informant's OWN Signature [signature] and Address Boise, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/9/44 (Month) (Day) (Year)
(c) Place: Morris Hill Cemetery, Boise, Idaho
18. Funeral Director's OWN Signature [signature] and Address Boise, Idaho
19. (a) 8-14-44 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) August 7 1944
at o'clock M.

21. **I HEREBY CERTIFY,** That I attended deceased from Jan. 1943, to August 1944
I last saw h[illegible] alive on August 5 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cancer of Breast	2½ years
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's OWN Signature [signature] M.D. (M. D. or other)
and Address Boise Idaho Date 8-14 1944
(For additional space, use reverse side)

Braxton 140039

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

SEP 15 1944

State File No. 140039
Local Reg. No. 274
Reg. Dist. No. 37C

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. PLACE OF DEATH:

(a) County Ada
(b) City or town Boise,
(c) Street Address or R.F.D. No. 1617. N. 24.
(d) Death Occured Inside? Yes Outside? ..... city or town
(e) Died in a Home.... Hospital X Institution.... Other place....
(f) Name Hosp. or Inst. Salvation Army ..... days
(g) Lived in this county ..... years ..... months 0 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

(a) State Idaho. (b) County Ada
(c) City or town Boise,
(d) Street Address or R.F.D. No. 1616. Helen St
(e) Deceased lived Inside? ..... Outside? Yes city or town
(f) Citizen of what country? X
(g) How long had deceased lived in Idaho? X years
(h) Former residence (city, state) X

3. (a) **FULL NAME** Mary Louise Carroll. 161C.

3. (b) If veteran, name war No.
3. (c) Social Security No. None.
4. Sex Female 5. Color or race White. 6. (a) Single, widowed, married, divorced Single.
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) August. 8. 1944.

8. AGE	Years	Months	Days	If less than 1 day
				6 hrs min.

9. Exact Occupation None. Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Boise, Idaho. (City or town) (State or foreign country)

Father
12. Name Robert Franklin Carroll.
13. Birthplace Henderson Kentucky. (City or town) (State or foreign country)

Mother
14. Maiden name Edith Abbott.
15. Birthplace Idaho. (City or town) (State or foreign country)

16. Informant's **OWN** Signature Robert F. Carroll
and Address 1616 Helen Ave Boise Idaho

17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof Aug. 11. 1944. (Month) (Day) (Year)
(c) Place: Morris Hill Cemetery.

18. Funeral Director's **OWN** Signature Clyde E. Summers
and Address Boise, Idaho.

19. (a) 9-11-44 (Date received and filed) (b) H. Shank (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Aug 8 1944
at 10 o'clock P M.

21. **I HEREBY CERTIFY**, That I attended deceased from Aug 8 1944, to Aug 8 1944
I last saw her alive on Aug 8 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebral Hemorrhage	3 hrs.
Due to Don't Know	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted? Home	
Name of operation None Date	
Major finding	
Finding of autopsy	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature T. M. Braxton MD (M. D. or Other)
and Address Boise Idaho Date Aug 9 1944
(For additional space, use reverse side)

140640

United States
Department of Commerce
Bureau of the Census

SEP 15 1944

Certificate Of Death

STATE OF IDAHO

State File No.
Local Reg. No. 275
Reg. Dist. No. 370

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise
   (c) Street Address or R.F.D. No. 124 W. Bannock St.
   (d) Death Occured Inside? xx Outside? ..... city or town
   (e) Died in a Home x Hospital ... Institution ... Other place ....
   (f) Name Hosp. or Inst. ..... Stayed ..... days
   (g) Lived in this county 14 years ..... months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Texas (b) County Donley
   (c) City or town Clarendon
   (d) Street Address or R.F.D. No. .....
   (e) Deceased lived Inside? xx Outside? ..... city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 14 years
   (h) Former residence (city, state) Texas

3. (a) **FULL NAME** Eudora Lyles Teague

83a

3. (b) If veteran, name war ---
3. (c) Social Security No. ---
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife E. A. Teague
6. (c) Age of husband or wife if alive --- years
7. Date of Birth (Month, Day, Year) April 15, 1859

8. AGE	Years	Months	Days	If less than 1 day
	85	3	26	--- hrs -- min.

9. Exact Occupation Housewife — Did this work for ..... yrs.
10. Industry or Business — Date last worked .....
11. Birthplace Raleigh, Mississippi (City or town) (State or foreign country)

Father
12. Name John Thorpe Lyles
13. Birthplace South Carolina (City or town) (State or foreign country)

Mother
14. Maiden name Julia Ann Davis
15. Birthplace Georgia (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mrs. R. J. McCaslin
and Address Boise, Idaho

17. (a) Burial-Removal (Burial, cremation, or removal) (b) Date thereof 8/12/44 (Month) (Day) (Year)
(c) Place: Clarendon, Texas

18. Funeral Director's **OWN** Signature [illegible]
and Address Boise, Idaho

19. (a) 8-11-44 (Date received and filed) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Aug 10 1944
at 2:30 o'clock P M.

21. **I HEREBY CERTIFY**, That I attended deceased from Aug 6 1944, to Aug 10 1944
I last saw her alive on Aug 10 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebral Hemorrhage	4 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation ..... Date	
Major finding	
Finding of autopsy	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature W. B. Burchmore (M. D. or other)
and Address Boise Idaho Date Aug 11 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

SEP 15 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140041
Local Reg. No. 146
Reg. Dist. No. 371

1. PLACE OF DEATH:

(a) County Ada
(b) City or town Boise
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? Outside? XX city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. Vets. Admn. Stayed 16 days
(g) Lived in this county years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

(a) State Idaho (b) County Twin Falls
(c) City or town Buhl
(d) Street Address or R.F.D. No. 517 8th Ave. N.
(e) Deceased lived Inside? Outside? city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 10 years
(h) Former residence (city, state)

3. (a) FULL NAME HUGHES, Ballard

46 L.

3. (b) If veteran, name war World
3. (c) Social Security No. None
4. Sex Male race White
5. Color or
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mollie Hughes
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) June 25, 1890

8. AGE	Years	Months	Days	If less than 1 day
	54	1	17	hrs min.

9. Exact Occupation City Treasurer — Did this work for yrs.
10. Industry or Business — Date last worked April, 1944
11. Birthplace Kentucky (City or town) (State or foreign country)

Father
12. Name Newton HUGHES
13. Birthplace Kentucky (City or town) (State or foreign country)

Mother
14. Maiden name Sarah MURPHY
15. Birthplace Kentucky (City or town) (State or foreign country)

16. Informant's OWN Signature McBratney Records, Veterans Administration
and Address Boise, Idaho

17. (a) Burial-Removal (b) Date thereof 8/12/44 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: Buhl, Idaho

18. Funeral Director's OWN Signature McBratney Funeral Home
and Address Boise, Idaho

19. (a) 8-12-44 (Date received and filed) (b) R. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) August 11, 1944
at 12:02 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from May 27, 1944, to August 11, 1944
I last saw him alive on August 11, 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Carcinoma, Gastric	Unknwn.
Due to	
Due to	
Other conditions Tbc. Pul. Chr. Cured (Include pregnancy within 3 months of death)	"
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation Date	
Major finding	
Finding of autopsy Confirm Above	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's OWN Signature ARTHUR W. SCHULZ, Lt. Col., M.C. (M. D. or other)
and Address V.A.F., Boise, Ida. Date 8-11- 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

SEP 15 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140042
Local Reg. No. 276
Reg. Dist. No. 370

1. PLACE OF DEATH:
(a) County Ada
(b) City or town Boise
(c) Street Address or R.F.D. No. 1712 N. 30th St.
(d) Death Occured Inside? XX Outside? ..... city or town
(e) Died in a Home X Hospital ..... Institution ..... Other place .....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 40 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Ada
(c) City or town Boise
(d) Street Address or R.F.D. No. 422 Thatcher St.
(e) Deceased lived Inside? X Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 40 years
(h) Former residence (city, state) Colorado

3. (a) FULL NAME Marion Elvis Cox

94a

3. (b) If veteran, name war --
3. (c) Social Security No. --
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Cora Cox
6. (c) Age of husband or wife if alive 67 years
7. Date of Birth (Month, Day, Year) March 30, 1874

8. AGE	Years	Months	Days	If less than 1 day
	70	4	12	-- hrs -- min.

9. Exact Occupation Retired farmer Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Missouri (City or town) (State or foreign country)
Father
12. Name Jack Cox
13. Birthplace Missouri (City or town) (State or foreign country)
Mother
14. Maiden name Jane Clark
15. Birthplace Unknown (City or town) (State or foreign country)
16. Informant's OWN Signature Oscar Cox
and Address Boise Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/14/44 (Month) (Day) (Year)
(c) Place: Morris Hill Cemetery, Boise, Idaho
18. Funeral Director's OWN Signature [signature]
and Address Boise, Idaho
19. (a) 8-14-44 (Date received and filed) (b) R. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Aug 11 1944
at 7 o'clock 10 M.
21. I HEREBY CERTIFY, That I attended deceased from July 1 1944, to Aug 11 1944
I last saw him alive on Aug 11 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Coronary thrombosis	1/2 hr.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's OWN Signature [signature] (M. D. or other)
and Address Boise Ida Date 8/12 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

SEP 15 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140643
Local Reg. No. 277
Reg. Dist. No. 370

1. PLACE OF DEATH:
(a) County Ada
(b) City or town Boise
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? X Outside? city or town
(e) Died in a Home.... Hospital X Institution.... Other place....
(f) Name Hosp. or Inst. St. Alph Stayed days
(g) Lived in this county 49 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Ada
(c) City or town Eagle
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 51 years
(h) Former residence (city, state)

3. (a) FULL NAME Maymie Elizabeth Carpenter 13 b

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or Race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Feb. 3rd 1893

8. AGE	Years	Months	Days	If less than 1 day
	51	6	8	hrs min.

9. Exact Occupation Beauty Operator Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Steirman Boise Co. Idaho (City or town) (State or foreign country)

Father
12. Name John Robert Carpenter
13. Birthplace Schnectady N.Y. (City or town) (State or foreign country)

Mother
14. Maiden name Mary Steirman
15. Birthplace Mariposa Calif. (City or town) (State or foreign country)

16. Informant's OWN Signature Emma Carpenter
and Address Eagle Idaho.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/15/1944 (Month) (Day) (Year)
(c) Place: Morris Hill Cemetery

18. Funeral Director's OWN Signature Schreiber & McCann
and Address Boise.

19. (a) 8-14-44 (Date received and filed) (b) H. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 8-11- 1944
at 7:30 o'clock P M.

21. **I HEREBY CERTIFY**, That I attended deceased from — 1944, to 8-11- 1944
I last saw her alive on 8-11 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Tuberculous Peritonitis	4 mo.
Due to Pulmonary Tuberculosis	11 yr.
Due to	
Other conditions None (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation None Date
Major finding
Finding of autopsy None

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state
where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's OWN Signature O.F. Summers M.D. (M. D. or other)
and Address Burley Ida Date 8-12 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

SEP 15 1944

Certificate Of Death

STATE OF IDAHO

AUG 15 '44 REGISTRY DIVISION

State File No. 14064
Local Reg. No. 448
Reg. Dist. No. 371

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise
   (c) Street Address or R. F. D. No.
   (d) Death Occured Inside?..... Outside? XX city or town
   (e) Died in a Home.... Hospital X Institution.... Other place....
   (f) Name Hosp. or Inst. Vets. Admn. Stayed.....days
   (g) Lived in this county.....years .....months .....days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Ada
   (c) City or town Boise
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside?.....Outside?.....city or town
   (f) Citizen of what country?
   (g) How long had deceased lived in Idaho? 48 years
   (h) Former residence (city, state)

3. (a) **FULL NAME** ASTON, Ray

926

3. (b) If veteran, name war WW
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) March 28, 1896

8. AGE	Years	Months	Days	If less than 1 day
	48	4	17	hrs min.

9. Exact Occupation Salesman — Did this work for Unkwn. yrs.
10. Industry or Business — Date last worked
11. Birthplace Idaho (City or town) (State or foreign country)

Father
12. Name John ASTON
13. Birthplace Utah (City or town) (State or foreign country)

Mother
14. Maiden name Alice Burningham
15. Birthplace Utah (City or town) (State or foreign country)

16. Informant's **OWN** Signature Records, Vets. Admn. Facility
and Address Boise, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/15/44 (Month) (Day) (Year)
(c) Place: Morris Hill Cemetery

18. Funeral Director's **OWN** Signature McBratney Funeral Home
and Address Boise, Idaho

19. (a) 8-17-44 (Date received and filed) (b) R. Skirl (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) August 14, 1944
at 8:40 o'clock A. M.

21. **I HEREBY CERTIFY**, That I attended deceased from August 11, 1944, to August 14, 1944
I last saw him alive on August 14, 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Rheumatic Heart Disease with	
mitral stenosis and insufficiency	
~~Dueto~~ cardiac enlargement and	
myocardial insufficiency auricular	
~~Dueto~~ fibrillation, Class V	25 Yrs.
~~Other conditions~~	
(Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ..... Date .....
Major finding
Finding of autopsy Confirm above

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature ARTHUR W. SCHULZ, Lt. Col., M.C. (M. D. or other)
and Address V.A.F., Boise, Ida. Date 8-14-1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

SEP 15 1944

State File No. 14066
Local Reg. No. 147
Reg. Dist. No. 371

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise, Idaho
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? Outside? X city or town
   (e) Died in a Home.... Hospital X Institution.... Other place....
   (f) Name Hosp. or Inst. Vets. Admn. Stayed 16 days
   (g) Lived in this county.....years .....months .....days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Gem
   (c) City or town Letha
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? Outside? city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 11 years
   (h) Former residence (city, state)

3. (a) **FULL NAME** DAVIS, Charles S.

4602

3. (b) If veteran, name war Sp. American
3. (c) Social Security No. Not recalled
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mrs. Nora L. Davis
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) March 17, 1877

8. AGE	Years	Months	Days	If less than 1 day
	67	4	29	hrs min.

9. Exact Occupation Farmer — Did this work for .....yrs.
10. Industry or Business — Date last worked
11. Birthplace Arkansas (City or town) (State or foreign country)

Father
12. Name Charles DAVIS
13. Birthplace Kansas (City or town) (State or foreign country)

Mother
14. Maiden name Sarah KIMBALL
15. Birthplace Arkansas (City or town) (State or foreign country)

16. Informant's OWN Signature Records, Veterans Administration
and Address Boise, Idaho

17. (a) Burial-removal (b) Date thereof 9/17/44 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: Emmett, Idaho

18. Funeral Director's OWN Signature McBratney Funeral Home
and Address Boise, Idaho

19. (a) 8-17-44 (Date received and filed) (b) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) August 15, 1944
at 2:40 o'clock P. M.

21. **I HEREBY CERTIFY,** That I attended deceased from July 30 1944, to August 15, 1944
I last saw him alive on August 15 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Tumor, Malignant of the Pancreas with metastasis	Unknown
Due to	
Due to	
Other conditions Hyperinsulinism (Include pregnancy within 3 months of death)	22 Yrs.

Where was disease contracted?
Name of operation None Date
Finding of autopsy Carcinoma of the Pancreas with metastasis to the liver & spleen; Pleural Effusion, left.

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's OWN Signature ARTHUR W. SCHULZ, Lt. Col., M.C.
(M. D. or other) C.M.O.
and Address VAF, Boise, Idaho Date 8-15 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

SEP 15 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140046
Local Reg. No. 278
Reg. Dist. No.

1. PLACE OF DEATH:
(a) County Ada
(b) City or town Boise
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Home.... Hospital X Institution.... Other place....
(f) Name Hosp. or Inst. St Alph: Stayed 10 days
(g) Lived in this county ..... years 7 months 15 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Ada
(c) City or town Boise
(d) Street Address or R.F.D. No. 1605 No 27th
(e) Deceased lived Inside? X Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 3½ years
(h) Former residence (city, state) Oregon

3. (a) FULL NAME George Ernest Walther

3. (b) If veteran, name war None
3. (c) Social Security No. 541-07-9749
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Anna
6. (c) Age of husband or wife if alive 55 years
7. Date of Birth (Month, Day, Year) Mar 31st 1887

8. AGE	Years	Months	Days	If less than 1 day
	57	4	14	hrs min.

9. Exact Occupation Buyer of Hardware Did this work for 40 yrs.
10. Industry or Business C.C. Anderson Co Date last worked 7/5/44
11. Birthplace San Diego Calif; (City or town) (State or foreign country)
Father
12. Name Adolph Walther
13. Birthplace Hamburg Germany (City or town) (State or foreign country)
Mother
14. Maiden name Antoinette ?
15. Birthplace Hamburg Germany (City or town) (State or foreign country)
16. Informant's OWN Signature W. E. Mrasek
and Address Boise Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 8/16/1944 (Month) (Day) (Year)
(c) Place: The Dalles Oregon
18. Funeral Director's OWN Signature Schreiber & McCann
and Address Boise Milford Drago
19. (a) 8-16-44 (Date received and filed) (b) R. Shaffer (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) 8/15 1944
at 3:30 o'clock A. M.
21. I HEREBY CERTIFY, That I attended deceased from 8/3 1944 to 8/15 1944
I last saw him alive on 8/14 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death	Duration
Pulmonary Embolus	
Due to Operation for Bowel Resection	
Due to Actinic Mycosis of Cecum	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation Bowel resection Date 8/8/44	PHYSICIAN Underline the cause to which death should be charged statistically.
Major finding Large Mass in Cecum	
Finding of autopsy	

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's OWN Signature Fred W. Fleming Co (M. D. or other)
and Address Boise Ida Date 8/16 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 33-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

SEP 1 - 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140047
Local Reg. No. 279
Reg. Dist. No. 370

1. PLACE OF DEATH:

(a) County Ada
(b) City or town Boise.
(c) Street Address or R.F.D. No. X
(d) Death Occured Inside? Yes Outside? ..... city or town
(e) Died in a Home .... Hospital X Institution .... Other place ....
(f) Name Hosp. or Inst. St. Alphons Stayed 18 days
(g) Lived in this county ..... years 1. months 17 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

(a) State Idaho. (b) County Ada
(c) City or town Boise.
(d) Street Address or R.F.D. No. 2719. Madison.
(e) Deceased lived Inside? Yes. Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? X years
(h) Former residence (city, state) X

3. (a) FULL NAME Frederick Ray Turner. 1579

3. (b) If veteran, name war No.
3. (c) Social Security No. None.
4. Sex Male. 5. Color or race White. 6. (a) Single, widowed, married, divorced Single.
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) June. 28. 1944.

8. AGE	Years	Months	Days	If less than 1 day
		1.	17.	hrs min.

9. Exact Occupation None. Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Boise, Idaho. (City or town) (State or foreign country)

Father
12. Name Marvin Ray Turner.
13. Birthplace Janesville, Wisconsin. (City or town) (State or foreign country)

Mother
14. Maiden name Opal Aldine Brizendine.
15. Birthplace Mound City, Kansas. (City or town) (State or foreign country)

16. Informant's **OWN** Signature Opal Aldine Turner
and Address 2719. Madison Street, Boise.

17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof Aug. 16. (Month) (Day) (Year) 1944
(c) Place: Cloverdale Memorial Park.

18. Funeral Director's **OWN** Signature Summers Funeral Home. Clyde E. Summers
and Address Boise, Idaho.

19. (a) 8-17-44 (Date received and filed) (b) R. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 8-15- 1944
at 9:30 o'clock A.M.

21. **I HEREBY CERTIFY**, That I attended deceased from 7-28- 1944, to 8-15- 1944
I last saw h.. alive on 8-15- 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Congenital Bowel Obstruction — Duration: Birth
Due to /
Due to Other conditions Premature Baby. (Include pregnancy within 3 months of death)

Where was disease contracted?
Name of operation ..... Date .....
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state
Where violence occurred
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury

23. Attendant's **OWN** Signature J. M. Sprague (M. D. or other)
and Address Boise Date 8-17 1944.

(For additional space, use reverse side)

Dr Tikkter - Eastern Bldg

United States
Department of Commerce
Bureau of the Census

SEP 15 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 140048
Local Reg. No. 149
Reg. Dist. No. 371

1. **PLACE OF DEATH:**
(a) County Ada
(b) City or town Boise
(c) Street Address or R. F. D. No. 3
(d) Death Occurred Inside? ____ Outside? ✓ city or town
(e) Died in a Home ✓ Hospital __ Institution __ Other place __
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 50 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Ada
(c) City or town Boise
(d) Street Address or R. F. D. No. ____
(e) Deceased lived Inside? ✓ Outside? ____ city or town
(f) Citizen of what country? U.S.
(g) How long had deceased lived in Idaho? 50 years
(h) Former residence (city, state) Starr, Ida.

3. (a) **FULL NAME** William Bell Benefiel 13C

3. (b) If veteran, name war No
3. (c) Social Security No. ____
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Elisabeth
6. (c) Age of husband or wife if alive 57 years
7. Date of Birth (Month, Day, Year) 13 Jan. 1873

8. AGE	Years	Months	Days	If less than 1 day
	71	8	4	hrs min.

9. Exact Occupation Farmer Did this work for life yrs.
10. Industry or Business ____ Date last worked 1939
11. Birthplace Dade Co., Missouri (City or town) (State or foreign country)
Father
12. Name John Frank Benefiel
13. Birthplace Iowa (City or town) (State or foreign country)
Mother
14. Maiden name Viola North
15. Birthplace Iowa (City or town) (State or foreign country)
16. Informant's OWN Signature Elizabeth Benefiel
and Address Boise R3
17. (a) Burial (Burial, ~~cremation~~, or removal) (b) Date thereof Aug 21 1944 (Month) (Day) (Year)
(c) Place: ~~[illegible]~~ Meridian Id
18. Funeral Director's OWN Signature W S Mateer
and Address Meridian Id
19. (a) 8-18-44 (Date received and filed) (b) A. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Aug. 17 1944
at ____ o'clock ____ M.
21. **I HEREBY CERTIFY,** That I attended deceased from 1934 19__ to ? 1944
I last saw him alive on ? 1943; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
not known, but probably bronchopneumonia	23 days
Due to bed fast old age.	
Due to	
Other conditions old Tuberculosis (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation ____ Date ____	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy none done	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature H. J. Tikker M.D. (M. D. or other)
and Address Boise Date Aug 17 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

SEP 15 1944

Certificate Of Death

STATE OF IDAHO

State File No. 14064
Local Reg. No. 281
Reg. Dist. No. 370

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise.
   (c) Street Address or R.F.D. No. X
   (d) Death Occured Inside? Yes Outside? ..... city or town
   (e) Died in a Home.... Hospital X. Institution.... Other place....
   (f) Name Hosp. or Inst. St. Lukes. Stayed 4. days
   (g) Lived in this county 17 years ..... months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho. (b) County Ada
   (c) City or town Boise.
   (d) Street Address or R.F.D. No. R.D. # 1.
   (e) Deceased lived Inside? ..... Outside? Yes city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 40 years
   (h) Former residence (city, state) X.

3. (a) **FULL NAME** Jeanette Alvira Fest. 181

3. (b) If veteran, name war No.
3. (c) Social Security No. None.
4. Sex Female 5. Color or race White.
6. (a) Single, widowed, married, divorced Married.
6. (b) Name of husband or wife Leo. E. Fest.
6. (c) Age of husband or wife if alive 52. years
7. Date of Birth (Month, Day, Year) March. 29. 1904.

8. AGE	Years	Months	Days	If less than 1 day
	40.	4.	19.	hrs ..... min.

9. Exact Occupation At Home. Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Roxburg, Idaho. (City or town) (State or foreign country)

Father
12. Name Edwin. M. Shaw.
13. Birthplace Mellor Derbyshire England. (City or town) (State or foreign country)

Mother
14. Maiden name Mary Jane Fletcher.
15. Birthplace Etna Utah. (City or town) (State or foreign country)

16. Informant's **OWN** Signature Leo E. Fest
and Address RFH1. Boise Idaho.
17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof Aug. 21. 1944 (Month) (Day) (Year)
(c) Place: Cloverdale Memorial Park.
18. Funeral Director's **OWN** Signature Summers Funeral Home, Clyde E. Summers
and Address Boise, Idaho.
19. (a) 8-22-44 (Date received and filed) (b) B. Shaw (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) August. 18. 1944.
at ..... o'clock ..... M.

21. **I HEREBY CERTIFY**, That I attended deceased from Aug. 14 1944, to Aug. 18 1944
I last saw her alive on Aug. 18 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Body Burns + Shock — Duration 5 days.
Due to Contractions from Burns.
Due to Burns due to Parafine.
Other conditions ..... (Include pregnancy within 3 months of death)
Where was disease contracted? .....
Name of operation NO Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? yes Suicide? ..... Homicide? .....
Occurred Aug. 14 1944 City, county, state where violence occurred Body Burns
Place of Violence: Home X Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury Parafine — while home canning.

23. Attendant's **OWN** Signature Harold T. Nukem (M. D. or other)
and Address Boise Ida. Date 8-21 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census SEP 15 1944

Certificate Of Death

STATE OF IDAHO

State File No. 14065
Local Reg. No. 159
Reg. Dist. No. 371

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise,
   (c) Street Address or R.F.D. No. R.D. # 4.
   (d) Death Occured Inside? Outside? Yes city or town
   (e) Died in a Home X Hospital Institution Other place
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county 17 years months days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho. (b) County Ada
   (c) City or town Boise,
   (d) Street Address or R.F.D. No. R.D. # 4.
   (e) Deceased lived Inside? Outside? Yes city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 17. years
   (h) Former residence (city, state) Tennessee.

3. (a) **FULL NAME** Mark William Ellis. 93d

3. (b) If veteran, name war No.
3. (c) Social Security No. None.
4. Sex Male. 5. Color or race White. 6. (a) Single, widowed, married, divorced Married.
6. (b) Name of husband or wife Sarah. L. Ellis 6. (c) Age of husband or wife if alive 67. years
7. Date of Birth (Month, Day, Year) November. 14. 1876.

8. AGE	Years	Months	Days	If less than 1 day
	67.	9.	5.	hrs min.

9. Exact Occupation Farmer. Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Greene County (City or town) Tennessee. (State or foreign country)

Father
12. Name Jacob Ellis.
13. Birthplace Tenn. (City or town) (State or foreign country)

Mother
14. Maiden name Hannah Bales.
15. Birthplace Tenn. (City or town) (State or foreign country)

16. Informant's **OWN** Signature Loyd Ellis
and Address Route 2 Boise

17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof Aug. 24. 1944. (Month) (Day) (Year)
(c) Place: Cloverdale Memorial Park.

18. Funeral Director's **OWN** Signature Clyde E. Summers Funeral Home, Summers
and Address Boise, Idaho.

19. (a) 8-22-44 (Date received and filed) (b) H. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Aug. 19 19 44
at 6 o'clock P. M.

21. **I HEREBY CERTIFY**, That I attended deceased from 6-2 19 42 to 8-17 19 44
I last saw h[illegible] alive on 8-17 19 44; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: arteriosclerotic Heart Disease Duration
arthritis
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature J. Hallingsworth (M. D. or other)
and Address Boise Idaho Date 8-22 19 44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

SEP 15 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140054
Local Reg. No. 160
Reg. Dist. No. 371

1. PLACE OF DEATH:
(a) County Ada
(b) City or town Gowen Field, Boise, Idaho
(c) Street Address or R.F.D. No. - -
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Home.... Hospital X Institution.... Other place....
(f) Name Hosp. or Inst. Sta Hospital Stayed 1 days
(g) Lived in this county -- years 4 months 25 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State California (b) County --
(c) City or town San Diego, California
(d) Street Address or R.F.D. No. 4322 42nd St.
(e) Deceased lived Inside? X Outside? ..... city or town
(f) Citizen of what country? U.S.
(g) How long had deceased lived in Idaho? 4 25/30 Mo. years
(h) Former residence (city, state) Same as above.

3. (a) FULL NAME RATCLIFF, Virgil T. 39294413 170c

3. (b) If veteran, name war - -
3. (c) Social Security No. - -
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Julia Dora
6. (c) Age of husband or wife if alive - - years
7. Date of Birth (Month, Day, Year) 26 February 1911

8. AGE	Years	Months	Days	If less than 1 day
	33	5	25	hrs min.

9. Exact Occupation Soldier Did this work for 1 4/12 yrs.
10. Industry or Business U. S. Army Date last worked 19 Aug. 1944
11. Birthplace Olney (City or town) Illinois (State or foreign country)
Father 12. Name Unknown
13. Birthplace Unknown (City or town) (State or foreign country)
Mother 14. Maiden name Bessie (Unknown)
15. Birthplace Unknown (City or town) (State or foreign country)
16. Informant's OWN Signature Phillip C Pedersen
and Address PHILLIP C. PEDERSEN Gowen Field, Boise, Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Aug. 23, 1944 (Month) (Day) (Year)
(c) Place: Newkirk, Oklahoma
18. Funeral Director's OWN Signature Sherman Webb
and Address Boise, Idaho
19. (a) 8-23-44 (Date received and filed) (b) K. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 20 August 1944
at 11:00 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 19 August 1944, to 20 August 1944
I last saw him alive on 20 August 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Massive pulmonary edema, Lobar Pneumonia.	1 Day
Due to	
Due to Automobile Accident	
Other conditions -- (Include pregnancy within 3 months of death)	

Where was disease contracted? --
Name of operation -- Date --
Major finding --
Finding of autopsy See above.

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? X Suicide? ..... Homicide? .....
Occurred 19 August 1944 City, county, state where violence occurred Ada County, Idaho
Place of Violence: Home ..... Farm ..... Industry .....
Public Place X While at work? .....
Means of injury Automobile Accident
23. Attendant's OWN Signature Frank L Fletcher (M.D. or other)
and Address FRANK L. FLETCHER, LT COL, MED. CORPS Gowen Fld, Idaho Date 8-21 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

SEP 15 1944

Certificate Of Death

STATE OF IDAHO

Dr Formey 140053

State File No. 140053
Local Reg. No. 282
Reg. Dist. No. 370

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise
   (c) Street Address or R.F.D. No. 310 N. 19th
   (d) Death Occured Inside? ..... Outside? ..... city or town
   (e) Died in a Home X Hospital .... Institution .... Other place ....
   (f) Name Hosp. or Inst. ..... Stayed ..... days
   (g) Lived in this county 39 years ..... months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Ada
   (c) City or town Boise
   (d) Street Address or R.F.D. No. 310 N. 19th
   (e) Deceased lived Inside? ✓ Outside? ..... city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 39 years
   (h) Former residence (city, state) Michigan

3. (a) **FULL NAME** Ruth I. Murray 50

3. (b) If veteran, name war No.
3. (c) Social Security No. No
4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Date of Birth (Month, Day, Year) Nov. 3, 1891

8. AGE	Years	Months	Days	If less than 1 day
	52	9	18	— hrs — min.

9. Exact Occupation Housewife. Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Negaunee, Mich (City or town) (State or foreign country)

Father
12. Name Joshua C. Murray
13. Birthplace Bruce Mines, Canada. (City or town) (State or foreign country)

Mother
14. Maiden name Elizabeth J. McGregor
15. Birthplace Michigan (City or town) (State or foreign country)

16. Informant's **OWN** Signature Elizabeth Davies
and Address Boise Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/23/44 (Month) (Day) (Year)
(c) Place: Morris Hill

18. Funeral Director's **OWN** Signature W. McGratney
and Address Boise Idaho

19. (a) 8-23-44 (Date received and filed) (b) H. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Aug. 21 19 44
at ..... o'clock ..... M.

21. **I HEREBY CERTIFY**, That I attended deceased from Aug 9 19 44 to Aug 9 19 44
I last saw h[illegible] alive on Aug 9 19 44; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Carcinoma Breast	About years.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? ✓
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature J. H. Formey MD (M. D. or other)
and Address Boise Ida. Date 8/25 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

140053L

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 140053L
Local Reg. No. 161
Reg. Dist. No. 371

1. **PLACE OF DEATH:** SEP 15 1944
   (a) County Ada
   (b) City or town Gowen Field, Boise, Idaho
   (c) Street Address or R.F.D. No. - -
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home .... Hospital X Institution .... Other place ....
   (f) Name Hosp. or Inst. Sta Hospital Stayed 6 days
   (g) Lived in this county - years 2 months 14 days

   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County - -
   (c) City or town Murtaugh
   (d) Street Address or R.F.D. No. P.O. Box 55
   (e) Deceased lived Inside? X Outside? ..... city or town
   (f) Citizen of what country? U. S.
   (g) How long had deceased lived in Idaho? 25 years
   (h) Former residence (city, state) Same as above

3. (a) **FULL NAME** MORRISON, Howard Victor 19095850

3. (b) If veteran, name war - -
3. (c) Social Security No. - -
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife - -
6. (c) Age of husband or wife if alive - - years
7. Date of Birth (Month, Day, Year) 4 July 1919

8. AGE	Years	Months	Days	If less than 1 day
	25	1	18	hrs min.

9. Exact Occupation Soldier — Did this work for 1-3/12 yrs.
10. Industry or Business U. S. Army — Date last worked 8-22-44
11. Birthplace Paul (City or town) Idaho (State or foreign country)

Father
12. Name Floyd V. Morrison
13. Birthplace (Unknown) (City or town) (State or foreign country)

Mother
14. Maiden name Vera A. (Unknown)
15. Birthplace (Unknown) (City or town) (State or foreign country)

16. Informant's **OWN** Signature Phillip C Pedersen
    and Address PHILLIP C. PEDERSEN Gowen Field, Boise, Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Aug. 25, 1944 (Month) (Day) (Year)
    (c) Place: Murtaugh, Idaho
18. Funeral Director's **OWN** Signature [illegible]
    and Address Boise, Idaho
19. (a) 8-24-44 (Date received and filed) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH**
    (Month, Day, Year) 22 August 1944
    at 2:50 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 17 August 1944, to 22 August 1944
    I last saw him alive on 22 August 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Suppurative encephalitis and Meningitis	6 Days
Due to Hemolytic staphylococcic septicemia,	6 Days
Due to - -	
Other conditions - - (Include pregnancy within 3 months of death)	

Where was disease contracted? Unknown
Name of operation - - Date -
Major finding - -
Finding of autopsy Same as above

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? - Suicide? - Homicide? -
    Occurred - 19 - City, county, state where violence occurred -
    Place of Violence: Home - Farm - Industry -
    Public Place - While at work? -
    Means of injury -
23. Attendant's **OWN** Signature Frank L Fletcher
    FRANK L. FLETCHER, LT. COL. (M. D. or other) M. C.
    and Address Gowen Fld., Idaho Date 8-23 1944
    (For additional space, use reverse side)

Dr. Poindexter

United States
Department of Commerce
Bureau of the Census SEP 15 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140054
Local Reg. No. 283
Reg. Dist. No. 370

1. PLACE OF DEATH:
(a) County Ada
(b) City or town Boise
(c) Street Address or R.F.D. No. 1803 N. 9th
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Home X Hospital ..... Institution ..... Other place .....
(f) Name Hosp. or Inst. None Stayed ..... days
(g) Lived in this county 29 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Ada
(c) City or town Boise
(d) Street Address or R.F.D. No. 1803 N. 9th
(e) Deceased lived Inside? X Outside? ..... city or town
(f) Citizen of what country? U. S. A.
(g) How long had deceased lived in Idaho? 29 years
(h) Former residence (city, state) Oswego, Kans

3. (a) FULL NAME Ada Dell Kiddoo Vance

46d

3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Sherman Vance
6. (c) Age of husband or wife if alive 78 years
7. Date of Birth (Month, Day, Year) April 20, 1878

8. AGE	Years	Months	Days	If less than 1 day
	66	4	2	hrs min.

9. Exact Occupation Housewife Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Newton County, Mo. (City or town) (State or foreign country)
Father 12. Name John Kiddoo
13. Birthplace Illinois (City or town) (State or foreign country)
Mother 14. Maiden name Mary Margaret Ghormley
15. Birthplace Penn. (City or town) (State or foreign country)
16. Informant's OWN Signature Norman R. Kent
and Address 1901 N 10th St. Boise Ida
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 24-44 (Month) (Day) (Year)
(c) Place: Cloverdale
18. Funeral Director's OWN Signature McBratney Funeral Home
and Address Boise, Idaho
19. (a) 8-24-44 (Date received and filed) (b) R. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) 8/22 1944
at 8:45 o'clock A M.
21. I HEREBY CERTIFY, That I attended deceased from 8/7 1944, to 7/22 1944
I last saw her alive on 7/14/44 19 ; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
~~Cachexia~~ Cachexia	6 mo.
Due to CA - rectum	1 yr?
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ..... Date .....
Major finding Biopsy
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's OWN Signature [signature] (M. D. or other)
and Address Boise, Idaho Date 8/23 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

SEP 15 1944

State File No. 140055 ✓
Local Reg. No. 165
Reg. Dist. No. 31

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise
   (c) Street Address or R.F.D. No. 2001 Kerr St.
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home X Hospital .... Institution .... Other place ....
   (f) Name Hosp. or Inst. ..... Stayed ..... days
   (g) Lived in this county 30 years ..... months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Ada
   (c) City or town Boise
   (d) Street Address or R.F.D. No. 2001 Kerr St.
   (e) Deceased lived Inside? X Outside? ..... city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 60 years
   (h) Former residence (city, state) None

3. (a) **FULL NAME** James Gilbert Ames 94a

3. (b) If veteran, name war None
3. (c) Social Security No. 518-09-7122
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) June 9, 1884

8. AGE	Years	Months	Days	If less than 1 day
	60	2	14	hrs ..... min.

9. Exact Occupation Roofer Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Bannock Co. (City or town) Idaho (State or foreign country)

Father
12. Name James L. Ames
13. Birthplace Portage (City or town) Utah (State or foreign country)

Mother
14. Maiden name Lucinda Gould
15. Birthplace ..... (City or town) Kansas (State or foreign country)

16. Informant's **OWN** Signature Mrs. Walter L. Ames
and Address Boise Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/28/44 (Month) (Day) (Year)
(c) Place: Morris Hill Cemetery

18. Funeral Director's **OWN** Signature Schreiber & McCann
and Address Boise Mildred Knapp

19. (a) 8/28/44 (Date received and filed) (b) ..... (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 8/23 1944
at 10:20 o'clock A. M.

21. **I HEREBY CERTIFY**, That I attended deceased from — 19..., to — 19...
I last saw h... alive on — 19...; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: (Duration)
Coronary occlusion, Immediate
Due to —
Due to .....
Other conditions — (Include pregnancy within 3 months of death)
Where was disease contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature [illegible] (M. D. or other)
and Address Boise, Idaho Date 9-14 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

SEP 15 1944

Certificate Of Death

STATE OF IDAHO

State File No. 19056
Local Reg. No. 44
Reg. Dist. No. 1

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise
   (c) Street Address or R.F.D. No. Route # 1
   (d) Death Occured Inside? x Outside? ..... city or town
   (e) Died in a Home.... Hospital x Institution.... Other place....
   (f) Name Hosp. or Inst. Ada County Stayed 23 days
   (g) Lived in this county 26 years ..... months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Ada
   (c) City or town Boise
   (d) Street Address or R.F.D. No. Route # 1
   (e) Deceased lived Inside? ..... Outside? x ..... city or town
   (f) Citizen of what country? U. S. A.
   (g) How long had deceased lived in Idaho? 26 years
   (h) Former residence (city, state) Geneva, Nebraska

3. (a) **FULL NAME** Mary May Trebilcock 82

3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex F.
5. Color or race W.
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Clifford
6. (c) Age of husband or wife if alive 54 years
7. Date of Birth (Month, Day, Year) Febr. 18, 1898

8. AGE	Years	Months	Days	If less than 1 day
	46	6	5	hrs ..... min.

9. Exact Occupation Housewife Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Shickley, Nebraska (City or town) (State or foreign country)

Mother Father
12. Name John Arthur Steele
13. Birthplace Saline Co., Nebraska (City or town) (State or foreign country)
14. Maiden name Mary Williams
15. Birthplace Fillmore Co., Nebraska (City or town) (State or foreign country)

16. Informant's **OWN** Signature L. W. Trebilcock
and Address RR #1 Boise, Idaho

17. (a) burial (Burial, cremation, or removal) (b) Date thereof Aug. 26, 1944 (Month) (Day) (Year)
(c) Place: Morris Hill

18. Funeral Director's **OWN** Signature McBratney Funeral Home
and Address Boise Ida

19. (a) 8-25-44 (Date received and filed) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Aug 23 19 44
at ..... o'clock P M.

21. **I HEREBY CERTIFY**, That I attended deceased from Aug 1 19 44 to Aug 23 19 44
I last saw her alive on Aug 23 19 44, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Septicemia — Duration 4 days
Due to Abscess? — Duration 1
Due to Paralysis, partial, of bowel — Duration ....
Other conditions ..... — Duration ....
(Include pregnancy within 3 months of death)

Where was disease contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature S W Tarney MD
and Address Boise Ida (M. D. or other) Date 8-25- 1944
(For additional space, use reverse side)

140057 ✓

United States
Department of Commerce
Bureau of the Census

SEP 15 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 285
Reg. Dist. No. 270

1. **PLACE OF DEATH:**
(a) County Ada
(b) City or town Boise
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. St. Alphonse Stayed 1 days
(g) Lived in this county years months 1 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Elmore
(c) City or town Mountain Home
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? 36 years
(h) Former residence (city, state) None

3. (a) FULL NAME HELEN MEABE

14

3. (b) If veteran, name war No.
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Joseph
6. (c) Age of husband or wife if alive 41 years
7. Date of Birth (Month, Day, Year) August 27, 1908

8. AGE	Years	Months	Days	If less than 1 day
	35 ~~36~~	11 ~~2~~	27 ~~0~~	hrs min.

9. Exact Occupation Housewife Did this work for Life yrs.
10. Industry or Business Home Date last worked 8/23/44
11. Birthplace Mountain Home Idaho (City or town) (State or foreign country)
Father
12. Name Pedro Anchustegui
13. Birthplace Spain (City or town) (State or foreign country)
Mother
14. Maiden name Josef Anchustegui
15. Birthplace Spain (City or town) (State or foreign country)
16. Informant's OWN Signature Joe Meabe and Address Mountain Home Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Aug. 27, 1944 (Month) (Day) (Year)
(c) Place: Mountain Home Idaho
18. Funeral Director's OWN Signature Felix J. Bey and Address Mountain Home Idaho
19. (a) 9-5-44 (Date received and filed) (b) R. Shaw (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 8/24 1944 at 10:50 o'clock A.M.
21. I HEREBY CERTIFY, That I attended deceased from May 1937 19, to 8/24 1944
I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Ure - Meningitis	?
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Arrested Pulmonary Ure	1937

✓ Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature [signature] M.D. (M. D. or other)
and Address Boise Idaho Date 9/1 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

SEP 15 1944

Certificate Of Death

STATE OF IDAHO

140058

State File No.
Local Reg. No. 163
Reg. Dist. No. 371

1. PLACE OF DEATH:
(a) County Ada
(b) City or town Boise
(c) Street Address or R.F.D. No. Route # 2
(d) Death Occured Inside? ..... Outside? x city or town
(e) Died in a Home.... Hospital x Institution.... Other place....
(f) Name Hosp. or Inst. Ada County Stayed ..... days
(g) Lived in this county 31 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Ada
(c) City or town Boise,
(d) Street Address or R.F.D. No. Route # 2
(e) Deceased lived Inside? ..... Outside? x city or town
(f) Citizen of what country? U. S. A.
(g) How long had deceased lived in Idaho? 31 years
(h) Former residence (city, state) Iowa

3. (a) **FULL NAME** Harvey Austin Monroe

93d

3. (b) If veteran, name war No
3. (c) Social Security No. .....
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) August, 1879

8. AGE	Years	Months	Days	If less than 1 day
	65			hrs min.

9. Exact Occupation County Deputy Assessor Did this work for six yrs.
10. Industry or Business Ada County Date last worked .....
11. Birthplace Butler County, Iowa. (City or town) (State or foreign country)
Father
12. Name John Monroe
13. Birthplace Canada (City or town) (State or foreign country)
Mother
14. Maiden name Clara Glenn
15. Birthplace Iowa (City or town) (State or foreign country)
16. Informant's OWN Signature Paul S Monroe
and Address 1607 N. 6th
17. (a) burial (Burial, cremation, or removal) (b) Date thereof Aug. 26, 1944 (Month) (Day) (Year)
(c) Place: Morris Hill
18. Funeral Director's OWN Signature McBratney Funeral Home
and Address Boise, Idaho.
19. (a) 8-25-44 (Date received and filed) (b) R. Shaw (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Aug - 25 1944
at 9:20 o'clock P M.
21. **I HEREBY CERTIFY**, That I attended deceased from Nov-10 1943, to Aug 25 1944
I last saw him alive on Aug - 25 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Myocarditis	several years.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's OWN Signature S. W. Forney M.D. (M. D. or other)
and Address Boise Ida Date 8/25 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

SEP 15 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140059
Local Reg. No. 166
Reg. Dist. No. 371

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise.
   (c) Street Address or R.F.D. No. R.D. # 2.
   (d) Death Occured Inside? ..... Outside? Yes city or town
   (e) Died in a Home.... Hospital X Institution.... Other place....
   (f) Name Hosp. or Inst. Ada County Stayed 30 days
   (g) Lived in this county 25 years ..... months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho. (b) County Ada
   (c) City or town Ustick.
   (d) Street Address or R.F.D. No. X
   (e) Deceased lived Inside? ..... Outside? Yes city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 25 years
   (h) Former residence (city, state) Wyoming.

3. (a) **FULL NAME** Ira Lawrence Coffelt

95C

3. (b) If veteran, name war No.
3. (c) Social Security No. None.
4. Sex Male. 5. Color or race White.
6. (a) Single, widowed, married, divorced Widower.
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) March. 31. 1872.

8. AGE	Years	Months	Days	If less than 1 day
	72.	5.	0.	hrs min.

9. Exact Occupation Farmer. Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Missouri. (City or town) (State or foreign country)
Father
12. Name Unknown.
13. Birthplace Unknown. (City or town) (State or foreign country)
Mother
14. Maiden name Womack.
15. Birthplace Unknown. (City or town) (State or foreign country)
16. Informant's **OWN** Signature Mrs Aletha Gates
and Address Ustick Idaho
17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof Sept. 2. 1944. (Month) (Day) (Year)
(c) Place: Cloverdale Memorial Park.
18. Funeral Director's **OWN** Signature Summers Funeral Home. Clyde E. Summers,
and Address Boise, Idaho.
19. (a) 9-2-44 (Date received and filed) (b) R. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Aug. 31 - 1944
at about 2:00 o'clock a M.
21. **I HEREBY CERTIFY,** That ~~I attended deceased from~~ ~~19~~ ~~to~~ ~~19~~
~~I last saw h~~ ~~alive on~~ ~~19~~; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Found dead. Had chronic Heart disease.	
Due to Natural Cause.	
Due to Nothing of a Criminal	
Other conditions Nature found (Include pregnancy within 3 months of death)	

Where was disease contracted? —
Name of operation — Date —
Major finding —
Finding of autopsy None
No Inquest.

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature W. McBratney Coroner (M. D. or other)
and Address Boise Idaho Date 9/1/44 19.....
(For additional space, use reverse side)

Boundaries

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

SEP 15 1944

STATE OF IDAHO

State File No. 140060 ✓
Local Reg. No. 284
Reg. Dist. No. 370

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise
   (c) Street Address or R.F.D. No. 623 Hays St.
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home X Hospital.... Institution.... Other place....
   (f) Name Hosp. or Inst..... Stayed.....days
   (g) Lived in this county 60 years .....months .....days

   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Ada
   (c) City or town Boise
   (d) Street Address or R.F.D. No. 623 Hays st
   (e) Deceased lived Inside? X Outside? ..... city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 75 years
   (h) Former residence (city, state) None

3. (a) **FULL NAME** Clara O. Jones 50

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) Oct. 11th. 1868

8. AGE	Years	Months	Days	If less than 1 day
	75	10	20	hrs min.

9. Exact Occupation Housewife — Did this work for .....yrs.
10. Industry or Business ..... — Date last worked .....
11. Birthplace Garden Valley Idaho (City or town) (State or foreign country)

Father
12. Name Charles Ostner
13. Birthplace Germany (City or town) (State or foreign country)

Mother
14. Maiden name Armbruester
15. Birthplace Germany (City or town) (State or foreign country)

16. Informant's **OWN** Signature Clara E. Jones and Address 623 Hays St. Boise Idaho
17. (a) Burial (Burial, cremation or removal) (b) Date thereof 9/3/1944 (Month) (Day) (Year)
    (c) Place: Morris Hill Cemetery
18. Funeral Director's **OWN** Signature Schreiber & McCanna and Address Boise
19. (a) 9-5-44 (Date received and filed) (b) Clifford Draper (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 8/31 19 44
    at 9.15 o'clock A.M.
21. **I HEREBY CERTIFY,** That I attended deceased from 11/14/44 19..., to 8/31 19...
    I last saw h... alive on ..... 19...; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Metastatic CA to skull & spine	2 yrs
Due to CA Breast removed	2 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	2 yrs
Where was disease contracted?	
Name of operation ..... Date	
Major finding	
Finding of autopsy	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
    Occurred ..... 19... City, county, state where violence occurred .....
    Place of Violence: Home ..... Farm ..... Industry .....
    Public Place ..... While at work? .....
    Means of injury .....
23. Attendant's **OWN** Signature [illegible] (M. D. or other)
    and Address Boise Date 9/1 1944
    (For additional space, use reverse side)

140061

United States
Department of Commerce
Bureau of the Census

SEP 15 1944

Certificate Of Death

STATE OF IDAHO

State File No. .....
Local Reg. No. 286
Reg. Dist. No. 370

1. PLACE OF DEATH:
(a) County Ada
(b) City or town Boise
(c) Street Address or R.F.D. No. 1919 No 14th St.
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Home X Hospital ..... Institution ..... Other place .....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 26 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Ada
(c) City or town Boise
(d) Street Address or R.F.D. No. 1919 N 14 St
(e) Deceased lived Inside? X Outside? ..... city or town
(f) Citizen of what country? Usa
(g) How long had deceased lived in Idaho? 26 years
(h) Former residence (city, state) Wyo:

3. (a) FULL NAME John Franklin Tracy 53

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Almyra
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) Aug 23rd 1858

8. AGE	Years	Months	Days	If less than 1 day
	86	0	8	hrs min.

9. Exact Occupation Farmer Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace ..... (City or town) Indiana (State or foreign country)

Father
12. Name Henry Gerard Tracy
13. Birthplace ..... (City or town) Ohio (State or foreign country)

Mother
14. Maiden name Unknown
15. Birthplace ..... (City or town) Penn: (State or foreign country)

16. Informant's OWN Signature M. F. Tracy
and Address Boise Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/4/1944 (Month) (Day) (Year)
(c) Place: Morris Hill Cemetery
18. Funeral Director's OWN Signature Schreiber & McCann
and Address Boise Milford Dragoo
19. (a) 9-5-44 (Date received and filed) (b) R. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) August - 21 - 1944
at 1:00 o'clock P. M.
21. **I HEREBY CERTIFY,** That ~~I attended deceased from ..... 19.., to ..... 19..~~ ~~I last saw h..... alive on ..... 19..~~; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cancer of Face. — Duration
Due to Natural Causes.
Nothing of a criminal
~~Due to~~ Nature.
Other conditions ~~(Include pregnancy within 3 months of death)~~

Where was disease contracted? ——
Name of operation —— Date ——
Major finding
Finding of autopsy None.
No Inquest

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's OWN Signature W. McBratney
Coroner of Ada County (Mr. Dr. or other)
and Address Boise, Idaho Date 9/5/44 19..
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

SEP 13 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 140062
Local Reg. No. 397
Reg. Dist. No. 300

1. PLACE OF DEATH:
(a) County Adams
(b) City or town Council
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst Council Hospital Stayed days
(g) Lived in this county years months 14 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Ida (b) County Valley
(c) City or town McCall
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) If foreign born, in U. S. yrs. Citizen of U. S.?
(g) How long had deceased lived in Idaho? 8 years
(h) Former residence (city, state) —

3. (a) **FULL NAME** Kay Bacon 8

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓
4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife ✓ 6 (c) Age of husband or wife if alive ✓ years
7. Date of Birth (Month, Day, Year) April-22-1936

8. AGE	Years	Months	Days	If less than 1 day
	8	4	3	hrs min.

9. Exact Occupation School girl Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace McCall, Ida (City or town) (State or foreign country)
Father 12. Name Guy Bacon
Father 13. Birthplace McHenry, Ill. (City or town) (State or foreign country)
Mother 14. Maiden name Velma L. ~~Ba~~ Parish
Mother 15. Birthplace Texas (City or town) (State or foreign country)
16. Informant's **OWN** Signature Guy Bacon
and Address McCall Ida
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/28/44 (Month) (Day) (Year)
(c) Place: McCall Cemetery, McCall Ida
18. Funeral Director's **OWN** Signature L. L. Pitterington
and Address Cascade, Ida
19. (a) 8/29/44 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 8/25/44 19 44
at 8:55 o'clock A M.
21. I **HEREBY CERTIFY**, That I attended deceased from 8/14 1944, to 8/25 1944
I last saw her alive on 8/25 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death	Duration
Extensive Adhesive Pericarditis	2 mo
Due to Streptococcus	
✓ Due to Scarlet Fever — dot 4 mo ago —	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease first contracted?
Name of operation Date
Major finding
Finding of autopsy Extensive Adhesive Pericarditis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature [signature] (M. D. or other)
and Address Canal Date 8/25/44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

140663

United States
Department of Commerce
Bureau of the Census

SEP 13 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 140663
Local Reg. No. 198
Reg. Dist. No. 500

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
   (a) County Adams
   (b) City or town Council
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? in Outside? ____ city or town
   (e) Died in a Home ____ Hospital X Institution ____ Other place ____
   (f) Name Hosp. or Inst. Comunity ____ Stayed ____ days
   (g) Lived in this county 30 years ____ months ____ days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Adams
   (c) City or town Council
   (d) Street Address or R. F. D. No.
   (e) Deceased lived Inside? X Outside? ____ city or town
   (f) Citizen of what country? U. S.
   (g) How long had deceased lived in Idaho? 30 years
   (h) Former residence (city, state)

3. (a) FULL NAME Charles Alvin Roper 1750

3. (b) If veteran, name war ____ Na ____
3. (c) Social Security No. ____ —
4. Sex Male
5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife ____ —
6. (c) Age of husband or wife if alive ____ — years
7. Date of Birth (Month, Day, Year) Apr. 26, 1867

8. AGE	Years	Months	Days	If less than 1 day
	77	4	—	hrs ____ min.

9. Exact Occupation Farmer — Did this work for ____ yrs.
10. Industry or Business Farm — Date last worked
11. Birthplace Beatrice (City or town) Nebr. (State or foreign country)

Father
12. Name Fordyce Roper
13. Birthplace Catskill (City or town) N. Y. (State or foreign country)

Mother
14. Maiden name Julia Sophia Foote
15. Birthplace Granville (City or town) Ohio (State or foreign country)

16. Informant's OWN Signature Ella C. Landers - sister
and Address Lodi, California

17. (a) Buried (Burial, cremation, or removal) (b) Date thereof 8 (Month) 28 (Day) 44 (Year)
(c) Place: Council

18. Funeral Director's OWN Signature J. A. Hendrickson
and Address Council Ida

19. (a) SEP 14 (Date received and filed) (b) Alvin S. Hunter M.D. (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 8/26/44 19____
at 6:40 o'clock A M.

21. **I HEREBY CERTIFY,** That I attended deceased from 8/23 1944 to 8/26/44 19____
I last saw him alive on 8/25/44 19____; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — Duration
Myocarditis — 3 yrs
Due to Fracture of L. hip — 3 days
Thrombosis Pulmonary embolism — 3 days
Due to ____
Other conditions Injury to skull with hemorrhage
(Include pregnancy within 3 months of death)

Where was disease contracted? Home
Name of operation 0 Date ____
Major finding 0
Finding of autopsy 0

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? X Suicide? ____ Homicide? ____
Occurred 8/24/44 19____ City, county, state where violence occurred Caldwell County Idaho
Place of Violence: Home ____ Farm X Industry ____
Public Place ____ While at work? X
Means of injury Fall from apple tree

23. Attendant's OWN Signature Alvin S. Hunter M.D.
and Address Council Date 8/29 1944
(M. D. or other)
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census SEP 13 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 140064
Local Reg. No. 59
Reg. Dist. No. 700

1. **PLACE OF DEATH:** Adams
(a) County D
(b) City or town Council
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside Out city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 33 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Adams
(c) City or town Council
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Outside? Out city or town
(f) Citizen of what country? U S
(g) How long had deceased lived in Idaho? 33 years
(h) Former residence (city, state)

3. (a) **FULL NAME** William Marks 131h

3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex Male
5. Color or race Amr
6. (a) Single, widowed, married, divorced Maried
6. (b) Name of husband or wife Nellie Downs
6. (c) Age of husband or wife if alive 55 years
7. Date of Birth (Month, Day, Year) Dec 10 1872

8. AGE	Years	Months	Days	If less than 1 day
	71	8	17	hrs min.

9. Exact Occupation Farmer — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace Oakwood (City or town) Ohio (State or foreign country)

Father
12. Name Herman Marks
13. Birthplace Un (City or town) Ohio (State or foreign country)

Mother
14. Maiden name Unknown
15. Birthplace Ohio (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mrs Hazel Harrington
and Address Eastside Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8 29 44 (Month) (Day) (Year)
(c) Place: Bonner creek
18. Funeral Director's **OWN** Signature J A Hendelson
and Address Council Ida
19. (a) 8/31/44 (Date received and filed) (b) Glenn Hunter MD (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 8/27 19 44
at 4:14 o'clock A M.
21. **I HEREBY CERTIFY**, That I attended deceased from June 1943 to 8/27/ 1944
I last saw h[illegible] alive on 8/26/44 19 ; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — Duration

Comcditis — yrs
Due to Uremic Coma complicating Nephritis — 3 —
✓ Due to Hypertrophic Prostatitis — 3 —
Other conditions — —
(Include pregnancy within 3 months of death)

Where was disease contracted? Home
Name of operation 0 Date
Major finding 0
Finding of autopsy 0

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? 0 Suicide? Homicide?
Occurred 19 City, county, state where violence occurred 0
Place of Violence: Home 0 Farm Industry
Public Place While at work?
Means of injury 0

23. Attendant's **OWN** Signature Glenn Hunter MD (M. D. or other)
and Address Council Ida Date 8/28 19 44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

SEP 18 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140065
Local Reg. No. 204
Reg. Dist. No. 510

1. **PLACE OF DEATH:**
(a) County Bannock
(b) City or town Pocatello
(c) Street Address or R.F.D. No. –
(d) Death Occured Inside? – Outside? ..... city or town
(e) Died in a Home .... Hospital – Institution .... Other place ....
(f) Name Hosp. or Inst. General Stayed ..... days
(g) Lived in this county ..... years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Bannock
(c) City or town Pocatello
(d) Street Address or R.F.D. No. 737 W. Benton
(e) Deceased lived Inside? – Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 23 years
(h) Former residence (city, state) New York City

3. (a) **FULL NAME** Minnie Barry 50

3. (b) If veteran, name war –
3. (c) Social Security No. –
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Alexander
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) Oct., 7, 1893

8. AGE	Years	Months	Days	If less than 1 day
	50	9	25	hrs min.

9. Exact Occupation Housewife Did this work for 18 yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Malin Donegal, Ireland (City or town) (State or foreign country)
Father
12. Name James Boggs
13. Birthplace Ireland (City or town) (State or foreign country)
Mother
14. Maiden name unknown
15. Birthplace Ireland (City or town) (State or foreign country)
16. Informant's **OWN** Signature Alex Barry
and Address 737 W. Benton
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 8-5-44 (Month) (Day) (Year)
(c) Place: Mountainview
18. Funeral Director's **OWN** Signature Byron B. Downard
and Address Pocatello Idaho
19. (a) 8-4-1944 (Date received and filed) (b) DC Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Aug., 2 1944
at ..... o'clock P. M.
21. **I HEREBY CERTIFY**, That I attended deceased from 9-21 1943, to 8-2 1944
I last saw her alive on 8-2 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death	Duration
Carcinoma of the Breast	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation Mastectomy Date 9-21-43	
Major finding Carcinoma	
Finding of autopsy	

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature R K Merrell M.D. (M. D. or other)
and Address Pocatello Date 8-4 1944
(For additional space, use reverse side)

140066

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No.
Local Reg. No. 205
Reg. Dist. No.

SEP 1 1944

1. **PLACE OF DEATH:**
   (a) County Bannock
   (b) City or town Pocatello
   (c) Street Address or R. F. D. No.
   (d) Death Occured Inside? ✓ Outside? city or town
   (e) Died in a Home Hospital ✓ Institution Other place
   (f) Name Hosp. or Inst. St. Anthony Stayed 0 days
   (g) Lived in this county years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Bannock
   (c) City or town Pocatello
   (d) Street Address or R.F.D. No. 322 S. Third
   (e) Deceased lived Inside? ✓ Outside? city or town
   (f) Citizen of what country? U. S. A.
   (g) How long had deceased lived in Idaho? 62 years
   (h) Former residence (city, state)

3. (a) **FULL NAME** Lawrence Anderson 94a

3. (b) If veteran, name war ✓
3. (c) Social Security No. 519-03-5535
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Dora
6. (c) Age of husband or wife if alive 58 years
7. Date of Birth (Month, Day, Year) Sept. 30, 1881

8. AGE	Years	Months	Days	If less than 1 day
	63	10	3	hrs min.

9. Exact Occupation Laborer — Did this work for 8-2-44 yrs.
10. Industry or Business Sheep Shearer — Date last worked
11. Birthplace Clifton Idaho (City or town) (State or foreign country)

Father
12. Name Sven Anderson
13. Birthplace (City or town) (State or foreign country)

Mother
14. Maiden name Christina
15. Birthplace (City or town) (State or foreign country)

16. Informant's **OWN** Signature Dora Anderson
and Address 322 S. Third

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-7-44 (Month) (Day) (Year)
(c) Place: Mountainview

18. Funeral Director's **OWN** Signature Byron B. Dawnard
and Address Pocatello Idaho

19. (a) 8-7-1944 (Date received and filed) (b) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) August, 3 1944
at o'clock 12 P M.

21. **I HEREBY CERTIFY**, That I attended deceased from 8-2 1944, to 8-3 1944
I last saw h— alive on 8/3 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Coronary Thrombosis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding /
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature [illegible] (M. D. or other)
and Address Pocatello Date 8/7 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

SEP 18 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 140067
Local Reg. No. 206
Reg. Dist. No. 510

1. PLACE OF DEATH:
(a) County Bannock
(b) City or town Pocatello Idaho
(c) Street Address or R. F. D. No. 743½ N. Harrison
(d) Death Occurred Inside? X Outside? ..... city or town
(e) Died in a Home X Hospital ..... Institution ..... Other place .....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 22 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Bannock
(c) City or town Pocatello Ida
(d) Street Address or R. F. D. No. 743½ N. Harrison
(e) Deceased lived Inside? X Outside? ..... city or town
(f) If foreign born, in U. S. ..... yrs. Citizen of U. S.? .....
(g) How long had deceased lived in Idaho? 22 years
(h) Former residence (city, state) Ogden Utah

3. (a) **FULL NAME** John Chester Dean 164a

3. (b) If veteran, name war ..... 3. (c) Social Security No. .....
4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife dead 6 (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) May 23. 1882

8. AGE	Years	Months	Days	If less than 1 day
	62	2	13	hrs min.

9. Exact Occupation Clerk & account Did this work for 27 yrs.
10. Industry or Business R. R. U. P. Date last worked 19/31
11. Birthplace Ogden Utah (City or town) (State or foreign country)
Father 12. Name Joseph E. Dean
13. Birthplace Unknown (City or town) (State or foreign country)
Mother 14. Maiden name Unknown
15. Birthplace " (City or town) (State or foreign country)
16. Informant's **OWN** Signature Laurence D Dean and Address POCATELLO, IDAHO
17. (a) removal (Burial, cremation, or removal) (b) Date thereof Aug 7th 44 (Month) (Day) (Year)
(c) Place: Ogden Utah
18. Funeral Director's **OWN** Signature J. L. McHall and Address Pocatello Ida
19. (a) 8-6-44 (Date received and filed) (b) D C Kay (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) August 4 1944
at ..... o'clock ..... M.
21. **I HEREBY CERTIFY,** That I attended deceased from ..... 19....., to ..... 19.....
I last saw h..... alive on ..... 19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Strangulation By hanging	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease first contracted?	PHYSICIAN
Name of operation ..... Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ✓ Homicide? .....
Occurred August 4 1944 City, county, state where violence occurred at Home
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature Arthur M Hall (M. D. or other) Coroner
and Address POCATELLO, IDAHO Date Aug 5 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census SEP 18 1944

Certificate Of Death

STATE OF IDAHO

State File No. 14066
Local Reg. No. 208
Reg. Dist. No. 511

1. **PLACE OF DEATH**
   (a) County Bannock
   (b) City or town Pocatello
   (c) Street Address or R.F.D. No. 654 S. Arthur
   (d) Death Occured Inside? ~~Outside?~~ ..... city or town
   (e) Died in a Home ~~Hospital~~ .... Institution .... Other place ....
   (f) Name Hosp. or Inst. ..... Stayed ..... days
   (g) Lived in this county ..... years ..... months 21 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County .....
   (c) City or town Emmett
   (d) Street Address or R.F.D. No. R.F.D.
   (e) Deceased lived Inside? ..... Outside? ~~Outside?~~ ..... city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 30 years
   (h) Former residence (city, state) Missouri

3. (a) **FULL NAME** Charles Warner Head 95a

3. (b) If veteran, name war .....
3. (c) Social Security No. 213-20-6227
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Maude
6. (c) Age of husband or wife if alive 65 years
7. Date of Birth (Month, Day, Year) March 15, 1877

8. AGE	Years	Months	Days	If less than 1 day
	67	4	22	hrs ..... min.

9. Exact Occupation Farmer — Did this work for 30 yrs.
10. Industry or Business ..... — Date last worked .....
11. Birthplace Knox Co. Missouri (City or town) (State or foreign country)

Father
12. Name Charles Head
13. Birthplace Missouri (City or town) (State or foreign country)

Mother
14. Maiden name Sarah Swan
15. Birthplace Iowa (City or town) (State or foreign country)

16. Informant's **OWN** Signature Zella Head Albert
and Address 654 So Arthur

17. (a) removal (Burial, cremation, or removal) (b) Date thereof 8-9-44 (Month) (Day) (Year)
(c) Place: Emmett Idaho

18. Funeral Director's **OWN** Signature Byron B. Dawsard
and Address Pocatello, Idaho

19. (a) 8-[illegible]-44 (Date received and filed) (b) ..... (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) August 7 1944
at ..... o'clock ..... M.

21. **I HEREBY CERTIFY**, That I attended deceased from Aug 5 1944, to Aug 7 1944
I last saw him alive on Aug 6 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
(a) Cardiac failure - Immediate	
(b) Due to Heart block - by EKG	2 mo.
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation ..... Date	
Major finding	
Finding of autopsy	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature J. R. McMahon (M. D. or other)
and Address Pocatello Date 8/7 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

SEP 18 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140669
Local Reg. No. 378
Reg. Dist. No. 310

1. **PLACE OF DEATH:**
   (a) County Bannock
   (b) City or town Pocatello
   (c) Street Address ~~XXXXX~~ No. So. Johnson Ave
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home.... Hospital X Institution.... Other place....
   (f) Name Hosp. or Inst. General Stayed 4 days
   (g) Lived in this county 34 years ..... months ..... days

   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Bannock
   (c) City or town Pocatello
   (d) Street Address ~~XXXXX~~ No. 735 So. 5th Ave
   (e) Deceased lived Inside? X Outside? ..... city or town
   (f) Citizen of what country? U. S. A.
   (g) How long had deceased lived in Idaho? 34 years
   (h) Former residence (city, state) Meno, So. Dak.

3. (a) **FULL NAME** CECILIA ELFRIEDE DAVIS 55e

3. (b) If veteran, name war ---
3. (c) Social Security No. ----
4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Glenwood
6. (c) Age of husband or wife if alive 50 years
7. Date of Birth (Month, Day, Year) November 3, 1895

8. AGE	Years	Months	Days	If less than 1 day hrs	min.
	48	9	6		

9. Exact Occupation housewife Did this work for ..... yrs.
10. Industry or Business ------- Date last worked May, 1944
11. Birthplace Meno, South Dakota (City or town) (State or foreign country)

Father
12. Name Adolph Winter
13. Birthplace Unknown (City or town) Russia (State or foreign country)

Mother
14. Maiden name Caroline Flemmer
15. Birthplace Unknown (City or town) Russia (State or foreign country)

16. Informant's **OWN** Signature Glenwood Davis
and Address Pocatello, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 12/44 (Month) (Day) (Year)
(c) Place: Pocatello, Idaho
18. Funeral Director's **OWN** Signature O. L. McHan
and Address Pocatello, Idaho
19. (a) Aug. 12/44 (Date received and filed) (b) D C Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) August 9 19 44
at 10:10 o'clock p. M.
21. **I HEREBY CERTIFY,** That I attended deceased from ..... 19..... to Aug. 9 19 44
I last saw her alive on Aug. 9 19 44; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Respiratory Failure	Immediate
Due to Medullary Carcinoma	3 mo.
Due to Carcinoma of abdomen	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature J. K. McMahon (M. D. or other)
and Address Pocatello, Ida Date 8/10 19 44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 140070
Local Reg. No. 211
Reg. Dist. No. 540

SEP 1 8 1944

1. **PLACE OF DEATH:**
   (a) County Bannock
   (b) City or town Pocatello
   (c) Street Address or R.F.D. No. 227 S. 7th
   (d) Death Occured Inside? — Outside? ... city or town
   (e) Died in a Home.... Hospital.... Institution.... Other place....
   (f) Name Hosp. or Inst. ... Stayed ... days
   (g) Lived in this county ... years ... months ... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Bannock
   (c) City or town Pocatello
   (d) Street Address or R.F.D. No. 227 S. 7th
   (e) Deceased lived Inside? — Outside? ... city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 3 years
   (h) Former residence (city, state) ...

3. (a) **FULL NAME** Larry Frederick Wallace 1316

3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Date of Birth (Month, Day, Year) July 18, 1941

8. AGE	Years	Months	Days	If less than 1 day
	3	1	28	hrs min.

9. Exact Occupation none — Did this work for ... yrs.
10. Industry or Business — Date last worked
11. Birthplace Burley (City or town) Idaho (State or foreign country)

Father
12. Name G. D. Wallace
13. Birthplace Jerome (City or town) Idaho (State or foreign country)

Mother
14. Maiden name Marian Lawrence
15. Birthplace Twin Falls (City or town) Id (State or foreign country)

16. Informant's **OWN** Signature G. Wallace
and Address 227 S. 7th
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-19-44 (Month) (Day) (Year)
(c) Place: Mountainview
18. Funeral Director's **OWN** Signature Byron B. Downard
and Address Pocatello, Idaho
19. (a) 8-17-1944 (Date received and filed) (b) D C Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Aug. 16 1944
at 8 o'clock P M.

21. **I HEREBY CERTIFY**, That I attended deceased from May 10 1944, to Aug 16 1944
I last saw him alive on Aug 16 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Uremia	2 Days
Due to Chronic Glomerular Nephritis	4 Mo.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? Home
Name of operation none Date ...
Major finding ...
Finding of autopsy none

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ... Suicide? ... Homicide? ...
Occurred ... 19... City, county, state where violence occurred ...
Place of Violence: Home ... Farm ... Industry ...
Public Place ... While at work? ...
Means of injury ...

23. Attendant's **OWN** Signature D C McDougall (M. D. or other)
and Address Pocatello Date Aug 17 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

SEP 18 1944

Certificate Of Death

STATE OF IDAHO

State File No. 14007
Local Reg. No. 212
Reg. Dist. No. 2

1. **PLACE OF DEATH:**
   (a) County Bannock
   (b) City or town Pocatello
   (c) Street Address or R.F.D. No. 531 No. 7th. Ave.
   (d) Death Occured (Inside?) Outside? city or town
   (e) Died in a (Home). Hospital.... Institution.... Other place....
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county 28 years months days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Bannock
   (c) City or town McCammon
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? (Outside?) city or town
   (f) Citizen of what country? United States
   (g) How long had deceased lived in Idaho? Life years
   (h) Former residence (city, state) None.

3. (a) **FULL NAME** Lawrence Alvin Nelson. 83L

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Medora Raymond
6. (c) Age of husband or wife if alive 56 years
7. Date of Birth (Month, Day, Year) April. 28. 1878.

8. AGE	Years	Months	Days	If less than 1 day
	66	3	19	hrs min.

9. Exact Occupation Farmer — Did this work for 21 yrs.
10. Industry or Business Own Farm — Date last worked Jan. 1944.
11. Birthplace Weston. (City or town) Idaho. (State or foreign country)

Mother
12. Name Peter Lars Nelson.
13. Birthplace Sweden. (City or town) (State or foreign country)

Father
14. Maiden name Bertha Rasmussen.
15. Birthplace Sweden. (City or town) (State or foreign country)

16. Informant's **OWN** Signature Madora Nelson
and Address Pocatello, Idaho.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 8/19/1944. (Month) (Day) (Year)
(c) Place: McCammon, Idaho.

18. Funeral Director's **OWN** Signature Hall Mortuary. Arthur W. Hall
and Address Pocatello Idaho.

19. (a) 8-19-44 (Date received and filed) (b) D C Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) August. 16. 1944.
at o'clock M.

21. **I HEREBY CERTIFY**, That I attended deceased from July 22 1944, to Aug 16 1944
I last saw him alive on Aug 17 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death	Duration
Heart Failure	
Due to Left Hemiplegia	
Due to Cerebral Embolism or Thrombosis	
Other conditions Terminal Coma. (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature W. F. Habiger M.D.
and Address Pocatello, Idaho. (M. D. or other) Date 8/18 1944.
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census SEP 18 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140072
Local Reg. No. 213
Reg. Dist. No.

1. **PLACE OF DEATH:**
(a) County Bannock
(b) City or town Pocatello
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? — Outside? city or town
(e) Died in a Home Hospital — Institution Other place
(f) Name Hosp. or Inst. St. Anthony Stayed days
(g) Lived in this county years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Bannock
(c) City or town 239 Jefferson
(d) Street Address or R.F.D. No. Pocatello
(e) Deceased lived Inside? — Outside? city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 16 years
(h) Former residence (city, state) Utah

3. (a) **FULL NAME** Caroline Hess Ricks 46d

3. (b) If veteran, name war —
3. (c) Social Security No. 519-22-0440
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced divorced
6. (b) Name of husband or wife Martin
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Jan. 5, 1886

8. AGE	Years	Months	Days	If less than 1 day
	58	7	21	hrs min.

9. Exact Occupation Did this work for yrs.
10. Industry or Business Troy-Parisian Laun. Date last worked 2-44
11. Birthplace Farmington Utah (City or town) (State or foreign country)
Father
12. Name John W. Hess
13. Birthplace Utah (City or town) (State or foreign country)
Mother
14. Maiden name Sarah Amy King
15. Birthplace Utah (City or town) (State or foreign country)
16. Informant's **OWN** Signature Mrs Vernon Larson
and Address Pingree Idaho.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 8-29-44 (Month) (Day) (Year)
(c) Place: Mountainview
18. Funeral Director's **OWN** Signature Byron B. Downard
and Address Pocatello Idaho
19. (a) 8-29-44 (Date received and filed) (b) D C Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) August, 26 1944
at o'clock M.
21. **I HEREBY CERTIFY,** That I attended deceased from Aug. 15 - 1944, to Aug 26 1944
I last saw h is alive on Aug 26 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Due to Carcinoma of Bladder	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature [signature] (M. D. or other)
and Address Pocatello Date 8/29 1944
(For additional space, use reverse side)

140073

United States
Department of Commerce
Bureau of the Census SEP 18 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 216
Reg. Dist. No. 377

1. **PLACE OF DEATH:**
(a) County Bannock
(b) City or town Pocatello
(c) Street Address or R. F. D. No. 101. So. Johnson.
(d) Death Occurred (Inside?) Outside? city or town
(e) Died in a Home (Hospital) Institution Other place
(f) Name Hosp. or Inst. General Stayed 11 Mo.
(g) Lived in this county 24 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bannock
(c) City or town Tyhee
(d) Street Address or R. F. D. No. North
(e) Deceased lived Inside? (Outside) city or town
(f) Citizen of what country? New Zealand
(g) How long had deceased lived in Idaho? 24 years
(h) Former residence (city, state) New Zealand

3. (a) **FULL NAME** William John Francis Fryer. 13/a

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Caroline Collinson.
6. (c) Age of husband or wife if alive Dead 49 years
7. Date of Birth (Month, Day, Year) March 11. 1858

8. AGE	Years	Months	Days	If less than 1 day
	86	5	14	hrs min.

9. Exact Occupation Farmer Did this work for yrs.
10. Industry or Business Retired Date last worked
11. Birthplace Wellington, New Zealand. (City or town) (State or foreign country)

Father
12. Name Unknown
13. Birthplace " " " (City or town) (State or foreign country)

Mother
14. Maiden name " " "
15. Birthplace " " " (City or town) (State or foreign country)

16. Informant's OWN Signature Caroline Jensen
and Address Tyhee, Idaho.
17. (a) Burial (Burial, cremation or removal) (b) Date thereof 8/28/1944. (Month) (Day) (Year)
(c) Place: Mountain View Cem.
18. Funeral Director's OWN Signature Hall Mortuary, Arthur M. Hall,
and Address Pocatello, Idaho.
19. (a) 9-6-1944 (Date received and filed) (b) D C Rees (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Aug. 25. 1944
at 2.20 o'clock a. M.
21. **I HEREBY CERTIFY**, That I attended deceased from Jan. 1 1943 to Aug. 25 1944
I last saw him alive on Aug. 24 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — Duration
Cardio-renal — years
Due to
Due to
Other conditions Senility
(Include pregnancy within 3 months of death)
Where was disease contracted? Idaho
Name of operation None Date
Major finding Edema ankles.
Finding of autopsy None

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state
where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's OWN Signature W. W. Urquhart M. D.
and Address Pocatello, Idaho Date 9/4 19 44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

SEP 18 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 140074
Local Reg. No. 214
Reg. Dist. No. 510

1. **PLACE OF DEATH:**
(a) County Bannock
(b) City or town Pocatello
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? # Outside? city or town
(e) Died in a Home Hospital Institution Other place #
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 4 years # months # days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bannock
(c) City or town Pocatello
(d) Street Address or R. F. D. No. 334 N. Arthur
(e) Deceased lived Inside? # Outside? city or town
(f) Citizen of what country? USA
(g) How long had deceased lived in Idaho? 26 years
(h) Former residence (city, state) Montpelier, Idaho

3. (a) **FULL NAME** Montee Levi Aland

169

3. (b) If veteran, name war
3. (c) Social Security No. 518-16-69-65
4. Sex male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Phyllis Egley
6. (c) Age of husband or wife if alive 22 years
7. Date of Birth (Month, Day, Year) February 15, 1918

8. AGE	Years	Months	Days	If less than 1 day
	26	6	14	hrs min.

9. Exact Occupation RR Brakeman — Did this work for 4 yrs.
10. Industry Business Railroad — Date last worked
11. Birthplace ##### Pegram, Idaho (City or town) (State or foreign country)

Father
12. Name Levi Aland
13. Birthplace Bloomington, Idaho (City or town) (State or foreign country)

Mother
14. Maiden name Ruth Montee
15. Birthplace Pittsburg, Kansas (City or town) (State or foreign country)

16. Informant's OWN Signature
and Address Montpelier, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 31, 1944 (Month) (Day) (Year)
(c) Place:
18. Funeral Director's OWN Signature
and Address Pocatello, Idaho
19. (a) 8-28-1944 (Date received and filed) (b) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Aug 29 1944
at o'clock M.

21. **I HEREBY CERTIFY,** That I attended deceased from 19 , to 19
I last saw h alive on 19 ; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — **Duration**
Basef Skull fracture
Broken Neck
Due to Switch Engine
run in to Caboose
Due to accident
Other conditions
(Include pregnancy within 3 months of death)

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy None held

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ✓ Suicide? Homicide?
Occurred Aug 29 1944 City, county, state where violence occurred Railroad yard Montpelier.
Place of Violence: Home Farm Industry ✓
Public Place While at work? Yes
Means of injury Train wreck.

23. Attendant's OWN Signature Arthur M. Hall (M.D. or other)
and Address Pocatello Date Aug 29 1944
(For additional space, use reverse side)

140075

United States
Department of Commerce
Bureau of the Census

SEP 18 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 248-247
Reg. Dist. No. 371

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. PLACE OF DEATH:
(a) County Bannock
(b) City or town Pocatello
(c) Street Address or R. F. D. No. 101. So. Johnson
(d) Death Occurred (Inside?) Outside? city or town
(e) Died in a Home (Hospital) Institution Other place
(f) Name Hosp. or Inst. General Stayed 8 days
(g) Lived in this county 6 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Bannock
(c) City or town Pocatello
(d) Street Address or R. F. D. No. North
(e) Deceased lived Inside? (Outside?) city or town
(f) If foreign born, in U. S. yrs. Citizen of U. S.? Yes
(g) How long had deceased lived in Idaho? 6 years
(h) Former residence (city, state) Utah.

3. (a) **FULL NAME** Ester Safronia Willson. 131a

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife George A. Willson
6. (c) Age of husband or wife if alive Died 16 years
7. Date of Birth (Month, Day, Year) Oct. 17. 1868.

8. AGE	Years	Months	Days	If less than 1 day
	75	10	13	hrs min.

9. Exact Occupation Housekeeper — Did this work for yrs.
10. Industry or Business Retired — Date last worked 1934.
11. Birthplace Wallsburg, (City or town) Utah. (State or foreign country)

Father
12. Name Hyrum Workman.
13. Birthplace Illinois. (City or town) (State or foreign country)

Mother
14. Maiden name Emily Herbert.
15. Birthplace Illinois. (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mrs. Ester Willson
and Address Pocatello, Idaho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/1/1944. (Month) (Day) (Year)
(c) Place: Mountain View Cem.
18. Funeral Director's **OWN** Signature Hall Mortuary, Arthur Hall
and Address Pocatello, Idaho.
19. (a) 9-6-44 (Date received and filed) (b) D C Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) August. 30. 1944
at 5.30 o'clock A. M.
21. I **HEREBY CERTIFY**, That I attended deceased from Aug. 20 1944 to Aug. 30 1944
I last saw her alive on Aug. 30 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cardio-renal — Duration Unknown.
Due to
Due to
Other conditions Senility
(Include pregnancy within 3 months of death)

Where was disease first contracted? Idaho.
Name of operation None Date
Major finding Edema extremities
Finding of autopsy None.

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature N. W. Hughart
Pocatello, Idaho. (M. D. or other)
and Address Date 9/4/1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

SEP 13 1944

Certificate Of Death

STATE OF IDAHO

State File No. 14067G
Local Reg. No. 31
Reg. Dist. No. 130

1. **PLACE OF DEATH:**
   (a) County Benewah
   (b) City or town St. Maries
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? Outside? X city or town
   (e) Died in a Home Hospital Institution Other place X.
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county 8 years months days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Benewah
   (c) City or town St. Maries
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? X Outside? city or town
   (f) Citizen of what country? U. S. A.
   (g) How long had deceased lived in Idaho? 17 years
   (h) Former residence (city, state)

3. (a) **FULL NAME** Robert Joseph Dimico

1752

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) March 15, 1927

8. AGE	Years	Months	Days	If less than 1 day
	17	4	17	hrs min.

9. Exact Occupation None — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace Harrison, (City or town) Idaho (State or foreign country)

Father
12. Name Sam Dimico
13. Birthplace San Croce, (City or town) Italy (State or foreign country)

Mother
14. Maiden name Louise Biotti
15. Birthplace Spokane, (City or town) Washington (State or foreign country)

16. Informant's **OWN** Signature Sam Dimico
and Address St. Maries, Idaho

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 8-6-44 (Month) (Day) (Year)
(c) Place: Harrison, Idaho

18. Funeral Director's **OWN** Signature R. E. Wessa
and Address St. Maries, Idaho

19. (a) 9-7-44 (Date received and filed) (b) R. E. Wessa (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) August 2, 1944 19
at about 5:00 o'clock P. M.

21. **I HEREBY CERTIFY,** That I attended deceased from 19, to 19
I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death	Duration
Accidental Drowning	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation — Date
Major finding —
Finding of autopsy None

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? yes Suicide? Homicide?
Occurred Aug 2, 1944 City, county, state where violence occurred Near St. Maries, Benewah Co. Ida
Place of Violence: Home — Farm — Industry —
Public Place St. Joe River While at work? No
Means of injury Rolled off log booms

23. Attendant's **OWN** Signature R. E. Wessa Coroner (M. D. or other)
and Address St. Maries Ida Date 8-3-1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

SEP 13 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140077
Local Reg. No. 32
Reg. Dist. No. 130

1. **PLACE OF DEATH:**
(a) County Benewah
(b) City or town St. Maries
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? X Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. St. Maries Stayed 1½ days
(g) Lived in this county years months 1½ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Kootenai
(c) City or town Harrison
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? Outside? X city or town
(f) Citizen of what country? U. S. A.
(g) How long had deceased lived in Idaho? 4 Months years
(h) Former residence (city, state) Palouse, Washington

3. (a) **FULL NAME** George Harold Largent

175a

3. (b) If veteran, name war None
3. (c) Social Security No. 533-03-9180
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Bertha M.
6. (c) Age of husband or wife if alive 42 years
7. Date of Birth (Month, Day, Year) May 4, 1899

8. AGE	Years	Months	Days	If less than 1 day
	45	3	6	hrs min.

9. Exact Occupation Farmer Did this work for 26 yrs.
10. Industry or Business Farming Date last worked 8-10-44
11. Birthplace Dayton, (City or town) Washington (State or foreign country)
Father
12. Name William D. Largent
13. Birthplace (City or town) Oregon (State or foreign country)
Mother
14. Maiden name Eliza A. Massey
15. Birthplace Brooks, (City or town) Oregon (State or foreign country)
16. Informant's OWN Signature Mrs Geo. H. Largent
and Address Harrison, Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 8-14-44 (Month) (Day) (Year)
(c) Place: Garfield, Washington
18. Funeral Director's OWN Signature R. E. Wessa
and Address St. Maries, Idaho
19. (a) 9-7-44 (Date received and filed) (b) R. E. Wessa (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) August 10, 1944 19
at 7:02 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from August 10, 1944 to Aug 10, 1944
I last saw him alive on Aug 10 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Exsanguination	2 hours
traumatic shock	" "
Due to Accidental injury — Severance	
✓ Due to of femoral vessels	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? yes Suicide? Homicide?
Occurred August 10 1944 City, county, state where violence occurred Harrison, Kootenai Idaho
Place of Violence: Home Farm ✓ Industry
Public Place While at work? yes
Means of injury Runaway team of horses on a binder
23. Attendant's OWN Signature J. W. DeBree M.D. (M. D. or other)
and Address St. Maries Ida Date 8/11/ 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 140678
Local Reg. No. 33
Reg. Dist. No. 130

SEP 13 1944

1. **PLACE OF DEATH:**
   (a) County Benewah
   (b) City or town St. Maries
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home.... Hospital X Institution.... Other place....
   (f) Name Hosp. or Inst. St. Maries Stayed 4 Months days
   (g) Lived in this county 20 years ..... months ..... days

   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Benewah
   (c) City or town St. Maries
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? X Outside? ..... city or town
   (f) Citizen of what country? Canada
   (g) How long had deceased lived in Idaho? 20 years
   (h) Former residence (city, state)

3. (a) **FULL NAME** Willard Parker Gildart 51b.

3. (b) If veteran, name war None
3. (c) Social Security No. 518-03-9616
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) Unknown

8. AGE	Years	Months	Days	If less than 1 day hrs	min.
	about 67				

9. Exact Occupation Logger Did this work for 50 yrs.
10. Industry or Business Woods Date last worked Mar. 1944
11. Birthplace New Brunswick, (City or town) Canada (State or foreign country)

Father
12. Name Unknown
13. Birthplace Unknown (City or town) (State or foreign country)

Mother
14. Maiden name Unknown
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's **OWN** Signature W W Bullman
and Address St. Maries, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-13-44 (Month) (Day) (Year)
(c) Place: St. Maries, Idaho
18. Funeral Director's **OWN** Signature R. E. Wessa
and Address St. Maries, Idaho
19. (a) 9-7-44 (Date received and filed) (b) R. E. Wessa (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) August 10, 1944 19.....
at 8:33 o'clock P. M.

21. **I HEREBY CERTIFY**, That I attended deceased from July 21, 1944, to August 10 1944
I last saw h.... alive on August 10 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Metastatic Carcinoma	14 days
Chronic Myocarditis	
√ Due to Carcinoma of Prostate	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation ..... Date	
Major finding	
Finding of autopsy	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury

23. Attendant's **OWN** Signature J. W. DeBree M. D. (M. D. or other)
and Address St. Maries Ida. Date 8/16 19 44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

SEP 13 1944

State File No. 140670
Local Reg. No. 34
Reg. Dist. No. 130

1. PLACE OF DEATH:
(a) County Benewah
(b) City or town St. Maries
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? X Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst St. Maries Stayed 11 days
(g) Lived in this county 20 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Benewah
(c) City or town St. Maries
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? Jugoslavia
(g) How long had deceased lived in Idaho? 20 years
(h) Former residence (city, state)

3. (a) FULL NAME John Janick 131a.

3. (b) If veteran, name war None
3. (c) Social Security No. 707-18-2491
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) August 24, 1876

8. AGE	Years	Months	Days	If less than 1 day
	67	11	17	hrs min.

9. Exact Occupation Carpenter — Did this work for 25 yrs.
10. Industry or Business Railroad — Date last worked 7-15-44
11. Birthplace Dolnji Cehi (City or town) Austria (State or foreign country)

Father
12. Name Unknown
13. Birthplace Unknown (City or town) (State or foreign country)

Mother
14. Maiden name Unknown
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's OWN Signature Glenn Webber
and Address 407 Union Depot, Spokane, Wn.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 8-16-44 (Month) (Day) (Year)
(c) Place: Spokane, Wash
18. Funeral Director's OWN Signature R. E. Wessa
and Address St. Maries, Idaho
19. (a) 9-7-44 (Date received and filed) (b) R. E. Wessa (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) August 11, 1944 19
at 8:05 o'clock P. M.
21. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1944 to Aug 11, 1944
I last saw him alive on Aug 11, 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Uremia	2 days
Due to Cardiovascular Renal Syndrome	
✓ Due to Senility	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's OWN Signature J. W. DeBree M.D. (M.D. or other)
and Address St. Maries Ida Date 8/16 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 140050
Local Reg. No. 35
Reg. Dist. No. 130

SEP 13 1944

1. PLACE OF DEATH:
(a) County Benewah
(b) City or town St. Maries
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Home.... Hospital X Institution.... Other place....
(f) Name Hosp. or Inst. Platt Stayed 1 days
(g) Lived in this county 3 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Benewah
(c) City or town St. Maries
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? X Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 3 years
(h) Former residence (city, state)

3. (a) FULL NAME Fred Morton 83a

3. (b) If veteran, name war None
3. (c) Social Security No. 539-07-7009
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Unknown
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) unknown

8. AGE	Years	Months	Days	If less than 1 day hrs min.
about 65				

9. Exact Occupation Cook — Did this work for 4 years
10. Industry or Business woods — Date last worked
11. Birthplace unknown (City or town) (State or foreign country)
Father 12. Name unknown
Father 13. Birthplace unknown (City or town) (State or foreign country)
Mother 14. Maiden name unknown
Mother 15. Birthplace unknown (City or town) (State or foreign country)
16. Informant's **OWN** Signature C. A. Gruder and Address St. Maries, Ida
17. (a) Burial (Burial, cremation or removal) (b) Date thereof 8-17-44 (Month) (Day) (Year)
(c) Place: St. Maries, Ida
18. Funeral Director's **OWN** Signature R. E. Wessa and Address St. Maries, Ida
19. (a) 9-7-44 (Date received and filed) (b) R. E. Wessa (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Aug. 12, 1944 at 3:00 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from 8-9-1944, to 8-12-1944
I last saw h— alive on 8-12-1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebral Hemorrhage	
Due to Arteria Sclerosis	
Due to —	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? —
Name of operation — Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature O. D. Platt M.D (M. D. or other)
and Address St. Maries Ida Date 8-17 1944
(For additional space, use reverse side)

140081

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No.
Local Reg. No. 36
Reg. Dist. No. 130

SEP 13 1944

1. **PLACE OF DEATH:**
(a) County Benewah
(b) City or town St. Joe
(c) Street Address or R. F. D. No.
(d) Death Occured Inside? Outside? X city or town
(e) Died in a Home Hospital Institution Other place X
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 25 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Benewah
(c) City or town St. Joe
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? U. S. A.
(g) How long had deceased lived in Idaho? 25 years
(h) Former residence (city, state)

3. (a) **FULL NAME** Edward James McMahon 93e

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Cora
6. (c) Age of husband or wife if alive 69 years
7. Date of Birth (Month, Day, Year) February 15, 1870

8. AGE	Years	Months	Days	If less than 1 day
	74	6	14	hrs min.

9. Exact Occupation Lumberman Did this work for 45 yrs.
10. Industry or Business Woods Date last worked 1930
11. Birthplace Mt. Pleasant, (City or town) Michigan (State or foreign country)
Father 12. Name Timothy McMahon
Father 13. Birthplace Ireland (City or town) (State or foreign country)
Mother 14. Maiden name Mora O'Brine
Mother 15. Birthplace Ireland (City or town) (State or foreign country)
16. Informant's **OWN** Signature Cora McMahon
and Address St. Joe, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-1-44 (Month) (Day) (Year)
(c) Place: St. Maries, Idaho
18. Funeral Director's **OWN** Signature R. E. Wessa
and Address St. Maries, Idaho
19. (a) 9-7-44 (Date received and filed) (b) R. E. Wessa (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) about August 29, 1944 19
at 11:00 o'clock A. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 19, to 19
I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Myocarditis	minutes
Due to	
Due to	
✓ Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature R. E. Wessa (M. D. or Coroner)
and Address St. Maries, Ida. Date 8-31-1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

AUG 3 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 140062
Local Reg. No. 4
Reg. Dist. No. 6-2

1. **PLACE OF DEATH:**
(a) County Bingham
(b) City or town Aberdeen, Idaho
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home X Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. None Stayed ____ days
(g) Lived in this county 10 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bingham
(c) City or town Aberdeen, Idaho
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? U.S.
(g) How long had deceased lived in Idaho? 30 years
(h) Former residence (city, state) Utah

3. (a) **FULL NAME** Mrs. Ida Beatrice Weeks

3. (b) If veteran, name war No.
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife John Weeks
6. (c) Age of husband or wife if alive 85 years
7. Date of Birth (Month, Day, Year) July 22 1885

8. AGE	Years	Months	Days	If less than 1 day
	59	0	4	hrs ____ min.

9. Exact Occupation Housewife Did this work for ____ yrs.
10. Industry or Business ____ Date last worked ____
11. Birthplace Morgan (City or town) Utah (State or foreign country)
Father
12. Name Nathaniel Smith
13. Birthplace Not known (City or town) (State or foreign country)
Mother
14. Maiden name Not known
15. Birthplace Not known (City or town) (State or foreign country)
16. Informant's **OWN** Signature Harris J. Weeks
and Address Aberdeen, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-31-44 (Month) (Day) (Year)
(c) Place: Preston, Idaho
18. Funeral Director's **OWN** Signature W. L. Davis
and Address American Falls, Idaho
19. (a) Aug 21 1944 (Date received and filed) (b) F. L. Harris (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 26 1944
at 6:30 o'clock A. M.

21. **I HEREBY CERTIFY,** That I attended deceased from Jan. 1942 to July 26 1944
I last saw her alive on July 25 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Acute cardiac failure	3 h.
Due to Auricular fibrillation	4 years
✓ Due to	
Other conditions Hyperthyroidism (Include pregnancy within 3 months of death)	2 yrs.

Where was disease contracted? Idaho
Name of operation none Date ____
Major finding ____
Finding of autopsy none

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's **OWN** Signature F. L. Harris M.D. (M. D. or other)
and Address Aberdeen Ida Date July 26 1944
(For additional space, use reverse side)

140053

United States
Department of Commerce
Bureau of the Census

SEP 18 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 203
Reg. Dist. No. 5

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
   (a) County Bingham
   (b) City or town Aberdeen
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? Outside? X city or town
   (e) Died in a Home Hospital Institution Other place X
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county 0 years 0 months 0 days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Kansas (b) County
   (c) City or town Hays
   (d) Street Address or R. F. D. No. 406 West 13th
   (e) Deceased lived Inside? X Outside? city or town
   (f) Citizen of what country? U. S. A.
   (g) How long had deceased lived in Idaho? 1 month years
   (h) Former residence (city, state) AAFld, Pto, Idaho

3. (a) **FULL NAME** FROELICH, ROBERT W. 2nd Lt O-722045

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3. (b) If veteran, name war None
3. (c) Social Security No. Unknown
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) December 19, 1916

8. AGE	Years	Months	Days	If less than 1 day
	27	7	13	hrs min.

9. Exact Occupation Pilot — Did this work for 3/12 yrs.
10. Industry or Business U. S. Army — Date last worked 1 Aug 1944
11. Birthplace Unknown (City or town) Kansas (State or foreign country)

Father
12. Name Deceased
13. Birthplace Unknown (City or town) (State or foreign country)

Mother
14. Maiden name Anna B. Hiyl
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's OWN Signature Army Records and Address Sta Hosp, Pocatello AAFld, Idaho
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
    (c) Place: Hays Kans
18. Funeral Director's OWN Signature Byron B Hayward and Address Pocatello Idaho
19. (a) (Date received and filed) (b) (Registrar's signature) Deputy

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) August 1 1944 at 4:45 MWT o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 19 to 19
    I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Evisceration of cranial contents	Instant
Due to Fracture of skull	Instant
Due to Aircraft Accident	Instant
Other conditions See Remarks. (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy Not done.

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Yes Suicide? Homicide?
    Occurred August 1 1944 City, county, state where violence occurred Bingham, Idaho
    Place of Violence: Home Farm Industry
    Public Place While at work? Yes
    Means of injury Aircraft Accident
23. Attendant's OWN Signature Donald E. Higgins M.D. (M. D. or other)
    and Address AAFld Pocatello Ida Date 2 Aug 1944

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

14006-1

United States
Department of Commerce
Bureau of the Census

SEP 11 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 102
Reg. Dist. No. 601

1. **PLACE OF DEATH:**
(a) County Bingham
(b) City or town Firth
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? ✓ Outside? ____ city or town
(e) Died in a Home ✓ Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county ____ years 3 months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Utah (b) County Cache
(c) City or town Clarkston
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? ✓ Outside? ____ city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 40 years
(h) Former residence (city, state) Basalt, Idaho

3. (a) **FULL NAME** Annie Matilda Christenson 83a

3. (b) If veteran, name war ____ 3. (c) Social Security No. ____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Severene Christenson 6. (c) Age of husband or wife if alive ____ years

7. Date of Birth (Month, Day, Year) May 13 1873

8. AGE	Years	Months	Days	If less than 1 day hrs	min.
	71	2	24		

9. Exact Occupation Housewife. Did this work for ____ yrs.
10. Industry or Business ____ Date last worked ____
11. Birthplace Clarkston, Utah (City or town) (State or foreign country)

Father
12. Name Alfred H. Atkinson
13. Birthplace London, England (City or town) (State or foreign country)

Mother
14. Maiden name Matilda Peterson
15. Birthplace Denmark (City or town) (State or foreign country)

16. Informant's **OWN** Signature Ruth C. Day
and Address Firth, Idaho

17. (a) Burial (Burial, cremation or removal) (b) Date thereof 8-11-44 (Month) (Day) (Year)
(c) Place: Basalt, Idaho

18. Funeral Director's **OWN** Signature John C. Handley
and Address Blackfoot, Idaho

19. (a) Aug. 10, 1944 (Date received and filed) (b) Mrs. Helen E. Faust (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) August 7 1944
at 5:40 o'clock P.M.

21. **I HEREBY CERTIFY,** That I attended deceased from Aug. 2 1944 to Aug. 7 1944
I last saw her alive on Aug. 6th 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Secondary Adrenal Insufficiency	5 da
Due to Cerebral Hemorrhage	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's **OWN** Signature J. O. Humphreys M.D.
(M. D. or other)
and Address Blackfoot, Ida. Date 8-10 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

140085

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH

SEP 11 1944

STATE OF IDAHO

State File No. 140085
Local Reg. No. 103
Reg. Dist. No. 601

1. **PLACE OF DEATH:**
(a) County Bingham
(b) City or town Blackfoot
(c) ~~Street Address~~ or R. F. D. No. 1
(d) Death Occurred Inside? ____ Outside? V city or town
(e) Died in a Home V Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 54 years ____ months ____ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bingham
(c) City or town Blackfoot
(d) ~~Street Address~~ or R. F. D. No. 1
(e) Deceased lived Inside? ____ Outside? V city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 54 years
(h) Former residence (city, state) Coolville, Mich

3. (a) **FULL NAME** Louisa C. Plant. 938

3. (b) If veteran, name war ____
3. (c) Social Security No. ____
4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Wm H. Plant.
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) June 14, 1868

8. AGE	Years	Months	Days	If less than 1 day
	76	1	25	hrs ____ min. ____

9. Exact Occupation Housewife. Did this work for ____ yrs.
10. Industry or Business ____ Date last worked ____
11. Birthplace Birmingham (City or town) England (State or foreign country)

Father
12. Name Solomon Johnson
13. Birthplace ____ (City or town) England (State or foreign country)

Mother
14. Maiden name Harriett Hapley
15. Birthplace Birmingham (City or town) England (State or foreign country)

16. Informant's **OWN** Signature Mrs Emma Mitchell
and Address Challis Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-13-44 (Month) (Day) (Year)
(c) Place: Blackfoot, Idaho
18. Funeral Director's **OWN** Signature John C. Sandberg
and Address Blackfoot Idaho
19. (a) Aug 10 1944 (Date received and filed) (b) ____ (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Aug. 9 1944
at 6:50 o'clock P M.

21. **I HEREBY CERTIFY,** That I attended deceased from July 26 1944 to Aug 9 1944
I last saw her alive on Aug 9 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Myocarditis Duration 2 yrs
Due to Hypertension
Due to ____
Other conditions Secondary Anemia 1 yr
(Include pregnancy within 3 months of death)

Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's **OWN** Signature J. A. Hunsaker M.D.
and Address Ellis Idaho (M. D. or other) Date 8-10 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census SEP 11 1944

Certificate Of Death

STATE OF IDAHO

State File No. 14006
Local Reg. No. 104
Reg. Dist. No. 601

1. PLACE OF DEATH:

(a) County Bingham
(b) City or town Blackfoot
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? Outside? X city or town
(e) Died in a Home Hospital Institution X Other place
(f) Name Hosp. or Inst. St. Hos., So. Stayed days
(g) Lived in this county 20 years 4 months 28 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

(a) State Idaho (b) County Twin Falls
(c) City or town Twin Falls
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? Outside? X city or town
(f) Citizen of what country? U. S.
(g) How long had deceased lived in Idaho? years
(h) Former residence (city, state) ~~Twin Falls, Ida~~

3. (a) FULL NAME McKinley Tipton

183

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife --
6. (c) Age of husband or wife if alive -- years
7. Date of Birth (Month, Day, Year) 1901

8. AGE	Years	Months	Days	If less than 1 day
	43			hrs min.

9. Exact Occupation farmer — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace (City or town) Idaho (State or foreign country)

Father
12. Name not given
13. Birthplace (City or town) (State or foreign country)

Mother
14. Maiden name not given
15. Birthplace (City or town) (State or foreign country)

16. Informant's **OWN** Signature Records St. Hos. So.
and Address Lydeen Yancey, Blackfoot

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-18-44 (Month) (Day) (Year)
(c) Place: Blackfoot Cem. (County)

18. Funeral Director's **OWN** Signature J. C. Givens
and Address Blackfoot Idaho

19. (a) 8-18-44 (Date received and filed) (b) Mrs Helen E Stuart (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) August 11, 1944 19
at o'clock M.

21. **I HEREBY CERTIFY,** That I attended deceased from 8-1-7 19 44 to 19
I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death	Duration
a Cerebral hemorrhage	
Due to Thrombosis of Brain	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation Date	
Major finding	
Finding of autopsy	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 8-11 19 44 City, county, state where violence occurred in Blackfoot Idaho
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature J. O. Hampton M.D.
(M. D. or other)
and Address Blackfoot Idaho Date 8-16 19 44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

SEP 11 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140057
Local Reg. No. 105
Reg. Dist. No. 601

1. PLACE OF DEATH:
(a) County Bingham
(b) City or town Blackfoot
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? Outside? x city or town
(e) Died in a Home Hospital Institution x Other place
(f) Name Hosp. or Inst. State Hos. So. Stayed 4 days
(g) Lived in this county years months 4 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Twin Falls
(c) City or town Twin Falls, Idaho
(d) Street Address or R.F.D. No. 987 2nd Ave. West
(e) Deceased lived Inside? x Outside? city or town
(f) Citizen of what country? U. S. A
(g) How long had deceased lived in Idaho? 15 years
(h) Former residence (city, state)

3. (a) FULL NAME Henry H. Koch

94a

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) March 15, 1904

8. AGE	Years	Months	Days	If less than 1 day
	40	5		hrs min.

9. Exact Occupation Laborer Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Lincoln, Illinios (City or town) (State or foreign country)
Father
12. Name P. N. Koch
13. Birthplace Ill. (City or town) (State or foreign country)
Mother
14. Maiden name Stella Barnhart
15. Birthplace Ill. (City or town) (State or foreign country)
16. Informant's OWN Signature Wilma Smith records of State Hos. So.
and Address Blackfoot, Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 8-15-44 (Month) (Day) (Year)
(c) Place: Twin Falls, Idaho
18. Funeral Director's OWN Signature John C. Sandberg
and Address Blackfoot, Idaho
19. (a) Aug 15 1944 (Date received and filed) (b) Mrs Nadine E Patrick (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) August 15 1944
at 1:30 o'clock A.M.
21. **I HEREBY CERTIFY,** That I attended deceased from Aug. 11 1944, to Aug. 14 1944
I last saw him alive on Aug. 14 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Coronary occlusion	
Due to	
✓ Due to	
Other conditions Chronic Alcoholism (Include pregnancy within 6 months of death)	?
Acute alcoholic hallucinosis	?

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature H A Hewins M.D. (M.D. or other)
and Address Blackfoot Ida Date Aug 15 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

SEP 11 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140033
Local Reg. No. ~~601~~ 106
Reg. Dist. No. 601

1. **PLACE OF DEATH:**
   (a) County Bingham
   (b) City or town Shelley, Idaho
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? X Outside? city or town
   (e) Died in a Home Hospital Institution Other place X
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county 38 years months days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Bingham
   (c) City or town Shelley,
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? X Outside? city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 38 years
   (h) Former residence (city, state) Minn.,

3. (a) **FULL NAME** Jens Christian Martin Ener Jensen 94a

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Albertena
6. (c) Age of husband or wife if alive 67 years
7. Date of Birth (Month, Day, Year) December 21, 1876

8. AGE	Years	Months	Days	If less than 1 day
	67	7	25	hrs min.

9. Exact Occupation Ret. Farmer Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Denmark (City or town) (State or foreign country)

Father
12. Name Kristen Jensen
13. Birthplace Fredrickhavn, Denmark (City or town) (State or foreign country)

Mother
14. Maiden name Marion Cecilia Lawson
15. Birthplace Denmark (City or town) (State or foreign country)

16. Informant's **OWN** Signature Martin Jensen Jr
and Address Shelley, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-10-44 (Month) (Day) (Year)
(c) Place: Hill Crest Cemetery
18. Funeral Director's **OWN** Signature L M Nalder
and Address Shelley, Idaho
19. (a) Aug 19-1944 (Date received and filed) (b) Mrs Valerie E. Patrick (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Aug. 15, 1944
at 5:28 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from — 19 , to — 19
I last saw him alive on Aug 15 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Coronary thrombosis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYISCIAN Underline the cause to which death should be charged statistically.
Name of operation Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature H. L. Schiess, M.D. (M. D. or other)
and Address Shelley, Ida Date 8/17 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

SEP 11 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 140089
Local Reg. No. 107
Reg. Dist. No. 600

1. **PLACE OF DEATH:**
   (a) County Bingham
   (b) City or town Blackfoot
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? ✓ Outside? ____ city or town
   (e) Died in a Home ____ Hospital ✓ Institution ____ Other place ____
   (f) Name Hosp. or Inst. Beck Hospital Stayed ____ days
   (g) Lived in this county 49 years ____ months ____ days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Bingham
   (c) City or town Moreland
   (d) Street Address or R. F. D. No.
   (e) Deceased lived Inside? ✓ Outside? ____ city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 49 years
   (h) Former residence (city, state) Ogden, Utah.

3. (a) **FULL NAME** William T. England

3. (b) If veteran, name war ____ 3. (c) Social Security No. ____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Eliza Geddes England 6. (c) Age of husband or wife if 70 years

7. Date of Birth (Month, Day, Year) Jan. 25, 1874

8. AGE	Years	Months	Days	If less than 1 day
	70	6	21	hrs min.

9. Exact Occupation Farmer + Stockman Did this work for ____ yrs.

10. Industry or Business ____ Date last worked ____

11. Birthplace Plain City, Utah (City or town) (State or foreign country)

Father
12. Name John England
13. Birthplace Wachshire Bridgeport England (City or town) (State or foreign country)

Mother
14. Maiden name Laura Thuesen
15. Birthplace Copenhagen, Denmark (City or town) (State or foreign country)

16. Informant's OWN Signature Lurlene E. Wheeler and Address Blackfoot, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-19-44 (Month) (Day) (Year)
   (c) Place: Moreland, Idaho

18. Funeral Director's OWN Signature John C. Sandberg and Address Blackfoot, Idaho.

19. (a) Aug 18, 1944 (Date received and filed) (b) Mrs Walter E. Stein (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Aug 16 1944 at 3:20 o'clock A M.

21. **I HEREBY CERTIFY,** That I attended deceased from Aug 7 1944, to Aug 16 1944
I last saw him alive on Aug 15 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Pulmonary Embolus	10 min.
Due to	
8th day following	
Due to	
Other conditions Herniotomy (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Hernia Date 8-7-44
Major finding Left inguinal
Finding of autopsy Hernia

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's OWN Signature W W Beck (M. D. or other) and Address Blackfoot Ida Date 8-17 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

SEP 11 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140090
Local Reg. No. ~~[illegible]~~ 108
Reg. Dist. No. 601

1. **PLACE OF DEATH:**
(a) County Bingham
(b) City or town Shelley,
(c) Street Address or R.F.D. No. R. #
(d) Death Occured Inside? ..... Outside? X ..... city or town
(e) Died in a Home X Hospital ..... Institution ..... Other place .....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 30 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State ..... (b) County .....
(c) City or town .....
(d) Street Address or R.F.D. No. .....
(e) Deceased lived Inside? ..... Outside? ..... city or town
(f) Citizen of what country? .....
(g) How long had deceased lived in Idaho? ..... years
(h) Former residence (city, state) .....

3. (a) **FULL NAME** Leo Mangum 53

3. (b) If veteran, name war None
3. (c) Social Security No. 519-22-8397
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Inez
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) Jan. 3 1904

8. AGE	Years	Months	Days	If less than 1 day
	40	7	15	hrs min.

9. Exact Occupation Farmer — Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace ..... (City or town) (State or foreign country)
Father
12. Name Don Walter Mangum
13. Birthplace Utah (City or town) (State or foreign country)
Mother
14. Maiden name Nora Collens
15. Birthplace Utah (City or town) (State or foreign country)
16. Informant's **OWN** Signature Inez Mangum X
and Address Shelley, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-21-44 (Month) (Day) (Year)
(c) Place: Hill Crest Shelley, Ida
18. Funeral Director's **OWN** Signature L M Nalder
and Address L.M.Nalder Shelley Idaho
19. (a) Aug 21-1944 (Date received and filed) (b) Mrs Walter E Natwick (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Aug. 18 1944
at 4.20 o'clock A. M.
21. **I HEREBY CERTIFY,** That I attended deceased from August 8 1943, to Aug 18 1944
I last saw him alive on Aug 17 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Due to Malignant Melanoma right leg	March/44
✓ Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYISCIAN Underline the cause to which death should be charged statistically.
Name of operation Excision Date 3/8/44	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature H.L. Schiess, M.D. (M. D. or other)
and Address Shelley, Ida Date 8/24 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

SEP 11 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140001
Local Reg. No. 109
Reg. Dist. No. 601

1. PLACE OF DEATH:
(a) County Bingham
(b) City or town Blackfoot.
(c) Street Address or R.F.D. No. St. Hosp. South
(d) Death Occured Inside? ✓ Outside? # city or town
(e) Died in a Home.... Hospital ✓ Institution # Other place....
(f) Name Hosp. or Inst. 16 Years Stayed ..... days
(g) Lived in this county 16 years 11 months 26 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Nampa
(d) Street Address or R.F.D. No. .....
(e) Deceased lived Inside? ..... Outside? # city or town
(f) Citizen of what country? U. S. A.
(g) How long had deceased lived in Idaho? 3 years
(h) Former residence (city, state) Minn

3. (a) **FULL NAME** Franklyn T. Brown

127a

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced #
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) Not Given

8. AGE	Years	Months	Days	If less than 1 day
	62			hrs min.

9. Exact Occupation Farming Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Steele Co Minn (City or town) (State or foreign country)
Father
12. Name .....
13. Birthplace New York (City or town) (State or foreign country)
Mother
14. Maiden name .....
15. Birthplace Hari, Minn (City or town) (State or foreign country)
16. Informant's **OWN** Signature Records State Hospital Sou
and Address Freda L. Enlow
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-24-44 (Month) (Day) (Year)
(c) Place: Asylum Cem. Blackfoot Adm
18. Funeral Director's **OWN** Signature V C Gwerns
and Address Blackfoot Idaho
19. (a) Aug 24 1944 (Date received and filed) (b) Mrs Victor E. Stevens (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Aug 19 1944
at 1:30 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from May 1 1942, to Aug 19 1944
I last saw him alive on Aug 19 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death	Duration
Chronic cholangitis	?
& chronic cholecystitis	?
Due to	
✓ Due to	
Other conditions (Include pregnancy within 3 months of death)	
Dementia praecox	yrs

Where was disease contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature H A Stevens M D (M. D. or other)
and Address Blackfoot Id Date Aug 19 1944
(For additional space, use reverse side)

140032

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

SEP 11 1944

State File No. ____
Local Reg. No. ~~[illegible]~~ 110
Reg. Dist. No. 601

1. **PLACE OF DEATH:**
(a) County BINGHAM
(b) City or town SHELLEY,
(c) Street Address or R.F.D. No. 2
(d) Death Occured Inside? ____ Outside? X city or town
(e) Died in a Home X Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 41 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Bingham
(c) City or town Shelley,
(d) Street Address or R.F.D. No. 2
(e) Deceased lived Inside? ____ Outside? 2 city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 41 years
(h) Former residence (city, state) Utah

3. (a) **FULL NAME** DELPHA DORA GARDNER DYE

46b

3. (b) If veteran, name war None
3. (c) Social Security No. 529-24-8700
4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Thomas
6. (c) Age of husband or wife if alive 52 years
7. Date of Birth (Month, Day, Year) August 21, 1893

8. AGE	Years	Months	Days	If less than 1 day
	50	11	30	hrs min.

9. Exact Occupation Housewife Did this work for ____ yrs.
10. Industry or Business ____ Date last worked ____
11. Birthplace Kanosh, (City or town) Utah (State or foreign country)
Father
12. Name Elias Gardner
13. Birthplace ____ (City or town) Utah (State or foreign country)
Mother
14. Maiden name Lauretta Staples
15. Birthplace ____ (City or town) Utah (State or foreign country)
16. Informant's **OWN** Signature Thomas Dye
and Address Shelley, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-27-44 (Month) (Day) (Year)
(c) Place: Firth, Idaho
18. Funeral Director's **OWN** Signature L M Nalder
and Address Shelley, Idaho
19. (a) Aug 27-1944 (Date received and filed) (b) Mrs Walter E. Patrick (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) August. 20, 1944
at 8:30 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from May 1943, to August 20 1944
I last saw her alive on Aug 15 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Due to Cancer of stomach	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation exploratory Date Oct/43	PHYISCIAN Underline the cause to which death should be charged statistically.
Major finding Ca of stomach	
Finding of autopsy inoperable	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's **OWN** Signature H. L. Schiess, MD (M. D. or other)
and Address Shelley Ida Date 8/28 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

SEP 11 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140033
Local Reg. No. 111
Reg. Dist. No. 601

1. PLACE OF DEATH:
(a) County Bingham
(b) City or town Blackfoot
(c) Street Address or R.F.D. No. 2
(d) Death Occured Inside? * Outside? x city or town
(e) Died in a Home x Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 49 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Bingham
(c) City or town Blackfoot
(d) Street Address or R.F.D. No. 2
(e) Deceased lived Inside? Outside? x city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 49 years
(h) Former residence (city, state) Utah.

3. (a) **FULL NAME** Joseph William Peterson 24a

3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Sarah Palmer
6. (c) Age of husband or wife if alive 55 years
7. Date of Birth (Month, Day, Year) April 20 - 1887

8. AGE	Years	Months	Days	If less than 1 day
	57	4	1	hrs min.

9. Exact Occupation Farmer Did this work for 45 yrs.
10. Industry or Business On Farm Date last worked 1943
11. Birthplace Plain City, Utah. (City or town) (State or foreign country)
Father
12. Name Hans W. Peterson
13. Birthplace Plain City, Utah. (City or town) (State or foreign country)
Mother
14. Maiden name Sarah Ann Wheeler
15. Birthplace Ogden, Utah. (City or town) (State or foreign country)
16. Informant's **OWN** Signature x Sarah E Peterson
and Address Blackfoot #2
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-24-44 (Month) (Day) (Year)
(c) Place: Thomas - Riverside Cem.
18. Funeral Director's **OWN** Signature Howard Packham
and Address Blackfoot, Idaho
19. (a) 8-25-44. (Date received and filed) (b) Mrs Nature E. Palmer (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 8-21 1944
at 1:30 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from Jan 1942, to 8-21 1944
I last saw him alive on 8-21 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Toxemia	months
Due to multiple abscesses (Hemolytic Staphylococcus)	
✓ Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYISCIAN Underline the cause to which death should be charged statistically.
Name of operation Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature A E Miller M D (M. D. or other)
and Address Blackfoot Idaho 8-23-44 (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

SEP 11 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140034
Local Reg. No. ~~601~~ 112
Reg. Dist. No. 601

1. PLACE OF DEATH:
(a) County Bingham
(b) City or town Shelley,
(c) Street Address or R.F.D. No. 2
(d) Death Occured Inside? ..... Outside? X city or town
(e) Died in a Home X Hospital ..... Institution ..... Other place .....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county ..... years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Bingham
(c) City or town Shelley,
(d) Street Address or R.F.D. No. 2
(e) Deceased lived Inside? ..... Outside? X city or town
(f) Citizen of what country? U.S.A
(g) How long had deceased lived in Idaho? ..... years
(h) Former residence (city, state) .....

3. (a) **FULL NAME** PETER MONSON

51b

3. (b) If veteran, name war NONE
3. (c) Social Security No. NONE
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife HELMA WINGER
6. (c) Age of husband or wife if alive 80 years
7. Date of Birth (Month, Day, Year) May 26, 1863

8. AGE	Years	Months	Days	If less than 1 day
	81	2	27	hrs min.

9. Exact Occupation Farmer — Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace ..... (City or town) Denmark (State or foreign country)
Father
12. Name CARL MONSON
13. Birthplace ..... (City or town) DENMARK (State or foreign country)
Mother
14. Maiden name KAREN C. HENDRICKSON
15. Birthplace ..... (City or town) DENMARK (State or foreign country)
16. Informant's **OWN** Signature Veda M. Petersen X
and Address Shelley, R. # 2
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-27-1944 (Month) (Day) (Year)
(c) Place: Goshen, Idaho
18. Funeral Director's **OWN** Signature L M Nalder
and Address Shelley, Idaho
19. (a) Aug 27-1944 (Date received and filed) (b) Mrs Nalen E Patrick (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) August 23 1944
at ..... o'clock ..... M.
21. **I HEREBY CERTIFY,** That I attended deceased from May 1943, to August 15 1944
I last saw him alive on Aug. 15 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
hypostatic pneumonia	
Due to uremia	
Due to Carcinoma of prostate	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? .....
Name of operation prost. resection Date June/43
Major finding Carcinoma of prostate
Finding of autopsy .....

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature H. L. Schiess M.D. (M. D. or other)
and Address Shelley, Ida Date 8/29 1944
(For additional space, use reverse side)

Fort Hall Agency Hospital,
Fort Hall, Idaho.

E.on R. SEP 11 1944

140095

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STANDARD CERTIFICATE OF DEATH

Local Registered No. 113

Reg Dist No 601

1. PLACE OF DEATH: Fort Hall Agency Hospital, Fort Hall, Idaho.
County Bingham State Idaho
Township Fort Hall Reservation
City or village Fort Hall No. Fort Hall Agency Hospital St., Ward.
(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 85 yrs. 1 mos. 27 days. How long in U. S., if of foreign birth? - yrs. - mos. - days.

2. FULL NAME Alex Watson
Residence: No. Fort Hall Reservation St., Ward. -
(Usual place of abode) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: Ind.Sho.4/4
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of -

6. DATE OF BIRTH (month, day, and year) July.1.1859

7. AGE

Years	Months	Days	If LESS than 1 day,
85	1	27	hrs. or mins.

OCCUPATION
8. Trade, profession, or particular kind of work done as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Own Farm
10. Date deceased last worked at this occupation (month and year) -
11. Total time (years) spent in this occupation -

12. BIRTHPLACE (city or town and State or country): Fort Hall Reservation, Idaho

FATHER
13. NAME: U U N
14. BIRTHPLACE (city or town and State or country): NKNOK

MOTHER
15. MAIDEN NAME: NO
16. BIRTHPLACE (city or town and State or country): W N

17. INFORMANT (name and address): SON James Watson, Ft. Hall, Ida.

18. BURIAL, CREMATION, OR REMOVAL: Place Masonic Cem. Date Aug. 31, 1944

19. UNDERTAKER (name and address): J. C. Sandberg SANDBERG MORTUARY, BLACKFOOT, IDAHO

20. FILED Sept-1-44, 193 Mrs Walter E. Palmer Registrar.

MEDICAL CERTIFICATE OF DEATH

13 R

21. DATE OF DEATH (month, day, and year) Aug. 27 1944

22. I HEREBY CERTIFY, That I attended deceased from July.7.1944, 193 , to July.27.1944, 193
I last saw him alive on August.24.1944, 193 ; death is said to have occurred on the date stated above, at 9:45 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Caseo Cavernous Tbc.	?

Other contributory causes of importance:
Pulmonary Hemorrhages

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place:
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Dr A.R.Miller A.R. Miller MD
(Address) Blackfoot, Idaho

8—2001 U.S. GOVERNMENT PRINTING OFFICE 11—3184

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

SEP 8 1944

State File No. 140036
Local Reg. No. 37
Reg. Dist. No. 410

1. **PLACE OF DEATH:**
   (a) County Blaine
   (b) City or town Hailey
   (c) Street Address or R. F. D. No.
   (d) Death Occured Inside? Outside? — city or town
   (e) Died in a Home.... Hospital.... Institution.... Other place ✓
   (f) Name Hosp. or Inst..... Stayed..... days
   (g) Lived in this county.....years .....months 7 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Jerome
   (c) City or town Jerome
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? Outside? — city or town
   (f) Citizen of what country? U. S.
   (g) How long had deceased lived in Idaho? 30 years
   (h) Former residence (city, state) Kansas.

3. (a) **FULL NAME** Della Elizabeth McNeely

3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Walter
6. (c) Age of husband or wife if alive 53 years
7. Date of Birth (Month, Day, Year) Oct. 5, 1883

8. AGE	Years	Months	Days	If less than 1 day
	60	10	11	hrs min.

9. Exact Occupation housewife — Did this work for 41 yrs.
10. Industry or Business — Date last worked 8-15-44
11. Birthplace Missouri (City or town) (State or foreign country)

Mother
12. Name Nathan Gish
13. Birthplace (City or town) (State or foreign country)

Father
14. Maiden name Huldah Huff
15. Birthplace (City or town) (State or foreign country)

16. Informant's **OWN** Signature W. H. McNeely
and Address Jerome, Idaho Rt 2

17. (a) burial (Burial, cremation or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: Twin Falls, Idaho

18. Funeral Director's **OWN** Signature Mrs. L. Harris
and Address Hailey, Idaho

19. (a) 9-3-1944 (Date received and filed) (b) Robert H. Wright (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Aug. 16 1944
at 4:00 o'clock P. M.

21. **I HEREBY CERTIFY,** That I attended deceased from Aug 1940, to Aug 16 1944
I last saw h.e.r. alive on Aug 8 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Myocarditis	1 day
Due to Coronary artery disease	2 wk
Due to Arteriosclerosis	10 yrs
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature J. B. Anderson M.D. (M. D. or other)
and Address Twin Falls Ida. Date 8-16 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

140057

United States
Department of Commerce
Bureau of the Census

SEP 8 1944

Certificate Of Death

STATE OF IDAHO

State File No. 38
Local Reg. No. 410
Reg. Dist. No.

1. **PLACE OF DEATH:**
   (a) County Blaine
   (b) City or town Hailey
   (c) Street Address or R. F. D. No.
   (d) Death Occured Inside? ✓ Outside? city or town
   (e) Died in a Home ✓ Hospital Institution Other place
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county 63 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Blaine
   (c) City or town Hailey
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? Outside? ✓ city or town
   (f) Citizen of what country? U. S.
   (g) How long had deceased lived in Idaho? 63 years
   (h) Former residence (city, state) Mo.

3. (a) **FULL NAME** George H. Knight

93d

3. (b) If veteran, name war ✓
   (c) Social Security No. ✓
5. Color or race white
6. (a) Single, widowed, married divorced widowed
4. Sex male
6. (b) Name of husband or wife ✓
6. (c) Age of husband or wife if alive ✓ years
7. Date of Birth (Month, Day, Year) Nov. 10, 1857

8. AGE	Years	Months	Days	If less than 1 day
	86	9	18	hrs min.

9. Exact Occupation former — Did this work for 63 yrs.
10. Industry or Business — Date last worked 5-28-44
11. Birthplace Macon County, Mo. (City or town) (State or foreign country)

Father
12. Name William H. Knight
13. Birthplace (City or town) (State or foreign country)

Mother
14. Maiden name Susan Holderbee
15. Birthplace (City or town) (State or foreign country)

16. Informant's **OWN** Signature Bertha I. Hayes
and Address Hailey, Idaho

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 8-30-44 (Month) (Day) (Year)
(c) Place: Hailey, Idaho

18. Funeral Director's **OWN** Signature Mrs. L. Harris
and Address Hailey - Ida.

19. (a) 9-3-1944 (Date received and filed) (b) Robert H. Wright (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 8-28 19 44
at 1:00 o'clock P. M.

21. **I HEREBY CERTIFY**, That I attended deceased from 6-3 19 44, to 8-28 19 44
I last saw him alive on 8-28 19 44 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Myocarditis	3 mos
Due to Hypertension &	
Arterio Sclerosis	2 yrs.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature [illegible] M.D. (M. D. or other)
and Address Hailey Ida. Date 8-29 19 44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

140098

United States
Department of Commerce
Bureau of the Census AUG 31 1944

Certificate Of Death

STATE OF IDAHO

State File No. 352
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF DEATH:**
(a) County Boise
(b) City or town n/s Pioneerville. Idaho
(c) Street Address or R. F. D. No.
(d) Death Occured Inside? ✓ Outside? city or town
(e) Died in a Home Hospital Institution Other place ✓
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 3 years 9 months 20 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Boise
(c) City or town n/s Pioneerville. Ida
(d) Street Address or R.F.D. No. Centerville
(e) Deceased lived Inside? ✓ Outside? city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? Life years
(h) Former residence (city, state) —

3. (a) **FULL NAME** Kenneth Alan Arbaugh

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3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced —
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day hrs	min.
	3	9	20		

9. Exact Occupation — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace BOISE (City or town) IDAHO. (State or foreign country)

Father
12. Name John Esperance
13. Birthplace France — Europe (City or town) (State or foreign country)

Mother
14. Maiden name Nellie Arbaugh
15. Birthplace Boise. Idaho. (City or town) (State or foreign country)

16. Informant's **OWN** Signature MRS. MABEL ARBAUGH.
and Address CENTERVILLE. IDAHO.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/29/44 (Month) (Day) (Year)
(c) Place: Pioneerville, Idaho

18. Funeral Director's **OWN** Signature Private Funeral
and Address at Ranch n/s Pioneerville. Ida

19. (a) 9/29 1944 (Date received and filed) (b) [redacted] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) August 28th 1944
at 10 o'clock P. M.

21. **I HEREBY CERTIFY,** That I attended deceased from 19, to 19
I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration
Shock
From falling in pan of
Due to Scalding Wheyson the
20th August 1944 2 days.
✓ Due to Tetanus poisoning
Other conditions
(Include pregnancy within 3 months of death)

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYISCIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ✓ Suicide? Homicide?
Occurred August 20th 1944 City, county, state where violence occurred
Place of Violence: Home ✓ Farm Industry
Public Place While at work?
Means of injury Scalding

23. Attendant's **OWN** Signature Reginald Johnson Keller. Coroner Ada County
and Address Idaho City. Date Aug. 29 1944
(For additional space, use reverse side)

United States
Department of Commerce
Bureau of the Census

SEP 11 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 140[illegible]
Local Reg. No. 61
Reg. Dist. No. 110

1. **PLACE OF DEATH:**
(a) County Bonner
(b) City or town Sandpoint
(c) Street Address or R. F. D. No. R.F.D.
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home X Hospital __ Institution __ Other place __
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county ____ years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bonner
(c) City or town Sandpoint
(d) Street Address or R. F. D. No. R.F.D.
(e) Deceased lived Inside? ____ Outside? X city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? ____ years
(h) Former residence (city, state) ____

3. (a) FULL NAME Baby Girl Fritzsche

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3. (b) If veteran, name war none
3. (c) Social Security No. no
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced ____
6. (b) Name of husband or wife ____
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) July 15, 1944.

8. AGE	Years	Months	Days	If less than 1 day
			1	hrs min.

9. Exact Occupation None — Did this work for ____ yrs.
10. Industry or Business ____ — Date last worked ____
11. Birthplace Sandpoint, Idaho. (City or town) (State or foreign country)

Father
12. Name Ernest William Fritzsche
13. Birthplace Wessington, South Dakota. (City or town) (State or foreign country)

Mother
14. Maiden name Merle Hunt.
15. Birthplace Iroquois, South Dakota. (City or town) (State or foreign country)

16. Informant's OWN Signature Ernest Fritzsche
and Address RFD-1 Sandpoint Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-16-44 (Month) (Day) (Year)
(c) Place: Sandpoint, Idaho.
18. Funeral Director's OWN Signature Moon Mortuary [signature]
and Address Sandpoint, Idaho.
19. (a) 7-16-1944 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 15 1944
at ____ o'clock ____ M.
21. **I HEREBY CERTIFY,** That I attended deceased from July 14 1944 to July 15 1944
I last saw her alive on July 15 1944 & death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Premature birth.	
6 mo gestation	
Due to ✓	
✓ Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation None Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy None	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature Floyd G Wendle (M. D. or other)
and Address Sandpoint, Ida. Date 7-15 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

[redacted] 140100

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. ____
Local Reg. No. 64
Reg. Dist. No. 110

1. **PLACE OF DEATH:**
(a) County Bonner
(b) City or town Sandpoint
(c) Street Address or R. F. D. No. 823 Erie St.
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home X Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 40 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bonner
(c) City or town Sandpoint
(d) Street Address or R. F. D. No. 823 Erie St.
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 40 years
(h) Former residence (city, state) ____

3. (a) FULL NAME Arthur J. Henry

94a

3. (b) If veteran, name war no
3. (c) Social Security No. 519-05-6133
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Bessie Henry
6. (c) Age of husband or wife if alive 57 years
7. Date of Birth (Month, Day, Year) November 18, 1884

8. AGE	Years	Months	Days	If less than 1 day
	59	8	16	hrs ____ min.

9. Exact Occupation Operator — Did this work for 1½ yrs.
10. Industry or Business Disposal Plant U.S.Naval Base — Date last worked Aug. 1944
11. Birthplace Clifton, Wisconsin. (City or town) (State or foreign country)

Father
12. Name Ellis Henry
13. Birthplace Wisconsin (City or town) (State or foreign country)

Mother
14. Maiden name Mary Boswick
15. Birthplace Wisconsin (City or town) (State or foreign country)

16. Informant's OWN Signature Bessie Henry and Address Sandpoint, Idaho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 9, 1944 (Month) (Day) (Year)
(c) Place Sandpoint, Idaho.
18. Funeral Director's OWN Signature MOON MORTUARY and Address Sandpoint, Idaho.
19. (a) AUG 8 1944 (Date received and filed) (b) ____ (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) August 4, 1944 at 1115 o'clock P. M.
21. I HEREBY CERTIFY, That I attended deceased from Aug 4, 1944 to Aug 4, 1944
I last saw him alive on Aug 4, 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — Duration
Coronary Thrombosis — Just 3 days only
Due to ____
Due to ____
Other conditions ____ (Include pregnancy within 3 months of death)

Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature Wm F Tyler M.D. (M. D. or other)
and Address Sandpoint Idaho Date 8-7 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

14016

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

SEP 11 1944

State File No.
Local Reg. No. 65
Reg. Dist. No. 110

1. **PLACE OF DEATH:**
(a) County Bonner
(b) City or town Sandpoint
(c) Street Address or R. F. D. No. Rural
(d) Death Occurred Inside? Outside? X city or town
(e) Died in a Home Hospital Institution Other place X
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 3 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bonner
(c) City or town Sandpoint
(d) Street Address or R. F. D. No. 4th & Cedar
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 3 years
(h) Former residence (city, state)

3. (a) FULL NAME Louis Edward Mace

170c

3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) December 18, 1927

8. AGE	Years	Months	Days	If less than 1 day
	16	7	19	hrs min.

9. Exact Occupation Student — Did this work for yrs.
10. Industry or Business High School — Date last worked May 1944
11. Birthplace Fortine, Montana. (City or town) (State or foreign country)

Father
12. Name Charles Robert Mace
13. Birthplace Joplin, Missouri. (City or town) (State or foreign country)

Mother
14. Maiden name Thelma Antomette Klinke
15. Birthplace Kalispell, Montana. (City or town) (State or foreign country)

16. Informant's OWN Signature Charles R Mace
and Address Sandpoint, Idaho.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 8, 1944 (Month) (Day) (Year)
(c) Place: Sandpoint, Idaho.

18. Funeral Director's OWN Signature MOON MORTUARY by L. F. Moon
and Address Sandpoint, Idaho

19. (a) Aug. 8, 1944 (Date received and filed) (b) Thomas L. Moon (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) August 6, 1944
at 12:00 o'clock P. M.

21. **I HEREBY CERTIFY,** That I attended deceased from ____19____, to ____19____
I last saw h____ alive on ____19____; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — Duration

Concussion Brain. - Cranial Hemorrhage.
Due to Auto accident - Auto turned over - down embankment.
✓ Due to Tire blowout. -
Other conditions
(Include pregnancy within 3 months of death)

Where was disease contracted?
Name of operation Date
Major finding None
Finding of autopsy None

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Yes. Suicide? Homicide?
Occurred Aug. 6 1944. 1944 City, county, state where violence occurred 5mi. north Colburn Bonner Co Idaho
Place of Violence: Home Farm Industry
Public Place While at work? No
Means of injury Auto tire blow out. - Auto turned over.

23. Attendant's OWN Signature L. F. Moon Coroner (M. D. or other)
and Address Sandpoint Idaho Date Aug. 7 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

SEP 18 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 14016
Local Reg. No. 14-44
Reg. Dist. No. 112

1. **PLACE OF DEATH:**
(a) County Bonner
(b) City or town Priest River
(c) Street Address or R. F. D. No. # 1
(d) Death Occurred Inside? ..... Outside? ✓ city or town
(e) Died in a Home ✓ Hospital ... Institution ... Other place ...
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 25 years ... months ... days
Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bonner
(c) City or town Priest River
(d) Street Address or R. F. D. No. 1
(e) Deceased lived Inside? ..... Outside? ✓ city or town
(f) If foreign born, in U. S. ... yrs. Citizen of U. S.? yes
(g) How long had deceased lived in Idaho? 25 years
(h) Former residence (city, state) ...

3. (a) **FULL NAME** Addie Ursula Henry 50

3. (b) If veteran, name war ...
3. (c) Social Security No. ...
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or ~~wife~~ Victor S. Henry
6 (c) Age of husband or wife if alive 58 years
7. Date of Birth (Month, Day, Year) March 9, 1872

8. AGE	Years	Months	Days	If less than 1 day
	72	5	5	hrs ... min.

9. Exact Occupation Housewife — Did this work for 50 yrs.
10. Industry or Business Own home — Date last worked 4/1943
11. Birthplace Hale (City or town) Missouri (State or foreign country)

Father
12. Name Isaac N. Billow
13. Birthplace ... Penn (City or town) (State or foreign country)

Mother
14. Maiden name Alice Mc Donald
15. Birthplace ... Penn (City or town) (State or foreign country)

16. Informant's **OWN** Signature Victor S. Henry and Address Priest River, Ida.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-16-44 (Month) (Day) (Year)
(c) Place: Priest River, Idaho
18. Funeral Director's **OWN** Signature L. D. Moon and Address Sandpoint, Idaho
19. (a) 8-15-44 (Date received and filed) (b) F. A. Monch (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) August 14 1944
at 4:30 o'clock A. M.

21. I **HEREBY CERTIFY**, That I attended deceased from Jan 1 1944 to Aug 14 1944
I last saw her alive on Aug 11 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — Duration

carcinoma of the breast — 2 yrs.

Due to ...

Due to ...

Other conditions ... (Include pregnancy within 3 months of death)

Where was disease first contracted? breast
Name of operation amputation of breast Date July 1943
Major finding ...
Finding of autopsy ...

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ... Suicide? ... Homicide? ...
Occurred ... 19... City, county, state where violence occurred ...
Place of Violence: Home ... Farm ... Industry ...
Public Place ... While at work? ...
Means of injury ...

23. Attendant's **OWN** Signature Leslie J. Stupper, M. D. (M. D. or other)
and Address Priest River, Ida. Date 8-15 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

SEP 18 1944

State File No. 140103
Local Reg. No. 15-44
Reg. Dist. No. 112

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. PLACE OF DEATH:
(a) County Bonner
(b) City or town Priest River
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. Priest River Stayed 4 days
(g) Lived in this county 50 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Bonner
(c) City or town Priest River
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) If foreign born, in U. S. yrs. Citizen of U. S.? Yes
(g) How long had deceased lived in Idaho? 50 years
(h) Former residence (city, state) Priest River

3. (a) **FULL NAME** Frederick William Jones 93d.

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife None
6 (c) Age of husband or wife if alive None years
7. Date of Birth (Month, Day, Year) March, 15, 1859

8. AGE	Years	Months	Days	If less than 1 day
	85	5	3	hrs min.

9. Exact Occupation Woodsman — Did this work for 57 yrs.
10. Industry or Business Lumber — Date last worked 1934
11. Birthplace Port Huron (City or town) Michigan (State or foreign country)

Father
12. Name Shepard Jones
13. Birthplace Unknown (City or town) Unknown (State or foreign country)

Mother
14. Maiden name Mary Ann Wallace
15. Birthplace Glasgow (City or town) Scotland (State or foreign country)

16. Informant's **OWN** Signature Lelara Kamanaga
and Address Priest River, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 21, 1944 (Month) (Day) (Year)
(c) Place: Priest River Cemetary
18. Funeral Director's **OWN** Signature R. L. Moon
and Address Sandpoint, Idaho
19. (a) Aug. 19. 1944 (Date received and filed) T. A. Branch (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Aug. 18 1944
at 4:30 o'clock P. M.

21. **I HEREBY CERTIFY,** That I attended deceased from June 1 1944 to Aug 18 1944
I last saw him alive on Aug 18 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — **Duration**
Myocardial degeneration — 5 yrs
Due to senility
Due to
Other conditions (Include pregnancy within 3 months of death)
Where was disease first contracted?
Name of operation Date
Major finding
Finding of autopsy none
no autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature Leslie J. Stauffer, M.D. (M.D. or other)
and Address Priest River Idaho Date 8-19 1944
(For additional space, use reverse side)

140101

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

SEP 11 1944

State File No.
Local Reg. No. 66
Reg. Dist. No. 110

1. **PLACE OF DEATH:**
(a) County Bonner
(b) City or town Sandpoint
(c) Street Address or R. F. D. No. 4th & Popular
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home X Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 43 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bonner
(c) City or town Sandpoint
(d) Street Address or R. F. D. No. 4th & Popular
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? U. S.
(g) How long had deceased lived in Idaho? 43 years
(h) Former residence (city, state) Minn.

3. (a) FULL NAME Minnie Randall Jackson

934

3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Frederick
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) October 10, 1868.

8. AGE	Years	Months	Days	If less than 1 day
	75	10	8	hrs ____ min.

9. Exact Occupation Housewife Did this work for Many yrs.
10. Industry or Business Home Date last worked Aug. 1944
11. Birthplace Brownsville (City or town) XXXXX Minn. (State or foreign country)

Father
12. Name Charles Sanford
13. Birthplace Steuben Co. New York (City or town) (State or foreign country)

Mother
14. Maiden name Sarah Elizebeth Ruterford
15. Birthplace Lafayette, Indiana (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs Edith Hunt
and Address Amanda Montana

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 21 1944 (Month) (Day) (Year)
(c) Place: Sandpoint, Idaho.

18. Funeral Director's OWN Signature MOON MORTUARY
and Address SANDPOINT IDAHO

19. (a) Aug. 20 1944. (Date received and filed) (b) Laurence Dean (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) August 18, 1944 19____
at 12:40 o'clock A M.

21. I HEREBY CERTIFY, That I attended deceased from Aug. 10 1944 to Aug. 18 1944
I last saw her alive on Aug 17 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Chronic Myocarditis	2 yrs
Due to	
✓ Arterio Sclerosis	5 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ____ Date ____
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury

23. Attendant's OWN Signature Wm F Tyler MD
and Address Sandpoint Idaho M. D. or Other Date Aug 20 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

SEP 11 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 140105
Local Reg. No. 68
Reg. Dist. No. 110

1. **PLACE OF DEATH:**
   (a) County Bonner
   (b) City or town Sandpoint
   (c) Street Address or R. F. D. No. 514 N. 2nd Ave.
   (d) Death Occurred Inside? X Outside? ____ city or town
   (e) Died in a Home ____ Hospital X Institution ____ Other place ____
   (f) Name Hosp. or Inst. Community Stayed 2 days
   (g) Lived in this county 30 years ____ months ____ days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Bonner
   (c) City or town Sandpoint
   (d) Street Address or R. F. D. No. 802 Cedar St
   (e) Deceased lived Inside? X Outside? ____ city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 30 years
   (h) Former residence (city, state) ____

3. (a) FULL NAME JOHN LEWIS SULLIVAN 93d

3. (b) If veteran, name war None
3. (c) Social Security No. 518-12-9685
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife ____
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) Not Known

8. AGE	Years	Months	Days	If less than 1 day hrs	min.
	64				

9. Exact Occupation Woodsman — Did this work for life yrs.
10. Industry or Business Logging — Date last worked Aug. 1944
11. Birthplace East Grand Forks, Minn. (City or town) (State or foreign country)

Father
12. Name Maurice Sullivan
13. Birthplace Ireland (City or town) (State or foreign country)

Mother
14. Maiden name Anna Cunningham
15. Birthplace Ireland (City or town) (State or foreign country)

16. Informant's OWN Signature Frank H. Sullivan
and Address Whitefish, Mont.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-31-1944 (Month) (Day) (Year)
(c) Place: Sandpoint, Idaho.

18. Funeral Director's OWN Signature MOON MORTUARY
and Address SANDPOINT, IDAHO

19. (a) 8-31-44 (Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) August 28, 1944
at 12:45 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from Jan 1 1944 to Aug 28 1944
I last saw him alive on Aug 27 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Chronic Myocarditis	3yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Arteriosclerosis	5yrs

PHYSICIAN

Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's OWN Signature Wm F. Tyler M.D. (M. D. or other)
and Address Sandpoint, Ida. Date 8-28-44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

SEP 11 1944

State File No. 140196
Local Reg. No. 67
Reg. Dist. No. 110

1. **PLACE OF DEATH:**
   (a) County Bonner
   (b) City or town Sandpoint
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? X Outside? ____ city or town
   (e) Died in a Home ___ Hospital X Institution ___ Other place ___
   (f) Name Hosp. or Inst. Com. Hos. Stayed ____ days
   (g) Lived in this county 18 years ____ months ____ days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Bonner
   (c) City or town Sandpoint
   (d) Street Address or R. F. D. No. Alder St
   (e) Deceased lived Inside? X Outside? ____ city or town
   (f) Citizen of what country? U. S.
   (g) How long had deceased lived in Idaho? 18 years
   (h) Former residence (city, state) Wisc.

3. (a) **FULL NAME** Walter Erwin Sims

186a

3. (b) If veteran, name war No.
3. (c) Social Security No. None
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife Camille Sims
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) Feb. 22, 1872

8. AGE	Years	Months	Days	If less than 1 day
	72 XX	6	7	hrs ____ min.

9. Exact Occupation Timekeeper — Did this work for 5 yrs.
10. Industry or Business Construction — Date last worked June
11. Birthplace Afton, (City or town) Wisc., (State or foreign country) New York

Father
12. Name Erwin W. Sims
13. Birthplace Jefferson Co. New York (City or town) (State or foreign country)

Mother
14. Maiden name Emma M. Benson
15. Birthplace Stowe, Ver. (City or town) (State or foreign country)

16. Informant's OWN Signature Eugene Wilson
and Address 403 Pine St Sandpoint Ida

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/30/44 (Month) (Day) (Year)
(c) Place: Sandpoint, Idaho. Cemetery

18. Funeral Director's OWN Signature MOON MORTUARY Lawrence Moon
and Address SANDPOINT, IDAHO

19. (a) AUG 30 1944 (Date received and filed) (b) Lawrence Moon (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Aug. 29, 1944 19____
at 1:30 o'clock P. M.

21. **I HEREBY CERTIFY,** That I attended deceased from Aug 21 1944 to Aug 29 1944
I last saw him alive on Aug 29 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Acute Hepatitis — Duration 5 wks
Due to Fell & injured liver
Due to
Other conditions Arteria Sclerosis (Include pregnancy within 3 months of death) — 3 yrs

Where was disease contracted?
Name of operation no Date
Major finding
Finding of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Yes Suicide? no Homicide? no
Occurred July 24 1944 City, county, state where violence occurred Bonner Co Idaho
Place of Violence: Home no Farm no Industry no
Public Place no While at work? no
Means of injury Fell & injured liver while

23. Attendant's OWN Signature Wm F Tyler M D
(M. D. or other)
and Address Sandpoint, Ida. Date 8-31 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census SEP 11 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140107
Local Reg. No. 137
Reg. Dist. No. 610

1. PLACE OF DEATH:
(a) County Bonneville
(b) City or town Idaho Falls
(c) Street Address or R.F.D. No. Memorial Hosp.
(d) Death Occured Inside? ✓ Outside? ..... city or town
(e) Died in a Home.... Hospital ✓ Institution.... Other place....
(f) Name Hosp. or Inst. L.D.S. Hosp. Stayed ..... days
(g) Lived in this county ..... years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Bonneville
(c) City or town Ucon, Idaho
(d) Street Address or R.F.D. No. .....
(e) Deceased lived Inside? ✓ Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? ..... years
(h) Former residence (city, state) .....

3. (a) FULL NAME Anna Tyler 159

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex F. 5. Color or race .....
6. (a) (Single) widowed, married, divorced .....
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) June 20, 1944

8. AGE	Years	Months	Days	If less than 1 day
				5 hrs min.

9. Exact Occupation home — Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Idaho Falls, Idaho (City or town) (State or foreign country)

Father
12. Name A. Murray Tyler
13. Birthplace Ucon, Idaho (City or town) (State or foreign country)

Mother
14. Maiden name Pearl May Tucker
15. Birthplace Rine, Idaho (City or town) (State or foreign country)

16. Informant's **OWN** Signature A M Tyler
and Address Ucon, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/21/44 (Month) (Day) (Year)
(c) Place: Ucon, Idaho
18. Funeral Director's **OWN** Signature Frank A. Wood
and Address Idaho Falls, Idaho
19. (a) 6/29/44 (Date received and filed) (b) Anna Bridges (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 20 19 44
at 5 o'clock P.M.
21. **I HEREBY CERTIFY,** That I attended deceased from June 20 1944, to 5 PM June 20 1944
I last saw her alive on June 20 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Prematurity 7 Mo	
Due to Twin Pregnancy	
✓ Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation ..... Date	
Major finding	
Finding of autopsy	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature Milton T. Rees M.D. (M. D. or other)
and Address Idaho Falls, Ida. Date 6/29 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

SEP 11 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140108
Local Reg. No. 186
Reg. Dist. No. 610

1. **PLACE OF DEATH**
   (a) County Bonneville
   (b) City or town Idaho Falls
   (c) Street Address or R.F.D. No. Memorial Dr
   (d) Death Occured Inside? ✓ Outside? ..... city or town
   (e) Died in a Home.... Hospital ✓ Institution.... Other place....
   (f) Name Hosp. or Inst. L.H.S. Hosp Stayed ..... days
   (g) Lived in this county ..... years ..... months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Bonneville
   (c) City or town Idaho Falls
   (d) Street Address or R.F.D. No. Rt #3
   (e) Deceased lived Inside? ..... Outside? ✓ city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 41 years
   (h) Former residence (city, state) .....

3. (a) **FULL NAME** Mathilda Nielsen Southwick 93d.

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex F
5. Color or race W.
6. (a) Single, widowed, married, divorced .....
6. (b) Name of husband or wife J.N. Southwick
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) June 7, 1863

8. AGE	Years	Months	Days	If less than 1 day
	81	2	23	hrs min.

9. Exact Occupation Housewife Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Sabba, Sweden (City or town) (State or foreign country)

Father
12. Name August Carson
13. Birthplace Sweden (City or town) (State or foreign country)

Mother
14. Maiden name Not known
15. Birthplace Sweden (City or town) (State or foreign country)

16. Informant's **OWN** Signature Ida L.P. Nielsen
and Address Idaho Falls Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/5/44 (Month) (Day) (Year)
(c) Place: Ammon, Idaho
18. Funeral Director's **OWN** Signature Jack A. Wood
and Address Idaho Falls, Idaho
19. (a) 9/7/44 (Date received and filed) (b) Anna Bridges (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) August 1 1944
at 1-55 o'clock P M.
21. **I HEREBY CERTIFY**, That I attended deceased from July 25, 1944, to July 30, 1944
I last saw her alive on July 30, 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cardiovascular disease	? yrs.
Due to	
✓ Due to	
Other conditions ------ (Include pregnancy within 3 months of death)	
Where was disease contracted? ------	
Name of operation ---- Date	
Major finding	
Finding of autopsy	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature H Ray Hatch M.D. (M. D. or other)
and Address Idaho Falls Date 8-9- 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

AUG 12 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140109
Local Reg. No. 167
Reg. Dist. No. 610

1. **PLACE OF DEATH:**
(a) County Bonneville
(b) City or town Idaho Falls
(c) Street Address or R.F.D. No. Memorial Dr.
(d) Death Occured Inside? ✓ Outside? ..... city or town
(e) Died in a Home.... Hospital ✓ Institution.... Other place....
(f) Name Hosp. or Inst. L.U.S. Hosp. Stayed 10 days
(g) Lived in this county ..... years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Bonneville
(c) City or town Idaho Falls
(d) Street Address or R.F.D. No. 155-4 Ct
(e) Deceased lived Inside? ✓ Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? ..... years
(h) Former residence (city, state) .....

3. (a) **FULL NAME** Don R. Davis 1700

3. (b) If veteran, name war .....
3. (c) Social Security No. 519-20-9631
4. Sex M
5. Color or race W.
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) December 28, 1904

8. AGE	Years	Months	Days	If less than 1 day
	39	7	5	hrs min.

9. Exact Occupation Day Laborer Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Ucon (City or town) Idaho (State or foreign country)
Father
12. Name William T. Davis
13. Birthplace Downey (City or town) Idaho (State or foreign country)
Mother
14. Maiden name Esther M. Tyler
15. Birthplace Washington County (City or town) Utah (State or foreign country)
16. Informant's **OWN** Signature Mrs Esther M. Davis
and Address Idaho Falls, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/8/44 (Month) (Day) (Year)
(c) Place: Ucon, Idaho
18. Funeral Director's **OWN** Signature Jack A. Wood
and Address Idaho Falls, Idaho
19. (a) 8/10/44 (Date received and filed) (b) Anna Bridges (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) August 3 1944
at 7 o'clock P M.
21. **I HEREBY CERTIFY**, That I attended deceased from July 24 1944, to Aug 3 1944
I last saw him alive on Aug 3 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration
Severe Burns Both legs
Due to and Comminuted fracture left tibia & fibula
✓ Due to .....
Other conditions .....
(Include pregnancy within 3 months of death)
Driving coal truck, lost control and truck turned over. 3/4 miles north of Idaho Falls.
Where was disease contracted?
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Yes Suicide? ..... Homicide? .....
Occurred July 24 1944 City, county, state where violence occurred Bonneville County, Idaho
Place of Violence: Home ..... Farm ..... Industry X
Public Place Hiway 191 While at work? Yes
Means of injury Severe Burns to Legs
23. Attendant's **OWN** Signature R R Soderquist (M. D. or other)
and Address Idaho Falls, Ida. Date 8/4/ 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

SEP 11 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140110
Local Reg. No. 168
Reg. Dist. No. 610

1. PLACE OF DEATH:
(a) County Bonneville
(b) City or town Idaho Falls
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? X Outside? city or town
(e) Died in a Home.... Hospital X Institution.... Other place....
(f) Name Hosp. or Inst. I.F.D.H. Stayed 16 days
(g) Lived in this county 37 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State (b) County
(c) City or town
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? Outside? city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? years
(h) Former residence (city, state)

3. (a) FULL NAME Samuel N. Hawkins 93d

3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife None
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Nov 18 - 1859

8. AGE	Years	Months	Days	If less than 1 day hrs min.
	84	8	17	

9. Exact Occupation Laborer — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace Shelby Co. Pa. (City or town) (State or foreign country)

Father
12. Name Unknown
13. Birthplace (City or town) (State or foreign country)

Mother
14. Maiden name Unknown
15. Birthplace (City or town) (State or foreign country)

16. Informant's **OWN** Signature Geo A. Hellmans
and Address Idaho Falls, Ida

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug-7-1944 (Month) (Day) (Year)
(c) Place: Idaho Falls, Idaho.

18. Funeral Director's **OWN** Signature Geo A. Hellmans
and Address Idaho Falls, Ida

19. (a) 8/10/44 (Date received and filed) (b) Anna Bridges (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Aug 5 1944
at 2:10 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from July 30, 1944, to Aug 5 1944
I last saw him alive on 19...; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death	Duration
Cer. Hemorrhage	
+ Coronary	
Due to Arteriosclerosis	
Due to Senility	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation ... Date	
Major finding	
Finding of autopsy	

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19... City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature [illegible] (M. D. or other)
and Address Date 19...
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 140111
Local Reg. No. 170
Reg. Dist. No. 61

SEP 11 1944

1. **PLACE OF DEATH:**
   (a) County Bonneville
   (b) City or town Idaho Falls
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? ..... Outside? ..... city or town
   (e) Died in a Home.... Hospital.... Institution.... Other place ✓
   (f) Name Hosp. or Inst. ..... Stayed ..... days
   (g) Lived in this county 7 years 8 months 9 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Bonneville
   (c) City or town Idaho Falls
   (d) Street Address or R.F.D. No. 333-12th
   (e) Deceased lived Inside? ✓ Outside? ..... city or town
   (f) Citizen of what country? U.S.
   (g) How long had deceased lived in Idaho? 7 years
   (h) Former residence (city, state)

3. (a) **FULL NAME** Ronald Lester Abrey 183

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) November 27, 1936

8. AGE	Years	Months	Days	If less than 1 day
	7	8	9	hrs min.

9. Exact Occupation Student Did this work for ..... yrs.
10. Industry or Business ..... Date last worked
11. Birthplace Idaho Falls, Idaho (City or town) (State or foreign country)

Father
12. Name Lester Abrey
13. Birthplace Idaho Falls, Idaho (City or town) (State or foreign country)

Mother
14. Maiden name Melba Savage
15. Birthplace Salt Lake City, Utah (City or town) (State or foreign country)

16. Informant's **OWN** Signature Lester Abrey
and Address 333-12th Street
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/10/44 (Month) (Day) (Year)
(c) Place: Idaho Falls, Idaho
18. Funeral Director's **OWN** Signature Jack A. Wood
and Address Idaho Falls, Idaho
19. (a) Aug. 12-1944 (Date received and filed) (b) Anna Briggs (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) August 6 1944
at ..... o'clock ..... M.
21. **I HEREBY CERTIFY**, That I attended deceased from Aug. 6, '44 19..., to ..... 19.....
I last saw h..... alive on ..... 19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
accidental drowning	
Due to	
✓ Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation ..... Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ✓ Suicide? ..... Homicide? .....
Occurred Aug. 6 1944 City, county, state where violence occurred Idaho Falls, Idaho
Place of Violence: Home ..... Farm ..... Industry .....
Public Place XX While at work? .....
Means of injury Lake in City Park
23. Attendant's **OWN** Signature [signature] (M. D. or other)
and Address ..... Date Aug. 9 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

AUG 12 1944

NON-RESIDENT
Certificate Of Death
STATE OF IDAHO

State File No. 140112
Local Reg. No. 166
Reg. Dist. No. 610

1. **PLACE OF DEATH:**
(a) County Bonneville
(b) City or town Idaho Falls
(c) Street Address or R.F.D. No. Rt #2
(d) Death Occured Inside? ..... Outside? ✓ city or town
(e) Died in a Home ✓ Hospital ..... Institution ..... Other place .....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county ..... years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Utah (b) County Salt Lake
(c) City or town Salt Lake
(d) Street Address or R.F.D. No. Zone #7
(e) Deceased lived Inside? ..... Outside? ✓ city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 12 years
(h) Former residence (city, state) .....

3. (a) **FULL NAME** Sarah Maud Widerburg 94a.

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex F.
5. Color or race W.
6. (a) Single, widowed, married, divorced .....
6. (b) Name of husband or wife Orlando Widerburg
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) July 5, 1882

8. AGE	Years	Months	Days	If less than 1 day
	62	1	3	hrs min.

9. Exact Occupation Housewife Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Murray, Utah (City or town) (State or foreign country)
Father
12. Name Richard Arnold
13. Birthplace England (City or town) (State or foreign country)
Mother
14. Maiden name Sarah Read
15. Birthplace England (City or town) (State or foreign country)
16. Informant's **OWN** Signature Leonard Widerburg
and Address Idaho Falls Rt #2
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 8/10/44 (Month) (Day) (Year)
(c) Place: Murray, Utah
18. Funeral Director's **OWN** Signature Jack A. Wood
and Address Idaho Falls Idaho
19. (a) Aug. 10-1944 (Date received and filed) (b) Anna Bridges (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) August 8 1944
at 8-30 o'clock A.M.
21. **I HEREBY CERTIFY,** That I attended deceased from Aug. 8 1944, to on same date 19
I last saw her alive on — 19 ; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Coronary occlusion	?
Heart	
Due to ?	
✓ Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted? —	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation — Date	
Major finding —	
Finding of autopsy —	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? 0 Suicide? 0 Homicide? 0
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature Shea O. Mellor M.D. (M. D. or other)
and Address Idaho Falls Date Aug 8, 1944
(For additional space, use reverse side)

(over)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

SEP 11 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140113
Local Reg. No. 183
Reg. Dist. No. 6 1 D

1. **PLACE OF DEATH:**
   (a) County Bonneville
   (b) City or town Idaho Falls
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home.... Hospital X Institution.... Other place....
   (f) Name Hosp. or Inst. Sacred Heart Stayed 1/2 days
   (g) Lived in this county 37 years ? months ? days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Bonneville
   (c) City or town Idaho Falls
   (d) Street Address or R.F.D. No. RFD # 2
   (e) Deceased lived Inside? ..... Outside? X city or town
   (f) Citizen of what country? England
   (g) How long had deceased lived in Idaho? 37 years
   (h) Former residence (city, state) Atlantic, Iowa

3. (a) **FULL NAME** JOSHUA S. FOWLER

175a

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Amy Helen Gent
6. (c) Age of husband or wife if alive 68 years
7. Date of Birth (Month, Day, Year) May 11, 1876

8. AGE	Years	Months	Days	If less than 1 day
	68	2	29	hrs ..... min.

9. Exact Occupation Farmer — Did this work for 37 yrs.
10. Industry or Business Self Employed — Date last worked 8/10/44
11. Birthplace Garstang, Lancashire, England (City or town) (State or foreign country)

Father
12. Name William Fowler
13. Birthplace England (City or town) (State or foreign country)

Mother
14. Maiden name Unknown
15. Birthplace England (City or town) (State or foreign country)

16. Informant's **OWN** Signature C. H. Fowler
and Address Idaho Falls, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/13/44 (Month) (Day) (Year)
(c) Place: Rose Hill Cem., Ida. Falls

18. Funeral Director's **OWN** Signature Orland LeBaron
and Address Idaho Falls, Idaho

19. (a) 9-5-44 (Date received and filed) (b) Verna Bulgin (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) August 10 1944
at 5:15 o'clock P. M.

21. **I HEREBY CERTIFY**, That I attended deceased from 8-10 1944, to 8-10 1944
I last saw him alive on 8-10 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Internal injuries	1 day
Due to Trauma	1 day
Due to	
Other conditions Shock — (Include pregnancy within 3 months of death)	1 day

Where was disease contracted?
Name of operation ..... Date .....
Major finding
Finding of autopsy

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Yes Suicide? ..... Homicide? .....
Occurred Aug 10 1944 City, county, state where violence occurred Bonn. Co.
Place of Violence: Home ..... Farm — Industry .....
Public Place No. While at work? Yes
Means of injury Ran over by wagon

23. Attendant's **OWN** Signature J. B. Woodley M.D.
(M. D. or other)
and Address Idaho Falls, Ida. Date 8/16/1944
(For additional space, use reverse side)

140114

United States
Department of Commerce
Bureau of the Census

SEP 11 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 140114
Local Reg. No. 169
Reg. Dist. No. 610

1. **PLACE OF DEATH:**
   (a) County Bonneville
   (b) City or town Idaho Falls
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? ✓ Outside? ____ city or town
   (e) Died in a Home __ Hospital ✓ Institution __ Other place __
   (f) Name Hosp. or Inst. L. D. S. H. Stayed ____ days
   (g) Lived in this county ____ years ____ months ____ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Clark
   (c) City or town Kilgore
   (d) Street Address or R. F. D. No.
   (e) Deceased lived Inside? ____ Outside? ____ city or town
   (f) Citizen of what country?
   (g) How long had deceased lived in Idaho? ____ years
   (h) Former residence (city, state)

3. (a) **FULL NAME** Baby Vadnais 1600

3. (b) If veteran, name war ____ 3. (c) Social Security No. ____
4. Sex M. 5. Color or race W. 6. (a) Single, widowed, married, divorced ____
6. (b) Name of husband or wife ____ 6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) August 8-1944

8. AGE	Years	Months	Days	If less than 1 day
	—	—	—	10 hrs min.

9. Exact Occupation ____ Did this work for ____ yrs.
10. Industry or Business ____ Date last worked ____
11. Birthplace Idaho Falls, Ida. (City or town) (State or foreign country)

Father
12. Name Alfred Vadnais
13. Birthplace Kilgore, Idaho (City or town) (State or foreign country)

Mother
14. Maiden name LaVerne Behling
15. Birthplace Milwaukee, Wisc (City or town) (State or foreign country)

16. Informant's OWN Signature Alfred Vadnais
and Address Kilgore, Idaho
17. (a) removal (Burial, cremation, or removal) (b) Date thereof 8-10-44 (Month) (Day) (Year)
(c) Place: Kilgore
18. Funeral Director's OWN Signature none
and Address
19. (a) 8/10/44 (Date received and filed) (b) Anna Bridges (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Aug. 10 1944
at 10 A.M. o'clock X M.
21. **I HEREBY CERTIFY,** That I attended deceased from Aug 10 1944 to Aug 10 1944
I last saw her alive on Aug 10 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration
Prematured due to Placenta
Due to Previous
Due to 6 months
Other conditions
(Include pregnancy within 3 months of death)
Where was disease contracted?
Name of operation ____ Date ____
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury
23. Attendant's OWN Signature [signature] (M. D. or other)
and Address [illegible] Date 8/15 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 33-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census SEP 11 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140115
Local Reg. No. 182
Reg. Dist. No. 610

1. **PLACE OF DEATH:**
   (a) County Bonniville
   (b) City or town Idaho Falls,
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? X Outside? ... city or town
   (e) Died in a Home ... Hospital X Institution ... Other place ...
   (f) Name Hosp. or Inst. L.D.S. Hosp. ... days
   (g) Lived in this county 30 years ... months ... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Bingham
   (c) City or town Shelley,
   (d) Street Address or R.F.D. No. R#
   (e) Deceased lived Inside? ... Outside? X ... city or town
   (f) Citizen of what country? U.S.A
   (g) How long had deceased lived in Idaho? 30 years
   (h) Former residence (city, state) Kansas

3. (a) **FULL NAME** Winfield Scott Sage 46e

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive ... years
7. Date of Birth (Month, Day, Year) March 22, 1861

8. AGE	Years	Months	Days	If less than 1 day
	83	5	26	hrs ... min.

9. Exact Occupation Ret. Farmer Did this work for ... yrs.
10. Industry or Business Date last worked
11. Birthplace Independence (City or town) Kansas (State or foreign country)

Father
12. Name James Sage
13. Birthplace Unknown (City or town) (State or foreign country)

Mother
14. Maiden name Susan Unknown
15. Birthplace Indiana (City or town) (State or foreign country)

16. Informant's **OWN** Signature Earl Sage X
and Address Shelley, Ida.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-22-44 (Month) (Day) (Year)
(c) Place: Hill Crest
18. Funeral Director's **OWN** Signature L M Nadeau
and Address Shelley, Idaho
19. (a) 9/1/44 (Date received and filed) (b) Anna Budge (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Aug. 18, 1944
at ... o'clock ... M.

21. **I HEREBY CERTIFY**, That I attended deceased from 8-17- 1944, to 8-18- 1944
I last saw him alive on 8-18- 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Obstruction of Bowel	12 1-2
Due to Malignant Growth	46e
Due to ...	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? at home
Name of operation ... Date ...
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ... Suicide? ... Homicide? ...
Occurred ... 19 ... City, county, state where violence occurred
Place of Violence: Home ... Farm ... Industry ...
Public Place ... While at work? ...
Means of injury

23. Attendant's **OWN** Signature Edwin Cutler M.D. (M. D. or other)
and Address Shelley Date 8-19- 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

SEP 11 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140116
Local Reg. No. 187
Reg. Dist. No. 610

1. **PLACE OF DEATH:**
(a) County Bonneville
(b) City or town Idaho Falls
(c) Street Address or R.F.D. No. 474-11 a
(d) Death Occured Inside? ✓ Outside? ..... city or town
(e) Died in a Home ✓ Hospital ..... Institution ..... Other place .....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county ..... years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Bonneville
(c) City or town Idaho Falls
(d) Street Address or R.F.D. No. 474-11 a
(e) Deceased lived Inside? ✓ Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 50 years
(h) Former residence (city, state) .....

3. (a) **FULL NAME** Ulrich C. Pogge 137a

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced .....
6. (b) Name of husband or wife Mary L. Williams
6. (c) Age of husband or wife if alive 68 years
7. Date of Birth (Month, Day, Year) September 2, 1866

8. AGE	Years	Months	Days	If less than 1 day
	77	11	19	hrs min.

9. Exact Occupation State Products Inspector Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Semloh, Germany (City or town) (State or foreign country)
Father
12. Name Ludwig Pogge
13. Birthplace Germany (City or town) (State or foreign country)
Mother
14. Maiden name Elizabeth Perity
15. Birthplace Germany (City or town) (State or foreign country)
16. Informant's **OWN** Signature Mrs U.C. Pogge
and Address Idaho Falls, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/23/44 (Month) (Day) (Year)
(c) Place: Idaho Falls, Idaho
18. Funeral Director's **OWN** Signature Jack A. Wood
and Address Idaho Falls, Idaho
19. (a) 9/7/44 (Date received and filed) (b) Anna Bridges (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) August 21 1944
at 8-45 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from Mar. 1942, to Aug 21 1944
I last saw him alive on Aug 20 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Uremic poisoning	3 wks.
Due to	
✓ Prostatism	5 yrs.
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYISCIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature C. C. Eichen MD (M. D. or other)
and Address I. Falls Date 9-7 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

SEP 11 1944

State File No. 140117
Local Reg. No. 181
Reg. Dist. No. 610

1. **PLACE OF DEATH:**
   (a) County Bonniville
   (b) City or town Idaho Falls
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? X Outside? city or town
   (e) Died in a Home.... Hospital X Institution.... Other place....
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county 55 years months days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Bingham
   (c) City or town Basalt
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? X Outside? city or town
   (f) Citizen of what country?
   (g) How long had deceased lived in Idaho? 55 years
   (h) Former residence (city, state) Utah

3. (a) **FULL NAME** Charles Walter Crofts 12rb

3. (b) If veteran, name war none
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Maude
6. (c) Age of husband or wife if alive 54 years
7. Date of Birth (Month, Day, Year) April 8, 1873

8. AGE	Years	Months	Days	If less than 1 day
	71	4	13	hrs min.

9. Exact Occupation Laborer — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace Porterville, Utah (City or town) (State or foreign country)

Father
12. Name John Crofts
13. Birthplace Wales (City or town) (State or foreign country)

Mother
14. Maiden name Ellen Rothwell
15. Birthplace England (City or town) (State or foreign country)

16. Informant's **OWN** Signature Maude Crofts
and Address Basalt
17. (a) Removal (Burial, cremation or removal) (b) Date thereof 8-25-44 (Month) (Day) (Year)
(c) Place: Basalt, Idaho
18. Funeral Director's **OWN** Signature Lloyd M. Nalder
and Address Shelley, Idaho
19. (a) 9/1/44 (Date received and filed) (b) Anna Rudge (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) August 21, 1944
at 3:15 o'clock P M.

21. **I HEREBY CERTIFY**, That I attended deceased from 8-20- 1944, to 8-21- 1944
I last saw him alive on 8-21- 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Obstruction of Bowell	
Due to Unknown Cause.	
✓ Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? at home
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature Edwin Carter M.D. (M. D. or other)
and Address Shelley Date 8-22, 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census SEP 11 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140118
Local Reg. No. 176
Reg. Dist. No. 610

1. **PLACE OF DEATH:**
   (a) County Bonneville
   (b) City or town Idaho Falls
   (c) Street Address or R.F.D. No. 162 Longfellow
   (d) Death Occured Inside? X Outside? ....city or town
   (e) Died in a Home X Hospital.... Institution.... Other place....
   (f) Name Hosp. or Inst.... Stayed....days
   (g) Lived in this county 8 years 3 months 4 days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Bonneville
   (c) City or town Idaho Falls
   (d) Street Address or R.F.D. No. 550 'J' Street
   (e) Deceased lived Inside? X Outside? ....city or town
   (f) Citizen of what country? United States
   (g) How long had deceased lived in Idaho? 8 years
   (h) Former residence (city, state) Lakeview, Montana

3. (a) **FULL NAME** VIRGINIA FRANCES FITCH 83a

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Willard H. F.
6. (c) Age of husband or wife if alive .... years
7. Date of Birth (Month, Day, Year) September 26, 1868

8. AGE	Years	Months	Days	If less than 1 day
	75	10	27	hrs min.

9. Exact Occupation Housewife — Did this work for 62 yrs.
10. Industry or Business At home — Date last worked 11/15/'42
11. Birthplace Trenton (City or town) New Jersey (State or foreign country)

Mother
12. Name William Miller
13. Birthplace New Jersey (City or town) (State or foreign country)

Father
14. Maiden name Cornelia Hart
15. Birthplace Trenton (City or town) New Jersey (State or foreign country)

16. Informant's **OWN** Signature Valentine F. Fitch
and Address Idaho Falls, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 26, 1944 (Month) (Day) (Year)
(c) Place: Rose Hill Cem., Idaho Falls

18. Funeral Director's **OWN** Signature Aland C. Buck
and Address Idaho Falls, Idaho

19. (a) 9/3/44 (Date received and filed) (b) Anna Bulger (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) August 23 1944
at 6:20 o'clock P.M.

21. **I HEREBY CERTIFY,** That I attended deceased from May 31 1944, to Aug. 23 1944
I last saw h[er] alive on Aug. 18 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebral Hemorrhage	24 hrs.
Due to Hypertension and Senility	5 yrs.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? Not Known
Name of operation None Date
Major finding
Finding of autopsy Not made.

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19.... City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature H. L. Willson (M. D. or other)
and Address Idaho Falls, Idaho Date 8/25 1944
(For additional space see reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

SEP 11 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140119
Local Reg. No. 180
Reg. Dist. No. 610

1. PLACE OF DEATH
(a) County Bonneville
(b) City or town Idaho Falls
(c) Street Address or R.F.D. No. 561 B-St.
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Home .... Hospital X Institution .... Other place ....
(f) Name Hosp. or Inst. LDS Stayed ..... days
(g) Lived in this county ..... years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State ..... (b) County .....
(c) City or town .....
(d) Street Address or R.F.D. No. .....
(e) Deceased lived Inside? ..... Outside? ..... city or town
(f) Citizen of what country? .....
(g) How long had deceased lived in Idaho? ..... years
(h) Former residence (city, state) .....

3. (a) FULL NAME Keith Jay Eckersley. 157e

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex M.
5. Color or race INFANT
6. (a) Single, widowed, married, divorced .....
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) August - 1 - 1944

8. AGE	Years	Months	Days	If less than 1 day
			24	hrs min.

9. Exact Occupation ..... Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Idaho Falls, Idaho. (City or town) (State or foreign country)
Father
12. Name Jay D. Eckersley.
13. Birthplace Sugar City, Idaho. (City or town) (State or foreign country)
Mother
14. Maiden name Georgia Dees
15. Birthplace Dayton, Idaho. (City or town) (State or foreign country)
16. Informant's **OWN** Signature Jay Eckersley
and Address Idaho Falls, Idaho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/27/44 (Month) (Day) (Year)
(c) Place: Idaho Falls, Idaho
18. Funeral Director's **OWN** Signature Leo A. Williams
and Address Idaho Falls, Idaho.
19. (a) 9/1/44 (Date received and filed) (b) Anna Budges (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) August 24 1944
at ..... o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 8/22 1944, to Aug. 24 1944
I last saw h~~in~~ alive on Aug 24 1944, death is said to have occurred on the date and hour stated above.
Immediate Cause of Death: Acute Heart failure due to
Due to Congenital Enlarged Heart
Enlarged Liver
✓Due to Club Foot
Other conditions Rt. Ing. Hernia
(Include pregnancy within 3 months of death)
Where was disease contracted? .....
Name of operation no Date .....
Major finding .....
Finding of autopsy no

Duration

PHYISCIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature [illegible] West (M. D. or other)
and Address [illegible] Date 8/31 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

SEP 11 1944

State File No. 140120
Local Reg. No. 179
Reg. Dist. No. 610

1. **PLACE OF DEATH:**
   (a) County Bonneville
   (b) City or town Idaho Falls
   (c) Street Address or R.F.D. No. 197 14th St.
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home X Hospital ... Institution ... Other place ...
   (f) Name Hosp. or Inst. None Stayed ..... days
   (g) Lived in this county 58 years 0 months ? days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Bonneville
   (c) City or town Idaho Falls
   (d) Street Address or R.F.D. No. 197 14th St.
   (e) Deceased lived Inside? X Outside? ..... city or town
   (f) Citizen of what country? United States
   (g) How long had deceased lived in Idaho? 58 years
   (h) Former residence (city, state) Farragut, Iowa

3. (a) **FULL NAME** CHARLES PEARL McALLISTER

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Grace Ellen Mc
6. (c) Age of husband or wife if alive 57 years
7. Date of Birth (Month, Day, Year) January 28, 1881

8. AGE	Years	Months	Days	If less than 1 day
	63	6	29	hrs ... min.

9. Exact Occupation Operator — Did this work for 28 yrs.
10. Industry or Business Hydro-electric — Date last worked 12/1/43
11. Birthplace Farragut (City or town) Iowa (State or foreign country)

Father
12. Name Frank McAllister
13. Birthplace Indiana (City or town) (State or foreign country)

Mother
14. Maiden name Emma Parkinson
15. Birthplace Ohio (City or town) (State or foreign country)

16. Informant's **OWN** Signature Grace E. McAllister
and Address Idaho Falls, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof August 30, 1944 (Month) (Day) (Year)
(c) Place: Rose Hill Cem., Idaho Falls

18. Funeral Director's **OWN** Signature Orland Ten Buck
and Address Idaho Falls, Idaho.

19. (a) 8/30/1944 (Date received and filed) (b) Lewis Rudges (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) August 27 19 44
at 2:00 o'clock P. M.

21. **I HEREBY CERTIFY**, That I attended deceased from Jan 15 1941, to Aug. 27 1944
last saw him alive on Aug 27 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — Duration
Uremia poisoning — 132 hrs
Cancer of prostate — 51 b
Due to .....
Due to .....
Other conditions (Include pregnancy within 3 months of death) .....
Where was disease contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature C. C. Eriksen M.D. (M. D. or other)
and Address Ida. Falls, Ida Date 8-31 1944
(For additional space, use reverse side)

140121

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 184
Local Reg. No.
Reg. Dist. No. 610

SEP 11 1944

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
   (a) County Bonneville
   (b) City or town Idaho Falls
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home .... Hospital X Institution .... Other place ....
   (f) Name Hosp. or Inst. L.D.S. Stayed 1/24 days
   (g) Lived in this county 40 years ? months ? days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Bonneville
   (c) City or town Idaho Falls
   (d) Street Address or R.F.D. No. 397 S. Eastern
   (e) Deceased lived Inside? X Outside? ..... city or town
   (f) Citizen of what country? United States
   (g) How long had deceased lived in Idaho? ..... years
   (h) Former residence (city, state) Wilmar, Calif.

3. (a) **FULL NAME** DONALD OWEN

1316

3. (b) If veteran, name war None
3. (c) Social Security No. 570-14-7906
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife Beulah Owen
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) August 31, 1891

8. AGE	Years	Months	Days	If less than 1 day
	52	11	28	hrs min.

9. Exact Occupation Laborer — Did this work for 10 yrs.
10. Industry or Business General — Date last worked
11. Birthplace Logan (City or town) Utah (State or foreign country)

Father
12. Name William T. Owen
13. Birthplace Wales (City or town) (State or foreign country)

Mother
14. Maiden name Charlotte Moss
15. Birthplace England (City or town) (State or foreign country)

16. Informant's **OWN** Signature Delaverne R. Owen
and Address Idaho Falls, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 31, 1944 (Month) (Day) (Year)
(c) Place: Rose Hill, Idaho Falls, Ida.

18. Funeral Director's **OWN** Signature Orland E. Buck
and Address Idaho Falls, Idaho

19. (a) 9-5-44 (Date received and filed) (b) Dana Bodgen (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) August 29 19 44
at 5:20 o'clock P. M.

21. **I HEREBY CERTIFY**, That I attended deceased from July 5, 1944, to Aug. 29 1944
I last saw him alive on Aug 29 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Chronic Endocarditis	
" Nephritis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation ..... Date	
Major finding	
Finding of autopsy	

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature A. P. Bodenquist M.D. (M.D. or Other)
and Address Idaho Falls Ida. Date 9/1 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

SEP 8 1944

State File No. 140122
Local Reg. No. 34-44
Reg. Dist. No. 100

1. PLACE OF DEATH:
(a) County Boundary
(b) City or town Bonners Ferry
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? Outside? XX city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. Bonners Ferry Hospital 7 days
(g) Lived in this county 1 years 1 months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Boundary
(c) City or town Bonners Ferry
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? XX Outside? city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 1 1/12 years
(h) Former residence (city, state) Spokane Wash.

3. (a) FULL NAME Rose May Piechowski

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3. (b) If veteran, name war No.
3. (c) Social Security No.
4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Wid.
6. (b) Name of husband or wife Theadore
6. (c) Age of husband or wife if alive Dec. years
7. Date of Birth (Month, Day, Year) 12/13/1885

8. AGE	Years	Months	Days	If less than 1 day
	58	8	16	hrs min.

9. Exact Occupation Cook — Did this work for 13 yrs.
10. Industry or Business Fountain Cafe — Date last worked 8/25/44
11. Birthplace Siberia Indiana (City or town) (State or foreign country)
Father 12. Name Alex piechowski
13. Birthplace Poland (City or town) (State or foreign country)
Mother 14. Maiden name Mary unknown
15. Birthplace Germany (City or town) (State or foreign country)
16. Informant's **OWN** Signature Mrs Joe Middleton
and Address Bonners Ferry Idaho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/31/44 (Month) (Day) (Year)
(c) Place: Bonners Ferry Idaho.
18. Funeral Director's **OWN** Signature
and Address Bonners Ferry Idaho.
19. (a) 8-30-44 (Date received and filed) (b) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Aug. 29. 1944
at 3:00 o'clock P.M.
21. **I HEREBY CERTIFY**, That I attended deceased from Aug 23 1944, to Aug 29 1944
I last saw her alive on Aug 29 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebral hemorrhage	7 days
Due to Arteriosclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYISICIAN Underline the cause to which death should be charged statistically.
Name of operation Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature K M Bowell M.D.
(M. D. or other)
and Address Bonners Ferry Date 8-30 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

SEP 3 1944

State File No. 140123
Local Reg. No. 35-44
Reg. Dist. No. 10

1. **PLACE OF DEATH:**
   (a) County Boundary
   (b) City or town near Copeland Idaho
   (c) Street Address or R.F.D. No. 1
   (d) Death Occured Inside? ... Outside? XX city or town
   (e) Died in a Home ... Hospital ... Institution ... Other place XX
   (f) Name Hosp. or Inst. ... Stayed ... days
   (g) Lived in this county 17 years 1 months 28 days

   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Boundary
   (c) City or town Near Copeland
   (d) Street Address or R.F.D. No. 1
   (e) Deceased lived Inside? ... Outside? XX ... city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 17 years
   (h) Former residence (city, state) ...

3. (a) **FULL NAME** Burton Earl Anderson

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3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife ...
6. (c) Age of husband or wife if alive ... years
7. Date of Birth (Month, Day, Year) July 2end.1927

8. AGE	Years	Months	Days	If less than 1 day
	17	1	28	hrs ... min.

9. Exact Occupation Student — Did this work for ... yrs.
10. Industry or Business ... — Date last worked ...
11. Birthplace Bonners Ferry Idaho (City or town) (State or foreign country)

Father
12. Name Gust Anderson
13. Birthplace Sweden (City or town) (State or foreign country)

Mother
14. Maiden name Katherine Rath
15. Birthplace Ill. (City or town) (State or foreign country)

16. Informant's **OWN** Signature Gust Anderson and Address Copeland Idaho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/2/44 (Month) (Day) (Year)
    (c) Place: Porthill Idaho.
18. Funeral Director's **OWN** Signature Frank Morse and Address Bonners Ferry Idaho
19. (a) 9-1-44 (Date received and filed) (b) C.W. Donkel (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Aug. 30th. 1944 19 ... at 5:30 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from ... 19 ..., to ... 19 ...
    I last saw h... alive on ... 19 ...; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Accidental death	
Due to Drowning	
Due to	
Other conditions (Include pregnancy within 3 months of death) Drowned while swimming in Porthill	

Where was disease contracted? reservoir, PHYSICIAN
Name of operation ... Date ...
Major finding ...
Finding of autopsy ...

Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ✓ Suicide? ... Homicide? ...
    Occurred Aug 30 19 44 City, county, state where violence occurred Near Copeland Ida
    Place of Violence: Home ... Farm ... Industry ...
    Public Place x While at work? ...
    Means of injury Drowned
23. Attendant's **OWN** Signature C. Lloyd Reed Coroner (M. D. or other)
    and Address Bonners Ferry Date 9-1 1944
    (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

SEP 8 1944

State File No. 140124
Local Reg. No. 37-44
Reg. Dist. No. 100

1. PLACE OF DEATH:
(a) County Boundary
(b) City or town Meadow Creek
(c) Street Address or R.F.D. No. 1
(d) Death Occured Inside? Outside? XX city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 20 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Boundary
(c) City or town Meadow Creek
(d) Street Address or R.F.D. No. 1
(e) Deceased lived Inside? Outside? XX city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? unknown years
(h) Former residence (city, state) IOWA

3. (a) **FULL NAME** John Fenn

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3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Wid.
6. (b) Name of husband or wife unknown
6. (c) Age of husband or wife if alive Dec. years
7. Date of Birth (Month, Day, Year) April 4, 1862

8. AGE	Years	Months	Days	If less than 1 day
	82	4	27	hrs min.

9. Exact Occupation pensioner Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Clinton Iowa (City or town) (State or foreign country)
Father 12. Name unknown
Father 13. Birthplace " (City or town) (State or foreign country)
Mother 14. Maiden name Unknown
Mother 15. Birthplace " (City or town) (State or foreign country)
16. Informant's **OWN** Signature Mark Moore and Address Bonners Ferry Idaho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/11/44 (Month) (Day) (Year)
(c) Place: Bonners Ferry Idaho.
18. Funeral Director's **OWN** Signature Mark Moore and Address Bonners Ferry Idaho
19. (a) 9-1-44 (Date received and filed) (b) Clint Bonner (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Aug 31, 1944 19
at 11:00 o'clock P M.
21. **I HEREBY CERTIFY**, That I attended deceased from 19, to 19
I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Accidentally burned to death in cabin — Duration

✓ Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYISICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ✓ Suicide? Homicide?
Occurred Aug 31 1944 City, county, state where violence occurred Meadow Creek Idaho
Place of Violence: Home ✓ Farm Industry
Public Place While at work?
Means of injury Burned
23. Attendant's **OWN** Signature Lloyd Reed Coroner (M. D. or other)
and Address Bonners Ferry Date 9/3/44
(For additional space, use reverse side)

140125

United States
Department of Commerce
Bureau of the Census SEP 8 1944

Certificate Of Death

STATE OF IDAHO

State File No.
Local Reg. No. 36-44
Reg. Dist. No. 100

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
   (a) County Boundary
   (b) City or town Curley Creek
   (c) Street Address or R.F.D. No. 1
   (d) Death Occured Inside? ..... Outside? XX city or town
   (e) Died in a Home X Hospital.... Institution.... Other place....
   (f) Name Hosp. or Inst..... Stayed.....days
   (g) Lived in this county 10 years .....months .....days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Boundary
   (c) City or town Curley Creek
   (d) Street Address or R.F.D. No. 1
   (e) Deceased lived Inside? ..... Outside? XX city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 10 years
   (h) Former residence (city, state) Mont.

3. (a) **FULL NAME** Mrs. Linnie Helen Perry 13/a

3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex Fem.
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife N.J.Perry
6. (c) Age of husband or wife if alive 79 years
7. Date of Birth (Month, Day, Year) Dec. 5, 1866

8. AGE	Years	Months	Days	If less than 1 day
	77	8	26	hrs min.

9. Exact Occupation Housewife Did this work for 50 yrs.
10. Industry or Business at home Date last worked 8/31/44
11. Birthplace Mankato Minn. (City or town) (State or foreign country)
12. Name of Father Cyrus Ward
13. Birthplace of Father N.Y. (City or town) (State or foreign country)
14. Maiden name of Mother unknown
15. Birthplace of Mother Danforth N.Y. (City or town) (State or foreign country)
16. Informant's **OWN** Signature L. H. Perry and Address Bonners Ferry Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/4/44 (Month) (Day) (Year)
    (c) Place: Bonners Ferry Idaho
18. Funeral Director's **OWN** Signature Frank Moore and Address Bonners Ferry Idaho.
19. (a) 9-1-44 (Date received and filed) (b) Fred Bonsell (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Aug. 31st. 1944 19
    at 5:30 o'clock P.M.
21. **I HEREBY CERTIFY,** That I attended deceased from Jan 1940, to Aug 31 1944
    I last saw h[illegible] alive on Aug 28 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Sudden death	
Due to Coronary Occlusion	1/2 hr.
Due to	
✓ Other conditions Chronic Cardiac Vascular-Renal Disease (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ..... Date .....
Major finding
Finding of autopsy

PHYISICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
    Occurred ..... 19..... City, county, state where violence occurred
    Place of Violence: Home ..... Farm ..... Industry .....
    Public Place ..... While at work? .....
    Means of injury
23. Attendant's **OWN** Signature Lloyd Read Corum (M. D. or other)
    and Address Bonners Ferry Date 9-5 1944

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

SEP 6 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140126
Local Reg. No. 92
Reg. Dist. No. 360

1. PLACE OF DEATH:
(a) County Canyon
(b) City or town Caldwell
(c) Street Address or R.F.D. No. 1602 Blaine
(d) Death Occured Inside? ✓ Outside? ..... city or town
(e) Died in a Home ✓ Hospital .... Institution .... Other place ....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 44 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Caldwell
(d) Street Address or R.F.D. No. 1602 Blaine
(e) Deceased lived Inside? ✓ Outside? ..... city or town
(f) Citizen of what country? U.S.
(g) How long had deceased lived in Idaho? 44 years
(h) Former residence (city, state) Ill

3. (a) FULL NAME Nellie Louisa Helms 52 f.

3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife ✓
6. (c) Age of husband or wife if alive ✓ years
7. Date of Birth (Month, Day, Year) July 10-1872

8. AGE	Years	Months	Days	If less than 1 day
	71	9	23	hrs min.

9. Exact Occupation Housewife Did this work for ..... yrs.
10. Industry or Business Date last worked
11. Birthplace Chillicothe Illinois (City or town) (State or foreign country)
Father
12. Name Leander H. Baker
13. Birthplace Belfast Maine (City or town) (State or foreign country)
Mother
14. Maiden name Ann Hankridge
15. Birthplace England (City or town) (State or foreign country)
16. Informant's OWN Signature Fred Baker
and Address Caldwell Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-6-44 (Month) (Day) (Year)
(c) Place: Canyon Hill
18. Funeral Director's OWN Signature G. V. Peckham
and Address Caldwell Idaho
19. (a) 8-29-44 (Date received and filed) (b) Agnes M. Denman (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 3 1944
at 3:00 o'clock P. M.
21. **I HEREBY CERTIFY**, That I attended deceased from Feb. 1, 1944 to May 3, 1944
I last saw her alive on May 3, 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Peri Hemorrhage	1 mo
Due to Pneumonia Hiller	4 mo or longer
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ✓ Date
Major finding ✓
Finding of autopsy ✓

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ✓ Suicide? ..... Homicide? .....
Occurred ✓ 19..... City, county, state
where violence occurred
Place of Violence: Home ✓ Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury
23. Attendant's OWN Signature M. Haley (M. D. or other)
and Address Caldwell Idaho May 5 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census SEP 5 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140127
Local Reg. No. 61
Reg. Dist. No. 364

1. **PLACE OF DEATH:**
   (a) County Canyon
   (b) City or town Parma
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? Outside? city or town
   (e) Died in a Home Hospital Institution Other place
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county 30 years months days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Canyon
   (c) City or town Parma
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? Outside? city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 30 years
   (h) Former residence (city, state)

3. (a) **FULL NAME** Clara Fiske Jean. 93a.

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Fem. 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) March 25, 1863

8. AGE	Years	Months	Days	If less than 1 day
	81	3	6	hrs min.

9. Exact Occupation Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Chenoa (City or town) Illinois (State or foreign country)

Mother Father
12. Name Wm. B. Fisk.
13. Birthplace New Hampshire (City or town) (State or foreign country)
14. Maiden name Sarah Farrar
15. Birthplace Maine (City or town) (State or foreign country)

16. Informant's **OWN** Signature W E Fisk Parma Ida
and Address

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/3/44 (Month) (Day) (Year)
(c) Place: Parma Cemetery, Parma, Ida.

18. Funeral Director's **OWN** Signature V. Peckham
and Address 504 So. Kimball Ave., Caldwell

19. (a) 9-2-44 (Date received and filed) (b) Ruth Hill (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 1, 1944
at 8:15 o'clock A.M.

21. **I HEREBY CERTIFY**, That I attended deceased from May 15 1944, to July 1 1944
I last saw her alive on July 1 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration
Acute Myocarditis
Due to
Due to
Other conditions Hypertension
(Include pregnancy within 3 months of death)

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature J. M. Mitchell (M. D. or other)
and Address Parma Ida Date 7-7 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

SEP 5 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140128
Local Reg. No. 58
Reg. Dist. No. 365

1. **PLACE OF DEATH:**
   (a) County Canyon
   (b) City or town Parma
   (c) Street Address or R.F.D. No. 3
   (d) Death Occured Inside? ..... Outside? X city or town
   (e) Died in a Home ... Hospital ... Institution ... Other place ...
   (f) Name Hosp. or Inst. ..... Stayed ..... days
   (g) Lived in this county 25 years ..... months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Canyon
   (c) City or town Parma
   (d) Street Address or R.F.D. No. 3
   (e) Deceased lived Inside? ..... Outside? X city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 35 years
   (h) Former residence (city, state) Indiana

3. (a) **FULL NAME** GEORGE ANDREW ROCK George Andrew Rock 83a

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife Luvisa Jane Rock
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) March 17, 1857

8. **AGE**

Years	Months	Days	If less than 1 day
87	4	1	hrs ..... min.

9. Exact Occupation Farmer Did this work for ..... yrs.
10. Industry or Business Farming Date last worked .....
11. Birthplace Madison, Indiana (City or town) (State or foreign country)

Father
12. Name Andrew Rock
13. Birthplace Poland (City or town) (State or foreign country)

Mother
14. Maiden name Rebecca
15. Birthplace Kentucky (City or town) (State or foreign country)

16. Informant's **OWN** Signature Ernest A Rock
and Address Route 3, Parma, Idaho.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/20/44 (Month) (Day) (Year)
(c) Place: Roswell Cemetery

18. Funeral Director's **OWN** Signature C. V. Peckham
and Address 504 So. Kimball Ave., Caldwell

19. (a) 9-2-44 (Date received and filed) (b) Ruth Gill (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 18, 7-18 19 44
at 11:00 o'clock P. M.

21. **I HEREBY CERTIFY,** That I attended deceased from Aug. 20 1940, to July 18 1944
I last saw him alive on July 18 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Apoplexy	83a
Due to Hypertension	10a
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature O. M. Mitchell (M. D. or other)
and Address Parma Idaho Date 8/31 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census SEP 8 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140129
Local Reg. No. 88
Reg. Dist. No. 360

1. **PLACE OF DEATH:**
   (a) County Canyon
   (b) City or town Caldwell
   (c) Street Address or R.F.D. No. West Belmont
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home X Hospital ... Institution ... Other place ...
   (f) Name Hosp. or Inst. ..... Stayed ..... days
   (g) Lived in this county ..... years ..... months ..... days

   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Canyon
   (c) City or town Caldwell
   (d) Street Address or R.F.D. No. West Belmont
   (e) Deceased lived Inside? X Outside? ..... city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? ..... years
   (h) Former residence (city, state) .....

3. (a) **FULL NAME** ENOS EDWARD BEQUEATH Enos Edward Bequeath, 131a

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary E. Bequeath
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) Nov. 9, 1869

8. AGE	Years	Months	Days	If less than 1 day
	74	8	16	hrs ... min.

9. Exact Occupation Carpenter — Did this work for ..... yrs.
10. Industry or Business ..... — Date last worked ...
11. Birthplace Everett, Pa. (City or town) (State or foreign country)

Father
12. Name William H. Bequeath
13. Birthplace Pennsylvania (City or town) (State or foreign country)

Mother
14. Maiden name Amanda Malott
15. Birthplace Pennsylvania (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mary A. Bequeath
and Address Caldwell, Idaho.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/28/44 (Month) (Day) (Year)
(c) Place: Canyon Hill Cemetery, Caldwell

18. Funeral Director's **OWN** Signature C. V. Beckham
and Address 504 So. Kimball Ave., Caldwell

19. (a) 8-12-44 (Date received and filed) (b) Agnes Denman (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 25, 1944
at 8:00 o'clock P.M.

21. **I HEREBY CERTIFY,** That I attended deceased from July 23 1944 to July 24 1944
I last saw him alive on July 24 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cardio renal Vascular Disease	?
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYISICIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature C. F. Ross M.D. (M. D. or other)
and Address Caldwell Ida. Date 8/1 1944
(For additional space, use reverse side)

Canyon Co. Physician

140130

United States
Department of Commerce
Bureau of the Census

SEP 8 1944

Certificate Of Death

STATE OF IDAHO

State File No.
Local Reg. No. 89
Reg. Dist. No. 360

1. PLACE OF DEATH:
(a) County Canyon
(b) City or town Caldwell
(c) Street Address or R.F.D. No. 1716 Filmore St.
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Home X Hospital ..... Institution ..... Other place .....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 38 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Caldwell
(d) Street Address or R.F.D. No. 1716 Filmore
(e) Deceased lived Inside? X Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 38 years
(h) Former residence (city, state) .....

3. (a) FULL NAME WILLIAM HENRY HARRIS William Henry Harris 93d

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Octavia E. Harris
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) Oct. 24, 1855

8. AGE	Years	Months	Days	If less than 1 day
	88	9	7	hrs min.

9. Exact Occupation Farmer — Did this work for ..... yrs.
10. Industry or Business Farming — Date last worked .....
11. Birthplace ..... (City or town) Missouri (State or foreign country)
Father
12. Name Unknown
13. Birthplace ..... (City or town) (State or foreign country)
Mother
14. Maiden name .....
15. Birthplace Unknown (City or town) (State or foreign country)
16. Informant's OWN Signature Mrs Lillie Harris
and Address Baker, Oregon
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/31/44 (Month) (Day) (Year)
(c) Place: Canyon Hill Cemetery, Caldwell
18. Funeral Director's OWN Signature [signature]
and Address 504 So. Kimball Ave., Caldwell
19. (a) 8-12-44 (Date received and filed) (b) Agnes M Denman (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 25, 1944
at 7:25 o'clock P.M.
21. **I HEREBY CERTIFY**, That I attended deceased from Mar 1944 to July 6 1944
I last saw him alive on July 6 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Chr. Myocarditis	? 93d
Due to	
Due to Hypertrophied prostate	137a
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's OWN Signature R L Ross M.D. (M. D. or other)
and Address Caldwell Ida Date 8/1 1944
(For additional space, use reverse side)

Canyon Co Physician

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

SEP 6 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140131
Local Reg. No. 91
Reg. Dist. No. 360

1. PLACE OF DEATH:
(a) County Canyon
(b) City or town Caldwell
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? X Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. Cald. Sanatarium Stayed 1 days
(g) Lived in this county 60 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Caldwell
(d) Street Address or R.F.D. No. 708 Dearborn
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 60 years
(h) Former residence (city, state)

3. (a) FULL NAME ALICE ELIZABETH SEBREE Alice Elizabeth Sebree 94a

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Fem.
5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife R.B. Sebree
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Feb. 28, 1863

8. AGE	Years	Months	Days	If less than 1 day
	81	5	1	hrs min.

9. Exact Occupation Housewife Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Portland, Oregon. (City or town) (State or foreign country)
Father
12. Name Camp
13. Birthplace Unknown (City or town) (State or foreign country)
Mother
14. Maiden name Unknown
15. Birthplace Unknown (City or town) (State or foreign country)
16. Informant's OWN Signature R.B. Sebree
and Address Parma, Idaho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/4/44 (Month) (Day) (Year)
(c) Place: Canyon Hill Cemetery, Caldwell
18. Funeral Director's OWN Signature [signature]
and Address 504 So. Kimball Ave., Caldwell
19. (a) 8-12-44 (Date received and filed) (b) Agnes M. Denman (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 29 1944
at 2:00 o'clock P.M.
21. **I HEREBY CERTIFY,** That I attended deceased from July 29 1944, to ——— 19——
I last saw her alive on July 29 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Coronary Thrombosis	4 hrs
Due to	
Due to hypertension	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted Caldwell	
Name of operation Date	
Major finding	
Finding of autopsy	

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ✓ Suicide? Homicide?
Occurred ✓ 19 City, county, state
where violence occurred ✓
Place of Violence: Home ✓ Farm ✓ Industry ✓
Public Place While at work?
Means of injury
23. Attendant's OWN Signature [signature] (M. D. or other)
and Address Caldwell Date Aug 19 44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

AUG 8 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 140132
Local Reg. No. 139
Reg. Dist. No. 363

1. **PLACE OF DEATH:**
(a) County Canyon
(b) City or town Nampa
(c) Street Address or R. F. D. No. Rural
(d) Death Occurred Inside? Outside? X city or town
(e) Died in a Home Hospital Institution Other place
(f) Name Hosp. or Inst. St. School Stayed days
(g) Lived in this county 5 years 9 months 18 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Nampa
(d) Street Address or R. F. D. No. Rural
(e) Deceased lived Inside? Outside? X city or town
(f) Citizen of what country? Canyon
(g) How long had deceased lived in Idaho? life years
(h) Former residence (city, state)

3. (a) **FULL NAME** Joseph Albert Jackson 64

3. (b) If veteran, name war X
3. (c) Social Security No. X
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced child
6. (b) Name of husband or wife X
6. (c) Age of husband or wife if alive X years
7. Date of Birth (Month, Day, Year) July 29, 1933

8. AGE	Years	Months	Days	If less than 1 day
	11	0	2	hrs min.

9. Exact Occupation none — Did this work for X yrs.
10. Industry or Business none — Date last worked X
11. Birthplace Lincoln (City or town) Nebraska (State or foreign country)

Father
12. Name Elmer S. Jackson
13. Birthplace Ithica (City or town) New York (State or foreign country)

Mother
14. Maiden name Sarah McBeth
15. Birthplace Stronsburg. (City or town) Penn. (State or foreign country)

16. Informant's OWN Signature Olga Shirley Clerk
and Address State School and Colony Records

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 8-10-44 (Month) (Day) (Year)
(c) Place: Boise Ida.

18. Funeral Director's OWN Signature Wm D. Talbot
and Address Nampa Idaho

19. (a) Aug-1-1944 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) August 1 19 44
at 3:30 o'clock A M.

21. **I HEREBY CERTIFY,** That I attended deceased from 19__, to 19__
I last saw h__ alive on 19__; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Status Lymphaticus — Duration
Due to Pernicious Fevers
✓ Due to
Other conditions (Include pregnancy within 3 months of death)
Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy as above stated

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred Aug 1 1944 City, county, state where ~~violence~~ occurred State School, Idaho
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's OWN Signature Wm D. Talbot Coroner
and Address Nampa Ida (M. D. or Coroner) Date Aug 1 1944
(For additional space, use reverse side)

United States
Department of Commerce
Bureau of the Census

SEP 8 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 140133
Local Reg. No. 157
Reg. Dist. No. 363

1. **PLACE OF DEATH:**
   (a) County Canyon
   (b) City or town Nampa
   (c) Street Address or R. F. D. No. Boise, Idaho
   (d) Death Occurred Inside? ✓ ~~Outside~~? ____ city ~~or town~~
   (e) Died in a Home __ Hospital __ Institution __ Other place __
   (f) Name Hosp. or Inst. Mercy Stayed 10 days
   (g) Lived in this county 40 years ____ months ____ days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Canyon
   (c) City or town Nampa, Idaho
   (d) Street Address or R. F. D. No. Boise, Idaho
   (e) Deceased lived Inside? ✓ ~~Outside~~? ____ city or town
   (f) Citizen of what country? U. S. A.
   (g) How long had deceased lived in Idaho? 40 years
   (h) Former residence (city, state) ____

3. (a) **FULL NAME** THOMAS L. SMITH 83a

3. (b) If veteran, name war no
3. (c) Social Security No. ____
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife no
6. (c) Age of husband or wife if alive no years
7. Date of Birth (Month, Day, Year) November 14, 1859

8. AGE	Years	Months	Days	If less than 1 day
	84	8	19	hrs min.

9. Exact Occupation Farmer Did this work for ____ yrs.
10. Industry or Business (retired) Date last worked ____
11. Birthplace England (City or town) (State or foreign country)
Father
12. Name no record
13. Birthplace no record (City or town) (State or foreign country)
Mother
14. Maiden name no record
15. Birthplace no record (City or town) (State or foreign country)
16. Informant's OWN Signature F. K. Robinson
and Address Nampa Ida
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/8/44 (Month) (Day) (Year)
(c) Place: Nampa, Idaho
18. Funeral Director's OWN Signature Fred K. Robinson
and Address Nampa, Idaho
19. (a) Aug-30-1944 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) August 3 1944
at 10 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from 7-24-1944 to 8-3-1944
I last saw him alive on ____ 19__; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cerebral Hemorrhage — Duration 2 mo.
✓ Due to Arterial Sclerosis — Years
Due to ____
Other conditions ____
(Include pregnancy within 3 months of death)
Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature V. G. Bellmer (M. D. or other)
and Address Nampa Ida Date 8-27-1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

SEP 6 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140134
Local Reg. No. 91
Reg. Dist. No. 360

1. PLACE OF DEATH:
(a) County Canyon
(b) City or town Caldwell, Idaho.
(c) Street Address or R.F.D. No. 210 Cleveland
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Home.... Hospital X Institution.... Other place....
(f) Name Hosp. or Inst. Arnold's Nursing Home
(g) Lived in this county 28 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Wilder
(d) Street Address or R.F.D. No. Route 1
(e) Deceased lived Inside? ..... Outside? X city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 28 years
(h) Former residence (city, state) Willamete Vall Oregon

3. (a) FULL NAME BENJAMIN FRANKLIN GOIN Benjamin Franklin Goin 131a

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife Bertha Goin
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) Oct. 17, 1867

8. AGE	Years	Months	Days	If less than 1 day
	76	8	16	hrs min.

9. Exact Occupation Farmer — Did this work for ..... yrs.
10. Industry or Business Farming — Date last worked .....
11. Birthplace Warrensburg, Missouri (City or town) (State or foreign country)
Father
12. Name Benjamin Franklin Goin
13. Birthplace Claybourn County, Tenn. (City or town) (State or foreign country)
Mother
14. Maiden name Mary Lake
15. Birthplace Claybourn County, Tenn. (City or town) (State or foreign country)
16. Informant's OWN Signature Marion Goin
and Address Route 1, Wilder, Idaho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/7/44 (Month) (Day) (Year)
(c) Place: Fargo Cemetery
18. Funeral Director's OWN Signature [signature]
and Address 504 So. Kimball Ave., Caldwell
19. (a) 8-12-44 (Date received and filed) (b) Agnes M. Denman (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Aug. 3, 1944
at 9:00 o'clock A. M.
21. **I HEREBY CERTIFY,** That I attended deceased from July 2, 1944 to July 31 1944
I last saw him alive on July 31 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death	Duration
[signature]	Several years
Due to	
Due to Hypertension	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYISCIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's OWN Signature [signature] (M. D. or other)
and Address Caldwell Ida Date 8/8 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census SEP 5 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140135
Local Reg. No. 60
Reg. Dist. No. 365

1. PLACE OF DEATH:
(a) County Canyon
(b) City or town Parma
(c) Street Address or R.F.D. No. Route 3
(d) Death Occured Inside? ... Outside? X city or town
(e) Died in a Home X Hospital ... Institution ... Other place ...
(f) Name Hosp. or Inst. ... Stayed ... days
(g) Lived in this county 29 years ... months ... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Parma
(d) Street Address or R.F.D. No. Route 3
(e) Deceased lived Inside? ... Outside? X city or town
(f) Citizen of what country? U. S. A.
(g) How long had deceased lived in Idaho? 29 years
(h) Former residence (city, state) ...

3. (a) FULL NAME MARTHA MINERVA ANDERSON Martha Minerva Anderson Wd.

3. (b) If veteran, name war ...
3. (c) Social Security No. ...
4. Sex Female
5. Color or Race ...
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife P. L. Anderson
6. (c) Age of husband or wife if alive ... years
7. Date of Birth (Month, Day, Year) Aug. 27, 1860

8. AGE	Years	Months	Days	If less than 1 day
	83	11	7	hrs ... min.

9. Exact Occupation Housewife Did this work for ... yrs.
10. Industry or Business ... Date last worked ...
11. Birthplace Near Mt. Paletine, Illinois (City or town) (State or foreign country)

Father
12. Name Isaac Stansel
13. Birthplace ... Ohio (City or town) (State or foreign country)

Mother
14. Maiden name Elizabeth Stout
15. Birthplace ... New Jersey (City or town) (State or foreign country)

16. Informant's OWN Signature Della Bunnell
and Address Route 3, Parma, Idaho.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/6/44 (Month) (Day) (Year)
(c) Place: Parma Cemetery, Parma, Idaho

18. Funeral Director's OWN Signature E. V. Peckham
and Address 504 So. Kimball Ave., Caldwell

19. (a) 9-2-44 (Date received and filed) (b) Ruth Hill (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Aug. 4, 1944
at 3:15 o'clock A. M.

21. **I HEREBY CERTIFY**, That I attended deceased from ... 19... to ... 19...
I last saw her alive on 6/17 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Apoplexy,	
Due to High Blood	
Due to ...	
Other conditions contributing to death but not related to cause given (Include pregnancy within 3 months of death) Old age.	

Where was disease contracted? ...
Name of operation ... Date ...
Major finding ...
Finding of autopsy ...

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ... Suicide? ... Homicide? ...
Occurred ... 19... City, county, state where violence occurred ...
Place of Violence: Home ... Farm ... Industry ...
Public Place ... While at work? ...
Means of injury ...

23. Attendant's OWN Signature W. D. Boadhurst M.D.
and Address Caldwell (M. D. or other)
Date 8-9 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census SEP 9 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140136
Local Reg. No. 142
Reg. Dist. No. 34

1. **PLACE OF DEATH**
(a) County Canyon
(b) City or town Nampa
(c) Street Address or R. F. D. No. 239 Blaine
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Home X Hospital .... Institution .... Other place ....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 15 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Nampa
(d) Street Address or R.F.D. No. 239 Blaine
(e) Deceased lived Inside? X Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 17 years
(h) Former residence (city, state) Mo.

3. (a) **FULL NAME** Elmer C. Ballard. 46-c

3. (b) If veteran, name war —
3. (c) Social Security No. No.
4. Sex M 5. Color or race W
6. (a) Single, widowed, married divorced Married
6. (b) Name of husband or wife Eunice
6. (c) Age of husband or wife if alive 55 years
7. Date of Birth (Month, Day, Year) March 21 1881

8. AGE	Years	Months	Days	If less than 1 day
	63	5	13	hrs min.

9. Exact Occupation Farming — Did this work for ..... yrs.
10. Industry or Business Self — Date last worked Sept 1943.
11. Birthplace Saline County Mo. (City or town) (State or foreign country)

Father
12. Name Benjamin Franklin Ballard.
13. Birthplace Kentucky (City or town) (State or foreign country)

Mother
14. Maiden name Mary Bailey
15. Birthplace Missouri (City or town) (State or foreign country)

16. Informant's **OWN** Signature Eunice C. Ballard
and Address Nampa Idaho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/7/44 (Month) (Day) (Year)
(c) Place: Nampa Cemetery
18. Funeral Director's **OWN** Signature W. O. Caldwell
and Address Nampa Ida.
19. (a) Aug. 7 1944 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Aug 4 1944
at 12:50 o'clock P. M.
21. **I HEREBY CERTIFY**, That I attended deceased from Feb 16 1944, to Aug 5 1944
I last saw h— alive on Aug 3 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cancer of Colon.	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? Unknown
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature W. C. Wilson M.D. (M. D. or other)
and Address Nampa Ida. Date 8/5 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

SEP 9 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 140137
Local Reg. No. 141
Reg. Dist. No. 363

1. **PLACE OF DEATH:**
   (a) County Canyon
   (b) City or town Nampa
   (c) Street Address or R. F. D. No. Rural
   (d) Death Occurred Inside? ____ Outside? x city or town
   (e) Died in a Home __ Hospital __ Institution x Other place __
   (f) Name Hosp. or Inst. St. Schoo. Stayed ____ days
   (g) Lived in this county 24 years 5 months 5 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Canyon
   (c) City or town Nampa
   (d) Street Address or R. F. D. No. Rural
   (e) Deceased lived Inside? ____ Outside? x city or town
   (f) Citizen of what country? Canyon
   (g) How long had deceased lived in Idaho? life years
   (h) Former residence (city, state) ____

3. (a) **FULL NAME** Marshall Bagley 136

3. (b) If veteran, name war x
3. (c) Social Security No. x
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife x
6. (c) Age of husband or wife if alive x years
7. Date of Birth (Month, Day, Year) Feb. 12, 1903

8. AGE	Years	Months	Days	If less than 1 day
	41	5	24	hrs min.

9. Exact Occupation none — Did this work for x yrs.
10. Industry or Business none — Date last worked x
11. Birthplace Victor (City or town) Idaho (State or foreign country)

Father
12. Name Samuel Bagley
13. Birthplace (City or town) Utah (State or foreign country)

Mother
14. Maiden name unknown
15. Birthplace (City or town) Utah (State or foreign country)

16. Informant's OWN Signature Olga Shirley Clerk
and Address State School and Colony Records Nampa, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/8-44 (Month) (Day) (Year)
(c) Place: Nampa Ida ~ Rohlfs Town
18. Funeral Director's OWN Signature Wm. C. Dalley
and Address Nampa Ida
19. (a) Aug-8-1944 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) August 6 1944
at 4:15 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from March 27 1943, to August 6 1944
I last saw him alive on August 6 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Pulmonary Tuberculosis	?
Due to	
✓ Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation ____ Date ____	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature C. Sanford [illegible] MD (M. D. or other)
and Address Nampa Idaho Date 8/6 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census SEP 6 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140138
Local Reg. No. 97
Reg. Dist. No. 360

1. PLACE OF DEATH:
(a) County Canyon
(b) City or town Caldwell
(c) Street Address or R.F.D. No. 1617 Arthur
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Home X Hospital ... Institution ... Other place ...
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 12 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Caldwell
(d) Street Address or R.F.D. No. 1617 Arthur
(e) Deceased lived Inside? ... Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 12 years
(h) Former residence (city, state) .....

3. (a) FULL NAME JOSEPHINE KELLY GIBBS Josephine Kelly Gibbs 46f.

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Fem. 5. Color or race White 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife William David Gibbs 6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) Aug. 28, 1860

8. AGE	Years	Months	Days	If less than 1 day
	83	11	11	hrs min.

9. Exact Occupation Housewife Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace New Corodym, Indiana. (City or town) (State or foreign country)
Father 12. Name Charles Kelly
Father 13. Birthplace ..... Unknown (City or town) (State or foreign country)
Mother 14. Maiden name Sophronia Loughborrough
Mother 15. Birthplace ..... Unknown (City or town) (State or foreign country)
16. Informant's OWN Signature Clara M. Seamount
and Address 1617 Arthur St. Caldwell, Ida
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/14/44 (Month) (Day) (Year)
(c) Place: Canyon Hill Cemetery, Caldwell Ida
18. Funeral Director's OWN Signature S. V. Beckham
and Address 504 So. Kimball Ave., Caldwell Ida.
19. (a) 8-29-44 (Date received and filed) (b) Agnes Denman (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Aug. 9, 19 44
at 1:40 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from May 1944, to death 19 44
I last saw her alive on 8-9 19 44 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — Duration
Auricular fibrillation — 1/2 hr.
Due to Debility
Due to Malignancy (cancer) — 1 yrs.
Other conditions Liver
(Include pregnancy within 3 months of death)

Where was disease contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYISICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ... Suicide? ... Homicide? ...
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ... Farm ... Industry ... Public Place ... While at work? ...
Means of injury .....
23. Attendant's OWN Signature E. L. Munn MD (M. D. or other)
and Address Caldwell Date 8-17 1944
(For additional space use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 140139
Local Reg. No. 93
Reg. Dist. No. 361

SEP 6 1944

1. **PLACE OF DEATH:**
   (a) County Canyon
   (b) City or town Caldwell
   (c) Street Address or R.F.D. No. 1
   (d) Death Occured Inside? ..... Outside? X city or town
   (e) Died in a Home X Hospital .... Institution .... Other place ....
   (f) Name Hosp. or Inst. ..... Stayed ..... days
   (g) Lived in this county 58 years ..... months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Canyon
   (c) City or town Caldwell
   (d) Street Address or R.F.D. No. 1
   (e) Deceased lived Inside? ..... Outside? X city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 64 years
   (h) Former residence (city, state) Centerville, Iowa

3. (a) **FULL NAME** EMMA ASBERINE KINGSBURY Emma Asberine Kingsbury 83a

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Fem.
5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Wm. Sloan Kingsbury
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) Sept. 25, 1857

8. AGE	Years	Months	Days	If less than 1 day
	86	10	14	hrs min.

9. Exact Occupation Housewife Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Centerville, (City or town) Iowa (State or foreign country)

Father
12. Name William C. Darnell
13. Birthplace ..... Indiana (City or town) (State or foreign country)

Mother
14. Maiden name Louisa Jane Gregg
15. Birthplace ..... North Carolina (City or town) (State or foreign country)

16. Informant's **OWN** Signature Clarence Kingsbury
and Address Route 1, Caldwell, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/12/44 (Month) (Day) (Year)
(c) Place: Morris Hill Cemetery, Boise, Ida.

18. Funeral Director's **OWN** Signature C. V. Peckham
and Address 504 So. Kimball Ave., Caldwell

19. (a) 8-29-44 (Date received and filed) (b) Agnes M. Denman (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Aug. 9, 1944
at 7:30 o'clock P. M.

21. **I HEREBY CERTIFY,** That I attended deceased from Dec 25, 1942 to July 28 1944
I last saw her alive on July 28, 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration
Due to Cerebral Thrombosis
Due to Hypertension
Other conditions
(Including pregnancy within 3 months of death)

Where was disease contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... In What at work? .....
Means of injury .....

23. Attendant's **OWN** Signature W. Baker M.D.
and Address Caldwell, Idaho (M. D. or other) Date Aug 10 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

140140

United States
Department of Commerce
Bureau of the Census SEP 9 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140140
Local Reg. No. 14
Reg. Dist. No. 3

1. **PLACE OF DEATH:**
   (a) County Canyon
   (b) City or town Nampa
   (c) Street Address or R.F.D. No. 1 Railroad Str
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home .... Hospital X Institution .... Other place ....
   (f) Name Hosp. or Inst. Samarita Stayed 22 days
   (g) Lived in this county 8 years ..... months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Canyon
   (c) City or town Nampa
   (d) Street Address or R.F.D. No. Railroad Str
   (e) Deceased lived Inside? X Outside? ..... city or town
   (f) Citizen of what country? U S A.
   (g) How long had deceased lived in Idaho? 16 years
   (h) Former residence (city, state) Freeborn Co. Minn

3. (a) **FULL NAME** Andy L. Anderson

3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) May 18 1883

8. AGE	Years	Months	Days	If less than 1 day
	61	4	23	hrs ..... min.

9. Exact Occupation Sheep Herder — Did this work for ..... yrs.
10. Industry or Business ..... — Date last worked Unknown
11. Birthplace Freeborn Co. (City or town) Minnesota (State or foreign country)

Father
12. Name Unknown.
13. Birthplace " (City or town) " (State or foreign country)

Mother
14. Maiden name "
15. Birthplace " (City or town) " (State or foreign country)

16. Informant's **OWN** Signature Mrs Wally
and Address Nampa Ida.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-12-44 (Month) (Day) (Year)
(c) Place: Nampa Cemetery
18. Funeral Director's **OWN** Signature Mrs D Wally
and Address Nampa Ida
19. (a) Aug 17 1944 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Aug 11 1944
at ..... o'clock ..... M.

21. **I HEREBY CERTIFY,** That I attended deceased from July 12 1944, to Aug 11 1944
I last saw him alive on Aug 8 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Myocarditis. — Duration
✓ Due to ..... —
Due to ..... —
Other conditions Neuritis
(Include pregnancy within 3 months of death)
Where was disease contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature Samuel A Cravens M.D. (M. D. or Other)
and Address Nampa Ida Date 8-14-1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 140144
Local Reg. No. 161
Reg. Dist. No. 363

SEP 9 1944

1. **PLACE OF DEATH:**
(a) County Canyon
(b) City or town Nampa
(c) Street Address or R.F.D. No. 1615 -8th St. So.
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Home .... Hospital X Institution .... Other place ....
(f) Name Hosp. or Inst. Mercy Stayed ..... days
(g) Lived in this county 26 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Parma
(d) Street Address or R.F.D. No. 3
(e) Deceased lived Inside? ..... Outside? X city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 26 years
(h) Former residence (city, state) Shurland, Ill.

3. (a) **FULL NAME** MARY ELLEN ALLENDER Mary Ellen Allender 48b.

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Fem.
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife H. S. Allender
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) Sept. 1, 1885

8. AGE	Years	Months	Days	If less than 1 day
	58	11	10	hrs min.

9. Exact Occupation Housewife Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Durand, Illinois (City or town) (State or foreign country)
Father
12. Name Patrick Doyle
13. Birthplace Illinois (City or town) (State or foreign country)
Mother
14. Maiden name Ada Perlong
15. Birthplace Illinois (City or town) (State or foreign country)
16. Informant's OWN Signature H S Allender
and Address Route 3, Parma, Idaho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/14/44 (Month) (Day) (Year)
(c) Place: Roswell Cemetery
18. Funeral Director's OWN Signature C. V. Peckham
and Address 504 So. Kimball Ave., Caldwell
19. (a) Sept-6-1944 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Aug. 11, 1944 at 11:00 o'clock A.M.
21. **I HEREBY CERTIFY**, That I attended deceased from June 23 1944, to Aug 11 1944
I last saw her alive on Aug 11 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death	Duration
Brain abcess	1 wk
Due to phlebitis following hysterectomy	3 wks
Due to carcinoma of uterus	4 wks
~~Other conditions~~ (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation hysterectomy Date
Major finding carcinoma
Finding of autopsy

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's OWN Signature Geo. D. A. Kellogg (M. D. or other)
and Address Nampa, Idaho Date 9-2 1944
(For additional space, use reverse side)

Robinson

140142

United States
Department of Commerce
Bureau of the Census SEP 9 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. ____
Local Reg. No. 142
Reg. Dist. No. 263

1. **PLACE OF DEATH:**
(a) County Canyon
(b) City or town Nampa
(c) Street Address or R. F. D. No. Rural
(d) Death Occurred Inside? ____ Outside? X city or town
(e) Died in a Home ____ Hospital ____ Institution X Other place ____
(f) Name Hosp. or Ins St. School Stayed ____ days
(g) Lived in this county 6 years 8 months 22 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Nampa
(d) Street Address or R. F. D. No. Rural
(e) Deceased lived Inside? ____ Outside? X city or town
(f) Citizen of what country? ____
(g) How long had deceased lived in Idaho? 13 years
(h) Former residence (city, state) ____

3. (a) FULL NAME Charlene Frasure

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3. (b) If veteran, name war X
3. (c) Social Security No. X
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife X
6. (c) Age of husband or wife if alive X years
7. Date of Birth (Month, Day, Year) September 9, 1929

8. AGE	Years	Months	Days	If less than 1 day
	14	11	3	hrs ____ min.

9. Exact Occupation none — Did this work for X yrs.
10. Industry or Business none — Date last worked X
11. Birthplace Prestonsburg (City or town) Ky. (State or foreign country)

Father
12. Name Elijah Frasure
13. Birthplace Prestonsburg (City or town) Ky. (State or foreign country)

Mother
14. Maiden name Martha Sloane
15. Birthplace Prestonsburg (City or town) Ky. (State or foreign country)

16. Informant's OWN Signature Olga Shirley Clerk
and Address St. School and Colony Records
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Aug-13-1944 (Month) (Day) (Year)
(c) Place: Pocatello Idaho
18. Funeral Director's OWN Signature Fred K. Robinson
and Address Nampa Idaho
19. (a) Aug-12-1944 (Date received and filed) (b) Lydia Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) August 12 1944
at 11:17 o'clock A M.
21. I HEREBY CERTIFY, That I attended deceased from Mar. 22 1943, to August 12 1944
I last saw her alive on August 12 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Status Epilepticus	
✓ Due to Epilepsy	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature C. Sanford Allen, M.D.
(M. D. or other)
and Address Nampa Ida. Date 8/12 1944
(For additional space, use reverse side)

State School & Colony.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

SEP 9 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 140143
Local Reg. No. 142
Reg. Dist. No. 363

1. **PLACE OF DEATH:**
   (a) County Canyon
   (b) City or town Nampa
   (c) Street Address or R. F. D. No. Rural
   (d) Death Occurred Inside? ____ Outside? x city or town
   (e) Died in a Home __ Hospital __ Institution x Other place __
   (f) Name Hosp. or Inst. St. School Stayed ____ days
   (g) Lived in this county ____ years 4 months 6 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Canyon
   (c) City or town Nampa
   (d) Street Address or R. F. D. No. Rural
   (e) Deceased lived Inside? ____ Outside? x city or town
   (f) Citizen of what country? Bonneville
   (g) How long had deceased lived in Idaho? Life years
   (h) Former residence (city, state) ____

3. (a) FULL NAME Emme Charity Lundstrum

85

3. (b) If veteran, name war x
3. (c) Social Security No. x
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife x
6. (c) Age of husband or wife if alive x years
7. Date of Birth (Month, Day, Year) March 17, 1905

8. AGE	Years	Months	Days	If less than 1 day
	39	4	15	hrs min.

9. Exact Occupation none Did this work for x yrs.
10. Industry or Business none Date last worked x
11. Birthplace ____ (City or town) Idaho (State or foreign country)

Father
12. Name Oscar Lundstrum
13. Birthplace ____ (City or town) Sweden (State or foreign country)

Mother
14. Maiden name Arcada Ellen Lundstrum
15. Birthplace ____ (City or town) Illinois (State or foreign country)

16. Informant's OWN Signature ____ and Address State School and Colony Records
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 8-15-44 (Month) (Day) (Year)
   (c) Place: Idaho Falls Ida.
18. Funeral Director's OWN Signature Wm D Talley and Address Nampa Ida
19. (a) Aug-14-1944 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) August 12 1944 at 2:15 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from April 6 1944, to August 12 1944
I last saw her alive on August 12 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Status Epilepticus	3 days
✓ Due to Epilepsy	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation ____ Date ____	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature [signature] (M. D. or other) and Address Nampa Ida Date 8/12 1944
(For additional space, use reverse side)
State School & Colony

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

SEP 9 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140144
Local Reg. No. 146
Reg. Dist. No. 363

1. PLACE OF DEATH:
(a) County Canyon
(b) City or town Nampa
(c) Street Address or R.F.D. No. —
(d) Death Occured Inside? ~~Outside~~? city ~~or town~~
(e) Died in a ~~Home~~ Hospital ~~Institution~~ ~~Other place~~
(f) Name Hosp. or Inst. Mercy Stayed ' days
(g) Lived in this county — years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Ada
(c) City or town R.F.D. - Melba
(d) Street Address or R.F.D. No. —
(e) Deceased lived ~~Inside?~~ Outside? ~~city or~~ town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 7 years
(h) Former residence (city, state) Montana

3. (a) FULL NAME Howard Wisley Potraty 1950

3. (b) If veteran, name war —
3. (c) Social Security No. None
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) 3/27/29

8. AGE	Years	Months	Days	If less than 1 day
	15			hrs min.

9. Exact Occupation Farming Did this work for 8 yrs.
10. Industry or Business Same Date last worked 8/11/44
11. Birthplace Montana (City or town) (State or foreign country)
Father
12. Name G. F. Potraty
13. Birthplace N. Dak (City or town) (State or foreign country)
Mother
14. Maiden name Thompson
15. Birthplace Mo (City or town) (State or foreign country)
16. Informant's OWN Signature G F Potraty
and Address Melba Ida
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-15-44 (Month) (Day) (Year)
(c) Place: Nampa Idaho
18. Funeral Director's OWN Signature Fred K. Robinson
and Address Nampa Ida
19. (a) Aug-17-1944 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Aug 12 1944
at o'clock M.

21. I HEREBY CERTIFY, That I attended deceased from Aug 12 1944, to Aug 12 1944
I last saw him alive on Aug 12 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Esophagoscopy + anesthetic for same	
Due to Aprocat seed in Esophagus	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation Esophagoscopy Date 8/12-44	PHYSICIAN Underline the cause to which death should be charged statistically.
Major finding Aprocat seed in Esophagus	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ✓ Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's OWN Signature E D Hewsaker MD (M. D. or other)
and Address Nampa Date 8/16 1944
(For additional space, use reverse side)

S

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

SEP 9 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140145
Local Reg. No. 145
Reg. Dist. No. 362

1. **PLACE OF DEATH:**
(a) County Canyon
(b) City or town Nampa
(c) Street Address or R.F.D. No. 506-13 Ave No.
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Home.... Hospital.... Institution.... Other place X
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 5 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Nampa Ida.
(d) Street Address or R.F.D. No. 506-13 Ave No
(e) Deceased lived Inside? X Outside? ..... city or town
(f) Citizen of what country? .....
(g) How long had deceased lived in Idaho? 5 years
(h) Former residence (city, state) Grand Junct. Colo.

3. (a) **FULL NAME** Augustine Pena Jr. 1150

3. (b) If veteran, name war ✓
3. (c) Social Security No. 519-244-335
4. Sex M.
5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife ✓
6. (c) Age of husband or wife if alive ✓ years
7. Date of Birth (Month, Day, Year) Feb. 25-1927.

8. AGE	Years	Months	Days	If less than 1 day
	17	5	19	hrs min.

9. Exact Occupation Farming Did this work for ..... yrs.
10. Industry or Business ..... Date last worked
11. Birthplace Grand Junction Colo. (City or town) (State or foreign country)
Father
12. Name Augustine Pena
13. Birthplace Mexico (City or town) (State or foreign country)
Mother
14. Maiden name Dolores Gonsales
15. Birthplace Mexico (City or town) (State or foreign country)
16. Informant's **OWN** Signature X Agustin Pena
and Address Nampa Ida.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-18-44 (Month) (Day) (Year)
(c) Place: Nampa Kohlerlawn
18. Funeral Director's **OWN** Signature Wm. D. Talley
and Address Nampa Ida.
19. (a) Aug-17-1944 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Aug 14 1944
at 3:30 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from Aug 12 1944 to Aug 14 1944
I last saw him alive on Aug 14 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Oedema of Larynx & Epiglottis	[illegible]
Due to Peritonsilar abscess	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYISCIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature V C Bellamy (M. D. or other)
and Address Nampa Ida Date 8-15 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census SEP 9 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140146
Local Reg. No. 152
Reg. Dist. No. 363

1. PLACE OF DEATH:
(a) County Canyon
(b) City or town Nampa
(c) Street Address or R.F.D. No. c
(d) Death Occured Inside? ~~Outside?~~ city or ~~town~~
(e) Died in a ~~Home~~ Hospital ~~Institution~~ ~~Other place~~
(f) Name Hosp. or Inst. Mercy Stayed a days
(g) Lived in this county years 17 months ~~x~~ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Nampa
(d) Street Address or R.F.D. No. Caldwell Rt 4
(e) Deceased lived ~~Inside~~? Outside? ~ city or town
(f) Citizen of what country? U S A.
(g) How long had deceased lived in Idaho? 17 NO years
(h) Former residence (city, state) ~

3. (a) FULL NAME Donna Kay Phillips 170c

3. (b) If veteran, name war ~
3. (c) Social Security No. ~
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife ~
6. (c) Age of husband or wife if alive ~ years
7. Date of Birth (Month, Day, Year) March 7 1943

8. AGE	Years	Months	Days	If less than 1 day hrs	min.
	1	5	7		

9. Exact Occupation ~ Did this work for ~ yrs.
10. Industry or Business ~ Date last worked ~
11. Birthplace Idaho (City or town) (State or foreign country)

Father
12. Name Ernest Phillips
13. Birthplace Nampa Idaho (City or town) (State or foreign country)

Mother
14. Maiden name Hazel Taylor
15. Birthplace Kansas (City or town) (State or foreign country)

16. Informant's **OWN** Signature Ernest Phillips
and Address Caldwell RS 4

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8 (Month) 19 (Day) 44 (Year)
(c) Place: Nampa Idaho

18. Funeral Director's **OWN** Signature T. R. Robinson
and Address Nampa Ida

19. (a) Aug-30-1944 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) August 14 1944
at ~ o'clock ~ M.

21. I HEREBY CERTIFY, That I attended deceased from 8-11 1944, to 8-14 1944
I last saw h alive on 8-14 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Fracture of Skull — Duration 3 days
Due to Auto accident
Due to ~
Other conditions (Include pregnancy within 3 months of death) ~
Where was disease contracted? ~
Name of operation ~ Date ~
Major finding ~
Finding of autopsy ~

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Yes Suicide? ~ Homicide? ~
Occurred 8/11/44 City, county, state where violence occurred Near Nampa Ida
Place of Violence: Home ~ Farm ~ Industry ~
Public Place ~ While at work? ~
Means of injury Auto accident

23. Attendant's **OWN** Signature C. C. Williams (M. D. or other)
and Address Nampa Ida Date 8-17 1944
(For additional space, use reverse side)

Norton.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

SEP 9 1944

State File No. 14047
Local Reg. No. 147
Reg. Dist. No. 362

1. **PLACE OF DEATH:**
(a) County Canyon
(b) City or town Nampa
(c) Street Address or R.F.D. No. 1516 - 2nd St. No.
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Home X Hospital ... Institution ... Other place ...
(f) Name Hosp. or Inst. ... Stayed ... days
(g) Lived in this county ... years 3½ months ... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Ida (b) County Canyon
(c) City or town Nampa
(d) Street Address or R.F.D. No. 1516 - 2nd St. No.
(e) Deceased lived Inside? X Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 3½ mos. years
(h) Former residence (city, state) Oreg.

3. (a) **FULL NAME** Anna Thomas Thomlinson. 93d

3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex F
5. Color or race W.
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) July 21st 1859

8. AGE	Years	Months	Days	If less than 1 day hrs	min.
	85		24.		

9. Exact Occupation Home Wife ... Did this work for ... yrs.
10. Industry or Business ... Date last worked ...
11. Birthplace New Castle (City or town) Eng. (State or foreign country)

Father
12. Name Thomas Wales
13. Birthplace ... (City or town) ... (State or foreign country)

Mother
14. Maiden name Catters
15. Birthplace Unknown. (City or town) (State or foreign country)

16. Informant's **OWN** Signature X Ora Stafford
and Address Nampa Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-12-44 (Month) (Day) (Year)
(c) Place: Nampa Ida. Kohlerlawn

18. Funeral Director's **OWN** Signature J. M. Galley
and Address Nampa Idaho

19. (a) Aug-22-1944 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Aug 15 1944
at 2:53 o'clock P. M.

21. **I HEREBY CERTIFY**, That I attended deceased from 8-10 1944, to 8-13 1944
I last saw h alive on 8-13 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Myocarditis — Duration 17 yr.
Due to ...
Due to Senility
Other conditions ... (Include pregnancy within 3 months of death)
Where was disease contracted? ...
Name of operation ... Date ...
Major finding ...
Finding of autopsy ...

PHYISCIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ... Suicide? ... Homicide? ...
Occurred ... 19... City, county, state where violence occurred ...
Place of Violence: Home ... Farm ... Industry ...
Public Place ... While at work? ...
Means of injury ...

23. Attendant's **OWN** Signature J. C. Thornton (M. D. or other)
and Address 8-18 Date 19 44
(For additional space, use reverse side)
Nampa Idaho

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

SEP 6 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140148
Local Reg. No. 98
Reg. Dist. No. 360

1. **PLACE OF DEATH:**
(a) County Canyon
(b) City or town Caldwell
(c) Street Address or R.F.D. No. 702 So. 7th
(d) Death Occured Inside? Outside? city or town
(e) Died in a Home Hospital Institution Other place
(f) Name Hosp. or Inst. Mem. Park Hs Stayed 3 days
(g) Lived in this county years months 3 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Wilder
(d) Street Address or R.F.D. No. 1
(e) Deceased lived Inside? Outside? city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? years
(h) Former residence (city, state)

3. (a) **FULL NAME** MONTY GORDON SCHUTZ Monty Gordon Schutz 1572

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced ------
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Aug. 13, 1944

8. AGE	Years	Months	Days	If less than 1 day
			3	hrs min.

9. Exact Occupation Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Caldwell (City or town) Idaho (State or foreign country)
Father
12. Name Edward Schutz Jr.
13. Birthplace Prague, Oklahoma (City or town) (State or foreign country)
Mother
14. Maiden name Evelyn Mc Elroy
15. Birthplace Alton, Illinois (City or town) (State or foreign country)
16. Informant's OWN Signature Edward Schutz Jr.
and Address Route 1, Wilder, Idaho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/10/44 (Month) (Day) (Year)
(c) Place: Canyon Hill Cemetery, Caldwell
18. Funeral Director's OWN Signature C V Peckham
and Address 504 So. Kimball Ave., Caldwell
19. (a) 8-29-44 (Date received and filed) (b) Agnes M Denman (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Aug. 16 1944
at 2 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from Aug 13 1944, to Aug 16 1944
I last saw him alive on Aug 15 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Congenital Heart Condition	3 da.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYISCIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature R. Ross MD (M. D. or other)
and Address Caldwell Ida Date 8/19 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

SEP 6 1944

State File No. 140149
Local Reg. No. 96
Reg. Dist. No. 360

1. PLACE OF DEATH:
(a) County Canyon
(b) City or town Caldwell
(c) Street Address or R.F.D. No. 818 Logan
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Home.... Hospital X Institution.... Other place....
(f) Name Hosp. or Inst. Caldwell Sanatarium Stayed ..... days
(g) Lived in this county 1 years 8 months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Caldwell
(d) Street Address or R.F.D. No. 3
(e) Deceased lived Inside? ..... Outside? X city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? ..... years
(h) Former residence (city, state) .....

3. (a) FULL NAME PATRICIA ANN MULLER Patricia Ann Muller 1700

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Fem. 5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) Dec. 17, 1942

8. AGE	Years	Months	Days	If less than 1 day
	1	8		hrs min.

9. Exact Occupation ..... Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Caldwell, Idaho (City or town) (State or foreign country)
Father 12. Name Marcelle "Pat" Muller
13. Birthplace ..... (City or town) (State or foreign country)
Mother 14. Maiden name Aldine Elenore Julum
15. Birthplace Ashby, Minnesota (City or town) (State or foreign country)
16. Informant's OWN Signature M G Muller
and Address Route 3, Caldwell, Idaho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/21/44 (Month) (Day) (Year)
(c) Place: Canyon Hill Cemetery, Caldwell
18. Funeral Director's OWN Signature V Peckham
and Address 504 So. Kimball Ave., Caldwell
19. (a) 8-29-44 (Date received and filed) (b) Agnes M Denman (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Aug. 17, 1944
at 5:30 o'clock P. M.
21. **I HEREBY CERTIFY**, That I attended deceased from Aug 17 1944, to Aug 17 1944
I last saw her alive on Aug 17 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Head Crushed	2 hours
Due to Auto Accident	
✓ Due to (Ran over by car)	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? Canyon Co
Name of operation None Date .....
Major finding .....
Finding of autopsy None

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? yes Suicide? — Homicide? —
Occurred Aug 17 1944 City, county, state where violence occurred Canyon Co. Idaho
Place of Violence: Home ..... Farm ✓ Industry .....
Public Place ..... While at work? .....
Means of injury Auto Accident
23. Attendant's OWN Signature M C Coppo (M. D. or other)
and Address Caldwell Date 8/22 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

SEP 6 1944

NON-RESIDENT
Certificate Of Death
STATE OF IDAHO

State File No. 140150
Local Reg. No. 95
Reg. Dist. No. 960

1. **PLACE OF DEATH:**
   (a) County Canyon
   (b) City or town Caldwell
   (c) Street Address or R.F.D. No. 702 So. 7th
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home .... Hospital X Institution .... Other place ....
   (f) Name Hosp. or Inst. Mem. Hosp. Stayed ..... days
   (g) Lived in this county ..... years ..... months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Oregon (b) County .....
   (c) City or town Jordon Valley
   (d) Street Address or R.F.D. No. .....
   (e) Deceased lived Inside? ..... Outside? X ..... city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 25 ..... years
   (h) Former residence (city, state) Randolph, Neb.

3. (a) **FULL NAME** ARTHUR FELTWELL Arthur Feltwell 175 lb.

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Bessie Goodwin Feltwell
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) Feb. 9, 1876

8. AGE	Years	Months	Days	If less than 1 day
	68	6	8	hrs ..... min.

9. Exact Occupation Rancher — Did this work for 35 yrs.
10. Industry or Business Ranching — Date last worked 8/15/44
11. Birthplace England (City or town) (State or foreign country)

Mother Father
12. Name Unknown
13. Birthplace Unknown (City or town) (State or foreign country)

Mother Father
14. Maiden name Unknown
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's **OWN** Signature Bessie Feltwell
and Address Jordon Valley, Oregon.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/21/44 (Month) (Day) (Year)
(c) Place: Canyon Hill Cemetery, Caldwell

18. Funeral Director's **OWN** Signature S. V. Packham
and Address 504 So. Kimball Ave., Caldwell

19. (a) 8-29-44 (Date received and filed) (b) Agnes M. Denman (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Aug. 17, 19 44
at 6:32 o'clock P.M.

21. **I HEREBY CERTIFY**, That I attended deceased from Aug 15 19 44, to Aug 17 19 44
I last saw him alive on Aug 17 19 44; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Hemorrhage & Shock	2 da
Due to Crushing injury of pelvis & thorax from a fall	
Due to pelvis & lower extremities	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? — Suicide? ..... Homicide? .....
Occurred Aug 17 19 44. City, county, state where violence occurred Jordan Valley Ore
Place of Violence: Home ..... Farm — Industry .....
Public Place ..... While at work? .....
Means of injury Runaway horses

23. Attendant's **OWN** Signature [illegible] (M. D. or other)
and Address Caldwell Ida. Date Aug 22 19 44
(For additional space, use reverse side)

United States
Department of Commerce
Bureau of the Census

SEP 9 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 140151
Local Reg. No. 153
Reg. Dist. No. 363

1. **PLACE OF DEATH:**
(a) County Canyon
(b) City or town Nampa
(c) Street Address or R. F. D. No.
(d) Death Occurred ~~Inside?~~ Outside? ~~city or town~~
(e) Died in a Home X ~~Hospital~~ ~~Institution~~ ~~Other place~~
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 29 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Ida (b) County Canyon
(c) City or town
(d) Street Address or R. F. D. No. 1
(e) Deceased lived ~~Inside?~~ Outside? ~~city or town~~
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 31 years
(h) Former residence (city, state)

3. (a) **FULL NAME** John Alexander Stover 93e

3. (b) If veteran, name war ✓
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) May 24 1869

8. AGE	Years	Months	Days	If less than 1 day
	75	2	24	hrs min.

9. Exact Occupation Farmer Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace N. Y. (City or town) (State or foreign country)
Father
12. Name Alexander Stover
13. Birthplace Germany (City or town) (State or foreign country)
Mother
14. Maiden name Eardley
15. Birthplace Wyoming (City or town) (State or foreign country)
16. Informant's OWN Signature Mrs J. O. Johnson
and Address Nelba Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/26/44 (Month) (Day) (Year)
(c) Place: Nampa Ida
18. Funeral Director's OWN Signature F. K. Robinson
and Address Nampa Ida
19. (a) Aug-30-1944 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Aug 18 1944
at o'clock M.
21. **I HEREBY CERTIFY,** That I attended deceased from 8-1-44 19, to 8-18- 1944
I last saw him alive on 8-15- 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death	Duration
Cerebral Hemorrhage	
✓ Due to myocarditis	
Due to nephritis	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature Samuel A. Greenzer MD (M. D. or other)
and Address Nampa Ida Date 8-29 1944
(For additional space, use reverse side)

S

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

SEP 9 1944

State File No. 14053
Local Reg. No. 154
Reg. Dist. No. 362

1. **PLACE OF DEATH:**
(a) County Canyon
(b) City or town Nampa
(c) Street Address or R.F.D. No. —
(d) Death Occured Inside? ~~Outside~~? city ~~or town~~
(e) Died in a ~~Home~~ Hospital ~~Institution~~ ~~Other place~~
(f) Name Hosp. or Inst. Mercy Stayed 42 days
(g) Lived in this county 3 years — months — days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Nampa
(d) Street Address or R.F.D. No. 324-10 ave S.
(e) Deceased lived Inside? ~~Outside~~? city ~~or town~~
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 3 years
(h) Former residence (city, state) Ill.

3. (a) **FULL NAME** Mat Mueller 1226

3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife W. H. Mueller
6. (c) Age of husband or wife if alive ... years
7. Date of Birth (Month, Day, Year) 2/12/99

8. AGE	Years	Months	Days	If less than 1 day
	45	6	7	hrs min.

9. Exact Occupation Housekeeper Did this work for ... yrs.
10. Industry or Business ... Date last worked ...
11. Birthplace Ill. (City or town) (State or foreign country)

Father
12. Name James Tracy
13. Birthplace Wisconsin (City or town) (State or foreign country)

Mother
14. Maiden name Dieffering
15. Birthplace Iowa (City or town) (State or foreign country)

16. Informant's **OWN** Signature W. H. Mueller
and Address Nampa Ida.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-22-44 (Month) (Day) (Year)
(c) Place: Mt Calvary Cem.

18. Funeral Director's **OWN** Signature F. K. Robeson
and Address Nampa Ida

19. (a) Aug-30-1944 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) August 19 1944
at ... o'clock ... M.

21. **I HEREBY CERTIFY**, That I attended deceased from May 19 44 to Aug 19 1944
I last saw h. alive on Aug 19 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Intestinal Obstruction	1½ mos
Peritonitis	2 weeks
✓ Abscess - (peritoneal)	2 weeks
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? ...
Name of operation Laparotomy Date July 1944
Major finding Intestinal Obstruction
Finding of autopsy ...

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ... Suicide? ... Homicide? ...
Occurred ... 19... City, county, state where violence occurred ...
Place of Violence: Home ... Farm ... Industry ...
Public Place ... While at work? ...
Means of injury ...

23. Attendant's **OWN** Signature Ira Salty MD (M. D. or other)
and Address Nampa Date 8/26 19 44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

NON-RESIDENT
Certificate Of Death

SEP 6 1944

STATE OF IDAHO

State File No. 140153
Local Reg. No. 99
Reg. Dist. No. 360

1. PLACE OF DEATH:
(a) County Canyon
(b) City or town Caldwell
(c) Street Address or R. F. D. No. 702 So. 7th St.
(d) Death Occured Inside? ... Outside? ... city or town
(e) Died in a Home.... Hospital.... Institution.... Other place....
(f) Name Hosp. or Inst. Gem Park ... Stayed ... days
(g) Lived in this county ... years ... months 12 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Oregon (b) County Malheur
(c) City or town Adrian
(d) Street Address or R.F.D. No. ...
(e) Deceased lived Inside? ... Outside? ... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 12 days ~~years~~
(h) Former residence (city, state) ...

3. (a) FULL NAME LAWRENCE MELVIN BARNETT Lawrence Melvin Barnett

3. (b) If veteran, name war ...
3. (c) Social Security No. ...
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced S
6. (b) Name of husband or wife ...
6. (c) Age of husband or wife if alive ... years
7. Date of Birth (Month, Day, Year) Aug. 11, 1944

8. AGE	Years	Months	Days	If less than 1 day
			12	hrs min.

9. Exact Occupation ... Did this work for ... yrs.
10. Industry or Business ... Date last worked ...
11. Birthplace Caldwell, (City or town) Idaho (State or foreign country)

Mother Father
12. Name William F. Barnett
13. Birthplace Salmon, Idaho (City or town) (State or foreign country)
14. Maiden name Orena Gable
15. Birthplace Didsbury, Canada. (City or town) (State or foreign country)

16. Informant's OWN Signature Wm. L. Spencer
and Address Salmon, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/24/44 (Month) (Day) (Year)
(c) Place: Canyon Hill Cemetery, Caldwell

18. Funeral Director's OWN Signature E. V. Beckham
and Address 504 So. Kimball Ave., Caldwell

19. (a) 8-29-44 (Date received and filed) (b) Agnes M. Sinman (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Aug. 23, 19 44
at 9:00 o'clock A.M.

21. **I HEREBY CERTIFY**, That I attended deceased from Aug 21 19 ..., to Aug 23 19 ...
I last saw him alive on Aug 23 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — Duration
Broncho-pneumonia — days
Due to ...
Due to ...
Other conditions (Include pregnancy within 3 months of death) ...
Where was disease contracted? ...
Name of operation ... Date ...
Major finding ...
Finding of autopsy ...

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ... Suicide? ... Homicide? ...
Occurred ... 19 ... City, county, state where violence occurred ...
Place of Violence: Home ... Farm ... Industry ... Public Place ... While at work? ...
Means of injury ...

23. Attendant's OWN Signature E. L. Munn (M. D. or other)
and Address Caldwell, Idaho Date 8-26 19 44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Revised

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

SEP 9 1944

State File No. 140154
Local Reg. No. 156
Reg. Dist. No. 363

1. **PLACE OF DEATH:**
   (a) County Canyon
   (b) City or town Nampa
   (c) Street Address or R. F. D. No.
   (d) Death Occured Inside? Outside? X city or town
   (e) Died in a Home Hospital Institution Other place
   (f) Name Hosp. or Inst. State School Stayed days
   (g) Lived in this county 51 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Canyon
   (c) City or town Nampa
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? Outside? X city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 51 years
   (h) Former residence (city, state) Canada

3. (a) **FULL NAME** Elizah Knox 136

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) 12 / 28 / 89

8. AGE	Years	Months	Days	If less than 1 day
	54	7	29	hrs min.

9. Exact Occupation none — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace Idaho (City or town) (State or foreign country)

Mother
12. Name no record
13. Birthplace " " (City or town) (State or foreign country)

Father
14. Maiden name no record
15. Birthplace " " (City or town) (State or foreign country)

16. Informant's **OWN** Signature Wilma Duval Bliss (Clerk) (Town records)
and Address State School, Nampa, Ida.

17. (a) Burial (Burial, cremation, removal) (b) Date thereof 8/30/44 (Month) (Day) (Year)
(c) Place: Nampa Ida

18. Funeral Director's **OWN** Signature F. A. Roberson
and Address Nampa Ida.

19. (a) Aug 30-1944 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 8 - 27 1944
at 8:45 o'clock A. M.

21. **I HEREBY CERTIFY,** That I attended deceased from 3 / 22 1943, to 8 / 27 1944
I last saw him alive on 8 / 27 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Tuberculosis of Lung	2 yrs.
Due to Tuberculosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? don't know
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature C. Sanford Allen MD (M. D. or other)
and Address State School & Colony Date 8/29 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 36-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

SEP 5 1944

NON-RESIDENT
Certificate Of Death
STATE OF IDAHO

State File No. 140155
Local Reg. No. 59
Reg. Dist. No. 365

1. **PLACE OF DEATH:**
   (a) County Canyon
   (b) City or town Parma
   (c) Street Address or R.F.D. No. 2
   (d) Death Occured Inside?..... Outside? X city or town
   (e) Died in a Home.... Hospital.... Institution.... Other place....
   (f) Name Hosp. or Inst..... Stayed.....days
   (g) Lived in this county.....years .....months 7 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Kansas (b) County.....
   (c) City or town Topeka
   (d) Street Address or R.F.D. No. 2024 Hudson Av
   (e) Deceased lived Inside? X Outside?.....city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 1 wk years
   (h) Former residence (city, state) Topeka, Kansas

3. (a) **FULL NAME** MAY MAIN May Main 95c

3. (b) If veteran, name war.....
3. (c) Social Security No.....
4. Sex Fem. 5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Ezra Main
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) May 28, 1874

8. AGE	Years	Months	Days	If less than 1 day
	70	2	29	hrs min.

9. Exact Occupation..... Did this work for .....yrs.
10. Industry or Business..... Date last worked .....
11. Birthplace Concordia (City or town) Kansas (State or foreign country)

Father
12. Name Peter Nichols
13. Birthplace Unknown (City or town) (State or foreign country)

Mother
14. Maiden name Mary Elizabeth Brown
15. Birthplace ..... Iowa (City or town) (State or foreign country)

16. Informant's **OWN** Signature James H. Main
and Address Route 2, Parma, Idaho.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 8/29/44 (Month) (Day) (Year)
(c) Place: Topeka, Kansas

18. Funeral Director's **OWN** Signature E. V. Peckham
and Address 504 So. Kimball Ave., Caldwell

19. (a) 9-2-44 (Date received and filed) (b) Ruth Hill (Registrar's Signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Aug. 27, 19 44
at 12:30 o'clock P.M.

21. **I HEREBY CERTIFY,** That I attended deceased from ..... 19..... to ..... 19.....
I last saw h..... alive on ..... 19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — Duration

Probably Coronary Thrombosis, Hardening of Blood Vessels, Due to Arteria Sclerosis — 7 yrs.

Due to .....

Other conditions (Include pregnancy within 3 months of death) .....

Where was disease contracted?.....
Name of operation..... Date.....
Major finding .....
Finding of autopsy .....

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident?..... Suicide?..... Homicide?.....
Occurred..... 19..... City, county, state where violence occurred .....
Place of Violence: Home..... Farm..... Industry.....
Public Place..... While at work?.....
Means of injury .....

28. Attendant's **OWN** Signature Wm. D. Talley
and Address Nampa, Ida. M. D. Date 8-29 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Tally

United States
Department of Commerce
Bureau of the Census

SEP 9 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140156
Local Reg. No. 148
Reg. Dist. No. 363

1. PLACE OF DEATH:
(a) County Canyon
(b) City or town Nampa
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? Outside? X city or town
(e) Died in a Home Hospital Institution X Other place
(f) Name Hosp. or Inst. State School Stayed days
(g) Lived in this county 8 years 10 months 1 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Nampa
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? Outside? X city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? life years
(h) Former residence (city, state) Twin Falls, Ida.

3. (a) FULL NAME Lorene Smith

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3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) 5/28/23

8. AGE	Years	Months	Days	If less than 1 day
	21	2	29	hrs min.

9. Exact Occupation none Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Twin Falls (City or town) Ida. (State or foreign country)
Father
12. Name Bert H. Smith
13. Birthplace Kansas (City or town) (State or foreign country)
Mother
14. Maiden name Alice Hillsgrove
15. Birthplace Parrshon, Nova Scotia (City or town) (State or foreign country)
16. Informant's OWN Signature Wilma Dwel Biss (clerk) (from records)
and Address State School + Colony Nampa Ida
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 8-29-44 (Month) (Day) (Year)
(c) Place: Twin Falls Ida
18. Funeral Director's OWN Signature Wm D Calley
and Address Nampa, Ida.
19. (a) Aug. 28 1944 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 8 / 27 1944
at 4:50 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 3 / 22 1943, to 8 / 27 1944
I last saw her alive on 8 / 27 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Due to Pulmonary Tuberculosis	18 mo.
✓ Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature C. Sanford Allen M.D. (Dr. or other)
and Address State School + Colony Date 8/27 1944
(For additional space, use reverse side)

H.P. 140157

United States
Department of Commerce
Bureau of the Census SEP 9 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140157
Local Reg. No. 157
Reg. Dist. No. 363

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
   (a) County Canyon
   (b) City or town Nampa
   (c) Street Address or R.F.D. No. Rout 1
   (d) Death Occured Inside? ..... Outside? X city or town
   (e) Died in a Home X Hospital .... Institution .... Other place ....
   (f) Name Hosp. or Inst. ..... Stayed ..... days
   (g) Lived in this county 25 years ..... months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Ida (b) County Canyon
   (c) City or town Nampa
   (d) Street Address or R.F.D. No. Rout 2.
   (e) Deceased lived Inside? ..... Outside? X city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 27 years
   (h) Former residence (city, state) Kansas.

3. (a) **FULL NAME** Marion Parker Fowler

3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Hattie Ann.
6. (c) Age of husband or wife if alive 78 years
7. Date of Birth (Month, Day, Year) March 8. 1856.

8. AGE	Years	Months	Days	If less than 1 day
	88	5	20	hrs ..... min.

9. Exact Occupation Farmer — Did this work for Life yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Huston Tex. (City or town) (State or foreign country)
Father 12. Name Solomon Fowler
Father 13. Birthplace Unknown. (City or town) (State or foreign country)
Mother 14. Maiden name Unknown
Mother 15. Birthplace Unknown (City or town) (State or foreign country)
16. Informant's **OWN** Signature X W D Gipson
and Address Rt. 2. Nampa
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-29,44 (Month) (Day) (Year)
(c) Place: Cloverdale Cem. Boise.
18. Funeral Director's **OWN** Signature Wm R Talley.
and Address Nampa Ida.
19. (a) Aug-30-1944 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Aug 28 1944
at 5 o'clock a.m. M.

21. **I HEREBY CERTIFY**, That I attended deceased from 8-25 1944, to Aug 28 1944
I last saw him alive on 8-28 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — Duration
Flu pneumonia
Due to Edema lungs
Due to Dilitation heart.
Due to
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? ..... PHYSICIAN
Name of operation ..... Date ..... Underline the cause to which death should be charged statistically.
Major finding .....
Finding of autopsy .....

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature H H Bibbins M. D. or other
and Address Nampa Ida Date 8-30 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

SEP 9 1944

STATE OF IDAHO

State File No. 14015
Local Reg. No. 162
Reg. Dist. No. 368

1. PLACE OF DEATH:
(a) County Canyon
(b) City or town Melba
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? Outside? X city or town
(e) Died in a Home Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 28 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Melba
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? Outside? X city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 28 years
(h) Former residence (city, state) Tenn.

3. (a) **FULL NAME** MARY LENIS CROSSWHITE WILSON Mary Lenis Crosswhite Wilson

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Fem. 5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife John A. Wilson
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) May 27, 1875

8. AGE	Years	Months	Days	If less than 1 day
	69	3	1	hrs min.

9. Exact Occupation Housekeeping Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Mountain City, Tenn. (City or town) (State or foreign country)

Father
12. Name William C. Crosswhite
13. Birthplace Mountain City, Tenn. (City or town) (State or foreign country)

Mother
14. Maiden name Mary Edna Lloyd
15. Birthplace [illegible] Tenn. (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mrs George C. Miller
and Address Melba, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/31/44 (Month) (Day) (Year)
(c) Place: Parma Cemetery, Parma, Ida.

18. Funeral Director's **OWN** Signature S V Cockham
and Address 504 So. Kimball Ave., Caldwell

19. (a) Sept-6-1944 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Aug. 28, 1944
at 7:20 o'clock A. M.

21. **I HEREBY CERTIFY**, That I attended deceased from Aug 24 1944 to Aug 28 1944
I last saw her alive on Aug 24 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death	Duration
Cause Obstruction Intestines	
Carcinoma	
✓ Due to Senile Debility	
Due to Myocarditis	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature H. W. Belknap M. D.
and Address Stamps Date Sept 6 1944

(For additional space use reverse side)

140159

United States
Department of Commerce
Bureau of the Census

AUG 17 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 16
Reg. Dist. No. 520

1. PLACE OF DEATH:
(a) County CARIBOU
(b) City or town Soda Springs, Idaho
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home ... Hospital X Institution .. Other place ....
(f) Name Hosp. or Inst. Caribou Co. Stayed 4 days
(g) Lived in this county 25 years ... months ... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Caribou
(c) City or town Soda Springs
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) If foreign born, in U. S. ... yrs. Citizen of U. S.? X
(g) How long had deceased lived in Idaho? 37 years
(h) Former residence (city, state)

3. (a) FULL NAME ZINA HANDY RICE

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3. (b) If veteran, name war 0
3. (c) Social Security No. 0
4. Sex FEMALE
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife
6 (c) Age of husband or wife if alive 48 years
7. Date of Birth (Month, Day, Year) November 14, 1906

8. AGE	Years	Months	Days	If less than 1 day
	37	8	24	hrs min.

9. Exact Occupation House wife Did this work for 20 yrs.
10. Industry or Business House keeping Date last worked 8/1/44
11. Birthplace Grace, Idaho (City or town) (State or foreign country)
Father
12. Name Samuel P. Handy
13. Birthplace Whitney, Idaho (City or town) (State or foreign country)
Mother
14. Maiden name Lydia Bybee
15. Birthplace Ogden, Utah (City or town) (State or foreign country)
16. Informant's OWN Signature x Mrs Robert Hawker.
and Address Soda Springs, Idaho.
17. (a) Buriel (Burial, cremation, or removal) (b) Date thereof 8/10/44 (Month) (Day) (Year)
(c) Place: Soda Springs, Idaho.
18. Funeral Director's OWN Signature E. D. Whitman
and Address Soda Springs, Idaho.
19. (a) 8-10-44 (Date received and filed) (b) Dr Russell Tigert (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) August 8, 1944 19
at 5 o'clock A M.
21. I HEREBY CERTIFY, That I attended deceased from 19 to Aug. 8, 1944 19
I last saw her alive on Aug. 8 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration
Cancer (Ca.) bowels, stomach shoulder, scalp (metastasis)
Due to Carcinoma
Due to about 1 year
Other conditions
(Include pregnancy within 3 months of death)
Where was disease first contracted? Idaho
Name of operation none Date
Major finding
Finding of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature Russell Tigert, M.D. (M. D. or other)
and Address Soda Springs Date 8-10-1944
(For additional space, use reverse side)

Ida

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census SEP 12 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140160
Local Reg. No. 83
Reg. Dist. No. 471

1. **PLACE OF DEATH:**
   (a) County Cassia
   (b) City or town Oakley
   (c) Street Address or R.F.D. No. —
   (d) Death Occured Inside? — Outside? X city or town
   (e) Died in a Home X Hospital Institution Other place
   (f) Name Hosp. or Inst. — Stayed — days
   (g) Lived in this county 31 years — months days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Cassia
   (c) City or town Oakley
   (d) Street Address or R.F.D. No. 1
   (e) Deceased lived Inside? — Outside? X city or town
   (f) Citizen of what country? U. S. A.
   (g) How long had deceased lived in Idaho? 31 years
   (h) Former residence (city, state) Utah.

3. (a) **FULL NAME** James Smith Steel 94a

3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Annie
6. (c) Age of husband or wife if alive 68 years
7. Date of Birth (Month, Day, Year) Feb 4 - 1876

8. AGE	Years	Months	Days	If less than 1 day
	68	5	14	hrs — min.

9. Exact Occupation farmer — Did this work for 50 yrs.
10. Industry or Business — Date last worked July 17
11. Birthplace Tooele (City or town) Utah (State or foreign country)

Father
12. Name James Langton Steel
13. Birthplace England (City or town) (State or foreign country)

Mother
14. Maiden name Marion Browning Smith
15. Birthplace Scotland (City or town) (State or foreign country)

16. Informant's **OWN** Signature Annie M. Steel and Address Oakley Idaho
17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof July 21 (Month) (Day) (Year)
    (c) Place: Basin Cemetery
18. Funeral Director's **OWN** Signature Retta S. Payne and Address Burley Idaho
19. (a) 9-2-44 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 18 1944 at 4 o'clock P.M.
21. **I HEREBY CERTIFY**, That I attended deceased from July 18 1944 to July 18 1944
    Last saw him alive on July 15 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Coronary Occlusion	2 hr.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYISICIAN Underline the cause to which death should be charged statistically.
Name of operation Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
    Occurred 19 City, county, state where violence occurred
    Place of Violence: Home Farm Industry
    Public Place While at work?
    Means of injury
23. Attendant's **OWN** Signature Hyde E Dean M.D. (M. D. or other)
    and Address Burley Ida. Date Sept 18 1944
    (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census SEP 12 1944

Certificate Of Death

STATE OF IDAHO

State File No. 14016
Local Reg. No. 82
Reg. Dist. No. 471

1. **PLACE OF DEATH:**
(a) County Cassia
(b) City or town Declo
(c) Street Address or R. F. D. No. —
(d) Death Occured Inside? — Outside? X city or town
(e) Died in a Home X Hospital — Institution — Other place —
(f) Name Hosp. or Inst. — Stayed — days
(g) Lived in this county 5 years — months — days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Cassia
(c) City or town Declo
(d) Street Address or R.F.D. No. —
(e) Deceased lived Inside? — Outside? X city or town
(f) Citizen of what country? U. S. A.
(g) How long had deceased lived in Idaho? 56 years
(h) Former residence (city, state) Utah

3. (a) **FULL NAME** Harriett Hunsaker Lewis 61

3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex F
5. Color or race W
6. (a) Single, widowed, married divorced Married
6. (b) Name of husband or ~~wife~~ Lyman
6. (c) Age of husband or wife if alive 76 years
7. Date of Birth (Month, Day, Year) March 18 - 1871

8. AGE	Years	Months	Days	If less than 1 day
	73	4	13	hrs — min.

9. Exact Occupation Housewife Did this work for 54 yrs.
10. Industry or Business — Date last worked
11. Birthplace Brigham City (City or town) Utah (State or foreign country)
Father
12. Name Abraham Hunsaker
13. Birthplace Illinois (City or town) (State or foreign country)
Mother
14. Maiden name Harriett Beckstead
15. Birthplace Canada (City or town) (State or foreign country)
16. Informant's **OWN** Signature Hyrum V Lewis
and Address Declo Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 30 (Month) (Day) (Year)
(c) Place: Declo Idaho
18. Funeral Director's **OWN** Signature Retta S. Payne
and Address Burley Idaho
19. (a) 9-2-44 (Date received and filed) (b) B Burdsall (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 27 1944
at 12:40 o'clock A.M.
21. **I HEREBY CERTIFY**, That I attended deceased from Sept. 1936, to July 27 1944
I last saw h.er alive on July 27 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cerebral Hemorrhage — Duration 6 days
Due to Artio Sclerosis
Due to Diabetis
Other conditions (Include pregnancy within 3 months of death)
Where was disease contracted?
Name of operation — Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? — Suicide? — Homicide? —
Occurred — 19— City, county, state where violence occurred
Place of Violence: Home — Farm — Industry —
Public Place — While at work? —
Means of injury

23. Attendant's **OWN** Signature Hugh E Dacus M D (M. D. or other)
and Address Burley Ida. Date Aug 24 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

SEP 12 1944

State File No. 14016
Local Reg. No. 76
Reg. Dist. No. 470

1. **PLACE OF DEATH:**
   (a) County Cassia
   (b) City or town Burley
   (c) Street Address or R. F. D. No. 230 No. Miller
   (d) Death Occured Inside? ✓ Outside? ..... city or town
   (e) Died in a Home ✓ Hospital ..... Institution ..... Other place .....
   (f) Name Hosp. or Inst. ..... Stayed ..... days
   (g) Lived in this county 61 years ..... months 22 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Cassia
   (c) City or town Burley
   (d) Street Address or R.F.D. No. 236 No Miller
   (e) Deceased lived Inside? ✓ Outside? ..... city or town
   (f) Citizen of what country? U.S.
   (g) How long had deceased lived in Idaho? 61 years
   (h) Former residence (city, state) —

3. (a) **FULL NAME** Winslow R. Taylor

3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Beth Bennett Taylor
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) July 18, 1883

8. AGE	Years	Months	Days	If less than 1 day
	61	—	22	hrs ..... min.

9. Exact Occupation Sheepman — Did this work for ..... yrs.
10. Industry or Business Sheep raising — Date last worked .....
11. Birthplace Elba, Utah (City or town) (State or foreign country)

Father
12. Name Thomas Taylor
13. Birthplace Mont Rose Iowa (City or town) (State or foreign country)

Mother
14. Maiden name Elizabeth A Gibbard
15. Birthplace Willard Utah (City or town) (State or foreign country)

16. Informant's **OWN** Signature De Loy Taylor
and Address Burley, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: Burley, Idaho

18. Funeral Director's **OWN** Signature Vern B. McCulloch
and Address Burley, Idaho

19. (a) Aug 15 - 44 (Date received and filed) (b) B. F. Wilson (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) August 9 1944
at 11:00 o'clock P. M.

21. **I HEREBY CERTIFY,** That I attended deceased from 1936, to Aug 9 1944
I last saw h.m. alive on Aug 9 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cardiac — Duration 15 yr.
Due to .....
Due to .....
✓ Due to .....
Other conditions (Include pregnancy within 3 months of death) .....
Where was disease contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature Hugh E Dean M. D. (M. D. or other)
and Address Burley Id. Date Aug 14 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

SEP 12 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140163
Local Reg. No. 80
Reg. Dist. No. 471

1. **PLACE OF DEATH:**
   (a) County Cassia
   (b) City or town Milner
   (c) Street Address or R.F.D. No. #1, Murtaugh
   (d) Death Occured Inside? ..... Outside? x city or town
   (e) Died in a Home x Hospital ..... Institution ..... Other place .....
   (f) Name Hosp. or Inst. -------- Stayed -- days
   (g) Lived in this county 2 years 9 months - days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Cassia
   (c) City or town Milner
   (d) Street Address or R.F.D. No. Murtaugh R#1
   (e) Deceased lived Inside? ..... Outside? x city or town
   (f) Citizen of what country? US
   (g) How long had deceased lived in Idaho? 2¾ years
   (h) Former residence (city, state) ----

3. (a) **FULL NAME** David Stephenson

93 d

3. (b) If veteran, name war --
3. (c) Social Security No. ----
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Julia L. Stephenson
6. (c) Age of husband or wife if living 69 years
7. Date of Birth (Month, Day, Year) March 29, 1869

8. AGE	Years	Months	Days	If less than 1 day
	75	4	19	hrs min.

9. Exact Occupation Farming — Did this work for Life yrs.
10. Industry or Business Farming — Date last worked 1942
11. Birthplace West Newton, Indiana (City or town) (State or foreign country)

Father
12. Name Zeno Stephenson
13. Birthplace -- West Virginia (City or town) (State or foreign country)

Mother
14. Maiden name Dicey Beasley
15. Birthplace -- Virginia (City or town) (State or foreign country)

16. Informant's OWN Signature Chas W. Stephenson
and Address Murtaugh, Idaho, R#1
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-21-44 (Month) (Day) (Year)
(c) Place: Burley, Idaho
18. Funeral Director's OWN Signature Vern B. McCulloch
and Address Burley, Idaho
19. (a) 8-25-44 (Date received and filed) (b) [illegible] Wilson (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) August 18 1944
at 1:15 o'clock P.M.
21. **I HEREBY CERTIFY,** That I attended deceased from June 10 1944, to Aug 18 1944
I last saw him alive on Aug 18 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Myocarditis	2 yr.
Due to W	
✓ Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYISCIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's OWN Signature Hugh E. Deary M.D. (M. D. or other)
and Address Burley Id. Date Aug 20 1944
(For additional space, use reverse side)

DISINTERMENT PERMIT

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH
BOISE, IDAHO

APPLICATION HAVING BEEN MADE for the disinterment of the body of DAVID STEPHENSON

now lying buried in PLEASANT VIEW Cemetery, in the City or Town of BURLEY, IDAHO

County of CASSIA State of Idaho, who died on the 18 day of August, 1944, Aged 75 years ____ months ____ days, the cause of death being Myocarditis and not directly or indirectly by diphtheria;(membranous croup);scarlet fever;smallpox;leprosy;asiatic cholera;typhus fever; or yellow fever as shown by the certificate of death of said deceased, given by

Hugh E. Dean, M.D. attending physician

THIS IS TO CERTIFY that permission is hereby given for such disinterment and removal by Private private or railway conveyance to GEM MEMORIAL GARDENS Cemetery in the City or Town of Burley County of Cassia State of Idaho to take effect upon the approval by the local board of health of the City, Town, or County of Cassia it being understood and provided that nothing herein shall be deemed as contravening or in anywise modifying or releasing the Regulations of the Department of Public Health governing the Transportation of Corpses or the requirements for a Transportation permit, and all Transportation Companies and Common Carriers will be governed accordingly; and provided further, that where the disinterment is for the purpose of reinterment in another part of the same cemetery, or in a contiguous cemetery, the removal shall not be made by any public conveyance. The disinterment and removal must be done under the personal supervision of a licensed Embalmer in good standing. If the remains are to be removed from the cemetery they (including the disinterred casket), must be enclosed in a new metallic lined outer case before removal.

Given under my hand and Seal of the Department of Public Health at Boise, Idaho, this 18 day of June, A.D. 1955.

Permit issued to:
Vern B. McCulloch
McCulloch Funeral Home
Burley, Idaho

D. W. Benson
Director, Division of Vital Statistics

The foregoing application for disinterment and removal is hereby approved by the local Board of Health of the City, Town or County of Burley State of Idaho, this 29th day of August 1955.

J. R. Eicher M.D.
Health Officer

Form DPH-48019

Permit sent to: Vern B. McCulloch
McCulloch Funeral Home
Burley, Idaho

June 13, 1955

June 9, 1955
Date

Department of Public Heatlh
Boise, Idaho

I hereby give authorization for the disinterment of:

NAME OF DECEASED David Stephenson

DATE OF DEATH August 18, 1944

CAUSE OF DEATH Myocarditis

ATTENDING PHYSICIAN Dr. H. E. Dean

BURIED IN Pleasant View Cemetery, Burley, Idaho CEMETERY

TO BE REMOVED TO Gem Memorial Gardens, Burley, Idaho CEMETERY

RELATIONSHIP TO PERSON REQUESTING PERMIT Wife

NAME OF LICENSED EMBALMER Vern B. McCulloch - McCulloch Funeral Home

REASON FOR DISINTERMENT Have purchased lot in cemetery Burley, Idaho where it is to be removed to.

Very truly yours,

Lavina Stephenson (Wife)
Signature of relative or person requesting permit.

Montpelier Ida
Address

* * * * * * * * * * * * * *

State of Idaho, (
County of Caribou) ss.

On this 9th day of June, 1955, before me Lyle H. Lyman a Notary Public in and for the within county and state personally appeared Lavina Stephenson known to me (or proved by the oath of _____) to be the person whose name is subscribed to the foregoing instrument, and acknowledged to me that She executed the same.

In Witness whereof I have hereunto set my hand and affixed my official seal this the day and year first above written.

(Seal)

Lyle H. Lyman
Notary Public, residing at Burley, Idaho
My commission expires 11-11-58

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

SEP 12 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140164
Local Reg. No. 78
Reg. Dist. No. 470

1. **PLACE OF DEATH:**
   (a) County Cassia
   (b) City or town Burley
   (c) Street Address or R. F. D. No. —
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home X Hospital .... Institution .... Other place ....
   (f) Name Hosp. or Inst. — Stayed — days
   (g) Lived in this county 17 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Cassia
   (c) City or town Burley
   (d) Street Address or R.F.D. No. —
   (e) Deceased lived Inside? X Outside? ..... city or town
   (f) Citizen of what country? U. S. A.
   (g) How long had deceased lived in Idaho? 17 years
   (h) Former residence (city, state) Utah

3. (a) **FULL NAME** Emma Jane Hall

48b

3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife David
6. (c) Age of husband or wife if alive 76 years
7. Date of Birth (Month, Day, Year) Oct 10th 1878

8. AGE	Years	Months	Days	If less than 1 day
	65	10	8	hrs min.

9. Exact Occupation housewife — Did this work for 48 yrs.
10. Industry or Business — Date last worked Aug 10
11. Birthplace Paradise Utah (City or town) (State or foreign country)

Father
12. Name Williams Argill
13. Birthplace England (City or town) (State or foreign country)

Mother
14. Maiden name Rebecca Ball
15. Birthplace England (City or town) (State or foreign country)

16. Informant's **OWN** Signature D. W. Hall
and Address Burley Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 22 (Month) (Day) (Year)
(c) Place: Rupert Idaho
18. Funeral Director's **OWN** Signature Retta S. Payne
and Address Burley Idaho
19. (a) 8-23-44 (Date received and filed) (b) R F Nelson (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Aug 18 19 44
at ..... o'clock ..... M.

21. **I HEREBY CERTIFY,** That I attended deceased from ..... 19..... to ..... 19.....
I last saw h..... alive on ..... 19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Gastric Carcinoma	
†Uterine Carcinoma	
Due to	
✓ Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYISICIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature G. H. Espe (M. D. or other)
and Address Burley, Ida Date 8/23/ 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

SEP 12 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140165
Local Reg. No. 79
Reg. Dist. No. 470

1. **PLACE OF DEATH:**
   (a) County Cassia
   (b) City or town Burley
   (c) Street Address or R.F.D. No. 160 South Normal
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home X Hospital ..... Institution ..... Other place .....
   (f) Name Hosp. or Inst. ..... Stayed — days
   (g) Lived in this county 44 years ..... months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Cassia
   (c) City or town Marion
   (d) Street Address or R.F.D. No. R. 7 Lot #2
   (e) Deceased lived Inside? ..... Outside? ..... city or town
   (f) Citizen of what country? U. S. A.
   (g) How long had deceased lived in Idaho? 44 years
   (h) Former residence (city, state) .....

3. (a) **FULL NAME** Marie Walstrom. 83a

3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Date of Birth (Month, Day, Year) March 27 - 1865

8. AGE	Years	Months	Days	If less than 1 day
	79	4	24	hrs min.

9. Exact Occupation Housewife Did this work for 50 yrs.
10. Industry or Business ..... Date last worked Aug 5 —
11. Birthplace Kingaker - Sweeden. (City or town) (State or foreign country)

Father
12. Name Not Known
13. Birthplace " " (City or town) (State or foreign country)

Mother
14. Maiden name Not Known
15. Birthplace " " (City or town) (State or foreign country)

16. Informant's **OWN** Signature Gusta Hallstrom and Address Oakley Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 24 (Month) (Day) (Year)
    (c) Place: Marion Idaho
18. Funeral Director's **OWN** Signature Retta I. Payne and Address Burley Idaho
19. (a) 8-23-44 (Date received and filed) (b) B. F. Wilson (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Aug 21 - 1944
    at 7 P. M. clock ..... M.
21. **I HEREBY CERTIFY**, That I attended deceased from ..... 19..... to ..... 19.....
    I last saw h..... alive on ..... 19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
a Apoplexy	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
    Occurred ..... 19..... City, county, state where violence occurred .....
    Place of Violence: Home ..... Farm ..... Industry .....
    Public Place ..... While at work? .....
    Means of injury .....
23. Attendant's **OWN** Signature G. L. Estes (M. D. or other)
    and Address Burley Date 8/23/1944
    (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

SEP 7 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 140166
Local Reg. No. 68
Reg. Dist. No. 210

1. **PLACE OF DEATH:**
(a) County Clearwater
(b) City or town Orofino
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? X city or town
(e) Died in a Home Hospital Institution X Other place
(f) Name Hosp. or Inst. St. Hos. No Stayed days
(g) Lived in this county 2 years 6 months 26 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Clearwater
(c) City or town Orofino
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Outside? city or town
(f) Citizen of what country? United States
(g) How long had deceased lived in Idaho? 31 years
(h) Former residence (city, state)

3. (a) FULL NAME WATSON, JAMES

186a

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) October 17, 1859

8. AGE	Years	Months	Days	If less than 1 day
	84	9	18	hrs min.

9. Exact Occupation Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Glascow, Scotland (City or town) (State or foreign country)
Father
12. Name James C. Watson
13. Birthplace Scotland (City or town) (State or foreign country)
Mother
14. Maiden name Mary Stuart
15. Birthplace Scotland (City or town) (State or foreign country)
16. Informant's OWN Signature E. L. Barry md
and Address Orofino Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-6-44 (Month) (Day) (Year)
(c) Place State Hosp. North cemetery
18. Funeral Director's OWN Signature [signature]
and Address
19. (a) 8/9/44 (Date received and filed) (b) Chloe Bedwell (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) August 5, 1944
at 12:45 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from June 1, 1943, to August 5, 1944
I last saw him alive on August 5, 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Hypostatic pneumonia	2 days
Due to	
Due to	
Other conditions Fractured hip (Include pregnancy within 3 months of death)	1 wk.
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22 If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ✓ Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place ✓ While at work?
Means of injury Fall on floor
23. Attendant's OWN Signature E. L. Barry md (M. D. or other)
and Address Orofino Idaho Date 8-8 1944
(For additional space, use reverse side)

140167

United States
Department of Commerce
Bureau of the Census SEP 7 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 69
Reg. Dist. No. 210

1. **PLACE OF DEATH:**
(a) County CLEARWATER
(b) City or town OROFINO
(c) Street Address or R. F. D. No. NO 1 Box 8
(d) Death Occurred Inside? Outside? X city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 39 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State IDAHO (b) County CLEARWATER
(c) City or town OROFINO (RURAL RT) NO1
(d) Street Address or R. F. D. No. ONE BOX 8
(e) Deceased lived Inside? Outside? YES city or town
(f) Citizen of what country? UNITED STATES
(g) How long had deceased lived in Idaho? 39 years
(h) Former residence (city, state) BAYLIS, ILLINOIS

3. (a) **FULL NAME** JENNIE ELLEN CURFMAN

97

3. (b) If veteran, name war NO
3. (c) Social Security No. NONE
4. Sex FEMALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife BENJAMEN THEODORE
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) NOV 17th 1874

8. AGE	Years	Months	Days	If less than 1 day
	69	8	19	hrs min.

9. Exact Occupation HOUSEWIFE (RETIRED) Did this work for LIFE yrs.
10. Industry or Business HOME Date last worked 10 MO.AGO.
11. Birthplace MOUNT AYR, IOWA (City or town) (State or foreign country)
Father
12. Name ABRHAM EVERETT FUNKHOUSER
13. Birthplace UNKNOWN (City or town) (State or foreign country)
Mother
14. Maiden name REBECCA KANE
15. Birthplace UNKNOWN (City or town) (State or foreign country)
16. Informant's OWN Signature x J. A. Curfman
and Address x Orofino, Ida. R.1 Box 8,
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof AUG/9/44 (Month) (Day) (Year)
(c) Place: OROFINO, IDAHO (RIVERSIDE CEMETERY)
18. Funeral Director's OWN Signature Gorge B. Blake
and Address OROFINO, IDAHO
19. (a) 8/8/44 (Date received and filed) (b) Chlaie Badeauach (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 8-5 1944
at 9 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 7/12 1944 to 7/12 1944
I last saw her alive on 7/12 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Arterial Sclerosis	Several years
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted? near Orofino	PHYSICIAN
Name of operation — Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy —	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature R. T. Hoflin (M. D. or other)
and Address Orofino Date 8/7 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census SEP 7 1944

NON-RESIDENT CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 140163
Local Reg. No. 70
Reg. Dist. No. 210

1. **PLACE OF DEATH:**
   (a) County CLEARWATER
   (b) City or town AHSAHKA (RURAL)
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? Outside? X city or town
   (e) Died in a Home Hospital Institution Other place X
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county years months 10 days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State WASHINGTON (b) County SPOKANE
   (c) City or town SPOKANE
   (d) Street Address or R. F. D. No. ST. REGIS HOTEL
   (e) Deceased lived Inside? X Outside? city or town
   (f) Citizen of what country? UNITED STATES
   (g) How long had deceased lived in Idaho? 10 Day/years/
   (h) Former residence (city, state) ~~Castle Rock, Colo.~~ Spokane, Wash

3. (a) **FULL NAME** MRS. EILEEN PECK 170c

3. (b) If veteran, name war NO
3. (c) Social Security No. 521-28-2678
4. Sex FEMALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife GEO. PECK
6. (c) Age of husband or wife if alive 54 years
7. Date of Birth (Month, Day, Year) MARCH 17th 1916

8. AGE	Years	Months	Days	If less than 1 day
	28	4	21	hrs min.

9. Exact Occupation LABORER & HOUSEWIFE — Did this work for 10 yrs.
10. Industry or Business HOME AND OFFICES — Date last worked 2 WKS. AGO
11. Birthplace CASTLE ROCK, COLORADO (City or town) (State or foreign country)

Father
12. Name WILLIAM H. SHEA
13. Birthplace UNKNOWN (City or town) (State or foreign country)

Mother
14. Maiden name UNKNOWN
15. Birthplace UNKNOWN (City or town) (State or foreign country)

16. Informant's **OWN** Signature ~~X~~ George Peck
and Address ST. REGIS HOTEL, SPOKANE, WASH.

17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof AUGUST 10th 44 (Month) (Day) (Year)
(c) Place CASTLE ROCK, COLORADO

18. Funeral Director's **OWN** Signature Geo. B. Blake
and Address Orofino, Idaho

19. (a) 8/10/44 (Date received and filed) (b) Eulalie Richards (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) AUGUST 7th 1944 19
at about 6:30 o'clock P. M.

21. **I HEREBY CERTIFY,** That I attended deceased from ********** 19**** ********** 19**
I last saw ~~her~~ alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Shock & MULTIPLE SKULL FRACTURES	INSTANT
Due to CAR ACCIDENT	
Due to Car left highway on a turn	& upset
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
✓ Finding of autopsy NONE HELD

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? YES Suicide? Homicide?
Occurred AUG 7/44/6:30 P.M. 19 City, county, state where violence occurred Clearwater County
Place of Violence: Home Farm Industry
Public Place State Highway While at work? no
Means of injury CAR WRECK — upset

23. Attendant's **OWN** Signature Geo. B. Blake
CORONER (M. D. or Coroner)
and Address OROFINO, IDAHO Date 8/9/44 19
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

14016

United States
Department of Commerce
Bureau of the Census

SEP 7 1944

Certificate Of Death

STATE OF IDAHO

State File No. 14016
Local Reg. No. 352
Reg. Dist. No. 680

1. **PLACE OF DEATH**
   (a) County Custer
   (b) City or town Clayton
   (c) Street Address or R. F. D. No.
   (d) Death Occured Inside? ✓ Outside? ..... city or town
   (e) Died in a Home.... Hospital.... Institution.... Other place....
   (f) Name Hosp. or Inst. ..... Stayed ..... days
   (g) Lived in this county 80 years ..... months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Ida (b) County Butte
   (c) City or town Mackay
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? ✓ Outside? ..... city or town
   (f) Citizen of what country? USA
   (g) How long had deceased lived in Idaho? 71 years
   (h) Former residence (city, state) Ida

3. (a) **FULL NAME** Elmer Cearley 932

3. (b) If veteran, name war no
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) June 22, 1873

8. AGE	Years	Months	Days	If less than 1 day
	71		11	hrs min.

9. Exact Occupation General — Did this work for ..... yrs.
10. Industry or Business — Date last worked
11. Birthplace Camas Prairie (City or town) Ida (State or foreign country)

Father
12. Name James L. Cearley
13. Birthplace Hart County Ky. (City or town) (State or foreign country)

Mother
14. Maiden name Emma Wilma
15. Birthplace Mo. (City or town) (State or foreign country)

16. Informant's **OWN** Signature George Cearley
and Address Clayton Ida
17. (a) Burial (Burial, cremation or removal) (b) Date thereof 9/5/44 (Month) (Day) (Year)
(c) Place: Clayton Ida
18. Funeral Director's **OWN** Signature W. F. Morel
and Address Arco Idaho
19. (a) July 8, 1944 (Date received and filed) (b) Elma McKenney (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 2 1944
at 10 o'clock P M.

21. **I HEREBY CERTIFY**, That I attended deceased from 6/27/44 19.., to 6/30/44 19..
I last saw him alive on 6/30/44 19...; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — Duration

Due to Chronic Myocarditis

✓ Due to
Other conditions Arteriosclerosis
(Include pregnancy within 3 months of death)

Where was disease contracted? ~~Canada~~
Name of operation ..... Date .....
Major finding
Finding of autopsy

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19.... City, county, state where violence occurred
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury

23. Attendant's **OWN** Signature C. A. Jensen M.D.
(M. D. or other)
and Address Mackay Idaho Date July 5 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

SEP 7 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140170
Local Reg. No. 363
Reg. Dist. No. 682

1. **PLACE OF DEATH:**
(a) County Custer
(b) City or town Challis
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? Outside? ✓ city or town
(e) Died in a Home Hospital Institution Other places
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Custer
(c) City or town Clayton
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? Outside? ✓ city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? years
(h) Former residence (city, state)

3. (a) **FULL NAME** Ray Papworth 36

3. (b) If veteran, name war
3. (c) Social Security No. 518-24-8249
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Oct. 13 1894.

8. AGE	Years	Months	Days	If less than 1 day
	49	9	3	hrs min.

9. Exact Occupation Labor Did this work for life yrs.
10. Industry or Business ranch & mine Date last worked 7/14/44
11. Birthplace Clayton Idaho (City or town) (State or foreign country)
Father 12. Name James Papworth
13. Birthplace England (City or town) (State or foreign country)
Mother 14. Maiden name Emily Marter
15. Birthplace England (City or town) (State or foreign country)
16. Informant's **OWN** Signature Francis Cecily
and Address Clayton, Idaho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: Clayton Idaho
18. Funeral Director's **OWN** Signature W. S. Marvel
and Address Arco, Idaho
19. (a) July 17 1944 (Date received and filed) (b) Edna McKenney (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 7/16 1944
at unknown o'clock M.
21. **I HEREBY CERTIFY,** That I attended deceased from 19 , to 19
I last saw h alive on 19 ; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration

Due to

✓ Due to
Other conditions Pathomyelitis
(Include pregnancy within 3 months of death)

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature H. T. Hartman Coroner (M. D. or other)
and Address Challis Idaho Date 7/7 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

SEP 6 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140171
Local Reg. No. 6
Reg. Dist. No. 670

1. **PLACE OF DEATH:**
   (a) County Custer
   (b) City or town Leslie
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? Outside? ✓ city or town
   (e) Died in a Home ✓ Hospital Institution Other place
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county years months days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Custer
   (c) City or town Leslie
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? Outside? ✓ city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? years
   (h) Former residence (city, state) Maled Ida

3. (a) **FULL NAME** James Erastes Wells 45 f

3. (b) If veteran, name war no
3. (c) Social Security No. 519-16-6693
4. Sex M
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lillie Rosette
6. (c) Age of husband or wife if alive 51 years
7. Date of Birth (Month, Day, Year) Dec. 3 - 1885

8. AGE	Years	Months	Days	If less than 1 day
	58	8	9	hrs min.

9. Exact Occupation farmer — Did this work for life yrs.
10. Industry or Business farm — Date last worked
11. Birthplace Maled (City or town) Idaho (State or foreign country)

Father
12. Name Oscar Jam. Wells
13. Birthplace unknown (City or town) (State or foreign country)

Mother
14. Maiden name Rowanie Moon
15. Birthplace Maled Ida (City or town) (State or foreign country)

16. Informant's **OWN** Signature Rowanie Wells
and Address Leslie Ida
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Augustus-44 (Month) (Day) (Year)
(c) Place: Leslie Idaho
18. Funeral Director's **OWN** Signature W. S. Marvel
and Address Arco Ida
19. (a) Aug 17-1944 (Date received and filed) (b) Mary G. Dietrich (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Au August 12 1944
at 10.6 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from 8/11/44 19, to 8/12/44 19
I last saw him alive on 8/12/44 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cancer Throat	1/2 yr
✓ Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYISCIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state
where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature C A B Jensen M D (M.D. or other)
and Address Mackay Ida Date 8/17 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

SEP 6 1944

State File No. 1401
Local Reg. No. 8
Reg. Dist. No. 670

1. **PLACE OF DEATH:**
(a) County Custter
(b) City or town Mackay
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? ✓ Outside? ..... city or town
(e) Died in a Home ✓ Hospital .... Institution .... Other place ....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 27 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Custer
(c) City or town Mackay
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? ✓ Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 27 years
(h) Former residence (city, state) Salt Lake City Utah

3. (a) **FULL NAME** Isaac Stanley C. Hardman 3od

3. (b) If veteran, name war no
3. (c) Social Security No. 518-22-2686
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Claire
6. (c) Age of husband or wife if alive 58 years
7. Date of Birth (Month, Day, Year) August 28-1882

8. AGE	Years	Months	Days	If less than 1 day
	61	11	23	hrs min.

9. Exact Occupation Petroleum wholesale Did this work for 30 yrs.
10. Industry or Business Date last worked 8-43
11. Birthplace Salt Lake City Utah (City or town) (State or foreign country)
Father
12. Name Isaac R.
13. Birthplace Salt Lake City, Utah (City or town) (State or foreign country)
Mother
14. Maiden name Locena Christison
15. Birthplace Denmark (City or town) (State or foreign country)
16. Informant's **OWN** Signature Morris Hardman
and Address Mackay, Idaho.
17. (a) removal (Burial, cremation, or removal) (b) Date thereof 8/23/44 (Month) (Day) (Year)
(c) Place: Salt Lake City Utah.
18. Funeral Director's **OWN** Signature W. L. Marvel
and Address Arco Idaho
19. (a) Aug 22-1944 (Date received and filed) (b) Mary G. Dietrich (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 8/21 1944
at 6.30 o'clock A. M.
21. **I HEREBY CERTIFY,** That I attended deceased from July 12 1944 to Aug. 21 1944
I last saw him alive on Aug. 20 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Aortitis - Aneurysm	25 years
Aneurysm of Aorta	
Due to	
Due to	
Other conditions Myocarditis (Include pregnancy within 3 months of death)	5 years
Where was disease contracted? ✓	PHYISCIAN Underline the cause to which death should be charged statistically.
Name of operation None Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred Not
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature J. R. Egbert M.D. (M. D. or other)
and Address Arco Ida. Date Aug. 22 1944
(For additional space, use reverse side)

140173

United States
Department of Commerce
Bureau of the Census

SEP 9 1944

Certificate Of Death

STATE OF IDAHO

State File No.
Local Reg. No. 18
Reg. Dist. No. 380

1. PLACE OF DEATH:
(a) County Elmore.
(b) City or town Prices Camp.
(c) Street Address or R.F.D. No. X
(d) Death Occured Inside? Outside? Yes city or town
(e) Died in a Home Hospital Institution Other place X
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county years months 3 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho. (b) County Canyon.
(c) City or town Caldwell.
(d) Street Address or R.F.D. No. R.D. # 1.
(e) Deceased lived Inside? Outside? Yes city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 41 years
(h) Former residence (city, state) Illinois.

3. (a) FULL NAME William Clarence Newbry/ NEWBRY. 43a

3. (b) If veteran, name war No.
3. (c) Social Security No. None.
4. Sex Male. 5. Color or race White. 6. (a) Single, widowed, married, divorced Married.
6. (b) Name of husband or wife Annie. L. 6. (c) Age of husband or wife if alive 68. years
7. Date of Birth (Month, Day, Year) July. 22. 1872.

8. AGE	Years	Months	Days	If less than 1 day
	72.	0.	20.	hrs min.

9. Exact Occupation Farmer. Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Mount Sterling, Illinois. (City or town) (State or foreign country)
Father 12. Name Reason Newbry.
13. Birthplace Virginia. (City or town) (State or foreign country)
Mother 14. Maiden name Margaret Hughes.
15. Birthplace Virginia. (City or town) (State or foreign country)
16. Informant's OWN Signature Willomine N. Dresser
and Address 523 Hays St Boise Ida
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Aug. 15. 1944 (Month) (Day) (Year)
(c) Place: Cloverdale Memorial Park.
18. Funeral Director's OWN Signature Clyde E. Summers
and Address Boise, Idaho.
19. (a) 8-15-1944 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) August. 12. 1944.
at 8 o'clock A. M.
21. I HEREBY CERTIFY, That I attended deceased from 19, to 19
I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebral Hemorage	
Due to	
✓ Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation Date	
Major finding	
Finding of autopsy	

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred Prices Ave Sprgs 8/15 1944 City, county, state
where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature Philo F. Green Coroner (M. D. or other)
and Address Mt. Home Ida Date 8/15 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census SEP 15 1944

NON-RESIDENT
Certificate Of Death
STATE OF IDAHO

State File No. 140174
Local Reg. No. 150
Reg. Dist. No. 371

1. **PLACE OF DEATH:**
   (a) County Elmore
   (b) City or town Rural
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? Outside? X city or town
   (e) Died in a Home Hospital Institution Other place X
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county years 2 months days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State La (b) County
   (c) City or town Newellton, La
   (d) Street Address or R.F.D. No. None
   (e) Deceased lived Inside? Outside? city or town
   (f) Citizen of what country? USA
   (g) How long had deceased lived in Idaho? 2 Mos. years
   (h) Former residence (city, state)

3. (a) **FULL NAME** GUTHRIE, MARION P.

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3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Aileen Guthrie
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) June 6 1921

8. AGE	Years	Months	Days	If less than 1 day
	23	2	12	hrs min.

9. Exact Occupation Soldier — Did this work for 4 yrs.
10. Industry or Business U S Army — Date last worked 8/18/44
11. Birthplace Newellton, La (City or town) (State or foreign country)

Mother
12. Name Unknown
13. Birthplace (City or town) (State or foreign country)

Father
14. Maiden name Unknown
15. Birthplace (City or town) (State or foreign country)

16. Informant's **OWN** Signature [signature] and Address MHAAF, Mountain Home, Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Aug 21 1944 (Month) (Day) (Year)
(c) Place: Shellmark, La
18. Funeral Director's **OWN** Signature [signature] and Address Boise, Idaho
19. (a) 8-21-44 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) August 18 1944
at 1846 o'clock P M.
21. **I HEREBY CERTIFY**, That I attended deceased from 19 , to 19
I last saw h alive on 19 ; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Fractures, compound, complete, multiple, with disintegration.	Instant
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation Date	
Major finding	
Finding of autopsy	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Yes Suicide? Homicide?
Occurred 18 August 1944 City, county, state where violence occurred Elmore County, Idaho
Place of Violence: Home Farm Industry
Public Place While at work? Yes
Means of injury Air-craft accident
23. Attendant's **OWN** Signature [signature] EDWARD J. HELBING, Maj. MC (M. D. or other)
and Address MHAAF Mtn Home Ida Date 8-20 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

NON-RESIDENT
Certificate Of Death
STATE OF IDAHO

SEP 15 1944

State File No. 14015
Local Reg. No. 152
Reg. Dist. No. 371

1. **PLACE OF DEATH:**
   (a) County Elmore
   (b) City or town Rural
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside?..... Outside? X city or town
   (e) Died in a Home.... Hospital.... Institution.... Other place X
   (f) Name Hosp. or Inst..... Stayed.....days
   (g) Lived in this county.....years 5 months .....days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Ark. (b) County
   (c) City or town Earle, Ark.
   (d) Street Address or R.F.D. No. 105 Tillman St.
   (e) Deceased lived Inside?.....Outside?.....city or town
   (f) Citizen of what country? USA
   (g) How long had deceased lived in Idaho? 5 Mos years
   (h) Former residence (city, state) Earle, Ark.

3. (a) **FULL NAME** KING, ARCHIE M. Jr.

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3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary N. King
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) September 1 1922

8. AGE	Years	Months	Days	If less than 1 day
	21	11	17	hrs min.

9. Exact Occupation Soldier — Did this work for 1-11/12
10. Industry or Business U S Army — Date last worked 8-18-44
11. Birthplace Miss. (City or town) (State or foreign country)

Father
12. Name Archie M King
13. Birthplace Unknown (City or town) Miss. (State or foreign country)

Mother
14. Maiden name Sybil L (Unknown)
15. Birthplace Unknown (City or town) Miss. (State or foreign country)

16. Informant's **OWN** Signature [signature] and Address MHAAF, Mtn Home, Idaho

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Aug 22 1944 (Month) (Day) (Year)
(c) Place: Earle, Arkansas

18. Funeral Director's **OWN** Signature [signature] and Address Boise, Idaho

19. (a) 8-21-44 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) August 18 19 44
at 1846 o'clock P M.

21. **I HEREBY CERTIFY**, That I attended deceased from ..... 19..... to ..... 19.....
I last saw h..... alive on ..... 19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Complete dismemberment and disintegration.	Instant
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation ..... Date	
Major finding	
Finding of autopsy	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Yes Suicide? ..... Homicide? .....
Occurred 18 August 1944. City, county, state where violence occurred Elmore County, Idaho
Place of Violence: Home..... Farm..... Industry.....
Public Place..... While at work? Yes
Means of injury Air-craft accident

23. Attendant's **OWN** Signature [signature] EDWARD J HELBING, Maj., MC (M. D. or other)
and Address MHAAF Mtn Home Ida Date 8-20 19 44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census SEP 15 1944

NON-RESIDENT
Certificate Of Death
STATE OF IDAHO

State File No. 14047G
Local Reg. No. 154
Reg. Dist. No. 371

1. PLACE OF DEATH:
(a) County Elmore
(b) City or town Rural
(c) Street Address or R. F. D. No.
(d) Death Occured Inside? Outside? X city or town
(e) Died in a Home Hospital Institution Other place X
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county years 2 months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Wisconsin (b) County
(c) City or town Rhinelander
(d) Street Address or R.F.D. No. 1252 Curran St
(e) Deceased lived Inside? Outside? city or town
(f) Citizen of what country? USA
(g) How long had deceased lived in Idaho? 2 Mos years
(h) Former residence (city, state)

3. (a) FULL NAME SKOTTESTAD, HAROLD T. 123

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Dorothy Skottestad
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) October 21 1908

8. AGE	Years	Months	Days	If less than 1 day
	35	9	27	hrs min.

9. Exact Occupation Soldier — Did this work for 1-2/12 yrs.
10. Industry or Business U S Army — Date last worked 8-18-44
11. Birthplace Ashland, Wisconsin (City or town) (State or foreign country)

Father
12. Name Theodore Skottestad
13. Birthplace (City or town) (State or foreign country)

Mother
14. Maiden name Unknown
15. Birthplace (City or town) (State or foreign country)

16. Informant's OWN Signature Irving J. Bartlett Major
and Address MHAAF, Mtn Home, Idaho

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Aug 22 1944 (Month) (Day) (Year)
(c) Place: Rhinelander, Wisconsin

18. Funeral Director's OWN Signature Thomas J. Webb
and Address Boise, Idaho

19. (a) 8-21-44 (Date received and filed) (b) R. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH
(Month, Day, Year) 18 August 1944
at 1846 o'clock P M.

21. I HEREBY CERTIFY, That I attended deceased from 19, to 19
I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Fractures, compound, complete, multiple, with disintegration.	Instant
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation Date	
Major finding	
Finding of autopsy	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Yes Suicide? Homicide?
Occurred 18 August 19 44 City, county, state where violence occurred Elmore County, Idaho
Place of Violence: Home Farm Industry
Public Place While at work? Yes
Means of injury Air-craft accident

23. Attendant's OWN Signature Edward J. Helbing, Maj., M C (M. D. or other)
and Address MHAAF Mtn Home, Ida Date 8-20 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census SEP 15 1944

NON-RESIDENT
Certificate Of Death
STATE OF IDAHO

State File No. 14017
Local Reg. No. 155
Reg. Dist. No. 371

1. **PLACE OF DEATH:**
   (a) County Elmore
   (b) City or town Rural
   (c) Street Address or R. F. D. No.
   (d) Death Occured Inside? Outside? X city or town
   (e) Died in a Home Hospital Institution Other place X
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county years 2 months days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Illinois (b) County
   (c) City or town Chicago
   (d) Street Address or R.F.D. No 4252 S Wentworth
   (e) Deceased lived Inside? Outside? city or town
   (f) Citizen of what country? USA
   (g) How long had deceased lived in Idaho? 2 Mos years
   (h) Former residence (city, state) Chicago, Ill

3. (a) **FULL NAME** GALLAGHER, HOWARD F

123

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lillian Gallagher
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) November 6 1917

8. AGE	Years	Months	Days	If less than 1 day
	26	9	12	hrs min.

9. Exact Occupation Soldier — Did this work for 1-2/12 rs.
10. Industry or Business U S Army — Date last worked 8-18-44
11. Birthplace Chicago, Illinoid (City or town) (State or foreign country)

Mother
12. Name Unknown
13. Birthplace (City or town) (State or foreign country)

Father
14. Maiden name Mary (Unknown
15. Birthplace (City or town) (State or foreign country)

16. Informant's **OWN** Signature [signature] and Address MHAAF, Mtn Home, Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Aug 22, 1944 (Month) (Day) (Year)
    (c) Place: Chicago, Ill.
18. Funeral Director's **OWN** Signature [signature] and Address Boise, Idaho
19. (a) 8-21-44 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) August 18 19 44
    at 1846 o'clock P M.
21. **I HEREBY CERTIFY**, That I attended deceased from 19 , to 19
    I last saw h alive on 19 ; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Fractures, compound, complete multiple.	Instant
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Yes Suicide? Homicide?
    Occurred 18 August 1944 City, county, state where violence occurred Elmore County, Idaho
    Place of Violence: Home Farm Industry
    Public Place While at work? Yes
    Means of injury Air-craft accident
23. Attendant's **OWN** Signature [signature] EDWARD J HELBING, Maj, M/C (M. D. or other)
    and Address MHAAF Mtn Home Ida Date 8-20 19 44
    (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

NON-RESIDENT
Certificate Of Death

STATE OF IDAHO

SEP 15 1944

State File No. 14017
Local Reg. No. 156
Reg. Dist. No. 371

1. **PLACE OF DEATH:**
   (a) County Elmore
   (b) City or town Rural
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? Outside? X city or town
   (e) Died in a Home Hospital Institution Other place X
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county years 2 months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Kentucky (b) County Fayette
   (c) City or town Lexington
   (d) Street Address or R.F.D. No. 165 Woodland Ave
   (e) Deceased lived Inside? Outside? city or town
   (f) Citizen of what country? U S A
   (g) How long had deceased lived in Idaho? 2 Mos. years
   (h) Former residence (city, state) Kentucky

3. (a) **FULL NAME** NICKELL, DORISE C.

173

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M race W
5. Color or
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Francis T Nickell
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) 28 May 1922

8. AGE	Years	Months	Days	If less than 1 day
	22	2	20	hrs min.

9. Exact Occupation Soldier — Did this work for 1-11/12 yrs.
10. Industry or Business U S Army — Date last worked 8-18/44
11. Birthplace Kentucky (City or town) (State or foreign country)

Father
12. Name Deceased
13. Birthplace Unknown (City or town) (State or foreign country)

Mother
14. Maiden name Ada Cable
15. Birthplace USA (Unknown) (City or town) (State or foreign country)

16. Informant's **OWN** Signature [signature] and Address MHAAF, Mountain Home, Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Aug 21 1944 (Month) (Day) (Year)
    (c) Place: Lexington, Kentucky
18. Funeral Director's **OWN** Signature [signature] and Address Boise, Idaho
19. (a) 8-21-44 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) August 18 1944
    at 1846 o'clock P M.
21. **I HEREBY CERTIFY**, That I attended deceased from ..... 19..... to ..... 19.....
    I last saw h..... alive on ..... 19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Fractures, compound, complete, with disintegration.	Instant
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation ..... Date	
Major finding	
Finding of autopsy	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Yes Suicide? Homicide?
    Occurred 18 August 1944 City, county, state where violence occurred Elmore County, Idaho
    Place of Violence: Home Farm Industry
    Public Place While at work? Yes
    Means of injury Air-craft accident
23. Attendant's **OWN** Signature [signature] EDWARD J HELBING, Maj. MC (M. D. or other)
    and Address MHAAF Mtn Home Ida Date 8-20 1944

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census SEP 15 1944

NON-RESIDENT
Certificate Of Death
STATE OF IDAHO

State File No. 1401
Local Reg. No. 151
Reg. Dist. No. 3

1. **PLACE OF DEATH:**
   (a) County Elmore
   (b) City or town Rural
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? Outside? X city or town
   (e) Died in a Home Hospital Institution Other place X
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county years 2 months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Montana (b) County
   (c) City or town Ronan
   (d) Street Address or R.F.D. No. Box 446
   (e) Deceased lived Inside? Outside? city or town
   (f) Citizen of what country? USA
   (g) How long had deceased lived in Idaho? 2 Mos. years
   (h) Former residence (city, state) Ronan, Montana

3. (a) **FULL NAME** BINGHAM, EUGENE F.

173

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) June 1 1924

8. AGE	Years	Months	Days	If less than 1 day
	20	2	17	hrs min.

9. Exact Occupation Soldier — Did this work for 1-2/12 yrs.
10. Industry or Business U S Army — Date last worked 8-18-44
11. Birthplace Maddock, North Dakota (City or town) (State or foreign country)

Father
12. Name George Bingham
13. Birthplace Unknown (City or town) (State or foreign country)

Mother
14. Maiden name Rose (Unknown)
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's **OWN** Signature Eugene F. Bingham
and Address MHAAF, Mtn Home, Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Aug 22 1944 (Month) (Day) (Year)
(c) Place: Ronan Montana
18. Funeral Director's **OWN** Signature Sherman Webb
and Address Boise Idaho
19. (a) 8-21-44 (Date received and filed) (b) R. Shaw (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) August 18 1944
at 1846 o'clock P M.
21. **I HEREBY CERTIFY**, That I attended deceased from 19, to 19
I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Fractures, compound, complete, multiple.	Instant
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation Date	
Major finding	
Finding of autopsy	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Yes Suicide? Homicide?
Occurred 18 August 1944 City, county, state where violence occurred Elmore County, Idaho
Place of Violence: Home Farm Industry
Public Place While at work? Yes
Means of injury Air-craft accident
23. Attendant's **OWN** Signature Edward J. Helbing
EDWARD J. HELBING, Maj, MC (M. D. or other)
and Address MHAAF Mtn Home Ida Date 8-20 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States Department of Commerce
Bureau of the Census

SEP 15 1944
SEP 15 1944

NON-RESIDENT Certificate Of Death

STATE OF IDAHO

State File No. 140150
Local Reg. No. 158
Reg. Dist. No. 371

1. **PLACE OF DEATH:**
   (a) County Elmore
   (b) City or town Rural
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside?..... Outside? X city or town
   (e) Died in a Home.... Hospital.... Institution.... Other place X
   (f) Name Hosp. or Inst..... Stayed.....days
   (g) Lived in this county.....years 2 months .....days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Wisconsin (b) County
   (c) City or town Fond Du Lac
   (d) Street Address or R.F.D. No. 549 Forest Avenue
   (e) Deceased lived Inside?.....Outside?.....city or town
   (f) Citizen of what country? USA
   (g) How long had deceased lived in Idaho? 2 Mos years
   (h) Former residence (city, state)

3. (a) **FULL NAME** DILLING, Milton G.

122

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) August 2 1920

8. AGE	Years	Months	Days	If less than 1 day
	24	0	16	hrs min.

9. Exact Occupation Soldier — Did this work for 2 yrs.
10. Industry or Business U S Army — Date last worked 8-18-44
11. Birthplace Fond Du Lac, Wisconsin (City or town) (State or foreign country)

Father
12. Name Gilbert Dilling
13. Birthplace Unknown (City or town) (State or foreign country)

Mother
14. Maiden name Elizabeth (Unknown)
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's **OWN** Signature [signature] and Address MHAAF, Mountain Home, Idaho
17. (a) Rural (Burial, cremation, or removal) (b) Date thereof Aug 21 1944 (Month) (Day) (Year)
(c) Place: Fond-Du-Lac, Wisconsin
18. Funeral Director's **OWN** Signature [signature] and Address Boise
19. (a) 8-21-44 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) August 18 1944 at 1846 o'clock P M.
21. **I HEREBY CERTIFY**, That I attended deceased from ..... 19..... to ..... 19.....
I last saw h..... alive on ..... 19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Burns, 4th degree, generalized with marked charring.	Instant
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Yes Suicide? Homicide?
Occurred 18 August 1944 City, county, state where violence occurred Elmore County, Idaho
Place of Violence: Home Farm Industry
Public Place While at work? Yes
Means of injury Air-craft accident
23. Attendant's **OWN** Signature [signature] EDWARD J. HELBING, Maj, MC (M. D. or other)
and Address MHAAF Mtn Home Ida Date 8-20 1944
(For additional space, use reverse side)

STATION HOSPITAL
MOUNTAIN HOME ARMY AIR FIELD
Office of the Registrar
Mountain Home, Idaho

GM/RMF/lf

8 December 1944

Boise Funeral Home, Inc
507 Idaho Street
Boise, Idaho.

ATT: Mr. O. Sherwin Webb

Dear Sir:

RE: DILLING, Milton G., ASN 36249431

The final statement prepared by the above mentioned enlisted man's organization showed that he was married. His wife's name is listed as Deloris M. Dilling, address: RFD No 2, New Holsterr, Wisconsin.

JAN 30 1952

R. M. FITZGERALD
1st Lt., MAC
Registrar.

DEC 11 1944

AUG 17 1950

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

SEP 15 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140181
Local Reg. No. 151
Reg. Dist. No. 371

1. **PLACE OF DEATH:**
   (a) County Elmore
   (b) City or town Rural
   (c) Street Address or R. F. D. No.
   (d) Death Occured Inside? Outside? X city or town
   (e) Died in a Home Hospital Institution Other place X
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county years 5 months days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County
   (c) City or town Caldwell
   (d) Street Address or R.F.D. No. 904 Chicago St
   (e) Deceased lived Inside? Outside? city or town
   (f) Citizen of what country? USA
   (g) How long had deceased lived in Idaho? 23 years
   (h) Former residence (city, state)

3. (a) **FULL NAME** ADMYERS, GLEN S.

122

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary C Admyers
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) August 16 1921

8. AGE	Years	Months	Days	If less than 1 day
	23	0	2	hrs min.

9. Exact Occupation Soldier — Did this work for 2 yrs.
10. Industry or Business U S Army — Date last worked 8/18/44
11. Birthplace Kansas (City or town) (State or foreign country)

Father
12. Name Unknown
13. Birthplace Unknown (City or town) (State or foreign country)

Mother
14. Maiden name Unknown
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's **OWN** Signature [signature] and Address MHAAF, Mountain Home, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 22 1944 (Month) (Day) (Year)
   (c) Place: Caldwell, Idaho
18. Funeral Director's **OWN** Signature [signature] and Address [illegible]
19. (a) 8-31-44 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) August 18 19 44
   at 1846 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from ..... 19..... to ..... 19.....
   I last saw h..... alive on ..... 19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Complete dismemberment and dis-integration.	Instant
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation ..... Date	
Major finding	
Finding of autopsy	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Yes Suicide? Homicide?
   Occurred 18 August 19 44 City, county, state where violence occurred Elmore County, Idaho
   Place of Violence: Home Farm Industry
   Public Place While at work? Yes
   Means of injury Air-craft accident
23. Attendant's **OWN** Signature Edward J Helbing, Maj, MC (M. D. or other)
   and Address MHAAF Mtn Home Ida Date 8-20 1944
   (For additional space, use reverse side)

1401

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

SEP 9 1944

State File No.
Local Reg. No. 22
Reg. Dist. No. 380

1. **PLACE OF DEATH:**
(a) County Elmore
(b) City or town Mountain Home
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home X Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county ____ years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Elmore
(c) City or town Mountain Home
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? ____ years
(h) Former residence (city, state)

3. (a) **FULL NAME** JOSEPHINE OAR

157c

3. (b) If veteran, name war No.
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) August 25, 1944

8. AGE	Years	Months	Days	If less than 1 day
	0	0	0	12 hrs min.

9. Exact Occupation Infant — Did this work for ____ yrs.
10. Industry or Business — Date last worked
11. Birthplace Mountain Home Idaho (City or town) (State or foreign country)
Father
12. Name Martin Oar
13. Birthplace Spain (City or town) (State or foreign country)
Mother
14. Maiden name Mary Armetegui
15. Birthplace Boise Idaho (City or town) (State or foreign country)
16. Informant's OWN Signature Martin Oar
and Address Mountain Home Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 26, 1944 (Month) (Day) (Year)
(c) Place: Mountain View Cemetery
18. Funeral Director's OWN Signature Felix D. Bay
and Address Mountain Home Idaho
19. (a) 8-29-44 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 8/25/44
at 9:05 o'clock P M.
21. **I HEREBY CERTIFY**, That I attended deceased from 8/25 1944, to 8/25 1944
I last saw her alive on 8/25 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Prematurity	
Congenital heart disease	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ____ Date ____
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state
where violence occurred
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work?
Means of injury

23. Attendant's OWN Signature [signature] M.D.
and Address Mt Home Date 8/28/44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

AUG 26 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 140182
Local Reg. No. 1
Reg. Dist. No. 540

1. PLACE OF DEATH:
(a) County Franklin
(b) City or town Preston
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? city or town
(e) Died in a Home Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State (b) County
(c) City or town
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Outside? city or town
(f) If foreign born, in U. S. yrs. Citizen of U. S.?
(g) How long had deceased lived in Idaho? years
(h) Former residence (city, state)

3. (a) **FULL NAME** Myrl Wilson

159

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife
6 (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) July 4 - 1944

8. AGE	Years	Months	Days	If less than 1 day
		~~5½~~		hrs 30 min.

9. Exact Occupation — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace Preston (City or town) Idaho (State or foreign country)
Father
12. Name Arline Wilson
13. Birthplace Preston (City or town) Idaho (State or foreign country)
Mother
14. Maiden name June Rawlings
15. Birthplace Fairview (City or town) Idaho (State or foreign country)
16. Informant's **OWN** Signature Arline Wilson
and Address Preston, Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 7-5-1944 (Month) (Day) (Year)
(c) Place: Preston, Idaho
18. Funeral Director's **OWN** Signature Arline Wilson
and Address Preston, Idaho
19. (a) 7-5-1944 (Date received and filed) (b) Effie W. Brower (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 4 1944
at 8:15 o'clock A.M.
21. **I HEREBY CERTIFY,** That I attended deceased from 19 to 19
I last saw him alive on July 4 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Premature 5½ months gestation	
✓ Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease first contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature A. R. Cutler M.D. (M. D. or other)
and Address Preston, Idaho Date July 5 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filing out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census AUG 26 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 14[illegible]
Local Reg. No. 7
Reg. Dist. No. 4-10

1. PLACE OF DEATH:
(a) County Franklin
(b) City or town Preston
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? city or town
(e) Died in a Home Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State (b) County
(c) City or town
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Outside? city or town
(f) If foreign born, in U. S. yrs. Citizen of U. S.?
(g) How long had deceased lived in Idaho? years
(h) Former residence (city, state)

3. (a) **FULL NAME** Virgil Wilson 159

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male race White
5. Color or
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife
6 (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) July 4 - 1944

8. AGE	Years	Months	Days	If less than 1 day
		7h		hrs 15 min.

9. Exact Occupation — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace Preston (City or town) Idaho (State or foreign country)

Father
12. Name Austin Wilson
13. Birthplace Preston (City or town) Idaho (State or foreign country)

Mother
14. Maiden name Jane Ramsbottom
15. Birthplace Georgia (City or town) Idaho (State or foreign country)

16. Informant's **OWN** Signature Austin Wilson and Address Preston, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-5-1944 (Month) (Day) (Year)
(c) Place: Preston, Idaho
18. Funeral Director's **OWN** Signature Austin Wilson and Address Preston, Idaho
19. (a) 7-5-1944 (Date received and filed) (b) Effie M. Brenner (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 4 1944
at 8:30 a. o'clock p. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 19, to 19
I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Premature 7 mo. Gestation	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease first contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature A. L. Cutler M.D. (M. D. or other)
and Address Preston Idaho Date 7-5 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

AUG 26 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140185
Local Reg. No. 3
Reg. Dist. No. 541

1. **PLACE OF DEATH:**
   (a) County Franklin
   (b) City or town Weston
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? Outside? city or town
   (e) Died in a Home Hospital * Institution Other place
   (f) Name Hosp. or Inst. Preston Stayed days
   (g) Lived in this county 15 years 9 months 12 days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Franklin
   (c) City or town Weston
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? Outside? * city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? Life years
   (h) Former residence (city, state)

3. (a) **FULL NAME** LaRae Olsen

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Sept 25 1928

8. AGE	Years	Months	Days	If less than 1 day
	15	9	12	hrs min.

9. Exact Occupation Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Weston (City or town) Idaho (State or foreign country)

Father
12. Name Thomas D. Olsen
13. Birthplace Weston (City or town) Idaho (State or foreign country)

Mother
14. Maiden name Mildred Day
15. Birthplace Weston (City or town) Idaho (State or foreign country)

16. Informant's **OWN** Signature ✓ LaRae Olsen
and Address Weston Ida

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 9 1944 (Month) (Day) (Year)
(c) Place: Weston Idaho

18. Funeral Director's **OWN** Signature M W Hendrick
and Address Preston Ida

19. (a) 7-7-1944 (Date received and filed) (b) Effie M. Brewer (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 7 1944
at 4 o'clock PM.

21. **I HEREBY CERTIFY**, That I attended deceased from 1939 19 to July 7 1944
I last saw her alive on July 1 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration
Uremia — 2 weeks
✓ Due to Chronic Nephritis — 7 yrs.
Due to
Other conditions (Include pregnancy within 3 months of death)
Where was disease contracted? Preston
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature O. R. Cutler M.D. (M. D. or other)
and Address Preston Ida Dat 7-7 1944
(For additional space [illegible])

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

AUG 26 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140186
Local Reg. No. 44
Reg. Dist. No. 241

1. **PLACE OF DEATH:**
   (a) County Franklin
   (b) City or town Weston
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? Outside? X city or town
   (e) Died in a Home Hospital Institution Other place
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county 1 years months days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Franklin
   (c) City or town Weston
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? Outside? X city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? Life years
   (h) Former residence (city, state)

3. (a) **FULL NAME** Ida Coburn Georgenson

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife George Georgenson
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Nov 11 1890

8. AGE	Years	Months	Days	If less than 1 day
	53	7	26	hrs min.

9. Exact Occupation Housewife Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Weston (City or town) / England (State or foreign country)

Father
12. Name WM. Coburn
13. Birthplace W England (City or town) (State or foreign country)

Mother
14. Maiden name Martha Dees
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's **OWN** Signature Leo Georgenson
and Address Weston 2d

17. (a) July 11 (Burial, cremation or removal) (b) Date thereof 7-11-1944 (Month) (Day) (Year)
(c) Place: Weston Idaho

18. Funeral Director's **OWN** Signature W. W. Hancock
and Address Preston Ida

19. (a) 7-11-1944 (Date received and filed) (b) Effie M. Brower (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 7 1944
at o'clock M.

21. **I HEREBY CERTIFY**, That I attended deceased from June 17 1941, to July 7 1944
I last saw her alive on July 6 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Arteriosclerotic heart disease	3 yr
Due to	
Due to	
✓ Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature Leo R. Hawker M.D. (M. D. or other)
and Address Weston Ida Dat 7/12 1944

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

140187

United States
Department of Commerce
Bureau of the Census

AUG 26 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140187
Local Reg. No. 4
Reg. Dist. No. 241

1. PLACE OF DEATH:
(a) County Franklin
(b) City or town Glencoe
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? Outside? X city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 58 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Franklin
(c) City or town Glencoe
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 58 years
(h) Former residence (city, state) Sweden

3. (a) **FULL NAME** Christina Nilson Wallgren. 131a

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Carl E. Wallgren
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) March 18, 1854.

8. AGE	Years	Months	Days	If less than 1 day
	90	4	6	hrs min.

9. Exact Occupation Housewife — Did this work for yrs.
10. Industry or Business Own home — Date last worked
11. Birthplace Sodermaland, Sweden. (City or town) (State or foreign country)

Mother Father
12. Name Nils Pearson,
13. Birthplace Sodermaland, Sweden. (City or town) (State or foreign country)
14. Maiden name Anna Person,
15. Birthplace Sodermaland, Sweden. (City or town) (State or foreign country)

16. Informant's **OWN** Signature Arthur Wallgren
and Address R.R.E. Preston Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-27-44 (Month) (Day) (Year)
(c) Place: Minkcreek, Idaho.
18. Funeral Director's **OWN** Signature John M. Richards
and Address Preston, Idaho.
19. (a) 7-26-1944 (Date received and filed) (b) Effie M. Brower (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 24, 1944
at 2:45 o'clock A. M.
21. **I HEREBY CERTIFY**, That I attended deceased from 3-1 1944, to 7-24 1944
I last saw h.er alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Uremia	1 wk
Due to General Arteriosclerosis	several
✓ & Chronic Nephritis	years
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature O.K. Carter M.D. (M. D. or other)
and Address Preston Ida Date 7-26 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

AUG 26 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140188
Local Reg. No. 6
Reg. Dist. No. 541

1. PLACE OF DEATH:

(a) County Franklin
(b) City or town Dayton
(c) Street Address or R. F. D. No.
(d) Death Occured Inside? Outside? out city or town
(e) Died in a Home H Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 20 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

(a) State Idaho (b) County Franklin
(c) City or town Lewiston Dayton
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? Outside? out city or town
(f) Citizen of what country? U.S.
(g) How long had deceased lived in Idaho? 20 years
(h) Former residence (city, state) Lewiston Utah

3. (a) FULL NAME Claude Owen Fulton

46 5

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Claude Hibbert
6. (c) Age of husband or wife if alive Dead years
7. Date of Birth (Month, Day, Year) Feb 4 1878

8. AGE	Years	Months	Days	If less than 1 day
	62	5	22	hrs min.

9. Exact Occupation Farmer Did this work for yrs.
10. Industry or Business Date last worked 1943
11. Birthplace Farmington Utah (City or town) (State or foreign country)

Father
12. Name Robert S Fulton
13. Birthplace Dont Know (City or town) (State or foreign country)

Mother
14. Maiden name Eva Hinman
15. Birthplace Dont Know (City or town) (State or foreign country)

16. Informant's OWN Signature [signature]
and Address Dayton Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof July 31 44 (Month) (Day) (Year)
(c) Place: Lewiston Utah
18. Funeral Director's OWN Signature [signature]
and Address Preston Idaho
19. (a) 7-31-1944 (Date received and filed) (b) Effie W. Brower (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 26 1944 19
at o'clock M.
21. **I HEREBY CERTIFY,** That I attended deceased from 3-2 1944, to 7-26 1944
I last saw him alive on 7-26 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Apoplexy	24 hrs
Due to Central hemorrhage	24 hrs
✓ Due to	
Other conditions Carcinoma of Stomach (Include pregnancy within 3 months of death)	2 years

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature [signature] (M. D. or other)
and Address Preston, Idaho Date 7-31 1944

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

140189

United States
Department of Commerce
Bureau of the Census

AUG 26 1944

Certificate Of Death

STATE OF IDAHO

State File No.
Local Reg. No. 7
Reg. Dist. No. 541

1. **PLACE OF DEATH:**
(a) County Franklin
(b) City or town Weston Idaho
(c) Street Address or R. F. D. No.
(d) Death Occured Inside? in Outside? city or town
(e) Died in a Home. H Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county Life ears months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Franklin
(c) City or town Weston
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? in Outside? city or town
(f) Citizen of what country? U.S.
(g) How long had deceased lived in Idaho? life ears
(h) Former residence (city, state)

3. (a) **FULL NAME** Anton Edwin Nielsen 53

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Charlott
6. (c) Age of husband or wife if alive 69 years
7. Date of Birth (Month, Day, Year) Oct, 29 1874

8. AGE	Years	Months	Days	If less than 1 day
	69	9	28	hrs min.

9. Exact Occupation Farmer Did this work for yrs.
10. Industry or Business Date last worked 1940
11. Birthplace Weston Idaho (City or town) (State or foreign country)

Father
12. Name Thomas L Nielsen
13. Birthplace Denmark (City or town) (State or foreign country)

Mother
14. Maiden name Andrea Nielsen
15. Birthplace Denmark (City or town) (State or foreign country)

16. Informant's **OWN** Signature Dean Nielsen
and Address Weston Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 30 44 (Month) (Day) (Year)
(c) Place: Weston Idaho

18. Funeral Director's **OWN** Signature M W Hendricks
and Address Preston Idaho

19. (a) 7-27-1944 (Date received and filed) (b) Effie W Brauer (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 27 19 44
at 7 o'clock P M.

21. **I HEREBY CERTIFY**, That I attended deceased from May 1944, to July 27 19 44
I last saw him alive on July 27 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Ca of Lung	6 mo
✓ Due to Ca of Brain	2 yrs.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature O. R. Cutler MD (M. D. or other)
and Address Preston Ida Date 7-27 19 44

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

AUG 26 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140190
Local Reg. No. 8
Reg. Dist. No. 540

1. PLACE OF DEATH:
(a) County Franklin
(b) City or town Preston
(c) Street Address or R.F.D. No. 439 So. State
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Home X Hospital .... Institution .... Other place ....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 16 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Franklin
(c) City or town Preston
(d) Street Address or R.F.D. No. 439 So. State
(e) Deceased lived Inside? X Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 44 years
(h) Former residence (city, state) .....

3. (a) FULL NAME Alexander Marshall 94a.

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Garnett Marshall
6. (c) Age of husband or wife if alive 39 years
7. Date of Birth (Month, Day, Year) February 27, 1900

8. AGE	Years	Months	Days	If less than 1 day
	44	5	4	hrs min.

9. Exact Occupation Implement & Hdwr. Merchant Did this work for ..... yrs.
10. Industry or Business Own business Date last worked .....
11. Birthplace Downey, Bannock Co., Idaho. (City or town) (State or foreign country)
Father
12. Name Alexander Marshall
13. Birthplace Scotland. (City or town) (State or foreign country)
Mother
14. Maiden name Elizabeth Bloxham,
15. Birthplace Kaysville, Utah. (City or town) (State or foreign country)
16. Informant's **OWN** Signature Garnett Marshall
and Address 439 So State Preston
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-3-44 (Month) (Day) (Year)
(c) Place Lewiston, Utah.
18. Funeral Director's **OWN** Signature John M Richards
and Address Preston, Idaho.
19. (a) 8-2-1944 (Date received and filed) (b) Effie W. Brower (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 31, 1944
at 7:00 o'clock A.M.
21. **I HEREBY CERTIFY,** That I attended deceased from 7-31 1944, to 7-31 1944
I last saw him alive on 7-31 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Coronary Thrombosis	3 hrs.
Due to	
Due to	
✓ Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature G. R. Cutler (M. D. or other)
and Address Preston Ida Date 8-2 1944
(For additional space, use reverse side)

United States
Department of Commerce
Bureau of the Census

SEP 13 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 140191
Local Reg. No. 28
Reg. Dist. No. 651

1. **PLACE OF DEATH:**
   (a) County Fremont
   (b) City or town Ashton.
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? Outside? city or town
   (e) Died in a Home Hospital or institution Other place
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county 28 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Fremont.
   (c) City or town Ashton.
   (d) Street Address or R. F. D. No.
   (e) Deceased lived Inside? Outside? city or town
   (f) Citizen of what country? U.S.
   (g) How long had deceased lived in Idaho? 31. years
   (h) Former residence (city, state) Kansas.

3. (a) FULL NAME Daniel. Webster. Thomas.

932

3. (b) If veteran, name war
3. (c) Social Security No. 529-24-1699
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married.
6. (b) Name of husband or wife Mabel Thomas
6. (c) Age of husband or wife if alive 48 years
7. Date of Birth (Month, Day, Year) February.16th 1879

8. AGE	Years	Months	Days	If less than 1 day
	65	5	16	hrs min.

9. Exact Occupation Rtired. Stock Raiser. Did this work for yrs.
10. Industry or Business Parle view Kansas. Date last worked
11. Birthplace (City or town) (State or foreign country)

Father
12. Name Daniel Webster. Thomas.
13. Birthplace Grants Bridge. Ky. (City or town) (State or foreign country)

Mother
14. Maiden name Mary. Elizabeth. Sparks.
15. Birthplace Grants Bridge. Ky. (City or town) (State or foreign country)

16. Informant's OWN Signature Mabel Thomas
and Address Ashton Idaho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/4/44 (Month) (Day) (Year)
(c) Place: Ashton Idaho
18. Funeral Director's OWN Signature
and Address Ashton Idaho
19. (a) 9-1-44 (Date received and filed) (b) M. O. Hansen (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Aug. 2 1944
at 8:30 o'clock A. M.
21. I HEREBY CERTIFY, That I attended deceased from July 25 1944 to Aug 2 1944
I last saw him alive on Aug 2 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Chronic Myocarditis — Duration 8 years
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's OWN Signature (M. D. or other)
and Address Date 8-4 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

140192

United States
Department of Commerce SEP 13 1944
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 27
Reg. Dist. No. 651

1. **PLACE OF DEATH:**
(a) County Fremont.
(b) City or town Lamont.
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? XXXXX Outside? city or town
(e) Died in a Home Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Fremont
(c) City or town Lamont.
(d) Street Address or R. F. D. No. R.F.D
(e) Deceased lived Inside? XXXX Outside? city or town
(f) Citizen of what country? U.S.
(g) How long had deceased lived in Idaho? years
(h) Former residence (city, state) Utah.

3. (a) **FULL NAME** Daniel. Jacob. Albertson

94a

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex White
5. Color or race White
6. (a) Single, widowed, married, divorced Married.
6. (b) Name of husband or wife Hilda. Albertson.
6. (c) Age of husband or wife if alive 54 years
7. Date of Birth (Month, Day, Year) May.19th1885.

8. AGE	Years	Months	Days	If less than 1 day
	59	2	22	hrs min.

9. Exact Occupation Farmer Did this work for yrs.
10. Industry or Business Spanish Fork. Utah. Date last worked
11. Birthplace (City or town) (State or foreign country)
Father
12. Name Jacob, Peter, Albertson.
13. Birthplace Denmark. (City or town) (State or foreign country)
Mother
14. Maiden name Anna, Mary Peterson.
15. Birthplace Denmark. (City or town) (State or foreign country)
16. Informant's OWN Signature Mrs D. J. Albertson
and Address Lamont. Idaho.
17. (a) Buriel. (Burial, cremation, or removal) (b) Date thereof 8/16.44 (Month) (Day) (Year)
(c) Place: Ashton Idaho.
18. Funeral Director's OWN Signature [signature]
and Address Ashton Idaho
19. (a) Sept. 6 1944 (Date received and filed) (b) M. D. Hansen (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) August. 19th .1944 19
at o'clock M.
21. **I HEREBY CERTIFY,** That I attended deceased from 8 June 19, to 8 June 19
I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Coronary thrombosis	
Due to	
✓ Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature E. L. Hargis. (M. D. or other)
and Address Ashton Idaho Date 8-16 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

SEP 1 3 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140193
Local Reg. No. 27
Reg. Dist. No. 650

1. **PLACE OF DEATH:**
   (a) County Fremont
   (b) City or town St. Anthony
   (c) Street Address or R.F.D. No. 126 S. Bridge
   (d) Death Occured Inside? Yes Outside? ..... city or town
   (e) Died in a Home.... Hospital X Institution.... Other place....
   (f) Name Hosp. or Inst. St. A. Gen Stayed 5 days
   (g) Lived in this county 20 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Fremont
   (c) City or town Warm River
   (d) Street Address or R.F.D. No. .....
   (e) Deceased lived Inside? Yes Outside? ..... city or town
   (f) Citizen of what country? U. S.
   (g) How long had deceased lived in Idaho? 20 years
   (h) Former residence (city, state) Colo.

3. (a) **FULL NAME** ROBERT LINCOLN PARKER

93E

3. (b) If veteran, name war No.
3. (c) Social Security No. None.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) July 13, 1888

8. AGE	Years	Months	Days	If less than 1 day
	56	1	9	hrs ..... min.

9. Exact Occupation Laborer — Did this work for 35 yrs.
10. Industry or Business Odd Jobs — Date last worked 8-16-44
11. Birthplace Flatrock, Illinois (City or town) (State or foreign country)

Mother Father
12. Name Alice ---------
13. Birthplace Illinois (City or town) (State or foreign country)

Mother Father
14. Maiden name James R. Parker
15. Birthplace Illinois (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mrs Alvin Butterfield
and Address Box 213 Crested Butte, Colorado

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-25-44 (Month) (Day) (Year)
(c) Place: St. Anthony, Idaho.

18. Funeral Director's **OWN** Signature M O Hansen
and Address St. Anthony, Idaho

19. (a) Aug 24 1944 (Date received and filed) (b) M O Hansen (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) August 22 1944
at ..... o'clock P. M.

21. **I HEREBY CERTIFY**, That I attended deceased from Aug 18 1944, to Aug 22 1944
I last saw him alive on Aug 22 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Congestive Heart Failure — Duration 7 days
Due to .....
Due to .....
Other conditions (Include pregnancy within 3 months of death) .....
Where was disease contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature E L Lovell MD (M. D. or other)
and Address St Anthony Date 8/24/1944

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

SEP 1 1 1944

State File No. 10194
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF DEATH:**
   (a) County Gem
   (b) City or town Emmett
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside X Outside? city or town
   (e) Died in a Home X Hospital Institution Other place
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county 45 years months days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Gem
   (c) City or town Emmett
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? X Outside? city or town
   (f) Citizen of what country?
   (g) How long had deceased lived in Idaho? years
   (h) Former residence (city, state) Missouri

3. (a) **FULL NAME** ALICE ELIZA AKIN 43a

3. (b) If veteran, name war
3. (c) Social Security No. none
4. Sex Fem.
5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Feb. 19, 1872

8. AGE	Years	Months	Days	If less than 1 day
	72	5	11	hrs min.

9. Exact Occupation At home Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Missouri (City or town) (State or foreign country)

Mother
12. Name Faith Hitson
13. Birthplace unknown (City or town) (State or foreign country)

Father
14. Maiden name Unknown
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's **OWN** Signature Margaret A. Phillips
and Address Emmett, Idaho

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 8/3-1944 (Month) (Day) (Year)
(c) Place: Emmett, Idaho

18. Funeral Director's **OWN** Signature C. D. Buckman
and Address Emmett, Idaho

19. (a) 8/2-1944 (Date received and filed) (b) C. D. Buckman (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 30, 1944 19
at 7:00 o'clock P. M.

21. **I HEREBY CERTIFY**, That I attended deceased from March 10 1944, to July 29 1944
I last saw her alive on 7/29 - 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebral Hemorrhage	3 mo.
Due to	
Due to Arteria sclerosis	2 yrs.
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature R. Chapman M. D.
and Address Emmett, Idaho Date 8/2-1944 19
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

SEP 11 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140195
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF DEATH:**
   (a) County Gem
   (b) City or town Emmett
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? Outside? X city or town X
   (e) Died in a Home.... Hospital.... Institution.... Other place
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county 2 years months days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Gem
   (c) City or town Emmett
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? Outside? X city or town
   (f) Citizen of what country?
   (g) How long had deceased lived in Idaho? All life years
   (h) Former residence (city, state)

3. (a) **FULL NAME** LOIS MAY HICKMAN

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3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex fem.
5. Color or race White
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Sept. 23, 1942

8. AGE	Years	Months	Days	If less than 1 day
	2	10	12	hrs min.

9. Exact Occupation Child — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace Emmett Idaho (City or town) (State or foreign country)

Mother Father
12. Name Howard Hickman
13. Birthplace Cairo, West Va. (City or town) (State or foreign country)

Mother Father
14. Maiden name Margaret Wilson
15. Birthplace Emmett, Idaho (City or town) (State or foreign country)

16. Informant's **OWN** Signature Howard Hickman and Address Emmett, Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 8/8-1944 (Month) (Day) (Year)
    (c) Place: Emmett, Idaho
18. Funeral Director's **OWN** Signature C.O. Buckman and Address Emmett Idaho
19. (a) 8/8 1944 (Date received and filed) (b) C.O. Buckman (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Aug. 5, 1944 19
    at o'clock M.
21. **I HEREBY CERTIFY**, That I attended deceased from 19 to 19
    I last saw h alive on Not at all 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
I saw this after death only	
Accidentally drowned	
Due to /	
Due to Accident	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation Date	
Major finding	
Finding of autopsy	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? X Suicide? Homicide?
    Occurred Aug. 5, 1944 City, county, state where violence occurred Emmett, Idaho
    Place of Violence: Home X Farm X Industry
    Public Place -- While at work? --
    Means of injury Irrigation ditch
23. Attendant's **OWN** Signature L.L. Reynolds (M. D. or other)
    and Address Emmett, Idaho Date 8/8-1944
    (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215) Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

SEP 11 1944

State File No. 140196
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF DEATH:**
   (a) County Gem
   (b) City or town Emmett
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? X Outside? city or town
   (e) Died in a Home X Hospital Institution Other place
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county years 30 months days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Boise
   (c) City or town Horseshoe Bend
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? Outside? X city or town
   (f) Citizen of what country?
   (g) How long had deceased lived in Idaho? 30 years
   (h) Former residence (city, state) Utah

3. (a) **FULL NAME** ANNA SADIE JORDAN 46-e

3. (b) If veteran, name war
3. (c) Social Security No. none
4. Sex fem. 5. Color or race White
6. (a) Single, widowed, married, divorced divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) July 2, 1876

8. AGE	Years	Months	Days	If less than 1 day
	68	1	3	hrs min.

9. Exact Occupation At home Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Cedar Fort (City or town) Utah (State or foreign country)

Father
12. Name
13. Birthplace (City or town) (State or foreign country)

Mother
14. Maiden name
15. Birthplace (City or town) (State or foreign country)

16. Informant's **OWN** Signature Chester A Jordan
and Address Gardena, Ida

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 8/8-1944 (Month) (Day) (Year)
(c) Place: Emmett, Idaho

18. Funeral Director's **OWN** Signature C O Buckman
and Address Emmett, Idaho

19. (a) 5/7-1944 (Date received and filed) (b) C O Buckman (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Aug. 5, 1944 19
at 7:00 o'clock A M.

21. **I HEREBY CERTIFY**, That I attended deceased from June 15 1944, to Aug 5 1944
I last saw her alive on 8-3- 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Carcinoma Colon — Duration 1 yr.
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature D Chapman (M. D. or Coroner)
and Address Emmett, Idaho Date 5/7-1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

140197

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

SEP 11 1944

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF DEATH:
(a) County Gem
(b) City or town Pearl
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? x Outside? city or town
(e) Died in a Home x Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 3 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Gem
(c) City or town Pearl
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? x Outside? city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? 3 years
(h) Former residence (city, state) Iowa

3. (a) FULL NAME CHARLES LEE BRADY

94a

3. (b) If veteran, name war no
3. (c) Social Security No. 519-26-1182 ~~Unknown~~
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) 1865

8. AGE	Years	Months	Days	If less than 1 day
	79			hrs min.

9. Exact Occupation miner — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace Iowa (City or town) (State or foreign country)

Father
12. Name Unknown
13. Birthplace Unknown (City or town) (State or foreign country)

Mother
14. Maiden name Unknown
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's **OWN** Signature Jos Burkhart
and Address Pearl, Idaho

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 8/19-1944 (Month) (Day) (Year)
(c) Place: Emmett, Idaho

18. Funeral Director's **OWN** Signature C O Buckmun
and Address Emmett, Idaho

19. (a) 8/19-1944 (Date received and filed) (b) C O Buckmun (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Aug. 17, 1944 19
at o'clock M.

21. I HEREBY CERTIFY, That I attended deceased from 19, to 19
I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Died Suddenly - Probably of Coronary occlusion	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature C O M Buckmun Coroner (M. D. or other)
and Address Emmett, Idaho Date 8/19-1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

NON-RESIDENT
Certificate Of Death
STATE OF IDAHO

State File No. 140193
Local Reg. No.
Reg. Dist. No.

SEP 1 1 1944

1. PLACE OF DEATH:
(a) County Gem
(b) City or town 10 Miles NE of Emmett, Idaho
(c) Street Address or R.F.D. No. Black Canyon Res.
(d) Death Occured Inside? Outside? X city or town
(e) Died in a Home Hospital Institution Other place X
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State California (b) County
(c) City or town Vallejo
(d) Street Address or R.F.D. No. 24 McDougal St.
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? U.S.
(g) How long had deceased lived in Idaho? 2/12 years
(h) Former residence (city, state) Same as above

3. (a) FULL NAME GORDON, Glenn L. 39091120 170 c

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) 16 March 1915

8. AGE	Years	Months	Days	If less than 1 day
	29	5	5	hrs min.

9. Exact Occupation Soldier — Did this work for 2-5/12 yrs.
10. Industry or Business U. S. Army — Date last worked 8-21-44
11. Birthplace Marion (City or town) Kansas (State or foreign country)
Father 12. Name (Unknown)
Father 13. Birthplace (Unknown) (City or town) (State or foreign country)
Mother 14. Maiden name Alice (Unknown)
Mother 15. Birthplace (Unknown) (City or town) (State or foreign country)
16. Informant's OWN Signature PHILIP C. PEDERSEN
and Address Cowen Field, Boise, Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Aug 23 1944 (Month) (Day) (Year)
(c) Place: Boise, Ida
18. Funeral Director's OWN Signature E O M Buckmum
and Address Emmett
19. (a) Aug 24, 1944 (Date received and filed) (b) E O Buckmum (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) 21 August 1944
at approximate 3 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from - - 19- , to - - 19- ;
I last saw him alive on - - 19- ; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Drowning	Instantly
Due to Auto plunging into water reservoir.	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation - - Date -	
Major finding - -	
Finding of autopsy Same as above.	

PHYISICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? X Suicide? Homicide?
Occurred 21 August 1944. City, county, state where violence occurred Gem County, Idaho
Place of Violence: Home Farm Industry
Public Place X While at work?
Means of injury Auto Accident

23. Attendant's OWN Signature E O M Buckmum Coroner (M. D. or other)
and Address Emmett Date Aug 24 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 33-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

SEP 11 1944

State File No. 140199
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF DEATH:**
(a) County Gem
(b) City or town Emmett
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? Outside? X city or town
(e) Died in a Home Hospital Institution Other place X
(f) Name Hosp. or Inst. Stayed 0 days
(g) Lived in this county years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Valley
(c) City or town Donneley
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? Outside? X city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? unknown years
(h) Former residence (city, state) Unknown

3. (a) **FULL NAME** OVA FAUGHT

170c

3. (b) If veteran, name war
3. (c) Social Security No. unknown
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Unknown

8. AGE	Years	Months	Days	If less than 1 day
	32			hrs min.

9. Exact Occupation Day laborer — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace Unknown (City or town) (State or foreign country)
Father 12. Name Unknown
Father 13. Birthplace Unknown (City or town) (State or foreign country)
Mother 14. Maiden name Unknown
Mother 15. Birthplace Unknown (City or town) (State or foreign country)
16. Informant's **OWN** Signature Merle Bucknum
and Address Emmett, Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 8/24-1944 (Month) (Day) (Year)
(c) Place: Emmett, Idaho
18. Funeral Director's **OWN** Signature C. O. Bucknum
and Address Emmett, Idaho
19. (a) 8/24-1944 (Date received and filed) (b) C. O. Bucknum (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Aug. 21-1944 19
at o'clock M.
21. **I HEREBY CERTIFY**, That I attended deceased from 19, to 19
I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Accidental Drowning following plunge of truck he was driving	
Due to state Black Canyon reservoir	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation Date	
Major finding	
Finding of autopsy	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ✓ Suicide? Homicide?
Occurred Aug. 21 1944 City, county, state where violence occurred Near Emmett, Ida
Place of Violence: Home Farm Industry
Public Place ✓ While at work?
Means of injury
23. Attendant's **OWN** Signature Merle Bucknum Coroner
and Address Emmett, Idaho (M. D. or other) Date 8/24 19 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

140200

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

SEP 11 1944

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF DEATH:**
(a) County Gem
(b) City or town Emmett
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? X Outside? city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. 9 Stayed days
(g) Lived in this county years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Gem
(c) City or town Emmett
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? 21 years
(h) Former residence (city, state) Indiana

3. (a) **FULL NAME** William Alex. Gibson

1750

3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex male
5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Bertha Gibson
6. (c) Age of husband or wife if alive 71 years
7. Date of Birth (Month, Day, Year) Nov. 10, 1859

8. AGE	Years	Months	Days	If less than 1 day
	84	9	18	hrs min.

9. Exact Occupation Farmer Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Indiana (City or town) (State or foreign country)

Father
12. Name Unknown
13. Birthplace Unknown (City or town) (State or foreign country)

Mother
14. Maiden name Unknown
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's **OWN** Signature Harold K. Gibson
and Address Emmett, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/31-1044 (Month) (Day) (Year)
(c) Place: Emmett, Idaho
18. Funeral Director's **OWN** Signature C D Buckmann
and Address Emmett, Idaho
19. (a) 8/31-1944 (Date received and filed) (b) C D Buckmann (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Aug. 28, 1944 19
at 10 o'clock A M.

21. **I HEREBY CERTIFY**, That I attended deceased from August 24 1944, to Aug 28 1944
I last saw him alive on Aug 28 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Hypostatic Pneumonia	
Due to Accidental puncture of left lung by broken rib	
Due to Fall from hay rack	
Other conditions (Include pregnancy within 3 months of death)	
Don't know.	

Where was disease contracted? ~~Aug 24 1944~~
Name of operation — Date 8/24/44
Major finding —
Finding of autopsy not made

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Yes Suicide? No Homicide? No
Occurred Aug 24 1944 City, county, state where violence occurred Gem County, Idaho
Place of Violence: ~~Home~~ Farm Yes Industry
Public Place While at work? ✓
Means of injury Fell from hay rack

23. Attendant's **OWN** Signature P A Pauls M.D.
and Address Emmett, Idaho (M. D. or other) Date 8/31- 1944
(For additional space, use reverse side)

140201

United States
Department of Commerce
Bureau of the Census

SEP 7 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No. 421

1. **PLACE OF DEATH:**
(a) County Gooding
(b) City or town Wendell
(c) Street Address or R. F. D. No. *
(d) Death Occurred Inside? * Outside? city or town
(e) Died in a Home Hospital* Institution Other place
(f) Name Hosp. or Inst. St. Valentines Stayed 7 days
(g) Lived in this county 0 years 0 months 7 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Twin Falls
(c) City or town Buhl
(d) Street Address or R. F. D. No. 525 8th No.
(e) Deceased lived Inside? * Outside? city or town
(f) Citizen of what country? U. S.
(g) How long had deceased lived in Idaho? 21 years
(h) Former residence (city, state) Same

3. (a) **FULL NAME** Mrs. Nancy B. Merriman

50

3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Frank R.
6. (c) Age of husband or wife if alive 50 years
7. Date of Birth (Month, Day, Year) January 1, 1890

8. AGE	Years	Months	Days	If less than 1 day
	44	7	0	hrs min.

9. Exact Occupation Housewife Did this work for 25 yrs.
10. Industry or Business Housekeeping Date last worked 7/23/44
11. Birthplace Franklin Grove, Ill. (City or town) (State or foreign country)
Father
12. Name Francis B. Self
13. Birthplace England (City or town) (State or foreign country)
Mother
14. Maiden name Nancy L. Paddock
15. Birthplace Indiana (City or town) (State or foreign country)
16. Informant's OWN Signature F. R. Merriman and Address Buhl, Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 8/1/44 (Month) (Day) (Year)
(c) Place: Buhl City Cemetery
18. Funeral Director's OWN Signature B. T. Albertson and Address Buhl, Idaho
19. (a) 8/3/44 Sister M. Rose, O.S.B. (Date received and filed) (Registrar's signature)
(Lois Bungum)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) August 1, 1944 at 10:15 o'clock P.M.
21. **I HEREBY CERTIFY,** That I attended deceased from September 1942 to Aug 1st 1944
I last saw her alive on 8/1/44 19 ; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Respiratory Failure	3 day
Due to Toxemia	
✓ Due to Ca Metastases	1 year
Other conditions (Include pregnancy within 3 months of death)	
Carcinoma of Breast	7 years
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy Metastases Carcinoma of Liver	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide? Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature [signature] (M. D. or other) and Address Buhl, Ida. Date 8/2 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

140202

United States
Department of Commerce
Bureau of the Census SEP 12 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 1105
Reg. Dist. No. 4

1. PLACE OF DEATH:
(a) County Gooding
(b) City or town Wendell
(c) Street Address or R. F. D. No. #2
(d) Death Occurred Inside? Outside? ✓ city or town
(e) Died in a Home ✓ Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county years months days
Note For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Gooding
(c) City or town Wendell
(d) Street Address or R. F. D. No. #2
(e) Deceased lived Inside? Outside? ✓ city or town
(f) If foreign born, in U. S. yrs. Citizen of U. S.? yes
(g) How long had deceased lived in Idaho? years
(h) Former residence (city, state)

3. (a) **FULL NAME** Ancil C. Twitchell 183

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6 (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Nov 18, 1942

8. AGE	Years	Months	Days	If less than 1 day
	1	8	15	hrs min.

9. Exact Occupation Child Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Wendell (City or town) Idaho (State or foreign country)
Father
12. Name C. L. Twitchell
13. Birthplace Cannon Ville (City or town) Utah (State or foreign country)
Mother
14. Maiden name Frances Carlow
15. Birthplace Long Mont (City or town) Colorado (State or foreign country)
16. Informant's OWN Signature C. L. Twitchell and Address Wendell Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 8-3-44 (Month) (Day) (Year)
(c) Place: Jerome Idaho
18. Funeral Director's OWN Signature J. R. Wiley and Address Jerome Idaho
19. (a) 9-1-44 (Date received and filed) (b) J. H. Cromwell (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Aug 3 1944 at 8:00 o'clock P.M.
21. **I HEREBY CERTIFY,** That I attended deceased from 19 , to 19
I last saw h alive on 19 ; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Accidental drowning	
Due to Fill in irrigation Canal	
✓ Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease first contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? X Suicide? Homicide?
Occurred Aug. 3, 1944 City, county, state where violence occurred Route 2, Wendell, Idaho
Place of Violence: Home Farm x Industry
Public Place While at work?
Means of injury Irrigation canal
23. Attendant's OWN Signature J. H. Cromwell (M. D. or other) and Address Coroner of Gooding Co. Date 8-4- 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 140203
Local Reg. No. 1106
Reg. Dist. No. 420

SEP 12 1944

1. PLACE OF DEATH:
(a) County Gooding
(b) City or town Gooding
(c) Street Address or R.F.D. No. 550 Oregon St.
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Home X Hospital.... Institution.... Other place....
(f) Name Hosp. or Inst. private home Stayed ..... days
(g) Lived in this county 26 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Gooding
(c) City or town Gooding
(d) Street Address or R.F.D. No. 550 Oregon St.
(e) Deceased lived Inside? X Outside? ..... city or town
(f) Citizen of what country? United States
(g) How long had deceased lived in Idaho? 26 years
(h) Former residence (city, state) Norton Kansas

3. (a) FULL NAME Ida Frans

58 b

3. (b) If veteran, name war ---
3. (c) Social Security No. ---
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Will Frans
6. (c) Age of husband or wife if alive 68 years
7. Date of Birth (Month, Day, Year) August, 24, 1876

8. AGE	Years	Months	Days	If less than 1 day
	67	11	10	hrs min.

9. Exact Occupation housewife — Did this work for life yrs.
10. Industry or Business none — Date last worked 7/29/44
11. Birthplace unknown (City or town) Nebraska (State or foreign country)

Father
12. Name Orvall Darling
13. Birthplace ------- (City or town) Illinois (State or foreign country)

Mother
14. Maiden name Louise Wildman
15. Birthplace ------- (City or town) Illinois (State or foreign country)

16. Informant's OWN Signature Will Frans
and Address Gooding Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 8/ 6/ 44 (Month) (Day) (Year)
(c) Place: Elmwood Cem. Gooding Idaho
18. Funeral Director's OWN Signature H.P. Bright
and Address Gooding Idaho
19. (a) 7-1-44 (Date received and filed) (b) J H Cromwell (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Aug 3 1944
at 8 o'clock a M.
21. I HEREBY CERTIFY, That I attended deceased from July 31 1944 to Aug 3 1944
I last saw her alive on 8-3 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Edema of lungs	1 day
Due to acute endocarditis	3 "
Due to Inflam. rheumatism	4 da
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYISCIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding	
Finding of autopsy	

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's OWN Signature J H Cromwell (M. D. or other)
and Address Gooding Ida Date 8-5 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

SEP 7 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140204
Local Reg. No.
Reg. Dist. No. 421

1. **PLACE OF DEATH:**
   (a) County GOODING
   (b) City or town WENDELL
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home ..... Hospital X Institution ..... Other place
   (f) Name Hosp. or Inst. St Valentine Stayed ..... days
   (g) Lived in this county ..... years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Jerome
   (c) City or town Eden
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? ✓ Outside? ..... city or town
   (f) Citizen of what country?
   (g) How long had deceased lived in Idaho? 15 years
   (h) Former residence (city, state) X

3. (a) **FULL NAME** MARGARET JEAN SAWYERS 170c

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Fem Female 5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) Sept 21 1928

8. AGE	Years	Months	Days	If less than 1 day
	15	10	13	hrs min.

9. Exact Occupation ..... Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Eden (City or town) Idaho (State or foreign country)

Father
12. Name William E. Sawyers
13. Birthplace MO. (City or town) (State or foreign country)

Mother
14. Maiden name Edna Edith Broadbent
15. Birthplace Ill. (City or town) (State or foreign country)

16. Informant's OWN Signature William E Sawyers
and Address Eden
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 8-4-1944 (Month) (Day) (Year)
(c) Place:
18. Funeral Director's OWN Signature D A L Herisson
and Address Jerome
19. (a) 8/24/44 (Date received and filed) Sister M. Rose, OSB (Registrar's signature) (Lois Bungum)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Aug. 4 1944
at Hospital o'clock 5 P.M.
21. **I HEREBY CERTIFY,** That I attended deceased from Aug 3 1944, to Aug 4 1944
I last saw her alive on Aug 3 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Skull fracture with contusion of brain	36 hrs.
Due to	
✓ Due to —	
Other conditions (Include pregnancy within 3 months of death) None	
Where was disease contracted?	
Name of operation None Date —	
Major finding —	
Finding of autopsy Not done	

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ✓ Suicide? ..... Homicide? .....
Occurred Aug. 3 1944 City, county, state where violence occurred Jerome Co. Idaho
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ✓ While at work? .....
Means of injury Auto accident
23. Attendant's OWN Signature O Sweil (M. D. or other)
and Address Jerome Date 8/7 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

SEP 12 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140205
Local Reg. No. 1107
Reg. Dist. No. 420

1. **PLACE OF DEATH:**
(a) County Gooding
(b) City or town Gooding
(c) Street Address or R.F.D. No. Main St.
(d) Death Occured Inside? x Outside? ..... city or town
(e) Died in a Home.... Hospital x Institution.... Other place....
(f) Name Hosp. or Inst. Gooding Co Stayed 1 days
(g) Lived in this county 16 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Gooding
(c) City or town Gooding
(d) Street Address or R.F.D. No. 434 Ill. St.
(e) Deceased lived Inside? x Outside? ..... city or town
(f) Citizen of what country? United States
(g) How long had deceased lived in Idaho? 16 years
(h) Former residence (city, state) none

3. (a) **FULL NAME** Leland Duane Pruett 1756

3. (b) If veteran, name war ----
3. (c) Social Security No. .....
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife -----
6. (c) Age of husband or wife if alive ---- years
7. Date of Birth (Month, Day, Year) April 26 1928

8. AGE	Years	Months	Days	If less than 1 day
	16	3	11	hrs min.

9. Exact Occupation farm laborer Did this work for life yrs.
10. Industry or Business ..... Date last worked 8/7/44
11. Birthplace Bliss Idaho (City or town) (State or foreign country)
Father
12. Name James J. Pruett
13. Birthplace Pineridge Nebraska (City or town) (State or foreign country)
Mother
14. Maiden name Mary Iza Griffen
15. Birthplace -------- Missouri (City or town) (State or foreign country)
16. Informant's **OWN** Signature James J. Pruett
and Address Gooding Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 8/10/44 (Month) (Day) (Year)
(c) Place: Elmwood Cem. Gooding Idaho
18. Funeral Director's **OWN** Signature H.P. Bright
and Address Gooding Idaho
19. (a) 9-1-44 (Date received and filed) (b) J.H. Emmell (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Aug 7 1944
at 9.20 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from Aug 7 8:50 P.M. 1944, to Aug 7 1944
I last saw him alive on Aug 7 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Fractured Femur	
Internal Injuries (probable)	
Due to ruptured Liver	6 hrs
Concussion Brain	
✓ Due to Shock	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation none Date
Major finding
Finding of autopsy none

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? yes Suicide? ..... Homicide? .....
Occurred Aug 7 1944 City, county, state where violence occurred King Hill
Place of Violence: Home ..... Farm yes Industry .....
Public Place ..... While at work? yes
Means of injury Fell from Hay stack
23. Attendant's **OWN** Signature T. E. Barrett M.D. (M. D. or other)
and Address Gooding Idaho Date 8/8 1944
(For additional space, use reverse side)

United States
Department of Commerce
Bureau of the Census SEP 7 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 140206
Local Reg. No.
Reg. Dist. No. 421

1. **PLACE OF DEATH:**
(a) County Gooding
(b) City or town Wendell
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? ✓ Outside? ____ city or town
(e) Died in a Home ____ Hospital ✓ Institution ____ Other place ____
(f) Name Hosp. or Inst. St Valentines Stayed ____ days
(g) Lived in this county ____ years ____ months 1 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Jerome
(c) City or town Jerome
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? ✓ Outside? ____ city or town
(f) Citizen of what country? U. S.
(g) How long had deceased lived in Idaho? 19 years
(h) Former residence (city, state) Provo Utah

3. (a) **FULL NAME** S Lawrence Smith 93-e

3. (b) If veteran, name war ____
3. (c) Social Security No. 518-09-2954
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Pearl
6. (c) Age of husband or wife if alive 41 years
7. Date of Birth (Month, Day, Year) July 1 1892

8. AGE	Years	Months	Days	If less than 1 day
	52	1	7	hrs ____ min.

9. Exact Occupation Truck Driver — Did this work for ____ yrs.
10. Industry or Business City of Jerome — Date last worked
11. Birthplace Heber City (City or town) Utah (State or foreign country)
Father
12. Name Richard Smith
13. Birthplace Not (City or town) Known (State or foreign country)
Mother
14. Maiden name Jane Lee
15. Birthplace Not (City or town) Known (State or foreign country)
16. Informant's **OWN** Signature Mrs Pearl Smith
and Address Jerome Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 8 (Month) 8 (Day) 44 (Year)
(c) Place: Jerome Idaho
18. Funeral Director's **OWN** Signature J R Wiley
and Address Jerome Idaho
19. (a) 8/12/44 (Date received and filed) Sadie M. Rose, Dep (Registrar's signature)

Lee Cunningham

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Aug 8 1944
at 3:30 o'clock A M
21. **I HEREBY CERTIFY,** That I attended deceased from Aug 6 1944 to Aug 8 1944
I last saw him alive on Aug 7 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration
Myocarditis, with ?
Due to Myocardial failure ?
Due to Arthritis, Rheumatic ?
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? Unknown
Name of operation None Date
Major finding
Finding of autopsy None

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19 ____ City, county, state where violence occurred
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury

23. Attendant's **OWN** Signature Carlyle Smail (M. D. or other)
and Address Jerome Date 8/11/1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

SEP 12 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140207
Local Reg. No. 1108
Reg. Dist. No. 420

1. PLACE OF DEATH:
(a) County Gooding
(b) City or town Wendell
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? X Outside? city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Ins. private home stayed days
(g) Lived in this county 20 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Gooding
(c) City or town Wendell
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? United States
(g) How long had deceased lived in Idaho? 32 years
(h) Former residence (city, state) Bloomington, Ill,

3. (a) FULL NAME Lillian Russell Clore 83 a

3. (b) If veteran, name war -----
3. (c) Social Security No. -----
4. Sex F
5. Color or race W
6. (a) Single, widowed, ~~married~~, divorced married
6. (b) Name of husband or wife William S.
6. (c) Age of husband or wife if alive 72 years
7. Date of Birth (Month, Day, Year) Margh 27 1868

8. AGE	Years	Months	Days	If less than 1 day
	76	4	13	hrs min.

9. Exact Occupation housewife Did this work for life yrs.
10. Industry or Business ---------- Date last worked Aug. 1940
11. Birthplace Bloomington (City or town) Ill. (State or foreign country)
Father
12. Name Edward Russell
13. Birthplace Yorkshire (City or town) England (State or foreign country)
Mother
14. Maiden name Amelia Rockliff
15. Birthplace Kent (City or town) England (State or foreign country)
16. Informant's OWN Signature Will S. Clore
and Address Wendell Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 8/ 12/ 44 (Month) (Day) (Year)
(c) Place: Wendell Idaho
18. Funeral Director's OWN Signature H.P. Bright
and Address Gooding Idaho
19. (a) 9-1-44 (Date received and filed) (b) J.H. Cromwell (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) 8-9-44 19
at 9 o'clock A M.

21. I HEREBY CERTIFY, That I attended deceased from Jan 5 1943, to July 30 1944
I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebral Hemorrhage	30 Sec.
✓ Due to Hypertension and	15 yrs
Arteriosclerosis	15 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Lower limb paralysis	5 yrs
Where was disease contracted?	
Name of operation Date	
Major finding	
Finding of autopsy	

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's OWN Signature Harold F. Holsinger, M.D. (M. D. or other)
and Address Wendell, Ida Date 8-12 1944
(For additional space, use reverse side)

140208

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

SEP 7 1944

State File No.
Local Reg. No. 1
Reg. Dist. No. 121

1. **PLACE OF DEATH:**
(a) County Gooding
(b) City or town Wendell
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? — Outside? — city or town
(e) Died in a Home — Hospital — Institution — Other place
(f) Name Hosp. or Inst. — Stayed — days
(g) Lived in this county — years — months — days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under Item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Lincoln
(c) City or town Shoshone
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? — Outside? — city or town
(f) Citizen of what country? U.S.
(g) How long had deceased lived in Idaho? — years
(h) Former residence (city, state) Gooding Idaho

3. (a) **FULL NAME** Virginia Helen Waddell Smith

3. (b) If veteran, name war —
3. (c) Social Security No.
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Ernie Smith
6. (c) Age of husband or wife if alive 49 years
7. Date of Birth (Month, Day, Year) Nov. 8-1901

8. AGE	Years	Months	Days	If less than 1 day
	42	9	7	hrs min.

9. Exact Occupation Housewife — Did this work for — yrs.
10. Industry or Business Home — Date last worked Aug. 4-44
11. Birthplace Arimo (City or town) Idaho (State or foreign country)

Father
12. Name Alex Waddell
13. Birthplace Scotland (City or town) (State or foreign country)

Mother
14. Maiden name Hattie Barnett
15. Birthplace Boise Idaho (City or town) (State or foreign country)

16. Informant's **OWN** Signature Ernie Smith
and Address Shoshone Idaho
17. (a) Buried (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: Shoshone, Ida.
18. Funeral Director's **OWN** Signature Myrtle C. Burdett
and Address Shoshone Idaho
19. (a) 8/20/44 (Date received and filed) Esther M. Rose, Asst. (Registrar's signature)

Lois Bungum

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Aug-15 1944
at 4:10 o'clock A. M.
21. **I HEREBY CERTIFY,** That I attended deceased from July 1 1944, to death 19—
I last saw h alive on Aug 15 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebral Hemorrhage	20 hrs
Due to Hypertension and Obesity	10 yrs. 10 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation — Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? — Suicide? — Homicide? —
Occurred — 19— City, county, state where violence occurred
Place of Violence: Home — Farm — Industry —
Public Place — While at work?
Means of injury

23. Attendant's **OWN** Signature Harold G. Holsinger M.D. (M. D. or other)
and Address Wendell, Idaho Date 8-20 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census SEP 12 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140209
Local Reg. No. 1110
Reg. Dist. No. 420

1. **PLACE OF DEATH:**
   (a) County Gooding
   (b) City or town Gooding
   (c) Street Address or R.F.D. No. Main St.
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home.... Hospital X Institution.... Other place....
   (f) Name Hosp. or Inst. Gooding Co. Stayed 5 days
   (g) Lived in this county 32 years ..... months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Idaho
   (c) City or town Bliss
   (d) Street Address or R.F.D. No. Bliss
   (e) Deceased lived Inside? ..... Outside? X ..... city or town
   (f) Citizen of what country? United States
   (g) How long had deceased lived in Idaho? 32 years
   (h) Former residence (city, state) .....

3. (a) **FULL NAME** Charles M. Persinger (2)

3. (b) If veteran, name war ----
3. (c) Social Security No. 518-12-5222
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Mabel Persinger
6. (c) Age of husband or wife if alive 62 years
7. Date of Birth (Month, Day, Year) May 3 1884

8. AGE	Years	Months	Days	If less than 1 day
	60	3	14	hrs ..... min.

9. Exact Occupation farming — Did this work for life yrs.
10. Industry or Business Carpender — Date last worked 8/12/44
11. Birthplace Centro City (City or town) Nebraska (State or foreign country)

Father
12. Name Newton R. Persinger
13. Birthplace ------ (City or town) Ohio (State or foreign country)

Mother
14. Maiden name unknown
15. Birthplace ------- (City or town) Ohio (State or foreign country)

16. Informant's **OWN** Signature Mabel Persinger
and Address Bliss Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 8/19/44 (Month) (Day) (Year)
(c) Place: Elmwood Cem. Gooding Idaho
18. Funeral Director's **OWN** Signature H.W. Bright
and Address Gooding Idaho
19. (a) 8-19-44 (Date received and filed) (b) J.A. Conwell (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Aug 17 1944
at 7:30 o'clock A.M.
21. **I HEREBY CERTIFY**, That I attended deceased from 8/12 1944, to 8-17 1944
I last saw him alive on 8-17- 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Peritonitis	3 da
✓ Due to Ruptured appendix	5 da
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? Home
Name of operation Appendix Date 8-12
Major finding Ruptured appendix
Finding of autopsy Peritonitis

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature J.A. Conwell (M. D. or other)
and Address Gooding Date 8-22 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 140210
Local Reg. No. 1117
Reg. Dist. No. 42d

SEP 12 1944

1. **PLACE OF DEATH:**
   (a) County Gooding
   (b) City or town Gooding
   (c) Street Address or R.F.D. No. 730 Nevada St.
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home X Hospital ..... Institution ..... Other place .....
   (f) Name Hosp. or Inst. private home Stayed ..... days
   (g) Lived in this county 35 years ..... months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Gooding
   (c) City or town Gooding
   (d) Street Address or R.F.D. No. 730 Nevada St
   (e) Deceased lived Inside? X Outside? ..... city or town
   (f) Citizen of what country? United States
   (g) How long had deceased lived in Idaho? 36 years
   (h) Former residence (city, state) Warrensburg, Miso

3. (a) **FULL NAME** Samuel Barnett Brown 83a

3. (b) If veteran, name war no
3. (c) Social Security No. ----------
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Lilly Brown
6. (c) Age of husband or wife if alive 75 years
7. Date of Birth (Month, Day, Year) August, 27, 1859

8. AGE	Years	Months	Days	If less than 1 day
	84	11	24 ~~32~~	hrs ..... min.

9. Exact Occupation retired Grocer Did this work for life yrs.
10. Industry or Business none Date last worked 1937
11. Birthplace Dennisvill New Jersey (City or town) (State or foreign country)

Father
12. Name David Brown
13. Birthplace ----- New Jersey (City or town) (State or foreign country)

Mother
14. Maiden name unknown
15. Birthplace unknown (City or town) (State or foreign country)

16. Informant's **OWN** Signature Lillie Brown
and Address Gooding Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 8/23/44 (Month) (Day) (Year)
(c) Place: Elmwood Cem. Gooding Ida.
18. Funeral Director's **OWN** Signature H.P. Bright
and Address Gooding Idaho
19. (a) 8-21-44 (Date received and filed) (b) J.H. Cranwell (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Aug 21 - 1944
at 1 o'clock p a M.

21. **I HEREBY CERTIFY**, That I attended deceased from 8-16 - 1944, to 8-21 - 1944
I last saw him alive on 8-20 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — Duration

Cerebral Hemorrhage — 5 da
✓ Due to .....
Due to .....
Other conditions Senility
(Include pregnancy within 3 months of death)

Where was disease contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature J.H. Cranwell (M. D. or other)
and Address Gooding Ida Date 8-21- 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

SEP 12 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140211
Local Reg. No. 1112
Reg. Dist. No. 420

1. PLACE OF DEATH:
(a) County Gooding
(b) City or town Gooding
(c) Street Address or R.F.D. No. Oregon St.
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Home X Hospital ..... Institution ..... Other place .....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 33 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Gooding
(c) City or town Gooding
(d) Street Address or R.F.D. No. Oregon St.
(e) Deceased lived Inside? X Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 33 years
(h) Former residence (city, state) Missouri

3. (a) FULL NAME Jasper Smith Shotwell

83a

3. (b) If veteran, name war X
3. (c) Social Security No. X
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Amy
6. (c) Age of husband or wife if alive 83 years
7. Date of Birth (Month, Day, Year) April 16, 1856

8. AGE	Years	Months	Days	If less than 1 day
	~~89~~ 88	4	6	hrs min.

9. Exact Occupation merchant, retired Did this work for life yrs.
10. Industry or Business drygoods Date last worked Oct. '43
11. Birthplace Chillicothe, Missouri (City or town) (State or foreign country)
Father 12. Name John Shotwell
13. Birthplace Ohio (City or town) (State or foreign country)
Mother 14. Maiden name Elizabeth Smith
15. Birthplace Unknown (City or town) (State or foreign country)
16. Informant's OWN Signature Mack H Shotwell
and Address Gooding, Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof Aug. 25, '44 (Month) (Day) (Year)
(c) Place: Elmwood Cemetery, Gooding
18. Funeral Director's OWN Signature H. P. Bright
and Address Gooding, Idaho
19. (a) 8-25-44 (Date received and filed) (b) J H Cromwell (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Aug 22 1944
at 8 o'clock P M.
21. **I HEREBY CERTIFY**, That I attended deceased from Aug 17 1944, to 8-22- 1944
I last saw him alive on 8-22- 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebral hemorrhage	5 da
Due to	
✓ Arterio sclerosis	?
Due to age	?
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted? Home	
Name of operation ..... Date	
Major finding	
Finding of autopsy	

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's OWN Signature J H Cromwell (M. D. or other)
and Address Gooding Date 8/25 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

SEP 7 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140212
Local Reg. No.
Reg. Dist. No. 421

1. **PLACE OF DEATH:**
   (a) County Gooding
   (b) City or town Kenyon
   (c) Street Address or R.F.D. No. Main St.
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home.... Hospital X Institution.... Other place....
   (f) Name Hosp. or Inst. St. Valentine Stayed 21 days
   (g) Lived in this county 2 years 6 months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Gooding
   (c) City or town Gooding
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? X Outside? ..... city or town
   (f) Citizen of what country? U. S. A.
   (g) How long had deceased lived in Idaho? 2 years
   (h) Former residence (city, state) Cawley, Kansas

3. (a) **FULL NAME** Pearl Francis Coombs. 466

3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife E.E. Coombs
6. (c) Age of husband or wife if alive 55 years
7. Date of Birth (Month, Day, Year) June 13. 1893

8. AGE	Years	Months	Days	If less than 1 day hrs	min.
	51	7	12		

9. Exact Occupation housewife — Did this work for life yrs.
10. Industry or Business — Date last worked Dec. 1943
11. Birthplace Pope Co. (City or town) Oklahoma (State or foreign country)

Mother
12. Name Thomas Jones
13. Birthplace — (City or town) Ill (State or foreign country)

Father
14. Maiden name Mattie Shevilion
15. Birthplace — (City or town) Kansas (State or foreign country)

16. Informant's **OWN** Signature E E Coombs
and Address Gooding Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Aug 6, 1944 (Month) (Day) (Year)
(c) Place: Winfield, Kansas
18. Funeral Director's **OWN** Signature H.P. Bright
and Address Gooding Idaho
19. (a) 8/27/44 (Date received and filed) Lester M. Rose, Asst. (Registrar's signature)
(Lois Bumgarner)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 8/23 1944
at 6 o'clock P. M.
21. **I HEREBY CERTIFY**, That I attended deceased from Jan 1 1944, to 8/1 1944
I last saw h alive on 8/19 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Carcinoma of stomach	1 yr.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ..... Date .....
Major finding
Finding of autopsy

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature T. E. Barrett M.D. (M. D. or other)
and Address Gooding Date 8/23 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

SEP 5 1944

State File No. 140213
Local Reg. No. 541
Reg. Dist. No. 244

1. PLACE OF DEATH:
(a) County Idaho
(b) City or town Clearwater
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? Outside? ✓ city or town
(e) Died in a Home ✓ Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 53 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Idaho
(c) City or town Clearwater
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? Outside? ✓ city or town
(f) Citizen of what country? U. S.
(g) How long had deceased lived in Idaho? 53 years
(h) Former residence (city, state) Clearwater

3. (a) FULL NAME Konstantin Ulmer 66b

3. (b) If veteran, name war No
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Wilhelmina
6. (c) Age of husband or wife if alive 73 years
7. Date of Birth (Month, Day, Year) May 18. 1866

8. AGE	Years	Months	Days	If less than 1 day
	78	2	15	hrs min.

9. Exact Occupation Farmer Did this work for 2.3 yrs.
10. Industry or Business Date last worked 8/2/44
11. Birthplace Wurttenberg (City or town) Germany (State or foreign country)
Father
12. Name Carl Ulmer
13. Birthplace (City or town) Germany (State or foreign country)
Mother
14. Maiden name Not known
15. Birthplace (City or town) Germany (State or foreign country)
16. Informant's OWN Signature George Ulmer
and Address Stites Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/4/44 (Month) (Day) (Year)
(c) Place: Grangeville Idaho
18. Funeral Director's OWN Signature Glenn Arlon
and Address Grangeville Idaho
19. (a) Aug 10-1944 (Date received and filed) (b) H W Wentworth (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) 8/2 1944
at 9:30 o'clock A M.
21. I HEREBY CERTIFY, That I attended deceased from March 1st 1944, to Aug 2nd 1944
I last saw him alive on July 31st 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Heart failure BP 200	
Wandering gouty pain	
✓ Due to Auto intoxication	
Due to Mainly body poisons	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYISCIAN - Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature H. W. Wentworth (M. D. or other)
and Address Stites Date Aug 10 1944
(For additional space, use reverse side)

140214

United States
Department of Commerce SEP 5 1944
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 542
Reg. Dist. No. 744

1. **PLACE OF DEATH:**
(a) County Idaho
(b) City or town Kooskia
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? — city or town
(e) Died in a Home — Hospital — Institution — Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 37 years 7 months 10 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Idaho
(c) City or town Kooskia
(d) Street Address or R. F. D. No. —
(e) Deceased lived Inside? Outside? — city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 38 years
(h) Former residence (city, state) Marville, Kansas

3. (a) FULL NAME Phoebe Ellen Tinney

3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Fem.
5. Color or race white
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife David Mortimer
6. (c) Age of husband or wife if alive — years
7. Date of Birth (Month, Day, Year) Sept. 25 1850

8. AGE	Years	Months	Days	If less than 1 day
	93	10	21	hrs — min.

9. Exact Occupation Housewife — Did this work for All life yrs.
10. Industry or Business — Date last worked 1940
11. Birthplace Washington Co. (City or town) Kansas (State or foreign country)

Father
12. Name — Sutton
13. Birthplace Unknown (City or town) (State or foreign country)

Mother
14. Maiden name Unknown
15. Birthplace " (City or town) (State or foreign country)

16. Informant's OWN Signature Ed Tinney
and Address Kooskia, Idaho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 19 1944 (Month) (Day) (Year)
(c) Place: Kooskia Cemetery
18. Funeral Director's OWN Signature Claude I Neary
and Address Kooskia Idaho
19. (a) August 19-44 (Date received and filed) (b) H W Wentworth (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) August 16 1944
at 1:50 o'clock P. M.
21. I HEREBY CERTIFY, That I attended deceased from Aug 12 1944 to Aug 16 1944
I last saw h[illegible] alive on Aug 12 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Old age - Stomach - Tumor	
✓ disease	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's OWN Signature H. W. Wentworth M.D. (M. D. or other)
and Address Status Date Aug 19 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

140215

United States
Department of Commerce SEP 5 1944
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 10
Reg. Dist. No. 240

1. **PLACE OF DEATH:**
(a) County Idaho
(b) City or town Grangeville
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? ✓ Outside? city or town
(e) Died in a Home Hospital Institution Other place
(f) Name Hosp. or Inst. General Stayed 24 days
(g) Lived in this county 56 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Idaho
(c) City or town Grangeville
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? ✓ Outside? city or town
(f) Citizen of what country? U.S.
(g) How long had deceased lived in Idaho? 57 years
(h) Former residence (city, state)

3. (a) **FULL NAME** Pearl G. Lyttle. 46e

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife James D.
6. (c) Age of husband or wife if alive 71 years
7. Date of Birth (Month, Day, Year) June 12, 1884

8. AGE	Years	Months	Days	If less than 1 day
	60	2	9	hrs min.

9. Exact Occupation Housewife Did this work for 1 yrs.
10. Industry or Business Date last worked 1-15-44
11. Birthplace Eldora Iowa (City or town) (State or foreign country)
Father
12. Name Walter Trueblood
13. Birthplace Mt. Pleasant, Iowa (City or town) (State or foreign country)
Mother
14. Maiden name Sarah Sabin
15. Birthplace De Catur. Ill. (City or town) (State or foreign country)
16. Informant's OWN Signature James D. Lyttle
and Address Grangeville, Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 8-23-44 (Month) (Day) (Year)
(c) Place: Prairie View
18. Funeral Director's OWN Signature Jess Robertson
and Address Grangeville Ida
19. (a) 8/24/44 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) August 21 1944
at 12:15 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from July 27 1944, to Aug 21 1944
I last saw her alive on Aug 21 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Carcinoma of Ascending Colon	
Due to	
✓ Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature J D Shinnick M.D. (M. D. or other)
and Address Cuty Date 8/22 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

SEP 5 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. **140216**
Local Reg. No. 9
Reg. Dist. No. 240

1. **PLACE OF DEATH:**
(a) County Idaho
(b) City or town Elk
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? ✓ Outside? ____ city or town
(e) Died in a Home ____ Hospital ✓ Institution ____ Other place ____
(f) Name Hosp. or Inst. General Stayed 2 days
(g) Lived in this county 12 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Idaho
(c) City or town Elk City
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? ____ Outside? ✓ city or town
(f) Citizen of what country? U. S.
(g) How long had deceased lived in Idaho? 12 years
(h) Former residence (city, state) Wash.

3. (a) **FULL NAME** Ida Louise Smith. 596.

3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Otis J.
6. (c) Age of husband or wife if alive 75 years
7. Date of Birth (Month, Day, Year) June 8, 1880

8. AGE	Years	Months	Days	If less than 1 day hrs min.
	64	2	16	

9. Exact Occupation Housewife — Did this work for Life yrs.
10. Industry or Business Home — Date last worked
11. Birthplace Astoria (City or town) Oregon (State or foreign country)

Father
12. Name Hiram Gray
13. Birthplace New York (City or town) (State or foreign country)

Mother
14. Maiden name Phelps
15. Birthplace New York (City or town) (State or foreign country)

16. Informant's **OWN** Signature Otis J. Smith
and Address Elk City, Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 8-26-44 (Month) (Day) (Year)
(c) Place: Portland, Oregon
18. Funeral Director's **OWN** Signature Jas Roberson
and Address Grangeville, Idaho
19. (a) 8/26/44 (Date received and filed) (b) Glen Elder (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) August 24 1944
at 7:30 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from Aug 22 1944, to Aug 24 1944
I last saw her alive on Aug 20 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — Duration

Pernicious anemia
Due to
✓ Due to Carcinoma of stomach
Other conditions
(Include pregnancy within 3 months of death)

Where was disease contracted?
Name of operation ____ Date ____
Major finding
Finding of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19 ____ City, county, state where violence occurred
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury

23. Attendant's **OWN** Signature J. D. Shinnick M.D. (M. D. or other)
and Address Grangeville Date Aug 25 1944

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

SEP 5 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 140217
Local Reg. No. 13
Reg. Dist. No. 242

1. **PLACE OF DEATH:**
   (a) County Ida
   (b) City or town Cottonwood
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? X Outside? city or town
   (e) Died in a Home Hospital Institution Other place
   (f) Name Hosp. or Inst. Our Lady of Consol. Hosp. Stayed 0 days
   (g) Lived in this county years months days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State (b) County
   (c) City or town
   (d) Street Address or R. F. D. No.
   (e) Deceased lived Inside? Outside? city or town
   (f) Citizen of what country?
   (g) How long had deceased lived in Idaho? years
   (h) Former residence (city, state)

3. (a) **FULL NAME** Lucille Nuxoll 161 a

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race W.
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Date of Birth (Month, Day, Year) August 23, 1944.

8. AGE	Years	Months	Days	If less than 1 day
				hrs 20 min.

9. Exact Occupation Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Cottonwood, Ida (City or town) (State or foreign country)
Father
12. Name Martin Nuxoll
13. Birthplace Greencreek, Ida (City or town) (State or foreign country)
Mother
14. Maiden name Jeannette Peyer
15. Birthplace Ossian Iowa (City or town) (State or foreign country)
16. Informant's OWN Signature Martin Nuxoll
and Address Greencreek, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-23-44 (Month) (Day) (Year)
(c) Place: Greencreek, Idaho
18. Funeral Director's OWN Signature M. Baerlocher
and Address Greencreek Idaho
19. (a) Aug 23, 1944 (Date received and filed) (b) W. T. Orr Cor B (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) August 23 1944
at 1:20 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from 19, to 19
I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Complete Apnea	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature Wesley T. Orr M.D. (M. D. or other)
and Address Cottonwood, Ida Date 8-23 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce SEP 5 1944
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 140218
Local Reg. No. 14
Reg. Dist. No. 242

1. **PLACE OF DEATH:**
(a) County Idaho
(b) City or town Cottonwood
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? ✓ Outside? ____ city or town
(e) Died in a Home ____ Hospital ✓ Institution ____ Other place ____
(f) Name Hosp. or Inst. Our Lady Consolation Stayed 6 days
(g) Lived in this county ____ years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Idaho
(c) City or town Cottonwood
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? ____ Outside? X city or town
(f) Citizen of what country? U S
(g) How long had deceased lived in Idaho? 31 years
(h) Former residence (city, state) Green Creek Ida

3. (a) **FULL NAME** Jennette Marie Nuxoll 56 h.

3. (b) If veteran, name war ____ 3. (c) Social Security No. ____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Martin 6. (c) Age of husband or wife if alive 30 years

7. Date of Birth (Month, Day, Year) Oct 26, 1913

8. **AGE**

Years	Months	Days	If less than 1 day
30	10	3	hrs ____ min.

9. Exact Occupation Housewife Did this work for 10 yrs.
10. Industry or Business ____ Date last worked 8/15/44
11. Birthplace Ossian (City or town) Iowa (State or foreign country)
Father
12. Name James Peyer
13. Birthplace Ossian (City or town) Iowa (State or foreign country)
Mother
14. Maiden name Johanna Funke
15. Birthplace Ossian (City or town) Iowa (State or foreign country)
16. Informant's **OWN** Signature Martin Thuell and Address Green Creek, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/31/44 (Month) (Day) (Year)
(c) Place: Green Creek Idaho
18. Funeral Director's **OWN** Signature Glenn Coles and Address Grangeville Idaho
19. (a) Aug 30, 1944 (Date received and filed) (b) W. J. Orr Reg'r (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 8/29 1944 at 11:35 o'clock a. M.

21. **I HEREBY CERTIFY,** That I attended deceased from 8-22 1944, to 8-29 1944
I last saw her alive on 8-29 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Toxemia — Duration ____
Due to Paralytic Ileus ____
✓ Due to Caesarean Section ____
Other conditions ____
(Include pregnancy within 3 months of death) ____
Where was disease contracted? ____
Name of operation Caesarean Date 8-23-44
Major finding Multiple Bilateral ____
Finding of autopsy ____

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's **OWN** Signature Wesley J. Orr M.D. (M. D. or other)
and Address Cottonwood Date 8-29 1944
(For additional space, use reverse side)

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 140219
Local Reg. No. 19
Reg. Dist. No. 640

SEP 11 1944

1. **PLACE OF DEATH:**
(a) County Jefferson
(b) City or town Rigby
(c) Street Address or R. F. D. No. X
(d) Death Occurred Inside? X Outside? ..... city or town
(e) Died in a Home X Hospital ..... Institution ..... Other place .....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 59 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Jefferson
(c) City or town Rigby
(d) Street Address or R. F. D. No. X
(e) Deceased lived Inside? X Outside? ..... city or town
(f) If foreign born, in U. S. ..... yrs. Citizen of U. S.? .....
(g) How long had deceased lived in Idaho? 59 years
(h) Former residence (city, state) Willard, Utah

3. (a) **FULL NAME** MARY ELLEN GILL.

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3. (b) If veteran, name war X
3. (c) Social Security No. X
4. Sex F. M.
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed.
6. (b) Name of husband or wife Cyril J.
6 (c) Age of husband or wife if alive X years
7. Date of Birth (Month, Day, Year) Dec. 30, 1859

8. AGE	Years	Months	Days	If less than 1 day
	84	7	28	hrs ..... min.

9. Exact Occupation Housewife — Did this work for life yrs.
10. Industry or Business Home — Date last worked Aug. 44
11. Birthplace Willard, Utah. (City or town) (State or foreign country)

Father
12. Name John P. Wood.
13. Birthplace England. (City or town) (State or foreign country)

Mother
14. Maiden name Ellen Hankinson.
15. Birthplace England. (City or town) (State or foreign country)

16. Informant's **OWN** Signature Chas L Gates
and Address Rigby, Idaho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 30, 1944 (Month) (Day) (Year)
(c) Place: Rigby, Idaho.
18. Funeral Director's **OWN** Signature A B Eckersell
and Address Rigby, Idaho.
19. (a) Sept 1 1944 (Date received and filed) (b) Mrs A B Eckersell (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) August 26, 1944
at 8:30 o'clock P M.

21. I **HEREBY CERTIFY**, That I attended deceased from July 1 19 38, to August 25 19 44.
I last saw her alive on August 25 19 44; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
1. Chronic Myocarditis	6 months
Due to Hypertension	6 yrs
Due to	
Other conditions Diabetes	5 years
(Include pregnancy within 3 months of death)	

✓ Where was disease first contracted? at home
Name of operation None performed Date .....
Major finding —
Finding of autopsy None performed

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature Nedom Lall, M.D. (M. D. or other)
and Address Rigby, Idaho. Date 8/29 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Original
United States
Department of Commerce
Bureau of the Census

SEP 11 1944

NON-RESIDENT
Certificate Of Death
STATE OF IDAHO

State File No. 140220
Local Reg. No. 18P
Reg. Dist. No. 440

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
(a) County Jerome
(b) City or town Hunt
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Home ... Hospital X Institution ... Other place
(f) Name Hosp. or Inst. Minidoka Project Hospital Stayed 86 days
(g) Lived in this county 1 years 3 months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State California (b) County Los Angeles
(c) City or town Los Angeles
(d) Street Address or R.F.D. No. 465 Ezra St.
(e) Deceased lived Inside? X Outside? ..... city or town
(f) Citizen of what country? Japan
(g) How long had deceased lived in Idaho? 1 years
(h) Former residence (city, state) Los Angeles, Cal.

3. (a) **FULL NAME** Tokumatsu Hashimoto

109b

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Male
5. Color or race Japanese
6. (a) Single, widowed, married, divorced widower
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) January 1, 1873

8. AGE	Years	Months	Days	If less than 1 day
	71	6	26	hrs min.

9. Exact Occupation ..... Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Hiroshima, Japan (City or town) (State or foreign country)
Father
12. Name Toramatsu Hashimoto
13. Birthplace Hiroshima, Japan (City or town) (State or foreign country)
Mother
14. Maiden name Matsu Hashimoto
15. Birthplace Hiroshima, Japan (City or town) (State or foreign country)
16. Informant's **OWN** Signature Torii, Masano
and Address 25 9-1 Manzanar, Calif.
17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: Salt Lake City
18. Funeral Director's **OWN** Signature D A L Harrison
and Address Jerome
19. (a) 8-5-44 (Date received and filed) (b) E V Sinclair (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 27, 1944
at 8:15 o'clock a. M.
21. **I HEREBY CERTIFY,** That I attended deceased from July 10, 1944, to July 27, 1944
I last saw him alive on July 27, 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Pneumonia	
Due to	
Due to	
✓ Other conditions Arteriosclerosis (Include pregnancy within 3 months of death)	
Cystitis	
Where was disease contracted?	PHYISCIAN
Name of operation ..... Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy Not done.	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature Adrian J de Haan (M. D. or other)
and Address Hunt, Idaho Date 7-28 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

SEP 11 1944

NON-RESIDENT

Certificate Of Death

STATE OF IDAHO

State File No. 140221
Local Reg. No. 183
Reg. Dist. No. 440

1. **PLACE OF DEATH:**
(a) County Jerome
(b) City or town Hunt
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? X Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. Minidoka Project Hospital Stayed 75 days
(g) Lived in this county 1 years 10 months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Oregon (b) County Clackamus
(c) City or town Milwaukee
(d) ~~Street Address or~~ R.F.D. No. 11 Box 899
(e) Deceased lived Inside? Outside? X city or town
(f) Citizen of what country? Japan
(g) How long had deceased lived in Idaho? 1½ years
(h) Former residence (city, state) Milwaukee, Ore.

3. (a) **FULL NAME** Shizutada Yamada

117a

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race Japanese
6. (a) Single, widowed, married, divorced Married
6. (b) Name of ~~husband or~~ wife Otono
6. (c) Age of ~~husband or~~ wife if alive 48 years
7. Date of Birth (Month, Day, Year) December 18, 1880

8. AGE	Years	Months	Days	If less than 1 day
	63	7	13	hrs min.

9. Exact Occupation Farmer Did this work for 20 yrs.
10. Industry or Business Farm Date last worked April '42
11. Birthplace Okayama, Japan (City or town) (State or foreign country)
Father 12. Name Unobtainable
13. Birthplace (City or town) (State or foreign country)
Mother 14. Maiden name Unobtainable
15. Birthplace (City or town) (State or foreign country)
16. Informant's **OWN** Signature George Yamada
and Address 34-8-D Hunt, Idaho.
17. (a) Cremation (Burial, cremation or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: Salt Lake
18. Funeral Director's **OWN** Signature D. A. L. Harrison
and Address Jerome
19. (a) 8-8-44 (Date received and filed) (b) E. W. Nielsen (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 31, 1944
at 2:55 o'clock a. M.
21. **I HEREBY CERTIFY,** That I attended deceased from May 18, 1944, to July 31, 1944
I last saw him alive on July 31, 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Heart Failure	
Due to	
Due to	
Other conditions Cachexia with peptic ulcer, possible carcinoma of the stomach. (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYISCIAN Underline the cause to which death should be charged statistically.
Name of operation Date	
Major finding	
Finding of autopsy not performed	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature Isami Sekiyama M.D. (M. D. or other)
and Address Hunt, Idaho Date 7-31 1944
(For additional space, use reverse side)

Original
United States
Department of Commerce
Bureau of the Census

AUG 22 1944

NON-RESIDENT
Certificate Of Death
STATE OF IDAHO

State File No. 140222
Local Reg. No. 185
Reg. Dist. No. 440

1. PLACE OF DEATH:
(a) County Jerome
(b) City or town Hunt
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? X Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. Minidoka Project Hospital Stayed 222 days
(g) Lived in this county years 7 months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Alaska (b) County
(c) City or town Petersburg
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? Japan
(g) How long had deceased lived in Idaho? 7 months years
(h) Former residence (city, state) Petersburg, Alaska

3. (a) **FULL NAME** Kisaku Sakagami

13 b

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race Japanese
6. (a) Single, widowed, married, divorced widower
6. (b) Name of ~~husband~~ or wife Funy
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) February 21, 1889

8. AGE	Years	Months	Days	If less than 1 day
	55	5	11	hrs min.

9. Exact Occupation Picker Did this work for yrs.
10. Industry or Business Shrimp Cannery Date last worked
11. Birthplace Kumamoto, Japan (City or town) (State or foreign country)
Father 12. Name Unobtainable
13. Birthplace (City or town) (State or foreign country)
Mother 14. Maiden name Unobtainable
15. Birthplace (City or town) (State or foreign country)
16. Informant's OWN Signature Haruski Oyama
and Address 6-3-D Hunt, Idaho
17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: Salt Lake
18. Funeral Director's OWN Signature D A L Berisson
and Address Jerome
19. (a) 8-5-44 (Date received and filed) (b) E W Sinclair (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) August 1, 1944
at 9:30 o'clock p. M.
21. **I HEREBY CERTIFY,** That I attended deceased from January 24, 1944, to August 1, 1944
I last saw him alive on August 1, 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Pulmonary tuberculosis	
Due to	
✓ Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYISCIAN Underline the cause to which death should be charged statistically.
Name of operation Date	
Major finding	
Finding of autopsy not performed.	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature F. P. Richards (M. D. or other)
and Address Hunt Ida Date 8/2/44 19
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Original

United States
Department of Commerce
Bureau of the Census

NON-RESIDENT
Certificate Of Death
STATE OF IDAHO

SEP 11 1944

State File No. 140223
Local Reg. No. 186
Reg. Dist. No. 4-10

1. PLACE OF DEATH:
(a) County Jerome
(b) City or town Hunt
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? x Outside? city or town
(e) Died in a Home Hospital x Institution Other place
(f) Minidoka Project Hospital lived 416 days
(g) Lived in this county 1 years 10 months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Washington (b) County King
(c) City or town Seattle
(d) Street Address or R.F.D. No. 801 Charles St.
(e) Deceased lived Inside? x Outside? city or town
(f) Citizen of what country? Japan
(g) How long had deceased lived in Idaho? 1½ years
(h) Former residence (city, state) Seattle, Wash.

3. (a) **FULL NAME** Kimiye Toyoji

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female race Japanese
5. Color or
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Toshio
6. (c) Age of husband or wife if alive 33 years
7. Date of Birth (Month, Day, Year) August 22, 1918

8. AGE	Years	Months	Days	If less than 1 day
	25	11	11	hrs min.

9. Exact Occupation Housewife Did this work for yrs.
10. Industry or Business Own home. Date last worked
11. Birthplace Hiroshima, Japan (City or town) (State or foreign country)

Father
12. Name Yonekichi Hashimoto
13. Birthplace Hiroshima, Japan (City or town) (State or foreign country)

Mother
14. Maiden name Koyuki Domoto
15. Birthplace Hiroshima, Japan (City or town) (State or foreign country)

16. Informant's **OWN** Signature In his Toyoji
and Address 36-5-A Hunt, Idaho

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: Salt Lake

18. Funeral Director's **OWN** Signature D. L. Morrison
and Address Jerome

19. (a) 8-8-44 (Date received and filed) (b) C. E. Duncan (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) August 2, 1944
at 7:48 o'clock a. M.

21. **I HEREBY CERTIFY**, That I attended deceased from June 5, 1944, to August 2, 1944
I last saw her alive on August 2, 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Generalized miliary tuberculosis	
Due to	
✓ Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation Date	
Major finding	
Finding of autopsy not performed	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature C. W. Adamson M.D. (M. D. or other)
and Address Hunt, Idaho Date 8-2- 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

140224

United States
Department of Commerce
Bureau of the Census

SEP 11 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 184
Reg. Dist. No. 440

1. **PLACE OF DEATH:**
(a) County Jerome
(b) City or town Jerome
(c) Street Address or R. F. D. No. 1
(d) Death Occurred Inside? Outside? ✓ city or town
(e) Died in a Home ✓ Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county years 7 months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Jerome
(c) City or town Jerome
(d) Street Address or R. F. D. No. 1
(e) Deceased lived Inside? Outside? ✓ city or town
(f) Citizen of what country? US
(g) How long had deceased lived in Idaho? 7 mo ~~years~~
(h) Former residence (city, state) Austin Nevada

3. (a) FULL NAME Raymond Leon Jones 13 b

3. (b) If veteran, name war
3. (c) Social Security No. 530-05-0347
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife May
6. (c) Age of husband or wife if alive 44 years
7. Date of Birth (Month, Day, Year) Dec 30 1900

8. AGE	Years	Months	Days	If less than 1 day
	43	7	4	hrs min.

9. Exact Occupation Farmer Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Nephi (City or town) Utah (State or foreign country)
Father
12. Name Edward Jones
13. Birthplace Nephi (City or town) Utah (State or foreign country)
Mother
14. Maiden name Jane Tally
15. Birthplace Nephi (City or town) Utah (State or foreign country)
16. Informant's OWN Signature May Jones
and Address Jerome Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place:
18. Funeral Director's OWN Signature J R Wiley
and Address Jerome Idaho
19. (a) 8-6-44 (Date received and filed) (b) E M Sinclair (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Aug 4 1944
at 10:05 o'clock P M

21. **I HEREBY CERTIFY,** That I attended deceased from Not at all 19 Called only after death 19
I last saw him alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Pulmonary hemorrhage	
Due to	
Unknown	10 min
Due to	
✓ Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted? —	PHYSICIAN
Name of operation None Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy Not done	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state
where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's OWN Signature Carlyle Smith (M. D. or other)
and Address Jerome Date 8/5 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Original

United States
Department of Commerce
Bureau of the Census

NON-RESIDENT
Certificate Of Death

STATE OF IDAHO

State File No. 140225
Local Reg. No. 182
Reg. Dist. No. 440

SEP 11 1944

1. PLACE OF DEATH:
(a) County Jerome
(b) City or town Hunt
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? x Outside? city or town
(e) Died in a Home Hospital x Institution Other place
(f) Name Hosp. or Inst. Minidoka Project Hospital Stated 1 days
(g) Lived in this county 1 years 10 months days
Note. For a person residing in THIS county LESS than 1 year. give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Oregon (b) County Jefferson
(c) City or town Madras
(d) Street Address or R.F.D. No. Hay Creek Ranch
(e) Deceased lived Inside? Outside? x city or town
(f) Citizen of what country? Japan
(g) How long had deceased lived in Idaho? 1½ years
(h) Former residence (city, state) Madras, Ore.

3. (a) **FULL NAME** Jirokichi Kaneda

95c

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race Japanese
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) September 24, 1877

8. AGE	Years	Months	Days	If less than 1 day
	66	10	18	hrs min.

9. Exact Occupation Cook Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Chibaken, Japan (City or town) (State or foreign country)
Father 12. Name Unobtainable
13. Birthplace (City or town) (State or foreign country)
Mother 14. Maiden name Unobtainable
15. Birthplace (City or town) (State or foreign country)
16. Informant's **OWN** Signature Rex Yamaguchi
and Address 41-12-C Hunt, Ida
17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: Salt Lake
18. Funeral Director's **OWN** Signature D. A. Harrison
and Address Jerome
19. (a) 8-14-44 (Date received and filed) (b) E. Sinclair (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) August 11, 1944
at 5:45 o'clock A. M.
21. **I HEREBY CERTIFY,** That I attended deceased from August 10 1944 to August 11 1944
I last saw him alive on August 11 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Acute cardiac dilatation	
Due to	
✓ Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy not performed

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature F. P. Richards (M. D. or other)
and Address Hunt, Idaho Date 8/11/44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Original

United States
Department of Commerce
Bureau of the Census

SEP 11 1944

NON-RESIDENT
Certificate Of Death

STATE OF IDAHO

State File No. 140226
Local Reg. No. 190
Reg. Dist. No. 4/0

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
   (a) County Jerome
   (b) City or town Hunt
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? x Outside? city or town
   (e) Died in a Home x Hospital Institution Other place
   (f) Name Hosp. or Instn. Minidoka Project Hospital Stayed 147 days
   (g) Lived in this county 2 years months days

   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Washington (b) County Pierce
   (c) City or town Tacoma
   (d) ~~Street Address~~ or R.F.D. No. 2 Box 652
   (e) Deceased lived Inside? Outside? x city or town
   (f) Citizen of what country? Japan
   (g) How long had deceased lived in Idaho? 2 years
   (h) Former residence (city, state) Tacoma, Wash.

3. (a) **FULL NAME** Tsuru Morihiro

13b

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race Japanese
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or ~~wife~~ Gunjiro
6. (c) Age of husband or ~~wife~~ if alive 60 years
7. Date of Birth (Month, Day, Year) February 15, 1897

8. AGE	Years	Months	Days	If less than 1 day
	47	6		hrs min.

9. Exact Occupation Housewife — Did this work for yrs.
10. Industry or Business Own Home. — Date last worked
11. Birthplace Hilo, Hawaii -- not registered (City or town) (State or foreign country)
Birth registered in Hiroshima, Japan

Father
12. Name Kumajiro Fujimoto
13. Birthplace Hiroshima, Japan (City or town) (State or foreign country)

Mother
14. Maiden name Shizu
15. Birthplace Hiroshima, Japan (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mrs. Koichi Kikuchi
and Address 19-11-E Hunt, Idaho

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: Salt Lake City

18. Funeral Director's **OWN** Signature D. A. S' Herisson
and Address Jerome Idaho

19. (a) 8-14-44 (Date received and filed) (b) E. W. Sinclair (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) August 14, 1944
at 12:50 o'clock A. M.

21. **I HEREBY CERTIFY**, That I attended deceased from January 31, 1944, to August 14, 1944
I last saw her alive on August 14, 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Pulmonary tuberculosis	
Due to	
✓ Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy not performed

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature F. P. Richards (M. D. or other)
and Address Hunt, Idaho Date 8/15 1944
(For additional space, use reverse side)

Sutton

United States
Department of Commerce
Bureau of the Census

SEP 11 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 140227
Local Reg. No. 189
Reg. Dist. No. 440

1. **PLACE OF DEATH:**
(a) County Jerome
(b) City or town Hazelton
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? XX city or town
(e) Died in a Home XX Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Jerome
(c) City or town ~~XXXXXXXX~~ Hazelton
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Outside? XX city or town
(f) Citizen of what country? U. S.
(g) How long had deceased lived in Idaho? years
(h) Former residence (city, state)

3. (a) **FULL NAME** FELEY FRANKLIN SIZEMORE 91b

3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Unknown
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Jan. 2, 1869

8. AGE	Years	Months	Days	If less than 1 day
	75	7	13	hrs min.

9. Exact Occupation farmer Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Hyrum, Utah (City or town) (State or foreign country)
Father
12. Name Wm. Marion Sizemore
13. Birthplace Marion Co. Alabama (City or town) (State or foreign country)
Mother
14. Maiden name Mary Ann Cook
15. Birthplace Cape Genradue, Ill. (City or town) (State or foreign country)
16. Informant's OWN Signature Mrs G. L. Bailey
and Address Murtaugh, Ida.
17. (a) ~~Burial~~ Removal (Burial, cremation, or removal) (b) Date thereof 8/18/44 (Month) (Day) (Year)
(c) Place: Sunset Memorial Park Cem. Twin Falls, Idaho
18. Funeral Director's OWN Signature by White Mortuary F.D. Frances M. Phillips #1
and Address Twin Falls, Idaho
19. (a) 8-23-44 (Date received and filed) (b) E. W. Sinclair (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 8/15/44 19
at o'clock M.
21. **I HEREBY CERTIFY,** That I attended deceased from 8/14/1944 19 to 8/15/1944 19
I last saw him alive on 8/14/1944 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Acute Endocarditis	
Due to	
✓ Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature R. J. Sutton (M. D. or other)
and Address Oakley Ida Date 8/17 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

SEP 11 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 140228
Local Reg. No. 191
Reg. Dist. No. 4-16

1. **PLACE OF DEATH:**
   (a) County Jerome
   (b) City or town Jerome
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? Outside? — city or town
   (e) Died in a Home — Hospital — Institution — Other place —
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county years months 0 days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Jerome
   (c) City or town Jerome
   (d) Street Address or R. F. D. No.
   (e) Deceased lived Inside? Outside? — city or town
   (f) Citizen of what country? U.S.
   (g) How long had deceased lived in Idaho? years
   (h) Former residence (city, state)

3. (a) **FULL NAME** Virgil Veard Wolverton 194

3. (b) If veteran, name war

3. (c) Social Security No. 528-03-2671

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ethel 6. (c) Age of husband or wife if alive 33 years

7. Date of Birth (Month, Day, Year) March 3 1916

8. AGE	Years	Months	Days	If less than 1 day
	28	5	18	hrs min.

9. Exact Occupation Farmer — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace Robin (City or town) Utah (State or foreign country)

Father
12. Name W. H. Wolverton
13. Birthplace Robin (City or town) Idaho (State or foreign country)

Mother
14. Maiden name Edith E. Osterhout
15. Birthplace Elba (City or town) Idaho (State or foreign country)

16. Informant's OWN Signature W H Wolverton
and Address Jerome Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 26-44 (Month) (Day) (Year)
(c) Place: Jerome Idaho

18. Funeral Director's OWN Signature J R Wiley
and Address Jerome Idaho

19. (a) 8-26-44 (Date received and filed) (b) E M Sinclair (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Aug 21 1944
at 8:00 o'clock A M.

21. **I HEREBY CERTIFY**, That I attended deceased from Aug 21 1944, to Aug 21 1944
I last saw him alive on Aug 21 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — Duration
Wasp sting — 45 Min
Pulmonary oedema
Due to allergic reaction

Due to
Other conditions
(Include pregnancy within 3 months of death)

Where was disease contracted?
Name of operation — Date
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred Aug 21 1944 City, county, state where violence occurred Jerome County Idaho
Place of Violence: Home Yes Farm Industry
Public Place While at work? yes
Means of injury Wasp sting

23. Attendant's OWN Signature Reuben G. Matson MD (M. D. or other)
and Address Jerome Ida. Date 8-25 1944

(For additional space, use reverse side)

United States
Department of Commerce
Bureau of the Census

AUG 26 1944

NON-RESIDENT
CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 140229
Local Reg. No. 262
Reg. Dist. No. 120

1. **PLACE OF DEATH:**
(a) County KOOTENAI
(b) City or town USNTC FARRAGUT
(c) Street Address or R. F. D. No. Farragut
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home __ Hospital X Institution __ Other place __
(f) Name Hosp. or Inst. NAVAL HOSPITAL FARRAGUT, IDAHO Stayed 6 days
(g) Lived in this county ____ years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Washington (b) County Spokane
(c) City or town Spokane
(d) Street Address or R. F. D. No. Riverside Hotel
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? ____ years
(h) Former residence (city, state) --

3. (a) **FULL NAME** DUGAN, Phillip "P".

83 a

3. (b) If veteran, name war no
3. (c) Social Security No. ---
4. Sex Male
5. Color or race ____
6. (a) Single, widowed, married, divorced divorced
6. (b) Name of husband or wife ____
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) not obtainable

8. AGE	Years	Months	Days	If less than 1 day
	51			hrs min.

9. Exact Occupation Sheetmetal worker Did this work for 10 yrs.
10. Industry or Business Bryant Brothers Date last worked June, 1944
11. Birthplace ____ (City or town) (State or foreign country)
Father
12. Name not obtainable
13. Birthplace " " (City or town) (State or foreign country)
Mother
14. Maiden name " "
15. Birthplace " " (City or town) (State or foreign country)
16. Informant's OWN Signature NAVAL HOSPITAL FARRAGUT, IDAHO
and Address NAVAL HOSPITAL FARRAGUT, IDAHO
17. (a) removal (Burial, cremation, or removal) (b) Date thereof 6-6-44 (Month) (Day) (Year)
(c) Place: Spokane, Washington
18. Funeral Director's OWN Signature O. Meager
and Address 615-W 4th Ave Spokane
19. (a) 8/18/44 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 6 1944
at 12:45 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from June 1 1944, to June 6 1944
I last saw him alive on June 6 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Intracranial hemorrage	5 days
Due to Arteriosclerosis	? Months
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Disc. Trephine Date 6/5/44
Major finding Negative.
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature Hans v. Biesen Lt. Cdr. M.C. (M. D. or other) U.S.N.R.
and Address NAVAL HOSPITAL FARRAGUT, IDAHO Date 6-6- 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

KOOTENAI COUNTY HEALTH UNIT

IN CO-OPERATION WITH THE STATE OF IDAHO DEPARTMENT OF PUBLIC HEALTH

COEUR D'ALENE, IDAHO

August 23, 1944

Mabel F. Elder, Director
Bureau of Vital Statistics
Department of Public Health
Boise, Idaho

Dear Mrs. Elder:

The attached certificate of death for Phillip P. Dugan has been held here pending further information on Question 2 through 15.

The Naval Hospital was unable to furnish the information and the funeral director attempted to get the necessary data from Nebraska. This week we received the information as shown on the certificate from the funeral director, Mr. O. G. Merager, Spokane. Rather than attempt again to get satisfactory answers for this certificate, we are forwarding it for your files.

Yours very truly,

Frances M. Ebel

FRANCES M. EBEL
Registrar

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enc.

APR 30 1964

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United States
Department of Commerce
Bureau of the Census

SEP 14 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 222
Reg. Dist. No. 120

1. **PLACE OF DEATH:**
(a) County Kootenai
(b) City or town Coeur d'Alene
(c) Street Address or R. F. D. No. Star Rt.
(d) Death Occurred Inside? Outside? X city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county years months 10 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Kootenai
(c) City or town Coeur d'Alene
(d) Street Address or R. F. D. No. Star Rt.
(e) Deceased lived Inside? Outside? X city or town
(f) Citizen of what country? USA
(g) How long had deceased lived in Idaho? 10 day years
(h) Former residence (city, state) none

3. (a) FULL NAME Caroline Jo. Miller

161c

3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife ////////
6. (c) Age of husband or wife if alive ////// years
7. Date of Birth (Month, Day, Year) July 22, 1944

8. AGE	Years	Months	Days	If less than 1 day
	0	0	10	hrs min.

9. Exact Occupation none Did this work for // yrs.
10. Industry or Business none Date last worked ////
11. Birthplace Coeur d'Alene, Idaho (City or town) (State or foreign country)
Father
12. Name Joseph C. Miller
13. Birthplace Aberdeen South Dakota (City or town) (State or foreign country)
Mother
14. Maiden name Harriet J. Lee
15. Birthplace Montana (City or town) (State or foreign country)
16. Informant's OWN Signature J C Miller
and Address Coeur d'Alene, Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 8-4-44 (Month) (Day) (Year)
(c) Place St. Thomas Cem. Cd'A, Idaho
18. Funeral Director's OWN Signature Don English
and Address Coeur d'Alene, Idaho
19. (a) 8-4-44 (Date received and filed) (b) Frances H. Eckel (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 8-1-44 19
at 10:00 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from 7-22 1944, to 8-1 1944
I last saw her alive on 7-31- 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Renal Hemorrhage — Duration
✓ Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature E. H. Reed (M. D. or other)
and Address Coeur d'Alene Id. Date 8-3 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

140231

United States
Department of Commerce
Bureau of the Census

SEP 14 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140231
Local Reg. No. 210
Reg. Dist. No. 12

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
   (a) County Kootenai
   (b) City or town Farragut, Idaho
   (c) Street Address or R.F.D. No. U. S. N. H.
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home .... Hospital X Institution .... Other place ....
   (f) Name Hosp. or Inst. U. S. N. H. Stayed 1½ days
   (g) Lived in this county ..... years ..... months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Kootenai
   (c) City or town Coeur d' Alene, Idaho
   (d) Street Address or R.F.D. No. 1315 A. Street
   (e) Deceased lived Inside? X Outside? ..... city or town
   (f) Citizen of what country? U. S. A.
   (g) How long had deceased lived in Idaho? ..... years
   (h) Former residence (city, state) .....

3. (a) **FULL NAME** KATY LOU DURHAM

161C.

3. (b) If veteran, name war --
3. (c) Social Security No. --
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced .....
6. (b) Name of husband or wife --
6. (c) Age of husband or wife if alive -- years
7. Date of Birth (Month, Day, Year) 30 JULY 1944

8. AGE	Years	Months	Days	If less than 1 day
	0	0	1½	hrs ..... min.

9. Exact Occupation none Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace U. S. N. H. Farragut, Idaho (City or town) (State or foreign country)

Mother Father
12. Name Harold E. Durham
13. Birthplace Pontiac, Illinois (City or town) (State or foreign country)
14. Maiden name Catherine Alice Brunger
15. Birthplace Boise, Idaho (City or town) (State or foreign country)

16. Informant's **OWN** Signature Harold E. Durham
and Address 1315 A St Coeur d'Alene Ida.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/2/44 (Month) (Day) (Year)
(c) Place: Forest Cemetery
18. Funeral Director's **OWN** Signature Mooney Chapel
and Address Coeur D' Alene, Idaho
19. (a) 8-2-44 (Date received and filed) (b) Frances M. Cahal (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) August 1, 1944
at 2:06 o'clock A. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 30 July 1944 to August 1, 1944
I last saw her alive on 1 August 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Erythroblastosis Foetalis	
Due to	
✓	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature C. E. Rockwell (M. D. or other)
and Address USNH Farm. Date 8/1 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

SEP 14 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140232
Local Reg. No. 204
Reg. Dist. No. 120

1. PLACE OF DEATH: KOOTENAI
(a) County
(b) City or town COEURD ALENE
(c) Street Address or R.F.D. No. 702 Third St.
(d) Death Occured Inside? X Outside? city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Home Hospital Stayed 33 days
(g) Lived in this county 11 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State IDAHO (b) County KOOTENAI
(c) City or town WORLEY
(d) Street Address or R.F.D. No. No number
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 11 years
(h) Former residence (city, state) Sebeka, Minn.

3. (a) FULL NAME FRED F. AHLBERG

93d

3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife --
6. (c) Age of husband or wife if alive -- years
7. Date of Birth (Month, Day, Year) April 3, 1881

8. AGE	Years	Months	Days	If less than 1 day
	63	3	29	hrs min.

9. Exact Occupation Farmer Did this work for 50 yrs.
10. Industry or Business Date last worked 1940
11. Birthplace St. Paul, Nebraska (City or town) (State or foreign country)
Father
12. Name Peter Ahlberg
13. Birthplace Do not know Sweden (City or town) (State or foreign country)
Mother
14. Maiden name Nellie Jensen
15. Birthplace Do not know Sweden (City or town) (State or foreign country)
16. Informant's OWN Signature Fred V. Bendson
and Address Worley Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/4/44 (Month) (Day) (Year)
(c) Place: Worley, Idaho
18. Funeral Director's OWN Signature J. B. Nelson
and Address 109 Lake Side
19. (a) 8/4/44 (Date received and filed) (b) Frances M. Ebel (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) 8/2 1944
at 5:15 o'clock P. M.
21. I HEREBY CERTIFY, That I attended deceased from 1940 ~~19~~, to 8/2 1944
I last saw him alive on 7/31 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Hypertensive Heart Disease	5-6 yrs
Due to	
✓ Due to	
Other conditions Epilepsy (Include pregnancy within 6 months of death)	?
Where was disease contracted? Home	
Name of operation none Date	
Major finding	
Finding of autopsy none	

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature F. F. Hanning MD (M. D. or other)
and Address Coeurd Alene Date 8/3 1944
(For additional space, use reverse side)

NON-RESIDENT

140233

United States
Department of Commerce
Bureau of the Census

SEP 14 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 207
Reg. Dist. No. 121

1. **PLACE OF DEATH:**
(a) County Kootenai
(b) City or town Farragut
(c) Street Address or R. F. D. No. Farragut
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home ____ Hospital X Institution ____ Other place ____
(f) Name Hosp. or Inst. NAVAL HOSPITAL FARRAGUT, IDAHO Stayed 2 days
(g) Lived in this county 0 years 5 months 14 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Kootenai
(c) City or town Farragut, NavTraCen
(d) Street Address or R. F. D. No. Farragut
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? U.S.
(g) How long had deceased lived in Idaho? 5Mo. 14 Days ~~years~~
(h) Former residence (city, state) Rainier, Oregon

3. (a) **FULL NAME** BARR, William Lennington. S2c, V6, USNR. 933-98-10

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3. (b) If veteran, name war None
3. (c) Social Security No. not known
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife none
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) 12-12-25

8. AGE	Years	Months	Days	If less than 1 day hrs	min.
	18	7	23		

9. Exact Occupation Seaman, Second Class — Did this work for 1 yrs.
10. Industry or Business U.S. Navy Reserve — Date last worked 1944
11. Birthplace Sacramento, California (City or town) (State or foreign country)

Father
12. Name Harry George Barr
13. Birthplace not known (City or town) (State or foreign country)

Mother
14. Maiden name not known
15. Birthplace not known (City or town) (State or foreign country)

16. Informant's OWN Signature R. V. Allen
and Address USNH, Farragut, Idaho NAVAL HOSPITAL FARRAGUT, IDAHO
17. (a) removal (Burial, cremation, or removal) (b) Date thereof 8-10-44 (Month) (Day) (Year)
(c) Place: Portland, Oregon
18. Funeral Director's OWN Signature Moon Mortuary
and Address Sandpoint Idaho
19. (a) 8-10-1944 (Date received and filed) (b) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 5 August 1944
at 3:15 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from 4 August 1944 to 5 August 1944
I last saw him alive on 5 August 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
PNEUMONIA LOBAR	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? NavTraCen, FARRAGUT
Name of operation none Date ——
Major finding ——
Finding of autopsy Same as cause of death

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
X Means of injury ____
23. Attendant's OWN Signature J. T. Billingsley (M. D. or other)
and Address USNH FARRAGUT, IDAHO Date 8-8 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

SEP 14 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140234
Local Reg. No. 226
Reg. Dist. No. 120

1. PLACE OF DEATH:
(a) County KOOTENAI
(b) City or town COEURD'ALENE
(c) Street Address or R.F.D. No. 702 3d
(d) Death Occured Inside? X Outside? - city or town
(e) Died in a Home - Hospital X Institution - Other place -
(f) Name Hosp. or Inst. HOME HOSP. Stayed 1 days
(g) Lived in this county 12 years months days
Note. For a person residing in THIS county LESS than 1 year. give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State IDAHO (b) County KOOTENAI
(c) City or town COEURD'ALENE
(d) Street Address or R.F.D. No. 1220 FOSTER
(e) Deceased lived Inside? X Outside? - city or town
(f) Citizen of what country? U. S. A.
(g) How long had deceased lived in Idaho? 27 years
(h) Former residence (city, state) MILTON OREG.

3. (a) **FULL NAME** ELIZABETH MAINE

124h

3. (b) If veteran, name war NO
3. (c) Social Security No.
4. Sex F.
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife WARREN
6. (c) Age of husband or wife if alive 51 years
7. Date of Birth (Month, Day, Year) SEPTEMBER 25th 1900

8. AGE	Years	Months	Days	If less than 1 day
	43	10	14	hrs min.

9. Exact Occupation HOUSEWIFE Did this work for 26 yrs.
10. Industry or Business Date last worked MAY -1942
11. Birthplace ZINESVILLE (City or town) KENTUCKY (State or foreign country)
Father
12. Name GEORGE GRIER
13. Birthplace DO NOT KNOW (City or town) N. CAROLINIA (State or foreign country)
Mother
14. Maiden name DO NOT KNOW
15. Birthplace " " " (City or town) (State or foreign country)
16. Informant's OWN Signature W E Maine
and Address 1220 Foster Ave
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 8/12/1944 (Month) (Day) (Year)
(c) Place: Coeur d'Alene, Idaho
18. Funeral Director's OWN Signature A. B. Nelson
and Address 109 LAKE SIDE. C.D.A.
19. (a) 8/11/44 (Date received and filed) (b) Frances M. Ebel (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 8/9 1944
at 7:45 o'clock P. M.
21. **I HEREBY CERTIFY**, That I attended deceased from 7.18 1944, to 8.9 1944
I last saw her alive on 8.9 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cardio-respiratory failure	
Due to Cirrhosis of the liver	
Due to	
Other conditions with ascites (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation — Date —
Major finding —
Finding of autopsy —

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature G. L. Newcombe M.D. (M. D. or other)
and Address Coeur d'Alene, Idaho Date 8-10, 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census SEP 14 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140235
Local Reg. No. 223
Reg. Dist. No. 120

1. **PLACE OF DEATH:**
   (a) County KOOTENAI
   (b) City or town COEURD'ALENE
   (c) Street Address or R.F.D. No. 702-3d
   (d) Death Occured Inside? X Outside? - city or town
   (e) Died in a Home - Hospital X Institution - Other place -
   (f) Name Hosp. or Inst. HOME HOSP. Stayed 45 days
   (g) Lived in this county 10 years - months - days

   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State IDAHO (b) County KOOTENAI
   (c) City or town COEURD'ALENE
   (d) Street Address or R.F.D. No. 1214 LA CROSSE
   (e) Deceased lived Inside? X Outside? -- city or town
   (f) Citizen of what country? U. S. A.
   (g) How long had deceased lived in Idaho? 17 years
   (h) Former residence (city, state) GARFIELD WASH.

3. (a) **FULL NAME** CHARLES VERNON MILLER 93d

3. (b) If veteran, name war NO
3. (c) Social Security No. 518-12-9754
4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife ERRIE E.
6. (c) Age of husband or wife if alive 65 years
7. Date of Birth (Month, Day, Year) DECEMBER 11-1874

8. AGE	Years	Months	Days	If less than 1 day
	69	7	28	hrs min.

9. Exact Occupation FARMER Did this work for 50 yrs.
10. Industry or Business Date last worked NOV. 1943
11. Birthplace DES MOINES, IOWA (City or town) (State or foreign country)

Mother Father
12. Name PETER G. MILLER
13. Birthplace DO NOT KNOW (City or town) (State or foreign country)
14. Maiden name LISBETH CANFIELD
15. Birthplace DO NOT KNOW (City or town) (State or foreign country)

16. Informant's **OWN** Signature Zella Rae Irwin
and Address 1628 W. 12th Spokane
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 8/12/1944 (Month) (Day) (Year)
(c) Place: Garfield, Washington
18. Funeral Director's **OWN** Signature O. P. Nelson
and Address 109 LAKE SIDE. C. D. A.
19. (a) 8-11-44 (Date received and filed) (b) Spencer M. Eckel (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) August 9 1944
at 4:30 o'clock P. M.

21. **I HEREBY CERTIFY,** That I attended deceased from 1942 to 8/9 1944
I last saw h[illegible] alive on 8/6 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Chr. Myocarditis Decompensated	2 yrs 11 yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? Home
Name of operation None Date
Major finding
Finding of autopsy None

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature O. P. Nelson M.D.
and Address Coeur d'Alene (M. D. or other) Date 8/10 1944
(For additional space, use reverse side)

United States
Department of Commerce
Bureau of the Census SEP 14 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 140236
Local Reg. No. 228
Reg. Dist. No. 120

1. **PLACE OF DEATH:** KOOTENAI
(a) County
(b) City or town COEURD'ALENE
(c) Street Address or R. F. D. No. 702, 3d
(d) Death Occurred Inside? X Outside? - city or town
(e) Died in a Home - Hospital X Institution - Other place -
(f) Name Hosp. or Inst. HOME HOSP. Stayed 12 days
(g) Lived in this county 19 years -- months -- days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State IDAHO (b) County KOOTENAI
(c) City or town POST FALLS
(d) Street Address or R. F. D. No. 14[illegible]VE.
(e) Deceased lived Inside? X Outside? - city or town
(f) Citizen of what country? U. S. A.
(g) How long had deceased lived in Idaho? 19 years
(h) Former residence (city, state) GELLET WYO.

3. (a) **FULL NAME** LYDIA STEVENS

83 a

3. (b) If veteran, name war NO
3. (c) Social Security No. NONE
4. Sex F.
5. Color or race W.
6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife NEAL S.
6. (c) Age of husband or wife if alive ------ years
7. Date of Birth (Month, Day, Year) FEBRUARY 28th 1871

8. AGE	Years	Months	Days	If less than 1 day
	73	5	14	hrs min.

9. Exact Occupation HOUSEWIFE Did this work for 50 yrs.
10. Industry or Business Date last worked 1941
11. Birthplace WASHINGTON (City or town) IOWA (State or foreign country)
Father
12. Name AARON E. RUMMERFIELD
13. Birthplace DO NOT KNOW (City or town) OHIO (State or foreign country)
Mother
14. Maiden name MARY A. DO NOT KNOW
15. Birthplace DO NOT KNOW (City or town) (State or foreign country)
16. Informant's OWN Signature Seth S. Stevens
and Address Post Falls Ida.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 8/16/1944 (Month) (Day) (Year)
(c) Place: EVERGREEN CEMETERY POST FALLS
18. Funeral Director's OWN Signature A. B. Nelson
and Address 109-111 LAKE SIDE C.D.A.
19. (a) 8/16/44 (Date received and filed) (b) Frances M. Odell (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 8/12 1944
at 11:30 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from June 1944 to 8/12 1944
I last saw her alive on 8/11 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Brain Hemorrhage	8/7/44
Due to High Blood Pressure,	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted? None	
Name of operation None Date	
Major finding	
Finding of autopsy None	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state
where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature F. F. Hamilton (M. D. or other)
and Address Coeur d'Alene Date 8/18 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

NON-RESIDENT

140237

United States
Department of Commerce
Bureau of the Census

SEP 14 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 140237
Local Reg. No. 224
Reg. Dist. No. 121

1. **PLACE OF DEATH:**
(a) County Kootenai
(b) City or town USNTC Farragut
(c) Street Address or R. F. D. No. Farragut
(d) Death Occurred Inside? x Outside? ____ city or town
(e) Died in a Home ____ Hospital x Institution ____ Other place ____
(f) Name Hosp. or Inst. NAVAL HOSPITAL FARRAGUT, IDA. Stayed 81 days
(g) Lived in this county 0 years 3 months 16 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Kootenai
(c) City or town USNTC Farragut
(d) Street Address or R. F. D. No. Farragut
(e) Deceased lived Inside? x Outside? ____ city or town
(f) Citizen of what country? U.S.
(g) How long had deceased lived in Idaho? 3 Mo. 16 Days years
(h) Former residence (city, state) Eugene, Oregon

3. (a) **FULL NAME** O'NEAL, Clyde Jordan. AS, V6, USNR. 782-05-66

3. (b) If veteran, name war None
3. (c) Social Security No. not known
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife ____
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) 9-19-1926

8. AGE	Years	Months	Days	If less than 1 day
	17-1	10	23	hrs ____ min.

9. Exact Occupation Apprentice Seaman — Did this work for 3½ Months
10. Industry or Business U.S. Navy Reserve — Date last worked 1944
11. Birthplace Creswell, Oregon (City or town) (State or foreign country)

Father
12. Name Clyde O'Neal
13. Birthplace Kentucky (City or town) (State or foreign country)

Mother
14. Maiden name Thelma Gladys ----
15. Birthplace Rainier, Oregon (City or town) (State or foreign country)

16. Informant's OWN Signature R. V. Allen, C Pharm, USN
and Address ____

17. (a) removal (Burial, cremation, or removal) (b) Date thereof 8-15-44 (Month) (Day) (Year)
(c) Place: Eugene, Oregon

18. Funeral Director's OWN Signature Moon Mortuary
and Address Sandpoint, Idaho

19. (a) 8-14-1944 (Date received and filed) (b) ____ (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 12 August 1944
at 2:35 o'clock P. M.

21. **I HEREBY CERTIFY,** That I attended deceased from 7-8-44 19____, to 8-12-44 19____
I last saw him alive on 12 August 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: TUBERCULOSIS GENERAL MILIARY — Duration ____
Due to ____
Due to ____
Other conditions ____
(Include pregnancy within 3 months of death)
Where was disease contracted? USNTC FARRAGUT, IDAHO
Name of operation ____ Date ____
Major finding ____
Finding of autopsy same as cause of death

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
X Means of injury ____

23. Attendant's OWN Signature James W. Leuterman, M.D. (M. D. or other)
and Address U.S. Naval Hospital, Farragut, Idaho Date 14 Aug. 1944
(For additional space, use reverse side)

NAV. L. HOSPITAL FARRAGUT, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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140233

United States
Department of Commerce
Bureau of the Census

SEP 14 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 217
Reg. Dist. No. 120

1. **PLACE OF DEATH:**
(a) County Kootenai
(b) City or town Coeur d'Alene
(c) Street Address or R. F. D. No. 412 Lakeside
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home __ Hospital X Institution __ Other place __
(f) Name Hosp. or Inst. LCG Hosp Stayed 1 days
(g) Lived in this county 16 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Kootenai
(c) City or town Coeur d'Alene
(d) Street Address or R. F. D. No. Marine Rt.
(e) Deceased lived Inside? ____ Outside? X city or town
(f) Citizen of what country? USA
(g) How long had deceased lived in Idaho? 16 years
(h) Former residence (city, state) Richaland Wn

3. (a) **FULL NAME** Elizabeth Kennard

83a

3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife John
6. (c) Age of husband or wife if alive 79 years
7. Date of Birth (Month, Day, Year) April 16, 1871

8. AGE	Years	Months	Days	If less than 1 day
	73	3	26	hrs min.

9. Exact Occupation housewife Did this work for 50 yrs.
10. Industry or Business own home Date last worked 1938
11. Birthplace Lima OHio (City or town) (State or foreign country)
Father
12. Name Phillip Flath
13. Birthplace Germany (City or town) (State or foreign country)
Mother
14. Maiden name Unknown
15. Birthplace Germany (City or town) (State or foreign country)
16. Informant's OWN Signature Richard T. Kennard
and Address Coeur d'Alene, Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 8-[illegible]44 (Month) (Day) (Year)
(c) Place: Forest Cem. CdA, Idaho
18. Funeral Director's OWN Signature Don English
and Address Coeur d'Alene, Idaho
19. (a) 8/14/44 (Date received and filed) (b) Frances M. [illegible] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 8-12-44 19__
at 4:00 o'clock A.M.
21. **I HEREBY CERTIFY,** That I attended deceased from 8/11 1944 to 8/12 1944
I last saw her alive on 8/11 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Brain hemorrhage	2 days
Due to High blood pressure	?
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted? Home	
Name of operation None Date	
Major finding	
Finding of autopsy None	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state
where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature P. P. Horning (M. D. or other)
and Address Coeur d'Alene Date 8/12 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

SEP 14 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 140239
Local Reg. No. 206
Reg. Dist. No. 120

1. **PLACE OF DEATH:**
(a) County KOOTENAI
(b) City or town COEURD'ALENE
(c) Street Address or R. F. D. No. 412 LAKE SIDE
(d) Death Occurred Inside? X Outside? - city or town
(e) Died in a Home - Hospital X Institution - Other place -
(f) Name Hosp. or Inst. LAKE CITY GEN. Stayed 6 days
(g) Lived in this county 6 years - months - days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State IDAHO (b) County KOOTENAI
(c) City or town COEURD'ALENE
(d) Street Address or R. F. D. No. 1417 PENN. AVE
(e) Deceased lived Inside? X Outside? - - city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 33 years
(h) Former residence (city, state) HUTCHINS, KAN.

3. (a) **FULL NAME** WILLIAM MARK BANTA

131b

3. (b) If veteran, name war NO
3. (c) Social Security No. 518-12-8816
4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife LILLIAN E.
6. (c) Age of husband or wife if alive ------ years
7. Date of Birth (Month, Day, Year) MAY 16th 1880

8. AGE	Years	Months	Days	If less than 1 day
	64	2	27	hrs min.

9. Exact Occupation CARPENTER Did this work for 6 yrs.
10. Industry or Business Date last worked JAN. 1944
11. Birthplace LINCOLN CO. (City or town) MO. (State or foreign country)
Father
12. Name JAMES ALLEN BANTA
13. Birthplace DO NOT KNOW (City or town) MO. (State or foreign country)
Mother
14. Maiden name FRANCIS WHITE
15. Birthplace DO NOT KNOW (City or town) KENTUCKY (State or foreign country)
16. Informant's OWN Signature Lillian E. Banta
and Address 1417 PENN. AVE.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 8/16/1944 (Month) (Day) (Year)
(c) Place: FOREST COEURD'ALENE
18. Funeral Director's OWN Signature A. B. Nelson
and Address 109-111 LAKE SIDE
19. (a) 8/15/44 (Date received and filed) (b) Francis M. Ethel (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 8/13 1944
at 10:10 o'clock P.M.
21. **I HEREBY CERTIFY,** That I attended deceased from 8.7 1944, to 8.13 1944
I last saw him alive on 8.13 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Uremia	4d.+
Due to Chronic Nephritis with Oedema	yrs.
✓ Due to Chron. myocarditis	yrs.
Other conditions myocardial degeneration (Include pregnancy within 3 months of death) auricular fibrillation	few weeks

Where was disease contracted? -
Name of operation — Date —
Major finding —
Finding of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? — Suicide? — Homicide? —
Occurred — 19 City, county, state where violence occurred —
Place of Violence: Home — Farm — Industry —
Public Place — While at work? —
Means of injury —
23. Attendant's OWN Signature H. C. Seymour, M.D. (M. D. or other)
and Address Coeur d'Alene, Idaho Date 8.15 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Horning

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

SEP 14 1944

State File No. 140240
Local Reg. No. 219
Reg. Dist. No. 320

1. **PLACE OF DEATH:**
(a) County Kootenai
(b) City or town Coeur d'Alene
(c) Street Address or R. F. D. No. 907 16th St.
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home X Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 4 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Kootenai
(c) City or town Coeur d'Alene
(d) Street Address or R. F. D. No. 907 16th St.
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? USA
(g) How long had deceased lived in Idaho? 4 years
(h) Former residence (city, state) Aitkin Minn.

3. (a) **FULL NAME** Edna A. McMillan

3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Glenn O.
6. (c) Age of husband or wife if alive dead years
7. Date of Birth (Month, Day, Year) Jan 26, 1901

8. AGE	Years	Months	Days	If less than 1 day
	43	6	22	hrs ____ min.

9. Exact Occupation housewife Did this work for 23 yrs.
10. Industry or Business own home Date last worked 6-1-44
11. Birthplace North Granby, Conn. (City or town) (State or foreign country)

Father
12. Name John S. Ankerstrom
13. Birthplace Sweden (City or town) (State or foreign country)

Mother
14. Maiden name Margaret Weddiskin
15. Birthplace Germany (City or town) (State or foreign country)

16. Informant's OWN Signature Dorothy L. Cummings
and Address Coeur d'Alene, Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 8-22-44 (Month) (Day) (Year)
(c) Place: Forest Cem. Coeur d'Alene
18. Funeral Director's OWN Signature Wm. Eberlein
and Address Coeur d'Alene, Ida.
19. (a) 8-22-44 (Date received and filed) (b) Frances M. Abel (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 8-18-44 19____
at 2:45 o'clock PM.

21. **I HEREBY CERTIFY,** That I attended deceased from May 1943 to 8/18 19 44
I last saw h[illegible] alive on 8/18 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Carcinoma of ovaries with generalized abdominal metastases — Duration 1½ yrs.
Due to ____
Due to ____
Other conditions ____
(Include pregnancy within 3 months of death)

Where was disease contracted? ____
Name of operation Exploratory Date June 1943
Major finding ____
Finding of autopsy ____

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's OWN Signature H. T. Horning M.D. (M. D. or other)
and Address Coeur d'Alene Date 8/21 19 44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census **SEP 14 1944**

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 140241
Local Reg. No. 2[illegible]
Reg. Dist. No. 17[illegible]

1. **PLACE OF DEATH:** KOOTENAI
   (a) County
   (b) City or town COEURD'ALENE
   (c) Street Address or R. F. D. No. 2101 LAKE SIDE
   (d) Death Occurred Inside? X Outside? ___ city or town
   (e) Died in a Home ___ Hospital ___ Institution ___ Other place ___
   (f) Name Hosp. or Inst. HIS HOME Stayed ___ days
   (g) Lived in this county 7 years 4 months 11 days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State IDAHO (b) County KOOTENAI
   (c) City or town COEURD'ALENE
   (d) Street Address or R. F. D. No. 2101 LAKE SIDE
   (e) Deceased lived Inside? X Outside? ___ city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 7 years
   (h) Former residence (city, state) COEURD'ALENE

3. (a) **FULL NAME** ERNEST ALBERT COOK

115c

3. (b) If veteran, name war NO
3. (c) Social Security No. NONE
4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced SINGLE
6. (b) Name of husband or wife -----
6. (c) Age of husband or wife if alive ----- years
7. Date of Birth (Month, Day, Year) APRIL 8th 1937

8. AGE	Years	Months	Days	If less than 1 day
	7	4	11	hrs ___ min.

9. Exact Occupation SCHOOL BOY — Did this work for 2 yrs.
10. Industry or Business -- — Date last worked MAY*1944
11. Birthplace COEURD'ALENE (City or town) IDAHO (State or foreign country)

Father
12. Name LESTER COOK
13. Birthplace NEWPORT (City or town) MO. (State or foreign country)

Mother
14. Maiden name RUTH BURKE
15. Birthplace OMAHA (City or town) NEB. (State or foreign country)

16. Informant's OWN Signature Lester Cook
and Address 2101 LAKE SIDE C.D.A.
17. (a) BURIAL (Burial, cremation or removal) (b) Date thereof 8/21/1944 (Month) (Day) (Year)
(c) Place: FOREST COEURD'ALENE
18. Funeral Director's OWN Signature A.B. Nelson
and Address 109-11 LAKE SIDE
19. (a) 8-21-44 (Date received and filed) (b) Frances A. Todd (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 8/19 19___
at 3:15 o'clock P.M.
21. **I HEREBY CERTIFY,** That I attended deceased from 8/17 1944, to 8/19 1944
I last saw him alive on 8/19 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Myocardial Failure	1 day.
Due to Peritonsillar abscess	2 weeks
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ___ Date ___
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ___ Suicide? ___ Homicide? ___
Occurred ___ 19___ City, county, state where violence occurred
Place of Violence: Home ___ Farm ___ Industry ___
Public Place ___ While at work? ___
Means of injury

23. Attendant's OWN Signature William T. Wood M.D.
(M. D. or other)
and Address Coeur d'Alene Date 8-21 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

14024

United States
Department of Commerce
Bureau of the Census

SEP 14 1944

Certificate Of Death

STATE OF IDAHO

State File No. .....
Local Reg. No. 721
Reg. Dist. No. 120

1. **PLACE OF DEATH:** KOOTENAI COUNTY
   (a) County Shoshone
   (b) City or town U. S. HIGHWAY #10
   (c) Street Address or R. F. D. No. .....
   (d) Death Occured Inside? ..... Outside? X ..... city or town
   (e) Died in a Home.... Hospital.... Institution.... Other place X
   (f) Name Hosp. or Inst. ..... Stayed ..... days
   (g) Lived in this county ..... years ..... months ..... days

   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Ada
   (c) City or town Emmett
   (d) Street Address or R.F.D. No. .....
   (e) Deceased lived Inside? X Outside? ..... city or town
   (f) Citizen of what country? U S
   (g) How long had deceased lived in Idaho? 21 years
   (h) Former residence (city, state) .....

3. (a) **FULL NAME** Thelma C Meier (Mrs)

3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ralph
6. (c) Age of husband or wife if alive 23 years
7. Date of Birth (Month, Day, Year) November 11, 1923

8. AGE	Years	Months	Days	If less than 1 day
	20	9	16	hrs min.

9. Exact Occupation Home — Did this work for ..... yrs.
10. Industry or Business Housewife — Date last worked 8/27/44
11. Birthplace Emmett Idaho (City or town) (State or foreign country)

Father
12. Name Marion Cornett
13. Birthplace Marysville Kansas (City or town) (State or foreign country)

Mother
14. Maiden name Anna Schlup
15. Birthplace Logan Utah (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mrs Edna Watson
and Address Spokane

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8 30 44 (Month) (Day) (Year)
(c) Place: Kellogg Idaho

18. Funeral Director's **OWN** Signature Dyson Funeral Home
and Address Kellogg Idaho

19. (a) 8/30/44 (Date received and filed) (b) James M. Odell (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Aug. 27 1944
at 6 o'clock P M.

21. **I HEREBY CERTIFY**, That I attended deceased from [redacted]-27 1944, to [redacted]-27 1944
I last saw him alive on 8-27 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Skull Fracture — Duration .....
Due to Dislocation & Fracture Cervical Vertebrae .....
Due to Fractured Lumbar Vertebrae .....
Due to Thrown from motorcycle .....
Other conditions (Include pregnancy within 3 months of death) 8-27-44

Where was disease contracted? .....
Name of operation none Date .....
Major finding .....
Finding of autopsy none

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Yes Suicide? ..... Homicide? .....
Occurred 8-27 1944 City, county, state where violence occurred Kootenai County
Place of Violence: Home ..... Farm ..... Industry .....
Public Place Hwy ..... While at work? .....
Means of injury Thrown from motorcycle

23. Attendant's **OWN** Signature [illegible] Coroner (M. D. or other)
and Address Coeur d'Alene Ida Date 8-30 1944
(For additional space, use reverse side)

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

WASHINGTON

Boise, Idaho
Sept. 15, 1944

Frances M. Ebel
Local Registrar
Coeur d' Alene, Idaho

SEP 21 1944

A death certificate has been received in the office of the State Department of Health, Bureau of Vital Statistics, for

Thelma C. Meier File No. ____

Color or race White Age 20

Who died at ? On ~~August 27, 1944~~

It is important that this certificate be complete and accurate in every particular. You are therefore asked to supply in the space below the double line the information needed for this record. A prompt reply will be appreciated.

Very truly yours,

Special Agent, Bureau of the Census.

(Write your answer in the space after each question checked)

Correct name _____ Date of birth _____

Sex _____ Color or race _____ Date of death _____

~~Accident occurred in Kootenai County; place of death given as Shoshone County.~~

Please verify: U. S. Highway #10 (City or town), Kootenai (County)

Remarks:

Date 9-18-44 Your signature Frances M. Ebel

Please return to the Special Agent in the enclosed envelope which requires no postage.

#3

140243

United States
Department of Commerce
Bureau of the Census

SEP 14 1944

Certificate Of Death

STATE OF IDAHO

State File No.
Local Reg. No. 218
Reg. Dist. No. 121

1. PLACE OF DEATH:
(a) County Kootenai
(b) City or town Farragut, Idaho
(c) Street Address or R.F.D. No. U.S.N.H.
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Home.... Hospital X Institution.... Other place....
(f) Name Hosp. or Inst. U.S.N.H. Stayed --- days
(g) Lived in this county -- years -- months -- days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Kootenai
(c) City or town Sandpoint, Idaho
(d) Street Address or R.F.D. No. 617 Church St.
(e) Deceased lived Inside? X Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? - --- years
(h) Former residence (city, state) - - - - - -

3. (a) **FULL NAME** MARY KRYSA

159

3. (b) If veteran, name war **
3. (c) Social Security No. - - - -
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced - - - -
6. (b) Name of husband or wife - - - -
6. (c) Age of husband or wife if alive - - - - years
7. Date of Birth (Month, Day, Year) August 26, 1944

8. AGE	Years	Months	Days	If less than 1 day
	0	0	0	2 hrs 30 min.

9. Exact Occupation - - - - - - - - - - Did this work for - - yrs.
10. Industry or Business - - - - - - - - Date last worked - - - -
11. Birthplace U.S.N.H. Farragut, Idaho (City or town) (State or foreign country)
Father
12. Name Michael T. Krysa CSp(A)
13. Birthplace ~~Owltown~~, Penn. Allentown, (City or town) (State or foreign country)
Mother
14. Maiden name Marcia Marie Zechman
15. Birthplace St.Claire, Penn (City or town) (State or foreign country)
16. Informant's **OWN** Signature Michael T Krysa
and Address 617 Church St Sandpoint, Ida.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Aug. 28, 1944 (Month) (Day) (Year)
(c) Place: Sandpoint, Idaho.
18. Funeral Director's **OWN** Signature MOON MORTUARY [signature]
and Address SANDPOINT, IDAHO
19. (a) AUG 28 1944 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) August 27, 1944
at 1:15 o'clock A. M.
21. **I HEREBY CERTIFY,** That I attended deceased from ..... 19....., to ..... 19.....
I last saw h..... alive on ..... 19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Prematurity and lethal congenital deformities.	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYISCIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature C. E. Radcliffe M.D. (M.D. or other)
and Address USNH Farragut Date 8/27/1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census SEP 14 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140244
Local Reg. No. 226
Reg. Dist. No. 1-7-1

1. **PLACE OF DEATH:**
(a) County Kootenai
(b) City or town Farragut, Idaho
(c) Street Address or R. F. D. No. U.S.N.H.
(d) Death Occured Inside? X Outside? ....city or town
(e) Died in a Home.... Hospital X Institution.... Other place....
(f) Name Hosp. or Inst. U.S.N.H. Stayed ....days
(g) Lived in this county ---years ---months ---days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Kootenai
(c) City or town Farragut, Idaho
(d) Street Address or R.F.D. No. U.S.N.H.
(e) Deceased lived Inside? X Outside? ....city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? --- years
(h) Former residence (city, state) ---

3. (a) **FULL NAME** JOEL MICHEAL SIRES 161a

3. (b) If veteran, name war **
3. (c) Social Security No. ---
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced ---
6. (b) Name of husband or wife ---
6. (c) Age of husband or wife if alive --- years
7. Date of Birth (Month, Day, Year) August 26, 1944

8. AGE	Years	Months	Days	If less than 1 day
			1	21 hrs 35 min.

9. Exact Occupation --- Did this work for --- yrs.
10. Industry or Business --- Date last worked ---
11. Birthplace U.S.N.H. Farragut, Idaho (City or town) (State or foreign country)

Father
12. Name Morris Mark Sires
13. Birthplace Milwaukee, Wisconsin (City or town) (State or foreign country)

Mother
14. Maiden name Betty Anne Booth
15. Birthplace St. Maries, Idaho (City or town) (State or foreign country)

16. Informant's **OWN** Signature Morris M. Sires
and Address 1208 3rd Ave., Sandpoint

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Aug. 28, 1944 (Month) (Day) (Year)
(c) Place: Spokane, Washington.

18. Funeral Director's **OWN** Signature MOON MORTUARY
and Address SANDPOINT, IDAHO

19. (a) AUG 28 1944 (Date received and filed) (b) (Registrar's Signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) August 28, 1944
at 1:15 o'clock A. M.

21. **I HEREBY CERTIFY**, That I attended deceased from August 26 1944, to August 28 1944
I last saw him alive on August 28 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Congenital atelectasis — Duration
Due to ---
Due to ---
Other conditions (Include pregnancy within 3 months of death) ---
Where was disease contracted? ---
Name of operation --- Date ---
Major finding ---
Finding of autopsy ---

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? --- Suicide? --- Homicide? ---
Occurred --- 19--- City, county, state where violence occurred ---
Place of Violence: Home --- Farm --- Industry ---
Public Place --- While at work? ---
Means of injury ---

23. Attendant's **OWN** Signature [illegible] M.D.
(M. D. or other)
and Address U.S.N.H. Farragut Date 8-28 1944
(For additional space, use reverse side)

Greenwood

140245

United States
Department of Commerce
Bureau of the Census

SEP 14 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 213
Reg. Dist. No. 120

1. **PLACE OF DEATH:**
   (a) County Kootenai
   (b) City or town Coeur d'Alene
   (c) Street Address or R. F. D. No. 3rd & Foster
   (d) Death Occurred Inside? X Outside? ____ city or town
   (e) Died in a Home ____ Hospital X Institution ____ Other place ____
   (f) Name Hosp. or Inst. Home Stayed 2 4 days
   (g) Lived in this county 30 years ____ months ____ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Kootenai
   (c) City or town Coeur d'Alene
   (d) Street Address or R. F. D. No. 2020 5th St
   (e) Deceased lived Inside? X Outside? ____ city or town
   (f) Citizen of what country? USA
   (g) How long had deceased lived in Idaho? 30 years
   (h) Former residence (city, state) Washington

3. (a) FULL NAME Peter Franklin

83a

3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Luella
6. (c) Age of husband or wife if alive 78 years
7. Date of Birth (Month, Day, Year) 7-2-1866

8. AGE	Years	Months	Days	If less than 1 day
	78	1	29	hrs ____ min.

9. Exact Occupation Mining — Did this work for 65 yrs.
10. Industry or Business mining metals — Date last worked 1934
11. Birthplace Michaigan (City or town) (State or foreign country)

Father
12. Name Peter Franklin
13. Birthplace unknown (City or town) (State or foreign country)

Mother
14. Maiden name unknown
15. Birthplace " (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs E. McAfee, and Address Coeur d'Alene
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-3-44 (Month) (Day) (Year)
    (c) Place: Forest Cem. Cd'A. Idaho
18. Funeral Director's OWN Signature Don English and Address Coeur d'Alene, Idaho
19. (a) 9/2/44 (Date received and filed) (b) Frances M. Veal (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 8-31-44 19____
    at 4:55 o'clock P.M.
21. **I HEREBY CERTIFY,** That I attended deceased from June 1940, to Aug 31 1944
    I last saw him alive on Aug 31 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebral Hemorrhage	8-26-44
Hypertension	15 yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation None Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
    Occurred ____ 19____ City, county, state where violence occurred
    Place of Violence: Home ____ Farm ____ Industry ____
    Public Place ____ While at work? ____
    Means of injury
23. Attendant's OWN Signature Hamilton A. Greenwood M.D. (M. D. or other)
    and Address Coeur d'Alene, Ida. Date 9-2 1944

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

SEP 11 1944

State File No. 140246
Local Reg. No. 1087
Reg. Dist. No. 200

1. **PLACE OF DEATH:**
(a) County Latah
(b) City or town Moscow
(c) Street Address or R. F. D. No. 514 So. Wash.
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home X Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 22 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Latah
(c) City or town Moscow
(d) Street Address or R. F. D. No. 514 So. Wash
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? USA
(g) How long had deceased lived in Idaho? 22 years
(h) Former residence (city, state) ____

3. (a) **FULL NAME** Christian Andreas Tennvick 131a

3. (b) If veteran, name war None
3. (c) Social Security No. 519-09-5013
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Jane Linn
6. (c) Age of husband or wife if alive 67 years
7. Date of Birth (Month, Day, Year) June 11, 1877

8. AGE	Years	Months	Days	If less than 1 day
	67	1	21	hrs ____ min.

9. Exact Occupation Grain Buyer — Did this work for 8 yrs.
10. Industry or Business Moscow Idaho Seed Co. — Date last worked 7-23-44
11. Birthplace ____ (City or town) Norway (State or foreign country)

Father
12. Name Andrew Tennvick
13. Birthplace ____ (City or town) Norway (State or foreign country)

Mother
14. Maiden name Mathea Linnvik
15. Birthplace ____ (City or town) Norway (State or foreign country)

16. Informant's OWN Signature Jane C. Tennvick
and Address 318 So. Main, Moscow, Ida.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-5-44 (Month) (Day) (Year)
(c) Place: Moscow Idaho
18. Funeral Director's OWN Signature H. B. Short
and Address Moscow Idaho
19. (a) 9/6/44 (Date received and filed) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) August 2 1944
at 10:55 o'clock P.M.

21. **I HEREBY CERTIFY,** That I attended deceased from April 22 1944 to August 3 1944
I last saw him alive on Aug 2 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Acute myocarditis — Duration ____
Due to Chronic myocarditis — ____
and Chr. Interstitial
Due to Nephritis — ____
Other conditions ____ — ____
(Include pregnancy within 3 months of death)

Where was disease contracted? Home
Name of operation None Date ____
Major finding ____
Finding of autopsy None made

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's OWN Signature O. Armstrong M.D.
(M. D. or other)
and Address Moscow Ida. Date Sept 11 1944
(For additional space, use reverse side)

Wl 140247

United States
Department of Commerce
Bureau of the Census

SEP 11 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 1088
Reg. Dist. No. 201

1. **PLACE OF DEATH:**
(a) County Latah
(b) City or town Moscow
(c) Street Address or R. F. D. No. 710 So. Main
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home ____ Hospital X Institution ____ Other place ____
(f) Name Hosp. or Inst. Whitman Stayed 20 days
(g) Lived in this county 28 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Latah
(c) City or town Moscow
(d) Street Address or R. F. D. No. 1037 N. Main St
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 28 years
(h) Former residence (city, state) ____

3. (a) **FULL NAME** Marie Emeline Lamphere 83a

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Mark
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) Dec. 31, 1876

8. AGE	Years	Months	Days	If less than 1 day
	67	9	3	hrs ____ min.

9. Exact Occupation Housewife Did this work for life yrs.
10. Industry or Business None Date last worked ____
11. Birthplace Dallas (City or town) Oregon (State or foreign country)
Father
12. Name William Wiley
13. Birthplace W. Virginia (City or town) (State or foreign country)
Mother
14. Maiden name Emeline Tetrow
15. Birthplace Unknown (City or town) (State or foreign country)
16. Informant's **OWN** Signature H. R. Short and Address Moscow Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-7-44 (Month) (Day) (Year)
(c) Place: Moscow
18. Funeral Director's **OWN** Signature H. R. Short and Address Moscow Idaho
19. (a) 9/6/44 (Date received and filed) (b) ____ (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) August 3 1944
at 11:55 o'clock A M.
21. **I HEREBY CERTIFY**, That I attended deceased from 8-3 1944 to 8-3 1944
I last saw her alive on 8-3 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebral hemorrhage	
Due to ____	
Due to ____	
Other conditions (Include pregnancy within 3 months of death) ____	

Where was disease contracted? ____
Name of operation None Date ____
Major finding ____
Finding of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's **OWN** Signature Joseph R. Wilson M.D. (M. D. or other)
and Address Moscow Idaho Date 8-7 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

SEP 11 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 140243
Local Reg. No. 1089
Reg. Dist. No. 202

1. **PLACE OF DEATH:**
(a) County Latah
(b) City or town Troy
(c) Street Address or R. F. D. No. Troy 2 dr.
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home ____ Hospital ____ Institution ____ Other place X
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 9 years 9 months 0 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Latah
(c) City or town Troy
(d) Street Address or R. F. D. No. none
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? USA
(g) How long had deceased lived in Idaho? 7 years
(h) Former residence (city, state) ____

3. (a) **FULL NAME** Jerry Lee Shepherd 184

3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex M
5. Color or race W.
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife none
6. (c) Age of husband or wife if alive none years
7. Date of Birth (Month, Day, Year) Nov. 4, 1934

8. AGE	Years	Months	Days	If less than 1 day
	9	9	0	hrs ____ min.

9. Exact Occupation school boy — Did this work for ____ yrs.
10. Industry or Business school boy — Date last worked ____
11. Birthplace Troy (City or town) Idaho (State or foreign country)

Father
12. Name Gordon Shepherd
13. Birthplace San Francisco Cal (City or town) (State or foreign country)

Mother
14. Maiden name Susie Gilbreath
15. Birthplace (Unknown) (City or town) Unknown (State or foreign country)

16. Informant's **OWN** Signature Mrs. L. A. Shepherd
and Address Troy Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-8-44 (Month) (Day) (Year)
(c) Place: Moscow Idaho

18. Funeral Director's **OWN** Signature H. B. Short
and Address Moscow Idaho

19. (a) 9/6/44 (Date received and filed) (b) L. A. Klaas (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 8-4 1944
at 6:45 o'clock P M.

21. **I HEREBY CERTIFY,** That I attended deceased from ____ 19____, to ____ 19____
I last saw h____ alive on ____ 19____; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death	Duration
Accidental gun shot wound in neck	
✓ Due to .22 caliber, single shot rifle.	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? X Suicide? ____ Homicide? ____
Occurred 8-4 1944 City, county, state where violence occurred Troy Latah Idaho
Place of Violence: Home X Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's **OWN** Signature H. B. Short (M. D. or other)
and Address Moscow Date 8-7 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Klaa

140249

United States
Department of Commerce
Bureau of the Census

SEP 11 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 1090
Reg. Dist. No. 200

1. **PLACE OF DEATH:**
(a) County Latah
(b) City or town Moscow
(c) Street Address or R. F. D. No. 704 E 1st.
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home X Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 38 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Latah
(c) City or town Moscow
(d) Street Address or R. F. D. No. RFD # 5
(e) Deceased lived Inside? ____ Outside? X city or town
(f) Citizen of what country? USA
(g) How long had deceased lived in Idaho? 38 years
(h) Former residence (city, state) ____

3. (a) **FULL NAME** Ethel Olson

56a

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Charlie
6. (c) Age of husband or wife if alive 73 years
7. Date of Birth (Month, Day, Year) Jan. 18, 1881

8. AGE	Years	Months	Days	If less than 1 day
	63	6	21	hrs ____ min.

9. Exact Occupation Housewife — Did this work for life yrs.
10. Industry or Business Housework — Date last worked
11. Birthplace (City or town) Sweden (State or foreign country)

Father
12. Name C. J. Carlson
13. Birthplace (City or town) Sweden (State or foreign country)

Mother
14. Maiden name Unknown
15. Birthplace (City or town) Sweden (State or foreign country)

16. Informant's **OWN** Signature Mrs Carl T. Olson
and Address 704 E 1st. Moscow Ida
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-12-44 (Month) (Day) (Year)
(c) Place: Moscow Idaho
18. Funeral Director's **OWN** Signature H. O. Short
and Address Moscow Idaho
19. (a) 9/6/44 (Date received and filed) (b) C. A. Klaas (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) August 9 1944
at 11:45 o'clock AM.
21. **I HEREBY CERTIFY,** That I attended deceased from 6/28/44 19__ to 8/9/44 19__
I last saw h alive on 8/9/44 19__; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Acute Pyelitis, complicated with Nephritis	
Due to (a) Following	
Removal large ovarian cyst, left	
Due to Age of 8 mo. pregnancy	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? ____
Name of operation Removal cyst Date 7/11/44
Major findings Cyst of ovary, left
Finding of autopsy ____

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's **OWN** Signature C. A. Klaas MD (M. D. or other)
and Address Moscow Ida Date 9-8 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Wilson

United States
Department of Commerce
Bureau of the Census

SEP 11 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 140250
Local Reg. No. 1091
Reg. Dist. No. 200

1. **PLACE OF DEATH:**
(a) County Latah
(b) City or town Moscow
(c) Street Address or R. F. D. No. RFD #5
(d) Death Occurred Inside? ____ Outside? X city or town
(e) Died in a Home X Hospital __ Institution __ Other place __
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 42 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Latah
(c) City or town Moscow
(d) Street Address or R. F. D. No. RFD #5
(e) Deceased lived Inside? ____ Outside? X city or town
(f) Citizen of what country? N.S.A.
(g) How long had deceased lived in Idaho? 42 years
(h) Former residence (city, state) ____

3. (a) **FULL NAME** Elva Cooper

131a

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Wilson
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) Febr. 3, 1869

8. AGE	Years	Months	Days	If less than 1 day
	75	6	13	hrs min.

9. Exact Occupation Housewife Did this work for life yrs.
10. Industry or Business " Date last worked ____
11. Birthplace Ontario, Canada (City or town) (State or foreign country)
Father
12. Name Gainhwaite
13. Birthplace Canada (City or town) (State or foreign country)
Mother
14. Maiden name Sackwrite
15. Birthplace Canada (City or town) (State or foreign country)
16. Informant's OWN Signature E. W. Hart
and Address Moscow, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-19-44 (Month) (Day) (Year)
(c) Place: Moscow Idaho
18. Funeral Director's OWN Signature H. R. Short
and Address Moscow Idaho
19. (a) 9/6/44 (Date received and filed) (b) C. J. Klaas (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) August 16 1944
at 1:00 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from 1-26 1939, to 4-8 1942
I last saw her alive on 4-18-1942 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Coronary occlusion	1-16-44
Due to Hypertensive cardiovascular	
Due to renal disease	
Other conditions Nephritis (Include pregnancy within 3 months of death)	
Prolapsed uterus	1-26-39

Where was disease contracted? ____
Name of operation none Date ____
Major finding —
Finding of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? — Suicide? — Homicide? —
Occurred — 19__ City, county, state where violence occurred —
Place of Violence: Home — Farm — Industry —
Public Place — While at work? —
Means of injury —
23. Attendant's OWN Signature Joseph G. Wilson M.D. (M. D. or other)
and Address Moscow, Ida Date 8-22-1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Klaarn

140251

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 1092
Reg. Dist. No. 200

SEP 11 1944

1. **PLACE OF DEATH:**
(a) County Latah
(b) City or town Moscow
(c) Street Address or R. F. D. No. 710 So. Main
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home __ Hospital X Institution __ Other place __
(f) Name Hosp. or Inst. Gritman Stayed 8 days
(g) Lived in this county 37 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Latah
(c) ~~City~~ or town Viola
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? USA
(g) How long had deceased lived in Idaho? 37 years
(h) Former residence (city, state)

3. (a) **FULL NAME** Penelope McGreal 61

3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife W.L.
6. (c) Age of husband or wife if alive 68 years
7. Date of Birth (Month, Day, Year) June 26, 1872

8. AGE	Years	Months	Days	If less than 1 day
	72	1	20	hrs min.

9. Exact Occupation housewife Did this work for life yrs.
10. Industry or Business housewife Date last worked
11. Birthplace Knoxville (City or town) Tenn. (State or foreign country)
Father
12. Name Jacob Edwards
13. Birthplace (City or town) unknown (State or foreign country)
Mother
14. Maiden name unknown
15. Birthplace (City or town) unknown (State or foreign country)
16. Informant's OWN Signature Theodore G. Saad
and Address Pollatch, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-18-44 (Month) (Day) (Year)
(c) Place: Moscow Idaho
18. Funeral Director's OWN Signature H. R. Smith
and Address Moscow, Idaho
19. (a) 9/6/44 (Date received and filed) (b) C J Klaarn (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 8-16 1944
at 11:35 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from 6/17 1944 to 8/16/44 19__
I last saw her alive on 8/16/44 19__; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Malnutrition	2000
Due to Diabetes and diabetic	61
gangrene rt. foot leg	98½
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Amputation Date 8/9/44
Major finding Gangrene rt foot leg
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state
where violence occurred
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury
23. Attendant's OWN Signature C J Klaarn MSE (M. D. or other)
and Address Moscow Ida Date 9-8 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Klaare

State File No. 140252
Local Reg. No. 1093
Reg. Dist. No. 20

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

SEP 11 1944

1. **PLACE OF DEATH:**
(a) County Latah
(b) City or town Moscow
(c) Street Address or R. F. D. No. 322 N. Hayes
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home X Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 14 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Latah
(c) City or town Moscow
(d) Street Address or R. F. D. No. 322 No. Hayes
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? USA
(g) How long had deceased lived in Idaho? 14 years
(h) Former residence (city, state) ____

3. (a) **FULL NAME** Karl Dean Gustavuson 82

3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife none
6. (c) Age of husband or wife if alive none years
7. Date of Birth (Month, Day, Year) July 7, 1930

8. AGE	Years	Months	Days	If less than 1 day
	14	1	9	hrs ____ min. ____

9. Exact Occupation None — Did this work for life yrs.
10. Industry or Business None — Date last worked ____
11. Birthplace Moscow (City or town) Idaho (State or foreign country)
Father
12. Name Peter Gustavuson
13. Birthplace Wisconsin (City or town) (State or foreign country)
Mother
14. Maiden name Lucille McCauley
15. Birthplace Kansas (City or town) (State or foreign country)
16. Informant's **OWN** Signature Peter Gustavuson
and Address 322 N. Hayes - Moscow
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-16-44 (Month) (Day) (Year)
(c) Place: Moscow Idaho
18. Funeral Director's **OWN** Signature H. R. Short
and Address Moscow Idaho
19. (a) 9/6/44 (Date received and filed) (b) L. L. Klaare (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) August 16 1944
at 11:40 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 9/8 1937, to 8/16/44 19____
I last saw him alive on 8/8/44 19____; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death	Duration
Heart failure	
Due to Amyloidosis Lateral sclerosis & Mal-nutrition	
Due to	
Other conditions None (Include pregnancy within 3 months of death)	

Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's **OWN** Signature L. L. Klaare M.D. (M. D. or other)
and Address Moscow Ida Date 9-8 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Klaare 140253

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

FEB 11 1948

State File No. 140253
Local Reg. No. 1094
Reg. Dist. No. 200

1. **PLACE OF DEATH:**
(a) County Latah
(b) City or town Moscow
(c) Street Address or R. F. D. No. 710 S. Main
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home ____ Hospital X Institution ____ Other place ____
(f) Name Hosp. or Inst. Gritman Stayed ____ days
(g) Lived in this county ____ years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2. 18 hrs - 15 min

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Latah
(c) City or town Moscow
(d) Street Address or R. F. D. No. 710 So Main
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? USA
(g) How long had deceased lived in Idaho? ____ years
(h) Former residence (city, state) ____

3. (a) **FULL NAME** Louis Jason Stoner 159

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife ____
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) 8-18-44

8. AGE	Years	Months	Days	If less than 1 day
				18 hrs 15 min

9. Exact Occupation None — Did this work for ____ yrs.
10. Industry or Business " — Date last worked ____
11. Birthplace Moscow (City or town) Idaho (State or foreign country)

Father
12. Name Orville Stoner
13. Birthplace Kettle Falls, Wash (City or town) (State or foreign country)

Mother
14. Maiden name Jane Darg
15. Birthplace Missoula, Mont. (City or town) (State or foreign country)

16. Informant's **OWN** Signature Orville W. Stoner
and Address Kendrick Idaho 8-19-44
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: Moscow Idaho
18. Funeral Director's **OWN** Signature H. R. Short
and Address Moscow, Idaho
19. (a) 9/6/44 (Date received and filed) (b) C. J. Klaare (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 8-18 1944
at 9:15 o'clock A M.

21. **I HEREBY CERTIFY,** That I attended deceased from ____ 19____, to ____ 19____
I last saw h____ alive on ____ 19____; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Prematurity — Duration ____
Due to ____
Due to ____
Other conditions (Include pregnancy within 3 months of death) ____
Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's **OWN** Signature C. J. Klaare M.D. (M. D. or other)
and Address Moscow Ida. Date 9-8 1944
(For additional space, use reverse side)

140254

United States
Department of Commerce
Bureau of the Census

SEP 11 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 140254
Local Reg. No. 1095
Reg. Dist. No. 200

1. **PLACE OF DEATH:**
(a) County Latah
(b) City or town Moscow
(c) Street Address or R. F. D. No. 710 So. Main
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home ____ Hospital X Institution ____ Other place ____
(f) Name Hosp. or Inst. Gritman Stayed 3 days
(g) Lived in this county ____ years ____ months 3 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Latah
(c) City or town Moscow
(d) Street Address or R. F. D. No. 710 S. Main
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? USA
(g) How long had deceased lived in Idaho? 3 days years
(h) Former residence (city, state) ____

3. (a) **FULL NAME** Leonard John Storer

159

3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife none
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) August 18, 1944

8. AGE	Years	Months	Days	If less than 1 day
			3	hrs ____ min.

9. Exact Occupation none — Did this work for ____ yrs.
10. Industry or Business none — Date last worked ____
11. Birthplace Moscow (City or town) Idaho (State or foreign country)

Father
12. Name Orville Storer
13. Birthplace Kettle Falls, Wash. (City or town) (State or foreign country)

Mother
14. Maiden name June Davis
15. Birthplace Missoula Mont. (City or town) (State or foreign country)

16. Informant's **OWN** Signature Orville M. Storer
and Address Kendrick, Ida.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 8-21-44 (Month) (Day) (Year)
(c) Place: Moscow, Idaho

18. Funeral Director's **OWN** Signature K. R. Short
and Address Moscow, Idaho

19. (a) 9/6/44 (Date received and filed) (b) L. J. Klaarn (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) August 20 19 44
at 4:45 o'clock A M.

21. **I HEREBY CERTIFY,** That I attended deceased from 8/18/44 19____, to 8/20/44 19____
I last saw him alive on 8/20/44 19____; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Premature	
Due to	
✓ Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's **OWN** Signature L. J. Klaarn M.D. (M. D. or other)
and Address Moscow Ida. Date 9-8 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Klaaren

NON-RESIDENT
CERTIFICATE OF DEATH
STATE OF IDAHO

United States
Department of Commerce
Bureau of the Census

SEP 11 1944

State File No. 140255
Local Reg. No. 1096
Reg. Dist. No. 200

1. **PLACE OF DEATH:**
(a) County Latah
(b) City or town Moscow
(c) Street Address or R. F. D. No. RFD # 4
(d) Death Occurred Inside? ____ Outside? X city or town
(e) Died in a Home Hospital Institution Other place X
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county ____ years ____ months ____ days
Note. For a person residing in this county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Washington (b) County Whitman
(c) City or town rural R.F.D.
(d) Street Address or R. F. D. No. Moscow, Ida. #4
(e) Deceased lived Inside? ____ Outside? X city or town
(f) Citizen of what country? USA
(g) How long had deceased lived in Idaho? ____ years
(h) Former residence (city, state) ____

3. (a) FULL NAME Howard Shriver

94a

3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Lynnie
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) May 2, 1862

8. AGE	Years	Months	Days	If less than 1 day
	82	2	19	hrs min.

9. Exact Occupation retired farmer Did this work for life yrs.
10. Industry or Business farming Date last worked ____
11. Birthplace ____ (City or town) Iowa (State or foreign country)
Father
12. Name Hiram Shriver
13. Birthplace ____ (City or town) Pa. (State or foreign country)
Mother
14. Maiden name unknown
15. Birthplace ____ (City or town) unknown (State or foreign country)
16. Informant's OWN Signature Lloyd Shriver
and Address Moscow Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof Aug. 26, 1944 (Month) (Day) (Year)
(c) Place: Moscow, Idaho
18. Funeral Director's OWN Signature H. R. Short
and Address Moscow, Idaho
19. (a) 9/6/44 (Date received and filed) (b) C J Klaaren (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) August 21 1944
at 2:10 o'clock P.M.
21. **I HEREBY CERTIFY,** That I attended deceased from 8/21/44 19__, to 8/21/44 19__
I last saw him alive on 8/21/44 19__; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Coronary Occlusion	Sudden
Due to Coronary arteriosclerosis	
✓ Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation ____ Date ____	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature C J Klaaren MD (M. D. or other)
and Address Moscow Ida Date 9-8 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Dunn 140256

United States
Department of Commerce
Bureau of the Census

SEP 11 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 1097
Reg. Dist. No. 202

1. **PLACE OF DEATH:**
(a) County Latah
(b) City or town Moscow
(c) Street Address or R. F. D. No. 710 So. Main
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home ____ Hospital X Institution ____ Other place ____
(f) Name Hosp. or Inst. Gritman Stayed 6 days
(g) Lived in this county 31 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Latah
(c) City or town Moscow
(d) Street Address ~~or R. F. D. No.~~ 327 S. Asbury
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? USA
(g) How long had deceased lived in Idaho? 31 years
(h) Former residence (city, state) ____

3. (a) **FULL NAME** ANNA ELIZABETH COLBY

938

3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex F
5. Color or race Wh.
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Chas
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) Oct. 19, 1865

8. AGE	Years	Months	Days	If less than 1 day
	78	10	6	hrs ____ min.

9. Exact Occupation retired nurse Did this work for 40+ yrs.
10. Industry or Business Nursing Date last worked
11. Birthplace Forrest (City or town) Michigan (State or foreign country)

Father
12. Name Wm. Johnston New Brunswick
13. Birthplace New Brunswick (City or town) CANADA (State or foreign country)

Mother
14. Maiden name Matilda Rawling
15. Birthplace ____ (City or town) Canada (State or foreign country)

16. Informant's **OWN** Signature Mrs. Mabel Johnston
and Address TOLEDO, OREGON.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 8-28-44 (Month) (Day) (Year)
(c) Place: Moscow, Idaho

18. Funeral Director's **OWN** Signature H. P. Short
and Address Moscow Idaho

19. (a) 9/6/44 (Date received and filed) (b) C. J. Klaas (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) August 25 1944
at 5:30 o'clock A. M.

21. **I HEREBY CERTIFY**, That I attended deceased from Jan 19 16 1936, to Aug 25 1944
Last saw h on alive on Aug 25 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Hypostatic Pneumonia	3 days
Due to Congestive Heart failure	1 mo.
Due to Arteriosclerosis	?
Other conditions senility (Include pregnancy within 3 months of death)	

Where was disease contracted? Home
Name of operation 0 Date 0
Major finding 0
Finding of autopsy 0

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? 0 Suicide? 0 Homicide? 0
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's **OWN** Signature Edward N Dunn MD (M. D. or other)
and Address Moscow, Idaho Date 9-2a 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census SEP 5 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 140257
Local Reg. No. 13
Reg. Dist. No. 208

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. PLACE OF DEATH:
(a) County Latah
(b) City or town Onaway
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Yes Outside? city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 65 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Latah
(c) City or town Onaway
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Yes Outside? city or town
(f) If foreign born, in U. S. yrs. Citizen of U. S.?
(g) How long had deceased lived in Idaho? 65 years
(h) Former residence (city, state)

3. (a) **FULL NAME** Luella Irvin Bull 93e

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Albert 6 (c) Age of husband or wife if alive 66 years

7. Date of Birth (Month, Day, Year) July 10, 1879

8. **AGE**

Years	Months	Days	If less than 1 day
65	1	15	hrs min.

9. Exact Occupation Housework Did this work for 45 yrs.

10. Industry or Business Own Home Date last worked 7-1-44

11. Birthplace Potlatch (City or town) Idaho (State or foreign country)

Father
12. Name Ike West
13. Birthplace (City or town) Ky (State or foreign country)

Mother
14. Maiden name Unknown
15. Birthplace (City or town) (State or foreign country)

16. Informant's **OWN** Signature Albert Bull and Address Onaway, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-28-44 (Month) (Day) (Year)
(c) Place: Freeze, Idaho

18. Funeral Director's **OWN** Signature H. E. Kimball and Address Palouse, Wash.

19. (a) Aug 26 1944 (Date received and filed) (b) Gladys McManus (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) August 25 19 44 at 2:15 o'clock P M.

21. I **HEREBY CERTIFY**, That I attended deceased from 8-25 19 44, to 8-25 19 44
I last saw h— alive on 19 ; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Myocarditis — Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Where was disease first contracted?
Name of operation None Date
Major finding None
Finding of autopsy None

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature D. W. Finlay M.D. (M. D. or other)
and Address Potlatch Ida Date Aug 26 1944

(For additional space, use reverse side)

United States
Department of Commerce
Bureau of the Census SEP 5 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 140253
Local Reg. No. 14
Reg. Dist. No. 208

1. PLACE OF DEATH:
(a) County Latah
(b) City or town Potlatch
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Yes Outside? city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 38 years months days
Note For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Latah
(c) City or town Potlatch
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Yes Outside? city or town
(f) If foreign born, in U. S. yrs. Citizen of U. S.?
(g) How long had deceased lived in Idaho? 38 years
(h) Former residence (city, state)

3. (a) **FULL NAME** Effie May Muck

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3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife D.A.Muck
6 (c) Age of husband or wife if alive 53 years
7. Date of Birth (Month, Day, Year) October 8, 1894

8. AGE	Years	Months	Days	If less than 1 day
	49	10	18	hrs min.

9. Exact Occupation Housework Did this work for 29 yrs.
10. Industry or Business Own Home Date last worked 2/1-44
11. Birthplace Liberty (City or town) Iowa (State or foreign country)
Father
12. Name Ralph McKinney
13. Birthplace Liberty (City or town) Iowa (State or foreign country)
Mother
14. Maiden name Susannah Tally
15. Birthplace Santa Rosa (City or town) Mo. (State or foreign country)
16. Informant's **OWN** Signature D.A. Muck and Address Potlatch, Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 8-26-44 (Month) (Day) (Year)
(c) Place: Palouse, Wash.
18. Funeral Director's **OWN** Signature H E Kimball and Address Palouse, Wash.
19. (a) Aug 28 1944 (Date received and filed) (b) Gladys McManama (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) August 26 1944 at 7 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from Aug. 1 1944, to Aug. 26 1944
I last saw her alive on Aug. 26 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cerebral Embolism — Duration 4 hrs.
Due to Metastastic Carcinoma
Due to
Other conditions
(Include pregnancy within 3 months of death)
Where was disease first contracted? Potlatch
Name of operation Mastectomy Date 1939
Major finding Carcinoma of
Finding of autopsy Breast

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature [signature] M.D. (M. D. or other)
and Address Potlatch, Ida. Date 8-28 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Dr. Klaaren

United States
Department of Commerce
Bureau of the Census

SEP 11 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 140259
Local Reg. No. 1098
Reg. Dist. No. 200

1. **PLACE OF DEATH:**
(a) County Latah
(b) City or town Moscow
(c) Street Address or R. F. D. No. 710 S. Main
(d) Death Occurred Inside? x Outside? ____ city or town
(e) Died in a Home __ Hospital x Institution __ Other place __
(f) Name Hosp. or Inst. Gritman Stayed 5 days
(g) Lived in this county 64 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Latah
(c) City or town Moscow
(d) Street Address or R. F. D. No. 504 So. Wash.
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? USA
(g) How long had deceased lived in Idaho? 64 years
(h) Former residence (city, state) ____

3. (a) FULL NAME WALTER AMOS KEENEY 122a

3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Mary
6. (c) Age of husband or wife if alive 72 years
7. Date of Birth (Month, Day, Year) Febr. 6, 1872

8. AGE	Years	Months	Days	If less than 1 day
	72	6	23	hrs min.

9. Exact Occupation Farmer (retired) Did this work for 60 yrs.
10. Industry or Business Farming Date last worked 1935
11. Birthplace Lawrence (City or town) Kansas (State or foreign country)
Father
12. Name William H. N. Keeney
13. Birthplace (City or town) Ohio (State or foreign country)
Mother
14. Maiden name Katherine Spitler
15. Birthplace (City or town) Ohio (State or foreign country)
16. Informant's OWN Signature Mrs. Chas. Davidson
and Address Moscow, Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof Sep 11-44 (Month) (Day) (Year)
(c) Place: Moscow, Idaho
18. Funeral Director's OWN Signature H. R. Short
and Address Moscow, Idaho
19. (a) 9/6/44 (Date received and filed) (b) C. L. Klaaren (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) August 29 1944
at 1:45 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from June 1943, to 8/29/44 19__
I last saw him alive on 8/29/44 19__; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Bronchial pneumonia following surgery	107
Due to for strangulated hernia	4 dys
Due to	
✓ Other conditions Pernicious anemia (Include pregnancy within 3 months of death)	10 yrs

Where was disease contracted?
Name of operation Repair large hernia, rt. Date 8/25/44
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state
where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature C. L. Klaaren MD (M. D. or other)
and Address Moscow Ida Date 9-8 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

NON-RESIDENT CERTIFICATE OF DEATH

STATE OF IDAHO

United States
Department of Commerce
Bureau of the Census

SEP 11 1944

State File No. 140260
Local Reg. No. 1099
Reg. Dist. No. 201

1. **PLACE OF DEATH:**
   (a) County Latah
   (b) City or town Troy
   (c) Street Address or R. F. D. No. none
   (d) Death Occurred Inside? x Outside? ____ city or town
   (e) Died in a Home x Hospital ____ Institution ____ Other place ____
   (f) Name Hosp. or Inst. ____ Stayed ____ days
   (g) Lived in this county ____ years ____ months 5 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Washington (b) County Spokane
   (c) City or town Spokane
   (d) Street Address or R. F. D. No. ____
   (e) Deceased lived Inside? x Outside? ____ city or town
   (f) Citizen of what country? USA
   (g) How long had deceased lived in Idaho? 5 days years
   (h) Former residence (city, state) Spokane, Wn.

3. (a) FULL NAME Purfina Postovit 48 b

3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex F race W
5. Color or
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Fred
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) August 15, 1875

8. AGE	Years	Months	Days	If less than 1 day
	69	0	14	hrs ____ min.

9. Exact Occupation housekeeper Did this work for life yrs.
10. Industry or Business at home Date last worked
11. Birthplace ____ (City or town) Russia (State or foreign country)

Father
12. Name Thomas Russia
13. Birthplace ____ (City or town) Russia (State or foreign country)

Mother
14. Maiden name unknown
15. Birthplace ____ (City or town) Russia (State or foreign country)

16. Informant's OWN Signature Jack Postovit
and Address Troy, Idaho
17. (a) rendral (Burial, cremation, or removal) (b) Date thereof 8-30-44 (Month) (Day) (Year)
(c) Place: Seattle, Washington
18. Funeral Director's OWN Signature H. A. Short
and Address Moscow, Idaho
19. (a) 9/6/44 (Date received and filed) (b) E. J. Kleaver (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) August 29, 1944
at 9:00 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from Aug 27 1944 to Aug 29 1944
I last saw her alive on Aug 29 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cancer.	
Due to Uremia.	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's OWN Signature Lee Schultz (M. D. or other)
and Address Troy Ida. Date 8/30 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

140261

United States
Department of Commerce
Bureau of the Census

AUG 24 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 244
Reg. Dist. No. 22

1. **PLACE OF DEATH:** Lewis-
(a) County
(b) City or town Nez Perce
(c) Street Address or R. F. D. No. 2
(d) Death Occurred Inside? Outside? ✓ city or town
(e) Died in a Home ✓ Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 2 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Idaho
(c) City or town Grangeville-
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? ✓ Outside? city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? 72 years
(h) Former residence (city, state)

3. (a) **FULL NAME** Malinda Alice Overman 93c

3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Cyrus-
6. (c) Age of husband or wife if alive ✓ years
7. Date of Birth (Month, Day, Year) Feb. 25 1854

8. AGE	Years	Months	Days	If less than 1 day
	90	5	1	hrs min.

9. Exact Occupation Housewife Did this work for Life yrs.
10. Industry or Business Home Date last worked 1928
11. Birthplace (City or town) Indiana- (State or foreign country)
Father
12. Name Alexander Irvin Watson
13. Birthplace (City or town) Indiana (State or foreign country)
Mother
14. Maiden name Maria Shawl-
15. Birthplace (City or town) Mo- (State or foreign country)
16. Informant's OWN Signature Alma G. Conger
and Address Nez Perce, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-29-44 (Month) (Day) (Year)
(c) Place: Grangeville Idaho
18. Funeral Director's OWN Signature Jess Robertson
and Address Grangeville
19. (a) [signature] (Date received and filed) (b) 7-29-44 (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 26, 1944
at 9:50 o'clock M.
21. **I HEREBY CERTIFY,** That I attended deceased from 7-7 1944, to 7-26 1944
I last saw her alive on 7-24 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Myocarditis	—
Due to Age	
✓ Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature K. H. Collins MD (M. D. or other)
and Address Craigmont Ida Date 7-28 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce AUG 24 1944
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 140262
Local Reg. No. 1242
Reg. Dist. No. 230

1. **PLACE OF DEATH:**
(a) County Lewis Co
(b) City or town Nezperce
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Yes Outside? ___ city or town
(e) Died in a Home X Hospital ___ Institution ___ Other place ___
(f) Name Hosp. or Inst. ___ Stayed ___ days
(g) Lived in this county 33 years ___ months 1 day
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2. Washington

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Lewis
(c) City or town Nezperce
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Yes Outside? ___ city or town
(f) Citizen of what country? U S
(g) How long had deceased lived in Idaho? 5-2 years
(h) Former residence (city, state) Washington

3. (a) **FULL NAME** Esta Malinda Baskett 177

3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife J.M. Basket
6. (c) Age of husband or wife if alive 74 years
7. Date of Birth (Month, Day, Year) 1870-9-23

8. AGE	Years	Months	Days	If less than 1 day hrs	min.
	73	11	26		

9. Exact Occupation Home Wife — Did this work for 5-7 yrs.
10. Industry or Business ___ Date last worked ___
11. Birthplace Lewis Lewis Co (City or town) Oregon (State or foreign country)

Father
12. Name Nathiel M. Morris
13. Birthplace Lewis Co (City or town) Iowa (State or foreign country)

Mother
14. Maiden name Margaret A. Morris
15. Birthplace Illinois (City or town) (State or foreign country)

16. Informant's OWN Signature Jeffrey M. Baskett
and Address Nezperce Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 4-44 (Month) (Day) (Year)
(c) Place: Nezperce Cemetery
18. Funeral Director's OWN Signature Albert Huff
and Address Nezperce Idaho
19. (a) 8-2-44 (Date received and filed) (b) Albert Huff (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Aug 1 1944
at 4:45 o'clock P.M.
21. **I HEREBY CERTIFY,** That I attended deceased from ___ 19___, to ___ 19___
I last saw h___ alive on ___ 19___; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
# Acute Heart Failure	
Due to Chronic Myocarditis	years
Due to Toxemia Poisoning	6 hr
✓ Due to Ptomaine poisoning from	
Other conditions eating sausage (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ___ Date ___
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ___ Suicide? ___ Homicide? ___
Occurred ___ 19___ City, county, state where violence occurred
Place of Violence: Home ___ Farm ___ Industry ___
Public Place ___ While at work? ___
Means of injury
23. Attendant's OWN Signature Albert Huff (M.D. or other)
and Address Nezperce Idaho Date 8-2 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

SEP 11 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140263
Local Reg. No. 44
Reg. Dist. No. 630

1. PLACE OF DEATH:
(a) County Madison
(b) City or town Rexburg
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? X Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. Rigby Hosp. Stayed days
(g) Lived in this county years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Fremont
(c) City or town Teton
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? Outside? city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? 60 years
(h) Former residence (city, state)

3. (a) **FULL NAME** Maryann Bird Thomson 55C

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female 5. Color or race W.
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife John D. Thomson
6. (c) Age of husband or wife if alive 80 years
7. Date of Birth (Month, Day, Year) April 16, 1872

8. AGE	Years	Months	Days	If less than 1 day
	72	4	15	hrs min.

9. Exact Occupation Housewife Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Mendon Utah (City or town) (State or foreign country)
Father
12. Name Charles Bird
13. Birthplace Hancock County, Ill. (City or town) (State or foreign country)
Mother
14. Maiden name Harriet Clifford
15. Birthplace Hope County, Mo. (City or town) (State or foreign country)
16. Informant's **OWN** Signature Charles Thomson
and Address Teton, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/4/44 (Month) (Day) (Year)
(c) Place: Teton Cemetery
18. Funeral Director's **OWN** Signature Russel Flamm
and Address Rexburg Idaho
19. (a) 9-5-44 (Date received and filed) (b) Mrs. H. Young (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Aug. 31 1944
at 3:30 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from Jan. 1942 to Aug 31 1944
I last saw her alive on Aug 31 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Myocarditis — Duration
Due to Extra large cystic adenomatous goiter
Due to Cancerous degeneration
Other conditions
(Include pregnancy within 3 months of death)
Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state
where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature H. B. Rigby (M. D. or other)
and Address Rexburg Date 9-1-1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

SEP 11 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140264
Local Reg. No. 42
Reg. Dist. No. 630

1. **PLACE OF DEATH:**
   (a) County Madison
   (b) City or town Rexburg
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home X Hospital ..... Institution ..... Other place .....
   (f) Name Hosp. or Inst. ..... Stayed ..... days
   (g) Lived in this county 44 years ..... months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Madison
   (c) City or town Rexburg
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? X Outside? ..... city or town
   (f) Citizen of what country? U.S.
   (g) How long had deceased lived in Idaho? 44 years
   (h) Former residence (city, state) Utah

3. (a) **FULL NAME** William Jones Huskinson William James Huskinson 94a

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Josephine Carn
6. (c) Age of husband or wife if alive 78 years
7. Date of Birth (Month, Day, Year) Nov. 13, 1865

8. AGE	Years	Months	Days	If less than 1 day
	78	9	21	hrs ..... min.

9. Exact Occupation Retired Did this work for ..... yrs.
10. Industry or Business Farm Date last worked .....
11. Birthplace Salt Lake City Utah (City or town) (State or foreign country)

Father
12. Name William Daniel Huskinson
13. Birthplace England (City or town) (State or foreign country)

Mother
14. Maiden name Jennette Cousins
15. Birthplace Liverpool England (City or town) (State or foreign country)

16. Informant's **OWN** Signature W. Huskinson
and Address Rexburg, Idaho

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 9/5/44 (Month) (Day) (Year)
(c) Place: Salt Lake City Utah

18. Funeral Director's **OWN** Signature Kenneth B. Hamm
and Address Rexburg, Idaho

19. (a) 9-5-44 (Date received and filed) (b) Mrs. R.E. Young (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Sept. 3 1944
at 12:15 o'clock P. M.

21. **I HEREBY CERTIFY**, That I attended deceased from Nov. 20 1943, to Sept. 3 1944
I last saw him alive on Sept. 3 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary Thrombosis — Duration .....
Due to ....
Due to ....
Other conditions (Include pregnancy within 3 months of death) .....

Where was disease contracted? .....
Name of operation none Date .....
Major finding .....
Finding of autopsy no

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature M.T. Rigby M.D. (M. D. or other)
and Address Rexburg Idaho 9/5 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

SEP 11 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140265
Local Reg. No. 44
Reg. Dist. No. 631

1. **PLACE OF DEATH:**
(a) County MADISON
(b) City or town BURTON
(c) Street Address or R.F.D. No. Thornton #1
(d) Death Occured Inside? ..... Outside? # city or town
(e) Died in a Home #. Hospital.... Institution.... Other place....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 60 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these).
(a) State IDAHO (b) County MADISON
(c) City or town BURTON
(d) Street Address or R.F.D. No. THORNTON ROUTE #1
(e) Deceased lived Inside? ..... Outside? # city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 60 years
(h) Former residence (city, state) UTAH

3. (a) **FULL NAME** CATHERINE Mc CULLOCH

940

3. (b) If veteran, name war .....
3. (c) Social Security No. none
4. Sex FEMALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced WIDOW
6. (b) Name of husband or wife GEORGE Mc Culloch
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) APRIL #3,1857

8. AGE	Years	Months	Days	If less than 1 day
	87	5		hrs min.

9. Exact Occupation Housewife Did this work for life yrs.
10. Industry or Business Home Date last worked 9/1/44
11. Birthplace GLADSMERE PARRISH, SCOTLAND (City or town) (State or foreign country)
Father
12. Name RICHARD SMITH
13. Birthplace ARNESTON, SCOTLAND (City or town) (State or foreign country)
Mother
14. Maiden name HELEN HOGG
15. Birthplace PENSTON HADDINGTON, SCOTLAND (City or town) (State or foreign country)
16. Informant's **OWN** Signature Mrs Henry McCulloch
and Address Thornton, Id Route #1
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 9/6/44 (Month) (Day) (Year)
(c) Place: REXBURG, IDAHO
18. Funeral Director's **OWN** Signature Roland G. Weiser
and Address REXBURG, IDAHO
19. (a) 9-5-44 (Date received and filed) (b) Mrs T E Young (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) SEPTEMBER 3 1944
at 12:00 o'clock noon M.
21. **I HEREBY CERTIFY,** That I attended deceased from June 10 1940, to Sept 3 1944
I last saw her alive on 9/3/1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Coronary Thrombosis	
Due to Hypertension	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYISCIAN
Name of operation none Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy no	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature M. L. Rigby MD (M. D. or other)
and Address Rexburg Idaho Date 9/5 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

SEP 11 1944

NON-RESIDENT
Certificate Of Death

STATE OF IDAHO

State File No. 140266
Local Reg. No. 36
Reg. Dist. No. 630

1. PLACE OF DEATH:
(a) County Madison
(b) City or town Rexburg
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? Outside? X city or town
(e) Died in a Home Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Washington (b) County
(c) City or town Greenacres
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? Outside? city or town
(f) Citizen of what country? Uss.
(g) How long had deceased lived in Idaho? unk years
(h) Former residence (city, state) Washington

3. (a) **FULL NAME** Robert Arthur Jenne 175e.

3. (b) If veteran, name war
3. (c) Social Security No. 519-26-4953
4. Sex Male
5. Color or race white
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Unknown

8. AGE	Years	Months	Days	If less than 1 day hrs min.
	✓	✓	✓	

9. Exact Occupation Laborer Did this work for yrs.
10. Industry or Business Logging Camp Date last worked 8/10
11. Birthplace Unknown (City or town) (State or foreign country)
Father 12. Name Unknown
13. Birthplace (City or town) (State or foreign country)
Mother 14. Maiden name Unknown
15. Birthplace (City or town) (State or foreign country)
16. Informant's **OWN** Signature A. Channell: Employer
and Address West Yellowstone, Mont
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 8/11/44 (Month) (Day) (Year)
(c) Place: Spokane, Washington
18. Funeral Director's **OWN** Signature Kenneth [illegible]
and Address Rexburg, Idaho
19. (a) 8-11-44 (Date received and filed) (b) Mrs H E Young (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Aug 10 1944
at 12:30 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from Aug 10, 1944, to Aug 10 1944
I last saw him alive on Aug 10 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Internal chest haemorrhage	
Basal skull fracture	
Due to	
Sawlog rolled on him	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYISCIAN Underline the cause to which death should be charged statistically.
Name of operation Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? yes Suicide? no Homicide? no
Occurred Aug 10 1944 City, county, state where violence occurred Yellow Stone Logging
Place of Violence: Home no Farm no Industry Camp yes
Public Place While at work? yes
Means of injury Saw Log rolled over him
23. Attendant's **OWN** Signature H B Rigby MD (M. D. or other)
and Address Rexburg Date 8-11-1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

SEP 11 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140267
Local Reg. No. 37
Reg. Dist. No. 630

1. PLACE OF DEATH:
(a) County Madison
(b) City or town Rexburg
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? X Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. Sutherland Hosp. Stayed days
(g) Lived in this county 38 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Madison
(c) City or town Sugar City
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? Outside? X city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? 38 years
(h) Former residence (city, state)

3. (a) **FULL NAME** Austin Leroy Weaver 175 b

3. (b) If veteran, name war
3. (c) Social Security No. 519-05-4661
4. Sex Male
5. Color or race W.
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Florence Kidd
6. (c) Age of husband or wife if alive 47 years
7. Date of Birth (Month, Day, Year) Sept. 2, 1884

8. AGE	Years	Months	Days	If less than 1 day
	59	11	7	hrs min.

9. Exact Occupation Farmer & Laborer Did this work for yrs.
10. Industry or Business Date last worked 8/9/44
11. Birthplace Ogden, Utah (City or town) (State or foreign country)
Father
12. Name William Weaver
13. Birthplace Drayton, England (City or town) (State or foreign country)
Mother
14. Maiden name Medora Browning
15. Birthplace Ogden, Utah (City or town) (State or foreign country)
16. Informant's OWN Signature Mrs Florence Weaver
and Address Sugar City, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/15/44 (Month) (Day) (Year)
(c) Place: Sugar City Cem.
18. Funeral Director's OWN Signature Russel Flamm
and Address Rexburg, Idaho
19. (a) 8-15-44 (Date received and filed) (b) Mrs H E Young (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Aug. 11 1944
at 4:30 o'clock A.M.
21. **I HEREBY CERTIFY,** That I attended deceased from Aug. 9 1944 to Aug. 11 1944
I last saw him alive on Aug. 11 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Kicked by Horse in upper abdomen	
Due to Spleting of Liver	
Due to + Diaphragm	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Exploratory Laboratory Date 8/10/44
Major finding Injury to Liver
Finding of autopsy + Diaphragm

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ✓ Suicide? Homicide?
Occurred At Home Aug. 9 1944 City, county, state where violence occurred Sugar City, Idaho
Place of Violence: Home ✓ Farm Industry
Public Place While at work? ✓
Means of injury Kicked by Horse
23. Attendant's OWN Signature M. L. Rigby M.D. (M.D. or other)
and Address Rexburg, Idaho Date 8/13 1944
(For additional space, use reverse side)

140263

United States
Department of Commerce AUG 2 2 1944
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 38
Reg. Dist. No. 630

1. **PLACE OF DEATH:**
(a) County Madison
(b) City or town Rexburg
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. Rigby Hos Stayed 1 days
(g) Lived in this county years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Teton
(c) City or town Tetonia
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Outside? X city or town
(f) Citizen of what country? U. S.
(g) How long had deceased lived in Idaho? Life years
(h) Former residence (city, state)

3. (a) **FULL NAME** Thomas Hilton Campbell 175 b

3. (b) If veteran, name war
3. (c) Social Security No. 518-05-9843
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Bessie Chase
6. (c) Age of husband or wife if alive 27 years
7. Date of Birth (Month, Day, Year) July 26, 1908

8. AGE	Years	Months	Days	If less than 1 day
	36		16	hrs min.

9. Exact Occupation Farmer Did this work for Life yrs.
10. Industry or Business Date last worked
11. Birthplace Victor (City or town) Idaho (State or foreign country)
Father
12. Name John Campbell
13. Birthplace Spanish Fork Utah (City or town) (State or foreign country)
Mother
14. Maiden name Galitha Humble
15. Birthplace Fairview Utah (City or town) (State or foreign country)
16. Informant's OWN Signature Elizabeth Chase
and Address Victoria Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/15/44 (Month) (Day) (Year)
(c) Place: Victor
18. Funeral Director's OWN Signature Kenneth R Hamm
and Address Rexburg Idaho
19. (a) 8-15-44 (Date received and filed) (b) Mrs H E Young (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Aug 12, 1944
at 3:30 o'clock A.M.
21. **I HEREBY CERTIFY,** That I attended deceased from Aug 11 1944, to Aug 12 1944
I last saw him alive on Aug 12 1944; death is said to have occurred on the date and hour stated above.
Immediate Cause of Death: Pulmonary Embolism Duration
Due to Fractured Jaw, Contusion neck, Lacerated wounds face.
Due to Kicked & stomped on by horse
Other conditions
(Include pregnancy within 3 months of death)
Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Yes Suicide? No Homicide? No
Occurred Aug 11 1944 City, county, state where violence occurred Teton County, Farm.
Place of Violence: Home no Farm yes Industry no
Public Place no While at work? yes
Means of injury Horse kicked & stomped on him
23. Attendant's OWN Signature H B Rigby M.D. (M. D. or other)
and Address Rexburg Date Aug 12 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

SEP 11 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140269
Local Reg. No. 40
Reg. Dist. No. 6 30

1. **PLACE OF DEATH:**
(a) County Madison
(b) City or town Rexburg
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? ✓ Outside? ..... city or town
(e) Died in a Home.... Hospital ✓ Institution.... Other place....
(f) Name Hosp. or Inst. Sutherland Stayed 1 days
(g) Lived in this county ✓ years ✓ months 1 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Clark
(c) City or town Kilgore
(d) Street Address or R.F.D. No. Rural
(e) Deceased lived Inside? ..... Outside? ✓ city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 31 years
(h) Former residence (city, state) Nokomis Ill

3. (a) **FULL NAME** Frances Evangaline Sink 181

3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex Female 5. Color or white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Forrest Sink 6. (c) Age of husband or wife if alive 34 years
7. Date of Birth (Month, Day, Year) April 19 1908

8. AGE	Years	Months	Days	If less than 1 day
	36	4	9	hrs min.

9. Exact Occupation Housewife Did this work for 10 yrs.
10. Industry or Business At Home Date last worked 8-27-44
11. Birthplace Nakomis Illinois (City or town) (State or foreign country)
Father
12. Name James Wilson ~~Lincoln Ill~~
13. Birthplace Lincoln Illinois (City or town) (State or foreign country)
Mother
14. Maiden name Winnie Ogelvie
15. Birthplace Lincoln Illinois (City or town) (State or foreign country)
16. Informant's **OWN** Signature Forrest Sink
and Address Kilgore Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Sept 1 1944 (Month) (Day) (Year)
(c) Place: Twin Falls Idaho
18. Funeral Director's **OWN** Signature V. F. McHan
and Address Idaho Falls Idaho
19. (a) 9-1-44 (Date received and filed) (b) Mrs H E Young (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Aug 28 1944
at 11:32 o'clock A M.
21. **I HEREBY CERTIFY**, That I attended deceased from Aug 27 1944, to Aug 28 1944
I last saw her alive on Aug 28 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Extensive gasoline burns over 1/3 of body	15 hours
Due to	
✓ Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? at home
Name of operation none Date —
Major finding —
Finding of autopsy none made

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? yes Suicide? ..... Homicide? .....
Occurred Aug 27 1944 City, county, state where violence occurred Kilgore - Clark County Ida
Place of Violence: Home yes Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury Gasoline explosion
23. Attendant's **OWN** Signature G. W. Sutherland M.D. (M. D. or other)
and Address Rexburg Ida Date 8-28 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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United States
Department of Commerce
Bureau of the Census

SEP 11 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 43
Reg. Dist. No. 450

1. **PLACE OF DEATH:**
(a) County Minidoka
(b) City or town Rupert
(c) Street Address or R. F. D. No. 906 D St.
(d) Death Occurred Inside? ✓ Outside? ____ city or town
(e) Died in a Home ✓ Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 35 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Minidoka
(c) City or town Rupert
(d) Street Address or R. F. D. No. 906 D St.
(e) Deceased lived Inside? ✓ Outside? ____ city or town
(f) Citizen of what country? U.S.
(g) How long had deceased lived in Idaho? 35 years
(h) Former residence (city, state) Dillon

3. (a) **FULL NAME** Hugh Alexander Boyer. 93d

3. (b) If veteran, name war ____ 3. (c) Social Security No. ____

4. Sex M 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Rosa 6. (c) Age of husband or wife if alive 76 years

7. Date of Birth (Month, Day, Year) Sept 20 1864

8. AGE

Years	Months	Days	If less than 1 day
79	10	17	hrs ____ min.

9. Exact Occupation Probate Judge Did this work for ____ yrs.
10. Industry or Business ____ Date last worked ____
11. Birthplace Springfield Ill. (City or town) (State or foreign country)

Father
12. Name unknown
13. Birthplace " (City or town) (State or foreign country)

Mother
14. Maiden name unknown
15. Birthplace " (City or town) (State or foreign country)

16. Informant's **OWN** Signature Rosa Boyer and Address Rupert Idaho

17. (a) Burial (b) Date thereof Aug. 11. 44 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: Rupert Cemetery

18. Funeral Director's **OWN** Signature Redman & Goodman and Address Rupert Idaho

19. (a) 9-7-44 (b) E. H. Elmore (Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Aug 7 19 44
at 11 o'clock A.M.

21. **I HEREBY CERTIFY,** That I attended deceased from 12-8-42 1942, to Aug 7 1944
I last saw him alive on Aug 7 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Chronic Myocarditis — Duration 3 yrs.
Due to Age
Due to
Other conditions
(Include pregnancy within 3 months of death)
Where was disease contracted? at home
Name of operation ____ Date ____
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19 ____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's **OWN** Signature E. H. Elmore (M. D. or other)
and Address Rupert Ida. Date 9-7 1944
(For additional space, use reverse side)

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140271

United States
Department of Commerce
Bureau of the Census

SEP 11 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 140271
Local Reg. No. 42
Reg. Dist. No. 450

1. **PLACE OF DEATH:**
   (a) County Minidoka
   (b) City or town Rupert
   (c) Street Address or R. F. D. No. East 3rd St.
   (d) Death Occurred Inside? ____ Outside? ✓ city or town
   (e) Died in a Home ✓ Hospital __ Institution __ Other place __
   (f) Name Hosp. or Inst. ____ Stayed ____ days
   (g) Lived in this county 0 years 10 months 11 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Cassia
   (c) City or town Albion
   (d) Street Address or R. F. D. No. ____
   (e) Deceased lived Inside? ✓ Outside? ____ city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 56 years
   (h) Former residence (city, state) ____

3. (a) **FULL NAME** Chauncey D. Pierson

107

3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex M.
5. Color or race W.
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife ____
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) unknown

8. AGE	Years	Months	Days	If less than 1 day
	84			hrs min.

9. Exact Occupation Farmer Did this work for ____ yrs.
10. Industry or Business ____ Date last ~~worked~~
11. Birthplace Willard Utah (City or town) (State or foreign country)

Father
12. Name Harmon W. Pierson
13. Birthplace Conn. (City or town) (State or foreign country)

Mother
14. Maiden name Mary Henshaw
15. Birthplace England (City or town) (State or foreign country)

16. Informant's OWN Signature Geo Arthur Pierson
and Address Ogden Utah
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-8-44 (Month) (Day) (Year)
(c) Place: Albion Idaho
18. Funeral Director's OWN Signature Rodney E. Goodman
and Address Rupert Idaho
19. (a) 9-7-44 (Date received and filed) (b) E. Elmore (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Sept. 4 1944
at 3:00 o'clock A.M.
21. **I HEREBY CERTIFY,** That I attended deceased from Oct 7 1943 to Sept 4 1944
I last saw h____ alive on ____ 19____; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration
Bronchial pneumonia 2 weeks
Due to Upper respiratory infection
Due to ____
✓ Other conditions Senility
(Include pregnancy within 3 months of death)

Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature [signature] (M. D. or other)
and Address Rupert Idaho Date Sept 5 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

SEP 18 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 140272
Local Reg. No. 184
Reg. Dist. No. 220

1. **PLACE OF DEATH:**
(a) County Nez Perce
(b) City or town Lewiston
(c) Street Address or R. F. D. No. 408-16th. Street
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home X Hospital __ Institution __ Other place __
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 3 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Nez Perce
(c) City or town Lewiston
(d) Street Address or R. F. D. No. 408-16th. Stree
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? U. S.
(g) How long had deceased lived in Idaho? 46 years
(h) Former residence (city, state) ____

3. (a) FULL NAME JOE ANDREW DENNY

95c

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Effie Ollie
6. (c) Age of husband or wife if alive 61 years
7. Date of Birth (Month, Day, Year) August 24 1865

8. AGE	Years	Months	Days	If less than 1 day
	74	11	11	hrs min.

9. Exact Occupation Laborer Did this work for life yrs.
10. Industry or Business General Date last worked ____
11. Birthplace Missouri (City or town) (State or foreign country)
Father
12. Name Thomas Denny
13. Birthplace Iowa (City or town) (State or foreign country)
Mother
14. Maiden name Mary Gammon
15. Birthplace Missouri (City or town) (State or foreign country)
16. Informant's OWN Signature Mrs Joe Denny
and Address Lewiston, Idaho.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 8-4-44 (Month) (Day) (Year)
(c) Place: Craigmont, Ida.
18. Funeral Director's OWN Signature C. E. Clovis
and Address Craigmont, Ida.
19. (a) 8-12-44 (Date received and filed) (b) Margaret Vassar (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) August 4 1944
at 1:45 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from ____ 19__, to Aug. 4th 1944
I last saw him alive on Aug 3rd 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Ruptured cardiac compensation	
✓ Due to Arteriosclerosis	
Due to Senility	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation None Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature H. Rouse M.D. (M. D. or other)
and Address Lewiston, Ida. Date ____ 19__
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

140273

United States
Department of Commerce
Bureau of the Census

SEP 18 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 191
Reg. Dist. No. 320

1. **PLACE OF DEATH:**
   (a) County Nez Perce
   (b) City or town Lewiston
   (c) Street Address or R. F. D. No. 1504 Main St.
   (d) Death Occurred Inside? In Outside? ____ city or town
   (e) Died in a Home ___ Hospital # Institution ___ Other place ___
   (f) Name Hosp. or Inst. White Stayed ____ days
   (g) Lived in this county ____ years 15 months ____ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Nez Perce
   (c) City or town Culdesac
   (d) Street Address or R. F. D. No. 1.
   (e) Deceased lived Inside? ____ Outside? Out city or town
   (f) Citizen of what country? ____
   (g) How long had deceased lived in Idaho? ____ years
   (h) Former residence (city, state) ____

3. (a) **FULL NAME** Della L Maynard

147c

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race ____
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Roy Maynard
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) May 4th, 1912

8. AGE	Years	Months	Days	If less than 1 day
	32	3	0	hrs ____ min.

9. Exact Occupation Housewife — Did this work for ____ yrs.
10. Industry or Business ____ — Date last worked ____
11. Birthplace ____ (City or town) Canada (State or foreign country)

Father
12. Name D. E. Chapman
13. Birthplace ____ (City or town) Washington (State or foreign country)

Mother
14. Maiden name Laura Hubbard
15. Birthplace ____ (City or town) Washington (State or foreign country)

16. Informant's OWN Signature Roy Maynard
and Address Culdesac, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/7/1944 (Month) (Day) (Year)
(c) Place: Lewiston, Idaho

18. Funeral Director's OWN Signature Brower-Wann Co. By [illegible]
and Address Lewiston, Idaho

19. (a) 8-17-44 (Date received and filed) (b) Margaret Vassar (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) August 4th, 1944 19____
at 2:25 o'clock PM.

21. **I HEREBY CERTIFY,** That I attended deceased from June 1 1944 to Aug 4 1944
I last saw her alive on Aug 4 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Pulmonary Thrombosis	One hour
Due to Post operative Caesarean	4 hours
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? ____
Name of operation Caesarean Date Aug 4-44
Major finding ____
Finding of autopsy ____

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's OWN Signature E. L. White (M. D. or other)
and Address Lewiston Ida Date 8-15 1944

(For additional space, use reverse side)

E. L. White

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

SEP 1 8 1944

NON-RESIDENT
CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 14027
Local Reg. No. 188
Reg. Dist. No. 220

1. PLACE OF DEATH:
(a) County Nez Perce
(b) City or town Lewiston
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? In Outside? city or town
(e) Died in a Home Hospital Institution Other place
(f) Name Hosp. or Inst. St Joseph Stayed days
(g) Lived in this county years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Washington (b) County Asotin
(c) City or town Clarkston
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? In Outside? city or town
(f) If foreign born, in U. S. yrs. Citizen of U. S.?
(g) How long had deceased lived in Idaho? years
(h) Former residence (city, state)

3. (a) **FULL NAME** Vanevrie A. Randall 95c

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Fanny
6 (c) Age of husband or wife if alive 75 years
7. Date of Birth (Month, Day, Year) February 12th, 1944

8. AGE	Years	Months	Days	If less than 1 day
	83	5	23	hrs min.

9. Exact Occupation Retired — Did this work for yrs.
10. Industry or Business — Date last worked
11 Birthplace Clinton County, Iowa (City or town) (State or foreign country)

Father
12. Name Edwin Randall
13. Birthplace Pierce City (City or town) Illinois (State or foreign country)

Mother
14. Maiden name Elizabeth Van Horn
15. Birthplace Not known (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mrs G. H. Carman
and Address Sunnyside Washington
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 8/8/1944 (Month) (Day) (Year)
(c) Place: Clarkston, Washington
18. Funeral Director's **OWN** Signature Brower-Wann Co. By
and Address Lewiston, Idaho
19. (a) 8-17-44 (Date received and filed) (b) Margaret Vassar (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) August 5th, 1944 19
at o'clock M.

21. **I HEREBY CERTIFY,** That I attended deceased from Nov. 1943, to Aug 5 1944
I last saw him alive on Aug 5 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Organic Heart Dis. — Duration years
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Where was disease first contracted? — Physician: Underline the cause to which death should be charged statistically.
Name of operation. Date
Major finding
Finding of autopsy

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature Paul W. Johnson
and Address Lewiston Ida (M. D. or other) Date 8-9 1944
(For additional space, use reverse side)

Dr Johnson

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

SEP 1 8 1944

STATE OF IDAHO

State File No. 140275
Local Reg. No. 192
Reg. Dist. No. 320

1. **PLACE OF DEATH:**
   (a) County Nez Perce
   (b) City or town Lewiston
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? In Outside? city or town
   (e) Died in a Home Hospital# Institution Other place
   (f) Name Hosp. or Inst. St Joseph Stayed days
   (g) Lived in this county 1 years 8 months 28 days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Nez Perce
   (c) City or town Lapwai
   (d) Street Address or R.F.D. No. Rural
   (e) Deceased lived Inside? Outside? Out city or town
   (f) Citizen of what country?
   (g) How long had deceased lived in Idaho? Life years
   (h) Former residence (city, state)

3. (a) **FULL NAME** Samuel James Slickpoo 1192

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race Indian
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife ---
6. (c) Age of husband or wife if alive --- years
7. Date of Birth (Month, Day, Year) November 14th, 1944

8. AGE	Years	Months	Days	If less than 1 day
	1	8	28	hrs min.

9. Exact Occupation None Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Lewiston, (City or town) Idaho (State or foreign country)

Father
12. Name Samuel Slickpoo
13. Birthplace Slickpoo Mission (City or town) Idaho (State or foreign country)

Mother
14. Maiden name Rena McCormack
15. Birthplace Lapwai (City or town) Idaho (State or foreign country)

16. Informant's **OWN** Signature Samuel Slickpoo
and Address Lapwai, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/12/1944 (Month) (Day) (Year)
(c) Place: Lapwai, Idaho

18. Funeral Director's **OWN** Signature L. D. Mann
and Address Lewiston, Idaho

19. (a) 8-17-44 (Date received and filed) (b) Margaret Vassar (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) August 8th, 1944 19
at 4 a.m. o'clock M.

21. **I HEREBY CERTIFY**, That I attended deceased from Aug 7, 1944, to Aug 8 1944
I last saw him alive on Aug 8 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration

Convulsions 5 hours
Due to Acute Gastro Enteritis 2 days
Due to Acute Right Pneu.
Other conditions
(Include pregnancy within 3 months of death)

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature Paul Johnson (M. D. or other)
and Address Lewiston Ida Date 8-9 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

SEP 18 1944

Certificate Of Death

STATE OF IDAHO

State File No. 1402.6
Local Reg. No.
Reg. Dist. No.

1. PLACE OF DEATH:
(a) County Nez Perce
(b) City or town Lewiston
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? In Outside? city or town
(e) Died in a Home Hospital # Institution Other place
(f) Name Hosp. or Inst. St Joseph Stayed days
(g) Lived in this county 55 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Nez Perce
(c) City or town Lewiston
(d) Street Address or R.F.D. No. 518 3rd, Ave.
(e) Deceased lived Inside? In Outside? city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 55 years
(h) Former residence (city, state)

3. (a) **FULL NAME** Marion August Pierstorff 940

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Frankie B.
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) February 18th, 1886

8. AGE	Years	Months	Days	If less than 1 day
	58	5	23	hrs min.

9. Exact Occupation Deputy Sheriff Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Walnut Creek (City or town) Nebraska (State or foreign country)
Father
12. Name August Pierstorff
13. Birthplace Swerin, Mecklinberg, Germany (City or town) (State or foreign country)
Mother
14. Maiden name
15. Birthplace Patterson (City or town) New Jersey (State or foreign country)
16. Informant's **OWN** Signature Lucille Pierstorff
and Address Lewiston, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/14/1944 (Month) (Day) (Year)
(c) Place: Lewiston, Idaho
18. Funeral Director's **OWN** Signature L. B. Wann
and Address Lewiston, Idaho
19. (a) Aug 29 1944 (Date received and filed) (b) Margaret Vassar (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) August 11th, 1944. 19
at o'clock 7 Ap. M.
21. **I HEREBY CERTIFY**, That I attended deceased from 8-8-1944 19 to 8-11-1944 19
I last saw him alive on 8-11-44 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Ruptured cardiac confirmation	
Due to Coronary Thrombosis	4 days.
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation Date	
Major finding	
Finding of autopsy	

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature H. Rouse M.D. (M. D. or other)
and Address Lewiston, Idaho Date 8-16- 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

SEP 1 8 1944

NON-RESIDENT CERTIFICATE OF DEATH
STATE OF IDAHO

140277

State File No.
Local Reg. No. 186
Reg. Dist. No.

1. **PLACE OF DEATH:**
(a) County Nez Perce
(b) City or town Lewiston
(c) Street Address or R. F. D. No. St. Joseph Hosp.
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home ____ Hospital X Institution ____ Other place ____
(f) Name Hosp. or Inst. St. Joesph Stayed 13 days
(g) Lived in this county ____ years ____ months 13 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Washington (b) County Asotin
(c) City or town Asotin
(d) Street Address or R. F. D. No. ____
(e) Deceased lived Inside? ____ Outside? ____ city or town
(f) Citizen of what country? United States
(g) How long had deceased lived in Idaho? 13 days/years
(h) Former residence (city, state) Merriton, Wis.

3. (a) **FULL NAME** Worden Elmer Hanchet

95c

3. (b) If veteran, name war ____ 3. (c) Social Security No. ____

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Kathyrn 6. (c) Age of husband or wife if alive 62 years

7. Date of Birth (Month, Day, Year) November 5, 1871

8. AGE	Years	Months	Days	If less than 1 day
	72	9	9	hrs ____ min.

9. Exact Occupation retired Did this work for ____ yrs.
10. Industry or Business ____ Date last worked 1940
11. Birthplace Le Roy, Minnesotia (City or town) (State or foreign country)

Father
12. Name Carlos Hanchet
13. Birthplace New York, New York (City or town) (State or foreign country)

Mother
14. Maiden name Jane Burns
15. Birthplace Vermont (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mrs. Betty J. Huber
and Address Clarkston, Washington

17. (a) removal (Burial, cremation, or removal) (b) Date thereof Aug 14, 1944 (Month) (Day) (Year)
(c) Place: Asotin, Washington

18. Funeral Director's **OWN** Signature H. R. Merchant
and Address Clarkston, Washington

19. (a) Aug-15-44 (Date received and filed) (b) Margaret Vassar (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) August 14, 1944
at 12:15 o'clock A.M.

21. **I HEREBY CERTIFY,** That I attended deceased from June 6 1944, to Aug 14 1944
I last saw her alive on Aug 13 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Coronary Thrombosis	2 years
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's **OWN** Signature Paul W. Johnson (M. D. or other)
and Address Lewiston, Ida. Date 8-15 1944

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

SEP 18 1944

NON-RESIDENT
Certificate Of Death
STATE OF IDAHO

State File No. 140278
Local Reg. No. 187
Reg. Dist. No.

1. **PLACE OF DEATH:**
(a) County Nez Perce
(b) City or town Lewiston
(c) Street Address or R.F.D. No. St. Joesph Hosp
(d) Death Occured Inside? X Outside? ....city or town
(e) Died in a Home.... Hospital X Institution.... Other place....
(f) Name Hosp. or Inst. St. Joseph Stayed 5 days
(g) Lived in this county.....years .....months ....5....days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Washington (b) County Asotin
(c) City or town Clarkston
(d) Street Address or R.F.D. No. 515 6th Street
(e) Deceased lived Inside? X Outside? ....city or town
(f) Citizen of what country? United States
(g) How long had deceased lived in Idaho? .....years
(h) Former residence (city, state) .....

3. (a) **FULL NAME** Josephine Gribbin

83a

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex female 5. Color or race White
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) February 3, 1861

8. AGE	Years	Months	Days	If less than 1 day
	83	6	12	hrs min.

9. Exact Occupation retired Did this work for .....yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Davenport, Iowa (City or town) (State or foreign country)

Father
12. Name Frank Gribbin
13. Birthplace ..... Pennsylvania (City or town) (State or foreign country)

Mother
14. Maiden name Jane McGuire
15. Birthplace ..... Pennsylvania (City or town) (State or foreign country)

16. Informant's **OWN** Signature M M Gribbin
and Address Lewiston Idaho
17. (a) removal (b) Date thereof 8 15 1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: Clarkston, Washington
18. Funeral Director's **OWN** Signature H R Merchant
and Address Clarkston, Washington
19. (a) Aug 15-44 (b) Margaret Vassar
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) August 15, 1944 19....
at 5:25 o'clock AM.

21. **I HEREBY CERTIFY,** That I attended deceased from Aug 11 1944, to Aug 15 1944
I last saw her alive on Aug 9 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration
Cerebral Hemorrhage 4 days
Due to .....
Due to .....
Other conditions .....
(Include pregnancy within 3 months of death)
Where was disease contracted?.....
Name of operation..... Date.....
Major finding .....
Finding of autopsy .....

PHYISICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident?..... Suicide?..... Homicide?.....
Occurred..... 19..... City, county, state where violence occurred .....
Place of Violence: Home..... Farm..... Industry.....
Public Place..... While at work?.....
Means of injury .....

23. Attendant's **OWN** Signature Paul W Johnson (M. D. or other)
and Address Lewiston Ida Date 8-15 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

14027

United States
Department of Commerce
Bureau of the Census SEP 18 1944

Certificate Of Death

STATE OF IDAHO

State File No.
Local Reg. No. 97
Reg. Dist. No. 226

1. **PLACE OF DEATH:**
   (a) County Nez Perce
   (b) City or town Lewiston
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? In Outside? city or town
   (e) Died in a Home Hospital #Institution Other place
   (f) Name Hosp. or Inst. St Joseph Stayed days
   (g) Lived in this county years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Nez Perce
   (c) City or town Lewiston
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? In Outside? city or town
   (f) Citizen of what country?
   (g) How long had deceased lived in Idaho? years
   (h) Former residence (city, state)

3. (a) **FULL NAME** Eugenia Alley Braddock

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) January 1st, 1857

8. AGE	Years	Months	Days	If less than 1 day
	87	7	16	hrs min.

9. Exact Occupation At home Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Morgansville (City or town) West Virginia (State or foreign country)

Father
12. Name John Alley
13. Birthplace West Virginia (City or town) (State or foreign country)

Mother
14. Maiden name Lucy Drayson
15. Birthplace Ogdensburg (City or town) New York (State or foreign country)

16. Informant's **OWN** Signature W. S. Braddock
and Address Lewiston, Idaho

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 8/19/1944 (Month) (Day) (Year)
(c) Place: Spokane, Washington

18. Funeral Director's **OWN** Signature L. B. Mann
and Address Lewiston, Idaho

19. (a) 8-18-44 (Date received and filed) (b) Margaret Vassar (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Aug 17 1944
at 2.04 o'clock P M.

21. **I HEREBY CERTIFY**, That I attended deceased from June 1 1944 to Aug 17 1944
I last saw h[illegible] alive on Aug 17 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Uremia	4 days
Due to Arterio Sclerosis	5 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? Lewiston Idaho
Name of operation no Date
Major finding
Finding of autopsy no

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature E. C. Braddock MD (M. D. or other)
and Address Lewiston Ida Date Aug 17 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census SEP 18 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140280
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF DEATH:**
   (a) County Nez Perce
   (b) City or town Lewiston
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? X Outside? city or town
   (e) Died in a Home Hospital X Institution Other place
   (f) Name Hosp. or Inst. St. Joseph's Stayed 2 days
   (g) Lived in this county 40 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Nez Perce
   (c) City or town Lewiston
   (d) Street Address or R.F.D. No. 114-10th St.
   (e) Deceased lived Inside? X Outside? city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 40 years
   (h) Former residence (city, state)

3. (a) **FULL NAME** Harry Walter Arnor 1312

3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex male
5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Ester
6. (c) Age of husband or wife if alive 73 years
7. Date of Birth (Month, Day, Year) April 29, 1867

8. AGE	Years	Months	Days	If less than 1 day hrs	min.
	77	3	18		

9. Exact Occupation veterinarian Did this work for 40 yrs.
10. Industry or Business Date last worked Aug. 1944
11. Birthplace Dayton, Penn. (City or town) (State or foreign country)

Father
12. Name John Arnor
13. Birthplace Holland (City or town) (State or foreign country)

Mother
14. Maiden name no record
15. Birthplace no record (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mrs. H. W. Arnor
and Address Lewiston, Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 8-19-44 (Month) (Day) (Year)
(c) Place: Lewiston, Idaho
18. Funeral Director's **OWN** Signature P.E. DeBaun
Vassar-Rawls Co.
and Address Lewiston, Idaho
19. (a) Aug 17 1944 (Date received and filed) (b) Margaret Vassar (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) August 17, 1944
at 11:15 o'clock p.M.

21. **I HEREBY CERTIFY**, That I attended deceased from 5-5-1943 19 to 8-17-1944 19
I last saw him alive on 8-17-44 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Ruptured cardiac compensity	2 days.
Due to Chronic interstitial nephritis	
Due to Old age.	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature H. Rouse M.D. (M. D. or other)
and Address Lewiston, Ida. Date 8-22-1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census SEP 18 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140281
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF DEATH:**
   (a) County Nez Perce
   (b) City or town Lewiston
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? X Outside? city or town
   (e) Died in a Home Hospital X Institution Other place
   (f) Name Hosp. or Instn. St. Joseph's Stayed 1 days
   (g) Lived in this county years months 1 days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Nez Perce
   (c) City or town Lewiston Orchards
   (d) Street Address or R.F.D. No. 15th & Burrell
   (e) Deceased lived Inside? Outside? X city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 1 years
   (h) Former residence (city, state)

3. (a) **FULL NAME** Baby Girl Scott

159

3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) August 19, 1944

8. AGE	Years	Months	Days	If less than 1 day
	--	--	--	3 hrs min.

9. Exact Occupation none Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Lewiston, Idaho (City or town) (State or foreign country)

Father
12. Name Carl Scott
13. Birthplace Columbia, Missouri (City or town) (State or foreign country)

Mother
14. Maiden name Ida B. amlet
15. Birthplace Craigmont, Idaho (City or town) (State or foreign country)

16. Informant's **OWN** Signature Vincent Vassar from hospital records
and Address Lewiston, Idaho

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 8-21-44 (Month) (Day) (Year)
(c) Place: Lewiston, Idaho

18. Funeral Director's **OWN** Signature Vassar-Rawls Co. V. Vassar
and Address Lewiston, Idaho

19. (a) Aug 31 1944 (Date received and filed) (b) Margaret Vassar (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) August 19, 1944
at 4:00 o'clock P. M.

21. **I HEREBY CERTIFY**, That I attended deceased from 19 to 19
I last saw her alive on 8-19 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Premature birth Sac	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature Forrest Lowhiser M.D. (M. D. or other)
and Address Lewiston Date 8-28 1944
(For additional space, use reverse side)

T m.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census SEP 11 1944

Certificate Of Death

STATE OF IDAHO

State File No. 1402[illegible]
Local Reg. No.
Reg. Dist. No. 202

1. **PLACE OF DEATH:**
   (a) County Nez Perce
   (b) City or town Leland
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? In Outside? city or town
   (e) Died in a Home # Hospital Institution Other place
   (f) Name Hosp. or Inst. ----- Stayed days
   (g) Lived in this county 63 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Nez Perce
   (c) City or town Southwick
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? In Outside? city or town
   (f) Citizen of what country?
   (g) How long had deceased lived in Idaho? 63 years
   (h) Former residence (city, state)

3. (a) **FULL NAME** Leona Snell McCoy 93d

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife ----
6. (c) Age of husband or wife if alive ---- years
7. Date of Birth (Month, Day, Year) March 31st, 1871

8. AGE	Years	Months	Days	If less than 1 day
	73	4	20	hrs min.

9. Exact Occupation At home Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Proctorville (City or town) Vermont (State or foreign country)

Father
12. Name Alonzo Snell
13. Birthplace Not known (City or town) (State or foreign country)

Mother
14. Maiden name Ella Thompson
15. Birthplace Not known (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mrs Nadine Hanks
and Address Southwick, Ida.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/24/1944 (Month) (Day) (Year)
(c) Place: Southwick, Idaho
18. Funeral Director's **OWN** Signature R. B. Wann
and Address Lewiston, Idaho
19. (a) Aug. 24, 1944 (Date received and filed) (b) R. F. Wright (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) August 21st, 1944 19
at 9:30 o'clock P. M.
21. **I HEREBY CERTIFY**, That I attended deceased from 1936, to Aug 21 1944
I last saw her alive on Aug 20 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebral hemorrhage	24 hrs.
✓ Due to Arteriosclerosis	10 yrs
Due to	
Other conditions Arteriosclerotic heart disease (Include pregnancy within 3 months of death)	2 yrs.

Where was disease contracted? home
Name of operation Date
Major finding
Finding of autopsy

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature D. A. Christensen M.D. (M. D. or other)
and Address Kendrick Date Aug 24 1944
(For additional space, use reverse side)

United States
Department of Commerce
Bureau of the Census

SEP 18 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 14023
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF DEATH:**
(a) County Nez Perce
(b) City or town Lewiston, Idaho
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst St. Josaph Stayed 2 days
(g) Lived in this county 4 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under Item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Lewis
(c) City or town Nez Perce
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? United States
(g) How long had deceased lived in Idaho? 48 years
(h) Former residence (city, state) Springhill Minn.

3. (a) **FULL NAME** Mary Jacobs 61

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or ~~wife~~ T. F. Jacobs
6. (c) Age of husband or ~~wife~~ if alive 81 years
7. Date of Birth (Month, Day, Year) 1867 - 5 - 5

8. AGE	Years	Months	Days	If less than 1 day hrs	min.
	77	3	16		

9. Exact Occupation Housewife — Did this work for life yrs.
10. Industry or Business Home — Date last worked
11. Birthplace Springhill (City or town) Minnesota (State or foreign country)

Father
12. Name John Winter
13. Birthplace Unknown (City or town) (State or foreign country)

Mother
14. Maiden name Unknown
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's OWN Signature T. F. Jacobs
and Address Nezperce Idaho

17. (a) removal (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: Nez Perce Idaho

18. Funeral Director's OWN Signature Vincent A Casper
and Address Lewiston Idaho

19. (a) Aug 31, 1944 (Date received and filed) (b) Margaret Lassan (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 8-21 19 44
at 2:00 o'clock P. M.

21. **I HEREBY CERTIFY,** That I attended deceased from 19 , to 19
I last saw h alive on 19 ; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Pulmonary Edema	3 hrs.
Due to Myocarditis	?
Due to Diabetes	?
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state
where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's OWN Signature Forrest Tomlinson M. D.
(M. D. or other)
and Address Lewiston Date 8-28 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

TOMLINSON

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

SEP 18 1944

Certificate Of Death

STATE OF IDAHO

State File No. 14025
Local Reg. No.
Reg. Dist. No.

1. PLACE OF DEATH:
(a) County Nez Perce
(b) City or town Culdesac
(c) Street Address or R. F. D. No. 1.
(d) Death Occured Inside? Outside? Out city or town
(e) Died in a Home.... Hospital.... Institution.... Other place.
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Nez Perce
(c) City or town Lewiston
(d) Street Address or R.F.D. No. 1908 2nd Ave. North
(e) Deceased lived Inside? In Outside? city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? 15 years
(h) Former residence (city, state)

3. (a) FULL NAME Frederick Laverne Warrell

3. (b) If veteran, name war None
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Date of Birth (Month, Day, Year) July 22nd, 1929

8. AGE	Years	Months	Days	If less than 1 day
	15	0	29	hrs min.

9. Exact Occupation High Schoolstudent Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Kooskia (City or town) Idaho (State or foreign country)
Father 12. Name Fred Warrell
Father 13. Birthplace England (City or town) (State or foreign country)
Mother 14. Maiden name Lenora Alfrey
Mother 15. Birthplace Culdesac, Idaho (City or town) (State or foreign country)
16. Informant's **OWN** Signature Fred. Warrell and Address Lewiston, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/24/1944 (Month) (Day) (Year)
(c) Place: Lewiston, Idaho
18. Funeral Director's **OWN** Signature L. B. Wann and Address Lewiston, Idaho
19. (a) Aug 29 1944 (Date received and filed) (b) Margaret Vassar (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) August 21st, 1944 19
at o'clock A. M.
21. **I HEREBY CERTIFY**, That I attended deceased from 19, to 19
I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: (Duration)
Broken Neck - Crushed Chest - Basal fracture of Skull
Due to Overturning of Tractor
Due to Bruises on Head and Body
Other conditions
(Include pregnancy within 3 months of death)

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYISICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Yes Suicide? Homicide?
Occurred August 21st 1944 City, county, state where violence occurred
Place of Violence: Home Farm Yes Industry
Public Place While at work? Yes
Means of injury Overturning of Tractor
23. Attendant's **OWN** Signature L. B. Wann Coroner (M. D. or other)
and Address Lewiston Idaho Date 8 22 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

NON-RESIDENT
Certificate Of Death

United States
Department of Commerce
Bureau of the Census

SEP 18 1944

STATE OF IDAHO

State File No. 140265
Local Reg. No. 196
Reg. Dist. No. 220

1. PLACE OF DEATH:
(a) County Nez Perce
(b) City or town Lewiston
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. St. Joseph Stayed 13 days
(g) Lived in this county years months 13 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Washington (b) County Asotin
(c) City or town Rural
(d) Street Address or R.F.D. No. S. 8th St.
(e) Deceased lived Inside? Outside? X city or town
(f) Citizen of what country? USA
(g) How long had deceased lived in Idaho? 18 Days X
(h) Former residence (city, state) Washington

3. (a) FULL NAME Fransis Emma Ostrander 61

3. (b) If veteran, name war -----
3. (c) Social Security No. -------
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Harry
6. (c) Age of husband or wife if alive 45 years
7. Date of Birth (Month, Day, Year) Sept 22 1870

8. AGE	Years	Months	Days	If less than 1 day
	73	11	2	hrs min.

9. Exact Occupation Housewife Did this work for Life yrs.
10. Industry or Business Date last worked
11. Birthplace Hillsboro (City or town) Oregon (State or foreign country)
Father
12. Name Harvey Northrup
13. Birthplace (City or town) Iowa (State or foreign country)
Mother
14. Maiden name Sarah Davis
15. Birthplace (City or town) Oregon (State or foreign country)
16. Informant's OWN Signature Mrs Joe Arriague
and Address Clarkston, Washington
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 8/25/44 (Month) (Day) (Year)
(c) Place: Clarkston, Washington
18. Funeral Director's OWN Signature H R Merchant
and Address Clarkston Wash
19. (a) Aug 28, 1944 (Date received and filed) (b) Margaret Vassar (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) August 25 1944
at 2:45 o'clock M M.

21. I HEREBY CERTIFY, That I attended deceased from Aug 8 1944 to Aug 25 1944
I last saw her alive on Aug 24 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Diabetes Mellitus	years
Immediate Cause	
Due to	
was Diabetic Gangrene	18 days
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYISCIAN Underline the cause to which death should be charged statistically.
Name of operation Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's OWN Signature Paul W Johnson (M. D. or other)
and Address Clarkston Wn Date 8-26 1944
(For additional space, use reverse side)

1402.6

United States
Department of Commerce
Bureau of the Census

SEP 18 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 197
Reg. Dist. No. 220

1. **PLACE OF DEATH:**
(a) County Nez Perce
(b) City or town Lewiston
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? ✓ Outside? ___ city or town
(e) Died in a Home ✓ Hospital ___ Institution ___ Other place ___
(f) Name Hosp. or Inst. ___ Stayed ___ days
(g) Lived in this county 2 years 1 months 10 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County ~~Idaho~~ Nezperce
(c) City or town Lewiston
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? ✓ Outside? ___ city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 60 years
(h) Former residence (city, state) Brownsville, Oregan

3. (a) **FULL NAME** Francis Marion Hearing

83A

3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Mas.
5. Color or race white
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Minnie M.
6. (c) Age of husband or wife if alive ——— years
7. Date of Birth (Month, Day, Year) December 7 1861

8. AGE	Years	Months	Days	If less than 1 day
	82	8	21	hrs ___ min. ___

9. Exact Occupation Farmer — Did this work for 50 yrs.
10. Industry or Business — Date last worked 1934
11. Birthplace (City or town) — (State or foreign country) Missouri

Father
12. Name Hiram Hearing
13. Birthplace (City or town) unknown (State or foreign country)

Mother
14. Maiden name unknown
15. Birthplace (City or town) " (State or foreign country)

16. Informant's OWN Signature Mrs Fred Kroebel
and Address Lewiston Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Aug 29 1944 (Month) (Day) (Year)
(c) Place: Kooskia, Idaho
18. Funeral Director's OWN Signature Claude Tremgry
and Address Kooskia Idaho.
19. (a) Aug 29 1944 (Date received and filed) (b) Margaret Wasson (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) August 28 1944
at 3:00 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 8-27-44 19___, to ___ 19___
I last saw h— alive on 8-27- 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebro-Vascular accident	two days
Due to Arteriosclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ___ Date ___
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ___ Suicide? ___ Homicide? ___
Occurred ___ 19___ City, county, state where violence occurred
Place of Violence: Home ___ Farm ___ Industry ___
Public Place ___ While at work?
Means of injury
23. Attendant's OWN Signature Walter M. Williams (M. D. or other)
and Address Lewiston Date 8-29-44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1402 7

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

SEP 7 1944

State File No.
Local Reg. No. 20
Reg. Dist. No. 530

1. **PLACE OF DEATH:**
(a) County Oneida
(b) City or town Malad
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home ____ Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. Oneida Stayed 1½ days
(g) Lived in this county 28 years ____ months ____ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Oneida
(c) City or town Oneida
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? 60 years
(h) Former residence (city, state)

3. (a) FULL NAME Lizzette Matilda Bunn Williams 61

3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Thos. H. Williams
6. (c) Age of husband or wife if alive 83 years
7. Date of Birth (Month, Day, Year) April 2 1870

8. AGE	Years	Months	Days	If less than 1 day
	74	4	4	hrs ____ min.

9. Exact Occupation Housewife Did this work for 50 yrs.
10. Industry or Business Own Home Date last worked Aug. 1944
11. Birthplace Morgan Utah (City or town) (State or foreign country)

Father
12. Name George Bunn
13. Birthplace England (City or town) (State or foreign country)

Mother
14. Maiden name Susan Simmons
15. Birthplace England (City or town) (State or foreign country)

16. Informant's OWN Signature L. L. Williams
and Address Malad Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 9 1944 (Month) (Day) (Year)
(c) Place: Malad Idaho.
18. Funeral Director's OWN Signature J. Berry Keeran
and Address Malad Idaho.
19. (a) 8-7-1944 (Date received and filed) (b) J. Berry Keeran (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) August 6 1944
at 2:50 o'clock A.M.

21. **I HEREBY CERTIFY**, That I attended deceased from 1940 to Aug 6 1944
I last saw her alive on Aug 5 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Senilis (Coma)	
✓ Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ____ Date ____
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury

23. Attendant's OWN Signature O. H. Muley (M. D. or other)
and Address Malad Date 8-7 1944

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

140288

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

SEP 7 1944

State File No.
Local Reg. No. 21
Reg. Dist. No. 530

1. **PLACE OF DEATH:**
(a) County Oneida
(b) City or town Malad
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county Life years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Oneida
(c) City or town Malad
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? Life years
(h) Former residence (city, state)

3. (a) FULL NAME Esther Catherine Evans Davis

3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Female
5. Color or race Wht.
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife R.B.Davis
6. (c) Age of husband or wife if alive 67 years
7. Date of Birth (Month, Day, Year) September 30 1880

8. AGE	Years	Months	Days	If less than 1 day
	63	10	10	hrs min.

9. Exact Occupation Housewife Did this work for 40 yrs.
10. Industry or Business Own Home Date last worked June 1944
11. Birthplace Malad Idaho (City or town) (State or foreign country)
Father
12. Name Lorenzo Lloyd Evans
13. Birthplace Brigham Utah (City or town) (State or foreign country)
Mother
14. Maiden name Matilda Lovesta Lusk
15. Birthplace Wellsville Utah (City or town) (State or foreign country)
16. Informant's OWN Signature Orpha E. Davis
and Address Malad Idaho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-12-1944 (Month) (Day) (Year)
(c) Place: Malad Idaho
18. Funeral Director's OWN Signature J. Berg Hansen
and Address Malad, Idaho
19. (a) 9-11-1944 (Date received and filed) (b) J. Berg Hansen (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) August 9 19 44
at 9:00 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from May 19 44 to Aug 9 19 44
I last saw her alive on Aug 9 19 44 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cancer	
"Ca" uterus	
✓ Due to Removed Jan 1943	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Hysterectomy Date 1943
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's OWN Signature O. H. Mabey (M. D. or other)
and Address Malad Date 8-11 19 44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

140289

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 140289
Local Reg. No. 1
Reg. Dist. No. 391

1. **PLACE OF DEATH:**
   (a) County Owyhee
   (b) City or town Grandview
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? Outside? X city or town
   (e) Died in a Home X Hospital Institution Other place
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county 40 years months days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Owyhee
   (c) City or town Grandview
   (d) Street Address or R. F. D. No.
   (e) Deceased lived Inside? Outside X city or town
   (f) Citizen of what country?
   (g) How long had deceased lived in Idaho? 40 years
   (h) Former residence (city, state) Hamilton N. Dakota

3. (a) **FULL NAME** ELIZABETH JANE WHITSON

3. (b) If veteran, name war No.
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Robert L.
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) June 16, 1856

8. AGE	Years	Months	Days	If less than 1 day
	88	1	15	hrs min.

9. Exact Occupation Housewife — Did this work for Life yrs.
10. Industry or Business Home — Date last worked 7/16/44
11. Birthplace Chathan (City or town) Canada (State or foreign country)

Father
12. Name Richard Houston
13. Birthplace Ireland (City or town) (State or foreign country)

Mother
14. Maiden name Elizabeth Desmond
15. Birthplace Canada (City or town) (State or foreign country)

16. Informant's **OWN** Signature Bessie L. Whitson
and Address Grand View, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 3, 1944 (Month) (Day) (Year)
(c) Place: Grandview Cemetery
18. Funeral Director's **OWN** Signature Odie J. Bey
and Address Mountain Home Idaho
19. (a) 8/3/44 (Date received and filed) (b) Alvin C. Eckenbeck (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) August 1 1944
at 9:30 o'clock A. M.
21. **I HEREBY CERTIFY,** That I attended deceased from May 2 1942 to August 1 1944
I last saw her alive on July 31 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebral Hemorrhage	
✓ Due to Arterio-Sclerosis	5 years
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted? Home	
Name of operation Date	
Major finding	
Finding of autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature J. Evans (M. D. or other)
and Address Mtn. Home Ida. Date 8-2- 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census AUG 30 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140290
Local Reg. No. 78
Reg. Dist. No. 372

1. **PLACE OF DEATH:**
(a) County Owyhee
(b) City or town Marsing.
(c) Street Address or R.F.D. No. Labor Camp.
(d) Death Occured Inside?..... Outside?.....city or town
(e) Died in a Home.... Hospital.... Institution.... Other place X
(f) Name Hosp. or Inst..... Stayed.....days
(g) Lived in this county.....years .....months .....days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State..... (b) County.....
(c) City or town.....
(d) Street Address or R.F.D. No.....
(e) Deceased lived Inside?.....Outside?.....city or town
(f) Citizen of what country?.....
(g) How long had deceased lived in Idaho?.....years
(h) Former residence (city, state).....

3. (a) **FULL NAME** Guadalupe Castaneda Cardenas Manuel Lugo

3. (b) If veteran, name war.....
3. (c) Social Security No. .....
4. Sex Male
5. Color or race.....
6. (a) Single, widowed, married, divorced.....
6. (b) Name of husband or wife.....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) 1921

8. AGE	Years	Months	Days	If less than 1 day
	23			hrs min.

9. Exact Occupation mexican national imported Agricultural Laborer Did this work for .....yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace unknown (City or town) mexico (State or foreign country)
Father
12. Name unknown
13. Birthplace ..... (City or town) (State or foreign country)
Mother
14. Maiden name Augustina Castaneda
15. Birthplace unknown (City or town) mexico (State or foreign country)
16. Informant's **OWN** Signature Arthur R. Sayre
and Address Marsing, Ida.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/22/44 (Month) (Day) (Year)
(c) Place: Nampa Idaho
18. Funeral Director's **OWN** Signature F. K. Robinson
and Address Nampa Ida
19. (a) Aug 28 - 1944 (Date received and filed) (b) Helen M Davis (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) About Aug 17th 1944
at.....o'clock .....M.
21. **I HEREBY CERTIFY,** That I attended deceased from .....19....., to.....19.....
I last saw h..... alive on.....19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
✓ Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation..... Date.....	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? yes Suicide?..... Homicide?.....
Occurred Aug 17 1944 City, county, state where violence occurred Near Marsing Owyhee Co. Idaho.
Place of Violence: Home.....Farm.....Industry.....
Public Place..... While at work?.....
Means of injury Drowned in Snake River.
23. Attendant's **OWN** Signature F. O. Hazen Acting Coroner. (M. D. or other)
and Address Marsing Idaho. Date 8-22 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

AUG 30 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140211
Local Reg. No. 71
Reg. Dist. No. 892

1. PLACE OF DEATH:

(a) County
(b) City or town Homedale Idaho
(c) Street Address or R.F.D. No.
(d) Death Occured ~~Inside~~? Outside? ~ city or town
(e) Died in a Home.... Hospital.... Institution.... Other place....
(f) Name Hosp. or Inst. ~ Stayed ~ days
(g) Lived in this county years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

(a) State Idaho (b) County Owyhee
(c) City or town Homedale,
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? Outside? Yes city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 18 months years
(h) Former residence (city, state)

3. (a) FULL NAME Donna Marie Potratz 170c

3. (b) If veteran, name war ~
3. (c) Social Security No. ~
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Feb 5, 1943

8. AGE	Years	Months	Days	If less than 1 day
		18		hrs min.

9. Exact Occupation ~ Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Nampa Idaho (City or town) (State or foreign country)

Father
12. Name Donald Potratz
13. Birthplace N Oak (City or town) (State or foreign country)

Mother
14. Maiden name Smith
15. Birthplace Nebraska (City or town) (State or foreign country)

16. Informant's **OWN** Signature Donald Potratz and Address Homedale Ida

17. (a) Buried (Burial, cremation, or removal) (b) Date thereof 8/21/44 (Month) (Day) (Year)
(c) Place: Nampa Idaho

18. Funeral Director's **OWN** Signature L. B. Robinson and Address Nampa Ida

19. (a) Aug 28-1944 (Date received and filed) (b) Helen M Davis (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) August 18. 1944
at o'clock 8. pm M.

21. **I HEREBY CERTIFY**, That I attended deceased from No 19 , to No 19
I last saw her alive on Dead 19 ; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Accident	
Due to Car Accident	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
✓ Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Yes Suicide? Homicide?
Occurred August 18, 1944. City, county, state where violence occurred Homedale, Idaho
Place of Violence: Home Farm Industry
Public Place Highway While at work?
Means of injury Driver Blinded By Sun-Missed Road

23. Attendant's **OWN** Signature W.H. Cooper M.D (M. D. or other)
and Address Homedale. Idaho Date 19
(For additional space, use reverse side)

Riverside Cemetery

United States
Department of Commerce
Bureau of the Census

AUG 25 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140292
Local Reg. No. 48
Reg. Dist. No. 3-330

1. PLACE OF DEATH:
(a) County Payette
(b) City or town Payette
(c) Street Address ~~XXXXXXXX~~ 119 N 9th St
(d) Death Occured Inside? # Outside? ..... city or town
(e) Died in a Home # Hospital ..... Institution ..... Other place .....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 1 years 5 months 26 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Payette
(c) City or town Payette
(d) Street Address or ~~XXXXXXX~~ 119 N 9th Stree
(e) Deceased lived Inside? # Outside? ..... city or town
(f) Citizen of what country? USA
(g) How long had deceased lived in Idaho? 1 years
(h) Former residence (city, state) Bloomfield, Mo.

3. (a) FULL NAME Martha Susan Haley.

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3. (b) If veteran, name war -----
3. (c) Social Security No. ------
4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife John H. haley
6. (c) Age of husband or wife if alive diseased years
7. Date of Birth (Month, Day, Year) July 2 1872

8. AGE	Years	Months	Days	If less than 1 day
	71	10	29	hrs min.

9. Exact Occupation at home — Did this work for ..... yrs.
10. Industry or Business home — Date last worked 5/31/1944
11. Birthplace Bloomfield, Missouri. (City or town) (State or foreign country)
Father
12. Name Simon W. Mc Carroll
13. Birthplace Hawkins Co. Tenn. (City or town) (State or foreign country)
Mother
14. Maiden name Sarah Jane Evans.
15. Birthplace Raleigh, N. Carolina. (City or town) (State or foreign country)
16. Informant's OWN Signature Mrs. Nelson McRae
and Address Payette, Idaho.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 6/3/1944 (Month) (Day) (Year)
(c) Place: Payette, Idaho.
18. Funeral Director's OWN Signature Edith Landm
and Address Payette, Idaho.
19. (a) Aug 21 1944 (Date received and filed) (b) J C Woodward (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 31 1944 19.....
at 10.30 o'clock p M.
21. **I HEREBY CERTIFY**, That I attended deceased from May 31, 1944 19....., to May 31 1944 19.....
I last saw her alive on 5/31/44 19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cardiac Failure	
✓ Due to Chronic Asthma Several	years
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYISCIAN
Name of operation ..... Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's OWN Signature S R Woodward, Jr. M.D. (M. D. or other)
and Address Payette, Idaho. Date 6/2/1944 19.....
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

140293

United States
Department of Commerce
Bureau of the Census

AUG 25 1944

RIVERSIDE CEMETERY

Certificate Of Death

STATE OF IDAHO

State File No.
Local Reg. No. 43
Reg. Dist. No. 3330

1. PLACE OF DEATH:
(a) County Payette
(b) City or town Payette
(c) Street Address or R.F.D. No. 237 S 10th
(d) Death Occured Inside? # Outside? city or town
(e) Died in a Home Hospital # Institution Other place
(f) Name Hosp. or Inst. Payette General Stayed 1 days
(g) Lived in this county 58 years 11 months 23 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Payette
(c) City or town Payette
(d) Street Address or R.F.D. No. 1110 1st Ave N
(e) Deceased lived Inside? # Outside? city or town
(f) Citizen of what country? USA
(g) How long had deceased lived in Idaho? 58 years
(h) Former residence (city, state) Payette, Idaho

3. (a) **FULL NAME** Belle Jacobsen Sur

94a

3. (b) If veteran, name war ----
3. (c) Social Security No. ---
4. Sex female 5. Color or race white
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife John Sur.
6. (c) Age of husband or wife if alive diseased years
7. Date of Birth (Month, Day, Year) August 17 1885

8. AGE	Years	Months	Days	If less than 1 day
	58	11	23	hrs min.

9. Exact Occupation at home Did this work for life yrs.
10. Industry or Business home Date last worked July 1944
11. Birthplace Payette, (City or town) Idaho. (State or foreign country)
Father
12. Name N.A. Jacobsen.
13. Birthplace --- (City or town) Germany. (State or foreign country)
Mother
14. Maiden name Annie Hansen.
15. Birthplace Koelding, (City or town) Denmark. (State or foreign country)
16. Informant's OWN Signature Dorothy Sur Martin
and Address Payette, Idaho.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 8/12/1944 (Month) (Day) (Year)
(c) Place: Payette, Idaho.
18. Funeral Director's OWN Signature Edith Lindon
and Address Payette, Idaho
19. (a) 8/11/1944 (Date received and filed) (b) J.G. Woodward (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) August 9 1944
at o'clock M.
21. **I HEREBY CERTIFY,** That I attended deceased from Aug 8 1944, to Aug 9 1944
I last saw her alive on Aug 9 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Coronary thrombosis	24 hrs
Due to Previous attack	8 days
Due to Angina Pectoris	years
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature John J. Kaiser, M.D. (M. D. or other)
and Address Payette, Idaho Date 8/10 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Riverside Cemetery

Certificate Of Death

STATE OF IDAHO

AUG 25 1944

State File No. 140254
Local Reg. No. 45
Reg. Dist. No. 3-331

1. PLACE OF DEATH:
(a) County Payette
(b) City or town Payette
(c) St. No. or R.F.D. No.
(d) Death Occured Inside? 3 # Outside? ....city or town
(e) Died in a Home. # Hospital.... Institution.... Other place....
(f) Name Hosp. or Inst.... Stayed....days
(g) Lived in this county 11 years ....months ....days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Payette
(c) City or town Payette,
(d) St. No. or R.F.D. No. Star Route
(e) Deceased lived Inside? ....Outside? # ....city or town
(f) Citizen of what country? USA
(g) How long had deceased lived in Idaho? 11 years
(h) Former residence (city, state) Caldwell, Idaho

3. (a) FULL NAME Louis Smith

13/a

3. (b) If veteran, name war ---
3. (c) Social Security No. 518-24-7486
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Selma Carol Smith
6. (c) Age of husband or wife if alive 52 years
7. Date of Birth (Month, Day, Year) February 16 1884

8. AGE	Years	Months	Days	If less than 1 day
	60	5	24	hrs min.

9. Exact Occupation labor — Did this work for life yrs.
10. Industry or Business ranch or sheep herder — Date last 8/9/44
11. Birthplace Wilkes-Barre, Penn. (City or town) (State or foreign country)
Father 12. Name James Smith.
Father 13. Birthplace ------- (City or town) Poland. (State or foreign country)
Mother 14. Maiden name notknown
Mother 15. Birthplace ------- (City or town) Poland (State or foreign country)
16. Informant's OWN Signature Selma Carol Smith and Address Payette
17. (a) burial (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: Payette, Idaho.
18. Funeral Director's OWN Signature Roberts Funeral Home and Address Payette, Idaho.
19. (a) 8/14/1944 (Date received and filed) (b) J.C. Woodward (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) August 11 1944 19
at 7 A.M. o'clock M.

21. **I HEREBY CERTIFY**, That I attended deceased from Jan 19 44, to Aug 11 1944
I last saw h[illegible] alive on Aug 11 19 44, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Myocardial failure — Duration 15 hrs
Due to Cardiovascular renal disease — 6 mos
Due to
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?
Name of operation ....Date....
Major finding
Finding of autopsy

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? .... Suicide? .... Homicide? ....
Occurred .... 19.... City, county, state where violence occurred
Place of Violence: Home.... Farm.... Industry....
Public Place.... While at work?....
Means of injury

23. Attendant's OWN Signature John H Lauer M.D. (M. D. or D. O.)
and Address Payette, Idaho. Date 8/12/1944 19
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census AUG 25 1944

Riverside

Certificate Of Death

STATE OF IDAHO

State File No. 140295
Local Reg. No. 44
Reg. Dist. No. 3330

1. **PLACE OF DEATH:**
(a) County Payette
(b) City or town Payette
(c) Street Address or R.F.D. No. 1210 7th ave N
(d) Death Occured Inside? # Outside? city or town
(e) Died in a Home # Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 1 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Payette
(c) City or town Payette
(d) Street Address ~~xxxxxxx~~ No. 1210 7th ave n
(e) Deceased lived Inside? # Outside? city or town
(f) Citizen of what country? USA
(g) How long had deceased lived in Idaho? 1 years
(h) Former residence (city, state) Ontario Ore

3. (a) **FULL NAME** Maude Summer.

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3. (b) If veteran, name war ---
3. (c) Social Security No. ---
4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or William H. Sumner
6. (c) Age of husband or wife if alive 62 years
7. Date of Birth (Month, Day, Year) March 7 1890

8. AGE	Years	Months	Days	If less than 1 day
	54	5	7	hrs min.

9. Exact Occupation at home Did this work for 29 yrs.
10. Industry or Business home Date last worked Jan. 1942
11. Birthplace Connley Springs, Kansas. (City or town) (State or foreign country)
Father
12. Name T.F.Hollaway.
13. Birthplace Marion, Kansas. (City or town) (State or foreign country)
Mother
14. Maiden name Olive M.Thomas.
15. Birthplace ---- Illinois. (City or town) (State or foreign country)
16. Informant's OWN Signature Wm H Summer
and Address 1210 7th Ave N
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 8/16/1944 (Month) (Day) (Year)
(c) Place: Payette, Idaho.
18. Funeral Director's OWN Signature Edith Sundin
and Address Payette, Idaho.
19. (a) 8/16/1944 (Date received and filed) (b) J C Woodward (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Aug. 14th 1944
at 3 P.M. o'clock M.
21. **I HEREBY CERTIFY,** That I attended deceased from Aug. 1944, to Aug. 14 1944
I last saw her alive on Aug. 14 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Heart failure	
Due to Essential Hypertention	unknown
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYISCIAN Underline the cause to which death should be charged statistically.
Name of operation Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature B B Gatten Jr. (M. D. or other)
and Address Payette-Ida Date 8-16 1944
(For additional space, use reverse side)

Parkview Cemetery.

United States
Department of Commerce
Bureau of the Census

AUG 25 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140236
Local Reg. No. 46
Reg. Dist. No. 3-330

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
   (a) County Payette
   (b) City or town Payette
   (c) Street Address or R.F.D. No. 237 So 10 th
   (d) Death Occured Inside? # Outside? ..... city or town
   (e) Died in a Home.... Hospital # Institution.... Other place....
   (f) Name Hosp. or Payette General Served 4 days
   (g) Lived in this county 1 years ..... months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Payette
   (c) City or town Payette
   (d) Street Address or R.F.D. No. N 8th
   (e) Deceased lived Inside? # Outside? ..... city or town
   (f) Citizen of what country? Ontario Canada
   (g) How long had deceased lived in Idaho? 1 years
   (h) Former residence (city, state) .....

3. (a) **FULL NAME** William Henry Mc Kinnon. 61

3. (b) If veteran, name war ---
3. (c) Social Security No. ---
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or Emma Mc Kinnon
6. (c) Age of husband or wife if alive 55 years
7. Date of Birth (Month, Day, Year) December 27 1874

8. AGE	Years	Months	Days	If less than 1 day
	73	7	18	hrs min.

9. Exact Occupation farmer Did this work for 10 yrs.
10. Industry or Business versital ranch Date last worked 1928
11. Birthplace Ontario, Canada. (City or town) (State or foreign country)
Father
12. Name Angus Mc Kinnon.
13. Birthplace Ontario Canada (City or town) (State or foreign country)
Mother
14. Maiden name Mart Ann Mc Kinney
15. Birthplace Ontario Canada (City or town) (State or foreign country)
16. Informant's OWN Signature Mrs. Emma Mc Kinnon
and Address Payette Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof Aug 8/17/1944 (Month) (Day) (Year)
(c) Place: New Plymouth, Idaho.
18. Funeral Director's OWN Signature Edith Landon
and Address Payette, Idaho.
19. (a) 8/17/1944 (Date received and filed) (b) J. C. Woodward (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) August 14 1944 19....
at 9 A.M. o'clock ..... M.
21. **I HEREBY CERTIFY,** That I attended deceased from Aug. 10 1944 to Aug. 14 1944
I last saw him alive on August 14 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Myocardial Failure	
Due to Coronary Occlusion	
✓ Due to Diabetes Mellitus	
Other conditions Senility	
(Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's OWN Signature John J. Kaiser MD (M. D. or other)
and Address Payette, Idaho Date 8/16/1944 19....
(For additional space, use reverse side)

NON-RESIDENT

United States
Department of Commerce
Bureau of the Census

AUG 25 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140247
Local Reg. No. 47
Reg. Dist. No. 3-330

1. PLACE OF DEATH:

(a) County Payette
(b) City or town Payette
(c) Street Address or R.F.D. No. 237 So 10th
(d) Death Occured Inside? # Outside? ..... city or town
(e) Died in a Home.... Hospital # Institution.... Other place....
(f) Name Hosp. or Payette General Stayed 4 hrs
(g) Lived in this county ..... years 4 months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

(a) State Utah (b) County Weber
(c) City or town Ogden
(d) Street Address or R.F.D. No. .....
(e) Deceased lived Inside? # Outside? ..... city or town
(f) Citizen of what country? USA
(g) How long had deceased lived in Idaho? 4 MO years
(h) Former residence (city, state) Ogden Utah

3. (a) FULL NAME John Mahanna.

83a

3. (b) If veteran, name war ---
3. (c) Social Security No. -----
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced widower
6. (b) Name of husband or wife Matilda Mahanna
6. (c) Age of husband or wife if alive diseased years
7. Date of Birth (Month, Day, Year) March 24 1858

8. AGE	Years	Months	Days	If less than 1 day
	86	5	2	hrs min.

9. Exact Occupation retired farmer Did this work for ..... yrs.
10. Industry or Business ranch Date last worked 1940
11. Birthplace Pearl (City or town) Ill (State or foreign country)

Father
12. Name James Mahanna
13. Birthplace Pearl (City or town) Ill (State or foreign country)

Mother
14. Maiden name Ellen Jenkins
15. Birthplace ---- (City or town) Penn (State or foreign country)

16. Informant's OWN Signature Vance L Mahanna
and Address Payette, Idaho. Route 1
17. (a) removal (Burial, cremation, or removal) (b) Date thereof 8/19/1944 (Month) (Day) (Year)
(c) Place: Ogden, Utah.
18. Funeral Director's OWN Signature Glenn C Landon
and Address Payette, Idaho.
19. (a) 8/18/1944 (Date received and filed) (b) J C Woodward (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) August 16 1944 19.....
at 8 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from Jan 1944, to Aug 16 1944
I last saw him alive on Aug 16 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Broncho pneumonia	5 days
Due to Cerebral hemorrhage	3 wks
✓ Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYISCIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's OWN Signature John J Kaiser (M.D. or other)
and Address Payette, Idaho Date 8/18/1944 19.....
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

AUG 23 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140298
Local Reg. No. 49.
Reg. Dist. No. 3-330

1. PLACE OF DEATH:

(a) County Payette
(b) City or town Payette
(c) Street Address or R. F. D. No. 448 3rd av N
(d) Death Occured Inside? # Outside? ..... city or town
(e) Died in a Home # Hospital .... Institution .... Other place ....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 44 years 11 months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

(a) State Idaho (b) County Payette
(c) City or town Payette
(d) Street Address or R.F.D. No. 448 3rd av n
(e) Deceased lived Inside? # Outside? ..... city or town
(f) Citizen of what country? USA
(g) How long had deceased lived in Idaho? 44 years
(h) Former residence (city, state) Norton, Kansas.

3. (a) FULL NAME Morris Walker Watts. 55 2

3. (b) If veteran, name war ---
3. (c) Social Security No. ---
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Annie M Watts
6. (c) Age of husband or wife if alive 84 years
7. Date of Birth (Month, Day, Year) December 11 1856

8. AGE	Years	Months	Days	If less than 1 day
	87	8	10	hrs ___ min.

9. Exact Occupation farmer — Did this work for life yrs.
10. Industry or Business ranch — Date last worked july 1944
11. Birthplace Crawfordville (City or town) Iowa (State or foreign country)

Father
12. Name John Watts
13. Birthplace --- (City or town) Ohio (State or foreign country)

Mother
14. Maiden name Sarah A Waddell
15. Birthplace ---- (City or town) Ohio (State or foreign country)

16. Informant's OWN Signature A Fred watts
and Address Creston Iowa

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 8/24/1944 (Month) (Day) (Year)
(c) Place: Payette, Idaho.

18. Funeral Director's OWN Signature Edith Sanders
and Address Payette, Idaho.

19. (a) 8/23/1944 (Date received and filed) (b) J C Woodward (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) August 21 1944 19 ....
at 8:30 o'clock A. M.

21. **I HEREBY CERTIFY**, That I attended deceased from ..... 19 43, to Aug 21 19 44
I last saw h-- alive on Aug 21 19 44, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Pulmonary Edema	1 wks
Due to Generalized	
✓ Carcinomatosis	6 mos
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYISCIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's OWN Signature John Kaiser MD (M. D. or other)
and Address Payette, Idaho Date 8/23/1944
(For additional space, use reverse side)

Applegate Cemetery

140299

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 50
Local Reg. No.
Reg. Dist. No. 3-320

SEP 6 1944

1. **PLACE OF DEATH:**
   (a) County Payette
   (b) City or town Payette
   (c) Street Address or R. F. D. No. 247 7ave N
   (d) Death Occured Inside? # Outside? city or town
   (e) Died in a Home # Hospital Institution Other place
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county 65 years 2 months - days

   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Payette
   (c) City or town Payette
   (d) Street Address or R.F.D. No. 247 7th ave N
   (e) Deceased lived Inside? # Outside? city or town
   (f) Citizen of what country? USA
   (g) How long had deceased lived in Idaho? 65 years
   (h) Former residence (city, state) Boise Idaho

3. (a) **FULL NAME** John A. Neal

94a

3. (b) If veteran, name war ---
3. (c) Social Security No. 519-03-1558
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Nora Neal
6. (c) Age of husband or wife if alive 36 years
7. Date of Birth (Month, Day, Year) June 23 1879

8. AGE	Years	Months	Days	If less than 1 day
	65	2	--	hrs min.

9. Exact Occupation Tractor driver Did this work for 8 yrs.
10. Industry or Business Payette County Date last worked Nov. 1943
11. Birthplace Falks Store, (City or town) Idaho. (State or foreign country)

Father
12. Name John A. Neal.
13. Birthplace Little Rock (City or town) Kansas (State or foreign country)

Mother
14. Maiden name Martha Smith
15. Birthplace Nashville (City or town) Tenn. (State or foreign country)

16. Informant's **OWN** Signature Mrs John Neal
and Address Box 273 Payette Idaho.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 8/26/1944 (Month) (Day) (Year)
(c) Place: New Plymouth, Idaho.
18. Funeral Director's **OWN** Signature Edith Rudd
and Address Payette, Idaho.
19. (a) 8/26/1944 (Date received and filed) (b) J C Woodward (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) August 23 1944 19
at 11 o'clock P. M.
21. **I HEREBY CERTIFY**, That I attended deceased from 19 , to Aug 23 1944
I last saw h alive on Aug 23 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration

Coronary occlusion — few hrs
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature John Kaucer MD (M. D. or other)
and Address Payette, Idaho Date 8/25 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Riverside Cemetery

United States
Department of Commerce
Bureau of the Census

SEP 6 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140300
Local Reg. No. 51
Reg. Dist. No. 3-330

1. PLACE OF DEATH:

(a) County Payette
(b) City or town Payette
(c) Street Address or R.F.D. No. 237 S 10
(d) Death Occured Inside? # Outside? ....city or town
(e) Died in a Home ... Hospital ... Institution ... Other place ....
(f) Name Hosp. or Ins Payette General 27 days
(g) Lived in this county 25 years 5 months ....days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

(a) State Idaho (b) County Payette
(c) City or town Payette
(d) Street Address or R.F.D. No. 1 Ave S
(e) Deceased lived Inside? # Outside? ....city or town
(f) Citizen of what country? USA
(g) How long had deceased lived in Idaho? 25 years
(h) Former residence (city, state) Midvale Idaho

3. (a) **FULL NAME** George Sharidan Sumpter

3. (b) If veteran, name war ---
3. (c) Social Security No. ---
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced widower
6. (b) Name of husband or wife Anna F. D. Sumpter
6. (c) Age of husband or wife if alive diseased years
7. Date of Birth (Month, Day, Year) May 13 1865

8. AGE	Years	Months	Days	If less than 1 day
	79	3	11	hrs ... min.

9. Exact Occupation labor — Did this work for life yrs.
10. Industry or Business ranch — Date last worked 1931
11. Birthplace Unionville (City or town) Missouri (State or foreign country)

Father
12. Name Thomas C. Sumpter
13. Birthplace --- (City or town) Mo (State or foreign country)

Mother
14. Maiden name Nancy Kirby
15. Birthplace # (City or town) Mo (State or foreign country)

16. Informant's **OWN** Signature Mrs. Ruth Chadd
and Address Nyssa, Ore.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 8/28/1944 (Month) (Day) (Year)
(c) Place: Payette, Idaho.

18. Funeral Director's **OWN** Signature Edith Sundeen
and Address Payette, Idaho

19. (a) 8/26/1944 (Date received and filed) (b) J. G. Woodward (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) August 24 1944 19....
at 6 o'clock P M.

21. **I HEREBY CERTIFY**, That I attended deceased from Feb 19 44, to Aug 24 19 44
I last saw h alive on Aug 24 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Edema of Lungs — Duration 2 days
Due to Generalized Carcinomatosis — 10 mos
Due to ....
Other conditions (Include pregnancy within 3 months of death) ....

Where was disease contracted? ....
Name of operation .... Date ....
Major finding ....
Finding of autopsy ....

PHYISCIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? .... Suicide? .... Homicide? ....
Occurred .... 19.... City, county, state where violence occurred ....
Place of Violence: Home .... Farm .... Industry ....
Public Place .... While at work? ....
Means of injury ....

23. Attendant's **OWN** Signature John Warren M D (M. D. or other)
and Address Payette, Idaho Date 8/25/1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

140301

United States
Department of Commerce
Bureau of the Census

SEP 6 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 20
Reg. Dist. No. 500

1. **PLACE OF DEATH:**
   (a) County Power
   (b) City or town American Falls, Idaho
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? X Outside? city or town
   (e) Died in a Home Hospital X Institution Other place
   (f) Name Hosp. or Inst. Schiltz Mem Stayed 7 days
   (g) Lived in this county 2 years months days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Power
   (c) City or town American Falls
   (d) Street Address or R. F. D. No.
   (e) Deceased lived Inside? X Outside? city or town
   (f) Citizen of what country? United States
   (g) How long had deceased lived in Idaho? 2 years
   (h) Former residence (city, state) Olympia, Wash.

3. (a) **FULL NAME** Justina Kautz

186a

3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Christian
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) December 30, 1865

8. AGE	Years	Months	Days	If less than 1 day
	78	7	24	hrs min.

9. Exact Occupation Housewife Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Tarutina (City or town) South Russia (State or foreign country)
Father
12. Name Karl Rath
13. Birthplace (City or town) Russia (State or foreign country)
Mother
14. Maiden name Unknown Rath
15. Birthplace Unknown (City or town) (State or foreign country)
16. Informant's OWN Signature Mrs. Otilia Hoffman
and Address American Falls, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-27-44 (Month) (Day) (Year)
(c) Place: American Falls, Idaho
18. Funeral Director's OWN Signature [signature]
and Address American Falls, Idaho
19. (a) 8-26-1944 (Date received and filed) (b) Irene Saling (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Aug. 24 1944
at 6 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from Aug 17 1944, to Aug 24 1944
I last saw her alive on Aug 23 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death	Duration
Hypostatic pneumonia	4 days.
Secondary to Fractured femur	
Due to on Aug. 17	
Due to Debility incident to old age	
Other conditions (Include pregnancy within 3 months of death)	

✓ Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Yes Suicide? Homicide?
Occurred August 18, 1944 City, county, state where violence occurred in home-American Falls
Place of Violence: Home X Farm Industry
Public Place -- While at work? --
Means of injury Slipped on floor
23. Attendant's OWN Signature [signature] (M. D. or other)
and Address Am. Falls Ida Date 8/24 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

140302

United States
Department of Commerce
Bureau of the Census

SEP 6 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 21
Reg. Dist. No. 500

1. **PLACE OF DEATH:**
(a) County Power
(b) City or town American Falls
(c) Street Address or R. F. D. No. Schwarz Apts.
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home X Hospital __ Institution __ Other place __
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 28 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Power
(c) City or town American Falls
(d) Street Address or R. F. D. No. Schwarz Apts. Fort Hall Ave.
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? United States
(g) How long had deceased lived in Idaho? 28 years
(h) Former residence (city, state) Washington

3. (a) **FULL NAME** CHARLES LESLEY SHERWOOD

94a

3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Mabel M.
6. (c) Age of husband or wife if alive 66 years
7. Date of Birth (Month, Day, Year) October 6, 1878

8. AGE	Years	Months	Days	If less than 1 day
	65	10	23	hrs min.

9. Exact Occupation Farmer, Roadwork Did this work for 27 yrs.
10. Industry or Business State Highway Date last worked 8-29-44
11. Birthplace Meur (City or town) Michigan (State or foreign country)
Father
12. Name Malcom M. Sherwood
13. Birthplace Not Known (City or town) (State or foreign country)
Mother
14. Maiden name Caroline Beardsley
15. Birthplace (City or town) Michigan (State or foreign country)
16. Informant's OWN Signature Mabel M Sherwood
and Address American Falls, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 1 - '44 (Month) (Day) (Year)
(c) Place: American Falls, Idaho
18. Funeral Director's OWN Signature H L Davis
and Address American Falls, Idaho
19. (a) Aug 31-1944 (Date received and filed) (b) Irene Daling (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) August 29, 1944 19__ at 6:30 o'clock A.M.
21. **I HEREBY CERTIFY,** That I attended deceased from Aug. 29, 1944 to Aug. 29 1944
I last saw him dead on Aug. 29 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Coronary Thrombosis	
Due to (Found dead in bed-wife	sleep-
✓ Due to ing beside him)	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ____ Date ____
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury
23. Attendant's OWN Signature V G Logan MD (M. D. or other)
and Address American Falls Date 8-29 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

SEP 11 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140303
Local Reg. No. 19
Reg. Dist. No. 140

1. **PLACE OF DEATH:**
(a) County Shoshone
(b) City or town Wallace
(c) Street Address or R.F.D. No. 211 Cedar
(d) Death Occured Inside? ✓ Outside? ..... city or town
(e) Died in a Home ✓ Hospital .... Institution .... Other place ....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 39 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Shoshone
(c) City or town Wallace
(d) Street Address or R.F.D. No. 211 Cedar
(e) Deceased lived Inside? ✓ Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 39 years
(h) Former residence (city, state) Wis

3. (a) **FULL NAME** Carretta M. Hanson

83a

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex f
5. Color or race w
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife John
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) Feb-29-1856

8. AGE	Years	Months	Days	If less than 1 day
	88	2	8	hrs min.

9. Exact Occupation Home Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Travis City Mich (City or town) (State or foreign country)
Father
12. Name Peter Abrahamsen
13. Birthplace Norway (City or town), (State or foreign country)
Mother
14. Maiden name Louisa Anderson
15. Birthplace Norway (City or town) (State or foreign country)
16. Informant's **OWN** Signature Edna Hanson
and Address 102 Cedar St. Wallace
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/9/44 (Month) (Day) (Year)
(c) Place: Wallace, Idaho
18. Funeral Director's **OWN** Signature [illegible]
and Address Wallace Ida
19. (a) Sept-7-44 (Date received and filed) (b) John Bowe (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 6 1944
at ..... o'clock ..... M.
21. **I HEREBY CERTIFY,** That I attended deceased from ..... 19....., to ..... 19.....
I last saw her alive on ..... 19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration
Hypostatic pneumonia 1 day
Cerebral hemorrhage 3 days
Due to Senility
✓ Due to .....
Other conditions .....
(Include pregnancy within 3 months of death)
Where was disease contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYISCIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature [illegible] (M. D. or other)
and Address Wallace Ida Date 5-31 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

SEP 11 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140304
Local Reg. No. 20
Reg. Dist. No. 141

1. **PLACE OF DEATH:**
   (a) County Shoshone
   (b) City or town
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? Outside? city or town
   (e) Died in a Home Hospital Institution Other place
   (f) Name Hosp. or Inst. County Stayed days
   (g) Lived in this county years months days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Shoshone
   (c) City or town
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? Outside? city or town
   (f) Citizen of what country? U. S.
   (g) How long had deceased lived in Idaho? 43 years
   (h) Former residence (city, state) New York

3. (a) **FULL NAME** Jim Peters

162 b.

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex m
5. Color or race W
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Oct. 26 1855

8. AGE	Years	Months	Days	If less than 1 day
	88	7	4	hrs min.

9. Exact Occupation Logger Did this work for 50 yrs.
10. Industry or Business Lumbering Date last worked
11. Birthplace Syracuse, N. Y. (City or town) (State or foreign country)

Father
12. Name Unknown
13. Birthplace (City or town) (State or foreign country)

Mother
14. Maiden name Unknown
15. Birthplace (City or town) (State or foreign country)

16. Informant's **OWN** Signature E Worstell Co Hosp Records
and Address Wallace Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/2/44 (Month) (Day) (Year)
(c) Place: Wallace, Idaho
18. Funeral Director's **OWN** Signature [signature]
and Address Wallace, Idaho.
19. (a) Sept 7-44 (Date received and filed) (b) John Dever (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 30 1944
at 8:45 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from May 10, 1944, to May 30, 1944
I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Senility	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYISCIAN Underline the cause to which death should be charged statistically.
Name of operation Date	
✓ Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature James R Bean (M. D. or other)
and Address Wallace, Idaho Date June 2, 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

SEP 11 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140555
Local Reg. No. 21
Reg. Dist. No. 140

1. **PLACE OF DEATH:**
   (a) County Shoshone
   (b) City or town Wallace
   (c) Street Address or R.F.D. No. 321 Pine
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home X Hospital ..... Institution ..... Other place .....
   (f) Name Hosp. or Inst. ..... Stayed ..... days
   (g) Lived in this county 33 years 2 months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Shoshone
   (c) City or town Wallace
   (d) Street Address or R.F.D. No. 321 Pine
   (e) Deceased lived Inside? X Outside? ..... city or town
   (f) Citizen of what country? United States
   (g) How long had deceased lived in Idaho? 33 years
   (h) Former residence (city, state) .....

3. (a) **FULL NAME** Ellen Uhrig Smith 92 b

3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife J A Smith
6. (c) Age of husband or wife if alive 63 years
7. Date of Birth (Month, Day, Year) Aug 18 - 1883

8. AGE	Years	Months	Days	If less than 1 day
	60	11	15	hrs ..... min.

9. Exact Occupation Housewife — Did this work for 33 yrs.
10. Industry or Business Home — Date last worked
11. Birthplace Cincinnatti - Ohio (City or town) (State or foreign country)

Father
12. Name Louis Jacob Uhrig
13. Birthplace Germany (City or town) (State or foreign country)

Mother
14. Maiden name Margaret (Uhrig) Eberfeld
15. Birthplace Pomeroy, Ohio (City or town) (State or foreign country)

16. Informant's **OWN** Signature J A Smith
and Address Wallace Idaho

17. (a) Buria l (Burial, cremation, or removal) (b) Date thereof 8/4/44 (Month) (Day) (Year)
(c) Place: Wallace, Ida ho

18. Funeral Director's **OWN** Signature [illegible]
and Address Wallace, Ida ho

19. (a) Sept 7-44 (Date received and filed) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Aug 2 19 44
at 10 o'clock A M.

21. **I HEREBY CERTIFY**, That I attended deceased from 4-13 1939, to Aug 2 1944
I last saw h[illegible] alive on Aug 1 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Chronic Myocarditis — Duration 5 years
Due to Chr. mitral valvular disease — Duration unknown
Due to ..... — Duration .....
Other conditions (Include pregnancy within 3 months of death) .....
Where was disease contracted? ..... PHYISICIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature Paul Ellis M D (M. D. or other)
and Address Wallace Idaho Date Aug 7 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

SEP 11 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140306
Local Reg. No. 11
Reg. Dist. No. 140

1. **PLACE OF DEATH:**
(a) County Shoshone
(b) City or town Kellogg
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? ..... Outside? X city or town
(e) Died in a Home.... Hospital X Institution.... Other place....
(f) Name Hosp. or Inst. County Stayed 2 days
(g) Lived in this county 26 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Shoshone
(c) City or town Cranelli
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? ..... Outside? X city or town
(f) Citizen of what country? U.S.
(g) How long had deceased lived in Idaho? 20 years
(h) Former residence (city, state)

3. (a) **FULL NAME** Jessie O. Scott 93e

3. (b) If veteran, name war No
3. (c) Social Security No. —
4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Date of Birth (Month, Day, Year) December 15, 1875

8. AGE	Years	Months	Days	If less than 1 day
	68	7	19	hrs min.

9. Exact Occupation Home Did this work for ..... yrs.
10. Industry or Business Home Date last worked
11. Birthplace Michigan (City or town) (State or foreign country)
Father
12. Name Charles Hubbard
13. Birthplace Michigan (City or town) (State or foreign country)
Mother
14. Maiden name Jennie Reeves
15. Birthplace Canada (City or town) (State or foreign country)
16. Informant's **OWN** Signature Linn Tobey
and Address Spokane Wash.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof August 7/44 (Month) (Day) (Year)
(c) Place: Kingston Idaho
18. Funeral Director's **OWN** Signature Frank M. Hade
and Address Kellogg Idaho
19. (a) Aug 11-44 (Date received and filed) (b) J. W. Dawson (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) August 4 1944
at 3 45 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from 8/3/44 19..., to 8/4/44 19...
I last saw h..... alive on 8/44 19...; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration
Bronchopneumonia
Due to
Due to Myocarditis
Other conditions
(Include pregnancy within 3 months of death)
Where was disease contracted?
Name of operation ..... Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury
23. Attendant's **OWN** Signature James R Bean (M. D. or other)
and Address Wallace Date 8/7/44 19...
(For additional space, use reverse side)

140307

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

SEP 11 1944 STATE OF IDAHO

State File No.
Local Reg. No. 12
Reg. Dist. No. 140

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
(a) County Shoshone
(b) City or town Wallace
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? – Outside? city or town
(e) Died in a Home Hospital ✓ Institution Other place
(f) Name Hosp. or Inst. Providence Stayed days
(g) Lived in this county 20 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Shoshone
(c) City or town Burke
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? ✓ Outside? city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? 22 years
(h) Former residence (city, state) Rosland B.C.

3. (a) **FULL NAME** Patrick J. Driscoll 131 b

3. (b) If veteran, name war
3. (c) Social Security No. 578-12-4077
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Catherine
6. (c) Age of husband or wife if alive 79 years
7. Date of Birth (Month, Day, Year) Nov 10 - 1865

8. AGE	Years	Months	Days	If less than 1 day
	78	8	25	hrs min.

9. Exact Occupation Nursery Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Newfoundland (City or town) (State or foreign country)
Father 12. Name Lawrence Driscoll
13. Birthplace Newfoundland (City or town) (State or foreign country)
Mother 14. Maiden name Bridget Redmond
15. Birthplace Newfoundland (City or town) (State or foreign country)
16. Informant's **OWN** Signature James L. Driscoll
and Address Wallace Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug-8-44 (Month) (Day) (Year)
(c) Place: Wallace Idaho
18. Funeral Director's **OWN** Signature John A Bever (Wards)
and Address Wallace Idaho
19. (a) Aug-7-44 (Date received and filed) (b) John A Bever (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Aug 5 1944
at 11 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 19 , to Aug 5 1944
I last saw him alive on Aug 5 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Hypostatic pneumonia	2 wks
Due to Nephritis, chronic	years
Due to	
Other conditions Senile Dementia (Include pregnancy within 3 months of death)	years

✓ Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature Edith Gerald MD (M. D. or other)
and Address Wallace Idaho Date 8/8 1944
(For additional space, use reverse side)

14053

United States
Department of Commerce
Bureau of the Census

SEP 11 1944

Certificate Of Death

STATE OF IDAHO

State File No.
Local Reg. No. 12
Reg. Dist. No. 140

1. PLACE OF DEATH:
(a) County Shoshone
(b) City or town Wallace
(c) Street Address or R. F. D. No.
(d) Death Occured Inside? ✓ Outside? city or town
(e) Died in a Home.... Hospital.... Institution.... Other place....
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 54 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Shoshone
(c) City or town Wallace
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? Outside? city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? 54 years
(h) Former residence (city, state) Idaho

3. (a) FULL NAME Emma Mae Stansfield 46 h

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Dec 8 1859

8. AGE	Years	Months	Days	If less than 1 day
	84	8	1	hrs min.

9. Exact Occupation Hotel operator. Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace (City or town) (State or foreign country)

Father
12. Name David Shipler
13. Birthplace (City or town) Pa. (State or foreign country)

Mother
14. Maiden name Catherine Bymer
15. Birthplace (City or town) Pa. (State or foreign country)

16. Informant's **OWN** Signature Ray V Stansfield
and Address Wallace Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 12-44 (Month) (Day) (Year)
(c) Place: Wallace Idaho

18. Funeral Director's **OWN** Signature Thos Beer (Agent)
and Address Wallace Idaho

19. (a) Aug 9-44 (Date received and filed) (b) Thos Beer (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Aug 9 1944
at 7 o'clock A.M.

21. **I HEREBY CERTIFY**, That I attended deceased from July 31 1944, to Aug 9 1944
I last saw him alive on Aug 8 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration

Carcinoma of Stomach — 3-6 mos
Due to — from History.
Due to
Other conditions
(Include pregnancy within 3 months of death)

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature Wm T. Smyth (M. D. or other)
and Address Wallace Idaho Date 8-9 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

SEP 7 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140[illegible]
Local Reg. No. 30
Reg. Dist. No. 142

1. **PLACE OF DEATH:**
   (a) County Shoshone
   (b) City or town Kellogg
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home.... Hospital X Institution.... Other place....
   (f) Name Hosp. or Inst. Wardner Stayed 2 days
   (g) Lived in this county 10 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Shoshone
   (c) City or town Kellogg
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? X Outside? ..... city or town
   (f) Citizen of what country? U.S.
   (g) How long had deceased lived in Idaho? 10 years
   (h) Former residence (city, state)

3. (a) **FULL NAME** William K. Pavluk 61

3. (b) If veteran, name war no
3. (c) Social Security No. 518-05-0785
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Date of Birth (Month, Day, Year) January 22, 1896

8. AGE	Years	Months	Days	If less than 1 day
	48	6	16	hrs min.

9. Exact Occupation Miner Did this work for 10 yrs.
10. Industry or Business Mining Date last worked March 1944
11. Birthplace White Russia (City or town) (State or foreign country)

Father
12. Name Unknown
13. Birthplace Unknown (City or town) (State or foreign country)

Mother
14. Maiden name Unknown
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's **OWN** Signature Pete Lukan
and Address Kellogg Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 11 44 (Month) (Day) (Year)
(c) Place: Greenwood in Kellogg
18. Funeral Director's **OWN** Signature Frank M. Glade
and Address Kellogg Idaho
19. (a) 8-12-44 (Date received and filed) (b) Mrs Helen McBride (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 8-9 1944
at 8 30 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from 1942 19..., to 8-9 1944
I last saw him alive on 8-9 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Diabetic Coma	
Due to Diabetes Mellitus	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ..... Date .....
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury

23. Attendant's **OWN** Signature Robert Stoley MD (M. D. or other)
and Address Kellogg Ida Date 8-12 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

SEP 7 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140519
Local Reg. No. 31
Reg. Dist. No. 142

1. PLACE OF DEATH:
(a) County Shoshone
(b) City or town Kellogg
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Home.... Hospital X Institution.... Other place....
(f) Name Hosp. or Inst. Wardner Stayed 1 days
(g) Lived in this county 50 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Shoshone
(c) City or town Kellogg
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? ..... Outside? X city or town
(f) Citizen of what country? U.S.
(g) How long had deceased lived in Idaho? 50 years
(h) Former residence (city, state)

3. (a) FULL NAME Frederick F Donaldson

3. (b) If veteran, name war –
3. (c) Social Security No. 511-05-5226
4. Sex Male
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife –
6. (c) Age of husband or wife if alive – years
7. Date of Birth (Month, Day, Year) July 15, 1870

8. AGE	Years	Months	Days	If less than 1 day
	74	0	26	hrs min.

9. Exact Occupation Miner Did this work for 50 yrs.
10. Industry or Business Mining Date last worked August/44
11. Birthplace Sweden (City or town) (State or foreign country)
Father
12. Name Daniel Donaldson
13. Birthplace Sweden (City or town) (State or foreign country)
Mother
14. Maiden name Unknown
15. Birthplace Sweden (City or town) (State or foreign country)
16. Informant's **OWN** Signature Mrs Sophia Palm
and Address Spokane Wash.
17. (a) Buried (Burial, cremation, or removal) (b) Date thereof Aug 15/44 (Month) (Day) (Year)
(c) Place Riverside Park Spokane Wn
18. Funeral Director's **OWN** Signature [illegible]
and Address Kellogg Idaho
19. (a) 8-14-44 (Date received and filed) (b) Mrs. Helen McBride (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 8-11 1944
at 11 AM o'clock ..... M.
21. **I HEREBY CERTIFY,** That I attended deceased from 8-11 1944 to 8-11 1944
I last saw him alive on 8-11 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebral Hemorrhage	8 hrs
Due to Arteriosclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation ..... Date	
Major finding	
Finding of autopsy	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury
23. Attendant's **OWN** Signature Robert Stohr (M. D. or other)
and Address Kellogg Idaho Date 8-14 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

SEP 11 1944

Certificate Of Death

STATE OF IDAHO

State File No. 14051
Local Reg. No. 23
Reg. Dist. No. 140

1. **PLACE OF DEATH:**
   (a) County Shoshone
   (b) City or town Wallace
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? ✓ Outside? ..... city or town
   (e) Died in a Home.... Hospital ✓ Institution.... Other place....
   (f) Name Hosp. or Inst. Providence Stayed ..... days
   (g) Lived in this county 23 years ..... months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Shoshone
   (c) City or town Mullan
   (d) Street Address or R.F.D. No. 327 2nd St
   (e) Deceased lived Inside? ✓ Outside? ..... city or town
   (f) Citizen of what country? USA
   (g) How long had deceased lived in Idaho? 23 years
   (h) Former residence (city, state) Wash.

3. (a) **FULL NAME** EMIL VIRTANEN

94a

3. (b) If veteran, name war No
3. (c) Social Security No. 518-01-9268
4. Sex M
5. Color or race W
6. (a) ~~Single, widowed~~, married, ~~divorced~~ Married
6. (b) Name of husband or wife HILDA
6. (c) Age of ~~husband or~~ wife if alive 59 years
7. Date of Birth (Month, Day, Year) APRIL 1-1883

8. AGE	Years	Months	Days	If less than 1 day
	61	4	15	hrs min.

9. Exact Occupation Miner — Did this work for ..... yrs.
10. Industry or Business Mining — Date last worked
11. Birthplace ..... (City or town) Finland (State or foreign country)

Father
12. Name Alexander Virtanen
13. Birthplace ..... (City or town) Finland (State or foreign country)

Mother
14. Maiden name Wilhelmina Alexander
15. Birthplace ..... (City or town) Finland (State or foreign country)

16. Informant's **OWN** Signature Miriam C. Murray
and Address 327 2nd St, Mullan Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/20/44 (Month) (Day) (Year)
(c) Place: Wallace
18. Funeral Director's **OWN** Signature [illegible]
and Address Wallace Idaho
19. (a) Sept 7-44 (Date received and filed) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 8-15 19 44
at ..... o'clock A M.
21. **I HEREBY CERTIFY**, That I attended deceased from July 19 44 to 8/15 19 44
I last saw h[illegible] alive on 8/14 19 44 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death	Duration
Coronary Sclerosis	[illegible] Months
Due to Chronic Nephritis	
Due to Arteriosclerosis	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature [illegible] (M.D. or other)
and Address [illegible] Idaho 8/16 19 44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 14001
Local Reg. No. 14
Reg. Dist. No. 141

SEP 11 1944

1. **PLACE OF DEATH:**
   (a) County Shoshone
   (b) City or town Calder
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? Outside? x city or town
   (e) Died in a Home x Hospital Institution Other place
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county 13 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Shoshone
   (c) City or town Calder
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? Outside? x city or town
   (f) Citizen of what country? U. S. A.
   (g) How long had deceased lived in Idaho? 13 years
   (h) Former residence (city, state)

3. (a) **FULL NAME** Mary Louise Skadden 93e

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive 82 years
7. Date of Birth (Month, Day, Year) April 28, 1862

8. AGE	Years	Months	Days	If less than 1 day
	82	3	20	hrs min.

9. Exact Occupation Housewife Did this work for 51 yrs.
10. Industry or Business Home Date last worked 8-14-44
11. Birthplace Fortyfort, Penn. (City or town) (State or foreign country)

Father
12. Name Philip Hise
13. Birthplace Germany (City or town) (State or foreign country)

Mother
14. Maiden name Unknown
15. Birthplace Ruggles, Penn. (City or town) (State or foreign country)

16. Informant's **OWN** Signature Fred Skadden
and Address Calder, Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 8-19-44 (Month) (Day) (Year)
(c) Place: St. Maries, Idaho
18. Funeral Director's **OWN** Signature R. E. Wessa
and Address St. Maries, Idaho
19. (a) Aug 23 44 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) August 18, 1944 19
at 10:00 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 3-1 1944 to 8-18 1944
I last saw her alive on 8-3 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Myocarditis — Duration
Due to Gen Senility
Due to
Other conditions
(Include pregnancy within 3 months of death)
Where was disease contracted? -
Name of operation - Date
Major finding -
Finding of autopsy -

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature O. D. Platt, M.D. (M. D. or other)
and Address St. Maries Ida. Date 8-18 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

SEP 11 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140513
Local Reg. No. 18
Reg. Dist. No. 140

1. **PLACE OF DEATH:**
(a) County Shoshone
(b) City or town Wallace
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? ✓ Outside? city or town
(e) Died in a Home Hospital Institution Other place
(f) Name Hosp. or Inst. Woodburn Stayed days
(g) Lived in this county years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State (b) County
(c) City or town
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? Outside? city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? years
(h) Former residence (city, state)

3. (a) **FULL NAME** Mary Murphy. 161a

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F
5. Color or race W.
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Aug. 19-1944

8. AGE	Years	Months	Days	If less than 1 day
			1	hrs min.

9. Exact Occupation None Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Wallace Idaho (City or town) (State or foreign country)
Father
12. Name Donald Murphy
13. Birthplace Duluth Minn (City or town) (State or foreign country)
Mother
14. Maiden name Eleanor Ebley
15. Birthplace Wallace Idaho (City or town) (State or foreign country)
16. Informant's OWN Signature Mary G. Ebley
and Address Wallace Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 21-44 (Month) (Day) (Year)
(c) Place: Wallace Idaho
18. Funeral Director's OWN Signature Thos A Bever (Wards)
and Address Wallace Idaho
19. (a) Aug 21-44 (Date received and filed) (b) Thos A Bever (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Aug 20 1944
at 5 o'clock P. M.
21. **I HEREBY CERTIFY**, That I attended deceased from Aug 19 1944, to Aug 20 1944
I last saw her alive on Aug 20 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Atelectasis	22 hours
Due to	
✓ Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature E Fitz Berald (M. D. or other)
and Address Wallace Idaho Date 8/21 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

SEP 11 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140514
Local Reg. No. 15
Reg. Dist. No. 141

1. **PLACE OF DEATH:**
   (a) County Shoshone
   (b) City or town Mullan
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? ~ Outside? city or town
   (e) Died in a Home ~ Hospital Institution Other place
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county years 2 months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Shoshone
   (c) City or town Mullan
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? ~ Outside? city or town
   (f) Citizen of what country?
   (g) How long had deceased lived in Idaho? 2 mo years
   (h) Former residence (city, state) Mont.

3. (a) **FULL NAME** Genevieve Marie Sorrell. 9

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F
5. Color or race White
Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) June 22 1944

8. AGE	Years	Months	Days	If less than 1 day
		2	0	hrs min.

9. Exact Occupation None
Did this work for yrs.
10. Industry or Business
Date last worked
11. Birthplace St Ignatius Mont.
(City or town) (State or foreign country)

Mother Father
12. Name Ernest Sorrell
13. Birthplace Arlee Mont.
(City or town) (State or foreign country)
14. Maiden name Jane Conley
15. Birthplace Roman Mont.
(City or town) (State or foreign country)

16. Informant's **OWN** Signature Mrs. Annie Sorrell
and Address Mullan Idaho
17. (a) Removal (b) Date thereof Aug. 23-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: St Ignatius Mont
18. Funeral Director's **OWN** Signature Edna Beer (Mrs)
and Address Wallace Idaho
19. (a) Aug 24-44 (b) Edna Beer
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 8-22 1944
at 1:10 o'clock A M.

21. **I HEREBY CERTIFY,** That I attended deceased from 8-15 1944, to 8-22 1944
I last saw her alive on 8-22 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Whooping Cough	
✓ Due to Contagion	V
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature F.W. Rolfe M.D.
and Address Mullan Ida. (M. D. or other)
Date 8-24 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

SEP 7 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140515
Local Reg. No. 32
Reg. Dist. No. 142

1. **PLACE OF DEATH:**
(a) County Shoshone
(b) City or town Kellogg
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Home.... Hospital X Institution.... Other place....
(f) Name Hosp. or Inst. Wardner Stayed ..... days
(g) Lived in this county ..... years ..... months 8 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Shoshone
(c) City or town Kellogg
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? X Outside? ..... city or town
(f) Citizen of what country? U.S.
(g) How long had deceased lived in Idaho? 44 years
(h) Former residence (city, state)

3. (a) **FULL NAME** William McDougall 93d

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Male
5. Color or race white
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Anna Bell
6. (c) Age of husband or wife if alive — years
7. Date of Birth (Month, Day, Year) April 21, 1861

8. AGE	Years	Months	Days	If less than 1 day
	83	4	0	hrs min.

9. Exact Occupation Superintendent Did this work for 44 yrs.
10. Industry or Business of Mine Date last worked 1934
11. Birthplace Glencoe (City or town) Minnesota (State or foreign country)
Father
12. Name Duncan McDougal
13. Birthplace Scotland (City or town) (State or foreign country)
Mother
14. Maiden name Unknown
15. Birthplace Scotland (City or town) (State or foreign country)
16. Informant's **OWN** Signature Lloyd McDougal
and Address Kellogg Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 24/44 (Month) (Day) (Year)
(c) Place: Kellogg Idaho
18. Funeral Director's **OWN** Signature Grace McDade
and Address Kellogg Idaho
19. (a) Aug-23-44 (Date received and filed) (b) Mrs. Helen McDade (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Aug 22 1944
at 10:10 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from Aug. 13 1944, to Aug 22 1944
I last saw him alive on Aug 22 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Silicosis	
Myocardial degeneration	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
✓ Where was disease contracted? Kellogg	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding None	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature Glenn McCoffey MD (M. D. or other)
and Address Kellogg Ida Date Aug 23 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Sr.

140516

United States
Department of Commerce
Bureau of the Census

SEP 7 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 34
Reg. Dist. No. 142

1. **PLACE OF DEATH:**
   (a) County Shoshone
   (b) City or town Kellogg
   (c) Street Address or R. F. D. No. 204 E Riverside
   (d) Death Occurred Inside? X Outside? ____ city or town
   (e) Died in a Home __ Hospital X Institution __ Other place __
   (f) Name Hosp. or Inst. Warner Stayed ____ days
   (g) Lived in this county ____ years 15 months ____ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Shoshone
   (c) City or town Kellogg
   (d) Street Address or R. F. D. No. 204 E Riverside
   (e) Deceased lived Inside? X Outside? ____ city or town
   (f) Citizen of what country? U S
   (g) How long had deceased lived in Idaho? 15 Mo years
   (h) Former residence (city, state) ____

3. (a) **FULL NAME** Shirley Ann Loftis 104b

3. (b) If veteran, name war —
3. (c) Social Security No. ____
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Date of Birth (Month, Day, Year) May 16, ~~1944~~ 1943

8. AGE	Years	Months	Days	If less than 1 day
	1	3	10	hrs min.

9. Exact Occupation None Did this work for ____ yrs.
10. Industry or Business Chaba Date last worked ____
11. Birthplace Kellogg Idaho (City or town) (State or foreign country)

Father
12. Name Laurence Loftis
13. Birthplace Minnesota (City or town) (State or foreign country)

Mother
14. Maiden name Marilouise Mix
15. Birthplace Minnesota (City or town) (State or foreign country)

16. Informant's OWN Signature Laurence Loftis
and Address Kellogg Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 29/44 (Month) (Day) (Year)
(c) Place: Kellogg Idaho
18. Funeral Director's OWN Signature Grant M Slade
and Address Kellogg Idaho
19. (a) 8-29-44 (Date received and filed) (b) Mrs. Helen McBride (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 8-26-44 19__
at 1 45 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from 8-23 1944, to 8-26 1944
I last saw h____ alive on ____ 19__; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cavernous Sinus Thrombosis	
Due to Stye on Rt eye	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation ____ Date ____	Underline the cause to which death should be charged statistically.
Major finding	
✓ Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature Robert Staley (M. D. or other)
and Address Kellogg Idaho Date 8-29 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

SEP 11 1944

Certificate Of Death

STATE OF IDAHO

State File No. 14053
Local Reg. No. 16
Reg. Dist. No. 141

1. **PLACE OF DEATH:**
   (a) County Shoshone
   (b) City or town Mullan
   (c) Street Address or R. F. D. No.
   (d) Death Occured Inside? ..... Outside? ..... city or town
   (e) Died in a Home.... Hospital.... Institution.... Other place
   (f) Name Hosp. or Inst. ..... Stayed ..... days
   (g) Lived in this county 40 years ..... months ..... days

   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Shoshone
   (c) City or town Mullan
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? ✓ Outside? ..... city or town
   (f) Citizen of what country?
   (g) How long had deceased lived in Idaho? 40 years
   (h) Former residence (city, state)

3. (a) **FULL NAME** Oscar Johnson 174

3. (b) If veteran, name war .....
3. (c) Social Security No. 518-01-9283
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) Aug 16 - 1884

8. AGE	Years	Months	Days	If less than 1 day
	60	0	10	hrs ..... min.

9. Exact Occupation Miner — Did this work for ..... yrs.
10. Industry or Business ..... — Date last worked .....
11. Birthplace ..... (City or town) Sweden (State or foreign country)

Father
12. Name John Magnuson
13. Birthplace ..... (City or town) Sweden (State or foreign country)

Mother
14. Maiden name Inga Jonson
15. Birthplace ..... (City or town) Sweden (State or foreign country)

16. Informant's **OWN** Signature Oscar Johnson
and Address Mullan Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 29-44 (Month) (Day) (Year)
(c) Place: Mullan Idaho

18. Funeral Director's **OWN** Signature Mark Beer (Wards)
and Address Wallace Idaho

19. (a) Aug 28-44 (Date received and filed) (b) John A Beer (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 26 1944
at 2:30 o'clock P. M.

21. **I HEREBY CERTIFY**, That I attended deceased from ..... 19..... to ..... 19.....
I last saw h..... alive on ..... 19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death (Duration)
Arteriosclerotic Heart Disease
Due to Chronic Nephritis
Due to Old Age
Other conditions Contributing Cause
(Include pregnancy within 3 months of death)

Where was disease contracted?
Name of operation ..... Date .....
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... (Specify) ..... (Home, farm, industry, public place, or other)
Means of injury

23. Attending Physician's **OWN** Signature
and Address ..... Date ..... 19.....
(For additional space use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

NON-RESIDENT
Certificate Of Death
STATE OF IDAHO

SEP 11 1944

State File No. 1405
Local Reg. No. 17
Reg. Dist. No. 140

1. **PLACE OF DEATH:**
(a) County Shoshone
(b) City or town Wallace
(c) Street Address or R. F. D. No.
(d) Death Occured Inside? ✓ Outside? city or town
(e) Died in a Home Hospital ✓ Institution Other place
(f) Name Hosp. or Inst. Wallace Stayed days
(g) Lived in this county years 1 months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Nebr. (b) County
(c) City or town
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? Outside? city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? 1 Mo. years
(h) Former residence (city, state) Nebraska.

3. (a) **FULL NAME** William Campbell 107

3. (b) If veteran, name war
3. (c) Social Security No. 503-01-2908
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Emily
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Dec-5-1905

8. AGE	Years	Months	Days	If less than 1 day
	38	8	22	hrs min.

9. Exact Occupation Miner Did this work for yrs.
10. Industry or Business Smelting Mine. Date last worked
11. Birthplace Mt Ayr Iowa.
(City or town) (State or foreign country)

Father
12. Name John Campbell
13. Birthplace —
(City or town) (State or foreign country)

Mother
14. Maiden name "
15. Birthplace "
(City or town) (State or foreign country)

16. Informant's **OWN** Signature John A Berne - Mrs Beverly
and Address Wallace Idaho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 1-44 (Month) (Day) (Year)
(c) Place: Wallace Idaho.
18. Funeral Director's **OWN** Signature John A Berne (Wards)
and Address Wallace Idaho.
19. (a) Sep 2-44 (Date received and filed) (b) John A Berne (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Aug-27 1944
at 3:30 o'clock P. M.
21. **I HEREBY CERTIFY**, That I attended deceased from 8-16-44 19 to 8-27-44 19
I last saw h[illegible] alive on 8-27-44 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Bronchopneumonia	1 day.
Due to Cyanmlocystosis	1 wk
✓ Due to Acute Intra T Throat	2 mths
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature J E Bonebrake (M. D. or other)
and Address Wallace Idaho Date 8-28-1944
(For additional space, use reverse side)

United States
Department of Commerce
Bureau of the Census

SEP 13 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 140519
Local Reg. No. 174
Reg. Dist. No. 461

1. **PLACE OF DEATH:**
(a) County Twin Falls
(b) City or town Twin Falls
(c) Street Address or R. F. D. No. 337 7th Ave. N.
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home X Hospital __ Institution __ Other place __
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 28 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Twin Falls
(c) City or town Filer
(d) Street Address or R. F. D. No. ____
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? ____
(g) How long had deceased lived in Idaho? 28 years
(h) Former residence (city, state) Washington, D.C.

3. (a) FULL NAME Margaret Louise Weaver

48 h

3. (b) If veteran, name war ____
3. (c) Social Security No. 519-22-4872
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Walter E.
6. (c) Age of husband or wife if alive 42 years
7. Date of Birth (Month, Day, Year) December 26, 1900

8. AGE	Years	Months	Days	If less than 1 day
	43	7	7	hrs min.

9. Exact Occupation Housewife Did this work for ____ yrs.
10. Industry or Business Stenographer Date last worked 12/21/43
11. Birthplace Edgerton, Wisconsin (City or town) (State or foreign country)
Father
12. Name Edward Bennett
13. Birthplace Madison, Wisconsin (City or town) (State or foreign country)
Mother
14. Maiden name Mildred Wearne
15. Birthplace Mineral Point, Wisconsin (City or town) (State or foreign country)
16. Informant's OWN Signature Lawrence Cox
and Address Twin Falls, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/5/44 (Month) (Day) (Year)
(c) Place: Twin Falls Cemetery
18. Funeral Director's OWN Signature Reynolds Funeral Home James E. Reynolds
and Address Twin Falls, Idaho
19. (a) Aug 5 1944 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) August 3, 1944
at 12:15 o'clock P. M.
21. I HEREBY CERTIFY, That I attended deceased from July 16 1944 to Aug 3 1944
I last saw her alive on Aug 3 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Generalized Carcinomatosis	?
Due to Carcinoma of uterus & bladder	?
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation ____ Date ____	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature Geo C. Halley (M. D. or other)
and Address Twin Falls, Idaho Date 8/2 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

140520

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 175
Reg. Dist. No. 460

SEP 13 1944

1. **PLACE OF DEATH:**
(a) County Twin Falls
(b) City or town Twin Falls
(c) Street Address or R. F. D. No. 3
(d) Death Occurred Inside? Outside? X city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. T. F. County Stayed ½ days
(g) Lived in this county 0 years 2 months 15 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County T. Falls
(c) City or town Twin Falls
(d) Street Address or R. F. D. No. 440 4th Ave. N.
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? U.S.
(g) How long had deceased lived in Idaho? years
(h) Former residence (city, state) Culbertson, Neb.

3. (a) FULL NAME Grace Alice Long

47d

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Harry
6. (c) Age of husband or wife if alive 61 years
7. Date of Birth (Month, Day, Year) August 12, 1900

8. AGE	Years	Months	Days	If less than 1 day
	43	11	21	hrs min.

9. Exact Occupation Housewife Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Lamar, Nebraska (City or town) (State or foreign country)
Father
12. Name Henry Blanke
13. Birthplace Germany (City or town) (State or foreign country)
Mother
14. Maiden name Eupha Gray
15. Birthplace Vandalia, Illinois (City or town) (State or foreign country)
16. Informant's OWN Signature Harry Long
and Address 440 4th Ave. N., Twin Falls
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/7/44 (Month) (Day) (Year)
(c) Place: Sunset Memorial Park
18. Funeral Director's OWN Signature Reynolds Funeral Home Maurine F. Terry
and Address Twin Falls Idaho
19. (a) Aug 8, 1944 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) August 3, 1944
at 8:10 o'clock P.M.
21. **I HEREBY CERTIFY,** That I attended deceased from June 29 1944, to Aug 3 1944
I last saw her alive on Aug 3 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Anoxemia	1 day
Due to Carcinoma of Lung	3 months
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature [signature] M.D. (M. D. or other)
and Address Filer Idaho Date Aug 7 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

SEP 13 1944

State File No. 14053
Local Reg. No. 176 461
Reg. Dist. No.

1. **PLACE OF DEATH:**
   (a) County Twin Falls,
   (b) City or town Twin Falls
   (c) Street Address or R.F.D. No. 2
   (d) Death Occured Inside?..... Outside? X city or town
   (e) Died in a Home.... Hospital X Institution.... Other place....
   (f) Name Hosp. or Inst T. F. County Stayed 21 days
   (g) Lived in this county 32 years ..... months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Twin Falls
   (c) City or town Filer
   (d) Street Address or R.F.D. No. Maroa Dist.
   (e) Deceased lived Inside?..... Outside? X city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 32 years
   (h) Former residence (city, state) Crossville, Tenn

3. (a) **FULL NAME** Anna Laura Tschannen 50

3. (b) If veteran, name war X
3. (c) Social Security No. X
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Albert Tschannen
6. (c) Age of husband or wife if alive 54 years
7. Date of Birth (Month, Day, Year) Jan 25th/1895

8. AGE	Years	Months	Days	If less than 1 day
	49	6	11	hrs min.

9. Exact Occupation Housewife Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace ..... (City or town) ..... (State or foreign country)

Father
12. Name W. O. Kearley
13. Birthplace Tenn. (City or town) (State or foreign country)

Mother
14. Maiden name Letitia Brown,
15. Birthplace Tenn. (City or town) (State or foreign country)

16. Informant's **OWN** Signature .....
and Address RR1 Filer Idaho

17. (a) (Burial) Buhl (cremation, or removal) (b) Date thereof 8/8/44 (Month) (Day) (Year)
(c) Place: Buhl, Ida.

18. Funeral Director's **OWN** Signature .....
and Address Buhl, Ida.

19. (a) Aug 10 1944 (Date received and filed) (b) ..... (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) August 5 1944
at ..... o'clock ..... M.

21. **I HEREBY CERTIFY**, That I attended deceased from May 29 1944 to August 5 1944
I last saw h.. alive on August 3 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Biliary obstruction	1 month
✓ Due to Gangrenous Cholecystitis	1 year
Due to Cancer of breast	2 years
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature Ira Anderson M.D. (M. D. or other)
and Address Filer - Ida. Date 8-9 1944
(For additional space, use reverse side)

140522

United States
Department of Commerce
Bureau of the Census

SEP 13 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 183
Reg. Dist. No. 461

1. **PLACE OF DEATH:**
(a) County Twin Falls
(b) City or town Twin Falls
(c) Street Address or R. F. D. No. T.F.Co.Gen.Hosp.
(d) Death Occurred Inside? Outside? X city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. T.F.Co.Gen.Hosp. Stayed 1 days
(g) Lived in this county 0 years 0 months 1 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Twin Falls
(c) City or town Twin Falls
(d) Street Address or R. F. D. No. T.F.Co.Hosp.
(e) Deceased lived Inside? Outside? X city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? years
(h) Former residence (city, state)

3. (a) FULL NAME WHITEFORD, Baby Edward Arnold

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3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) August 7, 1944

8. AGE	Years	Months	Days	If less than 1 day
	0	0	0	12 hrs min.

9. Exact Occupation none Did this work for yrs.
10. Industry or Business none Date last worked
11. Birthplace Twin Falls, Idaho (City or town) (State or foreign country)
Father
12. Name Ernest W. Whiteford
13. Birthplace Newark, Ohio (City or town) (State or foreign country)
Mother
14. Maiden name Dora Frances Huettig
15. Birthplace Eden, Idaho (City or town) (State or foreign country)
16. Informant's OWN Signature Ernest W. Whiteford
and Address Eden. Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 8/9/44 (Month) (Day) (Year)
(c) Place: Eden, Idaho
18. Funeral Director's OWN Signature White Mortuary
and Address Twin Falls, Idaho
19. (a) Aug 21 1944 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) August 7, 1944
at 2:30 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 8/7/ 1944, to 8/7 1944
I last saw him alive on 8/7 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Congenital defect involving Respiratory system	
Due to —	
—	
Due to —	
Other conditions — (Include pregnancy within 3 months of death)	
Where was disease contracted? —	PHYSICIAN
Name of operation — Date	Underline the cause to which death should be charged statistically.
Major finding —	
Finding of autopsy —	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? — Suicide? — Homicide? —
Occurred 19 — City, county, state where violence occurred —
Place of Violence: Home — Farm — Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature Arabia / Schmidt (M. D. or other)
and Address Twin Falls, Ida Date 8/8 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

140523

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

SEP 13 1944

Certificate Of Death

STATE OF IDAHO

State File No.
Local Reg. No. 178
Reg. Dist. No. 460

1. PLACE OF DEATH:

(a) County Twin Falls
(b) City or town Twin Falls
(c) Street Address or R.F.D. No. 520 Main Ave. N.
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Home .... Hospital X Institution .... Other place ....
(f) Name Hosp. or Inst. Twin Falls Stayed 12 days
(g) Lived in this county ..... years 37 months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

(a) State Idaho (b) County T. Falls
(c) City or town Twin Falls
(d) Street Address or R.F.D. No. 520 Main Ave. N.
(e) Deceased lived Inside? X Outside? ..... city or town
(f) Citizen of what country? United States
(g) How long had deceased lived in Idaho? 37 years
(h) Former residence (city, state) Iowa

3. (a) FULL NAME Daniel Edmund Regan

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3. (b) If veteran, name war No
3. (c) Social Security No. ----
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) March 1

8. AGE	Years	Months	Days	If less than 1 day
	About	80 years of	age	hrs min.

9. Exact Occupation Retired — Did this work for ..... yrs.
10. Industry or Business ..... — Date last worked .....
11. Birthplace Mitchell, Iowa (City or town) (State or foreign country)

Father
12. Name No information
13. Birthplace " (City or town) (State or foreign country)

Mother
14. Maiden name No information
15. Birthplace " (City or town) (State or foreign country)

16. Informant's **OWN** Signature X Harold Murphy
and Address Twin Falls, Idaho

17. (a) removal (Burial, cremation, or removal) (b) Date thereof Aug. 11, 44 (Month) (Day) (Year)
(c) Place: Osage, Iowa

18. Funeral Director's **OWN** Signature L. C. Phillips
and Address Twin Falls, Idaho

19. (a) Aug 10 1944 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) August 9 1944
at 4:15 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from Feb. 1943 to Aug 9 1944
I last saw him alive on Aug 9 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Hypertension - Cardio Vascular Renal Disease — Duration 4 years

Due to .....

Due to .....

Other conditions (Include pregnancy within 3 months of death) .....

Where was disease contracted? .....

Name of operation ..... Date .....

Major finding .....

Finding of autopsy .....

PHYISICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature A. A. Newlen M.D. (M. D. or Other)
and Address Twin Falls Ida Date 8/18 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census SEP 13 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 140324
Local Reg. No. 179
Reg. Dist. No. 461

1. **PLACE OF DEATH:**
(a) County Twin Falls
(b) City or town Castleford
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? * city or town
(e) Died in a Home Hospital Institution Other place *
(f) Name Hosp. or Inst. none Stayed days
(g) Lived in this county 2 years 5 months 26 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Twin Falls
(c) City or town Castleford
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Outside? * city or town
(f) Citizen of what country? U. S.
(g) How long had deceased lived in Idaho? 2 years
(h) Former residence (city, state) Same

3. (a) **FULL NAME** Gaylen West

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3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife none
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) February 15, 1942

8. AGE	Years	Months	Days	If less than 1 day
	2	5	26	hrs min.

9. Exact Occupation none Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Buhl, Idaho (City or town) (State or foreign country)
Father
12. Name J. Frank West
13. Birthplace Springfield, Iowa (City or town) (State or foreign country)
Mother
14. Maiden name Marjorie Houk
15. Birthplace Castleford, Idaho (City or town) (State or foreign country)
16. Informant's OWN Signature J. Frank West
and Address Castleford, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/14/44 (Month) (Day) (Year)
(c) Place: Sunset Memorial-Twin Falls
18. Funeral Director's OWN Signature B. T. Albertson
and Address Buhl, Idaho
19. (a) Aug 14, 1944 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) August 10 1944
at 3 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from 1944, to 19
I last saw him alive on Aug 1 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Drowning — Duration
Due to Fell into irrigation ditch
Due to
Other conditions
(Include pregnancy within 3 months of death)
Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? yes Suicide? Homicide?
Occurred Aug. 10 1944 City, county, state where violence occurred Castleford & 2 County
Place of Violence: Home Farm yes Industry
Public Place While at work?
Means of injury drowned — at play
23. Attendant's OWN Signature M. A. Drake M.D. (M. D. or other)
and Address Buhl Ida Date 8-14 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

SEP 13 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 1[illegible]5
Local Reg. No. 184
Reg. Dist. No. 460

1. **PLACE OF DEATH:**
(a) County Twin Falls
(b) City or town Twin Falls
(c) Street Address or R. F. D. No. T.F.Co.Gen.Hosp
(d) Death Occurred Inside? ____ Outside? X city or town
(e) Died in a Home ____ Hospital X Institution ____ Other place ____
(f) Name Hosp. or Inst. T.F.Co.Gen. Stayed 1½ days
(g) Lived in this county 0 years 0 months 1½ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Twin Falls
(c) City or town Twin Falls
(d) Street Address or R. F. D. No. 156- Highland
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 1½ days years
(h) Former residence (city, state) ____

3. (a) **FULL NAME** Walburn, Vernon Grant

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3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife ____
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) August 10, 1944

8. AGE	Years	Months	Days	If less than 1 day
	0	0	1½	hrs ____ min.

9. Exact Occupation none- infant Did this work for ____ yrs.
10. Industry or Business ____ Date last worked ____
11. Birthplace Twin Falls (City or town) Idaho (State or foreign country)

Father
12. Name John Sherman Walburn
13. Birthplace Moore, (City or town) Idaho (State or foreign country)

Mother
14. Maiden name Vivian Black
15. Birthplace Twin Falls, (City or town) Idaho (State or foreign country)

16. Informant's **OWN** Signature Mrs. V. H. Black
and Address 156- Highland Ave. Twin Falls
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 8-14-44 (Month) (Day) (Year)
(c) Place: Sunset Memorial Park
18. Funeral Director's **OWN** Signature White Mortuary [illegible]-249
and Address Twin Falls Idaho
19. (a) Aug 21-1944 (Date received and filed) [signature] (Registrar's Signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) August 11, 1944
at 11:00 o'clock P.M.
21. **I HEREBY CERTIFY**, That I attended deceased from Aug. 10 1911, to Aug. 11 1944
I last saw him alive on ____ 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Due to Prematurity	
Due to ____	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation ____ Date ____	
Major finding ____	
Finding of autopsy ____	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's **OWN** Signature [signature] (M. D. or other)
and Address Twin Falls, Idaho Date ____ 19__
(For additional space, use reverse side)

140326

United States
Department of Commerce SEP 13 1944
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 185
Reg. Dist. No. 461

1. **PLACE OF DEATH:**
(a) County Twin Falls
(b) City or town Twin Falls
(c) Street Address or R. F. D. No. T.F.Co.Hosp
(d) Death Occurred Inside? ____ Outside? x city or town
(e) Died in a Home ____ Hospital X Institution ____ Other place ____
(f) Name Hosp. or Ins. T.F.Co.Hosp. Stayed 15 days
(g) Lived in this county 11 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Twin Falls
(c) City or town Murtaugh
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? ____ Outside? x city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? 11 years
(h) Former residence (city, state)

3. (a) **FULL NAME** WOOD, Sarah Lovina

93 d

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Thos. Baker Wood
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) January 26, 1856

8. AGE	Years	Months	Days	If less than 1 day
	88	6	15	hrs min.

9. Exact Occupation Housewife Did this work for ____ yrs.
10. Industry or Business ____ Date last worked ____
11. Birthplace Violet-Ontario, Canada (City or town) (State or foreign country)
Father
12. Name George Hogle
13. Birthplace Ontario, Canada (City or town) (State or foreign country)
Mother
14. Maiden name Amanda Clark
15. Birthplace Ontario, Canada (City or town) (State or foreign country)
16. Informant's OWN Signature Mrs. Arthur Menser
and Address Murtaugh, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/14/44 (Month) (Day) (Year)
(c) Place: Twin Falls, Cem.
18. Funeral Director's OWN Signature White Mortuary
and Address Twin Falls, Idaho
19. (a) Aug 21 1944 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) August 11, 1944
at 12:00 o'clock Noon
21. **I HEREBY CERTIFY,** That I attended deceased from ____ 19__, to ____ 19__
I last saw her alive on ____ 19__; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Right Heart Failure	2000
Chronic Myocarditis.	
✓ Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation ____ Date ____	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work?
Means of injury
23. Attendant's OWN Signature [signature] (M. D. or other)
and Address Kimberly, Ida Date 8/14/44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

SEP 13 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 140327
Local Reg. No. 180
Reg. Dist. No. 460

1. **PLACE OF DEATH:**
(a) County Twin Falls
(b) City or town Twin Falls
(c) Street Address or R. F. D. No. 249 Pierce
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home X Hospital __ Institution __ Other place __
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 5 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County T. Falls
(c) City or town Twin Falls
(d) Street Address or R. F. D. No. 249 Pierce
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? U.S.
(g) How long had deceased lived in Idaho? 5 years
(h) Former residence (city, state) Cave Junction, Oregon.

3. (a) FULL NAME DeEtta Scott

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3. (b) If veteran, name war ____ 3. (c) Social Security No. ____
4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Edson 6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) January 18, 1867

8. AGE	Years	Months	Days	If less than 1 day
	77	6	23	hrs min.

9. Exact Occupation Housewife Did this work for ____ yrs.
10. Industry or Business ____ Date last worked ____
11. Birthplace ____ (City or town) Missouri (State or foreign country)
Father
12. Name John Meador
13. Birthplace ____ (City or town) Tennessee (State or foreign country)
Mother
14. Maiden name Jane Bectal
15. Birthplace ____ (City or town) Kentucky (State or foreign country)
16. Informant's OWN Signature Mrs. C. L. Schumacher
X and Address 249 Pierce Twin Falls Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 8-16-44 (Month) (Day) (Year)
(c) Place: Moscow, Idaho
18. Funeral Director's OWN Signature James C. Reynolds
and Address Twin Falls, Idaho
19. (a) [illegible] (Date received and filed) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) August 11, 1944
at 5:20 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 7-26 1944 to Aug 11 1944
I last saw her alive on 8/10 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Senility	
Cardiovascular	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted? Home	PHYSICIAN
Name of operation None Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy None	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature [illegible] (M. D. or other)
and Address Twin Falls Ida Date 8/14 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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United States
Department of Commerce
Bureau of the Census

SEP 13 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 186
Reg. Dist. No. 461

1. **PLACE OF DEATH:**
(a) County Twin Falls
(b) City or town Filer
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? X city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 27 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Twin Falls
(c) City or town Filer
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Outside? X city or town
(f) Citizen of what country? U. S.
(g) How long had deceased lived in Idaho? 27 years
(h) Former residence (city, state) Clarkston, Neb.

3. (a) **FULL NAME** ANNA NOH 61

3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex Female Color or race White
5. 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Edward
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Feb. 5, 1880

8. AGE	Years	Months	Days	If less than 1 day hrs	min.
	64	6	8		

9. Exact Occupation Housewife Did this work for yrs.
10. Industry or Business Own Home Date last worked
11. Birthplace Clarkston, Neb. (City or town) (State or foreign country)

Father
12. Name Unknown
13. Birthplace Unknown (City or town) (State or foreign country)

Mother
14. Maiden name Josephine Teply
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mrs. Charles Zach
and Address Filer, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/16/44 (Month) (Day) (Year)
(c) Place: Sunset Memorial Park Cem.

18. Funeral Director's **OWN** Signature White Mortuary by Charles M. Killip Jr.
and Address Twin Falls, Idaho

19. (a) Aug 21-1944 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 8/13/44 19
at 9 o'clock A M.

21. **I HEREBY CERTIFY,** That I attended deceased from 19 to 8-12 1944
I last saw h[illegible] alive on 8-12 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Pneumonia	3 days
Due to Hemorrhage of Intestines	10 yrs
Due to Diabetes	18 yrs
Other conditions Coronary arteriosclerosis (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature Ivan R. Thomas M.D. (M. D. or other)
and Address Filer, Ida. Date 8-17 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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United States
Department of Commerce
Bureau of the Census

SEP 13 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 140329
Local Reg. No. 187
Reg. Dist. No. 460

1. **PLACE OF DEATH:**
   (a) County Twin Falls
   (b) City or town Twin Falls
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? XX Outside? ____ city or town
   (e) Died in a Home ___ Hospital XX Institution ___ Other place ___
   (f) Name Hosp. or Inst. T. F. Co. Hosp. Stayed 8 days
   (g) Lived in this county 8 years ____ months ____ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Twin Falls
   (c) City or town Twin Falls
   (d) Street Address or R. F. D. No. 189 Lincoln
   (e) Deceased lived Inside XX Outside? ____ city or town
   (f) Citizen of what country? U. S.
   (g) How long had deceased lived in Idaho? 8 years
   (h) Former residence (city, state) L. A., Calif

3. (a) **FULL NAME** ADALINE HOBBS ROGERS

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3. (b) If veteran, name war ____ 3. (c) Social Security No. ____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife ____ 6. (c) Age of husband or wife if alive ____ years

7. Date of Birth (Month, Day, Year) March 28, 1869

8. AGE	Years	Months	Days	If less than 1 day hrs	min.
	75	4	17		

9. Exact Occupation Housewife Did this work for ____ yrs.
10. Industry or Business ____ Date last worked ____
11. Birthplace Delhi, Iowa (City or town) (State or foreign country)

Father
12. Name Charles Hobbs
13. Birthplace Unknown (City or town) (State or foreign country)

Mother
14. Maiden name Mary Eliza Wilson
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's OWN Signature [illegible] Rogers M.D.
and Address Los Angeles, Calif

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/15/44 (Month) (Day) (Year)
(c) Place: T. F. Cemetery

18. Funeral Director's OWN Signature White Mortuary by Frances M. Phillips Fd. Dir.
and Address Twin Falls, Idaho

19. (a) Aug. 21 1944 (Date received and filed) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Aug. 14, 1944 19____
at 9 o'clock A. M.

21. **I HEREBY CERTIFY**, That I attended deceased from July 25 19 44, to Aug 14 1944
I last saw her alive on Aug. 14 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — Duration

(a) Coma Apoplexia — 20 days
Due to ____
Due to ____
✓ Other conditions Arterial sclerosis — 14 days
(Include pregnancy within 3 months of death)

Where was disease contracted? Cal. time
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's OWN Signature Mrs. F. Powers M.D. (M. D. or other)
and Address Twin Falls, Ida. Date 8-17-1944

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 140330
Local Reg. No. 188
Reg. Dist. No. 461

SEP 13 1944

1. **PLACE OF DEATH:**
(a) County Twin Falls
(b) City or town Hansen
(c) Street Address or R. F. D. No. Rt. 2
(d) Death Occurred Inside? ____ Outside? X city or town
(e) Died in a Home ____ Hospital ____ Institution ____ Other place X
(f) Name Hosp. or Inst. Back yard of home ____ days
(g) Lived in this county life years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Twin Falls
(c) City or town Hansen
(d) Street Address or R. F. D. No. Rt. 2
(e) Deceased lived Inside? ____ Outside? X city or town
(f) Citizen of what country? U.S.
(g) How long had deceased lived in Idaho? Life years
(h) Former residence (city, state) ____

3. (a) **FULL NAME** HILL, Ronald Richard

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3. (b) If veteran, name war None
3. (c) Social Security No. none
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife None
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) March 20, 1943

8. AGE	Years	Months	Days	If less than 1 day hrs / min.
	1	4	26	

9. Exact Occupation None — Did this work for ____ yrs.
10. Industry or Business ____ — Date last worked ____
11. Birthplace Twin Falls, Idaho (City or town) (State or foreign country)

Father
12. Name Richard W. Hill
13. Birthplace Hansen, Idaho (City or town) (State or foreign country)

Mother
14. Maiden name Bernice Andrews
15. Birthplace Sycamore, Kan. (City or town) (State or foreign country)

16. Informant's **OWN** Signature X Richard W. Hill
and Address Hansen, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/18/44 (Month) (Day) (Year)
(c) Place: Twin Falls Cem.
18. Funeral Director's **OWN** Signature White Mortuary
and Address Twin Falls, Idaho
19. (a) Aug 21-1944 (Date received and filed) (b) ____ (Registrar's Signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) August 16, 1944
at 5:30 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 8/16/ 1944 to 8/16 1944
I last saw him alive on 8/16 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Suffocation	
Due to Drowning	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? X Suicide? ____ Homicide? ____
Occurred August 16, 1944 City, county, state where violence occurred Route #2, Hansen, Idaho
Place of Violence: Home ____ Farm X Industry ____
Public Place ____ While at work? ____
Means of injury Tub of water
23. Attendant's **OWN** Signature ____ (M. D. or other)
and Address Kimberly, Ida Date 8/17 1944
(For additional space, use reverse side)

140331

United States
Department of Commerce
Bureau of the Census SEP 13 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 181
Local Reg. No. 460
Reg. Dist. No.

1. **PLACE OF DEATH:**
(a) County Twin Falls
(b) City or town Twin Falls
(c) Street Address or R. F. D. No. East Elizabeth
(d) Death Occurred Inside? Outside? X city or town
(e) Died in a Home Hospital Institution X Other place
(f) Name Hosp. or Inst. Putzier REst Home Stayed 10 days
(g) Lived in this county 30 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County T. Falls
(c) City or town Twin Falls
(d) Street Address or R. F. D. No. 1241 11th E.
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? U.S.
(g) How long had deceased lived in Idaho? 30 years
(h) Former residence (city, state) Clay Co., Kans

3. (a) FULL NAME Charles Henry Perry

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3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ella
6. (c) Age of husband or wife if alive 80 years
7. Date of Birth (Month, Day, Year) August 6, 1856

8. AGE	Years	Months	Days	If less than 1 day
	88	0	10	hrs min.

9. Exact Occupation Retired Farmer — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace Marshall Co., Iowa (City or town) (State or foreign country)
Father 12. Name William Perry
Father 13. Birthplace England (City or town) (State or foreign country)
Mother 14. Maiden name Mary (Unknown)
Mother 15. Birthplace England (City or town) (State or foreign country)
16. Informant's OWN Signature C. F. Perry
and Address Twin Falls, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/18/44 (Month) (Day) (Year)
(c) Place: Twin Falls Cemetery
18. Funeral Director's OWN Signature James C. Reynolds Reynolds Funeral Home
and Address Twin Falls, Idaho
19. (a) Aug 17 1944 (Date received and filed) (b) [signature] (Registrar's Signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) August 16, 1944
at 1:15 o'clock A. M.
21. **I HEREBY CERTIFY**, That I attended deceased from 8/1 19 44, to 8/16 19 44
I last saw him alive on 8/1 19 44; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Apoplexy.	
Due to —	
Due to	
Other conditions (Include pregnancy within 3 months of death) —	

Where was disease contracted?
Name of operation — Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's OWN Signature [signature] (M. D. or other)
and Address Twin Falls Date 8/17 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

140332

United States
Department of Commerce
Bureau of the Census

SEP 13 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 189
Reg. Dist. No. 461

1. **PLACE OF DEATH:**
(a) County Twin Falls
(b) City or town Filer
(c) Street Address or R. F. D. No. Filer
(d) Death Occurred Inside? Outside? X city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 35 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Twin Falls
(c) City or town Filer
(d) Street Address or R. F. D. No. Filer
(e) Deceased lived Inside? Outside? X city or town
(f) Citizen of what country? U.S.
(g) How long had deceased lived in Idaho? 35 years
(h) Former residence (city, state)

3. (a) **FULL NAME** LANCASTER, Nancy Jane

50

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Samuel Young
6. (c) Age of husband or wife if alive 75 years
7. Date of Birth (Month, Day, Year) April 9, 1871

8. AGE	Years	Months	Days	If less than 1 day
	73	4	9	hrs min.

9. Exact Occupation Housewife — Did this work for yrs.
10. Industry or Business Own Home — Date last worked
11. Birthplace Barry Co, Missouri (City or town) (State or foreign country)

Father
12. Name William Sikes
13. Birthplace No. Carolina (City or town) (State or foreign country)

Mother
14. Maiden name Matilda Hunt
15. Birthplace Tenn (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mrs F A Sikes
and Address Filer, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/21/44 (Month) (Day) (Year)
(c) Place: Filer IOOF Cem.

18. Funeral Director's **OWN** Signature White Mortuary
and Address Twin Falls, Idaho

19. (a) Aug 21 1944 (Date received and filed) (Register's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) August 18, 1944 19
at 3 o'clock A. M.

21. **I HEREBY CERTIFY,** That I attended deceased from April 1943, to Aug 15 1944
I last saw her alive on Aug 17 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Hypostatic pneumonia	1 wk
Due to Myocarditis	6 months
Due to Senility	10 yrs
Other conditions (Include pregnancy within 3 months of death) Carcinoma of breast	4 yrs

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature Ivan Anderson M.D. (M. D. or other)
and Address Filer, Idaho Date 8-19 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 140333
Local Reg. No. 190
Reg. Dist. No. 461

SEP 13 1944

1. **PLACE OF DEATH:**
   (a) County Twin Falls
   (b) City or town Murtaugh
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? ✓ Outside? city or town
   (e) Died in a Home ✓ Hospital Institution Other place
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county 4 years months days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Twin Falls
   (c) City or town Murtaugh
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? Outside? ✓ city or town
   (f) Citizen of what country? Twin Falls
   (g) How long had deceased lived in Idaho? 4 years
   (h) Former residence (city, state) Neb.

3. (a) **FULL NAME** Lucy Laravie Laravie Smith 932

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex female 5. Color or race Indian 6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife Bert Smith 6. (c) Age of husband or wife if alive 49 years
7. Date of Birth (Month, Day, Year) March 25, 1891

8. AGE	Years	Months	Days	If less than 1 day
	53	4	27	hrs min.

9. Exact Occupation housewife Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Niobara (City or town) Neb. (State or foreign country)

Father
12. Name Napolian Laravie
13. Birthplace unknown (City or town) (State or foreign country)

Mother
14. Maiden name Dancing Moon
15. Birthplace unknown (City or town) (State or foreign country)

16. Informant's **OWN** Signature Bert Smith
and Address Murtaugh Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 24 (Month) (Day) (Year)
(c) Place: Sunset memorial Cem.
18. Funeral Director's **OWN** Signature C. L. Lester
and Address 748 Blue Lakes
19. (a) Aug 24 1944 (Date received and filed) (b) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Aug. 22 1944
at 12:15 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from 7-30-44 19 , to 8-14 1944
I last saw her alive on 8-14 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Congestive heart failure	2 mo.
Due to Obesity and Hypertension	10 yrs. 10 yrs.
Due to Overeating & age	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYISICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature H Holsinger MD.
(M. D. or other)
and Address Wendell, Idaho Date 8-22 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

SEP 13 1944

State File No. 140334
Local Reg. No. 192
Reg. Dist. No. 461

1. PLACE OF DEATH:
(a) County Twin Falls.
(b) City or town Twin Falls, Ida
(c) Street Address or R.F.D. No. # 1
(d) Death Occured Inside? ..... Outside? ..... city or town
(e) Died in a Home.... Hospital.... Institution.... Other place....
(f) Name Hosp. or Inst. Twin Falls Stayed 5 days
(g) Lived in this county ..... years 3 months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho. (b) County Twin Fal
(c) City or town Twin Falls
(d) Street Address or R.F.D. No. # 1
(e) Deceased lived Inside? ..... Outside? ..... city or town
(f) Citizen of what country? U.S.
(g) How long had deceased lived in Idaho? 3 Months
(h) Former residence (city, state) Lincoln Neb

3. (a) FULL NAME Dorothy Thieme,

108

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife R.E. Thieme
6. (c) Age of husband or wife if alive 32 years
7. Date of Birth (Month, Day, Year) Feb. 22. 1918

8. AGE	Years	Months	Days	If less than 1 day
	26	6	3	hrs min.

9. Exact Occupation House wife — Did this work for 10 yrs.
10. Industry or Business — Date last worked Aug 20
11. Birthplace Lincoln (City or town) Neb. (State or foreign country)
Father
12. Name L.C. Bishipp
13. Birthplace No Inf. (City or town) (State or foreign country)
Mother
14. Maiden name No Inf.
15. Birthplace No. Inf. (City or town) (State or foreign country)
16. Informant's **OWN** Signature Robert E. Thieme
and Address R.R. #1 Twin Falls Ida.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 29 /44 (Month) (Day) (Year)
(c) Place: Sunset Memorial Park
18. Funeral Director's **OWN** Signature S. C. Phillips
and Address Twin Falls, Idaho.
19. (a) Aug 31 1944 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 8/25 1944
at 1-45 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from Aug-22 1944, to Aug-25 1944
I last saw her alive on Aug-25 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — Duration

Due to Pneumonia Lobar (RN)
Due to
Other conditions Pregnancy
(Include pregnancy within 3 months of death)
Where was disease contracted? —
Name of operation — Date —
Major finding —
Finding of autopsy —

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? — Suicide? — Homicide? —
Occurred ..... 19..... City, county, state
where violence occurred
Place of Violence: Home ..... Farm — Industry
Public Place ..... While at work?
Means of injury
23. Attendant's **OWN** Signature H J Schwartz (M. D. or other)
and Address Twin Falls Date 8/29 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

SEP 13 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 10335
Local Reg. No. 19
Reg. Dist. No. 461

1. **PLACE OF DEATH:**
(a) County Twin Falls
(b) City or town Buhl
(c) Street Address or R. F. D. No. none
(d) Death Occurred Inside? * Outside? ____ city or town
(e) Died in a Home__ Hospital__ Institution__ Other place *
(f) Name Hosp. or Inst. none Stayed ____ days
(g) Lived in this county 27 years 7 months ? days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Twin Falls
(c) City or town Buhl
(d) Street Address or R. F. D. No. Broadway Rooms
(e) Deceased lived Inside? * Outside? ____ city or town
(f) Citizen of what country? U. S.
(g) How long had deceased lived in Idaho? 27 years
(h) Former residence (city, state) Same

3. (a) **FULL NAME** Robert E. Shaddy

1644

3. (b) If veteran, name war no
3. (c) Social Security No. 519-01-9697
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife deceased
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) Feb. 2, 1886

8. AGE	Years	Months	Days	If less than 1 day
	58	6	24	hrs ____ min.

9. Exact Occupation laborer — Did this work for 1 yrs.
10. Industry or Business Worked in Laundry — Date last worked 8/25/44
11. Birthplace Grove Springs, Missouri (City or town) (State or foreign country)

Father
12. Name John Thomas Shaddy
13. Birthplace Grove Springs, Missouri (City or town) (State or foreign country)

Mother
14. Maiden name ? Pettyjohn
15. Birthplace unknown (City or town) (State or foreign country)

16. Informant's OWN Signature X Harold Shaddy
and Address Buhl, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/29/44 (Month) (Day) (Year)
(c) Place: Buhl City Cemetery
18. Funeral Director's OWN Signature D. T. Albertson
and Address Buhl, Idaho
19. (a) Aug. 30, 1944 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH**
(Month, Day, Year) August 26, 1944
at 1:30 P.M. o'clock ____ M.

21. **I HEREBY CERTIFY,** That I attended deceased from Aug 26 1944 to Aug 26 1944
I last saw h____ alive on ____ 19____; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Gunshot wound in head, self inflicted.	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ____ Date ____
Major finding
Finding of autopsy
Bullet wound in head

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? Yes Homicide? ____
Occurred 8/26/44 19__ City, County, state where violence occurred Home of Mrs. Graffe
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's OWN Signature O. E. Rudy acting
(M. D. or other)
and Address Buhl, Ida. Date 8/28 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

SEP 13 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 140336
Local Reg. No. 191
Reg. Dist. No. 460

1. **PLACE OF DEATH:**
   (a) County Twin Falls
   (b) City or town Twin Falls
   (c) Street Address or R. F. D. No. 147 7th Ave. E.
   (d) Death Occurred Inside? X Outside? ____ city or town
   (e) Died in a Home X Hospital __ Institution __ Other place __
   (f) Name Hosp. or Inst. ____ Stayed ____ days
   (g) Lived in this county 22 years ____ months ____ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County T. Falls
   (c) City or town Twin Falls
   (d) Street Address or R. F. D. No. 147 7th Ave. E.
   (e) Deceased lived Inside? X Outside? ____ city or town
   (f) Citizen of what country? ____
   (g) How long had deceased lived in Idaho? 22 years
   (h) Former residence (city, state) Greensboro, N.C.

3. (a) **FULL NAME** William Simpson

46d

3. (b) If veteran, name war ____
3. (c) Social Security No. 519-14-3426
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Katherine
6. (c) Age of husband or wife if alive 56 years
7. Date of Birth (Month, Day, Year) Oct. 22, 1868

8. AGE	Years	Months	Days	If less than 1 day
	75	10	5	hrs min.

9. Exact Occupation Retired — Did this work for 45 yrs.
10. Industry or Business Wholesale Grocery — Date last worked Feb., 1943
11. Birthplace Rogersville, Tennessee (City or town) (State or foreign country)

Father
12. Name William Simpson
13. Birthplace Rogersville, Tennessee (City or town) (State or foreign country)

Mother
14. Maiden name Lourinda Potter
15. Birthplace Manchester, Ky. (City or town) (State or foreign country)

X 16. Informant's OWN Signature Katherine R. Simpson
and Address Twin Falls, Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 8 31 44 (Month) (Day) (Year)
(c) Place: Portland, Oregon
18. Funeral Director's OWN Signature Reynolds Funeral Home James C. Reynolds
and Address Twin Falls, Idaho
19. (a) Aug 30 1944 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) August 27, 1944
at 7:20 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from July 1st 1944 to Aug. 27 1944
I last saw him alive on Aug. 27 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Intestinal obstruction	5 days
Due to Carcinoma of recto-sigmoid	?
Due to junction	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature John F. Coughlin (M. D. or other)
and Address Twin Falls Ida. Date 8/30 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

SEP 13 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140337
Local Reg. No. 198
Reg. Dist. No. 451

1. **PLACE OF DEATH:**
   (a) County Twin Falls,
   (b) City or town Buhl
   (c) Street Address or R.F.D. No. 912 Robertson St
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home X Hospital ..... Institution ..... Other place .....
   (f) Name Hosp. or Inst. ..... Stayed ..... days
   (g) Lived in this county 21 years ..... months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Twin Falls
   (c) City or town Buhl
   (d) Street Address or R.F.D. No. 912 Robertson St
   (e) Deceased lived Inside? X Outside? ..... city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 21 years
   (h) Former residence (city, state) Stanbury, Mo.

3. (a) **FULL NAME** Ira Chester McPherron,

94a

3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary McPherron
6. (c) Age of husband or wife if alive 60 years
7. Date of Birth (Month, Day, Year) Sept.3rd-1885

8. AGE	Years	Months	Days	If less than 1 day
	58	11	7	hrs ..... min.

9. Exact Occupation Farmer — Did this work for nearly all yrs.
10. Industry or Business ..... — Date last worked life
11. Birthplace Mt. Pleasant, Iowa (City or town) (State or foreign country)

Father
12. Name F.T.McPherron
13. Birthplace Iowa. (City or town) (State or foreign country)

Mother
14. Maiden name Annabel Henderson,
15. Birthplace Iowa. (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mary D. McPherron
and Address Buhl, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-31-1944 (Month) (Day) (Year)
(c) Place: Buhl Cemetery

18. Funeral Director's **OWN** Signature Laura L. Johnson
and Address Buhl

19. (a) Sept. 2, 1944 (Date received and filed) (b) ..... (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) August 28 19 44
at 10:38 o'clock P.M.

21. **I HEREBY CERTIFY**, That I attended deceased from Aug. 28, 1944, to Aug. 28 1944
I last saw him alive on Aug. 28 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cardiac Failure	½ hour
✓ Due to Coronary Sclerosis	4 years
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

26. Attendant's **OWN** Signature J. W. Wenstob (M. D. or other)
and Address Buhl, Idaho Date 9-2 19 44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

SEP 13 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 140338
Local Reg. No. 193
Reg. Dist. No. 461

1. **PLACE OF DEATH:**
   (a) County Twin Falls
   (b) City or town Murtaugh
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? Outside? X city or town
   (e) Died in a Home X Hospital Institution Other place
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county 16 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Twin Falls
   (c) City or town Murtaugh
   (d) Street Address or R. F. D. No.
   (e) Deceased lived Inside? Outside? X city or town
   (f) Citizen of what country?
   (g) How long had deceased lived in Idaho? 16 years
   (h) Former residence (city, state) Sparta, N. C.

3. (a) **FULL NAME** Rosabelle Dalton

94a

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Steven W.
6. (c) Age of husband or wife if alive 69 years
7. Date of Birth (Month, Day, Year) July 16, 1868

8. AGE	Years	Months	Days	If less than 1 day
	76	1	13	hrs min.

9. Exact Occupation Housewife Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Bridle Creek, Va. (City or town) (State or foreign country)

Father
12. Name Nathan Cox
13. Birthplace Independence, Va. (City or town) (State or foreign country)

Mother
14. Maiden name Polly Levies
15. Birthplace Independence, Va. (City or town) (State or foreign country)

16. Informant's OWN Signature Neal R. Dalton
and Address Murtaugh, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/1/44 (Month) (Day) (Year)
(c) Place: Sunset Memorial Park
18. Funeral Director's OWN Signature James E. Reynolds Reynolds Funeral Home
and Address Twin Falls, Idaho
19. (a) Aug. 31-1944 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Aug. 29, 1944
at 6:50 o'clock A. M.
21. **I HEREBY CERTIFY,** That I attended deceased from July 1943 to Aug 29th 1944
I last saw her alive on May 10th 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Coronary occlusion	20 Hrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature John H. Haughton (M. D. or other)
and Address Twin Falls, Ida. Date 8/30/44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

SEP 13 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140330
Local Reg. No. 195
Reg. Dist. No. 461

1. PLACE OF DEATH:
(a) County Twin Falls
(b) City or town Twin Falls
(c) Street Address or R.F.D. No. #3
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Home.... Hospital X Institution.... Other place....
(f) Name Hosp. or Inst. T. Falls Stayed ..... days
(g) Lived in this county 1½ years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County T. Falls
(c) City or town Twin Falls
(d) Street Address or R.F.D. No. #3
(e) Deceased lived Inside? ..... Outside? X city or town
(f) Citizen of what country? United States
(g) How long had deceased lived in Idaho? 2½ years
(h) Former residence (city, state) .....

3. (a) FULL NAME Robert Scott Lovins 170c

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Male
5. Color or race .....
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) April 29, 1942

8. AGE	Years	Months	Days	If less than 1 day
	2	3	30	hrs min.

9. Exact Occupation ..... Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Idaho Falls, Idaho (City or town) (State or foreign country)
Father
12. Name Oliver R. Lovins
13. Birthplace Eldorado Springs, Mo. (City or town) (State or foreign country)
Mother
14. Maiden name Virginia Commons
15. Birthplace Boise, Idaho (City or town) (State or foreign country)
16. Informant's OWN Signature Mrs R. E. Commons
and Address Twin Falls Ida R 3
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-31-44 (Month) (Day) (Year)
(c) Place: Sunset Memorial Park
18. Funeral Director's OWN Signature S. C. Phillips.
and Address Twin Falls, Idaho
19. (a) Sep 2-1944 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) August 30 1944
at 7:30 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from Aug 30 1944, to Aug 30 1944
I last saw him alive on Aug 30 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Shock, Skull fracture	
Internal hemorrhage	
Due to	
accidental	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted? Home	PHYISCIAN Underline the cause to which death should be charged statistically.
Name of operation None Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Yes Suicide? ..... Homicide? .....
Occurred Aug 30 1944 City, county, state where violence occurred Twin Falls, Idaho
Place of Violence: Home ✓ Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury Hit by car
23. Attendant's OWN Signature A A Boston MD (M.D. or other)
and Address Twin Falls Idaho Date 9-2 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

SEP 13 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 140340
Local Reg. No. 196
Reg. Dist. No. 460

1. **PLACE OF DEATH:**
   (a) County Twin Falls
   (b) City or town Twin Falls
   (c) Street Address or R. F. D. No. 730 2nd Ave. N.
   (d) Death Occurred Inside? X Outside? ____ city or town
   (e) Died in a Home X Hospital __ Institution __ Other place __
   (f) Name Hosp. or Inst. ____ Stayed ____ days
   (g) Lived in this county 20 years ____ months ____ days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County T. Falls
   (c) City or town Twin Falls
   (d) Street Address or R. F. D. No 730 2nd Ave. N.
   (e) Deceased lived Inside? X Outside? ____ city or town
   (f) Citizen of what country? U.S.
   (g) How long had deceased lived in Idaho? 20 years
   (h) Former residence (city, state) Charter Oak, Ia. Iowa 46e

3. (a) **FULL NAME** Oscar L. Harden

3. (b) If veteran, name war ____ 3. (c) Social Security No. 519-05-8381

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Vada 6. (c) Age of husband or wife if alive 51 years

7. Date of Birth (Month, Day, Year) April 2, 1882

8. AGE	Years	Months	Days	If less than 1 day
	62	4	29	hrs min.

9. Exact Occupation Farmer Did this work for ____ yrs.

10. Industry or Business ____ Date last worked ____

11. Birthplace Bayard, (City or town) Iowa (State or foreign country)

Father
12. Name Zebulon Harden
13. Birthplace Unknown (City or town) (State or foreign country)

Mother
14. Maiden name Hannah Wickwire
15. Birthplace Unknown (City or town) (State or foreign country)

+16. Informant's OWN Signature Mrs O. L. Harden
and Address 730 2nd Ave. N., Twin Falls

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/4/44 (Month) (Day) (Year)
(c) Place: Sunset Memorial Park

18. Funeral Director's OWN Signature Reynolds Funeral Home, James E. Reynolds
and Address Twin Falls, Idaho

19. (a) Sep 5 1944 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) August 31, 1944
at 5:00 o'clock P. M.

21. **I HEREBY CERTIFY,** That I attended deceased from July 17 1944 to Aug 31 1944
I last saw him alive on 8-15 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Carcinoma G I tract — Duration
Due to Primary probably sigmoid
Due to ____
Other conditions ____
(Include pregnancy within 3 months of death)
Where was disease contracted? Home
Name of operation None Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state
where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's OWN Signature A A Burton MD (M. D. or other)
and Address Twin Falls Ida Date 9-2 1944
(For additional space, use reverse side)

Dr. McGrath

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 140341
Local Reg. No. 7
Reg. Dist. No. 320

SEP 11 1944

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
   (a) County Washington
   (b) City or town Weiser
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home .... Hospital X Institution .... Other place ....
   (f) Name Hosp. or Inst Weiser Hosp. Stayed 13 days
   (g) Lived in this county 63 years ..... months ..... days

   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Washington
   (c) City or town Weiser
   (d) Street Address or R.F.D. No. R.F.D. #1
   (e) Deceased lived Inside? ..... Outside? X city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 75 years
   (h) Former residence (city, state) Boise, Idaho

3. (a) **FULL NAME** ALFRED EUGENE STACEY

13 1a

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Hattie
6. (c) Age of husband or wife if alive 62 years
7. Date of Birth (Month, Day, Year) December 25 1868

8. AGE	Years	Months	Days	If less than 1 day
	75	7	13	hrs min.

9. Exact Occupation Farmer — Did this work for Life yrs.
10. Industry or Business Grain and Cattle — Date last worked Oct. '42
11. Birthplace Silver City (City or town) Idaho (State or foreign country)

Father
12. Name William Stacey
13. Birthplace Dovenshire (City or town) England (State or foreign country)

Mother
14. Maiden name Debroah Wilkinson
15. Birthplace ..... (City or town) Wisconsin (State or foreign country)

16. Informant's **OWN** Signature Ina Stacey Cooper
and Address Weiser, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/9/44 (Month) (Day) (Year)
(c) Place: Hillcrest Cem. Weiser, Idaho

18. Funeral Director's **OWN** Signature A. L. Jones #357
and Address Weiser, Idaho

19. (a) 9/9/44 (Date received and filed) (b) Marie H. Shull (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) August 7 1944
at 1:30 o'clock P. M.

21. **I HEREBY CERTIFY**, That I attended deceased from July 23rd 1944 to Aug 7th 1944
I last saw h[illegible] alive on Aug 7th 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration

Cerebral Hemorrhage
Due to Hypertension
Due to Chronic Nephritis
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?
Name of operation ..... Date .....
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury

23. Attendant's **OWN** Signature Jno. McGrath M.D.
(M. D. or other)
and Address Weiser, Idaho Date 8/8 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

SEP 11 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140342
Local Reg. No. 8
Reg. Dist. No.

1. PLACE OF DEATH:
(a) County Washington.
(b) City or town Weiser
(c) ~~XXXXXXXXX~~ or R.F.D. No. 3
(d) Death Occured Inside? # Outside? # city or town
(e) Died in a Home # Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 37 years 9 months 8 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Washington
(c) City or town Weiser
(d) ~~XXXXXXXXXX~~ R.F.D. No. 3
(e) Deceased lived Inside? Outside? # city or town
(f) Citizen of what country? USA
(g) How long had deceased lived in Idaho? 37 years
(h) Former residence (city, state) Utica, Kansas.

3. (a) FULL NAME Lenora T. Noyer.

175C

3. (b) If veteran, name war ----
3. (c) Social Security No. ----
4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or Charles F. Noyer
6. (c) Age of husband or wife if alive diseased years
7. Date of Birth (Month, Day, Year) December 13 1859

8. AGE	Years	Months	Days	If less than 1 day
	84	8	-	hrs min.

9. Exact Occupation at home — Did this work for life yrs.
10. Industry or Business ranch home — Date last worked may 1944
11. Birthplace Leavenworth, Kansas. (City or town) (State or foreign country)
Father
12. Name William Henry Trump.
13. Birthplace Leipeu Germany (City or town) (State or foreign country)
Mother
14. Maiden name Katherin Seving
15. Birthplace Berlin, Germany (City or town) (State or foreign country)
16. Informant's OWN Signature Charlotte Noyer
and Address Weiser Ida R. 3.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 8/17/1944 (Month) (Day) (Year)
(c) Place: Weiser, Idaho.
18. Funeral Director's OWN Signature Edith Audm.
and Address Payette, Idaho.
19. (a) 8/16/44 (Date received and filed) (b) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) August 13 1944 19
at 4:15 o'clock P. M.
21. I HEREBY CERTIFY, That I attended deceased from July 1944, to Aug 13 1944
I last saw her alive on Aug 13 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration
Branchopneumonia few days
Due to Fracture right hip.
Due to
Other conditions
(Include pregnancy within 3 months of death)
Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? X Suicide? Homicide?
Occurred Aug. 2, 1944 City, county, state where violence occurred Weiser, Idaho
Place of Violence: Home Farm x Industry
Public Place While at work?
Means of injury Fell & fractured hip.
23. Attendant's OWN Signature John J. Kaiser M.D. (M. D. or other)
and Address Payette, Idaho. Date 8/14/1944 19
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

AUG 29 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 140343
Local Reg. No. 322
Reg. Dist. No.

1. PLACE OF DEATH:
(a) County Washington
(b) City or town Midvale
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? x Outside? city or town
(e) Died in a Home x Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 35 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Washington
(c) City or town Midvale
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? in Outside? city or town
(f) Citizen of what country? U S
(g) How long had deceased lived in Idaho? 35 years
(h) Former residence (city, state)

3. (a) FULL NAME Era F Forbes

93 d

3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Maried
6. (b) Name of husband or wife Mary E Forbes
6. (c) Age of husband or wife if alive 70 years
7. Date of Birth (Month, Day, Year) Feb 5 . 1866

8. AGE	Years	Months	Days	If less than 1 day
	78	6	10	hrs min.

9. Exact Occupation Farmer Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Armington Ill (City or town) (State or foreign country)
Father
12. Name A E Forbes
13. Birthplace Unknown (City or town) (State or foreign country)
Mother
14. Maiden name Eliza M Gilbert
15. Birthplace Kentucky (City or town) (State or foreign country)
16. Informant's OWN Signature x Mary E Forbes
and Address Midvale Idaho
17. (a) Bond (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: Payette 8 17 44
18. Funeral Director's OWN Signature J A Hutchison
and Address Cambridge Idaho
19. (a) 8/17/44 (Date received and filed) (b) [signature] (Registrar's signature)

DR. R. T. WHITEMAN
CAMBRIDGE, IDAHO

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) 8/15 1944
at 12:30 o'clock A M.
21. I HEREBY CERTIFY, That I attended deceased from 1935 19 to 8/15 1944
I last saw him alive on 8/9/44 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration
Apoplexy — Instant death
Due to Hypertension 10 yrs
✓ Due to Myocarditis 10 yrs
Other conditions
(Include pregnancy within 3 months of death)
Where was disease contracted? Home
Name of operation 0 Date
Major finding 0
Finding of autopsy 0

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? 0 Suicide? 0 Homicide? 0
Occurred 0 19 City, county, state where violence occurred 0
Place of Violence: Home 0 Farm Industry
Public Place 0 While at work?
Means of injury 0
23. Attendant's OWN Signature Alvin S Thurston MD (M. D. or other)
and Address Council, Idaho Date 8/16 1944
(For additional space, use reverse side)

Dr. Schmitz

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 140344
Local Reg. No. 9
Reg. Dist. No. 320

SEP 11 1944

1. **PLACE OF DEATH:**
   (a) County Washington
   (b) City or town Weiser
   (c) Street Address or R.F.D. No. Route #1
   (d) Death Occured Inside? ... Outside? X ... city or town
   (e) Died in a Home X Hospital ... Institution ... Other place ...
   (f) Name Hosp. or Inst. ... Stayed ... days
   (g) Lived in this county 50 years ... months ... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Washington
   (c) City or town Weiser
   (d) Street Address or R.F.D. No. R.F.D. #1
   (e) Deceased lived Inside? ... Outside? X ... city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 50 years
   (h) Former residence (city, state) Alturas, Calif.

3. (a) **FULL NAME** Lewis L. Cowins

946

3. (b) If veteran, name war None
3. (c) Social Security No. 519-24-7319
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ida
6. (c) Age of husband or wife if alive 71 years
7. Date of Birth (Month, Day, Year) July 27 1881

8. AGE	Years	Months	Days	If less than 1 day
	63	00	21	hrs ... min.

9. Exact Occupation Rancher — Did this work for 40 yrs.
10. Industry or Business Sheep and Farming — Date last worked 8/15/44
11. Birthplace Alturas (City or town) California (State or foreign country)

Father
12. Name William Cowins
13. Birthplace England (City or town) (State or foreign country)

Mother
14. Maiden name Don't know
15. Birthplace Don't know (City or town) (State or foreign country)

16. Informant's **OWN** Signature Ida Cowins Wife
and Address Route #1 Weiser, Idaho

17. (a) Burial Hillcrest (Burial, cremation, or removal) (b) Date thereof 8/21/44 (Month) (Day) (Year)
(c) Place: Hillcrest Cem. Weiser, Idaho

18. Funeral Director's **OWN** Signature C. S. Jones #357
and Address Northam Funeral Home Weiser, Idaho

19. (a) 8/19/44 (Date received and filed) (b) Harriet H. Shull (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) August 16 1944
at 4:00 o'clock A.M.

21. **I HEREBY CERTIFY**, That I attended deceased from aug 16 1944, to aug 16 1944
I last saw him alive on aug 16 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death	Duration
Angina Pectoris	48 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ... Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ... Suicide? ... Homicide? ...
Occurred ... 19 ... City, county, state where violence occurred
Place of Violence: Home ... Farm ... Industry ...
Public Place ... While at work? ...
Means of injury

23. Attendant's **OWN** Signature F. A. Schmitz M.D. (M. D. or Other)
and Address Weiser, Idaho Date 8-19 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

SEP 11 1944

State File No. 140345
Local Reg. No. 11
Reg. Dist. No. 320

1. PLACE OF DEATH:
(a) County Washington
(b) City or town Weiser
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? X Outside? city or town
(e) Died in a Home Hospital Institution Other place X
(f) Name Hosp. or Inst. None Stayed days
(g) Lived in this county 00 years 00 months 2 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Oregon (b) County Malhuer
(c) City or town Ontario
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 00 years
(h) Former residence (city, state) LeGrande, Ore.

3. (a) FULL NAME Arley S. (Sam) Farris

950

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife Margaret
6. (c) Age of husband or wife if alive Deceased years
7. Date of Birth (Month, Day, Year) March 4th 1876

8. AGE	Years	Months	Days	If less than 1 day
	68	5	15	hrs min.

9. Exact Occupation Ranch Employee — Did this work for Life yrs.
10. Industry or Business Cattle Ranch — Date last worked 8/17/44
11. Birthplace (City or town) Missouri (State or foreign country)

Mother Father
12. Name W.J. Farris
13. Birthplace (City or town) Don't know (State or foreign country)
14. Maiden name Catherine Cox
15. Birthplace (City or town) Missouri (State or foreign country)

16. Informant's **OWN** Signature Joe Harman Half Bro.
and Address Route #2 LeGrande, Oregon
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 8/20/44 (Month) (Day) (Year)
(c) Place: LeGrande, Oregon
18. Funeral Director's **OWN** Signature C.S. Jones #357
and Address Northam Funeral Home, Weiser, Idaho
19. (a) 8/20/44 (Date received and filed) (b) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH
(Month, Day, Year) August 19 1944
at 8:00 o'clock P.M.

21. **I HEREBY CERTIFY,** That I attended deceased from 19, to 19
I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: This man suffered a heart attack — Duration
while riding horse back in a
Due to parade. He died before the
arrival of an ambulance or a
Due to doctor. There was no autopsy.
Other conditions
(Include pregnancy within 3 months of death)

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature H.G. Allen M.D.
(M. D. or other)
and Address Weiser, Idaho Date 8/21 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

SEP 11 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 140346
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF DEATH:**
   (a) County Washington
   (b) City or town Weiser
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? in Outside? city or town
   (e) Died in a Home Hospital X Institution Other place
   (f) Name Hosp. or Inst. Weiser Stayed 9 days
   (g) Lived in this county 64 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   Idaho (b) County Washington
   (c) City or town Midvale
   (d) Street Address or R. F. D. No.
   (e) Deceased lived Inside? Outside? X city or town
   (f) Citizen of what country? United States
   (g) How long had deceased lived in Idaho? 34 years
   (h) Former residence (city, state) Oregan

3. (a) FULL NAME Burton Sylvester Branch

175c

3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex Male
5. Color or race Amr
6. (a) Single, widowed, married, divorced Maried
6. (b) Name of husband or wife Etta May
6. (c) Age of husband or wife if alive 59 years
7. Date of Birth (Month, Day, Year) March 17 1881

8. AGE	Years	Months	Days	If less than 1 day
	64	5	7	hrs. min.

9. Exact Occupation Farmer — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace Burton Co Kansas (City or town) (State or foreign country)

Father
12. Name Wilson Branch
13. Birthplace Un Known (City or town) (State or foreign country)

Mother
14. Maiden name Alviria Clark
15. Birthplace Un Known (City or town) (State or foreign country)

16. Informant's OWN Signature Etta May Branch
and Address Midvale Idaho

17. (a) Buried (Burial, cremation, or removal) (b) Date thereof Aug (Month) 27 (Day) 44 (Year)
(c) Place: Midvale

18. Funeral Director's OWN Signature
and Address

19. (a) (Date received and filed) (b) (Registrar's signature)

R. I. CAMBRIDGE, IDAHO

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH**
(Month, Day, Year) 8/24 1944
at 7 15 o'clock P M.

21. **I HEREBY CERTIFY,** That I attended deceased from 8/15/44 19 to 8/24 44 19
I last saw him alive on 8/24/44 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Brights Disease	3 yrs
Due to	
Due to	
Other conditions Broken Femur (Include pregnancy within 3 months of death)	
Stepped off embankment.	
Where was disease contracted?	
Name of operation Date	
Major finding	
Finding of autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? X Suicide? Homicide?
Occurred August 14 19 44 City, county, state where violence occurred Weiser, Idaho
Place of Violence: Home Farm X Industry
Public Place While at work?
Means of injury 4 foot embankment

23. Attendant's OWN Signature F A Schmidt M D (M. D. or other)
and Address Weiser Idaho Date 8/26 44 19

(For additional space, use reverse side)

Dr. Schmitz

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 140347
Local Reg. No. 12
Reg. Dist. No.

SEP 11 1944

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
   (a) County Washington
   (b) City or town Weiser
   (c) Street Address or R.F.D. No. 904 East Commercial
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home X Hospital .... Institution .... Other place ....
   (f) Name Hosp. or Inst. None Stayed ..... days
   (g) Lived in this county 14 years ..... months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Washington
   (c) City or town Weiser
   (d) Street Address or R.F.D. No 904 E. Commercial
   (e) Deceased lived Inside? X Outside? ..... city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 14 years
   (h) Former residence (city, state) Hardin, Montana

3. (a) **FULL NAME** LEROY BENJAMIN SEVERSON

83 b

3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife Harriett
6. (c) Age of husband or wife if alive Deceased years
7. Date of Birth (Month, Day, Year) May 20th 1869

8. AGE	Years	Months	Days	If less than 1 day
	75	3	6	hrs min.

9. Exact Occupation Farmer — Did this work for 50 yrs yrs.
10. Industry or Business Ranch — Date last worked 1932
11. Birthplace Turtle Prairie, Wisconsin (City or town) (State or foreign country)

Father
12. Name Benjamin Severson
13. Birthplace Pennsylvania (City or town) (State or foreign country)

Mother
14. Maiden name ### Smith
15. Birthplace Don't know (City or town) (State or foreign country)

16. Informant's **OWN** Signature [signature] and Address .....

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/28/44 (Month) (Day) (Year)
   (c) Place: Hillcrest Cemetery

18. Funeral Director's **OWN** Signature [signature] #357 and Address Northam F. Home Weiser, Idaho

19. (a) 8/26/44 (Date received and filed) (b) Marion Snell (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) August 26 1944 at 6:20 o'clock A. M.

21. **I HEREBY CERTIFY**, That I attended deceased from 8-18- 1944 to 8-26 1944
I last saw h-- alive on 8-21- 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Embolism of Brain	
Cerebral Hemo	
Due to Phlebitis	
Due to Senility	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature [signature] (M. D. or other)
and Address Weiser, Idaho Date 8-26 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census SEP 18 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140351
Local Reg. No. 207
Reg. Dist. No. 5-11

1. **PLACE OF DEATH:**
   (a) County Bannock
   (b) City or town Pocatello
   (c) Street Address or R. F. D. No.
   (d) Death Occured Inside? Outside? city or town
   (e) Died in a Home Hospital Institution Other place
   (f) Name Hosp. or Inst. St. Anthony Stayed days
   (g) Lived in this county years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Bannock
   (c) City or town Pocatello
   (d) Street Address or R.F.D. No. 596 Wash Ave.
   (e) Deceased lived Inside? Outside? city or town
   (f) Citizen of what country? U. S. A.
   (g) How long had deceased lived in Idaho? 0 years
   (h) Former residence (city, state)

3. (a) **FULL NAME** Clarence Ralph Judkins

3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Date of Birth (Month, Day, Year) August 5 1944

8. AGE	Years	Months	Days	If less than 1 day
	0	0	0	hrs min.

9. Exact Occupation none — Did this work for yrs.
10. Industry or Business " — Date last worked
11. Birthplace Pocatello Idaho (City or town) (State or foreign country)

Father
12. Name Joseph A. Judkins
13. Birthplace Mt Pleasant Ut (City or town) (State or foreign country)

Mother
14. Maiden name Verna B. Iverson
15. Birthplace Pocatello Idaho (City or town) (State or foreign country)

16. Informant's **OWN** Signature Joseph A Judkins
and Address 596 Wash. Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-7-44 (Month) (Day) (Year)
(c) Place: Mountain View

18. Funeral Director's **OWN** Signature Byron B. Howard
and Address Pocatello Idaho

19. (a) 8-17-44 (Date received and filed) (b) D. C. Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) August 5 19 44
at o'clock M.

21. **I HEREBY CERTIFY**, That I attended deceased from aug 5 19 44 to aug 5 19 44
I last saw h alive on 19 ; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Premature Birth	5½ Hrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature J. S. Miller (M. D. or other)
and Address 310 E Center Date Aug 7 19 44
(For additional space, use reverse side)

Pocatello Idaho

United States
Department of Commerce
Bureau of the Census SEP 8 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 140352
Local Reg. No. 36
Reg. Dist. No. 410

1. PLACE OF DEATH:
(a) County Blaine
(b) City or town Hailey
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? ✓ Outside? ..... city or town
(e) Died in a Home ....Hospital ✓ Institution ....Other place ....
(f) Name Hosp. or Inst. Hailey Clinical Stayed 5 min ~~days~~
(g) Lived in this county ..... years ..... months 5 min ~~days~~
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State ..... (b) County .....
(c) City or town .....
(d) Street Address or R. F. D. No. .....
(e) Deceased lived Inside? ..... Outside? ..... city or town
(f) If foreign born, in U. S. ..... yrs. Citizen of U. S.? .....
(g) How long had deceased lived in Idaho? ..... years
(h) Former residence (city, state) .....

3. (a) **FULL NAME** Rember 159.

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced .....
6. (b) Name of husband or wife .....
6 (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) 8-10-1944

8. AGE	Years	Months	Days	If less than 1 day
		5½		hrs 5 min.

9. Exact Occupation ..... Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace ..... (City or town) ..... (State or foreign country)

Father
12. Name Dick Rember
13. Birthplace Hailey, Idaho. (City or town) (State or foreign country)

Mother
14. Maiden name Ruth Schaefer
15. Birthplace Hailey, Idaho (City or town) (State or foreign country)

16. Informant's **OWN** Signature Dick Rember
and Address Hailey, Idaho
17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 8-10-44 (Month) (Day) (Year)
(c) Place: Hailey Idaho
18. Funeral Director's **OWN** Signature .....
and Address .....
19. (a) 9-3-1944 (Date received and filed) (b) Robert H. Wright (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 8-10 1944
at 7 o'clock P. M.
21. I **HEREBY CERTIFY**, That I attended deceased from 8-10 1944 to 8-10 1944
I last saw him alive on 8/10 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration
Premature - 5½ mo
Due to X Ray therapy possible
Cause given 5 months
Due to previous
Other conditions .....
(Include pregnancy within 3 months of death)
Where was disease first contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature E. W. H. (M. D. or other)
and Address Hailey, Idaho Date 8/10 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Dr. Husted

140359

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

SEP 14 1944

State File No. 140359
Local Reg. No. 221
Reg. Dist. No. 120

1. **PLACE OF DEATH:**
   (a) County Kootenai
   (b) City or town C. D' A.
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? in Outside? ____ city or town
   (e) Died in a Home ____ Hospital ____ Institution ____ Other place ____
   (f) Name Hosp. or Inst. L. C. Gen. Stayed 1 days
   (g) Lived in this county ____ years ____ months 1 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Kootenai
   (c) City or town Post Falls Route #1
   (d) Street Address or R. F. D. No.
   (e) Deceased lived Inside? ____ Outside? out city or town
   (f) Citizen of what country? U. S.
   (g) How long had deceased lived in Idaho? Ida years
   (h) Former residence (city, state)

3. (a) **FULL NAME** Jannet Suzanne Scheel

3. (b) If veteran, name war ——
3. (c) Social Security No. ——
4. Sex F.
5. Color or race W.
6. (a) Single, widowed, married, divorced ——
6. (b) Name of husband or wife ——
6. (c) Age of husband or wife if alive —— years
7. Date of Birth (Month, Day, Year) August 5, 1944

8. AGE	Years	Months	Days	If less than 1 day
	0	0	0	hrs 5 min.

9. Exact Occupation ——— Did this work for —— yrs.
10. Industry or Business —— Date last worked
11. Birthplace Coeur D' Alene, Idaho (City or town) (State or foreign country)

Father
12. Name Melvin Scheel
13. Birthplace Wash. (City or town) (State or foreign country)

Mother
14. Maiden name Betty May Hodge
15. Birthplace Coeur D' Alene Ida. (City or town) (State or foreign country)

16. Informant's OWN Signature Maude Hodge
and Address Post Falls, Route # 1
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/7/44 (Month) (Day) (Year)
(c) Place: Forest Cemetery
18. Funeral Director's OWN Signature Mooney Mooney Chapel
and Address Coeur D' Alene, Idaho
19. (a) 8/8/44 (Date received and filed) (b) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) August 5, 1944 19____
at 2:15 o'clock P.M.

21. **I HEREBY CERTIFY,** That I attended deceased from Aug. 5 1944 to Aug. 5 1944.
I last saw her alive on Aug. 5 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Asphyxia neonatorum — Duration Instantaneous
Due to ——
Due to ——
Other conditions (Include pregnancy within 3 months of death) ——
Where was disease contracted? ——
Name of operation —— Date ——
Major finding ——
Finding of autopsy ——

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's OWN Signature J. P. Husted M.D.
(M. D. or other)
and Address Coeur d'Alene Date 8-7-1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

SEP 11 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140367
Local Reg. No. 22
Reg. Dist. No. 140

1. **PLACE OF DEATH:**
   (a) County Shoshone
   (b) City or town Wallace
   (c) Street Address or R. F. D. No. None
   (d) Death Occured Inside? ✓ Outside? ..... city or town
   (e) Died in a Home .... Hospital ✓ Institution .... Other place ....
   (f) Name Hosp. or Inst. Providence Stayed 1 days
   (g) Lived in this county ..... years ..... months 1 days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State None (b) County None
   (c) City or town None
   (d) Street Address or R.F.D. No. None
   (e) Deceased lived Inside? ✓ Outside? ..... city or town
   (f) Citizen of what country? .....
   (g) How long had deceased lived in Idaho? ..... years
   (h) Former residence (city, state) .....

3. (a) **FULL NAME** Janet Camille Hanson Infant 158

3. (b) If veteran, name war 20
3. (c) Social Security No. 20
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Infant
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) Aug-2-1944

8. AGE	Years	Months	Days	If less than 1 day
	Infant			hrs 15 min.

9. Exact Occupation ✓ Did this work for ✓ yrs.
10. Industry or Business ..... Date last worked ✓
11. Birthplace Wallace Idaho (City or town) (State or foreign country)

Father
12. Name Leslie R. Hanson
13. Birthplace Prospect Idaho (City or town) (State or foreign country)

Mother
14. Maiden name Margaret Koepplin
15. Birthplace Elgin N. D. (City or town) (State or foreign country)

16. Informant's **OWN** Signature Leslie R. Hanson
    and Address Osburn Idaho
17. (a) Burial (Burial, ~~cremation or removal~~) (b) Date thereof 8/4/44 (Month) (Day) (Year)
    (c) Place: Wallace Ida
18. Funeral Director's **OWN** Signature E. M. Westell
    and Address Wallace Ida
19. (a) Sep-7-44 (Date received and filed) (b) Fred Burr (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Aug 2 19 44
    at ..... o'clock ..... M.
21. **I HEREBY CERTIFY,** That I attended deceased from ..... 19..... to ..... 19.....
    I last saw h..... alive on ..... 19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death — Duration

✓ Due to Prematurity Infant
Due to Atelectasis
Due to .....
Other conditions (Include pregnancy within 3 months of death) .....

Where was disease contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYISICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
    Occurred ..... 19..... City, county, state where violence occurred .....
    Place of Violence: Home ..... Farm ..... Industry .....
    Public Place ..... While at work? .....
    Means of injury .....
23. Attendant's **OWN** Signature E. M. Westell (M. D. or other)
    and Address Wallace Ida Date 9/6 19 44
    (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Rosedale Memorial Park Cemetery 140370

Certificate Of Death

STATE OF IDAHO

SEP 21 1944

State File No. 140370
Local Reg. No. 33
Reg. Dist. No. 3-330

1. PLACE OF DEATH:
(a) County Payette
(b) City or town Payette
(c) Street Address ~~xxxxxxx~~ 237 So 10th
(d) Death Occured Inside? # Outside? ..... city or town
(e) Died in a Home ... Hospital # Institution ... Other place ...
(f) Name Hosp. or Payette General Played 1 days
(g) Lived in this county 1 years ... months ... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Payette
(c) City or town Payette
(d) Street Address or ~~xxxxxx~~ 101 so 8th
(e) Deceased lived Inside? # Outside? ..... city or town
(f) Citizen of what country? USA
(g) How long had deceased lived in Idaho? 5 years
(h) Former residence (city, state) Kalispell, Montana.

3. (a) **FULL NAME** William H.E.Tessman.

3. (b) If veteran, name war ---
3. (c) Social Security No. 519-26-0192
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife ------
6. (c) Age of husband or wife if alive ------ years
7. Date of Birth (Month, Day, Year) April 20 1904.

8. AGE	Years	Months	Days	If less than 1 day
	40	4	17	hrs min.

9. Exact Occupation Insurance Agent Did this work for 20 yrs.
10. Industry or Business Western States Ins. Co. Date last worked 9/5/1944
11. Birthplace Loyal, (City or town) Wisconsin. (State or foreign country)
Father
12. Name August Tessman
13. Birthplace ----- (City or town) Wisconsin. (State or foreign country)
Mother
14. Maiden name Ida Kuehl.
15. Birthplace ------ (City or town) Germany. (State or foreign country)
16. Informant's OWN Signature A. W. Kuehl
and Address Butte Mont 2910 Harrison Ave
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 9-11-1944 (Month) (Day) (Year)
(c) Place: Payette, Idaho.
18. Funeral Director's OWN Signature Edith Sundrum
and Address Payette, Idaho.
19. (a) 9/11/1944 (Date received and filed) (b) J C Woodward (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Sept 6 1944
at 11 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from 1942 to Sept 1944
I last saw him alive on Sept 6 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Myocardial failure	few hours
Due to Internal Injuries	
Due to auto Accident.	
Other conditions (Include pregnancy within 3 months of death)	
Cirrhosis of Liver.	

Where was disease contracted?
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? yes Suicide? ..... Homicide? .....
Occurred 8-9- 1944 City, county, state where violence occurred at Post office at New Mexico, Ida.
Place of Violence: Home ..... Farm ..... Industry .....
Public Place yes While at work? yes
Means of injury Auto Accident
23. Attendant's OWN Signature John Kaiser M.D. (M. D. or other)
and Address Payette Date 9-9 1944
(For additional space, use reverse side)

(72)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

140371

State File No. 140371
Local Reg. No. 300
Reg. Dist. No. 370

1. PLACE OF DEATH:
(a) County Ada
(b) City or town Boise
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? x Outside? ..... city or town
(e) Died in a Home.... Hospital - Institution.... Other place....
(f) Name Hosp. or Inst. St Alph Stayed ..... days
(g) Lived in this county 31 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Ada
(c) City or town Boise
(d) Street Address or R.F.D. No. 511½ Main St
(e) Deceased lived Inside? x Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 31 years
(h) Former residence (city, state) Spain

3. (a) FULL NAME Anna Elordi

50

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Antolin
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) Aug. 22nd 1896

8. AGE	Years	Months	Days	If less than 1 day
	48	0	26	hrs min.

9. Exact Occupation Housewife Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Guernica Spain (City or town) (State or foreign country)
Father
12. Name Juan Antonia Bilboa
13. Birthplace Spain (City or town) (State or foreign country)
Mother
14. Maiden name Micaela Astoreca
15. Birthplace Spain (City or town) (State or foreign country)
16. Informant's OWN Signature Helen Barinaga
and Address Boise Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/21/44 (Month) (Day) (Year)
(c) Place: St. John's Cemetery
18. Funeral Director's OWN Signature Schreiber & McCann
and Address Boise Milford Dragoo
19. (a) 9-20-44 (Date received and filed) (b) R. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Sept. 18 1944
at 1 50 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from ..... 19..., to Sept 18 1944
I last saw her alive on Sept 18 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Carcinomatosis	6 months
Due to Carcinoma of breast	2 yrs.
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation ..... Date	
Major finding	
Finding of autopsy	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's OWN Signature [signature] MD (M. D. or other)
and Address Boise Date 9/19 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

140377

United States
Department of Commerce
Bureau of the Census SEP 22 1944

Certificate Of Death

STATE OF IDAHO

State File No. **140372**
Local Reg. No. 234
Reg. Dist. No. 511

1. **PLACE OF DEATH:**
   (a) County Bannock
   (b) City or town Fort Hall
   (c) Street Address or R. F. D. No.
   (d) Death Occured Inside? ✓ Outside? ... city or town
   (e) Died in a Home ... Hospital ... Institution ... Other place ✓
   (f) Name Hosp. or Inst. ... Stayed ... days
   (g) Lived in this county ... years ... months ... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Bannock
   (c) City or town Fort Hall
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? ✓ Outside? ... city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 14 years
   (h) Former residence (city, state) Michigan

3. (a) **FULL NAME** David Genereaux

3. (b) If veteran, name war World I
3. (c) Social Security No. 519-24-1495
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Ella
6. (c) Age of husband or wife if alive ... years
7. Date of Birth (Month, Day, Year) unknown

8. AGE	Years	Months	Days	If less than 1 day
	51			hrs min.

9. Exact Occupation Farmer - Bus. Driver Did this work for ... yrs.
10. Industry or Business Ross Fork School dist Date last worked 9-15-44
11. Birthplace Custer, Mich (City or town) (State or foreign country)

Father
12. Name Charles Genereaux
13. Birthplace U.S.A. (City or town) (State or foreign country)

Mother
14. Maiden name Mary Ward
15. Birthplace Allegan, Mich. (City or town) (State or foreign country)

16. Informant's **OWN** Signature Albert Genereaux
and Address Fort Hall, Idaho

17. (a) Buried (Burial, cremation, or removal) (b) Date thereof 9-20-44 (Month) (Day) (Year)
(c) Place: Episcopal Mission Cemetery

18. Funeral Director's **OWN** Signature Byron B. Downard
and Address Pocatello Idaho

19. (a) 9-19-1944 (Date received and filed) (b) D. C. Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Sept. 18 19 44
at ... o'clock ... M.

21. **I HEREBY CERTIFY**, That I attended deceased from ... 19 ..., to ... 19 ...
I last saw h... alive on ... 19 ...; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Pneumonia of Lung	
Died Suddenly	
Due to following pneumonia	
✓ Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation ... Date	
Major finding	
Finding of autopsy None fields	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ... Suicide? ... Homicide? ...
Occurred ... 19 ... City, county, state where violence occurred ...
Place of Violence: Home ... Farm ... Industry ...
Public Place ... While at work? ...
Means of injury ...

23. Attendant's **OWN** Signature Arthur M. Hall (M. D. or other)
and Address Pocatello Date Sept 19 1944
(For additional space, use reverse side)

140373

140373

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 140373
Local Reg. No. 171
Reg. Dist. No. 323

1. PLACE OF DEATH:
(a) County Canyon
(b) City or town Nampa
(c) Street Address or R.F.D. No. 3
(d) Death Occured Inside? ..... Outside? ✓ city or town
(e) Died in a Home ✓ Hospital ..... Institution ..... Other place .....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 29 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Nampa
(d) Street Address or R.F.D. No. 3
(e) Deceased lived Inside? ..... Outside? ✓ city or town
(f) Citizen of what country? USA
(g) How long had deceased lived in Idaho? 29 years
(h) Former residence (city, state) Mo

3. (a) FULL NAME John Henry Parrish 83a

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) Oct 4 - 1875

8. AGE	Years	Months	Days	If less than 1 day
	68	11	11	hrs min.

9. Exact Occupation Farmer Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Nevada Mo. (City or town) (State or foreign country)
Father
12. Name Wm Parrish
13. Birthplace ..... (City or town) (State or foreign country)
Mother
14. Maiden name Bridgewater
15. Birthplace ..... (City or town) (State or foreign country)
16. Informant's OWN Signature Mrs J. H Parrish
and Address Nampa Ida
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/18/44 (Month) (Day) (Year)
(c) Place: Nampa Ida
18. Funeral Director's OWN Signature F. K. Robinson
and Address Nampa Ida
19. (a) Sept 25 1944 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Sept 15 1944
at ..... o'clock ..... M.
21. **I HEREBY CERTIFY,** That I attended deceased from 6 20 — 1944, to 9 - 15 1944
I last saw him alive on 9 - 15 — 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebral Hemorrhage	45 minutes
Due to Arteriosclerosis & Hypertensive Years	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's OWN Signature V C Bellard Jr (M. D. or other)
and Address Nampa Ida Date 9-22-1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census SEP 22 1944

Certificate Of Death

STATE OF IDAHO

140374

State File No. 140374
Local Reg. No. 229
Reg. Dist. No. 711

1. **PLACE OF DEATH:**
   (a) County Bannock
   (b) City or town Pocatello
   (c) Street Address or R. F. D. No.
   (d) Death Occured Inside? + Outside? ..... city or town
   (e) Died in a Home .... Hospital + Institution .... Other place ....
   (f) Name Hosp. or Inst. General Stayed 12 days
   (g) Lived in this county ..... years ..... months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Lincoln
   (c) City or town Kimama
   (d) Street Address or R.F.D. No. —
   (e) Deceased lived Inside? + Outside? ..... city or town
   (f) Citizen of what country? Yes
   (g) How long had deceased lived in Idaho? 2 years
   (h) Former residence (city, state) Chicago Ill.

3. (a) **FULL NAME** Paul Schmidt

3. (b) If veteran, name war no.
3. (c) Social Security No. 351-10-9734
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Anna
6. (c) Age of husband or wife if alive 68 years
7. Date of Birth (Month, Day, Year) February 16, 1892

8. AGE	Years	Months	Days	If less than 1 day
	52	6	28	hrs ____ min. ____

9. Exact Occupation Laborer — Did this work for 2 yrs.
10. Industry or Business U.P.R.R. — Date last worked
11. Birthplace ..... (City or town) Bohemia (State or foreign country)

Father
12. Name John Schmidt
13. Birthplace ..... (City or town) Bohemia (State or foreign country)

Mother
14. Maiden name Linka Gregoria
15. Birthplace ..... (City or town) Bohemia (State or foreign country)

16. Informant's **OWN** Signature X Anna Schmidt
and Address 216 Center

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9- (Month) (Day) '44 (Year)
(c) Place: Mountainview

18. Funeral Director's **OWN** Signature Byron B. Dawnard
and Address Pocatello Idaho

19. (a) 9-15-1944 (Date received and filed) (b) D C Kay (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Sept. 14 1944
at ..... o'clock ..... M.

21. **I HEREBY CERTIFY**, That I attended deceased from 9/2 1944, to 9/14 1944
I last saw h~~e alive~~ on 9/13 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Carcinoma Liver	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? Outside
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature [signature] (M. D. or other)
and Address ..... Date 15 1944
(For additional space, use reverse side)

140375

United States
Department of Commerce
Bureau of the Census

SEP 25 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 140375
Local Reg. No. 52
Reg. Dist. No. 582

1. **PLACE OF DEATH:**
   (a) County Bear Lake
   (b) City or town Georgetown
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? Outside? X city or town
   (e) Died in a Home X Hospital Institution Other place
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county 51 years months days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Bear Lake
   (c) City or town Georgetown
   (d) Street Address or R. F. D. No.
   (e) Deceased lived Inside? Outside? X city or town
   (f) Citizen of what country? U. S.
   (g) How long had deceased lived in Idaho? 51 years
   (h) Former residence (city, state)

3. (a) **FULL NAME** John Harvey Tippets

95 f

3. (b) If veteran, name war World War# 1 (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Irene Smith 6. (c) Age of husband or wife if alive 46 years

7. Date of Birth (Month, Day, Year) January 8, 1888

8. AGE	Years	Months	Days	If less than 1 day
	56	8	10	hrs min.

9. Exact Occupation Farmer — Did this work for life yrs.
10. Industry or Business — Date last worked
11. Birthplace Perry (City or town) Utah (State or foreign country)

Father
12. Name Walter Henry Tippets
13. Birthplace Perry (City or town) Utah (State or foreign country)

Mother
14. Maiden name Maria Ann Stokes
15. Birthplace (City or town) England (State or foreign country)

16. Informant's **OWN** Signature Mrs. Harvey Tippets
and Address Georgetown, Idaho.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 23, 1944 (Month) (Day) (Year)
(c) Place Georgetown Idaho

18. Funeral Director's **OWN** Signature
and Address Montpelier Idaho

19. Sept 23 1944 (Date received and filed) (b) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) September 18 1944
at 4 o'clock P M.

21. **I HEREBY CERTIFY,** That I attended deceased from Sept 1st 1944, to Sept 18 1944
I last saw h— alive on Sept 17 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Coronary embolism	12hrs.
Due to Hypertension	10 yrs.
Due to Renal insufficiency	10 yrs.
Other conditions Rheumatic Heart dis (Include pregnancy within 3 months of death)	15 yrs.

Where was disease contracted? unknown
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature R B Rudsen MD
(M. D. or other)
and Address Montpelier, Idaho Date Sept. 19 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

140376

140376

United States
Department of Commerce
Bureau of the Census

SEP 21 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 66
Local Reg. No. 66
Reg. Dist. No. 3-330

1. **PLACE OF DEATH:**
   (a) County PAYETTE
   (b) City or town PAYETTE
   (c) Street Address or R. F. D. No. 126 North 7th
   (d) Death Occurred Inside? # Outside? --- city or town
   (e) Died in a Home -- Hospital -- Institution # Other place --
   (f) Name Hosp. or Inst. Conv. Home Stayed 18 mos days
   (g) Lived in this county 1½ years --- months --- days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State IDAHO (b) County GEM
   (c) City or town EMMETT
   (d) Street Address or R. F. D. No. ---
   (e) Deceased lived Inside? # Outside? --- city or town
   (f) Citizen of what country? U.S.A
   (g) How long had deceased lived in Idaho? 9 years
   (h) Former residence (city, state) PARKS, NEB.

3. (a) **FULL NAME** LULA MAE GILBERT

162 6

3. (b) If veteran, name war ---
3. (c) Social Security No. None
4. Sex Fem
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife David Gilbert
6. (c) Age of husband or wife if alive 61 years
7. Date of Birth (Month, Day, Year) APRIL 23,1887

8. AGE	Years	Months	Days	If less than 1 day
	57	4	19	hrs min.

9. Exact Occupation Housewife — Did this work for Life yrs.
10. Industry or Business Homemaking — Date last worked 20 years
11. Birthplace Fordland, Webster Co. Missouri (City or town) (State or foreign country)

Father
12. Name Thomas Rose
13. Birthplace Unknown (City or town) (State or foreign country)

Mother
14. Maiden name Unknown
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's OWN Signature Dana Gilbert
and Address P.O. Box 191 Payette, Idaho

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 9/14/44 (Month) (Day) (Year)
(c) Place: EMMETT, IDAHO

18. Funeral Director's OWN Signature Merle Buchanan
and Address EMMETT IDAHO

19. (a) 9/14/1944 (Date received and filed) (b) J.C. Woodward (Registrar's signature)

(75)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) SEPTEMBER 12, 1944
at 7.50 o'clock P M.

21. **I HEREBY CERTIFY,** That I attended deceased from 9/12/44 19--- to 9/12/44 19---
I last saw her alive on 9/12/44 19---; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
SENILITY, UNKNOWN CHRONIC	
Due to ILLNESS	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19--- City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's OWN Signature J.C. Woodward M.D. (M. D. or other)
and Address PAYETTE, ID Date 9/12/1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant: EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

140377 **140377**

United States
Department of Commerce
Bureau of the Census SEP 30 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 140377
Local Reg. No. 301
Reg. Dist. No. 370

1. **PLACE OF DEATH:**
(a) County Ada
(b) City or town Boise Idaho
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? city or town
(e) Died in a Home Hospital Institution Other place
(f) Name Hospital Ada Hosp. Stayed 13 days
(g) Lived in this county years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Washington
(c) City or town Midvale
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? 1 Outside? ✓ city or town
(f) Citizen of what country? U.S.
(g) How long had deceased lived in Idaho? 6a years
(h) Former residence (city, state) Missouri

3. (a) **FULL NAME** Emma Keithley 46b

3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Samuel A Keithley
6. (c) Age of husband or wife if alive 69 years
7. Date of Birth (Month, Day, Year) Dec 21 1877

8. AGE	Years	Months	Days	If less than 1 day hrs	min.
	66	8	28		

9. Exact Occupation Housewife Did this work for ____ yrs.
10. Industry or Business ✓ Date last worked ✓
11. Birthplace Missouri (City or town) (State or foreign country)

Father
12. Name Wm. W. Evans
13. Birthplace Missouri (City or town) (State or foreign country)

Mother
14. Maiden name Victoria Conary
15. Birthplace Don't Know (City or town) (State or foreign country)

16. Informant's **OWN** Signature S. A. Keithley
and Address Midvale Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 9-19-44 (Month) (Day) (Year)
(c) Place: Weiser Idaho
18. Funeral Director's **OWN** Signature Schreiber & McCann
and Address Boise Mitford Chapel
19. (a) 9-21-44 (Date received and filed) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Sept 19 1944
at 9:30 o'clock A M.
21. **I HEREBY CERTIFY**, That I attended deceased from Sept 6 1944 to Sept 19 1944
I last saw her alive on Sept 14 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Pneumonia due to Coronary Thrombosis	4 days
Due to	
Coronary Thrombosis	6 mos
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? Midvale Idaho
Name of operator Dr. Hoseclaw Date 9/11/44
Major findings Coronary Thrombosis
Findings of autopsy Yes
Was Coroner notified?

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature James L Stewart M.D.
(M. D. or Other)
and Address Boise Idaho Date 9-19-44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

OCT 3 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

140378 State File No. 140378
Local Reg. No. 225
Reg. Dist. No. 510

1. PLACE OF DEATH:
(a) County Bannock
(b) City or town Pocatello
(c) Street Address or R. F. D. No. 101. So. Johnson.
(d) Death Occurred (Inside?) Outside? city or town
(e) Died in a Home (Hospital) Institution Other place
(f) Name Hosp. or Inst. General Stayed 2 Hrs. days
(g) Lived in this county 4 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Bannock
(c) City or town Pocatello
(d) Street Address or R. F. D. No. 1550. So. Main
(e) Deceased lived (Inside?) Outside? city or town
(f) If foreign born, in U. S. yrs. Citizen of U. S.? Yes
(g) How long had deceased lived in Idaho? 4 years
(h) Former residence (city, state) Utah

3. (a) **FULL NAME** Lester H. Gregory.

3. (b) If veteran, name war None
3. (c) Social Security No. 519-16-0133
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6 (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) April. 7. 1892.

8. AGE	Years	Months	Days	If less than 1 day
	52	5	-	hrs min.

9. Exact Occupation Foreman
Did this work for 30 yrs.
10. Industry or Business Repair shop. U.S. Army Base.
Date last worked June. 1944
11. Birthplace Water Vally, (City or town) Miss. (State or foreign country)

Father
12. Name William F. Gregory.
13. Birthplace Chester, (City or town) So. Carolina (State or foreign country)

Mother
14. Maiden name Mary F. Seamens.
15. Birthplace Water Vally, (City or town) Miss. (State or foreign country)

16. Informant's **OWN** Signature Mrs U. L. Devereaux
and Address Pocatello, Idaho.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 9/9/1944. (Month) (Day) (Year)
(c) Place: Salt Lake City, Utah.
18. Funeral Director's **OWN** Signature Arthur M. Hall
and Address Hall Mortuary, Pocatello, Idaho.
19. (a) 9-8-1944 (Date received and filed) (b) D. C. Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Sept. 7. 1944
at o'clock M.

21. **I HEREBY CERTIFY,** That I attended deceased from July 27 1944, to Sept 7 1944
I last saw h... alive on Sept 7 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Myocardial heart failure — Duration
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)

Where was disease first contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature [signature]
and Address Pocatello, Idaho. (M. D. or other)
Date 9/9/44.
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

SEP 29 1944

140379

Certificate Of Death

STATE OF IDAHO

State File No. 140379
Local Reg. No. 169
Reg. Dist. No. 363

1. **PLACE OF DEATH:**
(a) County Canyon
(b) City or town Nampa
(c) Street Address or R.F.D. No. R.F.D.
(d) Death Occured Inside? ..... Outside? X city or town
(e) Died in a Home X Hospital ..... Institution ..... Other place .....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 29 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Ida (b) County Canyon
(c) City or town Nampa
(d) Street Address or R.F.D. No. R.F.D.
(e) Deceased lived Inside? ..... Outside? X city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 41 years
(h) Former residence (city, state) La Grand, Ore

3. (a) **FULL NAME** Joseph Dean Allen 94a

3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Terra
6. (c) Age of husband or wife if alive 38 years
7. Date of Birth (Month, Day, Year) July 22 1901

8. AGE	Years	Months	Days	If less than 1 day
	43	7	21	hrs min.

9. Exact Occupation Farming Did this work for life yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Alberta (City or town) Canada (State or foreign country)
Father
12. Name J. F. Allen
13. Birthplace Preston Utah (City or town) (State or foreign country)
Mother
14. Maiden name Ella Nelson
15. Birthplace Preston Utah (City or town) (State or foreign country)
16. Informant's **OWN** Signature Received by Telephone from Wife Wm D. Talley
and Address Nampa, Ida.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-19-44 (Month) (Day) (Year)
(c) Place: (Kohlerlawn Cem) Nampa Ida
18. Funeral Director's **OWN** Signature Wm D. Talley
and Address Nampa Ida.
19. (a) Sept-19-1944 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Sept 13, 1944
at 4:45 o'clock P.M.
21. **I HEREBY CERTIFY**, That I attended deceased from ..... 19....., to ..... 19.....
I last saw h..... alive on ..... 19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration
Probably Coronary Embolus
Had been working very
~~Due to~~ hard early & late
Colapsed while working
~~Due to~~ in the Fruit Orchard.
Other conditions .....
(Include pregnancy within 3 months of death)

Where was disease contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYISCIAN Underline the cause to which death should be charged statistically.

If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred Sept 13 1944 City, county, state where violence occurred Farm, Country
Place of Violence: Home ..... Farm X Industry .....
Public Place ..... While at work? X
Means of injury .....

23. Attendant's **OWN** Signature Wm D. Talley Coroner (M. D. or other)
and Address Nampa Ida Date 9-18 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

OCT 1 1944

NON-RESIDENT
CERTIFICATE OF DEATH
STATE OF IDAHO

140380

State File No. 140380
Local Reg. No. 231
Reg. Dist. No. 120

1. **PLACE OF DEATH:**
(a) County Kootenai
(b) City or town Coeur d'Alene
(c) Street Address or R. F. D. No. 702- 3d
(d) Death Occurred Inside? X Outside? -- city or town
(e) Died in a Home__ Hospital X Institution__ Other place__
(f) Name Hosp. or Inst. Home Hosp. Stayed 6 days
(g) Lived in this county 14 mo. years 4 months 6 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Minnesota (b) County Stearns
(c) City or town St. Cloud
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 14 months
(h) Former residence (city, state) St. Cloud, Minn

3. (a) FULL NAME Minnie Palmersheim

162 h

3. (b) If veteran, name war --
3. (c) Social Security No. none
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Joseph Palmersheim
6. (c) Age of husband or wife if [illegible] years
7. Date of Birth (Month, Day, Year) April 4, 1870

8. AGE	Years	Months	Days	If less than 1 day
	74	5	15	hrs min.

9. Exact Occupation Housewife Did this work for 54 yrs.
10. Industry or Business Date last worked 1941
11. Birthplace Basel (City or town) Germany (State or foreign country)
Father
12. Name Do not know Karth
13. Birthplace Germany (City or town) (State or foreign country)
Mother
14. Maiden name Do not know
15. Birthplace Germany (City or town) (State or foreign country)
16. Informant's OWN Signature Mrs. W. T. Chase
and Address Rathdrum Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 9/20/44 (Month) (Day) (Year)
(c) Place: St. Cloud, Minn
18. Funeral Director's OWN Signature A. B. Nelson
and Address Rathdrum, Idaho
19. (a) 9-19-44 (Date received and filed) (b) Frances M. Chal (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 9/19 1944
at 4:30 o'clock A. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 1943 19__ to 9/19 1944
I last saw her alive on 9/17 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Senility	
Due to (Several deterioration and gradual failing	
Due to Healthy	3 yrs
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted? None	
Name of operation None Date	
Major finding	
Finding of autopsy None	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19__ City, county, state
where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature F. F. Hanney M.D. (M. D. or other)
and Address Coeur d'Alene Date 9/19 1944
(For additional space, use reverse side)

#140381

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 140381
Local Reg. No. 315
Reg. Dist. No. 370

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. PLACE OF DEATH:
(a) County Ada
(b) City or town Boise
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Home ... Hospital ... Institution ... Other place ....
(f) Name Hosp. or Inst. St. Alph: Stayed ..... days
(g) Lived in this county 11 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Ada
(c) City or town Boise
(d) Street Address or R.F.D. No. 1005 E Frankl:
(e) Deceased lived Inside? X Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 34 years
(h) Former residence (city, state) Mont:

3. (a) **FULL NAME** Mary Bowman 130

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or Race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) Aug. 25th 1882

8. AGE	Years	Months	Days	If less than 1 day
	62	1	10	hrs min.

9. Exact Occupation Hotel Propr: Did this work for ..... yrs.
10. Industry or Business Bannack Montana Date last worked
11. Birthplace (City or town) (State or foreign country)
Father 12. Name Charles Fredrick Bowman
13. Birthplace Germany (City or town) (State or foreign country)
Mother 14. Maiden name Kathryn Williams
15. Birthplace Zanesville Ohio (City or town) (State or foreign country)
16. Informant's **OWN** Signature Mrs Ivie O'Neil.
and Address 1005 E. Franklin Boise Ida
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/7/44 (Month) (Day) (Year)
(c) Place: Morris Hill cemetery
18. Funeral Director's **OWN** Signature Schreiber & McCann
and Address Milford Bruce
19. (a) 10-6-44 (Date received and filed) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Oct 5 1944
at 1:15 o'clock A M.
21. **I HEREBY CERTIFY**, That I attended deceased from Oct 1st 1944, to Death 19
I last saw her alive on Oct 4 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Uraemia	
Due to Acute Nephritis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted? At Home	
Name of operation None Date	PHYSICIAN Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy no autopsy	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature D. H. Blake M.D. (M. D. or other)
and Address 5-15 Eggleston Date ..... 19 .....
(For additional space, use reverse side)
Boise Idaho

140382

United States
Department of Commerce
Bureau of the Census

OCT 7 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 140382
Local Reg. No. 41
Reg. Dist. No. 142

1. **PLACE OF DEATH:**
(a) County Shoshone
(b) City or town Kellogg
(c) Street Address or R. F. D. No. 66
(d) Death Occurred Inside? ✓ Outside? ____ city or town
(e) Died in a Home __ Hospital __ Institution __ Other place __
(f) Name Hosp. or Inst. Wardner Stayed ____ days
(g) Lived in this county 18 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Shoshone
(c) City or town Kellogg
(d) Street Address or R. F. D. No. 66
(e) Deceased lived Inside? ✓ Outside? ____ city or town
(f) Citizen of what country? ____
(g) How long had deceased lived in Idaho? 18 years
(h) Former residence (city, state) Spokane WN

3. (a) **FULL NAME** Peter Vasiloff 93d

3. (b) If veteran, name war ✓
3. (c) Social Security No. 518-03-2528
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Mary
6. (c) Age of husband or wife if alive 44 years
7. Date of Birth (Month, Day, Year) Feb 1 - 1888

8. AGE	Years	Months	Days	If less than 1 day
	56	5	23	hrs min.

9. Exact Occupation Miner Did this work for ____ yrs.
10. Industry or Business Tavern Date last worked ____
11. Birthplace Istanbul (City or town) Turkey (State or foreign country)
Father
12. Name Vasil Morjoff
13. Birthplace (Turkey) (City or town) Bulgaria (State or foreign country)
Mother
14. Maiden name Dont Know.
15. Birthplace Dont Know. (City or town) (State or foreign country)
16. Informant's OWN Signature Mary Vasiloff
and Address Kellogg Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 27-1944 (Month) (Day) (Year)
(c) Place: Kellogg Idaho
18. Funeral Director's OWN Signature R. L. Stout
and Address Kellogg Idaho
19. (a) 10-4-1944 (Date received and filed) (b) Mrs Helene McBride (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Sept. 24 1944
at 10:30 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from 8-26 1944, to 9-24 1944
I last saw him alive on 9-24 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
✓ Myocardial degeneration	1 year
Due to Bundle branch Block	1 year
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? Kellogg Ida
Name of operation None Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature Glenn McCaffery M.D. (M. D. or other)
and Address Kellogg, Ida Date 9-26 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

140383

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 140383
Local Reg. No.
Reg. Dist. No.

1. PLACE OF DEATH:
(a) County Canyon
(b) City or town Nampa
(c) Street Address or R.F.D. No. 603-9th ave So
(d) Death Occured Inside? ✓ Outside? ..... city or town
(e) Died in a Home ✓ Hospital .... Institution .... Other place ....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county ..... years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Nampa
(d) Street Address or R.F.D. No. 603-9 ave So
(e) Deceased lived Inside? ✓ Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 60 years
(h) Former residence (city, state) Robin Idaho.

3. (a) FULL NAME Agnes Chedgzey. 83a

3. (b) If veteran, name war .....
3. (c) Social Security No. None
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Not living
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) Dec 23. 1861

8. AGE	Years	Months	Days	If less than 1 day
	83	9	8	hrs ..... min.

9. Exact Occupation ✓ Did this work for ..... yrs.
10. Industry or Business ✓ Date last worked .....
11. Birthplace England (City or town) (State or foreign country)

Father
12. Name .....
13. Birthplace Record (City or town) (State or foreign country)

Mother
14. Maiden name No
15. Birthplace ..... (City or town) (State or foreign country)

16. Informant's **OWN** Signature Florence C. Schmier
and Address 1407-4 St south

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 10/5/44 (Month) (Day) (Year)
(c) Place: Robin Idaho

18. Funeral Director's **OWN** Signature Fred K. Roberts
and Address Nampa Ida

19. (a) Oct. 5-1944 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Oct 1. 1944
at 3 o'clock A M.

21. **I HEREBY CERTIFY**, That I attended deceased from Sept 25 - 1944, to Oct 1 1944
I last saw h alive on 9-30 - 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death	Duration
(a) Cerebral Hemorrhage	5 days
Due to (b) Arterio Sclerosis	years
Due to (c)	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature V. E. Bell md (M. D. or other)
and Address Nampa Ida Date 10-23 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States Department of Commerce
Bureau of the Census

OCT. 7 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

140384

State File No. 140384
Local Reg. No. 232
Reg. Dist. No. 120

1. **PLACE OF DEATH:**
   (a) County Kootenai
   (b) City or town Coeur d'Alene
   (c) Street Address or R. F. D. No. Route 2
   (d) Death Occurred Inside? X Outside? ____ city or town
   (e) Died in a Home ____ Hospital X Institution ____ Other place ____
   (f) Name Hosp. or Inst. Lake City General Stayed 1 days
   (g) Lived in this county 15 years ____ months ____ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Kootenai
   (c) City or town Coeur d'Alene
   (d) Street Address or R. F. D. No. Route 2
   (e) Deceased lived Inside? ____ Outside? X city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 15 years
   (h) Former residence (city, state) --Minnesota

3. (a) **FULL NAME** Regine Vig

83a

3. (b) If veteran, name war -- 3. (c) Social Security No. --

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife James L. Vig 6. (c) Age of husband or wife if alive 61 years

7. Date of Birth (Month, Day, Year) October 8, 1888

8. AGE	Years	Months	Days	If less than 1 day
	55	11	6	hrs ____ min. ____

9. Exact Occupation Housewife Did this work for 40 yrs.
10. Industry or Business -- Date last worked 9/14/44
11. Birthplace Stavanger (City or town) Norway (State or foreign country)

Father
12. Name Do not know
13. Birthplace Do not know (City or town) Norway (State or foreign country)

Mother
14. Maiden name Do not know
15. Birthplace ____ (City or town) Norway (State or foreign country)

16. Informant's OWN Signature James L Vig and Address Rt 2 Coeur d'Alene
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/18/44 (Month) (Day) (Year)
    (c) Place: Forest Cemetery-Coeur d'Alene
18. Funeral Director's OWN Signature A. B. Nelson and Address 109-11 Lakeside, Coeur d'Alene
19. (a) 9-16-44 (Date received and filed) (b) Frances B. Lobel (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 9/14 1944 at 11:30 o'clock P.M.
21. **I HEREBY CERTIFY,** That I attended deceased from 9/14/44 19__ to 9/14 19 44 I last saw h-- alive on 9/14 19 44 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: ✓ Brain hemorrhage — Duration 4 hours
Due to Hypertension
Due to ____
Other conditions ____ (Include pregnancy within 3 months of death)

Where was disease contracted? Home
Name of operation None Date ____
Major finding ____
Finding of autopsy None

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's OWN Signature F. F. Hamm M.D.
and Address Coeur d'Alene (M. D. or other) Date 9/15 1944

(For additional space, use reverse side)

Riverside Cemetery

140385

United States
Department of Commerce
Bureau of the Census SEP 21 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140385
Local Reg. No. 54
Reg. Dist. No. 3-330

1. PLACE OF DEATH:

(a) County Payette
(b) City or town Payette
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? # Outside? city or town
(e) Died in a Home Hospital # Institution Other place
(f) Name Hosp. or Payette General Stayed 1 days
(g) Lived in this county 1 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

(a) State Idaho (b) County Payette
(c) City or town Payette
(d) Street Address or R.F.D. No. No 9th Street
(e) Deceased lived Inside? # Outside? city or town
(f) Citizen of what country? USA
(g) How long had deceased lived in Idaho? 1 years
(h) Former residence (city, state) none

3. (a) FULL NAME Terrence Le Roy Dewey.

3. (b) If veteran, name war ----
3. (c) Social Security No. ----
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife -----
6. (c) Age of husband or wife if alive ---- years
7. Date of Birth (Month, Day, Year) October 11 1942

8. AGE	Years	Months	Days	If less than 1 day
	1	10	30	hrs min.

9. Exact Occupation baby — Did this work for life yrs.
10. Industry or Business home — Date last worked ----
11. Birthplace Payette, (City or town) Idaho (State or foreign country)

Father
12. Name William Orval Dewey
13. Birthplace Trenton (City or town) Nebraska (State or foreign country)

Mother
14. Maiden name Wilma Afton Hall
15. Birthplace Payette (City or town) Idaho (State or foreign country)

16. Informant's OWN Signature William Orval Dewey
and Address Payette, Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 9/13/1944 (Month) (Day) (Year)
(c) Place: Payette, Idaho
18. Funeral Director's OWN Signature Edith Landon
and Address Payette, Idaho
19. (a) 9/12/1944 (Date received and filed) (b) J.C. Woodward (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Sept 10 1944
at 3 o'clock A M.
21. **I HEREBY CERTIFY**, That I attended deceased from 1942, to Sept 1944
I last saw him alive on Sept 10 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Pneumonia	2 days
Due to Influenzal pneumonia	2 weeks
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature John J. Kaiser, Attn (M. D. or other)
and Address Payette Date 9-10 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

(74)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

140386 140386
State File No.
Local Reg. No. 213
Reg. Dist. No. 610

1. **PLACE OF DEATH:**
(a) County Bonneville.
(b) City or town Ucon
(c) Street Address or R. F. D. No. X
(d) Death Occurred Inside? X Outside? ....city or town
(e) Died in a Home X Hospital....Institution ....Other place ....
(f) Name Hosp. or Inst.....Stayed.....days
(g) Lived in this county 7 years.....months.....days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bonneville
(c) City or town Ucon
(d) Street Address or R. F. D. No. X
(e) Deceased lived Inside? X Outside? ....city or town
(f) If foreign born, in U. S. 60 yrs. Citizen of U. S.? Yes
(g) How long had deceased lived in Idaho? 36 years
(h) Former residence (city, state) Big Cottonwood, Utah.

3. (a) **FULL NAME** CHRISTIAN PETER CHRISTESEN. 44b

3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lutitia M.
6 (c) Age of husband or wife if alive 66 years
7. Date of Birth (Month, Day, Year) April 16, 1873

8. AGE	Years	Months	Days	If less than 1 day hrs	min.
	71	5	17		

9. Exact Occupation Farmer Did this work for 28 yrs.
10. Industry or Business Farm Date last worked 1930
11. Birthplace Copenhagen, Denmark. (City or town) (State or foreign country)

Father
12. Name Christian Peter Christesen.
13. Birthplace Denmark. (City or town) (State or foreign country)

Mother
14. Maiden name Mary Christina Pedersen
15. Birthplace Denmark. (City or town) (State or foreign country)

16. Informant's **OWN** Signature Allen Christesen and Address Ucon, Idaho.
17. (a) Removal (Burial, cremation or removal) (b) Date thereof 10/3/44 (Month) (Day) (Year)
(c) Place: Grant, Idaho.
18. Funeral Director's **OWN** Signature E. Eckersell and Address Rigby, Idaho.
19. (a) 10-6-44 (Date received and filed) (b) Anna Budge (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Oct. 3 19 44
at 5:15 o'clock P M.

21. I **HEREBY CERTIFY**, That I attended deceased from June 19xx, to Oct. 3 19xx
Last saw him alive on Oct 2 19xx; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
1. Hodgkins Disease.	1 year
Due to	
Due to	
Other conditions. Arthritis (Include pregnancy within 3 months of death)	12 years

Where was disease first contracted? At Home
Name of operation None Date
Major finding
Finding of autopsy None performed.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature Wedon Tall, M. D. (M. D. or other)
and Address Rigby, Ida. Date 10/4 19xx
(For additional space, use reverse side)

140387

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 140357
Local Reg. No. 212
Reg. Dist. No. 610

1. **PLACE OF DEATH:**
(a) County Bonneville
(b) City or town Idaho Falls
(c) Street Address or R. F. D. No. Memorial Dr.
(d) Death Occurred Inside? X Outside? ..... city or town
(e) Died in a Home ....Hospital X Institution ....Other place ....
(f) Name Hosp. or Inst. L. D. S. Stayed ..... days
(g) Lived in this county ..... years ..... months 9 days
Note For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Jefferson
(c) City or town Rigby
(d) Street Address or R. F. D. No. X
(e) Deceased lived Inside? X Outside? ..... city or town
(f) If foreign born, in U. S. ..... yrs. Citizen of U. S.? .....
(g) How long had deceased lived in Idaho? 59 years
(h) Former residence (city, state) Willard, Utah.

3. (a) **FULL NAME** GEORGE ALBERT CORDON.

3. (b) If veteran, name war X
3. (c) Social Security No. X
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed.
6. (b) Name of husband or wife Sally Agnes Call.
6 (c) Age of husband or wife if alive 85 years
7. Date of Birth (Month, Day, Year) Nov. 3, 1860

8. AGE	Years	Months	Days	If less than 1 day hrs	min.
	83	10	23		

9. Exact Occupation Retired. Did this work for X yrs.
10. Industry or Business X Date last worked X
11. Birthplace Willard, Utah. (City or town) (State or foreign country)

Father
12. Name Alfred Cordon.
13. Birthplace England. (City or town) (State or foreign country)

Mother
14. Maiden name Emily Pridmore
15. Birthplace England (City or town) (State or foreign country)

16. Informant's **OWN** Signature Geo. A Cordon Jr.
and Address Rigby, Idaho.
17. (a) removal (Burial, cremation, or removal) (b) Date thereof 9/26/44 (Month) (Day) (Year)
(c) Place: Rigby, Idaho.
18. Funeral Director's **OWN** Signature C. B. Eckersell
and Address Rigby, Idaho.
19. (a) 10-3-44 (Date received and filed) (b) Emma Rudge (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Sept. 26, 1944
at 7:00 o'clock A M.

21. I **HEREBY CERTIFY**, That I attended deceased from October 1944 to Sept. 26 1944
I last saw him alive on Sept 25 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Chronic Myocarditis — Duration: 9 Months
✓ Due to Hypertension — Duration: 3 years
Due to .....
Other conditions Senility
(Include pregnancy within 3 months of death)

Where was disease first contracted? At Home
Name of operation None Date .....
Major finding —
Finding of autopsy None performed

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature Eldon Tall, M. D. (M. D. or other)
and Address Rigby, Idaho. Date 9/30 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

140388

United States
Department of Commerce 2 1944
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 140388
Local Reg. No. 543
Reg. Dist. No. 244

1. **PLACE OF DEATH:**
(a) County Idaho
(b) City or town Kooskia
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? ✓ Outside? ___ city or town
(e) Died in a Home ___ Hospital ___ Institution ___ Other place ___
(f) Name Hosp. or Inst. ___ Stayed ___ days
(g) Lived in this county 40 years ___ months ___ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Idaho
(c) City or town Kooskia
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? ✓ Outside? ___ city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 40 years
(h) Former residence (city, state) Leavenworth, Wash.

3. (a) FULL NAME Lafayette Grover English 123

3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Mas.
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife May Frances
6. (c) Age of husband or wife if alive 59 years
7. Date of Birth (Month, Day, Year) July 7 1858

8. AGE	Years	Months	Days	If less than 1 day
	86	2	13	hrs ___ min.

9. Exact Occupation Retired Farmer — Did this work for 40 yrs.
10. Industry or Business — Date last worked 7/20/44
11. Birthplace Leavenworth, Wash. (City or town) (State or foreign country)

Father
12. Name Leven Nelson English
13. Birthplace Macoupin Co. Illinois (City or town) (State or foreign country)

Mother
14. Maiden name Mary Daley
15. Birthplace — Missouri (City or town) (State or foreign country)

16. Informant's OWN Signature May Frances S English and Address Kooskia Idaho Box 34
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 22 1944 (Month) (Day) (Year)
(c) Place: Kooskia Idaho
18. Funeral Director's OWN Signature Claude Tierney and Address Kooskia, Idaho
19. (a) Sept 22-44 (Date received and filed) (b) H W Wentworth (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Sept. 20 1944 at 5:30 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from Nov 23 1934 to Sept 20 1944
I last saw him alive on Sept 20 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Symptomatic - Exhaustion — Duration 10 Days
Due to Overwork
✓ Due to Nervous temperament
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?
Name of operation ___ Date ___
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ___ Suicide? ___ Homicide? ___
Occurred ___ 19___ City, county, state where violence occurred
Place of Violence: Home ___ Farm ___ Industry ___
Public Place ___ While at work?
Means of injury

23. Attendant's OWN Signature H. W Wentworth (M. D. or other)
and Address Stites Date 9/22 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to Bureau of Vital Statistics, Boise, Idaho.

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[redacted] of the Census OCT. 2 1944

Certificate Of Death

STATE OF IDAHO

140389 140389

State File No. 140389
Local Reg. No. 63
Reg. Dist. No. 365

1. PLACE OF DEATH:
(a) County Canyon
(b) City or town Parma
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? Outside? X city or town
(e) Died in a Home Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 26 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Parma
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? Outside? city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 26 years
(h) Former residence (city, state)

3. (a) **FULL NAME** JOHN JACOB MEINZER John Jacob Meinzer 95a

3. (b) If veteran, name war
3. (c) Social Security No. 518-09-2638A
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ida L. Meinzer
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Nov. 21, 1876

8. AGE	Years	Months	Days	If less than 1 day
	67	9	11	hrs min.

9. Exact Occupation Clerical Work Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Hokah, Minnesota (City or town) (State or foreign country)

Father
12. Name Fred Meinzer
13. Birthplace (City or town) Germany (State or foreign country)

Mother
14. Maiden name Mary Geiwitz
15. Birthplace (City or town) Germany (State or foreign country)

16. Informant's **OWN** Signature Ida L. Meinzer
and Address Parma, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/7/44 (Month) (Day) (Year)
(c) Place: Parma Cemetery, Parma, Idaho

18. Funeral Director's **OWN** Signature C. V. Beckham
and Address 502 So. Kimball Ave., Caldwell

19. (a) 10-2-44 (Date received and filed) (b) Ruth Hill (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Sept. 2, 1944 19
at 4:15 o'clock P. M.

21. **I HEREBY CERTIFY,** That I attended deceased from Dec 29, 1943 to Sept 2 1944
I last saw him alive on Sept. 1 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Heart Block.	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Hypertension	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature E. M. Mitchell (M. D./or other)
and Address Parma Idaho Date 9/6 1944
(For additional space, use reverse side)

Greenwood

140390

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 140390
Local Reg. No. 233
Reg. Dist. No. 120

1. PLACE OF DEATH:
(a) County Kootenai
(b) City or town Coeur d'Alene
(c) Street Address or R. F. D. No. 412 Lakeside
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home ____ Hospital X Institution ____ Other place ____
(f) Name Hosp. or Inst. Lake City General Stayed 25 days
(g) Lived in this county 10 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Kootenai
(c) City or town Coeur d'Alene
(d) Street Address or R. F. D. No. Box 664
(e) Deceased lived Inside? ____ Outside? X city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 10 years
(h) Former residence (city, state) Westmont, N.J.

3. (a) FULL NAME Marie C. Haik

120 b

3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex F.
5. Color or race W.
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Joseph A.
6. (c) Age of husband or wife if alive 62 years
7. Date of Birth (Month, Day, Year) December 23, 1881

8. AGE	Years	Months	Days	If less than 1 day
	62	8	18	hrs min.

9. Exact Occupation Housewife Did this work for 37 yrs.
10. Industry or Business ____ Date last worked 8/1/44
11. Birthplace St. Louis (City or town) Missouri (State or foreign country)
Father
12. Name Ernest Bergsieker
13. Birthplace Do not know (City or town) (State or foreign country)
Mother
14. Maiden name Do not know
15. Birthplace Do not know (City or town) (State or foreign country)
16. Informant's OWN Signature Joseph A. Haik
and Address Box 664 Coeur d'Alene
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/16/1944 (Month) (Day) (Year)
(c) Place: Forest, Coeurd'Alene Ida.
18. Funeral Director's OWN Signature A. B. Nelson
and Address 109-11 Lakeside Coeurd'Alene
19. (a) 9-16-44 (Date received and filed) Joseph M. Abel (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Sept. 11 1944
at 12:05 o'clock P M.
21. I HEREBY CERTIFY, That I attended deceased from June 1944, to Sept 11 1944
I last saw her alive on Sept. 11 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Bilateral Bronchopneumonia	Sept 8, 1944
Ulcerative Colitis	8 mo
Due to	
✓ Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Exploratory Date 9-6-44
Major finding Unitis plastica
Finding of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature Hamilton H. Greenwood M.D. (M. D. or other)
and Address Coeur d'Alene Ida Date 9-12 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

140391

United States
Department of Commerce
Bureau of the Census

OCT. 11 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140391
Local Reg. No. 194
Reg. Dist. No. 610

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
   (a) County Bonneville
   (b) City or town Idaho Falls
   (c) Street Address or R.F.D. No. 250 5th Street
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home X Hospital ..... Institution ..... Other place .....
   (f) Name Hosp. or Inst. None Stayed ..... days
   (g) Lived in this county 30 years 1 months 1 days

   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Bonneville
   (c) City or town Idaho Falls
   (d) Street Address or R.F.D. No. 250 5th Street
   (e) Deceased lived Inside? X Outside? ..... city or town
   (f) Citizen of what country? United States
   (g) How long had deceased lived in Idaho? 30 years
   (h) Former residence (city, state) Ely, Nevada

3. (a) **FULL NAME** WILLIAM HARRINGTON SHEEHAN

94a

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Dorcia L. Sheehan
6. (c) Age of husband or wife if alive 55 years
7. Date of Birth (Month, Day, Year) January 16, 1878

8. AGE	Years	Months	Days	If less than 1 day
	66	7	26	hrs ..... min.

9. Exact Occupation Operator — Did this work for 30 yrs.
10. Industry or Business Welding & Radiator Shop — Date last worked Sept. 11, 44
11. Birthplace Columbus (City or town) Ohio (State or foreign country)

Father
12. Name James Sheehan
13. Birthplace Dublin (City or town) Ireland (State or foreign country)

Mother
14. Maiden name Hester Drake
15. Birthplace Columbus (City or town) Ohio (State or foreign country)

16. Informant's **OWN** Signature Dorcia L. Sheehan
and Address Idaho Falls, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 15, 1944 (Month) (Day) (Year)
(c) Place: Fielding Memorial Park, I.F.

18. Funeral Director's **OWN** Signature Orland T. Buck
and Address Idaho Falls, Idaho

19. (a) 9-18-44 (Date received and filed) (b) Anna Bridges (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) September 12 1944
at 5:15 o'clock A. M.

21. **I HEREBY CERTIFY**, That I attended deceased from ..... Immediately after death had occurred 19 9/12/44
I last saw him alive on Sept. 1st 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary Occlusion — Duration Instantly
√ Due to Hypertension & Overwork
Due to .....
Other conditions (Include pregnancy within 3 months of death) .....
Where was disease contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature Andrew McCauley D.O. M. D. or other
and Address Idaho Falls Ida Date 9/18 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

OCT 12 1944

NON-RESIDENT CERTIFICATE OF DEATH
STATE OF IDAHO

14039 ✓ 140392

State File No. 140392
Local Reg. No. 237
Reg. Dist. No. 511

1. **PLACE OF DEATH:**
(a) County Bingham
(b) City or town 11 miles west of Blackfoot
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? X city or town
(e) Died in a Home Hospital Institution Other place X
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 0 years 0 months 0 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Penn (b) County
(c) City or town Media
(d) Street Address or R. F. D. No. 129 East 6th St.
(e) Deceased lived Inside? Outside? X city or town
(f) Citizen of what country? USA
(g) How long had deceased lived in Idaho? 12 days ~~years~~
(h) Former residence (city, state) Harding Fld., La.

3. (a) **FULL NAME** GOFF, HARRY L. 2nd Lt., A.C., O-2062942

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3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Date of Birth (Month, Day, Year) December 27, 1923

8. AGE	Years	Months	Days	If less than 1 day hrs	min.
	20	8	24		

9. Exact Occupation Pilot — Did this work for 3/12 yrs.
10. Industry or Business U.S.A. Army — Date last worked Sept 21/44
11. Birthplace Pennsylvania (City or town) (State or foreign country)

Father
12. Name Deceased
13. Birthplace Unknown (City or town) (State or foreign country)

Mother
14. Maiden name Mary J.
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's OWN Signature Army Records
and Address AAF Sta Hosp., Pocatello AAF, Ida.
17. (a) removal (Burial, cremation, or removal) (b) Date thereof 9-22-44 (Month) (Day) (Year)
(c) Place: Chester Pa.
18. Funeral Director's OWN Signature Byron Blodgett
and Address Pocatello Idaho
19. (a) 9-22-1944 (Date received and filed) (b) D C Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) September 21 1944
at 0813 MWT o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from ____ 19____, to ____ 19____
I last saw h____ alive on ____ 19____; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Shock and hemorrhage	1 hour
Third degree burns of whole body	
Due to Skull fracture	1 hour
✓ Due to Aircraft accident	1 hour
Other conditions See additional (Include pregnancy within 3 months of death) remarks on reverse side	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Yes Suicide? Homicide?
Occurred September 21 1944 City, county, state where violence occurred Bingham, Idaho
Place of Violence: Home Farm Industry
Public Place While at work? Yes
Means of injury Aircraft Accident
23. Attendant's OWN Signature Louis L. Amato, Capt MC (M. D. or other)
Pocatello
and Address AAFld, Idaho Date Sept 22 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

OCT 12 1944

Certificate Of Death

STATE OF IDAHO

140393

State File No. 140393
Local Reg. No. 247
Reg. Dist. No. 210

1. PLACE OF DEATH:
(a) County Bannock
(b) City or town Pocatello
(c) Street Address ~~GCR.FCC.NO.~~ No. 7th Ave
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Home.... Hospital X Institution.... Other place....
(f) Name Hosp. or Inst. St. Anthony Stayed 49 days
(g) Lived in this county 12 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Bannock
(c) City or town Pocatello
(d) Street Address ~~XXXXX~~ No. 225 E. Center
(e) Deceased lived Inside? X Outside? ..... city or town
(f) Citizen of what country? U. S. A.
(g) How long had deceased lived in Idaho? 12 years
(h) Former residence (city, state) Grand Junction Colo

3. (a) FULL NAME MARJORIE ANN ADAMSON

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3. (b) If veteran, name war ----
3. (c) Social Security No. ----
4. Sex female
5. Color or race White
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife ----
6. (c) Age of husband or wife if alive --- years
7. Date of Birth (Month, Day, Year) March 9, 1932

8. AGE	Years	Months	Days	If less than 1 day
	12	6	1	hrs min.

9. Exact Occupation student — Did this work for - yrs.
10. Industry or Business ----- — Date last worked ----
11. Birthplace Grand Junction, Colorado (City or town) (State or foreign country)
Father
12. Name Robert Earl Adamson
13. Birthplace Salt Lake City, Utah (City or town) (State or foreign country)
Mother
14. Maiden name Ada Howard
15. Birthplace Manbcell Kentucky (City or town) (State or foreign country)
16. Informant's OWN Signature Robert Earl Adamson
and Address Pocatello, Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 9/14/44 (Month) (Day) (Year)
(c) Place: Pocatello, Idaho
18. Funeral Director's OWN Signature K. L. McHan
and Address Pocatello, Idaho
19. (a) Sept. 11/44 (Date received and filed) (b) D. Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) September 11 1944
at 9:05 o'clock a. M.

21. I HEREBY CERTIFY, That I attended deceased from July 25 1944, to Sept. 11 1944
I last saw her alive on Sept. 11 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Rheumatic Heart Disease Chronic Valvular	7 yrs.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted? Home	
Name of operation ..... Date	
Major finding	
Finding of autopsy	

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's OWN Signature [signature] (M. D. or other)
and Address Pocatello, Ida Date 9/11 1944
(For additional space, use reverse side)

140394

United States
Department of Commerce
Bureau of the Census

OCT. 11 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140394
Local Reg. No. 200
Reg. Dist. No. 610

1. PLACE OF DEATH:
(a) County Bonniville
(b) City or town Idaho Falls, Idaho
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Home.... Hospital.... Institution.... Other place....
(f) Name Hosp. or Inst. LDS, Hosp. Stayed 21 days
(g) Lived in this county ..... years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Lemhi
(c) City or town Salmon
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? ..... Outside? X city or town
(f) Citizen of what country? USA
(g) How long had deceased lived in Idaho? 40 years
(h) Former residence (city, state) Rexburg, Idaho

3. (a) FULL NAME Ethel Middleton Beattie

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3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Female
5. Color or race W.
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Seth Glen Beattie
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) Dec. 29, 1897

8. AGE	Years	Months	Days	If less than 1 day
	46	8	27	hrs min.

9. Exact Occupation Housewife Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Ogden, Utah (City or town) (State or foreign country)
Father
12. Name Robert A. Middleton
13. Birthplace Ogden, Utah (City or town) (State or foreign country)
Mother
14. Maiden name Martha Ella Fife
15. Birthplace Ogden, Utah (City or town) (State or foreign country)
16. Informant's OWN Signature S. L. Beattie
and Address Salmon, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/28/44 (Month) (Day) (Year)
(c) Place: Idaho Falls, Idaho
18. Funeral Director's OWN Signature Russel Flamm
and Address Rexburg, Idaho
19. (a) 9-28-44 (Date received and filed) (b) Anna Bridges (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Sept. 25 1944
at 6 o'clock A. M.
21. **I HEREBY CERTIFY,** That I attended deceased from Aug. 1, 1944, to Sept. 25, 1944
I last saw her alive on Sept 24 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cancer of cecum C metastasis to fever & stomach	
✓ Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYISCIAN
Name of operation ..... Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19.... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's OWN Signature [signature] (M. D. or other)
and Address J. Z. Date 9/26 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

OCT. 9 1944

Certificate Of Death

STATE OF IDAHO

140395

State File No. 140395
Local Reg. No. 40
Reg. Dist. No. 410

1. **PLACE OF DEATH:**
(a) County Blaine
(b) City or town Ketchum
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? ✓ Outside? city or town
(e) Died in a Home ✓ Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 6 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Blaine
(c) City or town Ketchum
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? ✓ Outside? city or town
(f) Citizen of what country? U. S.
(g) How long had deceased lived in Idaho? 43 years
(h) Former residence (city, state)

3. (a) **FULL NAME** Fred Edward Sayre 106 b

3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife ✓
6. (c) Age of husband or wife if alive ✓ years
7. Date of Birth (Month, Day, Year) Aug. 6, 1863

8. AGE	Years	Months	Days	If less than 1 day
	81	1	13	hrs min.

9. Exact Occupation carpenter & farmer Did this work for 43 yrs.
10. Industry or Business Date last worked 1939
11. Birthplace (City or town) Wisconsin (State or foreign country)
Father 12. Name Nathen Sayre
13. Birthplace (City or town) (State or foreign country)
Mother 14. Maiden name Experience Little
15. Birthplace (City or town) (State or foreign country)
16. Informant's **OWN** Signature Kenneth R. Sayre
and Address Ketchum, Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 9-22-44 (Month) (Day) (Year)
(c) Place: Pecabo, Idaho
18. Funeral Director's **OWN** Signature Mrs L. Harris
and Address Hailey, Ida.
19. (a) 10-5-1944 (Date received and filed) (b) Robert H. Wright (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Sept. 19 1944
at 12:30 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 9-19 1944 to 9/19 1944
I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Senility	2 yrs
and chronic Bronchitis	10 yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYISCIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature E. W. [illegible] (M. D. or other)
and Address Hailey, Ida Date 9/20 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census OCT 10 1944

Certificate Of Death

STATE OF IDAHO

140396
State File No. 140396
Local Reg. No. 48-44
Reg. Dist. No. 10d

1. **PLACE OF DEATH:**
(a) County Boundary
(b) City or town Bonners Ferry
(c) Street Address or R.F.D. No. Burke Ave.
(d) Death Occured Inside? XX Outside? ....city or town
(e) Died in a Home X Hospital.... Institution.... Other place....
(f) Name Hosp. or Inst.... Stayed....days
(g) Lived in this county 24 years ....months ....days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Boundary
(c) City or town Bonners Ferry
(d) Street Address or R.F.D. No. Burke Ave.
(e) Deceased lived Inside? X Outside? ....city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 24 years
(h) Former residence (city, state) Opportunity Wn

3. (a) **FULL NAME** Margaret Christine Jordan Ward

3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex Fem. 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Chas Q.
6. (c) Age of husband or wife if alive 63 years
7. Date of Birth (Month, Day, Year) 10/31/1885

8. AGE	Years	Months	Days	If less than 1 day
	59	10	17	hrs min.

9. Exact Occupation Housewife — Did this work for 35 yrs.
10. Industry or Business at home — Date last worked 9/18/44
11. Birthplace Germany (City or town) (State or foreign country)

Father
12. Name Hans Hartvigsen
13. Birthplace Germany (City or town) (State or foreign country)

Mother
14. Maiden name unknown
15. Birthplace Germany (City or town) (State or foreign country)

16. Informant's **OWN** Signature Florence Jordan
and Address Bonners Ferry Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/22/44 (Month) (Day) (Year)
(c) Place: Bonners Ferry Idaho.
18. Funeral Director's **OWN** Signature Mark Morse
and Address Bonners Ferry Idaho
19. (a) Dan Dempsey (Date received by Local Reg.) 9/19/44 (b) Cha Bonnell (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Sep. 18, 1944
at 12:55 o'clock A. M.

21. **I HEREBY CERTIFY,** That I attended deceased from March 1944 to Sept 18 1944
I last saw her alive on Sept 18 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Coronary Occlusion	2 hours.
Due to Coronary Sclerosis	7 mo.
Due to Arteriosclerosis - Hypertension	20 yrs.
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYISICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature Cha Bonnell M.D. (M. D. or other)
and Address Bonners Ferry Date 9/20 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

OCT 12 1944

Certificate Of Death

STATE OF IDAHO

10397

State File No. 140397
Local Reg. No. 218
Reg. Dist. No. 461

1. **PLACE OF DEATH:**
   (a) County Twin Falls
   (b) City or town Kimberly
   (c) Street Address or R.F.D. No. RFD #1
   (d) Death Occured Inside? ..... Outside? x city or town
   (e) Died in a Home X Hospital .... Institution .... Other place ....
   (f) Name Hosp. or Inst. ..... Stayed ..... days
   (g) Lived in this county 35 years ..... months ..... days

   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County T. Falls
   (c) City or town Kimberly
   (d) Street Address or R.F.D. No. RFD #1
   (e) Deceased lived Inside? ..... Outside? x city or town
   (f) Citizen of what country? United States
   (g) How long had deceased lived in Idaho? 35 years
   (h) Former residence (city, state) Colorado

3. (a) **FULL NAME** Roland L. Taff

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3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) November 14, 1875

8. AGE	Years	Months	Days	If less than 1 day
	68	10	8	hrs ..... min.

9. Exact Occupation Retired Farmer — Did this work for 25 yrs.
10. Industry or Business ..... — Date last worked .....
11. Birthplace Colorado, (City or town) Denver (State or foreign country)

Father
12. Name A. Taff
13. Birthplace Indiana (City or town) (State or foreign country)

Mother
14. Maiden name Mary Kingston
15. Birthplace Ill. (City or town) (State or foreign country)

16. Informant's **OWN** Signature Frances B. Harper
and Address Rt Kimberly Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-26-44 (Month) (Day) (Year)
(c) Place: Sunset Memorial Park.

18. Funeral Director's **OWN** Signature L. E. Hullinger
and Address Twin Falls Ida

19. (a) OCT 14 1944 (Date received and filed) (b) [illegible] (Registrar's Signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) September 22 1944
at 8:30 o'clock P M.

21. **I HEREBY CERTIFY**, That I attended deceased from Sept 21 1944, to ..... 19 ....
I last saw him alive on Sept 21 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Bronchial pneumonia	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature B. A. Drake M.D. (M. D. or other)
and Address Twin Falls Ida Date 9-27-1944
(For additional space, use reverse side)

140398

United States
Department of Commerce
Bureau of the Census

OCT 12 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140398
Local Reg. No. 217
Reg. Dist. No. 460

1. PLACE OF DEATH:
(a) County Twin Falls
(b) City or town Twin Falls
(c) Street Address or R.F.D. No. T.F.Co.Gen. Hosp.
(d) Death Occured Inside? ..... Outside? X city or town
(e) Died in a Home.... Hospital X Institution.... Other place....
(f) Name Hosp. or Inst. T.F.Co.Gen Stayed 3 days
(g) Lived in this county 22 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Twin Falls
(c) City or town Twin Falls
(d) Street Address or R.F.D. No. 403 Main Ave. W
(e) Deceased lived Inside? X Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 22 years
(h) Former residence (city, state) .....

3. (a) FULL NAME ADKINS, Mrs. Alice

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3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex female 5. Color or race white
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or ~~wife~~ Philil A. deceased
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) Sept., 22nd, 1854

8. AGE	Years	Months	Days	If less than 1 day
	90	0	5	hrs min.

9. Exact Occupation Housewife Did this work for 50 yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Harrisonville, Mo. (City or town) (State or foreign country)
Father 12. Name David Holloway
13. Birthplace Missouri (City or town) (State or foreign country)
Mother 14. Maiden name Melissa Blakley
15. Birthplace Unknown (City or town) (State or foreign country)
16. Informant's OWN Signature Mrs Belle Rice
and Address Twin Falls, Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 9-29-44 (Month) (Day) (Year)
(c) Place: Sunset Memorial Park
18. Funeral Director's OWN Signature White Mortuary E-343
and Address Twin Falls, Idaho
19. (a) Sept 30 1944 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Sept., 27, 1944
at 12 - noon o'clock ..... M.
21. **I HEREBY CERTIFY,** That I attended deceased from 9-23 1944, to 9-27- 1944
I last saw her alive on ..... 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Senility	
Due to Bronchial Pneumonia	5 da
Due to	
Other conditions ✓ (Include pregnancy within 3 months of death)	

Where was disease contracted? at home
Name of operation None Date .....
Major finding .....
Finding of autopsy None

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ✓ Suicide? ✓ Homicide? ✓
Occurred ✓ 19..... City, county, state where violence occurred ✓
Place of Violence: Home ✓ Farm ✓ Industry ✓
Public Place ✓ While at work? ✓
Means of injury None
23. Attendant's OWN Signature [signature] (M. D. or other)
and Address Twin Falls, Ida Date 9-29 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

140399

State File No. 140399
Local Reg. No. 108
Reg. Dist. No. 360

OCT 9 1944

1. **PLACE OF DEATH:**
(a) County Canyon
(b) City or town Caldwell
(c) Street Address or R.F.D. No. 1224 Everett-Caldwell
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Home.... Hospital.... Institution.... Other place....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 36 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Caldwell
(d) Street Address or R.F.D. No. 1224 Everett
(e) Deceased lived Inside? X Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 36 years
(h) Former residence (city, state) St. Catherine, Mo.

3. (a) **FULL NAME** Louise Adell Stauber 1 2 a

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Fem. 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife E. B. Stauber
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) May 19, 1867

8. AGE	Years	Months	Days	If less than 1 day
	77	4	13	hrs min.

9. Exact Occupation Housewife Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Alma Wisconsin (City or town) (State or foreign country)
Father
12. Name James Warner
13. Birthplace Mass. (City or town) (State or foreign country)
Mother
14. Maiden name Margaret Ann De Groff
15. Birthplace Unknown (City or town) (State or foreign country)
16. Informant's **OWN** Signature Mrs A. B. Reese
and Address Boise, Idaho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-5-44 (Month) (Day) (Year)
(c) Place: Canyon Hill Cemetery
18. Funeral Director's **OWN** Signature .....
and Address 504 So Kinchall-Caldwell
19. (a) 10-4-44 (Date received and filed) (b) Agnes M. Denman (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Oct 2 1944
at 4:00 o'clock A. M.
21. **I HEREBY CERTIFY,** That I attended deceased from Sept 29 1944, to Oct 2 1944
I last saw his alive on Sept 29 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Senile Dementia	several months
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation ..... Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature [signature] (M. D. or other)
and Address Caldwell Date 10/3 1944
(For additional space, use reverse side)

140400

United States
Department of Commerce
Bureau of the Census OCT 12 1944

NON-RESIDENT CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. **140400**
Local Reg. No. 245
Reg. Dist. No. 511

1. **PLACE OF DEATH:**
(a) County Bingham
(b) City or town 8 miles N.E. of Blackfoot
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? X city or town
(e) Died in a Home Hospital Institution Other place X
(f) Name Hosp. or Inst. 0 Stayed 0 days
(g) Lived in this county 0 years 0 months 0 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Wisconsin (b) County
(c) City or town Milwaukee
(d) Street Address or R. F. D. No. 1364 N. 59th Street
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 60 days
(h) Former residence (city, state) Harding Fld, Idaho

3. (a) **FULL NAME** FABER, ROBERT M., 2nd Lt., A.C. 0-2057591

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3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M race W
5. Color or
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) August 25, 1923

8. AGE	Years	Months	Days	If less than 1 day
	21	1	3	hrs min.

9. Exact Occupation Pilot — Did this work for 4/12 yrs.
10. Industry or Business U. S. Army — Date last worked Sept 28,44
11. Birthplace (City or town) Wisconsin (State or foreign country)

Father
12. Name Unknown
13. Birthplace Unknown (City or town) (State or foreign country)

Mother
14. Maiden name Lillian Lichtfelot
15. Birthplace (City or town) (State or foreign country)

16. Informant's **OWN** Signature Army Records
and Address AAF Sta Hosp, Pto AAFld, Idaho
17. (a) removal (Burial, cremation, or removal) (b) Date thereof 9-30-44 (Month) (Day) (Year)
(c) Place: Milwaukee Wis.
18. Funeral Director's **OWN** Signature Byron B. Downard
and Address Pocatello Idaho
19. (a) (Date received and filed) (b) Sept 30 1944 (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) September 28, 1944
at 4:10 MWT o'clock P.M.
21. **I HEREBY CERTIFY,** That I attended deceased from 19 , to 19
I last saw h alive on 19 ; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Shock and hemorrhage	Instant
Due to Evisceration, cranial contents	Inst.
Due to Aircraft Accident	Instant
Other conditions See additional remarks (Include pregnancy within 3 months of death) on reverse side	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy Ruptured kidney, Mult fractures, Evisceration, cranial contents

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Yes Suicide? Homicide?
Occurred September 28 1944 City, county, state where violence occurred Bingham, Idaho
Place of Violence: Home Farm Industry
Public Place While at work? Yes
Means of injury Aircraft Accident
23. Attendant's **OWN** Signature Clinton B. H. Hollett M.C. (M. D. or other)
and Address Pto AAFld, Idaho Date Sept 29 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

140401 Klaar

United States Department of Commerce
Bureau of the Census

OCT. 13 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 140401
Local Reg. No. 110 2
Reg. Dist. No. 202

1. **PLACE OF DEATH:**
(a) County Latah
(b) City or town Moscow
(c) Street Address or R. F. D. No. 533 N. Main
(d) Death Occurred Inside? x Outside? ____ city or town
(e) Died in a Home x Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 16 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Latah
(c) City or town Moscow
(d) Street Address or R. F. D. No. 533 N. Main
(e) Deceased lived Inside? x Outside? ____ city or town
(f) Citizen of what country? USA
(g) How long had deceased lived in Idaho? 16 years
(h) Former residence (city, state) ____

3. (a) **FULL NAME** Frederick Bernard Werner

3. (b) If veteran, name war none
3. (c) Social Security No. 519-09-5443
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Agnes
6. (c) Age of husband or wife if alive 63 years
7. Date of Birth (Month, Day, Year) Oct. 12, 1875

8. AGE	Years	Months	Days	If less than 1 day
	68	11	0	hrs ____ min.

9. Exact Occupation Plumber-mechanic — Did this work for ____ yrs.
10. Industry or Business Spokane Air Depot — Date last worked May-1944
11. Birthplace Princeton (City or town) Ill. (State or foreign country)

Father
12. Name Bernard Werner
13. Birthplace Germany (City or town) (State or foreign country)

Mother
14. Maiden name Katherine Lambert
15. Birthplace Germany (City or town) (State or foreign country)

16. Informant's **OWN** Signature Willard Werner
and Address Moscow, Idaho

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 9-18-44 (Month) (Day) (Year)
(c) Place: Moscow Cemetery

18. Funeral Director's **OWN** Signature W. R. Short
and Address Moscow, Idaho

19. (a) ____ (Date received and filed) (b) L. L. Klaar (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 9 - 12 19 44
at 11:30 o'clock ____ P.M.

21. **I HEREBY CERTIFY,** That I attended deceased from ____ 19____, to 9/12/44 19____
I last saw h____ alive on ____ 19____; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — Duration
acute heart failure — Sudden
Due to ____
Due to Generalized arteriosclerosis
Other conditions Primary atrophy
(Include pregnancy within 3 months of death)
Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's **OWN** Signature L. L. Klaar (M. D. or other)
and Address Moscow, Idaho Date 10/10/44 19____
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce OCT 12 1944
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

140402

State File No. 140402
Local Reg. No. 216
Reg. Dist. No. 461

1. PLACE OF DEATH:
(a) County Twin Falls
(b) City or town Filer
(c) Street Address or R.F.D. No. Filer
(d) Death Occured Inside? ..... Outside? X city or town
(e) Died in a Home X Hospital ... Institution ... Other place ...
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 33 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Twin Falls
(c) City or town Filer
(d) Street Address or R.F.D. No. Filer
(e) Deceased lived Inside? ..... Outside? X city or town
(f) Citizen of what country? U.S.
(g) How long had deceased lived in Idaho? 33 years
(h) Former residence (city, state) Wilsonville, Ia

3. (a) FULL NAME MURRAY, Earl

94a

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mae E.
6. (c) Age of husband or wife if alive 62 years
7. Date of Birth (Month, Day, Year) December 22, 1875

8. AGE	Years	Months	Days	If less than 1 day
	68	9	3	hrs min.

9. Exact Occupation Real Estate — Did this work for 25 yrs.
10. Industry or Business Broker — Date last worked 9/25/44
11. Birthplace ..... (City or town) Iowa (State or foreign country)
Father: 12. Name Joseph Murray
13. Birthplace Unknown (City or town) (State or foreign country)
Mother: 14. Maiden name Sarah Ann Hauser
15. Birthplace Unknown (City or town) (State or foreign country)
16. Informant's OWN Signature Mae E. Murray
and Address Filer, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/29/44 (Month) (Day) (Year)
(c) Place: Filer IOOF Cem.
18. Funeral Director's OWN Signature White Mortuary
and Address Twin Falls, Idaho
19. (a) Sep 30 1944 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) September 25, 1944
at 8 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 9/25/ 1944, to 9/25/ 1944
I last saw him alive on 9/25/44 19...; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Acute Myocardial failure	1 hour
Due to Acute Coronary occlusion	1 day
Due to Generalized arteriosclerosis	10 yrs
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ..... Date .....
Major finding
Finding of autopsy

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury

23. Attendant's OWN Signature [signature] M.D. (M. D. or other)
and Address Filer, Idaho Date 9/27 1944
(For additional space, use reverse side)

140403 140403

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

OCT. 7 1944

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
   (a) County Gem
   (b) City or town Emmett
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? X Outside? city or town
   (e) Died in a Home X Hospital Institution Other place
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county 8 years months days

   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State (b) County
   (c) City or town
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? Outside? city or town
   (f) Citizen of what country?
   (g) How long had deceased lived in Idaho? years
   (h) Former residence (city, state)

Paul's

3. (a) **FULL NAME** Charles Ernest Gibson

94a

3. (b) If veteran, name war
3. (c) Social Security No. 518-18-7197
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Edna Gibson
6. (c) Age of husband or wife if alive 32 years
7. Date of Birth (Month, Day, Year) Jan. 29, 1902

8. AGE	Years	Months	Days	If less than 1 day
	42	8	23	hrs min.

9. Exact Occupation Tractor Driver Did this work for 8 yrs.
10. Industry or Business Construction Co Date last worked March '44
11. Birthplace Lexington, Neb. (City or town) (State or foreign country)

Father
12. Name William A. Gibson
13. Birthplace Ill. (City or town) (State or foreign country)

Mother
14. Maiden name Bertha May Bray
15. Birthplace Neb. (City or town) (State or foreign country)

16. Informant's **OWN** Signature Earl Russell
and Address ~~Hermitage, Ore.~~ Emmett, Idaho

17. (a) burial (Burial, cremation, or removal) (b) Date thereof Sept. 14 (Month) (Day) (Year)
(c) Place: Emmett, Idaho

18. Funeral Director's **OWN** Signature O. Bucknum
and Address Emmett, Idaho

19. (a) Sept. 14, 1944 (Date received and filed) (b) O. Bucknum (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Sept 12 19 44
at 11:30 o'clock P. M.

21. **I HEREBY CERTIFY,** That I attended deceased from Sept 12 19 44 to Sept 12 19 44
I last saw him alive on Sept 12 19 44; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Coronary Thrombosis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature P A Paulus DO (M. D. or other)
and Address Emmett, Idaho Date 9/13 19 44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

OCT 16 1944

Certificate Of Death

STATE OF IDAHO

140404

State File No. 140404
Local Reg. No. 218
Reg. Dist. No. 57

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise.
   (c) Street Address or R.F.D. No. X
   (d) Death Occured Inside? Yes Outside? ....city or town
   (e) Died in a Home.... Hospital X Institution.... Other place....
   (f) Name Hosp. or Inst. St. Alphonsus. ed 4 days
   (g) Lived in this county 9 years ....months ....days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho. (b) County Ada
   (c) City or town Boise.
   (d) Street Address or R.F.D. No. 2311. Hazel.
   (e) Deceased lived Inside? Yes Outside? ....city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 9 years
   (h) Former residence (city, state) Utah.

3. (a) **FULL NAME** John Franklin Milliken.

114E

3. (b) If veteran, name war No.
3. (c) Social Security No. 518-07-5285
4. Sex Male. 5. Color or race White. 6. (a) Single, widowed, married, divorced Married.
6. (b) Name of husband or wife Anne W. Milleki.n. 6. (c) Age of husband or wife if alive 51. years
7. Date of Birth (Month, Day, Year) July. 16. 1892.

8. AGE	Years	Months	Days	If less than 1 day
	52.	2.	1.	hrs min.

9. Exact Occupation Ration Representative Did this work for ....yrs.
10. Industry or Business O.P.A. Date last worked ....
11. Birthplace Paullina, Iowa. (City or town) (State or foreign country)

Father
12. Name John. F. Milliken.
13. Birthplace Ottawa, Ill. (City or town) (State or foreign country)

Mother
14. Maiden name Elma Shaver.
15. Birthplace Ottawa, Iowa. (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mrs Anne Milliken
and Address 2311 Hazel Boise Idaho

17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof Sept. 20. 1944 (Month) (Day) (Year)
(c) Place: St Johns Cemetery.

18. Funeral Director's **OWN** Signature Clyde E. Summers Summers Funeral Home.
and Address Boise, Idaho.

19. (a) 9-19-44 (Date received and filed) (b) J Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 9-17- 1944
at 9:00 o'clock a. M.

21. **I HEREBY CERTIFY**, That I attended deceased from 1-12-1944, to 9-17 1944
I last saw him alive on 9-17 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Congestive Heart failure	2 wk
Due to Pulmonary Fibrosis	10 yea
Due to Pneumonia	1 wk
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation ... Date	
Major finding	
Finding of autopsy none	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? .... Suicide? .... Homicide? ....
Occurred .... 19.... City, county, state where violence occurred ....
Place of Violence: Home .... Farm .... Industry ....
Public Place .... While at work? ....
Means of injury ....

23. Attendant's **OWN** Signature O. E. Brunell M.D. (M. D. or other)
and Address Boise, Idaho Date 9-19 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

140405

State File No. 14045
Local Reg. No. 208
Reg. Dist. No. 371

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? Outside? X city or town
   (e) Died in a Home Hospital X Institution Other place
   (f) Name Hosp. or Inst Ada Co. Hosp. Died 2 days
   (g) Lived in this county 5 years months days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Ada
   (c) City or town Boise
   (d) Street Address or R.F.D. No. 201 Flume St
   (e) Deceased lived Inside? X Outside? city or town
   (f) Citizen of what country? U. S. A.
   (g) How long had deceased lived in Idaho? 34 years
   (h) Former residence (city, state) Iowa

3. (a) **FULL NAME** MILON ELLSWORTH CURTIS

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) October 15, 1861

8. AGE	Years	Months	Days	If less than 1 day
	82	11	28	hrs min.

9. Exact Occupation Produce Merchant Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Appleton, (City or town) Wisconson (State or foreign country)

Father
12. Name Wilson A. Curtis
13. Birthplace New York (City or town) (State or foreign country)

Mother
14. Maiden name Emily Nichols
15. Birthplace New York (City or town) (State or foreign country)

16. Informant's **OWN** Signature Bessie M. Basil
and Address Prairie, Idaho

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 10/16/44 (Month) (Day) (Year)
(c) Place: Caldwell, Idaho

18. Funeral Director's **OWN** Signature Schreiber & McCann
and Address Boise Milford J. Briggs

19. (a) 10-14-44 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Oct - 13 19 44
at 10 o'clock a M.

21. **I HEREBY CERTIFY,** That I attended deceased from Oct 10 19 44 to Oct 13 19 44
I last saw h[illegible] alive on 10-13- 19 44; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Apoplexy	
Due to Hypertension	4 years
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature [signature] (M. D. or Other)
and Address Boise Ida Date 10/13 19 44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

OCT 12 1944

Certificate Of Death

STATE OF IDAHO

140406

State File No. 140406
Local Reg. No. 215
Reg. Dist. No. 460

1. **PLACE OF DEATH:**
   (a) County [redacted] Twin Falls
   (b) City or town Twin Falls.
   (c) Street Address or R.F.D. No. 536-4th Ave.W.
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home.... Hospital.... Institution.... Other place X
   (f) Name Hosp. or Inst. ..... Stayed ..... days
   (g) Lived in this county 20 years ..... months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Twin Falls
   (c) City or town Twin Falls
   (d) Street Address or R.F.D. No. 284 Washington
   (e) Deceased lived Inside? X Outside? ..... city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 20 years
   (h) Former residence (city, state) .....

3. (a) **FULL NAME** PIERCE Ralph, E.

193

3. (b) If veteran, name war Spanish War
3. (c) Social Security No. .....
4. Sex male
5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Bertha A.
6. (c) Age of husband or wife if alive 60 years
7. Date of Birth (Month, Day, Year) Jan., 30, 1881

8. AGE	Years	Months	Days	If less than 1 day
	63	7	26	hrs ..... min.

9. Exact Occupation Lineman for Did this work for 8 yrs.
10. Industry or Business Idaho Power Co Date last worked 9-26-44
11. Birthplace Lyons (City or town) Kansas (State or foreign country)

Father
12. Name Unknown
13. Birthplace Unknown (City or town) (State or foreign country)

Mother
14. Maiden name Unknown
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mrs Bertha A Pierce
and Address 284 Washington

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-30-44 (Month) (Day) (Year)
(c) Place: Sunset Memorial Park

18. Funeral Director's **OWN** Signature White Mortuary E-343
and Address Twin Falls, Idaho

19. (a) OCT 19 1944 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Sept., 26, 1944
at 4:30 o'clock P. M. Saw

21. **I HEREBY CERTIFY**, That I [redacted] deceased from deceased 19 ..... to 9-26- 1944
I last saw him dead on 9 26 44 19 ....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Electrocuted	Immed.
Due to Accident	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? X Suicide? ..... Homicide? .....
Occurred Sept. 26th 1944 (City, county, state) where violence occurred Alley, 3rd & 4th ave 5 & 6th St West
Place of Violence: Home ..... Farm ..... Industry .....
Public Place Alley While at work? yes
Means of injury Contact with high voltage

23. Attendant's **OWN** Signature [signature] Justice Acting Coroner
and Address Twin Falls, Idaho Date 9 29 44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

OCT 9 1944

NON-RESIDENT
Certificate Of Death
STATE OF IDAHO

140407

State File No. 140407
Local Reg. No. 13
Reg. Dist. No. 240

1. **PLACE OF DEATH:**
   (a) County Idaho
   (b) City or town Grangeville
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? ✓ Outside? ..... city or town ✓
   (e) Died in a Home ✓ Hospital ..... Institution ..... Other place .....
   (f) Name Hosp. or Inst. ..... Stayed ..... days
   (g) Lived in this county ..... years 10 months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Oregon (b) County Lane
   (c) City or town Eugene
   (d) Street Address or R.F.D. No. 1808 Orchard
   (e) Deceased lived Inside? ✓ Outside? ..... city or town
   (f) Citizen of what country? U. S.
   (g) How long had deceased lived in Idaho? 8 Mo. years
   (h) Former residence (city, state) Eugene

3. (a) **FULL NAME** William S Bell

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) May 6 1865

8. AGE	Years	Months	Days	If less than 1 day
	19	5		hrs min.

9. Exact Occupation Retired Railroad agent — Did this work for 52 yrs.
10. Industry or Business ..... Date last worked 1/1/44
11. Birthplace Oskaloosa (City or town) Iowa (State or foreign country)

Father
12. Name Isaac Bell
13. Birthplace West Virginia (City or town) (State or foreign country)

Mother
14. Maiden name Elizabeth Hand
15. Birthplace West Virginia (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mrs Ines B. Shaffer
and Address Grangeville Ida
17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 10/7/44 (Month) (Day) (Year)
(c) Place: Portland Oregon
18. Funeral Director's **OWN** Signature Glenn Ailor
and Address Grangeville Ida
19. (a) 10/5/44 (Date received and filed) (b) Glenn Ailor (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Oct 5 1944
at 10:30 o'clock A.M.
21. **I HEREBY CERTIFY,** That I attended deceased from ..... 19....., to ..... 19.....
I last saw him alive on ..... 19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebral Hemorrhage	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYISCIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ✓ Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature Glenn Ailor ~~(M. D. or other)~~
and Address Grangeville Date 10/5 1944
(For additional space, use reverse side)

IDAHO COUNTY CORONER

140408 **140408**

United States
Department of Commerce
Bureau of the Census

OCT. 1 3 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 231
Reg. Dist. No. 120

1. **PLACE OF DEATH:**
(a) County Kootenai
(b) City or town ~~Coeur d'Alene~~ Gibbs
(c) Street Address or R. F. D. No. Winton Mill
(d) Death Occurred Inside? ____ Outside? X city or town
(e) Died in a Home __ Hospital __ Institution __ Other place X
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 33 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Kootenai
(c) City or town Coeur d'Alene
(d) Street Address or R. F. D. No. 801 Second
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? USA
(g) How long had deceased lived in Idaho? 33 years
(h) Former residence (city, state) Sheboygan Mich 175E

3. (a) FULL NAME Frank J. Courvall

3. (b) If veteran, name war none
3. (c) Social Security No. 518-03-3614
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Claudia
6. (c) Age of husband or wife if alive 66 years
7. Date of Birth (Month, Day, Year) April 15, 1874

8. AGE	Years	Months	Days	If less than 1 day
	70	5	11	hrs min.

9. Exact Occupation Lumberman Did this work for 33 yrs.
10. Industry or Business Winton Lumber Co Date last worked 9-26-44
11. Birthplace Hull, Canada (City or town) (State or foreign country)
Father
12. Name Frank Courvall
13. Birthplace Canada (City or town) (State or foreign country)
Mother
14. Maiden name Valentine Bouchor
15. Birthplace Canada (City or town) (State or foreign country)
16. Informant's OWN Signature + Claudia Courvall
and Address Coeur d'Alene, Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 9-30-44 (Month) (Day) (Year)
(c) Place: St Thomas Cem. Cd'A. Idaho
18. Funeral Director's OWN Signature Don English
and Address Coeur d'Alene, Idaho
19. (a) 9-29-44 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 9-26-44 19__
at 9:45 o'clock A M. did not
21. **I HEREBY CERTIFY,** That I attended deceased from Sept. 26 1944, to Sept 26 1944
I last saw him ~~alive~~ on Sept. 26 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Crushed rt and left Chest	9-26-44
Cave in caught and	
Due to Crushed Chest	9-26-44
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation none Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy none	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Yes Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred Kootenai County
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? Yes
Means of injury Gravel Bank Caved in
23. Attendant's OWN Signature Hamilton H. Greenwood Coroner (M. D. or other)
and Address Coeur d'Alene, Ida Date 9-27 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Hamilton

United States
Department of Commerce
Bureau of the Census

JUN 14 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140409
Local Reg. No. 180
Reg. Dist. No. 27

1. **PLACE OF DEATH:**
   (a) County ADA
   (b) City or town Boise
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? X Outside? city or town
   (e) Died in a Home Hospital X Institution Other place
   (f) Name Hosp. or Inst. St. Alphonsus days
   (g) Lived in this county years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Ada
   (c) City or town Boise
   (d) Street Address or R.F.D. No. 1005 Leadville
   (e) Deceased lived Inside? X Outside? city or town
   (f) Citizen of what country? U. S. A.
   (g) How long had deceased lived in Idaho? years
   (h) Former residence (city, state)

3. (a) **FULL NAME** Baby Bay

160C

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) May 12, 1944

8. AGE	Years	Months	Days	If less than 1 day
	0	0	0	hrs ✓ min.

9. Exact Occupation None Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Boise, Idaho (City or town) (State or foreign country)

Mother
12. Name Alfred Bay
13. Birthplace Caldwell, Idaho (City or town) (State or foreign country)

Father
14. Maiden name Shalata L. Busch
15. Birthplace Ruby, Idaho (City or town) (State or foreign country)

16. Informant's **OWN** Signature Alfred Bay
and Address 1005 Leadville St. Boise, Ida.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/13/44 (Month) (Day) (Year)
(c) Place: Morris Hill Cemetery
18. Funeral Director's **OWN** Signature Schneiber-McCann Mortuary
and Address Boise
19. (a) 5-15-44 (Date received and filed) (b) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 5-12 1944
at o'clock M.
21. **I HEREBY CERTIFY**, That I attended deceased from 5-12-44 to 5-12-44
I last saw him alive on 5-12-44, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
6 mo. premature	
Due to Lived	
Due to Placenta previa	
Other conditions Marginalis. (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature L. O. Hamilton (M. D. or other)
and Address Boise Idaho Date 5-15 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census OCT 16 1944

Certificate Of Death

STATE OF IDAHO

State File No. 14041 0
Local Reg. No. 167
Reg. Dist. No. 371

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise.
   (c) Street Address or R.F.D. No. R.D. # 2.
   (d) Death Occured Inside?..... Outside? Yes ity or town
   (e) Died in a Home X Hospital.... Institution.... Other place....
   (f) Name Hosp. or Inst..... Stayed.....days
   (g) Lived in this county 10 years .....months .....days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho. (b) County Ada
   (c) City or town Boise.
   (d) Street Address or R.F.D. No. R.D. # 2.
   (e) Deceased lived Inside?.....Outside? Yes ity or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 40 years
   (h) Former residence (city, state) Arkansas.

3. (a) **FULL NAME** Calidonia Ashley. 93a

3. (b) If veteran, name war No.
3. (c) Social Security No. None.
4. Sex Female 5. Color or race White.
6. (a) Single, widowed, married, divorced Widow.
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) January. 7. 1873.

8. AGE	Years	Months	Days	If less than 1 day
	71.	7.	24.	hrs min.

9. Exact Occupation At Home. Did this work for Yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Little Rock Arkansas. (City or town) (State or foreign country)

Father
12. Name George Macom.
13. Birthplace Virginia. (City or town) (State or foreign country)

Mother
14. Maiden name .....
15. Birthplace ..... (City or town) (State or foreign country)

16. Informant's **OWN** Signature Louis Childs
and Address 1115-N-23. - Boise

17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof Sept. 4. 1944 (Month) (Day) (Year)
(c) Place: Morris Hill Cemetery.

18. Funeral Director's **OWN** Signature Summers Funeral Home. Clyde E. Summers
and Address Boise, Idaho.

19. (a) 9-6-44 (Date received and filed) (b) X Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Sept. 1 19 44
at 1246 o'clock A M.

21. **I HEREBY CERTIFY**, That I attended deceased from Apr 1 1944, to ..... 19.....
I last saw h..... alive on ..... 19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebral Hemorrhage	8 hours
Due to Hypertension	10 years
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature J. W. Koelsch (M. D. or other)
and Address Boise Date 9-5 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

OCT 16 1944

NON-RESIDENT
Certificate Of Death

STATE OF IDAHO

State File No. 140411
Local Reg. No. 288
Reg. Dist. No. 270

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise.
   (c) Street Address or R.F.D. No. X
   (d) Death Occured Inside? Yes Outside? ....city or town
   (e) Died in a Home.... Hospital X Institution.... Other place....
   (f) Name Hosp. or Inst. St Lukes. Stayed 3 days
   (g) Lived in this county.....years 3 months .....days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Iowa. (b) County Scott.
   (c) City or town Davenport.
   (d) Street Address or R.F.D. No. 214. E. Dennison
   (e) Deceased lived Inside? Yes Outside? ....city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 3 Mo. years
   (h) Former residence (city, state) Iowa.

3. (a) **FULL NAME** Katherine. M. Hagemann. 131a

3. (b) If veteran, name war No.
3. (c) Social Security No. None.
4. Sex Female 5. Color or race White. 6. (a) Single, widowed, married, divorced Single.
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) December. 23. 1864.

8. AGE	Years	Months	Days	If less than 1 day
	79.	8.	10.	hrs min.

9. Exact Occupation Nurse. Did this work for ....yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Davenport, Iowa. (City or town) (State or foreign country)

Father
12. Name Henry Hagemann.
13. Birthplace Germany. (City or town) (State or foreign country)

Mother
14. Maiden name Unknown.
15. Birthplace Germany. (City or town) (State or foreign country)

16. Informant's **OWN** Signature L. A. Hagemann
and Address R. R. 2 Boise Idaho

17. (a) Removal. (Burial, cremation, or removal) (b) Date thereof Sept. 5. 1944 (Month) (Day) (Year)
(c) Place: Davenport Iowa.

18. Funeral Director's **OWN** Signature Summers Funeral Home. Clyde E. Summers
and Address Boise, Idaho.

19. (a) 9-5-44 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Sept 3 19 44
at 8. o'clock a M.

21. **I HEREBY CERTIFY**, That I attended deceased from Aug 31 1944 to Sept 3 1944
I last saw her alive on Sept 2 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Acute Uraemia — Duration 3 da
Due to Chronic Nephritis & Hypertension
Due to
Other conditions Chronic Myocarditis
(Include pregnancy within 3 months of death)

Where was disease contracted? Iowa
Name of operation None Date
Major finding
Finding of autopsy None

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature T. M. Graham M.D. (M. D. or other)
and Address Boise Idaho Date Sept 4 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

OCT 16 1944

Certificate Of Death

STATE OF IDAHO

Forney

State File No. 140412
Local Reg. No. 289
Reg. Dist. No. 870

1. PLACE OF DEATH:
(a) County Ada
(b) City or town Boise.
(c) Street Address or R.F.D. No. X
(d) Death Occured Inside Yes Outside? ..... city or town
(e) Died in a Home .... Hospital X Institution .... Other place ....
(f) Name Hosp. or Inst. St Lukes. Stayed 44 days
(g) Lived in this county 62 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho. (b) County Ada
(c) City or town Boise.
(d) Street Address or R.F.D. No. 909. N. 9 th
(e) Deceased lived Inside? Yes Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 76. years
(h) Former residence (city, state) California.

3. (a) FULL NAME Ada Luella Farren.

83a

3. (b) If veteran, name war No.
3. (c) Social Security No. None.
4. Sex Female 5. Color or race White.
6. (a) Single, widowed, married, divorced Widow.
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) April. 13. 1860.

8. AGE	Years	Months	Days	If less than 1 day
	84.	4.	21.	hrs min.

9. Exact Occupation At Home. Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Shasta County California. (City or town) (State or foreign country)
Father
12. Name Christopher Ultz.
13. Birthplace Penn. (City or town) (State or foreign country)
Mother
14. Maiden name Lydia Nisley.
15. Birthplace Unknown. (City or town) (State or foreign country)
16. Informant's OWN Signature Mrs Floyd I. Olds
and Address 909 N 9th Boise Idaho
17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof Sept. 6. 1944 (Month) (Day) (Year)
(c) Place: Morris Hill Cemetery.
18. Funeral Director's OWN Signature Clyde E. Summers Funeral Home.
and Address Boise, Idaho.
19. (a) 9-7-44 (Date received and filed) (b) R. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) September. 4. 1944.
at 4.55. o'clock A M.

21. I HEREBY CERTIFY, That I attended deceased from June 1944 to Sep 1944
I last saw her alive on Sep - 3 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Apoplexy	4 hrs.
Due to Senility & hypatension	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation ..... Date	
Major finding	
Finding of autopsy	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's OWN Signature S. W. Forney M.D. (M. D. or other)
and Address Boise Date 9/7 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

OCT 16 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140413
Local Reg. No. 290
Reg. Dist. No. 370

1. PLACE OF DEATH:
(a) County Ada
(b) City or town Boise
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? x Outside? ..... city or town
(e) Died in a Home ..... Hospital x Institution ..... Other place
(f) Name Hosp. or Inst. St. Lukes Stayed ..... days
(g) Lived in this county 45 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Ada
(c) City or town Boise
(d) Street Address or R.F.D. No. 2320 N 13 St.
(e) Deceased lived Inside? x Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 45 years
(h) Former residence (city, state) Neb:

3. (a) FULL NAME John L. Butterbaugh 74a

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) May 30th. 1872

8. AGE	Years	Months	Days	If less than 1 day
	72	3	5	hrs min.

9. Exact Occupation Nurseryman Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Iowa City (City or town) Iowa (State or foreign country)
Father
12. Name George Butterbaugh
13. Birthplace ..... (City or town) Ohio (State or foreign country)
Mother
14. Maiden name Mary Ann Jackson
15. Birthplace ..... (City or town) Ohio (State or foreign country)
16. Informant's OWN Signature W M Butterbaugh
and Address Rt. 3 Boise Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/11/44 (Month) (Day) (Year)
(c) Place: Morris Hill Cemetery
18. Funeral Director's OWN Signature Schreiber & McCann
and Address Boise Milford Quaggs
19. (a) 9-8-44 (Date received and filed) (b) A. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Sep 4 1944
at 3 o'clock A M.
21. I HEREBY CERTIFY, That I attended deceased from Aug 7 1944, to Sep 4th 1944
I last saw him alive on Sep 5 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Lymphatic Leucemia	6 Mo
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation ..... Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury
23. Attendant's OWN Signature S. W. Forney M.D. (M. D. or other)
and Address Boise Date 9/7 1944
(For additional space, use reverse side)

Dr Co 140414

United States
Department of Commerce
Bureau of the Census

OCT 16 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140414
Local Reg. No. 168
Reg. Dist. No. 371

1. **PLACE OF DEATH:**
(a) County Ada
(b) City or town Boise
(c) Street Address or R.F.D. No. ½ mile W. Franklin S.
(d) Death Occured Inside? ..... Outside? x city or town
(e) Died in a Home x Hospital .... Institution .... Other place ....
(f) Name Hosp. or Inst. 3 Wks. Stayed 3 Wks days
(g) Lived in this county ~~years~~ ~~months~~ ~~days~~

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Lincoln
(c) City or town Richfield
(d) Street Address or R.F.D. No. .....
(e) Deceased lived Inside? x Outside? ..... city or town
(f) Citizen of what country? U. S. A.
(g) How long had deceased lived in Idaho? 33 years
(h) Former residence (city, state) Washington

3. (a) **FULL NAME** Isa Mae Bee

46-m

3. (b) If veteran, name war None
3. (c) Social Security No. .....
4. Sex F.
5. Color or race W.
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) July 18, 1882

8. AGE	Years	Months	Days	If less than 1 day
	62	1	18	hrs min.

9. Exact Occupation Cook — Did this work for 7 yrs.
10. Industry or Business ..... — Date last worked .....
11. Birthplace Virginia (City or town) (State or foreign country)

Father
12. Name John Smith Cain
13. Birthplace Virginia (City or town) (State or foreign country)

Mother
14. Maiden name Elizabeth Pribble
15. Birthplace Virginia (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mrs. Claud Wallace
and Address 1480-7th E

17. (a) Removal (Burial, cremation or removal) — Date thereof Sept. 9, 1944 (Month) (Day) (Year)
(c) Place: Richfield, Idaho

18. Funeral Director's **OWN** Signature McGratney Funeral Home
and Address Boise, Idaho

19. (a) 9-7-44 (Date received and filed) (b) R. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) September 5 19 44
at 4:30 o'clock A. M.

21. **I HEREBY CERTIFY,** That I attended deceased from 8-14-44 19 ..... to 9-3-44 19 .....
I last saw her alive on 9-3-44 19 .....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — Duration

malignancy of alimentary
Due to tract — 6 mo.
Due to .....
Other conditions .....
(Include pregnancy within 3 months of death)

Where was disease contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature A. J. Coates (M. D. or other)
and Address Boise, Idaho Date 9-7- 19 44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State as "unknown" only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

OCT 16 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140415
Local Reg. No. 991
Reg. Dist. No. 376

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise.
   (c) Street Address or R.F.D. No. 916. N. 20.
   (d) Death Occured Inside? Yes Outside? ....city or town
   (e) Died in a Home X Hospital.... Institution.... Other place....
   (f) Name Hosp. or Inst.... Stayed....days
   (g) Lived in this county 30 years ....months ....days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho. (b) County Ada
   (c) City or town Boise.
   (d) Street Address or R.F.D. No. 916. N. 20.
   (e) Deceased lived Inside? Yes Outside? ....city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 60 years
   (h) Former residence (city, state) Tennessee.

3. (a) **FULL NAME** Lillie Luella Bullard.

3. (b) If veteran, name war No.
3. (c) Social Security No. None.
4. Sex Female 5. Color or race White. 6. (a) Single, widowed, married, divorced Widow.
6. (b) Name of husband or wife ....
6. (c) Age of husband or wife if alive .... years
7. Date of Birth (Month, Day, Year) October. 3. 1875.

8. AGE	Years	Months	Days	If less than 1 day
	68.	11.	5.	hrs ... min.

9. Exact Occupation At Home. Did this work for ....yrs.
10. Industry or Business .... Date last worked ....
11. Birthplace Tennessee. (City or town) (State or foreign country)

Father
12. Name Newton Marler.
13. Birthplace Tennessee. (City or town) (State or foreign country)

Mother
14. Maiden name [illegible]
15. Birthplace [illegible] (City or town) (State or foreign country)

16. Informant's **OWN** Signature Hazel Everett
and Address 1206 N. 6th St.

17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof Sept. 11. 1944. (Month) (Day) (Year)
(c) Place: Morris Hill Cemetery.

18. Funeral Director's **OWN** Signature Summers Funeral Home. Clyde E. Summers
and Address Boise, Idaho.

19. (a) 9-11-44 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Sept 8 1944
at 3:30 o'clock P. M.

21. **I HEREBY CERTIFY**, That I attended deceased from 1-11-1944, to 9-8 1944
I last saw h.e. alive on 8-11 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Arterio: arterial Heart	
Disease. Congestive Failure	8 hrs
Due to	
....	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
....	

Where was disease contracted?....
Name of operation.... Date....
Major finding ....
Finding of autopsy None

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident?.... Suicide?.... Homicide?....
Occurred.... 19.... City, county, state where violence occurred ....
Place of Violence: Home.... Farm.... Industry....
Public Place.... While at work?....
Means of injury ....

23. Attendant's **OWN** Signature O. A. Swinnerton M.D. (M. D. or other)
and Address Boise, Idaho. Date 9-9 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

OCT 16 1944

STATE OF IDAHO

State File No. 140416
Local Reg. No. 170
Reg. Dist. No. 371

1. PLACE OF DEATH:
(a) County Ada
(b) City or town Boise
(c) Street Address or R.F.D. No. Whitney Bench
(d) Death Occured Inside? ..... Outside? X city or town
(e) Died in a Home X Hospital.... Institution.... Other place....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 4 years 1 months 18 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Ada
(c) City or town Boise
(d) Street Address or R.F.D. No. Whitney Bench
(e) Deceased lived Inside? ..... Outside? X city or town
(f) Citizen of what country? U. S. A.
(g) How long had deceased lived in Idaho? 4 years
(h) Former residence (city, state) None

3. (a) FULL NAME Rufus Gene Waters

3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex M. 5. Color or race W.
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) July 21, 1940

8. AGE	Years	Months	Days	If less than 1 day
	4	1	18	hrs min.

9. Exact Occupation None — Did this work for ..... yrs.
10. Industry or Business None — Date last worked .....
11. Birthplace Boise, Idaho (City or town) (State or foreign country)

Father
12. Name George Rufus Waters
13. Birthplace Idaho Falls, Idaho (City or town) (State or foreign country)

Mother
14. Maiden name Shirley Kathryn Brady
15. Birthplace Boise (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs Eugene Upstone
and Address 1 E Idaho Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 11, 1944 (Month) (Day) (Year)
(c) Place: Morris Hill

18. Funeral Director's OWN Signature McBratney Funeral Home
and Address Boise, Idaho

19. (a) 9-9-44 (Date received and filed) (b) L. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Sept. 8 - 1944
at 8 o'clock a. M.

21. **I HEREBY CERTIFY**, That I attended deceased from 1-25-1944, to 9-8-1944
I last saw h.... alive on 9-7-1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Meningitis	
Due to	
Due to	
Other conditions Congenital Idiocy (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's OWN Signature W. M. Bragaw M.D. (M. D. or other)
and Address Boise Date 9-8 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

OCT 16 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140417
Local Reg. No. 272
Reg. Dist. No. [illegible]

1. PLACE OF DEATH:
(a) County Ada
(b) City or town Boise.
(c) Street Address or R.F.D. No. X
(d) Death Occured Inside? Yes Outside? ..... city or town
(e) Died in a Home.... Hospital X Institution.... Other place....
(f) Name Hosp. or Inst. St Lukes. Stayed 21. days
(g) Lived in this county 24 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho. (b) County Ada
(c) City or town Boise.
(d) Street Address or R.F.D. No. 921. E. Bannock
(e) Deceased lived Inside? Yes Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 30. years
(h) Former residence (city, state) Colorado.

3. (a) FULL NAME Richard Buel King.

46 e

3. (b) If veteran, name war Spanish American. 3. (c) Social Security No. 518-07-2628.
4. Sex Male. 5. Color or race White. 6. (a) Single, widowed, married, divorced Married.
6. (b) Name of husband or wife Pearl. S. King. 6. (c) Age of husband or wife if alive 63. years
7. Date of Birth (Month, Day, Year) March. 13. 1879.

8. AGE	Years	Months	Days	If less than 1 day
	65.	5.	25.	hrs min.

9. Exact Occupation General Superintendant. Did this work for ..... yrs.
10. Industry or Business Idaho Power Company. Date last worked.
11. Birthplace Ligonier, Indiana. (City or town) (State or foreign country)
Father 12. Name Richard Rodenbaugh King.
13. Birthplace Penn. (City or town) (State or foreign country)
Mother 14. Maiden name Mary Emma Myers.
15. Birthplace Reading Penn. (City or town) (State or foreign country)
16. Informant's OWN Signature Richard D. King
and Address 317 South Garfield Pocatello Idaho
17. (a) Cremation. (Burial, cremation, or removal) (b) Date thereof Sept. 11. 1944. (Month) (Day) (Year)
(c) Place: Portland Oregon.
18. Funeral Director's OWN Signature Summers Funeral Home. Clyde E Summers
and Address Boise, Idaho.
19. (a) 9-11-44 (Date received and filed) (b) N. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Sept 8 1944
at 12:21 o'clock P M.
21. **I HEREBY CERTIFY**, That I attended deceased from March 7 1944, to Sept 8 1944
I last saw him alive on Sept 8 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Carcinoma of coecum & appendix	11 months
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Resection Date 3/15/44
Major finding Carcinoma Bowel.
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's OWN Signature [signature] (M. D. or other)
and Address Boise Date 9-10 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

OCT 16 1944

NON-RESIDENT
Certificate Of Death

STATE OF IDAHO

State File No. 140418
Local Reg. No. 279
Reg. Dist. No. 37c

1. PLACE OF DEATH:
(a) County Ada
(b) City or town Boise
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? X Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. St. Alphonsus Stayed days
(g) Lived in this county years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Oregon (b) County Union
(c) City or town Elgin
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? x Outside? Box 136 city or town
(f) Citizen of what country? U. S. A.
(g) How long had deceased lived in Idaho? years
(h) Former residence (city, state) Oregon

3. (a) **FULL NAME** Glenn Diggins

1700

3. (b) If veteran, name war No
3. (c) Social Security No. 541-16-5736
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ruth
6. (c) Age of husband or wife if alive 32 years
7. Date of Birth (Month, Day, Year) May 27, 1908

8. AGE	Years	Months	Days	If less than 1 day
	36	3	12	hrs min.

9. Exact Occupation Farmer Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Weston, Ore. (City or town) (State or foreign country)
Father 12. Name Thomas L. Diggins
Father 13. Birthplace Pa. (City or town) (State or foreign country)
Mother 14. Maiden name Maud May Hurst
Mother 15. Birthplace McCune, Kansas (City or town) (State or foreign country)
16. Informant's OWN Signature L. E. Diggins and Address Interwater Ore.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Sept. 11, 1944 (Month) (Day) (Year)
(c) Place: Milton, Ore.
18. Funeral Director's OWN Signature McBratney Funeral Home and Address Boise, Idaho
19. (a) 9-11-44 (Date received and filed) (b) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Sept. 9 19 44
at 8:45 o'clock P.M.

21. **I HEREBY CERTIFY**, That I attended deceased from 9/8/44 19 to 9/9/44 19
I last saw him alive on 9/9/44 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Burns. Both 2nd and 3rd Degree covering at least 7/10 of entire body	
✓ Due to	
Due to Train & Auto Accident	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy None

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Yes Suicide? Homicide?
Occurred 9/8/44 19 City, county, state where violence occurred Meridian, Ada Co. Ida.
Place of Violence: Home Farm Industry
Public Place Yes Was it While at work? Yes
Means of injury Burning Gas explosion

23. Attendant's OWN Signature John Thomas M.D. (M. D. or other)
and Address Boise, Ida. Date 9/11 19 44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

OCT 16 1944

Certificate Of Death

STATE OF IDAHO

Pullman

State File No. 140414
Local Reg. No. 295
Reg. Dist. No. 37

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise.
   (c) Street Address or R.F.D. No. X
   (d) Death Occured Inside? Yes Outside? ....city or town
   (e) Died in a Home.... Hospital X Institution.... Other place....
   (f) Name Hosp. or Inst. St Alphonsus Stayed 14 days
   (g) Lived in this county 15 years ....months ....days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho. (b) County Ada
   (c) City or town Boise.
   (d) Street Address or R.F.D. No. 1115. Fort.
   (e) Deceased lived Inside? Yes Outside? ....city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 33. years
   (h) Former residence (city, state) England.

3. (a) **FULL NAME** Sarah Cowan.

3. (b) If veteran, name war No.
3. (c) Social Security No. None.
4. Sex Female 5. Color or race White. 6. (a) Single, widowed, married, divorced Widow.
6. (b) Name of husband or wife ....
6. (c) Age of husband or wife if alive .... years
7. Date of Birth (Month, Day, Year) July. 13. 1878.

8. AGE	Years	Months	Days	If less than 1 day
	66.	1.	26.	hrs min.

9. Exact Occupation At Home. Did this work for ....yrs.
10. Industry or Business .... Date last worked ....
11. Birthplace New Castle England. (City or town) (State or foreign country)

Father
12. Name William Wilson.
13. Birthplace England. (City or town) (State or foreign country)

Mother
14. Maiden name Sarah Bell.
15. Birthplace England. (City or town) (State or foreign country)

16. Informant's **OWN** Signature Genal Cowan and Address 1115 Fort St., Boise

17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof Sept. 12. 1944. (Month) (Day) (Year)
(c) Place: Cloverdale Memorial Park.

18. Funeral Director's **OWN** Signature Clyde E Summers. and Address Boise, Idaho.

19. (a) 9-12-44 (Date received and filed) (b) R. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Sept 9 19 44
at 2.10 o'clock P. M.

21. **I HEREBY CERTIFY**, That I attended deceased from 8-15-1944, to 9-9-1944
I last saw her alive on 9-8-1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Heart Block — Duration ....
Due to Myocardial Degeneration — Duration ....
Due to .... — Duration ....
Other conditions (Include pregnancy within 3 months of death) .... — Duration ....
Where was disease contracted? Boise

PHYSICIAN Underline the cause to which death should be charged statistically.

Name of operation .... Date ....
Major finding ....
Finding of autopsy ....

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? .... Suicide? .... Homicide? ....
Occurred .... 19.... City, county, state where violence occurred ....
Place of Violence: Home .... Farm .... Industry ....
Public Place .... While at work? ....
Means of injury ....

23. Attendant's **OWN** Signature Fred A Fellows M. D. (M. D. or other)
and Address Boise, Idaho. Date 9-11-1944
(For additional space, use reverse side)

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140420

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

OCT 16 1944

STATE OF IDAHO

State File No. 140420
Local Reg. No. 171
Reg. Dist. No. 371

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? Outside? XX city or town
   (e) Died in a Home Hospital X Institution Other place
   (f) Name Hosp. or Inst. Vets. Admn. Boise, Idaho Stayed 61 days
   (g) Lived in this county years months days

   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Gem
   (c) City or town Emmett
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? Outside? city or town
   (f) Citizen of what country?
   (g) How long had deceased lived in Idaho? Unknown years
   (h) Former residence (city, state)

3. (a) **FULL NAME** VANCIL, Samuel C.

93d

3. (b) If veteran, name war World
3. (c) Social Security No. Unknown
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) March 10, 1887

8. AGE	Years	Months	Days	If less than 1 day
	57	6	2	hrs min.

9. Exact Occupation Laborer — Did this work for yrs.
10. Industry or Business — Date last worked 11-15-43
11. Birthplace Missouri (City or town) (State or foreign country)

Mother Father
12. Name VANCIL, Robert
13. Birthplace Illinois (City or town) (State or foreign country)

Mother Father
14. Maiden name FARLEY, Sara
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's **OWN** Signature M. E. Gill
    and Address Records, Veterans Admn. Boise, Idaho
17. (a) Removal-Burial (b) Date thereof 9/13/44 (Burial, cremation, or removal) (Month) (Day) (Year)
    (c) Place: Emmett, Idaho
18. Funeral Director's **OWN** Signature Kenneth Gibbs
    McBratney Funeral Home
    and Address Boise, Idaho
19. (a) 9-13-44 (Date received and filed) (b) R. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) September 12, 1944
    at 2:15 o'clock P. M.
21. **I HEREBY CERTIFY**, That I attended deceased from January 6, 1944, to September 12, 1944
    I last saw him alive on Sept. 12, 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Coronary Arteriosclerosis, Myocardial Damage, Cardiac Enlargement, Myocardial Insufficiency, intraventricular block, Class V.	3½ Yrs.
Other conditions Arteriosclerosis, Gen. (Include pregnancy within 3 months of death)	Unknown

Where was disease contracted?
Name of operation None Date
Major finding
Finding of autopsy No Autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
    Occurred 19 City, county, state
    where violence occurred
    Place of Violence: Home Farm Industry
    Public Place While at work?
    Means of injury
23. Attendant's **OWN** Signature ARTHUR W. SCHULZ, Lt. Col., M.C. (M. D. or other)
    and Address Boise, Idaho Date 9-12-1944
    (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Dunnington

140421

United States
Department of Commerce
Bureau of the Census OCT 16 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140421
Local Reg. No. 897
Reg. Dist. No. 3-A

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise,
   (c) Street Address or R. F. D. No. X
   (d) Death Occured Inside? Yes Outside? ..... city or town
   (e) Died in a Home.... Hospital X Institution.... Other place....
   (f) Name Hosp. or Inst. St Lukes. Stayed 1 days
   (g) Lived in this county 54 years ..... months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho. (b) County Ada
   (c) City or town Boise,
   (d) Street Address or R.F.D. No. 309. Pinney Bldg.
   (e) Deceased lived Inside? Yes Outside? ..... city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 54. years
   (h) Former residence (city, state) Nebraska.

3. (a) **FULL NAME** Agnes Robertson. 596

3. (b) If veteran, name war No.
3. (c) Social Security No. None.
4. Sex Female. 5. Color or race White.
6. (a) Single, widowed, married, divorced Single.
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) July. 4. 1871.

8. AGE	Years	Months	Days	If less than 1 day
	73.	2.	9.	hrs ..... min.

9. Exact Occupation At Home. Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Fulton, Illinois. (City or town) (State or foreign country)

Father
12. Name James. R. Robertson.
13. Birthplace Scotland, (City or town) (State or foreign country)

Mother
14. Maiden name Christina Mcfarlane,
15. Birthplace Scotland. (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mrs Kenneth Robertson
and Address 320. E. Jefferson, Boise, Idaho.
17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof Sept. 15. 1944. (Month) (Day) (Year)
(c) Place: Morris Hill Cemetery.
18. Funeral Director's **OWN** Signature Summers Funeral Home. Clyde E. Summers,
and Address Boise, Idaho.
19. (a) 9-14-44 (Date received and filed) (b) R. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) September. 13. 19 44.
at 8 — o'clock A. M.

21. **I HEREBY CERTIFY**, That I attended deceased from 1941 19..., to Sept 13 1944
I last saw h. alive on Sept 13 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cardiac Failure	17 hrs
Due to Chronic Myocarditis	20 yrs
Due to Rheumatic Fever	20 yrs
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? ✓
Name of operation no Date .....
Major finding .....
Finding of autopsy no

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature R. D. Dunnington (M. D. or other)
and Address Boise Ida Date 9-13 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census OCT 16 1944

Certificate Of Death

STATE OF IDAHO

Ward

State File No. 140422
Local Reg. No. 172
Reg. Dist. No. 371

1. **PLACE OF DEATH:**
(a) County Ada
(b) City or town Boise.
(c) Street Address or R.F.D. No. 1604. Jessie Ave.
(d) Death Occured Inside? ..... Outside? Yes City or town
(e) Died in a Home X Hospital ..... Institution ..... Other place .....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 2 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho. (b) County Ada
(c) City or town Boise.
(d) Street Address or R.F.D. No. 1604. Jessie Ave
(e) Deceased lived Inside? ..... Outside? Yes City or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 10. years
(h) Former residence (city, state) Missouri.

3. (a) **FULL NAME** Carrie Estella Cruse.

3. (b) If veteran, name war No.
3. (c) Social Security No. None.
4. Sex Female. 5. Color or race White.
6. (a) Single, widowed, married, divorced Widow.
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) January. 26. 1865.

8. AGE	Years	Months	Days	If less than 1 day
	79.	7.	17.	hrs min.

9. Exact Occupation At Home. Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Warrensburg. Missouri. (City or town) (State or foreign country)
Father
12. Name John Pitzer.
13. Birthplace Ohio. (City or town) (State or foreign country)
Mother
14. Maiden name Mary Darley.
15. Birthplace Ohio. (City or town) (State or foreign country)
16. Informant's **OWN** Signature Robt Cruse
and Address 1604 Jessie ave
17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof Sept. 18. 1944 (Month) (Day) (Year)
(c) Place: Morris Hill Cemetery.
18. Funeral Director's **OWN** Signature Summers Funeral Home. Clyde E. Summers
and Address Boise. Idaho.
19. (a) 9-15-44 (Date received and filed) (b) R. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Sept. 13 1944
at 11 P. o'clock P M.
21. **I HEREBY CERTIFY**, That I attended deceased from Sept 10 1944 to Sept 13 1944
I last saw her alive on Sept 10 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Coronary artery disease	2 weeks
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation ..... Date	
Major finding	
Finding of autopsy	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature Roscoe C Ward (M. D. ~~or other~~)
and Address Boise. Ida Date 9-15 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

OCT 16 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140423
Local Reg. No. 305
Reg. Dist. No. [illegible]

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise
   (c) Street Address or R. F. D. No. —
   (d) Death Occured Inside? ~~Outside?~~ city or town
   (e) Died in a ~~Home~~ Hospital ~~Institution~~ ~~Other place~~
   (f) Name Hosp. or Ins. St. Alphonsus Stayed 4/5 days
   (g) Lived in this county — years — months — days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Owyhee
   (c) City ~~or town~~ Nampa #3
   (d) Street Address or R.F.D. No. 3
   (e) Deceased lived ~~Inside~~? Outside? city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? years
   (h) Former residence (city, state) —

3. (a) **FULL NAME** Blanche Amanda Nelson

3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Fem
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife K. Nelson
6. (c) Age of husband or wife if alive — years
7. Date of Birth (Month, Day, Year) Oct 29, 1898

8. AGE	Years	Months	Days	If less than 1 day
	46	10	15	hrs — min.

9. Exact Occupation Housekeeper — Did this work for — yrs.
10. Industry or Business — Date last worked —
11. Birthplace Wisconsin (City or town) (State or foreign country)

Father
12. Name Chas Tallman
13. Birthplace — (City or town) (State or foreign country)

Mother
14. Maiden name Shipman
15. Birthplace — (City or town) (State or foreign country)

16. Informant's **OWN** Signature F. K. Robinson
and Address Nampa, Ida
17. (a) Buried (Burial, cremation, or removal) (b) Date thereof 9/18/44 (Month) (Day) (Year)
(c) Place: Kuna Cemetery
18. Funeral Director's **OWN** Signature F. K. Robinson
and Address Nampa Ida
19. (a) 9-28-44 (Date received and filed) (b) D. Shark (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Sept 14 19 44
at 3:30 o'clock P. M.

21. **I HEREBY CERTIFY**, That I attended deceased from 5-5 19 44, to 9-14 19 44
I last saw her alive on 9-14 19 44; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Unknown	
Due to Cardio-Vascular renal disease	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? —
Name of operation — Date —
Major finding —
Finding of autopsy —

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature D. Wm Thomas M.D. (M. D. or other)
and Address Date 19
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

OCT 16 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140424
Local Reg. No. 182
Reg. Dist. No. 371

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? Outside? XX city or town
   (e) Died in a Home.... Hospital X Institution.... Other place....
   (f) Name Hosp. or Inst. Vets. Admn. Stayed 87 days
   (g) Lived in this county years months days

   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Ada
   (c) City or town Boise
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? Outside? city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? Unknown years
   (h) Former residence (city, state)

3. (a) **FULL NAME** TAYLOR, George A.

3. (b) If veteran, name war Sp. Am.
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Annie Taylor
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day hrs min.
	66	0	22	

9. Exact Occupation Machinist — Did this work for yrs.
10. Industry or Business — Date last worked Unknown
11. Birthplace (City or town) Utah (State or foreign country)

Father
12. Name John TAYLOR
13. Birthplace (City or town) Unknown (State or foreign country)

Mother
14. Maiden name Elanor ?
15. Birthplace (City or town) Unknown (State or foreign country)

16. Informant's **OWN** Signature Records, Veterans Administration
and Address Boise, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 19, 1944 (Month) (Day) (Year)
(c) Place: Morris Hill Cemetery

18. Funeral Director's **OWN** Signature McBratney Funeral Home
and Address Boise, Idaho

19. (a) 9-18-44 (Date received and filed) (b) R. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) September 14, 1944
at 6:00 o'clock A. M.

21. **I HEREBY CERTIFY**, That I attended deceased from June 19, 1944, to September 14, 1944
I last saw him alive on Sept. 14, 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Pneumonia, terminal	4 Days
Due to Hemiplegia cerebral, rt	74 Days
Due to Hypertension	2 Yrs.
Other conditions Hypertension, Coronary Heart Disease & Pneumonia terminal; Hemiplegia 74 days Hyper- tension 2 Yrs. (Include pregnancy within 3 months of death)	4 days

Where was disease contracted?
Name of operation None Date
Major finding
Finding of autopsy No autopsy

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature ARTHUR W. SCHULZ, Lt. Col., M.C. (M. D. or other)
and Address Boise, Idaho. Date 9-14- 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census OCT 16 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140425
Local Reg. No. 299
Reg. Dist. No. 37

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise
   (c) Street Address or R.F.D. No. 1st & Bannock
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home .... Hospital X Institution .... Other place ....
   (f) Name Hosp. or Inst. St. Lukes Stayed 22 days
   (g) Lived in this county ..... years ..... months 22 days

   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Ada
   (c) City or town Boise
   (d) Street Address or R.F.D. No. 1319 Chamberlain
   (e) Deceased lived Inside? X Outside? ..... city or town
   (f) Citizen of what country? U.S.
   (g) How long had deceased lived in Idaho? 22 days years
   (h) Former residence (city, state) .....

3. (a) **FULL NAME** Naomi Zoe Standish

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) Aug. 23, 1944

8. AGE	Years	Months	Days	If less than 1 day hrs	min.
			22		

9. Exact Occupation Baby — Did this work for ..... yrs.
10. Industry or Business ..... — Date last worked .....
11. Birthplace Boise, Idaho (City or town) (State or foreign country)

Father
12. Name Jack Standish
13. Birthplace Spokane, Washington (City or town) (State or foreign country)

Mother
14. Maiden name Doris Nelson
15. Birthplace Idaho Falls, Idaho (City or town) (State or foreign country)

16. Informant's **OWN** Signature Jack Standish
and Address 1319 Chamberlain

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 18, 1944 (Month) (Day) (Year)
(c) Place: Morris Hill

18. Funeral Director's **OWN** Signature .....
and Address Boise, Idaho

19. (a) 9-20-44 (Date received and filed) (b) ..... (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Sept. 15 19 44
at ..... o'clock ..... M.

21. **I HEREBY CERTIFY,** That I attended deceased from August 23 1944, to Sept. 15 1944
I last saw her alive on ..... 19 ....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — Duration

Premature
Due to not viable
Due to .....
Other conditions (Include pregnancy within 3 months of death) .....

Where was disease contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 .... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature A. J. Coates (M. D. or other)
and Address Boise, Idaho Date 9-19-1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

OCT 16 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 140426
Local Reg. No. 303
Reg. Dist. No. 3-1

1. **PLACE OF DEATH:**
(a) County Ada
(b) City or town Boise
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. St. Alphonse Stayed 14 days
(g) Lived in this county years months 14 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Owyhee
(c) City or town Bruneau
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Outside? X city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? 30 years
(h) Former residence (city, state) Bruneau Ida.

3. (a) **FULL NAME** OLIVER R. LAWSON

3. (b) If veteran, name war No.
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary
6. (c) Age of husband or wife if alive 71 years
7. Date of Birth (Month, Day, Year) Febuary 9, 1872

8. AGE	Years	Months	Days	If less than 1 day hrs	min.
	72	7	6		

9. Exact Occupation Stock-raising Did this work for 30 yrs.
10. Industry or Business Cattle Date last worked 9/2/44
11. Birthplace Fort Collins (City or town) Colorado (State or foreign country)

Father
12. Name James Lawson
13. Birthplace Indiana (City or town) (State or foreign country)

Mother
14. Maiden name Mary Howard
15. Birthplace Indiana (City or town) (State or foreign country)

16. Informant's **OWN** Signature Leonard Lawson
and Address Bruneau Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Sept. 15, 1944 (Month) (Day) (Year)
(c) Place: Bruneau Idaho
18. Funeral Director's **OWN** Signature Felix J. Bey
and Address Mountain Home Idaho
19. (a) 9-22-44 (Date received and filed) (b) A. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Sept. 15 1944
at 2.15 o'clock P. M.

21. I **HEREBY CERTIFY**, That I attended deceased from Sept 2 1944 to Sept. 15 1944
I last saw him alive on Sept. 13 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Chronic Nephritis — Duration 7 yrs
Due to (Bronchopneumonia)
Due to
Other conditions (Uraemia)
(Include pregnancy within 3 months of death)

Where was disease contracted?
Name of operation None Date
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature James L. Stewart M.D. (M. D. or Other)
and Address Boise Idaho Date Sept. 15 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

OCT 16 1944

Certificate Of Death

STATE OF IDAHO

State File No. 14042
Local Reg. No. 308
Reg. Dist. No. [illegible]

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise
   (c) Street Address or R.F.D. No. 14 Bannock
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home .... Hospital X Institution .... Other place ....
   (f) Name Hosp. or Inst. St. Lukes Stayed ..... days
   (g) Lived in this county ..... years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Canyon
   (c) City or town Caldwell
   (d) Street Address or R.F.D. No. Route 2
   (e) Deceased lived Inside? ..... Outside? X city or town
   (f) Citizen of what country? U. S. A.
   (g) How long had deceased lived in Idaho? 1½ mo ~~years~~
   (h) Former residence (city, state) .....

3. (a) **FULL NAME** Donald Spencer Smart 1579

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced S.
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) July 31, 1944

8. AGE	Years	Months	Days	If less than 1 day
		1	16	hrs ..... min.

9. Exact Occupation ..... Did this work for ..... yrs.
10. Industry or Business ..... Date last worked
11. Birthplace Caldwell (City or town) Idaho (State or foreign country)

Father
12. Name Lloyd Leonard Smart
13. Birthplace Hartford, Wisconsin (City or town) (State or foreign country)

Mother
14. Maiden name Gladys Myrl Scott
15. Birthplace Red Cloud (City or town) Nebraska (State or foreign country)

16. Informant's **OWN** Signature Lloyd L. Smart
and Address R2 - Caldwell Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-20-44 (Month) (Day) (Year)
(c) Place: Canyon Hill Cemetery
18. Funeral Director's **OWN** Signature [illegible]
and Address 504 So. Kimball Ave. Caldwell
19. (a) 9-30-44 (Date received and filed) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Sept. 17 1944
at 6:51 o'clock P. M. m.w.t.
21. **I HEREBY CERTIFY**, That I attended deceased from Sept. 9 1944 to Sept. 17 1944
I last saw h.i.m. alive on Sept. 17 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Intracystic Pancreatic	
Due to Degeneration	40 da.
(Congenital)	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy Autopsy refused.

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature Harmon Dermaine M.D.
(M. D. or other)
and Address Boise Date 9/25 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

OCT 16 1944

Certificate Of Death

STATE OF IDAHO

State File No. 14042
Local Reg. No. 302
Reg. Dist. No. 370

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise
   (c) Street Address or R.F.D. No. 412 N. 5th St.
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home X Hospital .... Institution .... Other place ....
   (f) Name Hosp. or Inst. ..... Stayed ..... days
   (g) Lived in this county 44 years ..... months ..... days

   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Ada
   (c) City or town Boise
   (d) Street Address or R.F.D. No. 412 N. 5th St.
   (e) Deceased lived Inside? X Outside? ..... city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 63 years
   (h) Former residence (city, state) Challis, Idaho

3. (a) **FULL NAME** Elise Charlotte Tennell

3. (b) If veteran, name war ----- 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Samuel Tennell 6. (c) Age of husband or wife if alive ----- years

7. Date of Birth (Month, Day, Year) March 2, 1859

8. AGE	Years	Months	Days	If less than 1 day
	85	6	19	hrs ____ min.

9. Exact Occupation Housewife Did this work for ..... yrs.

10. Industry or Business ..... Date last worked .....

11. Birthplace Warum, Sweden (City or town) (State or foreign country)

Father
12. Name Nils Hanson
13. Birthplace Sweden (City or town) (State or foreign country)

Mother
14. Maiden name Botilda Nillson
15. Birthplace Sweden (City or town) (State or foreign country)

16. Informant's **OWN** Signature Birdena Tennell
and Address 418 North 5th, Boise, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/23/44 (Month) (Day) (Year)
(c) Place: Morris Hill Cemetery, Boise, Idaho

18. Funeral Director's **OWN** Signature McBratney Funeral Home
and Address Boise, Idaho

19. (a) 9-22-44 (Date received and filed) (b) R. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) September 21, 1944
at 8:00 o'clock A. M.

21. **I HEREBY CERTIFY**, That I attended deceased from May 1944, to Sept-21 1944
I last saw her alive on May 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Chronic Myocarditis	
Due to	
Due to	
Other conditions Arterio-sclerosis (Include pregnancy within 3 months of death)	

Where was disease contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature J. Reno Numbers M.D. (M. D. or other)
and Address Boise Ada Date Sept 22 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

14042

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

OCT 16 1944

State File No. 14042
Local Reg. No. 307
Reg. Dist. No. 50

1. PLACE OF DEATH:
(a) County Ada
(b) City or town Boise
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? X Outside? city or town
(e) Died in a Home.... Hospital X Institution.... Other place....
(f) Name Hosp. or Inst. St. Lukes Stayed 7 days
(g) Lived in this county 41 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Ada
(c) City or town Star
(d) Street Address or R.F.D. No. Meridian Rt. #1
(e) Deceased lived Inside? Outside? X city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 41 years
(h) Former residence (city, state) Kansas

3. (a) **FULL NAME** Evaline Duncan

3. (b) If veteran, name war ----- 3. (c) Social Security No. None
4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Earl E. Duncan 6. (c) Age of husband or wife if alive 72 years
7. Date of Birth (Month, Day, Year) October 6, 1875

8. AGE	Years	Months	Days	If less than 1 day
	68	11	20	hrs min.

9. Exact Occupation Housewife Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Taylor County, Iowa (City or town) (State or foreign country)

Father
12. Name Lee Scrivner
13. Birthplace Illinois (City or town) (State or foreign country)

Mother
14. Maiden name Hattie Damewood
15. Birthplace Iowa (City or town) (State or foreign country)

16. Informant's **OWN** Signature E E Duncan
and Address Meridian Route #1
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/29/44 (Month) (Day) (Year)
(c) Place: Star Cemetery, Star, Idaho
18. Funeral Director's **OWN** Signature McBratney Funeral Home
and Address Boise, Idaho
19. (a) 9-30-44 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) September 26, 1944
at 10 30 o'clock A M.

21. **I HEREBY CERTIFY**, That I attended deceased from Sept 18 1944, to Sept 26 1944
I last saw her alive on Sept 26 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Ruptured Appendicitis	9 days
Chronic Myocarditis	3 years
Due to	
✓ Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Appendectomy Date 9/16/44
Major finding Peritonitis! - Ruptured App.
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature W A Lockwood M.D. (M. D. or other)
and Address Boise Date 9-29 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 140430
Local Reg. No. 306
Reg. Dist. No. [illegible]

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home.... Hospital X Institution.... Other place....
   (f) Name Hosp. or Inst. St. Lukes Stayed 3 days
   (g) Lived in this county 30 years ..... months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Ada
   (c) City or town Eagle
   (d) Street Address or R.F.D. No. Eagle
   (e) Deceased lived Inside? X Outside? ..... city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 30 years
   (h) Former residence (city, state)

3. (a) **FULL NAME** Walter Fisher

3. (b) If veteran, name war None
3. (c) Social Security No. 556-07-1329
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Helen Fisher
6. (c) Age of husband or wife if alive 28 years
7. Date of Birth (Month, Day, Year) August 2, 1914

8. AGE	Years	Months	Days	If less than 1 day
	30	1	25	hrs min.

9. Exact Occupation Pipe Fitter Did this work for 2 yrs.
10. Industry or Business Ship Yards Date last worked 9/16/44
11. Birthplace Eagle, Idaho (City or town) (State or foreign country)

Father
12. Name William E. Fisher
13. Birthplace Audaman Co., Iowa (City or town) (State or foreign country)

Mother
14. Maiden name Clara Aikens
15. Birthplace Eagle, Idaho (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mrs Walter Fisher
and Address Eagle, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/1/44 (Month) (Day) (Year)
(c) Place: Dry Creek Cemetery, Boise, Idaho
18. Funeral Director's **OWN** Signature McBratney Funeral Home Kenneth Libby
and Address Boise, Idaho
19. (a) 9-30-44 (Date received and filed) (b) D. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) September 27 1944
at 5 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from Aug 1944, to Sept 27, 1944
I last saw him alive on Sept 27 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Leukemia - Acute Mylocytic	3 months
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation none Date	
Major finding	
Finding of autopsy	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury
23. Attendant's **OWN** Signature [illegible] (M. D. or other)
and Address Boise Date 9-29 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

OCT 16 1944

State File No. 140431
Local Reg. No. 184
Reg. Dist. No. 371

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise.
   (c) Street Address or R.F.D. No. # 2.
   (d) Death Occured Inside? ..... Outside? Yes city or town
   (e) Died in a Home.... Hospital K Institution.... Other place....
   (f) Name Hosp. or Inst. Ada County stayed 21 days
   (g) Lived in this county 26 years ..... months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho. (b) County Ada
   (c) City or town Boise.
   (d) Street Address or R.F.D. No. 1907. N. 14 th.
   (e) Deceased lived Inside? Yes Outside? ..... city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 26 years
   (h) Former residence (city, state) Virginia.

3. (a) **FULL NAME** James Thompson.

3. (b) If veteran, name war No.
3. (c) Social Security No. None.
4. Sex Male. 5. Color or race White. 6. (a) Single, widowed, married, divorced Married.
6. (b) Name of husband or wife Charlotte. B. 6. (c) Age of husband or wife if alive 53. years
7. Date of Birth (Month, Day, Year) March. 25. 1871.

8. AGE	Years	Months	Days	If less than 1 day
	73.	6.	4.	hrs min.

9. Exact Occupation Wall Paper Cleaner. Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Roanoke, Virginia. (City or town) (State or foreign country)

Father
12. Name William Thompson.
13. Birthplace Virginia. (City or town) (State or foreign country)

Mother
14. Maiden name Unknown.
15. Birthplace Unknown. (City or town) (State or foreign country)

16. Informant's **OWN** Signature Charles Thompson
and Address 1907 N. 14 St. Boise Idaho

17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof Oct. 3. 1944. (Month) (Day) (Year)
(c) Place: Morris Hill Cemetery.

18. Funeral Director's **OWN** Signature Summers Funeral Home, Clyde E. Summers
and Address Boise, Idaho.

19. (a) 10-2-44 (Date received and filed) (b) R. Shank (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Sep 29 44 19....
at ..... o'clock ..... M.

21. **I HEREBY CERTIFY**, That I attended deceased from Aug 16 1944, to Sep 29 1944
I last saw h.. alive on Sep. 26 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Congestive heart failure	3-4 Hrs
Due to Endocarditis	Years
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature J. W. Toomey M.D. (M. D. or other)
and Address Boise Date 10/2/44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census OCT 16 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140432
Local Reg. No. 310
Reg. Dist. No. 3

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? X Outside? city or town
   (e) Died in a Home Hospital X Institution Other place
   (f) Name Hosp. or Inst. St. Lukes Stayed days
   (g) Lived in this county 10 years months days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Ada
   (c) City or town Boise
   (d) Street Address or R.F.D. No. 30th & Neff Sts.
   (e) Deceased lived Inside? Outside? X city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 24 years
   (h) Former residence (city, state) California

3. (a) **FULL NAME** Frank E. Simpson 53a.

3. (b) If veteran, name war No
3. (c) Social Security No. 519-07-6504
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Belle Simpson
6. (c) Age of husband or wife if alive 64 years
7. Date of Birth (Month, Day, Year) May 1, 1878

8. AGE	Years	Months	Days	If less than 1 day
	66	4	29	hrs min.

9. Exact Occupation Laborer Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Winnemucca, Nevada (City or town) (State or foreign country)

Father
12. Name John Simpson
13. Birthplace Kansas (City or town) (State or foreign country)

Mother
14. Maiden name Ida Broughton
15. Birthplace Kansas (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mrs Ruby Simpson
and Address McClellan Field Calif

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/2/44 (Month) (Day) (Year)
(c) Place: Cloverdale Memorial Park, Boise, Ida.

18. Funeral Director's **OWN** Signature McBratney Funeral Home
and Address Boise, Idaho

19. (a) 10-3-44 (Date received and filed) (b) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) September 30, 1944
at 8:30 o'clock A M.

21. **I HEREBY CERTIFY**, That I attended deceased from Sept 18 1944, to Sept 30 1944
I last saw him alive on Sept 30 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death	Duration
Cerebral hemorrhage	12 days.
Due to Hypertension	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature Donald T. Nokes (M. D. or other)
and Address Boise Date 10-3- 1944
(For additional space, use reverse side)

United States
Department of Commerce
Bureau of the Census

OCT. 9 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 140433
Local Reg. No. 402
Reg. Dist. No. 300

1. PLACE OF DEATH:
(a) County Adams
(b) City or town Council
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? x Outside? city or town
(e) Died in a Home Hospital x Institution Other place
(f) Name Hosp. or Inst. Community Stayed days
(g) Lived in this county 25 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Adams
(c) City or town New Meadows
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? x Outside? city or town
(f) If foreign born, in U. S. yrs. Citizen of U. S.? Yes
(g) How long had deceased lived in Idaho? 25 years
(h) Former residence (city, state)

3. (a) **FULL NAME** Hope Henry Chilson

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3. (b) If veteran, name war no
3. (c) Social Security No. --
4. Sex Male
5. Color or race O
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife -
6 (c) Age of husband or wife if alive - years
7. Date of Birth (Month, Day, Year) August 17, 1864

8. AGE	Years	Months	Days	If less than 1 day
	80		19	hrs min.

9. Exact Occupation Retired Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Ionia, (City or town) Michigan (State or foreign country)

Father
12. Name Wm. H. Chilson
13. Birthplace Unknown (City or town) (State or foreign country)

Mother
14. Maiden name Reimer
15. Birthplace Pennsylvania (City or town) (State or foreign country)

16. Informant's **OWN** Signature Winifred Keyes
and Address Council, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/ 8/ 44 (Month) (Day) (Year)
(c) Place: Meadows Valley
18. Funeral Director's **OWN** Signature J A Hudelson
and Address Cambridge, Idaho
19. (a) 10/2/44 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Sept. 6 1944
at 10:29 o'clock A. M.
21. I **HEREBY CERTIFY**, That I attended deceased from Jan. 6 1943, to Sept. 6 1944
I last saw him alive on Sept. 6 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Obstructive Prostatitis	3 yrs
Due to Hypertrophy Prostate	
Due to Stick	4 day
Other conditions Senility (Include pregnancy within 3 months of death)	

Where was disease first contracted?
Name of operation Prostatectomy Date 9/2/44
Major finding as above
Finding of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature [signature] (M.D. or other)
and Address Alvin S. Thurston, Council, Idaho Date 9/6 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

OCT. 9 1944

State File No. 140434
Local Reg. No. 401
Reg. Dist. No. 500

1. **PLACE OF DEATH:**
   (a) County Adams
   (b) City or town Council
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? X Outside? ____ city or town
   (e) Died in a Home ___ Hospital X Institution ___ Other place ___
   (f) Name Hosp. or Inst. Comunity Stayed 12 days
   (g) Lived in this county ____ years ____ months ____ days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Adams
   (c) City or town New Meadows
   (d) Street Address or R. F. D. No.
   (e) Deceased lived Inside? ____ Outside? X city or town
   (f) Citizen of what country? U S
   (g) How long had deceased lived in Idaho? 27 years
   (h) Former residence (city, state)

3. (a) FULL NAME Ruth Ida Myers

3. (b) If veteran, name war ____ 3. (c) Social Security No. ____

4. Sex Female 5. Color or race Amr 6. (a) Single, widowed, married, divorced Maried

6. (b) Name of husband or wife Henry Myers 6. (c) Age of husband or wife if alive 42 years

7. Date of Birth (Month, Day, Year) March 22 1917

8. AGE	Years	Months	Days	If less than 1 day
	27	5	14	hrs ____ min.

9. Exact Occupation Housewife — Did this work for ____ yrs.
10. Industry or Business ____ — Date last worked ____
11. Birthplace Green Creek Idaho (City or town) (State or foreign country)

Father
12. Name Frank Twilegar
13. Birthplace Jackson Co Minn (City or town) (State or foreign country)

Mother
14. Maiden name Ruby Smith
15. Birthplace Cherokee Iowa (City or town) (State or foreign country)

16. Informant's OWN Signature Henry Myers and Address New Meadows

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year) 9-8-44
   (c) Place Meadows Valley

18. Funeral Director's OWN Signature [illegible] and Address [illegible]

19. (a) 9/8/44 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 9/6/44 19____ at 3:25 o'clock A M.

21. I HEREBY CERTIFY, That I attended deceased from Aug 24th 1944, to Sept 6 1944
I last saw her alive on 9/6/44 19____; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Acute Ascending Paralysis (Landry's Paralysis)	9 days
Due to	
Due to	
Other conditions pregnancy & Delivery normal five days prior. (Include pregnancy within 3 months of death)	

Where was disease contracted? Hospital
Name of operation no Date ____
Major finding ____
Finding of autopsy no

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's OWN Signature [signature] (M. D. or other)
and Address Council, Idaho Date 9/8/44 19____
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

OCT. 9 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140435
Local Reg. No. 403
Reg. Dist. No. 300

1. PLACE OF DEATH:
(a) County Adams
(b) City or town Council
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Home.... Hospital XX Institution.... Other place....
(f) Name Hosp. or Inst. ..... Stayed 7 hrs. days
(g) Lived in this county ..... years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Boise
(c) City or town
(d) Street Address or R.F.D. No. Idaho City Stage
(e) Deceased lived Inside? ..... Outside? X city or town
(f) Citizen of what country? U. S. A.
(g) How long had deceased lived in Idaho? 39 years
(h) Former residence (city, state) Missouri

3. (a) FULL NAME Manerva E. Garrett

122 b

3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex F.
5. Color or race W.
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Willard T.
6. (c) Age of husband or wife if alive 70 years
7. Date of Birth (Month, Day, Year) Nov. 19, 1877

8. AGE	Years	Months	Days	If less than 1 day
	66	9	18	hrs min.

9. Exact Occupation Housewife Did this work for ..... yrs.
10. Industry or Business None Date last worked
11. Birthplace Oklahoma (City or town) (State or foreign country)
Father
12. Name Sam Robinson
13. Birthplace Mass. (City or town) (State or foreign country)
Mother
14. Maiden name Martha Hamilton
15. Birthplace Missouri (City or town) (State or foreign country)
16. Informant's OWN Signature Mrs. Floyd S. Garrett
and Address Spirit Lake Idaho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 9, 1944 (Month) (Day) (Year)
(c) Place: Cloverdale, Boise, Ida.
18. Funeral Director's OWN Signature McBratney Funeral Home
and Address Boise, Idaho.
19. (a) 9/6/44 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 9/6/44 19.....
at 10:56 o'clock p M.
21. **I HEREBY CERTIFY,** That I attended deceased from 9/6/44 19....., to 9/6/44 19.....
I last saw her alive on 9/6/44 19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Acute Dynamic Obstruction of ileum.	4 days
Due to P.M. operative fibrous adhesion	4 yrs
~~Due to~~ Gangrenous Bowel	2 days
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation laporotomy Date 9/6/44
Major finding above indicated
Finding of autopsy none

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury
23. Attendant's OWN Signature [signature] (M. D. or other)
and Address Council, Idaho Date 9/6/ 1944.
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

SEP 9 1944

State File No. 140436
Local Reg. No. 404
Reg. Dist. No. 300

1. **PLACE OF DEATH:**
(a) County Adams
(b) City or town Council
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home ____ Hospital X Institution ____ Other place ____
(f) Name Hosp. ~~or Inst.~~ Council Stayed ____ days
(g) Lived in this county ____ years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Adams
(c) City or town Meadows
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? U. S. A
(g) How long had deceased lived in Idaho? 44 years
(h) Former residence (city, state) Illinois

3. (a) **FULL NAME** Frank J. Kuska 468

3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lulu
6. (c) Age of husband or wife if alive 63 years
7. Date of Birth (Month, Day, Year) Sept-28-1869

8. AGE	Years	Months	Days	If less than 1 day hrs	min.
	74	11	10		

9. Exact Occupation Rancher — Did this work for 30 yrs.
10. Industry or Business Retired — Date last worked
11. Birthplace Chicago (City or town) Ill (State or foreign country)

Father
12. Name Unknown
13. Birthplace ✓ (City or town) (State or foreign country)

Mother
14. Maiden name Unknown
15. Birthplace ✓ (City or town) (State or foreign country)

16. Informant's **OWN** Signature Eugene Kuska
and Address 1 Mile East Ofc

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept-11-44 (Month) (Day) (Year)
(c) Place: Meadows Cemetery, Meadows Ida

18. Funeral Director's **OWN** Signature L. L. Pettengill
and Address Weiser Ida

19. (a) 9/9/44 (Date received and filed) (b) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Sept-8 1944
at 2:36 A.M. o'clock ____ M.

21. **I HEREBY CERTIFY,** That I attended deceased from June 1944, to September 8th 1944
I last saw h imalive on 9/8/44 19____; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — Duration
Primary carcinoma of the lesser curvature of the stomach with — 6 Mo
Due to metastaces to the lungs and — 3 mo.
Due to abdominal wall.
Due to
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?
Name of operation no Date
Major finding
Finding of autopsy no

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury

23. Attendant's **OWN** Signature Alan M Hunter MD (M. D. or other)
and Address Council, Idaho Date 9/9/44 19____

(For additional space, use reverse side)

140437

United States
Department of Commerce
Bureau of the Census

OCT 9 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF DEATH:**
(a) County Adams
(b) City or town Indian Valley
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? X city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 34 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Adams
(c) City or town Indian Valley
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Outside? X city or town
(f) Citizen of what country? U S
(g) How long had deceased lived in Idaho? 34 years
(h) Former residence (city, state)

3. (a) FULL NAME Henry Jasper Imler

94a

3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex Male
5. Color or race Amr
6. (a) Single, widowed, married, divorced Widdowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) April 24 1861

8. AGE	Years	Months	Days	If less than 1 day
	83	4	18	hrs min.

9. Exact Occupation Farmer Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Pulaski (City or town) Indiana (State or foreign country)
Father
12. Name Samiell Imler
13. Birthplace Un Known (City or town) (State or foreign country)
Mother
14. Maiden name Sophia Gamberling.
15. Birthplace Un Known (City or town) (State or foreign country)
16. Informant's OWN Signature Marvin C. Imler
and Address Council Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9 14 44 (Month) (Day) (Year)
(c) Place: Indian Valley
18. Funeral Director's OWN Signature [illegible]
and Address Cambridge Ida
19. (a) 9/13/44 (Date received and filed) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) September 12 1944
at 5:00 o'clock A.M.
21. **I HEREBY CERTIFY,** That I attended deceased from June 1-1944 19 , to September 12 1944
I last saw him alive on Aug. 1 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebral Hemorrhage	48 hrs.
✓ Due to Arterio-sclerosis	?
Due to Senile Change	?
Other conditions Coronary Disease. (Include pregnancy within 3 months of death)	6 mos.

Where was disease contracted? ?
Name of operation 0 Date 0
Major finding 0
Finding of autopsy 0

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature [illegible] (M. D. or other)
and Address Cambridge, Ida Date 9/13/44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

140438

United States
Department of Commerce
Bureau of the Census

OCT. 9 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 406
Reg. Dist. No. 300

1. **PLACE OF DEATH:**
(a) County Adams
(b) City or town Council
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? ✓ Outside? city or town
(e) Died in a Home Hospital ✓ Institution Other place
(f) Name Hosp. or Inst. Community Stayed 30 days
(g) Lived in this county years months 30 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Idaho
(c) City or town Pollock
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Outside? ✓ city or town
(f) Citizen of what country? U.S.
(g) How long had deceased lived in Idaho? 36 years
(h) Former residence (city, state) Wisconsin

3. (a) **FULL NAME** Emma Woods

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3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Albert J.
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Not Known

8. AGE	Years	Months	Days	If less than 1 day
	69			hrs min.

9. Exact Occupation House-wife Did this work for 35 yrs.
10. Industry or Business Home Date last worked
11. Birthplace (City or town) U. S. (State or foreign country)
Father
12. Name Morrison
13. Birthplace Not Known (City or town) (State or foreign country)
Mother
14. Maiden name Not Known
15. Birthplace Not Known (City or town) (State or foreign country)
16. Informant's OWN Signature [signature] and Address Grangeville Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-29-44 (Month) (Day) (Year)
(c) Place: Higgins, Idaho
18. Funeral Director's OWN Signature Jess Robertson and Address Grangeville Idaho
19. (a) Oct 2/44 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Sept. 26 1944
at 11 00 o'clock A M.
21. **I HEREBY CERTIFY** That I attended deceased from Aug 25 1944 to Sept 26 1944
I last saw her alive on Sept 25 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Acute Cholecystitis	4 days
Due to Hepatitis	
✓ Pancreas agitans	15 yrs
Due to	
Other conditions Senility	
(Include pregnancy within 3 months of death)	
Where was disease contracted? Hepatitis	
Name of operation 0 Date	
Major finding 0	
Finding of autopsy 0	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature [signature] (M. D. or other) and Address Council, Ida Date 11/30 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

140439

United States
Department of Commerce
Bureau of the Census

OCT 9 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 407
Reg. Dist. No. 300

1. **PLACE OF DEATH:**
(a) County Adams
(b) City or town Council
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. ~~or Inst.~~ Council Stayed 1 days
(g) Lived in this county years months 1 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Valley
(c) City or town Donnelly
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? U.S.A
(g) How long had deceased lived in Idaho? 66 years
(h) Former residence (city, state)

3. (a) **FULL NAME** Ethel Spielman

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3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Jesse E. 6. (c) Age of husband or wife if alive 77 years

7. Date of Birth (Month, Day, Year) Jan-9-1878

8. AGE	Years	Months	Days	If less than 1 day hrs	min.
	66	9	26		

9. Exact Occupation House wife Did this work for yrs.
10. Industry or Business At Home Date last worked
11. Birthplace Boise Valley (City or town) Ada Co. Ida (State or foreign country)

Father
12. Name Wm Boyd
13. Birthplace Unknown (City or town) (State or foreign country)

Mother
14. Maiden name Mrs. Lena Creason
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's **OWN** Signature C E Spielman
and Address McCall Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct-1-1944 (Month) (Day) (Year)
(c) Place: Harford Cemetery, Cascade Ida

18. Funeral Director's **OWN** Signature L L Fetterington
and Address Cascade Idaho

19. (a) 10-7-44 (Date received and filed) (b) Clint Hunter MD (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Sept-28- 1944
at 3:45 o'clock P. M.

21. **I HEREBY CERTIFY,** That I attended deceased from ____ 19____, to ____ 19____
I last saw h____ alive on ____ 19____; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Apoplexy	12 hrs
✓ Due to Hypertension	yrs
Due to	
Other conditions Arthritis Chr	6 yr
(Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? 0 Suicide? Homicide?
Occurred 0 19____ City, county, state where violence occurred 0
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature Clint Hunter MD (M. D. or other)
and Address Cascade Idaho Date 9-30-44

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

140440

United States
Department of Commerce
Bureau of the Census

OCT. 12 1944

Certificate Of Death

STATE OF IDAHO

State File No.
Local Reg. No. 219
Reg. Dist. No. 510

1. **PLACE OF DEATH:**
(a) County Bannock
(b) City or town Pocatello
(c) Street Address ~~or R.F.D.~~ No. 452 So 6th ave
(d) Death Occured Inside? X Outside? — city or town
(e) Died in a Home — Hospital X Institution — Other place
(f) Name Hosp. or Inst. Pocatello Sem. Stand 1 days
(g) Lived in this county 36 years — months — days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Bannock
(c) City or town Pocatello
(d) Street Address or ~~R.F.D.~~ No. 452 So. 6th
(e) Deceased lived Inside? X Outside? — city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 40 years
(h) Former residence (city, state) Indiana

3. (a) **FULL NAME** Charles Edward Rush

3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Male
5. Color or race white
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Clara B.
6. (c) Age of husband or wife if alive 77 years
7. Date of Birth (Month, Day, Year) Sept 15 1866

8. AGE	Years	Months	Days	If less than 1 day
	77	11	19	hrs min.

9. Exact Occupation Merchant Did this work for 36 yrs.
10. Industry or Business Feed & Seed Date last worked Feb 28
11. Birthplace Volga (City or town) Indiana (State or foreign country)
Father
12. Name John N. Rush
13. Birthplace Kent (City or town) Indiana (State or foreign country)
Mother
14. Maiden name Caroline Hiresline
15. Birthplace (City or town) Germany (State or foreign country)
16. Informant's **OWN** Signature [signature]
and Address 519 So 6th
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 5th 44 (Month) (Day) (Year)
(c) Place: Mount Moriah Pocatello
18. Funeral Director's **OWN** Signature H. L. McHan
and Address Pocatello Idaho
19. (a) 9-7-1944 (Date received and filed) (b) D C Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) ~~August~~ Sept 3 1944
at 7:30 o'clock A. M.
21. **I HEREBY CERTIFY,** That I attended deceased from Jan 1 1944, to Sept 3 1944
I last saw h. alive on Sept 3 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cancer	
Liver	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYISCIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state
where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature [signature] (M. D. or other)
and Address Pocatello Date Sept 4 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

140441

United States
Department of Commerce
Bureau of the Census

OCT 12 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 220
Local Reg. No.
Reg. Dist. No. 510

1. PLACE OF DEATH:
(a) County Bannock
(b) City or town Pocatello
(c) Street Address or R. F. D. No. 650.No.7th.Ave.
(d) Death Occurred (Inside?) Outside? city or town
(e) Died in a Home (Hospital) Institution Other place
(f) Name Hosp. or Inst. Stayed 2hrs. days
(g) Lived in this county 2 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Bannock
(c) City or town Pocatello
(d) Street Address or R. F. D. No. 1225.East Clark
(e) Deceased lived (Inside?) Outside? city or town
(f) If foreign born, in U. S. yrs. Citizen of U. S.? Yes
(g) How long had deceased lived in Idaho? 2-1-7 years
(h) Former residence (city, state) None

3. (a) **FULL NAME** Betty Lorraine Edwards.

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6 (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) July. 29. 1942.

8. AGE	Years	Months	Days	If less than 1 day
	2	1	7	hrs min.

9. Exact Occupation Child at home. Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Pocatello, (City or town) Idaho. (State or foreign country)
Father
12. Name Dono L.Edwards.
13. Birthplace (City or town) Canada. (State or foreign country)
Mother
14. Maiden name Chloe Thorton.
15. Birthplace Ririe, (City or town) Idaho. (State or foreign country)
16. Informant's **OWN** Signature Dono L. Edwards and Address Pocatello, Idaho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/8/ (Month) (Day) 1944. (Year)
(c) Place: Mountain View Cem.
18. Funeral Director's **OWN** Signature Hall Mortuary, and Address Pocatello, Idaho.
19. (a) 9-7-1944 (Date received and filed) (b) D C Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Sept. 5. 1944.
at 8.30 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from 19, to Sept 5 1944
I last saw her alive on 9-5 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Skull fracture	2 hours
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease first contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ✓ Suicide? Homicide?
Occurred Sept 5 1944 City, county, state where violence occurred Street Pocatello Idaho
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury Head struck by auto
23. Attendant's **OWN** Signature D C Ray (M. D. or other)
and Address Pocatello, Idaho. Date 9/7 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

140442

United States
Department of Commerce
Bureau of the Census

OCT 12 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140442
Local Reg. No. 2-21
Reg. Dist. No. 5-11

1. **PLACE OF DEATH:**
(a) County Bannock
(b) City or town Pocatello
(c) Street Address or R. F. D. No.
(d) Death Occured Inside? Yes Outside? ....city or town
(e) Died in a Home.... Hospital X Institution.... Other place....
(f) Name Hosp. or Inst. St. Anthony Stayed 4 days
(g) Lived in this county ....years 1 months ....days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Fremont
(c) City or town St. Anthony
(d) Street Address or R.F.D. No. 140 E 4th Nort
(e) Deceased lived Inside? Yes Outside? ....city or town
(f) Citizen of what country? United States
(g) How long had deceased lived in Idaho? Life years
(h) Former residence (city, state)

3. (a) **FULL NAME** CECILIA RAE BARNEY

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3. (b) If veteran, name war No.
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) June 25, 1928

8. AGE	Years	Months	Days	If less than 1 day
	16	2	10	hrs min.

9. Exact Occupation Student — Did this work for 10 yrs.
10. Industry or Business Public Schools — Date last worked 1942
11. Birthplace Driggs, Idaho. (City or town) (State or foreign country)

Father
12. Name Hillary R. Barney
13. Birthplace Beaver Canyon, Idaho. (City or town) (State or foreign country)

Mother
14. Maiden name Dora Collett
15. Birthplace Wilford, Idaho. (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mrs H P Barney
and Address St. Anthony, Idaho

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 9-5-44 (Month) (Day) (Year)
(c) Place: St. Anthony, Idaho.

18. Funeral Director's **OWN** Signature M. L. Hansen
and Address St Anthony Idaho

19. (a) 9-7-1944 (Date received and filed) (b) D C Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) September 5 1944
at 6 o'clock A M.

21. **I HEREBY CERTIFY**, That I attended deceased from Sept. 2 1944, to Sept 5 1944
I last saw her alive on Sept 5 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cardiac failure — Duration Immediate
Due to Toxemia of Pregnancy
Due to Ruptured appendix — 3 Days
Other conditions
(Include pregnancy within 3 months of death)

Where was disease contracted?
Name of operation ..... Date .....
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury

23. Attendant's **OWN** Signature J R McMahon (M. D. or other)
and Address Pocatello Date 9/6 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce OCT 12 1944
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 140443
Local Reg. No. 222
Reg. Dist. No. 570

1. **PLACE OF DEATH:**
   (a) County Bannock
   (b) City or town Pocatello
   (c) Street Address or R.F.D. No. 130 N. Johnson
   (d) Death Occured Inside? — Outside? — city or town
   (e) Died in a Home — Hospital — Institution — Other place
   (f) Name Hosp. or Inst. — Stayed — days
   (g) Lived in this county — years — months — days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Bannock
   (c) City or town Pocatello
   (d) Street Address or R.F.D. No. 130 N. Johnson
   (e) Deceased lived Inside? — Outside? — city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 51 years
   (h) Former residence (city, state) London, England

3. (a) **FULL NAME** Ada Florence Holmes

3. (b) If veteran, name war —
3. (c) Social Security No. none
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Lockhart P.
6. (c) Age of husband or wife if alive — years
7. Date of Birth (Month, Day, Year) March 19, 1870

8. AGE	Years	Months	Days	If less than 1 day
	74	5	16	hrs — min.

9. Exact Occupation Housewife — Did this work for 51 yrs.
10. Industry or Business — Date last worked
11. Birthplace London (City or town), England (State or foreign country)

Mother
12. Name Jane Wm Ellis
13. Birthplace England (City or town) (State or foreign country)

Father
14. Maiden name Florence
15. Birthplace England (City or town) (State or foreign country)

16. Informant's **OWN** Signature x Mary E. Holmes
    and Address 130 N. Johnson
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-8-1944 (Month) (Day) (Year)
    (c) Place: Mountainview
18. Funeral Director's **OWN** Signature Byron B. Dorward
    and Address Pocatello, Idaho
19. (a) 9-8-1944 (Date received and filed) (b) D C Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) September 5 1944
    at 1:00 o'clock P M.
21. **I HEREBY CERTIFY**, That I attended deceased from Sept 5 1944 to Sept 5 1944
    I last saw h^er alive on Sept 5 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Mitral stenosis	—
✓ Due to Pleurisy	—
Due to —	—
Other conditions aged (Include pregnancy within 3 months of death)	—
Where was disease contracted? Home	
Name of operation — Date —	
Major finding —	
Finding of autopsy —	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? — Suicide? — Homicide? —
    Occurred — 19— City, county, state where violence occurred —
    Place of Violence: Home — Farm — Industry —
    Public Place — While at work? —
    Means of injury —
23. Attendant's **OWN** Signature J. N. Lynn (M. D. or other)
    and Address Pocatello Date 9-6 1944
    (For additional space, use reverse side)

140444

United States
Department of Commerce
Bureau of the Census

OCT 12 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 228
Reg. Dist. No. 2-10

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. PLACE OF DEATH:
(a) County Bannock
(b) City or town Pocatello
(c) Street Address or R. F. D. No. 101.So.Johnson
(d) Death Occurred (Inside?) ..... Outside? ..... city or town
(e) Died in a Home (Hospital) Institution ....Other place ....
(f) Name Hosp. or Inst. General Stayed ..... days
(g) Lived in this county ..... years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho. (b) County Bannock
(c) City or town Pocatello
(d) Street Address or R. F. D. No. 817.So.Harrison
(e) Deceased lived (Inside?) ..... Outside? ..... city or town
(f) If foreign born, in U. S. ..... yrs. Citizen of U. S.? Yes
(g) How long had deceased lived in Idaho? ..... years
(h) Former residence (city, state) None

3. (a) **FULL NAME** Marie Colwell.

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife .....
6 (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) September. 6. 1944.

8. AGE	Years	Months	Days	If less than 1 day
				18 hrs ..... min.

9. Exact Occupation ..... Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Pocatello, (City or town) Idaho. (State or foreign country)

Father
12. Name L.N.Colwell.
13. Birthplace Abernathy, (City or town) Texas. (State or foreign country)

Mother
14. Maiden name Rose Pannel.
15. Birthplace So.Carolina (City or town) (State or foreign country)

16. Informant's **OWN** Signature L. N. Colwell
and Address Pocatello, Idaho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/8/ 1944. (Month) (Day) (Year)
(c) Place: Mountain View Cem.
18. Funeral Director's **OWN** Signature Hall Mortuary,
and Address Pocatello, Idaho.
19. (a) 9-11-44 (Date received and filed) (b) D C Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Sept. 7. 1944
at ..... o'clock ..... M.

21. I **HEREBY CERTIFY**, That I attended deceased from Sept. 6 1944, to Sept 7 1944.
I last saw h~~e~~ alive on Sept 7 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — Duration

✓ Due to Respiratory Failure
Due to Atelectasis, right lung
Other conditions (Include pregnancy within 3 months of death)

Where was disease first contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....
Atelectasis due to bronchial obstruction

PHYSICIAN — Underline the cause to which death should be charged statistically.

22 If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature J. R. McMahon (M. D. or other)
and Address Pocatello, Idaho Date 9/ 1944

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

OCT 12 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 140445
Local Reg. No. 224 ½
Reg. Dist. No. 570

1. PLACE OF DEATH:
(a) County Bannock
(b) City or town Pocatello
(c) Street Address or R. F. D. No. 218/1/2 So. Garfield
(d) Death Occurred (Inside?) Outside? city or town
(e) Died in a (Home) Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 1 years 7 months - days
Note For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Bannock
(c) City or town Pocatello
(d) Street Address or R. F. D. No. 218/1/2 So. Garfield
(e) Deceased lived (Inside?) Outside? city or town
(f) If foreign born, in U. S. yrs. Citizen of U. S.? Yes
(g) How long had deceased lived in Idaho? 1-7 Mo years
(h) Former residence (city, state) No. Dakota.

3. (a) **FULL NAME** Gilmon Simon Mandt.

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3. (b) If veteran, name war World War #1 (c) Social Security No. 501-10-2955.
4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Vera Young 6 (c) Age of husband or wife if alive 42 years
7. Date of Birth (Month, Day, Year) June. 21. 1893

8. AGE	Years	Months	Days	If less than 1 day hrs	min.
	51	2	18		

9. Exact Occupation Farmer — Did this work for 20 yrs.
10. Industry or Business — Date last worked
11. Birthplace Webster, (City or town) No. Dakota. (State or foreign country)

Father
12. Name Olaf Mandt.
13. Birthplace Norway. (City or town) (State or foreign country)

Mother
14. Maiden name Engri Medvedt.
15. Birthplace Norway. (City or town) (State or foreign country)

16. Informant's **OWN** Signature Vera Mandt and Address Pocatello, Idaho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/11/1944. (Month) (Day) (Year)
(c) Place: Mountain View Cem.
18. Funeral Director's **OWN** Signature Hall Mortuary, and Address Pocatello, Idaho.
19. (a) 9-11-1944 (Date received and filed) (b) D C Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Sept. 8. 1944 at 6-20 o'clock P. M.
21. I **HEREBY CERTIFY**, That I attended deceased from March 21 1944, to Sept. 8, 1944
I last saw him alive on Sept. 8 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebral Hemorrhage	6 days
Due to Hypertension	6 months
Due to Mitral Insufficiency	6 days
Other conditions Pyelonephritis	

(Include pregnancy within 3 months of death)

Where was disease first contracted?
Name of operation None Date
Major finding
Finding of autopsy None

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home. Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature David C. Harris, M.D.
and Address Pocatello, Idaho. (M. D.) Date 9/11/44 19

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

OCT 12 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140446
Local Reg. No. 230
Reg. Dist. No. 2-6

1. **PLACE OF DEATH:**
   (a) County Bannock
   (b) City or town Pocatello
   (c) Street Address ~~or R.F.D.~~ No. No. 7th Ave
   (d) Death Occured Inside? x Outside? ..... city or town
   (e) Died in a Home .... Hospital x Institution .... Other place ....
   (f) Name Hosp. or Inst. St. Anthony Stayed — days
   (g) Lived in this county 15 years ..... months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Bannock
   (c) City or town Pocatello
   (d) Street Address ~~or R.F.D.~~ No. East Center S
   (e) Deceased lived Inside? x Outside? ..... city or town
   (f) Citizen of what country? U. S. A.
   (g) How long had deceased lived in Idaho? 15 years
   (h) Former residence (city, state) Mathersville, Ill.

3. (a) **FULL NAME** THOMAS EDWARD STURMAN

3. (b) If veteran, name war ---
3. (c) Social Security No. ---
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife ---
6. (c) Age of husband or wife if alive --- years
7. Date of Birth (Month, Day, Year) July 13, 1866

8. AGE	Years	Months	Days	If less than 1 day
	78	2	0	hrs ..... min.

9. Exact Occupation Retired — Did this work for — yrs.
10. Industry or Business Miner — Date last worked 20 yr. ago
11. Birthplace Jennesse, Illinois (City or town) (State or foreign country)

Father
12. Name Thomas Sturman
13. Birthplace Manchester, England (City or town) (State or foreign country)

Mother
14. Maiden name Margaret Cramsough
15. Birthplace Unknown Ohio (City or town) (State or foreign country)

16. Informant's **OWN** Signature Margaret Sturman
and Address Pocatello, Idaho

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 9/15/44 (Month) (Day) (Year)
(c) Place: Pocatello, Idaho

18. Funeral Director's **OWN** Signature J. L. McHan
and Address Pocatello, Idaho

19. (a) 9/15/44 (Date received and filed) (b) D. C. Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) September 13 1944
at 5:10 o'clock p. M.

21. **I HEREBY CERTIFY**, That I attended deceased from ..... 19 ..... to Sept. 13 1944
I last saw him alive on Sept. 13 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Chronic Myocarditis — Duration .....
Due to ..... — .....
Due to ..... — .....
Other conditions Chronic Nephritis — .....
(Include pregnancy within 3 months of death)

Where was disease contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature F. S. Miller (M. D. or other)
and Address Pocatello, Ida. Date 9/15 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census OCT 12 1944

NON-RESIDENT
Certificate Of Death
STATE OF IDAHO

State File No. 140447
Local Reg. No. 231
Reg. Dist. No. 7-11

1. PLACE OF DEATH:
(a) County Bannock
(b) City or town Pocatello
(c) Street Address ~~XXXXXX~~ No. 1257 E. Fremont
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Home X Hospital ..... Institution ..... Other place .....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 0 years 0 months 7 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Utah (b) County Boxelder
(c) City or town Brigham City
(d) Street Address or R.F.D. No. .....
(e) Deceased lived Inside? X Outside? ..... city or town
(f) Citizen of what country? U. S. A.
(g) How long had deceased lived in Idaho? 7 days ~~years~~
(h) Former residence (city, state) .....

3. (a) FULL NAME WILLIAM Z. GARDINER 464

3. (b) If veteran, name war ---
3. (c) Social Security No. ---
4. Sex male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife ---
6. (c) Age of husband or wife if alive --- years
7. Date of Birth (Month, Day, Year) October 13, 1860

8. AGE	Years	Months	Days	If less than 1 day hrs	min.
	83	11	6		

9. Exact Occupation Retired — Did this work for life yrs.
10. Industry or Business Miller — Date last worked June, 42
11. Birthplace Willard (City or town) Utah (State or foreign country)
Father 12. Name William L. Gardiner
Father 13. Birthplace Unknown (City or town) Pennsylvania (State or foreign country)
Mother 14. Maiden name Angeline Gould
Mother 15. Birthplace Toronto, (City or town) Canada (State or foreign country)
16. Informant's OWN Signature Lottie McFarlane.
and Address Brigham City, Utah
17. (a) removal (Burial, cremation, or removal) (b) Date thereof 9/20/44 (Month) (Day) (Year)
(c) Place: Brigham City, Utah
18. Funeral Director's OWN Signature H. L. McKean
and Address Pocatello, Idaho
19. (a) Sept. 19/44 (Date received and filed) (b) D C Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Sept. 19 19 44
at 4:15 o'clock a. M.
21. **I HEREBY CERTIFY**, That I attended deceased from Sept. 12 19 44, to Sept. 19 19 44
I last saw him alive on Sept. 19 19 44, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Carcinoma of liver	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's OWN Signature W. S. Muller (M. D. or other)
and Address Pocatello, Ida Date 9/19 19 44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census OCT 12 1944

Certificate Of Death

STATE OF IDAHO

State File No. 14044 8
Local Reg. No. 232
Reg. Dist. No. 510

1. **PLACE OF DEATH:**
   (a) County Bannock
   (b) City or town Pocatello
   (c) Street Address or R.F.D. No. 2297 Hayes
   (d) Death Occured Inside? ✓ Outside? ..... city or town
   (e) Died in a Home ✓ Hospital .... Institution .... Other place ....
   (f) Name Hosp. or Inst. ..... Stayed ..... days
   (g) Lived in this county ..... years ..... months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Bannock
   (c) City or town Pocatello
   (d) Street Address or R.F.D. No. 2297 Hayes
   (e) Deceased lived Inside? ✓ Outside? ..... city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 25 years
   (h) Former residence (city, state) .....

3. (a) **FULL NAME** Marguerite Alexander 14 -

3. (b) If veteran, name war ✓
3. (c) Social Security No. none
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Delmar V.
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) June 2, 1919

8. AGE	Years	Months	Days	If less than 1 day
	25	3	12	hrs ..... min.

9. Exact Occupation Housewife Did this work for 5 yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Montpelier, Idaho (City or town) (State or foreign country)

Father
12. Name Frank French
13. Birthplace Montpelier Id. (City or town) (State or foreign country)

Mother
14. Maiden name Marguerite Long
15. Birthplace ..... (City or town) (State or foreign country)

16. Informant's **OWN** Signature ✓ Delma V. Alexander and Address 537 North 5th Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-18-44 (Month) (Day) (Year)
    (c) Place: Mountainview
18. Funeral Director's **OWN** Signature Byron B. Howard and Address Pocatello Idaho
19. (a) 9-26-1944 (Date received and filed) (b) D C Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Sept. 14 1944 at ..... o'clock ..... M.
21. **I HEREBY CERTIFY,** That I attended deceased from 9-7 1944 to 9-14 1944
    I last saw her alive on 9-14 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Pulmonary Embolism	Acute
✓ Due to Pelvic Venous Thrombosis	Chronic
Due to	
Other conditions Delivered a full term infant in late June 1944. (Include pregnancy within 3 months of death)	

Where was disease contracted? Pocatello
Name of operation ..... Date .....
Major finding .....
Finding of autopsy Left Pulmonary Embolism; Gall Stones.

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
    Occurred ..... 19 ..... City, county, state where violence occurred .....
    Place of Violence: Home ..... Farm ..... Industry .....
    Public Place ..... While at work? .....
    Means of injury .....
23. Attendant's **OWN** Signature Wilfred L. Allen M.D. (M. D. or other)
    and Address Pocatello, Ida. Date 9-16 1944
    (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce OCT 12 1944
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 140443
Local Reg. No. 233
Reg. Dist. No. 371

1. **PLACE OF DEATH:**
(a) County Power
(b) City or town 1 Mi. N. Municipal Air Port
(c) Street Address or R.F.D. No. Meader Gravel pit
(d) Death Occured Inside? ..... Outside? ✓ city or town
(e) Died in a Home.... Hospital.... Institution.... Other place ✓
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county ..... years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Bingham
(c) City or town Fort Hall
(d) Street Address or R.F.D. No. ✓
(e) Deceased lived Inside? ✓ Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 1/2 years
(h) Former residence (city, state) Vancouver, Wash.

3. (a) **FULL NAME** Charles Washington 174

3. (b) If veteran, name war ✓
3. (c) Social Security No. 554-24-9797
4. Sex M
5. Color or race R
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Grace
6. (c) Age of husband or wife if alive 20 years
7. Date of Birth (Month, Day, Year) October 25, 1919

8. AGE	Years	Months	Days	If less than 1 day
	24	10	21	hrs min.

9. Exact Occupation Welder Did this work for 5 yrs.
10. Industry or Business Western Constr. Co. Date last worked 9-16-44
11. Birthplace Benton (City or town) California (State or foreign country)
Father
12. Name George Washington
13. Birthplace (City or town) U.S.A. (State or foreign country)
Mother
14. Maiden name Emma (unknown)
15. Birthplace (City or town) U.S.A. (State or foreign country)
16. Informant's **OWN** Signature Grace L. Washington
and Address Fort Hall, Idaho
17. (a) removal (Burial, cremation, or removal) (b) Date thereof 9-21-44 (Month) (Day) (Year)
(c) Place: Bishop, Cal.
18. Funeral Director's **OWN** Signature Byron B. Downard
and Address Pocatello, Idaho
19. (a) 9-20-1944 (Date received and filed) (b) D. C. Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) September, 16, 1944
at 3:10 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from ..... 19 ....., to ..... 19 .....
I last saw him ~~alive~~ dead on Sept. 16 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Suffocation	
✓ Due to Gravel pit Cave in approx. 6 yds. Covered	upper
Due to part of body	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding ✓	
Finding of autopsy ✓	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? yes Suicide? ..... Homicide? .....
Occurred Sept., 16 1944 City, county, state where violence occurred Power Co. Idaho N. of city Pocatello
Place of Violence: Home ..... Farm ..... Industry yes
Public Place Meader gravel pit While at work? yes
Means of injury Cave in in gravel pit
23. Attendant's **OWN** Signature H. S. Davis - Coroner (~~M. D.~~ or other)
and Address Am. Falls, Ida. Date 9-19-1944
(For additional space, use reverse side)

United States
Department of Commerce
Bureau of the Census

OCT 12 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 140450
Local Reg. No. 236
Reg. Dist. No. 511

1. PLACE OF DEATH:
(a) County Bannock
(b) City or town Pocatello
(c) Street Address or R. F. D. No. West of Pocatello
(d) Death Occurred (Inside) Outside? city or town
(e) Died in a Home Hospital Institution (Other place)
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county - years - months - days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Bonneville
(c) City or town Idaho Falls
(d) Street Address or R. F. D. No. 393.11th.St.
(e) Deceased lived (Inside) Outside? city or town
(f) If foreign born, in U. S. yrs. Citizen of U. S.? Yes
(g) How long had deceased lived in Idaho? 35 years
(h) Former residence (city, state) Utah

3. (a) **FULL NAME** Lloyd Johnson Winn.

3. (b) If veteran, name World War #1 3. (c) Social Security No.
4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or Erma Avilda Winn 6 (c) Age of husband or wife if alive 42 years
7. Date of Birth (Month, Day, Year) Feb. 28. 1898.

8. AGE	Years	Months	Days	If less than 1 day
	46	6	22	hrs min.

9. Exact Occupation Trucking Did this work for 20 yrs.
10. Industry or Business Own business Date last worked 9/20/44.
11. Birthplace Junction City, (City or town) Utah. (State or foreign country)
Father 12. Name Samuel Winn.
13. Birthplace Unknown (City or town) (State or foreign country)
Mother 14. Maiden name Vivian Johnson.
15. Birthplace Unknown (City or town) (State or foreign country)
16. Informant's **OWN** Signature Erma A. Winn and Address 393.11th.St. Ida. Falls, Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 9/21/1944. (Month) (Day) (Year)
(c) Place: Paul, Idaho.
18. Funeral Director's **OWN** Signature Hall Mortuary, Arthur M Hall and Address Pocatello, Idaho
19. (a) 9-22-1944 (Date received and filed) (b) D C Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) September. 20. 1944 at o'clock M.
21. **I HEREBY CERTIFY,** That I attended deceased from 19, to 19
I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Heart Failure	
Found dead.	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease first contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide? Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature Charles Hayden Acting Coroner (M. D. or other) and Address Pocatello, Idaho. Date 9/21 1944
(For additional space, use reverse side)

Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

OCT 12 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 140451
Local Reg. No. 250
Reg. Dist. No. 51

1. **PLACE OF DEATH:**
   (a) County Bannock
   (b) City or town Lava Hot Springs
   (c) Street Address or R. F. D. No.
   (d) Death Occurred (Inside?) Outside? city or town
   (e) Died in a Home Hospital Institution Other place
   (f) Name Hosp. or Inst. Co. Infirmry Stayed 2 Yrs.
   (g) Lived in this county 20 years months days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Bannock
   (c) City or town Lava Hot Springs
   (d) Street Address or R. F. D. No. Co. Infirmry.
   (e) Deceased lived (Inside)? Outside? city or town
   (f) If foreign born, in U. S. yrs. Citizen of U. S.? Yes
   (g) How long had deceased lived in Idaho? 65 years
   (h) Former residence (city, state) Texas

3. (a) **FULL NAME** Wm. McDaniels.

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife if alive Josephine Walker
6 (c) Age of husband or wife if Died 1940 years
7. Date of Birth (Month, Day, Year) October. 9. 1853.

8. AGE	Years	Months	Days	If less than 1 day
	90	11	10	hrs min.

9. Exact Occupation Cattle foreman — Did this work for yrs.
10. Industry or Business Retired — Date last worked
11. Birthplace Forth Worth, (City or town) Texas. (State or foreign country)

Father
12. Name Unknown
13. Birthplace " " " " " " (City or town) (State or foreign country)

Mother
14. Maiden name " " " " " "
15. Birthplace " " " " " " (City or town) (State or foreign country)

16. Informant's **OWN** Signature Walter McDaniels
and Address R.R.1. North, Pocatello, Ida.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/22/1944 (Month) (Day) (Year)
(c) Place: Mountain View Cem.
18. Funeral Director's **OWN** Signature Hall Mortuary
and Address Pocatello, Idaho.
19. (a) 10-7-1944 (Date received and filed) (b) D C Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) September. 20. 1944
at 8 o'clock A. M.

21. I **HEREBY CERTIFY,** That I attended deceased from July. 1942 to Sept. 20 1944
I last saw him alive on Mar. 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Senility — Duration: Several years.
Due to
Due to
Other conditions. None
(Include pregnancy within 3 months of death)

Where was disease first contracted? —
Name of operation None Date —
Major finding General feebleness
Finding of autopsy None

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature H. H. Hayhurst
and Address Pocatello, Idaho. (M. D. or other) Date 9/ 1944

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vi Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

OCT 12 1944

State File No. 140452
Local Reg. No. 23
Reg. Dist. No. 5

1. **PLACE OF DEATH:**
   (a) County Bannock
   (b) City or town Pocatello
   (c) Street Address ~~or RFD~~ South Johnson Ave
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home .... Hospital X Institution .... Other place ....
   (f) Name Hosp. or Inst. General Stayed 21 days
   (g) Lived in this county 21 years ..... months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Bannock
   (c) City or town Pocatello
   (d) ~~Street Address or~~ R.F.D. No. 1 South
   (e) Deceased lived Inside? ..... Outside? X ..... city or town
   (f) Citizen of what country? U. S. A.
   (g) How long had deceased lived in Idaho? 21 years
   (h) Former residence (city, state) .....

3. (a) **FULL NAME** EVALD WINKLER CHRISTENSEN

170 c

3. (b) If veteran, name war ----
3. (c) Social Security No. 519-07-2882
4. Sex male
5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Martha
6. (c) Age of husband or wife if alive 38 years
7. Date of Birth (Month, Day, Year) September 4, 1904

8. AGE	Years	Months	Days	If less than 1 day
	40	0	18	hrs ..... min.

9. Exact Occupation Carpenter — Did this work for life yrs.
10. Industry or Business ..... — Date last worked .....
11. Birthplace Hasler (City or town) Denmark (State or foreign country)

Father
12. Name Anders Peter Christensen
13. Birthplace Unknown (City or town) Denmark (State or foreign country)

Mother
14. Maiden name Anna Katrine Winkler
15. Birthplace Unknown (City or town) Denmark (State or foreign country)

16. Informant's **OWN** Signature Martha Christensen
and Address Pocatello, Idaho

17. (a) burial (Burial, cremation, or removal) (b) Date thereof Sept. 25/44 (Month) (Day) (Year)
(c) Place: Pocatello, Idaho

18. Funeral Director's **OWN** Signature W. L. McMahan
and Address Pocatello, Idaho

19. (a) Sept. 23/44 (Date received and filed) (b) D C Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) September 22 19 44
at 6:30 o'clock a. M.

21. **I HEREBY CERTIFY**, That I attended deceased from 9/3 19 44, to Sept. 22 19 44
I last saw him alive on Sept. 22 19 44; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Asphyxia	
Due to Peritonitis	
Due to Stab Wound	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYISCIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ✓ Suicide? ..... Homicide? .....
Occurred 9/2 19 44 City, county, state where violence occurred Butte
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ✓ While at work? .....
Means of injury Knife Stab Wound

23. Attendant's **OWN** Signature [illegible] (M. D. or other)
and Address Pocatello, Ida Date 9/23 19 44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

OCT 12 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140453
Local Reg. No. 239
Reg. Dist. No. 5/8

1. **PLACE OF DEATH:**
   (a) County Bannock
   (b) City or town Pocatello
   (c) Street Address or R. F. D. No.
   (d) Death Occured Inside? ✓ Outside? ..... city or town
   (e) Died in a Home .... Hospital ✓ Institution .... Other place ....
   (f) Name Hosp. or Inst. St. Anthony Stayed ..... days
   (g) Lived in this county ..... years ..... months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Bannock
   (c) City or town Pocatello
   (d) Street Address or R.F.D. No. 254 N. Third
   (e) Deceased lived Inside? ✓ Outside? ..... city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 51 years
   (h) Former residence (city, state)

3. (a) **FULL NAME** Albert J. Miller

3. (b) If veteran, name war ✓
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced ~~single~~
6. (b) Name of husband or wife ✓
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) October 25, 1892

8. AGE	Years	Months	Days	If less than 1 day
	51	10	29	hrs min.

9. Exact Occupation Retired Fireman Did this work for ..... yrs.
10. Industry or Business ..... Date last worked 1940
11. Birthplace Pocatello Idaho (City or town) (State or foreign country)

Father
12. Name Ernest Miller
13. Birthplace Germany (City or town) (State or foreign country)

Mother
14. Maiden name Frances —
15. Birthplace Germany (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mae Miller
and Address 356 S. 2nd - Pocatello Id.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-27-44 (Month) (Day) (Year)
(c) Place: Mountainview

18. Funeral Director's **OWN** Signature Byron B. Dawnard
and Address Pocatello Idaho

19. (a) 9-26-1944 (Date received and filed) (b) D C Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Sept. 24 1944
at 4:00 o'clock A. M.

21. **I HEREBY CERTIFY**, That I attended deceased from 9-21 1944, to 9-24 1944.
I last saw h[im] alive on 9-24 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Uremia	Acute.
✓ Due to Acute Hemorrhagic Nephritis.	1 week.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? Pocatello
Name of operation ..... Date .....
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury

23. Attendant's **OWN** Signature Wilfred L. Allen, M.D. (M. D. or other)
and Address Pocatello, Ida. Date 9-25 1944.
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce OCT 12 1944
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 140454
Local Reg. No. 243
Reg. Dist. No. 3 10

1. **PLACE OF DEATH:**
   (a) County Bannock
   (b) City or town Pocatello,
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? Yes Outside? ....city or town
   (e) Died in a Home.... Hospital X Institution.... Other place....
   (f) Name Hosp. or Inst. Pocatell General 14 Stayed ....days
   (g) Lived in this county 22 years ....months ....days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Fremont
   (c) City or town Pocatello
   (d) Street Address or R.F.D. No. 1005 N 9th
   (e) Deceased lived Inside? Yes Outside? ....city or town
   (f) Citizen of what country? U. S.
   (g) How long had deceased lived in Idaho? 50 years
   (h) Former residence (city, state) Parker, Idaho.

3. (a) **FULL NAME** JOSEPHINE OVIATT HAIGHT 117a.

3. (b) If veteran, name war No. 3. (c) Social Security No. None.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Chauncey Haight 6. (c) Age of husband or wife if alive 76 years

7. Date of Birth (Month, Day, Year) April 4, 1870

8. AGE	Years	Months	Days	If less than 1 day
	74	5	21	hrs min.

9. Exact Occupation Housewife Did this work for 54 yrs.

10. Industry or Business Own Home Date last worked 1944

11. Birthplace Farmington, Utah (City or town) (State or foreign country)

Father
12. Name Albert Oviatt
13. Birthplace Unknown (City or town) (State or foreign country)

Mother
14. Maiden name Josephine Workman
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's **OWN** Signature Alton Stoddard
and Address Pocatello, Idaho.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 9-25-44 (Month) (Day) (Year)
(c) Place: St. Anthony, Idaho

18. Funeral Director's **OWN** Signature M. L. Hansen
and Address St. Anthony, Idaho.

19. (a) 10-1-1944 (Date received and filed) (b) D. C. Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Sept. 25, 1944
at 4:00 o'clock P. M.

21. **I HEREBY CERTIFY**, That I attended deceased from Sept. 9 1944, to Sept. 25 1944
I last saw her alive on Sept. 25 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death	Duration
Gastrointestinal Hemorrhage	Acute
✓ Due to Peptic Ulcer.	several years.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? Pocatello, Ida

Name of operation ....Date....
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ....Suicide? ....Homicide? ....
Occurred ....19.... City, county, state where violence occurred
Place of Violence: Home ....Farm ....Industry ....
Public Place ....While at work? ....
Means of injury

23. Attendant's **OWN** Signature Mildred K. Allen, M.D. (M. D. or other)
and Address Pocatello, Ida., Date 9-27 1944.
(For additional space, use reverse side)

United States
Department of Commerce
Bureau of the Census

OCT 12 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 140455
Local Reg. No. 244
Reg. Dist. No. 511

1. PLACE OF DEATH:
(a) County Bannock
(b) City or town Pocatello
(c) Street Address or R. F. D. No. 101. So. Johnson
(d) Death Occurred (Inside?) Outside? city or town
(e) Died in a Home (Hospital.) Institution Other place
(f) Name Hosp. or Inst. General Stayed 1 days
(g) Lived in this county 15 years 4 months 9 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Bannock
(c) City or town Pocatello
(d) Street Address or R. F. D. No. 304. East Buell.
(e) Deceased lived (Inside?) Outside? city or town
(f) If foreign born, in U. S. yrs. Citizen of U. S.? Yes
(g) How long had deceased lived in Idaho? Life years
(h) Former residence (city, state) None

3. (a) **FULL NAME** Jack Wiber Betty. 184

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6 (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) May. 17. 1929.

8 AGE	Years	Months	Days	If less than 1 day
	15	4	9	hrs min.

9. Exact Occupation School-boy Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Pocatello, (City or town) Idaho. (State or foreign country)
Father
12. Name Bill Betty.
13. Birthplace (City or town) Oklahoma. (State or foreign country)
Mother
14. Maiden name Vera Aldous.
15. Birthplace Howe, (City or town) Idaho. (State or foreign country)
16. Informant's **OWN** Signature Bill Betty
and Address Pocatello, Idaho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/30 1944. (Month) (Day) (Year)
(c) Place: Mountain View
18. Funeral Director's **OWN** Signature Arthur M Hall
and Address Pocatello, Idaho.
19. (a) 10-7-1944 (Date received and filed) (b) D C Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) September. 26. 1944
at 9:30 o'clock A.M.
21. **I HEREBY CERTIFY,** That I attended deceased from Sept. 25 1944 to Sept. 26 1944
I last saw him alive on Sept. 26 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Shock & hemorrhage	14 hrs.
Due to Gunshot of abdomen	14 hrs.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease first contracted? Idaho
Name of operation Laparotomy Date 9/25/44
Major finding Gun shot of abdomen
Finding of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? yes Suicide? Homicide?
Occurred 9/25 1944 City, ~~county, state~~
where violence occurred City (arco)
Place of Violence: Home Farm Industry
Public Place yes While at work?
Means of injury Gunshot wound of abdomen
23. Attendant's **OWN** Signature N. D. Hughart (M. D. or other)
and Address Pocatello, Idaho. Date 9/ 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

OCT 12 1944

NON-RESIDENT CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 140456
Local Reg. No. 240
Reg. Dist. No. 371

1. **PLACE OF DEATH:**
(a) County Bingham
(b) City or town 15 miles west of Moreland, Idaho
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? x city or town
(e) Died in a Home Hospital Institution Other place x
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 0 years 0 months 0 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Pennsylvania (b) County
(c) City or town Clearfield
(d) Street Address or R. F. D. No. 116 Weaver Street
(e) Deceased lived Inside? x Outside? city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 1 27/30 Mos ~~Years~~
(h) Former residence (city, state) Harding Fld., La.

3. (a) **FULL NAME** FLAHARTY, PAUL T. 0-2059761, 2nd Lt., A.C. 173

3. (b) If veteran, name war None
3. (c) Social Security No. Unknown
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) July 24, 1923

8. AGE	Years	Months	Days	If less than 1 day
	21	2	3	hrs min.

9. Exact Occupation Pilot — Did this work for 1/4 yrs.
10. Industry or Business U. S. Army — Date last worked Sept 27,44
11. Birthplace Clearfield (City or town) Pennsylvania (State or foreign country)

Father
12. Name Paul T. Flaharty
13. Birthplace Unknown (City or town) (State or foreign country)

Mother
14. Maiden name Nellie E.
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's **OWN** Signature Army Records
and Address AAF Sta Hosp, Pto AAFld, Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 9-28-44 (Month) (Day) (Year)
(c) Place: Altoona, Pa.
18. Funeral Director's **OWN** Signature Byron B. Downard
and Address Idaho Falls, Idaho
19. (a) 9-28-1944 (Date received and filed) (b) D C Kelly (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) September 27 1944
at 11:55 MWT o'clock A. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 19, to 19
I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Traumatic decapitation	Instant
Due to Aircraft Accident	Instant
Due to	
Other conditions See additional (Include pregnancy within 3 months of death)	
remarks reverse side.	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Yes Suicide? Homicide?
Occurred September 27, 1944 City, county, state where violence occurred Bingham, Idaho
Place of Violence: Home Farm Industry
Public Place While at work? Yes
Means of injury Aircraft Accident
23. Attendant's **OWN** Signature J. H. McCann (M. D. or other)
and Address Pto AAFld, Idaho Date Sept 28 1944
(For additional space, use reverse side)

United States
Department of Commerce
Bureau of the Census

OCT 12 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 140457
Local Reg. No. 257
Reg. Dist. No. 3-11

1. PLACE OF DEATH:

(a) County Bannock
(b) City or town Pocatello
(c) Street Address or R. F. D. No. 650 No. 7th Ave.
(d) Death Occurred (Inside?) Outside? city or town
(e) Died in a Home (Hospital) Institution Other place
(f) Name Hosp. or Inst. St. Anthony Stayed 3 days
(g) Lived in this county years 1 months 11 days

Note For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)

(a) State Idaho (b) County Bannock
(c) City or town ~~Po~~ Alameda
(d) Street Address or R. F. D. No. Poplar St.
(e) Deceased lived (Inside) Outside? city or town
(f) If foreign born, in U. S. yrs. Citizen of U. S.? Yes
(g) How long had deceased lived in Idaho? Life years
(h) Former residence (city, state) None

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3. (a) **FULL NAME** James Kenneth Stallworth, Jr.

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male race White
5. Color or
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6 (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) August 18, 1944.

8. AGE	Years	Months	Days	If less than 1 day
		1	11	hrs min.

9. Exact Occupation Child at home
Did this work for yrs.
10. Industry or Business
Date last worked
11. Birthplace Pocatello, (City or town) Idaho. (State or foreign country)

Father
12. Name James Kenneth Stallworth.
13. Birthplace Macon, (City or town) Georgia. (State or foreign country)

Mother
14. Maiden name Elva May Talbot.
15. Birthplace Payson, (City or town) Utah. (State or foreign country)

16. Informant's **OWN** Signature James K. Stallworth
and Address Pocatello, Idaho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/30/1944. (Month) (Day) (Year)
(c) Place: Mountain View Cem.
18. Funeral Director's **OWN** Signature Hall Mortuary, by Anthony M. Hall
and Address Pocatello, Idaho.
19. (a) 10-1-1944 (Date received and filed) (b) D C Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) September 28, 1944
at 9 o'clock P M.

21. **I HEREBY CERTIFY,** That I attended deceased from 1 P.M. Sept 28 1944, to 9 P.M. Sept 28 1944
I last saw h. alive on 28 Sept 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Toxemia	6 hrs
Due to Pneumonia	8 hrs
Due to Prematurity	41 days
Other conditions (Include pregnancy within 3 months of death)	

Where was disease first contracted? At home
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature Hunter B. H. Hollist, M.D. (M. D. or other)
and Address Pocatello, Idaho. Date 9/30, 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census OCT 12 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 140458
Local Reg. No. 244
Reg. Dist. No. 510

1. **PLACE OF DEATH:**
(a) County Bannock
(b) City or town Pocatello
(c) Street Address or R. F. D. No. 746 So. 4th. Ave.
(d) Death Occurred (Inside?) Outside? city or town
(e) Died in a (Home) Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 2 years - months - days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bannock
(c) City or town Pocatello
(d) Street Address or R. F. D. No. 746 So. 4th.
(e) Deceased lived (Inside?) Outside? city or town
(f) If foreign born, in U. S. yrs. Citizen of U. S.? Yes
(g) How long had deceased lived in Idaho? 26 Yrs. years
(h) Former residence (city, state) Utah.

3. (a) **FULL NAME** James Jensen.

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Eliza Hepworth
6 (c) Age of husband or wife if alive 75 years
7. Date of Birth (Month, Day, Year) April. 16. 1864.

8. AGE	Years	Months	Days	If less than 1 day
	80	5	12	hrs min.

9. Exact Occupation Farmer — Did this work for yrs.
10. Industry or Business Retired — Date last worked 1938.
11. Birthplace Brigham City, (City or town) Utah. (State or foreign country)

Father
12. Name James Jensen.
13. Birthplace Denmark. (City or town) (State or foreign country)

Mother
14. Maiden name Bodell Larsen.
15. Birthplace Denmark. (City or town) (State or foreign country)

16. Informant's **OWN** Signature [signature] and Address Pocatello, Idaho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/4/1944. (Month) (Day) (Year)
(c) Place: Mountain View Cem.
18. Funeral Director's **OWN** Signature Hall Mortuary and Address Pocatello, Idaho.
19. (a) 10-3-1944 (Date received and filed) (b) D C Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) September. 28. 1944
at 1:10 o'clock P. M.

21. I **HEREBY CERTIFY**, That I attended deceased from 1942, to 9.28 1944, I last saw him alive on 9.28 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Senility. — Duration Several years.
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Where was disease first contracted? Not known.
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature Gilbert K. Olsen M.D. (M. D. or other)
and Address Pocatello, Idaho. Date 10-3 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

OCT 12 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 140459
Local Reg. No. 249
Reg. Dist. No. 510

1. PLACE OF DEATH:

(a) County Bannock
(b) City or town Pocatello
(c) Street Address or R. F. D. No. 806. No. Main.
(d) Death Occurred (Inside?) Outside? city or town
(e) Died in a (Home) Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 25 years months days

Note For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)

(a) State Idaho (b) County Bannock
(c) City or town Pocatello
(d) Street Address or R. F. D. No. 806. No. Main.
(e) Deceased lived (Inside?) Outside? city or town
(f) If foreign born, in U. S. yrs. Citizen of U. S.? Yes
(g) How long had deceased lived in Idaho? Life years
(h) Former residence (city, state) None

3. (a) **FULL NAME** Fannie Royce Winn Lish.

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3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female race White
5. Color or
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Del Lish.
6 (c) Age of husband or wife if alive 67 years
7. Date of Birth (Month, Day, Year) June. 16. 1882.

8. AGE	Years	Months	Days	If less than 1 day
	62	3	13	hrs / min.

9. Exact Occupation House-wife Did this work for 44 yrs.
10. Industry or Business Own-home Date last worked 1943.
11. Birthplace Dayton, (City or town) Idaho. (State or foreign country)

Father
12. Name John A Nelson.
13. Birthplace (City or town) Scotland. (State or foreign country)

Mother
14. Maiden name Rosetta Seamons.
15. Birthplace (City or town) England. (State or foreign country)

16. Informant's **OWN** Signature W. A. Winn
and Address Pocatello, Idaho.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 10/4/1944 (Month) (Day) (Year)
(c) Place: Preston, Idaho.
18. Funeral Director's **OWN** Signature Hall Mortuary, by Hall.
and Address Pocatello, Idaho.
19. (a) 10-5-1944 (Date received and filed) (b) J C Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) September. 29 1944
at 10 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from May 25 1944, to Sept 29 1944
I last saw her alive on Sept 29 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Chronic Myocarditis — Duration
Due to
Due to
Other conditions Chronic Nephritis
(Include pregnancy within 3 months of death)

Where was disease first contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature F. D. Miller (M. D. or other)
and Address Pocatello, Idaho Date 10/2 1944

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

OCT 12 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140460
Local Reg. No. 246
Reg. Dist. No. 5-10

1. **PLACE OF DEATH:**
(a) County Bannock
(b) City or town Pocatello
(c) Street Address or R.F.D. No. 540 So. 8th
(d) Death Occured Inside? X Outside? — city or town
(e) Died in a Home X Hospital — Institution — Other place
(f) Name Hosp. or Inst. Pocatello Gen. ed days
(g) Lived in this county — years — months — days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Bannock
(c) City or town Pocatello, Idaho
(d) Street Address or R.F.D. No. 540 So. 8th.
(e) Deceased lived Inside? X Outside? — city or town
(f) Citizen of what country? U. S. A.
(g) How long had deceased lived in Idaho? Life years
(h) Former residence (city, state) —

3. (a) **FULL NAME** Reed Raley Working

3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Date of Birth (Month, Day, Year) Sept 29, 1944

8. AGE	Years	Months	Days	If less than 1 day
	—	—	2	hrs — min.

9. Exact Occupation Infant
Did this work for — yrs.
10. Industry or Business —
Date last worked —
11. Birthplace Pocatello Idaho
(City or town) (State or foreign country)

Father
12. Name Harland Eugene Working
13. Birthplace Meeker County Minn.
(City or town) (State or foreign country)

Mother
14. Maiden name Bernice Smith
15. Birthplace Bluesth County Minn
(City or town) (State or foreign country)

16. Informant's **OWN** Signature E. E. Working
and Address Litchfield Minnesota

17. (a) — (Burial, cremation, or removal) (b) Date thereof Oct 1st 1944 (Month) (Day) (Year)
(c) Place: POCATELLO, IDAHO Litchfield Minn.

18. Funeral Director's **OWN** Signature K. L. McClain
and Address POCATELLO, IDAHO

19. (a) 10-1-44 (Date received and filed) (b) D C Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

POCATELLO, IDA.

20. **DATE OF DEATH** (Month, Day, Year) Sept 30 19 44
at 4:30 o'clock P. M.

21. **I HEREBY CERTIFY**, That I attended deceased from 9-24 19 44 to 9-30 19 44
I last saw h..... alive on ..... 19 .....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Prematurity	1 day
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? Pocatello
Name of operation — Date —
Major finding —
Finding of autopsy —

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? — Suicide? — Homicide? —
occurred — 19 — City, county, state where violence occurred —
Place of Violence: Home — Farm — Industry —
Public Place — While at work? —
Means of injury —

23. Attendant's **OWN** Signature Alfred L. Allen M.D. (M. D. or other)
and Address POCATELLO, IDAHO Date 10-1 1944.
(For additional space, use reverse side)

United States
Department of Commerce
Bureau of the Census

SEP 25 1944

CERTIFICATE OF DEATH

STATE OF IDAHO

State File No. 140461
Local Reg. No.
Reg. Dist. No. 552

1. PLACE OF DEATH:
(a) County Bear Lake
(b) City or town Bennington
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 62 years months days
Note For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Bear Lake
(c) City or town Bennington
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) If foreign born, in U. S. yrs. Citizen of U. S.?
(g) How long had deceased lived in Idaho? 62 years
(h) Former residence (city, state)

3. (a) **FULL NAME** Marion Zerulah Lindsay Parker

50

3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Jared Parker
6 (c) Age of husband or wife if alive 60 years
7. Date of Birth (Month, Day, Year) October 6, 1880

8. AGE	Years	Months	Days	If less than 1 day
	63	9	27	hrs min.

9. Exact Occupation Housewife Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Brigham City (City or town) Utah (State or foreign country)

Father
12. Name William Joel Lindsay
13. Birthplace Kaysville, (City or town) Utah (State or foreign country)

Mother
14. Maiden name Rebecca Jensen
15. Birthplace Brigham City, (City or town) Utah (State or foreign country)

16. Informant's **OWN** Signature Marion P. George
and Address Pocatello, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof August 6, 1944 (Month) (Day) (Year)
(c) Place: Bennington, Idaho
18. Funeral Director's **OWN** Signature [signature]
and Address Montpelier, Idaho
19. (a) Aug 6, 1944 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) August 2 1944
at 4 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from June 24 1944, to Aug 2 1944
I last saw her alive on Aug 2 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration
Heart 3 yrs
Carcinoma of Breast 50
Due to Post operation
Diabetes 6+ 5 yrs
Due to Hypertention 5 yrs
Other conditions
(Include pregnancy within 3 months of death)
Where was disease first contracted? Home
Date of operation Aug 11-44
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature [signature] (M. D. or other)
and Address Montpelier, Idaho Date Aug. 3 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

SEP 25 1944

CERTIFICATE OF DEATH

STATE OF IDAHO

State File No. 140462
Local Reg. No.
Reg. Dist. No. 52

1. PLACE OF DEATH:

(a) County Bear Lake
(b) City or town Montpelier
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home Hospital Institution Other place
(f) Name Hosp. or Inst. Bear Lake Stayed 3 Hrs
(g) Lived in this county 58 years 7 months 7 days

Note For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)

(a) State Idaho (b) County Bear Lake
(c) City or town Fish Haven
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) If foreign born, in U. S. yrs. Citizen of U. S.?
(g) How long had deceased lived in Idaho? 58 years
(h) Former residence (city, state)

3. (a) **FULL NAME** Ernest Raymond Smith

105a

3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Winifred Christensen
6 (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) December 29, 1885

8. AGE	Years	Months	Days	If less than 1 day
	58	7	7	hrs min.

9. Exact Occupation Farmer Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Fish Haven. (City or town) Idaho (State or foreign country)

Father
12. Name Thomas Smith
13. Birthplace (City or town) England (State or foreign country)

Mother
14. Maiden name Margaret Hill
15. Birthplace St. Charles, Idaho. (City or town) (State or foreign country)

16. Informant's **OWN** Signature Charles P. Smith
and Address Ogden, Utah
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 9, 1944 (Month) (Day) (Year)
(c) Place: Fish Haven, Idaho.
18. Funeral Director's **OWN** Signature [signature]
and Address Montpelier, Idaho.
19. (a) Aug 9, 1944 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) August 5 1944
at 7:20 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from Aug 5 1944, to Aug 5 1944
I last saw him alive on Aug 5 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Concussion of lungs	8 hrs.
Due to accident, crushed with falling hay stacker	
Due to	
Other conditions. (Include pregnancy within 3 months of death)	
Where was disease first contracted?	
Name of operation Date	
Major finding	
Finding of autopsy	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? yes Suicide? Homicide?
Occurred Aug 5 1944 City, county, state where violence occurred Fish Haven B.L.Co. Idaho
Place of Violence: Home Farm yes Industry
Public Place While at work? yes
Means of injury crushed with falling hay stacker
23. Attendant's **OWN** Signature R. B. Lindsay, M.D. (M. D. or other)
and Address Montpelier, Idaho Date Aug 6, 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

SEP 5 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 140453
Local Reg. No.
Reg. Dist. No. 52

1. **PLACE OF DEATH:**
(a) County Bear Lake
(b) City or town Montpelier
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. Bear Lake Stayed 11 Hrs
(g) Lived in this county. years months days

Note For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bear Lake
(c) City or town Montpelier
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) If foreign born, in U. S. yrs. Citizen of U. S.?
(g) How long had deceased lived in Idaho? years
(h) Former residence (city, state)

3. (a) **FULL NAME** Ingrid Sorensen

3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Infant
6. (b) Name of husband or wife
6 (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) August 17, 1944

8. AGE	Years	Months	Days	If less than 1 day
				11 hrs min.

9. Exact Occupation Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Montpelier, (City or town) Idaho. (State or foreign country)

Father
12. Name Robert Earl Sorensen
13. Birthplace Axtell (City or town) Utah (State or foreign country)

Mother
14. Maiden name Ingris Nelson Anderson
15. Birthplace Preston (City or town) Idaho. (State or foreign country)

16. Informant's **OWN** Signature R. Earl Sorenson and Address Pergam, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 19, 1944 (Month) (Day) (Year)
(c) Place: Montpelier, Idaho

18. Funeral Director's **OWN** Signature and Address Montpelier, Idaho.

19. (a) Aug 19, 1944 (Date received and filed) (b) (Registrar's Signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) August 17, 1944 19 at 8:50 o'clock P M.

21. I **HEREBY CERTIFY**, That I attended deceased from 8-17 19 44, to 8-17 19 44
I last saw h~~e~~ alive on 8-17-44 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Acute Respiratory failure 6 hrs. — Duration
Due to Premature birth
Due to
Other conditions. (Include pregnancy within 3 months of death)

Where was disease first contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature R B Lindsay, M.D. (M. D. or other)
and Address Montpelier, Idaho Date 8/18 19 44

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

140464

United States
Department of Commerce
Bureau of the Census

SEP 25 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No. 52

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
   (a) County Bear Lake
   (b) City or town Montpelier
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? X Outside? ____ city or town
   (e) Died in a Home ____ Hospital X Institution ____ Other place ____
   (f) Name Hosp. or Inst. Montpelier Stayed 1 Hour
   (g) Lived in this county 15 years 4 months 21 days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Bear Lake
   (c) City or town Dingle
   (d) Street Address or R. F. D. No.
   (e) Deceased lived Inside? X Outside? ____ city or town
   (f) Citizen of what country? U. S.
   (g) How long had deceased lived in Idaho? 15 years
   (h) Former residence (city, state)

3. (a) **FULL NAME** Robert Don Sparks

1700

3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) April 20 1929

8. AGE	Years	Months	Days	If less than 1 day
	15	4	21	hrs ____ min.

9. Exact Occupation Student & Farm Labor — Did this work for ____ yrs.
10. Industry or Business — Date last worked
11. Birthplace Salt Lake City, Utah (City or town) (State or foreign country)

Father
12. Name William G. Sparks
13. Birthplace Dingle (City or town) Idaho (State or foreign country)

Mother
14. Maiden name Dora D. Humberg
15. Birthplace Dingle (City or town) Idaho (State or foreign country)

16. Informant's OWN Signature William G. Sparks
and Address Dingle Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 13, 1944 (Month) (Day) (Year)
(c) Place: Dingle, Idaho

18. Funeral Director's OWN Signature F. M. Williams
and Address Montpelier, Idaho.

19. (a) ____ (Date received and filed) (b) ____ (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Sept 10 1944
at 5 o'clock A M.

21. **I HEREBY CERTIFY,** That I attended deceased from 4 A.M. 9-10 1944 to 5 A.M. 9-10 1944
I last saw h____ alive on ____ 19____; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Head injury	
Internal injuries	
Due to Automobile Accident	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation none Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy none	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? X Suicide? ____ Homicide? ____
Occurred 9-10 1944 City, county, state where violence occurred Montpelier Bear Lake Idaho
Place of Violence: Home ____ Farm ____ Industry ____
Public Place Highway While at work? ____
Means of injury Automobile Accident

23. Attendant's OWN Signature F. P. Gardner M.D. (M. D. or other)
and Address Montpelier, Idaho Date Sept 11 1944

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 140465
Local Reg. No. 37
Reg. Dist. No. 130

OCT. 10 1944

1. **PLACE OF DEATH:**
   (a) County Benewah
   (b) City or town St. Maries
   (c) Street Address or R. F. D. No.
   (d) Death Occured Inside? Outside? X city or town
   (e) Died in a Home X. Hospital Institution Other place
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county 14 years months days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Benewah
   (c) City or town St. Maries
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? Outside? X city or town
   (f) Citizen of what country? U. S. A.
   (g) How long had deceased lived in Idaho? 25 years
   (h) Former residence (city, state)

3. (a) **FULL NAME** Isaac Edward Waddell

13a

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Laura A.
6. (c) Age of husband or wife if alive 67 years
7. Date of Birth (Month, Day, Year) October 4 1851

8. AGE	Years	Months	Days	If less than 1 day
	92	10	28	hrs min.

9. Exact Occupation Lumberman — Did this work for 15 yrs.
10. Industry or Business Woods — Date last worked 1926
11. Birthplace Poplar Grove, (City or town) Ill. (State or foreign country)

Father
12. Name Thomas M. Waddell
13. Birthplace England (City or town) (State or foreign country)

Mother
14. Maiden name Mary A. Stickney
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's **OWN** Signature Laura A Waddell
and Address St. Maries, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-6-44 (Month) (Day) (Year)
(c) Place: St. Maries, Idaho

18. Funeral Director's **OWN** Signature R. E. Wessa
and Address St. Maries, Idaho

19. (a) 10-7-44 (Date received and filed) (b) R. E. Wessa (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Sept. 2, 1944 19
at 10:45 o'clock A. M.

21. **I HEREBY CERTIFY**, That I attended deceased from Aug 1 of 1943, to Sept 2 1944
I last saw h— alive on Sept 2nd 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Myocardial	
Due to General Senility	
Due to age	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted? —	
Name of operation — Date	PHYSICIAN Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy —	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature O. D. Platt M D (M. D. or other)
and Address St. Maries Ida Date 9-3 1944
(For additional space, use reverse side)

140466

United States
Department of Commerce
Bureau of the Census

OCT. 9 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 3
Reg. Dist. No. 132

1. **PLACE OF DEATH:**
(a) County Benewah
(b) City or town Plummer
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. --- Stayed -- days
(g) Lived in this county 7 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Benewah
(c) City or town Plummer
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? U.S.
X (g) How long had deceased lived in Idaho? 7 years
(h) Former residence (city, state) —

3. (a) FULL NAME BENJAMIN FRANKLIN DANIEL

94a

3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Alice Mitchell
6. (c) Age of husband or wife if alive 63 years
7. Date of Birth (Month, Day, Year) November 12 1871

8. AGE	Years	Months	Days	If less than 1 day hrs min.
	72	10	3	

X 9. Exact Occupation Farmer Did this work for 50 yrs.
X 10. Industry or Business Farmer Date last worked 7-28-1944
11. Birthplace Galena (City or town) Missouri (State or foreign country)
Father
12. Name Issac Daniel
13. Birthplace Unknown (City or town) Kentucky (State or foreign country)
Mother
14. Maiden name Margaret Butler
15. Birthplace Unknown (City or town) Tennessee (State or foreign country)
16. Informant's OWN Signature Mr. Ivan Daniel
and Address Plummer, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-20-1944 (Month) (Day) (Year)
(c) Place: St. Maries, Idaho
18. Funeral Director's OWN Signature Jaeger Funeral Home H. G. Jaeger
and Address Faurfield, Wash.
19. (a) 9-19-1944 (Date received and filed) (b) Fred A. Robertson (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Sept. 15th 1944
at 8:30 o'clock P. M.
21. I HEREBY CERTIFY, That I attended deceased from Sept. 6 1944 to Sept. 13 1944
I last saw him alive on Sept. 6, 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Coronary Thrombosis	15 min
Due to Coronary Sclerosis	?
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation Date	
Major finding	
Finding of autopsy	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature Robt L Rotchford (M. D.)
and Address Spokane Wn Date 9-16-1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

OCT. 10 1944

State File No. 140467
Local Reg. No. 38
Reg. Dist. No. 130

1. **PLACE OF DEATH:**
   (a) County Benewah
   (b) City or town St. Maries
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home.... Hospital X Institution.... Other place....
   (f) Name Hosp. or Inst. St. Maries Stayed ..... days
   (g) Lived in this county ..... years ..... months ..... days

   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Benewah
   (c) City or town St. Maries
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? X Outside? ..... city or town
   (f) Citizen of what country? U. S. A.
   (g) How long had deceased lived in Idaho? ..... years
   (h) Former residence (city, state)

3. (a) **FULL NAME** Kenneth Dean Toland

160C

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) September 19, 1944

8. AGE	Years	Months	Days	If less than 1 day
				1 hrs 13 min.

9. Exact Occupation None Did this work for ..... yrs.
10. Industry or Business Date last worked
11. Birthplace St. Maries, Idaho (City or town) (State or foreign country)

Father
12. Name B. L. Toland
13. Birthplace Gifford, Washington (City or town) (State or foreign country)

Mother
14. Maiden name Ruby Kendall
15. Birthplace Mountain Grove, Mo. (City or town) (State or foreign country)

16. Informant's **OWN** Signature B L Toland
and Address St. Maries, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-22-44 (Month) (Day) (Year)
(c) Place: St. Maries, Idaho

18. Funeral Director's **OWN** Signature R. E. Wessa
and Address St. Maries, Idaho

19. (a) 10-7-44 (Date received and filed) (b) R. E. Wessa (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) September 19, 1944 19.....
at 9 58 o'clock P M.

21. **I HEREBY CERTIFY**, That I attended deceased from 9-19 1944, to 9-19 1944
I last saw h~~im~~ alive on 9-19 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Premature birth (8½ mo) — Duration
Due to Partial separation of the placenta — 3-4 days
Due to Reason unknown
Other conditions None
(Include pregnancy within 3 months of death)

Where was disease contracted? At home
Name of operation None Date
Major finding
Finding of autopsy None

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury

23. Attendant's **OWN** Signature C A Simms M D (M. D. or other)
and Address St Maries Ida Date 9-21 1944

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census OCT 10 1944

Certificate Of Death

STATE OF IDAHO

State File No. 14045
Local Reg. No. 39
Reg. Dist. No. 130

1. PLACE OF DEATH:
(a) County Benewah
(b) City or town St. Maries
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? X Outside? city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 40 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Benewah
(c) City or town St. Maries
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? U. S. A.
(g) How long had deceased lived in Idaho? 50 years
(h) Former residence (city, state)

3. (a) FULL NAME John Brady White

1246

3. (b) If veteran, name war None
3. (c) Social Security No. 518-03-8624
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) December 27, 1876

8. AGE	Years	Months	Days	If less than 1 day
	67	8	27	hrs min.

9. Exact Occupation Cook — Did this work for 40 yrs.
10. Industry or Business Woods — Date last worked 1943
11. Birthplace Bay City, Michigan (City or town) (State or foreign country)
Father 12. Name John Brady
Father 13. Birthplace Unknown (City or town) (State or foreign country)
Mother 14. Maiden name Everilda Ammerman
Mother 15. Birthplace Canada (City or town) (State or foreign country)
16. Informant's **OWN** Signature Mrs J Tokenham and Address 111 - 12th N. Seattle, Wash.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-27-44 (Month) (Day) (Year)
(c) Place: St. Maries, Idaho
18. Funeral Director's **OWN** Signature R. E. Wessa and Address St. Maries, Idaho
19. (a) 10-7-44 (Date received and filed) (b) R. E. Wessa (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) September 24, 1944 19
at 4:00 o'clock A. M.
21. **I HEREBY CERTIFY,** That I attended deceased from June 1 1944, to Sept 24 1944
I last saw him alive on Sept 15 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cirrhosis of Liver	
Due to Chronic Alcoholism	
Due to —	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation Date	
Major finding	
Finding of autopsy	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature O. D. Platt M. D. (M.D. or other)
and Address St. Maries, Ida. Date 9/26 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

OCT 10 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 140469
Local Reg. No. 115
Reg. Dist. No. 601

1. **PLACE OF DEATH:**
   (a) County Bingham
   (b) City or town Blackfoot
   (c) ~~Street Address~~ or R. F. D. No. 2
   (d) Death Occurred Inside? ____ Outside? ✓ city or town
   (e) Died in a Home ✓ Hospital ____ Institution ____ Other place ____
   (f) Name Hosp. or Inst. ____ Stayed ____ days
   (g) Lived in this county 38 years ____ months ____ days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Bingham
   (c) City or town Blackfoot
   (d) ~~Street Address~~ or R. F. D. No. 2
   (e) Deceased lived Inside? ____ Outside? ✓ city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 38 years
   (h) Former residence (city, state) Holliday, Utah

3. (a) **FULL NAME** Ingrid Anderson

108

3. (b) If veteran, name war ____ 3. (c) Social Security No. ____
4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Anders Anderson 6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) Mar. 12 1857

8. AGE	Years	Months	Days	If less than 1 day
	87	4	4	hrs min.

9. Exact Occupation Housewife Did this work for ____ yrs.
10. Industry or Business ____ Date last worked ____
11. Birthplace Malmo (City or town) Sweden (State or foreign country)
Father
12. Name Neils Olson
13. Birthplace ____ (City or town) Sweden (State or foreign country)
Mother
14. Maiden name Anna Larson
15. Birthplace ____ (City or town) Sweden (State or foreign country)
16. Informant's OWN Signature Neils Anderson and Address Rt. 2 Blackfoot, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-18-44 (Month) (Day) (Year)
(c) Place: Thomas-Riverside Cemetery
18. Funeral Director's OWN Signature John C. Sandberg and Address Blackfoot, Idaho
19. (a) Sept. 17-44 (Date received and filed) (b) Mrs. Katherine E. Fuhrer (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Sept. 16 1944
at 12:20 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from Sept. 15 1944, to Sept. 16 1944
I last saw her alive on Sept. 15 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Lobar Pneumonia	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Old age	
Where was disease contracted?	PHYSICIAN
Name of operation none Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature M. E. Patrie M.D. (M. D. or other) and Address Blackfoot Date Sept. 17 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

OCT. 10 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140470
Local Reg. No. 119
Reg. Dist. No. 601

1. PLACE OF DEATH:
(a) County Bingham
(b) City or town Shelley
(c) Street Address or R.F.D. No. #1
(d) Death Occured Inside? ..... Outside? X city or town
(e) Died in a Home.... Hospital.... Institution.... Other place X
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 1 years 6 months 13 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Bingham
(c) City or town Shelley,
(d) Street Address or R.F.D. No. #1
(e) Deceased lived Inside? ..... Outside? X city or town
(f) Citizen of what country? U.S.A
(g) How long had deceased lived in Idaho? 1 ½ years
(h) Former residence (city, state) Idaho

3. (a) **FULL NAME** Lynn Edward Pack

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Baby
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) March 8, 1943

8. AGE	Years	Months	Days	If less than 1 day
	1	6	13	hrs min.

9. Exact Occupation ..... Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Shelley, Idaho (City or town) (State or foreign country)
Father
12. Name Donald Earl Pack
13. Birthplace Shelley Idaho (City or town) (State or foreign country)
Mother
14. Maiden name Betty Jean Robinson
15. Birthplace Los Angeles California (City or town) (State or foreign country)
16. Informant's **OWN** Signature Donald E. Pack X
and Address Shelley, Idaho
17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof 9-25-44 (Month) (Day) (Year)
(c) Place: ASHTON CEMETERY,
18. Funeral Director's **OWN** Signature L M Nalder
and Address SHELLEY, IDAHO
19. (a) 9-25-1944 (Date received and filed) (b) Mrs Walter E. [illegible] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) September 21 1944
at six o'clock P.M.
21. **I HEREBY CERTIFY,** That I attended deceased from 9/21 1944, to 9/21 1944
I last saw him alive on 9/21 1944; death is said to have occurred on the date and hour stated above.
Dead

Immediate Cause of Death:	Duration
Drowning	9/21/44
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation ..... Date	
Major finding	
Finding of autopsy	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? yes Suicide? ..... Homicide? .....
Occurred 9/21 1944 City, county, state where violence occurred Shelley, Bingham, Idaho
Place of Violence: Home ..... Farm X Industry .....
Public Place ..... While at work? .....
Means of injury fell into canal
23. Attendant's **OWN** Signature H. L. Schiess M.D. (M. D. or other)
and Address Shelley, Idaho Date 9/21 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census OCT 10 1944

Certificate Of Death

STATE OF IDAHO

State File No. 14047
Local Reg. No. 117
Reg. Dist. No. 601

1. **PLACE OF DEATH:**
   (a) County Bingham
   (b) City or town Blackfoot
   (c) Street Address or R.F.D. No. #3
   (d) Death Occured Inside? ..... Outside? X city or town
   (e) Died in a Home X Hospital Institution Other place
   (f) Name Hosp. or Inst. ..... Stayed ..... days
   (g) Lived in this county 72 years ..... months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Bingham
   (c) City or town Blackfoot
   (d) Street Address or R.F.D. No. 3
   (e) Deceased lived Inside? X Outside? ..... city or town
   (f) Citizen of what country? Ur Sr A.
   (g) How long had deceased lived in Idaho? 72 years
   (h) Former residence (city, state) .....

3. (a) **FULL NAME** Elizabeth J. Shannon

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Robert Shannon
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) July 6, 1872.

8. AGE	Years	Months	Days	If less than 1 day
	72	2	15	hrs ..... min.

9. Exact Occupation Ranch owner — Did this work for 52 yrs.
10. Industry or Business on ranch — Date last worked Jan. '44.
11. Birthplace Lower Presto, Idaho. (City or town) (State or foreign country)

Father
12. Name Henry Dunn, Sr.
13. Birthplace Mary Jane Higham England (City or town) (State or foreign country)

Mother
14. Maiden name Mary Jane Higham
15. Birthplace Idaho. (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mrs Mary Turtchell
and Address R#3 Rich Lane, Blackfoot

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept-23-44 (Month) (Day) (Year)
(c) Place: Grove City Cem'l, Blackfoot

18. Funeral Director's **OWN** Signature E.J. Peck
and Address Blackfoot, Idaho.

19. (a) Sept. 23-44. (Date received and filed) (b) Mrs Walter E. Talbot (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) September 21, 1944.
at 9:35 o'clock A. M.

21. **I HEREBY CERTIFY**, That I attended deceased from July 6 1944 to Sept 21 1944
I last saw her alive on Sept 20 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: (Duration)
Cardiac Failure
Due to Coronary occlusion Ida
Due to .....
Other conditions ..... (Include pregnancy within 3 months of death)

Where was disease contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy None performed

PHYISICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature W.W. Beck M.D. (M. D. or other)
and Address Blackfoot Ida Date 9-27 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census OCT. 10 1944

NON-RESIDENT

Certificate Of Death

STATE OF IDAHO

State File No. 14042
Local Reg. No. 116
Reg. Dist. No. 201

1. **PLACE OF DEATH:**
   (a) County Bingham
   (b) City or town Shelley,
   (c) Street Address or R. F. D. No. # 2
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home X Hospital .... Institution .... Other place ....
   (f) Name Hosp. or Inst. ..... Stayed ..... days
   (g) Lived in this county 13 years ..... months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Utah (b) County Box Elder
   (c) City or town Portage
   (d) Street Address or R.F.D. No. .....
   (e) Deceased lived Inside? X Outside? ..... city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 40 years
   (h) Former residence (city, state) Utah

3. (a) **FULL NAME** Laura Bele (Hall) Heaton

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married divorced Widowed
6. (b) Name of husband or wife Jonas Heaton
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) May 29, 1864

8. AGE	Years	Months	Days	If less than 1 day hrs	min.
	80	3	22		

9. Exact Occupation Housewife — Did this work for ..... yrs.
10. Industry or Business ..... — Date last worked .....
11. Birthplace Murry (City or town) Utah (State or foreign country)

Mother
12. Name Miles Hall
13. Birthplace ..... (City or town) ..... (State or foreign country)

Father
14. Maiden name Sarah Ellen Johnson
15. Birthplace Indiana (City or town) (State or foreign country)

16. Informant's **OWN** Signature Lle Heaton
and Address Shelley, Idaho

17. (a) Firth (Burial, cremation, or removal) (b) Date thereof 9-26-1944 (Month) (Day) (Year)
(c) Place: Firth, IDAHO

18. Funeral Director's **OWN** Signature L M Nalder
and Address Shelley, Idaho

19. (a) 9-25-1944 (Date received and filed) (b) Mrs Nalder (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) September 21 19 44
at 1:50 o'clock A. M.

21. **I HEREBY CERTIFY**, That I attended deceased from 9/17 19 44, to 9/21 19 44
I last saw her alive on 9/17 19 44; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Left hemiplegia	2/19/44
Due to arteriosclerosis	
Due to hypertension	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature W. L. Schiess, M.D. (M. D. or other)
and Address Shelley, Idaho Date 9/22 1944
(For additional space, use reverse side)

140473

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

SEP 4 1944

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF DEATH:**
(a) County Bingham
(b) City or town Sterling, Idaho.
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? X city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 30 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bingham
(c) City or town Sterling,
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Outside? X city or town
(f) Citizen of what country? U. S.
(g) How long had deceased lived in Idaho? 30 years
(h) Former residence (city, state) Kansas.

3. (a) **FULL NAME** Henry D Isaak. 62b

3. (b) If veteran, name war No
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married divorced Married
6. (b) Name of husband or wife Lonice
6. (c) Age of husband or wife if alive 27 years
7. Date of Birth (Month, Day, Year) Nov. 25 1909

8. AGE	Years	Months	Days	If less than 1 day
	34	9	27	hrs min.

9. Exact Occupation Ditch Rider — Did this work for 7 yrs.
10. Industry or Business Canal Co. — Date last worked 9-10-44
11. Birthplace Gorsel Kansas (City or town) (State or foreign country)

Father
12. Name Peter J. Isaak
13. Birthplace Russia (City or town) (State or foreign country)

Mother
14. Maiden name Maria Schroeter
15. Birthplace Russia (City or town) (State or foreign country)

16. Informant's **OWN** Signature Jake Isaak
and Address Aberdeen Ida.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9 29 44 (Month) (Day) (Year)
(c) Place: Aberdeen Idaho.
18. Funeral Director's **OWN** Signature H L Downs
and Address Am. Falls, Idaho
19. (a) Sep. 28, 1944 (Date received and filed) (b) F. L. Harmt (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) September 22 1944
at 3:00 o'clock P. M.

21. **I HEREBY CERTIFY,** That I attended deceased from Jan. 1 1942 to Sep. 7, 1944
I last saw him alive on Sep 7, 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Acute cardiac failure — Duration 20 min
Due to Auricular fibrillation and cardiac decompensation — 3 yr. 6 mo.
Due to
Other conditions Hyperthyroidism
(Include pregnancy within 3 months of death)

Where was disease contracted?
Name of operation None Date
Major finding
Finding of autopsy none

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature F. L. Harmt M.D. (M. D. or other)
and Address Aberdeen Idaho Date 9-23 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

OCT 10 1944

Certificate Of Death

STATE OF IDAHO

State File No. 1404.4
Local Reg. No. 120
Reg. Dist. No. 601

1. **PLACE OF DEATH:**
   (a) County Bingham
   (b) City or town Old Fort Hall
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? Outside? X city or town
   (e) Died in a Home X Hospital Institution Other place
   (f) Name, Hosp. or Inst. Stayed days
   (g) Lived in this county all her life days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Bingham
   (c) City or town Old Fort Hall
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? Outside? X city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? Life years
   (h) Former residence (city, state)

3. (a) **FULL NAME** Nova Wishop

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race Indian
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Approx - 1847

8. AGE	Years	Months	Days	If less than 1 day
	Over 100 years old			hrs min.

9. Exact Occupation Housewife Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Boise, Idaho (City or town) (State or foreign country)

Father
12. Name No data
13. Birthplace (City or town) (State or foreign country)

Mother
14. Maiden name No data
15. Birthplace (City or town) (State or foreign country)

16. Informant's **OWN** Signature Tom Cosgrove
and Address Blackfoot, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-30-44 (Month) (Day) (Year)
(c) Place: Presbyterian Mission Cemetery
18. Funeral Director's **OWN** Signature E. F. Peck
and Address Blackfoot, Ida.
19. (a) Sept. 30, 1944 (Date received and filed) (b) Mrs Vivian E. Patrick (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Sept 29 1944
at 3:00 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from no doctor in attendance
I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Valvular disease of heart	
Due to Old age	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYISCIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature W. E. Patrick M.D. (M. D. or other)
and Address Blackfoot Date 19
(For additional space, use reverse side)

County Health Officer

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Grane # 659

United States
Department of Commerce
Bureau of the Census OCT. 10 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140475
Local Reg. No. 127
Reg. Dist. No. 601

1. PLACE OF DEATH:
(a) County Bingham
(b) City or town Blackfoot
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? Outside? x city or town
(e) Died in a Home.... Hospital.... Institution x Other place....
(f) Name Hosp. or Inst. State Hos. S. Stayed days
(g) Lived in this county 6 years 6 months 4 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Ada
(c) City or town Boise
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? Outside? city or town
(f) Citizen of what country? U S
(g) How long had deceased lived in Idaho? 30 years
(h) Former residence (city, state) Boise, Idaho

3. (a) FULL NAME Tom Hodges 107

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex male
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) May 1, 1881

8. AGE	Years	Months	Days	If less than 1 day
	63	4	29	hrs min.

9. Exact Occupation farmer — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace Hopkins, Missouri (City or town) (State or foreign country)

Father
12. Name T. Hodges
13. Birthplace South Carolina (City or town) (State or foreign country)

Mother
14. Maiden name ?
15. Birthplace Indiana (City or town) (State or foreign country)

16. Informant's OWN Signature Wilma Smith
and Address Blackfoot, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 2 1944 (Month) (Day) (Year)
(c) Place: State Hospital South Cem. Blackfoot

18. Funeral Director's OWN Signature Fred Smith
and Address Blackfoot Idaho

19. (a) Oct 2, 1944 (Date received and filed) (b) Mrs Nation E. Fannie (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Sept. 29 19 44
at 12:40 o'clock A. M.

21. **I HEREBY CERTIFY**, That I attended deceased from Nov-1- 1943 to Sept-28 1944
I last saw h alive on Sept 28 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Broncho-Pneumonia — Duration 30 hrs.
✓ Due to Huntington's Chorea
Due to
Other conditions (Include pregnancy within 3 months of death)
Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's OWN Signature D. A. McCurdy MD. (M. D. or other)
and Address Blackfoot Ida Date 10-2 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce OCT. 1 0 1944
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 140476
Local Reg. No. 122
Reg. Dist. No. 600

1. **PLACE OF DEATH:**
(a) County Bingham
(b) City or town Blackfoot
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? X Outside? city or town
(e) Died in a Home Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 35 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Bingha
(c) City or town
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? Outside? city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? years
(h) Former residence (city, state)

3. (a) **FULL NAME** Carl Gustav Anderson

83a

3. (b) If veteran, name war
3. (c) Social Security No. 518-[illegible]5190
4. Sex Male
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Amanda Mary Anderson
6. (c) Age of husband or wife if alive 64 years
7. Date of Birth (Month, Day, Year) April 3, 1881

8. AGE	Years	Months	Days	If less than 1 day
	63	5	27	hrs min.

9. Exact Occupation Caretaker Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Alvesta, Sweden (City or town) (State or foreign country)
Father
12. Name Anders John Carlson
13. Birthplace Sweden (City or town) (State or foreign country)
Mother
14. Maiden name Ingrid Maria Johannes
15. Birthplace Benestad Sweden (City or town) (State or foreign country)
16. Informant's OWN Signature Mrs C G Anderson
and Address 696 So. Stout St., Blackfoot, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 3-44 (Month) (Day) (Year)
(c) Place: Grove City Cemetery.
18. Funeral Director's OWN Signature E J Peck
and Address Blackfoot, Idaho.
19. (a) Oct 2, 1944 (Date received and filed) (b) Mrs Nature E Fabrice (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) September 30, 1944.
at o'clock M.
21. **I HEREBY CERTIFY**, That I attended deceased from 19 to 19
Did not see him alive.
I last saw him alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebral Hemorrhage.	
√ Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYISCIAN Underline the cause to which death should be charged statistically.
Name of operation Date	
Major finding	
Finding of autopsy	

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature J. O. Hampton M.D. (M.D. or other)
and Address Blackfoot Idaho 10-2 1944
(For additional space, use reverse side)
(Coloner)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

OCT 9 1944

Certificate Of Death

STATE OF IDAHO

State File No. 1404
Local Reg. No. 39
Reg. Dist. No. 410

1. PLACE OF DEATH:
(a) County Blaine
(b) City or town Ketchum
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? ✓ Outside? city or town
(e) Died in a Home ✓ Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 37 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Blaine
(c) City or town Ketchum
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? ✓ Outside? city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 60 years
(h) Former residence (city, state) Montana

3. (a) **FULL NAME** George Edgar Brockway. 94a

3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex Male
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Minnie Brockway
6. (c) Age of husband or wife if alive 52 years
7. Date of Birth (Month, Day, Year) May 26 - 1883

8. AGE	Years	Months	Days	If less than 1 day
	61	3	21	hrs min.

9. Exact Occupation Mail Carrier Did this work for 20 yrs.
10. Industry or Business Uncle Sam Date last worked April 1944
11. Birthplace Silver Bow (City or town) Montana (State or foreign country)
Father
12. Name Edward Brockway
13. Birthplace Michigan (City or town) (State or foreign country)
Mother
14. Maiden name Herbbs
15. Birthplace unknown (City or town) (State or foreign country)
16. Informant's **OWN** Signature Geo. S. Brockway
and Address Ketchum, Ida.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 19 - 1944 (Month) (Day) (Year)
(c) Place: Ketchum Cemetery
18. Funeral Director's **OWN** Signature Mrs L. Harris
and Address Hailey Ida.
19. (a) 10-5-1944 (Date received and filed) (b) Robert H. Wright (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Sept 17 1944
at 7:30 o'clock A. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 9-1-1944, to 9-17 1944
I last saw him alive on 9-17 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Coronary disease	1 yr
Due to Hypertension	1 yr
and Anasarca	1 mo
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYISCIAN Underline the cause to which death should be charged statistically.
Name of operation Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state
where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature E. W. Jr (M. D. or other)
and Address Hailey, Ida Date 9-19 1944
(For additional space use reverse side)

1404

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

OCT 9 1944

State File No. 1404
Local Reg. No. 41
Reg. Dist. No. 410

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
   (a) County Blaine
   (b) City or town Carey
   (c) Street Address or R.F.D. No. ✓
   (d) Death Occured Inside? ✓ Outside? ..... city or town
   (e) Died in a Home ✓ Hospital ... Institution ... Other place ...
   (f) Name Hosp. or Inst. ✓ Stayed ..... days
   (g) Lived in this county 44 years ..... months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Blaine
   (c) City or town Carey
   (d) Street Address or R.F.D. No. .....
   (e) Deceased lived Inside? ✓ Outside? ..... city or town
   (f) Citizen of what country? U. S. A.
   (g) How long had deceased lived in Idaho? 44 years
   (h) Former residence (city, state) Utah

3. (a) **FULL NAME** Paul Coates

3. (b) If veteran, name war no
3. (c) Social Security No. ✓
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Deane
6. (c) Age of husband or wife if alive 74 years
7. Date of Birth (Month, Day, Year) January 31, 1868

8. AGE	Years	Months	Days	If less than 1 day
	76	7	20	hrs ... min. ...

9. Exact Occupation farmer — Did this work for life yrs.
10. Industry or Business farm — Date last worked 6 Yrs
11. Birthplace ✓ (City or town) England (State or foreign country)

Father
12. Name Paul Coates
13. Birthplace ... (City or town) England (State or foreign country)

Mother
14. Maiden name Elizabeth Smith
15. Birthplace ... (City or town) England (State or foreign country)

16. Informant's **OWN** Signature X Chas Coates
and Address Carey - Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: Carey, Idaho

18. Funeral Director's **OWN** Signature W. S. Marnell
and Address Arco, Idaho

19. (a) 10-5-1944 (Date received and filed) (b) Robert H. Wright (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Sept. 21 1944
at 4:30 o'clock P. M.

21. **I HEREBY CERTIFY,** That I attended deceased from 9/1 1943, to 9/21 1944
I last saw h. alive on 9-21 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cancer of mouth and throat	1 yr
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature E. W. Jones
and Address Hailey, Ida (M. D. or other) Date 9-23 1944

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

OCT 9 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140479
Local Reg. No. 42
Reg. Dist. No. 410

1. **PLACE OF DEATH:**
(a) County Blaine
(b) City or town Hailey
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? ✓ Outside? city or town
(e) Died in a Home ✓ Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 40 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Blaine
(c) City or town Hailey
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? ✓ Outside? city or town
(f) Citizen of what country? U.S.
(g) How long had deceased lived in Idaho? 59 years
(h) Former residence (city, state)

3. (a) **FULL NAME** Samuel Bradford

3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife ✓
6. (c) Age of husband or wife if alive ✓ years
7. Date of Birth (Month, Day, Year) Jan. 28, 1858

8. AGE	Years	Months	Days	If less than 1 day
	86	7	25	hrs min.

9. Exact Occupation farming Did this work for 60 yrs.
10. Industry or Business Date last worked
11. Birthplace Belfast, Ireland (City or town) (State or foreign country)
Father 12. Name unknown
13. Birthplace (City or town) (State or foreign country)
Mother 14. Maiden name Unknown
15. Birthplace (City or town) (State or foreign country)
16. Informant's **OWN** Signature Sam J. Bradford
and Address Hailey, Idaho
17. (a) burial (Burial, cremation or removal) (b) Date thereof 9-26-44 (Month) (Day) (Year)
(c) Place: Hailey, Idaho
18. Funeral Director's **OWN** Signature Mrs. L. Harris
and Address Hailey, Idaho
19. (a) 10-5-1944 (Date received and filed) (b) Robert H. Wright (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Sept. 23 1944
at 7:30 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 9-1 1944 to 9/23 1944
I last saw him alive on 9/23 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Coronary Thrombosis	12 hrs.
Due to Coronary disease & hypertension	2 yrs.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature E. W. Jost (M. D. or other)
and Address Hailey, Ida Date 9/24 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

SEP 15 1944

STATE OF IDAHO

State File No. 140450
Local Reg. No. 162
Reg. Dist. No. 371

1. **PLACE OF DEATH:**
   (a) County Boise
   (b) City or town Arrow Rock Dam
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? Outside? X city or town
   (e) Died in a Home Hospital Institution Other place X
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county 50 years months days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Boise
   (c) City or town Twin Springs
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? X Outside? city or town
   (f) Citizen of what country? U. S. A.
   (g) How long had deceased lived in Idaho? 50 years
   (h) Former residence (city, state) New Jersey

3. (a) **FULL NAME** JOHN HENRY PFOSER

172 c

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male race White
5. Color or
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Grace
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) August 25, 1872

8. AGE	Years	Months	Days	If less than 1 day
	71	9	29	hrs min.

9. Exact Occupation Miner & Rancher — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace Weehauken, New Jersey (City or town) (State or foreign country)

Father
12. Name Joseph Pfoser
13. Birthplace Switzerland (City or town) (State or foreign country)

Mother
14. Maiden name Louise Steinhoff
15. Birthplace Boat, Atlantic Ocean (City or town) (State or foreign country)

16. Informant's **OWN** Signature X Grace Pfoser
and Address Twin Springs, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/24/44 (Month) (Day) (Year)
(c) Place: Morris Hill Cemetery

18. Funeral Director's **OWN** Signature Schreiber & Gannon
and Address Boise Miller O'Briggs

19. (a) 8-24-44 (Date received and filed) (b) R Clark (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 24th 1944
at o'clock M.

21. **I HEREBY CERTIFY**, That I attended deceased from 19, to 19
I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Due to Drowning	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYISICIAN Underline the cause to which death should be charged statistically.
Name of operation Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ✓ Suicide? Homicide?
Occurred June 24th 1944 City, county, state where violence occurred Arrowrock
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury Car left road at turn and plunged into Arrowrock Lake

23. Attendant's **OWN** Signature Reginald John Mellor (M. D. or other)
and Address Idaho City Date 8/24/1944
(For additional space, use reverse side)

14045

United States
Department of Commerce
Bureau of the Census

OCT 10 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 69
Reg. Dist. No. 110

1. **PLACE OF DEATH:**
(a) County Bonner
(b) City or town Sandpoint
(c) Street Address or R. F. D. No. 514 N. Second
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home ____ Hospital X Institution ____ Other place ____
(f) Name Hosp. or Inst. Community Stayed 220 days
(g) Lived in this county 35 years -4- months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bonner
(c) City or town Priest River
(d) Street Address or R. F. D. No. Rural
(e) Deceased lived Inside? ____ Outside? X city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 35 years
(h) Former residence (city, state) ____

3. (a) FULL NAME JULIUS FRED DESEV

131a

3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife ____
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) No Record

8. AGE	Years	Months	Days	If less than 1 day hrs	min.
	75				

9. Exact Occupation Woodsman — Did this work for many yrs.
10. Industry or Business Cedarmaker — Date last worked 1944
11. Birthplace No record (City or town) (State or foreign country)

Father
12. Name No Record
13. Birthplace No Record (City or town) (State or foreign country)

Mother
14. Maiden name No Record
15. Birthplace No Record (City or town) (State or foreign country)

16. Informant's OWN Signature ____ and Address Sandpoint, Idaho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 5, 1944 (Month) (Day) (Year)
(c) Place: Sandpoint, Idaho.
18. Funeral Director's OWN Signature MOON MORTUARY ____ and Address SANDPOINT, IDAHO
19. (a) 9-5-1944 (Date received and filed) (b) ____ (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) August 31, 1944 at 8:00 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from Apr. 19 1944 to Aug. 31 1944
I last saw him alive on Aug. 31 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Chronic Myocarditis	2 yrs
Due to	
Due to	
Other conditions Arterio Sclerosis (Include pregnancy within 3 months of death)	5 yr
Chronic Nephritis	1 yr

Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature Wm F. Tyler M.D. (M. D. or other)
and Address Sandpoint, Ida Date 9-2 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census SEP 18 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 1404
Local Reg. No. 16-44
Reg. Dist. No. 12

1. **PLACE OF DEATH:**
(a) County Bonner
(b) City or town Priest River
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? L city or town
(e) Died in a Home ...Hospital...Institution ... Other place ...
(f) Name Hosp. or Inst. ... Stayed. ...days
(g) Lived in this county 28 years ...months ... days
Note For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bonner
(c) City or town Priest River
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? L Outside? ...city or town
(f) If foreign born, in U. S. ... yrs. Citizen of U. S.? Yes
(g) How long had deceased lived in Idaho? 44 years
(h) Former residence (city, state)

3. (a) **FULL NAME** Walter Ray Dunn 183

3. (b) If veteran, name war ...
3. (c) Social Security No. 518-05-2081
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife ...
6 (c) Age of husband or wife if alive ... years
7. Date of Birth (Month, Day, Year) Dec. 8-1900

8. AGE	Years	Months	Days	If less than 1 day
	44	8	28	hrs min.

9. Exact Occupation Cook Did this work for 5 yrs.
10. Industry or Business Forest Service Date last worked 9/6/44
11. Birthplace Sitka (City or town) Idaho (State or foreign country)

Father
12. Name James Hamilton Dunn
13. Birthplace Marion (City or town) Missouri (State or foreign country)

Mother
14. Maiden name Julia Ann Hutchinson
15. Birthplace Decatur (City or town) Iowa (State or foreign country)

16. Informant's **OWN** Signature Mrs. Wm. Crabtree and Address 129-15th St. Marion, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 11, 1944 (Month) (Day) (Year)
(c) Place: Priest River, Idaho
18. Funeral Director's **OWN** Signature D. E. Moon and Address Sandpoint Idaho
19. (a) 9/6/44 (Date received and filed) (b) F. A. Veach (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Sept. 6, 1944
at 6:00 o'clock P. M.

21. I **HEREBY CERTIFY**, That I attended deceased from ...19..., to ...19...
I last saw h... alive on ...19...; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Accidental Drowning — Duration
Due to While Swimming
Due to
Other conditions (Include pregnancy within 3 months of death)
Where was disease first contracted? — PHYSICIAN
Name of operation ... Date ...
Major finding
Finding of autopsy None Held.

Underline the cause to which death should be charged statistically.

If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? X Suicide? ... Homicide? ...
Occurred Sept. 6 1944 City, county, state where violence occurred Priest Lake
Place of Violence: Home ... Farm ... Industry ...
Public Place X While at work? ...
Means of injury Drowned while swimming

23. Attendant's **OWN** Signature D. E. Moon Coroner. (M. D. or other)
and Address Sandpoint, Idaho Date 9-7 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

NON-RESIDENT

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

OCT 16 1944

State File No. 140433
Local Reg. No. 70
Reg. Dist. No. 110

1. **PLACE OF DEATH:**
(a) County Bonner
(b) City or town Sagle
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home X Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 0 years 6 months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Washington (b) County Spokane
(c) City or town Spokane
(d) Street Address or R. F. D. No. 3901 E. Liberty
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? United States
(g) How long had deceased lived in Idaho? 6 Mo. years
(h) Former residence (city, state) Wash.

3. (a) **FULL NAME** Cora Madeline Holmes

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife John W.
6. (c) Age of husband or wife if alive 84 years
7. Date of Birth (Month, Day, Year) December 22 1865

8. AGE	Years	Months	Days	If less than 1 day
	79	8	14	hrs ____ min.

9. Exact Occupation Housewife — Did this work for Many yrs.
10. Industry or Business Home — Date last worked —
11. Birthplace Hastings Minn. (City or town) (State or foreign country)

Father
12. Name John Gray
13. Birthplace Scotland (City or town) (State or foreign country)

Mother
14. Maiden name Elizabeth Brown
15. Birthplace Scotland (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mrs. L. T. Bell
and Address So. 327 Jefferson St. Spokane Wn.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 9/6/44 (Month) (Day) (Year)
(c) Place: Spokane, Wash.
18. Funeral Director's **OWN** Signature MOON MORTUARY
and Address SANDPOINT, IDAHO
19. (a) Sept 16 1944 (Date received and filed) (b) Lawrence Moon (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Sept. 6, 1944 19____
at 6:30 o'clock A. M.

21. **I HEREBY CERTIFY,** That I attended deceased from ____ 19____, to ____ 19____
I last saw h____ alive on ____ 19____; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Natural Causes. — Duration ____
Due to Chronic Myocarditis 2yrs.
Due to Arterio Sclerosis 2yrs.
Other conditions ____
(Include pregnancy within 3 months of death)

Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's **OWN** Signature L. M. Moon Coroner (M. D. or other)
and Address Sandpoint Ida. Date Sept 6, 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

OCT 16 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 1404 4
Local Reg. No. 71
Reg. Dist. No. 110

1. **PLACE OF DEATH:**
(a) County Bonner
(b) City or town Sandpoint
(c) Street Address or R. F. D. No. 1322 Main Street.
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home __ Hospital X Institution __ Other place __
(f) Name Hosp. or Community Stayed 0 days
(g) Lived in this county 2 years 5 months 15 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bonner
(c) City or town Sandpoint
(d) Street Address or R. F. D. No. 1322 Main St.
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 2½ years
(h) Former residence (city, state) ____

3. (a) FULL NAME ROGER RIFFLE

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3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife ____
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) March 24, 1942

8. AGE	Years	Months	Days	If less than 1 day
	2	5	15	hrs min.

9. Exact Occupation None Did this work for ____ yrs.
10. Industry or Business ____ Date last worked ____
11. Birthplace Sandpoint, Idaho. (City or town) (State or foreign country)
Father
12. Name Floyd W. Riffle
13. Birthplace New England, N. Dakota. (City or town) (State or foreign country)
Mother
14. Maiden name May Ellen Hicks
15. Birthplace Washington County, Kansas. (City or town) (State or foreign country)
16. Informant's OWN Signature Chas E. Riffle
and Address Farragut Village, Idaho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 12, 1944 (Month) (Day) (Year)
(c) Place: Sandpoint, Idaho.
18. Funeral Director's OWN Signature MOON MORTUARY [signature]
and Address SANDPOINT, IDAHO
19. (a) 9-11-44 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Sept. 9, 1944
at 8:00 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from ____ 19__, to ____ 19__
I last saw h__ alive on ____ 19__; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Accidental Gunshot Wound in head.	
Due to Discharge of rifle accidentally	
Due to in home.	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation ____ Date ____	Underline the cause to which death should be charged statistically.
Major finding ____	
Finding of autopsy none	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Yes. Suicide? ____ Homicide? ____
Occurred 9-9-1944. 19__ City, county, state where violence occurred Sandpoint Bonner Co, Idaho.
Place of Violence: Home Yes Farm — Industry —
Public Place — While at work? —
Means of injury Accidental Gunshot.
23. Attendant's OWN Signature [signature] Carmen (M. D. or other)
and Address Sandpoint Idaho Date 9-9 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Tyler

United States
Department of Commerce
Bureau of the Census

OCT. 16 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 140455
Local Reg. No. 72
Reg. Dist. No. 110

1. **PLACE OF DEATH:**
   (a) County Bonner
   (b) City or town Sandpoint
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? X Outside? ____ city or town
   (e) Died in a Home ____ Hospital ____ Institution ____ Other place ____
   (f) Name Hosp. or Inst. Com. Hos. Stayed 1 days
   (g) Lived in this county 51 years 9 months 26 days

   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Bonner
   (c) City or town Elmira
   (d) Street Address or R. F. D. No.
   (e) Deceased lived Inside? X Outside? ____ city or town
   (f) Citizen of what country? U. S.
   (g) How long had deceased lived in Idaho? 51 years
   (h) Former residence (city, state)

3. (a) **FULL NAME** May Francis Brenner

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3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife Matt
6. (c) Age of husband or wife if alive 56 years
7. Date of Birth (Month, Day, Year) Nov. 25, 1892

8. AGE	Years	Months	Days	If less than 1 day hrs	min.
	51	9	26		

9. Exact Occupation Housewife — Did this work for 40 yrs.
10. Industry or Business Home — Date last worked 9/20/44
11. Birthplace Sandpoint, Idaho (City or town) (State or foreign country)

Father
12. Name John Elsasser
13. Birthplace Chicago, Ill. (City or town) (State or foreign country)

Mother
14. Maiden name Olive F. Campbell
15. Birthplace Texas (City or town) (State or foreign country)

16. Informant's OWN Signature Frances D. Galonnik
and Address Elmira, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/25/44 (Month) (Day) (Year)
(c) Place: Pinecrest - Sandpoint, Ida

18. Funeral Director's OWN Signature MOON MORTUARY
and Address SANDPOINT, IDAHO

19. (a) 9-25-1944 (Date received and filed) (b) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Sept. 21, 1944
at 6 o'clock P. M.

21. **I HEREBY CERTIFY,** That I attended deceased from Sept. 21 1944 to Sept. 21 1944
I last saw her alive on Sept. 21 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death	Duration
Coronary Thrombosis	1 day
Due to	
Due to	
Other conditions Influenza (Include pregnancy within 3 months of death)	2 wks.

Where was disease contracted?
Name of operation ____ Date ____
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury

23. Attendant's OWN Signature Wm. F. Tyler M.D. (M. D. or other)
and Address Sandpoint, Ida. Date 9-25 19 44
(For additional space, use reverse side)

Tyler

14046

United States
Department of Commerce
Bureau of the Census

OCT. 1 6 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 73
Reg. Dist. No. 110

1. **PLACE OF DEATH:**
(a) County Bonner
(b) City or town Dover
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 3 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bonner
(c) City or town Dover
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 18 years
(h) Former residence (city, state)

3. (a) **FULL NAME** JOHN MONROE BARTLETT 1316

3. (b) If veteran, name war No
3. (c) Social Security No. 518-24-0087
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) February 24, 1926

8. AGE	Years	Months	Days	If less than 1 day hrs	min.
	18	6	29		

9. Exact Occupation Student Did this work for yrs.
10. Industry or Business Public School Date last worked
11. Birthplace Bonners Ferry, (City or town) Idaho, (State or foreign country)

Father
12. Name Jack Bartlett
13. Birthplace Cornwall, (City or town) England (State or foreign country)

Mother
14. Maiden name Stella Knoblock
15. Birthplace San Francisco, (City or town) Cal. (State or foreign country)

16. Informant's **OWN** Signature Jack Bartlett
and Address Dover, Idaho.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 27 1944 (Month) (Day) (Year)
(c) Place: Sandpoint, Idaho.

18. Funeral Director's **OWN** Signature MOON MORTUARY
and Address SANDPOINT, IDAHO

19. (a) 9-27-1944 (Date received and filed) (b) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) September 23, 1944
at 2:15 o'clock A.M.

21. **I HEREBY CERTIFY,** That I attended deceased from April 3 1944, to Sept. 23 1944
I last saw him alive on Sept. 22 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Chronica Endocarditis	3yrs
Due to R. Rheumatism	3yrs
Due to	
Other conditions Chronic Nephritis (Include pregnancy within 3 months of death)	1 yr.

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature Wm F. Tyler M.D. (M. D. or other)
and Address Sandpoint Ida Date 9-25-1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

OCT. 10 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 1404
Local Reg. No. 74
Reg. Dist. No. 110

1. **PLACE OF DEATH:**
   (a) County Bonner
   (b) City or town Sagle
   (c) Street Address or R. F. D. No. R.F.D.
   (d) Death Occurred Inside? ____ Outside? X city or town
   (e) Died in a Home X Hospital ____ Institution ____ Other place ____
   (f) Name Hosp. or Inst. ____ Stayed ____ days
   (g) Lived in this county 55 years ____ months ____ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Bonner
   (c) City or town Sagle
   (d) Street Address or R. F. D. No. R.F.D.
   (e) Deceased lived Inside? ____ Outside? X city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 55 years
   (h) Former residence (city, state) ____

3. (a) FULL NAME Phoebe Elizabeth Turnbull

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3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Thomas Turnbull
6. (c) Age of husband or wife if alive 88 years
7. Date of Birth (Month, Day, Year) September 8th 1873

8. AGE	Years	Months	Days	If less than 1 day
	71	0	24	hrs ____ min. ____

9. Exact Occupation Housewife — Did this work for many yrs.
10. Industry or Business Own Home — Date last worked 1944
11. Birthplace Sweet Home, (City or town) Oregon. (State or foreign country)

Father
12. Name Nathan Williams
13. Birthplace New York, (City or town) N.Y. (State or foreign country)

Mother
14. Maiden name Melissa Carter
15. Birthplace Pennsylvania. (City or town) (State or foreign country)

16. Informant's OWN Signature Thomas Turnbull
and Address Sagle, Idaho.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 2, 1944 (Month) (Day) (Year)
(c) Place: Westmond Cemetery-Bonner Co.

18. Funeral Director's OWN Signature MOON MORTUARY
and Address SANDPOINT, IDAHO

19. (a) 10-2-1944 (Date received and filed) (b) Laurence Moon (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Sept. 29, 1944
at 7:00 o'clock p. M.

21. I HEREBY CERTIFY, That I attended deceased from 1943 to Sept. 29 1944
I last saw her alive on Sept. 27 1944. death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cardio-Renal disease:	3 yrs
Due to Senility	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? ____
Name of operation None Date ____
Major finding ____
Finding of autopsy None

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's OWN Signature Floyd G. Wendle (M. D. or other)
and Address Sandpoint, Ida. Date 10-1 1944

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

OCT 11 1944

State File No. 14043
Local Reg. No. 191
Reg. Dist. No. 610

1. **PLACE OF DEATH:**
   (a) County Bonneville
   (b) City or town Idaho Falls
   (c) Street Address or R.F.D. No. Memorial
   (d) Death Occured Inside? ✓ Outside? ..... city or town
   (e) Died in a Home.... Hospital ✓ Institution.... Other place....
   (f) Name Hosp. or Inst. L-D-S Hosp. Stayed 10 days
   (g) Lived in this county ..... years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Bonneville
   (c) City or town Idaho Falls
   (d) Street Address or R.F.D. No. 1450 Bear
   (e) Deceased lived Inside? ✓ Outside? ..... city or town
   (f) Citizen of what country? U. S. A.
   (g) How long had deceased lived in Idaho? 27 years
   (h) Former residence (city, state) .....

3. (a) **FULL NAME** Katharine Keller

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Female
5. Color or race W.
6. (a) Single, widowed, (married) divorced .....
6. (b) Name of husband or wife Joshua
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) April 9, 1873

8. AGE	Years	Months	Days	If less than 1 day hrs min.
	71	4	18	

9. Exact Occupation Housewife Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Isenburg, Switzerland (City or town) (State or foreign country)

Mother
12. Name .....
13. Birthplace Switzerland (City or town) (State or foreign country)

Father
14. Maiden name .....
15. Birthplace Switzerland (City or town) (State or foreign country)

16. Informant's **OWN** Signature John Keller
and Address Idaho Falls, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/30/44 (Month) (Day) (Year)
(c) Place: Idaho Falls, Idaho

18. Funeral Director's **OWN** Signature Jack A. Wood
and Address Idaho Falls, Idaho

19. (a) 9/11/44 (Date received and filed) (b) Emma Rudges (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) August 27 1944
at 16-30 o'clock P M.

21. **I HEREBY CERTIFY**, That I attended deceased from Aug. 1 1944, to Aug 27 1944
I last saw her alive on Aug. 22 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Complete Heart Block	1 Mo
Due to Senility + Failure of Nerve Conduction Through	
Due to Bundle of His	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? Idaho
Name of operation None Date .....
Major finding .....
Finding of autopsy —

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature Milton T. Rees M.D. (M. D. or other)
and Address Idaho Falls, Ida. Date 9-8- 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 140489
Local Reg. No. 185
Reg. Dist. No. 610

SEP 11 1944

1. **PLACE OF DEATH:**
   (a) County Bonneville
   (b) City or town Idaho Falls
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home.... Hospital X Institution.... Other place....
   (f) Name Hosp. or Inst. L.D.S. Stayed 7 days
   (g) Lived in this county 1 years 4 months 28 days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Bonneville
   (c) City or town Lincoln
   (d) Street Address or R.F.D. No. Ida. Falls Rt. 1
   (e) Deceased lived Inside? ..... Outside? X city or town
   (f) Citizen of what country? United States
   (g) How long had deceased lived in Idaho? 45 years
   (h) Former residence (city, state) Driggs, Idaho

3. (a) **FULL NAME** ELEAZAR LEWIS

932.

3. (b) If veteran, name war None
3. (c) Social Security No. 518-26-3395
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Roxie J. Lewis
6. (c) Age of husband or wife if alive 55 years
7. Date of Birth (Month, Day, Year) June 19, 1881

8. AGE	Years	Months	Days	If less than 1 day
	63	2	14	hrs min.

9. Exact Occupation Farmer — Did this work for 34 yrs.
10. Industry or Business Self employed — Date last worked 7/5/44
11. Birthplace Camas (City or town) Utah (State or foreign country)

Mother Father
12. Name Daniel Lewis
13. Birthplace Wales (City or town) (State or foreign country)
14. Maiden name Karren Marie Sorenson
15. Birthplace Copenhagen (City or town) Denmark (State or foreign country)

16. Informant's **OWN** Signature Louise Miers
and Address Idaho Falls, Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Sept. 7, 1944 (Month) (Day) (Year)
(c) Place: Driggs, Idaho
18. Funeral Director's **OWN** Signature Leland E. Beck
and Address Idaho Falls, Idaho
19. (a) 9-6-'44 (Date received and filed) (b) Anna Bridges (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) September 3 19 44
at 9:35 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from Aug 27 1944, to Sept. 3 1944
I last saw h. alive on Sept. 3 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Arteriosclerotic Heart disease	3 yrs.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature C. C. Eaniksen M.D. (M. D. or other)
and Address Idaho Falls. Date 9/6 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census OCT 11 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140430
Local Reg. No. 197
Reg. Dist. No. 610

1. **PLACE OF DEATH:**
   (a) County Bonneville
   (b) City or town Idaho Falls Iona
   (c) Street Address or R. F. D. No.
   (d) Death Occured Inside? ✓ Outside? ..... city or town
   (e) Died in a Home.... Hospital.... Institution.... Other place....
   (f) Name Hosp. or Inst. ..... Stayed ..... days
   (g) Lived in this county 40 years 10 months ..... days

   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Bonneville
   (c) City or town Iona
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? ✓ Outside? ..... city or town
   (f) Citizen of what country? U. S. A.
   (g) How long had deceased lived in Idaho? 40 years
   (h) Former residence (city, state) Pleasant Grove, Utah

3. (a) **FULL NAME** Mary Jane Ainsworth

3. (b) If veteran, name war —
   8. (c) Social Security No. —
4. Sex female
   5. Color or race white
   6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Thomas Ainsworth
   6. (c) Age of husband or wife if alive — years
7. Date of Birth (Month, Day, Year) June 15, 1856

8. AGE	Years	Months	Days	If less than 1 day
	88	2	20	hrs min.

9. Exact Occupation Housewife — Did this work for ..... yrs.
10. Industry or Business — Date last worked
11. Birthplace Springville, Utah (City or town) (State or foreign country)

Father
12. Name Henry B. Cadmall
13. Birthplace England (City or town) (State or foreign country)

Mother
14. Maiden name Caroline Stevens
15. Birthplace England (City or town) (State or foreign country)

16. Informant's **OWN** Signature Ezra Dennis
    and Address Iona, Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 9/6/44 (Month) (Day) (Year)
    (c) Place: Iona, Idaho
18. Funeral Director's **OWN** Signature Sherman G. Wood
    and Address Idaho Falls, Idaho
19. (a) 9-25-44 (Date received and filed) (b) Anna Rudge (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) September 4, 1944
    at 2:15 o'clock A M.
21. **I HEREBY CERTIFY**, That I attended deceased from ..... 19..., to ..... 19...
    I last saw h... alive on ..... 19...; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Probably Cerebral Hemorrhage	
Due to Chronic nephritis for 8 yrs	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
    Occurred ..... 19... City, county, state where violence occurred
    Place of Violence: Home ..... Farm ..... Industry .....
    Public Place ..... While at work? .....
    Means of injury
23. Attendant's **OWN** Signature H. J. Gay Hatch M.D. (M. D. or Other)
    and Address ..... Date ..... 19...
    (For additional space, use reverse side)

140491

United States
Department of Commerce
Bureau of the Census

SEP 11 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 140491
Local Reg. No. 188
Reg. Dist. No. 610

1. **PLACE OF DEATH:**
(a) County Bonneville
(b) City or town Idaho Falls, Ida.
(c) Street Address or R. F. D. No. Memorial Drive
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home ____ Hospital X Institution ____ Other place ____
(f) Name Hosp. or Inst. L.D.S. Hospital Stayed 8 days
(g) Lived in this county no years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Franklin
(c) City or town Dayton, Idaho
(d) Street Address or R. F. D. No. 1
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? United States
(g) How long had deceased lived in Idaho? 79 years
(h) Former residence (city, state) ____

3. (a) **FULL NAME** Perkins, Lorenzo M.

3. (b) If veteran, name war ____ 3. (c) Social Security No. ____
4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Sarah Ann Callan 6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) Nov. 4, 1864

8. AGE	Years	Months	Days	If less than 1 day
	79	10	2	hrs min.

9. Exact Occupation Farmer Did this work for 79 yrs.
10. Industry or Business ____ Date last worked 8/21/44
11. Birthplace Franklin, Idaho (City or town) (State or foreign country)
Father
12. Name Joseph Perkins
13. Birthplace Wales (City or town) (State or foreign country)
Mother
14. Maiden name Margaret Martin
15. Birthplace Wales (City or town) (State or foreign country)
16. Informant's OWN Signature Ruth Mendenhall and Address Dayton Idaho
17. (a) Remn (Burial, cremation, or removal) (b) Date thereof 9/7/44 (Month) (Day) (Year)
(c) Place: Dayton Idaho
18. Funeral Director's OWN Signature M. W. Kendrick and Address Preston Id
19. (a) 9/8/44 (Date received and filed) (b) Anna Bridges (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) September 6 1944 at 10 40 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from Aug 29 1944 to Sept 6 1944
I last saw him alive on Sept 6 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Acute & Chronic Myocarditis	years
Due to Age	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? ____
Name of operation Appendectomy Date Aug 30
Major finding Acute appendicitis
Finding of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature J. W. West MD (M. D. or other)
and Address Idaho Falls Date Sept 7 1944
(For additional space, use reverse side)
Idaho

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

14043

United States
Department of Commerce
Bureau of the Census OCT 11 1944

Certificate Of Death

STATE OF IDAHO

State File No.
Local Reg. No. 207
Reg. Dist. No. 610

1. **PLACE OF DEATH:**
   (a) County Bonneville
   (b) City or town Idaho Falls
   (c) Street Address or R. F. D. No. 365 S. Capital
   (d) Death Occured Inside? ✓ Outside? ..... city or town
   (e) Died in a Home ✓ Hospital .... Institution .... Other place ....
   (f) Name Hosp. or Inst. ..... Stayed ..... days
   (g) Lived in this county ..... years ..... months ..... days

   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Bonneville
   (c) City or town Idaho Falls
   (d) Street Address or R.F.D. No. 365 S. Capital
   (e) Deceased lived Inside? ✓ Outside? ..... city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 44 years
   (h) Former residence (city, state) .....

3. (a) **FULL NAME** Viktarina Holm

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife C. O. Holm
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) March 16, 1872

8. AGE	Years	Months	Days	If less than 1 day
	72	6	21	hrs ..... min.

9. Exact Occupation Housewife — Did this work for ..... yrs.
10. Industry or Business — Date last worked .....
11. Birthplace Varmland, Sweden (City or town) (State or foreign country)

Mother
12. Name Mat Magnusson
13. Birthplace Sweden (City or town) (State or foreign country)

Father
14. Maiden name ?
15. Birthplace Malmo Sweden (City or town) (State or foreign country)

16. Informant's **OWN** Signature C. O. Holm and Address Idaho Falls Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/10/44 (Month) (Day) (Year)
    (c) Place: Ammon, Idaho
18. Funeral Director's **OWN** Signature Jack A. Wood and Address Idaho Falls Idaho
19. (a) 9-30-44 (Date received and filed) (b) Emma Bridges (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) September 7 1944 at 7:00 o'clock P.M.
21. **I HEREBY CERTIFY**, That I attended deceased from Dec 8 1943 to Sept 7 1944
    I last saw h[illegible] alive on Sept 1 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Endocarditis	Years
Due to	
Due to	
✓ Other conditions Chronic Nephritis (Include pregnancy within 3 months of death)	

Where was disease contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
    Occurred ..... 19 ..... City, county, state where violence occurred .....
    Place of Violence: Home ..... Farm ..... Industry .....
    Public Place ..... While at work? .....
    Means of injury .....
23. Attendant's **OWN** Signature [illegible] (M. D. or other)
    and Address Idaho Falls Date 9/14 1944
    (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

OCT 11 1944

State File No. 140493
Local Reg. No. 211
Reg. Dist. No. 610

1. **PLACE OF DEATH:**
   (a) County Bonniville
   (b) City or town Idaho Falls
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? X Outside? city or town
   (e) Died in a Home Hospital X Institution Other place
   (f) Name Hosp. or Inst. L.D.S. Stayed 4 days
   (g) Lived in this county 26 years months days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Bingham
   (c) City or town Shelley,
   (d) Street Address or R.F.D. No. 2
   (e) Deceased lived Inside? Outside? X city or town
   (f) Citizen of what country? U/S/A.
   (g) How long had deceased lived in Idaho? 26 years
   (h) Former residence (city, state) Idaho

3. (a) **FULL NAME** De Laun E. Cox

1

3. (b) If veteran, name war None
3. (c) Social Security No. —
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Marjorie R.
6. (c) Age of husband or wife if alive 26 years
7. Date of Birth (Month, Day, Year) December 18, 1917

8. AGE	Years	Months	Days	If less than 1 day
	26	9	9	hrs min.

9. Exact Occupation Farmer — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace Idaho Falls, (City or town) Idaho (State or foreign country)

Father
12. Name Leonard De Laun Cox
13. Birthplace Utah (City or town) (State or foreign country)

Mother
14. Maiden name Diantha Esplin
15. Birthplace Utah (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mrs. DeLaun E. Cox
and Address Shelley, Idaho

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 9-29-44 (Month) (Day) (Year)
(c) Place: Hill Crest

18. Funeral Director's **OWN** Signature L. M. Nalder
and Address Shelley Idaho

19. (a) 10-3-44 (Date received and filed) (b) Emma Budge (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Sept. 27, 1944
at 8:05 o'clock P. M.

21. **I HEREBY CERTIFY**, That I attended deceased from Aug. 17 1944 to Sept 27, 1944
I last saw h.im alive on Sept 27 1944 death is said to have occurred on the date and Hour stated above.

Immediate Cause of Death:	Duration
Perforation and Peritonitis	7 days
Due to Typhoid Fever	6 wks.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? Rigby, Idaho
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature John O Mellor M.D.
and Address Idaho Falls (M. D., Osteopath) Date Sept. 28, 1944
(For additional space see reverse side)

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

OCT 11 1944

State File No. 14054
Local Reg. No. 192
Reg. Dist. No. 610

1. PLACE OF DEATH:
(a) County Bonneville
(b) City or town Idaho Falls
(c) Street Address or R. F. D. No. Memorial Dr.
(d) Death Occurred Inside? X Outside? ..... city or town
(e) Died in a Home ....Hospital X Institution ....Other place ....
(f) Name Hosp. or Inst. L.D.S. Stayed ..... days
(g) Lived in this county ..... years ..... months 3 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Jefferson
(c) City or town Menan
(d) Street Address or R. F. D. No. Lorenzo #1
(e) Deceased lived Inside? ..... Outside? X ..... city or town
(f) If foreign born, in U. S. ..... yrs. Citizen of U. S.? .....
(g) How long had deceased lived in Idaho? 56 years
(h) Former residence (city, state) None

3. (a) **FULL NAME** JOSIAH ALFONSO SCOTT. 94a

3. (b) If veteran, name war X
3. (c) Social Security No. .....
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Emma Scott.
6 (c) Age of husband or wife if alive 52 years
7. Date of Birth (Month, Day, Year) Dec. 6, 1887

8. AGE	Years	Months	Days	If less than 1 day hrs	min.
	56	8	5		

9. Exact Occupation Farming — Did this work for life yrs.
10. Industry or Business Farm — Date last worked Feb. 1944
11. Birthplace Menan, Idaho. (City or town) (State or foreign country)

Father
12. Name Ephriam Scott.
13. Birthplace Illinois. (City or town) (State or foreign country)

Mother
14. Maiden name Sarah Ellen Smithies.
15. Birthplace Illinois. (City or town) (State or foreign country)

16. Informant's OWN Signature Emma Scott
and Address Lorenzo, Idaho. R. #1
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/15/44 (Month) (Day) (Year)
(c) Place: Annis, Idaho.
18. Funeral Director's OWN Signature A. B. Eckersell
and Address Rigby, Idaho.
19. (a) 9-16-44 (Date received and filed) (b) Linna Rudge (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Sept. 11 1944
at 4:30 o'clock A M.

21. I **HEREBY CERTIFY**, That I attended deceased from July 8 1944, to Sept 11 1944
I last saw him alive on Sept 10 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — Duration
1. Coronary Thrombosis — 3 days
Due to Hypertension, Arteriosclerosis
Due to .....
Other conditions (Include pregnancy within 3 months of death) .....

Where was disease first contracted? At Home
Name of operation None Date .....
Major finding None
Finding of autopsy None performed

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's OWN Signature Edna Tall, M.D. (M. D. or other)
and Address Rigby, Idaho. Date 9/14 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filing out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

OCT 11 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140495
Local Reg. No. 193
Reg. Dist. No. 610

1. PLACE OF DEATH:
(a) County Bonneville
(b) City or town Idaho Falls
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Home.... Hospital X Institution.... Other place....
(f) Name Hosp. or Inst. L.D.S. Stayed 16 days
(g) Lived in this county 28 years 6 months ? days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Bonneville
(c) City or town Idaho Falls
(d) Street Address or R.F.D. No. 391 13th St.
(e) Deceased lived Inside? X Outside? ..... city or town
(f) Citizen of what country? United States
(g) How long had deceased lived in Idaho? 28 years
(h) Former residence (city, state) Kemmerer, Wyo.

3. (a) FULL NAME JAY SIMMONS

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3. (b) If veteran, name war None
3. (c) Social Security No. 519-18-6669
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Pearl May S.
6. (c) Age of husband or wife if alive 62 years
7. Date of Birth (Month, Day, Year) January 8, 1872

8. AGE	Years	Months	Days	If less than 1 day
	72	8	3	hrs min.

9. Exact Occupation Manufacturer Did this work for 28 yrs.
10. Industry or Business Soft Drinks Date last worked 10/1/40
11. Birthplace Oil City (City or town) Pennsylvania (State or foreign country)
Father
12. Name Obed Simmons
13. Birthplace Sinclairville, New York (City or town) (State or foreign country)
Mother
14. Maiden name Harriett Winn
15. Birthplace Sinclairville, New York (City or town) (State or foreign country)
16. Informant's OWN Signature Pearl M. Simmons
and Address Idaho Falls, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/14/'44 (Month) (Day) (Year)
(c) Place: Rose Hill Cemetery, Ida. Falls
18. Funeral Director's OWN Signature Orland C. Buck
and Address Idaho Falls, Idaho
19. (a) 9-13-44 (Date received and filed) (b) Anna Bridges (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) September 11 1944
at 5:45 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from Dec 6 1943, to Sept 11 1944
I last saw him alive on Sept 11 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Lobar Pneumonia	6 days
Acute Myocarditis	2 days
✓ Due to Cerebral Arteriosclerosis	5 mo
Due to Amyotrophic lat. sclerosis	
Other conditions (Include pregnancy within 3 months of death)	14 mo

Where was disease contracted? home
Name of operation none Date
Major finding
Finding of autopsy none

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? — Suicide? — Homicide? —
Occurred — 19 City, county, state
where violence occurred —
Place of Violence: Home — Farm — ~~Industry~~
Public Place — While at work? —
Means of injury

23. Attendant's OWN Signature Jabez N. Nes M.D. (M. D. or other)
and Address Idaho Falls Date 9/13/44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

OCT. 11 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140456
Local Reg. No. 199
Reg. Dist. No. 610

1. **PLACE OF DEATH:**
   (a) County Bonneville
   (b) City or town Idaho Falls
   (c) Street Address or R. F. D. No. Memorial Dr.
   (d) Death Occured Inside? ... Outside? ... city or town
   (e) Died in a Home.... Hospital.... Institution.... Other place....
   (f) Name Hosp. or Inst. L. D. S. Stayed ... days
   (g) Lived in this county ... years ... months ... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Bonneville
   (c) City or town Idaho Falls Idaho
   (d) Street Address or R.F.D. No. 245 - Broadway
   (e) Deceased lived Inside? ✓ Outside? ... city or town
   (f) Citizen of what country? U. S. A.
   (g) How long had deceased lived in Idaho? 26 years
   (h) Former residence (city, state) Texas

3. (a) **FULL NAME** Ida Lois Howe

3. (b) If veteran, name war ...
3. (c) Social Security No. 519-09-2327
4. Sex F
5. Color or race W.
6. (a) Single, widowed, married, divorced ...
6. (b) Name of husband or wife Charles W. Howe
6. (c) Age of husband or wife if alive 59 years
7. Date of Birth (Month, Day, Year) July 17, 1894

8. AGE	Years	Months	Days	If less than 1 day
	50	1	26	hrs ... min.

9. Exact Occupation Housewife — Did this work for ... yrs.
10. Industry or Business ... — Date last worked ...
11. Birthplace Tampasas Texas (City or town) (State or foreign country)

Father
12. Name W. F. McDowell
13. Birthplace Texas (City or town) (State or foreign country)

Mother
14. Maiden name not known
15. Birthplace Texas (City or town) (State or foreign country)

16. Informant's **OWN** Signature Charles W. Howe
and Address San Diego Calif.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/14/44 (Month) (Day) (Year)
(c) Place: Idaho Falls, Idaho
18. Funeral Director's **OWN** Signature Jack A. Wood
and Address Idaho Falls Idaho
19. (a) Sept. 25 44 (Date received and filed) (b) Anna Budge (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Sept 12 19 44
at 5 o'clock P M.

21. **I HEREBY CERTIFY**, That I attended deceased from Sept. 9 19 44 to Sept. 12 19 44
I last saw her alive on Sept. 12 19 44; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Coronary Thrombosis	
Due to Cardiac Failure	
Hypertension	5 yrs.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? ...
Name of operation ... Date ...
Major finding ...
Finding of autopsy ...

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ... Suicide? ... Homicide? ...
Occurred ... 19 ... City, county, state where violence occurred ...
Place of Violence: Home ... Farm ... Industry ...
Public Place ... While at work? ...
Means of injury ...

23. Attendant's **OWN** Signature C. C. Eamiss M.D. (M. D. or other)
and Address I. F. Date 9-25 19 44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census OCT 11 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140497
Local Reg. No. 198
Reg. Dist. No. 610

1. **PLACE OF DEATH:**
(a) County Bonneville
(b) City or town Idaho Falls
(c) Street Address or R.F.D. No. Cedar & Blvd.
(d) Death Occured Inside? ✓ Outside? ..... city or town
(e) Died in a Home.... Hospital ✓ Institution.... Other place....
(f) Name Hosp. or Inst. Sacred Heart Stayed 116 days
(g) Lived in this county ..... years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Bonneville
(c) City or town Idaho Falls
(d) Street Address or R.F.D. No. 2000 S Blvd
(e) Deceased lived Inside? ✓ Outside? ..... city or town
(f) Citizen of what country? U. S. A.
(g) How long had deceased lived in Idaho? 5 years
(h) Former residence (city, state) Utah

3. (a) **FULL NAME** Anna Alma Leonhardy Bayrell

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex F.
5. Color or race W.
6. (a) Single, widowed, married, divorced .....
6. (b) Name of husband or wife Louis Bayrell
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) August 17, 1873

8. AGE	Years	Months	Days	If less than 1 day
	71	0	26	hrs min.

9. Exact Occupation Housewife Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Alma, Wisconsin (City or town) (State or foreign country)
Father
12. Name Emil Leonhardy
13. Birthplace Switzerland (City or town) (State or foreign country)
Mother
14. Maiden name Mary Bruegger
15. Birthplace Germany (City or town) (State or foreign country)
16. Informant's **OWN** Signature Mrs Frank Brown
and Address Idaho Falls, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/15/44 (Month) (Day) (Year)
(c) Place: Idaho Falls, Idaho
18. Funeral Director's **OWN** Signature Jack A. Wood
and Address Idaho Falls, Idaho
19. (a) Sept 25-1944 (Date received and filed) (b) Anna Bridges (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Sept 13 1944
at 2-30 o'clock a M.
21. **I HEREBY CERTIFY,** That I attended deceased from July 1 1943, to Sept 13 1944
I last saw her alive on Sept 13 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebral Hemorrhage	6 weeks
Due to Arterio Sclerosis	Years
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYISCIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature [signature] (M. D. or other)
and Address ..... Date ..... 19.....
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census OCT 11 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140498
Local Reg. No. 208
Reg. Dist. No. 610

1. **PLACE OF DEATH:**
   (a) County Bonneville
   (b) City or town Idaho Falls
   (c) Street Address or R.F.D. No. 554 2nd
   (d) Death Occured Inside? ✓ Outside? ..... city or town
   (e) Died in a Home ✓ Hospital.... Institution.... Other place....
   (f) Name Hosp. or Inst..... Stayed.....days
   (g) Lived in this county.....years .....months .....days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Bonneville
   (c) City or town Idaho Falls
   (d) Street Address or R.F.D. No. 554 2nd St.
   (e) Deceased lived Inside? ✓ Outside? ..... city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 36 years
   (h) Former residence (city, state) Utah

3. (a) **FULL NAME** Emma Miller Nelson

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex F
5. Color or race W
6. (a) Single, widowed, (married) divorced .....
6. (b) Name of husband or wife Joseph J. Nelson
6. (c) Age of husband or wife if alive 79 years
7. Date of Birth (Month, Day, Year) February 21, 1875

8. AGE	Years	Months	Days	If less than 1 day
	69	6	28	hrs min.

9. Exact Occupation Housewife Did this work for .....yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Providence, Utah (City or town) (State or foreign country)

Mother
12. Name not known
13. Birthplace Germany (City or town) (State or foreign country)

Father
14. Maiden name Elizabeth Wittwer
15. Birthplace Switzerland (City or town) (State or foreign country)

16. Informant's **OWN** Signature Geo. F. Hofbauch
and Address Salt Lake City, Utah

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/22/44 (Month) (Day) (Year)
(c) Place: Idaho Falls, Idaho

18. Funeral Director's **OWN** Signature Jack G. Ward
and Address Idaho Falls, Idaho

19. (a) 9-30-44 (Date received and filed) (b) Emma Budge (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) September 19 1944
at 7:15 o'clock P M.

21. **I HEREBY CERTIFY**, That I attended deceased from March 1944 to Sept 19 1944
I last saw her alive on Sept. 19 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Heart Block	1 mo
Due to Failure of Impulses to Travel over bundle of Hiss	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation..... Date.....
Major finding .....
Finding of autopsy .....

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident?..... Suicide?..... Homicide?.....
Occurred..... 19..... City, county, state where violence occurred .....
Place of Violence: Home.....Farm.....Industry.....
Public Place..... While at work?.....
Means of injury .....

23. Attendant's **OWN** Signature Milton T. Rees M.D. (M. D. or other)
and Address Idaho Falls, Ida Date 9-28 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

OCT 11 1944

Certificate Of Death

STATE OF IDAHO

State File No. 1404[illegible]
Local Reg. No. 195
Reg. Dist. No. 610

1. **PLACE OF DEATH**
   (a) County Bonneville
   (b) City or town Idaho Falls
   (c) Street Address or R.F.D. No. Memorial Dr.
   (d) Death Occured Inside? ✓ Outside? ..... city or town
   (e) Died in a Home.... Hospital ✓ Institution.... Other place....
   (f) Name Hosp. or Inst. L.G.S. Hosp. Stayed 2 days
   (g) Lived in this county ..... years ..... months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Bonneville
   (c) City or town Idaho Falls
   (d) Street Address or R.F.D. No. 285 - 1st Street
   (e) Deceased lived Inside? ✓ Outside? ..... city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 4 mo ~~years~~
   (h) Former residence (city, state) Kansas

3. (a) **FULL NAME** Robert Earl Goodwin 81a

3. (b) If veteran, name war .....
3. (c) Social Security No. 510-14-2376
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced .....
6. (b) Name of husband or wife Genevieve Goodwin
6. (c) Age of husband or wife if alive 22 years
7. Date of Birth (Month, Day, Year) Sept 25, 1921

8. AGE	Years	Months	Days	If less than 1 day
	22	11	26	hrs min.

9. Exact Occupation Bottler - Did this work for 12 yrs.
10. Industry or Business Old Faithful Bottling Co. Date last worked Sept 16, 1944
11. Birthplace Nevada (City or town) Missouri (State or foreign country)

Father
12. Name John Ross Goodwin
13. Birthplace Missouri (City or town) (State or foreign country)

Mother
14. Maiden name Minnie Hopkins
15. Birthplace Missouri (City or town) (State or foreign country)

16. Informant's **OWN** Signature Genevieve Goodwin
and Address Idaho Falls, Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 9/21/44 (Month) (Day) (Year)
(c) Place: Witchita, Kansas
18. Funeral Director's **OWN** Signature Jack A. Wood
and Address Idaho Falls, Idaho
19. (a) 9-21-44 (Date received and filed) (b) Anna Bridges (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Sept. 20 1944
at 11-30 o'clock P M.
21. **I HEREBY CERTIFY**, That I attended deceased from Sept 18 1944, to Sept 20 1944
I last saw him alive on Sept 20 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Encephalitis	
Due to Meningitis	
Possibly	
Due to Acute [illegible]	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYISCIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature Walter R. West (M. D. or other)
and Address [illegible] Date 9/21 1944
(For additional space, use reverse side)

United States
Department of Commerce
Bureau of the Census

OCT 11 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 140500
Local Reg. No. 284
Reg. Dist. No. 670

1. **PLACE OF DEATH:**
(a) County Bonneville
(b) City or town Idaho Falls
(c) Street Address or R. F. D. No. Blvd.
(d) Death Occurred Inside? x Outside? ..... city or town
(e) Died in a Home ....Hospital x Institution ....Other place ....
(f) Name Hosp. or Inst. Sac. Heart Stayed ..... days
(g) Lived in this county ..... years ..... months 1 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Jefferson
(c) City or town Menan
(d) Street Address or R. F. D. No. x
(e) Deceased lived Inside? ..... Outside? x city or town
(f) If foreign born, in U. S. ..... yrs. Citizen of U. S.? .....
(g) How long had deceased lived in Idaho? 60 years
(h) Former residence (city, state) Lehi, Utah

3. (a) **FULL NAME** WILLIAM D. MOLEN.

3. (b) If veteran, name war x
3. (c) Social Security No. x
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ida May
6 (c) Age of husband or wife if alive 66 years
7. Date of Birth (Month, Day, Year) Aug. 27, 1873

8. AGE	Years	Months	Days	If less than 1 day
	71	0	26	hrs min.

9. Exact Occupation Farming Did this work for life yrs.
10. Industry or Business Farm Date last worked 9/22/44
11. Birthplace Lehi, Utah. (City or town) (State or foreign country)
Father
12. Name James Wesley Molen.
13. Birthplace Illinois. (City or town) (State or foreign country)
Mother
14. Maiden name Jane Stoddart.
15. Birthplace England. (City or town) (State or foreign country)
16. Informant's **OWN** Signature Ida M Molen
and Address Menan, Idaho.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 9/23/1944 (Month) (Day) (Year)
(c) Place: Annis, Idaho.
18. Funeral Director's **OWN** Signature A B Eckersell
and Address Rigby, Idaho
19. (a) 9-29-44 (Date received and filed) (b) Anna Bridges (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Sept. 22 1944
at 9:10 o'clock A M.
21. I **HEREBY CERTIFY**, That I attended deceased from Sept. 22 1944 to Sept 22 1944
I last saw him alive on Sept 22 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Shock —	3 hrs
Due to Compound fracture of rt. tibia and fibula	
Due to	
Other conditions Multiple contusions and abrasions possible fracture skull (Include pregnancy within 3 months of death)	
Where was disease first contracted?	
Name of operation ..... Date —	
Major finding	
Finding of autopsy	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Yes Suicide? ..... Homicide? .....
Occurred Sept. 22 1944 City, county, state where violence occurred Menan, Jefferson, Idaho
Place of Violence: Home — Farm — Industry —
Public Place Yes While at work? —
Means of injury Auto accident
23. Attendant's **OWN** Signature Clifford S Rigby M D (M. D. or other)
and Address Rigby, Ida Date 9-25 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

DEC 11 1944

Certificate Of Death

STATE OF IDAHO

State File No. 14050
Local Reg. No. 206
Reg. Dist. No. 610

1. **PLACE OF DEATH**
   (a) County Bonneville
   (b) City or town Idaho Falls
   (c) Street Address or R.F.D. No. 135 Conner Ave
   (d) Death Occured Inside? ✓ Outside? ..... city or town
   (e) Died in a Home ✓ Hospital .... Institution .... Other place ....
   (f) Name Hosp. or Inst. ..... Stayed ..... days
   (g) Lived in this county ..... years ..... months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Bonneville
   (c) City or town Idaho Falls
   (d) Street Address or R.F.D. No. 135 Conner
   (e) Deceased lived Inside? ✓ Outside? ..... city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? ..... years
   (h) Former residence (city, state) .....

3. (a) **FULL NAME** Joseph B. Cuthbert 95C

3. (b) If veteran, name war Wold War I
3. (c) Social Security No. .....
4. Sex M race W
5. Color or
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife Sadie Olsen Cuthbert
6. (c) Age of husband or wife if alive 57 years
7. Date of Birth (Month, Day, Year) Sept 26, 1887

8. AGE	Years	Months	Days	If less than 1 day
	56	11	27	hrs ..... min.

9. Exact Occupation Contractor — Did this work for ..... yrs.
10. Industry or Business ..... — Date last worked .....
11. Birthplace Rigby (City or town) Idaho (State or foreign country)

Father
12. Name John A. Cuthbert
13. Birthplace Winter Quarter, Missouri (City or town) (State or foreign country)

Mother
14. Maiden name Eleanor Blair
15. Birthplace New Jersey (City or town) (State or foreign country)

16. Informant's **OWN** Signature Sadie O Cuthbert
and Address Idaho Falls Idaho

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 9/27/44 (Month) (Day) (Year)
(c) Place: Rigby Idaho

18. Funeral Director's **OWN** Signature Jack A. Ward
and Address Idaho Falls Idaho

19. (a) 9-29-44 (Date received and filed) (b) Linna Bridges (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) September 23 19 44
at 12 o'clock Noon M.

21. **I HEREBY CERTIFY**, That I attended deceased from ..... 19..... to ..... 19.....
I last saw h..... alive on ..... 19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death	Duration
Heart Failure caused by Bleed Ulcer	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred Sept 23 19 44 City, county, state where violence occurred Idaho Falls Idaho
Place of Violence: Home Farm Industry .....
Public Place ..... While at work? yes
Means of injury Heart Failure

23. Attendant's **OWN** Signature Fred Lester Brauer (M. D. or other)
and Address Idaho Falls Date Sept 25 19 44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census OCT 11 1944

Certificate Of Death

STATE OF IDAHO

State File No. 14053
Local Reg. No. 209
Reg. Dist. No. 610

1. **PLACE OF DEATH:**
   (a) County Bonneville
   (b) City or town Dona
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? ✓ Outside? ..... city or town
   (e) Died in a Home ✓ Hospital .... Institution .... Other place ....
   (f) Name Hosp. or Inst. ..... Stayed ..... days
   (g) Lived in this county ..... years ..... months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Bonneville
   (c) City or town Dona
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? ✓ Outside? ..... city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? All 2 years
   (h) Former residence (city, state)

3. (a) **FULL NAME** Annie Viola Robbins 131b

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex F
5. Color or race W.
6. (a) Single, widowed, (married) divorced
6. (b) Name of husband or wife Hyrum Robbins
6. (c) Age of husband or wife if alive 67 years
7. Date of Birth (Month, Day, Year) Oct 9, 1889

8. AGE	Years	Months	Days	If less than 1 day
	54	11	16	hrs ..... min.

9. Exact Occupation Housewife Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Coyote, Utah (City or town) (State or foreign country)

Father
12. Name Henry J. Russell
13. Birthplace Utah (City or town) (State or foreign country)

Mother
14. Maiden name Annie L. Perry
15. Birthplace Utah (City or town) (State or foreign country)

16. Informant's **OWN** Signature Hyrum Robbins
and Address Dona

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/ /44 (Month) (Day) (Year)
(c) Place: Ammon, Idaho

18. Funeral Director's **OWN** Signature Jack A. Ward
and Address Idaho Falls, Idaho

19. (a) 9-30-44 (Date received and filed) (b) Emma Bridges (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Sept 23 19 44
at 7 o'clock A.M.

21. **I HEREBY CERTIFY,** That I attended deceased from Feb 16 1944, to Sept 23 1944
I last saw her alive on Sept 21 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Acute Myocarditis	30 days
Due to Cerebral Hemorrhage	Aug 25/44
Due to Arteriosclerosis	about 10 yrs
Other conditions Hypertension (Include pregnancy within 3 months of death)	2 yrs

Where was disease contracted?
Name of operation ..... Date .....
Major finding
Finding of autopsy

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury

23. Attendant's **OWN** Signature [signature] (M. D. or Other)
and Address Idaho Falls Date Oct 25 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

OCT 11 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140593
Local Reg. No. 201
Reg. Dist. No. 610

1. **PLACE OF DEATH:**
(a) County Bonneville
(b) City or town Idaho Falls
(c) Street Address or R. F. D. No. 1288 Mound
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Home X Hospital .... Institution .... Other place ....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 5 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Bonneville
(c) City or town Idaho Falls
(d) Street Address or R.F.D. No. 1288 Mound Ave.
(e) Deceased lived Inside? ..... Outside? ..... city or town
(f) Citizen of what country? USA
(g) How long had deceased lived in Idaho? 29 years
(h) Former residence (city, state) .....

3. (a) **FULL NAME** Orson Pratt Burr. 74a

3. (b) If veteran, name war No-
3. (c) Social Security No. 519-14-1474
4. Sex Male Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Sylvia Mason
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) Feb 25-1885

8. AGE	Years	Months	Days	If less than 1 day
	59	6	29	hrs ..... min.

9. Exact Occupation Farmer. Did this work for ..... yrs.
10. Industry or Business ..... Date last worked 9/23/44
11. Birthplace Lewis County - Utah (City or town) (State or foreign country)

Father
12. Name Henry Uriah Burr
13. Birthplace Utah (City or town) (State or foreign country)

Mother
14. Maiden name Julia Caroline Neal
15. Birthplace Utah (City or town) (State or foreign country)

16. Informant's **OWN** Signature Sylvia M. Burr
and Address 1288 Mound St. Idaho Falls

17. (a) Removal (Burial, cremation or removal) (b) Date thereof 9/27/44 (Month) (Day) (Year)
(c) Place: Rigby, Idaho

18. Funeral Director's **OWN** Signature Peg A. Williams
and Address Idaho Falls, Idaho.

19. (a) Sept. 29-1944 (Date received and filed) (b) Verna Rudge (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) September 24 1944
at 11-30 o'clock P -M.

21. **I HEREBY CERTIFY**, That I attended deceased from Did not see patient alive to ..... 19.
I last saw h..... alive on ..... 19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Probably Coronary Thrombosis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYISCIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature Thomas D Rees (M. D. or other)
and Address 686 N Capitol Idaho Falls Date 9-25 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census OCT 11 1944

Certificate Of Death

STATE OF IDAHO

State File No. 14055
Local Reg. No. 202
Reg. Dist. No. 610

1. **PLACE OF DEATH:**
   (a) County Bonneville
   (b) City or town Idaho Falls
   (c) Street Address or R.F.D. No. 619 - K St.
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home .... Hospital X Institution .... Other place ....
   (f) Name Hosp. or Inst. LDS - Stayed 1 days
   (g) Lived in this county ..... years ..... months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Bonneville
   (c) City or town Idaho Falls
   (d) Street Address or R.F.D. No. 619 "K" Street
   (e) Deceased lived Inside? ..... Outside? ..... city or town
   (f) Citizen of what country? .....
   (g) How long had deceased lived in Idaho? ..... years
   (h) Former residence (city, state) .....

3. (a) **FULL NAME** Kerry Lynn Burbank

3. (b) If veteran, name war .....
3. (c) Social Security No. NONE
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced NONE
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) Sept - 2 - 1944

8. AGE	Years	Months	Days	If less than 1 day
			23	hrs min.

9. Exact Occupation Infant. Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Idaho Falls, Idaho (City or town) (State or foreign country)

Father
12. Name Chester Austin Burbank.
13. Birthplace Brigham City, Utah (City or town) (State or foreign country)

Mother
14. Maiden name Roma Nielson
15. Birthplace Nephi, Utah (City or town) (State or foreign country)

16. Informant's **OWN** Signature Chester Burbank
and Address Idaho Falls, Ida. 619-K St.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 9-29-44 (Month) (Day) (Year)
(c) Place: Richmond, Ut.

18. Funeral Director's **OWN** Signature Geo. A. Williams
and Address Idaho Falls, Idaho

19. (a) 9-28-44 (Date received and filed) (b) Lena Budge (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) September 25 1944
at ..... o'clock P M.

21. **I HEREBY CERTIFY,** That I attended deceased from Sept 24 1944, to Sept 25 1944
I last saw h.e.r alive on Sept 24 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Lobar Pneumonia	2 days
Bilateral	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? Home
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYISICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature Milton T. Rees M.D. (M. D. or other)
and Address Idaho Falls, Ida Date 9-28 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

OCT 11 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140595
Local Reg. No. 205
Reg. Dist. No. 610

1. PLACE OF DEATH:
(a) County Bonneville
(b) City or town Idaho Falls
(c) Street Address or R.F.D. No. 7th & Holmes
(d) Death Occured Inside? ..... Outside? X city or town
(e) Died in a Home X Hospital ... Institution ... Other place ...
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 49 years 6 months ? days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Bonneville
(c) City or town Idaho Falls
(d) Street Address or R.F.D. No. 7th & Holmes
(e) Deceased lived Inside? ..... Outside? X city or town
(f) Citizen of what country? United States
(g) How long had deceased lived in Idaho? 49 years
(h) Former residence (city, state) .....

3. (a) FULL NAME PETER MAGNUS SAFSTROM

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3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Emma Lindholm
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) July 1, 1854

8. AGE	Years	Months	Days	If less than 1 day hrs min.
	90	2	25	

9. Exact Occupation Farmer, retired Did this work for 40 yrs.
10. Industry or Business Self employed Date last worked 1920
11. Birthplace Stenberga, Smoland, Sweden (City or town) (State or foreign country)
Father
12. Name John Peterson
13. Birthplace Sweden (City or town) (State or foreign country)
Mother
14. Maiden name Anna Lisa Peterson
15. Birthplace Alschedafors, Sweden (City or town) (State or foreign country)
16. Informant's OWN Signature Edwin Safstrom
and Address Idaho Falls, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 29, '44 (Month) (Day) (Year)
(c) Place: New Sweden Cem., Idaho Falls
18. Funeral Director's OWN Signature Alvin C. Beck
and Address Idaho Falls, Idaho
19. (a) 9-29-44 (Date received and filed) (b) Anna Bridges (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) September 26 1944
at 2:50 o'clock A. M.
21. **I HEREBY CERTIFY,** That I attended deceased from Aug 26 1944, to Sept 26 1944
I last saw him alive on 9/26 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Senility	
✓ Due to	
Due to Lobar Pneumonia	
Other conditions A Month ago. (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYISCIAN
Name of operation ..... Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's OWN Signature A. P. Sodergren M.D. (M. D. or other)
and Address Idaho Falls Ida. Date 9/29 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

OCT 11 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140596
Local Reg. No. 210
Reg. Dist. No. 610

1. **PLACE OF DEATH:**
   (a) County Bonneville
   (b) City or town Idaho Falls
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? X Outside? city or town
   (e) Died in a Home Hospital X Institution Other place
   (f) Name Hosp. or Inst. Sacred Heart Stayed 20 days
   (g) Lived in this county 17 years 0 months 26 days

   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Bonneville
   (c) City or town Idaho Falls
   (d) Street Address or R.F.D. No. 119 12th St.
   (e) Deceased lived Inside? X Outside? city or town
   (f) Citizen of what country? United States
   (g) How long had deceased lived in Idaho? 17 years
   (h) Former residence (city, state) Phillipsburg, Montana

3. (a) **FULL NAME** MARY TRESSA GREENHECK

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) August 27, 1874

8. AGE	Years	Months	Days	If less than 1 day
	70	1	3	hrs min.

9. Exact Occupation Housewife — Did this work for Unk yrs.
10. Industry or Business At Home — Date last worked Sept. 1944
11. Birthplace Hall (City or town) Montana (State or foreign country)

Father
12. Name Michael Dooley
13. Birthplace Ireland (City or town) (State or foreign country)

Mother
14. Maiden name Annie Unknown
15. Birthplace Ireland (City or town) (State or foreign country)

16. Informant's **OWN** Signature Lucille Clamyth
and Address Twin Falls Idaho

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Oct. 1, 1944 (Month) (Day) (Year)
(c) Place: Phillipsburg, Montana

18. Funeral Director's **OWN** Signature Orland E. Beck
and Address Idaho Falls, Idaho.

19. (a) 9-30-44 (Date received and filed) (b) Anna Budge (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) September 30 1944
at 1:40 o'clock A.M.

21. **I HEREBY CERTIFY,** That I attended deceased from Sept 10 1944, to Sept 30 1944
I last saw her alive on Sept 29 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — Duration

Broncho Pneumonia — 7 days
✓ Due to Chr. Myocarditis — Many Years
Due to
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?
Name of operation ..... Date .....
Major finding
Finding of autopsy

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature (M. D. or other)
and Address Idaho Falls, Ida. Date 10/1 1944

(For additional space, use reverse side)

140597

United States
Department of Commerce OCT 10 1944
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No.
Local Reg. No. 39-44
Reg. Dist. No. 105

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
   (a) County Boundary
   (b) City or town Bonners Ferry
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? Outside? XX city or town
   (e) Died in a Home.... Hospital X Institution.... Other place....
   (f) Name Hosp. or Inst Bonners Ferry Stayed 30 days
   (g) Lived in this county 20 years ..... months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Boundary
   (c) City or town Bonners Ferry
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? XX Outside? city or town
   (f) Citizen of what country? Unknown
   (g) How long had deceased lived in Idaho? 2570 years
   (h) Former residence (city, state) Sandpoint Ida.

3. (a) **FULL NAME** Mike Sweeney

3. (b) If veteran, name war No
3. (c) Social Security No. unknown
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) Sep. 8, 1888

8. AGE	Years	Months	Days	If less than 1 day
	55	0	10	hrs min.

9. Exact Occupation Shoemaker Did this work for 10 yrs.
10. Industry or Business Baccus Shoe Shop Date last worked 8/1/44
11. Birthplace Trocadia, New Brunswick Can.
(City or town) (State or foreign country)

Father
12. Name Unknown
13. Birthplace " "
(City or town) (State or foreign country)

Mother
14. Maiden name Unknown
15. Birthplace " "
(City or town) (State or foreign country)

16. Informant's **OWN** Signature Frank Moore
and Address Bonners Ferry Idaho
17. (a) Burial (b) Date thereof 9/19/44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: Bonners Ferry Idaho
18. Funeral Director's **OWN** Signature Frank Moore
and Address Bonners Ferry Idaho
19. (a) 9/20/44 (b) Rev Bonner
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Sep. 18th. 19 44
at 2:15 o'clock A. M.
21. **I HEREBY CERTIFY**, That I attended deceased from July 1944, to Sept 18 1944
I last saw him alive on Sept 17 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Carcinoma of Stomach	4 mos.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ..... Date .....
Major finding
Finding of autopsy

PHYISICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature Rev Bonner M. D.
(M. D. or other)
and Address Bonners Ferry Date 9/20 1944
(For additional space, use reverse side)

United States
Department of Commerce
Bureau of the Census

OCT 10 1944

NON-RESIDENT
Certificate Of Death
STATE OF IDAHO

State File No. 140508
Local Reg. No. 38-47
Reg. Dist. No. 100

1. **PLACE OF DEATH:**
(a) County Boundary
(b) City or town Bonners Ferry
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? Outside? XX city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst Bonners Ferry Survived 3 days
(g) Lived in this county years months 3 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Montana (b) County Lincoln
(c) City or town Troy
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? XX Outside? city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 000 years
(h) Former residence (city, state) Clyde Mo.

3. (a) **FULL NAME** William Fox

3. (b) If veteran, name war no
3. (c) Social Security No. No
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) May 6 1863

8. AGE	Years	Months	Days	If less than 1 day
	81	4	12	hrs min.

9. Exact Occupation retired merchant Did this work for 40 yrs.
10. Industry or Business his own Date last worked 1930
11. Birthplace Quincy Ill. (City or town) (State or foreign country)
Father 12. Name Joseph Fox
Father 13. Birthplace Redwing Penn. (City or town) (State or foreign country)
Mother 14. Maiden name Catherine Peis
Mother 15. Birthplace Ohio (City or town) (State or foreign country)
16. Informant's **OWN** Signature Frank Monroe
and Address Bonners Ferry Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/21/44 (Month) (Day) (Year)
(c) Place: Bonners Ferry Idaho
18. Funeral Director's **OWN** Signature Frank Monroe
and Address Bonners Ferry Idaho.
19. (a) 9/19/44 (Date received and filed) (b) F.M. Monroe (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Sept. 18th 19 44
at 9:30 o'clock A.M.
21. **I HEREBY CERTIFY**, That I attended deceased from Sept 8 1944, to Sept 18 1944
I last saw him alive on Sept 18 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Coronary Occlusion	3 days
Due to Coronary Sclerosis	?
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYISICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature F.M. Monroe M.D. (M. D. or other)
and Address Bonners Ferry Date 9/19 19 44
(For additional space, use reverse side)

...ant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

OCT. 10 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140509
Local Reg. No. 41-44
Reg. Dist. No. 105

1. PLACE OF DEATH:
(a) County Boundary
(b) City or town Camp 9, Rock Creek
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? Outside? XX city or town
(e) Died in a Home Hospital Institution Other place X
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 2 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Boundary
(c) City or town Bonners Ferry
(d) Street Address or R.F.D. No. Star Route
(e) Deceased lived Inside? Outside? XX city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 2 years
(h) Former residence (city, state) N. Dakota

3. (a) FULL NAME Alfred Melvin Lethrud

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3. (b) If veteran, name war no
3. (c) Social Security No. 701-16-5385
4. Sex Male
5. Color or race white
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Alma
6. (c) Age of husband or wife if alive 25 years
7. Date of Birth (Month, Day, Year) 4/15/1910

8. AGE	Years	Months	Days	If less than 1 day
	34	5	4	hrs min.

9. Exact Occupation Logger — Did this work for 2 yrs.
10. Industry or Business A.C. Ahlborn Co — Date last worked 9/19/44
11. Birthplace Blaisdell N. Dakota (City or town) (State or foreign country)

Father
12. Name Peter Lethrud
13. Birthplace Norway (City or town) (State or foreign country)

Mother
14. Maiden name Juliana Johnson
15. Birthplace Norway (City or town) (State or foreign country)

16. Informant's **OWN** Signature Peter M. Lethrud
and Address Bonners Ferry Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9.23.44 (Month) (Day) (Year)
(c) Place: Bonners Ferry Idaho
18. Funeral Director's **OWN** Signature Frank Morse
and Address Bonners Ferry Idaho.
19. (a) 9/20/44 (Date received and filed) (b) R.M. Bonner (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Sep. 19th. 1944
at 2:15 o'clock P. M.
21. **I HEREBY CERTIFY**, That I attended deceased from ..... 19..... to ..... 19.....
I last saw h..... alive on ..... 19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Accidental death Skull fracture & Broken back.	
Due to Falling tree	
Due to	
Other conditions ✓ (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYISICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ✓ Suicide? Homicide?
Occurred Sept 19 19 City, county, state where violence occurred near Bonners Ferry Ida.
Place of Violence: Home Farm Industry
Public Place While at work? Yes
Means of injury Struck by falling tree
23. Attendant's **OWN** Signature R. M. Bonner M.D.
(M. D. or other)
and Address Bonners Ferry Date 9/20 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

OCT 10 1944

Certificate Of Death

STATE OF IDAHO

State File No. 14051
Local Reg. No. 42-47
Reg. Dist. No. 100

1. **PLACE OF DEATH:**
   (a) County Boundary
   (b) City or town Bonners Ferry
   (c) Street Address or R. F. D. No.
   (d) Death Occured Inside? XX Outside? city or town
   (e) Died in a Home X Hospital Institution Other place
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county 60 years months days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Boundary
   (c) City or town Bonners Ferry
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? XX Outside? city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 60 years
   (h) Former residence (city, state) Kenora Ont. Can

3. (a) **FULL NAME** Arthur E. Bunting 97

3. (b) If veteran, name war no
3. (c) Social Security No. No
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Christine
6. (c) Age of husband or wife if alive 78 years
7. Date of Birth (Month, Day, Year) 12/29/1855

8. AGE	Years	Months	Days	If less than 1 day
	88	8	26	hrs min.

9. Exact Occupation Ret. Carpenter Did this work for 50 yrs.
10. Industry or Business Date last worked 1941
11. Birthplace New Brunswick Can. (City or town) (State or foreign country)

Father
12. Name Robert Bunting
13. Birthplace England (City or town) (State or foreign country)

Mother
14. Maiden name Mary Weatherbee
15. Birthplace England (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mrs. Annie Ladley
and Address Bonners Ferry Idaho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/28/44 (Month) (Day) (Year)
(c) Place: Bonners Ferry Idho
18. Funeral Director's **OWN** Signature Frank Magee
and Address Bonners Ferry Idaho.
19. (a) 9/26/44 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Sep. 25th. 1944
at 3:00 o'clock P.M.
21. **I HEREBY CERTIFY**, That I attended deceased from Jan 6 1944, to Sept 25 1944
I last saw him alive on Sept 25 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration
Arteriosclerosis 4 yrs.
Due to
Due to
Other conditions Cerebral Arteriosclerosis
(Include pregnancy within 3 months of death)
Myocardial failure
Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature C. M. Bonner M.D. (M. D. or other)
and Address Bonners Ferry Date 9/26 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

OCT 10 1944

State File No. 140511
Local Reg. No. 43-44
Reg. Dist. No. 100

1. PLACE OF DEATH:
(a) County Boundary
(b) City or town Bonners Ferry
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? Outside? XX city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Bonners Ferry Hospital Stayed days
(g) Lived in this county 22 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Boundary
(c) City or town Bonners Ferry
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? Outside? XX city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 22 years
(h) Former residence (city, state) Michigan

3. (a) FULL NAME Mary Elizabeth Warner

3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex Fem. 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Burton
6. (c) Age of husband or wife if alive 75 years
7. Date of Birth (Month, Day, Year) Aug. 7.1862

8. AGE	Years	Months	Days	If less than 1 day
	82	1	22	hrs min.

9. Exact Occupation Housewife — Did this work for 55 yrs.
10. Industry or Business at home — Date last worked 3/1/44
11. Birthplace (City or town) England (State or foreign country)

Father
12. Name Josiah Collins
13. Birthplace (City or town) England (State or foreign country)

Mother
14. Maiden name Unknown
15. Birthplace (City or town) England (State or foreign country)

16. Informant's **OWN** Signature Burton Warner
and Address Bonners Ferry Idaho.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/2/44 (Month) (Day) (Year)
(c) Place: Bonners Ferry Idaho.

18. Funeral Director's **OWN** Signature Frank Moore
and Address Bonners Ferry Idaho.

19. (a) 9/30/44 (Date received and filed) (b) C.M. Bonnee (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Sep. 29th. 1944
at 10.00 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from Aug 1 1944 to Sept 29 1944
I last saw her alive on Sept 29 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — Duration

Chronic Myocardial Degeneration — 1 year
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYISICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature C.M. Bonnee M.D. (M. D. or other)
and Address Bonners Ferry Date 9/30 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

OCT. 10 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140512
Local Reg. No. 172
Reg. Dist. No. 363

1. **PLACE OF DEATH:**
   (a) County Canyon
   (b) City or town Nampa
   (c) Street Address or R.F.D. No. 1615 - 8th St. So.
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home.... Hospital X Institution.... Other place....
   (f) Name Hosp. or Inst. Mercy Stayed ..... days
   (g) Lived in this county 18 years ..... months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Canyon
   (c) City or town Caldwell
   (d) Street Address or R.F.D. No. 3
   (e) Deceased lived Inside? ..... Outside? X city or town
   (f) Citizen of what country? U.S.A
   (g) How long had deceased lived in Idaho? 18 years
   (h) Former residence (city, state) .....

3. (a) **FULL NAME** George William Miller

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Minnie
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) Aug. 17, 1866

8. AGE	Years	Months	Days	If less than 1 day
	77	8	10	hrs min.

9. Exact Occupation ✓ Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Hamburg (City or town) Iowa (State or foreign country)
Father
12. Name John P. Miller
13. Birthplace ..... (City or town) Illinois (State or foreign country)
Mother
14. Maiden name Jessie Blyth
15. Birthplace Chicago (City or town) Ill (State or foreign country)
16. Informant's **OWN** Signature Mrs Minnie Miller
and Address Caldwell, Idaho R.1
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 2 1944 (Month) (Day) (Year)
(c) Place: Canyon Hill Cemetery
18. Funeral Director's **OWN** Signature V. Peckham
and Address 504 So. Kimball Ave Caldwell
19. (a) Sept-23-1944 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Apr 27 1944
at 11:27 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from ..... 19....., to ..... 19.....
I last saw h..... alive on ..... 19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cardiac Decompensation	
Due to Hypertensive cardio-vascular disease	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation ..... Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature Jos Saltzer MD (M. D. or other)
and Address Nampa Date 9/20 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

OCT. 10 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140513
Local Reg. No. 162
Reg. Dist. No. 362

1. **PLACE OF DEATH:**
   (a) County Canyon
   (b) City or town Nampa
   (c) Street Address or R.F.D. No. 504-13 Ave So
   (d) Death Occured Inside? ✓ ~~Outside?~~ city or town
   (e) Died in a Home.... Hospital ✓ Institution.... Other place....
   (f) Name Hosp. or Inst. Mercy Hosp Stayed 4 days
   (g) Lived in this county 30 years ..... months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Canyon
   (c) City or town Nampa
   (d) Street Address or R.F.D. No. 504-13 Ave So
   (e) Deceased lived Inside? ✓ ~~Outside?~~ ~~city or town~~
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 30 years
   (h) Former residence (city, state) Nebraska

3. (a) **FULL NAME** Blanche Edna Beer 56 F

3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife C.L.
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) Aug 13 - 1886

8. AGE	Years	Months	Days	If less than 1 day
	58		15	hrs min.

9. Exact Occupation House keeper Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace West Virginia (City or town) (State or foreign country)

Father
12. Name Nelson Garlin
13. Birthplace ..... (City or town) (State or foreign country)

Mother
14. Maiden name ✓
15. Birthplace ..... (City or town) (State or foreign country)

16. Informant's **OWN** Signature C. L. Beer
and Address 504 13 Ave So Nampa
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/1/44 (Month) (Day) (Year)
(c) Place: Nampa Idaho
18. Funeral Director's **OWN** Signature J. K. Robinson
and Address Nampa Id.
19. (a) Sept. 8-1944 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) August 28 1944
at 12-15 o'clock P.M.
21. **I HEREBY CERTIFY,** That I attended deceased from Aug. 24 1944 to Aug 28 - 1944
I last saw her alive on Aug. 28 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death	Duration
Double Labor Pneumonia	24 hours
Due to Following Surg	
Opr. for large fibroid	
Due to Uterus 8-25-44	
Other conditions (Include pregnancy within 3 months of death)	
Weight 270.	
Where was disease contracted?	
Name of operation Hysterectomy Date 8-25-44	
Major finding Large fibroid of	
Finding of autopsy Uterus	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident?..... Suicide?..... Homicide?.....
Occurred..... 19..... City, county, state where violence occurred .....
Place of Violence: Home..... Farm..... Industry.....
Public Place..... While at work?.....
Means of injury .....
23. Attendant's **OWN** Signature [illegible] (M. D. or other)
and Address Nampa Ida Date 9-8 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census OCT 9 1944

Certificate Of Death

STATE OF IDAHO

State File No. 14051
Local Reg. No. 161
Reg. Dist. No. 961

1. **PLACE OF DEATH:**
   (a) County ~~Canyon~~ Canyon
   (b) City or town Caldwell
   (c) Street Address or R.F.D. No. 3
   (d) Death Occured Inside?..... Outside?....city or town
   (e) Died in a Home.... Hospital.... Institution.... Other place....
   (f) Name Hosp. or Inst..... Stayed.....days
   (g) Lived in this county 22 years .....months .....days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Canyon
   (c) City or town Caldwell
   (d) Street Address or R.F.D. No. 3
   (e) Deceased lived Inside?.....Outside? X city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 22 years
   (h) Former residence (city, state) .....

3. (a) **FULL NAME** ~~HELEN C. PRUITT~~ Helen C. Pruitt

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Fem. 5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Frank L. Pruitt
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) April 10, 1868

8. AGE	Years	Months	Days	If less than 1 day hrs	min.
	76	2	18		

9. Exact Occupation Housewife Did this work for .....yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Jefferson, Butler County, Iowa (City or town) (State or foreign country)

Father
12. Name James A. Claffin
13. Birthplace New York State (City or town) (State or foreign country)

Mother
14. Maiden name Lavia L. Whitney
15. Birthplace New Hampshire (City or town) (State or foreign country)

16. Informant's **OWN** Signature F. P. Pruitt
and Address Caldwell, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/11/44 (Month) (Day) (Year)
(c) Place: Canyon Hill Cemetery, Caldwell

18. Funeral Director's **OWN** Signature C. V. Beckham
and Address 605 So. Kimball Ave., Caldwell

19. (a) 9-27-44 (Date received and filed) (b) Agnes M. Denman (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 7, 7-7 19 44
at 6:00 o'clock A.M.

21. **I HEREBY CERTIFY**, That I attended deceased from Jan. 1, 1944, to July 7, 1944
I last saw h.. alive on July 6, 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cardio vascular Renal disease — Duration 6 Mo.
Due to .....
Due to .....
Other conditions ..... (Include pregnancy within 3 months of death)

Where was disease contracted?.....
Name of operation..... Date.....
Major finding .....
Finding of autopsy .....

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident?..... Suicide?..... Homicide?.....
Occurred..... 19..... City, county, state where violence occurred .....
Place of Violence: Home.....Farm.....Industry.....
Public Place..... While at work?.....
Means of injury .....

23. Attendant's **OWN** Signature Earl W. Farmer (M. D. or other)
and Address Caldwell Date July 7, 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

OCT 9 1944

Certificate Of Death

STATE OF IDAHO

State File No. 10815
Local Reg. No. 103
Reg. Dist. No. 361

1. **PLACE OF DEATH:**
   (a) County Canyon Canyon
   (b) City or town Caldwell
   (c) Street Address or R.F.D. No. 2
   (d) Death Occured Inside?..... Outside? X city or town
   (e) Died in a Home.... Hospital.... Institution.... Other place....
   (f) Name Hosp. or Inst..... Stayed.....days
   (g) Lived in this county 25 years .....months .....days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Canyon
   (c) City or town Caldwell
   (d) Street Address or R.F.D. No. 2
   (e) Deceased lived Inside?..... Outside? X city or town
   (f) Citizen of what country? U. S. A.
   (g) How long had deceased lived in Idaho? 25 years
   (h) Former residence (city, state) Iowa

3. (a) **FULL NAME** GURNEY N. MARSHALL Gurney N. Marshall 93d

3. (b) If veteran, name war ..... 3. (c) Social Security No. .....
4. Sex ..... 5. Color or race ..... 6. (a) Single, widowed, married, divorced .....
6. (b) Name of husband or wife Nellie 6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) May 1, 1870

8. AGE	Years	Months	Days	If less than 1 day hrs	min.
	74	3	23		

9. Exact Occupation Farmer Did this work for .....yrs.
10. Industry or Business Farming Date last worked .....
11. Birthplace Youngstown, Pennsylvania (City or town) (State or foreign country)

Father
12. Name Benjamin Marshall
13. Birthplace ..... England (City or town) (State or foreign country)

Mother
14. Maiden name Laura Hart
15. Birthplace ..... England (City or town) (State or foreign country)

16. Informant's **OWN** Signature Joe. E. Marshall and Address 2007 Michigan Ave., Caldwell
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/22/44 (Month) (Day) (Year)
(c) Place: Canyon Hill Cemetery, Caldwell
18. Funeral Director's **OWN** Signature V. Peterson and Address 504 So. Kimball Ave., Caldwell
19. (a) 9-27-44 (Date received and filed) (b) Agnes Denman (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Aug. 24, 8-24 1944
at 4:30 o'clock P.M.

21. **I HEREBY CERTIFY**, That I attended deceased from June 5 1944, to Aug 24 1944
I last saw him alive on Aug 15 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Due to Senility & Chronic Myocarditis	—
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ..... Date.....
Major finding .....
Finding of autopsy .....

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident?..... Suicide?..... Homicide?.....
Occurred..... 19..... City, county, state where violence occurred .....
Place of Violence: Home..... Farm..... Industry.....
Public Place..... While at work?.....
Means of injury .....

23. Attendant's **OWN** Signature [illegible] (M.D. or other)
and Address Caldwell Date Aug 30 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

SEP 16 1944

Certificate Of Death

STATE OF IDAHO

State File No. 14516
Local Reg. No. 165
Reg. Dist. No. 363

1. **PLACE OF DEATH:**
   (a) County Canyon Canyon
   (b) City or town Nampa
   (c) Street Address or R.F.D. No. 1615 - 8th St. So.
   (d) Death Occured Inside? ..... Outside? ..... city or town
   (e) Died in a Home.... Hospital X Institution.... Other place....
   (f) Name Hosp. or Inst. Mercy Stayed 1 days
   (g) Lived in this county 27 years ..... months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Canyon
   (c) City or town Caldwell
   (d) Street Address or R.F.D. No. 805 Albany st.,
   (e) Deceased lived Inside? X Outside? ..... city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 27 years
   (h) Former residence (city, state) .....

3. (a) **FULL NAME** JAMES WESLEY ROBERTS James Wesley Roberts Doc

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Melissa
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) April 20, 1883

8. AGE	Years	Months	Days	If less than 1 day
	61	4	12	hrs min.

9. Exact Occupation Carpenter Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Mountain Grove, Missouri (City or town) (State or foreign country)

Father
12. Name Warren Roberts
13. Birthplace ..... Arkansas (City or town) (State or foreign country)

Mother
14. Maiden name Mame E. Davis
15. Birthplace ..... Unknown (City or town) (State or foreign country)

16. Informant's **OWN** Signature Melissa Roberts
and Address 805 Albany St., Caldwell, Ida.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/5/44 (Month) (Day) (Year)
(c) Place: Canyon Hill Cemetery, Caldwell

18. Funeral Director's **OWN** Signature V. Peckham
and Address 504 So. Kimball Ave., Caldwell

19. (a) Sept-15-1944 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Sept. 2, 9-2 19 44
at 10:00 o'clock A.M.

21. **I HEREBY CERTIFY,** That I attended deceased from 8-30 1944, to 9-2 1944
I last saw h.A.A. alive on 9-2 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebral Concussion	
Due to accident - auto	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? —
Name of operation — Date —
Major finding .....
Finding of autopsy .....

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? yes Suicide? ..... Homicide? .....
Occurred 8-30 1944 City, county, state where violence occurred Nampa, Canyon Idaho
Place of Violence: Home ..... Farm ..... Industry .....
Public Place Nampa While at work? yes
Means of injury auto accident

23. Attendant's **OWN** Signature John Paul Finch (M. D. or other)
and Address Caldwell, Ida. Date 9-7 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

OCT. 10 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140517
Local Reg. No. 164
Reg. Dist. No. 363

1. PLACE OF DEATH:
(a) County Canyon Canyon
(b) City or town Nampa
(c) Street Address or R.F.D. No. 1615 - 8th St. So
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Home .... Hospital X Institution .... Other place ....
(f) Name Hosp. or Inst. Mercy Stayed 1 days
(g) Lived in this county ..... years ..... months 1 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Wilder
(d) Street Address or R.F.D. No. Box 101
(e) Deceased lived Inside? X Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 1 da years
(h) Former residence (city, state) .....

3. (a) FULL NAME [redacted] PERRYMAN Billie Joe, Perryman 160c

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced S
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) Sept. 4, 1944

8. AGE	Years	Months	Days	If less than 1 day
			1	hrs min.

9. Exact Occupation ..... Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Nampa (City or town) Idaho (State or foreign country)
Father
12. Name Sim Perryman
13. Birthplace Conway, Missouri (City or town) (State or foreign country)
Mother
14. Maiden name Opha Chambers
15. Birthplace Competition, Missouri (City or town) (State or foreign country)
16. Informant's OWN Signature Sim Perryman
and Address R.C. Box 101, Wilder, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/6/44 (Month) (Day) (Year)
(c) Place: Wilder Cemetery, Wilder, Idaho
18. Funeral Director's OWN Signature O. V. Peckham
and Address 504 So. Kimball Ave., Caldwell
19. (a) Sept-13-1944 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Sept. 5, 9-5 1944
at 1:00 o'clock P.M.
21. **I HEREBY CERTIFY,** That I attended deceased from Sept 4 1944, to Sept 5 1944
I last saw him alive on Sept 5 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Shock from birth	
Due to Fracture of Arm	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's OWN Signature Thos E Mangum MD (M. D. or other)
and Address Nampa Ida Date 9-7 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

OCT 10 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140518
Local Reg. No. 175
Reg. Dist. No. 363

1. **PLACE OF DEATH:**
(a) County Canyon
(b) City or town City Nampa
(c) Street Address or R.F.D. No. Rt. 2
(d) Death Occured Inside? ..... Outside? ✓ city or town
(e) Died in a Home ✓ Hospital .... Institution .... Other place ....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 5 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Nampa
(d) Street Address or R.F.D. ~~No.~~ RFD-2
(e) Deceased lived Inside? ..... Outside? ✓ city or town
(f) Citizen of what country? U.S.
(g) How long had deceased lived in Idaho? 5 years
(h) Former residence (city, state) Bentonsport, Ia

3. (a) **FULL NAME** Robert Grant Clark 72 [illegible]

3. (b) If veteran, name war No
3. (c) Social Security No. .....
4. Sex M
5. Color or race W
6. (a) ~~Single~~, ~~widowed~~, married, ~~divorced~~
6. (b) Name of ~~husband~~ or wife Hattie Anne
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) May-14-1865

8. AGE	Years	Months	Days	If less than 1 day
	79	3	21	hrs min.

9. Exact Occupation Farmer Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Bentonsport (City or town) Iowa (State or foreign country)
Father
12. Name ——
13. Birthplace ..... (City or town) ..... (State or foreign country)
Mother
14. Maiden name Julia Cornell
15. Birthplace Iowa (City or town) (State or foreign country)
16. Informant's **OWN** Signature Robert L Clark
and Address Rt. 2 Nampa
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/8/44 (Month) (Day) (Year)
(c) Place: Nampa, Idaho
18. Funeral Director's **OWN** Signature F. K. Robinson
and Address Nampa
19. (a) Sept 25-1944 (Date received and filed) (b) Lyda Hodgson (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Sept 5 1944
at 10 30 o'clock P M.
21. **I HEREBY CERTIFY**, That I attended deceased from June 15 1944, to Sept 5 1944
I last saw him alive on Sept 4 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death	Duration
Mitral heart dummy	
Complicated by [illegible]	two days
Due to Myocarditis	20 Years
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature [illegible] (M. D. or other)
and Address Nampa Ida Date 9-16 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

OCT. 2 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140519
Local Reg. No. 62
Reg. Dist. No. 364

1. **PLACE OF DEATH:**
   (a) County Canyon Canyon
   (b) City or town Parma
   (c) Street Address or R.F.D. No. Railroad Yards
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home.... Hospital.... Institution.... Other place X
   (f) Name Hosp. or Inst. ..... Stayed ..... days
   (g) Lived in this county 36 years ..... months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Canyon
   (c) City or town Parma
   (d) Street Address or R.F.D. No. .....
   (e) Deceased lived Inside? X Outside? ..... city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 36 years
   (h) Former residence (city, state) .....

3. (a) **FULL NAME** WILLIAM CLYDE BALDRIDGE William Clyde Baldridge

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) November 1, 1876

8. AGE	Years	Months	Days	If less than 1 day
	67	10	5	hrs min.

9. Exact Occupation Farmer & Produce Did this work for ..... yrs.
10. Industry or Business Produce Date last worked .....
11. Birthplace Carlock, Illinois (City or town) (State or foreign country)

Father
12. Name William John Baldridge
13. Birthplace North Liberty, Ohio (City or town) (State or foreign country)

Mother
14. Maiden name Caroline Wright
15. Birthplace North Liberty, Ohio (City or town) (State or foreign country)

16. Informant's OWN Signature H C Baldridge
and Address Parma Ida.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/8/44 (Month) (Day) (Year)
(c) Place: Parma Cemetery - Parma, Idaho
18. Funeral Director's OWN Signature [signature]
and Address 504 So. Kimball Ave., Caldwell
19. (a) 10-2-44 (Date received and filed) (b) Ruth Hill (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Sept. 6, 9-6 1944
at 11:25 o'clock A.M.
21. **I HEREBY CERTIFY,** That I attended deceased from ..... 19....., to ..... 19.....
I last saw him alive on ..... 19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
by being struck by a freight train # Entra 5082	
~~Due to~~ West bound	
While crossing tracks between	
~~Due to~~ Railway Crossings	
✓ Other conditions Body Mangled. (Include pregnancy within 3 months of death)	

Where was disease contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy None

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ✓ Suicide? ..... Homicide? .....
Occurred Sept 6 1944 City, county, state where violence occurred Parma. Ida.
Place of Violence: Home ..... Farm ..... Industry X
Public Place Yes While at work? Yes
Means of injury Above Stated
23. Attendant's OWN Signature Wm D Lafley (M. D. or Coroner)
and Address Nampa Ida Date 9-9- 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

OCT 10 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140520
Local Reg. No. 163
Reg. Dist. No. 362

1. PLACE OF DEATH:
(a) County Canyon
(b) City or town Nampa or Idaho
(c) Street Address or R.F.D. No. 1107 11 Ave So
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Home X Hospital ~~Institution~~ Other place ....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 26 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Nampa Ida.
(d) Street Address or R.F.D. No. 1107 11 Ave So
(e) Deceased lived Inside? X ~~Outside~~? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 26 years
(h) Former residence (city, state) North Dak

3. (a) FULL NAME Nickolas Thinnes 131h

3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of ~~husband~~ wife Mathilda
6. (c) Age of husband or wife if alive 67 years
7. Date of Birth (Month, Day, Year) July 6, 1865

8. AGE	Years	Months	Days	If less than 1 day hrs	min.
	79	2			

9. Exact Occupation Farmer — Did this work for ..... yrs.
10. Industry or Business Retired — Date last worked .....
11. Birthplace ..... (City or town) Switzerland (State or foreign country)

Father
12. Name Nick Thinnes
13. Birthplace ..... (City or town) Europe (State or foreign country)

Mother
14. Maiden name Janett Hoeltchen
15. Birthplace ..... (City or town) Europe (State or foreign country)

16. Informant's **OWN** Signature Mathilda Thinnes
and Address 1107-11 Ave So

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/9/44 (Month) (Day) (Year)
(c) Place: Cloverdale

18. Funeral Director's **OWN** Signature F. K. Robinson
and Address Nampa

19. (a) Sept 8 1944 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Sept 6 1944
at 2 o'clock P. M.

21. **I HEREBY CERTIFY**, That I attended deceased from Sept 6 - 1944, to Sept 6 - 1944
I last saw h.. alive on Sept 6 - 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebral Hemorrhage	
Due to Chronic Nephritis	
Due to Chronic Myocarditis	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature Samuel Swayne M.D
and Address Nampa, Ida. (M.D. or other) Date 9-8- 1944
(For additional space, use reverse side)

140521

United States
Department of Commerce
Bureau of the Census

OCT 9 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140521
Local Reg. No. 100
Reg. Dist. No. 360

1. PLACE OF DEATH:
(a) County Canyon
(b) City or town Caldwell
(c) Street Address or R.F.D. No. —
(d) Death Occured Inside? ~~Outside~~? city or town
(e) Died in a ~~Home~~ Hospital ~~Institution~~ ~~Other place~~
(f) Name Hosp. or Inst. Sanitarium ~~Stayed~~ 1 days
(g) Lived in this county 4 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Caldwell
(d) Street Address or R.F.D. No. —
(e) Deceased lived Inside? ~~Outside~~? city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 38 years
(h) Former residence (city, state) —

3. (a) FULL NAME William Henry Smith 162

3. (b) If veteran, name war
3. (c) Social Security No. none
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Sep 2 - 1863

8. AGE	Years	Months	Days	If less than 1 day
	81	0	5	hrs min.

9. Exact Occupation Carpenter Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Clyde Mills, Mich (City or town) (State or foreign country)
Father
12. Name Wm H. Smith
13. Birthplace Canada (City or town) (State or foreign country)
Mother
14. Maiden name Nelson
15. Birthplace Penn (City or town) (State or foreign country)
16. Informant's OWN Signature Margaret A. Allen
and Address Caldwell Ida
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-9-44 (Month) (Day) (Year)
(c) Place Canyon Hill Cemetery
18. Funeral Director's OWN Signature F. K. Robinson
and Address Nampa Ida
19. (a) 9-27-44 (Date received and filed) (b) Agnes M. Denman (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Sep 7 1944
at o'clock M.
21. **I HEREBY CERTIFY,** That I attended deceased from Jan 1944 to Sept 7 1944
I last saw him alive on Sept 6 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Senile Hemorrhage	2 Years
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? Anyone to
Name of operation none Date
Major finding
Finding of autopsy none

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature [signature] (M.D. or other)
and Address Caldwell Ida Date 9/14 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Chas N. D

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

OCT. 10 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140522
Local Reg. No. 1677
Reg. Dist. No. 362

1. **PLACE OF DEATH:**
   (a) County Canyon
   (b) City or town Nampa
   (c) Street Address or R.F.D. No. 811 - 1st St. No.
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home.... Hospital X Institution.... Other place....
   (f) Name Hosp. or Inst. Ameritan Stayed 3 days
   (g) Lived in this county ..... years 6 months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Ida (b) County Canyon
   (c) City or town Nampa
   (d) Street Address or R.F.D. No. 811 - 1st St. No.
   (e) Deceased lived Inside? X Outside? ..... city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 1 years
   (h) Former residence (city, state) McCall Ida.

3. (a) **FULL NAME** Georgia Ann Wadhalm

3. (b) If veteran, name war (
3. (c) Social Security No. (
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife (
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) June 13 - 1943

8. AGE	Years	Months	Days	If less than 1 day hrs	min.
	1	1	27		

9. Exact Occupation (
   Did this work for ..... yrs.
10. Industry or Business (
    Date last worked
11. Birthplace McCall (City or town) Ida. (State or foreign country)

Father
12. Name Jeremiah Wadhalm
13. Birthplace Jerome (City or town) Neb. (State or foreign country)

Mother
14. Maiden name Dorothy Campbell
15. Birthplace Moscow (City or town) Ida. (State or foreign country)

16. Informant's **OWN** Signature Mrs. Dorothy Wadhalm
    and Address Nampa, Idaho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-13-44 (Month) (Day) (Year)
    (c) Place: Nampa Cemetery
18. Funeral Director's **OWN** Signature W. L. Galloway
    and Address Nampa Ida.
19. (a) Sept-15-1944 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Sept 9 1944
    at 10:35 o'clock P. M.
21. **I HEREBY CERTIFY**, That I attended deceased from Sept 7 1944, to Sept 9 1944
    I last saw her alive on Sept 9 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Intestinal Flu	
Due to Convulsions & Shock	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding	
Finding of autopsy None made	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
    Occurred ..... 19..... City, county, state where violence occurred .....
    Place of Violence: Home ..... Farm ..... Industry .....
    Public Place ..... While at work? .....
    Means of injury .....
23. Attendant's **OWN** Signature Thos. E. Mangum M.D. (M. D. or other)
    and Address Nampa, Ida Date 9/12 1944
    (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

OCT 9 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140523
Local Reg. No. 105
Reg. Dist. No. 360

1. **PLACE OF DEATH:**
(a) County Canyon
(b) City or town Caldwell
(c) Street Address or R.F.D. No. 818 Logan
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Home.... Hospital X Institution.... Other place....
(f) Name Hosp. or Inst. Cald. Sanitarium Stayed 2 days
(g) Lived in this county ..... years ..... months 2 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Caldwell
(d) Street Address or R.F.D. No. Route 2
(e) Deceased lived Inside? ..... Outside? X city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 2 da years
(h) Former residence (city, state) .....

3. (a) **FULL NAME** BABY SELBY

157g

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Fem. 5. Color or race White
6. (a) Single, widowed, married, divorced S
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) Sept. 8, 1944

8. AGE	Years	Months	Days	If less than 1 day
			2	hrs min.

9. Exact Occupation ..... Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Caldwell, Idaho (City or town) (State or foreign country)
Father 12. Name Floyd E. Selby
13. Birthplace Nebraska (City or town) (State or foreign country)
Mother 14. Maiden name Jean Anderson
15. Birthplace Nebraska (City or town) (State or foreign country)
16. Informant's OWN Signature Floyd E. Selby
and Address Route 2, Caldwell, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/12/44 (Month) (Day) (Year)
(c) Place: Canyon Hill Cemetery, Caldwell
18. Funeral Director's OWN Signature V. Peckham
and Address 504 So. Kimball Ave., Caldwell
19. (a) 9-27-44 (Date received and filed) (b) Agnes M. Denman (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Sept. 10, 1944
at 6:00 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from Sept 8 1944, to Sept 10 1944
I last saw her alive on Sept 10 1944, death is said to have occurred on the date and hour stated above.
Immediate Cause of Death: Obstructive bile ducts 12 9 44 Duration 2 days
Due to .....
Due to .....
Other conditions .....
(Include pregnancy within 3 months of death)
Where was disease contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's OWN Signature M. Haley (M. D. or other)
and Address Caldwell Date Sept 12 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

OCT 9 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140524
Local Reg. No. 102
Reg. Dist. No. 361

1. **PLACE OF DEATH:**
   (a) County Canyon
   (b) City or town Caldwell
   (c) Street Address or R.F.D. No. Route 1
   (d) Death Occured Inside? ..... Outside? X city or town
   (e) Died in a Home .... Hospital .... Institution .... Other place ....
   (f) Name Hosp. or Inst. ..... Stayed ..... days
   (g) Lived in this county 1 years ..... months ..... days

   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Canyon
   (c) City or town Caldwell
   (d) Street Address or R.F.D. No. 1
   (e) Deceased lived Inside? ..... Outside? X city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? ..... years
   (h) Former residence (city, state) .....

3. (a) **FULL NAME** GRACE ELLEN IRELAND

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife William Ireland
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) Jan. 25, 1879

8. AGE	Years	Months	Days	If less than 1 day
	65	7	16	hrs ... min.

9. Exact Occupation Housewife — Did this work for ..... yrs.
10. Industry or Business ..... — Date last worked .....
11. Birthplace Fairview, (City or town) Illinois (State or foreign country)

Father
12. Name James Leigh
13. Birthplace Unknown (City or town) (State or foreign country)

Mother
14. Maiden name Sarah Catherine Dailey
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's **OWN** Signature Wm Ireland
and Address Route 1, Caldwell, Idaho.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/13/44 (Month) (Day) (Year)
(c) Place: Star Cemetery

18. Funeral Director's **OWN** Signature [illegible]
and Address 504 So. Kimball Ave., Caldwell

19. (a) 9-27-44 (Date received and filed) (b) Agnes McDermand (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Sept. 11, 1944
at 1:30 o'clock P.M. M.W.T.

21. **I HEREBY CERTIFY**, That I attended deceased from 9-27 1943, to ..... 19....
I last saw her alive on ..... 19....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — Duration
Mitral Insufficiency
Due to Nephritis Chronic
Due to .....
Other conditions .....
(Include pregnancy within 3 months of death)

Where was disease contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19.... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature Thos. E. Maguire (M.D. or other)
and Address Nampa, Ida Date 9-24 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

OCT. 10 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140525
Local Reg. No. 178
Reg. Dist. No. 363

1. PLACE OF DEATH:
(a) County Canyon Canyon
(b) City or town Nampa
(c) Street Address or R.F.D. No. 1615 - 8 St. So.
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Home .... Hospital X Institution .... Other place ....
(f) Name Hosp. or Inst. Mercy Stayed ..... days
(g) Lived in this county 17 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Caldwell
(d) Street Address or R.F.D. No. 1
(e) Deceased lived Inside? ..... Outside? X city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 17 years
(h) Former residence (city, state) ——

3. (a) FULL NAME JUANITA WEICK SEYMOUR Juanita Weick Seymour 150

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Fem. 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Grant U. Seymour
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) March 28, 1925

8. AGE	Years	Months	Days	If less than 1 day
	19	5	14	hrs min.

9. Exact Occupation ✓ Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Woodburn, Oregon (City or town) (State or foreign country)
Father 12. Name Carl Weick
Father 13. Birthplace ..... Germany (City or town) (State or foreign country)
Mother 14. Maiden name Mabel Hill
Mother 15. Birthplace ..... Unknown (City or town) (State or foreign country)
16. Informant's OWN Signature Hilda Roedel McKnight
and Address Caldwell, Idaho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/10/44 (Month) (Day) (Year)
(c) Place: Canyon Hill Cemetery
18. Funeral Director's OWN Signature [signature]
and Address 504 So. Kimball Ave., Caldwell
19. (a) Sept. 26-1944 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Sept. 12, 9-12 1944
at 2:15 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 9-12 1944, to 9-18 1944
I last saw her alive on 9-12 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
~~Hyperpholy - meningeoseb~~	
Child delivery	
Due to	
~~Developmental deformity~~	
Due to child delivery	
✓ Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's OWN Signature [signature] (M. D. or other)
and Address Caldwell, Ida. Date 9-21 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census OCT 10 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140526
Local Reg. No. 173
Reg. Dist. No. 362

1. PLACE OF DEATH:
(a) County Canyon
(b) City or town Nampa
(c) Street Address or R.F.D. No. 1111-7th So.
(d) Death Occured Inside? ~~Outside~~? city or town
(e) Died in a ~~Home~~ Hospital ~~Institution~~ ~~Other place~~
(f) Name Hosp. or Inst. Nursery Stayed 1 days
(g) Lived in this county ... years ... months ... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Nampa
(d) Street Address or R.F.D. No. 1111-7 St. So.
(e) Deceased lived Inside? X Outside? ... city or town
(f) Citizen of what country? —
(g) How long had deceased lived in Idaho? — years
(h) Former residence (city, state) —

3. (a) FULL NAME Bruce Melrose Basinger 159.

3. (b) If veteran, name war — 3. (c) Social Security No. —
4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife — 6. (c) Age of husband or wife if alive ... years
7. Date of Birth (Month, Day, Year) Sept. 13-1944

8. AGE	Years	Months	Days	If less than 1 day
				15 hrs min.

9. Exact Occupation — Did this work for ... yrs.
10. Industry or Business — Date last worked ...
11. Birthplace Nampa Ida (City or town) (State or foreign country)
Father 12. Name M. M. Basinger
Father 13. Birthplace Kansas (City or town) (State or foreign country)
Mother 14. Maiden name Erickson
Mother 15. Birthplace Kansas (City or town) (State or foreign country)
16. Informant's **OWN** Signature M M Basinger
and Address 1111-7th st So Nampa
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/14/44 (Month) (Day) (Year)
(c) Place: Nampa Ida
18. Funeral Director's **OWN** Signature F. K. Robuck
and Address Nampa Ida
19. (a) Sept-25-1944 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Sept 13 1944
at ... o'clock ... M.

21. I HEREBY CERTIFY, That I attended deceased from ... 19 ..., to ... 19 ...
I last saw h... alive on ... 19 ...; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Prematurity	
Due to 7 month Pregnancy	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ... Date ...
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ... Suicide? ... Homicide? ...
Occurred ... 19 ... City, county, state where violence occurred
Place of Violence: Home ... Farm ... Industry ...
Public Place ... While at work? ...
Means of injury

23. Attendant's **OWN** Signature J. A. Saltzer MD (M. D. or other)
and Address ... Date 9/14 1944
(For additional space, use reverse side)

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Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

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Certificate Of Death

STATE OF IDAHO

State File No. 140527
Local Reg. No. 168
Reg. Dist. No. 363

1. PLACE OF DEATH:
(a) County Canyon
(b) City or town Nampa
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? Outside? X city or town
(e) Died in a Home Hospital Institution X Other place
(f) Name Hosp. or Inst. State School Stayed days
(g) Lived in this county 5 years 2 months 9 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Nampa
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? Outside? X city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 9 years
(h) Former residence (city, state)

3. (a) FULL NAME Norman Edward Clure

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3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) 5 / 10 / 35

8. AGE	Years	Months	Days	If less than 1 day
	9	4	4	hrs min.

9. Exact Occupation None Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Cambridge Idaho (City or town) (State or foreign country)
Father
12. Name Lyle Clure
13. Birthplace Cambridge, Idaho (City or town) (State or foreign country)
Mother
14. Maiden name Beatrice Johnson
15. Birthplace Cambridge, Idaho (City or town) (State or foreign country)
16. Informant's OWN Signature Wilma Duvel Biss (Clerk) from records
and Address State School and Colony
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Sept 15-44 (Month) (Day) (Year)
(c) Place: Cambridge Ida
18. Funeral Director's OWN Signature Wm D Talley
and Address Nampa Ida
19. (a) Sept-15. 1944 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 9 / 14 / 1944 19
at 10:15 o'clock P. M.
21. **I HEREBY CERTIFY**, That I attended deceased from 3 / 22 / 1943, to 9 / 14 1944
I last saw him alive on 9 / 14 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
State of Epilepsy	30 min.
Due to Epilepsy	8 yrs.
Due to Birth injury	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation Date	
Major finding	
Finding of autopsy	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature C. Sanford Allen MD (M.D. or other)
and Address State School & Colony Date 9/15 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

OCT 10 1944

NON-RESIDENT
Certificate Of Death

STATE OF IDAHO

State File No. 140528
Local Reg. No. 166
Reg. Dist. No. 963

1. **PLACE OF DEATH:**
(a) County Canyon (Nampa)
(b) City or town
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? X Outside? city or town
(e) Died in a Home Hospital Institution Other place
(f) Name Hosp. or Inst. Mercy Stayed 6 days
(g) Lived in this county years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Tex (b) County Hutchinson
(c) City or town Borger,
(d) Street Address or R.F.D. No. Borger
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 6 da ~~years~~
(h) Former residence (city, state) Borger Tex

3. (a) **FULL NAME** Doris Marie Williams

3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex F 5. Color or race W. 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive ... years
7. Date of Birth (Month, Day, Year) June 15-1932

8. AGE	Years	Months	Days	If less than 1 day
	12	2	29	hrs min.

9. Exact Occupation ... Did this work for ... yrs.
10. Industry or Business ... Date last worked
11. Birthplace Borger Tex (City or town) (State or foreign country)

Father
12. Name C. H. Williams
13. Birthplace Santa Colorado (City or town) (State or foreign country)

Mother
14. Maiden name Arlene Bynum
15. Birthplace Okla. (City or town) (State or foreign country)

16. Informant's **OWN** Signature C H Williams
and Address Borger Tex
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Sept 15-44 (Month) (Day) (Year)
(c) Place: Borger Tex
18. Funeral Director's **OWN** Signature W. D. Bagley
and Address Nampa Ida.
19. (a) Sept-15-1944 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Sept. 14 1944
at 8:45 o'clock P. M.

21. **I HEREBY CERTIFY**, That I attended deceased from Sept 11- 1944, to Sept 14 1944
I last saw her alive on Sept 14 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Poliomyelitis	
Due to	
Due to	
Other conditions Respiratory Failure (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ... Date
Major finding
Finding of autopsy

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ... Suicide? ... Homicide? ...
Occurred ... 19 ... City, county, state where violence occurred
Place of Violence: Home ... Farm ... Industry ...
Public Place ... While at work? ...
Means of injury

23. Attendant's **OWN** Signature Samuel A Swayne M.D (M. D. or other)
and Address Nampa Ida. Date 9-13- 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

OCT 10 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140529
Local Reg. No. 174
Reg. Dist. No. 362

1. PLACE OF DEATH:
(a) County Canyon
(b) City or town Nampa
(c) Street Address or ~~R.F.D.~~ No. 508-16th Ave So
(d) Death Occured Inside? ✓ Outside? ..... city or town
(e) Died in a Home ✓ ~~Hospital~~ ~~Institution~~ ~~Other place~~
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 13 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Nampa
(d) Street Address or R.F.D. No. 508-16th Ave So
(e) Deceased lived Inside? ✓ Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 36 years
(h) Former residence (city, state) Nebraska

3. (a) **FULL NAME** Anna Mary Burbach

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Female race White
5. Color or
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Geo
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) Mar 28 - 1870

8. AGE	Years	Months	Days	If less than 1 day
	74	5	17	hrs ..... min.

9. Exact Occupation ..... Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Balzer Russia (City or town) (State or foreign country)
Father 12. Name John Grossnick
Father 13. Birthplace Russia (City or town) (State or foreign country)
Mother 14. Maiden name Keller
Mother 15. Birthplace Russia (City or town) (State or foreign country)
16. Informant's **OWN** Signature J. C. Burbach
and Address Caldwell Rt #3
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/16/44 (Month) (Day) (Year)
(c) Place: Nampa Idaho
18. Funeral Director's **OWN** Signature F. D. Robinson
and Address Nampa Ida
19. (a) Sept. 25-1944 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Sept 14 1944
at ..... o'clock ..... M.

21. **I HEREBY CERTIFY,** That I attended deceased from ..... 19..... to ..... 19.....
I last saw h..... alive on ..... 19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Ca. of Hepatic Flexure	1 yr
metastases to Spine	6 mos
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature Jos Saltzer MD (M. D. or other)
and Address Nampa Date 9/19 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

OCT. 10 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140530
Local Reg. No. 176
Reg. Dist. No. 362

1. **PLACE OF DEATH:**
(a) County Canyon
(b) City or town Nampa
(c) Street Address or ~~R.F.D.~~ No. 316-7 av N
(d) Death Occured Inside? ~~Outside~~? city or town
(e) Died in a Home ~~Hospital~~ ~~Institution~~ ~~Other place~~
(f) Name Hosp. or Inst. — Stayed days
(g) Lived in this county 5 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Nampa
(d) Street Address or R.F.D. No. 316-7 av N
(e) Deceased lived Inside? ~~Outside~~? city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 5 years
(h) Former residence (city, state) Nebraska

3. (a) **FULL NAME** Mrs Fossie Duncan

3. (b) If veteran, name war ✓
3. (c) Social Security No.
4. Sex Fem
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife F. R. Duncan
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Jan 7-1884

8. AGE	Years	Months	Days	If less than 1 day
	60	8	9	hrs min.

9. Exact Occupation Housewife Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace Agency Iowa (City or town) (State or foreign country)
Father
12. Name S. D. Phillips
13. Birthplace Iowa (City or town) (State or foreign country)
Mother
14. Maiden name Eda Stewart
15. Birthplace Iowa (City or town) (State or foreign country)
16. Informant's **OWN** Signature Frank R Duncan
and Address Nampa Ida
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-18-44 (Month) (Day) (Year)
(c) Place: Nampa Ida
18. Funeral Director's **OWN** Signature Frank R Duncan
and Address Nampa Ida
19. (a) Sept-25-1944 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Sept 16 1944
at 10 o'clock a M.
21. **I HEREBY CERTIFY,** That I attended deceased from July 10 1944, to 9-16- 1944
I last saw her alive on 9-16- 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cancer J Stomach	12 Mo
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation Date	
Major finding	
Finding of autopsy	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature V C Bellmore (M. D. or other)
and Address Nampa Ida Date 9-22 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census OCT. 10 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140531
Local Reg. No. 177
Reg. Dist. No. 362

1. **PLACE OF DEATH:**
(a) County Canyon
(b) City or town Nampa
(c) Street Address or R.F.D. No. 211-6 Ave So
(d) Death Occured Inside? ~~Outside~~? city or town
(e) Died in a Home ~~Hospital~~ ~~Institution~~ ~~Other place~~
(f) Name Hosp. or Inst. — Stayed days
(g) Lived in this county 27 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Nampa
(d) Street Address or R.F.D. No. 211-6 Ave So
(e) Deceased lived Inside? ~~Outside?~~ city or town
(f) Citizen of what country? USA
(g) How long had deceased lived in Idaho? 28 years
(h) Former residence (city, state) Iowa

3. (a) **FULL NAME** Anna Wasel

3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex Fem 5. Color or race W
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife ✓
6. (c) Age of husband or wife if alive ✓ years
7. Date of Birth (Month, Day, Year) Dec 18 - 1864

8. AGE	Years	Months	Days	If less than 1 day
	79	8	28	hrs min.

9. Exact Occupation Housekeeper Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Iowa (City or town) (State or foreign country)
Father 12. Name Joseph Macek
13. Birthplace Bohemia (City or town) (State or foreign country)
Mother 14. Maiden name
15. Birthplace Bohemia (City or town) (State or foreign country)
16. Informant's **OWN** Signature W. D. Susewind
and Address 211-6 Ave So
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/20/44 (Month) (Day) (Year)
(c) Place: Kohlerlawn Cem
18. Funeral Director's **OWN** Signature F. K. Robinson
and Address Nampa Ida
19. (a) Sept 25-1944 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Sep 16 1944
at o'clock M.
21. **I HEREBY CERTIFY,** That I attended deceased from May 1944, to Sept 16th 1944
I last saw her alive on Sept 1 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Carcinoma colon	10 mo.
Due to ✓	
Due to ✓	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted? Home	
Name of operation None Date	
Major finding ✓	
Finding of autopsy None	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature R. L. Rodwell MD (M. D. or other)
and Address Nampa Ida Date 9-21 1944
(For additional space, use reverse side)

R

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census OCT 10 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140532
Local Reg. No. 170
Reg. Dist. No. 362

1. PLACE OF DEATH
(a) County Canyon
(b) City or town Nampa
(c) Street Address or R.F.D. No. 1607-1st No.
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Home .... Hospital X Institution .... Other place ....
(f) Name Hosp. or Inst. Mercy Stayed ..... days
(g) Lived in this county 8 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Nampa
(d) Street Address or R.F.D. No. 1607-1st Str No
(e) Deceased lived Inside? X Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 10 years
(h) Former residence (city, state) Kans.

3. (a) FULL NAME Nathan E. Smith.

3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex M. 5. Color or race W.
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) 1872.

8. AGE	Years	Months	Days	If less than 1 day
	72.	—	—	hrs min.

9. Exact Occupation Log Scaler Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace ..... Ill. (City or town) (State or foreign country)
Father
12. Name Unknown
13. Birthplace " (City or town) (State or foreign country)
Mother
14. Maiden name Unknown
15. Birthplace " (City or town) (State or foreign country)
16. Informant's OWN Signature X Fay Beatler
and Address Nampa Ida.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-19-43 (Month) (Day) (Year)
(c) Place Kohlenlawn Cem. Nampa
18. Funeral Director's OWN Signature Wm D Talley
and Address Nampa Ida.
19. (a) Sept 20 1944 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Sept 17 1944
at 8 o'clock A. M.
21. I HEREBY CERTIFY, That I attended deceased from Sept. 7 1944, to Sept. 17 1944
I last saw him alive on Sept. 17 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Chronic Nephritis	
Due to Chronic Myocarditis.	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYISCIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding	
Finding of autopsy	

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's OWN Signature Samuel A Swayze M.D. (M. D. or other)
and Address Nampa Ida Date 9-20-1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

OCT 10 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140533
Local Reg. No. 179
Reg. Dist. No. 363

1. PLACE OF DEATH:
(a) County Canyon
(b) City or town Nampa
(c) Street Address or R.F.D. No. 1615-8th St So
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Home.... Hospital X Institution.... Other place....
(f) Name Hosp. or Inst. Mercy Stayed 7 days
(g) Lived in this county ..... years ..... months 7 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Caldwell
(d) Street Address or R.F.D. No. 1
(e) Deceased lived Inside? ..... Outside? X city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 7da ~~years~~
(h) Former residence (city, state) ——

3. (a) FULL NAME Charles Grant Seymour 157b

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced ——
6. (b) Name of husband or wife ——
6. (c) Age of husband or wife if alive —— years
7. Date of Birth (Month, Day, Year) Sept. 12, 1944

8. AGE	Years	Months	Days	If less than 1 day
			7	hrs min.

9. Exact Occupation ..... Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Nampa (City or town) Idaho (State or foreign country)
Father
12. Name Grant U. Seymour
13. Birthplace ..... (City or town) ..... (State or foreign country)
Mother
14. Maiden name Juanita Weich
15. Birthplace Woodburn, Oregon (City or town) (State or foreign country)
16. Informant's OWN Signature Hilda Roedel McKnight
and Address R1 - Caldwell Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-19-44 (Month) (Day) (Year)
(c) Place: Canyon Hill Cemetery - Caldwell, Ida
18. Funeral Director's OWN Signature V. Peckham
and Address 504 So. Kimball Ave Caldwell Ida
19. (a) Sept-26-1944 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Sept 19 1944
at 6:15 o'clock A.M.
21. I HEREBY CERTIFY, That I attended deceased from 8-21 1944 to 9-12 1944
I last saw him alive on 9 19 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
~~Child delivered~~	
oxycephaly - Meningocele	
Due to ~~Child delivered~~	
developmental deformity	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding	
Finding of autopsy	

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's OWN Signature K. Finck (M. D. or other)
and Address Caldwell Ida Date 9-21 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

OCT 9 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140534
Local Reg. No. 106
Reg. Dist. No. 361

1. PLACE OF DEATH:
(a) County Canyon
(b) City or town Caldwell
(c) Street Address or R.F.D. No. 3
(d) Death Occured Inside? ..... Outside? X city or town
(e) Died in a Home.... Hospital.... Institution.... Other place....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 41 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Caldwell
(d) Street Address or R.F.D. No. 3
(e) Deceased lived Inside? ..... Outside? X city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 41 years
(h) Former residence (city, state) .....

3. (a) FULL NAME Joseph Emanuel Henson 131a

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced W.
6. (b) Name of husband or wife Anna Belle Henson
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) Oct. 22, 1853

8. AGE	Years	Months	Days	If less than 1 day
	90	11	2	hrs min.

9. Exact Occupation Farmer Did this work for ..... yrs.
10. Industry or Business Farming Date last worked .....
11. Birthplace West Virginia (City or town) (State or foreign country)
Father
12. Name Unknown
13. Birthplace Unknown (City or town) (State or foreign country)
Mother
14. Maiden name Unknown
15. Birthplace Unknown (City or town) (State or foreign country)
16. Informant's OWN Signature Frank Coon
and Address R3 - Caldwell, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-27-44 (Month) (Day) (Year)
(c) Place: Canyon Hill Cemetery
18. Funeral Director's OWN Signature [illegible]
and Address 504 So. Kimball Ave Caldwell, Ida.
19. (a) 10-4-44 (Date received and filed) (b) Agnes M Denman (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Sept 24 1944
at 4:15 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from Sept 24 1944 to Sept 24 1944
I last saw him alive on Sept 24 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cardio-Renal Vas Disease	?
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation ..... Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's OWN Signature R F Cosa M D (M. D. or other)
and Address Caldwell Ida Date 9/26 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

OCT. 10 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140535
Local Reg. No. 182
Reg. Dist. No. 363

1. **PLACE OF DEATH:**
(a) County Canyon
(b) City or town Nampa
(c) Street Address or R.F.D. No. 1615- 8th St So
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Home.... Hospital X Institution.... Other place....
(f) Name Hosp. or Inst. Mercy Stayed ..... days
(g) Lived in this county — years — months — days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Wilder
(d) Street Address or R.F.D. No. 2
(e) Deceased lived Inside? ..... Outside? X city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? — years
(h) Former residence (city, state) —

3. (a) **FULL NAME** Baby Paul 159

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced S
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) Sept. 26, 1944

8. AGE	Years	Months	Days	If less than 1 day
	—	—	—	2 hrs min.

9. Exact Occupation — Did this work for ..... yrs.
10. Industry or Business — Date last worked .....
11. Birthplace Nampa (City or town) Idaho (State or foreign country)
Father
12. Name Julius Paul Jr.
13. Birthplace Illinois (City or town) (State or foreign country)
Mother
14. Maiden name Helen Schmorer
15. Birthplace Nebraska (City or town) (State or foreign country)
16. Informant's **OWN** Signature Julius Paul Jr.
and Address R2 Wilder Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-27-44 (Month) (Day) (Year)
(c) Place: Canyon Hill Cemetery
18. Funeral Director's **OWN** Signature J. V. Peckham
and Address 504 So. Kimball Ave. Caldwell Idaho
19. (a) Oct-3-1944 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 9-26 1944
at 2:15 o'clock A.M.
21. **I HEREBY CERTIFY,** That I attended deceased from ..... 19....., to ..... 19.....
I last saw h..... alive on ..... 19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Prematurely	
Due to	
Due to	
✓ Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation ..... Date	
Major finding	
Finding of autopsy	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature Jos Saltzer (M. D. or other)
and Address Nampa Date 10/1 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

OCT 9 1944

STATE OF IDAHO

State File No. 140536
Local Reg. No. 187
Reg. Dist. No. 360

1. **PLACE OF DEATH:**
(a) County Canyon
(b) City or town Caldwell
(c) Street Address or R.F.D. No. 818 Logan St.
(d) Death Occured Inside? X Outside? ____ city or town
(e) Died in a Home ____ Hospital X Institution ____ Other place ____
(f) Name Hosp. or Inst. Caldwell Sanitarium Stayed ____ days
(g) Lived in this county 4 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Notus
(d) Street Address or R.F.D. No. ____
(e) Deceased lived Inside? ____ Outside? X city or town
(f) Citizen of what country? U. S. A.
(g) How long had deceased lived in Idaho? 4 years
(h) Former residence (city, state) ____

3. (a) **FULL NAME** Mary Jane Bittick 12 000

3. (b) If veteran, name war ____
3. (c) Social Security No. ____
4. Sex Fem. 5. Color or race White
6. (a) Single, widowed, married, divorced S
6. (b) Name of husband or wife ____
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) Jan. 17, 1940

8. AGE	Years	Months	Days	If less than 1 day
	4	8	9	hrs ____ min.

9. Exact Occupation ____ Did this work for ____ yrs.
10. Industry or Business ____ Date last worked ____
11. Birthplace Notus (City or town) Idaho (State or foreign country)

Father
12. Name John F. Bittick
13. Birthplace Douglas County, Missouri (City or town) (State or foreign country)

Mother
14. Maiden name Berilda Sanderson
15. Birthplace Douglas County, Missouri (City or town) (State or foreign country)

16. Informant's **OWN** Signature John W. Bittick
and Address Notus, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-29-44 (Month) (Day) (Year)
(c) Place: Ruckers Cemetery

18. Funeral Director's **OWN** Signature D. Peckham
and Address 504 S. Kimball Ave. Caldwell

19. (a) 10-4-44 (Date received and filed) (b) Agnes McDenman Reg (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Sept 26 1944
at 8 o'clock A. M.

21. **I HEREBY CERTIFY**, That I attended deceased from Sept 25 1944, to Sept 26 1944
I last saw her alive on Sept 26 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Gastro-Enteritis	2 da
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's **OWN** Signature J. W. Cole (M. D. or other)
and Address Caldwell Date 9/26 1944
(For additional space, use reverse side)

140537

United States
Department of Commerce
Bureau of the Census

OCT 10 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 140537
Local Reg. No. 183
Reg. Dist. No. 363

1. **PLACE OF DEATH:**
(a) County Canyon
(b) City or town Nampa
(c) Street Address or R. F. D. No. —
(d) Death Occurred Inside? ✓ Outside? ____ city or town
(e) Died in a Home ____ Hospital ✓ Institution ____ Other place ____
(f) Name Hosp. or Inst. Samaritan Stayed 8 days
(g) Lived in this county ____ years ____ months 8 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Ada
(c) City or town Meridian
(d) Street Address or R. F. D. No. East 1st St.
(e) Deceased lived Inside? ✓ Outside? ____ city or town
(f) Citizen of what country? U.S.
(g) How long had deceased lived in Idaho? 24 years
(h) Former residence (city, state) ____

3. (a) **FULL NAME** Anna M. Barr

3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Andrew.
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) November 21, 1854

8. AGE	Years	Months	Days	If less than 1 day
	89	10	6	hrs ____ min.

9. Exact Occupation Housewife — Did this work for 70 yrs.
10. Industry or Business — Date last worked 1940
11. Birthplace unknown (City or town) Maryland (State or foreign country)
Father
12. Name Martin Hetrick
13. Birthplace unknown (City or town) (State or foreign country)
Mother
14. Maiden name Marie Havenfish
15. Birthplace unknown (City or town) (State or foreign country)
16. Informant's OWN Signature Mary L. Everitt
and Address Meridian, Idaho.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 9-27-44 (Month) (Day) (Year)
(c) Place: Meridian Idaho
18. Funeral Director's OWN Signature Kenneth M. Johnston
and Address Meridian, Idaho
19. (a) Oct 3 1944 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Sept 27 1944
at 6:50 o'clock PM.
21. **I HEREBY CERTIFY,** That I attended deceased from Sept. 19 1944 to Sept. 27 1944
I last saw her alive on Sept. 27 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Respiratory & Cardiac Failure — Duration ?
Due to Senility —
Due to ____
Other conditions ____ (Include pregnancy within 3 months of death)
Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's OWN Signature R. Mangum Jr MD (M. D. or other)
and Address Nampa Date Sept 29 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

140538

United States
Department of Commerce
Bureau of the Census

OCT 10 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 187
Reg. Dist. No. 363

1. **PLACE OF DEATH:**
(a) County Canyon
(b) City or town Nampa
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. Mercy Stayed 5 days
(g) Lived in this county years months 5 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Elmore
(c) City or town Glenn ferry
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? Life years
(h) Former residence (city, state) Pocatello Ida.

3. (a) FULL NAME FREDRICK WILLIAM HILER 94a

3. (b) If veteran, name war No.
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Addie
6. (c) Age of husband or wife if alive 39 years
7. Date of Birth (Month, Day, Year) July 24.1898

8. AGE	Years	Months	Days	If less than 1 day
	46	2	5	hrs min.

9. Exact Occupation Engineer Did this work for 12 yrs.
10. Industry or Business Union Pacific R.R. Date last worked L942
11. Birthplace Pocatello (City or town) Idaho (State or foreign country)
Father
12. Name John Henry Hiler
13. Birthplace Pennsylvania (City or town) (State or foreign country)
Mother
14. Maiden name Julia Anna Kruse
15. Birthplace Pennsylvania (City or town) (State or foreign country)
16. Informant's OWN Signature X Mrs. Fred Hiler
and Address Glenn Ferry Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Sept. 29, 1944 (Month) (Day) (Year)
(c) Place: Glenn Ferry Idaho
18. Funeral Director's OWN Signature Felix J. Bey
and Address Mountain Home Idaho
19. (a) Oct 6 1944 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Sept 29 1944
at 2 45 am o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from Sept 25 1944 to Sept 29 1944
I last saw him alive on Sept 28 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Coronary embolism & thrombosis	11 days
Due to ✓	
Due to ✓	
Other conditions Partial paralysis (Include pregnancy within 3 months of death) from old Cerebral embolism	7 yrs
Where was disease contracted? Home	PHYSICIAN
Name of operation ✓ Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy ✓	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature [signature] Rodwell MD (M. D. or other)
and Address Nampa Ida Date 10-6 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

OCT 10 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140539
Local Reg. No. 185
Reg. Dist. No. 363

1. PLACE OF DEATH:
(a) County Canyon
(b) City or town Nampa
(c) Street Address or R.F.D. No. 2 Wilder
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Home X Hospital.... Institution.... Other place....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 3 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Ida (b) County Canyon
(c) City or town Wilder
(d) Street Address or R.F.D. No. 2
(e) Deceased lived Inside? ..... Outside? X city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 3 years
(h) Former residence (city, state) Ore.

3. (a) FULL NAME Harlan James. Mace 8

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) Jan 22, 1939

8. AGE	Years	Months	Days	If less than 1 day
	5	8	9	hrs min.

9. Exact Occupation ✓ Did this work for ✓ yrs.
10. Industry or Business ✓ Date last worked ✓
11. Birthplace Hillsburro (City or town) Ore. (State or foreign country)
Father
12. Name Roe Mace
13. Birthplace Coyn (City or town) Iowa (State or foreign country)
Mother
14. Maiden name Dutheal Sparks.
15. Birthplace Clarinda (City or town) Iowa (State or foreign country)
16. Informant's **OWN** Signature X Roe H. Mace
and Address Wilder Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/3 - '44 (Month) (Day) (Year)
(c) Place: Nampa Ida (Kohlerlawn)
18. Funeral Director's **OWN** Signature Wm D Talley
and Address Nampa Ida.
19. (a) Oct-4-1944 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Sept 30 1944
at 7:30 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from June 1944 to Sept 25 1944
I last saw him alive on Sept 25 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Chr Valvular Heart Disease	3 yrs
Due to Scarlet Fever.	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYISCIAN
Name of operation ..... Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature R J Ross MD (M. D. or other)
and Address Caldwell Ida Date 10/3 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

NON-RESIDENT
Certificate Of Death

OCT. 10 1944

STATE OF IDAHO

State File No. 140540
Local Reg. No. 180
Reg. Dist. No. 363

1. **PLACE OF DEATH:**
   (a) County Canyon
   (b) City or town Nampa
   (c) Street Address or R. F. D. No.
   (d) Death Occured Inside? ✓ Outside? ..... city or town
   (e) Died in a Home .... Hospital ✓ Institution .... Other place ....
   (f) Name Hosp. or Inst. Samaritan ..... days
   (g) Lived in this county ..... years ..... months 21 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Wash. (b) County Spokane
   (c) City or town Spokane
   (d) Street Address or R.F.D. No. E. 2415 16th Ave
   (e) Deceased lived Inside? ✓ Outside? ..... city or town
   (f) Citizen of what country? U. S. A.
   (g) How long had deceased lived in Idaho? ..... years
   (h) Former residence (city, state) Spokane Wash.

3. (a) **FULL NAME** Alice Evelyn Slemmer

3. (b) If veteran, name war .....
3. (c) Social Security No. ✓
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife E. R. Slemmer
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) Sept 28 1909

8. AGE	Years	Months	Days	If less than 1 day
	35	0	2	hrs ..... min.

9. Exact Occupation Housekeeping — Did this work for ..... yrs.
10. Industry or Business ..... — Date last worked .....
11. Birthplace Conway Springs (City or town) Kans. (State or foreign country)

Father
12. Name James L. Davis
13. Birthplace Clear Water (City or town) Kans. (State or foreign country)

Mother
14. Maiden name Edith Shelton
15. Birthplace Conway Springs (City or town) Kans. (State or foreign country)

16. Informant's **OWN** Signature E. R. Slemmer
and Address 624 Justice Ave Spokane Wn
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Oct 1 1944 (Month) (Day) (Year)
(c) Place: Spokane Wash
18. Funeral Director's **OWN** Signature E. R. Slemmer
and Address Caldwell Idaho
19. (a) Oct-1-1944 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Sept 30 1944
at 11:20 o'clock A M.

21. **I HEREBY CERTIFY**, That I attended deceased from Sept 12 1944, to Sept 30 1944
I last saw her alive on 9/30 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Respiratory & Cardiac Failure	3 Wks.
Due to Edema and mechanical pressure	3 mo.
Due to Hodgkin's Disease	?
Other conditions ..... (Include pregnancy within 3 months of death)	

Where was disease contracted? —
Name of operation — Date —
Major finding —
Finding of autopsy Generalized Lymphadenopathy, Enlargement & Possibly Involving Abdominal Viscera

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? — Suicide? — Homicide? —
Occurred — 19— City, county, state where violence occurred —
Place of Violence: Home — Farm — Industry —
Public Place — While at work? —
Means of injury —

Attendant's **OWN** Signature P. W. Mangum Jr M.D. (M. D. or other)
and Address Nampa Idaho Date 10/1 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

OCT 11 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140541
Local Reg. No. 90
Reg. Dist. No. 470

1. **PLACE OF DEATH:**
(a) County Cassia
(b) City or town Burley
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? X Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. Cottage Stayed — days
(g) Lived in this county — years — months — days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Minidoka
(c) City or town Paul
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? Outside? X city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 35 years
(h) Former residence (city, state) Denver

3. (a) **FULL NAME** William C. Mac. Rae.

3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex M. 5. Color or race W.
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife May
6. (c) Age of husband or wife if alive 35 years
7. Date of Birth (Month, Day, Year) Sept 24 - 1899

8. AGE	Years	Months	Days	If less than 1 day
	45	10	4	hrs min.

9. Exact Occupation Rancher Did this work for 25 yrs.
10. Industry or Business Sheep Date last worked July 30
11. Birthplace (City or town) (State or foreign country)
Father
12. Name Colin Mac Rae
13. Birthplace Scotland (City or town) (State or foreign country)
Mother
14. Maiden name Mary J. Rutherford
15. Birthplace New York City (City or town) (State or foreign country)
16. Informant's **OWN** Signature May Mac. Rae
and Address Paul Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/3/1944 (Month) (Day) (Year)
(c) Place: Hexburn
18. Funeral Director's **OWN** Signature Retta S. Payne
and Address Burley Idaho.
19. (a) 10-6-44 (Date received and filed) (b) B. Wilson (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 31 1944
at 1:30 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from July 31 1944, to July 31 1944
I last saw him alive on July 31 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebral Hemorrhage	4 hr.
Due to Hypertension	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYISCIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature Hugh E. Dean M.D. (M. D. or other)
and Address Burley Id Date Aug 24 1944
(For additional space, use reverse side)

140542

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census SEP 12 1944

Certificate Of Death

STATE OF IDAHO

State File No.....
Local Reg. No. 64
Reg. Dist. No. 470

1. PLACE OF DEATH:
(a) County Cassia
(b) City or town Burley
(c) Street Address or R. F. D. No. 3
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Home.... Hospital X Institution.... Other place....
(f) Name Hosp. or Inst. Cottage Stayed ..... days
(g) Lived in this county 8 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Cassia
(c) City or town Burley
(d) Street Address or R.F.D. No. 3
(e) Deceased lived Inside? ..... Outside? X ..... city or town
(f) Citizen of what country? U. S. A.
(g) How long had deceased lived in Idaho? 8 years
(h) Former residence (city, state) Miss.

3. (a) FULL NAME Mary Ethel Steele Widman

3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Date of Birth (Month, Day, Year) Feb 15 1870

8. AGE	Years	Months	Days	If less than 1 day
	74	6	15	hrs min.

9. Exact Occupation Housewife — Did this work for ..... yrs.
10. Industry or Business ..... — Date last worked .....
11. Birthplace West Plains Miss. (City or town) (State or foreign country)
Father 12. Name Obed Clark Hamplin
Father 13. Birthplace N.Y. N.Y. (City or town) (State or foreign country)
Mother 14. Maiden name Emma L Lewis
Mother 15. Birthplace Unknown Ohio. (City or town) (State or foreign country)
16. Informant's **OWN** Signature Emma E Warren
and Address Rt 3 Burley
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/4/1944 (Month) (Day) (Year)
(c) Place: Burley Idaho cemetery
18. Funeral Director's **OWN** Signature C. Forrest Weaver
and Address Burley Idaho
19. (a) 9-5-44 (Date received and filed) (b) R. F. Wilson (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Sept 1 1944
at 8:45 o'clock A M.
21. **I HEREBY CERTIFY**, That I attended deceased from 8-23-1944 to 9-1-1944
I last saw her alive on 9-1-1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Myocarditis	P.
Due to Fracture Neck of Femur.	8-25-44
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Yes Suicide? ..... Homicide? .....
Occurred August 23 1944 City, county, state where violence occurred Residence-Burley, Idaho
Place of Violence: Home — Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury Fell - Fractured left neck of Femer.
23. Attendant's **OWN** Signature W. H. Kelly (M. D. or other)
and Address Burley Date 9-5-1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census SEP 12 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140543
Local Reg. No. 81
Reg. Dist. No. 471

1. PLACE OF DEATH:
(a) County Cassia
(b) City or town Albion
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? X Outside? city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. — Stayed — days
(g) Lived in this county — years — months — days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Cassia
(c) City or town Albion
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? — Outside? — city or town
(f) Citizen of what country? U S A
(g) How long had deceased lived in Idaho? — years
(h) Former residence (city, state) —

3. (a) FULL NAME Infant of (Sterling Adams) 159

3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced —
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
				7 hrs min.

9. Exact Occupation — Did this work for — yrs.
10. Industry or Business — Date last worked —
11. Birthplace Albion (City or town) Idaho (State or foreign country)
Father
12. Name Sterling Adams
13. Birthplace American Fork Utah (City or town) (State or foreign country)
Mother
14. Maiden name Ferl Roberts
15. Birthplace American Fork Utah (City or town) (State or foreign country)
16. Informant's OWN Signature Lola Baumgartner
and Address Albion Idaho
17. (a) removal (Burial, cremation, or removal) (b) Date thereof 7/6/1944 (Month) (Day) (Year)
(c) Place: American Fork Utah
18. Funeral Director's OWN Signature J. Forrest Weaver
and Address Burley Idaho
19. (a) 9-5-44 (Date received and filed) (b) C. I. Sater (Registrar's signature) B. K. Wilson

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Sept. 3 1944
at 9 o'clock A M.
21. **I HEREBY CERTIFY**, That I attended deceased from Sept. 3 1944, to Sept 3 1944
I last saw her alive on Sept 3 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Premature 6½ mo	7 hrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted? ✓	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation None Date ✓	
Major finding	
Finding of autopsy No Autopsy	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? No Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature C. I. Sater (M. D. or other)
and Address Albion Idaho Date 9/3 1944
(For additional space, use reverse side)

140544

United States
Department of Commerce
Bureau of the Census

OCT. 11 1944

Certificate Of Death

STATE OF IDAHO

State File No.
Local Reg. No. 85
Reg. Dist. No. 470

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
   (a) County Cassia
   (b) City or town Burley
   (c) Street Address or R.F.D. No. —
   (d) Death Occured Inside? ✓ Outside? ..... city or town
   (e) Died in a Home .... Hospital ✓ Institution .... Other place ....
   (f) Name Hosp. or Inst. Cottage Hosp. Stayed 1 days
   (g) Lived in this county 25 years — months — days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Cassia
   (c) City or town Burley
   (d) Street Address or R.F.D. No. —
   (e) Deceased lived Inside? ✓ Outside? ..... city or town
   (f) Citizen of what country? U.S.
   (g) How long had deceased lived in Idaho? 25 years
   (h) Former residence (city, state) —

3. (a) **FULL NAME** Luella N. Hanks Gould

3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Charles Gould
6. (c) Age of husband or wife if alive 81 years
7. Date of Birth (Month, Day, Year) Nov. 8, 1864

8. AGE	Years	Months	Days	If less than 1 day
	79	10	9	hrs — min.

9. Exact Occupation At Home — Did this work for — yrs.
10. Industry or Business — Date last worked —
11. Birthplace — Iron Co., Utah (City or town) (State or foreign country)

Father
12. Name Ebenezer Hanks
13. Birthplace — Iowa (City or town) (State or foreign country)

Mother
14. Maiden name Sarah Casper
15. Birthplace no data (City or town) (State or foreign country)

16. Informant's **OWN** Signature C. H. Gould
and Address Burley Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-21-44 (Month) (Day) (Year)
(c) Place: Burley, Idaho
18. Funeral Director's **OWN** Signature Geo. E. McCulloch
and Address Burley Ida.
19. (a) 9-20-44 (Date received and filed) (b) B. T. Wilson (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Sept. 18 1944
at 12:30 o'clock a. M.
21. **I HEREBY CERTIFY**, That I attended deceased from ..... 19..... to ..... 19.....
I last saw h..... alive on ..... 19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Edema of glottis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ..... Date .....
Major finding
Finding of autopsy

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury

23. Attendant's **OWN** Signature G. V. Espe (M. D. or other)
and Address Burley Ida Date 9-20-1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 140545
Local Reg. No. 2198 87
Reg. Dist. No. 471

OCT 11 1944

1. **PLACE OF DEATH:**
(a) County Cassia
(b) City or town Albion
(c) Street Address or R.F.D. No. —
(d) Death Occured Inside? ✓ Outside? ..... city or town
(e) Died in a Home ✓ Hospital ..... Institution ..... Other place .....
(f) Name Hosp. or Inst. — Stayed — days
(g) Lived in this county 31 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these).
(a) State Idaho (b) County Cassia
(c) City or town Albion
(d) Street Address or R.F.D. No. —
(e) Deceased lived Inside? ✓ Outside? ..... city or town
(f) Citizen of what country? U.S.
(g) How long had deceased lived in Idaho? 31 years
(h) Former residence (city, state) —

3. (a) **FULL NAME** James Hepworth

3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Sarah Ann Hepworth
6. (c) Age of husband or wife if alive 80 years
7. Date of Birth (Month, Day, Year) May 7, 1857

8. AGE	Years	Months	Days	If less than 1 day
	87	4	10	hrs min.

9. Exact Occupation Merchant Did this work for ..... yrs.
10. Industry or Business ..... Date last worked Retired
11. Birthplace Salt Lake City, Utah (City or town) (State or foreign country)
Father
12. Name Thomas Hepworth
13. Birthplace — England (City or town) (State or foreign country)
Mother
14. Maiden name Mary Fletcher
15. Birthplace — England (City or town) (State or foreign country)
16. Informant's **OWN** Signature J E Hepworth
and Address Albion, Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 9-23-44 (Month) (Day) (Year)
(c) Place: Salt Lake City, Utah
18. Funeral Director's **OWN** Signature Vern B. McCulloch
and Address Burley, Idaho
19. (a) 9-27-44 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Sept. 18 1944
at 2 o'clock A.M.
21. **I HEREBY CERTIFY,** That I attended deceased from Aug 4 1944, to Sept 18 1944
I last saw him alive on Sept 15 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Apoplexy	45 days
Due to Arteriosclerosis	5 yrs
Due to None	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? Idaho
Name of operation None Date
Major finding None
Finding of autopsy No autopsy

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? No Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature C. I. Sater M.D. (M. D. or other)
and Address Albion Ida Date 9/21 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

OCT 11 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140546
Local Reg. No. 89
Reg. Dist. No. 471

1. PLACE OF DEATH:
(a) County Cassia
(b) City or town Burley
(c) Street Address or R.F.D. No. 3
(d) Death Occured Inside? ..... Outside? X city or town
(e) Died in a Home X Hospital ..... Institution ..... Other place .....
(f) Name Hosp. or Inst. — Stayed — days
(g) Lived in this county — years — months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Ido (b) County Cassia
(c) City or town Burley
(d) Street Address or R.F.D. No. 3
(e) Deceased lived Inside? ..... Outside? X city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? — years
(h) Former residence (city, state) —

3. (a) FULL NAME Dennis Dee Walker 15[illegible]

3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced —
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Date of Birth (Month, Day, Year) Feb 6 - 1944

8. AGE	Years	Months	Days	If less than 1 day
		7	24	hrs min.

9. Exact Occupation — Did this work for — yrs.
10. Industry or Business — Date last worked —
11. Birthplace Rupert Idaho (City or town) (State or foreign country)
Father
12. Name Owen John Walker
13. Birthplace Provo Utah (City or town) (State or foreign country)
Mother
14. Maiden name Letha Bodily
15. Birthplace Burley Ido. (City or town) (State or foreign country)
16. Informant's **OWN** Signature Owen J. Walker
and Address Burley Ido.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 3 - 1944 (Month) (Day) (Year)
(c) Place: Burley Ido.
18. Funeral Director's **OWN** Signature Retta S. Payne
and Address Burley Ido.
19. (a) 10-3-44 (Date received and filed) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Sept 30th 1944
at 7:15 o'clock A M.

21. I HEREBY CERTIFY, That I attended deceased from Birth 2-6 1944, to 9 - 30 1944
I last saw him alive on 9 - 29 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Bronchial Pneumonia	2 days
Due to common cold.	
Due to	
Other conditions Congenital heart (over) (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYISCIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature C. A. Mollman M.D. (M. D. or other)
and Address Rupert Idaho Date 10-2 1944
(For additional space, use reverse side)

140547

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

SEP. 5 1944

State File No.
Local Reg. No. 71
Reg. Dist. No. 210

1. **PLACE OF DEATH:**
   (a) County Clearwater
   (b) City or town Orofino
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? Outside? X city or town
   (e) Died in a Home Hospital Institution X Other place
   (f) Name Hosp. or Inst. St. Hos. No. Stayed 18 days
   (g) Lived in this county years months 18 days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Shoshone
   (c) City or town Gem
   (d) Street Address or R. F. D. No. Box 24
   (e) Deceased lived Inside? Outside? city or town
   (f) Citizen of what country? United States
   (g) How long had deceased lived in Idaho? 50 years
   (h) Former residence (city, state)

3. (a) **FULL NAME** ERICKSON, ED

92d

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Elizabeth
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) May 25, 1870

8. AGE	Years	Months	Days	If less than 1 day
	74	3	11	hrs min.

9. Exact Occupation — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace Sweden (City or town) (State or foreign country)

Father
12. Name Eric Peter Swanson
13. Birthplace Sweden (City or town) (State or foreign country)

Mother
14. Maiden name Margarite Magnuson
15. Birthplace Sweden (City or town) (State or foreign country)

16. Informant's OWN Signature E. L. Berry M.D.
and Address Orofino Idaho

17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof SEPTEMBER 6, (Month) (Day) (Year) 1944
(c) Place: WALLACE, IDAHO

18. Funeral Director's OWN Signature Geo. B. Black
and Address OROFINO, IDAHO

19. (a) 9/8/44 (Date received and filed) (b) Lolaie Bacharach (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) September 6, 1944
at 8:10 o'clock A. M.

21. **I HEREBY CERTIFY,** That I attended deceased from August 18, 1944, to Sept. 6, 1944
I last saw him alive on Sept. 5, 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cerebral hemorrhage — Duration inst.

Due to Arteriosclerosis — 10 yrs.

✓ Due to Chronic endocarditis — 15 yrs.

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's OWN Signature E. L. Berry M.D. (M. D. or other)
and Address Orofino Ida. Date 9-6 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

OCT. 5 1944

State File No. 140548
Local Reg. No. 72
Reg. Dist. No. 210

1. **PLACE OF DEATH:**
   (a) County CLEARWATER
   (b) City or town CAVENDISH
   (c) Street Address or R.F.D. No. SOUTHWICK R.F.D.
   (d) Death Occured Inside?..... Outside? X city or town
   (e) Died in a Home X Hospital.... Institution.... Other place....
   (f) Name Hosp. or Inst..... Stayed.....days
   (g) Lived in this county 26 years .....months .....days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State IDAHO (b) County CLEARWATER
   (c) City or town FRASER
   (d) Street Address or R.F.D. No. R.F.D.
   (e) Deceased lived Inside?.....Outside? X.....city or town
   (f) Citizen of what country? UNITED STATES
   (g) How long had deceased lived in Idaho? 36 years
   (h) Former residence (city, state) .....

3. (a) **FULL NAME** LOUISA KINGEN

830

3. (b) If veteran, name war NO
3. (c) Social Security No NONE
4. Sex FEMALE race WHITE
5. Color or
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife W.T. KINGEN
6. (c) Age of husband or wife if alive 77 years
7. Date of Birth (Month, Day, Year) APRIL 29, 1874

8. AGE	Years	Months	Days	If less than 1 day hrs	min.
	70	4	18		

9. Exact Occupation HOUSEWIFE Did this work for LIFE yrs.
10. Industry or Business HOME Date last worked 2 MOS. AGO
11. Birthplace DASSEL (City or town) MEEKER COUNTY, MINNESOTA (State or foreign country)

Father
12. Name TOM HUTCHINS
13. Birthplace UNKNOWN (City or town) N. CAROLINA (State or foreign country)

Mother
14. Maiden name UNKNOWN
15. Birthplace UNKNOWN (City or town) (State or foreign country)

16. Informant's **OWN** Signature X Walter Kingen
and Address X Orofino Ida 3

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof SEPT. 21/1944 (Month) (Day) (Year)
(c) Place: RIVERSIDE CEMETERY

18. Funeral Director's **OWN** Signature George B Blake
and Address OROFINO IDAHO

19. (a) 9/20/44 (Date received and filed) (b) Ethel Badenoch (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Sept 18 1944
at 6 o'clock P M.

21. **I HEREBY CERTIFY**, That I attended deceased from Aug 28 1944, to 9-18 1944
I last saw her alive on 9-1-44 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cerebral Vascular disease — Duration: 2 weeks
Due to Cerebral Hemorrhage — about 3 yrs Ago
Other conditions (Include pregnancy within 3 months of death) arterio sclerosis — several years

Where was disease contracted? —
Name of operation — Date —
Major finding —
Finding of autopsy —

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? — Suicide? — Homicide? —
Occurred — 19 City, county, state where violence occurred .....
Place of Violence: Home — Farm — Industry —
Public Place — While at work? —
Means of injury .....

23. Attendant's **OWN** Signature A B Peppenhagen M.D. (M. D. or other)
and Address Orofino Idaho Date 9-19 1944
(For additional space, use reverse side)

140549

United States
Department of Commerce
Bureau of the Census

SEP 5 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 73
Reg. Dist. No. 210

1. **PLACE OF DEATH:**
(a) County Clearwater
(b) City or town Orofino
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? X city or town
(e) Died in a Home Hospital Institution X Other place
(f) Name Hosp. or Inst. St. Hos. No. Stayed days
(g) Lived in this county 11 years 8 months 25 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bonner
(c) City or town Sandpoint
(d) Street Address or R. F. D. No. Main Street
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? United States
(g) How long had deceased lived in Idaho? 14 mos years
(h) Former residence (city, state)

3. (a) **FULL NAME** BROWNING, ROBERT C.

15

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) March 29, 1911

8. AGE	Years	Months	Days	If less than 1 day
	33	5	20	hrs min.

9. Exact Occupation Farm laborer — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace Nichols, Iowa (City or town) (State or foreign country)

Father
12. Name Philip E. Browning
13. Birthplace Grant County, Ind. (City or town) (State or foreign country)

Mother
14. Maiden name Ethel Dunn
15. Birthplace Grant County, Ind. (City or town) (State or foreign country)

16. Informant's OWN Signature E. L. Burgund
and Address Orofino Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/19/44 (Month) (Day) (Year)
(c) Place: St. Hosp. North cemetery

18. Funeral Director's OWN Signature Grad Bellows
and Address Orofino, Idaho

19. (a) 9/23/44 (Date received and filed) (b) Edith Bachmann (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) September 19, 1944
at 8:45 o'clock A. M.

21. **I HEREBY CERTIFY,** That I attended deceased from June 1 1943 to Sept. 19, 1944
I last saw him alive on Sept. 19, 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — Duration

Intestinal tuberculosis — 3 yrs.
Due to
Due to
Other conditions Malnutrition — 3 yrs.
(Include pregnancy within 3 months of death)

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's OWN Signature E. L. Burgund (M. D. or other)
and Address Orofino Ida. Date 9-19 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce OCT 5 1944
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 140550
Local Reg. No. 74
Reg. Dist. No. 210

1. **PLACE OF DEATH:**
(a) County Clearwater
(b) City or town Orofino
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? X city or town
(e) Died in a Home Hospital Institution X Other place
(f) Name Hosp. or Inst. St. Hos. No. Stayed days
(g) Lived in this county 2 years 11 months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Latah
(c) City or town Moscow
(d) Street Address or R. F. D. No. 407N. Jefferson
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? United States
(g) How long had deceased lived in Idaho? 5 years
(h) Former residence (city, state) Hubbel, Nebr.

3. (a) **FULL NAME** TRAFTON, MARIE D.

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife John
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) July 17, 1893

8. AGE	Years	Months	Days	If less than 1 day
	51	2	11	hrs min.

9. Exact Occupation Housewife Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Hubbel, Nebraska (City or town) (State or foreign country)
Father
12. Name Charley McElvain
13. Birthplace Genoa, Nebraska (City or town) (State or foreign country)
Mother
14. Maiden name unknown
15. Birthplace Hubbel, Nebraska (City or town) (State or foreign country)
16. Informant's OWN Signature E. L. Berry MD
and Address Orofino Ida
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 9-28-44 (Month) (Day) (Year)
(c) Place: Moscow Idaho
18. Funeral Director's OWN Signature H. R. Short
and Address Moscow, Idaho
19. (a) 9/28/44 (Date received and filed) (b) Lillie Gadsrud (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) September 28, 1944
at 8:55 o'clock A. M.
21. **I HEREBY CERTIFY,** That I attended deceased from June 1, 1943, to Sept. 28, 1944
I last saw her alive on Sept. 28, 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Pulmonary tuberculosis	3 yrs.
Due to	
✓ Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature E. L. Berry MD (M. D. or other)
and Address Orofino Ida Date 9-28 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census OCT. 6 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 140551
Local Reg. No. 21
Reg. Dist. No. 380

1. **PLACE OF DEATH:**
   (a) County Elmore
   (b) City or town Mountain Home
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? Outside? X city or town
   (e) Died in a Home Hospital Institution Other place X
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county 1 years 4 months days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Elmore
   (c) City or town Mountain Home
   (d) Street Address or R. F. D. No.
   (e) Deceased lived Inside? X Outside? city or town
   (f) Citizen of what country?
   (g) How long had deceased lived in Idaho? Life years
   (h) Former residence (city, state) Caldwell Ida.

3. (a) **FULL NAME** HAROLD EUGENE KINNEY

153.

3. (b) If veteran, name war No.
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) June 22, 1942

8. AGE	Years	Months	Days	If less than 1 day
	2	2	12	hrs min.

9. Exact Occupation Infant Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Burley (City or town) Idaho (State or foreign country)
Father
12. Name Harold E. Kinney
13. Birthplace Cambridge (City or town) Idaho (State or foreign country)
Mother
14. Maiden name Katherine Hilty
15. Birthplace Boise (City or town) Idaho (State or foreign country)
16. Informant's OWN Signature Mrs. Katherine Kinney
and Address Mountain Home Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Sept. 6, 1944 (Month) (Day) (Year)
(c) Place: Cloverdale Cemetery Boise Ida.
18. Funeral Director's OWN Signature Felix J. Bey
and Address Mountain Home Idaho
19. (a) 9-6-44 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Sept 4 1944
at about 5 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from 9/4 1944 to 9/4 1944
I last saw him alive on Dead on arrival 1944, and said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Suffocation	
Due to	
Drowning	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Yes Suicide? Homicide?
Occurred 9/4 1944 City, county, state where violence occurred Elmore County
Place of Violence: Home Farm Industry
Public Place Canyon creek While at work?
Means of injury 15 Miles from Mtn. Home Fell into Creek while playing
23. Attendant's OWN Signature [signature] (M. D. or other)
and Address Mt Home Date 9/6 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

OCT 6 1944

State File No. 140552
Local Reg. No. 22
Reg. Dist. No. 380

1. **PLACE OF DEATH:**
(a) County Elmore
(b) City or town Pine
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? X city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 24 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Elmore
(c) City or town Glenn Ferry
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? 60 years
(h) Former residence (city, state) Whiterock Nevada

3. (a) **FULL NAME** CHARLES LESTER WINTER 94

3. (b) If veteran, name war No. 3. (c) Social Security No. None
4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Nellie 6. (c) Age of husband or wife if alive 64 years
7. Date of Birth (Month, Day, Year) September 29, 1878

8. AGE	Years	Months	Days	If less than 1 day
	66	11	25	hrs min.

9. Exact Occupation Retired Merchant Did this work for 40 yrs.
10. Industry or Business General bussiness Date last worked 1941
11. Birthplace White Rock (City or town) Nevada (State or foreign country)

Father
12. Name David Keller Winter
13. Birthplace Kentucky (City or town) (State or foreign country)

Mother
14. Maiden name Charlotte O'Neall
15. Birthplace Missouri (City or town) (State or foreign country)

16. Informant's OWN Signature Leroy J. Fletcher
and Address Glenn Ferry Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Sept. 4, 1944 (Month) (Day) (Year)
(c) Place: Glenn Ferry Idaho
18. Funeral Director's OWN Signature Orlie J. Bey
and Address Mountain Home Idaho
19. (a) Sept 6, 1944 (Date received and filed) (b) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 9/4. 1944
at 6 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from 19 , to 19
I last saw h alive on 19 ; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Angina Pectoris — Duration
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred Pine Elmore Co. 9/4 1944 City, county, state
where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature Phil F Green (M. D. or other)
and Address Mt. Home Ida Date 9/6 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

OCT 16 1944

NON-RESIDENT
Certificate Of Death
STATE OF IDAHO

State File No. 140573
Local Reg. No. 183
Reg. Dist. No. 321

1. PLACE OF DEATH:
(a) County Elmore
(b) City or town
(c) Street Address or R. F. D. No.
(d) Death Occured Inside? Outside? X city or town
(e) Died in a Home Hospital Institution Other place X
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county years months 26 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Texas (b) County
(c) City or town Houston
(d) Street Address or R.F.D. No. 4401 Canal St.
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? USA
(g) How long had deceased lived in Idaho? 26 days years
(h) Former residence (city, state)

3. (a) FULL NAME HARRY J TROY

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3. (b) If veteran, name war
3. (c) Social Security No. 461-18-6005
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) August 21 1922

8. AGE	Years	Months	Days	If less than 1 day
	22	0	28	hrs min.

9. Exact Occupation Soldier — Did this work for 1-3/4 yrs.
10. Industry or Business U S Army — Date last worked 9-19-44
11. Birthplace Houston, Texas (City or town) (State or foreign country)

Father
12. Name Felix V Troy
13. Birthplace Bremond, Texas (City or town) (State or foreign country)

Mother
14. Maiden name Willie (unknown)
15. Birthplace Bremond, Texas (City or town) (State or foreign country)

16. Informant's **OWN** Signature John Rolls
and Address MHAAF, Mtn Home, Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Sept 21 1944 (Month) (Day) (Year)
(c) Place: Houston Texas
18. Funeral Director's **OWN** Signature A Sherman Mfield
and Address Boise, Idaho
19. (a) 9-26-44 (Date received and filed) (b) K Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH
(Month, Day, Year) September 19 1944
at 1130 o'clock A M.

21. I HEREBY CERTIFY, That I attended deceased from 19 to 19
I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Asphyxiation, accidental — Duration Instant
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy Diagnosis of Asphyxiation confirmed

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Yes Suicide? Homicide?
Occurred 19 September 1944 City, county, state where violence occurred MHAAF, Mtn Home, Idaho
Place of Violence: Home Farm Industry
Public Place While at work? Yes
Means of injury Face accidentally forced against controls of turret.

23. Attendant's **OWN** Signature Edward J Helbing
EDWARD J HELBING (M. D. or other) Maj. MC
and Address MHAAF Mtn Home Ida Date 9-20 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

OCT 4 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140554
Local Reg. No. 9
Reg. Dist. No. 541

1. PLACE OF DEATH:
(a) County Riverdale Idaho
(b) City or town Franklin
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? ** Outside? city or town
(e) Died in a Home * Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 85 years 4 months I days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Franklin
(c) City or town Preston
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? ** Outside? city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 64 years
(h) Former residence (city, state) Utah

3. (a) **FULL NAME** Cornelia Elvira Walker Smith 120a

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex female 5. Color or race white
6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife Hyrum J. Smith
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) March 3I ~~1944~~ 1859

8. AGE	Years	Months	Days	If less than 1 day
	85	4	I	hrs min.

9. Exact Occupation Housewife Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Perry Utah (City or town) (State or foreign country)
Father
12. Name WM Wray Walker
13. Birthplace unknown (City or town) (State or foreign country)
Mother
14. Maiden name Carloine Tippetts
15. Birthplace unknown (City or town) (State or foreign country)
16. Informant's OWN Signature Sam Smith
and Address Riverdale Id
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 4 1944 (Month) (Day) (Year)
(c) Place: Riverdale Idaho
18. Funeral Director's OWN Signature [illegible]
and Address Preston Id
19. (a) 8-4-1944 (Date received and filed) (b) Effie W. Brower (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Aug I 1944
at 4 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from 8-1 1944 to 8-1 1944
I last saw her alive on 8-1 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Acute Gastroenteritis	3 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation Date	
Major finding	
Finding of autopsy	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature R. R. Cutler MD (M. D. or other)
and Address Preston Ida Date 8-4 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census OK. 4 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140555
Local Reg. No. 10
Reg. Dist. No. 541

1. PLACE OF DEATH:
(a) County Franklin
(b) City or town Weston
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? X Outside? city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 55 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Franklin
(c) City or town Weston
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 55 years
(h) Former residence (city, state) Salt Lake City Utah.

3. (a) FULL NAME Mary Christina Lund Heusser 93a

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife William Heuser
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) November 11, 1858

8. AGE	Years	Months	Days	If less than 1 day
	85	8	29	hrs min.

9. Exact Occupation housewife Did this work for yrs.
10. Industry or Business Own Home Date last worked
11. Birthplace Salt Lake City, Utah. (City or town) (State or foreign country)

Father
12. Name Hans Christian Lund,
13. Birthplace Copenhagen, Denmark. (City or town) (State or foreign country)

Mother
14. Maiden name Mary Laurentzen
15. Birthplace Copenhagen, Denmark (City or town) (State or foreign country)

16. Informant's **OWN** Signature W. J. Heusser
and Address Weston Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-13-44 (Month) (Day) (Year)
(c) Place: Weston Idaho.

18. Funeral Director's **OWN** Signature John M. Richards
and Address Preston Idaho.

19. (a) 8-15-1944 (Date received and filed) (b) Effie W. Brouwer (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) August 10, 1944
at 4:45 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from 1-4 1944, to 8-10 1944
I last saw h[illegible] alive on 8-7 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary Thrombosis — Duration 1 hr.
Due to Arteriosclerosis and Hypertension — several years
Due to
Other conditions (Include pregnancy within 3 months of death)
Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature A. R. Peeler (M. D. or other)
and Address Preston Ida Date 8-15 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 140556
Local Reg. No. 11
Reg. Dist. No. 240

08 - 194

1. PLACE OF DEATH:
(a) County Franklin
(b) City or town Preston
(c) Street Address or R.F.D. No. 147 W. Oneida
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Home ..... Hospital X Institution ..... Other place .....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 41 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Franklin
(c) City or town Preston
(d) Street Address or R.F.D. No. 147 W. Oneida
(e) Deceased lived Inside? X Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 52 years
(h) Former residence (city, state) Denmark

3. (a) FULL NAME AMOS BERNHARD CHRISTIAN JENSEN

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary A. Jensen
6. (c) Age of husband or wife if alive 67 years
7. Date of Birth (Month, Day, Year) October 14, 1861

8. AGE	Years	Months	Days	If less than 1 day
	82	10	5	hrs ..... min.

9. Exact Occupation Brick Maker Did this work for ..... yrs.
10. Industry or Business ..... Date last worked 1936
11. Birthplace Hjoring, Denmark. (City or town) (State or foreign country)
Father 12. Name Christian Peter Jensen
Father 13. Birthplace Hermeste, Denmark. (City or town) (State or foreign country)
Mother 14. Maiden name Anna Nessen
Mother 15. Birthplace Sanderborg, Denmark. (City or town) (State or foreign country)
16. Informant's **OWN** Signature Ernest Anton Jensen and Address Preston Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-24-44 (Month) (Day) (Year)
(c) Place: Preston, Idaho.
18. Funeral Director's **OWN** Signature John M. Richards and Address Preston Idaho.
19. (a) 8-22-1944 (Date received and filed) (b) Effie A. Brower (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) August 19, 1944 at 2:45 o'clock P. M.
21. **I HEREBY CERTIFY**, That I attended deceased from 11/1/ 1940, to 8/19 1944
I last saw h[illegible] alive on 8/ / 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebral hemorrhage	
Due to	
Arteriosclerosis	
Due to	
Senility	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature Leo R. Lawhead M.D. (M. D. or other)
and Address Preston Ida. Date 8/22 1944
(For additional space, use reverse side)

140557

United States
Department of Commerce
Bureau of the Census

OCT 12 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 140557
Local Reg. No. 32
Reg. Dist. No. 657

1. **PLACE OF DEATH:**
(a) County Fremont
(b) City or town Ashton
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? city or ~~town~~
(e) Died in a Home Hospital ~~Institution~~ Other place
(f) Name Hosp. or Inst. Wilkinson Maternity Home
(g) Lived in this county years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Fremont
(c) City or town
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Outside? city or town
(f) Citizen of what country? U.S.
(g) How long had deceased lived in Idaho? — years
(h) Former residence (city, state) —

3. (a) **FULL NAME** Barbara Ann Ritchey

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3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Female Color or race White
5. Single, widowed, married, divorced —
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Date of Birth (Month, Day, Year) 8 - 19 - 44

8. AGE	Years	Months	Days	If less than 1 day hrs	min.
	—	—	1		

9. Exact Occupation At Home — Did this work for — yrs.
10. Industry or Business — Date last worked
11. Birthplace (City or town) (State or foreign country)
Father 12. Name Darrell Elton Ritchey
Father 13. Birthplace Monroe (City or town) Utah (State or foreign country)
Mother 14. Maiden name Melba Hammond
Mother 15. Birthplace Logan (City or town) Utah (State or foreign country)
16. Informant's **OWN** Signature Darrell Elton Ritchey and Address Ashton Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-20-44 (Month) (Day) (Year)
(c) Place: Ashton Idaho
18. Funeral Director's **OWN** Signature Lyman Knerr and Address Ashton Idaho
19. (a) — (Date received and filed) (b) — (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 8/19/44 19—
at 8 A M o'clock — M.
21. **I HEREBY CERTIFY,** That I attended deceased from 8/19/44 19— to 8/19/44 19—
I last saw her alive on 8/18/44 19—; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Prematurity	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation — Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? No Suicide? No Homicide? No
Occurred — 19— City, county, state where violence occurred No
Place of Violence: Home — Farm — Industry —
Public Place — While at work?
Means of injury
23. Attendant's **OWN** Signature O. K. Felt (M. D. or other)
and Address — Date 8/19/44 19—

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

OCT 12 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140558
Local Reg. No. 33
Reg. Dist. No. 651

1. PLACE OF DEATH:
(a) County Fremont
(b) City or town Parker
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? Yes Outside? city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 54 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Fremont
(c) City or town Parker
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? Yes Outside? city or town
(f) Citizen of what country? United States
(g) How long had deceased lived in Idaho? 54 years
(h) Former residence (city, state) Utah

3. (a) **FULL NAME** CATHERINE E. SMITH FLINT

170c

3. (b) If veteran, name war No.
3. (c) Social Security No. None.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widow.
6. (b) Name of husband or wife George M. Flint
6. (c) Age of husband or wife if alive --- years
7. Date of Birth (Month, Day, Year) November 1, 1866

8. AGE	Years	Months	Days	If less than 1 day
	77	10	3	hrs min.

9. Exact Occupation Housewife Did this work for Life yrs.
10. Industry or Business Own Home Date last worked 0944
11. Birthplace Farmington, Utah. (City or town) (State or foreign country)
Father
12. Name Elkanah A. Smith
13. Birthplace Livermore, Maine (City or town) (State or foreign country)
Mother
14. Maiden name Mary Eade Fulcher
15. Birthplace Carlton, Coleville, England. (City or town) (State or foreign country)
16. Informant's OWN Signature Geo M Flint
and Address Parker, Idaho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9--9-44 (Month) (Day) (Year)
(c) Place: Parker, Idaho
18. Funeral Director's OWN Signature M D Hansen
and Address St. Anthony, Idaho.
19. (a) Sept. 8 1944 (Date received and filed) (b) M D Hansen (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Sept. 4th 1944
at 2 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 1940, to Sept 4 1944
I last saw her alive on Sept 4 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Embolism, coronary	4 days
Due to Accident Broken leg	30 days
Due to	
Other conditions Hypertension (Include pregnancy within 3 months of death)	2 yrs.

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Yes Suicide? Homicide?
Occurred July 31 1944 City, county, state where violence occurred Parker, Fremont, Idaho
Place of Violence: Home Farm Industry
Public Place Hiway While at work? No
Means of injury Car backed into her and broke tibia, right
23. Attendant's OWN Signature E L Soule M (M. D. or other)
and Address St Anthony Date 9/6/1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 140559
Local Reg. No. 34
Reg. Dist. No. 650

OCT 12 1944

1. **PLACE OF DEATH:**
   (a) County Fremont
   (b) City or town St. Anthony
   (c) Street Address or R.F.D. No. 637 W. 1 N.
   (d) Death Occured Inside? Yes Outside? ..... city or town
   (e) Died in a Home X Hospital .... Institution .... Other place ....
   (f) Name Hosp. or Inst. ..... Stayed ..... days
   (g) Lived in this county ..... years ..... months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Fremont
   (c) City or town St. Anthony
   (d) Street Address or R.F.D. No. 637 W. 1 N.
   (e) Deceased lived Inside? Yes Outside? ..... city or town
   (f) Citizen of what country? U. S.
   (g) How long had deceased lived in Idaho? 31 years
   (h) Former residence (city, state) Paradise, Utah

3. (a) **FULL NAME** GLAUD HOUSLEY

55e

3. (b) If veteran, name war No.
3. (c) Social Security No. None.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Martha Thomas
6. (c) Age of husband or wife if alive 59 years
7. Date of Birth (Month, Day, Year) September 16, 1882

8. AGE	Years	Months	Days	If less than 1 day
	62	0	0	hrs min.

9. Exact Occupation Sheepman Did this work for 20 yrs.
10. Industry or Business ..... Date last worked 1942
11. Birthplace Paradise, Utah (City or town) (State or foreign country)

Father
12. Name Charles Housley
13. Birthplace England (City or town) (State or foreign country)

Mother
14. Maiden name Mary Orgill
15. Birthplace England (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mrs. Glaud Housley
and Address St. Anthony, Idaho

17. (a) Removal (b) Date thereof 9-20-44 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: Paradise, Utah

18. Funeral Director's **OWN** Signature M. S. Hansen
and Address St. Anthony, Idaho.

19. (a) Sept 18 1944 (b) M. S. Hansen (Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Sept. 16 1944
at 4 o'clock P. M.

21. **I HEREBY CERTIFY**, That I attended deceased from Sept 1943, to Sept 1944
I last saw h. alive on Sept 15 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: (Duration)
Toxemia from Carcinoma
✓ Due to Carcinoma left leg
Due to .....
Other conditions (Include pregnancy within 3 months of death) .....
Where was disease contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? No Suicide? No Homicide? No
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature Owen L. Felt (M. D. or Other)
and Address St Anthony Date Sept 16 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

OCT. 9 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140560
Local Reg. No.
Reg. Dist. No.

1. PLACE OF DEATH:
(a) County Fremont
(b) City or town Sugar City
(c) Street Address or R.F.D. No. 1
(d) Death Occured Inside? ..... Outside? Yes city or town
(e) Died in a Home X Hospital ..... Institution ..... Other place .....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county ..... years 10 months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Fremont
(c) City or town Sugar City
(d) Street Address or R.F.D. No. 1
(e) Deceased lived Inside? ..... Outside? Yes city or town
(f) Citizen of what country? United States
(g) How long had deceased lived in Idaho? 10 Mo. years
(h) Former residence (city, state) Salt Lake City Utah.

3. (a) FULL NAME ENID VELMA OTTESEN SPILLMAN

3. (b) If veteran, name war No.
3. (c) Social Security No. 529-14-6079
4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Eggertz Spillman
6. (c) Age of husband or wife if alive 41 years
7. Date of Birth (Month, Day, Year) November 17, 1904

8. AGE	Years	Months	Days	If less than 1 day
	39	10	10	hrs min.

9. Exact Occupation Housewife Did this work for 10 Months yrs.
10. Industry or Business Own Home Date last worked 9-26-44
11. Birthplace Salt Lake City, Utah. (City or town) (State or foreign country)
Father 12. Name Ephraim Ottesen
13. Birthplace Spanish Fork, Utah. (City or town) (State or foreign country)
Mother 14. Maiden name Lydia Green
15. Birthplace American Fork, Utah. (City or town) (State or foreign country)
16. Informant's OWN Signature W. E. Spillman
and Address Sugar City, RFD#1, Idaho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-30-44 (Month) (Day) (Year)
(c) Place: Teton, Idaho.
18. Funeral Director's OWN Signature M. D. Hansen
and Address St. Anthony, Idaho.
19. (a) Sept 30, 1944 (Date received and filed) (b) M. D. Hansen (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) September 27 1944
at 7:30 o'clock A. M.
21. **I HEREBY CERTIFY**, That I attended deceased from 9-27- 1944 to 9-27-44 19
I last saw her alive on Dead [illegible] 19 ; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration
Coronary embolism
Due to unknown
Had pain in stomach, when
Due to I got there in less than
Other conditions hour, she was dead &
(Include pregnancy within 3 months of death)
had been for 30 Min.
Where was disease contracted?
Name of operation ..... Date .....
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury
23. Attendant's OWN Signature [illegible] (M. D. or other)
and Address [illegible] Date 9-30 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of the Census
Bureau of the Census OCT. 7 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140561
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF DEATH:**
   (a) County Gem
   (b) City or town Emmett
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? X Outside? city or town
   (e) Died in a Home X Hospital Institution Other place
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county 39 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Gem
   (c) City or town Emmett
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? X Outside? city or town
   (f) Citizen of what country?
   (g) How long had deceased lived in Idaho? 39 years
   (h) Former residence (city, state) Iowa

3. (a) **FULL NAME** LOUISE BELLE BERRY

3. (b) If veteran, name war
3. (c) Social Security No. none
4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Feb. 7, 1860

8. AGE	Years	Months	Days	If less than 1 day
	84	6	27	hrs min.

9. Exact Occupation At home — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace Iowa (City or town) (State or foreign country)

Father
12. Name Unknown
13. Birthplace Unknown (City or town) (State or foreign country)

Mother
14. Maiden name Unknown
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's **OWN** Signature Lena M. Hayes
and Address Emmett, Idaho

17. (a) removal (Burial, cremation, or removal) (b) Date thereof 9/7-1944 (Month) (Day) (Year)
(c) Place: Indianola, Iowa

18. Funeral Director's **OWN** Signature E. D. Buckenmeyer
and Address Emmett, Idaho

19. (a) 9/6-1944 (Date received and filed) (b) E. D. Buckenmeyer (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Sept. 4, 1944 19
at 10 o'clock P M.

21. **I HEREBY CERTIFY**, That I attended deceased from 1944, to Sept 4 1944
I last saw her alive on Sept 4 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: uremia — Duration
Due to Hypertention followed with apoplexia
Due to age
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature J. L. Reynolds (M. D. or other)
and Address Emmett, Idaho Date 9/6-1944 19

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 140562
Local Reg. No.
Reg. Dist. No. 421

OCT 11 1944

1. **PLACE OF DEATH:**
   (a) County Gooding
   (b) City or town Wendell
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? ✓ Outside? city or town
   (e) Died in a Home Hospital ✓ Institution Other place
   (f) Name Hosp. or Inst. St Valentines Stayed 3 days
   (g) Lived in this county ✓ years 2 months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Gooding
   (c) City or town Jerome
   (d) Street Address or R.F.D. No. R.F.D. No 1
   (e) Deceased lived Inside? Outside? ✓ city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 2 Mo years
   (h) Former residence (city, state) Berryville ARK.

3. (a) **FULL NAME** Sharon Sue Jones 133a

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F. 5. Color or race Wi
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) July 2 1941

8. AGE	Years	Months	Days	If less than 1 day
	3	1	29	hrs min.

9. Exact Occupation Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Berry Ville (City or town) ARK (State or foreign country)

Father
12. Name William Talley Jones
13. Birthplace Rudd (City or town) ArK. (State or foreign country)

Mother
14. Maiden name Pauline E Miller
15. Birthplace Rudd (City or town) ArK. (State or foreign country)

16. Informant's **OWN** Signature Pauline Jones
and Address
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place:
18. Funeral Director's **OWN** Signature D A L'Herisson MH
and Address Jerome Idaho
19. (a) 9/6/44 (Date received and filed) Sister M. Rose, OSB. (Registrar's signature)
(Lois Bringum)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Sept 1 1944
at o'clock M.
21. **I HEREBY CERTIFY,** That I attended deceased from 8/30 1944, to 9/1 1944
I last saw her alive on 9/1 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Unknown	—
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
✓ Cyclitis	—

Where was disease contracted? Unknown
Name of operation None Date
Major finding
Finding of autopsy Not done

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature Carlyle Small (M. D. or other)
and Address Jerome, Ida Date 9/2 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

OCT 11 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140563
Local Reg. No.
Reg. Dist. No. 421

1. **PLACE OF DEATH:**
(a) County Gooding
(b) City or town Wendell
(c) Street Address or R.F.D. No. Main St.
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Home.... Hospital X Institution.... Other place....
(f) Name Hosp. or Inst. St Valentines Stayed 2 days
(g) Lived in this county 8 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Gooding
(c) City or town Hagerman
(d) Street Address or R.F.D. No. Hagerman
(e) Deceased lived Inside? X Outside? ..... city or town
(f) Citizen of what country? United States
(g) How long had deceased lived in Idaho? 14 years
(h) Former residence (city, state) Ontario Oregon

3. (a) **FULL NAME** Pedro Juan Onaindia

3. (b) If veteran, name war none
3. (c) Social Security No. 519-01-3903
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Soledad Onaindia
6. (c) Age of husband or wife if alive 44 years
7. Date of Birth (Month, Day, Year) May, 6, 1899

8. AGE	Years	Months	Days	If less than 1 day
	45	3	27	hrs min.

9. Exact Occupation Utility Man Did this work for 7 yrs.
10. Industry or Business (Power Co.) Date last worked 8/31/44
11. Birthplace Ybarruri (City or town) Spain (State or foreign country)
Father
12. Name Paullino Onaindia
13. Birthplace Ybarruri (City or town) Spain. (State or foreign country)
Mother
14. Maiden name Nicomedes Agorri
15. Birthplace Ybarruri (City or town) Spain (State or foreign country)
16. Informant's **OWN** Signature Soledad Onaindia
and Address Box 438 Hagerman
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 9/6/44 (Month) (Day) (Year)
(c) Place: Boise Idaho
18. Funeral Director's **OWN** Signature R.P. Bright
and Address Gooding Idaho
19. (a) 9/6/44 (Date received and filed) Sister M. Rose, OSB (Registrar's signature)
(Lois Bungum)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Sept 2 1944
at ..... o'clock ..... M.
21. **I HEREBY CERTIFY,** That I attended deceased from Aug. 31 1944, to death 19
I last saw him alive on Sept 2 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Embolism Intramural	5 min
Due to Unknown	
Due to	
Other conditions Appendectomy (Include pregnancy within 3 months of death) Aug. 31, 1944	
Where was disease contracted?	
Name of operation Appendectomy Date 8/31/44	
Major finding Seropurulent fluid in abdomen & highly inflamed peritoneum & cecum	
~~Finding of autopsy~~	

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature H Holsinger M.D. (M. D. or other)
and Address Wendell Ida Date 9-5 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 140564
Local Reg. No. 1114
Reg. Dist. No. 420

1. **PLACE OF DEATH:**
(a) County Gooding
(b) City or town
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? city or town
(e) Died in a Home Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 2 years 5 months 8 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Gooding
(c) City or town Jerome
(d) Street Address or R. F. D. No. 1
(e) Deceased lived Inside? Outside? ✓ city or town
(f) Citizen of what country? U S
(g) How long had deceased lived in Idaho? years
(h) Former residence (city, state)

3. (a) **FULL NAME** Ralph Vernon Thompson

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) April 8 1942

8. AGE	Years	Months	Days	If less than 1 day
	2	5	8	hrs min.

9. Exact Occupation Infant
Did this work for yrs.
10. Industry or Business
Date last worked
11. Birthplace Wendell (City or town) Idaho (State or foreign country)

Father
12. Name Ralph Thompson
13. Birthplace Dilley (City or town) Idaho (State or foreign country)

Mother
14. Maiden name Bonita Fay Vandehei
15. Birthplace Kimberly (City or town) Idaho (State or foreign country)

16. Informant's **OWN** Signature Ralph V Thompson
and Address Jerome Idaho R#2
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/19/44 (Month) (Day) (Year)
(c) Place: Gooding Idaho
18. Funeral Director's **OWN** Signature J R Wilson
and Address Jerome Idaho
19. (a) 10-1-44 (Date received and filed) (b) J H Cranwell (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Sept 16 1944
at 2:00 o'clock P M.

21. **I HEREBY CERTIFY,** That I attended deceased from ____19____, to Sept 16 1944
I last saw h____ alive on ____19____; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Found drowned in irrigation ditch	Few minutes
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Yes Suicide? Homicide?
Occurred 9-16 1944 City, county, state where violence occurred Gooding County
Place of Violence: Home Farm Yes Industry
Public Place While at work?
Means of injury Drowned in irrigation ditch

23. Attendant's **OWN** Signature Reuben C. Matson M.D. (M. D. or other)
and Address Jerome Ida Date 9-18 1944
(For additional space, use reverse side)

140565

United States
Department of Commerce OCT 12 1944
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 1113
Reg. Dist. No. 420

1. **PLACE OF DEATH:**
(a) County Gooding
(b) City or town Gooding
(c) ~~Street Address~~ or R. F. D. No. 2
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home ____ Hospital X Institution ____ Other place ____
(f) Name Hosp. or Inst. Gooding Stayed 4 days
(g) Lived in this county ____ years 9 months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County ~~Gooding~~ Jerome
(c) City or town Gooding
(d) ~~Street Address~~ or R. F. D. No. 2
(e) Deceased lived Inside? ✓ Outside? ____ city or town
(f) Citizen of what country? USA
(g) How long had deceased lived in Idaho? 12 years
(h) Former residence (city, state) Brush, Colorado

3. (a) **FULL NAME** Clara M. Henderson

3. (b) If veteran, name war ____ 3. (c) Social Security No. ____

4. Sex F 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or ~~wife~~ Rex S. 6. (c) Age of husband or ~~wife~~ if alive 58 years

7. Date of Birth (Month, Day, Year) 1886 - Oct. 11

8. AGE	Years	Months	Days	If less than 1 day hrs	min.
	57	11	9		

9. Exact Occupation Housewife Did this work for 33 yrs.
10. Industry or Business ____ Date last worked ____
11. Birthplace Boulder (City or town) Colorado (State or foreign country)

Father
12. Name David B. Strock
13. Birthplace Savannah (City or town) Missouri (State or foreign country)

Mother
14. Maiden name Louella Teter
15. Birthplace Golden (City or town) Colorado (State or foreign country)

16. Informant's OWN Signature Clara M. Henderson and Address ____

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-28-44 (Month) (Day) (Year)
(c) Place: Edmunds Cem., Gooding

18. Funeral Director's OWN Signature W. P. Bright and Address Gooding, Idaho

19. (a) 10-1-44 (Date received and filed) (b) J. P. Cowell (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Sept 20 1944 at 6 o'clock P.M.

21. **I HEREBY CERTIFY,** That I attended deceased from Sept 16 1944 to Sept 20 1944
I last saw her alive on Sept 20 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cerebral Hemorrhage — Duration 4 days
Due to Hypertension
Due to Arteriosclerosis
Other conditions ____
(Include pregnancy within 3 months of death)

Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's OWN Signature T. E. O'Barrett M.D. (M. D. or other)
and Address Gooding Date 9/21 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

OCT 11 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 140566
Local Reg. No.
Reg. Dist. No. 421

1. PLACE OF DEATH:
(a) County Gooding
(b) City or town Wendell
(c) Street Address or R. F. D. No. none
(d) Death Occurred Inside? * Outside? city or town
(e) Died in a Home Hospital* Institution Other place
(f) Name Hosp. or Inst. St. Valentines Stayed 2 days
(g) Lived in this county 0 years 0 months 2 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Twin Falls
(c) City or town Buhl
(d) Street Address or R. F. D. No. Clinton Hotel
(e) Deceased lived Inside? * Outside? city or town
(f) Citizen of what country? U. S.
(g) How long had deceased lived in Idaho? 38 years
(h) Former residence (city, state) same

3. (a) FULL NAME Orin Shippee 120a

3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife none
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) July 3, 1876

8. AGE	Years	Months	Days	If less than 1 day
	68	2	19	hrs min.

9. Exact Occupation Retired Plumber Did this work for 40 yrs.
10. Industry or Business none Date last worked
11. Birthplace Mc Connell, Ill. (City or town) (State or foreign country)
Father
12. Name William Shippee
13. Birthplace Clearfield, Penn. (City or town) (State or foreign country)
Mother
14. Maiden name Mary Bechtold
15. Birthplace Ohio (City or town) (State or foreign country)
16. Informant's OWN Signature X Alice Nihart
and Address Homedale Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 9/22/44 (Month) (Day) (Year)
(c) Place: Buhl, Idaho
18. Funeral Director's OWN Signature B. T. Albertson
and Address Buhl, Idaho
19. (a) 9/26/44 Sister M. Rose, ASB (Date received and filed) (Registrar's signature)
(Lois Bungum)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) September 22, 1944
at 9:15 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from Sept 21 1944 to Sept 22 1944
I last saw him alive on Sept 22 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Heart failure	2 days
Due to Dehydration	4 days
Due to (Enteritis)	6 days
Other conditions Senility (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature Calvin W. Winston MD (M. D. or other)
and Address Buhl, Ida Date 9/25 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

OCT 11 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140567
Local Reg. No.
Reg. Dist. No. 421

1. **PLACE OF DEATH:**
(a) County Gooding
(b) City or town Wendell
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? ✓ Outside? city or town
(e) Died in a Home Hospital ✓ Institution Other place
(f) Name Hosp. or Inst. St Valentine Stayed 14 days
(g) Lived in this county 1 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Ada
(c) City or town Boise
(d) Street Address or R.F.D. No. 600 State St
(e) Deceased lived Inside? ✓ Outside? city or town
(f) Citizen of what country? U.S.
(g) How long had deceased lived in Idaho? 30 years
(h) Former residence (city, state) Iowa

3. (a) **FULL NAME** Mary J. Lowry

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife John B
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) 8-28-1858

8. AGE	Years	Months	Days	If less than 1 day
	86	0	25	hrs min.

9. Exact Occupation Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Clorindia (City or town) Iowa (State or foreign country)
Father
12. Name Geo Lincicun
13. Birthplace Wabash (City or town) Indiana (State or foreign country)
Mother
14. Maiden name Clara Williams
15. Birthplace Wabash (City or town) Indiana (State or foreign country)
16. Informant's **OWN** Signature ✓ Mabel A Hall
and Address Jerome Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 9-27-44 (Month) (Day) (Year)
(c) Place: Boise Idaho
18. Funeral Director's **OWN** Signature D. A. L. Harrisson
and Address Jerome Idaho
19. (a) 9/26/44 (Date received and filed) Sister M. Rose, OSB (Registrar's signature)
(Lois Bungum)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 9-23 1944
at 9:00 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from Sept 6 1944 to Sept 23 1944
I last saw her alive on Sept 23 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebral hemorrhage	2 wks.
✓ Due to Hypertension arteriosclerosis	years.
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation no Date	
Major finding	
Finding of autopsy no	

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature Reuben C. Matson M.D. (M. D. or other)
and Address Jerome Ida Date 9/26 1944
(For additional space, use reverse side)

140568

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No. 421

OCT 11 1944

1. **PLACE OF DEATH:**
(a) County Gooding
(b) City or town Hagerman
(c) Street Address or R. F. D. No. none
(d) Death Occurred Inside? Outside? * city or town
(e) Died in a Home * Hospital Institution Other place
(f) Name Hosp. or Inst. none Stayed days
(g) Lived in this county 35 years ? months ? days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Gooding
(c) City or town Hagerman
(d) Street Address or R. F. D. No. none
(e) Deceased lived Inside? Outside? * city or town
(f) Citizen of what country? U. S.
(g) How long had deceased lived in Idaho? 35 years
(h) Former residence (city, state) same

3. (a) **FULL NAME** Mrs Merta Mary Mariner 102

3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Frank
6. (c) Age of husband or wife if alive 90 years
7. Date of Birth (Month, Day, Year) May 25, 1867

8. AGE	Years	Months	Days	If less than 1 day
	77	4	1	hrs min.

9. Exact Occupation Housewife Did this work for 50 yrs.
10. Industry or Business Housekeeping Date last worked 9/1/44
11. Birthplace Keosauqua, Iowa (City or town) (State or foreign country)
Father
12. Name William H. Peterson
13. Birthplace Unknown (City or town) (State or foreign country)
Mother
14. Maiden name Mileta Mangum
15. Birthplace Ind. (City or town) (State or foreign country)
16. Informant's OWN Signature Lawrence T. Mariner
and Address Los Angeles, Calif.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/30/44 (Month) (Day) (Year)
(c) Place Hagerman, Idaho
18. Funeral Director's OWN Signature B. T. Albertson
and Address Buhl, Idaho
19. (a) 9/30/44 Sister M. Rose, OSB (Date received and filed) (Registrar's signature)
(Lois Bungum)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Sept. 26, 1944
at 10:45 o'clock A. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 1-2-44 19__, to 9-24-44 19__
I last saw h__ alive on 19__; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Acute Left Ventricular Failure	12 days
Due to Hypertension	10 yrs
Due to Old age	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19__ City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature Harold F. Holsinger, MD (M. D. or other)
and Address Wendell, Ida. Date 9-28 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

DISINTERMENT PERMIT

IDAHO STATE BOARD OF HEALTH

BOISE, IDAHO

APPLICATION HAVING BEEN MADE for the disinterment of the body of Merta Mary Mariner

now lying buried in Hagerman Cemetery, in the City or Town of Hagerman

County of Gooding State of Idaho, who died on the 26 day of Sept., 1944, Aged 77 years 4 months

1 days, the cause of death being Hypertension and not directly or indirectly by diphtheria;(membranous croup);scarlet fever;smallpox;leprosy;asiatic cholera;typhus fever or yellow fever as shown by the certificate of death of said deceased, given by

H. Holsinger attending physician

THIS IS TO CERTIFY that permission is hereby given for such disinterment and removal by private private or railway conveyance

to Mountain View Mem. Park Crematory Cemetery in the City or Town of Boise County of Ada

State of Idaho to take effect upon the approval by the local board of health of the City, Town, or County of

Gooding it being understood and provided that nothing herein shall be deemed as contravening or in anywise modifying or releasing the Regulations of the State Board of Health governing the Transportation of corpses or the requirements for a Transportation permit, and all Transportation Companies and Common Carriers will be governed accordingly; and provided further, that where the disinterment is for the purpose of reinterment in another part of the same cemetery, or in a contiguous cemetery, the removal shall not be made by any public conveyance. The disinterment and removal must be done under the personal supervision of a licensed Embalmer in good standing. If the remains are to be removed from the cemetery they (including the disinterred casket), must be enclosed in a new metallic lined outer case before removal.

Given under my hand and Seal of the State Board of Health at Boise, Idaho,

this 18th day of July, A.D. 19 60.

Permit issued to:
B. T. Albertson
Albertson Funeral Home
Buhl, Idaho

Director, Division of Vital Statistics

The foregoing application for disinterment and removal is hereby approved by the local Board of Health of the City,

Town or County of State of Idaho, this day of , 19 .

Health Officer

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

OCT 11 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140569
Local Reg. No.
Reg. Dist. No. 421

1. **PLACE OF DEATH:**
(a) County Gooding
(b) City or town Wendell
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? ✓ Outside? city or town
(e) Died in a Home Hospital ✓ Institution Other place
(f) Name Hosp. or Inst. St Valentines Stayed 30 days
(g) Lived in this county years months 30 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County
(c) City or town Ketchum
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? ✓ Outside? city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? unknown years
(h) Former residence (city, state)

3. (a) **FULL NAME** Henry Atkinson

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) 1862

8. AGE	Years	Months	Days	If less than 1 day
	82			hrs min.

9. Exact Occupation Retired Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Scotter (City or town) England (State or foreign country)
Father
12. Name unknown
13. Birthplace unknown (City or town) (State or foreign country)
Mother
14. Maiden name unknown
15. Birthplace unknown (City or town) (State or foreign country)
16. Informant's **OWN** Signature Hospital Records
and Address Wendell Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-5-44 (Month) (Day) (Year)
(c) Place: Jerome Idaho
18. Funeral Director's **OWN** Signature D. A. S. Harrison MH
and Address Jerome Idaho
19. (a) 10/6/44 (Date received and filed) Sister M. Arse, Ass. (Registrar's signature)
(Lois Bungum)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Sept 30 1944
at 2:00 PM o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from Aug 31 1944 to Sept 30 1944
I last saw him alive on Sept 30 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebral Hemorrhage	6 dos
Suppurative parotitis	10 dos.
Due to arteriosclerosis	10 yrs.
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation no Date	
Major finding	
Finding of autopsy no	

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature Reuben C. Matson MD. (M. D. or other)
and Address Jerome Ida Date 10/6 1944
(For additional space, use reverse side)

140570

United States
Department of Commerce
Bureau of the Census

OCT 9 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 15
Reg. Dist. No. 240

1. **PLACE OF DEATH:**
(a) County Idaho
(b) City or town Grangeville
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? ✓ Outside? city or town
(e) Died in a Home Hospital ✓ Institution Other place
(f) Name Hosp. or Inst. Burroughs Stayed 29 days
(g) Lived in this county 48 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Idaho
(c) City or town Grangeville
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? ✓ Outside? city or town
(f) Citizen of what country? Canada
(g) How long had deceased lived in Idaho? 48 years
(h) Former residence (city, state) Seattle, Wash.

3. (a) **FULL NAME** Mary McConnell

3. (b) If veteran, name war No
3. (c) Social Security No. no
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Robert J.
6. (c) Age of husband or wife if alive dec. years
7. Date of Birth (Month, Day, Year) Dec. 28. 1870

8. AGE	Years	Months	Days	If less than 1 day
	73	8	3	hrs min.

9. Exact Occupation Housewife Did this work for 8-1-44 yrs.
10. Industry or Business Home Date last worked
11. Birthplace Listowell Ont. Can. (City or town) (State or foreign country)
Father
12. Name Unknown
13. Birthplace " (City or town) (State or foreign country)
Mother
14. Maiden name "
15. Birthplace " (City or town) (State or foreign country)
16. Informant's OWN Signature Earl McConnell and Address Grangeville Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 9-3-44 (Month) (Day) (Year)
(c) Place: Grangeville Idaho
18. Funeral Director's OWN Signature Jess Robertson and Address Grangeville Idaho
19. (a) 10/6/44 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Sept. 1, 1944
at 8:15 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from July 7 1944, to Sept 1 1944
I last saw her alive on Sept 1 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cerebral Thrombosis — Duration month
Due to Arteriosclerosis
Due to
Other conditions Hypertension
(Include pregnancy within 3 months of death)
Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? no Suicide? no Homicide? no
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature L A Wheelwright MD (M. D. or other)
and Address Grangeville Date Sept 2 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 140571
Local Reg. No. 15
Reg. Dist. No. 242

1. **PLACE OF DEATH:**
(a) County Idaho
(b) City or town Cottonwood
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? ✓ Outside? ____ city or town
(e) Died in a Home ✓ Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 42 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Idaho
(c) City or town Cottonwood
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? ____ Outside? ✓ city or town
(f) Citizen of what country? U.S.
(g) How long had deceased lived in Idaho? 42 years
(h) Former residence (city, state) Cottonwood

3. (a) **FULL NAME** Barney A. Tacke.

3. (b) If veteran, name war ____ 3. (c) Social Security No. ____

4. Sex M. 5. Color or race W. 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Olivia 6. (c) Age of husband or wife if alive 48 years

7. Date of Birth (Month, Day, Year) April 13 1895

8. AGE	Years	Months	Days	If less than 1 day
	49	4	29	hrs ____ min. ____

9. Exact Occupation Farmer — Did this work for Life yrs.
10. Industry or Business ____ Date last worked 9/12/44
11. Birthplace Muenster (City or town) Texas (State or foreign country)

Father
12. Name Barney Tacke.
13. Birthplace Germany (City or town) (State or foreign country)

Mother
14. Maiden name Gertrude Wall.
15. Birthplace Germany (City or town) (State or foreign country)

16. Informant's **OWN** Signature Frank Tacke
and Address Cottonwood Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/15/44 (Month) (Day) (Year)
(c) Place: Cottonwood Idaho
18. Funeral Director's **OWN** Signature Glenn Culp
and Address Grangeville Ida.
19. (a) 9-14-44 (Date received and filed) (b) W. J. Asa, M.D. (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Sept 12 1944
at 6 o'clock P M.

21. **I HEREBY CERTIFY,** That I attended deceased from Sept 12 1944 to Sept 12 1944
I last saw ____ alive on ____ 19____; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary occlusion — Duration ____
✓ Due to ____
Due to ____
Other conditions ____ (Include pregnancy within 3 months of death)
Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's **OWN** Signature L A Wheelwright (M. D. or other)
and Address Grangeville Date Sept 18 19 44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

2 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 140572
Local Reg. No. 544
Reg. Dist. No. 244

1. **PLACE OF DEATH:**
(a) County Idaho
(b) City or town Stites
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? ✓ city or town
(e) Died in a Home ✓ Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 87 years 5 months 10 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Idaho
(c) City or town Stites
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Outside? ✓ city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 87 years
(h) Former residence (city, state) —

3. (a) **FULL NAME** John Anderson 1626

3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex M.
5. Color or race ~~white~~ red
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Fannie
6. (c) Age of husband or wife if alive — years
7. Date of Birth (Month, Day, Year) April 14, 1857

8. AGE	Years	Months	Days	If less than 1 day
	87	5	10	hrs min.

9. Exact Occupation retired stock raiser Did this work for 50 yrs.
10. Industry or Business — Date last worked 3/2/44
11. Birthplace Idaho Co. (City or town) Idaho (State or foreign country)
Father
12. Name Aoutashin
13. Birthplace Idaho Co. (City or town) Idaho (State or foreign country)
Mother
14. Maiden name Tamoponmy
15. Birthplace Idaho Co. (City or town) Idaho (State or foreign country)
16. Informant's OWN Signature [signature]
and Address Tapewai, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 27 1944 (Month) (Day) (Year)
(c) Place: Stites Indian Cemetery
18. Funeral Director's OWN Signature Claude Tenary
and Address Kooskia Idaho
19. (a) Sept 26-1944 (Date received and filed) (b) H W Wentworth (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Sept. 24 1944
at 2:00 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from July 16th 1944 to July 16 1944
I last saw him alive on July 16 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: I took him to St Josephs Hospital in Lewiston to rest up and care for general weakness — Duration
Due to No disease — No one to care for him —
Due to Under care of Dr M J McRae — Lewiston
Other conditions
(Include pregnancy within 3 months of death)
Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature H W Wentworth MD (M. D. or other)
and Address Stites Ida Date 9/26 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

140573

United States
Department of Commerce OCT. 5 1944
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 140573
Local Reg. No. 16
Reg. Dist. No. 242

1. **PLACE OF DEATH:**
(a) County Idaho
(b) City or town Cottonwood
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home ____ Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. O. L. of Consolation Stayed 3 days
(g) Lived in this county 1 years 3 months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Idaho Lewis
(c) City or town Winchester
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? 1 years
(h) Former residence (city, state)

3. (a) **FULL NAME** Carol Marie Nickel

3. (b) If veteran, name war ____ 3. (c) Social Security No. ____

4. Sex Female 5. Color or race ____ 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife ____ 6. (c) Age of husband or wife if alive ____ years

7. Date of Birth (Month, Day, Year) May 6, 1943

8. AGE	Years	Months	Days	If less than 1 day
	1	3	23	hrs ____ min. ____

9. Exact Occupation ____ Did this work for ____ yrs.
10. Industry or Business ____ Date last worked ____
11. Birthplace Orofino (City or town), Idaho (State or foreign country)

Father
12. Name Chas Nickel
13. Birthplace Kamiah (City or town), Idaho (State or foreign country)

Mother
14. Maiden name Betty Ward
15. Birthplace Whitebird (City or town), Idaho (State or foreign country)

16. Informant's **OWN** Signature Mrs Betty Nickel
and Address Winchester Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/1/44 (Month) (Day) (Year)
(c) Place: Kamiah Cem
18. Funeral Director's **OWN** Signature Gleason Cutler
and Address Grangeville Ida
19. (a) Sept 29 1944 (Date received and filed) (b) W. J. Orr (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) September 29 1944
at 6:45 o'clock P. M.

21. **I HEREBY CERTIFY,** That I attended deceased from Sept 26 1944 to Sept 29 1944
I last saw her alive on Sept 29 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Malnutrition	
Due to Pneumonia	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ____ Date ____
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury

23. Attendant's **OWN** Signature Wesley D. Orr M.D. (M. D. or other)
and Address Cottonwood, Ida Date Sept 29 19 44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

OCT 9 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140574
Local Reg. No. 12
Reg. Dist. No. 240

1. PLACE OF DEATH:
(a) County Idaho
(b) City or town Grangeville
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? Outside? ✓ city or town
(e) Died in a Home ✓ Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 14 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Idaho
(c) City or town Grangeville
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? Outside? ✓ city or town
(f) Citizen of what country? U.S.
(g) How long had deceased lived in Idaho? 14 years
(h) Former residence (city, state) Grangeville

3. (a) **FULL NAME** Virginia Belle Willingham

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) July 28 1924

8. AGE	Years	Months	Days	If less than 1 day
	20	2	2	hrs min.

9. Exact Occupation Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Springfield (City or town) Colorado (State or foreign country)
Father
12. Name John Willingham
13. Birthplace Arlington (City or town) Texas (State or foreign country)
Mother
14. Maiden name Mary E Cox
15. Birthplace Chillecothe (City or town) Mo. (State or foreign country)
16. Informant's **OWN** Signature Henry Harmon
and Address Grangeville, Ida.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/2/44 (Month) (Day) (Year)
(c) Place: Prairieview
18. Funeral Director's **OWN** Signature Glenn Auler
and Address Grangeville Ida.
19. (a) 9/30/44 (Date received and filed) (b) Glenn Auler (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 9/30 1944
at 1:48 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from Sept 29 1944, to Sept 30 1944
I last saw her alive on Sept 29 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Status epileptics	
Due to Epilepsy	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
~~[illegible]~~ Imbecility	
Where was disease contracted? probably hereditary	
Name of operation Date	
Major finding	
Finding of autopsy	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature L A Wheelwright (M. D. or other)
and Address Grangeville Date Sept 30 1944
(For additional space, use reverse side)

140575

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 192
Local Reg. No. 440
Reg. Dist. No.

DEC 5 1944

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
   (a) County Jerome
   (b) City or town Jerome
   (c) Street Address or R. F. D. No.
   (d) Death Occured Inside? ✓ ~~Outside~~? city or town
   (e) Died in a Home ✓ Hospital Institution Other place
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county years 1 months days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Jerome
   (c) City or town Jerome
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? ✓ Outside? city or town
   (f) Citizen of what country? U. S. A.
   (g) How long had deceased lived in Idaho? 1 mo. years
   (h) Former residence (city, state)

3. (a) **FULL NAME** KATHREN ALDRIAN CIANCIO

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Aug 1 1944

8. AGE	Years	Months	Days	If less than 1 day
		1	0	hrs min.

9. Exact Occupation — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace Jerome (City or town) Idaho (State or foreign country)

Father
12. Name Harold G Ciancio
13. Birthplace Denver (City or town) Colo. (State or foreign country)

Mother
14. Maiden name Evelyn Lucile Tillman
15. Birthplace Jerome (City or town) Idaho (State or foreign country)

16. Informant's **OWN** Signature Harold G Ciancio
and Address Jerome Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 2-44 (Month) (Day) (Year)
(c) Place: Jerome

18. Funeral Director's **OWN** Signature D. H. Patterson
and Address Jerome Idaho

19. (a) 9-6-44 (Date received and filed) (b) E. W. Dunham (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Sept 1 19 44
at 8:00 o'clock A. M.

21. **I HEREBY CERTIFY**, That I attended deceased from 19, to Sept 1 1944
I last saw h.cr alive on no 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Found dead in bed	
Thrombosis of umbilical Vein	36hrs.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature Reuben C. Matson M.D. (M. D. or other)
and Address Jerome Ida Date 19
(For additional space, use reverse side)

140576

United States
Department of Commerce
Bureau of the Census

OCT. 5 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 193
Reg. Dist. No. 710

1. **PLACE OF DEATH:**
(a) County Jerome
(b) City or town Jerome
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? X city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 35 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Jerome
(c) City or town Jerome
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Outside? X city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 35 years
(h) Former residence (city, state)

3. (a) **FULL NAME** KEEL, JAMES STANLEY 94a

3. (b) If veteran, name war np
3. (c) Social Security No. 519-09-7882
4. Sex male
5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Gladys
6. (c) Age of husband or wife if alive 48 years
7. Date of Birth (Month, Day, Year) Sept., 1st, 1876

8. AGE	Years	Months	Days	If less than 1 day
	68	0	6	hrs min.

9. Exact Occupation Farmer — Did this work for 20 yrs.
10. Industry or Business — Date last worked June 1944
11. Birthplace Taylors, (City or town) Miss (State or foreign country)

Father
12. Name John Samuel Keel
13. Birthplace Miss (City or town) (State or foreign country)

Mother
14. Maiden name Elizabeth Jane Brooks
15. Birthplace Miss. (City or town) (State or foreign country)

16. Informant's **OWN** Signature Wesley J. Keel
and Address Jerome, Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 9-11-44 (Month) (Day) (Year)
(c) Place: Twin Falls, Idaho
18. Funeral Director's **OWN** Signature White Mortuary Ella M. White E-249
and Address Twin Falls, Idaho
19. (a) 9-10-44 (Date received and filed) (b) H. H. Sinclair (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Sept., 7th, 1944
at 4:30 o'clock P M.
21. I **HEREBY CERTIFY**, That I attended deceased from Febr 7 1944 to Sept., 7, 1944
I last saw him alive on Sept 6 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Coronary Thrombosis	18 hrs.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature Reuben C. Matson MD (M. D. or other)
and Address Jerome Ida Date 19
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Original

United States
Department of Commerce
Bureau of the Census

OCT 5 1944

NON-RESIDENT
Certificate Of Death

STATE OF IDAHO

State File No. 140577
Local Reg. No. 194
Reg. Dist. No. 4-10

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
   (a) County Jerome
   (b) City or town Hunt
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? X Outside? city or town
   (e) Died in a Home Hospital Institution Other place
   (f) Name Hosp. or Inst. Minidoka Project Hospital Stayed 4 days
   (g) Lived in this county 2 years months days

   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Washington (b) County Pierce
   (c) City or town Puyallup
   (d) ~~Street Address or~~ R.F.D. No. 1 Box 791
   (e) Deceased lived Inside? Outside? X city or town
   (f) Citizen of what country? Japan
   (g) How long had deceased lived in Idaho? 2 years
   (h) Former residence (city, state) Puyallup, Wash.

3. (a) **FULL NAME** Saki Nishikawa

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female race Japanese
5. Color or
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or ~~wife~~ Kumataro Nishikawa
6. (c) Age of husband ~~or wife~~ if alive 71 years
7. Date of Birth (Month, Day, Year) November 24, 1877

8. AGE	Years	Months	Days	If less than 1 day
	66	9	23	hrs min.

9. Exact Occupation Housewife — Did this work for yrs.
10. Industry or Business Own home. — Date last worked
11. Birthplace Hiroshima, Japan (City or town) (State or foreign country)

Father
12. Name Tokuhachi Kawasaki
13. Birthplace Hiroshima, Japan (City or town) (State or foreign country)

Mother
14. Maiden name Unobtainable
15. Birthplace (City or town) (State or foreign country)

16. Informant's **OWN** Signature S. O. Nishikawa
and Address 24-1-H Hunt, Idaho

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place:

18. Funeral Director's **OWN** Signature D. A. Sorenson MH
and Address Jerome Idaho

19. (a) 9-23-44 (Date received and filed) (b) E. W. Sinclair (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) September 16, 1944 at 8:45 o'clock P. M.

21. **I HEREBY CERTIFY**, That I attended deceased from Sept. 7, 1944, to Sept. 16 1944
I last saw her alive on Sept. 16, 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Myocarditis	
Due to hemorrhage (gastro-intestinal cause undetermined.)	
~~Due to~~ probable carcinoma.	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYISCIAN Underline the cause to which death should be charged statistically.
Name of operation Date	
Major finding	
Finding of autopsy permission refused for autopsy.	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature Adrian J. de Haan (M. D. or other)
and Address Hunt, Idaho Date 9/20 19 44
(For additional space, use reverse side)

Greenwood

United States
Department of Commerce SEP 14 1944
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 140578
Local Reg. No. 229
Reg. Dist. No. 120

1. **PLACE OF DEATH:**
(a) County Kootenai
(b) City or town Coeur D' Alene
(c) Street Address or R. F. D. No. 2
(d) Death Occurred Inside? ____ Outside? Out city or town
(e) Died in a Home __ Hospital __ Institution __ Other place __
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 4 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Kootenai
(c) City or town ____
(d) Street Address or R. F. D. No. 2
(e) Deceased lived Inside? Out Outside? ____ city or town
(f) Citizen of what country? U. S.
(g) How long had deceased lived in Idaho? 4 years
(h) Former residence (city, state) ____

3. (a) FULL NAME Wilburn Charles Whiteley

175a

3. (b) If veteran, name war --
3. (c) Social Security No. None
4. Sex M
5. Color or race W.
6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife --
6. (c) Age of husband or wife if alive -- years
7. Date of Birth (Month, Day, Year) June 6, 1866

8. AGE	Years	Months	Days	If less than 1 day
	78	1	27	hrs min.

9. Exact Occupation Farmer — Did this work for 30 yrs.
10. Industry or Business ____ Date last worked 8/3/44
11. Birthplace Huston (City or town) Texas (State or foreign country)
Father
12. Name Joseph Whiteley
13. Birthplace ____ (City or town) Texas (State or foreign country)
Mother
14. Maiden name Not Known
15. Birthplace Not Known (City or town) (State or foreign country)
16. Informant's OWN Signature C W Whiteley
and Address Coeur d'Alene Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 8/5/44 (Month) (Day) (Year)
(c) Place: Spokane, Wash.
18. Funeral Director's OWN Signature Mooney Chapel
and Address Coeur d'Alene Ida
19. (a) 8/4/44 (Date received and filed) (b) Frances N. Ichel (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) August 3, 1944 19__
at 9:30 o'clock A. M.
21. **I HEREBY CERTIFY,** That I attended deceased from April 1940, to Aug 3 1944
I last saw him alive on July 12 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Chronic myocarditis	10 yrs
Concussion from fall	8-3-44
Due to (fell from load of hay)	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation ____ Date ____	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? X Suicide? ____ Homicide? ____
Occurred August 3, 1944 19__ City, county, state where violence occurred Kootenai County
Place of Violence: Home ____ Farm x Industry ____
Public Place ____ While at work? x
Means of injury Fell from load of hay
23. Attendant's OWN Signature Lourillon H. Greenwood M.D. (M. D. or other)
and Address Coeur d'Alene, Idaho Date 8-3 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

OCT 13 1944

NON-RESIDENT CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 140579
Local Reg. No. 240
Reg. Dist. No. 121

1. **PLACE OF DEATH:**
(a) County Kootanei
(b) City or town Athol
(c) Street Address or R. F. D. No. N.P. Railroad
(d) Death Occurred Inside? ____ Outside? xxxx city or town
(e) Died in a Home no Hospital no Institution no Other place yes
(f) Name Hosp. or Inst. none Stayed no days
(g) Lived in this county 0 years 2 months 0 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State New York (b) County unknown
(c) City or town Rochester
(d) Street Address or R. F. D. No. 65 S. Union St.
(e) Deceased lived Inside? xx Outside? ____ city or town
(f) Citizen of what country? life
(g) How long had deceased lived in Idaho? 2 mo. years
(h) Former residence (city, state) unknown

3. (a) **FULL NAME** FRITZ, Harold Charles Arthur

3. (b) If veteran, name war World War 2
3. (c) Social Security No. unknown
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced divorced
6. (b) Name of husband or wife unknown
6. (c) Age of husband or wife if alive unknown years
7. Date of Birth (Month, Day, Year) 12-4-97

8. AGE	Years	Months	Days	If less than 1 day
	46	8	2	hrs ____ min.

9. Exact Occupation U.S. Navy Did this work for 1 yrs.
10. Industry or Business U.S. Navy Date last worked 8-6-44
11. Birthplace Rochester, New York (City or town) (State or foreign country)

Father
12. Name unknown
13. Birthplace unknown (City or town) (State or foreign country)

Mother
14. Maiden name unknown
15. Birthplace unknown (City or town) (State or foreign country)

16. Informant's OWN Signature J. T. Eads
and Address U.S.N.T.C., Farragut Idaho
17. (a) removal (Burial, cremation, or removal) (b) Date thereof 8-11-44 (Month) (Day) (Year)
(c) Place: Rochester, New York
18. Funeral Director's OWN Signature MOON MORTUARY
and Address SANDPOINT, IDAHO
19. (a) 9-10-1944 (Date received and filed) (b) _____ (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 8-6 19 44
at 0910 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from xxxxxxxxxxx 19 xx, to xxxxxxxxxxx 19 xx
I last saw not alive on seen alive 19____; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Thrombosis, Coronary Artery	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's OWN Signature E. A. McClain (M. D. or other)
and Address USNTC Farragut Date 8-9 1944

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

SEP 13 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 140580
Local Reg. No. 241
Reg. Dist. No. 120

1. **PLACE OF DEATH:**
(a) County KOOTENAI
(b) City or town COEURD'ALENE
(c) Street Address or R. F. D. No. 702-3d
(d) Death Occurred Inside? X Outside? ___ city or town
(e) Died in a Home ___ Hospital X Institution ___ Other place ___
(f) Name Hosp. or Inst. HOME HOSP. Stayed 150 days
(g) Lived in this county 25 years ___ months ___ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State IDAHO (b) County KOOTENAI
(c) City or town COEURD'ALENE
(d) Street Address or R. F. D. No. 924 C.D.A.AVE.
(e) Deceased lived Inside? X Outside? ___ city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 25 years
(h) Former residence (city, state) ASHLAND-WIS.

3. (a) **FULL NAME** JOHN GRANT 93d

3. (b) If veteran, name war NO
3. (c) Social Security No. NONE
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife LENA
6. (c) Age of husband or wife if alive 68 years
7. Date of Birth (Month, Day, Year) MARCH 17th 1865

8. AGE	Years	Months	Days	If less than 1 day
	79	5	15	hrs ___ min.

9. Exact Occupation SAWYER Did this work for 46 yrs.
10. Industry or Business ___ Date last worked 1933
11. Birthplace VATERS VILLAGE (City or town) CANADA (State or foreign country)

Father
12. Name JAMES GRANT
13. Birthplace DO NOT KNOW (City or town) CANADA (State or foreign country)

Mother
14. Maiden name MARCELINE DO NOT KNOW
15. Birthplace DO NOT KNOW (City or town) (State or foreign country)

16. Informant's OWN Signature Lena Grant
and Address 924 COEURD'ALENE AVE. C.D.A.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 9/4/1944 (Month) (Day) (Year)
(c) Place: ST. THOMAS CEMETERY C.D.A.
18. Funeral Director's OWN Signature A. B. Nelson
and Address 109-111 LAKE SIDE, COEURD'ALENE
19. (a) 9/5/44 (Date received and filed) (b) Frances M. Abel (Registrar's Signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 9/2 1944
at 3:00 o'clock A. M.

21. **I HEREBY CERTIFY,** That I attended deceased from 1942 to 9/2 1944
I last saw h alive on 9/1 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death	Duration
Chr. Myocarditis	4-5 yrs.
Due to	
Due to	
Other conditions Senility (Include pregnancy within 3 months of death)	

Where was disease contracted? Home
Name of operation None Date ___
Major finding ___
Finding of autopsy None

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ___ Suicide? ___ Homicide? ___
Occurred ___ 19___ City, county, state where violence occurred ___
Place of Violence: Home ___ Farm ___ Industry ___
Public Place ___ While at work? ___
Means of injury ___

23. Attendant's OWN Signature F. F. Henning M.D. (M.D. or other)
and Address Coeur d'Alene Date 9/2 1944

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 140581
Local Reg. No. 247
Reg. Dist. No. 121

1. **PLACE OF DEATH:**
   (a) County Kootenai
   (b) City or town Coeur d'Alene
   (c) Street Address or R. F. D. No. 724 Mill St.
   (d) Death Occurred Inside? X Outside? ____ city or town
   (e) Died in a Home X Hospital ____ Institution ____ Other place ____
   (f) Name Hosp. or Inst. ____ Stayed ____ days
   (g) Lived in this county 48 years ____ months ____ days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Kootenai
   (c) City or town Rathdrum
   (d) Street Address or R. F. D. No. ____
   (e) Deceased lived Inside? X Outside? ____ city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 51 years
   (h) Former residence (city, state) Devils Lake, N. Dakota

3. (a) **FULL NAME** Mary M. Morris (Mrs Herb)

3. (b) If veteran, name war ____ 3. (c) Social Security No. none
4. Sex F. 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Dennis E. 6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) April 14, 1854

8. AGE	Years	Months	Days	If less than 1 day
	90	4	20	hrs ____ min.

9. Exact Occupation Housewife Did this work for 50 yrs.
10. Industry or Business ____ Date last worked 1938
11. Birthplace Hudson (City or town) Michigan (State or foreign country)

Father
12. Name Herman Feddema
13. Birthplace Do not know (City or town) Holland (State or foreign country)

Mother
14. Maiden name Do not know
15. Birthplace Do not know (City or town) (State or foreign country)

16. Informant's **OWN** Signature Leslie H. Morris
and Address 908 Front Ave. Coeur d'Alene
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/6/44 (Month) (Day) (Year)
(c) Place: Pine Grove, Rathdrum, Idaho
18. Funeral Director's **OWN** Signature A. B. Nelson & Co.
and Address Rathdrum Idaho
19. (a) 9/6/44 (Date received and filed) (b) Frances M. Eckel (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 9/4 1944
at 10:05 o'clock A. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 1933 to 9/4 1944
I last saw h[illegible] alive on July 5 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Senility — Duration 90 yrs.
Due to ____
Due to ____
Other conditions ____
(Include pregnancy within 3 months of death)
Where was disease contracted? Home
Name of operation None Date ____
Major finding ____
Finding of autopsy None

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's **OWN** Signature F. F. Norris M.D.
and Address Coeur d'Alene (M. D. or other) Date 9/5 1944

(For additional space, use reverse side)

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 140532
Local Reg. No. 246
Reg. Dist. No. 121

1. PLACE OF DEATH:
(a) County Kootenai
(b) City or town ~~Granite~~ Highway 95
(c) Street Address or R. F. D. No. R. F. D. 1
(d) Death Occurred Inside? ____ Outside? Out city or town
(e) Died in a Home __ Hospital __ Institution __ Other place __
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county ~~1~~ years 0 months 1 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Bonner
(c) City or town Granite
(d) Street Address or R. F. D. No. R. F. D.
(e) Deceased lived Inside? ____ Outside? Out city or town
(f) Citizen of what country? U. S.
(g) How long had deceased lived in Idaho? 12 years
(h) Former residence (city, state) ____

3. (a) FULL NAME Richard Lenz

950

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife --
6. (c) Age of husband or wife if alive -- years
7. Date of Birth (Month, Day, Year) August 24 1931

8. AGE	Years	Months	Days	If less than 1 day
	13	0	15	hrs min.

9. Exact Occupation at Home Did this work for ____ yrs.
10. Industry or Business ____ Date last worked ____
11. Birthplace Glascow (City or town) Montana (State or foreign country)
Father
12. Name Carl Lenz
13. Birthplace (City or town) Mont. (State or foreign country)
Mother
14. Maiden name Violet Cowin
15. Birthplace Leeds (City or town) N. Dak. (State or foreign country)
16. Informant's OWN Signature Dorothy E. Hatcher
and Address Granite, Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 9/13/44 (Month) (Day) (Year)
(c) Place: Glascow, Mont.
18. Funeral Director's OWN Signature R B Mooney Mooney Chapel
and Address Coeur D'Alene, Idaho
19. (a) 9-11-44 (Date received and filed) (b) Frances M. Kebel (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Sept 9 1944
at 5:30 o'clock P M.
21. I HEREBY CERTIFY, That I attended deceased from Sept. 9 1944, to Sept 9 1944
I last saw him ~~alive~~ on Sept 9 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Acute dilitation of heart	9-9-44
Possibly brought on by	
Due to stimulation of inhaling	
gasolene fumes	9-9-44
Due to found dead	9-9-44
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? ____
Name of operation none Date ____
Major finding ____
Finding of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature Hamilton H. Greenwood M.D. Coroner (M. D. or other)
and Address Coeur d'Alene, Ida Date 9-11 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

OCT 13 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 140583
Local Reg. No. 248
Reg. Dist. No. 121

1. **PLACE OF DEATH:**
(a) County Kootenai
(b) City or town Coeur d'Alene
(c) Street Address or R. F. D. No. 702 Third St.
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home ____ Hospital X Institution ____ Other place ____
(f) Name Hosp. or Inst. Home Hospital Stayed 1 days
(g) Lived in this county 20 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Kootenai
(c) City or town Post Falls
(d) Street Address or R. F. D. No. --
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 20 years
(h) Former residence (city, state) Spirit Lake, Ida.

3. (a) FULL NAME Charles O'Connor

93 d

3. (b) If veteran, name war no
3. (c) Social Security No. --
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Amy McKinnon
6. (c) Age of husband or wife if alive 61 years
7. Date of Birth (Month, Day, Year) November 8, 1873

8. AGE	Years	Months	Days	If less than 1 day
	70	10	5	hrs min.

9. Exact Occupation Lumber Grader Did this work for 15 yrs.
10. Industry or Business (Retired) Date last worked 1934
11. Birthplace Hull Yorkshire England (City or town) (State or foreign country)
Father
12. Name John o'Connor
13. Birthplace ----- England (City or town) (State or foreign country)
Mother
14. Maiden name Jane Kirtlen
15. Birthplace Do not know (City or town) (State or foreign country)
16. Informant's OWN Signature Mrs R. I. Long
and Address 305 N. 4th St. Boise Ida
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/16/44 (Month) (Day) (Year)
(c) Place St. Thomas Cem. Coeur d'Alene
18. Funeral Director's OWN Signature A. B. Nelson
and Address 109;11 Lakeside. Coeur d'Alene
19. (a) 9-16-44 (Date received and filed) (b) Frances A. Pickel (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Sept. 13 1944
at 8:35 o'clock A. M.
21. I HEREBY CERTIFY, That I attended deceased from 9/1 1944 to 9/13 1944
I last saw him alive on 9/12 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Heart Failure (Hypertensive heart disease) Duration
Due to aggravated by Fecal Impaction
Due to
Other conditions
(Include pregnancy within 3 months of death)
Where was disease contracted? None
Name of operation None Date
Major finding
Finding of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature R. F. Haining M.D. (M.D. or other)
and Address Coeur d'Alene Date 9/15 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Dr. Greenwood

140534

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

OCT 13 1944

State File No. 140534
Local Reg. No. 234
Reg. Dist. No. 180

1. **PLACE OF DEATH:**
   (a) County Kootenai
   (b) City or town Millpond Rutledge
   (c) Street Address or R. F. D. No. Timber Co.
   (d) Death Occurred Inside? ____ Outside? out city or town
   (e) Died in a Home ____ Hospital ____ Institution ____ Other place ____
   (f) Name Hosp. or Inst. ____ Stayed ____ days
   (g) Lived in this county 37 years ____ months ____ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Kootenai
   (c) City or town Coeur D' Alene
   (d) Street Address or R. F. D. No. 111 So. 7th
   (e) Deceased lived Inside? in Outside? ____ city or town
   (f) Citizen of what country? U. S.
   (g) How long had deceased lived in Idaho? 37 yrs years
   (h) Former residence (city, state) ____

3. (a) FULL NAME: Louis Brotherton

3. (b) If veteran, name war No

3. (c) Social Security No. 518-03-4156

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife May

6. (c) Age of husband or wife if alive 59 years

7. Date of Birth (Month, Day, Year) Jan. 26, 1879

8. AGE	Years	Months	Days	If less than 1 day
	65	7	27	hrs ____ min. ____

9. Exact Occupation Supt. Did this work for 25 yrs.

10. Industry or Business St. Joe Boom Co. Date last worked 9/13/44

11. Birthplace Canada (City or town) (State or foreign country)

Father
12. Name Adam Brotherton
13. Birthplace Scotland (City or town) (State or foreign country)

Mother
14. Maiden name Mary Ann Murray
15. Birthplace Ireland (City or town) (State or foreign country)

16. Informant's OWN Signature L. Brotherton
and Address Coeur D' Alene, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/16/44 (Month) (Day) (Year)
(c) Place: St. Thomas Cemetery

18. Funeral Director's OWN Signature Mooney's Mooney
and Address Coeur D' Alene Ida

19. (a) 9-14-44 (Date received and filed) (b) Edmund M. Cabel (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Sept. 13, 1944 19____
at 9:55 o'clock A. M.

21. **I HEREBY CERTIFY,** That I attended deceased from Sept. 13 1944, to Sept. 13 1944
I last saw h[illegible] alive on Sept 13 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Strangulation by drowning	9-13-44
Due to Blow on Head in falling	9-13-44
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? yes Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred Coeur d'Alene Lake
Place of Violence: Home ____ Farm ____ Industry yes
Public Place ____ While at work? ____
Means of injury Fell from log; bumped head drowned

23. Attendant's OWN Signature Frank H. Richmond (M. D. or other)
and Address Coeur d'Alene, Ida. Date 9-14 1944

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

John T. Wood

United States
Department of Commerce
Bureau of the Census

OCT 13 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 14055
Local Reg. No. 237
Reg. Dist. No. 120

1. **PLACE OF DEATH:**
(a) County Kootenai
(b) City or town Coeur D' Alene
(c) Street Address or R. F. D. No. --
(d) Death Occurred Inside? in Outside? ____ city or town
(e) Died in a Home__ Hospital__ Institution__ Other place__
(f) Name Hosp. or Inst. L. C. Gen Stayed 15 days
(g) Lived in this county 39 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Kootenai
(c) City or town Coeur D' Alene
(d) Street Address or R. F. D. No. 1047 Young Ave.
(e) Deceased lived Inside? in Outside? ____ city or town
(f) Citizen of what country? U. S.
(g) How long had deceased lived in Idaho? 39 years
(h) Former residence (city, state) ____

3. (a) FULL NAME ANDREW A. BRAUN

3. (b) If veteran, name war No
3. (c) Social Security No. 518-03-0945
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Hilda
6. (c) Age of husband or wife if alive 63 years
7. Date of Birth (Month, Day, Year) Jan. 8, 1872

8. AGE	Years	Months	Days	If less than 1 day
	72	8	5	hrs ____ min.

9. Exact Occupation Retired — Did this work for L937 yrs.
10. Industry or Business Lumberman — Date last worked ____
11. Birthplace ____ (City or town) Sweeden (State or foreign country)

Father
12. Name Anders Neilson
13. Birthplace ____ (City or town) Sweeden (State or foreign country)

Mother
14. Maiden name Anna Anderson
15. Birthplace ____ (City or town) Sweeden (State or foreign country)

16. Informant's OWN Signature Hilda M. Braun
and Address Coeur D' Alene, Idaho.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof ____ (Month) (Day) (Year)
(c) Place Forest Cemetery

18. Funeral Director's OWN Signature Mooney Chapel
and Address Coeur D' Alene, Idaho.

19. (a) 9-14-44 (Date received and filed) (b) Frances M. Ebel (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Sept. 13, 19 44
at 4:30 o'clock P.M.

21. **I HEREBY CERTIFY,** That I attended deceased from Aug. 15 1944, to Sept. 13 1944
I last saw him alive on Sept. 12 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Virus pneumonia	2 weeks
Due to Coronary obstruction	Aug 15 to Sept 13 44
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? At home
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state ____
where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's OWN Signature John T. Wood (M. D. or other)
and Address Coeur d'Alene, Ida. Date Sept 14 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Fox-Hustec

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

OCT 13 1944

State File No. 140566
Local Reg. No. 234
Reg. Dist. No. 120

1. **PLACE OF DEATH:**
(a) County Kootenai
(b) City or town Coeur d'Alene,
(c) Street Address or R. F. D. No. 412 Lakeside Ave.
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home Hospital X Institution Other place ____
(f) Name Hosp. or Inst. Lake City General Stayed 8 days
(g) Lived in this county 36 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Kootenai
(c) City or town Coeur d'Alene, I
(d) Street Address or R. F. D. No. 1415 N. 4th
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 37 years
(h) Former residence (city, state) Rose Lake, Idaho

3. (a) **FULL NAME** Addie R. Arneson 127a

3. (b) If veteran, name war ____ (c) Social Security No. none

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ole Arneson 6. (c) Age of husband or wife if alive 62 years

7. Date of Birth (Month, Day, Year) July 19, 1884

8. AGE	Years	Months	Days	If less than 1 day
	60	1	25	hrs ____ min.

9. Exact Occupation Housewife Did this work for 42 yrs.
10. Industry or Business ____ Date last worked 9/3/44
11. Birthplace ____ (City or town) Palouse City, Wash. (State or foreign country)

Father
12. Name Robert Robinson
13. Birthplace Do not know (City or town) Texas (State or foreign country)

Mother
14. Maiden name Mary Emmett
15. Birthplace Do not know (City or town) Kansas (State or foreign country)

16. Informant's OWN Signature ____
and Address 1415 - 4th

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/19/1944 (Month) (Day) (Year)
(c) Place: Forest Cemetery Coeur d'Alene

18. Funeral Director's OWN Signature A B Nelson
and Address 109-11 Lakeside, Coeur d'Alene

19. (a) 9-19-44 (Date received and filed) (b) Frances M. Abel (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 9/14 1944
at 2:35 o'clock P. M.

21. **I HEREBY CERTIFY,** That I attended deceased from 9/1 1944 to 9/14 1944
I last saw h[illegible] alive on 9/14 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Pulmonary Embolus	2 hrs
Due to Hypertension	5 yr
Due to Diabetes	5 yr
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? ____
Name of operation Cholecystectomy
Major finding Injected Gall Bladder
Finding of autopsy ____

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's OWN Signature [illegible] M.D.
(M. D. or other)
and Address Coda Date 9-19 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce OCT 13 1944
Bureau of the Census

NON-RESIDENT
CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 140557
Local Reg. No. 249
Reg. Dist. No. 121

1. **PLACE OF DEATH:**
(a) County Kootenai
(b) City or town USNTC Farragut, Idaho
(c) Street Address or R. F. D. No. Farragut, Idaho
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home ____ Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. NAVAL HOSPITAL FARRAGUT, IDAHO Stayed ____ days
(g) Lived in this county ____ years 1 months 14 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Kootenai
(c) City or town USNTC Farragut, Idaho
(d) Street Address or R. F. D. No. Farragut, I
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? U S
(g) How long had deceased lived in Idaho? 44 Days years
(h) Former residence (city, state) Corvallis, Oregon

3. (a) FULL NAME RICE, Darrell Frank, AS, V6, USNR 884-09-13

3. (b) If veteran, name war None
3. (c) Social Security No. Unkown
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife Not Married
6. (c) Age of husband or wife if alive Not Married years
7. Date of Birth (Month, Day, Year) January 20, 1926

8. AGE	Years	Months	Days	If less than 1 day hrs	min.
	18	10	3		

9. Exact Occupation Apprentice Seaman Did this work for 44 Days yrs.
10. Industry or Business US Navy Reserve Date last worked 9/12/44
11. Birthplace Corvallis, Oregon (City or town) (State or foreign country)

Father
12. Name Frank George Rice
13. Birthplace Not Known (City or town) (State or foreign country)

Mother
14. Maiden name Not Known
15. Birthplace Not Known (City or town) (State or foreign country)

16. Informant's OWN Signature R.V. ALLEN, Ch PHARM. USN
and Address Naval Hospital, Farragut, Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 9/19/44 (Month) (Day) (Year)
(c) Place: Corvallis, Oregon
18. Funeral Director's OWN Signature MOON MORTUARY
and Address SANDPOINT, IDAHO
19. (a) 9-19-1944 (Date received and filed) (b) _____ (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) September 15, 1944 at 6:50 o'clock P.M.
21. I HEREBY CERTIFY, That I attended deceased from September 12, 1944, to September 15, 1944
I last saw him alive on September 15 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
RHEUMATIC FEVER	
Due to Rheumatic Pancarditis	
Due to	
✓ Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? USNTC Farragut, Idaho
Name of operation None Date
Major finding
Finding of autopsy Same As Cause Of Death

Physician — Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury

23. Attendant's OWN Signature James A. Gill (M. D. or other)
and Address NAVAL HOSPITAL FARRAGUT, IDAHO Date 9-18-1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

NON-RESIDENT CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 140538
Local Reg. No. 2405
Reg. Dist. No. 121

1. **PLACE OF DEATH:**
(a) County Kootenai
(b) City or town USNTC Farragut, Idaho
(c) Street Address or R. F. D. No. Farragut, Idaho
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home ____ Hospital X Institution ____ Other place ____
(f) Name Hosp. or Inst. NAVAL HOSPITAL FARRAGUT, IDAHO Stayed ____ days
(g) Lived in this county 0 years 0 months 18 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Kootenai
(c) City or town USNTC Farragut, Idaho
(d) Street Address or R. F. D. No. Farragut, Idaho
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? United States
(g) How long had deceased lived in Idaho? 18 Days years
(h) Former residence (city, state) Yankton, So. Dakota

3. (a) **FULL NAME** LARSEN, Virgil Neil, AS V6 USNR 863-12-26

95C

3. (b) If veteran, name war None
3. (c) Social Security No. Not Known
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Eileen Bernice
6. (c) Age of husband or wife if alive Not Known years
7. Date of Birth (Month, Day, Year) September 16, 1919

8. AGE	Years	Months	Days	If less than 1 day
	23	11	30	hrs ____ min. ____

9. Exact Occupation Apprentice Seaman
Did this work for 18 Days hrs.
10. Industry or Business US Naval Reserve
Date last worked 9/15/44
11. Birthplace Irene, South Dakota
(City or town) (State or foreign country)

Father
12. Name Nels Larsen
13. Birthplace Not Known
(City or town) (State or foreign country)

Mother
14. Maiden name Not Known
15. Birthplace Not Known
(City or town) (State or foreign country)

16. Informant's OWN Signature R.V. ALLEN, Ch. PHARM. USN
and Address NAVAL HOSPITAL FARRAGUT, IDAHO
17. (a) Removal (b) Date thereof 9/19/44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: Yankton, South Dakota
18. Funeral Director's OWN Signature MOON MORTUARY
and Address SANDPOINT, IDAHO
19. (a) 9-19-1944 (b) _____
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) September 15 1944
at 5:45 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from September 15 1944, to September 15 1944
I last saw him alive on September 15, 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Dilation, Heart	
Due to Collapse, Left Lung	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ____ Date ____
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury

23. Attendant's OWN Signature James W. Linthicum (M. D. or other)
and Address NAVAL HOSPITAL FARRAGUT, IDAHO Date 9-19 1944
(For additional space, use reverse side)

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United States
Department of Commerce
Bureau of the Census

OCT 13 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 140589
Local Reg. No. 142
Reg. Dist. No. 120

1. **PLACE OF DEATH:**
(a) County Kootenai
(b) City or town Coeur d'Alene
(c) Street Address or R. F. D. No. 702 3rd St.
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home __ Hospital X Institution __ Other place __
(f) Name Hosp. or Inst. Home Hospital Stayed 56 days
(g) Lived in this county 8 years 4 months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Kootenai
(c) City or town Rockford Bay
(d) Street Address or R. F. D. No. --
(e) Deceased lived Inside? ____ Outside? X city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 8 years
(h) Former residence (city, state) Mitchell, Nebr.

3. (a) **FULL NAME** Ethel D. Jennings

61

3. (b) If veteran, name war --
3. (c) Social Security No. none
4. Sex F.
5. Color or race W.
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Walter E. Jennings, Sr.
6. (c) Age of husband or wife if alive 71 years
7. Date of Birth (Month, Day, Year) April 24, 1875

8. AGE	Years	Months	Days	If less than 1 day
	68	5	1	hrs min.

9. Exact Occupation Housewife — Did this work for 48 yrs.
10. Industry or Business ____ Date last worked 1942
11. Birthplace Ord (City or town) Nebraska (State or foreign country)
Father
12. Name Burney Weare
13. Birthplace Do not know (City or town) Michigan (State or foreign country)
Mother
14. Maiden name Sarah Coffin
15. Birthplace Do not know (City or town) (State or foreign country)
16. Informant's OWN Signature W. E. Jennings
and Address Rockford Bay Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/28/44 (Month) (Day) (Year)
(c) Place: Forest Cemetery Coeur d'Alene
18. Funeral Director's OWN Signature A. B. Nelson
and Address 109-11 Lakeside Coeur d'Alene
19. (a) 9-28-44 (Date received and filed) (b) Frances M. Tebel (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Sept. 25 1944
at 6:20 o'clock A.M.
21. **I HEREBY CERTIFY,** That I attended deceased from June 1944 to 9/25 1944
I last saw her alive on 9/22 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Heart failure — Duration
Due to Chr. Myocarditis & Hypertensive Heart Disease — 23 yrs
Due to
Other conditions Diabetes Mellitus ?
(Include pregnancy within 3 months of death)
Where was disease contracted? None
Name of operation None Date
Major finding
Finding of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature L. H. Horning MD (M. D. or other)
and Address Coeur d'Alene Date 9/28 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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United States
Department of Commerce
Bureau of the Census

OCT 13 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 140590
Local Reg. No. 237
Reg. Dist. No. 120

1. **PLACE OF DEATH:**
   (a) County Kootenai
   (b) City or town Coeur d'Alene
   (c) Street Address or R. F. D. No. 1704 9th St.
   (d) Death Occurred Inside? X Outside? ____ city or town
   (e) Died in a Home X Hospital ____ Institution ____ Other place ____
   (f) Name Hosp. or Inst. ____ Stayed ____ days
   (g) Lived in this county ____ years 2 months ____ days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Kootenai
   (c) City or town Coeur d'Alene
   (d) Street Address or R. F. D. No. 1704 9th St
   (e) Deceased lived Inside? X Outside? ____ city or town
   (f) Citizen of what country? USA
   (g) How long had deceased lived in Idaho? 2 mo years
   (h) Former residence (city, state) none

3. (a) **FULL NAME** Floyd Ray Bucher

157g

3. (b) If veteran, name war ////
3. (c) Social Security No. /////
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife /////
6. (c) Age of husband or wife if alive ///// years
7. Date of Birth (Month, Day, Year) July 24, 1944

8. AGE	Years	Months	Days	If less than 1 day
		2	3	hrs ____ min.

9. Exact Occupation none — Did this work for / yrs.
10. Industry or Business none — Date last worked /////
11. Birthplace Coeur d'Alene, Idaho (City or town) (State or foreign country)

Father
12. Name Dwight A. Bucher
13. Birthplace Coeur d'Alene, Idaho (City or town) (State or foreign country)

Mother
14. Maiden name Doris Mae Brincken
15. Birthplace Tekoa, Washington (City or town) (State or foreign country)

16. Informant's OWN Signature Doris Bucher
and Address Coeur d'Alene, Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 9-29-44 (Month) (Day) (Year)
(c) Place: Forest Cem. Cd'A, Idaho
18. Funeral Director's OWN Signature Don English
and Address Coeur d'Alene, Idaho
19. (a) 9-29-44 (Date received and filed) (b) Frances M. Tetlow (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 9-27-44 19____
at 1:30 o'clock A Midnt

21. **I HEREBY CERTIFY,** That I attended deceased from ____ 19____ to ____ 19____
I last saw him alive on July 29 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — Duration

malnutrition — 2 mo.
Due to Colostomy — 1½ mo.
Due to imperforate anus — 2 mo.
Other conditions Congenital malformations
(Include pregnancy within 3 months of death)

Where was disease contracted? —
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence? Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's OWN Signature Brandt Barclay
and Address Coeur d'Alene (M. D. or Coroner) Date 9-28 1944

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

140591

United States
Department of Commerce
Bureau of the Census

OCT 13 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 250
Reg. Dist. No. 121

1. **PLACE OF DEATH:**
   (a) County Kootenai
   (b) City or town Coeur d'Alene
   (c) Street Address or R. F. D. No. 3rd & Foster
   (d) Death Occurred Inside? X Outside? ____ city or town
   (e) Died in a Home ____ Hospital X Institution ____ Other place ____
   (f) Name Hosp. or Inst. Home Hosp Stayed 7 days
   (g) Lived in this county 11 years ____ months ____ days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under Item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Kootenai
   (c) City or town Coeur d'Alene Hayden
   (d) Street Address or R. F. D. No. Lake
   (e) Deceased lived Inside? ____ Outside? X city or town
   (f) Citizen of what country? USA
   (g) How long had deceased lived in Idaho? 11 years
   (h) Former residence (city, state) Page Idaho

3. (a) **FULL NAME** Francis Newton Yoho

3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Myrtle
6. (c) Age of husband or wife if alive 55 years
7. Date of Birth (Month, Day, Year) Dec. 24 1870

8. AGE	Years	Months	Days	If less than 1 day
	73	9	3	hrs ____ min.

9. Exact Occupation Farmer — Did this work for 11 yrs.
10. Industry or Business own Farm — Date last worked 1942
11. Birthplace Pittsburgh Penn (City or town) (State or foreign country)

Father
12. Name unknown
13. Birthplace " (City or town) (State or foreign country)

Mother
14. Maiden name Unknown
15. Birthplace " (City or town) (State or foreign country)

16. Informant's OWN Signature X Myrtle Yoho
and Address Hayden Lake, Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 9-28-44 (Month) (Day) (Year)
(c) Place: Forest Cem. Cd'A. Idaho
18. Funeral Director's OWN Signature Don English
and Address Coeur d'Alene, Idaho
19. (a) 9-29-44 (Date received and filed) (b) Frances A. Kebel (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 9-27-44 19____
at 1:00 o'clock A M.

21. **I HEREBY CERTIFY,** That I attended deceased from June 19 44 to 9/27 19 44
I last saw her alive on 9/26 19 44 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Carcinoma of prostate — Duration
Due to with generalized metastasis
Due to ____
Other conditions Diagnosed Cancer 5 years ago operated by Dr. Lendrum of Spokane
(Include pregnancy within 3 months of death)
Where was disease contracted? Home
Name of operation None Date ____
Major finding ____
Finding of autopsy None

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's OWN Signature F. F. Hamer M.D.
and Address Coeur d'Alene (M. D. or other) Date 9/27 1944

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

140592

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 244
Reg. Dist. No. 140

1. **PLACE OF DEATH:**
(a) County Kootenai
(b) City or town Coeur d'Alene
(c) Street Address or R. F. D. No. 703 Third St.
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home ____ Hospital X Institution ____ Other place ____
(f) Name Hosp. or Inst. Home Hospital Stayed 17 days
(g) Lived in this county 20 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Kootenai
(c) City or town Post Falls
(d) Street Address or R. F. D. No. Route 1
(e) Deceased lived Inside? ____ Outside? X city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 20 years
(h) Former residence (city, state) Spokane, Wash.

3. (a) **FULL NAME** Emil Kreutziger

3. (b) If veteran, name war --
3. (c) Social Security No. no
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Anna Kreutziger
6. (c) Age of husband or wife if alive 72 years
7. Date of Birth (Month, Day, Year) March 15 - 1862

8. AGE	Years	Months	Days	If less than 1 day
	82	6	12	hrs min.

9. Exact Occupation Farmer — Did this work for 50 yrs.
10. Industry or Business ____ Date last worked 1934
11. Birthplace Hainehen (City or town) Germany (State or foreign country)
Father
12. Name August Kreutziger
13. Birthplace -- (City or town) Germany (State or foreign country)
Mother
14. Maiden name Do not know
15. Birthplace ____ (City or town) ____ (State or foreign country)
16. Informant's OWN Signature Anna Kreutziger and Address Post Falls, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/30/44 (Month) (Day) (Year)
(c) Place: Post Falls Cemetery
18. Funeral Director's OWN Signature A. B. Nelson and Address Rathdrum Idaho.
19. (a) 9-28-44 (Date received and filed) (b) Frances M. Cebel (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 9/21 1944 at 3:15 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 9/11 1944 to 9/24 1944
I last saw him alive on 9/24 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Senility	
Due to Refused to eat for several days - gradually	
Due to become weaker	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted? None	PHYSICIAN
Name of operation None Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy None	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature F. H. Hanney M.D. (M. D. or other) and Address Coeur d'Alene Date 9/23 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

OCT. 13 1944

NON-RESIDENT
CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 140593
Local Reg. No. 243
Reg. Dist. No. 120

1. **PLACE OF DEATH:**
(a) County Kootenai
(b) City or town Coeur d'Alene
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? city or town
(e) Died in a Home Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed 18 days
(g) Lived in this county years months 18 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Washington (b) County Spokane
(c) City or town Spokane
(d) Street Address or R. F. D. No. W 120 Indiana Ave
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? Spokane
(g) How long had deceased lived in Idaho? years
(h) Former residence (city, state)

3. (a) FULL NAME Ella Kelly 566

3. (b) If veteran, name war no
3. (c) Social Security No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Malvern D. Kelly
6. (c) Age of husband or wife if alive 64 years
7. Date of Birth (Month, Day, Year) April 15 1885

8. AGE	Years	Months	Days	If less than 1 day
	59	5	16	hrs min.

9. Exact Occupation Housewife — Did this work for 40 yrs.
10. Industry or Business Own home — Date last worked Sept 11 1944
11. Birthplace Olivet, So. Dakota (City or town) (State or foreign country)

Father
12. Name Charles Branch
13. Birthplace Indiana (City or town) (State or foreign country)

Mother
14. Maiden name Luella Harmon
15. Birthplace Indiana (City or town) (State or foreign country)

16. Informant's OWN Signature Ella M. Kelly
and Address W 120 Indiana Ave., Spokane
17. (a) Burial Removal (Burial, cremation, or removal) (b) Date thereof Oct 3 1944 (Month) (Day) (Year)
(c) Place: Greenwood Cemetery, Spokane
18. Funeral Director's OWN Signature Don English
and Address Coeur d'Alene Idaho
19. (a) 10-3-44 (Date received and filed) (b) Brauneck, Ethel (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) September 30 1944
at 8:00 o'clock A M.

21. **I HEREBY CERTIFY,** That I attended deceased from 1937 19 to 9/30 1944
I last saw h alive on 9/29 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebral embolus	
Due to a Hysterectomy	Sept 12
Fibromyoma, exudative cervicitis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? Lake City Hosp
Name of operation Hysterectomy Date 9/12/44
Major finding
Finding of autopsy Negative

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state
where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's OWN Signature F. F. Hamm M.D.
and Address Coeur d'Alene (M.D. or other) Date 10/2 19 44

(For additional space, use reverse side)

Dr. Greenwood
United States
Department of Commerce
Bureau of the Census

OCT. 13 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 140594
Local Reg. No. 239
Reg. Dist. No. 120

1. PLACE OF DEATH:
(a) County Kootenai
(b) City or town
(c) Street Address or R. F. D. No. 6 & Best
(d) Death Occurred Inside? -- Outside? Out city or town
(e) Died in a Home__ Hospital__ Institution__ Other place__
(f) ~~Name Hosp. or Inst.~~ Street Stayed____days
(g) Lived in this county____years ____months ____days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Kootenai
(c) City or town Coeur D' Alene
(d) Street Address or R. F. D. No. 13 & Best ADD.
(e) Deceased lived Inside?____Outside? Out city or town
(f) Citizen of what country? U. S.
(g) How long had deceased lived in Idaho? 24 years
(h) Former residence (city, state)

3. (a) FULL NAME Muriel Coumbe

1702

3. (b) If veteran, name war none
3. (c) Social Security No. 518-26-5701
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Samual
6. (c) Age of husband or wife if alive 42 years
7. Date of Birth (Month, Day, Year) Nov. 18, 1899

8. AGE	Years	Months	Days	If less than 1 day
	44	10	-12	hrs min.

9. Exact Occupation Laundry Did this work for 1 mo 10 days
10. Industry or Business Date last worked Sept 30
11. Birthplace Grafton, No. Dak. (City or town) (State or foreign country)
Father
12. Name Samual Coumbs
13. Birthplace Canada (City or town) (State or foreign country)
Mother
14. Maiden name Mary Giles
15. Birthplace Canada (City or town) (State or foreign country)
16. Informant's OWN Signature Donald E. Coumbs
and Address C. d. A. Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/4/44 (Month) (Day) (Year)
(c) Place: Forest Cemetery
18. Funeral Director's OWN Signature Mooney Chapel
and Address Coeur D' Alene, Idaho
19. (a) 10-3-44 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Sept. 30, 1944 19__
at 7:40 o'clock P. M.
21. I HEREBY CERTIFY, That I attended deceased from Sept. 30 1944 to Sept. 30 1944
I last saw her ~~alive~~ on Sept. 30 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Crushed right Chest (Hit by Car) — Duration 9-30-44
Due to
✓ Due to
Other conditions (Include pregnancy within 3 months of death)
Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? yes Suicide? Homicide?
Occurred 9-30 1944 City, county, state where violence occurred Kootenai
Place of Violence: Home Farm Industry
Public Place Highway While at work?
Means of injury Hit by Car on Highway
23. Attendant's OWN Signature [signature] (M. D. or other)
and Address Coeur d'Alene, Idaho Date 10-2 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

140595

United States
Department of Commerce
Bureau of the Census — OCT. 13 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 1100
Reg. Dist. No. 20

1. **PLACE OF DEATH:**
(a) County Latah
(b) City or town Moscow
(c) Street Address or R. F. D. No. 710 So. Main
(d) Death Occurred Inside? X Outside? X city or town
(e) Died in a Home — Hospital X Institution — Other place —
(f) Name Hosp. or Inst. Gritman Stayed 1 days
(g) Lived in this county 24 years — months — days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Latah
(c) City or town Moscow
(d) Street Address or R. F. D. No. Rural-E. Moscow
(e) Deceased lived Inside? Outside? X city or town
(f) Citizen of what country? USA
(g) How long had deceased lived in Idaho? 24 years
(h) Former residence (city, state)

3. (a) **FULL NAME** John Joseph Moerder 61

3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex M race W
5. Color or
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Lena
6. (c) Age of husband or wife if alive 66 years
7. Date of Birth (Month, Day, Year) Febr. 20, 1874

8. AGE	Years	Months	Days	If less than 1 day
	70	6	15	hrs min.

9. Exact Occupation carpenter — Did this work for life yrs.
10. Industry or Business carpenter — Date last worked 1943
11. Birthplace Milwaukee, (City or town) Wis. (State or foreign country)

Father
12. Name Theodore Moerder
13. Birthplace Germany (City or town) (State or foreign country)

Mother
14. Maiden name Pauline Diechenger
15. Birthplace Germany (City or town) (State or foreign country)

16. Informant's **OWN** Signature Lena Moerder
and Address 1953-eighth Ave. W. Seattle Wn.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-8-44 (Month) (Day) (Year)
(c) Place: Moscow, Idaho

18. Funeral Director's **OWN** Signature H. R. Short
and Address Moscow, Idaho

19. (a) 10/9/44 (Date received and filed) (b) C. J. Klaas (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Sept. 5 1944
at 12:15 o'clock A M.

21. **I HEREBY CERTIFY,** That I attended deceased from Sept 2 1944, to — 19—
I last saw h— alive on — 19—; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Pulmonary embolism	1 hr.
Due to Diabetic Coma	3 dys.
Due to Diabetes mellitus	?
Other conditions Arteriosclerosis (Include pregnancy within 3 months of death)	

Where was disease contracted? ?
Name of operation none Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred — 19— City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature Edward N. Drum M.D. (M. D. or other)
and Address Moscow, Idaho Date 9-7 19 44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

140596

United States
Department of Commerce
Bureau of the Census

OCT. 13 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 1101
Reg. Dist. No. 200

1. **PLACE OF DEATH:**
(a) County Latah
(b) City or town Moscow
(c) Street Address or R. F. D. No. 113 So. Monroe
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home X Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 36 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Latah
(c) City or town Moscow
(d) Street Address or R. F. D. No. 113 S. Monroe
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? USA
(g) How long had deceased lived in Idaho? 36 years
(h) Former residence (city, state) ____

3. (a) FULL NAME WILLIAM STAPLES

52 a

3. (b) If veteran, name war none
3. (c) Social Security No. ____
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Magdalene
6. (c) Age of husband or wife if alive 72 years
7. Date of Birth (Month, Day, Year) December 23, 1865

8. AGE	Years	Months	Days	If less than 1 day
	87	8	12	hrs ____ min.

9. Exact Occupation Accountant — Did this work for ____ yrs.
10. Industry or Business retired — Date last worked 1936
11. Birthplace Aberdeen (City or town) Scotland (State or foreign country)

Father
12. Name James Staples
13. Birthplace Scotland (City or town) (State or foreign country)

Mother
14. Maiden name unknown
15. Birthplace unknown (City or town) (State or foreign country)

16. Informant's OWN Signature Will Staples
and Address Boise, Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 9-8-44 (Month) (Day) (Year)
(c) Place: Moscow, Idaho
18. Funeral Director's OWN Signature H. R. Short
and Address Moscow, Idaho
19. (a) 10/9/44 (Date received and filed) (b) C. J. Klaas (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 9-5-44 1944
at 5:00 o'clock P M.

21. I HEREBY CERTIFY, That I attended deceased from 6-24-1933 to 9-5-1944
I last saw him alive on 9-5-1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Hypostatic Pneumonia	1 day
Due to Secondary anemia	2 Weeks
Due to Cancer of Kidney	1 year
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? ____
Name of operation none Date ____
Major finding ____
Finding of autopsy none

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's OWN Signature Joseph G. Wilson M.D. (M. D. or other)
and Address Moscow Ida Date 9-6 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

140597

United States
Department of Commerce
Bureau of the Census

OCT 13 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 1104
Reg. Dist. No. 200

1. **PLACE OF DEATH:**
(a) County Latah
(b) City or town Troy
(c) Street Address or R. F. D. No. rural
(d) Death Occurred Inside? Outside? X city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 43 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Latah
(c) City or town Troy
(d) Street Address or R. F. D. No. rural
(e) Deceased lived Inside? Outside? X city or town
(f) Citizen of what country? USA
(g) How long had deceased lived in Idaho? 43 years
(h) Former residence (city, state)

3. (a) **FULL NAME** Olaf Paulson

3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Elizabeth
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) April 1, 1852

8. AGE	Years	Months	Days	If less than 1 day
	92	5	13	hrs min.

9. Exact Occupation farmer Did this work for life yrs.
10. Industry or Business farming Date last worked 1933
11. Birthplace (City or town) Sweden (State or foreign country)
Father
12. Name unknown
13. Birthplace unknown (City or town) (State or foreign country)
Mother
14. Maiden name unknown
15. Birthplace unknown (City or town) (State or foreign country)
16. Informant's OWN Signature Herman Paulson
and Address Troy, Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 9-17-44 (Month) (Day) (Year)
(c) Place: Dry Creek Cemetery
18. Funeral Director's OWN Signature H. R. Short
and Address Moscow, Idaho
19. (a) 14/9/44 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Sept. 14, 1944
at unknown o'clock M.
21. **I HEREBY CERTIFY,** That I attended deceased from 19, to 19
I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Acute Myocarditis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature H. R. Short (M. D. or other)
and Address Moscow Sept 15 Date 9/15 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

OCT 13 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 140598
Local Reg. No. 1105
Reg. Dist. No. 20

1. **PLACE OF DEATH:**
(a) County Latah
(b) City or town Moscow
(c) Street Address or R. F. D. No. RFD 5, C.H. Bosse
(d) Death Occurred Inside? ____ Outside? X city or town
(e) Died in a Home ____ Hospital ____ Institution ____ Other place X
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 37 years ____ months ____ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Latah
(c) City or town Viola
(d) Street Address or R. F. D. No. ____
(e) Deceased lived Inside? ____ Outside? X city or town
(f) Citizen of what country? USA
(g) How long had deceased lived in Idaho? 37 years
(h) Former residence (city, state) ____

3. (a) **FULL NAME** John G. Germer

3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex Male
5. Color or race white
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Ethel
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) Febr. 23, 1869

8. AGE	Years	Months	Days	If less than 1 day
	75	6	21	hrs ____ min.

9. Exact Occupation farmer — Did this work for life yrs.
10. Industry or Business farming — Date last worked 9-14-44
11. Birthplace ____ (City or town) Germany (State or foreign country)

Father
12. Name unknown
13. Birthplace ____ (City or town) Germany (State or foreign country)

Mother
14. Maiden name unknown
15. Birthplace ____ (City or town) Germany (State or foreign country)

16. Informant's **OWN** Signature Paul Germer
and Address Moscow Ida. R.F.D. 1
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 9-20-44 (Month) (Day) (Year)
(c) Place: Viola, Ida.
18. Funeral Director's **OWN** Signature H. R. Short
and Address Moscow, Idaho
19. (a) 10/9/44 (Date received and filed) (b) C. G. Klaas (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 9-14 1944
at 11:45 o'clock A M.

21. **I HEREBY CERTIFY,** That I attended deceased from ____ 19____, to ____ 19____
I last saw h____ alive on ____ 19____; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — **Duration**

Acute Myocarditis
Due to Sudden Death
Due to ____
Other conditions ____
(Include pregnancy within 3 months of death)

Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's **OWN** Signature H. R. Short (M. D. or other)
and Address Moscow Date 9-11-1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Klaare

United States
Department of Commerce
Bureau of the Census

OCT 13 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 140599
Local Reg. No. 110
Reg. Dist. No. 2a

1. **PLACE OF DEATH:** Latah
   (a) County
   (b) City or town Moscow
   (c) Street Address or R. F. D. No. RFD. # 2
   (d) Death Occurred Inside? Outside? X city or town
   (e) Died in a Home X Hospital Institution Other place
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county 48 years months days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Latah
   (c) City or town Moscow
   (d) Street Address or R. F. D. No. RFD # 2
   (e) Deceased lived Inside? Outside? X city or town
   (f) Citizen of what country? USA
   (g) How long had deceased lived in Idaho? 48 years
   (h) Former residence (city, state)

3. (a) **FULL NAME** Otto M. Martinson

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3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex male
5. Color or race White
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Josephine
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) October 15, 1863

8. AGE	Years	Months	Days	If less than 1 day
	80	11	0	hrs min.

9. Exact Occupation farmer — Did this work for life yrs.
10. Industry or Business farming — Date last worked 1939
11. Birthplace Wisconsin (City or town) (State or foreign country)

Father
12. Name Martin Martinson
13. Birthplace Norway (City or town) (State or foreign country)

Mother
14. Maiden name unknown
15. Birthplace Norway (City or town) (State or foreign country)

16. Informant's OWN Signature O M Carlson
and Address Moscow Idaho

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 9-18-44 (Month) (Day) (Year)
(c) Place: Burnt Ridge Cemetery

18. Funeral Director's OWN Signature W. O. Short
and Address Moscow, Idaho

19. (a) 10/9/44 (Date received and filed) (b) B J Klaarn (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) September 15 1944
at 3:00 o'clock A M.

21. **I HEREBY CERTIFY,** That I attended deceased from 6/2/44 19 to 9/15/44 19
I last saw him alive on 6/2/44 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Hypostatic pneumonia	4 days
Due to	
Due to Senility	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's OWN Signature B J Klaarn (M. D. or other)
and Address Date 19
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Short

State File No. 140600
Local Reg. No. 1107
Reg. Dist. No. 7th

United States
Department of Commerce
Bureau of the Census

OCT 13 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:** Latah
   (a) County
   (b) City or town Avon
   (c) Street Address or R. F. D. No. RFD # 1
   (d) Death Occurred Inside? Outside? X city or town
   (e) Died in a Home X Hospital Institution Other place
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county 55 years months days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Latah
   (c) City or town Avon
   (d) Street Address or R. F. D. No. RFD # 1
   (e) Deceased lived Inside? Outside? X city or town
   (f) Citizen of what country? USA
   (g) How long had deceased lived in Idaho? 55 years
   (h) Former residence (city, state)

3. (a) **FULL NAME** Engeborg Dalberg

3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Peter
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Dec. 8, 1856

8. AGE	Years	Months	Days	If less than 1 day
	87	9	7	hrs min.

9. Exact Occupation Housekeeper — Did this work for life yrs.
10. Industry or Business Housekeeping — Date last worked
11. Birthplace Appelbo (City or town) Sweden (State or foreign country)

Father
12. Name Lars Pearson
13. Birthplace Sweden (City or town) (State or foreign country)

Mother
14. Maiden name unknown
15. Birthplace Sweden (City or town) (State or foreign country)

16. Informant's OWN Signature Lewis P. Dalberg
and Address 2146 2nd St Moscow Ida

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 9-19-44 (Month) (Day) (Year)
(c) Place: Zion Lutheran-Deary, Ida

18. Funeral Director's OWN Signature H. R. Short
and Address Moscow, Idaho

19. (a) 10/9/44 (Date received and filed) (b) L. J. Klaarn (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 9-15 19 44
at 2 o'clock P M.

21. **I HEREBY CERTIFY,** That I attended deceased from 19 to 19
I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — Duration
Senility
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's OWN Signature H. R. Short (M. Dr. or other)
and Address Moscow Date 9/16 1944
(For additional space, use reverse side)

140601

United States
Department of Commerce
Bureau of the Census OCT 9 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 15
Reg. Dist. No. 208

1. PLACE OF DEATH:
(a) County Latah
(b) City or town Potlatch
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Yes Outside? city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 40 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Latah
(c) City or town Potlatch
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Yes Outside? city or town
(f) If foreign born, in U. S. 54 yrs. Citizen of U. S.? Yes
(g) How long had deceased lived in Idaho? 40 years
(h) Former residence (city, state)

3. (a) **FULL NAME** Margaret Ann Lusk

117a

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife James
6 (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) May 14, 1865

8. AGE	Years	Months	Days	If less than 1 day
	79	4	4	hrs min.

9. Exact Occupation Housework Did this work for 55 yrs.
10. Industry or Business Own Home Date last worked Sept. 1943
11. Birthplace Bathurst NLw Brunswick Canada (City or town) (State or foreign country)

Father
12. Name James Andrew
13. Birthplace Kalmarmock Scotland (City or town) (State or foreign country)

Mother
14. Maiden name Mary Miller
15. Birthplace Glascow Scotland (City or town) (State or foreign country)

16. Informant's **OWN** Signature [illegible] McManama and Address Potlatch, Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 9-18-44 (Month) (Day) (Year)
(c) Place: Palouse, Washington
18. Funeral Director's **OWN** Signature H E Kimball and Address Palouse, Wash.
19. (a) Sept 19-1944 (Date received and filed) (b) Gladys McManama (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) September 18 1944 at 2:25 o'clock P M.
21. I **HEREBY CERTIFY**, That I attended deceased from 8-10 1944, to 9-18 1944
I last saw her alive on 9-18 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Peritonitis	8 hrs.
Due to Perforated Peptic Ulcer	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease first contracted?	
Name of operation Date	
Major finding	
Finding of autopsy Peptic Ulcer in Pyloric end of stomach	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature [illegible] M.D. (M. D. or other) and Address Potlatch, Idaho Date 9-19 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

OCT. 13 1944

State File No. 140602
Local Reg. No. 1108
Reg. Dist. No. 770

1. **PLACE OF DEATH:**
(a) County Latah
(b) City or town Moscow
(c) Street Address or R. F. D. No. 710 S. Main
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home ____ Hospital X Institution ____ Other place ____
(f) Name Hosp. or Inst. Gritman Stayed 11 days
(g) Lived in this county 59 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Latah
(c) City or town Moscow
(d) Street Address or R. F. D. No. 913 So. Jefferso
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? USA
(g) How long had deceased lived in Idaho? 59 years
(h) Former residence (city, state) ____

3. (a) **FULL NAME** Emma A. Johnson

3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Frank
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) March 31, 1859

8. AGE	Years	Months	Days	If less than 1 day
	85	5	20	hrs ____ min.

9. Exact Occupation housekeeper — Did this work for life yrs.
10. Industry or Business " — Date last worked ____
11. Birthplace Jefferson (City or town) Oregon (State or foreign country)
Father 12. Name Wm. Casper ____
Father 13. Birthplace ____ Pa. (City or town) (State or foreign country)
Mother 14. Maiden name unknown
Mother 15. Birthplace unknown (City or town) (State or foreign country)
16. Informant's **OWN** Signature Herbert D Johnson
and Address Lewiston Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 9-23-44 (Month) (Day) (Year)
(c) Place: Moscow Idaho
18. Funeral Director's **OWN** Signature H. B. Short
and Address Moscow, Idaho
19. (a) 10/9/44 (Date received and filed) (b) L. J. Klaasen (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) (9-23 1944
at 2:05 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from 10-22 1939, to 9-23 1944
I last saw her alive on 9-23 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: (Cor) Terminal Pneumonia — Duration: 1 day
Due to Carcinoma of Sigmoid Color — Duration: ?
Due to ____
Other conditions Partial intestinal obstruction Duration: 2 weeks
(Include pregnancy within 3 months of death)

Where was disease contracted? ____
Name of operation 0 Date ____
Major finding 0
Finding of autopsy 0

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? 0 Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred 0
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's **OWN** Signature Edward N Dunn MD (M. D. or other)
and Address Moscow, Idaho Date 9-27 1944
(For additional space, use reverse side)

Klaarn

United States
Department of Commerce
Bureau of the Census

OCT 13 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 140603
Local Reg. No. 1109
Reg. Dist. No. 20

1. **PLACE OF DEATH:**
(a) County Latah
(b) City or town Moscow
(c) Street Address or R. F. D. No. 710 So. Main
(d) Death Occurred Inside? x Outside? ____ city or town
(e) Died in a Home ____ Hospital x Institution ____ Other place ____
(f) Name Hosp. or Inst. Gritman Stayed 3 days
(g) Lived in this county unknown years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Latah
(c) City or town Troy
(d) Street Address or R. F. D. No. ____
(e) Deceased lived Inside? x Outside? ____ city or town
(f) Citizen of what country? USA
(g) How long had deceased lived in Idaho? ____ years
(h) Former residence (city, state) ____

3. (a) **FULL NAME** Charles Anderson 1332

3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex M
5. Color or race Wh.
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife none
6. (c) Age of husband or wife if alive none years
7. Date of Birth (Month, Day, Year) unknown

8. AGE	Years	Months	Days	If less than 1 day hrs	min.
	64				

9. Exact Occupation pensioner Did this work for ____ yrs.
10. Industry or Business unknown Date last worked ____
11. Birthplace unknown (City or town) (State or foreign country)
Father
12. Name unknown
13. Birthplace unknown (City or town) (State or foreign country)
Mother
14. Maiden name unknown
15. Birthplace unknown (City or town) (State or foreign country)
16. Informant's OWN Signature H. R. Gritman
and Address Moscow, Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 9-27-44 (Month) (Day) (Year)
(c) Place: Moscow, Idaho
18. Funeral Director's OWN Signature H. R. Gritman
and Address Moscow, Idaho
19. (a) 10/9/44 (Date received and filed) (b) L. J. Klaarn (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 9-23- 1944
at 2 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from 9/13/44 19____, to ____ 19____
I last saw him alive on 9/25/44 19____; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cystic nephritis	10 days
Due to Generalized Arteriosclerosis and Malnutrition	7
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature L. J. Klaarn (M. D. or other)
and Address ____ Date ____ 19____
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

140604

United States
Department of Commerce
Bureau of the Census

OCT 1 ± 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No. 690

1. **PLACE OF DEATH:**
(a) County LEMHI.
(b) City or town SALMON
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? ✓ Outside? ____ city or town
(e) Died in a Home ✓ Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county ____ years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State IDAHO (b) County LEMHI
(c) City or town SALMON
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? ✓ Outside? ____ city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? ____ years
(h) Former residence (city, state)

3. (a) **FULL NAME** ROY R. REDDING,

3. (b) If veteran, name war ____
3. (c) Social Security No. ____
4. Sex M
5. Color or race W
6. (a) Single, (widowed), married, divorced
6. (b) Name of husband or wife ____
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	68			hrs min.

9. Exact Occupation Janitor — Did this work for ____ yrs.
10. Industry or Business ____ Date last worked ____
11. Birthplace Yorkville - Illinois (City or town) (State or foreign country)
Father
12. Name Mr. Aaron J. Redding
13. Birthplace ____ (City or town) (State or foreign country)
Mother
14. Maiden name Mary Elizabeth Holland
15. Birthplace ____ (City or town) (State or foreign country)
16. Informant's OWN Signature Glennie Armstrong
and Address 460 Lewis Av. San Diego (9) Cal
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 9-5-44 (Month) (Day) (Year)
(c) Place: SALMON IDAHO
18. Funeral Director's OWN Signature Ray Mc Goldrick
and Address SALMON
19. (a) 10-11-44 (Date received and filed) (b) Clio C. Bellamy (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) SEPT. 2ND 1944
at 12.30 o'clock P M.
21. I HEREBY CERTIFY, That I attended deceased from Aug 7 1944 to Sept 2 1944
I last saw h[illegible] alive on Sept 2 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Occlusion of Coronary artery — Duration 2 hrs.
Due to Coronary thrombosis
Due to Senile atrophy of brain — 3 years
Other conditions ____
(Include pregnancy within 3 months of death)
Where was disease contracted? Salmon Ida
Name of operation None Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature C. E. Mallory MD
and Address SALMON Date 10-13 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce OCT 1 1944
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

Mulder

State File No. 140605
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF DEATH:** Lemhi
(a) County
(b) City or town Salmon
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? ✓ Outside? city or town
(e) Died in a Home ✓ Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county Life years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Lemhi
(c) City or town Salmon
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Outside? city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? years
(h) Former residence (city, state)

3. (a) **FULL NAME** RAYMOND — PYEATT. 131b

3. (b) If veteran, name war no
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) JULY 22 1894

8. AGE	Years	Months	Days	If less than 1 day
	50	1	14	hrs min.

9. Exact Occupation Rancher Did this work for Life yrs.
10. Industry or Business Date last worked
11. Birthplace Lemhi County Ida (City or town) (State or foreign country)
Father
12. Name John R. Pyeatt
13. Birthplace Duquoin Ill (City or town) (State or foreign country)
Mother
14. Maiden name Marietta Tidd
15. Birthplace Marietta Ohio (City or town) (State or foreign country)
16. Informant's OWN Signature Lloyd Pyeatt
and Address
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-9-44 (Month) (Day) (Year)
(c) Place: Salmon Ida
18. Funeral Director's OWN Signature Ray McGoldrick
and Address SALMON
19. (a) 10-11-44 (Date received and filed) (b) Ohio C. Bellamy (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Sept 6th 1944 19
at 10 A o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from June 15 1943 to Sept 6 1944
I last saw him alive on Sept 5 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Endocarditis	2 yrs.
nephritis	2 yrs.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature J. L. Mulder MD (M. D. or other)
and Address Salmon Ida Date 10-2 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

OCT 14 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 140606
Local Reg. No.
Reg. Dist. No. 691

1. **PLACE OF DEATH:**
(a) County Lemhi
(b) City or town Shoupe
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? ✓ Outside? ___ city or town
(e) Died in a Home ✓ Hospital ___ Institution ___ Other place ___
(f) Name Hosp. or Inst. ___ Stayed ___ days
(g) Lived in this county 3 years ___ months ___ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Kootenai
(c) City or town Post Falls
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? ✓ Outside? ___ city or town
(f) Citizen of what country? U. S.
(g) How long had deceased lived in Idaho? 33 years
(h) Former residence (city, state) Alberta Canada

3. (a) **FULL NAME** SARA C. M. HARALSON

3. (b) If veteran, name war No
3. (c) Social Security No 518-05-2980
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife J. A.
6. (c) Age of husband or wife if alive ___ years
7. Date of Birth (Month, Day, Year) ~~Oct~~ Nov 25, 1873

8. AGE	Years	Months	Days	If less than 1 day hrs	min.
	70	9	20		

9. Exact Occupation Housewife — Did this work for Life yrs.
10. Industry or Business and Cook — Date last worked 1943
11. Birthplace ___ (City or town) Sweden (State or foreign country)

Father
12. Name & P. O. Malone
13. Birthplace ___ (City or town) Sweden (State or foreign country)

Mother
14. Maiden name unknown
15. Birthplace ___ (City or town) ___ (State or foreign country)

16. Informant's **OWN** Signature W. L. Haralson
and Address Shoupe
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-19-44 (Month) (Day) (Year)
(c) Place: Salmon Idaho
18. Funeral Director's **OWN** Signature Ray McGoldrick
and Address SALMON
19. (a) 10-11-44 (Date received and filed) (b) Chas. E. Bellamy (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Sept 15 - 44 19___
at 5 o'clock P M.

21. **I HEREBY CERTIFY,** That I attended deceased from ___ 19___, to ___ 19___
I last saw h___ alive on ___ 19___; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Stroke	1 hr
Due to High blood Pressure	6 Mo.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ___ Date ___
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ___ Suicide? ___ Homicide? ___
Occurred ___ 19___ City, county, state where violence occurred
Place of Violence: Home ___ Farm ___ Industry ___
Public Place ___ While at work?
Means of injury

23. Attendant's **OWN** Signature D. L. Barnes acting Coroner (M. D. or other)
and Address Salmon Date 9-15-1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

140697

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No. 690

1. **PLACE OF DEATH:**
(a) County Lemhi
(b) City or town Salmon
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? ✓ Outside? ____ city or town
(e) Died in a Home ✓ Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 14 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Custer
(c) City or town Challis
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? ____ Outside? ✓ city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? 14 years
(h) Former residence (city, state) Oakland Calif.

3. (a) **FULL NAME** Mrs. Mabel L. Stoddard

3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife Allen E.
6. (c) Age of husband or wife if alive 67 years
7. Date of Birth (Month, Day, Year) June 10, 1880

8. AGE	Years	Months	Days	If less than 1 day
	64	3	6	hrs ____ min.

9. Exact Occupation Housewife — Did this work for 14 yrs.
10. Industry or Business — Date last worked
11. Birthplace Coffeeville (City or town) Kans. (State or foreign country) Oregon

Father
12. Name Paul Thomasson
13. Birthplace Copenhagen (City or town) Denmark (State or foreign country)

Mother
14. Maiden name unknown
15. Birthplace ____ (City or town) ____ (State or foreign country)

16. Informant's **OWN** Signature Allen E. Stoddard and Address
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-20-44 (Month) (Day) (Year)
(c) Place: Salmon Idaho
18. Funeral Director's **OWN** Signature Ray McGoldrick and Address Salmon
19. (a) 10-11-44 (Date received and filed) (b) Chas. E. Bell (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 9-16-44 19____
at 4 o'clock ____ M.

21. I **HEREBY CERTIFY**, That I attended deceased from Sept 15 1944 to Sept 16 1944
I last saw her alive on Sept 15 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary thrombosis — Duration 6 days
Due to Carcinoma Stomach & Liver — 1 yr.
Due to ____
Other conditions ____ (Include pregnancy within 3 months of death)

Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
Attendant's **OWN** Signature J. L. Mueller M.D. (M. D. or other)
and Address Salmon Ida Date 10-2 19 44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1406

United States
Department of Commerce
Bureau of the Census

OCT 12 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 5
Reg. Dist. No. 232

1. **PLACE OF DEATH:**
(a) County Lewis
(b) City or town Westlake
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? X city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 42 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Lewis
(c) City or town Westlake
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Outside? X city or town
(f) Citizen of what country? U.S.
(g) How long had deceased lived in Idaho? 42 years
(h) Former residence (city, state)

3. (a) **FULL NAME** MEDORA CREWS

462

3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Female
5. Color or race
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Alonzo P. Crews
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) May 23 1852

8. AGE	Years	Months	Days	If less than 1 day
	92	3	16	hrs min.

9. Exact Occupation Housewife — Did this work for life yrs.
10. Industry or Business Own home — Date last worked 1943
11. Birthplace Phillips County, Missouri. (City or town) (State or foreign country)

Father
12. Name James Anderson Glenn
13. Birthplace Unknown (City or town) (State or foreign country)

Mother
14. Maiden name Rachel J. Branstutter
15. Birthplace Missouri (City or town) (State or foreign country)

16. Informant's OWN Signature and Address Westlake, Idaho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-11-44 (Month) (Day) (Year)
(c) Place: Westlake, Ida.
18. Funeral Director's OWN Signature O E Clovis
and Address Craigmont, Idaho.
19. (a) Sep. 9 1944 (Date received and filed) (b) O E Clovis (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) September 8 1944
at 8:45 o'clock P.M.
21. **I HEREBY CERTIFY,** That I attended deceased from 1920, to Sept 8 1944
I last saw her alive on Aug 25 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Carcinoma Junction intestines at ileo-caecal valve no metastasis	
Due to Chronic endocaridits	some years
Due to	
Other conditions Chronic cholecystitis (Include pregnancy within 3 months of death)	some ye
no stones	
Where was disease contracted? none Where? here	
Name of operation — Date	
Major finding	
Finding of autopsy see above	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? — Suicide? Homicide?
Occurred 19 City, county, state
where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's OWN Signature R E Dunlap MD (M. D. or other)
and Address Craigmont, Ida Date 9-9 1944.
(For additional space, use reverse side)

140609

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

OCT 12 1944

State File No. ____
Local Reg. No. 6
Reg. Dist. No. 232

1. **PLACE OF DEATH:**
(a) County Lewis
(b) City or town Culdesac
(c) Street Address or R. F. D. No. 2
(d) Death Occurred Inside? ____ Outside? X city or town
(e) Died in a Home X Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 48 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Lewis
(c) City or town Craigmont
(d) Street Address or R. F. D. No. ____
(e) Deceased lived Inside? ____ Outside? X city or town
(f) Citizen of what country? U. S.
(g) How long had deceased lived in Idaho? 48 years
(h) Former residence (city, state) ____

3. (a) FULL NAME OTA MAY BOVEY

92 d

3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife William A. Bovey 6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) May 13 1878

8. AGE	Years	Months	Days	If less than 1 day
	66	4	1	hrs ____ min.

9. Exact Occupation Housewife — Did this work for life yrs.
10. Industry or Business Own home — Date last worked 1943
11. Birthplace Montpelier, Indiana (City or town) (State or foreign country)

Father
12. Name John Wesley Poulson
13. Birthplace Montpelier, Indiana (City or town) (State or foreign country)

Mother
14. Maiden name Rosalie Hunter
15. Birthplace Montpelier, Indiana. (City or town) (State or foreign country)

16. Informant's OWN Signature Charley Bovey
and Address Lewiston, Idaho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-17-44 (Month) (Day) (Year)
(c) Place: Craigmont, Idaho.
18. Funeral Director's OWN Signature C. E. Clovis
and Address C. E. Clovis Craigmont Ida.
19. (a) 9-16-44 (Date received and filed) (b) C. E. Clovis (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Sept. 14 19 44
at 6:00 o'clock P.M.
21. **I HEREBY CERTIFY,** That I attended deceased from ____ 19 20, to Sept 14 19 44
I last saw her alive on Sept 14 19 44 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Coronary occlusion	
Due to occlusion	few min.
Chronic endocarditis	8 years
Due to —	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? —
Name of operation — Date ____
Major finding —
Finding of autopsy ____

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19 ____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature P. E. Duncan M.D.
(M. D. or other)
and Address Craigmont, Ida. Date 9-16 19 44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

OCT. 12 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140610
Local Reg. No. 45
Reg. Dist. No. 630

1. PLACE OF DEATH:
(a) County Madison
(b) City or town Rexburg
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? X Outside? city or town
(e) Died in a Home Hospital Institution Other place
(f) Name Hosp. or Inst. Sutherland Stayed 3 days
(g) Lived in this county 61 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Madison
(c) City or town Rexburg
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? Outside? X city or town
(f) Citizen of what country? U.S.
(g) How long had deceased lived in Idaho? 61 years
(h) Former residence (city, state) Utah

3. (a) FULL NAME Nicholas Sommer

83a

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary Saurey
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Sept. 27, 1863

8. AGE	Years	Months	Days	If less than 1 day
	80	11	13	hrs min.

9. Exact Occupation Farmer & Mason Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Bern Switzerland (City or town) (State or foreign country)

Father
12. Name Nicholas Sommer
13. Birthplace Bern, Switzerland (City or town) (State or foreign country)

Mother
14. Maiden name Saloma Dattwyler
15. Birthplace Bern, Switzerland (City or town) (State or foreign country)

16. Informant's OWN Signature Ed Sommer
and Address Rexburg, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/14/44 (Month) (Day) (Year)
(c) Place: Rexburg, Idaho
18. Funeral Director's OWN Signature Kenneth P. Flamm
and Address Rexburg, Idaho
19. (a) 9-14-44 (Date received and filed) (b) Mrs H E Young (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Sept 10 1944
at 6:20 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from June 15 1940, to Sept. 10 1944
I last saw him alive on Sept. 10 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebral Hemorrhage	Sept 3 1944
Due to Hypertension	
Due to Arteriosclerosis	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation None Date
Major finding
Finding of autopsy No

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature M. F. Rigby MD (M.D. or other)
and Address Rexburg Idaho Date 9/12 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

OCT. 9 1944

State File No. 14061
Local Reg. No. 43
Reg. Dist. No. 450

1. PLACE OF DEATH:

(a) County Minidoka
(b) City or town Rupert
(c) Street Address or R.F.D. No. 3rd Street
(d) Death Occured Inside? ..... Outside? ✓ city or town
(e) Died in a Home ✓ Hospital .... Institution .... Other place ....
(f) Name Hosp. or Inst. — Stayed ..... days
(g) Lived in this county — years 11 months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

(a) State Burley Ida. (b) County Cassia
(c) City or town Burley
(d) Street Address or R.F.D. No. So. Albion
(e) Deceased lived Inside? ✓ Outside? ..... city or town
(f) Citizen of what country? U S
(g) How long had deceased lived in Idaho? 30 years
(h) Former residence (city, state) Layton, Utah

3. (a) **FULL NAME** Bertha Niederer Doman 93d

3. (b) If veteran, name war —
3. (c) Social Security No. None
4. Sex F
5. Color or race Am
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Albert Doman
6. (c) Age of husband or wife if alive — years
7. Date of Birth (Month, Day, Year) Dec. 17, 1859

8. AGE	Years	Months	Days	If less than 1 day
	84	8	15	hrs — min.

9. Exact Occupation House Wife — Did this work for ..... yrs.
10. Industry or Business — Date last worked —
11. Birthplace — (City or town) Switzerland (State or foreign country)

Father
12. Name Barthalamae Niederer
13. Birthplace No Data (City or town) (State or foreign country)

Mother
14. Maiden name No Data
15. Birthplace No Data (City or town) (State or foreign country)

16. Informant's **OWN** Signature ✓ Warren Doman
and Address 220 S. Main Burley Idaho

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 9-2-44 (Month) (Day) (Year)
(c) Place: Burley, Idaho

18. Funeral Director's **OWN** Signature Vern B. McCullough
and Address Burley Idaho

19. (a) Sept. 12-1944 (Date received and filed) (b) E. K. Elmore (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Sept. 2 1944
at 10:45 o'clock A. M.

21. **I HEREBY CERTIFY**, That I attended deceased from Oct 1943, to Sept 2 1944
I last saw h.r alive on Aug 10 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — Duration

Myocarditis — 3 years.
Due to Senility
Due to ✓
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?
Name of operation ..... Date .....
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury

23. Attendant's **OWN** Signature Clyde Elmer (M. D. or Osteo.)
and Address Rupert Idaho Date Sept 7, 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

OCT 11 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140612
Local Reg. No. 88
Reg. Dist. No. 471

1. PLACE OF DEATH:
(a) County MINNIDOKA
(b) City or town RUPERT
(c) Street Address or R.F.D. No. —
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Home .... Hospital X Institution .... Other place ....
(f) Name Hosp. or Inst. General Stayed ..... days
(g) Lived in this county ..... years ..... months 7 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Cassia
(c) City or town Bridge
(d) Street Address or R.F.D. No. R. O.
(e) Deceased lived Inside? ..... Outside? X city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 19 years
(h) Former residence (city, state) —

3. (a) FULL NAME Francis Snyder Fullerton 121

3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Earl
6. (c) Age of husband or wife if alive 24 years
7. Date of Birth (Month, Day, Year) Mar. 6th 1925

8. AGE	Years	Months	Days	If less than 1 day
	19	6	11	hrs min.

9. Exact Occupation House Wife Did this work for Life yrs.
10. Industry or Business — Date last worked Sept. 1944
11. Birthplace Buhl (City or town) Idaho (State or foreign country)
Father 12. Name J. W. Snyder
13. Birthplace Unknown (City or town) Main (State or foreign country)
Mother 14. Maiden name Addeline Harrison
15. Birthplace Charleston (City or town) West Virginia (State or foreign country)
16. Informant's OWN Signature X Earl E. Fullerton
and Address Bridge Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/21/1944 (Month) (Day) (Year)
(c) Place: Burley
18. Funeral Director's OWN Signature J. Forrest Weaver
and Address Burley Idaho
19. (a) 10-3-44 (Date received and filed) (b) B. H. Wilson (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Sept. 17, 1944
at 1:30 o'clock P M.

21. I HEREBY CERTIFY, That I attended deceased from ..... 19....., to ..... 19.....
I last saw h..... alive on ..... 19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Acute mania	
Due to Epilepsy	
Due to	
Other conditions chronic appendix (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation appendectomy Date 9-10-44
Major finding
Finding of autopsy

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury

23. Attendant's OWN Signature [signature] (M. D. or other)
and Address Rupert Idaho Date 9-21 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census SEP 18 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140613
Local Reg. No.
Reg. Dist. No.

1. PLACE OF DEATH:
(a) County Nez Perce
(b) City or town Lewiston
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? In Outside? city or town
(e) Died in a Home Hospital # Institution Other place
(f) Name Hosp. or Inst St Joseph Stayed 46 days
(g) Lived in this county years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Lewis
(c) City or town Winchester
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? In Outside? city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? 40 years
(h) Former residence (city, state)

3. (a) **FULL NAME** Nora Emily Kaline

186a

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Axel Kaline
6. (c) Age of husband or wife if alive 73 years
7. Date of Birth (Month, Day, Year) November 15th, 1879

8. AGE	Years	Months	Days	If less than 1 day
	64	9	12	hrs min.

9. Exact Occupation Housewife Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Audubon (City or town) Minnesota (State or foreign country)

Father
12. Name Michael Cohsner
13. Birthplace Switzerland (City or town) (State or foreign country)

Mother
14. Maiden name Christina Peterson
15. Birthplace Minnesota (City or town) (State or foreign country)

16. Informant's **OWN** Signature Marguerite Kaline and Address Lewiston, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/29/1944 (Month) (Day) (Year)
(c) Place: Lewiston, Idaho
18. Funeral Director's **OWN** Signature L. B. Mann and Address Lewiston, Idaho
19. (a) Aug 29 1944 (Date received and filed) (b) Margaret Cassaday (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) August 27th, 1944 19
at 1:45 o'clock A. M.

21. **I HEREBY CERTIFY**, That I attended deceased from 7-12 19 44, to 8-27 19 44
I last saw h.e.r. alive on 8-27 19 44; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Myocarditis with Chronic Nephritis following	6 weeks
Due to Fracture of hip	6 weeks
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation Pin Inserted Date	
Major finding	
Finding of autopsy 6	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? X Suicide? Homicide?
Occurred July 12, 1944 19 City, county, state where violence occurred Home-Lewiston, Idaho
Place of Violence: Home ✓ Farm Industry
Public Place While at work?
Means of injury Fell on steps

23. Attendant's **OWN** Signature [illegible] (M. D. [illegible])
and Address Lewiston Idaho Date 9/2 19 44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

OCT 10 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140614
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF DEATH:**
   (a) County Nez Perce
   (b) City or town Myrtle
   (c) Street Address or R.F.D. No. Rural
   (d) Death Occured Inside? Outside? Out city or town
   (e) Died in a Home # Hospital Institution Other place
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county 60 years months days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Nez Perce
   (c) City or town Myrtle
   (d) Street Address or R.F.D. No. Rural
   (e) Deceased lived Inside? Outside? Out city or town
   (f) Citizen of what country?
   (g) How long had deceased lived in Idaho? 60 years
   (h) Former residence (city, state)

3. (a) **FULL NAME** Callie Maude Dobson

3. (b) If veteran, name war None
3. (c) Social Security No None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife ----
6. (c) Age of husband or wife if alive ---- years
7. Date of Birth (Month, Day, Year) May 9th, 1868

8. AGE	Years	Months	Days	If less than 1 day
	76	1	19	hrs min.

9. Exact Occupation At home — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace Minnesota (City or town) (State or foreign country)

Father
12. Name Sherman France
13. Birthplace Ohio (City or town) (State or foreign country)

Mother
14. Maiden name Caroline Thurston
15. Birthplace Ohio (City or town) (State or foreign country)

16. Informant's **OWN** Signature Alice Maguire
and Address Myrtle, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/30/1944 (Month) (Day) (Year)
(c) Place: Lewiston, Idaho

18. Funeral Director's **OWN** Signature L. B. Mann
and Address Lewiston, Idaho

19. (a) Aug 29 1944 (Date received and filed) (b) Margaret Vassar (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 28th, 1944 19
at 5:45 o'clock A. M.

21. **I HEREBY CERTIFY**, That I attended deceased from ..... 19 ..... to ..... 19 .....
I last saw h..... alive on ..... 19 .....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — Duration
Senility — 5 yrs
Due to arterio sclerosis — 5 yrs
Due to —
Other conditions (Include pregnancy within 3 months of death) —

Where was disease contracted?
Name of operation ..... Date .....
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred ..... 19 ..... City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature E. G. Broadbent M.D.
(M. D. or other)
and Address Lewiston Idaho 7/10 1944
(For additional space, use reverse side)

United States
Department of Commerce
Bureau of the Census

OCT 16 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140615
Local Reg. No.
Reg. Dist. No.

1. PLACE OF DEATH:
(a) County Nez Perce
(b) City or town Lewiston
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? X Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. St. Joseph's Stayed 5 days
(g) Lived in this county years months 5 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Latah
(c) City or town Genesee
(d) Street Address or R.F.D. No. 1
(e) Deceased lived Inside? Outside? X city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 1 years
(h) Former residence (city, state)

3. (a) FULL NAME Paul Clifford Baumgartner

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3. (b) If veteran, name war ---
3. (c) Social Security No. ---
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife ----
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) January 22, 1943

8. AGE	Years	Months	Days	If less than 1 day
	1	6	23	hrs min.

9. Exact Occupation none Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Genesee, Idaho (City or town) (State or foreign country)
Father
12. Name F. W. Baumgartner
13. Birthplace Genesee, Idaho (City or town) (State or foreign country)
Mother
14. Maiden name Pearl Powell
15. Birthplace Lenore, Idaho (City or town) (State or foreign country)
16. Informant's OWN Signature F. W. Baumgartner
and Address Genesee, Idaho
17. (a) removal (Burial, cremation, or removal) (b) Date thereof 8-17-44 (Month) (Day) (Year)
(c) Place: Genesee, Idaho
18. Funeral Director's OWN Signature Vassar Rawls Co.
and Address Lewiston, Idaho
19. (a) Oct. 3, 1944 (Date received and filed) (b) Ruth E. Keith (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) August 15, 1944
at 8:00 o'clock a. M.
21. I HEREBY CERTIFY, That I attended deceased from Birth 19 , to Aug 15 1944
I last saw him alive on Aug 15 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Persistent Thymus	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation Date	
Major finding	
Finding of autopsy no autopsy	

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature J. M. Lyle (M. D. or other)
and Address Lewiston Date Aug 20 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Lyle

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

OCT 16 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140616
Local Reg. No.
Reg. Dist. No.

1. PLACE OF DEATH:
(a) County Nez Perce
(b) City or town Lewiston
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? X Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. St. Joseph's Stayed 1 days
(g) Lived in this county 12 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Nez Perce
(c) City or town Lewiston
(d) Street Address or R.F.D. No. 330 - 14th Ave.
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? U. S. A.
(g) How long had deceased lived in Idaho? 38 years
(h) Former residence (city, state) Marionette, Wisc.

3. (a) **FULL NAME** JOHN WILLIAM WOODS

3. (b) If veteran, name war none
3. (c) Social Security No.
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Edna G.
6. (c) Age of husband or wife if alive 54 years
7. Date of Birth (Month, Day, Year) March 26, 1881

8. AGE	Years	Months	Days	If less than 1 day
	63	5	9	hrs min.

9. Exact Occupation Insurance Mgr. Did this work for 12 yrs.
10. Industry or Business Insurance Agency Date last worked
11. Birthplace Marionette, Wisconsin (City or town) (State or foreign country)
Father
12. Name John William Woods
13. Birthplace Not known (City or town) (State or foreign country)
Mother
14. Maiden name Etta ?
15. Birthplace Not known (City or town) (State or foreign country)
16. Informant's **OWN** Signature X Edna G. Woods
and Address 330 - 14th Ave., Lewiston, Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof Sept. 5, 1944 (Month) (Day) (Year)
(c) Place: Lewiston, Idaho
18. Funeral Director's **OWN** Signature Brower-Wann By L B Wann
and Address 1434 Main St.
19. (a) Oct 4, 1944 (Date received and filed) (b) Ruth E Keith (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) September 5 1944
at 6:05 o'clock A. M.
21. **I HEREBY CERTIFY**, That I attended deceased from Mar 28 1942 to 9/3/1944
I last saw him alive on 9/4 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Coronary occlusion	
Due to Coronary artery	
Due to Anemia	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted? —	PHYISCIAN
Name of operation — Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature W O Clark MD (M. D. or other)
and Address Lewiston Ida Date 10-2 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

NON-RESIDENT
Certificate Of Death

OCT 16 1944

STATE OF IDAHO

State File No. 140617
Local Reg. No.
Reg. Dist. No.

1. PLACE OF DEATH:
(a) County Nezperce
(b) City or town Lewiston
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? X Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. St Joseph Stayed 4 days
(g) Lived in this county years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Wash (b) County Asotin
(c) City or town Asotin
(d) Street Address or R.F.D. No. RFD
(e) Deceased lived Inside? Outside? city or town
(f) Citizen of what country? U.S of A.
(g) How long had deceased lived in Idaho? 4 Days years
(h) Former residence (city, state) Asotin

3. (a) FULL NAME Larry John Buckley

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3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) May 28 1944

8. AGE	Years	Months	Days	If less than 1 day
		3	12	hrs min.

9. Exact Occupation Infant Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Asotin (City or town) Wash (State or foreign country)
Father
12. Name John Buckley
13. Birthplace Peola, Wash. (City or town) (State or foreign country)
Mother
14. Maiden name Carolyn Griffin
15. Birthplace Carter Co. Missouri (City or town) (State or foreign country)
16. Informant's OWN Signature Mrs John Buckley
and Address Asotin, Wash.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 9/9/44 (Month) (Day) (Year)
(c) Place: Clarkston, Wash.
18. Funeral Director's OWN Signature H R Merchant
and Address Clarkston, Wash.
19. (a) Sept. 12, 1944 (Date received and filed) (b) Ruth E Keith (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Sept 9 1944
at 1:35 o'clock P.M.
21. **I HEREBY CERTIFY,** That I attended deceased from 9-7- 1944 to 9-9- 1944
I last saw him alive on 9-9- 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration
Bronchopneumonia
Due to Severe inanition.
Due to
Other conditions
(Include pregnancy within 3 months of death)
Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature A. J. White M.D. (M. D. or other)
and Address Lewiston Date 9-[illegible] 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

OCT 1 6 1944

NON-RESIDENT
Certificate Of Death
STATE OF IDAHO

State File No. 140618
Local Reg. No.
Reg. Dist. No.

1. PLACE OF DEATH:
(a) County Nez Perce
(b) City or town Lewiston
(c) Street Address or R.F.D. No. St Joesph Hosp.
(d) Death Occured Inside? X Outside? city or town
(e) Died in a Home.... Hospital X. Institution.... Other place....
(f) Name Hosp. or Inst St. Joesph. Stayed 24 days
(g) Lived in this county 5 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Washington (b) County Asotin
(c) City or town Clarkston
(d) Street Address or R.F.D. No. 1265 Elm St.
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? United States
(g) How long had deceased lived in Idaho? 24 da years
(h) Former residence (city, state) Clarkston, Wash.

3. (a) FULL NAME Effie Edith Williams Ross

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3. (b) If veteran, name war
3. (c) Social Security No. 522-01-1782
4. Sex female
5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Berlin
6. (c) Age of husband or wife if alive 63 years
7. Date of Birth (Month, Day, Year) Dec. 20, 1880

8. AGE	Years	Months	Days	If less than 1 day
	63	8	21	hrs min.

9. Exact Occupation housewife — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace Nebraska (City or town) (State or foreign country)

Father
12. Name Robert Newton Williams
13. Birthplace Mount Pleasant, Iowa (City or town) (State or foreign country)

Mother
14. Maiden name Ma'ala Allender
15. Birthplace Mount Pleasant, Iowa (City or town) (State or foreign country)

16. Informant's **OWN** Signature B Ross
and Address Clarkston, Washington

17. (a) removal (Burial, cremation, or removal) (b) Date thereof 9/12/44 (Month) (Day) (Year)
(c) Place: Wayland, Iowa

18. Funeral Director's **OWN** Signature H.A. Merchant
and Address Clarkston, Washington

19. (a) Sept. 12, 1944 (Date received and filed) (b) Ruth E. Keith (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH
(Month, Day, Year) Sept. 11 19 44
at 8 o'clock A M.

21. I HEREBY CERTIFY, That I attended deceased from August 1944, to Sept. 11 1944
I last saw h-tr alive on 9-10- 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Carcinoma Breast	
Metastases	
Due to	one year
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature Walter Merrill Williams (M. D. or other)
and Address Lewiston Date 9-11- 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

OCT 16 1944

Certificate Of Death

STATE OF IDAHO

State File No. 14061
Local Reg. No.
Reg. Dist. No.

1. PLACE OF DEATH:
(a) County Ney Perce
(b) City or town Lewiston
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? ✓ Outside? ..... city or town
(e) Died in a Home.... Hospital ✓ Institution.... Other place....
(f) Name Hosp. or Inst. St. Josephs Stayed 1 days
(g) Lived in this county ..... years ..... months 1 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Ney Perce
(c) City or town Lewiston
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? ✓ Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? — 1 years
(h) Former residence (city, state)

3. (a) FULL NAME David Augir 159

3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Date of Birth (Month, Day, Year) 9-11-44

8. AGE	Years	Months	Days	If less than 1 day
	—	—	—	15 hrs min.

9. Exact Occupation — Did this work for ..... yrs.
10. Industry or Business — Date last worked
11. Birthplace Lewiston, Idaho (City or town) (State or foreign country)
Father
12. Name Ben Augir
13. Birthplace Potlach, Idaho (City or town) (State or foreign country)
Mother
14. Maiden name Helen Bolbos
15. Birthplace Lewiston, Idaho (City or town) (State or foreign country)
16. Informant's OWN Signature Benny M Augir
and Address Lewiston, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-15-44 (Month) (Day) (Year)
(c) Place: Lewiston, Idaho
18. Funeral Director's OWN Signature Vincent V. Vassar
and Address Lewiston, Idaho
19. (a) Oct. 7, 1944 (Date received and filed) (b) Ruth E. Kitts (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 9-12 1944
at 8:00 o'clock a. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 9-11 1944 to 9-12 1944,
I last saw him alive on 9-12 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
~~Primitive Bowl~~	
Respiratory failure	
Due to Primitive Bowl	
✓ Due to	
Other conditions None	
(Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYISCIAN
Name of operation ..... Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ✓ Suicide? ✓ Homicide? ✓
Occurred ✓ 19.... City, county, state where violence occurred
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work?
Means of injury None
23. Attendant's OWN Signature Joseph C. Boldrick, M.D. (M. D. or other)
and Address ..... Date ..... 19....
(For additional space, use reverse side)

Boldrick

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce OCT 10 1944
Bureau of the Census

NON-RESIDENT
Certificate Of Death
STATE OF IDAHO

State File No. 140629
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF DEATH:**
(a) County Nezperce
(b) City or town Lewiston
(c) Street Address or R.F.D. No. 4th Ave & 6th St
(d) Death Occured Inside? X Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. St Joseph Stayed days
(g) Lived in this county years months 21 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Wash. (b) County Asotin
(c) City or town Clarkston
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? U S of America
(g) How long had deceased lived in Idaho? 3 Weeks years
(h) Former residence (city, state) Clarkston Wash

3. (a) **FULL NAME** Elizabeth Rebecca Parks

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife George B Parks 6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Nov. 15, 1868

8. AGE	Years	Months	Days	If less than 1 day
	75	9	29	hrs min.

9. Exact Occupation Housewife Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace North Yamhill, Oregon (City or town) (State or foreign country)

Father
12. Name Wm R. Whitley
13. Birthplace St. Louis, Missouri (City or town) (State or foreign country)

Mother
14. Maiden name Maria Standley
15. Birthplace Des Moines, Iowa (City or town) (State or foreign country)

16. Informant's **OWN** Signature Fred Parks
and Address Kootenai, Idaho
17. (a) Burial (b) Date thereof 9/17/44 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: Lewiston, Idaho
18. Funeral Director's **OWN** Signature H P Merchant
and Address Clarkston, Wash.
19. (a) Sept 14 1944 (b) Ruth E Keith (Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Sept. 13 1944
at 7:05 o'clock A.M.
21. **I HEREBY CERTIFY,** That I attended deceased from June 1943, to Sept 13 1944
I last saw her alive on Sept 12 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration
Paralysis Agitans 3 years
Due to —
Due to —
Other conditions —
(Include pregnancy within 3 months of death)
Where was disease contracted?
Name of operation none Date
Major finding —
Finding of autopsy none

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature Paul W Johnson (M. D. or other)
and Address Lewiston Ida. Date 9-14 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

OCT 18 1944

Certificate Of Death

STATE OF IDAHO

State File No. 14062
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF DEATH:**
   (a) County Nez Perce
   (b) City or town Lewiston
   (c) Street Address or R. F. D. No.
   (d) Death Occured Inside? ✓ Outside? city or town
   (e) Died in a Home Hospital ✓ Institution Other place
   (f) Name Hosp. or Inst St. Joseph's Stayed 11 days
   (g) Lived in this county 2 years months days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Nez Perce
   (c) City or town Lewiston
   (d) Street Address or R.F.D. No. Grostein Blk.
   (e) Deceased lived Inside? ✓ Outside? city or town
   (f) Citizen of what country? U. S. A.
   (g) How long had deceased lived in Idaho? 2 years
   (h) Former residence (city, state)

3. (a) **FULL NAME** May King

3. (b) If veteran, name war None
3. (c) Social Security No.
4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) 7-29-1875

8. AGE	Years	Months	Days	If less than 1 day
	69	1	14	hrs min.

9. Exact Occupation Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Jasper Co. Illinois (City or town) (State or foreign country)

Father
12. Name Joseph Greenwood
13. Birthplace no record (City or town) (State or foreign country)

Mother
14. Maiden name Martha Chandler
15. Birthplace no record (City or town) (State or foreign country)

16. Informant's **OWN** Signature Lois Cox
and Address Lewiston, Idaho

17. (a) removal (b) Date thereof 9-15-44 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: Orofino, Idaho

18. Funeral Director's **OWN** Signature Vincent V. Vassar
and Address Lewiston, Idaho

19. (a) Oct 3 1944 (b) Ruth Faith
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 9-13 1944
at 5:00 o'clock a. M.

21. **I HEREBY CERTIFY**, That I attended deceased from Aug 24 1944 to Sept 13 1944
I last saw her alive on Sept 12 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Uremia	
Due to Hypertension	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation Date	
Major finding	
Finding of autopsy	

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature J. M. Lyle
and Address Lewiston (M. D. or other) Date 9-18 1944
(For additional space, use reverse side)

NON-RESIDENT
Certificate Of Death

United States
Department of Commerce
Bureau of the Census

OCT 16 1944

STATE OF IDAHO

State File No. 140622
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF DEATH:**
   (a) County Nez Perce
   (b) City or town Lewiston
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? X Outside? city or town
   (e) Died in a Home.... Hospital X Institution.... Other place....
   (f) Name Hosp. or Inst. St. Joseph Stayed days
   (g) Lived in this county 16 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Wash. (b) County Asotin
   (c) City or town Asotin
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? X Outside? city or town
   (f) Citizen of what country? U.S.a.
   (g) How long had deceased lived in Idaho? -1 years
   (h) Former residence (city, state) Asotin

3. (a) **FULL NAME** George Jungert

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3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex male
5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Prudy
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) November 5, 1895

8. AGE	Years	Months	Days	If less than 1 day
	58	10	12	hrs min.

9. Exact Occupation Real Estate Did this work for yrs.
10. Industry or Business Agent Date last worked
11. Birthplace Wisconsin (City or town) (State or foreign country)

Father
12. Name J. P. Jungert
13. Birthplace Germany (City or town) (State or foreign country)

Mother
14. Maiden name Sophie Vey
15. Birthplace Germany (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mrs. D. Jungert
and Address Asotin, Washington

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 9-23-44 (Month) (Day) (Year)
(c) Place: Lewiston, Idaho

18. Funeral Director's **OWN** Signature Vincent V. Passar
and Address Lewiston, Idaho

19. (a) Oct 10 1944 (Date received and filed) (b) Ruth E. Keith (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) September 17, 1944
at 2:00 o'clock p. M.

21. **I HEREBY CERTIFY**, That I attended deceased fr[illegible] Sept 1 1944, to Sept 17 1944
I last saw h[illegible] alive on Sept 17 1944, death is said to have occurred on the [illegible] and hour stated above.

Immediate Cause of Death:	Duration
Abscess Liver	2 wks
Due to Cholecystitis	2 weeks
Due to	
Other conditions Diabetes Mellitus (Include pregnancy within 3 months of death)	10 yrs

Where was disease contracted? Clarkston Wash
Name of operation Incision & Drainage Date Sept 21 1944
Major finding Pus abscess
Finding of autopsy have been made

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature E. G. Broadbent M.D. (M. D. or other)
and Address Lewiston Idaho Date 10-10 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Brad

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

OCT 16 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140623
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF DEATH:**
   (a) County Nez Perce
   (b) City or town Lapwai
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? In Outside? city or town
   (e) Died in a Home # Hospital Institution Other place
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Nez Perce
   (c) City or town Lapwai
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? In Outside? city or town
   (f) Citizen of what country?
   (g) How long had deceased lived in Idaho? years
   (h) Former residence (city, state)

3. (a) **FULL NAME** Raymond K. Michael

3. (b) If veteran, name war None

3. (c) Social Security No. 700-07-5577

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife ----

6. (c) Age of husband or wife if alive ---- years

7. Date of Birth (Month, Day, Year) March 9th, 1888

8. AGE	Years	Months	Days	If less than 1 day
	56	6	9	hrs min.

9. Exact Occupation R.R. Depot Agent — Did this work for yrs.

10. Industry or Business — Date last worked

11. Birthplace Green Castle (City or town) Indiana (State or foreign country)

Father
12. Name Not known
13. Birthplace Not known (City or town) (State or foreign country)

Mother
14. Maiden name Not known
15. Birthplace Not known (City or town) (State or foreign country)

16. Informant's **OWN** Signature Gordon G. Michael
and Address Moscow, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/21/1944 (Month) (Day) (Year)
(c) Place: Lewiston, Idaho

18. Funeral Director's **OWN** Signature R. B. Wann
and Address Lewiston, Idaho

19. (a) Oct 4, 1944 (Date received and filed) (b) Ruth Kuttler (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) September 18th, 1944
at o'clock M.

21. **I HEREBY CERTIFY**, That I attended deceased from 19, to 19
I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Natural Causes	
Probably Coronary Thrombosis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature R. B. Wann M. D.
and Address Lewiston Idaho Date 9/19 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

OCT 18 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140624
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF DEATH:**
   (a) County Nez Perce
   (b) City or town Lewiston
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? X Outside? city or town
   (e) Died in a Home Hospital X Institution Other place
   (f) Name Hosp. or Inst. St. Joseph Stayed days
   (g) Lived in this county 47 years months days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Nez Perce
   (c) City or town ~~Lewiston~~ Peck
   (d) Street Address or R.F.D. No. 1
   (e) Deceased lived Inside? X Outside? city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 61 years
   (h) Former residence (city, state)

3. (a) **FULL NAME** Cora Emma Tumelson

95c

3. (b) If veteran, name war 0000
3. (c) Social Security No. ------
4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Jesse
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) February 12, 1883

8. AGE	Years	Months	Days	If less than 1 day
	61	7	8	hrs min.

9. Exact Occupation housewife Did this work for yrs.
10. Industry or Business at home Date last worked
11. Birthplace Garnett, Kansas (City or town) (State or foreign country)

Father
12. Name J. T. Springston
13. Birthplace Illinois (City or town) (State or foreign country)

Mother
14. Maiden name Rose Duston
15. Birthplace Iowa (City or town) (State or foreign country)

16. Informant's **OWN** Signature C. E. Tumelson
and Address Lewiston, Idaho

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 9-22-44 (Month) (Day) (Year)
(c) Place: Lewiston, Idaho

18. Funeral Director's **OWN** Signature Willard O. Dassen
and Address Lewiston, Idaho

19. (a) Oct 10 1944 (Date received and filed) (b) Dorothy E. Keith (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 9-20-44 19
at 1:00 o'clock a.M.

21. **I HEREBY CERTIFY,** That I attended deceased from Jan 1 1930, to 9-20 1944
I last saw her alive on 9-19 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cardiac Asthma	10 yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? Nez Perce Co Idaho
Name of operation None Date
Major finding
Finding of autopsy None

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature E. G. Brueck MD (M. D. or other)
and Address Lewiston Idaho Date 10-10 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

OCT 16 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140625
Local Reg. No.
Reg. Dist. No.

1. PLACE OF DEATH:
(a) County Nez Perce
(b) City or town Lewiston
(c) Street Address or R.F.D. No. 1325 18th, Ave.
(d) Death Occured Inside? In Outside? city or town
(e) Died in a Home # Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 33 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Nez Perce
(c) City or town Lewiston
(d) Street Address or R.F.D. No. 1325 18th, Ave.
(e) Deceased lived Inside? In Outside? city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? 33 years
(h) Former residence (city, state)

3. (a) **FULL NAME** Lloyd M. Carr

163 M

3. (b) If veteran, name war None
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Charlotte Rae
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) July 29th, 1880

8. AGE	Years	Months	Days	If less than 1 day
	64	1	24	hrs min.

9. Exact Occupation Retired Mail Carrier Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Iowa (City or town) (State or foreign country)
Father
12. Name Hugh Carr
13. Birthplace Not known (City or town) (State or foreign country)
Mother
14. Maiden name ——— Miller
15. Birthplace Not known (City or town) (State or foreign country)
16. Informant's OWN Signature Mrs. Milton L. Carr
and Address Lewiston, Idaho
17. (a) ~~Fun~~ Removal (Burial, cremation, or removal) (b) Date thereof 9/30/1944 (Month) (Day) (Year)
(c) Place: Spokane, Washington
18. Funeral Director's OWN Signature R. B. Wann
and Address Lewiston, Idaho
19. (a) Oct. 4, 1944 (Date received and filed) (b) Ruth E. Keith (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) September 23rd, 1944 19
at unknown o'clock M.
21. **I HEREBY CERTIFY,** That I attended deceased from 19, to Sept 23 1944
I last saw him alive on 5/11/ 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Carbon monoxide poisoning	
Due to gas from exhaust of automobile	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted? none	PHYISCIAN Underline the cause to which death should be charged statistically.
Name of operation none Date	
Major finding	
Finding of autopsy none	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? yes Homicide? —
Occurred 9/23/ 1944 City, county, state where violence occurred Lewiston Nez Perce Co
Place of Violence: Home ✓ Farm — Industry
Public Place While at work?
Means of injury gas from exhaust pipe on automobile
23. Attendant's OWN Signature H. D. Clark MD (M. D. or other)
and Address Lewiston Idaho Date 10/2 1944
(For additional space, use reverse side)

Clark

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

OCT 16 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140626
Local Reg. No.
Reg. Dist. No.

1. PLACE OF DEATH:
(a) County Nez Perce
(b) City or town Lewiston
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? ✓ Outside? city or town
(e) Died in a Home Hospital ✓ Institution Other place
(f) Name Hosp. or Inst. St. Joseph's Stayed 13 days
(g) Lived in this county years 3 months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Bonner
(c) City or town Sandpoint
(d) Street Address or R.F.D. No. 916 Church St.
(e) Deceased lived Inside? ✓ Outside? city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 25 years
(h) Former residence (city, state) Sandpoint, Idaho

3. (a) FULL NAME Mrs. Floa Bonny 139a

3. (b) If veteran, name war —
3. (c) Social Security No. 519-12-8189
4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced separated
6. (b) Name of husband or wife William
6. (c) Age of husband or wife if alive 58 years
7. Date of Birth (Month, Day, Year) 2-18-1893

8. AGE	Years	Months	Days	If less than 1 day
	51	2	18	hrs min.

9. Exact Occupation Housewife Did this work for 5 yrs.
10. Industry or Business Rowlands Hotel Date last worked 6-1-44
11. Birthplace Rooks Co. Kansas (City or town) (State or foreign country)
Father
12. Name Fred Snow
13. Birthplace no record (City or town) (State or foreign country)
Mother
14. Maiden name Etta Camp
15. Birthplace no record (City or town) (State or foreign country)
16. Informant's OWN Signature Mrs. James Cobb
and Address 828-4th St. Lewiston
17. (a) removal (Burial, cremation or removal) (b) Date thereof 9-26-44 (Month) (Day) (Year)
(c) Place: Sandpoint, Idaho
18. Funeral Director's OWN Signature Vincent V. Vassar
and Address Lewiston, Idaho
19. (a) Oct. 10, 1944 (Date received and filed) (b) Ruth E. Keith (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 9-24 1944
at 2:15 o'clock a M.
21. **I HEREBY CERTIFY,** That I attended deceased from 9-9 1944, to 9-24 1944
I last saw her alive on 9-23 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Embolism R Lung	16 hrs
Due to Pelvic infection	2 wks
Due to Uterine Fibroids	2 yrs
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? Lewiston Idaho
Name of operation Hysterectomy Date 9-10-44
Major finding Infected Tubes, Fibroids
Finding of autopsy None made

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature E G Braddock MD (M. D. or other)
and Address Lewiston Ida Date 10-10 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

OCT 16 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140627
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF DEATH:**
   (a) County Nez Perce
   (b) City or town Lewiston
   (c) Street Address or R. F. D. No.
   (d) Death Occured Inside? ✓ Outside? city or town
   (e) Died in a Home Hospital Institution ✓ Other place
   (f) Name Hosp. or Inst. Somerville Hom Stayed 200 days
   (g) Lived in this county 50 years months ~~days~~
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Nez Perce
   (c) City or town Lewiston
   (d) Street Address or R.F.D. No. Do France Hotel
   (e) Deceased lived Inside? ✓ Outside? city or town
   (f) Citizen of what country? U. S. A.
   (g) How long had deceased lived in Idaho? 50 years
   (h) Former residence (city, state)

3. (a) **FULL NAME** Mike Powers

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male race White
5. Color or
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Anna
6. (c) Age of husband or wife if alive 64 years
7. Date of Birth (Month, Day, Year) 10 - 10 - 1873

8. AGE	Years	Months	Days	If less than 1 day
	70	11	15	hrs min.

9. Exact Occupation Baker — Did this work for yrs.
10. Industry or Business Cook — Date last worked 1940
11. Birthplace Wisconsin (City or town) (State or foreign country)

Father
12. Name John H. Powers
13. Birthplace Springfield, Ohio (City or town) (State or foreign country)

Mother
14. Maiden name Sally Dellit
15. Birthplace Dublin, Ireland (City or town) (State or foreign country)

16. Informant's **OWN** Signature Bart Powers
and Address Lewiston, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-28-44 (Month) (Day) (Year)
(c) Place: Lewiston, Idaho

18. Funeral Director's **OWN** Signature Vincent V. Vassar
and Address Lewiston, Idaho

19. (a) Oct 3, 1944 (Date received and filed) (b) Ruth E. Faulk (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 9-25- 1944
at o'clock M.

21. **I HEREBY CERTIFY**, That I attended deceased from Jan. 1942, to Sept 1944
I last saw him alive on 9-24- 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Coronary Thrombosis	
✓ Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation Date	
Major finding	
Finding of autopsy	

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature Walter M. Williams (M. D. or other)
and Address Lewiston Date 9-30 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

OCT 16 1944

NON-RESIDENT
Certificate Of Death
STATE OF IDAHO

State File No. 140628
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF DEATH:**
   (a) County NEZ PERCE
   (b) City or town LEWISTON
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? X Outside? city or town
   (e) Died in a Home Hospital X Institution Other place
   (f) Name Hosp. or Inst. ST. JOSEPHS Stayed 1 days
   (g) Lived in this county years months 35 days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State CALIFORNIA (b) County ALAMEDA
   (c) City or town BERKLEY
   (d) Street Address or R.F.D. No. CARREL ST.
   (e) Deceased lived Inside? Outside? city or town
   (f) Citizen of what country? UNITED STATES
   (g) How long had deceased lived in Idaho? 5wks years
   (h) Former residence (city, state) BERKLEY, CAL.

3. (a) **FULL NAME** OASIS F. SILVERNAIL

3. (b) If veteran, name war NO
3. (c) Social Security No. NONE
4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife MARY
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) NOVEMBER 4, 1856

8. AGE	Years	Months	Days	If less than 1 day
	87	9	21	hrs min.

9. Exact Occupation CARPENTER — Did this work for LIFE yrs.
10. Industry or Business VARIOUS ODD JOBS — Date last worked UNKNOWN
11. Birthplace UNKNOWN (City or town) (State or foreign country)

Father
12. Name JAMES SILVERNAIL
13. Birthplace UNKNOWN (City or town) (State or foreign country)

Mother
14. Maiden name EMILY SHAW
15. Birthplace UNKNOWN (City or town) (State or foreign country)

16. Informant's **OWN** Signature Albert Altmiller
and Address LEWISTON, IDAHO

17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof SEPTEMBER 27 44 (Month) (Day) (Year)
(c) Place: WOODLAND CEMETERY

18. Funeral Director's **OWN** Signature George B. Blake
and Address GEORGE B. BLAKE

19. (a) Sept 28 1944 (Date received and filed) (b) Beatrice Keeth (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 9-25- 1944
at o'clock M.

21. **I HEREBY CERTIFY**, That I attended deceased from 9-24 1944, to 9-25- 1944
I last saw h.i.m alive on 9-24-1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebral embolus.	
Due to Arteriosclerosis,	
Due to Senility	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature A. C. White M.D.
and Address Lewiston, Ida. (M. D. or other) Date 9-26 1944
(For additional space, use reverse side)

NON-RESIDENT

140629

United States
Department of Commerce
Bureau of the Census

OCT 16 1944

Certificate Of Death

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF DEATH:
(a) County Nez Perce
(b) City or town Lewiston
(c) Street Address or R.F.D. No. St. Joesph Hosp.
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Home .... Hospital X Institution .... Other place ....
(f) Name Hosp. or Inst. St. Joesph Stayed 2 days
(g) Lived in this county ..... years ..... months 2 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Washington (b) County Asotin
(c) City or town Clarkston
(d) Street Address or R.F.D. No. 15th & Poplar
(e) Deceased lived Inside? ..... Outside? X city or town
(f) Citizen of what country? United States
(g) How long had deceased lived in Idaho? 2 days years
(h) Former residence (city, state) Clarkston, Wash

3. (a) **FULL NAME** Effa A. Ayers

93d

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Roy B. Ayers
6. (c) Age of husband or wife if alive 55 years
7. Date of Birth (Month, Day, Year) May 15, 1887

8. AGE	Years	Months	Days	If less than 1 day
	57	4	11	hrs min.

9. Exact Occupation housewife Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Neodesha (City or town) Kansas (State or foreign country)
Father
12. Name W. T. Hurst
13. Birthplace ..... (City or town) Kansas (State or foreign country)
Mother
14. Maiden name Sarah A. Spillman
15. Birthplace ..... (City or town) Kansas (State or foreign country)
16. Informant's OWN Signature Roy B. Ayers
and Address Clarkston
17. (a) removal (Burial, cremation, or removal) (b) Date thereof 9/26/44 (Month) (Day) (Year)
(c) Place: Clarkston, Wash
18. Funeral Director's OWN Signature H. R. Merchant
and Address Clarkston, Wash
19. (a) Sept 27 1944 (Date received and filed) (b) Ruth E. Keith (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) September 26, 1944
at 1:00 o'clock A.M.
21. **I HEREBY CERTIFY,** That I attended deceased from 1-2 1943, to 9-26 1944
I last saw her alive on 9-26 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Chronic Myocarditis	unknown
Due to	
Due to	
Other conditions La Grippe (Include pregnancy within 3 months of death)	6 days

Where was disease contracted? ?
Name of operation ..... Date .....
Major finding 0
Finding of autopsy 0

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? — Suicide? — Homicide? .....
Occurred ..... 19.... City, county, state where violence occurred —
Place of Violence: Home — Farm — Industry .....
Public Place — While at work? .....
Means of injury .....
23. Attendant's OWN Signature [signature] (M. D. or other)
and Address Lewiston Ida Date 9-27 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

OCT 16 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140634
Local Reg. No.
Reg. Dist. No.

1. PLACE OF DEATH:
(a) County Ney Perce
(b) City or town Lewiston
(c) Street Address or R.F.D. No. 1307-16th Ave
(d) Death Occured Inside? ✓ Outside? ..... city or town
(e) Died in a Home ✓ Hospital ..... Institution ..... Other place .....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 38 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Ney Perce
(c) City or town Lewiston
(d) Street Address or R.F.D. No. 1307-16th Ave
(e) Deceased lived Inside? ✓ Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 38 years
(h) Former residence (city, state) .....

3. (a) FULL NAME Robert M. Andres

3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Elizabeth
6. (c) Age of husband or wife if alive 71 years
7. Date of Birth (Month, Day, Year) 6-11-1863

8. AGE	Years	Months	Days	If less than 1 day
	81	3	18	hrs min.

9. Exact Occupation laborer — Did this work for ..... yrs.
10. Industry or Business general — Date last worked .....
11. Birthplace Chippewa Falls, Wisconsin (City or town) (State or foreign country)
Father
12. Name Dona Andres
13. Birthplace Germany (City or town) (State or foreign country)
Mother
14. Maiden name Maria Rubenser
15. Birthplace Bohemia (City or town) (State or foreign country)
16. Informant's OWN Signature Adam M. Andrews
and Address Lewiston, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 16-5-44 (Month) (Day) (Year)
(c) Place: Lewiston, Idaho
18. Funeral Director's OWN Signature Vincent V. Vasser
and Address Lewiston Idaho
19. (a) Oct 10, 1944 (Date received and filed) (b) Ruth E. Keith (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) 9-29 1944
at 8:30 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from 9-1 1927 to 9-27 1944
I last saw him alive on 9-29 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cerebral Hemorrhage — Duration
Due to .....
Due to .....
Other conditions .....
(Include pregnancy within 3 months of death)
Where was disease contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's OWN Signature John Nalley (M. D. or other)
and Address ..... Date ..... 19.....
(For additional space, use reverse side)

140631

United States
Department of Commerce
Bureau of the Census

OCT. 9 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 22
Reg. Dist. No. 530

1. **PLACE OF DEATH:**
(a) County Oneida
(b) City or town Malad
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. Oneida Stayed 1 days
(g) Lived in this county Life years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Oneida
(c) City or town Malad
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? Life years
(h) Former residence (city, state)

3. (a) FULL NAME Mary Ann Christensen

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3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female 5. Color or race Wht.
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) February 1 1939

8. AGE	Years	Months	Days	If less than 1 day
	5	7	3	hrs min.

9. Exact Occupation Child Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace (City or town) (State or foreign country)
Father
12. Name Niels Christensen
13. Birthplace Denmark (City or town) (State or foreign country)
Mother
14. Maiden name Emma Fidelia Babbitt
15. Birthplace Idaho (City or town) (State or foreign country)
16. Informant's OWN Signature Niels Christensen
and Address Malad Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-6-1944 (Month) (Day) (Year)
(c) Place: Malad Idaho Rt 1
18. Funeral Director's OWN Signature J. Guy Hensa
and Address Malad Idaho
19. (a) 9-5-1944 (Date received and filed) (b) J. Guy Hensa (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) September 4 1944
at 9:10 o'clock P.M.
21. **I HEREBY CERTIFY,** That I attended deceased from Sept. 3, 1944 to Sept. 4 1944
I last saw her alive on Sept. 4 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Third degree burns.	1 day.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ✓ Suicide? Homicide?
Occurred Sept. 3, 1944 City, county, state where violence occurred Oneida.
Place of Violence: Home ✓ Farm Industry
Public Place While at work?
Means of injury Clothing got alive while child was playing.
23. Attendant's OWN Signature J. P. Hart M.D. (M. D. or other)
and Address Sept. 5 Date Sept. 1944
(For additional space, use reverse side)

Malad Ida

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

140632

United States
Department of Commerce
Bureau of the Census OCT 9 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 140632
Local Reg. No. 23
Reg. Dist. No. 530

1. **PLACE OF DEATH:**
(a) County Oneida
(b) City or town Malad
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home X Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 72 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Oneida
(c) City or town Malad
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? 72 years
(h) Former residence (city, state)

3. (a) **FULL NAME** Isaac Evans

3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Male
5. Color or race Wht.
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Annie V. Jones
6. (c) Age of husband or wife if alive 74 years
7. Date of Birth (Month, Day, Year) Feb 28 1865

8. AGE	Years	Months	Days	If less than 1 day
	79	6	18	hrs ____ min.

9. Exact Occupation Farming — Did this work for 52 yrs.
10. Industry or Business Own Farm — Date last worked Sept 15 44
11. Birthplace Glamorgan Shire (City or town) Wales (State or foreign country)

Father
12. Name Benjamin Evans
13. Birthplace Wales (City or town) (State or foreign country)

Mother
14. Maiden name Mary Evans
15. Birthplace Wales (City or town) (State or foreign country)

16. Informant's **OWN** Signature James W. J. Evans
and Address Malad Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 18 44 (Month) (Day) (Year)
(c) Place: Malad Idaho
18. Funeral Director's **OWN** Signature J. Guy Benson
and Address Malad Idaho
19. (a) 9-18-1944 (Date received and filed) (b) J. Guy Benson (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) September 15 1944
at 11:30 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 9-15- 19 44, to 9-15- 19 44
I last saw h— alive on 9-15 19 44 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Apoplexy	
Due to Tired 3.5 hours	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ____ Date ____
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19 ____ City, county, state where violence occurred
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury

23. Attendant's **OWN** Signature O. H. Maher
and Address 9-18-44 (M. D. or other) Date ____ 19 ____
(For additional space, attach slip code)

United States
Department of Commerce
Bureau of the Census

OCT 9 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 140633
Local Reg. No. 74
Reg. Dist. No. 530

1. **PLACE OF DEATH:**
   (a) County Oneida
   (b) City or town Malad
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? X Outside? ____ city or town
   (e) Died in a Home X Hospital ____ Institution ____ Other place ____
   (f) Name Hosp. or Inst. ____ Stayed ____ days
   (g) Lived in this county 75 years ____ months ____ days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Oneida
   (c) City or town Malad
   (d) Street Address or R. F. D. No.
   (e) Deceased lived Inside? X Outside? ____ city or town
   (f) Citizen of what country?
   (g) How long had deceased lived in Idaho? 75 years
   (h) Former residence (city, state)

3. (a) **FULL NAME** Lovisa Lusk Jenkins 97

3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Female
5. Color or race Wht.
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Eston Jenkins
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) August 19 1869

8. AGE	Years	Months	Days	If less than 1 day
	75	1	2	hrs ____ min.

9. Exact Occupation Housewife — Did this work for 54 yrs.
10. Industry or Business Own Home — Date last worked May 1942
11. Birthplace Malad Idaho (City or town) (State or foreign country)

Father
12. Name John Lusk
13. Birthplace Penna. (City or town) (State or foreign country)

Mother
14. Maiden name Martha Tidwell
15. Birthplace Utah (City or town) (State or foreign country)

16. Informant's **OWN** Signature Jas Richards
and Address Malad Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 23 44 (Month) (Day) (Year)
(c) Place: Malad Idaho
18. Funeral Director's **OWN** Signature J Guy Hansen
and Address Malad Idaho
19. (a) 9-23-1944 (Date received and filed) (b) J Guy Hansen (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) September 21 1944
at 12:00 o'clock P.M.
21. **I HEREBY CERTIFY,** That I attended deceased from Sept 18 1944 to Sept 21 1944
I last saw h[illegible] alive on Sept 15 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cerebral Sclerosis — Duration
Due to General debility
Due to
Other conditions
(Include pregnancy within 3 months of death)
Where was disease contracted?
Name of operation ____ Date ____
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work?
Means of injury
23. Attendant's **OWN** Signature O K Malory (M. D. or other)
and Address Malad Date 9-22 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

140654

United States
Department of Commerce
Bureau of the Census OCT 9 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 25
Reg. Dist. No. 530

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
   (a) County Oneida
   (b) City or town Malad
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? X Outside? ____ city or town
   (e) Died in a Home X Hospital ____ Institution ____ Other place ____
   (f) Name Hosp. or Inst. ____ Stayed ____ days
   (g) Lived in this county 6 years ____ months ____ days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Oneida
   (c) City or town Malad
   (d) Street Address or R. F. D. No.
   (e) Deceased lived Inside? X Outside? ____ city or town
   (f) Citizen of what country?
   (g) How long had deceased lived in Idaho? Life years
   (h) Former residence (city, state)

3. (a) **FULL NAME** Clara Mae Anderson Thomas

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3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Female
5. Color or race Wht.
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Harold E. Thomas
6. (c) Age of husband or wife if alive 34 years
7. Date of Birth (Month, Day, Year) October 23 1908

8. **AGE**

Years	Months	Days	If less than 1 day
35	10	29	hrs ____ min.

9. Exact Occupation Housewife — Did this work for 6 yrs.
10. Industry or Business Own Home — Date last worked July 1944
11. Birthplace Oxford Idaho (City or town) (State or foreign country)

Father
12. Name Andrew Anderson
13. Birthplace Utah (City or town) (State or foreign country)

Mother
14. Maiden name Kate Quigley
15. Birthplace Idaho (City or town) (State or foreign country)

16. Informant's **OWN** Signature Harold E. Thomas
and Address Malad Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 25 44 (Month) (Day) (Year)
(c) Place: Malad Idaho
18. Funeral Director's **OWN** Signature J. Guy Hansen
and Address Malad Idaho
19. (a) 9-25-1944 (Date received and filed) (b) J. Guy Hansen (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) September 21 1944
at 8:20 o'clock A. M.

21. **I HEREBY CERTIFY,** That I attended deceased from Aug 1 1944 to Sept 21 1944
I last saw h— alive on Sept 21 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cancer of Liver	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ____ Date ____
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work?
Means of injury

23. Attendant's **OWN** Signature O. K. Mabey (M. D. or other)
and Address Malad Date 9-22 1944

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

OCT 16 1944

NON-RESIDENT
Certificate Of Death
STATE OF IDAHO

State File No. 140635
Local Reg. No. 173
Reg. Dist. No. 371

1. PLACE OF DEATH:
(a) County Owyhee
(b) City or town Rural
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? Outside? X city or town
(e) Died in a Home Hospital Institution X Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Michigan (b) County
(c) City or town Detroit, Mich
(d) Street Address or R.F.D. No. 10250 Flora St.
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? USA
(g) How long had deceased lived in Idaho? 21 days years
(h) Former residence (city, state)

3. (a) FULL NAME LEUTZE, Joseph C. Jr.

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3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) August 14 1920

8. AGE	Years	Months	Days	If less than 1 day
	24	0	29	hrs min.

9. Exact Occupation Soldier — Did this work for 1-2/3 yrs.
10. Industry or Business U S Army — Date last worked 9-13-44
11. Birthplace Iowa (City or town) (State or foreign country)
Father
12. Name Joseph H. Leutze, Sr.
13. Birthplace U S A (City or town) (State or foreign country)
Mother
14. Maiden name
15. Birthplace (City or town) (State or foreign country)
16. Informant's OWN Signature John Tolls
and Address MHAAF, Mtn Home, Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Sept 17, 1944 (Month) (Day) (Year)
(c) Place: Detroit, Michigan
18. Funeral Director's OWN Signature Sherwin Webb
and Address Boise, Idaho
19. (a) 9-16-44 (Date received and filed) (b) B. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) September 13 1944
at 1040 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from 19, to 19
I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Burns, 3rd degree, universal.	Instant
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Yes Suicide? Homicide?
Occurred September 13 1944 City, county, state where violence occurred Owyhee County, Idaho
Place of Violence: Home Farm Industry
Public Place While at work? Yes
Means of injury Air-craft accident
23. Attendant's OWN Signature John Neese
JOHN NEESE, Capt, MC (M. D. or other)
and Address MHAAF, Mtn Home Ida Date 9-15 1944
(For additional space, use reverse side)

AFFIDAVIT

Joseph H. Leutze, Sr., of Detroit, Michigan states that the certificate of the death of Joseph C. Leutze, Jr. on file in the Bureau of Records and Statistics, Idaho Department of Health, is in error and that the true facts are as set forth on the paragraph below.

Affiant states that question No. 12 , father's name Joseph C. Leutze, Sr. should be changed to Joseph H. Leutze, Sr.

Joseph H Leutze Sr.

Sworn to and subscribed before me, a notary public in and for the County of Wayne State of Michigan, this 18th day of October, 1944.

Butts Mrow Duff

Notary public

My Commission Expires May 18, 1946

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

OCT 16 1944

NON-RESIDENT
Certificate Of Death

STATE OF IDAHO

State File No. 14[illegible]56
Local Reg. No. 174
Reg. Dist. No. 371

1. PLACE OF DEATH:
(a) County Owyhee
(b) City or town Rural
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? Outside? x city or town
(e) Died in a Home.... Hospital.... Institution.... Other place. x
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Pa (b) County
(c) City or town Philadelphia
(d) Street Address or R.F.D. No. 1624 Haines St.
(e) Deceased lived Inside? x Outside? city or town
(f) Citizen of what country? USA
(g) How long had deceased lived in Idaho? 21 days years
(h) Former residence (city, state)

3. (a) **FULL NAME** KELLEY, Charles Jr.

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3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Margaret Kelley
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) September 8 1914

8. AGE	Years	Months	Days	If less than 1 day
	30	0	5	hrs min.

9. Exact Occupation Soldier — Did this work for 1-1/4 yrs.
10. Industry or Business U S Army — Date last worked 9-13-44
11. Birthplace Montgomery County, Pa (City or town) (State or foreign country)

Father
12. Name Charles M. Kelley
13. Birthplace USA (City or town) (State or foreign country)

Mother
14. Maiden name Unknown
15. Birthplace (City or town) (State or foreign country)

16. Informant's **OWN** Signature John Neese
and Address MHAAF, Mtn Home, Idaho
17. (a) Removal (b) Date thereof Sept 17 1944 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: Philadelphia, Penn.
18. Funeral Director's **OWN** Signature [illegible]
and Address Boise, Idaho
19. (a) 9-16-44 (Date received and filed) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) September 13 19 44
at 1040 o'clock A M.
21. **I HEREBY CERTIFY**, That I attended deceased from 19, to 19
I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Burns, 3rd degree, universal.	Instant
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Yes Suicide? Homicide?
Occurred 13 September 1944 City, county, state where violence occurred Owyhee County, Idaho
Place of Violence: Home Farm Industry
Public Place While at work? Yes
Means of injury Air-craft accident
23. Attendant's **OWN** Signature John Neese, Capt, MC (M. D. or other)
and Address MHAAF Mtn Home Ida Date 9/15/44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

OCT 16 1944

NON-RESIDENT
Certificate Of Death

STATE OF IDAHO

State File No. 140637
Local Reg. No. 1/3
Reg. Dist. No. 371

1. PLACE OF DEATH:
(a) County Owyhee
(b) City or town Rural
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? Outside? X city or town
(e) Died in a Home Hospital Institution X Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State California (b) County
(c) City or town San Diego, California
(d) Street Address or R.F.D. No. 4425 - 24th St.
(e) Deceased lived Inside? Outside? city or town
(f) Citizen of what country? USA
(g) How long had deceased lived in Idaho? 21 days years
(h) Former residence (city, state)

3. (a) **FULL NAME** MAHON, Clyde D.

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) October 23 1925

8. AGE	Years	Months	Days	If less than 1 day
	18	10	20	hrs min.

9. Exact Occupation Soldier — Did this work for 11/12 yrs.
10. Industry or Business U S Army — Date last worked 9-13-44
11. Birthplace Lakewood, N J (City or town) (State or foreign country)
Father
12. Name George C Mahon
13. Birthplace Unknown (City or town) (State or foreign country)
Mother
14. Maiden name Marion I (Unknown)
15. Birthplace Unknown (City or town) (State or foreign country)
16. Informant's **OWN** Signature John Rollo
and Address MHAAF, Mtn Home, Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Sept 17 1944 (Month) (Day) (Year)
(c) Place: San Diego, Calif
18. Funeral Director's **OWN** Signature Sherwin Webb
and Address Boise Idaho
19. (a) 9-16-44 (Date received and filed) (b) R. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) September 13 1944
at 1040 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from 19, to 19
I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Burns, 3rd degree, universal	Instant
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Yes Suicide? Homicide?
Occurred September 13 1944 City, county, state where violence occurred Owyhee County Idaho
Place of Violence: Home Farm Industry
Public Place While at work? Yes
Means of injury Air craft accident
23. Attendant's **OWN** Signature JOHN NEESE, Capt, MC (M. D. or other)
and Address MHAAF Mtn Home Ida Date 9-15 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census OCT 16 1944

NON-RESIDENT
Certificate Of Death

STATE OF IDAHO

State File No. 140638
Local Reg. No. 176
Reg. Dist. No. 371

1. PLACE OF DEATH:
(a) County Owyhee
(b) City or town Rural
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? Outside? X city or town
(e) Died in a Home Hospital Institution X Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Pa (b) County
(c) City or town Pittsburgh
(d) Street Address or R.F.D. No. 24 Holdane, St
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? USA
(g) How long had deceased lived in Idaho? 21 days years
(h) Former residence (city, state)

3. (a) FULL NAME WEAVER, John D

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) June 19 1916

8. AGE	Years	Months	Days	If less than 1 day
	28	3	3	hrs min.

9. Exact Occupation Soldier — Did this work for 1 1/4 yrs.
10. Industry or Business U S Army — Date last worked 9-13-44
11. Birthplace Pittsburgh, Pa (City or town) (State or foreign country)

Mother Father
12. Name
13. Birthplace (City or town) (State or foreign country)
14. Maiden name Florence (Unknown)
15. Birthplace U S A (City or town) (State or foreign country)

16. Informant's **OWN** Signature John Calco
and Address MHAAF, Mtn Home, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 17 1944 (Month) (Day) (Year)
(c) Place: Pittsburgh, Penn.
18. Funeral Director's **OWN** Signature Atherton Wright
and Address Boise Idaho
19. (a) 9-16-44 (Date received and filed) (b) R Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH
(Month, Day, Year) September 13 1944
at 1040 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from 19, to 19
I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Burns, 3rd degree, universal	Instant
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Yes Suicide? Homicide?
Occurred September 13 1944 City, county, state where violence occurred Owyhee County, Idaho
Place of Violence: Home Farm Industry
Public Place While at work? Yes
Means of injury Air-craft accident

23. Attendant's **OWN** Signature JOHN NEESE, Capt., MC (M. D. or other)
and Address MHAAF Mtn Home Ida Date 9-15 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census OCT 16 1944

NON-RESIDENT
Certificate Of Death
STATE OF IDAHO

State File No. 14065
Local Reg. No. 177
Reg. Dist. No. 371

1. **PLACE OF DEATH:**
(a) County Owyhee
(b) City or town Rural
(c) Street Address or R.F.D. No.
(d) Death Occured Inside?..... Outside? X city or town
(e) Died in a Home.... Hospital.... Institution X. Other place....
(f) Name Hosp. or Inst..... Stayed.....days
(g) Lived in this county.....years .....months .....days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Tenn. (b) County
(c) City or town Nashville, Tenn
(d) Street Address or R.F.D. No. 705 Woodland St
(e) Deceased lived Inside?.....Outside?.....city or town
(f) Citizen of what country? USA
(g) How long had deceased lived in Idaho? 21 days years
(h) Former residence (city, state)

3. (a) **FULL NAME** WILEY, James T.

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) December 8 1925

8. AGE	Years	Months	Days	If less than 1 day
	18	9	5	hrs min.

9. Exact Occupation Soldier — Did this work for 1-2/3 yrs.
10. Industry or Business U S Army — Date last worked 9-13-44
11. Birthplace Franklin, Tenn. (City or town) (State or foreign country)

Mother Father
12. Name Unknown
13. Birthplace (City or town) (State or foreign country)
14. Maiden name Virginia Williams
15. Birthplace U S A (City or town) (State or foreign country)

16. Informant's **OWN** Signature John Reese
and Address MHAAF, Mtn Home, Idaho
17. (a) Removal (Burial, cremation, or removal), (b) Date thereof Sept 17 1944 (Month) (Day) (Year)
(c) Place: Nashville Tenn
18. Funeral Director's **OWN** Signature
and Address Boise
19. (a) 9-16-44 (Date received and filed) (b) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) September 13 19 44
at 1040 o'clock A M.
21. **I HEREBY CERTIFY**, That I attended deceased from ..... 19..... to ..... 19.....
I last saw h..... alive on ..... 19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Burns, 3rd degree, universal	Instant
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Yes Suicide? Homicide?
Occurred September 13 19 44 City, county, state where violence occurred Owyhee County, Idaho
Place of Violence: Home Farm Industry
Public Place While at work? Yes
Means of injury Air-craft accident
23. Attendant's **OWN** Signature John Neese
JOHN NEESE, Capt., MC (M. D. or other)
and Address MHAAF, Mtn Home Ida. Date 9-15 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

OCT 16 1944

NON-RESIDENT
Certificate Of Death
STATE OF IDAHO

140649

State File No.
Local Reg. No. 178
Reg. Dist. No. 371

1. PLACE OF DEATH:
(a) County Owyhee
(b) City or town Rural
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? Outside? x city or town
(e) Died in a Home Hospital Institution Other place x
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Michigan (b) County
(c) City or town Dearborn
(d) Street Address or R.F.D. No. 3480 Dearborn Ave
(e) Deceased lived Inside? Outside? city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? 21 days years
(h) Former residence (city, state)

3. (a) **FULL NAME** KRONBERG, Lawrence E

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) July 27 1925

8. AGE	Years	Months	Days	If less than 1 day
	19	1	16	hrs min.

9. Exact Occupation Soldier Did this work for 1 yrs.
10. Industry or Business U S Army Date last worked 9-13-44
11. Birthplace Dearborn, Michigan (City or town) (State or foreign country)
Father
12. Name William Kronberg
13. Birthplace USA (City or town) (State or foreign country)
Mother
14. Maiden name Unknown
15. Birthplace (City or town) (State or foreign country)
16. Informant's **OWN** Signature John Kollo
and Address MHAAF, Mtn Home, Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Sept 17 1944 (Month) (Day) (Year)
(c) Place: Dearborn, Michigan
18. Funeral Director's **OWN** Signature Sherwin Webb
and Address Boise Idaho
19. (a) 9-16-44 (Date received and filed) (b) R. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) September 13 1944
at 1040 o'clock A.M.
21. **I HEREBY CERTIFY,** That I attended deceased from 19, to 19
I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Burns, 3rd degree, universal	Instant
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Yes Suicide? Homicide?
Occurred September 13 1944 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work? Yes
Means of injury Air-craft accident
23. Attendant's **OWN** Signature John Neese
JOHN NEESE, Capt, MC (M. D. or other)
and Address MHAAF Mtn Home Ida Date 9-15 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

NON-RESIDENT
Certificate Of Death
STATE OF IDAHO

United States
Department of Commerce
Bureau of the Census

OCT 6 1944

State File No. 140641
Local Reg. No. 179
Reg. Dist. No. 371

1. PLACE OF DEATH:
(a) County Owyhee
(b) City or town Rural
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? Outside? X city or town
(e) Died in a Home Hospital Institution X Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Alabama (b) County
(c) City or town Birmingham, Ala
(d) Street Address or R.F.D. No. 1044 Birmingham St
(e) Deceased lived Inside? Outside? city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? 21 days years
(h) Former residence (city, state)

3. (a) FULL NAME DAVIS, Billy

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) April 2 1924

8. AGE	Years	Months	Days	If less than 1 day
	20	5	11	hrs min.

9. Exact Occupation Soldier — Did this work for 1-¼ yrs.
10. Industry or Business U S Army — Date last worked 9-13-44
11. Birthplace Tarrant City, Ala (City or town) (State or foreign country)

Father
12. Name
13. Birthplace (City or town) (State or foreign country)

Mother
14. Maiden name Bertha Mc Combs
15. Birthplace USA (City or town) (State or foreign country)

16. Informant's OWN Signature John Tolls
and Address MHAAF, Mtn Home, Idaho

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Sept 17 1944 (Month) (Day) (Year)
(c) Place: Birmingham, Alabama

18. Funeral Director's OWN Signature
and Address Boise Idaho

19. (a) 9-16-44 (Date received and filed) (b) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) September 13 1944
at 1040 o'clock A M.

21. I HEREBY CERTIFY, That I attended deceased from 19, to 19
I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Burns, 3rd degree, universal	Instant
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Yes Suicide? Homicide?
Occurred September 13 1944 City, county, state where violence occurred Owyhee County, Idaho
Place of Violence: Home Farm Industry
Public Place While at work? Yes
Means of injury Air-craft accident

23. Attendant's OWN Signature John Neese
JOHN NEESE, Capt, MC (M. D. or other)
and Address MHAAF Mtn Home Ida Date 9-15 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

OCT 16 1944

NON-RESIDENT
Certificate Of Death
STATE OF IDAHO

State File No. 140642
Local Reg. No. 180
Reg. Dist. No. 371

1. PLACE OF DEATH:
(a) County Owyhee
(b) City or town Rural
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? Outside? X city or town
(e) Died in a Home Hospital Institution Other place X
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Pa (b) County
(c) City or town Greencastle, Pa
(d) Street Address or R.F.D. No. RD
(e) Deceased lived Inside? Outside? X city or town
(f) Citizen of what country? USA
(g) How long had deceased lived in Idaho? 21 days years
(h) Former residence (city, state)

3. (a) FULL NAME ZARGER, Richard A.

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) October 18 1924

8. AGE	Years	Months	Days	If less than 1 day
	19	10	25	hrs min.

9. Exact Occupation Soldier Did this work for 1-1/3 yrs.
10. Industry or Business U S Army Date last worked 9-13-44
11. Birthplace Unknown (City or town) Maryland (State or foreign country)
Father
12. Name Arthur B Zarger
13. Birthplace USA (City or town) (State or foreign country)
Mother
14. Maiden name Unknown
15. Birthplace (City or town) (State or foreign country)
16. Informant's OWN Signature John Rollo
and Address MHAAF, Mtn Home, Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Sept 17 1944 (Month) (Day) (Year)
(c) Place Greencastle, Penn.
18. Funeral Director's OWN Signature Sherrin Webb
and Address Boise Idaho
19. (a) 9-16-44 (Date received and filed) (b) K Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) September 13 1944
at 1040 o'clock A M.
21. **I HEREBY CERTIFY**, That I attended deceased from 19, to 19
I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Burns, 3rd degree, universal	Instant
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation Date	
Major finding	
Finding of autopsy	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Yes Suicide? Homicide?
Occurred September 13 1944 City, county, state where violence occurred Owyhee County, Idaho
Place of Violence: Home Farm Industry
Public Place While at work? Yes
Means of injury Air-craft accident
23. Attendant's OWN Signature JOHN NEESE, Capt, MC (M. D. or other)
and Address MHAAF Mtn Home Ida Date 9-15 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census **OCT 16 1944**

NON-RESIDENT
Certificate Of Death
STATE OF IDAHO

State File No. 140643
Local Reg. No. 181
Reg. Dist. No. 371

1. **PLACE OF DEATH:**
   (a) County Owyhee
   (b) City or town Rural
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? Outside? X city or town
   (e) Died in a Home Hospital Institution X Other place
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county years months days

   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Michigan (b) County
   (c) City or town Roseville
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? Outside? city or town
   (f) Citizen of what country? U S A
   (g) How long had deceased lived in Idaho? 21 days years
   (h) Former residence (city, state)

3. (a) **FULL NAME** JONES, Harry N.

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) August 21 1923

8. AGE	Years	Months	Days	If less than 1 day
	21	0	22	hrs min.

9. Exact Occupation Soldier — Did this work for 1-3/4 yrs.
10. Industry or Business U S Army — Date last worked 9-13-44
11. Birthplace (City or town) Michigan (State or foreign country)

Father
12. Name
13. Birthplace (City or town) (State or foreign country)

Mother
14. Maiden name Veronica Barteau
15. Birthplace U S A (City or town) (State or foreign country)

16. Informant's **OWN** Signature John Toles
and Address MHAAF, Mtn Home, Idaho

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Sept. 16, 1944 (Month) (Day) (Year)
(c) Place: Detroit, Michigan

18. Funeral Director's **OWN** Signature
and Address Boise, Idaho

19. (a) 9-16-44 (Date received and filed) (b) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH**
(Month, Day, Year) September 13 1944
at 1040 o'clock A M.

21. **I HEREBY CERTIFY**, That I attended deceased from 19, to 19
I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Burns, 3rd degree, universal.	Instant
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation Date	
Major finding	
Finding of autopsy	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Yes Suicide? Homicide?
Occurred September 13 1944 City, county, state where violence occurred Owyhee County, Idaho
Place of Violence: Home Farm Industry
Public Place While at work? Yes
Means of injury Air-craft accident

23. Attendant's **OWN** Signature John Neese
(M. D. or other)
and Address MHAAF Mtn Home Ida Date 9-15 1944
(For additional space, use reverse side)

Riverside Cemetery

United States
Department of Commerce
Bureau of the Census

SEP 21 1944

Certificate Of Death

STATE OF IDAHO

140644

State File No. 53
Local Reg. No.
Reg. Dist. No. 3-330

1. PLACE OF DEATH:

(a) County Payette
(b) City or town Payette
(c) Street Address or R.F.D. No. 237 So 10th
(d) Death Occured Inside? 3# Outside? ..... city or town
(e) Died in a Home .... Hospital # Institution .... Other place ....
(f) Name Hosp. or Institution Payette General Lived 3 days
(g) Lived in this county 37 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

(a) State Idaho (b) County Payette
(c) City or town Fruitland
(d) Street Address or R.F.D. No. ----
(e) Deceased lived Inside? # Outside? ..... city or town
(f) Citizen of what country? USA
(g) How long had deceased lived in Idaho? 37 years
(h) Former residence (city, state) Freedom Wyoming

3. (a) **FULL NAME** Mrs. Margaret Ann Heap.

3. (b) If veteran, name war ---
3. (c) Social Security No. ---
4. Sex female 5. Color or race white
6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife Geaoge W. Heap.
6. (c) Age of husband or wife if alive diseased years
7. Date of Birth (Month, Day, Year) January 27 1860

8. AGE	Years	Months	Days	If less than 1 day
	84	8	14	hrs min.

9. Exact Occupation housewife Did this work for life yrs.
10. Industry or Business home Date last worked 9/5/1944
11. Birthplace Manti, Utah. (City or town) (State or foreign country)

Father
12. Name James Brown.
13. Birthplace not stated (City or town) (State or foreign country)

Mother
14. Maiden name not stated
15. Birthplace not stated (City or town) (State or foreign country)

16. Informant's OWN Signature A B Heap
and Address Fruitland Ida
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 9/14/1944 (Month) (Day) (Year)
(c) Place: Payette, Idaho.
18. Funeral Director's OWN Signature Edith Linden
and Address Payette, Idaho.
19. (a) 9/13/1944 (Date received and filed) (b) J C Woodward (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) September 12 1944
at 4:30 o'clock A M.
21. **I HEREBY CERTIFY**, That I attended deceased from Sept 8 1944 to Sept 12 1944
I last saw her alive on Sept 11 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cerebral hemorrhage — Duration 4 days

Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Where was disease contracted?
Name of operation ..... Date
Major finding
Finding of autopsy

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury
23. Attendant's OWN Signature John J Kaiser M.D. (M. D. or other)
and Address Payette, Idaho. Date 9/13 1944
(For additional space, use reverse side)

(76)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Rosedale Memorial Park

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

SEP 21 1944

State File No. 140645
Local Reg. No. 57
Reg. Dist. No. 3-331

1. PLACE OF DEATH:

(a) County Payette
(b) City or town Fruitland
(c) Street Address or ~~RXXXXX~~o.
(d) Death Occured Inside? # Outside? city or town
(e) Died in a Home # Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county years months 8 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

(a) State Idaho (b) County Payette
(c) City or town Fruitland
(d) Street Address or ~~XXXXXX~~o.
(e) Deceased lived Inside? # Outside? city or town
(f) Citizen of what country? USA
(g) How long had deceased lived in Idaho? 8 days
(h) Former residence (city, state)

3. (a) **FULL NAME** Larry Wayne Nicholson.

2000

3. (b) If veteran, name war ---
3. (c) Social Security No. ---
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife ----
6. (c) Age of husband or wife if alive ---- years
7. Date of Birth (Month, Day, Year) August 28 1944

8. AGE	Years	Months	Days	If less than 1 day
	---	---	22	hrs min.

9. Exact Occupation baby Did this work for -- yrs.
10. Industry or Business home Date last worked --
11. Birthplace Ontario, (City or town) Oregon. (State or foreign country)

Father
12. Name Claude S. Nicholson.
13. Birthplace Post. (City or town) Texas. (State or foreign country)

Mother
14. Maiden name Sylvia Harmon.
15. Birthplace Murphy, (City or town) Oklahoma. (State or foreign country)

16. Informant's **OWN** Signature Mrs. Claude Nicholson
and Address Fruitland, Idaho.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 9/19/1944 (Month) (Day) (Year)
(c) Place: Payette, Idaho.
18. Funeral Director's **OWN** Signature Edith Landon
and Address Payette, Idaho.
19. (a) 9/18/1944 (Date received and filed) (b) J.C. Woodward (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) September 18 1944
at 3 o'clock A. M.
21. **I HEREBY CERTIFY,** That I attended deceased from AUGUST 28 1944, to SEP. 18 1944
I last saw her alive on SEP. 16 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Undetermined Cause	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYISCIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature J.C. Woodward M.D. (M. D. or other)
and Address Payette, Idaho. Date 9/18/1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Riverside Cemetery
Certificate Of Death
STATE OF IDAHO

OCT 2 1944

State File No. 140646
Local Reg. No. 38
Reg. Dist. No. 3-330

1. **PLACE OF DEATH:**
   (a) County Payette.
   (b) City or town Payette.
   (c) Street Address or ~~XXXXXX~~ No. 237 SO 10th
   (d) Death Occured Inside? # Outside? city or town
   (e) Died in a Home Hospital # Institution Other place
   (f) Name Hosp. or Payette General lived 24 days
   (g) Lived in this county 45 years 2 months days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho. (b) County Payette.
   (c) City or town Payette.
   (d) Street Address ~~XXXXXX~~ No. 207 N 6th St.
   (e) Deceased lived Inside? # Outside? city or town
   (f) Citizen of what country? USA
   (g) How long had deceased lived in Idaho? 45 years
   (h) Former residence (city, state) Lake City. California.

3. (a) **FULL NAME** Stephin A. Douglas Thacker. 98

3. (b) If veteran, name war ----
3. (c) Social Security No. ----
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Frankie Thacker
6. (c) Age of husband or wife if alive 76 years
7. Date of Birth (Month, Day, Year) October 29 1861.

8. AGE	Years	Months	Days	If less than 1 day
	82	10	23	hrs min.

9. Exact Occupation farmer retired Did this work for yrs.
10. Industry or Business ranching Date last worked 1942
11. Birthplace Camden Co. Missouri. (City or town) (State or foreign country)

Father
12. Name Macaja Thacker.
13. Birthplace on the sea coming from Spain. (City or town) (State or foreign country)

Mother
14. Maiden name Harriot Briggs.
15. Birthplace ------- Wisconsin. (City or town) (State or foreign country)

16. Informant's **OWN** Signature Frankie Thacker
and Address Payette, Idaho.
17. (a) burial (b) Date thereof 9/25/1944 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: Payette, Idaho.
18. Funeral Director's **OWN** Signature Edith Landers
and Address Payette, Idaho.
19. (a) 9/23/1944 (Date received and filed) (b) H C Woodward (Registrar's signature)

(80)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 9-22-1944 19
at 3:35 o'clock A. M.

21. **I HEREBY CERTIFY**, That I attended deceased from 19 41, to 9-22-44 19
I last saw him alive on 9-21 19 44 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — Duration

Myocardial failure — 24 hrs
Due to Uremia — 3 days
Due to Gangrenous Left Leg, — 4 wks.
Other conditions (Include pregnancy within 3 months of death)
Old ununited fracture left arm — 10 yrs
Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature John J Kaser M.D. (M. D. or other)
and Address Payette, Idaho. Date 9/23/1944 19
(For additional space, use reverse side)

Riverside cemetery

Certificate Of Death

STATE OF IDAHO

State File No. 140647
Local Reg. No. 39
Reg. Dist. No. 3-330

United States
Department of Commerce
Bureau of the Census

OCT 2 1944

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
   (a) County Payette
   (b) City or town Payette
   (c) Street Address or ~~XXXXXX~~ 620 3rd ave so
   (d) Death Occured Inside? # Outside? ..... city or town
   (e) Died in a Home # Hospital .... Institution .... Other place ....
   (f) Name Hosp. or Inst. ..... Stayed ..... days
   (g) Lived in this county 70 years — months 4 days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Payette
   (c) City or town Payette
   (d) Street Address ~~XXXXXX~~ No. 620 3rd ave so
   (e) Deceased lived Inside? # Outside? ..... city or town
   (f) Citizen of what country? USA
   (g) How long had deceased lived in Idaho? 32 years
   (h) Former residence (city, state) Caldwell, Idaho

3. (a) **FULL NAME** Robert Shelton

3. (b) If veteran, name war ---
3. (c) Social Security No. ---
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or Florence Shelton
6. (c) Age of husband or wife if alive 69 years
7. Date of Birth (Month, Day, Year) June 9 1865

8. AGE	Years	Months	Days	If less than 1 day
	79	3	14	hrs ... min.

9. Exact Occupation farmer — Did this work for life yrs.
10. Industry or Business ranch — Date last worked 9-22-1944
11. Birthplace Nashville (City or town) Tenn. (State or foreign country)

Father
12. Name Not stated
13. Birthplace " " (City or town) (State or foreign country)

Mother
14. Maiden name Judy Wyatt
15. Birthplace not stated (City or town) (State or foreign country)

16. Informant's **OWN** Signature Florence Shelton
and Address Payette, Idaho.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 9-26-1944 (Month) (Day) (Year)
(c) Place: Payette, Idaho.

18. Funeral Director's **OWN** Signature Roberts Mortuary
and Address Payette, Idaho

19. (a) 9/23/1944 (Date received and filed) (b) J. C. Woodward (Registrar's signature)

(81)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) SEPTEMBER 23, 1944 19 ....
at 4.30 o'clock A M.

21. **I HEREBY CERTIFY**, That I attended deceased from Mar. 28, 1944 19 .... to April 4, 1944
I last saw him alive on April 4 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
PULMONARY TUBERCULOSIS	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYISICIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 .... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature J. C. Woodward M.D. (M. D. or other)
and Address Payette, Idaho. Date 9-23-1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Parkview Cemetery

Certificate Of Death

STATE OF IDAHO

OCT. 2 1944

State File No. 14[illegible]8
Local Reg. No. 60
Reg. Dist. No. 3-331

1. **PLACE OF DEATH:**
   (a) County Payette
   (b) City or town New Plymouth
   (c) Street Address or XXXXXX
   (d) Death Occured Inside? # Outside? city or town
   (e) Died in a Home # Hospital Institution Other place
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county 49 years 4 months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Payette
   (c) City or town New Plymouth
   (d) Street Address or XXXXX No.
   (e) Deceased lived Inside? # Outside? city or town
   (f) Citizen of what country? USA
   (g) How long had deceased lived in Idaho? 49 years
   (h) Former residence (city, state) Madred, Neb.

3. (a) **FULL NAME** Theo. D. French.

3. (b) If veteran, name war ----
3. (c) Social Security No. -----
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced divorced
6. (b) Name of husband or wife Sadie B Clark French
6. (c) Age of husband or wife if alive 61 years
7. Date of Birth (Month, Day, Year) March 13 1874

8. AGE	Years	Months	Days	If less than 1 day
	70	6	12	hrs min.

9. Exact Occupation retired garage owner Did this 15 yrs.
10. Industry or Business garage Date last worked 9/24/1944
11. Birthplace Lansing Michigan (City or town) (State or foreign country)

Father
12. Name Columbus French
13. Birthplace Lansing Michigan (City or town) (State or foreign country)

Mother
14. Maiden name Susan B. Graves.
15. Birthplace Lansing Michigan (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mrs Pearl Ponery
and Address New Plymouth, Idaho.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 9/27/1944 (Month) (Day) (Year)
(c) Place: New Plymouth, Idaho.

18. Funeral Director's **OWN** Signature Edith Sanders
and Address Payette, Idaho

19. (a) 9/27/1944 (Date received and filed) (b) J. C. Woodward (Registrar's signature)

(82)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) September 24 1944
at approximatly o'clock 7 P. M.

21. **I HEREBY CERTIFY,** That I attended deceased from 9/25/1944 19 , to 9/25/1944 19
I last saw h alive on 19 ; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Heart failure	
√ Due to Alcoholism	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYISICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature Edith Sanders Coroner (M. D. or other)
and Address Payette, Idaho Date 9/25/1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

(83)

United States
Department of Commerce
Bureau of the Census

OCT 2 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140040
Local Reg. No. 61
Reg. Dist. No. 3-330

1. PLACE OF DEATH:
(a) County ~~Washington~~ Payette
(b) City or town Payette
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? X Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. Payette Gen. Stayed 14 days
(g) Lived in this county years months 14 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Washington
(c) City or town Weiser
(d) Street Address or R.F.D. No. Route 4
(e) Deceased lived Inside? Outside? # city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 37 years
(h) Former residence (city, state) Normal, Ill.

3. (a) FULL NAME MARY EDITH WILLIAMS

48 b

3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Richard
6. (c) Age of husband or wife if alive 63 years
7. Date of Birth (Month, Day, Year) July 24 1875

8. AGE	Years	Months	Days	If less than 1 day
	69	2	4	hrs min.

9. Exact Occupation Housewife Did this work for 35 yrs.
10. Industry or Business Ranch Home Date last worked July '44
11. Birthplace Mount Vernon, Ohio (City or town) (State or foreign country)
Father
12. Name ????? McWherter
13. Birthplace Don't Know (City or town) (State or foreign country)
Mother
14. Maiden name Mary Ann Watt
15. Birthplace ?? Illinois (City or town) (State or foreign country)
16. Informant's OWN Signature R. Williams Husband
and Address Route #4 Weiser, Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 9/28/44 (Month) (Day) (Year)
(c) Place: Northam Chapel, Weiser, Idaho
18. Funeral Director's OWN Signature A. Jones
and Address Northam Funeral Home, Weiser, Idaho
19. (a) 9/29/1944 (Date received and filed) (b) J. C. Woodward (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) September 28 1944
at 6:15 o'clock A. M.
21. I HEREBY CERTIFY, That I attended deceased from May 8th 1943 to Sept. 28th 1944
I last saw her alive on Sept. 27th 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death	Duration
Carcinoma of Uterus	
Bronchial Pneumonia	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation Date	
Major finding	
Finding of autopsy	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature M. S. McGrath M.D. (M. D. or other)
and Address Weiser, Idaho Date 9/28 1944
(For additional space, use reverse side)

140650

United States
Department of Commerce
Bureau of the Census

OCT 5 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 140650
Local Reg. No. 22
Reg. Dist. No. 500

1. **PLACE OF DEATH:**
(a) County Power
(b) City or town American Falls
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home ____ Hospital X Institution ____ Other place ____
(f) Name Hosp. or Inst. Shilts Stayed 3 days
(g) Lived in this county 55 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Power
(c) City or town Rockland, Idaho.
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? U. S.
(g) How long had deceased lived in Idaho? 5-5 years
(h) Former residence (city, state) Idaho. Utah.

3. (a) **FULL NAME** George Elmer Perry. 1756

3. (b) If veteran, name war No
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Florence Ida.
6. (c) Age of husband or wife if alive 54 years
7. Date of Birth (Month, Day, Year) March 20 1888

8. AGE	Years	Months	Days	If less than 1 day
	56	5	20	hrs ____ min.

9. Exact Occupation Farmer - Did this work for Life yrs.
10. Industry or Business ____ Date last worked 9-7-'44
11. Birthplace Perry, Utah. (City or town) (State or foreign country)

Father
12. Name G. A. Perry.
13. Birthplace Perry, Utah (City or town) (State or foreign country)

Mother
14. Maiden name Elizabeth Wakely.
15. Birthplace Perry, Utah. (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mrs Ida Perry
and Address Rockland, Idaho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 13-44 (Month) (Day) (Year)
(c) Place: Rockland, Idaho.
18. Funeral Director's **OWN** Signature H L Downs
and Address American Falls, Idaho.
19. (a) Sept 13 - 1944 (Date received and filed) (b) Irene Daling (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Sept. 10 1944
at 5 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from Sept 7 1944, to Sept 10 1944
I last saw him alive on Sept. 10 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Multiple severe injuries	
of face, head - chest.	
Due to	
Trampled by horse.	
Due to	
Other conditions Edema of	
(Include pregnancy within 3 months of death)	
Pharynx + lungs.	
Where was disease contracted?	
Name of operation ____ Date ____	
Major finding	
Finding of autopsy	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? X Suicide? ____ Homicide? ____
Occurred Sept 7 1944 City, county, state where violence occurred Power County
Place of Violence: Home ____ Farm X Industry ____
Public Place ____ While at work? X
Means of injury Trampled by horse.
23. Attendant's **OWN** Signature W H Jones (M. D. or other)
and Address Am Falls Ida Date 9/11 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce OCT 12 1944
Bureau of the Census

NON-RESIDENT
CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 140651
Local Reg. No. 226
Reg. Dist. No. 511

1. **PLACE OF DEATH:**
(a) County Power
(b) City or town Pocatello AAFld, Idaho
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? X city or town
(e) Died in a Home Hospital Institution Other place X
(f) Name Hosp. or Inst. 0 Stayed 0 days
(g) Lived in this county 1 years 9 months 10 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Texas (b) County
(c) City or town Vernon
(d) Street Address or R. F. D. No. Route #2
(e) Deceased lived Inside? Outside? X city or town
(f) Citizen of what country? U. S. A.
(g) How long had deceased lived in Idaho? 1 3/4 years
(h) Former residence (city, state)

3. (a) FULL NAME BELEW, Tandy B., Jr. ASN 18030862, M/Sgt. AC

3. (b) If veteran, name war None
3. (c) Social Security No. Unknown
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Jypsy
6. (c) Age of husband or wife if alive Unknown years
7. Date of Birth (Month, Day, Year) January 22, 1919

8. AGE	Years	Months	Days	If less than 1 day
	25	7	19	hrs min.

9. Exact Occupation Soldier Did this work for 1 2/3 yrs.
10. Industry or Business U. S. Army Date last worked Sept 11,44
11. Birthplace Decatur (City or town) Texas (State or foreign country)
Father
12. Name Tandy B. Belew
13. Birthplace Decatur (City or town) Texas (State or foreign country)
Mother
14. Maiden name Valma
15. Birthplace Decatur (City or town) Texas (State or foreign country)
16. Informant's OWN Signature Army Records
and Address Sta Hosp, Pocatello AAFld, Idaho
17. (a) removal (Burial, cremation, or removal) (b) Date thereof 9-13-44 (Month) (Day) (Year)
(c) Place: Vernon Texas
18. Funeral Director's OWN Signature Byron B. Dowsard
and Address Pocatello Idaho
19. (a) 9-13-1944 (Date received and filed) (b) D C Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) September 11 1944
at 5:40 AMT o'clock P. M.
21. I HEREBY CERTIFY, That I attended deceased from 19 , to 19
I last saw h alive on 19 ; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Asphyxia by drowning	2½ hrs.
Due to Shock	5 min.
✓ Due to Aircraft Accident	2½ hrs.
Other conditions See additional remarks on reverse side. (Include pregnancy within 3 months of death)	
Where was disease contracted? None	
Name of operation None Date	
Major finding	
Finding of autopsy Pulmonary Edema	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Yes Suicide? Homicide?
Occurred September 11 1944 City, county, state
where violence occurred Power, Idaho
Place of Violence: Home Farm Industry
Public Place While at work? Yes
Means of injury Aircraft Accident
23. Attendant's OWN Signature [illegible] B. H. Hollister, Maj. MC (M. D. or other)
and Address Pto AAFld, Idaho Date Sept 11 1944
(For additional space, use reverse side)

140652

United States
Department of Commerce
Bureau of the Census

NON-RESIDENT
CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 227
Reg. Dist. No. 511

1. **PLACE OF DEATH:**
   (a) County Power
   (b) City or town Pocatello AAFld, Idaho
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? Outside? X city or town
   (e) Died in a Home Hospital Institution Other place X
   (f) Name Hosp. or Inst. Stayed 0 days
   (g) Lived in this county 1 years 10 months 22 days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State New Jersey (b) County
   (c) City or town Washington
   (d) Street Address or R. F. D. No.
   (e) Deceased lived Inside? Outside? city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 1 11/12 years
   (h) Former residence (city, state)

3. (a) FULL NAME CLARK, William H. 0-272921, Major, AC

3. (b) If veteran, name war World War I
3. (c) Social Security No. Unknown
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Susan P.
6. (c) Age of husband or wife if alive Unknown years
7. Date of Birth (Month, Day, Year) March 3, 1897

8. AGE	Years	Months	Days	If less than 1 day
	47	6	8	hrs min.

9. Exact Occupation Operations Officer Did this work for 10/12 yrs.
10. Industry or Business U. S. Army Date last worked 11 Sep 44
11. Birthplace Unknown (City or town) New Jersey (State or foreign country)
Father
12. Name Unknown
13. Birthplace Unknown (City or town) (State or foreign country)
Mother
14. Maiden name Unknown
15. Birthplace Unknown (City or town) (State or foreign country)
16. Informant's OWN Signature Army Records
and Address Sta Hosp, Pocatello AAFld, Idaho
17. (a) removal (Burial, cremation, or removal) (b) Date thereof 9-13-44 (Month) (Day) (Year)
(c) Place: Washington New Jersey
18. Funeral Director's OWN Signature Byron B. Downard
and Address Pocatello Idaho
19. (a) 9-13-1944 (Date received and filed) (b) D C Kay (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) 11 September 1944
at 5:40 PM o'clock P. M.
21. I HEREBY CERTIFY, That I attended deceased from 19 , to 19
I last saw h alive on 19 ; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Asphyxia by drowning	2¼ hrs.
Due to Shock	5 min.
✓ Due to Aircraft Accident	2¼ hrs.

Other conditions See additional remarks on reverse side.
(Include pregnancy within 3 months of death)
Where was disease contracted?
Name of operation None Date
Major finding
Finding of autopsy Pulmonary Edema

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Yes Suicide? Homicide?
Occurred September 11 1944 City, county, state where violence occurred Power, Idaho
Place of Violence: Home Farm Industry
Public Place While at work? Yes
Means of injury Aircraft Accident
23. Attendant's OWN Signature Pocatello AAFld, Ida Sept 11 44 (M. D. or other)
and Address Date 19
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

140653

United States
Department of Commerce
Bureau of the Census OCT 5 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 140653
Local Reg. No. 23
Reg. Dist. No. 500

1. **PLACE OF DEATH:**
(a) County Power
(b) City or town American Falls Ida
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home ____ Hospital X Institution ____ Other place ____
(f) Name Hosp. or Inst. Schilly Stayed ½ days
(g) Lived in this county 45 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Power
(c) City or town American Falls
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? U. S.
(g) How long had deceased lived in Idaho? 45 years
(h) Former residence (city, state) Ireland

3. (a) **FULL NAME** Eugene Joseph Twomey. 1276

3. (b) If veteran, name war No
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Sylvia
6. (c) Age of husband or wife if alive 74 years
7. Date of Birth (Month, Day, Year) March 14 1869

8. AGE	Years	Months	Days	If less than 1 day
	75	6	2	hrs / min.

9. Exact Occupation Retired Section Foreman R.R. Did this work for 44 yrs.
10. Industry or Business U.P. R.R. Co. Date last worked
11. Birthplace Ireland. (City or town) (State or foreign country)

Father
12. Name Nat Known
13. Birthplace Ireland (City or town) (State or foreign country)

Mother
14. Maiden name Nat Known
15. Birthplace Ireland. (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mrs Mildred Fetsch
and Address American Falls, Idaho.
17. (a) Burial. (b) Date thereof 9-20-44 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: Am. Falls, Idaho.
18. Funeral Director's **OWN** Signature H. Dennis
and Address American Falls. Idaho.
19. (a) Sept 23-1944 (Date received and filed) (b) Irene Daling (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 9-16- 1944
at 11:30 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from 9-15- 1944 to 9-16- 1944
I last saw him alive on 9-16- 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Peritonitis	
Due to Ruptured Gall Bladder	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ____ Date ____
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work?
Means of injury

23. Attendant's **OWN** Signature V G Logan M D (M. D. or other)
and Address American Falls Date 9-19 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

140654

United States
Department of Commerce OCT 12 1944
Bureau of the Census

NON-RESIDENT CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 241
Reg. Dist. No. 611

1. **PLACE OF DEATH:**
(a) County Bingham
(b) City or town 9 miles west of Aber, Idaho
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? X city or town
(e) Died in a Home Hospital Institution Other place X
(f) Name Hosp. or Inst. 0 Stayed 0 days
(g) Lived in this county 0 years 0 months 0 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State West Virginia (b) County
(c) City or town Wheeling
(d) Street Address or R. F. D. No. 8 Echo Terrace
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 19 days prev.
(h) Former residence (city, state) Harding Fld, La.

3. (a) FULL NAME ETZ, HERBERT R., Jr., 2nd Lt., A.C. 0-2062784

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) June 15, 1922

8. AGE	Years	Months	Days	If less than 1 day
	22	3	15	hrs min.

9. Exact Occupation Pilot — Did this work for 3 mos yrs.
10. Industry or Business U. S. Army — Date last worked Sept 28,44
11. Birthplace West Virginia (City or town) (State or foreign country)

Father
12. Name Herbert R. Etz
13. Birthplace Unknown (City or town) (State or foreign country)

Mother
14. Maiden name Unknown
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's OWN Signature Army Records
and Address AAF Sta Hosp, Pte AAFld, Idaho

17. (a) removal (Burial, cremation, or removal) (b) Date thereof 9-29-44 (Month) (Day) (Year)
(c) Place: Wheeling W. Va.

18. Funeral Director's OWN Signature Byron B. Durrant
and Address Soda Springs, Idaho

19. (a) (Date received and filed) (b) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) September 28, 1944
at 1220 MWT o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from 19 to 19
I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Evisceration of cranial contents	Instant
Due to Skull fracture	Instant
Due to Aircraft Accident	Instant
Other conditions See additional (Include pregnancy within 3 months of death)	
remarks on reverse side	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy Skull Fracture, internal injuries, mult. fractures

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Yes Suicide? Homicide?
Occurred September 28, 1944 City, county, state where violence occurred Bingham, Idaho
Place of Violence: Home Farm Industry
Public Place While at work? Yes
Means of injury Aircraft Accident

23. Attendant's OWN Signature Louis L. Amato Capt MC (M. D. or Coroner)
and Address Pte AAFld, Idaho Date Sept 28 44

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census OCT. 7 1944

NON-RESIDENT CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 140655
Local Reg. No. 85
Reg. Dist. No. 142

1. **PLACE OF DEATH:**
(a) County Shoshone
(b) City or town
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? ✓ city or town
(e) Died in a Home Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Wash (b) County Spokane
(c) City or town Spokane
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? ✓ Outside? city or town
(f) Citizen of what country? U. S. A.
(g) How long had deceased lived in Idaho? years
(h) Former residence (city, state)

3. (a) **FULL NAME** Frank S Scharff 175E

3. (b) If veteran, name war
3. (c) Social Security No. 536-07-7005
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Roselie
6. (c) Age of husband or wife if alive 32 years
7. Date of Birth (Month, Day, Year) July 8 - 1905

8. AGE	Years	Months	Days	If less than 1 day
	39		20	hrs min.

9. Exact Occupation Logger — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace Pierre (City or town) So Dakota (State or foreign country)
Father 12. Name Jacob Scharff
Father 13. Birthplace Russia (City or town) (State or foreign country)
Mother 14. Maiden name Margaret Wobben
Mother 15. Birthplace Russia (City or town) (State or foreign country)
16. Informant's **OWN** Signature Mrs Rosella E Scharff
and Address 940 E Augusta Spokane
17. (a) Removal (Burial, cremation or removal) (b) Date thereof July 26 1944 (Month) (Day) (Year)
(c) Place: Spokane Crem
18. Funeral Director's **OWN** Signature L. A. Stuart
and Address Kellogg Idaho
19. (a) Sep 1-1944 (Date received and filed) (b) Mrs. Jean McBride (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 25 1944
at 3:30 o'clock P.M.

21. **I HEREBY CERTIFY,** That I attended deceased from 19, to 19
I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Crushed Chest
Due to Body Injuries
Due to
Other conditions (Include pregnancy within 3 months of death)

Duration

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 7/25/44 City, county, state where violence occurred New York Central RR
Place of Violence? Home Farm Industry?
Public Place? Traffic? While at Work?
Means of injury Struck by Car
Describe how injury occurred Walking on RR Track

23. Attendant's **OWN** Signature W. D. Darrell Coroner (M. D. or other)
and Address Wallace Ida Date 7-25 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census OCT 7 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140656
Local Reg. No. 36
Reg. Dist. No. 142

1. **PLACE OF DEATH**
   (a) County Shoshone
   (b) City or town Kellogg
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home.... Hospital X Institution.... Other place....
   (f) Name Hosp. or Inst. Wardner Stayed 8 days
   (g) Lived in this county 36 years ..... months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Kootenai
   (c) City or town Medemont
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? ..... Outside? X ..... city or town
   (f) Citizen of what country? U S
   (g) How long had deceased lived in Idaho? 36 years
   (h) Former residence (city, state) Same

3. (a) **FULL NAME** George Greenrock 922

3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Male
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Margaret
6. (c) Age of husband or wife if alive 57 years
7. Date of Birth (Month, Day, Year) November 27, 1891

8. AGE	Years	Months	Days	If less than 1 day
	52	9	5	hrs min.

9. Exact Occupation Farmer — Did this work for 11 yrs.
10. Industry or Business Farming — Date last worked August 44
11. Birthplace Russia (City or town) (State or foreign country)

Mother Father
12. Name Frederick Greenrock
13. Birthplace Russia (City or town) (State or foreign country)
14. Maiden name Olga Rheinwarth
15. Birthplace Kentucky (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mrs. Margaret Greenrock
and Address Medemont Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/5/1944 (Month) (Day) (Year)
(c) Place: Greenwood Kellogg
18. Funeral Director's **OWN** Signature Peyton D Hardy
and Address Kellogg Idaho
19. (a) 9-4-44 (Date received and filed) (b) Mrs. Helen M. Brill (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Sept 2, 1944
at 8 o'clock P. M.

21. **I HEREBY CERTIFY,** That I attended deceased from Aug 17, 1944, to Sept 2, 1944
I last saw h[illegible] alive on Sept 2 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cerebral embolism — Duration 3 days
Due to Vegetative endocarditis — years
Due to Vegetative endocarditis — years
Other conditions aortic embolism — 10 days
(Include pregnancy within 3 months of death)

Where was disease contracted? Medemont Ida
Name of operation Embolectomy Date 8-26-44
Major finding embolism, bifurcation aorta
Finding of autopsy not done

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature Glenn McCaffery M.D. (M. D. or other)
and Address Kellogg Idaho Date 9-4-1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

OCT 7 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 140057
Local Reg. No. 37
Reg. Dist. No. 142

1. PLACE OF DEATH:
(a) County Shoshone
(b) City or town Enaville Idaho
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? X city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 42 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Shoshone
(c) City or town Enaville
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Outside? X city or town
(f) Citizen of what country? U. S. A.
(g) How long had deceased lived in Idaho? 42 years
(h) Former residence (city, state) Hamilton Mont.

3. (a) FULL NAME Henry A. Koski

13 h

3. (b) If veteran, name war X
3. (c) Social Security No. none
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Alina
6. (c) Age of husband or wife if alive 57 years
7. Date of Birth (Month, Day, Year) May 13, 1882

8. AGE	Years	Months	Days	If less than 1 day
	62	3	20	hrs min.

9. Exact Occupation Farmer Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Lapua (City or town) Finland (State or foreign country)
Father
12. Name Kustaa Koski
13. Birthplace Finland (City or town) (State or foreign country)
Mother
14. Maiden name Don't know
15. Birthplace Don't know (City or town) (State or foreign country)
16. Informant's OWN Signature Henry Koski Jr.
and Address Enaville Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 6, 1944 (Month) (Day) (Year)
(c) Place: Kingston Idaho
18. Funeral Director's OWN Signature R. A. Stout
and Address Kellogg Idaho
19. (a) Sept. 12-1944 (Date received and filed) (b) Mrs. N. R. McBride (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Sept. 3, 1944 19
at 5:20 o'clock P. M.
21. I HEREBY CERTIFY, That I attended deceased from May 23 1942 to — 19
I last saw him alive on May 23 1942, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Pulmonary Tbc.	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature Robert Stoller (M. D. or other)
and Address Kellogg Ida Date 9-12 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

OCT 9 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140658
Local Reg. No. 24
Reg. Dist. No. 14

1. PLACE OF DEATH:
(a) County Shoshone
(b) City or town Silverton
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? Outside? ✓ city or town
(e) Died in a Home Hospital ✓ Institution Other place
(f) Name Hosp. or Inst. C. Hospital Stayed days
(g) Lived in this county 12 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Shoshone
(c) City or town Mullan
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? Outside? city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? 12 years
(h) Former residence (city, state) Wash.

3. (a) FULL NAME Margaret Levene

107

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) June 25-1882

8. AGE	Years	Months	Days	If less than 1 day
	62	2	11	hrs min.

9. Exact Occupation At Home Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Finland (City or town) (State or foreign country)
Father 12. Name Nob Known
13. Birthplace Finland (City or town) (State or foreign country)
Mother 14. Maiden name Nob Known
15. Birthplace Finland (City or town) (State or foreign country)
16. Informant's OWN Signature Larry Gustafson
and Address Mullan Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 10-44 (Month) (Day) (Year)
(c) Place: Mullan Idaho
18. Funeral Director's OWN Signature John Bever (Wards)
and Address Wallace Idaho
19. (a) Sep 7-44 (Date received and filed) (b) John Bever (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Sept 6 1944
at 10 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 8/13/44 19 , to 9/6/44 19
I last saw h alive on 9/6/44 19 ; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Broncho pneumonia	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation Date	
Major finding	
Finding of autopsy	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature James R Dean MD (M. D. or other)
and Address Date 9/7/44 19
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

OCT 9 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140659
Local Reg. No. 25
Reg. Dist. No. 140

1. **PLACE OF DEATH:**
(a) County Shoshone
(b) City or town Wallace
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? ✓ Outside? city or town
(e) Died in a Home ✓ Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 30 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Shosho
(c) City or town Wallace
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? Outside? city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? 40 years
(h) Former residence (city, state) Ore

3. (a) **FULL NAME** Harry Martin

94a

3. (b) If veteran, name war World-1
3. (c) Social Security No. 518-01-9744
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Dollie
6. (c) Age of husband or wife if alive 48 years
7. Date of Birth (Month, Day, Year) April 17-1889

8. AGE	Years	Months	Days	If less than 1 day
	55	4	19	hrs min.

9. Exact Occupation Restaurant operator Did this work for yrs.
10. Industry or Business Self Date last worked
11. Birthplace Prairie City Ore (City or town) (State or foreign country)
Father
12. Name Samuel Martin
13. Birthplace Mo (City or town) (State or foreign country)
Mother
14. Maiden name Georgia
15. Birthplace Georgia (City or town) (State or foreign country)
16. Informant's **OWN** Signature Dollie Martin
and Address Wallace Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 9-44 (Month) (Day) (Year)
(c) Place: Wallace Idaho
18. Funeral Director's **OWN** Signature John A Beer (Woods)
and Address Wallace Idaho
19. (a) Sept. 7-44 (Date received and filed) (b) John A Beer (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Sept 6 1944
at 3:30 o'clock M.
21. **I HEREBY CERTIFY,** That I attended deceased from 1934 to 9/6 1944
I last saw him alive on 9/6 1944 death is said to have occurred on the date and hour stated above.
Immediate Cause of Death: Coronary Sclerosis Duration several mos
Due to Sclerosis Severe several years
Due to
Other conditions
(Include pregnancy within 3 months of death)
Where was disease contracted? Mines
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature H S Mowery Coroner (M.D. or other)
and Address Wallace Idaho Date 9/7 1944
(For additional space, use reverse side)

United States
Department of Commerce 7 1944
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 140660
Local Reg. No. 38
Reg. Dist. No. 142

1. **PLACE OF DEATH:**
(a) County Shoshone
(b) City or town
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? X city or town
(e) Died in a Home Hospital Institution Other place X
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 5 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Shoshone
(c) City or town Wallace
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Outside? X city or town
(f) Citizen of what country? U. S.
(g) How long had deceased lived in Idaho? 5 years
(h) Former residence (city, state)

3. (a) **FULL NAME** Norma V Seamon

3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Floyd
6. (c) Age of husband or wife if alive 42 years
7. Date of Birth (Month, Day, Year) April 30, 1913

8. AGE	Years	Months	Days	If less than 1 day
	31	4	10	hrs min.

9. Exact Occupation Housewife Did this work for 10 yrs.
10. Industry or Business Home Date last worked 9/10/44
11. Birthplace Rolette North Dakota (City or town) (State or foreign country)

Father
12. Name Nels Vraa
13. Birthplace Norway (City or town) (State or foreign country)

Mother
14. Maiden name Sarah Christenson
15. Birthplace North Dakota (City or town) (State or foreign country)

16. Informant's **OWN** Signature X [illegible] Vraa
and Address Eugene Oregon

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof (Month) 9 (Day) 16 (Year) 44
(c) Place: Rugby North Dakota

18. Funeral Director's **OWN** Signature Simon & Grade
and Address Kellogg Idaho

19. (a) Sept 15 1944 (Date received and filed) (b) Mrs. Helen M Grade (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 9—10 1944
at o'clock M.

21. **I HEREBY CERTIFY,** That I attended deceased from 19, to 19
I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death	Duration
Arbe skull fracture	
Due to Injuries Received	
Due to Fall from Roof	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Yes Suicide? Homicide? Cor
Occurred 9-10 1944 City, county, state
where violence occurred Kellogg Idaho Shos Co
Place of Violence: Home Farm Industry
Public Place While at work? Yes
Means of injury Fall accident

23. Attendant's **OWN** Signature H A Newby Coroner (M. D. or other)
and Address Wallace Ida Date 9-11 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

OCT 9 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140661
Local Reg. No. 26
Reg. Dist. No. 141

1. PLACE OF DEATH
(a) County Shoshone
(b) City or town Silverton
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? ✓ Outside? city or town
(e) Died in a Home.... Hospital ✓ Institution.... Other place....
(f) Name Hosp. or Inst. Co Hosp. Stayed days
(g) Lived in this county 57 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Shoshone
(c) City or town Gem
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? Outside? city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? 57 years
(h) Former residence (city, state) England

3. (a) FULL NAME William Roberts

93d

3. (b) If veteran, name war
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Feb 29-1872

8. AGE	Years	Months	Days	If less than 1 day
	72	6	13	hrs min.

9. Exact Occupation Miner Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Hedstone England (City or town) (State or foreign country)
Father
12. Name Wm Roberts
13. Birthplace England (City or town) (State or foreign country)
Mother
14. Maiden name Mary Floyd
15. Birthplace England (City or town) (State or foreign country)
16. Informant's OWN Signature Mrs James Weatherton
and Address Spokane Wash
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 17-44 (Month) (Day) (Year)
(c) Place: Wallace Idaho
18. Funeral Director OWN Signature John A Bover (Wards)
and Address Wallace Idaho
19. (a) Sept 13-44 (Date received and filed) (b) John A Bover (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Sept. 12 1944
at 9:15 o'clock P. M.
21. I HEREBY CERTIFY, That I attended deceased from 5/17/43 19, to 9/12/44 19
I last saw h alive on 9/11/44 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Chr. Myocarditis	
Due to	
Due to Arteriosclerosis	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation Date	
Major finding	
Finding of autopsy	

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature James R Dean (M. D. or other)
and Address Date 19
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

OCT 9 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140662
Local Reg. No. 27
Reg. Dist. No. 140

1. **PLACE OF DEATH**
   (a) County Shoshone
   (b) City or town Wallace
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? ..... Outside? ..... city or town
   (e) Died in a Home ✓ Hospital ✓ Institution ..... Other place ....
   (f) Name Hosp. or Inst. ..... Stayed ..... days
   (g) Lived in this county 40 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Shoshone
   (c) City or town Wallace
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? ✓ Outside? ..... city or town
   (f) Citizen of what country?
   (g) How long had deceased lived in Idaho? 40 years
   (h) Former residence (city, state) Idaho

3. (a) **FULL NAME** J. H. Miller 93d

3. (b) If veteran, name war .....
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	87			hrs min.

9. Exact Occupation Restaurant man Did this work for ..... yrs.
10. Industry or Business Cook Date last worked
11. Birthplace Don't know (City or town) (State or foreign country)

Father
12. Name " "
13. Birthplace " " (City or town) (State or foreign country)

Mother
14. Maiden name " "
15. Birthplace " " (City or town) (State or foreign country)

16. Informant's **OWN** Signature A Bever (Personal effects) and Address Wallace Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 15-44 (Month) (Day) (Year)
   (c) Place: Wallace Idaho
18. Funeral Director's **OWN** Signature John A Bever (Wards) and Address Wallace Idaho
19. (a) Sept 15-44 (Date received and filed) (b) John A Bever (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Sept 13 1944
   at ..... o'clock ..... M.
21. **I HEREBY CERTIFY,** That I attended deceased from ..... 19....., to ..... 19.....
   I last saw h..... alive on ..... 19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Myocarditis	
Coronary Sclerosis	
Due to	
Having dead in bed	
Due to	
Possibly 2 days old	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ..... Date .....
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
   Occurred ..... 19..... City, county, state where violence occurred
   Place of Violence: Home ..... Farm ..... Industry .....
   Public Place ..... While at work? .....
   Means of injury
23. Attendant's **OWN** Signature H. S. Mowery Coroner (M. D. or other)
   and Address Wallace Idaho Date 9/14/44
   (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

OCT. 7 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140663
Local Reg. No. 39
Reg. Dist. No. 142

1. **PLACE OF DEATH:**
(a) County Shoshone
(b) City or town Kellogg
(c) Street Address or R.F.D. No. 612 W. M. Kinley
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Home X Hospital ..... Institution ..... Other place .....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 5 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Shoshone
(c) City or town Kellogg
(d) Street Address or R.F.D. No. .....
(e) Deceased lived Inside? X Outside? ..... city or town
(f) Citizen of what country? U.S.
(g) How long had deceased lived in Idaho? 5 years
(h) Former residence (city, state) Montana

3. (a) **FULL NAME** Eloise S Nichols 93d

3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Albert
6. (c) Age of husband or wife if alive — years
7. Date of Birth (Month, Day, Year) May 26, 1875

8. AGE	Years	Months	Days	If less than 1 day
	69	3	19	hrs min.

9. Exact Occupation Home Did this work for 50 yrs.
10. Industry or Business Home Date last worked .....
11. Birthplace Wisconsin (City or town) (State or foreign country)
Father
12. Name Unknown
13. Birthplace Unknown (City or town) (State or foreign country)
Mother
14. Maiden name Unknown
15. Birthplace Unknown (City or town) (State or foreign country)
16. Informant's OWN Signature Carl Nichols
and Address Kellogg Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 19/44 (Month) (Day) (Year)
(c) Place: Spokane Washington
18. Funeral Director's OWN Signature [illegible]
and Address Kellogg Idaho
19. (a) Sept. 20-1944 (Date received and filed) (b) Mrs. Helen McBride (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 9-18- 1944
at 8 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from June [illegible] 1942, to Sept 18 1944
I last saw her alive on Sept 1 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Chronic Myocarditis	
Due to Acute Pneumonia	
Due to Hypertension	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's OWN Signature [illegible] (M. D. or other)
and Address Kellogg Id. Date 9-20 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

140664

United States
Department of Commerce OCT 9 1944
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No.
Local Reg. No. 28
Reg. Dist. No. 44

1. **PLACE OF DEATH:**
   (a) County Shoshone
   (b) City or town Mullan
   (c) Street Address or R. F. D. No.
   (d) Death Occured Inside? ✓ Outside? city or town
   (e) Died in a Home Hospital Institution Other place
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county +6 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Shoshone
   (c) City or town Mullan
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? ✓ Outside? city or town
   (f) Citizen of what country?
   (g) How long had deceased lived in Idaho? +6 years
   (h) Former residence (city, state) Finland

3. (a) **FULL NAME** Anna Jutila 46

3. (b) If veteran, name war
3. (c) Social Security No. [redacted]
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife John
6. (c) Age of husband or wife if alive 76 years
7. Date of Birth (Month, Day, Year) April 25 1866

8. AGE	Years	Months	Days	If less than 1 day
	78	4	10	hrs min.

9. Exact Occupation at Home Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace (City or town) Finland (State or foreign country)

Father
12. Name Eric Luoma
13. Birthplace (City or town) Finland (State or foreign country)

Mother
14. Maiden name Hokkonen
15. Birthplace (City or town) Finland (State or foreign country)

16. Informant's **OWN** Signature Mrs Dan Lepola and Address Mullan Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 19-44 (Month) (Day) (Year)
   (c) Place: Mullan Idaho

18. Funeral Director's **OWN** Signature John A Beaver (work) and Address Wallace Idaho

19. (a) Sept 16-44 (Date received and filed) (b) John A Beaver (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Sept 15 1944
   at 8:15 o'clock A M.

21. **I HEREBY CERTIFY,** That I attended deceased from 1940 19 0, to Sept 15 1944
   I last saw her alive on Sept 14 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Carcinoma of Liver + Stomach	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation Date	
Major finding	
Finding of autopsy	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
   Occurred 19 City, county, state where violence occurred
   Place of Violence: Home Farm Industry
   Public Place While at work?
   Means of injury

23. Attendant's **OWN** Signature F W Ralfs MD (M. D. or other)
   and Address Mullan Idaho Date 19
   (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

OCT 9 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140665
Local Reg. No. 29
Reg. Dist. No. 140

1. PLACE OF DEATH:
(a) County Shoshone
(b) City or town Wallace
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? Outside? city or town
(e) Died in a Home Hospital Institution Other place
(f) Name Hosp. or Inst. Wallace Stayed days
(g) Lived in this county years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Shoshone
(c) City or town Mullan
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? Outside? city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? years
(h) Former residence (city, state)

3. (a) FULL NAME Adolph Brownson 13a

3. (b) If veteran, name war
3. (c) Social Security No. 518-03-5196
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	54			hrs min.

9. Exact Occupation Miner Did this work for yrs.
10. Industry or Business Federal Mngt. Date last worked
11. Birthplace Sweden (City or town) (State or foreign country)
Father 12. Name Unknown
13. Birthplace " " (City or town) (State or foreign country)
Mother 14. Maiden name " "
15. Birthplace " " (City or town) (State or foreign country)
16. Informant's OWN Signature A Bever (Friends)
and Address Wallace Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 18-44 (Month) (Day) (Year)
(c) Place: Mullan Idaho
18. Funeral Director's OWN Signature Fred Bever (wards)
and Address Wallace Idaho
19. (a) Sept. 16-44 (Date received and filed) (b) John A Bever (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Sept 15 1944
at 12:30 o'clock P. M.
21. I HEREBY CERTIFY, That I attended deceased from Aug 3rd 1944, to Sept 15th 1944
I last saw him alive on Sept 15 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Silico-Tuberculosis	
Due to	
✓ Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation Date	
Major finding	
Finding of autopsy	

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature Max T. Smith (M. D. or other)
and Address Wallace Ida Date 9-18 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

OCT 9 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140666
Local Reg. No. 31
Reg. Dist. No. 140

1. PLACE OF DEATH:
(a) County Shoshone
(b) City or town Wallace
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? ✓ Outside? ..... city or town
(e) Died in a Home ... Hospital ✓ Institution ... Other place ...
(f) Name Hosp. or Inst. Providence Stayed ..... days
(g) Lived in this county 18 years 3 months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Shoshone
(c) City or town Kellogg
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? ..... Outside? ..... city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? 18 years
(h) Former residence (city, state) Idaho

3. (a) FULL NAME Ruby L. Sibley

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3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex F
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Clifford
6. (c) Age of husband or wife if alive 52 years
7. Date of Birth (Month, Day, Year) Aug. 28 - 1892

8. AGE	Years	Months	Days	If less than 1 day
	52	0	21	hrs min.

9. Exact Occupation At Home. Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace ..... Wash. (City or town) (State or foreign country)
Father
12. Name Orin Burnam
13. Birthplace Not Known (City or town) (State or foreign country)
Mother
14. Maiden name " "
15. Birthplace " " (City or town) (State or foreign country)
16. Informant's OWN Signature Clifford L. Sibley and Address P.O. Box 1001 Kellogg Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Sept. 19-44 (Month) (Day) (Year)
(c) Place: Spokane Wash.
18. Funeral Director's OWN Signature John A Bow (Wards) and Address Wallace Idaho
19. (a) Sept. 19-44 (Date received and filed) (b) John A Bow (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Sept 19 1944 at 3:35 o'clock A. M.
21. I HEREBY CERTIFY, That I attended deceased from May 1944 to Sept 19 1944
I last saw her alive on 9-19 19..; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Carcinoma	
General	
Due to Tumor in Rectum Cancer	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's OWN Signature H. C. Mowery (M. D. or other) and Address Wallace Idaho Sept 19 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must use BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

OCT. 7 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140667
Local Reg. No. 40
Reg. Dist. No. 142

1. **PLACE OF DEATH:**
   (a) County Shoshone
   (b) City or town Kellogg Idaho
   (c) Street Address or R.F.D. No. 520 Stanley Ave.
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home .... Hospital X Institution .... Other place ....
   (f) Name Hosp. or Inst. Marshall Stayed 14 days
   (g) Lived in this county 40 years ..... months ..... days

   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Shoshone
   (c) City or town Kellogg
   (d) Street Address or R.F.D. No. Cedar & Burgdorf Sts.
   (e) Deceased lived Inside? X Outside? ..... city or town
   (f) Citizen of what country? U. S.
   (g) How long had deceased lived in Idaho? 40 years
   (h) Former residence (city, state) —

3. (a) **FULL NAME** George W. Schrock 83a

3. (b) If veteran, name war —
3. (c) Social Security No. —
5. Color or race White
4. Sex Male
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Date of Birth (Month, Day, Year) Unknown

8. AGE	Years	Months	Days	If less than 1 day
	80			hrs min.

9. Exact Occupation Retired Carpenter Did this for 40 yrs.
10. Industry or Business Lumber Mfg. Date last worked 1930
11. Birthplace Unknown (City or town) (State or foreign country)

Father
12. Name Unknown
13. Birthplace Unknown (City or town) (State or foreign country)

Mother
14. Maiden name Unknown
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's **OWN** Signature Wayland Hospital and Address Kellogg Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/30/44 (Month) (Day) (Year)
    (c) Place: Kellogg Idaho
18. Funeral Director's **OWN** Signature Brown & Wade and Address Kellogg Idaho
19. (a) 10-4-1944 (Date received and filed) (b) Mrs. Helen McBride (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 9-24 1944
    at 11 o'clock A M.
21. **I HEREBY CERTIFY**, That I attended deceased from 9-10 1944, to 9-24 1944
    I last saw him alive on 9-24 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebral Hemorrhage	3 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ..... Date .....
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
    Occurred ..... 19 ..... City, county, state where violence occurred
    Place of Violence: Home ..... Farm ..... Industry .....
    Public Place ..... While at work? .....
    Means of injury

23. Attendant's **OWN** Signature Robert Staley (M. D. or other)
    and Address Kellogg Idaho Date 10-4 1944

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho. Item should be answered as completely as possible. State answers as unknown only after careful investigation. Use BLACK INK in OWN handwriting. Each

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United States
Department of Commerce
Bureau of the Census

OCT. 11 1944

Certificate Of Death

STATE OF IDAHO

State File No.
Local Reg. No. 12
Reg. Dist. No. 620

1. **PLACE OF DEATH:**
   (a) County Teton
   (b) City or town Driggs
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? Yes Outside? city or town
   (e) Died in a Home Hospital Institution Other place
   (f) Name Hosp. or Inst. Teton Valley Stayed 2 days
   (g) Lived in this county 36 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Teton
   (c) City or town Tetonia
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? Outside? Yes city or town
   (f) Citizen of what country? United States
   (g) How long had deceased lived in Idaho? 36 years
   (h) Former residence (city, state) Utah.

3. (a) **FULL NAME** EDGAR F. **DAVIS**

3. (b) If veteran, name war No.
3. (c) Social Security No. None.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife Ida May Campbell
6. (c) Age of husband or wife if alive -----years
7. Date of Birth (Month, Day, Year) March 17, 1874

8. AGE	Years	Months	Days	If less than 1 day
	70	5	20	hrs min.

9. Exact Occupation Farmer — Did this work for 7 yrs.
10. Industry or Business Own Farm — Date last worked 1942
11. Birthplace Bible Grove, Missouri (City or town) (State or foreign country)

Father
12. Name Samuel Davis
13. Birthplace (City or town) (State or foreign country)

Mother
14. Maiden name Baker
15. Birthplace (City or town) (State or foreign country)

16. Informant's **OWN** Signature Douglas Hamsfield
and Address Tetonia, Idaho.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-10-44 (Month) (Day) (Year)
(c) Place: Haden, (Tetonia), Idaho.

18. Funeral Director's **OWN** Signature M. D. Hansen
and Address St. Anthony, Idaho.

19. (a) 9-10-44 (Date received and filed) (b) Ethel Packwell (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) September 7 19 44
at 1:10 o'clock A. M.

21. **I HEREBY CERTIFY**, That I attended deceased from Sept 1941, to Sept 7 1944
I last saw h alive on Sept 7 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — Duration

Chronic Myocarditis — 3 yrs.
Due to
Due to
Other conditions Arteriosclerosis
(Include pregnancy within 3 months of death)

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature O. B. Hofferson M. D.
(M. D. or other)
and Address Driggs, Idaho Date Sept 7, 1944
(For additional space use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

OCT 12 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 140669
Local Reg. No. 201
Reg. Dist. No. 461

1. **PLACE OF DEATH:**
(a) County Twin Falls
(b) City or town Murtaugh
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? X city or town
(e) Died in a Home Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 3 years 9 months 28 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Twin Falls
(c) City or town Murtaugh
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Outside? X city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? life years
(h) Former residence (city, state)

3. (a) **FULL NAME** MENSER, FARRELL A.

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3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex male
5. Color or race White
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Nov., 8th, 1940

8. AGE	Years	Months	Days	If less than 1 day
	3	9	28	hrs min.

9. Exact Occupation none — Did this work for yrs.
10. Industry or Business none — Date last worked
11. Birthplace Twin Falls, (City or town) Idaho (State or foreign country)

Father
12. Name Harold W. Menser
13. Birthplace Egeland, (City or town) North Dakota (State or foreign country)

Mother
14. Maiden name Geneva Bland,
15. Birthplace Argonia, (City or town) Kansas (State or foreign country)

16. Informant's OWN Signature Harold Menser
and Address Murtaugh, Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 9/9/44 (Month) (Day) (Year)
(c) Place: Twin Falls Cemetery
18. Funeral Director's OWN Signature White Mortuary
and Address Twin Falls, Idaho
19. (a) Oct 9 1944 (Date received and filed) (b) [signature] (Registrar's Signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Sept., 6, 19 44
at 2 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from 9/6 19 44 to 9/6 19 44
I last saw him alive 9/6/ 19 44 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Drowning	
Due to Accidentally falling in a canal.	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? yes Suicide? Homicide?
Occurred Sept. 6th 19 44 City, (county,) state where violence occurred Rt 1 Murtaugh
Place of Violence: Home X Farm X Industry
Public Place Ranch While at work?
Means of injury Falling into a canal.
23. Attendant's OWN Signature [signature] J.P. Acting Coroner (M. D. or other)
and Address Twin Falls, Idaho Date 9/9 19 44
(For additional space, use reverse side)

United States
Department of Commerce
Bureau of the Census

SEP 12 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 140670
Local Reg. No. 204
Reg. Dist. No. 460

1. **PLACE OF DEATH:**
   (a) County Twin Falls
   (b) City or town Twin Falls
   (c) Street Address or R. F. D. No. 40 Washington Cts.
   (d) Death Occurred Inside? X Outside? ____ city or town
   (e) Died in a Home X Hospital ____ Institution ____ Other place ____
   (f) Name Hosp. or Inst. ____ Stayed ____ days
   (g) Lived in this county ____ years 7 months 9 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Twin Falls
   (c) City or town Twin Falls.
   (d) Street Address or R. F. D. No. 40 Wn. Courts
   (e) Deceased lived Inside? X Outside? ____ city or town
   (f) Citizen of what country? U.S.A. 9 das
   (g) How long had deceased lived in Idaho? 7 mos ~~years~~
   (h) Former residence (city, state) ____

3. (a) **FULL NAME** METCALF, Joan az 195E

3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced --child
6. (b) Name of husband or wife ____
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) January 29th, 1944

8. AGE	Years	Months	Days	If less than 1 day
	0	7	9	hrs ____ min.

9. Exact Occupation ____ Did this work for ____ yrs.
10. Industry or Business ____ Date last worked ____
11. Birthplace Twin Falls, (City or town) Idaho (State or foreign country)

Father
12. Name Clyde Metcalf
13. Birthplace Blackfoot, (City or town) Idaho (State or foreign country)

Mother
14. Maiden name Stella Howells
15. Birthplace Bloomington, (City or town) Utah (State or foreign country)

16. Informant's OWN Signature Mrs. Clyde Metcalf
and Address 40 Washington Courts, Twin Falls
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 9-12-44 (Month) (Day) (Year)
(c) Place: Sunset Memorial Park
18. Funeral Director's OWN Signature Ella M. Hart E-249
and Address Twin Falls, Idaho
19. (a) 9-12-44 (Date received and filed) (b) ____ (Signature of Registrar)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Sept., 8th, 1944 at 2:00 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from ____ 19__ to Sept 8 1944
I last saw her alive on March 3 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Suffocation	10 min.
Due to Caught between bed board & matress.	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ✓ Suicide? ____ Homicide? ____
Occurred 9-8- 1944 City county, state
Where violence occurred 40 Washington Cts
Place of Violence: Home ✓ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury as above

23. Attendant's OWN Signature J. E. Langenwalter M.D. (M. D. or other)
and Address Twin Falls Date 9-11 1944.
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 34-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States Department of Commerce
Bureau of the Census

OCT 12 1944

NON-RESIDENT CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 140671
Local Reg. No. 200
Reg. Dist. No. 461

1. **PLACE OF DEATH:**
   (a) County Twin Falls
   (b) City or town Twin Falls
   (c) Street Address or R. F. D. No. T.F.Co.Gen.Hosp
   (d) Death Occurred Inside? ____ Outside? X city or town
   (e) Died in a Home ____ Hospital X Institution ____ Other place ____
   (f) Name Hosp. or Inst. T.F.Co.Gen. Stayed 3 days
   (g) Lived in this county 7 years ____ months ____ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Kansas (b) County ____
   (c) City or town Randall
   (d) Street Address or R. F. D. No. ____
   (e) Deceased lived Inside? ____ Outside? X city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 7 mos. years
   (h) Former residence (city, state) Randall, Kan.

3. (a) **FULL NAME** DAKIN, William Edward

83f

3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Alice
6. (c) Age of husband or wife if alive 80 years
7. Date of Birth (Month, Day, Year) July 2nd. 1860

8. AGE	Years	Months	Days	If less than 1 day hrs min.
	84	2	6	

9. Exact Occupation ____ Did this work for ____ yrs.
10. Industry or Business ____ Date last worked ____
11. Birthplace Marshall Town, (City or town) Iowa (State or foreign country)

Father
12. Name Joseph Dakin
13. Birthplace Unknown (City or town) (State or foreign country)

Mother
14. Maiden name Unknown
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's OWN Signature Fremont Dakin
and Address Twin Falls, Idaho
17. (a) removal (Burial, cremation, or removal) (b) Date thereof 9-9-44 (Month) (Day) (Year)
(c) Place: Clay Center, Kansas
18. Funeral Director's OWN Signature Ella M. Yokel E-249
and Address Box 845, Twin Falls Idaho
19. (a) Filed 9-1944 (Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Sept., 8th, 1944
at 9:00 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from 7-1-44 19 44 to 9-8 1944
I last saw him alive on 9-8-44 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebral Thrombosis	3wks.
Due to	
Cerebral arterio Sclerosis	3yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature Joseph W. Marshall M.D. (M. D. or other)
and Address Twin Falls, Ida. Date 9-8 19 44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

140672

United States
Department of Commerce OCT. 12 1944
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 140672
Local Reg. No. 202
Reg. Dist. No. 461

1. **PLACE OF DEATH:**
   (a) County Twin Falls
   (b) City or town Twin Falls
   (c) Street Address or R. F. D. No. *
   (d) Death Occurred Inside? ____ Outside? * city or town
   (e) Died in a Home__ Hospital* Institution__ Other place__
   (f) Name Hosp. or Inst. Twin Falls Co. Stayed 6 days
   (g) Lived in this county 4 years * months * days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Twin Falls
   (c) City or town Buhl
   (d) Street Address or R. F. D. No. 504 11th No.
   (e) Deceased lived Inside? * Outside? ____ city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 4 years
   (h) Former residence (city, state) same

3. (a) **FULL NAME** Mrs. Anna J. Salisbury 56b

3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife deceased
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) Nov. 30, 1880

8. AGE	Years	Months	Days	If less than 1 day
	64	9	9	hrs ____ min.

9. Exact Occupation housekeeper Did this work for 40 yrs.
10. Industry or Business housekeeping Date last worked 8/30/44
11. Birthplace Seward, Neb. (City or town) (State or foreign country)

Father
12. Name John McDermott
13. Birthplace Lafeyette, Ind. (City or town) (State or foreign country)

Mother
14. Maiden name Frances Kelley
15. Birthplace Baltimore, Maryland (City or town) (State or foreign country)

16. Informant's OWN Signature X Mrs. A. Marlan
and Address Lansing, Mich.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 9/11/44 (Month) (Day) (Year)
(c) Place: Buhl City Cemetery
18. Funeral Director's OWN Signature W. I. Albertson
and Address Buhl, Idaho
19. (a) Sept. 16, 1944 (Date received and filed) (b) [Registrar's signature]

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) September 8, 1944
at 1:00 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 6-30-44 19__, to 9-8-44 19__
I last saw her alive on 9-8-44 19__; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Arteriosclerotic Heart Disease	
Decompensated	7da.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation Hysterectomy Date 9-1-44	
Major finding Fibroid uterus	
Finding of autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature Joseph W. Marshall M.D. (M. D. or other)
and Address Twin Falls, Idaho Date 9-8-44 19__
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

OCT 12 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140673
Local Reg. No. 207
Reg. Dist. No. 461

1. PLACE OF DEATH:

(a) County Twin Falls
(b) City or town Twin Falls
(c) Street Address or R.F.D. No. RFD #1
(d) Death Occured Inside? ..... Outside? x city or town
(e) Died in a Home x Hospital ..... Institution ..... Other place .....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county ..... years ..... months 49 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

(a) State Idaho (b) County T. Falls
(c) City or town Twin Falls
(d) Street Address or R.F.D. No. RFD #1
(e) Deceased lived Inside? ..... Outside? x city or town
(f) Citizen of what country? United States
(g) How long had deceased lived in Idaho? ..... years
(h) Former residence (city, state) .....

3. (a) FULL NAME Thomas Harvey Quesnell

115 N.

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) July 21, 1944

8. AGE	Years	Months	Days	If less than 1 day
		1	19	hrs min.

9. Exact Occupation ..... Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Twin Falls, Idaho (City or town) (State or foreign country)

Father
12. Name Harvey Quesnell
13. Birthplace Kimberly, Idaho (City or town) (State or foreign country)

Mother
14. Maiden name Eileen Cochrane
15. Birthplace N. Dak. (City or town) (State or foreign country)

16. Informant's OWN Signature Harvey Quesnell
and Address RFD #1 Twin Falls Ida

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-11-44 (Month) (Day) (Year)
(c) Place: Twin Falls Cem. T F Idaho

18. Funeral Director's OWN Signature S. C. Phillips.
and Address Twin Falls, Idaho

19. (a) Oct 19-1944 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) ~~[illegible]~~ 9 1944
at 3:30 o'clock P M.

21. **I HEREBY CERTIFY,** That I attended deceased from 7-21 1944 to 8-9 1944
I last saw him alive on 8-9 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Streptococcus infection of throat	10 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYISCIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's OWN Signature [signature] (M. D. or other)
and Address Larry Hallstrom Date 9-14 1944
(For additional space, use reverse side)

United States
Department of Commerce
Bureau of the Census

OCT 12 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 140674
Local Reg. No. 203
Reg. Dist. No. 460

1. **PLACE OF DEATH:**
(a) County Twin Falls
(b) City or town Twin Falls
(c) Street Address or R. F. D. No. Route 3
(d) Death Occurred Inside? ___ Outside? X city or town
(e) Died in a Home ___ Hospital X Institution ___ Other place ___
(f) Name Hosp. or Inst. T.F. County Stayed 5 days
(g) Lived in this county 66 years ___ months ___ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County T. Falls
(c) City or town Twin Falls
(d) Street Address or R. F. D. No. 850 Ash
(e) Deceased lived Inside? X Outside? ___ city or town
(f) Citizen of what country? ___
(g) How long had deceased lived in Idaho? 66 years
(h) Former residence (city, state) Cherokee Co., Kansas

3. (a) FULL NAME Richard Clark

13/06

3. (b) If veteran, name war ___ 3. (c) Social Security No. ___
4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lottie 6. (c) Age of husband or wife if alive 75 years
7. Date of Birth (Month, Day, Year) Sept-3-1865

8. AGE	Years	Months	Days	If less than 1 day
	79	0	7	hrs min.

9. Exact Occupation Cattleman Did this work for ___ yrs.
10. Industry or Business ___ Date last worked ___
11. Birthplace Baxter Springs, Kansas (City or town) (State or foreign country)
Father
12. Name Unknown
13. Birthplace " (City or town) (State or foreign country)
Mother
14. Maiden name Jerusha Pickrell
15. Birthplace Unknown (City or town) (State or foreign country)
16. Informant's OWN Signature Frank Clark
and Address Castleford, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/12/44 (Month) (Day) (Year)
(c) Place: Twin Falls Cemetery
18. Funeral Director's OWN Signature James C. Reynolds Reynolds Funeral Home
and Address Twin Falls, Idaho
19. (a) Sept 14 1944 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Sept. 10, 1944
at 4:35 o'clock P.M.
21. **I HEREBY CERTIFY,** That I attended deceased from June 1944 to Sept 10 1944
I last saw him alive on Sept 10 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Chronic nephritis	1 yr
Due to arterial hypertension	5 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation ___ Date ___	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ___ Suicide? ___ Homicide? ___
Occurred ___ 19___ City, county, state where violence occurred ___
Place of Violence: Home ___ Farm ___ Industry ___
Public Place ___ While at work? ___
Means of injury ___
23. Attendant's OWN Signature [signature] (M. D. or other)
and Address Twin Falls Date 9-12 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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United States
Department of Commerce
Bureau of the Census

OCT 12 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 205
Reg. Dist. No. 460

1. **PLACE OF DEATH:**
   (a) County Twin Falls
   (b) City or town Twin Falls
   (c) Street Address or R. F. D. No. T.F.Co.Gen. Hosp
   (d) Death Occurred Inside? Outside? X city or town
   (e) Died in a Home Hospital X Institution Other place
   (f) Name Hosp. or Inst T.F.Co.Gen Stayed 5 days
   (g) Lived in this county 8 years 10 months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Twib Falls
   (c) City or town Twin Falls
   (d) Street Address or ~~RFD~~ No. 479 Elm St.
   (e) Deceased lived Inside? X Outside? city or town
   (f) Citizen of what country? U.S.A. 10 mos
   (g) How long had deceased lived in Idaho? 8 yrs. years
   (h) Former residence (city, state)

3. (a) **FULL NAME** MORRISON, Mrs. Nellie Eliza

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3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex female race white
5. Color or
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or ~~wife~~ Stuart
6. (c) Age of husband or wife if alive 56 years
7. Date of Birth (Month, Day, Year) August 9, 1889

8. AGE	Years	Months	Days	If less than 1 day
	54	10	29	hrs min.

9. Exact Occupation Housewife — Did this work for 32 yrs.
10. Industry or Business — Date last worked 1943
11. Birthplace Provo, Utah (City or town) (State or foreign country)

Father
12. Name George Taylor
13. Birthplace Utah (City or town) (State or foreign country)

Mother
14. Maiden name Elizabeth Taylor
15. Birthplace Wales (City or town) (State or foreign country)

16. Informant's **OWN** Signature Stuart Morrison and Address 479 Elm St.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 9-13-44 (Month) (Day) (Year)
    (c) Place: Sunset Memorial Park
18. Funeral Director's **OWN** Signature White Mortuary E-249 and Address Twin Falls, Idaho
19. (a) Oct 14-1944 (Date received and filed) (b) [illegible] (Registrar's Signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Sept., 10, 1944 19
    at 8:00 o'clock P M.
21. **I HEREBY CERTIFY**, That I attended deceased from 9 6 19 44, to 9-10- 1944
    I last saw her alive on 19 44; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Coronary Occlusion	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
    Occurred 19 City, county, state where violence occurred
    Place of Violence: Home Farm Industry
    Public Place While at work?
    Means of injury
23. Attendant's **OWN** Signature [illegible] (M. D. or other)
    and Address Twin Falls, Ida. Date 19
    (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce OCT 12 1944
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 140676
Local Reg. No. 206
Reg. Dist. No. 461

1. **PLACE OF DEATH:**
   (a) County Twin Falls
   (b) City or town T.F.Co.Gen. Hosp
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? Outside? X city or town
   (e) Died in a Home Hospital X Institution Other place
   (f) Name Hosp. or Inst. T.F.Co.Gen Stayed days
   (g) Lived in this county 34 years months days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Twin Falls
   (c) City or town Kimberly
   (d) Street Address or R. F. D. No. 1.
   (e) Deceased lived Inside? Outside? X city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 34 years
   (h) Former residence (city, state)

3. (a) FULL NAME ROSS, Orin L.

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3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Grace T.
6. (c) Age of husband or wife if alive 55 years
7. Date of Birth (Month, Day, Year) August 31, 1881

8. AGE	Years	Months	Days	If less than 1 day
	63	0	12	hrs min.

9. Exact Occupation Farmer Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Savanna, (City or town) Illinois (State or foreign country)
Father
12. Name J. R. Ross
13. Birthplace (City or town) Scotland (State or foreign country)
Mother
14. Maiden name Elizabeth White
15. Birthplace (City or town) Unknown (State or foreign country)
16. Informant's OWN Signature Grace T Ross
and Address Kimberly, Idaho Rt.#1.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 9/15/44 (Month) (Day) (Year)
(c) Place: Twin Falls Cemetery
18. Funeral Director's OWN Signature White Mortuary Ella M. White E-~~345~~ 349
and Address Twin Falls, Idaho.
19. (a) Sept 19 1944 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Sept., ~~12~~ Midnight, 1944
at 12:00 o'clock P.M.
21. **I HEREBY CERTIFY,** That I attended deceased from 1944, to 9-12 1944
I last saw him alive on 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Rt. heart failure.	
Due to Coronary heart attack.	
Due to	
Other conditions Chronic Appendicitis, Exacerbation. (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature [signature] (M. D. or other)
and Address Kimberly, Ida. Date 9/14 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

OCT 12 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140677
Local Reg. No. 208
Reg. Dist. No. 461

1. **PLACE OF DEATH:**
   (a) County Twin Falls
   (b) City or town Twin Falls
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? Outside? X city or town
   (e) Died in a Home Hospital Institution X Other place
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county 61 years 6 months 6 days

   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Twin Falls
   (c) City or town Twin Falls
   (d) Street Address or R.F.D. No. County Farm
   (e) Deceased lived Inside? Outside? X city or town
   (f) Citizen of what country? U. S.
   (g) How long had deceased lived in Idaho? 3 years
   (h) Former residence (city, state) Twin Falls, Ida.

3. (a) **FULL NAME** Patrick Nugent

3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife none
6. (c) Age of husband or wife if alive — years
7. Date of Birth (Month, Day, Year) June 3, 1863

8. AGE	Years	Months	Days	If less than 1 day
	81	3	9	hrs min.

9. Exact Occupation none — Did this work for — yrs.
10. Industry or Business Inmate Co. Farm — Date last worked —
11. Birthplace — (City or town) Ireland (State or foreign country)

Father
12. Name Unknown
13. Birthplace — (City or town) " (State or foreign country)

Mother
14. Maiden name Unknown
15. Birthplace — (City or town) " (State or foreign country)

16. Informant's **OWN** Signature Records Twin Falls County Farm
and Address Twin Falls, Ida.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/14/44 (Month) (Day) (Year)
(c) Place: County Cemetery - Twin, Ida
18. Funeral Director's **OWN** Signature B. J. Culbertson
and Address Burley Idaho
19. (a) Sept 14 1944 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) September 12, 1944
at 7:00 o'clock P. M.

21. **I HEREBY CERTIFY**, That I attended deceased from 1941, to 9-12 1944
I last saw him alive on 9-8 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Pulmonary TB — Duration
Due to —
Due to —
Other conditions Ulcer
(Include pregnancy within 3 months of death)

Where was disease contracted? Not known
Name of operation None Date —
Major finding —
Finding of autopsy None

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? — Suicide? — Homicide? —
Occurred — 19 — City, county, state where violence occurred —
Place of Violence: Home — Farm — Industry —
Public Place — While at work? —
Means of injury —

23. Attendant's **OWN** Signature [signature] (M. D. or other)
and Address Twin Falls Date 9-13 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

OCT 12 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140678
Local Reg. No. 209
Reg. Dist. No. [illegible]

1. PLACE OF DEATH:

(a) County Twin Falls
(b) City or town Twin Falls
(c) Street Address or R.F.D. No. 138 Walnut St.
(d) Death Occured Inside? ..... Outside? X ..... city or town
(e) Died in a Home.... Hospital.... Institution.... Other place X
(f) Name Hosp. or Inst. Putzier Rest Home Stayed 35 days
(g) Lived in this county 10 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: ([illegible] fill in these)

(a) State Idaho (b) County T. Falls
(c) City or town Twin Falls
(d) Street Address or R.F.D. No. 13[illegible] Walnut St.
(e) Deceased lived Inside? X Outside? ..... city or town
(f) Citizen of what country? United States
(g) How long had deceased lived in Idaho? 19 years
(h) Former residence (city, state) S. Dakota

3. (a) **FULL NAME** Evarista Ryan

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3. (b) If veteran, name war .....
3. (c) Social Security No. 571-28-1474
4. Sex Female 5. Color or Race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) October 22, 1892

8. AGE	Years	Months	Days	If less than 1 day
	51	10	20	hrs min.

9. Exact Occupation Cook Did this work for 30 yrs.
10. Industry or Business ..... Date last worked 1942
11. Birthplace Sioux Falls, S. Dak. (City or town) (State or foreign country)

Father
12. Name John Ryan
13. Birthplace Iowa (City or town) (State or foreign country)

Mother
14. Maiden name Bridget McDermott
15. Birthplace Ohio (City or town) (State or foreign country)

16. Informant's **OWN** Signature Harry E. Ryan
and Address Twin Falls Ida
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-16-44 (Month) (Day) (Year)
(c) Place: Twin Falls Cemetery,
18. Funeral Director's **OWN** Signature S. C. Phillips
and Address Twin Falls, Idaho
19. (a) Sept 19 1944 (Date received and filed) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) September 12 1944
at 9:30 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from 7 19 1944, to Sept 12 1944
I last saw her alive on Sept 12 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cancer of medistinum	4 months
Due to Cancer of breast	3 yrs
Due to	
✓ Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? Calif.
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature J. E. Langenwalter (M. D. or other)
and Address Twin Falls Ida Date 9-14 1944
(For additional space, use reverse side)

140679

United States
Department of Commerce
Bureau of the Census

OCT 12 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 210
Reg. Dist. No. 660

1. **PLACE OF DEATH:**
(a) County Twin Falls
(b) City or town Twin Falls
(c) Street Address or ~~R.F.D.~~ No. 746-2nd Ave.N.
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home__ Hospital__ Institution__ Other place__
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 26 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Twin Falls
(c) City or town Twin Falls
(d) Street Address or ~~R.F.D.~~ No. 746- 2nd Ave.N
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 26 years
(h) Former residence (city, state) ____

3. (a) **FULL NAME** WALLACE, Harry W.

46d

3. (b) If veteran, name war ____
3. (c) Social Security No. 519-07-9555
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Alice
6. (c) Age of husband or wife if alive 62 years
7. Date of Birth (Month, Day, Year) August 12, 1882

8. AGE	Years	Months	Days	If less than 1 day
	62	1	9	hrs ____ min.

9. Exact Occupation Printer — Did this work for 34 yrs.
10. Industry or Business ____ Date last worked May '44
11. Birthplace Cobden, (City or town) Illinois (State or foreign country)

Father
12. Name William Wallace
13. Birthplace Cobden, (City or town) Illinois (State or foreign country)

Mother
14. Maiden name Isabel Wallace
15. Birthplace Cobden, (City or town) Illinois (State or foreign country)

16. Informant's **OWN** Signature Gerald K. Wallace
and Address 2206 - 11th Ave. So. Boise Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 9-23-44 (Month) (Day) (Year)
(c) Place: Sunset Memorial Park.
18. Funeral Director's **OWN** Signature White Mortuary E-249
and Address Twin Falls Idaho
19. (a) 10-23-1944 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Sept., 21, 1944
at 3:00 o'clock P.M.
21. **I HEREBY CERTIFY,** That I attended deceased from Feb 5 1944 to 9-21 1944
I last saw him alive on 9-21 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cancer of liver	6
Due to Cancer of rectum	1yr.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's **OWN** Signature J. E. Langenwalter (M. D. or other)
and Address Twin Falls, Ida. Date 9-22 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 140680
Local Reg. No. 220
Reg. Dist. No. 461

OCT 13 1944

1. PLACE OF DEATH:
(a) County Twin Falls,
(b) City or town Twin Falls
(c) Street Address or R.F.D. No. 2
(d) Death Occured Inside? Outside? X city or town
(e) Died in a Home Hospital Institution Other place
(f) Name Hosp. or Inst Twin Falls, Stayed 2 days
(g) Lived in this county 24 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Twin Falls
(c) City or town Castleford,
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 24 years
(h) Former residence (city, state) Muskogee, Okla.

3. (a) **FULL NAME** Virginia B.Gager

3. (b) If veteran, name war X
3. (c) Social Security No. X
4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Roy Gager.
6. (c) Age of husband or wife if alive 62 years
7. Date of Birth (Month, Day, Year) March 29th.1885

8. AGE	Years	Months	Days	If less than 1 day
	59	5	25	hrs min.

9. Exact Occupation Housewife — Did this work for 24 yrs.
10. Industry or Business — Date last worked
11. Birthplace Fairland, Okla. (City or town) (State or foreign country)

Father
12. Name L.F.Byrd,
13. Birthplace Unknown. (City or town) (State or foreign country)

Mother
14. Maiden name Unknown
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mrs Bill Kinyon
and Address Castleford. Ida.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-26-44 (Month) (Day) (Year)
(c) Place: Twin Falls, Ida. Cemetery

18. Funeral Director's **OWN** Signature Lane & Johnson
and Address Buhl, Ida.

19. (a) Sept 25 1944 (Date received and filed) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 9-23- 1944
at 9:30 o'clock P.M.

21. **I HEREBY CERTIFY**, That I attended deceased from 4-10- 1944, to 9-23- 1944
I last saw her alive on 9-22 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Generalized Metastatic Carcinoma	1 yr.
Due to	
Due to Carcinoma of breast	3 yrs.
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? Idaho
Name of operation Amputation breast Date 1942
Major finding Carcinoma
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature M.A. Drake M.D. (M. D. or other)
and Address Buhl, Ida. Date 9-25 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census OCT 12 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140651
Local Reg. No. 212
Reg. Dist. No. 460

1. **PLACE OF DEATH:**
   (a) County Twin Falls
   (b) City or town Twin Falls
   (c) Street Address or R.F.D. No. 3
   (d) Death Occured Inside? ... Outside? X city or town
   (e) Died in a Home ... Hospital X Institution ... Other place ...
   (f) Name Hosp. or Inst. T.F.Co. Stayed 6 days
   (g) Lived in this county 27 years ... months ... days

   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Twin Falls
   (c) City or town Twin Falls
   (d) Street Address or R.F.D. No. 421 2nd Ave. W.
   (e) Deceased lived Inside? X Outside? ... city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 27 years
   (h) Former residence (city, state) Conran, Mo.

3. (a) **FULL NAME** Leslie D. Roberts

3. (b) If veteran, name war ...
3. (c) Social Security No. 714-14-2904
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife May
6. (c) Age of husband or wife if alive 59 years
7. Date of Birth (Month, Day, Year) September 11, 1883

8. AGE	Years	Months	Days	If less than 1 day
	61	0	12	hrs ... min.

9. Exact Occupation Cashier — Did this work for ... yrs.
10. Industry or Business Am. Railway Ex. — Date last worked ...
11. Birthplace Mt. Moriah, Mo. (City or town) (State or foreign country)

Father
12. Name John Doniphan Roberts
13. Birthplace UNKNOWN Mo. (City or town) (State or foreign country)

Mother
14. Maiden name Ida C. Bennett
15. Birthplace Randolph Co. Wis (City or town) (State or foreign country)

16. Informant's **OWN** Signature L. M. Roberts
and Address Pasco, Washington

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/25/44 (Month) (Day) (Year)
(c) Place: Sunset Memorial Park

18. Funeral Director's **OWN** Signature James C. Reynolds
and Address Twin Falls, Idaho

19. (a) SEP 25 1944 (Date received and filed) (b) ... (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) September 23 1944
at 10:30 o'clock A. M.

21. **I HEREBY CERTIFY**, That I attended deceased from 9-15-44 19..., to 9-23-44 19...
I last saw him alive on 9-23-44 19...; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Coronary Thrombosis	8 da
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? ...
Name of operation ... Date ...
Major finding ...
Finding of autopsy ...

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ... Suicide? ... Homicide? ...
Occurred ... 19... City, county, state where violence occurred ...
Place of Violence: Home ... Farm ... Industry ...
Public Place ... While at work? ...
Means of injury ...

23. Attendant's **OWN** Signature Joseph W. Marshall M.D. (M. D. or other)
and Address Twin Falls, Ida Date 9-23-44 19...
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States Department of Commerce
Bureau of the Census

OCT. 12 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140632
Local Reg. No. 214
Reg. Dist. No. 460

1. **PLACE OF DEATH:**
   (a) County Twin Falls
   (b) City or town Twin Falls
   (c) Street Address or R.F.D. No. 231 Addison Ave
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home X Hospital ... Institution ... Other place ...
   (f) Name Hosp. or Inst. ..... Stayed ..... days
   (g) Lived in this county 37 years ..... months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County TwinFall
   (c) City or town Twin Falls
   (d) Street Address or R.F.D. No. 231 Addison Ave
   (e) Deceased lived Inside? X Outside? ..... city or town
   (f) Citizen of what country? U.S.
   (g) How long had deceased lived in Idaho? 37 years
   (h) Former residence (city, state) Wisconsin

3. (a) **FULL NAME** JOHNSON, Anton M.

94a

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Anna
6. (c) Age of husband or wife if alive 79 years
7. Date of Birth (Month, Day, Year) June 14, 1862

8. AGE	Years	Months	Days	If less than 1 day hrs	min.
	82	3	12		

9. Exact Occupation Retired Farmer — Did this work for ..... yrs.
10. Industry or Business ..... — Date last worked .....
11. Birthplace St. Croyx, Wisconsin (City or town) (State or foreign country)

Father
12. Name Martin Johnson
13. Birthplace Unknown (City or town) (State or foreign country)

Mother
14. Maiden name Unknown
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's **OWN** Signature Regina Lee
and Address Twin Falls, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-30-44 (Month) (Day) (Year)
(c) Place: Twin Falls Cem.

18. Funeral Director's **OWN** Signature White Mortuary
and Address Twin Falls, Idaho

19. (a) 10-20-1944 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) September 26, 1944
at 10:40 o'clock A. M.

21. **I HEREBY CERTIFY**, That I attended deceased from 9/26 1944, to 9/26 1944
I last saw him alive on Dead 9/26/ 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Heart Attack	Hour
Due to Prob. Coronary Occlusion	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature [signature] Acting Coroner Justice (M. D. or other)
and Address Twin Falls, Idaho Date 9/27/44 19
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 36-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

OCT 12 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140653
Local Reg. No. 219
Reg. Dist. No. 460

1. **PLACE OF DEATH:**
(a) County Twin Falls
(b) City or town Twin Falls
(c) Street Address or R.F.D. No. 1503½ W. S. Park
(d) Death Occured Inside? x Outside? ..... city or town
(e) Died in a Home ..... Hospital x Institution ..... Other place .....
(f) Name Hosp. or Inst. Twin Falls Gen. Stayed 3 days
(g) Lived in this county 14 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County T. F.
(c) City or town Twin Falls
(d) Street Address or R.F.D. No. South Park.
(e) Deceased lived Inside? x Outside? ..... city or town
(f) Citizen of what country? United States
(g) How long had deceased lived in Idaho? 14 years
(h) Former residence (city, state) .....

3. (a) **FULL NAME** Arthur B. Schmechel

1174

3. (b) If veteran, name war .....
3. (c) Social Security No. 519-01-9399
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Martha
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) April 29, 1893

8. AGE	Years	Months	Days	If less than 1 day
	51	4		hrs min.

9. Exact Occupation Farmer — Did this work for ..... yrs.
10. Industry or Business ..... — Date last worked .....
11. Birthplace Redwood Falls, Minn. (City or town) (State or foreign country)

Mother Father
12. Name No Information
13. Birthplace " (City or town) (State or foreign country)
14. Maiden name No Information
15. Birthplace " (City or town) (State or foreign country)

16. Informant's **OWN** Signature Arthur B. Schmechel Jr.
and Address Route 2 Twin Falls Ida

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-3-44 (Month) (Day) (Year)
(c) Place: Sunset Memorial Park

18. Funeral Director's **OWN** Signature A. C. Phillips
and Address Twin Falls, Idaho

19. (a) OCT 5-1944 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) September 29 19 44
at 3:00 o'clock A M.

21. **I HEREBY CERTIFY**, That I attended deceased from Sept 20 1944, to Sept 28 1944
I last saw him alive on Sept 29 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Gastric Hemorrhage — Duration .....
Due to Duodenal ulcer — Duration .....
Due to ..... — Duration .....
Other conditions (Include pregnancy within 3 months of death) ..... — Duration .....
Where was disease contracted? ..... — Duration .....
Name of operation ..... Date ..... — PHYSICIAN Underline the cause to which death should be charged statistically.
Major finding .....
Finding of autopsy .....

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature M. A. Drake (M. D. or other)
and Address Twin Falls, Ida. Date Oct. 4 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

OCT 13 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 14664
Local Reg. No. 221
Reg. Dist. No. 461

1. **PLACE OF DEATH:**
   (a) County Twin Falls
   (b) City or town Buhl
   (c) Street Address or R. F. D. No. 1
   (d) Death Occurred Inside? ____ Outside? * city or town
   (e) Died in a Home* Hospital__ Institution__ Other place__
   (f) Name Hosp. or Inst. None Stayed ____ days
   (g) Lived in this county 30 years ? months ? days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Twin Falls
   (c) City or town Buhl
   (d) Street Address or R. F. D. No. 1
   (e) Deceased lived Inside? ____ Outside? * city or town
   (f) Citizen of what country? U. S.
   (g) How long had deceased lived in Idaho? 30 years
   (h) Former residence (city, state) same

3. (a) **FULL NAME** Arthur D. Davis 1370

3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife deceased
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) July 12, 1861

8. AGE	Years	Months	Days	If less than 1 day
	83	2	17	hrs ____ min.

9. Exact Occupation Farmer — Did this work for 50 yrs.
10. Industry or Business Farming — Date last worked 9/1/44
11. Birthplace unknown, (City or town) Iowa (State or foreign country)

Father
12. Name John G. Davis
13. Birthplace ____ (City or town) Penn. (State or foreign country)

Mother
14. Maiden name Elizabeth Daily
15. Birthplace ____ (City or town) Penn. (State or foreign country)

16. Informant's OWN Signature D. D. Davis
and Address Buhl, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/2/44 (Month) (Day) (Year)
(c) Place Sunset Memorial-Twin Falls

18. Funeral Director's OWN Signature B. I. Albertson
and Address Buhl, Idaho

19. (a) Oct. 2, 1944 (Date received and filed) (b) ____ (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) September 29, 1944
at 7:20 o'clock A. M.

21. **I HEREBY CERTIFY,** That I attended deceased from July 1944, to Sept. 29 1944
I last saw h__ alive on Sept. 28 19 44; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — Duration

Hypostatic Pneumonia — 1 wk.
Due to Senility
Due to ____
Other conditions Prostatic Hypertrophy
(Include pregnancy within 3 months of death)

Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's OWN Signature M. A. Drake M. D. (M. D. or other)
and Address Buhl, Ida. Date 9-30 1944

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

OCT 11 1944

NON-RESIDENT
CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 140685
Local Reg. No. 120
Reg. Dist. No. 310

1. **PLACE OF DEATH:** Valley
(a) County
(b) City or town McCall
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county years months 2 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State California (b) County
(c) City or town Stockton
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? years
(h) Former residence (city, state)

3. (a) **FULL NAME** Fern Averil Day

95c

3. (b) If veteran, name war ✓
3. (c) Social Security No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Wm H.
6. (c) Age of husband or wife if alive 34 years
7. Date of Birth (Month, Day, Year) Jan-21-1915

8. AGE	Years	Months	Days	If less than 1 day
	29	7	29	hrs min.

9. Exact Occupation House wife Did this work for yrs.
10. Industry or Business At Home Date last worked
11. Birthplace Burley, Idaho (City or town) (State or foreign country)
Father
12. Name Daniel Fruit
13. Birthplace Oregon (City or town) (State or foreign country)
Mother
14. Maiden name Mary McGinley
15. Birthplace Idaho (City or town) (State or foreign country)
16. Informant's OWN Signature Sam Fruit
and Address Stockton, Calif.
17. (a) Burial (Burial, cremation or removal) (b) Date thereof 9/22/44 (Month) (Day) (Year)
(c) Place: McCall Cemetery, McCall Ida.
18. Funeral Director's OWN Signature L. L. Pitterington
and Address Cascade, Ida.
19. (a) Sept 30 1944 (Date received and filed) (b) Myrtle Gardner (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Sept-20-1944
at o'clock M.
21. **I HEREBY CERTIFY,** That I attended deceased from Sep 18 1944, to Sep 20 1944
I last saw her alive on Sep. 20 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cardiac failure	
Due to Cardiac asthma	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted? California	PHYSICIAN
Name of operation None Date	Underline the cause to which death should be charged statistically.
Major finding —	
Finding of autopsy —	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature Wm F. Hunsberg M.D. (M. D. or other)
and Address McCall, Ida. Date 9/21 1944
(For additional space, use reverse side)

Dr. McGrath

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

OCT. 10 1944

STATE OF IDAHO

State File No. 140656
Local Reg. No. 14
Reg. Dist. No. 320

1. PLACE OF DEATH:
(a) County Washington
(b) City or town Weiser
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? X Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. Weiser Hosp. Stayed 1 days
(g) Lived in this county years months 1 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Wash.
(c) City or town Weiser
(d) Street Address or R.F.D. No. X
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? 00 years
(h) Former residence (city, state) X

3. (a) FULL NAME Infant Heyrand (Jean)

159

3. (b) If veteran, name war X
3. (c) Social Security No. X
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced X
6. (b) Name of husband or wife X
6. (c) Age of husband or wife if alive X years
7. Date of Birth (Month, Day, Year) September 2 1944

8. AGE	Years	Months	Days	If less than 1 day
	00	00	00	12 hrs 00 min.

9. Exact Occupation X Did this work for X yrs.
10. Industry or Business X Date last worked X
11. Birthplace Weiser (City or town) Idaho (State or foreign country)
Father
12. Name Bert Heyrand
13. Birthplace Rigby (City or town) Idaho (State or foreign country)
Mother
14. Maiden name Mary Jean Taylor
15. Birthplace Weiser (City or town) Idaho (State or foreign country)
16. Informant's OWN Signature Bert Heyrand (Father)
and Address 1016 E. Commercial Weiser, Ida.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/4/44 (Month) (Day) (Year)
(c) Place: Hillcrest Cem. Weiser, Idaho
18. Funeral Director's OWN Signature A. S. Jones #357
and Address Northam Funeral Home. Weiser, Ida.
19. (a) 9/4/44 (Date received and filed) (b) Marie H Shell (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) September 3 1944
at 7:00 o'clock A. M.
21. **I HEREBY CERTIFY**, That I attended deceased from Sept. 2nd 1944 to Sept. 3rd 1944
I last saw her alive on Sept. 3rd 1944, death is said to have occurred on the date and hour stated above.
Immediate Cause of Death: Premature Birth Bio Publication
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature M S McGrath MD (M. D. or other)
and Address Weiser, Idaho Date 9/4 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census OCT 10 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140637
Local Reg. No. 15
Reg. Dist. No. 320

1. **PLACE OF DEATH:**
   (a) County Washington
   (b) City or town Weiser
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? X Outside? city or town
   (e) Died in a Home Hospital X Institution Other place
   (f) Name Hosp. or Inst Weiser Hosp. Stayed 6 days
   (g) Lived in this county 20 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Washington
   (c) City or town Weiser
   (d) Street Address or R.F.D. No. N. State Street.
   (e) Deceased lived Inside? X Outside? city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 40 years
   (h) Former residence (city, state) Rogersville, Tenn.

3. (a) **FULL NAME** EDWARD ISOM

131a

3. (b) If veteran, name war No
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife None
6. (c) Age of husband or wife if alive X years
7. Date of Birth (Month, Day, Year) 1881 ?

8. AGE	Years	Months	Days	If less than 1 day hrs min.
	63 ?			

9. Exact Occupation Livestock — Did this work for 40 yrs.
10. Industry or Business Ranch — Date last worked 8/29/44
11. Birthplace Rogersville, Hancock Co. Tenn. (City or town) (State or foreign country)

Father
12. Name Charley Isom
13. Birthplace unknown (City or town) (State or foreign country)

Mother
14. Maiden name Kathryn Buckles
15. Birthplace unknown (City or town) (State or foreign country)

16. Informant's **OWN** Signature M A Isom Brother
and Address Joseph, Oregon

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/6/44 (Month) (Day) (Year)
(c) Place: Hillcrest Cemetery; Weiser, Idaho

18. Funeral Director's **OWN** Signature A Jones #357
and Address Northam Funeral Home, Weiser, Ida.

19. (a) 9/6/44 (Date received and filed) (b) Muriel N Strell (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) September 5 1944
at 12:15 o'clock A.M.

21. **I HEREBY CERTIFY**, That I attended deceased from Aug. 30th 1944 to Sept. 5th 1944
I last saw him alive on Sept. 5th 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebral Hemorrhage.	
Chronic Nephritis	
Due to Hypertension	
Due to Chronic Nephritis	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature M D McGrath M.D. (M. D. or Other)
and Address Weiser, Idaho Date 9/6 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

140705

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 140705
Local Reg. No. 218
Reg. Dist. No. 370

1. **PLACE OF DEATH:**
(a) County Ada
(b) City or town Boise
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? ✓ Outside? ___ city or town
(e) Died in a Home ___ Hospital ✓ Institution ___ Other place ___
(f) Name Hosp. or Inst. St Alphonsus Stayed 13 days
(g) Lived in this county 37 years ___ months ___ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Ada
(c) City or town Boise
(d) Street Address or R. F. D. No. 4
(e) Deceased lived Inside? ___ Outside? ✓ city or town
(f) Citizen of what country? U.S.
(g) How long had deceased lived in Idaho? 37 years
(h) Former residence (city, state)

3. (a) **FULL NAME** Arlan Andrew Tucker 132

3. (b) If veteran, name war ✓
3. (c) Social Security No. 519-18-1835
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mallora
6. (c) Age of husband or wife if alive 61 years
7. Date of Birth (Month, Day, Year) Dec. 11 1875

8. AGE	Years	Months	Days	If less than 1 day hrs	min.
	68	9	21		

9. Exact Occupation retired — Did this work for ___ yrs.
10. Industry or Business — Date last worked Dec 31 1944
11. Birthplace Siloam Springs (City or town) Ark (State or foreign country)

Father
12. Name William Henry Tucker
13. Birthplace Cedar County (City or town) Mo. (State or foreign country)

Mother
14. Maiden name Nancy Jane Lewis
15. Birthplace Springfield (City or town) Mo. (State or foreign country)

16. Informant's OWN Signature Roger Tucker
and Address Nyssa Oregon
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-4-44 (Month) (Day) (Year)
(c) Place: Meridian
18. Funeral Director's OWN Signature Kenneth McElvington
and Address Meridian Idaho
19. (a) 10-9-44 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 10-1 1944
at 5:35 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 9-21 1944 to 10-1 1944
I last saw him alive on 10-1 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
✓ Uremia	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ___ Date ___
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ___ Suicide? ___ Homicide? ___
Occurred ___ 19___ City, county, state where violence occurred
Place of Violence: Home ___ Farm ___ Industry ___
Public Place ___ While at work? ___
Means of injury

23. Attendant's OWN Signature H Hollingsworth (M. D. or other)
and Address Boise Idaho Date 10-4 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

OCT 20 1944

Certificate Of Death

STATE OF IDAHO

140706

State File No. 140706
Local Reg. No. 2
Reg. Dist. No. 391

1. **PLACE OF DEATH:**
   (a) County Owyhee
   (b) City or town Grandview
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? Outside? X city or town
   (e) Died in a Home Hospital Institution Other place Snake River
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Ada.
   (c) City or town Boise
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? X Outside? city or town
   (f) Citizen of what country? U. S.A.
   (g) How long had deceased lived in Idaho? All his life years
   (h) Former residence (city, state)

3. (a) **FULL NAME** JAMES HENRY ZIMMERMAN

183

3. (b) If veteran, name war None
3. (c) Social Security No. 519-20-1271
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife XXXX
6. (c) Age of husband or wife if alive XXXX years
7. Date of Birth (Month, Day, Year) March 2, 1926

8. AGE	Years	Months	Days	If less than 1 day
	18	7	13	hrs min.

9. Exact Occupation Meat Cutter — Did this work for 4 Mo. yrs.
10. Industry or Business Davis Packing — Date last worked Oct. 14, 1944
11. Birthplace Boise, Idaho. (City or town) (State or foreign country)

Father
12. Name Edward M. Zimmerman
13. Birthplace Nebraska (City or town) (State or foreign country)

Mother
14. Maiden name Ada Smith
15. Birthplace Nebraska (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mrs. Herbert Fischer,
and Address Boise, Ida.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/25/44 (Month) (Day) (Year)
(c) Place: Morris Hill Cemetery
18. Funeral Director's **OWN** Signature W. McBratney
and Address Boise, Idaho.
19. (a) Oct. 19 th 1944. (Date received and filed) (b) Alice C. Erkenbeck (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Oct. 15 19 44
at 3:00 o'clock P.M.
21. **I HEREBY CERTIFY,** That I attended deceased from — — 19—, to — — 19—
I last saw h— alive on — — 19—; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Accidental drowning while duck hunting on Snake River	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation Date	
Major finding	
Finding of autopsy	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Yes Suicide? Homicide?
Occurred Oct. 15 1944 City, county, state where violence occurred Grand View, Owyhee Co. Idaho
Place of Violence: Home Farm Industry
Public Place Snake River While at work?
Means of injury Drowning
23. Attendant's **OWN** Signature Pro. coroner in County, Alice C. Erkenbeck, Registrar (M. D. or other)
and Address Grand View, Idaho Date Oct. 19 1944

(For additional space, use reverse side)

Riverside Cemetery

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

140707 State File No. 140707
Local Reg. No. 63
Reg. Dist. No. 3330

1. PLACE OF DEATH:

(a) County Payette
(b) City or town town
(c) Street Address or R~~XXXXX~~ 1536 2nd Ave
(d) Death Occured Inside? # Outside? city or town
(e) Died in a Home # Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 53 years 10 months 16 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

(a) State Idaho (b) County Payette
(c) City or town town
(d) Street Address ~~XXXXXXX~~ 1536 2nd Ave
(e) Deceased lived Inside? # Outside? city or town
(f) Citizen of what country? U S A
(g) How long had deceased lived in Idaho? 53 years
(h) Former residence (city, state) same

3. (a) **FULL NAME** Staten Moss (STRATEN MOSS) 94a

3. (b) If veteran, name war World War 1
3. (c) Social Security No. 519-07-7385
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Anna C. Moss
6. (c) Age of husband or wife if alive 46 years
7. Date of Birth (Month, Day, Year) November 22 1890

8. AGE	Years	Months	Days	If less than 1 day
	53	10	16	hrs min.

9. Exact Occupation cattle feeder — Did this work for life yrs.
10. Industry or Business stock man — Date last worked 10-8-1944
11. Birthplace Payette, (City or town) Idaho. (State or foreign country)

Father
12. Name Frank C. Moss.
13. Birthplace ------- (City or town) Illinois. (State or foreign country)

Mother
14. Maiden name Ruth Barnes
15. Birthplace Salt Lake City. (City or town) Utah. (State or foreign country)

16. Informant's **OWN** Signature Anna C Moss
and Address Payette, Idaho.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof Oct 11 1944 (Month) (Day) (Year)
(c) Place: Payette, Idaho.

18. Funeral Director's **OWN** Signature Edith Sundin
and Address Payette, Idaho

19. (a) 10/9/1944 (Date received and filed) (b) J. C. Woodward (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Oct. 8, 1944
at 5:00 o'clock A M.

21. **I HEREBY CERTIFY**, That I attended deceased from Oct 8, 1944, to Oct 8 1944
I last saw h~~im~~ alive on Oct 8, 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Acute coronary occlusion	Immediate
✓ Due to Chronic coronary disease	4 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYISICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature Geo E Davis MD (M. D. or other)
and Address New Plymouth Ida Date 10-5-1944
(For additional space, use reverse side)

(86)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

140708 140708

State File No. 194
Local Reg. No. 362
Reg. Dist. No.

1. **PLACE OF DEATH:**
   (a) County Canyon
   (b) City or town Nampa
   (c) Street Address or R.F.D. No. 823 7th Ave So
   (d) Death Occured Inside? ~~Outside?~~ ..... city or town
   (e) Died in a Home ~~Hospital~~ .... Institution .... Other place ....
   (f) Name Hosp. or Inst. ..... Stayed ..... days
   (g) Lived in this county 20 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Canyon
   (c) City or town Nampa
   (d) Street Address or R.F.D. No. 823 7th Ave So
   (e) Deceased lived Inside? ~~Outside?~~ ..... city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 20 years
   (h) Former residence (city, state) .....

3. (a) **FULL NAME** Earl D. Cox

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex M
5. Color or race W
6. (a) ~~Single~~, ~~widowed~~, married, ~~divorced~~ married
6. (b) Name of ~~husband~~ or wife Hattie
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	51	5	0	hrs ..... min.

9. Exact Occupation Common ..... Did this work for ..... yrs.
10. Industry or Business P. F. E. ..... Date last worked .....
11. Birthplace Indiana (City or town) (State or foreign country)

Mother Father
12. Name .....
13. Birthplace ..... (City or town) (State or foreign country)
14. Maiden name .....
15. Birthplace ..... (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mrs. Hattie Jane Cox
and Address 823-7th ave. So. nampa Id.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/11/44 (Month) (Day) (Year)
(c) Place: Nampa Idaho
18. Funeral Director's **OWN** Signature F. K. Robinson
and Address Nampa Ida
19. (a) Oct-19-1944 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Oct 7 1944
at ..... o'clock ..... M.

21. **I HEREBY CERTIFY**, That I attended deceased from 9-1, 1944, to 10-7 1944
I last saw h~~im~~ alive on 10-6 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cancer of the Rectum	
Due to	
Due to	
Other conditions ..... (Include pregnancy within 3 months of death)	

Where was disease contracted? Nampa Ida
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature J. C. Houston (M. D. or other)
and Address Nampa Date 10-7 1944

(For additional space, use reverse side)

140709 140709

United States
Department of Commerce
Bureau of the Census

OCT 20 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 140709
Local Reg. No. 193
Reg. Dist. No. 44

1. **PLACE OF DEATH:**
   (a) County Jerome
   (b) City or town Jerome
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? ✓ Outside? ____ city or town
   (e) Died in a Home ✓ Hospital ____ Institution ____ Other place ____
   (f) Name Hosp. or Inst. ____ Stayed ____ days
   (g) Lived in this county 17 years ____ months ____ days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Jerome
   (c) City or town Jerome
   (d) Street Address or R. F. D. No.
   (e) Deceased lived Inside? ____ Outside? ____ city or town
   (f) Citizen of what country?
   (g) How long had deceased lived in Idaho? 34 years
   (h) Former residence (city, state) Wyo

3. (a) **FULL NAME** Frederick T Case 94a

3. (b) If veteran, name war ____ 3. (c) Social Security No. ____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Elsie May 6. (c) Age of husband or wife if alive 63 years

7. Date of Birth (Month, Day, Year) June 27, 1870

8. AGE	Years	Months	Days	If less than 1 day
	74	3	27	hrs ____ min.

9. Exact Occupation Merchant Did this work for ____ yrs.
10. Industry or Business ____ Date last worked ____
11. Birthplace Little Falls (City or town) Minn (State or foreign country)

Father
12. Name Orin Case
13. Birthplace Not Known (City or town) (State or foreign country)

Mother
14. Maiden name Not Known
15. Birthplace Not Known (City or town) (State or foreign country)

16. Informant's **OWN** Signature X Earl Case
and Address Jerome Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 2 - 44 (Month) (Day) (Year)
(c) Place: Jerome Idaho
18. Funeral Director's **OWN** Signature J R Wiley
and Address Jerome Idaho
19. (a) 10-6-44 (Date received and filed) (b) A M Sinclair (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Sept 30 1944
at 2 30 o'clock P M.

21. **I HEREBY CERTIFY,** That I attended deceased from Sept 15 1944 to Sept 30 1944
I last saw him alive on Sept 29 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: (1) Coronary thrombosis — Duration ____
Due to ____
Due to ____
Other conditions ____
(Include pregnancy within 3 months of death)

Where was disease contracted? Unknown
Name of operation None Date ____
Major finding ____
Finding of autopsy Not done

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19 ____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's **OWN** Signature Carlyle Sunil (M. D. or other)
and Address Jerome Ida Date 10/6/ 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census OCT. 2 3 1944

Certificate Of Death

STATE OF IDAHO

140710

State File No. 140710
Local Reg. No. 196
Reg. Dist. No. 371

1. **PLACE OF DEATH:**
(a) County Ada
(b) City or town Boise
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? Outside? XX city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. Vets. Admn. Stayed 17 days
(g) Lived in this county years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Bannock
(c) City or town Pocatello
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? U. S. A.
(g) How long had deceased lived in Idaho? 35 years
(h) Former residence (city, state)

3. (a) **FULL NAME** DULANEY, Elvin

131a

3. (b) If veteran, name war World
3. (c) Social Security No. 519-20-3926
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Vera Dulaney
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) December 26, 1896

8. AGE	Years	Months	Days	If less than 1 day
	47	9	12	hrs min.

9. Exact Occupation Public Accountant Did this work for Unkn. yrs.
10. Industry or Business Date last worked 4-23-44
11. Birthplace Missouri (City or town) (State or foreign country)
Father
12. Name George S. Dulaney
13. Birthplace Virginia (City or town) (State or foreign country)
Mother
14. Maiden name Nancy M. Sanders
15. Birthplace Missouri (City or town) (State or foreign country)
16. Informant's **OWN** Signature M. C. Gull Records, Veterans Administration and Address Boise, Idaho
17. (a) Burial-Removal (b) Date thereof Oct. 10 1944 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: Pocatello, Idaho
18. Funeral Director's **OWN** Signature McBratney Funeral Home and Address Boise, Idaho
19. (a) 10-9-44 (Date received and filed) (b) R. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) October 8, 1944 at 8:05 o'clock A. M.
21. **I HEREBY CERTIFY**, That I attended deceased from September 21, 1944, to October 8, 1944
I last saw him alive on October 8, 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Arteriolar Nephrosclerosis, with uremia	1 Yr.
Uremia	7 Weeks
Due to Hypertension, arterial	2 Yrs.
Other conditions Hypertension, coronary heart disease; Arteriosclerosis (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation None Date
Major finding
Finding of autopsy Nephritis, interstitial, chr.; Effusion, pleural, bil.; Arteriosclerosis, coronary vessels, mod.

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide? Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature Ralph E. Davis RALPH E. DAVIS, Maj. M.C. Acting C. M. O. (M. D. or other) and Address VAF., Boise, Idaho Date Oct. 9 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

140711 140711

United States
Department of Commerce
Bureau of the Census

OCT 21 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 140711
Local Reg. No. 5-2
Reg. Dist. No. 450

1. **PLACE OF DEATH:**
(a) County Minidoka
(b) City or town Rupert
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? ✓ Outside? ____ city or town
(e) Died in a Home ____ Hospital ✓ Institution ____ Other place ____
(f) Name Hosp. or Inst. Rupert Gen Stayed 1 days
(g) Lived in this county 14 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Minidoka
(c) City or town Rupert
(d) Street Address or R. F. D. No. 902 E 8th.
(e) Deceased lived Inside? ✓ Outside? ____ city or town
(f) Citizen of what country? US
(g) How long had deceased lived in Idaho? 46 years
(h) Former residence (city, state) Elba Ala

3. (a) **FULL NAME** Earl Otto Olsen. 83a

3. (b) If veteran, name war ____ 3. (c) Social Security No. ____

4. Sex M 5. Color or race White 6. (a) Single, widowed, married divorced Married

6. (b) Name of husband or wife Arlie 6. (c) Age of husband or wife if alive 37 years

7. Date of Birth (Month, Day, Year) Apr 1 1898

8. AGE — Years 46 | Months 6 | Days 5 | If less than 1 day hrs ____ min. ____

9. Exact Occupation Trucker — Did this work for ____ yrs.

10. Industry or Business Kraft Co. — Date last worked ____

11. Birthplace Elba (City or town) Alabama (State or foreign country)

Father
12. Name Otto Olsen
13. Birthplace Denmark (City or town) (State or foreign country)

Mother
14. Maiden name Sylvia Beckett
15. Birthplace Willard Utah (City or town) (State or foreign country)

16. Informant's **OWN** Signature Arlie M Olsen
and Address Rupert Idaho

17. (a) Removal (b) Date thereof 10-7-44 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: Portland Oregon

18. Funeral Director's **OWN** Signature Rodney L Goodman
and Address Rupert Idaho

19. (a) 10-17-44 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Oct 6 19 44
at ____ o'clock ____ M.

21. **I HEREBY CERTIFY,** That I attended deceased from Oct 2 1944, to Oct 6 1944
Last saw h____ alive on ____ 19____; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — Duration
(a) Cerebral Hemorrhage — 10 hrs.
Due to Purpura Cytothrombopenic — 6 months
Due to ____
Other conditions (Include pregnancy within 3 months of death) ____
Where was disease contracted? ?
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's **OWN** Signature [signature] (M. D. or other)
and Address Rupert Date Oct 6 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

140717

State File No. 140712
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF DEATH:**
   (a) County Gem Emmett
   (b) City or town
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? X Outside? city or town
   (e) Died in a Home Hospital X Institution Other place
   (f) Name Hosp. or Inst. Mary Secor Stayed days
   (g) Lived in this county 32 years months days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Gem
   (c) City or town Emmett
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? Outside? X city or town
   (f) Citizen of what country?
   (g) How long had deceased lived in Idaho? 32 years
   (h) Former residence (city, state)

3. (a) **FULL NAME** WILLIAM JOHN WARR

932

3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife Cora Warr
6. (c) Age of husband or wife if alive 68 years
7. Date of Birth (Month, Day, Year) March 26, 1862

8. AGE	Years	Months	Days	If less than 1 day
	82	6	5	hrs min.

9. Exact Occupation Farmer — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace Buckingham, England (City or town) (State or foreign country)

Father
12. Name Benjamin F. Warr
13. Birthplace England (City or town) (State or foreign country)

Mother
14. Maiden name Mary Ann Hedges
15. Birthplace England (City or town) (State or foreign country)

16. Informant's **OWN** Signature Edward W. Warr
and Address Emmett, Idaho

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 10/3-1944 (Month) (Day) (Year)
(c) Place: Sweet, Idaho

18. Funeral Director's **OWN** Signature O D Buckner
and Address Emmett, Idaho

19. (a) 10/3-1944 (Date received and filed) (b) O D Buckner (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Oct. 1, 1944 19
at 8 o'clock P. M.

21. **I HEREBY CERTIFY,** That I attended deceased from Sept 1 19 44, to Oct 1 19 44
I last saw h alive on Oct 1 19 44; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — Duration

Due to Myocarditis Degenerative and Influenza
Due to old Age
Other conditions
(Include pregnancy within 3 months of death)

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN. Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature J. L. Reynolds (M. D. or other)
and Address Emmett, Idaho Date 10/3-1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

OCT 23 1944

NON-RESIDENT CERTIFICATE OF DEATH
STATE OF IDAHO

140713 140713

State File No.
Local Reg. No. 18-44
Reg. Dist. No. 112

1. **PLACE OF DEATH:**
(a) County Bonner
(b) City or town Priest River
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? X city or town
(e) Died in a Home Hospital Institution Other place X
(f) Name Hosp. or Inst. -- Stayed days
(g) Lived in this county -- years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Washington (b) County Spokane
(c) City or town Spokane
(d) Street Address or R. F. D. No. 320 E. Hoffman
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? -- years
(h) Former residence (city, state)

3. (a) FULL NAME James Allen Phelps

170c

3. (b) If veteran, name war No
3. (c) Social Security No 519-09-5941
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Marie E. Phelps
6. (c) Age of husband or wife if alive 37 years
7. Date of Birth (Month, Day, Year) October 11, 1901

8. AGE	Years	Months	Days	If less than 1 day
	42	11	29	hrs min.

9. Exact Occupation Plumber — Did this work for ? yrs.
10. Industry or Business Plumbing — Date last worked Oct. 1944
11. Birthplace Colton, Washington. (City or town) (State or foreign country)

Father
12. Name Alvin Henry Phelps
13. Birthplace Wayne County, Ill. (City or town) (State or foreign country)

Mother
14. Maiden name Mollie Stallinger
15. Birthplace Posey County, Indiana. (City or town) (State or foreign country)

16. Informant's OWN Signature Ruth Moon
and Address Sandpoint, Idaho.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Oct. 11, 1944 (Month) (Day) (Year)
(c) Place: Moscow, Idaho.
18. Funeral Director's OWN Signature MOON MORTUARY R Moon
and Address SANDPOINT, IDAHO
19. (a) 10-11-44 (Date received and filed) (b) F. E. Wilmot (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) October 10, 1944.
at 8:30 o'clock p. M.
21. I HEREBY CERTIFY, That I attended deceased from ---- 19--, to ---- 19--
I last saw h-- alive on ---- 19--; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — Duration
Automobile Accident. Collision of Sedan with truck. On West Branch Road 17 miles north Priest River, Idaho. Skull fracture and crushed chest.
Due to
Other conditions
(Include pregnancy within 3 months of death)

Where was disease contracted?
Name of operation — Date
Major finding
Finding of autopsy none

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? yes Suicide? Homicide?
Occurred Oct. 10, 1944 19-- City, county, state where violence occurred Bonner County, Idaho.
Place of Violence: Home Farm Industry
Public Place yes While at work? no
Means of injury Crushed by Auto
23. Attendant's OWN Signature Ruth Moon Coroner (M. D. or other)
and Address Sandpoint, Ida Date 10-11 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

140714

United States
Department of Commerce
Bureau of the Census OCT 17 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140714
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF DEATH:**
   (a) County Boundary
   (b) City or town Bonners Ferry
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? Outside? XXX city or town
   (e) Died in a Home X. Hospital Institution Other place
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county 7 years months days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Boundary
   (c) City or town Bonners Ferry
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? Outside? XXX city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 7 years
   (h) Former residence (city, state) Gove Kansas

3. (a) **FULL NAME** Gilbert C. Mendenhall

3. (b) If veteran, name war World 11. 3. (c) Social Security No. 516-12-9998

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Dena 6. (c) Age of husband or wife if alive 36 years

7. Date of Birth (Month, Day, Year) Aug. 8, 1902

8. AGE	Years	Months	Days	If less than 1 day
	42	1	24	hrs min.

9. Exact Occupation logger Did this work for 5 yrs.

10. Industry or Business Spalding Co. Date last worked 10/2/44

11. Birthplace Gove Kansas (City or town) (State or foreign country)

Father
12. Name Aubrey C. Mendenhall
13. Birthplace Ill. (City or town) (State or foreign country)

Mother
14. Maiden name Nora Schlief
15. Birthplace Iowa (City or town) (State or foreign country)

16. Informant's **OWN** Signature Dale Mendenhall
and Address Bonners Ferry Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/7/44 (Month) (Day) (Year)
(c) Place: Bonners Ferry Idaho

18. Funeral Director's **OWN** Signature Frank Moore
and Address Bonners Ferry, Idaho

19. (a) Oct 9-1944 (Date received and filed) (b) Ann Bonner (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Oct. 2. 1944
at 12:15 o'clock P. M.

21. **I HEREBY CERTIFY**, That I attended deceased from ..... 19..... to ..... 19.....
I last saw h..... alive on ..... 19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Ruptured Intra Thoracic Blood Vessel	2 Hours.
(Probably Aneurism)	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYISCIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred ..... 19..... City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature Ann Bonner M. D.
(M. D. or other)
and Address Bonners Ferry Idaho Date 10/9 19 44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

140715

State File No. 140715
Local Reg. No. 206
Reg. Dist. No. 362

1. PLACE OF DEATH:
(a) County Canyon
(b) City or town Nampa
(c) Street Address or R.F.D. No. Route 1.
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Home.... Hospital.... Institution.... Other place X
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 16 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Nampa
(d) Street Address or R.F.D. No. Route 1
(e) Deceased lived Inside? X Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 17 years
(h) Former residence (city, state) North Platt Neb.

3. (a) FULL NAME Judd Coleman Summers. 94a

3. (b) If veteran, name war No.
3. (c) Social Security No. 519-10-6365
4. Sex M
5. Color or race W.
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Alta.
6. (c) Age of husband or wife if alive 49. years
7. Date of Birth (Month, Day, Year) March 23 - 1883

8. AGE	Years	Months	Days	If less than 1 day
	61	6	28	hrs min.

9. Exact Occupation Watchman Did this work for 3 yrs.
10. Industry or Business Sugar Factory Date last worked 10/21/44
11. Birthplace Barber County West Vir. (City or town) (State or foreign country)
Father
12. Name Robert Summers.
13. Birthplace Unknown. (City or town) (State or foreign country)
Mother
14. Maiden name Drusilla Squires.
15. Birthplace West Vir. (City or town) (State or foreign country)
16. Informant's **OWN** Signature X Mrs. Loraine Shroll
and Address 203 Fern Street
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 10/25/44 (Month) (Day) (Year)
(c) Place: Kohlerlawn Cemetery
18. Funeral Director's **OWN** Signature Wm. D. Kelley
and Address Nampa Ida.
19. (a) Nov. 15 1944 (Date received and filed) (b) Lyda Woodyard (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Oct 21 1944
at 1:30 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 10-21- 1944, to 10-21- 1944
I last saw him alive on 10-21- 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Coronary Embulus	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYISCIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature Samuel Divayne MD (M. D. or other)
and Address Nampa, Id. Date 10-23-1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census OCT 25 1944

Certificate Of Death

STATE OF IDAHO

140716

State File No. 140716
Local Reg. No. 312
Reg. Dist. No. 370

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? X Outside? city or town
   (e) Died in a Home Hospital X Institution Other place
   (f) Name Hosp. or Inst. St. Alphonsus Stayed days
   (g) Lived in this county 39 years months days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Ada
   (c) City or town Boise
   (d) Street Address or R.F.D. No. Route #1
   (e) Deceased lived Inside? Outside? X city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 39 years
   (h) Former residence (city, state) Kansas

3. (a) **FULL NAME** Clayton Raymond Anderson

1176

3. (b) If veteran, name war None
3. (c) Social Security No. 516-12-8861
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Nellie Anderson
6. (c) Age of husband or wife if alive 47 years
7. Date of Birth (Month, Day, Year) June 8, 1893

8. AGE	Years	Months	Days	If less than 1 day
	51	3	23	hrs min.

9. Exact Occupation Tractor Worker Did this work for 2 yrs.
10. Industry or Business Farming Date last worked 9/10/44
11. Birthplace Leavenworth Co., Kansas (City or town) (State or foreign country)

Father
12. Name Merton Anderson
13. Birthplace Phoenix, New York (City or town) (State or foreign country)

Mother
14. Maiden name Ethel Baldwin
15. Birthplace Spencer, Iowa (City or town) (State or foreign country)

16. Informant's **OWN** Signature Nellie E. Anderson
and Address R#1. Boise, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 5, 1944 (Month) (Day) (Year)
(c) Place: Morris Hill

18. Funeral Director's **OWN** Signature McBratney Funeral Home
and Address Boise, Idaho

19. (a) 10-4-44 (Date received and filed) (b) R. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) October 1, 1944
at [illegible] o'clock M.

21. **I HEREBY CERTIFY**, That I attended deceased from 9-18-1944, to 10-1-1944
I last saw him alive on 10-1-1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Myocardial Failure	
Due to Ruptured Peptic Ulcer.	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? Idaho
Name of operation Laparotomy Date 9/19/44
Major finding Ruptured duodenal ulcer
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature Fred McKenna M. D. or other
and Address Boise, Idaho Date 10-3-1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

140717

State File No. 140717
Local Reg. No. 333
Reg. Dist. No. 370

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? X Outside? city or town
   (e) Died in a Home Hospital X Institution Other place
   (f) Name Hosp. or Inst. St. Alphonsus tayed 1 days
   (g) Lived in this county 2 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Ada
   (c) City or town Boise
   (d) Street Address or R.F.D. No. 513 N. 6th St.
   (e) Deceased lived Inside? X Outside? city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 2 years
   (h) Former residence (city, state) Helper, Utah

3. (a) **FULL NAME** Elwood Richardson

93 b

3. (b) If veteran, name war No
3. (c) Social Security No. 700-03-2574
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) March 17, 1906

8. AGE	Years	Months	Days	If less than 1 day hrs	min.
	38	7	0		

9. Exact Occupation Car Man — Did this work for 13 yrs.
10. Industry or Business Railroad — Date last worked 1942
11. Birthplace Vale, Oregon (City or town) (State or foreign country)

Father
12. Name B.M. Richardson
13. Birthplace Malheur City, Oregon (City or town) (State or foreign country)

Mother
14. Maiden name Eva Goodrich
15. Birthplace Tahama Co. California (City or town) (State or foreign country)

16. Informant's **OWN** Signature Emory D. Richardson
and Address Helper, Utah

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/23/44 (Month) (Day) (Year)
(c) Place: Morris Hill Cemetery, Boise, Idaho

18. Funeral Director's **OWN** Signature McBratney Funeral Home
and Address Boise, Idaho

19. (a) 10-24-44 (Date received and filed) (b) R. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) October 17 19 44
at 8:45 o'clock PM.

21. **I HEREBY CERTIFY**, That I attended deceased from Dec. 10 19 42, to January 19
I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebral Hemorrhage	7 hrs
Due to Hypertension	
Due to Myocarditis	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? NA Suicide? NA Homicide? NA
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature (M. D. or other)
and Address Date 19
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

OCT 16 1944

NON-RESIDENT *Certificate Of Death*

STATE OF IDAHO

140718

State File No. 140718
Local Reg. No. 169
Reg. Dist. No. 371

1. PLACE OF DEATH:
(a) County Ada
(b) City or town Gowen Field, Boise, Idaho
(c) Street Address or R.F.D. No. - -
(d) Death Occured Inside? x Outside? ....city or town
(e) Died in a Home.... Hospital x Institution.... Other place....
(f) Name Hosp. or Inst. Sta. Hospital Stayed 1 days
(g) Lived in this county - years - months 12 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Illinois (b) County -
(c) City or town Chicago
(d) Street Address or R.F.D. No. 2634 W. Rice St.
(e) Deceased lived Inside? x Outside? ....city or town
(f) Citizen of what country? U. S.
(g) How long had deceased lived in Idaho? 12 Days ~~years~~
(h) Former residence (city, state) Same as above

3. (a) FULL NAME FOSSEN, Carl Frederick

0-2065268

173

3. (b) If veteran, name war -
3. (c) Social Security No. -
4. Sex Male. 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Louise L.
6. (c) Age of husband or wife if alive - - years
7. Date of Birth (Month, Day, Year) 23 February 1922

8. AGE	Years	Months	Days	If less than 1 day
	22	6	8	hrs min.

9. Exact Occupation Bombardier — Did this work for 15 ~~yrs~~ mo.
10. Industry or Business U. S. Army — Date last worked 9-6-44
11. Birthplace - - (City or town) Nebraska (State or foreign country)

Father
12. Name (Unknown)
13. Birthplace (Unknown) (City or town) (State or foreign country)

Mother
14. Maiden name (Unknown)
15. Birthplace (Unknown) (City or town) (State or foreign country)

16. Informant's **OWN** Signature Phillip C Pedersen
and Address PHILLIP C. PEDERSEN, Gowen Field, Boise, Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Sept. 8, 1944 (Month) (Day) (Year)
(c) Place: Chicago, Ill.
18. Funeral Director's **OWN** Signature A. Shenkir Jr. Deb
and Address Boise, Idaho
19. (a) 9-7-44 (Date received and filed) (b) R. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH
(Month, Day, Year) 6 September 1944
at 0705 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from 5 September 1944, to 6 September 1944
I last saw him alive on 6 September 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebral contusion and hemorrhage	23 hours
Due to Skull fracture, basal - Right anterior cerebral fossa	
Due to	
Other conditions - - (Include pregnancy within 3 months of death)	

Where was disease contracted? - -
Name of operation - - Date -
Major finding - -
Finding of autopsy Same as above

PHYISCIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? x Suicide? Homicide?
Occurred 5 September 1944 City, county, state where violence occurred Ada County, Idaho
Place of Violence: Home Farm Industry
Public Place While at work? x
Means of injury Aircraft accident

23. Attendant's **OWN** Signature Frank L Fletcher
FRANK L. FLETCHER, LT COL (M. D. or other) M. C.
and Address Gowen Fld, Idaho Date 9-6 1944
(For additional space, use reverse side)

Morrison

140719

United States
Department of Commerce
Bureau of the Census

OCT 30 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 140719
Local Reg. No. 198
Reg. Dist. No. 440

1. **PLACE OF DEATH:**
   (a) County Jerome
   (b) City or town Jerome
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? L Outside? city or town
   (e) Died in a Home L Hospital Institution Other place
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county 33 years months days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Jerome
   (c) City or town Jerome
   (d) Street Address or R. F. D. No.
   (e) Deceased lived Inside? L Outside? city or town
   (f) Citizen of what country? U S
   (g) How long had deceased lived in Idaho? 33 years
   (h) Former residence (city, state) Lake Geneva Wisc

3. (a) **FULL NAME** James Grant

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Isabelle
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Nov 22 1865

8. AGE	Years	Months	Days	If less than 1 day
	78	10	15	hrs min.

9. Exact Occupation Farmer Did this work for yrs.
10. Industry or Business Retired Date last worked
11. Birthplace Grantown Scotland (City or town) (State or foreign country)

Father
12. Name Peter Grant
13. Birthplace Grantown Scotland (City or town) (State or foreign country)

Mother
14. Maiden name Elizabeth Grant
15. Birthplace Grantown Scotland (City or town) (State or foreign country)

16. Informant's OWN Signature X Mrs James Grant
and Address Jerome Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct (Month) (Day) (Year)
(c) Place: Jerome Idaho
18. Funeral Director's OWN Signature J R Wiley
and Address Jerome Idaho
19. (a) 10-9-44 (Date received and filed) (b) E M Sinclair (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Oct 7 1944
at 3.15 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from May 28 1944, to Oct. 7 1944
I last saw him alive on Aug 15 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebral Hemorrhage	4½ mos
Due to arteriosclerosis	5-6 yrs.
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature Reuben C. Matson M.D. (M. D. or other)
and Address Jerome Ida Date 19
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce OCT 20 1944
Bureau of the Census

CERTIFICATE OF DEATH

STATE OF IDAHO

140720 State File No. 140720
Local Reg. No. 65
Reg. Dist. No. 3-331

1. PLACE OF DEATH:
(a) County Payette
(b) City or town Fruitland
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? ✓ city or town
(e) Died in a Home ✓ Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 36 years months days
Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Ida (b) County Payette
(c) City or town
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? - Outside? ✓ city or town
(f) If foreign born, in U. S. yrs. Citizen of U. S.?
(g) How long had deceased lived in Idaho? 36 years
(h) Former residence (city, state)

3. (a) **FULL NAME** Grant Fisher 97

3. (b) If veteran, name war — 3. (c) Social Security No.
4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lillie 6 (c) Age of husband or wife if alive — years
7. Date of Birth (Month, Day, Year) Dec 30 1863

8. AGE	Years	Months	Days	If less than 1 day
	80	9	7	hrs min.

9. Exact Occupation Farmer Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Noble Vill Ind (City or town) (State or foreign country)
Father 12. Name William A Fisher
13. Birthplace (City or town) (State or foreign country)
Mother 14. Maiden name Boyer
15. Birthplace (City or town) (State or foreign country)
16. Informant's **OWN** Signature C Earl Fisher
and Address Payette, Ida. Rt. 1
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 10 (Month) (Day) (Year)
(c) Place: Payette Ida
18. Funeral Director's **OWN** Signature H C Peterson
and Address Emmett Ida
19. (a) 10/10/1944 (Date received and filed) (b) J C Woodward (Registrar's signature)

(88)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Oct. 7 1944
at 3:30 o'clock A M.

21. **I HEREBY CERTIFY,** That I attended deceased from June 1944, to Oct 7 1944
I last saw him alive on Oct 6 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Senility — Duration
Due to
Due to
Other conditions Senile dementia
(Include pregnancy within 3 months of death)
Generalized arteriosclerosis
Where was disease first contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature Geo E Davis M D (M. D. or other)
and Address New Plymouth, Ida Date Oct. 7 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

140721

State File No. 140721
Local Reg. No. 36
Reg. Dist. No. 650

1. **PLACE OF DEATH:**
(a) County Fremont
(b) City or town St. Anthony
(c) Street Address or R.F.D. No. 126 So. Bridge
(d) Death Occured Inside? Yes Outside? ..... city or town
(e) Died in a Home.... Hospital X Institution.... Other place....
(f) Name Hosp. or Inst. St. A. Hosp. Stayed ..... days
(g) Lived in this county ..... years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Fremont
(c) City or town Ashton
(d) Street Address or R.F.D. No. .....
(e) Deceased lived Inside? Yes Outside? ..... city or town
(f) Citizen of what country? United States
(g) How long had deceased lived in Idaho? Life years
(h) Former residence (city, state) .....

3. (a) **FULL NAME** EVA PALMER

146a

3. (b) If veteran, name war No.
3. (c) Social Security No. None.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) September 8, 1927.

8. AGE	Years	Months	Days	If less than 1 day
	17	1	16	hrs min.

9. Exact Occupation Student Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace St. Anthony, Idaho. (City or town) (State or foreign country)
Father
12. Name Carl G. Palmer
13. Birthplace Wilford, Idaho (City or town) (State or foreign country)
Mother
14. Maiden name Dora Christiansen
15. Birthplace Mayfield, Utah (City or town) (State or foreign country)
16. Informant's **OWN** Signature Carl G Palmer
and Address Ashton, Idaho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-28-44 (Month) (Day) (Year)
(c) Place: Pineview, Ashton, Idaho.
18. Funeral Director's **OWN** Signature M D Hansen
and Address St. Anthony, Idaho.
19. (a) Oct. 26, 1944 (Date received and filed) (b) M D Hansen (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Oct 24 1944
at ~~4~~ 6 o'clock A M.
21. **I HEREBY CERTIFY**, That I attended deceased from Sept 18 1944, to Oct 24 1944
I last saw her alive on Oct 24 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Placenta Previa	8 mo.
Due to	
✓ Due to	
Other conditions Premature labor (Include pregnancy within 3 months of death)	
Pregnancy 8 months	
Where was disease contracted?	
Name of operation ..... Date	
Major finding	
Finding of autopsy	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature E. L. Soule M (M. D. or other)
and Address St Anthony Date 10-24 1944
(For additional space, use reverse side)

Husband

1407 ✓ 1407

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. ____
Local Reg. No. 254
Reg. Dist. No. 140

1. **PLACE OF DEATH:**
(a) County Kootenai
(b) City or town Coeur d'Alene
(c) Street Address or R. F. D. No. 1223 412 Lakeside
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home ____ Hospital X Institution ____ Other place ____
(f) Name Hosp. or Inst. LCG Hosp Stayed 2 days
(g) Lived in this county 10 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Kootenai
(c) City or town Coeur d'Alene
(d) Street Address or R. F. D. No. 1523 Front
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? USA
(g) How long had deceased lived in Idaho? 10 years
(h) Former residence (city, state) Bend Oregon

3. (a) **FULL NAME** Percy E. Chase 94a

3. (b) If veteran, name war none
3. (c) Social Security No. 518-03-6298
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Sadie M
6. (c) Age of husband or wife if alive 58 years
7. Date of Birth (Month, Day, Year) Oct. 15, 1874

8. AGE	Years	Months	Days	If less than 1 day
	69	11	26	hrs ____ min. ____

9. Exact Occupation Miilwright — Did this work for 41 yrs.
10. Industry or Business Sawmills — Date last worked Apr. 44
11. Birthplace Fort Gratiot (City or town) Mich. (State or foreign country)

Father
12. Name Frank P. Chase
13. Birthplace New York (City or town) (State or foreign country)

Mother
14. Maiden name Eliza Irene Bertholf
15. Birthplace Sylvania, Ohio (City or town) (State or foreign country)

16. Informant's **OWN** Signature Harry L Chase
and Address Coeur d'Alene, Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 10-14-44 (Month) (Day) (Year)
(c) Place: Forest Cem. Cd'A, Idaho
18. Funeral Director's **OWN** Signature Don English
and Address Coeur d'Alene, Idaho
19. (a) 10-14-44 (Date received and filed) (b) Frances A. Edel (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 10-11-44 19____
at 3:00 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from 10-9 1944 to 10-11 1944
I last saw h~~is~~ alive on 10-10 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary Thrombosis — Duration 2 days
Due to Coronary
✓ Due to arteriosclerosis 2 yrs.
Other conditions ____
(Include pregnancy within 3 months of death)

Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's **OWN** Signature O K W Loy MD (M. D. or other)
and Address Coeur d'Alene Idaho Date 10/13 1944
(For additional space use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1407-3 14077

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 14077
Local Reg. No. 350
Reg. Dist. No. 370

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise
   (c) Street Address or R.F.D. No. 1 & Bannock
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home .... Hospital X Institution .... Other place ....
   (f) Name Hosp. or Inst. St. Luke's Stayed ..... days
   (g) Lived in this county ..... years ..... months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Canyon
   (c) City or town Parma
   (d) Street Address or R.F.D. No. Box 462
   (e) Deceased lived Inside? X Outside? ..... city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 31 years
   (h) Former residence (city, state) Pipe Stone Minn.

3. (a) **FULL NAME** Emilie Ann Miles 61

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Fem. 5. Color or race White 6. (a) Single, widowed, married divorced Married
6. (b) Name of husband or wife Samuel A. Miles 6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) July 1, 1883

8. AGE	Years	Months	Days	If less than 1 day
	61	3	25	hrs ..... min.

9. Exact Occupation Housewife Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace West Point (City or town) Nebraska (State or foreign country)

Father
12. Name Samuel Miles
13. Birthplace ..... Pennsylvania (City or town) (State or foreign country)

Mother
14. Maiden name Martha Osman
15. Birthplace ..... England (City or town) (State or foreign country)

16. Informant's **OWN** Signature Lawrence M. Miles
and Address Boise, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-30-44 (Month) (Day) (Year)
(c) Place: Rest Cemetery

18. Funeral Director's **OWN** Signature W. Oakes Packham Clay
and Address 504 So. Kingsbury Caldwell

19. (a) 11-3-44 (Date received and filed) (b) M. Harper (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Oct. 26 1944
at 8:30 o'clock P.M. M.W.T.

21. **I HEREBY CERTIFY**, That I attended deceased from 6-12 1944, to 10-26 1944
I last saw her alive on 10-26 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Congestive Heart Failure	4 mo
Due to Arteriosclerosis	—
Due to	
Other conditions Diabetes Mellitus (Include pregnancy within 3 months of death)	10 Years

Where was disease contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature O. F. Swindell M. D. (M. D. or other)
and Address Boise Ida. Date 10-30 1944
(For additional space, use reverse side)

140724 Armstrong

United States
Department of Commerce
Bureau of the Census

OCT. 26 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 140724
Local Reg. No. 1110
Reg. Dist. No. 200

1. PLACE OF DEATH:
(a) County Latah
(b) City or town Moscow
(c) Street Address or R. F. D. No. 710 S. Main
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home __ Hospital X Institution __ Other place __
(f) Name Hosp. or Inst. Gritman Stayed 3 days
(g) Lived in this county 52 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Latah
(c) City or town Moscow
(d) Street Address or R. F. D. No. Sherfey Apts.
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? USA
(g) How long had deceased lived in Idaho? 52 years
(h) Former residence (city, state) ____

3. (a) FULL NAME Ben Eugene Bush 131a.

3. (b) If veteran, name war S.Am.War
3. (c) Social Security No. none
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Carrie
6. (c) Age of husband or wife if alive 63 years
7. Date of Birth (Month, Day, Year) March 4, 1873

8. AGE	Years	Months	Days	If less than 1 day
	71	7	11	hrs min.

9. Exact Occupation retired Did this work for ____ yrs.
10. Industry or Business Forestry Date last worked ____
11. Birthplace Madison Co. Iowa (City or town) (State or foreign country)
Father
12. Name James Bush
13. Birthplace Ohio (City or town) (State or foreign country)
Mother
14. Maiden name Anna Jennings
15. Birthplace Ohio (City or town) (State or foreign country)
16. Informant's OWN Signature Carrie J. Bush
and Address Moscow, Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 10-19-44 (Month) (Day) (Year)
(c) Place: Moscow, Idaho
18. Funeral Director's OWN Signature H. R. Short
and Address Moscow, Idaho
19. (a) 10-23-44 (Date received and filed) (b) C. J. Klaarn (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) 10-15 1944
at 6:30 o'clock P M.
21. I HEREBY CERTIFY, That I attended deceased from 5-10 1933, to 10-15 1944
I last saw him alive on 10-15 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Uremic Coma	
Due to Hypertrophic Arteries	
Due to	
Other conditions Multiple Stones (Include pregnancy within 3 months of death) in pelvis both kidneys.	
Where was disease contracted?	PHYSICIAN
Name of operation ____ Date ____	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature O. Armstrong M.D. (M. D. or other)
and Address Moscow Ida. Date 10/20 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

140725 140725

United States
Department of Commerce
Bureau of the Census

DEC 26 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 1111
Reg. Dist. No. 2

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
   (a) County Latah
   (b) City or town Bono Mill pond
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? Outside? x city or town
   (e) Died in a Home Hospital Institution Other place x
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county years months days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Latah
   (c) City or town
   (d) Street Address or R. F. D. No.
   (e) Deceased lived Inside? Outside? city or town
   (f) Citizen of what country? USA
   (g) How long had deceased lived in Idaho? years
   (h) Former residence (city, state)

3. (a) **FULL NAME** Christ James Rassmussen 183

3. (b) If veteran, name war World War 1
3. (c) Social Security No. 388-5885
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) June 29, 1887

8. AGE	Years	Months	Days	If less than 1 day
	57	3	17	hrs min.

9. Exact Occupation Laborer — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace Dodge Center (City or town) Minn. (State or foreign country)

Father
12. Name unknown
13. Birthplace " (City or town) (State or foreign country)

Mother
14. Maiden name unknown
15. Birthplace " (City or town) (State or foreign country)

16. Informant's OWN Signature W R Short Jr.
and Address Moscow, Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 10-17-44 (Month) (Day) (Year)
(c) Place: Moscow Cemetery
18. Funeral Director's OWN Signature H. R. Short
and Address Moscow, Idaho
19. (a) 12-22-44 (Date received and filed) (b) L. J. Klaarn (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Oct. 16 19 44
at unknown o'clock M.
21. **I HEREBY CERTIFY,** That I attended deceased from 19 to 19
I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Drowning in mill pond	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation Date	
Major finding	
Finding of autopsy	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work? No
Means of injury

23. Attendant's OWN Signature H. R. Short Coroner (M. D. or other)
and Address Moscow Date 10-17 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

NOV 4 1944

Certificate Of Death

STATE OF IDAHO

140726

State File No. 140726
Local Reg. No. 226
Reg. Dist. No. 461

1. **PLACE OF DEATH:**
   (a) County Twin Falls
   (b) City or town Hansen
   (c) Street Address or R.F.D. No. Hansen
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home X Hospital ... Institution ... Other place ...
   (f) Name Hosp. or Inst. ..... Stayed ..... days
   (g) Lived in this county 3 years ..... months ..... days

   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Twin Falls
   (c) City or town Hansen
   (d) Street Address or R.F.D. No. Hansen
   (e) Deceased lived Inside? X Outside? ..... city or town
   (f) Citizen of what country? U.S.
   (g) How long had deceased lived in Idaho? ..... years
   (h) Former residence (city, state) .....

3. (a) **FULL NAME** BOYD, David Ogden

932

3. (b) If veteran, name war None
3. (c) Social Security No. 712-05-1057
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Alice M.
6. (c) Age of husband or wife if alive 56 years
7. Date of Birth (Month, Day, Year) October 20, 1882

8. AGE	Years	Months	Days	If less than 1 day
	61	11	14	hrs ... min.

9. Exact Occupation Agent — Did this work for 38 yrs.
10. Industry or Business RailRoad — Date last worked 10/3/44
11. Birthplace Lewis, Iowa (City or town) (State or foreign country)

Father
12. Name John Alexander Boyd
13. Birthplace Candda (City or town) (State or foreign country)

Mother
14. Maiden name Eunice L. Hudson
15. Birthplace Des Moines, Iowa (City or town) (State or foreign country)

16. Informant's **OWN** Signature X Alice M. Boyd
and Address Hansen, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/7/44 (Month) (Day) (Year)
(c) Place: Twin Falls Cem.

18. Funeral Director's **OWN** Signature White Mortuary
and Address Twin Falls, Idaho

19. (a) Oct 10-1944 (Date received and filed) (b) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) October 4, 1944
at 3:20 o'clock A. M.

21. **I HEREBY CERTIFY**, That I attended deceased from NEVER SAW HIM ALIVE. to ..... 19....
I last saw him alive on ..... 19....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Right heart failure.	
Due to Chronic Myocarditis.	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYISICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19.... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature [signature] (M. D. or other)
and Address Kimberly, Ida. Date 10/7 19 44
(For additional space, use reverse side)

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140727

United States
Department of Commerce
Bureau of the Census

NOV 4 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140727
Local Reg. No. 351
Reg. Dist. No. 370

1. **PLACE OF DEATH:**
(a) County Ada
(b) City or town Boise
(c) Street Address or R.F.D. No. 1403 N 5th St
(d) Death Occured Inside? x Outside? ..... city or town
(e) Died in a Home x Hospital.... Institution.... Other place....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 61 years 6 months 19 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Ada
(c) City or town Boise
(d) Street Address or R.F.D. No. 1403 N 5 St
(e) Deceased lived Inside? x Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 61 years
(h) Former residence (city, state) .....

3. (a) **FULL NAME** Melissa Maude Lachs

83 a

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Gottlieb
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) April 12 1883

8. AGE	Years	Months	Days	If less than 1 day
	61	6	19	hrs min.

9. Exact Occupation Housewife Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Boise Idaho (City or town) (State or foreign country)
Father
12. Name Daniel William Stout
13. Birthplace Illinois (City or town) (State or foreign country)
Mother
14. Maiden name Gwendolyn Crouch
15. Birthplace Ohio (City or town) (State or foreign country)
16. Informant's **OWN** Signature Gottlieb Lachs
and Address 1403 N.5th. Boise Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/3/1944 (Month) (Day) (Year)
(c) Place: Morris Hill Cemetery
18. Funeral Director's **OWN** Signature Schreiber & McCanna
and Address Boise Milford Dragoo
19. (a) 11-3-44 (Date received and filed) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Nov. 1 1944
at 7:40 o'clock a. M.
21. **I HEREBY CERTIFY,** That I attended deceased from Oct 15 1944, to Nov 1 1944
I last saw her alive on Oct 31 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebral Hemorrhage	18 da
Due to Hypertention	10 yr
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? Boise Idaho
Name of operation None Date .....
Major finding .....
Finding of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature T. N. Braxton MD (M. D. or other)
and Address 411 Eastman Boise Date Nov 2 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

140728

State File No. 140728
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF DEATH:**
   (a) County Gem
   (b) City or town Emmett
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? X Outside? city or town
   (e) Died in a Home X Hospital Institution Other place
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county 11 years months days

   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Gem
   (c) City or town Emmett
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? X Outside? city or town
   (f) Citizen of what country?
   (g) How long had deceased lived in Idaho? 11 years
   (h) Former residence (city, state) Calif.

3. (a) **FULL NAME** ETHEL ELIZABETH ROWE 13/a

3. (b) If veteran, name war
3. (c) Social Security No. none
4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Perry V. Rowe
6. (c) Age of husband or wife if alive 49 years
7. Date of Birth (Month, Day, Year) Nov. 5, 1889

8. AGE	Years	Months	Days	If less than 1 day
	54	11	6	hrs min.

9. Exact Occupation At home Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Illinois (City or town) (State or foreign country)

Father
12. Name William Brown
13. Birthplace unknown (City or town) (State or foreign country)

Mother
14. Maiden name Sarah Ingalls
15. Birthplace unknown (City or town) (State or foreign country)

16. Informant's **OWN** Signature Perry V. Rowe
and Address Emmett, Idaho

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 10/14-1944 (Month) (Day) (Year)
(c) Place: Emmett, Idaho

18. Funeral Director's **OWN** Signature C. O. Buckmaster
and Address Emmett, Idaho

19. (a) 10/13-1944 (Date received and filed) (b) C. O. Buckmaster (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Oct. 11, 1944 19
at 12:21 o'clock P. M.

21. **I HEREBY CERTIFY,** That I attended deceased from March 4 1944 to Oct 11 1944
I last saw her alive on Oct 11 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cardiac Decompensation — Duration 2 yrs
Due to Hypertension
Due to
Other conditions Nephritis — Same
(Include pregnancy within 3 months of death)

Where was disease contracted?
Name of operation none Date
Major finding
Finding of autopsy none made

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature P. D. Paula D.O. (M. D. or other)
and Address Emmett, Idaho Date 10/13-1944 19
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

NOV 7 1944

Certificate Of Death

STATE OF IDAHO

140729 140729

State File No. 1407291
Local Reg. No. 354
Reg. Dist. No. 376

1. PLACE OF DEATH:
(a) County Ada
(b) City or town Boise
(c) Street Address or R.F.D. No. 1210 N. 9th
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Home X Hospital ..... Institution ..... Other place .....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 40 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Ada
(c) City or town Boise
(d) Street Address or R.F.D. No. 1210 N. 9th
(e) Deceased lived Inside? ..... Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 40 years
(h) Former residence (city, state) .....

3. (a) FULL NAME ANDREW HANSON

131a

3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) March 19, 1863

8. AGE	Years	Months	Days	If less than 1 day
	81	7	14	hrs min.

9. Exact Occupation Retired Painter Did this work for 40 yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Bomholm, Denmark (City or town) (State or foreign country)
Father
12. Name Unknown
13. Birthplace Denmark (City or town) (State or foreign country)
Mother
14. Maiden name Martha Pihl
15. Birthplace Denmark (City or town) (State or foreign country)
16. Informant's OWN Signature Walton G. Pierce
and Address 1210 North 9th st, Boise, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 6, 1944 (Month) (Day) (Year)
(c) Place: Morris Hill Cemetery
18. Funeral Director's OWN Signature McBratney Funeral Home Kenneth Libby
and Address Boise, Idaho
19. (a) 11-6-44 (Date received and filed) (b) R. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) November 2 1944
at 9 o'clock Am M.
21. **I HEREBY CERTIFY,** That I attended deceased from Dec 1, 1942, to 11-2 1944
I last saw him alive on 11-2 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Coronary occlusion	Sudden
✓ Due to Myocarditis	3 or 4 yrs
Hypertension	years
Due to Nephritis	years
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's OWN Signature L. W. Hamilton (M. D. or other)
and Address Boise Idaho Date 11-4 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

5232
OCT 20 1944

Certificate Of Death

STATE OF IDAHO

140730 State File No. 140730
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF DEATH:**
   (a) County Boise
   (b) City or town Lowman
   (c) Street Address or R. F. D. No.
   (d) Death Occured Inside? X Outside? ✓ city or town
   (e) Died in a Home Hospital Institution Other place X
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county 7 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Ada
   (c) City or town Nampa.
   (d) Street Address or R.F.D. No. 2.
   (e) Deceased lived Inside? Outside? Out ✓ city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 7 years
   (h) Former residence (city, state) N. D.

3. (a) **FULL NAME** Richard Alford Tiser

95c

3. (b) If veteran, name war
3. (c) Social Security No. 502-03-9550
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Alice Tiser
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) 6-11-1888

8. AGE	Years	Months	Days	If less than 1 day
	56	4	4	hrs min.

9. Exact Occupation Farmer — Did this work for 7 yrs.
10. Industry or Business — Date last worked Oct. 12.
11. Birthplace Indiana (City or town) (State or foreign country)

Father
12. Name Les Tiser
13. Birthplace Ind (City or town) (State or foreign country)

Mother
14. Maiden name Zanger
15. Birthplace Tenn (City or town) (State or foreign country)

16. Informant's **OWN** Signature Richard Tiser
and Address R.2. Nampa.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/18/44 (Month) (Day) (Year)
(c) Place: Nampa Idaho
18. Funeral Director's **OWN** Signature F.K. Robinson
and Address Nampa Idaho
19. (a) Nov 8 - 1944 (Date received and filed) (b) Walter Fielder (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Oct. 15 1944
at 9 o'clock A.M.
21. **I HEREBY CERTIFY,** That I attended deceased from ..... 19..... to ..... 19.....
I last saw h..... alive on ..... 19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Due to Heart Trouble	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYISICIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred October 15th 1944 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature Reginald Johns McKellar (M. D. or other)
and Address Idaho City Date Oct 15 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

140731 1407

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 1407
Local Reg. No. 197
Reg. Dist. No. 3-4

1. **PLACE OF DEATH:**
(a) County Ada
(b) City or town Meridian
(c) Street Address or R. F. D. No. 2
(d) Death Occurred Inside? ✓ Outside? ____ city or town
(e) Died in a Home ✓ Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 42 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Ada
(c) City or town Meridian
(d) Street Address or R. F. D. No. 2
(e) Deceased lived Inside? ____ Outside? ✓ city or town
(f) Citizen of what country? Iowa U.S.
(g) How long had deceased lived in Idaho? 42 years
(h) Former residence (city, state) Iowa

3. (a) **FULL NAME** McClellan Gruber 92b

3. (b) If veteran, name war ____ 3. (c) Social Security No. ____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife John 6. (c) Age of husband or wife if alive 90 years

7. Date of Birth (Month, Day, Year) Dec. 23 1858

8. AGE	Years	Months	Days	If less than 1 day hrs	min.
	87	9	16		

9. Exact Occupation Housekeeper Did this work for Life yrs.
10. Industry or Business ____ Date last worked Oct 1 44
11. Birthplace Kirkville (City or town) Iowa (State or foreign country)

Father
12. Name Robert S McCarroll
13. Birthplace Ohio (City or town) (State or foreign country)

Mother
14. Maiden name Susanna English
15. Birthplace Ohio (City or town) (State or foreign country)

16. Informant's **OWN** Signature W. M. Gruber
and Address Meridian R-2

17. (a) ____ (Burial, cremation, or removal) (b) Date thereof Oct 8 44 (Month) (Day) (Year)
(c) Place: Meridian Cemetery

18. Funeral Director's **OWN** Signature W. S. Motter
and Address Meridian

19. (a) 10-10-44 (Date received and filed) (b) R. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Oct 7 19 44
at 2 o'clock P.M.

21. **I HEREBY CERTIFY,** That I attended deceased from Oct 1 19 44; to Oct 6 19 44
I last saw her alive on Oct 3 19 44; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebral Embolus	1 wk
Due to Valvular heart	
mitral stenosis	undetermined
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation ____ Date ____	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19 ____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's **OWN** Signature R. E. Jewell M.D. (M. D. or other)
and Address Meridian Date Oct 7 19 44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

NOV 8 1944

NON-RESIDENT CERTIFICATE OF DEATH
STATE OF IDAHO

14073 ✓ 14073

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF DEATH:**
(a) County Elmore
(b) City or town Glenn Ferry
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county years months 21 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Oregon (b) County Malheur
(c) City or town Ontario
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? 3 Weeks years
(h) Former residence (city, state) Unknown

3. (a) **FULL NAME** ALEXANDER MORROGOFF 772

3. (b) If veteran, name war World War 1
3. (c) Social Security No. 519-12-4803
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Unknown
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Unknown 1889

8. AGE	Years	Months	Days	If less than 1 day
	55	Unknown		hrs min.

9. Exact Occupation Cook — Did this work for Unknown.
10. Industry or Business Restraunt — Date last worked 10/24/44
11. Birthplace Unknown (City or town) (State or foreign country)
Father
12. Name [illegible] Russia
13. Birthplace Unknown (City or town) (State or foreign country)
Mother
14. Maiden name Unknown
15. Birthplace Unknown (City or town) (State or foreign country)
16. Informant's OWN Signature Elij Bey and Address Mountain Home Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Oct 27 1944 (Month) (Day) (Year)
(c) Place: Mountain Home Idaho
18. Funeral Director's OWN Signature Elij Bey and Address Mountain Home Idaho
19. (a) Oct 27 44 (Date received and filed) (b) Mary Sullivan (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Oct 24 1944
at Found dead in bed

21. **I HEREBY CERTIFY,** That I attended deceased from Oct 24 1944 to Oct 24 1944
I last saw him alive on Oct 24 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Heart Failure — Duration
Due to Arteriosclerosis
Due to
Other conditions (Include pregnancy within 3 months of death)
Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's OWN Signature E. E. Simonton (M. D. or other)
and Address Glenns Ferry Date 11-7 1944
(For additional space, use reverse side)

140733 140733

United States
Department of Commerce
Bureau of the Census NOV 8 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 140733
Local Reg. No. 76
Reg. Dist. No. 110

1. **PLACE OF DEATH:**
(a) County Bonner
(b) City or town Sandpoint
(c) Street Address or R. F. D. No. 815 Superior St.
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home X Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 35 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bonner
(c) City or town Sandpoint
(d) Street Address or R. F. D. No. 815 Superior St
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 37 years
(h) Former residence (city, state) ____

3. (a) FULL NAME Ida Jane Ryan

3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife ____
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) December 27, 1870

8. AGE	Years	Months	Days	If less than 1 day
	73	9	12	hrs ____ min.

9. Exact Occupation Housewife Did this work for many yrs.
10. Industry or Business Own Home Date last worked Sept 1944
11. Birthplace New Hampton, (City or town) Iowa. (State or foreign country)

Father
12. Name George S. Barney
13. Birthplace Unknown (City or town) (State or foreign country)

Mother
14. Maiden name Sarah H. Lovering
15. Birthplace New Hampton, (City or town) Iowa. (State or foreign country)

16. Informant's OWN Signature Archie J. Halverson
and Address Sandpoint, Idaho.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 12, 1944 (Month) (Day) (Year)
(c) Place: Sandpoint, Idaho.

18. Funeral Director's OWN Signature MOON MORTUARY
and Address SANDPOINT, IDAHO

19. (a) 10-12-1944 (Date received and filed) (b) Lawrence Dixon (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) October 9th 1944
at 9:15 o'clock p. M.

21. I HEREBY CERTIFY, That I attended deceased from Oct 4 1944 to Oct 9 1944
I last saw h[illegible] alive on Oct 8 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Hypostatic Pneumonia	5 days
Due to Cancer of uterus	2 yrs.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ____ Date ____
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's OWN Signature Wm F. Tyler MD (M. D. or other)
and Address Sandpoint, Ida Date Oct. 12 19-44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census NOV 13 1944

Certificate Of Death

STATE OF IDAHO

140734

State File No. 140734
Local Reg. No. 220
Reg. Dist. No. 610

1. **PLACE OF DEATH:**
   (a) County Bonneville
   (b) City or town Idaho Falls
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? X Outside? city or town
   (e) Died in a Home Hospital or Institution Other place
   (f) Name Hosp. or Inst. L.D.S. Stayed 2 days
   (g) Lived in this county 0 years 0 months 2 days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Bonneville
   (c) City or town Idaho Falls
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? X Outside? city or town
   (f) Citizen of what country? United States
   (g) How long had deceased lived in Idaho? 35 years
   (h) Former residence (city, state) Milwaukee, Wisconsin

3. (a) **FULL NAME** ROWLAND JOHN DAVIES 108

3. (b) If veteran, name war World I
3. (c) Social Security No. 519-09-9780
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) April 13, 1888

8. AGE	Years	Months	Days	If less than 1 day
	56	5	25	hrs min.

9. Exact Occupation Accountant — Did this work for 26 yrs.
10. Industry or Business Grain Elevator — Date last worked Apr. 1943
11. Birthplace Milwaukee, (City or town) Wisconsin (State or foreign country)

Father
12. Name Rowland C. Davies
13. Birthplace South Wales (City or town) (State or foreign country)

Mother
14. Maiden name Ellinor L. Davies
15. Birthplace Canarvan, So. Wales (City or town) (State or foreign country)

16. Informant's **OWN** Signature
and Address Idaho Falls, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 10, 1944 (Month) (Day) (Year)
(c) Place: Rose Hill Cem., Idaho Falls

18. Funeral Director's **OWN** Signature
and Address Idaho Falls, Idaho

19. (a) 10-10-44 (Date received and filed) (b) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) October 8 1944
at 8:25 o'clock A. M.

21. **I HEREBY CERTIFY,** That I attended deceased from Oct. 6 1944, to Oct. 8 1944
I last saw him alive on Oct. 8 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Lobar pneumonia — Duration 7 days
Due to
Due to
Other conditions General Malnutrition
(Include pregnancy within 3 months of death)
Where was disease contracted? his home
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature H. L. Wellson (M. D. or other)
and Address Idaho Falls Date Oct. 10 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

14073 5

State File No. 14076
Local Reg. No. 357
Reg. Dist. No. 370

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise
   (c) Street Address or R.F.D. No. 110 No. 22nd St.
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home .... Hospital X Institution .... Other place ....
   (f) Name Hosp. or Inst. St. Alphonsus Stayed ..... days
   (g) Lived in this county 28 years ..... months ..... days

   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Ada
   (c) City or town Boise
   (d) Street Address or R.F.D. No. 110 No. 22nd St.
   (e) Deceased lived Inside? X Outside? ..... city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 28 years
   (h) Former residence (city, state) Spokane, Wash.

3. (a) **FULL NAME** MOLLIE ELIZABETH NASON 13 b

3. (b) If veteran, name war - - -
3. (c) Social Security No. - - - - - - -
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Charles
6. (c) Age of husband or wife if alive 65 years
7. Date of Birth (Month, Day, Year) January 2, 1878

8. AGE	Years	Months	Days	If less than 1 day
	66	10	4	hrs min.

9. Exact Occupation Housewife — Did this work for ..... yrs.
10. Industry or Business ..... — Date last worked .....
11. Birthplace Stanberry, Missouri (City or town) (State or foreign country)

Father
12. Name James M. Adams
13. Birthplace Indiana (City or town) (State or foreign country)

Mother
14. Maiden name Martha Karr
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mrs. L. Nason
and Address 110 No. 22nd St., Boise, Ida.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/8/44 (Month) (Day) (Year)
(c) Place: Morris Hill Cemetery

18. Funeral Director's **OWN** Signature McBratney Funeral Home
and Address Boise, Idaho

19. (a) 11-8-44 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) November 6 1944
at 11:04 o'clock A. M.

21. **I HEREBY CERTIFY**, That I attended deceased from 10-24-44 1944, to 11-6 1944
I last saw her alive on 11-6 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Myocardial degeneration	2 mo
Endocarditis.	25 yrs
Due to Rheumatism 35 yrs	
✓ Due to ago.	
Other conditions Nephritis.	25 yrs
(Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ..... Date .....
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury

23. Attendant's **OWN** Signature L. O. P. Hamilton (M. D. or other)
and Address Boise Idaho Date 11-7 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

NOV 3 1944

Certificate Of Death

STATE OF IDAHO

140736

State File No. 140736
Local Reg. No. 82
Reg. Dist. No. 210

1. PLACE OF DEATH:
(a) County CLEARWATER
(b) City or town OROFINO
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Home X Hospital X Institution ..... Other place
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 7 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State IDAHO (b) County CLEARWATER
(c) City or town OROFINO
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? X Outside? ..... city or town
(f) Citizen of what country? UNITED STATES
(g) How long had deceased lived in Idaho? APPROX. 30 years
(h) Former residence (city, state)

3. (a) FULL NAME ANNA RANTALLA SAKRISON

3. (b) If veteran, name war NO
3. (c) Social Security No.
4. Sex FEMALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife OSCAR WILLIAM
6. (c) Age of husband or wife if alive 54 years
7. Date of Birth (Month, Day, Year) FEBRUARY 28, 1892

8. AGE	Years	Months	Days	If less than 1 day
	52	7	22	hrs min.

9. Exact Occupation housewife NURSE REGISTERED Did this work for 5 yrs.
10. Industry or Business Home & Hospitals Date last worked about 2 yrs ago
11. Birthplace HANNA WYOMING (City or town) (State or foreign country)
Father
12. Name ESA RANTALLA
13. Birthplace FINLAND (City or town) (State or foreign country)
Mother
14. Maiden name UNKNOWN
15. Birthplace FINLAND (City or town) (State or foreign country)
16. Informant's OWN Signature X Oscar W Sakrison
and Address Orofino Idaho
17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof Oct 22, 1944 (Month) (Day) (Year)
(c) Place: CASCADE, IDAHO
18. Funeral Director's OWN Signature George B Blake
and Address OROFINO, IDAHO
19. (a) 10/21/44 (Date received and filed) (b) Oblaie Bacharach (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) October 20 1944
at 7:00 o'clock A M.
21. **I HEREBY CERTIFY**, That I attended deceased from 6/23 1944, to Oct. 20 1944
I last saw her alive on Oct. 19 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cancer of Intestine	1½ years
Due to	
Due to	
Other conditions Cancer spine & pelvis (Include pregnancy within 3 months of death)	6-8 mo.

Where was disease contracted? Orofino
Name of operation ..... Date .....
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury
23. Attendant's OWN Signature A. T. Hopkins (M. D. ~~or other~~)
and Address Orofino Date 10/20 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States Barclay
Department of Commerce
Bureau of the Census

NOV 6 1944

Certificate Of Death

STATE OF IDAHO

140737

State File No. 140737
Local Reg. No. 265
Reg. Dist. No. 120

1. PLACE OF DEATH:
(a) County Kootenai
(b) City or town Coeur d'Alene
(c) Street Address or R.F.D. No. 851 N. 4th St
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Home.... Hospital.... Institution.... Other place X
(f) Name Hosp. or Inst. ----- Stayed - days
(g) Lived in this county 20 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Kootenai
(c) City or town Coeur d'Alene
(d) Street Address or R.F.D. No. 851 N.4thSt
(e) Deceased lived Inside? X Outside? ..... city or town
(f) Citizen of what country? U.S.
(g) How long had deceased lived in Idaho? 20 years
(h) Former residence (city, state) -----

3. (a) **FULL NAME** JOHNSON, Mr. Sylvester

83a

3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Irene
6. (c) Age of husband or wife if alive 80 years
7. Date of Birth (Month, Day, Year) Feb. 1, 1858

8. AGE	Years	Months	Days	If less than 1 day
	86	8	9	hrs min.

9. Exact Occupation Retired Did this work for -- yrs.
10. Industry or Business ---- Date last worked --- 1924
11. Birthplace Zanesfield, Ohio (City or town) (State or foreign country)
Father
12. Name Henry Johnson
13. Birthplace Ohio (City or town) (State or foreign country)
Mother
14. Maiden name Annazetta Outland
15. Birthplace Ohio (City or town) (State or foreign country)
16. Informant's OWN Signature X E. C. Thomas
and Address Coeur d'Alene, Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 10-12-44 (Month) (Day) (Year)
(c) Place: Forest Cemetery, Coeur d'Alene
18. Funeral Director's OWN Signature Mooney Funeral Chapel by R B Mooney
and Address Coeur d'Alene, Idaho
19. (a) 10-12-44 (Date received and filed) (b) Frances M. Ebel (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) October 10 1944
at 2:00 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 10-10- 1944, to 10-10- 1944
I last saw him alive on 10-10 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Stroke	2 yrs.
Due to hypertension	
Due to arterio-sclerosis	
✓ Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted? ---	PHYISCIAN Underline the cause to which death should be charged statistically.
Name of operation ---- Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's OWN Signature Rex Barclay MD. (M. D. or other)
and Address Coeur d'Alene Date 10-11 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

NOV 1 5 1944

Certificate Of Death

STATE OF IDAHO

140738 State File No. 14073
Local Reg. No. 223
Reg. Dist. No. 610

1. **PLACE OF DEATH:**
   (a) County Bonneville
   (b) City or town Idaho Falls
   (c) Street Address or R. F. D. No.
   (d) Death Occured Inside? ✓ Outside? ..... city or town
   (e) Died in a Home .... Hospital? ✓ Institution .... Other place ....
   (f) Name Hosp. or Inst. D.D.S. Stayed ..... days
   (g) Lived in this county ..... years ..... months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Jefferson
   (c) City or town Roberts
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? ✓ Outside? ..... city or town
   (f) Citizen of what country? U. S. A.
   (g) How long had deceased lived in Idaho? 7 years
   (h) Former residence (city, state) Hall Montana

3. (a) **FULL NAME** Earl . M. Harkness 108

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Marcia Barse 6. (c) Age of husband or wife if alive ..... years

7. Date of Birth (Month, Day, Year) May 13 1903.

8. AGE	Years	Months	Days	If less than 1 day
	41	5	5	hrs ..... min.

9. Exact Occupation Farmer — Did this work for Life yrs.
10. Industry or Business Same. — Date last worked 9-1-1943.
11. Birthplace Hall (City or town) Montana (State or foreign country)

Father
12. Name Ernest J. Harkness
13. Birthplace Prescott (City or town) Kansas (State or foreign country)

Mother
14. Maiden name Sophia Hana
15. Birthplace Whitefield (City or town) Illinois (State or foreign country)

16. Informant's **OWN** Signature Mrs Earl Harkness
and Address Roberts Idaho

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 10-22-1944 (Month) (Day) (Year)
(c) Place: Roberts Idaho

18. Funeral Director's **OWN** Signature V. F. McVan
and Address Idaho Falls Ida

19. (a) 10-21-44 (Date received and filed) (b) Emma Bridges (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Oct 18 1944
at 11.20 o'clock P. M.

21. **I HEREBY CERTIFY,** That I attended deceased from Oct 15 1944 to Oct 18 1944
I last saw h alive on Oct 16 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Lobar Pneumonia	4 days
✓ Due to Hemeplegia	1 yr
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature [illegible] (M. D. or other)
and Address ..... Date ..... 19 .....
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

NOV 13 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

1407 State File No. 1407
Local Reg. No. 227
Reg. Dist. No. 610

1. PLACE OF DEATH:
(a) County Bonneville
(b) City or town Idaho Falls
(c) Street Address or R. F. D. No. Memorial Dr.
(d) Death Occurred Inside? X Outside? ..... city or town
(e) Died in a Home ....Hospital X Institution ....Other place ....
(f) Name Hosp. or Inst. L. D. S. Stayed ..... days
(g) Lived in this county ..... years ..... months 1 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Jefferson
(c) City or town Camas
(d) Street Address or R. F. D. No. X
(e) Deceased lived Inside? ..... Outside? X city or town
(f) If foreign born, in U. S. ..... yrs. Citizen of U. S.? .....
(g) How long had deceased lived in Idaho? 37 years
(h) Former residence (city, state) Salem, Utah.

3. (a) **FULL NAME** HARVEY ELMER KILLIAN.

14a

3. (b) If veteran, name war 1st World (c) Social Security No. 712-09-2217
4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife LaVon 6 (c) Age of husband or wife if alive 37 years
7. Date of Birth (Month, Day, Year) Dec. 9th, 1889.

8. AGE	Years	Months	Days	If less than 1 day
	54	10	6	hrs min.

9. Exact Occupation Track Laborer — Did this work for 15 yrs.
10. Industry or Business U.P.Railroad. — Date last worked Oct. 14, 1944
11. Birthplace Salem, Utah. (City or town) (State or foreign country)

Father
12. Name Andrew Killian.
13. Birthplace Nauvoo, Mo. (City or town) (State or foreign country)

Mother
14. Maiden name Vilate Gardner.
15. Birthplace Payson, Utah. (City or town) (State or foreign country)

16. Informant's **OWN** Signature LaVon Killian and Address Camas, Idaho.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 10/15/44 (Month) (Day) (Year)
(c) Place: Annis, Idaho.
18. Funeral Director's **OWN** Signature C. B. Churchill and Address Rigby, Idaho.
19. (a) 10/27/44 (Date received and filed) (b) Emma Bridges (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Oct. 15 1944
at 5:20 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from ..... 19..... to ..... 19.....
I last saw h. im alive on ..... 19..... ; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary Thrombosis — Duration 1 day
Due to .....
Due to .....
✓ Other conditions ..... (Include pregnancy within 3 months of death)

Where was disease first contracted? ..... PHYSICIAN
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature A B Woolley M.D. (M. D. or other)
and Address Idaho Falls, Ida. Date ..... 19.....
(For additional space, use reverse side)

140740 140740

United States
Department of Commerce
Bureau of the Census

NOV 6 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 266
Reg. Dist. No. 121

1. **PLACE OF DEATH:**
(a) County Kootenai
(b) City or town Farragut, Village
(c) Street Address or R. F. D. No. Apt. 29 "A"
(d) Death Occurred Inside? XX Outside? ____ city or town
(e) Died in a Home X Hospital __ Institution __ Other place __
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county ____ years 10 months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Kootenai
(c) City or town Farragut Village
(d) Street Address or R. F. D. No. ____
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? USA
(g) How long had deceased lived in Idaho? 9 mo years
(h) Former residence (city, state) Spokane Wn.

3. (a) FULL NAME DORA KETTERMAN

466

3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife ////////
6. (c) Age of husband or wife if alive ////// years
7. Date of Birth (Month, Day, Year) Oct. 26, 1874

8. AGE	Years	Months	Days	If less than 1 day
	73	11	17	hrs min.

9. Exact Occupation house wife Did this work for 50 yrs.
10. Industry or Business own home Date last worked 1938
11. Birthplace Holton Kansas (City or town) (State or foreign country)
Father
12. Name unknown
13. Birthplace unknown (City or town) (State or foreign country)
Mother
14. Maiden name unknown
15. Birthplace unknown (City or town) (State or foreign country)
16. Informant's OWN Signature Mrs. E. A. Sopke
and Address Farragut Idaho.
17. (a) removal (Burial, cremation, or removal) (b) Date thereof 10-13-44 (Month) (Day) (Year)
(c) Place: Spokane Washington
18. Funeral Director's OWN Signature Hazen-Jaeger C. M. Jaeger
and Address Spokane, Washington
19. (a) 10-13-44 (Date received and filed) (b) Frances M. Ebel (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 13 October 1944
at 4:30 o'clock A. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 5th January 1944, to 13 October 1944
I last saw her alive on Sept 30 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
CARCINOMA OF LIVER	many years
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted? unknown	PHYSICIAN
Name of operation none Date none	Underline the cause to which death should be charged statistically.
Major finding none	
Finding of autopsy none	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature Lt Comdr. W. H. Stadle MC USNR (M. D. or other)
and Address Farragut Date 10-13 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce NOV 5 1944
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

140741

State File No. 140741
Local Reg. No. 267
Reg. Dist. No. 5-10

1. **PLACE OF DEATH:**
(a) County Bannock
(b) City or town Pocatello
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? ✓ Outside? ✓ city or town
(e) Died in a Home Hospital ✓ Institution Other place
(f) Name Hosp. or Inst. St. Anthony Stayed 1 days
(g) Lived in this county years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Bannock
(c) City or town Pocatello
(d) Street Address or R.F.D. No. Wyton apt. 1
(e) Deceased lived Inside? ✓ Outside? city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 2 years
(h) Former residence (city, state) Denver Colo.

3. (a) **FULL NAME** Floyd E. Williams 176

3. (b) If veteran, name war World War I
3. (c) Social Security No. 524-12-5385
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Esther
6. (c) Age of husband or wife if alive 43 years
7. Date of Birth (Month, Day, Year) Sept. 28, 1897

8. AGE	Years	Months	Days	If less than 1 day hrs min.
	47	1	1	

9. Exact Occupation Carpenter Did this work for 20 yrs.
10. Industry or Business Terteling-Brennan Cahoon Constr. Co. Date last worked 10-29-44
11. Birthplace Buffalo (City or town) Missouri (State or foreign country)
Father 12. Name Allen Williams
13. Birthplace (City or town) Mo. (State or foreign country)
Mother 14. Maiden name Mary E. Cheek
15. Birthplace (City or town) Mo. (State or foreign country)
16. Informant's **OWN** Signature Esther B. Williams
and Address Pocatello Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 10-31-44 (Month) (Day) (Year)
(c) Place: Denver Colo.
18. Funeral Director's **OWN** Signature Byron B. Downard
and Address Pocatello Idaho
19. (a) 10-31-1944 (Date received and filed) (b) D C Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Oct. 29 1944
at 8 40 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from Oct 29 1944 to Oct 29 1944
I last saw him alive on Oct 29 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death	Duration
Shock & Heart failure.	
Due to Hemorrhage.	
Due to Crushing injury of face.	
Other conditions (Include pregnancy within 3 months of death) Crushing injury to body.	
Where was disease contracted?	
Name of operation Repair Date 10-29	
Major finding Cpd. fracture maxilla	
Finding of autopsy —	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Yes Suicide? No Homicide? No
Occurred 10-29 1944 City, county, state where violence occurred Pocatello, Bannock Idaho
Place of Violence: Home No Farm No Industry Yes
Public Place Yes While at work? Yes
Means of injury Struck by falling boom.
23. Attendant's **OWN** Signature P. C. Martineau MD. (M.D. or other)
and Address 106 Kasisha Bldg Date 10-30 1944
(For additional space, use reverse side)

140742 140742

United States
Department of Commerce
Bureau of the Census NOV 2 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No. 552

1. **PLACE OF DEATH:**
(a) County Bear Lake
(b) City or town Bloomington
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 71 years 1 months 19 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bear Lake
(c) City or town Bloomington
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? U. S.
(g) How long had deceased lived in Idaho? 71 years
(h) Former residence (city, state)

3. (a) FULL NAME Harley V. Hansen

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3. (b) If veteran, name war No
3. (c) Social Security No. 519-10-1094
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Anna Rasmussen
6. (c) Age of husband or wife if alive 68 years
7. Date of Birth (Month, Day, Year) September 2, 1873

8. AGE	Years	Months	Days	If less than 1 day
	71	1	19	hrs min.

9. Exact Occupation Lumberman Did this work for 50 yrs.
10. Industry or Business Saw mill Date last worked Sept 28
11. Birthplace Paris (City or town) Idaho (State or foreign country)
Father
12. Name Ole Hansen
13. Birthplace (City or town) Norway (State or foreign country)
Mother
14. Maiden name Ruth Morey
15. Birthplace San Bernardino (City or town) California (State or foreign country)
16. Informant's OWN Signature Boyd Hansen
and Address Bloomington, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 25, 1944 (Month) (Day) (Year)
(c) Place: ~~Bla~~ St. Charles, Idaho
18. Funeral Director's OWN Signature [signature]
and Address Montpelier, Idaho.
19. (a) 10/23/44 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) October 21, 1944 19
at 11 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from 19, to 19
I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration
Unknown but natural died suddenly.
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

Coroner's Certificate

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature [signature] Coroner (MXXXXXXXX)
and Address Montpelier, Idaho Date Oct 23 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Dr. McGrath

140743 140743

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 140743
Local Reg. No. 19
Reg. Dist. No. 220

NOV 10 1944

1. PLACE OF DEATH:

(a) County Washington
(b) City or town Weiser
(c) Street Address or R.F.D. No. 1105 W. Third St.
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Home X Hospital .... Institution .... Other place ....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 38 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

(a) State Idaho (b) County Washington
(c) City or town Weiser
(d) Street Address or R.F.D. No. 1105 W. Third St.
(e) Deceased lived Inside? X Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 38 years
(h) Former residence (city, state) Kansas

3. (a) **FULL NAME** JOHN MARTIN CRIM

94a.

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Sarah Elizabeth
6. (c) Age of husband or wife if alive 74 years
7. Date of Birth (Month, Day, Year) July 21 1867

8. AGE	Years	Months	Days	If less than 1 day hrs	min.
	77	2	24		

9. Exact Occupation Retired Farmer — Did this work for 25 yrs.
10. Industry or Business Farm — Date last worked 1921
11. Birthplace Odessa (City or town) Missouri (State or foreign country)

Father
12. Name John Crim
13. Birthplace Lexington (City or town) Kentucky (State or foreign country)

Mother
14. Maiden name Hulda Aldred
15. Birthplace Odessa (City or town) Missouri (State or foreign country)

16. Informant's **OWN** Signature Henry Crim
and Address 232 Pioneer Road Weiser, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 17 1944 (Month) (Day) (Year)
(c) Place: Hillcrest Cemetery. Weiser, Idaho

18. Funeral Director's **OWN** Signature A. L. Jones #357
and Address Northam Funeral Home Weiser, Ida.

19. (a) 10-17-44 (Date received and filed) (b) Marie K. Shell (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) October 15 1944
at 12:07 o'clock P.M.

21. **I HEREBY CERTIFY**, That I attended deceased from 9-25- 1944, to 10-15- 1944
I last saw him alive on 10-15- 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Coronary Thrombosis	
Angina Pectoris	
Due to Arteriosclerosis	
Hypertension	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ..... Date .....
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury

23. Attendant's **OWN** Signature W. S. McGrath M.D. (M. D. or other)
and Address Weiser, Idaho Date 10-16 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census NOV 13 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

140744 140744
State File No.
Local Reg. No. 287
Reg. Dist. No. 12

1. **PLACE OF DEATH:**
(a) County Kootenai
(b) City or town Farragut, USNTC
(c) Street Address or R. F. D. No. Farragut
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home ____ Hospital ____ Institution ____ Other place X
(f) Name Hosp. or Inst. USNH. Farragut Stayed ____ days
(g) Lived in this county 0 years 9 months 2 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Kootenai
(c) City or town USNTC Farragut
(d) Street Address or R. F. D. No. Farragut. USNH
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? U.S.
(g) How long had deceased lived in Idaho? 9 Months years
(h) Former residence (city, state) Chicago, Illinois

3. (a) **FULL NAME** PETERSON, LaVerne Ruth. PhM3c, V-10, USNR. 763-09-95 180

3. (b) If veteran, name war None
3. (c) Social Security No. not known
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife ------
6. (c) Age of husband or wife if alive ------ years
7. Date of Birth (Month, Day, Year) 5-20-1923

8. AGE	Years	Months	Days	If less than 1 day
	21	5	6	hrs ____ min.

9. Exact Occupation WAVE. US Navy Reserve Did this work for 1 yrs.
10. Industry or Business U.S. Navy. PhM3c Date last worked 10-1944
11. Birthplace Illinois (City or town) (State or foreign country)
Father
12. Name not known
13. Birthplace not known (City or town) (State or foreign country)
Mother
14. Maiden name Not known
15. Birthplace not known (City or town) (State or foreign country)
16. Informant's OWN Signature F.I. Taylor. F.I. Taylor, Pharm. USNR
and Address USNH. Farragut, Idaho
17. (a) removal (Burial, cremation, or removal) (b) Date thereof 10-31-44 (Month) (Day) (Year)
(c) Place: Chicago, Illinois
18. Funeral Director's OWN Signature Moon Mortuary - R. Moon
and Address Sandpoint Idaho
19. (a) Oct 29 1944 (Date received and filed) (b) ____ (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 26 October 1944
at 11:30 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from 10-26 1944, to 10-26 1944
I last saw her alive on 10-26-44 19____; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
ASPHYXIATION, SMOKE	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? ---
Name of operation none Date ____
Major finding ____
Finding of autopsy same as cause of death

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? X Suicide? ____ Homicide? ____
Occurred USNH. Farragut. 10-26-44 county, state where violence occurred USNH. Farragut, Idaho
Place of Violence: Home X Farm ____ Industry ____
Public Place ____ While at work? no
Means of injury Fire at Waves Barracks
23. Attendant's OWN Signature J.N. Skreinen (M. D. or other)
and Address USNH Farragut, Idaho Date 10-28 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

140745

United States
Department of Commerce
Bureau of the Census

NOV 9 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 140745
Local Reg. No. 263
Reg. Dist. No. 3-11

1. PLACE OF DEATH:
(a) County Bannock
(b) City or town Pocatello
(c) Street Address or R. F. D. No. 101. So. Johnson.
(d) Death Occurred (Inside?) Outside? city or town
(e) Died in a Home (Hospital) Institution Other place
(f) Name Hosp. or Inst. General Stayed 1 days
(g) Lived in this county 40 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Bannock
(c) City or town Pocatello
(d) Street Address or R. F. D. No. 301. McKinley.
(e) Deceased lived (Inside?) Outside? city or town
(f) If foreign born, in U. S. yrs. Citizen of U. S.? Yes
(g) How long had deceased lived in Idaho? 40 years
(h) Former residence (city, state) Utah

3. (a) **FULL NAME** Thomas Exeter.

3. (b) If veteran, name war None
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Julia Taylor
6 (c) Age of husband or wife if alive 71 years
7. Date of Birth (Month, Day, Year) August. 19. 1878.

8. AGE	Years	Months	Days	If less than 1 day
	66	-	17	hrs min.

9. Exact Occupation Blacksmith Helper Did this work for yrs.
10. Industry or Business U. P. Ry. Date last worked
11. Birthplace (City or town) England. (State or foreign country)

Father
12. Name Thomas Exeter.
13. Birthplace (City or town) England. (State or foreign country)

Mother
14. Maiden name Annie Faulkner.
15. Birthplace (City or town) England. (State or foreign country)

16. Informant's **OWN** Signature and Address Pocatello, Idaho.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 10/ (Month) (Day) 1944. (Year)
(c) Place: Salt Lake City, Utah.
18. Funeral Director's **OWN** Signature Hall Mortuary,
and Address Pocatello, Idaho
19. (a) 10-7-1944 (Date received and filed) (b) D C Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) October. 5. 1944.
at o'clock M.

21. I **HEREBY CERTIFY**, That I attended deceased from Oct 4th 1944, to Oct 5th 1944
I last saw him alive on Oct 5 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration
Cardiac failure
Due to Hypertension — 5 yrs.
~~Due to~~
Other conditions (Include pregnancy within 3 months of death) Just operated for strangulated L. inguinal hernia

Where was disease first contracted?
Name of operation Hemoplasty Date 10/5/44
Major finding Gangrene
Finding of autopsy Normal

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature J. R. McMahon (M. D. or other)
and Address Pocatello, Idaho. Date 10/ 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Riverside Cemetery

Certificate Of Death

STATE OF IDAHO

140746

State File No. 140746
Local Reg. No. 71
Reg. Dist. No. 3-330

1. PLACE OF DEATH:
(a) County Payette
(b) City or town Payette
(c) Street Address ~~xxxxxxxx~~ 237 So 10th St
(d) Death Occured Inside? # Outside? ..... city or town
(e) Died in a Home.... Hospital # Institution.... Other place....
(f) Name Hosp. or Institution Payette General Stayed 19 days
(g) Lived in this county 9 years 2 months 2 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Payette
(c) City or town Payette
(d) ~~Street Address or~~ R.F.D. No. 1
(e) Deceased lived Inside? ..... Outside? # ..... city or town
(f) Citizen of what country? USA
(g) How long had deceased lived in Idaho? 9 years
(h) Former residence (city, state) Pineville, Mo.

3. (a) FULL NAME John W. Goff.

175C

3. (b) If veteran, name war ----
3. (c) Social Security No. 519-03-0238
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Eulah C. Goff.
6. (c) Age of husband or wife if alive 50 years
7. Date of Birth (Month, Day, Year) August 20 1878

8. AGE	Years	Months	Days	If less than 1 day
	65	2	20	hrs min.

9. Exact Occupation farming — Did this work for life yrs.
10. Industry or Business Ranch — Date last worked 10/20/1944
11. Birthplace Pettis Co. (City or town) Missouri. (State or foreign country)
Father: 12. Name Henry Goff.
13. Birthplace ------- (City or town) Missouri. (State or foreign country)
Mother: 14. Maiden name Tinnie Mc Cool.
15. Birthplace ----- (City or town) ----- (State or foreign country)
16. Informant's OWN Signature Eulah C Goff
and Address Payette, Idaho. #1.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 11/13/1944 (Month) (Day) (Year)
(c) Place: Payette, Idaho.
18. Funeral Director's OWN Signature Edith Lundin
and Address Payette, Idaho.
19. (a) 11/10/44 (Date received and filed) (b) J C Woodward (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) November 9 1944 19.....
at 3 A.M. o'clock ..... M.
21. **I HEREBY CERTIFY**, That I attended deceased from 10-21 1944 to 11-9 1944
I last saw him alive on 11-8 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebral embolis	2 days
Due to Fractured Cervical Vertebrae	20 days
Due to Fall from tree.	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? yes Suicide? ..... Homicide? .....
Occurred 10-21 1944 City, county, state where violence occurred Payette Idaho
Place of Violence: Home ..... Farm ✓ Industry .....
Public Place ..... While at work? yes
Means of injury Fall from tree
23. Attendant's OWN Signature John J Kaiser MD. (M. D. or other)
and Address Payette, Idaho. Date 11/9/1944 19.....
(For additional space, use reverse side)

(96)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce NOV 10 1944
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

140747 140[illegible]

State File No. [illegible]
Local Reg. No. 122
Reg. Dist. No. 310

1. **PLACE OF DEATH:**
(a) County Valley
(b) City or town Cascade
(c) Street Address or R. F. D. No. R.R.
(d) Death Occurred Inside? Outside? X city or town
(e) Died in a Home Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 50 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho. (b) County Valley
(c) City or town Cascade
(d) Street Address or R. F. D. No. R.R.
(e) Deceased lived Inside? Outside? X city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 50 years
(h) Former residence (city, state) Ill.

3. (a) **FULL NAME** Frank Lathrop

95C

3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife ✓
6. (c) Age of husband or wife if alive ✓ years
7. Date of Birth (Month, Day, Year) Feb-5-1873

8. AGE	Years	Months	Days	If less than 1 day
	71	8	18	hrs min.

9. Exact Occupation Rancher — Did this work for yrs.
10. Industry or Business Self. Retired — Date last worked
11. Birthplace Illinois (City or town) (State or foreign country)

Father
12. Name Unknown
13. Birthplace Unknown (City or town) (State or foreign country)

Mother
14. Maiden name Unknown
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's **OWN** Signature George M. Lathrop
and Address Cascade, Idaho. Fe. Ry

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-26-44 (Month) (Day) (Year)
(c) Place: Alpha Cemetery

18. Funeral Director's **OWN** Signature L. L. Pettengill
and Address Cascade, Idaho.

19. (a) Oct 31-1944 (Date received and filed) (b) Myrtle Gardner (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Oct-23-1944
at 8:30 P. o'clock P. M.

21. **I HEREBY CERTIFY,** That I attended deceased from ____19____, to ____19____
I last saw h____ alive on ____19____; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — **Duration**
No Doctor in attendance
over exertion, Heart Stroke
✓Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19____ City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature [illegible] (M. D. or other)
and Address Cascade, Idaho. Date 10/24/1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States Department of Commerce
Bureau of the Census

NOV 16 1944

Certificate Of Death

STATE OF IDAHO

State File No. [redacted]
Local Reg. No. 338
Reg. Dist. No. 270

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise
   (c) Street Address or R.F.D. No. 819 N. 20th
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home .... Hospital X Institution .... Other place ....
   (f) Name Hosp. or Inst. St. Lukes Stayed 9 hrs. ~~days~~
   (g) Lived in this county ..... years ..... months ..... ~~days~~

   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Ada
   (c) City or town Boise
   (d) Street Address or R.F.D. No. 819 N. 20th
   (e) Deceased lived Inside? ✓ Outside? ..... city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 9 hrs. years
   (h) Former residence (city, state) none

3. (a) **FULL NAME** ELLEN WHELTON

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3. (b) If veteran, name war No -
3. (c) Social Security No. None
4. Sex F
5. Color or race W.
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Date of Birth (Month, Day, Year) August 28, 1944

8. AGE	Years	Months	Days	If less than 1 day
	—	—	—	9 hrs min.

9. Exact Occupation None — Did this work for None yrs.
10. Industry or Business — — Date last worked —
11. Birthplace Boise, Idaho. (City or town) (State or foreign country)

Father
12. Name William A. Whelton
13. Birthplace Boston, Mass. (City or town) (State or foreign country)

Mother
14. Maiden name Ella F. Dorsey
15. Birthplace Boston, Mass. (City or town) (State or foreign country)

16. Informant's **OWN** Signature Ellen F Whelton
and Address 819 N. 20th. Boise. Idaho.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Nov. 1, 1944 (Month) (Day) (Year)
(c) Place: Dorchester, Boston, Mass.

18. Funeral Director's **OWN** Signature McBratney Funeral Home
and Address Boise, Idaho.

19. (a) 10-25-44 (Date received and filed) (b) R. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Aug 28 1944
at 5 o'clock P M.

21. **I HEREBY CERTIFY**, That I attended deceased from Aug. 28 1944 to Aug. 28 1944
I last saw her alive on Aug. 28 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Atelectasis	9 hours
Due to Prematurity	9 hours
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ..... Date .....
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury

23. Attendant's **OWN** Signature Harmon Jermaine M.D.
(M. D. or other)
and Address Boise, Id. Date 8-30 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

OCT 16 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140749
Local Reg. No. 292
Reg. Dist. No. 330

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise.
   (c) Street Address or R.F.D. No. X
   (d) Death Occured Inside Yes Outside? ..... city or town
   (e) Died in a Home .... Hospital X Institution .... Other place ....
   (f) Name Hosp. or Inst. St. Lukes. Stayed 4 days
   (g) Lived in this county 2 years ..... months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho. (b) County Ada
   (c) City or town Boise.
   (d) Street Address or R.F.D. No. 521. N. 6 th
   (e) Deceased lived Inside? Yes Outside? ..... city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 44. years
   (h) Former residence (city, state) Wisconsin.

3. (a) **FULL NAME** Artie . M. Williard.

3. (b) If veteran, name war No.
3. (c) Social Security No. None.
4. Sex Female 5. Color or race White.
6. (a) Single, widowed, married, divorced Widow.
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) August. 28. 1860.

8. AGE	Years	Months	Days	If less than 1 day
	84.	0.	11.	hrs min.

9. Exact Occupation At Home. Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Oshkosh, Wisconsin. (City or town) (State or foreign country)

Father
12. Name Peter Doxtater.
13. Birthplace Wisconsin. (City or town) (State or foreign country)

Mother
14. Maiden name Christian Johnson.
15. Birthplace Germany. (City or town) (State or foreign country)

16. Informant's **OWN** Signature May W. Todrea
and Address 521 N 6th. Boise, Idaho

17. (a) Removal. (Burial, cremation, or removal) (b) Date thereof Sept. 10. 1944 (Month) (Day) (Year)
(c) Place: Lewiston, Idaho.

18. Funeral Director's **OWN** Signature Summers Funeral Home. Clyde E. Summers
and Address Boise, Idaho.

19. (a) 9-11-44 (Date received and filed) (b) ..... (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 9/9 19 44
at 10 o'clock A M.

21. **I HEREBY CERTIFY**, That I attended deceased from July 19 44 to date 19 44
I last saw h.. alive on 9/9 19 44 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration
Pneumonia - 5 da.
Due to Shock
Hip fracture
Due to .....
Other conditions .....
(Include pregnancy within 3 months of death)

Where was disease contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state .....
Where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature C. J. Coats (M. D. or other)
and Address Boise Date 9/9 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

OCT 30 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140750
Local Reg. No. 304
Reg. Dist. No. 370

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise.
   (c) Street Address or R.F.D. No. 2015 Eastman.
   (d) Death Occured Inside? Yes Outside? ..... city or town
   (e) Died in a Home X Hospital .... Institution .... Other place ....
   (f) Name Hosp. or Inst. ..... Stayed ..... days
   (g) Lived in this county ..... years 5 months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho. (b) County Ada
   (c) City or town Boise.
   (d) Street Address or R.F.D. No. 2015. Eastman.
   (e) Deceased lived Inside? Yes Outside? ..... city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 27 years
   (h) Former residence (city, state) X

3. (a) **FULL NAME** Maxine Mary Dunaway. 842

3. (b) If veteran, name war No.
3. (c) Social Security No. .....
4. Sex Female
5. Color or Race White.
6. (a) Single, widowed, married, divorced Married.
6. (b) Name of husband or wife Doyle Harold Dunaway.
6. (c) Age of husband or wife if ..... years
7. Date of Birth (Month, Day, Year) August. 5. 1917.

8. AGE	Years	Months	Days	If less than 1 day hrs	min.
	27.	1.	26.		

9. Exact Occupation At Home. Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Bruneau, Idaho. (City or town) (State or foreign country)

Mother
12. Name Lloyd. C. Cramer.
13. Birthplace Oregon. (City or town) (State or foreign country)

Father
14. Maiden name May Hutchison.
15. Birthplace Bruneau, Idaho. (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mrs. Irene Sullivan
and Address Bruneau Idaho.

17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof Sept. 25. 1944 (Month) (Day) (Year)
(c) Place: Bruneau, Idaho.

18. Funeral Director's **OWN** Signature Summers Funeral Home. Clyde E. Summers
and Address Boise, Idaho.

19. (a) 9-25-44 (Date received and filed) (b) D. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Sept 21 19 44
at 2 p.m. o'clock P.M. Boise Ida.

21. **I HEREBY CERTIFY**, That I attended deceased from Sept 20 19 44 to Sept 21 19 44
I last saw h[illegible] alive on Sept 21 19 44; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cardiac Failure	
Due to Other Depression mentaly	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? .....
Name of operation None Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature Russell R. Cox M.D. (M. D. or other)
and Address Boise Idaho Date 9/22 1944

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

NOV 16 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140751
Local Reg. No. 203
Reg. Dist. No. 371

1. PLACE OF DEATH:
(a) County Ada
(b) City or town Boise
(c) Street Address or R.F.D. No. 415
(d) Death Occured Inside? ..... Outside? X city or town
(e) Died in a Home Y Hospital.... Institution.... Other place....
(f) Name Hosp. or Inst..... Stayed.....days
(g) Lived in this county.....years 2 months .....days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Gem
(c) City or town Emmett
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? X Outside? ..... city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? 30 years
(h) Former residence (city, state) Missouri

3. (a) **FULL NAME** CORA HAAG 446

3. (b) If veteran, name war .....
3. (c) Social Security No. none
4. Sex fem. 5. Color or race White
6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) Dec. 8, 1875

8. AGE	Years	Months	Days	If less than 1 day
	68	9	18	hrs min.

9. Exact Occupation At home Did this work for .....yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Allenton, Mo (City or town) (State or foreign country)
Father 12. Name Charles J. McCown
Father 13. Birthplace Warrenton Mo (City or town) (State or foreign country)
Mother 14. Maiden name Eugenia A Furgeson
Mother 15. Birthplace St Louis Mo (City or town) (State or foreign country)
16. Informant's **OWN** Signature Florence Dill
and Address Boise, Idaho
17. (a) burial (b) Date thereof Sept. 28 (Month) (Day) (Year)
(Burial, cremation, or removal)
(c) Place: Emmett Idaho
18. Funeral Director's **OWN** Signature C D Buckenmeyer
and Address Emmett, Idaho
19. (a) ~~9-27-1944~~ (b) B. Shaw
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Sept. 26 19 44
at 9 o'clock P. M.

21. **I HEREBY CERTIFY,** That I attended deceased from July 19 39, to Sept 19 44
I last saw h[illegible] alive on Sept 19 44; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Hodgkins Disease	5 yrs.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
✓ Where was disease contracted?	
Name of operation ..... Date	
Major finding	
Finding of autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature Richard M. Jopson M.D. (M. D. or other)
and Address Boise Idaho Date 10 6 19 44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

NOV 16 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140752
Local Reg. No. 326
Reg. Dist. No. 370

1. **PLACE OF DEATH:**
(a) County Ada
(b) City or town Boise
(c) Street Address or R.F.D. No. 1 + Bannock St
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Home .... Hospital X Institution .... Other place ....
(f) Name Hosp. or Inst. St. Lukes Stayed 49 days
(g) Lived in this county ..... years ..... months 49 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Caldwell
(d) Street Address or R.F.D. No. 2
(e) Deceased lived Inside? ..... Outside? X city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? ..... years
(h) Former residence (city, state) .....

3. (a) **FULL NAME** Mary Winters 55c

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Fem.
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Andrew
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) Oct. 25, 1871

8. AGE	Years	Months	Days	If less than 1 day
	72	11	4	hrs min.

9. Exact Occupation Housewife Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Harrison County (City or town) Missouri (State or foreign country)
Father
12. Name Robert N. Foster
13. Birthplace ..... (City or town) Missouri (State or foreign country)
Mother
14. Maiden name Angeline Dillard
15. Birthplace ..... (City or town) Unknown (State or foreign country)
16. Informant's **OWN** Signature R. E. Winters
and Address Caldwell #2
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-2-44 (Month) (Day) (Year)
(c) Place: Greenleaf Cemetery
18. Funeral Director's **OWN** Signature V. Peckham
and Address 504 So. Kimball Ave. Caldwell
19. (a) 10-10-44 (Date received and filed) (b) V. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 9-29 1944
at 3:15 o'clock A. M.
21. **I HEREBY CERTIFY**, That I attended deceased from Sept 24th 1944 to Sept 29 1944
I last saw her alive on Sept 28 1944; death is said to have occurred on the date and hour stated above.
Immediate Cause of Death: Carcinoma of Thyroid — Duration 8 Wks
Due to .....
Due to .....
Other conditions .....
(Include pregnancy within 3 months of death)
Where was disease contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature James L. Stewart (M. D. or other)
and Address Boise Idaho Date Oct 5 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

OCT 16 1944

Certificate Of Death

STATE OF IDAHO

State File No. 14075
Local Reg. No. 309
Reg. Dist. No.

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise,
   (c) Street Address or R.F.D. No. 1118. Warren.
   (d) Death Occured Inside? Yes Outside? ....city or town
   (e) Died in a Home X Hospital.... Institution.... Other place....
   (f) Name Hosp. or Inst.... Stayed....days
   (g) Lived in this county 63 years ....months ....days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho. (b) County Ada
   (c) City or town Boise,
   (d) Street Address or R.F.D. No. 1118. Warren.
   (e) Deceased lived Inside? Yes Outside? ....city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 63 years
   (h) Former residence (city, state) Ohio.

3. (a) **FULL NAME** Samuel Wingate.

3. (b) If veteran, name war No.
3. (c) Social Security No. None.
4. Sex Male. 5. Color or race White. 6. (a) Single, widowed, married, divorced Widower.
6. (b) Name of husband or wife ....
6. (c) Age of husband or wife if alive .... years
7. Date of Birth (Month, Day, Year) July. 23. 1855.

8. AGE	Years	Months	Days	If less than 1 day
	89.	2.	8.	hrs min.

9. Exact Occupation Laborer. Did this work for ....yrs.
10. Industry or Business .... Date last worked ....
11. Birthplace Ohio. (City or town) (State or foreign country)

Father
12. Name John Wingate.
13. Birthplace Missouri. (City or town) (State or foreign country)

Mother
14. Maiden name Isabelle Eckonrod.
15. Birthplace Missouri. (City or town) (State or foreign country)

16. Informant's **OWN** Signature J E Wingate
and Address R.D. # 2. Boise, Idaho.

17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof Oct. 4. 1944. (Month) (Day) (Year)
(c) Place: Cloverdale Memorial Park.

18. Funeral Director's **OWN** Signature Summers Funeral Home, Clyde E. Summers
and Address Boise, Idaho.

19. (a) 10-7-44 (Date received and filed) (b) R. E. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Oct 1 19 44
at 9 30 o'clock A M.

21. **I HEREBY CERTIFY**, That I attended deceased from 9-28 19 44 to 10-1 19 44
I last saw him alive on 9-30 19 44 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: (Duration)
Skull fracture
Due to Fall off porch
Due to ....
Other conditions .... (Include pregnancy within 3 months of death)
Where was disease contracted? ....
Name of operation none Date ....
Major finding ....
Finding of autopsy none

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? .... Suicide? .... Homicide? ....
Occurred .... 19.... City, county, state where violence occurred ....
Place of Violence: Home .... Farm .... Industry ....
Public Place .... While at work? ....
Means of injury ....

23. Attendant's **OWN** Signature L E Welch (M. D. or other)
and Address Boise Date 10-2 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

NOV 16 1944

Certificate Of Death

STATE OF IDAHO

State File No. [redacted]
Local Reg. No. 311
Reg. Dist. No. 370

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? X Outside? city or town
   (e) Died in a Home.... Hospital X Institution.... Other place....
   (f) Name Hosp. or Inst. St. Alphonsus Lived 33 days
   (g) Lived in this county 0 years 1 months 3 days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Ada
   (c) City or town Ustick
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? X Outside? city or town
   (f) Citizen of what country? U. S. A.
   (g) How long had deceased lived in Idaho? 33 Da. yrs
   (h) Former residence (city, state)

3. (a) **FULL NAME** GARY LEE SORENSEN

160C

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race WHITE
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive ... years
7. Date of Birth (Month, Day, Year) August 29, 1944

8. AGE	Years	Months	Days	If less than 1 day
	0	1	3	hrs min.

9. Exact Occupation None Did this work for ... yrs.
10. Industry or Business Date last worked
11. Birthplace Boise, Idaho (City or town) (State or foreign country)

Father
12. Name Harold T. Sorensen
13. Birthplace Boise, Idaho (City or town) (State or foreign country)

Mother
14. Maiden name Merle Hutchings
15. Birthplace Boise, Idaho (City or town) (State or foreign country)

16. Informant's **OWN** Signature X Mrs. Berl Hutchings
and Address Ustick, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/3/44 (Month) (Day) (Year)
(c) Place: Clovardale Memorial Park

18. Funeral Director's **OWN** Signature Schneider & McCann
and Address Boise Milford Briggs

19. (a) 10-3-44 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Oct. 2 1944
at 3.15 o'clock A M.

21. **I HEREBY CERTIFY**, That I attended deceased from Aug. 29 1944, to Oct 2 1944
I last saw h... alive on ... 19...; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Prematurity	35 da
Due to Cesarian Section of mother	
Due to Maternal intoxitation	
Other conditions Severe anemia (Include pregnancy within 3 months of death)	10 da.

Where was disease contracted?
Name of operation ... Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred ... 19... City, county, state where violence occurred
Place of Violence: Home ... Farm ... Industry ...
Public Place ... While at work?
Means of injury

23. Attendant's **OWN** Signature Harmon Germaine M.D. (M. D. or other)
and Address Boise Date 10-2 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

NOV 16 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140755
Local Reg. No. 185
Reg. Dist. No. 571

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? Outside? X city or town
   (e) Died in a Home Hospital X Institution Other place
   (f) Name Hosp. or Inst. County Stayed 4 Wks. days
   (g) Lived in this county years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Ada
   (c) City or town Eagle
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? Outside? X city or town
   (f) Citizen of what country? U. S. A.
   (g) How long had deceased lived in Idaho? 38 years
   (h) Former residence (city, state) Arkansas

3. (a) **FULL NAME** Martha Wilson Sells

93 ~.

3. (b) If veteran, name war
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Jan. 4, 1853

8. AGE	Years	Months	Days	If less than 1 day
	91	8	29	hrs min.

9. Exact Occupation Housewife — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace Dallas County, Arkansas (City or town) (State or foreign country)

Father
12. Name Solomon Sparks,
13. Birthplace Tenn. (City or town) (State or foreign country)

Mother
14. Maiden name Jane Champion
15. Birthplace Tenn. (City or town) (State or foreign country)

16. Informant's **OWN** Signature F G Murdock
and Address Route 3 - Boise

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/6/44 (Month) (Day) (Year)
(c) Place: Dry Creek Boise, Idaho.

18. Funeral Director's **OWN** Signature McBratney's Funeral Home
and Address Boise, Idaho

19. (a) 10-4-44 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Oct 2 19 44
at 5 30 o'clock a M.

21. **I HEREBY CERTIFY**, That I attended deceased from Sep. 2 19 44, to Oct 2 19 44
I last saw her alive on Oct 2 19 44; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Senility	
Due to Myocarditis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature S W Tovey MD (M. D. or other)
and Address Boise Date 19
(For additional space, use reverse side)

Oct 4 1944

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

NOV 16 1944

140758

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 140758
Local Reg. No. 186
Reg. Dist. No. 371

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Meridian
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? X Outside? city or town
   (e) Died in a Home X Hospital Institution Other place
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county years months days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Ada
   (c) City or town Boise
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? X Outside? city or town
   (f) Citizen of what country? U. S. A.
   (g) How long had deceased lived in Idaho? 25 years
   (h) Former residence (city, state) Minnesota

3. (a) **FULL NAME** Mary E. Caufield

932.

3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex F.
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) April 22, 1865

8. AGE	Years	Months	Days	If less than 1 day
	79	5	10	hrs min.

9. Exact Occupation Housewife — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace Hudson, Illinois (City or town) (State or foreign country)

Father
12. Name Daniel Irwin
13. Birthplace Not known (City or town) (State or foreign country)

Mother
14. Maiden name Narcissus Dyke
15. Birthplace Penn. (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mrs Carra Coggins
and Address Meridian Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 5, 1944 (Month) (Day) (Year)
(c) Place: Morris Hill

18. Funeral Director's **OWN** Signature McBratney Funeral Home
and Address Boise, Idaho

19. (a) 10-6-44 (Date received and filed) (b) R. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Oct 2 1944
at 10 o'clock A M.

21. **I HEREBY CERTIFY,** That I attended deceased from Sept 27 1944, to Oct 2 1944
I last saw he/she alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Coronary occlusion	Sudden
Due to Myocardial Sclerosis	6 mo.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature H E Jewell (M. D. or other)
and Address Meridian Idaho Date Oct 4 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

NOV 19 1944

Certificate Of Death

STATE OF IDAHO

Hollingsworth
State File No. 14075
Local Reg. No. 323
Reg. Dist. No. 370

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise,
   (c) Street Address or R.F.D. No. X
   (d) Death Occured Inside? Yes Outside? ....city or town
   (e) Died in a Home.... Hospital X Institution.... Other place....
   (f) Name Hosp. or Inst. St Alphonsus Stayed 0 days
   (g) Lived in this county.....years .....months .....days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho. (b) County Ada
   (c) City or town Boise,
   (d) Street Address or R.F.D. No. R.D. # 5.
   (e) Deceased lived Inside?.....Outside? Yes ....city or town
   (f) Citizen of what country? X
   (g) How long had deceased lived in Idaho? X .....years
   (h) Former residence (city, state) X

3. (a) **FULL NAME** John Gene Sandolfine. 159

3. (b) If veteran, name war No.
3. (c) Social Security No. None.
4. Sex Male. 5. Color or race White.
6. (a) Single, widowed, married, divorced Single.
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) October. 3. 1944.

8. AGE	Years	Months	Days	If less than 1 day
			1	hrs min.

9. Exact Occupation None. Did this work for ....yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Boise, Idaho. (City or town) (State or foreign country)

Father
12. Name Arnold Sandolfine.
13. Birthplace Gracedon, Penn. (City or town) (State or foreign country)

Mother
14. Maiden name Loberta Sherrill.
15. Birthplace Banks, Idaho. (City or town) (State or foreign country)

16. Informant's **OWN** Signature Loberta Sandolfine
and Address R.D. # 5. Boise, Idaho.

17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof Oct. 14. 1944. (Month) (Day) (Year)
(c) Place: Cloverdale Memorial Park.

18. Funeral Director's **OWN** Signature Summers Funeral Home. Clyde E. Simmers
and Address Boise, Idaho.

19. (a) 10-16-44 (Date received and filed) (b) D. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) October. 4. 1944.
at 1.30. o'clock P M.

21. **I HEREBY CERTIFY**, That I attended deceased from October. 3. 1944. to October. 4. 1944.
I last saw him alive on 10-3 1944. Death is said to have occurred on the date and hour stated above.

Immediate Cause of Death	Duration
Premature	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation ..... Date	
Major finding	
Finding of autopsy	

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature Hollingsworth
and Address Boise, Idaho. (M.D. or other) Date 10-14 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

NOV 16 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140758
Local Reg. No. 187
Reg. Dist. No. 371

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town 15 miles east of Gowen Fld, Ida
   (c) Street Address or R.F.D. No. ------
   (d) Death Occured Inside? ..... Outside? X ..... city or town
   (e) Died in a Home .... Hospital .... Institution .... Other place X
   (f) Name Hosp. or Inst. ------ Stayed -- days
   (g) Lived in this county ..... years 1 months 22 days

   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Illinois (b) County ------
   (c) City or town Chicago
   (d) Street Address or R.F.D. No. 4448 N Bernard St.
   (e) Deceased lived Inside? X Outside? ..... city or town
   (f) Citizen of what country? USA
   (g) How long had deceased lived in Idaho? 1 22/30 years Mo.
   (h) Former residence (city, state) Same as above

3. (a) **FULL NAME** KANDEL, Bernard — 16138820 — 173

3. (b) If veteran, name war ----
3. (c) Social Security No. ----
4. Sex Male race White
5. Color or
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife ----
6. (c) Age of husband or wife if alive ---- years
7. Date of Birth (Month, Day, Year) May 18, 1924

8. AGE	Years	Months	Days	If less than 1 day
	20	4	17	hrs min.

9. Exact Occupation Soldier — Did this work for 1 10/12 yrs.
10. Industry or Business U. S. Army — Date last worked 10/4/44
11. Birthplace Chicago (City or town) Illinois (State or foreign country)

Father
12. Name Nathan Kandel
13. Birthplace Unknown (City or town) (State or foreign country)

Mother
14. Maiden name Jennie T. (Unknown)
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's **OWN** Signature Phillip C. Pedersen
and Address Gowen Fld, Boise, Idaho

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Oct 8 1944 (Month) (Day) (Year)
(c) Place: Chicago Illinois

18. Funeral Director's **OWN** Signature [illegible]
and Address Boise, Idaho

19. (a) 10-7-44 (Date received and filed) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH**
(Month, Day, Year) October 4 1944
at 8:52 o'clock P M.

21. **I HEREBY CERTIFY**, That I attended deceased from ---- 19-- to ---- 19--
I last saw h-- alive on ---- 19--; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — Duration

Compound fracture of skull — Instantly
Evisceration Of brain, Dismemberment and
~~Due to~~ Disintegration,
Incineration
Due to Airplane Crash
Other conditions
(Include pregnancy within 3 months of death)

Where was disease contracted? ----
Name of operation ---- Date ----
Major finding ----
Finding of autopsy Same as above

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? X Suicide? ..... Homicide? .....
Occurred October 4 1944 City, county, state where violence occurred Ada County, Idaho
Place of Violence: Home ..... Farm ..... Industry .....
Public Place X While at work? .....
Means of injury Airplane Crash

23. Attendant's **OWN** Signature Frank L Fletcher
FRANK L. FLETCHER or Lt Col MC
and Address Gowen Fld, Ida Date 10-5 1944
(For additional space, use reverse side)

140759

United States
Department of Commerce
Bureau of the Census

NOV 16 1944

Certificate Of Death

STATE OF IDAHO

State File No.
Local Reg. No. 313
Reg. Dist. No. 370

1. PLACE OF DEATH:
(a) County Ada
(b) City or town Boise
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? x Outside? city or town
(e) Died in a Home Hospital x Institution Other place
(f) Name Hosp. or Inst. St. Lukes Stayed days
(g) Lived in this county 42 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Ada
(c) City or town Boise
(d) Street Address or R.F.D. No. 712½ Idaho St.
(e) Deceased lived Inside? x Outside? city or town
(f) Citizen of what country? Austria
(g) How long had deceased lived in Idaho? 42 years
(h) Former residence (city, state) Austria

3. (a) FULL NAME Anna Neuman

186a

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) May 15th. 1858

8. AGE	Years	Months	Days	If less than 1 day
	86	4	19	hrs min.

9. Exact Occupation Housewife Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Vienna Austria (City or town) (State or foreign country)
Father 12. Name Schmeil Backen
13. Birthplace Poland (City or town) (State or foreign country)
Mother 14. Maiden name Ester
15. Birthplace Austria (City or town) (State or foreign country)
16. Informant's OWN Signature Sol. Neuman
and Address Boise Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 5.44 (Month) (Day) (Year)
(c) Place: Morris Hill Cemetery. Jewish Section
18. Funeral Director's OWN Signature Schreiber & McCann
and Address Boise Milford Dragon
19. (a) 10-5-44 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) October 4 1944
at 5 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from 9-25 1944, to 10-3 1944
I last saw her alive on 10-3-1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cardiac failure	17 hrs
Due to Myocardial degeneration	10 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Fracture left hip	10 days

Where was disease contracted? home
Name of operation Reduction hip Date
Major finding Fracture left hip
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ✓ Suicide? Homicide?
Occurred 9-24 1944 City, county, state where violence occurred Boise Idaho
Place of Violence: Home ✓ Farm Industry
Public Place While at work?
Means of injury Tripped & fell on floor
23. Attendant's OWN Signature Jerome [signature] M.D. (M. D. or other)
and Address Boise, Ida Date 10-5 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

140760

United States Department of Commerce Bureau of the Census

NOV 16 1944

Certificate Of Death

STATE OF IDAHO

State File No. 188
Local Reg. No.
Reg. Dist. No. 321

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town 15 miles east of Gowen Fld, Ida
   (c) Street Address or R.F.D. No. -----
   (d) Death Occured Inside? ..... Outside? X city or town
   (e) Died in a Home.... Hospital.... Institution.... Other place X
   (f) Name Hosp. or Inst. ----- Stayed -- days
   (g) Lived in this county ..... years 1 months 22 days

   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State New York (b) County -----
   (c) City or town White Plains
   (d) Street Address or R.F.D. No. 5 Rose St
   (e) Deceased lived Inside? X Outside? ..... city or town
   (f) Citizen of what country? USA
   (g) How long had deceased lived in Idaho? 1 22/30 Mo years
   (h) Former residence (city, state) Same as above

3. (a) **FULL NAME** CLARK, William D. 12 220 945 173

3. (b) If veteran, name war ----
3. (c) Social Security No. -----
4. Sex Male race White
5. Color or
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife -----
6. (c) Age of husband or wife if alive ----- years
7. Date of Birth (Month, Day, Year) June 18, 1925

8. AGE	Years	Months	Days	If less than 1 day
	19	3	17	hrs min.

9. Exact Occupation Soldier — Did this work for 1 5/12 yrs.
10. Industry or Business U. S. Army — Date last worked 10-4-44
11. Birthplace Detroit (City or town) Michigan (State or foreign country)

Father
12. Name Milo Guy Clark
13. Birthplace Unknown (City or town) (State or foreign country)

Mother
14. Maiden name Laura G. (Unknown)
15. Birthplace unknown (City or town) (State or foreign country)

16. Informant's **OWN** Signature Phillip C. Pedersen
and Address Gowen Fld, Boise, Idaho

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Oct 8 1944 (Month) (Day) (Year)
(c) Place: White Plains, New York

18. Funeral Director's **OWN** Signature [illegible]
and Address Boise, Idaho

19. (a) 10-7-44 (Date received and filed) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) October 4 19 44
at 8:52 o'clock P.M.

21. **I HEREBY CERTIFY**, That I attended deceased from ----- 19 --, to ----- 19 --
I last saw h-- alive on ----- 19--; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — Duration

Compound Fracture of skull — Instantly
Dismemberment and disintegration,
~~Burns~~ Incineration

Due to Airplane accident
Other conditions -----
(Include pregnancy within 3 months of death)

Where was disease contracted? ----
Name of operation ----- Date
Major finding -----
Finding of autopsy Same as above

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? X Suicide? ..... Homicide? .....
Occurred October 4 1944 City, county, state where violence occurred Ada County, Idaho
Place of Violence: Home ..... Farm ..... Industry .....
Public Place X While at work? .....
Means of injury Airplane accident

23. Attendant's **OWN** Signature Frank L. Fletcher
FRANK L. FLETCHER, 1st Lieut Col, MC
and Address Gowen Fld, Idaho Date 10-5 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

NOV 16 1944

Certificate Of Death

STATE OF IDAHO

State File No. 14076
Local Reg. No. 189
Reg. Dist. No. 371

1. PLACE OF DEATH:

(a) County Ada
(b) City or town 15 miles east of Gowen Fld, Ida.
(c) Street Address or R.F.D. No. ----
(d) Death Occured Inside? ... Outside? X ... city or town
(e) Died in a Home .... Hospital .... Institution .... Other place X
(f) Name Hosp. or Inst. --- Stayed -- days
(g) Lived in this county ... years 1 months 22 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

(a) State New Jersey (b) County ---
(c) City or town Burlington
(d) Street Address or R.F.D. No. 260 Elm Avenue
(e) Deceased lived Inside? X ... Outside? ... city or town
(f) Citizen of what country? USA
(g) How long had deceased lived in Idaho? 1 22/30 yrs. Mo.
(h) Former residence (city, state) Same as above

3. (a) **FULL NAME** SCHEYHING, Albert K. 32 753 349 173

3. (b) If veteran, name war --
3. (c) Social Security No. ---
4. Sex Male. 5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife ---
6. (c) Age of husband or wife if alive ---- years
7. Date of Birth (Month, Day, Year) October 14, 1924

8. AGE	Years	Months	Days	If less than 1 day
	19	11	21	hrs min.

9. Exact Occupation Soldier — Did this work for 1 7/12 yrs.
10. Industry or Business U. S. Army — Date last worked 10-4-44
11. Birthplace Burlington (City or town) New Jersey (State or foreign country)

Father
12. Name Albert G. Scheyhing
13. Birthplace Unknown (City or town) (State or foreign country)

Mother
14. Maiden name Helen M. (Unknown)
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's **OWN** Signature Phillip C. Pederson
and Address Gowen Field, Boise, Idaho

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Oct 8 1944 (Month) (Day) (Year)
(c) Place: Burlington New Jersey

18. Funeral Director's **OWN** Signature [illegible]
and Address Boise, Idaho

19. (a) 10-7-44 (Date received and filed) (b) R. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) October 4 1944
at 8:52 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from ---- 19--, to -- 19--
I last saw h-- alive on --- 19--; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: (Include pregnancy within 3 months of death) — Duration

Compound fracture of skull, fracture of mandible and maxilla, compound fracture and dislocation of right ankle, compound fracture of rt femur & left femur, 3rd degree burns of face, neck, left hand & left leg. DUE TO: Airplane Accident. — Instantly

Where was disease contracted? ---
Name of operation -- Date --
Major finding --
Finding of autopsy Same as above

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? X Suicide? Homicide?
Occurred October 4 1944 City, county, state where violence occurred Ada County, Idaho
Place of Violence: Home Farm Industry
Public Place X While at work? Yes
Means of injury Airplane accident

23. Attendant's **OWN** Signature Frank L Fletcher
and Address Gowen Field, Ida. Date 10-5 1944
FRANK L. FLETCHER, LT COM. (M. D. or other) MC
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

NOV 16 1944

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 140762
Local Reg. No. 190
Reg. Dist. No. 371

1. PLACE OF DEATH:
(a) County Ada
(b) City or town 15 miles east of Gowen Fld, Ida
(c) Street Address or R.F.D. No. ----
(d) Death Occured Inside? ..... Outside? X city or town
(e) Died in a Home ..... Hospital ..... Institution ..... Other place X
(f) Name Hosp. or Inst. ------ Stayed ..... days
(g) Lived in this county ..... years 1 months 22 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Georgia (b) County ---
(c) City or town Augusta
(d) Street Address or R.F.D. No. 1430 Walton Way
(e) Deceased lived Inside? X Outside? ..... city or town
(f) Citizen of what country? USA
(g) How long had deceased lived in Idaho? 1 22/30 ~~year~~ Mo
(h) Former residence (city, state) Same as above

3. (a) FULL NAME ANDREWS, Lawrence E. 34 825 093 173

3. (b) If veteran, name war ----
3. (c) Social Security No. ----
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Betty M.
6. (c) Age of husband or wife if alive Unknown years
7. Date of Birth (Month, Day, Year) October 20, 1921

8. AGE	Years	Months	Days	If less than 1 day hrs min.
	22	11	15	

9. Exact Occupation Soldier — Did this work for 9 8/30 yrs Mo
10. Industry or Business U. S. Army — Date last worked 10-4-44
11. Birthplace Musolla (City or town) Georgia (State or foreign country)
Father
12. Name James Marion Andrews
13. Birthplace Unknown (City or town) (State or foreign country)
Mother
14. Maiden name Emma S. (Unknown)
15. Birthplace Unknown (City or town) (State or foreign country)
16. Informant's OWN Signature Phillip C. Pedersen
and Address Gowen Field, Boise, Idaho
17. (a) Removal (Burial, cremation or removal) (b) Date thereof Oct 7 1944 (Month) (Day) (Year)
(c) Place: Macon, Georgia
18. Funeral Director's OWN Signature [signature]
and Address Boise, Idaho
19. (a) 10-7-44 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) October 4 1944
at 8:52 o'clock P M.

21. I HEREBY CERTIFY, That I attended deceased from ---- 19 ..., to --- 19 ...
I last saw h--- alive on ---- 19 ...; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Compound Fracture of Skull,	Instantly
Incomplete evulsion of brain,	
~~Due to~~ Compound fracture of right femur	
and left tibia and both forearms, partial	
~~Due to~~ incineration. Due to: Airplane	
Other conditions ---- Accident	
(Include pregnancy within 3 months of death)	

Where was disease contracted? ---
Name of operation ---- Date
Major finding ----
Finding of autopsy Same as above

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? X Suicide? ..... Homicide? .....
Occurred October 4 1944 City, county, state where violence occurred Ada County, Idaho
Place of Violence: Home ..... Farm ..... Industry .....
Public Place X While at work? Yes
Means of injury Airplane accident

23. Attendant's OWN Signature Frank L. Fletcher
FRANK L. FLETCHER, Lt Col (M. D. or other) MC
and Address Gowen Fld, Idaho Date 10-5 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

NOV 16 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140768
Local Reg. No. 191
Reg. Dist. No. 371

1. PLACE OF DEATH:
(a) County Ada
(b) City or town 15 miles east of Gowen Fld, Ida
(c) Street Address or R.F.D. No. ---
(d) Death Occured Inside? ... Outside? X ... city or town
(e) Died in a Home ... Hospital ... Institution ... Other place X
(f) Name Hosp. or Inst. --- Stayed -- days
(g) Lived in this county ... years 1 months 20 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Massachusetts (b) County --
(c) City or town Lawrence
(d) Street Address or R.F.D. No. 224 Park Street
(e) Deceased lived Inside? X ... Outside? ... city or town
(f) Citizen of what country? USA
(g) How long had deceased lived in Idaho? 1 20/30 Yrs. Mo.
(h) Former residence (city, state) Same as above

3. (a) FULL NAME HORNER, Francis Harold T-127108 173

3. (b) If veteran, name war --
3. (c) Social Security No. --
4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife Unknown
6. (c) Age of husband or wife if alive -- years
7. Date of Birth (Month, Day, Year) November 1, 1922

8. AGE	Years	Months	Days	If less than 1 day
	21	11	4	hrs min.

9. Exact Occupation Co-Pilot — Did this work for 4 12/30 Yrs Mo.
10. Industry or Business U. S. Army — Date last worked 10-4-44
11. Birthplace Unknown (City or town) Massachusetts (State or foreign country)

Father
12. Name Unknown
13. Birthplace Unknown (City or town) (State or foreign country)

Mother
14. Maiden name Mary B. (Unknown)
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's **OWN** Signature Phillip C. Pedersen
and Address Gowen Field, Boise, Idaho

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Oct 8 1944 (Month) (Day) (Year)
(c) Place: Lawrence Mass.

18. Funeral Director's **OWN** Signature Kenneth Rydell
and Address Boise Idaho

19. (a) 10-7-44 (Date received and filed) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) October 4 1944
at 8:52 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from -- 19-- , to -- 19--
I last saw h-- alive on -- 19--; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: (Include pregnancy within 3 months of death) — Duration

Compound fracture of skull with complete herniation of brain, compound fracture of rt tibia, rt fibula & left fibula, rt arm & rt forearm, fracture of left humerus. Partial incineration. DUE TO: Airplane Accident. — Instantly

Where was disease contracted? --
Name of operation -- Date --
Major finding ---
Finding of autopsy same as above

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? X Suicide? Homicide?
Occurred October 4 1944 City, county, state where violence occurred Ada County, Idaho
Place of Violence: Home Farm Industry
Public Place X While at work? Yes
Means of injury Airplane accident

23. Attendant's **OWN** Signature Frank L Fletcher
(M.D. or other) M.C.
and Address GOWEN FIELD, IDAHO Date 10-5 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

NOV 16 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140764
Local Reg. No. 192
Reg. Dist. No. 371

1. PLACE OF DEATH:

(a) County Ada
(b) City or town 15 miles east of Gowen Fld, Ida.
(c) Street Address or R.F.D. No. ---
(d) Death Occured Inside? ... Outside? X ... city or town
(e) Died in a Home ... Hospital ... Institution ... Other place X
(f) Name Hosp. or Inst. --- Stayed -- days
(g) Lived in this county ... years 1 months 22 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

(a) State Minnesota (b) County ---
(c) City or town Minneapolis
(d) Street Address or R.F.D. No. 3725 19th Ave. So.
(e) Deceased lived Inside? X Outside? ... city or town
(f) Citizen of what country? USA
(g) How long had deceased lived in Idaho? 1 22/30 years Mont
(h) Former residence (city, state) Same as above

3. (a) FULL NAME LUND, James Arthur 0-2065299 173

3. (b) If veteran, name war ---
3. (c) Social Security No. ---
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Elsie
6. (c) Age of husband or wife if alive Unknown years
7. Date of Birth (Month, Day, Year) December 27, 1919

8. AGE	Years	Months	Days	If less than 1 day
	24	9	8	hrs min.

9. Exact Occupation Bombardier — Did this work for 2 13/30 Yrs Mo.
10. Industry or Business U. S. Army — Date last worked 10-4-44
11. Birthplace Unknown (City or town) Wisconsin (State or foreign country)

Father
12. Name Unknown
13. Birthplace Unknown (City or town) (State or foreign country)

Mother
14. Maiden name Unknown
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's OWN Signature Phillip C. Pedersen
and Address Gowen Field, Boise, Idaho

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Oct 8 1944 (Month) (Day) (Year)
(c) Place: Minneapolis, Minn.

18. Funeral Director's OWN Signature [illegible]
and Address Boise, Idaho

19. (a) 10-9-44 (Date received and filed) (b) R. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) October 4, 19 44
at 8:52 o'clock P. M.

21. **I HEREBY CERTIFY,** That I attended deceased from --- 19 --, to --- 19 --
I last saw h--- alive on --- 19--; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Compound fracture of skull,	Instantly
Herniation of brain, Compound	
Duexto fracture of both legs and arms,	
Evisceration, Incineration.	
Due to Airplane accident	
Other conditions --- (Include pregnancy within 3 months of death)	

Where was disease contracted? ---
Name of operation --- Date ---
Major finding ---
Finding of autopsy Same as above

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? X Suicide? ... Homicide? ...
Occurred October 4 19 44 City, county, state where violence occurred Ada County, Idaho
Place of Violence: Home ... Farm ... Industry ...
Public Place X While at work? ...
Means of injury Airplane accident

23. Attendant's OWN Signature Frank L Fletcher
FRANK L. FLETCHER, (M.D. Coroner) MC
and Address Gowen Fld, Idaho Date 10-5 19 44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

NOV 16 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140765
Local Reg. No. 193
Reg. Dist. No. 371

1. PLACE OF DEATH:
(a) County Ada
(b) City or town 15 miles east of Gowen Fld, Ida
(c) Street Address or R.F.D. No. ——
(d) Death Occured Inside? ... Outside? X ... city or town
(e) Died in a Home ... Hospital ... Institution ... Other place X
(f) Name Hosp. or Inst. —— Stayed —— days
(g) Lived in this county ... years 1 months 22 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State California (b) County ——
(c) City or town Hemet
(d) Street Address or R.F.D. No. Unknown
(e) Deceased lived Inside? X Outside? ... city or town
(f) Citizen of what country? USA
(g) How long had deceased lived in Idaho? 1 22/30 years Mo
(h) Former residence (city, state) Same as above

3. (a) FULL NAME SPEIR, Grady Lee T-129996 173

3. (b) If veteran, name war ——
3. (c) Social Security No. ——
4. Sex Male race White
5. Color or
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Jean K.
6. (c) Age of husband or wife if alive Unknown years
7. Date of Birth (Month, Day, Year) May 5, 1924

8. AGE	Years	Months	Days	If less than 1 day
	20	4	29	hrs min.

9. Exact Occupation Navigator Did this work for 2 10/30 Mo.
10. Industry or Business U. S. Army Date last worked 10-4-44
11. Birthplace Unknown (City or town) California (State or foreign country)

Father
12. Name Charley F. Speir
13. Birthplace Unknown (City or town) (State or foreign country)

Mother
14. Maiden name Unknown
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's **OWN** Signature Phillip C. Pedersen
and Address Gowen Field, Boise, Idaho

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Oct. 8, (Month) (Day) 1944 (Year)
(c) Place: Hemet California

18. Funeral Director's **OWN** Signature Ashcraft & Webb
and Address Boise Idaho

19. (a) 10-7-44 (Date received and filed) (b) R. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH
(Month, Day, Year) October 4 1944
at 8:52 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from —— 19—, to —— 19—
I last saw h— alive on —— 19—; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Compound fracture of both arms and Legs, Fracture of skull	Instantly
Incineration	
Due to Airplane accident	
Other conditions —— (Include pregnancy within 3 months of death)	
Where was disease contracted? ——	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation —— Date ——	
Major finding ——	
Finding of autopsy Same as above	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? X Suicide? ... Homicide? ...
Occurred October 4 1944 City, county, state where violence occurred Ada County, Idaho
Place of Violence: Home ... Farm ... Industry ...
Public Place ... X ... While at work? ...
Means of injury Airplane accident

23. Attendant's **OWN** Signature Frank L Fletcher
FRANK L. FLETCHER Major Med. Corps
and Address Gowen Fld, Idaho Date 10-5- 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

NOV 16 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140768
Local Reg. No. 194
Reg. Dist. No. 321

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town 15 miles east of Gowen Fld. Ida.
   (c) Street Address or R.F.D. No. ---
   (d) Death Occured Inside? ..... Outside? X city or town
   (e) Died in a Home.... Hospital.... Institution.... Other place X
   (f) Name Hosp. or Inst. -- Stayed -- days
   (g) Lived in this county ..... years 1 months 21 days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Indiana (b) County --
   (c) City or town Indianapolis
   (d) Street Address or R.F.D. No. 3403 Ralston Ave.
   (e) Deceased lived Inside? X Outside? ..... city or town
   (f) Citizen of what country? USA
   (g) How long had deceased lived in Idaho? 1 21/30 years Mo.
   (h) Former residence (city, state) Same as above

3. (a) **FULL NAME** HULSMANN, Frederic St George — O-828236 — 173

3. (b) If veteran, name war -- 3. (c) Social Security No. --

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mary Jane 6. (c) Age of husband or wife if alive Unknown years

7. Date of Birth (Month, Day, Year) March 23, 1924

8. AGE	Years	Months	Days	If less than 1 day
	20	6	12	hrs min.

9. Exact Occupation Pilot — Did this work for 5 20/30 Yrs Mo.
10. Industry or Business U. S. Army — Date last worked 10-4-44
11. Birthplace Brooklyn (City or town) New York (State or foreign country)

Father
12. Name Unknown
13. Birthplace Unknown (City or town) (State or foreign country)

Mother
14. Maiden name Unknown
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's **OWN** Signature Phillip C. Pederson
and Address Gowen Field, Boise, Idaho

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Oct 7 1944 (Month) (Day) (Year)
(c) Place Indianapolis, Indiana

18. Funeral Director's **OWN** Signature Clemens Webb
and Address Boise, Idaho

19. (a) 10-7-44 (Date received and filed) (b) R Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) October 4 1944
at 8:52 o'clock P. M.

21. **I HEREBY CERTIFY**, That I attended deceased from ---- 19--, to ---- 19--
I last saw h-- alive on -- 19--; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — Duration

Compound fracture of skull with evisceration of brains. Compound fracture of both femura, both lower legs & rt arm. Fracture of left humerus. DUE TO: Airplane — Instantly

Other conditions --- Accident
(Include pregnancy within 3 months of death)

Where was disease contracted? --
Name of operation -- Date
Major finding ---
Finding of autopsy Same as above.

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? X Suicide? Homicide?
Occurred October 4 1944 City, county, state where violence occurred Ada County, Idaho
Place of Violence: Home Farm Industry
Public Place X While at work? Yes
Means of injury Airplane accident

23. Attendant's **OWN** Signature Frank L Fletcher
FRANK L. FLETCHER, LT COL, (M.D. or other) M.C.
and Address Gowen Fld, Idaho Date 10-5 1944
(For additional space, use reverse side)

NOV 16 1944

1407674

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No.
Local Reg. No. 195
Reg. Dist. No. 371

1. PLACE OF DEATH:
(a) County Ada
(b) City or town 15 miles east of Gowen Fld, Ida
(c) Street Address or R.F.D. No. ---
(d) Death Occured Inside? Outside? X city or town
(e) Died in a Home Hospital Institution Other place X
(f) Name Hosp. or Inst. ------ Stayed days
(g) Lived in this county years 1 months 22 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Texas (b) County ---
(c) City or town Waco
(d) Street Address or R.F.D. No. 2229½ N 5th St
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? USA
(g) How long had deceased lived in Idaho 1 22/30 ~~yrs~~ Mo
(h) Former residence (city, state) Same as above

3. (a) **FULL NAME** KILLINGSWORTH, Peter R 18 242 777 173

3. (b) If veteran, name war ----
3. (c) Social Security No. -----
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife ------
6. (c) Age of husband or wife if alive ------ years
7. Date of Birth (Month, Day, Year) January 18, 1926

8. AGE	Years	Months	Days	If less than 1 day
	18	8	17	hrs min.

9. Exact Occupation Soldier Did this work for 10/12 yrs.
10. Industry or Business U. S. Army Date last worked 10-4-44
11. Birthplace Waco (City or town) Texas (State or foreign country)
Father
12. Name Ennis L Killingsworth
13. Birthplace Unknown (City or town) (State or foreign country)
Mother
14. Maiden name Jessie T (Unknown)
15. Birthplace Unknown (City or town) (State or foreign country)
16. Informant's **OWN** Signature Phillip C. Pedersen
and Address Gowen Fld, Boise, Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Oct 8/1944 (Month) (Day) (Year)
(c) Place: Waco, Texas
18. Funeral Director's **OWN** Signature O Sherwin Webb
and Address Boise Idaho
19. (a) 10-7-44 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) October 4 1944
at 8:52 o'clock P.M.
21. **I HEREBY CERTIFY,** That I attended deceased from ------ 19---, to ------ 19--
I last saw h-- alive on ------ 19--; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Compound Fracture of skull	Instantly
Compound fracture of both legs	and
~~Duxxx~~ arms,	
Partial incineration	
Due to Airplane accident	
Other conditions --- (Include pregnancy within 3 months of death)	
Where was disease contracted? ----	PHYISCIAN Underline the cause to which death should be charged statistically.
Name of operation ---- Date ---	
Major finding ------	
Finding of autopsy Same as above	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? X Suicide? Homicide?
Occurred October 4 1944 City, county, state where violence occurred Ada County, Idaho
Place of Violence: Home Farm Industry
Public Place X While at work?
Means of injury Airplane accident
23. Attendant's **OWN** Signature Frank L Fletcher
and Address Gowen Fld, Idaho Date 10-5 1944
FRANK L. FLETCHER, Lt Col MC
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

NOV 16 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140765
Local Reg. No. 314
Reg. Dist. No. 370

1. PLACE OF DEATH:
(a) County Ada
(b) City or town Boise
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? X Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. St. Alphonsus Stayed 60 days
(g) Lived in this county 0 years 2 months 0 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Jerome
(c) City or town Jerome
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? China
(g) How long had deceased lived in Idaho? 45 years
(h) Former residence (city, state) China

3. (a) FULL NAME LOUIE WO

1246

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race Yellow
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) 1876

8. AGE	Years	Months	Days	If less than 1 day
	68			hrs min.

9. Exact Occupation Resturant Prop. Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Canton, China (City or town) (State or foreign country)
Father
12. Name Way Gar
13. Birthplace China (City or town) (State or foreign country)
Mother
14. Maiden name Lee See
15. Birthplace China (City or town) (State or foreign country)
16. Informant's OWN Signature Louie Hung
and Address Boise, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/9/44 (Month) (Day) (Year)
(c) Place: Morris Hill cemetery
18. Funeral Director's OWN Signature Schreiber & McCann
and Address Boise Milford Dragoo
19. (a) 10-6-44 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Oct. 5, 1944
at 1-45 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from 8-23 1944, to Oct. 5 1944
I last saw him alive on Oct. 5 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cirosis of Liver	years
ascites	
Due to	
Due to	
Other conditions Nephritis (Include pregnancy within 3 months of death)	
Where was disease contracted? Jerome	PHYSICIAN
Name of operation aspirated Date 9-25	Underline the cause to which death should be charged statistically.
Major finding twice - 9.30	
Finding of autopsy none	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature S. O. P. Hamilton (M. D. or other)
and Address Boise Ida Date 10.6 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

NOV 16 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140769
Local Reg. No. 316
Reg. Dist. No. 370

1. **PLACE OF DEATH:**
(a) County Ada
(b) City or town Boise,
(c) Street Address or R.F.D. No. X
(d) Death Occured Inside? Yes Outside? ..... city or town
(e) Died in a Home.... Hospital X Institution.... Other place....
(f) Name Hosp. or Inst. St Lukes. Stayed 1 days
(g) Lived in this county 1 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho. (b) County Ada
(c) City or town Boise,
(d) Street Address or R.F.D. No. 1018. Leadville
(e) Deceased lived Inside? Yes Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 1 years
(h) Former residence (city, state) X

3. (a) **FULL NAME** Donna Darlene Robertson. 9

3. (b) If veteran, name war No.
3. (c) Social Security No. None.
4. Sex Female. 5. Color or race White.
6. (a) Single, widowed, married, divorced Single.
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) June. 30. 1943.

8. AGE	Years	Months	Days	If less than 1 day
	1.	3.	5.	hrs min.

9. Exact Occupation None. Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Nampa, Idaho. (City or town) (State or foreign country)
Father 12. Name Ernest Delbert Robertson.
13. Birthplace Shelley, Idaho. (City or town) (State or foreign country)
Mother 14. Maiden name Katherine Snow.
15. Birthplace Shelley, Idaho. (City or town) (State or foreign country)
16. Informant's **OWN** Signature Katherine Robertson
and Address 1018 Leadville Boise Idaho
17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof Oct. 9. 1944. (Month) (Day) (Year)
(c) Place: Morris Hill Cemetery.
18. Funeral Director's **OWN** Signature Summers Funeral Home. Clyde E Summers,
and Address Boise, Idaho.
19. (a) 10-9-44 (Date received and filed) (b) N. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Oct. 5 1944
at 7 30 o'clock a M.
21. **I HEREBY CERTIFY,** That I attended deceased from Oct 4 1944 to Oct 5 1944
I last saw her alive on Oct 4 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Ammition	
✓ Due to Whooping Cough	[illegible]
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation ..... Date	
Major finding	
Finding of autopsy	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature S W Forney MD (M. ~~D. or other~~)
and Address Boise Date ..... 19.....
(For additional space, use reverse side)

OCT 7 1944

NOV 16 1944

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 140770
Local Reg. No. 199
Reg. Dist. No. 31

1. **PLACE OF DEATH:**
(a) County Ada
(b) City or town Meridian
(c) Street Address or R. F. D. No. West Broadway
(d) Death Occurred Inside? ✓ Outside? ____ city or town
(e) Died in a Home ✓ Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 44 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Ada
(c) City or town Meridian
(d) Street Address or R. F. D. No. ____
(e) Deceased lived Inside? ✓ Outside? ____ city or town
(f) Citizen of what country? U S
(g) How long had deceased lived in Idaho? 44 years
(h) Former residence (city, state) ____

3. (a) **FULL NAME** Mary Matcham 50

3. (b) If veteran, name war ____
3. (c) Social Security No. ____
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Frank
6. (c) Age of husband or wife if alive 53 years
7. Date of Birth (Month, Day, Year) May 14 1894

8. AGE	Years	Months	Days	If less than 1 day
	50	4	22	hrs ____ min.

9. Exact Occupation Housewife — Did this work for 30 yrs.
10. Industry or Business ____ — Date last worked Aug 31 1944
11. Birthplace Castle Gate Utah (City or town) (State or foreign country)

Father
12. Name William Demand
13. Birthplace Bechlinghausen Germany (City or town) (State or foreign country)

Mother
14. Maiden name Hermina Schrey
15. Birthplace Bechlinghausen Germany (City or town) (State or foreign country)

16. Informant's **OWN** Signature Frank Matcham
and Address Meridian Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-9-44 (Month) (Day) (Year)
(c) Place: Meridian
18. Funeral Director's **OWN** Signature Kenneth McAlmiston
and Address Meridian Idaho
19. (a) 10-10-44 (Date received and filed) (b) D. Ekard (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Oct 6 1944
at 6 30 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from Oct 5 1944 to Oct 6 1944
I last saw her alive on Oct 6 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Carcinoma Lungs	2 yrs.
Due to	
Carcinoma Breast	4 yrs.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's **OWN** Signature V. C. Jewell M.D. (M. D. or other)
and Address Meridian Date Oct 7 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

NOV 16 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140771
Local Reg. No. 317
Reg. Dist. No. 370

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home.... Hospital X Institution.... Other place....
   (f) Name Hosp. or Inst. St. Lukes Stayed 11 days
   (g) Lived in this county ..... years ..... months 11 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Blaine
   (c) City or town Bellevue
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? X Outside? ..... city or town
   (f) Citizen of what country? U. S. A.
   (g) How long had deceased lived in Idaho? 50 years
   (h) Former residence (city, state) Missouri

3. (a) **FULL NAME** Andrew Jackson Thompson

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3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Nora L. Thompson
6. (c) Age of husband or wife if alive 74 years
7. Date of Birth (Month, Day, Year) Jan. 30, 1866

8. AGE	Years	Months	Days	If less than 1 day
	78	8	9	hrs min.

9. Exact Occupation Timberman Did this work for All his Life yrs.
10. Industry or Business Timber Date last worked 1940
11. Birthplace Forrest City, Missouri (City or town) (State or foreign country)

Father
12. Name George Thompson
13. Birthplace Missouri (City or town) (State or foreign country)

Mother
14. Maiden name Leah Hahn
15. Birthplace Unkown (City or town) (State or foreign country)

16. Informant's **OWN** Signature Chester E. Thompson
and Address Bellevue, Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 10/9/44 (Month) (Day) (Year)
(c) Place: Hailey, Idaho
18. Funeral Director's **OWN** Signature McBratney Funeral Home
and Address Boise, Idaho
19. (a) 10-9-44 (Date received and filed) (b) R. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) October 8 1944
at 6 30 o'clock p. M.
21. **I HEREBY CERTIFY,** That I attended deceased from Oct 1 1944, to Oct 9 1944
I last saw him alive on Oct 8 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Broncho-pneumonia	1 day
Due to Uremia	
Due to Bladder Neck Obstruction	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation None Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury

23. Attendant's **OWN** Signature J B Jeppesen (M. D. ~~or other~~)
and Address Boise Ida Date 10-9 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

NOV 16 1944

Non Resident

Certificate Of Death

STATE OF IDAHO

State File No. 140772
Local Reg. No. 285
Reg. Dist. No. 371

1. **PLACE OF DEATH:**
   (a) County Owyhee
   (b) City or town
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? Outside? X city or town
   (e) Died in a Home.... Hospital.... Institution.... Other place X
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county years months days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Iowa (b) County
   (c) City or town Breda
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? Outside? city or town
   (f) Citizen of what country?
   (g) How long had deceased lived in Idaho? 47 days years
   (h) Former residence (city, state)

3. (a) **FULL NAME** ORVAL B. DETERMAN

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3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) May 18 1920

8. AGE	Years	Months	Days	If less than 1 day
	24	4	18	hrs min.

9. Exact Occupation Soldier — Did this work for 9/12 yrs.
10. Industry or Business U. S. Army — Date last worked 10-8-44
11. Birthplace Breda, Iowa (City or town) (State or foreign country)

Father
12. Name Edward J Determan
13. Birthplace Breda, Iowa (City or town) (State or foreign country)

Mother
14. Maiden name Elizabeth M (unknown)
15. Birthplace Arcadia, Iowa (City or town) (State or foreign country)

16. Informant's **OWN** Signature Orval Determan
and Address MHAAF, Mtn Home, Idaho

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Oct 12 1944 (Month) (Day) (Year)
(c) Place: Breda, Iowa

18. Funeral Director's **OWN** Signature Sherrill Webb
and Address Boise, Idaho

19. (a) 10-12-44 (Date received and filed) (b) R. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 8 October 1944
at 1345 o'clock P M.

21. **I HEREBY CERTIFY**, That I attended deceased from ..... 19..... to ..... 19.....
I last saw h..... alive on ..... 19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — Duration

Fracture, skull. Fracture, humerus, radius, ulna, femora, tibiae, & fibulae. Wound, avulsive, groin. Crushing of chest. Dislocation shoulder, right. Evisceration, lung, right.

(Include pregnancy within 3 months of death)

Where was disease contracted?
Name of operation ..... Date .....
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Yes Suicide? Homicide?
Occurred 8 October 1944 City, county, state where violence occurred Owyhee County, Idaho
Place of Violence: Home Farm Industry
Public Place While at work? Yes
Means of injury Air-craft accident

23. Attendant's **OWN** Signature OSCAR S. SORENSEN, Capt., MC (M. D. or other)
and Address MHAAF Mtn Home Ida Date 10-10 1944
(For additional space, use reverse side)

NOV 16 1944

140773

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 140773
Local Reg. No. 200
Reg. Dist. No. 371

1. **PLACE OF DEATH:**
(a) County Ada
(b) City or town Meridian
(c) Street Address or R. F. D. No. East Idaho Ave
(d) Death Occurred Inside? ✓ Outside? ____ city or town
(e) Died in a Home ✓ Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 28 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho, (b) County Ada
(c) City or town Meridian
(d) Street Address or R. F. D. No. ____
(e) Deceased lived Inside? ✓ Outside? ____ city or town
(f) Citizen of what country? ____
(g) How long had deceased lived in Idaho? 28 years
(h) Former residence (city, state) ____

3. (a) **FULL NAME** John Anderson 922

3. (b) If veteran, name war ✓
3. (c) Social Security No. ____
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Annie
6. (c) Age of husband or wife if alive 86 years
7. Date of Birth (Month, Day, Year) October 19 1861

8. AGE	Years	Months	Days	If less than 1 day
	82	11	19	hrs ____ min. ____

9. Exact Occupation Farmer — Did this work for 50 yrs.
10. Industry or Business ____ — Date last worked 1936
11. Birthplace ____ (City or town) Sweden (State or foreign country)

Father
12. Name Ole Anderson
13. Birthplace ____ (City or town) Sweden (State or foreign country)

Mother
14. Maiden name Unknown
15. Birthplace ____ (City or town) ____ (State or foreign country)

16. Informant's **OWN** Signature Jennie Fulcher
and Address Kuna Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-10-44 (Month) (Day) (Year)
(c) Place: Morris Hill Boise
18. Funeral Director's **OWN** Signature Kenneth McEdmiston
and Address Meridian Idaho
19. (a) 10-10-44 (Date received and filed) (b) A. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Oct 8 1944
at 9 o'clock a M.

21. **I HEREBY CERTIFY,** That I attended deceased from Oct 1 1944 to Oct 8 1944
I last saw him alive on Oct 8 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Pulmonary Edema — Duration 1 wk
Due to Chronic Valvular Heart disease — Unknown
Due to ____
Other conditions ____ (Include pregnancy within 3 months of death)
Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19 ____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's **OWN** Signature R E Jewell (M. D. or other)
and Address Emmett Ida Date Oct 9 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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United States
Department of Commerce
Bureau of the Census

NOV 16 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140774
Local Reg. No. 201
Reg. Dist. No. 371

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise
   (c) Street Address or R.F.D. No. RFD No 4
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home X Hospital .... Institution .... Other place ....
   (f) Name Hosp. or Inst. ..... Stayed ..... days
   (g) Lived in this county 2 years 1 months 8 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Ada
   (c) City or town Boise
   (d) Street Address or R.F.D. No. RFD No 4
   (e) Deceased lived Inside? X Outside? ..... city or town
   (f) Citizen of what country? United States
   (g) How long had deceased lived in Idaho? 25 years
   (h) Former residence (city, state) Conway Springs, Kansas

3. (a) **FULL NAME** Charlotte R. Crewse

83a

3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife John E. Crewse
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) May 23, 1861

8. AGE	Years	Months	Days	If less than 1 day
	83	4	15	hrs min.

9. Exact Occupation Housewife — Did this work for ..... yrs.
10. Industry or Business — Date last worked
11. Birthplace Towanda (City or town) Kansas (State or foreign country)

Father
12. Name Pierson
13. Birthplace Unknown (City or town) (State or foreign country)

Mother
14. Maiden name Lydia Smith
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mrs Florence Zupp
and Address Route #4 Boise Ida

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 12, 1944 (Month) (Day) (Year)
(c) Place: Nampa, Idaho

18. Funeral Director's **OWN** Signature McBratney Funeral Home
and Address Boise, Idaho.

19. (a) 10-11-44 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Oct. 8 19 44
at 6 o'clock A M.

21. **I HEREBY CERTIFY**, That I attended deceased from Oct 5 19 44, to Oct 8 19 44
I last saw her alive on Oct 7 19 44 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Apoplexy	
Due to Pneumonia	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation ..... Date	
Major finding	
Finding of autopsy	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature A J Coates (M. D. or other)
and Address ..... Date ..... 19 .....
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

NOV 16 1944

Certificate Of Death

STATE OF IDAHO

Hollingsworth

State File No. 140775
Local Reg. No. 321
Reg. Dist. No. 370

1. **PLACE OF DEATH:**
(a) County Ada
(b) City or town Boise.
(c) Street Address or R.F.D. No. 410. Resseguie.
(d) Death Occured Inside? Yes Outside? ..... city or town
(e) Died in a Home X Hospital ..... Institution ..... Other place .....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 26 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho. (b) County Ada
(c) City or town Boise.
(d) Street Address or R.F.D. No. 410. Resseguie.
(e) Deceased lived Inside? Yes Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 26 years
(h) Former residence (city, state) Illinois.

3. (a) **FULL NAME** Jeannette Garland.

932

3. (b) If veteran, name war No.
3. (c) Social Security No. None.
4. Sex Female. 5. Color or race White.
6. (a) Single, widowed, married, divorced Widow.
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) March. 25. 1854.

8. AGE	Years	Months	Days	If less than 1 day
	90.	6.	14.	hrs min.

9. Exact Occupation At Home. Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Pine Creek Penn. (City or town) (State or foreign country)
Father 12. Name Joseph. M. Dyser.
13. Birthplace Penn. (City or town) (State or foreign country)
Mother 14. Maiden name Eliza Webb.
15. Birthplace Canton, Ohio. (City or town) (State or foreign country)
16. Informant's **OWN** Signature Edith G. Robinson
and Address 410 Resseguie St.
17. (a) Burial. (b) Date thereof Oct. 11. 1944. (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: Cloverdale Memorial Park.
18. Funeral Director's **OWN** Signature Summers Funeral Home. Clyde E. Summers
and Address Boise, Idaho.
19. (a) 10-12-44 (b) K. Sharp (Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) October 9 1944
at 1.25 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from 10-6 1944 to 10-9 1944
I last saw her alive on 10-8-44; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Hypertensive Heart disease	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation ..... Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature J. Hollingsworth (M. D. or other)
and Address Boise Idaho Date 10-11 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

NOV 16 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140776
Local Reg. No. 379
Reg. Dist. No. 370

1. **PLACE OF DEATH:**
(a) County Ada
(b) City or town Boise.
(c) Street Address or R.F.D. No. X
(d) Death Occured Inside? Yes Outside? ..... city or town
(e) Died in a Home .... Hospital X Institution .... Other place ....
(f) Name Hosp. or Inst. St Lukes. Stayed 3. days
(g) Lived in this county 43 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho. (b) County Ada
(c) City or town Boise.
(d) Street Address or R.F.D. No. 1522. N. 11.
(e) Deceased lived Inside? Yes Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 43 years
(h) Former residence (city, state) Montana.

3. (a) **FULL NAME** Joseph Edmund Chambard.

93 d

3. (b) If veteran, name war No.
3. (c) Social Security No. None.
4. Sex Male. 5. Color or race White.
6. (a) Single, widowed, married, divorced Widower.
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) March. 17. 1857.

8. AGE	Years	Months	Days	If less than 1 day
	87.	6.	22.	hrs min.

9. Exact Occupation Laborer. Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Galveston, Texas. (City or town) (State or foreign country)
Father
12. Name Eugene Chambard.
13. Birthplace France. (City or town) (State or foreign country)
Mother
14. Maiden name Catherine Conrad.
15. Birthplace Penn. (City or town) (State or foreign country)
16. Informant's **OWN** Signature Mrs T. B. Jackson
and Address 408 Idaho St Boise
17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof Oct. 11. 1944. (Month) (Day) (Year)
(c) Place: Cloverdale Memorial Park.
18. Funeral Director's **OWN** Signature Summers Funeral Home, Clyde E. Summers
and Address Boise, Idaho.
19. (a) 10-10-44 (Date received and filed) (b) N. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Oct 9 - 1944
at 10 o'clock a M.
21. **I HEREBY CERTIFY,** That I attended deceased from Oct 4 1944, to Oct 9 1944
I last saw him alive on Oct 9 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Myocarditis	
hypertension	
~~Due to~~ Prostatitis.	
Due to Senility	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation ..... Date	
Major finding	
Finding of autopsy	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature S W Forney MD (M. D. or other)
and Address Boise Date 10/10 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

NOV 16 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140777
Local Reg. No. 198
Reg. Dist. No. 371

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? ..... Outside? x city or town
   (e) Died in a Home.... Hospital x Institution.... Other place....
   (f) Name Hosp. or Inst. Co. Hospital Stayed 8 Mo. days
   (g) Lived in this county ..... years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Ada
   (c) City or town Boise
   (d) Street Address or R.F.D. No. 1
   (e) Deceased lived Inside? ..... Outside? x city or town
   (f) Citizen of what country? U. S. A.
   (g) How long had deceased lived in Idaho? All his Life years
   (h) Former residence (city, state)

3. (a) **FULL NAME** RAY MANUAL BLESSINGER

922

3. (b) If veteran, name war No
3. (c) Social Security No. 519-03-0966
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Snow Blessinger
6. (c) Age of husband or wife if alive 64 years
7. Date of Birth (Month, Day, Year) July 22, 1879

8. AGE	Years	Months	Days	If less than 1 day
	65	2	18	hrs min.

9. Exact Occupation Farmer — Did this work for All his Life yrs.
10. Industry or Business — Date last worked
11. Birthplace Boise, Idaho (City or town) (State or foreign country)

Father
12. Name Alexander Blessinger
13. Birthplace Penn. (City or town) (State or foreign country)

Mother
14. Maiden name Maria McClellan
15. Birthplace Illinois (City or town) (State or foreign country)

16. Informant's **OWN** Signature Myrle Blessinger, and Address R#1 Boise, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/13/44 (Month) (Day) (Year)
   (c) Place: Star, Idaho
18. Funeral Director's **OWN** Signature McBratney Funeral Home and Address Boise, Idaho
19. (a) 10-10-44 (Date received and filed) (b) R. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Oct 9 1944 at ..... o'clock F M.
21. **I HEREBY CERTIFY**, That I attended deceased from Jan 31 1944, to Oct 9 1944
I last saw him alive on Oct 7 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Myocarditis	
~~Due to~~ Endo Carditis	Many
Acute Arthritis	Years
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ..... Date .....
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury

23. Attendant's **OWN** Signature Sto Forney MD (M. D. or other)
and Address Boise Ida Date 10/10 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

NOV 16 1944

Certificate Of Death

STATE OF IDAHO

State File No. 14078
Local Reg. No. 202
Reg. Dist. No. 37

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? Outside? XX city or town
   (e) Died in a Home Hospital X Institution Other place
   (f) Name Hosp. or Inst. Vets. Admn. Stayed 3 days
   (g) Lived in this county years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Boise
   (c) City or town Placerville
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? Outside? city or town
   (f) Citizen of what country? USA
   (g) How long had deceased lived in Idaho? years
   (h) Former residence (city, state)

3. (a) **FULL NAME** MOSSO, Frank

126

3. (b) If veteran, name war World
3. (c) Social Security No. 519-12-9922
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) February 3, 1873

8. AGE	Years	Months	Days	If less than 1 day
	71	8	6	hrs min.

9. Exact Occupation Miner — Did this work for yrs.
10. Industry or Business — Date last worked 11-30-41
11. Birthplace Pennsylvania (City or town) (State or foreign country)

Father
12. Name Joseph Mosso
13. Birthplace Unknown (City or town) (State or foreign country)

Mother
14. Maiden name Sophia Doney
15. Birthplace Pennsylvania (City or town) (State or foreign country)

16. Informant's **OWN** Signature M.E. Dill
and Address Records, Veterans Administration Boise, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/12/44 (Month) (Day) (Year)
(c) Place: Boise, Idaho

18. Funeral Director's **OWN** Signature McBratney Funeral Home
and Address Boise, Idaho

19. (a) 10-11-44 (Date received and filed) (b) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) October 9, 1944
at 8:15 o'clock P. M.

21. **I HEREBY CERTIFY**, That I attended deceased from October 6, 1944, to October 9, 1944
I last saw him alive on October 9, 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Bronchopneumonia, terminal	Few Days
Associated with: Hepatitis, with obstructive jaundice	Chr.
Due to Stone in common bile duct	Since 1941
Other conditions General Arteriosclerosis. (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation None Date
Major finding
Finding of autopsy Confirm Above

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature Ralph E. Davis
RALPH E. DAVIS, Maj., M.C.
Acting Chief Medical Officer
and Address V.A.F., Boise, Ida. Date 10-10-1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

NOV 16 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140775
Local Reg. No. 204
Reg. Dist. No. 371

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? ..... Outside? X city or town
   (e) Died in a Home.... Hospital X Institution.... Other place....
   (f) Name Hosp. or Inst. County Stayed 4 days
   (g) Lived in this county ..... years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Ada
   (c) City or town Boise
   (d) Street Address or R.F.D. No. Grove St.
   (e) Deceased lived Inside? X Outside? ..... city or town
   (f) Citizen of what country? U. S. A.
   (g) How long had deceased lived in Idaho? 42 years
   (h) Former residence (city, state) Missouri

3. (a) **FULL NAME** JOSEPH BENJAMIN SHAW

932

3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Date of Birth (Month, Day, Year) April 2, 1866

8. AGE	Years	Months	Days	If less than 1 day
	78	6	7	— hrs — min.

9. Exact Occupation Laborer Did this work for ..... yrs.
10. Industry or Business ..... Date last worked 10 yrs.
11. Birthplace Unionville, Missouri (City or town) (State or foreign country)

Father
12. Name George Shaw
13. Birthplace Unknown (City or town) (State or foreign country)

Mother
14. Maiden name Unknown
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mrs Ralph Winn
and Address Box 21 Stibnite Ida
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 12, 1944 (Month) (Day) (Year)
(c) Place: Morris Hill Cemetery
18. Funeral Director's **OWN** Signature McBratney Funeral Home
and Address Boise, Idaho
19. (a) 10-12-44 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Oct 9 1944
at 7 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from Oct 1 1944 to Oct 9 1944
I last saw him alive on Oct 7 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Senility	
Due to Myocardial degeneration	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury
23. Attendant's **OWN** Signature S. W. Forney M.D. (M. D. or other)
and Address Boise Ida Date 10/11 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

NOV 1 5 1944

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 140760
Local Reg. No. 322
Reg. Dist. No. 370

1. **PLACE OF DEATH:**
(a) County Ada
(b) City or town Boise
(c) Street Address or R.F.D. No. 1st. & Bannock
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Home.... Hospital X Institution.... Other place....
(f) Name Hosp. or Inst. St. Lukes Stayed ..... days
(g) Lived in this county 2 years 6 months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Ada
(c) City or town Boise
(d) Street Address or R.F.D. No. 1905 N 10th
(e) Deceased lived Inside? X Outside? ..... city or town
(f) Citizen of what country? U.S.
(g) How long had deceased lived in Idaho? 2½ years
(h) Former residence (city, state) Salt Lake, Utah

3. (a) **FULL NAME** Barbara Porritt

186a

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced .....
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) July 12, 1941

8. AGE	Years	Months	Days	If less than 1 day
	3	2	28	hrs min.

9. Exact Occupation Child Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Salt Lake City, Utah (City or town) (State or foreign country)
Father
12. Name T. Orval Porritt
13. Birthplace Clifton, Idaho (City or town) (State or foreign country)
Mother
14. Maiden name Florence Brunker
15. Birthplace Vernal, Utah (City or town) (State or foreign country)
16. Informant's **OWN** Signature T. Orval Porritt
and Address 1905 N 10th, Boise, Ida.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 14, 1944 (Month) (Day) (Year)
(c) Place: Cloverdale
18. Funeral Director's **OWN** Signature O. Sherwin Webb
and Address Boise, Idaho
19. (a) 10-14-44 (Date received and filed) (b) R. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) October 10, 1944
at 6:40 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from 10-10 1944, to 10-10 1944
I last saw her alive on 10-10 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Fracture skull	3 hrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Decompression Date 10-10-44
Major finding Massed destruction Brain tissue
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ✓ Suicide? ..... Homicide? .....
Occurred 10-10 1944 City, county, state where violence occurred Boise Idaho
Place of Violence: Home ..... Farm ..... Industry .....
Public Place Church While at work? .....
Means of injury Fell down cellar steps
23. Attendant's **OWN** Signature Jerome Lyston M.D. (M. D. or other)
and Address Boise, Idaho Date 10-12 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

NOV 16 1944

Certificate Of Death

STATE OF IDAHO

State File No. 14078
Local Reg. No. 206
Reg. Dist. No. 371

1. PLACE OF DEATH:
(a) County Ada
(b) City or town Boise
(c) Street Address or R.F.D. No.
(d) Death Occured Inside?..... Outside?..XX..city or town
(e) Died in a Home.... Hospital.... Institution.... Other place....
(f) Name Hosp. or Inst. Vets. Admn. Stayed 42 days
(g) Lived in this county.....years.....months.....days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Lincoln
(c) City or town Dietrich
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside?.....Outside?.....city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho?.....years
(h) Former residence (city, state)

3. (a) FULL NAME LEITHEISER, Fred L.

94a

3. (b) If veteran, name war World
3. (c) Social Security No. 519-16-5798
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) May 20, 1886

8. AGE	Years	Months	Days	If less than 1 day
	58	4	21	hrs min.

9. Exact Occupation Fireman — Did this work for ..... yrs.
10. Industry or Business — Date last worked Unknown
11. Birthplace ..... (City or town) Iowa (State or foreign country)

Father
12. Name Martin LEITHEISER
13. Birthplace ..... (City or town) Wisconsin (State or foreign country)

Mother
14. Maiden name Sophia Schraeder
15. Birthplace ..... (City or town) Illinois (State or foreign country)

16. Informant's OWN Signature McGuire
and Address Records, Veterans Admn. Boise, Idaho

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Oct. 13, 1944 (Month) (Day) (Year)
(c) Place: Shoshone, Idaho

18. Funeral Director's OWN Signature W. McBratney
and Address McBratney Funeral Home Boise, Idaho

19. (a) 10-12-44 (Date received and filed) (b) K. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) October 10, 1944
at 12:40 o'clock P. M.

21. **I HEREBY CERTIFY**, That I attended deceased from August 29, 1944, to October 10, 1944
I last saw him alive on October 10, 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Coronary Heart Disease with Myocardial infarction	Since Aug. 26, 1944
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation None Date	
Major finding	
Finding of autopsy No autopsy	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident?..... Suicide?..... Homicide?.....
Occurred..... 19..... City, county, state where violence occurred
Place of Violence: Home.....Farm.....Industry.....
Public Place..... While at work?.....
Means of injury

23. Attendant's OWN Signature Ralph E. Davis
Acting Chief Medical Officer
and Address VAF, Boise, Idaho Date Oct. 10 1944
(For additional space, use reverse side)

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United States
Department of Commerce
Bureau of the Census

NOV 16 1944

Certificate Of Death

STATE OF IDAHO

State File No.
Local Reg. No. 207
Reg. Dist. No. 271

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? Outside? XX city or town
   (e) Died in a Home Hospital X Institution Other place
   (f) Name Hosp. or Inst. Vets. Admn. Stayed 188 days
   (g) Lived in this county years months days

   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State California (b) County
   (c) City or town San Francisco
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? Outside? city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? years
   (h) Former residence (city, state)

3. (a) **FULL NAME** CHRISTENSEN, Harry E.

3. (b) If veteran, name war WW II
3. (c) Social Security No. 546-16-2811
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Jan. 16, 1893

8. AGE	Years	Months	Days	If less than 1 day hrs	min.
	51	8	24		

9. Exact Occupation Barber — Did this work for yrs.
10. Industry or Business — Date last worked 12-28-43
11. Birthplace (City or town) California (State or foreign country)

Father
12. Name Chris Christensen
13. Birthplace (City or town) Denmark (State or foreign country)

Mother
14. Maiden name Helen Peterson
15. Birthplace (City or town) Denmark (State or foreign country)

16. Informant's **OWN** Signature M. C. Bull
and Address Records, Veterans Admn. Boise, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 14, 1944 (Month) (Day) (Year)
(c) Place: Morris Hill Cemetery

18. Funeral Director's **OWN** Signature McBratney Funeral Home
and Address Boise, Idaho

19. (a) 10-13-44 (Date received and filed) (b) R. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH**
(Month, Day, Year) October 10, 1944
at 12:40 o'clock P. M.

21. **I HEREBY CERTIFY**, That I attended deceased from Jan. 22, 1944, to October 10, 1944
I last saw him alive on Oct. 10, 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Syphilitic Heart Disease with Aortic Regurgitation, Aortitis,	
Due to Cardiac Enlargement, Myocardial Damage and Myocardial	
Due to Insufficiency	Unknown
Other conditions Neurosyphilis, Early (Include pregnancy within 3 months of death)	
Taboparesis	Unknown

Where was disease contracted?
Name of operation None Date
Major finding
Finding of autopsy No Autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature Ralph E. Davis
RALPH E. DAVIS, Maj. M.C.
Acting Chief Medical Officer
and Address VAF., Boise, Idaho Date Oct. 10, 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

NOV 16 1944

140763

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 140763
Local Reg. No. 209
Reg. Dist. No. 371

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Meridian
   (c) Street Address or R. F. D. No. W. 1st St.
   (d) Death Occurred Inside? ____ Outside? ____ city or town
   (e) Died in a Home ✓ Hospital ____ Institution ____ Other place ____
   (f) Name Hosp. or Inst. ____ Stayed ____ days
   (g) Lived in this county 25 years ____ months ____ days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Ada
   (c) City or town Meridian
   (d) Street Address or R. F. D. No. W 1st St.
   (e) Deceased lived Inside? ✓ Outside? ____ city or town
   (f) Citizen of what country? U S
   (g) How long had deceased lived in Idaho? 25 years
   (h) Former residence (city, state) ____

3. (a) **FULL NAME** Mary Smith 61

3. (b) If veteran, name war ____ 3. (c) Social Security No. ____

4. Sex F 5. Color or race M 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Wm S. 6. (c) Age of husband or wife if alive 78 years

7. Date of Birth (Month, Day, Year) Feb 23 1872

8. AGE	Years	Months	Days	If less than 1 day
	72	7	15	hrs ____ min.

9. Exact Occupation Housewife Did this work for 50 yrs.
10. Industry or Business ____ Date last worked Oct 1/1944
11. Birthplace ____ (City or town) Arkansas (State or foreign country)

Father
12. Name Gilliland
13. Birthplace unknown (City or town) (State or foreign country)

Mother
14. Maiden name unknown
15. Birthplace ____ (City or town) (State or foreign country)

16. Informant's **OWN** Signature Wm S Smith and Address Meridian, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-12-44 (Month) (Day) (Year)
    (c) Place: Meridian
18. Funeral Director's **OWN** Signature Kenneth M Robinson and Address Meridian Idaho
19. (a) 10-17-44 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Oct 10 1944 at 8 o'clock P.M.
21. **I HEREBY CERTIFY,** That I attended deceased from Jan 6 1944 to Oct 10 1944
    I last saw he/she alive on Oct 2 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Uremia	7 hrs.
Due to Chronic Nephritis	3 yrs.
Due to Senility	5 yrs.
Other conditions (Include pregnancy within 3 months of death) Diabetes Mellitus	1 yr.

Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
    Occurred ____ 19____ City, county, state where violence occurred ____
    Place of Violence: Home ____ Farm ____ Industry ____
    Public Place ____ While at work? ____
    Means of injury ____
23. Attendant's **OWN** Signature V E Jewell (M. D. or other)
    and Address Meridian Date Oct 11 1944

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

140754

United States
Department of Commerce
Bureau of the Census

NOV 1 6 1944

Certificate Of Death

STATE OF IDAHO

State File No.
Local Reg. No. 324
Reg. Dist. No. 370

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise
   (c) Street Address or R.F.D. No. Broadway
   (d) Death Occured Inside? X Outside? — city or town
   (e) Died in a Home.... Hospital.... Institution.... Other place....
   (f) Name Hosp. or Inst. — Stayed — days
   (g) Lived in this county 41 years — months — days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Ada
   (c) City or town Boise
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? X Outside? — city or town
   (f) Citizen of what country? U. S. A.
   (g) How long had deceased lived in Idaho? 41 years.
   (h) Former residence (city, state)

3. (a) **FULL NAME** JOHN WILLIAM TITUS

3. (b) If veteran, name war No
3. (c) Social Security No. 519-14-2714
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife XXXX
6. (c) Age of husband or wife if alive XXXX years
7. Date of Birth (Month, Day, Year) April 17, 1872

8. AGE	Years	Months	Days	If less than 1 day
	72	5	28	hrs min.

9. Exact Occupation Laborer — Did this work for ... yrs.
10. Industry or Business — Date last worked
11. Birthplace Menah Co., Nebraska (City or town) (State or foreign country)

Father
12. Name John S. Titus
13. Birthplace Providence R. I. (City or town) (State or foreign country)

Mother
14. Maiden name Nancy Jane Shuck
15. Birthplace Davenport, Iowa. (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mrs W. F. Watt.
and Address Boise, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/16/44 (Month) (Day) (Year)
(c) Place: Cloverdale Memorial Park, Boise, Idaho

18. Funeral Director's **OWN** Signature W. McBratney
and Address Boise, Idaho

19. (a) 10-16-44 (Date received and filed) (b) K. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Oct. 14 — 1944
at about 7:45 o'clock A. M.

21. **I HEREBY CERTIFY,** That ~~I attended deceased from ... 19 ... to ... 19 ...~~
~~I last saw h... alive on ... 19 ...~~; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Acute Heart Attack,	
Probably Coronary Occlusion.	
~~Due to~~ Died instantly while	
riding on a City Bus.	
Due to Nothing Else criminal	
~~Other conditions~~ nature found.	
~~(Include pregnancy within 3 months of death)~~	

Where was disease contracted? —
Name of operation — Date —
Major finding —
Finding of autopsy None
No Inquest

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature W. McBratney (M. D. or Coroner)
and Address Boise Date 10/14/44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Hallingsworth 140705

United States
Department of Commerce
Bureau of the Census

NOV 16 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140705
Local Reg. No. 325
Reg. Dist. No. 370

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise,
   (c) Street Address or R.F.D. No. 1319. Lewis,
   (d) Death Occured Inside? Yes Outside? ..... city or town
   (e) Died in a Home X Hospital .... Institution .... Other place ....
   (f) Name Hosp. or Inst. ..... Stayed ..... days
   (g) Lived in this county 10 years ..... months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho. (b) County Ada
   (c) City or town Boise,
   (d) Street Address or R.F.D. No. 1319. Lewis.
   (e) Deceased lived Inside? Yes Outside? ..... city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 10. years
   (h) Former residence (city, state) Iowa.

3. (a) **FULL NAME** Sarah Elisabeth Morris.

3. (b) If veteran, name war No.
3. (c) Social Security No. 519-12-9588
4. Sex Female 5. Color or race White.
6. (a) Single, widowed, married, divorced Divorced.
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) July. 2. 1912.

8. AGE	Years	Months	Days	If less than 1 day
	32.	3.	10.	hrs min.

9. Exact Occupation Mechanic. Did this work for ..... yrs.
10. Industry or Business Gowan Field. Date last worked .....
11. Birthplace Blockton, Iowa. (City or town) (State or foreign country)

Father
12. Name Carl. L. Flick.
13. Birthplace Iowa. (City or town) (State or foreign country)

Mother
14. Maiden name Lulu Scroggie.
15. Birthplace Iowa. (City or town) (State or foreign country)

16. Informant's **OWN** Signature Lulu M. Flick,
and Address 1319. Lewis St, Boise, Idaho.

17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof Oct. 16. 1944. (Month) (Day) (Year)
(c) Place: Cloverdale Memorial Park.

18. Funeral Director's **OWN** Signature Clyde E. Summers,
and Address Boise, Idaho.

19. (a) 10-18-44 (Date received and filed) (b) R. E. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 10-14 1944
at 10:30 o'clock P M.

21. **I HEREBY CERTIFY**, That I attended deceased from 10-14 1944, to 10-14 1944
I last saw her alive on 10-14 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Tuberculosis — pulmonary — Duration
Due to .....
Due to .....
Other conditions (Include pregnancy within 3 months of death)
Where was disease contracted?
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature J. Hallingsworth M.D. (M. D. or other)
and Address Boise, Idaho Date 10-17 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1407-6

United States
Department of Commerce NOV 16 1944
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 1407-6
Local Reg. No. 330
Reg. Dist. No. 370

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise
   (c) Street Address or R. F. D. No.
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home.... Hospital X Institution.... Other place....
   (f) Name Hosp. or Inst. St Lukes ..... Stayed 1 days
   (g) Lived in this county ..... years ..... months 1 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County
   (c) City or town Idaho City
   (d) Street Address or R.F.D. No. Gen Del.
   (e) Deceased lived Inside? X Outside? ..... city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? life years
   (h) Former residence (city, state) None

3. (a) **FULL NAME** Louise May Bass. 181

3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Date of Birth (Month, Day, Year) June 7-1934

8. AGE	Years	Months	Days	If less than 1 day hrs	min.
	10	4	8		

9. Exact Occupation School Girl Did this work for ..... yrs.
10. Industry or Business ..... Date last worked
11. Birthplace Nampa (City or town) Ida. (State or foreign country)

Mother
12. Name Mae Bass.
13. Birthplace Mo. (City or town) (State or foreign country)

Father
14. Maiden name Opal Beels.
15. Birthplace Calif. (City or town) (State or foreign country)

16. Informant's **OWN** Signature X Opal M. Bass
and Address Idaho City — Ida.
17. (a) Burial (Burial, cremation or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: Nampa, Kohlerlawn
18. Funeral Director's **OWN** Signature W. D. Talbot
and Address Nampa Ida
19. (a) 10-21-44 (Date received and filed) (b) R. Beale (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Oct 15 1944
at 8 — o'clock a. M.
21. **I HEREBY CERTIFY**, That I attended deceased from Oct 14 1944, to Oct 15 1944
I last saw her alive on Oct 14 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Agricultural Bureau of abuse 4/5 of Body	60 m
Due to sunfall	6 to 8 a.m.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? Boise County
Name of operation None Date
Major finding
Finding of autopsy None

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Yes Suicide? No Homicide? No
Occurred Oct 14 8 PM 1944 City, county, state where violence occurred Idaho City Idaho
Place of Violence: Home — Farm — Industry —
Public Place — While at work? —
Means of injury Clothing caught fire
23. Attendant's **OWN** Signature Frank Gleitsker (M. D. or other) Frank E. Brayton M.D.
and Address Boise Idaho Date 10/16 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

NOV 16 1944

Certificate Of Death

STATE OF IDAHO

State File No. 14078
Local Reg. No. 326
Reg. Dist. No. 370

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? X Outside? city or town
   (e) Died in a Home.... Hospital X Institution.... Other place
   (f) Name Hosp. or Inst. St. Alphonsus stayed 16 days
   (g) Lived in this county 8 years months days

   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Ada
   (c) City or town Boise
   (d) Street Address or R.F.D. No. 1309 N. 12th St.
   (e) Deceased lived Inside? X Outside? city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 8 years
   (h) Former residence (city, state) Tacoma, Wash.

3. (a) **FULL NAME** Donna Lambert

17 C.C.

3. (b) If veteran, name war -----
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) October 9, 1930

8. AGE	Years	Months	Days	If less than 1 day
	14	0	6	hrs min.

9. Exact Occupation At School — Did this work for ..... yrs.
10. Industry or Business — Date last worked .....
11. Birthplace Spokane, Washington (City or town) (State or foreign country)

Father
12. Name Bertram Lambert
13. Birthplace Unknown (City or town) (State or foreign country)

Mother
14. Maiden name Heloise McKinney
15. Birthplace Great Falls, Montana (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mrs Ralph Jesters
and Address Tacoma, Wash.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/18/44 (Month) (Day) (Year)
(c) Place: Cloverdale Memorial Park, Boise, Ida.
18. Funeral Director's **OWN** Signature McBratney Funeral Home
and Address Boise, Idaho
19. (a) 10-19-44 (Date received and filed) (b) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) October 15, 1944
at 2:45 o'clock P. M.

21. **I HEREBY CERTIFY**, That I attended deceased from Sept. 28 - 30 1944, to 10-15 1944
I last saw her alive on 10-15 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Respiratory failure	5 min
Due to Cardiac failure	48 hrs
Due to Fracture neck	18 days
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Laminectomy Date 10-1-44
Major finding Compression Spinal cord
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ✓ Suicide? Homicide?
Occurred 9-28 1944 City, county, state where violence occurred Canyon County
Place of Violence: Home Farm Industry
Public Place ✓ While at work?
Means of injury Auto accident

23. Attendant's **OWN** Signature [signature] M.D.
and Address Boise Ida. (M. D. or other) Date 10-19 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

NOV 16 1944

Certificate Of Death

STATE OF IDAHO

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State File No. 140788
Local Reg. No. 328
Reg. Dist. No. 370

1. PLACE OF DEATH:
(a) County Ada
(b) City or town Boise.
(c) Street Address or R.F.D. No. X
(d) Death Occured Inside? Yes Outside? ..... city or town
(e) Died in a Home .... Hospital X Institution .... Other place ....
(f) Name Hosp. or Inst. St Alphonsus Stayed 1. days
(g) Lived in this county 9 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho. (b) County Ada
(c) City or town Boise.
(d) Street Address or R.F.D. No. 1615. N. 20.
(e) Deceased lived Inside? Yes Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 9 years
(h) Former residence (city, state) Utah.

3. (a) FULL NAME Rena Paschal Earl.

1060

3. (b) If veteran, name war No.
3. (c) Social Security No. None.
4. Sex Female 5. Color or race White.
6. (a) Single, widowed, married, divorced Married.
6. (b) Name of husband or wife F.M. (Mickey)
6. (c) Age of husband or wife if alive 48 years
7. Date of Birth (Month, Day, Year) February. 25. 1894.

8. AGE	Years	Months	Days	If less than 1 day
	50.	7.	21.	hrs min.

9. Exact Occupation At Home. Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Columbia South Carolina. (City or town) (State or foreign country)
Father
12. Name William Newton Paschal.
13. Birthplace North Carolina. (City or town) (State or foreign country)
Mother
14. Maiden name Julia. O. Evans.
15. Birthplace South Carolina. (City or town) (State or foreign country)
16. Informant's OWN Signature [signature]
and Address 1615-No 20th Boise-Idaho
17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof Oct. 18. 1944. (Month) (Day) (Year)
(c) Place: Cloverdale Memorial Park.
18. Funeral Director's OWN Signature Summers Funeral Home. Clyde E. Summers
and Address Boise, Idaho.
19. (a) 10-19-44 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) October 16 1944
at 3:00 o'clock a M.
21. **I HEREBY CERTIFY,** That I attended deceased from Oct 12 1944, to Oct 16 1944
I last saw her alive on Oct 16 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Acute Dilatation of heart	1 day
Due to Bronchial asthma	4 days
Due to Bronchitis	5 days
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's OWN Signature Pascoe C. Ward (M. D. or other)
and Address Boise Ida Date 10-17 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

NOV 16 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140765
Local Reg. No. 327
Reg. Dist. No. 376

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? X Outside? city or town
   (e) Died in a Home Hospital X Institution Other place
   (f) Name Hosp. or Inst. St. Lukes Stayed 1 days
   (g) Lived in this county 1 years 4 months 26 days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Ada
   (c) City or town Eagle
   (d) Street Address or R.F.D. No. Route #1
   (e) Deceased lived Inside? Outside? X city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 1 years
   (h) Former residence (city, state)

3. (a) **FULL NAME** Kenneth Cecil Victory

74a

3. (b) If veteran, name war ------- 3. (c) Social Security No. None
4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) May 21, 1943

8. AGE	Years	Months	Days	If less than 1 day hrs	min.
	1	4	26		

9. Exact Occupation None Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Boise, Idaho (City or town) (State or foreign country)

Father
12. Name Oscar Arthur Victory
13. Birthplace Oklahoma (City or town) (State or foreign country)

Mother
14. Maiden name Caroline E. Harris
15. Birthplace Eagle, Idaho (City or town) (State or foreign country)

16. Informant's **OWN** Signature Kenneth Libby and Address Boise, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/20/44 (Month) (Day) (Year)
    (c) Place: Dry Creek Cemetery, Boise, Idaho
18. Funeral Director's **OWN** Signature McBratney Funeral Home and Address Boise, Idaho
19. (a) 10-19-44 (Date received and filed) (b) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) October 17, 1944 at 3.30 o'clock a M.
21. **I HEREBY CERTIFY**, That I attended deceased from Oct 14 1944, to Oct 17 1944
    I last saw him alive on Oct 16 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Leukemia	
Due to Unknown	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? Ada Co.
Name of operation None Date
Major finding
Finding of autopsy None

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? No Suicide? Homicide?
    Occurred 19 City, county, state where violence occurred
    Place of Violence: Home Farm Industry
    Public Place While at work?
    Means of injury
23. Attendant's **OWN** Signature J. M. Bradshaw M.D. (M. D. or other)
    and Address Boise Idaho Date Oct 19 1944
    (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

NOV 16 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140790
Local Reg. No. 329
Reg. Dist. No. 376

1. PLACE OF DEATH:
(a) County Ada
(b) City or town Boise.
(c) Street Address or R.F.D. No. X
(d) Death Occured Inside? Yes Outside? ..... city or town
(e) Died in a Home .... Hospital X Institution .... Other place ....
(f) Name Hosp. or Inst. St Alphonsus Stayed 1. days
(g) Lived in this county ..... years ..... months 1 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho. (b) County Canyon.
(c) City or town Nampa.
(d) Street Address or R.F.D. No. 2011. - 2 Nd Av South.
(e) Deceased lived Inside? Yes Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 4 years
(h) Former residence (city, state) Colorado.

3. (a) FULL NAME Henry Sherman Wilson.

169

3. (b) If veteran, name war No.
3. (c) Social Security No. 523-12-0560.
4. Sex Male. 5. Color or race White.
6. (a) Single, widowed, married, divorced Married.
6. (b) Name of husband or wife Wanda. G.
6. (c) Age of husband or wife if alive 22. years
7. Date of Birth (Month, Day, Year) May. 12. 1907.

8. AGE	Years	Months	Days	If less than 1 day
	37.	5.	6.	. hrs min.

9. Exact Occupation Railroad Brakeman. Did this work for ..... yrs.
10. Industry or Business Union Pacific R.R. Company. Date last worked
11. Birthplace Ava Missouri. (City or town) (State or foreign country)
Father 12. Name Frank Wilson.
13. Birthplace Tenn. (City or town) (State or foreign country)
Mother 14. Maiden name Margaret Robertson.
15. Birthplace Kentucky. (City or town) (State or foreign country)
16. Informant's OWN Signature Mrs Wanda Wilson
and Address 2011 2nd St South Nampa
17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof Oct. 23, 1944. (Month) (Day) (Year)
(c) Place: Cloverdale Memorial Park.
18. Funeral Director's OWN Signature Clyde E Summers Summers Funeral Home.
and Address Boise, Idaho.
19. (a) 10-21-44 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Oct. 18. 1944
at 4.30 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from Oct 18 1944, to ..... 19....
I last saw h..... alive on ..... 19....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Shock from Traumatic Amputation of both feet	8 hours
Due to	
Due to	
✓ Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation ..... Date	
Major finding	
Finding of autopsy	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ✓ Suicide? ..... Homicide? .....
Occurred Oct 18 1944 City, county, state where violence occurred Elmore County - Idaho
Place of Violence: Home ..... Farm ..... Industry ✓
Public Place ..... While at work? .....
Means of injury Railroad accident.
23. Attendant's OWN Signature [signature] MD. (M. D. or other)
and Address Boise Date 10/20 1944
(For additional space, use reverse side)

NOV 16 1944

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

Pettinger

State File No. 140791
Local Reg. No. 332
Reg. Dist. No. 370

1. PLACE OF DEATH:
(a) County Ada
(b) City or town Boise,
(c) Street Address or R.F.D. No. X
(d) Death Occured Inside? Yes Outside? ..... city or town
(e) Died in a Home .... Hospital X Institution .... Other place ....
(f) Name Hosp. or Inst. St Alphonsus Stayed 2. days
(g) Lived in this county ..... years ..... months 10 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho. (b) County Ada
(c) City or town Boise,
(d) Street Address or R.F.D. No. R.D. # 2.
(e) Deceased lived Inside? ..... Outside? Yes city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 3 years
(h) Former residence (city, state) Utah.

3. (a) FULL NAME Ferrel. D. Hathaway.

120a

3. (b) If veteran, name war No.
3. (c) Social Security No. None.
4. Sex Male.
5. Color or race White.
6. (a) Single, widowed, married, divorced Single.
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) December. 5. 1937.

8. AGE	Years	Months	Days	If less than 1 day
	6.	10.	14.	hrs min.

9. Exact Occupation Student. Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Bingham Canyon, Utah. (City or town) (State or foreign country)
Father
12. Name Jesse Smith Hathaway.
13. Birthplace Ely, Nevada. (City or town) (State or foreign country)
Mother
14. Maiden name Ida Mc Grew.
15. Birthplace Bedford, Wyoming. (City or town) (State or foreign country)
16. Informant's OWN Signature Jesse S Hathaway
and Address R F D #2 Boise Idaho
17. (a) Burial. (b) Date thereof Oct. 21. 1944. (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: Cloverdale Memorial Park.
18. Funeral Director's OWN Signature Clyde E Summers
and Address Boise, Idaho.
19. (a) 10-23-44 (b) N Sharp (Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 10-18- 1944
at midnight o'clock 12 P. M.
21. **I HEREBY CERTIFY**, That I attended deceased from 10-17-1944, to 10-18-1944
I last saw him alive on 10-18-1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Toxemia	
Due to Ileocolitis Ileocolitis	
Due to Cause unknown	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted? Idaho	
Name of operation — Date	
Major finding —	
Finding of autopsy Colitis + Illitis	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's OWN Signature Fred A Pettinger Jr (M. D. or other)
and Address Boise, Idaho Date 10-20 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

✓United States
Department of Commerce
Bureau of the Census

NOV 16 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140792
Local Reg. No. 331
Reg. Dist. No. 370

1. **PLACE OF DEATH:**
(a) County Ada
(b) City or town Boise
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? X Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. St. Lukes Stayed 1 days
(g) Lived in this county years months 1 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Ada
(c) City or town Boise
(d) Street Address or R.F.D. No. 2520 Jefferson
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? U. S. A.
(g) How long had deceased lived in Idaho? --- years
(h) Former residence (city, state) -----

3. (a) **FULL NAME** Infant Sappington 160C

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) October 19, 1944

8. AGE	Years	Months	Days	If less than 1 day
	0	0	0	✓ hrs min.

9. Exact Occupation None Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Boise, Idaho (City or town) (State or foreign country)
Father
12. Name Phillip L. Sappington
13. Birthplace Idaho Falls, Idaho (City or town) (State or foreign country)
Mother
14. Maiden name Mette E. Evans
15. Birthplace Samon, Idaho (City or town) (State or foreign country)
16. Informant's **OWN** Signature X Mrs P. R. Sappington
and Address 2520 Jefferson St. Boise, Ids
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/20/44 (Month) (Day) (Year)
(c) Place: Morris Hill Cemetery
18. Funeral Director's **OWN** Signature Schneiber + McCann
and Address Boise Milford Oregon
19. (a) 10-21-44 (Date received and filed) (b) R. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Oct 19 1944
at o'clock M.
21. **I HEREBY CERTIFY,** That I attended deceased from Oct 19 19, to 19
I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Premature birth - cause by premature separation of placenta - 7 months.	
Due to	
✓ Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature N. A. Koelsch MD. (M. D. or other)
and Address Boise Date 10-20 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

NOV 16 1944

Certificate Of Death

STATE OF IDAHO

State File No. 14075
Local Reg. No. 329
Reg. Dist. No. 370

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise,
   (c) Street Address or R. F. D. No. X
   (d) Death Occured Inside? Yes Outside? ....city or town
   (e) Died in a Home.... Hospital X Institution.... Other place....
   (f) Name Hosp. or Inst. St. Alphonsus Lived 2 days
   (g) Lived in this county.....years .....months 2 days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho. (b) County Ada
   (c) City or town Boise,
   (d) Street Address or R.F.D. No. 105. Peasley St
   (e) Deceased lived Inside?.....Outside? X....city or town
   (f) Citizen of what country? X
   (g) How long had deceased lived in Idaho? X....years
   (h) Former residence (city, state) X

3. (a) **FULL NAME** Infant Leininger. 161c.

3. (b) If veteran, name war No.
3. (c) Social Security No. None.
4. Sex Male. 5. Color or race White.
6. (a) Single, widowed, married, divorced Single.
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) October. 17. 1944.

8. AGE	Years	Months	Days	If less than 1 day
			2	hrs min.

9. Exact Occupation None. Did this work for ....yrs.
10. Industry or Business Date last worked
11. Birthplace Boise, Idaho. (City or town) (State or foreign country)

Father
12. Name George W. Leininger.
13. Birthplace Meridian, Idaho. (City or town) (State or foreign country)

Mother
14. Maiden name Dorothy Lucille Thompson.
15. Birthplace Burley, Idaho. (City or town) (State or foreign country)

16. Informant's **OWN** Signature George W. Leininger
and Address 105 Peasley St.

17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof Oct. 21. 1944. (Month) (Day) (Year)
(c) Place: Cloverdale Memorial Park.

18. Funeral Director's **OWN** Signature Clyde E. Summers
and Address Boise, Idaho.

19. (a) 10-25-44 (Date received and filed) (b) R. Shank (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) October. 19. 1944.
at 11.55. o'clock P. M.

21. **I HEREBY CERTIFY**, That I attended deceased from Oct 17 1944, to Oct 19 1944
I last saw him alive on Oct 19 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Erythroblastosis foetalis — Duration 48 hrs.
√ Due to
Due to
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?
Name of operation ..... Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred ..... 19..... City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature M. K. Jackson (M. D. or other)
and Address Boise Date 10-21 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

NOV 16 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140794
Local Reg. No. 334
Reg. Dist. No. 370

1. PLACE OF DEATH:
(a) County Ada
(b) City or town Boise
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? X Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. St. Lukes Stayed days
(g) Lived in this county 12 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Ada
(c) City or town Boise
(d) Street Address or R.F.D. No. 1220 Harrison Blvd
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 12 years
(h) Former residence (city, state) Texas

3. (a) FULL NAME Theodore Brown Houston

121

3. (b) If veteran, name war No
3. (c) Social Security No. 518-07-6128
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Frances
6. (c) Age of husband or wife if alive 35 years
7. Date of Birth (Month, Day, Year) August 30, 1903

8. AGE	Years	Months	Days	If less than 1 day
	41	1	20	hrs min.

9. Exact Occupation Lumber Business Did this work for all his life yrs.
10. Industry or Business Home Lumber Co. Date last worked 10/14/44
11. Birthplace Wichita, Kansas (City or town) (State or foreign country)
Father
12. Name Alexander Campbell Houston
13. Birthplace Galesburg, Ill. (City or town) (State or foreign country)
Mother
14. Maiden name Katharine Brown Hinman
15. Birthplace Wisconsin (City or town) (State or foreign country)
16. Informant's OWN Signature Ben H. Schermerhorn and Address Portland, Oregon
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/23/44 (Month) (Day) (Year)
(c) Place: Mausoleum, Morris Hill Cemetery
18. Funeral Director's OWN Signature McBratney Funeral Home and Address Boise, Idaho
19. (a) 10-24-44 (Date received and filed) (b) R. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) October 20 1944
at o'clock M.
21. **I HEREBY CERTIFY**, That I attended deceased from 10-[illegible]-1944, to 10-20-1944
I last saw him alive on 10-20 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death	Duration
Shock	
Due to Gangrenous appendix and peritonitis	2 days
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? Ontario Oregon
Name of operation Appendectomy Date 10-18-44
Major finding Gangrenous appendix
Finding of autopsy no pathology found.

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature A. B. Borch M.D. (M. D. or other)
and Address Boise, Idaho Date 10-24 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

NOV 16 1944

Certificate Of Death

STATE OF IDAHO

Harney 140795
State File No.
Local Reg. No. 337
Reg. Dist. No. 370

1. PLACE OF DEATH:
(a) County Ada
(b) City or town Boise,
(c) Street Address or R.F.D. No. X
(d) Death Occured Inside? Yes Outside? ....city or town
(e) Died in a Home.... Hospital X Institution.... Other place....
(f) Name Hosp. or Inst. St Lukes. Stayed 2 days
(g) Lived in this county 22 years 3 months 11 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho. (b) County Ada
(c) City or town Boise,
(d) Street Address or R.F.D. No. 1208. N. 12 th
(e) Deceased lived Inside? Yes Outside? ....city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 22 years
(h) Former residence (city, state) X

3. (a) FULL NAME Katharine Cornelia Sullivan. 1640

3. (b) If veteran, name war No.
3. (c) Social Security No.
4. Sex Female 5. Color or race White. 6. (a) Single, widowed, married, divorced Married.
6. (b) Name of husband or wife John. J.
6. (c) Age of husband or wife if alive 24. years
7. Date of Birth (Month, Day, Year) July. 9. 1922.

8. AGE	Years	Months	Days	If less than 1 day
	22.	3.	11.	hrs min.

9. Exact Occupation At Home. Did this work for ....yrs.
10. Industry or Business Date last worked
11. Birthplace Boise, Idaho. (City or town) (State or foreign country)
Father 12. Name Irving. W. Hart.
13. Birthplace Boise, Idaho. (City or town) (State or foreign country)
Mother 14. Maiden name Helen. L. Logan.
15. Birthplace Boise, Idaho. (City or town) (State or foreign country)
16. Informant's **OWN** Signature Helen Logan Hart
and Address 1208 N. 12th St.
17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof Oct. 23. 1944. (Month) (Day) (Year)
(c) Place: Morris Hill Cemetery.
18. Funeral Director's **OWN** Signature Clyde E. Summers
and Address Summers Funeral Home, Boise, Idaho.
19. (a) 10-24-44 (Date received and filed) (b) R. Clark (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Oct 20 19 44
at 5:55 o'clock a. M.
21. **I HEREBY CERTIFY**, That I attended deceased from Oct 18 1944 to Oct 20 1944
I last saw h. alive on Oct 20 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Hemmorhage & shock	48 hr.
Due to Stomach Perforation + Jej. Ileus resulting + Paralytic	
Due to Self inflicted gun shot wound	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? ....
Name of operation Exploratory Date 10/4/44
Major finding Stomach hemorrhage
Finding of autopsy 0

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? .... Suicide? Yes Homicide? ....
Occurred 1944 City, county, state where violence occurred Boise
Place of Violence: Home Yes Farm .... Industry ....
Public Place no While at work? no
Means of injury gun
23. Attendant's **OWN** Signature S. R. Formeyer M.D.
and Address Boise Ida (M. D. or other) Date 10-23 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

NOV 16 1944

Certificate Of Death

STATE OF IDAHO

Jefferson.

State File No. 140796
Local Reg. No. 336
Reg. Dist. No. 370

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise,
   (c) Street Address or R.F.D. No. X
   (d) Death Occured Inside? Yes Outside? ....city or town
   (e) Died in a Home.... Hospital. X Institution.... Other place....
   (f) Name Hosp. or Inst. St. Alphonsus Stayed 19. days
   (g) Lived in this county.....years .....months 19. days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho. (b) County Jerome.
   (c) City or town Jerome,
   (d) Street Address or R.F.D. No. No Street Address.
   (e) Deceased lived Inside? Yes Outside? ....city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 57 years
   (h) Former residence (city, state) Utah.

3. (a) **FULL NAME** Leon Carbet Casto

51 L.

3. (b) If veteran, name war No.
3. (c) Social Security No. No.
4. Sex Male. 5. Color or race White.
6. (a) Single, widowed, married, divorced Widower.
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) July. 22. 1866.

8. AGE	Years	Months	Days	If less than 1 day
	78.	2.	29.	hrs min.

9. Exact Occupation Farmer. Did this work for ....yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Utah. (City or town) (State or foreign country)

Father
12. Name John Casto.
13. Birthplace Iowa. (City or town) (State or foreign country)

Mother
14. Maiden name Mary Carbet
15. Birthplace Maine. (City or town) (State or foreign country)

16. Informant's **OWN** Signature Jack Casto
and Address Jerome Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 25. 1944 (Month) (Day) (Year)
(c) Place: Jerome, Idaho.

18. Funeral Director's **OWN** Signature Summers Funeral Home. Clyde E. Summers
and Address Boise, Idaho.

19. (a) 10-24-44 (Date received and filed) (b) R. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) October 21 1944
at 1632 o'clock p. M.

21. **I HEREBY CERTIFY**, That I attended deceased from Sept 1944, to death 19
I last saw him alive on Oct 21 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Carcinoma of Prostate	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation ..... Date	
Major finding	
Finding of autopsy	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident?..... Suicide?..... Homicide?.....
Occurred..... 19..... City, county, state where violence occurred .....
Place of Violence: Home..... Farm..... Industry.....
Public Place..... While at work?.....
Means of injury .....

23. Attendant's **OWN** Signature J B Jeppesen (M. D. or other)
and Address Boise Date Oct 23 1944

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

140797

United States
Department of Commerce
Bureau of the Census

NOV 16 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140797
Local Reg. No. 340
Reg. Dist. No. 370

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise
   (c) Street Address or R.F.D. No. 114 E. Idaho
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home X Hospital .... Institution .... Other place ....
   (f) Name Hosp. or Inst. ..... Stayed ..... days
   (g) Lived in this county 22 years ..... months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Ada
   (c) City or town Boise
   (d) Street Address or R.F.D. No. 114 E. Idaho
   (e) Deceased lived Inside? X Outside? ..... city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 23 years
   (h) Former residence (city, state) Oregon

3. (a) **FULL NAME** HAROLD BROADWELL SULLIVAN

3. (b) If veteran, name war No
3. (c) Social Security No. 519-01-8962
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Eleanor
6. (c) Age of husband or wife if alive 43 years
7. Date of Birth (Month, Day, Year) June 12, 1898

8. AGE	Years	Months	Days	If less than 1 day
	46	4	10	hrs ~~~ min.

9. Exact Occupation Asst. Purchasing Agent Did this work for 2 yrs.
10. Industry or Business M.K. Co. Date last worked 10/21/44
11. Birthplace Dayton (City or town) Ohio (State or foreign country)

Father
12. Name Charles F. Sullivan
13. Birthplace Ohio (City or town) (State or foreign country)

Mother
14. Maiden name Bertha Allen
15. Birthplace Ohio (City or town) (State or foreign country)

16. Informant's **OWN** Signature Herman Sullivan
and Address 1417 21st Boise Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/25/44 (Month) (Day) (Year)
(c) Place: Morris Hill Cemetery

18. Funeral Director's **OWN** Signature McBratney Funeral Home
and Address Boise, Idaho

19. (a) 10-25-44 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Oct. 22 19 44
at 1:30 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from [illegible] 19[illegible] to [illegible] 19[illegible] that I last saw deceased alive on [illegible] 19[illegible] and that death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Acute Heart attack.	
Probably coronary occlusion.	
~~Cause~~ Nothing of a criminal nature found.	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? ~~~
Name of operation ~~~ Date ~~~
Major finding ~~~
Finding of autopsy None
No inquest held

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature W. McBratney Coroner
Coroner of Ada County (M.D. or other)
and Address Boise, Idaho Date Oct 25 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce NOV 16 1944
Bureau of the Census

Certificate of Death

STATE OF IDAHO

State File No. 140798
Local Reg. No. 210
Reg. Dist. No. 371

1. PLACE OF DEATH:
(a) County Ada
(b) City or town Boise
(c) Street Address or R.F.D. No. ---
(d) Death Occured Inside? ..... Outside? XX city or town
(e) Died in a Home ... Hospital X Institution ... Other place
(f) Name Hosp. or Inst. Veterans Administration Stayed ..... days
(g) Lived in this county ..... years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Elmore
(c) City or town Gooding
(d) Street Address or R.F.D. No. .....
(e) Deceased lived Inside? X Outside? ..... city or town
(f) Citizen of what country? U. S. A.
(g) How long had deceased lived in Idaho? 35 years
(h) Former residence (city, state) .....

3. (a) **FULL NAME** GELSKEY, James

3. (b) If veteran, name war WW
3. (c) Social Security No. ----
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Helen Gelskey
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) April 25, 1896

8. AGE	Years	Months	Days	If less than 1 day
	48	5	28	hrs ..... min.

9. Exact Occupation Plumbing Foreman Did this work for ..... yrs.
10. Industry or Business Fed. Govt. Date last worked Jan. 7, 1943
11. Birthplace Minnesota (City or town) (State or foreign country)

Father
12. Name Peter GELSKEY
13. Birthplace Michigan (City or town) (State or foreign country)

Mother
14. Maiden name Anna LELINSKEY
15. Birthplace Pennsylvania (City or town) (State or foreign country)

16. Informant's **OWN** Signature W. L. Dull
and Address Records, Vets. Admn. Boise, Idaho
17. (a) Burial-Removal (Burial, cremation, or removal) (b) Date thereof 10/24/44 (Month) (Day) (Year)
(c) Place: Weiser, Idaho
18. Funeral Director's **OWN** Signature McBratney Funeral Home
and Address Boise, Idaho
19. (a) 10-24-44 (Date received and filed) (b) K Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH
(Month, Day, Year) October 22, 1944
at 3:10 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from October 7, 1944, to Oct. 22, 1944
I last saw him alive on Oct. 22, 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration
Heart Failure from Coronary Heart Disease with Old Anterior Myocardial Infarction and Marked Cardiac Enlargement with Bundle Branch Block — 35 Months
Due to
Other conditions Chronic Passive Congestion of the Liver with Fibrosis from Heart Disease
(Include pregnancy within 3 months of death)
Where was disease contracted?
Name of operation None Date
Major finding
Finding of autopsy Confirm Above

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature ARTHUR W. SCHULZ, Lt. Col., M.C. (M. D. or other)
and Address Boise, Idaho Date Oct. 23 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

NOV 16 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140739
Local Reg. No. 212
Reg. Dist. No. 371

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Eagle, Idaho
   (c) Street Address or R.F.D. No. R.F.D. # 1
   (d) Death Occured Inside? ..... Outside? X city or town
   (e) Died in a Home X Hospital ..... Institution ..... Other place .....
   (f) Name Hosp. or Inst. ..... Stayed ..... days
   (g) Lived in this county 14 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Ada
   (c) City or town Eagle Route # 1
   (d) Street Address or R.F.D. No. .....
   (e) Deceased lived Inside? ..... Outside? X city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 42 years
   (h) Former residence (city, state) Mo.

3. (a) **FULL NAME** Ursula Louisa Moore. 162 b.

3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) April 18, 1853

8. AGE	Years	Months	Days	If less than 1 day
	91	6	4	hrs min.

9. Exact Occupation Housewife — Did this work for All her life yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Pleasant Hope (City or town) Mo. (State or foreign country)

Father
12. Name Johnathan Barr
13. Birthplace ..... (City or town) Ga. (State or foreign country)

Mother
14. Maiden name Mary Brandon
15. Birthplace ..... (City or town) Ga. (State or foreign country)

16. Informant's OWN Signature Ted M Moore
and Address Eagle R1 Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 27, 1944 (Month) (Day) (Year)
(c) Place: Meridian Cemetery
18. Funeral Director's OWN Signature McBratney Funeral Home
and Address Boise, Idaho
19. (a) 10-27-44 (Date received and filed) (b) K Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Oct. 22 1944
at 11:00 o'clock P.M.
21. **I HEREBY CERTIFY,** ~~[illegible]~~; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Senility. Nothing of a criminal nature found.	
~~[illegible]~~ No Medical Doctor in attendance.	
Other conditions ~~(Include pregnancy within 3 months of death)~~	

Where was disease contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy None
No inquest held

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's OWN Signature McBratney
Ada County Coroner (~~XXX~~ or other)
and Address Boise, Idaho Date Oct. 26 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

NOV 16 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140800
Local Reg. No. 345
Reg. Dist. No. 370

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? X Outside? city or town
   (e) Died in a Home — Hospital — Institution — Other place On Street
   (f) Name Hosp. or Inst. — Stayed — days
   (g) Lived in this county Unknown years — months — days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Ada
   (c) City or town Boise
   (d) Street Address or R.F.D. No. 1304 Jeff. St.
   (e) Deceased lived Inside? X Outside? — city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 14 years
   (h) Former residence (city, state) Unknown

3. (a) **FULL NAME** CAREY W. SHULTERS 9da.

3. (b) If veteran, name war
3. (c) Social Security No. 518-07-5507
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Date of Birth (Month, Day, Year) January 31, 1888

8. AGE	Years	Months	Days	If less than 1 day
	56	8	22	— hrs — min.

9. Exact Occupation Storekeeper Did this work for 2½ yrs.
10. Industry or Business U.S. Government Date last worked 10/5/44
11. Birthplace Ellington, New York (City or town) (State or foreign country)
Father
12. Name Unknown
13. Birthplace (City or town) (State or foreign country)
Mother
14. Maiden name Unknown
15. Birthplace (City or town) (State or foreign country)
16. Informant's OWN Signature Wm McBratney and Address Boise Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/30/44 (Month) (Day) (Year)
(c) Place: Morris Hill Cemetery
18. Funeral Director's OWN Signature McBratney Funeral Home and Address Ninth & State St., Boise, Ida.
19. (a) 10-31-44 (Date received and filed) (b) N. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) October 22 1944 at 4:45 o'clock P. M.
21. **I HEREBY CERTIFY**, That ~~I attended deceased from — 19 —, to — 19 —~~ ~~I last saw-h alive on — 19 —~~; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Acute Heart attack	
Probably Coronary Occlusion	
Due to	
Nothing of a Criminal nature	
~~Due to~~ found	
Other conditions (Include pregnancy within 3 months of death)	
Died while driving Auto on Boise Street	

Where was disease contracted? —
Name of operation — Date —
Major finding —
Finding of autopsy None
No Inquest

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide? Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature W McBratney Coroner of Ada County (M. D. or other) and Address Boise Idaho Date 10/30 1944
(For additional space, use reverse side)

Swindell

United States
Department of Commerce
Bureau of the Census

NOV 16 1944

Certificate Of Death

STATE OF IDAHO

State File No. 14U801
Local Reg. No. 344
Reg. Dist. No. 370

1. PLACE OF DEATH:
(a) County Ada
(b) City or town Boise
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? X Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. St. Lukes Stayed days
(g) Lived in this county years 4 months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County ?
(c) City or town Hunt
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? U. S. A.
(g) How long had deceased lived in Idaho? 1½ years
(h) Former residence (city, state) Washington

3. (a) **FULL NAME** MAY NUMOTO

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race Yellow
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Cano
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) May 1, 1917

8. AGE	Years	Months	Days	If less than 1 day
	27	5	22	hrs min.

9. Exact Occupation Housewife Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Tacoma, Washington (City or town) (State or foreign country)
Father
12. Name Tsugio Yoguchi
13. Birthplace Japan (City or town) (State or foreign country)
Mother
14. Maiden name Unknown
15. Birthplace Japan (City or town) (State or foreign country)
16. Informant's OWN Signature Cano Numoto
and Address Y. M. C. A. Boise, Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 10/29/1944 (Month) (Day) (Year)
(c) Place: Spokane Wash:
18. Funeral Director's OWN Signature Schreiber & McCann
and Address Boise Milford Dragoo
19. (a) 10-28-44 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 10-23 1944
at 9:45 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from 6-19 1944, to 10-23 1944
I last saw her alive on 10-23 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Lupus Erythematosis Disseminata	about 8 mo
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy none	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature O. F. Swindell M. D. (M. D. or other)
and Address Boise Ida. Date 10-24 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Wahl NOV 16 1944

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 14085
Local Reg. No. 341
Reg. Dist. No. 370

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise
   (c) Street Address or R.F.D. No. 1010 Hays St.
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home X Hospital ... Institution ... Other place ...
   (f) Name Hosp. or Inst. ..... Stayed ..... days
   (g) Lived in this county 33 years ..... months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Ada
   (c) City or town Boise
   (d) Street Address or R.F.D. No. 1010 Hays St.
   (e) Deceased lived Inside? X Outside? ..... city or town
   (f) Citizen of what country? U. S. A.
   (g) How long had deceased lived in Idaho? 33 years
   (h) Former residence (city, state) Canada

3. (a) **FULL NAME** Mary Ann Murphy

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3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Peter L.
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) July 11, 1863

8. AGE	Years	Months	Days	If less than 1 day
	81	3	13	hrs ... min.

9. Exact Occupation Housewife — Did this work for ..... yrs.
10. Industry or Business ..... — Date last worked .....
11. Birthplace Prince Edwards Island, Canada (City or town) (State or foreign country)

Father
12. Name John McCarvill
13. Birthplace Ireland (City or town) (State or foreign country)

Mother
14. Maiden name Mary Goodwin
15. Birthplace Ireland (City or town) (State or foreign country)

16. Informant's **OWN** Signature X Peter L Murphy
and Address 1010 Hays St. Boise, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/27/1944 (Month) (Day) (Year)
(c) Place: St. John's Boise, Idaho

18. Funeral Director's **OWN** Signature Schreiber & McGann
and Address Boise Milford Dukes

19. (a) 10-26-44 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 10/24/44 19...
at 9 o'clock A M.

21. **I HEREBY CERTIFY**, That I attended deceased from Aug 1944, to above date 19...
I last saw her alive on Oct 21 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
General Senility + Exhaustion	
✓ Due to arteriosclerosis	
Due to	
Other conditions Possible Cerebral Hemorrhage (Include pregnancy within 3 months of death)	

Where was disease contracted? At Home
Name of operation None Date .....
Major finding .....
Finding of autopsy None

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature G. H. Wahl M.D. (M. D. or other)
and Address 515 Eastman Bldg Boise Idaho Date 10/24 1944
(For additional space, use reverse side)

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NOV 16 1944

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 140813
Local Reg. No. 335
Reg. Dist. No. 370

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home.... Hospital X Institution.... Other place....
   (f) Name Hosp. or Inst. St. Lukes Stayed 14 days
   (g) Lived in this county 28 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Ada
   (c) City or town / Boise
   (d) Street Address or R.F.D. No. Boise, Idaho
   (e) Deceased lived Inside? X Outside? ..... city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? All her life years
   (h) Former residence (city, state)

3. (a) **FULL NAME** NETTIE OLIVE KENT

46g

3. (b) If veteran, name war No
3. (c) Social Security No.
4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive 39 years
7. Date of Birth (Month, Day, Year) Sept. 8, 1903

8. AGE	Years	Months	Days	If less than 1 day
	41	1	16	hrs min.

9. Exact Occupation Sec. of Temple & Labor Union Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Falks Store, Idaho (City or town) (State or foreign country)

Father
12. Name James Marion Green
13. Birthplace Oregon (City or town) (State or foreign country)

Mother
14. Maiden name Myrtle Green
15. Birthplace Oregon (City or town) (State or foreign country)

16. Informant's **OWN** Signature D C Harrison
and Address Boise Idaho R 3
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 26, 1944 (Month) (Day) (Year)
(c) Place: Morris Hill Cemetery
18. Funeral Director's **OWN** Signature McBratney Funeral Home
and Address Boise, Idaho
19. (a) 10-24-44 (Date received and filed) (b) R Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) October 24 1944
at 12:45 o'clock A.M.
21. **I HEREBY CERTIFY,** That I attended deceased from Oct 8 1944, to Oct 24 1944.
I last saw her alive on Oct 24 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Ca. of Pancreas ? Duration
Due to Questionable
Due to
Other conditions
(Include pregnancy within 3 months of death)
Where was disease contracted?
Name of operation ..... Date .....
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury
23. Attendant's **OWN** Signature Harold T. Nokes M.D. (M. D. or other)
and Address Boise Date 10-24 1944.
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

NOV 1 1944

140854

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 140854
Local Reg. No. 211
Reg. Dist. No. 371

1. **PLACE OF DEATH:**
(a) County Ada
(b) City or town Meridian
(c) Street Address or R. F. D. No. 1
(d) Death Occurred Inside? ____ Outside? C city or town
(e) Died in a Home ✓ Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 25 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Ada
(c) City or town Meridian
(d) Street Address or R. F. D. No. 1
(e) Deceased lived Inside? ____ Outside? C city or town
(f) Citizen of what country? U.S.
(g) How long had deceased lived in Idaho? 39 years
(h) Former residence (city, state) ____

3. (a) **FULL NAME** Albert J. Duffus

3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lillian
6. (c) Age of husband or wife if alive 66 years
7. Date of Birth (Month, Day, Year) July 5, 1864

8. AGE	Years	Months	Days	If less than 1 day
	80	3	19	hrs ____ min.

9. Exact Occupation Farmer — Did this work for 50 yrs.
10. Industry or Business ____ Date last worked 1940
11. Birthplace Grunell, Iowa (City or town) (State or foreign country)

Father
12. Name Alexander Duffus
13. Birthplace Aberdeen Scotland (City or town) (State or foreign country)

Mother
14. Maiden name Elizabeth (Unknown)
15. Birthplace Aberdeen, Scotland (City or town) (State or foreign country)

16. Informant's **OWN** Signature Lillie Duffus
and Address Meridian, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-26-44. (Month) (Day) (Year)
(c) Place: Cloverdale
18. Funeral Director's **OWN** Signature Kenneth M. Edmiston
and Address Meridian Idaho.
19. (a) 10-31-44 (Date received and filed) (b) ____ (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Oct 24 1944
at Sup o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from June 1 1935, to Oct 24 1944
I last saw him alive on Oct 20 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Pulmonary Edema	1 mo.
Due to Mitral Stenosis with Myocarditis	6 yrs.
Due to	
Other conditions Hypertension (Include pregnancy within 3 months of death)	9 years

Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's **OWN** Signature C. C. Jewell M.D.
(M. D. or other)
and Address Meridian Date Oct 25 1944
(For additional space, use reverse side)

P-Parkinson

United States
Department of Commerce
Bureau of the Census

NOV 16 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140805
Local Reg. No. 343
Reg. Dist. No. 370

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise.
   (c) Street Address or R.F.D. No. X
   (d) Death Occured Inside? Yes Outside? ..... city or town
   (e) Died in a Home.... Hospital X Institution.... Other place....
   (f) Name Hosp. or Inst. St Alphonsus Stayed 1. days
   (g) Lived in this county 55 years ..... months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho. (b) County Ada
   (c) City or town Boise.
   (d) Street Address or R.F.D. No. 219. Cleveland
   (e) Deceased lived Inside? ..... Outside? Yes city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 55 years
   (h) Former residence (city, state) Arkansas.

3. (a) **FULL NAME** Preston Greek Snyder. 83a

3. (b) If veteran, name war No.
3. (c) Social Security No. None.
4. Sex Male. 5. Color or race White. 6. (a) Single, widowed, married, divorced Married.
6. (b) Name of husband or wife Emma. B. Snyder. 6. (c) Age of husband or wife if alive 59. years
7. Date of Birth (Month, Day, Year) January. 30. 1880.

8. AGE	Years	Months	Days	If less than 1 day
	64.	8.	25.	hrs ..... min.

9. Exact Occupation Blacksmith. Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Berrysville Arkansas. (City or town) (State or foreign country)

Father
12. Name Samuel Snyder.
13. Birthplace Tenn. (City or town) (State or foreign country)

Mother
14. Maiden name Frances Anderson.
15. Birthplace Arkansas. (City or town) (State or foreign country)

16. Informant's **OWN** Signature Clifford M. Snyder
and Address 2411 W. Wallace, Boise

17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof Oct. 27. 1944. (Month) (Day) (Year)
(c) Place: Morris Hill Cemetery.

18. Funeral Director's **OWN** Signature Summers Funeral Home. Clyde E. Summers
and Address Boise, Idaho.

19. (a) 10-27-44 (Date received and filed) (b) ..... (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 10-25 1944
at 8:30 o'clock P M.

21. **I HEREBY CERTIFY**, That I attended deceased from 10-24 1944, to 10-25 1944
I last saw him alive on ..... 19....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebral Hemmorhage	7 hrs
Due to Hypertension	yrs.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature C. A. Parkinson M.D. (M. D. or other)
and Address ..... Date ..... 19.....
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

NOV 16 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140806
Local Reg. No. 213
Reg. Dist. No. 371

1. PLACE OF DEATH:
(a) County Ada
(b) City or town Boise.
(c) Street Address or R.F.D. No. 825. Vista Ave
(d) Death Occured Inside? ..... Outside? Yes city or town
(e) Died in a Home.... Hospital X Institution.... Other place....
(f) Name Hosp. or Inst. Vista Clinic Stayed 2 days
(g) Lived in this county 3 years 3 months 22 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho. (b) County Ada
(c) City or town Boise.
(d) Street Address or R.F.D. No. 1722. Manitou.
(e) Deceased lived Inside? Yes Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 3 years
(h) Former residence (city, state) X

3. (a) FULL NAME James Earl Naugle.

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3. (b) If veteran, name war No.
3. (c) Social Security No. None.
4. Sex Male. 5. Color or race White.
6. (a) Single, widowed, married, divorced Single.
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) July. 3. 1941.

8. AGE	Years	Months	Days	If less than 1 day
	3.	3.	22.	hrs min.

9. Exact Occupation None. Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Boise, Idaho. (City or town) (State or foreign country)
Father
12. Name Delbert Floyd Naugle.
13. Birthplace Park Rapids Minnesotta. (City or town) (State or foreign country)
Mother
14. Maiden name Hazel Olive Wingate.
15. Birthplace Boise, Idaho. (City or town) (State or foreign country)
16. Informant's OWN Signature Delbert F. Naugle
and Address 1722 Manitou, Boise
17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof Oct. 28. 1944. (Month) (Day) (Year)
(c) Place: Meridian Cemetery.
18. Funeral Director's OWN Signature Clyde E. Summers, Summers Funeral Home,
and Address Boise, Idaho.
19. (a) 10-28-44 (Date received and filed) (b) R. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 10 - 26 - 1944
at 1 o'clock P M.
21. **I HEREBY CERTIFY**, That I attended deceased from 10 - 24 1944 to 10 - 26 1944
I last saw him alive on 10 - 26 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Br. Ammonia	
Due to Ether Anesthetic	
Due to Appendectomy	
Other conditions / (Include pregnancy within 3 months of death)	

Where was disease contracted? Appendectomy
Name of operation Appendectomy Date 9-25
Major finding /
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's OWN Signature [signature] (M. D. or other)
and Address Boise Ida. Date 10-27 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

NOV 16 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140897
Local Reg. No. 214
Reg. Dist. No. 371

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise
   (c) Street Address or R.F.D. No. 1617 Gourley Ave.
   (d) Death Occured Inside? ..... Outside? X city or town
   (e) Died in a Home Y Hospital.... Institution.... Other place....
   (f) Name Hosp. or Inst..... Stayed.....days
   (g) Lived in this county 21 years .....months .....days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Ada
   (c) City or town Boise
   (d) Street Address or R.F.D. No. 1617 Gourley Ave
   (e) Deceased lived Inside? ..... Outside? X city or town
   (f) Citizen of what country? U.S.
   (g) How long had deceased lived in Idaho? 21 years
   (h) Former residence (city, state) Salt Lake City

3. (a) **FULL NAME** Dorothy Anna Barraclough

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) Oct. 16, 1913

8. AGE	Years	Months	Days	If less than 1 day
	31	0	11	hrs min.

9. Exact Occupation Invalid Did this work for .....yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Salt Lake City, Utah (City or town) (State or foreign country)

Father
12. Name Theodore Barraclough
13. Birthplace England (City or town) (State or foreign country)

Mother
14. Maiden name Esther Armstrong
15. Birthplace New Zealand (City or town) (State or foreign country)

16. Informant's **OWN** Signature Esther Barraclough and Address 1617 Gourley Ave., Boise
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 30, 1944 (Month) (Day) (Year)
    (c) Place: Cloverdale
18. Funeral Director's **OWN** Signature Ashcraft Wyeth and Address Boise, Idaho
19. (a) 10-31-44 (Date received and filed) (b) R. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Oct. 27 1944 at 11:30 o'clock P M.
21. **I HEREBY CERTIFY**, That I attended deceased from Oct 27 1944 to Oct 27 1944
    I last saw h[illegible] alive on Oct 27 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Pulmonary	10-26-44
Due to —	
✓ Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
    Occurred ..... 19..... City, county, state where violence occurred .....
    Place of Violence: Home..... Farm..... Industry.....
    Public Place..... While at work? .....
    Means of injury .....
23. Attendant's **OWN** Signature Gerald T. McKenna (M. D. or other)
    and Address Boise, Date 10-31-1944
    (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

140803

United States
Department of Commerce
Bureau of the Census

MAY 16 1944

Certificate Of Death

STATE OF IDAHO

State File No.
Local Reg. No. 346
Reg. Dist. No. 370

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise, Idaho
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? X Outside? city or town
   (e) Died in a Home.... Hospital X Institution.... Other place....
   (f) Name Hosp. or Inst. St. Alphonsus Stayed 26 days
   (g) Lived in this county 3 years months days

   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Ada
   (c) City or town Boise
   (d) Street Address or R.F.D. No. 2305 Overland Rd.
   (e) Deceased lived Inside? Outside? X city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 3 years
   (h) Former residence (city, state) Missouri

3. (a) **FULL NAME** ALBERT LEE MUMFORD

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3. (b) If veteran, name war No
3. (c) Social Security No. 519-20-2253
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Dora Mae
6. (c) Age of husband or wife if alive 45 years
7. Date of Birth (Month, Day, Year) March 11, 1886

8. AGE	Years	Months	Days	If less than 1 day
	58	7	18	hrs min.

9. Exact Occupation Farmer — Did this work for All his Life yrs.
10. Industry or Business Farming — Date last worked About Jan. 5, 1944
11. Birthplace Macon County, Missouri (City or town) (State or foreign country)

Father
12. Name Joseph R. Mumford
13. Birthplace Missouri (City or town) (State or foreign country)

Mother
14. Maiden name Martha Schmeid
15. Birthplace Ohio (City or town) (State or foreign country)

16. Informant's **OWN** Signature Dora Mae Mumford
and Address 2305 Overland Road, Boise

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 1, 1944 (Month) (Day) (Year)
(c) Place: Morris Hill Cemetery

18. Funeral Director's **OWN** Signature McBratney Funeral Home
and Address Ninth & State Sts., Boise, Ida.

19. (a) 10-31-44 (Date received and filed) (b) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) October 29 19 44
at 9:45 o'clock P. M.

21. **I HEREBY CERTIFY**, That I attended deceased from 10-3-1944, to 10-29 1944
I last saw him alive on 10-29 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Pulmonary Tuberculosis	2yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature O. F. Swindell M. D. (M. D. or other)
and Address Boise, Idaho Date 10-31 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

NOV 16 1944

Certificate Of Death

STATE OF IDAHO

State File No. 14059
Local Reg. No. 347
Reg. Dist. No. 376

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise,
   (c) Street Address or R.F.D. No. X
   (d) Death Occured Inside? Yes Outside? ....city or town
   (e) Died in a Home.... Hospital X Institution.... Other place....
   (f) Name Hosp. or Inst. St. Alphonsus Stayed 3 days
   (g) Lived in this county 30 years ....months ....days

   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho. (b) County Ada
   (c) City or town Boise,
   (d) Street Address or R.F.D. No. 1006 ½ Main.
   (e) Deceased lived Inside? Yes Outside? ....city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 30 years
   (h) Former residence (city, state) Nevada.

3. (a) **FULL NAME** Frank. E. French.

93e

3. (b) If veteran, name war No.
3. (c) Social Security No. 519-14-3523
4. Sex Male. 5. Color or race White.
6. (a) Single, widowed, married, divorced Divorced.
6. (b) Name of husband or wife ....
6. (c) Age of husband or wife if alive .... years
7. Date of Birth (Month, Day, Year) August. 31. 1865.

8. AGE	Years	Months	Days	If less than 1 day
	79.	1.	28.	hrs min.

9. Exact Occupation Miner. Did this work for ....yrs.
10. Industry or Business .... Date last worked ....
11. Birthplace Idaho City, Idaho. (City or town) (State or foreign country)

Father
12. Name Richard. G. French.
13. Birthplace New Hampshire. (City or town) (State or foreign country)

Mother
14. Maiden name Ann Large.
15. Birthplace Dublin, Ireland. (City or town) (State or foreign country)

16. Informant's **OWN** Signature Clyde E. Summers.
and Address 1205. Bannock Street, Boise,

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 2. 1944. (Month) (Day) (Year)
(c) Place: Morris Hill Cemetery.

18. Funeral Director's **OWN** Signature Summers Funeral Home. Clyde E. Summers
and Address Boise, Idaho.

19. (a) 11-1-44 (Date received and filed) (b) .... (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) October 29 1944
at 3.00 o'clock P M.

21. **I HEREBY CERTIFY**, That I attended deceased from Oct. 23 1944, to Oct 29 1944
I last saw h~~im~~ alive on Oct 29 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Hypostatic	
Due to Senility	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation .... Date	
Major finding	
Finding of autopsy	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? .... Suicide? .... Homicide? ....
Occurred .... 19.... City, county, state where violence occurred ....
Place of Violence: Home .... Farm .... Industry ....
Public Place .... While at work? ....
Means of injury ....

23. Attendant's **OWN** Signature Louise Ward (M. D. or other)
and Address Boise - Ida Date 10-3/1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

NOV 16 1944

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

Flowery

State File No. 140810
Local Reg. No. 215
Reg. Dist. No. 371

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise.
   (c) Street Address or R.F.D. No. R.D. # 2.
   (d) Death Occured Inside? ..... Outside? Yes city or town
   (e) Died in a Home.... Hospital X Institution.... Other place....
   (f) Name Hosp. or Inst. Ada County Stayed 10 days
   (g) Lived in this county 36 years ..... months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho. (b) County Ada
   (c) City or town Boise.
   (d) Street Address or R.F.D. No. 1907. N. 14.
   (e) Deceased lived Inside? Yes Outside? ..... city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 36 years
   (h) Former residence (city, state) Mississippi.

3. (a) **FULL NAME** Charlotte. B. Thompson.

45 d

3. (b) If veteran, name war No.
3. (c) Social Security No. None.
4. Sex Female 5. Color or race Black.
6. (a) Single, widowed, married, divorced Widow.
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) October. 28. 1892.

8. AGE	Years	Months	Days	If less than 1 day
	52.	0.	1.	hrs ..... min.

9. Exact Occupation At Home. Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Vicksburg, Mississippi. (City or town) (State or foreign country)

Father
12. Name Walter Singleton.
13. Birthplace Yazoo, Miss. (City or town) (State or foreign country)

Mother
14. Maiden name Julia Wright.
15. Birthplace Vicksburk, Mississippi. (City or town) (State or foreign country)

16. Informant's **OWN** Signature [signature] and Address 1814. N. 15 St. Boise, Idaho.
17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof Nov. 1. 1944. (Month) (Day) (Year)
(c) Place: Morris Hill Cemetery
18. Funeral Director's **OWN** Signature Clyde E. Summers, and Address Boise, Idaho.
19. (a) 11-3-44 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Oct 30 19 44
at 7 o'clock A. M.

21. **I HEREBY CERTIFY**, That I attended deceased from Oct 14 19 44 to Oct 30 19 44
I last saw her alive on Oct 24 19 44; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Carcinoma	
✓ Due to Maxilla	2 yr
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation ..... Date	
Major finding	
Finding of autopsy	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature S. F. Flowery M.D. (M. D. or other)
and Address Boise Date Nov 1 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

140811

United States Department of Commerce
Bureau of the Census

NOV 16 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140811
Local Reg. No. 348
Reg. Dist. No. 370

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise
   (c) Street Address or R.F.D. No. 412 State
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home .... Hospital X Institution .... Other place ....
   (f) Name Hosp. or Inst. St. Alphonsis Stayed ..... days
   (g) Lived in this county 8 years ..... months ..... days

   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Ada
   (c) City or town Boise
   (d) Street Address or R.F.D. No. 2605 Regan
   (e) Deceased lived Inside? X Outside? ..... city or town
   (f) Citizen of what country? U.S.
   (g) How long had deceased lived in Idaho? 25 years
   (h) Former residence (city, state) .....

3. (a) **FULL NAME** Jessie J. Earnest

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) June -10- 1871

8. AGE	Years	Months	Days	If less than 1 day
	73	4	20	hrs min.

9. Exact Occupation Miner — Did this work for ..... yrs.
10. Industry or Business ..... Date last worked 1928
11. Birthplace Tuscalousa, Alabama (City or town) (State or foreign country)

Father
12. Name Not known
13. Birthplace ..... (City or town) (State or foreign country)

Mother
14. Maiden name Not known
15. Birthplace ..... (City or town) (State or foreign country)

16. Informant's **OWN** Signature Bernece E. Lippy
and Address 2605 Regan ave, Boise

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 2, 1944 (Month) (Day) (Year)
(c) Place: Hagerman

18. Funeral Director's **OWN** Signature [illegible]
and Address Boise, Idaho

19. (a) 11-1-44 (Date received and filed) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Oct. 30 19 44
at 9:40 o'clock A. M.

21. **I HEREBY CERTIFY**, That I attended deceased from Oct 28, 1944, to Oct 30 1944
I last saw h.. alive on Oct 30 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Broncho Pneumonia	5 da.
Due to	
✓ Due to	
Other conditions Arteriosclerosis (Include pregnancy within 3 months of death)	?
Heart disease	

Where was disease contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature O. J. Swindell M. D. (M. D. or other)
and Address Boise Date Oct 31 1944
(For additional space, use reverse side)

UNDERTAKER'S STATEMENT AND AFFIDAVIT

1. Relative to the death of Jesse James Earnest
(Give full name; do not use initials)

2. When did deceased die? Oct. (Month) 30 (Day) 1944 (Year)

3. Age inscribed on burial casket? June (Month) 10 (Day) 1871 (Year)

4. Were there any identifying scars or deformities? No

5. Solely from your examination and/or observation of the remains what caused death?

6. Are you related to deceased? No If so, what relation?

7. How long have you known deceased? Did not know him

8. Do you know positively that the remains were those of the person described as the Insured in the Policy mentioned?

Yes

Signed at Boise State of Idaho

this 24 day of Nov. 1944

1944 - 10 - 30
1871 6 10

4 - 30

Oct 27 1995

AUG 7 1989

Sexton or Undertaker

507 Idaho St. Boise Ida
(Address)

140812

United States
Department of Commerce
Bureau of the Census NOV 8 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 408
Reg. Dist. No. 300

1. **PLACE OF DEATH:**
(a) County Adams
(b) City or town Council
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside X Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. Comunity Stayed 35 days
(g) Lived in this county 0 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Adams
(c) City or town Mesa
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Outside? X city or town
(f) Citizen of what country? U S
(g) How long had deceased lived in Idaho? 31 years
(h) Former residence (city, state)

3. (a) FULL NAME Marvin Edward Kilborn 13/a

3. (b) If veteran, name war no
3. (c) Social Security No. 519-03-4048
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) May 30 1913

8. AGE	Years	Months	Days	If less than 1 day
	31	4	1	hrs min.

9. Exact Occupation Laborer — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace Midvale (City or town) Idaho (State or foreign country)

Father
12. Name Cyrus Marvin Kilborn
13. Birthplace Midvale (City or town) Idaho (State or foreign country)

Mother
14. Maiden name Mary Etta Morris
15. Birthplace Illinois (City or town) (State or foreign country)

16. Informant's OWN Signature Mary Etta Kilborn
and Address Mesa Ida

17. (a) Buried (Burial, cremation, or removal) (b) Date thereof 10 3 44 (Month) (Day) (Year)
(c) Place: Midvale

18. Funeral Director's OWN Signature J. A. Hudelson
and Address Cambridge Ida

19. (a) 11/7/44 (Date received and filed) (b) Registrar's signature

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 10-1-44 19
at 5:30 o'clock P. M.

21. **I HEREBY CERTIFY,** That I attended deceased from 1932 19, to 10-1-44 19
I last saw h alive on 10-1-44; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — Duration

Acute Hepatitis 2
Due to Pneumonia + Influenza 1 wks
Due to Chronic Interstitial Nephritis 2 days
Other conditions
(Include pregnancy within 3 months of death)

Where was disease contracted? Ida
Name of operation 0 Date
Major finding 0
Finding of autopsy 0

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? 0 Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's OWN Signature Glenn Hunter MD
and Address Council Ida (M. D. or other) Date 10/1/44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

NOV 8 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 140813
Local Reg. No. 409
Reg. Dist. No. 30

1. **PLACE OF DEATH:**
(a) County Adams
(b) City or town Council
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. Comunity Stayed 4 days
(g) Lived in this county 44 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Adams
(c) City or town Council
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? U S
(g) How long had deceased lived in Idaho? 44 years
(h) Former residence (city, state)

3. (a) FULL NAME Minnie Isabelle Phipps 125 b

3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex Female
5. Color or race
6. (a) Single, widowed, married, divorced Widdow
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) May 19 1866

8. AGE	Years	Months	Days	If less than 1 day
	78	4	24	hrs min.

9. Exact Occupation Houswife Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Rushvill Indianna (City or town) (State or foreign country)
Father
12. Name Solaman F Heatheo
13. Birthplace South Corlina (City or town) (State or foreign country)
Mother
14. Maiden name Elizabeth Murphy
15. Birthplace Unknown (City or town) (State or foreign country)
16. Informant's OWN Signature [signature]
and Address Council Ida.
17. (a) Buried (Burial, cremation, or removal) (b) Date thereof 10 4 44 (Month) (Day) (Year)
(c) Place: Cotton Wood
18. Funeral Director's OWN Signature J A Hudelson
and Address Cambridge Idaho
19. (a) 10/3/44 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 10-3-44 19
at 12:30 o'clock am M.
21. **I HEREBY CERTIFY,** That I attended deceased from Sept 15 — 1944, to 10-3 1944
I last saw her alive on 10-2 — 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Acute Hepatitis	4 days
Due to Secondary infection	
✓ Due to Hypertension	6 yrs
Other conditions Senility	
(Include pregnancy within 3 months of death)	

Where was disease contracted? Home
Name of operation 0 Date
Major finding 0
Finding of autopsy 0

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? 0 Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature [signature] (M. D. or other)
and Address Council Ida Date 10/3 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

140814

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 410
Reg. Dist. No. 300

NOV 8 1944

1. PLACE OF DEATH:
(a) County Adams
(b) City or town Council
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? x Outside? city or town
(e) Died in a Home Hospital x Institution Other place
(f) Name Hosp. or Inst. Comunity Stayed 14 days
(g) Lived in this county years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Washing
(c) City or town Weiser
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Outside? x city or town
(f) Citizen of what country? U S
(g) How long had deceased lived in Idaho? 34 years
(h) Former residence (city, state)

3. (a) FULL NAME Maude Ella Parrent 127a

3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Maried
6. (b) Name of husband or wife Harry Parrent
6. (c) Age of husband or wife if alive 59 years
7. Date of Birth (Month, Day, Year) Feb 17 1894

8. AGE	Years	Months	Days	If less than 1 day
	50	8	7	hrs min.

9. Exact Occupation Houswife Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Moscow Idaho (City or town) (State or foreign country)
Father
12. Name S L Tripplett
13. Birthplace North Corlinia (City or town) (State or foreign country)
Mother
14. Maiden name Viola Maxwell
15. Birthplace Oregan (City or town) (State or foreign country)
16. Informant's OWN Signature Harry B. Parrent
and Address Ordnance, Oregon
17. (a) Buried (Burial, cremation, or removal) (b) Date thereof 10-28-44 (Month) (Day) (Year)
(c) Place: Riggins
18. Funeral Director's OWN Signature [illegible]
and Address Cambridge Ida
19. (a) [illegible] (Date received and filed) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) October 24 1944
at 7:25 o'clock P. M.
21. I HEREBY CERTIFY, That I attended deceased from Mar. 11 1944, to Oct. 24 1944
I last saw her alive on Oct. 24 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Coronary Thrombosis	Instant death
Due to Hypertension Heart disease	10 yrs
✓ Due to Hypertension	10 yrs
Other conditions (Include pregnancy within 3 months of death) Chron Cholecystitis	5 yr

Where was disease contracted?
Name of operation Cholecystitis Date 10/20/44
Major finding Chr Gall Bladder disease
Finding of autopsy 0

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature [illegible] (M. D. or other)
and Address Council Ida Date 10/27 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce NOV 8 1944
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 140815
Local Reg. No. 411
Reg. Dist. No. 300

1. **PLACE OF DEATH:**
(a) County Adams
(b) City or town Council
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. Comunity Stayed 1 days
(g) Lived in this county 24 years months 1 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Washington
(c) City or town Cambridge
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Outside? X city or town
(f) Citizen of what country? U S
(g) How long had deceased lived in Idaho? 24 years
(h) Former residence (city, state) Oregan

3. (a) **FULL NAME** James V Powell 162-b

3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex Male
5. Color or race Amr
6. (a) Single, widowed, married, divorced Widdower
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Oct 1 1854

8. AGE	Years	Months	Days	If less than 1 day
	90	[illegible]	27	hrs min.

9. Exact Occupation Laborer Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Richmond Verginia (City or town) (State or foreign country)
Father
12. Name Richard Powell
13. Birthplace Unknown (City or town) (State or foreign country)
Mother
14. Maiden name Elizabh Voughn
15. Birthplace Unknown (City or town) (State or foreign country)
16. Informant's OWN Signature Alice Fruitts Bumgarner
and Address Cambridge Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-29-44 (Month) (Day) (Year)
(c) Place: Cambridge
18. Funeral Director's OWN Signature J A Hudson
and Address Cambridge Ida
19. (a) 11/1/44 (Date received and filed) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) October 27 1944
at 1:30 o'clock A. M.
21. **I HEREBY CERTIFY,** That I attended deceased from June 1942 to Oct. 26 1944
I last saw him alive on Oct. 26 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Senility	Yrs
Due to	
✓	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature [illegible] (M. D. or other)
and Address Date 11/1 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

NOV 8 1944

CERTIFICATE OF DEATH

STATE OF IDAHO

State File No. 140816
Local Reg. No. 412
Reg. Dist. No. 3

1. PLACE OF DEATH:

(a) County Adams
(b) City or town Council
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 20 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)

(a) State Idaho (b) County Adams
(c) City or town Council
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) If foreign born, in U. S. yrs. Citizen of U. S.? Yes
(g) How long had deceased lived in Idaho? 64 years
(h) Former residence (city, state)

3. (a) **FULL NAME** Rowena Hays Martin

93d

3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex Female
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Charles
6 (c) Age of husband or wife if alive 75 years
7. Date of Birth (Month, Day, Year) September 25, 1880

8. AGE	Years	Months	Days	If less than 1 day
	64	-	5	hrs min.

9. Exact Occupation Housewife Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Silver City, (City or town) Idaho (State or foreign country)

Father
12. Name Charles Marshall Hays
13. Birthplace (City or town) U. S. (State or foreign country)

Mother
14. Maiden name Rebecca Louise Dye
15. Birthplace (City or town) California (State or foreign country)

16. Informant's **OWN** Signature [signature]
and Address Portland, Oregon
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/1/44 (Month) (Day) (Year)
(c) Place: Council, Idaho
18. Funeral Director's **OWN** Signature [signature]
and Address Cambridge, Idaho
19. (a) 10/31/44 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) October 30 1944
at 1:00 o'clock a. M.
21. **I HEREBY CERTIFY,** That I attended deceased from Oct 29 1944, to Oct 30 1944
I last saw her alive on Oct 29 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Coronary Thrombosis	Instant
✓ Due to	death
Myocarditis	4 yrs
Due to	
Other conditions Arthritis (Include pregnancy within 3 months of death)	2 yrs

Where was disease first contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature [signature] (M. D. or other)
and Address Date 10/31 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census OCT 12 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140817
Local Reg. No. 215
Reg. Dist. No. 511

1. **PLACE OF DEATH:**
(a) County Bannock
(b) City or town Pocatello
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? ✓ Outside? city or town
(e) Died in a Home Hospital ✓ Institution Other place
(f) Name Hosp. or Inst. St. Anthony Stayed days
(g) Lived in this county years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Bannock
(c) City or town Pocatello
(d) Street Address or R.F.D. No. N. of Poc
(e) Deceased lived Inside? ✓ Outside? ✓ city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? ✓ years
(h) Former residence (city, state) ✓

3. (a) **FULL NAME** Sharon Lee Denny 159

3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive ✓ years
7. Date of Birth (Month, Day, Year) Sept. 2, 1944

8. AGE	Years	Months	Days	If less than 1 day
	0	0	0	3 hrs min.

9. Exact Occupation none Did this work for yrs.
10. Industry or Business Date last worked ✓
11. Birthplace Pocatello Idaho (City or town) (State or foreign country)
Father
12. Name Jacob Denny
13. Birthplace Ashton Idaho (City or town) (State or foreign country)
Mother
14. Maiden name June Jensen
15. Birthplace Pocatello, Id. (City or town) (State or foreign country)
16. Informant's **OWN** Signature Jake S. Denny
and Address R.F.D. #1
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 9-5-'44 (Month) (Day) (Year)
(c) Place: Mountainview
18. Funeral Director's **OWN** Signature Byron B. Downard
and Address Pocatello Idaho
19. (a) 9-5-44 (Date received and filed) (b) D C Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Sept. 2 1944
at 6 o'clock P M.
21. **I HEREBY CERTIFY**, That I attended deceased from 9/2/9 am 1944, to 9/2/3 pm 1944
I last saw him alive on 9/2 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Paralysis	
Due to 6 Mosping	
✓ Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature [signature] (M. D. or other)
and Address Pocatello Date 9/5 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 36-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census OCT 12 1944

Certificate Of Death

STATE OF IDAHO

State File No. 14081
Local Reg. No. 221
Reg. Dist. No. 5-10

1. **PLACE OF DEATH:**
   (a) County Bannock
   (b) City or town Pocatello
   (c) Street Address or ~~XXXXX~~ No. No. 7th Ave
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home .... Hospital X. Institution .... Other place ....
   (f) Name Hosp. or Inst. St. Anthonys ..... stayed ..... days
   (g) Lived in this county 0 years 0 months 0 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Bannock
   (c) City or town Pocatello
   (d) Street Address or R.F.D. No. .....
   (e) Deceased lived Inside? X Outside? ..... city or town
   (f) Citizen of what country? U. S. A.
   (g) How long had deceased lived in Idaho? 0 years
   (h) Former residence (city, state) -----

3. (a) **FULL NAME** KATHY JO DUNLAVA 160c

3. (b) If veteran, name war ---
3. (c) Social Security No. ---
4. Sex femal
5. Color or race white
6. (a) Single, widowed, married, divorced infant
6. (b) Name of husband or wife ---
6. (c) Age of husband or wife if alive ----- years
7. Date of Birth (Month, Day, Year) September 12, 1944

8. AGE	Years	Months	Days	If less than 1 day
	0	0	0	12 hrs 0 min.

9. Exact Occupation ---- Did this work for -- yrs.
10. Industry or Business ----- Date last worked ---
11. Birthplace Pocatello, Idaho (City or town) (State or foreign country)

Father
12. Name Les F. Dunlava
13. Birthplace Alexander, North Dakota (City or town) (State or foreign country)

Mother
14. Maiden name Vera Louise Collidge
15. Birthplace Porterville, California (City or town) (State or foreign country)

16. Informant's **OWN** Signature Les E. Dunlava
and Address Pocatello, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/13/44 (Month) (Day) (Year)
(c) Place: Pocatello, Idaho

18. Funeral Director's **OWN** Signature H. L. McKay
and Address Pocatello, Idaho

19. (a) 9/13/44 (Date received and filed) (b) Okay (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) September 12 1944
at 8:14 o'clock a. M.

21. **I HEREBY CERTIFY**, That I attended deceased from 9-11 1944, to 9-12 1944
I last saw h~~im~~ alive on 9-11-44 19 ; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Atelectasis	
Due to Premeturity	
Due to Marginal Placenta Previa	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYISICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature J. C. Merrell M.D. (M. D. or other)
and Address Pocatello, Ida Date 9/13 19 44
(For additional space, use reverse side)

14051

United States
Department of Commerce
Bureau of the Census OCT. 12 1944

Certificate Of Death

STATE OF IDAHO

State File No.
Local Reg. No. 235
Reg. Dist. No. 310

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
   (a) County Bannock
   (b) City or town Pocatello
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? Outside? city or town
   (e) Died in a Home Hospital Institution Other place
   (f) Name Hosp. or Inst. St. Anthony Stayed days
   (g) Lived in this county years months days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Bannock
   (c) City or town Pocatello
   (d) Street Address or R.F.D. No. 1825 N. Main
   (e) Deceased lived Inside? Outside? city or town
   (f) Citizen of what country? U. S. A.
   (g) How long had deceased lived in Idaho? years
   (h) Former residence (city, state)

3. (a) **FULL NAME** Charlesaine Smith

3. (b) If veteran, name war —
3. (c) Social Security No. none
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Date of Birth (Month, Day, Year) Sept. 18, 44

8. AGE	Years	Months	Days	If less than 1 day
	0	0	0	hrs min.

9. Exact Occupation none Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Sept. (City or town) (State or foreign country)

Mother
12. Name Mary Maxine Hetmon
13. Birthplace Cairo (City or town) Ill. (State or foreign country)

Father
14. Maiden name Charles Smith
15. Birthplace Cairo (City or town) Ill. (State or foreign country)

16. Informant's **OWN** Signature Charles Smith
and Address 1825 N. Main

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-19-44 (Month) (Day) (Year)
(c) Place: Mountainview

18. Funeral Director's **OWN** Signature Byron B. Downard
and Address Pocatello Idaho

19. (a) 9-21-1944 (Date received and filed) (b) D C Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Sept., 18 1944
at o'clock M.

21. **I HEREBY CERTIFY,** That I attended deceased from 9-18 1944, to 9-18 1944
I last saw her alive on 9-18 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Spina bifida - Congenital	
Meningocele - Congenital	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	—
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation None Date	
Major finding None	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature John W. Jones (M. D. or other)
and Address Pocatello Date 9-21 1944
(For additional space, use reverse side)

140820

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

OCT 23 1944

State File No.
Local Reg. No. 242
Reg. Dist. No. 511

1. **PLACE OF DEATH:**
(a) County Bannock
(b) City or town Pocatello
(c) Street Address or R. F. D. No. 101. So. Johnson.
(d) Death Occurred (Inside?) Outside? city or town
(e) Died in a Home (Hospital) Institution Other place
(f) Name Hosp. or Inst. General 28 Mo. days
(g) Lived in this county 30 years months days
Note For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bannock
(c) City or town Alameda
(d) Street Address or R. F. D. No. 228. Randolph
(e) Deceased lived (Inside) Outside? city or town
(f) If foreign born, in U. S. yrs. Citizen of U. S.? Yes
(g) How long had deceased lived in Idaho? 45 years
(h) Former residence (city, state) Illinois.

3. (a) **FULL NAME** Charles Edward Pellum.

131a

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6 (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) February. 22. 1885.
8. **AGE** Years 59 Months 7 Days 4 If less than 1 day hrs min.
9. Exact Occupation Laborer Did this work for yrs.
10. Industry or Business Retired Date last worked
11. Birthplace Gallatian County, (City or town) Illinois (State or foreign country)
Father 12. Name John Pellum.
Father 13. Birthplace Gallatian County, (City or town) Illinois (State or foreign country)
Mother 14. Maiden name Frances Scarbrugh.
Mother 15. Birthplace Shawneetown, (City or town) Illinois (State or foreign country)
16. Informant's **OWN** Signature Viola Thompson
and Address Pocatello, Idaho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/28/1944. (Month) (Day) (Year)
(c) Place: Mountain View Cem.
18. Funeral Director's **OWN** Signature Hall Mortuary, Inc.
and Address Pocatello, Idaho.
19. (a) 10-11-1944 (Date received and filed) (b) D C Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) September. 26. 1944
at 2 o'clock A. M.

21. I **HEREBY CERTIFY**, That I attended deceased from Jan. 8 1944, to Sept. 26 1944.
I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cardio-nephritis — Duration: Several years.
Due to
Due to
Other conditions Old Paralysis — Duration: Many years.
(Include pregnancy within 3 months of death)
Where was disease first contracted? Idaho
Name of operation None Date —
Major finding Edema of lungs
Finding of autopsy none

PHYSICIAN — Underline the cause to which death should be charged statistically.

22 If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state
where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature N. W. Urquhart
and Address Pocatello, Idaho. (M. D. or other)
Date 9/ 19 44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

NOV 9 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 14021
Local Reg. No. 265
Reg. Dist. No. 3-7

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. PLACE OF DEATH:

(a) County Bannock
(b) City or town Bancroft
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? (Outside) city or town
(e) Died in a Home Hospital Institution (Other place)
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)

(a) State Idaho (b) County Bannock
(c) City or town Bancroft
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Outside? city or town
(f) If foreign born, in U. S. yrs. Citizen of U. S.?
(g) How long had deceased lived in Idaho? years
(h) Former residence (city, state)

3. (a) **FULL NAME** Walter Edward Reed. 164a

3. (b) If veteran, name war None
3. (c) Social Security No.
4. Sex Male race White
5. Color or
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6 (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) March. 17. 1890.

8. AGE	Years	Months	Days	If less than 1 day
	64	6	19	hrs min.

9. Exact Occupation — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace McKresport. (City or town) Penn. (State or foreign country)

Father
12. Name Christopher C. Reed.
13. Birthplace Penn. (City or town) (State or foreign country)

Mother
14. Maiden name Anna Shartle.
15. Birthplace Penn. (City or town) (State or foreign country)

16. Informant's **OWN** Signature C M Reed
and Address Bancroft, Idaho.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 10/10.1944 (Month) (Day) (Year)
(c) Place: Bancroft, Idaho.
18. Funeral Director's **OWN** Signature Arthur M Hall
and Address Hall Mortuary, Pocatello, Idaho.
19. (a) 10-3-1944 (Date received and filed) (b) D C Kay (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) October. 6. 19 44.
at o'clock M.

21. **I HEREBY CERTIFY,** That I attended deceased from 19, to 19
I last saw h. alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Strangulation by Hanging — Duration
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Where was disease first contracted?
Name of operation. Date
Major finding
Finding of autopsy None

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? X Homicide?
Occurred October 6 19 44 City, county, state where violence occurred Farm Home at Bancroft
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature Arthur M Hall (M. D. or other)
and Address Pocatello, Idaho. Date 10/ 19 44

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

NOV 9 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140622
Local Reg. No. 254
Reg. Dist. No. 510

1. PLACE OF DEATH:

(a) County Bannock
(b) City or town Pocatello
(c) Street Address or R.F.D. No. 650.No.7th.Ave.
(d) Death Occured (Inside?) Outside? city or town
(e) Died in a Home (Hospital) Institution Other place
(f) Name Hosp. or Inst. General Stayed 6 days
(g) Lived in this county 3 years - months 22 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

(a) State Idaho (b) County BAnnock
(c) City or town Pocatello
(d) Street Address or R.F.D. No. 153.No.3rd.Ave.
(e) Deceased lived (Inside?) Outside? city or town
(f) Citizen of what country? United States
(g) How long had deceased lived in Idaho? life years
(h) Former residence (city, state) None

3. (a) **FULL NAME** Lucy Ophelia Mix.

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race Indian
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) September.14. 1941.

8. AGE	Years	Months	Days	If less than 1 day
	3	-	22	hrs min.

9. Exact Occupation Child at home Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Fort Hall, (City or town) Idaho. (State or foreign country)

Father
12. Name Harry L.Mix.
13. Birthplace Fort Hall, (City or town) Idaho. (State or foreign country)

Mother
14. Maiden name Blanche Navarro.
15. Birthplace Fort Hall, (City or town) Idaho. (State or foreign country)

16. Informant's **OWN** Signature Blanche Mix
and Address Pocatello, Idaho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/9/1944. (Month) (Day) (Year)
(c) Place: Mountain View Cem.
18. Funeral Director's **OWN** Signature Arthur M Hall
and Address Pocatello, Idaho
19. (a) 10-9-44 (Date received and filed) (b) D C Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) October. 6. 1944
at o'clock M.
21. **I HEREBY CERTIFY,** That I attended deceased from 9-30 1944, to 10-6 1944
I last saw her alive on 10-6 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Tuberculous ~~meningitis~~ meningitis — Duration 10 days
Due to Tuberculosis lactosa
Due to
✓ Other conditions (Include pregnancy within 3 months of death)
Where was disease contracted? Gram crosses + sestos
Name of operation Date
Major finding None
Finding of autopsy None

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature P.C. Martineau M.D. (M. D. or other)
and Address Pocatello, Idaho Date 10/9 1944
(For additional space, use reverse side)

140623

United States
Department of Commerce
Bureau of the Census

NOV 9 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 25
Reg. Dist. No. 5

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
   (a) County Bingham
   (b) City or town 5 miles NW of Pto AAFld, Ida.
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? Outside? X city or town
   (e) Died in a Home Hospital Institution Other place X
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county 0 years 0 months 0 days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Texas (b) County
   (c) City or town Paducah
   (d) Street Address or R. F. D. No. Route #1
   (e) Deceased lived Inside? Outside? X city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 2/12 years
   (h) Former residence (city, state) Harding Fld, La.

3. (a) **FULL NAME** STEWART, TROY W., 2nd Lt., A.C., O-2057042

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3. (b) If veteran, name war None
3. (c) Social Security No. Unknown
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) September 15, 1922

8. AGE	Years	Months	Days	If less than 1 day
	22	0	29	hrs min.

9. Exact Occupation Pilot — Did this work for 4/12 yrs.
10. Industry or Business U. S. Army — Date last worked Oct 14, 1944
11. Birthplace Texas (City or town) (State or foreign country)

Father
12. Name William M. Stewart
13. Birthplace Unknown (City or town) (State or foreign country)

Mother
14. Maiden name Unknown
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's **OWN** Signature Army Records
and Address AAF Sta Hosp, Pto AAFld, Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 10-16-44 (Month) (Day) (Year)
(c) Place: Paducah Texas
18. Funeral Director's **OWN** Signature Byron B. Howard
and Address Idaho Falls, Idaho
19. (a) 10-16-1944 (Date received and filed) (b) D. C. Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) October 14 1944
at 3:40 MWT o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 19 , to 19
I last saw h alive on 19 ; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Shock	Instant
Due to Compound fracture of skull with loss of cranial contents.	Instant
Due to Aircraft Accident.	
Other conditions See additional remarks on reverse side. (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy See additional remarks on reverse side.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Yes Suicide? Homicide?
Occurred 14 October 1944 City, county, state where violence occurred Bingham, Idaho
Place of Violence: Home Farm Industry
Public Place While at work? Yes
Means of injury Aircraft Accident
23. Attendant's **OWN** Signature John Jones Capt, MC (M. D. or other)
and Address Pto AAFld, Idaho Date 16 Oct. 1944
(For additional space, use reverse side)

United States
Department of Commerce
Bureau of the Census

NOV 9 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 140024
Local Reg. No. 256
Reg. Dist. No. 50

1. **PLACE OF DEATH:**
(a) County Bingham
(b) City or town 5 Miles NW of Pto AAFld, Idaho
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? X city or town
(e) Died in a Home Hospital Institution Other place X
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 0 years 0 months 0 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Colorado (b) County
(c) City or town Pueblo
(d) Street Address or R. F. D. No. 116 Idaho Ave.
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 2/12 years
(h) Former residence (city, state) Harding Fld, La.

3. (a) FULL NAME FRYE, RAYMOND V., 2nd Lt., A.C., 0-2059267 173

3. (b) If veteran, name war None
3. (c) Social Security No. Unknown
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) March 22, 1922

8. AGE	Years	Months	Days	If less than 1 day
	22	3	22	hrs min.

9. Exact Occupation Pilot Did this work for 4/12 yrs.
10. Industry or Business U. S. Army Date last worked Oct 14, 1944
11. Birthplace (City or town) Colorado (State or foreign country)
Father
12. Name Unknown
13. Birthplace Unknown (City or town) (State or foreign country)
Mother
14. Maiden name Lutricia E.
15. Birthplace Unknown (City or town) (State or foreign country)
16. Informant's OWN Signature Army Records
and Address AAF Sta Hosp, Pto AAFld, Idaho
17. (a) removal (Burial, cremation, or removal) (b) Date thereof 10-16-'44 (Month) (Day) (Year)
(c) Place: Pueblo, Colo.
18. Funeral Director's OWN Signature Byron B. Downard
and Address Pocatello Idaho
19. (a) 10-16-1944 (Date received and filed) (b) D C Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) October 14, 1944
at 3:40 MWT o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 19 , to 19
I last saw h alive on 19 ; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Shock	Instant
Due to Cardiac rupture	Instant
Due to Aircraft Accident	Instant
Other conditions See additional remarks on reverse side. (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation Date	
Major finding	
Finding of autopsy See remarks on reverse side.	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Yes Suicide? Homicide?
Occurred October 14, 1944 City, county, state where violence occurred Bingham, Idaho
Place of Violence: Home Farm Industry
Public Place While at work? Yes
Means of injury Aircraft Accident
23. Attendant's OWN Signature John James Capt, M.C. (M. D. or other)
and Address Pto AAFld, Idaho Date 16 Oct. 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

140025

United States
Department of Commerce
Bureau of the Census

NOV 9 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 257
Reg. Dist. No. 511

1. **PLACE OF DEATH:**
(a) County Bannock
(b) City or town Pocatello
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home ____ Hospital X Institution ____ Other place ____
(f) Name Hosp. or Inst. St Anthony Stayed ____ days
(g) Lived in this county ____ years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Oneida
(c) City or town Malad
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? ____ Outside? ____ city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? ____ years
(h) Former residence (city, state)

3. (a) **FULL NAME** Stephen White Horsley 1579

3. (b) If veteran, name war ____ 3. (c) Social Security No. ____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced ____

6. (b) Name of husband or wife ____ 6. (c) Age of husband or wife if alive ____ years

7. Date of Birth (Month, Day, Year) Oct 13, 1944

8. AGE	Years	Months	Days	If less than 1 day
			5	hrs ____ min.

9. Exact Occupation ____ Did this work for ____ yrs.
10. Industry or Business ____ Date last worked ____
11. Birthplace Malad (City or town) Idaho (State or foreign country)

Father
12. Name C. LeGrande Horsley
13. Birthplace Brigham Utah (City or town) (State or foreign country)

Mother
14. Maiden name Opal White
15. Birthplace Willard Utah (City or town) (State or foreign country)

16. Informant's **OWN** Signature Emma W. Hardy
and Address 620 So. 8th St.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 10-18-44 (Month) (Day) (Year)
(c) Place: Malad
18. Funeral Director's **OWN** Signature Malad Mortuary
and Address Malad
19. (a) 10-18-1944 (Date received and filed) (b) D C Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Oct 18th 1944
at 12:35 o'clock A M.

21. **I HEREBY CERTIFY,** That I attended deceased from Oct 15 1944, to Oct 18 1944
I last saw h____ alive on ____ 19____; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Bronko-Pneumonia	3 days.
Due to Aspiration	
Due to Congenital atresia of	
Other conditions Esophagus. (Include pregnancy within 3 months of death)	
Trachea-Bronchial fistula	

Where was disease contracted?
Name of operation ____ Date ____
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work?
Means of injury

23. Attendant's **OWN** Signature D C Wedgwood (M. D. or other)
and Address Pocatello Date 10/18 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census NOV 9 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140026
Local Reg. No. 258
Reg. Dist. No. 5-10

1. **PLACE OF DEATH:**
   (a) County Bannock
   (b) City or town Pocatello
   (c) Street Address or R. F. D. No.
   (d) Death Occured Inside? Outside? city or town
   (e) Died in a Home.... Hospital Institution.... Other place....
   (f) Name Hosp. or Inst. General Stayed 1 days
   (g) Lived in this county years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Bannock
   (c) City or town Pocatello
   (d) Street Address or R.F.D. No. 810 S. 4th
   (e) Deceased lived Inside? Outside? city or town
   (f) Citizen of what country? U. S. A.
   (g) How long had deceased lived in Idaho? 10 years
   (h) Former residence (city, state)

3. (a) **FULL NAME** Lydia M. Cottrell 43a

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife John A.
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) July 17, 1900

8. AGE	Years	Months	Days	If less than 1 day
	44	3	2	hrs min.

9. Exact Occupation Housewife Did this work for yrs.
10. Industry or Business none Date last worked
11. Birthplace Wilson (City or town) Kansas (State or foreign country)

Father
12. Name Luther Bloom
13. Birthplace (City or town) Kansas (State or foreign country)

Mother
14. Maiden name Amanda C. Weaver
15. Birthplace (City or town) Pa. (State or foreign country)

16. Informant's **OWN** Signature Mrs. Christine White
and Address Pocatello Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-23-'44 (Month) (Day) (Year)
(c) Place: Mountainview Cemetery

18. Funeral Director's **OWN** Signature Byron B. Howard
and Address Pocatello, Idaho.

19. (a) 10-23-1944 (Date received and filed) (b) D C Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) October 19 1944
at 8 o'clock P M.

21. **I HEREBY CERTIFY**, That I attended deceased from June 1944, to Oct 19 1944
I last saw her alive on Oct 19 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: (Duration)
1. Cerebral Hemorrhage 36 hrs
Due to Essential Hypertension 1 year
Due to —
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? Home
Name of operation none Date
Major finding
Finding of autopsy none

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state
where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature R. P. Howard M.D. (M. D. or other)
and Address Pocatello Ida. Date 10-23 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

NOV 9 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140827
Local Reg. No. 259
Reg. Dist. No. 511

1. **PLACE OF DEATH:**
(a) County Bannock
(b) City or town Pocatello
(c) Street Address or R.F.D. No. 2 North
(d) Death Occured Inside? X Outside? — city or town
(e) Died in a Home — Hospital X Institution — Other place
(f) Name Hosp. or Inst. Poc. General 1 days
(g) Lived in this county — years 6 months — days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Bannock
(c) City or town Pocatello
(d) Street Address or R.F.D. No. 2 North
(e) Deceased lived Inside? — Outside? X city or town
(f) Citizen of what country? —
(g) How long had deceased lived in Idaho? life years
(h) Former residence (city, state) Nampa Ida

3. (a) **FULL NAME** Larry Paul Shuck 115-6

3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Male
5. Color or race white
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Date of Birth (Month, Day, Year) Oct 27, 1942

8. AGE	Years	Months	Days	If less than 1 day
	1	11	23	hrs min.

9. Exact Occupation Child Did this work for — yrs.
10. Industry or Business — Date last worked —
11. Birthplace Nampa Idaho (City or town) (State or foreign country)
Father
12. Name Daniel Richard Shuck
13. Birthplace Dixon Illinois (City or town) (State or foreign country)
Mother
14. Maiden name Hazel Marie Ward
15. Birthplace Sage Oklahoma (City or town) (State or foreign country)
16. Informant's **OWN** Signature Daniel R. Shuck
and Address Route 2 North
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 24, 44 (Month) (Day) (Year)
(c) Place: Pocatello Id. Mt View Cem
18. Funeral Director's **OWN** Signature H. L. McKan
and Address Pocatello Idaho
19. (a) 10-23-1944 (Date received and filed) (b) D. C. Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) October 20 1944
at 10.15 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 10/19 1944, to 10/20 1944
I last saw him alive on 10/20 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cardiac failure	
Due to Toxemia	
Due to strep. throat	3 days
Other conditions infection (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature J. R. McMahon (M. D. or other)
and Address 10/23 Date 44 19
(For additional space, use reverse side)
Pocatello

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

NOV 9 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140823
Local Reg. No. 260
Reg. Dist. No. 510

1. **PLACE OF DEATH:**
(a) County Bannock
(b) City or town Pocatello
(c) Street Address ~~or R.F.D.~~ No. 428 N. 12th
(d) Death Occured Inside? X Outside? ___ city or town
(e) Died in a Home X Hospital ~~Institution~~ Other place
(f) Name Hosp. or Inst. ___ Stayed ___ days
(g) Lived in this county 27 years ___ months ___ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Bannock
(c) City or town Pocatello
(d) Street Address ~~or R.F.D.~~ No. 428 N. 12th
(e) Deceased lived Inside? X Outside? ___ city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 27 years
(h) Former residence (city, state) Benton Co. Oregon

3. (a) **FULL NAME** Mabel Henderson Spahr. 46e

3. (b) If veteran, name war ___
3. (c) Social Security No. ___
4. Sex Female
5. Color or race white
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Earl
6. (c) Age of husband or wife if alive 51 years
7. Date of Birth (Month, Day, Year) February 14, 1900

8. AGE	Years	Months	Days	If less than 1 day
	44	8	7	hrs min.

9. Exact Occupation House wife Did this work for 27 yrs.
10. Industry or Business ___ Date last worked ___
11. Birthplace Benton Co. Oregon (City or town) (State or foreign country)
Father
12. Name James M. Henderson
13. Birthplace Benton Co. Oregon (City or town) (State or foreign country)
Mother
14. Maiden name Rachel L. Henderson
15. Birthplace St Johns Washington (City or town) (State or foreign country)
16. Informant's **OWN** Signature Earl W. Spahr
and Address Pocatello Idaho
17. (a) Bureau (Burial, cremation, or removal) (b) Date thereof Oct. 24, 44 (Month) (Day) (Year)
(c) Place: Pocatello Ida. Mt View Cem.
18. Funeral Director's **OWN** Signature R. L. McKan
and Address Pocatello Idaho
19. (a) 10-23-1944 (Date received and filed) (b) D C Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) October 20 1944
at 11:00 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from Dec 1941, to Oct 20 1944
I last saw her alive on Oct 20 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cancer sigmoid metastasis to liver & lung — Duration
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Where was disease contracted? Pocatello Ida
Name of operation Colostomy Date Dec 1941 April 1944
Major finding Ca. sigmoid
Finding of autopsy ~~Ob~~

PHYISCIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ___ Suicide? ___ Homicide? ___
Occurred ___ 19___ City, county, state where violence occurred ___
Place of Violence: Home ___ Farm ___ Industry ___
Public Place ___ While at work? ___
Means of injury ___
23. Attendant's **OWN** Signature [signature] (M. D. or other)
and Address Pocatello Date 10/23 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce NOV 9 1944
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 140529
Local Reg. No. 261
Reg. Dist. No. 570

1. **PLACE OF DEATH:**
(a) County Bannock
(b) City or town Pocatello
(c) Street Address or ~~R.F.D.~~ No. 726 So. Main
(d) Death Occured Inside? X Outside? — city or town
(e) Died in a Home X Hospital — Institution — Other place
(f) Name Hosp. or Inst. — Stayed — days
(g) Lived in this county — years — months — days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Bannock
(c) City or town Pocatello
(d) Street Address or ~~R.F.D.~~ No. 726 So. Main
(e) Deceased lived Inside? X Outside? — city or town
(f) Citizen of what country? —
(g) How long had deceased lived in Idaho? 65 years
(h) Former residence (city, state) Salt Lake Utah

3. (a) **FULL NAME** Thomas W. Hargraves 1675

3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Male 5. Color or race white
6. (b) Name of husband or wife dead
6. (c) Age of husband or wife if alive — years
7. Date of Birth (Month, Day, Year) May 6. 1858

8. AGE	Years	Months	Days	If less than 1 day hrs	min.
	86	5	17		

9. Exact Occupation Carpenter Did this work for Self yrs.
10. Industry or Business retired 15 yrs ago Date last
11. Birthplace Salt Lake City Utah (City or town) (State or foreign country)
Father 12. Name Samuel A. Hargraves
Father 13. Birthplace Unknown (City or town) (State or foreign country)
Mother 14. Maiden name Agnes Noble
Mother 15. Birthplace Scotland (City or town) (State or foreign country)
16. Informant's **OWN** Signature W. H. Hoolard
and Address 537 So 5th Pocatello Ida
17. (a) Burial (Burial, cremation or removal) (b) Date thereof Oct 25 44 (Month) (Day) (Year)
(c) Place Mt View Pocatello Ida
18. Funeral Director's **OWN** Signature A. L. McHan
and Address Pocatello Idaho
19. (a) 10-25-44 (Date received and filed) (b) D C Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) October 23 1944
at 4.20 o'clock P. M.
21. **I HEREBY CERTIFY**, That I attended deceased from 10/21 1944 to 10-23 1944
I last saw h[illegible] alive on 10/22 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Myocardial	
Failure	
Due to Senility	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation — Date
Major finding
Finding of autopsy

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred — 19 — City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature [signature] (M. D. or other)
and Address Pocatello Ida Dec 25 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census NOV 9 1944

Certificate Of Death

STATE OF IDAHO

State File No. 14630
Local Reg. No. 264
Reg. Dist. No. 670

1. **PLACE OF DEATH:**
   (a) County Bannock
   (b) City or town Pocatello
   (c) Street Address or R.F.D. No. 653. So. 5th. Ave.
   (d) Death Occured (Inside?) Outside? city or town
   (e) Died in a (Home) Hospital Institution Other place
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county 62 years months days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Bannock
   (c) City or town Pocatello
   (d) Street Address or R.F.D. No 653. So. 5th. Ave.
   (e) Deceased lived (Inside?) Outside? city or town
   (f) Citizen of what country? United States.
   (g) How long had deceased lived in Idaho? 62 years
   (h) Former residence (city, state) Utah.

3. (a) **FULL NAME** Harry Hollist Stinger.

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Elizabeth Ellen Gittens
6. (c) Age of husband or wife if alive 78 years
7. Date of Birth (Month, Day, Year) May. 12. 1864.

8. AGE	Years	Months	Days	If less than 1 day
	80	5	11	hrs min.

9. Exact Occupation Brdg. & Bldg. Dept. Did this work for 23 yrs.
10. Industry or Business Union Pacific Ry. Date last worked 1931.
11. Birthplace Toquerville, (City or town) Utah. (State or foreign country)

Mother
12. Name John Henry Stinger.
13. Birthplace Janesville, (City or town) Ohio. (State or foreign country)

Father
14. Maiden name Elizabeth Hollist.
15. Birthplace London, (City or town) England. (State or foreign country)

16. Informant's **OWN** Signature Mrs. H. H. Stinger
and Address Pocatello, Idaho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/26/1944 (Month) (Day) (Year)
(c) Place: Mountain View Cem.
18. Funeral Director's **OWN** Signature Hall Mortuary.
and Address Pocatello, Idaho.
19. (a) 10-26-1944 (Date received and filed) (b) D C Kay (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) October. 23. 1944
at o'clock M.
21. **I HEREBY CERTIFY**, That I attended deceased from 7/24/41 19 to 10-23 1944
I last saw h alive on 10-16 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Myocarditis — Duration
Due to Senility
Due to Partial Paralysis
Due to Old Cerebral Hemorrhage 1944
Other conditions Senility
(Include pregnancy within 3 months of death)

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy No

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature D C Kay
and Address Pocatello, Idaho. (M. D. or other)
Date 10/26 19 44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census . NOV 9 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 140831
Local Reg. No. 263
Reg. Dist. No. 511

1. **PLACE OF DEATH:**
(a) County Power
(b) City or town Pocatello AAFld, Idaho
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? X city or town
(e) Died in a Home Hospital Institution Other place
(f) Name Hosp. or Inst. 0 Stayed 0 days
(g) Lived in this county 0 years 0 months 8 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State California (b) County
(c) City or town San Francisco
(d) Street Address or R. F. D. No. 1721 Scott Street
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? U. S. A.
(g) How long had deceased lived in Idaho? 8/365 years
(h) Former residence (city, state) Bruning AAFld, Neb.

3. (a) FULL NAME Manos, George S., O-2064088, 2nd Lt., A.C. 173

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M race W
5. Color or
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) October 20, 1923

8. AGE	Years	Months	Days	If less than 1 day
	21	0	5	hrs min.

9. Exact Occupation Pilot Did this work for 4/12 yrs.
10. Industry or Business U. S. Army Date last worked Oct 25,44
11. Birthplace (City or town) California (State or foreign country)
Father
12. Name Spiros G. Manos
13. Birthplace (City or town) Greece (State or foreign country)
Mother
14. Maiden name Unknown
15. Birthplace (City or town) Unknown (State or foreign country)
16. Informant's OWN Signature Army Records and Address AAF Sta Hosp, Pto AAFld, Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 11-26-44 (Month) (Day) (Year)
(c) Place: San Francisco, Calif.
18. Funeral Director's OWN Signature Byron B. Dawnard and Address Pocatello Idaho
19. (a) 10-26-1944 (Date received and filed) (b) D C Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) October 25, 1944 at 12:25 MWT o'clock P. M.
21. I HEREBY CERTIFY, That I attended deceased from 19, to 19
I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Shock and hemorrhage	Instant
Due to Cardiac rupture and skull fracture	Instant
Due to Aircraft Accident	Instant
Other conditions See additional (Include pregnancy within 3 months of death) remarks reverse side	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy Same as above

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Yes Suicide? Homicide?
Occurred October 25 1944 City, county, state where violence occurred Power, Idaho
Place of Violence: Home Farm Industry
Public Place While at work? Yes
Means of injury Aircraft Accident
23. Attendant's OWN Signature Louis L. Amato, Capt M.C. (M. D. or other)
and Address Pto AAFld, Idaho Date 25 Oct. 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census NOV 9 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140832
Local Reg. No. 266
Reg. Dist. No. 5-10

1. **PLACE OF DEATH:**
   (a) County Bannock
   (b) City or town Pocatello
   (c) Street Address or R.F.D. No. 650. No. 7th. Ave.
   (d) Death Occured (Inside?) Outside? city or town
   (e) Died in a Home Hospital Institution Other place
   (f) Name Hosp. or Inst. St. Anthony Stayed 4 days
   (g) Lived in this county 2 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Bannock
   (c) City or town Pocatello
   (d) Street Address or R.F.D. No. 916. No. Garfield
   (e) Deceased lived (Inside?) Outside? city or town
   (f) Citizen of what country? United States
   (g) How long had deceased lived in Idaho? 23 years
   (h) Former residence (city, state) Burley, Idaho.

3. (a) **FULL NAME** Iris V. Downs. 56E

3. (b) If veteran, name war -
3. (c) Social Security No. -
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Elmer Ned Downs.
6. (c) Age of husband or wife if alive 27 years
7. Date of Birth (Month, Day, Year) January. 8. 1921.

8. AGE	Years	Months	Days	If less than 1 day
	23	9	18	hrs min.

9. Exact Occupation House-wife Did this work for 4 yrs.
10. Industry or Business Own home Date last worked 9/26/44.
11. Birthplace Burley. (City or town) Idaho. (State or foreign country)

Father
12. Name Jessie Stevenson.
13. Birthplace England. (City or town) (State or foreign country)

Mother
14. Maiden name Anne Millward.
15. Birthplace Grantsville. (City or town) Utah. (State or foreign country)

16. Informant's **OWN** Signature Elmer N. Downs
and Address Pocatello, Idaho.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 10/30/44. (Month) (Day) (Year)
(c) Place: Haybrn, Idaho.
18. Funeral Director's **OWN** Signature Earl Mortuary, Kathy M Hall
and Address Pocatello, Idaho.
19. (a) 10-29-1944 (Date received and filed) (b) D C Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) October. 26. 1944
at o'clock M.
21. **I HEREBY CERTIFY**, That I attended deceased from 19, to 19
I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Endometritis, Hemorrhage, Duration
Due to Post Operative remarks
Due to Endometritis,
Other conditions
(Include pregnancy within 3 months of death)

Where was disease contracted?
Name of operation Date 9/24/44
Major finding Endometritis
Finding of autopsy suspected general

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature (M. D. or other)
and Address Pocatello, Idaho. Date 10/28 1944.
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

NOV 9 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140833
Local Reg. No. 268
Reg. Dist. No. 510

1. **PLACE OF DEATH:**
   (a) County Bannock
   (b) City or town Pocatello
   (c) Street Address or R.F.D. No. 655 S. Sixth
   (d) Death Occured Inside? ✓ Outside? ..... city or town
   (e) Died in a Home ✓ Hospital .... Institution .... Other place ....
   (f) Name Hosp. or Inst. ..... Stayed ..... days
   (g) Lived in this county ..... years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Bannock
   (c) City or town Pocatello
   (d) Street Address or R.F.D. No. 655 S. Sixth
   (e) Deceased lived Inside? ✓ Outside? ..... city or town
   (f) Citizen of what country? .....
   (g) How long had deceased lived in Idaho? 21 years
   (h) Former residence (city, state) .....

3. (a) **FULL NAME** Paul Guyet

3. (b) If veteran, name war ✓
3. (c) Social Security No. .....
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Hilde
6. (c) Age of husband or wife if alive 58 years
7. Date of Birth (Month, Day, Year) May 6, 1876

8. AGE	Years	Months	Days	If less than 1 day
	68	5	23	hrs ..... min.

9. Exact Occupation Professor — Did this work for 21 yrs.
10. Industry or Business Univ. of U.S.A. — Date last worked 10-6-44
11. Birthplace Weimar, Germany (City or town) (State or foreign country)

Father
12. Name Adolph Guyet
13. Birthplace Heidelberg, Germany (City or town) (State or foreign country)

Mother
14. Maiden name Marie Herivart
15. Birthplace Eisenach, Germany (City or town) (State or foreign country)

16. Informant's **OWN** Signature X Hilde Guyet
and Address 655 S. Sixth

17. (a) removal (Burial, cremation, or removal) (b) Date thereof 11-1-44 (Month) (Day) (Year)
(c) Place: Ogden, Utah

18. Funeral Director's **OWN** Signature Byron B. Dennard
and Address Pocatello, Idaho

19. (a) 11-3-1944 (Date received and filed) (b) J C Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) October 29 1944
at 10 o'clock A.M.

21. **I HEREBY CERTIFY**, That I attended deceased from 10/1/44 19..... to 10-29 1944
I last saw h~~e~~ alive on ..... 19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Myocardial failure	
Due to ✓	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature [signature] (M. D. or other)
and Address Pocatello Date 10/30 19 44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

NOV 9 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140631
Local Reg. No. 269
Reg. Dist. No. 570

1. **PLACE OF DEATH:**
   (a) County Bannock
   (b) City or town Pocatello
   (c) Street Address or R. F. D. No.
   (d) Death Occured Inside? ✓ Outside? ..... city or town
   (e) Died in a Home .... Hospital ✓ Institution .... Other place ....
   (f) Name Hosp. or Inst. ..... Stayed 75 days
   (g) Lived in this county ..... years ..... months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Bannock
   (c) City or town Pocatello
   (d) Street Address or R.F.D. No. 330 N. 4th
   (e) Deceased lived Inside? ✓ Outside? ..... city or town
   (f) Citizen of what country? U. S. A.
   (g) How long had deceased lived in Idaho? 55 years
   (h) Former residence (city, state) Seattle Wash.

3. (a) **FULL NAME** Pierre Arthur Du Fresne 1952

3. (b) If veteran, name war ✓
3. (c) Social Security No. none
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Sophie
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) July 19, 1860

8. AGE	Years	Months	Days	If less than 1 day
	84	3	11	hrs min.

9. Exact Occupation Retired Did this work for ..... yrs.
10. Industry or Business U. P. R. R. Date last worked 1902
11. Birthplace Montreal (City or town) Canada (State or foreign country)

Father
12. Name Pierre Du Fresne
13. Birthplace Canada (City or town) (State or foreign country)

Mother
14. Maiden name Elsie Du Bray
15. Birthplace Canada (City or town) (State or foreign country)

16. Informant's **OWN** Signature Sophie Du Fresne
and Address 330 N. Fourth

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-3-'44 (Month) (Day) (Year)
(c) Place: Mountainview

18. Funeral Director's **OWN** Signature Byron B. Downard
and Address Pocatello Idaho

19. (a) 11-3-1944 (Date received and filed) (b) D C Roy (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Oct 30 1944
at 8 o'clock P M.

21. **I HEREBY CERTIFY,** That I attended deceased from 8-13 1944, to Oct. 30 1944
I last saw him alive on Oct. 30 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Bronchopneumonia	
Due to Fracture of left femur	
Due to	
Other conditions (Include pregnancy within 3 months of death) Senile Dementia	

Where was disease contracted?
Name of operation ..... Date .....
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury

23. Attendant's **OWN** Signature R. Mitchell MD (M. D. or other)
and Address Pocatello Date 11-2 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

NOV 9 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140635
Local Reg. No. 270
Reg. Dist. No. 570

1. **PLACE OF DEATH:**
   (a) County Bannock
   (b) City or town Pocatello
   (c) Street Address ~~xxxxxx~~ No. 240 So. 2nd Ave
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home X Hospital .... Institution .... Other place ....
   (f) Name Hosp. or Inst. ..... Stayed ..... days
   (g) Lived in this county 6 years ..... months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Bannock
   (c) City or town Pocatello
   (d) Street Address or ~~xxxxxx~~ No. 240 So. 2nd Ave
   (e) Deceased lived Inside? X Outside? ..... city or town
   (f) Citizen of what country? U. S. A.
   (g) How long had deceased lived in Idaho? 6 years
   (h) Former residence (city, state) Oklahoma

3. (a) **FULL NAME** ELENOR ROBINSON

13a

3. (b) If veteran, name war ---
3. (c) Social Security No. ----
4. Sex female
5. Color or race colored
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Charles S.
6. (c) Age of husband or wife if alive 48 years
7. Date of Birth (Month, Day, Year) August 13, 1902

8. AGE	Years	Months	Days	If less than 1 day
	42	2	18	hrs ..... min.

9. Exact Occupation housewife Did this work for 28 yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Dewey, Oklahoma (City or town) (State or foreign country)

Father
12. Name George Patterson
13. Birthplace Unknown (City or town) (State or foreign country)

Mother
14. Maiden name Rachel (Unknown)
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's **OWN** Signature Chas. S. Robinson
and Address Pocatello, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/7/44 (Month) (Day) (Year)
(c) Place: Pocatello, Idaho
18. Funeral Director's **OWN** Signature H. L. McHan
and Address Pocatello, Idaho
19. (a) Nov. 2, 1944 (Date received and filed) (b) D C Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) October 31 19 44
at 10:30 o'clock P. M.
21. **I HEREBY CERTIFY**, That I attended deceased from August 10 19 44 to Oct. 31 19 44
I last saw her alive on Oct. 31 19 44, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration

✓ Due to Apoplexy 2 hours
Due to Hypertension
Other conditions
(Include pregnancy within 3 months of death)

Where was disease contracted?
Name of operation ..... Date .....
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury

23. Attendant's **OWN** Signature D C Ray (M. D. or other)
and Address Pocatello, Ida. Date 11/2 19 44
(For additional space, use reverse side)

United States
Department of Commerce
Bureau of the Census NOV 2 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 140836
Local Reg. No.
Reg. Dist. No. 52

1. **PLACE OF DEATH:**
(a) County Bear Lake
(b) City or town Montpelier
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home X Hospital X Institution Other place
(f) Name Hosp. or Inst. Montpelier Stayed 5 days
(g) Lived in this county 76 years 10 months 8 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bear Lake
(c) City or town Paris
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? U. S.
(g) How long had deceased lived in Idaho? 76 years
(h) Former residence (city, state)

3. (a) FULL NAME Thomas Heber Humpherys 132

3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Amelia Bolton
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) November 19, 1867

8. AGE	Years	Months	Days	If less than 1 day
	76	10	8	hrs min.

9. Exact Occupation Farmer Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Paris (City or town) Idaho (State or foreign country)
Father
12. Name George Humpherys
13. Birthplace Nottinghamshire (City or town) England (State or foreign country)
Mother
14. Maiden name Sarah Ann Eaton
15. Birthplace Mansfield (City or town) England (State or foreign country)
16. Informant's OWN Signature Clem Humpherys
and Address Paris, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 30, 1944 (Month) (Day) (Year)
(c) Place: Paris, Idaho.
18. Funeral Director's OWN Signature [signature]
and Address Montpelier, Idaho.
19. (a) 9/28/44 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) September 27 1944
at 1.10 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from Sept 21 1944 to Sept 27 1944
I last saw him alive on Sept 26 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Myocardial failure	
Auricular fibrillation	
Due to	
✓ Due to	
Other condition nephritis (Include pregnancy within 3 months of death)	
Where was disease contracted? home	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature [signature] (M. D. or other)
and Address Montpelier, Idaho Date Sept 28 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

NOV 2 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 140637
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF DEATH:**
   (a) County Bear Lake
   (b) City or town Montpelier
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? X Outside? city or town
   (e) Died in a Home X Hospital Institution Other place
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county 23 years months days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Bear Lake
   (c) City or town Montpelier
   (d) Street Address or R. F. D. No.
   (e) Deceased lived Inside? X Outside? city or town
   (f) Citizen of what country? U. S.
   (g) How long had deceased lived in Idaho? 23 years
   (h) Former residence (city, state)

3. (a) **FULL NAME** Arthur Noel Rice

94a

3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Rosanell Wilson
6. (c) Age of husband or wife if alive 54 years
7. Date of Birth (Month, Day, Year) September 28, 1882

8. AGE	Years	Months	Days	If less than 1 day
	61	11	29	hrs min.

9. Exact Occupation Merchant — Did this work for 23 yrs.
10. Industry or Business Confectionary — Date last worked Sept 26, 1944
11. Birthplace Osborne (City or town) Kansas (State or foreign country)

Father
12. Name Noel Jan Rice
13. Birthplace Unknown (City or town) (State or foreign country)

Mother
14. Maiden name Emma Jane Lloyd
15. Birthplace (City or town) Missouri (State or foreign country)

16. Informant's OWN Signature Mrs A. N. Rice
and Address Montpelier Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Sept 29, 1944 (Month) (Day) (Year)
(c) Place: Huntsville, Utah
18. Funeral Director's OWN Signature [signature]
and Address Montpelier, Idaho.
19. (a) 9/28/44 (Date received and filed) (b) N. J. King (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) September 27 1944
at 1.50 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from March 1944 to [illegible] 1944
I last saw him alive on Sept 27 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death	Duration
Angina Pectoris	20 min
Due to Coronary Occlusion	1 mo
Due to General Arteriosclerosis	10 yr
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature N. J. King (M. D. or other)
and Address Montpelier, Idaho Date Sept 28 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

140633

United States Department of Commerce
Bureau of the Census

NOV 2 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 140633
Local Reg. No. 52
Reg. Dist. No. 52

1. **PLACE OF DEATH:**
   (a) County Bear Lake
   (b) City or town Montpelier
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? X Outside? ____ city or town
   (e) Died in a Home ____ Hospital ____ Institution ____ Other place X
   (f) Name Hosp. or Inst. ____ Stayed ____ days
   (g) Lived in this county 48 years 8 months 10 days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Bear Lake
   (c) City or town Dingle
   (d) Street Address or R. F. D. No.
   (e) Deceased lived Inside? X Outside? ____ city or town
   (f) Citizen of what country? U. S.
   (g) How long had deceased lived in Idaho? 48 years
   (h) Former residence (city, state)

3. (a) FULL NAME: Edward Franklin Nate 93a

3. (b) If veteran, name war No
3. (c) Social Security No 519-07-4399
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Leone Robison
6. (c) Age of husband or wife if alive 47 years
7. Date of Birth (Month, Day, Year) January 30, 1896

8. AGE	Years	Months	Days	If less than 1 day
	48	8	10	hrs ____ min.

9. Exact Occupation Farmer — Did this work for Life yrs.
10. Industry or Business — Date last worked
11. Birthplace Dingle (City or town) Idaho (State or foreign country)

Father
12. Name Henry W. Nate
13. Birthplace Paris, (City or town) Idaho (State or foreign country)

Mother
14. Maiden name Mary J. Sawyer
15. Birthplace Salt Lake City, (City or town) Utah (State or foreign country)

16. Informant's OWN Signature Leone Nate.
and Address Dingle, Idaho.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 13, 1944 (Month) (Day) (Year)
(c) Place: Dingle, Idaho.

18. Funeral Director's OWN Signature [signature]
and Address Montpelier, Idaho

19. (a) Oct 13 1944 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) October 10, 1944 19____
at 3 o'clock A M.

21. **I HEREBY CERTIFY,** That I attended deceased from Oct. 10, 1944, to Oct 10 1944
I last saw him alive on Oct 10 19 44 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Acute myocardial failure	½ hrs.
✓ Due to Chronic myocardial insufficiency	1 yrs.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ____ Date ____
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury

23. Attendant's OWN Signature R R Lundsay, M.D. (M. D. or other)
and Address Montpelier, Idaho Date Oct. 11 1944
(For additional space, use reverse side)

140639

United States
Department of Commerce
Bureau of the Census

NOV 13 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 40
Reg. Dist. No. 130

1. PLACE OF DEATH:
(a) County Benewah
(b) City or town S. Maries, Idaho
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? x city or town
(e) Died in a Home no Hospital no Institution no Other place own home
(f) Name Hosp. or Inst. none Stayed days
(g) Lived in this county years months 0 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Benwah.
(c) City or town St. Maries
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Outside? x city or town
(f) If foreign born, in U. S. yrs. Citizen of U. S.? Yes.
(g) How long had deceased lived in Idaho? 0 years
(h) Former residence (city, state) none

3. (a) **FULL NAME** Robert Willard Bedwell

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3. (b) If veteran, name war ____ 3. (c) Social Security No. ____

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced no

6. (b) Name of husband or wife none. 6 (c) Age of husband or wife if alive ____ years

7. Date of Birth (Month, Day, Year) 8/26/44.

8. AGE	Years	Months	Days	If less than 1 day
	---	----	----	hrs 1 min.

9. Exact Occupation none. Did this work for ____ yrs.

10. Industry or Business none Date last worked ____

11. Birthplace St. Maries, Idaho (City or town) (State or foreign country)

Father
12. Name Willard Arnold Bedwell
13. Birthplace Boyle, Kansas. (City or town) (State or foreign country)

Mother
14. Maiden name M s. Delores Gertrude Taylor.
15. Birthplace Kansas City, Kansas. (City or town) (State or foreign country)

16. Informant's **OWN** Signature Willard Arnold Bedwell and Address St. Maries, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8 26 44 (Month) (Day) (Year) (c) Place: Home

18. [redacted]'s **OWN** Signature Willard Arnold Bedwell and Address St Maries Idaho Rt

19. (a) 11-6-44 (Date received and filed) (b) R. E. Weasa (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 8/26/44 19____ at 2:21 o'clock A. M.

21. **I HEREBY CERTIFY,** That I attended deceased from 8/26/44 19____, to 8/26/44 19____ I last saw him alive on 8/26/44. 19____; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Asphyxia, prematurity.	
Due to ---	
Due to	
Other conditions none. (Include pregnancy within 3 months of death)	

Where was disease first contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? no Suicide? no Homicide? no
Occurred 19____ City, county, state where violence occurred no
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature J. W. DeBree M.D. (M. D. or other)
and Address St. Maries Ida. Date 8/26/44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census NOV 13 1944

NON-RESIDENT
Certificate Of Death

STATE OF IDAHO

State File No. 140540
Local Reg. No. 41
Reg. Dist. No. 130

1. **PLACE OF DEATH:**
   (a) County Benewah
   (b) City or town St. Maries
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? X Outside? city or town
   (e) Died in a Home Hospital X Institution Other place
   (f) Name Hosp. or Inst. St. Maries Stayed 3 days
   (g) Lived in this county years months 3 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Washington (b) County Whitman
   (c) City or town Malden
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? X Outside? city or town
   (f) Citizen of what country? U. S. A.
   (g) How long had deceased lived in Idaho? 3 Days years
   (h) Former residence (city, state)

3. (a) **FULL NAME** William Edward J. Hennessey 83a

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife Edna
6. (c) Age of husband or wife if alive 61 years
7. Date of Birth (Month, Day, Year) December 25, 1865

8. AGE	Years	Months	Days	If less than 1 day
	78	9	15	hrs min.

9. Exact Occupation Conductor Did this work for 40 yrs.
10. Industry or Business Railroad Date last worked 1937
11. Birthplace Smithville Ontario Canada (City or town) (State or foreign country)

Father
12. Name Hoaice Hennessey
13. Birthplace Unknown (City or town) (State or foreign country)

Mother
14. Maiden name Unknown
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's **OWN** Signature E. A. Hennessey
and Address Malden, Washington
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 10-11-44 (Month) (Day) (Year)
(c) Place: Rosalia, Washington
18. Funeral Director's **OWN** Signature R. E. Wessa
and Address St. Maries, Idaho
19. (a) 11-6-44 (Date received and filed) (b) R. E. Wessa (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) October 10, 1944 19
at 3:40 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 10-7 1944, to 10-10 1944
I last saw him alive on 10-10 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death	Duration
Cerebral hemorrhage	4 days
Due to Hypertension	?
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? Malden, Wn
Name of operation None Date
Major finding
Finding of autopsy None

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred Nos. Arrival Cause 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature C. A. Ebins M.D. (M. D. or other)
and Address St Maries Ida Date 10/11 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

NOV 13 1944

Certificate Of Death

STATE OF IDAHO

State File No. 14054
Local Reg. No. 425
Reg. Dist. No. 130

1. **PLACE OF DEATH:**
   (a) County Benewah
   (b) City or town St. Joe
   (c) Street Address or R. F. D. No.
   (d) Death Occured Inside? Outside? city or town
   (e) Died in a Home Hospital Institution Other place X
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county 1 years 4 months 5 days

   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Benewah
   (c) City or town St. Joe
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? Outside? X city or town
   (f) Citizen of what country? U. S. A.
   (g) How long had deceased lived in Idaho? life years
   (h) Former residence (city, state)

3. (a) **FULL NAME** Harold George Darling

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) June 22, 1943

8. AGE	Years	Months	Days	If less than 1 day
	1	4	5	hrs min.

9. Exact Occupation None Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace St. Maries Idaho (City or town) (State or foreign country)

Father
12. Name Chas. B. Darling
13. Birthplace Lambert, Montana (City or town) (State or foreign country)

Mother
14. Maiden name Ione C. Sather
15. Birthplace St. Maries, Idaho (City or town) (State or foreign country)

16. Informant's **OWN** Signature Chas B Darling and Address St. Joe, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-30-44 (Month) (Day) (Year)
    (c) Place: St. Maries, Idaho
18. Funeral Director's **OWN** Signature R. E. Wessa and Address St. Maries, Idaho
19. (a) 11-6-44 (Date received and filed) (b) R. E. Wessa (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) October 27, 1944 19
    at 11:45 o'clock A. M.
21. **I HEREBY CERTIFY**, That I attended deceased from 19, to 19
    I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Mutiple Fractures — Duration: Instant

✓ Due to Run over by freight train

Due to

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy None

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Yes Suicide? Homicide?
    Occurred Oct. 27, 19 44 City, county, state where violence occurred St. Joe, Benewah, Idaho
    Place of Violence: Home Farm Industry
    Public Place R. R. Track While at work? No
    Means of injury Mil. Frt. Train #264
23. Attendant's **OWN** Signature R. E. Wessa Coroner (M. D. or other)
    and Address St. Maries, Ida Date 10-30-44 19
    (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

14064.2

United States
Department of Commerce
Bureau of the Census

NOV 13 1944

Certificate Of Death

STATE OF IDAHO

State File No. .....
Local Reg. No. 43
Reg. Dist. No. 130

1. **PLACE OF DEATH:**
   (a) County Benewah
   (b) City or town St. Maries
   (c) Street Address or R.F.D. No. .....
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home X Hospital .... Institution .... Other place .....
   (f) Name Hosp. or Inst. ..... Stayed ..... days
   (g) Lived in this county 38 years ..... months ..... days

   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Benewah
   (c) City or town St. Maries
   (d) Street Address or R.F.D. No. .....
   (e) Deceased lived Inside? X Outside? ..... city or town
   (f) Citizen of what country? U. S. A
   (g) How long had deceased lived in Idaho? 38 years
   (h) Former residence (city, state) .....

3. (a) **FULL NAME** Hannah Cora Smith

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) December 25, 1866

8. AGE	Years	Months	Days	If less than 1 day
	77	10	6	hrs ... min.

9. Exact Occupation Housewife — Did this work for 61 yrs.
10. Industry or Business Home — Date last worked 9-1-44
11. Birthplace Denmark (City or town) (State or foreign country)

Father
12. Name James Lundberg
13. Birthplace Sweden (City or town) (State or foreign country)

Mother
14. Maiden name Marie Anderson
15. Birthplace Denmark (City or town) (State or foreign country)

16. Informant's **OWN** Signature A. L. Smith
and Address St. Maries, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-2-44 (Month) (Day) (Year)
(c) Place: St. Maries, Idaho

18. Funeral Director's **OWN** Signature R. E. Wessa
and Address St. Maries, Idaho

19. (a) 11-6-44 (Date received and filed) (b) R. E. Wessa (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) October 31, 1944 19.....
at 5:30 o'clock P. M.

21. **I HEREBY CERTIFY**, That I attended deceased from Sept 19 1944 to Oct 27 1944
I last saw h[illegible] alive on Oct 29 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Senility	
Due to Secondary anemia	1 yr
Due to Arteritis	2
Due to	
Other conditions None (Include pregnancy within 3 months of death)	

Where was disease contracted? At home
Name of operation ..... Date .....
Major finding None
Finding of autopsy .....

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred None
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature C. A. Robbins M.D. (M. D. or other)
and Address St Maries, Ida. Date 11-1 19 44

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

OCT 10 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140843
Local Reg. No. 118
Reg. Dist. No. 601

1. PLACE OF DEATH:
(a) County Bingham
(b) City or town Blackfoot, Idaho
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? Outside? x city or town
(e) Died in a Home Hospital Institution x Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 26 years 8 months 24 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Ada
(c) City or town Boise, Idaho
(d) Street Address or R.F.D. No. 407 1/2 Main St.
(e) Deceased lived Inside? x Outside? city or town
(f) Citizen of what country? U. S. A.
(g) How long had deceased lived in Idaho? 28 years
(h) Former residence (city, state)

3. (a) FULL NAME BERTHA ZMUDA

94a

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) 1893

8. AGE	Years	Months	Days	If less than 1 day
	51			hrs min.

9. Exact Occupation Domestic, Schoolteacher Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Marshfield, Wisconsin (City or town) (State or foreign country)
Father
12. Name Not given
13. Birthplace Not given (City or town) (State or foreign country)
Mother
14. Maiden name not given
15. Birthplace not given (City or town) (State or foreign country)
16. Informant's OWN Signature Maree Schlesinger Record's State Hosp. So.
and Address Blackfoot, Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 9-23-44 (Month) (Day) (Year)
(c) Place: Marshfield, Wisconsin
18. Funeral Director's OWN Signature John C Sandberg
and Address Blackfoot, Idaho
19. (a) Sept. 23, 1944 (Date received and filed) (b) Mrs. Nature E. Patrick (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) September 21, 1944
at 1:00 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from November 1, 1943, to September 21 1944
I last saw her alive on September 21 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Acute Coronary Thrombosis	1 day
Due to Dementia Praecox	
Due to Hebophrenic type	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature D. A. McCresby MD (M. D. or other)
and Address Blackfoot Ida Date 9-22 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

NOV 9 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 140644
Local Reg. No. 123
Reg. Dist. No. 601

1. **PLACE OF DEATH.**
   (a) County Bingham
   (b) City or town Shelley
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? ✓ Outside? ____ city or town
   (e) Died in a Home ✓ Hospital ____ Institution ____ Other place ____
   (f) Name Hosp. or Inst. ____ Stayed ____ days
   (g) Lived in this county 38 years 6 months ____ days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Bingham
   (c) City or town Shelley
   (d) Street Address or R. F. D. No.
   (e) Deceased lived Inside? ✓ Outside? ____ city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 39 years
   (h) Former residence (city, state) Hyrum Utah.

3. (a) **FULL NAME** Hans Benjamin Jensen

61

3. (b) If veteran, name war ____ 3. (c) Social Security No. ____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married or divorced Married

6. (b) Name of husband or wife Ida C. Christensen 6. (c) Age of husband or wife if alive 72 years

7. Date of Birth (Month, Day, Year) Nov. 26 1868

8. AGE	Years	Months	Days	If less than 1 day
	75	10	6	hrs ____ min. ____

9. Exact Occupation Farming — Did this work for 54 yrs.
10. Industry or Business ____ — Date last worked Nov. 43
11. Birthplace Hyrum Utah (City or town) (State or foreign country)

Father
12. Name Jens Jensen
13. Birthplace Denmark (City or town) (State or foreign country)

Mother
14. Maiden name Hannah Hansen
15. Birthplace Denmark (City or town) (State or foreign country)

16. Informant's **OWN** Signature Arnold O. Jensen
and Address R 2 Shelley Idaho.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-4-44 (Month) (Day) (Year)
(c) Place: Shelley, Idaho

18. Funeral Director's **OWN** Signature John C. Sandberg
and Address Blackfoot Idaho

19. (a) 10-4-1944 (Date received and filed) (b) Mrs Melva C. Jones (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Oct. 2 1944
at 2:05 o'clock A. M.

21. **I HEREBY CERTIFY,** That I attended deceased from May 1944, to Sept. 29 1944.
I last saw him alive on 9/2 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Hemiplegia, right	9/5/44
Due to Generalized arteriosclerosis	
✓ Due to Diabetes mellitus	1940
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's **OWN** Signature H. L. Schiess, MD (M. D. or other)
and Address Shelley Ida Date 10/10 1944

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census NOV 9 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140845
Local Reg. No. 124
Reg. Dist. No. 601

1. PLACE OF DEATH:
(a) County Bingham
(b) City or town Blackfoot
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? Outside? X city or town
(e) Died in a Home Hospital Institution X Other place
(f) Name Hosp. or Inst. St. Hos., So. Stayed 19 days
(g) Lived in this county years months 19 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Fremont
(c) City or town St. Anthony
(d) Street Address or R.F.D. No. -
(e) Deceased lived Inside? - Outside? - city or town
(f) Citizen of what country? U. S.
(g) How long had deceased lived in Idaho? 30 years
(h) Former residence (city, state) Ky.

3. (a) FULL NAME Samuel Harry Clay 83a

3. (b) If veteran, name war -
3. (c) Social Security No. 519-12-3118
4. Sex Male
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife -
6. (c) Age of husband or wife if alive dead years
7. Date of Birth (Month, Day, Year) 1879

8. AGE	Years	Months	Days	If less than 1 day
	65			hrs min.

9. Exact Occupation Newspaper Did this work for - yrs.
10. Industry or Business Newspaper Date last worked -
11. Birthplace Lexington Ky (City or town) (State or foreign country)
Father 12. Name -
13. Birthplace (City or town) (State or foreign country)
Mother 14. Maiden name - -
15. Birthplace - (City or town) (State or foreign country)
16. Informant's OWN Signature St. Hospital, So. files
and Address Lydian Yancey, Ft
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Oct 3rd (Month) (Day) (Year)
(c) Place: St Anthony Idaho
18. Funeral Director's OWN Signature E. J. Fink
and Address Blackfoot Idaho
19. (a) Oct-2-1944 (Date received and filed) Mrs Helen E. Fabrick (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Oct 2 1944
at 11 o'clock P M.

21. I HEREBY CERTIFY, That I attended deceased from Sept. 13 1944, to Oct. 2 1944
I last saw him alive on Oct 2 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death	Duration
1 Cerebral Hemorrhage	
Due to Arteriosclerosis	
Due to Psychosis	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's OWN Signature D. A. McCrosky MD (M. D. or other)
and Address Blackfoot Ida Date 10-4 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census NOV 9 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140846
Local Reg. No. 125
Reg. Dist. No. 601

1. PLACE OF DEATH:
(a) County Bingham
(b) City or town Blackfoot
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? Outside? X city or town
(e) Died in a Home Hospital Institution X Other place
(f) Name Hosp. or Inst. State Hos. S Stayed 48 days
(g) Lived in this county years 1 months 18 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Bannock
(c) City or town Pocatello, Idaho
(d) Street Address or R.F.D. No. 315 W. Halliday
(e) Deceased lived Inside? Outside? X city or town
(f) Citizen of what country? U. S.
(g) How long had deceased lived in Idaho? 38 years
(h) Former residence (city, state)

3. (a) **FULL NAME** Larson, Anna 83a

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex fem. 5. Color or race White
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) 7-12-1867

8. AGE	Years	Months	Days	If less than 1 day
	77			hrs min.

9. Exact Occupation Housewife Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Ephraim, Utah (City or town) (State or foreign country)
Father 12. Name Christian Larsen
13. Birthplace Denmark (City or town) (State or foreign country)
Mother 14. Maiden name not known
15. Birthplace Denmark (City or town) (State or foreign country)
16. Informant's OWN Signature Wilma Smith
and Address State Hos. So. Blackfoot Ida
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 10/7/44 (Month) (Day) (Year)
(c) Place: Pocatello Idaho
18. Funeral Director's OWN Signature J. Mortimer J. Fitzpatrick
and Address Pocatello Idaho
19. (a) Oct. 6-44 (Date received and filed) (b) Mrs Walter E Patrick (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Oct. 7 1944
at 2:15 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from Aug. 19 1944, to Oct. 7 1944
I last saw her alive on Oct. 7 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebral Hemorrhage	
Due to Arteriosclerosis	
Due to Psychosis	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature J. A. McCrosby M.D. (M. D. or other)
and Address Blackfoot Ida Date 10-7 1944
(For additional space, use reverse side)

Grave # 660

140847

United States
Department of Commerce
Bureau of the Census

NOV 9 1944

Certificate Of Death

STATE OF IDAHO

State File No.
Local Reg. No. 126
Reg. Dist. No. 601

1. PLACE OF DEATH:
(a) County Bingham
(b) City or town Blackfoot
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? Outside? X city or town
(e) Died in a Home Hospital Institution X Other place
(f) Name Hosp. or Inst. State Hos. S Stayed 26 days
(g) Lived in this county years months 26 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Gooding
(c) City or town Jerome
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? Outside? city or town
(f) Citizen of what country? Unknown
(g) How long had deceased lived in Idaho? Unknwon years
(h) Former residence (city, state) Jerome, Idaho

3. (a) FULL NAME JOHN ALLES

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3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex MALE
5. Color or race W.
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Jan. 4, 1886

8. AGE	Years	Months	Days	If less than 1 day
	58	9	4 3	hrs min.

9. Exact Occupation Sheeper Herder Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Ingert, Bovaria (City or town) (State or foreign country)
Father
12. Name Unknown
13. Birthplace (City or town) (State or foreign country)
Mother
14. Maiden name unknown
15. Birthplace (City or town) (State or foreign country)
16. Informant's OWN Signature Wilma Smith State Hos. South and Address Blackfoot Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct-9-44 (Month) (Day) (Year)
(c) Place: State Cem. Blackfoot
18. Funeral Director's OWN Signature D M Druelbiss and Address Blackfoot Idaho
19. (a) Oct. 9-44 (Date received and filed) (b) Mrs Walter E Patrick (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Oct. 7 1944 at 4:45 o'clock A. M.
21. I HEREBY CERTIFY, That I attended deceased from Sept. 11 1944, to Oct. 7 1944
I last saw him alive on Oct. 7 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
✓ Gastric Hemorrhage	
Due to Ulcers of Stomach	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide? Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature J. A. McCrosky MD. (M. D. or other) and Address Blackfoot Ida Date 10-7 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

NOV 9 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140848
Local Reg. No. 127
Reg. Dist. No. 601

1. PLACE OF DEATH:
(a) County Bingham
(b) City or town Blackfoot, Idaho
(c) Street Address or R.F.D. No. St. Hosp. South
(d) Death Occured Inside? ..... Outside? ! city or town
(e) Died in a Home.... Hospital.... Institution ! Other place....
(f) Name Hosp. or Inst. St. Hosp, So Stayed 7 days
(g) Lived in this county ..... years ..... months 7 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Jerome
(c) City or town Eden,
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? ..... Outside? ..... city or town
(f) Citizen of what country? U. S. A.
(g) How long had deceased lived in Idaho? not Given
(h) Former residence (city, state) Iowa

3. (a) FULL NAME Hattie, B. Lyons 61

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Not Known
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) May-18-1860 ~~Not Given~~

8. AGE	Years	Months	Days	If less than 1 day
	Not	Given		hrs min.

9. Exact Occupation ..... Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace (Iowa) Hardin Iowa (City or town) (State or foreign country)
Father
12. Name ~~Not Given~~ D. D. Lyons
13. Birthplace " (City or town) (State or foreign country)
Mother
14. Maiden name Not Given
15. Birthplace " (City or town) (State or foreign country)
16. Informant's OWN Signature Records State Hospital South
and Address By Freda Enlow
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 10-8-44 (Month) (Day) (Year)
(c) Place: Twin Falls, Idaho.
18. Funeral Director's OWN Signature Howard Packham
and Address Blackfoot, Idaho
19. (a) Oct. 8, 1944 (Date received and filed) (b) Mrs Walter E. Palmer (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Oct 8 1944
at 12:20 o'clock A. M.
21. **I HEREBY CERTIFY,** That I attended deceased from Oct 2, 1944, to Oct 8 1944
I last saw her alive on Oct 7 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
✓ Diabetic Coma	6 hrs
Due to Diabetes mellitus	unk
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Senile dementia	unk

Where was disease contracted?
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's OWN Signature H A Hewins MD (M. D. or other)
and Address Blackfoot Ida Date Oct 8 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

Name

State File No.....
Local Reg. No. 127
Reg. Dist. No.....

1. **PLACE OF DEATH:** NOV 9 1944
   (a) County .....
   (b) City or town .....
   (c) Street Address or R. F. D. No. .....
   (d) Death Occured Inside?..... Outside?.....city or town
   (e) Died in a Home.... Hospital.... Institution.... Other place....
   (f) Name Hosp. or Inst..... Stayed.....days
   (g) Lived in this county.....years .....months .....days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County T. Falls
   (c) City or town Twin Falls
   (d) Street Address or R.F.D. No. —
   (e) Deceased lived Inside? — Outside? ✓ city or town
   (f) Citizen of what country? U.S.—
   (g) How long had deceased lived in Idaho? 29 years
   (h) Former residence (city, state) .....

3. (a) **FULL NAME** Hattie B. Lyons

3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex Female
5. Color or race W.
6. (a) Single, widowed, married, divorced S.
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Date of Birth (Month, Day, Year) May 18th 1860

8. AGE	Years	Months	Days	If less than 1 day
	84	4	19	hrs min.

9. Exact Occupation ✓ Did this work for — yrs.
10. Industry or Business ✓ Date last worked —
11. Birthplace Hardin, Iowa (City or town) (State or foreign country)

Father
12. Name W. W. Lyons
13. Birthplace Unk (City or town) (State or foreign country)

Mother
14. Maiden name Unk
15. Birthplace Unk (City or town) (State or foreign country)

16. Informant's **OWN** Signature ✓
and Address ✓

17. (a) ..... (b) Date thereof.....
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: .....

18. Funeral Director's **OWN** Signature White Mortuary
and Address Twin Falls, Ida.

19. (a) ..... (b) .....
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH**
(Month, Day, Year) 10-8- 19 44
at.....o'clock .....M.

21. **I HEREBY CERTIFY**, That I attended deceased from .....
.....19....., to.....19.....
I last saw h..... alive on.....19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: | Duration

.....
.....
Due to .....
.....
Due to .....
Other conditions .....
(Include pregnancy within 3 months of death)
.....

Where was disease contracted?.....
Name of operation..... Date.....
Major finding .....
Finding of autopsy .....
.....

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident?..... Suicide?..... Homicide?.....
Occurred..... 19..... City, county, state where violence occurred .....
Place of Violence: Home.....Farm.....Industry.....
Public Place..... While at work?.....
Means of injury .....

23. Attendant's **OWN** Signature .....
(M. D. or other)
and Address .....Date.....19.....
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

NOV 9 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 14064
Local Reg. No. 128
Reg. Dist. No. 601

1. **PLACE OF DEATH:**
(a) County Bingham
(b) City or town Blackfoot
(c) ~~Street Address~~ or R. F. D. No. 2
(d) Death Occurred Inside? ✓ Outside? ____ city or town
(e) Died in a Home ✓ Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 58 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bingham
(c) City or town Blackfoot
(d) ~~Street Address~~ or R. F. D. No. 2
(e) Deceased lived Inside? ✓ Outside? ____ city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 58 years
(h) Former residence (city, state) None

3. (a) **FULL NAME** Lilly P. Anderson 94a

3. (b) If veteran, name war ____
3. (c) Social Security No. 528-26-1194
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Phillip Anderson
6. (c) Age of husband or wife if alive 62 years
7. Date of Birth (Month, Day, Year) May 13 1886

8. AGE	Years	Months	Days	If less than 1 day
	58	4	29	hrs ____ min. ____

9. Exact Occupation Housewife — Did this work for ____ yrs.
10. Industry or Business ____ — Date last worked ____
11. Birthplace Blackfoot, (City or town) Idaho (State or foreign country)

Father
12. Name Robert L. Parsons
13. Birthplace Iowa (City or town) (State or foreign country)

Mother
14. Maiden name Henrietta Rogers
15. Birthplace Salt Lake City, Utah (City or town) (State or foreign country)

16. Informant's OWN Signature Phillip Anderson and Address R.F.D. Blackfoot, Idaho
17. (a) Burial (Burial, cremation or removal) (b) Date thereof Oct. (Month) ____ (Day) 1944 (Year)
(c) Place: Thomas-Rivington Cemetery
18. Funeral Director's OWN Signature John C. Sandhu and Address Blackfoot, Idaho
19. (a) Oct. 12, 1944 (Date received and filed) (b) Mrs Walter C Palmer (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Oct. 12 1944
at 8:15 o'clock P. M.

21. **I HEREBY CERTIFY,** That I attended deceased from Oct 17 1944, to Oct 17 1944
I last saw h[illegible] alive on Oct 17 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: ✓ Coronary occlusion — Duration 6 hrs
Due to ____
Due to ____
Other conditions ____
(Include pregnancy within 3 months of death)
Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's OWN Signature W W Beck (M. D. or other)
and Address Blackfoot Ida. Date 10-14 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

NOV 9 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140850
Local Reg. No. 489
Reg. Dist. No. 601

1. PLACE OF DEATH:
(a) County Bigham
(b) City or town Blackfoot
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? Outside? X city or town
(e) Died in a Home Hospital Institution X Other place
(f) Name Hosp. or Inst. State Hos. So. Stayed days
(g) Lived in this county 4 years 3 months 12 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Caldwell
(d) Street Address or R.F.D. No. 610 Filmore St.
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? U. S.
(g) How long had deceased lived in Idaho? life years
(h) Former residence (city, state) Caldwell, Idaho

3. (a) FULL NAME Eufama Luella Pittman

186a

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife not known
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Feb. 11, 1870

8. AGE	Years	Months	Days	If less than 1 day
	74	9	2	hrs min.

9. Exact Occupation none Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Unions, Nebr. (City or town) (State or foreign country)
Father
12. Name not known
13. Birthplace not known (City or town) (State or foreign country)
Mother
14. Maiden name not known
15. Birthplace not known (City or town) (State or foreign country)
16. Informant's OWN Signature Wilma Smith State Hos. South and Address Blackfoot, Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 10-14-44 (Month) (Day) (Year)
(c) Place: Nampa, Idaho
18. Funeral Director's OWN Signature John C. Sandberg and Address Blackfoot Idaho
19. (a) Oct. 13, 1944 (Date received and filed) (b) Mrs. Walter E. Patrick (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Oct. 13 1944
at 5:45 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from July 1, 1942, to Oct. 13 1944
I last saw her alive on Oct. 13 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Septicaemia	1 wk
Due to Pressure ulcers	
Due to	
Other conditions Fracture hip (Include pregnancy within 3 months of death)	
Senile dementia	mk

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ✓ Suicide? Homicide?
Occurred Sep 1 1944 City, county, state where violence occurred Blackfoot Bingham Ida
Place of Violence: Home Farm Industry
Public Place State Hosp So. While at work? no
Means of injury fall

23. Attendant's OWN Signature H A Hewins MD (M. D. or other)
and Address Blackfoot Ida Date Oct 13 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

NOV 9 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140051
Local Reg. No. 130
Reg. Dist. No. 600

1. **PLACE OF DEATH:**
(a) County Bingham
(b) City or town Blackfoot
(c) Street Address or R.F.D. No. N. Broadway
(d) Death Occured Inside? ✓ Outside? ..... city or town
(e) Died in a Home.... Hospital.... Institution.... Other place....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 29 years — months — days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Bingham
(c) City or town Blackfoot
(d) Street Address or R.F.D. No. N. Broadway
(e) Deceased lived Inside? yes Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 29 years
(h) Former residence (city, state) Bethlehem Penna

3. (a) **FULL NAME** Milton Henry Fehnel 95c

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex M
5. Color or race white
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) February 11, 1869

8. AGE	Years	Months	Days	If less than 1 day
	76	8	7	hrs min.

9. Exact Occupation Retired Did this work for ..... yrs.
10. Industry or Business Sugar Industry Date last worked 1915
11. Birthplace Bethlehem Penna (City or town) (State or foreign country)
Father
12. Name Michael Fehnel
13. Birthplace Northampton Co, Penna (City or town) (State or foreign country)
Mother
14. Maiden name Catharina Teh
15. Birthplace Northampton Co, Penna (City or town) (State or foreign country)
16. Informant's **OWN** Signature E. W. Thoreson
and Address Blackfoot
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 10-23-44 (Month) (Day) (Year)
(c) Place: Bethlehem Pennsylvania
18. Funeral Director's **OWN** Signature E. T. Peck by Howard Packham
and Address Blackfoot Idaho
19. (a) Oct 23, 1944 (Date received and filed) (b) Mrs Walter E. Palmer (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) October 18 (18) 1944
at 12 30 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from Jan 1944, to Oct 18 1944
I last saw him alive on 10-18 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cardiac Decompensation	months
Due to Incident to age	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYISCIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature A. C. Miller M.D. (M. D. or other)
and Address Blackfoot, Ida. Date 10-30 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 33-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census NOV 9 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140552
Local Reg. No. 137
Reg. Dist. No. 600

1. **PLACE OF DEATH:**
   (a) County Bingham
   (b) City or town Blackfoot
   (c) Street Address or R.F.D. No. 629 So University
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home X Hospital ..... Institution ..... Other place .....
   (f) Name Hosp. or Inst. ..... Stayed ..... days
   (g) Lived in this county 32 years ..... months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Bingham
   (c) City or town Blackfoot
   (d) Street Address or R.F.D. No. .....
   (e) Deceased lived Inside? X Outside? ..... city or town
   (f) Citizen of what country? U. S. A.
   (g) How long had deceased lived in Idaho? 32 years
   (h) Former residence (city, state) .....

3. (a) **FULL NAME** Mary Louise Fischer Fackrell 83a

3. (b) If veteran, name war ------
3. (c) Social Security No. ----------
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) February 16, 1867.

8. AGE	Years	Months	Days	If less than 1 day
	77	8	4	hrs ..... min.

9. Exact Occupation retired Housewife Did this work for ..... yrs.
10. Industry or Business At home Date last worked .....
11. Birthplace Richfield, Utah. (City or town) (State or foreign country)

Father
12. Name Jacob Fischer
13. Birthplace Zurich, Switzerland. (City or town) (State or foreign country)

Mother
14. Maiden name Katherine Negli
15. Birthplace Thurgen, Switzerland (City or town) (State or foreign country)

16. Informant's **OWN** Signature Theron Fackrell
and Address Pocatello, Idaho.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 44 (Month) (Day) (Year)
(c) Place: Riverside-Thomas Cemetery

18. Funeral Director's **OWN** Signature Howard Packham
and Address Blackfoot, Idaho.

19. (a) Oct 23 1944 (Date received and filed) (b) Myrtle Eaton (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) October 20, 1944
at 12:10 o'clock A. M.

21. **I HEREBY CERTIFY**, That I attended deceased from ..... to ..... I did not see her alive
I last saw h..... alive on ..... 19..... ; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebral Hemorrhage	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature J. O. Hamilton M.D. (M. D. or other)
and Address Blackfoot, Ida. Date 10-21 1944
(For additional space, use reverse side)

(Coroner)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

NOV 9 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140853
Local Reg. No. 132
Reg. Dist. No. 601.

1. PLACE OF DEATH:
(a) County Bingham
(b) City or town Blackfoot
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? Outside? x city or town
(e) Died in a Home Hospital Institution x Other place
(f) Name Hosp. or Inst. St. Hos. S. Stayed days
(g) Lived in this county 10 years 2 months 5 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Ada
(c) City or town oise
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? Outside? city or town
(f) Citizen of what country? U.S.
(g) How long had deceased lived in Idaho? many years
(h) Former residence (city, state)

3. (a) FULL NAME Mary M. Wills

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3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Fe
5. Color or race W
6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife -
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) 1884 (about)

8. AGE	Years	Months	Days	If less than 1 day
	60			hrs min.

9. Exact Occupation None Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Meigs Co., Ohio (City or town) (State or foreign country)
Father
12. Name Thomas Atkinson
13. Birthplace unknown (City or town) (State or foreign country)
Mother
14. Maiden name Ellen Blackwood
15. Birthplace Athens Co. ohio (City or town) (State or foreign country)
16. Informant's OWN Signature files of St. Hosp. Sc.
and Address Lydia Yancey Bft
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Oct 4 4 (Month) (Day) (Year)
(c) Place: Boise Idaho
18. Funeral Director's OWN Signature E J Rink
and Address Blackfoot Idaho
19. (a) Oct-26-44 (Date received and filed) (b) Mrs Nature Edwin (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Oct 21 1944
at 4.45 o'clock P M.
21. I HEREBY CERTIFY, That I attended deceased from May 1 1942 to Oct 21 1944
I last saw her alive on Oct 21 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
General arteriosclerosis	?
Due to	
Due to	
Other conditions Psychosis with Cerebral arteriosclerosis (Include pregnancy within 3 months of death)	10 yrs +

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature H A Hennis M D (M. D. or other)
and Address Blackfoot Ida Date Oct 22 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

NOV 9 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140[illegible]
Local Reg. No. 133
Reg. Dist. No. 601

1. **PLACE OF DEATH:**
(a) County Bingham
(b) City or town Blackfoot
(c) Street Address or R.F.D. No. 3
(d) Death Occured Inside? ..... Outside? X city or town
(e) Died in a Home X Hospital ..... Institution ..... Other place .....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 33 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Bingham
(c) City or town Blackfoot
(d) Street Address or R.F.D. No. 3
(e) Deceased lived Inside? ..... Outside? X city or town
(f) Citizen of what country? U. S. A.
(g) How long had deceased lived in Idaho? 33yrs years
(h) Former residence (city, state) .....

3. (a) **FULL NAME** John Henry Perdue

93a

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Opal Class
6. (c) Age of husband or wife if alive 59 years
7. Date of Birth (Month, Day, Year) April 30, 1872.

8. AGE	Years	Months	Days	If less than 1 day
	72	~~8~~ 5	22	hrs min.

9. Exact Occupation Farmer — Did this work for 50 yrs.
10. Industry or Business On farm — Date last worked .....
11. Birthplace Aullville, Missouri. (City or town) (State or foreign country)
Father
12. Name William Henry Perdue
13. Birthplace Indiana (City or town) (State or foreign country)
Mother
14. Maiden name Lucinda Jane Rutherford
15. Birthplace Layfette Co., Miss. (City or town) (State or foreign country)
16. Informant's **OWN** Signature Lee Perdue
and Address Blackfoot, Idaho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-25-44. (Month) (Day) (Year)
(c) Place: Grove City Cem. Blackfoot.
18. Funeral Director's **OWN** Signature Howard Packham
and Address Blackfoot, Idaho.
19. (a) Oct. 25, 1944 (Date received and filed) Mrs Walter Elaine (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) October 22, 1944.
at 5:45 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 9-24-44, 19....., to 10-22 1944
I last saw him alive on 10-22 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebral Hemorrhage	6 hrs.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted? none	
Name of operation ..... Date	
Major finding	
Finding of autopsy	

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature Dr. W. R. Eagan DO (M. D. or other)
and Address Blackfoot Date 10-25 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census NOV 9 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140855
Local Reg. No. 134
Reg. Dist. No. 601

1. PLACE OF DEATH:
(a) County Bingham
(b) City or town Blackfoot
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? Outside? X city or town
(e) Died in a Home Hospital Institution X Other place
(f) Name Hosp. or Inst. St. Hospital Sayed days
(g) Lived in this county 1 years 6 months 8 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Lemhi
(c) City or town Salmon
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? Outside? ✓ city or town
(f) Citizen of what country? U. S.
(g) How long had deceased lived in Idaho? 15 years
(h) Former residence (city, state) Salmon, Idaho

3. (a) FULL NAME FANNIE RADMALL 97

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Samuel H. Radmall
6. (c) Age of husband or wife if alive 67 years
7. Date of Birth (Month, Day, Year) July 9, 1882

8. AGE	Years	Months	Days	If less than 1 day
	62	3	15	hrs min.

9. Exact Occupation None Did this work for yrs.
10. Industry or Business None Date last worked
11. Birthplace Vernal, Utah (City or town) (State or foreign country)
Father 12. Name Franklin, Hadlock
13. Birthplace Utah (City or town) (State or foreign country)
Mother 14. Maiden name Ursula Durfee
15. Birthplace Utah (City or town) (State or foreign country)
16. Informant's OWN Signature Isabelle Scott
and Address Blackfoot, Idaho Box 390
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-27-44 (Month) (Day) (Year)
(c) Place: Blackfoot, Idaho
18. Funeral Director's OWN Signature John C. Sandberg
and Address Blackfoot, Idaho
19. (a) Oct. 27-44 (Date received and filed) (b) Mrs Walter E. Watson (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) October 24, 1944
at 1:20 o'clock P.M.
21. I HEREBY CERTIFY, That I attended deceased from 4-8 1943, to 10-24 1944
I last saw her alive on 10-24 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
General arteriosclerosis	?
✓ Due to	
Due to	
Other conditions Psychosis with	?
(Include pregnancy within 3 months of death)	
central arteriosclerosis	
Where was disease contracted?	
Name of operation Date	
Major finding	
Finding of autopsy	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature Hastewins MD (M. D. or other)
and Address Blackfoot Ida Date Oct 25 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

NOV 9 1944

State File No. 140055
Local Reg. No. 135
Reg. Dist. No. 601

1. **PLACE OF DEATH:**
   (a) County Bingham
   (b) City or town Shelley - Route
   (c) Street Address or R.F.D. No. 2
   (d) Death Occured Inside?..... Outside? X city or town
   (e) Died in a Home.... Hospital.... Institution.... Other place X
   (f) Name Hosp. or Inst..... Stayed.....days
   (g) Lived in this county.....years 16 months .....days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Bingham
   (c) City or town Shelley
   (d) Street Address or R.F.D. No. 2
   (e) Deceased lived Inside?.....Outside? X city or town
   (f) Citizen of what country? U. S. A.
   (g) How long had deceased lived in Idaho?.....years
   (h) Former residence (city, state) .....

3. (a) **FULL NAME** Merle Edward Wiklund 183

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) June 22, 1943

8. AGE	Years	Months	Days	If less than 1 day
	1	4	5	hrs min.

9. Exact Occupation None — Did this work for .....yrs.
10. Industry or Business ..... — Date last worked .....
11. Birthplace Idaho Falls, Idaho. (City or town) (State or foreign country)

Father
12. Name Elmer J. Wiklund
13. Birthplace Shelley, Idaho. (City or town) (State or foreign country)

Mother
14. Maiden name Adeline Casper
15. Birthplace Idaho Falls, Idaho. (City or town) (State or foreign country)

16. Informant's **OWN** Signature Elmer J. Wiklund
and Address R #2. Shelley, Ida.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 24 (Month) (Day) (Year)
(c) Place: Riverview Cemetery

18. Funeral Director's **OWN** Signature Howard Parkham
and Address Blackfoot, Idaho.

19. (a) Oct 28 1944 (Date received and filed) (b) Mrs Walter E Lewis (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) October 27, 1944.
at 1 o'clock P M.

21. **I HEREBY CERTIFY**, That I attended deceased from ..... to ..... Was dead on my arrival
I last saw h..... alive on ..... 19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Drowned	
Due to	
Due to	
✓ Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?.....
Name of operation..... Date.....
Major finding .....
Finding of autopsy .....

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Yes Suicide?..... Homicide?.....
Occurred Oct 27 1944 City, county, state where violence occurred Fell in Canal at
Place of Violence: Home Yes Farm.....Industry.....
Public Place..... While at work?.....
Means of injury Fell in Canal

23. Attendant's **OWN** Signature W A Beck (M. D. or other)
and Address Blackfoot Ida Date 10-28 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

NOV 9 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140857
Local Reg. No. 136
Reg. Dist. No. 601

1. PLACE OF DEATH:

(a) County Bingham
(b) City or town Blackfoot
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? Outside? X city or town
(e) Died in a Home Hospital Institution X Other place
(f) Name Hosp. or Inst. St. Mos, So. Stayed 9 days
(g) Lived in this county years 3 months 1 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

(a) State Caldwell (b) County Canyon
(c) City or town
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? Outside? X city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? 5 years
(h) Former residence (city, state) Caldwell, Idaho

3. (a) FULL NAME Henry J. Wieting 97

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive dead years
7. Date of Birth (Month, Day, Year) Feb. 25 1860

8. AGE	Years	Months	Days	If less than 1 day
	84	8	3	hrs min.

9. Exact Occupation farmer Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Calumet County, Wis. (City or town) (State or foreign country)

Father
12. Name Not given
13. Birthplace (City or town) (State or foreign country)

Mother
14. Maiden name Not Given
15. Birthplace (City or town) (State or foreign country)

16. Informant's OWN Signature Ellen Carker
and Address Box 390 Blackfoot Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Oct 30 (Month) (Day) (Year)
(c) Place: Glen Dive Mint
18. Funeral Director's OWN Signature E J Peck
and Address Blackfoot Idaho
19. (a) Oct. 29-44 (Date received and filed) (b) Mrs Natalie E Tatum (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Oct 28 1944
at 1:40 o'clock A M.
21. I HEREBY CERTIFY, That I attended deceased from Aug 27 1944, to Oct 28 1944
I last saw him alive on Oct 27 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death! Duration
General arteriosclerosis ?
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Senile dementia ?
Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature Hal Lewis MD (M. D. or other)
and Address Blackfoot Ida Date Oct 28 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce NOV 9 1944
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 140858
Local Reg. No. 137
Reg. Dist. No. 601

1. PLACE OF DEATH:
(a) County Bingham
(b) City or town Blackfoot
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? Outside? X city or town
(e) Died in a Home Hospital Institution Other place
(f) Name Hosp. or Inst St. Hospital Stayed days
(g) Lived in this county 3 years 8 months 27 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Cassia
(c) City or town Burley
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? Outside? city or town
(f) Citizen of what country? U. S.
(g) How long had deceased lived in Idaho? 27 years
(h) Former residence (city, state) Burley, Idaho

3. (a) **FULL NAME** Lena Vosburg 97

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	75	8	14	hrs min.

9. Exact Occupation Housewife Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Indiana, near Frankfort (City or town) (State or foreign country)
Father
12. Name Andrew W. Charles
13. Birthplace Ohio (City or town) (State or foreign country)
Mother
14. Maiden name Lucinda Pence
15. Birthplace (City or town) (State or foreign country)
16. Informant's **OWN** Signature Isabelle Scott
and Address Blackfoot, Idaho Box 390
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 10-30-44 (Month) (Day) (Year)
(c) Place: Burley Idaho
18. Funeral Director's **OWN** Signature John C. Sandberg
and Address Blackfoot, Idaho
19. (a) Oct. 30, 1944 (Date received and filed) (b) Mrs Walter E. Patrick (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) October 29, 1944
at 5:15 o'clock PM.
21. **I HEREBY CERTIFY,** That I attended deceased from November 1, 1943, to October 29, 1944
I last saw her alive on October 29, 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: General Arteriosclerosis
Due to Senile Dementia
Due to
Other conditions
(Include pregnancy within 3 months of death)
Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature D. A. McCluskey M.D. (M. D. or other)
and Address Blackfoot Ida Date 10-30 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

NOV 8 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140833
Local Reg. No. 44
Reg. Dist. No. 410

1. **PLACE OF DEATH:**
(a) County Blaine
(b) City or town Hailey
(c) Street Address or R. F. D. No.
(d) Death Occured Inside? ✓ Outside? ..... city or town
(e) Died in a Home.... Hospital ✓ Institution.... Other place....
(f) Name Hosp. or Inst. Hailey Clinic Stayed 4 days
(g) Lived in this county ..... years ..... months 5 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Blaine
(c) City or town Hailey
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? ..... Outside? ✓ city or town
(f) Citizen of what country? U. S.
(g) How long had deceased lived in Idaho? ✓ years
(h) Former residence (city, state) Montana

3. (a) **FULL NAME** Gilbert Mills

95 c

3. (b) If veteran, name war ✓
3. (c) Social Security No. single
4. Sex M
5. Color or race white
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife ✓
6. (c) Age of husband or wife if alive ✓ years
7. Date of Birth (Month, Day, Year) Sept 1, 1882

8. AGE	Years	Months	Days	If less than 1 day
	62	1	2	hrs min.

9. Exact Occupation Shepherder. Did this work for 40 yrs.
10. Industry or Business Date last worked
11. Birthplace Richmond, Virg. (City or town) (State or foreign country)

Father
12. Name W. B. Mills
13. Birthplace Virginia (City or town) (State or foreign country)

Mother
14. Maiden name Elizabeth Ivey
15. Birthplace Virginia (City or town) (State or foreign country)

16. Informant's **OWN** Signature Hospital Record
and Address Hailey, Ida.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-5-44 (Month) (Day) (Year)
(c) Place: Hailey cemetery

18. Funeral Director's **OWN** Signature Mrs. L. Hayes
and Address Hailey, Ida.

19. (a) 11-3-1944 (Date received and filed) (b) Robert H. Wright (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 10-3 1944
at 2 o'clock midnight

21. **I HEREBY CERTIFY,** That I attended deceased from 9/30 1944; to 10-3 1944
I last saw h.. alive on 10/3 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cardiac arthma	3 wks
Due to and Bronchiectasis	6 yrs.
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYISCIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature C. W. Fay (M. D. or other)
and Address Hailey, Ida. Date 10/4 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census NOV 8 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140860
Local Reg. No. 43
Reg. Dist. No. 410

1. **PLACE OF DEATH:**
   (a) County Blaine
   (b) City or town Bellevue
   (c) Street Address or R. F. D. No.
   (d) Death Occured Inside? ✓ Outside? ..... city or town
   (e) Died in a Home ✓ Hospital .... Institution .... Other place ....
   (f) Name Hosp. or Inst. ..... Stayed ..... days
   (g) Lived in this county 20 years ..... months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Blaine
   (c) City or town Bellevue
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? ✓ Outside? ..... city or town
   (f) Citizen of what country? U. S. A.
   (g) How long had deceased lived in Idaho? 20 years
   (h) Former residence (city, state) Oregon

3. (a) **FULL NAME** Al Liggett 61

3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Julia
6. (c) Age of husband or wife if alive 74 years
7. Date of Birth (Month, Day, Year) April 2, 1874

8. AGE	Years	Months	Days	If less than 1 day
	70	6	2	hrs ..... min.

9. Exact Occupation miner — Did this work for 30 yrs.
10. Industry or Business — Date last worked 1941
11. Birthplace (City or town) Coffeeville (State or foreign country) Kansas

Father
12. Name Liggett
13. Birthplace (City or town) unknown (State or foreign country)

Mother
14. Maiden name Hunter
15. Birthplace (City or town) unknown (State or foreign country)

16. Informant's **OWN** Signature ✓
    and Address Bellevue, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-7-44 (Month) (Day) (Year)
    (c) Place: Bellevue, Idaho
18. Funeral Director's **OWN** Signature Mrs L. Hargis
    and Address Hailey, Ida.
19. (a) 11-3-1944 (Date received and filed) (b) Robert H. Wright (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Oct. 4 1944
    at 8:00 o'clock P. M.
21. **I HEREBY CERTIFY**, That I attended deceased from 10/1, 1944, to 10-4 1944
    I last saw him alive on 10-4 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Coronary thrombosis	2 days
Due to Hypertension	
and Retal disease	2 yrs
Due to	
Other conditions Diabetis	15 yrs
(Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ..... Date .....
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
    Occurred ..... 19 ..... City, county, state where violence occurred
    Place of Violence: Home ..... Farm ..... Industry .....
    Public Place ..... While at work? .....
    Means of injury
23. Attendant's **OWN** Signature C. W. [illegible] (M. D. or other)
    and Address Hailey, Ida. Date 10 31 1944
    (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census NOV 8 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140[illegible]
Local Reg. No. 46
Reg. Dist. No. 410

1. **PLACE OF DEATH:**
(a) County Blaine
(b) City or town Hailey
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? ✓ Outside? ..... city or town
(e) Died in a Home ..... Hospital ✓ Institution ..... Other place .....
(f) Name Hosp. or Inst. Hailey Clinic Stayed 37 days
(g) Lived in this county 50 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Blaine
(c) City or town Hailey
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? ✓ Outside? ..... city or town
(f) Citizen of what country? U.S.
(g) How long had deceased lived in Idaho? 50 years
(h) Former residence (city, state) Idaho

3. (a) **FULL NAME** Steven A. Douglas Chaney 108

3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife ✓
6. (c) Age of husband or wife if alive ✓ years
7. Date of Birth (Month, Day, Year) July 22, 1869

8. AGE	Years	Months	Days	If less than 1 day
	75	2	26	hrs min.

9. Exact Occupation farmer Did this work for 55 yrs.
10. Industry or Business Date last worked 1943
11. Birthplace Maysville, Mo. (City or town) (State or foreign country)
Father
12. Name unknown
13. Birthplace (City or town) (State or foreign country)
Mother
14. Maiden name unknown
15. Birthplace (City or town) (State or foreign country)
16. Informant's **OWN** Signature Hattie McCoy
and Address Ketchum, Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 10-19-44 (Month) (Day) (Year)
(c) Place: Hailey cemetery
18. Funeral Director's **OWN** Signature Mrs G Harris
and Address Hailey, Ida.
19. (a) 11-3-1944 (Date received and filed) (b) Robert H. Wright (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Oct. 18 1944
at 12:30 o'clock A. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 10-1 1944, to 10-18 1944
I last saw him alive on 10 18 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
✓ Myocarditis	6 mo
Due to	
Due to 9/18 Pneumonia Lobar	1 mo previous
✓ Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ..... Date .....
Major finding
Finding of autopsy

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury

23. Attendant's **OWN** Signature [illegible] (M. D. or other)
and Address Hailey, Ida Date 10 31 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census NOV 8 1944

Certificate Of Death

STATE OF IDAHO

State File No. 14056?
Local Reg. No. 47
Reg. Dist. No. 410

1. **PLACE OF DEATH:**
(a) County Blaine
(b) City or town Hailey
(c) Street Address or R. F. D. No.
(d) Death Occured Inside? ✓ Outside? ..... city or town
(e) Died in a Home .... Hospital ✓ Institution .... Other place ....
(f) Name Hosp. or Inst. Hailey Clinic Stayed 12 days
(g) Lived in this county ..... years ..... months 12 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Lincoln
(c) City or town Richfield
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? ✓ Outside? ..... city or town
(f) Citizen of what country? Canada
(g) How long had deceased lived in Idaho? 36 years
(h) Former residence (city, state) Canada

3. (a) **FULL NAME** Albert Duplissea 83a

3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex male 5. Color or race Irish
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife ✓
6. (c) Age of husband or wife if alive ✓ years
7. Date of Birth (Month, Day, Year) May 24, 1875

8. AGE	Years	Months	Days	If less than 1 day
	69	5	1	hrs min.

9. Exact Occupation Blacksmith Did this work for 45 yrs.
10. Industry or Business Date last worked 10-1-44
11. Birthplace New Brunswick, Canada (City or town) (State or foreign country)

Father
12. Name unknown
13. Birthplace ..... (City or town) (State or foreign country)

Mother
14. Maiden name unknown
15. Birthplace ..... (City or town) (State or foreign country)

16. Informant's **OWN** Signature Geo. J. Duplissea
and Address Richfield Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-28-44 (Month) (Day) (Year)
(c) Place: Richfield, Idaho
18. Funeral Director's **OWN** Signature Geo. L. Harris
and Address Hailey-Ida.
19. (a) 11-3-1944 (Date received and filed) (b) Robert H. Wright (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Oct. 25 1944
at 8:00 o'clock P. M.
21. **I HEREBY CERTIFY**, That I attended deceased from 10-23 1944, to 10-25 1944
I last saw him alive on 10/25 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cardiac	3 days
Due to Hypertension	2 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ..... Date .....
Major finding
Finding of autopsy

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury

23. Attendant's **OWN** Signature S. W. Yost (M. D. or other)
and Address Hailey Ida. Date 10-31-1944
(For additional space, use reverse side)

140663

United States
Department of Commerce
Bureau of the Census

OCT 1 0 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 75
Reg. Dist. No. 110

1. **PLACE OF DEATH:**
(a) County Bonner
(b) City or town Sandpoint
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. Com. Hosp. Stayed days
(g) Lived in this county years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bonner
(c) City or town Sandpoint
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? U.S.
(g) How long had deceased lived in Idaho? years
(h) Former residence (city, state) Ponderay Idaho.

3. (a) **FULL NAME** Dorothy Hattie Benda

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3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) October 3, 1944

8. AGE	Years	Months	Days	If less than 1 day
	0	0	0	8 hrs 30 min.

9. Exact Occupation None Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Sandpoint, Idaho (City or town) (State or foreign country)
Father
12. Name Arnold H. Benda
13. Birthplace Nebr. (City or town) (State or foreign country)
Mother
14. Maiden name Dorothy Dorleen Sevier
15. Birthplace Wyo. (City or town) (State or foreign country)
16. Informant's OWN Signature Arnold H. Benda
and Address Ponderay Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/5/44 (Month) (Day) (Year)
(c) Place: Pinecrest Cemetery
18. Funeral Director's OWN Signature MOON MORTUARY [signature]
and Address SANDPOINT, IDAHO
19. (a) 10-5-1944 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) October 3, 1944 19
at 2 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 19, to 19
I last saw her alive on Oct 3 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Premature Birth 7 Month Gestation	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation None Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy None	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature Floyd G Wendle (M. D. or other)
and Address Sandpoint, Ida Date 10-5 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census NOV 8 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140664
Local Reg. No. 77
Reg. Dist. No. 110

1. PLACE OF DEATH:
(a) County Bonner
(b) City or town Sandpoint
(c) Street Address or R.F.D. No. 329 S. Euclid
(d) Death Occured Inside? XX Outside? ..... city or town
(e) Died in a Home X Hospital .... Institution .... Other place ....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county ..... years ..... months ..... 4 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Boundary
(c) City or town Bonners Ferry
(d) Street Address or R.F.D. No. Kootenai St.
(e) Deceased lived Inside? XX Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 19 years
(h) Former residence (city, state) Minneapolis M.

3. (a) FULL NAME Minnie Vernon 83a

3. (b) If veteran, name war No
3. (c) Social Security No. No.
4. Sex Fem. 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Joe C.
6. (c) Age of husband or wife if alive 70 years
7. Date of Birth (Month, Day, Year) 3/15/1877

8. AGE	Years	Months	Days	If less than 1 day
	67	7	3	hrs .min.

9. Exact Occupation Housewife — Did this work for 40 yrs.
10. Industry or Business at home — Date last worked 10/17/44
11. Birthplace Hennepin Co. (City or town) Minnesota. (State or foreign country)

Father
12. Name ----- Dennin
13. Birthplace ..... (City or town) unknown (State or foreign country)

Mother
14. Maiden name unknown
15. Birthplace ..... (City or town) unknown (State or foreign country)

16. Informant's OWN Signature Joe C Vernon
and Address Bonners Ferry Idaho.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-21-44 (Month) (Day) (Year)
(c) Place: Sandpoint Idaho.

18. Funeral Director's OWN Signature MOON MORTUARY
and Address Sandpoint, Idaho.

19. (a) 10-21-1944 (Date received and filed) (b) Laurence D Moon (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) October 18, 1944
at about 7:00 o'clock A. M.

21. **I HEREBY CERTIFY**, That I attended deceased from ..... 19..... to ..... 19.....
I last saw h..... alive on ..... 19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Natural Causes.	
Due to Cerebral Hemorrhage.	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ..... Date .....
Major finding
Finding of autopsy None

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury

23. Attendant's OWN Signature D. D. Moon — Coroner — (M. D. or other)
and Address Sandpoint Idaho Date Oct. 18, 1944
(For additional space, use reverse side)

140865

United States
Department of Commerce
Bureau of the Census

NOV 8 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 11
Reg. Dist. No. 110

1. **PLACE OF DEATH:**
(a) County Bonner
(b) City or town Sandpoint
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home ____ Hospital X Institution ____ Other place ____
(f) Name Hosp. or Inst. Com. Hos. Stayed 21 days
(g) Lived in this county 26 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bonner
(c) City or town Sandpoint
(d) Street Address or R. F. D. No. R. F. D. - 1
(e) Deceased lived Inside? ____ Outside? X ____ city or town
(f) Citizen of what country? U S A
(g) How long had deceased lived in Idaho? 26 years
(h) Former residence (city, state) Iowa

3. (a) **FULL NAME** Isaac Bonny

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3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife Laura
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) March 28, 1865

8. AGE	Years	Months	Days	If less than 1 day
	78	6	22	hrs ____ min.

9. Exact Occupation Farmer — Did this work for Life yrs.
10. Industry or Business Farm — Date last worked
11. Birthplace Waterloo, Iowa (City or town) (State or foreign country)

Father
12. Name Bonny
13. Birthplace Holland (City or town) (State or foreign country)

Mother
14. Maiden name Unknown
15. Birthplace Germany (City or town) (State or foreign country)

16. Informant's **OWN** Signature O Bonny
and Address R #1 Sandpoint, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/25/44 (Month) (Day) (Year)
(c) Place: Pack River Cemetery
18. Funeral Director's **OWN** Signature MOON MORTUARY
and Address SANDPOINT, IDAHO
19. (a) 10-25-1944 (Date received and filed) (b) Lawrence E. Moon (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) October 20, 1944 19____
at 8 o'clock A. M.
21. **I HEREBY CERTIFY,** That I attended deceased from Oct 1 1944 to Oct 20 1944
I last saw him alive on Oct 19 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Chronic Myocarditis	1 yr
Due to	
✓	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Arteriosclerosis	5 yr

Where was disease contracted?
Name of operation ____ Date ____
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury

23. Attendant's **OWN** Signature Wm F. Tyler MD (M. D. or other)
and Address Sandpoint, Idaho Date 10-25 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census NOV 8 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 140088
Local Reg. No. 22
Reg. Dist. No. 110

1. **PLACE OF DEATH:**
(a) County Bonner
(b) City or town Sandpoint
(c) Street Address or R. F. D. No. 526 S. Florence Ave
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home X Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 31 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bonner
(c) City or town Sandpoint
(d) Street Address or R. F. D. 526 S. Florence Ave. A.
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? Finland
(g) How long had deceased lived in Idaho? 35 years
(h) Former residence (city, state) ____

3. (a) FULL NAME **ALINA MARIE ROOS** 83a

3. (b) If veteran, name war none
3. (c) Social Security No. None
4. Sex Female race White
5. Color or
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Charles Roos
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) August 17, 1878

8. AGE	Years	Months	Days	If less than 1 day
	66	2	4	hrs ____ min.

9. Exact Occupation Housewife — Did this work for Many yrs.
10. Industry or Business Own Home — Date last worked Oct. 1944
11. Birthplace Finland (City or town) (State or foreign country)
Father
12. Name Skogman
13. Birthplace Finland (City or town) (State or foreign country)
Mother
14. Maiden name Unknown
15. Birthplace Finland (City or town) (State or foreign country)
16. Informant's OWN Signature Arvid Anderson
and Address 526 S. Florence City
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/26/44 (Month) (Day) (Year)
(c) Place: Pinecrest Cemetery Sandpoint Idaho
18. Funeral Director's OWN Signature MOON MORTUARY
and Address SANDPOINT, IDAHO
19. (a) 10-26-1944 (Date received and filed) (b) Laurence E. Moon (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) October 21, 1944 19____
at 8:35 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from Oct 20 1944 to Oct 21 1944
I last saw h[illegible] alive on Oct 20 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cerebral Hemorrhage — Duration 1 day
Due to ____
Due to Arteriosclerosis — 2 yrs
Other conditions ____
(Include pregnancy within 3 months of death)
Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature Wm F. Tyler M.D. (M. D. or other)
and Address Sandpoint Idaho Date 10-26 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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United States
Department of Commerce
Bureau of the Census

NOV 8 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 14067
Local Reg. No. 78
Reg. Dist. No. 110

1. **PLACE OF DEATH:**
   (a) County Bonner
   (b) City or town Sandpoint
   (c) Street Address or R. F. D. No. 520 Cedar St
   (d) Death Occurred Inside? X Outside? ____ city or town
   (e) Died in a Home X Hospital ____ Institution ____ Other place ____
   (f) Name Hosp. or Inst. ____ Stayed ____ days
   (g) Lived in this county 38 years ____ months ____ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Bonner
   (c) City or town Sandpoint
   (d) Street Address or R. F. D. No. 520 Cedar St
   (e) Deceased lived Inside? X Outside? ____ city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 38 years
   (h) Former residence (city, state) ____

3. (a) FULL NAME Barbara Ione Davis

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3. (b) If veteran, name war no
3. (c) Social Security No. 535-12-8635
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife ____
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) September 19, 1906

8. AGE	Years	Months	Days	If less than 1 day
	38	1	2	hrs ____ min.

9. Exact Occupation Asst. Chief Clerk — Did this work for 2 yrs.
10. Industry or Business U.S. Naval Base — Date last worked Sept. 1944
11. Birthplace Sandpoint, Idaho. (City or town) (State or foreign country)

Father
12. Name William James Davis
13. Birthplace Carleton Co. New Brunswick (City or town) Canada. (State or foreign country)

Mother
14. Maiden name Myrtle Ella Henry
15. Birthplace Aberdeen, South Dakota. (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs Myrtle E Davis
and Address 520 Cedar St-Sandpoint, Ida.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 24, 1944 (Month) (Day) (Year)
(c) Place Sandpoint, Idaho.
18. Funeral Director's OWN Signature MOON MORTUARY
and Address SANDPOINT, IDAHO
19. (a) 10-24-1944 (Date received and filed) (b) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) October 21, 1944
at 8:45 o'clock P. M.
21. I HEREBY CERTIFY, That I attended deceased from 1939, to Oct-21 1944
I last saw h____ alive on ____ 19____; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Chronic glomerulonephritis mixed type	5 yrs
Due to ____	
Due to ____	
Other conditions Chronic Uremia (Include pregnancy within 3 months of death)	2 mo

Where was disease contracted? ____
Name of operation None Date ____
Major finding ____
Finding of autopsy None

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature Floyd G Wendle (M. D. or other)
and Address Sandpoint, Ida. Date 10-21 1944
(For additional space, use reverse side)

140863

United States
Department of Commerce
Bureau of the Census

NOV 8 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 79
Reg. Dist. No. 110

1. **PLACE OF DEATH:**
(a) County Bonner
(b) City or town Sandpoint
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home __ Hospital X Institution __ Other place __
(f) Name Hosp. or Inst. Com. Hos. Stayed I½ days
(g) Lived in this county ____ years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bonner
(c) City or town Sandpoint
(d) Street Address or R. F. D. No. 606 N Ella
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? U S A
(g) How long had deceased lived in Idaho? I½ days years
(h) Former residence (city, state)

3. (a) FULL NAME PHILIP HAROLD PELLENS ~~Infant Pellens~~

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3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) October 20, 1944

8. AGE	Years	Months	Days	If less than 1 day
	0	0	I	I2 hrs min.

9. Exact Occupation None Did this work for ____ yrs.
10. Industry or Business None Date last worked
11. Birthplace Sandpoint, Idaho (City or town) (State or foreign country)
Father
12. Name Harold K Pellens
13. Birthplace Wilkesbarre, Penn. (City or town) (State or foreign country)
Mother
14. Maiden name Betty Jane Hanson
15. Birthplace Sandpoint, Idaho (City or town) (State or foreign country)
16. Informant's OWN Signature Ralph L. Hanson
and Address Sandpoint, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/24/44 (Month) (Day) (Year)
(c) Place: Pinecrest Cemetery - Sandpoint Idaho
18. Funeral Director's OWN Signature MOON MORTUARY [signature]
and Address SANDPOINT, IDAHO
19. (a) 10-24-1944 (Date received and filed) (b) Lawrence [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) October 23, 1944
at 9 o'clock A. M.
21. **I HEREBY CERTIFY,** That I attended deceased from Oct 20 1944 to Oct 23 1944
I last saw her alive on Oct 23 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Premature 7 month gestation	
Due to	3 da
Due to	
Other conditions ~~Chronic Uremia Hno~~ (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation None Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy None	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury
23. Attendant's OWN Signature Lloyd G. Wendle (M. D. ~~or other~~)
and Address Sandpoint, Idaho Date 10-24 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

NON-RESIDENT 140869

United States
Department of Commerce NOV 8 1944
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 80
Reg. Dist. No. 110

1. **PLACE OF DEATH:**
   (a) County Bonner
   (b) City or town Sandpoint
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? X Outside? city or town
   (e) Died in a Home Hospital X Institution Other place
   (f) Name Hosp. or Inst. Com. Hosp. Stayed 3 days
   (g) Lived in this county years months 21 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Bonner
   (c) City or town Sandpoint
   (d) Street Address or R. F. D. No. #1
   (e) Deceased lived Inside? Outside? X city or town
   (f) Citizen of what country? U. S. A.
   (g) How long had deceased lived in Idaho? 3 Wks. years
   (h) Former residence (city, state) Oregon

3. (a) **FULL NAME** GAIL PAULINE ROESER

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3. (b) If veteran, name war No
3. (c) Social Security No. NONE
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) August 18, 1944

8. AGE	Years	Months	Days	If less than 1 day
	0	2	7	hrs min.

9. Exact Occupation None — Did this work for yrs.
10. Industry or Business None — Date last worked
11. Birthplace Clatskanie, Ore. (City or town) (State or foreign country)

Father
12. Name Joseph Andrew Roeser
13. Birthplace Rainer, Oregon (City or town) (State or foreign country)

Mother
14. Maiden name Thelma Pauline Wickstrom
15. Birthplace Mist, Oregon (City or town) (State or foreign country)

16. Informant's **OWN** Signature Joseph A. Roese and Address Naval Base, Farragut, Ida
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 10/26/44 (Month) (Day) (Year)
    (c) Place Clatskanie, Oregon
18. Funeral Director's **OWN** Signature MOON MORTUARY and Address SANDPOINT, IDAHO
19. (a) 10-26-1944 (Date received and filed) (b) Lawrence E. Moon (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) October 25, 1944 19
    at 10:30 o'clock A. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 19, to 19
    I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Natural Causes, Died enroute to Hospital.	
Due to Lobar Pneumonia	Several Days
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
    Occurred 19 City, county, state where violence occurred
    Place of Violence: Home Farm Industry
    Public Place While at work?
    Means of injury
23. Attendant's **OWN** Signature Lawrence E. Moon Coroner (M. D. or other)
    and Address Sandpoint Idaho Date Oct. 26, 1944

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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United States
Department of Commerce
Bureau of the Census

NOV 8 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 140870
Local Reg. No. 83
Reg. Dist. No. 110

1. PLACE OF DEATH:
(a) County Bonner
(b) City or town Sandpoint
(c) Street Address or R. F. D. No. 524 N. 2nd Ave
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home ____ Hospital X Institution ____ Other place ____
(f) Name Hosp. or Inst. Com. Hosp. Stayed 14 days
(g) Lived in this county 17 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Bonner
(c) City or town Sandpoint
(d) Street Address or R. F. D. No. Cor. Lake&Div.
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? U. S. A.
(g) How long had deceased lived in Idaho? 17 years
(h) Former residence (city, state) S. Dakota

3. (a) FULL NAME Frank Labertas Eastman 131a

3. (b) If veteran, name war No
3. (c) Social Security No. 518-05-2851
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Maude L.
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) March 17, 1881

8. AGE	Years	Months	Days	If less than 1 day hrs	min.
	63	7	11		

9. Exact Occupation Woodsman Did this work for Life yrs.
10. Industry or Business Woods Date last worked 11/43
11. Birthplace Pengree, S. Dakota (City or town) (State or foreign country)
Father 12. Name James Eastman
Father 13. Birthplace Minn. (City or town) (State or foreign country)
Mother 14. Maiden name Unknown
Mother 15. Birthplace Unknown (City or town) (State or foreign country)
16. Informant's OWN Signature Mrs Jennie McKenzie and Address Sandpoint Ida.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/1/44 (Month) (Day) (Year)
(c) Place: Pinecrest Cemetry-Sandpoint, Ida.
18. Funeral Director's OWN Signature MOON MORTUARY A Olson and Address SANDPOINT, IDAHO
19. (a) Nov 1 1944 (Date received and filed) (b) Lawrence E Olson (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Oct. 28, 1944 19____ at 6:30 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from Oct 1 1944 to Oct 28 1944 I last saw h[im] alive on Oct. 27 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Chronic Myocarditis	1 yr
Due to	
Arterio Sclerosis	6 yrs.
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Chronic Nephritis	2 yrs

Where was disease contracted?
Name of operation ____ Date ____
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury

23. Attendant's OWN Signature Wm F. Tyler M.D. (M. D. or other)
and Address Sandpoint Ida Date Nov 1 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

OCT 11 1944

NON-RESIDENT
Certificate Of Death
STATE OF IDAHO

State File No. 140871
Local Reg. No. 798
Reg. Dist. No. 610

1. **PLACE OF DEATH:**
   (a) County Bonneville
   (b) City or town Idaho Falls
   (c) Street Address or R.F.D. No. 342 "C" St.
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home.... Hospital.... Institution.... Other place X
   (f) Name ~~Hosp. or Inst.~~ Ross Hotel Stayed ..... days
   (g) Lived in this county 0 years 2 months ? days

   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Montana (b) County Yellowstone
   (c) City or town Billings
   (d) Street Address or R.F.D. No. 951 Polly Blvd.
   (e) Deceased lived Inside? X Outside? ..... city or town
   (f) Citizen of what country? United States
   (g) How long had deceased lived in Idaho? Unk. years
   (h) Former residence (city, state) Buhl, Ida.

3. (a) **FULL NAME** LULU MAY CROUGH

95c

3. (b) If veteran, name war None
3. (c) Social Security No. 517-12-4208
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) August 8, 1881

8. AGE	Years	Months	Days	If less than 1 day
	63	1	0	hrs ..... min.

9. Exact Occupation Cook — Did this work for 20 yrs.
10. Industry or Business Ranch, 1944 — Date last worked 9/8/44
11. Birthplace Erie (City or town) Kansas (State or foreign country)

Mother Father
12. Name W. H. Drumheller
13. Birthplace Indiana (City or town) (State or foreign country)

Mother Father
14. Maiden name Sarah Moses
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's **OWN** Signature C W Todd
and Address Billings Mont.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Sept. 10, 1944 (Month) (Day) (Year)
(c) Place: Buhl, Idaho

18. Funeral Director's **OWN** Signature Orland E. Bud
and Address Idaho Falls, Idaho

19. (a) 9-9-44 (Date received and filed) (b) Anna Rudge (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) September 8 19 44
at About 7:30 o'clock P. M.

21. **I HEREBY CERTIFY,** That I attended deceased from ..... 19..... to ..... 19.....
I last saw h..... alive on ..... 19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Heart Attack	
Proximate Cause of Death	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? X Suicide? ..... Homicide? .....
Occurred Sept 8th 19 44 City, county, state where violence occurred Idaho Falls Idaho
Place of Violence: Home ..... Farm ..... Industry .....
Public Place Hotel While at work? .....
Means of injury Struck by Front at Door

23. Attendant's **OWN** Signature Lloyd Lester Lamm (M. D. or other)
and Address Idaho Falls Date Sept 9 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

NOV 13 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140[illegible]
Local Reg. No. 216
Reg. Dist. No. 610

1. **PLACE OF DEATH:**
(a) County Bonneville
(b) City or town Idaho Falls
(c) Street Address or R.F.D. No. 144 G. St.
(d) Death Occured Inside? ✓ Outside? ..... city or town
(e) Died in a Home ✓ Hospital .... Institution .... Other place ....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county ..... years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Bonneville
(c) City or town Idaho Falls
(d) Street Address or R.F.D. No. 144 G. St.
(e) Deceased lived Inside? ✓ Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 43 years
(h) Former residence (city, state) Utah

3. (a) **FULL NAME** Frederic Hatfield 61

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife Lucretia Hatfield
6. (c) Age of husband or wife if [illegible] years
7. Date of Birth (Month, Day, Year) March 26, 1869

8. AGE	Years	Months	Days	If less than 1 day
	75	5	25	hrs min.

9. Exact Occupation Farmer Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Springville, Utah (City or town) (State or foreign country)
Father
12. Name John Hatfield
13. Birthplace England (City or town) (State or foreign country)
Mother
14. Maiden name Eliza Beard
15. Birthplace England (City or town) (State or foreign country)
16. Informant's **OWN** Signature Ron Hatfield
and Address Irwin Ida
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/24/44 (Month) (Day) (Year)
(c) Place: Rene, Idaho
18. Funeral Director's **OWN** Signature Jack A. Wood
and Address Idaho Falls Idaho
19. (a) 10-11-44 (Date received and filed) (b) Anna Bridgin (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Sept. 21 1944
at 3-30 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from May 20 1943 to Sept. 21 1944
I last saw him alive on June 14 1944 death is said to have occurred on the date and hour stated above.
Immediate Cause of Death: Probably Diabetic Coma. Duration 1 WR
Due to Diabetes Insipidus
✓ Due to Hypertension Indef.
Other conditions and secondary conditions
(Include pregnancy within 3 months of death)
Where was disease contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....
PHYISCIAN Underline the cause to which death should be charged statistically.
22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature John O'Mellor M.D. (M. D. or other)
and Address Idaho Falls Idaho Date Sept. 21, 1944
(For additional space use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce NOV 13 1944
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 140873
Local Reg. No. 237
Reg. Dist. No. 610

1. **PLACE OF DEATH:**
(a) County Bonneville
(b) City or town Idaho Falls
(c) Street Address or R.F.D. No. 162 - 5
(d) Death Occured Inside? ✓ Outside? ..... city or town
(e) Died in a Home ✓ Hospital ..... Institution ..... Other place .....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county ..... years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Bonneville
(c) City or town Idaho Falls
(d) Street Address or R.F.D. No. 162 - 5
(e) Deceased lived Inside? ✓ Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 45 years
(h) Former residence (city, state) Utah

3. (a) **FULL NAME** Thomas Rowberry 94a

3. (b) If veteran, name war .....
3. (c) Social Security No. 518-20-4865
4. Sex M
5. Color or race W.
6. (a) Single, widowed, married, divorced .....
6. (b) Name of husband or wife Annie S. Rowberry
6. (c) Age of husband or wife if alive 56 years
7. Date of Birth (Month, Day, Year) July 17 1872

8. AGE	Years	Months	Days	If less than 1 day
	72	2	18	hrs min.

9. Exact Occupation night clerk Did this work for ..... yrs.
10. Industry or Business Hotel Date last worked .....
11. Birthplace Erda, Utah (City or town) (State or foreign country)
Father
12. Name John Rowberry
13. Birthplace Utah (City or town) (State or foreign country)
Mother
14. Maiden name Sarah Lee
15. Birthplace Utah (City or town) (State or foreign country)
16. Informant's **OWN** Signature Valene R. Hansen
and Address Pasco, Washington
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/3/44 (Month) (Day) (Year)
(c) Place: Idaho Falls, Idaho
18. Funeral Director's **OWN** Signature Jack A. Wood
and Address Idaho Falls, Idaho
19. (a) 11/7/44 (Date received and filed) (b) Anna Bridges (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) October 1 1944
at 11-15 o'clock a M.
21. **I HEREBY CERTIFY,** That I attended deceased from Oct 1 1944, to Oct 1 1944
I last saw him alive on Oct 1 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death	Duration
Coronary Thrombosis	1 hr
✓ Due to Hypotensen	10 mo
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYISCIAN Underline the cause to which death should be charged statistically.
Name of operation — Date	
Major finding	
Finding of autopsy —	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? — Suicide? — Homicide? —
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature N. West (M. D. or other)
and Address Idaho Falls Date 10/3 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

NOV 13 1944

Certificate Of Death

STATE OF IDAHO

State File No. 14[illegible]
Local Reg. No. 214
Reg. Dist. No. 610

1. **PLACE OF DEATH:**
(a) County Bonneville
(b) City or town Idaho Falls
(c) Street Address or R.F.D. No. 257 Gladstone
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Home.... Hospital X Institution.... Other place....
(f) Name Hosp. or Inst. LDS Stayed 26 days
(g) Lived in this county.....years .....months .....days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Bonn-
(c) City or town Idaho Falls
(d) Street Address or R.F.D. No. 257 Gladstone
(e) Deceased lived Inside? — Outside? ..... city or town
(f) Citizen of what country? .....
(g) How long had deceased lived in Idaho? 26 days. years
(h) Former residence (city, state) .....

3. (a) **FULL NAME** Lavanna Marie Parks.

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex F
5. Color or race W.
6. (a) Single, widowed, married, divorced Dufont
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) Sept-9-1944-

8. AGE	Years	Months	Days	If less than 1 day
			26	hrs min.

9. Exact Occupation ..... Did this work for ..... yrs.
10. Industry or Business ..... Date last worked
11. Birthplace Idaho Idaho Idaho (City or town) (State or foreign country)

Father
12. Name Earl Henry Parks
13. Birthplace Sugar City Idaho (City or town) (State or foreign country)

Mother
14. Maiden name Rene Madalaine Olson
15. Birthplace Rexburg Idaho (City or town) (State or foreign country)

16. Informant's **OWN** Signature Earl Parks
and Address 257 Gladstone, Idaho Falls, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/6/1944. (Month) (Day) (Year)
(c) Place: Mem. Cemetery - City - I-I
18. Funeral Director's **OWN** Signature Leo A. Williams
and Address Idaho Falls, Idaho
19. (a) 10/10/44 (Date received and filed) (b) Lena Burgess (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) October 4 19 44.
at 9:00 o'clock A. M.
21. **I HEREBY CERTIFY**, That I attended deceased from Oct [illegible] 1944, to Oct 4 1944
I last saw h[illegible] alive on Oct 4 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — Duration
Cerebral Meningitis — 4 days
Due to Congenital Hydrocoma — birth
Due to Fetal Pneumonia — birth
Other conditions from birth — 26 days
(Include pregnancy within 3 months of death)

Where was disease contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home..... Farm..... Industry.....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature [illegible] (M. D. or other)
and Address [illegible] Date 11 5 19 44
(For additional space, use reverse side)

140075

United States
Department of Commerce
Bureau of the Census

NOV 13 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 218
Reg. Dist. No. 616

1. **PLACE OF DEATH:**
   (a) County Bonneville
   (b) City or town Idaho Falls
   (c) Street Address or R. F. D. No. ~~Bone Hwy~~
   (d) Death Occurred Inside? ____ Outside? ✓ city or town
   (e) Died in a Home __ Hospital ✓ Institution __ Other place ✓
   (f) Name Hosp. or Inst. L.D.S. Hosp. Stayed ± 10 min. days
   (g) Lived in this county ____ years ____ months ? days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Bingham
   (c) City or town Blackfoot
   (d) Street Address or R. F. D. No. 13
   (e) Deceased lived Inside? ____ Outside? ✓ city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 39 years
   (h) Former residence (city, state) Downey, Ida.

3. (a) **FULL NAME** Melva Almeda Saulls

170C

3. (b) If veteran, name war ____ 3. (c) Social Security No. ____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Everett Saulls 6. (c) Age of husband or wife if alive 39 years

7. Date of Birth (Month, Day, Year) June 23 1905

8. AGE	Years	Months	Days	If less than 1 day
	39	3	12	hrs min.

9. Exact Occupation Housewife Did this work for ____ yrs.
10. Industry or Business ____ Date last worked ____
11. Birthplace Downey (City or town) Idaho (State or foreign country)

Father
12. Name Hyrum Bowman
13. Birthplace Richmond (City or town) Utah (State or foreign country)

Mother
14. Maiden name Ida Hancock
15. Birthplace Downey (City or town) Idaho (State or foreign country)

16. Informant's OWN Signature Everett Saulls
and Address 183 Blackfoot, Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 10-5-44 (Month) (Day) (Year)
(c) Place: Blackfoot, Idaho
18. Funeral Director's OWN Signature John C. Sandberg
and Address Blackfoot, Idaho
19. (a) 10-16-44 (Date received and filed) (b) Anna Bridges (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Oct. 5 1944
at 1:30 o'clock P. M.

21. **I HEREBY CERTIFY,** That I attended deceased from ____ 19__, to ____ 19__
I last saw h____ alive on ____ 19__; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Fractured Skull from our Auto Accident
Due to on Bone Hwy
Due to ____
Other conditions ____
(Include pregnancy within 3 months of death)

Duration

Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? yes Suicide? ____ Homicide? ____
Occurred Date 5 1944 City, county, state where violence occurred Bone Idaho
Place of Violence: Home ____ Farm ____ Industry ____
Public Place yes While at work? yes
Means of injury Fractured Skull
23. Attendant's OWN Signature Auto accident Geo. Paula Carver (M. D. or other)
and Address Idaho Falls Date Oct 14 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

℞ The car Mrs. Saulls was driving
make a curve & turned over. She lived about
10 min. after arriving @ the hospital - was never
conscious. Dr. Soderquist saw her.
She probably suffered internal injuries as well
as a fractured skull.

_____ M. D.

Reg. No. 2680

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

NOV 13 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140876
Local Reg. No. 215
Reg. Dist. No. 610

1. **PLACE OF DEATH:**
   (a) County Bonneville
   (b) City or town Idaho Falls
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? X Outside? city or town
   (e) Died in a Home Hospital X Institution Other place
   (f) Name Hosp. or Inst. L.D.S. Stayed 8 days
   (g) Lived in this county 44 years ? months ? days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Bonneville
   (c) City or town Idaho Falls
   (d) Street Address or R.F.D. No. 375 Eagle Rock
   (e) Deceased lived Inside? X Outside? city or town
   (f) Citizen of what country? United States
   (g) How long had deceased lived in Idaho? 44 years
   (h) Former residence (city, state) Hyde Park, Utah

3. (a) **FULL NAME** EZRA BENSON HYDE

73d.

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) January 25, 1871

8. AGE	Years	Months	Days	If less than 1 day
	73	8	13	hrs min.

9. Exact Occupation Laborer Did this work for 50 yrs.
10. Industry or Business Livestock Date last worked 12/1941
11. Birthplace Hyde Park (City or town) Utah (State or foreign country)

Father
12. Name William Hyde
13. Birthplace Nauvoo (City or town) Illinois (State or foreign country)

Mother
14. Maiden name Sarah Alfred
15. Birthplace Nauvoo (City or town) Illinois (State or foreign country)

16. Informant's **OWN** Signature Duane Hyde
and Address Idaho Falls, Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Oct. 11, 1944 (Month) (Day) (Year)
(c) Place: Hyde Park, Utah
18. Funeral Director's **OWN** Signature Orland C. Beck
and Address Idaho Falls, Idaho.
19. (a) 10-11-44 (Date received and filed) (b) Anna Bridges (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) October 8 1944
at 8:00 o'clock A. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 1944, to 19
I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration

Chr. Myocarditis

Due to C. Dropsy

Due to

Other conditions
(Include pregnancy within 3 months of death)

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYISCIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature [signature] (M. D. or other)
and Address [signature] Date 10/12 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census NOV 1 3 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140877
Local Reg. No. 222
Reg. Dist. No. 610

1. **PLACE OF DEATH:**
(a) County Bonneville
(b) City or town Idaho Falls
(c) Street Address or R.F.D. No. Ceder & Blvd
(d) Death Occured Inside? ✓ Outside? ..... city or town
(e) Died in a Home ..... Hospital ✓ Institution ..... Other place .....
(f) Name Hosp. or Inst. Sacred Heart Stayed 2 days
(g) Lived in this county ..... years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Jefferson
(c) City or town Roberts
(d) Street Address or R.F.D. No. .....
(e) Deceased lived Inside? ✓ Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 34 years
(h) Former residence (city, state) Ohio

3. (a) **FULL NAME** John Burwell

3. (b) If veteran, name war .....
3. (c) Social Security No. 518-07-6520
4. Sex M
5. Color or race W.
6. (a) Single, widowed, married, divorced .....
6. (b) Name of husband or wife Olive Burwell
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) November 27, 1874

8. AGE	Years	Months	Days	If less than 1 day
	69	10	16	hrs min.

9. Exact Occupation Farmer Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Burgess, Ohio (City or town) (State or foreign country)
Father
12. Name John Burwell
13. Birthplace United States (City or town) (State or foreign country)
Mother
14. Maiden name Malinda Hecker
15. Birthplace United States (City or town) (State or foreign country)
16. Informant's **OWN** Signature Olive Burwell
and Address Roberts, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/15/44 (Month) (Day) (Year)
(c) Place: Idaho Falls, Idaho
18. Funeral Director's **OWN** Signature Jack A. Wood
and Address Idaho Falls, Idaho
19. (a) 10-19-44 (Date received and filed) (b) Anna Bridges (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) October 13 1944
at 1 o'clock a M.
21. **I HEREBY CERTIFY,** That I attended deceased from Oct. 11 1944, to Oct. 13 1944
I last saw him alive on Oct. 12 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Shock	2 days
✓ Due to Skull fracture	2 da.
Parrilla internal injuries	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYISCIAN
Name of operation ..... Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ✓ Suicide? ..... Homicide? .....
Occurred Oct. 11 1944 City, county, state where violence occurred Jefferson County
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ✓ While at work? .....
Means of injury Hit by Truck on highway
23. Attendant's **OWN** Signature C. C. Erickson M.V. (M. D. or other)
and Address I. Falls Date 10-19 1944
(For additional space, use reverse side)

Mr. Burwell was returning home from potato picking. Pickup truck in which he was riding was struck by a heavily loaded truck.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census NOV - 1944

NON-RESIDENT
Certificate Of Death
STATE OF IDAHO

State File No. 140073
Local Reg. No. 217
Reg. Dist. No. 610

1. **PLACE OF DEATH:**
   (a) County Bonneville
   (b) City or town Idaho Falls
   (c) Street Address or R.F.D. No. City Park Cabin
   (d) Death Occured Inside? ✓ Outside? ..... city or town
   (e) Died in a Home ✓ Hospital .... Institution .... Other place ....
   (f) Name Hosp. or Inst. ..... Stayed ..... days
   (g) Lived in this county ..... years ..... months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Missouri (b) County .....
   (c) City or town Marshall, Missouri
   (d) Street Address or R.F.D. No. .....
   (e) Deceased lived Inside? ✓ Outside? ..... city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 4 days years
   (h) Former residence (city, state) .....

3. (a) **FULL NAME** James Frank Jackson 200a

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex M
5. Color or race Negro
6. (a) Single, widowed, married, divorced .....
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) Feb 14, 1888

8. AGE	Years	Months	Days	If less than 1 day
	56			hrs min.

9. Exact Occupation Day Labor Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Kansas City, Missouri (City or town) (State or foreign country)
Father
12. Name James H. Jackson
13. Birthplace Tennessee (City or town) (State or foreign country)
Mother
14. Maiden name Julia Moten
15. Birthplace Tennessee (City or town) (State or foreign country)
16. Informant's **OWN** Signature Fred Porter
and Address Idaho Falls, Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 10/16/44 (Month) (Day) (Year)
(c) Place: Marshall, Missouri
18. Funeral Director's **OWN** Signature Jack A. Wood
and Address Idaho Falls, Idaho
19. (a) 10-16-44 (Date received and filed) (b) Anna Bridges (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) October 15 1944
at ..... o'clock ..... M.
21. **I HEREBY CERTIFY,** That I attended deceased from ..... 19....., to ..... 19.....
I last saw h..... alive on ..... 19.....; death is said to have occurred on the date and hour stated above.
Immediate Cause of Death [signature] Duration
Due to .....
Due to .....
Other conditions .....
(Include pregnancy within 3 months of death)
Where was disease contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred [signature] 19.. City, county, state
where violence occurred [signature]
Place of Violence: Home ..... Farm ..... Industry .....
Public Place [signature] While at work? [signature]
Means of injury [signature]
23. Attendant's **OWN** Signature [signature] (M. D. or other)
and Address [signature] Date Oct 16 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

NOV 1 0 1944

Certificate Of Death

STATE OF IDAHO

State File No. 1405
Local Reg. No. 219
Reg. Dist. No. 610

1. PLACE OF DEATH:
(a) County Bonneville
(b) City or town Idaho Falls
(c) Street Address or R.F.D. No. 512 N 4th
(d) Death Occured Inside? ✓ Outside? ..... city or town
(e) Died in a Home .... Hospital ✓ Institution .... Other place ....
(f) Name Hosp. or Inst. L.D.S. Stayed 3 days
(g) Lived in this county 12 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Bonneville
(c) City or town Idaho Falls Ida
(d) Street Address or R.F.D. No. ✓
(e) Deceased lived Inside? ✓ Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 46 years
(h) Former residence (city, state) Buhl Idaho

3. (a) FULL NAME John Ephraim Staten

3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Jessie Brooks Caldwell
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) Dec 3 1867

8. AGE	Years	Months	Days	If less than 1 day
	76.	12	13.	hrs min.

9. Exact Occupation Farmer. Did this work for life yrs.
10. Industry or Business Farm. Date last worked 1924.
11. Birthplace Spanishville (City or town) Utah (State or foreign country)

Father
12. Name Albert Staten
13. Birthplace Derbyshire (City or town) England (State or foreign country)

Mother
14. Maiden name Elizabeth Rowland
15. Birthplace Evanston (City or town) Wyo. (State or foreign country)

16. Informant's **OWN** Signature Edna Weeks
and Address Irwin Idaho

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 10-17-1944 (Month) (Day) (Year)
(c) Place: Buhl Idaho

18. Funeral Director's **OWN** Signature V. F. McHan
and Address Idaho Falls Ida

19. (a) 10-16-44 (Date received and filed) (b) Anna Budge (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Oct 16, 1944
at 6:30 o'clock P. M.

21. **I HEREBY CERTIFY,** That I attended deceased from Oct 13, 1944, to Oct 16, 1944
I last saw h.. alive on Oct 16 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebral Hemorrhage	4 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ..... Date .....
Major finding
Finding of autopsy

PHYISICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury

23. Attendant's **OWN** Signature A. J. Ray Hatch M.D. (M. D. or other)
and Address Idaho Falls Date Oct 17 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

NOV 13 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140654
Local Reg. No. 221
Reg. Dist. No. 610

1. PLACE OF DEATH:
(a) County Bonneville
(b) City or town Idaho Falls
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? X Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. L. D. S. Stayed 4 days
(g) Lived in this county years months 4 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Bingham
(c) City or town Blackfoot
(d) Street Address or R.F.D. No. 485 No. Ash
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? U. S. A.
(g) How long had deceased lived in Idaho? 48 years
(h) Former residence (city, state) Washington, Kan.

3. (a) FULL NAME Otis Ray Miller

124-b.

3. (b) If veteran, name war ----
3. (c) Social Security No.
4. Sex M
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lena J. Miller
6. (c) Age of husband or wife if alive 52 years
7. Date of Birth (Month, Day, Year) December 15, 1891.

8. AGE	Years	Months	Days	If less than 1 day hrs min.
	52	10	2	

9. Exact Occupation Merchant — Did this work for 35 yrs.
10. Industry or Business Merchandising — Date last worked 9-1-44
11. Birthplace Washington, Kansas. (City or town) (State or foreign country)

Father
12. Name Nicholas Miller
13. Birthplace Baden, Germany. (City or town) (State or foreign country)

Mother
14. Maiden name Elizabeth Patrie
15. Birthplace Baden, Germany. (City or town) (State or foreign country)

16. Informant's **OWN** Signature Ray Miller
and Address Blackfoot, Idaho.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 10-17-44. (Month) (Day) (Year)
(c) Place: Blackfoot, Idaho.

18. Funeral Director's **OWN** Signature Howard Packham
and Address Blackfoot, Idaho.

19. (a) 10-19-1944 (Date received and filed) (b) Dora Bridges (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Oct. 17 19 44
at 7:32 o'clock P M.

21. **I HEREBY CERTIFY**, That I attended deceased from Oct 14, 1944 to Oct 17 1944
I last saw h alive on Oct 17 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cirrhosis of the liver	9
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation None Date	
Major finding	
Finding of autopsy	

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature H. Ray Hatch MD (M. D. or other)
and Address Idaho Falls Date Oct 19 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

NOV 13 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140881
Local Reg. No. 224
Reg. Dist. No. 610

1. **PLACE OF DEATH:**
   (a) County Bonneville
   (b) City or town Idaho Falls
   (c) Street Address or R.F.D. No. 390 Basalt
   (d) Death Occured Inside? ✓ Outside? ..... city or town
   (e) Died in a Home.... Hospital.... Institution.... Other place....
   (f) Name Hosp. or Inst. Sacred Heart Stayed 11 days
   (g) Lived in this county 66 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Bonn.
   (c) City or town Idaho Falls.
   (d) Street Address or R.F.D. No. 390 Basalt.
   (e) Deceased lived Inside? ✓ Outside? ..... city or town
   (f) Citizen of what country? U. S. A.
   (g) How long had deceased lived in Idaho? 66. years
   (h) Former residence (city, state) Logan Utah.

3. (a) **FULL NAME** Robert S. Oley. 107

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife ✓ 6. (c) Age of husband or wife if alive ✓ years

7. Date of Birth (Month, Day, Year) Dec 20 1865

8. AGE	Years	Months	Days	If less than 1 day
	78	9	29	hrs min.

9. Exact Occupation Police officer Did this work for life yrs.
10. Industry or Business Sheriff. Date last worked 1942
11. Birthplace Logan (City or town) Utah (State or foreign country)

Father
12. Name John Oley.
13. Birthplace ..... England. (City or town) (State or foreign country)

Mother
14. Maiden name Elizabeth Skelton
15. Birthplace ..... England. (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mrs Harry Bennett
and Address Idaho Falls Ida.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-22-1944 (Month) (Day) (Year)
(c) Place: Idaho Falls Idaho.

18. Funeral Director's **OWN** Signature T. F. McHan
and Address Idaho Falls Ida.

19. (a) 10-21-44 (Date received and filed) (b) Anna Bridges (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Oct 19 1944
at 2:15 o'clock P. M.

21. **I HEREBY CERTIFY**, That I attended deceased from Oct 18 1944, to Oct 19 1944
I last saw him alive on Oct 19 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Bronchial Pneumonia — Duration 7 days
✓ Due to Hypertrophic Prostatis ?
Due to .....
Other conditions (Include pregnancy within 3 months of death) .....
Where was disease contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYISICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature C. C. Clemp (M. D. or other)
and Address ..... Date ..... 19.....

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

NOV 13 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140882
Local Reg. No. 227
Reg. Dist. No. 610

1. **PLACE OF DEATH**
   (a) County Bonneville
   (b) City or town Idaho Falls
   (c) Street Address or R.F.D. No. Lyon apts 43.
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home X Hospital .... Institution .... Other place ....
   (f) Name Hosp. or Inst. ..... Stayed ..... days
   (g) Lived in this county 20 years ..... months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Bonneville
   (c) City or town Idaho Falls
   (d) Street Address or R.F.D. No. Ryan apts 43.
   (e) Deceased lived Inside? X Outside? ..... city or town
   (f) Citizen of what country? U.S.
   (g) How long had deceased lived in Idaho? 63 years
   (h) Former residence (city, state) Farmington, Utah

3. (a) **FULL NAME** Mrs Sarah Jane Charlesworth 95c

3. (b) If veteran, name war .....
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) June 21-1879

8. AGE	Years	Months	Days	If less than 1 day
	65	3	28	hrs ..... min.

9. Exact Occupation Housewife — Did this work for Life yrs.
10. Industry or Business None — Date last worked .....
11. Birthplace Farmington, Utah (City or town) (State or foreign country)

Father
12. Name William M Morgan.
13. Birthplace Kaysville, Utah (City or town) (State or foreign country)

Mother
14. Maiden name Lavina Goss
15. Birthplace Provo Cagyon, Utah (City or town) (State or foreign country)

16. Informant's **OWN** Signature John W. Charlesworth
and Address Payne, Nevada

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/23/44 (Month) (Day) (Year)
(c) Place: Idaho Falls, Idaho

18. Funeral Director's **OWN** Signature Leo A. Williams
and Address Idaho Falls, Idaho

19. (a) 10/27/44 (Date received and filed) (b) Anna Bridges (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) October 19 19 44
at ..... o'clock ..... M.

21. **I HEREBY CERTIFY**, That I attended deceased from ..... 19..... to ..... 19.....
I last saw h..... alive on ..... 19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Natural Causes or Heart Attack	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYISCIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred Oct 2 19 44 City, county, state where violence occurred Idaho Falls Ida
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury Heart Attack

23. Attendant's **OWN** Signature Fred Earle Evans (M. D. or other)
and Address Box 25 Date Nov 25 1944
(For additional space, use reverse side)
Idaho Falls Ida

This lady had been shopping - Was found appx. 18 hrs. later, sitting on davenport with bundles beside her and small change still in her hand - Had a history of heart attacks.

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH

STATE OF IDAHO

NOV 13 1944

State File No. 1403
Local Reg. No. 226
Reg. Dist. No. 610

1. **PLACE OF DEATH:**
   (a) County Bonneville
   (b) City or town Idaho Falls
   (c) Street Address or R. F. D. No. Memorial Dr.
   (d) Death Occurred Inside? X Outside? ..... city or town
   (e) Died in a Home ....Hospital X Institution ....Other place ....
   (f) Name Hosp. or Inst. L. D. S. Stayed ..... days
   (g) Lived in this county ..... years ..... months 1 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Jefferson
   (c) City or town Menan
   (d) Street Address or R. F. D. No. X
   (e) Deceased lived Inside? X Outside? ..... city or town
   (f) If foreign born, in U. S. ..... yrs. Citizen of U. S.? .....
   (g) How long had deceased lived in Idaho? 33 years
   (h) Former residence (city, state) None

3. (a) **FULL NAME** EVA ALBERTA DAVEY.

137a

3. (b) If veteran, name war X
3. (c) Social Security No. 519-24-0257
4. Sex F. M.
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife George Andrew
6 (c) Age of husband or wife if alive 36 years
7. Date of Birth (Month, Day, Year) Dec. 10, 1910

8. AGE	Years	Months	Days	If less than 1 day
	33	10	10	hrs ..... min.

9. Exact Occupation Housewife — Did this work for life yrs.
10. Industry or Business Home — Date last worked 10/18/44
11. Birthplace Annis, Idaho. (City or town) (State or foreign country)

Father
12. Name Riley Hall.
13. Birthplace Ogden, Utah. (City or town) (State or foreign country)

Mother
14. Maiden name Mina Bitton.
15. Birthplace Menan, Idaho. (City or town) (State or foreign country)

16. Informant's **OWN** Signature George Davey.
and Address Menan, Idaho.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 10/20/44 (Month) (Day) (Year)
(c) Place: Annis, Idaho.
18. Funeral Director's **OWN** Signature A. B. Eckersell
and Address Rigby, Idaho.
19. (a) 10/24/44 (Date received and filed) (b) Irma Budge (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Oct. 20 1944
at 1:55 o'clock A M.

21. I **HEREBY CERTIFY,** That I attended deceased from ..... 19..... to ..... 19.....
I last saw her alive on ..... 19..... ; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Internal Hemorrhage — Duration 20 hrs
Due to Ruptured Ovarian Follicle — Duration 20 hrs
Due to .....
Other conditions. Obesity
(Include pregnancy within 3 months of death)

Where was disease first contracted? At home
Name of operation None Date .....
Major finding —
Finding of autopsy Ruptured Ovarian Follicle

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature Oldon Tall, M.D. (M. D. or other)
and Address Rigby, Ida. Date 10/20 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

NOV 13 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 14004
Local Reg. No. 228
Reg. Dist. No. 610

1. PLACE OF DEATH:
(a) County Bonneville
(b) City or town Idaho Falls
(c) Street Address or R. F. D. No. Memorial Dr.
(d) Death Occurred Inside? x Outside? ..... city or town
(e) Died in a Home ....Hospital x Institution ....Other place ....
(f) Name Hosp. or Inst. L. D. S. Stayed ..... days
(g) Lived in this county ..... years ..... months 1 days
Note For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Madison
(c) City or town Lyman
(d) Street Address or R. F. D. No. Thornton R.#1
(e) Deceased lived Inside? ..... Outside? x city or town
(f) If foreign born, in U. S. ..... yrs. Citizen of U. S.? .....
(g) How long had deceased lived in Idaho? 6 years
(h) Former residence (city, state) None

3. (a) **FULL NAME** DONNA LaRUE REID.

3. (b) If veteran, name war x
3. (c) Social Security No. x
4. Sex F.M.
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife x
6 (c) Age of husband or wife if alive x years
7. Date of Birth (Month, Day, Year) Jan. 14, 1838

8. AGE	Years	Months	Days	If less than 1 day
	6	9	6	hrs min.

9. Exact Occupation Child — Did this work for life yrs.
10. Industry or Business x — Date last worked x
11. Birthplace Lyman, Idaho. (City or town) (State or foreign country)
Father
12. Name Pearson Lyle Reid.
13. Birthplace Lyman, Idaho. (City or town) (State or foreign country)
Mother
14. Maiden name Sylvia LaRue Morgan.
15. Birthplace Millcreek, Utah. (City or town) (State or foreign country)
16. Informant's OWN Signature Lyle Reid.
and Address Thornton, Idaho. R. #1
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 10/20/44 (Month) (Day) (Year)
(c) Place: Archer, Idaho.
18. Funeral Director's OWN Signature A B Eckersell
and Address Rigby, Idaho.
19. (a) 10/27/44 (Date received and filed) (b) Anna Bridges (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Oct. 20 1944
at ..... o'clock ..... M.

21. I **HEREBY CERTIFY**, That I attended deceased from Oct 20 1944 to Oct 20 1944
I last saw her alive on Oct 20 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — Duration
1 Acute Follicular Tonsillitis 4 days
Vincents Angina
Due to Severe adenitis
Due to Myocarditis 24 hrs
Other conditions .....
(Include pregnancy within 3 months of death)

Where was disease first contracted? .....
Name of operation — Date .....
Major finding —
Finding of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide? .....
Occurred — 19 ..... City, county, state where violence occurred —
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's OWN Signature J N West MD (M. D. or other)
and Address Idaho Falls, Ida Date ..... 19 .....
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

NOV 13 1944

Certificate Of Death

STATE OF IDAHO

State File No. 14[illegible]5
Local Reg. No. 234
Reg. Dist. No. 610

1. **PLACE OF DEATH:**
   (a) County Bonneville
   (b) City or town Idaho
   (c) Street Address or R.F.D. No. Memorial Hospital
   (d) Death Occured Inside? ... Outside? ... city or town
   (e) Died in a Home ... Hospital ✓ Institution ... Other place ...
   (f) Name Hosp. or Inst. L. D. S. Stayed ... days
   (g) Lived in this county ... years ... months ... days

   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Bonneville
   (c) City or town Idaho Falls
   (d) Street Address or R.F.D. No. 5
   (e) Deceased lived Inside? ' Outside? ✓ city or town
   (f) Citizen of what country? U. S. A.
   (g) How long had deceased lived in Idaho? ... years
   (h) Former residence (city, state) ...

3. (a) **FULL NAME** Colleen Pitcher

3. (b) If veteran, name war ...
3. (c) Social Security No. ...
4. Sex F.
5. Color or race W.
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife ...
6. (c) Age of husband or wife if alive ... years
7. Date of Birth (Month, Day, Year) October 21, 1944

8. AGE	Years	Months	Days	If less than 1 day
				7 hrs min.

9. Exact Occupation home — Did this work for ... yrs.
10. Industry or Business — Date last worked
11. Birthplace Idaho Falls (City or town) Idaho (State or foreign country)

Father
12. Name George Pitcher
13. Birthplace Smithfield, Utah (City or town) (State or foreign country)

Mother
14. Maiden name Genevieve Barrett
15. Birthplace Stone (City or town) Idaho (State or foreign country)

16. Informant's **OWN** Signature George P. Pitcher
and Address Idaho Falls Rt #5

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/24/44 (Month) (Day) (Year)
(c) Place: Idaho Falls, Idaho

18. Funeral Director's **OWN** Signature Jack A. Ward
and Address Idaho Falls Idaho

19. (a) 11/4/44 (Date received and filed) (b) Emma Budge (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) October 21 1944
at 2-30 o'clock P M.

21. **I HEREBY CERTIFY**, That I attended deceased from Oct 21 1944, to Oct 21, 1944
I last saw h[illegible] alive on Oct 21-1944, death is said to have occurred on the date and hour stated above.
Immediate Cause of Death: Premature birth of 7 months gestation — Duration ...
✓ Due to Hyaline membrane disease
Due to ...
Other conditions ... mother
(Include pregnancy within 3 months of death)

Where was disease contracted? ...
Name of operation ... Date ...
Major finding ...
Finding of autopsy ...

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ... Suicide? ... Homicide? ...
Occurred ... 19... City, county, state where violence occurred ...
Place of Violence: Home ... Farm ... Industry ...
Public Place ... While at work? ...
Means of injury ...

23. Attendant's **OWN** Signature Glen O. Miller M.D.
and Address Idaho Falls (M. D. or other) Date Oct 30 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

NOV 13 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140886
Local Reg. No. 235
Reg. Dist. No. 610

1. **PLACE OF DEATH:**
(a) County Bonneville
(b) City or town Idaho Falls
(c) Street Address or R.F.D. No. Memorial Dr.
(d) Death Occured Inside? ✓ Outside? ..... city or town
(e) Died in a Home.... Hospital ✓ Institution.... Other place....
(f) Name Hosp. or Inst. L-U-S. Stayed 29 days
(g) Lived in this county ..... years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Jefferson
(c) City or town Ferreton, Idaho
(d) Street Address or R.F.D. No. .....
(e) Deceased lived Inside? ✓ Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 60 years
(h) Former residence (city, state) .....

3. (a) **FULL NAME** John Hansen 46 L.

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced .....
6. (b) Name of husband or wife Bertha S. Hansen
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) Mar 13, 1865

8. AGE	Years	Months	Days	If less than 1 day
	79	7	8	hrs min.

9. Exact Occupation Farmer Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Schoney, Sweden (City or town) (State or foreign country)
Father
12. Name Nels Hansen
13. Birthplace Sweden (City or town) (State or foreign country)
Mother
14. Maiden name Christian Pearson
15. Birthplace Sweden (City or town) (State or foreign country)
16. Informant's **OWN** Signature C. C. Richins
and Address Ferreton, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/25/44 (Month) (Day) (Year)
(c) Place Idaho Falls, Idaho
18. Funeral Director's **OWN** Signature Jack A. Wood
and Address Idaho Falls, Idaho
19. (a) Nov. 4-1944 (Date received and filed) (b) Anna Budge (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) October 21 1944
at 5-30 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from Sept 22 1944 to Oct. 21 1944
I last saw him alive on Oct 21 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Carcinoma Liver & Stomach	1 yr.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation ..... Date	
Major finding	
Finding of autopsy	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature A. P. Sodergren M.D. (M.D. or other)
and Address Idaho Falls Idaho Date 10/27 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

NOV 13 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 140[illegible]
Local Reg. No. 240
Reg. Dist. No. 610

1. **PLACE OF DEATH:**
   (a) County Bonneville
   (b) City or town Idaho Falls
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? ~~Outside?~~ — city or town
   (e) Died in a [redacted] Hospital ~~Institution~~ Other place
   (f) Name Hos[redacted] or ~~Inst.~~ L. D. S. Stayed 4 days
   (g) Lived in this county years months days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Fremont
   (c) City or town Ashton
   (d) Street Address or R. F. D. No.
   (e) Deceased lived Inside? ~~Outside?~~ city or town
   (f) Citizen of what country? United States
   (g) How long had deceased lived in Idaho? 32 years
   (h) Former residence (city, state) Iowa

3. (a) **FULL NAME** Harry D. Neifert

186 a

3. (b) If veteran, name war
3. (c) Social Security No. —
4. Sex male
5. Color or race white
6. (a) ~~Single, widowed,~~ married, divorced married
6. (b) Name of ~~husband~~ or wife Sallie Neifert
6. (c) Age of husband or wife if alive 68 years
7. Date of Birth (Month, Day, Year) July 16 1876

8. AGE	Years	Months	Days	If less than 1 day
	68	3	5	hrs min.

9. Exact Occupation Farmer - Hotel operator Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Marion Co. Iowa (City or town) (State or foreign country)

Father
12. Name Dan Neifert
13. Birthplace Pennsylvania (City or town) (State or foreign country)

Mother
14. Maiden name Don't Know
15. Birthplace " " (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. H. D. Neifert
and Address Ashton - Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10 - 28 - 44 (Month) (Day) (Year)
(c) Place: Ashton Idaho
18. Funeral Director's OWN Signature [illegible]
and Address Ashton Idaho
19. (a) Nov. 7-1944 (Date received and filed) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Oct. 22, 1944 19
at 11 15 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from Oct. 18 1944 to Oct. 22 -44 19
I last saw him alive on Oct. 22 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Compress fracture	
Due to 4th & 5th Cervical vertebrae	
Due to	
✓ Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Yes Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home — Farm Industry
Public Place While at work?
Means of injury Fell from tree
23. Attendant's OWN Signature [illegible] (M. D. or other)
and Address Idaho Falls Ida Date Oct 26 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

NOV 13 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140033
Local Reg. No. 231
Reg. Dist. No. 610

1. PLACE OF DEATH:
(a) County Bonneville
(b) City or town Idaho Falls
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? X Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. Sacred Heart Stayed 11 days
(g) Lived in this county 74 years 5 months 22 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Bonneville
(c) City or town Idaho Falls
(d) Street Address or R.F.D. No. 415 5th Street
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? United States
(g) How long had deceased lived in Idaho? 37 years
(h) Former residence (city, state) Sugar City, Idaho

3. (a) **FULL NAME** SUSANNA (SUE) BAUER BUNDLIE 61

3. (b) If veteran, name war None
3. (c) Social Security No. 518-14-8006
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Martin B. Bundlie
6. (c) Age of husband or wife if alive 60 years
7. Date of Birth (Month, Day, Year) May 4, 1870

8. AGE	Years	Months	Days	If less than 1 day
	74	5	22	hrs min.

9. Exact Occupation Housewife — Did this work for 45 yrs.
10. Industry or Business At home — Date last worked 10/16/44
11. Birthplace Red Wing (City or town) Minnesota (State or foreign country)
Father 12. Name Joseph Bauer
Father 13. Birthplace Bavaria (City or town) (State or foreign country)
Mother 14. Maiden name Obreicht
Mother 15. Birthplace Switzerland (City or town) (State or foreign country)
16. Informant's **OWN** Signature Martin B. Bundlie and Address Idaho Falls, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 20, '44 (Month) (Day) (Year)
(c) Place Rose Hill Cem., Idaho Falls
18. Funeral Director's **OWN** Signature Orland C. Buck and Address Idaho Falls, Idaho
19. (a) Nov 2-1944 (Date received and filed) (b) Emma Bridges (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) October 26 19 44
at 5:15 o'clock P M.

21. **I HEREBY CERTIFY**, That I attended deceased from Oct 16 1944, to Oct 26 1944
I last saw her alive on Oct 26 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
✓ Apoplexy	
Due to	
Due to	
Other conditions Diabetes Mellitus	
(Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature A. P. Lodengaard M.D.
and Address Idaho Falls Idaho (M.D. or other) Date 10/31 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

NOV 13 1944

Certificate Of Death

STATE OF IDAHO

State File No. 14088
Local Reg. No. 239
Reg. Dist. No. 610

1. **PLACE OF DEATH:**
   (a) County Bonneville
   (b) City or town Idaho Falls
   (c) Street Address or R.F.D. No. Memorial Hosp
   (d) Death Occured Inside? ✓ Outside? ..... city or town
   (e) Died in a Home .... Hospital ✓ Institution .... Other place ....
   (f) Name Hosp. or Inst. ..... Stayed 1 days
   (g) Lived in this county ..... years ..... months ..... days

   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Lemhi
   (c) City or town Farney
   (d) Street Address or R.F.D. No. ✓
   (e) Deceased lived Inside? ✓ Outside? ..... city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 41 years
   (h) Former residence (city, state) .....

3. (a) **FULL NAME** Roba Clark — 33a

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex F.
5. Color or race W.
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife Max Clark
6. (c) Age of husband or wife if alive 53 years
7. Date of Birth (Month, Day, Year) May 3, 1903

8. AGE	Years	Months	Days	If less than 1 day hrs min.
	41	5	25	

9. Exact Occupation Housewife — Did this work for ..... yrs.
10. Industry or Business ..... — Date last worked .....
11. Birthplace Lemhi (City or town) Idaho (State or foreign country)

Father
12. Name Robert S. Watson
13. Birthplace United States (City or town) (State or foreign country)

Mother
14. Maiden name Lawson ?
15. Birthplace Visited States (City or town) (State or foreign country)

16. Informant's **OWN** Signature Max Clark
and Address Farney Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 11/1/44 (Month) (Day) (Year)
(c) Place: Ammon, Idaho
18. Funeral Director's **OWN** Signature Jack A. Wood
and Address Idaho Falls, Idaho
19. (a) 11/9/44 (Date received and filed) (b) Anna Bridges (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) October 28 1944
at 2-15 o'clock a M.

21. **I HEREBY CERTIFY,** That I attended deceased from 10-27 1944, to 10-28 1944
I last saw her alive on 10-28 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Bilateral lobar pneumonia	12 hrs
✓ Due to Influenzae bacillus	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation ..... Date	
Major finding	
Finding of autopsy	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature J. B. Woolley M.D. (M. D. or other)
and Address Idaho Falls, Date 11-9 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce NOV 3 1944
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 140[illegible]
Local Reg. No. 44-44
Reg. Dist. No. 100

1. **PLACE OF DEATH:**
(a) County Boundary
(b) City or town Bonners Ferry
(c) Street Address or R.F.D. No. Kootenai St
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Home X Hospital ..... Institution ..... Other place .....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 21 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Boundary
(c) City or town Bonners Ferry
(d) Street Address or R.F.D. No. Kootenai St.
(e) Deceased lived Inside? X Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 21 years
(h) Former residence (city, state) Wellsville N.Y.

3. (a) **FULL NAME** William D. Gardiner 53

3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Wid-
6. (b) Name of husband or wife Unknown
6. (c) Age of husband or wife if alive dec. years
7. Date of Birth (Month, Day, Year) Aug-22-

8. AGE	Years	Months	Days	If less than 1 day
	84	1	9	hrs min.

9. Exact Occupation Int. Dec. Did this work for 40 yrs.
10. Industry or Business his own. Date last worked 10 yrs.
11. Birthplace Friendship N.Y. (City or town) (State or foreign country)
Father
12. Name William D. Gardiner
13. Birthplace New York. (City or town) (State or foreign country)
Mother
14. Maiden name Lena Crandall
15. Birthplace New York. (City or town) (State or foreign country)
16. X Informant's **OWN** Signature Marie Tolmadge
and Address Bonners Ferry Ida
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/5/44 (Month) (Day) (Year)
(c) Place: Bonners Ferry Ida
18. Funeral Director's **OWN** Signature Frank Moser
and Address Bonners Ferry Ida
19. (a) Oct 2-1944 (Date received and filed) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Oct. 1. 1944
at 12:15 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from August 1944, to Oct 1 1944
I last saw him alive on Sept 30 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Osteomyelitis of lower Jaw	4 mo.
Due to Old Carious teeth	years
Epithelioma of cheek	3 mo.
Due to	
Other conditions Secondary hemorrhage (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature R. M. Bonree M.D. (M. D. or other)
and Address Bonners Ferry Date 10/2 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 140891
Local Reg. No. 211
Reg. Dist. No. 362

1. PLACE OF DEATH:
(a) County Canyon
(b) City or town Nampa
(c) Street Address or R.F.D. No. 608-15 Ave N
(d) Death Occured Inside? ~~Outside~~? city ~~or town~~
(e) Died in a ~~Home~~ Hospital ~~Institution~~ ~~Other~~ place
(f) Name Hosp. or Inst. Mercy Stayed 1 days
(g) Lived in this county 30 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Nampa
(d) Street Address or R.F.D. No. 608-15 Ave N
(e) Deceased lived Inside? ~~Outside~~? city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 30 years
(h) Former residence (city, state) ✓

3. (a) FULL NAME Joe Johnson 93 d

3. (b) If veteran, name war —
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife ✓
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day hrs min.

9. Exact Occupation Carpenter Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Sweeden (City or town) (State or foreign country)
Father 12. Name
13. Birthplace (City or town) (State or foreign country)
Mother 14. Maiden name
15. Birthplace (City or town) (State or foreign country)
No information available
16. Informant's **OWN** Signature F. K. Robinson
and Address Nampa Ida
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-21-44 (Month) (Day) (Year)
(c) Place: Nampa Ida
18. Funeral Director's **OWN** Signature Fred K. Robinson
and Address Nampa Ida
19. (a) Nov. 15-1944 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) July 18 1944
at 4 o'clock A M.

21. I HEREBY CERTIFY, That I attended deceased from 7-17 1944, to 4 A.M. 7-18 1944
I last saw him alive on 7-17 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Acute Cardiac Dilatation — Duration 12 hours
Due to Myocarditis — Years
Due to Oan Erection
Other conditions
(Include pregnancy within 3 months of death)
Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature V. C. Bellamy (M. D. or other)
and Address Nampa Ida Date 11-14-1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

SEP 9 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 140892
Local Reg. No. 150
Reg. Dist. No. 363

1. **PLACE OF DEATH:**
   (a) County Canyon
   (b) City or town Nampa
   (c) Street Address or R. F. D. No. 16th Ave So
   (d) Death Occurred Inside? ✓ Outside? ____ city or town
   (e) Died in a Home __ Hospital ✓ Institution __ Other place __
   (f) Name Hosp. or Inst. Mercy Stayed none days
   (g) Lived in this county __ years __ months __ days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Canyon
   (c) City or town Caldwell
   (d) Street Address or R. F. D. No. R#4
   (e) Deceased lived ~~Inside?~~ Outside? X city or town
   (f) Citizen of what country
   (g) How long had deceased lived in Idaho? ____ years
   (h) Former residence (city, state) ____

3. (a) **FULL NAME** Micheal E. Thade 160C

3. (b) If veteran, name war ____ 3. (c) Social Security No. ____
4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced ____
6. (b) Name of husband or wife ____ 6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) 8-29-44

8. AGE	Years	Months	Days	If less than 1 day
	—	—	—	0 hrs 5 min.

9. Exact Occupation none Did this work for ____ yrs.
10. Industry or Business ____ Date last worked ____
11. Birthplace Nampa (City or town) Idaho (State or foreign country)
Father
12. Name Elbert Franklin Thade
13. Birthplace Berryville (City or town) Arkansas (State or foreign country)
Mother
14. Maiden name Carrie LaMoyne Hoadley
15. Birthplace Caldwell (City or town) Idaho (State or foreign country)
16. Informant's OWN Signature Frank W. Ade
and Address Caldwell Idaho R#4
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Aug. 30 1944 (Month) (Day) (Year)
(c) Place: Caldwell Idaho
18. Funeral Director's OWN Signature [signature]
and Address Caldwell Idaho
19. (a) Aug 29 1944 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 8-29 1944
at ____ o'clock ____ M.
21. **I HEREBY CERTIFY,** That I attended deceased from 8-29 1944 to 8-29 1944
I last saw h____ alive on ____ 19____; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: ~~Stillborn~~ | Duration
✓ Due to Cord came a head of fetal head. Caused
Due to Pressure & baby breathed
Other conditions (Include pregnancy within 3 months of death) Premature
Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy Birth

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ✓ Suicide? ____ Homicide? ____
Occurred Mercy H.P. City, county, state
where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature V C Belknap (M. D. or other)
and Address Nampa Idaho Date 8/29 1944
(For additional space, use reverse side)

140833

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No.
Local Reg. No. 111
Reg. Dist. No. 360

NOV 8 1944

1. PLACE OF DEATH:
(a) County Canyon
(b) City or town Caldwell
(c) Street Address or R.F.D. No. 2503 Cleveland
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Home.... Hospital.... Institution.... Other place....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 2 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Caldwell
(d) Street Address or R.F.D. No. 2503 Cleveland
(e) Deceased lived Inside? X Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 2 years
(h) Former residence (city, state) Allen, Nebraska

3. (a) FULL NAME John William Ellis 74a

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Grace Ellis
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) March 31, 1888

8. AGE	Years	Months	Days	If less than 1 day
	56	5	25	hrs min.

9. Exact Occupation Farmer + Carpenter Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Allen (City or town) Nebraska (State or foreign country)
Father
12. Name Phineas Ellis
13. Birthplace ..... (City or town) Iowa (State or foreign country)
Mother
14. Maiden name Jennie Benstead
15. Birthplace Evansville, Ind. (City or town) (State or foreign country)
16. Informant's OWN Signature Mrs. Oral Barney
and Address Caldwell, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-30-44 (Month) (Day) (Year)
(c) Place: Canyon Hill Cemetery Caldwell, Idaho
18. Funeral Director's OWN Signature [signature]
and Address 504 So. Kimball Ave. Caldwell, Ida.
19. (a) 10-19-44 (Date received and filed) (b) Agnes M. Denman (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Sept. 26 1944
at 5:00 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from Sept 26 1944, to Sept 26 1944
I last saw him alive on Sept 24 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Coronary Thrombosis	Instantly
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted Caldwell	
Name of operation — Date —	
Major finding —	
Finding of autopsy —	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ✓ Suicide? ✓ Homicide? ✓
Occurred ✓ 19✓ City, county, state where violence occurred ✓
Place of Violence: Home ✓ Farm ✓ Industry ✓
Public Place ✓ While at work? ✓
Means of injury ✓
23. Attendant's OWN Signature [signature] (M. D. or other)
and Address Caldwell Date Sept 25 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

NOV 9 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140834
Local Reg. No. 189
Reg. Dist. No. 363

1. **PLACE OF DEATH:**
(a) County Canyon
(b) City or town Nampa
(c) Street Address or R.F.D. No. 903 11th Ave. So.
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Home X Hospital ..... Institution ..... Other place .....
(f) Name Hosp. or Inst. Carter's Nursing Stayed ..... days
(g) Lived in this county 35 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Caldwell
(d) Street Address or R.F.D. No. 2
(e) Deceased lived Inside? ..... Outside? X city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 35 years
(h) Former residence (city, state) .....

3. (a) **FULL NAME** George Thomas

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Elizabeth
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) Dec. 21, 1866

8. AGE	Years	Months	Days	If less than 1 day
	77	9	9	hrs min.

9. Exact Occupation Rancher Did this work for ..... yrs.
10. Industry or Business " Date last worked .....
11. Birthplace Wathena (City or town) Kansas (State or foreign country)
Father
12. Name Winston Thomas
13. Birthplace ..... (City or town) Kentucky (State or foreign country)
Mother
14. Maiden name Susan Briggs
15. Birthplace ..... (City or town) Ohio (State or foreign country)
16. Informant's **OWN** Signature Ruth Thomas Mowrey
and Address 1241 Huntley Dr. Lt.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-4-44 (Month) (Day) (Year)
(c) Place: Morris Hill Cemetery
18. Funeral Director's **OWN** Signature [illegible]
and Address 504 - So. Kimball Ave. Caldwell
19. (a) Oct-11-1944 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 9-30 1944
at 1:30 o'clock P. M. M.W.T.
21. **I HEREBY CERTIFY,** That I attended deceased from Dec 1943, to Sept 1944
I last saw h..... alive on ..... 19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cardiac Decompensation	2-3 mos.
Due to Old Age & Rheumatoid Arthritis	Years
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature [illegible] (M. D. or other)
and Address Nampa Date 10/4 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census OCT. 10 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140895
Local Reg. No. 186
Reg. Dist. No. 362

1. **PLACE OF DEATH:**
(a) County Canyon
(b) City or town Nampa
(c) Street Address or R.F.D. No. —
(d) Death Occured Inside? ~~Outside?~~ city or town
(e) Died in a ~~Home~~ Hospital ~~Institution~~ ~~Other place~~
(f) Name Hosp. ~~or Inst~~ Samaritan Stayed 10 days
(g) Lived in this county 20 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Nampa
(d) Street Address or R.F.D. No. 204 Elder st
(e) Deceased lived Inside? X ~~Outside?~~ city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 20 years
(h) Former residence (city, state) Wash

3. (a) **FULL NAME** Isaac Homer Dean 1 1a

3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of ~~husband or~~ wife Rebecca
6. (c) Age of husband or wife if alive — years
7. Date of Birth (Month, Day, Year) Apr 20 - 1863

8. AGE	Years	Months	Days	If less than 1 day
	86	5	11	hrs min.

9. Exact Occupation Farmer Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Iowa (City or town) (State or foreign country)
Father
12. Name Silas Dean
13. Birthplace W. Va (City or town) (State or foreign country)
Mother
14. Maiden name Martin
15. Birthplace W. Va (City or town) (State or foreign country)
16. Informant's **OWN** Signature John H. Dean
and Address 1159 Bresee Ave Pasadena 7
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-3-44 (Month) (Day) (Year)
(c) Place: Cloverdale Cem.
18. Funeral Director's **OWN** Signature F. K. Robinson
and Address Nampa Ida
19. (a) Oct-5-1944 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Oct 1 1944
at 12:05 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from Sept 20 1944, to Oct 1 1944
I last saw him alive on Oct 1 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Uremia	10 days
Due to Chronic Nephritis	
Arteriosclerosis	
Due to Senility	
Other conditions Senile Dementia	
(Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature Henry C. Wesche MD (M. D. or other)
and Address Nampa Ida Date 10-3 1944
(For additional space, use reverse side)

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Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce NOV 8 1944
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 140[illegible]
Local Reg. No. 112
Reg. Dist. No. 360

1. **PLACE OF DEATH:**
(a) County Canyon
(b) City or town Caldwell
(c) Street Address or R.F.D. No. 702 So. 7th
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Home.... Hospital X Institution.... Other place....
(f) Name Hosp. or Inst. Mem Park Stayed 1 days
(g) Lived in this county ..... years ..... months 1 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Caldwell
(d) Street Address or R.F.D. No. .....
(e) Deceased lived Inside? X Outside? ..... city or town
(f) Citizen of what country? U S A
(g) How long had deceased lived in Idaho? Ida years
(h) Former residence (city, state) .....

3. (a) **FULL NAME** David Gilbert Rice 157g

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Infant
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Date of Birth (Month, Day, Year) Sept 30, 1944

8. AGE	Years	Months	Days	If less than 1 day
			1	hrs min.

9. Exact Occupation — Did this work for ..... yrs.
10. Industry or Business — Date last worked .....
11. Birthplace Caldwell (City or town) Idaho (State or foreign country)
Father
12. Name Ferrol Richard Rice
13. Birthplace Idaho Falls (City or town) Idaho (State or foreign country)
Mother
14. Maiden name Kathryn Jannette Lonkey
15. Birthplace Caldwell (City or town) Idaho (State or foreign country)
16. Informant's **OWN** Signature Ferrol R. Rice
and Address Farragut Naval Training Station
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-3-44 (Month) (Day) (Year)
(c) Place: Canyon Hill Cemetery
18. Funeral Director's **OWN** Signature C. V. Peckham
and Address 504 So. Kimball Ave. Caldwell, Ida.
19. (a) 10-19-44 (Date received and filed) (b) Agnes M. Denman (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) October 1 1944
at 11:00 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from Sept 30 1944 to Oct 1 1944
I last saw him alive on Oct 1 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Biliary obstruction	
Due to (congenital anomaly)	1 day
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted? —	
Name of operation — Date	
Major finding —	
Finding of autopsy	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state
where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature E. L. Munn (M.D. or other)
and Address Caldwell Ida Date 10-7 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

140897

United States
Department of Commerce
Bureau of the Census OCT. 10 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140897
Local Reg. No. 184
Reg. Dist. No. 363

1. PLACE OF DEATH:
(a) County Canyon
(b) City or town Nampa
(c) Street Address or R. F. D. No. Rural
(d) Death Occured Inside? Outside? x city or town
(e) Died in a Home Hospital Institution x Other place
(f) Name Hosp. or Inst. St. School Stayed days
(g) Lived in this county 13 years 3 months 8 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Nampa
(d) Street Address or R.F.D. No. Rural
(e) Deceased lived Inside? Outside? x city or town
(f) Citizen of what country? Canyon
(g) How long had deceased lived in Idaho? life years
(h) Former residence (city, state)

3. (a) FULL NAME John Allen Robson

3. (b) If veteran, name war x
3. (c) Social Security No. x
4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife x
6. (c) Age of husband or wife if alive x years
7. Date of Birth (Month, Day, Year) May 10, 1929

8. AGE	Years	Months	Days	If less than 1 day
	15	4	23	hrs min.

9. Exact Occupation none — Did this work for x yrs.
10. Industry or Business none — Date last worked x
11. Birthplace Kellogg (City or town) Idaho (State or foreign country)

Father
12. Name Ira A Robson
13. Birthplace Whitehall (City or town) Mont. (State or foreign country)

Mother
14. Maiden name Margaret Morgan
15. Birthplace Moscow (City or town) Idaho (State or foreign country)

16. Informant's **OWN** Signature Olga Shirley, Clerk State School and Colony Records and Address Nampa, Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 10-4-44 (Month) (Day) (Year)
(c) Place: Spokane Washington
18. Funeral Director's **OWN** Signature W. T. Talley and Address Nampa, Ida.
19. (a) Oct-4-1944 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) October 3 19 44
at 7:30 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from March 22 19 43, to October 3 19 44
I last saw him alive on October 3 19 44; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Pulmonary Tuberculosis	
Due to Pernicous Anaemia	
Due to Congenital malformation	
Other conditions of Brain (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature Stanford Allen M D (M. D. or Other)
and Address State School Colony Date 10/3 19 44
(For additional [illegible] see reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census NOV 8 1944

Certificate Of Death

STATE OF IDAHO

State File No. 14065
Local Reg. No. 110
Reg. Dist. No. 960

1. **PLACE OF DEATH:**
   (a) County Canyon (Caldwell)
   (b) City or town
   (c) Street Address or R.F.D. No. 210 Cleveland Blvd
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home X Hospital ..... Institution ..... Other place ....
   (f) Name Hosp. or Inst. Arnold's Nursing Stayed 30 days
   (g) Lived in this county ..... years 1 months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Owyhee
   (c) City or town Homedale
   (d) Street Address or R.F.D. No. .....
   (e) Deceased lived Inside? ..... Outside? X ..... city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 39 years
   (h) Former residence (city, state) .....

3. (a) **FULL NAME** Martha Virginia Blair 932

3. (b) If veteran, name war ..... 3. (c) Social Security No. .....

4. Sex Fem 5. Color or race White 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Edward Blair 6. (c) Age of husband or wife if alive ..... years

7. Date of Birth (Month, Day, Year) Unknown

8. AGE	Years	Months	Days	If less than 1 day
	about 72	—	—	hrs ..... min.

9. Exact Occupation Housewife Did this work for ..... yrs.

10. Industry or Business ..... Date last worked .....

11. Birthplace Hillsville (City or town) Virginia (State or foreign country)

Father
12. Name Unknown
13. Birthplace Unknown (City or town) Unknown (State or foreign country)

Mother
14. Maiden name Unknown
15. Birthplace Unknown (City or town) Unknown (State or foreign country)

16. Informant's **OWN** Signature Laurence Blair
and Address Homedale, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-7-44 (Month) (Day) (Year)
(c) Place Canyon Hill Cemetery

18. Funeral Director's **OWN** Signature .....
and Address 504 So. Kimball Ave. (Caldwell)

19. (a) 10-19-44 (Date received and filed) (b) Agnes M. Denman (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) October 5 1944
at 2:30 o'clock A M.

21. **I HEREBY CERTIFY**, That I attended deceased from Sept 15 1944 to Oct 1 1944
I last saw her alive on Oct 1 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Chr Myocarditis	
√ Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation ..... Date	PHYSICIAN Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature R. E. Coons (M. D. or other)
and Address Caldwell Ida. Date 10/10 1944
(For additional space, use reverse side)

Canyon Co Physician

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

OCT 10 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140[illegible]
Local Reg. No. 187
Reg. Dist. No. 363

1. PLACE OF DEATH:

(a) County Canyon
(b) City or town Nampa
(c) Street Address or R.F.D. No. rural
(d) Death Occured Inside? ..... Outside? X city or town
(e) Died in a Home.... Hospital.... Institution X Other place....
(f) Name Hosp. or Inst. St. School Stayed ..... days
(g) Lived in this county ..... years 7 months 25 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

(a) State Idaho (b) County Canyon
(c) City or town Nampa
(d) Street Address or R.F.D. No. Rural
(e) Deceased lived Inside? ..... Outside? X city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? life years
(h) Former residence (city, state) .....

3. (a) **FULL NAME** Laverne Darlene Olsen

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3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) 6 / 28 / 1938

8. AGE	Years	Months	Days	If less than 1 day
	6	3	8	hrs min.

9. Exact Occupation none — Did this work for x yrs.
10. Industry or Business none — Date last worked x
11. Birthplace Emmett (City or town) Idaho (State or foreign country)

Father
12. Name Arnold D. Olsen
13. Birthplace Lajaunta (City or town) Colorado (State or foreign country)

Mother
14. Maiden name Viola Agnes Sullivan
15. Birthplace Emmett (City or town) Idaho (State or foreign country)

16. Informant's **OWN** Signature Wilma Dewel Biss
and Address State School and Colony Records Nampa, Ida
17. (a) removal (Burial, cremation, or removal) (b) Date thereof 10/6/44 (Month) (Day) (Year)
(c) Place: Payette Idaho
18. Funeral Director's **OWN** Signature Edith Caudin
and Address Payette Idaho
19. (a) Oct-6-1944 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) October 6 1944
at 1:45 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from Febuary 11 1944, to October 6 1944
I last saw her alive on October 6 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Diabetic Coma	
Due to	
Diabetes	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature Elizabeth Carpenter R.N. (M. D. or other)
and Address State School, Nampa Date Oct 6 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

NOV 8 1944

Certificate Of Death

STATE OF IDAHO

State File No. 14[illegible]
Local Reg. No.
Reg. Dist. No. 360

1. **PLACE OF DEATH:**
(a) County Canyon
(b) City or town Caldwell
(c) Street Address or R.F.D. No. 1502 Dearborn
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Home.... Hospital.... Institution.... Other place....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 46 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Caldwell
(d) Street Address or R.F.D. No. 1502 Dearborn
(e) Deceased lived Inside? X Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 46 years
(h) Former residence (city, state) Scotland

3. (a) **FULL NAME** David Baird 9 1a

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife Bolette S. Baird
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) Aug. 22, 1877

8. AGE	Years	Months	Days	If less than 1 day
	66	1	14	hrs min.

9. Exact Occupation Bookkeeper Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace ..... Scotland (City or town) (State or foreign country)
Father
12. Name Alexander Baird
13. Birthplace ..... Scotland (City or town) (State or foreign country)
Mother
14. Maiden name Isabella Cowen
15. Birthplace ..... Scotland (City or town) (State or foreign country)
16. Informant's **OWN** Signature Alexander A. Baird
and Address 82 Dutton Ave Sandiego
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-12-44 (Month) (Day) (Year)
(c) Place: Canyon Hill Cemetery
18. Funeral Director's **OWN** Signature V. Peckham
and Address 504 So. Kimball Ave. Caldwell Ida.
19. (a) 10-19-44 (Date received and filed) (b) Agnes M. Denman (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) about Oct 6 1944
at Unknown o'clock ..... M.
21. **I HEREBY CERTIFY**, That I attended deceased from ..... 19....., to ..... 19.....
I last saw h..... alive on ..... 19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Probably Coronary Thrombosis found dead sitting	
Due to on Toilet with head in Bath tub.	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home X Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature Wm. D. Talley Coroner (M.D. or other)
and Address Nampa Ida Date 10-28 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

NOV 8 1944

Certificate Of Death

STATE OF IDAHO

State File No. 1409
Local Reg. No. 114
Reg. Dist. No. 361

1. **PLACE OF DEATH:**
(a) County Canyon
(b) City or town Wilder
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? X Outside? city or town
(e) Died in a Home Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Wilder
(d) Street Address or R.F.D. No. Bx 64
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 1 years
(h) Former residence (city, state)

3. (a) **FULL NAME** Orville Eugene Bailey

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race W
6. (a) Single, widowed, married, divorced S
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) June 22, 1943

8. AGE	Years	Months	Days	If less than 1 day
	1	3	15	hrs min.

9. Exact Occupation — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace Caldwell (City or town) Idaho (State or foreign country)
Father Unknown
12. Name Grandfather C.R. Bailey
13. Birthplace Dell - Montana (City or town) (State or foreign country)
Mother
14. Maiden name Elvina Bailey
15. Birthplace Sal-Mullen (City or town) Idaho (State or foreign country)
16. Informant's **OWN** Signature Elvina Bailey
and Address Wilder Idaho - Box 64
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-12-44 (Month) (Day) (Year)
(c) Place: Wilder Cemetery - Wilder Ida
18. Funeral Director's **OWN** Signature V. Peckham
and Address 504 So. Kimball Ave - Caldwell
19. (a) 10-19-44 (Date received and filed) (b) Agnes M Denman (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) October 7 1944
at 4:30 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from Oct 7 1944, to Oct 7 1944
I ~~last~~ saw him ~~alive~~ DEAD on arrival Oct 7 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cardiac failure	
Due to	
Due to Convulsions	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature R. L. Ross MD (M. D. or other)
and Address Caldwell Ida Date 10/11 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census NOV 9 1944

Certificate Of Death

STATE OF IDAHO

State File No. 1405
Local Reg. No. 196
Reg. Dist. No. 362

1. **PLACE OF DEATH:**
   (a) County Canyon
   (b) City or town Nampa
   (c) Street Address or R.F.D. No. Cor. Oregon Holly
   (d) Death Occured Inside? ~~Outside?~~ ~~city or town~~
   (e) Died in a Home ~~Hospital~~ ~~Institution~~ ~~Other place~~
   (f) Name Hosp. or Inst. ..... Stayed ..... days
   (g) Lived in this county 4 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Canyon
   (c) City or town Nampa Idaho
   (d) Street Address or R.F.D. No. Cor. Oregon Holly
   (e) Deceased lived Inside? ~~Outside?~~ ~~city or town~~
   (f) Citizen of what country? U S A
   (g) How long had deceased lived in Idaho? 4 years
   (h) Former residence (city, state) Pennsylvania

3. (a) **FULL NAME** Mrs Ella Mayes 49a

3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex F
5. Color or race W
6. (a) Single, ~~widowed~~, ~~married~~, ~~divorced~~ Single
6. (b) Name of husband or wife no
6. (c) Age of husband or wife if alive no years
7. Date of Birth (Month, Day, Year) May 15 1886

8. AGE	Years	Months	Days	If less than 1 day
	58	4	22	hrs min.

9. Exact Occupation ..... Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Kentucky (City or town) (State or foreign country)

Father
12. Name Wood
13. Birthplace (City or town) (State or foreign country)

Mother
14. Maiden name Wood
15. Birthplace (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mrs Chas Helfrich
and Address R R 4 Nampa Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/11/44 (Month) (Day) (Year)
(c) Place: Nampa Idaho

18. Funeral Director's **OWN** Signature F. K. Robinson
and Address Nampa Idaho

19. (a) Oct 14 1944 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Oct 7 1944
at ..... o'clock ..... M.

21. **I HEREBY CERTIFY**, That I attended deceased from May 1944, to Oct 7 1944
I last saw h..... alive on ..... 19 .....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cancer cachexia	
Due to Intra-abdominal	
Cancer (prob. ovarian)	1 year
Due to	
Other conditions Severe anemia (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ..... Date .....
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature Jos. Saltzman M D (M. D. or other)
and Address Nampa Idaho Date 10 13 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

NOV 8 1944

STATE OF IDAHO

State File No. 140903
Local Reg. No. 109
Reg. Dist. No. 360

1. PLACE OF DEATH:
(a) County Canyon
(b) City or town Caldwell
(c) Street Address or R.F.D. No. 702 So. 7th St.
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Home .... Hospital X Institution .... Other place ....
(f) Name Hosp. or Inst. Mem. Park Stayed ..... days
(g) Lived in this county 37 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Caldwell
(d) Street Address or R.F.D. No. 709 Everett St.
(e) Deceased lived Inside? X Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 37 years
(h) Former residence (city, state) ——

3. (a) FULL NAME John Edward Glennon 108

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Male
5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Loraine
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) Jan. 24, 1907

8. AGE	Years	Months	Days	If less than 1 day
	37	8	14	hrs min.

9. Exact Occupation Clerk Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Parma (City or town) Idaho (State or foreign country)
Father
12. Name James C. Glennon
13. Birthplace Garden Valley, Idaho (City or town) (State or foreign country)
Mother
14. Maiden name Amanda C. Stockton
15. Birthplace Parma, Idaho (City or town) (State or foreign country)
16. Informant's OWN Signature Mrs Loraine Glennon
and Address 709 Everett St. Caldwell
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-11-44 (Month) (Day) (Year)
(c) Place: Tucker Cemetery - Nampa, Ida.
18. Funeral Director's OWN Signature [signature]
and Address 504 So. Kimball Ave. Caldwell, Ida
19. (a) 10-19-44 (Date received and filed) (b) Agnes M. Denman (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) October 8 1944
at 6:00 o'clock A. M.
21. **I HEREBY CERTIFY,** That I attended deceased from Oct 6 1944, to Oct 8 1944
I last saw him alive on Oct 8 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
✓ AC Endocarditis	?
Due to Pneumonia lobar	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation ..... Date	
Major finding	
Finding of autopsy	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's OWN Signature R. L. Ross M.D. (M. D. or other)
and Address Caldwell Ida Date 10/11 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census NOV 9 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140991
Local Reg. No. 190
Reg. Dist. No. 363

1. **PLACE OF DEATH:**
(a) County Canyon
(b) City or town Nampa
(c) Street Address or R.F.D. No. Route 4 Caldwell
(d) Death Occured Inside? ..... Outside? X city or town
(e) Died in a Home .... Hospital X Institution .... Other place ....
(f) Name Hosp. or Inst. Mercy. Stayed 27 days
(g) Lived in this county 5 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Ida (b) County County
(c) City or town Caldwell
(d) Street Address or R.F.D. No. Route 4
(e) Deceased lived Inside? ..... Outside? X city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 23 years
(h) Former residence (city, state) Mo.

3. (a) **FULL NAME** Blanch Mable Wray. 46 e.

3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife John
6. (c) Age of husband or wife if alive 68 years
7. Date of Birth (Month, Day, Year) April 20 – 1881

8. AGE	Years	Months	Days	If less than 1 day
	63	5	18	hrs min.

9. Exact Occupation House Wife Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Kingston (City or town) Mo. (State or foreign country)
Father
12. Name W. W. Clevenger
13. Birthplace ..... (City or town) Mo. (State or foreign country)
Mother
14. Maiden name Millie Sackman
15. Birthplace ..... (City or town) Mo. (State or foreign country)
16. Informant's X **OWN** Signature Forrest Wray
and Address Emmett, Idaho.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 10-13-44 (Month) (Day) (Year)
(c) Place: Emmett Ida.
18. Funeral Director's **OWN** Signature Wm. O. Talley
and Address Nampa Idaho
19. (a) Oct-11-1944 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Oct 8 1944
at 3 o'clock A. M.
21. **I HEREBY CERTIFY**, That I attended deceased from Sep 11 1944, to Oct 8 1944
I last saw her alive on 10-7- 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Intestinal Hemorrhage (Obstruction)	3 days
Due to Cancer of Intestines causing obstruction	for months
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? Home
Name of operation Colostomy Date
Major finding Intestinal obstruction
Finding of autopsy Cancer of Lower Intestine.

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature V. C. Bell [signature] (M. D. or other)
and Address Nampa Ida Date 10-10-1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census NOV 9 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140905
Local Reg. No. 191
Reg. Dist. No. 362

1. **PLACE OF DEATH:**
(a) County Canyon
(b) City or town Nampa
(c) Street Address or R.F.D. No. 254 Davis Ave
(d) Death Occured Inside? ✓ ~~Outside?~~ ~~city or town~~
(e) Died in a Home.... Hospital ✓ Institution.... Other place....
(f) Name Hosp. or Inst. Mercy Hospital ~~Stayed~~ 2 days
(g) Lived in this county 17 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Nampa
(d) Street Address or R.F.D. No. 254 Davis
(e) Deceased lived Inside? ✓ Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 17 years
(h) Former residence (city, state) Mo

3. (a) **FULL NAME** Agnes L Sanford

3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex FM
5. Color or race W
6. (a) ~~Single, widowed~~, married, ~~divorced~~ married
6. (b) Name of husband ~~or wife~~ Frank
6. (c) Age of husband or wife if alive 76 years
7. Date of Birth (Month, Day, Year) Jan 20, 1868

8. AGE	Years	Months	Days	If less than 1 day
	76	8	19	hrs min.

9. Exact Occupation at Home Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Mo. (City or town) (State or foreign country)
Father 12. Name .....
13. Birthplace ..... (City or town) (State or foreign country)
Mother 14. Maiden name .....
15. Birthplace ..... (City or town) (State or foreign country)
no record
16. Informant's **OWN** Signature Frank Sanford
and Address Nampa, Idaho
17. (a) Removal (Burial, cremation or removal) (b) Date thereof 10/12/44 (Month) (Day) (Year)
(c) Place: Liberal Mo.
18. Funeral Director's **OWN** Signature F. K. Robinson
and Address Nampa Ida
19. (a) Oct 11-1944 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Oct 9 1944
at 2 o'clock a M.
21. **I HEREBY CERTIFY,** That I attended deceased from ..... 19....., to Oct 10 1944
I last saw her alive on 10-9 1944; death is said to have occurred on the date and hour stated above.
Immediate Cause of Death: Duration half hour
Stroke.
2nd in one month
Due to Myocarditis
Mitral regurgitation Years
Due to Arteriosclerosis
Other conditions .....
(Include pregnancy within 3 months of death)
Where was disease contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature [signature] (M. D. or other)
and Address Nampa Ida Date 10-10 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce NOV 9 1944
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 140906
Local Reg. No. 197
Reg. Dist. No. 362

1. **PLACE OF DEATH:**
   (a) County Canyon
   (b) City or town Nampa
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? — Outside? ... city or town
   (e) Died in a Home ... Hospital — Institution ... Other place ...
   (f) Name Hosp. or Inst. Mercy Hospital ... days
   (g) Lived in this county ... years ... months ... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Canyon
   (c) City or town Nampa
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? — Outside? ... city or town
   (f) Citizen of what country? U. S. A.
   (g) How long had deceased lived in Idaho? — years
   (h) Former residence (city, state) —

3. (a) **FULL NAME** Ben Earl Landon Jr 72a

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race White
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive ... years
7. Date of Birth (Month, Day, Year) Oct 8 - 1944

8. AGE	Years	Months	Days	If less than 1 day
			2 ✓	hrs min.

9. Exact Occupation — Did this work for ... yrs.
10. Industry or Business — Date last worked
11. Birthplace Nampa Idaho (City or town) (State or foreign country)

Father
12. Name Ben Earl Landon
13. Birthplace Nebraska (City or town) (State or foreign country)

Mother
14. Maiden name Lundeen
15. Birthplace Neb (City or town) (State or foreign country)

16. Informant's **OWN** Signature Ben E. Landon
and Address Nampa Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/13/44 (Month) (Day) (Year)
(c) Place: Nampa Idaho

18. Funeral Director's **OWN** Signature F. K. Robinson
and Address Nampa Id

19. (a) Oct-19-1944 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Oct 10 1944
at ... o'clock ... M.

21. **I HEREBY CERTIFY**, That I attended deceased from Oct 8 1944, to Oct 10 1944
I last saw him alive on Oct 10 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Hemorrhage from — Duration
Due to Born bleeder
2 mthis reds 300,000 Wbc.
Due to Hemorrhage puerperal.
Other conditions (Include pregnancy within 3 months of death) Born deficient in Blood.

Where was disease contracted?
Name of operation ... Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ... Suicide? ... Homicide? ...
Occurred ... 19 ... City, county, state where violence occurred
Place of Violence: Home ... Farm ... Industry ...
Public Place ... While at work? ...
Means of injury

23. Attendant's **OWN** Signature H. O. Belknap (M. D. or other)
and Address Nampa Date 10/17 19 44
(For additional space use reverse side)

Belknap

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

NOV 8 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140907
Local Reg. No. 118
Reg. Dist. No. 361

1. PLACE OF DEATH:
(a) County Canyon
(b) City or town Caldwell
(c) Street Address or R. F. D. No.
(d) Death Occured Inside? ... Outside? ... city or town
(e) Died in a Home ... ~~Hospital~~ ~~Institution~~ ~~Other place~~
(f) Name Hosp. or Inst. Nursery Home Stayed ... days
(g) Lived in this county 8 years ... months ... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Nampa
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? ✓ Outside? ... city or town
(f) Citizen of what country? U. S. A.
(g) How long had deceased lived in Idaho? 8 years
(h) Former residence (city, state) Ohio

3. (a) FULL NAME John Orain Cloyd 53

3. (b) If veteran, name war ...
3. (c) Social Security No. ...
4. Sex M ... 5. Color or race W ...
6. (a) ~~Single~~, widowed, ~~married~~, divorced Widowed
6. (b) Name of husband or wife ...
6. (c) Age of husband or wife if alive ... years
7. Date of Birth (Month, Day, Year) Jan 14 - 1862

8. AGE	Years	Months	Days	If less than 1 day
	82	8	7	hrs ... min.

9. Exact Occupation Farmer ... Did this work for ... yrs.
10. Industry or Business ... Date last worked ...
11. Birthplace ... (City or town) ... (State or foreign country)

Father
12. Name Robert Cloyd
13. Birthplace Indiana (City or town) (State or foreign country)

Mother
14. Maiden name Randall
15. Birthplace Iowa (City or town) (State or foreign country)

16. Informant's **OWN** Signature Lester Cloyd
and Address Nampa Ida

17. (a) ... (Burial, cremation or removal) (b) Date thereof 10/17/44 (Month) (Day) (Year)
(c) Place: Cloverdale Memorial Park

18. Funeral Director's **OWN** Signature J. K. Robinson
and Address Nampa Idaho

19. (a) 10-31-44 (Date received and filed) (b) Agnes M Dinman (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Oct 12 1944
at ... o'clock ... M.

21. I HEREBY CERTIFY, That I attended deceased from Oct 11 1944, to Oct 11 1944
I last saw him alive on Oct 11 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Carcinoma Face	?
Due to	
Due to Myocarditis	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation ... Date ...	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ... Suicide? ... Homicide? ...
Occurred ... 19... City, county, state where violence occurred ...
Place of Violence: Home ... Farm ... Industry ...
Public Place ... While at work? ...
Means of injury ...

23. Attendant's **OWN** Signature R. L. Ross M.D. (M. D. or other)
and Address Caldwell Ida Date 3/17 1944
(For additional space, use reverse side)

Ross
Canyon Co Physician

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census NOV 9 1944

Certificate Of Death

STATE OF IDAHO

State File No. 14908
Local Reg. No. 192
Reg. Dist. No. 968

1. PLACE OF DEATH:
(a) County Canyon
(b) City or town Nampa
(c) Street Address or R.F.D. No. Rural
(d) Death Occured Inside? ... Outside? x city or town
(e) Died in a Home ... Hospital ... Institution x. Other place ...
(f) Name Hosp. or Inst. St School ... Stayed ... days
(g) Lived in this county ... years 4 months 11 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Nampa
(d) Street Address or R.F.D. No. Rural
(e) Deceased lived Inside? ... Outside? x city or town
(f) Citizen of what country? ...
(g) How long had deceased lived in Idaho? 5 years
(h) Former residence (city, state) Kansas

3. (a) **FULL NAME** Richard Fitzsimmons 131a

3. (b) If veteran, name war x
3. (c) Social Security No. x
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife x
6. (c) Age of husband or wife if alive x years
7. Date of Birth (Month, Day, Year) May 2, 1929

8. AGE	Years	Months	Days	If less than 1 day
	15	5	10	hrs ... min.

9. Exact Occupation none — Did this work for x yrs.
10. Industry or Business none — Date last worked x
11. Birthplace Burdett (City or town) Kansas (State or foreign country)

Father
12. Name Bird R. Fitzsimmons
13. Birthplace Athensville (City or town) Illinois (State or foreign country)

Mother
14. Maiden name Amy L. Alderson
15. Birthplace Cleveland (City or town) Oklahoma (State or foreign country)

16. Informant's **OWN** Signature Olga Shirley (Mrs) Clerk State School & Colony Records
and Address Nampa, Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 10/13/44 (Month) (Day) (Year)
(c) Place: Payette Idaho
18. Funeral Director's **OWN** Signature G. R. Robinson
and Address Nampa Idaho
19. (a) Oct 14 1944 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) October 12 1944
at 7:55 o'clock A.M.

21. **I HEREBY CERTIFY**, That I attended deceased from May 31 1944, to October 12 1944
I last saw him alive on October 12 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Uremia	12 hrs.
Due to Chronic Interstitial Nephritis	?
✓ Due to	
Other conditions Old Birth Injury to Head. (Include pregnancy within 3 months of death)	

Where was disease contracted? ...
Name of operation ... Date ...
Major finding ...
Finding of autopsy ...

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ... Suicide? ... Homicide? ...
Occurred ... 19... City, county, state where violence occurred ...
Place of Violence: Home ... Farm ... Industry ...
Public Place ... While at work? ...
Means of injury ...

23. Attendant's **OWN** Signature C. Sanford Allen M.D. (M. D. or other)
and Address State School & Colony Date 10/12 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census NOV 9 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140909
Local Reg. No. 193
Reg. Dist. No. 363

1. PLACE OF DEATH:
(a) County Canyon
(b) City or town Nampa
(c) Street Address or R.F.D. No. Homedale Ida
(d) Death Occured Inside? ✓ Outside? ..... city or town
(e) Died in a Home.... Hospital ✓ Institution.... Other place....
(f) Name Hosp. or Inst. Mercy Stayed 1½ days
(g) Lived in this county ..... years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Nampa
(d) Street Address or R.F.D. No. Homedale Ida
(e) Deceased lived Inside? ..... Outside? ..... city or town
(f) Citizen of what country? ✓
(g) How long had deceased lived in Idaho? ✓ years
(h) Former residence (city, state) ✓

3. (a) FULL NAME Robert Harold Markley 64

3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced ✓
6. (b) Name of husband or wife ✓
6. (c) Age of husband or wife if alive ✓ years
7. Date of Birth (Month, Day, Year) Oct 11 - 1944

8. AGE	Years	Months	Days ✓	If less than 1 day
			1½	hrs min.

9. Exact Occupation ✓ Did this work for ..... yrs.
10. Industry or Business ✓ Date last worked .....
11. Birthplace Nampa Ida (City or town) (State or foreign country)
Father
12. Name H. Markley
13. Birthplace Idaho (City or town) (State or foreign country)
Mother
14. Maiden name Johnton
15. Birthplace Idaho (City or town) (State or foreign country)
16. Informant's OWN Signature Harold Markley
and Address Homedale Ida
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/14/44 (Month) (Day) (Year)
(c) Place: Kohlulaary Cem
18. Funeral Director's OWN Signature F. K. Rodgers
and Address Nampa Ida
19. (a) Oct-19-1944 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Oct 13 1944
at 12 10 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from Oct 11th 1944 to Oct 13th 1944
I last saw her alive on Oct 13th 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Persistent Thymus	43 hrs
✓	
Due to Congenital	
Due to	
Other conditions ✓ (Include pregnancy within 3 months of death)	
Where was disease contracted? Congenital	
Name of operation ✓ Date	
Major finding ✓	
Finding of autopsy Enlarged Thymus	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's OWN Signature F. K. Rodgers MD (M. D. or other)
and Address Nampa Ida Date 10-14 1944
(For additional space, use reverse side)

R

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census NOV 8 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140910
Local Reg. No. 175
Reg. Dist. No. 360

1. PLACE OF DEATH:
(a) County Canyon
(b) City or town Caldwell
(c) Street Address or R.F.D. No. 702 So. 7th
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Home .... Hospital X Institution .... Other place ....
(f) Name Hosp. or Inst. Mem. Park Stayed ..... days
(g) Lived in this county 7 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Wilder
(d) Street Address or R.F.D. No. .....
(e) Deceased lived Inside? X Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 7 years
(h) Former residence (city, state) Missouri

3. (a) FULL NAME Glenn Weaver 1176

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Male
5. Color or race .....
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary Weaver
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) July 16, 1903

8. AGE	Years	Months	Days	If less than 1 day hrs	min.
	41	2	28		

9. Exact Occupation Merchant Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Vernon County (City or town) Missouri (State or foreign country)
Father 12. Name William Weaver
Father 13. Birthplace Unknown (City or town) (State or foreign country)
Mother 14. Maiden name Alice Whitridge
Mother 15. Birthplace Unknown (City or town) (State or foreign country)
16. Informant's **OWN** Signature Mary W. Weaver
and Address Wilder Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-18-44 (Month) (Day) (Year)
(c) Place: Wilder Cemetery
18. Funeral Director's **OWN** Signature C. V. Sullivan
and Address 504 So. Kimball Ave Caldwell
19. (a) 10-28-44 (Date received and filed) (b) Agnes McDermaid (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Oct. 14 19 44
at 5:45 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from Oct 13 1944 to Oct 14 1944
I last saw h alive on Oct 14 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
a Peritonitis	1 day
Due to perforated duodenal ulcer	1 day
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? .....
Name of operation Exploration Date 10-14-44
Major finding ulcer
Finding of autopsy —

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature J. M. Montgomery (M. D. or other)
and Address Caldwell Date 10-28 1944
(For additional space, use reverse side)

140911

United States
Department of Commerce
Bureau of the Census NOV 9 1944

Certificate Of Death

STATE OF IDAHO

State File No. 198
Local Reg. No. 362
Reg. Dist. No.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
   (a) County Canyon
   (b) City or town Nampa
   (c) Street Address or R.F.D. No. Rt 1
   (d) Death Occured Inside? ~~Outside~~? city or town
   (e) Died in a ~~Home~~ Hospital ~~Institution~~ ~~Other place~~
   (f) Name Hosp. or Inst Mercy Stayed 13 days
   (g) Lived in this county 25 years months days

   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Canyon
   (c) City or town Nampa
   (d) Street Address or R.F.D. No. Rt 1
   (e) Deceased lived Inside? ~~Outside~~? city or town
   (f) Citizen of what country? USA
   (g) How long had deceased lived in Idaho? 35 years
   (h) Former residence (city, state) Nebraska

3. (a) **FULL NAME** Grace Elizabeth Morgan 121a

3. (b) If veteran, name war —
3. (c) Social Security No.
4. Sex Fem
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife O. W. Morgan
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) May 8 - 1883

8. AGE	Years	Months	Days	If less than 1 day
	61	5	6	hrs min.

9. Exact Occupation Housekeeper Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace Nebraska (City or town) (State or foreign country)

Father
12. Name John Farmer
13. Birthplace Ohio (City or town) (State or foreign country)

Mother
14. Maiden name Scroggins
15. Birthplace Nebraska (City or town) (State or foreign country)

16. Informant's **OWN** Signature Edwin Morgan and Address Nampa Ida
17. (a) Buried (Burial, cremation, or removal) (b) Date thereof 10-17-44 (Month) (Day) (Year)
    (c) Place: Nampa Idaho
18. Funeral Director's **OWN** Signature F. K. Robertson and Address Nampa Ida
19. (a) Oct-19-1944 (Date received and filed) (b) Lydia Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 10/14 19 44
    at o'clock M.
21. **I HEREBY CERTIFY,** That I attended deceased from 19, to 19
    I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Dyspnea	
Chronic Nephritis	
✓ Due to Hypertensive Heart disease	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation Date	
Major finding	
Finding of autopsy	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
    Occurred 19 City, county, state where violence occurred
    Place of Violence: Home Farm Industry
    Public Place While at work?
    Means of injury
23. Attendant's **OWN** Signature Joe Saltzer MD (M. D. or other)
    and Address Nampa Idaho Date 19
    (For additional space, use reverse side)

Saltzer

140912

United States
Department of Commerce
Bureau of the Census

NOV 9 1944

Certificate Of Death

STATE OF IDAHO

State File No.
Local Reg. No. 195
Reg. Dist. No. 363

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
   (a) County Canyon
   (b) City or town Nampa
   (c) Street Address or R. F. D. No. Rural
   (d) Death Occured Inside? Outside? x city or town
   (e) Died in a Home Hospital Institution x Other place
   (f) Name Hosp. or Inst. St. School Stayed days
   (g) Lived in this county 11 years 5 months 20 days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Canyon
   (c) City or town Nampa
   (d) Street Address or R.F.D. No. Rural
   (e) Deceased lived Inside? Outside? x city or town
   (f) Citizen of what country? Canyon
   (g) How long had deceased lived in Idaho? 61 years
   (h) Former residence (city, state) Oregon

3. (a) **FULL NAME** Oscar P. Reed

106a

3. (b) If veteran, name war x
3. (c) Social Security No. x
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife x
6. (c) Age of husband or wife if alive x years
7. Date of Birth (Month, Day, Year) March 10, 1878

8. AGE	Years	Months	Days	If less than 1 day
	66	7	8	hrs min.

9. Exact Occupation none — Did this work for life yrs.
10. Industry or Business none — Date last worked x
11. Birthplace ____ (City or town) Oregon (State or foreign country)

Father
12. Name Joseph L. Reed
13. Birthplace ____ (City or town) Wisconsin (State or foreign country)

Mother
14. Maiden name Anna A. Sawyers
15. Birthplace ____ (City or town) Oregon (State or foreign country)

16. Informant's **OWN** Signature Olga Shirley for State School and Colony Records
and Address Nampa, Idaho

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Oct 19, 1944 (Month) (Day) (Year)
(c) Place: Emmett Idaho

18. Funeral Director's **OWN** Signature Frank A Baker
and Address Nampa Idaho

19. (a) Oct-19-1944 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) October 18 1944
at 4:30 o'clock P.M.

21. **I HEREBY CERTIFY,** That I attended deceased from March 22 1943, to October 18 1944
I last saw him alive on October 18 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Uremia — Duration 12 hrs
Due to Enlarged Prostate
Due to ____
Other conditions acute Bronchitis — 2 days
(Include pregnancy within 3 months of death)
Where was disease contracted?
Name of operation ____ Date ____
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred ____ 19 ____ City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature C. Sanford Allen M.D. (M. D. or other)
and Address State School & Colony Date 10/18 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce NOV 8 1944
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 1[illegible]13
Local Reg. No. 117
Reg. Dist. No. 860

1. PLACE OF DEATH:
(a) County Canyon
(b) City or town Caldwell
(c) Street Address or R.F.D. No. 702 - So. 7th
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Home.... Hospital X Institution.... Other place....
(f) Name Hosp. or Inst. Mem. Park Stayed ..... days
(g) Lived in this county ..... years ..... months 1 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Caldwell
(d) Street Address or R.F.D. No. 1007 Albany
(e) Deceased lived Inside? X Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? Ida years
(h) Former residence (city, state) ——

3. (a) FULL NAME William Albert Carlson 157e

3. (b) If veteran, name war ..... 3. (c) Social Security No. .....
4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced S
6. (b) Name of husband or wife —— 6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) Oct. 18, 1944

8. AGE	Years	Months	Days	If less than 1 day
			1	hrs min.

9. Exact Occupation —— Did this work for ..... yrs.
10. Industry or Business —— Date last worked .....
11. Birthplace Caldwell (City or town) Idaho (State or foreign country)
Father 12. Name William Carlson
13. Birthplace La Grande (City or town) Oregon (State or foreign country)
Mother 14. Maiden name Letha Hornett
15. Birthplace Notus (City or town) Idaho (State or foreign country)
16. Informant's OWN Signature Wm M Carlson
and Address 1007 Albany Caldwell
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-20-44 (Month) (Day) (Year)
(c) Place Canyon Hill Cemetery
18. Funeral Director's OWN Signature C. V. Peckham
and Address 504 So. Kimball Ave. Caldwell
19. (a) 10-28-44 (Date received and filed) (b) Agnes M Denman (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Oct. 19 1944
at 1:45 o'clock P M.
21. I HEREBY CERTIFY, That I attended deceased from Oct. 18 1944 to Oct 19 1944
I last saw him alive on Oct 19 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
(Blue baby) Congenital heart	1 day
Due to Congenital malformation of the heart	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation ..... Date	
Major finding	
Finding of autopsy	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's OWN Signature Dr C. R. Whittenberger D.O. (M. D. or other)
and Address Caldwell, Ida Date Oct 19 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

NOV 9 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140914
Local Reg. No. 194
Reg. Dist. No. 363

1. PLACE OF DEATH:
(a) County Canyon
(b) City or town Nampa
(c) Street Address or R.F.D. No. Rural
(d) Death Occured Inside? Outside? x city or town
(e) Died in a Home Hospital Institution x Other place
(f) Name Hosp. or Inst St. School Stayed days
(g) Lived in this county 26 years 2 months 1 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Nampa
(d) Street Address or R.F.D. No. Rural
(e) Deceased lived Inside? Outside? x city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? years
(h) Former residence (city, state)

3. (a) **FULL NAME** Edgar Tippetts 94a

3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced none
6. (b) Name of husband or wife none
6. (c) Age of husband or wife if alive none years
7. Date of Birth (Month, Day, Year) April 7, 1886

8. AGE	Years	Months	Days	If less than 1 day
	58	6	12	hrs min.

9. Exact Occupation none — Did this work for x yrs.
10. Industry or Business none — Date last worked x
11. Birthplace Brigham City, Utah (City or town) (State or foreign country)

Mother
12. Name ? Tippetts
13. Birthplace ? ? (City or town) (State or foreign country)

Father
14. Maiden name ?
15. Birthplace ? ? (City or town) (State or foreign country)

16. Informant's **OWN** Signature Olga Shirley, Clerk
and Address State School & Colony, Records Nampa, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-21-'44 (Month) (Day) (Year)
(c) Place: Kohlerlawn Nampa,
18. Funeral Director's **OWN** Signature W. D. Pallett
and Address Nampa Idaho
19. (a) Oct 23 1944 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) October 19 1944
at 5:12 o'clock P. M.

21. **I HEREBY CERTIFY**, That I attended deceased from March 22 1943, to October 19 1944
I last saw him alive on October 19 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
✓ Coronary Occlusion	2 min.
Due to Epilepsy	life
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature C. Sanford Allen M.D. (M. D. or other)
and Address State School & Colony Date 10/19 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census NOV 9 1944

Certificate Of Death

STATE OF IDAHO

State File No. 14091
Local Reg. No. 202 (202)
Reg. Dist. No. 962

1. PLACE OF DEATH:
(a) County Canyon
(b) City or town Nampa Idaho
(c) Street Address or R.F.D. No. 623 6th No.
(d) Death Occured Inside? ← Outside? ..... city or town
(e) Died in a Home.... Hospital ← Institution.... Other place....
(f) Name Hosp. or Inst Samaritan Stayed 2 days
(g) Lived in this county 2 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Nampa
(d) Street Address or R.F.D. No. 623 6th No.
(e) Deceased lived Inside? ← Outside? ..... city or town
(f) Citizen of what country? U S A
(g) How long had deceased lived in Idaho? 2 years
(h) Former residence (city, state) Colo

3. (a) FULL NAME Paul Ora Phillips 27c

3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife ←
6. (c) Age of husband or wife if alive ← years
7. Date of Birth (Month, Day, Year) Dec 9 1941

8. AGE	Years	Months	Days	If less than 1 day
	3	10	11	hrs min.

9. Exact Occupation ← Did this work for ← yrs.
10. Industry or Business ← Date last worked ←
11. Birthplace Cortez (City or town) Colo. (State or foreign country)

Father
12. Name Ora Phillips
13. Birthplace Kansas (City or town) (State or foreign country)

Mother
14. Maiden name Smith
15. Birthplace Dell (City or town) (State or foreign country)

16. Informant's **OWN** Signature Ora Phillips
and Address R.1. Nampa Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/23/44 (Month) (Day) (Year)
(c) Place: Nampa Idaho

18. Funeral Director's **OWN** Signature F. K. Robinson
and Address Nampa Ida.

19. (a) Oct 28-1944 (Date received and filed) (b) Lydia Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Oct 20 1944
at 1:05 o'clock P M.

21. I HEREBY CERTIFY, That I attended deceased from Oct 20 1944, to Oct 20 1944
I last saw him alive on Oct 20 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Inanition & dehydration	
Due to Diarrhea	
Due to Dysentery — Type undetermined.	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted? at home	
Name of operation ..... Date	PHYSICIAN Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature Henry C. Wesche M.D.
(M. D. or other)
and Address Nampa Idaho Date 10-24 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census NOV 9 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140916
Local Reg. No. 200
Reg. Dist. No. 563

1. **PLACE OF DEATH:**
   (a) County Canyon
   (b) City or town Nampa
   (c) Street Address or R.F.D. No. RFD
   (d) Death Occured Inside? ..... Outside? x city or town
   (e) Died in a Home.... Hospital.... Institution.... Other place....
   (f) Name Hosp. or Inst. State School Stayed ..... days
   (g) Lived in this county 10 years 0 months 19 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Oneida
   (c) City or town Malad
   (d) Street Address or R.F.D. No. .....
   (e) Deceased lived Inside? ..... Outside? ..... city or town
   (f) Citizen of what country? USA
   (g) How long had deceased lived in Idaho? All his life years
   (h) Former residence (city, state) Idaho only

3. (a) **FULL NAME** BOBBY THOMAS

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3. (b) If veteran, name war x
3. (c) Social Security No. x
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife x
6. (c) Age of husband or wife if alive x years
7. Date of Birth (Month, Day, Year) April 4, 1926

8. AGE	Years	Months	Days	If less than 1 day hrs min.
	18	6	16	

9. Exact Occupation None Did this work for ..... yrs.
10. Industry or Business None Date last worked .....
11. Birthplace Malad Idaho (City or town) (State or foreign country)

Father
12. Name Seth Thomas
13. Birthplace Idaho (City or town) Idaho (State or foreign country)

Mother
14. Maiden name Julia Peck
15. Birthplace Idaho (City or town) (State or foreign country)

16. Informant's **OWN** Signature C. Sanford Allen MD Supt
and Address From records of State School & Colony

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 10/24/44 (Month) (Day) (Year)
(c) Place: Malad Idaho

18. Funeral Director's **OWN** Signature F. K. Robinson
and Address Nampa Idaho

19. (a) Oct. 24-1944 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) October 20, 1944
at 6.05 P.M. o'clock ..... M.

21. **I HEREBY CERTIFY**, That I attended deceased from March 22 1943 to 10/20/44 19
I last saw him alive on 10/20/44 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Status Epilepticus	48 hrs
Due to Epilepsy	Dont know
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted? ✓	
Name of operation ✓ Date ✓	
Major finding ✓	
Finding of autopsy ✓	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature C. Sanford Allen M.D. (M. D. or other)
and Address State School & Colony Date 10/20 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census NOV 9 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140917
Local Reg. No. 201
Reg. Dist. No. 362

1. **PLACE OF DEATH:**
(a) County Canyon
(b) City or town Nampa
(c) Street Address or R.F.D. No. 214-Hudson
(d) Death Occured Inside? ..... Outside? ..... city or town
(e) Died in a Home ~~Hospital~~ ~~Institution~~ Other place
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 27 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Nampa
(d) Street Address or R.F.D. No. 214-Hudson
(e) Deceased lived Inside? ~~Outside?~~ ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 27 years
(h) Former residence (city, state) Oregon

3. (a) **FULL NAME** George Herbert Coleman 46b

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced .....
6. (b) Name of husband or wife Margaret E.
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) Oct 15 1878

8. AGE	Years	Months	Days	If less than 1 day
	66	0	7	hrs ..... min.

9. Exact Occupation Farmer — Did this work for ..... yrs.
10. Industry or Business ..... — Date last worked .....
11. Birthplace Dubuque (City or town) Iowa (State or foreign country)

Father
12. Name Homer Coleman
13. Birthplace Wisconsin (City or town) (State or foreign country)

Mother
14. Maiden name Hamilton
15. Birthplace Cascade Iowa (City or town) (State or foreign country)

16. Informant's **OWN** Signature Marion P. Coleman
and Address Pocatello, Ida
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 10/25/44 (Month) (Day) (Year)
(c) Place: Meridian Ida
18. Funeral Director's **OWN** Signature F.S. Robinson
and Address Nampa Ida
19. (a) Oct. 24-1944 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 10-22- 1944
at ..... o'clock ..... M.

21. **I HEREBY CERTIFY,** That I attended deceased from 11-27- 1943, to 10-22- 1944
I last saw h.im alive on 10-21- 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Exhaustion	
Due to Cancer of Stomach	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature Samuel M. Swayne M.D. (M.D. or other)
and Address Nampa Ida Date 10-24-1944
(For additional space, use reverse side)

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Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

NOV 8 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140918 116
Local Reg. No. 116
Reg. Dist. No. 360

1. **PLACE OF DEATH:**
(a) County Canyon
(b) City or town Caldwell
(c) Street Address or R.F.D. No. 702-So. 7th
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Home.... Hospital X Institution.... Other place....
(f) Name Hosp. or Inst. Mem. Park Stayed — days
(g) Lived in this county — years — months — days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Caldwell
(d) Street Address or R.F.D. No. W.F.A. Camp #154
(e) Deceased lived Inside? ..... Outside? X ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? — years
(h) Former residence (city, state) —

3. (a) **FULL NAME** Baby Sao 159

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Fem.
5. Color or race Yellow
6. (a) Single, widowed, married, divorced —
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Date of Birth (Month, Day, Year) Oct. 22, 1944

8. AGE	Years	Months	Days	If less than 1 day
	—	—	—	hrs min.

9. Exact Occupation ..... Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Caldwell (City or town) Idaho (State or foreign country)
Father
12. Name Toraichi Sao
13. Birthplace Seattle (City or town) Wn. (State or foreign country)
Mother
14. Maiden name Hatsume Murakami
15. Birthplace Auburn (City or town) Wn. (State or foreign country)
16. Informant's **OWN** Signature Toraichi Sao
and Address W.F.A. Camp #154 - Caldwell, Ida.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/25/44 (Month) (Day) (Year)
(c) Place Canyon Hill Cemetery - Caldwell, Ida.
18. Funeral Director's **OWN** Signature [signature]
and Address 504 So. Kimball Ave. Caldwell, Ida.
19. (a) 10-28-44 (Date received and filed) (b) Agnes M. Denman (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Oct 22 1944
at 2:45 o'clock P.M.
21. **I HEREBY CERTIFY**, That I attended deceased from birth Oct. 22, 1944 to death Oct 22 1944
I last saw her alive on Oct 22 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Prematurity	
6 mo. +	—
Due to wt. 1# +	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation ..... Date	
Major finding	
Finding of autopsy	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. ~~Attendant's~~ **OWN** Signature E. L. Munn (M. D. or other)
and Address Caldwell Idaho Date 10-25 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

NOV 9 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140919
Local Reg. No. 207
Reg. Dist. No. 363

1. **PLACE OF DEATH:**
(a) County Canyon
(b) City or town Nampa
(c) Street Address or R.F.D. No. 604 Dewey
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Home.... Hospital X Institution.... Other place....
(f) Name Hosp. or Inst. Samaritan Stayed ..... days
(g) Lived in this county 8 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Wilder
(d) Street Address or R.F.D. No. .....
(e) Deceased lived Inside? X Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 8 years
(h) Former residence (city, state) Okla.

3. (a) **FULL NAME** Margaret Joyce Lewis 181

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Fem.
5. Color or race White
6. (a) Single, widowed, married, divorced S.
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Date of Birth (Month, Day, Year) Jan. 22, 1935

8. AGE	Years	Months	Days	If less than 1 day
	9	9	—	hrs min.

9. Exact Occupation Student Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Jay (City or town) Oklahoma (State or foreign country)
Father
12. Name Jesse Lewis
13. Birthplace (City or town) Missouri (State or foreign country)
Mother
14. Maiden name Mary Bell Prince
15. Birthplace Jay (City or town) Oklahoma (State or foreign country)
16. Informant's **OWN** Signature Jesse Lewis
and Address Wilder Ida
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-25-44 (Month) (Day) (Year)
(c) Place: Wilder Cemetery
18. Funeral Director's **OWN** Signature J. V. Peckham
and Address 504 So. Kimball Ave. Caldwell
19. (a) Nov. 2-1944 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 10-22 1944
at 1:13 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from ..... 19....., to ..... 19.....
I last saw h..... alive on ..... 19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Shock	
Due to Burns	
✓ Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted? at home	
Name of operation ..... Date	
Major finding	
Finding of autopsy	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature Henry C. Wesche M.D. (M. D. or other)
and Address Nampa, Ida Date 10-28 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Dr. Schwartz 40920

United States
Department of Commerce
Bureau of the Census NOV 9 1944

Certificate Of Death

STATE OF IDAHO

State File No. 40920
Local Reg. No. 204
Reg. Dist. No. 363

1. **PLACE OF DEATH**
   (a) County Canyon
   (b) City or town Nampa
   (c) Street Address or R.F.D. No. 115-19 ave No
   (d) Death Occured Inside? ..... Outside? ..... city or town
   (e) Died in a Home.... Hospital or Institution.... Other place....
   (f) Name Hosp. or Inst. Mercy Stayed ..... days
   (g) Lived in this county ..... years 11 months 15 days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Twin Falls
   (c) City or town Twin Falls
   (d) Street Address or R.F.D. No. .....
   (e) Deceased lived Inside? ..... Outside? X city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? life years
   (h) Former residence (city, state) .....

3. (a) **FULL NAME** Billie Jean Schwanz. 119a

3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex W
5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) July 23, 1944

8. AGE	Years	Months	Days	If less than 1 day
		3	1	hrs min.

9. Exact Occupation ..... Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Twin Falls (City or town) Idaho (State or foreign country)

Father
12. Name Harry E. Schwanz
13. Birthplace Kans (City or town) (State or foreign country)

Mother
14. Maiden name Maxine Hawkins
15. Birthplace Ark (City or town) (State or foreign country)

16. Informant's **OWN** Signature X Mrs Harry E Schwanz
and Address Nampa Ida

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-30-44 (Month) (Day) (Year)
(c) Place: Nampa Kohlerlawn

18. Funeral Director's **OWN** Signature W D Valley
and Address Nampa

19. (a) Oct 31-1944 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Oct. 24 1944
at 11 o'clock A. M.

21. **I HEREBY CERTIFY**, That I attended deceased from Oct. 19- 1944 to: Oct. 24 1944
I last saw h..... alive on Oct. 24 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Exhaustion	
Due to Enteritis.	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYISICIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature Samuel A Swayne M.D (M. D. or other)
and Address Nampa Date 10-31-1944
(For additional space, use reverse side)

140921

United States
Department of Commerce
Bureau of the Census NOV 8 1944

Certificate Of Death

STATE OF IDAHO

State File No.
Local Reg. No. 120
Reg. Dist. No. 360

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
   (a) County Canyon
   (b) City or town Caldwell
   (c) Street Address or R.F.D. No. 818 Logan
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home .... Hospital X Institution .... Other place ....
   (f) Name Hosp. or Inst. Caldwell Sanitarium Stayed ..... days
   (g) Lived in this county 21 years ..... months ..... days

   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Canyon
   (c) City or town Caldwell
   (d) Street Address or R.F.D. No. 2
   (e) Deceased lived Inside? ..... Outside? X city or town
   (f) Citizen of what country? U. S. A.
   (g) How long had deceased lived in Idaho? 21 years
   (h) Former residence (city, state) .....

3. (a) **FULL NAME** Mary L. Benedict 139a

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Fem. race White
5. Color or
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Hugh C. Benedict
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) Aug. 11, 1894

8. AGE	Years	Months	Days	If less than 1 day
	50	2	15	hrs ..... min.

9. Exact Occupation Housewife Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Elyria (City or town) Nebraska (State or foreign country)

Father
12. Name Joseph Krynkowski
13. Birthplace ..... (City or town) Poland (State or foreign country)

Mother
14. Maiden name Wozniak, Anna
15. Birthplace ..... (City or town) Poland (State or foreign country)

16. Informant's **OWN** Signature Hugh C Benedict
and Address R 2 Caldwell Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-30-44 (Month) (Day) (Year)
(c) Place Canyon View Cemetery
18. Funeral Director's **OWN** Signature ..... and Address 504 S. Kimball Ave. Caldwell
19. (a) 10-31-44 (Date received and filed) (b) Agnes M Denman (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Oct. 26 19 44
at 5 05 o'clock P. M.
21. **I HEREBY CERTIFY**, That I attended deceased from Oct 19 1944, to Oct 26 1944
I last saw her alive on Oct 26 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Peritonitis	6 days
Due to Ruptured Fallopian tube (Infected)	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? .....
Name of operation Laparotomy Date 10-23-44
Major finding Septic peritonitis
Finding of autopsy .....

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature J M Coe (M. D. or other)
and Address Caldwell Idaho Date 10-31 19 44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census NOV 9 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140922
Local Reg. No. 205
Reg. Dist. No. 362

1. PLACE OF DEATH:
(a) County Canyon
(b) City or town Nampa
(c) Street Address or R.F.D. No. 1704 - Railroad Str.
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Home .... Hospital X Institution .... Other place ....
(f) Name Hosp. or Inst. Mercy Stayed 3 days
(g) Lived in this county 13 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Nampa
(d) Street Address or R.F.D. No. 1704 - Railroad St.
(e) Deceased lived Inside? X Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 29 years
(h) Former residence (city, state) Okla.

3. (a) FULL NAME Pete Jolemen Chavis.

3. (b) If veteran, name war NO
3. (c) Social Security No. .....
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Margaret
6. (c) Age of husband or wife if alive 46 years
7. Date of Birth (Month, Day, Year) Dec 25 - 1902

8. AGE	Years	Months	Days	If less than 1 day
	41	10	1	hrs ..... min.

9. Exact Occupation Cattle Man Did this work for Life yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Oklahoma City - Okla. ✓
(City or town) (State or foreign country)
Father 12. Name Unknown,
13. Birthplace ..... " "
(City or town) (State or foreign country)
Mother 14. Maiden name Simpson,
15. Birthplace ..... " "
(City or town) (State or foreign country)
16. Informant's **OWN** Signature Myrtle Smart
and Address 1424 - 1st. N.
17. (a) Burial (b) Date thereof 10-31-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: Kohlerlawn, Tampa
18. Funeral Director's **OWN** Signature W. D. Talley
and Address Nampa Ida.
19. (a) Oct 31 1944 (b) Lyda Rodgers
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Oct 26 1944
at 4:00 o'clock a. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 10-22 1944, to 10-26 1944
I last saw h— alive on 10-26 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Skull fracture	4 Da
Due to Fall from a horse,	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYISICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature C. E. Porter (M. D. or other)
and Address Tampa Date 10-26 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

140923

United States
Department of Commerce
Bureau of the Census NOV 9 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140923
Local Reg. No. 209
Reg. Dist. No. 363

1. **PLACE OF DEATH:**
   (a) County Canyon
   (b) City or town Nampa
   (c) Street Address or R. F. D. No. R.F.D.
   (d) Death Occured Inside? ... Outside? x ... city or town
   (e) Died in a Home.... Hospital.... Institution x. Other place....
   (f) Name Hosp. or Inst. St. School ... Stayed ... days
   (g) Lived in this county 9 years 7 months 12 days

   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Canyon
   (c) City or town Nampa
   (d) Street Address or R.F.D. No. R.F.D.
   (e) Deceased lived Inside? ... Outside? x ... city or town
   (f) Citizen of what country? ...
   (g) How long had deceased lived in Idaho? life years
   (h) Former residence (city, state) ...

3. (a) **FULL NAME** Barbara Perrine

3. (b) If veteran, name war x
3. (c) Social Security No. x
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife x
6. (c) Age of husband or wife if alive x years
7. Date of Birth (Month, Day, Year) March 21, 1928

8. AGE	Years	Months	Days	If less than 1 day
	16	7	8	hrs ... min.

9. Exact Occupation none ... Did this work for ... yrs.
10. Industry or Business none ... Date last worked ...
11. Birthplace Twin Falls (City or town) Idaho (State or foreign country)

Father
12. Name George Wm. Perrine
13. Birthplace Shoshone (City or town) Idaho (State or foreign country)

Mother
14. Maiden name Evelyn Requist
15. Birthplace ... Iowa (City or town) (State or foreign country)

16. Informant's **OWN** Signature Olga Shirley, Clerk State School and Colony Records
and Address Nampa, Idaho

17. (a) Burial (Burial, cremation, removal) (b) Date thereof Oct 30 - 1944 (Month) (Day) (Year)
(c) Place: Kohlerlawn Cem. Nampa Ida.

18. Funeral Director's **OWN** Signature Kennedy Libby
and Address Boise Idaho

19. (a) Oct 30-1944 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) October 29 19 44
at 2:30 o'clock P M.

21. **I HEREBY CERTIFY,** That I attended deceased from March 22 19 43, to October 29 19 44
I last saw her alive on October 29 19 44; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Status Epilepticus	6 hrs.
Due to Epilepsy	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation ... Date ...	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ... Suicide? ... Homicide? ...
Occurred ... 19 ... City, county, state where violence occurred ...
Place of Violence: Home ... Farm ... Industry ...
Public Place ... While at work? ...
Means of injury ...

23. Attendant's **OWN** Signature C. Sanford Allen M.D. (M. D. or other)
and Address State School & Colony Date 10/29 19 44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

NOV 13 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140924
Local Reg. No. 91
Reg. Dist. No. 471

1. **PLACE OF DEATH:**
(a) County Caribou
(b) City or town Soda Springs
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? Outside? city or town
(e) Died in a Home Hospital ✓ Institution Other place
(f) Name Hosp. or Inst. Caribou Co. Stayed 21 days
(g) Lived in this county — years 3 months — days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Cassia
(c) City or town Burley
(d) Street Address or R.F.D. No. Burley
(e) Deceased lived Inside? ✓ Outside? city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 35 years
(h) Former residence (city, state) —

3. (a) **FULL NAME** William Harry McMains

3. (b) If veteran, name war Nile
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife Vera Collins
6. (c) Age of ~~husband~~ or wife if alive 36 years
7. Date of Birth (Month, Day, Year) March 25, 1884

8. AGE	Years	Months	Days	If less than 1 day
	60	4	14	hrs min.

9. Exact Occupation Clerk Did this work for life yrs.
10. Industry or Business Date last worked 8-12-44
11. Birthplace MooreHead Iowa (City or town) (State or foreign country)
Father
12. Name George McMains
13. Birthplace (City or town) (State or foreign country)
Mother
14. Maiden name Matilda-No Data
15. Birthplace No-Data (City or town) (State or foreign country)
16. Informant's **OWN** Signature Vera Collins
and Address Nampa Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-20-44 (Month) (Day) (Year)
(c) Place: Burley Idaho
18. Funeral Director's **OWN** Signature Vern B. McCulloch
and Address Burley Idaho
19. (a) 10-11-44 (Date received and filed) (b) B. F. Wilson (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Aug. 15, 1944 19
at 3:00 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from 8-6 1944, to 8-13 1944
I last saw him alive on 8-13 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Coronary sclerosis	14 days
Due to arteriosclerosis	?
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYISCIAN Underline the cause to which death should be charged statistically.
Name of operation Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature J. B. Koebler M.D. (M. D. or other)
and Address Soda Springs Date 19
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

NON-RESIDENT

Certificate Of Death

STATE OF IDAHO

OCT 11 1944

State File No. 140925
Local Reg. No. 86
Reg. Dist. No. 470

1. PLACE OF DEATH:
(a) County Cassia
(b) City or town Burley
(c) Street Address or R.F.D. No. —
(d) Death Occured Inside? ✓ Outside? ..... city or town
(e) Died in a Home.... Hospital ✓ Institution.... Other place....
(f) Name Hosp. or Inst. Cottage Hospital Stayed 1 days
(g) Lived in this county ..... years ..... months 14 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Montana (b) County —
(c) City or town Deer Lodge
(d) Street Address or R.F.D. No. —
(e) Deceased lived Inside? ..... Outside? — city or town
(f) Citizen of what country? —
(g) How long had deceased lived in Idaho? ..... years
(h) Former residence (city, state) —

3. (a) FULL NAME William Clayton Olson 159

3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced —
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Date of Birth (Month, Day, Year) Aug 29 1944

8. AGE	Years	Months	Days	If less than 1 day
	—	—	—	13 hrs 9 min.

9. Exact Occupation ..... Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Burley (City or town) Idaho (State or foreign country)
Father
12. Name William Olson
13. Birthplace Deerlodge (City or town) Montana (State or foreign country)
Mother
14. Maiden name Gaye Brown
15. Birthplace Stephensville (City or town) Mont (State or foreign country)
16. Informant's OWN Signature Mrs Gaye Olson
and Address Missoula, Mont
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-15-44 (Month) (Day) (Year)
(c) Place: Burley Idaho.
18. Funeral Director's OWN Signature Vern B. McCullach
and Address Burley Idaho
19. (a) 9-20-44 (Date received and filed) (b) B. Wilson (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Aug 28 1944
at 3:30 P.M. o'clock P.M.
21. **I HEREBY CERTIFY,** That I attended deceased from 8-28- 1944, to ..... 19....
I last saw h..... alive on ..... 19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Premature	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYISCIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's OWN Signature G G Espe (M. D. or other)
and Address Burley Date 9/17 1944
(For additional space, use reverse side)

Dr. Erfle

DUTIES:

1. INFORMANT shall SIGN HIS OWN NAME, under item 16 to authenticate the facts stated under items 1 to 15, inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. The FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.
3. The REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including SIGNATURES IN BLACK ink under items 16, 18 and 23.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply **false information** to any one connected with completing a death certificate;

(b) **Neglect** or **refuse** to certify to the cause of death on request of the person in charge of the disposition of the deceased.

(c) **Remove** or **bury** the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) **Alter** a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated. For deaths occurring in a private home, "Home" should be checked. For deaths occurring on a highway, in a business house, on the street, at work, etc., "Other place" should be checked.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence. For those having a former IDAHO residence, additional care should be taken to state the correct COUNTY and the length of residence in IDAHO.

BIRTH CERT HAS BORN 8/28 Z #8.

EXAMPLES

IMMEDIATE CAUSE OF DEATH:	DURATION
Cerebral hemorrhage	**1 day**
Due to **Skull fracture**	**1 day**
Due to **Auto accident**	**1 day**
Other conditions **Multiple fractures** (Include pregnancy within 3 months of death)	**1 day**

Where was disease first contracted? **Public place**
Name of operation **Exp. Craniotomy** Date **11-12-45**
Major finding **Middle meningeal hemorrhage**
Finding of autopsy **Cerebral hemorrhage**
multiple skeletal fractures

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? **yes** Suicide? Homicide?
Occurred **11-12** 1945 City, county, state where violence occurred **Boise, Ada, Idaho**
Place of Violence: Home Farm Industry
Public place **yes** While at Work **yes**
Means of injury **auto-truck collision**

IMMEDIATE CAUSE OF DEATH:	DURATION
Hypostatic pneumonia	**7 days**
Due to **Cancer of stomach**	**2 years**
Due to	
Other conditions **Secondary anemia** (Include pregnancy within 3 months of death)	**2 years**

Where was disease first contracted? **Idaho**
Name of operation **Gastroenterostomy** Date **11-12-45**
Major finding **Cancer of pylorus of stomach**
Finding of autopsy **Lobar pneumonia,**
generalized carcinomatosis

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

This body embalmed under direction of Vern B. McCulloch Lic. No. 260 at 6:10 P.M. on 8-29-44
ADDITIONAL REMARKS By Physician:

Z #8

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census NOV 13 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140526
Local Reg. No. 93
Reg. Dist. No. 471

1. **PLACE OF DEATH:**
   (a) County Cassia
   (b) City or town Hegler
   (c) Street Address or R.F.D. No. Hegler Ida.
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home X Hospital .... Institution .... Other place ....
   (f) Name Hosp. or Inst. ..... Stayed ..... days
   (g) Lived in this county 35 years ..... months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Cassia
   (c) City or town Hegler, Idaho
   (d) Street Address or R.F.D. No. Hegler, Ida.
   (e) Deceased lived Inside? X Outside? ..... city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 35 years
   (h) Former residence (city, state) Washington

3. (a) **FULL NAME** Mrs. Emma Patterton 932

3. (b) If veteran, name war ----
3. (c) Social Security No. ----
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife No Data
6. (c) Age of husband or wife if alive No Data years
7. Date of Birth (Month, Day, Year) March 30 1867

8. AGE	Years	Months	Days	If less than 1 day
	77	15	11	hrs ..... min.

9. Exact Occupation at home — Did this work for life yrs.
10. Industry or Business ----- — Date last worked -----
11. Birthplace No Datat (City or town) Ill. (State or foreign country)

Father
12. Name John Carter
13. Birthplace no data (City or town) Ill (State or foreign country)

Mother
14. Maiden name Elizabeth -no data
15. Birthplace no data (City or town) no data (State or foreign country)

16. Informant's **OWN** Signature John Patterson
and Address Hegler, Idaho.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: Hegler - Cemetery

18. Funeral Director's **OWN** Signature Frank McCulloch
and Address Burial - Hegler

19. (a) 10-11-44 (Date received and filed) (b) B.F. Hudson (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Sept. 11-'44 19....
at 6 o'clock A. M.

21. **I HEREBY CERTIFY**, That I attended deceased from Aug 29 19 44, to Sep. 6 19 44
I last saw her alive on Sep 6 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — Duration
Acute hypertensive
✓ Cardiac decompensation
Due to Cardiac decompensation 24
Due to hypertension
Other conditions Albuminuria 5
(Include pregnancy within 3 months of death)

Where was disease contracted? Idaho
Name of operation None Date
Major finding
Finding of autopsy None

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19.... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature F. L. Harms M.D. (M. D. or other)
and Address Aberdeen, Idaho Date 9-20 19 44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce NOV 13 1944
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 140927
Local Reg. No. 94
Reg. Dist. No. 470

1. **PLACE OF DEATH:**
(a) County Cassia
(b) City or town Burley
(c) Street Address or R.F.D. No. #
(d) Death Occured Inside? ✓ Outside? ..... city or town
(e) Died in a Home.... Hospital.... Institution.... Other place ✓
(f) Name Hosp. or Inst. — Stayed — days
(g) Lived in this county 1 years 6 months 14 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Cassia
(c) City or town Burley
(d) Street Address or R.F.D. No. #3
(e) Deceased lived Inside? ..... Outside? ✓ city or town
(f) Citizen of what country? U.S.
(g) How long had deceased lived in Idaho? 16½ years
(h) Former residence (city, state) Twin Falls, Idaho

3. (a) **FULL NAME** Margaret Lucille Egley 195E

3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Date of Birth (Month, Day, Year) May 16, 1928

8. AGE	Years	Months	Days	If less than 1 day
	16	4	4	hrs min.

9. Exact Occupation Student Did this work for — yrs.
10. Industry or Business — Date last worked —
11. Birthplace Paris (City or town) Idaho (State or foreign country)
Father 12. Name Ernest Herman Egley
13. Birthplace Paris Idaho (City or town) (State or foreign country)
Mother 14. Maiden name Martha Rose
15. Birthplace Oakley, Idaho (City or town) (State or foreign country)
16. Informant's **OWN** Signature F. C. Lattimer
and Address Burley, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-26-44 (Month) (Day) (Year)
(c) Place: Burley - Idaho
18. Funeral Director's **OWN** Signature Vern B. McCullah
and Address Burley, Idaho
19. (a) 10-11-44 (Date received and filed) (b) B. F. Wilson (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) September 21 1944
at 12:30 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from 9-21- 1944, to 9-21 1944
I last saw h..... alive on ..... 19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebral Concussion and Laceration	None
Due to Struck by falling pole	
Multiple skull frac	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYISCIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? yes Suicide? ..... Homicide? .....
Occurred Burley 9-21 1944 City, county, state where violence occurred Burley, Cassia Co.
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury Struck by falling pole
23. Attendant's **OWN** Signature L. M. Kelly (M. D. or other)
and Address Burley Date 9-27 1944
(For additional space, use reverse side)

140928

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

NOV 13 1944

State File No. ____
Local Reg. No. 95
Reg. Dist. No. 470

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
   (a) County Cassia
   (b) City or town Burley
   (c) Street Address or R.F.D. No. 411 — —
   (d) Death Occured Inside? ✓ Outside? ____ city or town
   (e) Died in a Home.... Hospital.... Institution.... Other place....
   (f) Name Hosp. or Inst. Cottage Stayed 2 days
   (g) Lived in this county 5 years ____ months ____ days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Cassia
   (c) City or town Burley
   (d) Street Address or R.F.D. No. 1121 No. Overland
   (e) Deceased lived Inside? ✓ Outside? ____ city or town
   (f) Citizen of what country? U.S.
   (g) How long had deceased lived in Idaho? 5 years
   (h) Former residence (city, state) —

3. (a) **FULL NAME** Marion Leo Jordon

170c

3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Date of Birth (Month, Day, Year) June 5, 1939

8. AGE	Years	Months	Days	If less than 1 day
	5	3	18	hrs — min.

9. Exact Occupation ____ Did this work for — yrs.
10. Industry or Business ____ Date last worked —
11. Birthplace Burley, Idaho (City or town) (State or foreign country)

Father
12. Name Stewart Elliott Jordon
13. Birthplace Springville, Utah (City or town) (State or foreign country)

Mother
14. Maiden name Laura Viola Glenn
15. Birthplace Albion, Idaho (City or town) (State or foreign country)

16. Informant's **OWN** Signature Stewart E. Jordon
and Address Burley, Idaho

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 9-27-44 (Month) (Day) (Year)
(c) Place: Heyburn, Idaho

18. Funeral Director's **OWN** Signature Tom B. McCulloch
and Address Burley, Idaho

19. (a) 10-11-44 (Date received and filed) (b) B. F. Wilson (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Sept. 24 1944
at 9:30 o'clock A.M.

21. **I HEREBY CERTIFY,** That I attended deceased from 9-22- 1944, to 9-24 1944
I last saw h. alive on ____ 19____; death is said to have occurred on the date and hour stated above.

	Duration
✓ **Immediate Cause of Death:** Cerebral Concussion due to Skull fractures	
Due to ____	
Due to Accident	2 days
Due to Struck by Auto on Street	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation ____ Date ____	
Major finding	
Finding of autopsy	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Yes Suicide? ____ Homicide? ____
Occurred 9-22 1944 City, county, state where violence occurred Burley - Idaho
Place of Violence: Home ____ Farm ____ Industry ____
Public Place Street While at work? ____
Means of injury ____

23. Attendant's **OWN** Signature W. J. Kelly (M. D. or other)
and Address Burley, Idaho Date 9-27 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

NOV. 13 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140929
Local Reg. No. ~~[illegible]~~ 92
Reg. Dist. No. 471

1. PLACE OF DEATH:
(a) County Cassia
(b) ~~City~~ or town Albion
(c) Street Address or R.F.D. No. No Data
(d) Death Occured Inside? ..... Outside? X city or town
(e) Died in a Home X Hospital ..... Institution ..... Other place .....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 30 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Cassia
(c) City or town Albion
(d) Street Address or R.F.D. No. .....
(e) Deceased lived Inside? ..... Outside? X city or town
(f) Citizen of what country? U S A
(g) How long had deceased lived in Idaho? 32 years
(h) Former residence (city, state) Utah

3. (a) FULL NAME Dinnes Milton Humes

93e

3. (b) If veteran, name war ----
3. (c) Social Security No. .....
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) 4/16/1883

8. AGE	Years	Months	Days	If less than 1 day
	61	5	7	hrs min.

9. Exact Occupation Farmer — Did this work for life yrs.
10. Industry or Business Farming — Date last worked 9/25/44
11. Birthplace Heber City (City or town) Utah (State or foreign country)
Father
12. Name Jonas W. Humes
13. Birthplace Utah (City or town) (State or foreign country)
Mother
14. Maiden name Sarah A. Smith
15. Birthplace No Data (City or town) (State or foreign country)
16. Informant's OWN Signature Ca. Co. Coroner
and Address Vern B. McCulloch
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/29/44 (Month) (Day) (Year)
(c) Place: Albion L.D.S. Cemetery
18. Funeral Director's OWN Signature Vern B. McCulloch
and Address Burley Idaho
19. (a) 10-11-44 (Date received and filed) (b) C J Sater (Registrar's signature)

B.F. Wilson

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 9/25/44 19.....
at 7 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from Sept. 25 1944, to Sept 25 1944
I last saw him alive on Sept 25 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Myocarditis	1 wk
Due to Bronchial Asthma	3 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death) Acute Bronchitis	12 days

Where was disease contracted? Idaho
Name of operation None Date —
Major finding —
Finding of autopsy No Autopsy

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? No Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's OWN Signature C J Sater (M. D. or other)
and Address Albion Ida Date 9/29 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census NOV 13 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140930
Local Reg. No. 97
Reg. Dist. No. 470

1. **PLACE OF DEATH:**
   (a) County Cassia
   (b) City or town Burley
   (c) Street Address or R. F. D. No.
   (d) Death Occured Inside? X Outside? city or town
   (e) Died in a Home X Hospital Institution Other place
   (f) Name Hosp. or Inst. — Stayed — days
   (g) Lived in this county 27 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Cassia
   (c) City or town Burley
   (d) Street Address or ~~R.F.D.~~ No. 144-N-Miller.
   (e) Deceased lived Inside? X Outside? city or town
   (f) Citizen of what country? U. S. A.
   (g) How long had deceased lived in Idaho? 27 years
   (h) Former residence (city, state) Missouri

3. (a) **FULL NAME** William Henry Roper. 93d.

3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or ~~wife~~ Margarett Ann
6. (a) Age of husband or wife if alive 82 years
7. Date of Birth (Month, Day, Year) Feb 6- 1859

8. AGE	Years	Months	Days	If less than 1 day
	85-	7-	28	hrs min.

9. Exact Occupation Retired Farmer. Did this work for 35 yrs.
10. Industry or Business — Date last worked Sept. 1944
11. Birthplace Dallas Co Missouri (City or town) (State or foreign country)
12. Father Name John C. Roper
13. Father Birthplace Tennessee (City or town) (State or foreign country)
14. Mother Maiden name Margarett Jamison
15. Mother Birthplace Missouri (City or town) (State or foreign country)
16. Informant's **OWN** Signature Margarett Roper and Address Burley Idaho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 8. (Month) (Day) (Year)
    (c) Place: Burley Idaho.
18. Funeral Director's **OWN** Signature Betty S. Payne and Address Burley Idaho.
19. (a) 10-24-44 (Date received and filed) (b) R. E. Nelson (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Oct 4th 1944 at 10 — o'clock P. M.
21. **I HEREBY CERTIFY**, That I attended deceased from 9/2 37 1944, to 10 - 4 — 1944
    I last saw h— alive on 10 - 4 — 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
✓ Chronic Myocarditis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYISICIAN Underline the cause to which death should be charged statistically.
Name of operation Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
    Occurred 19 City, county, state where violence occurred
    Place of Violence: Home Farm Industry
    Public Place While at work?
    Means of injury
23. Attendant's **OWN** Signature G. L. Cooper (M. D. or other)
    and Address Burley, Ida Date 10/7/1944
    (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

140431

United States
Department of Commerce NOV 13 1944
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 198
Local Reg. No. 21998
Reg. Dist. No. 471

1. **PLACE OF DEATH:**
(a) County Cassia
(b) City or town Almo
(c) Street Address or R.F.D. No. —
(d) Death Occured Inside? ... Outside? X city or town
(e) Died in a Home X Hospital ... Institution ... Other place ...
(f) Name Hosp. or Inst. — Stayed — days
(g) Lived in this county 59 years ... months ... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Cassia
(c) City or town Almo
(d) Street Address or R.F.D. No. —
(e) Deceased lived Inside? ... Outside? X city or town
(f) Citizen of what country? U. S. A.
(g) How long had deceased lived in Idaho? 59 years
(h) Former residence (city, state) Utah.

3. (a) **FULL NAME** Charles Francis Wake. 93a

3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex M. 5. Color or race W.
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Jamie
6. (c) Age of husband or wife if alive 70 years
7. Date of Birth (Month, Day, Year) Feb. 20 - 1875

8. AGE	Years	Months	Days	If less than 1 day
	69	7	23	hrs ... min.

9. Exact Occupation Rancher Did this work for 50 yrs.
10. Industry or Business — Date last worked Oct 9 -
11. Birthplace Willard Utah. (City or town) (State or foreign country)

Father
12. Name James Wake.
13. Birthplace England. (City or town) (State or foreign country)

Mother
14. Maiden name Eliza Brewerton.
15. Birthplace England. (City or town) (State or foreign country)

16. Informant's **OWN** Signature Janie Wake
and Address Almo, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 16 - (Month) (Day) (Year)
(c) Place: Almo.
18. Funeral Director's **OWN** Signature Retton L. Payne.
and Address Burley Idaho.
19. (a) 11-24-44 (Date received and filed) (b) C. I. Sater (Registrar's signature)
By Nelson

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Oct 13 - 1944
at 12:30 o'clock P. M.
21. **I HEREBY CERTIFY**, That I attended deceased from 1935 - to Oct. 13 1944
I last saw him alive on Oct 12 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Apoplexy	5 days
Due to Arteriosclerosis	3 yrs
Due to Bronchial Asthma	9 yrs
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? Idaho
Name of operation None Date —
Major finding —
Finding of autopsy No Autopsy

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ... Suicide? ... Homicide? ...
Occurred ... 19 ... City, county, state where violence occurred ...
Place of Violence: Home ... Farm ... Industry ...
Public Place ... While at work? ...
Means of injury ...
23. Attendant's **OWN** Signature C. I. Sater M.D. (M. D. or other)
and Address Albion Idaho Date 10/17 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

140932

United States
Department of Commerce NOV 13 1944
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. ~~118~~
Local Reg. No. ~~2168~~ 99
Reg. Dist. No. 471

1. **PLACE OF DEATH:**
   (a) County Cassia
   (b) City or town Malta
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? Outside? X city or town
   (e) Died in a Home X Hospital Institution Other place
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county 30 years months days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Cassia
   (c) City or town Malta
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? Outside? X city or town
   (f) Citizen of what country? U. S. A.
   (g) How long had deceased lived in Idaho? 30 years
   (h) Former residence (city, state) Ohio

3. (a) **FULL NAME** Jane Bosomworth Thompson. 462

3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife John Ernest
6. (c) Age of husband or wife if alive 75 years
7. Date of Birth (Month, Day, Year) Dec 15- 1871

8. AGE	Years	Months	Days	If less than 1 day
	73	10	1-	hrs min.

9. Exact Occupation housewife Did this work for yrs.
10. Industry or Business — Date last worked 1940
11. Birthplace (City or town) (State or foreign country)

Father
12. Name William Bosomworth
13. Birthplace (City or town) England (State or foreign country)

Mother
14. Maiden name Ann Wood
15. Birthplace (City or town) England (State or foreign country)

16. Informant's **OWN** Signature John E Thompson
and Address Malta Ida

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 21- (Month) (Day) (Year)
(c) Place: Malta Idaho

18. Funeral Director's **OWN** Signature Retta L. Payne
and Address Burley Idaho

19. (a) 11-1-44 (Date received and filed) (b) ~~C. I. Suter~~ (Registrar's signature) B. H. Wilson

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Oct 16- 1944
at 11-P o'clock P M.

21. **I HEREBY CERTIFY**, That I attended deceased from 1941, to Oct 16 1944
I last saw her alive on Oct 12- 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Carcinoma of Sigmoid	3 yrs
✓ Due to Arthritis	3 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? Idaho
Name of operation None Date —
Major finding —
Finding of autopsy No Autopsy

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? — Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature C. I. Suter M.D. (M. D. or other)
and Address Albion Ida Date 10/31 1944
(For additional space, use reverse side)

I40933

United States
Department of Commerce
Bureau of the Census NOV 13 1944

Certificate Of Death

STATE OF IDAHO

State File No.
Local Reg. No. 101
Reg. Dist. No. 4-71

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
   (a) County Minidoka
   (b) City or town Heyburn
   (c) Street Address or R. F. D. No. 1
   (d) Death Occured Inside? ... Outside? X ... city or town
   (e) Died in a Home X Hospital ... Institution ... Other place ...
   (f) Name Hosp. or Inst. — Stayed — days
   (g) Lived in this county 16 years ... months ... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Minidoka
   (c) City or town Heyburn
   (d) Street Address or R.F.D. No. 1
   (e) Deceased lived Inside? ... Outside? X ... city or town
   (f) Citizen of what country? U. S. A.
   (g) How long had deceased lived in Idaho? 16 years
   (h) Former residence (city, state) Colorado.

3. (a) **FULL NAME** Maria Graff. 55 C.

3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex F
5. Color or race W.
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Henry
6. (c) Age of husband or wife if alive 59 years
7. Date of Birth (Month, Day, Year) Dec 16 - 1884

8. AGE	Years	Months	Days	If less than 1 day
	59	10	2	hrs ... min.

9. Exact Occupation Housewife ... Did this work for Life yrs.
10. Industry or Business — ... Date last worked 7-10-44
11. Birthplace Russia (City or town) (State or foreign country)
12. Father's Name John Henry Bushoff
13. Father's Birthplace Russia (City or town) (State or foreign country)
14. Mother's Maiden name Mary Erlich
15. Mother's Birthplace Russia (City or town) (State or foreign country)
16. Informant's **OWN** Signature Henry Graf
and Address Heyburn
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 23 (Month) (Day) (Year)
(c) Place: Burley Idaho
18. Funeral Director's **OWN** Signature Retta S. Payne
and Address Burley Idaho
19. (a) 11-1-44 (Date received and filed) (b) E. F. Hudson (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Oct 18 19 XX
at ... o'clock 1-P M.
21. **I HEREBY CERTIFY**, That I attended deceased from ... 19 ..., to ... 19 ...
I last saw h... alive on ... 19 ...; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Carcinoma of Thyroid.	3 yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYISICIAN Underline the cause to which death should be charged statistically.
Name of operation ... Date ...	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ... Suicide? ... Homicide? ...
Occurred ... 19 ... City, county, state where violence occurred ...
Place of Violence: Home ... Farm ... Industry ...
Public Place ... While at work? ...
Means of injury ...
23. Attendant's **OWN** Signature [illegible] M.D. (M. D. or other)
and Address [illegible] Date ... 19 ...
(For additional space, use reverse side)

Rupert Idaho.

140934

United States
Department of Commerce
Bureau of the Census NOV 13 1944

Certificate Of Death

STATE OF IDAHO

State File No. ~~4 198~~
Local Reg. No. ~~2 158~~ 100
Reg. Dist. No. 471

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
(a) County Cassia
(b) City or town Elba
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? X Outside? — city or town
(e) Died in a Home X Hospital Institution — Other place
(f) Name Hosp. or Inst. — Stayed days
(g) Lived in this county 44 years — months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Cassia
(c) City or town Elba
(d) Street Address or R.F.D. No. —
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 44 years
(h) Former residence (city, state)

3. (a) **FULL NAME** Earl Pratt Hubbard 131a

3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex M. 5. Color or race W.
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Rachel
6. (c) Age of husband or wife if alive 40 years
7. Date of Birth (Month, Day, Year) Jan 11 - 1900

8. AGE	Years	Months	Days	If less than 1 day
	44 -	9	11 -	hrs min.

9. Exact Occupation Rancher Did this work for 20 yrs.
10. Industry or Business — Date last worked June/44
11. Birthplace Elba Idaho (City or town) (State or foreign country)
Father
12. Name David Hubbard
13. Birthplace Utah (City or town) (State or foreign country)
Mother
14. Maiden name Ida Victoria Cordon
15. Birthplace Utah (City or town) (State or foreign country)
16. Informant's **OWN** Signature Rachel Hubbard
and Address Elba Ida
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 26 (Month) (Day) (Year)
(c) Place: Elba
18. Funeral Director's **OWN** Signature Retta S. Payne
and Address Burley Idaho
19. (a) 11-1-44 (Date received and filed) (b) ~~C. I. Sater~~ B. F. Wilson (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Oct 22 1944
at o'clock 2 P.M.
21. **I HEREBY CERTIFY,** That I attended deceased from 1942 to Oct 22 1944
I last saw him alive on Oct 3 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Chronic Interstitial Nephritis	5 yrs
✓ Due to Scarlet fever when young	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted? Idaho	
Name of operation Date	
Major finding	
Finding of autopsy No Autopsy	

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? No Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature C. I. Sater (M. D. or other)
and Address Albion Ida Date 10/31 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

NOV 3 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 140935
Local Reg. No. 75
Reg. Dist. No. 210

1. **PLACE OF DEATH:**
   (a) County Clearwater
   (b) City or town Orofino
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? Outside? X city or town
   (e) Died in a Home Hospital Institution X Other place
   (f) Name Hosp. or Inst. St. Hos. No. Stayed days
   (g) Lived in this county 2 years 5 months 9 days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Bonner
   (c) City or town unknown
   (d) Street Address or R. F. D. No.
   (e) Deceased lived Inside? Outside? city or town
   (f) Citizen of what country? United States
   (g) How long had deceased lived in Idaho? years
   (h) Former residence (city, state)

3. (a) FULL NAME FRAZIER, DAN

131a

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race White
6. (a) Single, widowed, married, divorced unknown
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) unascertained

8. AGE	Years	Months	Days	If less than 1 day
Approx.	82			hrs min.

9. Exact Occupation unknown Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace unknown (City or town) (State or foreign country)
Father
12. Name unascertained
13. Birthplace " (City or town) (State or foreign country)
Mother
14. Maiden name unascertained
15. Birthplace " (City or town) (State or foreign country)
16. Informant's OWN Signature E. L. Berry M.D.
and Address Orofino Idaho
17. (a) Burial (b) Date thereof 10/4/44 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: State Hosp. North cemetery
18. Funeral Director's OWN Signature [illegible]
and Address Orofino, Idaho
19. (a) 10/6/44 (Date received and filed) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) October 4, 1944
at 10:15 o'clock A. M.
21. **I HEREBY CERTIFY,** That I attended deceased from June 1 1943, to Oct. 4, 1944
I last saw him alive on Oct. 4, 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
✓ Arteriosclerosis	10 yrs?
Due to Nephritis	10 yrs?
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature E. L. Berry M.D. (M. D. or other)
and Address Orofino Idaho Date 10-4-1944
(For additional space, use reverse side)

140936

United States
Department of Commerce
Bureau of the Census

NOV 3 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 79
Reg. Dist. No. 210

1. **PLACE OF DEATH:**
(a) County Clearwater
(b) City or town Elk River
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 24 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Clearwater
(c) City or town Elk River
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? USA
(g) How long had deceased lived in Idaho? 24 years
(h) Former residence (city, state)

3. (a) FULL NAME Emma Eliazbeth Vine

131a.

3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Thomas R.
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) April 26, 1851

8. AGE	Years	Months	Days	If less than 1 day
	93	5	13	hrs min.

9. Exact Occupation housekeeper Did this work for life yrs.
10. Industry or Business " Date last worked
11. Birthplace Crystal Square N. Y. (City or town) (State or foreign country)
Father
12. Name Mathew Marvin
13. Birthplace Utica, N. Y. (City or town) (State or foreign country)
Mother
14. Maiden name Marie Walters
15. Birthplace Hastings, N. Y. (City or town) (State or foreign country)
16. Informant's OWN Signature Mrs. E. R. Vine
and Address Elk River, Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 10, 14, 44 (Month) (Day) (Year)
(c) Place: Moscow, Idaho
18. Funeral Director's OWN Signature H. R. Short
and Address Moscow, Idaho
19. (a) 10/20/44 (Date received and filed) (b) Claire Becharach (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Oct. 9 1944
at 9:00 o'clock P.M.
21. I HEREBY CERTIFY, That I attended deceased from Spring 1941, to Oct 9 1944
I last saw her alive on June 10 1941; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Acute Myocarditis	
Subcutaneous Nephritis	
Due to	
Due to	
Other conditions Senile Psychosis. (Include pregnancy within 3 months of death)	
Where was disease contracted? House	PHYSICIAN
Name of operation None Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy None	

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state
where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature [signature] M. D. (M. D. or other)
and Address Moscow Ida Date 10/12 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

140937

United States
Department of Commerce NOV 3 1944
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 76
Reg. Dist. No. 210

1. **PLACE OF DEATH:**
(a) County Clearwater
(b) City or town Orofino
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? X city or town
(e) Died in a Home Hospital Institution X Other place
(f) Name Hosp. or Inst. St. Hos. No. Stayed days
(g) Lived in this county years 7 months 18 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Idaho
(c) City or town Kamiah
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Outside? X city or town
(f) Citizen of what country? United States
(g) How long had deceased lived in Idaho? years
(h) Former residence (city, state)

3. (a) **FULL NAME** JACKSON, MOSES

30C

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race Indian
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Sarah
6. (c) Age of husband or wife if alive 55 years
7. Date of Birth (Month, Day, Year) October 8, 1901

8. AGE	Years	Months	Days	If less than 1 day
	43		9	hrs min.

9. Exact Occupation Farming Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace unknown (City or town) (State or foreign country)
Father
12. Name Grover Jackson
13. Birthplace unknown (City or town) (State or foreign country)
Mother
14. Maiden name unknown
15. Birthplace " (City or town) (State or foreign country)
16. Informant's OWN Signature X Sarah Jackson
and Address X Kamiah Idaho
17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof OCT. 19, 1944 (Month) (Day) (Year)
(c) Place: LAPWAI, CEMETERY
18. Funeral Director's OWN Signature George B Blake
and Address OROFINO, IDAHO
19. (a) 10/19/44 (Date received and filed) (b) Lillie Bachrach (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) October 17, 1944
at 12:25 o'clock P.M.
21. **I HEREBY CERTIFY,** That I attended deceased from February 29, 1944 to Oct. 17, 1944
I last saw him alive on Oct. 17, 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebral vascular accident	1 day
✓ Due to Syphilis of C.N.S.	several years.
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted? unknown	
Name of operation — Date	
Major finding —	
Finding of autopsy —	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? — Suicide? — Homicide? —
Occurred — 19 City, county, state where violence occurred —
Place of Violence: Home — Farm — Industry —
Public Place — While at work? —
Means of injury —
23. Attendant's OWN Signature A.B. Pappenhagen M.D. (M. D. or other)
and Address Orofino Idaho Date 10-18 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

NOV 3 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 140938
Local Reg. No. 80
Reg. Dist. No. 210

1. **PLACE OF DEATH:**
(a) County Clearwater
(b) City or town Orofino
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? X city or town
(e) Died in a Home Hospital Institution X Other place
(f) Name Hosp. or Inst. St. Hos. No. Stayed days
(g) Lived in this county 3 years 7 months 4 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Shoshone
(c) City or town Avery
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Outside? X city or town
(f) Citizen of what country? United States
(g) How long had deceased lived in Idaho? 4 years
(h) Former residence (city, state)

3. (a) **FULL NAME** BASIN, EDGAR

30C

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) March 15, 1893

8. AGE	Years	Months	Days	If less than 1 day
	51	7	3	hrs min.

9. Exact Occupation Carpenter — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace Riga, Russia (City or town) (State or foreign country)

Father
12. Name Libert Basin
13. Birthplace Russia (City or town) (State or foreign country)

Mother
14. Maiden name Bickman
15. Birthplace Russia (City or town) (State or foreign country)

16. Informant's OWN Signature Ida. Hospital Records
and Address Orofino, Ida.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/19/44 (Month) (Day) (Year)
(c) Place: St. Hosp. North cemetery
18. Funeral Director's OWN Signature
and Address Orofino, Idaho
19. (a) 9/20/44 (Date received and filed) (b) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) October 18, 1944
at 9:30 o'clock P. M.

21. **I HEREBY CERTIFY**, That I attended deceased from March 14 1941 to Oct. 18, 1944
I last saw him alive on Oct. 18, 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Myocardial failure — Duration 1 week
Due to Syphilis of C.N.S. — 17 yrs.
Due to
Other conditions
(Include pregnancy within 3 months of death)
Where was disease contracted?
Name of operation — Date
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's OWN Signature A.B. Coppenhagen M.D.
and Address Orofino, Ida. (M. D. or other) Date 10-19 1944

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

NOV 3 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 140939
Local Reg. No. 77
Reg. Dist. No. 210

1. **PLACE OF DEATH:**
(a) County Clearwater
(b) City or town Orofino
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? X city or town
(e) Died in a Home Hospital Institution X Other place
(f) Name Hosp. or Inst. St. Hos. No. Stayed 13 days
(g) Lived in this county 4 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Clearwater
(c) City or town Orofino
(d) Street Address or R. F. D. No. 5
(e) Deceased lived Inside? Outside? X city or town
(f) Citizen of what country? United States
(g) How long had deceased lived in Idaho? 4 years
(h) Former residence (city, state) Balsam Lake, Wisc.

3. (a) **FULL NAME** MECHLING, WILLIAM J.

93d

3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Jennie
6. (c) Age of husband or wife if alive 59 years
7. Date of Birth (Month, Day, Year) April 25, 1879

8. AGE	Years	Months	Days	If less than 1 day
	65	5	23	hrs min.

9. Exact Occupation Farmer — Did this work for Life yrs.
10. Industry or Business Self — Date last worked 2 Years ago.
11. Birthplace Indiana (City or town) (State or foreign country)
Father
12. Name ~~unknown~~ JEFF MECHLING
13. Birthplace " (City or town) (State or foreign country)
Mother
14. Maiden name unknown
15. Birthplace " (City or town) (State or foreign country)
16. Informant's OWN Signature Floyd Mechling
and Address Route 5, Orofino
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof OCT. 19, 1944 (Month) (Day) (Year)
(c) Place: WELLS BENCH CEMETERY
18. Funeral Director's OWN Signature George B. Blake
and Address OROFINO, IDAHO
19. (a) 10/19/44 (Date received and filed) (b) Chas. Bacharach (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) October 18, 1944
at 10:20 o'clock A.M.
21. **I HEREBY CERTIFY,** That I attended deceased from Oct. 5, 1944, to Oct. 18, 1944
I last saw him alive on Oct. 17, 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary Thrombosis. — Duration few hours
Due to Myocarditis. — several years.
Due to Encephalitis. several years ago
Other conditions (Include pregnancy within 3 months of death)
Where was disease contracted? —
Name of operation — Date —
Major finding —
Finding of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? — Suicide? — Homicide? —
Occurred — 19 City, county, state where violence occurred —
Place of Violence: Home — Farm — Industry —
Public Place — While at work? —
Means of injury —
23. Attendant's OWN Signature A. B. Pappenhagen M. D. (M. D. or other)
and Address Orofino Idaho Date 10-18 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce NOV 3 1944
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 140940
Local Reg. No. 78
Reg. Dist. No. 210

1. **PLACE OF DEATH:**
   (a) County CLEARWATER
   (b) City or town OROFINO
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home .... Hospital X Institution .... Other place ....
   (f) Name Hosp. or Inst. BURNS Stayed ..... days
   (g) Lived in this county ..... years 9 hours months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State IDAHO (b) County CLEARWATER
   (c) City or town OROFINO
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? X Outside? ..... city or town
   (f) Citizen of what country? UNITED STATES
   (g) How long had deceased lived in Idaho? INFANT years
   (h) Former residence (city, state)

3. (a) **FULL NAME** CLEMENT RONALD REED

2000

3. (b) If veteran, name war NO
3. (c) Social Security No. NONE
4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced INFANT
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) OCTOBER 17, 1944

8. AGE	Years	Months	Days	If less than 1 day
				9 hrs min.

9. Exact Occupation infant Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace OROFINO, IDAHO (City or town) (State or foreign country)

Father
12. Name CLEMENT WARREN REED
13. Birthplace CUL DE SAC, IDAHO (City or town) (State or foreign country)

Mother
14. Maiden name LOIS ELLA JACOBS
15. Birthplace PASCO, WASHINGTON (City or town) (State or foreign country)

16. Informant's **OWN** Signature Clement Warren Reed
and Address OROFINO, IDAHO
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof OCT. 19/1944 (Month) (Day) (Year)
(c) Place: WESEMAN CEMETERY
18. Funeral Director's **OWN** Signature Jorg B Blake
and Address OROFINO, IDAHO
19. (a) 10/19/44 (Date received and filed) (b) Clelia Gadarach (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) October 18th 1944
at 2 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from 10-17 1944, to 10-18 1944
I last saw him alive on 10-17 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
✓ Unknown	
Due to ✓	
✓	
Due to ✓	
Other conditions ✓ (Include pregnancy within 3 months of death)	
Where was disease contracted? ✓	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation ✓ Date ✓	
Major finding ✓	
Finding of autopsy ✓	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ✓ Suicide? ✓ Homicide? ✓
Occurred ✓ 19 ✓ City, county, state where violence occurred ✓
Place of Violence: Home ✓ Farm ✓ Industry ✓
Public Place ✓ While at work? ✓
Means of injury ✓
23. Attendant's **OWN** Signature J W Robertson (M. D. or other)
and Address Orofino Ida Date 10/19 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

NOV 3 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140941
Local Reg. No. 81
Reg. Dist. No. 210

1. PLACE OF DEATH:
(a) County Clearwater
(b) City or town Orofino
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? Outside? X city or town
(e) Died in a Home Hospital Institution X Other place
(f) Name Hosp. or Inst. St. Hos. No. Stayed 9 days
(g) Lived in this county years months 9 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Kootenai
(c) City or town Rathdrum
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? Outside? city or town
(f) Citizen of what country? United States
(g) How long had deceased lived in Idaho? 20 years
(h) Former residence (city, state)

3. (a) FULL NAME ANDERSON, AMANDUS 120 a.

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) 1859

8. AGE	Years	Months	Days	If less than 1 day
	85			hrs min.

9. Exact Occupation Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Norway (City or town) (State or foreign country)
Father
12. Name Andrew Anderson
13. Birthplace Norway (City or town) (State or foreign country)
Mother
14. Maiden name Louise Anderson
15. Birthplace Norway (City or town) (State or foreign country)
16. Informant's OWN Signature State Hospital Records
and Address Orofino Ida
17. (a) Burial (b) Date thereof 10/19/44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: St. Hosp. No. Cemetery
18. Funeral Director's OWN Signature [signature]
and Address Orofino, Idaho
19. (a) 10/20/44 (b) Chloie Bachorach
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) October 19, 1944
at 7:25 o'clock A. M.
21. **I HEREBY CERTIFY,** That I attended deceased from Oct. 11, 1944, to Oct. 19, 1944
I last saw him alive on Oct. 18, 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death	Duration
Acute Gastro Enteritis	10 days
Due to	
Due to	
Other conditions Admitted to State Hospital (Include pregnancy within 3 months of death) North with Gastro Enteritis	
Where was disease contracted?	
Name of operation — Date —	
Major finding —	
Finding of autopsy —	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature A.B. Pappenhagen M.D. (M. D. or other)
and Address Orofino Idaho Date 10-19 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce NOV 3 1944
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 140942
Local Reg. No. 83
Reg. Dist. No. 210

1. **PLACE OF DEATH:**
(a) County Clearwater
(b) City or town Orofino
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. Orofino Stayed 45 days
(g) Lived in this county 30 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Clearwater
(c) City or town Orofino
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? Hungary
(g) How long had deceased lived in Idaho? 30 years
(h) Former residence (city, state) Washington

3. (a) FULL NAME Susie Koerling

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Lawrence
6. (c) Age of husband or wife if alive 60 years
7. Date of Birth (Month, Day, Year) Jan 20, 1885

8. AGE	Years	Months	Days	If less than 1 day hrs min.
	59	9	1	

9. Exact Occupation housewife Did this work for life yrs.
10. Industry or Business Date last worked 5 weeks ago
11. Birthplace Hungary (City or town) (State or foreign country)
Father
12. Name Krauss
13. Birthplace Hungary (City or town) (State or foreign country)
Mother
14. Maiden name unknown
15. Birthplace Hungary (City or town) (State or foreign country)
16. Informant's OWN Signature L Koerling and Address Orofino, Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 10/24/44 (Month) (Day) (Year)
(c) Place: Riverside cemetery, Orofino
18. Funeral Director's OWN Signature Chloie D. Bacharach and Address Orofino, Idaho
19. (a) 10/23/44 (Date received and filed) (b) Chloie Bacharach (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Oct 21 1944 at 8:30 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from Sept 5 1944, to 10-21 1944
I last saw her alive on 10-20 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cardiac failure — Duration
Due to Intestinal obstruction from incarcerated ventral
Due to hernia of years standing
Other conditions (Include pregnancy within 3 months of death)
Where was disease contracted?
Name of operation Intestinal Date 10-18-44
Major finding obstruction
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? see other side Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature A B Pappenhagen (M.D. or other)
and Address Orofino Idaho Date 10-24 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

NOV 3 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140943
Local Reg. No. 84
Reg. Dist. No. 210

1. **PLACE OF DEATH:**
   (a) County Clearwater
   (b) City or town Orofino
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? Outside? X city or town
   (e) Died in a Home Hospital Institution X Other place
   (f) Name Hosp. or Inst. St. Hos. No. Stayed days
   (g) Lived in this county 8 years months 17 days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Latah
   (c) City or town Princeton
   (d) Street Address or R.F.D. No. Route 1
   (e) Deceased lived Inside? Outside? X city or town
   (f) Citizen of what country? United States
   (g) How long had deceased lived in Idaho? 28 years
   (h) Former residence (city, state)

3. (a) **FULL NAME** BUTTERFIELD, ORVILLE C.

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3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Edna F.
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) January 17, 1881

8. AGE	Years	Months	Days	If less than 1 day
	63	9	10	hrs min.

9. Exact Occupation Farmer — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace Bluearth, Minn. (City or town) (State or foreign country)

Mother
12. Name Abram Butterfield
13. Birthplace Canada (City or town) (State or foreign country)

Father
14. Maiden name Sarah Ensign
15. Birthplace Michigan (City or town) (State or foreign country)

16. Informant's OWN Signature E. R. Berry M. D.
and Address Orofino Idaho

17. (a) removal (Burial, cremation, or removal) (b) Date thereof 10/27/44 (Month) (Day) (Year)
(c) Place: Palouse Wash.

18. Funeral Director's OWN Signature H. E. Campbell
and Address Palouse, Wash.

19. (a) 10/27/44 (Date received and filed) (b) Estelle Eschenbach (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) October 27, 1944
at 4:00 o'clock A. M.

21. **I HEREBY CERTIFY**, That I attended deceased from June 1, 1943, to Oct. 27 1944
I last saw him alive on Oct. 26, 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
✓ Cerebral Arteriosclerosis	10 yrs.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's OWN Signature E. R. Berry M.D. (M. D. or other)
and Address Orofino Ida. Date 10-27-1944
(For additional space, use reverse side)

140944

United States
Department of Commerce
Bureau of the Census

NOV 3 1944

Certificate Of Death

STATE OF IDAHO

State File No.
Local Reg. No. 85
Reg. Dist. No. 210

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
(a) County Clearwater
(b) City or town Orofino
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? Outside? city or town
(e) Died in a Home Hospital Institution Other place
(f) Name Hosp. or Inst. St. Hos. No. Stayed days
(g) Lived in this county 2 years 6 months 10 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Valley
(c) City or town Donnelly
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? Outside? city or town
(f) Citizen of what country? United States
(g) How long had deceased lived in Idaho? 40 years
(h) Former residence (city, state)

3. (a) **FULL NAME** BROWNLEE, ALICE MAY 61

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F
5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Morgan
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) September 16, 1892

8. AGE	Years	Months	Days	If less than 1 day
	52	1	11	hrs min.

9. Exact Occupation Housewife Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace (City or town) (State or foreign country)
Father
12. Name David H. Woods
13. Birthplace Iowa (City or town) (State or foreign country)
Mother
14. Maiden name unknown
15. Birthplace " (City or town) (State or foreign country)
16. Informant's OWN Signature E. L. Berry M.D.
and Address Orofino, Idaho
17. (a) removal (Burial, cremation, or removal) (b) Date thereof 10/27/44 (Month) (Day) (Year)
(c) Place: CASCADE, IDAHO
18. Funeral Director's OWN Signature George B. Blatt
and Address OROFINO, IDAHO
19. (a) 10/27/44 (Date received and filed) (b) Chloie Eachorach (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) October 27, 1944
at 2:30 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from June 1 1943 to Oct. 27, 1944
I last saw her alive on Oct. 27, 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Diabetes	10 yrs?
✓ Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature E. L. Berry M.D. (M.D. or other)
and Address Orofino Ida Date 10-27 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census NOV 3 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140945
Local Reg. No. 87
Reg. Dist. No. 210

1. **PLACE OF DEATH:**
   (a) County Clearwater
   (b) City or town Orofino
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? Outside? X city or town
   (e) Died in a Home Hospital Institution X Other place
   (f) Name Hosp. or Inst. St. Hos. No. Stayed days
   (g) Lived in this county 1 years 11 months 9 days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Adams
   (c) City or town Council
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? Outside? city or town
   (f) Citizen of what country? United States
   (g) How long had deceased lived in Idaho? 35 yrs. years
   (h) Former residence (city, state)

3. (a) **FULL NAME** MILLER, AVERY D. 97.

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) February 10, 1875

8. AGE	Years	Months	Days	If less than 1 day
	69	8	17	hrs min.

9. Exact Occupation Farmer-laborer Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Burket, Indiana (City or town) (State or foreign country)

Mother
12. Name unknown
13. Birthplace " (City or town) (State or foreign country)

Father
14. Maiden name unknown
15. Birthplace " (City or town) (State or foreign country)

16. Informant's **OWN** Signature E. L. Berry
and Address Orofino, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/29/44 (Month) (Day) (Year)
(c) Place: St. Hosp. North cemetery

18. Funeral Director's **OWN** Signature
and Address Orofino, Idaho

19. (a) 10/28/44 (Date received and filed) (b) Lilian Bachand (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) October 27, 1944
at 10:35 o'clock P. M.

21. **I HEREBY CERTIFY**, That I attended deceased from June 1, 1943, to Oct. 27, 1944
I last saw him alive on Oct. 27, 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Hypostatic pneumonia	3 days
Due to Arteriosclerosis	10 yrs.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature E. L. Berry, M.D.
and Address Orofino Ida (M.D. or other) Date 10-28 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

NOV 3 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140946
Local Reg. No. 88
Reg. Dist. No. 210

1. **PLACE OF DEATH:**
   (a) County CLEARWATER
   (b) City or town OROFINO
   (c) Street Address or R. F. D. No.
   (d) Death Occured Inside? X Outside? ....city or town
   (e) Died in a Home X Hospital.... Institution.... Other place....
   (f) Name Hosp. or Inst.... Stayed....days
   (g) Lived in this county....years 6 months 26 days

   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State IDAHO (b) County LEWIS
   (c) City or town CRAIGMONT
   (d) Street Address or R.F.D. No. RURAL 5 MILES
   (e) Deceased lived Inside?....Outside? X city or town
   (f) Citizen of what country? UNITED STATES
   (g) How long had deceased lived in Idaho? 50 years
   (h) Former residence (city, state) PALOUSE, WASHINGTO

3. (a) **FULL NAME** PETER SWANSON

516.

3. (b) If veteran, name war NO
3. (c) Social Security No. NONE
4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife BERDIE BURKE
6. (c) Age of husband or wife if alive 66 years
7. Date of Birth (Month, Day, Year) MARCH 12, 1867

8. AGE	Years	Months	Days	If less than 1 day
	~~XX~~ 76	7	16	hrs min.

9. Exact Occupation FARMER (RETIRED) Did this work for LIFE yrs.
10. Industry or Business SELF Date last worked
11. Birthplace SWEDEN (City or town) (State or foreign country)

Father
12. Name UNKNOWN
13. Birthplace UNKNOWN (City or town) (State or foreign country)

Mother
14. Maiden name UNKNOWN
15. Birthplace UNKNOWN (City or town) (State or foreign country)

16. Informant's **OWN** Signature Estell Swan
and Address OROFINO, IDAHO
17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof Oct. 31/44 (Month) (Day) (Year)
(c) Place: CRAIGMONT, IDAHO
18. Funeral Director's **OWN** Signature George B Blake
and Address OROFINO, IDAHO
19. (a) 10/31/44 (Date received and filed) (b) Edwin Badgerow (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Oct. 28 1944
at 2:30 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from May 1944, to 10-28 1944
I last saw h.. alive on 10-26-44 19....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death	Duration
Starvation	
Due to Metastatic growths.	Several months
Due to from Carcinoma of Prostate.	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? — Suicide? — Homicide? —
Occurred — 19.... City, county, state where violence occurred —
Place of Violence: Home — Farm — Industry —
Public Place — While at work?
Means of injury —
23. Attendant's **OWN** Signature W. B. Lappenbusch M.D.
(M. D. or other)
and Address Orofino Idaho Date 10-30 1944
(For additional space, use reverse side)

PHONE 3401
DAY & NITE

AMBULANCE
SERVICE

BLAKE FUNERAL HOME

GEORGE B. BLAKE
MORTICIAN

OROFINO, IDAHO

NOVEMBER 22, 1944

Department of Public Health
Bureau of Vital Statistics
Boise, Idaho

Gentlemen:

In the matter of the death certificate of Peter Swanson who died here October 28, 1944 we have been informed by the family that on their examination of the photostatic copy of Mr. Swanson's birth certificate which is attached to his insurance policies that there was a mistake made in his age at time of death, as stated on the death certificate the age was 77 years, 7 months & 16 days, which is incorrect and should read 76 years, 7 months, & 16 days.

Very truly yours,

George B. Blake

George B. Blake

NOV 24 1944

No Money Enclosed

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

NOV 3 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140947
Local Reg. No. 16
Reg. Dist. No. 210

1. PLACE OF DEATH:

(a) County CLEARWATER
(b) City or town OROFINO
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Home.... Hospital.... Institution.... Other place X
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county About 4 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

(a) State IDAHO (b) County CLEARWATER
(c) City or town OROFINO
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? ..... Outside? X ..... city or town
(f) Citizen of what country? UNITED STATES
(g) How long had deceased lived in Idaho? 10 years
(h) Former residence (city, state) WHITE EARTH, N.D.

3. (a) **FULL NAME** ERIK GOTTFRID SODERQUIST

164a

3. (b) If veteran, name war NO
3. (c) Social Security No. 518-01-6959
4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced SINGLE
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) OCTOBER 20, 1901

8. AGE	Years	Months	Days	If less than 1 day
	43		8	hrs min.

9. Exact Occupation WOODSWORKER — Did this work for LIFE yrs.
10. Industry or Business P.F.I. — Date last worked OCT. 12/1944
11. Birthplace ..... (City or town) SWEDEN (State or foreign country)

Father
12. Name PETER SODERQUIST
13. Birthplace UNKNOWN (City or town) (State or foreign country)

Mother
14. Maiden name MATILDA PERSONS
15. Birthplace UNKNOWN (City or town) (State or foreign country)

16. Informant's **OWN** Signature X Carl T. Person
and Address WHITE EARTH, NORTH DAKOTA

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof November 1/1944 (Month) (Day) (Year)
(c) Place: RIVERSIDE CEMETERY

18. Funeral Director's **OWN** Signature George B Clarke
and Address OROFINO, IDAHO

19. (a) 10/31/44 (Date received and filed) (b) Lillie Bedrosek (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) OCTOBER 28 1944
at about 12:30 o'clock A. M.

21. **I HEREBY CERTIFY**, That I attended deceased from ********** 19 **, to ********** 19 **
I last saw h**** alive on ********** 19 **; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
BROKEN NECK	INSTANT
✓ Due to HANGING (SELF INFLICTED)	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? X ..... Homicide? .....
Occurred OCT. 28, 1944 ..... 19 ..... City, county, state where violence occurred OROFINO, CLEARWATER, IDA.
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... X ..... While at work? .....
Means of injury

23. Attendant's **OWN** Signature George B Clarke M. D. or Other
CORONER
and Address Orofino, Ida. Date 10/31/1944
(For additional space, use reverse side)

140948

United States
Department of Commerce NOV 8 1944
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF DEATH:**
(a) County Elmore
(b) City or town Glenn Ferry
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 35 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Elmore
(c) City or town Glenn Ferry
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? 35 years
(h) Former residence (city, state) Ogden Utah

3. (a) **FULL NAME** Christal Dale Shipley

108

3. (b) If veteran, name war No.
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife William J.
6. (c) Age of husband or wife if alive 60 years
7. Date of Birth (Month, Day, Year) December 25, 1889

8. AGE	Years	Months	Days	If less than 1 day
	55	7	26	hrs min.

9. Exact Occupation Housewife Did this work for Life yrs.
10. Industry or Business Home Date last worked 8/23/44
11. Birthplace Joseph (City or town) Oregon (State or foreign country)
Father
12. Name George Branscom
13. Birthplace (City or town) Ohio (State or foreign country)
Mother
14. Maiden name Celinda Warnock
15. Birthplace (City or town) Indiana (State or foreign country)
16. Informant's OWN Signature Glenn Ferry Idaho
and Address W J Shipley
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 1, 1944 (Month) (Day) (Year)
(c) Place: Glenn Rest Cemetery
18. Funeral Director's OWN Signature Felix J. Bey
and Address Mountain Home Idaho
19. (a) Sept 1-44 (Date received and filed) (b) Mary Sullivan (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Aug 29 1944
at 10 30 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from Aug 28 1944 to Aug 29 1944
I last saw her alive on Aug 29 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration

Due to Pneumonia - Carbon
Due to ✓
Other conditions
(Include pregnancy within 3 months of death)
Where was disease contracted? at home
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature [illegible] Simonton (M. D. or other)
and Address Glenns Ferry Idaho Date 9-1 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

14094

United States
Department of Commerce
Bureau of the Census

NOV 8 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF DEATH:**
(a) County Elmore
(b) City or town Glenn Ferry
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 30 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Elmore
(c) City or town Glenn Ferry
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? 30 years
(h) Former residence (city, state) Topeka Kansas

3. (a) **FULL NAME** GEORGE ELLWORTH ROLLINS

83a

3. (b) If veteran, name war No.
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife Josie
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) October 3, 1865

8. AGE	Years	Months	Days	If less than 1 day
	79	0	6	hrs min.

9. Exact Occupation Sexton Did this work for 14 yrs.
10. Industry or Business Cemetery Date last worked 7/10/44
11. Birthplace Illinois (City or town) (State or foreign country)
Father
12. Name Unknown
13. Birthplace Unknown (City or town) (State or foreign country)
Mother
14. Maiden name Unknown
15. Birthplace Unknown (City or town) (State or foreign country)
16. Informant's OWN Signature William H. Van Camp
and Address Glenn Ferry Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 11, 1944 (Month) (Day) (Year)
(c) Place: Glenn Rest Cemetery
18. Funeral Director's OWN Signature Felix J. Bay
and Address Mountain Home Idaho
19. (a) Oct 11 - 44 (Date received and filed) (b) Mary Sullivan (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Oct 9 1944
at 3 A. M. o'clock M.
21. **I HEREBY CERTIFY,** That I attended deceased from Oct 3 1944, to Oct 9 1944
I last saw him alive on Oct 9 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebral hemorrhage	
Due to arterio sclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature E. L. Simonton (M. D. or other)
and Address Glenn Ferry Idaho Date 10-27 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

NOV 8 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 140950
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF DEATH:**
   (a) County Elmore
   (b) City or town Glenn Ferry
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? X Outside? city or town
   (e) Died in a Home Hospital X Institution Other place
   (f) Name Hosp. or Inst. Railroad Stayed 1 days
   (g) Lived in this county years 9 months 10 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Elmore
   (c) City or town Glenn Ferry
   (d) Street Address or R. F. D. No.
   (e) Deceased lived Inside? X Outside? city or town
   (f) Citizen of what country?
   (g) How long had deceased lived in Idaho? years
   (h) Former residence (city, state)

3. (a) **FULL NAME** JAMES EARL BUTLER

27c.

3. (b) If veteran, name war No.
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) January 11, 1944

8. AGE	Years	Months	Days	If less than 1 day
		9	10	hrs min.

9. Exact Occupation Infant — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace Wendell (City or town) Idaho (State or foreign country)

Father
12. Name Ernest I. Butler
13. Birthplace Hoxie (City or town) Kansas (State or foreign country)

Mother
14. Maiden name Hazel I. Sparks
15. Birthplace (City or town) Kansas (State or foreign country)

16. Informant's OWN Signature Lavon Butler
and Address Glenn Ferry Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 13, 1944 (Month) (Day) (Year)
(c) Place: Glenn Rest Cemetery

18. Funeral Director's OWN Signature Selby J. Bay
and Address Mountain Home Idaho

19. (a) Oct 12-44 (Date received and filed) (b) Mary Stillwell (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Oct 11" 19 44
at 8:35 o'clock P M.

21. **I HEREBY CERTIFY,** That I attended deceased from Oct 10" 1944 to Oct 11" 1944
I last saw h[illegible] alive on Oct 11 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Dysentery	
✓ Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation Date	
Major finding	
Finding of autopsy	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's OWN Signature C. N. Simonton (M. D. or other)
and Address Glenns Ferry Date 11- 1944

(For additional space use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

NOV 13 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 140952
Local Reg. No. 23
Reg. Dist. No. 350

1. **PLACE OF DEATH:**
   (a) County Elmore
   (b) City or town Mountain Home
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? ___ Outside? X city or town
   (e) Died in a Home ___ Hospital ___ Institution ___ Other place X
   (f) Name Hosp. or Inst. ___ Stayed ___ days
   (g) Lived in this county 1 years ___ months ___ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under Item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Elmore
   (c) City or town Mountain Home
   (d) Street Address or R. F. D. No.
   (e) Deceased lived Inside? X Outside? ___ city or town
   (f) Citizen of what country?
   (g) How long had deceased lived in Idaho? 1 years
   (h) Former residence (city, state) Knoxville Tenn.

3. (a) **FULL NAME** JAMES JACOB MURRAY

184

3. (b) If veteran, name war No.
3. (c) Social Security No. Unknown
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive ___ years
7. Date of Birth (Month, Day, Year) July 23, 1885

8. AGE	Years	Months	Days	If less than 1 day
	59	2	29	hrs ___ min.

9. Exact Occupation Air-base Conductor
   Did this work for 1 yrs.
10. Industry or Business Railroad
    Date last worked Unknown
11. Birthplace Knoxville (City or town) Tennessee (State or foreign country)

Father
12. Name James Murray
13. Birthplace ___ (City or town) Tennessee (State or foreign country)

Mother
14. Maiden name Margaret M. Boy
15. Birthplace ___ (City or town) Tennessee (State or foreign country)

16. Informant's **OWN** Signature Phil F Drew
    and Address Mountain Home Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Oct. 24, 1944 (Month) (Day) (Year)
    (c) Place: Knoxville Tennessee
18. Funeral Director's **OWN** Signature Felix J. Bay
    and Address Mountain Home Idaho
19. (a) Oct 23, 1944 (Date received and filed) (b) ___ (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 10 - 22 - 1944
    at 9 30 a m o'clock ___ M.
21. **I HEREBY CERTIFY,** That I attended deceased from ___ 19___, to ___ 19___
    I last saw h___ alive on ___ 19___; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Gun Shot Wound	
Due to Head.	
√ Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation ___ Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ___ Suicide? ___ Homicide? ___
    Occurred Salt Creek 19___ City, county, state where violence occurred Mt. Home Elmore Ida
    Place of Violence: Home ___ Farm ___ Industry ___
    Public Place ___ While at work? ___
    Means of injury Gun Shot Wound
23. Attendant's **OWN** Signature Phil F Drew Coroner (M. D. or other)
    and Address Mt. Home Ida Date 10/23 1944

(For additional space, use reverse side)

140959

United States
Department of Commerce
Bureau of the Census NOV 8 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF DEATH:** Elmore
(a) County
(b) City or town Glenn Ferry
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 40 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Elmore
(c) City or town Glenn Ferry
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? 40 years
(h) Former residence (city, state) Soux City Iwa.

3. (a) **FULL NAME** ANN PEYTON 13a

3. (b) If veteran, name war No.
3. (c) Social Security No. None
4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Wodow
6. (b) Name of husband or wife Henry
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) January 22, 1869

8. AGE	Years	Months	Days	If less than 1 day
	75	9	1	hrs min.

9. Exact Occupation Housewife — Did this work for Life yrs.
10. Industry or Business Home — Date last worked Sept./44
11. Birthplace Soux City (City or town) Iowa (State or foreign country)

Father
12. Name Unknown
13. Birthplace Unknown (City or town) (State or foreign country)

Mother
14. Maiden name Unknown
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. J. Miller
and Address Glenn Ferry Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 24, 1944 (Month) (Day) (Year)
(c) Place: Glenn Rest Cemetery

18. Funeral Director's OWN Signature Felix J. Bey
and Address Mountain Home Idaho

19. (a) Oct 29-44 (Date received and filed) (b) Mary Sullivan (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Oct 23 1944
at 9 o'clock A M.

21. **I HEREBY CERTIFY,** That I attended deceased from Oct 20 1944, to Oct 23 1944
I last saw h[illegible] alive on Oct 20 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebral Hemorrhage	5 yrs
Due to Arterio Sclerosis +	
✓ Hypertension	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's OWN Signature E. E. Swanton (M. D. or other)
and Address Glenns Ferry Ida. Date Oct 24 1944

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 35-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

140953

United States
Department of Commerce
Bureau of the Census

NOV 3 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140953
Local Reg. No. 12
Reg. Dist. No. 5-4 B

1. **PLACE OF DEATH:**
   (a) County Franklin
   (b) City or town Preston
   (c) Street Address or R.F.D. No. 36 So. 1St. West
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home.... Hospital X Institution.... Other place.....
   (f) Name Hosp. or Inst. Gen. Memorial Stayed 1 hour days
   (g) Lived in this county 8 years 2 months 16 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Franklin
   (c) City or town Preston
   (d) Street Address or R.F.D. No. 36 So. 1st. West
   (e) Deceased lived Inside? X Outside? ..... city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 8 years
   (h) Former residence (city, state) .....

3. (a) **FULL NAME** GLORIA JEAN ANDERSON. 107

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) June 19, 1936.

8. AGE	Years	Months	Days	If less than 1 day
	8	2	16	hrs min.

9. Exact Occupation At School Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Preston, Franklin Co., Idaho. (City or town) (State or foreign country)

Father
12. Name Eugene Clair Anderson,
13. Birthplace Salt Lake City, Utah. (City or town) (State or foreign country)

Mother
14. Maiden name Mildred Clark,
15. Birthplace Farmington, Utah. (City or town) (State or foreign country)

16. Informant's **OWN** Signature E Anderson
and Address Preston, Idaho

17. (a) Burial (b) Date thereof 9-8-44. (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: Farmington, Utah.

18. Funeral Director's **OWN** Signature John M. Richards
and Address Preston, Idaho.

19. (a) 9 7 1944 (b) Effie W. Brower (Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) September 5, 1944
at 2 o'clock P. M.

21. **I HEREBY CERTIFY**, That I attended deceased from 9/1 1944, to 9/5 1944
I last saw her alive on 9/5 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Bronchopneumonia	1 day
Due to Acute arthritis - Rheumatoid	3 wks
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature Leo R. Hawker M.D (M. D. or other)
and Address Preston Ida. Date 9/7 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census NOV 3 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140954
Local Reg. No. 13
Reg. Dist. No. 141

1. **PLACE OF DEATH:**
   (a) County Franklin
   (b) City or town Franklin
   (c) Street Address or R. F. D. No.
   (d) Death Occured Inside? in Outside? city or town
   (e) Died in a Home H Hospital Institution Other place
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county 30 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Franklin
   (c) City or town Franklin
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? Outside? city or town
   (f) Citizen of what country?
   (g) How long had deceased lived in Idaho? years
   (h) Former residence (city, state)

3. (a) **FULL NAME** Olive C Lowe 83b

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Robert
6. (c) Age of husband or wife if alive 61 years
7. Date of Birth (Month, Day, Year) July 26 1884

8. AGE	Years	Months	Days	If less than 1 day
	60	1	10	hrs min.

9. Exact Occupation Housewife Did this work for yrs.
10. Industry or Business Date last worked life
11. Birthplace England (City or town) (State or foreign country)

Father
12. Name Henry Cartwright
13. Birthplace England (City or town) (State or foreign country)

Mother
14. Maiden name Francis Fanny Hooker
15. Birthplace England (City or town) (State or foreign country)

16. Informant's **OWN** Signature ROBERT LOWE
and Address Franklin Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 14 1944 (Month) (Day) (Year)
(c) Place: Franklin Id.

18. Funeral Director's **OWN** Signature M W Hendricks
and Address Preston Idaho

19. (a) 9-10-1944 (Date received and filed) (b) Effie W. Brower (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Sept 10 1944
at 8:45 o'clock P. M.

21. **I HEREBY CERTIFY,** That I attended deceased from Sept 6 19 , to Sept 10 1944
I last saw her alive on Sept 10 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebral Thrombosis	4 days
Due to Cerebral Arteriosclerosis	3 yrs.
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature W. Ezra Cranmer M. D.
(M. D. or other)
and Address Lewiston, Id. Date 9-16 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

NOV 3 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140955
Local Reg. No. 14
Reg. Dist. No. 540

1. **PLACE OF DEATH:**
   (a) County Franklin
   (b) City or town Preston
   (c) Street Address or R. F. D. No.
   (d) Death Occured Inside?..... Outside?.....city or town
   (e) Died in a Home H Hospital.... Institution.... Other place....
   (f) Name Hosp. or Inst..... Stayed.....days
   (g) Lived in this county.....years .....months 6 days

   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State..... (b) County.....
   (c) City or town .....
   (d) Street Address or R.F.D. No. .....
   (e) Deceased lived Inside?.....Outside?.....city or town
   (f) Citizen of what country? .....
   (g) How long had deceased lived in Idaho?.....years
   (h) Former residence (city, state) .....

3. (a) **FULL NAME** Ashley Nephi Skinner

1579

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) Sept 9 1944

8. AGE	Years	Months	Days	If less than 1 day
			9 ✓	hrs min.

9. Exact Occupation Baby — Did this work for .....yrs.
10. Industry or Business ..... — Date last worked .....
11. Birthplace Preston (City or town) Idaho (State or foreign country)

Father
12. Name Carl Skinner
13. Birthplace Nounan (City or town) Idaho (State or foreign country)

Mother
14. Maiden name Venice Walentine
15. Birthplace Paris (City or town) Idaho (State or foreign country)

16. Informant's **OWN** Signature Carl Skinner
and Address Preston Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 19 44 (Month) (Day) (Year)
(c) Place: Preston Idaho
18. Funeral Director's **OWN** Signature W. W. Benchley
and Address Preston Idaho
19. (a) 9-18-1944 (Date received and filed) (b) Effie M. Brower (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Sept 18 1944 19.....
at 6 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from Sept 9 1944 to Sept 18 1944
I last saw h.~~im~~ alive on Sept 18 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Congenital atresia of large bowel	8 days
Due to	
✓	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation..... Date.....	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident?..... Suicide?..... Homicide?.....
Occurred..... 19..... City, county, state where violence occurred .....
Place of Violence: Home.....Farm.....Industry.....
Public Place..... While at work?.....
Means of injury .....
23. Attendant's **OWN** Signature O. R. Cutler M.D. (M. D. or other)
and Address Preston Ida Date Sept 18 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census NOV 3 1944

NON-RESIDENT *Certificate Of Death*

STATE OF IDAHO

State File No. 140956
Local Reg. No. 15
Reg. Dist. No. 540

1. **PLACE OF DEATH:**
(a) County Franklin
(b) City or town Preston
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? X Outside? city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county years 8 months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Utah (b) County Cache
(c) City or town Curston
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? U S A
(g) How long had deceased lived in Idaho? 8 mo years
(h) Former residence (city, state) Curston Utah

3. (a) **FULL NAME** Walter George David Last 738

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Sarah Ann Hardisty
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) July 31 1858

8. AGE	Years	Months	Days	If less than 1 day
	86	1	22	hrs min.

9. Exact Occupation Merchant, Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace London (City or town) England (State or foreign country)

Father
12. Name
13. Birthplace (City or town) England (State or foreign country)

Mother
14. Maiden name
15. Birthplace (City or town) England (State or foreign country)

16. Informant's **OWN** Signature Frank Last
and Address Preston, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 30 44 (Month) (Day) (Year)
(c) Place: Curston Cemetery

18. Funeral Director's **OWN** Signature M Hendricks
and Address Preston, Idaho

19. (a) 9-29-1944 (Date received and filed) (b) Effie M. Brower (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Sept 26 1944
at o'clock P M.

21. **I HEREBY CERTIFY,** That I attended deceased from Sept 1 1944, to Sept 25 1944
I last saw him alive on Sept 15 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Myocarditis	9 yrs
Arteriosclerosis	2 yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature O B Cutler MD (M. D. or other)
and Address Preston Ida Date 9/29 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census OCT 12 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140957
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF DEATH:**
(a) County Fremont
(b) City or town St. Anthony
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? Yes Outside? city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Fremont
(c) City or town St. Anthony
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? Yes Outside? city or town
(f) Citizen of what country? U. S.
(g) How long had deceased lived in Idaho? 37 years
(h) Former residence (city, state) Lewiston, Utah

3. (a) **FULL NAME** WILLIAM ARTHUR ALLEN

93d

3. (b) If veteran, name war No.
3. (c) Social Security No. None.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ruth May Blair
6. (c) Age of husband or wife if alive 67 years
7. Date of Birth (Month, Day, Year) May 9, 1876

8. AGE	Years	Months	Days	If less than 1 day
	68	5	21	hrs min.

9. Exact Occupation Farmer Did this work for yrs.
10. Industry or Business Own Farm. Date last worked
11. Birthplace Lewiston, Utah (City or town) (State or foreign country)
Father
12. Name Samuel J. Allen
13. Birthplace Kentucky (City or town) (State or foreign country)
Mother
14. Maiden name Carolyne Davids
15. Birthplace Denmark (City or town) (State or foreign country)
16. Informant's OWN Signature S. G. Chandler
and Address Pride, Utah
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 10-5-44 (Month) (Day) (Year)
(c) Place: Sugar City, Idaho
18. Funeral Director's OWN Signature
and Address St. Anthony, Idaho.
19. (a) (Date received and filed) (b) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) October 2 1944
at 1:40 o'clock A. M.
21. **I HEREBY CERTIFY,** That I attended deceased from Sept. 1944 to Oct 1 1944
I last saw him alive on Oct 1 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Myocardial Failure	10 days
✓ Due to Myocarditis	2 yrs.
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation Date	
Major finding	
Finding of autopsy	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature E. L. Hale MD (M. D. or other)
and Address St. Anthony Date 10/5/1944
(For additional space, use reverse side)

140953

United States
Department of Commerce
Bureau of the Census

NOV 14 1944

Certificate Of Death

STATE OF IDAHO

State File No.
Local Reg. No. 37
Reg. Dist. No. 650

1. **PLACE OF DEATH:**
(a) County Fremont
(b) City or town St. Anthony
(c) Street Address or R.F.D. No. 126 South Bridge.
(d) Death Occured Inside? Yes Outside? ..... city or town
(e) Died in a Home.... Hospital X Institution.... Other place....
(f) Name Hosp. or Inst. St. A. General Stayed 1 days
(g) Lived in this county 29 years 11 months 12 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Fremont
(c) City or town Chester
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? ..... Outside? Yes city or town
(f) Citizen of what country? U. S.
(g) How long had deceased lived in Idaho? Life years
(h) Former residence (city, state)

3. (a) **FULL NAME** DOROTHY ELNORA HOWARD WILLIAMS 145a

3. (b) If veteran, name war No.
3. (c) Social Security No. None.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Gomer Williams
6. (c) Age of husband or wife if alive 44 years
7. Date of Birth (Month, Day, Year) November 11, 1914

8. AGE	Years	Months	Days	If less than 1 day
	29	11	12	hrs min.

9. Exact Occupation Housewife Did this work for 14 yrs.
10. Industry or Business Own Home Date last worked 10-23-44
11. Birthplace St. Anthony, Idaho (City or town) (State or foreign country)
Father
12. Name William A. Howard
13. Birthplace Chester, Idaho. (City or town) (State or foreign country)
Mother
14. Maiden name Elnora Thompson
15. Birthplace Wilford, Idaho. (City or town) (State or foreign country)
16. Informant's **OWN** Signature G. H. Williams
and Address Chester, Idaho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-27-44 (Month) (Day) (Year)
(c) Place: Wilford Idaho
18. Funeral Director's **OWN** Signature M. D. Hansen
and Address St. Anthony, Idaho.
19. (a) Oct 25 1944 (Date received and filed) (b) M. D. Hansen (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Oct 23 1944
at 9 30 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from ..... 1940, to Oct 23 1944
I last saw her alive on Oct 23 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Pulmonary Embolism	5 min
Due to	
Due to	
Other conditions Pregnancy. (Include pregnancy within 3 months of death)	9 month

Where was disease contracted?
Name of operation ..... Date .....
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury
23. Attendant's **OWN** Signature E. L. Houle M.D. (M. D. or other)
and Address St. Anthony Date 10/24 1944
(For additional space, use reverse side)

Informant, [illegible] Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should [illegible] answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink, or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

NOV 14 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140953
Local Reg. No. 39
Reg. Dist. No. 650

1. **PLACE OF DEATH:**
   (a) County Fremont
   (b) City or town St. Anthony
   (c) Street Address or R.F.D. No. 126 So. Bridge
   (d) Death Occured Inside? Yes Outside? ..... city or town
   (e) Died in a Home .... Hospital X Institution .... Other place ....
   (f) Name Hosp. or Inst. St. A. Gen. Stayed 2 days
   (g) Lived in this county 40 years ..... months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Fremont
   (c) City or town St. Anthony
   (d) Street Address or R.F.D. No. 303 S. Bridge
   (e) Deceased lived Inside? Yes Outside? ..... city or town
   (f) Citizen of what country? U. S.
   (g) How long had deceased lived in Idaho? 40 years
   (h) Former residence (city, state) Iowa

3. (a) **FULL NAME** TURNS HENRY MONAHAN 83a

3. (b) If veteran, name war No.
3. (c) Social Security No. None.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) June 17, 1857

8. AGE	Years	Months	Days	If less than 1 day
	87	4	13	hrs min.

9. Exact Occupation Retired Farmer Did this work for 40 yrs.
10. Industry or Business Own Farm Date last worked 1920
11. Birthplace Saltoville, Indiana (City or town) (State or foreign country)

Father
12. Name James Monahan
13. Birthplace Unknown (City or town) (State or foreign country)

Mother
14. Maiden name Sarah Gould
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's OWN Signature Stacy D Burn
and Address Fr Fr Polk ave Ogden Utah
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 10-31-44 (Month) (Day) (Year)
(c) Place: Tremonton, Utah
18. Funeral Director's OWN Signature M D Hansen
and Address St. Anthony, Idaho
19. (a) 10-30-44 (Date received and filed) (b) M D Hansen (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Oct 30 1944
at 5 o'clock a M.
21. **I HEREBY CERTIFY,** That I attended deceased from ..... 1944, to Oct 30 1944
I last saw him alive on Oct 29 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebral Haemorrhage	16 hrs
✓ Due to	
Due to	
Other conditions Heart block (Include pregnancy within 3 months of death)	4 yrs.

Where was disease contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's OWN Signature E L Lowe JH (M. D. or other)
and Address St. Anthony Date 10/30/1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce NOV 9 1944
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 140960
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF DEATH:**
   (a) County Gem
   (b) City or town Emmett
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? X Outside? city or town
   (e) Died in a Home X Hospital Institution Other place
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county 42 years months days

   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Gem
   (c) City or town Emmett
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? X Outside? city or town
   (f) Citizen of what country?
   (g) How long had deceased lived in Idaho? 42 years
   (h) Former residence (city, state) Iowa

3. (a) **FULL NAME** VIRA BELLE REES 94a

3. (b) If veteran, name war
3. (c) Social Security No. none
4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Feb. 22, 1868

8. AGE	Years	Months	Days	If less than 1 day
	76	7	10	hrs min.

9. Exact Occupation At home Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Logan, Iowa (City or town) (State or foreign country)

Father
12. Name Levi Kanaus
13. Birthplace Unknown (City or town) (State or foreign country)

Mother
14. Maiden name Ann Henderson
15. Birthplace Illinois (City or town) (State or foreign country)

16. Informant's **OWN** Signature C E Rees
    and Address Ontario, Oregon
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 10.7-1944 (Month) (Day) (Year)
    (c) Place: Ontario, Oregon
18. Funeral Director's **OWN** Signature O Buckmaster
    and Address Emmett, Idaho
19. (a) 10/5-1944 (Date received and filed) (b) O Buckmaster (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Oct. 2, 1944 19
    at 4 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from Sept 30 1944, to Oct 2 1944
    I last saw her alive on Oct 2 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Coronary occlusion	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
    Occurred 19 City, county, state where violence occurred
    Place of Violence: Home Farm Industry
    Public Place While at work?
    Means of injury
23. Attendant's **OWN** Signature J L Raymaker (M. D. or other)
    and Address Emmett, Idaho Date 10/5-1944 19

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

NOV 9 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140961
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF DEATH:**
   (a) County Gem
   (b) City or town Emmett
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? Outside? X city or town
   (e) Died in a Home X Hospital Institution Other place
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county 3 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Gem
   (c) City or town Emmett
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? Outside? X city or town
   (f) Citizen of what country?
   (g) How long had deceased lived in Idaho? 3 years
   (h) Former residence (city, state) Missouri

3. (a) **FULL NAME** CHARLES FRANK FLOYD

94a.

3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Feb. 29, 1892

8. AGE	Years	Months	Days	If less than 1 day
	52	7	11	hrs min.

9. Exact Occupation Farm hand — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace Gentry, Mo. (City or town) (State or foreign country)

Father
12. Name William Floyd
13. Birthplace unknown (City or town) (State or foreign country)

Mother
14. Maiden name Unknown
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's **OWN** Signature Harold Floyd
and Address Route 4, Nampa Ida.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 10/13/1944 (Month) (Day) (Year)
(c) Place: Nampa, Idaho

18. Funeral Director's **OWN** Signature D Buckmun
and Address Emmett, Idaho

19. (a) 10/12-1944 (Date received and filed) (b) D Buckmun (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Oct. 10, 1944 19
at 10 o'clock P. M.

21. **I HEREBY CERTIFY,** That I attended deceased from 19, to 19
I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Died suddenly Probably	
of Coronary Occlusion	
✓ Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature Merle Buckmun Coroner (M. D. or other)
and Address Emmett, Idaho Date 10/12-1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

NOV 9 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140963
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF DEATH:**
(a) County Gem
(b) City or town Emmett
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? X Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. Mary Secor Stayed days
(g) Lived in this county 8 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Gem
(c) City or town Emmett
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? Outside? X city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? 8 years
(h) Former residence (city, state) Colorado

3. (a) **FULL NAME** HOWARD WELLINGTON WAGNER

117a

3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Bernice Wagner
6. (c) Age of husband or wife if alive 35 years
7. Date of Birth (Month, Day, Year) July 10, 1907

8. AGE	Years	Months	Days	If less than 1 day
	37	3	4	hrs min.

9. Exact Occupation Farmer Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Wellington, Colo. (City or town) (State or foreign country)
Father
12. Name August J. Wagner
13. Birthplace Wisconsin (City or town) (State or foreign country)
Mother
14. Maiden name Johanna Siercks
15. Birthplace Germany (City or town) (State or foreign country)
16. Informant's OWN Signature Clause H Wagner
and Address Central City, Nebr.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof Oct. 18, '44 (Month) (Day) (Year)
(c) Place: Emmett, Idaho
18. Funeral Director's OWN Signature C D Buckman
and Address Emmett, Idaho
19. (a) 10/17-1944 (Date received and filed) (b) C D Buckman (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Oct. 14, 1944 19
at 10.50 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from 10.13, 1944, to 10.14 1944
I last saw him alive on 10.14 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
General peritonitis	36 hrs
Due to Perforation of peptic ulcer. gastric	4 hrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? At home
Name of operation Laparotomy Date 10.13.44
Major finding Gen. peritonitis; perf. peptic ulcer
Finding of autopsy None

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature H L Lawcombe M.D. (M. D. or other)
and Address Emmett, Idaho Date 10/17 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

NOV 9 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140964
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF DEATH:**
   (a) County Gem
   (b) City or town Emmett
   (c) Street Address or R. F. D. No.
   (d) Death Occured Inside? X Outside? city or town
   (e) Died in a Home X Hospital Institution Other place
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county 27 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Gem
   (c) City or town Emmett
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? X Outside? city or town
   (f) Citizen of what country?
   (g) How long had deceased lived in Idaho? 27 years
   (h) Former residence (city, state) Michigan

3. (a) **FULL NAME** FRANCIS MERTON HATH

1314

3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Lillian E.
6. (c) Age of husband or wife if alive 72 years
7. Date of Birth (Month, Day, Year) Oct. 30, 1859

8. AGE	Years	Months	Days	If less than 1 day
	84	11	16	hrs min.

9. Exact Occupation farmer — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace Perryville, Mich. (City or town) (State or foreign country)

Father
12. Name James Hath
13. Birthplace Unknown (City or town) (State or foreign country)

Mother
14. Maiden name Levina Purdy
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's **OWN** Signature Lillian E. Hath
and Address Emmett, Idaho

17. (a) burial (Burial, cremation, or removal) (b) Date thereof Oct 19, '44 (Month) (Day) (Year)
(c) Place: Emmett, Idaho

18. Funeral Director's **OWN** Signature O. D. Buckmaster
and Address Emmett, Idaho

19. (a) 10/18-1944 (Date received and filed) (b) O. D. Buckmaster (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Oct. 16, 1944 19
at o'clock M.

21. **I HEREBY CERTIFY,** That I attended deceased from Oct 10 19 44, to Oct 16 19 44
I last saw him alive on Oct 11 19 44 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Uremia	
✓ Due to Chronic Nephritis	
Due to age	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature J. K. Raymacher (M. D. or other)
and Address Emmett, Idaho Date 10/18-1944

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Register

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

NOV 9 1944

State File No. 140965
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF DEATH:**
   (a) County Gem
   (b) City or town Emmett
   (c) Street Address or R. F. D. No.
   (d) Death Occured Inside? Outside? X city or town
   (e) Died in a Home X Hospital Institution Other place
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county 35 years months days
   Note. For a person residing in THIS county LESS than 1 year. give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Gem
   (c) City or town Emmett
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? Outside? X city or town
   (f) Citizen of what country?
   (g) How long had deceased lived in Idaho? 35 years
   (h) Former residence (city, state)

3. (a) **FULL NAME** ERVY DAVID WILLS 932.

3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex msle
5. Color or race White
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Jan. 26, 1870

8. AGE	Years	Months	Days	If less than 1 day
	70	9	1	hrs min.

9. Exact Occupation none Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Iowa (City or town) (State or foreign country)

Father
12. Name David C. Wills
13. Birthplace Unknown (City or town) (State or foreign country)

Mother
14. Maiden name Anna Wolf
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mrs Hazel Wills Brown
and Address Emmett, Idaho

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 10/30-1944 (Month) (Day) (Year)
(c) Place: Emmett, Idaho

18. Funeral Director's **OWN** Signature C. A. Buckmun
and Address Emmett, Idaho

19. (a) 10/28-1944 (Date received and filed) (b) C. A. Buckmun (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Oct. 27, 1944 19
at o'clock M.

21. **I HEREBY CERTIFY,** That I attended deceased from 19, to 19
I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause, of Death	Duration
Chronic Arthritis	
Pneumonia.	
Due to Chronic Myocarditis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation Date	
Major finding	
Finding of autopsy	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature J. L. Reynolds (M. D. or other)
and Address Emmett, Idaho Date 10/28-1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census NOV 9 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140966
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF DEATH:**
   (a) County Gem
   (b) City or town Emmett
   (c) Street Address or R. F. D. No.
   (d) Death Occured Inside? X Outside? city or town
   (e) Died in a Home X Hospital Institution Other place
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county 38 years months days

   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Gem
   (c) City or town Emmett
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? X Outside? city or town
   (f) Citizen of what country?
   (g) How long had deceased lived in Idaho? 38 years
   (h) Former residence (city, state) Ohio

3. (a) **FULL NAME** Claudius M. PARK 95c

3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced widower
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) July 10, 1861

8. AGE	Years	Months	Days	If less than 1 day
	83	3	17	hrs min.

9. Exact Occupation Day laborer Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Forest Ohio (City or town) (State or foreign country)

Father
12. Name Rowland Park
13. Birthplace Penn. (City or town) (State or foreign country)

Mother
14. Maiden name Mary E. Bradshaw
15. Birthplace Penn. (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs Ruby Park Fry
and Address Emmett, Idaho

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 10/30-1944 (Month) (Day) (Year)
(c) Place: Emmett, Idaho

18. Funeral Director's OWN Signature O. Buckmann
and Address Emmett, Idaho

19. (a) 10/28-1944 (Date received and filed) (b) O. Buckmann (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Oct. 27, 1944 19
at o'clock M.

21. **I HEREBY CERTIFY,** That I attended deceased from Oct 27 19 44, to Oct 27 19 44
I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Coronary Block	
Due to	
Due to Chronic Heart	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's OWN Signature J. H. Reynolds (M. D. or other)
and Address Emmett, Idaho Date 10/28-1944 19

(For additional space, use reverse side)

140967

United States
Department of Commerce
Bureau of the Census

NOV 13 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 1115
Reg. Dist. No. 42

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
   (a) County Gooding
   (b) City or town Gooding
   (c) Street Address or R. F. D. No. 8th & California
   (d) Death Occurred Inside? X Outside? ____ city or town
   (e) Died in a Home X Hospital ____ Institution ____ Other place ____
   (f) Name Hosp. or Inst. private home ____ yed ____ days
   (g) Lived in this county 36 years ____ months ____ days

   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Gooding
   (c) City or town Gooding
   (d) Street Address or R. F. D. No. 8th & Californ n
   (e) Deceased lived Inside? X Outside? ____ city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 36 years
   (h) Former residence (city, state) Hill City, Kansas

3. (a) FULL NAME: William O. McClure

46 b

3. (b) If veteran, name war ------
3. (c) Social Security No. ------
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Elizabeth
6. (c) Age of husband or wife if alive 72 years
7. Date of Birth (Month, Day, Year) June, 23, 1870

8. AGE

Years	Months	Days	If less than 1 day
74	3	8	hrs ____ min.

9. Exact Occupation retired Farmer — Did this work for life yrs.
10. Industry or Business farming — Date last worked 9/27/44
11. Birthplace Scottland Co Missouri (City or town) (State or foreign country)

Father
12. Name Will McClure
13. Birthplace Skyler Co. Ill. (City or town) (State or foreign country)

Mother
14. Maiden name Sarah Elizabeth Sanford
15. Birthplace Skyler Co. Ill. (City or town) (State or foreign country)

16. Informant's OWN Signature Elizabeth Mc Clure
and Address Gooding Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 10/4/44 (Month) (Day) (Year)
(c) Place: Elmwood Cem. Gooding Idaho
18. Funeral Director's OWN Signature H. P. Bright
and Address Gooding Idaho
19. (a) 11-1-44 (Date received and filed) (b) J. H. Cromwell (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 10 - 1 - 44 19____
at 2 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 8-2 19 44 to death 19____
I last saw h/m alive on 9-29 19 44 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Gastric Hemorrhage	3 days.
Due to Cancer of the Stomach	15 mo.
Due to	
Other conditions Old age (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ____ Date ____
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work?
Means of injury

23. Attendant's OWN Signature Harold F. Holsinger, M.D. (M. D. or other)
and Address Wendell, Idaho Date 10-1- 1944

(For additional space, use reverse side)

140968

United States
Department of Commerce NOV 13 1944
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 1116
Reg. Dist. No. 420

1. **PLACE OF DEATH:**
(a) County Gooding
(b) City or town Gooding
(c) Street Address or R. F. D. No. R.F.D. # 1
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home __ Hospital X Institution __ Other place __
(f) Name Hosp. or Ins. Gooding Co Stayed 4 days
(g) Lived in this county 24 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Gooding
(c) City or town Gooding
(d) Street Address or R. F. D. No. R.F.D. # 1
(e) Deceased lived Inside? ____ Outside? X city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 44 years
(h) Former residence (city, state) Butlervill, Utah

3. (a) FULL NAME Sarah Ellen Medford 136

3. (b) If veteran, name war ---
3. (c) Social Security No. ---
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife John F.
6. (c) Age of husband or wife if alive 64 years
7. Date of Birth (Month, Day, Year) June 4, 1889

8. AGE	Years	Months	Days	If less than 1 day
	55	3	28	hrs min.

9. Exact Occupation housewife Did this work for life yrs.
10. Industry or Business ------- Date last worked 8/1/44
11. Birthplace Butlervill (City or town) Utah (State or foreign country)
Father
12. Name Abner Covert
13. Birthplace Butlervill (City or town) Utah (State or foreign country)
Mother
14. Maiden name Mary Ann Walton
15. Birthplace Provo (City or town) Utah (State or foreign country)
16. Informant's OWN Signature J. E. Medford
and Address Gooding Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 10/5/44 (Month) (Day) (Year)
(c) Place: Elmwood Cem. Gooding Ida.
18. Funeral Director's OWN Signature H.P. Bright
and Address Gooding Idaho
19. (a) 11-1-44 (Date received and filed) (b) J. H. Cromwell (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Oct 2 1944
at 4.30 o'clock P.M.
21. **I HEREBY CERTIFY,** That I attended deceased from June 1942, to Oct 2 1944
I last saw her alive on Oct 2 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Tuberculosis	
Larynx & Tongue	1 yr.
Due to Pulmonary TB	
Due to	
Other conditions Chronic	
(Include pregnancy within 3 months of death)	
Myocarditis	
Where was disease contracted?	PHYSICIAN
Name of operation ____ Date ____	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature T. E. Barrett M.D. (M. D. or other)
and Address Gooding Ida. Date 10/3 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce NOV 13 1944
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 140963
Local Reg. No. 1117
Reg. Dist. No. 422

1. **PLACE OF DEATH:**
(a) County Gooding
(b) City or town Gooding
(c) Street Address or R.F.D. No. —
(d) Death Occured Inside? — Outside? — city or town
(e) Died in a Home — Hospital — Institution — Other place —
(f) Name Hosp. or Inst. — Stayed — days
(g) Lived in this county — years — months 4 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Lincoln
(c) City or town Dietrich
(d) Street Address or R.F.D. No. 1
(e) Deceased lived Inside? — Outside? — city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 15 years
(h) Former residence (city, state) Granger Utah

3. (a) **FULL NAME** Mary Lucile Harrison 131a

3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex F race W
5. Color or
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Fredrick Law Harrison
6. (c) Age of husband or wife if alive 50 years
7. Date of Birth (Month, Day, Year) Oct. 31 - 1895

8. AGE	Years	Months	Days	If less than 1 day
	48	11	2	hrs — min.

9. Exact Occupation Housewife — Did this work for 15 yrs.
10. Industry or Business Home — Date last worked Sept. 27
11. Birthplace Salt Lake City (City or town) Utah (State or foreign country)

Father
12. Name James M. Haggan
13. Birthplace ? (City or town) U.S.A. (State or foreign country)

Mother
14. Maiden name Hilda Carlson
15. Birthplace ? (City or town) Sweden (State or foreign country)

16. Informant's **OWN** Signature Fred F. Harrison
and Address Dietrich Ida.

17. (a) Buried (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: Shoshone - Idaho

18. Funeral Director's **OWN** Signature Myrtle C. Burdett
and Address Shoshone Ida.

19. (a) 11-1-44 (Date received and filed) (b) J. H. Connell (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Oct. 2 19 44
at about 10 o'clock P. M.

21. **I HEREBY CERTIFY**, That I attended deceased from June 1929, to Oct. 2 1944
I last saw h— alive on Oct. 2 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cerebral Hemorrhage — Duration 5 days
Due to Hypertension 20 yrs. — 15 yrs.
Due to Chronic Nephritis — 12 yrs.
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? —
Name of operation — Date —
Major finding —
Finding of autopsy —

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? — Suicide? — Homicide? —
Occurred — 19 — City, county, state where violence occurred —
Place of Violence: Home — Farm — Industry —
Public Place — While at work? —
Means of injury —

23. Attendant's **OWN** Signature F. E. Barrett MD (M. D. or other)
and Address Gooding Ida. Date 10/4 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

140970

United States
Department of Commerce NOV 9 1944
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 140970
Local Reg. No.
Reg. Dist. No. 421

1. **PLACE OF DEATH:**
   (a) County Gooding
   (b) City or town Wendell
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? ✓ Outside? ____ city or town
   (e) Died in a Home ____ Hospital ____ Institution ____ Other place ____
   (f) Name Hosp. or Inst. St. Valentine's Stayed ____ days
   (g) Lived in this county ____ years ____ months ____ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Jerome
   (c) City or town Jerome
   (d) Street Address or R. F. D. No.
   (e) Deceased lived Inside? ____ Outside? ____ city or town
   (f) Citizen of what country?
   (g) How long had deceased lived in Idaho? ____ years
   (h) Former residence (city, state)

3. (a) **FULL NAME** Harold Gomber

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3. (b) If veteran, name war ____
3. (c) Social Security No. ____
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife ____
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) Oct 4 - 1944

8. AGE	Years	Months	Days	If less than 1 day
				✓ hrs 30 min.

9. Exact Occupation Infant — Did this work for ____ yrs.
10. Industry or Business ____ — Date last worked ____
11. Birthplace Wendell (City or town) Idaho (State or foreign country)

Father
12. Name Harold Gomber
13. Birthplace ____ (City or town) Colorado (State or foreign country)

Mother
14. Maiden name Verda Costo
15. Birthplace Mt Anthony (City or town) Idaho (State or foreign country)

16. Informant's **OWN** Signature James T. Shoun
and Address Jerome Idaho
17. (a) Removal (Burial, cremation or removal) (b) Date thereof Oct 4 44 (Month) (Day) (Year)
(c) Place: Jerome Idaho
18. Funeral Director's **OWN** Signature J. R. Wiley
and Address Jerome Idaho
19. (a) 10/20/44 (Date received and filed) Sister M. Rose, O.S.B. (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Oct 4 1944
at Two o'clock P.M.
21. **I HEREBY CERTIFY**, That I attended deceased from Oct 4 1944, to Oct 4 1944
I last saw him alive on Oct 4 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Premature infant	
at sex [illegible] mos	
Due to	
✓	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ____ Date ____
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury

23. Attendant's **OWN** Signature Reuben C. Matson M.D. (M. D. or other)
and Address Jerome Ida. Date 10-6 1944
(For additional space, use reverse side)

140971

United States
Department of Commerce
Bureau of the Census

NOV 9 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No. 421

1. **PLACE OF DEATH:**
   (a) County Gooding
   (b) City or town Wendell
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? ✓ Outside? city or town
   (e) Died in a Home Hospital Institution Other place
   (f) Name Hosp. or Dist. Ft Valentine Stayed days
   (g) Lived in this county years months 1 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Jerome
   (c) City or town Jerome
   (d) Street Address or R. F. D. No.
   (e) Deceased lived Inside? ✓ Outside? city or town
   (f) Citizen of what country? U S.
   (g) How long had deceased lived in Idaho? 8 years
   (h) Former residence (city, state) Almena Kansas

3. (a) **FULL NAME** Adelbert Van Patton 105.

3. (b) If veteran, name war
3. (c) Social Security No. 518-09-9782
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Minnie
6. (c) Age of husband or wife if alive 61 years
7. Date of Birth (Month, Day, Year) July 22 1880

8. AGE	Years	Months	Days	If less than 1 day
	64	2	25	hrs min.

9. Exact Occupation Painter Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Prairie View (City or town) Kansas (State or foreign country)

Father
12. Name Homer W Van Patten
13. Birthplace Antioc (City or town) Ill. (State or foreign country)

Mother
14. Maiden name Nora Brya.
15. Birthplace Wakoga (City or town) Ill. (State or foreign country)

16. Informant's OWN Signature Minnie Van Patten
and Address Jerome Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Oct 5 - 44 (Month) (Day) (Year)
(c) Place: Jerome Idaho
18. Funeral Director's OWN Signature J R Wiley
and Address Jerome Idaho
19. (a) 10/20/44 (Date received and filed) Sister M. Ave, ASB (Registrar's signature) (Lois Bungum)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Oct 5 1944
at 5:45 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from Oct 5 1944 to Oct 5 1944
I last saw him alive on Oct 5 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Laryngeal edema — Duration
Due to unexplained edema entire left half face and
Due to of larynx and pharynx — 1 wk.
Other conditions unknown
(Include pregnancy within 3 months of death)
Where was disease contracted? unknown
Name of operation None Date
Major finding
Finding of autopsy Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature Carlyle Snail (M. D. or other)
and Address Jerome Ida Date 10/6/1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census NOV 13 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140972
Local Reg. No. 1118
Reg. Dist. No. 420

1. **PLACE OF DEATH:**
   (a) County Gooding
   (b) City or town "
   (c) Street Address or R.F.D. No. Main St.
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home .... Hospital X Institution .... Other place ....
   (f) Name Hosp. or Inst. Gooding Co Stayed 1 days
   (g) Lived in this county ..... years ..... months 10 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Gooding
   (c) City or town Gooding
   (d) Street Address or R.F.D. No. Gooding
   (e) Deceased lived Inside? ..... Outside? X city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 10 days years
   (h) Former residence (city, state) none

3. (a) **FULL NAME** Ann Marie O'Dell 199

3. (b) If veteran, name war -----
3. (c) Social Security No. -----
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced -----
6. (b) Name of husband or wife -----
6. (c) Age of husband or wife if alive ---- years
7. Date of Birth (Month, Day, Year) September, 27, 1944

8. AGE	Years	Months	Days	If less than 1 day
			10	hrs min.

9. Exact Occupation ..... Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Gooding Idaho (City or town) (State or foreign country)

Father
12. Name Neil O'Dell
13. Birthplace New Port Tenn. (City or town) (State or foreign country)

Mother
14. Maiden name Alice Trobridge
15. Birthplace Gooding Idaho (City or town) (State or foreign country)

16. Informant's **OWN** Signature Neil O'Dell
and Address Gooding Idaho Box 788
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 10/9/44 (Month) (Day) (Year)
(c) Place: Elmwood Cem. Gooding Idaho
18. Funeral Director's **OWN** Signature H.P. Bright
and Address Gooding Idaho
19. (a) 11-1-44 (Date received and filed) (b) J H Cornwell (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Oct 7 1944
at ..... o'clock ..... M.
21. **I HEREBY CERTIFY,** That I attended deceased from ..... 19....., to ..... 19.....
I last saw h..... alive on ..... 19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
No attending Physician	
Due to Died suddenly	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYISCIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. ~~Attendant's~~ ~~OWN Signature~~ J H Cornwell (M. D. or other)
and Address Coroner Gooding Date ..... 19 C
(For additional space, use reverse side)

140973

United States
Department of Commerce
Bureau of the Census NOV 9 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No. 421

1. **PLACE OF DEATH:**
(a) County Gooding
(b) City or town Wendell
(c) Street Address or R. F. D. No. none
(d) Death Occurred Inside? * Outside? city or town
(e) Died in a Home Hospital * Institution Other place
(f) Name Hosp. or Inst. St. Valentines Stayed 6 days
(g) Lived in this county 30 years ? months ? days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Twin Falls
(c) City or town Buhl
(d) Street Address or R. F. D. No. 616 No. Bdw.
(e) Deceased lived Inside? * Outside? city or town
(f) Citizen of what country? U. S.
(g) How long had deceased lived in Idaho? 30 years
(h) Former residence (city, state) same

3. (a) FULL NAME Mrs. Myrtle S. Gault 93d.

3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Harry Gault
6. (c) Age of husband or wife if alive deceased years
7. Date of Birth (Month, Day, Year) January 29, 1883

8. AGE	Years	Months	Days	If less than 1 day
	61	8	9	hrs min.

9. Exact Occupation School Teacher Did this work for 27 yrs.
10. Industry or Business School Teaching Date last worked 9/1/44
11. Birthplace Rich Hill, Missouri (City or town) (State or foreign country)
Father
12. Name Johnson Stewart
13. Birthplace ? Scotland (City or town) (State or foreign country)
Mother
14. Maiden name Harriet Farmer
15. Birthplace Unknown (City or town) (State or foreign country)
16. Informant's OWN Signature Harry S. Gault and Address
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 10/8/44 (Month) (Day) (Year)
(c) Place: Buhl, Idaho
18. Funeral Director's OWN Signature B. T. Albertson and Address Buhl, Idaho
19. (a) 10/31/44 (Date received and filed) Sister M. Rose, O.S.B. (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) October 8, 1944 at 3:20 o'clock A. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 19 , to Oct 8 1944
I last saw her alive on Oct 7 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cardio Vascular disease	15 yrs.
Cardiac failure	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide? Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature Alan W. Wurster M.D. (M. D. or other) and Address Buhl, Idaho Date Oct 30 1944
(For additional space, use reverse side)

(Lois Bungum)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Smart

Certificate Of Death

NOV 9 1944

STATE OF IDAHO

State File No. 14095
Local Reg. No.
Reg. Dist. No. 421

1. **PLACE OF DEATH:**
   (a) County Gooding
   (b) City or town Wendell
   (c) Street Address or R. F. D. No.
   (d) Death Occured Inside? Yes Outside? city or town
   (e) Died in a Home Hospital Institution Other place
   (f) Name Hosp. or Inst. St Valentines Stayed days
   (g) Lived in this county years months 8 days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Jerome
   (c) City or town Jerome
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? Yes Outside? city or town
   (f) Citizen of what country? U S
   (g) How long had deceased lived in Idaho? 25 years
   (h) Former residence (city, state) Harris Mo

3. (a) **FULL NAME** Ann T Triplett 1626

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married divorced Widowed
6. (b) Name of husband or wife Mrs T
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Jan 22 - 1852

8. AGE	Years	Months	Days	If less than 1 day
	92	8	17	hrs min.

9. Exact Occupation At Home — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace Sullivan Co (City or town) Missouri (State or foreign country)

Father
12. Name Squire McClanahan
13. Birthplace Not Known (City or town) (State or foreign country)

Mother
14. Maiden name Not Known
15. Birthplace Not Known (City or town) (State or foreign country)

16. Informant's **OWN** Signature W. N. Hardwick
and Address Jerome Idaho

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Oct 9 44 (Month) (Day) (Year)
(c) Place: Harris Mo

18. Funeral Director's **OWN** Signature J R Wiley
and Address Jerome Idaho

19. (a) 10/20/44 (Date received and filed) Foster M Boucher (Registrar's signature)
Geo Bengtson

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Oct 9 19 44
at 2-00 o'clock P M.

21. **I HEREBY CERTIFY**, That I attended deceased from 9/20 1944, to 10/9/44 19
I last saw h— alive on 10/6/44 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Senility	—
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation None Date
Major finding
Finding of autopsy Not done

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state
where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature Carlyle Smail (M. D. or other)
and Address Jerome Date 10/11/44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

NOV 9 1944 STATE OF IDAHO

State File No. 140975
Local Reg. No.
Reg. Dist. No. 421

1. **PLACE OF DEATH:**
(a) County Gooding
(b) City or town Wendell
(c) Street Address or R. F. D. No.
(d) Death Occured Inside? ✓ Outside? city or town
(e) Died in a Home Hospital ✓ Institution Other place
(f) Name Hosp. or Inst St Valentines Stayed 5 days
(g) Lived in this county years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Jerome
(c) City or town Jerome
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? ✓ Outside? city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 35 years
(h) Former residence (city, state) Michigan

3. (a) **FULL NAME** Stella Winchester 48 h

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) March 13 - 1857

8. AGE	Years	Months	Days	If less than 1 day
	87	5	29	hrs min.

9. Exact Occupation Retired Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace St Joseph (City or town) Michigan (State or foreign country)

Father
12. Name
13. Birthplace Unknown (City or town) (State or foreign country)

Mother
14. Maiden name Unknown
15. Birthplace (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mrs Fred C Reed
and Address Jerome Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-14-44 (Month) (Day) (Year)
(c) Place: Jerome Idaho
18. Funeral Director's **OWN** Signature D A S'Herisson MH
and Address Jerome Idaho
19. (a) 10/20/44 (Date received and filed) Sister M. Rae CSA (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Oct 12 1944
at 6:00 o'clock A.M.
21. **I HEREBY CERTIFY,** That I attended deceased from Jan 26 1944, to Oct 12 1944
I last saw her alive on Oct 11 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Carcinoma of Uterus	2-3 yrs.
Due to	
Due to	
✓ Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? No
Name of operation Date
Major finding
Finding of autopsy No

PHYISICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature Reuben C. Mathon MD (M. D. or other)
and Address Jerome Ida Date 10/20 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

NOV 13 1944

NON-RESIDENT
Certificate Of Death
STATE OF IDAHO

State File No. 140976
Local Reg. No. 1120
Reg. Dist. No. 45

1. **PLACE OF DEATH:**
   (a) County Gooding
   (b) City or town Gooding
   (c) Street Address or R.F.D. No. Main St.
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home.... Hospital X Institution.... Other place....
   (f) Name Hosp. or Ins Gooding Co. Stayed 4 days
   (g) Lived in this county ..... years 1 months 17 days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Missouri (b) County Randolph
   (c) City or town Moberly
   (d) ~~Street Address or~~ R.F.D. No. 4
   (e) Deceased lived Inside? X Outside? ..... city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 7 weeks years
   (h) Former residence (city, state) none

3. (a) **FULL NAME** Arzetta Guthrie

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3. (b) If veteran, name war ----
3. (c) Social Security No. -----
4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Amos Guthrie
6. (c) Age of husband or wife if alive 27 years
7. Date of Birth (Month, Day, Year) May. 18, 1920

8. AGE	Years	Months	Days	If less than 1 day
	24	4	28	hrs min.

9. Exact Occupation house wife — Did this work for life yrs.
10. Industry or Business — Date last worked 10/ 1 /43
11. Birthplace Kansas City Mo. (City or town) (State or foreign country)

Father
12. Name Fred Philips
13. Birthplace unknown (City or town) (State or foreign country)

Mother
14. Maiden name unknown
15. Birthplace ..... (City or town) (State or foreign country)

16. Informant's **OWN** Signature Amos Guthrie
and Address Gooding Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 10/20/44 (Month) (Day) (Year)
(c) Place: Elmwood Cem. Gooding Idaho
18. Funeral Director's **OWN** Signature H.P. Bright
and Address Gooding Idaho
19. (a) 11-1-44 (Date received and filed) (b) J.A. Cunnell (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Oct 17 19 44
at 10:45 o'clock A M.
21. **I HEREBY CERTIFY**, That I attended deceased from Oct 12 19 44, to Oct 17 19 44
I last saw h-er alive on Oct 17 19 44; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Pulmonary Tuberculosis	2 yrs.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? Missouri
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature T.E. Barrett M.D (M. D. or other)
and Address Gooding Ida. Date 10/20 19 44
(For additional space use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

NOV 13 1944

Certificate Of Death

STATE OF IDAHO

State File No. 14057
Local Reg. No. 1121
Reg. Dist. No. 46

1. **PLACE OF DEATH:**
   (a) County Gooding
   (b) City or town Gooding
   (c) Street Address or R. F. D. No.
   (d) Death Occured Inside? 9 Outside? 3 city or town
   (e) Died in a Home.... Hospital.... Institution.... Other place....
   (f) Name Hosp. or Inst. Gooding Co. Stayed 1 days
   (g) Lived in this county years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Lincoln
   (c) City or town Shoshone
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? ✓ Outside? city or town
   (f) Citizen of what country?
   (g) How long had deceased lived in Idaho? ? years
   (h) Former residence (city, state) ?

3. (a) **FULL NAME** Frank Wright 46

3. (b) If veteran, name war
3. (c) Social Security No. ?
4. Sex M race W
5. Color or
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Oct. 19 - 1872

8. AGE	Years	Months	Days	If less than 1 day
	72		1	hrs min.

9. Exact Occupation Sheepherder Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Toledo (City or town) Ohio (State or foreign country)

Father
12. Name ?
13. Birthplace ? (City or town) ? (State or foreign country)

Mother
14. Maiden name ?
15. Birthplace ? (City or town) (State or foreign country)

16. Informant's ~~OWN~~ Signature By Elsie Symonds Deputy Coroner Gooding Idaho
and Address Public Assistance Gooding

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct-21-44 (Month) (Day) (Year)
(c) Place: Shoshone - Idaho

18. Funeral Director's **OWN** Signature Myrtle C. Burdett
and Address Shoshone Idaho

19. (a) 11-1-44 (Date received and filed) (b) J. A. Cranmer (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Oct. 20 1944
at 5 o'clock P M.

21. **I HEREBY CERTIFY**, That I attended deceased from Oct. 17 1944, to Oct. 20 1944
I last saw h-- alive on Oct. 20 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Pneumonia	1
Stomach	1 yr.
Due to	
✓ Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation ... Date	
Major finding	
Finding of autopsy	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature T. E. Barrett M.D. (M. D. or other)
and Address Gooding Date 10/26 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census NOV 13 1944

Certificate Of Death

STATE OF IDAHO

State File No. 14097
Local Reg. No. 1122
Reg. Dist. No. 420

1. PLACE OF DEATH:
(a) County Gooding
(b) City or town "
(c) Street Address or R.F.D. No. Main St.
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Home.... Hospital X Institution.... Other place....
(f) Name Hosp. or Inst. Gooding Co. Stayed 25 days
(g) Lived in this county 12 years 6 months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Gooding
(c) City or town Gooding
(d) ~~Street Address~~ or R.F.D. No. 3
(e) Deceased lived Inside? ..... Outside? X city or town
(f) Citizen of what country? United States
(g) How long had deceased lived in Idaho? 28 years
(h) Former residence (city, state) Lewiston, Utah

3. (a) FULL NAME Alice Elizebeth Pack 121

3. (b) If veteran, name war ----
3. (c) Social Security No. -------
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Fred J. Pack
6. (c) Age of husband or wife if alive 66 years
7. Date of Birth (Month, Day, Year) June 16, 1884

8. AGE	Years	Months	Days	If less than 1 day
	60	4	11	hrs min.

9. Exact Occupation housewife Did this work for life yrs.
10. Industry or Business ------- Date last worked 10/1/44
11. Birthplace Farmington (City or town) Utah (State or foreign country)
Father
12. Name W.H. Watson
13. Birthplace ------- (City or town) England (State or foreign country)
Mother
14. Maiden name Mary Newbold
15. Birthplace -------- (City or town) England (State or foreign country)
16. Informant's OWN Signature Fred J Pack
and Address RR # 3 Gooding, Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 11/1/44 (Month) (Day) (Year)
(c) Place: Elmwood Cem. Gooding Idaho
18. Funeral Director's OWN Signature H.P. Bright
and Address Gooding Idaho
19. (a) 11-1-44 (Date received and filed) (b) J H Cromwell (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Oct 29- 1944
at 7 30 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from 10-2 1944, to 10-29- 1944
I last saw her alive on 10-29 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
hypstatic pneumonia	5 da
Due to Operation for ruptured appendix + with	
Due to local peritonitis	
Other conditions Myocarditis (Include pregnancy within 3 months of death)	
Where was disease contracted? home	
Name of operation appendix Date 10/4	
Major finding abscess	
Finding of autopsy	

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's OWN Signature J H Cromwell (M. D. or other)
and Address Gooding Idaho Date 10/30 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census NOV 9 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140[illegible]
Local Reg. No.
Reg. Dist. No. 421

1. PLACE OF DEATH:
(a) County Gooding
(b) City or town Wendell
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? L Outside? city or town
(e) Died in a Home Hospital L Institution Other place
(f) Name Hosp. or Inst. St Valentines Stayed days
(g) Lived in this county years months 29 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Lincoln
(c) City or town Dietrich
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? Outside? L city or town
(f) Citizen of what country? U.S.
(g) How long had deceased lived in Idaho? years
(h) Former residence (city, state)

3. (a) **FULL NAME** Sylve Greenfield 181

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Sept 17, 1931

8. AGE	Years	Months	Days	If less than 1 day
	13	1	16	hrs min.

9. Exact Occupation Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Filer (City or town) Idaho (State or foreign country)
Father
12. Name Gordon Greenfield
13. Birthplace (City or town) North Carolina (State or foreign country)
Mother
14. Maiden name Margaret Stump
15. Birthplace Gordon (City or town) Kansas (State or foreign country)
16. Informant's **OWN** Signature X Gordon Greenfield
and Address Dietrich Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Oct 29-44 (Month) (Day) (Year)
(c) Place: Jerome Idaho
18. Funeral Director's **OWN** Signature J R Wiley
and Address Jerome Idaho
19. (a) 10/31/44 (Date received and filed) Sister M. Rose, O.S.B. (Registrar's signature) (S. B.)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Oct 29 1944
at 4:00 o'clock A M.
21. **I HEREBY CERTIFY**, That I attended deceased from 10/1/44 19, to 10/29/44 19
I last saw him alive on 10/28/44; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Pyrexia resulting	
Due to from thermal	
✓ Due to	
Other conditions burns (Include pregnancy within 3 months of death)	1 mo
Where was disease contracted?	
Name of operation Skin graft Date 10/28	
Major finding	
Finding of autopsy Not done	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ✓ Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature Carlyle Small (M. D. or other)
and Address Jerome Idaho Date 10/30 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

NOV 6 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 140950
Local Reg. No. 16
Reg. Dist. No. 240

1. **PLACE OF DEATH:**
(a) County Idaho
(b) City or town Kooskia
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? ✓ city or town
(e) Died in a Home Hospital Institution Other place ✓
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 74 years 4 months 20 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Idaho
(c) City or town Stites
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Outside? ✓ city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 74 years
(h) Former residence (city, state)

3. (a) **FULL NAME** Julia James 83a

3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Fem.
5. Color or race red
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Timothy
6. (c) Age of husband or wife if alive 76 years
7. Date of Birth (Month, Day, Year) May 10, 1870

8. AGE	Years	Months	Days	If less than 1 day
	74	4	20	hrs min.

9. Exact Occupation Housewife — Did this work for 60 yrs.
10. Industry or Business — Date last worked 9/30/44
11. Birthplace Kooskia (City or town) Idaho (State or foreign country)

Father
12. Name Cornelius Natskin
13. Birthplace — (City or town) Oregon Terr. (State or foreign country)

Mother
14. Maiden name Ipnasutalakenmai
15. Birthplace Oregon Terr. (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mrs. Lynora Motanic
and Address Pendleton Oregon
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 3, 1944 (Month) (Day) (Year)
(c) Place: Kooskia - Nicodemus Cem.
18. Funeral Director's **OWN** Signature Claude T Tenney
and Address Kooskia Idaho.
19. (a) 10/7/44 (Date received and filed) (b) Glenn Aiken (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Sept. 30 1944
at 3:00 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from ____ 19____, to ____ 19____
I last saw h____ alive on ____ 19____; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — **Duration**

/ Cerebral Hemorrhage
Due to
Found at river edge
Due to
Other conditions
(Include pregnancy within 3 months of death)

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19____ City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature Glenn Aiken (M. D. or other)
and Address Grangeville Date 10/7 1944
(For additional space, use reverse side)

IDAHO COUNTY CORONER

140951

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 140951
Local Reg. No. 14
Reg. Dist. No. 240

1. **PLACE OF DEATH:**
(a) County Idaho
(b) City or town Chamberlain Basin
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? X city or town
(e) Died in a Home Hospital Institution Other place X
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county years months 3 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Valley
(c) City or town Cascade
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Outside? X city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 60 years
(h) Former residence (city, state) Ill.

3. (a) **FULL NAME** Wilbur C. Hurd.

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3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Eva C.
6. (c) Age of husband or wife if alive 60 years
7. Date of Birth (Month, Day, Year) Jan 30 1877

8. AGE	Years	Months	Days	If less than 1 day hrs	min.
	67	8	3		

9. Exact Occupation Veterinarian — Did this work for 30 yrs.
10. Industry or Business — Date last worked 10-1-44
11. Birthplace Roschell, Ill. (City or town) (State or foreign country)
12. Father Name Frank Hurd
13. Father Birthplace New York State (City or town) (State or foreign country)
14. Mother Maiden name Permeljah Walters
15. Mother Birthplace New York State (City or town) (State or foreign country)
16. Informant's OWN Signature Eva C. Hurd
and Address Cascade, Idaho
17. (a) Burial Removal Date thereof 10-6-44 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: Payette, Idaho
18. Funeral Director's OWN Signature L L Pettengill
and Address Cascade, Ida.
19. (a) 10/5/44 (Date received and filed) (b) Glenn Cales (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Oct-3- 1944
at 9 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from ____ 19__, to ____ 19__
I last saw h__ alive on ____ 19__; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Gun Shot wound in	
✓ upper Part of Chest	
Due to Mistaken for Elk.	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ____ Date ____
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Yes Suicide? ____ Homicide? ____
Occurred 10/3 1944 City, county, state where violence occurred Chamberlain Basin
Place of Violence: Home ____ Farm ____ Industry ____
Public Place yes While at work? Hunting
Means of injury Gun shot wound
23. Attendant's OWN Signature [illegible] (M. D. or other)
and Address Grangeville Date 10-5 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census NOV 6 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 140982
Local Reg. No. 18
Reg. Dist. No. 240

1. **PLACE OF DEATH:**
(a) County Idaho
(b) City or town Grangeville
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? ✓ Outside? ____ city or town
(e) Died in a Home ✓ Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county Life years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Idaho
(c) City or town Grangeville
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? ✓ Outside? ____ city or town
(f) Citizen of what country? U.S.
(g) How long had deceased lived in Idaho? Life years
(h) Former residence (city, state)

3. (a) **FULL NAME** Almy Frances Kirby 95c.

3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Donald
6. (c) Age of husband or wife if alive ✓ years
7. Date of Birth (Month, Day, Year) Oct. 14, 1888

8. AGE	Years	Months	Days	If less than 1 day hrs	min.
	55	11	20		

9. Exact Occupation Retired — Did this work for 16 yrs.
10. Industry or Business Housewife — Date last worked
11. Birthplace Grangeville (City or town) Idaho (State or foreign country)

Father
12. Name Henry C. Johnson
13. Birthplace Kansas City (City or town) Mo. (State or foreign country)

Mother
14. Maiden name Francis Abram
15. Birthplace San Jose (City or town) Calif. (State or foreign country)

16. Informant's OWN Signature Ed Kirby
and Address Grangeville. Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-7-44 (Month) (Day) (Year)
(c) Place: Grangeville. Ida

18. Funeral Director's OWN Signature Leo Robertson
and Address Grangeville Idaho

19. (a) 11-2-44 (Date received and filed) (b) Registrar's signature

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Oct 4, 19 44
at 3 o'clock ____ M.

21. **I HEREBY CERTIFY,** That I attended deceased from ____ 19____, to ____ 19____
I last saw h__ alive on ____ 19____; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — Duration

✓ Due to Angina Pectoris

Due to

Other conditions
(Include pregnancy within 3 months of death)

Where was disease contracted?
Name of operation ____ Date ____
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work?
Means of injury

23. Attendant's OWN Signature J. D. Shimick M.D. (M. D. or other)
and Address Grangeville Ida Date Oct 6 19 44

(For additional space, use reverse side)

(over)

140983

United States
Department of Commerce
Bureau of the Census

NOV 3 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 545
Reg. Dist. No. 244

1. **PLACE OF DEATH:**
(a) County Idaho
(b) City or town Stites
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? ✓ city or town
(e) Died in a Home ✓ Hospital Institution Other place
(f) Name Hosp. or Inst. — Stayed — days
(g) Lived in this county 84 years 6 months 4 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Idaho
(c) City or town Stites
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Outside? ✓ city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 84 years
(h) Former residence (city, state) —

3. (a) FULL NAME Harry Anderson

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3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Mas.
5. Color or race red
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Eleanor
6. (c) Age of husband or wife if alive — years
7. Date of Birth (Month, Day, Year) April 6 1860

8. AGE	Years	Months	Days	If less than 1 day
	84	6	4	hrs min.

9. Exact Occupation Farmer Did this work for 50 yrs.
10. Industry or Business — Date last worked 9/24/44
11. Birthplace Oregon Territory (City or town) (State or foreign country)
Father
12. Name Kolkoltomme
13. Birthplace Oreg. Terr. (City or town) (State or foreign country)
Mother
14. Maiden name Meetwewaykartsat
15. Birthplace Oreg. Terr. (City or town) (State or foreign country)
16. Informant's OWN Signature [signature]
and Address Tapwai Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 12 1944 (Month) (Day) (Year)
(c) Place: Stites Indian Cemetery
18. Funeral Director's OWN Signature Claude Trenary
and Address Kooskia Idaho
19. (a) 10/12/44 (Date received and filed) (b) H W Wentworth (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) October 10 1944
at 8:15 o'clock P. M.
21. I HEREBY CERTIFY, That I attended deceased from Oct 10 1944 to Oct 10 1944
I last saw him alive on Oct 10 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Right Lobar Pneumonia	4 Days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature H W Wentworth MD (M. D. or other)
and Address Stites Date 10/12 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

NOV 13 1944

Certificate Of Death

STATE OF IDAHO

State File No. 140934
Local Reg. No. 17
Reg. Dist. No. 242

1. PLACE OF DEATH:
(a) County Ida
(b) City or town Cottonwood
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? X Outside? city or town
(e) Died in a Home Hospital Institution Other place
(f) Name Hosp. or Inst. Our Lady of Consolation Stayed 1 days
(g) Lived in this county 23 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Ida (b) County Ida
(c) City or town Cottonwood
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 23 years
(h) Former residence (city, state) La Mares, Iowa

3. (a) **FULL NAME** Mrs Katherine Remacle 131a

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Joe
6. (c) Age of husband or wife if alive 71 years
7. Date of Birth (Month, Day, Year) November 8, 1878

8. AGE	Years	Months	Days	If less than 1 day
	65	11	5	hrs min.

9. Exact Occupation Housework Did this work for 44 yrs.
10. Industry or Business Date last worked
11. Birthplace Haulingen, Luxembourg (City or town) (State or foreign country)
Father
12. Name John Masseren
13. Birthplace Unknown (City or town) (State or foreign country)
Mother
14. Maiden name Anna Margaret Serres
15. Birthplace Unknown (City or town) (State or foreign country)
16. Informant's **OWN** Signature Raymond J. Remacle
and Address Cottonwood, Ida.
17. (a) 10/13/44 (Burial, cremation, or removal) (b) Date thereof 10/16/44 (Month) (Day) (Year)
(c) Place: Cottonwood Idaho.
18. Funeral Director's **OWN** Signature [signature]
and Address Grangeville Idaho
19. (a) Oct 14, 1944 (Date received and filed) (b) W. S. Orr, M.D. by TB (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Oct. 13 1944
at 10 o'clock A. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 10-12 1944, to 10-13 1944
I last saw her alive on 10-12 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Central Hemorrhage	1 day
✓ Due to Hypertension	?
Nephritis	?
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation None Date	
Major finding	
Finding of autopsy	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature K. H. Collins M.D. (M. D. or other)
and Address Craigmont Ida Date 10-13 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

NOV 15 1944

Certificate Of Death

STATE OF IDAHO

State File No. 1409
Local Reg. No. 21
Reg. Dist. No. 640

1. **PLACE OF DEATH:**
(a) County Jefferson
(b) City or town Rigby
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? X Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. Mckee Maternity Stayed days
(g) Lived in this county years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State (b) County
(c) City or town
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? Outside? city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? years
(h) Former residence (city, state)

3. (a) **FULL NAME** Doyle James Lindsay 1572.

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) October 29-1944

8. AGE	Years	Months	Days	If less than 1 day
				4 hrs min.

9. Exact Occupation Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Rigby Idaho (City or town) (State or foreign country)
Father
12. Name Sheriff Lindsey
13. Birthplace Ammon Idaho (City or town) (State or foreign country)
Mother
14. Maiden name Fern Hill
15. Birthplace Mapleton Utah (City or town) (State or foreign country)
16. Informant's OWN Signature J W Lindsey
and Address Idaho Falls, Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 10/31/44 (Month) (Day) (Year)
(c) Place: Idaho Falls Idaho
18. Funeral Director's OWN Signature Leo A. Williams
and Address Idaho Falls, Idaho
19. (a) Nov 9 1944 (Date received and filed) (b) Mrs A B Eckersell (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) October 29 1944
at 7:48 P.M. o'clock M.
21. **I HEREBY CERTIFY**, That I attended deceased from Oct 29 1944, to Oct 29 1944
I last saw him alive on Oct 29 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death	Duration
1. Congenital Heart disease	
Due to Malformation at birth	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted? at Hospital	
Name of operation none Date	
Major finding	
Finding of autopsy none	

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature Jedon Hall M.D. (M. D. or other)
and Address Rigby Ida Date 10/30 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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United States
Department of Commerce
Bureau of the Census

NOV 15 1944

Certificate Of Death

STATE OF IDAHO

State File No.
Local Reg. No. 20
Reg. Dist. No. 641

1. PLACE OF DEATH:
(a) County Jefferson
(b) City or town Ririe #1
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? Outside? ✓ city or town
(e) Died in a Home ✓ Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Jefferson
(c) City or town Roberts, Idaho
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? ✓ Outside? city or town
(f) Citizen of what country? U. S. A.
(g) How long had deceased lived in Idaho? 74 years
(h) Former residence (city, state)

3. (a) FULL NAME Catherine Melvina Palmer

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F. 5. Color or race W.
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife John Palmer
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) April 30, 1870

8. AGE	Years	Months	Days	If less than 1 day
	74	6	6	hrs min.

9. Exact Occupation Housewife — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace Market Lake, Idaho (City or town) (State or foreign country)

Father
12. Name John Quincey Adams
13. Birthplace U. S. A. (City or town) (State or foreign country)

Mother
14. Maiden name Larissa Marshall
15. Birthplace U. S. A. (City or town) (State or foreign country)

16. Informant's **OWN** Signature John V. Palmer
and Address 243 Gladstone St. Idaho Falls, Idaho

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 10/8/44 (Month) (Day) (Year)
(c) Place: Idaho Falls, Idaho

18. Funeral Director's **OWN** Signature Jack A. Wood
and Address Idaho Falls, Idaho

19. (a) Nov 9 1944 (Date received and filed) (b) Mrs A Eckersall (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) October 6 1944
at 1:30 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from November 1939, to Oct. 6 1944
I last saw her alive on Oct 5 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebral Hemorrhage	3 weeks
Due to Hypertension	6 weeks
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? at home
Name of operation None Date
Major finding
Finding of autopsy None performed

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature Jesse Tall, M.D. (M. D. or other)
and Address Ririe, Idaho Date 10/19 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

NOV 13 1944

NON-RESIDENT X
Certificate Of Death

STATE OF IDAHO

State File No. 14098
Local Reg. No. 196
Reg. Dist. No. 440

1. PLACE OF DEATH:
(a) County Jerome
(b) City or town Hunt
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? x Outside? city or town
(e) Died in a Home Hospital x Institution Other place
(f) Name Hosp. or Inst. Minidoka Project Hospital Stayed 69 days
(g) Lived in this county years 2 months 8 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Adams
(c) City or town Mesa
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? Outside? city or town
(f) Citizen of what country? Japan
(g) How long had deceased lived in Idaho? years
(h) Former residence (city, state) Mesa, Idaho

3. (a) **FULL NAME** Louis Haruo Nakamura 46-b

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race Japanese
6. (a) Single, widowed, married, divorced single?
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) March 10, 1889

8. AGE	Years	Months	Days	If less than 1 day
	55	6	22	hrs min.

9. Exact Occupation Laborer Did this work for yrs.
10. Industry or Business Farm Date last worked
11. Birthplace Kobe, Japan (City or town) (State or foreign country)
Father 12. Name Unobtainable
13. Birthplace (City or town) (State or foreign country)
Mother 14. Maiden name Unobtainable
15. Birthplace (City or town) (State or foreign country)
16. Informant's **OWN** Signature [signature]
and Address Hunt, Idaho
17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place:
18. Funeral Director's **OWN** Signature [signature] M.
and Address Jerome Idaho
19. (a) 10-5-44 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) October 2, 1944
at 2:25 o'clock p. M.
21. **I HEREBY CERTIFY,** That I attended deceased from July 25, 1944 to October 2, 1944
I last saw him alive on October 2, 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Carcinoma of the stomach with abdominal metastasis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYISCIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy not performed.	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature [signature] M.D. (M. D. or other)
and Address Hunt, Idaho Date 10-4-1944
(For additional space, use reverse side)

Original

United States
Department of Commerce
Bureau of the Census

NOV 13 1944

NON-RESIDENT Certificate Of Death

STATE OF IDAHO

State File No. 140933
Local Reg. No. 197
Reg. Dist. No. 4-40

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
   (a) County Jerome
   (b) City or town Hunt
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? X Outside? city or town
   (e) Died in a Home Hospital X Institution Other place
   (f) Name Hosp. or Inst. Minidoka Project Hospital Stayed 5 days
   (g) Lived in this county 2 years months days

   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Washington (b) County King
   (c) City or town Seattle
   (d) Street Address or R.F.D. No. 1316 Yesler Way
   (e) Deceased lived Inside? Outside? city or town
   (f) Citizen of what country? United States of America
   (g) How long had deceased lived in Idaho? 2 years
   (h) Former residence (city, state) Seattle, Washington

3. (a) **FULL NAME** RICHARD SHOSO MASUHARA 8/a

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race Japanese
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) December 14, 1928

8. AGE	Years	Months	Days	If less than 1 day
	15	9	20	hrs min.

9. Exact Occupation Student Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Seattle, Washington (City or town) (State or foreign country)

Mother Father
12. Name Kenichi Masuhara
13. Birthplace Hiroshima, Japan (City or town) (State or foreign country)
14. Maiden name Ichiyo Shimooki
15. Birthplace Hiroshima, Japan (City or town) (State or foreign country)

16. Informant's **OWN** Signature Kenichi Masuhara
    and Address 6-11-H Hunt, Idaho
17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
    (c) Place: Salt Lake City, Utah
18. Funeral Director's **OWN** Signature D A Swenson MH
    and Address Jerome, Idaho
19. (a) 10-6-44 (Date received and filed) (b) E P Duncan (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) October 4, 1944
    at 6:30 o'clock A. M.
21. **I HEREBY CERTIFY,** That I attended deceased from Sept. 29, 1944, to Oct. 4 1944
    I last saw him alive on October 4, 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Purulent cerebral spinal meningitis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation Date	
Major finding	
Finding of autopsy same as above	

PHYISICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
    Occurred 19 City, county, state where violence occurred
    Place of Violence: Home Farm Industry
    Public Place While at work?
    Means of injury
23. Attendant's **OWN** Signature F. P. Nicarous (M. D. or other)
    and Address Hunt, Idaho Date 10-5 1944
    (For additional space, use reverse side)

Original

United States
Department of Commerce
Bureau of the Census

NOV 13 1944

NON-RESIDENT Certificate Of Death

STATE OF IDAHO

State File No. 140933
Local Reg. No. 199
Reg. Dist. No. 470

1. **PLACE OF DEATH:**
   (a) County Jerome
   (b) City or town Hunt
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? X Outside? city or town
   (e) Died in a Home Hospital X Institution Other place
   (f) Name Hosp. or Inst. Manzanar Project Hospital Stayed 449 days
   (g) Lived in this county 1 years months 11 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State California (b) County Sacramento
   (c) City or town Sacramento
   (d) Street Address or R.F.D. No. 1221 3rd St.
   (e) Deceased lived Inside? X Outside? city or town
   (f) Citizen of what country? Japan
   (g) How long had deceased lived in Idaho? 1 years
   (h) Former residence (city, state) Sacramento, Cal.

3. (a) **FULL NAME** ICHITARO KUBOTA

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3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race Japanese
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) April 10, 1863

8. AGE	Years	Months	Days	If less than 1 day
	81	6	1	hrs min.

9. Exact Occupation Laborer — Did this work for yrs.
10. Industry or Business Farm — Date last worked
11. Birthplace Fukuoka, Japan (City or town) (State or foreign country)

Father
12. Name Jutaro Kubota
13. Birthplace Fukuoka, Japan (City or town) (State or foreign country)

Mother
14. Maiden name Okiku
15. Birthplace Fukuoka, Japan (City or town) (State or foreign country)

16. Informant's **OWN** Signature F. P. Richards
and Address Hunt, Idaho

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: Salt Lake City

18. Funeral Director's **OWN** Signature D. A. Jerisson MH
and Address Jerome Idaho

19. (a) 11-16-44 (Date received and filed) (b) E. P. Amelain (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) October 11 19 44
at 2:55 o'clock P. M.

21. **I HEREBY CERTIFY,** That I attended deceased from Sept. 12 19 44, to October 11 19 44
I last saw him alive on October 11 19 44 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Arteriosclerosis	
Myocarditis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYISICIAN Underline the cause to which death should be charged statistically.
Name of operation Date	
Major finding	
Finding of autopsy not performed	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature Adrian J. de Haan M.D.
and Address Hunt, Idaho (M. D. or other)
Date 10-12 19 44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Original

United States
Department of Commerce
Bureau of the Census

NON-RESIDENT

Certificate Of Death

NOV 13 1944

STATE OF IDAHO

State File No. 140999
Local Reg. No. 200
Reg. Dist. No. 440

1. **PLACE OF DEATH:**
   (a) County Jerome
   (b) City or town Hunt
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? x Outside? ..... city or town
   (e) Died in a Home ... Hospital x Institution ... Other place
   (f) Name Hosp. or Inst. Minidoka Project Hospital Stayed 14 days
   (g) Lived in this county 2 years 1 months ..... days

   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Oregon (b) County Multnomah
   (c) City or town Portland
   (d) Street Address ~~or R.F.D. No.~~ 9705 S.E. Holgate Blvd.
   (e) Deceased lived Inside? x Outside? ..... city or town
   (f) Citizen of what country? Japan
   (g) How long had deceased lived in Idaho? 2 years
   (h) Former residence (city, state) Portland, Ore.

3. (a) **FULL NAME** Shin Itami

49a.

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Female
5. Color or race Japanese
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or ~~wife~~ Sukemon
6. (c) Age of husband or wife if alive 65 years
7. Date of Birth (Month, Day, Year) October 17, 1891

8. AGE	Years	Months	Days	If less than 1 day
	53		10	hrs min.

9. Exact Occupation Housewife — Did this work for ..... yrs.
10. Industry or Business Own home — Date last worked .....
11. Birthplace Okayama, Japan (City or town) (State or foreign country)

Father
12. Name Nogami
13. Birthplace Okayama, Japan (City or town) (State or foreign country)

Mother
14. Maiden name Unobtainable
15. Birthplace ..... (City or town) (State or foreign country)

16. Informant's **OWN** Signature Shigeo Itami
and Address 30-10-C Hunt, Idaho

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof ..... (Month) (Day) (Year)
(c) Place: Salt Lake City

18. Funeral Director's **OWN** Signature D. A. S'Herisson MH
and Address Jerome Idaho

19. (a) 10-31-44 (Date received and filed) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) October 27, 1944
at 8:45 o'clock A. M.

21. **I HEREBY CERTIFY**, That I attended deceased from Oct. 18, 1944 to Oct. 27, 1944
I last saw her alive on Oct. 27, 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Adeno-carcinoma, transverse and descending colon, and ovary.	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding	
Finding of autopsy not performed.	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature Adrian J. de Haan (M. D. or other)
and Address Hunt, Idaho Date 10-27 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States Original
Department of Commerce
Bureau of the Census NOV 13 1944

NON-RESIDENT Certificate Of Death

STATE OF IDAHO

State File No. 140911
Local Reg. No. 201
Reg. Dist. No. 440

1. **PLACE OF DEATH:**
   (a) County Jerome
   (b) City or town Hunt
   (c) Street Address or R. F. D. No.
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home ..... Hospital X Institution ..... Other place
   (f) Name Hosp. or Inst. Minidoka Project Hospital Stayed 128 days
   (g) Lived in this county 2 years 1 months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Oregon (b) County Multnomah
   (c) City or town Portland
   (d) Street Address or R.F.D. No. 211 N.W. 3rd Ave.
   (e) Deceased lived Inside? X Outside? ..... city or town
   (f) Citizen of what country? Japan
   (g) How long had deceased lived in Idaho? 2 years
   (h) Former residence (city, state) Portland, Ore.

3. (a) **FULL NAME** Somaji Hara 30g

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Male
5. Color or race Japanese
6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife Mineo
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) March 28, 1881

8. AGE	Years	Months	Days	If less than 1 day
	63	7	2	hrs ..... min.

9. Exact Occupation Laundry Worker Did this work for ..... yrs.
10. Industry or Business Laundry Date last worked 1942
11. Birthplace Okayama, Japan (City or town) (State or foreign country)

Father
12. Name Kinjiro Hara
13. Birthplace Okayama, Japan (City or town) (State or foreign country)

Mother
14. Maiden name Kishi Fukuda
15. Birthplace Okayama, Japan (City or town) (State or foreign country)

16. Informant's OWN Signature Rev. Y. Arakawa
and Address 29-4-E

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: Salt Lake City

18. Funeral Director's OWN Signature D.A. Stevenson MH
and Address Jerome

19. (a) 11-6-44 (Date received and filed) (b) E. M. Sinclair (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) October 30, 1944
at 6:32 o'clock P. M.

21. **I HEREBY CERTIFY,** That I attended deceased from Oct. 29, 1944, to Oct. 30, 1944
I last saw him alive on Oct. 30, 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
✓ Cardiac Failure	
Due to gumma of the right lung and right pleurisy	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding	
Finding of autopsy not performed.	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's OWN Signature Dami Stevenson M.D. (M. D. or other)
and Address Hunt, Idaho Date 10-31-1944
(For additional space, use reverse side)

wood

140995

United States
Department of Commerce
Bureau of the Census

NOV 6 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 267
Reg. Dist. No. 120

1. **PLACE OF DEATH:**
(a) County Kootenai
(b) City or town Coeur d'Alene
(c) Street Address or R. F. D. No. 412 Lakeside
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home ____ Hospital X Institution ____ Other place ____
(f) Name Hosp. or Inst. LCG Hosp Stayed 4 days
(g) Lived in this county 50 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Kootenai
(c) City or town Coeur d'Alene
(d) Street Address or R. F. D. No. RFD #2
(e) Deceased lived Inside? ____ Outside? X city or town
(f) Citizen of what country? USA
(g) How long had deceased lived in Idaho? 56 years
(h) Former residence (city, state) Montreal Canada

3. (a) FULL NAME Anna Ramsey Seagraves

3. (b) If veteran, name war ///// 3. (c) Social Security No. ///////
4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Henry E. 6. (c) Age of husband or wife if alive dead years
7. Date of Birth (Month, Day, Year) June 12, 1872

8. AGE	Years	Months	Days	If less than 1 day
	72	3	19	hrs min.

9. Exact Occupation Housewife Did this work for 50 yrs.
10. Industry or Business Own Home Date last worked 9-26-44
11. Birthplace Montreal Canada (City or town) (State or foreign country)
Father 12. Name Unknown
13. Birthplace " (City or town) (State or foreign country)
Mother 14. Maiden name Unknown
15. Birthplace " (City or town) (State or foreign country)
16. Informant's OWN Signature D. R. Seagraves
and Address Coeur d'Alene, Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 10-3-44 (Month) (Day) (Year)
(c) Place: Forest Cem. Coeur d'Alene Idaho
18. Funeral Director's OWN Signature Don English
and Address Coeur d'Alene, Idaho
19. (a) Oct 3 1944 (Date received and filed) (b) Frances K. Abel (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 10-1-44 19__
at 3:30 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from Sep. 29 1944, to Oct. 1 1944
I last saw her alive on Sep. 30 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebral hemorrhage	2
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted? At home	PHYSICIAN
Name of operation ____ Date ____	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature John S. Wood, M.D. (M. D. or other)
and Address Coeur d'Alene, Ida. Date Oct 3, 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

140996

United States
Department of Commerce
Bureau of the Census NOV 6 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 140996
Local Reg. No. 260
Reg. Dist. No. 121

1. **PLACE OF DEATH:**
(a) County Kootenai
(b) City or town Athol
(c) Street Address or R. F. D. No. Rl
(d) Death Occurred Inside? ____ Outside? X city or town
(e) Died in a Home X Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 44 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Kootenai
(c) City or town Athol
(d) Street Address or R. F. D. No. Rl
(e) Deceased lived Inside? ____ Outside? X city or town
(f) Citizen of what country? USA
(g) How long had deceased lived in Idaho? 44 years
(h) Former residence (city, state) Ritzville

3. (a) **FULL NAME** Miles F. Egbers

Wn. 83a

3. (b) If veteran, name war ?
3. (c) Social Security No. none
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Eva F
6. (c) Age of husband or wife if alive 54 years
7. Date of Birth (Month, Day, Year) June 29, 1890

8. AGE	Years	Months	Days	If less than 1 day
	54	3	3	hrs ____ min. ____

9. Exact Occupation Attorney — Did this work for 1915 29 yrs.
10. Industry or Business Private — Date last worked 10-2-44
11. Birthplace Ritzville, Wash. (City or town) (State or foreign country)

Father
12. Name Robert C. Egbers
13. Birthplace Warsaw Illinois (City or town) (State or foreign country)

Mother
14. Maiden name Rhoda May Bardwell
15. Birthplace Fairmont Minn. (City or town) (State or foreign country)

16. Informant's OWN Signature Marda Egbers Peterson
and Address Coeur d'Alene, Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 10-5-44 (Month) (Day) (Year)
(c) Place: Forest Cem. Cd'A, Idaho
18. Funeral Director's OWN Signature Von English
and Address Coeur d'Alene Idaho
19. (a) 10-5-44 (Date received and filed) (b) Frances M. Ebel (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 10-2-44 19____
at 8:30 o'clock P M.

21. **I HEREBY CERTIFY,** That I attended deceased from 10-2 1944, to 10-2 1944
I last saw h~~er alive~~ on 10-2 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
✓ Cerebral hemorrhage	6 min.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? Home
Name of operation No Date
Major finding
Finding of autopsy None

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? 0 Suicide? 0 Homicide? 0
Occurred ____ 19____ City, county, state where violence occurred
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury 0

23. Attendant's OWN Signature E Rue Fox MD (M. D. or other)
and Address ____ Date ____ 19____
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

For

United States
Department of Commerce
Bureau of the Census

NOV 6 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 140907
Local Reg. No. 261
Reg. Dist. No. 121

1. **PLACE OF DEATH:**
   (a) County Kootenai
   (b) City or town Coeur d'Alene
   (c) Street Address or R. F. D. No. Dalton Gardens
   (d) Death Occurred Inside? ____ Outside? X city or town
   (e) Died in a Home X Hospital ____ Institution ____ Other place ____
   (f) Name Hosp. or Inst. ____ Stayed ____ days
   (g) Lived in this county 13 years ____ months ____ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Kootenai
   (c) City or town Coeur d'Alene
   (d) Street Address or R. F. D. No. R2
   (e) Deceased lived Inside? ____ Outside? X city or town
   (f) Citizen of what country? USA
   (g) How long had deceased lived in Idaho? 13 years
   (h) Former residence (city, state) Spokane Wn

3. (a) **FULL NAME** Regina Eichenauer 49a

3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife ////////
6. (c) Age of husband or wife if alive ////// years
7. Date of Birth (Month, Day, Year) May 5, 1882

8. AGE	Years	Months	Days	If less than 1 day
	62	5	3	hrs min.

9. Exact Occupation Housekeeper Did this work for 15 yrs.
10. Industry or Business own home Date last worked 7-1-44
11. Birthplace Kansas City, Mo. (City or town) (State or foreign country)

Father
12. Name George V. Eichenauer
13. Birthplace Germany (City or town) (State or foreign country)

Mother
14. Maiden name Mary Mees
15. Birthplace Germany (City or town) (State or foreign country)

16. Informant's OWN Signature Elizabeth Eichenauer
and Address Coeur d'Alene, Idaho
17. (a) removal (Burial, cremation, or removal) (b) Date thereof 10-12-44 (Month) (Day) (Year)
(c) Place: Spokane Washington
18. Funeral Director's OWN Signature Don English
and Address Coeur d'Alene, Idaho
19. (a) 10-11-44 (Date received and filed) (b) Frances M. Cobel (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 10 - 8 1944
at 10:55 o'clock A M.
21. I HEREBY CERTIFY, That I attended deceased from Sept. 1 1943, to 10 - 8 1944
I last saw her alive on 8-12 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Adenocarcinoma of ovary	3 yrs
✓ Due to Metastases to	
Due to Bowel	1 yr
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? ____
Name of operation Lipnotaw Date 9/5/43
Major finding ____
Finding of autopsy ____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature [signature] (M. D. or other)
and Address ____ Date ____ 19__
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 14095
Local Reg. No. 264
Reg. Dist. No. 120

NOV 6 1944

1. **PLACE OF DEATH:**
   (a) County Kootenai
   (b) City or town Coeur D' Alene
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? in Outside? ..... city or town
   (e) Died in a Home.... Hospital.... Institution.... Other place....
   (f) Name Hosp. or Inst. L. C. General If not in hosp. 21 days
   (g) Lived in this county 44 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Kootenai
   (c) City or town Coeur D' Alene
   (d) Street Address or R.F.D. No 1804 Lincoln Way
   (e) Deceased lived Inside? in Outside? ..... city or town
   (f) Citizen of what country? U. S.
   (g) How long had deceased lived in Idaho? 44 years
   (h) Former residence (city, state)

3. (a) **FULL NAME** Nellie Nellie Elsie Harper

3. (b) If veteran, name war ---
3. (c) Social Security No. --
4. Sex F. 5. Color or race W.
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Edwin
6. (c) Age of husband or wife if alive 72 years
7. Date of Birth (Month, Day, Year) Jan. 26, 1872

8. AGE	Years	Months	Days	If less than 1 day hrs	min.
	72	8	13		

9. Exact Occupation at Home Did this work for ..... yrs.
10. Industry or Business House wife Date last worked
11. Birthplace Eagle, Wisc. (City or town) (State or foreign country)

Mother Father
12. Name Thomas Seldon Draper
13. Birthplace Eagle, Wisc (City or town) (State or foreign country)
14. Maiden name Sue Smith
15. Birthplace Kansas (City or town) (State or foreign country)

16. Informant's **OWN** Signature Frank J. Harper
and Address Wallace, Idaho.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-12-44 (Month) (Day) (Year)
(c) Place: Forest Cemetery

18. Funeral Director's **OWN** Signature Mooney Chapel
and Address Coeur D' Alene, Idaho

19. (a) 10-11-44 (Date received and filed) (b) Frances M. Kellet (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) October 9, 1944 at 4:00 o'clock P. M.

21. **I HEREBY CERTIFY**, That I attended deceased from 9/10 1944, to 10/9 1944
I last saw h[illegible] alive on 10/8 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Brain hemorrhage	1 month
Due to	3 hemorrhages in 30 days
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ..... Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury

23. Attendant's **OWN** Signature F. F. Hamm M.D. (M. D. or other)
and Address Coeur D' Alene, Idaho. Date 19
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census NOV 6 1944

NON-RESIDENT
CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 140599
Local Reg. No. 279
Reg. Dist. No. 124

1. **PLACE OF DEATH:**
(a) County Kootenai
(b) City or town Farragut. USNTC
(c) Street Address or R. F. D. No. Farragut
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home ____ Hospital X Institution ____ Other place ____
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 0 years 2 months 19 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Kootenai
(c) City or town USNTC FARRAGUT,
(d) Street Address or R. F. D. No. Farragut
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? U.S.
(g) How long had deceased lived in Idaho? 49 Days~~years~~
(h) Former residence (city, state) MEDIAPOLIS, Iowa

3. (a) **FULL NAME** WILSON, John William. AS.SV.V6, USNR 874-68-84 107

3. (b) If veteran, name war None
3. (c) Social Security No. not known
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife ____
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) Jan. 12, 1926

8. AGE	Years	Months	Days	If less than 1 day
	18	8	29	hrs ____ min.

9. Exact Occupation Apprentice Seaman Did this work for 49 Days yrs.
10. Industry or Business U.S. NAVY RESERVE Date last worked 1944
11. Birthplace Burlington, Iowa (City or town) (State or foreign country)

Father
12. Name Eldred Little Wilson
13. Birthplace Iowa (City or town) (State or foreign country)

Mother
14. Maiden name Estella May Wilson
15. Birthplace Iowa (City or town) (State or foreign country)

16. Informant's OWN Signature F.I.Taylor.
and Address F.I.Taylor. Pharm. USNR USNH Farragut, Idaho
17. (a) removal (Burial, cremation, or removal) (b) Date thereof 10-13-44 (Month) (Day) (Year)
(c) Place: Mediapolis, Iowa
18. Funeral Director's OWN Signature MOON MORTUARY
and Address SANDPOINT, IDAHO
19. (a) 10-13-1944 (Date received and filed) (b) ____ (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 11 October 1944 19____
at 5:10 o'clock A M.
21. **I HEREBY CERTIFY**, That I attended deceased from Oct. 4 1944, to Oct. 11 1944
I last saw him alive on Oct. 10 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — **Duration**

✓ PNEUMONIA, BRONCHO
Due to ____
Due to ____
Other conditions ____
(Include pregnancy within 3 months of death)

Where was disease contracted? USNTC. FARRAGUT
Name of operation none Date ____
Major finding ____
Finding of autopsy Same as cause of death

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's OWN Signature William B. Sw (M. D. or other)
and Address USNH Farragut, Ida. Date 10-11 1944

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census NOV 6 1944

Certificate Of Death

STATE OF IDAHO

State File No. 141000
Local Reg. No. 255
Reg. Dist. No. 120

1. **PLACE OF DEATH:**
(a) County Kootenai
(b) City or town Coeur D' Alene
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? in Outside? city or town
(e) Died in a Home Hospital Institution Other place
(f) Name Hosp. or Inst. L. C. Gen Stayed 9 days
(g) Lived in this county 28 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Kootenai
(c) City or town Coeur D' Alene
(d) Street Address or R.F.D. No. 1209 6th
(e) Deceased lived Inside? in Outside? city or town
(f) Citizen of what country? Finland
(g) How long had deceased lived in Idaho? years
(h) Former residence (city, state) 28ysr

3. (a) **FULL NAME** Frederick Alto

95c

3. (b) If veteran, name war none
3. (c) Social Security No. 518-05-2006
4. Sex M. 5. Color or race W.
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Riikka
6. (c) Age of husband or wife if alive 64 years
7. Date of Birth (Month, Day, Year) July 18, 1882

8. AGE	Years	Months	Days	If less than 1 day
	60	2	18	hrs min.

9. Exact Occupation Logger Did this work for 3 yrs.
10. Industry or Business Ohio Match Date last worked 9/30/44
11. Birthplace Tarmerfors (City or town) Finland (State or foreign country)
Father
12. Name Adam Alto
13. Birthplace Finland (City or town) (State or foreign country)
Mother
14. Maiden name Mary Kinnuner
15. Birthplace Finland (City or town) (State or foreign country)
16. Informant's **OWN** Signature Mrs Gene French
and Address Coeur d'Alene, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/21/44 (Month) (Day) (Year)
(c) Place: Forest Cemetery
18. Funeral Director's **OWN** Signature Mooney Chapel
and Address Coeur D' Alene, Idaho
19. (a) 10-17-44 (Date received and filed) (b) Frances M. Cole (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) October 16, 1944 19
at 2:15 o'clock A. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 10/10 1944, to 10/16 1944
I last saw him alive on 10/15 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Arteriosclerosis	?
heart diseases	
Due to Saddle thrombus	
Due to iliac bifurcation	3 days
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature [signature] (M. D. or other)
and Address Date 19
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census NOV 6 1944

Certificate Of Death

STATE OF IDAHO

State File No. 14165
Local Reg. No. 359
Reg. Dist. No. 12d

1. **PLACE OF DEATH:**
(a) County Kootenai
(b) City or town Coeur d'Alene
(c) Street Address or R. F. D. No. 412 Lakeside Ave
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Home .... Hospital X Institution .... Other place ....
(f) Name Hosp. or Inst. Lake City General
(g) Lived in this county 9 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Kootenai
(c) City or town Coeur d'Alene
(d) Street Address or R.F.D. No. Carlin Bay
(e) Deceased lived Inside? ..... Outside? X city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 9 years
(h) Former residence (city, state) Guida, S. Dak.

3. (a) **FULL NAME** Archiebald Adelbert Dillon 836

3. (b) If veteran, name war no
3. (c) Social Security No. 518-12-9741
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Anna Viola
6. (c) Age of husband or wife if alive 58 years
7. Date of Birth (Month, Day, Year) February 13, 1886

8. AGE	Years	Months	Days	If less than 1 day
	58	8	6	hrs ..... min.

9. Exact Occupation Farmer Did this work for 20 yrs.
10. Industry or Business Date last worked 10/1/44
11. Birthplace Peoria, Illinois (City or town) (State or foreign country)

Mother
12. Name Do not know
13. Birthplace " " (City or town) (State or foreign country)

Father
14. Maiden name " "
15. Birthplace " " (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mrs. Archiebald Dillon
and Address 214 W. Brown, Tillatt, Ida. Route 2

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/23/44 (Month) (Day) (Year)
(c) Place: Forest Cemetery, Coeur d'Alene

18. Funeral Director's **OWN** Signature A. B. Nelson Jr.
and Address 109-11 Lakeside Avenue

19. (a) 10-23-44 (Date received and filed) (b) Frances R. Ethel (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 10/19 1944
at 9:05 o'clock A. M.

21. **I HEREBY CERTIFY**, That I attended deceased from Jan 31 1944, to Oct 19 1944
I last saw him alive on 10/17 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebral Embolism	1 day
Hypertension,	5 yrs.
Due to	
Generalized	
Due to Arterio sclerosis	5 yrs
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? —
Name of operation — Date
Major finding —
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature [illegible] (M. D. or other)
and Address Coeur d'Alene Date 19
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census NOV 6 1944

Non Resident

Certificate Of Death

STATE OF IDAHO

State File No. 141002
Local Reg. No. 2771
Reg. Dist. No. 1

1. **PLACE OF DEATH:**
   (a) County Kootenai
   (b) City or town Worley
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? Outside? X city or town
   (e) Died in a Home Hospital Institution Other place X
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county years months days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Washington (b) County King
   (c) City or town Seattle
   (d) Street Address or R.F.D. No. 14333 Linden Av
   (e) Deceased lived Inside? X Outside? city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? years
   (h) Former residence (city, state) Coeur d'Alene Idaho

3. (a) **FULL NAME** Harry Turner 93d

3. (b) If veteran, name war no
3. (c) Social Security No. 533-22-0164
4. Sex M.
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Pearl J.
6. (c) Age of husband or wife if alive 63 years
7. Date of Birth (Month, Day, Year) June 12, 1884

8. AGE	Years	Months	Days	If less than 1 day
	60	-	26?	hrs min.

9. Exact Occupation Worked in cooperage Did this work for 18 months
10. Industry or Business Western Cooperage Co. Date last worked 7/8/44 ?
11. Birthplace Rockford, Wash. (City or town) (State or foreign country)

Father
12. Name Henry Turner
13. Birthplace Do not know (City or town) (State or foreign country)

Mother
14. Maiden name Nancy Morris
15. Birthplace Do no know (City or town) (State or foreign country)

16. Informant's OWN Signature W S Newton
and Address 4614 E 97 st Seattle Wash
17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 10/24/44 (Month) (Day) (Year)
(c) Place: Spokane, Wash.
18. Funeral Director's OWN Signature Constance L Nelson
and Address Coeur d'Alene, Idaho
19. (a) 10-24-44 (Date received and filed) (b) Frances M. Hood (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 19
at o'clock M.
21. **I HEREBY CERTIFY,** That I attended deceased from Oct. 21 1944 to Oct. 21 1944
I last saw him ~~alive~~ on Oct. 21 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Chronic myocarditis	15 yrs
Found dead on Beach	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation Date	
Major finding	
Finding of autopsy None	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature Hamilton H. Greenwood Coroner M.D. (M. D. or other)
and Address Coeur d'Alene, Ida Date 10-24 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 1 Hfc 441643
Local Reg. No. 263
Reg. Dist. No. 120

NOV 6 1944

1. PLACE OF DEATH:
(a) County Kootenai
(b) City or town Coeur d'Alene
(c) Street Address or R.F.D. No. 412 Lakeside
(d) Death Occured Inside? x Outside? ..... city or town
(e) Died in a Home.... Hospital x Institution Gen. Other place....
(f) Name Hosp. or Inst. Lake City Stayed 7 days
(g) Lived in this county 1 years 16 months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Bonner
(c) City or town Cocolalla
(d) Street Address or R.F.D. No. Box 72
(e) Deceased lived Inside? ..... Outside? x city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 4 years
(h) Former residence (city, state) Grays River Wash.

3. (a) FULL NAME Anders Granberg

97

3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Annie Mary
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) July 1, 1866

8. AGE	Years	Months	Days	If less than 1 day
	78	2	20	hrs min.

9. Exact Occupation Farmer — Did this work for 52 yrs.
10. Industry or Business ..... Date last worked 1934
11. Birthplace Morarps, Malmohus (City or town) Sweden (State or foreign country)
Father
12. Name Neils Granberg
13. Birthplace ..... Sweden (City or town) (State or foreign country)
Mother
14. Maiden name Kjerisi Jenson
15. Birthplace ..... Sweden (City or town) (State or foreign country)
16. Informant's OWN Signature Anna Margaret Chandler
and Address Cocolalla Idaho Box 72
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/24/44 (Month) (Day) (Year)
(c) Place: Pine Grove, Rathdrum, Idaho
18. Funeral Director's OWN Signature A. B. Nelson
and Address Rathdrum, Idaho
19. (a) 10-24-44 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) 10/21 1944
at 12:05 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 10/1 1942, to 10/21 1944
I last saw him alive on 10/21 1942, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Gangrene of Left Foot & leg	
✓ Due to End arteritis Obliterans	2 years
Due to Arteriosclerosis	many years
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation none Date
Major finding
Finding of autopsy

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury

23. Attendant's OWN Signature O M Hurstad MD (M. D. or other)
and Address Coeur d'Alene Id Date 10/22 1944
(For additional space, use reverse side)

United States
Department of Commerce
Bureau of the Census

NOV 6 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 141004
Local Reg. No. 258
Reg. Dist. No. 120

1. **PLACE OF DEATH:**
(a) County Kootenai
(b) City or town Gibbs
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home X Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 7 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Kootenai
(c) City or town Gibbs
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? USA
(g) How long had deceased lived in Idaho? 7 years
(h) Former residence (city, state) Cedaredge Colo

3. (a) FULL NAME Alice J. Chamberlain 93a

3. (b) If veteran, name war none
3. (c) Social Security No.
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Louis G
6. (c) Age of husband or wife if alive 61 years
7. Date of Birth (Month, Day, Year) Nov. 9, 1890

8. AGE	Years	Months	Days	If less than 1 day
	53	11	12	hrs ____ min.

9. Exact Occupation housewife — Did this work for 40 yrs.
10. Industry or Business own home — Date last worked 10-30-44
11. Birthplace Clayton (City or town) Mo. (State or foreign country)

Father
12. Name John S. peeds
13. Birthplace unknown (City or town) (State or foreign country)

Mother
14. Maiden name Mary Hall
15. Birthplace unknown (City or town) (State or foreign country)

16. Informant's OWN Signature Martha E. Jaeder
and Address Coeur d'Alene, Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 10-25-44 (Month) (Day) (Year)
(c) Place: Rockford Wash.
18. Funeral Director's OWN Signature Don English
and Address Coeur d'Alene, Idaho
19. (a) 10-25-44 (Date received and filed) (b) Frances M. Card (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 10-21-44 19____
at 1:30 o'clock P. M.

21. **I HEREBY CERTIFY,** That I attended deceased from Mar 1944, to 10/21 1944
I last saw h alive on Mar 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Brain Hemorrhage	4-5 hours
✓ Due to Hypertension	
Due to I have treated for for nail bleeds from Hypertension	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? Home
Name of operation None Date
Major finding
Finding of autopsy None

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury

23. Attendant's OWN Signature F. F. Norris MD
and Address Coeur d'Alene (M. D. or other)
Date 10/24 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

NOV 6 1944

For Certificate Of Death

STATE OF IDAHO

State File No. 14105
Local Reg. No. 275
Reg. Dist. No. 12

1. PLACE OF DEATH:

(a) County Kootenai
(b) City or town Coeur D' Alene
(c) Street Address or R.F.D. No. 501 Garden
(d) Death Occured Inside? in Outside? ..... city or town
(e) Died in a Home ~~Hospital, Institution, Other place~~
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 24 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

(a) State Idaho (b) County Kootenai
(c) City or town Coeur D' Alene
(d) Street Address or R.F.D. No. 501 Garden
(e) Deceased lived Inside? in Outside? ..... city or town
(f) Citizen of what country? U. S.
(g) How long had deceased lived in Idaho? 24 years
(h) Former residence (city, state) .....

3. (a) **FULL NAME** Eugene Huntington Ware

94a

3. (b) If veteran, name war none
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary
6. (c) Age of husband or wife if alive 65 years
7. Date of Birth (Month, Day, Year) October 2, 1879

8. AGE	Years	Months	Days	If less than 1 day
	65	0	20	hrs ..... min.

9. Exact Occupation Realestate & Insurance — Did this work for 20 yrs. — Date last worked 10/15/44
10. Industry or Business
11. Birthplace Fort Scott (City or town) Kans. (State or foreign country)

Father
12. Name Eugene F. Ware
13. Birthplace ..... (City or town) Conn. (State or foreign country)

Mother
14. Maiden name Jeannette Huntington
15. Birthplace ..... (City or town) Vermont (State or foreign country)

16. Informant's **OWN** Signature Mary Ware Broderick
and Address Coeur D' Alene, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/25/44 (Month) (Day) (Year)
(c) Place: Forest Cemetery Mooney Chapel

18. Funeral Director's **OWN** Signature R. H. Mooney
and Address Coeur D' Alene, Idaho

19. (a) 10-24-44 (Date received and filed) (b) Frances M. Kebel (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) October 22, 1944 19.....
at 7:30 o'clock A. M.

21. **I HEREBY CERTIFY**, That I attended deceased from Oct 15 1944, to Oct. 22 1944
I last saw him alive on Oct. 22 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Coronary Thrombosis	1 week
✓ Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ..... Date .....
Major finding
Finding of autopsy

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature [illegible] (M. D. or other)
and Address Coeur d'Alene Idaho Date 10/25 1944
(For additional space, use reverse side)

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United States
Department of Commerce
Bureau of the Census NOV 6 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 141003
Local Reg. No. 277
Reg. Dist. No. 12

1. **PLACE OF DEATH:**
(a) County Kootenai
(b) City or town Coeur d'Alene
(c) Street Address or R. F. D. No. 412 Lakeside
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home ____ Hospital X Institution ____ Other place ____
(f) Name Hosp. or Inst. LCC Hosp Stayed 12 days
(g) Lived in this county 29 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Kootenai
(c) City or town Coeur d'Alene
(d) Street Address or R. F. D. No. 1050 Young
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? USA
(g) How long had deceased lived in Idaho? 40 years
(h) Former residence (city, state) Wisconsin

3. (a) **FULL NAME** Fred Weller

932

3. (b) If veteran, name war none
3. (c) Social Security No. None
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife ////////
6. (c) Age of husband or wife if alive //////// years
7. Date of Birth (Month, Day, Year) July 8, 1864

8. AGE	Years	Months	Days	If less than 1 day
	80	3	14	hrs ____ min.

9. Exact Occupation Sawyer — Did this work for 30 yrs.
10. Industry or Business Sawmills — Date last worked 1933
11. Birthplace Germany (City or town) (State or foreign country)

Father
12. Name unknown
13. Birthplace Germany (City or town) (State or foreign country)

Mother
14. Maiden name unknown
15. Birthplace Germany (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. J. A. Thompson
and Address Coeur d'Alene, Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 10-26-44 (Month) (Day) (Year)
(c) Place: Forest Cem. Cd'A. Idaho
18. Funeral Director's OWN Signature Don English
and Address Coeur d'Alene, Idaho
19. (a) 10-26-44 (Date received and filed) (b) Francis M. Peterson (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 10-22-44 19____
at 10:20 o'clock P.M.
21. **I HEREBY CERTIFY,** That I attended deceased from 10-15 1944 to 10-22-44 19____
I last saw him alive on 10-22 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — **Duration**

Hypostatic
Bronchopneumonia — 2 days
✓ Due to Myocarditis
degeneration — 1 yr
Due to Generalized
Other conditions arteriosclerosis — 5 yrs.
(Include pregnancy within 3 months of death)

Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature [illegible] (M. D. or other)
and Address Coeur d'Alene Date 10-27 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

NOV 6 1944

Certificate Of Death

STATE OF IDAHO

State File No. 14160?
Local Reg. No. 262
Reg. Dist. No. 130

1. **PLACE OF DEATH:**
   (a) County Kootenai
   (b) City or town Coeur d'Alene
   (c) Street Address or R.F.D. No. 951 6th St.
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home X Hospital .... Institution .... Other place ....
   (f) Name Hosp. or Inst. ..... Stayed ..... days
   (g) Lived in this county 44 years ..... months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Kootenai
   (c) City or town Rathdrum
   (d) Street Address or R.F.D. No. .....
   (e) Deceased lived Inside? X Outside? ..... city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 44 years
   (h) Former residence (city, state) Michigan

3. (a) **FULL NAME** William J. Foster 932

3. (b) If veteran, name war --
3. (c) Social Security No. none
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Myrtle Foster
6. (c) Age of husband or wife if alive 66 years
7. Date of Birth (Month, Day, Year) September 11, 1874

8. AGE	Years	Months	Days	If less than 1 day hrs	min.
	70	0	12		

9. Exact Occupation Logger — Did this work for 44 yrs.
10. Industry or Business ..... — Date last worked 1939
11. Birthplace Carsonville (City or town) Michigan (State or foreign country)

Father
12. Name John Foster
13. Birthplace Montreal (City or town) Canada (State or foreign country)

Mother
14. Maiden name Elizabeth Hanna
15. Birthplace Goodrich (City or town) Canada (State or foreign country)

16. Informant's **OWN** Signature Myrtle A. Foster
and Address Rathdrum, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/ 26/44 (Month) (Day) (Year)
(c) Place: Pine Grove Cemetery Rathdrum

18. Funeral Director's **OWN** Signature A. B. Nelson
and Address Rathdrum, Idaho

19. (a) 10-26-44 (Date received and filed) (b) Frances M. Nebel (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 10/23 19 44
at 7:30 o'clock A. M.

21. **I HEREBY CERTIFY**, That I attended deceased from July, 1942, to Oct 23 1944
I last saw h.. alive on Oct. 22 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
✓ Myocardial Degeneration	3 mo.
Due to Asthma & Emphysema	10 yr.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? At Home
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature John O. Ward (M. D. or other)
and Address Coeur d'Alene, Ida. Date Oct 25 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

NOV 6 1944

Certificate Of Death

STATE OF IDAHO

State File No. 141008
Local Reg. No. 257
Reg. Dist. No. 124

1. **PLACE OF DEATH:**
   (a) County KOOTENAI
   (b) City or town COEURD'ALENE
   (c) Street Address or R.F.D. No. 702 3d ST
   (d) Death Occured Inside? X Outside? - city or town
   (e) Died in a Home - Hospital X Institution - Other place -
   (f) Name Hosp. or Inst. HOME Stayed 3 days
   (g) Lived in this county 43 years - months - days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State IDAHO (b) County KOOTENAI
   (c) City or town COEURD'ALENE
   (d) Street Address or R.F.D. No. 1
   (e) Deceased lived Inside? - Outside? X city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 43 years
   (h) Former residence (city, state) PINE OREGON

3. (a) **FULL NAME** PHILIPP BLINN SR. 83a

3. (b) If veteran, name war NO
3. (c) Social Security No. NONE
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced DIVORSED
6. (b) Name of husband or wife EMMA
6. (c) Age of husband or wife if alive -- years
7. Date of Birth (Month, Day, Year) DECEMBER 1th 1871

8. AGE	Years	Months	Days	If less than 1 day
	72	10	25	hrs min.

9. Exact Occupation FARMER Did this work for 43 yrs.
10. Industry or Business Date last worked 1942
11. Birthplace HAMBURG (City or town) GERMANY (State or foreign country)

Mother
12. Name DO NOT KNOW " " " BLINN
13. Birthplace " " " GERMANY (City or town) (State or foreign country)

Father
14. Maiden name DO NOT KNOW " " "
15. Birthplace " " " GERMANY (City or town) (State or foreign country)

16. Informant's **OWN** Signature Philipp Blinn Jr.
and Address R.#1 COEURD'ALENE IDA.
17. (a) CREMATION (Burial, cremation or removal) (b) Date thereof 10/30/44 (Month) (Day) (Year)
(c) Place: SPOKANE WASHINGTON
18. Funeral Director's **OWN** Signature A. B. Nelson
and Address 109-111 LAKESIDE C.D'A.
19. (a) 10-27-44 (Date received and filed) (b) Frances M. Ehl (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 10/26 19 44
at 6:45 o'clock P.M.

21. **I HEREBY CERTIFY**, That I attended deceased from 1942 19 , to 10/24 1944
I last saw h. alive on 10/24 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Brain Hemorrhage. — Duration 3 days.
Due to Hypertention
Due to
Other conditions (Include pregnancy within 3 months of death)
Where was disease contracted? None
Name of operation None Date
Major finding
Finding of autopsy None

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature F. F. Haines M.D. (M. D. or other)
and Address Coeur d'Alene Date 10/27 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

141093

United States
Department of Commerce
Bureau of the Census NOV 6 1944

Certificate Of Death

STATE OF IDAHO

State File No. 141093
Local Reg. No. 269
Reg. Dist. No. 120

1. **PLACE OF DEATH:**
   (a) County Kootenai
   (b) City or town Coeur d'Alene
   (c) Street Address or R. F. D. No. 2018 Fifth
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home X Hospital .... Institution .... Other place ....
   (f) Name Hosp. or Inst. ..... Stayed ..... days
   (g) Lived in this county 25 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Kootenai
   (c) City or town Coeur d'Alene
   (d) Street Address or R.F.D. No. 2018 fifth
   (e) Deceased lived Inside? X Outside? ..... city or town
   (f) Citizen of what country? USA
   (g) How long had deceased lived in Idaho? 25 years
   (h) Former residence (city, state) unknown

3. (a) **FULL NAME** Elizabeth Stroup

93 d

3. (b) If veteran, name war ////
3. (c) Social Security No. //////
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Sherman
6. (c) Age of husband or wife if alive dead years
7. Date of Birth (Month, Day, Year) August 15, 1866

8. AGE	Years	Months	Days	If less than 1 day
	78	2	13	hrs ... min.

9. Exact Occupation housewife Did this work for 50 yrs.
10. Industry or Business own home Date last worked Sept 44
11. Birthplace unknown (City or town) (State or foreign country)

Father
12. Name unknown
13. Birthplace unknown (City or town) (State or foreign country)

Mother
14. Maiden name unknown
15. Birthplace unknown (City or town) (State or foreign country)

16. Informant's **OWN** Signature Victor Lemmon and Address Coeur d'Alene, Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 10-31-44 (Month) (Day) (Year)
    (c) Place: Forest Cem. Cd'A, Idaho
18. Funeral Director's **OWN** Signature Don English and Address Coeur d'Alene, Idaho
19. (a) 10/31/44 (Date received and filed) (b) Frances M. Ehrhardt (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 10-28-44 19.... at 5:45 o'clock A M.
21. **I HEREBY CERTIFY**, That I attended deceased from Sept. 1, 1944, to Oct. 28, 1944 19.... I last saw her alive on Oct. 27, 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
✓ Chronic myocarditis	2 years
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation ..... Date	
Major finding	
Finding of autopsy	

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
    Occurred ..... 19.... City, county, state where violence occurred .....
    Place of Violence: Home ..... Farm ..... Industry .....
    Public Place ..... While at work? .....
    Means of injury .....
23. Attendant's **OWN** Signature William T. Wood M.D. (M. D. or other)
    and Address Coeur d'alene Date 10-30 1944
    (For additional space, use reverse side)

Husted

United States
Department of Commerce
Bureau of the Census

NON-RESIDENT
Certificate Of Death
STATE OF IDAHO

NOV 6 1944

State File No. 14101
Local Reg. No. 278
Reg. Dist. No. 1

1. PLACE OF DEATH:
(a) County Kootenai
(b) City or town Coeur D' Alene
(c) Street Address or R. F. D. No. --
(d) Death Occured Inside? in Outside? ..... city or town
(e) Died in a House Hospital Institution Other place ....
(f) Name Hosp. or Inst. L. C. Gen. Stayed 3 days
(g) Lived in this county 0 years 0 months 7 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State N. Dak. (b) County .....
(c) City or town Regent, N. Dak.
(d) Street Address or R.F.D. No. .....
(e) Deceased lived Inside? ..... Outside? ..... city or town
(f) Citizen of what country? U. S.
(g) How long had deceased lived in Idaho? 7 da. years
(h) Former residence (city, state) N. Dakota

3. (a) **FULL NAME** JACOB WILHELM

74a

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex M. 5. Color or race W.
6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife --
6. (c) Age of husband or wife if alive -- years
7. Date of Birth (Month, Day, Year) March 1, 1882

8. AGE	Years	Months	Days	If less than 1 day
	62	7	29	hrs ..... min.

9. Exact Occupation Farmer — Did this work for 45 yrs.
10. Industry or Business ..... — Date last worked 5/1/44
11. Birthplace Russia (City or town) (State or foreign country)

Father
12. Name George Wilhelm
13. Birthplace Russia (City or town) (State or foreign country)

Mother
14. Maiden name Margeret Winger
15. Birthplace Russia (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mrs Michael Spentrup
and Address Regent, No. Dak.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 11/1/44 (Month) (Day) (Year)
(c) Place: Dickinson, N. Dak.

18. Funeral Director's **OWN** Signature Mooney Chapel
and Address Coeur D' Alene, Idaho.

19. (a) 10/31/44 (Date received and filed) (b) Spencer M. Reed (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Oct. 30, 1944 19 ..... at 4:16 o'clock P. M.

21. **I HEREBY CERTIFY**, That I attended deceased from 10/24, 1944, to 10/30 1944
I last saw h.m. alive on 10/30 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Chronic Lymphatic Leukemia	8 mo
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYISCIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature O. M. Husted M D (M. D. or other)
and Address Coeur d'Alene Id Date 10/31 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

NOV 13 1944

Certificate Of Death

STATE OF IDAHO

State File No. 141011
Local Reg. No. 286
Reg. Dist. No. 120

1. PLACE OF DEATH:
(a) County Kootenai
(b) City or town Coeur d'Alene
(c) Street Address or R.F.D. No. 3rd & Foster
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Home.... Hospital X Institution.... Other place....
(f) Name Hosp. or Inst. Home Hosp. Stayed 120 days
(g) Lived in this county 27 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Kootenai
(c) City or town Coeur d'Alene
(d) Street Address or R.F.D. No. 1715 N 9th
(e) Deceased lived Inside? X Outside? ..... city or town
(f) Citizen of what country? USA
(g) How long had deceased lived in Idaho? 27 years
(h) Former residence (city, state) Washington

3. (a) FULL NAME Anna M Weller

49a

3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Robt. P
6. (c) Age of husband or wife if alive dead years
7. Date of Birth (Month, Day, Year) Nov. 20, 1872

8. AGE	Years	Months	Days	If less than 1 day
	71	11	11	hrs min.

9. Exact Occupation housewife Did this work for 59 yrs.
10. Industry or Business own home Date last worked 1-1-43
11. Birthplace Lowell Michigan (City or town) (State or foreign country)
Father
12. Name Joseph Barklay
13. Birthplace unknown (City or town) (State or foreign country)
Mother
14. Maiden name unknown
15. Birthplace unknown (City or town) (State or foreign country)
16. Informant's OWN Signature Floyd G. Weller
and Address Coeur d'Alene, Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 11-3-44 (Month) (Day) (Year)
(c) Place: Forest Cem. Coeur d'Alene, Ida
18. Funeral Director's OWN Signature Don English.
and Address Coeur d'Alene, Idaho
19. (a) 11-3-44 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) 10-31-44 19....
at 10:45 o'clock P M.

21. I HEREBY CERTIFY, That I attended deceased from 1942 19...., to 10/31 1944
I last saw her alive on 10/31 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Carcinoma of ovary	2 yrs.
✓ Due to	
Due to	
Other conditions Chr. Myocarditis (Include pregnancy within 3 months of death)	
Where was disease contracted? Home	
Name of operation None Date	
Major finding	
Finding of autopsy None	

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's OWN Signature F. F. Hanning M.D. (M. D. or other)
and Address Coeur d'Alene Date 10/1 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

NOV 6 1944

Certificate Of Death

STATE OF IDAHO

State File No. 1410
Local Reg. No. 274
Reg. Dist. No. 120

1. **PLACE OF DEATH:**
   (a) County Kootenai
   (b) City or town Coeur d'Alene
   (c) Street Address or R.F.D. No. 412 Lakeside
   (d) Death Occured Inside? X Outside? — city or town
   (e) Died in a Home — Hospital X Institution — Other place —
   (f) Name Hosp. or Inst. Lake City Geh. Stayed 7 hrs days
   (g) Lived in this county — years — months 7 hrs. days

   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Kootenai
   (c) City or town Coeurd Alene
   (d) Street Address or R.F.D. No. —
   (e) Deceased lived Inside? X Outside? — city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 7 hrs years
   (h) Former residence (city, state) —

3. (a) **FULL NAME** James Sheldon Vig

159

3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Date of Birth (Month, Day, Year) October 31, 1944

8. AGE	Years	Months	Days	If less than 1 day
				7 hrs 5 min.

9. Exact Occupation — Did this work for — yrs.
10. Industry or Business — Date last worked —
11. Birthplace Coeur d'Alene, Idaho (City or town) (State or foreign country)

Father
12. Name Harvey W. Vig
13. Birthplace Linton North Dakota (City or town) (State or foreign country)

Mother
14. Maiden name Nona C. Bowlby
15. Birthplace Faith South Dakota (City or town) (State or foreign country)

16. Informant's **OWN** Signature Harvey W. Vig
and Address Route 1 Coeur d'Alene, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/1/44 (Month) (Day) (Year)
(c) Place: Forest Cemetery, Coeur d'Alene

18. Funeral Director's **OWN** Signature A.B. Nelson
and Address Coeur d'Alene, Idaho

19. (a) 11-1-44 (Date received and filed) (b) Frances M. Ebee (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 10-31 19 44
at 6:30 o'clock P. M.

21. **I HEREBY CERTIFY**, That I attended deceased from 10-31 19 44, to 10-31 19 44
I last saw him alive on 10-31 19 44, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
✓ Prematurity	1 day
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation — Date —	
Major finding —	
Finding of autopsy —	

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature [illegible] (M. D. or other)
and Address Coeur d'Alene Date 11/1 19 44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce NOV 13 1944
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No 141013
Local Reg. No. 1114
Reg. Dist. No. 300

1. **PLACE OF DEATH:** Latah
   (a) County
   (b) City or town
   (c) Street Address or R. F. D. No. Flannigan Creek
   (d) Death Occurred Inside? Outside? X city or town
   (e) Died in a Home Hospital Institution Other place X
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county 2 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Latah
   (c) City or town East fork-Flannigan cr.
   (d) Street Address or R. F. D. No. rural
   (e) Deceased lived Inside? Outside? X city or town
   (f) Citizen of what country? USA
   (g) How long had deceased lived in Idaho? 2 years
   (h) Former residence (city, state)

3. (a) **FULL NAME** Lawrence Charles Mayo 180

3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife none
6. (c) Age of husband or wife if alive none years
7. Date of Birth (Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	2	4	22	hrs min.

9. Exact Occupation none — Did this work for ____ yrs.
10. Industry or Business none — Date last worked
11. Birthplace Moscow, Idaho (City or town) (State or foreign country)

Father
12. Name Frank M. Mayo
13. Birthplace Los Angeles Cal. (City or town) (State or foreign country)

Mother
14. Maiden name Geneva Hughes
15. Birthplace Carter Montana (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mrs Frank M Mayo
and Address Moscow, Idaho
17. (a) cremation (Burial, cremation, or removal) (b) Date thereof Oct. 7, 1944 (Month) (Day) (Year)
(c) Place: Flannigan Creek
18. Funeral Director's **OWN** Signature H. R. Short
and Address Moscow, Idaho
19. (a) 11-8-44 (Date received and filed) (b) L. F. Klaarn (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Oct. 7 1944
at 3 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from ____ 19____, to ____ 19____
I last saw h____ alive on ____ 19____; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
BURNED	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation ____ Date ____	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? X Suicide? ____ Homicide? ____
Occurred Oct. 7 1944 City, county, state where violence occurred LATAH COUNTY
Place of Violence: Home X Farm ____ Industry ____
Public Place ____ While at work?
Means of injury TRAPPED IN BURNING SHED
23. Attendant's **OWN** Signature H. R. Short (M. D. or other)
and Address Moscow Date 10-9 1944
(For additional space, use reverse side)

United States
Department of Commerce
Bureau of the Census

NOV 13 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 141011
Local Reg. No. 1113
Reg. Dist. No. 200

1. **PLACE OF DEATH:**
(a) County Latah
(b) City or town Moscow
(c) Street Address or R. F. D. No. 310 So. Almon
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home X Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 6 years 8 months 28 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Latah
(c) City or town Moscow
(d) Street Address or R. F. D. No. 310 So. Almon
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? USA
(g) How long had deceased lived in Idaho? 6 years
(h) Former residence (city, state) ____

3. (a) **FULL NAME** James Douglas Smithwick 1952

3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife ____
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) Febr. 14, 1938

8. AGE	Years	Months	Days	If less than 1 day
	6	7	18	hrs min.

9. Exact Occupation none Did this work for ____ yrs.
10. Industry or Business none Date last worked ____
11. Birthplace Moscow (City or town) Idaho (State or foreign country)
Father
12. Name Cleve Smithwick
13. Birthplace Elk River, Idaho (City or town) (State or foreign country)
Mother
14. Maiden name Delcine K. Durbin
15. Birthplace Troy, Idaho (City or town) (State or foreign country)
16. Informant's OWN Signature Jack Milsap
and Address Moscow Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 10-17-44 (Month) (Day) (Year)
(c) Place: Moscow, Idaho
18. Funeral Director's OWN Signature ____
and Address Moscow, Idaho
19. (a) 11-8-44 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Oct. 12 1944
at 7:20 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from Oct 12 1944, to Oct 12 1944
I last saw him alive on ____ 19__; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: asphyxia
Due to ruptured abscess of the mediastinal region (or lung)
Due to presence of pea in the
Other conditions Bronchus
(Include pregnancy within 3 months of death)
Where was disease contracted? Home
Name of operation 0 Date ____
Major finding ____
Finding of autopsy ____

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ✓ Suicide? ____ Homicide? ____
Occurred at Home 19__ City, county, state where violence occurred 0
Place of Violence: Home ____ Farm ____ Industry ____
Public Place 0 While at work? 0
Means of injury Swallowed a Pea (inhaled it)
23. Attendant's OWN Signature Edward H. Dunn M.D. (M. D. or other)
and Address Moscow Idaho Date 10-18 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

141015

United States
Department of Commerce
Bureau of the Census

NOV 13 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 1115
Reg. Dist. No. 30

1. **PLACE OF DEATH:**
(a) County Latah
(b) City or town Moscow
(c) Street Address or R. F. D. No. 915 East 6th
(d) Death Occurred Inside? x Outside? ____ city or town
(e) Died in a Home x Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county ____ years 1 months 16 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Latah
(c) City or town Moscow
(d) Street Address or R. F. D. No. 915 E. 6th
(e) Deceased lived Inside? z Outside? ____ city or town
(f) Citizen of what country? USA
(g) How long had deceased lived in Idaho? 1Mo. 16 da. years
(h) Former residence (city, state) ____

3. (a) **FULL NAME** Robert Lewis Fisher

3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife ____
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) August 28, 1944

8. AGE	Years	Months	Days	If less than 1 day
		1	16	hrs ____ min.

9. Exact Occupation none — Did this work for ____ yrs.
10. Industry or Business none — Date last worked ____
11. Birthplace ____ (City or town) ____ (State or foreign country)

Father
12. Name Ephram Fisher
13. Birthplace Waneta, (City or town) Mont. (State or foreign country)

Mother
14. Maiden name Edith Finneman
15. Birthplace Minn. (City or town) (State or foreign country)

16. Informant's OWN Signature E. Paul Fisher
and Address Moscow

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 10-17-44 (Month) (Day) (Year)
(c) Place: ____

18. Funeral Director's OWN Signature F. R. Short
and Address Moscow, Idaho

19. (a) 11-8-44 (Date received and filed) (b) L. J. Klaarn (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Oct. 14 1944
at 5:30 o'clock A M.

21. **I HEREBY CERTIFY**, That I attended deceased from Aug. 30, 1944 to Oct. 14, 1944
I last saw h[illegible] alive on Oct. 10 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Heart failure	
Due to undeveloped	
Due to Prematurity	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's OWN Signature L. J. Klaarn (M. D. or other)
and Address Moscow Idaho Date 11-8 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Klaarn 141016

United States
Department of Commerce
Bureau of the Census

NOV 13 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 1116
Reg. Dist. No. 200

1. PLACE OF DEATH:
(a) County Latah
(b) City or town Moscow
(c) Street Address or R. F. D. No. 334 no. Washington
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home X Hospital __ Institution __ Other place __
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 42 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Latah
(c) City or town Moscow
(d) Street Address or R. F. D. No. 334 N. Wash.
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? USA
(g) How long had deceased lived in Idaho? 42 years
(h) Former residence (city, state) ____

3. (a) FULL NAME Margarett Louise King 93d

3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Marcus
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) Nov. 14, 1864

8. AGE	Years	Months	Days	If less than 1 day
	79	11	0	hrs min.

9. Exact Occupation housewife Did this work for ____ yrs.
10. Industry or Business " Date last worked ____
11. Birthplace Canton (City or town) No. Carolina (State or foreign country)
Father
12. Name J. B. Duckett
13. Birthplace (City or town) No. Carolina (State or foreign country)
Mother
14. Maiden name Hannah Duckett
15. Birthplace (City or town) Nol Carolina (State or foreign country)
16. Informant's OWN Signature Otto A. Giers
and Address Freewater, Oregon
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 10-17-44 (Month) (Day) (Year)
(c) Place: Moscow, Idaho
18. Funeral Director's OWN Signature H. R. Short
and Address Moscow, Idaho
19. (a) 11-8-44 (Date received and filed) (b) L. J. Klaarn (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Oct. 14 1944
at 5:30 o'clock P M.
21. I HEREBY CERTIFY, That I attended deceased from Oct 1 1944 to Oct 14 1944
I last saw her alive on Oct 13 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death	Duration
Bronchial Pneumonia	6 days
Due to Senility	
Due to Chronic Myocarditis	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation ____ Date ____	Underline the cause to which death should be charged statistically.
Major finding ____	
Finding of autopsy ____	

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature L. J. Klaarn (M. D. or other)
and Address Moscow Ida Date 11-8 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce NOV 13 1944
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 141017
Local Reg. No. 1117
Reg. Dist. No. 200

1. PLACE OF DEATH:
(a) County Latah
(b) City or town Moscow
(c) Street Address or R. F. D. No. 701 East 3rd
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home X Hospital __ Institution __ Other place __
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 42 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Latah
(c) City or town Moscow
(d) Street Address or R. F. D. No. 701 E. 3rd
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? USA
(g) How long had deceased lived in Idaho? 42 years
(h) Former residence (city, state) ____

3. (a) FULL NAME Peter P. Dahl

93d

3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife none
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) December 8, 1868

8. AGE	Years	Months	Days	If less than 1 day
	75	10	10	hrs min.

9. Exact Occupation salesman Did this work for 14 yrs.
10. Industry or Business Monument sales Date last worked ____
11. Birthplace ____ (City or town) Norway (State or foreign country)
Father
12. Name Peter P. Dahl Sr.
13. Birthplace ____ (City or town) Norway (State or foreign country)
Mother
14. Maiden name Anne Husfloen
15. Birthplace ____ (City or town) Norway (State or foreign country)
16. Informant's OWN Signature A. P. Dahl
and Address 701 East 3rd-Moscow
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 10-20-44 (Month) (Day) (Year)
(c) Place: Moscow Cemetery
18. Funeral Director's OWN Signature H. R. Short
and Address Moscow, Idaho
19. (a) 11-8-44 (Date received and filed) (b) C. J. Klaarn (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Oct. 18 1944
at 8:00 o'clock A M.
21. I HEREBY CERTIFY, That I attended deceased from Aug 18 1944 to Oct 18 1944
I last saw him alive on Oct 16 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: acute Heart failure — Duration 6 Mo
Due to chronic Myocarditis
Due to arteriosclerosis
Other conditions ____ (Include pregnancy within 3 months of death)
Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature C. J. Klaarn MSc (M. D. or other)
and Address Moscow Idaho Date 11-8 1944
(For additional space, use reverse side)

Dr Schultz 14101

United States
Department of Commerce
Bureau of the Census

NOV 13 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 14101
Local Reg. No. 1118
Reg. Dist. No. 200a

1. **PLACE OF DEATH** Latah
   (a) County
   (b) City or town Avon
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? X Outside? ____ city or town
   (e) Died in a Home X Hospital ____ Institution ____ Other place ____
   (f) Name Hosp. or Inst. ____ Stayed ____ days
   (g) Lived in this county 1 years ____ months ____ days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Latah
   (c) City or town Avon
   (d) Street Address or R. F. D. No.
   (e) Deceased lived Inside? X Outside? ____ city or town
   (f) Citizen of what country? USA
   (g) How long had deceased lived in Idaho? 1 years
   (h) Former residence (city, state) Steptoe, Wash.

3. (a) **FULL NAME** Bert A. Curtis

200a

3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Dorothea
6. (c) Age of husband or wife if alive 47 years
7. Date of Birth (Month, Day, Year) Oct. 17, 1879

8. AGE	Years	Months	Days	If less than 1 day
	65	0	2	hrs ____ min.

9. Exact Occupation Farmer — Did this work for ____ yrs.
10. Industry or Business Farming — Date last worked
11. Birthplace Ellensburg (City or town) Washington (State or foreign country)

Father
12. Name Lyman Curtis
13. Birthplace Wisconsin (City or town) (State or foreign country)

Mother
14. Maiden name Martha Swegle
15. Birthplace Salem, Oregon (City or town) (State or foreign country)

16. Informant's OWN Signature E. M. Chesnut
    and Address St. John, Wn.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 10-21-44 (Month) (Day) (Year)
    (c) Place: Thornton Wn
18. Funeral Director's OWN Signature Hall & Hunt
    and Address Moscow, Idaho
19. (a) 11-8-44 (Date received and filed) (b) L. Klaas (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Oct. 19 1944
    at 12:30 o'clock A. M.
21. **I HEREBY CERTIFY,** That I attended deceased from Oct 1 1944 to Oct 19 1944
    I last saw h[illegible] alive on Oct 19 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Acute Dilatation,	
Due to	
✓	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation ____ Date ____	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
    Occurred ____ 19____ City, county, state where violence occurred
    Place of Violence: Home ____ Farm ____ Industry ____
    Public Place ____ While at work? ____
    Means of injury
23. Attendant's OWN Signature Dan Schultz
    (M. D. or other)
    and Address Troy, Ida Date Oct 31 1944
    (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census NOV 13 1944

Certificate Of Death

STATE OF IDAHO

State File No. 14101
Local Reg. No. 1119
Reg. Dist. No. 200

1. **PLACE OF DEATH:**
(a) County Latah
(b) City or town Moscow
(c) Street Address or R.F.D. No. 710 S. Main
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Home .... Hospital X Institution .... Other place ....
(f) Name Hosp. or Inst. Gritman Stayed 2½ days
(g) Lived in this county ..... years ..... months 2½ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Latah
(c) City or town Moscow
(d) Street Address or R.F.D. No. 710 S. Main
(e) Deceased lived Inside? X Outside? ..... city or town
(f) Citizen of what country? USA
(g) How long had deceased lived in Idaho? 2½ days years
(h) Former residence (city, state) .....

3. (a) **FULL NAME** Roger Allen Swecker

160c

3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) October 21, 1944

8. AGE	Years	Months	Days	If less than 1 day
			2½	hrs min.

9. Exact Occupation none Did this work for ..... yrs.
10. Industry or Business none Date last worked .....
11. Birthplace Moscow (City or town) Idaho (State or foreign country)
Father
12. Name Loren Swecker
13. Birthplace Deary (City or town) Idaho (State or foreign country)
Mother
14. Maiden name Lucille Skow
15. Birthplace Lewiston (City or town) Idaho (State or foreign country)
16. Informant's **OWN** Signature Mr. Loren Swecker
and Address Moscow, Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 10-24-44 (Month) (Day) (Year)
(c) Place: Moscow, Idaho
18. Funeral Director's **OWN** Signature H. R. Short
and Address Moscow, Idaho
19. (a) 11-8-44 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) October 23 1944
at 12:01 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from ..... 19..., to 10-23-1944
I last saw him alive on 10-23-1944; death is said to have occurred on the date and hour stated above.
Immediate Cause of Death: asphyxia pallida (neonatorum) Duration
Due to .....
Due to Breech delivery
Other conditions .....
(Include pregnancy within 3 months of death)
Where was disease contracted? —
Name of operation — Date .....
Major finding —
Finding of autopsy —

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? — Suicide? — Homicide? —
Occurred — 19..... City, county, state where violence occurred —
Place of Violence: Home — Farm — Industry —
Public Place — While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature Joseph G. Wilson MD (M. D. or other)
and Address Moscow Ida Date 10-25-1944
(For additional space, use reverse side)

Klaarn

United States
Department of Commerce
Bureau of the Census

NOV 13 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 141023
Local Reg. No. 1120
Reg. Dist. No. 200

1. **PLACE OF DEATH:**
   (a) County Latah
   (b) City or town Moscow
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? X Outside? ____ city or town
   (e) Died in a Home ____ Hospital X Institution ____ Other place ____
   (f) Name Hosp. or Inst. U of I Infirmary Stayed 7 days
   (g) Lived in this county ____ years ____ months ____ days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Lewis
   (c) City or town Craigmont
   (d) Street Address or R. F. D. No.
   (e) Deceased lived Inside? ____ Outside? X city or town
   (f) Citizen of what country? U. S.
   (g) How long had deceased lived in Idaho? 21 years
   (h) Former residence (city, state)

3. (a) FULL NAME DELLA HELEN DOUMECQ

129

3. (b) If veteran, name war No
3. (c) Social Security No. 519-18-9251
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) April 20 1923

8. AGE	Years	Months	Days	If less than 1 day
	21	6	5	hrs min.

9. Exact Occupation Student — Did this work for ____ yrs.
10. Industry or Business ____ — Date last worked ____
11. Birthplace Whitebird, Idaho. (City or town) (State or foreign country)

Father
12. Name Charles V. Doumecq
13. Birthplace Whitebird, Idaho. (City or town) (State or foreign country)

Mother
14. Maiden name June Babe Shinn
15. Birthplace Lincoln, Nebraska (City or town) (State or foreign country)

16. Informant's OWN Signature June Doumecq
and Address Craigmont, Idaho.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 10-26-44 (Month) (Day) (Year)
(c) Place: Craigmont, Idaho.
18. Funeral Director's OWN Signature H. R. Short
and Address Moscow, Idaho
19. (a) 11-8-44 (Date received and filed) (b) C J Klaarn (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) October 25 1944
at 10:20 o'clock P.M.
21. **I HEREBY CERTIFY,** That I attended deceased from Oct 16 1944 to Oct 25 1944
I last saw her alive on Oct 25 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Peritonitis Gonnel.	4 days
Due to Blood stream septicemia.	4 days
Due to Upper Respiratory Inf	7 days
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ____ Date ____
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury
23. Attendant's OWN Signature C J Klaarn (M. D. or other)
and Address Moscow Ida Date 11-8 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

NOV 13 1944

Certificate Of Death

STATE OF IDAHO

State File No. 1410
Local Reg. No. 1121
Reg. Dist. No. 200

1. **PLACE OF DEATH:**
(a) County Latah
(b) City or town Troy
(c) Street Address or R.F.D. No. RFD # 2
(d) Death Occured Inside? ..... Outside? X city or town
(e) Died in a Home X Hospital.... Institution.... Other place....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 36 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Latah
(c) City or town Troy
(d) Street Address or R.F.D. No. # 2
(e) Deceased lived Inside? ..... Outside? X city or town
(f) Citizen of what country? Sweden
(g) How long had deceased lived in Idaho? 36 years
(h) Former residence (city, state) .....

3. (a) **FULL NAME** Per Gotfred Pearson

3. (b) If veteran, name war none
3. (c) Social Security No. 518-03-3333
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Hilma
6. (c) Age of husband or wife if alive 54 years
7. Date of Birth (Month, Day, Year) October 5, 1880

8. AGE	Years	Months	Days	If less than 1 day
	64	0	25	hrs min.

9. Exact Occupation farmer Did this work for life yrs.
10. Industry or Business farming Date last worked .....
11. Birthplace Värmeland (City or town) Sweden (State or foreign country)
Father
12. Name Per Pearson
13. Birthplace ..... (City or town) Sweden (State or foreign country)
Mother
14. Maiden name Merritt Johnson
15. Birthplace ..... (City or town) Sweden (State or foreign country)
16. Informant's **OWN** Signature Paul E. Anderson
and Address Troy, Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 11-5-44 (Month) (Day) (Year)
(c) Place: Dry Creek Cemetery
18. Funeral Director's **OWN** Signature H. R. Short
and Address Moscow, Idaho
19. (a) 11-8-44 (Date received and filed) (b) C. J. Klaarn (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Oct. 30 1944
at 3:15 o'clock ..... M.
21. **I HEREBY CERTIFY,** That I attended deceased from Mar 2 1944 to Oct 30 1944
I last saw him alive on Oct 29 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death	Duration
Angina Pectoris	
Due to Coronary obstruction	
Due to Senility	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature C. O. Armstrong M.D. (M. D. or other)
and Address Moscow Ida Date 11/4 1944
(For additional space, use reverse side)

United States
Department of Commerce
Bureau of the Census

Oct. 1 ± 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 14102
Local Reg. No.
Reg. Dist. No. 69-1

1. **PLACE OF DEATH:**
(a) County Lemhi
(b) City or town May
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? — city or town ✓
(e) Died in a Home — Hospital — Institution — Other place —
(f) Name Hosp. or Inst. — Stayed — days
(g) Lived in this county 5 years — months — days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Lemhi
(c) City or town ~~Salmon~~ May
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Outside? city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? 2 years
(h) Former residence (city, state) St Joseph Mo.

3. (a) **FULL NAME** Charles Goodin

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3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive — years
7. Date of Birth (Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	67			hrs min.

9. Exact Occupation Rancher — Did this work for — yrs.
10. Industry or Business — Date last worked May
11. Birthplace (City or town) (State or foreign country) Mo.
Father
12. Name do not know
13. Birthplace (City or town) (State or foreign country)
Mother
14. Maiden name do not know
15. Birthplace (City or town) (State or foreign country)
16. Informant's **OWN** Signature Ray McGaldrick
and Address Salmon
17. (a) (Burial, cremation, or removal) (b) Date thereof 9-11-44 (Month) (Day) (Year)
(c) Place: St Joseph Mo.
18. Funeral Director's **OWN** Signature Ray McGaldrick
and Address Salmon
19. (a) 10-11-44 (Date received and filed) (b) Otis E. Bell (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 9-10-44 19—
at 2:30 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from — 19— to — 19—
I last saw h— alive on — 19—; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — Duration
3rd Degree Burns
Due to Instant Death
Due to
Other conditions
(Include pregnancy within 3 months of death)

Where was disease contracted?
Name of operation — Date
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ✓ Suicide? Homicide?
Occurred Mayfield 9-11-44 City, county, state
where violence occurred
Place of Violence: Home Farm Industry
Public Place Store While at work? No
Means of injury Exploded Burned
23. Attendant's **OWN** Signature O L Barnes (acting coroner) (M. D. or other)
and Address Salmon Date 9-10-1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

OCT 14 1944

State File No.
Local Reg. No.
Reg. Dist. No. 690

1. PLACE OF DEATH:
(a) County Lemhi
(b) City or town Salmon
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? ✓ Outside? ____ city or town
(e) Died in a Home ✓ Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 50 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Lemhi
(c) City or town Salmon
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? ____ Outside? ____ city or town
(f) Citizen of what country? USA
(g) How long had deceased lived in Idaho? 57 years
(h) Former residence (city, state) Texas

3. (a) FULL NAME JAMES GILDEN SIMS

3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife Ella May
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) Aug 3 1872

8. AGE	Years	Months	Days	If less than 1 day
	72	1	10	hrs ____ min.

9. Exact Occupation Rancher
Did this work for Life yrs.
10. Industry or Business
Date last worked
11. Birthplace Austin, Texas
(City or town) (State or foreign country)

Father
12. Name Samuel Sims
13. Birthplace unknown
(City or town) (State or foreign country)

Mother
14. Maiden name Frances Reed
15. Birthplace unknown
(City or town) (State or foreign country)

16. Informant's OWN Signature J Howard Sims
and Address SALMON
17. (a) Burial (b) Date thereof 9-17-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: Salmon Idaho
18. Funeral Director's OWN Signature Ray McGoldrick
and Address SALMON
19. (a) 10-11-44 (b) Clio E Bellamy
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Sept 13 1944
at 12:30 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from Sept. 10 1944, to Sept. 13 1944
I last saw him alive on Sept. 13 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Minor attacks of coronory thrombosis	10 days
Due to Coronory occlusion	24 hrs.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? Salmon, Ida
Name of operation None Date
Major finding
Finding of autopsy none made

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury

23. Attendant's OWN Signature O. T. Stratton, M. D.
(M. D. or other)
and Address Salmon, Idaho Date 10/2/ 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce NOV 15 1944
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 14[illegible]
Local Reg. No.
Reg. Dist. No. 690

1. **PLACE OF DEATH:**
(a) County Lemhi
(b) City or town Salmon
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? ✓ city or town
(e) Died in a Home Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 14 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Lemhi
(c) City or town Salmon
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Outside? city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? years
(h) Former residence (city, state)

3. (a) **FULL NAME** John Allen Lee 97

3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex M
5. Color or race W
6. (a) Single, (widowed), married, divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive dead years
7. Date of Birth (Month, Day, Year) Jan 9 1862

8. AGE	Years	Months	Days	If less than 1 day
	82	9	10	hrs min.

9. Exact Occupation farmer — Did this work for Life yrs.
10. Industry or Business Rancher — Date last worked 1938
11. Birthplace Effingham, Ill. (City or town) (State or foreign country)
Father 12. Name Charles unknown
Father 13. Birthplace unknown (City or town) (State or foreign country)
Mother 14. Maiden name Lucinda unknown
Mother 15. Birthplace unknown (City or town) (State or foreign country)
16. Informant's OWN Signature Flora Harris and Address Salmon
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-21-44 (Month) (Day) (Year)
(c) Place: Salmon Idaho
18. Funeral Director's OWN Signature Ray McGoldrick and Address Salmon
19. (a) 11-13-44 (Date received and filed) (b) Chas. E. Bellamy (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 10-19-44 19
at 10 o'clock P M.

21. **I HEREBY CERTIFY,** That I attended deceased from August 1944, to October 17 1944
I last saw him alive on October 17 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Generalized arterio-sclerosis; last six months progressive mental deterioation with tremors — Duration 2 yrs
Due to suggesting paralysis agitans
Other conditions
(Include pregnancy within 3 months of death)

Where was disease contracted? Lemhi county
Name of operation none Date
Major finding
Finding of autopsy none made

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state
where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's OWN Signature O. T. Stratton (M.D. or D.O.)
and Address Salmon, Ida. Date 11/9/ 1944

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

NOV 15 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

Stratton

State File No. 141025
Local Reg. No.
Reg. Dist. No. 6-90

1. **PLACE OF DEATH:**
(a) County Lemhi
(b) City or town Salmon
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? ✓ Outside? ___ city or town
(e) Died in a Home ___ Hospital ___ Institution ___ Other place ___
(f) Name Hosp. or Inst. ___ Stayed ___ days
(g) Lived in this county 62 years ___ months ___ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under Item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Lemhi
(c) City or town Salmon
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? ___ Outside? ✓ city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 62 years
(h) Former residence (city, state) Idaho

3. (a) **FULL NAME** Charles Washington Cockrell JR. 1/31a

3. (b) If veteran, name war No
3. (c) Social Security No. 519-22-8121
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife Gertrude
6. (c) Age of husband or wife if alive 59 years
7. Date of Birth (Month, Day, Year) 11-9-1881

8. AGE	Years	Months	Days	If less than 1 day hrs / min.
	62	11	19	

9. Exact Occupation Rancher — Did this work for Life yrs.
10. Industry or Business — Date last worked
11. Birthplace Salmon, (City or town) Ida. (State or foreign country)

Father
12. Name Chas. W. Cockrell
13. Birthplace Washington D.C. (City or town) (State or foreign country)

Mother
14. Maiden name Mary E. Bell
15. Birthplace Ogden, (City or town) Utah (State or foreign country)

16. Informant's **OWN** Signature Mary Rees
and Address Salmon

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-1-44 (Month) (Day) (Year)
(c) Place: Salmon Idaho

18. Funeral Director's **OWN** Signature Ray McGoldrick
and Address Salmon

19. (a) 11-13-44 (Date received and filed) (b) Chas. E. Bellamy (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 10-28-44 19___
at 10 o'clock A M.

21. **I HEREBY CERTIFY,** That I attended deceased from 10/16 1944, to one visit 19___
I last saw him alive on October 16 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: cerebral hemorrhage, followed by hemiplegia — Duration 10/15
Due to Cardio-renal disease, arterial hypertension for 2 or more years.
Due to
Other conditions
(Include pregnancy within 3 months of death)

Where was disease contracted? Lemhi County
Name of operation none Date
Major finding
Finding of autopsy none made

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ___ Suicide? ___ Homicide? ___
Occurred ___ 19___ City, county, state where violence occurred
Place of Violence: Home ___ Farm ___ Industry ___
Public Place ___ While at work?
Means of injury

23. Attendant's **OWN** Signature O. T. Stratton (M. D. or other)
and Address Salmon, Ida. Date 11/9/44

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce NOV 1 3 1944
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 14[illegible]
Local Reg. No. 7
Reg. Dist. No. 232

1. **PLACE OF DEATH:**
(a) County Lewis
(b) City or town Craigmont
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? X city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 45 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Lewis
(c) City or town Craigmont
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Outside? X city or town
(f) Citizen of what country? U. S.
(g) How long had deceased lived in Idaho? 45 years
(h) Former residence (city, state)

3. (a) **FULL NAME** ANNA B. SEEGERS

3. (b) If veteran, name war NO
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Carl A. Seegers
6. (c) Age of husband or wife if alive 76 years
7. Date of Birth (Month, Day, Year) March 15 1864

8. AGE	Years	Months	Days	If less than 1 day
	80	6	21	hrs min.

9. Exact Occupation Housewife — Did this work for life yrs.
10. Industry or Business Own home — Date last worked
11. Birthplace San Francisco, Calif. (City or town) (State or foreign country)

Father
12. Name Peter Hauck
13. Birthplace Germany (City or town) (State or foreign country)

Mother
14. Maiden name Barbara Bower
15. Birthplace Germany (City or town) (State or foreign country)

16. Informant's OWN Signature [signature] and Address Craigmont, Idaho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-9-1944 (Month) (Day) (Year)
(c) Place: Craigmont, Idaho.
18. Funeral Director's OWN Signature C. E. Cloon and Address Craigmont, Idaho.
19. (a) Oct 7 1944 (Date received and filed) (b) C. E. Cloon (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) October 6 1944.
at 11:00 o'clock P. M.

21. **I HEREBY CERTIFY,** That I attended deceased from Sept 16 1944, to Oct 6 1944
I last saw her alive on 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Incompetent Heart with anasarca & orthopnoea	20 days
Due to ✓ Chronic endocarditis	some years
Due to —	
Other conditions — (Include pregnancy within 3 months of death)	
Where was disease contracted? —	PHYSICIAN
Name of operation — Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy —	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's OWN Signature R. E. Dunlap M D (M. D. or other)
and Address Craigmont, Ida. Date 10/7 1944.
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

NOV 6 1944

State File No. 141[illegible]
Local Reg. No. 223
Reg. Dist. No. 430

1. PLACE OF DEATH:
(a) County Lincoln
(b) City or town Shoshone
(c) Street Address or R.F.D. No. Shoshone
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Home X Hospital ..... Institution ..... Other place .....
(f) Name Hosp. or Inst. private home Stayed ..... days
(g) Lived in this county 18 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Lincoln
(c) City or town Shoshone
(d) Street Address or R.F.D. No. Shoshone
(e) Deceased lived Inside? X Outside? ..... city or town
(f) Citizen of what country? United States
(g) How long had deceased lived in Idaho? 40 years
(h) Former residence (city, state) Richfield Utah

3. (a) FULL NAME Robert H. Morris

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3. (b) If veteran, name war World War #1
3. (c) Social Security No. .....
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Vera Morris
6. (c) Age of husband or wife if alive 37 years
7. Date of Birth (Month, Day, Year) Jan. 21, 1897

8. AGE	Years	Months	Days	If less than 1 day
	47	8	29	hrs min.

9. Exact Occupation Material Engineer Did this work for 20 yrs.
10. Industry or Business (Highway Dept.) Date last worked 10/19/44
11. Birthplace Richfield, Utah (City or town) (State or foreign country)
Father
12. Name Frank H. Morris
13. Birthplace ------ Illinois (City or town) (State or foreign country)
Mother
14. Maiden name Johanna Sorensen
15. Birthplace Denmark (City or town) (State or foreign country)
16. Informant's OWN Signature Mrs Glenn R. Barker
and Address Gooding Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 10/22/44 (Month) (Day) (Year)
(c) Place: Elmwood Cem. Gooding Idaho
18. Funeral Director's OWN Signature H. P. Bright
and Address Gooding Idaho
19. (a) Oct-21-44 (Date received and filed) (b) Myrtle C. Burnett (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Oct 20 1944
at 8 o'clock 17 M.
21. **I HEREBY CERTIFY,** That I attended deceased from Aug 1943, to Oct 19 1944
I last saw him alive on Sept 1 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Coronary Occlusion	1 yr.
✓ Due to ✓	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted? ✓	
Name of operation ..... Date	
Major finding	
Finding of autopsy	

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's OWN Signature F. E. Burnett M.D. (M. D. or other)
and Address Gooding Idaho Date 10/20 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

NOV 6 1944

Certificate Of Death

STATE OF IDAHO

State File No. 141[illegible]
Local Reg. No. 222
Reg. Dist. No. 430

1. **PLACE OF DEATH:**
(a) County Lincoln
(b) City or town Shoshone
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? Outside? X city or town
(e) Died in a Home Hospital Institution Other place X
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 60 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Lincoln
(c) City or town Shoshone
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? Outside? city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 67 years
(h) Former residence (city, state) Bishop - Calif.

3. (a) **FULL NAME** Alpha Kinsey 95c

3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Luella Alice Landsborough
6. (c) Age of husband or wife if alive 42 years
7. Date of Birth (Month, Day, Year) June-16-1875

8. AGE	Years	Months	Days	If less than 1 day hrs min.

9. Exact Occupation miner & farmer Did this work for yrs.
10. Industry or Business self Date last worked
11. Birthplace Bishop - California (City or town) (State or foreign country)
Father
12. Name Henry H. Kinsey
13. Birthplace ? Indiana (City or town) (State or foreign country)
Mother
14. Maiden name Harriet Taylor ?
15. Birthplace California (City or town) (State or foreign country)
16. Informant's **OWN** Signature Lola Kinsey Remakers
and Address Shoshone Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct-29-44 (Month) (Day) (Year)
(c) Place: Shoshone - Idaho
18. Funeral Director's **OWN** Signature Myrtle C. Burdett
and Address Shoshone Idaho
19. (a) Oct-28-44 (Date received and filed) (b) Myrtle C. Burdett (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Oct. 26 1944
at 10 30 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from Oct 26 Oct 26 1944, to Oct 26 1944
I last saw him alive on Oct. 20 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Coronary Thrombosis	
Due to Cardiac Disease	
Due to Arteriosclerosis	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted? None	
Name of operation none Date —	
Major finding Arterial —	
Finding of autopsy none	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature [illegible] M.D. (M. D. or other)
and Address Shoshone Idaho Date Oct. 27 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

NOV 1 1 1944

Certificate Of Death

STATE OF IDAHO

State File No. 141029
Local Reg. No. 47
Reg. Dist. No. 630

1. PLACE OF DEATH:
(a) County Madison
(b) City or town Rexburg
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Home X Hospital ..... Institution ..... Other place
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 38 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Madison
(c) City or town Rexburg
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? X Outside? ..... city or town
(f) Citizen of what country? U/S.
(g) How long had deceased lived in Idaho? 38 years
(h) Former residence (city, state) Utah

3. (a) FULL NAME Jessie Warner Fife 61

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ben F. Fife
6. (c) Age of husband or wife if alive 66 years
7. Date of Birth (Month, Day, Year) March 3, 1882

8. AGE	Years	Months	Days	If less than 1 day
	62	7	3	hrs min.

9. Exact Occupation Housewife Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Ogden, Utah (City or town) (State or foreign country)
Father
12. Name William G. Warner
13. Birthplace Ogden, Utah (City or town) (State or foreign country)
Mother
14. Maiden name Minnie Candland
15. Birthplace Mt Pleasant, Utah (City or town) (State or foreign country)
16. Informant's OWN Signature Benjamin F. Fife
and Address Rexburg Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/10/44 (Month) (Day) (Year)
(c) Place: Rexburg
18. Funeral Director's OWN Signature Kenneth B. Thomas
and Address Rexburg, Idaho
19. (a) 10-10-44 (Date received and filed) (b) Mrs Heyburg (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Oct. 7 1944
at 6:30 o'clock P.M.
21. **I HEREBY CERTIFY,** That I attended deceased from Oct. 17 1940 to Oct 7 1944
I last saw her alive on Oct 7 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Acute Myocarditis	
Nephritis	
Due to	
Due to	
Other conditions Diabetes Mellitus (Include pregnancy within 3 months of death)	

Where was disease contracted? —
Name of operation none Date
Major finding
Finding of autopsy none

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury
23. Attendant's OWN Signature M. L. Rigby Mrs (M.D. or [illegible])
and Address Rexburg Idaho Date [illegible] 1944
(For additional space, use reverse side)

United States
Department of Commerce
Bureau of the Census

NOV 14 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 141039
Local Reg. No. 571
Reg. Dist. No. 630

1. **PLACE OF DEATH:**
   (a) County Madison
   (b) City or town Rexburg
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? ~~Outside?~~
   (e) Died in a ~~Home~~ Hospital ~~Institution~~ Other place
   (f) Name Hosp. or Inst. Sutherland Stayed days
   (g) Lived in this county years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Fremont
   (c) City or town Lamont
   (d) Street Address or R. F. D. No.
   (e) Deceased lived Inside? Outside? city or town
   (f) Citizen of what country? U.S.
   (g) How long had deceased lived in Idaho? 35 years
   (h) Former residence (city, state) ~~35~~ Michigan

3. (a) **FULL NAME** Fred C. Halsey

83a

3. (b) If veteran, name war No
3. (c) Social Security No. no
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Leda M.
6. (c) Age of husband or wife if alive 71 years
7. Date of Birth (Month, Day, Year) Apr 9 - 1869

8. AGE	Years	Months	Days	If less than 1 day
	75	5	4	hrs min.

9. Exact Occupation Farmer — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace New Haven - Mich. (City or town) (State or foreign country)

Father
12. Name Wm. Fredrick Halsey
13. Birthplace D.K. (City or town) (State or foreign country)

Mother
14. Maiden name Charlotte Lamphere
15. Birthplace D.K. (City or town) (State or foreign country)

16. Informant's **OWN** Signature Leda M Halsey
and Address Lamont - Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10 - 16 44 (Month) (Day) (Year)
(c) Place: Ashton, Idaho
18. Funeral Director's **OWN** Signature Tousley
and Address Ashton - Idaho
19. (a) 11 - 8 - 44 (Date received and filed) (b) Mae Heyrung (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Oct 13 1944
at 9:30 o'clock P. M.

21. **I HEREBY CERTIFY,** That I attended deceased from Oct 11 1944 to Oct 13 1944
I last saw him alive on Oct 13 1944 Death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebral Hemorrhage	
Due to	
Hypertension	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation none Date
Major finding
Finding of autopsy none

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature M. F. Rigby MD (M. D. or other)
and Address Rexburg Date Oct 15 1944

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

14103

United States
Department of Commerce
Bureau of the Census

NOV 14 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 48
Reg. Dist. No. 630

1. **PLACE OF DEATH:**
(a) County Madison
(b) City or town Rexburg
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home ____ Hospital X Institution ____ Other place ____
(f) Name Hosp. or Inst. H.B.Rigby Stayed 1 days
(g) Lived in this county ____ years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bingham
(c) City or town Shelley
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? U.S.
(g) How long had deceased lived in Idaho? Life years
(h) Former residence (city, state)

3. (a) **FULL NAME** Myrl Arlene Johnson

119a

3. (b) If veteran, name war ____ 3. (c) Social Security No. ____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife ____ 6. (c) Age of husband or wife if alive ____ years

7. Date of Birth (Month, Day, Year) Sept. 1, 1943

8. **AGE**

Years	Months	Days	If less than 1 day
1	1	13	hrs ____ min.

9. Exact Occupation Infant Did this work for ____ yrs.
10. Industry or Business ____ Date last worked ____
11. Birthplace Shelley (City or town) Idaho (State or foreign country)

Father
12. Name Geo. E. Johnson
13. Birthplace Helper, Utah (City or town) (State or foreign country)

Mother
14. Maiden name Leora E. Westover
15. Birthplace Rexburg, (City or town) Idaho (State or foreign country)

16. Informant's **OWN** Signature George E Johnson
and Address Shelley Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/15/44 (Month) (Day) (Year)
(c) Place: Rexburg

18. Funeral Director's **OWN** Signature Kenneth B Hansen
and Address Rexburg, Idaho

19. (a) 10-17-44 (Date received and filed) (b) Thos H Groberg (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Oct. 13 1944
at 9:00 o'clock P M.

21. **I HEREBY CERTIFY,** That I attended deceased from Oct 13 1944, to Oct 13 1944
I last saw h alive on Oct 13 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Extreme Acidosis & Dehydration — Duration ____
Due to Fermentive Diarrhea ____
Due to Improper diet ____
Other conditions ____
(Include pregnancy within 3 months of death)

Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19 ____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's **OWN** Signature H B Rigby M.D.
(M. D. or other)
and Address Rexburg Date 10-17 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

NOV 11 1944

Certificate Of Death

STATE OF IDAHO

State File No. 141032
Local Reg. No. 49
Reg. Dist. No. 630

1. **PLACE OF DEATH:**
   (a) County Madison
   (b) City or town Rexburg
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home.... Hospital X Institution.... Other place....
   (f) Name Hosp. or Inst. Sutherland Stayed ..... days
   (g) Lived in this county ..... years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State ..... (b) County .....
   (c) City or town .....
   (d) Street Address or R.F.D. No. .....
   (e) Deceased lived Inside? ..... Outside? ..... city or town
   (f) Citizen of what country? .....
   (g) How long had deceased lived in Idaho? ..... years
   (h) Former residence (city, state) .....

3. (a) **FULL NAME** Roy Hale Barrus 160C

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Male
5. Color or race W
6. (a) Single, widowed, married, divorced .....
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
				5 hrs min.

9. Exact Occupation ..... Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Rexburg Idaho (City or town) (State or foreign country)

Father
12. Name Charles Lamar Barrus
13. Birthplace Grantsville Utah (City or town) (State or foreign country)

Mother
14. Maiden name Ruth Hammond
15. Birthplace ..... (City or town) (State or foreign country)

16. Informant's **OWN** Signature Lamar Barrus
and Address Sugar City
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/15/44 (Month) (Day) (Year)
(c) Place: Sugar City
18. Funeral Director's **OWN** Signature Russel F. Lamm
and Address Rexburg Idaho
19. (a) 10-15-44 (Date received and filed) (b) Mrs H Eyoung (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Oct 14 1944
at 6:45 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from Oct 14 1944 to Oct 14 1944
I last saw him alive on Oct 14 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Prematurity	
✓ Due to of Mother	
Central	
Due to Placenta Previa	
Other conditions 7 Mos. (Include pregnancy within 3 months of death)	
Cesarean Section	
Where was disease contracted?	PHYISCIAN
Name of operation None Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy none	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature M. F. Rigby MD (M. D. or other)
and Address Rexburg Idaho Date 10/14 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

NOV 13 1944

Certificate Of Death

STATE OF IDAHO

State File No. 14033
Local Reg. No. 57
Reg. Dist. No. 451

1. **PLACE OF DEATH:**
(a) County Minidoka
(b) City or town Rupert
(c) Street Address or R.F.D. No. —
(d) Death Occured Inside? ..... Outside? X ..... city or town
(e) Died in a Home X Hospital .... Institution .... Other place ....
(f) Name Hosp. or Inst. ..... Stayed — days
(g) Lived in this county 39 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Minidoka
(c) City or town Paul
(d) Street Address or R.F.D. No. 1
(e) Deceased lived Inside? ..... Outside? X ..... city or town
(f) Citizen of what country? U. S. A.
(g) How long had deceased lived in Idaho? 39 years
(h) Former residence (city, state) Sweeden.

3. (a) **FULL NAME** Herbert Peterson.

1226

3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Male 5. Color or race W.
6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Date of Birth (Month, Day, Year) March 4th 1866

8. AGE	Years	Months	Days	If less than 1 day
	78	4	5	hrs — min.

9. Exact Occupation Farmer — Did this work for 50 yrs.
10. Industry or Business — Date last worked —
11. Birthplace Oslo (City or town) Sweeden (State or foreign country)

Father
12. Name John Peterson
13. Birthplace Sweeden (City or town) (State or foreign country)

Mother
14. Maiden name Mary — —
15. Birthplace Sweeden (City or town) (State or foreign country)

16. Informant's **OWN** Signature Orson H. Peterson
and Address Paul Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 13 44 (Month) (Day) (Year)
(c) Place: Neybourn.
18. Funeral Director's **OWN** Signature Retta L. Payne
and Address Burley Idaho.
19. (a) 11-8-44 (Date received and filed) (b) E.T. Elmore (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 9th 1944
at ..... o'clock 7.45 P.M.
21. **I HEREBY CERTIFY,** That I attended deceased from March 20 1929 to July 9 1944
I last saw him alive on July 1 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death	Duration
Intestinal Obstruction	7 hr.
Due to	
Due to	
Other conditions Paralysis Agitans (Include pregnancy within 3 months of death)	7 yr.

Where was disease contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYISICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature H. & E Dean M.D. (M. D. or other)
and Address Burley Id. Date July 12 1944
(For additional space, use reverse side)

United States
Department of Commerce OCT 21 1944
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 141[illegible]
Local Reg. No. 50
Reg. Dist. No. 450

1. **PLACE OF DEATH:**
(a) County Minidoka
(b) City or town Rupert
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? ✓ Outside? city or town
(e) Died in a Home Hospital ✓ Institution Other place
(f) Name Hosp. or Inst. Rupert Stayed 14 days
(g) Lived in this county 39 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Minidoka
(c) City or town Acequia
(d) Street Address or R. F. D. No. —
(e) Deceased lived Inside? Outside? ✓ city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 50 years
(h) Former residence (city, state)

3. (a) **FULL NAME** Adaline Eliza Whittle. 93d

3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex Fem
5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) January 29, 1864

8. AGE	Years	Months	Days	If less than 1 day
	80	7	15	hrs min.

9. Exact Occupation Housewife Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Salt Lake city (City or town) Utah (State or foreign country)
Father
12. Name Benjamin Doty
13. Birthplace unknown (City or town) (State or foreign country)
Mother
14. Maiden name Mary Jane Hoffine
15. Birthplace unknown (City or town) (State or foreign country)
16. Informant's OWN Signature Thomas L Whittle
and Address Rupert Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-18-44 (Month) (Day) (Year)
(c) Place: Rupert Idaho
18. Funeral Director's OWN Signature Rodney C Goodman
and Address Rupert Idaho
19. (a) 10-16-44 (Date received and filed) (b) E H Elmore (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Sept. 14 1944
at 9:50 o'clock A.M.
21. **I HEREBY CERTIFY,** That I attended deceased from Sept 1 1944 to Sept 14 1944
I last saw her alive on Sept 14 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Myocarditis	
Arteriosclerosis	
Due to	
Due to	
Other conditions Senility and Hemiplegia (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature F H Kenagy (M. D. or other)
and Address Rupert Date 10-1 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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United States
Department of Commerce
Bureau of the Census

OCT 21 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 49
Reg. Dist. No. 451

1. **PLACE OF DEATH:**
   (a) County minidoka
   (b) City or town Paul
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? ✓ Outside? city or town
   (e) Died in a Home ✓ Hospital Institution Other place
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county 31 years months days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County minidoka
   (c) City or town ~~Rup~~ Paul
   (d) Street Address or R. F. D. No.
   (e) Deceased lived Inside? ✓ Outside? city or town
   (f) Citizen of what country? US
   (g) How long had deceased lived in Idaho? 35 years
   (h) Former residence (city, state) nebraska

3. (a) **FULL NAME** Mary Katherina Knopp. 87d

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Henry
6. (c) Age of husband or wife if alive 59 years
7. Date of Birth (Month, Day, Year) Nov 28 1885

8. AGE	Years	Months	Days	If less than 1 day
	58	10	17	hrs min.

9. Exact Occupation Housewife. Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace (City or town) Russia (State or foreign country)

Father
12. Name George Hartung
13. Birthplace (City or town) Russia (State or foreign country)

Mother
14. Maiden name unknown
15. Birthplace (City or town) (State or foreign country)

16. Informant's OWN Signature Henry Knopp
and Address Paul Idaho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-17-44 (Month) (Day) (Year)
(c) Place: Paul Idaho
18. Funeral Director's OWN Signature Rodney C. Goodman
and Address Rupert Idaho
19. (a) 10-16-44 (Date received and filed) (b) E. Elmore (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Sept 15 1944
at 4 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from Sept 14 19 to Sept 15 19
I last saw her alive on Sept 14 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Disseminated sclerosis	20 yrs
Due to	
Due to	
Other conditions Myocarditis (Include pregnancy within 3 months of death)	2 yrs
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature F H Kenagy (M. D. or other)
and Address Rupert Date 10-10-44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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United States
Department of Commerce
Bureau of the Census

OCT 21 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 47
Reg. Dist. No. 450

1. **PLACE OF DEATH:**
(a) County Minidoka
(b) City or town Rupert
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? ✓ Outside? ✓ city or town
(e) Died in a Home Hospital ✓ Institution Other place
(f) Name Hosp. or Inst. Stayed 6 days
(g) Lived in this county 0 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Cassia
(c) City or town Almo
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? ✓ Outside? city or town
(f) Citizen of what country? US
(g) How long had deceased lived in Idaho? years
(h) Former residence (city, state)

3. (a) **FULL NAME** Bennett Joel Lloyd 119a

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race white
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) July 26 1944

8. AGE	Years	Months	Days	If less than 1 day
	0	1	25	hrs min.

9. Exact Occupation — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace Albion (City or town) Idaho (State or foreign country)
Father
12. Name Carl J Lloyd
13. Birthplace Burley (City or town) Idaho (State or foreign country)
Mother
14. Maiden name Alta Rose Mumford
15. Birthplace Raymond (City or town) Idaho (State or foreign country)
16. Informant's OWN Signature Carl J Lloyd and Address Almo Idaho
17. (a) Burial (Burial, cremation or removal) (b) Date thereof 9-24-44 (Month) (Day) (Year)
(c) Place Rodney G Goodman
18. Funeral Director's OWN Signature Almo Idaho and Address Rupert Idaho
19. (a) 10-16-44 (Date received and filed) (b) E Kelmore (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Sept 21 1944 at 5 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from 19 , to 19
I last saw h alive on 19 ; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
✓ Acute enteritis	2 weeks
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide? Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature C A Woollum MD (M. D. or other) and Address Rupert Idaho Date 9-22 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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United States
Department of Commerce
Bureau of the Census OCT. 21 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. _____
Local Reg. No. 48
Reg. Dist. No. 450

1. **PLACE OF DEATH:**
(a) County Minidoka
(b) City or town Rupert
(c) Street Address or R. F. D. No. 2
(d) Death Occurred Inside? _____ Outside? ✓ city or town
(e) Died in a Home ✓ Hospital __ Institution __ Other place __
(f) Name Hosp. or Inst. _____ Stayed _____ days
(g) Lived in this county 32 years _____ months _____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Minidoka
(c) City or town Rupert
(d) Street Address or R. F. D. No. 2
(e) Deceased lived Inside? _____ Outside? ✓ city or town
(f) Citizen of what country? U. S. A.
(g) How long had deceased lived in Idaho? 32 years
(h) Former residence (city, state) _____

3. (a) **FULL NAME** Frank Pierce Shy. 94a

3. (b) If veteran, name war No. 3. (c) Social Security No. No

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Edna 6. (c) Age of husband or wife if alive 62 years

7. Date of Birth (Month, Day, Year) June. 28. 1874

8. AGE	Years	Months	Days	If less than 1 day
	70	2	23	hrs min.

9. Exact Occupation Farmer. Did this work for _____ yrs.
10. Industry or Business _____ Date last worked _____
11. Birthplace Leon (City or town) Iowa (State or foreign country)

Father
12. Name Williams M. Shy.
13. Birthplace Delaware Co. Iowa (City or town) (State or foreign country)

Mother
14. Maiden name Josephine Lawson.
15. Birthplace Leon Iowa (City or town) (State or foreign country)

16. Informant's **OWN** Signature Edna Shy
and Address Rupert Idaho R.2.

17. (a) Burial (Burial, cremation or removal) (b) Date thereof _____ (Month) (Day) (Year)
(c) Place: Rupert Cemetery

18. Funeral Director's **OWN** Signature Sidney B. Goodman
and Address Rupert Idaho

19. (a) 10-16-944 (Date received and filed) (b) A. E. Elmore (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Sept. 21 1944
at 9:45 o'clock A. M.

21. **I HEREBY CERTIFY,** That I attended deceased from August 30 1944, to Sept 21 1944
I last saw h____ alive on _____ 19____; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Hemiplegia	10 days.
Due to _____	
✓ _____	
Due to _____	
Other conditions Coronary Thrombosis (Include pregnancy within 3 months of death)	1943 June.
Where was disease contracted? _____	PHYSICIAN
Name of operation _____ Date _____	Underline the cause to which death should be charged statistically.
Major finding _____	
Finding of autopsy _____	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? _____ Suicide? _____ Homicide? _____
Occurred _____ 19____ City, county, state where violence occurred _____
Place of Violence: Home _____ Farm _____ Industry _____
Public Place _____ While at work? _____
Means of injury _____

23. Attendant's **OWN** Signature C. C. Anderson M.D. (M. D. or other)
and Address Rupert Idaho Date 9-22 1944
(For additional space, use reverse side)

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United States
Department of Commerce
Bureau of the Census

OCT 21 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 141[illegible]
Local Reg. No. 46
Reg. Dist. No. 450

1. **PLACE OF DEATH:**
(a) County Minidoka
(b) City or town Rupert
(c) Street Address or R. F. D. No. 924 - 4th
(d) Death Occurred Inside? ✓ Outside? ____ city or town
(e) Died in a Home ✓ Hospital __ Institution __ Other place __
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 19 years 4 months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Minidoka
(c) City or town Rupert
(d) Street Address or R. F. D. No. 924 - 4th St.
(e) Deceased lived Inside? ✓ Outside? ____ city or town
(f) Citizen of what country? U. S. A.
(g) How long had deceased lived in Idaho? 19 years
(h) Former residence (city, state) Tennessee

3. (a) **FULL NAME** Eudie Brown White. 162 b.

3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex Fem
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife George
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) Sept. 25, 1853

8. AGE	Years	Months	Days	If less than 1 day
	91	0	3	hrs min.

9. Exact Occupation Housewife Did this work for ____ yrs.
10. Industry or Business ____ Date last worked ____
11. Birthplace Browns Mill, Tennessee (City or town) (State or foreign country)
Father
12. Name Reps Osborne Brown
13. Birthplace unknown (City or town) (State or foreign country)
Mother
14. Maiden name Mary Smith
15. Birthplace Tascasoa, Tennessee (City or town) (State or foreign country)
16. Informant's OWN Signature Dana W. Cowell
and Address Rupert Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Sept 30 (Month) (Day) (Year)
(c) Place: Murfreeboro, Tenn.
18. Funeral Director's OWN Signature Rodney S. Goodman
and Address Rupert Idaho
19. (a) 10-16-44 (Date received and filed) (b) E. H. Elmore (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Sept. 28 1944
at 7:50 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from ____ 19__, to ____ 19__
I last saw h____ alive on ____ 19__; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration
Senility (91 years)
Due to ____
Due to ____
Other conditions ____
(Include pregnancy within 3 months of death)
Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature C. A. Werlhuer MD (M. D. or other)
and Address 9-29-44 Date ____ 19__
(For additional space, use reverse side)
Rupert, Idaho

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

141039

United States
Department of Commerce OCT 21 1944
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 141039
Local Reg. No. 45
Reg. Dist. No. 450

1. **PLACE OF DEATH:**
(a) County Minidoka
(b) City or town Rupert
(c) Street Address or R. F. D. No. ~~1006 7th St~~
(d) Death Occurred Inside? ✓ Outside? ____ city or town
(e) Died in a Home __ Hospital ✓ Institution __ Other place __
(f) Name Hosp. or Inst. Rupert Gen Stayed 5 days
(g) Lived in this county 8 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Minidoka
(c) City or town Rupert
(d) Street Address or R. F. D. No. 1006 7th
(e) Deceased lived Inside? ✓ Outside? ____ city or town
(f) Citizen of what country? U.S.
(g) How long had deceased lived in Idaho? 8 years
(h) Former residence (city, state) Big Springs Neb.

3. (a) **FULL NAME** Keith Emmett Hoover 80b

3. (b) If veteran, name war ____
3. (c) Social Security No. 519-24-3444
4. Sex M
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife ____
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) July 28 1926

8. AGE	Years	Months	Days	If less than 1 day
	18	2	5	hrs min.

9. Exact Occupation Student Did this work for ____ yrs.
10. Industry or Business ____ Date last worked ____
11. Birthplace Big Springs (City or town) Nebraska (State or foreign country)
Father
12. Name Gordon B Hoover
13. Birthplace Big Springs (City or town) Nebraska (State or foreign country)
Mother
14. Maiden name Elma C Steger
15. Birthplace Alton (City or town) Missouri (State or foreign country)
16. Informant's OWN Signature Gordon B Hoover
and Address Rupert Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-6-44 (Month) (Day) (Year)
(c) Place: Rupert Cemetery
18. Funeral Director's OWN Signature Rodney S Goodman
and Address Rupert Idaho
19. (a) 10-17-44 (Date received and filed) (b) E H Elmore (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Oct. 3 1944
at 7:30 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from Sept. 27 1944, to Oct. 3 1944
I last saw him alive on Oct. 3 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death	Duration
Acute Encephalitis	6 days
Due to Virus Infection	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? at home
Name of operation none Date ____
Major finding ____
Finding of autopsy Congested cortical brain tissue, Granulations & adhesions

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature E H Elmore (M. D. or other)
and Address Rupert Ida Date 10-17 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

14104

United States
Department of Commerce
Bureau of the Census

OCT. 21 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 51
Reg. Dist. No. 450

1. **PLACE OF DEATH:**
(a) County Minidoka
(b) City or town Rupert
(c) Street Address or R. F. D. No. 326 - 6th St.
(d) Death Occurred Inside? ✓ Outside? ____ city or town
(e) Died in a Home ____ Hospital ✓ Institution ____ Other place ____
(f) Name Hosp. or Inst. Rupert. Stayed 21 days
(g) Lived in this county 38 years ____ months ____ days.
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Minidoka
(c) City or town Rupert
(d) Street Address or R. F. D. No. 326 - 6th St.
(e) Deceased lived Inside? ✓ Outside? ____ city or town
(f) Citizen of what country? U S A.
(g) How long had deceased lived in Idaho? 38 years
(h) Former residence (city, state) ____

3. (a) **FULL NAME** William Lee Hale

93 Q

3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Anna Louise
6. (c) Age of husband or wife if alive 69 years
7. Date of Birth (Month, Day, Year) February 18 1881

8. AGE	Years	Months	Days	If less than 1 day
	63	7	16	hrs ____ min. ____

9. Exact Occupation Merchant Did this work for ____ yrs.
10. Industry or Business ____ Date last worked ____
11. Birthplace Deerfield (City or town) Missouri (State or foreign country)
Father
12. Name John L. Hale
13. Birthplace ____ (City or town) unknown (State or foreign country)
Mother
14. Maiden name Annie Dunn
15. Birthplace ____ (City or town) unknown (State or foreign country)
16. Informant's **OWN** Signature Anna Louise Hale and Address Rupert Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-7-44 (Month) (Day) (Year)
(c) Place: Rupert Cemetery
18. Funeral Director's **OWN** Signature Rodney E Hardman and Address Rupert Idaho
19. (a) 10-17-44 (Date received and filed) (b) E H Fehrmore (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Oct. 4 1944
at ____ o'clock ____ M.

21. **I HEREBY CERTIFY,** That I attended deceased from Sept. 14 1944 to Oct. 4 1944
I last saw ~~him~~ alive on Oct. 4 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Myocarditis — Duration 3 days.
Due to Cerebral Hemorrhage (Small) — 2 weeks
Due to ____
Other conditions Arteriosclerosis
(Include pregnancy within 3 months of death)

Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's **OWN** Signature E H Fehrmore (M. D. or other)
and Address Rupert Ida. Date 10-17 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

NOV 13 1944

Certificate Of Death

STATE OF IDAHO

State File No. 141041
Local Reg. No. 59
Reg. Dist. No. 450

1. PLACE OF DEATH:
(a) County Minidoka
(b) City or town Heyburn
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? Outside? X city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 6 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Minidoka
(c) City or town Heyburn
(d) Street Address or R.F.D. No. R.
(e) Deceased lived Inside? Outside? X city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 34 years
(h) Former residence (city, state) Utah

3. (a) FULL NAME Mahala Elwood Harwood 93 d

3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or ~~wife~~ Samuel
6. (c) Age of husband or wife if alive 76 years
7. Date of Birth (Month, Day, Year) 11/22/1872

8. AGE	Years	Months	Days	If less than 1 day
	71	10	18	hrs min.

9. Exact Occupation Housewife Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Spexhall England (City or town) (State or foreign country)
Father
12. Name Wm Elwood
13. Birthplace Spexhall England (City or town) (State or foreign country)
Mother
14. Maiden name Page
15. Birthplace Spexhall England (City or town) (State or foreign country)
16. Informant's OWN Signature X O. G. Harwood
and Address Heyburn Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/14/-44 (Month) (Day) (Year)
(c) Place: Heyburn Idaho
18. Funeral Director's OWN Signature J. Forrest Weaver
and Address Burley Idaho
19. (a) 11-10-44 (Date received and filed) (b) C. H. Elmore (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Oct. 10 1944
at 10 o'clock o'clock P M.

21. I HEREBY CERTIFY, That I attended deceased from Feb 2 1942, to Oct 10 1944
I last saw her alive on Oct 10 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Acute Edema of lungs	1 day
Due to Myocarditis	2 yrs.
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYISCIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's OWN Signature Hugh E Dean M.D. (M. D. or other)
and Address Burley Id Date Nov 1 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

NOV 13 1944

Certificate Of Death

STATE OF IDAHO

State File No. 141042
Local Reg. No. 53
Reg. Dist. No. 450

1. **PLACE OF DEATH:**
(a) County Minidoka
(b) City or town Rupert
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? ✓ Outside? ..... city or town
(e) Died in a Home.... Hospital ✓ Institution ... Other place....
(f) Name Hosp. or Inst. Rupert General Stayed 4 days
(g) Lived in this county ..... years ..... months 4 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Cassia
(c) City or town Malta
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? ..... Outside? ✓ city or town
(f) Citizen of what country? U.S.
(g) How long had deceased lived in Idaho? 25 years
(h) Former residence (city, state) —

3. (a) **FULL NAME** Lillie Margaret McGraw 121

3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Female
5. Color or race W.
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Francis C. McGraw
6. (c) Age of husband or wife if alive 64 years
7. Date of Birth (Month, Day, Year) June 24, 1887

8. AGE	Years	Months	Days	If less than 1 day
	57	3	22	hrs min.

9. Exact Occupation At Home Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Lincoln, Nebraska (City or town) (State or foreign country)
Father
12. Name James Allen McDonald
13. Birthplace no data, Missouri (City or town) (State or foreign country)
Mother
14. Maiden name Katie Rosewurm
15. Birthplace no data, New York (City or town) (State or foreign country)
16. Informant's **OWN** Signature Alice McGraw Powers
and Address Sublett, Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 10-17-44 (Month) (Day) (Year)
(c) Place: Burley, Idaho
18. Funeral Director's **OWN** Signature Vern B. McCulloch
and Address Burley, Idaho
19. (a) 10-28-44 (Date received and filed) (b) E. H. Elmore (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) October 17 1944
at 5:50 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from Oct 11 1944, to Oct 17 1944
I last saw her alive on Oct 16 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration
~~Carcinoma of Thyroid~~ ~~6 mo.~~
~~Due to~~ Ruptured appendix 12 days.
Due to .....
Other conditions Surgery Oct 17th.
(Include pregnancy within 3 months of death)
Where was disease contracted?
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature O. A. Moellmer (M. D. or other)
and Address Rupert Idaho Date 10-27 1944
(For additional space, use reverse side)

141[illegible]

United States
Department of Commerce
Bureau of the Census NOV 13 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 55
Reg. Dist. No. 450

1. **PLACE OF DEATH:**
(a) County Minidoka
(b) City or town Rupert
(c) Street Address or R. F. D. No. 324 - 3rd St.
(d) Death Occurred Inside? ✓ Outside? city or town
(e) Died in a Home ✓ Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 0 years 5 months 0 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Minidoka
(c) City or town Rupert
(d) Street Address or R. F. D. No. 324 - 3rd St
(e) Deceased lived Inside? ✓ Outside? city or town
(f) Citizen of what country? USA
(g) How long had deceased lived in Idaho? 5 mo years
(h) Former residence (city, state)

3. (a) **FULL NAME** Beverly Gwen Benson. 66.6

3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex Fem. 5. Color or race White
6. (a) Single, widowed, married, divorced Child
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Date of Birth (Month, Day, Year) May 21 - 1944

8. AGE	Years	Months	Days	If less than 1 day
	0	4	29	hrs min.

9. Exact Occupation Child. Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Rupert (City or town) Idaho (State or foreign country)
Father
12. Name Hermany Benson
13. Birthplace Valley Springs (City or town) South Dakota (State or foreign country)
Mother
14. Maiden name Amelia May Simpson
15. Birthplace Downey (City or town) Idaho (State or foreign country)
16. Informant's OWN Signature H W Benson
and Address Rupert Idaho
17. (a) removal (Burial, cremation, or removal) (b) Date thereof 10-23-44 (Month) (Day) (Year)
(c) Place: Idaho Falls Idaho
18. Funeral Director's OWN Signature Rodney G Goodman
and Address Rupert Idaho
19. (a) 11-4-44 (Date received and filed) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Oct. 20 1944
at o'clock M.
21. **I HEREBY CERTIFY,** That I attended deceased from 19, to 19
I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Celiac Disease — Duration 4 months
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature [illegible] (M. D. or other)
and Address Rupert Date 10-21 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

14-1084

United States
Department of Commerce NOV 13 1944
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 54
Reg. Dist. No. 450

1. **PLACE OF DEATH:**
(a) County Magdalena
(b) City or town Rupert
(c) Street Address or R. F. D. No. 220 Maple St
(d) Death Occurred Inside? Outside? city or town
(e) Died in a Home Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Magdalena
(c) City or town Rupert
(d) Street Address or R. F. D. No. 220 Maple
(e) Deceased lived Inside? Outside? city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 2 years
(h) Former residence (city, state) Idaho

3. (a) **FULL NAME** William Benjamin Darnell 183

3. (b) If veteran, name war No
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) June 6. 1942.

8. AGE	Years	Months	Days	If less than 1 day
	2	4	21	hrs min.

9. Exact Occupation Child
Did this work for yrs.
10. Industry or Business
Date last worked
11. Birthplace Rupert (City or town) Idaho (State or foreign country)
Father
12. Name George W. Darnell
13. Birthplace Columbus Ohio (City or town) (State or foreign country)
Mother
14. Maiden name Betty A. Moore
15. Birthplace St Anthony Idaho (City or town) (State or foreign country)
16. Informant's OWN Signature George W. Darnell and Address Rupert, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-26-44 (Month) (Day) (Year)
(c) Place: Rupert Cemetery
18. Funeral Director's OWN Signature Rodney E. Goodman and Address Rupert Idaho
19. (a) 11-4-44 (Date received and filed) (b) A. E. Elmore (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Oct. 23 1944
at o'clock M.

21. **I HEREBY CERTIFY,** That I attended deceased from 19, to 19
I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Due to Drowning	
Due to accident	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place Canal While at work?
Means of injury

23. Attendant's OWN Signature Adam Goodman (M.D. or other)
and Address Rupert Idaho Date 10-[illegible] 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census NOV 14 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 1[illegible]045
Local Reg. No. 250
Reg. Dist. No. 220

1. **PLACE OF DEATH:**
(a) County Nez Perce
(b) City or town Lewiston
(c) Street Address or R. F. D. No. [illegible]
(d) Death Occurred Inside? In Outside? ____ city or town
(e) Died in a Home __ Hospital # Institution __ Other place __
(f) Name Hosp. or Inst. St Joseph Stayed ____ days
(g) Lived in this county 2½ years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Nez Perce
(c) City or town Lewiston
(d) Street Address or R. F. D. No. 222 21st, Street
(e) Deceased lived Inside? In Outside? ____ city or town
(f) Citizen of what country? ____
(g) How long had deceased lived in Idaho? 15 years
(h) Former residence (city, state) ____

3. (a) FULL NAME Mattie Jane Robertson

95c

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Harry
6. (c) Age of husband or wife if alive 75 years
7. Date of Birth (Month, Day, Year) May 8th, 1874

8. AGE	Years	Months	Days	If less than 1 day
	70	2	26	hrs min.

9. Exact Occupation At home Did this work for ____ yrs.
10. Industry or Business ____ Date last worked ____
11. Birthplace Richland (City or town) Iowa (State or foreign country)
Father
12. Name Gooding Lowe
13. Birthplace ____ (City or town) North Carolina (State or foreign country)
Mother
14. Maiden name Elitia Wheeler
15. Birthplace ____ (City or town) Ohio (State or foreign country)
16. Informant's OWN Signature Mrs Mae Stapleton
and Address Lewiston, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-9-44 (Month) (Day) (Year)
(c) Place: Lewiston, Idaho
18. Funeral Director's OWN Signature Brower-Wann Co. By R B Wann
and Address Lewiston, Idaho
19. (a) Nov. 6, 1944 (Date received and filed) (b) Ruth E. Reid (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) August 4th, 1944 19__
at ____ o'clock ____ M.
21. **I HEREBY CERTIFY,** That I attended deceased from ____ 19__ to Aug. 4, 1944
I last saw her alive on Aug. 4, 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Congestive heart disease.	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation ____ Date ____	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature A. J. White M.D. (M. D. or other)
and Address Lewiston, Id. Date 8-15-1944
(For additional space, use reverse side)

Dr. A 8 [illegible]

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census NOV 14 1944

Certificate Of Death

STATE OF IDAHO

State File No. 141046
Local Reg. No. 236
Reg. Dist. No. 220

1. **PLACE OF DEATH:**
   (a) County Nez Perce
   (b) City or town Lewiston
   (c) Street Address or R. F. D. No.
   (d) Death Occured Inside? ✓ Outside? ..... city or town
   (e) Died in a Home.... Hospital ✓ Institution.... Other place....
   (f) Name Hosp. or Inst. / Stayed ..... days
   (g) Lived in this county 2 years ..... months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Nez Perce
   (c) City or town Lewiston
   (d) Street Address or R.F.D. No. 1226 - 15th Ave
   (e) Deceased lived Inside? ✓ Outside? ..... city or town
   (f) Citizen of what country? U S A
   (g) How long had deceased lived in Idaho? 16 years
   (h) Former residence (city, state) .....

3. (a) **FULL NAME** Daniel C. Thompson

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) 8 - 1 - 1863

8. AGE	Years	Months	Days	If less than 1 day
	81	0	29	hrs min.

9. Exact Occupation retired — Did this work for ..... yrs.
10. Industry or Business laborer — Date last worked 1942
11. Birthplace Franklinville N. Y. (City or town) (State or foreign country)

Father
12. Name Frank L Thompson
13. Birthplace Vermont (City or town) (State or foreign country)

Mother
14. Maiden name Elizabeth Perry
15. Birthplace Scotland (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mrs Geo. Steiner
and Address 1226 - 15th Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-5-44 (Month) (Day) (Year)
(c) Place: Lewiston, Idaho

18. Funeral Director's **OWN** Signature Vassar-Rawls-V. Vassar
and Address Lewiston, Idaho

19. (a) Oct. 23 1944 (Date received and filed) (b) Curtis Smith (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 8-30 19 44
at 8:45 o'clock a. M.

21. **I HEREBY CERTIFY,** That I attended deceased from June 8 19 44, to Aug. 30 19 44
I last saw him alive on Aug. 29th 19 44; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Uremic Coma.	
Due to Cardio Vascular Renal Disease.	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYISICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature J. Tomlinson (M. D. or other)
and Address [illegible] Date 10-12 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

To Thompson

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

NOV 14 1944

Certificate Of Death

STATE OF IDAHO

State File No. 141047
Local Reg. No. 239
Reg. Dist. No. 220

1. PLACE OF DEATH:
(a) County Nez Perce
(b) City or town Lewiston
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? In Outside? city or town
(e) Died in a Home Hospital# Institution Other place
(f) Name Hosp. or Inst. St. Joseph Stayed days
(g) Lived in this county years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Boundary
(c) City or town Bonners Ferry
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? Outside? city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? years
(h) Former residence (city, state)

3. (a) **FULL NAME** Madeline T. W. Miller 131a

3. (b) If veteran, name war None
3. (c) Social Security No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife W.E.Miller
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) November 11th, 1871

8. AGE	Years	Months	Days	If less than 1 day
	72	9	24	hrs min.

9. Exact Occupation Housewife — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace Columbus (City or town) Nebraska (State or foreign country)

Father
12. Name Joseph Champion Tiffany
13. Birthplace New York (City or town) (State or foreign country)

Mother
14. Maiden name Emily Jane Brown
15. Birthplace New York (City or town) (State or foreign country)

16. Informant's **OWN** Signature W. T. Miller
and Address Bonners Ferry, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/7/1944 (Month) (Day) (Year)
(c) Place: Lewiston, Idaho

18. Funeral Director's **OWN** Signature L. B. Mann
and Address Lewiston, Idaho

19. (a) Oct. 31, 1944 (Date received and filed) (b) Ruth E. Keith (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) September 5th, 1944 19
at 4:45 o'clock P. M.

21. **I HEREBY CERTIFY**, That I attended deceased from 6-15-1944 19, to 9-5-1944 19
I last saw h.. alive on 9-5-1944 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Ruptured cardiac compensation	3 days
Due to Chronic interstitial nephritis	20 yrs.
Due to	
✓ Other conditions Generalized edema. (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYISCIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature H. Payne, M.D. (M. D. or other)
and Address Lewiston, Ida. Date 10/3- 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

NOV 1 4 [illegible]

NON-RESIDENT
Certificate Of Death
STATE OF IDAHO

State File No. 141048
Local Reg. No. 210
Reg. Dist. No. 220

1. **PLACE OF DEATH:**
(a) County Nez Perce
(b) City or town Lewiston
(c) Street Address or R.F.D. No. St. Joesph Hosp.
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Home ..... Hospital X Institution ..... Other place .....
(f) Name Hosp. or Inst. St. Joesph Stayed 63 days
(g) Lived in this county ..... years ..... months 63 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Washington (b) County Asotin
(c) City or town Clarkston
(d) Street Address or R.F.D. No. 630 6th St.
(e) Deceased lived Inside? X Outside? ..... city or town
(f) Citizen of what country? Untied States
(g) How long had deceased lived in Idaho? 9 weeks years
(h) Former residence (city, state) Clarkston, Wn

3. (a) **FULL NAME** Bertha Lee Meeker Bertha Lee Meeker 49d

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex female 5. Color or race white
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife deceased
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) Oct. 9, 1867

8. AGE	Years	Months	Days	If less than 1 day
	76	11	11	hrs min.

9. Exact Occupation housewife Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Blue Creek, Ohio (City or town) (State or foreign country)
Father
12. Name John Wintersteen
13. Birthplace Adams County Ohio (City or town) (State or foreign country)
Mother
14. Maiden name Clara Brooks
15. Birthplace ..... Ohio (City or town) (State or foreign country)
16. Informant's OWN Signature Mrs D.C. Oliver
and Address Rte 1 Lewiston
17. (a) removal (Burial, cremation, or removal) (b) Date thereof 9/20/44 (Month) (Day) (Year)
(c) Place: Clarkson, Washington
18. Funeral Director's OWN Signature H R Merchant
and Address Clarkston, Washington
19. (a) Sept. 21 1944 (Date received and filed) (b) Ruth E. Keith (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH 9/20

20. **DATE OF DEATH** (Month, Day, Year) September 20, 1944 at 5:30 o'clock A.M.
21. **I HEREBY CERTIFY,** That I attended deceased from July 1 1944, to Sept 20 1944 I last saw her alive on Sept 19 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Carcinoma Vulva with metastases in abdomen	2 yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? Clarkston Wn
Name of operation none Date .....
Major finding .....
Finding of autopsy none made

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's OWN Signature E G Braddock MD (M. D. or other)
and Address Lewiston Idaho Date 9-21 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

NOV 14 1944

Certificate Of Death

STATE OF IDAHO

State File No. 14104
Local Reg. No. 240
Reg. Dist. No. 220

1. **PLACE OF DEATH:**
   (a) County Nez Perce
   (b) City or town Lewiston
   (c) Street Address or R.F.D. No. 310 12th, Street
   (d) Death Occured Inside? In Outside? ....city or town
   (e) Died in a Home # Hospital.... Institution ... Other place....
   (f) Name Hosp. or Inst..... Stayed.....days
   (g) Lived in this county 23 years .....months .....days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Nez Perce
   (c) City or town Lewiston,
   (d) Street Address or R.F.D. No. 310 12th, Street
   (e) Deceased lived Inside? In Outside? ....city or town
   (f) Citizen of what country? .....
   (g) How long had deceased lived in Idaho? 23 years
   (h) Former residence (city, state) .....

3. (a) **FULL NAME** Lou Renia Jones

53 d

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Glen
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) Not known

8. AGE	Years	Months	Days	If less than 1 day
	About 50	No record		hrs min.

9. Exact Occupation Housewife — Did this work for .....yrs.
10. Industry or Business — Date last worked .....
11. Birthplace ..... North Carolina (City or town) (State or foreign country)

Father
12. Name James Padgett
13. Birthplace ..... North Carolina (City or town) (State or foreign country)

Mother
14. Maiden name Hepton Bowder
15. Birthplace ..... Tenn. (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mrs Lou Jones
and Address Lewiston, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/27/1944 (Month) (Day) (Year)
(c) Place: Lewiston, Idaho

18. Funeral Director's **OWN** Signature R. B. Mann
and Address Lewiston, Idaho

19. (a) Oct. 31, 1944. (Date received and filed) (b) Ruth E. Keith (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) September 24th, 1944 19
at 4:00 o'clock P. M.

21. **I HEREBY CERTIFY**, That I attended deceased from ..... 19 43 to Sept 1944
I last saw her alive on 9-20 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Left Hemiplegia — Duration
Due to .....
Due to .....
Other conditions (Include pregnancy within 3 months of death) .....
Where was disease contracted? .....
Name of operation None Date .....
Major finding .....
Finding of autopsy no autopsy

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature J. M. Lyle (M. D. or other)
and Address Lewiston Date 10-2 1944

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

NOV 14 1944

NON-RESIDENT
Certificate Of Death

STATE OF IDAHO

State File No. 141050
Local Reg. No. 211
Reg. Dist. No. 220

1. **PLACE OF DEATH:**
   (a) County Nezperce
   (b) City or town Lewiston Ida
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? X Outside? city or town
   (e) Died in a Home Hospital X Institution Other place
   (f) Name Hosp. or Inst. St Joseph Stayed 2 days
   (g) Lived in this county years months 2 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Wash (b) County Asotin
   (c) City or town Clarkston
   (d) Street Address or R.F.D. No. 1321 Chestnut
   (e) Deceased lived Inside? X Outside? city or town
   (f) Citizen of what country? U S of America
   (g) How long had deceased lived in Idaho? 2 days years
   (h) Former residence (city, state)

3. (a) **FULL NAME** Thomas Woods Lukens

94a

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Margaret Wheldar
6. (c) Age of husband or wife if alive 43 years
7. Date of Birth (Month, Day, Year) May 31, 1893

8. AGE	Years	Months	Days	If less than 1 day
	51	3	24	hrs min.

9. Exact Occupation Pharmacist Did this work for yrs.
10. Industry or Business Owner of Drug Store Date last worked
11. Birthplace Kenseaw, Nebr, (City or town) (State or foreign country)

Father
12. Name Levi K. Lukins
13. Birthplace Springfield, Ill. (City or town) (State or foreign country)

Mother
14. Maiden name Liddie Tonslin
15. Birthplace New Jersey (City or town) (State or foreign country)

16. Informant's OWN Signature [signature]
and Address 1022-2nd St
17. (a) removal (Burial, cremation, or removal) (b) Date thereof 9/24/44 (Month) (Day) (Year)
(c) Place: Clarkston, Wash/
18. Funeral Director's OWN Signature Clarkston, Wash
and Address [signature]
19. (a) Sept 25 1944 (Date received and filed) (b) Ruth E. Keith (Registrar's signature) FD

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Sept. 24 1944
at 3:40 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from Sept. 21st 1944 to Sept. 24 1944,
I last saw him alive on Sept 24 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cardiac Failure	
Due to Ht Heart	
Due to Coronary disease	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted? at home	PHYISCIAN Underline the cause to which death should be charged statistically.
Name of operation none Date	
Major finding none	
Finding of autopsy not done	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred not at home 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury none
23. Attendant's OWN Signature Joseph C. Bedford (M. D. or other)
and Address 707 11th St Date 9/24 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census NOV 14 1944

Certificate Of Death

STATE OF IDAHO

State File No. 141051
Local Reg. No. 241
Reg. Dist. No. 220

1. **PLACE OF DEATH:**
(a) County Nez Perce
(b) City or town Lewiston
(c) Street Address or R.F.D. No. 507 Park Street
(d) Death Occured Inside? In Outside? ..... city or town
(e) Died in a Home # Hospital ..... Institution ..... Other place .....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 38 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Nez Perce
(c) City or town Lewiston
(d) Street Address or R.F.D. No. 507 Park St.
(e) Deceased lived Inside? In Outside? ..... city or town
(f) Citizen of what country? .....
(g) How long had deceased lived in Idaho? 38 years
(h) Former residence (city, state) .....

3. (a) **FULL NAME** Lillie M. Dick

94a

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ---- years
7. Date of Birth (Month, Day, Year) November 29th, 1867

8. AGE	Years	Months	Days	If less than 1 day
	76	10	25	hrs min.

9. Exact Occupation At home Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Fon duLac (City or town) Wisconsin (State or foreign country)
Father
12. Name James Dirks
13. Birthplace ..... (City or town) Germany (State or foreign country)
Mother
14. Maiden name Anna Dern
15. Birthplace ..... (City or town) Germany (State or foreign country)
16. Informant's **OWN** Signature [signature]
and Address Yakima, Washington
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/7.1944 (Month) (Day) (Year)
(c) Place: Lewiston, Idaho
18. Funeral Director's **OWN** Signature [signature]
and Address Lewiston, Idaho
19. (a) Oct. 31, 1944 (Date received and filed) (b) Ruth E. Keith (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) October 4th, 1944 19.....
at ..... o'clock ..... M.
21. **I HEREBY CERTIFY,** That I attended deceased from ..... 19....., to ..... 19.....
I last saw h..... alive on ..... 19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Died in bed evidently while asleep	
Due to Probably to Coronary Occlusion	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYISCIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature [signature] coroner (M. D. or other)
and Address Lewiston, Idaho Date 10/5/44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

NON-RESIDENT
Certificate Of Death
STATE OF IDAHO

NOV 14 1944

State File No. 141052
Local Reg. No. 223
Reg. Dist. No. 220

1. **PLACE OF DEATH:**
(a) County Nezperce
(b) City or town Lewiston
(c) Street Address or R.F.D. No. White's Hosp.
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Home.... Hospital X Institution.... Other place....
(f) Name Hosp. or Inst. White's Stayed ..... days
(g) Lived in this county ..... years ..... months 3 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Wash (b) County Asotin
(c) City or town Clarkston
(d) Street Address or R.F.D. No. 5th & Sycamore
(e) Deceased lived Inside? X Outside? ..... city or town
(f) Citizen of what country? U.S. of America
(g) How long had deceased lived in Idaho? 3 Days — years
(h) Former residence (city, state) Clarkston, Wash

3. (a) **FULL NAME** Samuel Ramsey 93a

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) Sept 29, 1857

8. AGE	Years	Months	Days	If less than 1 day
	87		5	hrs min.

9. Exact Occupation Retired Merchant Did this work for ..... yrs.
10. Industry or Business Second Hand Store Date last worked 1936
11. Birthplace Wisconsin (City or town) (State or foreign country)

Father
12. Name George Ramsey
13. Birthplace Ohio (City or town) (State or foreign country)

Mother
14. Maiden name Louisa Stanley
15. Birthplace Ohio (City or town) (State or foreign country)

16. Informant's **OWN** Signature Asotin County Welfare
and Address Clarkston, Wash.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 10/4/44 (Month) (Day) (Year)
(c) Place: Clarkston, Wash.
18. Funeral Director's **OWN** Signature H. R. Merchant
and Address Clarkston, Wash.
19. (a) Oct 4, 1944 (Date received and filed) (b) Ruth E. Kelly (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Oct 4 1944
at 9:30 o'clock A.M.
21. **I HEREBY CERTIFY**, That I attended deceased from Sept 30 1944, to Oct 4 1944
I last saw him alive on Oct 3 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Due to Cerebral Hemorrhage	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYISICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature E. L. White (M. D. or other)
and Address Lewiston Ida. Date 10-4 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

NOV 14 1944

NON-RESIDENT
Certificate Of Death

STATE OF IDAHO

State File No. 141053
Local Reg. No. 229
Reg. Dist. No. 220

1. **PLACE OF DEATH:**
   (a) County Nezperce
   (b) City or town Lewiston Idaho
   (c) Street Address or R.F.D. No. M 736 Blvd
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home.... Hospital X Institution.... Other place....
   (f) Name Hosp. or Inst. St Joseph Stayed ..... days
   (g) Lived in this county ..... years ..... months 4 ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Wash. (b) County Asotin
   (c) City or town Clarkston
   (d) Street Address or R.F.D. No. 736 Blvd
   (e) Deceased lived Inside? X Outside? ..... city or town
   (f) Citizen of what country? U S of Amer
   (g) How long had deceased lived in Idaho? 4 Days
   (h) Former residence (city, state) Clarkston Wash

3. (a) **FULL NAME** August Peterson 83a

3. (b) If veteran, name war .....
3. (c) Social Security No. 531-18-1946
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Selma Carlson
6. (c) Age of husband or wife if alive 66 years
7. Date of Birth (Month, Day, Year) Jan 7 1872

8. AGE	Years	Months	Days	If less than 1 day
	72	9	1	hrs ..... min.

9. Exact Occupation Retired Lumberman — Did this work for ..... yrs.
10. Industry or Business ..... — Date last worked .....
11. Birthplace Smoland (City or town) Sweden (State or foreign country)

Father
12. Name John Peter Johnson
13. Birthplace Smoland (City or town) Sweden (State or foreign country)

Mother
14. Maiden name Stina Kiesa (Not Known)
15. Birthplace Smoland (City or town) Sweden (State or foreign country)

16. Informant's **OWN** Signature Mrs Paul W Johnson
and Address Clarkston, Wash.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 10/8/44 (Month) (Day) (Year)
(c) Place: Clarkston, Wash.

18. Funeral Director's **OWN** Signature A R Merchant
and Address Clarkston, Wash.

19. (a) Oct 9 1944 (Date received and filed) (b) Curtis S Keith (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Oct 8 1944
at 3:45 o'clock a M.

21. **I HEREBY CERTIFY**, That I attended deceased from March 12 1944 to Oct 8 1944
I last saw him alive on Oct 7 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebral Hemorrhage	6 Mo.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature Paul W Johnson (M. D. or other)
and Address Clarkston Wn Date Oct 8 1944
(For additional space, use reverse side)

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 141054
Local Reg. No. 244
Reg. Dist. No. 220

NOV 14 1944

1. PLACE OF DEATH:
(a) County Nez Perce
(b) City or town Lewiston
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Home.... Hospital X Institution.... Other place....
(f) Name Hosp. or Inst. St. Joseph Stayed 3 days
(g) Lived in this county ..... years ..... months 3 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Latah
(c) City or town Moscow
(d) Street Address or R.F.D. No. University of I.
(e) Deceased lived Inside? X Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 25 years
(h) Former residence (city, state)

3. (a) FULL NAME Bernice McCoy

33 a

3. (b) If veteran, name war -----
3. (c) Social Security No. ----------
4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife ----------
6. (c) Age of husband or wife if alive -------- years
7. Date of Birth (Month, Day, Year) August 21, 1878

8. AGE	Years	Months	Days	If less than 1 day
	66	1	23	hrs min.

9. Exact Occupation Professor Did this work for ..... yrs.
10. Industry or Business University of Idaho Date last worked Oct. '44
11. Birthplace Mitchell, Oregon (City or town) (State or foreign country)
Father
12. Name John B. McCoy
13. Birthplace Marion, Illinois (City or town) (State or foreign country)
Mother
14. Maiden name Harriet Hold
15. Birthplace Roseburg, Oregon (City or town) (State or foreign country)
16. Informant's OWN Signature Bernice M. Bratton
and Address Lewiston, Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 10-17-44 (Month) (Day) (Year)
(c) Place: Lewiston, Idaho
18. Funeral Director's OWN Signature Vassar-Rawls Co. V. Vassar
and Address Lewiston, Idaho
19. (a) October 31, 1944 (Date received and filed) (b) Keith E. Keith (Registrar's signature) D

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) October 14, 1944
at 10:45 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from Oct 11 1944, to Oct 14 1944
I last saw her alive on Oct 13 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Broncho-Pneumonia	
Due to Influenza	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? Moscow Idaho
Name of operation none Date
Major finding
Finding of autopsy

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury
23. Attendant's OWN Signature W. C. Clark M D (M. D. or other)
and Address Lewiston Idaho Date 10/23 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

W.O.C.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 141055
Local Reg. No. 253
Reg. Dist. No. 220

NOV 14 1944

1. PLACE OF DEATH:
(a) County Nez Perce
(b) City or town Lewiston
(c) Street Address or R. F. D. No.
(d) Death Occured Inside? # Outside? city or town
(e) Died in a Home Hospital # Institution Other place
(f) Name Hosp. or Inst. St Joseph Stayed days
(g) Lived in this county years 6 months 3 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Nez Perce
(c) City or town Lapwai
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? In Outside? city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? years
(h) Former residence (city, state)

3. (a) **FULL NAME** Garry Michael Green 1192

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race Indian
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife ----
6. (c) Age of husband or wife if alive ---- years
7. Date of Birth (Month, Day, Year) April 12th, 1944

8. AGE	Years	Months	Days	If less than 1 day
	----	6	3	hrs min.

9. Exact Occupation None Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Lewiston, Idaho (City or town) (State or foreign country)

Father
12. Name
13. Birthplace (City or town) (State or foreign country)

Mother
14. Maiden name Lena Green
15. Birthplace Lapwai (City or town) Idaho (State or foreign country)

16. Informant's **OWN** Signature Lena Greene
and Address Lapwai, Idaho

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 10/18/1944 (Month) (Day) (Year)
(c) Place: Lapwai, Idaho

18. Funeral Director's **OWN** Signature L B Mann
and Address Lewiston, Idaho

19. (a) Nov. 6, 1944 (Date received and filed) (b) Ruth E. Keith (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) October 15th, 1944 19
at 11:30 o'clock P. M.

21. **I HEREBY CERTIFY**, That I attended deceased from Oct 10 1944, to Oct 10-15 19 44
I last saw h~~im~~ alive on Oct 15 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Acute Gastroenteritis	5da
Due to	
Due to	
Other conditions Undetermined (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature Paul P Johnson (M. D. or other)
and Address Lewiston Ida Date 10-30 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

NOV 14 1944

Certificate Of Death

STATE OF IDAHO

State File No. 141056
Local Reg. No. 245
Reg. Dist. No. 221

1. PLACE OF DEATH:
(a) County Nez Perce
(b) City or town Lewiston
(c) Street Address or R.F.D. No. 1
(d) Death Occured Inside? ... Outside? X city or town
(e) Died in a Home X Hospital ... Institution ... Other place ...
(f) Name Hosp. or Inst. ... Stayed ... days
(g) Lived in this county 1 years 4 months 14 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Nez Perce
(c) City or town Lewiston
(d) Street Address or R.F.D. No. 1
(e) Deceased lived Inside? ... Outside? X ... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 1 years
(h) Former residence (city, state) ...

3. (a) FULL NAME Patricia Ann Leachman Patricia Ann Leachman 107

3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife none
6. (c) Age of husband or wife if alive ... years
7. Date of Birth (Month, Day, Year) June 2, 1943

8. AGE	Years	Months	Days	If less than 1 day
	1	4	14	hrs ... min.

9. Exact Occupation ... Did this work for ... yrs.
10. Industry or Business ... Date last worked ...
11. Birthplace ... (City or town) ... (State or foreign country)

Father
12. Name Everett Leachman
13. Birthplace ~~Webb~~, Idaho (City or town) (State or foreign country)

Mother
14. Maiden name Lucy Kale
15. Birthplace Winchester (City or town) (State or foreign country)

16. Informant's **OWN** Signature Everett A Leachman
and Address Lewiston, Idaho

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 10-19-44 (Month) (Day) (Year)
(c) Place: Lewiston, Idaho

18. Funeral Director's **OWN** Signature T. D. Vasser
and Address Lewiston, Idaho

19. (a) Oct. 31, 1944 (Date received and filed) (b) Ruth E. Keith (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH 10/16

20. DATE OF DEATH (Month, Day, Year) October 13, 1944
at 7:45 o'clock p. M.

21. I HEREBY CERTIFY, That I attended deceased from October 13 1944, to ... 19...
I last saw her alive on ... 19...; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Bronchopneumonia — Duration 3 days
Due to ...
Due to ...
Other conditions (Include pregnancy within 3 months of death) ...
Where was disease contracted? ...
Name of operation ... Date ...
Major finding ...
Finding of autopsy ...

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ... Suicide? ... Homicide? ...
Occurred ... 19... City, county, state where violence occurred ...
Place of Violence: Home ... Farm ... Industry ...
Public Place ... While at work? ...
Means of injury ...

23. Attendant's **OWN** Signature Walter C. McWilliams (M. D. or other)
and Address Lewiston Date ... 19...
(For additional space, use reverse side)

141057

United States
Department of Commerce
Bureau of the Census

NOV 14 1944

Certificate Of Death

STATE OF IDAHO

State File No.
Local Reg. No. 246
Reg. Dist. No. 220

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
   (a) County Nez Perce
   (b) City or town Lewiston
   (c) Street Address or. R. F. D. No.
   (d) Death Occured Inside? x Outside? city or town
   (e) Died in a Home Hospital x Institution Other place
   (f) Name Hosp. or Inst. St. Joseph Stayed 1 days
   (g) Lived in this county years 3 months days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Nez Perce
   (c) City or town Lewistnn
   (d) Street Address or R.F.D. No. 331-2nd Ave.
   (e) Deceased lived Inside? x Outside? city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 1/3 years
   (h) Former residence (city, state)

3. (a) **FULL NAME** Louise Huffman

119a

3. (b) If veteran, name war -----
3. (c) Social Security No. ---------
4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) July 25, 1944

8. AGE	Years	Months	Days	If less than 1 day
	2	2	23	hrs min.

9. Exact Occupation none Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Spokane, Washington (City or town) (State or foreign country)

Father
12. Name Paul Huffman
13. Birthplace no record (City or town) (State or foreign country)

Mother
14. Maiden name Dorothy Cash
15. Birthplace South Dakota (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mrs. L Cash
and Address Lewiston, Idaho

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 10-19-44 (Month) (Day) (Year)
(c) Place: Lewiston, Idaho

18. Funeral Director's **OWN** Signature Wasson-Davis Mortuary
and Address Lewiston, Idaho

19. (a) Oct. 31 1944 (Date received and filed) (b) Ruth E. Keick (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) October 18, 1944
at 8:30 o'clock a. M.

21. **I HEREBY CERTIFY**, That I attended deceased from 10-14 1944, to 10-18 1944
I last saw her alive on 10-18 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — Duration

Toxemia Following — 6 days.
non specific Gastro enteritis
✓Due to
Due to Malnutrition — 1 month
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? home
Name of operation 0 Date
Major finding 0
Finding of autopsy 0

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? 0 Suicide? 0 Homicide? 0
Occurred 0 19 City, county, state where violence occurred 0 0
Place of Violence: Home 0 Farm 0 Industry 0
Public Place 0 While at work? 0
Means of injury 0

23. Attendant's **OWN** Signature J. McRae M.D. (M. D. or other)
and Address Lewiston Ida. Date 10-23 1944
(For additional space, use reverse side)

M. McRae

141058

United States
Department of Commerce
Bureau of the Census

NOV 1 1 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 235
Reg. Dist. No. 221

1. **PLACE OF DEATH:** Nez Perce
(a) County
(b) City or town Lapwai, Idaho
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? city or town
(e) Died in a Home Hospital Institution Other place
(f) Name Hosp. or Inst. Fort Lapwai Sanatorium Stayed days
(g) Lived in this county 1 years 1 months 20 days
Note For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Boundary
(c) City or town Bonners Ferry, Idaho
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Outside? city or town
(f) If foreign born, in U. S. yrs. Citizen of U. S.? Yes
(g) How long had deceased lived in Idaho? 11-9-29 years
(h) Former residence (city, state) Bonners Ferry, Idaho

3 (a) **FULL NAME** Francis Anne Francis

3. (b) If veteran, name war -
3. (c) Social Security No.
4. Sex Female
5. Color or race Indian
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6 (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) July 23 1933

8. AGE	Years	Months	Days	If less than 1 day
	11	2	29	hrs min.

9. Exact Occupation Student — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace Bonners Ferry, Idaho (City or town) (State or foreign country)

Father
12. Name Simon Francis
13. Birthplace Boundry Co Idaho (City or town) (State or foreign country)

Mother
14. Maiden name Catherine David
15. Birthplace Boundry Co Idaho (City or town) (State or foreign country)

16. Informant's **OWN** Signature H. P. Mahan
and Address Fort Lapwai Sanatorium (Records)
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 10/23/44 (Month) (Day) (Year)
(c) Place: Bonners Ferry
18. Funeral Director's **OWN** Signature L. B. Wann
and Address Lewiston, Idaho
19. (a) Oct 23 1944 (Date received and filed) (b) Quitta C. Keith (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Oct 21 1944 19
at 4:30 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from Oct 2 1943 19 Oct 21 1944 19
I last saw her alive on Oct 21 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — Duration

Due to Pulmonary Tuberculosis — 5 years

Due to

Other conditions (Include pregnancy within 3 months of death)

Where was disease first contracted? Unknown
Name of operation - Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature H. P. Mahan (M. D. or Other)
and Address Lapwai, Idaho Date Oct 21 19
(For additional space, use reverse side) 10-24-44

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

NOV 14 1944

Certificate Of Death

STATE OF IDAHO

State File No. 141053
Local Reg. No. 247
Reg. Dist. No. 220

1. **PLACE OF DEATH:**
   (a) County Nez Perce
   (b) City or town Lewiston
   (c) Street Address or R.F.D. No. 302-4th Ave.
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home X Hospital ..... Institution ..... Other place .....
   (f) Name Hosp. or Inst. ..... Stayed ..... days
   (g) Lived in this county 33 years ..... months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Nez Perce
   (c) City or town Lewiston
   (d) Street Address or R.F.D. No. 302-4th Ave.
   (e) Deceased lived Inside? X Outside? ..... city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 33 years
   (h) Former residence (city, state) .....

3. (a) **FULL NAME** William John Mace

3. (b) If veteran, name war ------
3. (c) Social Security No. --------
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Anna
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) November 24, 1868

8. AGE	Years	Months	Days	If less than 1 day
	75	10	28	hrs min.

9. Exact Occupation retired Did this work for ..... yrs.
10. Industry or Business contractor Date last worked 1939
11. Birthplace Ontario, Canada (City or town) (State or foreign country)

Father
12. Name no record
13. Birthplace " " (City or town) (State or foreign country)

Mother
14. Maiden name no record
15. Birthplace " " (City or town) (State or foreign country)

16. Informant's OWN Signature W. Mark Mace
and Address Lewiston, Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 10-28-44 (Month) (Day) (Year)
(c) Place: Lewiston, Idaho
18. Funeral Director's OWN Signature Vincent V. Vassar
and Address Lewiston, Idaho
19. (a) Oct. 31, 1944 (Date received and filed) (b) Ruth E. Keith (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) October 22, 1944
at 5:30 o'clock a. M.
21. **I HEREBY CERTIFY,** That I attended deceased from ..... 19....., to ..... 19.....
I last saw him alive on 10-21- 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Coronary occlusion	
Due to	
✓	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYISCIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's OWN Signature A. J. Kohlstedt, M.D. (M.D. or other)
and Address Lewiston, Id. Date 10-31 1944
(For additional space, use reverse side)

~~[illegible]~~
a.j.w.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

NOV 14 1944

Certificate Of Death

STATE OF IDAHO

State File No. 141060
Local Reg. No. 251
Reg. Dist. No. 220

1. PLACE OF DEATH:
(a) County Nez Perce
(b) City or town Lewiston
(c) Street Address or R. F. D. No.
(d) Death Occured Inside? In Outside? city or town
(e) Died in a Home Hospital# Institution Other place
(f) Name Hosp. or Inst. St Joseph Stayed 1 days
(g) Lived in this county years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Nez Perce
(c) City or town Lewiston
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? In Outside? city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? years
(h) Former residence (city, state)

3. (a) **FULL NAME** Persis A. Mc Corkell

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3. (b) If veteran, name war None
3. (c) Social Security No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife McKorkell
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) March 25th, 1885

8. AGE	Years	Months	Days	If less than 1 day
	59	6	28	hrs min.

9. Exact Occupation Housewife — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace Durham (City or town) Ohio (State or foreign country)
Father 12. Name Walter De
Father 13. Birthplace Not known (City or town) (State or foreign country)
Mother 14. Maiden name Npt known
Mother 15. Birthplace Not known (City or town) (State or foreign country)
16. Informant's **OWN** Signature Mrs. N. H. Strasser
and Address Lewiston, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/28/1944 (Month) (Day) (Year)
(c) Place: Lewiston, Idaho
18. Funeral Director's **OWN** Signature L B Mann
and Address Lewiston, Idaho
19. (a) Nov. 6, 1944 (Date received and filed) (b) Ruth E. Keigl (Registrar's signature) D.

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) October 23rd, 1944
at 10:35 o'clock P. M.

21. **I HEREBY CERTIFY**, That I attended deceased from Oct 22 1944 to Oct 23 1944
I last saw her alive on Oct 23 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Coronary Thrombosis	1 day
Due to Hard chronic Calcified Arteriosclerotic heart disease	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYISICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature Paul W. Johnson M.D.
and Address Lewiston Idaho Date Oct 30 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

NOV 1 1 1944

Certificate Of Death

STATE OF IDAHO

State File No. 141061
Local Reg. No. 238
Reg. Dist. No. 220

1. PLACE OF DEATH:
(a) County NezPerce
(b) City or town Lewiston
(c) Street Address or R.F.D. No. 313- 1 St Ave.
(d) Death Occured Inside? # Outside? ..... city or town
(e) Died in a Home X Hospital ..... Institution ..... Other place .....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 30 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Nezperce
(c) City or town Lewiston
(d) Street Address or R.F.D. No. 313- 1 St Ave.
(e) Deceased lived Inside? X Outside? ..... city or town
(f) Citizen of what country? U.S. of America
(g) How long had deceased lived in Idaho? 37 years
(h) Former residence (city, state) Illinois.

3. (a) **FULL NAME** Eunice Fern Maynard

46 b

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Wilbur Maynard
6. (c) Age of husband or wife if alive 45 years
7. Date of Birth (Month, Day, Year) May 17, 1893

8. AGE	Years	Months	Days	If less than 1 day
	51	5	10	hrs min.

9. Exact Occupation Housewife Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Capron, Illinois (City or town) (State or foreign country)
Father
12. Name Fred Keller
13. Birthplace Not Known (City or town) (State or foreign country)
Mother
14. Maiden name Ada Brown
15. Birthplace Wisconsin (City or town) (State or foreign country)
16. Informant's **OWN** Signature Wilbur Maynard
and Address Lewiston, Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 10/27.44 (Month) (Day) (Year)
(c) Place: Clarkston, Wash.
18. Funeral Director's **OWN** Signature H R Merchant
and Address Clarkston, Wash
19. (a) Oct. 30, 1944 (Date received and filed) (b) Ruth E Keith (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Oct 27 — 1944
at 3 30 Pm o'clock ..... M.
21. **I HEREBY CERTIFY**, That I attended deceased from Aug 1st 1944, to Oct 27 1944.
I last saw her alive on Oct 27th 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cachexia	
Due to Cancinoma of Stomach.	
Due to	
Other conditions none (Include pregnancy within 3 months of death)	
Where was disease contracted? at home	PHYISCIAN Underline the cause to which death should be charged statistically.
Name of operation none Date	
Major finding	
Finding of autopsy not done	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? no Suicide? no Homicide? no
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury no injury
23. Attendant's **OWN** Signature Joseph G Baudel M.D. (M. D. or other)
and Address 707 11th St. Date Oct 28 1944
(For additional space, use reverse side)

Lewiston Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census NOV 14 1944

NON-RESIDENT
Certificate Of Death
STATE OF IDAHO

State File No. 141062
Local Reg. No. 249
Reg. Dist. No. 220

1. **PLACE OF DEATH:**
(a) County Nez Perce
(b) City or town Lewiston
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? X Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst St. Joseph Stayed 11 days
(g) Lived in this county years months 11 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Washington (b) County Spokane
(c) City or town Spokane
(d) Street Address or R.F.D. No E2117-5th Ave.
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? -1 years
(h) Former residence (city, state) Spokane, Wash.

3. (a) **FULL NAME** Henry I. Strickfaden 93e

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Lithe
6. (c) Age of husband or wife if alive no record years
7. Date of Birth (Month, Day, Year) 11-11-1873

8. AGE	Years	Months	Days	If less than 1 day
	60	11	18	hrs min.

9. Exact Occupation carpenter — Did this work for 35 yrs.
10. Industry or Business — Date last worked Oct 1944
11. Birthplace Western Oregon (City or town) (State or foreign country)

Father
12. Name no record
13. Birthplace " " (City or town) (State or foreign country)

Mother
14. Maiden name no record
15. Birthplace (City or town) (State or foreign country)

16. Informant's **OWN** Signature R. I. Guy
and Address Lewiston, Idaho
17. (a) removal (Burial, cremation, or removal) (b) Date thereof 10-29-44 (Month) (Day) (Year)
(c) Place: Spokane, Wash.
18. Funeral Director's **OWN** Signature O. Dassar
and Address Lewiston Idaho
19. (a) Nov. 6, 1944 (Date received and filed) (b) Reab E. Reich (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) October 29, 1944
at 7:00 o'clock a. M.

21. **I HEREBY CERTIFY**, That I attended deceased from Oct 28 1944 to Oct 29 1944
I last saw him alive on Oct 28 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: [illegible] — Duration
Due to [illegible]
Due to
Other conditions (Include pregnancy within 3 months of death)
Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature [illegible] (M. D. or other)
and Address [illegible] Date 10/31 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census NOV 14 1944

Certificate Of Death

STATE OF IDAHO

State File No. 141063
Local Reg. No. 252
Reg. Dist. No. 220

1. **PLACE OF DEATH:**
   (a) County Nez Perce
   (b) City or town Lewiston
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? In Outside? city or town
   (e) Died in a Home Hospital# Institution Other place
   (f) Name Hosp. or Inst. St Joseph Stayed days
   (g) Lived in this county years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Nez Perce
   (c) City or town Lewiston
   (d) Street Address or R.F.D. No. 104½ 10th, St.
   (e) Deceased lived Inside? In Outside? city or town
   (f) Citizen of what country?
   (g) How long had deceased lived in Idaho? years
   (h) Former residence (city, state)

3. (a) **FULL NAME** Louise M. Gormansen

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3. (b) If veteran, name war None
3. (c) Social Security No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Henry
6. (c) Age of husband or wife if alive 55 years
7. Date of Birth (Month, Day, Year) December 6th, 1908

8. AGE	Years	Months	Days	If less than 1 day
	35	10	23	hrs min.

9. Exact Occupation Housewife Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Beuford, North Dakota (City or town) (State or foreign country)

Father
12. Name Fred Selig
13. Birthplace North Dakota (City or town) (State or foreign country)

Mother
14. Maiden name Hannah - - - -
15. Birthplace Minnesota (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mrs Adj. W. H. Osborn
and Address Lewiston, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/31/1944 (Month) (Day) (Year)
(c) Place: Lewiston, Idaho

18. Funeral Director's **OWN** Signature L. B. Mann
and Address Lewiston, Idaho

19. (a) Nov. 6, 1944 (Date received and filed) (b) Ruth E. Keezel D. (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) October 29th, 1944 19
at 9:10 o'clock P. M.

21. **I HEREBY CERTIFY**, That I attended deceased from Oct 22 - 1944, to Oct 29 1944
I last saw her alive on Oct 28 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Pulmonary edema	8 hrs.
Due to Epileptic Convulsions	?
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature Forrest Tomlinson M.D. (M. D. or other)
and Address Lewiston Ida Date 10-30 19 44
(For additional space, use reverse side)

Tomlinson

United States
Department of Commerce
Bureau of the Census NOV 7 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 141064
Local Reg. No. 74
Reg. Dist. No. 530

1. **PLACE OF DEATH:**
(a) County Oneida
(b) City or town Malad
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home X Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 67 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Oneida
(c) City or town Malad
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? ____ Outside? ____ city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? 67 years
(h) Former residence (city, state)

3. (a) **FULL NAME** Emily Peck Wass 118

3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Female
5. Color or race Wht.
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife W. E. Wass
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) February 21 1864

8. AGE	Years	Months	Days	If less than 1 day
	80	7	10	hrs ____ min.

9. Exact Occupation Housewife — Did this work for 60 yrs.
10. Industry or Business Own Home — Date last worked 10/2/1944
11. Birthplace Farmington (City or town) Utah (State or foreign country)

Father
12. Name Henry Peck
13. Birthplace New York (City or town) (State or foreign country)

Mother
14. Maiden name Julia E North
15. Birthplace New York (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mrs Grace Daniels
and Address Malad Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Oct 6 1944 (Month) (Day) (Year)
(c) Place: Ogden Utah
18. Funeral Director's **OWN** Signature J. Guy Keenan
and Address Malad Idaho
19. (a) 10-4-1944 (Date received and filed) (b) J. Guy Keenan (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) October 3 1944
at 6:50 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from Oct 2 1944, to Oct 3 1944
I last saw her alive on Oct 2 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Hemorrhage of Stomach	
Due to Cancer w/possibly Ulcer of Stomach	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ____ Date ____
Major finding
Finding of autopsy none

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury
23. Attendant's **OWN** Signature O. A. Matney (M. D. or other)
and Address Malad Ida. Date 10-4 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census NOV 7 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 141065
Local Reg. No. 27
Reg. Dist. No. 530

1. **PLACE OF DEATH:**
(a) County Oneida
(b) City or town Malad
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home ____ Hospital X Institution ____ Other place ____
(f) Name Hosp. or Inst. Oneida Stayed 1 days
(g) Lived in this county 16 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Oneida
(c) City or town Malad
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? 16 years
(h) Former residence (city, state)

3. (a) FULL NAME Edward Patrick Parquette 92 b.

3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Male
5. Color or race Wht.
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Gertrude Abbot
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) April 28 1874

8. AGE	Years	Months	Days	If less than 1 day
	70	5	15	hrs min.

9. Exact Occupation Pipe Fitter Did this work for 25 yrs.
10. Industry or Business Western Tube Works Date last worked 1936
11. Birthplace Kewanee Illinois (City or town) (State or foreign country)
Father
12. Name Leander Parquette
13. Birthplace Canada (City or town) (State or foreign country)
Mother
14. Maiden name Margaret Pardee
15. Birthplace Canada (City or town) (State or foreign country)
16. Informant's OWN Signature Mrs. C. D. Moore
and Address Pocatello Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 15 1944 (Month) (Day) (Year)
(c) Place: Malad Idaho
18. Funeral Director's OWN Signature J. Guy Denson
and Address Malad Idaho
19. (a) 10-14-1944 (Date received and filed) (b) J. Guy Denson (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) October 14 1944
at 12:25 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from Oct 12 1944 to Oct 13 1944
I last saw h— alive on Oct 13 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Dropsy	
Due to Possible Myocarditis and Nephritis	
Due to Stenosis	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation ____ Date ____	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury
23. Attendant's OWN Signature O A Mabey (M. D. or other)
and Address ~~10-29-44~~ Date Oct 14 1944
(For additional space use reverse side) Malad Idaho

141066

United States
Department of Commerce
Bureau of the Census NOV 7 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 7
Local Reg. No.
Reg. Dist. No. 530

1. **PLACE OF DEATH:**
(a) County Oneida
(b) City or town Daniels
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? X city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 39 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Oneida
(c) City or town Daniels
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Outside? X city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? 39 years
(h) Former residence (city, state)

3. (a) **FULL NAME** Margaret Berg Hedstrom Jensen 926

3. (b) If veteran, name war No
3. (c) Social Security No. None
5. Color or
6. (a) Single, widowed, married, divorced Widow
4. Sex Femal e race Wht.
6. (b) Name of husband or wife John C. Jensen
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) March 25 1862

8. AGE	Years	Months	Days	If less than 1 day
	82	7	2	hrs min.

9. Exact Occupation Housewife Did this work for 53 yrs.
10. Industry or Business Own Home Date last worked May 1944
11. Birthplace Jamestown (City or town) N.Y. (State or foreign country)

Father
12. Name Carl Berg
13. Birthplace Sweden (City or town) (State or foreign country)

Mother
14. Maiden name Charlotta Munie
15. Birthplace Sweden (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mabel C. Frey
and Address Daniels Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 31 1944 (Month) (Day) (Year)
(c) Place: Malad Idaho Rt 1

18. Funeral Director's **OWN** Signature J. Guy Keenan
and Address Malad Idaho

19. (a) 10-29-1944 (Date received and filed) (b) J. Guy Keenan (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) October 27 19 44
at 12:55 o'clock P.M.

21. **I HEREBY CERTIFY,** That I attended deceased from Aug 1 1944 to Oct. 27 1944
I last saw him alive on Oct 27 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Myocarditis	
Due to Mitral regurg	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature J. P. Garst (M. D. or other)
and Address Malad Ida Date Oct. 29 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 141067
Local Reg. No. 72
Reg. Dist. No. 392

OCT 26 1944

1. **PLACE OF DEATH:**
   (a) County Owyhee
   (b) City or town Homedale
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home .... Hospital .... Institution .... Other place ....
   (f) Name Hosp. or Inst. ..... Stayed ..... days
   (g) Lived in this county 30 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Owyhee
   (c) City or town Homedale
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? X Outside? ..... city or town
   (f) Citizen of what country? Denmark
   (g) How long had deceased lived in Idaho? 30 years
   (h) Former residence (city, state)

3. (a) **FULL NAME** MICHAEL FROSIG Michael Frosig 95c

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Nina Frosig
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) March 27, 1871

8. AGE	Years	Months	Days	If less than 1 day
	73	5	6	hrs min.

9. Exact Occupation Farming Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace ..... (City or town) Denmark (State or foreign country)

Father
12. Name .....
13. Birthplace ..... (City or town) Denmark (State or foreign country)

Mother
14. Maiden name .....
15. Birthplace ..... (City or town) Denmark (State or foreign country)

16. Informant's **OWN** Signature Nina Frosig
and Address Homedale, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/8/44 (Month) (Day) (Year)
(c) Place: Wilder Cemetery, Wilder, Idaho

18. Funeral Director's **OWN** Signature E. V. Peckham
and Address 504 So. Kimball Ave., Caldwell

19. (a) 10-16-44 (Date received and filed) (b) Helen McDaniel (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Sept. 3, 1944
at 11:45 o'clock P. M.

21. **I HEREBY CERTIFY,** That I attended deceased from August 10, 1944, to Sept. 2, 1944
I last saw him alive on Sept 2, 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Heart Disease & Nephritis	
Due to Past infection	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ..... Date .....
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury

23. Attendant's **OWN** Signature Geo. H. Cooper M.D.
and Address Homedale, Idaho (M. D. or other)
Date 9/7 1944
(For additional space, use reverse side)

United States
Department of Commerce
Bureau of the Census

NOV 7 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 141068
Local Reg. No. 4
Reg. Dist. No. 391

1. PLACE OF DEATH:
(a) County Oneida
(b) City or town Grand View
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? ✓ city or town
(e) Died in a Home Hospital Institution Other place X
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county years 6 months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Nevada (b) County Elko
(c) City or town Oneida
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Outside? X city or town
(f) If foreign born, in U. S. yrs. Citizen of U. S.?
(g) How long had deceased lived in Idaho? Life years
(h) Former residence (city, state)

3. (a) **FULL NAME** Melvin Hanks. 164a

3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6 (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Unknown, about 1927

8. AGE	Years	Months	Days	If less than 1 day
	17	Unknown		hrs min.

9. Exact Occupation Farm Labor Did this work for yrs.
10. Industry or Business Farming Date last worked
11. Birthplace Unknown (City or town) (State or foreign country)
Father
12. Name Allen Hanks
13. Birthplace Unknown (City or town) (State or foreign country)
Mother
14. Maiden name Deceased
15. Birthplace Unknown (City or town) (State or foreign country)
16. Informant's **OWN** Signature Phil F. Green and Address Mt. Home Ida.
17. (a) Shoshone Idaho (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place:
18. Funeral Director's **OWN** Signature Felix J. Bey and Address Mountain Home Idaho
19. (a) Nov. 6, 1944 (Date received and filed) (b) Alice C. Erlenbeck (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) About Oct. 3, 1944 at Unknown o'clock M.
21. **I HEREBY CERTIFY,** That I attended deceased from 19, to 19
I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Strangulation by	
✓ Due to Hanging	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease first contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? ✓ Homicide?
Occurred About Oct 3 1944 City, county, state where violence occurred Grand View Oneida Ida
Place of Violence: Home Farm Industry
Public Place ✓ While at work?
Means of injury Hanging
23. Attendant's **OWN** Signature Phil F. Green Coroner (M. D. or other) and Address Mt. Home Ida Date 11/6 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

NON-RESIDENT
CERTIFICATE OF DEATH
STATE OF IDAHO

United States
Department of Commerce
Bureau of the Census

NOV 3 1944

State File No. 141069
Local Reg. No. 3
Reg. Dist. No. 391

1. **PLACE OF DEATH:**
(a) County Owyhee
(b) City or town Grandview
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home Hospital Institution Other place X
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county years months 1 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Ada
(c) City or town Boise
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? 2 Wks. ~~years~~
(h) Former residence (city, state) Salt Lake Uta.

3. (a) FULL NAME George Martin

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3. (b) If veteran, name war No.
3. (c) Social Security No. 519-26-1102
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Unknown 1889

8. AGE	Years	Months	Days	If less than 1 day
	55	Unknown		hrs min.

9. Exact Occupation Cook Did this work for Unknown
10. Industry or Business Restraunt Date last worked Unknown
11. Birthplace Unknown (City or town) (State or foreign country)
Father
12. Name Unknown
13. Birthplace Unknown (City or town) (State or foreign country)
Mother
14. Maiden name Unknown
15. Birthplace Unknown (City or town) (State or foreign country)
16. Informant's OWN Signature H. R. Love, Sheriff
and Address Mountain Home Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Oct. 20, 1944 (Month) (Day) (Year)
(c) Place: Mountain Home Idaho
18. Funeral Director's OWN Signature Felix J. Bey
and Address Mountain Home Idaho
19. (a) Oct. 30/44 (Date received and filed) (b) Alice C. Eckenbeck (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 10/20, 1944
at 4 o'clock A. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 19 , to 19
I last saw h alive on 19 ; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Gun Shot Wound.	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide? ✓
Occurred 19 City, county, state where violence occurred Grandview Owyhee Co.
Place of Violence: Home Farm Industry Ida
Public Place ✓ While at work?
Means of injury Gun Shot Wound
23. Attendant's OWN Signature Philo F. Green Coroner (M. D. or other)
and Address Mt. Home Ida Date 10/28 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Parkview Cemetery.

United States
Department of Commerce
Bureau of the Census OCT 20 1944

Certificate Of Death

STATE OF IDAHO

State File No. 141070
Local Reg. No. 62.
Reg. Dist. No. 3-331

1. **PLACE OF DEATH:**
   (a) County Payette
   (b) City or town town
   (c) Street Address or ~~Rural~~
   (d) Death Occured Inside?...#... Outside?.....city or town
   (e) Died in a Home# Hospital.... Institution.... Other place....
   (f) Name Hosp. or Inst..... Stayed.....days
   (g) Lived in this county 10 years 6 months .....days

   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Payette
   (c) City or town Town
   (d) Street Address or ~~Rural~~
   (e) Deceased lived Inside?...#...Outside?.....city or town
   (f) Citizen of what country? USA
   (g) How long had deceased lived in Idaho? 10 years
   (h) Former residence (city, state) Oxford, Neb.

3. (a) **FULL NAME** James Evert Pettijohn. 61

3. (b) If veteran, name war .....
3. (c) Social Security No. 518-10-1535.
4. Sex male race white
5. Color or
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Opal Pettijohn.
6. (c) Age of husband or wife if alive 39 years
7. Date of Birth (Month, Day, Year) May 21 1902

8. AGE	Years	Months	Days	If less than 1 day
	42	4	14	hrs min.

9. Exact Occupation cream tester Did this work for 1½ yrs.
10. Industry or Business Creamery Date last worked 9/21/1944
11. Birthplace Oxford, (City or town) Nebraska. (State or foreign country)

Father
12. Name Allen Pettijohn.
13. Birthplace ..... (City or town) ..... (State or foreign country)

Mother
14. Maiden name Lena Gunn.
15. Birthplace ..... (City or town) ..... (State or foreign country)

16. Informant's **OWN** Signature Opal Pettijohn
and Address New Plymouth, Idaho.

17. (a) burial (b) Date thereof 10/9/1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: New Plymouth Idaho.

18. Funeral Director's **OWN** Signature Edith Purdum
and Address Payette. Idaho.

19. (a) 10/18/1944 (b) J. C. Woodward
(Date received and filed) (Registrar's signature)

(84)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Oct. 5 1944
at 7:30 o'clock P M.

21. **I HEREBY CERTIFY**, That I attended deceased from Sept. 4 1944, to Oct. 5 1944
I last saw him alive on Oct. 5, 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary occlusion — Duration. Immediate

Due to .....

Due to .....

Other conditions Diabetes
(Include pregnancy within 3 months of death)

Where was disease contracted?.....
Name of operation..... Date.....
Major finding .....
Finding of autopsy .....

PHYISCIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident?..... Suicide?..... Homicide?.....
Occurred..... 19..... City, county, state where violence occurred .....
Place of Violence: Home.....Farm.....Industry.....
Public Place..... While at work?.....
Means of injury .....

23. Attendant's **OWN** Signature Joel Davis M.D. (M. D. or other)
and Address New Plymouth Idaho Date Oct 6, 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Parma Cemetery

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

141071
State File No. 64
Local Reg. No. 5330
Reg. Dist. No.

1. **PLACE OF DEATH:**
   (a) County Payette
   (b) City or town TOWN
   (c) Street Address or R.F.D. No. 126 N 7th
   (d) Death Occured Inside? # Outside? city or town
   (e) Died in a Home # Hospital Institution Other place
   (f) Name Hosp. or Inst. Carter Home Stayed 2 days
   (g) Lived in this county 2 years 3 months days

   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Payette
   (c) City or town Town
   (d) Street Address or ~~RFD~~ No. 126 N 7th
   (e) Deceased lived Inside? # Outside? city or town
   (f) Citizen of what country? USA
   (g) How long had deceased lived in Idaho? 2 years
   (h) Former residence (city, state) Ontario, Oregon

1626.

3. (a) **FULL NAME** Florence Van Dyke.

3. (b) If veteran, name war ---
3. (c) Social Security No. ---
4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife ----
6. (c) Age of husband or wife if alive ---- years
7. Date of Birth (Month, Day, Year) October 12 1850

8. AGE	Years	Months	Days	If less than 1 day
	94	11	16	hrs min.

9. Exact Occupation none — Did this work for ---- yrs.
10. Industry or Business none — Date last worked ----
11. Birthplace Princeton, New Jersey. (City or town) (State or foreign country)

Father
12. Name Mathew Van Dyke
13. Birthplace Princeton, New Jersey. (City or town) (State or foreign country)

Mother
14. Maiden name Anna Louise Napton.
15. Birthplace Princeton, New Jersey. (City or town) (State or foreign country)

16. Informant's OWN Signature Lucille I. Carter.
and Address Payette, Idaho.

17. (a) removal (Burial, cremation, or removal) (b) Date thereof 10-10-1944 (Month) (Day) (Year)
(c) Place: Parma, Idaho.

18. Funeral Director's OWN Signature Edith Landon.
and Address Payette, Idaho.

19. (a) 10/9/1944 (Date received and filed) (b) J. C. Woodward (Registrar's signature)

(67)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) OCTOBER 8, 1944 19
at 6.00 o'clock A M.

21. **I HEREBY CERTIFY**, That I attended deceased from MAY 14, 1943 19 to OCTOBER 8 1944
I last saw her alive on Oct. 7 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
SENILITY-ASTHENIA	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's OWN Signature J. C. Woodward M.D.
and Address Payette, Ida. Date 10/9/ 1944
(M. D. or other)
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

NOV 15 1944

RIVERSIDE CEMETERY

Certificate Of Death

STATE OF IDAHO

State File No. 141072
Local Reg. No. 66
Reg. Dist. No. 3-330

1. **PLACE OF DEATH:**
   (a) County Payette
   (b) City or town Payette
   (c) ~~Street Address or~~ R.F.D. No. 2
   (d) Death Occured Inside? ..... Outside? # ..... city or town
   (e) Died in a Home.... Hospital #. Institution.... Other place....
   (f) Name Hosp. or Inst. Payette General ..... 4 days
   (g) Lived in this county ..... years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Payette
   (c) City or town Payette
   (d) ~~Street Address or~~ R.F.D. No. 2
   (e) Deceased lived Inside? ..... Outside? ..... city or town
   (f) Citizen of what country? .....
   (g) How long had deceased lived in Idaho? ..... years
   (h) Former residence (city, state) .....

3. (a) **FULL NAME** Baby Osborn

161c.

3. (b) If veteran, name war ---
3. (c) Social Security No. ---
4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife ---
6. (c) Age of husband or wife if alive ---- years
7. Date of Birth (Month, Day, Year) October 21 1944

8. AGE	Years	Months	Days	If less than 1 day
	---		4	hrs min.

9. Exact Occupation none — Did this work for ..... yrs.
10. Industry or Business none — Date last worked .....
11. Birthplace ..... (City or town) ..... (State or foreign country)

Father
12. Name Theodore Harvey Osborn
13. Birthplace Plainview (City or town) Minn. (State or foreign country)

Mother
14. Maiden name Ellen Lila Windle
15. Birthplace Payette, (City or town) Idaho, (State or foreign country)

16. Informant's **OWN** Signature Mrs Burrel Windle
and Address Payette, Idaho. #2

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 10/27/1944 (Month) (Day) (Year)
(c) Place: Payette, Idaho.

18. Funeral Director's **OWN** Signature Edith Landon
and Address Payette, Idaho.

19. (a) 10/28/1944 (Date received and filed) (b) J C Woodward (Registrar's signature)

(90)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) October 25 1944 19.....
at 6 o'clock A M.

21. **I HEREBY CERTIFY**, That I attended deceased from Oct 21 19.., to Oct 25 19..
I last saw her alive on 10-24 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Infantile jaundice	4 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYISICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature [illegible] M.D. (M. D. or other)
and Address Payette, Idaho. Date 10/28/44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Riverside Cemetery

Certificate Of Death

NOV 15 1944

STATE OF IDAHO

State File No. 141073
Local Reg. No. 67
Reg. Dist. No. 3-330

1. **PLACE OF DEATH:**
(a) County Payette
(b) City or town Payette
(c) Street Address or R.F.D. No. 1604 Center Ave
(d) Death Occured Inside? # Outside? city or town
(e) Died in a Home # Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 39 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Payette
(c) City or town Payette
(d) Street Address or R.F.D. No. 1604 Center Ave
(e) Deceased lived Inside? # Outside? city or town
(f) Citizen of what country? USA
(g) How long had deceased lived in Idaho? 39 years
(h) Former residence (city, state) Fairland, Okla

3. (a) **FULL NAME** Laura Elizabeth Vanderford. 92 d

3. (b) If veteran, name war ---
3. (c) Social Security No. ---
4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife J.W. Vanderford
6. (c) Age of husband or wife if alive 69 years
7. Date of Birth (Month, Day, Year) December 15 1873

8. AGE	Years	Months	Days	If less than 1 day
	70	10	11	hrs min.

9. Exact Occupation housewife Did this work for 48 yrs.
10. Industry or Business home Date last worked June 1944
11. Birthplace Buffalo (City or town) Missouri (State or foreign country)
Father
12. Name John Yates
13. Birthplace Finnock (City or town) Missouri (State or foreign country)
Mother
14. Maiden name Elizabeth Gregg
15. Birthplace Buffalo (City or town) Missouri (State or foreign country)
16. Informant's OWN Signature J. W. Vanderford
and Address Payette, Idaho.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 10/28/1944 (Month) (Day) (Year)
(c) Place: Payette, Idaho.
18. Funeral Director's OWN Signature Edith Tudor
and Address Payette, Idaho.
19. (a) 10/28/1944 (Date received and filed) (b) J.C. Woodward (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) October 26 1944 19
at 6:30 o'clock A M.
21. **I HEREBY CERTIFY**, That I attended deceased from 1942, to Oct 26 1944
I last saw her alive on Oct 26 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Myocardial failure	6 days
Due to Cardiac Hypertrophy	
Hypertensive Vascular dis	years
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature John J. Kaiser M.D. (M. D. or other)
and Address Payette, Idaho. Date 10/26/1944 19
(For additional space, use reverse side)

(91)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

NOV 15 1944

Rosedale Memorial Park Cemetery
Certificate Of Death
STATE OF IDAHO

State File No. 141074
Local Reg. No. 68
Reg. Dist. No. 3-330

1. **PLACE OF DEATH:**
   (a) County Payette
   (b) City or town Payette
   (c) Street Address or R. F. D. No. N 7th St
   (d) Death Occured Inside? # Outside? city or town
   (e) Died in a Home # Hospital Institution Other place
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county 1 years 6 months days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Payette
   (c) City or town Payette
   (d) Street Address or R.F.D. No. N 7th St
   (e) Deceased lived Inside? # Outside? city or town
   (f) Citizen of what country? USA
   (g) How long had deceased lived in Idaho? 7 years
   (h) Former residence (city, state) Payette Oregon Slope, Oregon

3. (a) **FULL NAME** Clayton Edward Belknap

3. (b) If veteran, name war ---
3. (c) Social Security No. ---
4. Sex male race white
5. Color or
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Cornelia . Belknap
6. (c) Age of husband or wife if 84 years
7. Date of Birth (Month, Day, Year) February 7 1862

8. AGE	Years	Months	Days	If less than 1 day
	82	8	22	hrs min.

9. Exact Occupation retired farmer Did this work for 7½ yrs.
10. Industry or Business farm Date last worked 1936
11. Birthplace ---------- (City or town) Iowa (State or foreign country)

Father
12. Name Isaac Belknap
13. Birthplace ----- (City or town) Iowa (State or foreign country)

Mother
14. Maiden name Jane Clapham
15. Birthplace ---- (City or town) England (State or foreign country)

16. Informant's **OWN** Signature Cornelia Belknap and Address Payette, Idaho.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 11-1-1944 (Month) (Day) (Year)
    (c) Place: Payette, Idaho.
18. Funeral Director's **OWN** Signature Edith Landon and Address Payette, Idaho.
19. (a) 10/31/1944 (Date received and filed) (b) J. E. Woodward (Registrar's signature)

(92)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) October 29 1944 19
    at o'clock M.
21. **I HEREBY CERTIFY**, That I attended deceased from 1942 to Oct 29 1944
    I last saw h alive on Oct 29 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Myocardial failure	
Due to Hypertension	3 Yrs
Due to Prostatic Obstruction	7 yrs ago
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
    Occurred 19 City, county, state where violence occurred
    Place of Violence: Home Farm Industry
    Public Place While at work?
    Means of injury
23. Attendant's **OWN** Signature J Kaufman (M. D. or other)
    and Address Payette, Idaho. Date 10-31 1944
    (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Riverside Cemetery

United States
Department of Commerce NOV 15 1944
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 141075
Local Reg. No. 6a
Reg. Dist. No. 3-330

1. **PLACE OF DEATH:**
   (a) County Payette
   (b) City or town Payette
   (c) Street Address or R.F.D. No. 837 So. 10th St
   (d) Death Occured Inside? # Outside? city or town
   (e) Died in a Home.... Hospital #. Institution.... Other place....
   (f) Name Hosp. or Payette General stayed 1 days
   (g) Lived in this county 24 years 11 months 30 days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Payette
   (c) City or town Payette
   (d) Street Address or R.F.D. No. N. 9th St
   (e) Deceased lived Inside? # Outside? city or town
   (f) Citizen of what country? USA
   (g) How long had deceased lived in Idaho? 50 years
   (h) Former residence (city, state) Riggins, Idaho

3. (a) **FULL NAME** Fred Helm 94a

3. (b) If veteran, name war ----
3. (c) Social Security No. ----
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Alice V. Helm
6. (c) Age of husband or wife if alive 73 years
7. Date of Birth (Month, Day, Year) May 22 1863

8. AGE	Years	Months	Days	If less than 1 day
	81	5	8	hrs min.

9. Exact Occupation Bee man — Did this work for 20 yrs.
10. Industry or Business Apiary — Date last worked 1939
11. Birthplace Prineville, (City or town) Oregon. (State or foreign country)
12. Father — Name William Helm.
13. Father — Birthplace notknown (City or town) (State or foreign country)
14. Mother — Maiden name
15. Mother — Birthplace (City or town) (State or foreign country)
16. Informant's **OWN** Signature Alice V. Helm and Address Payette, Idaho.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 11-1-1944 (Month) (Day) (Year)
    (c) Place: Payette, Idaho.
18. Funeral Director's **OWN** Signature Edith Landon and Address Payette, Idaho.
19. (a) 10/31/1944 (Date received and filed) (b) J.G. Woodward (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) October 30 1944 19.....
    at .....o'clock .....M.
21. **I HEREBY CERTIFY**, That I attended deceased from Oct 22 1944, to Oct 30, 1944
    I last saw h-- alive on Oct 28 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death	Duration
Myocardial failure	
Due to Coronary Occlusion	10 dy
✓ Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
    Occurred ..... 19..... City, county, state where violence occurred .....
    Place of Violence: Home ..... Farm ..... Industry .....
    Public Place ..... While at work? .....
    Means of injury .....
23. Attendant's **OWN** Signature [illegible] MD (M. D. or other)
    and Address Payette, Idaho. Date 10-31-1944
    (For additional space, use reverse side)

(93)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

NOV 3 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 141076
Local Reg. No. 24
Reg. Dist. No. 500

1. **PLACE OF DEATH:**
(a) County Power
(b) City or town American Falls, Idaho
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. Schiltz Mem Stayed 3 hrs days
(g) Lived in this county years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bingham
(c) City or town Near Aberdeen, Idaho
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Outside? X city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? years
(h) Former residence (city, state)

3. (a) **FULL NAME** Aaron Wilson Nowels 175a

3. (b) If veteran, name war No
3. (c) Social Security No. none
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ida May
6. (c) Age of husband or wife if alive 63 years
7. Date of Birth (Month, Day, Year) Nov. 21 1858

8. AGE	Years	Months	Days	If less than 1 day
	85	10	19	hrs min.

9. Exact Occupation Farmer Did this work for 55 yrs.
10. Industry or Business Own Farm. Date last worked Oct. 10-44
11. Birthplace Clinton County, Iowa. (City or town) (State or foreign country)
Father
12. Name Not Known
13. Birthplace Ohio. (City or town) (State or foreign country)
Mother
14. Maiden name Emily Weaver
15. Birthplace Ohio. (City or town) (State or foreign country)
16. Informant's OWN Signature Mrs A. W. Nowels.
and Address Aberdeen Idaho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 15-44 (Month) (Day) (Year)
(c) Place: Aberdeen Cemetery
18. Funeral Director's OWN Signature H L Davis
and Address American Falls, Idaho.
19. (a) Oct 13-1944 (Date received and filed) (b) Irene Saling (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) October 10 1944
at 5:30 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 1942, to Oct. 10 1944
I last saw him alive on Oct 10 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Hemorrhage into pericardium & Collapse of lung	1 3/4 h.
Due to Multiple comminuted fractures of sternum & ribs	Same
Due to injury	Same
Other conditions Puncture of Rt. lung. (Include pregnancy within 3 months of death)	

Where was disease contracted? Idaho
Name of operation None Date
Major finding
Finding of autopsy multiple fractures of ribs & sternum & puncture of lower lung

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Yes Suicide? No Homicide? No
Occurred Oct 10 1944 City, county, state where violence occurred Aberdeen Bingham Idaho
Place of Violence: Home yes Farm yes Industry
Public Place no While at work yes
Means of injury Fell under a loaded
23. Attendant's OWN Signature Ray Sue R. L. Harms M.D. (M. D. or other)
and Address Aberdeen Date 10-10 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

OCT 9 1944

Certificate Of Death

STATE OF IDAHO

State File No. [illegible]77
Local Reg. No. 30
Reg. Dist. No. 140

1. **PLACE OF DEATH:**
   (a) County Shoshone
   (b) City or town Wallace
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? ✓ Outside? ..... city or town
   (e) Died in a Home.... Hospital.... Institution.... Other place....
   (f) Name Hosp. or Inst. Providence Stayed ..... days
   (g) Lived in this county ..... years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Shoshone
   (c) City or town
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? ✓ Outside? ..... city or town
   (f) Citizen of what country?
   (g) How long had deceased lived in Idaho? ..... years
   (h) Former residence (city, state)

3. (a) **FULL NAME** William Everett McKinney Jr 160C

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) Sept. 16-1944

8. AGE	Years	Months	Days	If less than 1 day
	0	0	0	hrs ~~[illegible]~~ min.

9. Exact Occupation None Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Wallace (City or town) Idaho (State or foreign country)

Father
12. Name William Everett McKinney
13. Birthplace Wallace (City or town) Idaho (State or foreign country)

Mother
14. Maiden name Irene Vale
15. Birthplace Denver (City or town) Colorado (State or foreign country)

16. Informant's **OWN** Signature William E McKinney
and Address Wallace Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 20-44 (Month) (Day) (Year)
(c) Place: Wallace Idaho
18. Funeral Director's **OWN** Signature John A Bever (Lords)
and Address Wallace Idaho
19. (a) Sept. 18-1944 (Date received and filed) (b) John A Bever (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Sept 16 1944
at 2:30 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from ..... 19....., to ..... 19.....
I last saw h..... alive on ..... 19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
~~[illegible]~~	
Due to Placenta ab Lato	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature H. McOwen (M. D. or other)
and Address Wallace Idaho Date 9/10 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

OCT 9 1944

Certificate Of Death

STATE OF IDAHO

State File No. 141078
Local Reg. No. 37
Reg. Dist. No. 140

1. **PLACE OF DEATH:**
(a) County Shoshone
(b) City or town Wallace
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? ✓ Outside? city or town
(e) Died in a Home Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State (b) County
(c) City or town
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? Outside? city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? years
(h) Former residence (city, state)

3. (a) **FULL NAME** Charles Colon Ritchie 158

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Sept-12-44

8. AGE	Years	Months	Days	If less than 1 day
			17	hrs min.

9. Exact Occupation None Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Wallace Idaho (City or town) (State or foreign country)
Father
12. Name Johnny Ritchie
13. Birthplace Seneca Mo. (City or town) (State or foreign country)
Mother
14. Maiden name Etta Odell
15. Birthplace Treece Kansas (City or town) (State or foreign country)
16. Informant's **OWN** Signature Johnnie Ritchie
and Address Wallace Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 30-44 (Month) (Day) (Year)
(c) Place: Wallace Idaho
18. Funeral Director's **OWN** Signature John A Bevers Wards
and Address Wallace Idaho
19. (a) Sept-28-44 (Date received and filed) (b) John A Bevers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Sept 28 1944
at 3 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from 19, to 19
I last saw h alive on 19; death is said to have occurred on the date and hour stated above.
Immediate Cause of Death: Weakness from Manileon Duration
Due to Improper Care Food
Due to
Other conditions (Include pregnancy within 3 months of death)
Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature H. Mowry Coron (M.D. or other)
and Address Wallace Idaho Date 10/29 1944
(For additional space, use reverse side)

United States
Department of Commerce
Bureau of the Census

NOV 8 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 141079
Local Reg. No. 42
Reg. Dist. No. 142

1. **PLACE OF DEATH:**
   (a) County Shoshone
   (b) City or town Kellogg
   (c) Street Address or R. F. D. No. 1
   (d) Death Occurred Inside? X Outside? ____ city or town
   (e) Died in a Home X Hospital __ Institution __ Other place __
   (f) Name Hosp. or Inst. ____ Stayed ____ days
   (g) Lived in this county 15 years ____ months ____ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Shoshone
   (c) City or town Kellogg
   (d) Street Address or R. F. D. No. 1
   (e) Deceased lived Inside? X Outside? ____ city or town
   (f) Citizen of what country? U. S.
   (g) How long had deceased lived in Idaho? 15 years
   (h) Former residence (city, state) ____

3. (a) FULL NAME Judson M Cutting 94a

3. (b) If veteran, name war —
3. (c) Social Security No. 518-05-4332
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Vesta
6. (c) Age of husband or wife if alive 38 years
7. Date of Birth (Month, Day, Year) February 18 1904

8. AGE	Years	Months	Days	If less than 1 day
	40	7	19	hrs min.

9. Exact Occupation Personnel Mgr Did this work for 15 yrs.
10. Industry or Business Bunker Hill Mine Date last worked 10/6/44
11. Birthplace Wooster (City or town) Massachusetts (State or foreign country)

Father
12. Name Elmer J. Cutting
13. Birthplace Vermont (City or town) (State or foreign country)

Mother
14. Maiden name Kate F Hall
15. Birthplace Maine (City or town) (State or foreign country)

16. Informant's OWN Signature Roger H Cutting
and Address Bayville Washington
17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 10/11/44 (Month) (Day) (Year)
(c) Place: Spokane Washington
18. Funeral Director's OWN Signature [illegible]
and Address Kellogg Idaho
19. (a) 10-11-1944 (Date received and filed) (b) Mrs. Helen McBride (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 10-7 1944
at 4 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 10-7 1944, to — 19__
I last saw him alive on 10-7 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Coronary Occlusion	½ hr
Due to Coronary Occlusion	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation ____ Date ____	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature Robert Stalen (M. D. or other)
and Address Kellogg Ida Date 10-9 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

141050

United States
Department of Commerce NOV 10 1944
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No.
Local Reg. No. 33
Reg. Dist. No. 140

1. **PLACE OF DEATH:**
   (a) County Shoshone
   (b) City or town Wallace
   (c) Street Address or R. F. D. No.
   (d) Death Occured Inside? Outside? city or town
   (e) Died in a Home.... Hospital Institution.... Other place....
   (f) Name Hosp. or Inst. Wallace Stayed days
   (g) Lived in this county 38 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always give in these)
   (a) State Idaho (b) County Shoshone
   (c) City or town Mullan
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? Outside? city or town
   (f) Citizen of what country?
   (g) How long had deceased lived in Idaho? 38 years
   (h) Former residence (city, state) Mont.

3. (a) **FULL NAME** Thomas Joseph Dooling.

4 6a

3. (b) If veteran, name war
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married.
6. (b) Name of husband or wife Frances
6. (c) Age of husband or wife if alive 47 years
7. Date of Birth (Month, Day, Year) Oct - 1st - 1888

8. AGE	Years	Months	Days	If less than 1 day
	56	0	6	hrs min.

9. Exact Occupation Janitor — Did this work for yrs.
10. Industry or Business High School. — Date last worked
11. Birthplace Butte Mont. (City or town) (State or foreign country)

Mother
12. Name Thomas Dooling
13. Birthplace Penn (City or town) (State or foreign country)

Father
14. Maiden name Mary Warren
15. Birthplace Ireland. (City or town) (State or foreign country)

16. Informant's **OWN** Signature Frances Dooling
and Address Mullan Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 10-44 (Month) (Day) (Year)
(c) Place: Mullan Idaho

18. Funeral Director's **OWN** Signature [illegible]
and Address [illegible]

19. (a) 11-9-44 (Date received and filed) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Oct 7 19 44
at 8:15 o'clock A. M.

21. **I HEREBY CERTIFY**, That I attended deceased from Sept 1 1944, to Oct 7 1944
I last saw h... alive on ...19...; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebral hemorrhage	48 hrs
Due to Arteriosclerosis	—
~~Due to~~ Carcinoma of	
Other conditions esophagus (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature [illegible] (M. D. or other)
and Address Wallace Date 10-9 19 44
(For additional space, use reverse side)

United States
Department of Commerce
Bureau of the Census

NOV 8 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 141061
Local Reg. No. 43
Reg. Dist. No. 142

1. PLACE OF DEATH
(a) County Shoshone
(b) City or town Kellogg
(c) Street Address or R. F. D. No. 113 Kellogg
(d) Death Occurred Inside? ✓ Outside? ____ city or town
(e) Died in a Home __ Hospital ✓ Institution __ Other place __
(f) Name Hosp. or Inst. whistler Stayed 28 days
(g) Lived in this county 57 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Shoshone
(c) City or town Kellogg
(d) Street Address or R. F. D. No. 113 Kellogg
(e) Deceased lived Inside? ✓ Outside? ____ city or town
(f) Citizen of what country? U.S.
(g) How long had deceased lived in Idaho? 57 years
(h) Former residence (city, state) ____

3. (a) FULL NAME John F Mattson 13a

3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Male
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Hulda
6. (c) Age of husband or wife if alive 65 years
7. Date of Birth (Month, Day, Year) September 15 1870

8. AGE	Years	Months	Days	If less than 1 day
	74	0	23	hrs min.

9. Exact Occupation Miner Did this work for 57 yrs.
10. Industry or Business Miner Date last worked 1932
11. Birthplace Sweden (City or town) (State or foreign country)
Father
12. Name Emanuel Peterson
13. Birthplace Sweden (City or town) (State or foreign country)
Mother
14. Maiden name Unknown
15. Birthplace Sweden (City or town) (State or foreign country)
16. Informant's OWN Signature Mrs Hulda Mattson
and Address Kellogg Idaho
17. (a) Burial (Burial, cremation or removal) (b) Date thereof 10/10/44 (Month) (Day) (Year)
(c) Place Kellogg Idaho
18. Funeral Director's OWN Signature [illegible]
and Address Kellogg Idaho
19. (a) Oct. 10 - 44 (Date received and filed) (b) Mrs Helen M Bride (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) 10 - 8 1944
at 4 o'clock P M.
21. I HEREBY CERTIFY, That I attended deceased from 9 - 12 1944, to 10 - 8 1944
I last saw him alive on 10 - 8 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Myocarditis - decompensation	
Due to Silico - Tbc	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation ____ Date ____	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature Robert Stacy (M. D. or other)
and Address Kellogg Ida Date 10 9 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1410[illegible]

United States
Department of Commerce
Bureau of the Census

NOV 10 1944

Certificate Of Death

STATE OF IDAHO

State File No.
Local Reg. No. 34
Reg. Dist. No. 140

1. **PLACE OF DEATH:**
(a) County Shoshone
(b) City or town Wallace
(c) Street Address or R. F. D. No.
(d) Death Occured Inside? Outside? city or town
(e) Died in a Home Hospital Institution Other place
(f) Name Hosp. or Inst. Providence Stayed days
(g) Lived in this county 35 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Shoshone
(c) City or town Wallace
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? Outside? city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? 35 years
(h) Former residence (city, state)

3. (a) **FULL NAME** Dora May Cooper

94a

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Feb. 19 - 1883

8. AGE	Years	Months	Days	If less than 1 day
	61	7	25	hrs min.

9. Exact Occupation At Home. Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Galena (City or town) Kansas (State or foreign country)

Father
12. Name Not Known
13. Birthplace " " (City or town) (State or foreign country)

Mother
14. Maiden name Clara Warner
15. Birthplace Galena Kansas (City or town) (State or foreign country)

16. Informant's **OWN** Signature Jane Cooper
and Address Albeton Mont.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct-17-44 (Month) (Day) (Year)
(c) Place: Wallace Idaho

18. Funeral Director's **OWN** Signature Edna Beer (Wards)
and Address Wallace Idaho

19. (a) Oct-16-44 (Date received and filed) (b) Edna Beer (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Oct. 14 1944
at 12:30 o'clock A. M.

21. **I HEREBY CERTIFY**, That I attended deceased from 1944, to 1944
I last saw her alive on 10-13 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration
Carcinoma of Uterus 1 yr
Due to
Arterio sclerosis 4 mo
Due to
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature [illegible] (M. D. or other)
and Address [illegible] Date Oct 16 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

NOV 8 1944

Certificate Of Death

STATE OF IDAHO

State File No. 141083
Local Reg. No. 44
Reg. Dist. No. 142

1. **PLACE OF DEATH:**
   (a) County Shoshone
   (b) City or town Kellogg
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home.... Hospital X Institution.... Other place....
   (f) Name Hosp. or Inst. Warsinc Stayed 7 days
   (g) Lived in this county 34 years ..... months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Shoshone
   (c) City or town Kellogg
   (d) Street Address or R.F.D. No. 1075-3 ave
   (e) Deceased lived Inside? X Outside? ..... city or town
   (f) Citizen of what country? U.S.
   (g) How long had deceased lived in Idaho? 34 years
   (h) Former residence (city, state)

3. (a) **FULL NAME** Sirrielda M. Sturts 83a

3. (b) If veteran, name war -
3. (c) Social Security No. -
4. Sex Female
5. Color or race white
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Hamilton
6. (c) Age of husband or wife if alive 67 years
7. Date of Birth (Month, Day, Year) July 21, 1874

8. AGE	Years	Months	Days	If less than 1 day
	70	2	20	hrs min.

9. Exact Occupation Housewife Did this work for 50 yrs.
10. Industry or Business Home Date last worked 10/10/44
11. Birthplace Bates County (City or town) Missouri (State or foreign country)

Father
12. Name Henry Melton
13. Birthplace Missouri (City or town) (State or foreign country)

Mother
14. Maiden name Susan Henson
15. Birthplace Missouri (City or town) (State or foreign country)

16. Informant's **OWN** Signature Hamilton Sturts
and Address Kellogg Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/22/44 (Month) (Day) (Year)
(c) Place Greenwood Kellogg Idaho
18. Funeral Director's **OWN** Signature [illegible]
and Address Kellogg Idaho
19. (a) 10-20-1944 (Date received and filed) (b) Mrs. Helen McBride (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Oct 18 1944
at 8 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from Oct 10 1944 to Oct 18 1944
I last saw her alive on Oct 18 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebral apoplexy	8 days
Due to arterial hypertension	? years
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted? Kellogg	
Name of operation — Date	
Major finding —	
Finding of autopsy —	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature Glenn McCaffery MD (M. D. or other)
and Address Kellogg Ida Date 10-18 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

141054

United States
Department of Commerce NOV 10 1944
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 141054
Local Reg. No. 36
Reg. Dist. No. 146

1. **PLACE OF DEATH:**
   (a) County Shoshone
   (b) City or town Wallace
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? X Outside? city or town
   (e) Died in a Home Hospital X Institution Other place
   (f) Name Hosp. or Inst. Providence Stayed 3 days
   (g) Lived in this county 1 years months days

   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Benewah
   (c) City or town St. Joe
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? X Outside? city or town
   (f) Citizen of what country? U. S. A.
   (g) How long had deceased lived in Idaho? 20 years
   (h) Former residence (city, state)

3. (a) **FULL NAME** Mary Ann Kruger

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Louis
6. (c) Age of husband or wife if alive 28 years
7. Date of Birth (Month, Day, Year) November 2, 1923

8. AGE	Years	Months	Days	If less than 1 day
	20	11	25	hrs min.

9. Exact Occupation Housewife — Did this work for 3 yrs.
10. Industry or Business Home — Date last worked 10-24-44
11. Birthplace Coeur d' Alene, Idaho (City or town) (State or foreign country)

Father
12. Name Unknown
13. Birthplace " (City or town) (State or foreign country)

Mother
14. Maiden name Unknown
15. Birthplace " (City or town) (State or foreign country)

16. Informant's **OWN** Signature Louis Kruger and Address Calder, Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 10-27-44 (Month) (Day) (Year)
    (c) Place: St. Maries, Idaho
18. Funeral Director's **OWN** Signature R. E. Wessa and Address St. Maries, Idaho
19. (a) Oct 31-44 (Date received and filed) (b) Ethel Boyer (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) October 27, 1944 19
    at 2:30 o'clock A. M.
21. **I HEREBY CERTIFY**, That I attended deceased from Oct 27 19 44 to Oct 27 19 44
    I last saw her alive on Oct 26 19 44 death is said to have occurred on the date and hour stated above.
    Immediate Cause of Death: Carcinoma of Breast — Duration
    Due to Edophtalmus
    Due to Total Paralysis
    Other conditions Carcinoma
    (Include pregnancy within 3 months of death)
    Where was disease contracted? Yes
    Name of operation Date
    Major finding
    Finding of autopsy
    PHYSICIAN Underline the cause to which death should be charged statistically.
22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
    Occurred 19 City, county, state where violence occurred
    Place of Violence: Home Farm Industry
    Public Place While at work?
    Means of injury
23. Attendant's **OWN** Signature [illegible] (M.D. or other)
    and Address [illegible] Date 19 44
    (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census NOV 8 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 141035
Local Reg. No. 44
Reg. Dist. No. 142

1. **PLACE OF DEATH:**
(a) County Shoshone
(b) City or town Kellogg
(c) Street Address or R. F. D. No. 66
(d) Death Occurred Inside? ✓ Outside? ____ city or town
(e) Died in a Home ____ Hospital ____ Institution ____ Other place ✓
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 57 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Shoshone
(c) City or town Kellogg
(d) Street Address or R. F. D. No. 66
(e) Deceased lived Inside? ✓ Outside? ____ city or town
(f) Citizen of what country? ____
(g) How long had deceased lived in Idaho? ____ years
(h) Former residence (city, state) ____

3. (a) **FULL NAME** John B Jacobs 9/a

3. (b) If veteran, name war ✓
3. (c) Social Security No. ____
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife ____
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) July 21 - 1882

8. AGE	Years	Months	Days	If less than 1 day
	62	8	7	hrs ____ min.

9. Exact Occupation Farmer — Did this work for ____ yrs.
10. Industry or Business ____ — Date last worked ____
11. Birthplace Leadville (City or town) Colo (State or foreign country)

Father
12. Name Paul Jacobs
13. Birthplace Russia (City or town) (State or foreign country)

Mother
14. Maiden name Margaretha Glesener
15. Birthplace Luxembourg (City or town) Germany (State or foreign country)

16. Informant's **OWN** Signature Pete Jacobs
and Address Kellogg Idaho

17. (a) Cremate (Burial, cremation or removal) (b) Date thereof Oct 31 1944 (Month) (Day) (Year)
(c) Place: Inglewood Calif

18. Funeral Director's **OWN** Signature A. L. Stuart
and Address Kellogg Idaho

19. (a) 10-30-1944 (Date received and filed) (b) Mrs. Helen McBride (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Oct. 28 1944
at 9:30 o'clock A M.

21. **I HEREBY CERTIFY,** That I attended deceased from ____ 19__ to ____ 19__
I last saw him alive on Oct 27 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — Duration
1 Coronary Embolism — Sudden
Due to ____
Due to ____
Other conditions ____
(Include pregnancy within 3 months of death)

Where was disease contracted? Kellogg Ida
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's **OWN** Signature Glenn McCaffery M.D.
(M. D. or other)
and Address Kellogg Ida Date 10-30 1944
(For additional space, use reverse side)

United States
Department of Commerce NOV 8 1944
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 141036
Local Reg. No. 45
Reg. Dist. No. 142

1. **PLACE OF DEATH:**
(a) County Shoshone
(b) City or town Kellogg
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? ✓ Outside? city or town
(e) Died in a Home ✓ Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county years 5 months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Shoshone
(c) City or town Kellogg
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? ✓ Outside? city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? 5 months
(h) Former residence (city, state)

3. (a) **FULL NAME** Phylis Judy Morgan

3. (b) If veteran, name war ✓
3. (c) Social Security No.
4. Sex female
5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife ✓
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) May 25 - 1944

8. AGE	Years	Months	Days	If less than 1 day
		5	3	hrs min.

9. Exact Occupation Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Kellogg Idaho (City or town) (State or foreign country)
Father
12. Name Robert Morgan
13. Birthplace Ronan Mont. (City or town) (State or foreign country)
Mother
14. Maiden name Natalie Kelsey
15. Birthplace Mont. (City or town) (State or foreign country)
16. Informant's OWN Signature Mrs Robert Morgan
and Address Kellogg Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 31-1944 (Month) (Day) (Year)
(c) Place: Kellogg Ida
18. Funeral Director's OWN Signature R. L. Stout
and Address Kellogg Idaho
19. (a) 10-30-1944 (Date received and filed) Mrs. Helen McBride (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Oct 28 1944
at 8:00 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from ——— 19 ___, to ——— 19 ___
I last saw h___ alive on ——— 19 ___; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
asphyxiation	
Due to Coughing seizure	10-14 days
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? Kellogg Ida
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature Glenn McCaffery, M.D. (M. D. or other)
and Address Kellogg Ida Date 10-30 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

NOV 8 1944

Certificate Of Death

STATE OF IDAHO

State File No. 1410
Local Reg. No. 46
Reg. Dist. No. 142

1. PLACE OF DEATH:
(a) County Shoshone
(b) City or town Kellogg
(c) Street Address or R.F.D. No. 855 Pine
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Home X Hospital.... Institution.... Other place....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 24 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Shoshone
(c) City or town Kellogg
(d) Street Address or R.F.D. No. 22 W Brown
(e) Deceased lived Inside? X Outside? ..... city or town
(f) Citizen of what country? U.S.
(g) How long had deceased lived in Idaho? 24 years
(h) Former residence (city, state) .....

3. (a) FULL NAME Nancy K Bushnell 93

3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) April 7, 1876

8. AGE	Years	Months	Days	If less than 1 day
	68	6	21	hrs min.

9. Exact Occupation Home Did this work for ..... yrs.
10. Industry or Business Home Date last worked 10/27/44
11. Birthplace Knoxville (City or town) Tennessee (State or foreign country)
Father
12. Name Grandville Kettrell
13. Birthplace Tennessee (City or town) (State or foreign country)
Mother
14. Maiden name Grizzy Blankinship
15. Birthplace Unknown (City or town) (State or foreign country)
16. Informant's **OWN** Signature Mrs Paul Taylor
and Address Kellogg Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/1/44 (Month) (Day) (Year)
(c) Place: Greenwood - Kellogg
18. Funeral Director's **OWN** Signature Grant C Clark
and Address Kellogg Idaho
19. (a) 11-3-1944 (Date received and filed) Mrs. Helen McBride (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Oct. 28 1944
at 9.00 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from 12-16-43 19....., to 10-26-44 19.....
I last saw her alive on 10-26- 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Coronary Embolism	10 MIN
Due to Hypertension	3 YRS
Chronic Myocarditis	2½ YRS.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature Marion E. Herr D.O. (M. D. or other)
and Address Hutton Bg. Date 11-3 1944
(For additional space, use reverse side)
KELLOGG, IDA

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

NOV 10 1944

Certificate Of Death

STATE OF IDAHO

State File No. 1410 m
Local Reg. No. 37
Reg. Dist. No. 140

1. **PLACE OF DEATH:**
   (a) County Shoshone
   (b) City or town Wallace
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? ..... Outside? ..... city or town
   (e) Died in a Home ✓ Hospital .... Institution .... Other place ....
   (f) Name Hosp. or Inst. ..... Stayed ..... days
   (g) Lived in this county ..... years 7 months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Shoshone
   (c) City or town Wallace
   (d) Street Address or R.F.D. No. 1615 Cottonwood Ave.
   (e) Deceased lived Inside? ..... Outside? ..... city or town
   (f) Citizen of what country?
   (g) How long had deceased lived in Idaho? ..... years
   (h) Former residence (city, state) Anaconda Mont.

3. (a) **FULL NAME** Lewis Clive Farlin

102

3. (b) If veteran, name war .....
3. (c) Social Security No. 516-05-2276
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Marie
6. (c) Age of husband or wife if alive 60 years
7. Date of Birth (Month, Day, Year) Dec 7-1882

8. AGE	Years	Months	Days	If less than 1 day
	61	10	22	hrs min.

9. Exact Occupation Clerk — Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Peach Orchard (City or town) N.Y. (State or foreign country)
Father
12. Name Isa Farlin
13. Birthplace ..... N.Y. (City or town) (State or foreign country)
Mother
14. Maiden name Elizabeth Howell
15. Birthplace ..... N.Y. (City or town) (State or foreign country)
16. Informant's **OWN** Signature X A. F. Farlin
and Address Anaconda Mont.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Oct 31-44 (Month) (Day) (Year)
(c) Place: Hamilton Mont.
18. Funeral Director's **OWN** Signature Chas Bever (Wards)
and Address Wallace Idaho
19. (a) Oct 31-44 (Date received and filed) (b) John Bever (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Oct 29 1944
at 12:00 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from ..... 19 ..., to ..... 19 ....
I last saw h..... alive on Oct 28 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Sudden Death in Bed apparently	
Due to Heart failure	
Due to	
Other conditions Hypertension	
(Include pregnancy within 3 months of death) Heterophyes	

Where was disease contracted?
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature J. C. Mowery Coroner (M. D. or other)
and Address Wallace Idaho Date 10 31 1944
(For additional space, use reverse side)

United States
Department of Commerce
Bureau of the Census

SEP 12 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 14105
Local Reg. No. 199
Reg. Dist. No. 461

1. **PLACE OF DEATH:**
   (a) County Twin Falls
   (b) City or town Twin Falls
   (c) Street Address or R. F. D. No. #3
   (d) Death Occurred Inside? Outside? x city or town
   (e) Died in a Home Hospital x Institution Other place
   (f) Name Hosp. or Inst. T F County Stayed days
   (g) Lived in this county years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State (b) County
   (c) City or town
   (d) Street Address or R. F. D. No.
   (e) Deceased lived Inside? Outside? city or town
   (f) Citizen of what country?
   (g) How long had deceased lived in Idaho? years
   (h) Former residence (city, state)

3. (a) **FULL NAME** Baby Pace

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race W
6. (a) Single, widowed, married, divorced x
6. (b) Name of husband or wife x
6. (c) Age of husband or wife if alive x years
7. Date of Birth (Month, Day, Year) Sept 2, 1944

8. AGE	Years	Months	Days	If less than 1 day
	0	0	0	19 hrs min.

9. Exact Occupation — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace Twin Falls, (City or town) Idaho (State or foreign country)

Father
12. Name Frank Pace Jr
13. Birthplace Burley. Idaho (City or town) (State or foreign country)

Mother
14. Maiden name Lapreal Preston
15. Birthplace Delco, Idaho (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. P. Laurence
and Address Twin Falls, Idaho

17. (a) removal (Burial, cremation, or removal) (b) Date thereof 9 2 44 (Month) (Day) (Year)
(c) Place: Burley, Idaho

18. Funeral Director's OWN Signature Frank Pace Jr.
and Address Burley, Idaho

19. (a) SEP 12-1944 (Date received and filed) (b) (Registrar's Signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Sept 2 1944
at 8 o'clock P M.

21. **I HEREBY CERTIFY,** That I attended deceased from 9-2 1944, to 9-2 1944
I last saw her alive on 9-2 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Premature infant-6 hrs — Duration
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Where was disease contracted?
Name of operation None Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's OWN Signature [illegible] M D (M. D. or other)
and Address Twin Falls Ida Date 9-2 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census OCT 12 1944

Certificate Of Death

STATE OF IDAHO

State File No. 141090
Local Reg. No. 211
Reg. Dist. No. 460

1. **PLACE OF DEATH:**
   (a) County Twin Falls
   (b) City or town Twin Falls
   (c) Street Address or R.F.D. No. 1335 Addison
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home X Hospital .... Institution .... Other place ....
   (f) Name Hosp. or Inst. ..... Stayed ..... days
   (g) Lived in this county 30 years 5 months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State ..... (b) County .....
   (c) City or town .....
   (d) Street Address or R.F.D. No. .....
   (e) Deceased lived Inside? ..... Outside? ..... city or town
   (f) Citizen of what country? .....
   (g) How long had deceased lived in Idaho? 30 years
   (h) Former residence (city, state) Clay Co., Kans.

3. (a) **FULL NAME** Oren Frank Miller

45C

3. (b) If veteran, name war .....
3. (c) Social Security No. 519-01-9834
5. Color or race White
4. Sex Male
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mabel
6. (c) Age of husband or wife if alive 62 years
7. Date of Birth (Month, Day, Year) Dec. 28, 1874

8. AGE	Years	Months	Days	If less than 1 day
	69	8	24	hrs ..... min.

9. Exact Occupation ..... Did this work for ..... yrs.
10. Industry or Business Kaiser Shipyards Date last worked 3/ /44
11. Birthplace Poala County, Iowa (City or town) (State or foreign country)

Father
12. Name Henry Miller
13. Birthplace Unknown (City or town) (State or foreign country)

Mother
14. Maiden name Mary E. Millard
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mrs O. F. Miller
and Address Twin Falls, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/25/44 (Month) (Day) (Year)
(c) Place: Twin Falls Cemetery

18. Funeral Director's **OWN** Signature Reynolds Funeral Home
and Address Twin Falls, Idaho

19. (a) SEP 25 1944 (Date received and filed) (b) [signature] (Registrar's Signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Sept. 22, 1944
at 1:30 o'clock A. M.

21. **I HEREBY CERTIFY**, That I attended deceased from 6-3-43 19 ..., to 9-22-44 19 ...
I last saw him alive on 9-22-44 19 ...; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cancer of mouth -	15 mos
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature Joseph W. Marshall M.D. (M. D. or other)
and Address Twin Falls, Ida. Date 9-22-44 19...
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census NOV 1 1 1944

Certificate Of Death

STATE OF IDAHO

State File No. 141091
Local Reg. No. 227
Reg. Dist. No. 361

1. PLACE OF DEATH:

(a) County Twin Falls
(b) City or town Twin Falls
(c) Street Address or R. F. D. No. #3
(d) Death Occured Inside? ..... Outside? X ..... city or town
(e) Died in a Home X Hospital .... Institution .... Other place ....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county ..... years 3 months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

(a) State Idaho (b) County T. Falls
(c) City or town Twin Falls
(d) Street Address or R.F.D. No. RFD #3
(e) Deceased lived Inside? ..... Outside? X ..... city or town
(f) Citizen of what country? United States
(g) How long had deceased lived in Idaho? 3 Mos. years
(h) Former residence (city, state) Oregon

3. (a) FULL NAME Emma Minnie Warren

46E

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife .....

6. (c) Age of husband or wife if alive ..... years

7. Date of Birth (Month, Day, Year) January 30, 1859

8. AGE	Years	Months	Days	If less than 1 day
	85	9	1	hrs ..... min.

9. Exact Occupation Housewife Did this work for ..... yrs.

10. Industry or Business ..... Date last worked .....

11. Birthplace Plano, Ill (City or town) (State or foreign country)

Father — 12. Name No. Information

13. Birthplace " (City or town) (State or foreign country)

Mother — 14. Maiden name No. Information

15. Birthplace " (City or town) (State or foreign country)

16. Informant's **OWN** Signature Rex Warren

and Address Twin Falls, Idaho

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 10-2-44 (Month) (Day) (Year)

(c) Place: Lebanon, Oregon

18. Funeral Director's **OWN** Signature J. C. Phillips

and Address Twin Falls, Idaho

19. (a) Nov 1 1944 (Date received and filed) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) October 1 19 44
at 12:20 o'clock A M.

21. **I HEREBY CERTIFY,** That I attended deceased from August 1 1944, to Oct 1 1944
I last saw h.e.r. alive on 9-25 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Senility	
Cerebral Hemorrhage	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted? Home	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation None Date	
Major finding	
Finding of autopsy None	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature C. A. Boston MD (M. D. or other)
and Address Twin Falls Ida Date 10-1 19 44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census NOV 14 1944

Certificate Of Death

STATE OF IDAHO

State File No. 141092
Local Reg. No. 223
Reg. Dist. No. 460

1. **PLACE OF DEATH:**
(a) County Twin Falls
(b) City or town Twin Falls
(c) Street Address or R.F.D. No. 228 3rd Ave North
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Home X Hospital ..... Institution ..... Other place .....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 36 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Twin Falls
(c) City or town Twin Falls
(d) Street Address or R.F.D. No. 228 3rd Ave No
(e) Deceased lived Inside? X Outside? ..... city or town
(f) Citizen of what country? U.S.
(g) How long had deceased lived in Idaho? 36 years
(h) Former residence (city, state) .....

3. (a) **FULL NAME** BROSSEAU, Aime B.

94a

3. (b) If veteran, name war None
3. (c) Social Security No. 519-03-5131
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Agnes
6. (c) Age of husband or wife if alive 62 years
7. Date of Birth (Month, Day, Year) January 5 1876

8. AGE	Years	Months	Days	If less than 1 day
	68	8	26	hrs min.

9. Exact Occupation Barber Did this work for ..... yrs.
10. Industry or Business Barber shop Date last worked 7/1/44
11. Birthplace Montreal, Canada (City or town) (State or foreign country)
Father
12. Name Noe Brosseau
13. Birthplace Montreal, Canada (City or town) (State or foreign country)
Mother
14. Maiden name Olive Mercill
15. Birthplace Canada (City or town) (State or foreign country)
16. Informant's OWN Signature Agnes Brosseau
and Address Twin Falls, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/3/44 (Month) (Day) (Year)
(c) Place: Twin Falls Cem.
18. Funeral Director's OWN Signature White Mortuary
and Address Twin Falls, Idaho
19. (a) Oct 10 1944 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) October 1, 1944
at 1:30 o'clock A. M.
21. **I HEREBY CERTIFY,** That I attended deceased from March 1942, to 9-30 1944
I last saw him alive on Sept. 30 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
✓ Coronary occlusion	6 hrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation ..... Date	
Major finding	
Finding of autopsy	

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's OWN Signature [signature] (M. D. or other)
and Address Twin Falls, Ida Date ..... 19.....
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce NOV 1 4 1944
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 141093
Local Reg. No. 224
Reg. Dist. No. 461

1. PLACE OF DEATH:
(a) County Twin Falls
(b) City or town Twin Falls
(c) Street Address or R.F.D. No. #3.
(d) Death Occured Inside? ..... Outside? X city or town
(e) Died in a Home X Hospital ..... Institution ..... Other place .....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 32 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Twin Falls
(c) City or town Twin Falls
(d) Street Address or R.F.D. No. 3
(e) Deceased lived Inside? ..... Outside? X city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 32 years
(h) Former residence (city, state) .....

3. (a) FULL NAME POMEROY, George E.

94a

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of ~~husband or~~ wife Lena
6. (c) Age of husband or wife if alive 65 years
7. Date of Birth (Month, Day, Year) August 24, 1876

8. AGE	Years	Months	Days	If less than 1 day
	68	1	8	hrs min.

9. Exact Occupation Farmer — Did this work for 32 yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Adrian, Illinois (City or town) (State or foreign country)
Father
12. Name Richard A. Pomeroy
13. Birthplace West Virginia (City or town) (State or foreign country)
Mother
14. Maiden name Mary Stone
15. Birthplace Illinois (City or town) (State or foreign country)
16. Informant's OWN Signature [signature]
and Address Rt. #3, Twin Falls, Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 10/5/44 (Month) (Day) (Year)
(c) Place: Twin Falls Cem
18. Funeral Director's OWN Signature White Mortuary [signature]
and Address Box 845, Twin Falls, Idaho
19. (a) Oct 10-1944 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) October 2nd, 1944 1944
at 6:00 o'clock A. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 10/2 19 ~~[illegible]~~, to Oct., 2nd 1944
I last saw him alive on [illegible] 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Coronary thrombosis	
Due to	
Due to —	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYISCIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding	
Finding of autopsy —	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's OWN Signature [signature] (M. D. or other)
and Address Twin Falls, Ida. Date 10-5 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

NOV 14 1944

Certificate Of Death

STATE OF IDAHO

State File No. 141094
Local Reg. No. 222
Reg. Dist. No. 46

1. PLACE OF DEATH:
(a) County Twin Falls
(b) City or town Twin Falls
(c) Street Address or R.F.D. No. none
(d) Death Occured Inside? ... Outside? * city or town
(e) Died in a Home ... Hospital * Institution ... Other place ...
(f) Name Hosp. or Inst. Twin Falls Co. Stayed 0 days
(g) Lived in this county 0 years 0 months 0 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Twin Falls
(c) City or town Buhl
(d) Street Address or R.F.D. No. none
(e) Deceased lived Inside? ... Outside? * city or town
(f) Citizen of what country? U. S.
(g) How long had deceased lived in Idaho? 0 years
(h) Former residence (city, state) same

3. (a) FULL NAME Reta Rae Davis

159

3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced stillborn
6. (b) Name of husband or wife none
6. (c) Age of husband or wife if alive ... years
7. Date of Birth (Month, Day, Year) October 5, 1944

8. AGE	Years	Months	Days	If less than 1 day
	0	0	1	2 hrs 0 min.

9. Exact Occupation none ... Did this work for ... yrs.
10. Industry or Business none ... Date last worked ...
11. Birthplace Twin Falls, Idaho (City or town) (State or foreign country)

Father
12. Name Rex Davis
13. Birthplace Gordon, Neb. (City or town) (State or foreign country)

Mother
14. Maiden name Gladys Duval
15. Birthplace Driggs, Idaho (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. Rae Davis
and Address Buhl, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/6/44 (Month) (Day) (Year)
(c) Place: Buhl City Cemetery

18. Funeral Director's OWN Signature B. T. Robertson
and Address Buhl, Idaho

19. (a) Oct. 9, 1944 (Date received and filed) (b) ... (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 10 - 5 1944
at 5:30 o'clock A M.

21. **I HEREBY CERTIFY**, That I attended deceased from 10-4 1944, to 10-5 1944
I last saw her alive on 10-4 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: (Duration)
1 Premature birth 7 mo
Due to ...
Due to ...
Other conditions (Include pregnancy within 3 months of death) ...
Where was disease contracted? ...
Name of operation ... Date ...
Major finding ...
Finding of autopsy ...

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ... Suicide? ... Homicide? ...
Occurred ... 19... City, county, state where violence occurred ...
Place of Violence: Home ... Farm ... Industry ...
Public Place ... While at work? ...
Means of injury ...

23. Attendant's OWN Signature ... (M. D. or other)
and Address Twin Falls, Idaho Date 10/6 1944

(For additional space, use reverse side)

Murphy

United States
Department of Commerce
Bureau of the Census

NOV 14 1944

Certificate Of Death

STATE OF IDAHO

State File No. 141095
Local Reg. No. 228
Reg. Dist. No. 860

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
   (a) County Twin Falls
   (b) City or town Twin Falls
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? x Outside? city or town
   (e) Died in a Home Hospital x Institution Other place
   (f) Name Hosp. or Inst. Stayed 7 days
   (g) Lived in this county 19 years months days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County T. Falls
   (c) City or town Twin Falls
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? x Outside? city or town
   (f) Citizen of what country? United States
   (g) How long had deceased lived in Idaho? 19 years
   (h) Former residence (city, state) Ireland

3. (a) **FULL NAME** William Thomas Davis

1226

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male race White
5. Color or
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) March 4, 1860

8. AGE	Years	Months	Days	If less than 1 day
	84	7	3	hrs min.

9. Exact Occupation retired farmer — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace County Down, (City or town) Northern Ireland (State or foreign country)

Father
12. Name No information
13. Birthplace " (City or town) (State or foreign country)

Mother
14. Maiden name No information
15. Birthplace " (City or town) (State or foreign country)

16. Informant's **OWN** Signature J. A. Empey
and Address Idaho Falls Ida

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-12-44 (Month) (Day) (Year)
(c) Place: Filer Cemetery

18. Funeral Director's **OWN** Signature L. C. Phillips
and Address Twin Falls, Idaho

19. (a) Oct 12-1944 (Date received and filed) (b) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) October 7 19 44
at 3:00 o'clock A M.

21. **I HEREBY CERTIFY,** That I attended deceased from 10-6, 1944, to 10-7 1944
I last saw him alive on 10-6 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Intestinal obstruction	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? at home
Name of operation None Date
Major finding
Finding of autopsy None

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature J. T. Mundell (M. D. or other)
and Address Twin Falls Date 10-11 1944

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 141055
Local Reg. No. 231
Reg. Dist. No. 461

NOV 1 1 1944

1. **PLACE OF DEATH:**
   (a) County Twin Falls
   (b) City or town
   (c) Street Address or R.F.D. No. 4
   (d) Death Occured Inside? Outside? X city or town
   (e) Died in a Home X Hospital Institution Other place
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county 37 years months days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Twin Falls
   (c) City or town Buhl
   (d) Street Address or R.F.D. No. 4
   (e) Deceased lived Inside? Outside? X city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 37 years
   (h) Former residence (city, state) Wyoming

3. (a) **FULL NAME** Mary E Shark

932

3. (b) If veteran, name war X
3. (c) Social Security No. X
4. Sex Female
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Peter Shark
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) January 28th. 1866

8. AGE	Years	Months	Days	If less than 1 day
	78	8	11	hrs min.

9. Exact Occupation Housewife — Did this work for 58 yrs.
10. Industry or Business — Date last worked
11. Birthplace Missouri (City or town) (State or foreign country)

Father
12. Name James W. Snelson
13. Birthplace Tenn. (City or town) (State or foreign country)

Mother
14. Maiden name Margaret Black
15. Birthplace North Carolina (City or town) (State or foreign country)

16. Informant's **OWN** Signature Retta Moore
and Address Buhl Ida.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-13-1944 (Month) (Day) (Year)
(c) Place: Buhl

18. Funeral Director's **OWN** Signature Davis & Johnson
and Address Buhl

19. (a) Oct 13 1944 (Date received and filed) (b) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 10/9 — 1944
at 3 o'clock P. M.

21. **I HEREBY CERTIFY**, That I attended deceased from 1942, to 10-9- 1944
I last saw her alive on 10-9- 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — Duration
Chronic myocarditis — years
1 Due to Senility
Due to
Other conditions (Include pregnancy within 3 months of death)
Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature W. A. Drake M.D. (M. D. or other)
and Address Buhl Date 10-13 1944
(For additional space, use reverse side)

Boston

United States
Department of Commerce
Bureau of the Census

NOV 1 4 1944

Certificate Of Death

STATE OF IDAHO

State File No. 141007
Local Reg. No. 230
Reg. Dist. No. 361

1. PLACE OF DEATH:
(a) County Twin Falls
(b) City or town Twin Falls
(c) Street Address or R.F.D. No. 111 Sidney St.
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Hom X Hospital ..... Institution ..... Other place .....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 33 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County T. Falls
(c) City or town Twin Falls
(d) Street Address or R.F.D. No. 111 Sidney St.
(e) Deceased lived Inside? X Outside? ..... city or town
(f) Citizen of what country? United States
(g) How long had deceased lived in Idaho? 33 years
(h) Former residence (city, state) Kansas

3. (a) **FULL NAME** Minnie Carolyn McCracken 93d

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife L. S. McCracken
6. (c) Age of husband or wife if alive 75 years
7. Date of Birth (Month, Day, Year) July 21, 1871

8. AGE	Years	Months	Days	If less than 1 day
	72	2	18	hrs min.

9. Exact Occupation Housewife Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Macon County, Mo. (City or town) (State or foreign country)

Father
12. Name Wm Owen
13. Birthplace Missouri (City or town) (State or foreign country)

Mother
14. Maiden name Susan Daudt
15. Birthplace Missouri (City or town) (State or foreign country)

16. Informant's **OWN** Signature L. S. McCracken
and Address 111 Sidney St Twin
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-21-44 (Month) (Day) (Year)
(c) Place: Twin Falls Cemetery
18. Funeral Director's **OWN** Signature [signature]
and Address Twin Falls, Idaho
19. (a) Oct 13 1944 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) October 9 1944
at 3:30 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from 4-7 1942, to 10/9 1944
I last saw her alive on 10/5 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Hypertensive heart disease	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted? Home	
Name of operation none Date	
Major finding	
Finding of autopsy none	

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature A A Boston MD (M. D. or other)
and Address Twin Falls Idaho Date 10/12 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

NOV 14 1944

Certificate Of Death

STATE OF IDAHO

State File No. 141098
Local Reg. No. 229
Reg. Dist. No. 361

1. PLACE OF DEATH:
(a) County Twin Falls
(b) City or town Twin Falls
(c) Street Address or R.F.D. No. 3.
(d) Death Occured Inside? ... Outside? X city or town
(e) Died in a Home X Hospital ... Institution ... Other place ...
(f) Name Hosp. or Inst. ... Stayed ... days
(g) Lived in this county 32 years ... months ... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Twin Falls
(c) City or town Twin Falls
(d) Street Address or R.F.D. No. 3.
(e) Deceased lived Inside? ... Outside? X city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 32 years
(h) Former residence (city, state) ...

3. (a) FULL NAME REQUA, Arthur J.

164c

3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Maude M.
6. (c) Age of husband or wife if alive 69 years
7. Date of Birth (Month, Day, Year) March 18, 1873

8. AGE	Years	Months	Days	If less than 1 day
	71	6	23	hrs ... min.

9. Exact Occupation Farmer — Did this work for 32 yrs.
10. Industry or Business — Date last worked 10-10-44
11. Birthplace Miami County, (City or town) Kansas (State or foreign country)

Father
12. Name James Requa
13. Birthplace Ohio (City or town) (State or foreign country)

Mother
14. Maiden name Margaret C. Thomas
15. Birthplace Ohio (City or town) (State or foreign country)

16. Informant's OWN Signature C D Requa
and Address Route #3 Twin Falls
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 10-13-44 (Month) (Day) (Year)
(c) Place: Twin Falls Cemetery
18. Funeral Director's OWN Signature White Mortuary Ella M. White E-249
and Address Twin Falls, Idaho.
19. (a) Nov 12-1944 (Date received and filed) (b) ... (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) October 11th, 1944
at 9:00 o'clock A M. saw

21. **I HEREBY CERTIFY**, That I attended deceased from Oct. 11th 1944, to 1944
I last saw him alive on dead Oct.11 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Shot from 32 Automatic Rifle	Immed.
✓ Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ... Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ... Suicide? X ... Homicide? ...
Occurred Oct. 11th 1944 City (county) state where violence occurred Rt# 3 Twin Falls Co. Ida
Place of Violence: Home ... Farm ... X Industry ...
Public Place ... While at work?
Means of injury Shot from Aut. R Rifle.

23. Attendant's OWN Signature Justice of Peace (M. D. or other) Acting Coroner
and Address Twin Falls, Idaho Date 10 12 1944
(For additional space, use reverse side)

Dr. Schwartz

United States
Department of Commerce
Bureau of the Census

NOV 11 1944

Certificate Of Death

STATE OF IDAHO

State File No. 141099
Local Reg. No. 233
Reg. Dist. No. 460

1. PLACE OF DEATH:
(a) County Twin Falls
(b) City or town Twin Falls 412-5 Ave E
(c) Street Address or R.F.D. No. ~~335 3rd Ave. E~~
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Home X Hospital ..... Institution ..... Other place .....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 25 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County T. Falls
(c) City or town Twin Falls 412-5 Ave E
(d) Street Address or R.F.D. No. ~~335 3rd E~~
(e) Deceased lived Inside? X Outside? ..... city or town
(f) Citizen of what country? United States
(g) How long had deceased lived in Idaho? 25 years
(h) Former residence (city, state) Kansas

3. (a) FULL NAME Nathan Harrison White

94a

3. (b) If veteran, name war World War 1
3. (c) Social Security No. .....
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Fern
6. (c) Age of husband or wife if alive 44 years
7. Date of Birth (Month, Day, Year) July 4, 1893

8. AGE	Years	Months	Days	If less than 1 day
	51	3	7	hrs min.

9. Exact Occupation Barber — Did this work for 25 yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Gaylord, Kansas (City or town) (State or foreign country)

Father
12. Name Henry S. White
13. Birthplace Indiana (City or town) (State or foreign country)

Mother
14. Maiden name Mary Anne Wolfe
15. Birthplace Ohio (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs Fern E. White
and Address 412 - 5th Ave East Twin Falls
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-16-44 (Month) (Day) (Year)
(c) Place: Twin Falls Cemetery
18. Funeral Director's OWN Signature S. C. Phillips
and Address Twin Falls, Idaho
19. (a) Oct 19-1944 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) October 11 1944
at 5:30 o'clock P M.

21. I HEREBY CERTIFY, That I attended deceased from 10-11-1944, to 10-11-1944
I last saw h— alive on — 19—; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Due to Carcinoma thin hose.	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted? —	PHYISCIAN Underline the cause to which death should be charged statistically.
Name of operation — Date	
Major finding —	
Finding of autopsy —	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? — Suicide? — Homicide? —
Occurred ..... 19— City, county, state where violence occurred —
Place of Violence: Home — Farm — Industry —
Public Place — While at work? —
Means of injury —

23. Attendant's OWN Signature [signature] (M. D. or other)
and Address Twin Falls, Date 4-19 44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

J. Langenwalter

United States
Department of Commerce
Bureau of the Census

NOV 1 1 1944

Certificate Of Death

STATE OF IDAHO

State File No. 141100
Local Reg. No. 234
Reg. Dist. No. 460

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
   (a) County Twin Falls
   (b) City or town Twin Falls
   (c) Street Address or R.F.D. No. 160 Ash St.
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home X Hospital ..... Institution ..... Other place .....
   (f) Name Hosp. or Inst. ..... Stayed ..... days
   (g) Lived in this county ..... years 32 months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County T. Falls
   (c) City or town Twin Falls
   (d) Street Address or R.F.D. No. 160 Ash St.
   (e) Deceased lived Inside? X Outside? ..... city or town
   (f) Citizen of what country? United States
   (g) How long had deceased lived in Idaho? 32 years
   (h) Former residence (city, state) Hollister, Ida

3. (a) **FULL NAME** William O. King

13b

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Florence
6. (c) Age of husband or wife if alive 55? years
7. Date of Birth (Month, Day, Year) June 12, 1885

8. AGE	Years	Months	Days	If less than 1 day
	55	4		hrs min.

9. Exact Occupation Retired Farmer — Did this work for ..... yrs.
10. Industry or Business ..... — Date last worked .....
11. Birthplace Gainsville, Mo. (City or town) (State or foreign country)

Mother Father
12. Name Isaac King
13. Birthplace No information (City or town) (State or foreign country)
14. Maiden name No information
15. Birthplace " (City or town) (State or foreign country)

16. Informant's **OWN** Signature Alma M McCoward
and Address Twin Falls

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-16-44 (Month) (Day) (Year)
(c) Place: Twin Falls Cemetery

18. Funeral Director's **OWN** Signature S. C. Phillips
and Address Twin Falls, Idaho

19. (a) Oct 19 1944 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) October 12 1944
at 1:00 o'clock P M.

21. **I HEREBY CERTIFY,** That I attended deceased from Sept 27 1942, to Oct 12 1944
I last saw him alive on Oct 5 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Myocarditis	2 mo.
Due to Pulmonary Tuberculosis	4 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature J. Langenwalter. (M. D. or other)
and Address Twin Falls Date 10-14 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

NOV 1 1 1944

Certificate Of Death

STATE OF IDAHO

State File No. 141101
Local Reg. No. 237
Reg. Dist. No. 460

1. **PLACE OF DEATH:**
(a) County Twin Falls
(b) City or town Twin Falls
(c) Street Address or R.F.D. No 220 Ramage St.
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Home X Hospital ..... Institution ..... Other place .....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 15 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County T. Falls
(c) City or town Twin Falls
(d) Street Address or R.F.D. No 220 Ramage St.
(e) Deceased lived Inside? X Outside? ..... city or town
(f) Citizen of what country United States
(g) How long had deceased lived in Idaho? 56 years
(h) Former residence (city, state) Wisc.

3. (a) **FULL NAME** Anna E. Patten

1246

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Female
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife James A.
6. (c) Age of husband or wife if alive 67 years
7. Date of Birth (Month, Day, Year) December 30, 1878

8. AGE	Years	Months	Days	If less than 1 day
	66	9	14	hrs min.

9. Exact Occupation Housewife Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Polk County, Wisc. (City or town) (State or foreign country)
Father
12. Name Wesley Van Dike
13. Birthplace Ill. (City or town) (State or foreign country)
Mother
14. Maiden name No. Information
15. Birthplace " (City or town) (State or foreign country)
16. Informant's **OWN** Signature Layton E. Baldwin
and Address 1559 Harvard ave Salt Lake City Ut.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-17-44 (Month) (Day) (Year)
(c) Place: Sunset Memorial Park
18. Funeral Director's **OWN** Signature S. C. Phillips
and Address Twin Falls, Idaho
19. (a) Oct 20-1944 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 10/14 1944
at 3 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 10/11 1944 to 10/14 1944
I last saw her alive on 10/13 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cirrhosis of liver	4 yrs.
Due to	
Due to	
Other conditions Chronic nephritis ? (Include pregnancy within 3 months of death)	
Where was disease contracted? home	
Name of operation none Date	
Major finding ascites	
Finding of autopsy	

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature George C Halley (M. D. or other)
and Address Twin Falls Date 10/15 1944
(For additional space, use reverse side)

Certificate Of Death

STATE OF IDAHO

NOV 11 1944

State File No. 14102
Local Reg. No. 232
Reg. Dist. No. 461

OF DEATH:

(a) County Twin Falls
(b) City or town Twin Falls
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? Outside? ✓ city or town
(e) Died in a Home.... Hospital ✓ Institution.... Other place....
(f) Name Hosp. or Inst. Twin Falls Stayed 5 days
(g) Lived in this county.....years .....months 5 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Jerome
(c) City or town Jerome
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? Outside? ✓ city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? 6 yrs 11 mos
(h) Former residence (city, ~~state~~) Blackfoot, Idaho

3. (a) **FULL NAME** Connie Lou Dechant 74a

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) Nov. 5, 1937

8. AGE	Years	Months	Days	If less than 1 day
	6	11	8	hrs min.

9. Exact Occupation Child — Did this work for ..... yrs.
10. Industry or Business — Date last worked
11. Birthplace Blackfoot (City or town) Idaho (State or foreign country)

Father
12. Name Celestine J. Dechant
13. Birthplace Hays (City or town) Kansas (State or foreign country)

Mother
14. Maiden name Blase, Leona McBride
15. Birthplace Moreland (City or town) Idaho (State or foreign country)

16. Informant's **OWN** Signature C. J. Dechant
and Address Jerome Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 18 1944 (Month) (Day) (Year)
(c) Place: Sunset Memorial Park
18. Funeral Director's **OWN** Signature T. L. Lyste
and Address 748 Blue Lakes
19. (a) Nov 16 1944 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) October 14th 19 44
at 10.20 o'clock P. M.

21. **I HEREBY CERTIFY**, That I attended deceased from October 10 1944, to October 14 1944
I last saw her alive on October 14 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Acute Lymphatic Leukemia	5 mos.
with nasal hemorrhage and severe anemia.	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? home
Name of operation none Date
Major finding
Finding of autopsy none

PHYISICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature Wallace Bmd MD (M. D. or other)
and Address Twin Falls Date 10.16. 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK. Each item should be answered as completely as possible. State answers as unknown only after a careful search. Use ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census NOV 1 1 1944

Certificate Of Death

STATE OF IDAHO

141103

1. **PLACE OF DEATH:**
   (a) County Twin Falls
   (b) City or town Twin Falls
   (c) Street Address or R.F.D. No. T.F.Co.Hosp
   (d) Death Occured Inside? X Outside? X city or town
   (e) Died in a Home Hospital X Institution Other place
   (f) Name Hosp. or Inst. T.F.Co.Gen'l Hosp Stayed 1 days
   (g) Lived in this county years months 1 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in space)
   (a) State Idaho (b) County Twin Falls
   (c) City or town Twin Falls
   (d) Street Address or R.F.D. No. T.F.Co.Hosp
   (e) Deceased lived Inside? X Outside? X city or town
   (f) Citizen of what country?
   (g) How long had deceased lived in Idaho? years
   (h) Former residence (city, state)

3. (a) **FULL NAME** FORNEY, Martha May

159

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) October 14, 1944

8. AGE	Years	Months	Days	If less than 1 day
	0	0	1	hrs min.

9. Exact Occupation none Did this work for yrs.
10. Industry or Business none Date last worked
11. Birthplace Twin Falls, Idaho (City or town) (State or foreign country)

Father
12. Name Richard A. Forney
13. Birthplace Boise, Idaho (City or town) (State or foreign country)

Mother
14. Maiden name Margaret E. Magel
15. Birthplace Twin Falls, Idaho (City or town) (State or foreign country)

16. Informant's OWN Signature B. Magel
and Address Twin Falls, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/16/44 (Month) (Day) (Year)
(c) Place: Twin Falls Cem.
18. Funeral Director's OWN Signature WHITE MORTUARY
and Address Twin Falls, Idaho
19. (a) Oct 19-1944 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) October 15, 1944
at 11 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from Oct. 14, 1944, to Oct. 15, 1944
I last saw her alive on Oct. 15, 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Premature birth	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted? - - -	PHYISCIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature Wm. F. Passer, (M. D. or other)
and Address Twin Falls, Ida Date 10/16 1944
(For additional space, use reverse side)

14114

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No.
Local Reg. No. 235
Reg. Dist. No. 460

NOV 14 1944

1. **PLACE OF DEATH:**
   (a) County Twin Falls
   (b) City or town Twin Falls
   (c) Street Address or R.F.D. No. 261 Jackson
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Hom X Hospital ... Institution ... Other place ...
   (f) Name Hosp. or Inst. ..... Stayed ..... days
   (g) Lived in this county 34 years ..... months ..... days

   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Twin Falls
   (c) City or town Twin Falls
   (d) Street Address or R.F.D. No. 261 Jackson
   (e) Deceased lived Inside? X Outside? ..... city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 40 years
   (h) Former residence (city, state) Lancaster, Iowa.

3. (a) **FULL NAME** John Franklin Lowe

94a

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Victoria
6. (c) Age of husband or wife if alive 74 years
7. Date of Birth (Month, Day, Year) June 23, 1865

8. AGE	Years	Months	Days	If less than 1 day
	79	3	23	hrs ... min.

9. Exact Occupation Retired Farmer — Did this work for ... yrs.
10. Industry or Business — Date last worked ...
11. Birthplace Lancaster, Iowa (City or town) (State or foreign country)

Father
12. Name Unknown
13. Birthplace ... (City or town) (State or foreign country)

Mother
14. Maiden name Unknown
15. Birthplace ... (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mrs Glen Franklin Lowe
and Address Twin Falls, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/19/44 (Month) (Day) (Year)
(c) Place: Sunset Memorial Park

18. Funeral Director's **OWN** Signature Reynolds Funeral Home James C. Reynolds
and Address Twin Falls, Idaho

19. (a) Oct 20 1944 (Date received and filed) (b) ... (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) October 16, 1944
at 4:50 o'clock P. M.

21. **I HEREBY CERTIFY,** That I attended deceased from May 1943, to 10/16/1944
I last saw him alive on 10/16/1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary Heart disease — Duration 2½ yrs
Due to Arteria Sclerosis with high blood pressure — 3 yrs
Due to ... —
Other conditions (Include pregnancy within 3 months of death) ... —
Where was disease contracted? ... PHYSICIAN
Name of operation ... Date ... Underline the cause to which death should be charged statistically.
Major finding ...
Finding of autopsy ...

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ... Suicide? ... Homicide? ...
Occurred ... 19... City, county, state where violence occurred ...
Place of Violence: Home ... Farm ... Industry ...
Public Place ... While at work? ...
Means of injury ...

23. Attendant's **OWN** Signature J. E. Langenwalter (M. D. or other)
and Address Twin Falls, Ida. Date 10-18 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census NOV 1 1 1944

Certificate Of Death

STATE OF IDAHO

State File No. 14115
Local Reg. No. 238
Reg. Dist. No. 460

1. PLACE OF DEATH:
(a) County Twin Falls
(b) City or town Twin Falls
(c) Street Address or R.F.D. No. T.F.Co.Hosp
(d) Death Occured Inside? ..... Outside? X ..... city or town
(e) Died in a Home ..... Hospital X Institution ..... Other place ....
(f) Name Hosp. or Inst. T.F.Co.Hosp Stayed 6 days
(g) Lived in this county 30 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County TwinFalls
(c) City or town Twin Falls, Idaho
(d) Street Address or R.F.D. No. 445 2nd Ave South
(e) Deceased lived Inside? X Outside? ..... city or town
(f) Citizen of what country? .....
(g) How long had deceased lived in Idaho? life years
(h) Former residence (city, state) .....

3. (a) FULL NAME CRANE, Mrs. Rose

48a

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Fe
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Justice
6. (c) Age of husband or wife if alive 33 years
7. Date of Birth (Month, Day, Year) May 14, 1914

8. AGE	Years	Months	Days	If less than 1 day
	30	5	3	hrs min.

9. Exact Occupation housewife Did this work for ..... yrs.
10. Industry or Business Own Home Date last worked
11. Birthplace Filer, Idaho (City or town) (State or foreign country)

Mother Father
12. Name Fred Clifton
13. Birthplace Argenta, Illinois (City or town) (State or foreign country)
14. Maiden name Verna McGinnis
15. Birthplace Argenta, Illinois (City or town) (State or foreign country)

16. Informant's OWN Signature Fred Clifton
and Address Twin Falls, Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 10/20/44 (Month) (Day) (Year)
(c) Place: Twin Falls Cem.
18. Funeral Director's OWN Signature WHITE MORTUARY
and Address Twin Falls, Idaho
19. (a) ..... (Date received and filed) (b) ..... (Registrar's Signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) October 17, 1944
at 7:50 o'clock P. M.

21. **I HEREBY CERTIFY,** That I attended deceased from 6/24 1944, to Oct 17 1944
I last saw her alive on Oct. 17, 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Generalized Carcinomatosis — Duration .....
Due to primary in cervix .....
Due to squamous cell type .....
Other conditions ..... (Include pregnancy within 3 months of death)
Where was disease contracted? Home
Name of operation none Date .....
Major finding .....
Finding of autopsy none

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's OWN Signature C. A. Barton M.D. (M. D. or other)
and Address Twin Falls, Ida Date 10/18 19 44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

NOV 14 1944

Certificate Of Death

STATE OF IDAHO

State File No. 1411-46
Local Reg. No. 236
Reg. Dist. No. 461

1. **PLACE OF DEATH:**
   (a) County Twin Falls
   (b) City or town Buhl
   (c) Street Address or R.F.D. No. 1.
   (d) Death Occured Inside? ..... Outside? X ..... city or town
   (e) Died in a Home.... Hospital.... Institution.... Other place....
   (f) Name Hosp. or Inst. ..... Stayed ..... days
   (g) Lived in this county 5 years 6 months 11 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Twin Falls
   (c) City or town Buhl
   (d) Street Address or R.F.D. No. 1.
   (e) Deceased lived Inside? ..... Outside? X ..... city or town
   (f) Citizen of what country? U.S.A. 6 mos
   (g) How long had deceased lived in Idaho? 5- years
   (h) Former residence (city, state) .....

3. (a) **FULL NAME** HAKEN, Gertie

175a

3. (b) If veteran, name war --
3. (c) Social Security No. --
4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) April 7, 1939

8. AGE	Years	Months	Days	If less than 1 day
	5	6	11	hrs min.

9. Exact Occupation ..... Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Twin Falls, (City or town) Idaho (State or foreign country)

Father
12. Name Hako Haken Germany x
13. Birthplace Germany (City or town) (State or foreign country)

Mother
14. Maiden name Flossie McClain
15. Birthplace Grand River, (City or town) Iowa (State or foreign country)

16. Informant's OWN Signature Hako Haken
and Address Rt. #1, Buhl, Idaho

17. (a) burial (Burial, cremation, or removal) (b) Date thereof Oct. 23rd 44 (Month) (Day) (Year)
(c) Place: Twin Falls Cemetery

18. Funeral Director's OWN Signature White Mortuary
and Address Twin Falls, Idaho

19. (a) NOV 19 1944 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) October 18th, 1944
at 10:00 o'clock A M. saw

21. **I HEREBY CERTIFY**, That I attended deceased from Oct. 18th 1944, to ..... 19....
I last saw her alive on dead 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Fractured shull & neck	Imid
Due to	
Due to Accident	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? X Suicide? ..... Homicide? .....
Occurred Oct. 18th h., 1944 City (county) state where violence occurred 2½ Miles S. Buhl, Idaho
Place of Violence: Home ..... Farm X Industry .....
Public Place ..... While at work? .....
Means of injury Fell from truck.

23. Attendant's OWN Signature [signature]
Justice Acting Coroner (M. D. or other)
and Address Twin Falls, Ida Date 10 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 141107
Local Reg. No. 239
Reg. Dist. No. 460

NOV 14 1944

1. **PLACE OF DEATH:**
   (a) County Twin Falls
   (b) City or town Twin Falls
   (c) Street Address or R. F. D. No. 312 VanBuren
   (d) Death Occurred Inside? X Outside? ____ city or town
   (e) Died in a Home X Hospital ____ Institution ____ Other place ____
   (f) Name Hosp. or Inst. ____ Stayed ____ days
   (g) Lived in this county 17 years ____ months ____ days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County TwinFalls
   (c) City or town Twin Falls
   (d) Street Address or R. F. D. No. 312 Van Buren
   (e) Deceased lived Inside? X Outside? ____ city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 26 years
   (h) Former residence (city, state) San Saba, Texas

3. (a) **FULL NAME** Mary McCarty Brown Tomlinson

46b

3. (b) If veteran, name war ____ 3. (c) Social Security No. ____

4. Sex Fe 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife George L. 6. (c) Age of husband or wife if alive ____ years

7. Date of Birth (Month, Day, Year) December 25, 1871

8. AGE	Years	Months	Days	If less than 1 day
	72	9	26	hrs ____ min.

9. Exact Occupation Housewife Did this work for ____ yrs.
10. Industry or Business ____ Date last worked ____
11. Birthplace ____ (City or town) Alabama (State or foreign country)

Father
12. Name M. D. McCarty
13. Birthplace unknown (City or town) (State or foreign country)

Mother
14. Maiden name Molly McDaniel
15. Birthplace unknown (City or town) (State or foreign country)

16. Informant's OWN Signature J. T. Tomlinson
and Address Twin Falls, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/25/44 (Month) (Day) (Year)
(c) Place: Twin Falls Cemetery

18. Funeral Director's OWN Signature Reynolds Funeral Home
and Address Twin Falls, Ida.

19. (a) Nov 14-1944 (Date received and filed) (b) ____ (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) October 21, 1944
at 11:50 o'clock p. M.

21. **I HEREBY CERTIFY,** That I attended deceased from 7-3 1944, to 10/21/1944
I last saw h er alive on ____ 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Pneumonia	2 days
✓ Due to Carcinoma of Stomach	3 yrs
Due to ____	____
Other conditions (Include pregnancy within 3 months of death) ____	____
Where was disease contracted? ____	PHYSICIAN
Name of operation ____ Date ____	Underline the cause to which death should be charged statistically.
Major finding ____	
Finding of autopsy ____	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's OWN Signature John W. Hamilton (M. D. or other)
and Address Twin Falls, Ida Date 10/22/1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

NOV 14 1944

Certificate Of Death

STATE OF IDAHO

State File No. 141108
Local Reg. No. 240
Reg. Dist. No. 461

1. PLACE OF DEATH:
(a) County Twin Falls
(b) City or town Twin Falls
(c) Street Address or R.F.D. No. T.F.Co.Gen.Hosp
(d) Death Occured Inside? ..... Outside? X city or town
(e) Died in a Home ..... Hospital X Institution ..... Other place
(f) Name Hosp. or Inst. T.F.Co.Gen. Stayed 6 Mos. days
(g) Lived in this county 44 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Twin Falls
(c) City or town Twin Falls
(d) Street Address or R.F.D. No. .....
(e) Deceased lived Inside? X Outside? ..... city or town
(f) Citizen of what country? .....
(g) How long had deceased lived in Idaho? 44 years
(h) Former residence (city, state) .....

3. (a) FULL NAME HUETTIG, Mrs. Minnie 162b

3. (b) If veteran, name war --
3. (c) Social Security No. --
4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife zzzz (deceased)
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) October 14th, 1860

8. AGE	Years	Months	Days	If less than 1 day
	84	0	8	hrs min.

9. Exact Occupation Housewife Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Cape Girardeau, Mo. (City or town) (State or foreign country)
Father
12. Name Lowes.
13. Birthplace Germany (City or town) (State or foreign country)
Mother
14. Maiden name Hobeck
15. Birthplace Germany (City or town) (State or foreign country)
16. Informant's OWN Signature J. A. Huettig
and Address Eden. Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 10-26-44 (Month) (Day) (Year)
(c) Place: Twin Falls Cem.
18. Funeral Director's OWN Signature White Mortuary
and Address Twin Falls, Idaho
19. (a) Oct 25-1944 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) October 22nd, 1944
at 10:00 o'clock A. M.
21. **I HEREBY CERTIFY**, That I attended deceased from 3-1 1944, to 10-22- 1944
I last saw her alive on 10-21 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Senility	
Due to	
Due to	
Other conditions None (Include pregnancy within 3 months of death)	
Where was disease contracted? ✓	PHYISCIAN Underline the cause to which death should be charged statistically.
Name of operation None Date	
Major finding ✓	
Finding of autopsy None	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ✓ Suicide? ✓ Homicide? ✓
Occurred ✓ 19 City, county, state
where violence occurred ✓
Place of Violence: Home ✓ Farm ✓ Industry ✓
Public Place ✓ While at work? ✓
Means of injury ✓
23. Attendant's OWN Signature J. H. Murphy (M. D. or other)
and Address 10-23 Date 1944
(For additional space, use reverse side)
Twin Falls

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 93-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce NOV 1 1 1944
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State [redacted]109
Local Reg. .....
Reg. Dist. No. .....

1. **PLACE OF DEATH:**
   (a) County Twin Falls
   (b) City or town Twin Falls
   (c) Street Address or R.F.D. No. 660-2nd Ave. W
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home XX Hospital .... Institution .... Other place ....
   (f) Name Hosp. or Inst. ..... Stayed ..... days
   (g) Lived in this county 33 years 88 months ..... days

   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County T. Falls
   (c) City or town Twin Falls
   (d) Street Address or R.F.D. No. 660-2nd Ave. W
   (e) Deceased lived Inside? X Outside? ..... city or town
   (f) Citizen of what country? United States
   (g) How long had deceased lived in Idaho? 33 years
   (h) Former residence (city, state) Nebraska

3. (a) **FULL NAME** Fred Tews 97

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Minnie Tews
6. (c) Age of husband or wife if alive 67 years
7. Date of Birth (Month, Day, Year) December 24, 1871

8. AGE	Years	Months	Days	If less than 1 day
	72	9	29	hrs ..... min.

9. Exact Occupation Retired Farmer — Did this work for ..... yrs.
10. Industry or Business ..... — Date last worked .....
11. Birthplace Germany (City or town) (State or foreign country)

Father
12. Name Carl Tews
13. Birthplace Germany (City or town) (State or foreign country)

Mother
14. Maiden name Ernestine Seafield
15. Birthplace Germany (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mrs Fred Tews
and Address Twin Falls, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-26-44 (Month) (Day) (Year)
(c) Place: Twin Falls Cemetery

18. Funeral Director's **OWN** Signature D. C. Phillips
and Address Twin Falls, Idaho

19. (a) Oct 26 1944 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) October 23 1944
at 2:30 o'clock P M.

21. **I HEREBY CERTIFY**, That I attended deceased from 10-1 1944, to 10-23 1944
I last saw him alive on 10-23 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
1 Carbuncle of left leg	10 days
Due to	
Due to	
Other conditions Arterio-Scler. (Include pregnancy within 3 months of death)	7
Where was disease contracted?	
Name of operation ..... Date	PHYSICIAN Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature [signature] (M. D. or Other)
and Address Twin Falls, Idaho Date 10-28 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (CA 33-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

NOV 14 1944

State File No. 141110
Local Reg. No. 242
Reg. Dist. No. 461

1. PLACE OF DEATH:

(a) County Twin Falls
(b) City or town Hansen
(c) Street Address or R.F.D. No. RFD
(d) Death Occured Inside? ... Outside? X ... X city or town
(e) Died in a Home ... Hospital ... Institution ... Other place X
(f) Name Hosp. or Inst. ... Stayed ... days
(g) Lived in this county 20 years ... months ... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

(a) State Idaho (b) County Twin Falls
(c) City or town RFD-Hansen
(d) Street Address or R.F.D. No. ...
(e) Deceased lived Inside? ... Outside? X ... city or town
(f) Citizen of what country? United States
(g) How long had deceased lived in Idaho? 20 years
(h) Former residence (city, state) Illinois

3. (a) FULL NAME Daniel W. Rodenbaugh

836

3. (b) If veteran, name war ...
3. (c) Social Security No. ...
4. Sex Male race White
5. Color or
6. (a) Single, widowed, married, divorced widowed
(b) Name of husband or wife ...
6. (c) Age of husband or wife if alive ... years

Date of Birth (Month, Day, Year) Feb. 9th 1875

8. AGE	Years	Months	Days	If less than 1 day
	69	9	14	hrs ... min.

9. Exact Occupation Farm Laboner — Did this work for 3 yrs.
10. Industry or Business ... — Date last worked 10-21-44
11. Birthplace No information (City or town) (State or foreign country)

Father
12. Name No information
13. Birthplace " (City or town) (State or foreign country)

Mother
14. Maiden name No information
15. Birthplace " (City or town) (State or foreign country)

16. Informant's OWN Signature W M Tisher
and Address RFD-Twin Falls, Idaho

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 10-26-44 (Month) (Day) (Year)
(c) Place: Abingdon, Ill

18. Funeral Director's OWN Signature J. C. Phillips
and Address Twin Falls, Idaho

19. (a) Oct 25 1944 (Date received and filed) (b) ... (Registrar's Signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) October 23 1944
at 1:00 o'clock A M Approximate

21. **I HEREBY CERTIFY**, That I attended deceased from ... 19 ... to saw 19 ...
I last saw him alive on Dead Oct. 23 19 44; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cerebral Embolism — Duration ...
Due to History of Dr Geo. Halley
Due to ...
Other conditions (Include pregnancy within 3 months of death) ...
Where was disease contracted? ...
Name of operation ... Date ...
Major finding ...
Finding of autopsy ...

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ... Suicide? ... Homicide? ...
Occurred ... 19 ... City, county, state where violence occurred ...
Place of Violence: Home ... Farm ... Industry ...
Public Place ... While at work? ...
Means of injury ...

23. Attendant's OWN Signature Justice of the Peace
Acting Coroner (M. D. or other)
and Address Twin Falls, Idaho Nov 25 44

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

NOV 14 1944

Certificate Of Death

STATE OF IDAHO

State File No. 14111
Local Reg. No. 241 461
Reg. Dist. No.

1. **PLACE OF DEATH:**
(a) County Twin Falls
(b) City or town Filer (Public)
(c) Street Address or R.F.D. No. Filer Street
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Home ... Hospital ... Institution ... Other place X
(f) Name Hosp. Public Street Stayed 6yms days
(g) Lived in this county 16 years ... months ... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Twin Falls
(c) City or town Filer
(d) Street Address or R.F.D. No. Filer
(e) Deceased lived Inside? X Outside? ..... city or town
(f) Citizen of what country? U.S.
(g) How long had deceased lived in Idaho? 20 years
(h) Former residence (city, state) .....

3. (a) **FULL NAME** HATCH, Frederick Perry

94a

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife divorced Orra E.
6. (c) Age of husband or wife if alive 78 years
7. Date of Birth (Month, Day, Year) June 5, 1864

8. AGE	Years	Months	Days	If less than 1 day
	80	4	18	hrs min.

9. Exact Occupation Watchman — Did this work for ..... yrs.
10. Industry or Business Seed Co — Date last worked 10/22/44
11. Birthplace New York (City or town) (State or foreign country)
Father 12. Name Davis Perry Hatch
Father 13. Birthplace Unknown (City or town) (State or foreign country)
Mother 14. Maiden name Unknown
Mother 15. Birthplace Unknown (City or town) (State or foreign country)
16. Informant's **OWN** Signature F. E. Hatch
and Address Twin Falls, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/26/44 (Month) (Day) (Year)
(c) Place: Filer IOOF Cem.
18. Funeral Director's **OWN** Signature WHITE MORTUARY
and Address Twin Falls Idaho
19. (a) 10-25-44 (Date received and filed) (b) (Registrar's Signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) October 23, 1944
at 1 o'clock A. M.
21. **I HEREBY CERTIFY**, That I attended deceased from 10/23 1944 to 10/23 1944
I last saw him alive on deceased 10/23/44 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
/ Coronary Occlusion	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ..... Date .....
Major finding Left
Finding of autopsy Coronary Artery Oct. 23rd 1944 Block

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state
where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature Justice of Peace Acting Coroner (M. D. or other)
and Address Twin Falls, Ida Date 10/25 1944
(For additional space, use reverse side)

14112

United States
Department of Commerce
Bureau of the Census

NOV 14 1944

NON-RESIDENT Certificate Of Death

STATE OF IDAHO

State File No.
Local Reg. No. 246
Reg. Dist. No. 461

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
   (a) County Twinn Fa lls
   (b) City or town Twiwn Falls
   (c) Street Address or R. F. D. No.
   (d) Death Occured Inside? * Outside? city or town
   (e) Died in a Home.... Hospital.... Institution.... Other place....
   (f) Name Hosp. or Inst. Gen. Hospt. Stayed days
   (g) Lived in this county years months 14 days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Okla (b) County /
   (c) City or town El Reno
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? Outside? city or town
   (f) Citizen of what country? USA
   (g) How long had deceased lived in Idaho? years
   (h) Former residence (city, state)

3. (a) **FULL NAME** Emmett W Burns

157d

3. (b) If veteran, name war Service
3. (c) Social Security No. 975 07 91
4. Sex Male
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Clara Louise
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) 2/21/ 19

8. AGE	Years	Months	Days	If less than 1 day
	25	8	6	hrs min.

9. Exact Occupation Navy Seaman — Did this work for 4 mo. yrs.
10. Industry or Business — Date last worked
11. Birthplace El Reno (City or town) Okla. (State or foreign country)

Father
12. Name Gail Burns
13. Birthplace Misouri (City or town) (State or foreign country)

Mother
14. Maiden name Geraldine Godfry
15. Birthplace unknown (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mrs E W Burns Wife
and Address Twin Falls

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 10-30-44 (Month) (Day) (Year)
(c) Place: El Reno, Okla.

18. Funeral Director's **OWN** Signature D A Finnisson
and Address Jerome, Ida ho

19. (a) Nov 30 1944 (Date received and filed) (b) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 10/27/44 19
at 1:30 o'clock P M.

21. **I HEREBY CERTIFY**, That I attended deceased from 10/26 1944, to 10/27 1944
I last saw him alive on 10/27 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebral hemorrhage	6 hrs
Due to Congenital arterial aneurysm	
Due to of post. cerebral artery	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYISCIAN Underline the cause to which death should be charged statistically.
Name of operation Date	
Major finding	
Finding of autopsy same as above	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature Joseph W. Marshall M.D (M. D. or other)
and Address Twin Falls Ida. Date 10-27-44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

NOV 14 1944

State File No. 141113
Local Reg. No. 243
Reg. Dist. No. 460

1. PLACE OF DEATH:
(a) County Twin Falls
(b) City or town Twin Falls, Idaho
(c) Street Address or R.F.D. No. T.F.Co.Gen. Hosp
(d) Death Occured Inside? ..... Outside? ..... city or town
(e) Died in a Home.... Hospital X Institution.... Other place....
(f) Name Hosp. or Inst. ..... Stayed 21 days
(g) Lived in this county 35 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Twin Falls
(c) City or town Twin Falls
(d) Street Address or R.F.D. No 219- 8th Ave. N.
(e) Deceased lived Inside? X Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 35 years
(h) Former residence (city, state) .....

3. (a) FULL NAME WILSON, Mrs. Lenna B.

97

3. (b) If veteran, name war --
3. (c) Social Security No. none
4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) Oct. 30, 1870

8. AGE	Years	Months	Days	If less than 1 day
	73	11	27	hrs min.

9. Exact Occupation Housewife Did this work for 50 yrs.
10. Industry or Business ..... Date last worked 1936
11. Birthplace La Porte, (City or town) Indiana (State or foreign country)
Father
12. Name James H. Buck
13. Birthplace ..... (City or town) Indiana (State or foreign country)
Mother
14. Maiden name Celia Odor
15. Birthplace ..... (City or town) Missouri (State or foreign country)
16. Informant's OWN Signature Margaret W. Peck
and Address 219 - 8th Ave. N.
17. (a) removal (Burial, cremation, or removal) (b) Date thereof 10-30-44 (Month) (Day) (Year)
(c) Place: Michigan City, Indiana
18. Funeral Director's OWN Signature White Mortuary Ella M. White E-249
and Address Twin Falls, Idaho
19. (a) October 28-1944 (Date received and filed) (b) [signature] (Registrar's Signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) October 27th, 1944
at 2:45 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from August 1944, to 10-27- 1944
I last saw her alive on ..... 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Generalized Cerebral arteriosclerosis	2 months
Due to Generalized Arteriosclerosis	10 yrs
Due to Senility	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's OWN Signature [signature] (M. D. or other)
and Address Filer, Idaho Date ..... 19.....
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

NOV 1 1 1944

Certificate Of Death

STATE OF IDAHO

State File No. 14114
Local Reg. No. 248
Reg. Dist. No. 460

1. **PLACE OF DEATH:**
   (a) County Twin Falls
   (b) City or town Twin Falls
   (c) Street Address or R.F.D. Apt. 103 Colonial
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home X Hospital .... Institution .... Other place ....
   (f) Name Hosp. or Inst. ..... Stayed ..... days
   (g) Lived in this county 2 years 6 months ..... days

   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Twin Falls
   (c) City or town Twin Falls
   (d) Street Address or R.F.D. Apt 103 Colonial
   (e) Deceased lived Inside? X Outside? ..... city
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 2½
   (h) Former residence (city, state) .....

3. (a) **FULL NAME** SMITH, Mrs. Ida

95c

3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex femal e
5. Color or race White
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) February 24, 1871

8. AGE	Years	Months	Days	If less than 1 day
	73	8	4	hrs min.

9. Exact Occupation housewife — Did this work for 50 yrs.
10. Industry or Business ..... — Date last worked 10-27-44
11. Birthplace Germany (City or town) (State or foreign country)

Father
12. Name Christian Langrich
13. Birthplace Germany (City or town) (State or foreign country)

Mother
14. Maiden name Unknown
15. Birthplace unknown (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mrs. Ralph E. Carl
and Address 2411 El Paseo, Alhambra, Cal

17. (a) removal (Burial, cremation, or removal) (b) Date thereof 11-8-44 (Month) (Day) (Year)
(c) Place: Long Beach, Calif

18. Funeral Director's **OWN** Signature White Mortuary
and Address Twin Falls, Idaho

19. (a) Nov 1- 1944 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Oct., 28, 1944 1944
at 12:45 o'clock P. M.

21. **I HEREBY CERTIFY**, That I attended deceased from Oct. 28th 1944, to saw 19....
I last saw her alive on Dead 19....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Heart Attack	Immed
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19.... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature [signature]
Acting Coroner (M. D. or other)
and Address Twin Falls, Ida. Date 11-1- 19.44

(For additional space, use reverse side)

141115

United States
Department of Commerce
Bureau of the Census

NOV 1 1 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 245
Reg. Dist. No. 461

1. **PLACE OF DEATH:**
(a) County Twin Falls
(b) City or town Filer
(c) Street Address or R. F. D. No. ?
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home X Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 26 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County T. Falls
(c) City or town Filer
(d) Street Address or R. F. D. No. ?
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 26 years
(h) Former residence (city, state) Cambridge, Neb.

3. (a) **FULL NAME** William Brennan

94a

3. (b) If veteran, name war ____ 3. (c) Social Security No. ____
4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife ____ 6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) March 7, 1870

8. AGE	Years	Months	Days	If less than 1 day
	74	7	22	hrs ____ min.

9. Exact Occupation Retired Farmer Did this work for ____ yrs.
10. Industry or Business ____ Date last worked ____
11. Birthplace Knoxville, Illinois (City or town) (State or foreign country)

Father
12. Name James Brennan
13. Birthplace Ireland (City or town) (State or foreign country)

Mother
14. Maiden name Julia George
15. Birthplace Illinois (City or town) (State or foreign country)

16. Informant's **OWN** Signature W. E. Brennan
and Address Filer, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/30/44 (Month) (Day) (Year)
(c) Place: Filer L.O.O.F. Cem.
18. Funeral Director's **OWN** Signature Reynolds Funeral Home
and Address Twin Falls, Idaho
19. (a) NOV 2 - 1944 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) October 28, 1944
at 8:30 o'clock a. M.
21. **I HEREBY CERTIFY,** That I ~~attended~~ saw deceased from Dead 19__ to ____ 19__
I last saw him ~~her~~ on 10/28/ 19 44; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Probably	
Coronary Occlusion	Minutes
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation ____ Date ____	
Major finding	
Finding of autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's **OWN** Signature [signature] Justice of the Peace
Acting Coroner (M. D. or other)
and Address Twin Falls, Ida. Date 10 30 44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

141116

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census NOV 14 1944

Certificate Of Death

STATE OF IDAHO

State File No.
Local Reg. No. 249
Reg. Dist. No. 460

1. PLACE OF DEATH:
(a) County Twin Falls
(b) City or town Twin Falls
(c) Street Address or R.F.D. No. T.F.Co. Gen. Hosp.
(d) Death Occured Inside? ..... Outside? ..... city or town
(e) Died in a Home.... Hospital X Institution.... Other place....
(f) Name Hosp. or Inst. T.F.Co.Gen Stayed ..... days
(g) Lived in this county 0 years 0 months 0 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Twin Falls
(c) City or town Twin Falls
(d) Street Address or R.F.D. No. 37 Wash. Courts
(e) Deceased lived Inside? X Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? ..... years
(h) Former residence (city, state) .....

3. (a) FULL NAME SCHENDEL, Albert Frank

159

3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex male
5. Color or race White
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) October 29, 1944

8. AGE	Years	Months	Days	If less than 1 day
	0	0	0	4 hrs 30 min.

9. Exact Occupation ..... Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Twin Falls, (City or town) Idaho (State or foreign country)

Mother
12. Name Otto Albert Schendel
13. Birthplace ..... (City or town) ..... (State or foreign country)

Father
14. Maiden name Lillian Striker
15. Birthplace Boise, (City or town) Idaho (State or foreign country)

16. Informant's OWN Signature O. A. Schendel
and Address 37 Washington Courts,
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 10-30-44 (Month) (Day) (Year)
(c) Place: Sunset Memorial Park
18. Funeral Director's OWN Signature White Mortuary E-343
and Address Twin Falls, Idaho
19. (a) NOV 14 1944 (Date received and filed) (b) ..... (Registrar's Signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Oct., 29th, 1944
at 5:55 o'clock P M.

21. **I HEREBY CERTIFY,** That I attended deceased from Oct., 29 1944, to Oct., 29, 1944
I last saw him alive on Oct., 29, 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death	Duration
Premature 6 mo	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's OWN Signature M. A. Drake (M. D. or other)
and Address Twin Falls, Date ..... 19.....
(For additional space, use reverse side)

United States
Department of Commerce
Bureau of the Census

NOV 14 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 141117
Local Reg. No. 250
Reg. Dist. No. 460

1. **PLACE OF DEATH:**
(a) County Twin Falls
(b) City or town Twin Falls
(c) Street Address or R. F. D. No. 325 2nd Ave. W.
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home X Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 31 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Twin Falls
(c) City or town Twin Falls
(d) Street Address or R. F. D. No. 325 2nd Ave. W.
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 31 years
(h) Former residence (city, state Conway Springs, Kansas.

3. (a) **FULL NAME** Victor Edward Melton

3. (b) If veteran, name war ____
3. (c) Social Security No. 519-09-7951
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Helen
6. (c) Age of husband or wife if alive 33 years
7. Date of Birth (Month, Day, Year) September 16, 1905

8. AGE	Years	Months	Days	If less than 1 day
	39	1	13	hrs ____ min.

9. Exact Occupation Production Foreman for Coca Cola — Did this work for 14 yrs.
10. Industry or Business Coca Cola Co. — Date last worked Nov. 1943
11. Birthplace Conway Springs, Kansas (City or town) (State or foreign country)

Father
12. Name John Melton
13. Birthplace Mt. Grove, Mo. (City or town) (State or foreign country)

Mother
14. Maiden name Etta Troxel
15. Birthplace Winfield, Kansas (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. Victor Melton
and Address Twin Falls, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/1/44 (Month) (Day) (Year)
(c) Place: Twin Falls Cem.
18. Funeral Director's OWN Signature Reynolds Funeral Home
and Address Twin Falls, Idaho
19. (a) NOV 2 1944 (Date received and filed) (b) ____ (Registrar's Signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) October 29, 1944
at 11:00 o'clock A. M.
21. **I HEREBY CERTIFY,** That I attended deceased from Sept 15 1943 to 10/29/ 1944
I last saw him alive on 10-25 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death	Duration
Bilateral Pulmonary Tuberculosis	2 yrs
Due to	
✓	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation ____ Date ____	
Major finding	
Finding of autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature John H. Lowell (M. D. or other)
and Address Twin Falls, Ida. Date ____ 19____
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

NOV 14 1944

Certificate Of Death

STATE OF IDAHO

State File No. 141118
Local Reg. No. 251
Reg. Dist. No. 461

1. **PLACE OF DEATH:**
   (a) County Twin Falls
   (b) City or town Twin Falls
   (c) Street Address or R.F.D. No. T.F.Co.nosp
   (d) Death Occured Inside? ..... Outside? X ..... city or town
   (e) Died in a Home.... Hospital X Institution.... Other place....
   (f) Name Hosp. or Inst. T.F.Co.GenlHosp Stayed 6 days
   (g) Lived in this county 7 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased: (Always fill in these)**
   (a) State Idaho (b) County TwinFalls
   (c) City or town Kimberly
   (d) Street Address or R.F.D. No. Kimberly
   (e) Deceased lived Inside? X Outside? ..... city or town
   (f) Citizen of what country? U.S.
   (g) How long had deceased lived in Idaho? Unk years
   (h) Former residence (city, state) Boise, Idaho

3. (a) **FULL NAME** MAYER, Leo Thomas

33b

3. (b) If veteran, name war UnKnown
3. (c) Social Security No. UnKnown
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) UnKnown

8. AGE	Years	Months	Days	If less than 1 day hrs	min.
About	50				

9. Exact Occupation Laborer — Did this work for Unk yrs.
10. Industry or Business Farm — Date last worked .....
11. Birthplace UnKnown (City or town) (State or foreign country)

Mother Father
12. Name UnKnown
13. Birthplace UnKnown (City or town) (State or foreign country)

Mother
14. Maiden name UnKnown
15. Birthplace UnKnown (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mrs. H. Tuttle
and Address Twin Falls, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/4/44 (Month) (Day) (Year)
(c) Place: Sunset Memorial Park Cem.

18. Funeral Director's **OWN** Signature White Mortuary
and Address Twin Falls, Idaho

19. (a) Nov 11-1944 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) October 29, 1944
at ..... o'clock ..... M.

21. **I HEREBY CERTIFY**, That I attended deceased from Oct 23, 1944, to Oct 29, 1944
I last saw him alive on Oct 29, 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death — Duration

Due to Acute Coronary Thrombosis 1 day
Due to Cerebro Spinal Meningitis
Due to Influenza
Due to .....
Other conditions (Include pregnancy within 3 months of death) .....

Where was disease contracted? at home

PHYSICIAN: Underline the cause to which death should be charged statistically.

Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature John H. Langdale (M. D. or other)
and Address Twin Falls Idaho Date 11-1 1944
(For additional space, use reverse side)

NON-RESIDENT

United States
Department of Commerce NOV 10 1944
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 141119
Local Reg. No. 121
Reg. Dist. No. 310

1. **PLACE OF DEATH:**
(a) County Valley
(b) City or town Stebnite
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? X city or town
(e) Died in a Home Hospital Institution Other place X
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county years months 2 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Mo (b) County Waldolph
(c) City or town Moberly
(d) Street Address or R. F. D. No. 322 - Epperson
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 2 Da years
(h) Former residence (city, state)

3. (a) **FULL NAME** John Lyle Hamilton 95c

3. (b) If veteran, name war No
3. (c) Social Security No. 703-01-1387
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ethel Cecelia
6. (c) Age of husband or wife if alive 42 years
7. Date of Birth (Month, Day, Year) Aug-25-1905

8. AGE	Years	Months	Days	If less than 1 day
	39	1	20	hrs min.

9. Exact Occupation R.R. Engineer Did this work for yrs.
10. Industry or Business Wabash Railroad Date last worked
11. Birthplace Galt Mo (City or town) (State or foreign country)
Father
12. Name John Hamilton
13. Birthplace Unknown (City or town) (State or foreign country)
Mother
14. Maiden name Belle Lyle
15. Birthplace Huntsville Mo (City or town) (State or foreign country)
16. Informant's OWN Signature Lewis W. Groom
and Address Stebnite, Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Oct-16-44 (Month) (Day) (Year)
(c) Place: Boise, Idaho
18. Funeral Director's OWN Signature L. L. Pitterington
and Address Cascade, Idaho
19. (a) Oct 16-1944 (Date received and filed) (b) Myrtle Gardner (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Oct-15- 1944
at o'clock M.
21. **I HEREBY CERTIFY,** That I attended deceased from 19, to 19
I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
No Doctor in Attendance	
Apparent Heart Stroke.	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature [signature] (M. D. or other)
and Address Acting Coroner Date 19
(For additional space, use reverse side)
Valley County Idaho

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

141120

United States
Department of Commerce
Bureau of the Census

NOV 10 1944

Certificate Of Death

STATE OF IDAHO

State File No.
Local Reg. No. 16
Reg. Dist. No. 320

1. PLACE OF DEATH:
(a) County Washington
(b) City or town Weiser
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? X Outside? city or town
(e) Died in a Home Hospital Institution Other place X
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 29 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Washington
(c) City or town Weiser
(d) Street Address or R.F.D. No. R.F.D. #2
(e) Deceased lived Inside? Outside? X city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 29 years
(h) Former residence (city, state) Dillon, Montana

3. (a) **FULL NAME** OTTO C. CRONWALL

94a

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife ////////
6. (c) Age of husband or wife if alive //// years
7. Date of Birth (Month, Day, Year) September 6 1869

8. AGE	Years	Months	Days	If less than 1 day
	76	00	25	hrs min.

9. Exact Occupation Rancher — Did this work for Life yrs.
10. Industry or Business Livestock — Date last worked 9/30/44
11. Birthplace Broby (City or town) Sweden (State or foreign country)
Father 12. Name Lind
Father 13. Birthplace Sweden (City or town) (State or foreign country)
Mother 14. Maiden name Karnin
Mother 15. Birthplace Sweden (City or town) (State or foreign country)
16. Informant's **OWN** Signature Otto C. Cronwall Jr.
and Address Weiser, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/4/44 (Month) (Day) (Year)
(c) Place: Hillcrest Cemetery Weiser, Idaho
18. Funeral Director's **OWN** Signature C. S. Jones
and Address Northam Funeral Home, Weiser, Idaho
19. (a) 10-4-44 (Date received and filed) (b) Marion Shell (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) October 1 1944
at 10:00 o'clock PM.
21. **I HEREBY CERTIFY**, That I attended deceased from 10-1- 1944 to 10-1- 1944
I last saw h— alive on 10-1- 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death	Duration
✓ Coronary Thrombosis	1 hr.
Due to Angina Pectoris	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature M. S. McGrath M.D. (M. D. or other)
and Address Weiser, Idaho Date 10/3 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

141121

United States
Department of Commerce NOV 9 1944
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No.
Local Reg. No. 322
Reg. Dist. No.

1. **PLACE OF DEATH:**
   (a) County Washington
   (b) City or town Midvale
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? X Outside? city or town
   (e) Died in a Home X Hospital Institution Other place
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county ### 43 years months days

   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Washington
   (c) City or town ###### Midvale
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? X Outside? city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 43 years
   (h) Former residence (city, state) Michigan

3. (a) **FULL NAME** Ida Ausman

48 b

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Henry
6. (c) Age of husband or wife if alive Deceased years
7. Date of Birth (Month, Day, Year) April 15 1865

8. AGE	Years	Months	Days	If less than 1 day
	79	5	18	hrs min.

9. Exact Occupation Housewife — Did this work for Life yrs.
10. Industry or Business Home — Date last worked 9/8/44
11. Birthplace Michigan (City or town) (State or foreign country)

Mother Father
12. Name Horatio Height
13. Birthplace Don't Know (City or town) (State or foreign country)
14. Maiden name Don't Know
15. Birthplace Don't Know (City or town) (State or foreign country)

16. Informant's **OWN** Signature C. H. Merk
and Address Fruitvale, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/5/44 (Month) (Day) (Year)
(c) Place: Midvale, Idaho
18. Funeral Director's **OWN** Signature C. L. Jones #357
and Address Northam F. Home Weiser, Idaho
19. (a) 10/6/44 (Date received and filed) (b) M. Coleman (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) October 3 1944
at 6:00 o'clock A. M.

21. **I HEREBY CERTIFY,** That I attended deceased from Aug. 1 1944 to October 3 1944.
I last saw her alive on Oct. 1 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Toxemia-exhaustion	1 week.
Due to Inoperable uterine carcinoma-senile change.	2 years.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? ?
Name of operation 0 Date 0
Major finding 0
Finding of autopsy 0

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature M. Coleman (M. D. or other)
and Address Cambridge, Idaho Date 10/6/44
(For additional space, use reverse side)

Dr. McGrath

United States
Department of Commerce
Bureau of the Census

NOV 10 1944

Certificate Of Death

STATE OF IDAHO

State File No. 141122
Local Reg. No. 17
Reg. Dist. No. 320

1. PLACE OF DEATH:
(a) County Washington
(b) City or town Weiser
(c) Street Address or R.F.D. No. R.F.D. #1
(d) Death Occured Inside? ..... Outside? X city or town
(e) Died in a Home X Hospital ..... Institution ..... Other place .....
(f) Name Hosp. or Inst. None Stayed ..... days
(g) Lived in this county 25 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Washington
(c) City or town Weiser
(d) Street Address or R.F.D. No. R.F.D. #1
(e) Deceased lived Inside? ..... Outside? X city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 25 years
(h) Former residence (city, state) Wellsville, Utah

3. (a) FULL NAME ROBERT REDFORD HASLAM

131b

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife None
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) November 22 1873

8. AGE	Years	Months	Days	If less than 1 day
	70	10	14	hrs min.

9. Exact Occupation Rancher Did this work for 15 yrs.
10. Industry or Business General Ranching Date last worked 1919
11. Birthplace Wellsville, Utah (City or town) (State or foreign country)
Father
12. Name James H. Haslam
13. Birthplace Bolton, England (City or town) (State or foreign country)
Mother
14. Maiden name Ann Redford
15. Birthplace Lancashire England (City or town) (State or foreign country)
16. Informant's OWN Signature Florence Archibald
and Address Route #1 Weiser, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/12/44 (Month) (Day) (Year)
(c) Place: Hillcrest Cem. Weiser, Idaho
18. Funeral Director's OWN Signature A. S. Jones #357
and Address Northam Chapel-Weiser, Idaho
19. (a) 10/10/44 (Date received and filed) (b) Marie H Shell (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) October 7 1944
at 1:30 o'clock A. M.
21. I HEREBY CERTIFY, That I attended deceased from Feb 17th 1942 to Oct 7th 19
I last saw him alive on Oct 7th 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Chronic Myocarditis	
Due to Chronic Nephritis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation ..... Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's OWN Signature M S McGrath M.D. (M. D. or other)
and Address Weiser, Idaho Date 10/9 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census NOV 10 1944

Certificate Of Death

STATE OF IDAHO

State File No. 141123
Local Reg. No. 18
Reg. Dist. No. 32d

1. PLACE OF DEATH:
(a) County Washington
(b) City or town Weiser
(c) Street Address or R.F.D. No. 826 W. Second
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Home X Hospital .... Institution .... Other place ....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 36 years 6 months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Washington
(c) City or town Weiser
(d) Street Address or R.F.D. No. 828 W. 2nd Street
(e) Deceased lived Inside? X Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 36 years
(h) Former residence (city, state) Cleveland, Ohio

3. (a) FULL NAME ROBERT JOHN WOOD 93d

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Kathryn L.
6. (c) Age of husband or wife if alive 73 years
7. Date of Birth (Month, Day, Year) November 9 1871

8. AGE	Years	Months	Days	If less than 1 day
	72	11	00	hrs ... min.

9. Exact Occupation Postmaster — Did this work for 8 yrs.
10. Industry or Business Postoffice — Date last worked 9/29/44
11. Birthplace Akron (City or town) Ohio (State or foreign country)

Father
12. Name Alfred Wood
13. Birthplace Independence (City or town) Ohio (State or foreign country)

Mother
14. Maiden name Sarah Johns
15. Birthplace England (City or town) (State or foreign country)

16. Informant's OWN Signature Josephine M. Murr Daughter
and Address 826 West Second St. Weiser, Ida.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-13-1944 (Month) (Day) (Year)
(c) Place: Hillcrest Cemetery, Weiser, Idaho

18. Funeral Director's OWN Signature A. L. Jones #357
and Address Northam Funeral Home, Weiser, Idaho

19. (a) 10-13-44 (Date received and filed) (b) Marie H. Snell (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) October 9 1944
at 3:55 o'clock P.M.

21. **I HEREBY CERTIFY**, That I attended deceased from July 1940, to Oct 9 1944
I last saw h[illegible] alive on 10-6-1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Apoplexy	4 days
Due to Hypertension	4 yrs.
Due to	
Other conditions Myocarditis. (Include pregnancy within 3 months of death)	15 yrs

Where was disease contracted? Home
Name of operation 0 Date
Major finding 0
Finding of autopsy 0

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? 0 Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's OWN Signature Alma S. Hunter M.D. (M. D. or other)
and Address Council, Idaho Date 10/10 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

NOV 10 1944

Certificate Of Death

STATE OF IDAHO

State File No. 141124
Local Reg. No. 28
Reg. Dist. No. 320

1. PLACE OF DEATH:
(a) County Washington
(b) City or town Weiser
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? X Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. Weiser Hosp. Stayed 1½ days
(g) Lived in this county 00 years 00 months 1½ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Washington
(c) City or town Weiser
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 1½ days //// years
(h) Former residence (city, state)

3. (a) FULL NAME JOYCE LORRAINE PILANT

157e

3. (b) If veteran, name war //////
3. (c) Social Security No. //////////
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife ////
6. (c) Age of husband or wife if alive //// years
7. Date of Birth (Month, Day, Year) October 21 1944

8. AGE	Years	Months	Days	If less than 1 day
	000	000	1½	hrs min.

9. Exact Occupation //////
Did this work for //// yrs.
10. Industry or Business //////
Date last worked ////
11. Birthplace Weiser (City or town) Idaho (State or foreign country)
Father 12. Name Lawson E. Pilant
Father 13. Birthplace Missouri (City or town) (State or foreign country)
Mother 14. Maiden name Margaret Powell
Mother 15. Birthplace Rye Valley (City or town) Oregon (State or foreign country)
16. Informant's OWN Signature Lawson E. Pilan Father
and Address 525 West Court Weiser, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/24/44 (Month) (Day) (Year)
(c) Place: Hillcrest Cemetery Weiser
18. Funeral Director's OWN Signature A. Jones #357
and Address Northam Funeral Home Weiser
19. (a) 10/24/44 (Date received and filed) (b) Maria H Shell (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) October 22 1944
at 6:45 o'clock P M.
21. **I HEREBY CERTIFY**, That I attended deceased from October 21 1944, to Oct. 22 1944
I last saw her alive on Oct. 22 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Congenital Heart Disease	1½ Days
Due to	
Due to	
Other conditions Congenital Jaundice (Include pregnancy within 3 months of death)	24hrs
Where was disease contracted?	
Name of operation Date	
Major finding	
Finding of autopsy	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature M. S. McGrath M.D. (M. D. or other)
and Address Weiser, Idaho Date 10/24/1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Dr. Schmitz

United States
Department of Commerce
Bureau of the Census

NOV 10 1944

Certificate Of Death

STATE OF IDAHO

State File No. 14125
Local Reg. No. 27
Reg. Dist. No. 328

1. **PLACE OF DEATH:**
   (a) County Washington
   (b) City or town Weiser
   (c) Street Address or R.F.D. No. East Court St.
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home.... Hospital X Institution.... Other place....
   (f) Name Hosp. or Inst. Weiser Hosp. Stayed 13 Days
   (g) Lived in this county 57 years ..... months ..... days

   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Washington
   (c) City or town Weiser
   (d) Street Address or R.F.D. No. East Court St.
   (e) Deceased lived Inside? X Outside? ..... city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 57 years
   (h) Former residence (city, state) Germany

3. (a) **FULL NAME** FRANZ KORUP

1626

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Anna
6. (c) Age of husband or wife if alive Dec'd. 39 years
7. Date of Birth (Month, Day, Year) November 11 1852

8. AGE	Years	Months	Days	If less than 1 day
	91	11	13	hrs min.

9. Exact Occupation Butcher — Did this work for 25 yrs.
10. Industry or Business Butcher Shop — Date last worked 1904
11. Birthplace Germany (City or town) (State or foreign country)

Father
12. Name Don't Know
13. Birthplace Don't Know (City or town) (State or foreign country)

Mother
14. Maiden name Don't Know
15. Birthplace Don't Know (City or town) (State or foreign country)

16. Informant's **OWN** Signature L. E. Waters
and Address 236 West Court St. Weiser, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-28-44 (Month) (Day) (Year)
(c) Place: Hillcrest Cem. Weiser, Idaho

18. Funeral Director's **OWN** Signature A. L. Jones #357
and Address Northam Funeral Home Weiser, Ida.

19. (a) 10-25-44 (Date received and filed) (b) Maria H. Shull (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) October 25 19 44
at 12:30 o'clock P. M.

21. **I HEREBY CERTIFY,** That I attended deceased from 1-1- 1944, to 10-25- 1944
I last saw h[illegible] alive on 10-24 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Senility	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ..... Date .....
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature Fa Schmitz (M. D. or other)
and Address Weiser, Idaho Date 10-25 1944
(For additional space, use reverse side)

United States
Department of Commerce
Bureau of the Census

NOV 15 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

141145

State File No. 141145
Local Reg. No. 254
Reg. Dist. No. 220

1. **PLACE OF DEATH:**
(a) County Nez Perce
(b) City or town Lewiston
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? ✓ Outside? ..... city or town
(e) Died in a Home ....Hospital ✓ Institution ....Other place ....
(f) Name Hosp. or Inst. St Joseph Stayed 12 days
(g) Lived in this county ..... years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Wash (b) County Asotin
(c) City or town Clarkston
(d) Street Address or R. F. D. No. ~~716~~
(e) Deceased lived Inside? ✓ Outside? ..... city or town
(f) If foreign born, in U. S. ..... yrs. Citizen of U. S.? .....
(g) How long had deceased lived in Idaho? 12 days years
(h) Former residence (city, state) .....

3. (a) **FULL NAME** Fred James ~~Hedgton~~ Hedglin 107

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Emma
6 (c) Age of husband or wife if alive 76 years
7. Date of Birth (Month, Day, Year) January 29 1864

8. AGE	Years	Months	Days	If less than 1 day
	80	9	6	hrs min.

9. Exact Occupation Retired farmer Did this work for 18 yrs.
10. Industry or Business wheat farm Date last worked .....
11. Birthplace Millville (City or town) Mich. (State or foreign country)

Father
12. Name James Hedglin
13. Birthplace ..... (City or town) Mich. (State or foreign country)

Mother
14. Maiden name Malinda Phelps
15. Birthplace ..... (City or town) Mich. (State or foreign country)

16. Informant's **OWN** Signature Ross C Hedglin
and Address Pullman Wn.
17. (a) removal (Burial, cremation, or removal) (b) Date thereof 11 - 8 - 44 (Month) (Day) (Year)
(c) Place Pullman
18. Funeral Director's **OWN** Signature Dale E Kimball
and Address Pullman Wash.
19. (a) Nov. 9, 1944 (Date received and filed) (b) Jean DeWelle (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Nov 5 1944
at 5:55 o'clock A M.
21. I **HEREBY CERTIFY**, That I attended deceased from Oct 5 1944 to Nov 5 1944
I last saw him alive on Nov 4 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Terminal bronchial pneumonia	
Due to pyloric obstruction	
Due to Unknown cause	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease first contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature W D Clark M D (M. D. or other)
and Address Lewiston Idaho Date 11/7 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Dr. Schmitz

141146

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 141146
Local Reg. No.
Reg. Dist. No.

1. PLACE OF DEATH:
(a) County Washington
(b) City or town Weiser
(c) Street Address or R.F.D. No. 1269 3rd St.
(d) Death Occured Inside? X Outside? city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 69 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Wash.
(c) City or town Weiser
(d) Street Address or R.F.D. No. 1269 3rd St.
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 69 years
(h) Former residence (city, state) Umatilla, Ore.

3. (a) FULL NAME LORA INEZ MICHAEL

946

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Deceased
6. (c) Age of husband or wife if alive Deceased years
7. Date of Birth (Month, Day, Year) July 11 1873

8. AGE	Years	Months	Days	If less than 1 day
	71	4	5	hrs min.

9. Exact Occupation Housewife — Did this work for Life yrs.
10. Industry or Business Home — Date last worked 11/14/44
11. Birthplace Umatilla (City or town) Oregon (State or foreign country)

Father
12. Name George Washington Adams
13. Birthplace Illinois (City or town) (State or foreign country)

Mother
14. Maiden name Harriet Baltzell
15. Birthplace Iowa (City or town) (State or foreign country)

16. Informant's **OWN** Signature Virgil R. Lingle
and Address 195 B - Ave. Cabrillo Apts. Salvatore Cal.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 20 1944 (Month) (Day) (Year)
(c) Place: Hillcrest Cem. Weiser, Idaho

18. Funeral Director's **OWN** Signature A. L. Jones #357
and Address North Chapel, Weiser, Idaho

19. (a) Nov 20-1944 (Date received and filed) (b) Maree N Shell (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) November 16 1944
at 10:45 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 11-12 1944, to 11-16 1944
I last saw her alive on 11-16-1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
✓ angina pectoris	1 yr
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation Date	
Major finding	
Finding of autopsy	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature F. A. Schmitz M.D. (M. D. or other)
and Address Weiser, Idaho Date 11-17 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

14147

United States
Department of Commerce
Bureau of the Census

NOV 27 1944

Certificate Of Death

STATE OF IDAHO

State File No. 1411
Local Reg. No. 72
Reg. Dist. No. 3-330

1. PLACE OF DEATH:

(a) County Payette
(b) City or town Payette
(c) Street Address or R.F.D. No. 1
(d) Death Occured Inside? Outside? # city or town
(e) Died in a Home # Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county years months 8 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

(a) State Idaho (b) County Payette
(c) City or town Payette
(d) Street Address or R.F.D. No. 1
(e) Deceased lived Inside? Outside? # city or town
(f) Citizen of what country? USA
(g) How long had deceased lived in Idaho? 3 years
(h) Former residence (city, state) Caldwell, Ida.

3. (a) FULL NAME Mirtie I. Betts.

33a

3. (b) If veteran, name war ——— 3. (c) Social Security No. 518-24-6324

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced widow

6. (b) Name of husband or wife Bentley Betts 6. (c) Age of husband or wife if alive deceased years

7. Date of Birth (Month, Day, Year) May 4 1883

8. AGE	Years	Months	Days	If less than 1 day
	61	6	11	hrs min.

9. Exact Occupation defence worker Did this work for 2½ yrs.

10. Industry or Business dehydrater plant Date last worked

11. Birthplace Caneyville, (City or town) Kentucky. (State or foreign country)

Father
12. Name Virgil Payton.
13. Birthplace ——— (City or town) Kentucky. (State or foreign country)

Mother
14. Maiden name P.L.Mc Daniels.
15. Birthplace ——— (City or town) Kentucky. (State or foreign country)

16. Informant's **OWN** Signature [signature]
and Address Payette, Idaho. #1

17. (a) removal (Burial, cremation, or removal) (b) Date thereof 11/18/1944 (Month) (Day) (Year)
(c) Place: Bassett, Nebraska.

18. Funeral Director's **OWN** Signature [signature]
and Address Payette, Idaho.

19. (a) 11/18/1944 (Date received and filed) (b) J.C. Woodward (Registrar's signature)

(97)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Nov. 16, 1944
at 8:00 o'clock P M.

21. I HEREBY CERTIFY, That I attended deceased from Nov 9, 1944, to Nov. 16 1944
I last saw him alive on Nov. 16 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — Duration

Influenza Pneumonia — 10 days
Myocardial Failure — 15 days
Due to Rheumatic Infectious Pneumonia — one month
Due to
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature Geo. E. Davis M.D. (M. D. or other)
and Address New Plymouth Ida. Date Nov 17, 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

NOV 2 7 1944

Certificate Of Death

STATE OF IDAHO

141148

State File No. 141143
Local Reg. No. 264
Reg. Dist. No. 220

1. **PLACE OF DEATH:**
   (a) County Nez Perce
   (b) City or town Lewiston
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? In Outside? city or town
   (e) Died in a Home Hospital #Institution Other place
   (f) Name Hosp. or Inst. St Joseph Stayed days
   (g) Lived in this county 50 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Nez Perce
   (c) City or town Lewiston
   (d) Street Address or R.F.D. No. 431 14th Street
   (e) Deceased lived Inside? In Outside? city or town
   (f) Citizen of what country?
   (g) How long had deceased lived in Idaho? 50 years
   (h) Former residence (city, state)

3. (a) **FULL NAME** Mattie E. Henderson

93d

3. (b) If veteran, name war None
3. (c) Social Security No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife George
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) January 7th, 1859

8. AGE	Years	Months	Days	If less than 1 day
	85	9	29	hrs min.

9. Exact Occupation At home Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Davis Co., (City or town) Iowa (State or foreign country)

Father
12. Name Not known
13. Birthplace (City or town) Iowa (State or foreign country)

Mother
14. Maiden name Not known
15. Birthplace (City or town) Iowa (State or foreign country)

16. Informant's **OWN** Signature C. R. Henderson
and Address Lewiston, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/9/1944 (Month) (Day) (Year)
(c) Place: Lewiston, Idaho
18. Funeral Director's **OWN** Signature R. Bell Sams
and Address Lewiston, Idaho
19. (a) Nov. 20, 1944 (Date received and filed) (b) Jean De Wells (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) November 6th, 1944 19
at 4:00 o'clock P. M.
21. **I HEREBY CERTIFY**, That I attended deceased from 1943, to 11-6 1944
I last saw her alive on 11-5 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Chronic Myocarditis — Duration
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy No autopsy

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature J. M. Lyle M.D. (M. D. or other)
and Address Lewiston Date 11-20 1944
(For additional space, use reverse side)

Lyle

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Paulo

United States
Department of Commerce
Bureau of the Census

OCT. 7 1944

Certificate Of Death

STATE OF IDAHO

141149

State File No. 1411[illegible]
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF DEATH:**
   (a) County Gem
   (b) City or town Emmett
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? X Outside? city or town
   (e) Died in a Home X Hospital Institution Other place
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county years months 14 days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Nebraska (b) County
   (c) City or town Chappel
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? Outside? city or town
   (f) Citizen of what country?
   (g) How long had deceased lived in Idaho? years
   (h) Former residence (city, state) Milford, Iowa

3. (a) **FULL NAME** Chester F. Griffin

55-e

3. (b) If veteran, name war World War II
3. (c) Social Security No. 484-18-0915
4. Sex M
5. Color or race Wht
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Nona H.
6. (c) Age of husband or wife if alive 41 years
7. Date of Birth (Month, Day, Year) July 13, 1903

8. AGE	Years	Months	Days	If less than 1 day
	41	1	27	hrs min.

9. Exact Occupation Mechanic Did this work for 2 yrs.
10. Industry or Business Garage Date last worked Sept. 9
11. Birthplace Conrad, Iowa (City or town) (State or foreign country)

Father
12. Name Joseph Henry Griffin
13. Birthplace Illinois (City or town) (State or foreign country)

Mother
14. Maiden name Helen May Crotty
15. Birthplace not known (City or town) (State or foreign country)

16. Informant's **OWN** Signature Nona H Griffin
and Address Hampton, Iowa
17. (a) burial (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: Emmett, Idaho
18. Funeral Director's **OWN** Signature C D Buckneum
and Address Emmett, Idaho
19. (a) Sept. 12, 1944 (Date received and filed) (b) C D Buckneum (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) September 10 1944
at 2:15 o'clock A. M.
21. **I HEREBY CERTIFY,** That I attended deceased from June 29 1944 to Sept 12 1944
I last saw him alive on Sept 11 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Carcinoma	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature P D Paulo D.O. (M.D. or other)
and Address Emmett Idaho Date 9/12 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

NOV 27 1944

Certificate Of Death

STATE OF IDAHO

141150

State File No. 141150
Local Reg. No. 53
Reg. Dist. No. 631

1. **PLACE OF DEATH:**
(a) County Madison
(b) City or town Sugar City
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? X Outside? city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 38 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Madison
(c) City or town Sugar City
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? Outside? city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? years
(h) Former residence (city, state) Utah

3. (a) **FULL NAME** Leah Marilda Shepard 93d

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female 5. Color or race W
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife Julius R. Shepard
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	79	1	15	hrs min.

9. Exact Occupation Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Richmond, Utah (City or town) (State or foreign country)
Father
12. Name Samuel Eckersley
13. Birthplace Prestwich Lancashire, England (City or town) (State or foreign country)
Mother
14. Maiden name Leah Hardman
15. Birthplace Radcliffe Lancaster, England (City or town) (State or foreign country)
16. Informant's OWN Signature [signature]
and Address Sugar City, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-14-44 (Month) (Day) (Year)
(c) Place Sugar City, Cemetery
18. Funeral Director's OWN Signature Russel Flamm
and Address Rexburg, Idaho
19. (a) 11-16-44 (Date received and filed) (b) Wm H C Young (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Nov. 11 1944
at 2:30 o'clock P. M.
21. **I HEREBY CERTIFY**, That I attended deceased from March 2 1944 to Sept 18, 1944
I last saw her alive on Sept 18, 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Chronic Myocarditis ? Duration
Due to I have not seen her since Sept 18, 1944
Due to
Other conditions
(Include pregnancy within 3 months of death)
Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature H J Ray Hatch M.D. (M. D. or other)
and Address Idaho Falls Date Nov 14 1944
(For additional space, use reverse side)

141N1 141151

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 49
Reg. Dist. No. 142

1. **PLACE OF DEATH:**
(a) County Shoshone
(b) City or town Kellogg
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? city or town
(e) Died in a Home Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed 9 days
(g) Lived in this county 42 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Shoshone
(c) City or town Kellogg
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? ← Outside? city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? 42 years
(h) Former residence (city, state) Yugoslavia

3. (a) **FULL NAME** Mary Pickolick 92 hr

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓
4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Aug. 31 - 1875

8. AGE	Years	Months	Days	If less than 1 day
	69	3	15	hrs min.

9. Exact Occupation Housewife Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Yugoslavia (City or town) (State or foreign country)
Father
12. Name Frank Kriskovich
13. Birthplace Yugoslavia (City or town) (State or foreign country)
Mother
14. Maiden name Anna Kriskovich
15. Birthplace Yugoslavia (City or town) (State or foreign country)
16. Informant's **OWN** Signature Andrew Pickolick
and Address Kellogg Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 18-1944 (Month) (Day) (Year)
(c) Place: Kellogg Idaho
18. Funeral Director's **OWN** Signature R. C. Stout
and Address Kellogg Idaho
19. (a) Nov. 27-1944 (Date received and filed) (b) Mrs. Helen M. Price (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Nov. 15 1944
at 2 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from Nov 10 1944, to Nov 15 1944
I last saw her alive on Nov 15 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — Duration
(a) Pneumonia — 5 days
Due to
(b)
Due to
Other conditions Chronic Mitral Stenosis
(Include pregnancy within 3 months of death)

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature Robert Staley (M. D. or other)
and Address Kellogg Ida Date 11-22 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

NOV 27 1944

Certificate Of Death

STATE OF IDAHO

14152

State File No. 141152
Local Reg. No. 268
Reg. Dist. No. 220

1. PLACE OF DEATH:
(a) County Nez Perce
(b) City or town Lewiston
(c) Street Address or R.F.D. No. 326 Adams Street
(d) Death Occured Inside? In Outside? ..... city or town
(e) Died in a Home # Hospital ..... Institution ..... Other place .....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 29 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Nez Perce
(c) City or town Lewiston
(d) Street Address or R.F.D. No. 326 Adams Street
(e) Deceased lived Inside? In Outside? ..... city or town
(f) Citizen of what country? .....
(g) How long had deceased lived in Idaho? Life years
(h) Former residence (city, state) .....

3. (a) FULL NAME Clarence C. Cleveland

92b

3. (b) If veteran, name war 1st World
3. (c) Social Security No. .....
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Bertha
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) October 29th, 1891

8. AGE	Years	Months	Days	If less than 1 day
	53	0	13	hrs min.

9. Exact Occupation ..... Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Oaksdale, Washington (City or town) (State or foreign country)
Father
12. Name Robert M. Cleveland
13. Birthplace Tenn. (City or town) (State or foreign country)
Mother
14. Maiden name Celesta Brake
15. Birthplace Missouri (City or town) (State or foreign country)
16. Informant's **OWN** Signature Bertha Cleveland
and Address Lewiston, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/14/1944 (Month) (Day) (Year)
(c) Place: Lewiston, Idaho
18. Funeral Director's **OWN** Signature L. B. Dann
and Address Lewiston, Idaho
19. (a) Nov. 20, 1944 (Date received and filed) (b) Jean De Wells (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) November 12th, 1944 19.....
at 3:00 o'clock A.M.
21. **I HEREBY CERTIFY,** That I attended deceased from 11-11- 1944, to 11-12 1944
I last saw him alive on 11-12 1944; death is said to have occurred on the date and hour stated above.
Immediate Cause of Death: Mitral Regurgitation — Duration
Due to .....
Due to .....
Other conditions .....
(Include pregnancy within 3 months of death)
Where was disease contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature John N. Alley (M. D. or other)
and Address ..... Date ..... 19.....
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

141153

State File No. 141153
Local Reg. No. 379
Reg. Dist. No. 370

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise
   (c) Street Address or R.F.D. No. 812 Eastman
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home X Hospital ..... Institution ..... Other place .....
   (f) Name Hosp. or Inst. ..... Stayed ..... days
   (g) Lived in this county 2 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Ada
   (c) City or town Boise
   (d) Street Address or R.F.D. No. 812 Eastman
   (e) Deceased lived Inside? X Outside? ..... city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 39 years
   (h) Former residence (city, state) Fruitland, Ida.

3. (a) **FULL NAME** LINDSLEY JAMES MEEKER

117a

3. (b) If veteran, name war - - - -
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Jennie E.
6. (c) Age of husband or wife if alive 58 years
7. Date of Birth (Month, Day, Year) June 10, 1866

8. AGE	Years	Months	Days	If less than 1 day
	78	5	8	hrs min.

9. Exact Occupation Retired Farmer Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Toledo, Ohio (City or town) (State or foreign country)

Father
12. Name Jonas Meeker
13. Birthplace Ohio (City or town) (State or foreign country)

Mother
14. Maiden name Unknown
15. Birthplace ..... (City or town) (State or foreign country)

16. Informant's **OWN** Signature Elva E. Knapton
and Address 920 Lemp St.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 11/21/44 (Month) (Day) (Year)
(c) Place: Payette, Idaho
18. Funeral Director's **OWN** Signature McBratney Funeral Home Kenneth Libby
and Address Boise, Idaho
19. (a) 11-21-44 (Date received and filed) (b) R. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) November 18 1944
at 10:35 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 11-18 1944, to 11-18 1944
I last saw him alive on 11-18 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Gastric hemorrhage	24 hrs.
Due to Ancient Ulcer of stomach - several	several yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature L. O. P. Hamilton (M. D. or other)
and Address Boise Ida Date 11-21 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

141154

State File No. 141154
Local Reg. No. 387
Reg. Dist. No. 370

1. **PLACE OF DEATH:**
(a) County Ada
(b) City or town Boise
(c) Street Address or R.F.D. No. 412 State
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Home ..... Hospital X Institution ..... Other place .....
(f) Name Hosp. or Inst. St Alphonsis Stayed 37 days
(g) Lived in this county 25 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Ada
(c) City or town Boise
(d) Street Address or R.F.D. No. 1107 N 21st
(e) Deceased lived Inside? X Outside? ..... city or town
(f) Citizen of what country? U.S.
(g) How long had deceased lived in Idaho? Life years
(h) Former residence (city, state) Pocatello, Ida

3. (a) **FULL NAME** Lewis Williams

131a

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Sarah Williams
6. (c) Age of husband or wife if alive 68 years
7. Date of Birth (Month, Day, Year) Nov. 19, 1874

8. AGE	Years	Months	Days	If less than 1 day
	69	11	24	hrs min.

9. Exact Occupation Welfare Director Clerk Did this work for 12 to 42 yrs.
10. Industry or Business Idaho: Gowen Field Date last worked Nov. 1943
11. Birthplace Samaria, Idaho (City or town) (State or foreign country)
Father
12. Name Wm.W. Williams
13. Birthplace Wales (City or town) (State or foreign country)
Mother
14. Maiden name Mary Hodge
15. Birthplace Wales (City or town) (State or foreign country)
16. Informant's **OWN** Signature Joe R Williams
and Address 1112 Onyhee St, Boise, Ida.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 16, 1944 (Month) (Day) (Year)
(c) Place: Cloverdale
18. Funeral Director's **OWN** Signature Shevin Webb
and Address Boise, Idaho
19. (a) 11-25-44 (Date received and filed) (b) R. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Nov. 13 1944
at 9:50 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from Nov 3 1944 to Nov. 13 1944
I last saw him alive on Nov 13 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cardiac decompensation	1 month
Due to Hypertension	10 years
Due to Chronic nephritis	10 years
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature Roscoe C Ward M.D. (M. D. or other)
and Address Boise Idaho Date 11/7 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

DEC 6 1944

Certificate Of Death

STATE OF IDAHO

141155

State File No. 141155
Local Reg. No. 208
Reg. Dist. No. 363

1. **PLACE OF DEATH:**
(a) County Canyon
(b) City or town Rural
(c) Street Address or R.F.D. No. 4
(d) Death Occured ~~Inside~~? ..... Outside? ..... city ~~or town~~
(e) Died in a Home ~~Hospital~~ ~~Institution~~ ~~Other place~~
(f) Name Hosp. or Inst. — Stayed ..... days
(g) Lived in this county 24 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Nampa
(d) ~~Street Address or~~ R.F.D. No. 4
(e) Deceased lived ~~Inside~~? ..... Outside? ..... city ~~or town~~
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 24 years
(h) Former residence (city, state) Utah

3. (a) **FULL NAME** Leo Percival Pendleton 131 h.

3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of ~~husband or~~ wife Matilda
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) Oct 1 — 1880

8. AGE	Years	Months	Days	If less than 1 day
	64	—	28	hrs min.

9. Exact Occupation Farmer Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Payson Utah (City or town) (State or foreign country)
Father
12. Name Calvin D Pendleton
13. Birthplace — — (City or town) (State or foreign country)
Mother
14. Maiden name No record
15. Birthplace ..... (City or town) (State or foreign country)
16. Informant's **OWN** Signature Matilda Louise Pendleton
and Address Nampa Ida
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 11/5/44 (Month) (Day) (Year)
(c) Place: Payson Utah
18. Funeral Director's **OWN** Signature F. K. Robinson
and Address Nampa Ida
19. (a) Nov. 11-1944 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Oct 29 1944
at 6.30 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from Jan 1940, to Oct 29 1944
I last saw him alive on 10-20-1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Heart Attack, Acute Dilatation	Few minutes
Due to Advanced Mitral Lesion with Dilatation	Years
Due to Chronic Nephritis	Years
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature [signature] (M. D. or other)
and Address Nampa Ida Date 10-30 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

DEC 4 · 1944

Certificate Of Death

STATE OF IDAHO

141N6

State File No. 141156
Local Reg. No. 139
Reg. Dist. No. 361

1. **PLACE OF DEATH:**
   (a) County Canyon
   (b) City or town Caldwell
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? X Outside? city or town
   (e) Died in a Home Hospital Institution Other place X
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county 3 years months days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Canyon
   (c) City or town Caldwell
   (d) Street Address or R.F.D. No. Route 2
   (e) Deceased lived Inside? Outside? X city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 3 years
   (h) Former residence (city, state)

3. (a) **FULL NAME** RACHAEL ADAIR OLIVER

93d

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Fem
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Fred W. Oliver
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) April 10, 1895

8. AGE	Years	Months	Days	If less than 1 day
	49	7	4	hrs min.

9. Exact Occupation Housewife Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Evans, (City or town) Colorado (State or foreign country)

Father
12. Name Elijah C. Moore
13. Birthplace Unknown (City or town) (State or foreign country)

Mother
14. Maiden name Winifred Chapman
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's **OWN** Signature Fred W. Oliver
and Address Route 2, Caldwell, Idaho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-20-44 (Month) (Day) (Year)
(c) Place: Canyon Hill Cemetery, Caldwell
18. Funeral Director's **OWN** Signature [signature]
and Address 504 So. Kimball Ave., Caldwell
19. (a) 11-27-44 (Date received and filed) (b) Agnes M. Denman (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Nov. 14, 1944
at 11:30 o'clock P.M.
21. **I HEREBY CERTIFY,** That I attended deceased from Nov 14 1944 to Nov 14 1944
I last saw her alive on 14 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Acute dilatation of heart	1 hr
Due to Chronic myocarditis	15 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation Date	
Major finding	
Finding of autopsy	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature [signature] (M. D. or other)
and Address Caldwell Ida Date 11-21 1944
(For additional space use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census DEC 5 1944

Certificate Of Death

STATE OF IDAHO

141157

State File No. 141157
Local Reg. No. 224
Reg. Dist. No. 362

1. **PLACE OF DEATH:**
(a) County Canyon
(b) City or town Nampa
(c) Street Address or R. F. D. No. 216-16 Ave So
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a ~~Home~~ ~~Hospital~~ ~~Institution~~ Other place, X
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 27 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Ida (b) County Canyon
(c) City or town Nampa
(d) Street Address or R.F.D. No. 216-16 Ave, So.
(e) Deceased lived Inside? X Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 27 years
(h) Former residence (city, state) Mo.

3. (a) **FULL NAME** George W. Pfeiffer. 94a

3. (b) If veteran, name war No.
3. (c) Social Security No. 512-05-3320.
4. Sex M.
5. Color or race W.
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Elizebeth,
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) May 22 - 1884

8. AGE	Years	Months	Days	If less than 1 day
	60	6	8	hrs ..... min.

9. Exact Occupation Railroad Engineer Did this work for 40 yrs.
10. Industry or Business U.P. Railroad Date last worked 11-30-1944
11. Birthplace ..... (City or town) Mo. (State or foreign country)

Father
12. Name Wm Pfeiffer
13. Birthplace Unknown (City or town) (State or foreign country)

Mother
14. Maiden name Irene Marie Unknown
15. Birthplace ..... (City or town) (State or foreign country)

16. Informant's **OWN** Signature E. Elizabeth Pfeiffer
and Address Nampa Idaho.
17. (a) Burial (Burial, cremation or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: Kohler Lawn, Nampa, Ida.
18. Funeral Director's **OWN** Signature Wm R. Talley
and Address Nampa Ida.
19. (a) Dec 4-1944 (Date received and filed) (b) Lida Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Nov. 30 - 1944
at 1:15 o'clock P M.

21. **I HEREBY CERTIFY**, That I attended deceased from ..... 19..... to ..... 19.....
I last saw h..... alive on ..... 19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Probably Coronary Thrombosis
~~Due to~~ Died in Auto, on way from Work.
Due to .....
Other conditions .....
(Include pregnancy within 3 months of death)

Duration

Where was disease contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy None.

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: ~~Accident~~? ..... Suicide? ..... Homicide? .....
Occurred Nov. 30 19 44 City, county, state where violence occurred 16th & 1st, Nampa,
Place of Violence: Home ..... Farm ..... Industry .....
Public Place Street While at work? .....
Means of injury Chevy Sedan

23. Attendant's **OWN** Signature Wm R. Talley (M. D. ~~or Coroner~~)
and Address Nampa Ida Date 12/1 19 44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

DEC 7 1944

Certificate Of Death

STATE OF IDAHO

141158
State File No. 141158
Local Reg. No. 286
Reg. Dist. No. 510

1. PLACE OF DEATH:
(a) County Bannock
(b) City or town Pocatello
(c) Street Address or ~~XXXXXX~~ No. So. Johnson Ave
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Home .... Hospital X Institution .... Other place ....
(f) Name Hosp. or Inst. General Stayed 1 days
(g) Lived in this county 9 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Bannock
(c) City or town Pocatello
(d) Street Address ~~XXXXX~~ No. 862 W. Bridger
(e) Deceased lived Inside? X Outside? ..... city or town
(f) Citizen of what country? U. S. A.
(g) How long had deceased lived in Idaho? 9 years
(h) Former residence (city, state) Kansas City, Mo

3. (a) FULL NAME JOSEPH ELMER GRATHOUSE

95c

3. (b) If veteran, name war ----
3. (c) Social Security No. 712-03-4961
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Lucile Wood
6. (c) Age of husband or wife if alive 36 years
7. Date of Birth (Month, Day, Year) August 25, 1890

8. AGE	Years	Months	Days	If less than 1 day
	54	2	19	hrs ---- min.

9. Exact Occupation BoilerMaker — Did this work for 20 yrs.
10. Industry or Business U. P. Railroad — Date last worked 8/15/44
11. Birthplace Oceloa, (City or town) Missouri (State or foreign country)

Father
12. Name George Gratehouse
13. Birthplace Unknown (City or town) Missouri (State or foreign country)

Mother
14. Maiden name Margaret Perryman
15. Birthplace Claremoa (City or town) Oklahoma (State or foreign country)

16. Informant's **OWN** Signature Marion L. Grathouse
and Address Pocatello, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/16/44 (Month) (Day) (Year)
(c) Place: Pocatello, Idaho.
18. Funeral Director's **OWN** Signature R. L. McHan
and Address Pocatello, Idaho
19. (a) 11/14/44 (Date received and filed) (b) D C Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) November 13 1944
at 6:45 o'clock a. M.
21. **I HEREBY CERTIFY**, That I attended deceased from ..... 19 ..... to Nov. 13 1944
I last saw him alive on Nov. 13 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — Duration
Cardiac failure — Immediate
Due to Cardiac Enlargement — 2 yrs
Due to
Other conditions (Include pregnancy within 3 months of death)
Where was disease contracted?
Name of operation ..... Date
Major finding
Finding of autopsy

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature J. R. McMahon (M. D. or other)
and Address Pocatello, Ida Date 11/14/1944
(For additional space, use reverse side)

141159

United States
Department of Commerce
Bureau of the Census

NOV 2 5 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 141159
Local Reg. No.
Reg. Dist. No. 113

1. **PLACE OF DEATH:**
   (a) County Bear Lake
   (b) City or town Montpelier
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? X Outside? city or town
   (e) Died in a Home Hospital X Institution Other place
   (f) Name Hosp. or Inst. Montpelier Stayed 5 Hours days
   (g) Lived in this county 27 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Bear Lake
   (c) City or town Montpelier
   (d) Street Address or R. F. D. No.
   (e) Deceased lived Inside? X Outside? city or town
   (f) Citizen of what country? U. S.
   (g) How long had deceased lived in Idaho? 27 years
   (h) Former residence (city, state)

3. (a) **FULL NAME** Hannah Catherine Cook 120b

3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife John W. Cook
6. (c) Age of husband or wife if alive 51 years
7. Date of Birth (Month, Day, Year) July 16, 1894

8. AGE	Years	Months	Days	If less than 1 day
	50	3	15	hrs min.

9. Exact Occupation Housewife Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Rock Springs (City or town) Wyoming (State or foreign country)

Father
12. Name Andrew Pederson
13. Birthplace (City or town) Denmark (State or foreign country)

Mother
14. Maiden name Catherine Jensen
15. Birthplace (City or town) Denmark (State or foreign country)

16. Informant's OWN Signature Mrs. Sidney Teuscher
and Address Montpelier, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 4, 1944 (Month) (Day) (Year)
(c) Place: Montpelier, Idaho
18. Funeral Director's OWN Signature [signature]
and Address Montpelier, Idaho
19. (a) Nov 4, 1944 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) October 31, 1944
at 6:15 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from Jan 1 1941 to Oct 31 1944
I last saw her alive on Oct. 31 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Chronic Ulcerative Colitis, Anemia	1 yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted? home	
Name of operation none Date	
Major finding	
Finding of autopsy	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature [signature] (M. D. or other)
and Address Montpelier, Idaho Date Nov. 1 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

141160 141160

United States
Department of Commerce
Bureau of the Census

NOV 27 1944

Certificate Of Death

STATE OF IDAHO

State File No.
Local Reg. No. 390
Reg. Dist. No. 390

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. PLACE OF DEATH:
(a) County Ada
(b) City or town Boise
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? X Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. St Lukes Stayed 2 days
(g) Lived in this county years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Gem
(c) City or town Emmett
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? Outside? X city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? 16 years
(h) Former residence (city, state) Kansas

3. (a) FULL NAME MRS JENNIE ELIZABETH SHORT 95k

3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Franklin Short
6. (c) Age of husband or wife if alive 52 years
7. Date of Birth (Month, Day, Year) Sept. 17, 1897

8. AGE	Years	Months	Days	If less than 1 day
	47	2	3	hrs min.

9. Exact Occupation At home Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Coffeyville, Kan. (City or town) (State or foreign country)
Father 12. Name John Messersmith
Father 13. Birthplace Indiana (City or town) (State or foreign country)
Mother 14. Maiden name Mary E. Ellis
Mother 15. Birthplace Johnson Co., Ill. (City or town) (State or foreign country)
16. Informant's OWN Signature Franklin M. Short
and Address Emmett, Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 11/25-1944 (Month) (Day) (Year)
(c) Place: Emmett, Idaho
18. Funeral Director's OWN Signature C. D. Dickerson
and Address Emmett, Idaho
19. (a) 11-28-44 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) November 25 1944
at 8:32 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from 9-21 1944, to 11-25 1944
I last saw her alive on 11-17 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Congestive heart failure	3 mo
Due to Rheumatic heart disease	unknown
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation Date	
Major finding	
Finding of autopsy no	

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's OWN Signature O. J. Summerell M.D. (M. D. or other)
and Address Boise, Idaho Date 11-24 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

DEC 8 1944

Certificate Of Death

STATE OF IDAHO

141161 141151
State File No.
Local Reg. No. 245
Reg. Dist. No. 610

1. **PLACE OF DEATH:**
   (a) County Bonneville
   (b) City or town Idaho Falls
   (c) Street Address or R.F.D. No. Memorial Dr.
   (d) Death Occured Inside? ✓ Outside? ..... city or town
   (e) Died in a Home .... Hospital ✓ Institution .... Other place ....
   (f) Name Hosp. or Inst. L-D-S. Stayed 14 days
   (g) Lived in this county ..... years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Bonneville
   (c) City or town Idaho Falls
   (d) Street Address or R.F.D. No. 475 Broadway
   (e) Deceased lived Inside? ✓ Outside? ..... city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 22 years
   (h) Former residence (city, state) Wyoming

3. (a) **FULL NAME** Arvel M. Walton 108

3. (b) If veteran, name war #1
3. (c) Social Security No. .....
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife Lilly H. Walton
6. (c) Age of husband or wife if alive 30 years
7. Date of Birth (Month, Day, Year) December 25 1895

8. AGE	Years	Months	Days	If less than 1 day
	48	10	0	hrs ..... min.

9. Exact Occupation Stockman — Did this work for ..... yrs.
10. Industry or Business ..... — Date last worked .....
11. Birthplace Auburn, Wyoming (City or town) (State or foreign country)

Father
12. Name Joseph Walton
13. Birthplace Woodruff, Utah (City or town) (State or foreign country)

Mother
14. Maiden name Mary Annie Pitchforth
15. Birthplace Bountiful, Utah (City or town) (State or foreign country)

16. Informant's **OWN** Signature Lucille Linches
and Address 475 Broadway

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/28/44 (Month) (Day) (Year)
(c) Place: Idaho Falls, Idaho

18. Funeral Director's **OWN** Signature Jack A. Ward
and Address Idaho Falls Idaho

19. (a) Nov 27-1944 (Date received and filed) (b) Emma Bridges (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) October 25 19 44
at 2-30 o'clock P M.

21. **I HEREBY CERTIFY**, That I attended deceased from Oct 11, 1944, to Oct 25 1944
I last saw him alive on Oct 26 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
✓ Coronary Pneumonia	2 weeks
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature W. Ray Hatch MD (M. D. or other)
and Address Idaho Falls, Date Oct 27 1944
(For additional space, use reverse side)

141162

United States
Department of Commerce DEC 7 1944
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No.
Local Reg. No. 29
Reg. Dist. No. 511

1. PLACE OF DEATH:
(a) County Bannock
(b) City or town Inkom
(c) Street Address or R.F.D. No. Portland Idaho cement co
(d) Death Occured Inside? ..... Outside? X city or town
(e) Died in a Home.... Hospital.... Institution.... Other place....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 47 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Bannock
(c) City or town Inkom
(d) Street Address or R.F.D. No. .....
(e) Deceased lived Inside? X Outside? ..... city or town
(f) Citizen of what country? France
(g) How long had deceased lived in Idaho? 47 years
(h) Former residence (city, state) France

3. (a) FULL NAME Jean Etchebest

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3. (b) If veteran, name war .....
3. (c) Social Security No. 518-09-1942
4. Sex male
5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) July 20, 1882

8. AGE	Years	Months	Days	If less than 1 day
	62	4	2	hrs min.

9. Exact Occupation Quarry man Did this work for 15 yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace France, Lique (City or town) (State or foreign country)
Father
12. Name Joseph Etchebest
13. Birthplace France (City or town) (State or foreign country)
Mother
14. Maiden name Anna Etchebest
15. Birthplace France (City or town) (State or foreign country)
16. Informant's OWN Signature A. Aguer
and Address Ontario Oregon
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Nov. 26, 44 (Month) (Day) (Year)
(c) Place: Nampa, Idaho
18. Funeral Director's OWN Signature Arthur W. Hall
and Address Pocatello Ida
19. (a) 11-26-1944 (Date received and filed) (b) D C Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Nov. 23, 1944
at ..... o'clock ..... M.
21. **I HEREBY CERTIFY,** That I attended deceased from ..... 19....., to ..... 19.....
I last saw h..... alive on ..... 19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Crushing injury chest and pelvis fracture skull — Duration
Due to Run over by one car
Due to (Accidental)
Other conditions .....
(Include pregnancy within 3 months of death)
Where was disease contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy ✓

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? yes Suicide? ..... Homicide? .....
Occurred Nov. 23 1944 City, county, state where violence occurred Inkom
Place of Violence: Home ..... Farm ..... Industry X
Public Place ..... While at work? X
Means of injury Run over by one car
23. Attendant's OWN Signature Arthur W. Hall (M. D. or other)
and Address Pocatello Ida Date 11/24 1944 Tomer
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

DEC 2 1944

141163

State File No. 141163
Local Reg. No. 284
Reg. Dist. No. 510

1. **PLACE OF DEATH:**
(a) County Bannock
(b) City or town Pocatello
(c) Street Address XXXXXX No. So. Johnson Ave
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Home.... Hospital X Institution.... Other place....
(f) Name Hosp. or Inst. General Stayed 7 days
(g) Lived in this county 0 years 1 months 0 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Bannock
(c) City or town St. Maries
(d) XXXXXXXXXX R.F.D. No. 4
(e) Deceased lived Inside? ..... Outside? X city or town
(f) Citizen of what country? U. S. A.
(g) How long had deceased lived in Idaho? 31 years
(h) Former residence (city, state) Deer Lodge, Mont

3. (a) **FULL NAME** FLORA ELIZABETH CRAIG TOW 1860

3. (b) If veteran, name war -----
3. (c) Social Security No. ----
4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife James Franklin
6. (c) Age of husband or wife if alive --- years
7. Date of Birth (Month, Day, Year) August 27, 1869

8. AGE	Years	Months	Days	If less than 1 day
	75	3	16	hrs min.

9. Exact Occupation housewife Did this work for -- yrs.
10. Industry or Business ----- Date last worked
11. Birthplace Coyvill, Kansas (City or town) (State or foreign country)
Father
12. Name Alfred Marion Craig
13. Birthplace Unknown Illinois (City or town) (State or foreign country)
Mother
14. Maiden name Sarah Ann Lee
15. Birthplace Crocker Missouri (City or town) (State or foreign country)
16. Informant's **OWN** Signature [signature]
and Address Pocatello, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/15/44 (Month) (Day) (Year)
(c) Place: Blackfoot, Idaho
18. Funeral Director's **OWN** Signature [signature]
and Address Pocatello, Idaho
19. (a) November 14 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) November 11 1944
at 4:15 o'clock p. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 11-4 1944, to Nov. 11 1944
I last saw her alive on Nov. 11 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Myocarditis & Pulmonary Congestion	
Due to Fall & fractured Neck of Fright Femur	
√ Due to Senility	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYISCIAN
Name of operation ..... Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? x Suicide? ..... Homicide? .....
Occurred 11/4/44 19..... City, county, state where violence occurred at home : Pocatello
Place of Violence: Home x Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury Fall on side walk
23. Attendant's **OWN** Signature [signature] (M. D. or other)
and Address Pocatello, Ida Date 11/14 1944
(For additional space, use reverse side)

Dr. McGrath 141164

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 141164
Local Reg. No.
Reg. Dist. No.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
   (a) County Washington
   (b) City or town Weiser
   (c) Street Address or R.F.D. No. 533 West Idaho
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home .... Hospital X Institution .... Other place ....
   (f) Name Hosp. or Inst. Weiser Gen. Stayed 1 days
   (g) Lived in this county 32 years ..... months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Wash.
   (c) City or town Weiser
   (d) Street Address or R.F.D. No. 533 West Idaho
   (e) Deceased lived Inside? X Outside? ..... city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 32 years
   (h) Former residence (city, state) Pine Valley, Ore.

3. (a) **FULL NAME** George Jefferson Haines 940

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Nina
6. (c) Age of husband or wife if alive 74 years
7. Date of Birth (Month, Day, Year) February 17 1869

8. AGE	Years	Months	Days	If less than 1 day
	75	8	30	hrs min.

9. Exact Occupation Retired Farmer — Did this work for Life yrs.
10. Industry or Business General Farming — Date last worked 1940
11. Birthplace Mt. Pleasant, Michigan (City or town) (State or foreign country)

Father
12. Name Henry J. Haines
13. Birthplace Don't Know (City or town) (State or foreign country)

Mother
14. Maiden name Mary Ann Mercer
15. Birthplace Don't Know (City or town) (State or foreign country)

16. Informant's **OWN** Signature Iola Womack (Daug)
and Address 601 W. Idaho St. Weiser, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/20/44 (Month) (Day) (Year)
(c) Place: Hillcrest Cem. Weiser, Idaho

18. Funeral Director's **OWN** Signature C. S. Jones #357
and Address Northam Chapel, Weeser, Idaho

19. (a) Nov 20 1944 (Date received and filed) (b) Marie A Duell (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) November 16 1944
at 8:15 o'clock P. M.

21. **I HEREBY CERTIFY**, That I attended deceased from Nov 3 1944 to Nov 16 1944
I last saw him alive on Nov 16 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Coronary Thrombosis	7 Days
Due to Arteriosclerosis	
Due to Hypertension	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ..... Date .....
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work?
Means of injury

23. Attendant's **OWN** Signature M D McGrath M D (M. D. or other)
and Address Weiser Idaho Date 11/18 1944
(For additional space, use reverse side)

141165

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 141165
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF DEATH:**
(a) County Elmore
(b) City or town Glenn Ferry
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 1 years 5 months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Elmore
(c) City or town Glenn Ferry
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? 32 years
(h) Former residence (city, state) Pocatello Ida.

3. (a) FULL NAME CONIE C. HILL

§3a

3. (b) If veteran, name war No.
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Wilbur E.
6. (c) Age of husband or wife if alive 58 years
7. Date of Birth (Month, Day, Year) October 25, 1896

8. AGE	Years	Months	Days	If less than 1 day
	47	11	25	hrs min.

9. Exact Occupation Housewife — Did this work for Life yrs.
10. Industry or Business Home — Date last worked 10/18/44
11. Birthplace DuBois (City or town) Idaho (State or foreign country)

Father
12. Name Samuel K. Clark
13. Birthplace Ohio (City or town) (State or foreign country)

Mother
14. Maiden name Elizabeth Robinson
15. Birthplace Cambridge (City or town) Ohio (State or foreign country)

16. Informant's OWN Signature Wilbur Lee Hill
and Address Glenn Ferry Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Oct. 22, 1944 (Month) (Day) (Year)
(c) Place: DuBois Idaho
18. Funeral Director's OWN Signature Felix J. Bay
and Address Mountain Home Idaho
19. (a) Oct 19 — 1944 (Date received and filed) (b) Mary Sullivan (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Oct. 19, 1944
at 5 30 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 19 to 19
I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cerebral Hemorrage — Duration
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred Glenn Ferry Ida. 19 44 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature Phila F. Green Coroner (M. D. or other)
and Address GMH. Home Ida Date 10/21 19 44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

14166 141166

United States
Department of Commerce
Bureau of the Census

NOV 27 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 141166
Local Reg. No. 16
Reg. Dist. No. 308

1. PLACE OF DEATH:
(a) County Latah
(b) City or town Rural
(c) Street Address or R. F. D. No. 1 Mi. W. Potlatch
(d) Death Occurred Inside? Outside? Yes city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 35 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Latah
(c) City or town Rural
(d) Street Address or R. F. D. No. 1 Mi. W. Potlat
(e) Deceased lived Inside? Outside? Yes city or town
(f) If foreign born, in U. S. 54 yrs. Citizen of U. S. Yes
(g) How long had deceased lived in Idaho? 35 years
(h) Former residence (city, state)

3. (a) **FULL NAME** William Henry Robinson 93d.

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Sarah
6 (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) July 13, 1862

8. AGE	Years	Months	Days	If less than 1 day
	82	3	6	hrs min.

9. Exact Occupation Lumber Grader
Did this work for 28 yrs.
10. Industry or Business Saw Mill
Date last worked 10-1-1937
11. Birthplace Perth (City or town) Ontario Canada (State or foreign country)

Father
12. Name Unknown
13. Birthplace (City or town) (State or foreign country)

Mother
14. Maiden name Unknown
15. Birthplace (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mrs Isaac M Robinson
and Address Potlatch, Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 10-19-44 (Month) (Day) (Year)
(c) Place: Palouse, Washington
18. Funeral Director's **OWN** Signature H E Kimball
and Address Palouse, Wash.
19. (a) 10-20-44 (Date received and filed) (b) Gladys McNamara (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) October 19 19 44
at 7:15 o'clock A M.

21. **I HEREBY CERTIFY,** That I attended deceased from Oct 1, 1941, to Oct 19 1944
I last saw h. alive on Oct 18 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Pulmonary Edema	1 day
Due to Chronic Myocarditis	years
Due to La Grippe	2 weeks
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease first contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature J. W. DeBree M.D (M. D. or other)
and Address Palouse Wash Date 10-20 1944

(For additional space, use reverse side)

14116?

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census DEC 7 1944

Certificate Of Death

STATE OF IDAHO

14116 State File No.
Local Reg. No. 2 1-44
Reg. Dist. No. 1 1 2

1. **PLACE OF DEATH:**
   (a) County Bonner
   (b) City or town Coolin
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? X Outside? city or town
   (e) Died in a Home X Hospital Institution Other place
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county 8 years months days

   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Bonner
   (c) City or town Priest River
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? Outside? X city or town
   (f) Citizen of what country? USA
   (g) How long had deceased lived in Idaho? 8 years
   (h) Former residence (city, state)

3. (a) **FULL NAME** Joseph Lorin Tribe

83a

3. (b) If veteran, name war WW #1
3. (c) Social Security No. None
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Margaret
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) January 23, 1889

8. AGE	Years	Months	Days	If less than 1 day
	55	9	12	hrs min.

9. Exact Occupation Farmer — Did this work for 8 yrs.
10. Industry or Business Farming — Date last worked 11/4/44
11. Birthplace Ontario (City or town) (State or foreign country)

Father
12. Name Wm. Martin Tribe
13. Birthplace Bayham, Ontario (City or town) (State or foreign country)

Mother
14. Maiden name Tamar Leuinda Bentley
15. Birthplace Bayham, Ontario (City or town) (State or foreign country)

16. Informant's **OWN** Signature
and Address Coolin, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/8/44 (Month) (Day) (Year)
(c) Place: Sandpoint, Idaho
18. Funeral Director's **OWN** Signature MOON MORTUARY
and Address SANDPOINT, IDAHO
19. (a) 11-8-1944 (Date received and filed) (b) F. A. Wonach (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Nov. 5 19 44
at 9:52 o'clock A. M.
21. **I HEREBY CERTIFY,** That I attended deceased from on Nov. 5 1944 to Nov. 5 1944
I last saw him alive on Nov. 5 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
✓ Cerebral hemorrhage	12 hours.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature Leslie J. Stauffer, M.D.
(M. D. or other)
and Address Priest River, Ida. Date 11-5 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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United States
Department of Commerce
Bureau of the Census

DEC 6 1944

Certificate Of Death

STATE OF IDAHO

State File No. 1411
Local Reg. No. 192
Reg. Dist. No. 360

1. **PLACE OF DEATH:**
   (a) County Canyon
   (b) City or town Caldwell
   (c) Street Address or R.F.D. No. 818 Logan
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home ..... Hospital X Institution ..... Other place .....
   (f) Name Hosp. or Inst. Cald. Sanitarium
   (g) Lived in this county 38 years ..... months ..... days

   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Canyon
   (c) City or town Caldwell
   (d) Street Address or R.F.D. No. .....
   (e) Deceased lived Inside? X Outside? ..... city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 38 years
   (h) Former residence (city, state) Illinois

3. (a) **FULL NAME** FREDERICK RAYMOND HARTENBOWER

55e

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Div.
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) Dec. 2, ~~1885~~ 1884

8. AGE	Years	Months	Days	If less than 1 day
	59	11	9	hrs min.

9. Exact Occupation Plumber — Did this work for ..... yrs.
10. Industry or Business ..... — Date last worked .....
11. Birthplace Mt. Palatine, Illinois (City or town) (State or foreign country)

Father
12. Name Henry Hartenbower
13. Birthplace Illinois (City or town) (State or foreign country)

Mother
14. Maiden name Mary Hutchins
15. Birthplace Illinois (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mrs Ellen Womack
and Address Boise Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/15/44 (Month) (Day) (Year)
(c) Place: Canyon Hill Cemetery

18. Funeral Director's **OWN** Signature [illegible]
and Address 504 So. Kimball Ave., Caldwell

19. (a) 11-18-44 (Date received and filed) (b) Agnes McDermaan (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Nov. 11 19 44
at 8:15 o'clock A.M.

21. **I HEREBY CERTIFY,** That I attended deceased from July 19 44, to Nov 11 19 44
I last saw h[illegible] alive on Nov 11 19 44; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cancinoma of Chest	2 yrs
Due to	
Due to	
Other conditions ..... (Include pregnancy within 3 months of death)	

Where was disease contracted? Canyon Co.
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature [illegible] M.D. or other)
and Address Caldwell Idaho Date 12/14 19 44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census DEC 11 1944

Certificate Of Death

14116 9

STATE OF IDAHO

State File No. 1415
Local Reg. No. 360
Reg. Dist. No. 1

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? X Outside? city or town
   (e) Died in a Home Hospital X Institution Other place
   (f) Name Hosp. or Inst. StLukes Stayed 20 days
   (g) Lived in this county years months 20 days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Gooding
   (c) City or town Hagerman
   (d) Street ~~Address or R.F.D. No.~~ box 55
   (e) Deceased lived Inside? X Outside? city or town
   (f) Citizen of what country? United States
   (g) How long had deceased lived in Idaho? 65 years
   (h) Former residence (city, state) Mellvill Utah

3. (a) **FULL NAME** Elizebeth Ann Steel

3. (b) If veteran, name war ------
3. (c) Social Security No. -------
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife David H.
6. (c) Age of husband or wife if alive deceased years
7. Date of Birth (Month, Day, Year) May 11, 1870

8. AGE	Years	Months	Days	If less than 1 day
	74	5	27	hrs min.

9. Exact Occupation housewife Did this work for life yrs.
10. Industry or Business ---------- Date last worked 10/11/18
11. Birthplace Mellvill (City or town) Utah (State or foreign country)

Mother
12. Name William Shaffer
13. Birthplace ---- Penn. (City or town) (State or foreign country)

Father
14. Maiden name Elizebeth Ann Hargroves
15. Birthplace --------- England (City or town) (State or foreign country)

16. Informant's **OWN** Signature Wm Shaffer
and Address Hagerman Idaho
17. (a) removal (Burial, cremation, or removal) (b) Date thereof 11/7/44 (Month) (Day) (Year)
(c) Place: Gooding Idaho
18. Funeral Director's **OWN** Signature Thompson Chapel
and Address Gooding Idaho
19. (a) 11-10-44 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 10-7- 1944
at 10:42 o'clock a. M.
21. **I HEREBY CERTIFY**, That I attended deceased from Oct 16 1944, to death 19
I last saw her alive on 11-7 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Bronchopneumonia	2 da
Due to Carcinoma of Bladder	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYISICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature W B Jeppesen (M. D. or other)
and Address Boise Date 11-11 1944
(For additional space, use reverse side)

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United States
Department of Commerce
Bureau of the Census

DEC 7 1944

Certificate Of Death

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No. 6-10

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
   (a) County Bannock
   (b) City or town Pocatello
   (c) Street Address or R. F. D. No.
   (d) Death Occured Inside? ✓ Outside? city or town
   (e) Died in a Home Hospital ✓ Institution Other place
   (f) Name Hosp. or Inst. St. Anthony Stayed 25 days
   (g) Lived in this county years months days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Bannock
   (c) City or town Pocatello
   (d) Street Address or R.F.D. No. 121 Roosevelt
   (e) Deceased lived Inside? ✓ Outside? city or town
   (f) Citizen of what country? U. S. A.
   (g) How long had deceased lived in Idaho? 20 years
   (h) Former residence (city, state) Big Spring Texas

3. (a) **FULL NAME** Affie Percival 50

3. (b) If veteran, name war ✓
3. (c) Social Security No. none
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife M. S.
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) December, 28, 1867

8. AGE	Years	Months	Days	If less than 1 day
	76	10	14	hrs min.

9. Exact Occupation Housewife Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Harrisonville Ill. (City or town) (State or foreign country)

Father
12. Name Wm Cairns
13. Birthplace Harrisonville Ill. (City or town) (State or foreign country)

Mother
14. Maiden name Mary James
15. Birthplace Harrisonville Ill. (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mrs L. B. Gerkin
and Address 121 Roosevelt
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11- (Month) (Day) (Year)
(c) Place: Mountainview
18. Funeral Director's **OWN** Signature Byron B. Howard
and Address Pocatello Idaho
19. (a) 11-27-1944 (Date received and filed) (b) D C Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) November 12 1944
at 2 o'clock P. M.
21. **I HEREBY CERTIFY**, That I attended deceased from 6-6 1942, to 11-12 1944
I last saw her alive on 11-12 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Bronchial Pneumonia	3 days
Due to Cacinoma of left Breast.	
Due to	
Other conditions Chronic Heart. (Include pregnancy within 3 months of death)	
Disease.	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature R. Russell M D, (M. D. or other)
and Address Pocatello Date 11-13 1944
(For additional space, use reverse side)

141171

United States
Department of Commerce
Bureau of the Census DEC 7 1944

Certificate Of Death

STATE OF IDAHO

State File No. 1411
Local Reg. No. 300
Reg. Dist. No. 5-10

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
   (a) County Bannock
   (b) City or town Pocatello
   (c) Street Address or R.F.D. No. —
   (d) Death Occured Inside? — Outside? ....city or town
   (e) Died in a Home.... Hospital — Institution.... Other place....
   (f) Name Hosp. or Inst. General Stayed ....days
   (g) Lived in this county ....years ....months ....days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Bannock
   (c) City or town Pocatello
   (d) Street Address or R.F.D. No. 855 N. Lubbock
   (e) Deceased lived Inside? — Outside? ....city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 34 years
   (h) Former residence (city, state) Cavour S. D.

3. (a) **FULL NAME** Arthur E. Gemmell 94a

3. (b) If veteran, name war —
3. (c) Social Security No. 712-05-6176
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Emma
6. (c) Age of husband or wife if alive .... years
7. Date of Birth (Month, Day, Year) July 25, 1880

8. AGE	Years	Months	Days	If less than 1 day
	64	4	2	hrs min.

9. Exact Occupation Sheetah Foreman Did this work for 34 yrs.
10. Industry or Business U.P.R.R. Date last worked 11-24-44
11. Birthplace Waterloo Iowa (City or town) (State or foreign country)

Father
12. Name Andrew Gemmell
13. Birthplace unknown (City or town) (State or foreign country)

Mother
14. Maiden name Emma Jean McCoy
15. Birthplace unknown (City or town) (State or foreign country)

16. Informant's **OWN** Signature Marion Moffitt and Address Pocatello Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-29-44 (Month) (Day) (Year)
    (c) Place: Mountainview
18. Funeral Director's **OWN** Signature Byron B. Downard and Address Pocatello Idaho
19. (a) 11-30-1944 (Date received and filed) (b) D C Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) November 27 1944 at ....o'clock ....M.
21. **I HEREBY CERTIFY,** That I attended deceased from Nov. 24 1944, to Nov 27 1944
    I last saw him alive on Nov. 27 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Coronary occlusion —	5 hrs
Due to —	
Due to —	
Other conditions Age and acute influenzal (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation .... Date	
Major finding	
Finding of autopsy	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? .... Suicide? .... Homicide? ....
    Occurred .... 19.... City, county, state where violence occurred ....
    Place of Violence: Home .... Farm .... Industry ....
    Public Place .... While at work? ....
    Means of injury ....
23. Attendant's **OWN** Signature J R McMahon (M. D. or other)
    and Address Pocatello Date 11/30 1944
    (For additional space, use reverse side)

141172

United States
Department of Commerce
Bureau of the Census

DEC 11 1944

Certificate Of Death

STATE OF IDAHO

State File No. 1411[illegible]
Local Reg. No. 392
Reg. Dist. No. 370

1. PLACE OF DEATH:
(a) County Ada
(b) City or town Boise
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? X Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. St Lukes Stayed days
(g) Lived in this county years 1 months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Gem
(c) City or town Emmett
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? Outside? X city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? 14 years
(h) Former residence (city, state) Nebraska

3. (a) FULL NAME JAMES MONROE SMITH

93d

3. (b) If veteran, name war no
3. (c) Social Security No. 519-03-0923
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Dora S. Smith
6. (c) Age of husband or wife if alive 51 years
7. Date of Birth (Month, Day, Year) June 23, 1885

8. AGE	Years	Months	Days	If less than 1 day
	59	4	27	hrs min.

9. Exact Occupation Day laborer Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Salem (City or town) Mo. (State or foreign country)
Father
12. Name James C. Smith
13. Birthplace Penn. (City or town) (State or foreign country)
Mother
14. Maiden name Sarah M. Campbell
15. Birthplace Penn. (City or town) (State or foreign country)
16. Informant's OWN Signature Audrey Bryar
and Address Boise, Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 11/24-1944 (Month) (Day) (Year)
(c) Place: Emmett, Idaho
18. Funeral Director's OWN Signature C D Buckmann
and Address Emmett, Idaho
19. (a) 12-2-44 (Date received and filed) (b) R Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Nov. 20, 1944 19
at 935 o'clock A M.
21. I HEREBY CERTIFY, That I attended deceased from Oct 30 1944 to Nov 20 1944
I last saw him alive on Nov 19 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Left Hemiplegia	
Terminal Pneumonia	
✓ Due to arteriosclerosis	
Due to	
Other conditions Myocardial Damage (Include pregnancy within 3 months of death)	
Where was disease contracted? at Home	
Name of operation none Date	
Major finding	
Finding of autopsy none	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature G H Wahle MD (M. D. or other)
and Address 515 Eastman Bldg Date 11/27/44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

DEC 7 1944

Certificate Of Death

STATE OF IDAHO

141173

State File No. 141173
Local Reg. No. 271
Reg. Dist. No. 5

1. PLACE OF DEATH:
(a) County Bannock
(b) City or town Pocatello
(c) Street Address or R.F.D. No. 101.So.Johnson
(d) Death Occured Inside? ..... Outside? ..... city or town
(e) Died in a Home.... Hospital.... Institution.... Other place....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county ..... years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Bannock
(c) City or town Pocatello
(d) Street Address or R.F.D. No. 835.No.9th.Ave.
(e) Deceased lived (Inside?) ..... Outside? ..... city or town
(f) Citizen of what country? United States
(g) How long had deceased lived in Idaho? 15 years
(h) Former residence (city, state) Utah.

3. (a) FULL NAME Mabel Helen Stirland. 186a

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or George H.Stirland
6. (c) Age of husband or wife if alive 60 years
7. Date of Birth (Month, Day, Year) March. 17. 1894.

8. AGE	Years	Months	Days	If less than 1 day
	50	7	11	hrs min.

9. Exact Occupation House-wife Did this work for 29 yrs.
10. Industry or Business ..... Date last worked 10/11/44
11. Birthplace Richmond, (City or town) Utah (State or foreign country)
Father
12. Name Pryer Glazier.
13. Birthplace Unknown (City or town) (State or foreign country)
Mother
14. Maiden name Alice Thornley.
15. Birthplace Unknown (City or town) (State or foreign country)
16. Informant's OWN Signature George H Stirland
and Address Pocatello, Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 11/1/1944 (Month) (Day) (Year)
(c) Place: Smithfield, Utah
18. Funeral Director's OWN Signature Hall Mortuary, Arthur M Hall
and Address Pocatello, Idaho.
19. (a) 10-30-1944 (Date received and filed) (b) D C Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) October. 28. 1944
at 12:30 o'clock A M.
21. **I HEREBY CERTIFY**, That I attended deceased from Oct 11 1944, to Oct 28 1944
I last saw her alive on Oct 27 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
# Pulmonary Embolis	
Due to Blood clot (apparently from fracture of femur)	
Due to	
Other conditions Myocarditis (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ..... Date .....
Major finding .....
Finding of autopsy none

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? x Suicide? ..... Homicide? .....
Occurred Oct. 11, 1944 19..... City, county, state where violence occurred Pocatello, Idaho
Place of Violence: Home x Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury Fall on Kitcken Floor
23. Attendant's OWN Signature D C Ray (M. D. or other)
and Address Pocatello, Idaho Date 10/31/1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

141174 1411

State File No.
Local Reg. No. 232
Reg. Dist. No. 371

DEC 6 1944

1. **PLACE OF DEATH:**
(a) County Ada
(b) City or town Boise
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? Outside? X city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. Vets. Admn. Stayed 133 days
(g) Lived in this county years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Ada
(c) City or town Boise
(d) Street Address or R.F.D. No. Route #1
(e) Deceased lived Inside? Outside? X city or town
(f) Citizen of what country? U. S. A.
(g) How long had deceased lived in Idaho? 20 years
(h) Former residence (city, state)

3. (a) **FULL NAME** Louis A. Reypens

92 a

3. (b) If veteran, name war WW
3. (c) Social Security No. 518-07-5795
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mrs. Mayme C. Reypens
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) July 15, 1887

8. AGE	Years	Months	Days	If less than 1 day
	57	4	10	hrs min.

9. Exact Occupation Farmer Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Belguim (City or town) (State or foreign country)
Father 12. Name Deceased
13. Birthplace (City or town) (State or foreign country)
Mother 14. Maiden name Deceased
15. Birthplace (City or town) (State or foreign country)
16. Informant's **OWN** Signature M. E. Gull Records, Veterans Administration
and Address Boise, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/28/44 (Month) (Day) (Year)
(c) Place: Boise, Idaho Cemerdale
18. Funeral Director's **OWN** Signature Kenneth Libby McBratney Funeral Home
and Address Boise, Idaho
19. (a) 11-28-44 (Date received and filed) (b) D Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) November 25, 1944
at 9:20 o'clock A. M.
21. **I HEREBY CERTIFY,** That I attended deceased from July 15 1944, to Nov. 25 1944
I last saw him alive on Nov. 25 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Heart Disease, aortic stenosis & insufficency, cardiac enlargement with myocardial insufficiency, Class 5	Many years
Due to Rheumatism	
Due to	
Other conditions Bronchitis, chronic (Include pregnancy within 3 months of death)	Unknown
Where was disease contracted?	
Name of operation Date	
Major finding	
Finding of autopsy No autopsy	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature A. W. Schulz ARTHUR W. SCHULZ, Lt. Col. M.C. Chief Medical Officer (M. D. or other)
and Address V.A.F., Boise, Idaho Date Nov. 25 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

DEC 13 1944 STATE OF IDAHO

141175

State File No. 141175
Local Reg. No. 78
Reg. Dist. No. 3330

1. **PLACE OF DEATH:**
   (a) County Payette
   (b) City or town Payette
   (c) Street Address or R.F.D. No. 931 3rd ave no
   (d) Death Occured Inside? # Outside? city or town
   (e) Died in a Home # Hospital Institution Other place
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county years 9 months 12 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Neb (b) County Hall
   (c) City or town Grand Island.
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? Outside? city or town
   (f) Citizen of what country? USA
   (g) How long had deceased lived in Idaho? 9 Mo years
   (h) Former residence (city, state) Grand Island Nebraska.

3. (a) **FULL NAME** Frank B. Manley.

552

3. (b) If veteran, name war ---
3. (c) Social Security No. ---
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced widower
6. (b) Name of husband or wife Alice Durham Manley, deceased
6. (c) Age of husband or wife if living yrs
7. Date of Birth (Month, Day, Year) September 21 1860

8. AGE	Years	Months	Days	If less than 1 day
	84	2	16	hrs min.

9. Exact Occupation Conductor. Did this work for 55 yrs.
10. Industry or Business RailRoad Date last worked October 1925
11. Birthplace Butler, (City or town) Kentucky. (State or foreign country)

Father
12. Name David Manley.
13. Birthplace Bath Co. (City or town) Kentucky. (State or foreign country)

Mother
14. Maiden name Sarah Jane Coile.
15. Birthplace Bath Co. (City or town) Kentucky. (State or foreign country)

16. Informant's **OWN** Signature Ray E. Irwin
and Address Payette, Idaho. 931 3rd Ave No.
17. (a) removal (Burial, cremation, or removal) (b) Date thereof 12-10-44 (Month) (Day) (Year)
(c) Place: Grand Island, Nebraska.
18. Funeral Director's **OWN** Signature Edith Landon
and Address Payette, Idaho.
19. (a) 12/9/1944 (Date received and filed) (b) J. C. Woodward (Registrar's signature)

(103)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) December 7 1944 19
at 8 o'clock P M.
21. **I HEREBY CERTIFY**, That I attended deceased from 1943, to Dec 7 1944
I last saw him alive on Nov 30 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Myocardial failure	
Due to Generalized	
Due to Carcinomatosis	8 mos
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature John Kaser M.D. (M. D. or other)
and Address Payette, Idaho. Date 12/9/ 19 44
(For additional space, use reverse side)

Hill Crest. Cemetery -Weiser, Idaho 141176 141176

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 141176
Local Reg. No. 79
Reg. Dist. No. 3-330

DEC 13 1944

1. **PLACE OF DEATH:**
   (a) County Payette
   (b) City or town Payette
   (c) Street Address or R.F.D. No. 237 SO 10th St.
   (d) Death Occured Inside? # Outside? city or town
   (e) Died in a Home Hospital # Institution Other place
   (f) Name Hosp. or Payette General yed 3 days
   (g) Lived in this county years months 3 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Payette
   (c) City or town Payette
   (d) Street Address or R.F.D. No 237 so 10th St
   (e) Deceased lived Inside? # Outside? city or town
   (f) Citizen of what country? USA
   (g) How long had deceased lived in Idaho? 3 da years
   (h) Former residence (city, state) ---

3. (a) **FULL NAME** Karen Lynn Smith

160 c

3. (b) If veteran, name war ---
3. (c) Social Security No. ---
4. Sex female 5. Color or race white
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife ---
6. (c) Age of husband or wife if alive --- years
7. Date of Birth (Month, Day, Year) December 4 1944.

8. AGE	Years	Months	Days	If less than 1 day
	--	--	3	hrs min.

9. Exact Occupation none Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Payette (City or town) Idaho (State or foreign country)

Father
12. Name Staff Sargent Arthur H. Smith.
13. Birthplace Irvington, New Jersey. (City or town) (State or foreign country)

Mother
14. Maiden name Henrietta Glascock.
15. Birthplace Weiser, Idaho. (City or town) (State or foreign country)

16. Informant's **OWN** Signature Lester Glascock
and Address Weiser, Idaho.

17. (a) removal (Burial, cremation, or removal) (b) Date thereof 12-12-44 (Month) (Day) (Year)
(c) Place: Weiser, Idaho.

18. Funeral Director's **OWN** Signature Edith Landon
and Address Payette, Idaho

19. (a) 12/9/1944 (Date received and filed) (b) J. C. Woodward (Registrar's signature)

(106)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) December 7 1944 19
at 9 o'clock A M.

21. **I HEREBY CERTIFY**, That I attended deceased from Dec 4 1944, to Dec 7 1944
I last saw her alive on Dec 7 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Edema of Lungs — Duration
Due to Breech Delivery — 3 days
Due to
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature John J. Kaiser M.D. (M. D. or other)
and Address Payette, Idaho. Date 12/9 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

141177

United States
Department of Commerce DEC 11 1944
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 141177
Local Reg. No. 63
Reg. Dist. No. 364

1. **PLACE OF DEATH:**
   (a) County Canyon
   (b) City or town Parma
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? X Outside? city or town
   (e) Died in a Home Hospital Institution Other place X
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county 24 years months days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Canyon
   (c) City or town Parma
   (d) Street Address or R.F.D. No. Box 582
   (e) Deceased lived Inside? X Outside? city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 24 years
   (h) Former residence (city, state)

3. (a) **FULL NAME** GERTRUDE SARAH MOGUS

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Fem.
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife John
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) April 21, 1880

8. AGE	Years	Months	Days	If less than 1 day
	64	6	18	hrs min.

9. Exact Occupation Housewife — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace Dick Shuler (City or town) (State or foreign country)

Father
12. Name Dick Shuler
13. Birthplace (City or town) Georgia (State or foreign country)

Mother
14. Maiden name Willis
15. Birthplace (City or town) Unknown (State or foreign country)

16. Informant's **OWN** Signature Gertrude Mogus
and Address Parma, Idaho. Box 582

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-16-44 (Month) (Day) (Year)
(c) Place: Parma Cemetery

18. Funeral Director's **OWN** Signature V. Beckham
and Address 504 So. Kimball Ave., Caldwell

19. (a) 12-6-44 (Date received and filed) (b) Ruth Hill (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Nov. 9, 1944
at 2:00 o'clock P. M.

21. **I HEREBY CERTIFY**, That I attended deceased from Aug 5 1943, to Nov 9 1944
I last saw her alive on Nov 9 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Mitral Valve Heart Disease — Duration
Due to Rheumatism
Due to
Other conditions
(Include pregnancy within 3 months of death)

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature J M Mitchell (M. D. or other)
and Address Parma Idaho Date 11-15 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

DEC 12 1944

Certificate Of Death

STATE OF IDAHO

141178

State File No. 141178
Local Reg. No. 32
Reg. Dist. No. 320

1. PLACE OF DEATH:
(a) County Washington
(b) City or town Weiser
(c) Street Address or R.F.D. No. W. Commercial St.
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Home.... Hospital.... Institution.... Other place X
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 23 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Washington
(c) City or town Weiser
(d) Street Address or R.F.D. No. R.F.D. #1
(e) Deceased lived Inside? ..... Outside? X city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 54 years
(h) Former residence (city, state) Nez Perce, Idaho

3. (a) **FULL NAME** TOM SAMUEL THOMPSON

94b

3. (b) If veteran, name war W.War#1
3. (c) Social Security No. 510-01-7868
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Katie
6. (c) Age of husband or wife if alive 41 years
7. Date of Birth (Month, Day, Year) May 10 1890

8. AGE	Years	Months	Days	If less than 1 day
	54	6	11	hrs min.

9. Exact Occupation Farmer Did this work for Life yrs.
10. Industry or Business General Farming Date last worked 11/21/44
11. Birthplace Star (City or town) Idaho (State or foreign country)
Father
12. Name James H. Thompson
13. Birthplace Missouri (City or town) (State or foreign country)
Mother
14. Maiden name Helen M. Stockton
15. Birthplace Illinois (City or town) (State or foreign country)
16. Informant's OWN Signature Mrs Tom Thompson
and Address Route #1 Weiser, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/25/44 (Month) (Day) (Year)
(c) Place: Hillcrest Cem. Weiser, Idaho
18. Funeral Director's OWN Signature A. S. Jones #357
and Address Northam Chapel Weiser, Idaho
19. (a) Nov 24-44 (Date received and filed) (b) Mariett Shell (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) November 22 1944
at 4:20 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from ..... 1940, to Nov 1944
I last saw him alive on Nov 1 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Angina Pectoris	4 yrs
✓ Due to Tonsil infection	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation ..... Date	
Major finding	
Finding of autopsy	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19.... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's OWN Signature T. A. Schmid MD (M. D. or other)
and Address Weiser, Idaho Date 11-29 1944
(For additional space, use reverse side)

141179

United States
Department of Commerce DEC 11 1944
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 141179
Local Reg. No. 273
Reg. Dist. No. 461

1. PLACE OF DEATH:
(a) County Twin Falls
(b) City or town Buhl
(c) Street Address or R. F. D. No. 424 13th St. No.
(d) Death Occurred Inside? * Outside? ____ city or town
(e) Died in a Home * Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. none Stayed ____ days
(g) Lived in this county 1 years 7 months ? days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Twin Falls
(c) City or town Buhl
(d) Street Address or R. F. D. No. 424 ~~8th~~ 13th No.
(e) Deceased lived Inside? * Outside? ____ city or town
(f) Citizen of what country? U. S.
(g) How long had deceased lived in Idaho? 1 years
(h) Former residence (city, state) same

3. (a) FULL NAME James M. Carson 93d

3. (b) If veteran, name war Spanish Am. 3. (c) Social Security No. none
4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Sarah Carson 6. (c) Age of husband or wife if alive 79 years
7. Date of Birth (Month, Day, Year) September 1, 1862

8. AGE	Years	Months	Days	If less than 1 day
	82	2	27	hrs min.

9. Exact Occupation Retired Did this work for 10 yrs.
10. Industry or Business none Date last worked
11. Birthplace Lawrence Co., Ohio (City or town) (State or foreign country)
Father
12. Name William Carson
13. Birthplace Penn. (City or town) (State or foreign country)
Mother
14. Maiden name ? Wooten
15. Birthplace Kentucky (City or town) (State or foreign country)
16. Informant's OWN Signature X Mrs Sarah Carson
and Address Buhl, Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 12/1/44 (Month) (Day) (Year)
(c) Place: Port Orchard, Wash.
18. Funeral Director's OWN Signature B. T. Albertson
and Address Buhl, Idaho
19. (a) Nov. 29, 1944 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) November 28, 1944
at 11:30 o'clock A. M.
21. I HEREBY CERTIFY, That I attended deceased from 11-28 1944 to ____ 19__
I last saw her alive on 1 to death 19__; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Acute heart failure	few hours
Due to Chronic myocarditis	years
Due to	
Other conditions Senility (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation ____ Date ____	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature M. A. Drake M.D. (M. D. or other)
and Address Buhl Ida Date 11-29 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce DEC 12 1944
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

141180

State File No. 1411[illegible]
Local Reg. No. 53
Reg. Dist. No. 130

1. PLACE OF DEATH:
(a) County Benewah
(b) City or town St. Maries
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? X Outside? city or town
(e) Died in a Home Hospital Institution Other place X
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 15 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Benewah
(c) City or town St. Maries
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? U. S. A.
(g) How long had deceased lived in Idaho? 15 years
(h) Former residence (city, state)

3. (a) FULL NAME Nels Chris Nelsen

1700

3. (b) If veteran, name war None
3. (c) Social Security No. 518-12-3579
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) January 29, 1890

8. AGE	Years	Months	Days	If less than 1 day
	54	9	22	hrs min.

9. Exact Occupation Wood Dealer — Did this work for 4 yrs.
10. Industry or Business Woods — Date last worked 11-21-44
11. Birthplace Denmark (City or town) (State or foreign country)

Father
12. Name Unknown
13. Birthplace " (City or town) (State or foreign country)

Mother
14. Maiden name Unknown
15. Birthplace " (City or town) (State or foreign country)

16. Informant's OWN Signature Erma Sikkenga
and Address St. Maries, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-25-44 (Month) (Day) (Year)
(c) Place: St. Maries, Idaho

18. Funeral Director's OWN Signature R. E. Wessa
and Address St. Maries, Idaho

19. (a) 12-9-44 (Date received and filed) (b) R. E. Wessa (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) November 21, 1944 19
About at 7:00 o'clock P. M.

21. **I HEREBY CERTIFY**, That I attended deceased from 19, to 19
I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
✓ Strangulation	few Minutes
Due to Three wheels resting on neck & back of	
Due to auto accident	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation — Date
Major finding None
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Yes Suicide? Homicide?
Occurred 11-21- 1944 City, county, state where violence occurred St Maries, Benewah Co Ida
Place of Violence: Home Farm Industry Yes
Public Place Street While at work? Yes
Means of injury Truck accident

23. Attendant's OWN Signature R. E. Wessa Coroner (M. D. or other)
and Address St. Maries Ida Date 11-22-1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

DEC 11 1944

Certificate Of Death

STATE OF IDAHO

State File No. 14116 1411[illegible]
Local Reg. No. 244
Reg. Dist. No. 610

1. **PLACE OF DEATH:**
   (a) County Bonneville
   (b) City or town Idaho Falls
   (c) Street Address or R.F.D. No. 463 Cliff St.
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home X Hospital ... Institution ... Other place ...
   (f) Name Hosp. or Inst. ..... Stayed ? days
   (g) Lived in this county 45 years ? months ... days

   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Bonneville
   (c) City or town Idaho Falls
   (d) Street Address or R.F.D. No. 463 Cliff St.
   (e) Deceased lived Inside? X Outside? ..... city or town
   (f) Citizen of what country? United States
   (g) How long had deceased lived in Idaho? 45 years
   (h) Former residence (city, state) Butte, Mont.

3. (a) **FULL NAME** LAWRENCE FERNANDO HANSON

922

3. (b) If veteran, name war Spanish-American (c) Social Security No. None
4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife ..... 6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) February 19, 1865

8. AGE	Years	Months	Days	If less than 1 day
	79	8	28	hrs ... min.

9. Exact Occupation Farmer Did this work for 30 yrs.
10. Industry or Business Self Employed Date last worked 1930
11. Birthplace Brigham City (City or town) Utah (State or foreign country)

Father
12. Name F. F. Hanson
13. Birthplace Copenhagen, Denmark (City or town) (State or foreign country)

Mother
14. Maiden name Catherine Rassmussen
15. Birthplace Copenhagen, Denmark (City or town) (State or foreign country)

16. Informant's **OWN** Signature Ruth Dyer
and Address Idaho Falls, Idaho

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Nov. 20, '44 (Month) (Day) (Year)
(c) Place: Brigham City, Utah

18. Funeral Director's **OWN** Signature Orland E. Buck
and Address Idaho Falls, Idaho

19. (a) Nov. 20 1944 (Date received and filed) (b) Anna Bidgen (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) November 17 1944
at 11:00 o'clock P. M.

21. **I HEREBY CERTIFY,** That I attended deceased from Nov 16 1944, to Nov 16 1944
I last saw him alive on Nov 16 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Endocarditis	
Due to	
Due to	
Other conditions Dropsy.	2
(Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature A. R. Rodenquenbush M.D.
and Address Idaho Falls, Idaho Date Nov 20 1944 (or other)
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

DEC 11 1944

Certificate Of Death

STATE OF IDAHO

14118 V

State File No. 141182
Local Reg. No. 242
Reg. Dist. No. 610

1. **PLACE OF DEATH:**
   (a) County Bonneville
   (b) City or town Idaho Falls
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? X Outside? city or town
   (e) Died in a Home Hospital X Institution Other place
   (f) Name Hosp. or Inst. Sacred Heart Stayed 7 days
   (g) Lived in this county 30 years ? months ? days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Bonneville
   (c) City or town Idaho Falls
   (d) Street Address or R.F.D. No. 486 "D" Street
   (e) Deceased lived Inside? X Outside? city or town
   (f) Citizen of what country? United States
   (g) How long had deceased lived in Idaho? 30 years
   (h) Former residence (city, state) Denver, Colo.

3. (a) **FULL NAME** OSCAR CLINTON CHAPLIN

1700

3. (b) If veteran, name war None
3. (c) Social Security No. 519-07-2730
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Bessie Dundell
6. (c) Age of husband or wife if alive 62 years
7. Date of Birth (Month, Day, Year) March 16, 1880

8. AGE	Years	Months	Days	If less than 1 day
	64	8	0	hrs min.

9. Exact Occupation Office Manager & Potato Buyer — Did this work for 27 yrs.
10. Industry or Business Potatoes and Potato Equipment — Date last worked 11/9/44
11. Birthplace DeSoto (City or town) Iowa (State or foreign country)

Father
12. Name James Madison Chaplin
13. Birthplace N. Carolina (City or town) (State or foreign country)

Mother
14. Maiden name Anna Mary Smith
15. Birthplace Glenns Falls, New York (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mrs O. C. Chaplin
and Address Idaho Falls, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/19/'44 (Month) (Day) (Year)
(c) Place: Rose Hill Cem., Idaho Falls

18. Funeral Director's **OWN** Signature Orland C. Buck
and Address Idaho Falls, Idaho

19. (a) Nov 18 1944 (Date received and filed) (b) Dana Bridges (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) November 16 19 44
at 8:15 o'clock P. M.

21. **I HEREBY CERTIFY,** That I attended deceased from Nov 4 19 44, to Nov 16 19 44
I last saw h. alive on Nov 16 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Heart Failure	1 Day
Due to Auto. accident	7 Days
Internal injuries	
Due to Gastro Intest Paresis	7 Days
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Auto Suicide? Homicide?
Occurred Nov 4 1944 City, county, state where violence occurred Near Blackfoot Ida
Place of Violence: Home Farm Industry
Public Place Auto While at work?
Means of injury

23. Attendant's **OWN** Signature H. E. Turner M.D.
and Address Idaho Falls Ida (M. D. or other)
Nov 20 Date 1944
(For additional space, use reverse side)

141183 141183

United States
Department of Commerce
Bureau of the Census

DEC 11 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 265
Reg. Dist. No. 461

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
   (a) County Twin Falls
   (b) City or town Twin Falls Ida.
   (c) Street Address or R. F. D. No. 3
   (d) Death Occurred Inside? ____ Outside? X city or town
   (e) Died in a Home X Hospital ____ Institution ____ Other place ____
   (f) Name Hosp. or Inst. ____ Stayed ____ days
   (g) Lived in this county 21 years ____ months ____ days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Twin Falls
   (c) City or town Twin Falls
   (d) Street Address or R. F. D. No. 3
   (e) Deceased lived Inside? ____ Outside? X city or town
   (f) Citizen of what country? U. S. A.
   (g) How long had deceased lived in Idaho? 21 years
   (h) Former residence (city, state) Graybill, Wyo.

3. (a) **FULL NAME** Ella Mae Swisher 932

3. (b) If veteran, name war ____ 3. (c) Social Security No. ____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife H. E. 6. (c) Age of husband or wife if alive 73 years

7. Date of Birth (Month, Day, Year) May 24, 1873

8. AGE	Years	Months	Days	If less than 1 day
	71	5	22	hrs ____ min.

9. Exact Occupation Housewife Did this work for ____ yrs.
10. Industry or Business ____ Date last worked ____
11. Birthplace Altoona, Penn. (City or town) (State or foreign country)

Father
12. Name Kalmback
13. Birthplace unknown (City or town) (State or foreign country)

Mother
14. Maiden name unknown
15. Birthplace unknown (City or town) (State or foreign country)

16. Informant's OWN Signature Viola N. Swisher
and Address Post Falls, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/18/44 (Month) (Day) (Year)
(c) Place: Twin Falls Cemetery

18. Funeral Director's OWN Signature James C. Reynolds Reynolds Funeral Home
and Address Twin Falls Ida.

19. (a) Nov 22 1944 (Date received and filed) (b) ____ (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) November 16, 1944
at 10:15 o'clock a. M.

21. **I HEREBY CERTIFY,** That I attended deceased from ____ 19____, to 11/16/ 1944
I last saw her alive on 11/16/ 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration

Hypertension Cardio Vascular
Due to Disease 10 yrs

Due to ____

Other conditions ____
(Include pregnancy within 3 months of death)

Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's OWN Signature A. A. Newberry (M. D. or other)
and Address Twin Falls, Ida. Date 11/17/1944
(For additional space, use reverse side)

141184

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 141184
Local Reg. No.
Reg. Dist. No. 322

1. **PLACE OF DEATH:**
(a) County Washington
(b) City or town Cambridge
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? X city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 32 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Washingt
(c) City or town Cambridge
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Outside? city or town
(f) Citizen of what country? 32 U S
(g) How long had deceased lived in Idaho? 32 years
(h) Former residence (city, state)

3. (a) **FULL NAME** Annie Mason 131a

3. (b) If veteran, name war no
3. (c) Social Security No no
4. Sex Female
5. Color or race Amr
6. (a) Single, widowed, married, divorced Widdow
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Jan 10 1877

8. AGE	Years	Months	Days	If less than 1 day
	67	10	27	hrs min.

9. Exact Occupation Houswife Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace [illegible] Ireland (City or town) (State or foreign country)
Father
12. Name Laurnce Phillips
13. Birthplace Ireland (City or town) (State or foreign country)
Mother
14. Maiden name Teresa Callahan
15. Birthplace Ireland (City or town) (State or foreign country)
16. Informant's OWN Signature Rose Toney
and Address Cambridge
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-9 44 (Month) (Day) (Year)
(c) Place: Cambridge 12 9 44
18. Funeral Director's OWN Signature [illegible]
and Address Cambridge Ida
19. (a) 12/12/44 (Date received and filed) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 12/6/44 19
at 9:00 o'clock A. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 6/1/44 19 to 12/6/44 19
I last saw her alive on 12/5/44 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebral hemorrhage	12 hrs
Due to Cardio-vascular-renal disease.	15 yrs.
Due to Hypertension-Chronic nephritis	15 yrs.
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? ?
Name of operation 0 Date 0
Major finding 0
Finding of autopsy 0

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature [illegible] (M. D. or other)
and Address Cambridge, Ida Date 12/12 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

141185 1411 5
State File No.
Local Reg. No. 48-47
Reg. Dist. No. 100

1. **PLACE OF DEATH:**
(a) County Boundary
(b) City or town Naples
(c) Street Address or R. F. D. No.
(d) Death Occured Inside? XX Outside? city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 38 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Boundary
(c) City or town Naples
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? XX Outside? city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 38 years
(h) Former residence (city, state) Indiana

3. (a) **FULL NAME** Grover Cleveland Phillips 94a

3. (b) If veteran, name war No
3. (c) Social Security No. 518-12-3449
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Violet
6. (c) Age of husband or wife if alive Dec. years
7. Date of Birth (Month, Day, Year) Oct. 21, 1887

8. AGE	Years	Months	Days	If less than 1 day
	57	0	27	hrs min.

9. Exact Occupation Laborer Did this work for 40 yrs.
10. Industry or Business Mackey Bros. Date last worked 11/18/44
11. Birthplace Pierceton Ind. (City or town) (State or foreign country)

Father
12. Name William Phillips
13. Birthplace Ind. (City or town) (State or foreign country)

Mother
14. Maiden name Mary J. Cramer
15. Birthplace Ind. (City or town) (State or foreign country)

16. Informant's **OWN** Signature [signature] and Address Bonners Ferry Ida.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/20/44 (Month) (Day) (Year)
(c) Place: Bonners Ferry Ida
18. Funeral Director's **OWN** Signature [signature] and Address Bonners Ferry Ida.
19. (a) 11/20/44 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Nov. 18, 1944 at 7:00 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 19 to 19
I last saw deceased alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration

Coronary Thrombosis — 1 hour
Due to — 2
Due to
Other conditions (Include pregnancy within 3 months of death)
Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYISICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature Lloyd Reed Coroner (M. D. or other)
and Address Bonners Ferry Date 11/20/1944
(For additional space, use reverse side)

506

141186

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 14158
Local Reg. No. 400
Reg. Dist. No. 370

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? X Outside? city or town
   (e) Died in a Home Hospital X Institution Other place
   (f) Name Hosp. or Inst. St. Alphonsus Stayed days
   (g) Lived in this county years months days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Ada
   (c) City or town Boise
   (d) Street Address or R.F.D. No. 10th & Front
   (e) Deceased lived Inside? X Outside? city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 2 years
   (h) Former residence (city, state) California

3. (a) **FULL NAME** MRS. LEONA CROWL

83a

3. (b) If veteran, name war
3. (c) Social Security No. 535-05-1654
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Edgar
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) July 25, 1902

8. AGE	Years	Months	Days	If less than 1 day
	42	4	10	hrs min.

9. Exact Occupation Chamber Maid — Did this work for yrs.
10. Industry or Business Globe Rooms — Date last worked
11. Birthplace Weaverville, California (City or town) (State or foreign country)

Father
12. Name Unknown
13. Birthplace Unknown (City or town) (State or foreign country)

Mother
14. Maiden name Unknown
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's **OWN** Signature Omer R Larson
and Address 254 So. 7th Unit 2E, Richmond, Calif.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-13-44 (Month) (Day) (Year)
(c) Place: Cloverdale Memorial Park

18. Funeral Director's **OWN** Signature McBratney Funeral Home
and Address Boise, Idaho

19. (a) 12-12-44 (Date received and filed) (b) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Dec 5 1944
at o'clock M.

21. **I HEREBY CERTIFY,** That I attended deceased from Dec 4 1944 to Dec 5 1944
I last saw h[illegible] alive on Dec 5 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cerebral Hemorrhage — Duration 24 hrs
Due to Hypertension 3.00 1/5 — Duration 1 year
Due to — Duration
Other conditions (Include pregnancy within 3 months of death) — Duration

Where was disease contracted?
Name of operation None Date
Major finding
Finding of autopsy None

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature J. M. Brayton M.D. (M. D. or other)
and Address Boise Idaho Date 19
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

DEC 11 1944

141187

CERTIFICATE OF DEATH
STATE OF IDAHO

141187

State File No.
Local Reg. No. 224
Reg. Dist. No. 321

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Orchard
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? Outside? X city or town
   (e) Died in a Home Hospital Institution Other place X
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county 16 years months days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Ada
   (c) City or town Orchard
   (d) Street Address or R. F. D. No.
   (e) Deceased lived Inside? X Outside? city or town
   (f) Citizen of what country?
   (g) How long had deceased lived in Idaho? 25 years
   (h) Former residence (city, state) Victor Idaho

3. (a) FULL NAME FREDRICK OSCAR HUTCHINSON

94a

3. (b) If veteran, name war No.
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Caroline
6. (c) Age of husband or wife if alive 57 years
7. Date of Birth (Month, Day, Year) June 14, 1884

8. AGE	Years	Months	Days	If less than 1 day
	60	4	26	hrs min.

9. Exact Occupation Coal-Chute Foreman Did this work for 16 yrs.
10. Industry or Business Union Pacific Date last worked Nov. 14/44
11. Birthplace Jacksonville (City or town) Florida (State or foreign country)

Father
12. Name Ruford Hutchinson
13. Birthplace Unknown (City or town) (State or foreign country)

Mother
14. Maiden name Delia George
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs Fred Hutchinson and Address Orchard Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Nov. 14, 1944 (Month) (Day) (Year)
    (c) Place: Mountain Home Idaho
18. Funeral Director's OWN Signature Felix J. Karp and Address Mountain Home Idaho
19. (a) 11-20-44 (Date received and filed) (b) F. Karp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Nov. 14 1944
    at o'clock M.
21. **I HEREBY CERTIFY,** That I attended deceased from 19, to 19
    I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Heart Clot	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
    Occurred 19 City, county, state where violence occurred
    Place of Violence: Home Farm Industry
    Public Place While at work?
    Means of injury
23. Attendant's OWN Signature J. E. Evans (M. D. or other) and Address Mtn. Home Ida. Date 11-17 1944
    (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

DEC 11 1944

Certificate Of Death

STATE OF IDAHO

State File No. 88
Local Reg. No. 216
Reg. Dist. No. 371

1. PLACE OF DEATH:
(a) County Ada
(b) City or town Boise, Idaho
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? Outside? X city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. Veterans Administration Stayed 29 days
(g) Lived in this county Unknown years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Valley
(c) City or town McCall, Idaho
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? Outside? city or town
(f) Citizen of what country? U. S. A.
(g) How long had deceased lived in Idaho? Unknown years
(h) Former residence (city, state) Unknown

3. (a) FULL NAME SHEARER, Richard C.

30 C

3. (b) If veteran, name war WW
3. (c) Social Security No. Unknown
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Unknown
6. (b) Name of husband or wife Unknown
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Unknown

8. AGE	Years	Months	Days	If less than 1 day
	Unknown			hrs min.

9. Exact Occupation Unknown Did this work for yrs.
10. Industry or Business Unknown Date last worked
11. Birthplace Unknown (City or town) (State or foreign country)
Father
12. Name William Shearer
13. Birthplace Unknown (City or town) (State or foreign country)
Mother
14. Maiden name Unknown
15. Birthplace (City or town) (State or foreign country)
16. Informant's OWN Signature Records, M. E. Hill Veterans Administration and Address Boise, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 4, 1944 (Month) (Day) (Year)
(c) Place: Boise, Idaho - Morris Hill Cemetery
18. Funeral Director's OWN Signature Kenneth Libby McBratney's Funeral Home and Address Boise, Idaho
19. (a) 11-4-44 (Date received and filed) (b) R. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) November 1, 1944 at 4:15 o'clock A. M.
21. **I HEREBY CERTIFY,** That I attended deceased from Oct. 13, 1944, to Nov. 1 1944
I last saw him alive on Nov. 1 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Encephalitis, chronic with Parkinsonian Syndrome	Unknown
Due to Syphilis of the Central Nervous System	Unknown
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation Date	
Major finding	
Finding of autopsy No autopsy	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide? Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature M. McCall ARTHUR W. SCHULZ, Lt. Col. M.C. (M.D. or other) and Address VAF, Boise, Idaho Date Nov. 2, 1944
Chief Medical Officer
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census DEC 11 1944

Certificate Of Death

STATE OF IDAHO

State File No. 141189
Local Reg. No. 217
Reg. Dist. No. 371

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home.... Hospital X Institution.... Other place....
   (f) Name Hosp. or Inst. Ada County Stayed 13 days
   (g) Lived in this county ..... years ..... months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Ada
   (c) City or town Boise
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? ..... Outside? X city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 25 years
   (h) Former residence (city, state)

3. (a) **FULL NAME** HENRY OSTRANDER

162

3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Hattie
6. (c) Age of husband or wife if alive 83 years
7. Date of Birth (Month, Day, Year) August 22, 1856

8. AGE	Years	Months	Days	If less than 1 day
	88	2	9	hrs min.

9. Exact Occupation Retired Farmer Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace New York (City or town) (State or foreign country)

Father
12. Name Unknown
13. Birthplace ..... (City or town) (State or foreign country)

Mother
14. Maiden name Unknown
15. Birthplace ..... (City or town) (State or foreign country)

16. Informant's OWN Signature Ada County Hospital Records
and Address Kenneth Libby Boise, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 4, 1944 (Month) (Day) (Year)
(c) Place: Morris Hill Cemetery
18. Funeral Director's OWN Signature McBratney Funeral Home Kenneth Libby
and Address Ninth & State Sts., Boise, Ida.
19. (a) 11-4-44 (Date received and filed) (b) N. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) November 1 1944
at 2 o'clock a M.
21. I HEREBY CERTIFY, That I attended deceased from Mch-26 44 to Nov-1 1944
I last saw him alive on Nov 1 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Senility	
Due to Arrivation	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's OWN Signature Sor Forney MD (M. D. or other)
and Address Boise Date 11/2 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

DEC 11 1944

Certificate Of Death

STATE OF IDAHO

State File No. 44190
Local Reg. No. 552
Reg. Dist. No.

1. **PLACE OF DEATH:**
(a) County Ada
(b) City or town Boise
(c) Street Address or R.F.D. No. 1116 River St
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Home X Hospital ..... Institution ..... Other place .....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 46 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Ada
(c) City or town Boise
(d) Street Address or R.F.D. No. 1116 River St
(e) Deceased lived Inside? X Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 70 years
(h) Former residence (city, state) Mich:

3. (a) **FULL NAME** Eva I. Logan

94k

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) Dec. 29th. 1863

8. AGE	Years	Months	Days	If less than 1 day
	80	10	2	hrs min.

9. Exact Occupation Housewife Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Coldwater (City or town) Mich: (State or foreign country)
Father
12. Name Peter Van Dike
13. Birthplace ..... (City or town) France (State or foreign country)
Mother
14. Maiden name Mariah Bartlett
15. Birthplace ..... (City or town) Ohio (State or foreign country)
16. Informant's **OWN** Signature Chas A Logan
and Address Boise Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/4/44 (Month) (Day) (Year)
(c) Place: Morris Hill Cemetery
18. Funeral Director's **OWN** Signature Schreiber & McCann
and Address Boise Milford Quaggo
19. (a) 11-3-44 (Date received and filed) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Nov 1st 1944
at four o'clock A. M.
21. **I HEREBY CERTIFY**, That I attended deceased from Nov 1st 1944 to Nov 1st 1944
I last saw her alive on Oct 31st 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Angina pectoris	
Due to —	
Due to —	
Other conditions — (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation ..... Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature John Boeck (M. D. or other)
and Address Boise Ida Date 11-2-1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

DEC 11 1944

Certificate Of Death

STATE OF IDAHO

State File No. 141191
Local Reg. No. 353
Reg. Dist. No.

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise.
   (c) Street Address or R.F.D. No. 1718. N. 21.
   (d) Death Occured Inside? Yes Outside? ..... city or town
   (e) Died in a Home X Hospital .... Institution .... Other place ....
   (f) Name Hosp. or Inst. ..... Stayed ..... days
   (g) Lived in this county 1 years ..... months ..... days

   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho. (b) County Ada
   (c) City or town Boise.
   (d) Street Address or R.F.D. No. 1718. N. 21.
   (e) Deceased lived Inside? Yes Outside? ..... city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 1 years
   (h) Former residence (city, state) California.

3. (a) **FULL NAME** Sadie Borden Adams.

3. (b) If veteran, name war No.

3. (c) Social Security No. None.

4. Sex Female 5. Color or race White. 6. (a) Single, widowed, married, divorced Widow.

6. (b) Name of husband or wife .....

6. (c) Age of husband or wife if alive ..... years

7. Date of Birth (Month, Day, Year) August. 2. 1879.

8. AGE	Years	Months	Days	If less than 1 day
	65.	2.	29.	hrs ..... min.

9. Exact Occupation At Home. Did this work for ..... yrs.

10. Industry or Business ..... Date last worked .....

11. Birthplace Nova Scotia Canada. (City or town) (State or foreign country)

Father
12. Name Benjiman Borden.
13. Birthplace Canada. (City or town) (State or foreign country)

Mother
14. Maiden name Sarah Ellen Cox.
15. Birthplace Canada. (City or town) (State or foreign country)

16. Informant's **OWN** Signature Marjorie A. Cox
and Address 1718-No. 21st St, Boise, Ida

17. (a) Removal. (Burial, cremation, or removal) (b) Date thereof Nov. 3. 1944. (Month) (Day) (Year)
(c) Place: Oakland Calif.

18. Funeral Director's **OWN** Signature Summers Funeral Home. Clyde E. Summers
and Address Boise, Idaho.

19. (a) 11-3-44 (Date received and filed) (b) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Nov. 1 1944
at 11.50 o'clock a M.

21. **I HEREBY CERTIFY**, That I attended deceased from 9 a.m. Nov. 1 1944, to 11.50 a.m. Nov. 1 1944
I last saw her alive on Nov. 1 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebral Hemorrhage	3½ hrs.
Due to Hypertension	10 yrs.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? Boise Idaho
Name of operation None. Date .....
Major finding .....
Finding of autopsy None

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature T. M. Braxton M.D. (M. D. or other)
and Address Boise Idaho Date ..... 19 .....
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

DEC 11 1944

Certificate Of Death

STATE OF IDAHO

State File No. 141192
Local Reg. No. 355
Reg. Dist. No.

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home.... Hospital X Institution.... Other place....
   (f) Name Hosp. or Inst. St. Alphonsus Stayed ..... days
   (g) Lived in this county ..... years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Ada
   (c) City or town Boise
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? X Outside? ..... city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 20 Minutes ~~years~~
   (h) Former residence (city, state)

3. (a) **FULL NAME** THOMAS ARMAND BIRD

161a

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) November 2, 1944

8. AGE	Years	Months	Days	If less than 1 day hrs 20 min.

9. Exact Occupation ..... Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Boise, Idaho (City or town) (State or foreign country)

Father
12. Name Armand Lorey Bird
13. Birthplace Salt Lake City, Utah (City or town) (State or foreign country)

Mother
14. Maiden name Vaudis Mary McGee
15. Birthplace Salt Lake City, Utah (City or town) (State or foreign country)

16. Informant's OWN Signature [signature]
and Address 1620 W. S. Boise Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/6/44 (Month) (Day) (Year)
(c) Place: Morris Hill Cemetery
18. Funeral Director's OWN Signature McBratney Funeral Home Kenneth Libby
and Address Boise, Idaho
19. (a) 11-6-44 (Date received and filed) (b) R. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 11/2 1944
at ..... o'clock 11 40 P M.
21. **I HEREBY CERTIFY,** That I attended deceased from 11/2 1944, to 11/2 1944
I last saw him alive on 11/2 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
congenital atelectasis	
Due to	
Due to	
Other conditions — (Include pregnancy within 3 months of death)	
Where was disease contracted? —	PHYSICIAN
Name of operation ..... Date	Underline the cause to which death should be charged statistically.
Major finding —	
Finding of autopsy no autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's OWN Signature A. E. Hofman M.D. (M. D. or other)
and Address ..... Date 11/4 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce DEC 11 1944
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 141198
Local Reg. No. 218
Reg. Dist. No. 371

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Star
   (c) Street Address or R.F.D. No. Star, Idaho
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home X Hospital ..... Institution ..... Other place .....
   (f) Name Hosp. or Inst. ——— Stayed ——— days
   (g) Lived in this county 9 years 6 months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Ada
   (c) City or town Star
   (d) Street Address or R.F.D. No. Star, Idaho
   (e) Deceased lived Inside? X Outside? ..... city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 9 years
   (h) Former residence (city, state) Iowa

3. (a) **FULL NAME** MARY RACHEL PEASLEY

162 ...

3. (b) If veteran, name war ---
3. (c) Social Security No. ----
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Leslie W.
6. (c) Age of husband or wife if alive ——— years
7. Date of Birth (Month, Day, Year) July 15, 1857

8. AGE	Years	Months	Days	If less than 1 day
	87	3	20	——— hrs min.

9. Exact Occupation Housewife — Did this work for all her life yrs.
10. Industry or Business ——— Date last worked ———
11. Birthplace Richfield, Wisconsin (City or town) (State or foreign country)

Father
12. Name George Funk
13. Birthplace Germany (City or town) (State or foreign country)

Mother
14. Maiden name Unknown
15. Birthplace Germany (City or town) (State or foreign country)

16. Informant's **OWN** Signature Angeline R. Martens
and Address Star Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 11/7/44 (Month) (Day) (Year)
(c) Place: Persia, Iowa
18. Funeral Director's **OWN** Signature MC BRATNEY FUNERAL HOME Kenneth Ribby
and Address Boise, Idaho
19. (a) 11-6-44 (Date received and filed) (b) R. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) November 5 1944
at 10 o'clock A. M.
21. **I HEREBY CERTIFY,** [illegible] death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Senility. Found dead in her bed at her home. Nothing of a criminal nature found. No Medical Doctor in attendence before death	
Other conditions - - - - - - - - -	
Where was disease contracted? - - - - -	
Name of operation - - - - - Date - - -	
Major finding - - - - - - - - - -	
Finding of autopsy None No Inquest Held	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature W. McBratney
Coroner of Ada County (M.D. or other)
and Address Boise, Idaho Date 11/6/ 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Wahl 14119

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

DEC 11 1944

State File No. 14119
Local Reg. No. 3554
Reg. Dist. No. 2

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise.
   (c) Street Address or R.F.D. No. X
   (d) Death Occured Inside? Yes Outside? ..... city or town
   (e) Died in a Home.... Hospital X Institution.... Other place....
   (f) Name Hosp. or Inst. St Lukes. Stayed 21 days
   (g) Lived in this county 1 years 3 months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho. (b) County Ada
   (c) City or town Boise.
   (d) Street Address or R.F.D. No. Penitentiary
   (e) Deceased lived Inside? ..... Outside? Yes city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 35 years
   (h) Former residence (city, state) Ohio.

3. (a) **FULL NAME** Forest Earl Leeper. 122b

3. (b) If veteran, name war No.
3. (c) Social Security No. 519-09-3162
4. Sex Male. 5. Color or race White.
6. (a) Single, widowed, married, divorced Widower.
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) December. 4. 1881.

8. AGE	Years	Months	Days	If less than 1 day
	62.	11.	1.	hrs ..... min.

9. Exact Occupation Chief Clerk Did this work for ..... yrs.
10. Industry or Business State Penitentiary Date last worked .....
11. Birthplace Fredericksburg, Ohio. (City or town) (State or foreign country)

Father
12. Name James. B. Leeper.
13. Birthplace Ohio. (City or town) (State or foreign country)

Mother
14. Maiden name Zellah. M. Harrison.
15. Birthplace Ohio. (City or town) (State or foreign country)

16. Informant's OWN Signature Mildred L Harris
and Address Thompson Falls Mont

17. (a) Removal. (b) Date thereof Nov. 6. 1944.
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: Lewiston, Idaho.

18. Funeral Director's OWN Signature Summers Funeral Home. Clyde E. Summers
and Address Boise, Idaho.

19. (a) 11-6-44 (b) A. Sharp
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) November. 5. 1944.
at 9.15. o'clock P M.

21. **I HEREBY CERTIFY**, That I attended deceased from Oct 31st 1944, to Nov 5 1944
I last saw h. alive on Nov 5 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Obstruction of Bowel	
† Hypertrophied Prostate	
Due to Senility	
Due to Septicemia infection	2 days
Other conditions Abscess in abdomen	
(Include pregnancy within 3 months of death)	
Secondary Anaemia Hemolytic	
Where was disease contracted? Penitentiary Did operation contribute? Yes	
Name of operation Drainage of abdomen Date Nov 2	
Major finding Pus in abdomen	
Finding of autopsy No autopsy allowed	

PHYSICIAN Underline cause to be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's OWN Signature D. H. Kaufman (M. D. or other)
and Address 515 Eastman Bldg Date 11/6/44 19
(For additional space, use reverse side)

141195

United States
Department of Commerce
Bureau of the Census

DEC 11 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 361
Reg. Dist. No. 37[illegible]

1. **PLACE OF DEATH:**
(a) County Ada
(b) City or town Boise
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. St Alphonse Stayed 2 days
(g) Lived in this county years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Elmore
(c) City or town Mountain Home
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? 55 years
(h) Former residence (city, state) Glenn Ferry Ida.

3. (a) FULL NAME ELIZABETH ANN MUNRO 170c

3. (b) If veteran, name war No.
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) April 5,1877

8. AGE	Years	Months	Days	If less than 1 day
	67	7	1	hrs min.

9. Exact Occupation Housewife Did this work for Life yrs.
10. Industry or Business Home Date last worked Nov.3/44
11. Birthplace Inverness (City or town) Scotland (State or foreign country)
Father
12. Name Hugh Munro
13. Birthplace Scotland (City or town) (State or foreign country)
Mother
14. Maiden name Unknown
15. Birthplace Unknown (City or town) (State or foreign country)
16. Informant's OWN Signature X Don McWilliams
and Address Vancouver Washington
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Nov.6,1944 (Month) (Day) (Year)
(c) Place: Mountain Home Idaho
18. Funeral Director's OWN Signature Felix J. Berry
and Address Mountain Home Idaho
19. (a) 11-10-44 (Date received and filed) (b) N. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 11-6 1944
at 6-40 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from 11-3 1944, to 11-6 1944
I last saw her alive on 11-6 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Injury to head	
& both legs	
Due to Auto ran into her	11-2-44
Concussion - never	5
Due to regained consciousness	11-6-44
Other conditions (Include pregnancy within 8 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? yes Suicide? Homicide?
Occurred 11-2 1944 City, county, state where violence occurred Mtn. Home Elmore Idaho
Place of Violence: Home Farm Industry
Public Place Street While at work?
Means of injury Auto ran into her
23. Attendant's OWN Signature L. O. P. Hamilton (M. D. or other)
and Address Boise Idaho Date 11-9 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce DEC 11 1944
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

Weber

State File No. 141196
Local Reg. No. 358
Reg. Dist. No.

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise,
   (c) Street Address or R.F.D. No. 1603. Boise Ave.
   (d) Death Occured Inside? Yes Outside? ....city or town
   (e) Died in a Home X Hospital.... Institution.... Other place....
   (f) Name Hosp. or Inst.... Stayed ....days
   (g) Lived in this county 64 years ....months ....days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho. (b) County Ada
   (c) City or town Boise.
   (d) Street Address or R.F.D. No. 1603. Boise Ave.
   (e) Deceased lived Inside? Yes Outside? ....city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 64 years
   (h) Former residence (city, state) Kansas.

3. (a) **FULL NAME** Alice Jane Crane. 131a

3. (b) If veteran, name war No.
3. (c) Social Security No. None.
4. Sex Female
5. Color or race White.
6. (a) Single, widowed, married, divorced Widow.
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) May. 15. 1863.

8. AGE	Years	Months	Days	If less than 1 day
	81.	5.	22.	hrs min.

9. Exact Occupation At Home. Did this work for ....yrs.
10. Industry or Business Date last worked
11. Birthplace Kansas. (City or town) (State or foreign country)

Father
12. Name James Obenchain.
13. Birthplace Illinois. (City or town) (State or foreign country)

Mother
14. Maiden name Mary Ship.
15. Birthplace Penn. (City or town) (State or foreign country)

16. Informant's **OWN** Signature Eva E. Crane
and Address 1203 Boise Ave.

17. (a) Burial. (b) Date thereof Nov. 9. 1944.
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: Morris Hill Cemetery.

18. Funeral Director's **OWN** Signature Clyde E. Summers
and Address Boise, Idaho.

19. (a) 11-9-44 (b) R. Shark
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 11-7 19 44
at 4 40 o'clock A M.

21. **I HEREBY CERTIFY,** That I attended deceased from 10-20 19 44 to 11-7 19 44
I last saw her alive on 11-6 19 44 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Myocardial Insufficiency	
Due to Arteriosclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ..... Date .....
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury

23. Attendant's **OWN** Signature J. P. Welch M.D. (M. D. or other)
and Address Boise Ida. Date 12-8 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce DEC 11 1944
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 141197
Local Reg. No. 220
Reg. Dist. No. 371

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise
   (c) Street Address or R.F.D. No. 4
   (d) Death Occured Inside? ..... Outside? x city or town
   (e) Died in a Home.... Hospital.... Institution.... Other place x
   (f) Name Hosp. or Inst. ..... Stayed ..... days
   (g) Lived in this county 24 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Ada
   (c) City or town Boise
   (d) Street Address or R.F.D. No. 4
   (e) Deceased lived Inside? ..... Outside? x city or town
   (f) Citizen of what country? USA
   (g) How long had deceased lived in Idaho? 24 years
   (h) Former residence (city, state) Iowa

3. (a) **FULL NAME** BERT F. TUNNICLIFF

94a

3. (b) If veteran, name war .....
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife M. Edna
6. (c) Age of husband or wife if alive 65 years
7. Date of Birth (Month, Day, Year) August 30, 1879

8. AGE	Years	Months	Days	If less than 1 day
	65	2	8	hrs min.

9. Exact Occupation Farmer — Did this work for life yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Shenandoah (City or town) Iowa (State or foreign country)

Father
12. Name Joseph S. Tunnicliff
13. Birthplace Zanesville, Ohio (City or town) (State or foreign country)

Mother
14. Maiden name M. Ellen Minnick
15. Birthplace Harrisburg, Penn. (City or town) (State or foreign country)

16. Informant's **OWN** Signature Don S Vickers
and Address R1 Boise Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/13/44 (Month) (Day) (Year)
(c) Place: Morris Hill, Boise, Idaho
18. Funeral Director's **OWN** Signature McBratney Funeral Home Kenneth Libby
and Address Boise, Idaho
19. (a) 11-10-44 (Date received and filed) (b) R Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) November 8 1944
at About 5:15 o'clock P. M.
21. **I HEREBY CERTIFY,** That ~~I attended deceased from ..... 19 ....., to ..... 19 .....~~
~~I last saw h ..... alive on ..... 19 .....~~; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death	Duration
Acute heart attack	
Probably Coronary Occlusion	
~~Due to~~	
Nothing of a criminal nature	
~~Due to~~ Found	
Other conditions ~~(Include pregnancy within 3 months of death)~~	
Where was disease contracted? —	
Name of operation — Date —	
Major finding —	
Finding of autopsy None	
No Inquest	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature W McBratney ~~(M. D. or other)~~
and Address Coroner of Ada County Date 11/10/44 19
(For additional space, use reverse side) Boise Idaho

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

DEC 11 1944

Certificate Of Death

STATE OF IDAHO

Forney 141198

State File No.
Local Reg. No. 359
Reg. Dist. No.

1. **PLACE OF DEATH:**
(a) County Ada
(b) City or town Boise.
(c) Street Address or R.F.D. No. 1119. Lee Street.
(d) Death Occured Inside? Yes Outside? ..... city or town
(e) Died in a Home X Hospital ..... Institution ..... Other place .....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 46 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho. (b) County Ada
(c) City or town Boise.
(d) Street Address or R.F.D. No. 1119. Lee St.
(e) Deceased lived Inside? Yes Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 46 years
(h) Former residence (city, state) Kansas.

3. (a) **FULL NAME** Emma Barbour Matevia.

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3. (b) If veteran, name war No.
3. (c) Social Security No. None.
4. Sex Female 5. Color or race White.
6. (a) Single, widowed, married, divorced Married.
6. (b) Name of husband or wife William Matevia
6. (c) Age of husband or wife if alive 76. years
7. Date of Birth (Month, Day, Year) January. 9. 1876.

8. AGE	Years	Months	Days	If less than 1 day
	68.	9.	29.	hrs min.

9. Exact Occupation ..... Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Ottowa Kansas. (City or town) (State or foreign country)
Father 12. Name John Barbour.
13. Birthplace Vermont. (City or town) (State or foreign country)
Mother 14. Maiden name Margaret Sutton.
15. Birthplace Vermont. (City or town) (State or foreign country)
16. Informant's **OWN** Signature Mrs Margaret Bradley
and Address 2056 N W Klinian Portland Ore
17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof Nov. 10. 1944. (Month) (Day) (Year)
(c) Place: Morris Hill Cemetery.
18. Funeral Director's **OWN** Signature Clyde E Summers, Summers Funeral Home.
and Address Boise, Idaho.
19. (a) 11-10-44 (Date received and filed) (b) R Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Nov - 8 1944
at 4 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from Oct 23 1944, to Nov 8 1944
I last saw her alive on Nov - 8 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Coronary thrombosis	
~~Due to~~ Senility	
~~Due to~~ Diabetes	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature Sir Forney MD (M. D. or other)
and Address Boise Date 11/10 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census DEC 11 1944

Certificate Of Death

STATE OF IDAHO

State File No. 141199
Local Reg. No. 363
Reg. Dist. No. [illegible]

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise,
   (c) Street Address or R.F.D. No. X
   (d) Death Occured Inside Yes Outside? ..... city or town
   (e) Died in a Home ..... Hospital X Institution ..... Other place .....
   (f) Name Hosp. or Inst. St Alphonsus Stayed 5. days
   (g) Lived in this county 26 years ..... months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho. (b) County Ada
   (c) City or town Boise,
   (d) Street Address or R.F.D. No. 3401. - 4 Ave S.
   (e) Deceased lived Inside? ..... Outside? Yes city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 34 years
   (h) Former residence (city, state) Wisconsin.

3. (a) **FULL NAME** Robert. O. Clark.

3. (b) If veteran, name war No.
3. (c) Social Security No. None.
4. Sex Male. 5. Color or race White.
6. (a) Single, widowed, married, divorced Widower.
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) September. 7. 1866.

8. AGE	Years	Months	Days	If less than 1 day
	78.	2.	2.	hrs min.

9. Exact Occupation Farmer. Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Cass County Wisconsin. (City or town) (State or foreign country)
Father
12. Name Andrew Clark.
13. Birthplace Wisconsin. (City or town) (State or foreign country)
Mother
14. Maiden name Margeret Thomas.
15. Birthplace Wales. (City or town) (State or foreign country)
16. Informant's **OWN** Signature Kenneth R. Clark mo.
and Address 1325 W 30th Independence, Mo.
17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof Nov. 13. 1944. (Month) (Day) (Year)
(c) Place: Morris Hill Cemetery.
18. Funeral Director's **OWN** Signature Clyde E. Summers
and Address Boise, Idaho.
19. (a) 11-13-44 (Date received and filed) (b) R. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Nov. 9 1944
at 9 35 A M o'clock 9 35 A M
21. **I HEREBY CERTIFY,** That I attended deceased from Nov. 4 1944 to Nov. 9 1944
I last saw him alive on Nov 9 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death	Duration
Cerebral hemorrhage	24 hours
Due to Arteriosclerosis	2 years
Due to Hypertension	10 years
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature Roscoe C. Ward (M. D. or other)
and Address Boise, Ida. Date 11-13 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

DEC 11 1944

Certificate Of Death

STATE OF IDAHO

State File No. 141200X
Local Reg. No. 362
Reg. Dist. No. 370

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home.... Hospital X Institution.... Other place....
   (f) Name Hosp. or Inst. Salvation Army Stayed 23 days
   (g) Lived in this county — years — months 23 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Ada
   (c) City or town Boise
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? X Outside? ..... city or town
   (f) Citizen of what country? U.S.A
   (g) How long had deceased lived in Idaho? 23 days years
   (h) Former residence (city, state)

3. (a) **FULL NAME** DAVID RAY BELL

159

3. (b) If veteran, name war - - - -
3. (c) Social Security No. - - - - -
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) October 19, 1944

8. AGE	Years	Months	Days	If less than 1 day
	- -	- -	23	hrs min.

9. Exact Occupation - - - - - - Did this work for - - yrs.
10. Industry or Business ..... Date last worked
11. Birthplace Boise, Idaho (City or town) (State or foreign country)

Father
12. Name Almer Henry Bell
13. Birthplace Chester, Idaho (City or town) (State or foreign country)

Mother
14. Maiden name Verna Margret Bell
15. Birthplace Vernonia, Oregon (City or town) (State or foreign country)

16. Informant's OWN Signature Hospital Records Kenneth Libby
and Address Boise, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 11, 1944 (Month) (Day) (Year)
(c) Place: Morris Hill Cemetery
18. Funeral Director's OWN Signature McBratney Funeral Home Kenneth Libby
and Address Boise, Idaho
19. (a) 11-13-44 (Date received and filed) (b) D Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) November 10 1944
at 12:30 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 10/19 1944, to 11-10 1944
I last saw him alive on 11-9 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Prematurity	1 mo.
Due to Consanguinity	
Due to Consanguinity	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ..... Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury
23. Attendant's OWN Signature L. M. Sprague, M.D. (M.D. or other)
and Address Boise Date 11-11 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

10120

United States
Department of Commerce
Bureau of the Census

DEC 11 1944

Certificate Of Death

STATE OF IDAHO

State File No. 10120
Local Reg. No. 221
Reg. Dist. No. 371

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? Outside? XX city or town
   (e) Died in a Home Hospital X Institution Other place
   (f) Name Hosp. or Inst. Vets. Admn. Stayed 25 days
   (g) Lived in this county years months days

   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Bonneville
   (c) City or town Idaho Falls
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? Outside? city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? years
   (h) Former residence (city, state)

3. (a) **FULL NAME** Henry V. WOODRUFF

935

3. (b) If veteran, name war World
3. (c) Social Security No. Unknown
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife May Woodruff
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) May 31, 1896

8. AGE	Years	Months	Days	If less than 1 day
	48	5	10	hrs min.

9. Exact Occupation Sheepherder — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace (City or town) California (State or foreign country)

Father
12. Name Titus H. WOODRUFF
13. Birthplace (City or town) Kansas (State or foreign country)

Mother
14. Maiden name Emma ?
15. Birthplace (City or town) California (State or foreign country)

16. Informant's **OWN** Signature M. E. Duff
and Address Records, Veterans Admn. Boise, Idaho

17. (a) Burial (Burial, cremation or removal) (b) Date thereof 11/14/44 (Month) (Day) (Year)
(c) Place: Boise, Idaho

18. Funeral Director's **OWN** Signature McBratney Funeral Home
and Address Boise, Idaho

19. (a) 11-14-44 (Date received and filed) (b) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) November 11, 1944
at 4:35 o'clock P. M.

21. **I HEREBY CERTIFY**, That I attended deceased from October 17, 1944, to November 11, 1944
I last saw him alive on Nov. 11 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Hypertensive and Coronary Heart Disease with Failure	10 Years
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation None Date
Major finding
Finding of autopsy No autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature ARTHUR W. SCHULZ, Lt. Col., M.C. (Official Character) Chief Medical Officer
and Address VAF., Boise, Idaho Date 11-13-1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN [illegible]writing. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce DEC 11 1944
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 141202
Local Reg. No. 372
Reg. Dist. No.

1. **PLACE OF DEATH:**
(a) County Ada
(b) City or town Boise
(c) Street Address or R.F.D. No. 1 & Bannock
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Home.... Hospital X Institution.... Other place....
(f) Name Hosp. or Inst. St. Luke's Stayed ..... days
(g) Lived in this county ..... years 3 months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Ada
(c) City or town Boise
(d) Street Address or R.F.D. No. 816 Strawberry Av
(e) Deceased lived Inside? X Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 37 years
(h) Former residence (city, state) Wilder, Idaho.

3. (a) **FULL NAME** ROSCOE CONKLIN HEIZER

55

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Susie C. Heizer
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) May 26, 1882

8. AGE	Years	Months	Days	If less than 1 day
	62	5	15	hrs min.

9. Exact Occupation Farmer Did this work for ..... yrs.
10. Industry or Business Farming Date last worked .....
11. Birthplace Ness City, Kansas (City or town) (State or foreign country)
Father
12. Name John E. Heizer
13. Birthplace Indianapolis, Indiana (City or town) (State or foreign country)
Mother
14. Maiden name Eliza Godden
15. Birthplace Tipton (City or town) (State or foreign country)
16. Informant's **OWN** Signature Susie C Heizer
and Address 816 Strawberry Ave, Boise
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/17/44 (Month) (Day) (Year)
(c) Place: Canyon Hill Cemetery, Caldwell
18. Funeral Director's **OWN** Signature [signature]
and Address 504 So. Kimball Ave., Caldwell
19. (a) 11-18-44 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Nov. 11, 1944 19.....
at 11:15 o'clock A. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 10-10- 1944 to 11-11- 1944
I last saw him alive on 11-11 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Exhaustion - Carcinoma	?
Due to Carcinoma -	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation ..... Date	
Major finding	
Finding of autopsy	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature Harry T. Nokes, M.D. (M. D. or other)
and Address Boise Date 11-15- 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

DEC 11 1944

Certificate Of Death

STATE OF IDAHO

State File No. 141203
Local Reg. No. 366
Reg. Dist. No. 3

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise.
   (c) Street Address or R.F.D. No. X
   (d) Death Occured Inside? Yes Outside? ....city or town
   (e) Died in a Home.... Hospital X Institution.... Other place....
   (f) Name Hosp. or Inst. St. Lukes. Stayed 100 days
   (g) Lived in this county 16 years ....months ....days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho. (b) County Ada
   (c) City or town Boise.
   (d) Street Address or R.F.D. No. 1413. Denver.
   (e) Deceased lived Inside? Yes Outside? ....city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 16. years
   (h) Former residence (city, state) Nebraska.

3. (a) **FULL NAME** Mame. E. Mc Kee.

61

3. (b) If veteran, name war No.
3. (c) Social Security No. None.
4. Sex Female 5. Color or race White. 6. (a) Single, widowed, married, divorced Widow.
6. (b) Name of husband or wife ....
6. (c) Age of husband or wife if alive .... years
7. Date of Birth (Month, Day, Year) February. 1. 1878.

8. AGE	Years	Months	Days	If less than 1 day
	66.	10.	10.	hrs min.

9. Exact Occupation At Home. Did this work for ....yrs.
10. Industry or Business .... Date last worked ....
11. Birthplace Sidney, Nebraska. (City or town) (State or foreign country)

Father
12. Name Dan Tobin.
13. Birthplace Unknown. (City or town) (State or foreign country)

Mother
14. Maiden name Unknown.
15. Birthplace Unknown. (City or town) (State or foreign country)

16. Informant's **OWN** Signature Christina H. Holden
and Address 1422 - Broadway Boise Idaho

17. (a) Removal. (Burial, cremation, or removal) (b) Date thereof Nov. 12. 1944. (Month) (Day) (Year)
(c) Place: Sidney, Nebraska.

18. Funeral Director's **OWN** Signature Clyde E. Summers
and Address Boise, Idaho.

19. (a) 11-13-44 (Date received and filed) (b) D. Shark (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Nov 11 1944
at 9:30 o'clock a M.

21. **I HEREBY CERTIFY**, That I attended deceased from Aug 15 1944 to Nov 11 1944
I last saw her alive on Nov 10 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Diabetes Mellitus	Years
Due to	
Due to	
Other conditions, Acquisition (Include pregnancy within 3 months of death)	3 mo

Where was disease contracted? Saint Maries
Name of operation None Date ....
Major finding ....
Finding of autopsy None

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? .... Suicide? .... Homicide? ....
Occurred .... 19.... City, county, state where violence occurred ....
Place of Violence: Home .... Farm .... Industry ....
Public Place .... While at work? ....
Means of injury ....

23. Attendant's **OWN** Signature T. M. Brayton M.D.
and Address Boise Idaho Date 11/11 1944
(M. D. or other)
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

NON-RESIDENT
Certificate Of Death

DEC 11 1944

STATE OF IDAHO

State File No. 141204
Local Reg. No. 366
Reg. Dist. No.

1. PLACE OF DEATH:
(a) County Ada
(b) City or town Boise
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? X Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. St. Lukes Stayed 5 days
(g) Lived in this county ~~years~~ 2 months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State California (b) County
(c) City or town Los Angeles,
(d) Street Address or R.F.D. No. 1435½ Right St.
(e) Deceased lived Inside? Outside? city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 2 Mo. ~~years~~
(h) Former residence (city, state) California

3. (a) FULL NAME MRS. GLENN KORBY

22a

3. (b) If veteran, name war - - - - -
3. (c) Social Security No. - - - - - -
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) April 9, 1861

8. AGE	Years	Months	Days	If less than 1 day
	83	7	2	hrs min.

9. Exact Occupation Housewife Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Edward Port, Indiana (City or town) (State or foreign country)
Father
12. Name Elijah Whitaker
13. Birthplace Indiana (City or town) (State or foreign country)
Mother
14. Maiden name Nicholson
15. Birthplace Indiana (City or town) (State or foreign country)
16. Informant's OWN Signature Cecil Trumbo Lood
and Address 503 Franklin St
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 11/14/44 (Month) (Day) (Year)
(c) Place: Portland Oregon
18. Funeral Director's OWN Signature McBratney Funeral Home Lennell Libby
and Address Boise, Idaho
19. (a) 11-14-44 (Date received and filed) (b) R. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) November 11 1944
at 12:15 o'clock P. M.
21. I HEREBY CERTIFY, That I attended deceased from Oct 15 1944 to Nov 11 1944
I last saw her alive on Nov 11 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death	Duration
Military Tuberculosis Demonstrated by X-ray	3 mo
Due to	
Due to	
Other conditions Myocarditis (Include pregnancy within 3 months of death)	1 year

Where was disease contracted?
Name of operation Non Date
Major finding
Finding of autopsy Non

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature T. M. Brayton M.D. (M. D. or other)
and Address Boise Idaho Date Nov 11 1944
(For additional space, use reverse side)

141205

United States
Department of Commerce
Bureau of the Census

DEC 11 1944

Certificate Of Death

STATE OF IDAHO

State File No. .....
Local Reg. No. 370
Reg. Dist. No. .....

1. PLACE OF DEATH:

(a) County Ada
(b) City or town Boise
(c) Street Address or R.F.D. No. .....
(d) Death Occured Inside? X Outside? ..... city or town On Street
(e) Died in a Home.... Hospital.... Institution.... Other place....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 39 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

(a) State Idaho (b) County Ada
(c) City or town Boise
(d) Street Address or R.F.D. No. .....
(e) Deceased lived Inside? X Outside? ..... city or town
(f) Citizen of what country? U.A.A.
(g) How long had deceased lived in Idaho? 39 years
(h) Former residence (city, state) Mo.

3. (a) FULL NAME HOWARD SAMUEL PIERCE

170c

3. (b) If veteran, name war World War 1
3. (c) Social Security No. .....
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) January 16, 1890

8. AGE	Years	Months	Days	If less than 1 day
	54	9	27	hrs min.

9. Exact Occupation Labor — Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace St. Louis, Mo. (City or town) (State or foreign country)

Father
12. Name Samuel Franklin Pierce
13. Birthplace Unknown (City or town) (State or foreign country)

Mother
14. Maiden name Mary C. Meade
15. Birthplace Anne, Illinios (City or town) (State or foreign country)

16. Informant's OWN Signature Hazel Burns
and Address Route 2, Boise, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/17/44 (Month) (Day) (Year)
(c) Place: Dry Creek Cemetery
18. Funeral Director's OWN Signature McBratney Funeral Home
and Address Boise, Idaho
19. (a) 11-17-44 (Date received and filed) (b) R Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) November 12 1944
at about 7:20 o'clock P. M.
21. [redacted]; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Killed by being struck by an automobile. — Duration
~~Due to~~ Hit and run accident. Neither driver of the car or the
Due to car itself have been
~~Other conditions~~ located at this
~~(Include pregnancy within 3 months of death)~~ date.
Where was disease contracted? —
Name of operation — Date —
Major finding —
Finding of autopsy —

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ✓ Suicide? — Homicide? —
Occurred 11/12/44 ~~19~~ City, county, state where violence occurred Boise, Idaho
Place of Violence: Home — Farm — Industry —
Public Place On Street While at work? —
Means of injury Struck by Auto.
23. Attendant's OWN Signature W McBratney ~~(M. D. or other)~~
Coroner of Ada County
and Address Boise, Idaho Date 11/16/44 19
(For additional space, see reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

AMENDED CERTIFICATE ATTACHED

Certificate Of Death

STATE OF IDAHO

DEC 11 1944

State File No. 141206
Local Reg. No. 222
Reg. Dist. No. 371

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? Outside? XX city or town
   (e) Died in a Home Hospital X Institution Other place
   (f) Name Hosp. or Inst. Vets. Admn. Stayed 28 days
   (g) Lived in this county years months days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Ada
   (c) City or town Boise
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? XX Outside? city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? years
   (h) Former residence (city, state)

3. (a) **FULL NAME** SEALEY, Claud W.

46b

3. (b) If veteran, name war MWII
3. (c) Social Security No. Unknown
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mildred Sealey
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) September 5, 1916

8. AGE	Years	Months	Days	If less than 1 day
	28	2	8	hrs min.

9. Exact Occupation None Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace (City or town) Georgia (State or foreign country)

Father
12. Name Claude W. SEALEY
13. Birthplace (City or town) Georgia (State or foreign country)

Mother
14. Maiden name Buena BROWN
15. Birthplace (City or town) Georgia (State or foreign country)

16. Informant's **OWN** Signature Records, Veterans Admn.
and Address Boise, Idaho

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 11/16/44 (Month) (Day) (Year)
(c) Place: Atlanta, Georgia

18. Funeral Director's **OWN** Signature McBratney Funeral Home
and Address Boise, Idaho

19. (a) 11-15-44 (Date received and filed) (b) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) November 13, 1944
at 12:26 o'clock A. M.

21. **I HEREBY CERTIFY,** That I attended deceased from October 16, 1944, to November 13, 1944
I last saw him alive on Nov. 13, 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Chronic Peritonitis, type undetermined	6 Months
Due to	
Due to	
Other conditions Intestinal Obstruction; Gangrene, small bowel (Include pregnancy within 3 months of death)	Unknown

Where was disease contracted?
Name of operation None Date
Major finding
Finding of autopsy Confirm Above

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature ARTHUR W. SCHULZ, Lt. Col., M.C. (M. Officer)
Chief Medical Officer
and Address VAF, Boise, Ida. Date 11-13-1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

AMENDED

Certificate Of Death

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise
   (c) Street Address or R. F. D. No.
   (d) Death Occured Inside? Outside? XX city or town
   (e) Died in a Home Hospital X Institution Other place
   (f) Name Hosp. or Inst. Vets. Admn. Stayed 28 days
   (g) Lived in this county years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Ada
   (c) City or town Boise
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? XX Outside? city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? years
   (h) Former residence (city, state)

3. (a) **FULL NAME** SEALEY, Claud W.

3. (b) If veteran, name war WWII
3. (c) Social Security No. Unknown
4. Sex Male race White
5. Color or
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mildred Sealey
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) September 5, 1916

8. AGE	Years	Months	Days	If less than 1 day
	28	2	8	hrs min.

9. Exact Occupation None — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace Georgia (City or town) (State or foreign country)

Father
12. Name Claud W. SEALEY
13. Birthplace Georgia (City or town) (State or foreign country)

Mother
14. Maiden name Buena Brown
15. Birthplace Georgia (City or town) (State or foreign country)

16. Informant's **OWN** Signature Records, Veterans Admn.
and Address Boise, Idaho

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 11-16-44 (Mouth) (Day) (Year)
(c) Place:

18. Funeral Director's **OWN** Signature McBratney Funeral Home
and Address Boise, Idaho

19. (a) (Date received and filed) (b) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) November 13, 1944
at 12:26 o'clock A. M.

21. **I HEREBY CERTIFY**, That I attended deceased from October 16, 1944, to November 13, 1944
I last saw him alive on November 13, 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Carcinoma of the Stomach	6 Mos.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) Intestinal Obstruction; Gangrene, small bowel	Unknown

Where was disease contracted?
Name of operation None Date
Major finding
Finding of autopsy Confirm above

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature ARTHUR W. SCHULZ, Lt. Col., M.C. (M. D. or other)
and Address VAF., Boise, Idaho Date 11-13-1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Brazier 141207

United States
Department of Commerce
Bureau of the Census DEC 11 1944

Certificate Of Death

STATE OF IDAHO

State File No. 141207
Local Reg. No. 364
Reg. Dist. No.

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise,
   (c) Street Address or R.F.D. No. 1520. N. 11.
   (d) Death Occured Inside? Yes Outside? ....city or town
   (e) Died in a Home X Hospital.... Institution.... Other place....
   (f) Name Hosp. or Inst.... Stayed....days
   (g) Lived in this county 33 years ....months ....days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho. (b) County Ada
   (c) City or town Boise,
   (d) Street Address or R.F.D. No. 1520. N. 11.
   (e) Deceased lived Inside? Yes Outside? ....city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 35 years
   (h) Former residence (city, state) Nebraska.

3. (a) **FULL NAME** Jennie. S. Lane. 186a

3. (b) If veteran, name war No.
3. (c) Social Security No. None.
4. Sex Female 5. Color or race White.
6. (a) Single, widowed, married, divorced Widow.
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive ....years
7. Date of Birth (Month, Day, Year) April. 10. 1851.

8. AGE	Years	Months	Days	If less than 1 day
	93.	7.	3.	hrs min.

9. Exact Occupation At Home. Did this work for ....yrs.
10. Industry or Business Date last worked
11. Birthplace Ohio. (City or town) (State or foreign country)

Father
12. Name Day.
13. Birthplace Unknown. (City or town) (State or foreign country)

Mother
14. Maiden name Unknown.
15. Birthplace Unknown. (City or town) (State or foreign country)

16. Informant's **OWN** Signature Emery L. Lane
and Address R.R. 2. Boise Idaho.

17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof Nov. 15. 1944 (Month) (Day) (Year)
(c) Place: Morris Hill Cemetery.

18. Funeral Director's **OWN** Signature Summers Funeral Home, Clyde E. Summers
and Address Boise, Idaho.

19. (a) 11-13-44 (Date received and filed) (b) D. Clark (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Nov 13 1944
at 2 o'clock P M.

21. **I HEREBY CERTIFY**, That I attended deceased from Nov 9 1944 to Nov 13 1944
I last saw her alive on Nov 12 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Pneumonia, Lobar	4 days
of anterior Chest	
Due to Fall on floor	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ....Date....
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ✓ Suicide? ....Homicide? ....
Occurred Nov 9 1944 City, county, state where violence occurred 1520 N 11th St
Place of Violence: Home ✓ Farm ....Industry....
Public Place .... While at work? ....
Means of injury accidental fall

23. Attendant's **OWN** Signature J. M. Braathen (M. D. or other)
and Address Boise Idah. Date Nov 15 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census DEC 11 1944

Certificate Of Death

STATE OF IDAHO

State File No. 14120
Local Reg. No. 367
Reg. Dist. No.

1. PLACE OF DEATH:
(a) County Ada
(b) City or town Boise
(c) Street Address or R.F.D. No. 1321 Fort Street
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Home X Hospital .... Institution .... Other place ....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 42 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Ada
(c) City or town Boise
(d) Street Address or R.F.D. No. 1321 Fort St.
(e) Deceased lived Inside? X Outside? ..... city or town
(f) Citizen of what country? .....
(g) How long had deceased lived in Idaho? 42 years
(h) Former residence (city, state) .....

3. (a) FULL NAME MARIA POULSON

162

3. (b) If veteran, name war - - - -
3. (c) Social Security No. - - - - - -
4. Sex F
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) April 5, 1843

8. AGE	Years	Months	Days	If less than 1 day
	101	7	8	hrs min.

9. Exact Occupation Housewife — Did this work for ..... yrs.
10. Industry or Business ..... — Date last worked .....
11. Birthplace Sweden (City or town) (State or foreign country)

Father
12. Name John E. Johnson
13. Birthplace Sweden (City or town) (State or foreign country)

Mother
14. Maiden name Elizabeth Nelson
15. Birthplace Sweden (City or town) (State or foreign country)

16. Informant's **OWN** Signature John Poulson
and Address 1119 Franklin
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/16/44 (Month) (Day) (Year)
(c) Place: Morris Hill Cemetery
18. Funeral Director's **OWN** Signature McBratney Funeral Home
and Address Boise, Idaho
19. (a) 11-15-44 (Date received and filed) (b) R. Shark (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) November 13 19 44
at 10:15 o'clock A. M.
21. **I HEREBY CERTIFY**, That I attended deceased from 11/10 1944, to 11/13 1944.
I last saw her alive on 11/10 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Senility — Duration 7
Due to ..... — Duration .....
Due to ..... — Duration .....
Other conditions (Include pregnancy within 3 months of death) .....
Where was disease contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature L. M. Randolph M.D. (M. D. or other)
and Address Boise, Idaho Date 11/14 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census DEC 11 1944

Certificate Of Death

STATE OF IDAHO

ward

State File No. 141210
Local Reg. No. 373
Reg. Dist. No.

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise.
   (c) Street Address or R.F.D. No. X
   (d) Death Occured Inside? Yes Outside? ..... city or town
   (e) Died in a Home.... Hospital X Institution.... Other place....
   (f) Name Hosp. or Inst St. Alphonsus Stayed 8 days
   (g) Lived in this county 40 years ..... months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho. (b) County Ada
   (c) City or town Boise.
   (d) Street Address or R.F.D. No. 1919. State
   (e) Deceased lived Inside? Yes Outside? ..... city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 40 years
   (h) Former residence (city, state) Iowa.

3. (a) **FULL NAME** Pearl Irene Lane. 74a

3. (b) If veteran, name war No.
3. (c) Social Security No. 518-07-1710.
4. Sex Female 5. Color or race White.
6. (a) Single, widowed, married, divorced Single.
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) September. 27. 1897.

8. AGE	Years	Months	Days	If less than 1 day
	47.	1.	17.	hrs min.

9. Exact Occupation Bookkeeper Did this work for ..... yrs.
10. Industry or Business Boise Payette Lumber Co. Date last worked
11. Birthplace Marshalltown, Iowa. (City or town) (State or foreign country)

Father
12. Name Fred E. Lane.
13. Birthplace Marshalltown, Iowa. (City or town) (State or foreign country)

Mother
14. Maiden name Etta. M. Hubbard.
15. Birthplace Marshalltown, Iowa. (City or town) (State or foreign country)

16. Informant's **OWN** Signature Fred E. Lane
and Address 1919. State St, Boise, Idaho.

17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof Nov. 17. 1944. (Month) (Day) (Year)
(c) Place: Cloverdale Memorial Park.

18. Funeral Director's **OWN** Signature Clyde E. Summers
and Address Boise, Idaho.

19. (a) 11-18-44 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Nov. 14 1944
at 4.50 o'clock P. M.

21. **I HEREBY CERTIFY**, That I attended deceased from Nov. 6 1944 to Nov. 14 1944
I last saw her alive on Nov. 14 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Pneumonia	2 months.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation ..... Date	
Major finding	
Finding of autopsy	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature Lucile C. Ward (M. D. ~~or other~~)
and Address Boise, Idaho. Date 11-16 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

DEC 11 1944

Certificate Of Death

STATE OF IDAHO

State File No. 141241
Local Reg. No. 368
Reg. Dist. No.

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? X Outside? city or town
   (e) Died in a Home Hospital X Institution Other place
   (f) Name Hosp. or Inst. St. Alphonsus Lived 1 days
   (g) Lived in this county 19 years months days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Ada
   (c) City or town Boise
   (d) Street Address or R.F.D. No. 1411 Eastman
   (e) Deceased lived Inside? X Outside? city or town
   (f) Citizen of what country? U. S. A.
   (g) How long had deceased lived in Idaho? 66 years
   (h) Former residence (city, state) St. Louis, Mo.

3. (a) **FULL NAME** MARY J. FARRELL

95c

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) March 28, 1876

8. AGE	Years	Months	Days	If less than 1 day
	68	7	16	hrs min.

9. Exact Occupation Housewife Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace St. Louis, Missouri (City or town) (State or foreign country)
Father
12. Name James Burke
13. Birthplace Ireland (City or town) (State or foreign country)
Mother
14. Maiden name Margaret Hopkins
15. Birthplace Ireland (City or town) (State or foreign country)
16. Informant's OWN Signature Wilfrid J. Farrell
and Address 1411 Fort St. Boise, Ida.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/18/44 (Month) (Day) (Year)
(c) Place: St. John's Cemetery
18. Funeral Director's OWN Signature Schneider & McCann
and Address Boise Milford Dragoo
19. (a) 11-16-44 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 11/14 1944
at 10:50 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from 5/25 1944, to 11/14 1944
I last saw her alive on 11/14 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cardiac Decompensation	2 months
Due to Hypertension	?
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Cerebral embolism	26 hrs.

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature [signature] (M. D. or other)
and Address Boise, Idaho Date 11/15 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

DEC 11 1944

Certificate Of Death

STATE OF IDAHO

State File No. 14125
Local Reg. No. 369
Reg. Dist. No. 1

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? Outside? X city or town
   (e) Died in a Home Hospital Institution X Other place
   (f) Name Hosp. or Inst. State Soldiers Home days
   (g) Lived in this county 17 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Ada
   (c) City or town Boise
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? Outside? X city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 17 years
   (h) Former residence (city, state) Minn.

3. (a) **FULL NAME** AUSTIN O. DE FRATE

94a

3. (b) If veteran, name war Spanish American War
3. (c) Social Security No. Unknown
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Frances
6. (c) Age of husband or wife if alive 53 years
7. Date of Birth (Month, Day, Year) March 25, 1878

8. AGE	Years	Months	Days	If less than 1 day
	66	7	20	hrs min.

9. Exact Occupation Retired Merchant — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace Morristown, Minn. (City or town) (State or foreign country)

Father
12. Name Austin O. De Frate
13. Birthplace Unknown (City or town) (State or foreign country)

Mother
14. Maiden name Osborne
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's **OWN** Signature A O De Frate
and Address 3800 NE 33rd Portland (13) Ore.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 11/17/44 (Month) (Day) (Year)
(c) Place: Portland Crematorium, Oregon

18. Funeral Director's **OWN** Signature McBratney Funeral Home
and Address Boise, Idaho

19. (a) 11-17-44 (Date received and filed) (b) A. Clark (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) November 15 19 44
at about 1:30 o'clock P. M.

21. **I HEREBY CERTIFY,** [redacted]; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Died very suddenly while sitting in a chair. Probably
~~Due to~~ Coronary Thrombosis.
Nothing of a criminal nature found
~~Due to~~
~~Other conditions~~ (Include pregnancy within 3 months of death)

Duration

~~Where was disease contracted?~~
~~Name of operation~~ Date
~~Major finding~~
Finding of autopsy None
No Inquest Held.

PHYISCIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature W. McBratney
Coroner of Ada County (M. D. or other)
and Address Boise, Idaho Date 11/17 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

NOV 17 SUPPLY DIVISION

Certificate Of Death

DEC 11 1944 STATE OF IDAHO

141213

State File No.
Local Reg. No. 223
Reg. Dist. No. 371

1. **PLACE OF DEATH**
   (a) County Ada
   (b) City or town Boise
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? Outside? XX city or town
   (e) Died in a Home Hospital X Institution Other place
   (f) Name Hosp. or Inst. Vets. Admn. Stayed days
   (g) Lived in this county years months days

   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Canyon
   (c) City or town Caldwell
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? Outside? city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 3½ years
   (h) Former residence (city, state)

3. (a) **FULL NAME** HAMILTON, Will B.

4661

3. (b) If veteran, name war World
3. (c) Social Security No. 544-14-9896
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) February 1, 1894

8. AGE	Years	Months	Days	If less than 1 day
	50	9	15	hrs min.

9. Exact Occupation Farmer — Did this work for yrs.
10. Industry or Business — Date last worked Unknown
11. Birthplace (City or town) Iowa (State or foreign country)

Mother Father
12. Name John A. HAMILTON
13. Birthplace (City or town) Ohio (State or foreign country)
14. Maiden name Anna McGLAUGHLIN
15. Birthplace (City or town) Ohio (State or foreign country)

16. Informant's **OWN** Signature W. Hill
    and Address Records, Veterans Admn. Boise, Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 11/17/44 (Month) (Day) (Year)
    (c) Place: Caldwell, Idaho
18. Funeral Director's **OWN** Signature Kenneth Libby McBratney Funeral Home
    and Address Boise, Idaho
19. (a) 11-17-44 (Date received and filed) (b) T. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) November 16, 1944 at 3:15 o'clock P. M.
21. **I HEREBY CERTIFY**, That I attended deceased from August 12, 1944, to November 16, 1944
    I last saw him alive on Nov. 16, 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Retroperitoneal Fibrosarcoma,	About
Recurrent	2 years.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation None Date
Major finding
Finding of autopsy No Autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
    Occurred 19 City, county, state where violence occurred
    Place of Violence: Home Farm Industry
    Public Place While at work?
    Means of injury
23. Attendant's **OWN** Signature ARTHUR W. SCHULZ, Lt. Col., M.C. (M. D. or other)
    and Address Boise, Idaho Date 11-16 1944
    (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Braxton

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 141214
Local Reg. No. 374
Reg. Dist. No.

DEC 11 1944

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise,
   (c) Street Address or R.F.D. No. 1320 Hays.
   (d) Death Occured Inside Yes Outside? city or town
   (e) Died in a Home X Hospital Institution Other place
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county 32 years months days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho. (b) County Ada
   (c) City or town Boise,
   (d) Street Address or R.F.D. No. 1320 Hays.
   (e) Deceased lived Inside Yes Outside? city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 32 years
   (h) Former residence (city, state) Minnesotta.

3. (a) **FULL NAME** Mary Karen Peterson. 63a

3. (b) If veteran, name war No.
3. (c) Social Security No. None.
4. Sex Female
5. Color or race White.
6. (a) Single, widowed, married, divorced Widow.
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) May. 1. 1861.

8. AGE	Years	Months	Days	If less than 1 day
	83.	6.	15.	hrs min.

9. Exact Occupation At Home. Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Vermland, Sweden. (City or town) (State or foreign country)

Father
12. Name John Anderson.
13. Birthplace Sweden. (City or town) (State or foreign country)

Mother
14. Maiden name Marie Johnson.
15. Birthplace Sweden. (City or town) (State or foreign country)

16. Informant's **OWN** Signature Elmer B. Allen
and Address 1320 Hays St. Boise, Idaho

17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof Nov. 18. 1944 (Month) (Day) (Year)
(c) Place: Morris Hill Cemetery.

18. Funeral Director's **OWN** Signature Summers Funeral Home. Clyde E. Bedingers
and Address Boise, Idaho.

19. (a) 11-18-44 (Date received and filed) (b) R. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Nov 16 1944
at o'clock M.

21. **I HEREBY CERTIFY**, That I attended deceased from Nov 15 1944, to Nov 16 1944
I last saw her alive on Nov 15 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cystic Goiter Pressure on Larynx	1 da
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? Boise Idaho
Name of operation Date
Major finding
Finding of autopsy None

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature J. K. Braxton M.D. (M. D. or other)
and Address Boise Idaho Date Nov 17 1944
(For additional space, use reverse side)

Bim Lester

141215

United States
Department of Commerce
Bureau of the Census

DEC 11 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 378
Reg. Dist. No.

1. **PLACE OF DEATH:**
(a) County Ada
(b) City or town Boise
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. St. Lukes Stayed 2 days
(g) Lived in this county years months 2 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Elmore
(c) City or town Glenn Ferry
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? 35 years
(h) Former residence (city, state) Ritzville Wash.

3. (a) FULL NAME ELSIE CLARA JUGEL

83 h

3. (b) If veteran, name war No.
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife John H.
6. (c) Age of husband or wife if alive 74 years
7. Date of Birth (Month, Day, Year) October 10, 1875

8. AGE	Years	Months	Days	If less than 1 day
	69	1	6	hrs min.

9. Exact Occupation Housewife Did this work for Life yrs.
10. Industry or Business Home Date last worked 10/28/44
11. Birthplace Leipseiz (City or town) Germeny (State or foreign country)
Father
12. Name Edward Uhlig
13. Birthplace Germany (City or town) (State or foreign country)
Mother
14. Maiden name Shumake
15. Birthplace Germany (City or town) (State or foreign country)
16. Informant's OWN Signature Eugene Ray
and Address Glenn Ferry Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Nov. 16, 1944 (Month) (Day) (Year)
(c) Place: Glenn Ferry Idaho
18. Funeral Director's OWN Signature Felix J. Berg
and Address Mountain Home Idaho
19. (a) 11-20-44 (Date received and filed) (b) R. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Nov 16 1944
at 4:55 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 11/14 1944, to 11/16 1944
I last saw her alive on 11/16 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration
Cerebral ~~Hem~~
Due to Embolus 5 days
Due to Hypertension and
Other conditions Arteriosclerosis
(Include pregnancy within 3 months of death)
Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature [signature] M. D. (M. D. or other)
and Address Boise, Idaho Date 11/20 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

141216

United States
Department of Commerce DEC 11 1944
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 141216
Local Reg. No. 381
Reg. Dist. No.

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise.
   (c) Street Address or R.F.D. No. X
   (d) Death Occured Inside? Yes Outside? ....city or town
   (e) Died in a Home.... Hospital X Institution.... Other place....
   (f) Name Hosp. or Inst. St Lukes. Stayed 7 Hrs.
   (g) Lived in this county.....years .....months 7 Hrs days.

   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho. (b) County Ada
   (c) City or town Boise.
   (d) Street Address or R.F.D. No. 915. Pueblo.
   (e) Deceased lived Inside? Yes Outside? ....city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? X years
   (h) Former residence (city, state) X

3. (a) **FULL NAME** Robert Ralph Gamble. 159

3. (b) If veteran, name war No.
3. (c) Social Security No. None.
4. Sex Male. 5. Color or race White.
6. (a) Single, widowed, married, divorced Single.
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) November. 17. 1944.

8. AGE	Years	Months	Days	If less than 1 day
				7 hrs min.

9. Exact Occupation None. Did this work for ....yrs.
10. Industry or Business Date last worked
11. Birthplace Boise, Idaho. (City or town) (State or foreign country)

Father
12. Name James. F. Gamble
13. Birthplace Nampa, Idaho. (City or town) (State or foreign country)

Mother
14. Maiden name Janet Kesler.
15. Birthplace Fruitland, Idaho. (City or town) (State or foreign country)

16. Informant's **OWN** Signature Edythe Rudolph
and Address 915 Pueblo st Boise Idaho

17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof Nov. 21. 1944 (Month) (Day) (Year)
(c) Place: Morris Hill Cemetery.

18. Funeral Director's **OWN** Signature Clyde E. Summers
and Address Boise, Idaho.

19. (a) 11-21-44 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 11/17 1944
at 3:30 o'clock P. M.

21. **I HEREBY CERTIFY**, That I attended deceased from 11/17 1944, to 11/17 1944
I last saw him alive on 11/17 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Prematurity	
Due to Immaturity	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ..... Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred ..... 19..... City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature H. E. Hetman (M. D. or other)
and Address Boise Ida Date 11/19 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

DEC 11 1944

Certificate Of Death

STATE OF IDAHO

State File No. 141217
Local Reg. No. 376
Reg. Dist. No.

1. PLACE OF DEATH:
(a) County Ada
(b) City or town Boise,
(c) Street Address or R.F.D. No. 1222. Franklin.
(d) Death Occured Inside? Yes Outside? ....city or town
(e) Died in a Home X Hospital.... Institution.... Other place....
(f) Name Hosp. or Inst.... Stayed....days
(g) Lived in this county 43 years ....months ....days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho. (b) County Ada
(c) City or town Boise,
(d) Street Address or R.F.D. No. 1222. Franklin.
(e) Deceased lived Inside? Yes Outside? ....city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 44. years
(h) Former residence (city, state) Germany.

3. (a) FULL NAME August Jacob Stephan. 516

3. (b) If veteran, name war No.
3. (c) Social Security No. 518-07-8049.
4. Sex Male. 5. Color or race White. 6. (a) Single, widowed, married, divorced Married.
6. (b) Name of husband or wife Clara Marie
6. (c) Age of husband or wife if alive 38. years
7. Date of Birth (Month, Day, Year) August. 2. 1884.

8. AGE	Years	Months	Days	If less than 1 day
	60.	3.	15.	hrs min.

9. Exact Occupation Baker, Did this work for ....yrs.
10. Industry or Business Stephan Baking Co Date last Worked
11. Birthplace Rossback, Germany. (City or town) (State or foreign country)
Father 12. Name Ludwig Stephan.
Father 13. Birthplace Germany. (City or town) (State or foreign country)
Mother 14. Maiden name Bertha Schneider.
Mother 15. Birthplace Germany. (City or town) (State or foreign country)
16. Informant's **OWN** Signature Clara M. Stephan
and Address 1222. Franklin St, Boise, Idaho.
17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof Nov. 20, 1944. (Month) (Day) (Year)
(c) Place: Morris Hill Cemetery.
18. Funeral Director's **OWN** Signature Clyde E. Summers Summers Funeral Home.
and Address Boise, Idaho.
19. (a) 11-20-44 (Date received and filed) (b) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) November. 17. 19 44.
at 9.15. o'clock A M.
21. **I HEREBY CERTIFY**, That I attended deceased from 1941 19..., to death 19...
I last saw him alive on Nov 16 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Carcinoma of Prostate	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation.... Date....
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident?.... Suicide?.... Homicide?....
occurred.... 19.... City, county, state where violence occurred
Place of Violence: Home.... Farm.... Industry....
Public Place.... While at work?....
Means of injury

23. Attendant's **OWN** Signature W B Jeffes (M. D. or other)
and Address Boise Date Nov 18 19 44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 33-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census DEC 11 1944

Certificate Of Death

STATE OF IDAHO

State File No. 141218
Local Reg. No. 371
Reg. Dist. No.

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise
   (c) Street Address or R. F. D. No.
   (d) Death Occured Inside? X Outside? ....city or town
   (e) Died in a Home.... Hospital X Institution.... Other place....
   (f) Name Hosp. or Inst. St. Alphonsus Stayed 14 days
   (g) Lived in this county.....years 1 months .....days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Ada
   (c) City or town Boise
   (d) Street Address or R.F.D. No. 903 Vista
   (e) Deceased lived Inside?.....Outside? X ....city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 45 years
   (h) Former residence (city, state) New York

3. (a) **FULL NAME** MRS. FLORENCE RUSSELL WATSON 46c

3. (b) If veteran, name war - - - - -
3. (c) Social Security No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife James
6. (c) Age of husband or wife if alive - - - years
7. Date of Birth (Month, Day, Year) November 25, 1885

8. AGE	Years	Months	Days	If less than 1 day
	58	11	22	hrs min.

9. Exact Occupation Housewife — Did this work for - - yrs.
10. Industry or Business - - - - - - - - - - Date last worked - - - -
11. Birthplace Savona, New York (City or town) (State or foreign country)

Father
12. Name John Mitchel
13. Birthplace New York (City or town) (State or foreign country)

Mother
14. Maiden name
15. Birthplace (City or town) (State or foreign country)

16. Informant's **OWN** Signature Alexander Watson
and Address Weiser, Idaho

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 11/18/44 (Month) (Day) (Year)
(c) Place: Weiser, Idaho

18. Funeral Director's **OWN** Signature McBratney Funeral Home
and Address Boise, Idaho

19. (a) 11-17-44 (Date received and filed) (b) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) November 17 1944
at 1:25 o'clock P. M.

21. **I HEREBY CERTIFY**, That I attended deceased from 10-27 1944, to 11-17 1944
I last saw her alive on 11-11 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
↓ Pulmonary Emphysema	2 days
Due to Resection of Colon	11 days
Due to Carcinoma of Colon	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Colectomy Date 11-6-44
Major finding Ca of Colon
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature O. H. Parkinson (M. D. or other)
and Address Boise Ida Date 11-17 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

DEC 11 1944

Certificate Of Death

STATE OF IDAHO

State File No. 14121
Local Reg. No. 225
Reg. Dist. No. 371

1. PLACE OF DEATH:
(a) County Ada
(b) City or town Boise
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? x Outside? city or town
(e) Died in a Home Hospital x Institution Other place
(f) Name Hosp. or Inst. Ada Co: Stayed days
(g) Lived in this county 24 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Ada
(c) City or town Boise
(d) Street Address or R.F.D. No. 308 Union St
(e) Deceased lived Inside? x Outside? city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 24 years
(h) Former residence (city, state) Neb;

3. (a) FULL NAME James W. Hook

93d

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ella
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Nov; 30th. 1859

8. AGE	Years	Months	Days	If less than 1 day
	84	11	18	hrs min.

9. Exact Occupation Farmer Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Ft; Scott (City or town) Kan: (State or foreign country)
Father
12. Name James T. Hook
13. Birthplace Kentuckey (City or town) (State or foreign country)
Mother
14. Maiden name Eliza Fouts
15. Birthplace Ind: (City or town) (State or foreign country)
16. Informant's OWN Signature Clarence R. Hook
and Address Cheyenne Wyo:
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/21/1944 (Month) (Day) (Year)
(c) Place: Morris Hill Cemetery
18. Funeral Director's OWN Signature Schreiber & McCann
and Address Boise. Milford Dragoo
19. (a) 11-21-44 (Date received and filed) (b) R. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Nov - 18 1944
at 1 o'clock P M.
21. **I HEREBY CERTIFY**, That I attended deceased from Nov 2 1944, to Nov 18 1944
I last saw him alive on Nov 18 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Myocardial degeneration	
Due to Senility	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature S. W. Forney M.D. (M. D. or other)
and Address Boise Date 11-21 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

DEC 11 1944

Certificate Of Death

STATE OF IDAHO

State File No. 14122½
Local Reg. No. 377
Reg. Dist. No.

1. PLACE OF DEATH:
(a) County Ada
(b) City or town Boise
(c) Street Address or R.F.D. No. 1st & Bannock
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Home .... Hospital X Institution .... Other place ....
(f) Name Hosp. or Inst. St. Lukes Stayed 62 days
(g) Lived in this county ..... years 2 months 2 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Twin Falls
(c) City or town Kimberly
(d) Street Address or R.F.D. No. .....
(e) Deceased lived Inside? X Outside? -X- city or town
(f) Citizen of what country? U.S.
(g) How long had deceased lived in Idaho? ..... years
(h) Former residence (city, state) .....

3. (a) **FULL NAME** Effie May Ogg 46-e

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife John E. Ogg
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) Jan. 10, 1876

8. AGE	Years	Months	Days	If less than 1 day
	68	10	9	hrs min.

9. Exact Occupation House wife Did this work for Life yrs.
10. Industry or Business Own Home Date last worked Sept. 19, 1944
11. Birthplace Aurora, Nebraska (City or town) (State or foreign country)
Father 12. Name Ike Schoonover
Father 13. Birthplace Penn. (City or town) (State or foreign country)
Mother 14. Maiden name Mollie Hyatt
Mother 15. Birthplace Penn. (City or town) (State or foreign country)
16. Informant's **OWN** Signature J. E. Ogg
and Address Kimberly, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 21, 1944 (Month) (Day) (Year)
(c) Place: Twin Falls
18. Funeral Director's **OWN** Signature [illegible]
and Address Boise, Idaho
19. (a) 11-20-44 (Date received and filed) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Nov. 19 1944
at 5:20 o'clock A. M.
21. **I HEREBY CERTIFY**, That I attended deceased from Sept 1944, to Nov 19 1944
I last saw her alive on Nov 18 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Carcinoma of Sigmoid	6 months
Due to	
√ Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? .....
Name of operation Colostomy Date Sept 44
Major finding Ca.
Finding of autopsy .....

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature [illegible] M.D.
(M. D. or other)
and Address Boise Date 11/19 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

141231

United States
Department of Commerce DEC 11 1944
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No.
Local Reg. No. 380
Reg. Dist. No.

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? Outside? city or town
   (e) Died in a Home.... Hospital X Institution.... Other place....
   (f) Name Hosp. or Inst. St Alphonsus Stayed days
   (g) Lived in this county 8 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Ada
   (c) City or town Boise
   (d) Street Address or R.F.D. No. 1219 N. 17t .
   (e) Deceased lived Inside? X Outside? city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 8 years
   (h) Former residence (city, state) Utah

3. (a) **FULL NAME** Henry B. Myers

92C

3. (b) If veteran, name war None
3. (c) Social Security No. 518-07-8144
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Genevieve D
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Dec. 8th. 1888

8. AGE	Years	Months	Days	If less than 1 day hrs min.
	55	11	11	

9. Exact Occupation Stationary — Did this work for yrs.
10. Industry or Business Engineer — Date last worked
11. Birthplace Owana (City or town) Iowa (State or foreign country)

Father
12. Name Stephen Myers
13. Birthplace Ill: (City or town) (State or foreign country)

Mother
14. Maiden name Helen Colby
15. Birthplace New York (City or town) (State or foreign country)

16. Informant's **OWN** Signature Henry B. Myers
and Address Boise Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/22/1944 (Month) (Day) (Year)
(c) Place: St. John's Cemetery

18. Funeral Director's **OWN** Signature Schreiber & McCann
and Address Boise. Milford Chapel

19. (a) 11-21-44 (Date received and filed) (b) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Nov. 19 1944
at 8:30 o'clock a. M.

21. **I HEREBY CERTIFY**, That I attended deceased from 6-24 1943, to 11-19 1944
I last saw him alive on Nov 18 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Bacterial Endocarditis	18 mo
Due to Secondary to an old Rheumatic Endocarditis.	unknown
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy none

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature O. F. Swinehart M. D. (M. D. or other)
and Address Boise Ida. Date 11-20 1944

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

DEC 11 1944

Certificate Of Death

STATE OF IDAHO

State File No. 14122
Local Reg. No. 384
Reg. Dist. No.

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home.... Hospital X Institution.... Other place....
   (f) Name Hosp. or Inst. St. Lukes Stayed 1 days
   (g) Lived in this county 40 years ..... months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Ada
   (c) City or town Boise
   (d) Street Address or R.F.D. No. Route 4
   (e) Deceased lived Inside? ..... Outside? X city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 40 years
   (h) Former residence (city, state) Indiana

3. (a) **FULL NAME** CHARLES H. COMINGORE

83a

3. (b) If veteran, name war - - - -
3. (c) Social Security No. - - - - - - - - -
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Rose
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) January 6, 1869

8. AGE	Years	Months	Days	If less than 1 day
	75	10	15	hrs min.

9. Exact Occupation Farmer — Did this work for 23 yrs.
10. Industry or Business — Date last worked
11. Birthplace Poola, (City or town) Indiana (State or foreign country)

Father
12. Name Unknown
13. Birthplace Unknown (City or town) (State or foreign country)

Mother
14. Maiden name Underwood
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's **OWN** Signature Rose T. Comingore
and Address Route 4, Boise, Idaho

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 11/23/44 (Month) (Day) (Year)
(c) Place: West Bora, Missouri

18. Funeral Director's **OWN** Signature McBratney Funeral Home Kenneth Tibbs
and Address Ninth & State Sts, Boise, Ida.

19. (a) 11-22-44 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) November 20 19 44
at 5:10 o'clock A. M.

21. **I HEREBY CERTIFY,** That I attended deceased from Nov. 4 1944 to death 19
I last saw h[illegible] alive on Nov 19 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebral hemorrhage	
Due to Prostatic Obstruction	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ..... Date .....
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury

23. Attendant's **OWN** Signature J B Jeppesen (M. D. or other)
and Address Boise Date Nov 21 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

DEC 11 1944

Certificate Of Death

STATE OF IDAHO

State File No. 141223
Local Reg. No. 226
Reg. Dist. No. 371

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise,
   (c) Street Address or R.F.D. No. R.D. # 1.
   (d) Death Occured Inside? ..... Outside? Yes city or town
   (e) Died in a Home X Hospital ..... Institution ..... Other place .....
   (f) Name Hosp. or Inst. ..... Stayed ..... days
   (g) Lived in this county 31 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho. (b) County Ada
   (c) City or town Boise,
   (d) Street Address or R.F.D. No. R.D. # 1.
   (e) Deceased lived Inside? ..... Outside? Yes city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 31. years
   (h) Former residence (city, state) New York.

3. (a) **FULL NAME** Ralph Witman.

120a

3. (b) If veteran, name war No.
3. (c) Social Security No. None.
4. Sex Male.
5. Color or race White.
6. (a) Single, widowed, married, divorced Single.
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) June. 6. 1872.

8. AGE	Years	Months	Days	If less than 1 day
	72.	5.	14.	hrs min.

9. Exact Occupation Farmer. Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Harrisburg, Pa. (City or town) (State or foreign country)

Father
12. Name Henry Orth Witman.
13. Birthplace Harrisburg, Pa. (City or town) (State or foreign country)

Mother
14. Maiden name Frederica Krause.
15. Birthplace Harrisburg, Pa. (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mrs J M Taylor
and Address 115 N. 12 st Boise Idaho.
17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof Nov. 2. 1944. (Month) (Day) (Year)
(c) Place: Morris Hill Cemetery.
18. Funeral Director's **OWN** Signature Summers Funeral Home. Clyde E Summers
and Address Boise, Idaho.
19. (a) 11-21-44 (Date received and filed) (b) R. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Nov 20th 1944
at 10:30 A.M. o'clock A M.
21. **I HEREBY CERTIFY**, That I attended deceased ~~from~~ irregularly ~~19~~ for ~~to~~ 10 years ~~19~~
I last saw him alive ~~on~~ about a year ago death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Inanition, and exposure	
Due to Senility and lack of proper food	
Due ~~to~~ also to Chronic Colitis	
Other conditions lived alone (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature J. M. Taylor (M. D. or other)
and Address Boise Date 11-21-1944
(For additional space, use reverse side)

United States
Department of Commerce
Bureau of the Census

NON-RESIDENT CERTIFICATE OF DEATH

DEC 11 1944

STATE OF IDAHO

141224

Local Registrar's Duplicate
Local Reg. No. 227
Reg. Dist. No. 331

1. **PLACE OF DEATH:**
(a) County Ada
(b) City or town 2½ miles SE Gowen Field
(c) Street Address or R. F. D. No. --
(d) Death Occurred Inside? ..... Outside? X city or town
(e) Died in a Home—Hospital—Institution—Other place....
(f) Name Hosp. or Inst. -- Stayed -- days
(g) Lived in this county ..... years 1 months 29 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Indiana (b) County .....
(c) City or town Elkhart
(d) Street Address or R. F. D. No. 116 Chapman Ave
(e) Deceased lived Inside? X Outside? ..... city or town
(f) Citizen of what country? USA
(g) How long had deceased lived in Idaho? 2/12 years
(h) Former residence (city, state) Same as above

3. (a) **FULL NAME** SAMPSELL, Harry Norman 35551678 173

3. (b) If veteran, name war -- 3. (c) Social Security No. --

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife -- 6. (c) Age of husband or wife if alive -- years

7. Date of Birth (Month, Day, Year) 25 December 1924

8. AGE	Years	Months	Days	If less than 1 day
	19	10	26	hrs. min.

9. Exact Occupation Soldier Did this work for 1 7/12 yrs.

10. Industry or Business U. S. Army Date last worked 20 Nov 44

11. Birthplace Elkhart, Indiana (City or town) (State or foreign country)

Father
12. Name Unknown
13. Birthplace Schoolcraft, Michigan (City or town) (State or foreign country)

Mother
14. Maiden name Goldie E. (Unknown)
15. Birthplace Muncie, Indiana (City or town) (State or foreign country)

16. Informant's **OWN** Signature Phillip C Pedersen
and Address PHILLIP C. PEDERSEN Gowen Field, Boise, Idaho

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Mar 23, 1944 (Month) (Day) (Year)
(c) Place: Elkhart Indiana

18. Funeral Director's **OWN** Signature Atherton Mortuary
and Address Boise Idaho

19. (a) 11-28-44 (Date received and filed) (b) R Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) November 20, 19 44
at 10:45 o'clock P.M.

21. **I HEREBY CERTIFY,** That I attended deceased from -- , 19 -- , to -- , 19 --
I last saw h. -- alive on -- , 19 -- ; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — Duration
See reverse — Instantly
Due to Airplane accident
Due to --
Other conditions --
(Include pregnancy within 3 months of death)
Where was disease contracted? --
Name of operation -- Date --
Major finding --
Finding of autopsy See reverse

Physician — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? X Suicide? ..... Homicide? .....
Occurred November 20, 19 44 City, county, state where violence occurred Ada County, Idaho
Place of Violence: Home ..... Farm ..... Industry .....
Public Place X While at work? .....
Means of injury Airplane Accident

23. Attendant's **OWN** Signature Frank L Fletcher
and Address FRANK L. FLETCHER (M. D. or other) Lt Col, MC Gowen Fld, Ida Date 22 Nov, 1944

(For additional space, use reverse side)

United States
Department of Commerce
Bureau of the Census

DEC 11 1944

NON-RESIDENT CERTIFICATE OF DEATH

STATE OF IDAHO

Local Registrar's (Duplicate) 141225
Local Reg. No. 228
Reg. Dist. No. 371

1. PLACE OF DEATH:
(a) County Ada
(b) City or town 2½ miles SE Gowen Field
(c) Street Address or R. F. D. No. --
(d) Death Occurred Inside? Outside? X city or town
(e) Died in a Home—Hospital—Institution—Other place
(f) Name Hosp. or Inst. -- Stayed -- days
(g) Lived in this county years 1 months 27 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State New York (b) County
(c) City or town Staten Island
(d) Street Address or R. F. D. No. 89 Midland Ave
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? USA
(g) How long had deceased lived in Idaho? 1 27/30 years mo.
(h) Former residence (city, state) Same as above

3. (a) **FULL NAME** AMODEO, ALBERT ALFRED 0-824069 173

3. (b) If veteran, name war --
3. (c) Social Security No. --
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife --
6. (c) Age of husband or wife if alive -- years
7. Date of Birth (Month, Day, Year) 30 December 1919

8. AGE	Years	Months	Days	If less than 1 day
	24	11	21	hrs. min.

9. Exact Occupation Soldier — Did this work for 1 9/12 mo. yrs.
10. Industry or Business U. S. Army — Date last worked
11. Birthplace New York, N. Y. (City or town) (State or foreign country)

Father
12. Name Unknown
13. Birthplace Unknown (City or town) (State or foreign country)

Mother
14. Maiden name Mildred Lucia
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's **OWN** Signature Phillip C. Pedersen
and Address PHILLIP C. PEDERSEN Gowen Fld, Boise, Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Nov. 23/44 (Month) (Day) (Year)
(c) Place: New Dropp Staten Island N.Y.
18. Funeral Director's **OWN** Signature Atkinson Wright
and Address Boise, Idaho
19. (a) 11-23-44 (Date received and filed) (b) A. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) November 20, 19 44
at 10:45 o'clock P.M.
21. **I HEREBY CERTIFY,** That I attended deceased from -- , 19 --, to -- , 19 --
I last saw h-- alive on -- , 19 --; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
See reverse	Instantly
Due to Airplane accident	
Due to --	
Other conditions -- (Include pregnancy within 3 months of death)	

Where was disease contracted? --
Name of operation -- Date --
Major finding --
Finding of autopsy See reverse

Physician — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? X Suicide? Homicide?
Occurred November 20, 19 44 City, county, state where violence occurred Ada County, Idaho
Place of Violence: Home Farm Industry
Public Place X While at work?
Means of injury Airplane Accident

23. Attendant's **OWN** Signature Frank L. Fletcher
FRANK L. FLETCHER, (M. D. or other) Lt Col, MC
and Address Gowen Fld, Ida Date 22 Nov, 19 44
(For additional space, use reverse side)

United States
Department of Commerce
Bureau of the Census

DEC 11 1944

NON-RESIDENT
CERTIFICATE OF DEATH
STATE OF IDAHO

Local Registrar's Duplicate
141226
Local Reg. No. 229
Reg. Dist. No. 37

1. PLACE OF DEATH:
(a) County Ada
(b) City or town 2½ miles SE Gowen Field
(c) Street Address or R. F. D. No. --
(d) Death Occurred Inside? ... Outside? X ... city or town
(e) Died in a Home—Hospital—Institution—Other place ...
(f) Name Hosp. or Inst. -- Stayed -- days
(g) Lived in this county ... years 3 ... months 4 ... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State New York (b) County ...
(c) City or town New York
(d) Street Address or R. F. D. No. 2724 University Ave
(e) Deceased lived Inside? X ... Outside? ... city or town
(f) Citizen of what country? USA
(g) How long had deceased lived in Idaho? 3/12 years
(h) Former residence (city, state) Same as above

3. (a) **FULL NAME** HIRSHMAN, Matthew 12178744 173

3. (b) If veteran, name war -- 3. (c) Social Security No. --
4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife -- 6. (c) Age of husband or wife if alive -- years
7. Date of Birth (Month, Day, Year) 20 March 1923

8. AGE	Years	Months	Days	If less than 1 day
	21	8		hrs. min.

9. Exact Occupation Soldier — Did this work for 1 8/12 yrs.
10. Industry or Business U. S. Army — Date last worked 20 Nov 44
11. Birthplace New York City, N. Y. (City or town) (State or foreign country)

Father
12. Name Lew Hirshman
13. Birthplace New York, N. Y. (City or town) (State or foreign country)

Mother
14. Maiden name Essie Schupler
15. Birthplace New York, N. Y. (City or town) (State or foreign country)

16. Informant's **OWN** Signature Phillip C. Pedersen
and Address PHILLIP C. PEDERSEN Gowen Field, Boise, Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Nov. 23 1944 (Month) (Day) (Year)
(c) Place: New York City, New York
18. Funeral Director's **OWN** Signature ...
and Address Boise, Idaho
19. (a) 11-23-44 (Date received and filed) (b) ... (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) November 20, 1944 at 10:45 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from -- , 19-- , to -- , 19-- .
I last saw h-- alive on -- , 19-- ; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
See reverse	Instantly
Due to Airplane accident	
Due to --	
Other conditions -- (Include pregnancy within 3 months of death)	
Where was disease contracted? --	
Name of operation -- Date --	
Major finding --	
Finding of autopsy See reverse	

Physician — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? X Suicide? ... Homicide? ...
Occurred 20 November, 1944 City, county, state where violence occurred Ada County, Idaho
Place of Violence: Home ... Farm ... Industry ...
Public Place X While at work? ...
Means of injury Airplane Accident
23. Attendant's **OWN** Signature Frank L. Fletcher
FRANK L. FLETCHER (M. D. or other) Lt Col, MC
and Address Gowen Fld, Ida Date 22 Nov, 1944
(For additional space, use reverse side)

NON-RESIDENT CERTIFICATE OF DEATH

STATE OF IDAHO

141227

United States
Department of Commerce
Bureau of the Census

DEC 11 1944

Local Registrar's Duplicate
Local Reg. No. 230
Reg. Dist. No. 371

1. PLACE OF DEATH:
(a) County Ada
(b) City or town 2½ miles SE Gowen Field
(c) Street Address or R. F. D. No. --
(d) Death Occurred Inside? ... Outside? X city or town
(e) Died in a Home—Hospital—Institution—Other place ...
(f) Name Hosp. or Inst. -- Stayed -- days
(g) Lived in this county ... years 1 months 28 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State New Jersey (b) County ...
(c) City or town Long Branch
(d) Street Address or R. F. D. No. 22 Oakwood Avenue
(e) Deceased lived Inside? X Outside? ... city or town
(f) Citizen of what country? USA
(g) How long had deceased lived in Idaho?: 2/12 years
(h) Former residence (city, state) Same as above

3. (a) **FULL NAME** SEYMOUR, Ernest Judson 0-826524 173

3. (b) If veteran, name war --
3. (c) Social Security No. --
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife --
6. (c) Age of husband or wife if alive -- years
7. Date of Birth (Month, Day, Year) 6 September 1921

8. AGE	Years	Months	Days	If less than 1 day
	23	2	15	hrs. min.

9. Exact Occupation Soldier — Did this work for 1 7/12 yrs
10. Industry or Business U. S. Army — Date last worked 20 Nov 44
11. Birthplace Allenhurst, New Jersey (City or town) (State or foreign country)

Father
12. Name Unknown
13. Birthplace Unknown (City or town) (State or foreign country)

Mother
14. Maiden name Eileen Brown
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's **OWN** Signature Phillip C Pedersen
and Address PHILLIP C. PEDERSEN Gowen Field, Boise, Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Nov 23 1944 (Month) (Day) (Year)
(c) Place: Long Branch, New Jersey
18. Funeral Director's **OWN** Signature Robinson Funeral Home
and Address Boise Idaho
19. (a) 11-23-44 (Date received and filed) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) November 20, 19 44
at 10:45 o'clock P.M.
21. **I HEREBY CERTIFY,** That I attended deceased from --, 19--, to --, 19--
I last saw h-- alive on --, 19--; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — Duration

See reverse — Instantly

Due to Airplane accident

Due to --

Other conditions -- (Include pregnancy within 3 months of death)

Where was disease contracted? --
Name of operation -- Date --
Major finding --
Finding of autopsy See reverse

Physician — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? X Suicide? ... Homicide? ...
Occurred November 20, 1944 City, county, state where violence occurred Ada County, Idaho
Place of Violence: Home ... Farm ... Industry ...
Public Place X While at work? ...
Means of injury Airplane Accident

23. Attendant's **OWN** Signature Frank L Fletcher
FRANK L. FLETCHER (M. D. or other) Lt Col, MC
and Address Gowen Fld, Ida Date 22 Nov, 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

DEC 11 1944

Certificate Of Death

STATE OF IDAHO

State File No. 141228
Local Reg. No. 388
Reg. Dist. No.

1. **PLACE OF DEATH:**
(a) County Ada
(b) City or town Boise
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? X Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. St. Lukes Stayed days
(g) Lived in this county 49 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Ada
(c) City or town Eagle
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 77 years
(h) Former residence (city, state) Calif:

3. (a) **FULL NAME** Mary Carpenter

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3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Mar; 23rd 1863

8. AGE	Years	Months	Days	If less than 1 day
	81	7	27	hrs min.

9. Exact Occupation Housewife Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Mariposa (City or town) Calif: (State or foreign country)
Father
12. Name William Stierman
13. Birthplace (City or town) Germany (State or foreign country)
Mother
14. Maiden name Anna Otlon
15. Birthplace (City or town) Germany (State or foreign country)
16. Informant's **OWN** Signature Anna Carpenter
and Address Eagle Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/23/44 (Month) (Day) (Year)
(c) Place: Pioneer Cemetery
18. Funeral Director's **OWN** Signature Schreiber & McCann
and Address Boise Milford Oregon
19. (a) 11-25-44 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Nov 20 1944
at 5 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from Oct 15 1944, to Nov 20 1944
I last saw her alive on Nov 20 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Uremia	
Due to Myocarditis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature L. E. Jewell M.D. (M. D. or other)
and Address Meridian Date Nov 23 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census DEC 11 1944

Certificate Of Death

STATE OF IDAHO

State File No. 141229
Local Reg. No. 231
Reg. Dist. No. 371

1. **PLACE OF DEATH:**
(a) County Ada
(b) City or town Boise
(c) Street Address or R.F.D. No. 1915 Atlantic Ave
(d) Death Occured Inside? ..... Outside? X city or town
(e) Died in a Home X Hospital ..... Institution ..... Other place .....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 10 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Ada
(c) City or town Boise
(d) Street Address or R.F.D. No. 2006 Gourley
(e) Deceased lived Inside? X Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 10 years
(h) Former residence (city, state) Neb.

3. (a) **FULL NAME** Jack DeWayne Fye

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3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) June 24th. 1930

8. AGE	Years	Months	Days	If less than 1 day
	14	4	28	hrs min.

9. Exact Occupation Student Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace McCook Neb: (City or town) (State or foreign country)
Father
12. Name Lloyd E. Fye
13. Birthplace Versailles Missouri (City or town) (State or foreign country)
Mother
14. Maiden name Hazel Smith
15. Birthplace Mt. Moriah Missouri (City or town) (State or foreign country)
16. Informant's **OWN** Signature Lloyd E. Fye
and Address 2006 Gourley St Boise Ida
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/27/44 (Month) (Day) (Year)
(c) Place: Cloverdale Memorial Park
18. Funeral Director's **OWN** Signature Schneiber & McCann
and Address Milford Dragas
19. (a) 11-25-44 (Date received and filed) (b) W. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Nov 22 1944
at about 8:15 o'clock P M.
21. **I HEREBY CERTIFY**, That ~~I attended deceased from ..... 19 ..., to ..... 19 .....~~
~~I last saw h ..... alive on ..... 19 .....~~; death is said to have occurred on the date and hour stated above.
Immediate Cause of Death: Duration
Gun Shot wound. Shot below heart on left side of body
Due to with single shot 20 Gauge
Shot gun.
~~Due to~~ Accident.
Other conditions
~~(Include pregnancy within 3 months of death)~~
Nothing of a Criminal nature found.
Where was disease contracted? ——
Name of operation —— Date ——
Major finding ——
Finding of autopsy None
No Inquest

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ✓ Suicide? —— Homicide? ——
Occurred 11/22/44 19 ..... City, county, state where violence occurred Boise, Idaho
Place of Violence: Home ✓ Farm —— Industry ——
Public Place —— While at work? ——
Means of injury Shot Gun Wound.
23. Attendant's **OWN** Signature W. McDonaney
Coroner of Ada County ~~(M. D. or other)~~
and Address Boise, Idaho Date 11/24/44 19
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census DEC 11 1944

Certificate Of Death

STATE OF IDAHO

State File No. 141230
Local Reg. No. 385
Reg. Dist. No. 2

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise
   (c) Street Address or R. F. D. No.
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home.... Hospital X Institution.... Other place....
   (f) Name Hosp. or Inst. St. Alphonsus Stayed 1 days
   (g) Lived in this county ..... years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Boise
   (c) City or town Horseshoe Bend, Idaho
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? ..... Outside? ..... city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 56 years
   (h) Former residence (city, state) Iowa

3. (a) **FULL NAME** FRANK A. NOLAND

516

3. (b) If veteran, name war - - - -
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Gertrude
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) December 1, 1866

8. AGE	Years	Months	Days	If less than 1 day
	77	11	21	hrs min.

9. Exact Occupation Retired Farmer — Did this work for ..... yrs.
10. Industry or Business Farming — Date last worked
11. Birthplace Iowa (City or town) (State or foreign country)

Father
12. Name Henry Clay Noland
13. Birthplace Unknown (City or town) (State or foreign country)

Mother
14. Maiden name Margaret Campbell
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mabel M Potter
and Address Eagle, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/25/44 (Month) (Day) (Year)
(c) Place: Morris Hill Cemetery

18. Funeral Director's **OWN** Signature McBratney Funeral Home
and Address Boise, Idaho

19. (a) 11-24-44 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) November 22 19 44
at 3:52 o'clock P. M.

21. **I HEREBY CERTIFY**, That I attended deceased from Nov 5 1944, to death 19....
I last saw him alive on Nov 22 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death	Duration
Carcinoma of Prostate	5 1 -
Uremia	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury

23. Attendant's **OWN** Signature F B Jeppesen M.D.
and Address Boise (M. D. or other)
Date Nov. 22 1944
(For additional space, use reverse side)

Swindell.

United States
Department of Commerce
Bureau of the Census DEC 11 1944

Certificate Of Death

STATE OF IDAHO

State File No. 141231
Local Reg. No. 386
Reg. Dist. No.

1. PLACE OF DEATH:
(a) County Ada
(b) City or town Boise,
(c) Street Address or R.F.D. No. X
(d) Death Occured Inside Yes Outside? ..... city or town
(e) Died in a Home .... Hospital X Institution .... Other place ....
(f) Name Hosp. or Inst. St Lukes. Stayed 60 days
(g) Lived in this county 42 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho. (b) County Ada
(c) City or town Boise,
(d) Street Address or R.F.D. No. 511. Warm Springs.
(e) Deceased lived Inside? Yes Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 42 years
(h) Former residence (city, state) Oregon.

3. (a) **FULL NAME** Ambia W. Allen. 46g

3. (b) If veteran, name war No.
3. (c) Social Security No. None.
4. Sex Female 5. Color or race White.
6. (a) Single, widowed, married, divorced Widow.
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) September. 1. 1875.

8. AGE	Years	Months	Days	If less than 1 day
	69.	2.	22.	hrs min.

9. Exact Occupation At Home. Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Mc Minnville, Oregon. (City or town) (State or foreign country)
Father 12. Name Elsia Wright.
13. Birthplace Unknown. (City or town) (State or foreign country)
Mother 14. Maiden name Hannah Hemstock.
15. Birthplace Unknown. (City or town) (State or foreign country)
16. Informant's **OWN** Signature Wendell J Allen
and Address 1377 Butler Ave. East Lake City
17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof Nov. 25. 1944. (Month) (Day) (Year)
(c) Place: Morris Hill Cemetery.
18. Funeral Director's **OWN** Signature Clyde E. Summers
and Address Boise, Idaho.
19. (a) 11-24-44 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Nov. 23 1944
at 2.45 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from 9-25 1944, to 11-23 1944
I last saw her alive on 11-22 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death	Duration
Carcinoma of Pancreas	6 mo
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ..... Date .....
Major finding .....
Finding of autopsy Carcinoma Pancreas Bilateral Cystic Kidneys.

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature O. F. Swindell M. D. (M. D. or other)
and Address Boise, Idaho Date 11-24 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census DEC 11 1944

NON-RESIDENT
Certificate Of Death
STATE OF IDAHO

State File No. 14123
Local Reg. No. 389
Reg. Dist. No. 2

1. **PLACE OF DEATH:**
(a) County Ada
(b) City or town Boise.
(c) Street Address or R.F.D. No. X
(d) Death Occured Inside? Yes Outside? ..... city or town
(e) Died in a Home .... Hospital X Institution .... Other place ....
(f) Name Hosp. or Inst. St Lukes. Stayed 42 days
(g) Lived in this county ..... years 2 months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these.)
(a) State California, (b) County San Francisco
(c) City or town San Francisco
(d) Street Address or R.F.D. No. 935 O'Farrell.
(e) Deceased lived Inside? Yes Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 2 Mo. years
(h) Former residence (city, state) California.

3. (a) **FULL NAME** Winifred Jones Whitney. 46 L

3. (b) If veteran, name war No.
3. (c) Social Security No. 556-10-4469.
4. Sex Female 5. Color or race White.
6. (a) Single, widowed, married, divorced Divorced.
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) November. 8. 1892.

8. AGE	Years	Months	Days	If less than 1 day
	52.	0.	17.	hrs ..... min.

9. Exact Occupation Clerk. Did this work for ..... yrs.
10. Industry or Business Anderson Steel Products Corp. Date last worked
11. Birthplace Pocatello, Idaho. (City or town) (State or foreign country)
Father 12. Name William Henry Jones.
Father 13. Birthplace Wales. (City or town) (State or foreign country)
Mother 14. Maiden name Isabelle Rowland.
Mother 15. Birthplace Logan, Utah. (City or town) (State or foreign country)
16. Informant's **OWN** Signature Winifred Jones
and Address 1715 No 12. Boise Idaho.
17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof Nov. 27. 1944. (Month) (Day) (Year)
(c) Place: Morris Hill Cemetery.
18. Funeral Director **OWN** Signature Summers Funeral Home. Clyde E. Simmons
and Address Boise, Idaho.
19. (a) 11-29-44 (Date received and filed) (b) A. Clark (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Nov 25 1944
at 3.40 o'clock a. M.
21. **I HEREBY CERTIFY,** That I attended deceased from Sept 1944, to Nov 25, 1944
I last saw her alive on Nov 24 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Carcinomatosis	3 months
Due to Gastric carcinoma	6 months
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? .....
Name of operation None Date .....
Major finding .....
Finding of autopsy None.

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature W. H. Koelsch MD (M. D. or other)
and Address Boise Date 11/27 1944
(For additional space, use reverse side)

141233

United States
Department of Commerce
Bureau of the Census DEC 11 1944

Certificate Of Death

STATE OF IDAHO

State File No.
Local Reg. No. 233
Reg. Dist. No. 371

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home.... Hospital X Institution.... Other place....
   (f) Name Hosp. or Inst. Ada Co. Hosp Stayed ..... days
   (g) Lived in this county ..... years ..... months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Ada
   (c) City or town Boise
   (d) Street Address or R.F.D. No. 417 S. 14 St
   (e) Deceased lived Inside? X Outside? ..... city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? ..... years
   (h) Former residence (city, state)

3. (a) **FULL NAME** Michael Patrick Keevil 46b

3. (b) If veteran, name war .....
3. (c) Social Security No. 518-14-4791
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced .....
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) Feb. 1st. 1871

8. AGE	Years	Months	Days	If less than 1 day
	73	9	24	hrs min.

9. Exact Occupation Farmer Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace ..... Kansas
    (City or town) (State or foreign country)

Father
12. Name .....
13. Birthplace .....
    (City or town) (State or foreign country)

Mother
14. Maiden name .....
15. Birthplace .....
    (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mrs Ward Troxel (matron)
    and Address Ada Co Hospital
17. (a) Burial (b) Date thereof 11/28/1944
    (Burial, cremation, or removal) (Month) (Day) (Year)
    (c) Place: St. John's Cemetery
18. Funeral Director's **OWN** Signature Schreiber & McCann
    and Address Boise. Milford Dragoo
19. (a) 11-28-44 (b) [signature]
    (Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Nov - 26 1944
    at 2.30 o'clock a M.
21. **I HEREBY CERTIFY,** That I attended deceased from June 6 1944 to Nov 26 1944
    I last saw him alive on Nov 25 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Carcinoma Stomach	6-8 Mo
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
    Occurred ..... 19..... City, county, state where violence occurred .....
    Place of Violence: Home ..... Farm ..... Industry .....
    Public Place ..... While at work? .....
    Means of injury .....
23. Attendant's **OWN** Signature S. W. Forney M.D.
    (M. D. or other)
    and Address Boise Date 11/27 1944
    (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

DEC 11 1944

Certificate Of Death

STATE OF IDAHO

State File No. 141234
Local Reg. No. 238
Reg. Dist. No. 321

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Meridian
   (c) Street Address or R. F. D. No. 312 East 3rd
   (d) Death Occured Inside? ✓ Outside? ..... city or town
   (e) Died in a Home ✓ Hospital ..... Institution ..... Other place .....
   (f) Name Hosp. or Inst. ..... Stayed ..... days
   (g) Lived in this county 1 years ..... months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Ada
   (c) City or town Meridian
   (d) Street Address or R.F.D. No. 312 East 3rd
   (e) Deceased lived Inside? ✓ Outside? ..... city or town
   (f) Citizen of what country? US
   (g) How long had deceased lived in Idaho? 2 years
   (h) Former residence (city, state) .....

3. (a) **FULL NAME** Nancy Catherine Williams 46

3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Isaac
6. (c) Age of husband or wife if alive — years
7. Date of Birth (Month, Day, Year) November 25 1860

8. AGE	Years	Months	Days	If less than 1 day
	84	—	3	hrs ..... min.

9. Exact Occupation Houswife Did this work for 60 yrs.
10. Industry or Business — Date last worked —
11. Birthplace Wabash (City or town) Indiana (State or foreign country)
Father
12. Name Soloman Long
13. Birthplace ..... (City or town) Pennsylvania (State or foreign country)
Mother
14. Maiden name Susanna Bevard
15. Birthplace ..... (City or town) Unknown (State or foreign country)
16. Informant's **OWN** Signature Mrs Ray Goodwin
and Address Meridian Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-7-44 (Month) (Day) (Year)
(c) Place: Caldwell
18. Funeral Director's **OWN** Signature Kenneth McEdmiston
and Address Meridian Idaho
19. (a) 12-4-44 (Date received and filed) (b) J. F. Clark (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 11-28 1944
at 9:30 o'clock A M.

21. **I HEREBY CERTIFY**, That I attended deceased from Jan 2 1944, to 11/28 1944
I last saw her alive on 11/28 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Gastric Hemorrhage	10 hrs.
Due to Carcinoma of Stomach	2 yrs.
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature L. E. Jewell M.D. (M. D. or other)
and Address Meridian Date Mar 1 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

DEC 11 1944

Certificate Of Death

STATE OF IDAHO

State File No. 141235
Local Reg. No. 391
Reg. Dist. No.

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise
   (c) Street Address or R. F. D. No. 1601 N. 21st
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home X Hospital .... Institution .... Other place ....
   (f) Name Hosp. or Inst. ..... Stayed ..... days
   (g) Lived in this county 30 years ..... months ..... days

   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Ada
   (c) City or town Boise
   (d) Street Address or R.F.D. No. 1601 N. 21st
   (e) Deceased lived Inside? X Outside? ..... city or town
   (f) Citizen of what country? U. S. A.
   (g) How long had deceased lived in Idaho? 40 years
   (h) Former residence (city, state) Kentucky

3. (a) **FULL NAME** FORD CENTENNIAL CLIFF

940

3. (b) If veteran, name war - - - -
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife May
6. (c) Age of husband or wife if alive 63 years
7. Date of Birth (Month, Day, Year) September 20, 1876

8. AGE	Years	Months	Days	If less than 1 day
	68	2	8	hrs ..... min.

9. Exact Occupation Retail Merchant — Did this work for 12 yrs.
10. Industry or Business Drive In Market — Date last worked
11. Birthplace California (City or town) (State or foreign country)

Father
12. Name Ford Cliff
13. Birthplace Unknown (City or town) (State or foreign country)

Mother
14. Maiden name Minnie Bodkin
15. Birthplace Knox Co., Kentucky (City or town) (State or foreign country)

16. Informant's **OWN** Signature Elaine Evans
and Address 1502 N. 22nd St., Boise, Ida.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/2/44 (Month) (Day) (Year)
(c) Place: Morris Hill Cemetery

18. Funeral Director's **OWN** Signature McBratney Funeral Home
and Address Ninth & State Sts., Boise, Ida.

19. (a) 12-1-44 (Date received and filed) (b) R. Shark (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) November 28 19 44
at 9:30 o'clock P. M.

21. **I HEREBY CERTIFY**, That I attended deceased from Nov 28 1944, to Nov 28 1944.
I last saw h..... alive on ..... 19 .....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — Duration

Dead when I arrived.

Due to Coronary Occlusion instant

Due to .....

Other conditions (Include pregnancy within 3 months of death) .....

Where was disease contracted? Boise Idaho

Name of operation ..... Date .....

Major finding .....

Finding of autopsy None

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature J. C. Brayton M.D. (M. D. or other)
and Address ..... Date ..... 19 .....

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

DEC 11 1944

Certificate Of Death

STATE OF IDAHO

Forney

State File No. 141206
Local Reg. No. 239
Reg. Dist. No. 371

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? Outside? X city or town
   (e) Died in a Home Hospital X Institution Other place
   (f) Name Hosp. or Inst. Ada County Hospital Stayed days
   (g) Lived in this county 40 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Ada
   (c) City or town Boise
   (d) Street Address or R.F.D. No. 1518 State St.
   (e) Deceased lived Inside? X Outside? city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 40 years
   (h) Former residence (city, state) Wisconsin

3. (a) **FULL NAME** HENRY OSBORN

93e

3. (b) If veteran, name war
3. (c) Social Security No. - - - - - -
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) July 8, 1862

8. AGE	Years	Months	Days	If less than 1 day
	82	4	21	hrs min.

9. Exact Occupation Carpenter Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Wisconsin (City or town) (State or foreign country)

Father
12. Name Unknown
13. Birthplace Unknown (City or town) (State or foreign country)

Mother
14. Maiden name Unknown
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's OWN Signature Ward Troxel Supt Ada County Hospital Records
and Address Boise, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/6/44 (Month) (Day) (Year)
(c) Place: Morris Hill Cemetery
18. Funeral Director's OWN Signature MC BRATNEY FUNERAL HOME
and Address Ninth & State Sts., Boise, Ida.
19. (a) 12-5-44 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) November 29 1944
at 7 o'clock P M.
21. **I HEREBY CERTIFY**, That I attended deceased from Jan 6 1939, to Nov 29 1944
I last saw him alive on Nov - 28 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Apoplexy	2-3 yr
Due to Senility	
Due to My Conditis	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state
where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature S W Forney MD (M. D. or other)
and Address Boise Ida Date 12/4 1944
(For additional space, use reverse side)

141237

United States
Department of Commerce
Bureau of the Census DEC 8 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 413
Reg. Dist. No. 3rd

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
   (a) County Adams
   (b) City or town Council
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? X Outside? city or town
   (e) Died in a Home Hospital X Institution Other place
   (f) Name Hosp. or Inst. Comunity Stayed 60 days
   (g) Lived in this county 25 years months days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Adams
   (c) City or town Council
   (d) Street Address or R. F. D. No. X
   (e) Deceased lived Inside? Outside? city or town
   (f) Citizen of what country? U S
   (g) How long had deceased lived in Idaho? 60 years
   (h) Former residence (city, state)

3. (a) FULL NAME David Duree

46 C

3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex Male
5. Color or race Amr
6. (a) Single, widowed, married, divorced Widdower
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Nov 2 1870

8. AGE	Years	Months	Days	If less than 1 day
	74			hrs min.

9. Exact Occupation Laborer — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace Mosuria (City or town) (State or foreign country)

Father
12. Name Jackson Duree
13. Birthplace Indianna (City or town) (State or foreign country)

Mother
14. Maiden name Rachel Picket
15. Birthplace Indianna (City or town) (State or foreign country)

16. Informant's OWN Signature D. L. Poulk
and Address Council, Ida
17. (a) Buried (Burial, cremation, or removal) (b) Date thereof 11-5-44 (Month) (Day) (Year)
(c) Place: Cotton Wood
18. Funeral Director's OWN Signature J. A. Anderson
and Address Cambridge, Ida
19. (a) 11-7-44 (Date received and filed) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 11 / 4 / 44 19
at 8:10 o'clock P. M.

21. **I HEREBY CERTIFY**, That I attended deceased from June 19 44, to 11/4/44 19
I last saw him alive on 11/2/44 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: 46 C — Duration

Primary Carcinoma Duodenum — 6 months
Perforated gangrenous ulcer — 1 day.
Due to Secondary Carcinoma of the Lung & the Carcinoma of the Duodenum — 2 mos
Due to Uremia
Other conditions 0
(Include pregnancy within 3 months of death)

Where was disease contracted? Hm
Name of operation 0 Date
Major finding
Finding of autopsy Primary Carcinoma Duodenum Secondary Carcinoma Carcinoma Lungs Uremia

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? 0 Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's OWN Signature Alvin Hunter M.D. (M. D. or other)
and Address Council Ida Date 11/5 19 44
(For additional space, use reverse side)

United States
Department of Commerce
Bureau of the Census

DEC 8 1944

CERTIFICATE OF DEATH

STATE OF IDAHO

State File No. 141238
Local Reg. No. 414
Reg. Dist. No. 300

1. PLACE OF DEATH:

(a) County Adams
(b) City or town Council
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? x Outside? city or town
(e) Died in a Home Hospital x Institution Other place
(f) Name Hosp. or Inst. Community Stayed 2 days
(g) Lived in this county 13 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)

(a) State Idaho (b) County Adams
(c) City or town Meadows
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? x Outside? city or town
(f) If foreign born, in U. S. yrs. Citizen of U. S.? Yes
(g) How long had deceased lived in Idaho? 13 years
(h) Former residence (city, state) Oregon

3. (a) **FULL NAME** John Wesley Short

1226

3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex M
5. Color or race W.
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife --
6 (c) Age of husband or wife if alive - years
7. Date of Birth (Month, Day, Year) May 11, 1854

8. AGE	Years	Months	Days	If less than 1 day
	90	6	10	hrs min.

9. Exact Occupation Retired Did this work for yrs.
10. Industry or Business -- Date last worked
11. Birthplace (City or town) Kentucky (State or foreign country)

Father
12. Name James Short
13. Birthplace (City or town) U. S. (State or foreign country)

Mother
14. Maiden name Clevenser
15. Birthplace (City or town) U. S. (State or foreign country)

16. Informant's **OWN** Signature Estella Short
and Address Meadows, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/23/44 (Month) (Day) (Year)
(c) Place: Meadows Valley
18. Funeral Director's **OWN** Signature J A Anderson
and Address Cambridge, Idaho
19. (a) 11/27/44 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 11/21 1944
at 8:50 o'clock A. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 11/16 1944, to 11/21 1944
I last saw him alive on 11/20 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Ileus	5 days
Due to Obstruction of Colon	5 days
Due to Very possibly malignant	
Other conditions Senility (Include pregnancy within 3 months of death)	

Where was disease first contracted? Home
Name of operation 0 Date
Major finding 0
Finding of autopsy 0
0

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? 0 Suicide? Homicide?
Occurred 0 19 City, county, state where violence occurred 0
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury 0
23. Attendant's **OWN** Signature [signature] M D (M. D. or other)
and Address Council Date 11/21 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

DEC 8 1944

CERTIFICATE OF DEATH

STATE OF IDAHO

State File No. 14123
Local Reg. No. 415
Reg. Dist. No. 300

1. **PLACE OF DEATH:**
   (a) County Adams
   (b) City or town Ida Council
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? X Outside? city or town
   (e) Died in a Home X Hospital Institution Other place
   (f) Name Hosp. or Inst. Council Hospital Stayed 1 days
   (g) Lived in this county years months 1 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Ida (b) County Adams
   (c) City or town Pollock
   (d) Street Address or R. F. D. No.
   (e) Deceased lived Inside? X Outside? city or town
   (f) If foreign born, in U. S. 66 yrs. Citizen of U. S.? Yes
   (g) How long had deceased lived in Idaho? 40 years
   (h) Former residence (city, state) Michigan.

3. (a) **FULL NAME** BELLE MARY LAMONT.

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race W
6. (a) Single, widowed, married, divorced Wid
6. (b) Name of husband or wife Wm. H. Lamont.
6 (c) Age of husband or wife if alive ——— years
7. Date of Birth (Month, Day, Year) Feb 22, 1859.

8. AGE	Years	Months	Days	If less than 1 day hrs	min.
	85	9	3		

9. Exact Occupation Housewife. Did this work for 67 yrs.
10. Industry or Business —— Date last worked
11. Birthplace (City or town) Cumland (State or foreign country)

Father
12. Name unknown James Southway
13. Birthplace (City or town) Bristol (State or foreign country) England

Mother
14. Maiden name unknown Elizabeth Southway
15. Birthplace (City or town) Bristol (State or foreign country) England

16. Informant's **OWN** Signature Mrs. H. Walters
and Address Council, Idaho
17. (a) Burying (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place:
18. Funeral Director's **OWN** Signature Roberts on
and Address Council Idaho
19. (a) 11/27/44 (Date received and filed) (b) Alma Hunt M.D. (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 11/25. 1944
at 8:03 o'clock P. M.

21. **I HEREBY CERTIFY,** That I attended deceased from 1934 19 to 11/24 1944
I last saw h[illegible] alive on 11-24 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Senility.	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease first contracted? 0
Name of operation 0 Date
Major finding 0
Finding of autopsy 0

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? 0 Suicide? Homicide?
Occurred 19 City, county, state
where violence occurred 0
Place of Violence: Home Farm Industry
Public Place 0 While at work?
Means of injury 0

23. Attendant's **OWN** Signature Alma Hunt M.D. (M. D. or other)
and Address Council Date 11/24 1944

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

DEC 7 1944

State File No. 141240
Local Reg. No. 275
Reg. Dist. No. 5-7

1. **PLACE OF DEATH:**
   (a) County Bannock
   (b) City or town Lava Hot Springs
   (c) Street Address or R. F. D. No.
   (d) Death Occured (Inside) Outside? city or town
   (e) Died in a (Home) Hospital Institution Other place
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county 8 years months days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Bannock
   (c) City or town Lava Hot Springs
   (d) Street Address or R.F.D. No.
   (e) Deceased lived (Inside?) Outside? city or town
   (f) Citizen of what country? United States
   (g) How long had deceased lived in Idaho? 8 years
   (h) Former residence (city, state) Wyoming

3. (a) **FULL NAME** Aurora Maki Petersen. 1-3/a

3. (b) If veteran, name war -
3. (c) Social Security No. -
4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Heber Petersen
6. (c) Age of husband or wife if alive 69 years
7. Date of Birth (Month, Day, Year) June. 3. 1880.

8. AGE	Years	Months	Days	If less than 1 day
	64	4	22	hrs min.

9. Exact Occupation Housewife — Did this work for yrs.
10. Industry or Business Own Home — Date last worked 10/24/44
11. Birthplace Finland. (City or town) (State or foreign country)

Father
12. Name Unknown
13. Birthplace " " " " " " " " (City or town) (State or foreign country)

Mother
14. Maiden name " " " " " " " " " "
15. Birthplace " " " " " " " " " " (City or town) (State or foreign country)

16. Informant's **OWN** Signature Lino Ojay
and Address Riverton, Wyoming

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 10/29/1944 (Month) (Day) (Year)
(c) Place: Lava Hot Springs, Idaho

18. Funeral Director's **OWN** Signature Arthur M. Hall
and Address Pocatello, Idaho

19. (a) 10-29-1944 (Date received and filed) (b) D C Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) October. 25. 1944
at o'clock M.

21. **I HEREBY CERTIFY,** That I attended deceased from 19, to 19
I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration
Died Suddenly
Cardiac Insufficiency
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYISICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature Arthur M. Hall (M. D. or Other)
and Address Pocatello, Idaho. Date 10/ 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census DEC 7 1944

Certificate Of Death

STATE OF IDAHO

State File No. 14124
Local Reg. No. 21
Reg. Dist. No. 716

1. PLACE OF DEATH:
(a) County Bannock
(b) City or town Pocatello, R.F.D. North.
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? (Outside) city or town
(e) Died in a (Home) Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 16 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Bannock
(c) City or town Pocatello, R.F.D. North
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? (Outside?) city or town
(f) Citizen of what country? United States
(g) How long had deceased lived in Idaho? 46 years
(h) Former residence (city, state) Utah

3. (a) FULL NAME Margaret H. Davis. 46 8

3. (b) If veteran, name war -
3. (c) Social Security No. -
4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Henry Davis
6. (c) Age of husband or wife if alive Died 7/5/43 years
7. Date of Birth (Month, Day, Year) October. 28. 1875.

8. AGE	Years	Months	Days	If less than 1 day
	68	11	29	hrs min.

9. Exact Occupation Housekeeper Did this work for yrs.
10. Industry or Business Own - home Date last worked 1943
11. Birthplace Heber City, (City or town) Utah. (State or foreign country)

Mother Father
12. Name Daniel Bunnell
13. Birthplace Wisconsin. (City or town) (State or foreign country)
14. Maiden name Mary H. Muir.
15. Birthplace Scotland. (City or town) (State or foreign country)

16. Informant's **OWN** Signature
and Address Pocatello, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/31/1944 (Month) (Day) (Year)
(c) Place: Mountain View Cem.

18. Funeral Director's **OWN** Signature Pearl Mortuary, Arthur M. Hall
and Address Pocatello, Idaho

19. (a) 11-2-1944 (Date received and filed) (b) D C Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) October. 27. 1944
at o'clock M.

21. I HEREBY CERTIFY, That I attended deceased from June 1 1944 to Oct. 27 1944.
I last saw her alive on Oct. 1 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Toxemia and Secondary anemia	1 year.
Due to Carcinoma of Stomach	1½ years.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? Idaho
Name of operation None Date
Major finding Large tumor mass
Finding of autopsy None

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature W. H. Hayhurst (M. D. or other)
and Address Pocatello, Idaho Date 12/3 1944

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

DEC 7 1944

Certificate Of Death

STATE OF IDAHO

State File No. 141242
Local Reg. No. 276
Reg. Dist. No. 510

1. PLACE OF DEATH:
(a) County Bannock
(b) City or town Pocatello
(c) Street Address or R.F.D. No. 428. No. 8th. Ave.
(d) Death Occured (Inside?) ..... Outside? ..... city or town
(e) Died in a (Home) Hospital ..... Institution ..... Other place .....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 1 years 1 months - days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Bannock
(c) City or town Pocatello
(d) Street Address or R.F.D. No. 428. No. 8th. Ave.
(e) Deceased lived (Inside?) ..... Outside? ..... city or town
(f) Citizen of what country? United States
(g) How long had deceased lived in Idaho? 2 years
(h) Former residence (city, state) Utah

3. (a) **FULL NAME** Mary Tueller. 52 a

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) November. 5. 1940.

8. AGE	Years	Months	Days	If less than 1 day
	3	11	26	hrs min.

9. Exact Occupation Child at home Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Logan, (City or town) Utah. (State or foreign country)
Father
12. Name Rulon S. Tueller.
13. Birthplace Paris, (City or town) Idaho. (State or foreign country)
Mother
14. Maiden name Aurelia Teuscher.
15. Birthplace Geneva, (City or town) Idaho. (State or foreign country)
16. Informant's **OWN** Signature Rulon S. Tueller
and Address Pocatello, Idaho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/3/1944. (Month) (Day) (Year)
(c) Place: Mountain View Cem.
18. Funeral Director's **OWN** Signature Hall Mortuary, Anthony M. Hall
and Address Pocatello, Idaho.
19. (a) 11-3-1944 (Date received and filed) (b) D C Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Oct 31 1944
at 4 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from Sept 1 1944 to Oct 31 1944
I last saw her alive on Oct 31 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Hypernephroma Rt.	3 mo.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation ..... Date	
Major finding	
Finding of autopsy Hypernephroma	

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature D. O. McDougall (M.D. or other)
and Address Pocatello Date Nov 1 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census DEC 7 1944

Certificate Of Death

STATE OF IDAHO

State File No. 141243
Local Reg. No. 277
Reg. Dist. No. 510

1. PLACE OF DEATH:

(a) County Bannock
(b) City or town Pocatello
(c) Street Address or R.F.D. No. R.F.D. No. 1. North
(d) Death Occured Inside? (Outside?) city or town
(e) Died in a Home Hospital Institution (Other place)
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 3 years 2 months 12 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

(a) State Idaho (b) County Bannock
(c) City or town Pocatello
(d) Street Address or R.F.D. No. R.F.D. No. 1. North
(e) Deceased lived Inside? (Outside?) city or town
(f) Citizen of what country? United States
(g) How long had deceased lived in Idaho? Life years
(h) Former residence (city, state) None

3. (a) **FULL NAME** Larry Kent Miles. 183

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) August. 22. 1941.

8. AGE	Years	Months	Days	If less than 1 day
	3	2	12	hrs min.

9. Exact Occupation Child at home Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Pocatello, Idaho. (City or town) (State or foreign country)

Father
12. Name Merthan Lorenzo Miles
13. Birthplace Blackfoot, Idaho. (City or town) (State or foreign country)

Mother
14. Maiden name Marjorie Fay Harris.
15. Birthplace McCammon, Idaho. (City or town) (State or foreign country)

16. Informant's **OWN** Signature Merthan L Miles
and Address Pocatello, Idaho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/6/1944 (Month) (Day) (Year)
(c) Place: Mountain View Cem.
18. Funeral Director's **OWN** Signature Hall Mortuary, Arthur J Hall
and Address Pocatello, Idaho.
19. (a) 11-6-1944 (Date received and filed) (b) D C Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) November. 3. 1944
at 5 o'clock o'clock p M.
21. **I HEREBY CERTIFY**, That I attended deceased from 19, to 19
I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration
Drowning in irrigation ditch
Due to at Home (accidental)
Due to
Other conditions (Include pregnancy within 3 months of death)
Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ✓ Suicide? Homicide?
Occurred November 3 1944 City, county, state where violence occurred at Farm Home.
Place of Violence: Home ✓ Farm Industry
Public Place Own Home While at work?
Means of injury
23. Attendant's **OWN** Signature Arthur J Hall (M. D. or other) Coroner
and Address Pocatello, Idaho Date 11/4 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census DEC 7 1944

Certificate Of Death

STATE OF IDAHO

State File No. 141244
Local Reg. No. 278
Reg. Dist. No. 511

1. PLACE OF DEATH:

(a) County Bannock
(b) City or town Lund
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? (Outside) city or town
(e) Died in a (Home) Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 42 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

2. Usual Residence of Deceased: (Always fill in these)

(a) State Idaho. (b) County Bannock
(c) City or town Lund
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? (Outside?) city or town
(f) Citizen of what country? United States
(g) How long had deceased lived in Idaho? 42 years
(h) Former residence (city, state) Utah

3. (a) FULL NAME Sabina Mathilda Peterson Hunter. 466

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife John Hunter
6. (c) Age of husband or wife if alive 73 years
7. Date of Birth (Month, Day, Year) September. 21. 1873.

8. AGE	Years	Months	Days	If less than 1 day
	71	1	14	hrs min.

9. Exact Occupation Housewife — Did this work for 52 yrs.
10. Industry or Business Own home — Date last worked 11/3/44.
11. Birthplace Orebro, (City or town) Sweden. (State or foreign country)

Father
12. Name Charles John Peterson.
13. Birthplace Sweden. (City or town) (State or foreign country)

Mother
14. Maiden name Mariamathilda Peterson.
15. Birthplace Sweden. (City or town) (State or foreign country)

16. Informant's **OWN** Signature Archie R. Hunter
and Address Lund, Idaho.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/8/1944. (Month) (Day) (Year)
(c) Place: Lund, Idaho.

18. Funeral Director's **OWN** Signature Hall Mortuary.
and Address Pocatello, Idaho.

19. (a) 11-7-1944 (Date received and filed) (b) D C Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) November. 4. 1944
at o'clock M.

21. **I HEREBY CERTIFY**, That I attended deceased from July 1938, to Nov 4 1944
I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
(a) Hypostatic pneumonia	2 days
Due to (b) C.A. of Liver	2 yrs.
Due to (c) Hypertension	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature J B Kaelin (M.D. or other)
and Address Soda Springs, Idaho. Date 11/9 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

DEC 7 1944

Certificate Of Death

STATE OF IDAHO

State File No. 141245
Local Reg. No. 279
Reg. Dist. No. 510

1. **PLACE OF DEATH:**
(a) County Bannock
(b) City or town Pocatello
(c) Street Address or R.F.D. No. 254 N. Third
(d) Death Occured Inside? ✓ Outside? ..... city or town
(e) Died in a Home ✓ Hospital ..... Institution ..... Other place .....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county ..... years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Bannock
(c) City or town 254 N. Third
(d) Street Address or R.F.D. No. .....
(e) Deceased lived Inside? B Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 32 years
(h) Former residence (city, state) none

3. (a) **FULL NAME** Marie Reese 94a

3. (b) If veteran, name war ✓
3. (c) Social Security No. none
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Harold
6. (c) Age of husband or wife if alive ✓ years
7. Date of Birth (Month, Day, Year) March 5, 1912

8. AGE	Years	Months	Days	If less than 1 day
	32	8	1	hrs min.

9. Exact Occupation Housewife Did this work for 17 yrs.
10. Industry or Business none Date last worked
11. Birthplace Pocatello (City or town) Idaho (State or foreign country)
Father
12. Name Knud Kenney
13. Birthplace Idaho (City or town) (State or foreign country)
Mother
14. Maiden name Mae Miller
15. Birthplace Pocatello Id. (City or town) (State or foreign country)
16. Informant's **OWN** Signature Harold Reese
and Address 254 N. Third
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-10-44 (Month) (Day) (Year)
(c) Place: Mountainview
18. Funeral Director's **OWN** Signature Byron B. Downard
and Address Pocatello Idaho
19. (a) 11-6-1944 (Date received and filed) (b) D C Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) November, 6 1944
at ..... o'clock ..... M.
21. **I HEREBY CERTIFY,** That I attended deceased from June 14 1944 to Nov 6 1944
I last saw her alive on Nov 2 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Coronary occlusion	
Due to —	
Due to —	
Other conditions Nervous (Include pregnancy within 3 months of death)	
Starting thru menopause	
Where was disease contracted? Home	
Name of operation — Date	
Major finding —	
Finding of autopsy	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? — Suicide? — Homicide? —
Occurred — 19 — City, county, state where violence occurred —
Place of Violence: Home — Farm — Industry —
Public Place — While at work? —
Means of injury None
23. Attendant's **OWN** Signature J. H. Lynn (M. D. or other)
and Address Pocatello Idaho Date 11-9 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census DEC 7 1944

NON-RESIDENT
Certificate Of Death
STATE OF IDAHO

State File No. 141246
Local Reg. No. 22
Reg. Dist. No. 2-1

1. PLACE OF DEATH:
(a) County Bannock
(b) City or town Pocatello
(c) Street Address or R.F.D. No. 650 No. 7th Ave.
(d) Death Occured (Inside?) Outside? city or town
(e) Died in a Home (Hospital) Institution Other place
(f) Name Hosp. or Inst. St. Anthony Stayed 2 days
(g) Lived in this county - years - months 14 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Wyoming (b) County Lincoln
(c) City or town Etna
(d) Street Address or R.F.D. No.
(e) Deceased lived (Inside?) Outside? city or town
(f) Citizen of what country? United States
(g) How long had deceased lived in Idaho 14 Days years
(h) Former residence (city, state) Wyoming

3. (a) FULL NAME Jack S. Baker.

58e

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) August. 16. 1929.

8. AGE	Years	Months	Days	If less than 1 day
	15	2	21.	hrs min.

9. Exact Occupation Child at school Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Etna. (City or town) Wyoming. (State or foreign country)

Father
12. Name Father C. Baker.
13. Birthplace Freedom. (City or town) Wyoming. (State or foreign country)

Mother
14. Maiden name Thelma Leona Shaw.
15. Birthplace Elsenore. (City or town) Utah. (State or foreign country)

16. Informant's **OWN** Signature E. C. Baker
and Address Etna. Wyoming.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 11/10/1944 (Month) (Day) (Year)
(c) Place: Etna. Wyoming.
18. Funeral Director's **OWN** Signature Hall Mortuary, W. Hall
and Address Pocatello. Idaho.
19. (a) 11-8-1944 (Date received and filed) (b) Registrar's signature

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH
(Month, Day, Year) November. 6. 1944
at o'clock M.

21. I HEREBY CERTIFY, That I attended deceased from Oct 10 1944, to Nov 6 1944
I last saw h.i.m alive on Nov 6 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Subacute Rheumatic Fever	3 months
Due to Same	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? Home
Name of operation None Date
Major finding
Finding of autopsy None

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature R. P. Howard M. D.
(M. D. or other)
and Address Pocatello, Idaho. Date 11/ 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

DEC 7 1944

Certificate Of Death

STATE OF IDAHO

State File No. 141247
Local Reg. No. 280
Reg. Dist. No. 511

1. PLACE OF DEATH:

(a) County Bannock
(b) City or town Tyhee
(c) Street Address or R.F.D. No. Highway 30 North
(d) Death Occured Inside? (Outside?) city or town
(e) Died in a Home Hospital Institution (Other place)
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 28 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

(a) State Idaho (b) County Bannock
(c) City or town Tyhee
(d) Street Address or R.F.D. No.
(e) Deceased lived (Inside) Outside? city or town
(f) Citizen of what country? United States
(g) How long had deceased lived in Idaho? 28 years
(h) Former residence (city, state) Tenn.

3. (a) **FULL NAME** Wilson Harvey Cates.

$ 170c

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Mary Jane Fink.
6. (c) Age of husband or wife if Died Jan. 22. 1943 alive
7. Date of Birth (Month, Day, Year) April. 14. 1877.

8. AGE	Years	Months	Days	If less than 1 day
	67	6	25	hrs min.

9. Exact Occupation Farmer. Did this work for life yrs.
10. Industry or Business Own farm. Date last worked 11/8/44.
11. Birthplace Kingstone, Tenn. (City or town) (State or foreign country)

Father
12. Name Robert Osten Cates.
13. Birthplace Kingstone Tenn. (City or town) (State or foreign country)

Mother
14. Maiden name Margaret Scarbrough.
15. Birthplace Va. (City or town) (State or foreign country)

16. Informant's **OWN** Signature Fred Cates
and Address Fort Hall, Idaho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/13/1944 (Month) (Day) (Year)
(c) Place: Mountain View Cem.
18. Funeral Director's **OWN** Signature Hall Mortuary, Arthur W. Hall
and Address Pocatello, Idaho.
19. (a) 11-27-1944 (Date received and filed) (b) D C Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) November. 8. 1944
at 5:00 o'clock P M.
21. **I HEREBY CERTIFY**, That I attended deceased from 19, to 19
I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Internal injuries broken hip and Right
Due to Leg fractured skull car accident
Due to
Other conditions
(Include pregnancy within 3 months of death)

Duration

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy None

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ✓ Suicide? Homicide?
Occurred Nov 8 1944 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place Highway 30 N While at work?
Means of injury Hit by Car
23. Attendant's **OWN** Signature Arthur W. Hall (M. D. or other)
and Address Pocatello, Idaho. Date 11/10 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

DEC 7 1944

Certificate Of Death

STATE OF IDAHO

State File No. 14124
Local Reg. No. 251
Reg. Dist. No. 510

1. PLACE OF DEATH:

(a) County Bannock
(b) City or town Pocatello
(c) Street Address or R.F.D. No. 401. So. Johnson.
(d) Death Occured (Inside?) Outside? city or town
(e) Died in a Home (Hospital). Institution Other place
(f) Name Hosp. or Inst. General Stayed 8 days
(g) Lived in this county years months 8 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

(a) State Idaho (b) County Bannock
(c) City or town Pocatello
(d) Street Address or R.F.D. No. 317. So. 9th.
(e) Deceased lived Inside? Outside? city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? years
(h) Former residence (city, state)

3. (a) **FULL NAME** Katheryn Palmer. 1600

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) November. 2. 1944.

8. AGE	Years	Months	Days	If less than 1 day
	-	-	8	hrs min.

9. Exact Occupation Infant — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace Pocatello, (City or town) Idaho. (State or foreign country)

Father
12. Name Ivan W. Palmer.
13. Birthplace Rexburg, (City or town) Idaho. (State or foreign country)

Mother
14. Maiden name Eva M. Carlsen.
15. Birthplace Preston, (City or town) Idaho. (State or foreign country)

16. Informant's **OWN** Signature Ivan W. Palmer
and Address Pocatello, Idaho.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/14/1944 (Month) (Day) (Year)
(c) Place: Mountain View Cem.

18. Funeral Director's **OWN** Signature Hall Mortuary, Arthur M. Hall
and Address Pocatello, Idaho.

19. (a) 11-27-1944 (Date received and filed) (b) D C Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) November. 9. 1944
at 4 o'clock P. M.

21. **I HEREBY CERTIFY**, That I attended deceased from Birth 19, to 11/9 1944
I last saw h[illegible] alive on 11/9 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration
Carbuncle
Pneumonia
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature [illegible]
and Address Pocatello, Idaho. (M. D. or other)
Date 11/10/1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States Department of Commerce
Bureau of the Census

DEC 13 1944

Certificate Of Death

STATE OF IDAHO

State File No. 141219
Local Reg. No. 283
Reg. Dist. No. 510

1. **PLACE OF DEATH:**
   (a) County Bannock
   (b) City or town Pocatello
   (c) Street Address or R. F. D. No.
   (d) Death Occured Inside? ← Outside? ..... city or town
   (e) Died in a Home .... Hospital ← Institution .... Other place ....
   (f) Name Hosp. or Inst. St. Anthony Stayed ..... days
   (g) Lived in this county ..... years 2 months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Bannock
   (c) City or town Pocatello
   (d) Street Address or R.F.D. No. 802 S. 10th
   (e) Deceased lived Inside? ← Outside? ..... city or town
   (f) Citizen of what country? U. S. A.
   (g) How long had deceased lived in Idaho? 38 years
   (h) Former residence (city, state) St. Anthony Id.

3. (a) **FULL NAME** Frank Ferney 97

3. (b) If veteran, name war ←
3. (c) Social Security No. ←
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Minnie
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) August 9, 1861

8. AGE	Years	Months	Days	If less than 1 day
	83	3	1	hrs ..... min.

9. Exact Occupation Retired Did this work for 38 yrs.
10. Industry or Business Farmer Date last worked
11. Birthplace Des Moines (City or town) Iowa (State or foreign country)

Father
12. Name Peter F. Ferney
13. Birthplace Comas France (City or town) (State or foreign country)

Mother
14. Maiden name Kate O'Brien
15. Birthplace Tipperary (City or town) Ireland (State or foreign country)

16. Informant's **OWN** Signature Floyd Ferney
and Address St. Anthony
17. (a) removal (Burial, cremation, or removal) (b) Date thereof 11-16-44 (Month) (Day) (Year)
(c) Place: St. Anthony Idaho
18. Funeral Director's **OWN** Signature Hansen Mortuary
and Address St. Anthony Idaho
19. (a) 11-27-1944 (Date received and filed) (b) D C Kay (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) November 10, 1944
at ..... o'clock ..... M.

21. **I HEREBY CERTIFY,** That I attended deceased from 11/6, 1944, to 11/10 1944
I last saw him alive on 11/10 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death	Duration
Cardiac failure	
Due to Arterio sclerosis & senility	10 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature J. R. McMahon (M. D. or other)
and Address Pocatello Date 11/10 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

DEC 7 1944

State File No. 141250
Local Reg. No. 282
Reg. Dist. No. 210

1. PLACE OF DEATH:

(a) County Bannock
(b) City or town Pocatello
(c) Street Address or R.F.D. No. 101 So. Johnson
(d) Death Occured (Inside?) Outside? city or town
(e) Died in a Home (Hospital) Institution Other place
(f) Name Hosp. or Inst. General Stayed 1 days
(g) Lived in this county years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

(a) State Idaho (b) County Bannock
(c) City or town Pocatello
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? Outside? city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? years
(h) Former residence (city, state)

3. (a) **FULL NAME** LeRoy Craig Harris. 160C

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) November. 10. 1944.

8. AGE	Years	Months	Days	If less than 1 day
				2 hrs min.

9. Exact Occupation Infant — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace Pocatello, (City or town) Idaho. (State or foreign country)

Father
12. Name Clyde L. Harris.
13. Birthplace McCammon, (City or town) Idaho. (State or foreign country)

Mother
14. Maiden name Georgia Harris.
15. Birthplace Grace, (City or town) Idaho. (State or foreign country)

16. Informant's **OWN** Signature Clyde L Harris
and Address Pocatello, Idaho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/10/1944. (Month) (Day) (Year)
(c) Place: McCammon, Idaho.
18. Funeral Director's **OWN** Signature Hall Mortuary, Arthur M Hall
and Address Pocatello, Idaho.
19. (a) 11-27-1944 (Date received and filed) (b) D C Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) November. 10. 1944
at o'clock M.

21. **I HEREBY CERTIFY**, That I attended deceased from Birth Nov 10 1944, to Dec 11/10 1944
I last saw h— alive on 11/10/44 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Prematurity	
Due to	
Due to (Placenta Previa Total)	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature (M. D. or other)
and Address Pocatello, Idaho. Date 11/ 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce DEC 7 1944
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 141251
Local Reg. No. 292
Reg. Dist. No. 5-10

1. **PLACE OF DEATH:**
(a) County Bannock
(b) City or town Pocatello
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county years 6 months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Madison
(c) City or town Rexburg
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 61 years
(h) Former residence (city, state)

3. (a) **FULL NAME** Caroline Mellor Smith 92 F.

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female 5. Color or race W. 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Fred Smith 6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Nov. 24, 1861

8. AGE	Years	Months	Days	If less than 1 day
	82	11	24	hrs min.

9. Exact Occupation Housewife Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Rushulme (City or town) England (State or foreign country)
Father
12. Name Joseph Mellor
13. Birthplace England (City or town) (State or foreign country)
Mother
14. Maiden name Dinah Chorlton
15. Birthplace England (City or town) (State or foreign country)
16. Informant's **OWN** Signature Thos. D. Smith
and Address Rexburg, Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 11 (Month) 15 (Day) 44 (Year)
(c) Place: Rexburg
18. Funeral Director's **OWN** Signature Russel F. Lamm
and Address Rexburg Idaho
19. (a) 11-27-1944 (Date received and filed) (b) P. C. Kay (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 15 November 1944
at 3 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from Oct 1 1944, to Nov 1944
I last saw h[illegible] alive on Nov 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cardiac failure	
Due to Ruptured Cerebral Aneurism	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation None Date
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature O. H. Call (M. D. or other)
and Address Pocatello Date 11/19 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census DEC 7 1944

Certificate Of Death

STATE OF IDAHO

State File No. 14125
Local Reg. No. 287
Reg. Dist. No. 510

1. **PLACE OF DEATH:**
   (a) County Bannock
   (b) City or town Pocatello
   (c) Street Address or R.F.D. No. 750 N. 12th
   (d) Death Occured Inside? ..... Outside? ..... city or town
   (e) Died in a Home ~~Hospital~~ .... Institution .... Other place ....
   (f) Name Hosp. or Inst. ..... Stayed ..... days
   (g) Lived in this county ..... years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Bannock
   (c) City or town Pocatello
   (d) Street Address or R.F.D. No. 750 N. 12th
   (e) Deceased lived Inside? ~~—~~ Outside? ..... city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 26 years
   (h) Former residence (city, state) Denver Colo.

3. (a) **FULL NAME** Adelmo Colaianni

3. (b) If veteran, name war ~~—~~
3. (c) Social Security No. 519-09-9207
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Dora
6. (c) Age of husband or wife if alive 55 years
7. Date of Birth (Month, Day, Year) April 25, 1887

8. AGE	Years	Months	Days	If less than 1 day
	57	6	20	hrs ..... min.

9. Exact Occupation Merchant ..... Did this work for ..... yrs.
10. Industry or Business Star Grocery Co. ..... Date last worked .....
11. Birthplace San Pietro (City or town) Italy (State or foreign country)

Mother
12. Name Emiddio Colaianni
13. Birthplace Italy (City or town) (State or foreign country)

Father
14. Maiden name Maria Carlini
15. Birthplace Italy (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mary Colaianni
and Address 750 N. 12th

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-30-44 (Month) (Day) (Year)
(c) Place: Mountainview

18. Funeral Director's **OWN** Signature Byron B. Daward
and Address Pocatello Idaho

19. (a) 11-27-1944 (Date received and filed) (b) D. C. Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) November 15 1944
at 8:30 o'clock P M.

21. **I HEREBY CERTIFY,** That I attended deceased from 11-3 1941, to 11-15 1944
I last saw h.i.m alive on 11-15 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Hypocardial Degeneration — Duration Chronic
Due to Pulmonary Hypertension — Chronic
Due to Congenital Heart disease
Due to
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? Contracted
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 .... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature Wilfred L. Olsen, M. D. (M. D. or other)
and Address Pocatello, Ida. Date 11-16 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

DEC 7 1944

Certificate Of Death

STATE OF IDAHO

State File No. 141253
Local Reg. No. 288
Reg. Dist. No. 510

1. **PLACE OF DEATH:**
   (a) County Bannock
   (b) City or town Pocatello
   (c) Street Address or R. F. D. No. —
   (d) Death Occured Inside? — Outside? — city or town
   (e) Died in a Home — Hospital — Institution — Other place —
   (f) Name Hosp. or Inst. St. Anthony Stayed — days
   (g) Lived in this county — years — months — days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Bannock
   (c) City or town Pocatello
   (d) Street Address or R.F.D. No. 740 N. Harrison
   (e) Deceased lived Inside? — Outside? — city or town
   (f) Citizen of what country? U. S. A.
   (g) How long had deceased lived in Idaho? — years
   (h) Former residence (city, state) Idaho Falls

3. (a) **FULL NAME** Clarence Short 94a

3. (b) If veteran, name war —
3. (c) Social Security No. 519-07-5109
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Clara
6. (c) Age of husband or wife if alive — years
7. Date of Birth (Month, Day, Year) Sept. 12, 1877

8. AGE	Years	Months	Days	If less than 1 day
	67	2	4	hrs — min.

9. Exact Occupation Engineer — Did this work for — yrs.
10. Industry or Business Bannock Hotel — Date last worked 6-1-44
11. Birthplace Harrisville (City or town) Utah (State or foreign country)

Father
12. Name Oscar Short
13. Birthplace — (City or town) Pa. (State or foreign country)

Mother
14. Maiden name Harriet Strong
15. Birthplace — (City or town) U.S.A. (State or foreign country)

16. Informant's **OWN** Signature O. H. Short
and Address R.F.D. #1 N. Pocatello

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 11-16-44 (Month) (Day) (Year)
(c) Place: Idaho Falls, Idaho

18. Funeral Director's **OWN** Signature Jack Woods
and Address Idaho Falls Idaho

19. (a) 11-27-1944 (Date received and filed) (b) D C Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) November 16 1944
at 5:00 o'clock P. M.

21. **I HEREBY CERTIFY**, That I attended deceased from August 1944, to Nov. 16 1944.
I last saw him alive on Nov. 16 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Heart Block	Acute
Due to Coronary Artery Heart Disease	Chron.
Due to —	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation — Date —	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? — Suicide? — Homicide? —
Occurred — 19— City, county, state where violence occurred —
Place of Violence: Home — Farm — Industry —
Public Place — While at work? —
Means of injury —

23. Attendant's **OWN** Signature Wilfred L. Olsen, M.D. (M. D. or other)
and Address Pocatello Ida. Date 11-18 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

141254

United States
Department of Commerce
Bureau of the Census

DEC 7 1944

Certificate Of Death

STATE OF IDAHO

State File No. 141254
Local Reg. No. 289
Reg. Dist. No. 518

1. **PLACE OF DEATH:**
   (a) County Bannock
   (b) City or town Pocatello
   (c) Street Address ~~xxxxxxxx~~ No. 7th Ave.,
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home .... Hospital X Institution .... Other place ....
   (f) Name Hosp. or Inst. St. Anthony Stayed 4 days
   (g) Lived in this county 20 years ..... months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Bannock
   (c) City or town Pocatello
   (d) Street Address ~~xxxxxxxx~~ 805 So. 9th Ave
   (e) Deceased lived Inside? X Outside? ..... city or town
   (f) Citizen of what country? U: S. A.
   (g) How long had deceased lived in Idaho? 20 years
   (h) Former residence (city, state) Minneapolis, Min

3. (a) **FULL NAME** ESTER M. NILSSON CARLSON

3. (b) If veteran, name war ---
3. (c) Social Security No. ---
4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife John F. Carlson
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) October 24, 1878

8. AGE	Years	Months	Days	If less than 1 day
	66	0	24	hrs ..... min.

9. Exact Occupation housewife Did this work for 43 yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Hammar, Gamleby, Sweden (City or town) (State or foreign country)

Father
12. Name Reinold Nilsson
13. Birthplace Unknown Sweden (City or town) (State or foreign country)

Mother
14. Maiden name Hedvig Charolotte Jonsdotter
15. Birthplace Unknown Sweden (City or town) (State or foreign country)

16. Informant's **OWN** Signature John F. Carlson
and Address Pocatello, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/20/44 (Month) (Day) (Year)
(c) Place: Pocatello, Idaho

18. Funeral Director's **OWN** Signature H. L. McHan
and Address Pocatello, Idaho

19. (a) Nov. 20/44 (Date received and filed) (b) J C Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) November 17 19 44
at 7:30 o'clock P. M.

21. **I HEREBY CERTIFY**, That I attended deceased from November 13 19 44, to Nov. 17 19 44
I last saw h.er alive on Nov. 17 19 44; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration
Cerebral Hemmorhage 3 days
Due to Arteriosclerosis indefinite
Due to .....
Other conditions ~~—~~ .....
(Include pregnancy within 3 months of death)

Where was disease contracted? Home
Name of operation None Date .....
Major finding .....
Finding of autopsy None

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature R. F. Howard M. D. (M. D. or other)
and Address Pocatello, Ida Date 11/20 19 44

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

141255

United States
Department of Commerce DEC 7 1944
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 141255
Local Reg. No. 2774
Reg. Dist. No. 500

1. **PLACE OF DEATH:**
   (a) County Bannock
   (b) City or town Pocatello
   (c) Street Address or R.F.D. No. 125 N. Fifth
   (d) Death Occured Inside? ✓ Outside? ..... city or town
   (e) Died in a Home ✓ Hospital .... Institution .... Other place ....
   (f) Name Hosp. or Inst. ..... Stayed ..... days
   (g) Lived in this county ..... years ..... months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Bannock
   (c) City or town Pocatello
   (d) Street Address or R.F.D. No. 125 N. Fifth
   (e) Deceased lived Inside? ✓ Outside? ..... city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 51 years
   (h) Former residence (city, state) Italy

3. (a) **FULL NAME** Angelina Lucarelli 94a

3. (b) If veteran, name war ✓
3. (c) Social Security No. none
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Natale
6. (c) Age of husband or wife if alive 65 years
7. Date of Birth (Month, Day, Year) July 12, 1866

8. AGE	Years	Months	Days	If less than 1 day
	78	4	5	hrs min.

9. Exact Occupation Housewife Did this work for ..... yrs.
10. Industry or Business " Date last worked .....
11. Birthplace ..... Italy (City or town) (State or foreign country)

Father
12. Name Tony Nesta
13. Birthplace ..... Italy (City or town) (State or foreign country)

Mother
14. Maiden name Maria Cunkgrun
15. Birthplace ..... Italy (City or town) (State or foreign country)

16. Informant's **OWN** Signature ✓ Nat. Lucarelli
and Address 125 N. 5th

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-21-44 (Month) (Day) (Year)
(c) Place: Mountainview

18. Funeral Director's **OWN** Signature Byron B. Dawnard
and Address Pocatello Idaho

19. (a) 11-27-1944 (Date received and filed) (b) D. C. Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) November 17, 1944
at 7 o'clock P. M.

21. **I HEREBY CERTIFY**, That I attended deceased from Aug. 1940, to Nov. 17 1944
I last saw h.e.r alive on Nov. 17 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Coronary Occlusion 94a	Brief.
Due to Coronary Arteriosclerosis	Chronic
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? Pocatello
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature Wilfred L. Olsen M. D. (M. D. or other)
and Address Pocatello Ida. Date 11-15 1944.
(For additional space, use reverse side)

141256

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

DEC 7 1944

State File No. .....
Local Reg. No. 291
Reg. Dist. No. 570

1. **PLACE OF DEATH:**
   (a) County Bannock
   (b) City or town Pocatello
   (c) Street Address or R.F.D. No. .....
   (d) Death Occured Inside? ~ Outside? .....city or town
   (e) Died in a Home.... Hospital ~ Institution.... Other place....
   (f) Name Hosp. or Inst. General Stayed 23 days
   (g) Lived in this county.....years .....months .....days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Bannock
   (c) City or town Pocatello
   (d) Street Address or R.F.D. No. 218 S. Hayes
   (e) Deceased lived Inside? ~ Outside? .....city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? ~ .....years
   (h) Former residence (city, state) ~

3. (a) **FULL NAME** Ronald Jay Brown 154

3. (b) If veteran, name war ~
3. (c) Social Security No. none
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife ~
6. (c) Age of husband or wife if alive ~ years
7. Date of Birth (Month, Day, Year) October 27, 1944

8. AGE	Years	Months	Days	If less than 1 day
	0	0	23	hrs min.

9. Exact Occupation none Did this work for .....yrs.
10. Industry or Business ~ Date last worked .....
11. Birthplace Pocatello Idaho (City or town) (State or foreign country)

Father
12. Name Chill Brown
13. Birthplace Wyattville, Wyo. (City or town) (State or foreign country)

Mother
14. Maiden name Phoebe Brown
15. Birthplace Bountiful, Utah (City or town) (State or foreign country)

16. Informant's **OWN** Signature Chill Brown
and Address 218 South Hayes Pocatello Idaho

17. (a) removal (Burial, cremation, or removal) (b) Date thereof 11-31-44 (Month) (Day) (Year)
(c) Place: Bountiful, Utah

18. Funeral Director's **OWN** Signature Byron B. Downard
and Address Pocatello Idaho

19. (a) 11-27-1944 (Date received and filed) (b) DeKay (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) November 19 1944
at 6 o'clock P. M.

21. **I HEREBY CERTIFY**, That I attended deceased from Nov 22 1944 to Nov 19 1944
I last saw h[illegible] alive on 11 19 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death	Duration
[illegible]	
Due to [illegible]	
Due to [illegible]	
Other conditions Encephalitis (Include pregnancy within 3 months of death)	

Where was disease contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home..... Farm..... Industry.....
Public Place..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature C. P. Lamm (M. D. or other)
and Address Pocatello Date 11/30 1944
(For additional space, use reverse side)

141257

United States
Department of Commerce
Bureau of the Census DEC 7 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 141257
Local Reg. No. 992
Reg. Dist. No. 5-16

1. **PLACE OF DEATH:**
(a) County Bannock
(b) City or town Pocatello
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? city or town
(e) Died in a Home Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county years 1½ months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Madison
(c) City or town Sugar City
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? Lifetime years
(h) Former residence (city, state)

3. (a) **FULL NAME** Saphronia Riggs Harris 49e

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female 5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Oct. 19, 1885

8. AGE	Years	Months	Days	If less than 1 day
	59	1		hrs min.

9. Exact Occupation Housewife Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Teton Idaho (City or town) (State or foreign country)
Father 12. Name Robert Riggs
13. Birthplace (City or town) (State or foreign country)
Mother 14. Maiden name Agnes Smith
15. Birthplace Utah (City or town) (State or foreign country)
16. Informant's **OWN** Signature Earl Harris
and Address
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 11/20/44 (Month) (Day) (Year)
(c) Place: Kellogg Teton Cemetery
18. Funeral Director's **OWN** Signature Russel H. Cann
and Address Kellogg Idaho
19. (a) 11-25-1944 (Date received and filed) (b) H. C. Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) November 20 1944
at 4 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from Nov. 6 1944 to Nov. 20 1944
I last saw her alive on Nov. 19 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Respiratory failure	
Due to Extensive Bronchopneumonia	
Due to Carcinoma of genito urinary organs	3 Mos.
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature J. R. McMahon (M. D. or other)
and Address Pocatello Idaho 11/20/44 Date 19
(For additional space use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce DEC 7 1944
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 141258
Local Reg. No. 273
Reg. Dist. No. 5 [illegible]

1. PLACE OF DEATH:

(a) County Bannock
(b) City or town Pocatello
(c) Street Address or R.F.D. No. 349. No. Buchanan
(d) Death Occured (Inside?) ..... Outside? ..... city or town
(e) Died in (Home) Hospital Institution Other place
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county - years - months 10 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

(a) State Idaho (b) County Ada
(c) City or town Boise
(d) Street Address or R.F.D. No. 1107 1/2 State St
(e) Deceased lived (Inside?) ..... Outside? ..... city or town
(f) Citizen of what country? United States
(g) How long had deceased lived in Idaho? 35 years
(h) Former residence (city, state) Oklahoma.

3. (a) **FULL NAME** Myrtle Rose Gilmer Nichols. 94a

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female 5. Color or race Male
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Thos. R. Nichols
6. (c) Age of husband or wife if alive Died 1936 years
7. Date of Birth (Month, Day, Year) April. 27. 1888.

8. AGE	Years	Months	Days	If less than 1 day
	56	6	24	hrs min.

9. Exact Occupation House-wife Did this work for ..... yrs.
10. Industry or Business Own Home Date last worked
11. Birthplace Unknown (City or town) (State or foreign country)

Father
12. Name William Staley.
13. Birthplace Unknown (City or town) (State or foreign country)

Mother
14. Maiden name Clara Palmer.
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's **OWN** Signature F. C. Carroll
and Address Pocatello, Idaho.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 11/ 1944 (Month) (Day) (Year)
(c) Place: Council, Idaho.
18. Funeral Director's **OWN** Signature Hall Mortuary, Arthur W Hall
and Address Pocatello, Idaho
19. (a) 11-27-1944 (Date received and filed) (b) D C Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) November. 20. 1944
at ..... o'clock ..... M.
21. **I HEREBY CERTIFY**, That I attended deceased from ..... 19....., to ..... 19.....
I last saw h..... alive on ..... 19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Died Suddenly	
Coronary Thrombosis	
Due to	
This heart condition	
Due to existed over a	
Other conditions long time	
(Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYISCIAN
Name of operation ..... Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature Arthur W Hall Coroner (M. D. or other)
and Address Pocatello, Idaho Date 11/ 1944.
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

DEC 7 1944

State File No. 141233
Local Reg. No. 294
Reg. Dist. No. 510

1. PLACE OF DEATH:

(a) County Bannock
(b) City or town Pocatello
(c) Street Address or R. F. D. No.
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Home.... Hospital X Institution.... Other place....
(f) Name Hosp. or Inst. General Stayed ..... days
(g) Lived in this county ..... years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

(a) State Idaho (b) County Bannock
(c) City or town Pocatello
(d) Street Address or R.F.D. No. 209 S. 7th
(e) Deceased lived Inside? X Outside? ..... city or town
(f) Citizen of what country? U.S.
(g) How long had deceased lived in Idaho? 7½ years
(h) Former residence (city, state) Salt Lake City Utah

3. (a) FULL NAME William Ray Dalton

94a

3. (b) If veteran, name war None
3. (c) Social Security No. 519-09-9483
4. Sex male
5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Mae Wanquist
6. (c) Age of husband or wife if alive 46 years
7. Date of Birth (Month, Day, Year) May 16, 1894

8. AGE	Years	Months	Days	If less than 1 day
	50	6	5	hrs ..... min.

9. Exact Occupation Meat Cutter — Did this work for 20 yrs.
10. Industry or Business Boisepayett L.Co book-keeper at — Date last worked 11/21/
11. Birthplace Ophir, Utah (City or town) (State or foreign country)

Father
12. Name Edward Dalton
13. Birthplace ..... (City or town) (State or foreign country)

Mother
14. Maiden name Celestia Bates
15. Birthplace ..... (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mrs. Ray Dalton
and Address Pocatello, Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Nov. 24. 44 (Month) (Day) (Year)
(c) Place: Tooele, Utah
18. Funeral Director's **OWN** Signature Anthony M Hall
and Address Pocatello, Idaho
19. (a) 11-27-1944 (Date received and filed) (b) D C Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Nov. 21, 19 44
at ..... o'clock ..... M.

21. **I HEREBY CERTIFY**, That I attended deceased from Aug 19 44, to Nov 21 19 44
I last saw h.m alive on Nov 19 44; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Coronary Occlusion	
Due to —	Seconds
Due to	Hours
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation ..... Date	PHYSICIAN Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature O. F. Cook (M. D. or other)
and Address Pocatello, Idaho. Date 11/ 19 44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

DEC 7 1944

Certificate Of Death

STATE OF IDAHO

State File No. 14126 J
Local Reg. No. 295
Reg. Dist. No. 2-10

1. **PLACE OF DEATH:**
   (a) County Bannock
   (b) City or town Pocatello
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? X Outside? city or town
   (e) Died in a Home Hospital Institution Other place
   (f) Name Hosp. or Inst. St. Anthony Stayed days
   (g) Lived in this county years months days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Bannock
   (c) City or town Pocatello
   (d) Street Address or R.F.D. No. 1114 S. 5th
   (e) Deceased lived Inside? X Outside? city or town
   (f) Citizen of what country?
   (g) How long had deceased lived in Idaho? years
   (h) Former residence (city, state) Rigby, Ida.

3. (a) **FULL NAME** Anna Madsen Saxton

46b

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Fem
5. Color or race White
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Newcomb H. Saxton
6. (c) Age of husband or wife if alive 46 years
7. Date of Birth (Month, Day, Year) Oct. 23, 1899

8. AGE	Years	Months	Days	If less than 1 day
	45		29	hrs min.

9. Exact Occupation Housewife Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Rigby, Idaho (City or town) (State or foreign country)

Father
12. Name Peter Madsen
13. Birthplace Rigby, Idaho (City or town) (State or foreign country)

Mother
14. Maiden name Edith Robbins
15. Birthplace Pocatello, Ida. (City or town) (State or foreign country)

16. Informant's **OWN** Signature N. H. Saxton and Address

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 26, 44 (Month) (Day) (Year)
   (c) Place: Rigby, Idaho

18. Funeral Director's **OWN** Signature Arthur W. Hall and Address Pocatello Ida

19. (a) 11-26-1944 (Date received and filed) (b) W C Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Nov. 21 19 44
   at 4 o'clock P. M.

21. **I HEREBY CERTIFY,** That I attended deceased from Nov 15 - 19 44, to Nov 21 19 44
   I last saw h-r alive on Nov 21 19 44; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebral Embolism	
Due to Sub Total Gastrectomy,	
Due to	
Other conditions Carcinoma of Bowel (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Gastrectomy Date 11/20/44
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
   Occurred 19 City, county, state where violence occurred
   Place of Violence: Home Farm Industry
   Public Place While at work?
   Means of injury

23. Attendant's **OWN** Signature C. E. Rogers (M. D. or other)
   and Address Pocatello Date 11/24/1944
   (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

DEC 7 1944

Certificate Of Death

STATE OF IDAHO

State File No. 141261
Local Reg. No. 296
Reg. Dist. No. 510

1. **PLACE OF DEATH:**
(a) County Bannock
(b) City or town Pocatello
(c) Street Address or R.F.D. No. 101 S. Johnson
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Home .... Hospital X Institution .... Other place ....
(f) Name Hosp. or Inst. General Stayed ..... days
(g) Lived in this county ..... years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Bannock
(c) City or town Pocatello
(d) Street Address or R.F.D. No. Y. M.C.A.
(e) Deceased lived Inside? X Outside? ..... city or town
(f) Citizen of what country? .....
(g) How long had deceased lived in Idaho? 15 years
(h) Former residence (city, state) Utah

3. (a) **FULL NAME** William Wallace Cluff 1310

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Male
5. Color or race W
6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) August 31, 1864

8. AGE	Years	Months	Days	If less than 1 day
	80	2	22	hrs min.

9. Exact Occupation Mgr. store house Did this work for ..... yrs.
10. Industry or Business U.P. R.R. retired Date last worked .....
11. Birthplace Provo, Utah (City or town) (State or foreign country)
Father
12. Name William Wallace Cluff
13. Birthplace Indiana (City or town) (State or foreign country)
Mother
14. Maiden name Ann Whipple
15. Birthplace Penn. (City or town) (State or foreign country)
16. Informant's **OWN** Signature Mrs. V. M. Atwood
and Address R.F.D. 2 Pocatello, Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Nov. 25.44 (Month) (Day) (Year)
(c) Place: Salt Lake City, Utah
18. Funeral Director's **OWN** Signature Arthur W. Hall
and Address Pocatello Idaho
19. (a) 11-27-1944 (Date received and filed) (b) D C Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Nov. 22 1944
at 9:30 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from Aug. 15 1944, to 11/22 1944.
I last saw him alive on 11/22 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cardio-renal	unknown
Due to	
Due to	
Other conditions Senility (Include pregnancy within 3 months of death)	
Where was disease contracted? Idaho	
Name of operation None Date —	
Major finding Edema	
Finding of autopsy None	

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature H. H. Hughart M.D. (M.D. or other)
and Address Pocatello Date 11/24 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census DEC 7 1944

Certificate Of Death

STATE OF IDAHO

State File No. 141262
Local Reg. No. 298
Reg. Dist. No. 510

1. PLACE OF DEATH:
(a) County Bannock
(b) City or town Pocatello
(c) Street Address or R.F.D. No 101. So. Johnson.
(d) Death Occured (Inside?) Outside? city or town
(e) Died in a Home (Hospital) Institution Other place
(f) Name Hosp. or Inst. General Stayed 1 days
(g) Lived in this county - years - months 1 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho. (b) County Bannock
(c) City or town Pocatello
(d) Street Address or R.F.D. No 957. No. Garfield
(e) Deceased lived Inside? Outside? city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? years
(h) Former residence (city, state)

3. (a) FULL NAME Infant Burnett. 159

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) November. 24. 1944.

8. AGE	Years	Months	Days	If less than 1 day
			1	hrs min.

9. Exact Occupation Infant Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Pocatello, Idaho. (City or town) (State or foreign country)
Father
12. Name Charles James Burnett.
13. Birthplace Glenns Ferry, Idaho. (City or town) (State or foreign country)
Mother
14. Maiden name Mary Helen Wilson.
15. Birthplace Pocatello, Idaho. (City or town) (State or foreign country)
16. Informant's OWN Signature Charles J. Burnett
and Address Pocatello, Idaho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/27/1944 (Month) (Day) (Year)
(c) Place: Mountain View Cem.
18. Funeral Director's OWN Signature Arthur M Hall.
and Address Pocatello, Idaho.
19. (a) 11-27-1944 (Date received and filed) (b) D C Clay (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) November. 25. 1944.
at Nov 24 o'clock 6:15 P.M.
21. **I HEREBY CERTIFY**, That I attended deceased from Nov 24 1944, to Nov 25 1944.
I last saw him alive on Nov 25 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Premature	
Due to Seven months Gestation	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYISCIAN Underline the cause to which death should be charged statistically.
Name of operation Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature H. J. Hastingson, M.D. (M. D. or other)
and Address Pocatello, Idaho. Date 11/27 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 141233
Local Reg. No. 301
Reg. Dist. No. 510

DEC 7 1944

1. **PLACE OF DEATH:**
   (a) County Bannock
   (b) City or town Pocatello
   (c) Street Address or R.F.D. No. 255 S. Lincoln
   (d) Death Occured Inside? ✓ Outside? ..... city or town
   (e) Died in a Home ✓ Hospital ..... Institution ..... Other place .....
   (f) Name Hosp. or Inst. ..... Stayed ..... days
   (g) Lived in this county ..... years ..... months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Bannock
   (c) City or town Pocatello
   (d) Street Address or R.F.D. No. 255 S. Lincoln
   (e) Deceased lived Inside? ✓ Outside? ..... city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 30 years
   (h) Former residence (city, state) Chicago, Ill.

3. (a) **FULL NAME** Dr. A. L. Chilton 94a

3. (b) If veteran, name war ✓
3. (c) Social Security No. none
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Lucile
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) January 9 1888

8. AGE	Years	Months	Days	If less than 1 day
	56	10	19	hrs ..... min.

9. Exact Occupation Optometrist — Did this work for 30 yrs.
10. Industry or Business Self — Date last worked 11-25-44
11. Birthplace A farm in Colo. (City or town) (State or foreign country)

Father
12. Name unknown
13. Birthplace " (City or town) (State or foreign country)

Mother
14. Maiden name unknown
15. Birthplace " (City or town) (State or foreign country)

16. Informant's **OWN** Signature ✓ Sylvia Chilton
and Address 255 S. Lincoln

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 12-1-44 (Month) (Day) (Year)
(c) Place: Salt Lake, Utah

18. Funeral Director's **OWN** Signature Byron B. Maynard
and Address Pocatello Idaho

19. (a) 12-2-44 (Date received and filed) (b) C. C. Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) November 28 1944
at 8 o'clock A M.

21. **I HEREBY CERTIFY,** That I attended deceased from Nov 27 1944, to Nov 28 1944
I last saw h— alive on Nov 28 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Coronary occlusion	
Due to Coronary Sclerosis & the	
Due to —	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? Home
Name of operation — Date —
Major finding —
Finding of autopsy —

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? — Suicide? — Homicide? —
Occurred — 19— City, county, state where violence occurred —
Place of Violence: Home — Farm — Industry —
Public Place — While at work? —
Means of injury —

23. Attendant's **OWN** Signature J. W. Hyman (M. D. or other)
and Address Pocatello Date 11-28 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

DEC 6 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 141251
Local Reg. No. ---
Reg. Dist. No. 552

1. **PLACE OF DEATH:**
   (a) County Bear Lake
   (b) City or town Montpelier
   (c) Street Address or R. F. D. No. ---
   (d) Death Occurred Inside? X Outside? ---- city or town
   (e) Died in a Home X Hospital -- Institution -- Other place --
   (f) Name Hosp. or Inst. ---- Stayed ---- days
   (g) Lived in this county 50 years 11 months 5 days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Bear Lake
   (c) City or town Montpelier
   (d) Street Address or R. F. D. No. ---
   (e) Deceased lived Inside? X Outside? ---- city or town
   (f) Citizen of what country? U. S.
   (g) How long had deceased lived in Idaho? 50 years
   (h) Former residence (city, state) ---

3. (a) FULL NAME: Sarah Mildred Horton Johnson

131a

3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Henry Johnson
6. (c) Age of husband or wife if alive ---- years
7. Date of Birth (Month, Day, Year) December 2, 1893

8. AGE	Years	Months	Days	If less than 1 day
	50	11	5	hrs min.

9. Exact Occupation Housewife — Did this work for ---- yrs.
10. Industry or Business ---- Date last worked ----
11. Birthplace Montpelier (City or town) Idaho (State or foreign country)

Father
12. Name Jerry Horton
13. Birthplace England (City or town) (State or foreign country)

Mother
14. Maiden name Mary McCart
15. Birthplace Indiana (City or town) (State or foreign country)

16. Informant's OWN Signature Lucy Myers
and Address Montpelier Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 10, 1944 (Month) (Day) (Year)
(c) Place: Montpelier, Idaho.
18. Funeral Director's OWN Signature F. M. Williams
and Address Montpelier, Idaho.
19. (a) Nov 10. 1944 (Date received and filed) (b) M Myers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) November 7 1944
at 11:15 o'clock A M.
21. I HEREBY CERTIFY, That I attended deceased from Jan 1 1944 to Nov 7 1944
I last saw her alive on Nov 7 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Chronic Cardio-	
Due to Renal Disease	3 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? Home
Name of operation ---- Date ----
Major finding ----
Finding of autopsy ----

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ---- Suicide? ---- Homicide? ----
Occurred ---- 19---- City, county, state where violence occurred ----
Place of Violence: Home ---- Farm ---- Industry ----
Public Place ---- While at work? ----
Means of injury ----
23. Attendant's OWN Signature L. P. Gardner (M. D. or other)
and Address Montpelier, Idaho Date Nov. 8, 1944
(For additional space, use reverse side)

141265

United States
Department of Commerce
Bureau of the Census

DEC 6 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No. 552

1. **PLACE OF DEATH:**
(a) County Bear Lake
(b) City or town Montpelier
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county years months ¼ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bear Lake
(c) City or town Montpelier
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? ¼ day years
(h) Former residence (city, state)

3. (a) FULL NAME ~~Colos~~ Corlos Ray Hanks. 160C

3. (b) If veteran, name war --
3. (c) Social Security No. --
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) November 8, 1944

8. AGE	Years	Months	Days	If less than 1 day
	0	0	0	6 hrs 30 min.

9. Exact Occupation Infant Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Montpelier (City or town) Idaho (State or foreign country)
Father
12. Name Delbert R. Hanks
13. Birthplace Magna (City or town) Utah (State or foreign country)
Mother
14. Maiden name Katie Jones
15. Birthplace Malad, Idaho. (City or town) (State or foreign country)
16. Informant's OWN Signature Delbert R. Hanks
and Address Montpelier, Idaho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 9, 1944 (Month) (Day) (Year)
(c) Place: Montpelier, Idaho.
18. Funeral Director's OWN Signature F. M. Williams
and Address Montpelier, Idaho
19. (a) Nov 9, 1944 (Date received and filed) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) November 8, 1944
at 7:45 o'clock A M.
21. I HEREBY CERTIFY, That I attended deceased from November 8 1944 to November 8 1944
I last saw him alive on November 8 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Premature (6 mos)	7 hrs.
Due to unknown.	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation Delivery Date 11-8-44	
Major finding physical.	
Finding of autopsy	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature [illegible] (M. D. or other)
and Address Montpelier, Idaho Date Nov. 9 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

DEC 12 1944

Certificate Of Death

STATE OF IDAHO

State File No. 141236
Local Reg. No. 44
Reg. Dist. No. 130

1. PLACE OF DEATH:
(a) County Benewah
(b) City or town St. Maries
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? Outside? X city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 9 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Benewah
(c) City or town St. Maries
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? Outside? X city or town
(f) Citizen of what country? U. S. A.
(g) How long had deceased lived in Idaho? 38 years
(h) Former residence (city, state)

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3. (a) **FULL NAME** Robert Cratty Gossage S.S. 518-05-3475 also 519-07-7032

3. (b) If veteran, name war None
3. (c) Social Security No. 518-10-3408
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) April 22, 1865

8. AGE	Years	Months	Days	If less than 1 day
	79	6	9	hrs min.

9. Exact Occupation Logger — Did this work for 38 yrs.
10. Industry or Business Woods — Date last worked 1943
11. Birthplace Marion, (City or town) Ohio (State or foreign country)

Father
12. Name Adam Gossage
13. Birthplace Jefferson Co. Ohio (City or town) (State or foreign country)

Mother
14. Maiden name Elizabeth E. Cratty
15. Birthplace Marion Co. Ohio (City or town) (State or foreign country)

16. Informant's **OWN** Signature Lloyd O. Gossage
and Address Rt. 2 St. Maries, Idaho

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 11-8-44 (Month) (Day) (Year)
(c) Place: Lane, Idaho

18. Funeral Director's **OWN** Signature R. E. Wessa
and Address St. Maries, Idaho

19. (a) 12-9-44 (Date received and filed) (b) R. E. Wessa (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) November 1, 1944 19
at Unknown o'clock M.

21. **I HEREBY CERTIFY**, That I attended deceased from 19, to 19
I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Natural Causes — Duration
Due to Found dead in cabin in woods about 14 miles south of St. Maries
Due to
Other conditions (Include pregnancy within 3 months of death)
Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy None

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? — Suicide? — Homicide? —
Occurred 19 City, county, state where violence occurred —
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature R. E. Wessa Coroner (M. D. or other)
and Address St. Maries, Idaho Date 11-5-19 44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

NON-RESIDENT Certificate Of Death

DEC 12 1944

STATE OF IDAHO

State File No. 14127
Local Reg. No. 45
Reg. Dist. No. 130

1. **PLACE OF DEATH:**
   (a) County Benewah
   (b) City or town Santa
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? X Outside? city or town
   (e) Died in a Home Hospital Institution Other place X
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county years months 1 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Washington (b) County Whitman
   (c) City or town Near Moscow, Idaho
   (d) Street Address or R.F.D. No. 3
   (e) Deceased lived Inside? Outside? X city or town
   (f) Citizen of what country? U. S. A.
   (g) How long had deceased lived in Idaho? 1 Day years
   (h) Former residence (city, state)

3. (a) **FULL NAME** Roy Arthur Flack

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3. (b) If veteran, name war None
3. (c) Social Security No. 519-07-7178
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) May 21, 1913

8. AGE	Years	Months	Days	If less than 1 day
	31	5	11	hrs min.

9. Exact Occupation Farmer — Did this work for 15 yrs.
10. Industry or Business Farming — Date last worked 11-2-44
11. Birthplace Whitman County, Wash. (City or town) (State or foreign country)

Father
12. Name A. E. Flack
13. Birthplace Furudal Sweden (City or town) (State or foreign country)

Mother
14. Maiden name Anna Flygar
15. Birthplace Furudal, Sweden (City or town) (State or foreign country)

16. Informant's **OWN** Signature W. A. Flack
and Address R. F. D. #3 Moscow, Idaho

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 11-5-44 (Month) (Day) (Year)
(c) Place: Moscow, Idaho

18. Funeral Director's **OWN** Signature R. E. Wessa
and Address St. Maries, Idaho

19. (a) 12-9-44 (Date received and filed) (b) R. E. Wessa (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) November 2, 1944 19
About 3:00 o'clock P. M.

21. **I HEREBY CERTIFY**, That I attended deceased from ..... 19..... to ..... 19.....
I last saw h..... alive on ..... 19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Rifle shot through liver and spinal column	Few minutes
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation ..... Date	
Major finding	
Finding of autopsy Liver badly torn Small Intestines Punctured Bullet hole in vertebrae	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide? Yes
Occurred November 2, 19 44 City, county, state where violence occurred Santa, Benewah, Idaho
Place of Violence: Home Farm Industry
Public Place Santa Hotel While at work? No
Means of injury 30 Cal. Rifle Shot

23. Attendant's **OWN** Signature R. E. Wessa (M. D. or other) Coroner
and Address St. Maries, Idaho Date 11-4- 19 44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

DEC 12 1944

Certificate Of Death

STATE OF IDAHO

State File No. 14125
Local Reg. No. 46
Reg. Dist. No. 130

1. **PLACE OF DEATH:**
   (a) County Benewah
   (b) City or town St. Maries
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? Outside? X city or town
   (e) Died in a Home X Hospital Institution Other place
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county 27 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Benewah
   (c) City or town St. Maries
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? Outside? X city or town
   (f) Citizen of what country? U. S. A.
   (g) How long had deceased lived in Idaho? 27 years
   (h) Former residence (city, state)

3. (a) **FULL NAME** James Legard 93c

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Victoria
6. (c) Age of husband or wife if alive 62 years
7. Date of Birth (Month, Day, Year) July 12, 1876

8. AGE	Years	Months	Days	If less than 1 day
	68	3	21	hrs min.

9. Exact Occupation Farmer — Did this work for 27 yrs.
10. Industry or Business Own Farm — Date last worked 10-13-44
11. Birthplace Montreal, (City or town) Canada (State or foreign country)

Father
12. Name John Legard
13. Birthplace Montreal (City or town) Canada (State or foreign country)

Mother
14. Maiden name Elizabeth Shary
15. Birthplace Montreal (City or town) Canada (State or foreign country)

16. Informant's **OWN** Signature LeRoy Legard
and Address St. Maries, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-6-44 (Month) (Day) (Year)
(c) Place: St. Maries, Idaho

18. Funeral Director's **OWN** Signature R. E. Wessa
and Address St. Maries, Idaho.

19. (a) 12-9-44 (Date received and filed) (b) R. E. Wessa (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) November 3, 1944 19
at 9:00 o'clock A. M.

21. **I HEREBY CERTIFY**, That I attended deceased from Oct 13 1944 to Nov 3 1944
I last saw ~~him~~ alive on Nov 3rd 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebral Hemorrhage	
Due to —	
Due to —	
Other conditions Myocardosis (Include pregnancy within 3 months of death)	

Where was disease contracted? —
Name of operation — Date —
Major finding —
Finding of autopsy —

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? — Suicide? — Homicide?
Occurred — 19 City, county, state where violence occurred —
Place of Violence: Home — Farm — Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature O. D. Platt, M.D. (M. D. or other)
and Address St. Maries Ida Date 11-3 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census DEC 12 1944

Certificate Of Death

STATE OF IDAHO

State File No. 14123
Local Reg. No. 47
Reg. Dist. No. 130

1. **PLACE OF DEATH:**
   (a) County Benewah
   (b) City or town St. Maries
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? X Outside? city or town
   (e) Died in a Home X Hospital Institution Other place
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county 15 years months days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Benewah
   (c) City or town St. Maries
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? X Outside? city or town
   (f) Citizen of what country? U. S. A.
   (g) How long had deceased lived in Idaho? 15 years
   (h) Former residence (city, state)

3. (a) **FULL NAME** David Albian Shippy 53

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) August 11, 1869

8. AGE	Years	Months	Days	If less than 1 day
	75	2	28	hrs min.

9. Exact Occupation Logger — Did this work for life yrs.
10. Industry or Business Woods — Date last worked 11-1-44
11. Birthplace Ontario (City or town) Canada (State or foreign country)

Father
12. Name Alma M. Shippy
13. Birthplace Chicago, (City or town) Ill. (State or foreign country)

Mother
14. Maiden name Sarah A. Bearse
15. Birthplace Ontario (City or town) Canada (State or foreign country)

16. Informant's **OWN** Signature A. P. Shippy
and Address St. Maries, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-12-44 (Month) (Day) (Year)
(c) Place: St. Maries, Idaho
18. Funeral Director's **OWN** Signature R. E. Wessa
and Address St. Maries, Idaho
19. (a) 12-9-44 (Date received and filed) (b) R. E. Wessa (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) November 9, 1944 19
at 5:00 o'clock A. M.

21. **I HEREBY CERTIFY,** That I attended deceased from 11-4 1944, to 11-9 1944
I last saw h. alive on 11-7 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebral hemorrhage	10 days
Due to Arterio-sclerosis & Hypertension	?
Due to	
Other conditions Epithilioma forehead (Include pregnancy within 3 months of death)	4 years

Where was disease contracted? At home
Name of operation Date
Major finding None
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred No 19 City, county, state where violence occurred External Causes
Place of Violence: Home Farm Factory
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature C. A. Robins M.D. (M. D. or other)
and Address St. Maries, Ida. Date 11-11 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

DEC 12 1944

Certificate Of Death

STATE OF IDAHO

14127

State File No.
Local Reg. No. 48
Reg. Dist. No. 130

1. **PLACE OF DEATH:**
   (a) County Benewah
   (b) City or town Santa
   (c) Street Address or R. F. D. No.
   (d) Death Occured Inside? Outside? X city or town
   (e) Died in a Home Hospital Institution Other place X
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county 8 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Benewah
   (c) City or town Santa
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? Outside? X city or town
   (f) Citizen of what country? U. S. A.
   (g) How long had deceased lived in Idaho? 38 years
   (h) Former residence (city, state)

3. (a) **FULL NAME** George Arthur Harvey

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3. (b) If veteran, name war None
3. (c) Social Security No. 518-03-6894
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Alberta
6. (c) Age of husband or wife if alive 56 years
7. Date of Birth (Month, Day, Year) February 22, 1885

8. AGE	Years	Months	Days	If less than 1 day
	59	8	17	hrs min.

9. Exact Occupation Woodsman - Farmer Did this work for 40 yrs.
10. Industry or Business Date last worked 9-30-44
11. Birthplace Old Town, Maine (City or town) (State or foreign country)

Father
12. Name Arthur Harvey
13. Birthplace Unknown (City or town) (State or foreign country)

Mother
14. Maiden name Elizabeth Boulter
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's **OWN** Signature A Alberta Harvey
and Address Santa, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-13-44 (Month) (Day) (Year)
(c) Place: St. Maries, Idaho

18. Funeral Director's **OWN** Signature R. E. Wessa
and Address St. Maries, Idaho

19. (a) 12-9-44 (Date received and filed) (b) R. E. Wessa (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) November 9, 1944 19
About at 12:00 o'clock Noon M.

21. **I HEREBY CERTIFY**, That I attended deceased from 19, to 19
I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Rifle shot thru' spinal column and heart	Instant
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation Date	
Major finding	
Finding of autopsy As above	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Yes Suicide? Homicide?
Occurred Nov. 9, 19 44 City, county, state Near where violence occurred Santa, Benewah, Idaho
Place of Violence: Home Farm Industry
Public Place Deer Hunting While at work? No
Means of injury 300 Cal. Rifle

23. Attendant's **OWN** Signature R. E. Wessa, Coroner (M. D. or other)
and Address St. Maries, Ida. Date 11-10-1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

DEC 12 1944

Certificate Of Death

STATE OF IDAHO

State File No. 14127
Local Reg. No. 49
Reg. Dist. No. 180

1. **PLACE OF DEATH:**
   (a) County Benewah
   (b) City or town St. Maries
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? X Outside? city or town
   (e) Died in a Home X Hospital Institution Other place
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county 10 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Benewah
   (c) City or town St. Maries
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? X Outside? city or town
   (f) Citizen of what country? U. S. A.
   (g) How long had deceased lived in Idaho? 10 years
   (h) Former residence (city, state)

3. (a) **FULL NAME** Almont James Ingalls

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) July 10, 1862

8. AGE	Years	Months	Days	If less than 1 day
	82	4	0	hrs min.

9. Exact Occupation Farmer — Did this work for 54 yrs.
10. Industry or Business Farming — Date last worked 1939
11. Birthplace Cherry Grove, (City or town) Minn (State or foreign country)

Father
12. Name D. J. Ingalls
13. Birthplace N. Y. (City or town) (State or foreign country)

Mother
14. Maiden name Louisa H. Rawlins
15. Birthplace Vermont (City or town) (State or foreign country)

16. Informant's **OWN** Signature R. E. Wessa
and Address St. Maries, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-14-44 (Month) (Day) (Year)
(c) Place: St. Maries, Idaho

18. Funeral Director's **OWN** Signature R. E. Wessa
and Address St. Maries, Idaho

19. (a) 12-9-44 (Date received and filed) (b) R. E. Wessa (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) November 10, 1944 19
at 6:45 o'clock A. M.

21. **I HEREBY CERTIFY**, That I attended deceased from 19, to 19
I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Chronic Myocarditis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation Date	
Major finding	
Finding of autopsy None	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature R. E. Wessa Coroner (M. D. or other)
and Address St. Maries, Ida Date 11-11 1944
(For additional space, use reverse side)

141272

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

DEC 12 1944

State File No.
Local Reg. No. 50
Reg. Dist. No. 130

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
   (a) County Benewah
   (b) City or town St. Maries
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home. X Hospital.... Institution.... Other place....
   (f) Name Hosp. or Inst..... Stayed..... days
   (g) Lived in this county 40 years ..... months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Benewah
   (c) City or town St. Maries,
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? X Outside? ..... city or town
   (f) Citizen of what country? U. S. A.
   (g) How long had deceased lived in Idaho? 42 years
   (h) Former residence (city, state)

3. (a) **FULL NAME** John Faine Goldsmith

930

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) September 5, 1868

8. AGE	Years	Months	Days	If less than 1 day
	76	2	9	hrs min.

9. Exact Occupation Logger — Did this work for 30 yrs.
10. Industry or Business Woods — Date last worked 1928
11. Birthplace Clarkston, (City or town) Tenn. (State or foreign country)

Father
12. Name William Goldsmith
13. Birthplace S. Carolina (City or town) (State or foreign country)

Mother
14. Maiden name Lue Henley
15. Birthplace Tenn. (City or town) (State or foreign country)

16. Informant's **OWN** Signature Linda Miller
and Address 1525 W. Seventh, Spokane, Wash.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-16-44 (Month) (Day) (Year)
(c) Place: St. Maries, Idaho

18. Funeral Director's **OWN** Signature R. E. Wessa
and Address St. Maries, Idaho

19. (a) 12-9-44 (Date received and filed) (b) R. E. Wessa (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) November 14, 1944 19.....
at .....o'clock .....M.

21. **I HEREBY CERTIFY**, That I attended deceased from Nov 12 1944 to Nov 13 1944
I last saw h[illegible] alive on Nov 13 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Myocarditis	
Due to	
Due to	
Other conditions Chronic Asthma (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ..... Date .....
Major finding
Finding of autopsy

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury

23. Attendant's **OWN** Signature O. D. Platt M.D
and Address [illegible] Idaho (M. D. or other) Date 11-14 1944
(For additional space, use reverse side)

141273

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

DEC 12 1944

State File No. 141273
Local Reg. No. 61
Reg. Dist. No. 130

1. **PLACE OF DEATH**
   (a) County Benewah
   (b) City or town St. Maries
   (c) Street Address or R. F. D. No.
   (d) Death Occured Inside? ✓ Outside? city or town
   (e) Died in a Home Hospital ✓ Institution Other place
   (f) Name Hosp. or Inst. St. Maries Hosp Stayed 14 days
   (g) Lived in this county years months 14 days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Kootenai
   (c) City or town Conkling Park
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? Outside? ✓ city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? about 10 years
   (h) Former residence (city, state) Denver Colo and Minneapolis, Minn.

3. (a) **FULL NAME** Andrew Reuben Landberg 936

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife Ethel
6. (c) Age of husband or wife if alive 52 years
7. Date of Birth (Month, Day, Year) February 19 1884

8. AGE	Years	Months	Days	If less than 1 day
	60	8	26	hrs min.

9. Exact Occupation Sheet metal wkr. Did this work for 40 yrs.
10. Industry or Business Sheet metal Date last worked 1943
11. Birthplace Minneapolis (City or town) Minnesota (State or foreign country)

Father
12. Name A. J. Landberg
13. Birthplace Sweden (City or town) (State or foreign country)

Mother
14. Maiden name Christine Nelson
15. Birthplace Sweden (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mrs. Albert L Anderson and Address Minneapolis, Minnesota
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 11-18-44 (Month) (Day) (Year)
    (c) Place: Minneapolis, Minn.
18. Funeral Director's **OWN** Signature R. E. Wessa and Address St. Maries, Idaho
19. (a) 12-9-44 (Date received and filed) (b) R. E. Wessa (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Nov. 15 1944 at 8 o'clock P M.
21. **I HEREBY CERTIFY**, That I attended deceased from 4-15 1944 to 11-15 1944
    I last saw him alive on 11-15 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Chronic Myocarditis ✓ Myocardial Degeneration	?
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? At home
Name of operation None Date
Major finding None
Finding of autopsy None

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ✓ Suicide? Homicide?
    Occurred External Cause 19 City, county, state where violence occurred
    Place of Violence: Home Farm Industry
    Public Place While at work?
    Means of injury
23. Attendant's **OWN** Signature Carl Robins M D (M. D. or other)
    and Address St. Maries Ida Date 11-16 1944
    (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 33-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce DEC 12 1944
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 141274
Local Reg. No. 54
Reg. Dist. No. 130

1. **PLACE OF DEATH:**
(a) County Benewah
(b) City or town St. Maries
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? X Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. St. Maries Stayed 12 Hrs. days
(g) Lived in this county years 6 months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Kootenai
(c) City or town Worley
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? U. S. A.
(g) How long had deceased lived in Idaho? 14 years
(h) Former residence (city, state)

3. (a) **FULL NAME** Samuel Raymond McFall 99

3. (b) If veteran, name war None
3. (c) Social Security No. 519-18-2742
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) April 20, 1881

8. AGE	Years	Months	Days	If less than 1 day
	63	7	4	hrs min.

9. Exact Occupation Logger Did this work for 40 yrs.
10. Industry or Business Woods Date last worked 11-23-44
11. Birthplace Rockford (City or town) Washington (State or foreign country)
Father 12. Name
13. Birthplace (City or town) (State or foreign country)
Mother 14. Maiden name Calista Howell
15. Birthplace (City or town) (State or foreign country)
16. Informant's **OWN** Signature Mrs Conrad Albert
and Address N. 9823 Whittier Road, Spokane, Wm.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 11-27-44 (Month) (Day) (Year)
(c) Place: Worley, Idaho
18. Funeral Director's **OWN** Signature R. E. Wessa
and Address St. Maries, Idaho
19. (a) 12-9-44 (Date received and filed) (b) R. E. Wessa (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) November 24, 1944 19
at 7:00 o'clock A. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 11/22 1944, to 11/24 1944
I last saw him alive on 11/24 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Intestinal Obstruction	1 day
Due to Mesenteric Thrombosis	2 days
Due to	Unknown
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? Home
Name of operation None Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred Nonterminal Cause 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature C. A. Clinton M.D. (M. D. or other)
and Address St. Maries Ida Date 12/24 1944
(For additional space, use reverse side)

141275

United States
Department of Commerce
Bureau of the Census

DEC 12 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 139
Reg. Dist. No. 601

1. **PLACE OF DEATH:**
(a) County Bingham
(b) City or town Blackfoot
(c) ~~Street Address~~ or R. F. D. No. 1
(d) Death Occurred Inside? Outside? ✓ city or town
(e) Died in a Home ✓ Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 48 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bingham
(c) City or town Blackfoot
(d) ~~Street Address~~ or R. F. D. No. 1
(e) Deceased lived Inside? Outside? ✓ city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 48 years
(h) Former residence (city, state) Orderville, Utah

3. (a) **FULL NAME** Rhoda Laura J. Rider 83c

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife John M. Rider
6. (c) Age of husband or wife if alive 76 years
7. Date of Birth (Month, Day, Year) Sept. 29, 1876

8. AGE	Years	Months	Days	If less than 1 day
	68	1	2	hrs min.

9. Exact Occupation Housewife Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Spring Lake (City or town) Utah (State or foreign country)
Father
12. Name Lars P. Jensen
13. Birthplace Fredrickshaven (City or town) Denmark (State or foreign country)
Mother
14. Maiden name Elizabeth Ann Freestone
15. Birthplace Hunterville (City or town) Ohio (State or foreign country)
16. Informant's OWN Signature Mrs Elda R Yancey
and Address Blackfoot Ida R#1
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 11-5-44 (Month) (Day) (Year)
(c) Place Fielding Memorial, Idaho Falls, Idaho
18. Funeral Director's OWN Signature John C. Sandberg
and Address Blackfoot, Idaho
19. (a) Nov. 3, 1944 (Date received and filed) (b) Mrs Valerie Valerie (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) November 1 1944
at 3:50 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from Jan 10 1944, to Nov 1 1944
I last saw her alive on Oct 29 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebral Softening	1 week
Due to Artero Sclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature W W Beck (M. D. ~~or other~~)
and Address Blackfoot Date 11-3 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

DEC 12 1944

Certificate Of Death

STATE OF IDAHO

State File No. 141276
Local Reg. No. 170
Reg. Dist. No. 601

1. **PLACE OF DEATH:**
   (a) County Bingham
   (b) City or town Blackfoot
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? Outside? X city or town
   (e) Died in a Home.... Hospital.... Institution.... X Other place
   (f) Name Hosp. or Inst. St. Vos. So Stayed 55 days
   (g) Lived in this county 1 years 3 months 24 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Cassia
   (c) City or town Burley
   (d) Street Address or R.F.D. No. Not Given
   (e) Deceased lived Inside? X Outside? city or town
   (f) Citizen of what country? U.S.
   (g) How long had deceased lived in Idaho? 10 years
   (h) Former residence (city, state)

3. (a) **FULL NAME** Beatrice Espinoza Beatrice Espinoza 94a

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race Mexican
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife not given
6. (c) Age of husband or wife if alive not given years
7. Date of Birth (Month, Day, Year) 3/3/1889

8. AGE	Years	Months	Days	If less than 1 day
	55	8	5	hrs min.

9. Exact Occupation Housewife — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace Costilla, New Mexico (City or town) (State or foreign country)

Father
12. Name Jesse Cordova
13. Birthplace New Mexico (City or town) (State or foreign country)

Mother
14. Maiden name Not Given
15. Birthplace " " (City or town) (State or foreign country)

16. Informant's **OWN** Signature Ellen Parker and Address Blackfoot Idaho Box 390
17. (a) Removal (Burial, cremation or removal) (b) Date thereof 11-11-44 (Month) (Day) (Year)
    (c) Place: Burley, Idaho.
18. Funeral Director's **OWN** Signature Howard Packham and Address Blackfoot, Idaho
19. (a) Nov 11 1944 (Date received and filed) (b) Mrs Walter E Davis (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Nov. 9, 1944 11/9 19
    at 11:20 o'clock A.M.
21. **I HEREBY CERTIFY,** That I attended deceased from Nov. 1 1943, to Nov. 9 1944
    I last saw h ex alive on Nov. 9 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Acute Coronary Thrombosis	Sudden
Due to	
Due to Dementia Praecox	84 h
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
    Occurred 19 City, county, state where violence occurred
    Place of Violence: Home Farm Industry
    Public Place While at work?
    Means of injury

23. Attendant's **OWN** Signature D. A. McCauley M.D. (M. D. or other)
    and Address Blackfoot Ida Date 11-12 1944
    (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

DEC 12 1944

Certificate Of Death

STATE OF IDAHO

State File No. 141277
Local Reg. No. 141
Reg. Dist. No. 601

1. PLACE OF DEATH:
(a) County Bingham
(b) City or town Blackfoot
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? ..... Outside? X city or town
(e) Died in a Home.... Hospital.... Institution X Other place....
(f) Name Hosp. or Inst State Hospital Stayed ..... days
(g) Lived in this county ..... years 3 months 11 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Bannock
(c) City or town Pocatello
(d) Street Address or R.F.D. No. 1042 N.
(e) Deceased lived Inside? x Outside? ..... city or town
(f) Citizen of what country? U. S.
(g) How long had deceased lived in Idaho? 65 years
(h) Former residence (city, state) Pocatello, Ida.

3. (a) FULL NAME GUS NEHRING Gus Nehring 93d

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex M
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) April - 7 - 1873

8. AGE	Years	Months	Days	If less than 1 day
	71	7	2	hrs min.

9. Exact Occupation None Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Germany (City or town) (State or foreign country)
Father
12. Name Not Given
13. Birthplace Germany (City or town) (State or foreign country)
Mother
14. Maiden name Not Given
15. Birthplace Not Given (City or town) (State or foreign country)
16. Informant's OWN Signature Isabelle Leatt
and Address Blackfoot, Ida. Box 390
17. (a) Removal (b) Date thereof 11-13-44 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: Pocatello, Idaho
18. Funeral Director's OWN Signature John C. Sandberg
and Address Blackfoot, Idaho
19. (a) Nov. 13-44 (Date received and filed) (b) Mrs Nation E Patrick (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) November 9, 11/9 1944
at 12:00 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from July 28, 1944, to November 9, 1944
I last saw him alive on November 9, 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death	Duration
1 Pulmonary Edema	2 days
Due to Generalized Arteriosclerotic Cardio-Vascular Disease	
Due to	
Other conditions Senile Dementia (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's OWN Signature J. G. McCrosky M.D. (M. D. or other)
and Address Blackfoot Ida Date 11-10 1944
(For additional space, use reverse side)

141278

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

DEC 12 1944

STANDARD CERTIFICATE OF DEATH

Local Reg. No. 1 2 filed Registered No. 601

1. PLACE OF DEATH

County Bingham State Idaho

Township Gibson District or Village or

City No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Joe Warren

(a) Residence: No. St., Ward.

(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	4/4 Ban. Ind.	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Lilly Use Warren

6. DATE OF BIRTH (month, day, and year) ?/?/1880

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own farm

10. Date deceased last worked at this occupation (month and year) Nov., 1944

11. Total time (years) spent in this occupation 44

12. BIRTHPLACE (city or town) Ft. Hall Reservation
(State or country) Idaho

FATHER

13. NAME Chenite

14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT Official records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Burial
Place Ft. Hall Reservati Date Nov. 17, 1944

19. UNDERTAKER John L. Sandenberg
(Address) Blackfoot, Idaho

20. FILED Nov. 25, 1944 J. E. Paine Deputy
Registrar.

MEDICAL CERTIFICATE OF DEATH 1702

21. DATE OF DEATH (month, day, and year) Nov. 11, 1944

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19...; death is said to have occurred on the date stated above, at about 8:15 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Crushed head and chest - multiple injuries.	
Struck by automobile while walking on highway.	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Homicide Date of injury 11-11-44

Where did injury occur? U.S. Highway 91 near Gibson.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

public place U. S. Highway 91 near Gibso

Manner of injury Struck by automobile

Nature of injury Crushed head& chest. Multiple Injuries.

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) J. O. Hawkins Coroner, M. D.

(Address) Blackfoot, Idaho.

C11—3184

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

8—2091
V.S. No. 98

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

DEC 12 1944

Certificate Of Death

STATE OF IDAHO

State File No. 141279
Local Reg. No. 143
Reg. Dist. No. 601

1. PLACE OF DEATH:
(a) County Bingham
(b) City or town Pingree
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? Outside? X city or town
(e) Died in a Home Hospital Institution Other place X
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county years 5 months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Minidaka
(c) City or town Rupert
(d) Street Address or R.F.D. No. 1
(e) Deceased lived Inside? Outside? X city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? 16 years
(h) Former residence (city, state)

3. (a) **FULL NAME** Laurent Esteinou 95a

3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Date of Birth (Month, Day, Year) Nov. 13. 1905

8. AGE	Years	Months	Days	If less than 1 day
	39	0	1	hrs min.

9. Exact Occupation Sheepman Did this work for 16 yrs.
10. Industry or Business Sheepraising Date last worked 11-14-44
11. Birthplace Itxassou, France (City or town) (State or foreign country)
Father
12. Name Martin Esteinou
13. Birthplace France (City or town) (State or foreign country)
Mother
14. Maiden name Marie Pocorana
15. Birthplace France (City or town) (State or foreign country)
16. Informant's **OWN** Signature Joseph Esteinou
and Address Rupert
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 11-16-44 (Month) (Day) (Year)
(c) Place: Rupert, Idaho.
18. Funeral Director's **OWN** Signature Alan Goodman
and Address Rupert Idaho
19. (a) Nov. 16 1944 (Date received and filed) (b) Mrs Walter Estinou (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 11 — 14 1944
at 3:15 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from 19, to 19
I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
probably heart	
blockhead	
Due to insanity	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYISCIAN Underline the cause to which death should be charged statistically.
Name of operation Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature J. O. Hampton M.D. (M. D. or other)
and Address Blackfoot Idaho Date 11-16 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

DEC 12 1944

Certificate Of Death

STATE OF IDAHO

State File No. 141250
Local Reg. No. 144
Reg. Dist. No. 601

1. **PLACE OF DEATH:**
   (a) County Bingham
   (b) City or town Blackfoot
   (c) Street Address or R.F.D. No. Rich Lane
   (d) Death Occured Inside? ..... Outside? X city or town
   (e) Died in a Home X Hospital ... Institution ... Other place ...
   (f) Name Hosp. or Inst. ..... Stayed ..... days
   (g) Lived in this county 39 years ..... months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Bingham
   (c) City or town Blackfoot
   (d) Street Address or R.F.D. No. Rich Lane
   (e) Deceased lived Inside? ..... Outside? X city or town
   (f) Citizen of what country? U. S.A.
   (g) How long had deceased lived in Idaho? 39 years
   (h) Former residence (city, state) Marsh Valley

3. (a) **FULL NAME** Joseph T. Woodland

3. (b) If veteran, name war ----
3. (c) Social Security No. ---------
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Nannie B. Rollison
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) Febnnary 8, 1858.

8. AGE	Years	Months	Days	If less than 1 day
	86	9	9	hrs ..... min.

9. Exact Occupation Retired Farmer — Did this work for 39 yrs.
10. Industry or Business On farm — Date last worked .....
11. Birthplace Willard, Utah (City or town) (State or foreign country)

Father
12. Name Thomas S. Woodland
13. Birthplace Missouri (City or town) (State or foreign country)

Mother
14. Maiden name Margaret Whitaker
15. Birthplace Buncum Co., No. Carolina. (City or town) (State or foreign country)

16. Informant's **OWN** Signature Leo M. Woodland
and Address Blackfoot, Idaho.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-15-44 (Month) (Day) (Year)
(c) Place: Marsh Center Cemetery

18. Funeral Director's **OWN** Signature Howard Parkham
and Address Blackfoot, Idaho.

19. (a) Rec. 12-14-44 (Date received and filed) (b) Wm. Eaton E. Eaton (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) November 17, 1944
at 5:30 o'clock A. M.

21. **I HEREBY CERTIFY**, That I attended deceased from Nov. 5 1944, to Nov. 17 1944
I last saw him alive on Nov. 13 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Due to Senility	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature W. L. Eagan D.O. (M. D. or other)
and Address Blackfoot, Ida. Date Nov. 19 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census DEC 12 1944

Certificate Of Death

STATE OF IDAHO

State File No. 141281
Local Reg. No. 145
Reg. Dist. No. 600

1. **PLACE OF DEATH:**
   (a) County Bingham
   (b) City or town Blackfoot
   (c) Street Address or R.F.D. No. 374 So. Shilling
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home X Hospital ... Institution ... Other place ...
   (f) Name Hosp. or Inst. ..... Stayed ..... days
   (g) Lived in this county 17 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Bingham
   (c) City or town Blackfoot
   (d) Street Address or R.F.D. No. 374 So. Shilling
   (e) Deceased lived Inside? X Outside? ..... city or town
   (f) Citizen of what country? U. S. A.
   (g) How long had deceased lived in Idaho? 17 years
   (h) Former residence (city, state) Kansas.

3. (a) **FULL NAME** Hugh L. Simpson

4650

3. (b) If veteran, name war ----
3. (c) Social Security No. 519-03-3844
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Hazel A.
6. (c) Age of husband or wife if alive 56 years
7. Date of Birth (Month, Day, Year) September 28, 1887.

8. AGE	Years	Months	Days	If less than 1 day
	57	1	20	hrs ... min.

9. Exact Occupation Engineer — Did this work for 25 yrs.
10. Industry or Business ..... — Date last worked Sept.
11. Birthplace Pawnee Co., Kansas. (City or town) (State or foreign country)

Father
12. Name James A. Simpson
13. Birthplace Kansas (City or town) (State or foreign country)

Mother
14. Maiden name Martha Hizen
15. Birthplace Ohio (City or town) (State or foreign country)

16. Informant's **OWN** Signature Alaica Simpson
and Address Blackfoot Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-22-44. (Month) (Day) (Year)
(c) Place: Grove City Cemetery, Blf't.

18. Funeral Director's **OWN** Signature E. J. Peck
and Address Blackfoot, Idaho.

19. (a) Nov. 22 1944 (Date received and filed) (b) W. E. Petrie (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) November 18, 1944.
at 12 m o'clock — M.

21. **I HEREBY CERTIFY**, That I attended deceased from Oct 12 m 1944 to Nov 18 1944
I last saw him alive on Nov 14 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Carcinoma of	
Due to Cardiac end of Stomach	Indefinite
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ..... Date .....
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury

23. Attendant's **OWN** Signature W. W. Beck (M. D. or other)
and Address Blackfoot Ida. Date 11-22 1944
(For additional space, use reverse side)

1412

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Local Reg. No 15-2

STANDARD CERTIFICATE OF DEATH

1. PLACE OF DEATH:
County Bingham State Idaho Registered No. 601
Township Ft. Hall Reservation or Village ..... or
City Blackfoot No. ..... St., ... Ward.
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... days. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... days.

2. FULL NAME Marion Anglea Weed
Residence: No. ..... St., ... Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: Sho. Ind.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) May - 4 - 1944

7. AGE Years | Months 6 | Days 2 | If LESS than 1 day, ... hrs. or ..... mins.

OCCUPATION
8. Trade, profession, or particular kind of work done as spinner, sawyer, bookkeeper, etc —
9. Industry or business in which work was done, as silk mill, sawmill, bank, etc —
10. Date deceased last worked at this occupation (month and year) —
11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town and State or country): Blackfoot, Idaho

FATHER
13. NAME: Star M. Weed
14. BIRTHPLACE (city or town and State or country): Wind River, Wyoming

MOTHER
15. MAIDEN NAME: Louise Tone
16. BIRTHPLACE (city or town and State or country): Fort Hall Reservation

17. INFORMANT (name and address): Mother

18. BURIAL, CREMATION, OR REMOVAL:
Place Presbyterian Mission Date ....., 193

19. UNDERTAKER (name and address):

20. FILED Dec 1-1 1944 Mrs Wetter E. Fennie
Registrar.

MEDICAL CERTIFICATE OF DEATH

107

21. DATE OF DEATH (month, day, and year) Nov. 21 1944

22. I HEREBY CERTIFY, That I attended deceased from ....., 193 , to ....., 193
I last saw h[illegible] alive on ....., 193 ; death is said to have occurred on the date stated above, at 4:45a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia (?) Lobular	
Mother claims child ill two days.	
Too cold to call doctor.	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 193
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place:
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) Louise T. Weed
(Address) Blackfoot, Idaho
c/o Box 105.

8—209g

U. S. GOVERNMENT PRINTING OFFICE 1933 c11—3184

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

DEC 12 1944

Certificate Of Death

STATE OF IDAHO

State File No. 141283
Local Reg. No. 148
Reg. Dist. No. 601

1. **PLACE OF DEATH:**
(a) County Bingham
(b) City or town Firth
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? X Outside? city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 16 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Bingham
(c) City or town Firth
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? 31 years
(h) Former residence (city, state) colorado

3. (a) **FULL NAME** CATHRINE LOWERY ROGERS 97

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex female 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) March 12, 1856

8. AGE	Years	Months	Days	If less than 1 day
	88	8	10	hrs min.

9. Exact Occupation housewife Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace England (City or town) (State or foreign country)
Father
12. Name John Lowery
13. Birthplace England (City or town) (State or foreign country)
Mother
14. Maiden name Elizabeth Nt Known
15. Birthplace England (City or town) (State or foreign country)
16. Informant's **OWN** Signature Mrs R. N. Brewington
and Address Firth, Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 11-26-44 (Month) (Day) (Year)
(c) Place: Rose hill ;Idaho Falls, Idaho
18. Funeral Director's **OWN** Signature L. M. Naldy
and Address Shelley, Idaho
19. (a) Nov 25-1944 (Date received and filed) Mrs Nature E. Patrick (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Nov. 22 1944
at 8:40 o'clock A.M.
21. **I HEREBY CERTIFY,** That I attended deceased from nov. 20 1944, to nov. 21 1944
I last saw her alive on nov. 21 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
hypostatic pneumonia	11/18/44
Due to arteriosclerosis, general	1935
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation Date	
Major finding	
Finding of autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature H. P. Schiess, M.D. (M. D. or other)
and Address Shelley, Ida Date 11/24 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

DEC 12 1944

Certificate Of Death

STATE OF IDAHO

State File No. 1412 4
Local Reg. No. 146
Reg. Dist. No. 601

1. **PLACE OF DEATH:**
(a) County Bingham
(b) City or town Blackfoot
(c) Street Address or R.F.D. No. West Bridge
(d) Death Occured Inside? ..... Outside? X city or town
(e) Died in a Home X Hospital ..... Institution ..... Other place .....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county ..... years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Bingham
(c) City or town Blackfoot
(d) Street Address or R.F.D. No. West Bridge
(e) Deceased lived Inside? ..... Outside? X city or town
(f) Citizen of what country? U. S. A.
(g) How long had deceased lived in Idaho? ..... years
(h) Former residence (city, state) .....

3. (a) **FULL NAME** Sarah Ann Paxton

46 f

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) June 22, 1883.

8. AGE	Years	Months	Days	If less than 1 day
	61	5	2	hrs min.

9. Exact Occupation Housewife Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Lehi, Utah. (City or town) (State or foreign country)
Father
12. Name John Goodson
13. Birthplace England (City or town) (State or foreign country)
Mother
14. Maiden name Sarah Hanna
15. Birthplace England (City or town) (State or foreign country)
16. Informant's **OWN** Signature Richard Paxton
and Address Pocatello
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-29-44. (Month) (Day) (Year)
(c) Place: Grove City Cemetery Blf't.
18. Funeral Director's **OWN** Signature E. F. Rush
and Address Blackfoot, Idaho.
19. (a) Nov 27-44 (Date received and filed) (b) Mrs Walter E. Patrick (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) November 24, 1944.
at 3 o'clock A. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 11-1 1944 to 11-24 1944
I last saw her alive on 11-23 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Carcinoma of Liver	6 mo.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation ..... Date	
Major finding	
Finding of autopsy	

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature J. O. Hazelton M.D. (M. D. or other)
and Address Blackfoot Idaho Date 11-27 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

DEC 12 1944

Certificate Of Death

STATE OF IDAHO

State File No. 141255
Local Reg. No. 147
Reg. Dist. No. 600

1. PLACE OF DEATH:
(a) County Bingham
(b) City or town Blackfoot
(c) Street Address or R.F.D. No. So. Ash St.
(d) Death Occured Inside? ..... Outside? ..... city or town
(e) Died in a Home .... Hospital X Institution .... Other place ....
(f) Name Hosp. or Inst. Parsons Hosp. Stayed 14 days
(g) Lived in this county ..... years 1½ months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Custer
(c) City or town Challis
(d) Street Address or R.F.D. No. .....
(e) Deceased lived Inside? ..... Outside? X city or town
(f) Citizen of what country? U. S. A.
(g) How long had deceased lived in Idaho? 68 years
(h) Former residence (city, state) Challis, Ida.

3. (a) FULL NAME Annie Rodgers

83a

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife John R. Rodgers
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) April 18, 1861.

8. AGE	Years	Months	Days	If less than 1 day
	83	7	6	hrs min.

9. Exact Occupation Retired Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Yorkshire, England. (City or town) (State or foreign country)
Father
12. Name Martin
13. Birthplace England (City or town) (State or foreign country)
Mother
14. Maiden name Annie Millward
15. Birthplace England (City or town) (State or foreign country)
16. Informant's OWN Signature Minnie Peck
and Address Challis Idaho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-27-44 (Month) (Day) (Year)
(c) Place: Grove City Cem., Blackfoot
18. Funeral Director's OWN Signature E. F. Peck
and Address Blackfoot, Idaho.
19. (a) Nov. 27-44 (Date received and filed) (b) Mrs Walter E. Patrick (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) November 24, 1944.
at 9 o'clock A. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 10-25 1944 to 11-24 1944
I last saw her alive on 11-23 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebral hemorrhage	1 day
Due to senility & Hyperten	
Due to Cond. attack	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYISCIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's OWN Signature J. O. Hampton Mdl (M. D. or other)
and Address Blackfoot Idaho Date 11-27 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

DEC 12 1944

Certificate Of Death

STATE OF IDAHO

State File No. 141236
Local Reg. No. 149
Reg. Dist. No. 601

1. **PLACE OF DEATH:**
(a) County Bingham
(b) City or town Blackfoot
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? ✓ Outside? city or town
(e) Died in a Home ✓ Hospital Institution Other place
(f) Name Hosp. or Inst. Parsons Home Stayed days
(g) Lived in this county years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Bannock
(c) City or town Pocatello
(d) Street Address or R.F.D. No. 1724 N. Main
(e) Deceased lived Inside? ✓ Outside? city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 35 years
(h) Former residence (city, state) Kansas

3. (a) **FULL NAME** Barbara Ann Ryan 46e

3. (b) If veteran, name war ✓
3. (c) Social Security No. none
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Tom
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) 1865

8. AGE	Years	Months	Days	If less than 1 day
	79			hrs min.

9. Exact Occupation Housewife Did this work for yrs.
10. Industry or Business none Date last worked
11. Birthplace Kansas (City or town) (State or foreign country)
Father
12. Name John Klassen
13. Birthplace unknown (City or town) (State or foreign country)
Mother
14. Maiden name unknown
15. Birthplace " (City or town) (State or foreign country)
16. Informant's **OWN** Signature Marriage certificate and Address
17. (a) removal (Burial, cremation, or removal) (b) Date thereof 11-27-44 (Month) (Day) (Year)
(c) Place: Pocatello Idaho
18. Funeral Director's **OWN** Signature Byron B. Downard and Address Pocatello Idaho
19. (a) Nov. 28-44 (Date received and filed) (b) Mrs Nelson E. Tatum (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) November 27 1944 at 5 30 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from 9-15 1944, to 11-27 1944
I last saw her alive on 11-26 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death	Duration
Ca of Small bowel	yrs.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation Date	
Major finding	
Finding of autopsy	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide? Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature A E Miller M D (M. D. ~~or other~~) and Address Blackfoot Id. Date 11-28 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK-record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

DEC 12 1944

Certificate Of Death

STATE OF IDAHO

State File No. 14127
Local Reg. No. 150
Reg. Dist. No. 601

1. PLACE OF DEATH:

(a) County Bingham
(b) City or town Blackfoot
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? Outside? x city or town
(e) Died in a Home Hospital Institution x Other place
(f) Name Hosp. or Inst. St. Hospital Saved days
(g) Lived in this county 1 years 11 months 10 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

(a) State Idaho (b) County Twin Falls
(c) City or town Castleford
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? x Outside? city or town
(f) Citizen of what country? U. S.
(g) How long had deceased lived in Idaho? 40 years
(h) Former residence (city, state) Castleford, Idaho

3. (a) FULL NAME Roy W. Gager

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3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mrs. Virginia Gager
6. (c) Age of husband or wife if live years
7. Date of Birth (Month, Day, Year) Dec - 10 - 1872

8. AGE	Years	Months	Days	If less than 1 day
	71	11	17	hrs min.

9. Exact Occupation Postmaster — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace Unknown (City or town) (State or foreign country)

Father
12. Name Unknown
13. Birthplace Canada (City or town) (State or foreign country)

Mother
14. Maiden name Unknown
15. Birthplace Connecticut (City or town) (State or foreign country)

16. Informant's OWN Signature Leslie Leatt
and Address Regan's St. Hospital Soc.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 11/27/44 (Month) (Day) (Year)
(c) Place: Bath, Idaho

18. Funeral Director's OWN Signature John C. Sanders
and Address Blackfoot Idaho

19. (a) Nov. 29 1944 (Date received and filed) Rhoda Lavine Lavine (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) November 27, 1944
at 12:05 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from November 1, 1943, to November 27, 1944
I last saw him alive on November 27, 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Bronchopneumonia	1 day
Due to Senile Psychosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's OWN Signature D. A. McCrosky M.D. (M. D. or other)
and Address Blackfoot Ida. Date 11/27 1944

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

DEC 12 1944

Certificate Of Death

STATE OF IDAHO

State File No. 141288
Local Reg. No. 157
Reg. Dist. No. 601

1. PLACE OF DEATH:
(a) County Bingham
(b) City or town Blackfoot
(c) Street Address or R.F.D. No. St. Hosp. So.
(d) Death Occured Inside? ..... Outside? x city or town
(e) Died in a Home.... Hospital.... Institution x Other place....
(f) Name Hosp. or Inst. St. Hosp. So Stayed ..... days
(g) Lived in this county 6 years 9 months 6 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Nampa
(d) Street Address or R.F.D. No. .....
(e) Deceased lived Inside? ..... Outside? x city or town
(f) Citizen of what country? U. S.
(g) How long had deceased lived in Idaho? 20 years
(h) Former residence (city, state) Nampa, Idaho

3. (a) FULL NAME Elizabeth Rosenbaum, Cillen 30b

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex female
5. Color or race w
6. (a) Single, widowed, married, divorced ——
6. (b) Name of husband or wife ——
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) February 15, 1887

8. AGE	Years	Months	Days	If less than 1 day
	57	9	15	hrs min.

9. Exact Occupation Housewife Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Virginia (City or town) (State or foreign country)
Father
12. Name Not Given
13. Birthplace Not Given (City or town) (State or foreign country)
Mother
14. Maiden name Not Given
15. Birthplace Not Given (City or town) (State or foreign country)
16. Informant's OWN Signature Freda L. Enlow
and Address Recording of State Hospital So.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 12-1-44 (Month) (Day) (Year)
(c) Place: Nampa, Idaho
18. Funeral Director's OWN Signature Howard Parkham
and Address Blackfoot, Idaho
19. (a) Dec. 1, 1944 (Date received and filed) (b) Mrs Helen E Patrick (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) November 30, 1944
at 8:00 o'clock A.M.
21. **I HEREBY CERTIFY,** That I attended deceased from May 1, 1942, to November 30, 1944
I last saw her alive on November 30, 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Coronary occlusion	—
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
General Pancis	?

Where was disease contracted? ?
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's OWN Signature Hal Lewis MD (M. D. or other)
and Address Blackfoot Ida Date Nov 30 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

DEC 7 1944

Certificate Of Death

STATE OF IDAHO

State File No. 1412
Local Reg. No. 48
Reg. Dist. No. 410

1. **PLACE OF DEATH:**
(a) County Blaine
(b) City or town Hailey
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? ✓ Outside? city or town
(e) Died in a Home Hospital ✓ Institution Other place
(f) Name Hosp. or Inst. Hailey Clinic Stayed days
(g) Lived in this county 16 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Blaine
(c) City or town Hailey
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? ✓ Outside? city or town
(f) Citizen of what country? U.S.
(g) How long had deceased lived in Idaho? 16 years
(h) Former residence (city, state) Kansas

3. (a) **FULL NAME** Laura H. Cooke 1110

3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife ✓
6. (c) Age of husband or wife if alive ✓ years
7. Date of Birth (Month, Day, Year) Nov. 22, 1871

8. AGE	Years	Months	Days	If less than 1 day
	72	11	24	hrs min.

9. Exact Occupation housewife Did this work for 50 yrs.
10. Industry or Business Date last worked 5-1-44
11. Birthplace Bowlin Green, Kentucky (City or town) (State or foreign country)
Father 12. Name Wm. Pearson
13. Birthplace England (City or town) (State or foreign country)
Mother 14. Maiden name Nancy Sears
15. Birthplace England (City or town) (State or foreign country)
16. Informant's **OWN** Signature Hospital records
and Address Hailey, Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 11-18-44 (Month) (Day) (Year)
(c) Place: Hailey cemetery
18. Funeral Director's **OWN** Signature Mrs. L. J. Harris
and Address Hailey, Ida.
19. (a) 12-4-1944 (Date received and filed) (b) Robert H. Wright (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Nov. 16 1944
at 7:25 o'clock P. M.
21. **I HEREBY CERTIFY**, That I attended deceased from 1-23 1944, to 11-16 1944
I last saw her alive on 11-16 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
✓ Terminal pneumonia	1 wk
Due to Fracture of R. Hip 1/23/44	
Due to Bed case 1-23 to 11/16-44	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYISCIAN Underline the cause to which death should be charged statistically.
Name of operation Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature E. W. [illegible] (M. D. or other)
and Address Hailey, Ida. Date 1-20 1944
(For additional space, use reverse side)

141200

United States
Department of Commerce
Bureau of the Census

DEC 7 1944

Certificate Of Death

STATE OF IDAHO

State File No.
Local Reg. No. 49
Reg. Dist. No. 410

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
(a) County Blaine
(b) City or town Hailey
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? ✓ Outside? city or town
(e) Died in a Home Hospital ✓ Institution Other place
(f) Name Hosp. or Inst. Hailey Clinic Stayed 7 days
(g) Lived in this county 30 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Blaine
(c) City or town Hailey
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? ✓ Outside? city or town
(f) Citizen of what country? U.S.
(g) How long had deceased lived in Idaho? 30 years
(h) Former residence (city, state) Mo.

3. (a) **FULL NAME** E. A. Pumphrey 132a

3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife ✓
6. (c) Age of husband or wife if alive ✓ years
7. Date of Birth (Month, Day, Year) June 12, 1867

8. AGE	Years	Months	Days	If less than 1 day
	77	5	9	hrs min.

9. Exact Occupation bar-tender Did this work for 20 yrs.
10. Industry or Business Date last worked 1930
11. Birthplace Steelville, Mo. (City or town) (State or foreign country)
Father
12. Name J. P. Pumphrey
13. Birthplace Kentucky (City or town) (State or foreign country)
Mother
14. Maiden name Elizabeth Sims
15. Birthplace Mo. (City or town) (State or foreign country)
16. Informant's **OWN** Signature hospital records
and Address Hailey, Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 11-22-44 (Month) (Day) (Year)
(c) Place: Hailey cemetery
18. Funeral Director's **OWN** Signature Mrs. L. Harris
and Address Hailey, Ida.
19. (a) 12-4-1944 (Date received and filed) (b) Robert H. Wright (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Nov. 21 1944
at 12:15 o'clock A. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 11/19 1944, to 11-21 1944
I last saw him alive on 11/21 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Coronary disease	
Thrombosis	1 day
Due to Strangulated Hernia	
Due to Hypertension	3 yrs
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Herniotomy Date 11/19/44
Major finding Periotonitis
Finding of autopsy

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature E. W. Fox (M. D. or other)
and Address Hailey, Ida Date 11-25 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census DEC 7 1944

Certificate Of Death

STATE OF IDAHO

State File No. 141291
Local Reg. No. 50
Reg. Dist. No. 410

1. **PLACE OF DEATH:**
(a) County Blaine
(b) City or town Gannett
(c) Street Address or R. F. D. No.
(d) Death Occured Inside? Outside? ✓ city or town
(e) Died in a Home ✓ Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Blaine
(c) City or town Gannett
(d) Street Address or R.F.D. No. ✓
(e) Deceased lived Inside? Outside? ✓ city or town
(f) Citizen of what country? U. S.
(g) How long had deceased lived in Idaho? years
(h) Former residence (city, state) Idaho

3. (a) **FULL NAME** Sterling Eugene Alford 108

3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife ✓
6. (c) Age of husband or wife if alive ✓ years
7. Date of Birth (Month, Day, Year) Aug 5, 1926

8. AGE	Years	Months	Days	If less than 1 day hrs min.

9. Exact Occupation none Did this work for ✓ yrs.
10. Industry or Business ✓ Date last worked ✓
11. Birthplace Gannett, Idaho (City or town) (State or foreign country)

Mother
12. Name Clarence Alford
13. Birthplace Provo, Utah (City or town) (State or foreign country)

Father
14. Maiden name Jennie Bowker
15. Birthplace Heber City, Utah (City or town) (State or foreign country)

16. Informant's **OWN** Signature C Alford
and Address Gannett, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-27-1944 (Month) (Day) (Year)
(c) Place: Hailey Cemetery
18. Funeral Director's **OWN** Signature Mrs L Hains
and Address Hailey, Ida.
19. (a) 12-4-1944 (Date received and filed) (b) Robert H. Wright (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Nov 25 1944
at o'clock M.
21. **I HEREBY CERTIFY**, That I attended deceased from 11/25/44 19, to 11/25 1944
I last saw h alive on 11/25 1944; death is said to have occurred on the date and hour stated above.

	Duration
Immediate Cause of Death: Lobar Pneumonia	5 days
Due to Cerebral Tumor	16 yrs
Due to Bed fast 1 year	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYISCIAN Underline the cause to which death should be charged statistically.
Name of operation Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature S. W. [illegible] (M. D. or other)
and Address Hailey, Ida Date 11/30 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census NOV 17 1944.

Certificate Of Death

STATE OF IDAHO

State File No. 14123
Local Reg. No. 352
Reg. Dist. No.

1. PLACE OF DEATH:
(a) County Boise
(b) City or town Banks.
(c) Street Address or R. F. D. No.
(d) Death Occured Inside? X Outside? city or town
(e) Died in a Home Hospital Institution Other place X
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 3 years 2 months 20 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Boise
(c) City or town Banks.
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? 3 years
(h) Former residence (city, state) none

3. (a) **FULL NAME** Richard Lee Kent 175a

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Child
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Aug 12. 1941

8. AGE	Years	Months	Days	If less than 1 day hrs	min.
	3	2	20		

9. Exact Occupation Child Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Emmett. (City or town) Idaho. (State or foreign country)

Father
12. Name Edwin F. Kent
13. Birthplace Jamaica. Neb. (City or town) (State or foreign country)

Mother
14. Maiden name Myrtle E. Wood.
15. Birthplace Ogden. Utah. (City or town) (State or foreign country)

16. Informant's **OWN** Signature Edwin F. Kent
and Address Banks. Idaho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 4. 1944 (Month) (Day) (Year)
(c) Place: Emmett. Idaho.
18. Funeral Director's **OWN** Signature O. Buckner
and Address Emmett Idaho
19. (a) 11/15 (Date received and filed) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Nov. 2nd 1944 19
at about 11.30 o'clock a. M.
21. **I HEREBY CERTIFY**, That I attended deceased from 19, to 19
I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Asphyxiation and internal injuries — Duration
Due to Crushing by horse-drawn float
Due to
Other conditions (Include pregnancy within 3 months of death)
Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? X Suicide? Homicide?
Occurred 11. 2. 1944 City, county, state where violence occurred Banks. Boise. Idaho
Place of Violence: Home X Farm Industry
Public Place While at work?
Means of injury Crushing by heavy float.
23. Attendant's **OWN** Signature Reginald John [illegible] Acting Coroner (M. D. or other)
and Address Idaho City Date 11/3 19 44
(For additional space, use reverse side)

United States
Department of Commerce
Bureau of the Census

DEC 7 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 1[illegible]93
Local Reg. No. 17-44
Reg. Dist. No. 112

1. **PLACE OF DEATH:**
(a) County Bonner
(b) City or town Clagstone
(c) Street Address or R. F. D. No. --
(d) Death Occurred Inside? ____ Outside? X city or town
(e) Died in a Home X Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 12 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bonner
(c) City or town Clagstone
(d) Street Address or R. F. D. No. --
(e) Deceased lived Inside? ____ Outside? X city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 12 years
(h) Former residence (city, state) Valley Ford, Wash.

3. (a) **FULL NAME** Charles A. Cox

3. (b) If veteran, name war -- -
3. (c) Social Security No. 519-16-2595
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ada Cox
6. (c) Age of husband or wife if alive 41 years
7. Date of Birth (Month, Day, Year) March 10, 1878

8. AGE	Years	Months	Days	If less than 1 day hrs	min.
	66	6	13		

9. Exact Occupation Farmer — Did this work for 45 yrs.
10. Industry or Business ____ Date last worked 9/22/44
11. Birthplace Willits (City or town) California (State or foreign country)

Father
12. Name James Cox
13. Birthplace Do not know (City or town) Missouri (State or foreign country)

Mother
14. Maiden name Elizabeth Frost
15. Birthplace Do not know (City or town) Missouri (State or foreign country)

16. Informant's OWN Signature Ada May Cox
and Address Clagstone Idaho
17. (a) Burial (Burial, cremation or removal) (b) Date thereof 9/27/44 (Month) (Day) (Year)
(c) Place: Oakesdale, Wash.
18. Funeral Director's OWN Signature A. B. Nelson
and Address Pathdrupe Idaho
19. (a) 9/26/44 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Sept. 25 1944
at 6:20 o'clock A. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 1-25 1944 to 9-23 1944
I last saw him alive on 9-1 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Coronary Spasm.	
Due to Myocardial Degeneration	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's OWN Signature Edward W. Bond M.D. (M. D. or other)
and Address [illegible] Date 9-24 1944.
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

DEC 7 1944

CERTIFICATE OF DEATH

STATE OF IDAHO

State File No. 14294
Local Reg. No. 19-44
Reg. Dist. No. 112

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
   (a) County Bonners
   (b) City or town Priest River
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? ✓ Outside? ... city or town
   (e) Died in a Home ✓ Hospital ... Institution ... Other place ...
   (f) Name Hosp. or Inst. ... Stayed. ... days
   (g) Lived in this county. 18 years ... months. ... days
   Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Bonner
   (c) City or town Priest River
   (d) Street Address or R. F. D. No.
   (e) Deceased lived Inside? ✓ Outside? ... city or town
   (f) If foreign born, in U. S. ... yrs. Citizen of U. S.? yes
   (g) How long had deceased lived in Idaho? 27 years
   (h) Former residence (city, state)

3. (a) **FULL NAME** Mary Jane Ficker 46f

3. (b) If veteran, name war ... 3. (c) Social Security No. ...

5. Color or race White

6. (a) Single, widowed, married, divorced Married

4. Sex F

6. (b) Name of husband or wife Wm. F. Ficker

6 (c) Age of husband or wife if alive 76 years

7. Date of Birth (Month, Day, Year) Feb 4 - 1876

8. AGE	Years	Months	Days	If less than 1 day
	68	8	22	hrs ... min.

9. Exact Occupation Housewife — Did this work for 39 yrs.

10. Industry or Business ... — Date last worked ...

11. Birthplace Montreal (City or town) Canada (State or foreign country)

Father
12. Name Amey Mayhall
13. Birthplace Montreal (City or town) Canada (State or foreign country)

Mother
14. Maiden name Victoria Not Known
15. Birthplace ... Canada (City or town) (State or foreign country)

16. Informant's **OWN** Signature William F. Ficker and Address Priest River, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-28-44 (Month) (Day) (Year)
   (c) Place: Priest River, Idaho

18. Funeral Director's **OWN** Signature F. D. McCoy and Address Priest River, Ida.

19. (a) 10-28-44 (Date received and filed) (b) F. E. Worch (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Oct. 26 1944
   at 2:40 o'clock P. M.

21. I **HEREBY CERTIFY**, That I attended deceased from on July 1 1944, to Oct 26 1944
   I last saw h... alive on ... 19...; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
1 Carcinoma of liver	1 yr.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease first contracted? ... PHYSICIAN
Name of operation ... Date ...
Major finding ...
Finding of autopsy ...

Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ... Suicide? ... Homicide? ...
   Occurred ... 19... City, county, state where violence occurred ...
   Place of Violence: Home ... Farm ... Industry ...
   Public Place ... While at work? ...
   Means of injury ...

23. Attendant's **OWN** Signature Leslie J. Stauffer, M.D. (M.D. or other)
   and Address Priest River, Ida. Date 11-8 1944

(For additional space, use reverse side)

United States
Department of Commerce
Bureau of the Census

DEC 7 1944

CERTIFICATE OF DEATH

STATE OF IDAHO

State File No. 141205
Local Reg. No. 20-44
Reg. Dist. No. 112

1. PLACE OF DEATH:
(a) County Bonner
(b) City or town Blanchard
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? — Outside? ..... city or town
(e) Died in a Home ... Hospital ... Institution . Other place ....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 35 years ..... months ..... days
Note For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Bonner
(c) City or town Blanchard
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? — Outside? ..... city or town
(f) If foreign born, in U. S. 45 yrs. Citizen of U. S.? .....
(g) How long had deceased lived in Idaho? 35 years
(h) Former residence (city, state) .....

3. (a) **FULL NAME** Jacob Seaton 1646

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife .....
6 (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) March 11, 1865

8. **AGE**	Years	Months	Days	If less than 1 day
	79	7	20	hrs min.

9. Exact Occupation Retired Pensioner Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace ..... (City or town) Canada (State or foreign country)

Father
12. Name Not Known
13. Birthplace " " (City or town) (State or foreign country)

Mother
14. Maiden name Not Known
15. Birthplace " " (City or town) (State or foreign country)

16. Informant's **OWN** Signature [signature]
and Address Blanchard Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 3, 1944 (Month) (Day) (Year)
(c) Place: Blanchard, Idaho
18. Funeral Director's **OWN** Signature C. E. Sherman
and Address Newport, Wash.
19. (a) 11-7-44 (Date received and filed) (b) F. W. Minch (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Oct. 31, 1944
at About 6 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from ..... 19....., to ..... 19.....
I last saw h..... alive on ..... 19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Suicide by Firearms	
Due to Gunshot Wound left Breast	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease first contracted?	PHYSICIAN
Name of operation ..... Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? — Suicide? Yes Homicide? —
Occurred Oct. 31, 1944 City, county, state where violence occurred Blanchard, Bonner Co., Idaho.
Place of Violence: Home Yes Farm — Industry —
Public Place — While at work? —
Means of injury Gunshot Wound.
23. Attendant's **OWN** Signature [signature] — Coroner — (M. D. or other)
and Address Sandpoint Idaho. Date Oct. 31 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

141296

United States
Department of Commerce
Bureau of the Census

DEC 7 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 22-44
Reg. Dist. No. 112

1. **PLACE OF DEATH:**
   (a) County Bonner
   (b) City or town Priest River
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? ✓ Outside? city or town
   (e) Died in a Home Hospital ✓ Institution Other place
   (f) Name Hosp. or Inst. Priest River Stayed 24 days
   (g) Lived in this county 10 years months days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Ida (b) County Bonner
   (c) City or town Priest River
   (d) Street Address or R. F. D. No.
   (e) Deceased lived Inside? ✓ Outside? city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 10 years
   (h) Former residence (city, state)

3. (a) **FULL NAME** August Anderson 46e.

3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced not known
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Date of Birth (Month, Day, Year) Supposed about 80 yrs

8. AGE	Years	Months	Days	If less than 1 day
	Not	known		hrs min.

9. Exact Occupation Retired Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Sweden (City or town) (State or foreign country)

Father
12. Name unknown
13. Birthplace Sweden (City or town) (State or foreign country)

Mother
14. Maiden name not known
15. Birthplace Sweden (City or town) (State or foreign country)

16. Informant's OWN Signature and Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place:
18. Funeral Director's OWN Signature MOON MORTUARY SANDPOINT, IDAHO L. D. Moon and Address
19. (a) 11-15-44 (Date received and filed) (b) T. A. Worth (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Nov. 5 1944 at 4:30 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from Oct. 11 1944, to Nov. 5 1944
I last saw him alive on Nov. 4 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Obstruction of bowel — Duration 2 weeks
Due to carcinoma (inoperable) of bowel at the ileo-cecal junction.
Other conditions (Include pregnancy within 3 months of death)
Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy carcinoma as stated above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature Leslie J. Stauffer, M.D. (M. D. or other)
and Address Priest River, Ida Date 11-6 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce DEC 7 1944
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 141297
Local Reg. No. 23-44
Reg. Dist. No. 112

1. **PLACE OF DEATH:**
   (a) County Bonner
   (b) City or town Priest River
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? X Outside? city or town
   (e) Died in a Home Hospital X Institution Other place
   (f) Name Hosp. or Inst. Priest River Stayed days
   (g) Lived in this county 30 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Bonner
   (c) City or town Priest River
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? X Outside? city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 30 years
   (h) Former residence (city, state)

3. (a) **FULL NAME** William Anderson 932

3. (b) If veteran, name war none
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) March 12, 1873

8. AGE	Years	Months	Days	If less than 1 day
	71	7	17	hrs min.

9. Exact Occupation Lumberman Did this work for 45 yrs.
10. Industry or Business Logging Date last worked ?-
11. Birthplace Rush City, Minn. (City or town) (State or foreign country)

Father
12. Name Charles Anderson
13. Birthplace Sweden (City or town) (State or foreign country)

Mother
14. Maiden name Caroline Benson
15. Birthplace Sweden (City or town) (State or foreign country)

16. Informant's **OWN** Signature C. W. Smith
and Address 401 E. 3rd. St. Superior, Wis.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 14, 1944 (Month) (Day) (Year)
(c) Place: Priest River, Idaho.
18. Funeral Director's **OWN** Signature MOON MORTUARY
and Address SANDPOINT, IDAHO
19. (a) 11-14-44 (Date received and filed) (b) F. A. Marsh (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Nov. 9 1944
at 7:40 o'clock A. M.
21. **I HEREBY CERTIFY**, That I attended deceased from Nov. 1 1944, to Nov. 9 1944
I last saw him alive on Nov. 8 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Myocardial degeneration	6 months
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation Date	
Major finding	
Finding of autopsy	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature Leslie J. Stauffer, M.D. (M. D. or other)
and Address Priest River, Ida. Date 11-9 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

DEC 16 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 141298
Local Reg. No. 84
Reg. Dist. No. 110

1. **PLACE OF DEATH:**
(a) County Bonner
(b) City or town Sandpoint
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home __ Hospital X Institution __ Other place __
(f) Name Hosp. or Inst. Com. Hosp. Stayed 8 days
(g) Lived in this county 56 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bonner
(c) City or town Sandpoint
(d) Street Address or R. F. D. No. 322 S 2nd
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? U. S A.
(g) How long had deceased lived in Idaho? 56 years
(h) Former residence (city, state)

3. (a) **FULL NAME** Marie Petersen Christenson 61

3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife XXXX Andrew
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) January 24, 1864

8. AGE	Years	Months	Days	If less than 1 day
	80	9	18	hrs min.

9. Exact Occupation Housewife Did this work for Many yrs.
10. Industry or Business Home Date last worked
11. Birthplace Moen, Denmark (City or town) (State or foreign country)
Father
12. Name Unknown
13. Birthplace Unknown (City or town) (State or foreign country)
Mother
14. Maiden name Unknown
15. Birthplace Unknown (City or town) (State or foreign country)
16. Informant's OWN Signature [signature] and Address 736-32nd Ave., Seattle, Wn
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/14/44 (Month) (Day) (Year)
(c) Place: Seneacquoteen Cemetery
18. Funeral Director's OWN Signature MOON MORTUARY SANDPOINT, IDAHO [signature] and Address
19. (a) 11-14-1944 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Nov. 12, 1944 19__ at 1:30 o'clock A. M.
21. **I HEREBY CERTIFY,** That I attended deceased from Nov. 4 1944, to Nov. 12 1944
I last saw her alive on Nov. 11 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebral Hemorrhage	7 DA
5301	
Due to	
Due to	
Other conditions Diabetes (Include pregnancy within 3 months of death)	2 yrs
Where was disease contracted?	PHYSICIAN
Name of operation ____ Date ____	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury
23. Attendant's OWN Signature Floyd G. Wendle (M. D. or other) and Address Sandpoint Ida Date Nov. 14 1944
(For additional space, use reverse side)

United States
Department of Commerce
Bureau of the Census

REC 14 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 141299
Local Reg. No. 81
Reg. Dist. No. 114

1. **PLACE OF DEATH:**
(a) County Bonner
(b) City or town Hope
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 50 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bonner
(c) City or town Hope
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 50 years
(h) Former residence (city, state)

3. (a) FULL NAME Irwen J. Brant.

94b

3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Lucy Brant
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) March 12, 1861.

8. AGE	Years	Months	Days	If less than 1 day
	83	8	5	hrs min.

9. Exact Occupation Prospector Did this work for life yrs.
10. Industry or Business Mining Date last worked 1940
11. Birthplace Iowa. (City or town) (State or foreign country)
Father
12. Name Unknown
13. Birthplace Unknown (City or town) (State or foreign country)
Mother
14. Maiden name Unknown
15. Birthplace Unknown (City or town) (State or foreign country)
16. Informant's OWN Signature Jessie Wilson
and Address Ellensburg, Washington.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 20, 1944. (Month) (Day) (Year)
(c) Place: Hope, Idaho.
18. Funeral Director's OWN Signature MOON MORTUARY
and Address SANDPOINT, IDAHO
19. (a) 11-20-1944. (Date received and filed) (b) Orville Crisp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) November 17, 1944
at 11:30 o'clock p M.
21. **I HEREBY CERTIFY,** That I attended deceased from July 1944, to Nov 17 1944
I last saw him alive on Nov 17 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Angina Pectoris	
Due to Stroke	
Due to High Blood Pressure	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature P. G. Jones
and Address Clarks Fork Reg Phys (M.D. or other) Date Nov 19 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

DEC 16 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 141300
Local Reg. No. 85
Reg. Dist. No. 110

1. **PLACE OF DEATH:**
   (a) County Bonner
   (b) City or town Sagle
   (c) Street Address or R. F. D. No. R.F.D. 1
   (d) Death Occurred Inside? ____ Outside? X city or town
   (e) Died in a Home X Hospital ___ Institution ___ Other place ___
   (f) Name Hosp. or Inst. ____ Stayed ____ days
   (g) Lived in this county 3 years 8 months 22 days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Bonner
   (c) City or town Sagle
   (d) Street Address or R. F. D. No. R.F.D. 1
   (e) Deceased lived Inside? ____ Outside? X city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 3 years
   (h) Former residence (city, state) ____

3. (a) **FULL NAME** Terry Lee Tenney

160

3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife --
6. (c) Age of husband or wife if alive 0 years
7. Date of Birth (Month, Day, Year) February 26, 1941.

8. AGE	Years	Months	Days	If less than 1 day hrs / min.
	3	8	22	

9. Exact Occupation None — Did this work for ____ yrs.
10. Industry or Business ____ — Date last worked ____
11. Birthplace Sandpoint, Idaho. (City or town) (State or foreign country)

Father
12. Name Rex Kay Tenney
13. Birthplace Snowflake, Arizona. (City or town) (State or foreign country)

Mother
14. Maiden name Thelma Frazee
15. Birthplace Phoenix, Arizona. (City or town) (State or foreign country)

16. Informant's OWN Signature L. C. Tenney
and Address Sagle, Idaho.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof ____ (Month) (Day) (Year)
(c) Place: MOON MORTUARY

18. Funeral Director's OWN Signature SANDPOINT, IDAHO
and Address ____

19. (a) 11-24-1944 (Date received and filed) (b) ____ (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Nov. 18, 1944
at 2:00 o'clock P.M.

21. **I HEREBY CERTIFY,** That I attended deceased from ____ 19__, to ____ 19__
I last saw h__ alive on ____ 19__; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Conflagration.-Burned to death.	
Due to Accidental Burning of dwelling	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy none

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Yes. Suicide? ____ Homicide? ____
Occurred Nov. 18, 1944 City, county, state where violence occurred Near Sagle, Bonner Co. Idaho
Place of Violence: Home Yes. Farm — Industry —
Public Place — While at work? —
Means of injury Burning Building

23. Attendant's OWN Signature L. E. Moon Coroner (M. D. or other)
and Address Sandpoint, Idaho Date 11-18 1944
(For additional space, use reverse side)

141301

United States
Department of Commerce
Bureau of the Census DEC 7 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 141301
Local Reg. No. 24-44
Reg. Dist. No. 112

1. **PLACE OF DEATH:**
(a) County Bonner
(b) City or town Thama
(c) Street Address or R. F. D. No. —
(d) Death Occurred Inside? — Outside? X city or town
(e) Died in a Home — Hospital — Institution — Other place X
(f) Name Hosp. or Inst. — Stayed — days
(g) Lived in this county — years — months — days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Canada (b) County Alberta
(c) City or town Warner
(d) Street Address or R. F. D. No. —
(e) Deceased lived Inside? — Outside? — city or town
(f) Citizen of what country? Unknown
(g) How long had deceased lived in Idaho? — years
(h) Former residence (city, state) —

3. (a) **FULL NAME** John Henry Countryman. 169

3. (b) If veteran, name war — 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife — 6. (c) Age of husband or wife if alive — years

7. Date of Birth (Month, Day, Year) March 10, 1886.

8. AGE	Years	Months	Days	If less than 1 day
	58	8	10	hrs — min.

9. Exact Occupation Farmer — Did this work for — yrs.
10. Industry or Business — Date last worked
11. Birthplace Kingston DeKalb Co. Ill. (City or town) (State or foreign country)

Father
12. Name James Henry Countryman.
13. Birthplace Kingston, Ill. (City or town) (State or foreign country)

Mother
14. Maiden name Rosanna Rachel Burkey
15. Birthplace Omaha Neb. (City or town) (State or foreign country)

16. Informant's **OWN** Signature R. R. Moon Coroner
and Address Sandpoint Idaho.

17. (a) Buried (Burial, cremation, or removal) (b) Date thereof Dec. 1, 1944 (Month) (Day) (Year)
(c) Place: Sandpoint Idaho.

18. Funeral Director's **OWN** Signature MOON MORTUARY R. R. Moon
and Address SANDPOINT, IDAHO

19. (a) 12-1-44 (Date received and filed) (b) F. L. Wenah (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) About Nov. 20, 1944
at — o'clock — M.

21. **I HEREBY CERTIFY,** That I attended deceased from — 19—, to — 19—
I last saw h— alive on — 19—; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Accidental - Fell from Moving Railway train — Duration —
Due to —
Due to —
Other conditions — (Include pregnancy within 3 months of death)
Where was disease contracted? —
Name of operation — Date —
Major finding —
Finding of autopsy —

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Yes Suicide? — Homicide? —
Occurred About Nov. 20, 1944 City, county, state where violence occurred 5 mi. East Thama, Bonner Co. Ida.
Place of Violence: Home — Farm — Industry —
Public Place Yes - Railroad While at work? No.
Means of injury Crushed Chest - Fractured Skull.

23. Attendant's **OWN** Signature R. R. Moon (M. D. or other)
and Address Sandpoint Ida. Date Nov. 24, 1944

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

141302

United States
Department of Commerce
Bureau of the Census

DEC 16 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 86
Reg. Dist. No. 110

1. **PLACE OF DEATH:**
(a) County Bonner
(b) City or town Sandpoint
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home ____ Hospital X Institution ____ Other place ____
(f) Name Hosp. or Inst. Com. Hosp. Stayed 11 days
(g) Lived in this county 38 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bonner
(c) City or town Sandpoint
(d) Street Address or R. F. D. No. 413 N. 3rd
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? U. S. A.
(g) How long had deceased lived in Idaho? 38 yr Syears
(h) Former residence (city, state) New York

3. (a) **FULL NAME** Ella Ruth Stutsman

932

3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex W
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Addison E.
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) Oct. 28 1854

8. AGE	Years	Months	Days	If less than 1 day
	90	00	27	hrs ____ min.

9. Exact Occupation Housewife — Did this work for Many yrs.
10. Industry or Business Home — Date last worked
11. Birthplace Schenectady, N. Y. (City or town) (State or foreign country)
Father
12. Name Byron Edwrads
13. Birthplace Burnt Hills, N. Y. (City or town) (State or foreign country)
Mother
14. Maiden name Helen Rickerson
15. Birthplace Schenectady, N. Y. (City or town) (State or foreign country)
16. Informant's OWN Signature Ethel Christiansen
and Address 413 N. 3rd. Sandpoint, Ida
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/28/44 (Month) (Day) (Year)
(c) Place: Pinecrest Cemetery
18. Funeral Director's OWN Signature MOON MORTUARY
and Address SANDPOINT, IDAHO
19. (a) 11-28-1944 (Date received and filed) (b) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Nov. 24, 1944 19____
at 9:15 o'clock A. M.

21. **I HEREBY CERTIFY**, That I attended deceased from Nov. 12 1944 to Nov. 27 1944
I last saw h alive on Nov. 23 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Chronic Myocarditis	1 yr.
Due to Arterio Sclerosis	5 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ____ Date ____
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury

23. Attendant's OWN Signature Wm F. Tyler MD (M. D. or other)
and Address Sandpoint, Ida Date 11-28 19 44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

141303

United States
Department of Commerce DEC 16 1944
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 141303
Local Reg. No. 87
Reg. Dist. No. 110

1. **PLACE OF DEATH:**
   (a) County Bonner
   (b) City or town Sandpoint
   (c) Street Address or R. F. D. No. 807 Lake Street
   (d) Death Occurred Inside? X Outside? ____ city or town
   (e) Died in a Home X Hospital ____ Institution ____ Other place ____
   (f) Name Hosp. or Inst. ____ Stayed ____ days
   (g) Lived in this county 40 years ____ months ____ days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Bonner
   (c) City or town Sandpoint
   (d) Street Address or R. F. D. No. 807 Lake St.
   (e) Deceased lived Inside? X Outside? ____ city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 40 years
   (h) Former residence (city, state) ____

3. (a) **FULL NAME** GEORGE LAVENDER SANDERS

83a

3. (b) If veteran, name war No
3. (c) Social Security No. 534-22-4085
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) May 1, 1857

8. AGE	Years	Months	Days	If less than 1 day
	87	6	26	hrs ____ min.

9. Exact Occupation Woodsman — Did this work for life yrs.
10. Industry or Business Logging — Date last worked ?
11. Birthplace No Record (City or town) (State or foreign country)

Father
12. Name " "
13. Birthplace " " (City or town) (State or foreign country)

Mother
14. Maiden name " "
15. Birthplace " " (City or town) (State or foreign country)

16. Informant's OWN Signature R. R. Moon Coroner
and Address Sandpoint, Idaho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 2, 1944 (Month) (Day) (Year)
(c) Place: Sandpoint, Idaho.
18. Funeral Director MOON MORTUARY
OWN Signature R. R. Moon
and Address SANDPOINT, IDAHO
19. (a) 12-1-44 (Date received and filed) (b) Lorraine D. Moon (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Nov. 27, 1944
about 7:30 o'clock A. M.

21. **I HEREBY CERTIFY,** That I attended deceased from ____ 19____, to ____ 19____
I last saw h____ alive on ____ 19____; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Natural Causes	
Found dead.	
Due to Probable Cerebral	
Hemorrhage	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation ____ Date ____	Underline the cause to which death should be charged statistically.
Major finding ____	
Finding of autopsy None	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's OWN Signature R. R. Moon Coroner (M. D. or other)
and Address Sandpoint Ida. Date 11-27 1944
(For additional space, use reverse side)

141304

United States
Department of Commerce
Bureau of the Census

DEC 16 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 141304
Local Reg. No. 88
Reg. Dist. No. 110

1. **PLACE OF DEATH:**
(a) County Bonner
(b) City or town Kootenai
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home X Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 7 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bonner
(c) City or town Kootenai
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? U. S. A.
(g) How long had deceased lived in Idaho? 7 years
(h) Former residence (city, state)

3. (a) **FULL NAME** Anna May Ludtke 13/a

3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Louis G.
6. (c) Age of husband or wife if alive 60 years
7. Date of Birth (Month, Day, Year) May 22, 1878

8. AGE	Years	Months	Days	If less than 1 day
	66	6	7	hrs ____ min.

9. Exact Occupation Housewife — Did this work for Many yrs.
10. Industry or Business Home — Date last worked
11. Birthplace Independence, Kansas (City or town) (State or foreign country)

Father
12. Name J. W. Sipe
13. Birthplace Ohio (City or town) (State or foreign country)

Mother
14. Maiden name Anna May Kendrick
15. Birthplace Attica, Iowa (City or town) (State or foreign country)

16. Informant's **OWN** Signature Louis G Ludtke
and Address Kootenai, Idaho

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 12/2/44 (Month) (Day) (Year)
(c) Place: White Pine, Montana

18. Funeral Director's **OWN** Signature MOON MORTUARY Lillie Moon
and Address SANDPOINT, IDAHO

19. (a) 12-1-1944 (Date received and filed) (b) Lawrence E Keon (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) November 29 1944
at 5 o'clock P. M.

21. **I HEREBY CERTIFY,** That I attended deceased from July 3 1944 to Nov. 29 1944
I last saw her alive on Nov 29 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Chronic Myocarditis	2 yrs.
Due to Hypertension	10 yrs.
Due to	
Other conditions (Include pregnancy within 3 months of death) Chronic Nephritis	1 yr

Where was disease contracted?
Name of operation ____ Date ____
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury

23. Attendant's **OWN** Signature Wm F. Tyler MD (M. D. or other)
and Address Sandpoint, Ida. Date 11-30 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

141305

United States
Department of Commerce
Bureau of the Census

NOV 13 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 141305
Local Reg. No. 236
Reg. Dist. No. 610

1. **PLACE OF DEATH:**
(a) County Bonneville
(b) City or town Rural (Freedom, Wyo.)
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? ✓ city or town
(e) Died in a Home ✓ Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 40 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State (b) County
(c) City or town
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Outside? city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? years
(h) Former residence (city, state)

3. (a) **FULL NAME** James Samuel Miller

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex
5. Color or race
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of ~~husband or~~ wife Lucky
6. (c) Age of husband or wife if alive deceased years
7. Date of Birth (Month, Day, Year) June-3-1860

8. AGE	Years	Months	Days	If less than 1 day
	84	4	18	hrs min.

9. Exact Occupation Retired Rancher — Did this work for 75 yrs.
10. Industry or Business — Date last worked
11. Birthplace Salt Lake City, Utah (City or town) (State or foreign country)

Father
12. Name Robert Samuel Miller
13. Birthplace not Known (City or town) (State or foreign country)

Mother
14. Maiden name Larson
15. Birthplace Denmark (City or town) (State or foreign country)

16. Informant's OWN Signature L. M. Dawn
and Address Afton Wyo
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Oct-21, 1944 (Month) (Day) (Year)
(c) Place: Thayne Cemetery, Thayne, Wyo
18. Funeral Director's OWN Signature L M Dawn
and Address Afton Wyo
19. (a) 10-27-44 (Date received and filed) (b) Elma Bridges (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Oct-21 19 44
at 3 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from 19 to 19
I last saw him alive on Oct 21 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Natural Causes	
Due to Lingering illness for 40 years	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred Oct 21 1944 City, county, state where violence occurred Freedom Wyoming
Place of Violence: (Home) (Farm) (Industry) (Public Place) While at work? no
Means of injury Natural Causes

23. Attendant's OWN Signature Fred Smith Coroner (M.D. or other)
and Address Idaho Falls Ida. Oct 21 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

DEC 11 1944

Certificate Of Death

STATE OF IDAHO

State File No. 141306
Local Reg. No. 251
Reg. Dist. No. 610

1. **PLACE OF DEATH:**
(a) County Bonneville
(b) City or town Idaho
(c) Street Address or R.F.D. No. Memorial Dr.
(d) Death Occured Inside? ✓ Outside? ..... city or town
(e) Died in a Home.... Hospital ✓ Institution.... Other place....
(f) Name Hosp. or Inst. L.H.S. Stayed 3 days
(g) Lived in this county ..... years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Bonneville
(c) City or town Idaho Falls
(d) Street Address or R.F.D. No. 549 Gladstone
(e) Deceased lived Inside? ✓ Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 41 years
(h) Former residence (city, state) Illinois

3. (a) **FULL NAME** Frank Ritter 108

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex M.
5. Color or race .....
6. (a) Single, widowed, married, divorced .....
6. (b) Name of husband or wife Lillie B. Ritter
6. (c) Age of husband or wife if alive 69 years
7. Date of Birth (Month, Day, Year) January 17, 1861

8. AGE	Years	Months	Days	If less than 1 day
	83	9	13	hrs min.

9. Exact Occupation Miner Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace New Athens, Illinois (City or town) (State or foreign country)
Father
12. Name Samuel Ritter
13. Birthplace Illinois (City or town) (State or foreign country)
Mother
14. Maiden name Not Known
15. Birthplace United States (City or town) (State or foreign country)
16. Informant's **OWN** Signature Robert Ritter
and Address Idaho Falls, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/1/44 (Month) (Day) (Year)
(c) Place: Idaho Falls, Idaho
18. Funeral Director's **OWN** Signature Jack A. Wood
and Address Idaho Falls, Idaho
19. (a) Nov. 27-1944 (Date received and filed) (b) Anna Budger (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Oct 30 1944
at 5-30 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from Oct 29 1944, to Oct 30 1944
I last saw him alive on Oct 30 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
✓ Lobar Pneumonia	2 days
Due to	
Due to Ch. Myocarditis	Years
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted? Home	
Name of operation None Date	
Major finding	
Finding of autopsy	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature [signature] MD (M. D. or other)
and Address Idaho Falls Date 11/2 1944
(For additional space, use reverse side)
Idaho

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census NOV 13 1944

Certificate Of Death

STATE OF IDAHO

State File No. 141307
Local Reg. No. 233
Reg. Dist. No. 610

1. **PLACE OF DEATH**
   (a) County Bonneville
   (b) City or town Idaho Falls
   (c) Street Address or R.F.D. No. Memorial Dr.
   (d) Death Occured Inside? ..... Outside? ..... city or town
   (e) Died in a Home .... Hospital L Institution .... Other place ....
   (f) Name Hosp. or Inst. L-D-S. Stayed 2 days
   (g) Lived in this county ..... years ..... months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Bonneville
   (c) City or town Swan Valley
   (d) Street Address or R.F.D. No. .....
   (e) Deceased lived Inside? ✓ Outside? ..... city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 44 years
   (h) Former residence (city, state) Utah

3. (a) **FULL NAME** Cecelia Elmira Jacobson 102

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex F.
5. Color or race W.
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife Jacob C. Jacobson
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) May 29, 1857

8. AGE	Years	Months	Days	If less than 1 day
	87	5	3	hrs min.

9. Exact Occupation Housewife — Did this work for ..... yrs.
10. Industry or Business ..... — Date last worked .....
11. Birthplace Springville, Utah (City or town) (State or foreign country)

Father
12. Name S. Oliver McBride
13. Birthplace Villanova, New York (City or town) (State or foreign country)

Mother
14. Maiden name Margaret Elmira Sanford
15. Birthplace Provo Utah County, Utah (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mrs. Ed Daniels
and Address Irwin, Idaho.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 11/6/44 (Month) (Day) (Year)
(c) Place: Irwin, Utah
18. Funeral Director's **OWN** Signature Jack A. Wood
and Address Idaho Falls, Idaho
19. (a) NW-4-1944 (Date received and filed) (b) Anna Budge (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) November 2 19 44
at 4-30 o'clock A. M.
21. **I HEREBY CERTIFY,** That I attended deceased from Dec 19 43 to Nov 2 19 44
I last saw h. alive on Nov 1 19 44; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cardiac Failure	
✓ Due to Arteriosclerosis & Renal High Blood Pressure	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation ..... Date	
Major finding	
Finding of autopsy	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature H. B. Spencer M.D.
and Address Idaho Falls, Ida. M. D. or other Date Nov 4 19 44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

DEC 11 1944

Certificate Of Death

STATE OF IDAHO

State File No. 141308
Local Reg. No. 237
Reg. Dist. No. 610

1. **PLACE OF DEATH:**
(a) County Bonneville
(b) City or town Idaho Falls
(c) Street Address or R.F.D. No. Cedar & Blvd
(d) Death Occured Inside? ✓ Outside? ___ city or town
(e) Died in a Home.... Hospital ✓ Institution.... Other place....
(f) Name Hosp. or Inst. Sacred Heart Stayed 3 hrs
(g) Lived in this county.....years .....months .....days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Bonneville
(c) City or town Idaho Falls Idaho
(d) Street Address or R.F.D. No. 134 College
(e) Deceased lived Inside? ✓ Outside? .....city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? .....years
(h) Former residence (city, state) .....

3. (a) **FULL NAME** Mona Lee Albert

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3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced .....
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) August 12, 1944

8. AGE	Years	Months	Days	If less than 1 day
		2	21	hrs min.

9. Exact Occupation None Did this work for .....yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Idaho Falls Idaho (City or town) (State or foreign country)
Father
12. Name Howard H. Albert
13. Birthplace Vinghar, Iowa (City or town) (State or foreign country)
Mother
14. Maiden name Geneva Hawker
15. Birthplace Malta, Idaho (City or town) (State or foreign country)
16. Informant's **OWN** Signature Mrs. Howard Albert
and Address Idaho Falls Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 11/6/44 (Month) (Day) (Year)
(c) Place: Annis, Idaho
18. Funeral Director's **OWN** Signature Jack A. Wood
and Address Idaho Falls, Idaho
19. (a) 11/6/44 (Date received and filed) (b) Anna Budges (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) November 3 1944
at 6 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from 11-2 1944, to 11-2 1944
I last saw her alive on 11-2 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Inanition	P
Due to Child was seen by Dr Cline on 11-3-44	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature H B Woolley M.D. (M. D. or other)
and Address Idaho Falls Date 12-4 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

NOV 13 1944

State File No. 141309
Local Reg. No. 241
Reg. Dist. No. 610

1. PLACE OF DEATH:
(a) County Bonneville
(b) City or town Idaho Falls
(c) Street Address or R.F.D. No. Memorial Dr.
(d) Death Occured Inside? ✓ Outside? ..... city or town
(e) Died in a Home ..... Hospital ✓ Institution ..... Other place .....
(f) Name Hosp. or Inst. L.D.S. Hosp. Stayed 13 days
(g) Lived in this county ..... years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Bonneville
(c) City or town Idaho Falls
(d) Street Address or R.F.D. No. Rt #4
(e) Deceased lived Inside? ..... Outside? — city or town
(f) Citizen of what country? U-S-A
(g) How long had deceased lived in Idaho? 25 years
(h) Former residence (city, state) Utah

3. (a) FULL NAME Lewis M. Grant 32a'

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife Blanche M Grant
6. (c) Age of husband or wife if alive 66 years
7. Date of Birth (Month, Day, Year) July 29, 1877

8. AGE	Years	Months	Days	If less than 1 day
	67	3	5	hrs ..... min.

9. Exact Occupation Farmer — Did this work for ..... yrs.
10. Industry or Business ..... — Date last worked .....
11. Birthplace Woods Cross, Utah (City or town) (State or foreign country)

Mother
12. Name Lewis M. Grant
13. Birthplace Utah (City or town) (State or foreign country)

Father
14. Maiden name Nellie Foster
15. Birthplace Utah (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mrs Clarence Grant
and Address Rt #4 Idaho Falls
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 11/9/44 (Month) (Day) (Year)
(c) Place: Graveyard, Utah
18. Funeral Director's **OWN** Signature Jack A. Wood
and Address Idaho Falls, Idaho
19. (a) Nov. 8-1944 (Date received and filed) (b) Emma Bridges (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Nov. 4 — 1944
at ..... o'clock ..... M.

21. **I HEREBY CERTIFY,** That I attended deceased from 10-22-1944, to 11-4-1944
I last saw him alive on 11-3-1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Bronchial Pneumonia — Duration 10 day
Due to Influenza
Due to Super-imposed on asthma
Other conditions (Include pregnancy within 3 months of death)
Where was disease contracted? at home
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature Edwin Cutler M D (M. D. or other)
and Address Shelley Ida Date 11-7 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census DEC 11 1944

Certificate Of Death

STATE OF IDAHO

State File No. 141310
Local Reg. No. 252
Reg. Dist. No. 610

1. **PLACE OF DEATH:**
(a) County Bonneville
(b) City or town Idaho Falls
(c) Street Address or R.F.D. No. Memorial Hospital
(d) Death Occured Inside? ..... Outside? ..... city or town
(e) Died in a Home.... Hospital - Institution.... Other place....
(f) Name Hosp. or Inst. U.S. Hosp. Stayed 5 days
(g) Lived in this county ..... years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Bonneville
(c) City or town .....
(d) Street Address or R.F.D. No. Rt #1
(e) Deceased lived Inside? ..... Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 41 years
(h) Former residence (city, state) Utah

3. (a) **FULL NAME** Ann Ocellia Walker 461

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex F.
5. Color or race W.
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife Delbert Walker
6. (c) Age of husband or wife if alive 53 years
7. Date of Birth (Month, Day, Year) April 2, 1892

8. AGE	Years	Months	Days	If less than 1 day
	52	7	10	hrs ..... min.

9. Exact Occupation Housewife Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Benjamin, Utah (City or town) (State or foreign country)

Father
12. Name Isaac Robins
13. Birthplace California (City or town) (State or foreign country)

Mother
14. Maiden name Cecilia Dudley
15. Birthplace Utah (City or town) (State or foreign country)

16. Informant's **OWN** Signature Delbert Walker
and Address Idaho Falls Rt #1

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/16/44 (Month) (Day) (Year)
(c) Place: Ammon, Idaho

18. Funeral Director's **OWN** Signature Jack A. Wood
and Address Idaho Falls, Idaho

19. (a) Nov 27 1944 (Date received and filed) (b) Vernon Rudger (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) November 12 19 44
at 8-27 o'clock P M.

21. **I HEREBY CERTIFY,** That I attended deceased from July 1 1944 to Nov 12 1944
last saw h.e.r alive on Nov 12 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
General Toxemia	2 wks
Due to Metastatic C.A. Liver	6 wks
Cholelithiasis	4 years
Due to Carcinoma Pancreas	3 mo
Other conditions + Stomach (Include pregnancy within 3 months of death)	

Where was disease contracted? Home
Name of operation Exploratory Date Aug 24 1944
Major finding Cancer Liver
Finding of autopsy + stomach

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ——— Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature [illegible] MD (M. D. or other)
and Address Idaho Falls Date 11/12 19 44
(For additional space, use reverse side)
Idaho

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

DEC 11 1944

Certificate Of Death

STATE OF IDAHO

State File No. 141311
Local Reg. No. 257
Reg. Dist. No. 610

1. **PLACE OF DEATH:**
(a) County Bonneville
(b) City or town Idaho Falls
(c) Street Address or R.F.D. No. 185 Whittier
(d) Death Occured Inside? ✓ Outside? ..... city or town
(e) Died in a Home ✓ Hospital .... Institution .... Other place ....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county ..... years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Bonneville
(c) City or town Idaho Falls
(d) Street Address or R.F.D. No. 185 Whittier
(e) Deceased lived Inside? ✓ Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 33 years
(h) Former residence (city, state) Iowa

3. (a) **FULL NAME** Emma Julia Van Eps 107

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife John Van Eps
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) Feb 1, 1864

8. AGE	Years	Months	Days	If less than 1 day
	80	9	12	hrs min.

9. Exact Occupation Housewife Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Norway (City or town) (State or foreign country)
Father
12. Name John Johnson
13. Birthplace Norway (City or town) (State or foreign country)
Mother
14. Maiden name Not known
15. Birthplace Norway (City or town) (State or foreign country)
16. Informant's **OWN** Signature Mrs Walter Wright
and Address Idaho Falls Rt #4
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/17/44 (Month) (Day) (Year)
(c) Place: Idaho Falls, Idaho
18. Funeral Director's **OWN** Signature Jack A. Wood
and Address Idaho Falls Idaho
19. (a) 12/4/44 (Date received and filed) (b) Anna Budge (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) November 13 1944
at 11-30 o'clock a M.
21. **I HEREBY CERTIFY,** That I attended deceased from April 20 1944, to Nov. 13 1944.
I last saw her alive on Sept. 26 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Bronchopneumonia with senile complications	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? — Suicide? — Homicide? —
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature Dr. Jennie M. Gardner D.D. (M. D. or other)
and Address Idaho Falls, Ida. Date Nov. 27 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

141312

United States
Department of Commerce
Bureau of the Census DEC 11 1944

Certificate Of Death

STATE OF IDAHO

State File No. 141312
Local Reg. No. 243
Reg. Dist. No. 6-D

1. **PLACE OF DEATH:**
   (a) County Bonneville
   (b) City or town Idaho Falls
   (c) Street Address or R. F. D. No.
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home .... Hospital X Institution .... Other place ....
   (f) Name Hosp. or Inst. L.D.S. Stayed 1 days
   (g) Lived in this county 0 years 0 months 1 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Bingham
   (c) City or town Firth
   (d) Street Address or R.F.D. No. Route 1
   (e) Deceased lived Inside? ..... Outside? X city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 3/4 years
   (h) Former residence (city, state) None

3. (a) **FULL NAME** DELYLIA JOYCE POHL

1190

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife None
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) February 4, 1944

8. AGE	Years	Months	Days	If less than 1 day
	0	9	10	hrs ..... min.

9. Exact Occupation None Did this work for ..... yrs.
10. Industry or Business None Date last worked .....
11. Birthplace Shelley (City or town) Idaho (State or foreign country)

Father
12. Name Herbert Pohl
13. Birthplace York (City or town) Nebraska (State or foreign country)

Mother
14. Maiden name Elza Marquardt
15. Birthplace Trenton (City or town) Nebraska (State or foreign country)

16. Informant's **OWN** Signature Herbert Pohl
and Address Firth, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 18, 1944 (Month) (Day) (Year)
(c) Place: Rose Hill Cem., Idaho Falls

18. Funeral Director's **OWN** Signature Orland C. Buck
and Address Idaho Falls, Idaho

19. (a) Nov. 20-1944 (Date received and filed) (b) Emma Budge (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) November 14 1944
at 6:30 o'clock P. M.

21. **I HEREBY CERTIFY,** That I attended deceased from 11/14 1944, to 11/14 1944
I last saw her alive on 11/14 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: acute gastroenteritis — Duration 11/13/44
Due to bronchopneumonia — 11/14/44
Due to .....
Other conditions (Include pregnancy within 3 months of death) .....
Where was disease contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature H. P. Adkins M.D. (M. D. or other)
and Address Shelley, Ida. Date 11/17 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census DEC 11 1944

Certificate Of Death

STATE OF IDAHO

State File No. 141313
Local Reg. No. 249
Reg. Dist. No. 610

1. **PLACE OF DEATH:**
(a) County Bonneville
(b) City or town Ucon, Idaho
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? ✓ Outside? ..... city or town
(e) Died in a Home ✓ Hospital ..... Institution ..... Other place
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county ..... years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Jefferson
(c) City or town Rigby
(d) Street Address or R.F.D. No. 1
(e) Deceased lived Inside? ..... Outside? ✓ city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 40 years
(h) Former residence (city, state) Utah

3. (a) **FULL NAME** Sophia Seversen Hobley 93d

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex F.
5. Color or race W.
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife James Hobley
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) July 14, 1855

8. AGE	Years	Months	Days	If less than 1 day
	89	4	3	hrs min.

9. Exact Occupation Housewife Did this work for ..... yrs.
10. Industry or Business ..... Date last worked
11. Birthplace Loken, Norway (City or town) (State or foreign country)
Father
12. Name Holvor Seversen
13. Birthplace Norway (City or town) (State or foreign country)
Mother
14. Maiden name Matie Evans
15. Birthplace Norway (City or town) (State or foreign country)
16. Informant's **OWN** Signature Mrs Joseph Ritchie
and Address Ucon, Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 11/21/44 (Month) (Day) (Year)
(c) Place: Murray, Utah
18. Funeral Director's **OWN** Signature Jack A. Wood
and Address Idaho Falls, Idaho
19. (a) 11/20/44 (Date received and filed) (b) Anna Bridges (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) November 17 1944
at 12-30 o'clock a M.
21. **I HEREBY CERTIFY,** That I attended deceased from May 1939, to November 17 1944
I last saw her alive on Nov. 10 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
1. Chronic Myocarditis	1 year
Due to Arteriosclerosis	10 years
Due to	
Other conditions Senility (Include pregnancy within 3 months of death)	

Where was disease contracted? at home
Name of operation none Date
Major finding
Finding of autopsy None performed

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury
23. Attendant's **OWN** Signature ..... (M. D. or other)
and Address Idaho Falls Date 11/30 1944
(For additional space, use reverse side)
Rigby Idaho

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

DEC 11 1944

Certificate Of Death

STATE OF IDAHO

State File No. 141314
Local Reg. No. 259
Reg. Dist. No. 610

1. **PLACE OF DEATH:**
   (a) County Bonneville
   (b) City or town Idaho Falls
   (c) Street Address or R.F.D. No. Memorial Hospital
   (d) Death Occured Inside? ✓ Outside? ..... city or town
   (e) Died in a Home ..... Hospital ✓ Institution ..... Other place .....
   (f) Name Hosp. or Inst. U.S. ..... Stayed 1 days
   (g) Lived in this county ..... years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Jefferson
   (c) City or town Lewisville
   (d) Street Address or R.F.D. No. .....
   (e) Deceased lived Inside? ✓ Outside? ..... city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? ..... years
   (h) Former residence (city, state) .....

3. (a) **FULL NAME** Nathan Harker, 157-c

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex M
5. Color or race W
6. (a) (Single) widowed, married, divorced .....
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) November 19, 1944

8. AGE	Years	Months	Days	If less than 1 day
				2 hrs min.

9. Exact Occupation None — Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Idaho Falls, (City or town) Idaho (State or foreign country)

Father
12. Name Parley J. Harker
13. Birthplace Lewisville, (City or town) Idaho (State or foreign country)

Mother
14. Maiden name Rhoda Allred
15. Birthplace Lewisville, (City or town) Idaho (State or foreign country)

16. Informant's **OWN** Signature Parley J. Harker
and Address Lewisville, Idaho

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 11/20/44 (Month) (Day) (Year)
(c) Place: Lewisville, Idaho

18. Funeral Director's **OWN** Signature Jack A. Wood
and Address Idaho Falls, Idaho

19. (a) 11-27-44 (Date received and filed) (b) Emma Burgess (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) November 19 1944
at 11-30 o'clock A M.

21. **I HEREBY CERTIFY,** That I attended deceased from 11/19 1944, to 11/19 1944
I last saw him alive on 11/19 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
1. Congenital Heart Disease	1½ hrs.
✓ Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted? —	
Name of operation None Date	
Major finding	
Finding of autopsy None performed	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature Leon Tall, M.D. (M. D. or other)
and Address Rigby, Ida. Date 11/21 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

DEC 11 1944

Certificate Of Death

STATE OF IDAHO

State File No. 141315
Local Reg. No. 259
Reg. Dist. No. 610

1. **PLACE OF DEATH:**
   (a) County Bonneville
   (b) City or town Rigby
   (c) Street Address or R.F.D. No. Rt # 2
   (d) Death Occured Inside? ... Outside? ✓ city or town
   (e) Died in a Home ✓ Hospital.... Institution.... Other place....
   (f) Name Hosp. or Inst. ... Stayed ... days
   (g) Lived in this county ... years ... months ... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Bonneville
   (c) City or town Rigby
   (d) Street Address or R.F.D. No. Rt # 2
   (e) Deceased lived Inside? ... Outside? ✓ city or town
   (f) Citizen of what country? U. S. A.
   (g) How long had deceased lived in Idaho? 45 years
   (h) Former residence (city, state) Utah

3. (a) **FULL NAME** Mary Matilda Wheeler 93d

3. (b) If veteran, name war ...
3. (c) Social Security No. ...
4. Sex F.
5. Color or race W.
6. (a) Single, widowed, (married) divorced ...
6. (b) Name of husband or wife John A. Wheeler
6. (c) Age of husband or wife if alive 75 years
7. Date of Birth (Month, Day, Year) September 30, 1870

8. AGE	Years	Months	Days	If less than 1 day
	74		22	hrs min.

9. Exact Occupation Housewife — Did this work for ... yrs.
10. Industry or Business ... — Date last worked ...
11. Birthplace Newton (City or town) Utah (State or foreign country)

Father
12. Name Alfred John Atkinson
13. Birthplace England (City or town) (State or foreign country)

Mother
14. Maiden name Anna Bottams
15. Birthplace England (City or town) (State or foreign country)

16. Informant's **OWN** Signature Albert Wheeler
and Address Rigby Rt # 1 Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/26/44 (Month) (Day) (Year)
(c) Place: Rose, Idaho

18. Funeral Director's **OWN** Signature Jack A. Ward
and Address Idaho Falls, Idaho

19. (a) 12/4/44 (Date received and filed) (b) Anna Budge (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) November 22 1944
at 10 o'clock P. M.

21. **I HEREBY CERTIFY**, That I attended deceased from March 1944, to November 22 1944
I last saw her alive on November 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — Duration
1. (a) Chronic Myocarditis — 8 mos
Due to Arteriosclerosis — 6 years
Due to ...
Other conditions ... (Include pregnancy within 3 months of death)

Where was disease contracted? At home
Name of operation None Date ...
Major finding ...
Finding of autopsy None performed

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ... Suicide? ... Homicide? ...
Occurred ... 19... City, county, state where violence occurred ...
Place of Violence: Home ... Farm ... Industry ...
Public Place ... While at work? ...
Means of injury ...

23. Attendant's **OWN** Signature Leon Hall, M.D. (M. D. or other)
and Address Rigby, Ida. Date 11-30 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census DEC 11 1944

Certificate Of Death

STATE OF IDAHO

State File No. 141316
Local Reg. No. 2557
Reg. Dist. No. 610

1. **PLACE OF DEATH:**
   (a) County Bonneville
   (b) City or town Idaho Falls
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home ..... Hospital X Institution ..... Other place .....
   (f) Name Hosp. or Inst. Sacred Heart Stayed 10 days
   (g) Lived in this county 35 years 7 months 18 days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Bonneville
   (c) City or town Idaho Falls
   (d) Street Address or R.F.D. No. 170 E. 14th
   (e) Deceased lived Inside? X Outside? ..... city or town
   (f) Citizen of what country? United States
   (g) How long had deceased lived in Idaho? 35 years
   (h) Former residence (city, state) Creston, Iowa

3. (a) **FULL NAME** ELLEN WALLENSTEIN 50

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Chas. P. W.
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) May 15, 1862

8. AGE	Years	Months	Days	If less than 1 day
	82	6	12	hrs min.

9. Exact Occupation Housewife — Did this work for 58 yrs.
10. Industry or Business At Home — Date last worked 11/4/44
11. Birthplace Galesburg (City or town) Illinois (State or foreign country)

Father
12. Name Olof Peterson
13. Birthplace (City or town) Sweden (State or foreign country)

Mother
14. Maiden name Unknown
15. Birthplace (City or town) Sweden (State or foreign country)

16. Informant's **OWN** Signature Genevieve D. Baird
and Address Idaho Falls, Ida.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 29, 1944 (Month) (Day) (Year)
(c) Place: Rose Hill Cemetery, Ida. Falls

18. Funeral Director's **OWN** Signature Orland E. Buck
and Address Idaho Falls, Idaho

19. (a) Nov. 28-1944 (Date received and filed) (b) Anna Budge (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) November 27 19 44
at 12:10 o'clock A. M.

21. **I HEREBY CERTIFY**, That I attended deceased from Oct. 1 19 44, to Nov. 27 19 44
I last saw her alive on Nov. 26 19 44 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Pneumonia	5 days
Due to Intestinal Obstruction	5 days
Due to Ventral Hernia	
Other conditions Cancer Rt. Breast (Include pregnancy within 3 months of death)	6 yrs.

Where was disease contracted?
Name of operation ..... Date .....
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature T. C. Erickson M.D. (M. D. or other)
and Address Idaho Falls Date 11-28 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census DEC 11 1944

Certificate Of Death

STATE OF IDAHO

State File No. 141317
Local Reg. No. 25
Reg. Dist. No. 610

1. **PLACE OF DEATH:**
   (a) County Bonneville
   (b) City or town Idaho Falls
   (c) Street Address or R. F. D. No.
   (d) Death Occured Inside? ✓ Outside? ..... city or town
   (e) Died in a Home.... Hospital ✓ Institution.... Other place....
   (f) Name Hosp. or Inst. L. D. S. Stayed 5 days
   (g) Lived in this county ..... years ..... months 5 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Jefferson
   (c) City or town Rigby
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? ✓ Outside? ..... city or town
   (f) Citizen of what country? U. S. A.
   (g) How long had deceased lived in Idaho? 41 years
   (h) Former residence (city, state) Thornton, Ida.

3. (a) **FULL NAME** Gretta Marie Niemann 46e

3. (b) If veteran, name war .....
3. (c) Social Security No. None
4. Sex F.M.
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lester Niemann
6. (c) Age of husband or wife if alive 42 years
7. Date of Birth (Month, Day, Year) April 18, 1902

8. AGE	Years	Months	Days	If less than 1 day
	42	7	9	hrs ..... min.

9. Exact Occupation Housewife — Did this work for Life yrs.
10. Industry or Business Home — Date last worked 11/21/44
11. Birthplace Mitchell Co. (City or town) Kansas (State or foreign country)

Father
12. Name Hyrum C. Horne
13. Birthplace ..... (City or town) Kansas (State or foreign country)

Mother
14. Maiden name Irene D. Wehl
15. Birthplace ..... (City or town) Wisconsin (State or foreign country)

16. Informant's **OWN** Signature Gretta M. Niemann and Address Rigby Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/1/44 (Month) (Day) (Year)
    (c) Place: Annis, Idaho
18. Funeral Director's **OWN** Signature Rolland Wessen and Address Rexburg, Idaho
19. (a) Dec. 1-1944 (Date received and filed) (b) Emma Budge (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) November 27 1944
    at 6:30 o'clock A. M.
21. **I HEREBY CERTIFY**, That I attended deceased from Nov. 18, 1944, to Nov 27, 1944
    I last saw her alive on Nov. 26 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Toxemia	
Due to Bowel Obstruction	
Due to Cancer of Sigmoid	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? Idaho
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
    Occurred ..... 19..... City, county, state where violence occurred .....
    Place of Violence: Home ..... Farm ..... Industry .....
    Public Place ..... While at work? .....
    Means of injury .....
23. Attendant's **OWN** Signature Clifford B. Rigby M.D. (M. D. or other)
    and Address Rigby, Ida. Date 12-36 1944
    (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce DEC 11 1944
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 14131
Local Reg. No. 258
Reg. Dist. No. 610

1. **PLACE OF DEATH:**
   (a) County Bonneville
   (b) City or town Idaho Falls
   (c) Street Address or R. F. D. No. Memorial Dr.
   (d) Death Occured Inside? ✓ Outside? ..... city or town
   (e) Died in a Home.... Hospital ✓ Institution.... Other place....
   (f) Name Hosp. or Inst. U.S. Hosp. Stayed 2 days
   (g) Lived in this county.....years .....months .....days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Clark
   (c) City or town Dubois
   (d) Street Address or R.F.D. No. .....
   (e) Deceased lived Inside? ✓ Outside? ..... city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? ..... years
   (h) Former residence (city, state) .....

3. (a) **FULL NAME** Henry Gauchay 159

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced .....
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) November 25 1944

8. AGE	Years	Months	Days	If less than 1 day
			2	hrs min.

9. Exact Occupation home — Did this work for .....yrs.
10. Industry or Business ..... — Date last worked .....
11. Birthplace Idaho Falls, Idaho (City or town) (State or foreign country)

Mother
12. Name Henry Gauchay
13. Birthplace Dubois, Idaho (City or town) (State or foreign country)

Father
14. Maiden name Myrtle Barney
15. Birthplace Bonneville, Idaho (City or town) (State or foreign country)

16. Informant's **OWN** Signature Henry Bradford Gauchay and Address Dubois, Idaho

17. (a) Burial (Burial, cremation or removal) (b) Date thereof 11/28/44 (Month) (Day) (Year)
   (c) Place: Idaho Falls, Idaho

18. Funeral Director's **OWN** Signature Jack A. Ward and Address Idaho Falls, Idaho

19. (a) 12/4/44 (Date received and filed) (b) Anna Budge (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) November 27 1944 at 1/1 o'clock A M.

21. **I HEREBY CERTIFY**, That I attended deceased from Nov 25 1944, to Nov 27 1944
I last saw h.i.m alive on Nov 27 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
✓ Prematurity 6½ mos	2 days
Due to Respiratory failure	2 hrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? .....
Name of operation — Date .....
Major finding —
Finding of autopsy —

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature [illegible] M.D. (M. D. or other)
and Address Idaho Falls Date 11/29 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

DEC 14 1944

Certificate Of Death

STATE OF IDAHO

State File No. 141319
Local Reg. No. 46-44
Reg. Dist. No. 100

1. PLACE OF DEATH:

(a) County Boundary
(b) City or town Bonners Ferry
(c) Street Address or R.F.D. No. Star Route
(d) Death Occured Inside? ..... Outside? XX city or town
(e) Died in a Home XX Hospital ..... Institution ..... Other place
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 18 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

(a) State Idaho (b) County Boundary
(c) City or town Bonners Ferry
(d) Street Address or R.F.D. No. Star Route
(e) Deceased lived Inside? ..... Outside? XX city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 18 years
(h) Former residence (city, state) Oaks N. Dak.

3. (a) **FULL NAME** Mrs. Esther Ann Spurgeon

93e

3. (b) If veteran, name war NO
3. (c) Social Security No. No
4. Sex Fem. 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Geo. R.
6. (c) Age of husband or wife if alive Dec. years
7. Date of Birth (Month, Day, Year) 4/7/1856

8. AGE	Years	Months	Days	If less than 1 day
	88	6	26	hrs ..... min.

9. Exact Occupation Housewife — Did this work for 60 yrs.
10. Industry or Business at home — Date last worked 9/15/44
11. Birthplace Mt. Carroll Ill. (City or town) (State or foreign country)

Father
12. Name James Cullens
13. Birthplace Penn. (City or town) (State or foreign country)

Mother
14. Maiden name Esther Zerbes
15. Birthplace Penn. (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mrs. Lecarge Medford
and Address Bonners Ferry Idaho.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/6/44 (Month) (Day) (Year)
(c) Place: Bonners Ferry Idaho

18. Funeral Director's **OWN** Signature Frank Morse
and Address Bonners Ferry Idaho

19. (a) Nov 3-1944 (Date received and filed) (b) Phil Bonner (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Nov. 3rd. 1944
at 3:10 o'clock A. M.

21. **I HEREBY CERTIFY**, That I attended deceased from July 1 1944, to Nov 3 1944
I last saw her alive on Nov 1 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary Thrombosis Myocardial Insufficiency — Duration 14 hrs
Due to Senility
Due to
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?
Name of operation ..... Date .....
Major finding
Finding of autopsy

PHYISICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury

23. Attendant's **OWN** Signature Phil Bonner M.D.
(M. D. or other)
and Address Bonners Ferry Date Nov 3 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

DEC 14 1944

Certificate Of Death

STATE OF IDAHO

State File No. 141320
Local Reg. No. 49-44
Reg. Dist. No. 100

1. **PLACE OF DEATH:**
   (a) County Boundary
   (b) City or town Bonners Ferry
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? Outside? XX city or town
   (e) Died in a Home X Hospital Institution Other place
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county 19 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Boundary
   (c) City or town Bonners Ferry
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? Outside? XX city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 19 years
   (h) Former residence (city, state) Chicago Ill.

3. (a) **FULL NAME** Mrs. Katherine Brockly

94a

3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex Fem.
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Louis E.
6. (c) Age of husband or wife if alive 67 years
7. Date of Birth (Month, Day, Year) May 5, 1879

8. AGE	Years	Months	Days	If less than 1 day hrs	min.
	65	6	20		

9. Exact Occupation Housewife — Did this work for 45 yrs.
10. Industry or Business at home — Date last worked 11/25/44
11. Birthplace Alsace-Lorraine (City or town) (State or foreign country)

Father
12. Name George Winterberger
13. Birthplace Alsace-Lorraine (City or town) (State or foreign country)

Mother
14. Maiden name Anna unknown
15. Birthplace Alsace Lorraine (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mrs Benton Teer
and Address Moyie Springs Idaho.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/28/44 (Month) (Day) (Year)
(c) Place: Bonners Ferry Idaho.

18. Funeral Director's **OWN** Signature Frank Morse
and Address Bonners Ferry Idaho

19. (a) 11/29/44 (Date received and filed) (b) Phil Bowell (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Nov. 25th. 1944
at 9:00 o'clock P. M.

21. **I HEREBY CERTIFY,** That I attended deceased from ..... 19..... to ..... 19.....
I last saw h..... alive on ..... 19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Sudden death	
Due to Coronary Occlusion	12 hours
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ..... Date.....
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred ..... 19..... City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature Phil Bowell M.D. (M. D. or other)
and Address Bonners Ferry Date 11/29 1944

(For additional space, use reverse side)

United States
Department of Commerce
Bureau of the Census

NOV 27 1944

Certificate Of Death

STATE OF IDAHO

State File No. 141321
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF DEATH:**
(a) County Camas
(b) City or town Fairfield
(c) Street Address or R.F.D. No. Fairfield
(d) Death Occured Inside? Outside? X city or town
(e) Died in a Home Hospital Institution Other place X
(f) Name Hosp. or Inst. --------- Stayed --- days
(g) Lived in this county 3 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Camas
(c) City or town Fairfield
(d) Street Address or R.F.D. No. Fairfield
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? United States
(g) How long had deceased lived in Idaho? life years
(h) Former residence (city, state) Jerome Idaho

3. (a) **FULL NAME** James S. Hartshorn

175a

3. (b) If veteran, name war no
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mildred E.
6. (c) Age of husband or wife if alive 30 years
7. Date of Birth (Month, Day, Year) May 31 1910

8. AGE	Years	Months	Days	If less than 1 day
	34	2	27	hrs min.

9. Exact Occupation Editor & Publisher Did this for 11 yrs.
10. Industry or Business Date last worked 8/27/44
11. Birthplace Jerome Idaho (City or town) (State or foreign country)
Father
12. Name John S. Hartshorn
13. Birthplace ----- Michigan (City or town) (State or foreign country)
Mother
14. Maiden name Kitty C. Friedt
15. Birthplace ----- Michigan (City or town) (State or foreign country)
16. Informant's OWN Signature Mildred E. Hartshorn
and Address Fairfield, Ida.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 8/31/44 (Month) (Day) (Year)
(c) Place: Jerome Idaho
18. Funeral Director's OWN Signature H.P. Bright
and Address Gooding, Idaho
19. (a) Nov 27-1944 (Date received and filed) (b) Mabel Elder (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) August 27 1944
at 11:30 o'clock A. M.
21. **I HEREBY CERTIFY**, That I attended deceased from ..... 19....., to ..... 19.....
I last saw h..... alive on ..... 19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Internal injuries (instantaneous) broken ribs, punctured heart & left lung	
Due to	
Due to	
✓ Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYISCIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? X Suicide? Homicide?
Occurred Aug. 27 1944 City, county, state where violence occurred
Place of Violence: Home Farm X Industry
Public Place While at work? X
Means of injury thrown from Tractor
23. Attendant's OWN Signature Harry J. Tanner (Corner) (M. D. or other)
and Address Fairfield Ida Date Aug 30 1944
(For additional space, use reverse side)

...at, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each ...should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ...ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

NOV 27 1944

Certificate Of Death

STATE OF IDAHO

State File No. 141322
Local Reg. No.
Reg. Dist. No.

1. PLACE OF DEATH:
(a) County Camas
(b) City or town Fairfield R.D. 1
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? Outside? X city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 40 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Camas
(c) City or town Fairfield
(d) ~~Street Address or~~ R.F.D. No. 1
(e) Deceased lived Inside? Outside? X city or town
(f) Citizen of what country? United States
(g) How long had deceased lived in Idaho? 40 years
(h) Former residence (city, state) Teesdale, Utah.

3. (a) FULL NAME Oscar Naser

95c

3. (b) If veteran, name war X
3. (c) Social Security No. X
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Olga
6. (c) Age of husband or wife if alive 48 years
7. Date of Birth (Month, Day, Year) January 15, 1886

8. AGE	Years	Months	Days	If less than 1 day
	58	7	23	hrs min.

9. Exact Occupation farmer — Did this work for life yrs.
10. Industry or Business — Date last worked 9.7.44
11. Birthplace Teesdale, Utah (City or town) (State or foreign country)

Father
12. Name Rudolph Naser
13. Birthplace Switzerland (City or town) (State or foreign country)

Mother
14. Maiden name Petrea Munk
15. Birthplace Manti, Utah (City or town) (State or foreign country)

16. Informant's **OWN** Signature Olga Naser
and Address Fairfield, Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 9.10.44 (Month) (Day) (Year)
(c) Place: Elmwood Cemetery, Gooding, Ida
18. Funeral Director's **OWN** Signature H.P. Bright
and Address Gooding, Idaho
19. (a) Sept. 11, 1944 (Date received and filed) (b) John Evans (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) September 8, 1944
at 0 o'clock M.

21. **I HEREBY CERTIFY**, That I attended deceased from 19 to 19
I last saw him alive on Sept. 7 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cardiac Attack	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature Harry J. Samuels
Coroner (M. D. or other)
and Address Fairfield, Ida. Date 9 11 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census NOV 27 1944

Certificate Of Death

STATE OF IDAHO

State File No. 141323
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF DEATH:**
   (a) County Camas
   (b) City or town Fairfield
   (c) Street Address or R. F. D. No. "
   (d) Death Occured Inside? X Outside? city or town
   (e) Died in a Home X Hospital Institution Other place
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county 2 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these).
   (a) State Idaho (b) County Camas
   (c) City or town Fairfield
   (d) Street Address or R.F.D. No. "
   (e) Deceased lived Inside? X Outside? city or town
   (f) Citizen of what country? United States
   (g) How long had deceased lived in Idaho? 2 years
   (h) Former residence (city, state) St. Paul, Minn.

3. (a) **FULL NAME** Edward J. Sawyer 95c

3. (b) If veteran, name war ------
3. (c) Social Security No. 701-05-7767
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Minnie W.
6. (c) Age of husband or wife if alive 72 years
7. Date of Birth (Month, Day, Year) Jan. 8, 1871

8. AGE	Years	Months	Days	If less than 1 day
	73	10	1	hrs min.

9. Exact Occupation retired Railroad man — Did this work for life yrs.
10. Industry or Business ------ — Date last worked 1937
11. Birthplace Sterling Ill. (City or town) (State or foreign country)

Father
12. Name George M. Sawyer
13. Birthplace Boston Mass. (City or town) (State or foreign country)

Mother
14. Maiden name Adaline Gilbert
15. Birthplace Boston Mass. (City or town) (State or foreign country)

16. Informant's **OWN** Signature Rolando Sawyer
and Address Fairfield Idaho

17. (a) cremation (Burial, cremation, or removal) (b) Date thereof 11/13/44 (Month) (Day) (Year)
(c) Place: Salt Lake City, Utah

18. Funeral Director's **OWN** Signature W.P. Bright
and Address Gooding Idaho

19. (a) ------ (Date received and filed) (b) ------ (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Nov. 9, 1944
at 8 o'clock P M.

21. **I HEREBY CERTIFY**, That I attended deceased from ------ 19---, to ------ 19---
I last saw him alive on Nov. 9 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Heart Attack	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation ---- Date ----	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature Harry J. Farman (M. D. or other)
and Address Corner Date 19

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 41524
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF DEATH:**
   (a) County Camas
   (b) City or town Fairfield
   (c) Street Address or R. F. D. No.
   (d) Death Occured Inside? X Outside? city or town
   (e) Died in a Home X Hospital Institution Other place
   (f) Name Hosp. or Inst. ------- Stayed -- days
   (g) Lived in this county 24 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Camas
   (c) City or town Fairfield
   (d) Street Address or R.F.D. No. Fairfield
   (e) Deceased lived Inside? X Outside? city or town
   (f) Citizen of what country? United States
   (g) How long had deceased lived in Idaho? 24 years
   (h) Former residence (city, state) St Anthony Ida

3. (a) **FULL NAME** Verl A. Cox

91C

3. (b) If veteran, name war ------
3. (c) Social Security No.
4. Sex M race W
5. Color or
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife ------
6. (c) Age of husband or wife if alive ------ years
7. Date of Birth (Month, Day, Year) Feb. 2, 1920

8. AGE	Years	Months	Days	If less than 1 day
	24	9	26	hrs min.

9. Exact Occupation laborer — Did this work for life yrs.
10. Industry or Business — Date last worked 8/1/44
11. Birthplace St. Anthony Idaho (City or town) (State or foreign country)

Father
12. Name Bert Cox
13. Birthplace Fairview Utah (City or town) (State or foreign country)

Mother
14. Maiden name Jennie Moon
15. Birthplace Egin Idaho (City or town) (State or foreign country)

16. Informant's **OWN** Signature Bert Cox
and Address Fairfield Idaho

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 12/1/44 (Month) (Day) (Year)
(c) Place: Manard Cem. Fairfield Ida.

18. Funeral Director's **OWN** Signature W. P. Bright
and Address Gooding, Idaho

19. (a) Dec 5 1944 (Date received and filed) (b) Mabel Bolden (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Nov 28 1944
at 12 30 o'clock P M.

21. **I HEREBY CERTIFY**, That I attended deceased from Nov 26 1944, to 11-28- 1944
I last saw h-im alive on 11-26- 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Endocarditis	2
Due to	1
Due to	
Other conditions Oedema	
(Include pregnancy within 3 months of death)	

Where was disease contracted? T
Name of operation ------ Date ------
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature J A Cromwell (M. D. or other)
and Address Gooding Ida Date 11-29 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

DEC 6 1944

Certificate Of Death

STATE OF IDAHO

State File No. 141325
Local Reg. No. 125
Reg. Dist. No. 361

1. **PLACE OF DEATH:**
   (a) County Canyon
   (b) City or town Caldwell
   (c) Street Address or R.F.D. No. 2
   (d) Death Occured Inside? ..... Outside? X city or town
   (e) Died in a Home X Hospital.... Institution.... Other place....
   (f) Name Hosp. or Inst. ..... Stayed .....days
   (g) Lived in this county 4½ years .....months .....days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Canyon
   (c) City or town Caldwell
   (d) Street Address or R.F.D. No. 2
   (e) Deceased lived Inside? ..... Outside? X city or town
   (f) Citizen of what country? U. S. A.
   (g) How long had deceased lived in Idaho? .....years
   (h) Former residence (city, state) Ore.

3. (a) **FULL NAME** Ellen Canfield 93d

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Fem. 5. Color or race White 6. (a) Single, widowed, married, divorced Wd.
6. (b) Name of husband or wife Roswell C. Canfield 6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) March 7, 1856

8. AGE	Years	Months	Days	If less than 1 day
	88	7	19	hrs min.

9. Exact Occupation Housewife Did this work for .....yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Wood County, Ohio (City or town) (State or foreign country)

Father
12. Name John L. Mahoney
13. Birthplace Liverpool, England (City or town) (State or foreign country)

Mother
14. Maiden name Francis Mc Farren
15. Birthplace Wood County, Ohio (City or town) (State or foreign country)

16. Informant's **OWN** Signature Ellen C. Gardiner
and Address R2 Caldwell

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-31-44 (Month) (Day) (Year)
(c) Place: Canyon Hill Cemetery

18. Funeral Director's **OWN** Signature D. V. Peckham
and Address 504 S. Kimball Ave. Caldwell

19. (a) 11-18-44 (Date received and filed) (b) Agnes M. Denmans (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Oct. 26 19 44
at 6:30 o'clock P.M.

21. **I HEREBY CERTIFY,** That I attended deceased from June 1943, to Oct 26 1944
I last saw her alive on Oct 26 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Pneumonia Hypostatic	Several hr.
Due to	
Due to Hypertension	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature R F Coons M.D. (M. D. or other)
and Address Caldwell Ida Date 12-27 1944

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

DEC 6 1944

State File No. 141326
Local Reg. No. 122
Reg. Dist. No. 361

1. **PLACE OF DEATH:**
   (a) County Canyon.
   (b) City or town Near Notus.
   (c) Street Address or R.F.D. No. X
   (d) Death Occured Inside? ..... Outside? Yes city or town
   (e) Died in a Home .... Hospital .... Institution .... Other place X
   (f) Name Hosp. or Inst. ..... Stayed ..... days
   (g) Lived in this county 2 years ..... months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho. (b) County Parma.
   (c) City or town Canyon.
   (d) Street Address or R.F.D. No. X
   (e) Deceased lived Inside? Yes Outside? ..... city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 29 years
   (h) Former residence (city, state) Penn.

3. (a) **FULL NAME** Charles Sidney Card. 170 c

3. (b) If veteran, name war No.
3. (c) Social Security No. None.
4. Sex Male. 5. Color or race White. 6. (a) Single, widowed, married, divorced Married.
6. (b) Name of husband or wife Cora. A. Card. 6. (c) Age of husband or wife if alive 54. years
7. Date of Birth (Month, Day, Year) June. 27. 1875.

8. AGE	Years	Months	Days	If less than 1 day
	69.	4.	4.	hrs min.

9. Exact Occupation Cigar Store Owner. Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Potter County Penn. (City or town) (State or foreign country)

Father
12. Name David Card.
13. Birthplace Unknown. (City or town) (State or foreign country)

Mother
14. Maiden name Unknown.
15. Birthplace Unknown. (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mrs Cora. A. Card
and Address Parma. Idaho

17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof Nov. 7. 1944. (Month) (Day) (Year)
(c) Place: Cloverdale Memorial Park. Summers Funeral Home.

18. Funeral Director's **OWN** Signature Clyde E. Summers
and Address Boise. Idaho.

19. (a) 11-10-44 (Date received and filed) (b) Registrar's signature

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Sept. 11-1 1944
at 7:10 o'clock P. M.

21. **I HEREBY CERTIFY**, That I attended deceased from ..... 19..... to ..... 19.....
I last saw h..... alive on ..... 19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration
Front seat of car moved forward crushing cards chest against steering wheel.
Due to
Due to Speeding on Highway hitting Other conditions Parked Car at side of Highway
(Include pregnancy within 3 months of death)

Where was disease contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy None

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? X Suicide? ..... Homicide? .....
Occurred Sept. 11-1 1944 City, county, state where violence occurred Parma, Caldwell, Highway
Place of Violence: Home ..... Farm ..... Industry .....
Public Place Highway While at work? .....
Means of injury Crushed Chest.

23. Attendant's **OWN** Signature Wm D Talley (M. D. or other) Coroner
and Address Nampa Ida. Date 11-7-1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census DEC 6 1944

Certificate Of Death

STATE OF IDAHO

State File No. 141327
Local Reg. No. 129
Reg. Dist. No. 361

1. **PLACE OF DEATH:**
(a) County Canyon
(b) City or town Caldwell
(c) Street Address or R.F.D. No. 5th & Kerney
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Home.... Hospital.... Institution.... Other place X
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county ? years ? months ? days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Caldwell
(d) Street Address or R.F.D. No. 5th & Kerney
(e) Deceased lived Inside? X Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? ? years
(h) Former residence (city, state) ?

3. (a) **FULL NAME** Albert Laurence Sisley 94a

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed or Div.?
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Date of Birth (Month, Day, Year) July 5, 1873

8. AGE	Years	Months	Days	If less than 1 day
	71	3	26	hrs min.

9. Exact Occupation Laborer Did this work for — yrs.
10. Industry or Business — Date last worked —
11. Birthplace Unknown (City or town) (State or foreign country)
Father
12. Name Unknown
13. Birthplace Unknown (City or town) (State or foreign country)
Mother
14. Maiden name Unknown
15. Birthplace Unknown (City or town) (State or foreign country)
16. Informant's **OWN** Signature Sew Tullerton
and Address Caldwell Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-6-44 (Month) (Day) (Year)
(c) Place: Canyon Hill Cemetery
18. Funeral Director's **OWN** Signature [signature]
and Address 504 So. Kimball Ave Caldwell Ida.
19. (a) 11-18-44 (Date received and filed) (b) Agnes M Dinman (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Nov. 1 19 44
at 3:00 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from ..... 19....., to ..... 19.....
I last saw h..... alive on ..... 19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Probably Coronary Thrombosis.	
Collapsed while working at	
~~Due to~~ house moving.	
History - Complained of pain in region of heart.	
Due to Probably over Exertion.	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation ..... Date	
Major finding	
Finding of autopsy None	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred Nov. 1 19 44 City, county, state where violence occurred Caldwell Ida.
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? X
Means of injury .....
23. Attendant's **OWN** Signature Wm D Falley (M. D. or other)
and Address Nampa Ida Date 11-8 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

NOV 1944

Certificate Of Death

STATE OF IDAHO

State File No. 141328
Local Reg. No. 121
Reg. Dist. No. 360

1. **PLACE OF DEATH:**
(a) County Canyon.
(b) City or town Caldwell.
(c) Street Address or R.F.D. No. 210. Cleveland.
(d) Death Occured Inside? Yes Outside? ..... city or town
(e) Died in a Home.... Hospital.... Institution X Other place....
(f) Name Hosp. or Inst. Arnold Nursing Home. Stayed 2 Yrs
(g) Lived in this county 2 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho. (b) County Ada
(c) City or town Boise.
(d) Street Address or R.F.D. No. R.D. # 2.
(e) Deceased lived Inside? ..... Outside? Yes city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 41. years
(h) Former residence (city, state) Minnesotta.

3. (a) **FULL NAME** Ina. M. Trask.

162 b

3. (b) If veteran, name war No.
3. (c) Social Security No. None.
4. Sex Female. 5. Color or race White.
6. (a) Single, widowed, married, divorced Widow.
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) June. 15. 1863.

8. AGE	Years	Months	Days	If less than 1 day
	81.	4.	16.	hrs min.

9. Exact Occupation At Home. Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Noka Minnesotta. (City or town) (State or foreign country)
Father 12. Name Pease.
13. Birthplace Unknown. (City or town) (State or foreign country)
Mother 14. Maiden name Unknown.
15. Birthplace Unknown. (City or town) (State or foreign country)
16. Informant's **OWN** Signature Ray H Trask
and Address P.O. Box 135 Boise, Ido
17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof Nov. 3. 1944. (Month) (Day) (Year)
(c) Place: Morris Hill Cemetery.
18. Funeral Director's **OWN** Signature Summers Funeral Home. Clyde E. Summers
and Address Boise, Idaho.
19. (a) 11-6-44 (Date received and filed) (b) Agnes M. Denman (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Nov 1 1944
at 3 o'clock a M.
21. **I HEREBY CERTIFY,** That I attended deceased from July 1 1944, to Nov 1 1944
I last saw her alive on Nov 1 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Senility	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature [signature] (M. D. or other)
and Address Caldwell Ida Date 10-3 1944
(For additional space, use reverse side)

141329

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

NOV 9 1944

State File No.
Local Reg. No. 210
Reg. Dist. No. 362

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
   (a) County Canyon
   (b) City or town Nampa
   (c) Street Address or R.F.D. No. 111 10th Ave No
   (d) Death Occured Inside? — Outside? ..... city or town
   (e) Died in a Home.... Hospital — Institution.... Other place....
   (f) Name Hosp. or Inst. Mercy Hospital ..... days
   (g) Lived in this county ..... years ..... months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Canyon
   (c) City or town Nampa
   (d) Street Address or R.F.D. No. 111 10th Ave So
   (e) Deceased lived Inside? — Outside? ..... city or town
   (f) Citizen of what country? U S A
   (g) How long had deceased lived in Idaho? — years
   (h) Former residence (city, state) —

3. (a) **FULL NAME** Infant daughter of Adam & Beatrice Martin 159

3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex M race W
5. Color or race
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Date of Birth (Month, Day, Year) Nov 1 1944

8. AGE	Years	Months	Days	If less than 1 day
	—	—	—	4 hrs ..... min.

9. Exact Occupation — Did this work for ..... yrs.
10. Industry or Business — Date last worked .....
11. Birthplace Nampa Idaho (City or town) (State or foreign country)
12. Father Name Adam Martin
13. Father Birthplace N. Dakota (City or town) (State or foreign country)
14. Mother Maiden name Beatrice Dennis
15. Mother Birthplace N Dakota (City or town) (State or foreign country)
16. Informant's **OWN** Signature Rondo Burns
and Address 127 Elmore
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/2/44 (Month) (Day) (Year)
(c) Place: Nampa Idaho
18. Funeral Director's **OWN** Signature Grace K. Robinson
and Address Nampa Ida
19. (a) Nov. 4-1944 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Nov 1 1944
at 7:35 o'clock A.M.
21. **I HEREBY CERTIFY**, That I attended deceased from 10-31 1944 to 11-1 1944
I last saw h— alive on 11-1 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Prematurity.	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ..... Date .....
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury —
23. Attendant's **OWN** Signature J. C. Horton M.D. (M.D. or other)
and Address Nampa Idaho Date ..... 19.....
(For additional space, use reverse side)

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Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

DEC 6 1944

Certificate Of Death

STATE OF IDAHO

State File No. 141330
Local Reg. No. 123
Reg. Dist. No. 361

1. **PLACE OF DEATH:**
(a) County Canyon
(b) City or town Caldwell
(c) Street Address or R.F.D. No. 2
(d) Death Occured Inside? ..... Outside? X city or town
(e) Died in a Home X Hospital ..... Institution ..... Other place .....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 44 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Notus
(d) Street Address or R.F.D. No. .....
(e) Deceased lived Inside? ..... Outside? X city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 44 years
(h) Former residence (city, state) Flagler, Colo.

3. (a) **FULL NAME** Lillie K. Reinemer 131a

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Fem.
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife W. M. Reinemer
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) Mar. 1, 1868

8. AGE	Years	Months	Days	If less than 1 day
	76	8	1	hrs min.

9. Exact Occupation Housewife Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace St. Louis, Mo. (City or town) (State or foreign country)
Father
12. Name Carl Engler
13. Birthplace ..... Germany (City or town) (State or foreign country)
Mother
14. Maiden name Mary Diemend
15. Birthplace ..... Germany (City or town) (State or foreign country)
16. Informant's **OWN** Signature Mabel Iverson
and Address Route 1 - Caldwell, Ida.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/6/44 (Month) (Day) (Year)
(c) Place: Cloverdale Mem. Park - Boise
18. Funeral Director's **OWN** Signature [illegible]
and Address 504 So. Kimball Ave.
19. (a) 11-18-44 (Date received and filed) (b) Agnes M. Denman (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Nov. 2 1944
at 3:15 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from Jan 1944 to Nov. 2 1944
I last saw her alive on Oct 30 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration
Cardio Vascular 3 mo.
Due to Renal Disease
Due to Chr. Arthritis 5 yrs
Other conditions .....
(Include pregnancy within 3 months of death)
Where was disease contracted? Canyon Co.
Name of operation ..... Canyon
Major finding .....
Finding of autopsy .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... City, county, state
where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature [illegible] (M. D. or other)
and Address [illegible] Date Nov 8 1944
(For additional space, use reverse side)

141331

United States
Department of Commerce
Bureau of the Census

DEC 9 1944

Certificate Of Death

STATE OF IDAHO

State File No.
Local Reg. No. 213
Reg. Dist. No. 363

1. **PLACE OF DEATH:**
(a) County Canyon
(b) City or town Nampa
(c) Street Address or R.F.D. No. 1516 - 8th St. So.
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Home.... Hospital X Institution.... Other place....
(f) Name Hosp. or Inst. Mercy Stayed ..... days
(g) Lived in this county ..... years 11 months 15 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Wilder
(d) Street Address or R.F.D. No. 1
(e) Deceased lived Inside? ..... Outside? X city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 11-mo years
(h) Former residence (city, state) ——

3. (a) **FULL NAME** Sharon Kay Mayer 89a

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Fem. 5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife ——
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) Nov. 18, 1943

8. AGE	Years	Months	Days	If less than 1 day
	—	11	15	hrs min.

9. Exact Occupation ..... Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Nampa (City or town) Idaho (State or foreign country)
Father 12. Name Wilbert Mayer
13. Birthplace (City or town) No. Dakota (State or foreign country)
Mother 14. Maiden name Belva L. Taylor
15. Birthplace Huston (City or town) Idaho (State or foreign country)
16. Informant's OWN Signature Belva L. Mayer
and Address R. 1 - Wilder Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-7-44 (Month) (Day) (Year)
(c) Place: Canyon Hill Cemetery
18. Funeral Director's OWN Signature [illegible]
and Address 504 So. Kimball Ave. Caldwell
19. (a) Nov. 17 1944 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Nov. 3 1944
at 3 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from Oct 1 1944, to Nov 3 1944
I last saw her alive on Nov 3 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebro spinal meningitis with encephalitis - non epidemic	1 mo
Due to Otitis media	1 wk
Due to —	
Other conditions — (Include pregnancy within 3 months of death)	

Where was disease contracted? Home
Name of operation — Date
Major finding —
Finding of autopsy Meningitis + encephalitis.

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's OWN Signature L. Rodwell MD (M. D. or other)
and Address Nampa Date 11-9 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

141332

United States
Department of Commerce
Bureau of the Census DEC 6 1944

Certificate Of Death

STATE OF IDAHO

State File No.
Local Reg. No. 128
Reg. Dist. No. 361

1. **PLACE OF DEATH:**
(a) County Canyon
(b) City or town Caldwell
(c) Street Address or R.F.D. No. 2
(d) Death Occured Inside? ..... Outside? X city or town
(e) Died in a Home X Hospital ... Institution ... Other place ...
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 39 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Caldwell
(d) Street Address or R.F.D. No. 2
(e) Deceased lived Inside? ..... Outside? X city or town
(f) Citizen of what country? U. S. A.
(g) How long had deceased lived in Idaho? 39 years
(h) Former residence (city, state) Okla.

3. (a) **FULL NAME** Rosa Huston

83a

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Fem. 5. Color or race W
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Jacob
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) Feb. 3, 1869

8. AGE	Years	Months	Days	If less than 1 day
	75	9	0	hrs min.

9. Exact Occupation Housewife Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Indiana (City or town) (State or foreign country)
Father
12. Name Vails Huston
13. Birthplace Unknown (City or town) (State or foreign country)
Mother
14. Maiden name Thayer
15. Birthplace Unknown (City or town) (State or foreign country)
16. Informant's **OWN** Signature Ben Huston
and Address Caldwell, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-9-44 (Month) (Day) (Year)
(c) Place: Canyon Hill Cemetery
18. Funeral Director's **OWN** Signature [illegible]
and Address 504 So. Kimball Ave. Caldwell, Ida
19. (a) 11-18-44 (Date received and filed) (b) Agnes M Denman (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Nov. 3 1944
at 6:15 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from Nov. 3 1944 to Nov. 3 1944
I last saw her alive on Nov. 3 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebral hemorrhage	1 day
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation ..... Date	
Major finding	
Finding of autopsy	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature C. R. Whittenberger D.O. (M. D. or other)
and Address Caldwell, Ida Date Nov. 7 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

DEC 6 1944

Certificate Of Death

STATE OF IDAHO

State File No. 141333
Local Reg. No. 130
Reg. Dist. No. 361

1. **PLACE OF DEATH:**
   (a) County Canyon
   (b) City or town Caldwell
   (c) Street Address or R.F.D. No. 818 Logan
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home .... Hospital X Institution .... Other place ....
   (f) Name Hosp. or Inst. Caldwell Sanitar Stayed ..... days
   (g) Lived in this county 40 years ..... months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Canyon
   (c) City or town Parma
   (d) Street Address or R.F.D. No. 3
   (e) Deceased lived Inside? ..... Outside? X city or town
   (f) Citizen of what country? U. S. A.
   (g) How long had deceased lived in Idaho? 40 years
   (h) Former residence (city, state) Carthage Missouri

3. (a) **FULL NAME** William Sarney Pollard

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Vera
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) Oct. 24, 1877

8. AGE	Years	Months	Days	If less than 1 day
	67	0	6	hrs ..... min.

9. Exact Occupation Farmer — Did this work for 40 yrs.
10. Industry or Business Farming — Date last worked 11/1/44
11. Birthplace Carthage (City or town) Missouri (State or foreign country)

Father
12. Name Samuel Pollard
13. Birthplace Unknown (City or town) (State or foreign country)

Mother
14. Maiden name Unknown
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's **OWN** Signature .....
and Address Vera Pollard - Parma

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-8-44 (Month) (Day) (Year)
(c) Place: Rosedale Cemetery

18. Funeral Director's **OWN** Signature .....
and Address 504 E. Kimball Ave. Caldwell Idaho

19. (a) 11-18-44 (Date received and filed) (b) Agnes M. Denman (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Nov. 3 1944
at 5:30 o'clock A. M.

21. **I HEREBY CERTIFY**, That I attended deceased from Nov 1 1944, to Nov 3 1944
I last saw h..... alive on ..... 19.....; death is ~~said to have occurred on the date and hour~~ stated above.

Immediate Cause of Death:	Duration
Coronary Thrombosis	Instant
Due to Internal injury	2 da.
Due to Auto accident	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? Canyon Co.
Name of operation None Date .....
Major finding .....
Finding of autopsy None

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Yes Suicide? — Homicide? —
Occurred Nov 1 1944 City, county, state where violence occurred Hwy 10, Canyon Co Idaho
Place of Violence: Home — Farm — Industry —
Public Place Highway While at work? No
Means of injury Auto accident

23. Attendant's **OWN** Signature .....
and Address Caldwell Idaho (M. D. or other) Date Dec 5 1944
(For additional space, use reverse side)

141334

United States
Department of Commerce
Bureau of the Census DEC 6 1944

Certificate Of Death

STATE OF IDAHO

State File No.
Local Reg. No. 124
Reg. Dist. No. 360

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
   (a) County Canyon
   (b) City or town Caldwell
   (c) Street Address or R.F.D. No. 301 Denver
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home X Hospital .... Institution .... Other place ....
   (f) Name Hosp. or Inst. ..... Stayed ..... days
   (g) Lived in this county 18 years ..... months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Canyon
   (c) City or town Caldwell
   (d) Street Address or R.F.D. No. 301 Denver St.
   (e) Deceased lived Inside? X Outside? ..... city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 18 years
   (h) Former residence (city, state) Kansas

3. (a) **FULL NAME** NORA ANN BRIGHT DAVIS

94a

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Fem.
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife A. L. Davis
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) March 16, 1874

8. AGE	Years	Months	Days	If less than 1 day hrs	min.
	70	7	21		

9. Exact Occupation Housewife — Did this work for ..... yrs.
10. Industry or Business ..... — Date last worked .....
11. Birthplace Anderson (City or town) Indiana (State or foreign country)

Father
12. Name Alex Bright
13. Birthplace ..... England (City or town) (State or foreign country)

Mother
14. Maiden name Raechal Riggs
15. Birthplace ..... Indiana (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mrs Gladys Hulbert
and Address 301 Denver St Caldwell

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/13/44 (Month) (Day) (Year)
(c) Place: Canyon Hill Cemetery, Caldwell

18. Funeral Director's **OWN** Signature V. Lee Isham
and Address 504 So. Kimball Ave., Caldwell

19. (a) 11-18-44 (Date received and filed) (b) Agnes M Dinsman (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Nov. 7, 1944
at 7:00 o'clock A. M.

21. **I HEREBY CERTIFY**, That I attended deceased from Nov. 7 1944, to Nov 7 1944
I last saw her alive on Nov 7 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary thrombosis. Duration few minutes

Due to .....

Due to .....

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19.. City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature [illegible] (M. D. or other)
and Address [illegible] Date Nov. 7, 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

DEC 9 1944

Certificate Of Death

STATE OF IDAHO

State File No. 141335
Local Reg. No. 210
Reg. Dist. No. 362

1. **PLACE OF DEATH:**
(a) County Canyon
(b) City or town Nampa
(c) Street Address or R.F.D. No. 707-11 Ave No.
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Home X Hospital ..... Institution ..... Other place .....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county ..... years 2 months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Bingham
(c) City or town Aberdeen
(d) Street Address or R.F.D. No. —
(e) Deceased lived Inside? X Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? life years
(h) Former residence (city, state) .....

3. (a) **FULL NAME** Buelah Benton Johnson. 1642

3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex F
5. Color or race W.
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Wm
6. (c) Age of husband or wife if alive 48 years
7. Date of Birth (Month, Day, Year) May 23 - 1897

8. AGE	Years	Months	Days	If less than 1 day
	47	5	15	hrs min.

9. Exact Occupation Housewife Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Butte County (City or town) (State or foreign country)
Father
12. Name Frank Staddard
13. Birthplace Utah (City or town) (State or foreign country)
Mother
14. Maiden name Mary Taylor
15. Birthplace Utah (City or town) (State or foreign country)
16. Informant's **OWN** Signature X W. J. Johnson
and Address Nampa Ida
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 11-10-44 (Month) (Day) (Year)
(c) Place: Moore Idaho.
18. Funeral Director's **OWN** Signature Wm D. Talley
and Address Nampa Idaho
19. (a) Nov. 10-1944 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Nov. 8 1944
at about 4 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from ..... 19....., to ..... 19.....
I last saw h..... alive on ..... 19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
By Severing Jugular Vein also Ulner Artery with ~~Due to~~ a Barbers Razor.	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYISCIAN
Name of operation ..... Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy None	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ✓ Suicide? X Homicide? .....
Occurred Nov. 8. 1944 City, county, state where violence occurred Garage at Home.
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury as above stated
23. Attendant's **OWN** Signature Wm D. Talley Coroner (M. D. or other)
and Address Nampa Ida Date 11/9 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

DEC 9 1944

State File No. 141336
Local Reg. No. 214
Reg. Dist. No. 363

1. **PLACE OF DEATH:**
   (a) County Canyon
   (b) City or town Nampa
   (c) Street Address or R.F.D. No. 1615- 8th St. So.
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home.... Hospital X Institution.... Other place....
   (f) Name Hosp. or Inst. Mercy Hosp Stayed ..... days
   (g) Lived in this county 31 years ..... months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Canyon
   (c) City or town Homedale
   (d) Street Address or R.F.D. No. .....
   (e) Deceased lived Inside? ..... Outside? X city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 31 years
   (h) Former residence (city, state) .....

3. (a) **FULL NAME** EFFIE CATHRYN GOWEY 1310-

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Fem. 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife R. J. Gowey
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) Oct- 16- 1877

8. AGE	Years	Months	Days	If less than 1 day
	67	0	23	hrs ..... min.

9. Exact Occupation Housewife Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Richland, Iowa (City or town) (State or foreign country)

Mother Father
12. Name J. M. Dickison
13. Birthplace Wisconsin (City or town) (State or foreign country)
14. Maiden name Sarah Wagoner
15. Birthplace Virginia (City or town) (State or foreign country)

16. Informant's **OWN** Signature R. J. Gowey
and Address Homedale, Ida
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/13/44 (Month) (Day) (Year)
(c) Place: Canyon Hill Cemetery
18. Funeral Director's **OWN** Signature V. Peckham
and Address 504 So. Kimball Ave., Caldwell
19. (a) Nov. 18-1944 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Nov. 9, 19 44
at 6:45 o'clock A. M.

21. **I HEREBY CERTIFY,** That I attended deceased from 1943 19 ..... to Nov 9 19 44
I last saw h[illegible] alive on Nov 8 19 44, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Hypertensive Heart disease	2 yrs
Chronic Myocarditis	2 yrs
Due to Arteriosclerosis	10 yrs
Due to Chronic Nephritis	1 yr
Other conditions Pulmonary Infarct (Include pregnancy within 3 months of death)	5 wks

Where was disease contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature Jno Baltzer MD (M. D) or other)
and Address Nampa Date 11/15 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census DEC 6 1944

Certificate Of Death

STATE OF IDAHO

State File No. 141337
Local Reg. No. 147
Reg. Dist. No. 361

1. **PLACE OF DEATH:**
   (a) County Canyon
   (b) City or town Caldwell
   (c) Street Address or R. F. D. No.
   (d) Death Occured Inside? Outside? city or town
   (e) Died in a Home ✓ Hospital Institution Other place
   (f) Name Hosp. Inst. O. F. Home Stayed days
   (g) Lived in this county 4 years months days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Canyon
   (c) City or town Caldwell
   (d) Street Address or R.F.D. No. ✓
   (e) Deceased lived Inside? Outside? city or town
   (f) Citizen of what country? U S
   (g) How long had deceased lived in Idaho? 40 years
   (h) Former residence (city, state) Buhl Ida

3. (a) **FULL NAME** Peter Bird

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Aug. 13 1856

8. AGE	Years	Months	Days	If less than 1 day
	88	2	26	hrs min.

9. Exact Occupation Laborer — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace West Virginia (City or town) (State or foreign country)

Father
12. Name
13. Birthplace (City or town) (State or foreign country)

Mother
14. Maiden name
15. Birthplace (City or town) (State or foreign country)

16. Informant's **OWN** Signature Laurence L. Case
and Address Caldwell Ida

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-15-44 (Month) (Day) (Year)
(c) Place: Canyon Hill Cemetery

18. Funeral Director's **OWN** Signature Paul L. Case
and Address Caldwell Idaho

19. (a) 11-29-44 (Date received and filed) (b) Eqm Denman (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Nov 9-44 19
at o'clock M.

21. **I HEREBY CERTIFY,** That I attended deceased from 19 to 19
I last saw h~~im~~ alive on Nov 8 1944; death is said to ~~have occurred~~ on the date and hour stated above.

Immediate Cause of Death:	Duration
Acute Nephritis Uremia	10 da
Due to Chronic Nephritis	Many yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature J. H. Case (M. D. or other)
and Address Caldwell Ida Date 12-4 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

DEC 6 1944

Certificate Of Death

STATE OF IDAHO

State File No. 141338
Local Reg. No. 135
Reg. Dist. No. 360

1. PLACE OF DEATH:
(a) County Canyon
(b) City or town Caldwell
(c) Street Address or R.F.D. No. 702 So. 7th
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Home .... Hospital X Institution .... Other place ....
(f) Name Hosp. or Inst. Mem. Park Stayed ..... days
(g) Lived in this county 54 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Caldwell
(d) Street Address or R.F.D. No. 1402 Idaho
(e) Deceased lived Inside? X Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 55 yrs years
(h) Former residence (city, state) .....

3. (a) FULL NAME. IRENA M. WHELCHEL

186a

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Fem.
5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife William H.
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) Dec. 10, 1856

8. AGE	Years	Months	Days	If less than 1 day
	87	11	0	hrs min.

9. Exact Occupation Housewife Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Illinois (City or town) (State or foreign country)
Father
12. Name Walton
13. Birthplace Unknown (City or town) (State or foreign country)
Mother
14. Maiden name Unknown
15. Birthplace Unknown (City or town) (State or foreign country)
16. Informant's OWN Signature Robert W Whelchel
and Address Caldwell, Idaho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/14/44 (Month) (Day) (Year)
(c) Place: Canyon Hill Cemetery
18. Funeral Director's OWN Signature V Peckham
and Address 504 So. Kimball Ave., Caldwell
19. (a) 11-18-44 (Date received and filed) (b) Agnes M Denman (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Nov. 10, 1944
at 5:00 o'clock P. M.
21. I HEREBY CERTIFY, That I attended deceased from 10-21- 1944, to 11-10- 1944
I last saw her alive on 11-10- 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Infected Liver and Gall Bladder with Obstruction	5 wk.
Due to Dates from a fall	5 wk.
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding	
Finding of autopsy	

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? X Suicide? ..... Homicide? .....
Occurred Sept. 24, 1944 19..... City, county, state where violence occurred Caldwell, Idaho
Place of Violence: Home x Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury Fall
23. Attendant's OWN Signature Earl Warner DO (M. D. or other)
and Address Caldwell Date 11-13 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

DEC 8 1944

Certificate Of Death

STATE OF IDAHO

State File No. 141339
Local Reg. No. 134
Reg. Dist. No. 360

1. **PLACE OF DEATH:**
   (a) County Canyon
   (b) City or town Caldwell
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? X Outside? city or town
   (e) Died in a Home.... Hospital.... Institution.... Other place X
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county 1 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Canyon
   (c) City or town Caldwell
   (d) Street Address or R.F.D. No. 1105 Chicago St.
   (e) Deceased lived Inside? X Outside? city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 6 years
   (h) Former residence (city, state) Jerome, Idaho

3. (a) **FULL NAME** NATHALIE LOREE OLIVER

95 c

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced S
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) July 13, 1938

8. AGE	Years	Months	Days	If less than 1 day
	6	3	27	hrs min.

9. Exact Occupation Student — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace Jerome, (City or town) Idaho (State or foreign country)

Father
12. Name Myron Frederick Oliver
13. Birthplace Burley, (City or town) Idaho (State or foreign country)

Mother
14. Maiden name Wilma Pearl Leighton
15. Birthplace Salina, (City or town) Kansas. (State or foreign country)

16. Informant's **OWN** Signature Mrs Wilma Pearle Oliver
and Address 1105 Chicago, Caldwell, Ida.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-15-44 (Month) (Day) (Year)
(c) Place: Canyon Hill Cemetery, Caldwell

18. Funeral Director's **OWN** Signature C. V. Packham
and Address 504 So. Kimball Ave., Caldwell

19. (a) 11-18-44 (Date received and filed) (b) Agnes M. Denman (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Nov. 10, 19 44
at 10:30 o'clock A. M.

21. **I HEREBY CERTIFY**, That I attended deceased from 10-27 1944, to 11-10 1944
I last saw her alive on 11-10 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Heart failure	
Due to Heart Disease	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation Date	
Major finding	
Finding of autopsy	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature [illegible] (M. D. or other)
and Address Caldwell Ida Date 11-19 1944

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census DEC 8 1944

Certificate Of Death

STATE OF IDAHO

State File No. 141340
Local Reg. No. 193
Reg. Dist. No. 360

1. **PLACE OF DEATH:**
   (a) County Canyon
   (b) City or town Caldwell
   (c) Street Address or R.F.D. No. 1015 Albany
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home X Hospital ..... Institution ..... Other place .....
   (f) Name Hosp. or Inst. ..... Stayed ..... days
   (g) Lived in this county 25 years ..... months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Canyon
   (c) City or town Caldwell
   (d) Street Address or R.F.D. No. 1015 Albany
   (e) Deceased lived Inside? X Outside? ..... city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 25 years
   (h) Former residence (city, state) Kansas

3. (a) **FULL NAME** JOSHUA ALFRED RANDOLPH 46 W

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lillie M.
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) April 5, 1864

8. AGE	Years	Months	Days	If less than 1 day
	80	7	5	hrs ..... min.

9. Exact Occupation Black — Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Randolph County, Kansas (City or town) (State or foreign country)

Father
12. Name J. S. Randolph
13. Birthplace Illinois (City or town) (State or foreign country)

Mother
14. Maiden name Mary Ann Kate
15. Birthplace Illinois (City or town) (State or foreign country)

16. Informant's **OWN** Signature H. W. Randolph
and Address Pocatello Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/13/44 (Month) (Day) (Year)
(c) Place: Canyon Hill Cemetery

18. Funeral Director's **OWN** Signature V. Peckham
and Address 504 So. Kimball Ave., Caldwell

19. (a) 11-18-44 (Date received and filed) (b) Agnes M. Denman (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Nov. 10, 1944
at 9:00 o'clock A. M.

21. **I HEREBY CERTIFY**, That I attended deceased from 8-14 1944, to 11-10 1944
I last saw him alive on 11-7 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Gastric Hemorrhage	
Due to Cancer of stomach	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted? —	
Name of operation ..... Date	
Major finding	
Finding of autopsy	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature H. Finch (M. D. or other)
and Address Caldwell Idaho Date 11-15 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

DEC 6 1944

Certificate Of Death

STATE OF IDAHO

State File No. 141341
Local Reg. No. 131
Reg. Dist. No. 360

1. **PLACE OF DEATH:**
(a) County Canyon
(b) City or town Caldwell
(c) Street Address or R.F.D. No. 610 Filmore
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Home.... Hospital X Institution.... Other place....
(f) Name Hosp. or Inst. Lemmon Nursing Home Stayed ..... days
(g) Lived in this county 65 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho. (b) County Canyon
(c) City or town Caldwell
(d) Street Address or R.F.D. No. 610 Filmore
(e) Deceased lived Inside? X Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 65 years
(h) Former residence (city, state) .....

3. (a) **FULL NAME** BENAJA SMITH

94a

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) Feb. 25, 1867

8. AGE	Years	Months	Days	If less than 1 day
	77	8	25	hrs min.

9. Exact Occupation Farmer, Stockman, Laborer Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Kansas (City or town) (State or foreign country)
Father
12. Name Wm. H. Smith
13. Birthplace Virginia (City or town) (State or foreign country)
Mother
14. Maiden name Sarah Ann Crews
15. Birthplace Jefferson County, Missouri (City or town) (State or foreign country)
16. Informant's **OWN** Signature [signature] Bradley
and Address Boise, Idaho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/14/44 (Month) (Day) (Year)
(c) Place: Canyon Hill Cemetery
18. Funeral Director's **OWN** Signature [signature]
and Address 504 So. Kimball Ave., Caldwell
19. (a) 11-18-44 (Date received and filed) (b) Agnes M. Denman (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Nov. 10, 1944
at 8:00 o'clock A. M.
21. **I HEREBY CERTIFY**, That I attended deceased from Did not attend 19 deceased 19
I ~~last saw h~~ alive on Did not see above; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
✓ Coronary occlusion	?
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature [signature] (M. D. or other)
and Address Caldwell Idaho Date 11/12 1944
(For additional space, use reverse side)

Canyon Co. Physician

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

DEC 9 1944

Certificate Of Death

STATE OF IDAHO

State File No. 141342
Local Reg. No. 212
Reg. Dist. No. 363

1. PLACE OF DEATH:
(a) County Canyon
(b) City or town Nampa
(c) Street Address or R.F.D. No. 4
(d) Death Occured Inside? ✓ Outside? ..... city or town
(e) Died in a Home ✓ Hospital .... Institution .... Other place ....
(f) Name Hosp. or Inst. Sanitarium Stayed 15 days
(g) Lived in this county 20 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Nampa
(d) Street Address or R.F.D. No. 4
(e) Deceased lived Inside? ..... Outside? ✓ city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 2 ° years
(h) Former residence (city, state) Okla.

3. (a) FULL NAME Dena E. Hill

3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex F
5. Color or race W
6. (a) ~~Single, widowed~~, married, ~~divorced~~ married
6. (b) Name of husband ~~or wife~~ R. M. Hill
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) 12/26/1898

8. AGE	Years	Months	Days	If less than 1 day
	46	10	5	hrs ..... min.

9. Exact Occupation At Home — Did this work for ✓ yrs.
10. Industry or Business ..... Date last worked ✓
11. Birthplace Oklahoma (City or town) (State or foreign country)
Father 12. Name Engram
Father 13. Birthplace Oklahoma (City or town) (State or foreign country)
Mother 14. Maiden name Mrs. ✓
Mother 15. Birthplace Texas (City or town) (State or foreign country)
16. Informant's OWN Signature Aubrey A. Hill
and Address Nampa, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/15/44 (Month) (Day) (Year)
(c) Place: Nampa Cem. Canyon
18. Funeral Director's OWN Signature Frank K. Robinson
and Address Nampa Ida
19. (a) Nov. 15-1944 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Nov 11 1944
at 2.57 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from Oct 24 1944, to Nov 11 1944
I last saw her alive on Nov 11 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration

1 Pulmonary Tuberculosis
Due to .....
Due to .....
Other conditions (Include pregnancy within 3 months of death)
.....
Where was disease contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's OWN Signature Henry C. Wesche M.D. (M. D. or other)
and Address Nampa, Ida. Date Nov 12 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

DEC 9 1944

Certificate Of Death

STATE OF IDAHO

State File No. 141343
Local Reg. No. 216
Reg. Dist. No. 362

1. **PLACE OF DEATH:**
(a) County Canyon
(b) City or town Nampa
(c) Street Address ~~or R.F.D.~~ No. 420-16 ave N.
(d) Death Occured Inside? ..... Outside? ..... city or ~~town~~
(e) Died in a ~~Home~~ .... Hospital .... ~~Institution~~ .... Other place ....
(f) Name Hosp. or Inst. Mercy ..... Stayed 10 days
(g) Lived in this county 2 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Nampa
(d) Street Address or R.F.D. No. 420-16 ave No
(e) Deceased lived Inside? ..... ~~Outside?~~ ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 40 years
(h) Former residence (city, state) —

3. (a) **FULL NAME** John Joseph Miller 120 L

3. (b) If veteran, name war WW
3. (c) Social Security No. none
4. Sex M
5. Color or race W
6. (a) ~~Single, widowed~~, married, ~~divorced~~ ~~married~~
6. (b) Name of ~~husband~~ or wife Jane
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) May 20, 1876

8. AGE	Years	Months	Days	If less than 1 day
	68	5	14	hrs ..... min.

9. Exact Occupation Farmer Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Scranton Penn (City or town) (State or foreign country)
Father 12. Name Michael
Father 13. Birthplace Penn (City or town) (State or foreign country)
Mother 14. Maiden name Mc Fretta
Mother 15. Birthplace Penn (City or town) (State or foreign country)
16. Informant's **OWN** Signature Jane Miller
and Address Nampa, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/18/44 (Month) (Day) (Year)
(c) Place: Nampa Idaho
18. Funeral Director's **OWN** Signature Fred K. Peterson
and Address Nampa Idaho
19. (a) Nov. 20 1944 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Nov. 14 1944
at 2 o'clock P.M.
21. **I HEREBY CERTIFY**, That I attended deceased from Oct 11 1944, to Nov 14 1944
I last saw him alive on Nov 14 1944; death is said to have occurred on the date and hour stated above.

	Duration
Immediate Cause of Death: ulcerative colitis —	4 yrs
Due to Ac Entero-Colitis	2-3 mos
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature Jos Seltzer M.D. (M. D. or other)
and Address 11/18/44 Nampa Ida.
(For additional space, use reverse side)

50153 er

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

DEC 9 1944

Certificate Of Death

STATE OF IDAHO

State File No. 141344
Local Reg. No. 217
Reg. Dist. No. 363

1. PLACE OF DEATH:
(a) County Canyon
(b) City or town Nampa
(c) Street Address or R.F.D. No. 2
(d) Death Occured Inside? ✓ Outside? ..... city or town
(e) Died in ~~a Home~~ ..... Hospital ✓ ~~Institution~~ ..... Other place .....
(f) Name Hosp. or Inst. Mercy ..... Stayed 55 days
(g) Lived in this county 20 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Nampa
(d) Street Address or R.F.D. ~~No.~~ 2
(e) Deceased lived ~~Inside~~? ..... Outside? ✓ ~~city~~ or town
(f) Citizen of what country? U S A
(g) How long had deceased lived in Idaho? 34 years
(h) Former residence (city, state) ✓

3. (a) **FULL NAME** Benjamin Harrison Cornell 92d

3. (b) If veteran, name war no
3. (c) Social Security No. 712-09-4623
4. Sex Male
5. Color or race white
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband ~~or~~ wife Kalta J.
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) Oct 9 - 1888

8. AGE	Years	Months	Days	If less than 1 day
	56	2	7	hrs min.

9. Exact Occupation R. R. Employee Did this work for 34 yrs.
10. Industry or Business Engineer Date last worked 9/15/44
11. Birthplace De Soto Mo (City or town) (State or foreign country)
Father
12. Name W. H. Cornell
13. Birthplace ..... (City or town) (State or foreign country)
Mother
14. Maiden name Grayham
15. Birthplace ..... (City or town) (State or foreign country)
16. Informant's **OWN** Signature Kalta J Cornell
and Address Nampa, Ida
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/20/44 (Month) (Day) (Year)
(c) Place: ~~Nam~~ Cloverdale
18. Funeral Director's **OWN** Signature Fred K. Johnson
and Address Nampa, Ida
19. (a) Nov. 20 - 1944 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, ~~Day~~, Year) Nov 16 1944
at 7 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from 11-1 1944, to 11-16 1944
I last saw him alive on 11-15 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Endocarditis	2 yr
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation ..... Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature J. Horton (M. D. or other)
and Address 11-16-44 Date 9 19.....
(For additional space, use reverse side)
Nampa Idaho

Dr Rodwell

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census DEC 6 1944

Certificate Of Death

STATE OF IDAHO

State File No. 141345
Local Reg. No. 140
Reg. Dist. No. 360

1. **PLACE OF DEATH:**
(a) County Canyon
(b) City or town Caldwell
(c) Street Address or R.F.D. No. 702 So. 7th St.,
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Home.... Hospital X Institution.... Other place....
(f) Name Hosp. or Inst. Mem. Park Stayed 5 days
(g) Lived in this county 20 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Caldwell
(d) Street Address or R.F.D. No. 1620 Everett
(e) Deceased lived Inside? X Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 20 years
(h) Former residence (city, state) Iowa

3. (a) **FULL NAME** CASSENDANIA ADELE MARIE OLESEN

83a

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Fem.
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Peter Olesen
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) Jan. 26, 1875

8. AGE	Years	Months	Days	If less than 1 day
	69	9	20	hrs min.

9. Exact Occupation Housewife Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Lancaster, Wisconsin (City or town) (State or foreign country)
Father
12. Name James Brooks
13. Birthplace Unknown (City or town) (State or foreign country)
Mother
14. Maiden name Laura Rounds
15. Birthplace Illinois (City or town) (State or foreign country)
16. Informant's **OWN** Signature Peter Olesen
and Address 616 Everett, Caldwell, Ida.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/18/44 (Month) (Day) (Year)
(c) Place: Canyon Hill Cemetery, Caldwell
18. Funeral Director's **OWN** Signature V. Peckham
and Address 504 So. Kimball Ave., Caldwell
19. (a) 11-27-44 (Date received and filed) (b) Agnes M. Denman (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Nov. 16, 1944
at 1:05 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from Nov. 11 1944 to Nov. 16 1944
I last saw her alive on Nov. 16 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
✓ Cerebral hemorrhage	5 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN Signature** C. R. Whittenberger (M. D. or other)
and Address Caldwell, Ida. Date Nov. 18 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

DEC 6 1944

Certificate Of Death

STATE OF IDAHO

State File No. 141346
Local Reg. No. 138
Reg. Dist. No. 361

1. **PLACE OF DEATH:**
   (a) County Canyon
   (b) City or town Greenleaf
   (c) Street Address or R.F.D. No. 2 (Caldwell)
   (d) Death Occured Inside?..... Outside? X city or town
   (e) Died in a Home X Hospital.... Institution.... Other place....
   (f) Name Hosp. or Inst..... Stayed.....days
   (g) Lived in this county 18 years .....months .....days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Canyon
   (c) City or town Greenleaf
   (d) Street Address or R.F.D. No. 2 (Caldwell)
   (e) Deceased lived Inside?.....Outside? X city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 18 years
   (h) Former residence (city, state) .....

3. (a) **FULL NAME** Laura Levering Osborn 83a

3. (b) If veteran, name war.....
3. (c) Social Security No. .....
4. Sex Fem. 5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Elmore Osborn
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) June 24, 1861

8. AGE	Years	Months	Days	If less than 1 day hrs	min.
	83	4	22		

9. Exact Occupation Housewife Did this work for .....yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Morrow County, Ohio (City or town) (State or foreign country)

Father
12. Name Samuel Levering
13. Birthplace Washington, D. C. (City or town) (State or foreign country)

Mother
14. Maiden name Phoebe Hathaway
15. Birthplace Huron County, Ohio (City or town) (State or foreign country)

16. Informant's **OWN** Signature Cora O. Jackman
and Address Greenleaf, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/21/44 (Month) (Day) (Year)
(c) Place: Greenleaf Cemetery

18. Funeral Director's **OWN** Signature V. Peckham
and Address 504 So. Kimball Ave., Caldwell

19. (a) 11-27-44 (Date received and filed) (b) Agnes M. Dinsmans (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Nov. 16 1944
at 2:45 o'clock P. M.

21. **I HEREBY CERTIFY**, That I attended deceased from Mar. 15 1944, to Nov. 16 1944
I last saw h[illegible] alive on Nov. 15 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cerebral Hemorrhage — Duration 1 day
Due to Cerebral Hemorrhage
5 years prev. Hemiplegia and paralysis
Due to [illegible]
Other conditions ..... (Include pregnancy within 3 months of death)

Where was disease contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home..... Farm..... Industry.....
Public Place..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature C. R. Whittenburger D.O. (M. D. or other)
and Address Caldwell Ida. Date Nov 22 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

DEC 9 1944

Certificate Of Death

STATE OF IDAHO

State File No. 141347
Local Reg. No. 215
Reg. Dist. No. 362

1. **PLACE OF DEATH:**
   (a) County Canyon
   (b) City or town Nampa
   (c) Street Address or R.F.D. No. 108 Nectorine
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home.... Hospital X Institution.... Other place....
   (f) Name Hosp. or Inst. Mercy Stayed 9 days
   (g) Lived in this county 31 years ..... months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Ida (b) County Canyon
   (c) City or town Nampa
   (d) Street Address or R.F.D. No. 108 Nectorine
   (e) Deceased lived Inside? X Outside? ..... city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 31 years
   (h) Former residence (city, state) Kansas.

3. (a) **FULL NAME** Hyr Hiram Allen. 93d

3. (b) If veteran, name war No.
3. (c) Social Security No. ✓
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Sarah
6. (c) Age of husband or wife if alive ✓ years
7. Date of Birth (Month, Day, Year) Sept 11 - 1874

8. AGE	Years	Months	Days	If less than 1 day
	70	2	6	hrs. min.

9. Exact Occupation Ditch Rider Did this work for 20 yrs.
10. Industry or Business City of Nampa Date last worked
11. Birthplace X Rodgersville Tenn (City or town) (State or foreign country)

Father
12. Name Unknown
13. Birthplace (City or town) (State or foreign country)

Mother
14. Maiden name
15. Birthplace (City or town) (State or foreign country)

16. Informant's **OWN** Signature X Carl E. Allen
and Address 969 - 9th ave So. Nampa Ida
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-20-1944 (Month) (Day) (Year)
(c) Place: Kohler Lawn, Nampa
18. Funeral Director's **OWN** Signature Wm. Kelly
and Address Nampa Ida.
19. (a) Nov. 20 1944 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Nov. 17 1944
at 5:15 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from ..... 19....., to ..... 19.....
I last saw h..... alive on ..... 19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebral	
Hemorrhage	9 dys
Due to Hypertensive Cardio	
Due to Vascular disease	2 yrs
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ..... Date .....
Major finding
Finding of autopsy

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury

23. Attendant's **OWN** Signature Jos Salty (M. D. or other)
and Address Nampa Date 11/18 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

DEC 9 1944

Certificate Of Death

STATE OF IDAHO

State File No. 141348
Local Reg. No. 222
Reg. Dist. No. 362

1. **PLACE OF DEATH:**
(a) County Canyon
(b) City or town Nampa
(c) Street Address or R.F.D. No. 1315 - 9th So.
(d) Death Occured Inside? ~~Outside~~? city or town
(e) Died in a Home X ~~Hospital~~ ~~Institution~~ Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Nampa
(d) Street Address or R.F.D. No. 1315 9th So
(e) Deceased lived Inside? ✓ Outside? city or town
(f) Citizen of what country? U S A
(g) How long had deceased lived in Idaho? life years
(h) Former residence (city, state)

3. (a) **FULL NAME** Parmelia Ann Lewis 92 h

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F
5. Color or race W
6. (a) ~~Single~~, ~~widowed~~, married, ~~divorced~~
6. (b) Name of husband or ~~wife~~ Edward K
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Aug. 15 - 1867

8. AGE	Years	Months	Days	If less than 1 day
	77	3	4	hrs min.

9. Exact Occupation Housewife Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Idaho City (City or town), Idaho (State or foreign country)
Father 12. Name Van Winkle
13. Birthplace (City or town) (State or foreign country)
Mother 14. Maiden name Missouri Naylor
15. Birthplace Missouri (City or town) (State or foreign country)
16. Informant's **OWN** Signature Mrs. K. R. Lewis
and Address 520 - 8th Ave So Nampa
17. (a) Burial (Burial, cremation or removal) (b) Date thereof 11/22/44 (Month) (Day) (Year)
(c) Place: Nampa Idaho
18. Funeral Director's **OWN** Signature F. K. Robinson
and Address Nampa Ida
19. (a) Dec 1 1944 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 11-19- 1944
at 8 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from Sept 1944, to 11-19- 1944
I last saw her alive on 11-18 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Mitral regurgitation	8 Mo.
Head Block	
Due to Myocarditis	Years
Due to A	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation Date	
Major finding	
Finding of autopsy	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature V C Bellmont (M. D. or other)
and Address Nampa Ida Date 11-22 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

DEC 6 1944

Certificate Of Death

STATE OF IDAHO

State File No. 14134
Local Reg. No. 137
Reg. Dist. No. 361

1. **PLACE OF DEATH:**
   (a) County Canyon
   (b) City or town Caldwell
   (c) Street Address or R.F.D. No. 210 Cleveland Blvd
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home X Hospital ..... Institution ..... Other place .....
   (f) Name Hosp. or Inst Arnold's ..... Stayed ..... days
   (g) Lived in this county 29 years ..... months ..... days

   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Canyon
   (c) City or town Greenleaf
   (d) Street Address or R.F.D. No. Route 2
   (e) Deceased lived Inside? X Outside? ..... city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 29 years
   (h) Former residence (city, state) .....

3. (a) **FULL NAME** DAVID LEANDER HAWORTH 131 a

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Clara Haworth
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) April 29, 1854

8. AGE	Years	Months	Days	If less than 1 day
	90	6	20	hrs ..... min.

9. Exact Occupation Plasterer — Did this work for ..... yrs.
10. Industry or Business ..... — Date last worked .....
11. Birthplace Linn Co, Palmyra, Iowa (City or town) (State or foreign country)

Father
12. Name William Haworth
13. Birthplace ..... Illinois (City or town) (State or foreign country)

Mother
14. Maiden name Mardock
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's **OWN** Signature D. L. Haworth
and Address Route 2, Caldwell, Idaho.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/24/44 (Month) (Day) (Year)
(c) Place: Greenleaf Cemetery

18. Funeral Director's **OWN** Signature V. Peckham
and Address 504 So. Kimball Ave., Caldwell

19. (a) 11-27-44 (Date received and filed) (b) Registrar Dunman (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Nov. 19, 1944
at 4:00 o'clock A. M.

21. **I HEREBY CERTIFY,** That I attended deceased from May, 1942, to Nov 1 1944
I last saw h[illegible] alive on Nov 1 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Conjestive Vascular Disease	Several years
√ Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature C. F. Coss M.D. (M. D. or other)
and Address Caldwell Ida Date 11/22 1944
(For additional space, use reverse side)

Canyon Co. Physician

141350

United States
Department of Commerce
Bureau of the Census

DEC 9 1944

Certificate Of Death

STATE OF IDAHO

State File No.
Local Reg. No. 223
Reg. Dist. No. 362

1. PLACE OF DEATH:
(a) County Canyon
(b) City or town Nampa
(c) Street Address ~~or R.F.D.~~ No. 604 11th Ave No
(d) Death Occured Inside? ✓ ~~Outside?~~ city or town
(e) Died in a ~~Home~~ ✓ ~~Hospital~~ ~~Institution~~ ~~Other place~~
(f) Name Hosp. or Inst. Mercy Stayed 3 days
(g) Lived in this county 30 years / months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Nampa
(d) Street Address ~~or R.F.D. No.~~ 604 11th Ave No
(e) Deceased lived Inside? ✓ ~~Outside?~~ city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 30 years
(h) Former residence (city, state)

3. (a) **FULL NAME** Iva Joy Verchesen 50

3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex F
5. Color or race W
6. (a) ~~Single, widowed~~, married, ~~divorced~~ married
6. (b) Name of husband ~~or wife~~ William
6. (c) Age of husband or wife if alive — years
7. Date of Birth (Month, Day, Year) 10/26/88

8. AGE	Years	Months	Days	If less than 1 day
	56	0	24	hrs min.

9. Exact Occupation at Home Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Iowa (City or town) (State or foreign country)
Father
12. Name Willie Robinson
13. Birthplace Iowa (City or town) (State or foreign country)
Mother
14. Maiden name
15. Birthplace Iowa (City or town) (State or foreign country)
16. Informant's ✓ **OWN** Signature Wm J. Verchesen
and Address 604 11th Ave No
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/24/44 (Month) (Day) (Year)
(c) Place: Nampa Idaho
18. Funeral Director's **OWN** Signature F.K. Robinson
and Address Nampa Ida
19. (a) Dec-1-1944 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Nov 20 1944
at o'clock M.
21. **I HEREBY CERTIFY,** That I attended deceased from 19, to 19
I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Metastatic Co to Rt Lung	
Due to Cancer of Breast	1 year
~~Due to~~ Co Metastases to Regional Gland	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation Breast removed Date 2/25/44	
Major finding Cancer	
Finding of autopsy	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature Jos Saltzer M.D. (M. D. or other)
and Address Nampa Idaho Date 11/22 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

DEC 6 1944

Certificate Of Death

STATE OF IDAHO

State File No. 141351
Local Reg. No. 136
Reg. Dist. No. 961

1. **PLACE OF DEATH:**
   (a) County Canyon
   (b) City or town Caldwell
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? ..... Outside? X city or town
   (e) Died in a Home.... Hospital.... Institution.... Other place X
   (f) Name Hosp. or Inst. ..... Stayed ..... days
   (g) Lived in this county 1 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Canyon
   (c) City or town Caldwell
   (d) Street Address or R.F.D. No. 2- F.S.A. Camp
   (e) Deceased lived Inside? ..... Outside? X city or town
   (f) Citizen of what country? Japan
   (g) How long had deceased lived in Idaho? 1 years
   (h) Former residence (city, state)

3. (a) **FULL NAME** SENMATSU HONMA

94a

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Male
5. Color or race Yellow
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ira Honma
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) May 15, 1883

8. AGE	Years	Months	Days	If less than 1 day
	61	6	5	hrs min.

9. Exact Occupation Farm Laborer Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace ..... Japan
(City or town) (State or foreign country)

Father
12. Name Matsutaro Honma
13. Birthplace ..... Japan
(City or town) (State or foreign country)

Mother
14. Maiden name Unknown
15. Birthplace ..... Japan
(City or town) (State or foreign country)

16. Informant's **OWN** Signature Ed Honma
and Address F. A. Camp - Caldwell
17. (a) Removal (b) Date thereof 11/22/44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: Salt Lake City, Utah
18. Funeral Director's **OWN** Signature [signature]
and Address 504 So. Kimball Ave., Caldwell
19. (a) 11-23-44 (b) Agnes M Denman
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Nov. 20, 1944
at 2:00 o'clock A. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 12:10 A.M. 19..., to 2 A.M. 19...
I last saw him alive on Nov 20 1AM 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Ventricular Fibrillation	
Due to coronary Thrombosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature S. M. Gold
(M. D. or other)
and Address Farm Labor Clinic Date Nov 2/1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

141352

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

DEC 6 1944

State File No. 141352
Local Reg. No. 141
Reg. Dist. No. 360

1. **PLACE OF DEATH:**
   (a) County Canyon
   (b) City or town Caldwell
   (c) Street Address or R.F.D. No. 1002 Grant
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home X Hospital .... Institution .... Other place ....
   (f) Name Hosp. or Inst. ..... Stayed ..... days
   (g) Lived in this county 25 years ..... months ..... days

   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Canyon
   (c) City or town Caldwell
   (d) Street Address or R.F.D. No. 1002 Grant
   (e) Deceased lived Inside? X Outside? ..... city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 25 years
   (h) Former residence (city, state) .....

3. (a) **FULL NAME** LAURETTA ESTELLA THOMPSON 94a

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Fem. 5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Wm. L. Thompson
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) June 4, 1870

8. AGE	Years	Months	Days	If less than 1 day
	74	5	16	hrs min.

9. Exact Occupation Housewife Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Monterey, California (City or town) (State or foreign country)

Father
12. Name Hayden Smith
13. Birthplace New York (City or town) (State or foreign country)

Mother
14. Maiden name Barbara Goss
15. Birthplace Pennsylvania (City or town) (State or foreign country)

16. Informant's **OWN** Signature L. E. Thompson
and Address Homedale, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/24/44 (Month) (Day) (Year)
(c) Place: Canyon Hill Cemetery

18. Funeral Director's **OWN** Signature C. V. Peckham
and Address 504 So. Kimball Ave. Caldwell

19. (a) 12-1-44 (Date received and filed) (b) Louis M. Dinsman (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Nov. 20 19 44
at 12:30 o'clock P.M.

21. **I HEREBY CERTIFY**, That I attended deceased from Nov 15 1944, to Nov 20 1944
I last saw h[illegible] alive on Nov 20 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Coronary Thrombosis	10 min
√ Due to Coronary sclerosis	2 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation ..... Date	
Major finding	
Finding of autopsy	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature [illegible] M.D. (M. D. or other)
and Address Caldwell Ida. Date 12/29 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

DEC 9 1944

Certificate Of Death

STATE OF IDAHO

State File No. 141373
Local Reg. No. 218
Reg. Dist. No. 362

1. **PLACE OF DEATH:**
(a) County Canyon
(b) City or town Nampa
(c) Street Address or R.F.D. No. Marring Ida.
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Home.... Hospital X Institution.... Other place....
(f) Name Hosp. or Inst. Sgrtons Stayed 60 days
(g) Lived in this county ..... years 4 months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Ida (b) County Canyon
(c) City or town Nampa Ida
(d) Street Address or R.F.D. No. .....
(e) Deceased lived Inside? X Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? ? years
(h) Former residence (city, state) Kansas

3. (a) **FULL NAME** Alfred Shull 92 d.

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) Unknown.

8. AGE	Years	Months	Days	If less than 1 day
	48			hrs min.

9. Exact Occupation Labor Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Unknown (City or town) (State or foreign country)
Father
12. Name Unknown
13. Birthplace ..... (City or town) (State or foreign country)
Mother
14. Maiden name Unknown
15. Birthplace ..... (City or town) (State or foreign country)
16. Informant's **OWN** Signature Information received from Nursing Home Wm D. Talley
and Address Nampa Ida.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 11-22-44 (Month) (Day) (Year)
(c) Place: Glen Elder Kansas
18. Funeral Director's **OWN** Signature Wm D. Talley
and Address Nampa Ida.
19. (a) Nov. 22-1944 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Nov. 21 1944
at 5:30 o'clock A. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 11-16 1944, to 11-20 1944
I last saw him alive on Nov 16 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Myocardial failure	
Due to Valvular heart disease	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYISCIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature Henry C. Wesche M.D. (M. D. or other)
and Address Nampa, Idaho Date Nov 21 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

DEC 9 1944

STATE OF IDAHO

State File No. 141354
Local Reg. No. 220
Reg. Dist. No. 362

1. **PLACE OF DEATH:**
   (a) County Canyon
   (b) City or town Nampa
   (c) Street Address or R.F.D. No. 120 - 10th Ave. No
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home X Hospital .... Institution .... Other place ....
   (f) Name Hosp. or Inst. ..... Stayed ..... days
   (g) Lived in this county 18 years ..... months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Canyon
   (c) City or town Nampa
   (d) Street Address or R.F.D. No. 120-10 Ave. No.
   (e) Deceased lived Inside? X Outside? ..... city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 18 years
   (h) Former residence (city, state) .....

3. (a) **FULL NAME** BEN H. GRAY 93E

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Ethel
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) March 17, 1890

8. AGE	Years	Months	Days	If less than 1 day
	54	8	5	hrs min.

9. Exact Occupation Doctor Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Anderson, (City or town) Indiana. (State or foreign country)

Mother Father
12. Name Unknown
13. Birthplace Unknown (City or town) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's **OWN** Signature Harry A Gray
and Address 114 -16th Ave. So., Nampa, Ida

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/27/44 (Month) (Day) (Year)
(c) Place: Canyon Hill Cemetery

18. Funeral Director's **OWN** Signature C V Peckham
and Address 504 So. Kimball Ave., Caldwell

19. (a) Nov. 30 1944 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Nov. 23, 1944
at 9:45 o'clock P.M.

21. **I HEREBY CERTIFY**, That I attended deceased from 11-14- 1944, to 11-23- 1944
I last saw h-m alive on 11-23- 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Coronary Embulus	
Due to Myocarditis	
Due to Nephritis	
Other conditions Obesity (Include pregnancy within 3 months of death)	

Where was disease contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature Samuel A Swayne M.D. (M. D. or other)
and Address 11-28-44 Date 11-28- 1944
(For additional space, use reverse side) Nampa, Idaho

141355

United States
Department of Commerce
Bureau of the Census

DEC 9 1944

Certificate Of Death

STATE OF IDAHO

State File No.
Local Reg. No. 219
Reg. Dist. No. 362

1. PLACE OF DEATH:
(a) County Canyon
(b) City or town Nampa
(c) Street Address or R.F.D. No. Demlah Hotel
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Home.... Hospital X Institution.... Other place....
(f) Name Hosp. or Inst. Samaritan Stayed 1 days
(g) Lived in this county ..... years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Nampa
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? X Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? ? years
(h) Former residence (city, state)

3. (a) FULL NAME David Pechin 46b

3. (b) If veteran, name war .....
3. (c) Social Security No. X
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) April 26 - 1882

8. AGE	Years	Months	Days	If less than 1 day
	62	6	26	hrs min.

9. Exact Occupation ..... Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Minneapolis (City or town) Kansas (State or foreign country)
Father
12. Name ✓
13. Birthplace ✓ (City or town) (State or foreign country)
Mother
14. Maiden name ✓
15. Birthplace ✓ (City or town) (State or foreign country)
16. Informant's OWN Signature From Hosp. Records Wm. Falling
and Address Nampa Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 11-25-44 (Month) (Day) (Year)
(c) Place: Broken Bow Neb.
18. Funeral Director's OWN Signature Wm. Falling
and Address Nampa Ida
19. (a) Nov. 25-1944 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Nov 23 1944
at 7:45 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from Nov 14 1944, to Nov 23 1944
I last saw him alive on Nov 22 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
✓ Internal hemorrhage	
Due to Carcinoma Stomach.	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation ..... Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's OWN Signature Henry C. Wesche MD (M. D. or other)
and Address Nampa, Idaho Date 11-23 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

DEC 6 1944

Certificate Of Death

STATE OF IDAHO

State File No. 141[illegible]
Local Reg. No. 148
Reg. Dist. No. 360

1. PLACE OF DEATH:
(a) County Canyon
(b) City or town Caldwell
(c) Street Address or R.F.D. No. 422 N. Kimball
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Home X Hospital .... Institution .... Other place ....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 40 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Caldwell
(d) Street Address or R.F.D. No. 422 No. Kimball
(e) Deceased lived Inside? X Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 40 years
(h) Former residence (city, state) .....

3. (a) **FULL NAME** FRANK MASON BROWN

940

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Emma E. Brown
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) Dec. 21, 1873

8. AGE	Years	Months	Days	If less than 1 day
	70	11	4	hrs min.

9. Exact Occupation Co. Assessor Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Eugene, (City or town) Oregon (State or foreign country)
Father
12. Name John Joseph Brown
13. Birthplace ..... (City or town) Missouri (State or foreign country)
Mother
14. Maiden name Mary Sparks
15. Birthplace ..... (City or town) Ohio (State or foreign country)
16. Informant's **OWN** Signature Emma E. Brown
and Address 422 No. Kimball-Caldwell
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/1/44 (Month) (Day) (Year)
(c) Place: Canyon Hill Cemetery-Caldwell
18. Funeral Director's **OWN** Signature [signature]
and Address 504 So. Kimball Ave., Caldwell
19. (a) 12-1-44 (Date received and filed) (b) Agnes M. Denman (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Nov. 25, 1944
at 6:00 o'clock A. M.
21. **I HEREBY CERTIFY,** That I attended deceased from Nov 25 1944 to Nov 25 1944
I last saw him alive on Nov 24 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Coronary Thrombosis	Sudden
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation ..... Date	
Major finding	
Finding of autopsy	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature [signature] (M. D. or other)
and Address 11/28 Date 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census DEC 6 1944

Certificate Of Death

STATE OF IDAHO

State File No. 14155?
Local Reg. No. 143
Reg. Dist. No. 360

1. **PLACE OF DEATH:**
   (a) County Canyon
   (b) City or town Caldwell
   (c) Street Address or R.F.D. No Canyon Hill
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home X Hospital .... Institution .... Other place ....
   (f) Name Hosp. or Inst. ..... Stayed ..... days
   (g) Lived in this county 3 years ..... months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Canyon
   (c) City or town Caldwell
   (d) Street Address or R.F.D. No. Canyon Hill
   (e) Deceased lived Inside? X Outside? ..... city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 20 years
   (h) Former residence (city, state) .....

3. (a) **FULL NAME** HENRY ARTHUR PASLEY 94a

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary Pasley
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) Sept. 26, 1882

8. AGE	Years	Months	Days	If less than 1 day
	62	2	0	hrs ..... min.

9. Exact Occupation Retired Merchant Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Marysville, Kansas (City or town) (State or foreign country)
Father
12. Name Henry Allen Pasley
13. Birthplace Boody (City or town) Illinois (State or foreign country)
Mother
14. Maiden name Martha Surelia Carter
15. Birthplace Decatur (City or town) Illinois (State or foreign country)
16. Informant's **OWN** Signature Mary Pasley
and Address Caldwell, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/28/44 (Month) (Day) (Year)
(c) Place: Canyon Hill Cemetery
18. Funeral Director's **OWN** Signature .....
and Address 504 So. Kimball Ave., Caldwell
19. (a) 12-1-44 (Date received and filed) (b) Agnes M. Dinman (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Nov. 26, 1944
at 4:00 o'clock A. M.

21. **I HEREBY CERTIFY**, That I attended deceased from Nov. 26 - 1944, to Nov. 26 1944
I last saw h. im alive on Nov. 26 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Heart Block — Duration 1 hr.
Due to Coronary Thrombosis & Hypertension — years
Due to .....
Other conditions (Include pregnancy within 3 months of death) .....
Where was disease contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature Earl Warner M.D. (M. D. or other)
and Address Caldwell Date 11-28-1944
(For additional space, use reverse side)

141558

United States
Department of Commerce
Bureau of the Census

DEC 6 1944

Certificate Of Death

STATE OF IDAHO

State File No.
Local Reg. No. 142
Reg. Dist. No. 360

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
   (a) County Canyon
   (b) City or town Caldwell
   (c) Street Address or R.F.D. No 210 Cleveland
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home .... Hospital X Institution .... Other place ....
   (f) Name Hosp. or Ins. Arnold's Nursing Home ..... days
   (g) Lived in this county 40 years ..... months ..... days

   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Canyon
   (c) City or town Parma
   (d) Street Address or R.F.D. No. .....
   (e) Deceased lived Inside? ..... Outside? ..... city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 40 years
   (h) Former residence (city, state) .....

3. (a) **FULL NAME** ANNA ELIZABETH WELSH

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Fem. 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Thomas Welsh
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) June 15, 1865

8. AGE	Years	Months	Days	If less than 1 day
	79	5	12	hrs ..... min.

9. Exact Occupation Housewife — Did this work for ..... yrs.
10. Industry or Business ..... — Date last worked .....
11. Birthplace ..... (City or town) Illinois (State or foreign country)

Father
12. Name Philander C. Mc Kellips
13. Birthplace Unknown (City or town) (State or foreign country)

Mother
14. Maiden name Louise Carrol
15. Birthplace ..... (City or town) Virginia (State or foreign country)

16. Informant's **OWN** Signature Mrs. E. Welsh
and Address Boise, Idaho.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/29/44 (Month) (Day) (Year)
(c) Place: Roswell Cemetery

18. Funeral Director's **OWN** Signature V. E. Cochran
and Address 504 So. Kimball Ave., Caldwell

19. (a) 12-1-44 (Date received and filed) (b) Agnes M. Dinman (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Nov. 27, 1944 19.....
at 4:15 o'clock P. M.

21. **I HEREBY CERTIFY**, That I attended deceased from Aug. 1944, to Nov 12 1944
I last saw her alive on Nov 12 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
(a) Myocarditis	?
Due to	
Due to Hypertension	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature R. F. Cowan M.D.
and Address Caldwell Ida (M. D. or other) Date 11/27 19 44
(For additional space, use reverse side)

141359

United States
Department of Commerce
Bureau of the Census

DEC 6 1944

Certificate Of Death

STATE OF IDAHO

State File No.
Local Reg. No. 144
Reg. Dist. No. 360

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
   (a) County Canyon
   (b) City or town Caldwell
   (c) Street Address or R.F.D. No. 1622 Cleveland
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home X Hospital .... Institution .... Other place ....
   (f) Name Hosp. or Inst. ..... Stayed ..... days
   (g) Lived in this county 36 years ..... months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Canyon
   (c) City or town Caldwell
   (d) Street Address or R.F.D. No. 1622 Cleveland
   (e) Deceased lived Inside? X Outside? ..... city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 36 years
   (h) Former residence (city, state) .....

3. (a) **FULL NAME** VIRGINIA HOWELL MILLER

111 C

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Fem. 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Amos J. Miller
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) July 28, 1868

8. AGE	Years	Months	Days	If less than 1 day
	75	3	29	hrs min.

9. Exact Occupation Housewife Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Selma, (City or town) Ohio (State or foreign country)

Father
12. Name Samuel C. Howell
13. Birthplace Charleston, (City or town) Virginia (State or foreign country)

Mother
14. Maiden name Rachael Thorn
15. Birthplace Selma, (City or town) Ohio. (State or foreign country)

16. Informant's **OWN** Signature Virginia Howell Miller
and Address 1622 Cleveland, Caldwell, Ida

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/29/44 (Month) (Day) (Year)
(c) Place: Canyon Hill Cemetery

18. Funeral Director's **OWN** Signature [illegible]
and Address 504 So. Kimball Ave., Caldwell

19. (a) 12-1-44 (Date received and filed) (b) Reginald Dinman (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Nov. 27, 1944
at 4:05 o'clock A. M.

21. **I HEREBY CERTIFY**, That I attended deceased from Oct. 1942 to Nov 27 1944
I last saw her alive on Nov 26 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Terminal Pneumonia	3 days
Due to Senile Dementia	2 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? Idaho
Name of operation ..... Date .....
Major finding .....
Finding of autopsy None

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19.... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature [illegible] (M. D. or other)
and Address Caldwell Date Nov 28 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

DEC 12 1944

Certificate Of Death

STATE OF IDAHO

State File No. 141360
Local Reg. No. 105
Reg. Dist. No. 470

1. **PLACE OF DEATH:**
   (a) County Cassia
   (b) City or town Burley
   (c) Street Address or R. F. D. No.
   (d) Death Occured Inside? ✓ Outside? ... city or town
   (e) Died in a Home ... Hospital ... Institution ✓ ... Other place ...
   (f) Name Hosp. or Inst. Cottage ... Stayed ... days
   (g) Lived in this county 40 years ... months ... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Cassia
   (c) City or town Burley
   (d) Street Address or R.F.D. No. 102 N. Matta
   (e) Deceased lived Inside? ✓ Outside? ... city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 40 years
   (h) Former residence (city, state) —

3. (a) **FULL NAME** Oscar Hansen

1310

3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex M
5. Color or race W.
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ann W. Hansen
6. (c) Age of husband or wife if alive 64 years
7. Date of Birth (Month, Day, Year) Feb. 20. 1880

8. AGE	Years	Months	Days	If less than 1 day
	64	7	26	hrs ... min.

9. Exact Occupation Retired Farmer — Did this work for — yrs.
10. Industry or Business — Date last worked Aug. 1944
11. Birthplace American Fork, Utah (City or town) (State or foreign country)

Father
12. Name Christean Hansen
13. Birthplace No data - Denmark (City or town) (State or foreign country)

Mother
14. Maiden name Karn Sophia Miller
15. Birthplace No data Denmark (City or town) (State or foreign country)

16. Informant's **OWN** Signature Gordon Hansen
and Address Burley, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-22-44 (Month) (Day) (Year)
(c) Place: Burley, Idaho
18. Funeral Director's **OWN** Signature Vern B. McGee
and Address Burley, Idaho
19. (a) 11-16-44 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) October 17 1944
at 7:45 o'clock P M.

21. **I HEREBY CERTIFY**, That I attended deceased from Sept- 12 1943 to Oct- 17 1944
I last saw him alive on Oct- 17 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — Duration
Hypertension — 1 yr.
✓ Due to Prostatic Hypertrophy — 2 yrs.
Due to —
Other conditions Hyperemia
(Include pregnancy within 3 months of death)

Where was disease contracted?
Name of operation ... Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ... Suicide? ... Homicide? ...
Occurred ... 19... City, county, state where violence occurred
Place of Violence: Home ... Farm ... Industry ...
Public Place ... While at work? ...
Means of injury

23. Attendant's **OWN** Signature Hugh E Dean M. D.
(M. D. or other)
and Address Burley Id Date Nov 1 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

DEC 12 1944

Certificate Of Death

STATE OF IDAHO

State File No. 141561
Local Reg. No. 103
Reg. Dist. No. 471

1. **PLACE OF DEATH:**
(a) County Cassia
(b) City or town Burley R.#3
(c) Street Address or R. F. D. No.
(d) Death Occured Inside? Outside? ✓ city or town
(e) Died in a Home ✓ Hospital Institution Other place
(f) Name Hosp. or Inst. — Stayed — days
(g) Lived in this county 11 years — months — days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Cassia
(c) City or town Burley R.#3
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? Outside? ✓ city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 11 years
(h) Former residence (city, state)

3. (a) **FULL NAME** Richard George Durfee 82

3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Date of Birth (Month, Day, Year) Aug. 8, 1929

8. AGE	Years	Months	Days	If less than 1 day
	15	2	14	hrs — min. —

9. Exact Occupation At Home
Did this work for — yrs.
10. Industry or Business —
Date last worked —
11. Birthplace Janesville, Wisconsin
(City or town) (State or foreign country)

Father
12. Name Golden C. Durfee
13. Birthplace Oakley, Idaho.
(City or town) (State or foreign country)

Mother
14. Maiden name Gertrude Kerkeloty
15. Birthplace Woodstock, Ill.
(City or town) (State or foreign country)

16. Informant's **OWN** Signature
and Address Burley, Idaho R.F.D. 3

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-25-44 (Month) (Day) (Year)
(c) Place: Burley, Idaho

18. Funeral Director's **OWN** Signature
and Address Burley Idaho

19. (a) 11-16-44 (Date received and filed) (b) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Oct. 23 1944
at 11:45 o'clock A. M.

21. **I HEREBY CERTIFY,** That I attended deceased from Oct. 23 1944, to Oct. 23 — 1944
I last saw h— alive on Oct 23 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Atrophic Muscular Paralysis	
Due to	
Due to Hereditary	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature G Glasgow (M. D. or other)
and Address Burley, Ida. Date 10/26/1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

DEC 12 1944

Certificate Of Death

STATE OF IDAHO

State File No. 141362
Local Reg. No. 112
Reg. Dist. No. 470

1. **PLACE OF DEATH:**
(a) County Cassia
(b) City or town Burley
(c) Street Address or R.F.D. No. 260 So. Hansen
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Home X Hospital ..... Institution ..... Other place .....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county ..... years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Cassia
(c) City or town Burley - Ida.
(d) Street Address or R.F.D. No. 260 So. Hansen
(e) Deceased lived Inside? X Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? Life years
(h) Former residence (city, state) None

3. (a) **FULL NAME** Lynda Ann Straw 1570

3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced —
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Date of Birth (Month, Day, Year) Aug. 13 - 1944

8. AGE	Years	Months	Days	If less than 1 day
		2	20	hrs min.

9. Exact Occupation None Did this work for — yrs.
10. Industry or Business None Date last worked —
11. Birthplace Burley - Idaho (City or town) (State or foreign country)
Father
12. Name Vinal Straw
13. Birthplace Acquia - Idaho (City or town) (State or foreign country)
Mother
14. Maiden name Dolores Gunnow
15. Birthplace Burley - Idaho (City or town) (State or foreign country)
16. Informant's **OWN** Signature Mrs. Dolores Straw
and Address 260 S. Hansen
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 5 - 44 (Month) (Day) (Year)
(c) Place: Burley Cemetery
18. Funeral Director's **OWN** Signature Wm B. McCulloch
and Address Burley Idaho
19. (a) 11-29-44 (Date received and filed) (b) B. F. Wilson (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Nov. - 3 - 1944
at ..... o'clock ..... M.
21. **I HEREBY CERTIFY,** That I attended deceased from ..... 19....., to ..... 19.....
I last saw h..... alive on ..... 19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Patent Cavale foramen	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYISCIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature G. G. Espe (M. D. or other)
and Address Burley, Ida Date 11/8 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 35-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

DEC 12 1944

Certificate Of Death

STATE OF IDAHO

State File No. 141563
Local Reg. No. 108
Reg. Dist. No. 470

1. **PLACE OF DEATH:**
   (a) County Cassia
   (b) City or town Burley
   (c) Street Address or R. F. D. No. —
   (d) Death Occured Inside? ✓ Outside? ..... city or town
   (e) Died in a Home.... Hospital ✓ Institution.... Other place....
   (f) Name Hosp. or Inst. Cottage Stayed 7 days
   (g) Lived in this county 18 years ..... months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Cassia
   (c) City or town Burley
   (d) Street Address or R.F.D. No. 1
   (e) Deceased lived Inside? ..... Outside? ✓ ..... city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 18 years
   (h) Former residence (city, state) Utah —

3. (a) **FULL NAME** Loren Weeks

1700

3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex Male race White
5. Color or
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Charlotte Weeks
6. (c) Age of husband or wife if alive 43 years
7. Date of Birth (Month, Day, Year) December 17, 1900

8. AGE	Years	Months	Days	If less than 1 day
	43	10	22	hrs ..... min.

9. Exact Occupation Farmer — Did this work for ..... yrs.
10. Industry or Business Farming — Date last worked 10-8-44
11. Birthplace Pleasant Grove, Utah (City or town) (State or foreign country)

Father
12. Name Sanford Weeks
13. Birthplace ..... Utah (City or town) (State or foreign country)

Mother
14. Maiden name Barton Margt
15. Birthplace ..... Utah (City or town) (State or foreign country)

16. Informant's **OWN** Signature Charlotte Weeks
and Address Burley Idaho R. 1.
17. (a) Buried (Burial, cremation, or removal) (b) Date thereof 11-12-44 (Month) (Day) (Year)
(c) Place: Declo, Idaho
18. Funeral Director's **OWN** Signature Joseph McCulloch
and Address Burley, Idaho
19. (a) 11-23-44 (Date received and filed) (b) E. Nelson (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) November 9 1944
at 8:30 o'clock A M.

21. **I HEREBY CERTIFY**, That I attended deceased from Nov 8 1944, to Nov ~~10~~ 9 1944
I last saw him alive on Nov ~~10~~ 9 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Gunshot Heart	1 day
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Yes Suicide? ..... Homicide? .....
Occurred Nov 9 1944 City, county, state where violence occurred Cassia county Id
Place of Violence: Home Yes Farm ..... Industry .....
Public Place ..... While at work? Yes
Means of injury Struck by Auto

23. Attendant's **OWN** Signature Hugh E Dixon M.D
(M. D. or other)
and Address Rupert Ida Date Nov 16 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Dr. S M Kelly

DEC 12 1944

Certificate Of Death

STATE OF IDAHO

State File No. 141564
Local Reg. No. 104
Reg. Dist. No. 470

1. **PLACE OF DEATH:**
   (a) County Cassia
   (b) City or town Burley
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? ✓ Outside? ..... city or town
   (e) Died in a Home.... Hospital ✓ Institution.... Other place....
   (f) Name Hosp. or Inst. Cottage Stayed 16 days
   (g) Lived in this county 37 years — months — days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Cassia
   (c) City or town Burley
   (d) Street Address or R.F.D. No. 2
   (e) Deceased lived Inside? ..... Outside? ✓ city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 37 years
   (h) Former residence (city, state) Vallonia Indiana

3. (a) **FULL NAME** Harry Schulze 93d

3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Date of Birth (Month, Day, Year) August 28, 1882

8. AGE	Years	Months	Days	If less than 1 day
	62	2	12	hrs min.

9. Exact Occupation Farmer Did this work for — yrs.
10. Industry or Business Farming Date last worked Oct. 1943
11. Birthplace Vallonia Indiana (City or town) (State or foreign country)

Father
12. Name Emil G. Schulze
13. Birthplace — Germany (City or town) (State or foreign country)

Mother
14. Maiden name Caroline Bollmann
15. Birthplace — Illinois (City or town) (State or foreign country)

16. Informant's **OWN** Signature John Schulze
and Address Burley, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-14-44 (Month) (Day) (Year)
(c) Place: Burley, Idaho
18. Funeral Director's **OWN** Signature Vern B. McCullock
and Address Burley, Idaho
19. (a) 11-16-44 (Date received and filed) (b) B F Wilson (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) November 10 1944
at 2:30 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from ..... 19....., to 11-10 1944.
I last saw him alive on 11-10 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Myocarditis: 93d	1 yr.
Due to Gen Arteriosclerosis	4 yrs
Arteriosclerotic endarteritis	92d
Due to Gangrenous Rt leg 98	1 wk.
Other conditions Amputation (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ..... Date .....
Major finding
Finding of autopsy

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury

23. Attendant's **OWN** Signature M Kelly M D (M. D. or other)
and Address Burley Date 11-16 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

DEC 12 1944

Certificate Of Death

STATE OF IDAHO

State File No. 141565
Local Reg. No. 110
Reg. Dist. No.

1. PLACE OF DEATH:
(a) County Cassia
(b) City or town Burley Idaho
(c) Street Address or R.F.D. No. #1
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Home.... Hospital X Institution.... Other place....
(f) Name Hosp. or Inst. Cottage Hospital Stayed 3 days
(g) Lived in this county 31 years 8 months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Cassia
(c) City or town Burley Idaho
(d) Street Address or R.F.D. No. #1
(e) Deceased lived Inside? ..... Outside? X city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 31 years
(h) Former residence (city, state) Neb.

3. (a) FULL NAME John Wesley Baker 93e

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of ~~husband~~ or wife Emma T. Weaver
6. (c) Age of husband or wife if alive 57 years
7. Date of Birth (Month, Day, Year) Mar. 18 - 1887

8. AGE	Years	Months	Days	If less than 1 day
	57	8	—	hrs min.

9. Exact Occupation Farmer + Did this work for Life yrs.
10. Industry or Business Helper on Well Digging Date last worked No Data
11. Birthplace Joplin (City or town) Mo. (State or foreign country)
Father
12. Name Oliver Baker
13. Birthplace No Data (City or town) Mo. (State or foreign country)
Mother
14. Maiden name Sarah H. Pruitt
15. Birthplace No Data (City or town) Mo. (State or foreign country)
16. Informant's **OWN** Signature Emma Tue Baker
and Address Burley Idaho R.F.D. #1
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-23-44 (Month) (Day) (Year)
(c) Place: Burley Cemetery
18. Funeral Director's **OWN** Signature Vern B. McCulloch
and Address Burley Idaho
19. (a) 11-23-44 (Date received and filed) (b) B. F. Wilson (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Nov. 19 1944
at 4 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 11-18 1944, to 11-19 1944
I last saw him alive on 11-19 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Myocarditis	P.
Due to Epistaxis — Shock from Hemorrhage	2 hrs
✓ Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYISCIAN
Name of operation ..... Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature M. Kelly M.D. (M. D. or other)
and Address Burley Date 11-23 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

NON-RESIDENT
Certificate Of Death

DEC 12 1944

STATE OF IDAHO

State File No. 141566
Local Reg. No. 109
Reg. Dist. No. 470

1. **PLACE OF DEATH:**
   (a) County Cassia
   (b) City or town Burley
   (c) Street Address or R. F. D. No.
   (d) Death Occured Inside? ✓ Outside? city or town
   (e) Died in a Home Hospital ✓ Institution Other place
   (f) Name Hosp. or Inst. — Stayed — days
   (g) Lived in this county — years — months — days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Utah (b) County Sanpete
   (c) City or town Fairview
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? Outside? city or town
   (f) Citizen of what country? U. S.
   (g) How long had deceased lived in Idaho? — years
   (h) Former residence (city, state) —

3. (a) **FULL NAME** Galen Lyle Mower

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3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Date of Birth (Month, Day, Year) July 7, 1944

8. AGE	Years	Months	Days	If less than 1 day
	—	4	15	hrs — min.

9. Exact Occupation — Did this work for — yrs.
10. Industry or Business — Date last worked —
11. Birthplace Fairview, Utah (City or town) (State or foreign country)

Father
12. Name Fred Mower
13. Birthplace Fairview, Utah (City or town) (State or foreign country)

Mother
14. Maiden name Maurine Kessel
15. Birthplace Manti, Utah (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mrs. Fred Mower
and Address Fairview, Utah

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 11-24-44 (Month) (Day) (Year)
(c) Place: Fairview, Utah

18. Funeral Director's **OWN** Signature Jean B. McCulloch
and Address Burley, Idaho

19. (a) 11-23-44 (Date received and filed) (b) B. H. Wilson (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) November 23 1944
at 9:30 o'clock A. M.

21. **I HEREBY CERTIFY**, That I attended deceased from 11-22 1944, to 11-23 1944
I last saw him alive on 11-23 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Bronchial Pneumonia	3 da.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature W. J. Kelly M.D. (M. D. or other)
and Address Burley Date 11-23 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

DEC 4 1944

Certificate Of Death

STATE OF IDAHO

State File No. 141307
Local Reg. No.
Reg. Dist. No.

1. PLACE OF DEATH:
(a) County Clearwater
(b) City or town Orofino
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? Outside? X city or town
(e) Died in a Home Hospital Institution X Other place
(f) Name Hosp. or Inst. St. Hos. No. Stayed days
(g) Lived in this county 10 years 3 months 2 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Bonner
(c) City or town Colburn
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? Outside? city or town
(f) Citizen of what country? United States
(g) How long had deceased lived in Idaho? 12 years
(h) Former residence (city, state)

3. (a) FULL NAME JOHNSON, AGNES

22a

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) About 1915

8. AGE	Years	Months	Days	If less than 1 day
	29			hrs min.

9. Exact Occupation Housework Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Crosby, N. Dakota (City or town) (State or foreign country)
Father 12. Name Alfred J. Johnson
13. Birthplace Sweden (City or town) (State or foreign country)
Mother 14. Maiden name Anna Johnson
15. Birthplace Sweden (City or town) (State or foreign country)
16. Informant's OWN Signature E. L. Berry MD
and Address Orofino Ida
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/11/44 (Month) (Day) (Year)
(c) Place: St. Hosp. North cemetery
18. Funeral Director's OWN Signature [signature]
and Address Orofino, Idaho
19. (a) 11/12/44 (Date received and filed) (b) Chloie Bachorach (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) November 9, 1944 at 11:45 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from June 1, 1943, to Nov. 9, 1944
I last saw her alive on Nov. 9, 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Amilliary tuberculosis	6 wks.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature E. L. Berry MD (M. D. or other)
and Address Orofino Ida Date 11-9 1944
(For additional space, use reverse side)

141368

United States
Department of Commerce
Bureau of the Census

DEC 4 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF DEATH:**
(a) County Clearwater
(b) City or town Orofino
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 11 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always [illegible] these)
(a) State Idaho (b) County Clearwater
(c) City or town Orofino
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? Canada
(g) How long had deceased lived in Idaho? 34 years
(h) Former residence (city, state)

3. (a) **FULL NAME** William Frederick Nickle 94a

3. (b) If veteran, name war
3. (c) Social Security No. 518-01-2135
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Nora Ann
6. (c) Age of husband or wife if alive 49 years
7. Date of Birth (Month, Day, Year) April 1, 1881

8. AGE	Years	Months	Days	If less than 1 day
	63	7	12	hrs min.

9. Exact Occupation labor Did this work for 34 yrs.
10. Industry or Business P F I Date last worked 11/8/44
11. Birthplace Ontario, Canada (City or town) (State or foreign country)
Father
12. Name John Nickle
13. Birthplace unknown (City or town) (State or foreign country)
Mother
14. Maiden name Margaret
15. Birthplace England (City or town) (State or foreign country)
16. Informant's OWN Signature Nora Nickle
and Address Orofino, Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 11/16/44 (Month) (Day) (Year)
(c) Place: Riverside cemetery, Orofino
18. Funeral Director's OWN Signature Chloe S. Bacharach
and Address Orofino
19. (a) 11/17/44 (Date received and filed) (b) Chloe S. Bacharach (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Nov. 13 1944
at 1:15 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from 11/13 1944, to 11/13 1944
I last saw him alive on 11/13 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Coronary Thrombosis	30 minutes
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted? Orofino	PHYSICIAN
Name of operation — Date	Underline the cause to which death should be charged statistically.
Major finding —	
Finding of autopsy —	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature R. T. Hopkins (M. D. or other)
and Address Orofino Date 11/14 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

DEC 4 1944

Certificate Of Death

STATE OF IDAHO

State File No. 14156
Local Reg. No. 92
Reg. Dist. No. 210

1. **PLACE OF DEATH:**
   (a) County CLEARWATER
   (b) City or town OROFINO
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? X Outside? city or town
   (e) Died in a Home Hospital X Institution Other place
   (f) Name Hosp. or Inst. OROFINO, HOS Stayed 7 days
   (g) Lived in this county 2 years months days

   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State IDAHO (b) County CLEARWATER
   (c) City or town OROFINO
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? X Outside? city or town
   (f) Citizen of what country? UNITED STATES
   (g) How long had deceased lived in Idaho? 2 years
   (h) Former residence (city, state) MEXICO, MISSOURI

3. (a) **FULL NAME** HELENA MONTANA COLLINS

4 Ga

3. (b) If veteran, name war NO
3. (c) Social Security No. NONE
4. Sex FEMALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) SEPTEMBER 3, 1889

8. AGE	Years	Months	Days	If less than 1 day
	55	2	19	hrs min.

9. Exact Occupation HOUSEWIFE Did this work for LIFE yrs.
10. Industry or Business HOME Date last worked JUNE 1944
11. Birthplace BELLE PLAINE, IOWA (City or town) (State or foreign country)

Father
12. Name SCOTT GREENE
13. Birthplace CHAMBERSBURG, PENN. (City or town) (State or foreign country)

Mother
14. Maiden name NETTIE JOHNSON
15. Birthplace MICHIGAN (City or town) (State or foreign country)

16. Informant's **OWN** Signature X Mrs. Frank Powers
and Address OROFINO, IDAHO

17. (a) removal (Burial, cremation, or removal) (b) Date thereof Nov. 24, 1944 (Month) (Day) (Year)
(c) Place: NORMAL HILL CEMETERY, LEWISTON, IDA.

18. Funeral Director's **OWN** Signature George B. Blake
and Address Orofino, Idaho

19. (a) 11/24/44 (Date received and filed) (b) Natalie Zacharias (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 11-22-44 19
at 5 o'clock P M.

21. **I HEREBY CERTIFY**, That I attended deceased from Aug 1944, to 11-22-44 19
I last saw her alive on 11-21-44 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Carcinoma of esophagus - Death	
Due to Secondary growths.	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted? —	
Name of operation — Date —	
Major finding —	
Finding of autopsy —	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? — Suicide? — Homicide? —
Occurred — 19 City, county, state where violence occurred —
Place of Violence: Home — Farm — Industry —
Public Place — While at work? —
Means of injury —

23. Attendant's **OWN** Signature D. B. Pappenhagen M.D. (M. D. or other)
and Address Orofino Idaho Date 11-22 19 44

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce DEC 4 1944
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 141270
Local Reg. No.
Reg. Dist. No.

1. PLACE OF DEATH:
(a) County Clearwater
(b) City or town Orofino
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? Outside? X city or town
(e) Died in a Home Hospital Institution X Other place
(f) Name Hosp. or Inst. St. Hos. No. Stayed days
(g) Lived in this county years 3 months 29 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Latah
(c) City or town Moscow
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? Outside? city or town
(f) Citizen of what country? United States
(g) How long had deceased lived in Idaho? 20 years
(h) Former residence (city, state)

3. (a) FULL NAME LUNDQUIST, ANDREW J.

93d

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M.
5. Color or race White
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) June 15, 1859

8. AGE	Years	Months	Days	If less than 1 day
	85	5	10	hrs min.

9. Exact Occupation Laborer Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Sweden (City or town) (State or foreign country)
Father
12. Name Charles Lundquist
13. Birthplace Brolanda, Sweden (City or town) (State or foreign country)
Mother
14. Maiden name Charlotte (?) Lundquist
15. Birthplace Brolanda, Sweden (City or town) (State or foreign country)
16. Informant's OWN Signature E. L. Berry M.D.
and Address Orofino, Ida
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 11-26-44 (Month) (Day) (Year)
(c) Place: Palouse Wash
18. Funeral Director's OWN Signature H E Kimball
and Address Palouse Wash.
19. (a) 11/27/44 (Date received and filed) (b) Chloie Bachrach (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) November 25, 1944
at 4:10 o'clock P. M.
21. I HEREBY CERTIFY, That I attended deceased from July 26, 1944, to Nov. 25, 1944
I last saw him alive on Nov. 25, 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Generalized Arteriosclerosis,	10yrs
Due to Chronic Myocarditis	10 yrs.
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature E. L. Berry M.D. (M. D. or other)
and Address Orofino Ida Date 11-26 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census DEC 4 1944

Certificate Of Death

STATE OF IDAHO

State File No. 1413
Local Reg. No. 96
Reg. Dist. No. 2

1. **PLACE OF DEATH:**
   (a) County CLEARWATER
   (b) City or town HEADQUARTERS
   (c) Street Address or R.F.D. No. CAMP 55
   (d) Death Occured Inside?..... Outside? X city or town
   (e) Died in a Home.... Hospital.... Institution.... Other place X
   (f) Name Hosp. or Inst..... Stayed.....days
   (g) Lived in this county 8 years .....months .....days

   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State IDAHO (b) County CLEARWATER
   (c) City or town OROFINO
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? X Outside? city or town
   (f) Citizen of what country? NORWAY
   (g) How long had deceased lived in Idaho? 8 years
   (h) Former residence (city, state) SPOKANE, WASH.

3. (a) **FULL NAME** JAY JOHNSON 83a

3. (b) If veteran, name war NO
3. (c) Social Security No. 518-01-7282
4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced SINGLE
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) DECEMBER 15, 1891

8. AGE	Years	Months	Days	If less than 1 day
	52	11	12	hrs min.

9. Exact Occupation LABORER Did this work for LIFE yrs.
10. Industry or Business P.F.I. Date last worked 11/27/44
11. Birthplace DYSO, NORWAY (City or town) (State or foreign country)

Father
12. Name UNKNOWN
13. Birthplace UNKNOWN (City or town) (State or foreign country)

Mother
14. Maiden name UNKNOWN
15. Birthplace UNKNOWN (City or town) (State or foreign country)

16. Informant's **OWN** Signature P.F.I. RECORDS and Address OROFINO, IDAHO
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof DEC. 2, 1944 (Month) (Day) (Year)
    (c) Place: RIVERSIDE CEMETERY
18. Funeral Director's **OWN** Signature George B Blake and Address OROFINO, IDAHO
19. (a) 12/1/44 (Date received and filed) (b) Velma Bacharach (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) NOVEMBER 27 1944 at 8:55 o'clock PM.
21. **I HEREBY CERTIFY,** That I attended deceased from ********** 19**, to ********** 19** I last saw h** alive on ********** 19**; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
CEREBRAL HEMMORHAGE	INSTANT
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
    Occurred ..... 19..... City, county, state where violence occurred .....
    Place of Violence: Home ..... Farm ..... Industry .....
    Public Place ..... While at work? .....
    Means of injury .....
23. Attendant's **OWN** Signature George B Blake CORONER (M. D. or other)
    and Address Orofino, Ida. Date Nov. 30 1944
    (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

DEC 4 1944

Certificate Of Death

STATE OF IDAHO

State File No. 1413
Local Reg. No. 9
Reg. Dist. No. 21

1. PLACE OF DEATH:
(a) County Clearwater
(b) City or town Orofino
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? Outside? X city or town
(e) Died in a Home Hospital Institution X Other place
(f) Name Hosp. or Inst. St. Hos. No. Stayed days
(g) Lived in this county years 1 months 21 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County NezPerce
(c) City or town Spalding
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? Outside? city or town
(f) Citizen of what country? United States
(g) How long had deceased lived in Idaho? 35 years
(h) Former residence (city, state)

3. (a) FULL NAME LAMON, JAMES E.

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3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) August 23, 1859

8. AGE	Years	Months	Days	If less than 1 day
	85	3	5	hrs min.

9. Exact Occupation Farmer Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Indiana (City or town) (State or foreign country)
Father
12. Name David Lamon
13. Birthplace Indiana (City or town) (State or foreign country)
Mother
14. Maiden name -- Smith
15. Birthplace Indiana (City or town) (State or foreign country)
16. Informant's OWN Signature ST. HOSPITAL NORTH RECORDS
and Address OROFINO, IDAHO
17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof NOV. 28, 1944 (Month) (Day) (Year)
(c) Place: LEWISTON, IDAHO
18. Funeral Director's OWN Signature George B. Blake
and Address OROFINO, IDAHO
19. (a) 11/28/44 (Date received and filed) (b) C. Elaine Badianach (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) November 28, 1944
at 5:50 o'clock A. M.
21. **I HEREBY CERTIFY,** That I attended deceased from October 10 1944, to Nov. 28, 1944
I last saw him alive on Nov. 27, 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Senile dementia	
✓ Due to arterio-sclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation — Date —	
Major finding —	
Finding of autopsy —	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? — Suicide? — Homicide? —
Occurred — 19 — City, county, state where violence occurred —
Place of Violence: Home — Farm — Industry —
Public Place — While at work? —
Means of injury —
23. Attendant's OWN Signature A. B. Pappenhagen M.D. (M.D. or other)
and Address Orofino Date 11-28 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

DEC 14 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 141373
Local Reg. No. 24
Reg. Dist. No. 380

1. **PLACE OF DEATH:**
   (a) County Elmore
   (b) City or town Mountain Home
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? X Outside? ____ city or town
   (e) Died in a Home X Hospital ____ Institution ____ Other place ____
   (f) Name Hosp. or Inst. ____ Stayed ____ days
   (g) Lived in this county 34 years ____ months ____ days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Elmore
   (c) City or town Mountain Home
   (d) Street Address or R. F. D. No.
   (e) Deceased lived Inside? X Outside? ____ city or town
   (f) Citizen of what country?
   (g) How long had deceased lived in Idaho? 60 years
   (h) Former residence (city, state) Silver City Ida.

3. (a) FULL NAME JOHN WILLIAM ROWETT 97

3. (b) If veteran, name war No. 3. (c) Social Security No. None
4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Jane 6. (c) Age of husband or wife if alive 63 years
7. Date of Birth (Month, Day, Year) April 8, 1857

8. AGE	Years	Months	Days	If less than 1 day
	87	7	2	hrs ____ min.

9. Exact Occupation Jeweler Did this work for 50 yrs.
10. Industry or Business Owner Jewelry store Date last worked 11/5/44
11. Birthplace Cornwall (City or town) England (State or foreign country)

Father
12. Name Charles Rowett
13. Birthplace England (City or town) (State or foreign country)

Mother
14. Maiden name Sarah Rowett
15. Birthplace England (City or town) (State or foreign country)

16. Informant's OWN Signature Lottie M. Rowett
and Address Mountain Home Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 13, 1944 (Month) (Day) (Year)
(c) Place: Mountain View Cemetery
18. Funeral Director's OWN Signature Geo. F. Bay
and Address Mountain Home Idaho
19. (a) Nov. 14th 1944 (Date received and filed) (b) A. R. Swanson (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) 11 — 10 — 1944
at 3:20 o'clock P M.
21. I HEREBY CERTIFY, That I attended deceased from 11—2—1944 to 11—10—1944
I last saw h[illegible] alive on 11—10—1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
1 Acute Dilation of Heart	1 hr
Due to Arteriosclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted? Home	PHYSICIAN
Name of operation ____ Date ____	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury
23. Attendant's OWN Signature F. E. Evans (M. D. or other)
and Address Mtn Home Ida Date 11—14—1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

DEC 14 1944

State File No. 141574
Local Reg. No. 27
Reg. Dist. No. 380

1. **PLACE OF DEATH:**
(a) County Elmore
(b) City or town Mountain Home
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home X Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 1 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Elmore
(c) City or town Mountain Home
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? 50 years
(h) Former residence (city, state) Boise Idaho

3. (a) **FULL NAME** William U. Hewes 83a

3. (b) If veteran, name war No. 3. (c) Social Security No. Unknown

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive ____ years

7. Date of Birth (Month, Day, Year) November 30, 1873

8. AGE	Years	Months	Days	If less than 1 day
	70	11	17	hrs min.

9. Exact Occupation Laborer Did this work for 1 yrs.
10. Industry or Business Army Base Date last worked 11/10/44
11. Birthplace Cresco (City or town) Iowa (State or foreign country)

Father
12. Name Unknown
13. Birthplace Unknown (City or town) (State or foreign country)

Mother
14. Maiden name Unknown
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's **OWN** Signature Phila F. Green
and Address Mountain Home Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 10, 1944 (Month) (Day) (Year)
(c) Place: Mountain View Cemetery
18. Funeral Director's **OWN** Signature Daly J. Bey
and Address Mountain Home Idaho
19. (a) 12-11-44 (Date received and filed) (b) ____ (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 11/16 1944
at ____ o'clock ____ M.

21. **I HEREBY CERTIFY,** That I attended deceased from ____ 19____, to ____ 19____
I last saw h____ alive on ____ 19____; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cerebral Hemmorage — Duration
Due to ____
Due to ____
Other conditions ____ (Include pregnancy within 3 months of death)
Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's **OWN** Signature Phila F. Green Coron. (M. D. or other)
and Address Mt. Home Ida. Date 12/11 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

DEC 14 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 1413[illegible]5
Local Reg. No. 25
Reg. Dist. No. 380

1. **PLACE OF DEATH:**
   (a) County Elmore
   (b) City or town Mountain Home
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? Outside? X city or town
   (e) Died in a Home X Hospital Institution Other place
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county years 2 months 9 days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State West Virginia (b) County Mc. Dowell
   (c) City or town Crumpler
   (d) Street Address or R. F. D. No.
   (e) Deceased lived Inside? X Outside? city or town
   (f) Citizen of what country?
   (g) How long had deceased lived in Idaho? 2 Mo. years
   (h) Former residence (city, state) Crumpler W. Virginia

3. (a) **FULL NAME** KENNETH WAYNE PERSIANI

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3. (b) If veteran, name war No.
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) January 30, 1942

8. AGE	Years	Months	Days	If less than 1 day
	2	9	22	hrs min.

9. Exact Occupation Infant — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace Winston Salem North Carolina (City or town) (State or foreign country)

Father
12. Name Samuel Persiani
13. Birthplace Crumpler W. Virginia (City or town) (State or foreign country)

Mother
14. Maiden name Emily Lou Snow
15. Birthplace Winston Salem N. Carolina (City or town) (State or foreign country)

16. Informant's OWN Signature Samuel Persiani
and Address Mountain Home Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Nov. 23, 1944 (Month) (Day) (Year)
(c) Place: Winston Salem N. Calolina
18. Funeral Director's OWN Signature Felix J. Bey
and Address Mountain Home, Idaho
19. (a) 11-22-44 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 11/21 19 44
at 5 30 o'clock P M.

21. **I HEREBY CERTIFY,** That I attended deceased from ____ 19__, to ____ 19__
I last saw h__ alive on ____ 19__; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Bronchial Pneumonia	
Due to	
Due to Whooping Cough	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred Elmore Mt. Home Ida 19 44 City, county, state
where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's OWN Signature Philo F. Grue Coroner (M. D. or other)
and Address Mt. Home Ida Date 11/22 19 44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce DEC 11 1944
Bureau of the Census

NON-RESIDENT
Certificate Of Death
STATE OF IDAHO

State File No. 141376
Local Reg. No. 234
Reg. Dist. No. 371

1. PLACE OF DEATH:
(a) County Elmore
(b) City or town Rural
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? X Outside? city or town
(e) Died in a Home.... Hospital.... Institution.... Other place X
(f) Name Hosp. or Inst. Stayed 20 days
(g) Lived in this county years months 20 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State California (b) County
(c) City or town Antioch
(d) Street Address or R.F.D. No. 505 2nd St
(e) Deceased lived Inside? Outside? city or town
(f) Citizen of what country? U S A
(g) How long had deceased lived in Idaho? years
(h) Former residence (city, state)

3. (a) **FULL NAME** MARGLIN, JOE 173

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) January 18 1925

8. AGE	Years	Months	Days	If less than 1 day
	19	10	12	hrs min.

9. Exact Occupation Soldier — Did this work for 1-1/12 yrs.
10. Industry or Business U S Army — Date last worked 11-30-44
11. Birthplace Kusa, Okla. (City or town) (State or foreign country)
Father 12. Name Unknown
Father 13. Birthplace Illinois (City or town) (State or foreign country)
Mother 14. Maiden name Bridget (Unknown)
Mother 15. Birthplace Ft Smith, Ark (City or town) (State or foreign country)
16. Informant's **OWN** Signature
and Address MHAAF, Mtn Home, Idaho
17. (a) Removal (b) Date thereof Dec 3 1944 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: Antioch California
18. Funeral Director's **OWN** Signature
and Address
19. (a) 12-8-44 (Date received and filed) (b) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) November 30 1944
at 8:30 o'clock P M.
21. **I HEREBY CERTIFY**, That I attended deceased from 19, to 19
I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Fracture, compound, complete, leg left. Fracture, simple, complete, leg, right. Fracture, compound, complete, skull.	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Yes Suicide? Homicide?
Occurred November 30 1944 City, county, state where violence occurred Elmore County, Idaho
Place of Violence: Home Farm Industry
Public Place X While at work? Yes
Means of injury Aircraft accident
23. Attendant's **OWN** Signature T BIONDO, Capt, MC (M. D. or other)
and Address MHAAF Mtn Home Ida Date 12-1 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce DEC 11 1944
Bureau of the Census

NON-RESIDENT
Certificate Of Death
STATE OF IDAHO

State File No. 141377
Local Reg. No. 235
Reg. Dist. No. 371

1. PLACE OF DEATH:
(a) County Elmore
(b) City or town Rural
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? Outside? X city or town
(e) Died in a Home Hospital Institution Other place X
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county years months 20 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Ohio (b) County
(c) City or town Sandusky, Ohio
(d) Street Address or R.F.D. No. 415 McDonough St.
(e) Deceased lived Inside? Outside? city or town
(f) Citizen of what country? USA
(g) How long had deceased lived in Idaho? years
(h) Former residence (city, state)

3. (a) **FULL NAME** BONCHI, ANTHONY A. 173

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) March 16 1921

8. AGE	Years	Months	Days	If less than 1 day
	23	8	14	hrs min.

9. Exact Occupation Soldier Did this work for 2 yrs.
10. Industry or Business U. S. Army Date last worked 11-30-44
11. Birthplace Ohio (City or town) (State or foreign country)
Father 12. Name Unknown
13. Birthplace Italy (City or town) (State or foreign country)
Mother 14. Maiden name Anna Maniani
15. Birthplace Italy (City or town) (State or foreign country)
16. Informant's **OWN** Signature [signature]
and Address MHAAF, Mountain Home, Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Dec. 3 1944 (Month) (Day) (Year)
(c) Place: Sandusky Ohio
18. Funeral Director's **OWN** Signature [signature]
and Address Boise Idaho
19. (a) 12-4-44 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) November 30 1944
at 8:30 o'clock P.M.
21. **I HEREBY CERTIFY**, That I attended deceased from 19 , to 19
I last saw h alive on 19 ; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Fractures, multiple, compound, skull. Fracture, compound, complete, ankle, right.	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Yes Suicide? Homicide?
Occurred 30 November 1944 City, county, state where violence occurred Elmore County, Idaho
Place of Violence: Home Farm Industry
Public Place Yes While at work? Yes
Means of injury Aircraft accident
23. Attendant's **OWN** Signature T. Biondo Capt M.C.
T BIONDO, Capt (M. D. or other) MC
and Address MHAAF, Mtn Home Ida Date 12-1/44 19
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census DEC 11 1944

NON-RESIDENT
Certificate Of Death
STATE OF IDAHO

State File No. 1415
Local Reg. No. 236
Reg. Dist. No. 371

1. PLACE OF DEATH:
(a) County Elmore
(b) City or town Rural
(c) Street Address or R. F. D. No.
(d) Death Occured Inside? Outside? X city or town
(e) Died in a Home Hospital Institution Other place X
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county years months 20 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State New Jersey (b) County
(c) City or town Atlantic City
(d) Street Address or R.F.D. No. 15 N Chelsea Ave.
(e) Deceased lived Inside? Outside? city or town
(f) Citizen of what country? U S A
(g) How long had deceased lived in Idaho? years
(h) Former residence (city, state)

3. (a) FULL NAME BONELLO, RAYMOND A 173

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M race W
5. Color or
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) April 21 1923

8. AGE	Years	Months	Days	If less than 1 day
	21	7	7	hrs min.

9. Exact Occupation Soldier — Did this work for 2 yrs.
10. Industry or Business U S Army — Date last worked 11-30-44
11. Birthplace Atlantic City, N. J. (City or town) (State or foreign country)
Father 12. Name Nicholas P Bonello
Father 13. Birthplace Italy (City or town) (State or foreign country)
Mother 14. Maiden name Isabelle E (Unknown)
Mother 15. Birthplace Italy (City or town) (State or foreign country)
16. Informant's OWN Signature C W Hewlett
and Address MHAAF, Mountain Home, Idaho
17. (a) Rural (Burial, cremation, or removal) (b) Date thereof Dec 31 1944 (Month) (Day) (Year)
(c) Place: Atlanta City, New Jersey
18. Funeral Director's OWN Signature
and Address Boise, Idaho
19. (a) 12-4-44 (Date received and filed) (b) J Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) November 30 19 44
at 8:30 o'clock P M.
21. **I HEREBY CERTIFY**, That I attended deceased from ..... 19..... to ..... 19.....
I last saw h..... alive on ..... 19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Fracture, compound, complete, skull. Abrasions, multiple, ~~XXXX~~ severe	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation ..... Date	
Major finding	
Finding of autopsy	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Yes Suicide? Homicide?
Occurred 30 November 19 44 City, county, state where violence occurred Elmore County, Utah
Place of Violence: Home Farm Industry
Public Place While at work? Yes
Means of injury Aircraft accident
23. Attendant's OWN Signature T. Biondo
T. BIONDO, Capt, MC (M. D. or other)
and Address MHAAF Mtn Home Ida Date 12-1 19 44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce DEC 11 1944
Bureau of the Census

NON-RESIDENT
Certificate Of Death
STATE OF IDAHO

State File No. 14135
Local Reg. No. 237
Reg. Dist. No. 37

1. **PLACE OF DEATH:**
   (a) County Elmore
   (b) City or town Rural
   (c) Street Address or R. F. D. No.
   (d) Death Occured Inside? Outside? X city or town
   (e) Died in a Home Hospital Institution Other place X
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county years months 20 days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Pa (b) County
   (c) City or town Morton
   (d) Street Address or R.F.D. No. 100 Morton Ave.
   (e) Deceased lived Inside? Outside? city or town
   (f) Citizen of what country? U S A
   (g) How long had deceased lived in Idaho? years
   (h) Former residence (city, state)

3. (a) **FULL NAME** PRONESTI, FRANCIS J. 173

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) June 29 1924

8. AGE	Years	Months	Days	If less than 1 day
	20	5	1	hrs min.

9. Exact Occupation Soldier — Did this work for 1-5/12 yrs.
10. Industry or Business U S Army — Date last worked 11-30-44
11. Birthplace Philadelphia, Pa (City or town) (State or foreign country)

Father
12. Name Francis J Pronesti
13. Birthplace Italy (City or town) (State or foreign country)

Mother
14. Maiden name Romona (Unknown)
15. Birthplace Italy (City or town) (State or foreign country)

16. Informant's **OWN** Signature [signature]
and Address MHAAF, Mtn Home, Idaho

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Dec 2 1944 (Month) (Day) (Year)
(c) Place: Morton, Penn

18. Funeral Director's **OWN** Signature [signature]
and Address Boise, Idaho

19. (a) 12-4-44 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) November 30 19 44
at 8:30 o'clock P.M.

21. **I HEREBY CERTIFY**, That I attended deceased from ..... 19..... to ..... 19.....
I last saw h..... alive on ..... 19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Fracture, compound, complete, skull. Fracture, compound, complete, leg, right.	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation ..... Date	
Major finding	
Finding of autopsy	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Yes Suicide? Homicide?
Occurred 30 November 19 44 City, county, state where violence occurred Elmore County, Idaho
Place of Violence: Home Farm Industry
Public Place While at work? Yes
Means of injury Aircraft accident

23. Attendant's **OWN** Signature T BIONDO, Capt, MC T Biondo (M. D. or other)
and Address MHAAF, Mtn Home, Ida Date 12-1 19 44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

NOV 2 7 1944

Certificate Of Death

STATE OF IDAHO

State File No. 14139
Local Reg. No. 16
Reg. Dist. No. 546

1. PLACE OF DEATH:
(a) County Franklin
(b) City or town Preston Idaho
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? Outside? city or town
(e) Died in a Home.... Hospital.... Institution.... Other place....
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county Most of life years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State (b) County
(c) City or town
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? Outside? city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? years
(h) Former residence (city, state)

3. (a) FULL NAME Florence Elizabeth Schvaneveldt 146a

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Leslie 6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) June 14 1909

8. AGE	Years	Months	Days	If less than 1 day hrs	min.
	33	3	16		

9. Exact Occupation Housewife Did this work for yrs.
10. Industry or Business Date last worked life
11. Birthplace Preston Idaho (City or town) (State or foreign country)

Father
12. Name Wm Gibb ons
13. Birthplace Preston (City or town) (State or foreign country)

Mother
14. Maiden name Rose Bartolomae
15. Birthplace Switzerland (City or town) (State or foreign country)

16. Informant's **OWN** Signature Leslie Schvaneveldt
and Address Weston Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 4 (Month) (Day) (Year) 1944
(c) Place: Weston Idaho

18. Funeral Director's **OWN** Signature Merl Hendricks
and Address Preston Idaho

19. (a) 10-3-1944 (Date received and filed) (b) Effie M. Brower (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Oct 1 2d 1944
at 8 A. M. o'clock P. M.

21. **I HEREBY CERTIFY**, That I attended deceased from Oct 1 2d 1944, to Oct 1 2d 1944
I last saw h.e alive on Oct 1 2d 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
(a) Postpartum hemorrhage	4 hrs
Due to Placenta Previa	
Due to pregnancy at 8 mo.	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state
where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature W. Ervin Cragun M.D. (M. D. or other)
and Address Preston Ida. Date Oct 3 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census NOV 27 1944

Certificate Of Death

STATE OF IDAHO

State File No. 14135
Local Reg. No. 17
Reg. Dist. No. 540

1. **PLACE OF DEATH:**
   (a) County Franklin
   (b) City or town Mink Creek
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? X Outside? city or town
   (e) Died in a Home X Hospital Institution Other place
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county 1 years 8 months 20 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Franklin
   (c) City or town Mink Creek
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? X Outside? city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 1-8-20 years
   (h) Former residence (city, state)

3. (a) **FULL NAME** MILFORD EMIL LARSON. 108

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) January 17, 1943.

8. AGE	Years.	Months	Days	If less than 1 day
	1	8	20	hrs min.

9. Exact Occupation At Home Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Preston, Idaho. (City or town) (State or foreign country)

Father
12. Name Emil F. Larson.
13. Birthplace Badelunda, Sweden. (City or town) (State or foreign country)

Mother
14. Maiden name Clara Christensen.
15. Birthplace Blackfoot, Idaho. (City or town) (State or foreign country)

16. Informant's **OWN** Signature E. F. Larson
and Address Mink Creek, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-10-44 (Month) (Day) (Year)
(c) Place: Preston, Idaho.

18. Funeral Director's **OWN** Signature John M. Eskano
and Address Preston, Idaho.

19. (a) 10-7-1944 (Date received and filed) (b) Effie M. Brannon (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) October 7, 1944
at 8:50 o'clock P.M.

21. **I HEREBY CERTIFY,** That I attended deceased from Oct 6 1944, to Oct 7 1944
I last saw h alive on Oct 7 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Streptococcus Pneumonia	24 hrs
Due to Streptococcus Throat	36 hrs
Due to	
Other conditions Acute Otitis Media (Include pregnancy within 3 months of death)	24 hrs
Where was disease contracted? Home	
Name of operation Date	
Major finding	
Finding of autopsy	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature O. R. Cutler M.D. (M. D. or other)
and Address Preston Ida Date 10-7 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

NOV 27 1944

Certificate Of Death

STATE OF IDAHO

State File No. 1413[illegible]
Local Reg. No. 18
Reg. Dist. No. 540

1. **PLACE OF DEATH:**
   (a) County Franklin
   (b) City or town Preston
   (c) Street Address or R. F. D. No.
   (d) Death Occured Inside? * Outside? city or town
   (e) Died in a Home * Hospital Institution Other place
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county years months 1 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Franklin
   (c) City or town Preston
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? * Outside? city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 1 Day years *
   (h) Former residence (city, state)

3. (a) **FULL NAME** Judith Ashcroft

157m

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex female 5. Color or race white
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Oct 9 1944

8. AGE	Years	Months	Days	If less than 1 day
			1	hrs min.

9. Exact Occupation — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace Preston (City or town) Idaho (State or foreign country)

Father
12. Name Henry Bert Ashcroft
13. Birthplace Hyde Park (City or town) Utah (State or foreign country)

Mother
14. Maiden name Lucile Palmer
15. Birthplace Preston (City or town) Idaho (State or foreign country)

16. Informant's **OWN** Signature H. D. Ashcroft
and Address Preston Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 11 1944 (Month) (Day) (Year)
(c) Place: Preston Idaho
18. Funeral Director's **OWN** Signature M. W. Hendrys
and Address Preston Ida
19. (a) 10-11-1944 (Date received and filed) (b) Effie W. Brower (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Oct 11 1944
at o'clock M.
21. **I HEREBY CERTIFY,** That I attended deceased from 19 to 19
I last saw her alive on 10/10 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — Duration

Congenital anomalies incompatible with life.

Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state
where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature Leo R. Hawker M.D.
(M. D. or other)
and Address Preston Ida Date 10/12 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

NOV 27 1944

Certificate Of Death

STATE OF IDAHO

State File No. 141[illegible]
Local Reg. No. 19
Reg. Dist. No. 540

1. PLACE OF DEATH:
(a) County Franklin
(b) City or town Preston
(c) Street Address or R.F.D. No. 107 So. 4th. East
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Home X Hospital .... Institution .... Other place ....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 25 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Franklin
(c) City or town Preston
(d) Street Address or R.F.D. No. 107 So. 4th. East
(e) Deceased lived Inside? X Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 25 years
(h) Former residence (city, state) Hyde Park, Ut.

3. (a) FULL NAME ELIZA MAIRETTE THURSTON HYMAS. 83 a

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Benjamin Hymas
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) January 14, 1866.

8. AGE	Years	Months	Days	If less than 1 day
	78	9	11	hrs min.

9. Exact Occupation Housewife Did this work for ..... yrs.
10. Industry or Business Own Home Date last worked .....
11. Birthplace Hyde Park, Utah. (City or town) (State or foreign country)
Father 12. Name James Thurston
13. Birthplace England. (City or town) (State or foreign country)
Mother 14. Maiden name Mary Seamons.
15. Birthplace St. Michaels, England. (City or town) (State or foreign country)
16. Informant's **OWN** Signature Ernest Hymas
and Address Logan, Ut
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-28-44 (Month) (Day) (Year)
(c) Place: Hyde Park, Utah.
18. Funeral Director's **OWN** Signature John M. Richards
and Address Preston, Idaho
19. (a) 10-26-1944 (Date received and filed) (b) Effie W. Brower (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) October 25, 1944
at 10 o'clock A.M.
21. **I HEREBY CERTIFY,** That I attended deceased from 10-23 1944, to 10-25 1944
I last saw her alive on 10-25 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebral hemorrhage	1 hr
Due to General arteriosclerosis	20 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature R. R. Cutler M.D. (M. D. or other)
and Address Preston Ida. Date 10-26 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census NOV 14 1944

Certificate Of Death

STATE OF IDAHO

State File No. 141384
Local Reg. No. 40
Reg. Dist. No. 650

1. PLACE OF DEATH:
(a) County Fremont
(b) City or town St. Anthony
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? Yes Outside? city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county Life years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Fremont
(c) City or town St. Anthony
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? Yes Outside? city or town
(f) Citizen of what country? U. S.
(g) How long had deceased lived in Idaho? Life years
(h) Former residence (city, state)

3. (a) FULL NAME FLOYD WAYNE SCHOFIELD 95b

3. (b) If veteran, name war No.
3. (c) Social Security No. 529-26-4992
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Bonita Harrison
6. (c) Age of husband or wife if alive 26 years
7. Date of Birth (Month, Day, Year) September 10, 1911

8. AGE	Years	Months	Days	If less than 1 day hrs min.
	33	1	24	

9. Exact Occupation Projectioneist Did this work for 2 yrs.
10. Industry or Business Roxy Theatre Date last worked 11-3-44
11. Birthplace Farnum, Fremont County, Idaho (City or town) (State or foreign country)
Father 12. Name William Schofield
13. Birthplace Hooper, Utah (City or town) (State or foreign country)
Mother 14. Maiden name Louisa Suiter
15. Birthplace Ogden, Utah. (City or town) (State or foreign country)
16. Informant's OWN Signature Gene S. Schofield
and Address Drummond, Idaho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-8-44 (Month) (Day) (Year)
(c) Place: Pineview, Ashton Idaho.
18. Funeral Director's OWN Signature M. L. Hansen
and Address St. Anthony, Idaho.
19. (a) Nov. 7 1944 (Date received and filed) (b) M. L. Hansen (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Nov 4 1944
at 17 o'clock A M.
21. I HEREBY CERTIFY, That I attended deceased from 1940, to Nov 4 1944
I last saw him alive on Nov 4 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Acute Myocardial Failure	4 hrs
Due to Rheumatic Heart Condition	15 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation Date	
Major finding	
Finding of autopsy	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature E. L. Soule M. (M. D. or other)
and Address St. Anthony Ida Date 11/7/1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

DEC 13 1944

Certificate Of Death

STATE OF IDAHO

State File No. 141385
Local Reg. No. 41
Reg. Dist. No. 650

1. PLACE OF DEATH:
(a) County Fremont
(b) City or town St. Anthony
(c) Street Address or R.F.D. No. 126 So. Bridge
(d) Death Occured Inside? Yes Outside? ..... city or town
(e) Died in a Home.... Hospital X Institution.... Other place....
(f) Name Hosp. or Inst. St. A. Gen Stayed 5 days
(g) Lived in this county ..... years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Fremont
(c) City or town St. Anthony
(d) Street Address or R.F.D. No. .....
(e) Deceased lived Inside? Yes Outside? ..... city or town
(f) Citizen of what country? U. S.
(g) How long had deceased lived in Idaho? 70 years
(h) Former residence (city, state) .....

3. (a) **FULL NAME** SYLVIA LOVINA RICE 94b.

3. (b) If veteran, name war No.
3. (c) Social Security No. None.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) March 3, 1867

8. AGE	Years	Months	Days	If less than 1 day
	77	8	10	hrs min.

9. Exact Occupation Retired Housewife Did this work for ..... yrs.
10. Industry or Business Own Home Date last worked .....
11. Birthplace Willard, Utah. (City or town) (State or foreign country)
Father
12. Name Richard Drake
13. Birthplace N. Y. (City or town) (State or foreign country)
Mother
14. Maiden name Lovina Beecher
15. Birthplace Iowa (City or town) (State or foreign country)
16. Informant's OWN Signature L. E. Jenkins and Address St. Anthony, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-15-44 (Month) (Day) (Year)
(c) Place: Parker, Idaho.
18. Funeral Director's OWN Signature M. D. Hansen and Address St. Anthony, Idaho.
19. (a) Nov 20, 1944 (Date received and filed) (b) M. D. Hansen (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) November 13 1944 at 3:20 o'clock A. M.
21. **I HEREBY CERTIFY**, That I attended deceased from Nov 9 1944, to Nov. 12 1944
I last saw her alive on Nov. 12 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death	Duration
Angina Pectoris	3 days
Due to Hypertension	5 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's OWN Signature E. L. Sawle MD (M. D. or other)
and Address St. Anthony Date 11/20 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

DEC 13 1944

Certificate Of Death

STATE OF IDAHO

State File No. 1413[illegible]3
Local Reg. No. 42
Reg. Dist. No. 650

1. PLACE OF DEATH:
(a) County Fremont
(b) City or town St. Anthony
(c) Street Address or R.F.D. No. 126 So. Bridge
(d) Death Occured Inside? Yes Outside? ....city or town
(e) Died in a Home.... Hospital X Institution.... Other place....
(f) Name Hosp. or Inst St. A. Gen. Stayed 1 days
(g) Lived in this county 25 years ....months ....days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Fremont
(c) City or town St. Anthony
(d) Street Address or R.F.D. No. 138 E 3rd N
(e) Deceased lived Inside? Yes Outside? ....city or town
(f) Citizen of what country? U. S.
(g) How long had deceased lived in Idaho? 25 years
(h) Former residence (city, state) Ogden, Utah

3. (a) **FULL NAME** JOSEPH ARTHUR TAYLOR 93E

3. (b) If veteran, name war No.
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Caroline Housley
6. (c) Age of husband or wife if alive 53 years
7. Date of Birth (Month, Day, Year) January 30, 1892

8. AGE	Years	Months	Days	If less than 1 day
	52	9	19	hrs min.

9. Exact Occupation Barber — Did this work for 30 yrs.
10. Industry or Business Own Business — Date last worked 1944
11. Birthplace Far West, Weber County, Utah. (City or town) (State or foreign country)

Father
12. Name James Henry Taylor
13. Birthplace Ogden, Utah. (City or town) (State or foreign country)

Mother
14. Maiden name Martha Amelia Rawson
15. Birthplace Harmony County, Utah. (City or town) (State or foreign country)

16. Informant's **OWN** Signature George A. Taylor
and Address St. Anthony, Idaho.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 22, 1944 (Month) (Day) (Year)
(c) Place: St. Anthony, Idaho.

18. Funeral Director's **OWN** Signature Mal Hansen
and Address St. Anthony, Idaho.

19. (a) Nov 19, 1944 (Date received and filed) (b) Mal Hansen (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) November 19 19 44
at 11:30 o'clock A. M.

21. **I HEREBY CERTIFY**, That I attended deceased from Oct 1943, to Nov 1944
I last saw h[illegible] alive on Nov 19 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death	Duration
Congestive heart failure	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ..... Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state
Where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature Owen L. Fels (M. D. or other)
and Address St Anthony Date Nov 19 1944
(For additional space use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

141337

United States
Department of Commerce
Bureau of the Census

DEC 13 1944

Certificate Of Death

STATE OF IDAHO

State File No. 43
Local Reg. No. 65
Reg. Dist. No.

1. **PLACE OF DEATH:**
   (a) County Idaho- Fremont County
   (b) City or town St. Anthony, Idaho
   (c) Street Address or R.F.D. No. 126 So. Bridge
   (d) Death Occured Inside? Yes Outside? ....city or town
   (e) Died in a Home.... Hospital X Institution.... Other place....
   (f) Name Hosp. or Inst. St. A. Gen. Stayed 50 days
   (g) Lived in this county 17 years ....months ....days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Fremont
   (c) City or town Macks Inn.
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside?....Outside? Yes city or town
   (f) Citizen of what country? U. S.
   (g) How long had deceased lived in Idaho? 17 years
   (h) Former residence (city, state) Portland, Ore.

3. (a) **FULL NAME** MANLEY OSCAR YOUNGBLOOD 46

3. (b) If veteran, name war .....
3. (c) Social Security No. None.
4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) DECEMBER 11, 1870

8. AGE 73	Years	Months	Days	If less than 1 day
	73	11	13	hrs min.

9. Exact Occupation None. Did this work for ....yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Union Springs, Alabama. (City or town) (State or foreign country)

Father
12. Name Unknown
13. Birthplace Unknown (City or town) (State or foreign country)

Mother
14. Maiden name Unknown
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's **OWN** Signature Ray H. Carden
and Address St. Anthony, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-26-44 (Month) (Day) (Year)
(c) Place: Ashton, Idaho

18. Funeral Director's **OWN** Signature M. D. Hansen
and Address St. Anthony, Idaho.

19. (a) Nov. 24, 1944 (Date received and filed) (b) M. D. Hansen (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Nov. 23 1944
at 8 o'clock A. M.

21. **I HEREBY CERTIFY**, That I attended deceased from Sept 1944, to Nov 23 1944
I last saw him alive on Nov 22 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Carcinoma, liver	6 mth
Due to	
Due to	
Other conditions Diabetes (Include pregnancy within 3 months of death)	2 mth

Where was disease contracted?.....
Name of operation..... Date.....
Major finding .....
Finding of autopsy .....

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident?..... Suicide?..... Homicide?.....
Occurred..... 19..... City, county, state where violence occurred .....
Place of Violence: Home.....Farm.....Industry.....
Public Place..... While at work?.....
Means of injury .....

23. Attendant's **OWN** Signature E. L. Lovell M.D. (M. D. or other)
and Address St. Anthony Date 11-23 19 44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census DEC 13 1944

Certificate Of Death

STATE OF IDAHO

State File No. 1415 44
Local Reg. No.
Reg. Dist. No. 650

1. **PLACE OF DEATH:**
   (a) County Fremont
   (b) City or town St. Anthony, Idaho
   (c) Street Address or R.F.D. No. 126 So. Bridge
   (d) Death Occured Inside? Yes Outside? ....city or town
   (e) Died in a Home.... Hospital X Institution.... Other place....
   (f) Name Hosp. or Inst. St. A. Gen Stayed 1 days
   (g) Lived in this county....years ....months ....days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Fremont
   (c) City or town St. Anthony
   (d) Street Address or R.F.D. No. ....
   (e) Deceased lived Inside?....Outside?....city or town
   (f) Citizen of what country? U. S.
   (g) How long had deceased lived in Idaho? Life years
   (h) Former residence (city, state) ....

3. (a) **FULL NAME** DARRIS WILLIAMS 109b

3. (b) If veteran, name war No.
3. (c) Social Security No. None.
4. Sex M.
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife ....
6. (c) Age of husband or wife if alive .... years
7. Date of Birth (Month, Day, Year) October 23, 1944

8. AGE	Years	Months	Days	If less than 1 day
		1	1	hrs min.

9. Exact Occupation None. Did this work for ....yrs.
10. Industry or Business .... Date last worked ....
11. Birthplace .... (City or town) (State or foreign country)

Father
12. Name Gomer H. Williams
13. Birthplace Chester, Idaho (City or town) (State or foreign country)

Mother
14. Maiden name Dorothy Elnora Howard
15. Birthplace St. Anthony, Idaho (City or town) (State or foreign country)

16. Informant's **OWN** Signature G H. Williams
and Address Chester, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-27-44 (Month) (Day) (Year)
(c) Place: Wilford, Idaho.

18. Funeral Director's **OWN** Signature M O Hansen
and Address St. Anthony, Idaho

19. (a) Dec. 1 1944 (Date received and filed) (b) M O Hansen (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) November 24 1944
at 11:30 o'clock A. M.

21. **I HEREBY CERTIFY**, That I attended deceased from Nov 1 1944, to Nov 24 1944
I last saw h... alive on Nov 24 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Pneumonia	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? ....
Name of operation.... Date....
Major finding ....
Finding of autopsy ....

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident?.... Suicide?.... Homicide?....
Occurred.... 19.... City, county, state where violence occurred ....
Place of Violence: Home.... Farm.... Industry....
Public Place.... While at work?....
Means of injury ....

23. Attendant's **OWN** Signature Owen L. Felt (M. D. or other)
and Address St Anthony Date Nov. 24 1944
(For additional space, use reverse side)

Birth filed

United States
Department of Commerce
Bureau of the Census

AUG 10 1944

Certificate Of Death

STATE OF IDAHO

State File No. 141389
Local Reg. No.
Reg. Dist. No.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. PLACE OF DEATH:
(a) County Gem
(b) City or town Emmett
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? X Outside? ....city or town
(e) Died in a Home.... Hospital X Institution.... Other place....
(f) Name Hosp. or Inst. Mary Secor Stayed ....days
(g) Lived in this county.....years .....months .....days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Gem
(c) City or town Emmett
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside?.....Outside?.....city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho?.....years
(h) Former residence (city, state)

3. (a) FULL NAME INFANT DAUGHTER OF CHARLES W. & LORNA SIDWELL

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3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex fem
5. Color or race wht
6. (a) Single, widowed, married, divorced Infant
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) July 19-1944

8. AGE	Years	Months	Days	If less than 1 day
				Still born 1 hrs 14 min.

9. Exact Occupation Infant — Did this work for ....yrs.
10. Industry or Business — Date last worked
11. Birthplace Emmett, Idaho (City or town) (State or foreign country)

Father
12. Name Charles W. Sidwell
13. Birthplace Iowa (City or town) (State or foreign country)

Mother
14. Maiden name Lorna Proctor
15. Birthplace Nebraska (City or town) (State or foreign country)

16. Informant's OWN Signature Charles W. Sidwell
and Address Emmett, Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 7/20-1944 (Month) (Day) (Year)
(c) Place: Emmett, Idaho
18. Funeral Director's OWN Signature O. W. Bucknum
and Address Emmett, Idaho
19. (a) 7/20-1944 (Date received and filed) (b) O. W. Bucknum (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 19, 1944 19....
at ~~died~~ 3:20 o'clock A M.

21. **I HEREBY CERTIFY**, That I attended deceased from 7-19- 1944 to 7-19- 1944
I last saw ~~her~~ alive on ~~died~~ 7-19 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: [redacted] Duration [redacted]
Due to [redacted] about 7 months Pregnancy
Due to
Other conditions (Include pregnancy within 3 months of death).
Where was disease contracted?
Name of operation ..... Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19.... City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's OWN Signature B. Chipman
and Address Emmett, Idaho (M. D. or other) Date 7/20-1944 19....
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

DEC 9 1944

Certificate Of Death

STATE OF IDAHO

State File No. 141390
Local Reg. No.
Reg. Dist. No.

1. PLACE OF DEATH:
(a) County Gem
(b) City or town Emmett
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? X Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. Mary Secor Stayed 4 days
(g) Lived in this county 32 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Gem
(c) City or town ~~Emmett~~ Letha
(d) Street Address or R.F.D. No. Letha
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 40 years
(h) Former residence (city, state) Washington

3. (a) FULL NAME Mary Fishback 46e

3. (b) If veteran, name war —
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) January 28, 1865

8. AGE	Years	Months	Days	If less than 1 day
	79	10	11	hrs min.

9. Exact Occupation Housewife Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Fort Wayne, Indiana (City or town) (State or foreign country)
Father
12. Name Charles Merryweather
13. Birthplace England (City or town) (State or foreign country)
Mother
14. Maiden name Ann Truelove
15. Birthplace England (City or town) (State or foreign country)
16. Informant's **OWN** Signature Chas. H. Fishback
and Address Emmett Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 11/9/44 (Month) (Day) (Year)
(c) Place: Boise Idaho
18. Funeral Director's **OWN** Signature McPhatney Funeral Home Kenneth Libby
and Address Boise Idaho
19. (a) Nov. 10 - 1944 (Date received and filed) (b) C. D. Buckman (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) November 9 1944
at 6:02 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 11.3 1944, to 11.9 1944
I last saw her alive on 11.9 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Intestinal hemorrhage	1 wk.
Due to Probable carcinoma of intestine (#46)	Few mos.
Due to	
Other conditions Chron. Endocarditis (Include pregnancy within 3 months of death) (92a)	20 yrs.

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy —

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature H. L. Newcombe (M. D. or other)
and Address Emmett Idaho Date 11/10 1944
(For additional space, use reverse side)

United States
Department of Commerce
Bureau of the Census

DEC 9 1944

Certificate Of Death

STATE OF IDAHO

State File No. 141391
Local Reg. No.
Reg. Dist. No.

1. PLACE OF DEATH:
(a) County Gem
(b) City or town Emmett
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? X Outside? city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 21 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Gem
(c) City or town Emmett
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? 21 years
(h) Former residence (city, state) Maine

3. (a) FULL NAME CLARENCE LEMUEL PREBLE

93d

3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Susana Preble
6. (c) Age of husband or wife if alive 66 years
7. Date of Birth (Month, Day, Year) Dec. 14, 1854

8. AGE	Years	Months	Days	If less than 1 day hrs min.
	89	10	27	

9. Exact Occupation Retired farmer Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Woolwich, Maine (City or town) (State or foreign country)
Father 12. Name Unknown
13. Birthplace " (City or town) (State or foreign country)
Mother 14. Maiden name Unknown
15. Birthplace " (City or town) (State or foreign country)
16. Informant's OWN Signature Jen. Howell
and Address Emmett, Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 11/14-1944 (Month) (Day) (Year)
(c) Place: Emmett, Idaho
18. Funeral Director's OWN Signature C D Buckman
and Address Emmett, Idaho
19. (a) 11/14-1944 (Date received and filed) (b) C D Buckman (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Nov. 11, 1944 19
at o'clock M.
21. **I HEREBY CERTIFY,** That I attended deceased from 1940, to Nov 11 1944
I last saw him alive on Nov 11 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Myocarditis	
Cardiac Asthma	
Due to age and arterial sclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature J. L. Reynolds (M. D. or other)
and Address Emmett, Idaho Date 11/14-1944 19
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Dr Reynolds

141392

United States
Department of Commerce
Bureau of the Census DEC 9 1944

Certificate Of Death

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
   (a) County Gem
   (b) City or town Emmett
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? X Outside? city or town
   (e) Died in a Home Hospital Institution Other place
   (f) Name Hosp. or Ins Mary Secor Stayed 14 days
   (g) Lived in this county years months 14 days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Boise
   (c) City or town Horseshoe Bend
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? X Outside? city or town
   (f) Citizen of what country?
   (g) How long had deceased lived in Idaho? 55 years
   (h) Former residence (city, state) Ohio

3. (a) **FULL NAME** Lilly Barton Redington 93e

3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex Fe race Wht
5. Color or
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife William
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Feb. 15, 1854

8. AGE	Years	Months	Days	If less than 1 day
	90	9	13	hrs min.

9. Exact Occupation Housewife Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Grand Rapids Michigan (City or town) (State or foreign country)

Father
12. Name Peter Barton
13. Birthplace Ohio (City or town) (State or foreign country)

Mother
14. Maiden name Esther Townsend
15. Birthplace England (City or town) (State or foreign country)

16. Informant's **OWN** Signature W B Redington
and Address Horseshoe Bend, Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Nove. 29 (Month) (Day) (Year)
(c) Place: Payette, Idaho
18. Funeral Director's **OWN** Signature Edith Saunders
and Address Payette Idaho
19. (a) November 29 (Date received and filed) (b) X C R Buckman (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) November 28 1944
at 11:45 o'clock P M.
21. **I HEREBY CERTIFY**, That I attended deceased from Nov. 1 1944, to Nov 28 1944
I last saw her alive on Nov. 28 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Myocarditis	
√ Due to	
Due to	
Other conditions Age (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature J L Reynolds (M. D. or other)
and Address Emmett, Idaho Date Nov 29 44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

DEC 12 1944

Certificate Of Death

STATE OF IDAHO

State File No. 141393
Local Reg. No. 1127
Reg. Dist. No. 420

1. **PLACE OF DEATH:**
   (a) County Gooding
   (b) City or town Gooding
   (c) Street Address or R. F. D. No. R.R. Road Crossing
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home.... Hospital — Institution — Other place X
   (f) Name Hosp. or Inst. ..... Stayed ..... days
   (g) Lived in this county 10 years ..... months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Gooding (b) County Gooding
   (c) City or town Gooding
   (d) Street Address or R.F.D. No. 538-5th Utah
   (e) Deceased lived Inside? X Outside? ..... city or town
   (f) Citizen of what country? U. S. A.
   (g) How long had deceased lived in Idaho? Lifetime years
   (h) Former residence (city, state) —

3. (a) **FULL NAME** Oscar Mau

170a

3. (b) If veteran, name war No
3. (c) Social Security No. — —
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Willma L.
6. (c) Age of husband or wife if alive 33 years
7. Date of Birth (Month, Day, Year) Dec 24 1911

8. AGE	Years	Months	Days	If less than 1 day
	32	10	9	hrs min.

9. Exact Occupation Farmer — Did this work for Lifetime.
10. Industry or Business — Date last worked 11-1-44
11. Birthplace Idaho Falls, (City or town) Idaho (State or foreign country)

Mother
12. Name Richard E. Mau
13. Birthplace — (City or town) Germany (State or foreign country)

Father
14. Maiden name Mary Hartman
15. Birthplace — (City or town) Missouri (State or foreign country)

16. Informant's **OWN** Signature Wilma L. Mau
and Address Gooding, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-4-44 (Month) (Day) (Year)
(c) Place: Elmwood Cemetery
18. Funeral Director's **OWN** Signature H. P. Bright
and Address Gooding Idaho
19. (a) 12-1-44 (Date received and filed) (b) J. H. Cromwell (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Nov 2 1944
at 6 o'clock a M.
21. **I HEREBY CERTIFY,** That I attended deceased from ..... 19..... to ..... 19.....
I last saw h..... alive on ..... 19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Instant death due to accident	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Yes Suicide? ..... Homicide? .....
Occurred Nov 2 - 1944 City, county, state where violence occurred Gooding Ida
Place of Violence: Home ..... Farm ..... Industry .....
Public Place Highway While at work? Yes
Means of injury Auto Struck Jay Walker
23. Attendant's **OWN** Signature J. H. Cromwell Coroner Gooding Co. (M. D. or other)
and Address Gooding Ida Date 11-4- 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

DEC 12 1944

Certificate Of Death

STATE OF IDAHO

State File No. [redacted]4
Local Reg. No. 1126
Reg. Dist. No. 420

1. **PLACE OF DEATH**
   (a) County Gooding
   (b) City or town Gooding
   (c) Street Address or R.F.D. No. Railroad Crossing
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home.... Hospital.... Institution.... Other place X
   (f) Name Hosp. or Inst. ..... Stayed ..... days
   (g) Lived in this county ~~55~~ years ~~10~~ months ~~2~~ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Gooding
   (c) City or town " "
   (d) Street Address or R.F.D. No. " "
   (e) Deceased lived Inside? X Outside? ..... city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 40 years
   (h) Former residence (city, state) Tie Siding Colo.

3. (a) **FULL NAME** Thomas Robert Trees 170a

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lillie Trees
6. (c) Age of husband or wife if alive 50 years
7. Date of Birth (Month, Day, Year) Nov. 25 1888

8. AGE	Years	Months	Days	If less than 1 day
	55	10	2	hrs ..... min.

9. Exact Occupation Farm Labor — Did this work for 10 yrs.
10. Industry or Business ..... — Date last worked 11-1-44
11. Birthplace Tie Siding (City or town) Colorado (State or foreign country)

Father
12. Name Jacob Thompson Trees
13. Birthplace ..... (City or town) Illinois (State or foreign country)

Mother
14. Maiden name Mary Jane Brown
15. Birthplace Batesville (City or town) Arkansas (State or foreign country)

16. Informant's **OWN** Signature Lillie Trees
and Address Box 759 Gooding Ida

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof ..... (Month) (Day) (Year)
(c) Place: Gooding

18. Funeral Director's **OWN** Signature W.P. Bright
and Address Gooding Idaho

19. (a) 12-1-44 (Date received and filed) (b) J.H. Cornwell (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Nov 2 19 44
at 8 o'clock a M.

21. **I HEREBY CERTIFY**, That I attended deceased from ..... 19..... to ..... 19.....
I last saw h..... alive on ..... 19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Instant death	
Due to Accident	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Yes Suicide? ..... Homicide? .....
Occurred Nov 2 19 44 City, county, state where violence occurred Gooding Co. Ida
Place of Violence: Home ..... Farm ..... Industry .....
Public Place Highway While at work? No
Means of injury Auto struck by train

23. Attendant's **OWN** Signature J.H. Cornwell Gooding & Co. (M. D. or other)
and Address Gooding Ida Date 11-2 19 44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

DEC 12 1944

STATE OF IDAHO

State File No. 141395
Local Reg. No. 1125
Reg. Dist. No. 420

1. PLACE OF DEATH:

(a) County Gooding
(b) City or town Gooding
(c) Street Address or R.F.D. No. R R Depot crossing
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Home.... Hospital.... Institution.... Other place X
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county ..... years 2 months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

(a) State Oregon (b) County Douglas
(c) City or town Roseburg
(d) Street Address or R.F.D. No. Star Route
(e) Deceased lived Inside? ..... Outside? X city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 2 Mo. years
(h) Former residence (city, state) Roseburg, Oregon

3. (a) FULL NAME Harold D. Burr

3. (b) If veteran, name war -------
3. (c) Social Security No. .....
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Mary Burr
6. (c) Age of husband or wife if alive 17 years
7. Date of Birth (Month, Day, Year) Sept. 22, 1927

8. AGE	Years	Months	Days	If less than 1 day
	17	1	11	hrs min.

9. Exact Occupation day laborer Did this work for life yrs.
10. Industry or Business ..... Date last worked 11/1/44
11. Birthplace Texhoma (City or town) Oklahoma (State or foreign country)

Father
12. Name Joe Burr
13. Birthplace ----- (City or town) Nebraska (State or foreign country)

Mother
14. Maiden name Mable Shull
15. Birthplace ------ (City or town) Nebraska (State or foreign country)

16. Informant's OWN Signature Mrs. Harold D. Burr
and Address Gooding Idaho
17. (a) removal (Burial, cremation, or removal) (b) Date thereof 11/4/44 (Month) (Day) (Year)
(c) Place: Roseburg Oregon
18. Funeral Director's OWN Signature H.P. Bright
and Address Gooding Idaho
19. (a) 12-1-44 (Date received and filed) (b) J H Cromwell (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Nov 2 1944
at 8 o'clock a M.
21. **I HEREBY CERTIFY**, That I attended deceased from ..... 19....., to ..... 19.....
I last saw h..... alive on ..... 19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Instant death	
Due to accident	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYISCIAN
Name of operation ..... Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Yes Suicide? ..... Homicide? .....
Occurred Gooding Idaho City, county, state
where violence occurred Nov 2 '44
Place of Violence: Home ..... Farm ..... Industry .....
Public Place Highway While at work? Yes
Means of injury auto struck by [illegible]
23. Attendant's OWN Signature J H Cromwell Gooding Coroner (M. D. or other)
and Address Gooding Ida Date 11-2- 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

DEC 12 1944

STATE OF IDAHO

State File No. 141396
Local Reg. No. 1124
Reg. Dist. No. 420

1. PLACE OF DEATH:
(a) County Gooding
(b) City or town Gooding
(c) Street Address or R.F.D. No. Rail Road Crossing
(d) Death Occured Inside? ..... Outside? X city or town
(e) Died in a Home.... Hospital.... Institution.... Other place X
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county ..... years 2 months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Oregon (b) County Douglas
(c) City or town Roseburg
(d) Street Address or R.F.D. No. Roseburg
(e) Deceased lived Inside? ..... Outside? X city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 2 Mo. years
(h) Former residence (city, state) Roseburg Oregon

3. (a) **FULL NAME** Everett B. West 170a

3. (b) If veteran, name war World War 2
3. (c) Social Security No. .....
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Grace West
6. (c) Age of husband or wife if alive 15 years
7. Date of Birth (Month, Day, Year) June, 1, 1926

8. AGE	Years	Months	Days	If less than 1 day
	18	5	1	hrs min.

9. Exact Occupation day laborer Did this work for life yrs.
10. Industry or Business ---------- Date last worked 11/1/44
11. Birthplace Gooding Idaho (City or town) (State or foreign country)
Father
12. Name Bradley West
13. Birthplace ------- Oregon (City or town) (State or foreign country)
Mother
14. Maiden name Effie King
15. Birthplace ------ Missouri (City or town) (State or foreign country)
16. Informant's OWN Signature Mrs Everett B. West
and Address Gooding Idaho
17. (a) removal (Burial, cremation, or removal) (b) Date thereof 11/4/44 (Month) (Day) (Year)
(c) Place: Roseburg Oregon
18. Funeral Director's OWN Signature H.P. Bright
and Address Gooding Idaho
19. (a) 12-1-44 (Date received and filed) (b) J.H. Cromwell (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Nov 2 1944
at 8 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from ..... 19....., to ..... 19.....
I last saw h..... alive on ..... 19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Instant death	
Due to accident	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYISCIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Yes Suicide? ..... Homicide? .....
Occurred Nov 2 1944 City, county, state where violence occurred Gooding Ida
Place of Violence: Home ..... Farm ..... Industry .....
Public Place Highway While at work? Yes
Means of injury auto struck by team
23. Attendant's OWN Signature J.H. Cromwell Coroner of Co Gooding (M. D. or other)
and Address Gooding Ida Date 11-2 1944
(For additional space, use reverse side)

141397

United States
Department of Commerce
Bureau of the Census

DEC 12 1944

Certificate Of Death

STATE OF IDAHO

State File No.
Local Reg. No. 1123
Reg. Dist. No. 420

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
   (a) County Gooding
   (b) City or town Goodings
   (c) Street Address or R.F.D. No. Railroad Hospital
   (d) Death Occured Inside? ..... Outside? X city or town
   (e) Died in a Home.... Hospital— Institution— Other place X
   (f) Name Hosp. or Inst. — Stayed ..... days
   (g) Lived in this county ..... years 2 months ..... days

   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Lemhi
   (c) City or town Salmon
   (d) Street Address or R.F.D. No. "
   (e) Deceased lived Inside? X Outside? ..... city or town
   (f) Citizen of what country? U.S.
   (g) How long had deceased lived in Idaho? 4 years
   (h) Former residence (city, state) Silver City, N.M.

3. (a) **FULL NAME** Royal Patrick Johnson. 120a

3. (b) If veteran, name war —
3. (c) Social Security No. 525-40-8950
4. Sex M. 5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Judy M. Johnson
6. (c) Age of husband or wife if alive 20 years
7. Date of Birth (Month, Day, Year) Oct. 3 1926

8. AGE	Years	Months	Days	If less than 1 day
	18	1		hrs min.

9. Exact Occupation Laborer — Did this work for life yrs.
10. Industry or Business — Date last worked 11-1-44
11. Birthplace Marshall, N. Dakota (City or town) (State or foreign country)

Father
12. Name Roy E. Johnson
13. Birthplace — (City or town) (State or foreign country)

Mother
14. Maiden name Cypla Moritz
15. Birthplace — (City or town) (State or foreign country)

16. Informant's **OWN** Signature Judy M. Johnson
and Address Salmon, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: Salmon City, Ida.

18. Funeral Director's **OWN** Signature H.P. Bright
and Address Gooding Ida.

19. (a) 12-1-44 (Date received and filed) (b) D.J. Connell (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Nov 2- 1944
at 8 o'clock a M.

21. **I HEREBY CERTIFY**, That I attended deceased from ..... 19..... to ..... 19.....
I last saw h..... alive on ..... 19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Due to accident	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation ..... Date	
Major finding	
Finding of autopsy	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ✓ Suicide? ..... Homicide? .....
Occurred Nov 2 1944 City, county, state where violence occurred Gooding Ida
Place of Violence: Home ..... Farm ..... Industry .....
Public Place Highway While at work? .....
Means of injury automobile struck by truck

23. Attendant's **OWN** Signature D.J. Connell Coroner C.O.
and Address Gooding Ida Date 11-2 1944
(M.D. or other)
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

DEC 13 1944

Certificate Of Death

STATE OF IDAHO

State File No. 141398
Local Reg. No.
Reg. Dist. No. 421

1. **PLACE OF DEATH:**
(a) County Gooding
(b) City or town Wendell
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? L Outside? city or town
(e) Died in a Home Hospital Institution Other place
(f) Name Hosp. or Inst. St Valentines Stayed days
(g) Lived in this county years months 1 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Jerome
(c) City or town Jerome
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? Outside? L city or town
(f) Citizen of what country? US
(g) How long had deceased lived in Idaho? 30 years
(h) Former residence (city, state) Minn.

3. (a) **FULL NAME** Margaret Bengoechea

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Victor L
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Nov 24 1906

8. AGE	Years	Months	Days	If less than 1 day
	31	11	25	hrs min.

9. Exact Occupation Housewife Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace West Liberty (City or town) Iowa (State or foreign country)
Father
12. Name A V Strain
13. Birthplace Bluffton (City or town) Indiana (State or foreign country)
Mother
14. Maiden name Alta E. Lambing
15. Birthplace Wayne (City or town) Iowa (State or foreign country)
16. Informant's **OWN** Signature Victor Bengoechea
and Address Jerome Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Nov 19-44 (Month) (Day) (Year)
(c) Place: Jerome Idaho
18. Funeral Director's **OWN** Signature J R Wiley
and Address Jerome Idaho
19. (a) 11-22-44 (Date received and filed) Lester M. Rose, O.S.B. (Registrar's signature)
(Lois Bungum)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Nov 19 1944
at o'clock M.
21. **I HEREBY CERTIFY,** That I attended deceased from Sept 1 1937, to Nov 19 1944
I last saw her alive on Nov 18 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Surgical shock	3 hrs.
Due to Infected, incomplete abortion with metritis	Several months
~~Due to~~ Coronary thrombosis	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Curettage Date 11/18/44
Major finding Entire placenta and old hemorrhage
~~Finding of autopsy~~

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature Carlyle Smail (M. D. or other)
and Address Jerome, Ida Date 11/21 1944
(For additional space, use reverse side)

United States
Department of Commerce
Bureau of the Census

3-25-
150-

Certificate Of Death

DEC 12 1944

STATE OF IDAHO

State File No. [redacted]
Local Reg. No. 1128
Reg. Dist. No. 420

1. PLACE OF DEATH:
(a) County Gooding
(b) City or town Gooding
(c) Street Address ~~or R.F.D.~~ No. 545 Washington St.
(d) Death Occured Inside? ✓ Outside? ..... city or town
(e) Died in a Home.... Hospital.... Institution.... Other place ✓
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 11 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Gooding
(c) City or town Gooding
(d) Street Address or R.F.D. No. .....
(e) Deceased lived Inside? ✓ Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 29 years
(h) Former residence (city, state) Salt Lake City Utah

3. (a) FULL NAME Della Mae Harbaugh 1640

3. (b) If veteran, name war ——
3. (c) Social Security No. ——
4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced divorced
6. (b) Name of husband or wife Myron
6. (c) Age of husband or wife if alive 42 years
7. Date of Birth (Month, Day, Year) August 13, 1907

8. AGE	Years	Months	Days	If less than 1 day
	37	3	9	hrs min.

9. Exact Occupation House Wife Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Salt Lake City (City or town) Utah (State or foreign country) U.S.A.
Father
12. Name Vance McHan
13. Birthplace North Carl. (City or town) (State or foreign country)
Mother
14. Maiden name Florence Ellis
15. Birthplace Pleasant Grove Utah (City or town) (State or foreign country)
16. Informant's OWN Signature E. V. McHan
and Address Ketchum Ida.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-22-44 (Month) (Day) (Year)
(c) Place: Elmwood Cem. Gooding Ida
18. Funeral Director's OWN Signature H. P. Bright
and Address Gooding Idaho
19. (a) 12-1-44 (Date received and filed) (b) J. H. Cromwell (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Nov. 20 1944
at 9 30 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from ..... 19....., to ..... 19.....
I last saw h..... alive on ..... 19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Gun shot wound	
Due to Suicide	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation ..... Date	
Major finding	
Finding of autopsy	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? Yes Homicide? .....
Occurred Nov. 20 1944 City, county, state where violence occurred Goodney Ida
Place of Violence: Home ✓ Farm ..... Industry .....
Public Place ..... While at work? no
Means of injury Shot gun
23. Attendant's OWN Signature J. H. Cromwell Coroner Goodney Co. (M. D. or other)
and Address Goodney Ida Date 11-21 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Bee

Mrs. Betty C. French wants to correct the cause of death on her mother's death certifcate.

The Coroner, J. H. Cromwell, of Gooding, Idaho, is deceased and cannot sign an affidavit for correction.

She wants to know if the Court's Findings in the case (Coroner's Jury Verdict) which states cause of death as "DEATH AT THE HANDS OF PERSON OR PERSONS UNKNOWN", would be sufficient.

Florence

6-19-81

See letter my file

fc

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census DEC 13 1944

Certificate Of Death

STATE OF IDAHO

State File No. 141400
Local Reg. No.
Reg. Dist. No. 421

1. **PLACE OF DEATH:**
   (a) County Gooding
   (b) City or town Wendell
   (c) Street Address or R.F.D. No. Main St.
   (d) Death Occured Inside? X Outside? city or town
   (e) Died in a Home Hospital X Institution Other place
   (f) Name Hosp. or Inst St Valentines Stayed 1 days
   (g) Lived in this county 7 years months days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Gooding
   (c) City or town Gooding
   (d) Street Address or R.F.D. No. Oregon St.
   (e) Deceased lived Inside? X Outside? city or town
   (f) Citizen of what country? United States
   (g) How long had deceased lived in Idaho? 7 years
   (h) Former residence (city, state) St Francis, Kansas

3. (a) **FULL NAME** John Herman Burst 112

3. (b) If veteran, name war no
3. (c) Social Security No. 519-10-1952
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Gertrude
6. (c) Age of husband or wife if alive 42 years
7. Date of Birth (Month, Day, Year) Oct. 6, 1889

8. AGE	Years	Months	Days	If less than 1 day
	55	1	15	hrs min.

9. Exact Occupation Farm laborer — Did this work for life yrs.
10. Industry or Business ------- — Date last worked 11/10/44
11. Birthplace Philipsburg (City or town) Kansas (State or foreign country)

Father
12. Name John Henry Burst
13. Birthplace ------- (City or town) New York (State or foreign country)

Mother
14. Maiden name unknown
15. Birthplace " " (City or town) (State or foreign country)

16. Informant's **OWN** Signature Gladys Williams
and Address Gooding Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 11/25/44 (Month) (Day) (Year)
(c) Place: Elmwood Cem. Gooding Idaho
18. Funeral Director's **OWN** Signature H.P. Bright
and Address Gooding Idaho
19. (a) 11-23-44 (Date received and filed) Lister M. Rose, Asst. (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 11-21 19 44
at o'clock M.
21. **I HEREBY CERTIFY,** That I attended deceased from 11-21-44 19, to death 19
I last saw h/m alive on 11-21 19 44; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Myocardial Failure	24 hrs
Pulmonary Edema	18 hrs.
Due to Chronic Bronchial Asthma	30 yrs.
Due to	
Other conditions Old age & Poor care (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature Harold D. Holsinger, M.D. (M. D. or other)
and Address Wendell, Idaho Date 11-22 1944
(For additional space, use reverse side)

(Lois Bungum)

141401

United States
Department of Commerce
Bureau of the Census

DEC 13 1944

Certificate Of Death

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No. 421

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
   (a) County Gooding
   (b) City or town Wendell
   (c) Street Address or R.F.D. No. Main St.
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home .... Hospital X Institution .... Other place ....
   (f) Name Hosp. or Inst. St Valentines Stayed I days
   (g) Lived in this county 14 years ..... months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Gooding
   (c) City or town Gooding
   (d) Street Address or R.F.D. No. box 319
   (e) Deceased lived Inside? X Outside? ..... city or town
   (f) Citizen of what country? United States
   (g) How long had deceased lived in Idaho? 14 years
   (h) Former residence (city, state) Portland Oregon

3. (a) **FULL NAME** Ruby Mae Stockdale

3. (b) If veteran, name war ------
3. (c) Social Security No. 518-28-4271
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife ------
6. (c) Age of husband or wife if alive ----- years
7. Date of Birth (Month, Day, Year) April 5, 1928

8. AGE	Years	Months	Days	If less than 1 day
	16	7	17	hrs ---- min.

9. Exact Occupation housework — Did this work for life yrs.
10. Industry or Business ---------- — Date last worked 11/17/44
11. Birthplace Gooding Idaho (City or town) (State or foreign country)

Father
12. Name Harry A. Stockdale
13. Birthplace Phil. Penn. (City or town) (State or foreign country)

Mother
14. Maiden name Vebbell D. Nash
15. Birthplace Idaho Falls Idaho (City or town) (State or foreign country)

16. Informant's **OWN** Signature Harry A Stockdale
and Address Gooding Idaho

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 11/25/44 (Month) (Day) (Year)
(c) Place: Elmwood Cem. Gooding Idaho

18. Funeral Director's **OWN** Signature H.B. Bright
and Address Gooding Idaho

19. (a) 11-27-44 (Date received and filed) Sister M. Rose A.S.B. (Registrar's signature)
(Lois Bengsen)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 11-22 1944
at 2 o'clock P M.

21. **I HEREBY CERTIFY**, That I attended deceased from 11-20 1944, to death 19
I last saw her alive on 11-22 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — Duration
Septicemia from — ----
Cervical abscess — 3 days
Due to Unknown — ----
Due to ---- — ----
Other conditions Probable diabetes — Unknown
(Include pregnancy within 3 months of death)
and Chronic Nephritis — Unknown

Where was disease contracted?
Name of operation ..... Date .....
Major finding .....
Finding of autopsy Renal damage of long standing (Dr Helen Craig - Boise)

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature Harold H. Holsinger, M.D. (M. D. or other)
and Address Wendell Ida. Date 12-6 1944
(For additional space, use reverse side)

141402

United States
Department of Commerce DEC 13 1944
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No. 421

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
   (a) County Gooding
   (b) City or town Wendell
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? L Outside? city or town
   (e) Died in a Home Hospital St Valentines Institution Other place
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county years months days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Jerome
   (c) City or town Jerome
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? L Outside? city or town
   (f) Citizen of what country? U.S.
   (g) How long had deceased lived in Idaho? 1 years
   (h) Former residence (city, state) Hayes Neb.

3. (a) **FULL NAME** Chris Kulm 932

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife Deceased
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) April 12 1880

8. AGE	Years	Months	Days	If less than 1 day
	64	7	12	hrs min.

9. Exact Occupation Farmer — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace Odessa (City or town) Russia (State or foreign country)

Father
12. Name Jacob Kulm
13. Birthplace Odessa (City or town) Russia (State or foreign country)

Mother
14. Maiden name Dorothy Bowder
15. Birthplace Odessa (City or town) Russia (State or foreign country)

16. Informant's **OWN** Signature Alma L Thibault
and Address Jerome Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Nov 24-44 (Month) (Day) (Year)
(c) Place: Jerome Idaho
18. Funeral Director's **OWN** Signature J R Wiley
and Address Jerome Idaho
19. (a) 11-26-44 (Date received and filed) Lester M. Rose, Asst. (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Nov 24 1944
at o'clock M.
21. **I HEREBY CERTIFY**, That I attended deceased from 11/23 1944, to 11/24 1944
I last saw him alive on 11/24/44 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Pulmonary edema	4 hrs
Due to Chr. myocarditis	Yrs.
Due to	?
Other conditions Gall stone colic (Include pregnancy within 3 months of death)	

Where was disease contracted? Impossible
Name of operation None Date
Major finding
Finding of autopsy Not done

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state
where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature Carlyle Smith (M. D. or other)
and Address Jerome, Ida Date 11/25 1944
(For additional space, use reverse side)

(Lois Bumgarner)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

DEC 13 1944

Certificate Of Death

STATE OF IDAHO

State File No. 141403
Local Reg. No.
Reg. Dist. No. 421

1. PLACE OF DEATH:
(a) County Gooding
(b) City or town Wendell
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? ✓ Outside? city or town
(e) Died in a Home Hospital ✓ Institution Other place
(f) Name Hosp. or Inst St Valentines Stayed days
(g) Lived in this county years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Jerome
(c) City or town Jerome
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? ✓ Outside? city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 7 years
(h) Former residence (city, state) Missouri

3. (a) **FULL NAME** Frederick Fahrni

3. (b) If veteran, name war
3. (c) Social Security ✓ No.
4. Sex M.
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Bertha
6. (c) Age of husband or wife if alive 53 years
7. Date of Birth (Month, Day, Year) Dec 5 - 1879

8. AGE	Years	Months	Days	If less than 1 day
	64	11	24	hrs min.

9. Exact Occupation Farmer Did this work for Life yrs.
10. Industry or Business Date last worked
11. Birthplace Canton Bern (City or town) Switzerland (State or foreign country)
Father
12. Name Frederick Fahrni Sr
13. Birthplace Switzerland (City or town) (State or foreign country)
Mother
14. Maiden name Elizabeth Gough
15. Birthplace Switzerland (City or town) (State or foreign country)
16. Informant's **OWN** Signature Bertha Fahrni
and Address, Jerome
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: Jerome
18. Funeral Director's **OWN** Signature D.A. L'Hirisson MH
and Address Jerome
19. (a) 11-30-44 (Date received and filed) Sister M. Rose, OSB (Registrar's signature) (Lois Bungum)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 11/29 1944
at o'clock M.
21. **I HEREBY CERTIFY,** That I attended deceased from 9/1/37 19, to 11/29/44 19
I last saw him alive on 11/29/44 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Auricular fibrillation	7 yrs.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? Unknown
Name of operation None Date
Major finding
Finding of autopsy

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature Carlyle Small (M. D. or other)
and Address Jerome, Ida Date 12/1 1944
(For additional space, use reverse side)

141404

United States
Department of Commerce DEC 19
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No.
Local Reg. No. 17
Reg. Dist. No. 240

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
   (a) County Idaho
   (b) City or town Grangeville
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? ✓ Outside? ..... city or town
   (e) Died in a Home.... Hospital ✓ Institution.... Other place....
   (f) Name Hosp. or Inst. Geneva Stayed 6 days
   (g) Lived in this county 21 years ..... months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Idaho
   (c) City or town Grangeville
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? ..... Outside? ✓ city or town
   (f) Citizen of what country? U. S.
   (g) How long had deceased lived in Idaho? 21 years
   (h) Former residence (city, state) Kirkwood Bar. Ida

3. (a) **FULL NAME** Chas A. Russell 108

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex M
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) July 16. 1868

8. AGE	Years	Months	Days	If less than 1 day
	76	3	5	hrs min.

9. Exact Occupation Laborer' Did this work for ..... yrs.
10. Industry or Business ..... Date last worked 12/1/44
11. Birthplace Michigan (City or town) (State or foreign country)

Father
12. Name Unknown
13. Birthplace " (City or town) (State or foreign country)

Mother
14. Maiden name "
15. Birthplace " (City or town) (State or foreign country)

16. Informant's **OWN** Signature County Records
and Address Grangeville Ida.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/24/44 (Month) (Day) (Year)
(c) Place: Prairieview.
18. Funeral Director's **OWN** Signature Glenn Cullen
and Address Grangeville Ida.
19. (a) 12/5/44 (Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Oct 21 1944
at 6 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from Oct 14 - 1944, to Oct 21 1944
I last saw him alive on Oct 21 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Pneumonia (Lobar)	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature J. O. Kinnick M.D. (M. D. or other)
and Address Grangeville Date 12/5 1944
(For additional space, use reverse side)

141405

United States
Department of Commerce
Bureau of the Census

DEC 12 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 20
Reg. Dist. No. 242

1. **PLACE OF DEATH:**
(a) County Idaho
(b) City or town Cottonwood
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? ✓ Outside? city or town
(e) Died in a Home ✓ Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 30 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Idaho
(c) City or town Cottonwood
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? ✓ Outside? city or town
(f) Citizen of what country? U. S.
(g) How long had deceased lived in Idaho? 30 years
(h) Former residence (city, state) Cottonwood Ida

3. (a) **FULL NAME** Caroline Ruhoff 54 h.

3. (b) If veteran, name war
3. (c) Social Security No. 519-18-9395
4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife William
6. (c) Age of husband or wife if alive 66 years
7. Date of Birth (Month, Day, Year) Nov. 15. 1885

8. AGE	Years	Months	Days	If less than 1 day
	59	0	4	hrs min.

9. Exact Occupation Housewife Did this work for 35 yrs.
10. Industry or Business Date last worked 11/1/44
11. Birthplace St Joseph (City or town) Minnesota (State or foreign country)
Father
12. Name Benedict Fiedler
13. Birthplace Germany (City or town) (State or foreign country)
Mother
14. Maiden name Rosina Then
15. Birthplace Germany (City or town) (State or foreign country)
16. Informant's OWN Signature Florence Anderson
and Address Cottonwood Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/21/44 (Month) (Day) (Year)
(c) Place: Cottonwood Idaho
18. Funeral Director's OWN Signature Glenn Arlor
and Address Grangeville Ida
19. (a) 12-5-44 (Date received and filed) (b) W. F. Orr (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 11/19 1944
at 9:00 o'clock A.M.
21. **I HEREBY CERTIFY,** That I attended deceased from July 1944 to Nov-19 1944
I last saw her alive on Nov-19 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Malignancy of brain metastatic	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted? Home	PHYSICIAN
Name of operation Brain op. Date 1-15-44	Underline the cause to which death should be charged statistically.
Major finding Removal of tumor	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature Wesley F. Orr M.D. (M. D. or other)
and Address Cottonwood Date Nov-19 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

141406

United States
Department of Commerce
Bureau of the Census

DEC 12 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 141406
Local Reg. No. 19
Reg. Dist. No. 2-2

1. **PLACE OF DEATH:**
(a) County Ida
(b) City or town Cottonwood
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home ____ Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. Our Lady of Co. H. Stayed 134 days
(g) Lived in this county ____ years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Ida (b) County Ida
(c) City or town Grangeville
(d) Street Address or R. F. D. No. Rte 1
(e) Deceased lived Inside? ____ Outside? ____ city or town
(f) Citizen of what country? USA
(g) How long had deceased lived in Idaho? 27 years
(h) Former residence (city, state) Nebraska

3. (a) **FULL NAME** Mrs. Annie Anna Ruzicka 92 d

3. (b) If veteran, name war ____ 3. (c) Social Security No. ____

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Albert 6. (c) Age of husband or wife if alive — years

7. Date of Birth (Month, Day, Year) Sept. 6, 1869

8. AGE	Years	Months	Days	If less than 1 day
	75	2	15	hrs ____ min.

9. Exact Occupation Housework Did this work for ____ yrs.
10. Industry or Business Domestic Date last worked July 19--
11. Birthplace Bohemia (City or town) (State or foreign country)

Father
12. Name Joseph Chaluba
13. Birthplace Czechoslakia (City or town) (State or foreign country)

Mother
14. Maiden name Maria Hoch
15. Birthplace Czechoslakia (City or town) (State or foreign country)

16. Informant's OWN Signature L A. Ruzicka and Address Grangeville, Ida.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-25-44 (Month) (Day) (Year)
(c) Place: Grangeville, Idaho
18. Funeral Director's OWN Signature Isaac Roberts Sr and Address Grangeville, Idaho
19. (a) 12-5-44 (Date received and filed) (b) Wesley D. Orr (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) November 21 1944 at 6:40 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from July 25 1944 to Nov. 21 1944
I last saw her alive on Nov. 21 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Chronic Myocardial failure	
Due to Valvular deficiency	
Due to Rheumatism	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted? Home	
Name of operation ____ Date ____	
Major finding ____	
Finding of autopsy —	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's OWN Signature Wesley D. Orr M.D. (M. D. or other)
and Address Cottonwood Date 11-21 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

DEC 12 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 141407
Local Reg. No. 18
Reg. Dist. No. 242

1. **PLACE OF DEATH:**
(a) County Ida
(b) City or town Cottonwood
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home ____ Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. Our Lady of Lourdes Hosp. Stayed 16 days
(g) Lived in this county ____ years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Ida (b) County Ida
(c) City or town Cottonwood
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? ____ Outside? X city or town
(f) Citizen of what country? U. S.
(g) How long had deceased lived in Idaho? 11 years
(h) Former residence (city, state) Clarkston, Wash.

3. (a) **FULL NAME** Rev. Father Alfred Gendreau O.S.B.

3. (b) If veteran, name war ____ 3. (c) Social Security No. ____
4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife ____ 6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) April 3, 1881

8. AGE	Years	Months	Days	If less than 1 day
	63	7	21	hrs ____ min.

9. Exact Occupation Catholic Priest Did this work for 29 yrs.
10. Industry or Business Parish Date last worked June 1944
11. Birthplace Bismark N. D. (City or town) (State or foreign country)
Father 12. Name Silvis Gendreau
13. Birthplace ____ (City or town) (State or foreign country)
Mother 14. Maiden name Maria Howard
15. Birthplace ____ (City or town) (State or foreign country)
16. Informant's OWN Signature Dominic Hack
and Address St. Gertrude's Acad. Cottonwood, Ida.
17. (a) Removal (b) Date thereof 11 (Month) 25 (Day) 44 (Year)
(Burial, cremation, or removal)
(c) Place: Lewiston
18. Funeral Director's OWN Signature Glenn Euler
and Address Grangeville Ida.
19. (a) 12-5-44 (Date received and filed) (b) W. J. Orr (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH**
(Month, Day, Year) 11-24 1944
at 7:38 o'clock A. M.

21. **I HEREBY CERTIFY,** That I attended deceased from May 1944 to 11-24 1944
I last saw him alive on 11-23 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Chronic Valvular and Myocardial Insufficiency — Duration 3 yrs.
Due to Rheumatism
Due to
Other conditions
(Include pregnancy within 3 months of death)
Where was disease contracted? Home
Name of operation — Date
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19 ____ City, county, state where violence occurred
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury

23. Attendant's OWN Signature Wesley J. Orr M.D. (M. D. or other)
and Address Cottonwood Date 11-24 1944

(For additional space, use reverse side)

United States
Department of Commerce
Bureau of the Census

DEC 4 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 141408
Local Reg. No. 546
Reg. Dist. No. 244

1. **PLACE OF DEATH:**
(a) County Idaho
(b) City or town Stites
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? ✓ city or town
(e) Died in a Home ✓ Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 88 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Idaho
(c) City or town Stites
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Outside? ✓ city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 88 years
(h) Former residence (city, state) Montana.

3. (a) **FULL NAME** Carey Brown Miller

922.

3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Fem.
5. Color or race red
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife John Miller
6. (c) Age of husband or wife if alive 79 years
7. Date of Birth (Month, Day, Year) Unknown — 1854

8. AGE	Years	Months	Days	If less than 1 day hrs	min.
	90	—	—		

9. Exact Occupation Housewife — Did this work for 10 yrs.
10. Industry or Business — Date last worked 7/15/44
11. Birthplace Bitterroot Valley, Montana (City or town) (State or foreign country)
12. Father — Name Tom Rankin
13. Father — Birthplace Clearwater Valley, Idaho (City or town) (State or foreign country)
14. Mother — Maiden name Tum-al-Ahl
15. Mother — Birthplace Clearwater Valley, Idaho (City or town) (State or foreign country)
16. Informant's OWN Signature Lottie E. Frank
and Address Kooskia Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 28 1944 (Month) (Day) (Year)
(c) Place: Family Cemetery — Stites
18. Funeral Director's OWN Signature Claude Thwaits
and Address Kooskia Idaho
19. (a) Nov 27-44 (Date received and filed) (b) H. W. Wentworth (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Nov 25th 1944
at 8 o'clock M.
21. **I HEREBY CERTIFY,** That I attended deceased from 19, to 19
I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — Duration
✓ Old age —
Due to Heart failure
Due to Valvular disease
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's OWN Signature H. W. Wentworth (M. D. or other)
and Address Stites Date 11/27 1944

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

141409

United States
Department of Commerce
Bureau of the Census

DEC 4 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 547
Reg. Dist. No. 244

1. **PLACE OF DEATH:**
(a) County Idaho
(b) City or town Stites
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? ✓ Outside? city or town
(e) Died in a Home ✓ Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county — years 2 months — days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Idaho
(c) City or town Stites
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? ✓ Outside? city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 2 years
(h) Former residence (city, state) Orofino, Idaho

3. (a) FULL NAME Robert George Miller 86

3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Mas.
5. Color or race red
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Date of Birth (Month, Day, Year) August 24, 1942

8. AGE	Years	Months	Days	If less than 1 day
	2	3	2	hrs min.

9. Exact Occupation — Did this work for — yrs.
10. Industry or Business — Date last worked —
11. Birthplace Orofino (City or town) Idaho (State or foreign country)
Father
12. Name Corbett Miller
13. Birthplace Ahsahka (City or town) Idaho (State or foreign country)
Mother
14. Maiden name Mary Moody
15. Birthplace Ferdinand (City or town) Idaho (State or foreign country)
16. Informant's OWN Signature Mrs. Lynus Walker
and Address Kamiah, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/29/44 (Month) (Day) (Year)
(c) Place: Ahsahka, Idaho
18. Funeral Director's OWN Signature Claude Trevary
and Address Kooskia, Idaho
19. (a) Nov 28-44 (Date received and filed) (b) H W Wentworth (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) November 26 1944
at 4130 o'clock A.M.
21. I HEREBY CERTIFY, That I attended deceased from Nov 25 1944, to Nov 26 1944
I last saw him alive on Nov 25 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Convulsion - very severe
Due to no apparent cause had several during its life
Due to life
Other conditions
(Include pregnancy within 3 months of death)
Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature H. W. Wentworth (M. D. or other)
and Address Stites Date 11/28 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

DEC 7 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 141410
Local Reg. No. 23
Reg. Dist. No. 641

1. **PLACE OF DEATH:**
(a) County Jefferson
(b) City or town Annis
(c) Street Address or R. F. D. No. Lorenzo, rfd 1
(d) Death Occurred Inside? x Outside? ....city or town
(e) Died in a Home x Hospital....Institution ....Other place ....
(f) Name Hosp. or Inst.....Stayed.....days
(g) Lived in this county 59 years.....months.....days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Jefferson
(c) City or town Annis
(d) Street Address or R. F. D. No. I Lorenzo
(e) Deceased lived Inside? ....Outside? x ....city or town
(f) If foreign born, in U. S.....yrs. Citizen of U. S.? yes
(g) How long had deceased lived in Idaho? 59 years
(h) Former residence (city, state) Utah

3. (a) **FULL NAME** Lucy Vilate Park Hall 61

3. (b) If veteran, name war.....
3. (c) Social Security No.....
4. Sex fm. 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Ira Amos Hall
6 (c) Age of husband or wife if alive 68 years
7. Date of Birth (Month, Day, Year) Sept. 3, 1879

8. AGE	Years	Months	Days	If less than 1 day
	65	3	2	hrs min.

9. Exact Occupation housewife — Did this work for life yrs.
10. Industry or Business home — Date last worked August 1944
11. Birthplace Clarkston, Utah (City or town) (State or foreign country)

Father
12. Name David Harvey Park
13. Birthplace Millcreek, Utah (City or town) (State or foreign country)

Mother
14. Maiden name Lucy Jane Scott
15. Birthplace ..... Utah (City or town) (State or foreign country)

16. Informant's **OWN** Signature Freda Dale and Address Lorenzo, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 8, 1944 (Month) (Day) (Year)
(c) Place: Annis, Idaho
18. Funeral Director's **OWN** Signature C. B. Eckersell and Address Rigby, Idaho.
19. (a) Nov 10 1944 (Date received and filed) (b) Mina B Eckersell (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) November 5 1944
at 9 o'clock o'clock p M.

21. I **HEREBY CERTIFY**, That I attended deceased from March 1941, to Nov. 5, 1944
I last saw her alive on Nov. 4, 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — Duration

Hypostatic pneumonia — 36 hrs.
✓ Due to Myocarditis — ?
Due to Hypertension — 3
Other conditions Diabetes mellitus — 4 yrs.
(Include pregnancy within 3 months of death)

Where was disease first contracted? Idaho
Name of operation — Date —
Major finding —
Finding of autopsy —

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident?..... Suicide?..... Homicide?.....
Occurred.....19..... City, county, state where violence occurred.....
Place of Violence: Home..... Farm..... Industry.....
Public Place..... While at work?.....
Means of injury.....

23. Attendant's **OWN** Signature Clifford B. Rigby M.D. (M.D. or other)
and Address Rigby, Ida. Date 11-14 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census Nov 15 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 14141
Local Reg. No. 22
Reg. Dist. No. 1441

1. **PLACE OF DEATH:**
(a) County Jefferson
(b) City or town Rigby
(c) Street Address or R. F. D. No. 1
(d) Death Occurred Inside? ..... Outside? X city or town
(e) Died in a Home X Hospital ... Institution ... Other place ...
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 41 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Jefferson
(c) City or town Rigby
(d) Street Address or R. F. D. No. 1
(e) Deceased lived Inside? ..... Outside? X ..... city or town
(f) If foreign born, in U. S. ..... yrs. Citizen of U. S.? .....
(g) How long had deceased lived in Idaho? 41 ..... years
(h) Former residence (city, state) Riverton, Utah

3. (a) **FULL NAME** Sarah Jeffs Finn

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex FM
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Wilford Harris Finn
6 (c) Age of husband or wife if alive 64 years
7. Date of Birth (Month, Day, Year) June 7, 1887

8. AGE	Years	Months	Days	If less than 1 day
	57	5	0	hrs ... min.

9. Exact Occupation housewife — Did this work for 39 yrs.
10. Industry or Business home — Date last worked Jan. 1942
11. Birthplace Evinston (City or town) Wyoming (State or foreign country)

Father
12. Name William Jeffs
13. Birthplace England (City or town) (State or foreign country)

Mother
14. Maiden name Rosannah Green
15. Birthplace Gunnison, Utah (City or town) (State or foreign country)

16. Informant's **OWN** Signature Rose Rolfe and Address Rigby, Idaho. R. #1
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/10/44 (Month) (Day) (Year)
(c) Place: Rigby, Idaho.
18. Funeral Director's **OWN** Signature A B Eckersell and Address Rigby, Idaho.
19. (a) Nov 9 1944 (Date received and filed) (b) Mina B Eckersell (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) November 6 1944 at 11:45 o'clock P M.

21. I **HEREBY CERTIFY**, That I attended deceased from November 1937, to November 6 1944. I last saw her alive on 11/6 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — Duration
1. Chronic Myocarditis — 3 years
Due to Hypertension — 8 years
Due to .....
Other conditions (Include pregnancy within 3 months of death) .....

Where was disease first contracted? At Home — PHYSICIAN
Name of operation None Date .....
Major finding —
Finding of autopsy None performed

Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature Leon Hall M.D. (M. D. or other)
and Address Rigby, Idaho Date 11/9 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

141412

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 141412
Local Reg. No. 24
Reg. Dist. No. 641

DEC 7 1944

1. **PLACE OF DEATH:**
   (a) County Jefferson
   (b) City or town Menan
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home X Hospital .... Institution .... Other place ....
   (f) Name Hosp. or Inst. ..... Stayed ..... days
   (g) Lived in this county 12 years ..... months ..... days
   Note. For a person residing in THIS county LESS than 1 year. give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Bingham
   (c) City or town Blackfoot
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? ..... Outside? X ..... city or town
   (f) Citizen of what country? U.S.
   (g) How long had deceased lived in Idaho? 31 years
   (h) Former residence (city, state) Idaho Falls, Ida.

3. (a) **FULL NAME** Mrs. Lucy Jane Howard Purcell

932

3. (b) If veteran, name war .....
3. (c) Social Security No. None
4. Sex F race W
5. Color or
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Richard Purcell
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) Sept. 23, 1876

8. AGE	Years	Months	Days	If less than 1 day
	68	2	1	hrs ..... min.

9. Exact Occupation Housewife — Did this work for ..... yrs.
10. Industry or Business ..... — Date last worked .....
11. Birthplace Bountiful, Utah (City or town) (State or foreign country)

Mother
12. Name James Howard
13. Birthplace England (City or town) (State or foreign country)

Father
14. Maiden name Julia Fackrell
15. Birthplace Wisconsin (City or town) (State or foreign country)

16. Informant's **OWN** Signature Ronald W. Purcell
and Address Menan Idaho

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Nov. 26-44 (Month) (Day) (Year)
(c) Place: Bountiful Utah

18. Funeral Director's **OWN** Signature Leo A. Williams
and Address Idaho Falls, Idaho

19. (a) Nov 30 1944 (Date received and filed) (b) Mrs A B Eckersell (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) November 24 19 44
at ..... o'clock ~~4:13~~ P.M.

21. **I HEREBY CERTIFY**, That I attended deceased from Nov 1 1944, to Nov 24 1944
I last saw h.er alive on 11/23 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
1. Chronic Myocarditis	1 year
Due to Hypertension	Unknown.
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted? At home	
Name of operation None Date	
Major finding	
Finding of autopsy None	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature Leon Hall M.D. (M. D. or other)
and Address Rigby, Ida. Date 11/27 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

DEC 8 1944

NON-RESIDENT
Certificate Of Death
STATE OF IDAHO

State File No. 141413
Local Reg. No. 204
Reg. Dist. No. 440

1. PLACE OF DEATH:
(a) County Jerome
(b) City or town Hunt
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? X Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. Minidoka Project Hospital Stayed 1 days
(g) Lived in this county 2 years 1 months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Washington (b) County King
(c) City or town Seattle
(d) Street Address or R.F.D. No 2205½ 1st. Ave
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? Japan
(g) How long had deceased lived in Idaho? 2 years
(h) Former residence (city, state) Seattle, Wash.

3. (a) **FULL NAME** TSUNEKICHI KIMURA 108

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race Japanese
6. (a) Single, widowed, married, divorced married
6. (b) Name of ~~husband or~~ wife Haru
6. (c) Age of ~~husband or wife~~ if alive 49 years
7. Date of Birth (Month, Day, Year) March 11, 1874

8. AGE	Years	Months	Days	If less than 1 day
	70	7	18	hrs min.

9. Exact Occupation Manager — Did this work for 6 yrs.
10. Industry or Business Hotel — Date last worked 1942
11. Birthplace Saga Ken, Japan (City or town) (State or foreign country)

Father
12. Name Unobtainable
13. Birthplace (City or town) (State or foreign country)

Mother
14. Maiden name Unobtainable
15. Birthplace (City or town) (State or foreign country)

16. Informant's **OWN** Signature Tsuneo Kimura
and Address 1-J1-A

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: Salt Lake City

18. Funeral Director's **OWN** Signature D.A. S'Heisson MH
and Address Jerome Idaho

19. (a) 11-3-44 (Date received and filed) (b) E.W. Sinclair (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) October 29, 1944 at 11:55 o'clock p. M.

21. **I HEREBY CERTIFY,** That I attended deceased from October 2 1944, to Oct. 29. 1944
I last saw him alive on October 29 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Lobar pneumonia	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation Date	
Major finding	
Finding of autopsy not performed.	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature Adrian J. de Haan (M. D. or other)
and Address Hunt, Idaho Date 10-31 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

DEC 8 1944

Certificate Of Death

STATE OF IDAHO

State File No. 141414
Local Reg. No. 202
Reg. Dist. No. 7-40

1. **PLACE OF DEATH:**
   (a) County Jerome
   (b) City or town Jerome
   (c) Street Address or R. F. D. No.
   (d) Death Occured Inside? L Outside? ..... city or town
   (e) Died in a Home L Hospital .... Institution .... Other place ....
   (f) Name Hosp. or Inst. ..... Stayed ..... days
   (g) Lived in this county ..... years ..... months ..... days

   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Jerome
   (c) City or town Jerome
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? L Outside? ..... city or town
   (f) Citizen of what country? US
   (g) How long had deceased lived in Idaho? ..... years
   (h) Former residence (city, state)

3. (a) **FULL NAME** Baby Clay Craner

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) Sept 11 1944

8. AGE	Years	Months	Days	If less than 1 day
		1	19	hrs min.

9. Exact Occupation Enfant — Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Wendell (City or town) Idaho (State or foreign country)

Father
12. Name Clay A Craner
13. Birthplace Oakley (City or town) Idaho (State or foreign country)

Mother
14. Maiden name Ella Hutchings
15. Birthplace Key West (City or town) Idaho (State or foreign country)

16. Informant's **OWN** Signature Mrs. Clay A. Craner
    and Address Jerome Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Nov (Month) (Day) (Year)
    (c) Place: Twin Falls Idaho
18. Funeral Director's **OWN** Signature J. R. Wiley
    and Address Jerome Idaho
19. (a) 11-1-40 (Date received and filed) (b) E. M. Sinclair (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Oct 30 1944
    at about 4:00 o'clock A M.
21. **I HEREBY CERTIFY**, That I attended deceased from ..... 19 ..... to ..... 19 .....
    I last saw h alive on ..... 19 .....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Suffocated	
Due to Turning over on face while sleeping	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation ..... Date	
Major finding	
Finding of autopsy	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? L Suicide? ..... Homicide? .....
    Occurred 10/30/44 City, county, state where violence occurred Jerome Idaho
    Place of Violence: Home L Farm ..... Industry .....
    Public Place ..... While at work? .....
    Means of injury .....
23. Attendant's **OWN** Signature J. R. Wiley (M. D. or other)
    and Address Jerome Idaho Date 10/31 1944
    (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Madison

United States
Department of Commerce
Bureau of the Census NOV 13 1944

Certificate Of Death

STATE OF IDAHO

State File No. 141415
Local Reg. No. 202
Reg. Dist. No. 440

1. **PLACE OF DEATH:**
   (a) County Jerome
   (b) City or town Jerome
   (c) Street Address or R. F. D. No. RFD#2
   (d) Death Occured Inside? ..... Outside? X ..... city or town
   (e) Died in a Home X Hospital .... Institution .... Other place ....
   (f) Name Hosp. or Inst. ..... Stayed ..... days
   (g) Lived in this county ..... years 6 months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Jerome
   (c) City or town Jerome
   (d) Street Address or R.F.D. No. RFD#2
   (e) Deceased lived Inside? ..... Outside? X ..... city or town
   (f) Citizen of what country? United States
   (g) How long had deceased lived in Idaho? 15 years
   (h) Former residence (city, state) Wyoming

3. (a) **FULL NAME** Anna Elizabeth Frasier

1316

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) June 10, 1862

8. AGE	Years	Months	Days	If less than 1 day
	82	4	25	hrs ..... min.

9. Exact Occupation Housewife ..... Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Bedford County, (City or town) Penn. (State or foreign country)

Father
12. Name Samuel Bair,
13. Birthplace Penn. (City or town) (State or foreign country)

Mother
14. Maiden name Eleanor French
15. Birthplace Penn. (City or town) (State or foreign country)

16. Informant's **OWN** Signature L. C. Frasier
and Address RFD #2, Jerome, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-8-44 (Month) (Day) (Year)
(c) Place: Sunset Memorial Park
18. Funeral Director's **OWN** Signature L. C. Phillips
and Address Twin Falls, Idaho
19. (a) 11-4-44 (Date received and filed) (b) E. W. Sinclair (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) November 4 19 44
at 5:00 o'clock A M.

21. **I HEREBY CERTIFY**, That I attended deceased from Nov 3 19 44, to Nov. 4 19 44
I last saw her alive on Nov 3 19 44; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebral Hemorrhage	2 days
Due to Nephritis chronic	5-6 yrs.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? .....
Name of operation No Date .....
Major finding No
Finding of autopsy No

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature Reuben C. Matson M.D. (M. D. or other)
and Address Jerome Ida Date ..... 19 .....
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census DEC 8 1944

Certificate Of Death

STATE OF IDAHO

State File No. 141416
Local Reg. No. 205
Reg. Dist. No. 470

1. **PLACE OF DEATH:**
   (a) County Jerome
   (b) City or town Jerome
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? Outside? L city or town
   (e) Died in a Home Hospital Institution Other place L
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county 23 years months days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Jerome
   (c) City or town Jerome
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? L Outside? city or town
   (f) Citizen of what country? US
   (g) How long had deceased lived in Idaho? 23 years
   (h) Former residence (city, state) Wyo

3. (a) **FULL NAME** Alvah Earl Perry 170C

3. (b) If veteran, name war
3. (c) Social Security No. 518-09-8563
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married divorced Divorced
6. (b) Name of husband or wife Mattie
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Sept 13, 1902

8. AGE	Years	Months	Days	If less than 1 day
	42	0	23	hrs min.

9. Exact Occupation Laborer Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Rawlins (City or town) Wyo (State or foreign country)
12. Father — Name Frank Perry
13. Father — Birthplace Santa Cruz (City or town) Calif (State or foreign country)
14. Mother — Maiden name Julia Hansen
15. Mother — Birthplace (City or town) Nevada (State or foreign country)
16. Informant's **OWN** Signature Earl Perry and Address Jerome Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov (Month) (Day) (Year)
    (c) Place: Jerome Idaho
18. Funeral Director's **OWN** Signature J R Wiley and Address Jerome Idaho
19. (a) Nov 9 1944 (Date received and filed) (b) H Sinclair (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Nov 6 1944
    at 10:45 o'clock P M.
21. **I HEREBY CERTIFY**, That I attended deceased from ..... 19..., to ..... 19...
    I last saw him alive on ..... 19...; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Fractured Skull	
Due to Hit by Automobile while Walking on Highway	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Yes Suicide? Homicide?
    Occurred Nov 6 1944 City, county, state where violence occurred Jerome Co Idaho
    Place of Violence: Home Farm Industry
    Public Place Highway While at work?
    Means of injury
23. Attendant's **OWN** Signature J R Wiley (Coroner) (M. D. or other)
    and Address Jerome Idaho Date 11 7 1944
    (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

DEC 8 1944

NON-RESIDENT
Certificate Of Death

STATE OF IDAHO

State File No. 141417
Local Reg. No. 201
Reg. Dist. No. 2/40

1. PLACE OF DEATH:
(a) County Jerome
(b) City or town Hunt
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? X Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. Minidoka Project Hospital Stayed 8 days
(g) Lived in this county 1 years 1 months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Washington (b) County Pierce
(c) City or town Tacoma
(d) Street Address or R.F.D. No. 1523 Market St.
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? Japan
(g) How long had deceased lived in Idaho? 1 years
(h) Former residence (city, state) Tacoma, Wash.

3. (a) **FULL NAME** Seizaburo Kinoshita 46 b

3. (b) If veteran, name war
3. (c) Social Security No. 531-12-9827
4. Sex Male
5. Color or race Japanese
6. (a) Single, widowed, married, divorced Married
6. (b) Name of ~~husband or~~ wife Taki
6. (c) Age of ~~husband or~~ wife if alive 45 years
7. Date of Birth (Month, Day, Year) December 15, 1879

8. AGE	Years	Months	Days	If less than 1 day
	64	10	22	hrs min.

9. Exact Occupation Manager Did this work for 5 yrs.
10. Industry or Business Hotel Date last worked 1942
11. Birthplace Shiga Ken, Japan (City or town) (State or foreign country)
Father
12. Name Seihachi Kinoshita
13. Birthplace Shiga Ken, Japan (City or town) (State or foreign country)
Mother
14. Maiden name Chiye Sakashita
15. Birthplace Shiga Ken, Japan (City or town) (State or foreign country)
16. Informant's OWN Signature [signature]
and Address 5-8-B Hunt, Idaho
17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: Salt Lake City
18. Funeral Director's OWN Signature D. A. S. Berisson
and Address Jerome Idaho
19. (a) 11-9-44 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) November 6 1944
at 3:40 o'clock A. M.
21. **I HEREBY CERTIFY,** That I attended deceased from August 1, 1944 to Nov. 5, 1944
I last saw him alive on Nov. 5, 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Carcinoma of ~~the~~ common duct with metastasis to gastric	
~~Due to~~ tract and liver	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYISCIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy Not performed	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature [signature] M.D. (M. D. or other)
and Address Hunt, Idaho Date 11-7-1944
(For additional space, use reverse side)

141418

United States
Department of Commerce
Bureau of the Census

DEC 8 1944

NON-RESIDENT Certificate Of Death

STATE OF IDAHO

State File No.
Local Reg. No. 209
Reg. Dist. No. 440

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
   (a) County Jerome
   (b) City or town Hunt
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? X Outside? city or town
   (e) Died in a Home Hospital X Institution Other place
   (f) ~~Name Hosp. or Inst.~~ Minidoka Project Hospital Stayed 1 days
   (g) Lived in this county years 11 months days

   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Alaska (b) County
   (c) City or town Wrangell
   (d) Street Address or R.F.D. No. Box 157
   (e) Deceased lived Inside? X Outside? city or town
   (f) Citizen of what country? Japan
   (g) How long had deceased lived in Idaho? 11 mo. years
   (h) Former residence (city, state) Wrangell, Alas.

3. (a) **FULL NAME** Aitaro Yamasaki

304

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race Japanese
6. (a) Single, widowed, married, divorced Married
6. (b) Name of ~~husband~~ or wife Jessie
6. (c) Age of ~~husband or~~ wife if alive 53 years
7. Date of Birth (Month, Day, Year) November 20, 1878

8. AGE	Years	Months	Days	If less than 1 day
	65	11	17	hrs min.

9. Exact Occupation Fisherman — Did this work for 15 yrs.
10. Industry or Business Fishery — Date last worked 1941
11. Birthplace Nagawo, Japan (City or town) (State or foreign country)

Father
12. Name Unknown
13. Birthplace (City or town) (State or foreign country)

Mother
14. Maiden name Unknown
15. Birthplace (City or town) (State or foreign country)

16. Informant's **OWN** Signature Shirley Eyon
and Address 6-1-A & B. Hunt, Idaho

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: Salt Lake City

18. Funeral Director's **OWN** Signature D. A. T. Hansson MH
and Address Jerome Idaho

19. (a) 11-14-44 (Date received and filed) (b) E. B. Duncan (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) November 7, 1944
at 1:00 o'clock A. M.

21. **I HEREBY CERTIFY**, That I attended deceased from June 6, 1944, to Nov. 6, 1944
I last saw him alive on Nov. 6, 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Lobar pneumonia -- right lower lobe.	
Due to	
Due to	
Other conditions Luetic, Chronic (Include pregnancy within 3 months of death)	
Nephritis	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy not performed.

PHYISICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature Adrian J. de Haan (M. D. or other)
and Address Hunt, Idaho Date 11-7-1944

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Every item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

NON-RESIDENT Certificate Of Death

STATE OF IDAHO

State File No. 14419
Local Reg. No. 2078
Reg. Dist. No. 440

DEC 8 1944

1. PLACE OF DEATH:

(a) County Jerome
(b) City or town Hunt
(c) Street Address or R. F. D. No.
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Home ... Hospital X Institution ... Other place
(f) Name Hosp. or Inst. Minidoka Project Hospital Stayed 66 days
(g) Lived in this county 2 years 2 months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

(a) State Oregon (b) County Multnomah
(c) City or town Portland
(d) Street Address ~~or R.F.D. No.~~ 312 N.W. 10th Ave.
(e) Deceased lived Inside? X Outside? ..... city or town
(f) Citizen of what country? Japan
(g) How long had deceased lived in Idaho? 2 years
(h) Former residence (city, state) Portland, Ore.

3. (a) FULL NAME Rev. Tansai Kiyoshi Terakawa 14

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Male
5. Color or race Japanese
6. (a) Single, widowed, married, divorced Married
6. (b) Name of ~~husband~~ or wife Hanako
6. (c) Age of ~~husband~~ or wife if alive 35 years
7. Date of Birth (Month, Day, Year) August 4, 1893

8. AGE	Years	Months	Days	If less than 1 day
	51	3	8	hrs ..... min.

9. Exact Occupation Minister — Did this work for 25 yrs.
10. Industry or Business Church — Date last worked .....
11. Birthplace Shiga Ken, Japan (City or town) (State or foreign country)

Father
12. Name Tannen Terakawa
13. Birthplace Shiga Ken, Japan (City or town) (State or foreign country)

Mother
14. Maiden name Yoshiye Nabeo Okada
15. Birthplace Shiga Ken, Japan (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. Hanako Terakawa
and Address 35-8-13 Hunt, Idaho

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof ..... (Month) (Day) (Year)
(c) Place: Idaho Falls City

18. Funeral Director's OWN Signature D. A. Stevenson MD
and Address Jerome

19. (a) 11-17-44 (Date received and filed) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) November 12, 1944
at 8:17 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from Aug. 25, 1944, to Nov. 12, 1944
I last saw him alive on Nov. 12, 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — Duration

Tuberculous meningitis
Due to .....
Due to .....
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?
Name of operation ..... Date .....
Major finding .....
Finding of autopsy Not performed.

PHYISCIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's OWN Signature Tsumi Setsuzawa M.D. (M. D. or other)
and Address Hunt, Idaho Date 11-14-19 44

(For additional space, use reverse side)

Original

United States
Department of Commerce
Bureau of the Census

NON-RESIDENT
Certificate Of Death
STATE OF IDAHO

State File No. 141420
Local Reg. No. 210
Reg. Dist. No. 440

DEC 8 1944

1. PLACE OF DEATH:
(a) County Jerome
(b) City or town Hunt
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? X Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. Minidoka Project Hospital Stayed 261 days
(g) Lived in this county 2 years 2 months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Washington (b) County King
(c) City or town Seattle
(d) Street Address or R.F.D. No. 607 King St.
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? Japan
(g) How long had deceased lived in Idaho? 2 years
(h) Former residence (city, state) Seattle, Wash.

3. (a) **FULL NAME** Tomifuku Iida 462.

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race Japanese
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Shigeno
6. (c) Age of husband or wife if alive 50 years
7. Date of Birth (Month, Day, Year) November 19, 1888

8. AGE	Years	Months	Days	If less than 1 day
	55	11	28	hrs min.

9. Exact Occupation Proprietor Did this work for yrs.
10. Industry or Business Grocery Store Date last worked 1942
11. Birthplace Nagasaki, Japan (City or town) (State or foreign country)

Father
12. Name Unobtainable
13. Birthplace (City or town) (State or foreign country)

Mother
14. Maiden name Unobtainable
15. Birthplace (City or town) (State or foreign country)

16. Informant's **OWN** Signature Shigeno Iida
and Address 12-13-H Hunt, Idaho

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: Salt Lake City

18. Funeral Director's **OWN** Signature D. A. Swenson MH
and Address Jerome Idaho

19. (a) 11-20-44 (Date received and filed) (b) E. W. Sinclair (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) November 16, 1944 at 5:20 o'clock A.M.

21. **I HEREBY CERTIFY**, That I attended deceased from Sept. 1, 1944, to Nov. 16, 1944
I last saw him alive on Nov. 16, 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Carcinoma of rectum with metastasis.	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy not performed.

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature Tsami Sekiyama (M. D. or Other)
and Address Hunt, Idaho Date 12-16 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

DEC 8 1944

Certificate Of Death

STATE OF IDAHO

State File No. 141421
Local Reg. No. 211
Reg. Dist. No. 490

1. PLACE OF DEATH:
(a) County Jerome
(b) City or town Hazelton
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? X Outside? city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 35 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Jerome
(c) City or town Hazelton
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 35 years
(h) Former residence (city, state)

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3. (a) FULL NAME WOOD, Meredith L.

3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Arrie H.
6. (c) Age of husband or wife if alive 62 years
7. Date of Birth (Month, Day, Year) October 10, 1873

8. AGE	Years	Months	Days	If less than 1 day
	71	1	9	hrs min.

9. Exact Occupation Retired farmer Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Brady City, (City or town) Texas (State or foreign country)

Father
12. Name Orlando Wood
13. Birthplace Unknown (City or town) (State or foreign country)

Mother
14. Maiden name Julia Lord
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's OWN Signature White Mortuary
and Address Hazelton, Idaho

17. (a) removal (Burial, cremation, or removal) (b) Date thereof 11-19-44 (Month) (Day) (Year)
(c) Place: Twin Falls, Idaho

18. Funeral Director's OWN Signature White Mortuary E-249
and Address Twin Falls, Idaho.

19. (a) 12-4-44 (Date received and filed) (b) R. M. Sinclair (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Nov., 19, 1944 19
at 8:30 o'clock A M.

21. **I HEREBY CERTIFY**, That I attended deceased from 19 44, to 11-19- 1944
I last saw him alive on Nov 1 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: (a) Coronary heart disease — Duration
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Where was disease contracted? Home
Name of operation — Date
Major finding
Finding of autopsy

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's OWN Signature S Hapbee (M. D. or other)
and Address Hazelton, Ida. Date 19
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 141422
Local Reg. No. 215
Reg. Dist. No. 140

DEC 8 1944

1. PLACE OF DEATH:
(a) County Jerome
(b) City or town
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? Outside? L city or town
(e) Died in a Home Hospital Institution Other place L
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Gooding
(c) City or town Wendell
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? Outside? city or town
(f) Citizen of what country? U S
(g) How long had deceased lived in Idaho? years
(h) Former residence (city, state)

3. (a) **FULL NAME** Larry Lee Muffler 1700

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) March 14 1939

8. AGE	Years	Months	Days	If less than 1 day
	5	8	10	hrs min.

9. Exact Occupation Child Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Jerome (City or town) Idaho (State or foreign country)
Father
12. Name John Muffler
13. Birthplace Ellis (City or town) Mo (State or foreign country)
Mother
14. Maiden name Rachel Jensen
15. Birthplace Mayfield (City or town) Utah (State or foreign country)
16. Informant's **OWN** Signature John R Muffler
and Address Wendell Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: Jerome Idaho
18. Funeral Director's **OWN** Signature J R Wiley
and Address Jerome Idaho
19. (a) 11-20-44 (Date received and filed) (b) E M Sinclair (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Nov 24 1944
at 2:15 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from ~~19~~, to 19
I last saw h~~ alive on~~ 19; death is said to have occurred on the date and hour stated above.

~~Immediate Cause of Death:~~	Duration
Crushed Skull	
Due to	
✓ Automobile Collission	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? yes Suicide? Homicide?
Occurred Nov 24 1944 City, county, state where violence occurred Jerome Jerome Co Idaho
Place of Violence: Home Farm Industry
Public Place yes While at work?
Means of injury Automobile accident
23. Attendant's **OWN** Signature J R Wiley (Coroner) ~~(M. D. or other)~~
and Address Jerome Idaho Date Nov 25 1944
(For additional space, use reverse side)

Original

United States
Department of Commerce
Bureau of the Census DEC 8 1944

NON-RESIDENT
Certificate Of Death
STATE OF IDAHO

State File No. 141423
Local Reg. No. 214
Reg. Dist. No. 440

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
   (a) County Jerome
   (b) City or town Hunt
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? X Outside? city or town
   (e) Died in a Home X Hospital Institution Other place
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county years 7 months days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Washington (b) County King
   (c) City or town Seattle
   (d) Street Address or R.F.D. No. 1712 Jackson St.
   (e) Deceased lived Inside? X Outside? city or town
   (f) Citizen of what country? Japan
   (g) How long had deceased lived in Idaho? 7 mo. years
   (h) Former residence (city, state) Seattle, Wn.

3. (a) **FULL NAME** Keitaro Kawashiri

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3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race Japanese
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) June 8, 1867

8. AGE	Years	Months	Days	If less than 1 day hrs	min.
	77	6	18		

9. Exact Occupation Editor — Did this work for 40 yrs.
10. Industry or Business Daily Newspaper — Date last worked 1941
11. Birthplace Tottori, Japan (City or town) (State or foreign country)

Father
12. Name Aikichi Kawashiri
13. Birthplace Tottori, Japan (City or town) (State or foreign country)

Mother
14. Maiden name Asa Watanabe
15. Birthplace Tottori, Japan (City or town) (State or foreign country)

16. Informant's **OWN** Signature Hideo Kitayama
and Address 21-2-D Hunt, Idaho

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: Salt Lake City

18. Funeral Director's **OWN** Signature L. A. Peterson M/
and Address Jerome

19. (a) 11-29-44 (Date received and filed) (b) E. W. Sinclair (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) November 26 1944
at 5:05 o'clock P. M.

21. **I HEREBY CERTIFY,** That I attended deceased from June 24, 1944, to Nov. 26 1944
I last saw him alive on Nov. 26, 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Extreme fatigue and senility.	
Due to	
Due to	
Other conditions cancer of bowel. (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy not performed.

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature Ky. Roche M.D.
(M. D. or other)
and Address Hunt, Idaho Date 1-27-1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

DEC 8 1944

Certificate Of Death

STATE OF IDAHO

State File No. 141424
Local Reg. No. 212
Reg. Dist. No. 440

1. **PLACE OF DEATH:**
   (a) County Jerome
   (b) City or town Jerome
   (c) Street Address or R.F.D. No. 2
   (d) Death Occured Inside? ..... Outside? ✓ city or town
   (e) Died in a Home ✓ Hospital ..... Institution ..... Other place .....
   (f) Name Hosp. or Inst. ..... Stayed ..... days
   (g) Lived in this county 1 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Jerome
   (c) City or town Jerome
   (d) Street Address or R.F.D. No. .....
   (e) Deceased lived Inside? ..... Outside? ✓ city or town
   (f) Citizen of what country? U S
   (g) How long had deceased lived in Idaho? ..... years
   (h) Former residence (city, state) .....

3. (a) **FULL NAME** James Donald Schiffler 6

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) March 28. 1942

8. AGE	Years	Months	Days	If less than 1 day
	2	8	7	hrs min.

9. Exact Occupation Child Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Twin Falls Idaho (City or town) (State or foreign country)

Father
12. Name Phares Schiffler
13. Birthplace Roseland Neb (City or town) (State or foreign country)

Mother
14. Maiden name Audrey Waddell
15. Birthplace Doland S Dak. (City or town) (State or foreign country)

16. Informant's **OWN** Signature Phares Schiffler
and Address Jerome Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 12/2/44 (Month) (Day) (Year)
(c) Place: Twin Falls Idaho
18. Funeral Director's **OWN** Signature J. B. Wiley
and Address Jerome Idaho
19. (a) 11-29-44 (Date received and filed) (b) C. W. Sinclair (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Nov 30 1944
at 4:45 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from Nov 27 1944, to Nov. 30 1944
I last saw him alive on Nov 29 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebrospinal meningitis	4 days
meningococcus	
✓ Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation ..... Date	
Major finding	
Finding of autopsy	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature Reuben C Matson M.D. (M. D. or other)
and Address Jerome Ida Date Dec 1 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

NOV 13 1944

Certificate Of Death

STATE OF IDAHO

State File No. 141425
Local Reg. No. 281
Reg. Dist. No. 121

1. **PLACE OF DEATH:**
   (a) County Kootenai
   (b) City or town Farragut
   (c) Street Address or R.F.D. No. U. S. N. H.
   (d) Death Occured Inside? XXX Outside? ..... city or town
   (e) Died in a Home .... Hospital X Institution .... Other place ....
   (f) Name Hosp. or Inst. U. S. N. H. Stayed ..... days
   (g) Lived in this county ..... years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Kootenai
   (c) City or town Coeur d' Alene
   (d) Street Address or R.F.D. No. 927 West Garden
   (e) Deceased lived Inside? — Outside? ..... city or town
   (f) Citizen of what country? U.S.
   (g) How long had deceased lived in Idaho? — years
   (h) Former residence (city, state) — —

3. (a) **FULL NAME** JANNETTE LO RENE COPLEY

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3. (b) If veteran, name war ----
3. (c) Social Security No. ----
4. Sex F
5. Color or race
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) 30 October 1944

8. AGE	Years	Months	Days	If less than 1 day
	0	0	0	0
			1	4 hrs 15 min.

9. Exact Occupation at home — Did this work for ..... yrs.
10. Industry or Business — Date last worked
11. Birthplace Farragut (City or town) Idaho (State or foreign country)

Father
12. Name LAURENS WINDSOR COPLEY
13. Birthplace Wheatland, Wyoming (City or town) (State or foreign country)

Mother
14. Maiden name EDYTH LOUISE AMERMAN
15. Birthplace Scottsbluff, Nebraska (City or town) (State or foreign country)

16. Informant's **OWN** Signature L. W. Copley
and Address Coeur D' Alene Idaho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/4/44 (Month) (Day) (Year)
(c) Place: Forest Cemetery
18. Funeral Director's **OWN** Signature R B Mooney Mooney Chapel
and Address Coeur D' Alene Idaho.
19. (a) 11-4-44 (Date received and filed) (b) Malvin Fielder (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) October 31st 1944
at 1:15 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 10-30-44 19 , to 10-31- 1944
I last saw her alive on 10-31-44 19 ; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
PREMATURITY	
Congenital Atelectasis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYISCIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury
23. Attendant's **OWN** Signature J. C. Gerrard (M. D. or other)
and Address Farragut, Idaho Date 10-3 1944
(For additional space, use reverse side)

141426

United States Dr. Fox
Department of Commerce
Bureau of the Census

NOV 13 1944

Certificate Of Death

STATE OF IDAHO

State File No. 282
Local Reg. No.
Reg. Dist. No. 120

1. PLACE OF DEATH:
(a) County Kootenai
(b) City or town Coeur D' Alene
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? in Outside? city or town
(e) Died in a ~~xxx~~ Hospital ~~xxx~~ Institution Other place
(f) Name Hosp. or Inst. L. C. Gen. Stayed days
(g) Lived in this county 0 years 0 months 10 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County
(c) City or town Coeur D' Alene
(d) Street Address or R.F.D. No. 902 C. D' A. Ave
(e) Deceased lived Inside? in Outside? city or town
(f) Citizen of what country? U. S.
(g) How long had deceased lived in Idaho? 10 da. years
(h) Former residence (city, state)

3. (a) **FULL NAME** Mary Lee Garvey

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3. (b) If veteran, name war --
3. (c) Social Security No. --
4. Sex F.
5. Color or race W.
6. (a) Single, widowed, married, divorced S.
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Oct. 21; 1944

8. AGE	Years	Months	Days	If less than 1 day
	0	0	10	hrs min.

9. Exact Occupation at home Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Coeur D' Alene, Idaho. (City or town) (State or foreign country)
Father
12. Name Edlund J. Garvey
13. Birthplace Canada (City or town) (State or foreign country)
Mother
14. Maiden name Catherine Gibson
15. Birthplace Clayton Wash. (City or town) (State or foreign country)
16. Informant's **OWN** Signature Edmund John Garvey
and Address Coeur D' Alene, Idaho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/2/44 (Month) (Day) (Year)
(c) Place: St. Thomas Cemetery
18. Funeral Director's **OWN** Signature R. B. Mooney Mooney Chapel
and Address Coeur D' Alene, Idaho.
19. (a) 11-2-44 (Date received and filed) (b) Mabel Fielder (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Nov. 1, 1944 19
at 11/1/44 o'clock M.
21. **I HEREBY CERTIFY,** That I attended deceased from 10/27 1944, to 11/1 1944
I last saw her alive on 11/1 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause ~~of Death~~:	Duration
Premature	4 days
Due to —	
Due to	
Other conditions — (Include pregnancy within 3 months of death)	
Where was disease contracted? —	PHYISCIAN Underline the cause to which death should be charged statistically.
Name of operation Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature E. L. Fox (M. D. ~~or other~~)
and Address C. D'A. Date 19
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

141427

United States
Department of Commerce
Bureau of the Census NOV 13 1944

Certificate Of Death

STATE OF IDAHO

State File No.
Local Reg. No. 283
Reg. Dist. No. 12

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
   (a) County Kootenai
   (b) City or town Coeur D' Alene
   (c) Street Address or R. F. D. No.
   (d) Death Occured Inside? in Outside? city or town
   (e) Died in a Home.... Hospital or Institution.... Other place....
   (f) Name Hosp. or Inst. C. D' A. Hos. Stayed 1 yr days
   (g) Lived in this county 1 years 3 months days

   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Bonner
   (c) City or town Sandpoint
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? in Outside? city or town
   (f) Citizen of what country? U. S.
   (g) How long had deceased lived in Idaho? 15 years
   (h) Former residence (city, state)

3. (a) **FULL NAME** WILLIAM JOHNSON

13a

3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) June 3, 1886

8. AGE	Years	Months	Days	If less than 1 day hrs min.
	58	5	0	

9. Exact Occupation Miner — Did this work for 15 yrs.
10. Industry or Business — Date last worked 6/15/42
11. Birthplace Norway (City or town) (State or foreign country)

Father
12. Name Not known
13. Birthplace " " (City or town) (State or foreign country)

Mother
14. Maiden name Not known
15. Birthplace " " (City or town) (State or foreign country)

16. Informant's **OWN** Signature Ethel D. Hall R.N.
and Address Coeur d'Alene Hospital
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 11-9-44 (Month) (Day) (Year)
(c) Place: Spokane, Wash.
18. Funeral Director's **OWN** Signature R. M. Mooney Mooney Chapel
and Address Coeur D' Alene, Ida.
19. (a) 11-6-44 (Date received and filed) (b) Maud Fields (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) November 3, 1944
at 3:40 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from July 1943 19 , to Nov. 3 1944.
I last saw h. m alive on 10-31 1944.; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Pulmonary Tuberculosis	6 yrs.
Due to	
Due to	
Other conditions Diticosis (Include pregnancy within 3 months of death)	10 yrs.

Where was disease contracted? Bonner Co.
Name of operation Date
Major finding
Finding of autopsy

PHYISICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature Leander Barclay M.D.
(M. D. or other)
and Address Coeur d'Alene Date 11-6 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

NOV 27 1944

Horning

Certificate Of Death

STATE OF IDAHO

State File No. 141423
Local Reg. No. 289
Reg. Dist. No. 121

1. **PLACE OF DEATH:**
(a) County Kootenai
(b) City or town Coeur d'Alene
(c) Street Address or R.F.D. No. 1116 N. 15th St.
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Home X Hospital .... Institution .... Other place ....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 8 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Kootenai
(c) City or town Coeur d'Alene
(d) Street Address or R.F.D. No. 1116 N. 15th St
(e) Deceased lived Inside? X Outside? ..... city or town
(f) Citizen of what country? U.S. of A.
(g) How long had deceased lived in Idaho? 8 years
(h) Former residence (city, state) Medstead, Sask, Canada

3. (a) **FULL NAME** Emma Gerde Ausum

49a

3. (b) If veteran, name war --
3. (c) Social Security No. 519-12-8957
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife John Ausum
6. (c) Age of husband or wife if alive 64 years
7. Date of Birth (Month, Day, Year) December 11, 1885

8. AGE	Years	Months	Days	If less than 1 day
	58	10	25	hrs min.

9. Exact Occupation Housewife Did this work for 39 yrs.
10. Industry or Business ..... Date last worked 8/25/44
11. Birthplace Sacred Heart, Minnesota (City or town) (State or foreign country)
Father
12. Name Pete Gerde
13. Birthplace -- Norway (City or town) (State or foreign country)
Mother
14. Maiden name Ingebord Lanning
15. Birthplace -- Norway (City or town) (State or foreign country)
16. Informant's **OWN** Signature John Ausum
and Address 1116 N.15 St. Coeur d'Alene
17. (a) Burial 44 (Burial, cremation, or removal) (b) Date thereof 11/10/44 (Month) (Day) (Year)
(c) Place: Forest Cemetery, Coeur d'Alene
18. Funeral Director's **OWN** Signature A. B. Nelson
and Address 109;00 Lakeside Coeur d'Alene
19. (a) 11-10-44 (Date received and filed) (b) Marie Griffith (Registrar's Signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) November 6 1944
at 10:15 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from July 1944, to Nov 6 1944
I last saw her alive on Sept 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Adenocarcinoma probably about from ovary. Duration 1 year.
Due to .....
Due to .....
Other conditions .....
(Include pregnancy within 3 months of death)
Where was disease contracted?
Name of operation Exploratory Date Aug 1, 1944
Major finding Adenocarcinoma
Finding of autopsy Origin undetermined probably ovary.

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature F. F. Horning M.D. (M. D. or other)
and Address Coeur d'alene Date 11/7 1944
(For additional space, use reverse side)

[ph W.2710]

United States
Department of Commerce
Bureau of the Census NOV 13 1944

NON-RESIDENT
Certificate Of Death
STATE OF IDAHO

State File No. 141429
Local Reg. No. 288
Reg. Dist. No. 120

1. PLACE OF DEATH:
(a) County Kootenai
(b) City or town Coeur d'Alene
(c) Street Address or R.F.D. No. 412 Lakeside
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Home ..... Hospital X Institution ..... Other place .....
(f) Name Hosp. or Inst. LCG Hosp ..... Stayed 1 days
(g) Lived in this county 0 years 0 months 0 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Wash (b) County Spokane
(c) City or town Millwood
(d) Street Address or R.F.D. No. Box 22
(e) Deceased lived Inside? X Outside? ..... city or town
(f) Citizen of what country? USA
(g) How long had deceased lived in Idaho? 0 years
(h) Former residence (city, state) Millwood Wn.

3. (a) FULL NAME Albert Winberg ~~Winman~~ 170c

3. (b) If veteran, name war none
3. (c) Social Security No. .....
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Anna
6. (c) Age of husband or wife if alive 60 years
7. Date of Birth (Month, Day, Year) Oct 21 1876

8. AGE	Years	Months	Days	If less than 1 day
	76	0	15	hrs min.

9. Exact Occupation lumberman Did this work for 50 yrs.
10. Industry or Business Woods Date last worked 1940
11. Birthplace Mora, Minnesota (City or town) (State or foreign country)
Father
12. Name unknown Winberg
13. Birthplace unknown (City or town) (State or foreign country)
Mother
14. Maiden name unknown
15. Birthplace unknown (City or town) (State or foreign country)
16. Informant's OWN Signature N. A. Nelson
and Address Box 22, Millwood, Wash
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 11-6-44 (Month) (Day) (Year)
(c) Place: Spokane, Washington
18. Funeral Director's OWN Signature Don English
and Address Coeur d'Alene, Idaho
19. (a) 11-6-44 (Date received and filed) (b) Mabel Felder (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 11-6-44 19.....
at 3:00 o'clock A M.
21. **I HEREBY CERTIFY**, That I attended deceased from 11-5 1944, to 11-6 1944
I last saw him alive on 11-6 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Intracranial Hemorrhage	1 day.
Due to	
Basilar skull fracture	1 day.
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYISCIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ✓ Suicide? ..... Homicide? .....
Occurred 11-5 1944 City, county, state where violence occurred Kootenai County, Idaho
Place of Violence: Home ..... Farm ..... Industry .....
Public Place Highway. While at work? .....
Means of injury Struck by auto
23. Attendant's OWN Signature William T. Wood, M.D. (M. D. or other)
and Address C.P.A., Idaho Date 11-7 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 141430
Local Reg. No. 293
Reg. Dist. No. 12-0

NOV 27 1944

1. **PLACE OF DEATH:**
   (a) County Kootenai
   (b) City or town Coeur d'Alene
   (c) Street Address or R.F.D. No. 202 N 11th Lakeside 1412
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home.... Hospital X Institution.... Other place....
   (f) Name Hosp. or Inst. LCG Stayed 3 days
   (g) Lived in this county 1 years ..... months ..... days

   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Kootenai
   (c) City or town Coeur d'Alene
   (d) Street Address or R.F.D. No. 902 N 11th
   (e) Deceased lived Inside? X Outside? ..... city or town
   (f) Citizen of what country? USA
   (g) How long had deceased lived in Idaho? 38 years
   (h) Former residence (city, state) Medford Ore

3. (a) **FULL NAME** Kate F. VanHardenberg 932

3. (b) If veteran, name war ////
3. (c) Social Security No. ////////
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Peter
6. (c) Age of husband or wife if alive ..... dead ..... years
7. Date of Birth (Month, Day, Year) Spt. 22 1878

8. AGE	Years	Months	Days	If less than 1 day
	66	1	16	hrs ..... min.

9. Exact Occupation housewife Did this work for 42 yrs.
10. Industry or Business own Home Date last worked 11-4-44
11. Birthplace England (City or town) (State or foreign country)

Father
12. Name Milton Vaughan
13. Birthplace England (City or town) (State or foreign country)

Mother
14. Maiden name unknown
15. Birthplace England (City or town) (State or foreign country)

16. Informant's **OWN** Signature Carl M VanHardenberg
and Address Coeur d'Alene, Idaho

17. (a) burial (b) Date thereof 11-11-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: Forest Cem Cd'A Idaho

18. Funeral Director's **OWN** Signature Don English
and Address Coeur d'Alene, Idaho

19. (a) 11-11-44 (Date received and filed) (b) Marie Griffith (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 11-8-44 19....
at 10:00 o'clock A M.

21. **I HEREBY CERTIFY**, That I attended deceased from 11/1/44 19 44, to 11/8/44 19 44
I last saw her alive on 11/8/44 19....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: (Duration)
Fractured Left Femur
Cerebral Hemorrhage 9
Due to Fall from bed
Due to Calculi (Gall Stones) 4 days
Other conditions
(Include pregnancy within 3 months of death)
Where was disease contracted? Home
Name of operation None Date
Major finding
Finding of autopsy None but signed.

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19.... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature F. F. Hanney M.D.
(M. D. or other)
and Address Coeurdalene Date 11/10 19 44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

NOV 27 1944

Certificate Of Death

STATE OF IDAHO

State File No. 14143
Local Reg. No. 291
Reg. Dist. No. 120

1. PLACE OF DEATH:
(a) County Kootenai
(b) City or town Coeur d'Alene
(c) Street Address or R. F. D. No. 412 Lakeside Ave.
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Home.... Hospital X Institution.... Other place....
(f) Name Hosp. or Inst. Lake City Gen. Stayed 1 days
(g) Lived in this county 41 years 9 months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Kootenai
(c) City or town Coeur d'Alene
(d) Street Address or R.F.D. No. 720 Indiana Ave
(e) Deceased lived Inside? X Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 41 years
(h) Former residence (city, state) Birchtree, Missouri

3. (a) **FULL NAME** Issac Hollingsworth 576

3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Martha
6. (c) Age of husband or wife if alive --- years
7. Date of Birth (Month, Day, Year) October 22 - 1859

8. AGE	Years	Months	Days	If less than 1 day
	85	0	20	hrs ..... min.

9. Exact Occupation Retired Farmer Did this work for 65 yrs.
10. Industry or Business ..... Date last worked 1940
11. Birthplace Montrose (City or town) Iowa (State or foreign country)
Father 12. Name Samuel Hollingsworth
Father 13. Birthplace Do not know (City or town) Ohio (State or foreign country)
Mother 14. Maiden name Sarah Jones
Mother 15. Birthplace Richmond (City or town) Indiana (State or foreign country)
16. Informant's **OWN** Signature Mrs Ira Carr
and Address Coeur d'Alene Route #1
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/15/44 (Month) (Day) (Year)
(c) Place: Forest Cemetery, Coeur d'Alene
18. Funeral Director's **OWN** Signature A. D. Nelson
and Address 109-11 Lakeside Coeur d'Alene
19. (a) 11-15-44 (Date received and filed) (b) Marie L. Griffith (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) November 12 1944
at 5:05 o'clock P. M.

21. **I HEREBY CERTIFY**, That I attended deceased from 1941 19..., to Nov 12 1944
I last saw h... alive on 11/12 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Heart Failure	
Due to Senility and general failure of all organs.	
Due to	
Other conditions Arthritis deformans (Include pregnancy within 3 months of death)	30-40 yrs.

Where was disease contracted? Home
Name of operation None Date .....
Major finding .....
Finding of autopsy None

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature F. F. Hamm MD
and Address Coeur d'Alene (M. D. or other) Date 11/14 1944
(For additional space, use reverse side)

NON-RESIDENT

United States
Department of Commerce
Bureau of the Census

NOV 27 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 141432
Local Reg. No. 296
Reg. Dist. No. 121

1. PLACE OF DEATH:
(a) County Kootenai
(b) City or town USNTC Farragut
(c) Street Address or R. F. D. No. Farragut
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home ____ Hospital X Institution ____ Other place ____
(f) Name Hosp. or Inst. ____ Stayed 9 days
(g) Lived in this county 0 years 1 months 22 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Kootenai
(c) City or town USNTC Farragut
(d) Street Address or R. F. D. No. Farragut
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? U.S.
(g) How long had deceased lived in Idaho? 1 Mo. 22 Days
(h) Former residence (city, state) Fresno, California

3. (a) FULL NAME WOODY, Turis Gene. AS, V-6, USNR. 379-37-03 108

3. (b) If veteran, name war None
3. (c) Social Security No. not known
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife ————
6. (c) Age of husband or wife if alive ———— years
7. Date of Birth (Month, Day, Year) 9-27-26

8. AGE	Years	Months	Days	If less than 1 day
	18	1	16	hrs ____ min. ____

9. Exact Occupation Apprentice Seaman Did this work for 1½ Months
10. Industry or Business U.S. Navy, Reserve Date last worked 1944
11. Birthplace Hollister, California (City or town) (State or foreign country)

Father
12. Name John F. Woody
13. Birthplace Illinois (City or town) (State or foreign country)

Mother
14. Maiden name Grace Williams Woody
15. Birthplace Illinois (City or town) (State or foreign country)

16. Informant's OWN Signature F.I.Taylor.Phamm. USNR
and Address USNH. Farragut
17. (a) removal (Burial, cremation, or removal) (b) Date thereof 11-15-44 (Month) (Day) (Year)
(c) Place: Fowler, California
18. Funeral Director's OWN Signature MOON MORTUARY
and Address SANDPOINT, IDAHO
19. (a) 11-15-1944 (Date received and filed) (b) ____ (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) November 13 19 44
at 9:30 o'clock A. M.
21. I HEREBY CERTIFY, That I attended deceased from 11-4-44 19____, to 11-13-44 19____
I last saw him alive on 11-13-44 19____; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
PNEUMONIA, LOBAR.	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? USNTC. FARRAGUT
Name of operation none Date
Major finding
Finding of autopsy Same as cause of death

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury

23. Attendant's OWN Signature Herman W. Hannhardt (M. D.)
and Address USNH Farragut, Idaho Date 11-15 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce NOV 27 1944
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 141433
Local Reg. No. 290
Reg. Dist. No. 120

1. **PLACE OF DEATH:**
   (a) County Kootenai
   (b) City or town Coeur d'Alene
   (c) Street Address or R.F.D. 412 Lakeside
   (d) Death Occured Inside? z Outside? ..... city or town
   (e) Died in a Home .... Hospital X Institution .... Other place ....
   (f) Name Hosp. or Ins LCG Hosp Stayed 1 days
   (g) Lived in this county 3 years ..... months ..... days

   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Kootenai
   (c) City or town Rathdrum
   (d) Street Address or R.F.D. No. RFD 2
   (e) Deceased lived Inside? ..... Outside? X city or town
   (f) Citizen of what country? USA
   (g) How long had deceased lived in Idaho? 3 years
   (h) Former residence (city, state) Echo Oregon

3. (a) **FULL NAME** Earl C. Chaney

94a

3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Evelyn
6. (c) Age of husband or wife if alive 47 years
7. Date of Birth (Month, Day, Year) Oct. 17, 1889

8. AGE	Years	Months	Days	If less than 1 day
	55	0	27	hrs ..... min.

9. Exact Occupation Farmer — Did this work for 35 yrs.
10. Industry or Business own Farms — Date last worked 11-14-44
11. Birthplace Nebraska (City or town) (State or foreign country)

Father
12. Name Abijah Chaney
13. Birthplace unknown (City or town) (State or foreign country)

Mother
14. Maiden name Mary Brown
15. Birthplace unknown (City or town) (State or foreign country)

16. Informant's X **OWN** Signature A. A. Webb.
and Address Rathdrum, Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 11-15-44 (Month) (Day) (Year)
(c) Place: Remains to Oregon.
18. Funeral Director's **OWN** Signature Don English
and Address Coeur d'Alene, Idaho
19. (a) 11-15-44 (Date received and filed) (b) Marie Griffith (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Nov 14 1944
at 3 o'clock P M.

21. **I HEREBY CERTIFY**, That I attended deceased from June 20 1944, to 11-14- 1944
I last saw him alive on 11, 14 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary occlusion — Duration .....
Due to ....
Due to ....
Other conditions partial pylorie obstruction .....
(Include pregnancy within 3 months of death)

Where was disease contracted? .....
Name of operation None Date .....
Major finding .....
Finding of autopsy None

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature Milford J Higgens M.D. (M. D. or other)
and Address Coeur d'Alene Date 11, 14 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

NOV 27 1944

NON-RESIDENT *Certificate Of Death*

STATE OF IDAHO

State File No. 141434
Local Reg. No. 275
Reg. Dist. No. 120

1. **PLACE OF DEATH:**
   (a) County Kootenai
   (b) City or town Post Falls
   (c) Street Address or R.F.D. No. R.F.D.
   (d) Death Occured Inside? ..... Outside? X city or town
   (e) Died in a Home.... Hospital.... Institution.... Other place X
   (f) Name Hosp. or Inst..... Stayed.....days
   (g) Lived in this county.....years .....months 10 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Washington (b) County Spokane
   (c) City or town Spokane
   (d) Street Address or R.F.D. No. Gen. Delivery
   (e) Deceased lived Inside? X Outside? ..... city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 10 days
   (h) Former residence (city, state) Spokane, Wash.

3. (a) **FULL NAME** Emil F. Schoemperlen 175E

3. (b) If veteran, name war no
3. (c) Social Security No. 533-12-7530
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Do not know
6. (c) Age of husband or wife if alive -- years
7. Date of Birth (Month, Day, Year) Do not know

8. AGE	Years	Months	Days	If less than 1 day hrs min.
	58 ?			

9. Exact Occupation Laborer — Did this work for ? yrs.
10. Industry or Business Worked in woods — Date last worked 11/16/44
11. Birthplace Albany (City or town) New York (State or foreign country)

Mother
12. Name Do not know " " "
13. Birthplace " (City or town) " (State or foreign country)

Father
14. Maiden name " " "
15. Birthplace " (City or town) " (State or foreign country)

16. Informant's **OWN** Signature Mrs Le Drew Weakley
and Address 724 26th Ave So.
17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 11/20/44 (Month) (Day) (Year)
(c) Place: Spokane, Washington
18. Funeral Director's **OWN** Signature A. B. Nelson
and Address 109:11 Lakeside Coeur d'Alene
19. (a) 11-20-44 (Date received and filed) (b) Marie L. Griffith (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 11/16 19 44
at 8:00 o'clock A. M.

21. **I HEREBY CERTIFY,** That I attended deceased from 11-16 1944, to 11-16 1944
I last saw him ~~alive~~ on 11-16 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Crushed left Chest — Duration 11-16-44
Strangled by pressure
Due to of Log on top of him
Due to
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?
Name of operation none Date
Major finding
Finding of autopsy none

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Yes Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred Kootenai
Place of Violence: Home ..... Farm ..... Industry Yes
Public Place ..... While at work? Yes
Means of injury Tree falling on him

23. Attendant's **OWN** Signature Hamilton F. Greenwood M.D. Coroner (M. D. or other)
and Address Coeur d'Alene, Ida. Date 11-18 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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141435

United States
Department of Commerce
Bureau of the Census DEC 4 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 141435
Local Reg. No. 304
Reg. Dist. No. 121

1. **PLACE OF DEATH:**
(a) County Kootenai
(b) City or town Coeur d'Alene Wood St
(c) Street Address or R. F. D. No. —
(d) Death Occurred Inside? Out Outside? ✓ city or town
(e) Died in a Home — Hospital — Institution — Other place —
(f) Name Hosp. or Inst. — Stayed — days
(g) Lived in this county 17 years — months 1 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Shoshone
(c) City or town Kellogg
(d) Street Address or R. F. D. No. —
(e) Deceased lived Inside? — Outside? ✓ city or town
(f) Citizen of what country? —
(g) How long had deceased lived in Idaho? 2 years
(h) Former residence (city, state) Lead So. Dak.

3. (a) **FULL NAME** Leo Russell Orr. 166

3. (b) If veteran, name war ✓
3. (c) Social Security No. 503-01-1526
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Margery
6. (c) Age of husband or wife if alive 45 years
7. Date of Birth (Month, Day, Year) Nov. 25 - 1902

8. AGE	Years	Months	Days	If less than 1 day hrs	min.
	41	10	24		

9. Exact Occupation Miner — Did this work for — yrs.
10. Industry or Business — Date last worked —
11. Birthplace Lynch (City or town) Ky. (State or foreign country)
Father
12. Name Gilbert A. Orr.
13. Birthplace Correctionville (City or town) Iowa (State or foreign country)
Mother
14. Maiden name Elizabeth Schoop
15. Birthplace Logan (City or town) Kansas (State or foreign country)
16. Informant's **OWN** Signature Margery L Orr
and Address Kellogg Idaho
17. (a) removal to (Burial, cremation, or removal) (b) Date thereof Nov 27 1944 (Month) (Day) (Year)
(c) Place: Bassett Nebraska
18. Funeral Director's **OWN** Signature R. L. Stout
and Address Kellogg Idaho
19. (a) 11/20/44 (Date received and filed) (b) Marie L Griffith (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Nov. 19 1944
at [illegible] o'clock 11:30 M. died
21. **I HEREBY CERTIFY,** That I attended deceased from Nov. 15 1944 to Nov. 19 1944
I last saw her alive on Nov. 19 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Gunshot wounds in abdomen	11-19-44
Hemorrhage due to gunshot	11-19-44
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? —
Name of operation None Date —
Major finding —
Finding of autopsy None

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? — Suicide? — Homicide? Yes
Occurred Nov. 19 1944 City, county, state where violence occurred Kootenai County
Place of Violence: Home — Farm — Industry —
Public Place Yes While at work? —
Means of injury Gunshot (30-40 rifle) in abdomen
23. Attendant's **OWN** Signature William H. Greenwood M.D. Coroner (M. D. or other)
and Address Coeur d'Alene Ida Date 11-25 1944
(For additional space, use reverse side)

NON-RESIDENT

141436

United States
Department of Commerce
Bureau of the Census

DEC 4 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 302
Reg. Dist. No. 121

1. **PLACE OF DEATH:**
(a) County Kootenai
(b) City or town Farragut, USNTC
(c) Street Address or R. F. D. No. Farragut
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home ____ Hospital X Institution ____ Other place ____
(f) Name Hosp. or Inst. USNH Stayed 6 days
(g) Lived in this county 0 years 5 months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Kootenai
(c) City or town USNTC Farragut
(d) Street Address or R. F. D. No. Farragut
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? U.S.
(g) How long had deceased lived in Idaho? 5½ months ____ years
(h) Former residence (city, state) Cloquet, Minn.

3. (a) **FULL NAME** MAGNUSON, Robert Lance. AS, V6, USNR. 757-96-47

58e

3. (b) If veteran, name war none
3. (c) Social Security No. not known
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced singl
6. (b) Name of husband or wife none
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) 1-31-26

8. AGE	Years	Months	Days	If less than 1 day hrs	min.
	18	9	19		

9. Exact Occupation Apprentice Seaman Did this work for 5½ months yrs.
10. Industry or Business US NAVY RESERVE Date last worked 1944
11. Birthplace Cloquet, Minnesota (City or town) (State or foreign country)

Father
12. Name Carl O. Magnuson
13. Birthplace Minnesota (City or town) (State or foreign country)

Mother
14. Maiden name Anna Elvera ----
15. Birthplace Minnesota (City or town) (State or foreign country)

16. Informant's OWN Signature F.I. Taylor. Pharm.USNR and Address USNH Farragut, Idaho
17. (a) removal (Burial, cremation, or removal) (b) Date thereof 11-23-44 (Month) (Day) (Year)
(c) Place: Cloquet, Minnesota
18. Funeral Director's OWN Signature MOON MORTUARY and Address SANDPOINT, IDAHO
19. (a) 11-23-1944 (Date received and filed) (b) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 20 November 1944 at 10:06 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from 11-14 1944 to 11-20 1944
I last saw him alive on 11-20-44 19____; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
RHEUMATIC FEVER	7 days.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? USNTC Farragut
Name of operation none Date
Major finding
Finding of autopsy Same as cause of death

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury

23. Attendant's OWN Signature Dennistoun Wood, MD
and Address USNH Farragut, Idaho (M. D. or other) Date 11-22 1944

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

DEC 4 1944

Certificate Of Death

STATE OF IDAHO

State File No. 141437
Local Reg. No. 297
Reg. Dist. No. 121

1. **PLACE OF DEATH:**
(a) County Kootenai
(b) City or town Spirit Lake
(c) Street Address or R.F.D. No. —
(d) Death Occured Inside? — Outside? X city or town
(e) Died in a Home — Hospital — Institution — Other place
(f) Name Hosp. or Inst. — Stayed — days
(g) Lived in this county 35 years — months — days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Kootenai
(c) City or town Spirit Lake
(d) Street Address or R.F.D. No. —
(e) Deceased lived Inside? — Outside? X city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 40 years
(h) Former residence (city, state) Boise Idaho

3. (a) **FULL NAME** John F. Carlton. 83a

3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lucy F.
6. (c) Age of husband or wife if alive 82 years
7. Date of Birth (Month, Day, Year) 11-13-1858

8. AGE	Years	Months	Days	If less than 1 day
	86	0	11	hrs min.

9. Exact Occupation Resort Opperator Did this work for 20 yrs.
10. Industry or Business Date last worked 11-20-1944
11. Birthplace Bloomington Ind. (City or town) (State or foreign country)
Father
12. Name Hosea Carlton.
13. Birthplace Do not Know Ohio. (City or town) (State or foreign country)
Mother
14. Maiden name Mary A. DeLap.
15. Birthplace Do not Know. (City or town) (State or foreign country)
16. Informant's **OWN** Signature Roy W. Carlton
and Address 1960 Alder St Eugene Oregon
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/26/44 (Month) (Day) (Year)
(c) Place: Greenwood, Spirit Lake
18. Funeral Director's **OWN** Signature G. B. Nelson
and Address Rathdrum Idaho
19. (a) 11/25/44 (Date received and filed) (b) Marie L. Griffith (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 11-24 1944
at 10:07 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 7-30 1944, to 11-24 1944
I last saw her alive on 11-22 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebral Hemorrhage	11-20-44
Due to Arteriosclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation — Date	
Major finding —	
Finding of autopsy —	

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? — Suicide? — Homicide? —
Occurred — 19— City, county, state
where violence occurred —
Place of Violence: Home — Farm — Industry —
Public Place — While at work?
Means of injury
23. Attendant's **OWN** Signature J. R. Rhodehamel M.D. (M. D. or other)
and Address Spokane Wn Date 11-25 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce DEC 4 1944
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 141438
Local Reg. No. 306
Reg. Dist. No. 120

1. **PLACE OF DEATH:**
   (a) County Kootenai
   (b) City or town Coeur d'Alene
   (c) Street Address or R.F.D. No. 1224 Front
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home X. Hospital ..... Institution ..... Other place .....
   (f) Name Hosp. or Inst. ..... Stayed ..... days
   (g) Lived in this county 23 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Kootenai
   (c) City or town Coeur d'Alene
   (d) Street Address or R.F.D. No. 1224 Front
   (e) Deceased lived Inside? X Outside? ..... city or town
   (f) Citizen of what country? USA
   (g) How long had deceased lived in Idaho? 38 years
   (h) Former residence (city, state) ~~Wisconsin~~ Norway

3. (a) **FULL NAME** Carson M. Severin

164c

3. (b) If veteran, name war .....
3. (c) Social Security No. 519-22-9245
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Vandla
6. (c) Age of husband or wife if alive 48 years
7. Date of Birth (Month, Day, Year) June 5, 1889

8. AGE	Years	Months	Days	If less than 1 day
	55	5	20	hrs min.

9. Exact Occupation Fuel dealer Did this work for 10 yrs.
10. Industry or Business private Date last worked 11-25-44 ✓
11. Birthplace Norway (City or town) (State or foreign country)

Father
12. Name Christian Johnson
13. Birthplace Norway (City or town) (State or foreign country)

Mother
14. Maiden name Maren Solun
15. Birthplace Norway (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs Carson Severin
and Address Coeur d'Alene, Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 11-28-44 (Month) (Day) (Year)
(c) Place: Forest Cem. Cd'A, Idaho
18. Funeral Director's OWN Signature Don English
and Address Coeur d'Alene, Idaho
19. (a) 11/28/44 (Date received and filed) (b) Marie L. Griffith (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) November 25 1944
at 7:50 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from 11-25 1944, to 11-25 1944
I last saw him alive on 11-25 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Bullet thru heart	11-25-44
Self inflicted	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation None Date
Major finding
Finding of autopsy None

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? yes Homicide? .....
Occurred 11-25 1944 City, county, state where violence occurred Coeur d'Alene, Idaho
Place of Violence: Home yes Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury Self inflicted Gunshot
23. Attendant's OWN Signature Hamilton H. Greenwood Coroner M.D. (M. D. or other)
and Address Coeur d'Alene, Ida. Date 11-27 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States Dr. Wood Jr.
Department of Commerce
Bureau of the Census

DEC 4 1944

Certificate Of Death

STATE OF IDAHO

State File No. 141433
Local Reg. No. 303
Reg. Dist. No. 120

1. **PLACE OF DEATH:**
(a) County Kootenai
(b) City or town Coeur D' Alene
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? in Outside? city or town
(e) Died in a Home Hospital Institution Other place
(f) Name Hosp. or Inst. L. C. Gen. Stayed 14 days
(g) Lived in this county 15 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Kooteni
(c) City or town Coeur D' Alene
(d) Street Address or R.F.D. No. 924 Fifth
(e) Deceased lived Inside? in Outside? city or town
(f) Citizen of what country? U. S.
(g) How long had deceased lived in Idaho? 15 years
(h) Former residence (city, state)

3. (a) **FULL NAME** Frederick . Minert

93d.

3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife xx
6. (c) Age of husband or wife if alive xx years
7. Date of Birth (Month, Day, Year) Jan. 28th 1862

8. AGE	Years	Months	Days	If less than 1 day
	82	9 ~~10~~	27	hrs min.

9. Exact Occupation Retired Did this work for 15 yrs.
10. Industry or Business Laborer Date last worked
11. Birthplace Indiana (City or town) (State or foreign country)
Father
12. Name -- McClure
13. Birthplace Iowa (City or town) (State or foreign country)
Mother
14. Maiden name Not Known
15. Birthplace Not Known (City or town) (State or foreign country)
16. Informant's **OWN** Signature Necia C. Plewe
and Address 924 - 5th Street
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/29/44 (Month) (Day) (Year)
(c) Place: Forest Cemetery
18. Funeral Director's **OWN** Signature [signature] Mooney Chapel
and Address Coeur D' Alene Idaho.
19. (a) 11/29/44 (Date received and filed) (b) Marie L. Griffith (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Nov. 25, 1944 19
at 2:45 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 7-22 1944, to 11-25 1944
I last saw him alive on 11-25 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Hypostatic Pneumonia	2 days
Due to Chronic Myocarditis	2 years.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature William T. Wood, M.D. (M. D. or other)
and Address Coeur d'alene Date 11-28 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

DEC 4 1944

Certificate Of Death

STATE OF IDAHO

State File No. 141440
Local Reg. No. 301
Reg. Dist. No. 120

1. **PLACE OF DEATH:**
(a) County Kootenai
(b) City or town Coeur D' Alene
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? in Outside? city or town
(e) Died in a Home Hospital Institution Other place
(f) Name Hosp. or Inst. L. C. Gen Stayed 10 days
(g) Lived in this county 20 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Kootenai
(c) City or town Coeur D' Alene
(d) Street Address or R.F.D. No. 951 Fourth
(e) Deceased lived Inside? in Outside? city or town
(f) Citizen of what country? U. S.
(g) How long had deceased lived in Idaho? 20 years
(h) Former residence (city, state)

3. (a) **FULL NAME** Irene Johnson

462

3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife ---
6. (c) Age of husband or wife if alive -- years
7. Date of Birth (Month, Day, Year) July 14, 1865

8. AGE	Years	Months	Days	If less than 1 day
	79	4	11	hrs min.

9. Exact Occupation At home Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Sparta Ill. (City or town) (State or foreign country)
Father
12. Name James Parks
13. Birthplace X Ill. (City or town) (State or foreign country)
Mother
14. Maiden name Mary Hathorne
15. Birthplace Ill. (City or town) (State or foreign country)
16. Informant's **OWN** Signature Mrs. A. J. Johnson
and Address 1626-E 9th Spokane Wn
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/28/44 (Month) (Day) (Year)
(c) Place: Forest Cemetery
18. Funeral Director's **OWN** Signature Mooney Chapel
and Address Coeur D' Alene, Idaho.
19. (a) 11/28/44 (Date received and filed) (b) Marie Griffith (Registrar's Signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) November 25, 1944
at 2:15 o'clock A.M.
21. **I HEREBY CERTIFY**, That I attended deceased from 1939 19, to 11/25 1944
I last saw her alive on 11/24 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Bowell obstruction with	
Due to probable cancer of sigmoid colon.	symptoms 10 months
Due to (trog diagnosis)	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? Home
Name of operation None Date
Major finding
Finding of autopsy None

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature F. F. Hainey M.D. (M. D. or other)
and Address Coeur d'Alene Date 11/25 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

141441

United States
Department of Commerce
Bureau of the Census DEC 4 1944

Certificate Of Death

STATE OF IDAHO

State File No. 141441
Local Reg. No. 300
Reg. Dist. No. 120

1. **PLACE OF DEATH:**
   (a) County Kootenai
   (b) City or town Coeur d'Alene
   (c) Street Address or R.F.D. No. 412 Lakeside
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home .... Hospital X Institution .... Other place ....
   (f) Name Hosp. or Inst. LDG Hosp Stayed 3 days
   (g) Lived in this county ..... years 5 months ..... days

   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Emmett (b) County Gem
   (c) City or town Emmett
   (d) Street Address or R.F.D. No. 112 Main
   (e) Deceased lived Inside? X Outside? ..... city or town
   (f) Citizen of what country? USA
   (g) How long had deceased lived in Idaho? 23 years
   (h) Former residence (city, state) Wisconsin

3. (a) **FULL NAME** Carrie Belle Houston 738

3. (b) If veteran, name war ////
3. (c) Social Security No. //////
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife //////
6. (c) Age of husband or wife if alive dead years
7. Date of Birth (Month, Day, Year) Feb. 22 1876

8. AGE	Years	Months	Days	If less than 1 day
	68	9	3	hrs min.

9. Exact Occupation Housewife Did this work for 45 yrs.
10. Industry or Business own home Date last worked 11-18-44
11. Birthplace Champlain Minnesota (City or town) (State or foreign country)

Father
12. Name Joe Kimball
13. Birthplace Minn. (City or town) (State or foreign country)

Mother
14. Maiden name Ella Harris
15. Birthplace Minn. (City or town) (State or foreign country)

16. Informant's **OWN** Signature X Mrs Edward Buckley
and Address Coeur d'Alene, Idaho

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 11-25-44 (Month) (Day) (Year)
(c) Place: Emmett, Idaho

18. Funeral Director's **OWN** Signature Don English
and Address Coeur d'Alene, Idaho

19. (a) 11-25-44 (Date received and filed) (b) Mame Griffith (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 11-25-44 19....
at 7:45 o'clock A M.

21. **I HEREBY CERTIFY**, That I attended deceased from 7-26 1944, to 11-25 1944.
I last saw h.er alive on 11-25 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
✓ Chronic myocarditis	1 year
Due to	
Due to	
14 Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ..... Date .....
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury

23. Attendant's **OWN** Signature William T. Wood M.D. (M. D. or other)
and Address Coeur d'Alene, Idaho Date 11-25 1944
(For additional space, use reverse side)

Fox

14144

United States
Department of Commerce
Bureau of the Census

DEC 4 1944

Certificate Of Death

STATE OF IDAHO

State File No. 14144
Local Reg. No. 299
Reg. Dist. No. 121

1. **PLACE OF DEATH:**
   (a) County Kootenai
   (b) City or town Coeur d'Alene
   (c) Street Address or R.F.D. No. 412 Lakeside
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home .... Hospital X Institution .... Other place ....
   (f) Name Hosp. or Inst. Lake City General ..... days
   (g) Lived in this county 2 years ..... months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Kootenai
   (c) City or town Rose Lake
   (d) Street Address or R.F.D. No. .....
   (e) Deceased lived Inside? ..... Outside? X city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 2 years
   (h) Former residence (city, state) Spokane, Wash.

3. (a) **FULL NAME** Henry C. Hanson

940

3. (b) If veteran, name war World War 1.
3. (c) Social Security No. 536-03-5985
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife --
6. (c) Age of husband or wife if alive -- years
7. Date of Birth (Month, Day, Year) June 11, 1894

8. AGE	Years	Months	Days	If less than 1 day
	50	5	15	hrs ..... min.

9. Exact Occupation Woodsman Did this work for 30 yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Spokane, Wash. (City or town) (State or foreign country)

Father
12. Name Hans S. Hanson
13. Birthplace Do not know (City or town) Norway (State or foreign country)

Mother
14. Maiden name Carrie Knudson
15. Birthplace Do not know (City or town) Norway (State or foreign country)

16. Informant's **OWN** Signature John Hansen
and Address Osburman Lake

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-1-44 (Month) (Day) (Year)
(c) Place: Forest Cemetery, Coeur d'Alene

18. Funeral Director's **OWN** Signature A. B. Nelson
and Address 109-11 Lakeside Coeur d'Alene

19. (a) 11/29/44 (Date received and filed) (b) Marie L. Griffith (Registrar's Signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 11-26 1944
at 6:10 o'clock P. M.

21. **I HEREBY CERTIFY**, That I attended deceased from 11/24 1944, to 11/26 1944
I last saw him alive on 11/26/44 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary Thrombosis — Duration 3 days
Due to Bronchopneumonia — 2 days
Due to .....
Other conditions ..... (Include pregnancy within 3 months of death)
.....
Where was disease contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature [signature] (M. D. or other)
and Address Coeur d'Alene, Ida. Date 11/28 1944

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census DEC 4 1944

Certificate Of Death

STATE OF IDAHO

State File No. 141443
Local Reg. No. 298
Reg. Dist. No. 120

1. **PLACE OF DEATH:**
   (a) County Kootenai
   (b) City or town Coeur d'Alene
   (c) Street Address or R. F. D. No. 412 Lakeside
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home.... Hospital X Institution.... Other place....
   (f) Name Hosp. or Inst. LCG Hosp Stayed 1 days
   (g) Lived in this county 45 years ..... months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Kootenai
   (c) City or town Coeur d'Alene
   (d) Street Address or R.F.D. No. 510 Lakeside
   (e) Deceased lived Inside? X Outside? ..... city or town
   (f) Citizen of what country? USA
   (g) How long had deceased lived in Idaho? 45 years
   (h) Former residence (city, state) Oregon

3. (a) **FULL NAME** Charles F. Custer 133a

3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife dead
6. (c) Age of husband or wife if alive dead years
7. Date of Birth (Month, Day, Year) June 13, 1871

8. AGE	Years	Months	Days	If less than 1 day
	73	5	15	hrs ..... min.

9. Exact Occupation Timber Cruiser Did this work for 40 yrs.
10. Industry or Business Lumber Date last worked 1933
11. Birthplace Denforth Maine (City or town) (State or foreign country)

Mother Father
12. Name unknown
13. Birthplace unknown (City or town) (State or foreign country)

Mother
14. Maiden name unknown
15. Birthplace unknown (City or town) (State or foreign country)

16. Informant's **OWN** Signature Donald J. Custer
and Address Spokane Wash.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 12-1-44 (Month) (Day) (Year)
(c) Place: Harrison Idaho

18. Funeral Director's **OWN** Signature Don English
and Address Coeur d'Alene, Idaho

19. (a) 12/1/44 (Date received and filed). (b) Marie L. Griffith (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 11-28-44 19.....
at 2:30 o'clock P. M.

21. **I HEREBY CERTIFY**, That I attended deceased from 11-20- 1944, to 11-28 1944
I last saw him alive on 11-28-44 19....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Hypostatic Pneumonia	2 Days
Due to Chronic pyelitis	2 years
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature William T. Wood M.D. (M. D. or other)
and Address Coeur d'alene Idaho Date 12-1 1944
(For additional space, use reverse side)

United States
Department of Commerce
Bureau of the Census

DEC 4 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 141444
Local Reg. No. 284
Reg. Dist. No. 221

1. **PLACE OF DEATH:**
(a) County Latah
(b) City or town Genesee
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 55 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Latah
(c) City or town Genesee
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? USA
(g) How long had deceased lived in Idaho? 55 years
(h) Former residence (city, state)

3. (a) **FULL NAME** Ingaborg Hanson

466

3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Henry
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Febr. 29, 1868

8. AGE	Years	Months	Days	If less than 1 day
	76	7	4	hrs min.

9. Exact Occupation housewife Did this work for life yrs.
10. Industry or Business housekeeping Date last worked
11. Birthplace Trondhyem (City or town) Norway (State or foreign country)
Father
12. Name Erick Flamoe
13. Birthplace (City or town) Norway (State or foreign country)
Mother
14. Maiden name unknown
15. Birthplace (City or town) Norway (State or foreign country)
16. Informant's OWN Signature Mrs. C. A. Kramer
and Address Genesee
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 10-6-44 (Month) (Day) (Year)
(c) Place: Genesee Valley
18. Funeral Director's OWN Signature Roy C. Leek
and Address Moscow, Idaho
19. (a) Dec. 2, 1944 (Date received and filed) (b) Jean De Wells (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Oct. 3 1944
at 7:30 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from Aug 22 1944, to Oct 3rd 1944.
I last saw her alive on Oct 1st 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Ca of Gall Bladder and liver
Due to none
Due to none
Other conditions
(Include pregnancy within 3 months of death)
Where was disease contracted? at home
Name of operation Exploratory Laparotomy
Major finding Ca of liver
Finding of autopsy not done

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? No Suicide? No Homicide? No
Occurred 19 City, county, state where violence occurred
Place of Violence: Home No Farm Industry
Public Place While at work?
Means of injury No injury
23. Attendant's OWN Signature Joseph G. Burdick M.D. (M. D. or other)
and Address 707 11th St Date Nov 28 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

141445

United States
Department of Commerce
Bureau of the Census NOV 13 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. ...
Local Reg. No. 1114
Reg. Dist. No. 200

1. PLACE OF DEATH:
(a) County Latah
(b) City or town Near Farmington, Washington
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? ... Outside? X city or town
(e) Died in a Home X Hospital ... Institution ... Other place
(f) Name Hosp. or Inst. ... Stayed ... days
(g) Lived in this county 47 years ... months ... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Latah
(c) City or town Near Farmington, Washington
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? ... Outside? X city or town
(f) If foreign born, in U. S. ... yrs. Citizen of U. S.?
(g) How long had deceased lived in Idaho? 47 years
(h) Former residence (city, state) Oregon

3. (a) **FULL NAME** MONROE ALFRED PALMER 85

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Francis
6 (c) Age of husband or wife if alive 58 years
7. Date of Birth (Month, Day, Year) August 23, 1884

8. AGE	Years	Months	Days	If less than 1 day
	60	1	20	hrs min.

9. Exact Occupation Farmer — Did this work for Life yrs.
10. Industry or Business Farm — Date last worked 10-13-44
11. Birthplace Near Pilot Rock (City or town) Oregon (State or foreign country)

Father
12. Name Milo Palmer
13. Birthplace Unknown (City or town) Iowa (State or foreign country)

Mother
14. Maiden name Catherine Culp
15. Birthplace Unknown (City or town) Colorado (State or foreign country)

16. Informant's **OWN** Signature Mrs M. A. Palmer
and Address Farmington, Washington
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-16-44 (Month) (Day) (Year)
(c) Place Farmington, Washington
18. Funeral Director's **OWN** Signature L. L. BRUNING FUNERAL HOME
and Address COLFAX, WASHINGTON
19. (a) 11-8-44 (Date received and filed) (b) L J Klaarn (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) October 13, 1944
at 9:45 o'clock P M.
21. I HEREBY CERTIFY, That I attended deceased from Oct 13 1944, to Oct 13 1944
I last saw h... alive on ... 19...; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Myocardial failure	
Due to Epilepsy	
Due to Injury 1924	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease first contracted?
Name of operation ... Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ... Suicide? ... Homicide? ...
Occurred ... 19... City, county, state where violence occurred
Place of Violence: Home ... Farm ... Industry ...
Public Place ... While at work?
Means of injury
23. Attendant's **OWN** Signature C. R. Goodhart MD (M. D. or other)
and Address Jerome Date 11-15 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

NOV 13 1944

Certificate Of Death

STATE OF IDAHO

State File No. 141446
Local Reg. No. 60
Reg. Dist. No. 450

1. **PLACE OF DEATH:**
   (a) County Minidoka
   (b) City or town Rupert
   (c) Street Address or R.F.D. No. 2
   (d) Death Occured Inside? Y Outside? ... city or town
   (e) Died in a Home ... Hospital ... Institution ... Other place ...
   (f) Name Hosp. or Inst Rupert ... Stayed 1 days
   (g) Lived in this county 23 years ... months ... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Minidoka
   (c) City or town Rupert
   (d) ~~Street Address~~ or R.F.D. No. 2
   (e) Deceased lived Inside? ... Outside? Y ... city or town
   (f) Citizen of what country? US
   (g) How long had deceased lived in Idaho? 23 years
   (h) Former residence (city, state) —

3. (a) **FULL NAME** Donald L Schofield 462

3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex M
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive ... years
7. Date of Birth (Month, Day, Year) Dec 15 1920

8. AGE	Years	Months	Days	If less than 1 day
	23.	10	17	hrs ... min.

9. Exact Occupation Farmer — Did this work for ... yrs.
10. Industry or Business — Date last worked Usual
11. Birthplace Rupert (City or town) Idaho (State or foreign country)

Father
12. Name Raymond Schofield
13. Birthplace Spring City Utah (City or town) (State or foreign country)

Mother
14. Maiden name Myra Madsen
15. Birthplace Spring City Utah (City or town) (State or foreign country)

16. Informant's **OWN** Signature D L Schofield
and Address Rupert Idaho

17. (a) Burial (Burial, cremation or removal) (b) Date thereof 11-6-44 (Month) (Day) (Year)
(c) Place: Rupert Cemetery

18. Funeral Director's **OWN** Signature Rodney S Boatman
and Address Rupert Idaho

19. (a) 11-10-44 (Date received and filed) (b) E H Elmore (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) November 2 1944
at 3:25 o'clock P. M.

21. **I HEREBY CERTIFY,** That I attended deceased from Sept 25 1944, to Nov. 2 1944
I last saw him alive on Nov. 2 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Sarcoma of Cecum	2 mo
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation ... Date	
Major finding	
Finding of autopsy	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ... Suicide? ... Homicide? ...
Occurred ... 19 ... City, county, state where violence occurred ...
Place of Violence: Home ... Farm ... Industry ...
Public Place ... While at work? ...
Means of injury ...

23. Attendant's **OWN** Signature E H Elmore (M. D. or other)
and Address Rupert Ida Date 11-10 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

DEC 11 19[illegible]

Certificate Of Death

STATE OF IDAHO

State File No. 141447
Local Reg. No. 11-3-3
Reg. Dist. No. 300

1. **PLACE OF DEATH:**
   (a) County Latah
   (b) City or town Troy
   (c) Street Address or R. F. D. No. RFD # 1
   (d) Death Occured Inside? ..... Outside? x city or town
   (e) Died in a Home x Hospital .... Institution .... Other place ....
   (f) Name Hosp. or Inst. ..... Stayed ..... days
   (g) Lived in this county 60 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Latah
   (c) City or town Troy
   (d) Street Address or R.F.D. No. #1
   (e) Deceased lived Inside? ..... Outside? x city or town
   (f) Citizen of what country? USA
   (g) How long had deceased lived in Idaho? 60 years
   (h) Former residence (city, state) .....

3. (a) **FULL NAME** Faith Harland Condell

3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Paul Edwin
6. (c) Age of husband or wife if alive 71 years
7. Date of Birth (Month, Day, Year) July 24, 1884

8. AGE	Years	Months	Days	If less than 1 day hrs	min.
	60	3	12		

9. Exact Occupation housewife — Did this work for life yrs.
10. Industry or Business " — Date last worked
11. Birthplace Indiana (City or town) (State or foreign country)

Father
12. Name Manford Harland
13. Birthplace Flora (City or town) Ill. (State or foreign country)

Mother
14. Maiden name Emma Jane Knable
15. Birthplace Russiaville, Indiana (City or town) (State or foreign country)

16. Informant's **OWN** Signature Raymond Haviland
and Address Moscow, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-9-44 (Month) (Day) (Year)
(c) Place: Moscow Idaho

18. Funeral Director's **OWN** Signature H. B. Short
and Address Moscow Idaho

19. (a) 12-8-44 (Date received and filed) (b) L J Klaarn (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) November 6 19 44
at 3:30 o'clock P M.

21. **I HEREBY CERTIFY**, That I attended deceased from 2-2 19 38, to Nov 6 19 44
I last saw h.er alive on Oct 27 19 44; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Coronary thrombosis	2 hrs
Due to arteriosclerosis, obesity	8 yr.
Due to	
Other conditions from (Include pregnancy within 3 months of death)	

Where was disease contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature L J Klaarn (M. D. or other)
and Address Moscow Ida. Date 12-4 19 44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census DEC 4 1944

Certificate Of Death

STATE OF IDAHO

State File No. 141448
Local Reg. No. 285
Reg. Dist. No. 220

1. **PLACE OF DEATH:**
   (a) County Nez Perce
   (b) City or town Lewiston
   (c) Street Address or R.F.D. No. 302 7th, Avenue
   (d) Death Occured Inside? In Outside? ....city or town
   (e) Died in a Home # Hospital.... Institution.... Other place....
   (f) Name Hosp. or Inst.... Stayed....days
   (g) Lived in this county 3 years 6 months ....days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Nez Perce
   (c) City or town Lewiston
   (d) Street Address or R.F.D. No. 302 7th, Avenue
   (e) Deceased lived Inside? In Outside? ....city or town
   (f) Citizen of what country? ....
   (g) How long had deceased lived in Idaho? 43 years
   (h) Former residence (city, state) ....

3. (a) **FULL NAME** Charles E. Horne

1316

3. (b) If veteran, name war None
3. (c) Social Security No. ....
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Minnie
6. (c) Age of husband or wife if alive 54 years
7. Date of Birth (Month, Day, Year) July 25th, 1884

8. AGE	Years	Months	Days	If less than 1 day
	60	3	14	hrs min.

9. Exact Occupation Retired lumberman Did this work for ....yrs.
10. Industry or Business .... Date last worked ....
11. Birthplace .... Kansas (City or town) (State or foreign country)

Father
12. Name Charles Horne [illegible]
13. Birthplace .... New Jersey (City or town) (State or foreign country)

Mother
14. Maiden name Annie Crow
15. Birthplace .... Missouri (City or town) (State or foreign country)

16. Informant's **OWN** Signature Charlie F. Horne
and Address Pierce, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/11/1944 (Month) (Day) (Year)
(c) Place: Lewiston, Idaho

18. Funeral Director's **OWN** Signature R. B. Wanna
and Address Lewiston, Idaho

19. (a) Dec. 2, 1944 (Date received and filed) (b) Jean McWells (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) November 9th, 1944 19....
at 4:30 o'clock A. M.

21. **I HEREBY CERTIFY**, That I attended deceased from May 15th 1944, to Nov 9th 1944.
I last saw him alive on November 9, 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Myocardial Ht disease.	Unknown
Due to Chronic nephritis.	Unknown
Due to	....
Other conditions (Include pregnancy within 3 months of death)	....
Where was disease contracted? At home	PHYISICIAN Underline the cause to which death should be charged statistically.
Name of operation .... Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? .... Suicide? .... Homicide? ....
Occurred .... City, county, state where violence occurred ....
Place of Violence: Home .... Farm .... Industry ....
Public Place .... While at work? ....
Means of injury ....

23. Attendant's **OWN** Signature Joseph E. Bunch MD (M. D. or other)
and Address 707 14th St., Date Nov 28 1944
(For additional space, use reverse side)

Book 7

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census DEC 11 1944

Certificate Of Death

STATE OF IDAHO

State File No. 14144
Local Reg. No. 1233
Reg. Dist. No. 3001

1. **PLACE OF DEATH:**
   (a) County Latah
   (b) City or town Moscow
   (c) Street Address or R.F.D. No. 710 S. Main
   (d) Death Occured Inside? x Outside? ..... city or town
   (e) Died in a Home.... Hospital x Institution.... Other place....
   (f) Name Hosp. or Inst. Gritman Stayed ..... days
   (g) Lived in this county ..... years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Latah
   (c) City or town Kendrick Idaho
   (d) Street Address or R.F.D. No. [illegible] S. Main
   (e) Deceased lived Inside? x Outside? ..... city or town
   (f) Citizen of what country? USA
   (g) How long had deceased lived in Idaho? 6½ hrs. years
   (h) Former residence (city, state) .....

3. (a) **FULL NAME** Baby Davis 159

3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife none
6. (c) Age of husband or wife if alive none years
7. Date of Birth (Month, Day, Year) Nov. 9, 1944

8. AGE	Years	Months	Days	If less than 1 day
				6 hrs 30 min.

9. Exact Occupation none Did this work for ..... yrs.
10. Industry or Business none Date last worked .....
11. Birthplace Moscow (City or town) Idaho (State or foreign country)

Father
12. Name Wayne Davis
13. Birthplace Pullman (City or town) Wash. (State or foreign country)

Mother
14. Maiden name Phoebe Fockler
15. Birthplace Tyler, Wash. (City or town) (State or foreign country)

16. Informant's **OWN** Signature Wayne Davis
and Address Kendrick, Idaho
17. (a) removal (Burial, cremation, or removal) (b) Date thereof 11-9-44 (Month) (Day) (Year)
(c) Place: Pullman Wash.
18. Funeral Director's **OWN** Signature K. R. Short
and Address Moscow, Idaho
19. (a) 12-8-44 (Date received and filed) (b) L. J. Klaus (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Nov. 9 1944
at 1:30 o'clock A M.

21. **I HEREBY CERTIFY**, That I attended deceased from Nov 5 1944, to Nov 9 1944
I last saw her alive on Nov 9 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Premature (6½ M)	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation ..... Date	
Major finding	
Finding of autopsy	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature Edward N Dimm MD (M. D. or other)
and Address Moscow Ida Date 11-16 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

DEC 11 1944

STATE OF IDAHO

Wilson

State File No. 141450
Local Reg. No. 1184
Reg. Dist. No. 300

1. **PLACE OF DEATH:**
(a) County Latah
(b) City or town Moscow
(c) Street Address or R.F.D. No. 505 N. Wash.
(d) Death Occured Inside? x Outside? ..... city or town
(e) Died in a Home x Hospital .... Institution .... Other place ....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 50 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Latah
(c) City or town Moscow
(d) Street Address or R.F.D. No. 505 N. Wash.
(e) Deceased lived Inside? x Outside? ..... city or town
(f) Citizen of what country? USA
(g) How long had deceased lived in Idaho? 50 years
(h) Former residence (city, state) .....

3. (a) **FULL NAME** Lola E. Arnold

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3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife L. D.
6. (c) Age of husband or wife if alive 85 years
7. Date of Birth (Month, Day, Year) Jan. 31, 1872

8. AGE	Years	Months	Days	If less than 1 day hrs	min.
	72	9	10		

9. Exact Occupation housekeeper — Did this work for life yrs.
10. Industry or Business at home — Date last worked
11. Birthplace Iowa (City or town) (State or foreign country)

Father
12. Name Philander Larrabee
13. Birthplace IOWA (City or town) (State or foreign country)

Mother
14. Maiden name Marie xxxxx
15. Birthplace unknown (City or town) (State or foreign country)

16. Informant's OWN Signature Frank E. Wade
and Address Spokane, Wn.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 11-13-44 (Month) (Day) (Year)
(c) Place: Moscow, Idaho
18. Funeral Director's OWN Signature H. R. Short
and Address Moscow, Idaho
19. (a) 12-8-44 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Nov. 10 1944
at 10.30 o'clock P M.

21. **I HEREBY CERTIFY**, That I attended deceased from 2-10-43 19 to Nov 10 1944
I last saw her alive on Nov 10 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary thrombosis — Duration
Due to Coronary artery disease
Due to Generalized arteriosclerosis
Other conditions Arteriosclerosis
(Include pregnancy within 3 months of death)

Where was disease contracted? —
Name of operation none Date .....
Major finding .....
Finding of autopsy none

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? — Suicide? — Homicide? —
Occurred — 19 ..... City, county, state where violence occurred —
Place of Violence: Home — Farm — Industry .....
Public Place — While at work? —
Means of injury none

23. Attendant's OWN Signature Joseph E. Wilson MD.
(M. D. or other)
and Address Moscow Ida. Date 11-25 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Idaho 14145

United States
Department of Commerce
Bureau of the Census

DEC 11 1944

Certificate Of Death

STATE OF IDAHO

State File No.
Local Reg. No. 1135
Reg. Dist. No. 300

1. **PLACE OF DEATH:**
   (a) County Latah
   (b) City or town Moscow
   (c) Street Address or R.F.D. No. 1st & Wash.
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home X Hospital .... Institution .... Other place ....
   (f) Name Hosp. or Inst. ..... Stayed ..... days
   (g) Lived in this county 40 years ..... months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Latah
   (c) City or town Moscow,
   (d) Street Address or R.F.D. No. 1st & Wash.
   (e) Deceased lived Inside? X Outside? ..... city or town
   (f) Citizen of what country? USA
   (g) How long had deceased lived in Idaho? 40 years
   (h) Former residence (city, state) .....

3. (a) **FULL NAME** Mary Jane Robinson

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3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Frank A.
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) Oct. 12, 1864

8. AGE	Years	Months	Days	If less than 1 day
	80	0	28	hrs ..... min.

9. Exact Occupation housekeeper — Did this work for ..... yrs.
10. Industry or Business at home — Date last worked .....
11. Birthplace Walla Walla (City or town) Wash. (State or foreign country)
Father 12. Name Wm. B. Cox
Father 13. Birthplace unknown (City or town) (State or foreign country)
Mother 14. Maiden name unknown
Mother 15. Birthplace unknown (City or town) (State or foreign country)
16. Informant's **OWN** Signature M B Robinson
and Address 1st & Wash. Moscow Ida
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-14-44 (Month) (Day) (Year)
(c) Place: Moscow, Idaho
18. Funeral Director's **OWN** Signature E R Short
and Address Moscow, Idaho
19. (a) 12-8-44 (Date received and filed) (b) C J Klaarn (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Nov. 10 19 44
at 11:45 o'clock P M.
21. **I HEREBY CERTIFY**, That I attended deceased from July 4 19 44, to Nov 10 19 44
I last saw h.. alive on Nov 10 19 44 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Bronchial Pneumonia	2 wks.
✓ Due to Senility	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature C J Klaarn (M. D. or other)
and Address Moscow Idaho Date 12-4 19 44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

DEC 11 1944

Certificate Of Death

STATE OF IDAHO

State File No. 14453
Local Reg. No. 117
Reg. Dist. No. 300

1. **PLACE OF DEATH:**
   (a) County Latah
   (b) City or town Genesee
   (c) Street Address or R. F. D. No.
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home X Hospital.... Institution.... Other place....
   (f) Name Hosp. or Inst..... Stayed.....days
   (g) Lived in this county 40 years .....months .....days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Latah
   (c) City or town Genesee
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? X Outside? ..... city or town
   (f) Citizen of what country? USA
   (g) How long had deceased lived in Idaho? 40 years
   (h) Former residence (city, state)

3. (a) **FULL NAME** Lena Winterfelt

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3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife John
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) Oct. 22, 1867

8. AGE	Years	Months	Days	If less than 1 day hrs min.
	77	10	23	

9. Exact Occupation housekeeper Did this work for .....yrs.
10. Industry or Business " Date last worked .....
11. Birthplace Fargo, (City or town) Germany (State or foreign country)

Father
12. Name John Tibolt
13. Birthplace ..... Germany (City or town) (State or foreign country)

Mother
14. Maiden name Minnine xxxx
15. Birthplace ..... Germany (City or town) (State or foreign country)

16. Informant's **OWN** Signature James Winterfelt and Address Genesee, Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 11-18-44 (Month) (Day) (Year)
    (c) Place: Moscow, Idaho
18. Funeral Director's **OWN** Signature W. R. Short and Address Moscow, Idaho
19. (a) 12-8-44 (Date received and filed) (b) L. J. Klaarn (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) November 15 19 44
    at 7:30 o'clock P M.
21. **I HEREBY CERTIFY**, That I attended deceased from Jul 4 2 19 44, to Nov 13 19 44
    I last saw h.c.a. alive on Nov 12 19 44; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Carcinoma of pancreas and liver	6 Mo
Due to Same	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation ..... Date	
Major finding	
Finding of autopsy	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
    Occurred ..... 19..... City, county, state where violence occurred .....
    Place of Violence: Home ..... Farm ..... Industry .....
    Public Place ..... While at work? .....
    Means of injury .....
23. Attendant's **OWN** Signature L. J. Klaarn (M. D. or other) 12-2-44
    and Address Moscow Ida Date 19.....
    (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

DEC 4 1944

Certificate Of Death

STATE OF IDAHO

State File No. 141453
Local Reg. No. 106
Reg. Dist. No. 471

1. **PLACE OF DEATH:**
(a) County Minidoka
(b) City or town Paul
(c) Street Address or R.F.D. No. —
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Home X Hospital ..... Institution ..... Other place .....
(f) Name Hosp. or Inst. — Stayed — days
(g) Lived in this county 25 years — months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Minidoka
(c) City or town Paul
(d) Street Address or R.F.D. No. —
(e) Deceased lived Inside? X Outside? ..... city or town
(f) Citizen of what country? .....
(g) How long had deceased lived in Idaho? 32 years
(h) Former residence (city, state) Russia

3. (a) **FULL NAME** David Neiwert 93e.

3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced M-
6. (b) Name of husband or wife Alice
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) Oct 4- 1875

8. AGE	Years	Months	Days	If less than 1 day
	69	1	15	hrs min.

9. Exact Occupation farmer Did this work for 35 yrs.
10. Industry or Business retired Date last worked 1940
11. Birthplace Russia (City or town) (State or foreign country)
Father
12. Name Henry Neiwert
13. Birthplace Russia (City or town) (State or foreign country)
Mother
14. Maiden name Elizabeth Kahl
15. Birthplace Russia (City or town) (State or foreign country)
16. Informant's **OWN** Signature Henry Neiwert
and Address Mrs Anna Neiwert Paul Ida
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov-22 (Month) (Day) (Year)
(c) Place: Burley
18. Funeral Director's **OWN** Signature Retta S. Payne
and Address
19. (a) 11-22-44 (Date received and filed) (b) B. Wilson (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Nov. 19 1944
at 6 o'clock A. M.
21. **I HEREBY CERTIFY,** That I attended deceased from ..... 19..., to ..... 19.....
I last saw him alive on Nov 18 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Myocarditis	
✓ Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYISCIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature [signature] M.D. (M. D. or other)
and Address Buffalo Idaho Date 11-20 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

DEC 13 1944

State File No. 141454
Local Reg. No.
Reg. Dist. No. 2-02

1. **PLACE OF DEATH:**
   (a) County Latah
   (b) City or town Kendrick
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? X Outside? city or town
   (e) Died in a Home X Hospital Institution Other place
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county 43 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Latah
   (c) City or town Kendrick
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? X Outside? city or town
   (f) Citizen of what country? USA
   (g) How long had deceased lived in Idaho? 43 years
   (h) Former residence (city, state)

3. (a) **FULL NAME** Minnie McDowell 732

3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Thomas
6. (c) Age of husband or wife if alive 70 years
7. Date of Birth (Month, Day, Year) Oct. 29, 1877

8. AGE	Years	Months	Days	If less than 1 day
	67	0	20	hrs min.

9. Exact Occupation housekeeper — Did this work for life yrs.
10. Industry or Business housekeeper — Date last worked
11. Birthplace Hanover (City or town) Germany (State or foreign country)

Father
12. Name Fred Johns
13. Birthplace Germany (City or town) (State or foreign country)

Mother
14. Maiden name Louise Marie Crome
15. Birthplace Germany (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mrs Allen Zell
and Address Kendrick, Idaho

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 11-24-44 (Month) (Day) (Year)
(c) Place: Kendrick Cemetery

18. Funeral Director's **OWN** Signature H. B. Short
and Address Moscow, Idaho

19. (a) Nov 22, 1944 (Date received and filed) (b) B.F. Nesbit (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Nov. 19 1944
at 11:35 o'clock P M.

21. **I HEREBY CERTIFY**, That I attended deceased from Apr. 20 1944, to Nov. 19 1944.
I last saw her alive on Nov. 18 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Arteriosclerotic heart disease	7 mos.
Due to Arteriosclerosis	4 yrs.
Due to	
Other conditions Hypostatic pneumonia (Include pregnancy within 3 months of death)	3 days

Where was disease contracted? Home
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature D A Christensen (M. D. or other)
and Address Kendrick Date Nov 22 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce DEC 11 1944
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

Wilson
State File No. 141455
Local Reg. No. 1128
Reg. Dist. No. 200

1. **PLACE OF DEATH:**
(a) County Latah
(b) City or town Moscow
(c) Street Address or R.F.D. No. 710 S. Main
(d) Death Occured Inside? x Outside? ..... city or town
(e) Died in a Home.... Hospital x Institution.... Other place....
(f) Name Hosp. or Inst. Gritman Stayed 5 days
(g) Lived in this county 60 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Latah
(c) City or town Troy
(d) Street Address or R.F.D. No. .....
(e) Deceased lived Inside? x Outside? ..... city or town
(f) Citizen of what country? USA
(g) How long had deceased lived in Idaho? 60 years
(h) Former residence (city, state) .....

3. (a) **FULL NAME** Rickard S. Stinson

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3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Hattie
6. (c) Age of husband or wife if alive 65 years
7. Date of Birth (Month, Day, Year) Dec. 13, 1867

8. AGE	Years	Months	Days	If less than 1 day
	76	11	6	hrs min.

9. Exact Occupation farmer Did this work for life yrs.
10. Industry or Business Farming Date last worked
11. Birthplace Michigan (City or town) (State or foreign country)
Father
12. Name William Stinson
13. Birthplace Ireland (City or town) (State or foreign country)
Mother
14. Maiden name Liza Brophy
15. Birthplace Montreal Canada (City or town) (State or foreign country)
16. Informant's **OWN** Signature W. H. Mervyn
and Address Genesee, Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof Nov. 21-44 (Month) (Day) (Year)
(c) Place: Westdala Cem. Troy Ida
18. Funeral Director's **OWN** Signature H. R. Johnson
and Address Moscow, Idaho
19. (a) 12-8-44 (Date received and filed) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Nov. 19 1944
at 1:30 o'clock P M.
21. **I HEREBY CERTIFY**, That I attended deceased from 11-15-44 19.... to 11-19-1944
I last saw him alive on 11-19-1944, death is said to have occurred on the date and hour stated above.
Immediate Cause of Death Hypostatic pneumonia 3 days
Due to intestinal obstruction from a gallstone 6 days
Due to chronic cholecystitis
Other conditions with rupturing of gall bladder into duodenum
(Include pregnancy within 3 months of death)
Where was disease contracted? —
Name of operation none Date
Major finding —
Finding of autopsy as above

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? — Suicide? — Homicide? —
Occurred — 19.... City, county, state where violence occurred —
Place of Violence: Home — Farm — Industry —
Public Place — While at work? —
Means of injury —
23. Attendant's **OWN** Signature Joseph L. Wilson MD (M. D. or other)
and Address Moscow, Ida Date 11-20 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Dr Schultz

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

DEC 11 1944 STATE OF IDAHO

State File No. 14456
Local Reg. No. 1129
Reg. Dist. No. 200

1. **PLACE OF DEATH:**
   (a) County Latah
   (b) City or town Troy
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? X Outside? city or town
   (e) Died in a Home X Hospital Institution Other place
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county 10 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Latah
   (c) City or town Troy
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? X Outside? city or town
   (f) Citizen of what country? USA
   (g) How long had deceased lived in Idaho? 10 years
   (h) Former residence (city, state)

3. (a) **FULL NAME** Erik Nyberg

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3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Mary
6. (c) Age of husband or wife if alive 65 years
7. Date of Birth (Month, Day, Year) May 4, 1877

8. AGE	Years	Months	Days	If less than 1 day
	67	6	18	hrs min.

9. Exact Occupation farmer(retired) Did this work for life yrs.
10. Industry or Business farming Date last worked 1942
11. Birthplace Hogsta-Hallen (City or town) Sweden (State or foreign country)

Mother Father
12. Name unknown
13. Birthplace unknown (City or town) (State or foreign country)

Mother Father
14. Maiden name unknown
15. Birthplace unknown (City or town) (State or foreign country)

16. Informant's OWN Signature Rev. J. B. Sharpe
and Address Viola, Idaho

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 11-24-44 (Month) (Day) (Year)
(c) Place: Moscow Cemetery

18. Funeral Director's OWN Signature W. R. Short
and Address Moscow, Idaho

19. (a) 12-8-44 (Date received and filed) (b) J. J. Klaus (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Nov. 22 1944
at 1:30 o'clock A M.

21. **I HEREBY CERTIFY,** That I attended deceased from June 1943, to Nov. 22 1944
I last saw h. alive on Nov. 2 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Hepatitis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's OWN Signature Dan Schultz (M. D. or Other)
and Address Troy Idaho Date 11-22-1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

141457

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

DEC 11 1944

STATE OF IDAHO

State File No. 141457
Local Reg. No. 1121
Reg. Dist. No. 702

1. **PLACE OF DEATH:**
(a) County Latah
(b) City or town Moscow
(c) Street Address or R.F.D. No. 819 Mabelle
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Home X Hospital .... Institution .... Other place ....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county ..... years ..... months 1 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Washington (b) County Whitman
(c) City or town Pullman
(d) Street Address or R.F.D. No. .....
(e) Deceased lived Inside? X Outside? ..... city or town
(f) Citizen of what country? USA
(g) How long had deceased lived in Idaho? 1 day ~~years~~
(h) Former residence (city, state) .....

3. (a) **FULL NAME** Benjamin Franklin Cotter

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3. (b) If veteran, name war none
3. (c) Social Security No. 533-16-4142
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced divorded
6. (b) Name of husband or wife Ida Mae
6. (c) Age of husband or wife if alive ? years
7. Date of Birth (Month, Day, Year) Febr. 2, 1886

8. AGE	Years	Months	Days	If less than 1 day
	58	9	22	hrs min.

9. Exact Occupation city employee — Did this work for ..... yrs.
10. Industry or Business City — Date last worked 11-29-44
11. Birthplace Bois-D-Arc (City or town) Mo. (State or foreign country)

Father
12. Name Unknown
13. Birthplace Unknown (City or town) (State or foreign country)

Mother
14. Maiden name Unknown
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's **OWN** Signature Lloyd H. Cotter
and Address 819 mabelle moscow Ida.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 11-28-44 (Month) (Day) (Year)
(c) Place: Moscow Idaho
18. Funeral Director's **OWN** Signature H. B. Short
and Address Moscow, Idaho
19. (a) 12-2-44 (Date received and filed) (b) L J Klaas (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Nov. 24, 1944
at 10:30 o'clock A M.

21. **I HEREBY CERTIFY**, That I attended deceased from Nov 24 1944, to Nov 24 1944
I last saw h..... alive on Nov. ..... 19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration
Acute coronary disease 1 hr
Due to arteriosclerosis
Due to .....
Other conditions (Include pregnancy within 3 months of death) .....
Where was disease contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature L J Klaas (M. D. or other)
and Address Moscow Ida Date 12-4 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

DEC 11 1944

Certificate Of Death

STATE OF IDAHO

State File No. 14145
Local Reg. No. 11 32
Reg. Dist. No. 2 0 0

1. **PLACE OF DEATH:**
   (a) County Latah
   (b) City or town Moscow
   (c) Street Address or R. F. D. No. 318 So. Polk
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home X Hospital .... Institution .... Other place ....
   (f) Name Hosp. or Inst. ..... Stayed ..... days
   (g) Lived in this county 53 years ..... months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Latah
   (c) City or town Moscow
   (d) Street Address or R.F.D. No. 318 S. Polk
   (e) Deceased lived Inside? X Outside? ..... city or town
   (f) Citizen of what country? USA
   (g) How long had deceased lived in Idaho? 53 years
   (h) Former residence (city, state) .....

3. (a) **FULL NAME** Isaac Franklin Russell

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3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Julia
6. (c) Age of husband or wife if alive 72 years
7. Date of Birth (Month, Day, Year) June 7, 1863

8. AGE	Years	Months	Days	If less than 1 day
	81	5	19	hrs ..... min.

9. Exact Occupation Retired Farmer Did this work for life yrs.
10. Industry or Business Farming Date last worked 1925
11. Birthplace Towanda (City or town) Penn. (State or foreign country)

Father
12. Name Frank Russell
13. Birthplace unknown (City or town) (State or foreign country)

Mother
14. Maiden name unknown
15. Birthplace unknown (City or town) (State or foreign country)

16. Informant's **OWN** Signature L. E. Russell
and Address Moscow, Idaho

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 11-29-44 (Month) (Day) (Year)
(c) Place: Moscow, Idaho

18. Funeral Director's **OWN** Signature [illegible]
and Address Moscow, Idaho

19. (a) 12-4-44 (Date received and filed) (b) L J Klaarn (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Nov. 26 19 44
at 2:45 o'clock A M.

21. **I HEREBY CERTIFY**, That I attended deceased from Jan 1 19 43 to Nov 26 19 44
(I last saw h.) alive on Nov 26 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Bronchial Pneumonia — Duration 10 days
Due to Senility
Due to .....
Other conditions (Include pregnancy within 3 months of death) .....
Where was disease contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature L J Klaarn (M. D. or other)
and Address Moscow Idaho Date 12-4 1944
(For additional space, use reverse side)

United States
Department of Commerce
Bureau of the Census

DEC 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 14145
Local Reg. No. 17
Reg. Dist. No. 208

1. PLACE OF DEATH:
(a) County Latah
(b) City or town Rural
(c) Street Address or R. F. D. No. 9 Mi. N. of Potlatch
(d) Death Occurred Inside? ..... Outside? Yes city or town
(e) Died in a Home X Hospital ..... Institution ..... Other place .....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 47 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Latah
(c) City or town Rural
(d) Street Address or R. F. D. No. 9 Mi. N. Potlat
(e) Deceased lived Inside? ..... Outside? Yes city or town
(f) If foreign born, in U. S. ..... yrs. Citizen of U. S.? .....
(g) How long had deceased lived in Idaho? 47 years
(h) Former residence (city, state) .....

3. (a) **FULL NAME** Frederick Paul Krasselt 61

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ella
6 (c) Age of husband or wife if alive 64 years
7. Date of Birth (Month, Day, Year) July 30, 1875

8. AGE	Years	Months	Days	If less than 1 day
	69	3	27	hrs min.

9. Exact Occupation Farmer — Did this work for 49 yrs.
10. Industry or Business Wheat Farm — Date last worked 11-1-44
11. Birthplace ..... (City or town) ..... (State or foreign country)
Father
12. Name Unknown
13. Birthplace ..... (City or town) ..... (State or foreign country)
Mother
14. Maiden name Unknown
15. Birthplace ..... (City or town) ..... (State or foreign country)
16. Informant's **OWN** Signature Mabel DeWeese
and Address Palouse, Washington
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-1-44 (Month) (Day) (Year)
(c) Place: Freeze, Idaho
18. Funeral Director's **OWN** Signature H E Kimball
and Address Palouse, Washington
19. (a) Nov 30 - 1944 (Date received and filed) (b) Gladys McManama (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) November 27 1944
at 8:10 o'clock P M.
21. I **HEREBY CERTIFY**, That I attended deceased from Aug. 1944, to Nov. 27 1944
I last saw him alive on Nov. 27 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Myocardial Failure	2 mos.
Due to old age & diabetes	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease first contracted?	
Name of operation — Date	
Major finding —	
Finding of autopsy —	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature [illegible], M.D. (M. D. or other)
and Address Potlatch, Ida. Date Nov. 27 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

DEC 11 1944

State File No. 141460
Local Reg. No. 1133
Reg. Dist. No. 300

1. **PLACE OF DEATH:**
(a) County Latah
(b) City or town Moscow
(c) Street Address or R.F.D. No. 215 E. 2nd
(d) Death Occured Inside? x Outside? ..... city or town
(e) Died in a Home x Hospital ... Institution ... Other place ...
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 51 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Latah
(c) City or town Moscow
(d) Street Address or R.F.D. No. 215 E. 2nd
(e) Deceased lived Inside? x Outside? ..... city or town
(f) Citizen of what country? USA
(g) How long had deceased lived in Idaho? 51 years
(h) Former residence (city, state) .....

3. (a) **FULL NAME** Sarah Catherine Owings

3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Tom
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) Oct. 1, 1870

8. AGE	Years	Months	Days	If less than 1 day hrs min.
	74	1	26	

9. Exact Occupation housekeeper — Did this work for life yrs.
10. Industry or Business " — Date last worked 11-27-44
11. Birthplace Maryland (City or town) (State or foreign country)

Father
12. Name Swann
13. Birthplace Maryland (City or town) (State or foreign country)

Mother
14. Maiden name unknown
15. Birthplace unknown (City or town) (State or foreign country)

16. Informant's **OWN** Signature [signature]
and Address Moscow, Idaho

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 11-30-44 (Month) (Day) (Year)
(c) Place: Moscow Idaho

18. Funeral Director's **OWN** Signature [signature]
and Address Moscow, Idaho

19. (a) 12-8-44 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Nov. 27 19 44
at 10.30 o'clock A M.

21. **I HEREBY CERTIFY**, That I attended deceased from 4/22/1940, to 11/27/1944
I last saw her alive on 11/24/11/27 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Coronary thrombosis.	
Due to Arterio sclerosis.	
Due to	
Other conditions Chronic (Include pregnancy within 3 months of death)	
Gall bladder condition	
Where was disease contracted? Home.	
Name of operation None. Date	
Major finding	
Finding of autopsy None.	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? No Suicide? No Homicide? No
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature [signature] (M. D. or other)
and Address Moscow, Ida Date 11/30 1944
(For additional space, use reverse side)

14146

United States
Department of Commerce
Bureau of the Census

DEC 4 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 14146
Local Reg. No. 18
Reg. Dist. No. 208

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. PLACE OF DEATH:
(a) County Latah
(b) City or town Rural
(c) Street Address or R. F. D. No. 3 Mi. N. Potlatch
(d) Death Occurred Inside? Outside? Yes city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 30 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Latah
(c) City or town Rural
(d) Street Address or R. F. D. No. 3 Mi. N. Potl.
(e) Deceased lived Inside? Outside? Yes city or town
(f) If foreign born, in U. S. yrs. Citizen of U. S.?
(g) How long had deceased lived in Idaho? 30 years
(h) Former residence (city, state)

3. (a) **FULL NAME** Ila Laura Bailey 93e

3. (b) If veteran, name war None 3. (c) Social Security No. None
5. Color or race White 6. (a) Single, widowed, married, divorced Married
4. Sex Female
6. (b) Name of husband or wife C. V. Bailey 6 (c) Age of husband or wife if alive 59 years
7. Date of Birth (Month, Day, Year) October 29, 1885

8. AGE	Years	Months	Days	If less than 1 day
	59	0	29	hrs min.

9. Exact Occupation Housewife Did this work for 30 yrs.
10. Industry or Business Own Home Date last worked 9-1-44
11. Birthplace (City or town) N. C. (State or foreign country)

Father
12. Name Alfred Rhyne
13. Birthplace (City or town) N. C. (State or foreign country)

Mother
14. Maiden name Etta Rhyne
15. Birthplace (City or town) N. C. (State or foreign country)

16. Informant's **OWN** Signature S Vern Bailey
and Address Potlatch, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-2-44 (Month) (Day) (Year)
(c) Place: Freeze, Idaho
18. Funeral Director's **OWN** Signature H E Turnbull
and Address Palouse, Washington
19. (a) Dec 3 1944 (Date received and filed) (b) Lady McNamara (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) November 29 1944
at 4:40 o'clock P M.

21. I **HEREBY CERTIFY**, That I attended deceased from 9-16 1944 to 11-29 1944
I last saw her alive on 11-29 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration
Myocarditis
Due to Fatty Degeneration
Due to Adipose Dolorosa
Other conditions. (Include pregnancy within 3 months of death)

Where was disease first contracted? —
Name of operation — Date
Major finding —
Finding of autopsy —

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature W M Finley MD. (M. D. or other)
and Address Potlatch, Ida Date 12-1 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

DEC 11 1944

Certificate Of Death

STATE OF IDAHO

State File No. 14146
Local Reg. No. 1134
Reg. Dist. No. 200

1. **PLACE OF DEATH:**
   (a) County Latah
   (b) City or town Moscow
   (c) Street Address or R.F.D. No. RFD # 2
   (d) Death Occured Inside? ..... Outside? X city or town
   (e) Died in a Home X Hospital ..... Institution ..... Other place .....
   (f) Name Hosp. or Inst. ..... Stayed ..... days
   (g) Lived in this county 50 years ..... months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Latah
   (c) City or town Moscow
   (d) Street Address or R.F.D. No. RFD # 2
   (e) Deceased lived Inside? ..... Outside? X city or town
   (f) Citizen of what country? USA
   (g) How long had deceased lived in Idaho? 50 years
   (h) Former residence (city, state) .....

3. (a) **FULL NAME** Chris A. Christenson 186a

3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Emma
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) Jan. 15, 1866

8. AGE	Years	Months	Days	If less than 1 day
	78	10	14	hrs min.

9. Exact Occupation retired farmer Did this work for life yrs.
10. Industry or Business Farming Date last worked .....
11. Birthplace Spencer (City or town) Iowa (State or foreign country)

Father
12. Name unknown
13. Birthplace unknown (City or town) (State or foreign country)

Mother
14. Maiden name unknown
15. Birthplace unknown (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mrs. W. E. Wearing
and Address Moscow
17. (a) burial (Burial, cremation, or removal) (b) Date thereof Dec. 2, 1944 (Month) (Day) (Year)
(c) Place: Moscow, Idaho
18. Funeral Director's **OWN** Signature H. R. Short
and Address Moscow, Idaho
19. (a) 12-8-44 (Date received and filed) (b) C. J. Klaarn (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Nov. 29 1944
at 7:00 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from Jan 10 1938, to Nov 29 1944
I last saw him alive on Nov 28 1939; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
✓ Accidental fall & head injury	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation ..... Date	
Major finding	
Finding of autopsy	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ✓ Suicide? ..... Homicide? .....
Occurred 10-29 1944 City, county, state where violence occurred .....
Place of Violence: Home ✓ Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature Elev. H. Dunn MD (M. D. or other)
and Address Moscow, Idaho Date 11-30 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

DEC 12 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 141463
Local Reg. No.
Reg. Dist. No. 690

1. **PLACE OF DEATH:**
(a) County Lemhi
(b) City or town FAIRFIELD
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? ✓ Outside? ____ city or town
(e) Died in a Home ✓ Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 50 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State ____ (b) County ____
(c) City or town ____
(d) Street Address or R. F. D. No. ____
(e) Deceased lived Inside? ____ Outside? ____ city or town
(f) Citizen of what country? ____
(g) How long had deceased lived in Idaho? ____ years
(h) Former residence (city, state) ____

3. (a) **FULL NAME** ABNER CLARK LEACOCK 1626

3. (b) If veteran, name war no
3. (c) Social Security No. no.
4. Sex M
5. Color or race W
6. (a) Single, widowed, (married) divorced
6. (b) Name of husband or wife Clara
6. (c) Age of husband or wife if alive 82 years
7. Date of Birth (Month, Day, Year) Aug 23rd 1850

8. AGE	Years	Months	Days	If less than 1 day
	94	2	11	hrs ____ min. ____

9. Exact Occupation Rancher
Did this work for Life yrs.
10. Industry or Business ____
Date last worked ____
11. Birthplace Wash. County Penn
(City or town) (State or foreign country)

Father
12. Name unknown
13. Birthplace ____
(City or town) (State or foreign country)

Mother
14. Maiden name Sarah Kenyon
15. Birthplace Penn
(City or town) (State or foreign country)

16. Informant's OWN Signature Paul Harry
and Address ____
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-6-44 (Month) (Day) (Year)
(c) Place: Salmon Cem.
18. Funeral Director's OWN Signature Ray McGoldrick
and Address SALMON
19. (a) 12/7/1944 (Date received and filed) (b) Vivid E Johnson (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Nov 4th 1944
at 4:30 o'clock P M.

21. **I HEREBY CERTIFY,** That I attended deceased from ____ 19____, to ____ 19____
I last saw h____ alive on ____ 19____; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Senility	
Due to ____	
Due to ____	
Other conditions (Include pregnancy within 3 months of death) ____	

Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's OWN Signature O L Barnes actg Coro
(M. D. or other)
and Address Salmon Date 11-4-44 19____
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

DEC 12 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

Stratton

State File No. 141464
Local Reg. No.
Reg. Dist. No. 690

1. **PLACE OF DEATH:**
(a) County Lemhi
(b) City or town
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? ✓ city or town
(e) Died in a Home Hospital Institution Other place
(f) Name Hosp. or Inst. Silbough Stayed 6 yrs days
(g) Lived in this county 37 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State (b) County
(c) City or town
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Outside? city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? years
(h) Former residence (city, state) Maine

3. (a) **FULL NAME** Joe Bean

162a

3. (b) If veteran name war No
3. (c) Social Security No. No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife ✓
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Not 31st 1850

8. AGE	Years	Months	Days	If less than 1 day
	94	—	7	hrs min.

9. Exact Occupation Pack-train Did this work for Life yrs.
10. Industry or Business operator Date last worked
11. Birthplace Kennebeck, Maine (City or town) (State or foreign country)
Father
12. Name Wm unknown
13. Birthplace (City or town) (State or foreign country)
Mother
14. Maiden name Bridget
15. Birthplace (City or town) (State or foreign country)
16. Informant's OWN Signature Wangelster Amonson and Address Salmon
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-9-44 (Month) (Day) (Year)
(c) Place: Salmon, Ida
18. Funeral Director's OWN Signature Ray McGoldrick and Address SALMON
19. (a) 12/7/1944 (Date received and filed) (b) Viola E Johnson (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 11-8-44 19
at 4:15 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from Intermittently, 1941, to 11-8-1944 19
I last saw him alive on 11-8-1944 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Inanition, produced by stupor — Duration 2 week
Due to Progressive senile changes affecting mentality past five years.
Due to
Other conditions
(Include pregnancy within 3 months of death)
Where was disease contracted? Idaho
Name of operation none Date
Major finding
Finding of autopsy none made

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature O. T. Stratton (M. D. or other)
and Address Salmon, Idaho Date 11/9/44 19
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce DEC 12 1944
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

Stratton

State File No. 141465
Local Reg. No.
Reg. Dist. No. 690

1. **PLACE OF DEATH:**
(a) County Lemhi
(b) City or town Salmon
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? ✓ Outside? ____ city or town
(e) Died in a Home ✓ Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 76 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State ____ (b) County ____
(c) City or town ____
(d) Street Address or R. F. D. No. ____
(e) Deceased lived Inside? ____ Outside? ____ city or town
(f) Citizen of what country? ____
(g) How long had deceased lived in Idaho? ____ years
(h) Former residence (city, state) ____

3. (a) **FULL NAME** Mary Glover Morris 50

3. (b) If veteran, name war ✓
3. (c) Social Security No. ____
4. Sex F
5. Color or race W
6. (a) Single, (widowed), married, divorced
6. (b) Name of husband or wife Edward
6. (c) Age of husband or wife if alive dead years
7. Date of Birth (Month, Day, Year) JUNE 3 1868

8. AGE	Years	Months	Days	If less than 1 day
	76	5	19	hrs ____ min. ____

9. Exact Occupation Housewife — Did this work for Life ✓ yrs.
10. Industry or Business ____ — Date last worked ____
11. Birthplace Eagle Valley Union Co. Oregon (City or town) (State or foreign country)

Father
12. Name Geo M. Glover
13. Birthplace Richmond Va in 1833 (City or town) (State or foreign country)

Mother
14. Maiden name Nancy Emmaline Tarter
15. Birthplace St Joseph Mo. in 1850 (City or town) (State or foreign country)

16. Informant's **OWN** Signature Geo Turton (son) and Address Salmon
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-24-44 (Month) (Day) (Year)
(c) Place: Salmon Idaho
18. Funeral Director's **OWN** Signature Ray McGoldrick and Address Salmon
19. (a) 12/4/1944 (Date received and filed) (b) Viola E. Johnson (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 11-22-44 19____ at ____ o'clock A. M.

21. **I HEREBY CERTIFY,** That I attended deceased from Nov. 13 1944, to Nov. 21 1944
I last saw her alive on Nov. 21 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Myocarditis — Duration: several years
Due to Carcinoma of breast with metastasis ??? — ???
Due to (made but two visits)
Due to ____
Other conditions ____
(Include pregnancy within 3 months of death)

Where was disease contracted? Salmon, Ida
Name of operation None Date ____
Major finding ____
Finding of autopsy none made

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's **OWN** Signature O. T. Stratton, M. D. (M. D. or other)
and Address Salmon, Ida Date 12/1/44 19____

(For additional space, use reverse side)

United States
Department of Commerce
Bureau of the Census

DEC 12 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 141466
Local Reg. No.
Reg. Dist. No. 690

1. PLACE OF DEATH: Lemhi
(a) County
(b) City or town Salmon
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? ✓ city or town
(e) Died in a Home ✓ Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 62 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State (b) County
(c) City or town
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Outside? city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? 62 years
(h) Former residence (city, state) Crescent City, Calif

3. (a) FULL NAME CAROLINE ELIZABETH ~~RIC~~ LEE

3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife Chas D.
6. (c) Age of husband or wife if alive Dead years
7. Date of Birth (Month, Day, Year) Nov. 24, 1856

8. AGE	Years	Months	Days	If less than 1 day
	88	—	5	hrs min.

9. Exact Occupation Housewife Did this work for Life yrs.
10. Industry or Business Date last worked
11. Birthplace San Francisco, Calif (City or town) (State or foreign country)
Father
12. Name Richert
13. Birthplace Ohio (City or town) (State or foreign country)
Mother
14. Maiden name unknown
15. Birthplace Germany (City or town) (State or foreign country)
16. Informant's OWN Signature Geo. C. Lee
and Address
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-2-44 (Month) (Day) (Year)
(c) Place: Salmon Ida
18. Funeral Director's OWN Signature Ray McGoldrick
and Address Salmon
19. (a) 12/4/44 (Date received and filed) (b) Viola E Johnson (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

97

20. DATE OF DEATH (Month, Day, Year) 11-29-44 19
at 9:20 o'clock A M.
21. I HEREBY CERTIFY, That I attended deceased from April 1941 to Nov. 29 1944
I last saw her alive on 11/26/44 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Arterial hypertension & and arteriosclerosis	3 yrs.
Due to Senility	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted? Lemhi Co, Ida.	
Name of operation none Date	
Major finding	
Finding of autopsy none made	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature O. T. Stratton, M. D (M. D. or other)
and Address Salmon, Idaho Date 12/1/44 19
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

DEC 16 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 141467
Local Reg. No. 8
Reg. Dist. No. 232

1. **PLACE OF DEATH:**
   (a) County Lewis
   (b) City or town Craigmont
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? X Outside? ____ city or town
   (e) Died in a Home X Hospital ____ Institution ____ Other place ____
   (f) Name Hosp. or Inst. ____ Stayed ____ days
   (g) Lived in this county 35 years ____ months ____ days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Lewis
   (c) City or town Craigmont
   (d) Street Address or R. F. D. No.
   (e) Deceased lived Inside? ✓ Outside? ____ city or town
   (f) Citizen of what country? U. S.
   (g) How long had deceased lived in Idaho? 35 years
   (h) Former residence (city, state)

3. (a) **FULL NAME** ELLEN MARGARET ANDERSON 94a

3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Robert Willis Anderson
6. (c) Age of husband or wife if living ____ years
7. Date of Birth (Month, Day, Year) November 4 1875

8. AGE	Years	Months	Days	If less than 1 day
	68	11	18	hrs ____ min.

9. Exact Occupation Teacher (Retired) Did this work for 15 yrs.
10. Industry or Business Public Schools Date last worked 1936
11. Birthplace Carlton Place (City or town) Ontario (State or foreign country) Canada
12. Father — Name John Rhuben McLaren
13. Father — Birthplace Canada (City or town) (State or foreign country)
14. Mother — Maiden name Catherine Needham
15. Mother — Birthplace Ireland (City or town) (State or foreign country)
16. Informant's **OWN** Signature Isabel Anderson
and Address 2510 Eastwood Ave Toledo O.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-6-1944 (Month) (Day) (Year)
(c) Place: Craigmont, Idaho.
18. Funeral Director's **OWN** Signature C. E. Clows
and Address Craigmont, Idaho.
19. (a) Nov. 4 1944 (Date received and filed) (b) C. E. Clows (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) November 3 1944
at 1:00 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from 10-30 1944, to 11-3 1944
I last saw her alive on 11-2 1944 death is said to have occurred on the date and hour stated above.

✓ **Immediate Cause of Death:** — Duration

Coronary Thrombosis — 2 days
Due to
Arteriosclerosis — ?
Due to
Other conditions
(Include pregnancy within 3 months of death)
Hypertension — ?
Where was disease contracted?
Name of operation None Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury

23. Attendant's **OWN** Signature K. H. Collins M.D. (M. D. or other)
and Address Craigmont, Ida. Date 11-4 1944
(For additional space, use reverse side)

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 141465
Local Reg. No. 9
Reg. Dist. No. 232

1. **PLACE OF DEATH:**
   (a) County Lewis
   (b) City or town Craigmont
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? Outside? X city or town
   (e) Died in a Home X Hospital Institution Other place
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county 39 years months days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Lewis
   (c) City or town Craigmont
   (d) Street Address or R. F. D. No.
   (e) Deceased lived Inside? Outside? X city or town
   (f) Citizen of what country? U. S.
   (g) How long had deceased lived in Idaho? 39 years
   (h) Former residence (city, state)

3. (a) **FULL NAME** MARY ELLEN SAWIN BOWLES

92E

3. (b) If veteran, name war *****
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Robert Lee Bowles
6. (c) Age of husband or wife if alive 73 years
7. Date of Birth (Month, Day, Year) December 15 1870

8. AGE	Years	Months	Days	If less than 1 day
	73	11	15	hrs min.

9. Exact Occupation Housewife Did this work for life yrs.
10. Industry or Business Own home Date last worked 11/30/44
11. Birthplace Adams County, Illinois (City or town) (State or foreign country)

Father
12. Name W. W. Sawin.,
13. Birthplace Adams County, Ill. (City or town) (State or foreign country)

Mother
14. Maiden name Mary Ellen Berry
15. Birthplace Adams County, Ill (City or town) (State or foreign country)

16. Informant's OWN Signature R. L. Bowles
and Address Craigmont, Ida.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-4-44 (Month) (Day) (Year)
(c) Place: Craigmont, Ida.
18. Funeral Director's OWN Signature C. E. Clovis
and Address Craigmont, Ida.
19. (a) C.E. 12/4/44 (Date received and filed) C. E. Clovis (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) November 30 1944
at 6:30 o'clock P.M.
21. **I HEREBY CERTIFY** That I attended deceased from 1920, to Nov 30 1944
I last saw her alive on Nov 30 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Epilepsy * grandmal type*	6 years
Due to Endocarditis	
Aortitis - arteriosclerosis	some yrs
Due to —	
Other conditions — (Include pregnancy within 3 months of death)	
Where was disease contracted? —	
Name of operation none Date	
Major finding —	
Finding of autopsy —	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? — Suicide? — Homicide? —
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature R. E. Duncan M.D. (M. D. or other)
and Address Craigmont, Date 12-4 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

DEC 16 1944

Certificate Of Death

STATE OF IDAHO

State File No. 14145
Local Reg. No. 224
Reg. Dist. No. 430

1. **PLACE OF DEATH:**
(a) County Lincoln
(b) City or town Richfield
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? Outside? ✓ city or town
(e) Died in a Home ✓ Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 5 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Lincoln
(c) City or town Richfield
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? Outside? ✓ city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 5 years
(h) Former residence (city, state) La Center - Wash.

3. (a) **FULL NAME** Ervin Albert Luff.

92d

3. (b) If veteran, name war World War I
3. (c) Social Security No. none
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Ruby Carter Luff.
6. (c) Age of husband or wife if alive 33 years
7. Date of Birth (Month, Day, Year) Dec. 3 - 1892

8. AGE	Years	Months	Days	If less than 1 day
	51	11	27	hrs min.

9. Exact Occupation Rancher Did this work for ~~6-44~~ yrs.
10. Industry or Business self. Date last worked 6-44
11. Birthplace Big Stone - S.D. (City or town) (State or foreign country)
Father
12. Name Jacob M. Luff.
13. Birthplace New Richmond - Minn. (City or town) (State or foreign country)
Mother
14. Maiden name Julia A. Scharnatta
15. Birthplace U.S.A. (City or town) (State or foreign country)
16. Informant's **OWN** Signature Mrs Ruby Luff
and Address Richfield, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 4 - 44 (Month) (Day) (Year)
(c) Place: Richfield Idaho
18. Funeral Director's **OWN** Signature Myrtle C. Burdett #E290
and Address Shoshone - Idaho
19. (a) Dec. 7 - 44 (Date received and filed) (b) Myrtle C. Burdett (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Nov. 30 1944
at 8:25 o'clock A. M.
21. **I HEREBY CERTIFY,** That I attended deceased from did not attend 1944
I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
chronic endocarditis & broken compensation	
Due to	
✓ nephritic edema	
Due to	
Other conditions endocarditis (Include pregnancy within 3 months of death)	
as per previous diagnosis by	

Where was disease contracted? Cromwell of Gooding Idaho
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature Myrtle C. Burdett - Coroner (M. D. or other)
and Address Shoshone Ida Date Nov. 30 1944
(For additional space, use reverse side)

141470

United States
Department of Commerce DEC 11 1944
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 54
Reg. Dist. No. 6

1. **PLACE OF DEATH:** Madison
(a) County Madison
(b) City or town Rexburg
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. H. B. Rigby Stayed 3 days
(g) Lived in this county 55 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Madison
(c) City or town Rexburg
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Outside? X city or town
(f) Citizen of what country? U. S.
(g) How long had deceased lived in Idaho? 55 years
(h) Former residence (city, state) Utah

3. (a) FULL NAME George Willmore 1370.

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race
6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife Lizzie Thorp
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Sept. 16, 1855

8. AGE	Years	Months	Days	If less than 1 day
	89	1	28	hrs min.

9. Exact Occupation Farmer Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Birmingham England (City or town) (State or foreign country)
Father
12. Name George Willmore
13. Birthplace Birmingham England (City or town) (State or foreign country)
Mother
14. Maiden name Elizabeth James
15. Birthplace Birmingham England (City or town) (State or foreign country)
16. Informant's OWN Signature Edw. Willmore
and Address Lava Hot Springs, Idaho.
17. (a) Removal (b) Date thereof 11/17/44 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: Logan, Utah
18. Funeral Director's OWN Signature Russel Flamm
and Address Rexburg, Idaho
19. (a) 11-15-44 (b) Mrs H Eyrung (Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Nov. 14 1944
at 4:00 o'clock P M.
21. I HEREBY CERTIFY, That I attended deceased from Jan. 1 1944, to Nov. 1944
I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Senility	
Urinary Retention	
Due to Elapsed Prostate	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state
where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature H B Rigby (M. D. or other)
and Address Date 19
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

DEC 11 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 141471
Local Reg. No. 55
Reg. Dist. No. 631

1. **PLACE OF DEATH:**
   (a) County Madison
   (b) City or town Salem
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? Outside? city or town
   (e) Died in a Home X Hospital Institution Other place
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county years months days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Madison
   (c) City or town Salem
   (d) Street Address or R. F. D. No.
   (e) Deceased lived Inside? Outside? city or town
   (f) Citizen of what country?
   (g) How long had deceased lived in Idaho? years
   (h) Former residence (city, state)

3. (a) **FULL NAME** Lila La Rene Covington 107

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F. 5. Color or race W.
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Aug. 22, 1944

8. AGE	Years	Months	Days	If less than 1 day
		2		hrs min.

9. Exact Occupation Infant Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Salem (City or town) Idaho (State or foreign country)
Father
12. Name Joseph K. Covington
13. Birthplace Rexburg (City or town) Idaho (State or foreign country)
Mother
14. Maiden name Lila Gertrude Ward
15. Birthplace Rigby (City or town) Idaho (State or foreign country)
16. Informant's OWN Signature Joseph K. Covington
and Address Rexburg R. F. D. 2
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-23-44 (Month) (Day) (Year)
(c) Place: Rexburg
18. Funeral Director's OWN Signature Russel F. Lamm
and Address Rexburg, Idaho
19. (a) 11-23-44 (Date received and filed) (b) Mrs H. Elgung (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Nov. 21 1944
at 10:00 o'clock A. M.
21. **I HEREBY CERTIFY,** That I attended deceased from Sept 1944 to Nov. 21 1944
I last saw her alive on Nov. 21 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
✓ Pneumonia	7 days
Broncho	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation None Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy none	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature M. F. Rigby (M. D. or other)
and Address Rexburg Idaho Date 11-23 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

DEC 11 1944

Certificate Of Death

STATE OF IDAHO

State File No. 141472
Local Reg. No. 56
Reg. Dist. No. 630

1. PLACE OF DEATH:
(a) County Madison
(b) City or town Rexburg
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? ✓ Outside? ..... city or town
(e) Died in a Home ✓ Hospital ..... Institution ..... Other place
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 36 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Madison
(c) City or town Rexburg
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? ✓ Outside? ..... city or town
(f) Citizen of what country? U. S. A.
(g) How long had deceased lived in Idaho? 36 years
(h) Former residence (city, state) Utah

3. (a) **FULL NAME** Martha Elizabeth Cluff 93d

3. (b) If veteran, name war .....
3. (c) Social Security No. None
4. Sex F.M.
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Robert Cluff
6. (c) Age of husband or wife if alive 72 years
7. Date of Birth (Month, Day, Year) November 9, 1875

8. AGE	Years	Months	Days	If less than 1 day
	69	0	16	hrs min.

9. Exact Occupation Housewife Did this work for Life yrs.
10. Industry or Business Home Date last worked Sept 25, 1944
11. Birthplace Payson, Utah (City or town) (State or foreign country)

Father
12. Name Jonathan Heaton
13. Birthplace Yorkshire, England (City or town) (State or foreign country)

Mother
14. Maiden name Sarah Crissie Fedder
15. Birthplace Yorkshire, England (City or town) (State or foreign country)

16. Informant's **OWN** Signature Ardella Withers
and Address Sugar Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/29/44 (Month) (Day) (Year)
(c) Place: Sugar, City, Idaho
18. Funeral Director's **OWN** Signature Rolland Reiser
and Address Rexburg, Idaho
19. (a) 11-29-44 (Date received and filed) (b) Mrs H Eyring (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Nov. 25 1944
at 10:35 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from 9/28 1943 to 11/25 1944
I last saw her alive on 11/25 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration
Chronic myocarditis
Due to Arteriosclerosis
Due to
Other conditions
(Include pregnancy within 3 months of death)
Where was disease contracted?
Name of operation no Date
Major finding
Finding of autopsy no

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state
where violence occurred
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury
23. Attendant's **OWN** Signature M. L. Rigby MD (M. D. or other)
and Address Rexburg Idaho Date 11/24 1944
(For additional space, use reverse side)

United States
Department of Commerce
Bureau of the Census

DEC 11 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 141473
Local Reg. No. 57
Reg. Dist. No. 630

1. **PLACE OF DEATH:**
(a) County Madison
(b) City or town Sugar City
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home X Hospital __ Institution __ Other place __
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 2 years 10 months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Madison
(c) City or town Sugar City
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? ____ years
(h) Former residence (city, state)

3. (a) **FULL NAME** Brenda Garner 10

3. (b) If veteran, name war ____ 3. (c) Social Security No. ____
4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Infant
6. (b) Name of husband or wife ____ 6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) Jan. 30, 1942

8. AGE	Years	Months	Days	If less than 1 day
	2	10	27	hrs min.

9. Exact Occupation ____ Did this work for ____ yrs.
10. Industry or Business ____ Date last worked ____
11. Birthplace Sugar City (City or town) Idaho (State or foreign country)
Father
12. Name Frances Marion Garner
13. Birthplace Sugar City (City or town) Idaho (State or foreign country)
Mother
14. Maiden name Arbella Chloe Terry
15. Birthplace Fairview, Utah (City or town) (State or foreign country)
16. Informant's OWN Signature Marion Garner
and Address Sugar City
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/27/44 (Month) (Day) (Year)
(c) Place: Sugar City
18. Funeral Director's OWN Signature Russel Flamm
and Address Rexburg, Idaho.
19. (a) 11-27-44 (Date received and filed) (b) Mrs. E. Young (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Nov. 26 1944
at 3 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from Nov. 23 1944, to Nov. 26 1944
I last saw her alive on Nov. 26 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Diphtheria	1 week
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation ____ Date ____	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature M. Sutherland M.D. (M. D. or other)
and Address Rexburg Id. Date 12-1-1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1414.1

United States
Department of Commerce
Bureau of the Census

DEC 11 1944

Certificate Of Death

STATE OF IDAHO

State File No.
Local Reg. No. 58
Reg. Dist. No. 630

1. **PLACE OF DEATH:**
(a) County Madison
(b) City or town Rexburg
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? ✓ Outside? city or town
(e) Died in a Home Hospital ✓ Institution Other place
(f) Name Hosp. or Inst. Sutherland Stayed 1 days
(g) Lived in this county 48 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Madison
(c) City or town Burton
(d) Street Address or R.F.D. No. Rexburg R7D #1
(e) Deceased lived Inside? Outside? ✓ city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 48 years
(h) Former residence (city, state) Utah

3. (a) **FULL NAME** Hyrum W. Hall 122a

3. (b) If veteran, name war
3. (c) Social Security No. none
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Margaret Hall
6. (c) Age of husband or wife if alive 70 years
7. Date of Birth (Month, Day, Year) August 29, 1873

8. AGE	Years	Months	Days	If less than 1 day
	71	2	29	hrs min.

9. Exact Occupation Farmer Did this work for Life yrs.
10. Industry or Business Farm Date last worked 11/28/44
11. Birthplace Wellsville, Utah (City or town) (State or foreign country)
Father
12. Name Samuel Parley Hall
13. Birthplace Liverpool, England (City or town) (State or foreign country)
Mother
14. Maiden name Margaret Williamson
15. Birthplace Shannon, Scotland (City or town) (State or foreign country)
16. Informant's **OWN** Signature Hyrum Hall Jr.
and Address Rexburg, Ida R7D #1
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 12/2/44 (Month) (Day) (Year)
(c) Place: Wellsville, Utah
18. Funeral Director's **OWN** Signature Rolland Reiser
and Address Rexburg, Idaho
19. (a) 12-1-44 (Date received and filed) (b) Mrs H Eyoung (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) November 28 1944
at 4:30 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from July 10 1939, to Nov. 28 1944
I last saw him alive on Nov. 28 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death	Duration
Bilateral Strangulated Inguinal Hernia	122a1
Due to Chronic myocarditis	93 d
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Reduction of Hernia Date 11/28/44
Major finding sac
Finding of autopsy no

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature M. L. Rigby MD (M. D. or other)
and Address Rexburg Idaho Date 11/20 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Birth Filed 396581

United States
Department of Commerce
Bureau of the Census

OCT. 9 1944

Certificate Of Death

STATE OF IDAHO

State File No. 141475
Local Reg. No. 44
Reg. Dist. No. 450

1. PLACE OF DEATH:
(a) County Minidoka
(b) City or town Rupert
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? X Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. — Stayed — days
(g) Lived in this county — years — months — days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Minidoka
(c) City or town — Heyburn
(d) Street Address or R.F.D. No. —
(e) Deceased lived Inside? — Outside? — city or town
(f) Citizen of what country? — USA
(g) How long had deceased lived in Idaho? 25 years
(h) Former residence (city, state) —

3. (a) **FULL NAME** Milton Leon Bair 157E

3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced —
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Date of Birth (Month, Day, Year) Sept 22 - 1944

8. AGE	Years	Months	Days	If less than 1 day
	—	—	—	10 hrs min.

9. Exact Occupation — Did this work for — yrs.
10. Industry or Business — Date last worked —
11. Birthplace Rupert (City or town) (State or foreign country)
Father
12. Name Leon A. Bair
13. Birthplace Cove Utah (City or town) (State or foreign country)
Mother
14. Maiden name Mary Brown
15. Birthplace Blackfoot Idaho (City or town) (State or foreign country)
16. Informant's **OWN** Signature Leon A. Bair
and Address Heyburn Idaho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 22 44 (Month) (Day) (Year)
(c) Place: Heyburn Ido.
18. Funeral Director's **OWN** Signature Retta S. Payne
and Address Burley Idaho
19. (a) 10-6-44 (Date received and filed) (b) E H Elmore (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Sept 22 - 1944
at 5:20 PM o'clock M.
21. **I HEREBY CERTIFY**, That I attended deceased from Birth 9-22 1944, to 9-22-44 19
I last saw her alive on 9-22 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
~~Born d~~	
Due to Prematurely 6 weeks.	
Due to - (over)	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYISCIAN Underline the cause to which death should be charged statistically.
Name of operation Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature C A Mallinn (M. D. or other)
and Address Date 19
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

141476

United States
Department of Commerce
Bureau of the Census

NOV 13 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 56
Reg. Dist. No. 450

1. **PLACE OF DEATH:**
(a) County Minidoka
(b) City or town Rupert
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? ✓ Outside? city or town
(e) Died in a Home Hospital Institution Other place
(f) Name Hosp. or Inst. Christensen Nursing Home Stayed 1 days
(g) Lived in this county 0 years 0 months 1 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Cassia
(c) City or town Albion
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? ✓ Outside? city or town
(f) Citizen of what country? U S
(g) How long had deceased lived in Idaho? years
(h) Former residence (city, state)

3. (a) **FULL NAME** David Lee Pfnister 159

3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex M
5. Color or race white
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive ' years
7. Date of Birth (Month, Day, Year) Oct 13 1944

8. AGE	Years	Months	Days	If less than 1 day
	0	0	1	hrs min.

9. Exact Occupation child Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Rupert (City or town) Idaho (State or foreign country)
Father
12. Name Robert Lee Pfnister
13. Birthplace Bible Grove (City or town) Illinois (State or foreign country)
Mother
14. Maiden name Mary E Borchardt
15. Birthplace Norfolk (City or town) Virginia (State or foreign country)
16. Informant's OWN Signature R. L. Pfnister
and Address Albion Ida
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-16-44 (Month) (Day) (Year)
(c) Place: Rupert Cemetery
18. Funeral Director's OWN Signature Rodney G Goodman
and Address Rupert Idaho
19. (a) 11-4-44 (Date received and filed) (b) E H Elmore (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Oct 14 1944
at 4 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 19, to 19
I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
~~Still birth~~	
Due to Prematurity	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature [signature] M.D. (M. D. or other)
and Address Rupert Idaho Date Oct 15 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

DEC 12 1944

NON-RESIDENT
Certificate Of Death
STATE OF IDAHO

State File No. 141477
Local Reg. No. 102
Reg. Dist. No. 471

1. **PLACE OF DEATH:**
(a) County Minidoka
(b) City or town Rupert
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? x Outside? x city or town
(e) Died in a Home Hospital x Institution Other place
(f) Name Hosp. or Inst. Station Hosp Stayed 2 days
(g) Lived in this county years 1 months 8 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State (b) County
(c) City or town Leipzig W #33
(d) Street Address or R.F.D. No. 8 Grossmannstrasse
(e) Deceased lived Inside? x Outside? city or town
(f) Citizen of what country? Germany
(g) How long had deceased lived in Idaho? 1/12 years
(h) Former residence (city, state) Germany

3. (a) **FULL NAME** HEINRICH WUDE

122b

3. (b) If veteran of war Prisoner name war
(c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Gertrud
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) 1902

8. AGE	Years	Months	Days	If less than 1 day
	42			hrs min.

9. Exact Occupation Soldier Did this work for 3 yrs.
10. Industry or Business Date last worked
11. Birthplace Germany (City or town) (State or foreign country)
Father
12. Name Not Known
13. Birthplace (City or town) (State or foreign country)
Mother
14. Maiden name Not Known
15. Birthplace (City or town) (State or foreign country)
16. Informant's **OWN** Signature Harry L. Seifert, 1st Lt
and Address PW Camp, Rupert, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-2-44 (Month) (Day) (Year)
(c) Place: P.W. Camp - Minidoka County
18. Funeral Director's **OWN** Signature Vern B. McCulloch
and Address Burley, Idaho
19. (a) 11-16-44 (Date received and filed) (b) B. F. Wilson (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Oct. 30 1944
at 7:45 o'clock A. M.
21. **I HEREBY CERTIFY,** That I attended deceased from Oct 29 1944 to Oct 30 1944
I last saw him alive on Oct 30 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Shock	20 hr.
Due to Toxemia	20 hr.
Due to Intestinal Obstruction	4 wk.
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? Not Known
Name of operation Date
Major finding
Finding of autopsy Intestinal Obstruction Toxemia.

PHYISCIAN Underline the cause to which death could be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature Clarence M. Smith (M. D. or other)
and Address Capt. MC. Date Oct 30 1944
(For additional space, use reverse side)

PW Camp. Rupert, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

DEC 12 1944

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Certificate Of Death

STATE OF IDAHO

State File No. 141478
Local Reg. No. 67
Reg. Dist. No. 450

1. PLACE OF DEATH:
(a) County Minidoka
(b) City or town Rupert
(c) Street Address or R.F.D. No. R.I.
(d) Death Occured Inside? ..... Outside? ✓ city or town
(e) Died in a Home ✓ Hospital ..... Institution ..... Other place .....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 19 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Minidoka
(c) City or town Rupert
(d) Street Address or R.F.D. No. R.I.
(e) Deceased lived Inside? ..... Outside? ✓ city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 19 years
(h) Former residence (city, state) Montana

3. (a) FULL NAME Creola Fern Beall

33 01

3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex Fem
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Erin
6. (c) Age of husband or wife if alive 63 years
7. Date of Birth (Month, Day, Year) June, 17, 1893

8. AGE	Years	Months	Days	If less than 1 day
	51	4	14	hrs min.

9. Exact Occupation Housewife Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Carthage, Mo. (City or town) (State or foreign country)
Father
12. Name Oscar Reese McVay
13. Birthplace Illinois (City or town) (State or foreign country)
Mother
14. Maiden name Emma Eunice Shenefelt
15. Birthplace Mo. (City or town) (State or foreign country)
16. Informant's **OWN** Signature E.M. Beall
and Address Rupert Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-3-44 (Month) (Day) (Year)
(c) Place: Rupert Cemetery
18. Funeral Director's **OWN** Signature Rodney G. Goodman
and Address Rupert Idaho
19. (a) 12-10-44 (Date received and filed) (b) E.H. Elmore (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Oct. 31 1944
at ..... o'clock ..... M.
21. **I HEREBY CERTIFY,** That I attended deceased from 10-29 1944, to 10-31 1944
I last saw her alive on 10-31 19....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Influenzal Pneumonia	
Due to hemolytic strep	
Due to	
Other conditions hemorrhage (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature F.H. Kenagy M.D. (M.D. or other)
and Address Rupert Ida Date 12-4 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

DEC - 2 1944

Certificate Of Death

STATE OF IDAHO

m.

State File No. 141479
Local Reg. No. 63
Reg. Dist. No. 450

1. PLACE OF DEATH:
(a) County Minidoka
(b) City or town Rupert.
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? ✓ Outside? city or town
(e) Died in a Home ✓ Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 23 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Oregon (b) County Wolowa
(c) City or town Enterprise.
(d) Street Address or R.F.D. No. —
(e) Deceased lived Inside? ✓ Outside? city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 23 years
(h) Former residence (city, state) Enterprise Oregon

3. (a) FULL NAME Flora Eliza. Hendricks.

195E

3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex Fem
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Date of Birth (Month, Day, Year) July 4 1871

8. AGE	Years	Months	Days	If less than 1 day
	73	4	6	hrs min.

9. Exact Occupation None. Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Butler. Mo. (City or town) (State or foreign country)
Father
12. Name Paul Hendricks
13. Birthplace Penn. (City or town) (State or foreign country)
Mother
14. Maiden name Mary L Paul
15. Birthplace Michigan (City or town) (State or foreign country)
16. Informant's OWN Signature A. E. Hendricks
and Address Enterprise, Oregon.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 11-12-44 (Month) (Day) (Year)
(c) Place: Enterprise Oregon.
18. Funeral Director's OWN Signature Rodney E Goodman
and Address Rupert Idaho
19. (a) 12-10-44 (Date received and filed) (b) E W Elmore (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Nov. 10 1944
at 8:00 o'clock A.M.
21. **I HEREBY CERTIFY,** That I attended deceased from 11-3 1944, to 11-10 1944
I last saw her alive on 11-10 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Myocarditis & Senility.	
Due to	
Due to	
Other conditions Hip Fracture on 10-10-44 (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature A. A. Mecklner. M.D. (M. D. or other)
and Address Rupert Idaho Date 11-11 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census DEC 7 1944

Certificate Of Death

STATE OF IDAHO

State File No. 141480
Local Reg. No. 64
Reg. Dist. No. 450

1. **PLACE OF DEATH:**
   (a) County Minidoka
   (b) City or town Rupert
   (c) Street Address or R. F. D. No.
   (d) Death Occured Inside? ✓ Outside? ... city or town
   (e) Died in a Home Hospital ✓ Institution ... Other place ...
   (f) Name Hosp. or Inst. Rupert Gen. Stayed 2 days
   (g) Lived in this county 70 years ... months ... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Minidoka
   (c) City or town Rupert
   (d) Street Address or R.F.D. No. 1
   (e) Deceased lived Inside? ... Outside? ✓ city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 46 years
   (h) Former residence (city, state) Utah

3. (a) **FULL NAME** Karl Lobusch

830

3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive ... years
7. Date of Birth (Month, Day, Year) Aug 21 1874

8. AGE	Years	Months	Days	If less than 1 day
	70	2	24	hrs ... min.

9. Exact Occupation Farmer. Did this work for ... yrs.
10. Industry or Business ... Date last worked ...
11. Birthplace Altona (City or town) Germany (State or foreign country)

Father
12. Name unknown
13. Birthplace ... Germany (City or town) (State or foreign country)

Mother
14. Maiden name Westfahl
15. Birthplace ... Germany (City or town) (State or foreign country)

16. Informant's **OWN** Signature Bruno Sack
and Address Rupert Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 20-44 (Month) (Day) (Year)
(c) Place: Rupert Idaho
18. Funeral Director's **OWN** Signature Rodney L Goodman
and Address Rupert Idaho
19. (a) 12-10-44 (Date received and filed) (b) A E Elmore (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) November 15 1944
at 4:00 o'clock A. M.
21. **I HEREBY CERTIFY**, That I attended deceased from Nov 14 1944, to Nov 15 1944
I last saw him alive on Nov 15 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Apoplexy	2 days
Due to	
Due to	
Other conditions Exposure to cold (Include pregnancy within 3 months of death)	1 day

Where was disease contracted?
Name of operation ... Date ...
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ... Suicide? ... Homicide? ...
Occurred ... 19 ... City, county, state where violence occurred
Place of Violence: Home ... Farm ... Industry ...
Public Place ... While at work? ...
Means of injury

23. Attendant's **OWN** Signature A E Elmore (M. D. or other)
and Address Rupert Ida Date 12-10 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census DEC 12 1944

Certificate Of Death

E.

STATE OF IDAHO

State File No. 141481
Local Reg. No. 65
Reg. Dist. No. 450

1. **PLACE OF DEATH:**
(a) County Minidoka
(b) City or town Rupert
(c) Street Address or R.F.D. No. 509 G St.
(d) Death Occured Inside? ✓ Outside? ..... city or town
(e) Died in a Home ✓ Hospital ..... Institution ..... Other place .....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 21 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Minidoka
(c) City or town Rupert
(d) Street Address or R.F.D. No. .....
(e) Deceased lived Inside? ✓ Outside? ..... city or town
(f) Citizen of what country? US
(g) How long had deceased lived in Idaho? 21 years
(h) Former residence (city, state) Colorado

3. (a) **FULL NAME** Homer Nixon Doughty 55e

3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Mary A.
6. (c) Age of husband or wife if alive 65 years
7. Date of Birth (Month, Day, Year) Oct 26 1865

8. AGE	Years	Months	Days	If less than 1 day
	79	0	26	hrs min.

9. Exact Occupation Retired Farmer Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Adamsville Ohio (City or town) (State or foreign country)
Father
12. Name William R Doughty
13. Birthplace ..... (City or town) (State or foreign country)
Mother
14. Maiden name Rebecca Ruse
15. Birthplace Virginia (City or town) (State or foreign country)
16. Informant's **OWN** Signature Grace E. Jacobsen
and Address 1411 8th St. S., Nampa, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof ..... (Month) (Day) (Year)
(c) Place: Rupert Cemetery
18. Funeral Director's **OWN** Signature Rodney G Goodman
and Address Rupert Idaho
19. (a) 12-10-44 (Date received and filed) (b) E H Elmore (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Nov. 22 1944
at 6 10 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from Sept 26 1944, to Nov 22 1944
I last saw him alive on Nov. 21 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cancer of the neck	5 yrs.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature E H Elmore (M. D. or other)
and Address Rupert, Ida Date 12-10 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census DEC 22 1944

Certificate Of Death

STATE OF IDAHO

State File No. 141482
Local Reg. No. 62
Reg. Dist. No. 457

1. **PLACE OF DEATH:**
   (a) County Minidoka
   (b) City or town Rupert
   (c) Street Address or R. F. D. No.
   (d) Death Occured Inside? ✓ Outside? ..... city or town
   (e) Died in a Home ..... Hospital ✓ Institution ..... Other place .....
   (f) Name Hosp. or Inst. Rupert Gen Stayed 1 days
   (g) Lived in this county 4 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Minidoka
   (c) City or town Paul
   (d) Street Address or R.F.D. No. 1
   (e) Deceased lived Inside? ..... Outside? ✓ city or town
   (f) Citizen of what country? U S
   (g) How long had deceased lived in Idaho? 4 years
   (h) Former residence (city, state)

3. (a) **FULL NAME** Koran Kay Hadden 181

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex F
5. Color or race White
6. (a) Single, widowed, married, divorced .....
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) June 3 1940

8. AGE	Years	Months	Days	If less than 1 day
	4	5	25	hrs ..... min.

9. Exact Occupation Child — Did this work for ..... yrs.
10. Industry or Business ..... — Date last worked .....
11. Birthplace Paul (City or town) Idaho (State or foreign country)

Father
12. Name Okran E. Hadden
13. Birthplace Ririe (City or town) Idaho (State or foreign country)

Mother
14. Maiden name Rozella Sheen
15. Birthplace Salem (City or town) Utah (State or foreign country)

16. Informant's **OWN** Signature Okran Hadden
and Address Paul Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 30 1944 (Month) (Day) (Year)
(c) Place: Paul Idaho
18. Funeral Director's **OWN** Signature Rodney L. Boardman
and Address Rupert Idaho
19. (a) 12-4-44 (Date received and filed) (b) E. E. Johnson (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 11 — 28 1944
at 2 30 o'clock A M.
21. **I HEREBY CERTIFY**, That I attended deceased from 11-27 1944, to 11-28 1944
I last saw her alive on ..... 19 .....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — Duration
Burns
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Where was disease contracted?
Name of operation ..... Date .....
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? X Suicide? ..... Homicide? .....
Occurred Burns 19 ..... City, county, state where violence occurred
Place of Violence: Home X Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury Motor bus struck person
23. Attendant's **OWN** Signature Fire Allen Wallace (M. D. or other)
and Address Rupert Idaho Date 11-28 1944.
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

DEC 12 1944

Certificate Of Death

STATE OF IDAHO

E.

State File No. 141483
Local Reg. No. 66
Reg. Dist. No. 450

1. **PLACE OF DEATH:**
   (a) County Minidoka
   (b) City or town August
   (c) Street Address or R.F.D. No. 813 D St.
   (d) Death Occured Inside? ✓ Outside? ..... city or town
   (e) Died in a Home ✓ Hospital .... Institution .... Other place ....
   (f) Name Hosp. or Inst. ..... Stayed ..... days
   (g) Lived in this county 25 years ..... months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Minidoka
   (c) City or town August
   (d) Street Address or R.F.D. No. 813 D St.
   (e) Deceased lived Inside? ✓ Outside? ..... city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 25 years
   (h) Former residence (city, state) .....

3. (a) **FULL NAME** Mary Melissa Hyde

3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) July 17 1862

8. AGE	Years	Months	Days	If less than 1 day
	82	4	12	hrs ..... min.

9. Exact Occupation Housewife — Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Hyde Park (City or town) Utah (State or foreign country)

Father
12. Name Patson Delose Duffoth
13. Birthplace unknown (City or town) (State or foreign country)

Mother
14. Maiden name Elizabeth Carson
15. Birthplace unknown (City or town) (State or foreign country)

16. Informant's **OWN** Signature Revel P Hyde
and Address August Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 2 1944 (Month) (Day) (Year)
(c) Place: August cemetery
18. Funeral Director's **OWN** Signature Rodney B Snodgrass
and Address August Idaho
19. (a) 12-10-44 (Date received and filed) (b) E H Evans (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Nov 29 1944
at 3:30 o'clock A M.

21. **I HEREBY CERTIFY**, That I attended deceased from Oct 8 1944, to Nov 29 1944
I last saw her alive on Nov 28 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebral Hemorrhage	8 days
Due to Hypertension and Arteriosclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature E H Evans (M. D. or other)
and Address Rupert Ida Date 12-10 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

NOV 27 1944

Certificate Of Death

STATE OF IDAHO

State File No. 141484
Local Reg. No. 273
Reg. Dist. No. 220

1. **PLACE OF DEATH:**
   (a) County Nez Perce
   (b) City or town Lewiston
   (c) Street Address or R.F.D. No. [illegible]
   (d) Death Occured Inside? In Outside? ..... city or town
   (e) Died in a Home.... Hospital # Institution.... Other place....
   (f) Name Hosp. or Inst. St Joseph Stayed ..... days
   (g) Lived in this county 2 years ..... months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Nez Perce
   (c) City or town Lewiston
   (d) Street Address or R.F.D. No. 2.
   (e) Deceased lived Inside? ..... Outside? Out city or town
   (f) Citizen of what country? .....
   (g) How long had deceased lived in Idaho? 8 years
   (h) Former residence (city, state) .....

3. (a) **FULL NAME** Billee Ann Day

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3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife ———
6. (c) Age of husband or wife if alive ——— years
7. Date of Birth (Month, Day, Year) April 16th, 1936

8. AGE	Years	Months	Days	If less than 1 day
	8	4	21	hrs ..... min.

9. Exact Occupation School girl Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Tensed, (City or town) Idaho (State or foreign country)

Father
12. Name John Wm. Day
13. Birthplace Montana (City or town) (State or foreign country)

Mother
14. Maiden name Hazel Brenneyer
15. Birthplace Vancouver (City or town) Vancouver B.C. (State or foreign country)

16. Informant's **OWN** Signature Mrs John W. Day
and Address Lewiston, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/9/1944 (Month) (Day) (Year)
(c) Place: Lewiston, Idaho
18. Funeral Director's **OWN** Signature L.B. Dann
and Address Lewiston, Idaho
19. (a) Nov. 21, 1944 (Date received and filed) (b) Jean DeWelles (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) September 7th, 1944
at 9 o'clock P M.

21. **I HEREBY CERTIFY**, That I attended deceased from 9-5-1944, to 9-7-1944
I last saw h[illegible] alive on 9-7-1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Pernicious Pneumonia — Duration .....
Due to ....
Due to ....
Other conditions ....
(Include pregnancy within 3 months of death)
Where was disease contracted at home
Name of operation ..... Date .....
Major finding .....
Findings of autopsy Pneumonia left upper lung

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature John M. Alley (M. D. or other)
and Address ..... Date ..... 19.....
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census NOV 27 1944

Certificate Of Death

STATE OF IDAHO

State File No. 141485
Local Reg. No. 261
Reg. Dist. No. 220

1. **PLACE OF DEATH:**
   (a) County Nez Perce
   (b) City or town Lewiston
   (c) Street Address or R.F.D. No. 1231 Idaho St.
   (d) Death Occured Inside? In Outside? ....city or town
   (e) Died in a Home# Hospital.... Institution.... Other place....
   (f) Name Hosp. or Inst.... Stayed....days
   (g) Lived in this county....years ....months ....days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Nez Perce
   (c) City or town Lewiston
   (d) Street Address or R.F.D. No. 1231 Idaho St.
   (e) Deceased lived Inside? # Outside? ....city or town
   (f) Citizen of what country? ....
   (g) How long had deceased lived in Idaho? ....years
   (h) Former residence (city, state) ....

3. (a) **FULL NAME** Robert C. Palmer 946

3. (b) If veteran, name war None
3. (c) Social Security No. ....
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife ——
6. (c) Age of husband or wife if alive —— years
7. Date of Birth (Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	80			hrs min.

9. Exact Occupation Retired merchant Did this work for ....yrs.
10. Industry or Business .... Date last worked ....
11. Birthplace .... Iowa (City or town) (State or foreign country)

Father
12. Name —— Palmer
13. Birthplace Not known (City or town) (State or foreign country)

Mother
14. Maiden name Not known
15. Birthplace Not known (City or town) (State or foreign country)

16. Informant's **OWN** Signature Winfred Palmer
and Address Lewiston, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/9/1944 (Month) (Day) (Year)
(c) Place: Lewiston, Idaho

18. Funeral Director's **OWN** Signature L. B. Wann
and Address Lewiston, Idaho

19. (a) Nov. 20, 1944 (Date received and filed) (b) Jean DeWelles (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) October 28th, (?) 1944
at ....o'clock ....M.

21. **I HEREBY CERTIFY**, That I attended deceased from .... 19.... to .... 19....
I last saw h.... alive on .... 19....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Natural Causes probably due to Angina Pectoris	
Due to Was found dead 10/30/1944	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation .... Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? .... Suicide? .... Homicide? ....
Occurred .... 19.... City, county, state where violence occurred ....
Place of Violence: Home .... Farm .... Industry ....
Public Place .... While at work? ....
Means of injury ....

23. Attendant's **OWN** Signature L. B. Wann (M. D. or other)
and Address Lewiston Date 10/30 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

NOV 27 1944

Certificate Of Death

STATE OF IDAHO

State File No. 141456
Local Reg. No. 262
Reg. Dist. No. 220

1. PLACE OF DEATH:
(a) County Nez Perce
(b) City or town Lewiston
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? In Outside? city or town
(e) Died in a Home.... Hospital # Institution.... Other place....
(f) Name Hosp. or Inst. St Joseph Stayed 1 days
(g) Lived in this county years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Washington (b) County Asotin
(c) City or town Clarkston
(d) Street Address or R.F.D. No. 1140 11th St.
(e) Deceased lived Inside? In Outside? city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? Many years
(h) Former residence (city, state)

3. (a) **FULL NAME** Ella Greenough 94a

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife William F.
6. (c) Age of husband or wife if alive 84 years
7. Date of Birth (Month, Day, Year) November 2nd, 1880

8. AGE	Years	Months	Days	If less than 1 day
	63	11	29	hrs min.

9. Exact Occupation Housewife Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Willowa (City or town) Oregon (State or foreign country)

Father
12. Name William Frazier
13. Birthplace Oregon (City or town) (State or foreign country)

Mother
14. Maiden name Not known
15. Birthplace Not known (City or town) (State or foreign country)

16. Informant's **OWN** Signature Nelson Greenough
and Address Lewiston, Idaho

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 11/3/1944 (Month) (Day) (Year)
(c) Place: Clarkston, Washington

18. Funeral Director's **OWN** Signature L. B. Sanis
and Address Lewiston, Idaho

19. (a) Nov. 20, 1944 (Date received and filed) (b) Jean DeWells (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) November 1st, 1944 19
at 4:00 o'clock P. M.

21. **I HEREBY CERTIFY**, That I attended deceased from Oct. 28 1944, to November 1 1944
I last saw her alive on November 1 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Congestion	6 hours
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature Walter C. McWilliams (M. D. or other)
and Address Lewiston Date 11-20-1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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141457

United States
Department of Commerce
Bureau of the Census

NOV 1 5 1944

Certificate Of Death

STATE OF IDAHO

State File No. 141457
Local Reg. No. 257
Reg. Dist. No. 221

1. **PLACE OF DEATH:**
   (a) County Nez Perce
   (b) City or town Lewiston
   (c) Street Address or R.F.D. No. 1
   (d) Death Occured Inside? ..... Outside? x city or town
   (e) Died in a Home ... Hospital ... Institution x Other place ...
   (f) Name Hosp. or Inst. Sommerville Home Stayed ..... days
   (g) Lived in this county 20 years ..... months ..... days

   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Nez Perce
   (c) City or town Lewiston
   (d) Street Address or R.F.D. No. 1
   (e) Deceased lived Inside? ..... Outside? x city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 20 years
   (h) Former residence (city, state) .....

3. (a) **FULL NAME** Riley Scott

45a

3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) January 25, 1872

8. AGE	Years	Months	Days	If less than 1 day
	72	9	9	hrs ... min.

9. Exact Occupation laborer — Did this work for ..... yrs.
10. Industry or Business ..... — Date last worked 1939
11. Birthplace Cloverdale, California (City or town) (State or foreign country)

Father
12. Name Sylvester Scott
13. Birthplace no record (City or town) (State or foreign country)

Mother
14. Maiden name Malinda Miller
15. Birthplace no record (City or town) (State or foreign country)

16. Informant's **OWN** Signature Rosa Bogan
    and Address Lewiston, Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 11-6-44 (Month) (Day) (Year)
    (c) Place: Lewiston, Idaho
18. Funeral Director's **OWN** Signature Vincent V. Vassar
    and Address Lewiston, Idaho
19. (a) Nov. 8, 1944 (Date received and filed) (b) Jean De Wells (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) November 4, 1944
    at 7:00 o'clock P. M.
21. **I HEREBY CERTIFY**, That I attended deceased from January 1942, to Nov. 1944
    I last saw him alive on Nov. 1st 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Carcinoma of Liver extensive metastases	
Due to to glands	4 years
✓	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
    Occurred ..... 19 ..... City, county, state where violence occurred .....
    Place of Violence: Home ..... Farm ..... Industry .....
    Public Place ..... While at work? .....
    Means of injury .....
23. Attendant's **OWN** Signature Walter C. McWilliams (M. D. or other)
    and Address Lewiston Date 11-6- 1944

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

NOV 15 1944

Certificate Of Death

STATE OF IDAHO

State File No. 14145
Local Reg. No. 255
Reg. Dist. No. 221

1. PLACE OF DEATH:
(a) County NEZ PERCE
(b) City or town PECK
(c) Street Address or R.F.D. No. RURAL
(d) Death Occured Inside? ..... Outside? X city or town
(e) Died in a Home X Hospital ..... Institution ..... Other place .....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 42 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State IDAHO (b) County NEZ PERCE
(c) City or town PECK
(d) Street Address or R.F.D. No. RURAL
(e) Deceased lived Inside? ..... Outside? X city or town
(f) Citizen of what country? UNITED STATES
(g) How long had deceased lived in Idaho? 42 years
(h) Former residence (city, state) .....

3. (a) **FULL NAME** ELIZA J. GRAHAM

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3. (b) If veteran, name war NO
3. (c) Social Security No. NONE
4. Sex FEMALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) APRIL 2, 1864

8. AGE	Years	Months	Days	If less than 1 day
	80	7	3	hrs min.

9. Exact Occupation HOUSE WIFE — Did this work for LIFE yrs.
10. Industry or Business HOME — Date last worked NOV. 1/1944
11. Birthplace DUBUQUE (City or town) IOWA (State or foreign country)
Father
12. Name UNKNOWN JONES
13. Birthplace UNKNOWN (City or town) (State or foreign country)
Mother
14. Maiden name UNKNOWN
15. Birthplace UNKNOWN (City or town) (State or foreign country)
16. Informant's **OWN** Signature X E. A. Graham
and Address MOSCOW, IDAHO
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof NOV. 8/1944 (Month) (Day) (Year)
(c) Place: NORMAL HILL CEMETERY
18. Funeral Director's **OWN** Signature Gary B. Blake
and Address OROFINO, IDAHO
19. (a) Nov. 7, 1944 (Date received and filed) (b) Jean De Wells (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) NOVEMBER 5 1944
at 5:20 o'clock A. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 1927 ✓ 19 ..., to Nov 5th 1944
I last saw her alive on 11-5- 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Black Widow Spider	10 days
Due to Valvular heart disease and nephritis	
Due to	
Other conditions ✓ (Include pregnancy within 3 months of death)	
Where was disease contracted? home	
Name of operation Only drain Date	
Major finding ✓	
Finding of autopsy ✓	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ✓ Suicide? ✓ Homicide? ✓
Occurred ✓ 19 ✓ City, county, state where violence occurred ✓
Place of Violence: Home ✓ Farm ✓ Industry ✓
Public Place ✓ While at work? ✓
Means of injury ✓
23. Attendant's **OWN** Signature J. H. Robertson (M. D. or other)
and Address Orofino Date 11-6 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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United States
Department of Commerce
Bureau of the Census

NOV 27 1944

Certificate Of Death

STATE OF IDAHO

State File No. 141459
Local Reg. No. 270
Reg. Dist. No. 220

1. **PLACE OF DEATH:**
   (a) County Nez Perce
   (b) City or town Lewiston
   (c) Street Address or R. F. D. No.
   (d) Death Occured Inside? X Outside? city or town
   (e) Died in a Home Hospital X Institution Other place
   (f) Name Hosp. or Inst. St. Josephs Stayed 10 days
   (g) Lived in this county years months 14 days

Note. For a person residing in THIS county LESS than 1 year. give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Lewis
   (c) City or town Mohler
   (d) Street Address or R.F.D. No. 1
   (e) Deceased lived Inside? ✓ Outside? city or town
   (f) Citizen of what country? U. S. a.
   (g) How long had deceased lived in Idaho? 50 years
   (h) Former residence (city, state)

3. (a) **FULL NAME** Hiram Lents

Sib

3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Sada
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) 9 - 20 - 1872

8. AGE	Years	Months	Days	If less than 1 day
	72	1	16	hrs min.

9. Exact Occupation farmer — Did this work for 10 yrs.
10. Industry or Business — Date last worked 1944
11. Birthplace (City or town) Kansas (State or foreign country)

Mother Father
12. Name J. Lents
13. Birthplace (City or town) no record (State or foreign country)
14. Maiden name Jennie Sawyer
15. Birthplace (City or town) no record (State or foreign country)

16. Informant's **OWN** Signature Sada Lents
and Address Mohler, Idaho
17. (a) Burial (Burial, cremation or removal) (b) Date thereof 11-9-44 (Month) (Day) (Year)
(c) Place: Lewiston, Idaho
18. Funeral Director's **OWN** Signature Vincent V. Vassar
and Address Lewiston, Idaho
19. (a) Nov. 21, 1944 (Date received and filed) (b) Jean DeWells (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 11 - 6 1944
at 8:45 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 10-24 1944, to 11-6 1944
I last saw him alive on 11-6 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
(a) Pneumonia	
of Prostate	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? ✓
Name of operation ✓ Date ✓
Major finding
Finding of autopsy none

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature J. M. Lyle MD (M. D. or other)
and Address Lewiston Date 11-6 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census NOV 27 1944

Certificate Of Death

STATE OF IDAHO

State File No. 141490
Local Reg. No. 265
Reg. Dist. No. 220

1. PLACE OF DEATH:
(a) County Nez Perce
(b) City or town Lewiston
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? In Outside? city or town
(e) Died in a Home Hospital # Institution Other place
(f) Name Hosp. or Inst St. Joseph Stayed days
(g) Lived in this county years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Nez Perce
(c) City or town Lewiston
(d) Street Address or R.F.D. No. 1320 3rd, Street
(e) Deceased lived Inside? In Outside? city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? Life years
(h) Former residence (city, state)

3. (a) **FULL NAME** James P. Matlock 107

3. (b) If veteran, name war None
3. (c) Social Security No.
4. Sex Male race White
5. Color or
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Grace
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) September 17th, 1900

8. AGE	Years	Months	Days	If less than 1 day
	44	1	19	hrs min.

9. Exact Occupation Service station Did this work for 9 yrs.
10. Industry or Business Date last worked
11. Birthplace Nez Perce (City or town) Idaho (State or foreign country)

Father
12. Name James R. Matlock
13. Birthplace Missouri (City or town) (State or foreign country)

Mother
14. Maiden name Lucinda Elkins
15. Birthplace Tenn. (City or town) (State or foreign country)

16. Informant's **OWN** Signature Malvine E. Matlock
and Address Lewiston, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/9/1944 (Month) (Day) (Year)
(c) Place: Lewiston, Idaho

18. Funeral Director's **OWN** Signature R. B. Mann
and Address Lewiston, Idaho

19. (a) Nov. 20, 1944 (Date received and filed) (b) Jean DeWells (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) November 6th, 1944 19
at 6:00 o'clock P. M.

21. **I HEREBY CERTIFY**, That I attended deceased from Nov 4 19 44, to Nov 6 19 44
I last saw him alive on Nov 6 19 44 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration

Cardiac Dilatation 1 day
Due to Broncho Pneumonia 3 days
Due to acute alcoholism 1 week
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? Lewiston Idaho
Name of operation None Date
Major finding
Finding of autopsy None

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature E. G. Broadbent MD (M. D. or other)
and Address Lewiston Idaho Date 11-20 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census NOV 27 1944

Certificate Of Death

STATE OF IDAHO

State File No. 141491
Local Reg. No. 266
Reg. Dist. No. 220

1. PLACE OF DEATH:
(a) County Nez Perce
(b) City or town Lewiston
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? In Outside? city or town
(e) Died in a Home Hospital # Institution Other place
(f) Name Hosp. or Inst. St Joseph Stayed days
(g) Lived in this county years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Nez Perce
(c) City or town Genesee
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? Outside? Out city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? years
(h) Former residence (city, state)

3. (a) FULL NAME Susie Wilma Hickman

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3. (b) If veteran, name war None
3. (c) Social Security No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife William
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) May 27th, 1881

8. AGE	Years	Months	Days	If less than 1 day
	63	5	10	hrs min.

9. Exact Occupation Housewife Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Sioux Falls, (City or town) South Dakota (State or foreign country)
Father
12. Name Thomas Platt
13. Birthplace (City or town) Wales (State or foreign country)
Mother
14. Maiden name Carrie Harris
15. Birthplace (City or town) England (State or foreign country)
16. Informant's OWN Signature W. R. Hickman
and Address Genesee Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 11/10/1944 (Month) (Day) (Year)
(c) Place: Genesee, Idaho
18. Funeral Director's OWN Signature R. B. Wann
and Address Lewiston, Idaho
19. (a) Nov. 20, 1944 (Date received and filed) (b) Jean DeWells (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) November 7th, 1944 19
at 1:45 o'clock P. M.
21. **I HEREBY CERTIFY**, That I attended deceased from 10-7- 1944 to 11-7- 1944
I last saw her alive on 11-7- 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Coronary disease.	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted	PHYISCIAN
Name of operation Cholecystectomy Date 10-6-44	Underline the cause to which death should be charged statistically.
Major finding Cholithiasis	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature A. J. White, M.D. (M. D. or other)
and Address Lewiston Date 11-20 1944
(For additional space, use reverse side)

A J White

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 141492
Local Reg. No. 260
Reg. Dist. No. 220

1. PLACE OF DEATH:
(a) County Nez Perce
(b) City or town Lewiston
(c) Street Address or R. F. D. No. 2416 Main
(d) Death Occurred Inside? X Outside? ..... city or town
(e) Died in a Home ....Hospital X Institution ....Other place ....
(f) Name Hosp. or Inst. St. Joseph Stayed ..... days
(g) Lived in this county 25 years ..... months ..... days
Note For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Nez Perce
(c) City or town Lewiston
(d) Street Address or R. F. D. No. 2416 Main
(e) Deceased lived Inside? X Outside? ..... city or town
(f) If foreign born, in U. S. ..... yrs. Citizen of U. S.? .....
(g) How long had deceased lived in Idaho? 25 years
(h) Former residence (city, state) Pomeroy, Wash.

3. (a) **FULL NAME** Irene Fanning 92d.

3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Edmond C Fanning
6 (c) Age of husband or wife if alive Deceased years
7. Date of Birth (Month, Day, Year) June 24 1864

8. AGE	Years	Months	Days	If less than 1 day
	80	4	13	hrs min.

9. Exact Occupation Housewife Did this work for life yrs.
10. Industry or Business Home Date last worked .....
11. Birthplace Wisconsin (City or town) (State or foreign country)
Father
12. Name Leonard Davis
13. Birthplace Unknown (City or town) (State or foreign country)
Mother
14. Maiden name Eulalee Sykes
15. Birthplace Unknown (City or town) (State or foreign country)
16. Informant's **OWN** Signature x Guy Fanning
and Address Pomeroy, Washington
17. (a) Removal & Burial (Burial, cremation, or removal) (b) Date thereof Nov. 9 1944 (Month) (Day) (Year)
(c) Place: Pomeroy, Washington
18. Funeral Director's **OWN** Signature Bert Richardson
and Address Pomeroy, Washington
19. (a) Nov. 16, 1944 (Date received and filed) (b) Jean De Wells (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Nov 7, 1944
at 9:00 o'clock A.M.
21. **I HEREBY CERTIFY,** That I attended deceased from 1944 19....., to Nov. 7 1944
I last saw her alive on Nov. 6 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
✓ Chronic endocarditis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease first contracted?	
Name of operation none Date	
Major finding	
Finding of autopsy no autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature J. M. Pylaya (M. D. or other)
and Address Lewiston Ida Date 11-7 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

NOV 15 1944

NON-RESIDENT
Certificate Of Death
STATE OF IDAHO

State File No. 141493
Local Reg. No. 256
Reg. Dist. No. 220

1. PLACE OF DEATH:
(a) County Nez Perce
(b) City or town Lewiston
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? X Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. St. Joseph Stayed 14 days
(g) Lived in this county years months 14 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Washington (b) County Whitman
(c) City or town Uniontown
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? -1 years
(h) Former residence (city, state)

3. (a) FULL NAME Jesse Lee Busch

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3. (b) If veteran, name war -----
3. (c) Social Security No. -----
4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Joseph
6. (c) Age of husband or wife if alive 47 years
7. Date of Birth (Month, Day, Year) July 7, 1908

8. AGE	Years	Months	Days	If less than 1 day
	36	4	0	hrs min.

9. Exact Occupation housewife Did this work for yrs.
10. Industry or Business at home Date last worked
11. Birthplace Chariton Co., Missouri (City or town) (State or foreign country)
Father
12. Name Ambrose Pierce
13. Birthplace no record (City or town) (State or foreign country)
Mother
14. Maiden name no record
15. Birthplace no record (City or town) (State or foreign country)
16. Informant's OWN Signature X Joseph P Busch
and Address Uniontown, Washington
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 11-9-44 (Month) (Day) (Year)
(c) Place: Lewiston, Idaho
18. Funeral Director's OWN Signature Vincent V Vassar
and Address Lewiston, Idaho
19. (a) Nov. 8, 1944 (Date received and filed) (b) Jean De Wells (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) November 7, 1944
at 3:00 o'clock a. M.
21. **I HEREBY CERTIFY**, That I attended deceased from Oct. 18th 1944, to Nov. 7th 1944
I last saw her alive on Nov. 7th 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Uterine cancer	3 yrs.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation None Date	
Major finding	
Finding of autopsy	

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature H. Rouse M.D. (M. D. or other)
and Address Lewiston, Ida. Date 11/7 1944
(For additional space, use reverse side)

Rouse

NON-RESIDENT

United States
Department of Commerce NOV 27 1944
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 141494
Local Reg. No. 274
Reg. Dist. No. 220

1. **PLACE OF DEATH:** Nez Perce
(a) County
(b) City or town Lewiston
(c) Street Address or R. F. D. No. St Joseph Hos
(d) Death Occurred Inside? ✓ Outside? ____ city or town
(e) Died in a Home ____ Hospital ✓ Institution ____ Other place ____
(f) Name Hosp. or Inst. St Joseph Hos Stayed 7 days
(g) Lived in this county ____ years ____ months 7 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Wash (b) County Whitman
(c) City or town Tekoa
(d) Street Address or R. F. D. No. ✓
(e) Deceased lived Inside? ____ Outside? ____ city or town
(f) Citizen of what country? U.S.
(g) How long had deceased lived in Idaho? ✓ years
(h) Former residence (city, state) ✓

3. (a) **FULL NAME** Mary M. Tuttle 87.2

3. (b) If veteran, name war ____ 3. (c) Social Security No. none

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife ✓ 6. (c) Age of husband or wife if alive ____ years

7. Date of Birth (Month, Day, Year) Aug 22 1912

8. AGE	Years	Months	Days	If less than 1 day
	32	2	16	hrs ____ min.

9. Exact Occupation none Did this work for ✓ yrs.
10. Industry or Business At Home Date last worked ✓
11. Birthplace Wallace (City or town) Idaho (State or foreign country)

Father
12. Name Austin M. Tuttle
13. Birthplace Corbin (City or town) Ken. (State or foreign country)

Mother
14. Maiden name Bertha E. Howe
15. Birthplace Springfield (City or town) Ill. (State or foreign country)

16. Informant's **OWN** Signature Mrs. C. M. Tuttle
and Address Tekoa, Wn
17. (a) removal (Burial, cremation, or removal) (b) Date thereof Nov. 12/44 (Month) (Day) (Year)
(c) Place: Tekoa, Wn
18. Funeral Director's **OWN** Signature D D Dodson
and Address Tekoa, Wn
19. (a) Nov. 21, 1944 (Date received and filed) (b) Jean DeWelles (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Nov 8 1944
at 4:30 o'clock A. M.

21. **I HEREBY CERTIFY,** That I attended deceased from 10/31- 1944, to 11-8- 1944
I last saw h[er] alive on 11-8-1944 19____; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Anaphylactic shock -	1 day
Due to Intra-spinal medication	
Due to	
Other conditions Multiple sclerosis (Include pregnancy within 3 months of death)	
& spinal cold	14 yrs.

Where was disease contracted? ____ PHYSICIAN
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's **OWN** Signature W. Rowe, M.D. (M. D. or other)
and Address Lewiston, Idaho Date 11-10- 1944
(For additional space, use reverse side)

Rowe

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

NOV 27 1944

Certificate Of Death

STATE OF IDAHO

State File No. 141495
Local Reg. No. 271
Reg. Dist. No. 220

1. PLACE OF DEATH:
(a) County Nez Perce
(b) City or town Lewiston
(c) Street Address or R. F. D. No.
(d) Death Occured Inside? x Outside? ..... city or town
(e) Died in a Home .... Hospital x Institution .... Other place ....
(f) Name Hosp. or Inst. St. Joseph Stayed 21 days
(g) Lived in this county 35 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Nez Perce
(c) City or town Lewiston
(d) Street Address or R.F.D. No. 3107 Main
(e) Deceased lived Inside? x Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 35 years
(h) Former residence (city, state)

3. (a) FULL NAME Clarence Miller

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3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Cora
6. (c) Age of husband or wife if alive 70 years
7. Date of Birth (Month, Day, Year) August 15, 1877

8. AGE	Years	Months	Days	If less than 1 day
	67	2	7	hrs min.

9. Exact Occupation Farmer — Did this work for ..... yrs.
10. Industry or Business retired — Date last worked 1939
11. Birthplace Chicago, Illinois (City or town) (State or foreign country)

Father
12. Name no record
13. Birthplace no record (City or town) (State or foreign country)

Mother
14. Maiden name no record
15. Birthplace no record (City or town) (State or foreign country)

16. Informant's OWN Signature Paul Roberts
and Address Lewiston, Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 11-11-44 (Month) (Day) (Year)
(c) Place: Lewiston, Idaho
18. Funeral Director's OWN Signature Willard O. Nasser
and Address Lewiston, Idaho
19. (a) Nov. 21, 1944 (Date received and filed) (b) Jean De Wells (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) November 8, 1944
at 8:00 o'clock P. M.

21. **I HEREBY CERTIFY**, That I attended deceased from Jan 1944, to Nov 1944
I last saw him alive on Nov 8 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Uremia — Duration 3 days
Due to Benign Prostatic Hypertrophy
Due to Ruptured urethra
Other conditions Gangrene of bladder
(Include pregnancy within 3 months of death)

Where was disease contracted?
Name of operation ..... Date .....
Major finding
Finding of autopsy

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury

23. Attendant's OWN Signature Walter C. Mewilliams (M. D. or other)
and Address Lewiston Date 11-20- 1944
(For additional space, use reverse side)

United States
Department of Commerce
Bureau of the Census

NON-RESIDENT
CERTIFICATE OF DEATH
STATE OF IDAHO

NOV 1 3 1944

State File No. 141496
Local Reg. No. 258
Reg. Dist. No. 220

1. PLACE OF DEATH:
(a) County Nez Perce
(b) City or town Lewiston
(c) Street Address or R. F. D. No. xxx
(d) Death Occurred Inside? X Outside? ..... city or town
(e) Died in a Home ..... Hospital X Institution ..... Other place .....
(f) Name Hosp. or Ins. St. Joseph Stayed 11 days
(g) Lived in this county 0 years 0 months 11 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Washington (b) County Garfield
(c) City or town Pomeroy
(d) Street Address or R. F. D. No. R. F. D.
(e) Deceased lived Inside? ..... Outside? X city or town
(f) If foreign born, in U. S. ..... yrs. Citizen of U. S.? .....
(g) How long had deceased lived in Idaho? no years
(h) Former residence (city, state) Above

3. (a) **FULL NAME** Fredrick Francis Strain 94a.

3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Irene Strain
6 (c) Age of husband or wife if alive 62 years
7. Date of Birth (Month, Day, Year) July 30, 1882

8. AGE	Years	Months	Days	If less than 1 day
	62	3	8	hrs min.

9. Exact Occupation Farmer Did this work for 10 yrs.
10. Industry or Business Wheat & Stock Date last worked Oct. 28, 1944
11. Birthplace Pomeroy, (City or town) Wash (State or foreign country)

Father
12. Name Dudley Strain
13. Birthplace Ill. (City or town) (State or foreign country)

Mother
14. Maiden name Laura Harris
15. Birthplace Wisconsin (City or town) (State or foreign country)

16. Informant's **OWN** Signature L. Helen Strain
and Address Pomeroy Washington
17. (a) Removal & Burial (Burial, cremation, or removal) (b) Date thereof 11-13-44 (Month) (Day) (Year)
(c) Place: Pomeroy, Wash.
18. Funeral Director's **OWN** Signature Bert Richardson
and Address Pomeroy, Wash.
19. (a) Nov. 13, 1944 (Date received and filed) (b) Jean O'Wells (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Nov 8 1944
at 11:30 o'clock P M.
21. I **HEREBY CERTIFY**, That I attended deceased from Oct 29 1944, to Nov 8 1944
I last saw he alive on Nov 8 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Coronary Thrombosis	11 days
Due to —	
Due to —	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease first contracted? His Home
Name of operation None Date .....
Major finding —
Finding of autopsy None

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature J. W. Sherfey (M.D. or other)
and Address Pomeroy Date 11 11 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 14197
Local Reg. No. 259
Reg. Dist. No. 220

1. **PLACE OF DEATH:**
   (a) County Nez Perce
   (b) City or town Lewiston,
   (c) Street Address or R. F. D. No.
   (d) Death Occured Inside? x Outside? city or town
   (e) Died in a Home Hospital x Institution Other place
   (f) Name Hosp. or Inst. St. Joseph's Stayed 1 days
   (g) Lived in this county 11 years months days

   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Nez Perce
   (c) City or town Lewiston
   (d) Street Address or R.F.D. No. 1
   (e) Deceased lived Inside? Outside? x city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 11 years
   (h) Former residence (city, state)

3. (a) **FULL NAME** Ira L. Krake

112-

3. (b) If veteran, name war none
3. (c) Social Security No.
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced divorced
6. (b) Name of husband or wife no record
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) no record

8. AGE	Years	Months	Days	If less than 1 day hrs min.
	44			

9. Exact Occupation laborer — Did this work for yrs.
10. Industry or Business lumber — Date last worked 2
11. Birthplace Tillamook, Oregon (City or town) (State or foreign country)

Father
12. Name no record
13. Birthplace no record (City or town) (State or foreign country)

Mother
14. Maiden name no record
15. Birthplace no record (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mrs. L. L. Roberts
and Address Winchester Ida

17. (a) removal (Burial, cremation, or removal) (b) Date thereof 11-16-44 (Month) (Day) (Year)
(c) Place: Tillamook, Oregon

18. Funeral Director's **OWN** Signature Vassar-Rawls Co. V. Vassar
and Address Lewiston, Idaho

19. (a) Nov. 16, 1944 (Date received and filed) (b) Jean De Wells (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) November 14, 1944
at 5:00 o'clock P. M.

21. **I HEREBY CERTIFY,** That I attended deceased from 11-14- 1944, to 1944
I last saw h[illegible] alive on 11-14- 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Bronchial Asthma	many years
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYISICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature Walter C. Mewilliams (M. D. or other)
and Address Lewiston Date 11-16-1944

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

NOV 27 1944

Certificate Of Death

STATE OF IDAHO

State File No. 14149
Local Reg. No. 269
Reg. Dist. No. 221

1. **PLACE OF DEATH:**
   (a) County Nez Perce
   (b) City or town Culdesac
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? In Outside? city or town
   (e) Died in a Home # Hospital Institution Other place
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county 49 years months days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Nez Perce
   (c) City or town Culdesac
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? In Outside? city or town
   (f) Citizen of what country?
   (g) How long had deceased lived in Idaho? 49 years
   (h) Former residence (city, state)

3. (a) **FULL NAME** Mattie Martin Boyer

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3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife A. J. Boyer
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) September 5th, 1870

8. AGE	Years	Months	Days	If less than 1 day
	74	2	10	hrs min.

9. Exact Occupation Housewife Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace California (City or town) Missouri (State or foreign country)

Father
12. Name John S. Martin
13. Birthplace Not known (City or town) (State or foreign country)

Mother
14. Maiden name Mary ———
15. Birthplace Not known (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mrs. Fred Parks
and Address Culdesac, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/18/1944 (Month) (Day) (Year)
(c) Place: Culdesac, Idaho
18. Funeral Director's **OWN** Signature L. B. Wann
and Address Lewiston, Idaho
19. (a) Nov. 20, 1944 (Date received and filed) (b) Jean DeWelle (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) November 15th, 1944 19
at 4:00 o'clock P. M.

21. **I HEREBY CERTIFY**, That I attended deceased from 11-3-44 19 to 11-15 1944
I last saw h[illegible] alive on 11-15 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Bronchio Pneumonia — Duration
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Where was disease contracted? at home
Name of operation — Date
Major finding
Finding of autopsy

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature Jesse N. Alley (M. D. ~~or other~~)
and Address Lewiston Idaho Date 11/20 19 44
(For additional space, use reverse side)

United States
Department of Commerce
Bureau of the Census

NOV 27 1944

Certificate Of Death

STATE OF IDAHO

State File No. 141499
Local Reg. No. 276
Reg. Dist. No. 221

1. PLACE OF DEATH:
(a) County Nez Perce
(b) City or town Lewiston Orchards
(c) Street Address or R.F.D. No. 1
(d) Death Occured Inside? ..... Outside? X city or town
(e) Died in a Home.... Hospital X Institution.... Other place....
(f) Name Hosp. or Inst. Somerville home Stayed 20 days
(g) Lived in this county 10 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Nez Perce
(c) City or town Lewiston
(d) Street Address or R.F.D. No. 1
(e) Deceased lived Inside? ..... Outside? 1 city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 10 years
(h) Former residence (city, state) .....

3. (a) FULL NAME Harry Kingam

135a

3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife ----
6. (c) Age of husband or wife if alive ----- years
7. Date of Birth (Month, Day, Year) no record

8. AGE	Years	Months	Days	If less than 1 day
	85			hrs min.

9. Exact Occupation none Did this work for ..... yrs.
10. Industry or Business none Date last worked .....
11. Birthplace Festberg, Michigan (City or town) (State or foreign country)
Father
12. Name no record
13. Birthplace no record (City or town) (State or foreign country)
Mother
14. Maiden name no record
15. Birthplace no record (City or town) (State or foreign country)
16. Informant's OWN Signature Emil Thomas
and Address Lewiston, Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 11-22-44 (Month) (Day) (Year)
(c) Place: Lewiston, Idaho
18. Funeral Director's OWN Signature Vincent V. Vassar
and Address Lewiston, Idaho
19. (a) Nov. 22, 1944 (Date received and filed) (b) Jean DeWells (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) November 20, 1944
at 10:00 o'clock a. M.
21. **I HEREBY CERTIFY,** That I attended deceased from Early Nov. 1944; to Nov. 19 — 1944
I last saw him alive on ..... 19 .....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Coronary thrombosis	instant
~~Due to~~ Ruptured urethra	
Gangrene of bladder	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's OWN Signature Walter McWilliams (M. D. or other)
and Address Lewiston Date 11-22 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to Bureau of Vital Statistics, Boise, Idaho.

W. W.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

141500

United States
Department of Commerce
Bureau of the Census

NOV 27 1944

Certificate Of Death

STATE OF IDAHO

State File No. 141500
Local Reg. No. 275
Reg. Dist. No. 220

1. **PLACE OF DEATH:**
   (a) County Nez Perce
   (b) City or town Lewiston
   (c) Street Address or R. F. D. No.
   (d) Death Occured Inside? X Outside? city or town
   (e) Died in a Home Hospital X Institution Other place
   (f) Name Hosp. or Inst. St. Joseph Stayed 5 days
   (g) Lived in this county years 4 months 12 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Nez Perce
   (c) City or town Lapwai
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? X Outside? city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 1/3 years
   (h) Former residence (city, state)

3. (a) **FULL NAME** Courtney Williamson

119a

3. (b) If veteran, name war ------- 3. (c) Social Security No. ----------

4. Sex male 5. Color or race ½ Indian 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife ---------- 6. (c) Age of husband or wife if alive ------- years

7. Date of Birth (Month, Day, Year) July 9, 1944

8. AGE	Years	Months	Days	If less than 1 day
		4	12	hrs min.

9. Exact Occupation none Did this work for yrs.

10. Industry or Business none Date last worked

11. Birthplace Lewiston, Idaho (City or town) (State or foreign country)

Father
12. Name John Williamson
13. Birthplace Montana (City or town) (State or foreign country)

Mother
14. Maiden name Violet Pawahee
15. Birthplace Orofino, Idaho (City or town) (State or foreign country)

16. Informant's **OWN** Signature C. H. Williamson
and Address Lapwai, Idaho

17. (a) removal & burial (b) Date thereof Nov. 24, 1944 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: Lapwai, Idaho

18. Funeral Director's **OWN** Signature Vincent U. Vassar
and Address Lewiston, Idaho

19. (a) Nov. 21, 1944 (Date received and filed) (b) Jean McWells (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) November 21, 1944
at 6:00 o'clock a. M.

21. **I HEREBY CERTIFY**, That I attended deceased from 11-15-, 1944, to 11-21, 1944
I last saw h. alive on 11-20 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration
Infantile Diarrhea 8 days
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature F. Jondrain M.D. (M. D. or other)
and Address Lewiston Date 11-21 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

NOV 27 1944

Certificate Of Death

STATE OF IDAHO

State File No. 141501
Local Reg. No. 2772
Reg. Dist. No. 220

1. PLACE OF DEATH:
(a) County Nez Perce
(b) City or town Lewiston
(c) Street Address or R.F.D. No. 1025 8th, Street
(d) Death Occured Inside? In Outside? ..... city or town
(e) Died in a Home # Hospital ..... Institution ..... Other place .....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 47 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Nez Perce
(c) City or town Lewiston
(d) Street Address or R.F.D. No. 1025 8th, Street
(e) Deceased lived Inside? In Outside? ..... city or town
(f) Citizen of what country? .....
(g) How long had deceased lived in Idaho? 47 years
(h) Former residence (city, state) .....

3. (a) **FULL NAME** Albert Robert Davis 92d

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife ----
6. (c) Age of husband or wife if alive ---- years
7. Date of Birth (Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	83			hrs min.

9. Exact Occupation Retired orchardist Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Letts Corner (City or town) Indiana (State or foreign country)
Father
12. Name Aaron Davis
13. Birthplace ..... (City or town) Indiana (State or foreign country)
Mother
14. Maiden name Jane Barrett
15. Birthplace ..... (City or town) Ohio (State or foreign country)
16. Informant's **OWN** Signature Henry W Davis
and Address Eugene, Oregon
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/24/1944 (Month) (Day) (Year)
(c) Place: Lewiston, Idaho
18. Funeral Director's **OWN** Signature L. B. Warner
and Address Lewiston, Idaho
19. (a) Nov. 24, 1944 (Date received and filed) (b) Jean De Wells (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) November 22nd, 1944 19.....
at 2:00 o'clock A. M.
21. **I HEREBY CERTIFY**, That I attended deceased from Nov 15 1944, to Same 19.....
I last saw him alive on Nov 15 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — Duration
Chronic endocarditis
✓ Due to .....
Due to .....
Other conditions .....
(Include pregnancy within 3 months of death)
Where was disease contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy none

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature J M Lyle M.D. (M. D. or other)
and Address Lewiston Date 11-22 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

NOV 27 1944

Certificate Of Death

STATE OF IDAHO

State File No. 141502
Local Reg. No. 278
Reg. Dist. No. 220

1. **PLACE OF DEATH:**
   (a) County Nez Perce
   (b) City or town Lewiston
   (c) Street Address or R.F.D. No. [illegible]
   (d) Death Occured Inside? In Outside? ..... city or town
   (e) Died in a Home ✓ Hospital X Institution ..... Other place .....
   (f) Name Hosp. or Inst. St. Joseph Stayed ..... days
   (g) Lived in this county 6 years 4 months 13 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Nez Perce
   (c) City or town Lewiston
   (d) Street Address or R.F.D. No. 1716 Main Street
   (e) Deceased lived Inside? In Outside? ..... city or town
   (f) Citizen of what country? .....
   (g) How long had deceased lived in Idaho? 6 years
   (h) Former residence (city, state) .....

3. (a) **FULL NAME** Donna Rae Hoskins

170c

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife ——
6. (c) Age of husband or wife if alive —— years
7. Date of Birth (Month, Day, Year) July 9th, 1938

8. AGE	Years	Months	Days	If less than 1 day
	6	4	13	hrs min.

9. Exact Occupation At home Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Lewiston (City or town) Idaho (State or foreign country)

Father
12. Name Angus Hoskins
13. Birthplace Dixie (City or town) Wash. (State or foreign country)

Mother
14. Maiden name Myrtle Britt
15. Birthplace ..... (City or town) Oregon (State or foreign country)

16. Informant's **OWN** Signature Darrell E. Hoskins
and Address Lewiston, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-25-44 (Month) (Day) (Year)
(c) Place: Lewiston, Idaho
18. Funeral Director's **OWN** Signature L. B. Wann
and Address Lewiston, Idaho
19. (a) Nov. 25, 1944 (Date received and filed) (b) Jean De Wells (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) November 22nd, 1944 19..
at 6 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from 11-22 1944, to 11-22 1944
I last saw her alive on 11-22 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Fracture of Skull	
Due to auto wheel	
✓ Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation none Date	
Major finding	
Finding of autopsy	

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ae Suicide? — Homicide? .....
Occurred 6 P.M. 11-22 1944 City, county, state where violence occurred Run over by auto
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? —
Means of injury Run over by auto
23. Attendant's **OWN** Signature John N. Alley (M. D. or other)
and Address Lewiston Date 11-25 1944
(For additional space, use reverse side)

Alley

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

NOV 27 1944

Certificate Of Death

STATE OF IDAHO

State File No. 141503
Local Reg. No. 279
Reg. Dist. No. 221

1. **PLACE OF DEATH:**
   (a) County Nez Perce
   (b) City or town Lewiston
   (c) Street Address or R.F.D. No. 2
   (d) Death Occured Inside? ... Outside? Out city or town
   (e) Died in a Home # Hospital ... Institution ... Other place ...
   (f) Name Hosp. or Inst. ... Stayed ... days
   (g) Lived in this county 1 years ... months ... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Nez Perce
   (c) City or town Lewiston
   (d) Street Address or R.F.D. No. 2
   (e) Deceased lived Inside? ... Outside? # ... city or town
   (f) Citizen of what country? ...
   (g) How long had deceased lived in Idaho? ... years
   (h) Former residence (city, state) ...

3. (a) **FULL NAME** Ralph S. Jones

93d

3. (b) If veteran, name war None
3. (c) Social Security No. ...
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lula A. Jones
6. (c) Age of husband or wife if alive ... years
7. Date of Birth (Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	67			hrs min.

9. Exact Occupation Farmer — Did this work for ... yrs.
10. Industry or Business — Date last worked ...
11. Birthplace ... (City or town) (State or foreign country) Miss.

Father
12. Name Thomas L. Jones
13. Birthplace ... (City or town) Miss. (State or foreign country)

Mother
14. Maiden name Mary E. Williams
15. Birthplace ... (City or town) Miss. (State or foreign country)

16. Informant's **OWN** Signature Lula A Jones
and Address Rt 2 Box 309 Lewiston, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/27/1944 (Month) (Day) (Year)
(c) Place: Lewiston, Idaho

18. Funeral Director's **OWN** Signature R. B. Wann
and Address Lewiston, Idaho

19. (a) Nov. 25, 1944 (Date received and filed) (b) Jean McWells (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) November 24th, 1944 19...
at 6:00 o'clock A. M.

21. **I HEREBY CERTIFY**, That I attended deceased from Nov 20 1944 to November 24 1944
I last saw him alive on Nov 23 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — Duration

Coronary occlusion
Due to Uremic Myocarditis ✓
Due to ...
Other conditions (Include pregnancy within 3 months of death) ...
Where was disease contracted? ...
Name of operation ... Date ...
Major finding ...
Finding of autopsy ...

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ... Suicide? ... Homicide? ...
Occurred ... 19... City, county, state where violence occurred ...
Place of Violence: Home ... Farm ... Industry ...
Public Place ... While at work? ...
Means of injury ...

23. Attendant's **OWN** Signature W O Clark M D (M. D. or other)
and Address Lewiston, Idaho Date 11/25 1944
(For additional space, use reverse side)

Clark

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census DEC 4 1944

Certificate Of Death

STATE OF IDAHO

State File No. 141504
Local Reg. No. 280
Reg. Dist. No. 220

1. **PLACE OF DEATH:**
   (a) County Nez Perce
   (b) City or town Lewiston
   (c) Street Address or R. F. D. No.
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home.... Hospital X Institution.... Other place....
   (f) Name Hosp. or Inst. St. Joseph's Stayed 7 days
   (g) Lived in this county 10 years ..... months ..... days

   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Nez Perce
   (c) City or town Lewiston
   (d) Street Address or R.F.D. No. 519-7th St.
   (e) Deceased lived Inside? X Outside? ..... city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 10 years
   (h) Former residence (city, state)

3. (a) **FULL NAME** W. F. Gilbert

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3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Katherine
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) July 12, 1878

8. AGE	Years	Months	Days	If less than 1 day
	66	4	12	hrs ..... min.

9. Exact Occupation Dentist — Did this work for 34 yrs.
10. Industry or Business — Date last worked 11-16-44
11. Birthplace Byron, (City or town) Minnesota (State or foreign country)

Father
12. Name E. M. Gilbert
13. Birthplace Beaver Dam, (City or town) Wisconsin (State or foreign country)

Mother
14. Maiden name Mary Doney
15. Birthplace (City or town) Wisconsin (State or foreign country)

16. Informant's **OWN** Signature x Mrs. W. F. Gilbert
and Address Lewiston, Idaho

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 11-28-44 (Month) (Day) (Year)
(c) Place: Lewiston, Idaho

18. Funeral Director's **OWN** Signature Vincent V. Vassar
and Address Lewiston, Idaho

19. (a) Nov. 27, 1944 (Date received and filed) (b) Jean Barwell (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) November 24, 1944
at 6:30 o'clock P. M.

21. **I HEREBY CERTIFY**, That I attended deceased from 11-17-1944, to November 24 1944
I last saw him alive on 11- 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Coronary thrombosis	one week
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation ..... Date	
Major finding	
Finding of autopsy	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury

23. Attendant's **OWN** Signature Walter C. McWilliams (M. D. or other)
and Address Lewiston Date 11-25-1944

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 141505
Local Reg. No. 282
Reg. Dist. No. 220

DEC 4 1944

1. PLACE OF DEATH:
(a) County Nez Perce
(b) City or town Lewiston
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? ✓ Outside? city or town
(e) Died in a Home Hospital ✓ Institution Other place
(f) Name Hosp. or Inst. St. Joseph's Stayed 8 days
(g) Lived in this county 2 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Nez Perce
(c) City or town Lewiston
(d) Street Address or R.F.D. No. Furnish Hotel
(e) Deceased lived Inside? ✓ Outside? city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 2 years
(h) Former residence (city, state)

3. (a) FULL NAME William Casey 30d

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) 6-15-1880

8. AGE	Years	Months	Days	If less than 1 day
	64	5	9	hrs min.

9. Exact Occupation Janitor Did this work for 1 yrs.
10. Industry or Business Date last worked Nov 1944
11. Birthplace New York (City or town) (State or foreign country)
Father
12. Name Daniel Casey
13. Birthplace Michigan (City or town) (State or foreign country)
Mother
14. Maiden name Rettie Thomas
15. Birthplace New York (City or town) (State or foreign country)
16. Informant's OWN Signature Loyd Paulson
and Address Orofino, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-29-44 (Month) (Day) (Year)
(c) Place: Lewiston, Idaho
18. Funeral Director's OWN Signature Vincent V. Vassar
and Address Lewiston Idaho
19. (a) Nov. 28, 1944 (Date received and filed) (b) Jean de Wells (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) 11-24 1944
at 8:00 o'clock a. M.

21. I HEREBY CERTIFY, That I attended deceased from Jan. 1944, to 11-23- 1944
I last saw him alive on 11-23- 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration
Aortic Aneurysm, rupture of instant
✓ Due to Luetic Heart Disease
Due to
Other conditions
(Include pregnancy within 3 months of death)
Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's OWN Signature Walter C. McWilliams (M. D. or other)
and Address Lewiston Date 11-24-1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

DEC 4 1944

Certificate Of Death

STATE OF IDAHO

State File No. 141506
Local Reg. No. 284
Reg. Dist. No. 220

1. **PLACE OF DEATH:**
   (a) County Nez Perce
   (b) City or town Lewiston
   (c) Street Address or R.F.D. No. 911 8th, Ave
   (d) Death Occured Inside? In Outside? ....city or town
   (e) Died in a Home # Hospital.... Institution.... Other place....
   (f) Name Hosp. or Inst. ..... Stayed .....days
   (g) Lived in this county 13 years .....months .....days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Nez Perce
   (c) City or town Lewiston
   (d) Street Address or R.F.D. No. 911 8th, Avenue
   (e) Deceased lived Inside? In Outside? ....city or town
   (f) Citizen of what country? .....
   (g) How long had deceased lived in Idaho? 13 years
   (h) Former residence (city, state) .....

3. (a) **FULL NAME** Elizbeth McCoy

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3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife William
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) May 10th, 1859

8. AGE	Years	Months	Days	If less than 1 day
	85	6	16	hrs min.

9. Exact Occupation At home — Did this work for ....yrs.
10. Industry or Business — Date last worked
11. Birthplace Benton County (City or town) Oregon (State or foreign country)

Father
12. Name Jacob Henkle
13. Birthplace Ohio (City or town) (State or foreign country)

Mother
14. Maiden name Jane Wood
15. Birthplace Ohio (City or town) (State or foreign country)

16. Informant's **OWN** Signature Lillian E. Brower
and Address 911 - 8th Lewiston, Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 11/28/1944 (Month) (Day) (Year)
(c) Place: Oaksdale, Washington
18. Funeral Director's **OWN** Signature R. B. Wann
and Address Lewiston, Idaho
19. (a) Nov. 27, 1944 (Date received and filed) (b) Jean DeWeese (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) November 26th, 1944 19....
at 5:18 o'clock A. M.
21. **I HEREBY CERTIFY,** That I attended deceased from Nov 21 1944 to Nov 26 1944
I last saw h.. alive on Nov 25 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cardiac failure	1 day
Due to chalecystectomy	
gall stones	2 yrs
Due to	
Other conditions Senility (Include pregnancy within 3 months of death)	

Where was disease contracted? Lewiston Idaho
Name of operation None Date .....
Major finding .....
Finding of autopsy no

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident?..... Suicide?..... Homicide?.....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home.....Farm.....Industry.....
Public Place..... While at work?.....
Means of injury .....
23. Attendant's **OWN** Signature Ely Broadbent MD (M. D. or other)
and Address Lewiston Idaho Date 11-27 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

DEC 4 1944

Certificate Of Death

STATE OF IDAHO

State File No. 141597
Local Reg. No. 286
Reg. Dist. No. 221

1. **PLACE OF DEATH:**
   (a) County Nez Perce
   (b) City or town Lenore
   (c) Street Address or R.F.D. No. R. F. D.
   (d) Death Occured Inside? ..... Outside? X city or town
   (e) Died in a Home X Hospital ... Institution ... Other place ...
   (f) Name Hosp. or Inst. ..... Stayed ..... days
   (g) Lived in this county 41 years ..... months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Nez Perce
   (c) City or town Lenore
   (d) Street Address or R.F.D. No. R. F. D.
   (e) Deceased lived Inside? ..... Outside? X city or town
   (f) Citizen of what country? U. S. A.
   (g) How long had deceased lived in Idaho? 41 years
   (h) Former residence (city, state) North Carolina

3. (a) **FULL NAME** Sarah Jane Mitchell Weaver

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3. (b) If veteran, name war .....
3. (c) Social Security No. None
4. Sex Female
5. Color or race white
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife James A. Weaver
6. (c) Age of husband or wife if alive deceased years
7. Date of Birth (Month, Day, Year) October 30, 1866

8. AGE	Years	Months	Days	If less than 1 day
	78	0	29	hrs ... min.

9. Exact Occupation Retired — Did this work for ... yrs.
10. Industry or Business Housewife — Date last worked ...
11. Birthplace North Carolina (City or town) (State or foreign country)

Father
12. Name F. M. Mitchell
13. Birthplace North Carolina (City or town) (State or foreign country)

Mother
14. Maiden name Caroline Alexander
15. Birthplace North Carolina (City or town) (State or foreign country)

16. Informant's **OWN** Signature J. L. Weaver
and Address Lenore Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 12-2-44 (Month) (Day) (Year)
(c) Place: Clarkston Washington
18. Funeral Director's **OWN** Signature L. B. Warner
and Address Lewiston, Idaho
19. (a) Dec. 2, 1944 (Date received and filed) (b) Jean De Wells (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) November 29, 1944 19...
at 7 o'clock P M.
21. **I HEREBY CERTIFY**, That I attended deceased from Jan 1 1940, to Nov 29 1944
I last saw her alive on Nov 17 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Aperio Sclerosis	4 yrs
Due to Senility	4 yrs
Due to ...	
Other conditions Multiple neuritis (Include pregnancy within 3 months of death)	4 yrs

Where was disease contracted? Lenore Idaho
Name of operation None Date ...
Major finding ...
Finding of autopsy None

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ... Suicide? ... Homicide? ...
Occurred ... 19... City, county, state where violence occurred ...
Place of Violence: Home ... Farm ... Industry ...
Public Place ... While at work? ...
Means of injury ...
23. Attendant's **OWN** Signature E. G. Breedon M.D. (M. D. or other)
and Address Lewiston Idaho Date 12-2 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

NON-RESIDENT

Certificate Of Death

STATE OF IDAHO

State File No. 14150
Local Reg. No. 283
Reg. Dist. No. 220

DEC 4 1944

1. **PLACE OF DEATH:**
(a) County Nez Perce
(b) City or town Lewiston
(c) Street Address or R.F.D. No. Whites Hosp.
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Home .... Hospital X Institution .... Other place ....
(f) Name Hosp. or Inst. Whites Hosp Stayed 7 days
(g) Lived in this county ..... years ..... months 7 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Washington (b) County Asotin
(c) City or town Clarkston, Wash.
(d) Street Address or R.F.D. No. 11 33 8th St.
(e) Deceased lived Inside? X Outside? ..... city or town
(f) Citizen of what country? United States
(g) How long had deceased lived in Idaho? 7 days years
(h) Former residence (city, state) Clarkston, Wash

3. (a) **FULL NAME** John Walker

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3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex male
5. Color or race White
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) Feb. 7, 1869

8. AGE	Years	Months	Days	If less than 1 day
	75	9	23	hrs min.

9. Exact Occupation ..... Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Middletown, Indiana (City or town) (State or foreign country)

Father
12. Name Hiram Walker
13. Birthplace Buckeye County, Ohio (City or town) (State or foreign country)

Mother
14. Maiden name Catherine Harshman
15. Birthplace Middletown, Indiana (City or town) (State or foreign country)

16. Informant's **OWN** Signature Myrtle M. Hansen
and Address Grist Wash

17. (a) removal (Burial, cremation, or removal) (b) Date thereof 12/1/44 (Month) (Day) (Year)
(c) Place: Clarkston, Wash.

18. Funeral Director's **OWN** Signature A. K. Merchant (by Bonnie Merchant)
and Address Clarkston, Wash.

19. (a) Dec. 2, 1944 (Date received and filed) (b) Jas. De Wells (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Nov 30 1944
at 7:30 o'clock A M.

21. **I HEREBY CERTIFY**, That I attended deceased from 11-23 1944, to 11-30 1944
I last saw h~~im~~ alive on 11-30 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — Duration

Due to Coronary Thrombosis

Due to .....

Other conditions (Include pregnancy within 3 months of death) .....

Where was disease contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature E. F. White (M. D. or other)
and Address Lewiston Ida Date 12-2 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census DEC 6 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 141599
Local Reg. No.
Reg. Dist. No. 5

1. **PLACE OF DEATH:**
(a) County Oneida
(b) City or town Malad
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 27 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Oneida
(c) City or town Malad
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? 27 years
(h) Former residence (city, state)

3. (a) **FULL NAME** George Henry Leavitt

3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Alice Hendry
6. (c) Age of husband or wife if alive 70 years
7. Date of Birth (Month, Day, Year) April 8 1870

8. AGE	Years	Months	Days	If less than 1 day
	74	7	0	hrs min.

9. Exact Occupation Farming — Did this work for 50 yrs.
10. Industry or Business Own Farm — Date last worked 1936
11. Birthplace Ogden Utah (City or town) (State or foreign country)

Father
12. Name Unknown
13. Birthplace " (City or town) (State or foreign country)

Mother
14. Maiden name "
15. Birthplace " (City or town) (State or foreign country)

16. Informant's **OWN** Signature John W. Leavitt and Address Malad Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 11 1944 (Month) (Day) (Year)
(c) Place: Malad Idaho Rt 1.
18. Funeral Director's **OWN** Signature J. Guy Benson and Address Malad Idaho
19. (a) 11-9-1944 (Date received and filed) (b) J. Guy Benson (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) November 8 19 44
at 9:30 o'clock A. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 1940 to Nov. 8 1944
I last saw him alive on Nov. 8 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Intestinal obstruction — Duration
Due to
Due to
Other conditions Peritonitis
(Include pregnancy within 3 months of death)
Where was disease contracted? Home
Name of operation none Date
Major finding
Finding of autopsy Gangrene small intestine.

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature V. P. Grant M. D. (M. D. or other)
and Address Malad Ida Date Nov. 9, 1944
(For additional space, use reverse side)

141510

United States
Department of Commerce
Bureau of the Census

DEC 6 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 30
Reg. Dist. No. 530

1. PLACE OF DEATH:
(a) County Oneida
(b) City or town Malad
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. Oneida Stayed 7 days
(g) Lived in this county years months 7 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Bannock
(c) City or town Downey Rt 2
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Outside? X city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? 19 years
(h) Former residence (city, state)

3. (a) FULL NAME Edward LeRoy Denney

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3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Male
5. Color or race Wht.
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Iva Viola Hancock
6. (c) Age of husband or wife if 38 years
7. Date of Birth (Month, Day, Year) August 31 1897

8. AGE	Years	Months	Days	If less than 1 day
	47	2	12	hrs min.

9. Exact Occupation Farming-Sheep Did this work for 19 yrs.
10. Industry or Business Self Date last worked Oct 2 44
11. Birthplace Oakley Utah (City or town) (State or foreign country)

Father
12. Name Edward Denney
13. Birthplace England (City or town) (State or foreign country)

Mother
14. Maiden name Julia England
15. Birthplace Tooele Utah (City or town) (State or foreign country)

16. Informant's OWN Signature Iva Denney
and Address Downey Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Nov 15 44 (Month) (Day) (Year)
(c) Place: Downey Idaho
18. Funeral Director's OWN Signature J. Guy Benson
and Address Malad Idaho
19. (a) 11-15-1944 (Date received and filed) (b) J. Guy Benson (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) November 12 1944
at 1:30 o'clock P. M.
21. I HEREBY CERTIFY, That I attended deceased from Oct 1 1944, to Nov. 12 1944
I last saw him alive on Nov. 12 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — Duration
✓ Lobar Pneumonia — 6 days
Heart Failure
Due to Secondary anemia, Rheumatic Heart disease, diabetic ulcer
Due to
Other conditions
(Include pregnancy within 3 months of death)
Where was disease contracted? Idaho
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's OWN Signature Rex G. Clayton M.D. (M. D. or other)
and Address Downey Ida. Date 11/15 19 44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

DEC 6 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 141511
Local Reg. No. 31
Reg. Dist. No. 530

1. **PLACE OF DEATH:**
   (a) County Oneida
   (b) City or town Malad
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? X Outside? ____ city or town
   (e) Died in a Home ____ Hospital X Institution ____ Other place ____
   (f) Name Hosp. or Inst. Oneida Stayed 9 days
   (g) Lived in this county ____ years 3 months ____ days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under Item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Bannock
   (c) City or town Downey
   (d) Street Address or R. F. D. No.
   (e) Deceased lived Inside? ____ Outside? X city or town
   (f) Citizen of what country?
   (g) How long had deceased lived in Idaho? 4 years
   (h) Former residence (city, state)

3. (a) **FULL NAME** Burton Don Fisher

1187

3. (b) If veteran, name war Yes
3. (c) Social Security No. 554-07-8890
4. Sex Male
5. Color or race Wht.
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mabel F Bloxham
6. (c) Age of husband or wife if alive 24 years
7. Date of Birth (Month, Day, Year) February 22 1902

8. AGE	Years	Months	Days	If less than 1 day
	42	8	21	hrs ____ min.

9. Exact Occupation Operator Road Equip. Did this for 20 yrs.
10. Industry or Business Carl E Nelson Co Date last worked 11/3/44
11. Birthplace Havre Montana (City or town) (State or foreign country)

Father
12. Name Floyd Fisher
13. Birthplace Illinois (City or town) (State or foreign country)

Mother
14. Maiden name Ilene
15. Birthplace Ireland (City or town) (State or foreign country)

16. Informant's OWN Signature Mabel Fisher and Address Downey Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Nov 13 44 (Month) (Day) (Year)
    (c) Place: Downey Idaho
18. Funeral Director's OWN Signature J. Guy Hansen and Address Malad Idaho
19. (a) 11-13-1944 (Date received and filed) (b) J. Guy Hansen (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

1297

20. **DATE OF DEATH** (Month, Day, Year) November 12 1944 at 1:30 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from Nov 4, 1944 to Nov 12 1944
    I last saw h alive on Nov 12 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Ruptured Stomach Ulcer	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation ____ Date ____	Underline the cause to which death should be charged statistically.
Major finding 11-4-44	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
    Occurred ____ 19____ City, county, state where violence occurred
    Place of Violence: Home ____ Farm ____ Industry ____
    Public Place ____ While at work? ____
    Means of injury
23. Attendant's OWN Signature O. H. Mabey M.D. (M. D. or other) and Address Malad Date 11-13 1944

(For additional space, use reverse side)

141512

United States
Department of Commerce
Bureau of the Census

DEC 6 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 32
Reg. Dist. No. 530

1. **PLACE OF DEATH:**
(a) County Oneida
(b) City or town Malad
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? ___ city or town
(e) Died in a Home ___ Hospital X Institution ___ Other place ___
(f) Name Hosp. or Inst. Oneida Stayed 2½ days
(g) Lived in this county ___ years ___ months 2½ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bannock
(c) City or town Downey
(d) Street Address or R. F. D. No. 1
(e) Deceased lived Inside? ___ Outside? X city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? Life years
(h) Former residence (city, state)

3. (a) FULL NAME Henry Alfred Denney

170C

3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Male
5. Color or race Wht.
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive ___ years
7. Date of Birth (Month, Day, Year) December 26 1880

8. AGE	Years	Months	Days	If less than 1 day
	63	11	0	hrs ___ min.

9. Exact Occupation Farm Laborer Did this work for 20 yrs.
10. Industry or Business John Pratt Ranch Date last worked Nov 22 44
11. Birthplace Swan Lake Idaho (City or town) (State or foreign country)

Father
12. Name Henry Denney
13. Birthplace England (City or town) (State or foreign country)

Mother
14. Maiden name Annie Moore
15. Birthplace England (City or town) (State or foreign country)

16. Informant's OWN Signature Jesse Denney
and Address Swan Lake Idaho
17. (a) Removal (b) Date thereof Nov 29 44 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: Oxford Idaho
18. Funeral Director's OWN Signature J. Guy Hansen
and Address Malad Idaho
19. (a) 11-29-1944 (Date received and filed) (b) J. Guy Hansen (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) November 26 1944
at 11:30 o'clock A.M.
21. **I HEREBY CERTIFY,** That I attended deceased from 11-23 1944 to 11-26 1944
I last saw ~~him~~ alive on 11-26 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebral edema, & the dural clot	3 days
Due to Fractured skull + Concussion of Brain	3 days
Due to Being struck by a Car	
Other conditions Hemiplegia Pneumonia (Include pregnancy within 3 months of death)	1-2 days

Where was disease contracted?
Name of operation ___ Date ___
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ___ Suicide? ___ Homicide? ___
Occurred 11/23/ 1944 City, county, state where violence occurred Londa, Bannock, Ida
Place of Violence: Home ___ Farm ___ Industry ___
Public Place Highway While at work?
Means of injury Struck by car
23. Attendant's OWN Signature Rex D. Taylor M.D. (M. D. or other)
and Address Downey Ida Date 11/29 1944
(For additional space use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

141513

United States
Department of Commerce DEC 6 1944
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 23
Reg. Dist. No. 230

1. **PLACE OF DEATH:**
(a) County Oneida
(b) City or town Malad
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home ____ Hospital X Institution ____ Other place ____
(f) Name Hosp. or Inst. Oneida Stayed 1 days
(g) Lived in this county 76 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Oneida
(c) City or town Malad
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? 76 years
(h) Former residence (city, state)

3. (a) **FULL NAME** Mary Ellen Williams Evans 186a

3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Female
5. Color or race Wht
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife D. L. Evans
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) July 9 1864

8. AGE	Years	Months	Days	If less than 1 day
	80	4	17	hrs ____ min.

9. Exact Occupation Housewife Did this work for 59 yrs.
10. Industry or Business Own Home Date last worked 11/25/44
11. Birthplace Brigham Utah (City or town) (State or foreign country)

Father
12. Name John Jones Williams
13. Birthplace Wales (City or town) (State or foreign country)

Mother
14. Maiden name Mary Jones
15. Birthplace Wales (City or town) (State or foreign country)

16. Informant's **OWN** Signature D. L. Evans
and Address Malad Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 29 44 (Month) (Day) (Year)
(c) Place: Malad Idaho

18. Funeral Director's **OWN** Signature J. Guy Benson
and Address Malad Idaho

19. (a) Dec 27-1944 (Date received and filed) (b) J. Guy Benson (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) November 26 19 44
at 12:55 o'clock P. M.

21. **I HEREBY CERTIFY,** That I attended deceased from Nov. 25, 1944 to Nov. 26, 1944
I last saw her alive on Nov. 26 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Concussion of brain due to a fall. — Duration ____
Due to ____
Due to ____
Other conditions Broken arm (Include pregnancy within 3 months of death)
Shock.
Where was disease contracted?
Name of operation ____ Date ____
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ✓ Suicide? ____ Homicide? ____
Occurred Malad Nov. 25 1944 City, county, state where violence occurred Malad Oneida, Ida.
Place of Violence: Home ✓ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury Fell going down stairs

23. Attendant's **OWN** Signature H. P. Hart M. D. (M. D. or other)
and Address Malad Ida Date Nov 27, 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

141514

United States
Department of Commerce
Bureau of the Census DEC 6 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 141514
Local Reg. No. 24
Reg. Dist. No. 530

1. **PLACE OF DEATH:**
(a) County Oneida
(b) City or town Malad
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home X Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 30 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Oneida
(c) City or town Malad
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? 30 years
(h) Former residence (city, state)

3. (a) **FULL NAME** Thomas Alfred Smith

3. (b) If veteran, name war No
3. (c) Social Security No.
4. Sex Male
5. Color or race Wht.
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Eliza Middleton
6. (c) Age of husband or wife if alive 69 years
7. Date of Birth (Month, Day, Year) September 6 1875

8. AGE	Years	Months	Days	If less than 1 day
	69	2	22	hrs ____ min. ____

9. Exact Occupation Farming — Did this work for 30 yrs.
10. Industry or Business Own Farm — Date last worked 1942
11. Birthplace Willard Utah (City or town) (State or foreign country)

Father
12. Name George Smith
13. Birthplace England (City or town) (State or foreign country)

Mother
14. Maiden name Elizabeth Althrop
15. Birthplace England (City or town) (State or foreign country)

16. Informant's **OWN** Signature LaVern Smith
and Address Malad Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 1 1944 (Month) (Day) (Year)
(c) Place: Malad Idaho
18. Funeral Director's **OWN** Signature J. Guy Kenan
and Address Malad Idaho
19. (a) 11-29-1944 (Date received and filed) (b) J. Guy Kenan (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) November 28 19 44
at 2:30 o'clock A. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 11-28 19 44 to Nov 28 19 44
I last saw h— alive on Nov 28 19 44 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cancer of Uterus and Liver	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	—

Where was disease contracted?
Name of operation ____ Date ____
Major finding
Finding of autopsy none

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19 ____ City, county, state where violence occurred
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury

23. Attendant's **OWN** Signature O. H. Mulley M.D. (M. D. or other)
and Address 11-29-44 Date 19

(For additional space, use reverse s...

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

DEC 16 1944

Certificate Of Death

STATE OF IDAHO

State File No. 141515
Local Reg. No. 73
Reg. Dist. No. 392

1. **PLACE OF DEATH:**
   (a) County Owyhee
   (b) City or town Homedale
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? Outside? city or town
   (e) Died in a Home Hospital Institution Other place
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county years months days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Owyhee
   (c) City or town Homedale
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? Outside? city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? years
   (h) Former residence (city, state)

3. (a) **FULL NAME** Baby Johannessen 159

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced ------
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Sept. 1, 1944

8. AGE	Years	Months	Days	If less than 1 day
				2 hrs min.

9. Exact Occupation Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Homedale, (City or town) Idaho. (State or foreign country)
Father
12. Name M. K. Johannessen
13. Birthplace (City or town) Denmark (State or foreign country)
Mother
14. Maiden name Helm[illegible]
15. Birthplace Boise (City or town) Idaho (State or foreign country)
16. Informant's OWN Signature M K Johannessen
and Address Homedale Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/2/44 (Month) (Day) (Year)
(c) Place: Canyon Hill Cemetery, Caldwell
18. Funeral Director's OWN Signature V. Peckham
and Address 504 So. Kimball Ave., Caldwell
19. (a) 10-15-44 (Date received and filed) (b) Helen McDaw (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Sept. 1 1944
at 11:30 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 19, to 19
I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
unknown to me	
Due to probably prematurity	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature John [illegible] Finck (M. D. or other)
and Address Caldwell Idaho Date 9-4 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census DEC 16 1944

Certificate Of Death

STATE OF IDAHO

State File No. 141516
Local Reg. No. 74
Reg. Dist. No. 392

1. PLACE OF DEATH:
(a) County Owyhee
(b) City or town Homedale
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? Outside? X city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 1 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Owyhee
(c) City or town Homedale
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? Outside? X city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? years
(h) Former residence (city, state)

3. (a) FULL NAME ARKLEY FLOYD DERRICK

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Amanda L. Derrick
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) June 21, 1897

8. AGE	Years	Months	Days	If less than 1 day
	47	4	15	hrs min.

9. Exact Occupation Farmer — Did this work for yrs.
10. Industry or Business Farming — Date last worked
11. Birthplace Milton, Oregon (City or town) (State or foreign country)

Father
12. Name Edwin T. Derrick
13. Birthplace Unknown (City or town) (State or foreign country)

Mother
14. Maiden name Nellie Ann Vessey
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's **OWN** Signature Amanda L. Derrick
and Address Homedale, Ida

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/10/44 (Month) (Day) (Year)
(c) Place: Wilder Cemetery

18. Funeral Director's **OWN** Signature S. V. Packham
and Address 504 So. Kimball Ave., Caldwell

19. (a) Nov 15 1944 (Date received and filed) (b) Helen M Dean (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Nov. 6, 1944
at 7:15 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 11/1/44 19 to Nov. 5. 1944
I last saw him alive on Nov. 5. 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Heart Disease & Nephritis — Duration
Due to
Due to
Other conditions Asthma
(Include pregnancy within 3 months of death)
Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature J. H. Cooper M.D. (M. D. or other)
and Address Homedale, Ida Date 11/14 1944
(For additional space, use reverse side)

Riverside Cemetery.

United States
Department of Commerce
Bureau of the Census

NOV 15 1944

Certificate Of Death

STATE OF IDAHO

State File No. 14151
Local Reg. No. 70
Reg. Dist. No. 3-330

1. **PLACE OF DEATH:**
   (a) County Payette
   (b) City or town Payette
   (c) ~~Street~~ or R.F.D. No. --- Box 75
   (d) Death Occured Inside? ..... Outside? # city or town
   (e) Died in a Home # Hospital .... Institution .... Other place ....
   (f) Name Hosp. or Inst. ..... Stayed ..... days
   (g) Lived in this county 44 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Payette
   (c) City or town Payette
   (d) ~~Street~~ or R.F.D. No. Box 75
   (e) Deceased lived Inside? ..... Outside? # city or town
   (f) Citizen of what country? USA
   (g) How long had deceased lived in Idaho? 44 years
   (h) Former residence (city, state) Lenora, Kansas

3. (a) **FULL NAME** William W. White.

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3. (b) If veteran, name war ---
3. (c) Social Security No. ---
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Elizabeth White
6. (c) Age of husband or wife if alive 66 years
7. Date of Birth (Month, Day, Year) November 15 1871

8. AGE	Years	Months	Days	If less than 1 day
	72	11	18	hrs ... min.

9. Exact Occupation farmer — Did this work for life yrs.
10. Industry or Business ranch — Date last worked 1929
11. Birthplace Madison Co. (City or town) Iowa. (State or foreign country)

Mother Father
12. Name Samuel White
13. Birthplace Muskingum Co. (City or town) Ohio. (State or foreign country)

Mother
14. Maiden name Margaret Logan
15. Birthplace ------- (City or town) Ill (State or foreign country)

16. Informant's **OWN** Signature Elizabeth White
and Address Payette, Idaho.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 11/4/1944 (Month) (Day) (Year)
(c) Place: Payette, Idaho.

18. Funeral Director's **OWN** Signature Edith Sanders
and Address Payette, Idaho.

19. (a) 11/4/1944 (Date received and filed) (b) J.C. Woodward (Registrar's signature)

(95)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) November 2 1944 19...
at 7 o'clock A. M.

21. **I HEREBY CERTIFY**, That I attended deceased from Nov 1 1944, to Nov 1 1944
I last saw him alive on Nov 1 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — Duration

Due to Carcinoma of Liver

Due to

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?
Name of operation ..... Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19... City, county, state where violence occurred
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury

23. Attendant's **OWN** Signature J R Woodward M.D. (M. D. or other)
and Address Payette, Idaho. Date 11/3/1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Riverside Cemetery.

141518

United States
Department of Commerce
Bureau of the Census NOV 27 1944

Certificate Of Death

STATE OF IDAHO

State File No. 73
Local Reg. No. 3330
Reg. Dist. No. 3

1. **PLACE OF DEATH:**
   (a) County Payette
   (b) City or town Payette
   (c) ~~Street Address~~ or R. F. D. No. 1
   (d) Death Occured Inside? ..... Outside? # ..... city or town
   (e) Died in a Home # Hospital .... Institution .... Other place ....
   (f) Name Hosp. or Inst. ..... Stayed ..... days
   (g) Lived in this county 26 years 11 months 16 days

   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Payette
   (c) City or town Payette
   (d) ~~Street Address~~ or R.F.D. No. 1
   (e) Deceased lived Inside? ..... Outside? # ..... city or town
   (f) Citizen of what country? USA
   (g) How long had deceased lived in Idaho? 48 years
   (h) Former residence (city, state) Newton Co. Missouri.

3. (a) **FULL NAME** Clarence A. Barker.

94a

3. (b) If veteran, name war ----
3. (c) Social Security No. ----
4. Sex male race white
5. Color or
6. (a) Single, widowed, married, divorced widower
6. (b) Name of husband or wife Theresa A. Barker
6. (c) Age of husband or wife if living ~~deceased~~ years
7. Date of Birth (Month, Day, Year) October 21 1881

8. AGE	Years	Months	Days	If less than 1 day
	63	--	25	hrs ---- min.

9. Exact Occupation farming — Did this work for life yrs.
10. Industry or Business ranch — Date last worked April 1944
11. Birthplace Newton Co. (City or town) Missouri. (State or foreign country)

Father
12. Name Craten T. Barker.
13. Birthplace ---- (City or town) Illinois. (State or foreign country)

Mother
14. Maiden name Margaret Ellen Bowlen.
15. Birthplace ----- (City or town) Illinois. (State or foreign country)

16. Informant's **OWN** Signature C. A. Barker
and Address Payette, Idaho. Route 1.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 11/20/1944 (Month) (Day) (Year)
(c) Place: Payette, Idaho.

18. Funeral Director's **OWN** Signature Edith Landon.
and Address Payette, Idaho.

19. (a) 11/18/1944 (Date received and filed) (b) J. C. Woodward (Registrar's signature)

(98)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) November 16 1944 19 ....
at 10:45 o'clock P. M.

21. **I HEREBY CERTIFY**, That I attended deceased from 11-15-44 19 .... to 11-16 1944
I last saw h~~im~~er alive on 11-16 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Coronary Thrombosis.	2 days.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ..... Date .....
Major finding
Finding of autopsy

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury

23. Attendant's **OWN** Signature [illegible] M.D.
and Address Ontario, Oregon 11/17/1944 or other
(For additional space, use reverse side)

Riverside Cemetery

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

DEC 13 1944

State File No. 141519
Local Reg. No. 74
Reg. Dist. No. 3-330

1. **PLACE OF DEATH:**
   (a) County Payette
   (b) City or town Payette
   (c) Street Address ~~XXXXXX~~ 237 So 10th St
   (d) Death Occured Inside? # Outside? city or town
   (e) Died in a Home Hospital # Institution Other place
   (f) Name Hosp. or Payette General Stayed 12 days
   (g) Lived in this county years months 12 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Payette
   (c) City or town Payette
   (d) Street Address ~~XXXXXX~~ No. 237 So 10th St
   (e) Deceased lived Inside? # Outside? city or town
   (f) Citizen of what country? USA
   (g) How long had deceased lived in Idaho? 12 Days
   (h) Former residence (city, state) ----------

3. (a) **FULL NAME** Ernst Wendell Debban. 157e

3. (b) If veteran, name war ----
3. (c) Social Security No. ----
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife ----
6. (c) Age of husband or wife if alive ---- years
7. Date of Birth (Month, Day, Year) November 6 1944

8. AGE	Years	Months	Days	If less than 1 day
	--	--	12	3 hrs 30 min.

9. Exact Occupation none — Did this work for --- yrs.
10. Industry or Business none — Date last worked ----
11. Birthplace Payette, (City or town) Idaho. (State or foreign country)

Father
12. Name Edwin A. Debban.
13. Birthplace Elwood, (City or town) Nebraska. (State or foreign country)

Mother
14. Maiden name Sarah Hamp.
15. Birthplace Grace, (City or town) Idaho. (State or foreign country)

16. Informant's **OWN** Signature Edwin A Debban
and Address Payette, Idaho. R.F.D.2

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 11/21/1944 (Month) (Day) (Year)
(c) Place: Payette, Idaho.

18. Funeral Director's **OWN** Signature Edwin Gardner
and Address Payette, Idaho.

19. (a) 11/21/1944 (Date received and filed) (b) J. O. Woodward (Registrar's signature)

(99)

MEDICAL CERTIFICATE OF DEATH.

20. **DATE OF DEATH** (Month, Day, Year) November 19 1944 19....
at 10 o'clock A. M.

21. **I HEREBY CERTIFY**, That I attended deceased from Nov 6 1944, to Nov 19 1944
I last saw h~~e~~ alive on Nov 19 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Myocardial failure — Duration
Due to Congenital Heart
Due to
Other conditions (Include pregnancy within 3 months of death)
Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature John J Kaiser MD. (M. D. or other)
and Address Payette, Idaho. 11/20/1944 (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Parkview Cemetery.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 141520
Local Reg. No. 73
Reg. Dist. No. 3-336

DEC 13 1944

1. **PLACE OF DEATH:**
   (a) County Payette
   (b) City or town Payette
   (c) Street Address or R. F. D. No.
   (d) Death Occured Inside? # Outside? city or town
   (e) Died in a Home Hospital # Institution Other place
   (f) Name Hosp. or Inst. Payette General Stayed 6 days
   (g) Lived in this county 2 years 9 months 22 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Payette
   (c) City or town New Plymouth
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? # Outside? city or town
   (f) Citizen of what country? USA
   (g) How long had deceased lived in Idaho? 2 years
   (h) Former residence (city, state) Southwest, Ark.

3. (a) **FULL NAME** Oliver M. Larkins. 1346

3. (b) If veteran, name war ----
3. (c) Social Security No. ----
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Bessie M.
6. (c) Age of husband or wife if alive 50 years
7. Date of Birth (Month, Day, Year) July 27 1882.

8. AGE	Years	Months	Days	If less than 1 day
	62	3	27	hrs min.

9. Exact Occupation farming — Did this work for life yrs.
10. Industry or Business — Date last worked 1939
11. Birthplace Montrose, (City or town) Illinois. (State or foreign country)

Father
12. Name Theodore Larkins.
13. Birthplace Montrose (City or town) Illinois. (State or foreign country)

Mother
14. Maiden name Malinda Allison.
15. Birthplace Sullivan (City or town) Illinois. (State or foreign country)

16. Informant's **OWN** Signature Bessie Larkins
and Address New Plymouth, Idaho. Box 22

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 11/27/1944 (Month) (Day) (Year)
(c) Place: New Plymouth, Idaho.

18. Funeral Director's **OWN** Signature Edith Carden
and Address Payette, Idaho.

19. (a) 11/24/1944 (Date received and filed) (b) J. O. Woodward (Registrar's signature)

(101)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Nov. 23, 1944
at 1:15 o'clock P. M.

21. **I HEREBY CERTIFY**, That I attended deceased from March 1944, to Nov. 23 1944
I last saw him alive on Nov. 23 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Pulmonary embolism	Immediate
Due to Pelvic vein thrombosis	2 days
Due to Neoplasm and circulatory failure	2 months
Other conditions Surgery of urinary bladder (Include pregnancy within 3 months of death)	Nov. 15 '44
Calculus of bladder	
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation ... Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature Geo. L. Davis, M.D. (M. D. or other)
and Address New Plymouth, Ida. Date Nov. 24 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

DEC 13 1944

Certificate Of Death

STATE OF IDAHO

State File No. 141521
Local Reg. No. 76
Reg. Dist. No. 3-30

1. PLACE OF DEATH:
(a) County PAYETTE
(b) City or town PAYETTE
(c) Street Address or R.F.D. No. ---------
(d) Death Occured Inside? ..... Outside? # city or town
(e) Died in a Home.... Hospital # Institution.... Other place....
(f) Name Hosp. or Inst. Payette Gen. Stayed 3 hrs days
(g) Lived in this county --- years --- months --- days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State IDAHO (b) County ADA
(c) City or town BOISE Broadway &
(d) Street Address or R.F.D. No. Woodbine
(e) Deceased lived Inside? # Outside? -- city or town
(f) Citizen of what country? U.S.A
(g) How long had deceased lived in Idaho? 21 years
(h) Former residence (city, state) ----------

3. (a) **FULL NAME** LIEUTENANT CLAYTON MARVIN JONES

184

3. (b) If veteran, name war W.W.#2
3. (c) Social Security No. .....
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Norma S. Jones
6. (c) Age of husband or wife if alive 20 years
7. Date of Birth (Month, Day, Year) February 14,1923

8. AGE	Years	Months	Days	If less than 1 day
	21	9	15	-- hrs min.

9. Exact Occupation U.S. Army — Did this work for 1½ yrs.
10. Industry or Business Air Corps — Date last worked ------
11. Birthplace Boise (City or town) Idaho (State or foreign country)
Father
12. Name DR. A. C. JONES
13. Birthplace STEAM ROCK, NEVADA (City or town) (State or foreign country)
Mother
14. Maiden name LOIS GUNN
15. Birthplace BUTTE, MONTANA (City or town) (State or foreign country)
16. Informant's **OWN** Signature Rudy A Anderson
and Address Broadway + Woodbine
17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof 11/29/44 (Month) (Day) (Year)
(c) Place: BOISE, IDAHO
18. Funeral Director's **OWN** Signature Earl Pardon
and Address PAYETTE, IDAHO
19. (a) 11/29/1944 (Date received and filed) (b) J C Woodward (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) NOVEMBER 29,1944 19....
at 12.15 M o'clock ..... M.
21. **I HEREBY CERTIFY**, That I attended deceased from ..... 19...., to ..... 19....
I last saw him alive on Nov 29 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Shock + Int. Haem	3 hrs.
Due to Gun Shot wound	
✓ Due to below heart.	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation ..... Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? yes Suicide? No Homicide? No
Occurred Nov 29 1944 City, county, state where violence occurred Fruit, Payette Idaho
Place of Violence: Home ..... Farm yes Industry .....
Public Place Hunting ..... While at work? .....
Means of injury Shot Gun (Bigg)
23. Attendant's **OWN** Signature John J Kaiser MD (M. D. or other)
and Address Payette Date 11-29 1944
(For additional space, use reverse side)

(102)

United States
Department of Commerce DEC 8 1944
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 141522
Local Reg. No. 25
Reg. Dist. No. 500

1. **PLACE OF DEATH:**
(a) County Power
(b) City or town American Falls
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 25 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Power
(c) City or town American Falls, Idaho
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? U. S.
(g) How long had deceased lived in Idaho? 34 years
(h) Former residence (city, state) Kansas

3. (a) **FULL NAME** Uel Rue Smith 308

3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Date of Birth (Month, Day, Year) February 2 1881

8. AGE	Years	Months	Days	If less than 1 day
	63	9	5	hrs min.

9. Exact Occupation Contracting Did this work for 25 yrs.
10. Industry or Business Painter, Decorator Date last worked 1919
11. Birthplace Not Known (City or town) (State or foreign country)
Father
12. Name Uel Smith
13. Birthplace Not Known (City or town) (State or foreign country)
Mother
14. Maiden name Not Known
15. Birthplace " " (City or town) (State or foreign country)
16. Informant's OWN Signature Guy H. Smith
and Address Pocatello, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-9-44 (Month) (Day) (Year)
(c) Place: American Falls, Idaho
18. Funeral Director's OWN Signature H L Davis
and Address American Falls, Idaho
19. (a) 11-9-1944 (Date received and filed) (b) Irene Daling (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) November 7 1944
at 8:30 o'clock 17 M.
21. **I HEREBY CERTIFY,** That I attended deceased from 11-6-1944 to 11-7-1944
I last saw him alive on 11-6-1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Paraplegia	
Due to	
Due to Syphilis	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature V G Logan, M D (M. D. or other)
and Address Am. Falls, Idaho Date 11-7-1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

141523

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

DEC 8 1944

State File No. 141523
Local Reg. No. 21
Reg. Dist. No. 500

1. **PLACE OF DEATH:**
(a) County Power
(b) City or town American Falls Idaho
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home ____ Hospital X Institution ____ Other place ____
(f) Name Hosp. or Inst. Schilt Mem'l Stayed ____ days
(g) Lived in this county ____ years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Power
(c) City or town American Falls
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? U S.
(g) How long had deceased lived in Idaho? Life years
(h) Former residence (city, state) Idaho

3. (a) **FULL NAME** Leon Earl Galloway. 82

3. (b) If veteran, name war No
3. (c) Social Security No. none
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Date of Birth (Month, Day, Year) Aug 16 — 1943

8. AGE	Years	Months	Days	If less than 1 day
	1	2	29	hrs min.

9. Exact Occupation none — Did this work for — yrs.
10. Industry or Business — Date last worked —
11. Birthplace Pocatello Ida. (City or town) (State or foreign country)
Father
12. Name Ray E. Galloway
13. Birthplace Am Falls Ida (City or town) (State or foreign country)
Mother
14. Maiden name Beulah Estep.
15. Birthplace Am Falls Ida (City or town) (State or foreign country)
16. Informant's **OWN** Signature Beulah A Galloway
and Address American Falls, Idaho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-18-44 (Month) (Day) (Year)
(c) Place: American Falls, Idaho
18. Funeral Director's **OWN** Signature J H Evans
and Address American Falls Idaho.
19. (a) Nov 20-1944 (Date received and filed) (b) Irene Daling (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Nov 15 — 1944
at 11:35 o'clock A. M.
21. **I HEREBY CERTIFY,** That I attended deceased from Nov 13 1944 to Nov 15, 1944
I last saw him alive on Nov 15 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Massive cerebral damage — Duration
Due to Embolism
Due to
Other conditions Birth injury (Include pregnancy within 3 months of death) with plastic paralysis
Where was disease contracted? Idaho
Name of operation none Date
Major finding
Finding of autopsy none

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury
23. Attendant's **OWN** Signature G. L. Evans M.D. (M. D. or other)
and Address Aberdeen Ida. Date Nov 15 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

141524

United States
Department of Commerce
Bureau of the Census

DEC 8 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 28
Reg. Dist. No. 500

1. **PLACE OF DEATH:**
(a) County Power
(b) City or town American Falls, Idaho
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home X Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 36 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Power
(c) City or town American Falls, Idaho
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? U S
(g) How long had deceased lived in Idaho? 36 years
(h) Former residence (city, state) Kansas

3. (a) FULL NAME Harrison Brown Runnion 1150

3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Mae Oma
6. (c) Age of husband or wife if alive 67 years
7. Date of Birth (Month, Day, Year) Nov. 20, 1870

8. AGE	Years	Months	Days	If less than 1 day
	74	0	3	hrs ____ min.

9. Exact Occupation Miller, (Janitor) Did this work for 24 yrs.
10. Industry or Business Farmer - (School) Date last worked 1935
11. Birthplace Spencer W. Virginia (City or town) (State or foreign country)

Father
12. Name Andrew Jackson Runnion
13. Birthplace Spencer W. Virginia (City or town) (State or foreign country)

Mother
14. Maiden name Margaret Henderson
15. Birthplace Spencer W. Virginia (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. H. B. Runnion
and Address American Falls, Idaho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-26-44 (Month) (Day) (Year)
(c) Place: Falls View Cemetery
18. Funeral Director's OWN Signature H. T. Dunn
and Address American Falls, Idaho.
19. (a) 11-25-1944 (Date received and filed) (b) Irene Daling (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 11 - 23 - 1944
at 3:00 o'clock P.M.
21. I **HEREBY CERTIFY**, That I attended deceased from July 15 1944 to Nov. 23 1944
I last saw him alive on Nov. 23 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — Duration

Paralysis of Esophagus
Due to Pharyngx
Due to
Other conditions
(Include pregnancy within 3 months of death)

Where was disease contracted?
Name of operation ____ Date ____
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state
where violence occurred
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury

23. Attendant's OWN Signature V. G. Logan M.D. (M. D. or other)
and Address Am. Falls, Ida. Date 11-23 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

DEC 8 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 141525
Local Reg. No. 29
Reg. Dist. No. 510

1. **PLACE OF DEATH:**
   (a) County Power
   (b) City or town American Falls
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? x Outside? ____ city or town
   (e) Died in a Home ____ Hospital x Institution ____ Other place ____
   (f) Name Hosp. or Inst. Schiltz Mem. Stayed 98 days
   (g) Lived in this county ____ years 9 months ____ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Cassia
   (c) City or town Rupert
   (d) Street Address or R. F. D. No. 1
   (e) Deceased lived Inside? ____ Outside? x city or town
   (f) Citizen of what country? United States
   (g) How long had deceased lived in Idaho? 20 years
   (h) Former residence (city, state) Utah

3. (a) **FULL NAME** ARTHUR LESLIE TYLER 572

3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced divorced
6. (b) Name of husband or wife Lina Louyse
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) May 22, 1894

8. AGE	Years	Months	Days	If less than 1 day
	50	6	8	hrs ____ min.

9. Exact Occupation Farmer — Did this work for 30 yrs.
10. Industry or Business ____ — Date last worked Oct. 1, 1944
11. Birthplace Ogden (City or town) Utah (State or foreign country)

Father
12. Name Lesley Gilbert Tyler
13. Birthplace Filmore (City or town) Utah (State or foreign country)

Mother
14. Maiden name Rose Southwell
15. Birthplace Deweyville (City or town) Utah (State or foreign country)

16. Informant's OWN Signature Rosa Brown
and Address American Falls, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12 2 1944 (Month) (Day) (Year)
(c) Place: Falls View Cemetery, Am. Falls
18. Funeral Director's OWN Signature [illegible]
and Address American Falls, Idaho
19. (a) Dec 2-1944 (Date received and filed) (b) Irene Baling (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 11/29 1944
at 2 o'clock P. M.

21. **I HEREBY CERTIFY,** That I attended deceased from 1943 19__ to 11/29 1944
I last saw h__ alive on 11/28 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Expansion secondary to Cerebral Tumor.	2 yrs.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Craniotomy Date June 1944
Major finding Inoperable Cerebral Tumor
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury

23. Attendant's OWN Signature W. H. Farnell (M. D. or other)
and Address Am. Falls Date 12-1 1944

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce DEC 12 1944
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 141526
Local Reg. No. 47
Reg. Dist. No. 142

1. **PLACE OF DEATH:**
(a) County Shoshone
(b) City or town Kellogg
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? X city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 8 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Shoshone
(c) City or town Kellogg
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Outside? X city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? 8 years
(h) Former residence (city, state) Portland Ore

3. (a) **FULL NAME** George E. Thompson 93b

3. (b) If veteran, name war --
3. (c) Social Security No. 518-01-3954
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Nov. 23, 1903

8. AGE	Years	Months	Days	If less than 1 day
	40	11		hrs min.

9. Exact Occupation Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Gunnison City Colo. (City or town) (State or foreign country)
Father
12. Name Knight A. Thompson
13. Birthplace Alameda Kansas (City or town) (State or foreign country)
Mother
14. Maiden name Mae Spencer
15. Birthplace Boulder Cy. Colo. (City or town) (State or foreign country)
16. Informant's OWN Signature Mrs. Mae Thompson
and Address Kellogg Idaho
17. (a) removal (Burial, cremation, or removal) (b) Date thereof Oct. 30, 1944 (Month) (Day) (Year)
(c) Place: Coeur d Alene Idaho
18. Funeral Director's OWN Signature R. L. Stout
and Address 320 Main st. Kellogg Ida
19. (a) 11-7-1944 (Date received and filed) (b) Mrs. Helen M. Brady (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Oct. 24 1944
at 7:30 o'clock a. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 10-24 1944, to 10-24 1944
I last saw h ~~alive on~~ 19 ; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Myocarditis	?
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted? ?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature E. F. Bruold M.D. (M. D. or other)
and Address Wallace Ida Date 11/1 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

DEC 12 1944

Certificate Of Death

STATE OF IDAHO

State File No. 141527
Local Reg. No. 38
Reg. Dist. No. 140

1. **PLACE OF DEATH:**
(a) County Shoshone
(b) City or town Wallace
(c) Street Address or R.F.D. No. 1730 Burke Road
(d) Death Occured Inside? ✓ Outside? ..... city or town
(e) Died in a Home.... Hospital ✓ Institution.... Other place....
(f) Name Hosp. or Inst. Providence Stayed 14 days
(g) Lived in this county 17 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Shoshone
(c) City or town Wallace
(d) Street Address or R.F.D. No. 1730 Burke Road
(e) Deceased lived Inside? ✓ Outside? ..... city or town
(f) Citizen of what country? U.S.
(g) How long had deceased lived in Idaho? 17 years
(h) Former residence (city, state) Wash.

3. (a) **FULL NAME** Gunnild Clarke

46d

3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex f
5. Color or race w
6. (a) Single, widowed, married, divorced divorced
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) Nov-29-1893

8. AGE	Years	Months	Days	If less than 1 day
	50	11	5	hrs min.

9. Exact Occupation House wife Did this work for ..... yrs.
10. Industry or Business home Date last worked 10/14/44
11. Birthplace Elmore Mum (City or town) (State or foreign country)
Father
12. Name Jens Johnson
13. Birthplace Norway (City or town) (State or foreign country)
Mother
14. Maiden name Unknown
15. Birthplace Norway (City or town) (State or foreign country)
16. Informant's **OWN** Signature Mrs. Helen Sundberg
and Address Seattle, Wash.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/5/44 (Month) (Day) (Year)
(c) Place: Wallace Idaho
18. Funeral Director's **OWN** Signature [illegible] Mitchell
and Address Wallace Idaho
19. (a) Dec 5-44 (Date received and filed) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Nov 2 1944
at ..... o'clock ..... M.
21. **I HEREBY CERTIFY,** That I attended deceased from ..... 19....., to 11-2 1944
I last saw her alive on 11-2- 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Carcinoma, Rectum	3 years.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted? —	
Name of operation ..... Date	
Major finding	
Finding of autopsy	

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature E. J. Fitzgerald M.D. (M.D. or other)
and Address Wallace Idaho Date ..... 19.....
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

DEC 12 1944

Certificate Of Death

STATE OF IDAHO

State File No. 141523
Local Reg. No. 40
Reg. Dist. No. 140

1. PLACE OF DEATH:
(a) County Shoshone
(b) City or town Wallace
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? ✓ Outside? ..... city or town
(e) Died in a Home.... Hospital ✓ Institution.... Other place....
(f) Name Hosp. or Inst. Wallace Stayed ..... days
(g) Lived in this county 25 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Shoshone
(c) City or town Mullan
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? ✓ Outside? ..... city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? 25 years
(h) Former residence (city, state) Sweden

3. (a) FULL NAME Victor Carl Carlson 46

3. (b) If veteran, name war .....
3. (c) Social Security No. 518-13-3083
4. Sex M. 5. Color or race W.
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) Feb 4 - 1890

8. AGE	Years	Months	Days	If less than 1 day
	54	7	0	hrs min.

9. Exact Occupation Miner. Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace ..... Sweden
(City or town) (State or foreign country)
Father
12. Name Carl August Johnson
13. Birthplace ..... Sweden
(City or town) (State or foreign country)
Mother
14. Maiden name Mathilda
15. Birthplace ..... Sweden
(City or town) (State or foreign country)
16. Informant's **OWN** Signature Jean Carlson
and Address .....
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 8 - 1944 (Month) (Day) (Year)
(c) Place: Mullan Idaho
18. Funeral Director's **OWN** Signature John A Bever Wards
and Address Wallace Idaho
19. (a) Nov 6 (Date received and filed) (b) John A Bever (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Nov. 4 19.....
at 7:20 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 9-21-44 19....., to 11-4-44 19.....
I last saw him alive on Nov 4 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Carcinoma of Stomach	1 yr.
Due to —	
✓ Due to —	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation ..... Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature H. E. Bruelsche (M. D. or other)
and Address Wallace Id. Date 11-6-44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

DEC 12 1944

NON-RESIDENT

Certificate Of Death

STATE OF IDAHO

State File No. 141522
Local Reg. No. 39
Reg. Dist. No. 140

1. **PLACE OF DEATH:**
   (a) County Shoshone
   (b) City or town Wallace
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? ✓ Outside? ..... city or town
   (e) Died in a Home.... Hospital ✓ Institution.... Other place....
   (f) Name Hosp. or Inst. Wallace Stayed ..... days
   (g) Lived in this county ..... years ..... months 1 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Mont. (b) County Mineral Co.
   (c) City or town Saltese.
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? ✓ Outside? ..... city or town
   (f) Citizen of what country?
   (g) How long had deceased lived in Idaho? 1 Day years
   (h) Former residence (city, state) Mont.

3. (a) **FULL NAME** William Andrew Barker 93d

3. (b) If veteran, name war .....
3. (c) Social Security No. 516-03-9912
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) Oct. 25-1891

8. AGE	Years	Months	Days	If less than 1 day
	53	0	19	hrs min.

9. Exact Occupation Laborer Did this work for ..... yrs.
10. Industry or Business State Highway Date last worked
11. Birthplace ..... (City or town) Oklahoma (State or foreign country)

Father
12. Name Mt Kaoson
13. Birthplace " " (City or town) (State or foreign country)

Mother
14. Maiden name " "
15. Birthplace " " (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mrs. Charles Barker and Address Saltese Mont.
17. (a) Removal (Burial, cremation or removal) (b) Date thereof Nov 6-44 (Month) (Day). (Year)
    (c) Place: Polson Mont.
18. Funeral Director's **OWN** Signature John Bever (works) and Address Wallace Idaho
19. (a) Nov-4-44 (Date received and filed) (b) John Bever (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Nov 4 1944 at 3 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 11-1 1944, to 11-4 1944
    I last saw him alive on 11-4 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Acute coronary occlusion	2 hrs
Due to Chr. myocarditis	unknown
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
    Occurred ..... 19..... City, county, state where violence occurred
    Place of Violence: Home ..... Farm ..... Industry .....
    Public Place ..... While at work? .....
    Means of injury
23. Attendant's **OWN** Signature Paul M. Ellis (M. D. or other)
    and Address Wallace Idaho Date 11-4 1944
    (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce DEC 12 1944
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 141530
Local Reg. No. 57
Reg. Dist. No. 142

1. **PLACE OF DEATH:**
   (a) County Shoshone
   (b) City or town Kellogg
   (c) Street Address or R. F. D. No. Silver King
   (d) Death Occurred Inside? ✓ Outside? ___ city or town
   (e) Died in a Home ___ Hospital ___ Institution ___ Other place ___
   (f) Name Hosp. or Inst. ___ Stayed ___ days
   (g) Lived in this county ___ years ___ months ___ days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State ___ (b) County ___
   (c) City or town ___
   (d) Street Address or R. F. D. No. ___
   (e) Deceased lived Inside? ___ Outside? ___ city or town
   (f) Citizen of what country? ___
   (g) How long had deceased lived in Idaho? ___ years
   (h) Former residence (city, state) ___

3. (a) **FULL NAME** Dale Mendy. 1572

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced ___

6. (b) Name of husband or wife ___ 6. (c) Age of husband or wife if alive ___ years

7. Date of Birth (Month, Day, Year) Nov. 6 - 1944

8. AGE	Years	Months	Days	If less than 1 day
				10 hrs — min.

9. Exact Occupation ___ Did this work for ___ yrs.
10. Industry or Business ___ Date last worked ___
11. Birthplace Silver King (City or town) Idaho (State or foreign country)

Father
12. Name Ben Mendy Jr.
13. Birthplace South Bend Ind (City or town) (State or foreign country)

Mother
14. Maiden name Selma Rapp
15. Birthplace Lucile Idaho (City or town) (State or foreign country)

16. Informant's **OWN** Signature Ben Mendy
    and Address Silver King Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 10 1944 (Month) (Day) (Year)
    (c) Place: Kellogg Idaho
18. Funeral Director's **OWN** Signature R. L. Stagg
    and Address Kellogg Ida
19. (a) Nov. 10 - 44 (Date received and filed) (b) Mrs. Helen M. Brandt (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Nov. 6 1944
    at 5 P.M. o'clock ___ M.
21. **I HEREBY CERTIFY,** that I attended deceased from Nov. 6 1944 to Nov. 6 1944
    I last saw him alive on Nov. 6 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: ASPHYXIA LIVIDA — Duration 10 Hrs.

Due to PATENT DUCTUS ARTERIOSIS
PULMONARY STENOSIS

Due to CONGENITAL Heart Disease

Other conditions ___
(Include pregnancy within 3 months of death)

Where was disease contracted? ___
Name of operation ___ Date ___
Major finding ___
Finding of autopsy ___

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ___ Suicide? ___ Homicide? ___
    Occurred ___ 19___ City, county, state where violence occurred ___
    Place of Violence: Home ___ Farm ___ Industry ___
    Public Place ___ While at work? ___
    Means of injury ___
23. Attendant's **OWN** Signature Marion E. Mens M.D. (M. D. or other)
    and Address Kellogg Date 11-10 1944
    (For additional space, use reverse side)

United States
Department of Commerce
Bureau of the Census

DEC 12 1944

CERTIFICATE OF DEATH

STATE OF IDAHO

State File No. 141531
Local Reg. No. 41
Reg. Dist. No. 141

1. PLACE OF DEATH:
(a) County Shoshone
(b) City or town Wallace
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? city or town
(e) Died in a Home Hospital ✓ Institution Other place
(f) Name Hosp. or Inst. County — Stayed days
(g) Lived in this county 33 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Shoshone
(c) City or town Kellogg
(d) Street Address or R. F. D. No. 66
(e) Deceased lived Inside? ✓ Outside? city or town
(f) If foreign born, in U. S. yrs. Citizen of U. S.?
(g) How long had deceased lived in Idaho? 33 years
(h) Former residence (city, state) Spokane Wn

3. (a) **FULL NAME** Butze, Meta Marie, 162 b

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓
4. Sex female 5. Color or race White 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife ✓ 6 (c) Age of husband or wife if alive ✓ years
7. Date of Birth (Month, Day, Year) July 15, 1857

8. AGE	Years	Months	Days	If less than 1 day
	87	3	29	hrs min.

9. Exact Occupation housewife Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Arrhuss (City or town) Denmark (State or foreign country)
Father 12. Name Jacob Jenson
13. Birthplace (City or town) Denmark (State or foreign country)
Mother 14. Maiden name Anna Eskelson
15. Birthplace (City or town) Denmark (State or foreign country)
16. Informant's **OWN** Signature M. M. Butze
and Address Kellogg Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 15 1944 (Month) (Day) (Year)
(c) Place: Kellogg Idaho
18. Funeral Director's **OWN** Signature R. L. Stand
and Address Kellogg Idaho
19. (a) Nov 21-44 66 (Date received and filed) (b) John Bevir (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Nov. 14 1944
at 6.20 o'clock A.M.
21. **I HEREBY CERTIFY,** That I attended deceased from 5/12/1943 19 to 11/14/44 19
I last saw h alive on 11/13/44 19 ; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Senility	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease first contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature James R Bean (M. D. or other)
and Address Date 11/21/44 19
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census DEC 12 1944

NON-RESIDENT
Certificate Of Death
STATE OF IDAHO

State File No. 14153 2
Local Reg. No. 42
Reg. Dist. No. 14-1

1. **PLACE OF DEATH**
(a) County Shoshone
(b) City or town Osburn. Avery.
(c) Street Address or R. F. D. No.
(d) Death Occured Inside? ✓ Outside? city or town
(e) Died in a Home Hospital Institution Other place ✓
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county years months 2 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Wash. (b) County Spokane
(c) City or town Spokane.
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? Outside? city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? 2 da years
(h) Former residence (city, state) Wash.

3. (a) **FULL NAME** Albert E Anderson 125-d

3. (b) If veteran, name war
3. (c) Social Security No. 518-01-837
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) March 17, 1897

8. AGE	Years	Months	Days	If less than 1 day hrs	min.
	47	8	0		

9. Exact Occupation Taxi Driver. Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Davenport Wash. (City or town) (State or foreign country)

Father
12. Name Not Known
13. Birthplace " " (City or town) (State or foreign country)

Mother
14. Maiden name "
15. Birthplace " " (City or town) (State or foreign country)

16. Informant's **OWN** Signature John I Brown (Coroner)
and Address Avery Idaho Aug. 44
17. (a) Removal (b) Date thereof Nov 21 44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place Davenport Wash.
18. Funeral Director's **OWN** Signature John I Brown (Coroner)
and Address Wallace Idaho.
19. (a) Nov 18-44 (b) John I Brown
(Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Nov 17 19 44
at 2:30 o'clock P. M.
21. **I HEREBY CERTIFY**, That I attended deceased from 19, to 19
I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration
Due to Struck by Car
Due to Head Injuries
Due to
Other conditions
(Include pregnancy within 3 months of death)

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Yes Suicide? Homicide?
Occurred 11-17 1944 City, county, state
where violence occurred Wallace Shoshone Idaho
Place of Violence: Home Farm Industry
Public Place While at work
Means of injury Struck by Car
23. Attendant's **OWN** Signature Albert E Anderson (M. D. or other)
and Address Wallace Idaho Date Nov 17 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce DEC 12 1944
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 141533
Local Reg. No. 48
Reg. Dist. No. 142

1. **PLACE OF DEATH:**
(a) County Shoshone
(b) City or town Kellogg
(c) Street Address or R.F.D. No. 1
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Home .... Hospital X Institution .... Other place ....
(f) Name Hosp. or Inst. Wardner Stayed 60 days
(g) Lived in this county 2 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Shoshone
(c) City or town Murray Idaho
(d) Street Address or R.F.D. No. 1
(e) Deceased lived Inside? X Outside? ..... city or town
(f) Citizen of what country? U S
(g) How long had deceased lived in Idaho? 5 years
(h) Former residence (city, state) Murray

3. (a) **FULL NAME** Georgia B. Slawson 122

3. (b) If veteran, name war no
3. (c) Social Security No. —
4. Sex Female 5. Color or race white
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Alfred
6. (c) Age of husband or wife if alive 37 years
7. Date of Birth (Month, Day, Year) April 7, 1908

8. AGE	Years	Months	Days	If less than 1 day
	36	7	10	hrs min.

9. Exact Occupation School Teacher Did this work for 2 yrs.
10. Industry or Business Schools Date last worked Sept. 1944
11. Birthplace Spokane (City or town) Washington (State or foreign country)
Father
12. Name Samuel E. Benandek
13. Birthplace Kansas (City or town) (State or foreign country)
Mother
14. Maiden name Ina Robison
15. Birthplace Kansas (City or town) (State or foreign country)
16. Informant's **OWN** Signature Alfred Slawson
and Address Murray Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 11/20/44 (Month) (Day) (Year)
(c) Place: Riverside Park - Spokane
18. Funeral Director's **OWN** Signature Frank M. Evans
and Address Kellogg Idaho
19. (a) Nov. 19 - 1944 (Date received and filed) (b) Mrs. Helen M. Bride (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 11-17 1944
at 1:15 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from 9-20 1944 to 11-17 1944
I last saw her alive on 11-17 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Postoperative Shock.	
Due to Anastomosis of Small Intestine	
Due to Obstruction of Small Intestine	
Other conditions	
(Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature Orbis Staley (M. D. or other)
and Address Kellogg Ida Date 11-29 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

DEC 12 1944

Certificate Of Death

STATE OF IDAHO

State File No. 141534
Local Reg. No. 43
Reg. Dist. No. 141

1. **PLACE OF DEATH:**
(a) County Shoshone
(b) City or town Mullan
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? — Outside? city or town
(e) Died in a Home.... Hospital.... Institution.... Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 20 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Shoshone
(c) City or town Mullan
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? Outside? city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? 20 years
(h) Former residence (city, state) Mont.

3. (a) **FULL NAME** Patrick Joseph Barry. 94b

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Helen
6. (c) Age of husband or wife if alive 44 years
7. Date of Birth (Month, Day, Year) April 4 - 1894

8. AGE	Years	Months	Days	If less than 1 day
	50	7	15	hrs min.

9. Exact Occupation Laborer Did this work for yrs.
10. Industry or Business State Highway Dept Date last worked
11. Birthplace Butte Mont. (City or town) (State or foreign country)
Father
12. Name Richard Barry
13. Birthplace Ireland (City or town) (State or foreign country)
Mother
14. Maiden name Shannon Lyons
15. Birthplace Ireland (City or town) (State or foreign country)
16. Informant's **OWN** Signature Helen Barry
and Address Mullan Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Nov-22-44 (Month) (Day) (Year)
(c) Place: Butte Mont.
18. Funeral Director's **OWN** Signature John A Bauer (Wards)
and Address Wallace Idaho
19. (a) Nov-23-44 (Date received and filed) (b) John A Bauer (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Nov 19 1944
at 11:00 o'clock A. M.
21. **I HEREBY CERTIFY,** That I attended deceased from Oct 10 1944, to Nov ~~20~~ 19 - 1944
I last saw him alive on Nov 19 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Angina Pectoris	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature F W Rolfe MD (M. D. or other)
and Address Mullan Ida Date 11-20-1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census DEC 11 1944

Certificate Of Death

STATE OF IDAHO

State File No. 141535
Local Reg. No. 254
Reg. Dist. No. 460

1. **PLACE OF DEATH:**
   (a) County Twin Falls
   (b) City or town Twin Falls
   (c) Street Address or R.F.D. No. T.F.Co.Gen.Hosp.
   (d) Death Occured Inside? ..... Outside? X ..... city or town
   (e) Died in a Home.... Hospital X Institution.... Other place....
   (f) Name Hosp. or Inst. T.F.Co.Gen. Stayed 11 days
   (g) Lived in this county 34 years 6 months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Twin Falls
   (c) City or town Twin Falls
   (d) Street Address or R.F.D. No. 1317-6th Ave.E.
   (e) Deceased lived Inside? X Outside? ..... city or town
   (f) Citizen of what country? ..... 6 mos.
   (g) How long had deceased lived in Idaho? 34 -- years
   (h) Former residence (city, state) .....

3. (a) **FULL NAME** ESTLING, Mrs. Mary 93d

3. (b) If veteran, name war no
3. (c) Social Security No. 519-07-8610
4. Sex female race White
5. Color or
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or ~~wife~~ Albert
6. (c) Age of husband or wife if alive 68 years
7. Date of Birth (Month, Day, Year) March 14, 1879

8. AGE	Years	Months	Days	If less than 1 day
	65	7	18	hrs min.

9. Exact Occupation Housewife Did this work for 40 yrs.
10. Industry or Business ..... Date last worked 10-15-44
11. Birthplace Spencer, (City or town) Iowa (State or foreign country)

Mother
12. Name Levi C. Bergin
13. Birthplace ..... New York State (City or town) (State or foreign country)

Father
14. Maiden name Ellen Marcellus
15. Birthplace Boltonville, (City or town) Wisconsin (State or foreign country)

16. Informant's **OWN** Signature Albert Estling
and Address 1317 - 6th Ave.E.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 11-4-44 (Month) (Day) (Year)
(c) Place: Sunset Memorial Park

18. Funeral Director's **OWN** Signature Ella M. White Wells Mortuary E-249
and Address Twin Falls, Idaho

19. (a) Nov. 1944 (Date received and filed) (b) ..... (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Nov., 2nd, 1944
at 6:45 o'clock A. M.

21. **I HEREBY CERTIFY**, That I attended deceased from 10-20-44 19.., to Nov., 2nd 1944
I last saw her alive on 11-2-44 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebral Embolus -	4 da.
Due to Arteriosclerotic Heart disease & fibrillation	6 mos
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19.. City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature Joseph W. Marshall M.D (M. D. or other)
and Address Twin Falls, Ida Date ..... 19..
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

DEC 11 1944

Certificate Of Death

STATE OF IDAHO

State File No. 141536
Local Reg. No. 255
Reg. Dist. No. 460

1. **PLACE OF DEATH:**
   (a) County Twin Falls
   (b) City or town Twin Falls
   (c) Street Address or R.F.D. No. T.F.Co.Gen.Hosp.
   (d) Death Occured Inside? ... Outside? X ... city or town
   (e) Died in a Home ... Hospital X Institution ... Other place ...
   (f) Name Hosp. or Inst T.F.Co.Gen. Stayed 5 days
   (g) Lived in this county ... years ... months ... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Twin Falls
   (c) City or town Twin Falls
   (d) Street Address or R.F.D. No. 1222-11th Ave. E
   (e) Deceased lived Inside? X Outside? ... city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 30 years
   (h) Former residence (city, state) ...

3. (a) **FULL NAME** ALDRICH, Mrs. Caroline E.

94a

3. (b) If veteran, name war no
3. (c) Social Security No. ...
4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife C. W. Aldrich
6. (c) Age of husband or wife if alive 60 years
7. Date of Birth (Month, Day, Year) March 31, 1878

8. AGE	Years	Months	Days	If less than 1 day
	66	7	1	hrs ... min.

9. Exact Occupation Housewife — Did this work for 30 yrs.
10. Industry or Business ... — Date last worked 10-25-44
11. Birthplace Alta, (City or town) Iowa (State or foreign country)

Mother Father
12. Name Aaron Van Buskirk
13. Birthplace Pennsylvania (City or town) (State or foreign country)
14. Maiden name Janette Sprague
15. Birthplace unknown (City or town) (State or foreign country)

16. Informant's **OWN** Signature C. W. Aldrich
and Address 1222-11th Ave. E.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 11-6-44 (Month) (Day) (Year)
(c) Place: Sunset Memorial Park
18. Funeral Director's **OWN** Signature Ella M. White White Mortuary E-249
and Address Twin Falls, Idaho.
19. (a) Nov 2 1944 (Date received and filed) (b) ... (Registrar's Signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Nov., 2nd, 1944
at 11:40 o'clock A. M.
21. **I HEREBY CERTIFY**, That I attended deceased from 10-27-44 19... to 11-2-44 1944
I last saw her alive on 11-2-44 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Coronary Thrombosis	6 da
Due to ...	
Due to ...	
Other conditions (Include pregnancy within 3 months of death) ...	

Where was disease contracted? ...
Name of operation ... Date ...
Major finding ...
Finding of autopsy ...

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ... Suicide? ... Homicide? ...
Occurred ... 19... City, county, state where violence occurred ...
Place of Violence: Home ... Farm ... Industry ...
Public Place ... While at work? ...
Means of injury ...

23. Attendant's **OWN** Signature Joseph W. Marshall M.D. (M. D. or other)
and Address Twin Falls, Id. Date 19...
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce DEC 11 1944
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 141537
Local Reg. No. 271
Reg. Dist. No. 461

1. **PLACE OF DEATH:**
   (a) County Twin Falls
   (b) City or town Twin Falls
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? Outside? X city or town
   (e) Died in a Home. Hospital. X Institution. Other place
   (f) Name Hosp. or Inst. Twin Falls Co. Stayed days
   (g) Lived in this county 19 years months days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Twin Falls Goodwin
   (c) City or town Hagerman
   (d) Street Address or R.F.D. No. R.F.D.
   (e) Deceased lived Inside? Outside? X city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 59 years
   (h) Former residence (city, state) N.Y.

3. (a) **FULL NAME** LeRoy Vader

131a

3. (b) If veteran, name war X
3. (c) Social Security No. 518-12-9609 A
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) May-30-1851

8. AGE	Years	Months	Days	If less than 1 day
	93	5	5	hrs min.

9. Exact Occupation Care keeper for Did this work for yrs.
10. Industry or Business Ida. Power Co. Date last Worked 12 yrs. formerly
11. Birthplace farmer- (City or town) (State or foreign country)

Father
12. Name George Vader
13. Birthplace N.Y State (City or town) (State or foreign country)

Mother
14. Maiden name ------ Senter
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's **OWN** Signature Roy Vader
    and Address Hagerman
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/8/1944 (Month) (Day) (Year)
    (c) Place: Hagerman, Ida.
18. Funeral Director's **OWN** Signature Grace L. Johnson
    and Address Dubl
19. (a) Nov 23, 1944 (Date received and filed) (b) (Registrar's Signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 11/4 1944
    at 10 o'clock P. M.
21. **I HEREBY CERTIFY**, That I attended deceased from 11-8 1943, to 10-18 1944
    I last saw him alive on 10-18 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
L.V. Heart Failure	7 days
Due to Hypertensive Cardiovascular Renal Disease	10 yrs
Due to Old age	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy none done

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
    Occurred 19 City, county, state where violence occurred
    Place of Violence: Home Farm Industry
    Public Place While at work?
    Means of injury
23. Attendant's **OWN** Signature Harold F. Holemyer, M.D. (M. D. or other)
    and Address Wendell, Idaho Date 11-9 1944
    (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

DEC 11 1944

Certificate Of Death

STATE OF IDAHO

State File No. 141533
Local Reg. No. 256
Reg. Dist. No. 460

1. PLACE OF DEATH:

(a) County Twin Falls
(b) City or town Twin Falls
(c) Street Address or R.F.D. No. 1325 11th East
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Home X Hospital .... Institution .... Other place ....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county ..... years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

(a) State Idaho (b) County Twin Falls
(c) City or town Twin Falls
(d) Street Address or R.F.D. No. 1325 11 th East
(e) Deceased lived Inside? X Outside? ..... city or town
(f) Citizen of what country? .....
(g) How long had deceased lived in Idaho? ..... years
(h) Former residence (city, state) .....

3. (a) FULL NAME MEAD, Ida Marilla

83a

3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Chas. W. - Deceased
6. (c) Age of husband or wife if living ..... years
7. Date of Birth (Month, Day, Year) June 22, 1857

8. AGE	Years	Months	Days	If less than 1 day
	87	4	13	hrs min.

9. Exact Occupation housewife Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Waukesha, Wisconsin (City or town) (State or foreign country)

Father
12. Name Henry G. Mead
13. Birthplace Unknown (City or town) (State or foreign country)

Mother
14. Maiden name Unknown
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's OWN Signature Bessie M Laird
and Address Twin Falls, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/9/44 (Month) (Day) (Year)
(c) Place: Twin Falls, Cem
18. Funeral Director's OWN Signature White Mortuary
and Address Twin Falls, Idaho
19. (a) Nov 11 1944 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) November 5th 1944
at 9:30 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from ..... 19 .... to Nov 5 1944
I last saw her alive on Nov 1st 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death	Duration
(a) Cerebral hemorrhage	1 Month
Due to (b) atero-sclerosis	7 years
Due to (c)	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 .... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... Was at work? .....
Means of injury .....

23. Attendant's OWN Signature [signature] M. D. or other
and Address Twin Falls, Ida. Date 11/6/44
(For additional space, use reverse side)

141539

United States
Department of Commerce
Bureau of the Census

DEC 11 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 141539
Local Reg. No. 257
Reg. Dist. No. 461

1. **PLACE OF DEATH:**
(a) County Twin Falls
(b) City or town Twin Falls
(c) Street Address or R. F. D. No. none
(d) Death Occurred Inside? ____ Outside? * city or town
(e) Died in a Home ____ Hospital * Institution ____ Other place ____
(f) Name Hosp. or Inst. Twin Falls Stayed 1 days
(g) Lived in this county 1 years 7 months 23 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Twin Falls
(c) City or town Buhl
(d) Street Address or R. F. D. No. 1
(e) Deceased lived Inside? ____ Outside? * city or town
(f) Citizen of what country? U. S.
(g) How long had deceased lived in Idaho? 1 years
(h) Former residence (city, state) same

3. (a) **FULL NAME** Raymond Lyn Kriegh 1200

3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife none
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) March 13, 1943

8. AGE	Years	Months	Days	If less than 1 day
	1	7	23	hrs ____ min. ____

9. Exact Occupation none — Did this work for ____ yrs.
10. Industry or Business ____ — Date last worked ____
11. Birthplace Rendell, Idaho (City or town) (State or foreign country)
Father 12. Name Richard Kriegh
Father 13. Birthplace Buhl, Idaho (City or town) (State or foreign country)
Mother 14. Maiden name Leota Stewart
Mother 15. Birthplace Miller, Neb. (City or town) (State or foreign country)
16. Informant's OWN Signature Vern Kriegh
and Address Buhl, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/8/44 (Month) (Day) (Year)
(c) Place: Buhl City Cemetery
18. Funeral Director's OWN Signature B. T. Robertson
and Address Buhl, Idaho
19. (a) Nov. 9/1944 (Date received and filed) (b) ____ (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) November 5, 1944 at 1:30 o'clock P. M.

21. **I HEREBY CERTIFY,** That I attended deceased from 11-4- 1944 to 11-5- 1944
I last saw h— alive on 11-4 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Fracture of pelvis and internal injuries	1 day.
Due to Ran over leg by truck.	0
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? yes Suicide? ____ Homicide? ____
Occurred Nov. 4 1944 City, county, state where violence occurred Buhl, Idaho
Place of Violence: Home ____ Farm ____ Industry ____
Public Place road While at work? ____
Means of injury ran over leg truck

23. Attendant's OWN Signature Wm A. Drake M.D. (M. D. or other)
and Address Buhl, Ida. Date 11-6-1944

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 36-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

DEC 11 1944

Certificate Of Death

STATE OF IDAHO

State File No. 141540
Local Reg. No. 259
Reg. Dist. No. 461

1. **PLACE OF DEATH:**
   (a) County Twin Falls
   (b) City or town Kimberly
   (c) Street Address or R.F.D. No. Route 1,
   (d) Death Occured Inside? ..... Outside? X city or town
   (e) Died in a Home X Hospital ... Institution ... Other place ...
   (f) Name Hosp. or Inst. ..... Stayed ..... days
   (g) Lived in this county 40 years 6 months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County TwinFalls
   (c) City or town Kimberly
   (d) Street Address or R.F.D. No. Rt#1,
   (e) Deceased lived Inside? ..... Outside? X city or town
   (f) Citizen of what country? U.S.
   (g) How long had deceased lived in Idaho? 40 years
   (h) Former residence (city, state) .....

3. (a) **FULL NAME** STARR, Elizabeth Nola

832

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Wm. Stephan Starr
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) March 4, 1869

8. AGE	Years	Months	Days	If less than 1 day
	75	8	3	hrs ..... min.

9. Exact Occupation Housewife — Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Washington Co. (City or town) Tennessee (State or foreign country)

Father
12. Name Harvey Richardson
13. Birthplace Tenn. (City or town) (State or foreign country)

Mother
14. Maiden name Mary Broyles
15. Birthplace Tenn. (City or town) (State or foreign country)

16. Informant's OWN Signature Royal V. Starr
and Address Kimberly, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/11/44 (Month) (Day) (Year)
(c) Place: Sunset Mem. Park Cem.

18. Funeral Director's OWN Signature White Mortuary
and Address Twin Falls, Idaho

19. (a) Nov 11 1944 (Date received and filed) (b) [signature] (Registrar's Signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) November 7, 1944
at 2:30 o'clock A. M.

21. **I HEREBY CERTIFY**, That I attended deceased from 11/6 1944, to 11/7 1944
I last saw her alive on 11/6 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Right Heart Failure	
Due to Malignant hypertension with left-sided paraplegia.	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's OWN Signature [signature] (M. D. or other)
and Address Kimberly, Idaho Date 11/8 19 44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215): Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

14154

United States
Department of Commerce
Bureau of the Census

DEC 11 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 14154
Local Reg. No. 260
Reg. Dist. No. 460

1. **PLACE OF DEATH:**
(a) County Twin Falls
(b) City or town Twin Falls
(c) Street Address or R. F. D. No. 3
(d) Death Occurred Inside? ____ Outside? X city or town
(e) Died in a Home ____ Hospital X Institution ____ Other place ____
(f) Name Hosp. or Inst. T. F. Co. Gen Stayed 1 days
(g) Lived in this county 1 years 1 months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Twin Falls
(c) City or town Twin Falls
(d) Street Address or R. F. D. No. 522 4th ave. W.
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 18 years
(h) Former residence (city, state) none

3. (a) **FULL NAME** Violet Thoman

144 d

3. (b) If veteran, name war ____ 3. (c) Social Security No. ____

4. Sex Fe 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife E. Wayne 6. (c) Age of husband or wife if alive 23 years

7. Date of Birth (Month, Day, Year) June 24, 1926

8. AGE	Years	Months	Days	If less than 1 day
	18	4	14	hrs ____ min.

9. Exact Occupation Housewife — Did this work for ____ yrs.
10. Industry or Business ____ — Date last worked ____
11. Birthplace Fairfield, Idaho (City or town) (State or foreign country)

Father
12. Name Hugo Olson
13. Birthplace Butte, Montana (City or town) (State or foreign country)

Mother
14. Maiden name Elva Barrett
15. Birthplace Wanego, Kansas (City or town) (State or foreign country)

16. Informant's OWN Signature Elva B. Olson
and Address Twin Falls, Idaho

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 11/13/44 (Month) (Day) (Year)
(c) Place: Wendell, Idaho

18. Funeral Director's OWN Signature Reynolds Funeral Home James C. Reynolds
and Address Twin Falls, Idaho

19. (a) Nov 14 1944 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) November 8, 1944
at 1:50 o'clock p. M.

21. **I HEREBY CERTIFY,** That I attended deceased from 8/11/1944, to 11/8/1944
I last saw her alive on 11/8/1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Toxemia Pregnancy	
Due to 8 months gestation	
died before delivery	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation ____ Date ____	
Major finding	
Finding of autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's OWN Signature [signature] (M. D. or other)
and Address Twin Falls, Ida. Date 11-10 1944
(For additional space, use reverse side)

Dr Drake

United States
Department of Commerce
Bureau of the Census

DEC 11 1944

Certificate Of Death

STATE OF IDAHO

State File No. 141542
Local Reg. No. 266
Reg. Dist. No. 461

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
   (a) County Twin Falls
   (b) City or town Twin Falls
   (c) Street Address or R.F.D. No. RFD #2
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home .... Hospital .... Institution .... Other place X
   (f) Name Hosp. or Inst. ..... Stayed ..... days
   (g) Lived in this county 16 years ..... months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County T. Falls
   (c) City or town Twin Falls
   (d) Street Address or R.F.D. No. RFD #2
   (e) Deceased lived Inside? ..... Outside? X city or town
   (f) Citizen of what country? United States
   (g) How long had deceased lived in Idaho? 16 years
   (h) Former residence (city, state) Illinois

3. (a) **FULL NAME** Hilda Pearson

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed.
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) September 27, 1866

8. AGE	Years	Months	Days	If less than 1 day
	78	1	13	hrs ..... min.

9. Exact Occupation Housewife Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Sweden (City or town) (State or foreign country)

Father
12. Name No information
13. Birthplace Sweden (City or town) (State or foreign country)

Mother
14. Maiden name No information
15. Birthplace ..... (City or town) (State or foreign country)

16. Informant's X **OWN** Signature O. H. Pearson
and Address R.F.D. #2 Twin Falls

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-15-44 (Month) (Day) (Year)
(c) Place: IOOF Cemetery - Filer, Idaho

18. Funeral Director's **OWN** Signature L. G. Phillips
and Address Twin Falls, Idaho

19. (a) NOV 21-1944 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) November 11 1944
at 3:30 o'clock A.M.

21. **I HEREBY CERTIFY**, That I attended deceased from ..... 19..... to ..... 19.....
I last saw h.wd. alive on Oct. 25 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cardio Vascular Renal Disease	
Due to senility	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation ..... Date	
Major finding	
Finding of autopsy	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature R. A. Drake (M. D. or other)
and Address Twin Falls Date 11-20 19 44
(For additional space, use reverse side)

141543

United States
Department of Commerce DEC 11 1944
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 262
Reg. Dist. No. 461

1. **PLACE OF DEATH:**
(a) County Twin Falls
(b) City or town Buhl
(c) Street Address or R. F. D. No. I
(d) Death Occurred Inside? Outside? * city or town
(e) Died in a Home * Hospital Institution Other place
(f) Name Hosp. or Inst. none Stayed days
(g) Lived in this county I years 6 months 7 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Twin Falls
(c) City or town Buhl
(d) Street Address or R. F. D. No. I
(e) Deceased lived Inside? Outside? * city or town
(f) Citizen of what country? U. S.
(g) How long had deceased lived in Idaho? I years
(h) Former residence (city, state) same

3. (a) FULL NAME Mrs. Almuth Thurnau 61

3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife J. A. Thurnau
6. (c) Age of husband or wife if alive 84 years
7. Date of Birth (Month, Day, Year) December 2, 1863

8. AGE	Years	Months	Days	If less than 1 day
	80	11	9	hrs min.

9. Exact Occupation Housewife Did this work for 60 yrs.
10. Industry or Business Housekeeping Date last worked 1943
11. Birthplace (City or town) Germany (State or foreign country)
Father
12. Name Gerd Wiemers
13. Birthplace (City or town) Germany (State or foreign country)
Mother
14. Maiden name Unknown
15. Birthplace (City or town) Germany (State or foreign country)
16. Informant's OWN Signature M. N. Kuebbenhout
and Address Buhl, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/15/44 (Month) (Day) (Year)
(c) Place: Clover Cemetery
18. Funeral Director's OWN Signature B. T. Albertson
and Address Buhl, Idaho
19. (a) Nov. 14, 1944 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) November 11, 1944
at 1:30 o'clock A.M.
21. **I HEREBY CERTIFY,** That I attended deceased from 1943, to 11-11-1944
I last saw her alive on 11-10-1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebral hemorrhage	2 m.
Due to arteriosclerosis	years
Due to	
Other conditions Diabetes mellitus (Include pregnancy within 3 months of death)	years

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature M. A. Drake M.D. (M. D. or other)
and Address Buhl, Ida Date 11-13-1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

DEC 11 1944

Certificate Of Death

STATE OF IDAHO

State File No. 141544
Local Reg. No. 263
Reg. Dist. No. 461

1. PLACE OF DEATH:
(a) County Twin Falls
(b) City or town Twin Falls
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? X Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. T. Falls Stayed 6 days
(g) Lived in this county years 3 months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County T. Falls
(c) City or town Murtaugh
(d) Street Address or R.F.D. No. RFD
(e) Deceased lived Inside? Outside? X city or town
(f) Citizen of what country? United States
(g) How long had deceased lived in Idaho? 3 Moss years
(h) Former residence (city, state) Illinois

3. (a) FULL NAME Russell Lau

095 b

3. (b) If veteran, name war
3. (c) Social Security No. 360-14-3322
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) October 21, 1925

8. AGE	Years	Months	Days	If less than 1 day
	19	21	24	hrs min.

9. Exact Occupation Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Chicago, Ill. (City or town) (State or foreign country)
Father
12. Name Louis E. Lau
13. Birthplace Chicago, Ill (City or town) (State or foreign country)
Mother
14. Maiden name Jeannette Carlson
15. Birthplace Chicago, Ill. (City or town) (State or foreign country)
16. Informant's OWN Signature John M. Savage
and Address Murtaugh, Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 11-16-44 (Month) (Day) (Year)
(c) Place: Chicago, Ill.
18. Funeral Director's OWN Signature S. E. Phillips
and Address Twin Falls, Idaho
19. (a) Nov 17 1944 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH 058a

20. DATE OF DEATH (Month, Day, Year) November 14 1944
at 11:30 o'clock P M.

21. I HEREBY CERTIFY, That I attended deceased from 10-3- 1944, to 11-14- 1944
I last saw him alive on 11-14-44, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Right heart failure.	
Due to Old rheumatic heart disease with pericarditis.	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYISCIAN Underline the cause to which death should be charged statistically.
Name of operation Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature [signature] (M. D. or other)
and Address Kimberly, Idaho Date 11/16 1944
(For additional space, use reverse side)

Dr Boston

United States
Department of Commerce
Bureau of the Census

DEC 11 1944

Certificate Of Death

STATE OF IDAHO

State File No. 141545
Local Reg. No. 264
Reg. Dist. No. 461

1. PLACE OF DEATH:
(a) County Twin Falls
(b) City or town Twin Falls
(c) Street Address or R.F.D. No. RFD #2
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Home.... Hospital X Institution.... Other place....
(f) Name Hosp. or Inst. T. Falls Stayed 1 days
(g) Lived in this county 25 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County T. Falls
(c) City or town Twin Falls
(d) Street Address or R.F.D. No. RFD #2
(e) Deceased lived Inside? ..... Outside? X city or town
(f) Citizen of what country? United States
(g) How long had deceased lived in Idaho? 54 years
(h) Former residence (city, state) .....

3. (a) **FULL NAME** Hyrum Joseph Weekes 117a

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Jessie Weeks
6. (c) Age of husband or wife if alive 56 years
7. Date of Birth (Month, Day, Year) March 9, 1890

8. AGE	Years	Months	Days	If less than 1 day
	54	8	5	hrs min.

9. Exact Occupation Farmer Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Ririe, Idaho (City or town) (State or foreign country)
Father
12. Name Robert Friend Weeks
13. Birthplace Utah (City or town) (State or foreign country)
Mother
14. Maiden name Louise Sawyer
15. Birthplace Utah (City or town) (State or foreign country)
16. Informant's OWN Signature Jessie Weeks
and Address Twin Falls Idaho R 2
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11 20 44 (Month) (Day) (Year)
(c) Place: Sunset Memorial Park
18. Funeral Director's OWN Signature S. C. Phillips
and Address Twin Falls, Idaho
19. (a) Nov 20-1944 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) November 14 1944
at 4:30 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from 5/25 1944, to 11/14 1944
I last saw him alive on 11-13 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Bleeding gastric ulcer	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted? Home	
Name of operation None Date	
Major finding	
Finding of autopsy	

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's OWN Signature A A Boston MD (M. D. or other)
and Address Twin Falls Ida Date 11/18 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting: Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

DEC 11 1944

Certificate Of Death

STATE OF IDAHO

State File No. 141546
Local Reg. No. 267
Reg. Dist. No. 461

1. **PLACE OF DEATH:**
   (a) County Twin Falls
   (b) City or town Twin Falls
   (c) Street Address or R.F.D. No. RFD
   (d) Death Occured Inside? ..... Outside? X city or town
   (e) Died in a Home X Hospital ... Institution ... Other place ...
   (f) Name Hosp. or Inst. ..... Stayed ..... days
   (g) Lived in this county ..... years ..... months 90 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County .....
   (c) City or town Wallace
   (d) Street Address or R.F.D. No. .....
   (e) Deceased lived Inside? X Outside? ..... city or town
   (f) Citizen of what country? United States
   (g) How long had deceased lived in Idaho? 40 years
   (h) Former residence (city, state) Utah

3. (a) **FULL NAME** Bessie May Thomas

462

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) May 18, 1893

8. AGE	Years	Months	Days	If less than 1 day
	51	5	26	hrs ... min.

9. Exact Occupation Housewife ..... Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Salt Lake City, Utah (City or town) (State or foreign country)

Father
12. Name Charles Eldred
13. Birthplace Kansas (City or town) (State or foreign country)

Mother
14. Maiden name Clemance Leotard
15. Birthplace Nevada (City or town) (State or foreign country)

16. Informant's **OWN** Signature C. E. Eldred
and Address Twin Falls, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-17-44 (Month) (Day) (Year)
(c) Place: Sunset Memorial Park

18. Funeral Director's **OWN** Signature S. C. Phillips
and Address Twin Falls, Idaho

19. (a) NOV 21 1944 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) November 14 19 44
at 5:30 o'clock A M.

21. **I HEREBY CERTIFY,** That I attended deceased from 9-1-44 19 ..., to 11-14-44 19 ...
I last saw her alive on 11-14-44 19 ...; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cancer of rectum	18 mos
✓ Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature Joseph W. Marshall M.D. (M.D. or other)
and Address Twin Falls Idaho Date 11-14-1944
(For additional space, use reverse side)

Miller

United States
Department of Commerce
Bureau of the Census DEC 11 1944

Certificate Of Death

STATE OF IDAHO

State File No. 141547
Local Reg. No. 268
Reg. Dist. No. 461

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
   (a) County Twin Falls
   (b) City or town Twin Falls
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home.... Hospital.... Institution.... Other place X
   (f) Name Hosp. or Inst. ..... Stayed ..... days
   (g) Lived in this county ..... years ..... months 10 days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Twin Falls
   (c) City or town Filer, RFD #2
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? ..... Outside? X city or town
   (f) Citizen of what country? United States
   (g) How long had deceased lived in Idaho? 10 days years
   (h) Former residence (city, state)

3. (a) **FULL NAME** Cheryl Marie Wegner 119a

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) November 5, 1944

8. AGE	Years	Months	Days	If less than 1 day
			10 ✓	hrs min.

9. Exact Occupation ..... Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Twin Falls, Idaho (City or town) (State or foreign country)

Father
12. Name Gustav Wegner
13. Birthplace Sothwick, Idaho (City or town) (State or foreign country)

Mother
14. Maiden name Opal M. Sexton,
15. Birthplace Okla. (City or town) (State or foreign country)

16. Informant's OWN Signature × Gustav F. Wegner
and Address Filer route #2
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-17-44 (Month) (Day) (Year)
(c) Place: Twin Falls Cemetery
18. Funeral Director's OWN Signature S. C. Phillips
and Address Twin Falls, Idaho
19. (a) Nov. 21-1944 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) November 15 1944
at 7:10 o'clock A M.
21. **I HEREBY CERTIFY**, That I attended deceased from Nov. 5, 1944, to Nov. 16, 1944
I last saw her alive on Nov. 14, 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death	Duration
Hypostatic Pneumonia	12 hrs.
✓ Due to Chronic intestinal indigestion	6 days
Due to Congenital Asthenia	10 days
Other conditions — (Include pregnancy within 3 months of death)	

Where was disease contracted? —
Name of operation — Date —
Major finding —
Finding of autopsy —

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? — Suicide? — Homicide? —
Occurred — 19..... City, county, state where violence occurred —
Place of Violence: Home — Farm — Industry —
Public Place — While at work? —
Means of injury —
23. Attendant's OWN Signature [signature] D.O. (M.D. or other)
and Address Twin Falls, Ida. Date 11/17, 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

DEC 11 1944

Certificate Of Death

STATE OF IDAHO

State File No. 141548
Local Reg. No. 269
Reg. Dist. No. 461

1. **PLACE OF DEATH:**
(a) County Twin Falls
(b) City or town Twin Falls
(c) Street Address or R.F.D. No. T.F.Co. Gen Hosp.
(d) Death Occured Inside? ..... Outside? x city or town
(e) Died in a Home ..... Hospital x Institution ..... Other place .....
(f) Name Hosp. or Inst. T.F.Co.Gen. Stayed 2 days
(g) Lived in this county 32 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Twin Falls
(c) City or town Twin Falls
(d) Street Address or R.F.D. No. 3
(e) Deceased lived Inside? ..... Outside? x city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 32 years
(h) Former residence (city, state) .....

3. (a) **FULL NAME** PETERS, John L.

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3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Catherine
6. (c) Age of husband or wife if alive 59 years
7. Date of Birth (Month, Day, Year) March 6th, 1875

8. AGE	Years	Months	Days	If less than 1 day
	69	8	12	hrs min.

9. Exact Occupation Farmer — Did this work for 28 yrs.
10. Industry or Business ..... Date last worked 11-11-44
11. Birthplace Appledoorn, The Netherlands (City or town) (State or foreign country)
Father
12. Name Lambert Peters
13. Birthplace The Netherlands (City or town) (State or foreign country)
Mother
14. Maiden name Henrietta Hulleman
15. Birthplace The Netherlands (City or town) (State or foreign country)
16. Informant's OWN Signature Alfred Peters
and Address Twin Falls, Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 11-21-44 (Month) (Day) (Year)
(c) Place: Twin Falls Cemetery
18. Funeral Director's OWN Signature White Mortuary Ella M. White E-249
and Address Twin Falls, Idaho
19. (a) Nov-27-1944 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Nov., 18, 1944
at 12:45 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from 11-16 1944, to 11-18- 1944
I last saw him alive on 11-18 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Bronchopneumonia	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYISCIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's OWN Signature [signature] (M. D. or other)
and Address Twin Falls, Ida. Date ..... 19.....
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

DEC 11 1944

Certificate Of Death

STATE OF IDAHO

State File No. 14154
Local Reg. No. 270
Reg. Dist. No. 462

1. **PLACE OF DEATH:**
   (a) County Twin Falls
   (b) City or town Twin Falls
   (c) Street Address or R.F.D. No. T.F. Co. Hosp
   (d) Death Occured Inside? ..... Outside? X ..... city or town
   (e) Died in a Home.... Hospital X Institution.... Other place....
   (f) Name Hosp. or Inst. T.F. Co. Hosp ..... Stayed 1½ hrs days
   (g) Lived in this county .....years .....months .....days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County TwinFalls
   (c) City or town Twin Falls
   (d) Street Address or R.F.D. No. Maurice Ave
   (e) Deceased lived Inside? .....Outside? .....city or town
   (f) Citizen of what country? .....
   (g) How long had deceased lived in Idaho? .....years
   (h) Former residence (city, state) .....

3. (a) **FULL NAME** MURPHY, Emma Jane,

115 h.

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife James C.
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) April 26, 1887

8. AGE	Years	Months	Days	If less than 1 day
	57	6	25	hrs min.

9. Exact Occupation Housewife Did this work for .....yrs.
10. Industry or Business Own Home Date last worked .....
11. Birthplace Marysville, Missouri (City or town) (State or foreign country)

Mother Father
12. Name Wm. H. Pickard
13. Birthplace Unknown (City or town) (State or foreign country)

Mother
14. Maiden name Sarah Jones
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's OWN Signature Leslie C. Murphy
and Address Twin Falls, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-25-44 (Month) (Day) (Year)
(c) Place: Sunset Mem. Park Cem.

18. Funeral Director's OWN Signature White Mortuary
and Address Twin Falls, Idaho

19. (a) Nov 27 1944 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) November 21, 19 44
at 1:15 o'clock P. M.

21. **I HEREBY CERTIFY**, That I attended deceased from 9-2 19 44, to 11-21 19 44
I last saw her alive on November 21, 44; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Septicemia with Meningitis	30 hr
Due to Probably streptococcus infection but that	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? Home
Name of operation None Date .....
Major finding .....
Finding of autopsy None

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's OWN Signature [signature] M.D.
(M. D. or other)
and Address Twin Falls, Ida. Date 11/22/1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

DEC 11 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 141550
Local Reg. No. 272
Reg. Dist. No. 461

1. **PLACE OF DEATH:**
   (a) County Twin Falls
   (b) City or town Buhl, Idaho
   (c) Street Address or R. F. D. No. 608 8th No.
   (d) Death Occurred Inside? * Outside? ____ city or town
   (e) Died in a Home * Hospital ____ Institution ____ Other place ____
   (f) Name Hosp. or Inst. none Stayed ____ days
   (g) Lived in this county 2 years 7 months ? days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Twin Falls
   (c) City or town Buhl
   (d) Street Address or R. F. D. No. 608 8th No.
   (e) Deceased lived Inside? * Outside? ____ city or town
   (f) Citizen of what country? U. S.
   (g) How long had deceased lived in Idaho? 2 years
   (h) Former residence (city, state) same

3. (a) **FULL NAME** Mrs. Silas Anna Miller

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3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife W. O. Miller
6. (c) Age of husband or wife if alive 66 years
7. Date of Birth (Month, Day, Year) April 25, 1887

8. AGE	Years	Months	Days	If less than 1 day
	57	6	29	hrs ____ min. ____

9. Exact Occupation Housewife — Did this work for 40 yrs.
10. Industry or Business housekeeping — Date last worked 6/1/44
11. Birthplace Hampshire Co., (City or town) West Virginia (State or foreign country)

Father
12. Name Silas LaFollette
13. Birthplace unknown (City or town) (State or foreign country)

Mother
14. Maiden name Margaret McKley
15. Birthplace Virginia (City or town) (State or foreign country)

16. Informant's **OWN Signature** Ted Miller
and Address Buhl, Idaho
17. (a) removal (Burial, cremation, or removal) (b) Date thereof 11/26/44 (Month) (Day) (Year)
(c) Place: Kearney, Neb.
18. Funeral Director's **OWN Signature** D. T. Albertson
and Address Buhl, Idaho
19. (a) Nov. 24/1944 (Date received and filed) (b) ____ (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) November 27, 1944
at 5:30 o'clock A. M.
21. **I HEREBY CERTIFY,** That I attended deceased from Jan 1944, to 11-22 1944
Last saw her alive on 11-22 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
jaundice + exhaustion	months
Due to Carcinoma - head of pancreas	2 yrs
Due to	
Other conditions Senile diabetes (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ____ Date ____
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state
where violence occurred
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury

23. Attendant's **OWN Signature** M. A. Drake M.D. (M. D. or other)
and Address Buhl Ida. Date 11-23 1944

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce DEC 11 1944
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 141551
Local Reg. No. 275
Reg. Dist. No. 461

1. **PLACE OF DEATH:**
(a) County Twin Falls
(b) City or town Twin Falls
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? X Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. T. Falls Stayed 3 days
(g) Lived in this county 17 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County T. Falls
(c) City or town Twin Falls
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? Outside? X city or town
(f) Citizen of what country? United States
(g) How long had deceased lived in Idaho? 17 years
(h) Former residence (city, state)

3. (a) **FULL NAME** Wilma Marie Shutts

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3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife James O. Shutts
6. (c) Age of husband or wife if alive 18 years
7. Date of Birth (Month, Day, Year) June 18, 1927

8. AGE	Years	Months	Days	If less than 1 day
	17	5	5	hrs min.

9. Exact Occupation Housewife Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Buhl, Idaho (City or town) (State or foreign country)
Father
12. Name J. W. O'Donnell
13. Birthplace Columbus, Kansas (City or town) (State or foreign country)
Mother
14. Maiden name Audrey Wellman
15. Birthplace Galina, Kansas (City or town) (State or foreign country)
16. Informant's **OWN** Signature X James Oliver Shutts
and Address Twin Falls, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-28-44 (Month) (Day) (Year)
(c) Place: Sunset Memorial Park
18. Funeral Director's **OWN** Signature S. E. Phillips
and Address Twin Falls, Idaho
19. (a) Dec. 2-1944 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) November 23 1944
at 6:00 o'clock P.M.
21. **I HEREBY CERTIFY,** That I attended deceased from 11-20 1944, to 11-23 1944
I last saw her alive on 11-23 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Transverse myelitis (acute).	
Due to	
Due to	
Other conditions Pregnancy (4 months). (Include pregnancy within 3 months of death)	
Where was disease contracted? ?	PHYISCIAN Underline the cause to which death should be charged statistically.
Name of operation Date	
Major finding —	
Finding of autopsy —	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred — 19 City, county, state where violence occurred
Place of Violence: Home Farm — Industry
Public Place While at work? —
Means of injury
23. Attendant's **OWN** Signature [signature] (M. D. or other)
and Address Bangs Bldg Date 11-27 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

DEC 11 1944

Certificate Of Death

STATE OF IDAHO

State File No. 141552
Local Reg. No. 277
Reg. Dist. No. 461

1. **PLACE OF DEATH:**
   (a) County Twin Falls
   (b) City or town Kimberly
   (c) Street Address or R. F. D. No.
   (d) Death Occured Inside? X Outside? city or town
   (e) Died in a Home X Hospital Institution Other place
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county 37 years months days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County T. Falls
   (c) City or town Kimberly
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? X Outside? city or town
   (f) Citizen of what country? United States
   (g) How long had deceased lived in Idaho? 37 years
   (h) Former residence (city, state)

3. (a) **FULL NAME** Bethia Staley 46c

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female 5. Color or race white
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) April 26, 1859

8. AGE	Years	Months	Days	If less than 1 day hrs	min.
	85	6	30		

9. Exact Occupation Housewife Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace England (City or town) (State or foreign country)

Father
12. Name Edward Powell
13. Birthplace England (City or town) (State or foreign country)

Mother
14. Maiden name No information
15. Birthplace (City or town) (State or foreign country)

16. Informant's X T. J. Staley
OWN Signature
and Address Hansen, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-29-44 (Month) (Day) (Year)
(c) Place: Twin Falls Cemetery

18. Funeral Director's X C. B. Mullins
OWN Signature
and Address Twin Falls Idaho

19. (a) Dec 2 1944 (Date received and filed) (b) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) November 25 1944
at 9:30 o'clock P M.

21. **I HEREBY CERTIFY**, That I attended deceased from Nov 8 1944, to Nov 25 1944
I last saw h[illegible] alive on Nov 21 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration
Carcinoma of right (colon) 6 months
Due to Hepatic Flexture
Due to
Other conditions none
(Include pregnancy within 3 months of death)

Where was disease contracted? Idaho
Name of operation None Date
Major finding
Finding of autopsy none

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's OWN Signature Clarence H. Schultz M.D. (M. D. or Other)
and Address Twin Falls Date Nov 27 1944
(For additional space, use reverse side)

Cou[illegible]

United States
Department of Commerce
Bureau of the Census

DEC 11 1944

Certificate Of Death

STATE OF IDAHO

State File No. 141553
Local Reg. No. 276
Reg. Dist. No. 460

1. PLACE OF DEATH:
(a) County Twin Falls
(b) City or town Twin Falls
(c) Street Address or R.F.D. No. 122-8th Ave. E
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Home ..... Hospital X Institution ..... Other place .....
(f) Name Hosp. or Inst. T. Falls Stayed 6 days
(g) Lived in this county 25 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Twin Falls
(c) City or town Twin Falls
(d) Street Address or R.F.D. No. 122-8th Ave E.
(e) Deceased lived Inside? X Outside? ..... city or town
(f) Citizen of what country? United States
(g) How long had deceased lived in Idaho? 25 years
(h) Former residence (city, state) Illinois

3. (a) **FULL NAME** Frank G. Thometz

83a

3. (b) If veteran, name war No
3. (c) Social Security No. .....
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Anna
6. (c) Age of husband or wife if alive 79 years
7. Date of Birth (Month, Day, Year) March 12, 1867

8. AGE	Years	Months	Days	If less than 1 day
	77	8	15	hrs min.

9. Exact Occupation Retired Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Chicago, Ill. (City or town) (State or foreign country)
Father
12. Name Michael Thometz
13. Birthplace Austria (City or town) (State or foreign country)
Mother
14. Maiden name Mary Sheidt
15. Birthplace France (City or town) (State or foreign country)
16. Informant's OWN Signature X John T. Thometz
and Address Twin Falls Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-28-44 (Month) (Day) (Year)
(c) Place: Twin Falls Cemetery
18. Funeral Director's OWN Signature S. C. Phillips
and Address Twin Falls, Idaho
19. (a) Dec. 2-1944 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) November 25 1944
at 3:20 o'clock P.M.
21. **I HEREBY CERTIFY**, That I attended deceased from June 1943 to Nov 25 1944
I last saw him alive on Nov 25 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebral hemorrhage	5 days
Due to arterial hypertension	Several years
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYISCIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's OWN Signature [signature] (M. D. or other)
and Address ..... Date ..... 19.....
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

DEC 11 1944

Certificate Of Death

STATE OF IDAHO

State File No. 141554
Local Reg. No. 280
Reg. Dist. No. 460

1. **PLACE OF DEATH:**
(a) County Twin Falls
(b) City or town Twin Falls
(c) Street Address or R.F.D. T.F.CO.GEN'L.HOSP
(d) Death Occured Inside? ..... Outside? X city or town
(e) Died in a Home.... Hospital X Institution.... Other place....
(f) Name Hosp. T.F.CO.GEN'L.HOS Stayed 7 days
(g) Lived in this county 34 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Twin Falls
(c) City or town Twin Falls
(d) Street Address or R.F.D. No. 202 Blue Lakes S
(e) Deceased lived Inside X Outside? ..... city or town.
(f) Citizen of what country? .....
(g) How long had deceased lived in Idaho? 34 years
(h) Former residence (city, state) .....

3. (a) **FULL NAME** ETTER, Oscar M.

93d

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary Adelaide
6. (c) Age of husband or wife if alive 78 years
7. Date of Birth (Month, Day, Year) May 23 1866

8. AGE	Years	Months	Days	If less than 1 day
	78	6	3	hrs min.

9. Exact Occupation Retired Did this work for ..... yrs.
10. Industry or Business Farming Date last worked .....
11. Birthplace Syracuse, New York (City or town) (State or foreign country)
Father
12. Name F. J. Etter
13. Birthplace Switzerland (City or town) (State or foreign country)
Mother
14. Maiden name Flavilla Hagin
15. Birthplace Ithaca, New York (City or town) (State or foreign country)
16. Informant's **OWN** Signature Mrs E O Smith
and Address Sandpoint, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 1, 1944 (Month) (Day) (Year)
(c) Place: Twin Falls Cem.
18. Funeral Director's **OWN** Signature White Mortuary Ella M. White E-249
and Address Twin Falls, Idaho
19. (a) 12/6/44 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) November 26, 1944
at ..... o'clock P. M.
21. **I HEREBY CERTIFY**, That I attended deceased from Nov. 19 1944 to Nov 26 1944
I last saw him alive on Nov 26 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Uremia	2 wks
Due to Hypertensive Cardiovascular Disease	Years
Due to	
Other conditions none (Include pregnancy within 3 months of death)	
Where was disease contracted? Idaho	
Name of operation none Date	
Major finding	
Finding of autopsy none	

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature Clarence H. Schilt M.D. (M. D. or other)
and Address Twin Falls Date Nov 27 1944
(For additional space, use reverse side)

141555

United States
Department of Commerce
Bureau of the Census

DEC 11 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 274
Reg. Dist. No. 460

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
   (a) County Twin Falls
   (b) City or town Twin Falls
   (c) Street Address or R. F. D. No. 127 Polk St.
   (d) Death Occurred Inside? ____ Outside? X city or town
   (e) Died in a Home ____ Hospital X Institution ____ Other place ____
   (f) Name Hosp. or Inst. T. F. Co. Gen Stayed 8 hrs days
   (g) Lived in this county 0 years 2 months 8 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Twin Falls
   (c) City or town Twin Falls
   (d) Street Address or R. F. D. No. 127 Polk St.
   (e) Deceased lived Inside? X Outside? ____ city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 9 weeks years
   (h) Former residence (city, state) ____

3. (a) **FULL NAME** William Lane Bothne

57E

3. (b) If veteran, name war ____ 3. (c) Social Security No. ____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife ____ 6. (c) Age of husband or wife if alive ____ years

7. Date of Birth (Month, Day, Year) September 20, 1944

8. AGE	Years	Months	Days	If less than 1 day hrs	min.
	0	2	8		

9. Exact Occupation Infant Did this work for ____ yrs.
10. Industry or Business ____ Date last worked ____
11. Birthplace Twin Falls, Idaho (City or town) (State or foreign country)

Father
12. Name Otto Joseph Bothne
13. Birthplace Laporte, Minn. (City or town) (State or foreign country)

Mother
14. Maiden name Loraine Catherine Murphy
15. Birthplace Elmwood, Wisc. (City or town) (State or foreign country)

16. Informant's **OWN** Signature O. J. Bothne
and Address Twin Falls, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/30/44 (Month) (Day) (Year)
(c) Place: Twin Falls Cemetery

18. Funeral Director's **OWN** Signature James C. Reynolds Funeral Home
and Address Twin Falls, Idaho

19. (a) DEC 1-1944 (Date received and filed) (b) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) November 28, 1944
at 2:55 o'clock P. M.

21. **I HEREBY CERTIFY,** That I attended deceased from 9/20/1944 to 11/28/1944
I last saw him alive on 11/28/1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Asphyxia	10 min.
Due to Thymus status	1 wk.
✓ Due to Thymoma	2 wks.
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's **OWN** Signature Ivan Adamson (M. D. or other)
and Address Filer, Ida. Date 11/29 19 44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census DEC 11 1944

Certificate Of Death

STATE OF IDAHO

State File No. 141556
Local Reg. No. 281
Reg. Dist. No. 461

1. **PLACE OF DEATH:**
   (a) County Twin Falld
   (b) City or town Twin Falls
   (c) Street Address or R.F.D. No. T.F. GEN'L. HOSP
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home .... Hospital X Institution .... Other place ....
   (f) Name Hosp. T. F. GEN'L. HOSP Lived 1 days
   (g) Lived in this county ..... years 11 months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Twin Fal
   (c) City or town Murtaugh
   (d) Street Address or R.F.D. No. Murtaugh
   (e) Deceased lived Inside? ..... Outside? X city or town
   (f) Citizen of what country? .....
   (g) How long had deceased lived in Idaho? 15mo's years
   (h) Former residence (city, state) Wendell, Ida

3. (a) **FULL NAME** HILL, Dale Warren

1096

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) August 13, 1943

8. AGE	Years	Months	Days	If less than 1 day
	1	3	16	hrs ..... min.

9. Exact Occupation Infant — Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Wendell, Ida. (City or town) (State or foreign country)

Father
12. Name Burton Hill
13. Birthplace Berryville, Ark. (City or town) (State or foreign country)

Mother
14. Maiden name Lorene Moore
15. Birthplace Southwest City, Mo. (City or town) (State or foreign country)

16. Informant's **OWN** Signature Burton Hill
and Address Murtaugh, Ida.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/1/44 (Month) (Day) (Year)
(c) Place: Sunset Mem. Park Cem.

18. Funeral Director's **OWN** Signature White Mortuary E-343
and Address Twin Falls, Ida.

19. (a) Dec 6-1944 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) November 29, 1944
at 6:25 o'clock A. M.

21. **I HEREBY CERTIFY**, That I attended deceased from Nov. 27 1944 to Nov. 29 1944
I last saw him alive on Nov. 29 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Right heart failure	
Due to Pneumonia	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature [signature] M. D.
and Address Kimberly, Ida. (M. D. or other) Date 12/1 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

DEC 11 1944

STATE OF IDAHO

State File No. 14155?
Local Reg. No. 282
Reg. Dist. No. 460

1. **PLACE OF DEATH:**
   (a) County Count Twin Falls
   (b) City or town Twin Falls
   (c) Street Address or R.F.D. No 252- 2nd. Ave. N.
   (d) Death Occured Inside? x Outside? ..... city or town
   (e) Died in a Home.... Hospital.... Institution.... Other place.....
   (f) Name Hosp. or Inst Packer Rest Home stayed 6 mos days
   (g) Lived in this county 35 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year. give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Twin Falls
   (c) City or town Twin Falls
   (d) Street Address or R.F.D. No 252- 2nd. Ave. N.
   (e) Deceased lived Inside? x Outside? ..... city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 35 years
   (h) Former residence (city, state) .....

3. (a) **FULL NAME** DAKIN, Rena M

50

3. (b) If veteran, name war no
3. (c) Social Security No. .....
4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Fremont
6. (c) Age of husband or wife if alive 55 years
7. Date of Birth (Month, Day, Year) October 6, 1893

8. AGE	Years	Months	Days	If less than 1 day
	51	1	24	hrs ..... min.

9. Exact Occupation Housewife — Did this work for ..... yrs.
10. Industry or Business ..... — Date last worked 1942
11. Birthplace Pleasant Grove, (City or town) Minn (State or foreign country)

Father
12. Name D. J. Overend
13. Birthplace Pleasant Grove, (City or town) Minn (State or foreign country)

Mother
14. Maiden name Ada Rosier
15. Birthplace Pleasant Grove, (City or town) Minn (State or foreign country)

16. Informant's **OWN** Signature Fremont Dakin
and Address Box 963, Twin Falls, Ida.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 12-4-44 (Month) (Day) (Year)
(c) Place: Sunset Memorial Park

18. Funeral Director's **OWN** Signature White Mortuary Ella M. White E-249
and Address Twin Falls, Idaho

19. (a) Dec 6-1944 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Nov., 30, 1944
at 10:45 o'clock A. M.

21. **I HEREBY CERTIFY**, That I attended deceased from 4-1-43 19..., to Nov., 30, 1944
I last saw her alive on Nov. 30 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cancer of Left breast (Medullary Carcinima.)	2 yrs
Due to	
Due to	
Other conditions ..... (Include pregnancy within 3 months of death)	

Where was disease contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature Joseph W. Marshall M.D. (M. D. or other)
and Address Twin Falls Idaho Date 11-30-44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce DEC 11 1944
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 141558
Local Reg. No. 283
Reg. Dist. No. 461

1. **PLACE OF DEATH:**
   (a) County Twin Falls
   (b) City or town Twin Falls Hospital
   (c) Street Address or R.F.D. No. T.F.Co.Gen.Hosp/
   (d) Death Occured Inside? ..... Outside? x city or town
   (e) Died in a Home .... Hospital x Institution .... Other place
   (f) Name Hosp. or Inst T.F.Co.Gen. Stayed 3½ Mns. days
   (g) Lived in this county 21 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Twin Falls
   (c) City or town Twin Falls
   (d) Street Address or R.F.D. No. 2
   (e) Deceased lived Inside? ..... Outside? x city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 21 years
   (h) Former residence (city, state) .....

3. (a) **FULL NAME** GOERTZEN, Julius

46a

3. (b) If veteran, name war no
3. (c) Social Security No. 519-07-9453
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Carmen
6. (c) Age of husband or wife if alive 49 years
7. Date of Birth (Month, Day, Year) January 19, 1891

8. AGE	Years	Months	Days	If less than 1 day
	53	10	11	hrs ..... min.

9. Exact Occupation Butcher — Did this work for 33 yrs.
10. Industry or Business — Date last worked Nov. 1943
11. Birthplace Mountain Lake, (City or town) Minn (State or foreign country)

Father
12. Name Wm. Goertzen
13. Birthplace ..... Russia (City or town) (State or foreign country)

Mother
14. Maiden name Margaret Goertzen
15. Birthplace ..... Russia (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mrs. Carmen Goertzen
and Address Twin Falls, Ida. Rt. #2

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 12-4-44 (Month) (Day) (Year)
(c) Place: Sunset Memorial Park

18. Funeral Director's **OWN** Signature White Mortuary Ella M. White E-249
and Address Twin Falls, Idaho.

19. (a) Dec 6 1944 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Nov., 30, 1944
at 5:00 o'clock PM.

21. **I HEREBY CERTIFY**, That I attended deceased from 10-23-44 1944 to Nov., 30, 1944
I last saw him alive on Nov. 30 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cancer of oesophagus.	1 yr
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature Joseph W. Marshall M.D. (M. D. or other)
and Address Twin Falls. Date 11-30-44
(For additional space, use reverse side)

Dr. Whiteman

United States
Department of Commerce
Bureau of the Census

REC 12 1944

Certificate Of Death

STATE OF IDAHO

State File No. 141553
Local Reg. No. 24
Reg. Dist. No. 520

1. **PLACE OF DEATH:**
   (a) County Washington
   (b) City or town Weiser
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home.... Hospital X Institution.... Other place....
   (f) Name Hosp. or Inst. Weiser Hosp. Stayed 2½hr
   (g) Lived in this county 00 years 00 months 00 days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Washington
   (c) City or town Midvale
   (d) Street Address or R.F.D. No. Route 1
   (e) Deceased lived Inside? ..... Outside? X ..... city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 00 years
   (h) Former residence (city, state) None

3. (a) **FULL NAME** GARY LEON BOYD

159

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife None
6. (c) Age of husband or wife if alive None years
7. Date of Birth (Month, Day, Year) November 2 1944

8. AGE	Years	Months	Days	If less than 1 day
	00	00	00	3 hrs 40 min.

9. Exact Occupation None — Did this work for 00 yrs.
10. Industry or Business None — Date last worked 00
11. Birthplace Weiser (City or town) Idaho (State or foreign country)

Father
12. Name Lawrence Boyd
13. Birthplace Midvale (City or town) Idaho (State or foreign country)

Mother
14. Maiden name Doris Hill
15. Birthplace Payette (City or town) Idaho (State or foreign country)

16. Informant's **OWN** Signature Lawrence Boyd Father
and Address Route #1 Midvale

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 3 1944 (Month) (Day) (Year)
(c) Place: Midvale Cemetery

18. Funeral Director's **OWN** Signature A. Jones #357
and Address Northam Funeral Home Weiser, Idaho

19. (a) 11/3/44 (Date received and filed) (b) Marie H. Snell (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) November 2 1944
at 4:30 o'clock A.M.

21. **I HEREBY CERTIFY**, That I attended deceased from 12:50 A.M. 1944, to 4:30 A.M. 1944
I last saw him alive on 11-2-44 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Prematurity-6th m o.gestation	
Due to Exact cause of premature delivery	
Due to unascertained.	
Other conditions 0 (Include pregnancy within 3 months of death)	

Where was disease contracted? 0
Name of operation 0 Date
Major finding 0
Finding of autopsy 0

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature W. W. Whiteman M.D. (M. D. or other)
and Address Cambridge, Idaho Date 11-3 19 44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

DEC 12 1944

Certificate Of Death

STATE OF IDAHO

State File No. 141560
Local Reg. No. 25
Reg. Dist. No. 320

1. PLACE OF DEATH:
(a) County Washington
(b) City or town Weiser
(c) Street Address or R.F.D. No. Route #1
(d) Death Occured Inside? ... Outside? X ... city or town
(e) Died in a Home .... Hospital .... Institution .... Other place X
(f) Name Hosp. or Inst. ... Stayed ... days
(g) Lived in this county 63 years ... months ... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Washington
(c) City or town Weiser
(d) Street Address or R.F.D. No. Route #1
(e) Deceased lived Inside? ... Outside? X ... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 63 years
(h) Former residence (city, state) Born here

3. (a) **FULL NAME** Jonathan Bartlett Hemenway 946

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Fannie
6. (c) Age of husband or wife if alive 58 years
7. Date of Birth (Month, Day, Year) July 7 1881

8. AGE	Years	Months	Days	If less than 1 day
	63	3	27	hrs ... min.

9. Exact Occupation Rancher — Did this work for Life yrs.
10. Industry or Business Stock and Feed — Date last worked 11/3/44
11. Birthplace Weiser (City or town) Idaho (State or foreign country)

Father
12. Name J.B. Hemenway
13. Birthplace ... Utah (City or town) (State or foreign country)

Mother
14. Maiden name Rowena Smith
15. Birthplace ... Utah (City or town) (State or foreign country)

16. Informant's **OWN** Signature Earl Hemenway
and Address Route #1 Weiser, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/6/44 (Month) (Day) (Year)
(c) Place Hillcrest Cem. Weiser, Idaho

18. Funeral Director's **OWN** Signature A. L. Jones #357
and Address Northam Chapel. Weiser, Idaho

19. (a) 11/6/44 (Date received and filed) (b) Maurice L. Shell (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) November 3 1944
at 5:00 o'clock P.M.

21. **I HEREBY CERTIFY,** That I attended deceased from 3-14-1943, to 11-3-1944
I last saw him alive on 10-3-1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Angina Pectoris died suddenly	1 yr 1 Mo.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ... Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ... Suicide? ... Homicide? ...
Occurred ... 19 ... City, county, state where violence occurred
Place of Violence: Home ... Farm ... Industry ...
Public Place ... While at work? ...
Means of injury

23. Attendant's **OWN** Signature F. A. Cummings M.D. (M. D. or Coroner)
and Address Weiser, Idaho Date 11-7-1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

DEC 12 1944

Certificate Of Death

STATE OF IDAHO

State File No. 141561
Local Reg. No. 26
Reg. Dist. No. 320

1. **PLACE OF DEATH:**
   (a) County Washington
   (b) City or town Weiser
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? X Outside? city or town
   (e) Died in a Home Hospital X Institution Other place
   (f) Name Hosp. or Inst. Weiser Hosp. Stayed days
   (g) Lived in this county years months ~~11 hrs~~ days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Wash.
   (c) City or town Weiser
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? X Outside? city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 5 days. years
   (h) Former residence (city, state)))))))))))

3. (a) **FULL NAME** AMY KAWA KAMI

1-9

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race Mongolian
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife None
6. (c) Age of husband or wife if alive None years
7. Date of Birth (Month, Day, Year) November 3 1944

8. AGE	Years	Months	Days	If less than 1 day
	00	00	3 ✓	hrs min.

9. Exact Occupation None — Did this work for 00 yrs.
10. Industry or Business None — Date last worked 00
11. Birthplace Weiser (City or town) Idaho (State or foreign country)
12. Father — Name Isao Kawakami
13. Father — Birthplace Okayamie (City or town) Japan (State or foreign country)
14. Mother — Maiden name Yoshika Nakao
15. Mother — Birthplace (City or town) Idaho (State or foreign country)
16. Informant's **OWN** Signature Isao Kawakami Father
and Address Payette- Route #2 - Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 7 1944 (Month) (Day) (Year)
(c) Place Hillcrest Cem. Weiser, Idaho
18. Funeral Director's **OWN** Signature C. S. Jones. #357
and Address Northam Funeral Home Weiser, Idaho
19. (a) 11-7-44 (Date received and filed) (b) Marie H. Shell (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) November 6 1944 19
at 11:30 o'clock P. M.
21. **I HEREBY CERTIFY**, That I attended deceased from 11-3- 19~~44~~, to 11-6- 19~~44~~
I last saw h~~er~~ alive on 11-6- 19~~44~~ death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Pneumonia.	6 3 ma.
✓ Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature F. A. Schmidt M.D. (M. D. or other)
and Address Weiser, Idaho Date 11/7/44 19
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

DEC 12 1944

STATE OF IDAHO

State File No. 141562
Local Reg. No. 27
Reg. Dist. No. 320

1. **PLACE OF DEATH:**
   (a) County Washington
   (b) City or town Weiser
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? X Outside? city or town
   (e) Died in a Home Hospital X Institution Other place
   (f) Name Hosp. or Inst. Weiser Heart Stayed days
   (g) Lived in this county 64 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Washington
   (c) City or town Midvale
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? Outside? X city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 64 years
   (h) Former residence (city, state) Missouri

3. (a) **FULL NAME** Edward Newton Wiggins

938

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Clarissa
6. (c) Age of husband or wife if alive 64 years
7. Date of Birth (Month, Day, Year) February 27 1870

8. AGE	Years	Months	Days	If less than 1 day
	74	8	10	hrs min.

9. Exact Occupation Farmer — Did this work for Life yrs.
10. Industry or Business Stock and Feed — Date last worked 10/10/44
11. Birthplace Missouri (City or town) (State or foreign country)

Father
12. Name William E. Wiggins
13. Birthplace Don't Know (City or town) (State or foreign country)

Mother
14. Maiden name Nancy Elizabeth Mackey
15. Birthplace Don't Know (City or town) (State or foreign country)

16. Informant's **OWN** Signature Homer at Wiggins (son)
and Address Caldwell, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/10/44 (Month) (Day) (Year)
(c) Place: Keithley Creek Cem. Midvale, Idaho

18. Funeral Director's **OWN** Signature C. S. Jones #357
and Address Northam Funeral H. Weiser, Idaho

19. (a) 11/10/44 (Date received and filed) (b) Marie H. Shull (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) November 9 1944 19
at 6 o'clock A. M.

21. **I HEREBY CERTIFY**, That I attended deceased from 10/1/44 19, to 11/7/44 19
I last saw him alive on 11/7/44 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Pulmonary Edema	10 hrs.
Due to Congestive Heart failure	10 ds.
Due to Chronic Myocardial degenerat-ion.	
Other conditions Senile change. (Include pregnancy within 3 months of death)	

Where was disease contracted? Home.
Name of operation 0 Date 0
Major finding 0
Finding of autopsy 0

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature [signature] (M. D. or other)
and Address Cambridge, Idaho Date 11/10 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Dr. McGrath

Certificate Of Death

STATE OF IDAHO

DEC 12 1944

State File No. 141563
Local Reg. No. 29
Reg. Dist. No. 320

1. PLACE OF DEATH:
(a) County Washington
(b) City or town Weiser
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? X Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. Weiser Hosp. Stayed 5 days
(g) Lived in this county 11 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Wash.
(c) City or town Weiser
(d) Street Address or R.F.D. No. Route #2
(e) Deceased lived Inside? Outside? X city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 11yrs years
(h) Former residence (city, state) Ft. Collins, Colo.

3. (a) **FULL NAME** Blanche Eaklor Jones

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Jack
6. (c) Age of husband or wife if alive 62 years
7. Date of Birth (Month, Day, Year) August 4 1895

8. AGE	Years	Months	Days	If less than 1 day
	49	3	11	hrs min.

9. Exact Occupation Housewife — Did this work for Life yrs.
10. Industry or Business Ranch Home — Date last worked 7/1/44
11. Birthplace Saint Louis (City or town) Missouri (State or foreign country)

Father
12. Name George Eaklor
13. Birthplace Don't Know (City or town) (State or foreign country)

Mother
14. Maiden name Don't Know
15. Birthplace Don't Know (City or town) (State or foreign country)

16. Informant's **OWN** Signature Eualena Jones Daughter
and Address Weiser, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/14/44 (Month) (Day) (Year)
(c) Place: Hillcrest Cem. Weiser, Idaho

18. Funeral Director's **OWN** Signature C. L. Jones #357
and Address Northam Chapel, Weiser, Idaho

19. (a) 12/14/44 (Date received and filed) (b) Marie H. Shell (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) November 15 1944
at 9:45 o'clock A. M.

21. **I HEREBY CERTIFY**, That I attended deceased from Nov 10th 1944, to Nov 15 1944
I last saw h[illegible] alive on Nov. 15 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Metastatic Carcinomatosis	
Carcinoma of the Uterus	
Due to	
Due to	
Other conditions Chronic Pulmonary	
(Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation Date	
Major finding	
Finding of autopsy	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature M. B. McGrath M.D. (M. D. or other)
and Address Weiser, Idaho Date 12/15 19 44
(For additional space, use reverse side)

Dr. F.A. Schmitz

United States
Department of Commerce DEC 12 1944
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 141564
Local Reg. No. 30
Reg. Dist. No. 320

1. **PLACE OF DEATH:**
   (a) County Washington
   (b) City or town Weiser
   (c) Street Address or R.F.D. No. 831 West Second St.
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home. X Hospital ..... Institution ..... Other place .....
   (f) Name Hosp. or Inst. ..... Stayed ..... days
   (g) Lived in this county 49 years ..... months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Wash.
   (c) City or town Weiser
   (d) Street Address or R.F.D. No. 831 West 2nd St.
   (e) Deceased lived Inside? X Outside? ..... city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 49 years
   (h) Former residence (city, state) Imperial, Nebr.

3. (a) **FULL NAME** SAMUEL RENOTIS SNYDER

1628

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Clara
6. (c) Age of husband or wife if alive 86 years
7. Date of Birth (Month, Day, Year) July 18 1857

8. AGE	Years	Months	Days	If less than 1 day
	87	3	29	hrs min.

9. Exact Occupation Retired Rancher — Did this work for Life yrs.
10. Industry or Business General Ranching — Date last worked 1932
11. Birthplace Centerville (City or town) Iowa (State or foreign country)

Father
12. Name Samuel Renotis Snyder
13. Birthplace Don't Know (City or town) (State or foreign country)

Mother
14. Maiden name Don't Know
15. Birthplace " " " " " " (City or town) (State or foreign country)

16. Informant's **OWN** Signature Minnie Snyder (Daughter)
and Address 831 W. 2nd St. Weiser, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/21/44 (Month) (Day) (Year)
(c) Place: Hillcrest Cem. Weiser, Idaho
18. Funeral Director's **OWN** Signature A. Jones #357
and Address Northam Chapel, Weiser, Idaho
19. (a) Nov 21 - 1944 (Date received and filed) (b) Marcia H. Shell (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) November 16 1944
at 4 a m o'clock a M.
21. **I HEREBY CERTIFY,** That I attended deceased from ..... 19..... to ..... 19.....
I last saw h..... alive on ..... 19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Acute Dilatation of Heart	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ..... Date .....
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury

23. Attendant's **OWN** Signature F.A. Schmitz M.D.
(M. D. or Other)
and Address Weiser, Idaho Date 11-16 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Dr. Schmitz

United States
Department of Commerce
Bureau of the Census

DEC 12 1944

Certificate Of Death

STATE OF IDAHO

State File No. 141565
Local Reg. No. 31
Reg. Dist. No. 320

1. PLACE OF DEATH:
(a) County Washington
(b) City or town Weiser
(c) Street Address or R.F.D. No. [illegible]
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Home.... Hospital X Institution.... Other place....
(f) Name Hosp. or Inst. Weiser Hosp. Stayed 1 days
(g) Lived in this county 3 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Washington
(c) City or town Weiser
(d) Street Address or R.F.D. No. 690 East Court St.
(e) Deceased lived Inside? X Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 31 years
(h) Former residence (city, state) Scott City, Kans.

3. (a) **FULL NAME** Ralph Lloyd Heiser 33a

3. (b) If veteran, name war None
3. (c) Social Security No. 530-05-1555
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mable
6. (c) Age of husband or wife if alive 34 years
7. Date of Birth (Month, Day, Year) September 16 1906

8. AGE	Years	Months	Days	If less than 1 day
	38	2	4	hrs min.

9. Exact Occupation Welder Did this work for 2 years yrs.
10. Industry or Business Weiser Iron Works Date last worked 11/4/44
11. Birthplace Near Scott City, Kansas (City or town) (State or foreign country)
Father
12. Name Otto Heiser
13. Birthplace Council Bluffs, Iowa (City or town) (State or foreign country)
Mother
14. Maiden name Ray Loomis
15. Birthplace Battle Creek Nebraska (City or town) (State or foreign country)
16. Informant's OWN Signature Chas Heiser (Bro)
and Address R.#1 Box 45 Long Beach, Washington
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/22/44 (Month) (Day) (Year)
(c) Place: Cottonwood Cemetery Near Council, Idaho
18. Funeral Director's OWN Signature A. S. Jones #357
and Address Northam Chapel, Weiser, Idaho
19. (a) 11-22-44 (Date received and filed) (b) Marie H Shell (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) November 20th 1944
at 11 30 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from 11-1-1944, to 11-20 1944
I last saw him alive on 11-20 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Broncho Pneumonia	5 days
Due to Influenza	
Due to Broncho & asthma	Long years
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted? at Home	
Name of operation ..... Date	
Major finding	
Finding of autopsy	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's OWN Signature T A Schmitz M.D. (M. D. or other)
and Address Weiser, Idaho Date 11-21 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

141589

DEC 18 1944 STATE OF IDAHO

State File No. 141589
Local Reg. No. 225
Reg. Dist. No. 430

1. **PLACE OF DEATH:**
(a) County Lincoln
(b) City or town Dietrich
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? Outside? city or town
(e) Died in a Home Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Lincoln
(c) City or town Dietrich
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? Outside? — city or town
(f) Citizen of what country? Idaho
(g) How long had deceased lived in Idaho? 6 years
(h) Former residence (city, state) Hamilton Mont.

3. (a) **FULL NAME** Raymond Delbert Casper 184

3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced —
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Date of Birth (Month, Day, Year) Apr. 7-1932.

8. AGE	Years	Months	Days	If less than 1 day
	12	8	3	hrs min.

9. Exact Occupation school boy Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace Bonita — Montana (City or town) (State or foreign country)
Father
12. Name Delbert Carlos Casper
13. Birthplace Marian Idaho (City or town) (State or foreign country)
Mother
14. Maiden name Eva Ellen Epley Casper
15. Birthplace Denver - Colo (City or town) (State or foreign country)
16. Informant's **OWN** Signature Delbert Carlos Casper
and Address Dietrich Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 14-44 (Month) (Day) (Year)
(c) Place: Shoshone - Idaho.
18. Funeral Director's **OWN** Signature Myrtle C. Burdett
and Address Shoshone Idaho
19. (a) 12-14-44 (Date received and filed) (b) Myrtle C. Burdett (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Dec. 10 1944
at o'clock M.
21. **I HEREBY CERTIFY,** That I attended deceased from 12/10 1944, to Dec 10 1944
I last saw him alive on Dec 10 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Gun Shot, wound of head.	
Due to Accidental Discharge of Gun	
Due to	
Other conditions None (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident Suicide? — Homicide? —
Occurred Dec 10 1944 City, county, state where violence occurred on hunting trip
Place of Violence: Home Farm — Industry
Public Place While at work?
Means of injury Accidental Discharge of Shot gun
23. Attendant's **OWN** Signature [signature] (M. D. or other)
and Address Shoshone - Ida. Date 12/10 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

141590

State File No. 141590
Local Reg. No. 64
Reg. Dist. No. 365

1. PLACE OF DEATH:
(a) County Canyon
(b) City or town Parma
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? Outside? X city or town
(e) Died in a Home Hospital Institution Other place X
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Valley
(c) City or town Donnelly
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 53 years
(h) Former residence (city, state)

3. (a) FULL NAME DAVID J. COSKI

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3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Josie
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) April 20, 1890

8. AGE	Years	Months	Days	If less than 1 day
	54	7	13	hrs min.

9. Exact Occupation Garage Owner Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Nebraska (City or town) (State or foreign country)
Father
12. Name John Coski
13. Birthplace Poland (City or town) (State or foreign country)
Mother
14. Maiden name Knitter
15. Birthplace Poland (City or town) (State or foreign country)
16. Informant's **OWN** Signature Thomas Coski
and Address Mc Call, Idaho.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 12/4/44 (Month) (Day) (Year)
(c) Place Tittrington Funeral Home, Cascade
18. Funeral Director's **OWN** Signature V. Peckham
and Address 504 So. Kimball Ave., Caldwell
19. (a) 12-10-44 (Date received and filed) (b) Ruth Hill (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Dec. 3, 1944
at 7:30 o'clock A. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 19, to 19
I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Drowning
Boat upset while Duck
~~Due to~~ hunting in Snake River 6 miles West of Parma.
Due to Chain caught on bottom
~~Other conditions~~ of river. Causing boat
(Include pregnancy within 3 months of death)
to Capsize.
Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy No.

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? X Suicide? Homicide?
Occurred Dec 3 1944 City, county, state where violence occurred 6 mi. West Parma.
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury Drowning
23. Attendant's **OWN** Signature Wm D Talley (M. D. or other) Coroner
and Address Nampa Ida Date 11-9 1944
(For additional space, use reverse side)

141591 141591

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 141591
Local Reg. No. 47
Reg. Dist. No. 650

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
   (a) County Fremont
   (b) City or town St. Anthony, Idaho.
   (c) Street Address or R.F.D. No. 126 So. Bridge
   (d) Death Occured Inside? Yes Outside? ..... city or town
   (e) Died in a Home X Hospital .... Institution .... Other place ....
   (f) Name Hosp. or Inst. St. A. Gen. Stayed 1 days
   (g) Lived in this county 8 years ..... months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Fremont
   (c) City or town Chester
   (d) Street Address or R.F.D. No. .....
   (e) Deceased lived Inside? ..... Outside? Yes city or town
   (f) Citizen of what country? United States
   (g) How long had deceased lived in Idaho? 8 years
   (h) Former residence (city, state) Martin, S. D.

3. (a) **FULL NAME** THELMA STOLP CONGER 93d

3. (b) If veteran, name war No.
3. (c) Social Security No. N o
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Frank Conger
6. (c) Age of husband or wife if alive 40 years
7. Date of Birth (Month, Day, Year) October 13, 1916

8. AGE	Years	Months	Days	If less than 1 day hrs	min.
	28	2	9		

9. Exact Occupation Housewife Did this work for 9 yrs.
10. Industry or Business Own Home Date last worked 12-20-44
11. Birthplace Page, Nebraska. (City or town) (State or foreign country)

Father
12. Name Julius P. Stolp
13. Birthplace Nebraska (City or town) (State or foreign country)

Mother
14. Maiden name Lena Nelson
15. Birthplace Nebraska (City or town) (State or foreign country)

16. Informant's **OWN** Signature Frank Conger and Address Chester Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
   (c) Place: Ashton (Pineview), Idaho.

18. Funeral Director's **OWN** Signature M S Hansen and Address St. Anthony, Idaho.

19. (a) Dec. 23 1944 (Date received and filed) (b) M S Hansen (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) December 21 19 44
   at 8:30 o'clock A. M.

21. **I HEREBY CERTIFY**, That I attended deceased from 19 40 to Dec 21 19 44
   I last saw h[illegible] alive on Dec 21 19 44; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Shock	10 min.
✓ Due to Chronic Hypertrophic Goiter	2 yrs.
Due to	
Other conditions Pregnancy (Include pregnancy within 3 months of death)	9 mo.
Myocarditis	1 yr.

Where was disease contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
   Occurred ..... 19 ..... City, county, state where violence occurred .....
   Place of Violence: Home ..... Farm ..... Industry .....
   Public Place ..... While at work? .....
   Means of injury .....

23. Attendant's **OWN** Signature E L Lodge MD (M. D. or other)
   and Address St Anthony Date 12/24/ 1944
   (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

1415 ✓ State File No. **141592**
Local Reg. No. 304
Reg. Dist. No. 511

1. PLACE OF DEATH:

(a) County Bannock
(b) City or town Pocatello
(c) Street Address or R.F.D. No. 101 So. Johnson
(d) Death Occured (Inside) Outside? city or town
(e) Died in a Home (Hospital) Institution Other place
(f) Name Hosp. or Inst. General Stayed 1 days
(g) Lived in this county years months 1 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

(a) State Montana (b) County Yellowstone
(c) City or town Billings
(d) Street Address or R.F.D. No. 716 Clark Ave.
(e) Deceased lived Inside? Outside? city or town
(f) Citizen of what country? United States
(g) How long had deceased lived in Idaho? One day years
(h) Former residence (city, state) Montana

3. (a) **FULL NAME** David McKee. 170c

3. (b) If veteran, name war None
3. (c) Social Security No. 578-07-4808.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Augusta Kirnitz
6. (c) Age of husband or wife if alive 63 years
7. Date of Birth (Month, Day, Year) July 15. 1876.

8. AGE	Years	Months	Days	If less than 1 day
	68	4	9	hrs min.

9. Exact Occupation Retired — Did this work for 21 yrs.
10. Industry or Business United Mine Worker — Date last worked 1941.
11. Birthplace Scotland (City or town) (State or foreign country)

Mother
12. Name Agnes Orr.
13. Birthplace Scotland (City or town) (State or foreign country)

Father
14. Name David McKee.
15. Birthplace Scotland (City or town) (State or foreign country)

16. Informant's **OWN** Signature Margaret McKee Stahl
and Address Billings, Montana.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 11/29/1944 (Month) (Day) (Year)
(c) Place: Billings Montana
18. Funeral Director's **OWN** Signature Hall Mortuary, Arthur Hall
and Address Pocatello, Idaho.
19. (a) 11-28-1944 (Date received and filed) (b) D C Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) November. 24. 1944
at 7 00 o'clock P M.
21. **I HEREBY CERTIFY**, That I attended deceased from 11-24-44 1944, to 11-24 1944
I last saw him alive on 11-24 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebral Concussion	2-3 hrs.
Internal Abdominal Injuries	
Due to Blow to head & abdomen.	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? —
Name of operation — Date
Major finding
Finding of autopsy —

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Yes Suicide? No Homicide? No
Occurred 11-24 1944 City, county, state where violence occurred Bannock Idaho
Place of Violence: Home No Farm No Industry No
Public Place Yes While at work? No
Means of injury Pedestrian struck by auto
23. Attendant's **OWN** Signature C.C. Martineau MD (M. D. or other)
and Address Pocatello, Idaho. Date 11/27 1944
(For additional space, use reverse side)

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United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 141593
Local Reg. No. 321
Reg. Dist. No. 510

1. **PLACE OF DEATH:**
(a) County Bannock
(b) City or town Pocatello
(c) Street Address or R. F. D. No. 1043 N. Main
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home X Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 60 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bannock
(c) City or town Pocatello
(d) Street Address or ~~R. F. D.~~ No. 1043 N. Main
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? U. S. A.
(g) How long had deceased lived in Idaho? 60 years
(h) Former residence (city, state) Wyoming

3. (a) **FULL NAME** Armstrong M. Shields

3. (b) If veteran, name war —
3. (c) Social Security No. 578-10-0335
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Dead
6. (c) Age of husband or wife if alive Dead years
7. Date of Birth (Month, Day, Year) September 15, 1874

8. AGE	Years	Months	Days	If less than 1 day
	70	3	1	hrs ____ min. ____

9. Exact Occupation Car Inker — Did this work for 12 yrs.
10. Industry or Business Masonic Temple — Date last worked Dec 16. 44.
11. Birthplace Green River Wyoming (City or town) (State or foreign country)

Father
12. Name David Shields
13. Birthplace Scotland (City or town) (State or foreign country)

Mother
14. Maiden name Janet Shields
15. Birthplace Scotland (City or town) (State or foreign country)

16. Informant's **OWN** Signature [illegible]
and Address 1043 N. Main

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 19, 44 (Month) (Day) (Year)
(c) Place Mt. Morgan Cem. Pocatello.

18. Funeral Director's **OWN** Signature T. L. McCann
and Address Pocatello Idaho

19. (a) 12-18-44 (Date received and filed) (b) D C Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) December 16 1944
at ~~12~~ 8 o'clock ____ M.

21. **I HEREBY CERTIFY,** That I attended deceased from 12-13- 1944, to 12-16 1944
I last saw h[illegible] alive on 12-16 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Chronic Myocarditis	1 year
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ____ Date ____
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work?
Means of injury

23. Attendant's **OWN** Signature D C Ray (M. D. or other)
and Address Pocatello Date 12-18 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Exempt 141594 141594

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 141594
Local Reg. No. 4-11
Reg. Dist. No. 370

1. **PLACE OF DEATH:**
(a) County Ada
(b) City or town Boise
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? X Outside? city or town
(e) Died in a Home.... Hospital X Institution.... Other place....
(f) Name Hosp. or Inst. St. Alphonsus Had 24 days
(g) Lived in this county 10 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Ada
(c) City or town Boise
(d) Street Address or R.F.D. No. 1018 N. 15th
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? U. S. A.
(g) How long had deceased lived in Idaho? 42 years
(h) Former residence (city, state) Norway

3. (a) **FULL NAME** ERIK N. HEGSTAD 46 6

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) December 19, 1876

8. AGE	Years	Months	Days	If less than 1 day
	68	0	2	hrs min.

9. Exact Occupation Retired — Did this work for yrs.
10. Industry or Business Stockman — Date last worked
11. Birthplace Eker, Norway (City or town) (State or foreign country)

Father
12. Name Nels Hegstad
13. Birthplace Eker, Norway (City or town) (State or foreign country)

Mother
14. Maiden name Gina Klem
15. Birthplace Norway (City or town) (State or foreign country)

16. Informant's **OWN** Signature John K Hegstad and Address Boise, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/26/44 (Month) (Day) (Year)
(c) Place: Morris Hill cemetery
18. Funeral Director's **OWN** Signature Schneider & McCammon and Address Boise, Idaho
19. (a) 12-23-44 (Date received and filed) (b) Milford Knapp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Dec 21 1944
at 6:20 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from Nov 24 1944 to Dec 21 1944
I last saw him alive on Dec 21 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — Duration
Carcinoma of Stomach 4 mos
Due to Exhaustion & Cardiac failure
Due to
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?
Name of operation Exploratory Date 12/2/44
Major findings Ca of Pylorus
Finding of autopsy

PHYISICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature James L. Stewart (M. D. or other)
and Address Boise Idaho Date Dec 22 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

141595

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 141595
Local Reg. No. 34
Reg. Dist. No. 320

1. PLACE OF DEATH:
(a) County Washington
(b) City or town Midvale
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? Outside? X city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 37 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Washington
(c) City or town Midvale
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? Outside? X city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 37 years
(h) Former residence (city, state) Bates Co. Mo.

3. (a) FULL NAME OLIVER MILTON DALE

94a

3. (b) If veteran, name war NONE
3. (c) Social Security No. NONE
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Cora
6. (c) Age of husband or wife if alive 72 years
7. Date of Birth (Month, Day, Year) July 31 1873

8. AGE	Years	Months	Days	If less than 1 day
	71	4	13	hrs min.

9. Exact Occupation Farmer — Did this work for Life yrs.
10. Industry or Business General Farming — Date last worked 12/13/44
11. Birthplace Boone Co. (City or town) Indiana (State or foreign country)

Father
12. Name Wesley Dale
13. Birthplace Don't Know (City or town) Indiana (State or foreign country)

Mother
14. Maiden name Nancy Houston
15. Birthplace Don't Know (City or town) Indiana (State or foreign country)

16. Informant's **OWN** Signature Mrs. Jw. Pettet Wife
and Address Midvale Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/18/44 (Month) (Day) (Year)
(c) Place: Midvale Cem. Midvale, Idaho
18. Funeral Director's **OWN** Signature C. L. Jones #357
and Address Northam Chapel Weiser, Idaho
19. (a) 12/16/44 (Date received and filed) (b) Marie N. Shull (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) December 13 19 44
at 10:45 o'clock P.M.
21. **I HEREBY CERTIFY**, That I attended deceased from 1941 to 19 44
I last saw him alive on Dec 10 19 44; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Coronary Heart Disease.	
Due to	
Due to Senility.	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature F. A. Simmons M.D. (M. D. or other)
and Address Weiser Date 12-16-1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

141596

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 141596
Local Reg. No. 317
Reg. Dist. No. 121

1. **PLACE OF DEATH:**
(a) County Kootenai
(b) City or town Farragut U.S.N.T.C.
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home Hospital Institution Other place X
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 1 years 6 months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bonner
(c) City or town Priest River
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 15 years
(h) Former residence (city, state)

3. (a) FULL NAME Mary Johnson

94a

3. (b) If veteran, name war no.
3. (c) Social Security No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife --
6. (c) Age of husband or wife if alive -- years
7. Date of Birth (Month, Day, Year) November 2, 1879

8. AGE	Years	Months	Days	If less than 1 day
	65	1	6	hrs min.

9. Exact Occupation Seamstress Did this work for 1½ yrs.
10. Industry or Business U.S.Nav.Tr Cr. Sewing Room Date last worked 12/8/44
11. Birthplace Missouri (City or town) (State or foreign country)
Father
12. Name No Record
13. Birthplace No Record (City or town) (State or foreign country)
Mother
14. Maiden name No Record
15. Birthplace No Record (City or town) (State or foreign country)
16. Informant's OWN Signature Arthur L Dew
and Address Priest River, Idaho.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 12/8/1944 (Month) (Day) (Year)
(c) Place: Priest River, Idaho.
18. Funeral Director's OWN Signature MOON MORTUARY [signature]
and Address SANDPOINT, IDAHO
19. (a) 12-13-1944 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Dec. 8 1944
at 11:15 o'clock A M. did not
21. **I HEREBY CERTIFY,** That I attended deceased from 12-8 1944, to 12-8 1944
I last saw her ~~alive~~ on 12-8 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Acute Coronary Thrombosis	12-8-44
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation none Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy none	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature Hamilton H. Greenwood M.D. Coroner (M. D. or other)
and Address [illegible] Date 12-13 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

14597 State File No. 141597
Local Reg. No. 422
Reg. Dist. No. 370

JAN 3 1945

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? X Outside? city or town
   (e) Died in a Home Hospital Institution Other place X
   (f) Name Hosp. or Inst. Gas Plant Stayed days
   (g) Lived in this county 21 years months days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Ada
   (c) City or town Boise
   (d) Street Address or R.F.D. No. 721 Iowa Street
   (e) Deceased lived Inside? X Outside? city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 34 years
   (h) Former residence (city, state) Illinois

3. (a) **FULL NAME** GLYDE WOOD OSBORN 178X

3. (b) If veteran, name war - - - - -
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Josephine
6. (c) Age of husband or wife if alive 47 years
7. Date of Birth (Month, Day, Year) February 16, 1890

8. AGE	Years	Months	Days	If less than 1 day
	54	10	6	hrs min.

9. Exact Occupation Gas Machine Operator Did this work for 20 yrs.
10. Industry or Business Gas Company Date last worked 12/22/44
11. Birthplace Iowa (City or town) (State or foreign country)

Father
12. Name Charles S. Osborn
13. Birthplace Illinois (City or town) (State or foreign country)

Mother
14. Maiden name Mary A. Beldon
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's **OWN** Signature Josephine C. Osborn
and Address 721 Iowa Street, Boise, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/27/44 (Month) (Day) (Year)
(c) Place: Morris Hill

18. Funeral Director's **OWN** Signature MC BRATNEY FUNERAL HOME Kenneth Pettey
and Address Boise, Idaho

19. (a) 12-27-44 (Date received and filed) (b) R. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) December 22 19 44
at about 2:15 o'clock A.M.

21. [redacted]; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Asphyxiation by hydrogen sulphide Gas as nearly as can be ascertained by investigation. — Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) Nothing of a Criminal nature found

Where was disease contracted?

Name of operation — Date —

Major finding —

Finding of autopsy None

No Autopsy.

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Yes Suicide? — Homicide? —
Occurred Dec 22 1944 City, county, state where violence occurred Boise, Ada County, Idaho
Place of Violence: Home — Farm — Industry —
Public Place — While at work? Yes
Means of injury Hydrogen Sulphide Gas

23. Attendant's **OWN** Signature James C. Bratney (M. D. or Coroner)
and Address Boise Idaho Date 12/27/1944

(If additional space, use reverse side)

3 copies

141598

141598

United States
Department of Commerce
Bureau of the Census

DEC 18 1944

Certificate Of Death

STATE OF IDAHO

State File No.
Local Reg. No. 297
Reg. Dist. No. 220

1. PLACE OF DEATH:
(a) County Hez Perce
(b) City or town Lewiston
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? ✓ Outside? city or town
(e) Died in a Home Hospital ✓ Institution Other place
(f) Name Hosp. or Inst. St. Joseph's Stayed 5 days
(g) Lived in this county years months 5 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Washington (b) County Asotin
(c) City or town Clarkston
(d) Street Address or R.F.D. No. #1
(e) Deceased lived Inside? Outside? ✓ city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? -1 years
(h) Former residence (city, state) Clarkston, Wash.

3. (a) FULL NAME Haro Rantala 466

3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Ida
6. (c) Age of husband or wife if alive 59 years
7. Date of Birth (Month, Day, Year) 10-1-1889

8. AGE	Years	Months	Days	If less than 1 day
	55	2	13	hrs min.

9. Exact Occupation Farmer Did this work for 5 yrs.
10. Industry or Business Date last worked 1944
11. Birthplace Finland (City or town) (State or foreign country)
Father
12. Name Eric Rantala
13. Birthplace Finland (City or town) (State or foreign country)
Mother
14. Maiden name no record
15. Birthplace no record (City or town) (State or foreign country)
16. Informant's OWN Signature Leora Hill
and Address Clarkston, Wash.
17. (a) removal (Burial, cremation, or removal) (b) Date thereof 12-18-44 (Month) (Day) (Year)
(c) Place: Clarkston, Wash.
18. Funeral Director's OWN Signature Vincent V. Vassar
and Address Lewiston, Idaho
19. (a) Dec. 15, 1944 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) 12-14 1944
at 4:30 o'clock a M.

21. I HEREBY CERTIFY, That I attended deceased from 12-9- 1944, to 12-14- 1944
I last saw him alive on 12-13- 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Carcinoma Liver. c - unknown portal obstruction and ascites - two weeks	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's OWN Signature Walter C. McWilliams (M. D. or other)
and Address Lewiston Date 12-14-1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

141599

United States
Department of Commerce
Bureau of the Census DEC 18 1944

Certificate Of Death

STATE OF IDAHO

State File No. 141599
Local Reg. No. 293
Reg. Dist. No. 220

1. **PLACE OF DEATH:**
(a) County Nez Perce
(b) City or town Lewiston
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? ✓ Outside? ..... city or town
(e) Died in a Home .... Hospital ✓ Institution .... Other place ....
(f) Name Hosp. or Inst. St. Joseph's Stayed 6 days
(g) Lived in this county 35 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Nez Perce
(c) City or town Lewiston
(d) Street Address or R.F.D. No. 1519 - 7th Ave.
(e) Deceased lived Inside? ✓ Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 35 years
(h) Former residence (city, state) .....

3. (a) **FULL NAME** Glen O. Kennedy

3. (b) If veteran, name war —
3. (c) Social Security No. 518-18-8479
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Edna
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) Aug 6, 1886

8. AGE	Years	Months	Days	If less than 1 day
	58	4	3	hrs min.

9. Exact Occupation Welder — Did this work for 30 yrs.
10. Industry or Business — Date last worked Dec. 1944
11. Birthplace Rosalia, Wash. (City or town) (State or foreign country)
Father
12. Name Clayborn, Kennedy
13. Birthplace no record (City or town) (State or foreign country)
Mother
14. Maiden name Eliza Richardson
15. Birthplace no record (City or town) (State or foreign country)
16. Informant's **OWN** Signature Pauline Hale
and Address Potlatch, Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 12-12-44 (Month) (Day) (Year)
(c) Place: Lewiston, Idaho
18. Funeral Director's **OWN** Signature Vincent V. Vasseur
and Address Lewiston Idaho
19. (a) Dec. 11, 1944 (Date received and filed) (b) Jean McWeeks (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 12-9- 19 44
at 6:00 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 12-2- 1944, to 12-9- 1944
I last saw him alive on 12-9- 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Coronary Thrombosis	one week
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation ..... Date	
Major finding	
Finding of autopsy	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature Walter C. McWilliams (M. D. or other)
and Address Lewiston Date 12-11-1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Braddock

141600

United States
Department of Commerce
Bureau of the Census

JAN 4 1945

Certificate Of Death

STATE OF IDAHO

State File No. 141600
Local Reg. No. 306
Reg. Dist. No. 220

1. PLACE OF DEATH:
(a) County Nez Perce
(b) City or town Lewiston,
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? X Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. St. Joseph Stayed 18 days
(g) Lived in this county 1 years 2 months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Nez Perce
(c) City or town Lewiston
(d) Street Address or R.F.D. No. De France Hotel
(e) Deceased lived Inside? ✓ Outside? city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? / years
(h) Former residence (city, state)

3. (a) FULL NAME Dennis Dolan

131a

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Sept. 20, 1883

8. AGE	Years	Months	Days	If less than 1 day
	61	3	1	hrs min.

9. Exact Occupation laborer Did this work for 40 yrs.
10. Industry or Business lumbering Date last worked
11. Birthplace Alleghany County Maryland (City or town) (State or foreign country)
Father
12. Name Lawrence Dolan
13. Birthplace Alleghany County Maryland (City or town) (State or foreign country)
Mother
14. Maiden name Elizabeth Middleton
15. Birthplace Alleghany County Maryland (City or town) (State or foreign country)
16. Informant's OWN Signature L. E. DeBaun
and Address Lewiston, Idaho
17. (a) removal (Burial, cremation, or removal) (b) Date thereof 12/26/44 (Month) (Day) (Year)
(c) Place: Cumberland Maryland
18. Funeral Director's OWN Signature E. S. Rawls
and Address Lewiston, Idaho
19. (a) 15-56-44 (Date received and filed) (b) Jean de Wells (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Dec 21 1944
at 4 o'clock A.M.
21. **I HEREBY CERTIFY**, That I attended deceased from Nov 1 1944, to Dec 21 1944
I last saw him alive on Dec 20 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cardio Renal Disease	1 month
Due to Influenza	2 wks
Due to	
Other conditions arteriosclerosis (Include pregnancy within 3 months of death)	?

Where was disease contracted? Lewiston Idaho
Name of operation none Date
Major finding
Finding of autopsy none

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature E. G. Braddock MD (M.D. or other)
and Address Lewiston Idaho Date 12-26 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census DEC 9 1944

Certificate Of Death

STATE OF IDAHO

141601

State File No. 141601
Local Reg. No. 311
Reg. Dist. No. 124

1. **PLACE OF DEATH:**
   (a) County Kootenai
   (b) City or town Coeur d'Alene
   (c) Street Address or R.F.D. No. US 10
   (d) Death Occured Inside? ..... Outside? X city or town
   (e) Died in a Home.... Hospital.... Institution.... Other place X
   (f) Name Hosp. or Inst. ..... Stayed ..... days
   (g) Lived in this county 0 years 0 months 0 days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Washington (b) County Spokane
   (c) City or town Spokane
   (d) Street Address or R.F.D. No. 2206 Elm St
   (e) Deceased lived Inside? X Outside? ..... city or town
   (f) Citizen of what country? USA
   (g) How long had deceased lived in Idaho? 0 years
   (h) Former residence (city, state) Spokane Wn.

3. (a) **FULL NAME** William E.H. Gothmann

3. (b) If veteran, name war none
3. (c) Social Security No. .....
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Melba
6. (c) Age of husband or wife if alive 23 years
7. Date of Birth (Month, Day, Year) Sept 4, 1919

8. AGE	Years	Months	Days	If less than 1 day
	25	2	1	hrs ..... min.

9. Exact Occupation Produce Dealer Did this work for 8 yrs.
10. Industry or Business own Business Date last worked 12-4-44
11. Birthplace Spokane, Wash. (City or town) (State or foreign country)

Father
12. Name Henry Gothmann
13. Birthplace South Dakota (City or town) (State or foreign country)

Mother
14. Maiden name Rachel Hohnson
15. Birthplace Minnesota. (City or town) (State or foreign country)

16. Informant's **OWN** Signature Henry Gothmann
and Address Spokane Washington

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 12-5-44 (Month) (Day) (Year)
(c) Place: Spokane, Washington

18. Funeral Director's **OWN** Signature Don English
and Address Coeur d'Alene, Idaho

19. (a) 12/5/44 (Date received and filed) (b) Marie L. Griffith (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) December 5, 1944
at 3:30 o'clock A. M.

21. **I HEREBY CERTIFY,** That I attended deceased from 12-5 1944, to 12-5 1944
I last saw h..... alive on Did not. 19....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Intracranial hemorrhage.	
Due to Skull fracture.	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Yes Suicide? ..... Homicide? .....
Occurred 12-5 1944 City, county, state where violence occurred Kootenai County
Place of Violence: Home ..... Farm ..... Industry .....
Public Place Highway While at work? .....
Means of injury auto accident

23. Attendant's **OWN** Signature William T. Wood M.D. acting coroner (M. D. or other)
and Address Coeur d'Alene, Idaho Date 12-5 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

14160 ✓ 14160

State File No. 14160
Local Reg. No. 423
Reg. Dist. No. 370

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? X Outside? city or town
   (e) Died in a Home Hospital X Institution Other place
   (f) Name Hosp. or Inst. St. Alphonsus Stayed 10 days
   (g) Lived in this county years months 10 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Elmore
   (c) City or town Mountain Home
   (d) Street Address or R. F. D. No.
   (e) Deceased lived Inside? X Outside? city or town
   (f) Citizen of what country?
   (g) How long had deceased lived in Idaho? 36 years
   (h) Former residence (city, state) Evanston Wym.

3. (a) **FULL NAME** ELIZABETH LUCILLE KENNISON

48W

3. (b) If veteran, name war No. 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Burt 6. (c) Age of husband or wife if alive 56 years

7. Date of Birth (Month, Day, Year) September 7, 1899

8. AGE	Years	Months	Days	If less than 1 day
	45	3	21	hrs min.

9. Exact Occupation Housewife Did this work for Life yrs.
10. Industry or Business Home Date last worked 12/10/44
11. Birthplace Evanston (City or town) Wyoming (State or foreign country)

Father
12. Name John A. Beckwith
13. Birthplace Nemaha (City or town) Nebraska (State or foreign country)

Mother
14. Maiden name Lillian I. Dickey
15. Birthplace St. Louis (City or town) Missouri (State or foreign country)

16. Informant's OWN Signature Burt Kennison
and Address Mountain Home Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Dec. 28, 1944 (Month) (Day) (Year)
(c) Place: Mountain Home Idaho
18. Funeral Director's OWN Signature Orlig. Day
and Address Mountain Home Idaho
19. (a) 12-30-44 (Date received and filed) (b) R. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) December 27 1944
at 5 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from Oct 1943 to Dec 1944
I last saw her alive on 12-26 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — Duration

Cancer of Cervix — 2 yrs.
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's OWN Signature Clifford M. Dopson M.D. (M. D. or other)
and Address Boise Ida Date 12-29 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

Mulder

State File No. 141603
Local Reg. No. 690
Reg. Dist. No.

JAN 11 1945

1. **PLACE OF DEATH:**
(a) County Lemhi
(b) City or town Salmon
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? Outside? ✓ city or town
(e) Died in a Home ✓ Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 23 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State (b) County
(c) City or town
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? Outside? city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? years
(h) Former residence (city, state) JUGOSLAVIA

3. (a) **FULL NAME** ANTONIA TOMANOVICH. 73a

3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex FEMALE
5. Color or race W.
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife JACOB
6. (c) Age of husband or wife if alive Dead years
7. Date of Birth (Month, Day, Year) Jan 3 1876

8. AGE	Years	Months	Days	If less than 1 day
	68	11	16	hrs min.

9. Exact Occupation Housewife Did this work for Life yrs.
10. Industry or Business Date last worked
11. Birthplace MRKOPALJ (City or town) JUGOSLAVIA (State or foreign country)
Father
12. Name MICHEL KANJER
13. Birthplace (City or town) JUGOSLAVIA (State or foreign country)
Mother
14. Maiden name ANTONIA KANJER
15. Birthplace (City or town) JUGOSLAVIA (State or foreign country)
16. Informant's **OWN** Signature Catherine Tomanovich
and Address Salmon
17. (a) (Burial, cremation, or removal) (b) Date thereof 12-22-44 (Month) (Day) (Year)
(c) Place: Salmon, Ida
18. Funeral Director's **OWN** Signature Ray McGoldrick
and Address SALMON.
19. (a) Jan 8 - 1945 (Date received and filed) (b) Viola E. Johnson (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Dec 19th 1944
at 10:30 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from Oct. 6 1944 to Dec 19 1944
I last saw her alive on Dec 15 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Pernicious Anemia	1 yr.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted? Home	
Name of operation Date	
Major finding	
Finding of autopsy	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature J. L. Mulder M.D. (M. D. ~~or other~~)
and Address Salmon Ida Date 1-5 1944
(For additional space, use reverse side)

141604

United States
Department of Commerce
Bureau of the Census

DEC 5 1945

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 141604
Local Reg. No.
Reg. Dist. No. 202

1. PLACE OF DEATH:
(a) County ..... Latah Co.
(b) City or town ..... Kendrick
(c) Street Address or R. F. D. No. 2
(d) Death Occurred Inside? ..... Outside? X ..... city or town
(e) Died in a Home ✓ Hospital ... Institution ... Other place ...
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county. 30 years ..... months ..... days
Note For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Latah
(c) City or town Kendrick
(d) Street Address or R. F. D. No. 2
(e) Deceased lived Inside? ..... Outside? X ..... city or town
(f) If foreign born, in U. S. ..... yrs. Citizen of U. S.? yes
(g) How long had deceased lived in Idaho? 63 years
(h) Former residence (city, state) .....

3. (a) **FULL NAME** Effie May Ware 94a

3. (b) If veteran, name war ..... 3. (c) Social Security No. —

4. Sex female 5. Color or race W 5. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife N. E. Ware 6 (c) Age of husband or wife if alive 53 years

7. Date of Birth (Month, Day, Year) June 14, 1873

8. AGE	Years	Months	Days	If less than 1 day
	71	4	18	hrs ... min.

9. Exact Occupation Housework ..... Did this work for ..... yrs.

10. Industry or Business ..... Date last worked .....

11. Birthplace Jackson County Mo. (City or town) (State or foreign country)

Father
12. Name John Wright Walker
13. Birthplace U.S. (City or town) (State or foreign country)

Mother
14. Maiden name Mary Ellen Jackson
15. Birthplace U.S. (City or town) (State or foreign country)

16. Informant's **OWN** Signature Percy H. Ware
and Address Kendrick Idaho

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 11/2/1945 (Month) (Day) (Year)
(c) Place: Lewiston Idaho

18. Funeral Director's **OWN** Signature L. B. Warner
and Address Lewiston Idaho

19. (a) Dec 12, 1945 (Date received and filed) (b) L. B. Ward (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) November 2nd 1945
at 10:00 o'clock P. M.

21. **I HEREBY CERTIFY,** That I attended deceased from 1936 1945, to Nov. 2 1945
I last saw h.. alive on Nov. 20 1945; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Coronary thrombosis	1 hr.
Due to Arteriosclerosis	15 yrs.
Due to	
Other conditions Hypertension (Include pregnancy within 3 months of death)	15 yrs.

Where was disease first contracted? Home
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature O. A. Christensen (M. D. or other)
and Address Kendrick Date Dec. 2 1945
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

141695

141605

United States
Department of Commerce
Bureau of the Census DEC 28 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 141605
Local Reg. No.
Reg. Dist. No. 270

1. **PLACE OF DEATH:**
(a) County Bannock
(b) City or town Pocatello
(c) Street Address or R. F. D. No. 101. So. Johnson
(d) Death Occurred (Inside?) Outside? city or town
(e) Died in a Home (Hospital) Institution Other place
(f) Name Hosp. or Inst. General Stayed days
(g) Lived in this county 52 years months days
Note For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bannock
(c) City or town Pocatello.
(d) Street Address or R. F. D. No. 1437. E. Wyeth
(e) Deceased lived (Inside) Outside? city or town
(f) If foreign born, in U. S.. yrs. Citizen of U. S.? Yes
(g) How long had deceased lived in Idaho? 52 years
(h) Former residence (city, state) Utah

3. (a) **FULL NAME** Ariah Lysander Brower.

3. (b) If veteran, name war None 3. (c) Social Security No. 712-03-9088

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife if Annie Elizabeth Albiston 6 (c) Age of husband or wife if years

7. Date of Birth (Month, Day, Year) June. 3. 1870.

8. **AGE**

Years	Months	Days	If less than 1 day
74	6	3	hrs min.

9. Exact Occupation Retired-carman Did this work for yrs.

10. Industry or Business Union Pacific Ry Date last worked

11. Birthplace Richmond. (City or town) Utah. (State or foreign country)

Father
12. Name Ariah Brower.
13. Birthplace Tooele. (City or town) Utah. (State or foreign country)

Mother
14. Maiden name Audrea Gee.
15. Birthplace Tooele. (City or town) Utah. (State or foreign country)

16. Informant's **OWN** Signature Elbert A. Brower and Address Pocatello. Idaho.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/8/1944. (Month) (Day) (Year)
(c) Place: Mountain View Cem.

18. Funeral Director's **OWN** Signature Hall Mortuary, and Address Pocatello, Idaho.

19. (a) 12-27-1944 (Date received and filed) (b) D C Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) December. 6. 1944 at 7.15 o'clock A.M.

21. **I HEREBY CERTIFY,** That I attended deceased from 10-8 1944 to Dec. 6 1944, I last saw h.im alive on Dec. 6 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cardio-renal — Duration unknown

Due to

Due to

Other conditions Senility
(Include pregnancy within 3 months of death)

Where was disease first contracted? Idaho
Name of operation None Date
Major finding Edema of extremities
Finding of autopsy None

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature H. H. Hughart (M. D. or other)
and Address Pocatello, Idaho. Date 12/ 194

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

141606 141606

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

Local Registrar's Duplicate
Local Reg. No. 266
Reg. Dist. No. 371

1. **PLACE OF DEATH:**
(a) County Ada
(b) City or town 9 miles NW Gowen Field, Ida
(c) Street Address or R. F. D. No. --
(d) Death Occurred Inside? ..... Outside? x city or town
(e) Died in a Home—Hospital—Institution—Other place x
(f) Name Hosp. or Inst. -- Stayed - days
(g) Lived in this county ..... years 1 months 9 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State New York (b) County Nassau
(c) City or town Lynbrook
(d) Street Address or R. F. D. No. 73 Driving Park Ave
(e) Deceased lived Inside? x Outside? ..... city or town
(f) Citizen of what country? U.S.
(g) How long had deceased lived in Idaho? 1-9/30 ~~years~~ mths
(h) Former residence (city, state) Same as above

3. (a) **FULL NAME** SONDERMANN, John Henry Jr T 64987 173

3. (b) If veteran, name war --
3. (c) Social Security No. --
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife --
6. (c) Age of husband or wife if alive -- years
7. Date of Birth (Month, Day, Year) 20 October 1924

8. AGE	Years	Months	Days	If less than 1 day hrs. min.
	20	2	10	

9. Exact Occupation Pilot Did this work for mths 3-28/30
10. Industry or Business U. S. Army Date last worked 29 Dec 44
11. Birthplace Brooklyn, N. Y. (City or town) (State or foreign country)
Father
12. Name Unknown
13. Birthplace Unknown (City or town) (State or foreign country)
Mother
14. Maiden name Matilda B. (Unknown)
15. Birthplace Unknown (City or town) (State or foreign country)
16. Informant's **OWN** Signature Robert K Dopp
ROBERT K. DOPP
and Address Gowen Field, Boise, Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Jan. 2, 1945 (Month) (Day) (Year)
(c) Place: Lynbrook, New York
18. Funeral Director's **OWN** Signature O Shearing Webb
and Address Boise, Idaho
19. (a) 1-2-45 (Date received and filed) (b) R Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 29 December, 1944
at 7:07 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from -, 19-, to --, 19--
I last saw h - alive on --, 19-; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Multiple compound fractures of all bones. Evisceration of brain.	Instantly
Partial incineration.	
Other conditions - (Include pregnancy within 3 months of death)	
-	
Where was disease contracted? -	Physician
Name of operation -- Date --	Underline the cause to which death should be charged statistically.
Major finding --	
Finding of autopsy --	
--	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? x Suicide? - Homicide? -
Occurred 29 December, 1944 City, county, state where violence occurred Ada County, Idaho
Place of Violence: Home - Farm x Industry -
Public Place -- While at work? Yes
Means of injury Aircraft accident
23. Attendant's **OWN** Signature Rodney C. Wells M D (M. D. or other)
RODNEY C. WELLS, CAPT. MC
and Address Gowen Fld, Ida Date 30 Dec, 1944
(For additional space, use reverse side)

141608 141608

United States
Department of Commerce
Bureau of the Census

JAN 10 1945

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 95
Reg. Dist. No. 110

1. **PLACE OF DEATH:**
(a) County Bonner
(b) City or town Sandpoint
(c) ~~Street Address or~~ R. F. D. No. #1
(d) Death Occurred Inside? Outside? X city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. 32 Stayed days
(g) Lived in this county years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bonner
(c) City or town Sandpoint
(d) Street Address or R. F. D. No. 1
(e) Deceased lived Inside? Outside? X city or town
(f) Citizen of what country? U. S. A.
(g) How long had deceased lived in Idaho? 32 years
(h) Former residence (city, state)

3. (a) **FULL NAME** Zacharah Taylor Middleton 33a

3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife XXXXX Gertrude
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) April 14, 1849

8. AGE	Years	Months	Days	If less than 1 day
	95	8	7	hrs min.

9. Exact Occupation Farmer Did this work for Life yrs.
10. Industry or Business Farm Date last worked 12/24/44
11. Birthplace Haddonfield, New Jersey (City or town) (State or foreign country)

Father
12. Name Aaron Middelton
13. Birthplace Unknown (City or town) (State or foreign country)

Mother
14. Maiden name Unknown
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's OWN Signature B. F. Middleton and Address Sandpoint, Ida. RFD 1
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 12/24/44 (Month) (Day) (Year)
(c) Place: Ottumwa, Iowa
18. Funeral Director's OWN Signature MOON MORTUARY and Address SANDPOINT, IDAHO
19. (a) DEC 22 1944 (Date received and filed) (b) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) December 21, 1944 19
at 6:20 o'clock P. M.

21. **I HEREBY CERTIFY,** That I attended deceased from 1920, to Dec - 21 1944
I last saw him alive on Dec 20 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Pneumonia	4 dys
Due to Influenza	2 wks
Due to Senility	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation None Date
Major finding
Finding of autopsy None

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's OWN Signature Floyd G Wendle (M. D. or other)
and Address Sandpoint, Ida. Date Dec 21 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

141604 Mulder

United States
Department of Commerce
Bureau of the Census

JAN 11 1945

Certificate Of Death

STATE OF IDAHO

State File No. 141609
Local Reg. No. 690
Reg. Dist. No.

1. **PLACE OF DEATH:**
(a) County Lemhi
(b) City or town Salmon
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? ✓ Outside? city or town
(e) Died in a Home ✓ Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 10 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Custer
(c) City or town Mackay
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? ✓ Outside? city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? 23 years
(h) Former residence (city, state)

3. (a) **FULL NAME** ELI PAUL GERBICH

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3. (b) If veteran, yes name war #1
3. (c) Social Security No. 477-22-2785
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife MARY JOSEPHINE
6. (c) Age of husband or wife if alive 34 years
7. Date of Birth (Month, Day, Year) Nov 16 1886

8. AGE	Years	Months	Days	If less than 1 day
	58	1	10	hrs min.

9. Exact Occupation Miner Did this work for Life yrs.
10. Industry or Business Date last worked 1942
11. Birthplace Erna Vlast (City or town) Jugoslavia (State or foreign country)
Father
12. Name Paul
13. Birthplace (City or town) Jugoslavia (State or foreign country)
Mother
14. Maiden name Stana Stetich
15. Birthplace (City or town) Jugoslavia (State or foreign country)
16. Informant's **OWN** Signature Josephine Gerbich and Address Salmon
17. (a) (Burial, cremation, or removal) (b) Date thereof 12-30-44 (Month) (Day) (Year)
(c) Place: Salmon, Ida
18. Funeral Director's **OWN** Signature Ray McGoldrick and Address SALMON
19. (a) Jan 8 - 1945 (Date received and filed) (b) Viola E. Johnson (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Dec 26 - 1944
at 6:30 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from 12-22 1944 to 12-26 1944
I last saw him alive on 12-26 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Lobar Pneumonia	5 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted? Home	
Name of operation Date	
Major finding	
Finding of autopsy	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature J. L. Mulder M.D. (M. D. ~~or other~~)
and Address Salmon Ida Date 1-5 1945
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

141610

United States
Department of Commerce
Bureau of the Census JAN 12 1945

Certificate Of Death

STATE OF IDAHO

State File No. 141610
Local Reg. No. 270
Reg. Dist. No. 6/B

1. PLACE OF DEATH:
(a) County Bonneville
(b) City or town Idaho Falls
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? X Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. L.D.S. Stayed 25 days
(g) Lived in this county 24 years 1 months ? days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Bonneville
(c) City or town Idaho Falls
(d) Street Address or R.F.D. No. 140 West 17th
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? United States
(g) How long had deceased lived in Idaho? 25 years
(h) Former residence (city, state) Rexburg, Ida.

3. (a) FULL NAME RALPH J. WOODARD

516

3. (b) If veteran, name war No
3. (c) Social Security No. 518-18-2411
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Marie Brewer W.
6. (c) Age of husband or wife if alive 22 years
7. Date of Birth (Month, Day, Year) April 5, 1919

8. AGE	Years	Months	Days	If less than 1 day
	25	8	8	hrs min.

9. Exact Occupation Farmer Did this work for 13 yrs.
10. Industry or Business Self employed Date last worked Sept.1943
11. Birthplace Rexburg (City or town) Idaho (State or foreign country)
Father
12. Name Homer N. Woodard
13. Birthplace Dodge City (City or town) Minnesota (State or foreign country)
Mother
14. Maiden name Mary A. Johnson
15. Birthplace Malad (City or town) Idaho (State or foreign country)
16. Informant's OWN Signature Marie Woodard
and Address Idaho Falls, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec.16,'44 (Month) (Day) (Year)
(c) Place: Rose Hill Cem., Idaho Falls
18. Funeral Director's OWN Signature [signature]
and Address Idaho Falls, Idaho
19. (a) 12/19/44 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) December 13 1944
at 6:05 o'clock A. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 9-26- 1944, to 12-13 1944
I last saw him alive on 12-12- 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Diffuse Carcinomatosis	10 months
Due to Carcinoma rt. testicle which was removed Dec. 1943	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation Date	
Major finding	
Finding of autopsy	

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state
where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature H. L. Willson M.D. (M. D. or other)
and Address Idaho Falls Date 12-19-1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

141611

United States
Department of Commerce
Bureau of the Census JAN 12 1945

Certificate Of Death

STATE OF IDAHO

State File No. 141611
Local Reg. No. 144
Reg. Dist. No. 71

1. **PLACE OF DEATH:**
(a) County Cassia
(b) City or town Burley
(c) Street Address or R.F.D. No. —
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Home.... Hospital.... Institution.... Other place X
(f) Name Hosp. or Inst. — Stayed — days
(g) Lived in this county — years — months 8 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Montana (b) County Silver Bull
(c) City or town Helena
(d) Street Address or R.F.D. No. —
(e) Deceased lived Inside? X Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? — years
(h) Former residence (city, state) Montana

3. (a) **FULL NAME** William Harold McPhee. 114a

3. (b) If veteran, name war —
3. (c) Social Security No. 516-12-5414
4. Sex M. 5. Color or race W.
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Harriett
6. (c) Age of husband or wife if alive 72 years
7. Date of Birth (Month, Day, Year) March 30 - 1882 -

8. AGE	Years	Months	Days	If less than 1 day
	62	8	21	hrs min.

9. Exact Occupation Miner Did this work for 25 yrs.
10. Industry or Business Date last worked June/42
11. Birthplace Golden City B.C. (City or town) (State or foreign country)
Father 12. Name Daniel McPhee
13. Birthplace Canada (City or town) (State or foreign country)
Mother 14. Maiden name Nina —
15. Birthplace Canada (City or town) (State or foreign country)
16. Informant's **OWN** Signature Harriet E McPhee
and Address Helena Montana Electric Apt
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 23 (Month) (Day) (Year)
(c) Place: Helena Montana
18. Funeral Director's **OWN** Signature Retta S. Payne
and Address Burley Idaho
19. (a) 12-21-44 (Date received and filed) (b) B. F. Wilson (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Dec 21 1944
at 12 30 o'clock A.M.
21. **I HEREBY CERTIFY**, That I attended deceased from Dec 12 1944, to Dec 21 1944
I last saw him alive on Dec 21 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Disease	2 yr.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted? Montana	
Name of operation ..... Date	
Major finding	
Finding of autopsy	

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature Steve E Dean M.D. (M. D. or other)
and Address Burley Idaho Date Dec 21 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JAN 12 1945

Certificate Of Death

STATE OF IDAHO

141612

State File No. 141612
Local Reg. No. 270
Reg. Dist. No. 610

1. **PLACE OF DEATH:**
   (a) County Bonneville
   (b) City or town Idaho Falls
   (c) Street Address or R. F. D. No. 1
   (d) Death Occured Inside? ..... Outside? X city or town
   (e) Died in a Home X Hospital.... Institution.... Other place....
   (f) Name Hosp. or Inst..... Stayed.....days
   (g) Lived in this county 20 years .....months .....days

Note. For a person residing in THIS county LESS than 1 year. give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Teton
   (c) City or town Driggs
   (d) Street Address or R.F.D. No. .....
   (e) Deceased lived Inside? .....Outside? .....city or town
   (f) Citizen of what country? .....
   (g) How long had deceased lived in Idaho? .....years
   (h) Former residence (city, state) .....

3. (a) **FULL NAME** Henry Edmond Palmer 450

3. (b) If veteran, name war .....
3. (c) Social Security No. None
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Eliza Bird
6. (c) Age of husband or wife if alive 44 years
7. Date of Birth (Month, Day, Year) Dec 14-1897

8. AGE	Years	Months	Days	If less than 1 day
	47	0	9	hrs min.

9. Exact Occupation Farmer — Did this work for life yrs.
10. Industry or Business ..... — Date last worked .....
11. Birthplace Pera, Utah (City or town) (State or foreign country)

Father
12. Name Joseph Palmer
13. Birthplace Salt Lake City, Utah (City or town) (State or foreign country)

Mother
14. Maiden name Minerva Barnum
15. Birthplace Wanship, Utah (City or town) (State or foreign country)

16. Informant's **OWN** Signature L. R. Bird
and Address Idaho Falls, Ida. R-7

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/27/44. (Month) (Day) (Year)
(c) Place: Idaho Falls, Idaho

18. Funeral Director's **OWN** Signature Geo A. Williams
and Address Idaho Falls, Idaho

19. (a) 1/27/45 (Date received and filed) (b) Verna Bridges (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Dec 23 1944
at .....o'clock .....M.

21. **I HEREBY CERTIFY,** That I attended deceased from 12/7 1944, to 12/23 1944
I last saw him alive on 12/21/44 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Sarcoma of Maxilla — Duration 9 mos
Due to .....
Due to .....
Other conditions (Include pregnancy within 3 months of death) .....
Where was disease contracted? at home
Name of operation None Date .....
Major finding —
Finding of autopsy None performed

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home..... Farm..... Industry.....
Public Place..... While at work?.....
Means of injury .....

23. Attendant's **OWN** Signature Edson Tall, M. D. (M. D. or other)
and Address Ryley Alta Date 12/29 1944
(For additional space, use reverse side)

141613

141613

United States
Department of Commerce
Bureau of the Census JAN 6 1945

Certificate Of Death

STATE OF IDAHO

State File No.
Local Reg. No. 102
Reg. Dist. No. 210

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
   (a) County CLEARWATER
   (b) City or town HEADQUARTERS
   (c) Street Address or R.F.D. No CAMP 56
   (d) Death Occured Inside? ..... Outside? X ..... city or town
   (e) Died in a Home .... Hospital .... Institution .... Other place X.
   (f) Name Hosp. or Inst. ..... Stayed ..... days
   (g) Lived in this county 9 years 4 months ..... days

   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State IDAHO (b) County CLEARWATER
   (c) City or town OROFINO
   (d) Street Address or R.F.D. No. .....
   (e) Deceased lived Inside? X ..... Outside? ..... city or town
   (f) Citizen of what country? UNITED STATES
   (g) How long had deceased lived in Idaho? 9 years
   (h) Former residence (city, state) .....

3. (a) **FULL NAME** FRANK ANDREW PANCO

175E

3. (b) If veteran, name war NO
3. (c) Social Security No. 518-16-9153
4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife SADIE L.
6. (c) Age of husband or wife if alive 50 years
7. Date of Birth (Month, Day, Year) APRIL 17th, 1900

8. AGE	Years	Months	Days	If less than 1 day
	44	7	26	hrs min.

9. Exact Occupation WOODSWORKER Did this work for 9 yrs.
10. Industry or Business WOODS Date last worked DEC. 12/1944
11. Birthplace SPRINGDALE, (City or town) PENNSYLVANIA (State or foreign country)

Father
12. Name FRANK PANCO
13. Birthplace GERMANY (City or town) (State or foreign country)

Mother
14. Maiden name UNKNOWN
15. Birthplace GERMANY (City or town) (State or foreign country)

16. Informant's **OWN** Signature Sadie L Panco
and Address X OROFINO, IDAHO

17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof Dec. 16/44 (Month) (Day) (Year)
(c) Place: NORMAL HILL CEMETERY LEWISTON Idaho

18. Funeral Director's **OWN** Signature George B Blake
and Address Orofino, Idaho

19. (a) 12/16/44 (Date received and filed) (b) Effie Bassett (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) DECEMBER 12th 1944
at 3:15 o'clock P. M.

21. **I HEREBY CERTIFY**, That I attended deceased from ..... 19..... to ..... 19.....
I last saw h..... alive on ..... 19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — Duration
BASAL SKULL FRACTURE — INSTANT
OTHER MULTIPLE SKULL FRACTURES
Due to FALLING SNAG
Due to .....
Other conditions (Include pregnancy within 3 months of death) .....
Where was disease contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? yes Suicide? ..... Homicide? .....
Occurred DEC. 12 1944 City, county, state where violence occurred HEADQUARTERS, CLEARWATER IDA.
Place of Violence: Home ..... Farm ..... Industry ..... Public Place ..... While at work? yes
Means of injury FALLING TREE

23. Attendant's **OWN** Signature George B Blake CORONER (M. D. or other)
and Address OROFINO, IDA Date 12/13 1944

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

141614

State File No. **141614**
Local Reg. No. 286
Reg. Dist. No. 610

JAN 12 1945

1. **PLACE OF DEATH:**
   (a) County Bonneville
   (b) City or town Idaho Falls
   (c) Street Address or R.F.D. No. Memorial Hospital
   (d) Death Occured Inside? ✓ Outside? ..... city or town
   (e) Died in a Home.... Hospital ✓ Institution.... Other place....
   (f) Name Hosp. or Inst. L.D.S. Hosp. Stayed ..... days
   (g) Lived in this county ..... years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State ..... (b) County .....
   (c) City or town .....
   (d) Street Address or R.F.D. No. .....
   (e) Deceased lived Inside? ..... Outside? ..... city or town
   (f) Citizen of what country? .....
   (g) How long had deceased lived in Idaho? ..... years
   (h) Former residence (city, state) .....

3. (a) **FULL NAME** Jean C. Nielsen

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex M
5. Color or race W
6. (a) Single, widowed, (married) divorced .....
6. (b) Name of husband or wife Edna A. Nielsen
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) Jan 31, 1906

8. AGE	Years	Months	Days	If less than 1 day
	38	10	22	hrs ..... min.

9. Exact Occupation Dentist — Did this work for ..... yrs.
10. Industry or Business ..... — Date last worked .....
11. Birthplace Ammon, Idaho (City or town) (State or foreign country)

Father
12. Name .....
13. Birthplace Mantua, Utah (City or town) (State or foreign country)

Mother
14. Maiden name Thursa Hammond
15. Birthplace Providence, Utah (City or town) (State or foreign country)

16. Informant's **OWN** Signature Edw. L. Nielsen
and Address Idaho Falls, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/26/44 (Month) (Day) (Year)
(c) Place: Idaho Falls, Idaho

18. Funeral Director's **OWN** Signature Jack A. Wood
and Address Idaho Falls, Idaho

19. (a) 1-8-45 (Date received and filed) (b) Emma Bridges (Registrar's signature)

92d

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) December 23 1944
at 1-15 o'clock P. M.

21. **I HEREBY CERTIFY,** That I attended deceased from Dec 3rd 1944, to Dec 23, 1944
I last saw h.im alive on Dec 23 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Chronic myocarditis and valvular endocarditis	9 years
Due to	
✓ Due to	
Other conditions Recent Influenza (Include pregnancy within 3 months of death)	

Where was disease contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature W. Ray Hatch M.D. (M. D. or other)
and Address Idaho Falls Date 12, 26 1944
(For additional space, use reverse side)

Dr. Schmitz 141615 **141615**

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

JAN 12 1945

State File No.
Local Reg. No. 41
Reg. Dist. No. 320

1. PLACE OF DEATH:
(a) County Washington
(b) City or town Weiser
(c) Street Address or R.F.D. No. 607 East Park St
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Home X Hospital ..... Institution ..... Other place .....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 6 years 8 months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Washington
(c) City or town Weiser
(d) Street Address or R.F.D. No. .....
(e) Deceased lived Inside? X Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 25 years
(h) Former residence (city, state) Thedford, Nebraska.

3. (a) FULL NAME Sarah Elizabeth Hont 92b.

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Henry G.
6. (c) Age of husband or wife if alive 76 years
7. Date of Birth (Month, Day, Year) September I8 I863

8. AGE	Years	Months	Days	If less than 1 day
	82	2	27	hrs min.

9. Exact Occupation Housewife Did this work for Life yrs.
10. Industry or Business Home Date last worked 12/1/44
11. Birthplace Hoopeston (City or town) Indiana (State or foreign country)
Father 12. Name Dr. J.G. Brown
13. Birthplace Don't Know (City or town) (State or foreign country)
Mother 14. Maiden name Martha Ann Tucker
15. Birthplace Kentucky (City or town) (State or foreign country)
16. Informant's OWN Signature Mrs Florence E. Bundy
and Address 535 East Park St. - Weiser
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 12-19-44 (Month) (Day) (Year)
(c) Place: Payette Cemetery Payette, Idaho
18. Funeral Director's OWN Signature A. S. Jones E357
and Address Northam Chapel Weiser, Idaho
19. (a) 12-16-44 (Date received and filed) (b) Marie H Shell (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) December I5 I 19 44
at 3:20 o'clock P M M.
21. **I HEREBY CERTIFY,** That I attended deceased from 9-16 1944, to 12-15- 1944
I last saw her alive on 12-14- 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
mitral stenosis	years
anxiety -	2 yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's OWN Signature F A Schmitz M D (M. D. or other)
and Address Weiser, Idaho Date 12-16 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

141616

141616

United States
Department of Commerce
Bureau of the Census

JAN 10 1945

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 330
Reg. Dist. No. 511

1. **PLACE OF DEATH:**
(a) County Bannock
(b) City or town Pocatello
(c) Street Address or R. F. D. No. 650. No. 7th. Ave.
(d) Death Occurred (Inside) Outside? city or town
(e) Died in a Home (Hospital) Institution Other place
(f) Name Hosp. or Inst. St. Anthony Stayed 7 days
(g) Lived in this county 33 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bannock
(c) City or town Pocatello
(d) Street Address or R. F. D. No. R. R. #2. North.
(e) Deceased lived Inside? (Outside) city or town
(f) Citizen of what country? United States
(g) How long had deceased lived in Idaho? Life years
(h) Former residence (city, state) None

3. (a) FULL NAME Melvina Pope Stuart. 46e

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife William Charles Stuart
6. (c) Age of husband or wife if alive 50 years
7. Date of Birth (Month, Day, Year) November. 7. 1895

8. AGE	Years	Months	Days	If less than 1 day
	49	1	9	hrs min.

9. Exact Occupation House-wife Did this work for 29 yrs.
10. Industry or Business Own home Date last worked 12/9/44.
11. Birthplace Firth, (City or town) Idaho (State or foreign country)
Father
12. Name Daniel LaGrand Pope.
13. Birthplace Grantsville, (City or town) Utah (State or foreign country)
Mother
14. Maiden name Mary Jane McMurray.
15. Birthplace Grantsville, (City or town) Utah (State or foreign country)
16. Informant's OWN Signature W. C. Stuart
and Address Pocatello, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/20/1944 (Month) (Day) (Year)
(c) Place: Mountain View Cem.
18. Funeral Director's OWN Signature Anthony W. Hall
and Address Pocatello, Idaho
19. (a) 12-18-1944 (Date received and filed) (b) D C Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) December. 16. 1944
at o'clock A.M.
21. **I HEREBY CERTIFY,** That I attended deceased from Nov 1 1944, to Dec 16 1944
I last saw her alive on Dec 16 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Peritonitis post Op	3 hrs.
Due to Degenerating	
Due to Carcinomas Sigmoid	3 mos.
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Laparotomy Date 12/11/44
Major finding Carcinomas Sigmoid
Finding of autopsy ✓

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state
where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature F. Cell (M. D. or other)
and Address Pocatello, Idaho. Date 12/18. 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

141617

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

JAN 10 1945 STATE OF IDAHO

State File No. 141617
Local Reg. No. 37
Reg. Dist. No. 570

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
   (a) County Bannock
   (b) City or town Pocatello
   (c) Street Address or R.F.D. No. 429 N. Seventh
   (d) Death Occured Inside? — Outside? ... city or town
   (e) Died in a Home — Hospital ... Institution ... Other place ...
   (f) Name Hosp. or Inst. ... Stayed ... days
   (g) Lived in this county ... years 4 months ... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Bannock
   (c) City or town Pocatello
   (d) Street Address or R.F.D. No. 429 N. 7th
   (e) Deceased lived Inside? — Outside? ... city or town
   (f) Citizen of what country? U. S. A.
   (g) How long had deceased lived in Idaho? 42 years
   (h) Former residence (city, state) ...

3. (a) **FULL NAME** Laura Jennette Gamwell 83a

3. (b) If veteran, name war —
3. (c) Social Security No. none
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife William H.
6. (c) Age of husband or wife if alive ... years
7. Date of Birth (Month, Day, Year) July 5, 1902

8. AGE	Years	Months	Days	If less than 1 day
	42	5	17	hrs min.

9. Exact Occupation Housewife — Did this work for 17 yrs.
10. Industry or Business — — Date last worked
11. Birthplace Milford (City or town) Utah (State or foreign country)

Mother
12. Name Charles Thomas Smith
13. Birthplace Henryville (City or town) Utah (State or foreign country)

Father
14. Maiden name Ann Mathilda Thompson
15. Birthplace Henryville (City or town) Utah (State or foreign country)

16. Informant's **OWN** Signature William H Gamwell
and Address ...

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-26-44 (Month) (Day) (Year)
(c) Place: Mountainview

18. Funeral Director's **OWN** Signature Byron B. Dawsey
and Address Pocatello Idaho

19. (a) 12-28-1944 (Date received and filed) (b) D C Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) December 22 1944
at 3 o'clock P M.

21. **I HEREBY CERTIFY,** That I attended deceased from 9-26 1944, to 12-22 1944
I last saw her alive on 10-30 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebral Hemorrhage	
Due to Hypertension	
Due to Arteriosclerosis	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? ...
Name of operation ... Date ...
Major finding ...
Finding of autopsy ...

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ... Suicide? ... Homicide? ...
Occurred ... 19 ... City, county, state where violence occurred ...
Place of Violence: Home ... Farm ... Industry ...
Public Place ... While at work? ...
Means of injury ...

23. Attendant's **OWN** Signature J. L. Gamwell M.D. (M. D. or other)
and Address Pocatello Date 12-27 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census JAN 10 1945

Certificate Of Death

STATE OF IDAHO

141618 State File No. 14161
Local Reg. No. 337
Reg. Dist. No. 37

1. **PLACE OF DEATH:**
   (a) County Bannock
   (b) City or town Pocatello
   (c) Street Address or R.F.D. No. 101. So. Johnson.
   (d) Death Occured (Inside?) Outside? city or town
   (e) Died in a Home (Hospital) Institution Other place
   (f) Name Hosp. or Inst. General Stayed 90 days
   (g) Lived in this county 37 years months days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Bannock
   (c) City or town Pocatello
   (d) Street Address or R.F.D. No.
   (e) Deceased lived (Inside?) Outside? city or town
   (f) Citizen of what country? United States
   (g) How long had deceased lived in Idaho? 37 years
   (h) Former residence (city, state) Utah.

3. (a) **FULL NAME** Samuel George Spillman. 93e

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife if alive Margaret Kate Simmons
6. (c) Age of husband or wife if alive 57 years
7. Date of Birth (Month, Day, Year) December. 18. 1889.

8. AGE	Years	Months	Days	If less than 1 day
	55	-	11	hrs min.

9. Exact Occupation Ry. Conductor & Brakeman — Did this work for 26 yrs.
10. Industry or Business UP. Ry. — Date last worked 7/3/1944
11. Birthplace Logan. (City or town) Utah. (State or foreign country)

Father
12. Name Samuel Grew
13. Birthplace London. (City or town) England. (State or foreign country)

Mother
14. Maiden name Camilla Mary Morrell.
15. Birthplace Logan. (City or town) Utah. (State or foreign country)

16. Informant's **OWN** Signature S. George Spillman
and Address Los Angeles, California

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/2/1945. (Month) (Day) (Year)
(c) Place: Mountain View Cem.

18. Funeral Director's **OWN** Signature Hall Mortuary, by Ray Hall
and Address Pocatello, Idaho.

19. (a) 1-4-1945 (Date received and filed) (b) D C Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) December. 29. 19 44
at 8 - o'clock P. M.

21. **I HEREBY CERTIFY**, That I attended deceased from 7-15 1944, to 12-29 1944
I last saw h[illegible] alive on 12-29 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary Thrombosis — Duration
Due to Carcinoma of Prostate
Due to
Other conditions (Include pregnancy within 3 months of death)
Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature Lee N Dalton, M. D. or other
and Address Pocatello, Idaho. Date 1/4 1945
(For additional space, use reverse side)

141619 141619

United States
Department of Commerce
Bureau of the Census

JAN 10 1945

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 5 16
Reg. Dist. No. 5

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
   (a) County Bannock
   (b) City or town Pocatello
   (c) Street Address or R. F. D. No. 101. So. Johnson.
   (d) Death Occurred (Inside?) Outside? city or town
   (e) Died in a Home (Hospital) Institution Other place
   (f) Name Hosp. or Inst. General Stayed 90 days
   (g) Lived in this county 35 years months days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Bannock
   (c) City or town Alemeda
   (d) Street Address or R. F. D. No. 237. Taft. Ave.
   (e) Deceased lived Inside? (Outside?) city or town
   (f) Citizen of what country? United States
   (g) How long had deceased lived in Idaho? 35 years
   (h) Former residence (city, state) Utah

3. (a) **FULL NAME** Samuel L. Siler. 46h

3. (b) If veteran, name war None
3. (c) Social Security No. 712-03-1820
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ida Wheeler
6. (c) Age of husband or wife if alive 45 years
7. Date of Birth (Month, Day, Year) September. 20. 1891.

8. **AGE**

Years	Months	Days	If less than 1 day
53	2	21	hrs min.

9. Exact Occupation Boiler Maker — Did this work for 22 yrs.
10. Industry or Business Welder. U.P. Ry. — Date last worked 7/10/44
11. Birthplace Pleasant View, (City or town) Utah (State or foreign country)

Father
12. Name Samuel Siler.
13. Birthplace (City or town) Utah. (State or foreign country)

Mother
14. Maiden name Emma Elizabeth Mower.
15. Birthplace North Ogden, (City or town) Utah. (State or foreign country)

16. Informant's **OWN** Signature Ida F. Siler
and Address Pocatello, Idaho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/14/44. (Month) (Day) (Year)
(c) Place: Mountain View Cem.
18. Funeral Director's **OWN** Signature Hall Mortuary, per W. Hall
and Address Pocatello, Idaho.
19. (a) 12-14-1944 (Date received and filed) (b) D C Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) December. 11. 1944
at 5:30 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 6-1 1944 to 12-11 1944
I last saw him alive on 12-11 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Carcinoma of Stomach	
Due to (Inoperable)	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state
where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature
and Address Pocatello, Idaho. (M. D. or other)
Date 12/ 1944

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JAN 17 1945

Certificate Of Death

STATE OF IDAHO

141620

State File No. 141620
Local Reg. No. 257
Reg. Dist. No. 371

1. PLACE OF DEATH:
(a) County Ada
(b) City or town Meridian
(c) Street Address or R.F.D. No. 301 East Bower
(d) Death Occured Inside? ✓ Outside? ..... city or town
(e) Died in a Home ✓ Hospital ..... Institution ..... Other place .....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 25 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Ada
(c) City or town Meridian
(d) Street Address or R.F.D. No. 301 East Bower
(e) Deceased lived Inside? ✓ Outside? ..... city or town
(f) Citizen of what country? U.S.
(g) How long had deceased lived in Idaho? 38 years
(h) Former residence (city, state) .....

3. (a) FULL NAME Harriet Hazel McPherson

46d

3. (b) If veteran, name war ✓
3. (c) Social Security No. —
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Date of Birth (Month, Day, Year) Aug. 19. 1906

8. AGE	Years	Months	Days	If less than 1 day
	38	4	5	hrs min.

9. Exact Occupation — Did this work for — yrs.
10. Industry or Business — Date last worked —
11. Birthplace St Anthony, Idaho. (City or town) (State or foreign country)
Father
12. Name Chas P. McPherson
13. Birthplace Hagerstown Ind. (City or town) (State or foreign country)
Mother
14. Maiden name Annie May Cox
15. Birthplace Stafford Kansas. (City or town) (State or foreign country)
16. Informant's OWN Signature Mrs Annie McPherson
and Address Meridian Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-28-44 (Month) (Day) (Year)
(c) Place: Meridian, Idaho.
18. Funeral Director's OWN Signature Kenneth M. Edmiston
and Address Meridian Idaho
19. (a) 12-30-44 (Date received and filed) (b) D. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 12-24 1944.
at 10:30 o'clock A. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 11-10 1944, to 12-24 1944.
I last saw her alive on 12-24 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Nutritional failure + anemia	
✓ Due to Carcinoma of rectum	
Due to —	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted? —	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation — Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? — Suicide? — Homicide? —
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's OWN Signature Jon M. Thomas (M. D. or other)
and Address Meridian Date 12-26 1944.
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

141621

United States
Department of Commerce
Bureau of the Census

JAN 9 1945

Certificate Of Death

STATE OF IDAHO

State File No. 141621
Local Reg. No. 51
Reg. Dist. No. 140

1. **PLACE OF DEATH:**
(a) County Shoshone
(b) City or town Wallace
(c) Street Address or R. F. D. No.
(d) Death Occured Inside? X ~~Outside~~? city or town
(e) Died in a ~~Home~~ V Hospital ~~Institution~~ ~~Other place~~
(f) Name Hosp. ~~or Inst.~~ Wallace Stayed 55 days
(g) Lived in this county 27 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Shoshone
(c) City or town Burke
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? V ~~Outside?~~ ~~city or~~ town
(f) Citizen of what country? U. S.
(g) How long had deceased lived in Idaho? 27 years
(h) Former residence (city, state) York, Nebr.

3. (a) **FULL NAME** Harald Renshaw Wollard 47d.

3. (b) If veteran, name war no
3. (c) Social Security No. 518-03-2264
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced no
6. (b) Name of husband or wife no
6. (c) Age of husband or wife if alive no years
7. Date of Birth (Month, Day, Year) Feby. 26 1884

8. AGE	Years	Months	Days	If less than 1 day
	60 ~~64~~	9	~~20~~ 21	hrs min.

9. Exact Occupation Pump-man Did this work for yrs.
10. Industry or Business Hecla Mine Date last worked
11. Birthplace Logan (City or town) Illinois (State or foreign country)

Father
12. Name Wm Spencer Wollard
13. Birthplace Marietta (City or town) Ohio (State or foreign country)

Mother
14. Maiden name Jane E. Renshaw
15. Birthplace Logan (City or town) Illinois (State or foreign country)

16. Informant's **OWN** Signature Harold Wollard
and Address Big Fork Montana

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof Dec 23 '44 (Month) (Day) (Year)
(c) Place: Spokane Wash

18. Funeral Director's **OWN** Signature E. Norskog
and Address Wallace Idaho

19. (a) Dec 27-44 (Date received and filed) (b) John Brun (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Dec 17 19 44
at 10:30 o'clock a M.

21. **I HEREBY CERTIFY**, That I attended deceased from 10-20-44 19 , to 12-17-44 19
I last saw alive on 12-16-44 ; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Carcinoma of Lung	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature Wm T. Smyth (M. D. or other)
and Address Wallace Idaho Date 12-18 1944
(For additional space, use reverse side)

J. A. Bever, Owner

Phone 314

Ward Funeral Home

Funeral Director

Wallace, Idaho

Jan - 11 - 1945

Bureau Vital Statistics
Boise Idaho.

Gentlemen:-

Please make the following change on the death certificate of Harold Rendown. Worked to read:

Date of birth. Feb - 26 - 1884 instead of Feb 26 - 1890.

Age reading - 60 - 9 - 21 -

You will be receiving request for certified copies of death for the new age -

Thanks very much.

JAN 17 1945

John A Bever
District Reg.

I made the change on my records.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

141622

State File No. 141623
Local Reg. No. 419
Reg. Dist. No. 870

1. PLACE OF DEATH:
(a) County Ada
(b) City or town Boise
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? X Outside? city or town
(e) Died in a Home Hospital Institution Other place X
(f) Name Hosp. or Inst. Gas Plant Stayed days
(g) Lived in this county 2½ years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Ada
(c) City or town Boise
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 2½ years
(h) Former residence (city, state) Penn.

3. (a) FULL NAME ELMER BURTON THOMPSON

178x

3. (b) If veteran, name war - - - -
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Stella
6. (c) Age of husband or wife if alive 61 years
7. Date of Birth (Month, Day, Year) October 1, 1889

8. AGE	Years	Months	Days	If less than 1 day
	55	2	21	hrs min.

9. Exact Occupation Laborer Did this work for yrs.
10. Industry or Business Bradley Mining Co. Date last worked 12/22/44
11. Birthplace Broken Bow, Nebraska (City or town) (State or foreign country)
Father
12. Name Moses C. Thompson
13. Birthplace Penn. (City or town) (State or foreign country)
Mother
14. Maiden name Cora Kitson
15. Birthplace Penn. (City or town) (State or foreign country)
16. Informant's OWN Signature Mrs. Stella Thompson and Address 611 So. 13th Street, Boise, Ida.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/28/44 (Month) (Day) (Year)
(c) Place: Cloverdale
18. Funeral Director's OWN Signature McBratney Funeral Home Kenneth Libby and Address Boise, Idaho
19. (a) 12-27-44 (Date received and filed) (b) D. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) December 22 1944
about 2:10 o'clock A. M.
21. ~~[illegible]~~ death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Asphyxiation by hydrogen sulphide Gas as nearly as can be ascertained by investigation. | Duration
Due to
Due to
Other conditions
~~(Include pregnancy within 3 months of death)~~
Nothing of a Criminal nature found.
Where was disease contracted? —
Name of operation — Date —
Major finding —
Finding of autopsy None
No Inquest

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Yes Suicide? — Homicide? —
Occurred Dec 22 1944 City, county, state where violence occurred Boise, Idaho
Place of Violence: Home — Farm — Industry —
Public Place — While at work? Yes
Means of injury Hydrogen Sulphide Gas
23. Attendant's OWN Signature Ed McBratney (M. D. or other)
and Address Boise, Idaho Date 12/26/44
(For additional space, use reverse side)

Coroner of Ada County

141623

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

JAN 15 1945

State File No. ____
Local Reg. No. 9
Reg. Dist. No. 321

1. **PLACE OF DEATH:**
(a) County Ada
(b) City or town Meridian
(c) Street Address or R. F. D. No. West 2nd.
(d) Death Occurred Inside? ✓ Outside? ____ city or town
(e) Died in a Home ✓ Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 15 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Ada
(c) City or town Meridian
(d) Street Address or R. F. D. No. West 2nd
(e) Deceased lived Inside? ✓ Outside? ____ city or town
(f) Citizen of what country? US
(g) How long had deceased lived in Idaho? 40 years
(h) Former residence (city, state) ____

3. (a) **FULL NAME** Seldon David Frost 1316

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mary Ellen 6. (c) Age of husband or wife if alive 69 years

7. Date of Birth (Month, Day, Year) October 3 1864

8. AGE	Years	Months	Days	If less than 1 day
	79	9	6	hrs ____ min.

9. Exact Occupation Retired Farmer Did this work for 15 yrs.
10. Industry or Business — Date last worked 1932
11. Birthplace Maxville (City or town) Maine (State or foreign country)

Father
12. Name David S Frost
13. Birthplace — (City or town) (State or foreign country)

Mother
14. Maiden name Susan Moore
15. Birthplace — (City or town) (State or foreign country)

16. Informant's **OWN** Signature Harold Frost
and Address Meridian, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-12-44 (Month) (Day) (Year)
(c) Place: Meridian Idaho

18. Funeral Director's **OWN** Signature Kenneth W. Edmiston
and Address Meridian, Idaho

19. (a) ____ (Date received and filed) (b) Grace L. Neal (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) July 9 1944
at ____ o'clock ____ M.

21. **I HEREBY CERTIFY,** That I attended deceased from June 2 1940, to July 8 1944
I last saw him alive on July 5 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Uremia — Duration 1 wk
Due to Chronic nephritis — 2 yrs
Due to ____
Other conditions ____ (Include pregnancy within 3 months of death)

Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's **OWN** Signature R. L. Jewell (M. D. or other)
and Address Emmett, Idaho Date July 9 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JAN 13 1945

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 141624
Local Reg. No. 10
Reg. Dist. No. 371

1. **PLACE OF DEATH:**
(a) County Ada
(b) City or town Meridian
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? ✓ Outside? ____ city or town
(e) Died in a Home ✓ Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county ____ years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Washington
(c) City or town Cambridge
(d) Street Address or R. F. D. No. R F D ✓
(e) Deceased lived Inside? ____ Outside? ✓ city or town
(f) Citizen of what country? Usa
(g) How long had deceased lived in Idaho? 31 years
(h) Former residence (city, state) Iowa

3. (a) **FULL NAME** Jessie B Keller 94a

3. (b) If veteran, name war ____ 3. (c) Social Security No. None
4. Sex ____ 5. Color or race ____ 6. (a) Single, widowed, married, divorced ____
6. (b) Name of husband or wife John B ____ 6. (c) Age of husband or wife if alive 76 years
7. Date of Birth (Month, Day, Year) August 4. 1876

8. AGE	Years	Months	Days	If less than 1 day hrs	min.
	68	2	23		

9. Exact Occupation Housekeeper Did this work for Life yrs.
10. Industry or Business ____ Date last worked Oct 28 44
11. Birthplace Boone Wright Iowa (City or town) (State or foreign country)

Father
12. Name Edward Brown
13. Birthplace England (City or town) (State or foreign country)

Mother
14. Maiden name Mary Degan
15. Birthplace Ireland (City or town) (State or foreign country)

16. Informant's OWN Signature John B Keller and Address Cambridge Idaho
17. (a) ____ (Burial, cremation, or removal) (b) Date thereof ____ (Month) (Day) (Year)
(c) Place: Meridian Cemetery
18. Funeral Director's OWN Signature W E Metzger and Address Meridian Id
19. (a) ____ (Date received and filed) (b) Grace L Hunt (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Oct 27 1944
at 7:30 o'clock P M.

21. **I HEREBY CERTIFY,** That I attended deceased from Oct 27 1944, to Oct 27 1944
I last saw h[illegible] alive on Oct 27 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Coronary Thrombosis	4 hrs
Due to	
Due to	
Other conditions Hypertension (Include pregnancy within 3 months of death)	Unknown

Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's OWN Signature L E Jewell M D (M. D. or other)
and Address Meridian Date Oct 28 1944
(For additional space, use reverse side)

14T625

United States
Department of Commerce
Bureau of the Census DEC 11 1944

Certificate Of Death

STATE OF IDAHO

State File No.
Local Reg. No. 356
Reg. Dist. No.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? ~~Outside~~? city or town
   (e) Died in a ~~Home~~ Hospital ~~Institution~~ ~~Other place~~
   (f) Name Hosp. or Inst. St Lukes Stayed 15 days
   (g) Lived in this county — years months days

   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Canyon
   (c) City or town Nilder Rt 1
   (d) Street Address or R.F.D. No. /
   (e) Deceased lived ~~Inside?~~ Outside? ~~city or~~ town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 20 years
   (h) Former residence (city, state) —

3. (a) **FULL NAME** George Misao Kurihara 181

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M race Japan
5. Color or
6. (a) Single, widowed, married, divorced married
6. (b) Name of ~~husband or~~ wife Rose Shizuko
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Mar 13 - 1924

8. AGE	Years	Months	Days	If less than 1 day hrs	min.
	20	7	18		

9. Exact Occupation Farmer Did this work for yrs.
10. Industry or Business Genl Farming Date last worked
11. Birthplace Caldwell Ida (City or town) (State or foreign country)

Father
12. Name S. Kurihara
13. Birthplace Japan (City or town) (State or foreign country)

Mother
14. Maiden name Fukuyo Kurihara
15. Birthplace Japan (City or town) (State or foreign country)

16. Informant's **OWN** Signature Miso Nakamura and Address Rt 4 Nampa Ida
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/3/44 (Month) (Day) (Year)
    (c) Place: Morris Hill Cem. Boise Ida
18. Funeral Director's **OWN** Signature F. K. Robertson and Address Nampa Ida
19. (a) 11-6-44 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Oct 31 1944 at o'clock M.
21. **I HEREBY CERTIFY**, That I attended deceased from May 29 1944 to Oct 31 1944
    I last saw h~~im~~ alive on Oct 30 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Jetsum Paralyses respiration	
Due to Severe burn both legs May 29-44	
Due to Aspiration following	
Other conditions Skin graft (Include pregnancy within 3 months of death)	

Where was disease contracted? Nampa Ida
Name of operation Skin graft Date 10/9/44
Major finding Contraction + Scar
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Yes Suicide? Homicide?
    Occurred May 29 1944 City, county, state where violence occurred
    Place of Violence: Home Farm Industry
    Public Place While at work?
    Means of injury Explosion of gas tank due to lighter cigarette
23. Attendant's **OWN** Signature Grace Bulmer (M. D. or other)
    and Address Nampa Ida Date 11-2 1944
    (For additional space, use reverse side)

B

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

NOV 6 194 SUPPLY DIVISION

DEC 11 1944

Certificate Of Death

STATE OF IDAHO

State File No. 141606
Local Reg. No. 219
Reg. Dist. No. 371

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? ..... Outside? XX city or town
   (e) Died in a Home.... Hospital X Institution.... Other place....
   (f) Name Hosp. or Inst. Vets. Admn. Stayed 7 days
   (g) Lived in this county ..... years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Oregon (b) County
   (c) City or town Nyssa
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? ..... Outside? ..... city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 4 years
   (h) Former residence (city, state)

3. (a) **FULL NAME** HUGHES, Aaron F.

170c

3. (b) If veteran, name war World
3. (c) Social Security No. Unknown
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) Sept. 30, 1888

8. AGE	Years	Months	Days	If less than 1 day
	56	1	7	hrs min.

9. Exact Occupation Farmer — Did this work for Unkn. yrs.
10. Industry or Business — Date last worked Unkn.
11. Birthplace Missouri (City or town) (State or foreign country)

Father
12. Name Wm. F. HUGHES
13. Birthplace Missouri (City or town) (State or foreign country)

Mother
14. Maiden name Sarah E. Whitaker
15. Birthplace Illinois (City or town) (State or foreign country)

16. Informant's **OWN** Signature M. E. Gull Records, Veterans Administration and Address Boise, Idaho
17. (a) Burial-Removal (b) Date thereof 11/7/44 (Burial, cremation, or removal) (Month) (Day) (Year)
    (c) Place: White Mortuary, Twin Falls, Idaho
18. Funeral Director's **OWN** Signature Kenneth Libby McBratney Funeral Home and Address Boise, Idaho
19. (a) 11-7-44 (Date received and filed) (b) R. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) November 6, 1944 at 1:35 o'clock A. M.
21. **I HEREBY CERTIFY,** That I attended deceased from October 30, 1944, to November 6, 1944
    I last saw him alive on Nov. 6, 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Fracture both bones, lower legs, bilateral	About 2 weeks
Due to	
Due to	
Other conditions Bronchopneumonia (Include pregnancy within 3 months of death)	3 Days

Where was disease contracted?
Name of operation None Date
Major finding
Finding of autopsy No Autopsy Sha

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? X Suicide? Homicide?
    Occurred Oct. 23 1944 City, county, state where violence occurred Nyssa, Ore.
    Place of Violence: Home Farm Industry
    Public Place While at work?
    Means of injury Struck by Automobile while crossing Stree
23. Attendant's **OWN** Signature ARTHUR W. SCHULZ, Lt. Col., M.C. Chief Medical Officer (MO or Coroner)
    and Address VAF., Boise, Idaho Date Nov. 6 1944
    (For additional space, use reverse side)

141627

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH

STATE OF IDAHO

JAN 17 1945

Local Registrar's Duplicate
Local Reg. No. 243
Reg. Dist. No. 32

1. PLACE OF DEATH:
(a) County Ada
(b) City or town Gowen Field, Idaho
(c) Street Address or R. F. D. No. --
(d) Death Occurred Inside? X Outside? ..... city or town
(e) Died in a Home—Hospital—Institution—Other place ....
(f) Name Hosp. or Inst. Sta Hospital Stayed 6 days
(g) Lived in this county ..... years ..... months 6 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County --
(c) City or town Cascade
(d) Street Address or R. F. D. No. --
(e) Deceased lived Inside? X Outside? ..... city or town
(f) Citizen of what country? U.S.
(g) How long had deceased lived in Idaho? 17½ years
(h) Former residence (city, state) Same as above

3. (a) **FULL NAME** BUMAN, Donald A. Pvt — 39 920 835

170c

3. (b) If veteran, name war -- 3. (c) Social Security No. --
4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife -- 6. (c) Age of husband or wife if alive -- years
7. Date of Birth (Month, Day, Year) August 29, 1925

8. AGE	Years	Months	Days	If less than 1 day
	19	3	2	hrs. min.

9. Exact Occupation Soldier — Did this work for 1-1/12 yrs.
10. Industry or Business U. S. Army — Date last worked 25 Nov 44
11. Birthplace Chehalis. (City or town) Washington (State or foreign country)

Father
12. Name Arthur Buman
13. Birthplace Minnesota (City or town) (State or foreign country)

Mother
14. Maiden name Austa Haire
15. Birthplace Rigby. (City or town) Idaho (State or foreign country)

16. Informant's **OWN** Signature Phillip C. Pedersen
and Address PHILLIP C. PEDERSEN Gowen Field, Boise, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 5 1944 (Month) (Day) (Year)
(c) Place: Cloverdale
18. Funeral Director's **OWN** Signature Ashenmyer Mortuary
and Address 507 Idaho St. Boise Ida
19. (a) 12-6-44 (Date received and filed) (b) R. Stark (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 1 December, 1944
at 5:17 o'clock P.M.
21. **I HEREBY CERTIFY,** That I attended deceased from 26 November, 1944, to 1 December, 1944
I last saw him alive on 1 December, 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Concussion, cerebral, generalized hematoma, subdural, mild	6 days
Due to Automobile accident	
Due to --	
Other conditions -- (Include pregnancy within 3 months of death)	
Where was disease contracted? --	
Name of operation -- Date --	
Major finding --	
Finding of autopsy Same as above	

Physician — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? X Suicide? -- Homicide? --
Occurred 25 November, 1944. City, county, state where violence occurred Cascade, Idaho
Place of Violence: Home ..... Farm ..... Industry .....
Public Place X While at work? .....
Means of injury Automobile accident
23. Attendant's **OWN** Signature Roland F Marks
ROLAND F. MARKS, Lt Col, (M. D. or other) M.C.
and Address Gowen Fld, Ida Date 1 Dec, 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

141628

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 141628
Local Reg. No. 240
Reg. Dist. No. 371

JAN 17 1945

1. PLACE OF DEATH:

(a) County Elmore
(b) City or town MHAAF, Mtn Home, Idaho
(c) Street Address or R.F.D. No.
(d) Death Occured Inside?..... Outside?.....city or town
(e) Died in a Home.... Hospital X Institution.... Other place....
(f) Name Hosp. or Inst. Sta Hosp MHAAF Stayed 1 days
(g) Lived in this county.....years .....months 20 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

(a) State Pa (b) County
(c) City or town Chambersburg
(d) Street Address or R.F.D. No. Rt #3
(e) Deceased lived Inside?.....Outside?.....city or town
(f) Citizen of what country? U S A
(g) How long had deceased lived in Idaho?.....years
(h) Former residence (city, state)

3. (a) FULL NAME CRIDER, JOHN W

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3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) February 3 1921

8. AGE	Years	Months	Days	If less than 1 day
	23	9	28	hrs min.

9. Exact Occupation Soldier — Did this work for 2-4/12 yrs.
10. Industry or Business U S Army — Date last worked 11-30-44
11. Birthplace Chambersburg, Pa (City or town) (State or foreign country)

Father
12. Name Cyrus E Crider
13. Birthplace Franklin Co, Pa (City or town) (State or foreign country)

Mother
14. Maiden name Cora E (Unknown)
15. Birthplace Franklin Co, Pa (City or town) (State or foreign country)

16. Informant's OWN Signature [signature]
and Address MHAAF, Mtn Home, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 3 1944 (Month) (Day) (Year)
(c) Place: Chambersburg, Penna

18. Funeral Director's OWN Signature [signature]
and Address

19. (a) 12-4-44 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) 1 December 1944
at 0852 o'clock A M.

21. I HEREBY CERTIFY, That I attended deceased from 30 November 1944, to 1 December 1944
I last saw him alive on 1 December 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — Duration

Fracture, compound, complete, skull, Fracture, simple, lower jaw, complete. Wounds, lacerated, multiple, face and head.

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?
Name of operation ..... Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Yes Suicide? Homicide?
Occurred 30 November 1944 City, county, state where violence occurred Elmore County, Idaho
Place of Violence: Home Farm Industry
Public Place While at work? Yes
Means of injury Aircraft accident

23. Attendant's OWN Signature [signature] CHARLES F MC GREER, Capt, MC (M. D. or other)
and Address MHAAF Mtn Home Ida Date 12-1 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JAN 17 1945

Certificate Of Death

STATE OF IDAHO

State File No. 141629
Local Reg. No. 241
Reg. Dist. No. 371

1. PLACE OF DEATH:
(a) County Elmore
(b) City or town MHAAF, Mtn Home, Idaho
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. Stayed 2 days
(g) Lived in this county years months 22 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Colo (b) County
(c) City or town Denver
(d) Street Address or R.F.D. No. 4821 W 32nd Ave
(e) Deceased lived Inside? Outside? city or town
(f) Citizen of what country? U S A
(g) How long had deceased lived in Idaho? years
(h) Former residence (city, state)

3. (a) **FULL NAME** LOVELL, ROBERT S

173

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Carmela M Lovell
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) February 16 1923

8. AGE	Years	Months	Days	If less than 1 day
	21	9	16	hrs min.

9. Exact Occupation Soldier — Did this work for 1-9/12 yrs.
10. Industry or Business U S Army — Date last worked 11-30-44
11. Birthplace Denver, Colo. (City or town) (State or foreign country)
Father
12. Name Houston S Lovell
13. Birthplace Braggs, Okla (City or town) (State or foreign country)
Mother
14. Maiden name Ruby M Divenelle
15. Birthplace Denver, Colo (City or town) (State or foreign country)
16. Informant's **OWN** Signature [signature]
and Address MHAAF, Mountain Home, Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Dec 4, 1944 (Month) (Day) (Year)
(c) Place: Chester, Penn
18. Funeral Director's **OWN** Signature [signature]
and Address Boise Idaho
19. (a) 12-4-44 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 2 December 1944
at 1:51 o'clock P.M.
21. **I HEREBY CERTIFY**, That I attended deceased from 30 November 1944, to 2 December 1944
I last saw him alive on 2 December 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Fracture, compound, complete, skull. Fractures, complete, compound, tibia, right & left, fibula, left.	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation Date	
Major finding	
Finding of autopsy	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Yes Suicide? Homicide?
Occurred 30 November 1944 City, county, state where violence occurred Elmore County, Idaho
Place of Violence: Home Farm Industry
Public Place While at work? Yes
Means of injury Aircraft accident
23. Attendant's **OWN** Signature [signature] CHARLES F MC GREER, Capt, MC (M. D. or other)
and Address MHAAF Mtn Home Ida Date 12-2 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Burton 141638

United States
Department of Commerce
Bureau of the Census JAN 17 1945

Certificate Of Death

STATE OF IDAHO

State File No. 141638
Local Reg. No. 242
Reg. Dist. No. 371

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise,
   (c) Street Address or R.F.D. No. 4009. - 5 th Ave S.
   (d) Death Occured Inside? ..... Outside? Yes city or town
   (e) Died in a Home X Hospital .... Institution .... Other place ....
   (f) Name Hosp. or Inst. ..... Stayed ..... days
   (g) Lived in this county 26 years ..... months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho. (b) County Ada
   (c) City or town Boise,
   (d) Street Address or R.F.D. No 4009. 5 th Ave S
   (e) Deceased lived Inside? ..... Outside? Yes city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 26 years
   (h) Former residence (city, state) California.

3. (a) **FULL NAME** Julia A. Anthony.

4 8a

3. (b) If veteran, name war No.
3. (c) Social Security No. None.
4. Sex Female 5. Color or race White. 6. (a) Single, widowed, married, divorced Married.
6. (b) Name of husband or wife John W. Anthony
6. (c) Age of husband or wife if alive 87 years
7. Date of Birth (Month, Day, Year) January. 31. 1872.

8. AGE	Years	Months	Days	If less than 1 day
	72.	10.	1.	hrs min.

9. Exact Occupation At Home. Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Camache California. (City or town) (State or foreign country)

Father
12. Name Joe Riley.
13. Birthplace Ireland. (City or town) (State or foreign country)

Mother
14. Maiden name Unknown.
15. Birthplace Unknown. (City or town) (State or foreign country)

16. Informant's **OWN** Signature J W Anthony
and Address 4009 5 Ave So.

17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof Dec. 5. 1944. (Month) (Day) (Year)
(c) Place: Morris Hill Cemetery.

18. Funeral Director's **OWN** Signature Clyde E. Summers
and Address Boise, Idaho.

19. (a) 12-5-1944 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 1 Dec. 2 19 44
at 2 4 0 o'clock A M.

21. **I HEREBY CERTIFY**, That I attended deceased from Nov 1 1944, to Dec 2 1944
I last saw h.. alive on Nov 28 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Expostion & Toxaemia — Duration 30 da.
Due to Carcinoma of Cervix 24y
Due to .....
Other conditions (Include pregnancy within 3 months of death) .....
Where was disease contracted? Ada County
Name of operation None Date .....
Major finding .....
Finding of autopsy None

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature J. M. Brayton (M. D. or other)
and Address Boise Idaho Date ..... 19 .....
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census JAN 17 1945

Certificate Of Death

STATE OF IDAHO

State File No. 141631
Local Reg. No. 393
Reg. Dist. No. 37

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise
   (c) Street Address or R. F. D. No.
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home .... Hospital X Institution .... Other place ....
   (f) Name Hosp. or Inst. St. Alphonsus ..... ved ..... days
   (g) Lived in this county 44 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Ada
   (c) City or town Boise
   (d) Street Address or R.F.D. No. 3216 Crescent Rim Drive
   (e) Deceased lived Inside? ..... Outside? X city or town
   (f) Citizen of what country? U. S. A.
   (g) How long had deceased lived in Idaho? 50 years
   (h) Former residence (city, state) California

3. (a) **FULL NAME** FRANCISCA M. WYMAN

46e

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) March 21, 1860

8. AGE	Years	Months	Days	If less than 1 day
	84	8	11	hrs ..... min.

9. Exact Occupation Housewife — Did this work for ..... yrs.
10. Industry or Business ..... — Date last worked .....
11. Birthplace Ventura, California (City or town) (State or foreign country)

Father
12. Name Francisco Menchaca
13. Birthplace Bilboa Spain (City or town) (State or foreign country)

Mother
14. Maiden name Susanna Sanchez
15. Birthplace Ventura Calif; (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mrs. H. A. Welch
and Address 3216 Crescent Rim Drive

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-4-45 (Month) (Day) (Year)
(c) Place: St. John's Cemetery

18. Funeral Director's **OWN** Signature Schreiber & McCann
and Address Boise Michael Burgoo

19. (a) 12-4-44 (Date received and filed) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Dec 2 1944
at 1:20 o'clock P. M.

21. **I HEREBY CERTIFY,** That I attended deceased from Nov 1 1944, to Dec 2, 1944
I last saw her alive on Dec 1 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Carcinoma of colon — Duration 3 months

Due to .....

Due to .....

Other conditions (Include pregnancy within 3 months of death) .....

Where was disease contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature N. A. Welch M.D.
(M. D. or other)
and Address Boise Date 12/2 1944
(For additional space, use reverse side)

Paindexter

United States
Department of Commerce
Bureau of the Census

JAN 17 1945

Certificate Of Death

STATE OF IDAHO

State File No. 141632
Local Reg. No. 394
Reg. Dist. No.

1. PLACE OF DEATH:
(a) County Ada
(b) City or town Boise
(c) Street Address or R.F.D. No. 419 So 4th St
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Home X Hospital ..... Institution ..... Other place .....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 40 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Ada
(c) City or town Boise
(d) Street Address or R.F.D. No. 419 S 4th St
(e) Deceased lived Inside? X Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 59 years
(h) Former residence (city, state) Canada

3. (a) FULL NAME Harriet Louisa Staats 50

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) June 11th. 1870

8. AGE	Years	Months	Days	If less than 1 day
	74	5	21	hrs min.

9. Exact Occupation Housewife Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Montreal (City or town) Canada (State or foreign country)
Father
12. Name Theodore Wallis
13. Birthplace ..... (City or town) Canada (State or foreign country)
Mother
14. Maiden name Rhoda Ann Watier
15. Birthplace ..... (City or town) Canada (State or foreign country)
16. Informant's OWN Signature Nell Staats
and Address Boise Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/4/1944 (Month) (Day) (Year)
(c) Place: Morris Hill Cemetery
18. Funeral Director's OWN Signature Schneider & McCann
and Address Boise. Milford Dragoo
19. (a) 12-4-44 (Date received and filed) (b) R Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Dec 2 1944
at 8 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from April 21 1944, to Dec 2 1944
I last saw her alive on Dec 1 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Metastatic Breast Carcinoma in lungs	7 months
Due to Carcinoma of Breast	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation ..... Date	
Major finding	
Finding of autopsy	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's OWN Signature A B Paindexter M.D. (M. D. or other)
and Address Boise, Idaho Date 12/4 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

JAN 17 1945 STATE OF IDAHO

State File No. 141638
Local Reg. No. 395
Reg. Dist. No. 5

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? X Outside? ....city or town
   (e) Died in a Home.... Hospital X Institution.... Other place....
   (f) Name Hosp. or Inst. St. Alphonsus Stayed 4 days
   (g) Lived in this county 22 years ....months ....days

   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Ada
   (c) City or town Boise
   (d) Street Address or R.F.D. No. 3714 - 6th Ave. So.
   (e) Deceased lived Inside? ....Outside? X city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 22 years
   (h) Former residence (city, state) Montana

3. (a) **FULL NAME** WILLIAM S. JOHNSON 83a.

3. (b) If veteran, name war - - - -
3. (c) Social Security No. - - - - - - - - -
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Adeline
6. (c) Age of husband or wife if alive 60 years
7. Date of Birth (Month, Day, Year) September 18, 1878

8. AGE	Years	Months	Days	If less than 1 day
	66	2	16	hrs min.

9. Exact Occupation Salesman Did this work for ....yrs.
10. Industry or Business Date last worked
11. Birthplace Near Halifax, Nova Scotia (City or town) (State or foreign country)

Father
12. Name William Johnson
13. Birthplace Iceland (City or town) (State or foreign country)

Mother
14. Maiden name Madeline Brynsolfson
15. Birthplace Iceland (City or town) (State or foreign country)

16. Informant's **OWN** Signature [signature]
and Address Denver, Colo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/6/44 (Month) (Day) (Year)
(c) Place: Morris Hill Cemetery

18. Funeral Director's **OWN** Signature McBratney Funeral Home [signature]
and Address Boise, Idaho

19. (a) 12-5-44 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) December 4 19 44
at 6:15 o'clock A.M.

21. **I HEREBY CERTIFY**, That I attended deceased from 11-30 1944, to 12-4 1944
I last saw him alive on 12-3 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebral Hemorrhage	4 da.
Due to Arterio-sclerosis	
& hypertension	3 yr.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ..... Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature O. F. Swinnerton M.D. (M. D. or other)
and Address Boise, Ida. Date 12-5 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 141634
Local Reg. No. 244
Reg. Dist. No. 37

JAN 17 1945

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise
   (c) Street Address or R. F. D. No.
   (d) Death Occured Inside? Outside? X city or town
   (e) Died in a Home.... Hospital X Institution.... Other place....
   (f) Name Hosp. or Inst. Ada Co. Hospital Stayed 7 days
   (g) Lived in this county years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Ada
   (c) City or town Boise
   (d) Street Address or R.F.D. No. 602 So. 17th St.
   (e) Deceased lived Inside? X Outside? city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? Unknown years
   (h) Former residence (city, state) Unknown

3. (a) **FULL NAME** JOHN GRIFFIN

186a

3. (b) If veteran, name war - - - - -
3. (c) Social Security No. - - - - - -
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Unknown
6. (b) Name of husband or wife Unknown
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) December 27, 1871

8. AGE	Years	Months	Days	If less than 1 day
	72	11	8	hrs min.

9. Exact Occupation Laborer — Did this work for ..... yrs.
10. Industry or Business — Date last worked
11. Birthplace (City or town) New York (State or foreign country)

Father
12. Name Unknown
13. Birthplace (City or town) (State or foreign country)

Mother
14. Maiden name Unknown
15. Birthplace (City or town) (State or foreign country)

16. Informant's OWN Signature Ada County Hospital Records
and Address Boise, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/7/44 (Month) (Day) (Year)
(c) Place: Morris Hill Cemetery
18. Funeral Director's OWN Signature McBratney Funeral Home
and Address Boise, Idaho
19. (a) 12-8-44 (Date received and filed) (b) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) December 5 19 44
at ... o'clock a M.

21. **I HEREBY CERTIFY**, That I attended deceased from Nov 26 19 44; to Dec 5 19 44
I last saw him alive on ..... 19 ....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Pneumonia — Duration 5 days
Due to Fractured Pelvis — 6 days.
Due to ....
Other conditions (Include pregnancy within 3 months of death)
Where was disease contracted?
Name of operation ..... Date .....
Major finding
Finding of autopsy

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? X Suicide? Homicide?
Occurred Nov. 29 1944 City, county, state where violence occurred Boise, Idaho
Place of Violence: Home X Farm Industry
Public Place While at work?
Means of injury Fell from roof.

23. Attendant's OWN Signature Dr Forney MD (M. D. or other)
and Address Boise Ida Date 12/7 19 44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

JAN 17 1945

State File No. 141635
Local Reg. No. 397
Reg. Dist. No. [illegible]

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home.... Hospital X Institution.... Other place....
   (f) Name Hosp. or Inst. St. Alphonsus Stayed 13 days
   (g) Lived in this county 12 years ..... months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Ada
   (c) City or town Boise
   (d) Street Address or R.F.D. No. Route # 1
   (e) Deceased lived Inside? ..... Outside? X city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 12 years
   (h) Former residence (city, state) Wyoming

3. (a) **FULL NAME** MRS. EDNA MORRISSETTE

109b

3. (b) If veteran, name war - - - - -
3. (c) Social Security No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Brent
6. (c) Age of husband or wife if alive 37 years
7. Date of Birth (Month, Day, Year) December 12, 1913

8. AGE	Years	Months	Days	If less than 1 day
	30	11	23	hrs min.

9. Exact Occupation Housewife Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Penrose, Wyoming (City or town) (State or foreign country)

Father
12. Name Berthelsen
13. Birthplace Denmark (City or town) (State or foreign country)

Mother
14. Maiden name Batilda Gylling
15. Birthplace Denmark (City or town) (State or foreign country)

16. Informant's **OWN** Signature Brent Morrissette
and Address Route # 1, Boise, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/8/44 (Month) (Day) (Year)
(c) Place: Cloverdale Memorial Park
18. Funeral Director's **OWN** Signature McBratney Funeral Home
and Address Boise, Idaho
19. (a) 12-8-44 (Date received and filed) (b) R. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) December 5 1944
at 11:58 o'clock A. M.
21. **I HEREBY CERTIFY**, That I attended deceased from Nov 22 1944 to Dec. 5 1944
I last saw her alive on Dec. 5 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Uremia	4 days
Acute nephritis	
Due to Pneumonia	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ..... Date .....
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury
23. Attendant's **OWN** Signature [signature] (M. D. or other)
and Address ..... Date Dec. 7 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

141036

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

JAN 17 1945

STATE OF IDAHO

State File No. 141036
Local Reg. No. 396
Reg. Dist. No. 5-10

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise,
   (c) Street Address or R.F.D. No. X
   (d) Death Occured Inside? Yes Outside?.....city or town
   (e) Died in a Home.... Hospital X Institution.... Other place....
   (f) Name Hosp. or Inst. St Lukes. Stayed 7 days
   (g) Lived in this county 26 years .....months .....days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho. (b) County Ada
   (c) City or town Boise,
   (d) Street Address or R.F.D. No. 1211. Washington St.
   (e) Deceased lived Inside? Yes Outside?.....city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 26 years
   (h) Former residence (city, state) Tenn.

3. (a) **FULL NAME** James Allison Howard. 1316

3. (b) If veteran, name war No.
3. (c) Social Security No. None.
4. Sex Male. 5. Color or race White. 6. (a) Single, widowed, married, divorced Married.
6. (b) Name of husband or wife Martha. S.
6. (c) Age of husband or wife if alive 69 years
7. Date of Birth (Month, Day, Year) December. 10. 1874.

8. AGE	Years	Months	Days	If less than 1 day
	69.	11.	26.	hrs min.

9. Exact Occupation Agent Did this work for .....yrs.
10. Industry or Business Farmers Ins Co. Date last worked
11. Birthplace Washington (City or town) Tenn. (State or foreign country)

Father
12. Name William Howard.
13. Birthplace Tenn. (City or town) (State or foreign country)

Mother
14. Maiden name Emma Ingle.
15. Birthplace Tenn. (City or town) (State or foreign country)

16. Informant's **OWN** Signature Martha S. Howard
and Address 1211 Washington St.

17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof Dec 8 1944 (Month) (Day) (Year)
(c) Place: Morris Hill Cemetery.

18. Funeral Director's **OWN** Signature Clyde E. Summers
and Address Boise, Idaho.

19. (a) 12-7-44 (Date received and filed) (b) D. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Dec. 6, 1944 19.....
at 2:20 o'clock A M.

21. **I HEREBY CERTIFY**, That I attended deceased from Nov. 15 1944, to Dec. 6 1944
I last saw him alive on Dec. 5. 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Uremia and Hypostatic pneumonia	4 weeks
Due to Chronic glomerulo-Nephritis	3 years
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? unknown
Name of operation none Date
Major finding
Finding of autopsy none

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident?..... Suicide?..... Homicide?.....
Occurred..... 19..... City, county, state where violence occurred
Place of Violence: Home.....Farm.....Industry.....
Public Place..... While at work?.....
Means of injury

23. Attendant's **OWN** Signature Raymond F. White M.D. (M. D. or other)
and Address Boise Ida. Date Dec. 6 1944
(For additional space, use reverse side)

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United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 141631
Local Reg. No. 398
Reg. Dist. No.

JAN 17 1945

1. PLACE OF DEATH:
(a) County Ada
(b) City or town Boise
(c) Street Address or R.F.D. No. 1014 McKinley
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Home X Hospital.... Institution.... Other place....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county ..... years 2½ months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Ada
(c) City or town Boise
(d) Street Address or R.F.D. No. 1014 McKinley
(e) Deceased lived Inside? X Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 2½ Mos. years
(h) Former residence (city, state) .....

3. (a) FULL NAME Yvonne Dennis

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) Sept. 26th. 1944

8. AGE	Years	Months	Days	If less than 1 day
	0	2	10	hrs min.

9. Exact Occupation None Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Boise Idaho (City or town) (State or foreign country)
Father
12. Name William H. Dennis
13. Birthplace Idaho Falls Idaho (City or town) (State or foreign country)
Mother
14. Maiden name Orpha A. Johnson
15. Birthplace Boise Idaho (City or town) (State or foreign country)
16. Informant's OWN Signature Mrs. W. H. Dennis
and Address 1014 McKinley St. Boise Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/9/1944 (Month) (Day) (Year)
(c) Place: Morris Hill Cemetery
18. Funeral Director's OWN Signature Schreiber & McCann
and Address Boise. Milford Drago
19. (a) 12-8-44 (Date received and filed) (b) N. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Dec 6 1944
at 10.15 o'clock a M.

21. I HEREBY CERTIFY, That I attended deceased from Dec 6 1944 to Dec 6 1944
I last saw her alive on Dec 6 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cardial failure	36 [illegible]
Due to Don't know	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation ..... Date	
Major finding	
Finding of autopsy None	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's OWN Signature T. N. Braxton M.D. (M. D. or other)
and Address ..... Date ..... 19.....
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JAN 17 1945

Certificate Of Death

STATE OF IDAHO

State File No. 141638
Local Reg. No. 399
Reg. Dist. No.

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home.... Hospital X Institution.... Other place....
   (f) Name Hosp. or Inst. St. Alfonzas Stayed 4 days
   (g) Lived in this county ..... years ..... months 4 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Bonneville
   (c) City or town Idaho Falls.
   (d) Street Address or R.F.D. No. W-19th St.
   (e) Deceased lived Inside? X Outside? ..... city or town
   (f) Citizen of what country? U.S.
   (g) How long had deceased lived in Idaho? 8- years
   (h) Former residence (city, state) Logan — Utah.

3. (a) **FULL NAME** John Weyerman. 94a

3. (b) If veteran, name war ——
3. (c) Social Security No. 520-12-6134
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Gladys Williams
6. (c) Age of husband or wife if alive 31. years
7. Date of Birth (Month, Day, Year) April 29- 1899.

8. AGE	Years	Months	Days	If less than 1 day
	45	7	9	hrs min.

9. Exact Occupation Laborer Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Logan — Utah (City or town) (State or foreign country)

Father
12. Name Gottfried Weyerman.
13. Birthplace Switzerland (City or town) (State or foreign country)

Mother
14. Maiden name Olena Hoth.
15. Birthplace Utah (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mrs John Weyerman
and Address Idaho Falls, Idaho - W-19th.
17. (a) Removal. (Burial, cremation, or removal) (b) Date thereof 12/11/44 (Month) (Day) (Year)
(c) Place: Idaho Falls, Idaho.
18. Funeral Director's **OWN** Signature Summers Funeral Home Clyde E. Summers
and Address Boise Idaho
19. (a) 12-11-44 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) December 8- 1944
at 105 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from the 5 1944, to the 8 1944
I last saw him alive on the 8 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
✓ ~~Ass~~ Coronary occlusion	1½ hours
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYISCIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature Roscoe C. Ward (M. D. or other)
and Address Boise Ida Date 12/11 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JAN 17 1945

Certificate Of Death

STATE OF IDAHO

State File No. 141639
Local Reg. No. 403
Reg. Dist. No. 370

1. PLACE OF DEATH:
(a) County Ada
(b) City or town Boise
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? X Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. St. Alphonsus Stayed 5 Mo. days
(g) Lived in this county years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Ada
(c) City or town Boise
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? Outside? city or town
(f) Citizen of what country? U.S.A
(g) How long had deceased lived in Idaho? years
(h) Former residence (city, state) Kansas

3. (a) FULL NAME SARAH ELIZABETH GRICE

3. (b) If veteran, name war - - - -
3. (c) Social Security No.
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) February 18, 1874

8. AGE	Years	Months	Days	If less than 1 day
	70	9	22	hrs min.

9. Exact Occupation Housewife Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Kansas (City or town) (State or foreign country)
Father
12. Name Unknown
13. Birthplace Unknown (City or town) (State or foreign country)
Mother
14. Maiden name Unknown
15. Birthplace Unknown (City or town) (State or foreign country)
16. Informant's OWN Signature [signature] and Address Boise, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/15/44 (Month) (Day) (Year)
(c) Place: Cloverdale Memorial Park
18. Funeral Director's OWN Signature McBratney Funeral Home [signature] and Address Ninth & State Sts., Boise, Ida.
19. (a) 12-16-44 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) December 10 1944
at 6 o'clock P. M.
21. I HEREBY CERTIFY, That I attended deceased from July 24 1944, to 12/10 1944
I last saw her alive on 12/10/44; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Coronary Thrombosis	94 a
Due to arteriosclerosis	
Due to Fracture R Hip	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation Reconstruction R Hip Date	
Major finding 12/4/44	
Finding of autopsy	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? X Suicide? Homicide?
Occurred 7/18/44 19 City, county, state where violence occurred Boise, Idaho
Place of Violence: Home x Farm Industry
Public Place While at work?
Means of injury Fall
23. Attendant's OWN Signature [signature] (M. D. or other)
and Address Boise Id Date 12/15/44 19
(For additional space, use reverse side)

141640

United States
Department of Commerce
Bureau of the Census JAN 17 1945

Certificate Of Death

STATE OF IDAHO

State File No.
Local Reg. No. 401
Reg. Dist. No. 370

1. **PLACE OF DEATH:**
(a) County Ada
(b) City or town Boise
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Home.... Hospital X Institution.... Other place....
(f) Name Hosp. or Inst. St. Alphonsus Stayed 1 days
(g) Lived in this county ..... years 13 months 24 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Ada
(c) City or town Boise
(d) Street Address or R.F.D. No. 1816 N. 10th St.
(e) Deceased lived Inside? X Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 1 years
(h) Former residence (city, state)

3. (a) **FULL NAME** WILLIAM PAYNE (BABY)

3. (b) If veteran, name war - - - - -
3. (c) Social Security No. - - - - - - -
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) October 17, 1943

8. AGE	Years	Months	Days	If less than 1 day
	1	1	24	hrs min.

9. Exact Occupation - - - - - - - - Did this work for - - - yrs.
10. Industry or Business - - - - - - - - - Date last worked - - - -
11. Birthplace Boise, Idaho (City or town) (State or foreign country)
Father
12. Name Willard G. Payne
13. Birthplace Blackfoot, Idaho (City or town) (State or foreign country)
Mother
14. Maiden name Barbara Buchanan
15. Birthplace Kellogg, Idaho (City or town) (State or foreign country)
16. Informant's OWN Signature Willard G. Payne
and Address 1816 No. 10th Street, Boise, Ida.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/13/44 (Month) (Day) (Year)
(c) Place: Morris Hill Cemetery
18. Funeral Director's OWN Signature McBratney Funeral Home Kenneth Gobby
and Address Ninth & State Sts., Boise, Ida.
19. (a) 12-12-44 (Date received and filed) (b) D. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) December 11 1944
at 9:00 o'clock A. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 9-6- 1944, to 12-11 1944
I last saw him alive on 12-11- 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Acute Gastro-intestinal ileus.	24 hours.
Due to Acute Upper Respiratory Infection	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted? homes	
Name of operation ..... Date	
Major finding None.	
Finding of autopsy	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury
23. Attendant's OWN Signature J. M. Sprague, M.D. (M.D. or other)
and Address Boise, Ida. Date 12-12 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

I 41641

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 402
Local Reg. No. 370
Reg. Dist. No.

JAN 17 1945

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise
   (c) Street Address or R. F. D. No.
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home.... Hospital X Institution.... Other place....
   (f) Name Hosp. or Inst. St. Alphonsus Stayed 1 days
   (g) Lived in this county 22 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Ada
   (c) City or town Boise
   (d) Street Address or R.F.D. No. 1207 Jeff. St
   (e) Deceased lived Inside? X Outside? ..... city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 22 years
   (h) Former residence (city, state) Oregon

3. (a) **FULL NAME** Catherine Agnes Ward

1960

3. (b) If veteran, name war None
3. (c) Social Security No. 518-09-5292
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Frank Ward
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) May 26 1892

8. AGE	Years	Months	Days	If less than 1 day
	52	6	15	hrs ..... min.

9. Exact Occupation Auditor — Did this work for ..... yrs.
10. Industry or Business — Date last worked
11. Birthplace Huntington (City or town) Oregon (State or foreign country)

Father
12. Name John B. Shinners
13. Birthplace Ireland (City or town) (State or foreign country)

Mother
14. Maiden name Frances D. Hannifan
15. Birthplace Freeport Ill: (City or town) (State or foreign country)

16. Informant's **OWN** Signature Maude F. Hartwell
and Address Huntington, Oregon

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/14/44 (Month) (Day) (Year)
(c) Place: St. John's Cemetery

18. Funeral Director's **OWN** Signature Schneider & McCann
and Address Boise Idaho

19. (a) 12-14-44 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 12-11 1944
at 7:30 o'clock A M.

21. **I HEREBY CERTIFY**, That I attended deceased from 12-10-44 19..., to 12-11 1944
I last saw h. alive on 12-10 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebral Hemorrhage	
Due to	
Pt. had cerebral hemorrhage causing	
Due to her to fall.	
Other conditions (Include pregnancy within 3 months of death)	
Fracture L. wrist	

Where was disease contracted?
Name of operation ..... Date .....
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? No Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury

23. Attendant's **OWN** Signature J. Hollingsworth
and Address Boise Idaho (M. D. or other) Date 12-12 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JAN 17 1945

Certificate Of Death

STATE OF IDAHO

State File No. 141642
Local Reg. No. 245
Reg. Dist. No. 371

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? Outside? X city or town
   (e) Died in a Home Hospital X Institution Other place
   (f) Name Hosp. or Inst. Ada Co. Hospt. Stayed 10 yrs.
   (g) Lived in this county 12 years months days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Ada
   (c) City or town Boise
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? Outside? X city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 12 years
   (h) Former residence (city, state) Ohio

3. (a) **FULL NAME** OTTO SIELAFF

83a

3. (b) If veteran, name war - - - -
3. (c) Social Security No. - - - - - - -
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) October 31, 1886

8. AGE	Years	Months	Days	If less than 1 day
	58	1	14	hrs min.

9. Exact Occupation Bookkeeper Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Cleveland, Ohio (City or town) (State or foreign country)
Father
12. Name Adolf Sielaff
13. Birthplace Berlin, Germany (City or town) (State or foreign country)
Mother
14. Maiden name Anna Eckelt
15. Birthplace Germany (City or town) (State or foreign country)
16. Informant's OWN Signature Adolph Sielaff
and Address 1408 No 19th St
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-18-44 (Month) (Day) (Year)
(c) Place: Morris Hill
18. Funeral Director's OWN Signature McBratney Funeral Home Kenneth Libby
and Address Ninth & State Sts., Boise, Ida.
19. (a) 12-18-44 (Date received and filed) (b) R. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) December 15 1944
at 6:00 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from Apr 29 1935, to Dec 15 1935
I last saw ~~him~~ alive on Dec 10 1935; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Apoplexy	years
Due to Hypertension	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature S W Forney MD (M. D. or other)
and Address Boise Date 12/16 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

JAN 17 1945

State File No. 141643
Local Reg. No. 404
Reg. Dist. No.

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise
   (c) Street Address or R. F. D. No.
   (d) Death Occured Inside? X Outside? city or town
   (e) Died in a Home Hospital X Institution Other place
   (f) Name Hosp. or Inst. St. Alphonsus Stayed 7 days
   (g) Lived in this county 14 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Ada
   (c) City or town Boise
   (d) Street Address or R.F.D. No. Soldier Home Lane
   (e) Deceased lived Inside? Outside? X city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 14 years
   (h) Former residence (city, state) Missouri

3. (a) **FULL NAME** HENRY A. LADY

94a

3. (b) If veteran, name war Spanish American
3. (c) Social Security No. 518-18-7708
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) September 6, 1877

8. AGE	Years	Months	Days	If less than 1 day
	67	9	6	hrs min.

9. Exact Occupation Retired Engineer Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Sheridan, Oregon (City or town) (State or foreign country)

Father
12. Name James Lady
13. Birthplace Missouri (City or town) (State or foreign country)

Mother
14. Maiden name Unknown
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's **OWN** Signature Harry Earl Lady
and Address U.S.N.R.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/16/44 (Month) (Day) (Year)
(c) Place: Morris Hill Cemetery

18. Funeral Director's **OWN** Signature McBratney Funeral Home Kenneth Kirby
and Address Ninth & State Sts., Boise, Ida.

19. (a) 12-18-44 (Date received and filed) (b) D. Shaw (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) December 15 19 44
at 9:00 o'clock A. M.

21. **I HEREBY CERTIFY,** That I attended deceased from 12-8 19 44, to 12-15 19 44
I last saw him alive on 12-15 19 44; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: (Duration)
Coronary Occlusion — 5 days
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature (M. D. or other)
and Address Date 19
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JAN 17 1945

Certificate Of Death

STATE OF IDAHO

State File No. 141644
Local Reg. No. 405
Reg. Dist. No. [illegible]

1. **PLACE OF DEATH:**
(a) County Ada
(b) City or town Boise
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? X Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. St. Alph: Stayed days
(g) Lived in this county 51 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Ada
(c) City or town Boise
(d) Street Address or R.F.D. No. 1112 N.7th
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 51 years
(h) Former residence (city, state) Calif:

3. (a) **FULL NAME** Julius Grunbaum

46b

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Grace R.
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Nov. 4th. ~~1869~~ 1871

8. AGE	Years	Months	Days	If less than 1 day
	~~75~~ 73	1	11	hrs min.

9. Exact Occupation Clothing Mercahant Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Czechoslovakia (City or town) (State or foreign country)
Father
12. Name Victor Hugo Grunbaum
13. Birthplace Czechoslovakia (City or town) (State or foreign country)
Mother
14. Maiden name Dont Know
15. Birthplace Dont Know (City or town) (State or foreign country)
16. Informant's **OWN** Signature Grace Grunbaum
and Address 1112 No. 7th.St. Boise Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/18/1944 (Month) (Day) (Year)
(c) Place: Jewish. Morris Hill Cemetery
18. Funeral Director's **OWN** Signature Schreiber & McCann
and Address Boise. Milford Dragoo
19. (a) 12-19-44 (Date received and filed) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 12-15- 1944
at 4:35 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from Sept 1, 1944, to 12-15- 1944
I last saw him alive on 12-15- 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Pulmonary Thrombosis	
Due to Gastric resection	
Due to Carcinoma of Stomach	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation Gastric resection Date 12/6/44	PHYSICIAN Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature Fred A. Freund (M. D. or other)
and Address Boise, Idaho Date 12-16-1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

14164

United States
Department of Commerce
Bureau of the Census JAN 17 1945

Certificate Of Death

STATE OF IDAHO

State File No. 246
Local Reg. No. 37
Reg. Dist. No.

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? Outside? XX city or town
   (e) Died in a Home Hospital X Institution Other place
   (f) Name Hosp. or Inst. Vets. Admn. Stayed 248 days
   (g) Lived in this county 46 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Ada
   (c) City or town Boise
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? Outside? XX city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? all of years
   (h) Former residence (city, state) life

3. (a) **FULL NAME** LILE, Franklin

1062

3. (b) If veteran, name war World
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) January 12, 1886

8. AGE	Years	Months	Days	If less than 1 day
	58	11	5	hrs min.

9. Exact Occupation Did this work for yrs.
10. Industry or Business Date last worked In 1940
11. Birthplace Idaho (City or town) (State or foreign country)

Father
12. Name Lewis LILE
13. Birthplace Kentucky (City or town) (State or foreign country)

Mother
14. Maiden name Elizabeth Harris
15. Birthplace Missouri (City or town) (State or foreign country)

16. Informant's **OWN** Signature Margaret E. Lill
and Address Records, Veterans Admn. Boise, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/21/1945 (Month) (Day) (Year)
(c) Place: Field of Honor, Morris Hill, Boise, Idaho

18. Funeral Director's **OWN** Signature Kenneth Libby
and Address McBratney Funeral Home Boise, Idaho

19. (a) 1-19-45 (Date received and filed) (b) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) December 17 19 44
at 6:30 o'clock P. M.

21. **I HEREBY CERTIFY**, That I attended deceased from April 13, 1943, to December 17 19 44
I last saw him alive on December 17, 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Terminal Pneumonia)	5 days
Bronchial Asthma, Severe)	11 yrs.
Bronchitis, chronic)	11 yrs.
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation Date	
Major finding	
Finding of autopsy No Autopsy	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature ARTHUR W. SCHULZ, Lt. Col., M.C. (M. D. or other)
and Address V.A.F., Boise, Ida. Date Dec. 17 19 44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 141646
Local Reg. No. 406
Reg. Dist. No. 370

JAN 17 1945

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise.
   (c) Street Address or R.F.D. No. 1109. N. 10.
   (d) Death Occured Inside? Yes Outside? ....city or town
   (e) Died in a Home X Hospital.... Institution.... Other place....
   (f) Name Hosp. or Inst.... Stayed....days
   (g) Lived in this county....years 10 months....days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho. (b) County Ada
   (c) City or town Boise,
   (d) Street Address or R.F.D. No. 1109. N. 10.
   (e) Deceased lived Inside? Yes Outside? ....city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 10 Mo. years
   (h) Former residence (city, state) Portland Ore.

3. (a) **FULL NAME** Bertha Lulu Bly. 94a

3. (b) If veteran, name war No.
3. (c) Social Security No. None.
4. Sex Female
5. Color or race White.
6. (a) Single, widowed, married, divorced Married.
6. (b) Name of husband or wife Elmer. A. Bly.
6. (c) Age of husband or wife if alive 83. years
7. Date of Birth (Month, Day, Year) February. 6. 1870.

8. AGE	Years	Months	Days	If less than 1 day
	74.	10.	11.	hrs min.

9. Exact Occupation At Home. Did this work for ....yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Oak Point Washington. (City or town) (State or foreign country)

Father
12. Name Kincaid.
13. Birthplace Maine. (City or town) (State or foreign country)

Mother
14. Maiden name Unknown.
15. Birthplace Unknown. (City or town) (State or foreign country)

16. Informant's **OWN** Signature Floyd R. Perkins
and Address 1109. N. 10 th St Boise, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 20. 1944 (Month) (Day) (Year)
(c) Place: Cloverdale Memorial Park.

18. Funeral Director's **OWN** Signature Clyde E. Summers Funeral Home,
and Address Boise, Idaho.

19. (a) 12-20-44 (Date received and filed) (b) H. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) December. 17. 19 44.
at 6.45. o'clock A M.

21. **I HEREBY CERTIFY**, That I attended deceased from 3/2 19 44, to 12/17 19 44.
I last saw her alive on 12/17 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary occlusion — Duration 9 hours
Due to .....
Due to Arteriosclerosis
Other conditions ..... (Include pregnancy within 3 months of death)
Senility
Where was disease contracted?
Name of operation..... Date.....
Major finding .....
Finding of autopsy .....

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident?.... Suicide?.... Homicide?....
Occurred.... 19.... City, county, state where violence occurred .....
Place of Violence: Home.... Farm.... Industry....
Public Place.... While at work?....
Means of injury .....

23. Attendant's **OWN** Signature [illegible] (M. D. or other)
and Address Boise, Idaho Date 12/18 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census JAN 17 1945

Certificate Of Death

STATE OF IDAHO

State File No. 141647
Local Reg. No. 247
Reg. Dist. No. 371

1. **PLACE OF DEATH:**
(a) County Boise
(b) City or town Garden Valley
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? X Outside? city or town
(e) Died in a Home Hospital Institution Other place X
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 58 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Boise
(c) City or town Garden Valley
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 58 years
(h) Former residence (city, state)

3. (a) **FULL NAME** John D. Penrod

3. (b) If veteran, name war None
3. (c) Social Security No. 518-28-1950
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ethel E.
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Mar 19 1886

8. AGE	Years	Months	Days	If less than 1 day
	58	8	29	hrs min.

9. Exact Occupation Logging Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Horseshoe Bend Idaho (City or town) (State or foreign country)
Father
12. Name Joseph Penrod
13. Birthplace Model Iowa (City or town) (State or foreign country)
Mother
14. Maiden name Mary Agnes Daley
15. Birthplace California (City or town) (State or foreign country)
16. Informant's OWN Signature Harry Penrod
and Address Idaho City Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/22/44 (Month) (Day) (Year)
(c) Place: St. John's Cemetery
18. Funeral Director's OWN Signature Schneiber & McCann
and Address Boise Milford Reagan
19. (a) 12-20-44 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) December 18th 1944
at 3 o'clock p.m. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 19 , to 19
I last saw h alive on 19 ; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Unknown but Natural	
Due to Heart trouble for which he had been doctoring	
Due to for a longtime	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYISCIAN Underline the cause to which death should be charged statistically.
Name of operation Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred December 18 1944 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work? ✓
Means of injury
23. Attendant's OWN Signature Reginald Johnet Nellor
and Address Idaho City Coroner Boise County Date Dec. 18 1944
(For additional space, use reverse side)

141648

United States
Department of Commerce
Bureau of the Census

JAN 17 1945

Certificate Of Death

STATE OF IDAHO

State File No.
Local Reg. No. 250
Reg. Dist. No. 371

1. **PLACE OF DEATH:** Ada
(a) County
(b) City or town Star
(c) Street Address or R.F.D. No. Box 212 Star
(d) Death Occured Inside? Outside? city or town
(e) Died in a Home Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 2 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Star, Idaho
(d) Street Address or R.F.D. No. Box 212
(e) Deceased lived Inside? Outside? city or town
(f) Citizen of what country? U S A
(g) How long had deceased lived in Idaho? 25 years
(h) Former residence (city, state) Nebraska

3. (a) **FULL NAME** Arther Basil Thurman 93C

3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex M
5. Color or race W
6. (a) ~~Single, widowed~~, married, ~~divorced~~ married
6. (b) Name of husband or wife Ethel
6. (c) Age of ~~husband or~~ wife if alive 58 years
7. Date of Birth (Month, Day, Year) Dec 30, 1874

8. AGE	Years	Months	Days	If less than 1 day
	69	11	18	hrs min.

9. Exact Occupation Farmer Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Illinois (City or town) (State or foreign country)
Father 12. Name John W. Thurman
13. Birthplace no record (City or town) (State or foreign country)
Mother 14. Maiden name Martha Dennison
15. Birthplace no record (City or town) (State or foreign country)
16. Informant's **OWN** Signature Ethel A. Thurman
and Address Box 212 Star, Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: Gering Nebraska
18. Funeral Director's **OWN** Signature F. K. Robinson
and Address Nampa Ida
19. (a) 12-23-44 (Date received and filed) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Dec 18 1944
at o'clock M.
21. **I HEREBY CERTIFY,** That I attended deceased from 12-1 1944, to 12-18 1944
I last saw him alive on 12-17 1944, death is said to have occurred on the date and hour stated above.
Immediate Cause of Death: Acute dilatation heart. Duration
Due to Fly pneumonia.
Due to Rheumatic heart
Other conditions Myocarditis
(Include pregnancy within 3 months of death)
Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature H P Belknap MD (M. D. or other)
and Address Nampa Date 12/20 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

H. P. Belknap

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JAN 17 1945

Certificate Of Death

STATE OF IDAHO

State File No. 141640
Local Reg. No. 409
Reg. Dist. No.

1. **PLACE OF DEATH:**
(a) County Ada
(b) City or town Boise
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? ~~Outside~~? city ~~or town~~
(e) Died in a ~~Home~~ Hospital ~~Institution~~ ~~Other place~~
(f) Name Hosp. or Inst. St Lukes Stayed 15 days
(g) Lived in this county years months 15 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Nampa
(d) Street Address ~~or R.F.D.~~ No. 703 - 11 ave So
(e) Deceased lived Inside? ~~Outside~~? city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 28 years
(h) Former residence (city, state) Oregon

3. (a) **FULL NAME** Albert Edward Lindsey

3. (b) If veteran, name war No
3. (c) Social Security No 519-09-6871
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of ~~husband or~~ wife Ethel
6. (c) Age of husband or wife if alive — years
7. Date of Birth (Month, Day, Year) Feb 17 - 1902

8. AGE	Years	Months	Days	If less than 1 day
	42	10	-1	hrs min.

9. Exact Occupation Proprietor of Did this work for 25 yrs.
10. Industry or Business Ford Garage Date last worked 6 Mo
11. Birthplace Oregon (City or town) (State or foreign country)
Father
12. Name A. E. Lindsey
13. Birthplace Kansas (City or town) (State or foreign country)
Mother
14. Maiden name Starrett
15. Birthplace Oregon (City or town) (State or foreign country)
16. Informant's **OWN** Signature Mrs A. E. Lindsey
and Address Nampa Ida
17. (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 12-20-44 (Month) (Day) (Year)
(c) Place: Kohlerlawn - Nampa Ida
18. Funeral Director's **OWN** Signature E. K. Robinson
and Address Nampa Ida
19. (a) 12-23-44 (Date received and filed) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Dec. 18 — 1944
at 4:20 A o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from 10/25 1944, to 12/18 1944
I last saw him alive on 12/17 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Lymphatic Leukemia	4 yrs.
Due to	
Due to	
Other conditions Anemia (Include pregnancy within 3 months of death)	2 weeks

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature [illegible] M.D. (M. D. or other)
and Address Boise, Idaho Date 12/19 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JAN 17 1945

Certificate Of Death

STATE OF IDAHO

State File No. 1416
Local Reg. No. 417
Reg. Dist. No. 2

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? X Outside? city or town
   (e) Died in a Home.... Hospital X Institution.... Other place....
   (f) Name Hosp. or Inst. St. Lukes Stayed days
   (g) Lived in this county 2 years months days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Ada
   (c) City or town Orchard
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? X Outside? city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 2 years
   (h) Former residence (city, state)

3. (a) **FULL NAME** MRS. ELEANOR LEDFORD

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3. (b) If veteran, name war - - - -
3. (c) Social Security No.
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Leon
6. (c) Age of husband or wife if alive 26 years
7. Date of Birth (Month, Day, Year) October 29, 1920

8. AGE	Years	Months	Days	If less than 1 day
	24	1	20	hrs min.

9. Exact Occupation Housewife Did this work for yrs.
10. Industry or Business - - - - - - - - - Date last worked - - - -
11. Birthplace (City or town) (State or foreign country)

Father
12. Name Dee Finch
13. Birthplace Loveland, Colorado (City or town) (State or foreign country)

Mother
14. Maiden name Nell Hadden
15. Birthplace Jockson, New Mexico (City or town) (State or foreign country)

16. Informant's **OWN** Signature Leon T Ledford and Address Orchard, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/23/44 (Month) (Day) (Year)
    (c) Place: Cloverdale Memorial Park
18. Funeral Director's **OWN** Signature McBratney Funeral Home and Address Boise, Idaho
19. (a) 12-27-44 (Date received and filed) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) December 19 1944
about 11:30 o'clock X. M.

21. [illegible] death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: (Duration)
Burns over most of her body caused by fire in her home at Orchard, Ida.

Due to

~~Due to~~
~~Other conditions~~ (Include pregnancy within 3 months of death)

Cause of fire was defective wiring

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy None No Inquest

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Yes. Suicide? Homicide?
Occurred Dec. 19 1944 City, county, state where violence occurred Orchard, Idaho.
Place of Violence: Home Yes Farm Industry
Public Place While at work?
Means of injury Fire in her home

23. Attendant's **OWN** Signature Jos. McBratney Coroner of Ada County (M. D. or other)
and Address Boise Idaho Date 12/27/44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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United States
Department of Commerce
Bureau of the Census JAN 17 1945

Certificate Of Death

STATE OF IDAHO

State File No. 14166 1
Local Reg. No. 408
Reg. Dist. No.

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise
   (c) Street Address or R.F.D. No. 1801 N. 31st.
   (d) Death Occured Inside? ... Outside? X city or town
   (e) Died in a Home X Hospital ... Institution ... Other place ...
   (f) Name Hosp. or Inst. ... Stayed ... days
   (g) Lived in this county 19 years ... months ... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Ada
   (c) City or town Boise
   (d) Street Address or R.F.D. No. 1801 N. 31st.
   (e) Deceased lived Inside? ... Outside? X city or town
   (f) Citizen of what country? U.S.
   (g) How long had deceased lived in Idaho? 19 years
   (h) Former residence (city, state) Creston, Iowa

3. (a) **FULL NAME** Mary Carls 131a

3. (b) If veteran, name war ...
3. (c) Social Security No. ...
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife W.D.Carls
6. (c) Age of husband or wife if alive 67 years
7. Date of Birth (Month, Day, Year) Jan. 26, 1877

8. AGE	Years	Months	Days	If less than 1 day
	67	10	23	hrs ... min.

9. Exact Occupation House wife — Did this work for Life yrs.
10. Industry or Business Own Home — Date last worked 1942
11. Birthplace Creston, Iowa (City or town) (State or foreign country)

Father
12. Name Frank Morgan
13. Birthplace Iowa (City or town) (State or foreign country)

Mother
14. Maiden name Not Known
15. Birthplace Iowa (City or town) (State or foreign country)

16. Informant's **OWN** Signature W D Carls
and Address 1801 N. 31st., Boise, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec.21,1944 (Month) (Day) (Year)
(c) Place: Cloverdale
18. Funeral Director's **OWN** Signature Thomas Webb
and Address Boise, Idaho
19. (a) 12-21-44 (Date received and filed) (b) T. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Dec. 19 1944
at 1:30 o'clock A M.
21. **I HEREBY CERTIFY**, That I attended deceased from Nov 10 1943 to Dec 19 1944
I last saw her alive on Dec 19 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebral Hemorrhage	Immediate
Due to Nephritis + High Blood pressure	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation ... Date ...	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ... Suicide? ... Homicide? ...
Occurred ... 19 ... City, county, state where violence occurred ...
Place of Violence: Home ... Farm ... Industry ...
Public Place ... While at work? ...
Means of injury ...
23. Attendant's **OWN** Signature L W Anderson MD (M. D. or other)
and Address Boise Idaho Date Dec 20 44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JAN 17 1945

Certificate Of Death

STATE OF IDAHO

State File No. 141652
Local Reg. No. 252
Reg. Dist. No. 371

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Orchard
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home X Hospital ..... Institution ..... Other place .....
   (f) Name Hosp. or Inst. ..... Stayed ..... days
   (g) Lived in this county ..... years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Ada
   (c) City or town Orchard
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? X Outside? ..... city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? ..... years
   (h) Former residence (city, state)

3. (a) **FULL NAME** EVERETT LEDFORD

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3. (b) If veteran, name war - - - - -
3. (c) Social Security No. - - - - - - - -
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife ——
6. (c) Age of husband or wife if alive —— years
7. Date of Birth (Month, Day, Year) July 13, 1942

8. AGE	Years	Months	Days	If less than 1 day
	2	5	6	—— hrs min.

9. Exact Occupation - - - - - - - - - - Did this work for - - - yrs.
10. Industry or Business - - - - - - - - - Date last worked - - - -
11. Birthplace Nucle, Colorado (City or town) (State or foreign country)

Father
12. Name Leon Ledford
13. Birthplace Aitec, New Mexico (City or town) (State or foreign country)

Mother
14. Maiden name Eleanor Dee Finch
15. Birthplace Red Mesa, Colorado (City or town) (State or foreign country)

16. Informant's **OWN** Signature Leon L Ledford
and Address Orchard, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/23/44 (Month) (Day) (Year)
(c) Place: Cliverdale Memorial Park
18. Funeral Director's **OWN** Signature McBratney Funeral Home Kenneth D. Libby
and Address Boise, Idaho
19. (a) 12-27-44 (Date received and filed) (b) R. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) December 19 1944
about 1:20 o'clock A.M.
21. ~~[illegible]~~ death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration
Burned to death in his home at Orchard, Idaho
Due to Cause of fire was
Other conditions defective electric wiring
~~(Include pregnancy within 3 months of death)~~
Where was disease contracted? ——
Name of operation —— Date ——
Major finding ——
Finding of autopsy None
No Inquest

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ✓ Suicide? —— Homicide? ——
Occurred Dec 19 — 1944 City, county, state where violence occurred Orchard, Idaho
Place of Violence: Home ✓ Farm —— Industry ——
Public Place —— While at work? ——
Means of injury Fire in his home
23. Attendant's **OWN** Signature W McBratney (M. D. or other)
and Address Coroner of Ada County Date 12/26/44
(For additional space use reverse side)
Boise Idaho

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

JAN 17 1945

State File No. 141653
Local Reg. No. 253
Reg. Dist. No. 371

1. PLACE OF DEATH:
(a) County Ada
(b) City or town Orchard
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Home X Hospital ..... Institution ..... Other place ....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county ..... years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Ada
(c) City or town Orchard
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? X Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? ..... years
(h) Former residence (city, state)

3. (a) **FULL NAME** MARSHALL LEDFORD

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3. (b) If veteran, name war - - - -
3. (c) Social Security No. - - - - - -
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) September 15, 1943

8. AGE	Years	Months	Days	If less than 1 day
	1	3	4	hrs min.

9. Exact Occupation - - - - - - - - - Did this work for - - - yrs.
10. Industry or Business - - - - - - - - Date last worked - - -
11. Birthplace Boise, Idaho (City or town) (State or foreign country)
Father
12. Name Leon Ledford
13. Birthplace Aitec, New Mexico (City or town) (State or foreign country)
Mother
14. Maiden name Eleanor Dee Finch
15. Birthplace Red Mesa, Colorado (City or town) (State or foreign country)
16. Informant's **OWN** Signature Leon L Ledford
and Address Orchard, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/23/44 (Month) (Day) (Year)
(c) Place: Cloverdale Memorial Park McBratney Funeral Home
18. Funeral Director's **OWN** Signature Kenneth D. Libby
and Address Boise, Idaho
19. (a) 12-27-44 (Date received and filed) (b) R Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) December 19 1944
about 1:20 o'clock A. M.
21. ~~[illegible]~~; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Burned to death in his home at Orchard, Idaho.
Due to
~~Due to~~ Cause of fire was defective
Other conditions electric wiring
~~(Include pregnancy within 3 months of death)~~
Where was disease contracted? —
Name of operation — Date —
Major finding —
Finding of autopsy None
No Inquest

Duration

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ✓ Suicide? — Homicide? —
Occurred Dec 19 — 1944 City, county, state where violence occurred Orchard, Idaho
Place of Violence: Home ✓ Farm — Industry —
Public Place — While at work? —
Means of injury Fire in his home
23. Attendant's **OWN** Signature W McBratney
Coroner of Ada Co. (M. D. or other)
and Address Boise, Idaho Date 12/26/44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JAN 17 1945

Certificate Of Death

STATE OF IDAHO

State File No. 141654
Local Reg. No. 249
Reg. Dist. No. 371

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? Outside? XX city or town
   (e) Died in a Home Hospital X Institution Other place
   (f) Name Hosp. or Inst. Vets. Admn. Stayed 1 days
   (g) Lived in this county years months days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Canyon
   (c) City or town Nampa
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? Outside? city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 25 years
   (h) Former residence (city, state)

3. (a) **FULL NAME** CHRISTOPHER, George C.

131a

3. (b) If veteran, name war PT
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) March 15, 1864

8. AGE	Years	Months	Days	If less than 1 day
	80	9	4	hrs min.

9. Exact Occupation Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Germany (City or town) (State or foreign country)

Father
12. Name Henry CHRISTOPHER
13. Birthplace Germany (City or town) (State or foreign country)

Mother
14. Maiden name Wilhelmina GARBS
15. Birthplace Germany (City or town) (State or foreign country)

16. Informant's **OWN** Signature M. E. Gull Records, Veterans Administration
and Address Boise, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/22/44 (Month) (Day) (Year)
(c) Place: Morris Hill Cemetery, Boise, Ida.
18. Funeral Director's **OWN** Signature Kenneth Libby McBratney Funeral Home
and Address Boise, Idaho
19. (a) 12-22-44 (Date received and filed) (b) N. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) December 19, 1944
at 2:50 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from December 18, 1944, to December 19, 1944
I last saw him alive on December 19, 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Thrombosis, cerebral, medullary	3 days
Arteriosclerosis, cerebral	Unknown
~~Due to~~	
Due to	
Other conditions Arteriosclerosis, Gen. (Include pregnancy within 3 months of death)	Unknown
Nephritis, chronic	"

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy No autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide? 44
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature ARTHUR W. SCHULZ, Lt. Col., M.C. (M. D. or other)
and Address V.A.F., Boise, Ida. Date Dec. 20 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JAN 17 1945

Certificate Of Death

STATE OF IDAHO

State File No. 141658
Local Reg. No. 248
Reg. Dist. No. 371

1. PLACE OF DEATH:

(a) County Ada
(b) City or town Boise
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? Outside? XX city or town
(e) Died in a Home Hospital Institution Other place
(f) Name Hosp. or Inst. Vets.Admn. Stayed 34 days
(g) Lived in this county years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

(a) State Oregon (b) County
(c) City or town Baker
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? Outside? city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? years
(h) Former residence (city, state)

3. (a) **FULL NAME** ROMINE, Earl D.

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3. (b) If veteran, name war World
3. (c) Social Security No. 543-26-2484
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) May 5, 1896

8. AGE	Years	Months	Days	If less than 1 day
	48	7	15	hrs min.

9. Exact Occupation Taxi Cab Driver — Did this work for yrs.
10. Industry or Business — Date last worked Unknown
11. Birthplace Montana (City or town) (State or foreign country)

Mother Father
12. Name Noah ROMINE
13. Birthplace Indiana (City or town) (State or foreign country)
14. Maiden name Martha WHITE
15. Birthplace Indiana (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mrs Records, Veterans Admn.
and Address Boise, Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 12/21/44 (Month) (Day) (Year)
(c) Place: Baker, Oregon
18. Funeral Director's **OWN** Signature McBratney Funeral Home
and Address Boise, Idaho
19. (a) 12-22-44 (Date received and filed) (b) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH
(Month, Day, Year) December 20, 1944
at 4:15 o'clock P.M.

21. I HEREBY CERTIFY, That I attended deceased from November 16, 1944, to December 20, 1944
I last saw him alive on 20th of Dec 19 44; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebral Hemorrhage	1 Day
Due to Hypertensive Heart Disease with Cardiac Failure	1 Mo.
Due to	
Other conditions Diabetes Mellitus	2 Yrs.
(Include pregnancy within 3 months of death) Dry Gangrene, both legs	10 Days
Nephritis, chronic	1 Yr.
Where was disease contracted?	
Name of operation Date	
Major finding	
Finding of autopsy No autopsy	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature ARTHUR W. SCHULZ, Lt.Col.M.C.
(M. D. or other)
and Address VAF., Boise, Ida. Date Dec. 20 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JAN 17 1945

Certificate Of Death

STATE OF IDAHO

State File No. 141658
Local Reg. No. 251
Reg. Dist. No. 37

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise,
   (c) Street Address or R.F.D. No. R.D. # 2.
   (d) Death Occured Inside? ..... Outside? Yes city or town
   (e) Died in a Home X Hospital .... Institution .... Other place ....
   (f) Name Hosp. or Inst. ..... Stayed ..... days
   (g) Lived in this county 12 years ..... months ..... days

   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho. (b) County Ada
   (c) City or town Boise,
   (d) Street Address or R.F.D. No. R.D. # 2.
   (e) Deceased lived Inside? ..... Outside? Yes city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 12. years
   (h) Former residence (city, state) Washington.

3. (a) **FULL NAME** James Martin Clever. 51b.

3. (b) If veteran, name war No.
3. (c) Social Security No. None.
4. Sex Male. 5. Color or race White. 6. (a) Single, widowed, married, divorced Married.
6. (b) Name of husband or wife Ida E. Clever. 6. (c) Age of husband or wife if alive 65. years
7. Date of Birth (Month, Day, Year) March. 20. 1874,

8. AGE	Years	Months	Days	If less than 1 day
	70.	9.	1.	hrs min.

9. Exact Occupation Farmer. Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Albia Iowa. (City or town) (State or foreign country)

Father
12. Name Andrew J. Clever.
13. Birthplace Penn. (City or town) (State or foreign country)

Mother
14. Maiden name Sarah Selina Elder.
15. Birthplace Iowa. (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mrs. Vesta C. Rathbun
and Address R.D. # 2. Boise, Idaho.

17. (a) Removal. (Burial, cremation, or removal) (b) Date thereof Dec. 23. 1944. (Month) (Day) (Year)
(c) Place: Walla Walla, Washington.

18. Funeral Director **OWN** Signature Summers Funeral Home. Clyde E. Summers
and Address Boise, Idaho.

19. (a) 12-26-44 (Date received and filed) (b) D. Clark (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) December. 21. 19.44.
at 5 o'clock A M.

21. **I HEREBY CERTIFY,** That I attended deceased from June 22 19 44, to Dec 21 19 44
I last saw h/m alive on Dec 20 19 44; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Pulmonary Edema	3 da.
Due to Terminal Pneumonia	1 wks.
Due to	
Other conditions Cancer Prostate	1 yr.
(Include pregnancy within 3 months of death) Hypertension	2 yrs.

Where was disease contracted? .....
Name of operation None Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature L.C. Jewell M.D. (M. D. or other)
and Address Meridian Date Dec 21 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Hollingsworth

United States
Department of Commerce
Bureau of the Census

JAN 17 1945

Certificate Of Death

STATE OF IDAHO

State File No. 141657
Local Reg. No. 410
Reg. Dist. No. 370

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? X Outside? city or town
   (e) Died in a Home Hospital X Institution Other place
   (f) Name Hosp. or Inst. St. Alphonsus Used 1 days
   (g) Lived in this county years months 1 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Ada
   (c) City or town Boise
   (d) Street Address or R.F.D. No. 316 Myrtle
   (e) Deceased lived Inside? X Outside? city or town
   (f) Citizen of what country? U. S. A.
   (g) How long had deceased lived in Idaho? years
   (h) Former residence (city, state)

3. (a) **FULL NAME** Baby Beauchamp

157m

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) December 21, 1944

8. AGE	Years	Months	Days	If less than 1 day
				hrs 43 min.

9. Exact Occupation None Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Boise, Idaho (City or town) (State or foreign country)

Father
12. Name Walter Beauchamp
13. Birthplace Noblesville, Indiana (City or town) (State or foreign country)

Mother
14. Maiden name Anna R. Clark
15. Birthplace Lebon, Indiana (City or town) (State or foreign country)

16. Informant's **OWN** Signature X Walter L. Beauchamp
and Address Gowen Field Boise, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/22/44 (Month) (Day) (Year)
(c) Place: Morris Hill cemetery
18. Funeral Director's **OWN** Signature Schreiber & McCann
and Address Boise Milford Dragon
19. (a) 12-23-44 (Date received and filed) (b) N. Shaw (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 12-21 1944
at 6:45 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from 12-21 1944, to 12-21 1944
I last saw her alive on 12-21 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death	Duration
Prematurity	
Monstrosity	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYISCIAN Underline the cause to which death should be charged statistically.
Name of operation Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature L Hollingsworth (M. D. or other)
and Address Boise Id. Date 12-22 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JAN 17 1945

Certificate Of Death

STATE OF IDAHO

State File No. 141658
Local Reg. No. 254
Reg. Dist. No. 371

1. PLACE OF DEATH:
(a) County Ada
(b) City or town Boise
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? Outside? X city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. Ada County Stayed 5 Yrs.
(g) Lived in this county 10 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Ada
(c) City or town Boise
(d) Street Address or R.F.D. No. 1914 Owyhee
(e) Deceased lived Inside? Outside? city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 12 years
(h) Former residence (city, state) Calif.

3. (a) FULL NAME GEORGE MOCKWITZ

162b

3. (b) If veteran, name war - - - - -
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) December 17, 1847

8. AGE	Years	Months	Days	If less than 1 day
	97	0	5	hrs min.

9. Exact Occupation Retired Realtor Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace San Francisco, California (City or town) (State or foreign country)
Father
12. Name Unknown
13. Birthplace Denmark (City or town) (State or foreign country)
Mother
14. Maiden name Unknown
15. Birthplace Denmark (City or town) (State or foreign country)
16. Informant's OWN Signature Wm Mockwitz
and Address 1914 Owyhee
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/27/44 (Month) (Day) (Year)
(c) Place: Morris Hill Cemetery
18. Funeral Director's OWN Signature McBratney Funeral Home Kenneth Libby
and Address Boise, Idaho
19. (a) 12-27-44 (Date received and filed) (b) B. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) December 22 1944
at 2 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from Jan 1940, to Dec 22 1944
I last saw him alive on Dec 22 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Senility	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature S W Forney MD (M. D. or other)
and Address Boise Date 12/27 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JAN 17 1945

Certificate Of Death

STATE OF IDAHO

State File No. 14165
Local Reg. No. 255
Reg. Dist. No. 371

1. **PLACE OF DEATH:**
(a) County Ada
(b) City or town Kuna
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? ✓ Outside? city or town
(e) Died in a Home ✓ Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 36 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Ada
(c) City or town ~~Ada~~ Kuna
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? ✓ Outside? city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? 36 years
(h) Former residence (city, state)

3. (a) **FULL NAME** Sarah Belle Neglay 92d

3. (b) If veteran, name war ✓
3. (c) Social Security No. —
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Jos. W.H.
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) October, 1, 1859.

8. AGE	Years	Months	Days	If less than 1 day
	85	2	21	hrs min.

9. Exact Occupation Housewife Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Six Mile Run (City or town) Pennsylvania (State or foreign country)
Father
12. Name David Young
13. Birthplace Bedford Co. (City or town) Pa. (State or foreign country)
Mother
14. Maiden name Hannah Evans
15. Birthplace Six Mile Run (City or town) Pa (State or foreign country)
16. Informant's **OWN** Signature D. S. Neglay
and Address Kuna Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-26-44 (Month) (Day) (Year)
(c) Place: Kuna
18. Funeral Director's **OWN** Signature Kenneth W. Johnston
and Address Meridian Idaho
19. (a) 12-30-44 (Date received and filed) (b) D. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Dec 22 1944
at o'clock M.
21. **I HEREBY CERTIFY,** That I attended deceased from Jan 6 1935, to Dec 22 1944
I last saw her alive on Dec 22 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Pulmonary edema	3 da
Due to	
✓ Cardiac insufficiency	6 mo
Due to Valvular Heart disease	7 years
Other conditions (Include pregnancy within 3 months of death)	
Hypertension	7

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature L. E. Jewell (M. D. or other)
and Address Meridian Ida Date Dec 23 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 141669
Local Reg. No. 412
Reg. Dist. No. 3-0

JAN 17 1945

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise.
   (c) Street Address or R. F. D. No. X
   (d) Death Occured Inside? Yes Outside? ..... city or town
   (e) Died in a Home.... Hospital X Institution.... Other place....
   (f) Name Hosp. or Inst. St Lukes. Stayed 1. days
   (g) Lived in this county 30 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho. (b) County Ada
   (c) City or town Boise,
   (d) Street Address or R.F.D. No. R.D. # 1.
   (e) Deceased lived Inside? ..... Outside? Yes city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 30 years
   (h) Former residence (city, state) Colorado.

3. (a) **FULL NAME** Ralph James Thomas. 1096

3. (b) If veteran, name war No.
3. (c) Social Security No. 518-12-0232
4. Sex Male. 5. Color or race White. 6. (a) Single, widowed, married, divorced Married.
6. (b) Name of husband or wife Linda Adelia, 6. (c) Age of husband or wife if alive 30. years
7. Date of Birth (Month, Day, Year) January. 31. 1904.

8. AGE	Years	Months	Days	If less than 1 day
	40.	10.	21.	hrs min.

9. Exact Occupation Welder. Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Ward Colorado. (City or town) (State or foreign country)

Father
12. Name James. A. Thomas.
13. Birthplace Iowa. (City or town) (State or foreign country)

Mother
14. Maiden name Nellie Jane Ferrel.
15. Birthplace New Mexico. (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mrs Linda Adelia Thomas
and Address R.D. # 1. Boise, Idaho.

17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof Dec. 26. 1944 (Month) (Day) (Year)
(c) Place: Cloverdale Memorial Park.

18. Funeral Director's **OWN** Signature Summers Funeral Home. Clyde E. Plummers.
and Address Boise, Idaho.

19. (a) 12-26-44 (Date received and filed) (b) W Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 12/22 1944
at 10:25 o'clock A M.

21. **I HEREBY CERTIFY**, That I attended deceased from 12/8 1944, to 12/22 1944
I last saw h..... alive on ..... 19....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Pneumonia Duration
Due to Infection
Due to .....
Other conditions inhaling fumes at work
(Include pregnancy within 3 months of death)
Where was disease contracted? at work

PHYSICIAN Underline the cause to which death should be charged statistically.

Name of operation ..... Date .....
Major finding .....
Finding of autopsy none

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state .....
Where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature A. H. Coates (M. D. or other)
and Address Boise Date ..... 19....
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JAN 17 1945

Certificate Of Death

STATE OF IDAHO

State File No. 14166
Local Reg. No. 413
Reg. Dist. No.

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? X Outside? city or town
   (e) Died in a Home Hospital X Institution Other place
   (f) Name Hosp. or Inst St. Alphonsus Stayed 6 days
   (g) Lived in this county 34 years months days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Ada
   (c) City or town Boise
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? X Outside? city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 34 years
   (h) Former residence (city, state) Illinois

3. (a) **FULL NAME** MRS. ROSA SPENCER

3. (b) If veteran, name war - - - -
3. (c) Social Security No. - - - - - -
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) September , 1865

8. AGE	Years	Months	Days	If less than 1 day
	79	3		hrs min.

9. Exact Occupation Housewife Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Cumberland County, Illinois (City or town) (State or foreign country)

Father
12. Name Unknown
13. Birthplace Unknown (City or town) (State or foreign country)

Mother
14. Maiden name Newlin
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's **OWN** Signature Edmer Spencer
and Address 2504 Madison, Boise, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/26/44 (Month) (Day) (Year)
(c) Place: Cloverdale Memorial Park
18. Funeral Director's **OWN** Signature Kenneth Libby
and Address McBratney Funeral Home Boise, Idaho
19. (a) 12-26-44 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) December 22 1944
at 11:35 o'clock A. M.
21. **I HEREBY CERTIFY**, That I attended deceased from 12-X 19XX, to 12-22 19XX
I last saw her alive on 12-22 19XX; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Coronary occlusion	18 days
Due to Endocarditis	years
Due to Thyrotoxicosis	years
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy No

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature L. O. Hamilton (M. D. or other)
and Address Boise, Idaho Date 12-26 19XX
(For additional space, use reverse side)

Hamilton

141662

United States
Department of Commerce
Bureau of the Census

JAN 17 1945

Certificate Of Death

STATE OF IDAHO

State File No.
Local Reg. No. 414
Reg. Dist. No. 370

1. PLACE OF DEATH:
(a) County Ada
(b) City or town Boise.
(c) Street Address or R.F.D. No. 1302. N. 19.
(d) Death Occured Inside? Yes Outside? ..... city or town
(e) Died in a Home X Hospital.... Institution.... Other place....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 7 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho. (b) County Ada
(c) City or town Boise.
(d) Street Address or R.F.D. No. 1302. N. 19.
(e) Deceased lived Inside? Yes Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 63 years
(h) Former residence (city, state) Missouri.

3. (a) **FULL NAME** Margaret Elizabeth Worthington.

3. (b) If veteran, name war No.
3. (c) Social Security No. None.
4. Sex Female 5. Color or race White.
6. (a) Single, widowed, married, divorced Widow.
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) March. 5. 1860.

8. AGE	Years	Months	Days	If less than 1 day
	84.	9.	18.	hrs min.

9. Exact Occupation At Home. Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Missouri. (City or town). (State or foreign country)
Father 12. Name Joseph Frances Ayres.
13. Birthplace Tenn. (City or town) (State or foreign country)
Mother 14. Maiden name Sarah Elizabeth Alvison.
15. Birthplace Tenn. (City or town) (State or foreign country)
16. Informant's **OWN** Signature Marion H. Ayres
and Address Star Idaho
17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof Dec. 26. 1944. (Month) (Day) (Year)
(c) Place: Star, Idaho.
18. Funeral Director's **OWN** Signature Summers Funeral Home, Clyde E. Summers
and Address Boise, Idaho.
19. (a) 12-26-44 (Date received and filed) (b) W. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) December. 23. 1944.
at 12.45. o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from 11-20 1944, to 12-23 1944
I last saw her alive on 12-23 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebral Hemorrhage	34 days
Due to Hemorrhage in left fissure of Rolando	34 days
Due to 84 yrs old -	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ..... Date .....
Major finding .....
Finding of autopsy None done

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state
Where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature L. O. P. Hamilton (M. D. or other)
and Address Boise Ida Date 12-26 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 141663
Local Reg. No. 256
Reg. Dist. No. 371

JAN 17 1945

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise
   (c) Street Address or R. F. D. No. 2
   (d) Death Occured Inside? ..... Outside? ✓ city or town
   (e) Died in a Home.... Hospital ✓ Institution.... Other place....
   (f) Name Hosp. or Inst. Ada County Stayed —— days
   (g) Lived in this county 32 years ..... months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Ada
   (c) City or town Boise
   (d) Street Address or R.F.D. No. .....
   (e) Deceased lived Inside? ..... Outside? ✓ city or town
   (f) Citizen of what country? US
   (g) How long had deceased lived in Idaho? 32 years
   (h) Former residence (city, state) .....

3. (a) **FULL NAME** James Washington Ellis 93e

3. (b) If veteran, name war ✓
3. (c) Social Security No. —
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Martha
6. (c) Age of husband or wife if alive —— years
7. Date of Birth (Month, Day, Year) Nov 14 1859

8. AGE	Years	Months	Days	If less than 1 day
	85	1	10	hrs ..... min.

9. Exact Occupation Retired laborer Did this work for ..... yrs.
10. Industry or Business — Date last worked 1938
11. Birthplace Lima (City or town) Illinois (State or foreign country)
Father
12. Name William Ellis
13. Birthplace Unknown (City or town) (State or foreign country)
Mother
14. Maiden name Maria Gater
15. Birthplace Unknown (City or town) (State or foreign country)
16. Informant's **OWN** Signature Frances Scott
and Address Kuna Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-27-44 (Month) (Day) (Year)
(c) Place: Kuna
18. Funeral Director's **OWN** Signature Kenneth M. Johnston
and Address Meridian Idaho
19. (a) 12-30-44 (Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Dec. 24 1944
at 2 o'clock P M.
21. **I HEREBY CERTIFY**, That I attended deceased from Dec 1941 to Dec 24 1944
I last saw him alive on Dec 23 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
(a) Senility	
Due to (b) Myocarditis	
Due to (c)	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation ..... Date	
Major finding	
Finding of autopsy	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature J. W. Janney M.D. (M. D. or other)
and Address Boise Date 1/2 1945
(For additional space, use reverse side)

141664

United States
Department of Commerce
Bureau of the Census

JAN 17 1945

Certificate Of Death

STATE OF IDAHO

State File No. ...
Local Reg. No. 418
Reg. Dist. No. ...

1. PLACE OF DEATH:
(a) County Ada
(b) City or town Boise
(c) Street Address or R.F.D. No. 1014½ Main St.
(d) Death Occured Inside? X Outside? ... city or town
(e) Died in a Home ... Hospital ... Institution ... Other place X
(f) Name Hosp. or Inst. Stag Rooms Stayed ... days
(g) Lived in this county 20 years ... months ... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Ada
(c) City or town Boise
(d) Street Address or R.F.D. No. 1014½ Main St.
(e) Deceased lived Inside? X Outside? ... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 20 years
(h) Former residence (city, state) Wisconsin

3. (a) FULL NAME WILLIS E. DUTTON

95c

3. (b) If veteran, name war - - - -
3. (c) Social Security No. ...
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife ...
6. (c) Age of husband or wife if alive ... years
7. Date of Birth (Month, Day, Year) August 10, 1866

8. AGE	Years	Months	Days	If less than 1 day
	78	4	15	hrs min.

9. Exact Occupation Retired Farmer Did this work for ... yrs.
10. Industry or Business ... Date last worked ...
11. Birthplace Madison, Wisconsin (City or town) (State or foreign country)
Father
12. Name Nelson E. Dutton
13. Birthplace Unknown (City or town) (State or foreign country)
Mother
14. Maiden name Sarah Brooks
15. Birthplace Unknown (City or town) (State or foreign country)
16. Informant's OWN Signature Mrs Alice Shelton
and Address Parma, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/28/44 (Month) (Day) (Year)
(c) Place: Morris Hill Cemetery
18. Funeral Director's OWN Signature McBratney Funeral Home Kenneth Libby
and Address Boise, Idaho
19. (a) 12-27-44 (Date received and filed) (b) R. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) December 24 or 25 1944
at — o'clock — M.
21. **I HEREBY CERTIFY,** That ~~[illegible]~~ death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration
Found dead in Bed about 10:30 A.M. Dec. 25-1944
Due to
Last seen alive Dec 24-1944
~~Due to~~ Probably acute heart
~~Other conditions~~ attack
(Include pregnancy within 3 months of death)
Nothing of a criminal nature found
Where was disease contracted? —
Name of operation — Date —
Major finding —
Finding of autopsy None
No Inquest.

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ... Suicide? ... Homicide? ...
Occurred ... 19... City, county, state where violence occurred ...
Place of Violence: Home ... Farm ... Industry ...
Public Place ... While at work? ...
Means of injury ...
23. Attendant's OWN Signature W. McBratney (M. D. or other)
Coroner of Ada County Boise Idaho
and Address ... Date 12/26/44 19...
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

141665

United States
Department of Commerce
Bureau of the Census JAN 17 1945

Certificate Of Death

STATE OF IDAHO

State File No. 141665
Local Reg. No. 416
Reg. Dist. No.

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise.
   (c) Street Address or R. F. D. No. X
   (d) Death Occured Inside? Yes Outside? ....city or town
   (e) Died in a Home.... Hospital. X Institution.... Other place....
   (f) Name Hosp. or Inst. St. Lukes. Stayed 3 Days.
   (g) Lived in this county.....years .....months 3 Days.
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho. (b) County Elmore.
   (c) City or town Mountain Home.
   (d) Street Address or R.F.D. No. General Deliver
   (e) Deceased lived Inside? Yes Outside? ....city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 2 Mo. years
   (h) Former residence (city, state) X

3. (a) **FULL NAME** Daniel Lee Mitchell. 107

3. (b) If veteran, name war No.
3. (c) Social Security No. None.
4. Sex Male. 5. Color or race White. 6. (a) Single, widowed, married, divorced Single.
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) October. 20. 1944.

8. AGE	Years	Months	Days	If less than 1 day
		2.	6.	hrs min.

9. Exact Occupation None. Did this work for ....yrs.
10. Industry or Business Date last worked
11. Birthplace Boise, Idaho. (City or town) (State or foreign country)

Father
12. Name Lyle Grant Mitchell.
13. Birthplace Henning, Illinois. (City or town) (State or foreign country)

Mother
14. Maiden name Mary Jane Johnson.
15. Birthplace Hoopeston, Ill. (City or town) (State or foreign country)

16. Informant's **OWN** Signature Lyle G Mitchell
and Address Gen. Del. Mt. Home, Idaho

17. (a) Removal. (Burial, cremation, or removal) (b) Date thereof Dec. 27. 1944. (Month) (Day) (Year)
(c) Place: Hoopeston, Illinois.

18. Funeral Director's **OWN** Signature Clyde E. Summers
and Address Boise, Idaho.

19. (a) 12-27-44 (Date received and filed) (b) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Dec 26 1944
at 7 30 o'clock A M.

21. **I HEREBY CERTIFY**, That I attended deceased from Dec 26 1944, to ....19....
I last saw h..... alive on ....19....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Bronchial Pneumonia — Duration 2 days

Due to .....

Due to .....

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?
Name of operation ..... Date .....
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred ....19.... City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature H A Koelsch MD (M. D. or other)
and Address Boise Date 12/26 1944

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 14166
Local Reg. No. 258
Reg. Dist. No. 371

JAN 17 1945

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise
   (c) Street Address or R.F.D. No. Alamosa Lane
   (d) Death Occured Inside?..... Outside?.....city or town
   (e) Died in a Home X Hospital.... Institution.... Other place....
   (f) Name Hosp. or Inst..... Stayed.....days
   (g) Lived in this county 32 years .....months .....days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Ada
   (c) City or town Boise
   (d) Street Address or R.F.D. No. Almosa Lane
   (e) Deceased lived Inside?.....Outside?.....city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 37 years
   (h) Former residence (city, state) Illinois

3. (a) **FULL NAME** LUCRETIA T. HENDERSON

83a

3. (b) If veteran, name war - - -
3. (c) Social Security No. - - - - - - - - -
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Charles A.
6. (c) Age of husband or wife if alive 71 years
7. Date of Birth (Month, Day, Year) June 12, 1881

8. AGE	Years	Months	Days	If less than 1 day
	63	6	15	hrs min.

9. Exact Occupation Housewife — Did this work for .....yrs.
10. Industry or Business — Date last worked
11. Birthplace Rankin, Illinois (City or town) (State or foreign country)

Father
12. Name James T. Lorrence
13. Birthplace Unknown (City or town) (State or foreign country)

Mother
14. Maiden name Sarah Belle Leslie
15. Birthplace Ohio (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mrs. Ruth Clark
and Address 417 Ohio Ave. Richmond Calif.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/30/44 (Month) (Day) (Year)
(c) Place: Cloverdale Memorial Park

18. Funeral Director's **OWN** Signature McBratney Funeral Home Kenneth Libby
and Address 419 North 9th St., Boise, Ida.

19. (a) 12-30-44 (Date received and filed) (b) L. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) December 27 19 44
at 8:00 o'clock P. M.

21. **I HEREBY CERTIFY**, That I attended deceased from Dec 1 1943, to Dec 27 1944
I last saw her alive on Dec 25 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cerebral Hemorrhage — Duration 3 da.
Due to Hypertension — 10 yrs.
Due to .....
Other conditions (Include pregnancy within 3 months of death)
Where was disease contracted? Ada Co.
Name of operation None Date .....
Major finding .....
Finding of autopsy None

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident?..... Suicide?..... Homicide?.....
Occurred..... 19..... City, county, state where violence occurred .....
Place of Violence: Home.....Farm.....Industry.....
Public Place..... While at work?.....
Means of injury .....

23. Attendant's **OWN** Signature J. M. Brayton M.D. (M. D. or other)
and Address Boise Idaho Date Dec 29 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

14169

United States
Department of Commerce
Bureau of the Census

JAN 17 1945

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 14169
Local Reg. No. 259
Reg. Dist. No. 371

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town 9 miles NW of Gowen Fld, Ida
   (c) Street Address or R. F. D. No. --
   (d) Death Occurred Inside? ---- Outside? x city or town
   (e) Died in a Home -- Hospital -- Institution -- Other place x
   (f) Name Hosp. or Inst. -- Stayed -- days
   (g) Lived in this county ---- years 1 months 8 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Ohio (b) County Unknown
   (c) City or town Lancaster
   (d) Street Address or R. F. D. No. 344 East Chestnut St.
   (e) Deceased lived Inside? x Outside? ---- city or town
   (f) Citizen of what country? U.S.
   (g) How long had deceased lived in Idaho? 1-8/30 years
   (h) Former residence (city, state) Same as above

3. (a) FULL NAME FISHER, James Leo 02 063 592

173

3. (b) If veteran, name war --
3. (c) Social Security No. --
4. Sex M
5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Mary
6. (c) Age of husband or wife if alive -- years
7. Date of Birth (Month, Day, Year) 21 January 1921

8. AGE	Years	Months	Days	If less than 1 day
	23	11	8	hrs -- min.

9. Exact Occupation Pilot — Did this work for 6 mths yrs
10. Industry or Business U. S. Army — Date last worked 29 Dec 44
11. Birthplace ---- (City or town) Ohio (State or foreign country)
Father
12. Name Unknown
13. Birthplace ---- (City or town) Unknown (State or foreign country)
Mother
14. Maiden name Unknown
15. Birthplace ---- (City or town) Unknown (State or foreign country)
16. Informant's OWN Signature Phillip C Pedersen
and Address PHILLIP C. PEDERSEN
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Jan 19 1945 (Month) (Day) (Year)
(c) Place: Lancaster, Ohio
18. Funeral Director's OWN Signature Thurman Webb
and Address Boise, Idaho
19. (a) 1-19-45 (Date received and filed) (b) H Starr (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 29 December 19 44
at 7:07 o'clock P.M.

21. **I HEREBY CERTIFY,** That I attended deceased from -- 19-- to -- 19--
I last saw h-- alive on -- 19--; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — Duration

Multiple fractures of skull, extremities, thoracic cage & pelvis. Lacerations internal organs. Evisceration of brain. — Instantly

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? --
Name of operation -- Date --
Major finding --
Finding of autopsy --

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? x Suicide? -- Homicide? --
Occurred 29 December 19 44 City, county, state where violence occurred Ada County, Idaho
Place of Violence: Home -- Farm x Industry --
Public Place -- While at work? Yes
Means of injury Aircraft accident

23. Attendant's OWN Signature Roland F Marks
ROLAND F. MARKS, Lt Colonel (M. D. or other) MC
and Address Gowen Field, Ida Date 30 Dec 1944
(For additional space, use reverse side)

141658

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH

STATE OF IDAHO

JAN 17 1945

Local Registrar's Duplicate
Local Reg. No. 260
Reg. Dist. No. 371

1. **PLACE OF DEATH:**
(a) County Ada
(b) City or town 9 miles NW Gowen Field, Idaho
(c) Street Address or R. F. D. No. --
(d) Death Occurred Inside? ..... Outside? x city or town
(e) Died in a Home—Hospital—Institution—Other place x
(f) Name Hosp. or Inst. -- Stayed - days
(g) Lived in this county ..... years 3 months 20 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State New York (b) County Unknown
(c) City or town Brooklyn
(d) Street Address or R. F. D. No 303 Webster Avenue
(e) Deceased lived Inside? X Outside? ..... city or town
(f) Citizen of what country? U.S.
(g) How long had deceased lived in Idaho? 3-20/30 ~~years~~ mths
(h) Former residence (city, state) Same as above

3. (a) **FULL NAME** REITER, Morton Stanley 0 929 503

173

3. (b) If veteran, name war --
3. (c) Social Security No. --
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife --
6. (c) Age of husband or wife if alive -- years
7. Date of Birth (Month, Day, Year) 6 March 1924

8. AGE	Years	Months	Days	If less than 1 day
	20	9	23	hrs. min.

9. Exact Occupation Bombardier Did this work for 4-18/30 mos. ~~yrs.~~
10. Industry or Business U. S. Army Date last worked 29 Dec 44
11. Birthplace New York (City or town) (State or foreign country)
Father
12. Name Mayer Rieter
13. Birthplace Unknown (City or town) (State or foreign country)
Mother
14. Maiden name Unknown
15. Birthplace Unknown (City or town) (State or foreign country)
16. Informant's **OWN** Signature Phillip C. Pedersen
and Address PHILLIP C. PEDERSEN Gowen Field, Boise, Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Jan. 1, 1945 (Month) (Day) (Year)
(c) Place: New York City, New York
18. Funeral Director's **OWN** Signature Sherwin Webb
and Address Boise, Idaho
19. (a) 1-1-45 (Date received and filed) (b) D. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 29 December, 1944
at 7:07 o'clock P.M.
21. **I HEREBY CERTIFY,** That I attended deceased from --, 19 -, to --, 19 -
I last saw h - alive on --, 19 -; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Multiple fractures of skull, extremities, thoracic cage & ~~xxxxx~~ pelvis. Lacerations internal organs. Evisceration of ~~Due to~~ brain.
Other conditions -- (Include pregnancy within 3 months of death)
--
Where was disease contracted? --
Name of operation - Date -
Major finding -
Finding of autopsy --
--

Duration
Instantly

Physician
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? X Suicide? - Homicide? -
Occurred 29 December, 1944 City, county, state where violence occurred Ada County, Idaho
Place of Violence: Home -- Farm X Industry --
Public Place -- While at work? x
Means of injury Aircraft accident
23. Attendant's **OWN** Signature Roland F. Marks (M. D. or other)
and Address ROLAND F. MARKS, Lt Col Gowen Fld, Ida Date 30 Dec, 1944 MC
(For additional space, use reverse side)

141669

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH

JAN 17 1945

STATE OF IDAHO

Local Registrar's Duplicate
Local Reg. No. 261
Reg. Dist. No. 371

1. **PLACE OF DEATH:**
(a) County Ada
(b) City or town 9 miles NW Gowen Field, Idaho
(c) Street Address or R. F. D. No. --
(d) Death Occurred Inside? Outside? X city or town
(e) Died in a Home—Hospital—Institution—Other place x
(f) Name Hosp. or Inst. -- Stayed -- days
(g) Lived in this county years 1 months 11 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Kansas (b) County Unknown
(c) City or town Girard
(d) Street Address or R. F. D. No. 306 East Maple St
(e) Deceased lived Inside? x Outside? city or town
(f) Citizen of what country? U.S.
(g) How long had deceased lived in Idaho? 1-11/30 years mths
(h) Former residence (city, state) Same as above

3. (a) **FULL NAME** BAYLESS, Jonathan H. Jr 37 538 351

173

3. (b) If veteran, name war -- 3. (c) Social Security No. --

4. Sex M 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife -- 6. (c) Age of husband or wife if alive -- years

7. Date of Birth (Month, Day, Year) 2 May 1925

8. AGE	Years	Months	Days	If less than 1 day
	19	7	27	hrs. min.

9. Exact Occupation Soldier Did this 1-5/12 work for yrs.
10. Industry or Business U. S. Army Date last worked 29 Dec 44
11. Birthplace Girard (City or town) Kansas (State or foreign country)

Father
12. Name John H. Bayless
13. Birthplace Unknown (City or town) (State or foreign country)

Mother
14. Maiden name Lillie P. (Unknown)
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's **OWN** Signature Phillip C Pedersen
and Address PHILLIP C. PEDERSEN Gowen Field, Boise, Idaho

17. (a) removal (Burial, cremation, or removal) (b) Date thereof Jan. 1, 1945 (Month) (Day) (Year)
(c) Place: Girard, Kansas

18. Funeral Director's **OWN** Signature Sherman Wolfe
and Address Boise, Idaho

19. (a) 1-1-45 (Date received and filed) (b) D Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 29 December, 1944 at 7:07 o'clock P. M.

21. **I HEREBY CERTIFY,** That I attended deceased from -- , 19--, to -- , 19--
I last saw h-- alive on -- , 19--; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — Duration

Multiple fractures of skull, extremities, thoracic cage & pelvis. Lacerations internal organs. Evisceration of brain. — Instantly

Due to

Other conditions -- (Include pregnancy within 3 months of death)

Where was disease contracted? --
Name of operation -- Date --
Major finding --
Finding of autopsy --

Physician — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? x Suicide? -- Homicide? --
Occurred 29 December, 19 44 City, county, state where violence occurred Ada County, Idaho
Place of Violence: Home -- Farm x Industry --
Public Place -- While at work? x
Means of injury Aircraft accident

23. Attendant's **OWN** Signature Roland F Marks
ROLAND F. MARKS, Lt Colonel, M. D. or other) MC
and Address Gowen Field, Ida. Date 30 Dec, 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

141670

United States
Department of Commerce
Bureau of the Census

JAN 17 1945

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 141670
Local Reg. No. 262
Reg. Dist. No. 321

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town 9 miles NW of Gowen Fld, Ida
   (c) Street Address or R. F. D. No. --
   (d) Death Occurred Inside? Outside? X city or town
   (e) Died in a Home -- Hospital -- Institution -- Other place X
   (f) Name Hosp. or Inst. -- Stayed -- days
   (g) Lived in this county -- years 1 months 12 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Minnesota (b) County Unknown
   (c) City or town St. Louis Park
   (d) Street Address or R. F. D. No. 2724 Vernon Ave.
   (e) Deceased lived Inside? X Outside? city or town
   (f) Citizen of what country? U.S.
   (g) How long had deceased lived in Idaho? 1-12/30 mths yrs
   (h) Former residence (city, state) Same as above

3. (a) FULL NAME WICKMAN, Earl C. 17 155 877 173

3. (b) If veteran, name war --
3. (c) Social Security No. --
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife --
6. (c) Age of husband or wife if alive -- years
7. Date of Birth (Month, Day, Year) 30 April 1924

8. AGE	Years	Months	Days	If less than 1 day
	20	7	29	hrs min.

9. Exact Occupation Soldier
Did this work for 2 yrs 1-22/30 mths
10. Industry or Business U. S. Army
Date last worked 29 Dec 44
11. Birthplace Minneapolis, (City or town) Minn. (State or foreign country)

Father
12. Name Anton Wickman
13. Birthplace Unknown (City or town) (State or foreign country)

Mother
14. Maiden name Evelyn S. (Unknown)
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's OWN Signature Phillip C. Pedersen
PHILLIP C. PEDERSEN
and Address

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Jan. 1, 1945 (Month) (Day) (Year)
(c) Place: St. Louis Park, Minnesota

18. Funeral Director's OWN Signature
and Address Boise Idaho

19. (a) 1-1-45 (Date received and filed) (b) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 29 December 1944
at 7:07 o'clock P. M.

21. **I HEREBY CERTIFY,** That I attended deceased from -- 19--, to -- 19--
I last saw h-- alive on -- 19--; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Multiple fractures of skull, extremities, thoracic cage & pelvis. Lacerations internal organs. Evisceration of brain.	Instantly
Other conditions	
(Include pregnancy within 3 months of death)	

Where was disease contracted? --
Name of operation -- Date --
Major finding --
Finding of autopsy --

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? X Suicide? -- Homicide? --
Occurred 29 December 1944 City, county, state where violence occurred Ada County, Idaho
Place of Violence: Home -- Farm X Industry --
Public Place -- While at work? X
Means of injury Aircraft accident

23. Attendant's OWN Signature Roland F. Marks
ROLAND F. MARKS, Lt Colonel (M. D. or other) MC
and Address Gowen Field, Ida. Date 30 Dec 19 44
(For additional space, use reverse side)

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH

JAN 17 1945 STATE OF IDAHO

Local Registrar's Duplicate
Local Reg. No. 263
Reg. Dist. No. 371

1. PLACE OF DEATH:
(a) County Ada
(b) City or town 9 miles NW Gowen Field, Ida
(c) Street Address or R. F. D. No. --
(d) Death Occurred Inside? ..... Outside? x city or town
(e) Died in a Home—Hospital—Institution—Other place x
(f) Name Hosp. or Inst. -- Stayed - days
(g) Lived in this county ..... years 1 months 4 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State New York (b) County Unknown
(c) City or town Manhattan
(d) Street Address or R. F. D. No. 300 Riverside Drive
(e) Deceased lived Inside? x Outside? ..... city or town
(f) Citizen of what country? U. S.
(g) How long had deceased lived in Idaho? 1-4/30 y mth
(h) Former residence (city, state) Same as above

3. (a) **FULL NAME** GROCE, Edwin Daniel T 136807 173

3. (b) If veteran, name war --
3. (c) Social Security No. --
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife --
6. (c) Age of husband or wife if alive - years
7. Date of Birth (Month, Day, Year) 23 October 1924

8. AGE	Years	Months	Days	If less than 1 day
	20	2	9	hrs. min.

9. Exact Occupation Navigator Did this work for 1-26/30 mths
10. Industry or Business U. S. Army Date last worked 29 Dec 44
11. Birthplace New York (City or town) (State or foreign country)
Father
12. Name Albert L. Groce
13. Birthplace Unknown (City or town) (State or foreign country)
Mother
14. Maiden name Unknown
15. Birthplace Unknown (City or town) (State or foreign country)
16. Informant's **OWN** Signature Robert K Dopp
and Address ROBERT K. DOPP Gowen Field, Boise, Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Jan. 2, 1945 (Month) (Day) (Year)
(c) Place: New York City, New York
18. Funeral Director's **OWN** Signature [signature]
and Address Boise, Idaho
19. (a) 1-2-45 (Date received and filed) (b) N. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 29 December, 1944
at 7:07 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from --, 19--, to --, 19-
I last saw h- alive on --, 19-; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Decapitation. Incineration.	Instantly
Multiple compound fractures of all bones.	
Due to --	
Other conditions -- (Include pregnancy within 3 months of death)	
--	
Where was disease contracted? --	Physician
Name of operation - Date -	Underline the cause to which death should be charged statistically.
Major finding -	
Finding of autopsy -	
-	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? x Suicide? - Homicide? -
Occurred 29 December, 1944 City, county, state where violence occurred Ada County, Idaho
Place of Violence: Home - Farm x Industry -
Public Place - While at work? Yes
Means of injury Aircraft accident
23. Attendant's **OWN** Signature Rodney C. Wells M D (M. D. or other) MC
and Address RODNEY C. WELLS, CAPT Gowen Fld, Ida Date 30 Dec, 1944
(For additional space, use reverse side)

1416

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH

JAN 17 1945 STATE OF IDAHO

Local Registrar's Duplicate
Local Reg. No. 264
Reg. Dist. No. 37

1. PLACE OF DEATH:
(a) County Ada
(b) City or town 9 miles NW Gowen Field, Idaho
(c) Street Address or R. F. D. No. --
(d) Death Occurred Inside? Outside? x city or town
(e) Died in a Home—Hospital—Institution—Other place x
(f) Name Hosp. or Inst. -- Stayed --- days
(g) Lived in this county years 1 months 11 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Illinois (b) County Unknown
(c) City or town Evanston
(d) Street Address or R. F. D. No. 2407 Thayer St.
(e) Deceased lived Inside? x Outside? city or town
(f) Citizen of what country? U.S.
(g) How long had deceased lived in Idaho? 1-11/30 years mths
(h) Former residence (city, state) Same as above

3. (a) **FULL NAME** CAHILL, Burr T. 35 514 314 173

3. (b) If veteran, name war --
3. (c) Social Security No. --
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife --
6. (c) Age of husband or wife if alive -- years
7. Date of Birth (Month, Day, Year) 11 January 1910

8. AGE	Years	Months	Days	If less than 1 day
	34	11	18	hrs. min.

9. Exact Occupation soldier — Did this work for 2-2/30 yrs.
10. Industry or Business U.S. Army — Date last worked 29 Dec 44
11. Birthplace Cleveland, (City or town) Ohio (State or foreign country)

Father
12. Name Unknown
13. Birthplace Unknown (City or town) (State or foreign country)

Mother
14. Maiden name Katherine C. (Unknown)
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's **OWN** Signature Robert K. Dopp
and Address ROBERT K. DOPP Gowen Field, Boise, Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Jan. 2, 1945 (Month) (Day) (Year)
(c) Place: Cleveland, Ohio
18. Funeral Director's **OWN** Signature [illegible]
and Address Boise, Idaho
19. (a) 1-2-45 (Date received and filed) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 29 December, 19 44
at 7:07 o'clock P.M.
21. **I HEREBY CERTIFY,** That I attended deceased from -- , 19 --, to -- , 19 --
I last saw h-- alive on -- , 19 --; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Decapitation, evisceration of abdominal contents. Incineration.	Instantly
Due to Multiple compound fractures of all bones.	
Due to	
Other conditions -- (Include pregnancy within 3 months of death)	
--	

Where was disease contracted? --
Name of operation - Date -
Major finding --
Finding of autopsy --
--

Physician — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? x Suicide? - Homicide? -
Occurred 29 December, 19 44. City, county, state where violence occurred Ada County, Idaho
Place of Violence: Home - Farm x Industry -
Public Place -- While at work? Yes
Means of injury Aircraft accident

23. Attendant's **OWN** Signature Rodney C. Wells M.D.
RODNEY C. WELLS, CAPT (M. D. or other) MC
and Address Gowen Fld, Ida Date 30 Dec, 19 44
(For additional space, use reverse side)

141673

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH

STATE OF IDAHO

JAN 17 1945

Local Registrar's Duplicate
Local Reg. No. 265
Reg. Dist. No. 371

1. **PLACE OF DEATH:**
(a) County Ada
(b) City or town 9 miles NW Gowen Field, Idaho
(c) Street Address or R. F. D. No. --
(d) Death Occurred Inside? ..... Outside? x city or town
(e) Died in a Home—Hospital—Institution—Other place x
(f) Name Hosp. or Inst. -- Stayed - days
(g) Lived in this county ..... years 2 months - days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Illinois (b) County --
(c) City or town Lockport
(d) Street Address or R. F. D. No. 555 East 10th St
(e) Deceased lived Inside? x Outside? ..... city or town
(f) Citizen of what country? U.S.
(g) How long had deceased lived in Idaho? 2 mths ~~years~~
(h) Former residence (city, state) Same as above

3. (a) **FULL NAME** STRONG, Melvin R. 16 187 940 173

3. (b) If veteran, name war --
3. (c) Social Security No. --
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife --
6. (c) Age of husband or wife if alive -- years
7. Date of Birth (Month, Day, Year) 26 September 1925

8. AGE	Years	Months	Days	If less than 1 day hrs. min.
	19	3	6	

9. Exact Occupation Soldier
Did this work for 1 yr 3-18 ~~yrs~~ 30 mths
10. Industry or Business U. S. Army
Date last worked 29 Dec 44
11. Birthplace Unknown (City or town) (State or foreign country)
Father
12. Name Royal W. Strong
13. Birthplace Unknown (City or town) (State or foreign country)
Mother
14. Maiden name Margaret M. (Unknown)
15. Birthplace Unknown (City or town) (State or foreign country)
16. Informant's **OWN** Signature Robert K. Dopp
ROBERT K. DOPP
and Address Gowen Field, Boise, Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Jan. 2, 1945 (Month) (Day) (Year)
(c) Place: Lockport, Illinois
18. Funeral Director's **OWN** Signature Sherwin Webb
and Address Boise, Idaho
19. (a) 1-2-45 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 29 December, 1944
at 7:07 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from --, 19 -, to --, 19 -
I last saw h - alive on --, 19 -; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Decapitation; Lacerations internal organs. Incineration.	Instantly
~~Due to~~ Multiple compound fractures of all bones.	
~~Due to~~	
Other conditions -- (Include pregnancy within 3 months of death) --	
Where was disease contracted? -	*Physician*
Name of operation - Date -	Underline the cause to which death should be charged statistically.
Major finding -	
Finding of autopsy -	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? x Suicide? - Homicide? -
Occurred 29 December, 1944 City, county, state where violence occurred Ada County, Idaho
Place of Violence: Home - Farm x Industry -
Public Place -- While at work? Yes
Means of injury Aircraft accident
23. Attendant's **OWN** Signature Rodney C. Wells M.D. (M. D. or other) MC
RODNEY C. WELLS, CAPT
and Address Gowen Fld, Ida Date 30 Dec, 1944
(For additional space, use reverse side)

141674

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH

STATE OF IDAHO

JAN 17 1945

Local Registrar's Duplicate
Local Reg. No. 267
Reg. Dist. No. 371

1. **PLACE OF DEATH:**
(a) County Ada
(b) City or town 9 miles NW Gowen Field, Idaho
(c) Street Address or R. F. D. No. --
(d) Death Occurred Inside? Outside? x city or town
(e) Died in a Home—Hospital—Institution—Other place x
(f) Name Hosp. or Inst. -- Stayed - days
(g) Lived in this county years 1 months 12 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Mass. (b) County Unknown
(c) City or town Woronoco
(d) Street Address or R. F. D. No. 9 Valley View Ave
(e) Deceased lived Inside? x Outside? city or town
(f) Citizen of what country? U.S.
(g) How long had deceased lived in Idaho? 1-12/30 years x
(h) Former residence (city, state) Same as above mths

3. (a) **FULL NAME** BROWN, Robert D. 31 468 399 173

3. (b) If veteran, name war --
3. (c) Social Security No. --
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Joyce N.
6. (c) Age of husband or wife if alive - years
7. Date of Birth (Month, Day, Year) 3 April 1918

8. **AGE**

Years	Months	Days	If less than 1 day
26	8	3	hrs. min.

9. Exact Occupation Soldier
Did this work for 7-7/30 mths yrs.
10. Industry or Business U. S. Army
Date last worked 29 Dec 44
11. Birthplace Woronoco, (City or town) Mass. (State or foreign country)

Father
12. Name Unknown
13. Birthplace Unknown (City or town) (State or foreign country)

Mother
14. Maiden name Ida E. (Unknown)
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's **OWN** Signature Robert K Dopp
ROBERT K. DOPP
and Address Gowen Field, Boise, Idaho

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Jan. 2, 1945 (Month) (Day) (Year)
(c) Place: Westfield, Mass.

18. Funeral Director's **OWN** Signature [illegible]
and Address Boise, Idaho

19. (a) 1-2-45 (Date received and filed) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 29 December, 19 44
at 7:07 o'clock P.M.

21. **I HEREBY CERTIFY,** That I attended deceased from -- , 19-, to -- , 19-
I last saw h- alive on -- , 19-; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — Duration

Multiple fractures of skull, extremities, thoracic cage and pelvis. Lacerations internal organs. Evisceration of brain. — Instantly

Other conditions -- (Include pregnancy within 3 months of death)

Where was disease contracted? -
Name of operation - Date -
Major finding -
Finding of autopsy -

Physician — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? x Suicide? - Homicide? -
Occurred 29 December, 19 44 City, county, state where violence occurred Ada County, Idaho
Place of Violence: Home - Farm x Industry -
Public Place -- While at work? Yes
Means of injury Aircraft accident

23. Attendant's **OWN** Signature Rodney C. Wells M.D.
RODNEY C. WELLS, Capt (M. D. or other) MC
and Address Gowen Fld, Ida Date 30 Dec., 19 44
(For additional space, use reverse side)

141675

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH

STATE OF IDAHO

JAN 17 1945

Local Registrar's Duplicate
Local Reg. No. 268
Reg. Dist. No. 371

1. **PLACE OF DEATH:**
(a) County Ada
(b) City or town 9 miles NW Gowen Field, Idaho
(c) Street Address or R. F. D. No. --
(d) Death Occurred Inside? Outside? x city or town
(e) Died in a Home—Hospital—Institution—Other place x
(f) Name Hosp. or Inst. -- Stayed --days
(g) Lived in this county years 1 months 12 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Maine (b) County Unknown
(c) City or town Dresden
(d) Street Address or R. F. D. No. Richmond Street
(e) Deceased lived Inside? x Outside? city or town
(f) Citizen of what country? U.S.
(g) How long had deceased lived in Idaho? 1-12/30 years
(h) Former residence (city, state) Same as above

3. (a) **FULL NAME** HALL, Roger E. 31 400 624

173

3. (b) If veteran, name war --
3. (c) Social Security No. --
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife --
6. (c) Age of husband or wife if alive -- years
7. Date of Birth (Month, Day, Year) 19 December 1924

8. AGE	Years	Months	Days	If less than 1 day
	19		10	hrs. min.

9. Exact Occupation Soldier — Did this work for 6-3/30 mths yrs.
10. Industry or Business U. S. Army — Date last worked 29 Dec 44
11. Birthplace Dresden (City or town) Maine (State or foreign country)

Father
12. Name John E. Hall
13. Birthplace Unknown (City or town) (State or foreign country)

Mother
14. Maiden name Marian L. (Unknown)
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's **OWN** Signature Robert K. Dopp
and Address ROBERT K. DOPP Gowen Field, Boise, Idaho

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Jan. 2, 1945 (Month) (Day) (Year)
(c) Place: Richmond, Maine

18. Funeral Director's **OWN** Signature [illegible]
and Address Boise, Idaho

19. (a) 1-2-45 (Date received and filed) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 29 December, 19 44
at 7:07 o'clock P.M.

21. **I HEREBY CERTIFY,** That I attended deceased from -- , 19 -- , to -- , 19 -- .
I last saw h-- alive on -- , 19 -- ; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
✓ Decapitation. Multiple fractures of all bones. Laceration internal	Instantly
Due to: organs. 3rd degree burns entire body.	
Due to:	
Other conditions -- (Include pregnancy within 3 months of death)	

Where was disease contracted? --
Name of operation -- Date --
Major finding --
Finding of autopsy --

Physician — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? x Suicide? - Homicide? -
Occurred 29 December, 19 44. City, county, state where violence occurred Ada County, Idaho
Place of Violence: Home -- Farm x Industry -
Public Place -- While at work? Yes
Means of injury Aircraft accident

23. Attendant's **OWN** Signature Rodney C. Wells M.D.
and Address RODNEY C. WELLS, CAPT (M. D. or other) MC Gowan Fld, Ida Date 30 Dec, 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census JAN 17 1945

Certificate Of Death

STATE OF IDAHO

State File No. 1416[illegible]
Local Reg. No. 425
Reg. Dist. No. [illegible]

1. **PLACE OF DEATH:**
(a) County Ada
(b) City or town Boise.
(c) Street Address or R.F.D. No. 1318. N. 16.
(d) Death Occured Inside? Yes Outside? ..... city or town
(e) Died in a Home X Hospital.... Institution.... Other place....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 52 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho. (b) County Ada
(c) City or town Boise.
(d) Street Address or R.F.D. No. 1318. N. 16.
(e) Deceased lived Inside? Yes Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 52 years
(h) Former residence (city, state) Iowa.

3. (a) **FULL NAME** Robert James Butts.

3. (b) If veteran, name war No.
3. (c) Social Security No. None.
4. Sex Male.
5. Color or race White.
6. (a) Single, widowed, married, divorced Widower.
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) December. 19. 1863.

8. AGE	Years	Months	Days	If less than 1 day
	81.	0.	10.	hrs min.

9. Exact Occupation Retired Farmer Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Albion, Iowa. (City or town) (State or foreign country)
Father
12. Name James Franklin Butts.
13. Birthplace Iowa. (City or town) (State or foreign country)
Mother
14. Maiden name Rebecca Dent.
15. Birthplace Indiana. (City or town) (State or foreign country)
16. Informant's **OWN** Signature Lou H Harris
and Address 1318 - N - 16 Boise Ida
17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof Jan. 2. 1945. (Month) (Day) (Year)
(c) Place: Boise Mausoleum.
18. Funeral Director's **OWN** Signature Summers Funeral Home. Clyde E. Summers
and Address Boise, Idaho.
19. (a) 1-2-44 (Date received and filed) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Dec 29 1944
at ..... o'clock ..... M.
21. **I HEREBY CERTIFY,** That I attended deceased from May 1942, to Dec 29 1944
I last saw him alive on Dec 28 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Coronary Occlusion	1 week
Due to Hypertension and Auricular Fibrillation	?
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Hemiplegia	2 1/2 yrs
Where was disease contracted?	PHYSICIAN
Name of operation ..... Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature [illegible] (M. D. or other)
and Address Boise, Idaho Date 1/1 1945
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JAN 17 1945

Certificate Of Death

STATE OF IDAHO

State File No. 1416[illegible]
Local Reg. No. 427
Reg. Dist. No. [illegible]

1. PLACE OF DEATH:
(a) County Ada
(b) City or town Boise
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Home.... Hospital X Institution.... Other place
(f) Name Hosp. or Inst. St. Lukes Stayed 7 ~~days~~ Hrs.
(g) Lived in this county 35 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Ada
(c) City or town Boise
(d) Street Address or R.F.D. No. 1104 Highland
(e) Deceased lived Inside? X Outside? ..... city or town
(f) Citizen of what country? Naturalized
(g) How long had deceased lived in Idaho? 35 years
(h) Former residence (city, state)

3. (a) FULL NAME ANDREW VANDERWERF

3. (b) If veteran, name war - - - -
3. (c) Social Security No. 519-05-6992
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) January 26, 1881

8. AGE	Years	Months	Days	If less than 1 day
	63	11	3	hrs min.

9. Exact Occupation Janitor Did this work for ..... yrs.
10. Industry or Business St. Lukes Hospital Date last worked
11. Birthplace Francker, Holland (City or town) (State or foreign country)
Father
12. Name Isaac Vanderwerf
13. Birthplace Holland (City or town) (State or foreign country)
Mother
14. Maiden name Elizabeth Vandermeuler
15. Birthplace Holland (City or town) (State or foreign country)
16. Informant's OWN Signature Wylse Vanderwerf
and Address 715 Washington St., Boise, Ida.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/30/44 (Month) (Day) (Year)
(c) Place: Morris Hill Cemetery
18. Funeral Director's OWN Signature McBratney Funeral Home Kenneth Libby
and Address 419 No. 9th St., Boise, Idaho
19. (a) 1-6-45 (Date received and filed) (b) R. Sharp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) December 29 1944
at 3:10 o'clock A. M.
21. I HEREBY CERTIFY, That ~~I attended deceased from~~ death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Skull fracture and brain hemorrhage.	
~~Due to~~	
~~Due to~~	
Other conditions ~~(Include pregnancy within 3 months of death)~~	
Where was disease contracted? —	
Name of operation — Date —	
Major finding —	
Finding of autopsy Inquest held 1/3/45	

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Yes Suicide? — Homicide? —
Occurred 12/28/44 ~~19~~ City, county, state where violence occurred Boise, Idaho
Place of Violence: Home — Farm — Industry —
Public Place Street While at work? No
Means of injury Auto and bicycle collision
23. Attendant's OWN Signature W. McBratney (M. D. or other)
Coroner
and Address Boise Idaho Date 1/3/45 19
(For additional space, use reverse side)

over

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

141678

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

JAN 17 1945

State File No. 141678
Local Reg. No. 426
Reg. Dist. No.

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise
   (c) Street Address or R.F.D. No. 1703 No. 16th.
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home. X Hospital .... Institution .... Other place ....
   (f) Name Hosp. or Inst. ..... Stayed ..... days
   (g) Lived in this county 13 years ..... months ..... days

   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Ada
   (c) City or town Boise
   (d) Street Address or R.F.D. No. 1703 N 16. St
   (e) Deceased lived Inside? X Outside? ..... city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 59 years
   (h) Former residence (city, state) None

3. (a) **FULL NAME** Idaho Hanley Ternan

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or Race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) May 25th. 1885

8. AGE	Years	Months	Days	If less than 1 day
	59	7	6	hrs ..... min.

9. Exact Occupation Educational Did this work for ..... yrs.
10. Industry or Business Instructor Date last worked .....
11. Birthplace Placerville (City or town) Idaho (State or foreign country)

Father
12. Name Patrick Francis Hanley
13. Birthplace Ireland (City or town) (State or foreign country)

Mother
14. Maiden name Napina Buckley
15. Birthplace New York City (City or town) (State or foreign country)

16. Informant's **OWN** Signature Earl McCarmel
and Address Boise Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/3/1945 (Month) (Day) (Year)
(c) Place: St. John s Cemetery

18. Funeral Director's **OWN** Signature Schneidert McCann
and Address Boise. Milford Chapel

19. (a) 1-4-45 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Dec. 31 19 44
at ..... o'clock P M.

21. **I HEREBY CERTIFY,** That I attended deceased from ..... 19 43., to Dec. 19 44
I last saw him alive on 12-30 19 44.; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — Duration

√ Cancer of Cervix — 2 Yrs.
Due to .....
Due to .....
Other conditions (Include pregnancy within 3 months of death) .....
Where was disease contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature [signature] M. D.
(M. D. or other)
and Address Boise Ida. Date 1-3 19 45
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JAN 17 1945

Certificate Of Death

STATE OF IDAHO

State File No. 141679
Local Reg. No. 424
Reg. Dist. No. 870

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? X Outside? city or town
   (e) Died in a Home Hospital X Institution Other place
   (f) Name Hosp. or Inst. St. Alphonsus Stayed 5 days
   (g) Lived in this county years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Ada
   (c) City or town Boise
   (d) Street Address or R.F.D. No. 525 South 12th St.
   (e) Deceased lived Inside? X Outside? city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? years
   (h) Former residence (city, state) Oregon

3. (a) **FULL NAME** ELLEN AMANDA ROBINSON 108

3. (b) If veteran, name war - - - -
3. (c) Social Security No. - - - - - - -
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) January 29, 1862

8. AGE	Years	Months	Days	If less than 1 day
	82	11	2	hrs min.

9. Exact Occupation Housewife Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Roseburg, Oregon (City or town) (State or foreign country)

Father
12. Name F. C. Crosby
13. Birthplace Unknown (City or town) (State or foreign country)

Mother
14. Maiden name Unknown
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's **OWN** Signature Fay C. Robinson
and Address 705 Valencia Walla Walla, Wn.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/2/45 (Month) (Day) (Year)
(c) Place: Morris Hill Cemetery
18. Funeral Director's **OWN** Signature McBratney Funeral Home Kenneth Libby
and Address 419 North 9th St., Boise, Idaho
19. (a) 1-2-45 (Date received and filed) (b) R. Skarp (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) December 31 1944
at 2:40 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 12-28 1944, to 12-31 1944
I last saw her alive on 12-31 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Labor Pneumonia — Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature Jonathan Thomas (M. D. or other)
and Address Meridian Date 12-31 1944
(For additional space, use reverse side)

United States
Department of Commerce JAN 11 1945 **CERTIFICATE OF DEATH**
Bureau of the Census STATE OF IDAHO

State File No. 141630
Local Reg. No. 7/6
Reg. Dist. No. 300

1. **PLACE OF DEATH:**
(a) County Adams
(b) City or town Council
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home ____ Hospital X Institution ____ Other place ____
(f) Name Hosp. or Inst. Comunity Stayed 1 days
(g) Lived in this county ____ years ____ months 1 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Adams
(c) City or town New Meadows
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? U S
(g) How long had deceased lived in Idaho? 8 years
(h) Former residence (city, state)

3. (a) **FULL NAME** Baby Conner 16/a

3. (b) If veteran, name war ____ 3. (c) Social Security No. ____
4. Sex Male 5. Color or race ____ 6. (a) Single, widowed, married, divorced ____
6. (b) Name of husband or wife ____ 6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) Dec 2 1944

8. AGE	Years	Months	Days	If less than 1 day
	—	—	—	1½ hrs min.

9. Exact Occupation no Did this work for ____ yrs.
10. Industry or Business ____ Date last worked ____
11. Birthplace Comunity Hospital Council (City or town) (State or foreign country)

Father
12. Name Bernard Conner
13. Birthplace Burwell Nebraska (City or town) (State or foreign country)

Mother
14. Maiden name Levina Mansell
15. Birthplace Emmett Idaho (City or town) (State or foreign country)

16. Informant's OWN Signature Bernard Conner
and Address New Meadows Idaho
17. (a) Buried (Burial, cremation, or removal) (b) Date thereof 12 4 44 (Month) (Day) (Year)
(c) Place: Meadows Valley Cemetry
18. Funeral Director's OWN Signature J. Attebelson
and Address Cambridge Ida
19. (a) 1-11-45 (Date received and filed) (b) Alma Hunter MD (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Dec 2 1944
at 5:45 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from Dec 2 1944, to Dec 2 1944
I last saw h[illegible] alive on Dec 2 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Congenital Atelectasis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? 0
Name of operation 0 Date
Major finding 0
Finding of autopsy 0

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury

23. Attendant's OWN Signature Alma Hunter MD (M. D. or other)
and Address Council Ida Date 1/5 1945
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JAN 11 1945

CERTIFICATE OF DEATH

STATE OF IDAHO

State File No. 1416[illegible]
Local Reg. No. 418
Reg. Dist. No. 300

1. PLACE OF DEATH:

(a) County Adams
(b) City or town Council
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? x Outside? city or town
(e) Died in a Home Hospital x Institution Other place
(f) Name Hosp. or Inst. Community Stayed 5 days
(g) Lived in this county years months 5 days

Note For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)

(a) State Idaho (b) County Adams
(c) City or town Council
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? x Outside? city or town
(f) If foreign born, in U. S. yrs. Citizen of U. S.? Yes
(g) How long had deceased lived in Idaho? 5 days years
(h) Former residence (city, state) --

3. (a) **FULL NAME** Bonnie Ree Newcomb

72 [illegible]

3. (b) If veteran, name war --
3. (c) Social Security No. --
4. Sex F. 5. Color or race W. 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife --
6 (c) Age of husband or wife if alive -- years
7. Date of Birth (Month, Day, Year) November 29, 1944

8. AGE	Years	Months	Days	If less than 1 day
	0	0	5	hrs min.

9. Exact Occupation -- Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Council, (City or town) Idaho (State or foreign country)

Father
12. Name Vern L. Newcomb
13. Birthplace Spokane, Washington (City or town) (State or foreign country)

Mother
14. Maiden name Edythe K. Burdette
15. Birthplace Curlew, Washington (City or town) (State or foreign country)

16. Informant's **OWN** Signature Winifred Keyes
and Address Council, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/5/44 (Month) (Day) (Year)
(c) Place: Council, Idaho
18. Funeral Director's **OWN** Signature Family
and Address
19. (a) 12/6/44 (Date received and filed) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Dec. 4. 1944
at 11 15 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from Nov 29 - 1944 19 , to Dec 4, 1944
I last saw her alive on Dec 4 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
✓ Hemorrhagic Diathesis of the	3 days
Due to newborn	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease first contracted?	
Name of operation Date	
Major finding	
Finding of autopsy	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature [illegible] (M. D. or other)
and Address Council, Idaho Date 12/6 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census JAN 11 1945

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 14[illegible]82
Local Reg. No. 4/7
Reg. Dist. No. 360

1. **PLACE OF DEATH:**
(a) County Adams
(b) City or town Cuncil.
(c) Street Address or R. F. D. No. —
(d) Death Occurred Inside? X Outside? ..... city or town
(e) Died in a Home X Hospital ... Institution ... Other place ....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 24 years ..... months ..... days
Note For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Ida. (b) County Adams
(c) City or town Cuncil.
(d) Street Address or R. F. D. No. —
(e) Deceased lived Inside? X Outside? ..... city or town
(f) If foreign born, in U. S. ..... yrs. Citizen of U. S.? Yes
(g) How long had deceased lived in Idaho? 24 years
(h) Former residence (city, state) Montana

3. (a) **FULL NAME** ALVA EDWIN ALCORN. 1310

3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex Male
5. Color or race W.
6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife Lillian Alcorn.
6 (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) May 6. 1869.

8. AGE	Years	Months	Days	If less than 1 day
	75	6	29	hrs ... min.

9. Exact Occupation Druggist. Did this work for 50 yrs.
10. Industry or Business Retail. Date last worked Nov 1, 1944
11. Birthplace Elberton, Iowa. (City or town) (State or foreign country)

Father
12. Name unknown
13. Birthplace unknown Penn. (City or town) (State or foreign country)

Mother
14. Maiden name Susan —?
15. Birthplace Iowa (City or town) (State or foreign country)

16. Informant's **OWN** Signature and Address Esther Alcorn Winkler Council. Ida.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-5-44 (Month) (Day) (Year)
(c) Place: Portland, Oregon
18. Funeral Director's **OWN** Signature and Address Portland Chapel Weiser
19. (a) 12/6/44 (Date received and filed) (b) Alva Alcorn MD (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 12-4- 1944
at 3:07 o'clock A. M.

21. I **HEREBY CERTIFY**, That I attended deceased from June 1941, to 12-4- 1944
I last saw him alive on 12-3- 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Uremic Poisoning — Duration 2 days
✓ Due to Chronic Parenchymatous Nephritis
Due to Hypertension
Other conditions Chronic Myocarditis
(Include pregnancy within 3 months of death)

Where was disease first contracted? Iowa
Name of operation 0 Date
Major finding 0
Finding of autopsy. 0

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? 0 Suicide? Homicide?
Occurred ..... 19..... City, county, state where violence occurred 0
Place of Violence: Home 0 Farm Industry
Public Place 0 While at work?
Means of injury 0

23. Attendant's **OWN** Signature Alva Alcorn MD (M. D. or other)
and Address Cuncil Date 12-4- 1944

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census JAN 12 1945

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 11683
Local Reg. No. 9
Reg. Dist. No. 5 11

1. **PLACE OF DEATH:**
(a) County Bannock
(b) City or town Bancroft
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? X city or town
(e) Died in a Home Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State (b) County
(c) City or town
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Outside? ✓ city or town
(f) If foreign born, in U. S. yrs. Citizen of U. S.?
(g) How long had deceased lived in Idaho? years
(h) Former residence (city, state)

3. (a) **FULL NAME** Joseph H. Johnson 1246.

3. (b) If veteran, name war No 3. (c) Social Security No.
4. Sex M race W 5. Color or W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Luretta Johnson 6 (c) Age of husband or wife if alive 55 years
7. Date of Birth (Month, Day, Year) Dec 21, 1886

8. AGE	Years	Months	Days	If less than 1 day
	57	9	14	hrs min.

9. Exact Occupation Farmer Did this work for Life yrs.
10. Industry or Business Farm Date last worked 9-14-44
11. Birthplace Logan, Utah (City or town) (State or foreign country)

Father
12. Name Christian Johnson
13. Birthplace Haster Viburg, Denmark (City or town) (State or foreign country)

Mother
14. Maiden name Christiana Jeppeson
15. Birthplace Haster Viburg, Denmark (City or town) (State or foreign country)

16. Informant's **OWN** Signature Joseph L Johnson
and Address Bancroft Idaho
17. (a) Reserval (Burial, cremation or removal) (b) Date thereof Sept. 18 1944 (Month) (Day) (Year)
(c) Place: Logan, Utah.
18. Funeral Director's **OWN** Signature Lindquist & Sons.
and Address Logan Utah
19. (a) Nov 1, 1944 (Date received and filed) (b) Mrs Harrison Russell (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 9-14-44 19
at Approx 2 o'clock P M.
21. I **HEREBY CERTIFY**, That I attended deceased from July 1938, to Sept. 14 1944
I last saw him alive on 9-14-44 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Coronary Thrombosis	Sometime
Due to Cirrhosis of Liver	15 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease first contracted?	
Name of operation Date	
Major finding	
Finding of autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state
where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature J B Kuehler M.D.
and Address Soda Springs (M. D. or other) Date 9-18 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JAN 10 1945

Certificate Of Death

STATE OF IDAHO

State File No. 141684
Local Reg. No. 303
Reg. Dist. No. 511

1. **PLACE OF DEATH:**
   (a) County Bannock
   (b) City or town Pocatello
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? ✓ Outside? ..... city or town
   (e) Died in a Home.... Hospital ✓ Institution.... Other place....
   (f) Name Hosp. or Inst. General Stayed 2 days
   (g) Lived in this county ..... years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Bannock
   (c) City or town Pocatello
   (d) Street Address or R.F.D. No. Monroe Ave.
   (e) Deceased lived Inside? ✓ Outside? ..... city or town
   (f) Citizen of what country? Canada
   (g) How long had deceased lived in Idaho? 6 years
   (h) Former residence (city, state) Washington

3. (a) **FULL NAME** William A. Page 131a

3. (b) If veteran, name war ✓
3. (c) Social Security No. 531-16-6182
4. Sex M. 5. Color or race W.
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) February 12, 1888

8. AGE	Years	Months	Days	If less than 1 day
	56	8	22	hrs min.

9. Exact Occupation Laborer Did this work for 1 yrs.
10. Industry or Business Constr. Co. Terteling-Cahoon-Brennan Date last worked 11-2-44
11. Birthplace Manitoba, Canada (City or town) (State or foreign country)

Father
12. Name unknown
13. Birthplace Canada (City or town) (State or foreign country)

Mother
14. Maiden name Anciette
15. Birthplace Canada (City or town) (State or foreign country)

16. Informant's **OWN** Signature Friends & Constr. Co.
and Address Pocatello Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 11-7-44 (Month) (Day) (Year)
(c) Place: Mountainview
18. Funeral Director's **OWN** Signature Byron B. Downard
and Address Pocatello Idaho
19. (a) 12-9-1944 (Date received and filed) (b) D C Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) November, 4 1944
at 6 30 o'clock A.M.
21. **I HEREBY CERTIFY,** That I attended deceased from Nov. 2 1944, to Nov. 4 1944,
I last saw him alive on Nov. 4 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
✓ Respiratory paralysis	1 day.
Due to Cardio-nephritic	unknown.
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted? Idaho	
Name of operation None Date	
Major finding Edema of extremities	
Finding of autopsy None.	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature H. H. Hughart (M. D. or other)
and Address Pocatello, Ida. Date 12/7 1944,
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JAN 10 1945

Certificate Of Death

STATE OF IDAHO

State File No. 141685
Local Reg. No. 291
Reg. Dist. No. 511

1. **PLACE OF DEATH:**
   (a) County Bannock
   (b) City or town Pocatello
   (c) Street Address or R. F. D. No.
   (d) Death Occured Inside? X Outside? city or town
   (e) Died in a Home (Hospital) Institution Other place
   (f) Name Hosp. or Inst. General Stayed 11 Mo days
   (g) Lived in this county 30 years months days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usúal Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Bannock
   (c) City or town Lava Hot Springs
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? X Outside? city or town
   (f) Citizen of what country? United States
   (g) How long had deceased lived in Idaho? 30 years
   (h) Former residence (city, state) Washington.

3. (a) **FULL NAME** Jensena M. Parish

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3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Fem. 5. Color or race Wh
6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife Willard Parish
6. (c) Age of husband or wife if alive Died 4/4/34 years
7. Date of Birth (Month, Day, Year) April 9, 1875

8. AGE	Years	Months	Days	If less than 1 day
	69	7	13	hrs min.

9. Exact Occupation Housewife Did this work for yrs.
10. Industry or Business Retired Date last worked
11. Birthplace Ephraim, Utah (City or town) (State or foreign country)

Father
12. Name Jens L. Neilson
13. Birthplace Unknowmen (City or town) (State or foreign country)

Mother
14. Maiden name Annie Anderson Neilson
15. Birthplace Unknowen (City or town) (State or foreign country)

16. Informant's **OWN** Signature Lorraine Bistline
and Address Pocatello, Idaho.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 26, 1944 (Month) (Day) (Year)
(c) Place: Mountainview, Pocatello

18. Funeral Director's **OWN** Signature Ashby & Hall
and Address Pocatello Ida.

19. (a) 11-28-1944 (Date received and filed) (b) D C Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Nov. 22, 1944
at 6.42 o'clock A. M.

21. **I HEREBY CERTIFY**, That I attended deceased from Dec. 27 1943, to Nov. 22 1944
I last saw her alive on Nov. 21 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cardio-renal	Several Years.
Cerebral Hemorrhage	11 mo.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? Idaho
Name of operation None Date
Major finding Hemiplegia
Finding of autopsy None

PHYISICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature W. N. Hayhurst (M. D. or other)
and Address Pocatello Date 11/25 1944.
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JAN 10 1945

Certificate Of Death

STATE OF IDAHO

State File No. 141686
Local Reg. No. 310
Reg. Dist. No. 5

1. **PLACE OF DEATH:**
   (a) County Bannock
   (b) City or town Pocatello
   (c) Street Address or R.F.D. No. 101. So. Johnson.
   (d) Death Occured (Inside?) Outside? city or town
   (e) Died in a Home (Hospital) Institution Other place
   (f) Name Hosp. or Inst. General Stayed days
   (g) Lived in this county 20 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Bannock
   (c) City or town Pocatello
   (d) Street Address or R.F.D. No. 406. So. 6th.
   (e) Deceased lived (Inside?) Outside? city or town
   (f) Citizen of what country? United States
   (g) How long had deceased lived in Idaho? 20 years
   (h) Former residence (city, state) Italy

3. (a) **FULL NAME** Pietro DiGiovine. 46

3. (b) If veteran, name war None
3. (c) Social Security No. 519-14-1884.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) About Sept. 1878.

8. AGE	Years	Months	Days	If less than 1 day
	66			hrs min.

9. Exact Occupation Miner — Did this work for 40 yrs.
10. Industry or Business Own mine — Date last worked
11. Birthplace Abruzzi, (City or town) Italy. (State or foreign country)

Mother
12. Name Unknown. "
13. Birthplace (City or town) (State or foreign country)

Father
14. Maiden name Unknown "
15. Birthplace (City or town) (State or foreign country)

16. Informant's **OWN** Signature John Patti
and Address Pocatello, Idaho.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/1/1944 (Month) (Day) (Year)
(c) Place: Mountain View Cem.

18. Funeral Director's **OWN** Signature Hall Mortuary, by W. W. Hall
and Address Pocatello, Idaho.

19. (a) 12-4-1944 (Date received and filed) (b) DC Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) November 24. 1944
at 8:30 o'clock A. M.

21. **I HEREBY CERTIFY**, That I attended deceased from Oct. 20, 1944, to Nov. 24 1944
I last saw h-- alive on Nov. 23 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — Duration

Respiratory paralysis — 2 days.
Due to Carcinoma of stomach — 1 1/2 yrs.
Due to — ---
Other conditions Cardio-nephritis — 4 yrs.
(Include pregnancy within 3 months of death)

Where was disease contracted? Idaho
Name of operation None Date
Major finding Tumor mass in abdomen
Finding of autopsy None

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature W. W. Hughart, M. D. or other
and Address Pocatello, Idaho Date 12/7 1944
(For additional space, use reverse side)

United States
Department of Commerce
Bureau of the Census JAN 10 1945

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 141687
Local Reg. No. 306
Reg. Dist. No. 511

1. **PLACE OF DEATH:**
(a) County Bannock
(b) City or town Pocatello
(c) Street Address or R. F. D. No. 101. So. Johnson.
(d) Death Occurred (Inside?) Outside? city or town
(e) Died in a Home (Hospital) Institution Other place
(f) Name Hosp. or Inst. General Stayed days
(g) Lived in this county 25 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bannock
(c) City or town Pocatello
(d) Street Address or R. F. D. No. R. R. North.
(e) Deceased lived (Inside?) Outside? city or town
(f) Citizen of what country? United States
(g) How long had deceased lived in Idaho? 25 years
(h) Former residence (city, state) Utah.

3. (a) **FULL NAME** Sarah Josephine Candland. 83a

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Walter Candland
6. (c) Age of husband or wife if alive 51 years
7. Date of Birth (Month, Day, Year) December. 30. 1890.

8. AGE	Years	Months	Days	If less than 1 day
	53	10	28	hrs min.

9. Exact Occupation House-wife Did this work for 29 yrs.
10. Industry or Business Own home Date last worked
11. Birthplace Salt Lake City, Utah. (City or town) (State or foreign country)
Father
12. Name Jens Christensen.
13. Birthplace Denmark. (City or town) (State or foreign country)
Mother
14. Maiden name Marie Albertsen.
15. Birthplace Denmark. (City or town) (State or foreign country)
16. Informant's OWN Signature W Candland
and Address Pocatello, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/1/ 1944 (Month) (Day) (Year)
(c) Place: Mountain View Cem.
18. Funeral Director's OWN Signature Anthony W. Hall
and Address Hall Mortuary, Pocatello. Idaho.
19. (a) 12-7-44 (Date received and filed) (b) D C Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) November. 27. 1944
at o'clock M.
21. **I HEREBY CERTIFY,** That I attended deceased from 9/5 1943, to 11/27 1944
I last saw her alive on 11/27 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
✓ Cerebral hemorrhage	4 hrs
Due to	
Due to Hypertension	2 yrs
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted? none	
Name of operation — Date	
Major finding —	
Finding of autopsy —	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? — Suicide? — Homicide? —
Occurred 19 City, county, state
where violence occurred —
Place of Violence: Home — Farm — Industry —
Public Place — While at work?
Means of injury —
23. Attendant's OWN Signature O. Call (M. D. or other)
and Address Pocatello, Idaho. Date 11/28 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

141688

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH

STATE OF IDAHO

JAN 10 1945

State File No.
Local Reg. No. 314
Reg. Dist. No. 5-10

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. PLACE OF DEATH:

(a) County Bannock
(b) City or town Pocatello
(c) Street Address or R. F. D. No. 101. So. Johnson.
(d) Death Occurred (Inside?) Outside? city or town
(e) Died in a Home (Hospital) Institution Other place
(f) Name Hosp. or Inst. General Stayed 11 days
(g) Lived in this county years months days

Note For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)

(a) State Idaho. (b) County Bannock
(c) City or town Pocatello
(d) Street Address or R. F. D. No. 423. East Center
(e) Deceased lived (Inside)? Outside? city or town
(f) If foreign born, in U. S. yrs. Citizen of U. S.?
(g) How long had deceased lived in Idaho? years
(h) Former residence (city, state)

3. (a) **FULL NAME** Harry E. Moser. 94a

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Unknown
6. (b) Name of husband or wife
6 (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Unknown About 74 Yrs.

8. AGE	Years	Months	Days	If less than 1 day: hrs	min.

9. Exact Occupation
Did this work for yrs.
10. Industry or Business
Date last worked
11. Birthplace (City or town) (State or foreign country)

Father
12. Name Unknown
13. Birthplace " " " " " " " " (City or town) (State or foreign country)

Mother
14. Maiden name " " " " " "
15. Birthplace " " " " " " (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mrs. Conway - P. L. Hoop.
and Address Pocatello, Idaho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/6/1944. (Month) (Day) (Year)
(c) Place: Mountain View Cem.
18. Funeral Director's **OWN** Signature Hall Mortuary,
and Address Pocatello, Idaho.
19. (a) 11-9-1944 (Date received and filed) (b) D C Ray (Registrar's Signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) December. 2. 1944
at 7 o'clock A.M.

21. **I HEREBY CERTIFY,** That I attended deceased from Nov. 18. 1944 to Dec. 2. 1944
I last saw him alive on Dec. 1 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: (Duration)
✓ Coronary Stenosis — 1 year.
Due to
Due to
Other conditions Senility
(Include pregnancy within 3 months of death)

Where was disease first contracted? Idaho
Name of operation None Date
Major finding Severe cardiac pain.
Finding of autopsy None

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature W. W. Hughes
(M. D. or other)
and Address Pocatello, Idaho. Date 12/ 1944

(For additional space, use reverse side)

141689

United States
Department of Commerce
Bureau of the Census

JAN 10 1945

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 307
Reg. Dist. No. 510

1. **PLACE OF DEATH:**
(a) County Bannock
(b) City or town Pocatello
(c) Street Address ~~xxxxxxx~~ So. Johnson Ave
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home __ Hospital X Institution __ Other place __
(f) Name Hosp. or Inst. General Stayed 7 days
(g) Lived in this county 70 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bannock
(c) City or town Pocatello Ida
(d) Street Address ~~or R. F. D.~~ No.
(e) Deceased lived Inside? X Outside? — city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 70 years
(h) Former residence (city, state) Virginia City Mont

3. (a) FULL NAME Sarah Frances Wilbur 186a

3. (b) If veteran, name war ____ 3. (c) Social Security No. ____

4. ~~Sex~~ Female 5. Color or race white 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife dead 6. (c) ~~Age~~ of husband or wife if alive ____ years

7. Date of Birth (Month, Day, Year) Oct 24. 1846

8. AGE	Years	Months	Days	If less than 1 day
	98	1	8	____ hrs ____ min.

9. Exact Occupation House Keeper Did this work for 76 yrs.
10. Industry or Business at home Date last worked ____
11. Birthplace Fairmont Springs Penn (City or town) (State or foreign country)
Father 12. Name John Hancock Smith
13. Birthplace New York State (City or town) (State or foreign country)
Mother 14. Maiden name Sarah Rachel Kunts
15. Birthplace New York State (City or town) (State or foreign country)
16. Informant's OWN Signature Lila Franklin and Address Pocatello Idaho
17. (a) Bureal (Burial, cremation, or removal) (b) Date thereof Dec 6 1944 (Month) (Day) (Year)
(c) Place Mount View. Pocatello Ida.
18. Funeral Director's OWN Signature H. L. McCloud and Address Pocatello Idaho
19. (a) 12-6-1944 (Date received and filed) (b) D. Kay (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Dec 4 1944 at 10.05 o'clock a. M.
21. I HEREBY CERTIFY, That I attended deceased from 11/21 1944, to 12/4 1944
I last saw her alive on 12/4 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Myocardial failure	
Due to Comminuted fracture L. femur	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation ____ Date ____	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ✓ Suicide? ____ Homicide? ____
Occurred 11-30 1944 City, county, state where violence occurred Pocatello
Place of Violence: Home ✓ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury Fall
23. Attendant's OWN Signature [signature] (M. D. or other)
and Address Pocatello Date 12/5 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

141690

United States
Department of Commerce
Bureau of the Census

JAN 10 1945

Certificate Of Death

STATE OF IDAHO

State File No.
Local Reg. No. 308
Reg. Dist. No. 511

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
(a) County Bannock
(b) City or town Pocatello
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? ✓ Outside? city or town
(e) Died in a Home Hospital ✓ Institution Other place
(f) Name Hosp. or Inst. General Stayed 7 days
(g) Lived in this county years months 7 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Custer
(c) City or town Mackay
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? ✓ Outside? city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 42 years
(h) Former residence (city, state) Colorado Springs Colorado

3. (a) **FULL NAME** Frank Adelbert Stacy 83a

3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex M. 5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Josie Maude
6. (c) Age of husband or wife if alive 68 years
7. Date of Birth (Month, Day, Year) September 2 - 1864

8. AGE	Years	Months	Days	If less than 1 day
	80	3	2	hrs min.

9. Exact Occupation merchant and mining Did this work for life yrs.
10. Industry or Business store & Mine Date last worked 1941
11. Birthplace Painsville, Ohio (City or town) (State or foreign country)
Father 12. Name Abyrum Stacy
13. Birthplace New York (City or town) (State or foreign country)
Mother 14. Maiden name Pusk Stevens
15. Birthplace ✓ ✓ (City or town) (State or foreign country)
16. Informant's **OWN** Signature Morris Stacy
and Address Pocatello, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 7, 1944 (Month) (Day) (Year)
(c) Place: Mackay, Idaho
18. Funeral Director's **OWN** Signature W. S. Marvel
and Address area Idaho
19. (a) 12-14-1944 (Date received and filed) (b) D. C. Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Dec. 4 1944
at o'clock M.
21. **I HEREBY CERTIFY**, That I attended deceased from Nov. 26 1944, to Dec. 4 1944
I last saw him alive on Dec. 4 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebral hemorrhage	1 wk
✓ Due to Senility &	
Due to arterio-sclerosis	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature J. R. McMahon (M. D. or other)
and Address Pocatello Date 12/6 1944
(For additional space, use reverse side)

141691

United States
Department of Commerce
Bureau of the Census

JAN 10 1945

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 309
Reg. Dist. No. 210

1. **PLACE OF DEATH:**
(a) County Bannock
(b) City or town Pocatello
(c) Street Address ~~or R. F. D.~~ No. 535 So. 9th
(d) Death Occurred Inside? X Outside? ___ city or town
(e) Died in a Home X Hospital ___ Institution ___ Other place
(f) Name Hosp. or Inst. ___ Stayed ___ days
(g) Lived in this county 46 years ___ months ___ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bannock
(c) City or town Pocatello
(d) Street Address ~~or R. F. D.~~ No. 535 So. 9th
(e) Deceased lived Inside? X Outside? ___ city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 46 years
(h) Former residence (city, state) Logan Utah

3. (a) **FULL NAME** Eliza Jenkins Ellis

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3. (b) If veteran, name war ___ 3. (c) Social Security No. ___
4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife James H. 6. (c) Age of husband or wife if alive 76 years
7. Date of Birth (Month, Day, Year) November 28. 1876

8. AGE	Years	Months	Days	If less than 1 day
	68	—	7	hrs min.

9. Exact Occupation House Wife Did this work for 40 yrs.
10. Industry or Business at home Date last worked 1938
11. Birthplace Glastershire England (City or town) (State or foreign country)
Father 12. Name Joe Jenkins
13. Birthplace England (City or town) (State or foreign country)
Mother 14. Maiden name Annie Waite
15. Birthplace England (City or town) (State or foreign country)
16. Informant's OWN Signature James H Ellis
and Address Pocatello Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 8 1944 (Month) (Day) (Year)
(c) Place: Mt View Cem Pocatello
18. Funeral Director's OWN Signature H. L. McHan
and Address Pocatello Idaho
19. (a) 13-9-1944 (Date received and filed) (b) D Clay (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Dec. 5th 1944
at 3 o'clock A. M.
21. **I HEREBY CERTIFY,** That I attended deceased from July 14 1942 to Dec. 5 1944.
I last saw her alive on Dec. 2 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration
✓ Respiratory paralysis 3 days
Due to Cardio-nephritic unknown
Due to Fracture of hip 27 months
Other conditions Diabetes mellitus unknown
(Include pregnancy within 3 months of death)
Where was disease contracted? Idaho
Name of operation None Date
Major finding Edema of extremities
Finding of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ___ Suicide? ___ Homicide? ___
Occurred ___ 19___ City, county, state
where violence occurred ___
Place of Violence: Home ___ Farm ___ Industry ___
Public Place ___ While at work? ___
Means of injury ___
23. Attendant's OWN Signature H. H. Hughart (M. D. or other)
and Address Pocatello Date Dec 5 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

141692

United States
Department of Commerce
Bureau of the Census

JAN 10 1945

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 310
Reg. Dist. No. 518

1. PLACE OF DEATH:
(a) County Bannock
(b) City or town Pocatello
(c) Street Address or R. F. D. No. 320 No. 13th. Ave.
(d) Death Occurred (Inside?) Outside? city or town
(e) Died in a (Home) Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 29 years months days
Note For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Bannock
(c) City or town Pocatello
(d) Street Address or R. F. D. No. 320 No. 13th. Ave.
(e) Deceased lived (Inside?) Outside? city or town
(f) If foreign born, in U. S. yrs. Citizen of U. S.? Yes
(g) How long had deceased lived in Idaho? 45 years
(h) Former residence (city, state) Utah

3. (a) **FULL NAME** Olive Ellen Oliver. 93e.

3. (b) If veteran, name war None 3. (c) Social Security No. None
4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife Arthur Thos. Oliver 6. (c) Age of husband or wife if alive 69 years
7. Date of Birth (Month, Day, Year) May. 15. 1881.

8. AGE	Years	Months	Days	If less than 1 day
	63	6	20	hrs min.

9. Exact Occupation Housekeeper Did this work for yrs.
10. Industry or Business Own home Date last worked
11. Birthplace Aurora, (City or town) Utah. (State or foreign country)

Father
12. Name Harford Zimmore Baxter.
13. Birthplace Nephi. (City or town) Utah (State or foreign country)

Mother
14. Maiden name Wettha Higgins.
15. Birthplace Moroni, (City or town) Utah. (State or foreign country)

16. Informant's **OWN** Signature and Address Mrs Martin Ahlmstrom Pocatello. Idaho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/8/1944. (Month) (Day) (Year)
(c) Place: Mountain View Cem.
18. Funeral Director's **OWN** Signature and Address Hall Mortuary, Pocatello. Idaho.
19. (a) 12-6-1944 (Date received and filed) (b) D C Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) December. 5. 1944
at 11 o'clock ~~A.M.~~ P.M.

21. I **HEREBY CERTIFY**, That I attended deceased from Nov 26 1944, to 1944
I last saw her alive on 11-26 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Myocarditis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease first contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature D C Ray (M. D. or other)
and Address Pocatello, Idaho. Date 12/ 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JAN 10 1945

Certificate Of Death

STATE OF IDAHO

State File No. 141693
Local Reg. No. 3 11
Reg. Dist. No. 5-10

1. **PLACE OF DEATH:**
(a) County Bannock
(b) City or town Pocatello
(c) Street Address or R.F.D. No. —
(d) Death Occured Inside? — Outside? ..... city or town
(e) Died in a Home .... Hospital — Institution .... Other place ....
(f) Name Hosp. or Inst. St. Anthony Stayed 2 days
(g) Lived in this county ..... years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in this space)
(a) State Idaho (b) County Bannock
(c) City or town Pocatello
(d) Street Address or R.F.D. No. 337 N. Hayes
(e) Deceased lived Inside? — Outside? ..... city or town
(f) Citizen of what country? .....
(g) How long had deceased lived in Idaho? ..... years
(h) Former residence (city, state) .....

3. (a) **FULL NAME** Secundino Omacheverria 131a

3. (b) If veteran, name war —
3. (c) Social Security No. none
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced —
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) DEC. 8, 1879

8. AGE	Years	Months	Days	If less than 1 day
	64	11	28	hrs min.

9. Exact Occupation Sheep man Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Spain (City or town) (State or foreign country)
Father
12. Name Cmeterio Omacheverria
13. Birthplace Spain (City or town) (State or foreign country)
Mother
14. Maiden name unknown
15. Birthplace Spain (City or town) (State or foreign country)
16. Informant's **OWN** Signature Florencio Omacheverria
and Address Rupert Hotel Pocatello Ida.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-11-44 (Month) (Day) (Year)
(c) Place: Mountainview
18. Funeral Director's **OWN** Signature Byron B. Howard
and Address Pocatello Idaho
19. (a) 12-10-1944 (Date received and filed) (b) D C Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) December 6 19 44
at 10 45 o'clock P M.
21. **I HEREBY CERTIFY**, That I attended deceased from 12-1 1944, to 12-6 1944
I last saw h alive on 12-6 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Uremia 12	
Due to Chronic Cardio nephritis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation ..... Date	PHYSICIAN Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature D C Ray (M. D. or other)
and Address Pocatello Date 12-10 1944
(For additional space, use reverse side)

United States
Department of Commerce
Bureau of the Census

JAN 10 1945

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 141694
Local Reg. No. 312
Reg. Dist. No. 511

1. **PLACE OF DEATH:**
(a) County Bannock
(b) City or town Pocatello
(c) Street Address or R. F. D. No. 650. No. 4th. Ave.
(d) Death Occurred (Inside?) ____ Outside? ____ city or town
(e) Died in a Home (Hospital) Institution Other place
(f) Name Hosp. or Inst. St. Anthony Stayed 21 days
(g) Lived in this county 21 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bannock
(c) City or town Pocatello
(d) Street Address or R. F. D. No. R. F. D. No. #1
(e) Deceased lived Inside? (Outside?) city or town
(f) Citizen of what country? United States
(g) How long had deceased lived in Idaho? 31 years
(h) Former residence (city, state) Montana

3. (a) FULL NAME Goodman M. Johnson. 46e

3. (b) If veteran, name war None
3. (c) Social Security No. 712-09-5713
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Ann Mjaseth
6. (c) Age of husband or wife if alive Died Oct. 29/33 years
7. Date of Birth (Month, Day, Year) September. 4. 1878.

8. AGE	Years	Months	Days	If less than 1 day
	66	3	4	hrs min.

9. Exact Occupation Retired-Lead bar Did this work for 31 yrs.
10. Industry or Business Inspector. UP. Ry. Date last worked 1/28/42
11. Birthplace Bergen, (City or town) Norway. (State or foreign country)
Father
12. Name John Hollaland.
13. Birthplace (City or town) Norway. (State or foreign country)
Mother
14. Maiden name Hansine Knarick.
15. Birthplace (City or town) Norway. (State or foreign country)
16. Informant's OWN Signature John H. Johnson
and Address Pocatello, Idaho.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 12/ (Month) (Day) 1944 (Year)
(c) Place: Salt Lake City, Utah.
18. Funeral Director's OWN Signature Anthony M Hall
and Address Pocatello. Idaho.
19. (a) 12-10-44 (Date received and filed) (b) D C Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) December. 8. 1944
at ____ o'clock ____ M.
21. **I HEREBY CERTIFY,** That I attended deceased from Nov 1 1944, to Dec 8 1944
I last saw him alive on Dec 8 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Carcinoma of Ascending Colon	6 Mos
Due to	Sudden
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation ✓ Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature O. L. Call (M. D. or other)
and Address Pocatello, Idaho. Date 12/ 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JAN 10 1945

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 141695
Local Reg. No. 313
Reg. Dist. No. 510

1. **PLACE OF DEATH:**
(a) County Bannock
(b) City or town POCATELLO, IDAHO
(c) Street Address or R. F. D. No. ------
(d) Death Occurred Inside? ____ Outside? X city or town
(e) Died in a Home __ Hospital __ Institution __ Other place X
(f) Name Hosp. or Inst. ---- Stayed ____ days
(g) Lived in this county 0 years 7 months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bannock
(c) City or town POCATELLO, IDAHO
(d) Street Address ~~XXXXXX~~ No. North 5th Ave
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? ____
(g) How long had deceased lived in Idaho? 7 Months
(h) Former residence (city, state) Minneapolis, 186a Minn.

3. (a) FULL NAME AXEL F. BJURSTROM

3. (b) If veteran, name war ----
3. (c) Social Security No. 300-05-1692
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Evelyn Bjurstrom
6. (c) Age of husband or wife if ---- years
7. Date of Birth (Month, Day, Year) January 18, 1887

8. AGE	Years	Months	Days	If less than 1 day
	57	10	21	hrs min.

9. Exact Occupation Tie Handler Did this work for ____ yrs.
10. Industry or Business U. P. Railroad Co. Date last worked 12/8/44
11. Birthplace Unknown (City or town) Sweden (State or foreign country)
Father
12. Name Unknown
13. Birthplace Unknown (City or town) (State or foreign country)
Mother
14. Maiden name Unknown
15. Birthplace Unknown (City or town) (State or foreign country)
16. Informant's OWN Signature A. B. Scott U. P. personal record Bureau
and Address POCATELLO, IDAHO
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 12/9/44 (Month) (Day) (Year)
(c) Place: Minneapolis, Minnesota
18. Funeral Director's OWN Signature H. L. McHan
and Address POCATELLO, IDAHO
19. (a) 12/9/44 (Date received and filed) (b) D C Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) December 8 1944
at ____ o'clock ____ M.
21. I HEREBY CERTIFY, That I attended deceased from Dec 8 1944, to Dec 8 1944
I last saw h not alive on ____ 19__; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Hemorrhage & compression of cervical cord
Due to Fracture of cervical spine
Due to Fall.
Other conditions ____
(Include pregnancy within 3 months of death)
Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy Fracture and hemorrhage of cervical spine

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Yes Suicide? ____ Homicide? ____
Occurred December 8 1944 City, county, state where violence occurred Pocatello, Idaho
Place of Violence: Home ____ Farm ____ Industry X
Public Place ____ While at work? X
Means of injury Fall from hill of tie
23. Attendant's OWN Signature H. J. Hartvigsen M. D. (M. D. or other)
and Address POCATELLO, IDAHO Date ____ 19__
(For additional space, use reverse side)

141696

United States
Department of Commerce
Bureau of the Census

JAN 10 1945

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 315
Reg. Dist. No. 510

1. **PLACE OF DEATH:**
(a) County Bannock
(b) City or town Pocatello
(c) Street Address or R. F. D. No. 101. So. Johnson.
(d) Death Occurred (Inside?) Outside? city or town
(e) Died in a Home (Hospital) Institution Other place
(f) Name Hosp. or Inst. General Stayed 21 days
(g) Lived in this county 20 years 6 months 20 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bannock
(c) City or town Pocatello
(d) Street Address or R. F. D. No 900 Block No. M
(e) Deceased lived (Inside?) Outside? city or town
(f) Citizen of what country? United States
(g) How long had deceased lived in Idaho? Life years
(h) Former residence (city, state) None

3. (a) **FULL NAME** Donna Mary Siler Kempe. 56a

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lawrence G. Kempe
6. (c) Age of husband or wife if alive 25 years
7. Date of Birth (Month, Day, Year) May. 21. 1924.

8. AGE	Years	Months	Days	If less than 1 day
	20	6	20	hrs min.

9. Exact Occupation House-wife Did this work for 3 yrs.
10. Industry or Business Own home Date last worked
11. Birthplace Pocatello, Idaho. (City or town) (State or foreign country)
Father
12. Name Samuel Lafayett Siler.
13. Birthplace Pleasant View, Utah. (City or town) (State or foreign country)
Mother
14. Maiden name Ida Ione Wheeler.
15. Birthplace Sterling, Idaho. (City or town) (State or foreign country)
16. Informant's OWN Signature Lawrence G. Kempe and Address Pocatello, Idaho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/14/44 (Month) (Day) (Year)
(c) Place: Mountain View Cem.
18. Funeral Director's OWN Signature Hall Mortuary. and Address Pocatello, Idaho.
19. (a) 12-13-1944 (Date received and filed) (b) D C Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) December. 11. 1944 at 10 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from 11-21 1944 to 12-11 1944
I last saw her alive on 12-11 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Crouds-pneumonia	
✓ Due to Enteritis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Laparotomy Date 11-21-44	Underline the cause to which death should be charged statistically.
Major finding Two large Cranian Cyst	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide? Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature D. Russell M.D. (M. D. or other) and Address Pocatello, Idaho. Date 12/12/1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JAN 10 1945

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 141697
Local Reg. No. 317
Reg. Dist. No. 516

1. **PLACE OF DEATH:**
(a) County Bannock
(b) City or town Pocatello
(c) Street Address or R. F. D. No. 101. So. Johnson.
(d) Death Occurred (Inside?) Outside? city or town
(e) Died in a Home ( ) Hospital ( ) Institution ( ) Other place
(f) Name Hosp. or Inst. General Stayed 21 days
(g) Lived in this county 36 years 10 months - days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bannock
(c) City or town Pocatello
(d) Street Address or R. F. D. No. 415. East Hallidy
(e) Deceased lived (Inside?) Outside? city or town
(f) Citizen of what country? United States
(g) How long had deceased lived in Idaho? life years
(h) Former residence (city, state) None

3. (a) **FULL NAME** Orval Clarence John. 131a

3. (b) If veteran, name war
3. (c) Social Security No. 519-01-1884
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Eva Francis Ivie.
6. (c) Age of husband or wife if alive 36 years
7. Date of Birth (Month, Day, Year) Feb. 12. 1908.

8. AGE	Years	Months	Days	If less than 1 day
	36	10	-	hrs min.

9. Exact Occupation Tire Repairman Did this work for 2 yrs.
10. Industry or Business Garrettes Transfer Date last Worked Nov. 1944.
11. Birthplace Lava Hot Springs, (City or town) Idaho (State or foreign country)

Father
12. Name George John
13. Birthplace West Portage, (City or town) Utah (State or foreign country)

Mother
14. Maiden name Loretta Boise.
15. Birthplace Oxford, (City or town) Idaho (State or foreign country)

16. Informant's **OWN** Signature Eva F. Ivie
and Address Pocatello, Idaho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/16/1944 (Month) (Day) (Year)
(c) Place Mackay, Idaho.
18. Funeral Director's **OWN** Signature John A Hall
and Address Hall Mortuary, Pocatello. Idaho.
19. (a) 12-15-1944 (Date received and filed) (b) D C Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) December. 12. 1944
at o'clock M.
21. **I HEREBY CERTIFY,** That I attended deceased from April 1 1944 to Dec. 12 1944
I last saw h alive on Dec. 12 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Respiratory failure	Immediate
Due to Cardio-vaskular-renal disease & albuminuria &	
Due to hypertension	2 yrs
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature J R McMahon (M. D. or other)
and Address Pocatello, Idaho. Date 12/15 1944

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 141698
Local Reg. No. 318
Reg. Dist. No. 511

JAN 10 1945

1. **PLACE OF DEATH:**
   (a) County Bannock
   (b) City or town Pocatello
   (c) Street Address or R. F. D. No. —
   (d) Death Occured Inside? — Outside? ... city or town
   (e) Died in a Home.... Hospital — Institution.... Other place....
   (f) Name Hosp. or Inst. St. Anthonys Stayed 2 days
   (g) Lived in this county ... years ... months ... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Bear Lake
   (c) City or town St. Charles
   (d) Street Address or R.F.D. No. ...
   (e) Deceased lived Inside? — Outside? ... city or town
   (f) Citizen of what country? U. S. A.
   (g) How long had deceased lived in Idaho? 78 years
   (h) Former residence (city, state) ...

3. (a) **FULL NAME** Nancy H. Allred 97

3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Edgar
6. (c) Age of husband or wife if alive ... years
7. Date of Birth (Month, Day, Year) February 6, 1863

8. AGE	Years	Months	Days	If less than 1 day
	81	10	7	hrs min.

9. Exact Occupation Housewife — Did this work for ... yrs.
10. Industry or Business — Date last worked
11. Birthplace Grantsville Utah (City or town) (State or foreign country)

Father
12. Name Alexander Hunt
13. Birthplace U. S. A. (City or town) (State or foreign country)

Mother
14. Maiden name Elizabeth Tait
15. Birthplace U. S. A. (City or town) (State or foreign country)

16. Informant's **OWN** Signature Dora A. Thompson
and Address 347 East Clark St.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 12-13-44 (Month) (Day) (Year)
(c) Place: Montpelier Ida.

18. Funeral Director's **OWN** Signature Frank Williams
and Address Montpelier Idaho

19. (a) 12-13-1944 (Date received and filed) (b) D C Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Dec. 13 19 44
at ... o'clock ... M.

21. **I HEREBY CERTIFY**, That I attended deceased from Dec. 10 19 44, to Dec. 13 19 44
I last saw her alive on Dec. 13 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — Duration

✓ Cardiac failure — Immediate
Due to Senility, Hypostatic pneumonia
Due to arteriosclerosis
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? ...
Name of operation ... Date ...
Major finding ...
Finding of autopsy ...

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ... Suicide? ... Homicide? ...
Occurred ... 19 ... City, county, state where violence occurred ...
Place of Violence: Home ... Farm ... Industry ...
Public Place ... While at work? ...
Means of injury ...

23. Attendant's **OWN** Signature J. R. McMahon (M. D. or other)
and Address Pocatello Date 12/13 19 44
(For additional space, use reverse side)

141699

United States
Department of Commerce
Bureau of the Census JAN 10 1945

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 319
Reg. Dist. No. 211

1. **PLACE OF DEATH:**
(a) County Bannock
(b) City or town Alameda ~~[illegible]~~
(c) Street Address or R. F. D. No. 226 Randolph Ave
(d) Death Occurred (Inside?) Outside? city or town
(e) Died in a (Home) Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 20 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bannock
(c) City or town Alameda
(d) Street Address or R. F. D. No. 226, Randolph
(e) Deceased lived (Inside?) Outside? city or town
(f) Citizen of what country? United States
(g) How long had deceased lived in Idaho? 20 years
(h) Former residence (city, state) Wyoming

3. (a) FULL NAME Frank Corrazza. 94a

3. (b) If veteran, name war None
3. (c) Social Security No. 722-18-2475
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Dora Marchetti.
6. (c) Age of husband or wife if alive 64 years
7. Date of Birth (Month, Day, Year) June. 24. 1876.

8. AGE	Years	Months	Days	If less than 1 day
	68	5	20	hrs min.

9. Exact Occupation Machinist Helper Did this work for 6 Mo. yrs.
10. Industry or Business U.S. Naval GunPlant Date last worked 12/14/44
11. Birthplace Austria. (City or town) (State or foreign country)
Father
12. Name Joe Corrazza.
13. Birthplace Austria. (City or town) (State or foreign country)
Mother
14. Maiden name Mary Corrazza.
15. Birthplace Austria. (City or town) (State or foreign country)
16. Informant's OWN Signature Dora Corazza
and Address Alemada, Idaho.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 12/17/1944 (Month) (Day) (Year)
(c) Place: Rock Springs, Wyoming.
18. Funeral Director's OWN Signature Hall Mortuary, Arthur W Hall
and Address Pocatello, Idaho.
19. (a) 12-16-1944 (Date received and filed) (b) D C Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) December. 15. 1944
at o'clock M.
21. **I HEREBY CERTIFY,** That I attended deceased from — 19 , to — 19
I last saw h— alive on — 19 ; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Coronary Thrombosis	
Died Suddenly	10 minutes
Due to after severe pain between shoulders and	
Due to Indigestion	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation — Date —
Major finding
Finding of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature Arthur W Hall Coroner
and Address Pocatello, Idaho. (M. D. or other) Date 12/16 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce JAN 10 1945
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 141700
Local Reg. No. 323
Reg. Dist. No. 511

1. **PLACE OF DEATH:**
(a) County Bannock
(b) City or town Pocatello
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home X Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county ____ years 2 months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bear Lake
(c) City or town Georgetown
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? U. S.
(g) How long had deceased lived in Idaho? 40 years
(h) Former residence (city, state)

3. (a) **FULL NAME** Elizabeth Leona Hess 932

3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Female race White
5. Color or
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) January 2, 1904

8. AGE	Years	Months	Days	If less than 1 day
	40	11	13	hrs ____ min.

9. Exact Occupation At Home — Did this work for ____ yrs.
10. Industry or Business — Date last worked
11. Birthplace Georgetown (City or town) Idaho (State or foreign country)

Father
12. Name William W. Hess
13. Birthplace Georgetown, (City or town) Idaho (State or foreign country)

Mother
14. Maiden name Leonora C. Piggott
15. Birthplace Bloomington (City or town) Idaho (State or foreign country)

16. Informant's OWN Signature W. W. Hess
and Address 834 South Main, Pocatello, Idaho.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Dec. 15, 1944 (Month) (Day) (Year)
(c) Place: Georgetown, Idaho
18. Funeral Director's OWN Signature [illegible]
and Address Montpelier, Idaho
19. (a) 12-21-44 (Date received and filed) (b) D. C. Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) December 15 1944
at 6:40 o'clock P M.
21. I HEREBY CERTIFY, That I attended deceased from Dec. 4. 1944 to Dec. 15. 1944
I last saw her alive on Dec. 15, 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — Duration

√ Chronic Myocarditis.
Due to Paralized from two and a half years old.
Due to
Other conditions malnutrition.
(Include pregnancy within 3 months of death)

Where was disease contracted? Home
Name of operation no Date
Major finding
Finding of autopsy None.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work?
Means of injury

23. Attendant's OWN Signature J. N. Flynn (M. D. or other)
and Address Pocatello, Idaho Date Dec. 15 1944
(For additional space, use reverse side)

141701

United States
Department of Commerce
Bureau of the Census

JAN 10 1945

Certificate Of Death

STATE OF IDAHO

State File No.
Local Reg. No. 3254
Reg. Dist. No. 510

1. **PLACE OF DEATH:**
(a) County Bannock
(b) City or town Pocatello
(c) Street Address or R.F.D. No. ✓
(d) Death Occured Inside? ✓ Outside? ..... city or town
(e) Died in a Home.... Hospital ✓ Institution.... Other place....
(f) Name Hosp. or Inst. St. Anthony Stayed ..... days
(g) Lived in this county ..... years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Bannock
(c) City or town Pocatello
(d) Street Address or R.F.D. No. Benson Hotel
(e) Deceased lived Inside? ✓ Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 1/6 years
(h) Former residence (city, state) Pasco Wash. Helena, Mont

3. (a) **FULL NAME** John K. Jones 170C

3. (b) If veteran, name war ✓
3. (c) Social Security No. 517-03-4304
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) November 26, 1894

8. AGE	Years	Months	Days	If less than 1 day
	50	0	20	hrs min.

9. Exact Occupation Carpenter Did this work for 1 yrs.
10. Industry or Business Tertling-Brennan-Cahoon Date last worked 12-14-44
11. Birthplace Wanamie Pa. (City or town) (State or foreign country)

Father
12. Name Katherine
13. Birthplace unknown (City or town) (State or foreign country)

Mother
14. Maiden name Edwin Jones
15. Birthplace unknown (City or town) (State or foreign country)

16. Informant's **OWN** Signature Tertling, Brennan & Cahoon records
and Address Pocatello Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-22-44 (Month) (Day) (Year)
(c) Place: Mountainview
18. Funeral Director's **OWN** Signature Byron B. Downard
and Address Pocatello Idaho
19. (a) 12-22-44 (Date received and filed) (b) D C Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Dec. 16 1944
at 3:15 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 12-15 1944 to 12-16 1944
I last saw him alive on 12-16 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Undetermined internal injuries.	1 day.
Due to Accidental injuries.	1 day.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ..... Date .....
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Yes. Suicide? ..... Homicide? .....
Occurred 12-15 1944 City, county, state where violence occurred Pocatello, Bannock, Idaho.
Place of Violence: Home ..... Farm ..... Industry ✓
Public Place ..... While at work? Yes.
Means of injury Run over by a truck.
23. Attendant's **OWN** Signature Wilfred L. Olsen, M.D. (M. D. or other)
and Address Pocatello, Ida. Date 12-18 1944.
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JAN 10 1945

Certificate Of Death

STATE OF IDAHO

State File No. 141702
Local Reg. No. 322
Reg. Dist. No. 511

1. PLACE OF DEATH:
(a) County Bannock
(b) City or town Pocatello
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? X Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. General Hosp. Stayed 3 days
(g) Lived in this county — years — months 3 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Bingham
(c) City or town Blackfoot
(d) Street Address or R.F.D. No. Rt. #3
(e) Deceased lived Inside? Outside? X city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 53 years
(h) Former residence (city, state) —

3. (a) FULL NAME Walter Thomas Bithell 55c

3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) February 8 - 1877

8. AGE	Years	Months	Days	If less than 1 day
	67	10	9	hrs min.

9. Exact Occupation Livestock Farming Did this work for 50 yrs.
10. Industry or Business On Farm Date last worked 12-13-44
11. Birthplace Ophir, Utah. (City or town) (State or foreign country)
Father
12. Name Thomas Bithell
13. Birthplace Burkin Head, England (City or town) (State or foreign country)
Mother
14. Maiden name Mary Heathman
15. Birthplace Burkin Head, England (City or town) (State or foreign country)
16. Informant's OWN Signature J. H. Bithell and Address Blackfoot, Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 12-17-44 (Month) (Day) (Year)
(c) Place: Blackfoot, Idaho.
18. Funeral Director's OWN Signature Howard Packham and Address Blackfoot, Idaho.
19. (a) 12-18-1944 (Date received and filed) (b) D C Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) 12-17 1944
at 5.15 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 12/14 1944, to 12-17 1944
I last saw h. alive on 12-17 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Carcinoma	
Thyroid	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? Blackfoot
Name of operation Thyroidectomy Date 12/15
Major finding
Finding of autopsy —

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature [signature] (M. D. or other)
and Address Pocatello Date 12/17 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce JAN 10 1945
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 141703
Local Reg. No. 325
Reg. Dist. No. 510

1. **PLACE OF DEATH:**
(a) County Bannock
(b) City or town Pocatello
(c) Street Address or R.F.D. No. 442 S. Fifth
(d) Death Occured Inside? ✓ Outside? ..... city or town
(e) Died in a Home ✓ Hospital ..... Institution ..... Other place .....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county ..... years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Bannock
(c) City or town Pocatello
(d) Street Address or R.F.D. No. 442 S. Fifth
(e) Deceased lived Inside? ✓ Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 25 years
(h) Former residence (city, state) Toledo Ohio

3. (a) **FULL NAME** Mabel Mayne Smurthwaite 83a

3. (b) If veteran, name war ✓
3. (c) Social Security No. none
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife George A.
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) August 12, 1891

8. AGE	Years	Months	Days	If less than 1 day
	53	4	8	hrs min.

9. Exact Occupation Housewife Did this work for ..... yrs.
10. Industry or Business same Date last worked 12-20-44
11. Birthplace Michigan (City or town) (State or foreign country)
Father
12. Name John Kinne
13. Birthplace Michigan (City or town) (State or foreign country)
Mother
14. Maiden name Cora Plumb
15. Birthplace U.S.A. (City or town) (State or foreign country)
16. Informant's **OWN** Signature X Geo. A. Smurthwaite
and Address 442 S. Fifth
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-26-44 (Month) (Day) (Year)
(c) Place: Mountainview
18. Funeral Director's **OWN** Signature Byron B. Downard
and Address Pocatello Idaho
19. (a) 12-22-44 (Date received and filed) (b) D Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) December 20 1944
at 4.30 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from 11-24 1942, to 12-20 1944
I last saw her alive on 12-5 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebral Hemorrhage	15 Min.
✓ Due to Hypertension	
Due to Arteriosclerosis	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ..... Date .....
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury
23. Attendant's **OWN** Signature S. Russell M.D. (M. D. or other)
and Address Pocatello Date 12-21 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census JAN 10 1945

Certificate Of Death

STATE OF IDAHO

State File No. 141704
Local Reg. No. 333
Reg. Dist. No. 511

1. **PLACE OF DEATH:**
   (a) County Bannock
   (b) City or town Pocatello
   (c) Street Address or R.F.D. No. 101 So. Johnson
   (d) Death Occured (Inside?) Outside? city or town
   (e) Died in a Home (Hospital) Institution Other place
   (f) Name Hosp. or Inst. General Stayed days
   (g) Lived in this county years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Bannock
   (c) City or town Lava Hot Springs.
   (d) Street Address or R.F.D. No Co. Infirmary.
   (e) Deceased lived (Inside?) Outside? city or town
   (f) Citizen of what country?
   (g) How long had deceased lived in Idaho? years
   (h) Former residence (city, state)

3. (a) **FULL NAME** L. Homer Coombes. 131a

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day hrs	min.
	✓				

9. Exact Occupation — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace (City or town) (State or foreign country)

Mother Father
12. Name
13. Birthplace (City or town) (State or foreign country)
14. Maiden name
15. Birthplace (City or town) (State or foreign country)

16. Informant's **OWN** Signature
and Address Pocatello, Idaho.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/ (Month) (Day) 1944 (Year)
(c) Place: Mountain View Cem.

18. Funeral Director's **OWN** Signature Hall Mortuary.
and Address Pocatello, Idaho.

19. (a) 1-4-1945 (Date received and filed) (b) D C Kay (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) December 21. 1944
at 7.30 o'clock A. M.

21. **I HEREBY CERTIFY**, That I attended deceased from Oct. 25 1944 to Dec. 21 1944.
I last saw h~~im~~ alive on Dec. 20 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — Duration

1 Cardio-renal — Unknown
Due to
Due to
Other conditions Senility
(Include pregnancy within 3 months of death)

Where was disease contracted? Idaho.
Name of operation Autopsy Date
Major finding Edema of extremities
Finding of autopsy Negative

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature H. H. Leonhardt (M. D. or other)
and Address Pocatello, Idaho Date 12/ 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JAN 10 1945

Certificate Of Death

STATE OF IDAHO

State File No. 141705
Local Reg. No. 358
Reg. Dist. No. 510

1. PLACE OF DEATH:
(a) County Bannock
(b) City or town Pocatello
(c) Street Address or R.F.D. No. 101. So. Johnson.
(d) Death Occured (Inside?) ..... Outside? ..... city or town
(e) Died in a Home (Hospital) Institution ..... Other place ....
(f) Name Hosp. or Inst. General Stayed 1 days
(g) Lived in this county - years - months 1 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Bannock
(c) City or town Pocatello
(d) Street Address or R.F.D. No. .....
(e) Deceased lived Inside? ..... Outside? ..... city or town
(f) Citizen of what country? .....
(g) How long had deceased lived in Idaho? ..... years
(h) Former residence (city, state) .....

3. (a) FULL NAME Infant McIntier. 159

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) December. 24. 1944.

8. AGE	Years	Months	Days	If less than 1 day
				hrs 1 min.

9. Exact Occupation Infant Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Pocatello, Idaho. (City or town) (State or foreign country)
Father
12. Name Jess LeRoy McIntier.
13. Birthplace Lymon, Idaho. (City or town) (State or foreign country)
Mother
14. Maiden name Annie McCracken.
15. Birthplace Teton, Idaho. (City or town) (State or foreign country)
16. Informant's OWN Signature Jess L McIntier
and Address Pocatello, Idaho.
17. Removal&Burial (b) Date thereof 12/29/44 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: Lymon, Idaho.
18. Funeral Director's OWN Signature Hall Mortuary, Anthony W Hall
and Address Pocatello, Idaho.
19. (a) 12-28-1944 (b) D C Ray (Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) December. 24. 1944
at 3 o'clock P. M.
21. I HEREBY CERTIFY, That I attended deceased from Dec. 24 1944 to Dec. 24 1944,
I last saw her alive on Dec. 24 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
asphyxia	1 minute
Due to Large tumor of parotid gland and mouth	
Due to	
Other conditions Premature (Include pregnancy within 3 months of death)	

Where was disease contracted? .....
Name of operation None Date .....
Major finding Tumor parotid gland
Finding of autopsy None

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's OWN Signature H. H. Hughart (M. D. or other)
and Address Pocatello, Idaho. Date 12/26 1944.
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

JAN 12 1945

State File No. 141706
Local Reg. No. 10
Reg. Dist. No. 511

1. PLACE OF DEATH:
(a) County Bannock
(b) City or town Chesterfield
(c) Street Address or R.F.D. No.
(d) Death Occured (Inside?) Outside? city or town
(e) Died in (Home) Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 46 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Bannock
(c) City or town Chesterfield
(d) Street Address or R.F.D. No.
(e) Deceased lived (Inside?) Outside? city or town
(f) Citizen of what country? United States
(g) How long had deceased lived in Idaho? 46 years
(h) Former residence (city, state) Mayfield, Utah.

3. (a) **FULL NAME** Catharine Ruger.

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Adain Ruger.
6. (c) Age of husband or wife if alive Died 2/11/1902 years
7. Date of Birth (Month, Day, Year) Feb. 2. 1856.

8. AGE	Years	Months	Days	If less than 1 day
	88	10	22	hrs min.

9. Exact Occupation Retired Did this work for yrs.
10. Industry or Business House-wife Date last worked
11. Birthplace Stottel, (City or town) Switzerland. (State or foreign country)
Father
12. Name Hans Conrad Willie.
13. Birthplace (City or town) Switzerland. (State or foreign country)
Mother
14. Maiden name Elizabeth Nighcome.
15. Birthplace (City or town) Switzerland. (State or foreign country)
16. Informant's OWN Signature [signature]
and Address Chesterfield, Utah.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/27/1944 (Month) (Day) (Year)
(c) Place: Chesterfield, Idaho.
18. Funeral Director's OWN Signature Hall Mortuary, Arthur M Hall
and Address Pocatello, Idaho.
19. (a) Jan 5, 1945 (Date received and filed) (b) Mrs Harrison Crowell (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) December. 24. 1944.
at o'clock M.
21. **I HEREBY CERTIFY**, That I attended deceased from Nov. 15 1944 to Dec 24 1944
I last saw her alive on Dec 18 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Chronic Cardiac	
Valvular Heart Disease	unknown
Due to	
Due to	
Other conditions Senility (Include pregnancy within 3 months of death)	
Where was disease contracted? at home	
Name of operation — Date —	
Major finding	
Finding of autopsy not done	

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature C. A. Rich M.D. (M. D. or other)
and Address Pocatello, Idaho. Date 12/25 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 141707
Local Reg. No. 527
Reg. Dist. No. 511

JAN 10 1945

1. PLACE OF DEATH:

(a) County Bannock
(b) City or town Pocatello
(c) Street Address or R.F.D. No. 101 So. Johnson
(d) Death Occured (Inside?) Outside? city or town
(e) Died in a Home (Hospital) Institution Other place
(f) Name Hosp. or Inst. General Stayed 1 days
(g) Lived in this county 2 years - months - days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

(a) State Idaho (b) County Bannock
(c) City or town Pocatello
(d) Street Address or R.F.D. No. 303-1/2 E. Gould
(e) Deceased lived (Inside?) Outside? city or town
(f) Citizen of what country? United States
(g) How long had deceased lived in Idaho? 29 years
(h) Former residence (city, state) None

3. (a) FULL NAME Annie McIntier.

145b

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Jess LeRoy McIntier
6. (c) Age of husband or wife if alive 38 years
7. Date of Birth (Month, Day, Year) March. 3. 1915.

8. AGE	Years	Months	Days	If less than 1 day
	29	9	21	hrs min.

9. Exact Occupation House-wife — Did this work for 10 yrs.
10. Industry or Business Own home — Date last worked 12/24/44
11. Birthplace Teton, (City or town) Idaho. (State or foreign country)

Father
12. Name James McCracken.
13. Birthplace Smithville, (City or town) Utah. (State or foreign country)

Mother
14. Maiden name Violet Douglas.
15. Birthplace Smithville. (City or town) Utah. (State or foreign country)

16. Informant's **OWN** Signature Jess L McIntier
and Address Pocatello, Idaho.
17. (a) Removal&Burial (Burial, cremation, or removal) (b) Date thereof 12/29/44. (Month) (Day) (Year)
(c) Place: Lymon, Idaho.
18. Funeral Director **OWN** Signature Hall Mortuary, by Mary Hall
and Address Pocatello, Idaho.
19. (a) 12-28-1944 (Date received and filed) (b) J C Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) December. 24. 1944
at 3 o'clock P. M.

21. **I HEREBY CERTIFY**, That I attended deceased from Dec. 24 1944 to Dec. 24 1944.
I last saw her alive on Dec. 24 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — Duration

Shock — 10 minutes
Due to Sudden release of abnormal pressure.
Due to Polyhydramnios
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? Idaho
Name of operation None Date —
Major finding Polyhydramnios
Finding of autopsy None

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature H. H. Urquhart (M. D. or other)
and Address Pocatello, Idaho Date 12/31 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JAN 1[illegible] 1945

Certificate Of Death

STATE OF IDAHO

State File No. 141708
Local Reg. No. 329
Reg. Dist. No. 371

1. **PLACE OF DEATH:**
   (a) County Bannock
   (b) City or town Pocatello
   (c) Street Address or R.F.D. No. 101. So. Johnson
   (d) Death Occured (Inside) Outside? city or town
   (e) Died in a Home (Hospital) Institution Other place
   (f) Name Hosp. or Inst. General Stayed 4 days
   (g) Lived in this county years months 4 days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Bannock
   (c) City or town Alameda
   (d) Street Address or R.F.D. No. 343. Jefferson.
   (e) Deceased lived (Inside) Outside? city or town
   (f) Citizen of what country? United States
   (g) How long had deceased lived in Idaho? Life years
   (h) Former residence (city, state) None

3. (a) **FULL NAME** Eldon Ray Harmon. 160a

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) December. 21. 1944.

8. AGE	Years	Months	Days	If less than 1 day
	-	-	4	hrs min.

9. Exact Occupation Infant — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace Pocatello, (City or town) Idaho. (State or foreign country)

Father
12. Name Martin Lynn Harmon.
13. Birthplace Marysville, (City or town) Idaho. (State or foreign country)

Mother
14. Maiden name Vera Isadora Thompson.
15. Birthplace St. Anthony, (City or town) Idaho. (State or foreign country)

16. Informant's **OWN** Signature Martin L. Harmon
and Address Alameda, Idaho.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/26/1944 (Month) (Day) (Year)
(c) Place: Mountain View Cem.

18. Funeral Director **OWN** Signature Hall Mortuary by Ruby Mitchell
and Address Pocatello, Idaho.

19. (a) 12-29-1944 (Date received and filed) (b) D C Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) December. 25. 1944
at 5 o'clock P M.

21. **I HEREBY CERTIFY,** That I attended deceased from Dec 23 1944, to Dec 26 1944
I last saw him alive on Dec 25 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death	Duration
Cerebral Hemorrhage	4 days
✓ Prematurity.	4 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation None Date
Major finding
Finding of autopsy None

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature Wm Dougall
Pocatello, Idaho. (M. D. or other)
and Address Date 12/ 1944
(For additional space, use reverse side)

DISINTERMENT PERMIT

IDAHO STATE BOARD OF HEALTH

BOISE, IDAHO

APPLICATION HAVING BEEN MADE for the disinterment of the body of Eldon Ray Harmon

now lying buried in Mountain View Cemetery, in the City or Town of Pocatello

County of Bannock State of Idaho, who died on the 25 day of December, 1944, Aged - years ____ months

____ days, the cause of death being Prematurity and not directly or indirectly by diphtheria; (membranous croup); scarlet fever; smallpox; leprosy; asiatic cholera; typhus fever or yellow fever as shown by the certificate of death of said deceased, given by

Dr. McDougall attending physician

THIS IS TO CERTIFY that permission is hereby given for such disinterment and removal by private private or railway conveyance

to Restlawn Memorial Gardens Cemetery in the City or Town of Pocatello County of Bannock

State of Idaho to take effect upon the approval by the local board of health of the City, Town, or County of

Bannock it being understood and provided that nothing herein shall be deemed as contravening or in anywise modifying or releasing the Regulations of the State Board of Health governing the Transportation of corpses or the requirements for a Transportation permit, and all Transportation Companies and Common Carriers will be governed accordingly; and provided further, that where the disinterment is for the purpose of reinterment in another part of the same cemetery, or in a contiguous cemetery, the removal shall not be made by any public conveyance. The disinterment and removal must be done under the personal supervision of a licensed Embalmer in good standing. If the remains are to be removed from the cemetery they (including the disinterred casket), must be enclosed in a new metallic lined outer case before removal.

Given under my hand and Seal of the State Board of Health at Boise, Idaho,

this 2nd day of November, A.D. 1977.

Permit issued to:

Manning Funeral Chapel
510 No. Twelfth Ave.
Pocatello, Idaho

Janet M. Wick
Director, Division of Vital Statistics
by Joyce B Tolz

The foregoing application for disinterment and removal is hereby approved by the local Board of Health of the City, Town or County of _____ State of Idaho, this _____ day of _____, 19__.

_____
Health Officer

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JAN 10 1945

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 141709
Local Reg. No. 330
Reg. Dist. No. 510

1. **PLACE OF DEATH:**
   (a) County Bannock
   (b) City or town Pocatello
   (c) Street Address ~~XXXXXX~~ No. 1528 No. Arthur
   (d) Death Occurred Inside? X Outside? ____ city or town
   (e) Died in a Home X Hospital __ Institution __ Other place __
   (f) Name Hosp. or Inst. ____ Stayed ____ days
   (g) Lived in this county 9 years 4 months 26 days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Bannock
   (c) City or town Pocatello
   (d) Street Address or ~~XXXXXX~~ No. 1528 No. Arthur
   (e) Deceased lived Inside? X Outside? ____ city or town
   (f) Citizen of what country? U. S. A.
   (g) How long had deceased lived in Idaho? 48 years
   (h) Former residence (city, state) St. Anthony, Id

3. (a) FULL NAME JESSE H. JACKSON 46e

3. (b) If veteran, name war ----
3. (c) Social Security No. 519-20-8554
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Mary E.
6. (c) Age of husband or wife if alive 55 years
7. Date of Birth (Month, Day, Year) July 15, 1886

8. AGE	Years	Months	Days	If less than 1 day
	58	5	11	hrs min.

9. Exact Occupation Boiler Tender Did this work for 1½ yrs.
10. Industry or Business Naval Ordance Plant Date last worked Aug. 1944
11. Birthplace Paradise (City or town) Utah (State or foreign country)
Father
12. Name John Clark Jackson
13. Birthplace Unknown (City or town) (State or foreign country)
Mother
14. Maiden name Charllotte Housley
15. Birthplace Edmunds, Idaho (City or town) (State or foreign country)
16. Informant's OWN Signature J. Lawrence Jackson
and Address Pocatello, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/29/44 (Month) (Day) (Year)
(c) Place: Pocatello, Idaho.
18. Funeral Director's OWN Signature H. L. McHaw
and Address Pocatello, Idaho
19. (a) 12/26/44 (Date received and filed) (b) D. C. Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) December 26 1944
at 1:45 o'clock a. M.
21. I HEREBY CERTIFY, That I attended deceased from Dec 1 1943 to Dec. 26 1944
I last saw him alive on Dec. 26 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Carcinoma	
Due to J. Lower colon	
Due to Carcinoma.	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation [illegible] Date 9/10/44	Underline the cause to which death should be charged statistically.
Major finding Carcinoma	
Finding of autopsy J. Colon	

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature [illegible] (M. D. or other)
and Address Pocatello, Ida Date 12/26 1944
(For additional space, use reverse side)

141710

United States
Department of Commerce
Bureau of the Census JAN 10 1945

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 336
Reg. Dist. No. 511

1. **PLACE OF DEATH:**
(a) County Bannock
(b) City or town Pocatello
(c) Street Address or R. F. D. No. 101. So. Johnson
(d) Death Occurred (Inside?) Outside? city or town
(e) Died in a Home (Hospital) Institution Other place
(f) Name Hosp. or Inst. General Stayed 6 days
(g) Lived in this county 22 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bannock
(c) City or town Pocatello
(d) Street Address or R. F. D. No. One. North.
(e) Deceased lived (Inside?) Outside? city or town
(f) Citizen of what country? United States
(g) How long had deceased lived in Idaho? 43 years
(h) Former residence (city, state) Utah

3. (a) FULL NAME John Henry Fikstad. 93 e

3. (b) If veteran, name war None
3. (c) Social Security No. 712-003-9003
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Annie Ricks
6. (c) Age of husband or wife if alive 63 years
7. Date of Birth (Month, Day, Year) August. 27. 1881.

8. AGE	Years	Months	Days	If less than 1 day
	63	4	-	hrs min.

9. Exact Occupation Carman Did this work for 22 yrs.
10. Industry or Business U.P.Ry. Date last worked 11/15/44
11. Birthplace Ephriam. (City or town) Utah. (State or foreign country)
Father
12. Name Henry Fikstad.
13. Birthplace (City or town) Norway. (State or foreign country)
Mother
14. Maiden name Eureka Anderson.
15. Birthplace (City or town) Norway. (State or foreign country)
16. Informant's OWN Signature Leroy Fikstad
and Address Pocatello, Idaho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/2/1945. (Month) (Day) (Year)
(c) Place: Mountain View Cem.
18. Funeral Director's OWN Signature Hall Mortuary, Anthony M Hall
and Address Pocatello. Idaho.
19. (a) 1-4-1945 (Date received and filed) (b) D C Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) December. 27. 1944
at o'clock M.
21. **I HEREBY CERTIFY,** That I attended deceased from 3-1 1944 to 12-27 1944
I last saw her alive on 12/27 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cardiac failure	
✓ Due to Myocarditis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state
where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature [signature] (M. D. or other)
and Address Pocatello, Idaho Date 12/7/1945.
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

141711

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No.
Local Reg. No. 331
Reg. Dist. No. 511

JAN 19 1945

1. **PLACE OF DEATH:**
(a) County Bannock
(b) City or town Pocatello
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? X Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. General Stayed 1 days
(g) Lived in this county years months 6 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Bingham
(c) City or town Sterling
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? Outside? X city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 25 years
(h) Former residence (city, state) Blackfoot, Idaho

3. (a) **FULL NAME** Anna Margaret Thomas 61

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) January 22-1882

8. AGE	Years	Months	Days	If less than 1 day
	62	11	5	hrs min.

9. Exact Occupation Housewife Did this work for yrs.
10. Industry or Business At home Date last worked
11. Birthplace Mankato, Minnesota (City or town) (State or foreign country)
Father
12. Name Swedberg
13. Birthplace Sweden (City or town) (State or foreign country)
Mother
14. Maiden name No data
15. Birthplace Sweden (City or town) (State or foreign country)
16. Informant's **OWN** Signature Spencer Lamer
and Address Sterling, Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 12-27-44 (Month) (Day) (Year)
(c) Place: Blackfoot, Idaho
18. Funeral Director's **OWN** Signature Howard Peckham
and Address Blackfoot, Idaho
19. (a) 12-28-1944 (Date received and filed) (b) D C Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) December 27 1944
at 11:00 o'clock A. M.
21. **I HEREBY CERTIFY,** That I attended deceased from Dec 23 1944 to Dec 27 1944
I last saw her alive on Dec 27 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Coronary Heart Disease	6 mo
✓ Due to Arteriosclerosis	
Due to 61	
Other conditions Diabetes mellitus (Include pregnancy within 3 months of death)	12 yr

Where was disease contracted? Home
Name of operation none Date
Major finding
Finding of autopsy none

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature P P Howard M D (M. D. or other)
and Address Pocatello Date Dec 27 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JAN 10 1945

Certificate Of Death

STATE OF IDAHO

State File No. 141712
Local Reg. No. 334
Reg. Dist. No. 511

1. PLACE OF DEATH:
(a) County Bannock
(b) City or town Near McCammon
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? Outside? X city or town
(e) Died in a Home Hospital Institution Other place X
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 0 years 0 months 0 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Bonneville
(c) City or town Idaho Falls
(d) Street Address or R.F.D. No. Route # 5
(e) Deceased lived Inside? Outside? X city or town
(f) Citizen of what country? United States
(g) How long had deceased lived in Idaho? 30 years
(h) Former residence (city, state) Cedar Rapids, Iowa

3. (a) FULL NAME HARRY TALBOT WOOD 163g

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Jane Wood
6. (c) Age of husband or wife if alive 54 years
7. Date of Birth (Month, Day, Year) December 5, 1880

8. AGE	Years	Months	Days	If less than 1 day
	64	0	24	hrs min.

9. Exact Occupation Dental Surgeon Did this work for 35 yrs.
10. Industry or Business Private practice Date last worked 12/9/44
11. Birthplace Stone City (City or town) Iowa (State or foreign country)
Father
12. Name Elam J. Wood
13. Birthplace Unknown (City or town) (State or foreign country)
Mother
14. Maiden name Mary Talbot
15. Birthplace Unknown (City or town) (State or foreign country)
16. Informant's OWN Signature Jane Wood
and Address Idaho Falls, Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Dec.29,1944 (Month) (Day) (Year)
(c) Place: Idaho Falls, Idaho
18. Funeral Director's OWN Signature Orland C. Buck
and Address Idaho Falls, Idaho
19. (a) 1-4-1944 (Date received and filed) (b) D C Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) December 29 1944
at 6:15 o'clock P.M.
21. I HEREBY CERTIFY, That I attended deceased from July 1944, to Dec. 29 1944
I last saw him alive on Dec. 29 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Overdose dose of sleeping powder, self administered	
Due to	
Mental despondency	1 yr.
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation Date	
Major finding	
Finding of autopsy	

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? ✓ Homicide?
Occurred Dec. 29 1944 City, county, state where violence occurred Near McCammon, Idaho
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury Overdose sleeping powder
23. Attendant's OWN Signature C. C. Erickson M.D. (M. D. or other)
and Address Idaho Falls Date 1-2 1945
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JAN 10 1945

Certificate Of Death

STATE OF IDAHO

State File No. 141713
Local Reg. No.
Reg. Dist. No. 511

1. PLACE OF DEATH:
(a) County Bannock
(b) City or town Pocatello
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? X Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. St. Anthony Stayed days
(g) Lived in this county years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Bingham
(c) City or town Blackfoot
(d) Street Address or R.F.D. No. 1
(e) Deceased lived Inside? Outside? X city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? years
(h) Former residence (city, state)

3. (a) **FULL NAME** Gene Albert Lilya 33a

3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) July 12 - 1944

8. AGE	Years	Months	Days	If less than 1 day
	0	5	18	hrs min.

9. Exact Occupation None Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Parsons Hospital Blft, Idaho (City or town) (State or foreign country)
Father
12. Name Freeman Lilya
13. Birthplace Salt Lake City, Utah (City or town) (State or foreign country)
Mother
14. Maiden name June Anderson
15. Birthplace Trenton, Utah (City or town) (State or foreign country)
16. Informant's **OWN** Signature Freeman Lilya
and Address Blackfoot Idaho Route 1
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 12-30-44 (Month) (Day) (Year)
(c) Place: Blackfoot, Idaho.
18. Funeral Director's **OWN** Signature Howard Parkham
and Address Blackfoot, Idaho.
19. (a) 12-31-1944 (Date received and filed) (b) D C Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Dec. 30, 1944.
at 2:30 o'clock A.M.
21. **I HEREBY CERTIFY,** That I attended deceased from Dec 30 1944, to Dec 30 1944
I last saw him alive on Dec 30 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Acute Respiratory Influenza	1 day
Due to	
Due to	
Other conditions Pulmonary Edema (include pregnancy within 3 months of death)	8 hrs.

Where was disease contracted? Home
Name of operation None Date
Major finding
Finding of autopsy none

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature [signature] (M. D. or other)
and Address Pocatello. Date 19
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JAN 10 1945

Certificate Of Death

STATE OF IDAHO

State File No. 141714
Local Reg. No. 333
Reg. Dist. No. 510

1. **PLACE OF DEATH:**
(a) County Bannock
(b) City or town Pocatello
(c) Street Address or R.F.D. No. 328 S. Johnson
(d) Death Occured Inside? ✓ Outside? ___ city or town
(e) Died in a Home ✓ Hospital ___ Institution ___ Other place ___
(f) Name Hosp. or Inst. ___ Stayed ___ days
(g) Lived in this county ___ years ___ months ___ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Bannock
(c) City or town Pocatello
(d) Street Address or R.F.D. No. 328 S. Johnson
(e) Deceased lived Inside? ✓ Outside? ___ city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 2 years
(h) Former residence (city, state) Butte, Idaho

3. (a) **FULL NAME** Arthur Bennett Willoughby 95b

3. (b) If veteran, name war ✓
3. (c) Social Security No. 516-09-0140
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Ethelyn
6. (c) Age of husband or wife if alive 35 years
7. Date of Birth (Month, Day, Year) March, 17, 1904

8. AGE	Years	Months	Days	If less than 1 day
	40	9	14	hrs min.

9. Exact Occupation Watchmaker Did this work for 2 yrs.
10. Industry or Business Morgan Jewelry Co. Date last worked 4-44
11. Birthplace Butte, Montana (City or town) (State or foreign country)
Father
12. Name Simon Willoughby
13. Birthplace England (City or town) (State or foreign country)
Mother
14. Maiden name Flora Bennett
15. Birthplace England (City or town) (State or foreign country)
16. Informant's **OWN** Signature Ethelyn Willoughby
and Address 328 S. Johnson
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 2-1-44 (Month) (Day) (Year)
(c) Place: Butte Montana
18. Funeral Director's **OWN** Signature Byron B. Downard
and Address Pocatello Idaho
19. (a) 1-1-1945 (Date received and filed) (b) D C Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) December 31 1944
at 5:30 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from May 1944, to Dec 31 1944
I last saw him alive on Dec 30 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Congestive Heart failure	8 months
Due to Rheumatic Heart Disease, chronic	indefinite
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? Home
Name of operation none Date
Major finding
Finding of autopsy none

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ___ Suicide? ___ Homicide? ___
Occurred ___ 19___ City, county, state where violence occurred
Place of Violence: Home ___ Farm ___ Industry ___
Public Place ___ While at work? ___
Means of injury
23. Attendant's **OWN** Signature R P Howard M D (M. D. or other)
and Address Pocatello Idaho Date 1-3-1944
(For additional space, use reverse side)

141715

United States
Department of Commerce
Bureau of the Census

JAN 8 1945

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 11
Reg. Dist. No.

1. **PLACE OF DEATH:**
(a) County Bear Lake
(b) City or town Paris
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 78 years 7 months 26 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bear Lake
(c) City or town Paris
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? U. S.
(g) How long had deceased lived in Idaho? 78 years
(h) Former residence (city, state)

3. (a) **FULL NAME** James Lehi Dunford

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3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Wodowed
6. (b) Name of husband or wife Eliza Jacobsen
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) January 21, 1866

8. AGE	Years	Months	Days	If less than 1 day
	78	7	26	hrs min.

9. Exact Occupation Insurance Salesman Did this work for 40 yrs.
10. Industry or Business Date last worked
11. Birthplace Bloomington, Idaho. (City or town) (State or foreign country)
Father
12. Name Isaac Dunford
13. Birthplace Trowbridge England (City or town) (State or foreign country)
Mother
14. Maiden name Leah Bailey
15. Birthplace Trowbridge England (City or town) (State or foreign country)
16. Informant's OWN Signature Vince D Hulme
and Address Bennington, Idaho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 19, 1944 (Month) (Day) (Year)
(c) Place: Bloomington Idaho.
18. Funeral Director's OWN Signature F. Jon Williams
and Address Montpelier, Idaho
19. (a) Sept 19-1944 (Date received and filed) (b) Beulah H. Bolton (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) September 16 1944
at 2:40 o'clock A. M.
21. **I HEREBY CERTIFY,** That I attended deceased from Sept 16 1944 to Sept 16 1944
I last saw him alive on Sept 16 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death	Duration
Uremic Coma	1 day
Due to Nephritis	1 year
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted? Home	
Name of operation None Date	
Major finding Albuminuria Casts	
Finding of autopsy None	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state
where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature Spencer H Rich (M. D. or other)
and Address Paris, Idaho Date Sept 18 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce JAN 9 1945
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 141716
Local Reg. No.
Reg. Dist. No. 552

1. **PLACE OF DEATH:**
(a) County Bear Lake
(b) City or town Lanark
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 59 years 11 months 17 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bear Lake
(c) City or town Lanark
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? U. S.
(g) How long had deceased lived in Idaho? 59 years
(h) Former residence (city, state)

3. (a) **FULL NAME** Mary Ann Roberts 83a

3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Owen Roberts
6. (c) Age of husband or wife if alive 67 years
7. Date of Birth (Month, Day, Year) December 13, ~~1894~~ 1894

8. AGE	Years	Months	Days	If less than 1 day
	59	11	17	hrs min.

9. Exact Occupation Housewife Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Liberty (City or town) Idaho. (State or foreign country)
Father
12. Name Thomas Henry Watkins
13. Birthplace New York (City or town) N. Y. (State or foreign country)
Mother
14. Maiden name Mary Ann Hymas
15. Birthplace Liberty (City or town) Idaho. (State or foreign country)
16. Informant's OWN Signature Owen Roberts
and Address Lanark Idaho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 2, 1944 (Month) (Day) (Year)
(c) Place: Lanark, Idaho.
18. Funeral Director's OWN Signature [signature]
and Address Montpelier, Idaho.
19. (a) Dec 2, 1944 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) November 29, 1944
at 12:25 o'clock P M.
21. I HEREBY CERTIFY, That I attended deceased from Nov 24 1944 to Nov 29 1944
I last saw her alive on Nov 29 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Hemiplegia	5 days
Due to Cerebral Hemorrhage	5 Days
Due to Arterial Hypertension	3 yrs
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted? Home	
Name of operation None Date	
Major finding Sudden unconsciousness right sided paralysis	
Finding of autopsy None	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature Spencer H Rich MD (M. D. or other)
and Address Paris, Idaho. Date Nov. 20 1930
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

JAN 8 1945

State File No. 141717
Local Reg. No. 12
Reg. Dist. No.

1. **PLACE OF DEATH:**
   (a) County Bear Lake
   (b) City or town Paris
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? X Outside? ____ city or town
   (e) Died in a Home X Hospital ____ Institution ____ Other place ____
   (f) Name Hosp. or Inst. ____ Stayed ____ days
   (g) Lived in this county 59 years 10 months 2 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County [illegible]
   (c) City or town Paris
   (d) Street Address or R. F. D. No.
   (e) Deceased lived Inside? X Outside? ____ city or town
   (f) Citizen of what country? U. S.
   (g) How long had deceased lived in Idaho? 59 years
   (h) Former residence (city, state)

3. (a) FULL NAME: Joseph [illegible]lin Bunn. 200a

3. (b) If veteran, name war: No
3. (c) Social Security No.: None
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Single
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year): January 27, 1885

8. AGE	Years	Months	Days	If less than 1 day
	59	10	2	hrs ____ min.

9. Exact Occupation: Laborer — Did this work for ____ yrs.
10. Industry or Business: ____ — Date last worked
11. Birthplace: Paris (City or town) Idaho (State or foreign country)

Father
12. Name: George Bunn
13. Birthplace: England (City or town) (State or foreign country)

Mother
14. Maiden name: Susan Simmons
15. Birthplace: England (City or town) (State or foreign country)

16. Informant's OWN Signature: [signature] and Address: Paris, Idaho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 4, 1944 (Month) (Day) (Year)
    (c) Place: Lanark, Idaho.
18. Funeral Director's OWN Signature: [signature] and Address: Montpelier, Idaho.
19. (a) Dec. 4-1944 (Date received and filed) (b) Ruth H. Dalton (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) November 29 1944 at 8:10 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from ____ 19____, to ____ 19____
    I last saw h____ alive on ____ 19____; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Unknown but natural--died without medical attention,	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation ____ Date ____	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
    Occurred ____ 19____ City, county, state where violence occurred
    Place of Violence: Home ____ Farm ____ Industry ____
    Public Place ____ While at work? ____
    Means of injury
23. Attendant's OWN Signature: [signature] Coroner (M.D. or other)
    and Address: Montpelier, Idaho Date Dec. 1, 1944
    (For additional space, use reverse side)

141718

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 52
Reg. Dist. No.

JAN 9 1945

1. **PLACE OF DEATH:**
(a) County ~~Sophia Jensen~~ Bear Lake
(b) City or town Montpelier
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home X Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 64 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bear Lake
(c) City or town Montpelier
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? U. S.
(g) How long had deceased lived in Idaho? 64 years
(h) Former residence (city, state)

3. (a) **FULL NAME** Sophia Jensen

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3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Jens Peter Jensen
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) December 7, 1855

8. AGE	Years	Months	Days	If less than 1 day
	88	11	25	hrs ____ min.

9. Exact Occupation Housewife — Did this work for ____ yrs.
10. Industry or Business — Date last worked
11. Birthplace Roskil (City or town) Denmark (State or foreign country)

Father
12. Name Anders Jensen
13. Birthplace ____ (City or town) Denmark (State or foreign country)

Mother
14. Maiden name Annie Pederson
15. Birthplace ____ (City or town) Denmark (State or foreign country)

16. Informant's OWN Signature Nellie Spindell
and Address Montpelier, Idaho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 6, 1944 (Month) (Day) (Year)
(c) Place: Montpelier, Idaho.
18. Funeral Director's OWN Signature
and Address Montpelier, Idaho
19. (a) Dec 6, 1944 (Date received and filed) (b) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) December 2, 1944 19____
at 9:10 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from Feb. 16 1942 to Dec. 2 1944
I last saw her alive on Dec 2 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Acute Myocardial failure	2 days
Due to Hypertension	20 yrs.
Due to Senility	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation ____ Date ____	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury
23. Attendant's OWN Signature R B Lindsay, M.D. (M. D. or other)
and Address Montpelier, Idaho Date Dec. 3, 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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United States
Department of Commerce
Bureau of the Census JAN 9 1945

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No. 52

1. **PLACE OF DEATH:**
(a) County Bear Lake
(b) City or town Liberty
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 42 years 11 months 14 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bear Lake
(c) City or town Liberty
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? U. S.
(g) How long had deceased lived in Idaho? 42 years
(h) Former residence (city, state)

3. (a) **FULL NAME** Iris Theresa Pugmire 1316

3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Harold N. Pugmire
6. (c) Age of husband or wife if alive 43 years
7. Date of Birth (Month, Day, Year) December 22, ~~1944~~ 1902

8. AGE	Years	Months	Days	If less than 1 day
	42	11	14	hrs min.

9. Exact Occupation Housewife — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace Liberty (City or town) Idaho (State or foreign country)

Father
12. Name William R. Morgan
13. Birthplace Liberty (City or town) Idaho (State or foreign country)

Mother
14. Maiden name Martha A. Christensen
15. Birthplace Bloomington (City or town) Idaho (State or foreign country)

16. Informant's OWN Signature Cassie Morgan
and Address Liberty Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 8, 1944 (Month) (Day) (Year)
(c) Place: Liberty Idaho
18. Funeral Director's OWN Signature
and Address Montpelier, Idaho
19. (a) Dec 8, 1944 (Date received and filed) (b) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) December 6, 1944 19
at 1:31 o'clock A M.

21. **I HEREBY CERTIFY,** That I attended deceased from June 1943 to December 6 1944
last saw h[illegible] alive on December 5 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Uremia — Duration 10 days
Due to Chr. Nephritis — 1 year
Due to
Other conditions
(Include pregnancy within 3 months of death)
Where was disease contracted? Unknown
Name of operation None Date
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state
where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's OWN Signature Reed Kirkham M.D.
(M. D. or other)
and Address Montpelier, Idaho Date Dec 7, 1944
(For additional space, use reverse side)

141720

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 13
Reg. Dist. No.

1. **PLACE OF DEATH:** JAN 8 1945
(a) County Bear Lake
(b) City or town Bloomington
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 64 years 0 months 6 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bear Lake
(c) City or town Paris
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? U. S.
(g) How long had deceased lived in Idaho? 64 years
(h) Former residence (city, state)

3. (a) FULL NAME Libbie Wallenting Allred 50

3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Female race White
5. Color or
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Wm. Ezra Allred
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) December 2, 1944

8. AGE	Years	Months	Days	If less than 1 day
	64	0	6	hrs min.

9. Exact Occupation Housewife Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Paris (City or town) Idaho (State or foreign country)
Father
12. Name Christian Wallenting
13. Birthplace (City or town) Denmark (State or foreign country)
Mother
14. Maiden name Elizabeth Caldwell
15. Birthplace (City or town) Scotland (State or foreign country)
16. Informant's OWN Signature Lenore R. Allred
and Address Paris, Idaho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 12, 1944 (Month) (Day) (Year)
(c) Place: Paris, Idaho.
18. Funeral Director's OWN Signature [signature]
and Address Montpelier, Idaho
19. (a) Dec. 12-1944 (Date received and filed) (b) Beulah H. Bolton (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) December 8 1944
at 7:40 o'clock P. M.
21. I HEREBY CERTIFY, That I attended deceased from May 1 1942 to Dec 8 1944
I last saw her alive on Dec 8 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Carcinoma	2½ yrs.
Generalized	
Due to Carcinoma of Breast	3 yrs.
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted? Home	
Name of operation None Date	
Major finding Microscopic Exam.	
Finding of autopsy None	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature Spencer H. Rich MD (M. D. or other)
and Address Paris Idaho Date Dec 8 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JAN 8 1945

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. SR 141721
Local Reg. No. 14
Reg. Dist. No.

1. **PLACE OF DEATH:**
(a) County Bear Lake
(b) City or town Paris
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home X Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 80 years 4 months 10 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bear Lake
(c) City or town Paris
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? U. S.
(g) How long had deceased lived in Idaho? 30 years
(h) Former residence (city, state)

3. (a) **FULL NAME** Althura Roseltha Wallentine

3a

3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Christian W Wallentine
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) July 30, 1864

8. AGE	Years	Months	Days	If less than 1 day
	80	4	10	hrs ____ min.

9. Exact Occupation Housewife — Did this work for ____ yrs.
10. Industry or Business — Date last worked
11. Birthplace Lehi (City or town) Utah (State or foreign country)

Father
12. Name Charles Oakey
13. Birthplace ____ (City or town) England (State or foreign country)

Mother
14. Maiden name Mary Ann Passey
15. Birthplace ____ (City or town) England (State or foreign country)

16. Informant's OWN Signature C. C. Wallentine
and Address Paris, Idaho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 13, 1944 (Month) (Day) (Year)
(c) Place: Paris, Idaho.
18. Funeral Director's OWN Signature [illegible]
and Address Montpelier, Idaho.
19. (a) Dec. 13-1944 (Date received and filed) (b) Beulah H. Bolton (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) December 10 1944
at 3 o'clock A M.

21. I **HEREBY CERTIFY**, That I attended deceased from Dec 6 1944 to Dec 10 1944
I last saw her alive on Dec 10 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Hemiplegia	5 Mo
Due to Cerebral Hemorrhage	5 Mo.
Due to Arterial Hypertension	15 Yrs.
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? Home.
Name of operation None Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury

23. Attendant's OWN Signature Spencer Peck MD (M. D. or other)
and Address Paris, Idaho Date Dec. 11 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

141722

United States
Department of Commerce
Bureau of the Census

JAN 9 1945

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No. 552

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
   (a) County Bear Lake
   (b) City or town Montpelier
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? X Outside? ____ city or town
   (e) Died in a Home ____ Hospital X Institution ____ Other place ____
   (f) Name Hosp. or Inst. Bear Lake Stayed 3 days
   (g) Lived in this county 27 years 7 months 25 days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Bear Lake
   (c) City or town Georgetown
   (d) Street Address or R. F. D. No.
   (e) Deceased lived Inside? X Outside? ____ city or town
   (f) Citizen of what country? U. S.
   (g) How long had deceased lived in Idaho? 27 years
   (h) Former residence (city, state)

3. (a) **FULL NAME** Iona Hayes Bunderson 117a.

3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Grant R. Bunderson
6. (c) Age of husband or wife if alive 33 years
7. Date of Birth (Month, Day, Year) April 16, 1917

8. AGE	Years	Months	Days	If less than 1 day
	27	7	25	hrs ____ min.

9. Exact Occupation Housewife — Did this work for ____ yrs.
10. Industry or Business — Date last worked
11. Birthplace Georgetown (City or town) Idaho (State or foreign country)

Father
12. Name Wilford Hayes
13. Birthplace Georgetown (City or town) Idaho (State or foreign country)

Mother
14. Maiden name Althea E. Rasmussen
15. Birthplace Bloomington (City or town) Idaho (State or foreign country)

16. Informant's OWN Signature Grant R Bunderson
and Address St. Charles, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 15, 1944 (Month) (Day) (Year)
(c) Place: Georgetown Idaho
18. Funeral Director's OWN Signature [illegible]
and Address Montpelier Idaho
19. (a) Dec 18, 1944 (Date received and filed) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) December 11, 1944
at 1:30 o'clock A M.

21. I HEREBY CERTIFY, That I attended deceased from Dec 8 1944 to Dec 11 1944
I last saw her alive on Dec 11 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Peritonitis (acute)	2 days
Due to Ruptured gastric ulcer	2 days
Due to Myocardial failure	2 days
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ____ Date ____
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work?
Means of injury

23. Attendant's OWN Signature R B Lindsay, M.D. (M. D. or other)
and Address Montpelier, Idaho Date Dec. 12 1944

(For additional space, use reverse side)

141723

United States
Department of Commerce
Bureau of the Census

JAN 9 1945

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No. 552

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
   (a) County Bear Lake
   (b) City or town Montpelier
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? X Outside? ____ city or town
   (e) Died in a Home ____ Hospital X Institution ____ Other place ____
   (f) Name Hosp. or Inst. Bear Lake Stayed 3 days
   (g) Lived in this county 48 years 4 months ____ days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Bear Lake
   (c) City or town Montpelier
   (d) Street Address or R. F. D. No.
   (e) Deceased lived Inside? X Outside? ____ city or town
   (f) Citizen of what country? U. S.
   (g) How long had deceased lived in Idaho? 48 years
   (h) Former residence (city, state)

3. (a) **FULL NAME** Eudora Treesha Nelson 95b

3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lavern Nelson
6. (c) Age of husband or wife if alive 51 years
7. Date of Birth (Month, Day, Year) August 12, 1897

8. AGE	Years	Months	Days	If less than 1 day
	48	4		hrs ____ min.

9. Exact Occupation Housewife — Did this work for ____ yrs.
10. Industry or Business — Date last worked
11. Birthplace Bloomington (City or town) Idaho (State or foreign country)

Father
12. Name Charles Otto Christensen
13. Birthplace Brigham City (City or town) Utah (State or foreign country)

Mother
14. Maiden name Mary Ann Jarvis
15. Birthplace Paris (City or town) Idaho (State or foreign country)

16. Informant's **OWN** Signature Lavern Nelson
and Address Montpelier, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 14 1944 (Month) (Day) (Year)
(c) Place: Bloomington, Idaho.

18. Funeral Director's **OWN** Signature
and Address Montpelier, Idaho.

19. (a) Dec 14, 1944 (Date received and filed) (b) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) December 11, 1944 19____
at 10:30 o'clock P. M.

21. **I HEREBY CERTIFY,** That I attended deceased from Dec 2 1944 to Dec 11 1944
I last saw her alive on Dec 11 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Multiple Cerebral Emboli	4 days
Due to Bacterial endocarditis	2 week
Due to Rheumatic heart disease	One year
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ____ Date ____
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work?
Means of injury

23. Attendant's **OWN** Signature R B Lindsay, M.D. (M. D. or other)
and Address Montpelier, Idaho Date Dec. 12, 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

DEC 12 1944

Certificate Of Death

STATE OF IDAHO

State File No. 141724
Local Reg. No. 52
Reg. Dist. No. 130

1. **PLACE OF DEATH:**
   (a) County Benewah
   (b) City or town St. Maries
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? Outside? x city or town
   (e) Died in a Home Hospital Institution x Other place
   (f) Name Hosp. or Inst. Lawlers Stayed 3Yrs days
   (g) Lived in this county 29 years months days

   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Benewah
   (c) City or town St. Maries
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? Outside? x city or town
   (f) Citizen of what country? U. S. A.
   (g) How long had deceased lived in Idaho? 29 years
   (h) Former residence (city, state)

3. (a) **FULL NAME** John Johnson

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) February 17, 1866

8. AGE	Years	Months	Days	If less than 1 day
	78	9	4	hrs min.

9. Exact Occupation Laborer — Did this work for 30 yrs.
10. Industry or Business — Date last worked 1929
11. Birthplace Gudbransdalen, Norway (City or town) (State or foreign country)

Father
12. Name John Johnson
13. Birthplace Oyer-Toten, Norway (City or town) (State or foreign country)

Mother
14. Maiden name Runaug Fransdatter
15. Birthplace Gubransdalen, Norway (City or town) (State or foreign country)

16. Informant's **OWN** Signature Frank Johnson
and Address 206 N. Wash., Spokane, Wash.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-24-44 (Month) (Day) (Year)
(c) Place: St. Maries, Idaho

18. Funeral Director's **OWN** Signature R. E. Wessa
and Address St. Maries, Idaho

19. (a) 12-9-44 (Date received and filed) (b) R. E. Wessa (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) November 21, 1944 19
at 11:45 o'clock A. M.

21. **I HEREBY CERTIFY,** That I attended deceased from Nov. 14 44, to Nov 20th 19 44
I last saw him alive on Nov 20 19 44; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Myocarditis	
Due to General Senility	2 yrs
Due to	
Other conditions Fractured Thigh (Include pregnancy within 3 months of death)	4 mos

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature O. D. Platt M.D. (M. D. or other)
and Address St. Maries, Ida Date 11/25 .44
(For additional space, use reverse side)

141725

United States
Department of Commerce
Bureau of the Census JAN 12 1945

Certificate Of Death

STATE OF IDAHO

State File No.
Local Reg. No. 55
Reg. Dist. No. 130

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
   (a) County Benewah
   (b) City or town St. Maries
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? X Outside? city or town
   (e) Died in a Home X Hospital Institution Other place
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county years 1 months 9 days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Bonner
   (c) City or town Priest River
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? X Outside? city or town
   (f) Citizen of what country? U. S. A.
   (g) How long had deceased lived in Idaho? 45 years
   (h) Former residence (city, state)

3. (a) **FULL NAME** Julia Anna Dunn 83a

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) June 1, 1863

8. AGE	Years	Months	Days	If less than 1 day
	81	6	1	hrs min.

9. Exact Occupation Housewife Did this work for 60 yrs.
10. Industry or Business Home Date last worked 9-8-44
11. Birthplace Lynn, (City or town) Iowa (State or foreign country)

Father
12. Name Horatio N. Wilkinson
13. Birthplace Ohio (City or town) (State or foreign country)

Mother
14. Maiden name Cynthia A. Ford
15. Birthplace Syracuse (City or town) N. Y. (State or foreign country)

16. Informant's **OWN** Signature J. R. Dunn
and Address Elgin, Oregon

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 12-5-44 (Month) (Day) (Year)
(c) Place: Priest River, Idaho

18. Funeral Director's **OWN** Signature R. E. Wessa
and Address St. Maries, Idaho

19. (a) 1-9-45 (Date received and filed) (b) R. E. Wessa (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) December 2, 1944 19
at 5:45 o'clock P. M.

21. **I HEREBY CERTIFY**, That I attended deceased from Nov. 28th 19 44, to Dec. 2. 1944 19
I last saw her alive on Nov. 30th 19 44 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cebral Hemmorhage	21/2 mo
Due to Aretriosclerosis	?
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation Date	
Major finding	
Finding of autopsy	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature O. O. Platt, M. D.
and Address St. Maries, Ida. M. D. or other Date 12/5 19 44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JAN 12 1945

Certificate Of Death

STATE OF IDAHO

State File No. 141726
Local Reg. No. 56
Reg. Dist. No. 130

1. PLACE OF DEATH:
(a) County Benewah
(b) City or town St. Maries
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? X Outside? city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 32 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Benewah
(c) City or town St. Maries
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? U. S. A.
(g) How long had deceased lived in Idaho? 37 years
(h) Former residence (city, state)

3. (a) FULL NAME Peter John Dahlkey

74a

3. (b) If veteran, name war None
3. (c) Social Security No. 518-10-6814
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Agnes A.
6. (c) Age of husband or wife if alive 79 years
7. Date of Birth (Month, Day, Year) April 21, 1866

8. AGE	Years	Months	Days	If less than 1 day
	78	7	16	hrs min.

9. Exact Occupation Edgerman Did this work for 45 yrs.
10. Industry or Business Lumber mill Date last worked 1938
11. Birthplace Beaver Dam (City or town) Wisconsin (State or foreign country)
Father
12. Name August Dahlkey
13. Birthplace (City or town) Germany (State or foreign country)
Mother
14. Maiden name Mary Henke
15. Birthplace (City or town) Germany (State or foreign country)
16. Informant's **OWN** Signature R. J. Dahlkey
and Address Coeur d' Alene, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-12-44 (Month) (Day) (Year)
(c) Place: St. Maries, Idaho
18. Funeral Director's **OWN** Signature R. E. Wessa
and Address St. Maries, Idaho
19. (a) 1-9-45 (Date received and filed) (b) R. E. Wessa (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) December 7, 1944 19
at 9:50 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from Nov 28th 1944, to Dec 7 1944
I last saw him alive on Dec 6th 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Coronary Sclerosis Angina)	?
✓ Due to Arterisclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation Date	
Major finding	
Finding of autopsy	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature O. D. Platt, M.D. (M. D. or other)
and Address St. Maries Ida Date 12/8/44
(For additional space, use reverse side)

141727

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No.
Local Reg. No. 57
Reg. Dist. No. 130

JAN 12 1945

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
   (a) County Benewah
   (b) City or town St. Maries
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? Outside? X city or town
   (e) Died in a Home X Hospital Institution Other place
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county years 5 months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Benewah
   (c) City or town St. Maries
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? Outside? X city or town
   (f) Citizen of what country? U. S. A.
   (g) How long had deceased lived in Idaho? 5 Mo. years
   (h) Former residence (city, state)

3. (a) **FULL NAME** Douglas Jay Hughes

107

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) April 15, 1944

8. AGE	Years	Months	Days	If less than 1 day
		7	23	hrs min.

9. Exact Occupation None Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Tacoma, Washington (City or town) (State or foreign country)

Father
12. Name Earl P. Hughes
13. Birthplace St. Maries, Idaho (City or town) (State or foreign country)

Mother
14. Maiden name Ruth Whitehead
15. Birthplace Spokane, Washington (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mrs. Earl Hughes
and Address St. Maries, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-10-44 (Month) (Day) (Year)
(c) Place: St. Maries, Idaho

18. Funeral Director's **OWN** Signature R. E. Weesa
and Address St. Maries, Idaho

19. (a) 1-9-45 (Date received and filed) (b) R. E. Weesa (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) December 8, 1944 19
at 2:10 o'clock A. M.

21. **I HEREBY CERTIFY**, That I attended deceased from at 11. Pm Dec 7th 1944, to Dec 8 1944
I last saw him alive on Dec 7 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Bronchoneumonia Baby was When brought in at 11.P.M	dying
✓ Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? Home
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature O. D. Platt, M.D. (M. D. or other)
and Address St. Maries, Ida Date 12/8 1944

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

141728

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 141728
Local Reg. No. 58
Reg. Dist. No. 130

JAN 12 1945

1. **PLACE OF DEATH:**
   (a) County Benewah
   (b) City or town St. Maries
   (c) Street Address or R. F. D. No.
   (d) Death Occured Inside? Outside? X city or town
   (e) Died in a Home Hospital Institution X Other place
   (f) Name Hosp. or Inst. Lawler's Stayed days
   (g) Lived in this county 32 years months days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Benewah
   (c) City or town St. Maries
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? X Outside? city or town
   (f) Citizen of what country? U. S. A.
   (g) How long had deceased lived in Idaho? 36 years
   (h) Former residence (city, state)

3. (a) **FULL NAME** George Colburn Darby

932

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lotta
6. (c) Age of husband or wife if alive 58 years
7. Date of Birth (Month, Day, Year) February 5, 1876

8. AGE	Years	Months	Days	If less than 1 day
	68	10	7	hrs min.

9. Exact Occupation Woodsman — Did this work for 32 yrs.
10. Industry or Business Woods — Date last worked 1930
11. Birthplace Wisconsin (City or town) (State or foreign country)

Father
12. Name Unknown
13. Birthplace " (City or town) (State or foreign country)

Mother
14. Maiden name Unknown
15. Birthplace " (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mrs. Lotta Darby
and Address Rt. 3 Spokane, Wash.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-15-44 (Month) (Day) (Year)
(c) Place: St. Maries, Idaho

18. Funeral Director's **OWN** Signature R. E. Wessa
and Address St. Maries, Idaho.

19. (a) 1-9-45 (Date received and filed) (b) R. E. Wessa (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) December 12, 1944 19
about 1:00 o'clock A. M.

21. **I HEREBY CERTIFY**, That I attended deceased from Jan. 1930, to Dec 12 1944
I last saw him alive on Dec 3 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Hypertrophy heart Myocarditis	
✓ Due to bronchial and Cardiac asthma	30yrs
Due to	
Other conditions General Senility (Include pregnancy within 3 months of death)	
?	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature O. D. Platt M.D. (M. D. or other)
and Address St. Maries. Ida Date 12/13 19 44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 141729
Local Reg. No. 59
Reg. Dist. No. 130

JAN 12 1945

1. **PLACE OF DEATH:**
   (a) County Benewah
   (b) City or town St. Maries
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home X Hospital.... Institution.... Other place....
   (f) Name Hosp. or Inst..... Stayed.....days
   (g) Lived in this county 21 years .....months .....days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Benewah
   (c) City or town St. Maries
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? X Outside? ..... city or town
   (f) Citizen of what country? U. S. A.
   (g) How long had deceased lived in Idaho? 21 years
   (h) Former residence (city, state)

3. (a) **FULL NAME** Rosa Adams

186a

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) February 2, 1869

8. AGE	Years	Months	Days	If less than 1 day
	75	10	10	hrs min.

9. Exact Occupation Home for aged — Did this work for 15 yrs.
10. Industry or Business Caring for old people — Date last worked 11-29-44
11. Birthplace Boscobel, Wisconsin (City or town) (State or foreign country)

Father
12. Name Henry Schofeild
13. Birthplace N. Y. (City or town) (State or foreign country)

Mother
14. Maiden name Martha Neil
15. Birthplace Wisconsin (City or town) (State or foreign country)

16. Informant's **OWN** Signature Warren H. Adams
and Address St. Maries, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-16-44 (Month) (Day) (Year)
(c) Place: St. Maries, Idaho

18. Funeral Director's **OWN** Signature R. E. Wessa
and Address St. Maries, Idaho

19. (a) 1-9-45 (Date received and filed) (b) R. E. Wessa (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) December 12, 1944 19.....
at 9:45 o'clock P. M.

21. **I HEREBY CERTIFY**, That I attended deceased from Dec 8th 19 44 to Dec 12 19 44
I last saw her alive on Dec 11th 19 44 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Myocarditis	
Due to Shock From Fracture left wrist Fracture left hip Contusions	
Due to over lower back	
Other conditions General senility (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ..... Date .....
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? yes Suicide? ..... Homicide? .....
Occurred 11-29- 19 44 City, county, state where violence occurred Spokane Wash
Place of Violence: Home ..... Farm ..... Industry .....
Public Place Bus Depot While at work? no
Means of injury Fall on cement

23. Attendant's **OWN** Signature O. D. Platt M.D. (M. D. or other)
and Address St. Maries Ida Date 12-13 1944.

(For additional space, use reverse side)

141730

United States
Department of Commerce
Bureau of the Census

JAN 12 1945

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 141730
Local Reg. No. 4
Reg. Dist. No. 132

1. PLACE OF DEATH:
(a) County Benewah
(b) City or town Plummer
(c) Street Address or R. F. D. No. 1
(d) Death Occurred Inside? ..... Outside? ✓ city or town
(e) Died in a Home ✓ Hospital ..... Institution ..... Other place
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 45 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Benewah
(c) City or town Plummer
(d) Street Address or R. F. D. No. 1
(e) Deceased lived Inside? ..... Outside? ✓ city or town
(f) If foreign born, in U. S. ..... yrs. Citizen of U. S.? .....
(g) How long had deceased lived in Idaho? 45 years
(h) Former residence (city, state) .....

3. (a) **FULL NAME** Paul Selschuslo 1626

3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex M
5. Color or race Indian
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife —
6 (c) Age of husband or wife if alive — years
7. Date of Birth (Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	85	Estimate		hrs min.

9. Exact Occupation Farming
Did this work for Rented his farm yrs.
10. Industry or Business Owned farm
Date last worked 1938
11. Birthplace Cusic (City or town) Wash (State or foreign country)
Father
12. Name Joseph Topatope
13. Birthplace Cusic (City or town) Wash (State or foreign country)
Mother
14. Maiden name Unknown
15. Birthplace Unknown (City or town) (State or foreign country)
16. Informant's **OWN** Signature Alex Paul
and Address Plummer Idaho AR-1
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-14-1944 (Month) (Day) (Year)
(c) Place: Mission Idaho
18. Funeral Director's **OWN** Signature H. J. Jaeger
and Address Fairfield Wash.
19. (a) Dec 12 - 1944 (Date received and filed) (b) Fred A. Robertson (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) December 12 1944
at 2:15 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from Had no doctor 19 to 19
I last saw h..... alive on ..... 19 ..... ; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration
Senility
Due to .....
Due to .....
Other conditions .....
(Include pregnancy within 3 months of death)
Where was disease first contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23 Attendant's **OWN** Signature J. A. Nelson (M. D. or other)
and Address Tepoa Date 12/15 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

JAN 12 1945

STATE OF IDAHO

State File No. 141731
Local Reg. No. 60
Reg. Dist. No. 130

1. PLACE OF DEATH:
(a) County Benewah
(b) City or town St. Maries
(c) Street Address or R. F. D. No.
(d) Death Occured Inside? Outside? X city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 1 years 4 months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Shoshone
(c) City or town Enaville
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? Outside? X city or town
(f) Citizen of what country? U. S. A.
(g) How long had deceased lived in Idaho? 34 years
(h) Former residence (city, state)

3. (a) FULL NAME Hanna Santti

83a

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife Antti
6. (c) Age of husband or wife if alive 72 years
7. Date of Birth (Month, Day, Year) August 4, 1872

8. AGE	Years	Months	Days	If less than 1 day
	72	4	15	hrs min.

9. Exact Occupation Housewife — Did this work for 34 yrs.
10. Industry or Business Home — Date last worked May 1944
11. Birthplace Leppa Virralla, Finland (City or town) (State or foreign country)

Father
12. Name Lepponen
13. Birthplace Finland (City or town) (State or foreign country)

Mother
14. Maiden name Unknown
15. Birthplace Finland (City or town) (State or foreign country)

16. Informant's **OWN** Signature Lulu E. Santti
and Address St. Maries, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-22-44 (Month) (Day) (Year)
(c) Place: St. Maries, Idaho
18. Funeral Director's **OWN** Signature R. E. Wessa
and Address St. Maries, Idaho
19. (a) 1-9-45 (Date received and filed) (b) R. E. Wessa (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) December 19, 1944 19
at 12:30 o'clock P. M.
21. **I HEREBY CERTIFY**, That I attended deceased from Dec 14th 1944 to Dec 19 1944
I last saw her alive on Dec. 17th 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — Duration 5 days
✓ Cerebral Hemmorhage
Due to Arterio sclerosis
Due to History of two previous
Other conditions Strokes
(Include pregnancy within 3 months of death)

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature O. D. Platt. M. D.
(M. D. or other)
and Address St. Maries, Ida Date 12/20 19 44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census JAN 12 1945

Certificate Of Death

STATE OF IDAHO

State File No. 141732
Local Reg. No. 61
Reg. Dist. No. 130

1. **PLACE OF DEATH:**
   (a) County Benewah
   (b) City or town St. Maries
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? Outside? X city or town
   (e) Died in a Home Hospital Institution X Other place
   (f) Name Hosp. or Inst. Warnke's Stayed 6Mo days
   (g) Lived in this county 18 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Benewah
   (c) City or town St. Maries
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? Outside? X city or town
   (f) Citizen of what country? U. S. A.
   (g) How long had deceased lived in Idaho? 18 years
   (h) Former residence (city, state)

3. (a) **FULL NAME** Edward Roland Moore 932

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) November 3, 1868

8. AGE	Years	Months	Days	If less than 1 day
	76	1	21	hrs min.

9. Exact Occupation Farmer — Did this work for Unknown yrs.
10. Industry or Business — Date last worked Unknown
11. Birthplace Hancock, Wisconsin (City or town) (State or foreign country)

Father
12. Name Unknown
13. Birthplace " (City or town) (State or foreign country)

Mother
14. Maiden name Unknown
15. Birthplace " (City or town) (State or foreign country)

16. Informant's OWN Signature E. J. Matteson
and Address St. Maries, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-29-44 (Month) (Day) (Year)
(c) Place: St. Maries, Idaho
18. Funeral Director's OWN Signature R. E. Wiseman
and Address St. Maries, Idaho
19. (a) 1-9-45 (Date received and filed) (b) R. E. Wiseman (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) December 24, 1944 19
at 7:30 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from Jan 15th 1944, to Dec. 24 1944
I last saw him alive on Dec 17th 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — Duration

Myocarditis — 4 yrs.
Due to Rheumatism Chonic arthritis — 7 yrs
Other conditions Gen. Senility
(Include pregnancy within 3 months of death)

Where was disease contracted? ?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's OWN Signature O. O. Pfaff, M.D. (M. D. or other)
and Address St. Maries, Ida Date Dec 26 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

JAN 12 1945

State File No. 141733
Local Reg. No. 62
Reg. Dist. No. 130

1. **PLACE OF DEATH:**
(a) County Benewah
(b) City or town Santa
(c) Street Address or R. F. D. No.
(d) Death Occured Inside? X Outside? city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 10 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Benewah
(c) City or town Santa
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? U. S. A.
(g) How long had deceased lived in Idaho? 10 years
(h) Former residence (city, state)

3. (a) **FULL NAME** Jack Wilson Seaton

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3. (b) If veteran, name war None
3. (c) Social Security No. 518-05-0611
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Leota
6. (c) Age of husband or wife if alive 44 years
7. Date of Birth (Month, Day, Year) June 25, 1903

8. AGE	Years	Months	Days	If less than 1 day
	41	6	0	hrs min.

9. Exact Occupation Logging Contractor Did this work for 11 yrs.
10. Industry or Business Woods Date last worked 12-24-44
11. Birthplace Mt. Pleasant, Mich. (City or town) (State or foreign country)

Father
12. Name Roswell Seaton
13. Birthplace North Branch, Michigan (City or town) (State or foreign country)

Mother
14. Maiden name Emma Messenger
15. Birthplace Imlay City, Michigan (City or town) (State or foreign country)

16. Informant's **OWN** Signature Leota Seaton
and Address Santa, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-28-44 (Month) (Day) (Year)
(c) Place: St. Maries, Idaho
18. Funeral Director's **OWN** Signature R. E. Wessa
and Address St. Maries, Idaho
19. (a) 1-9-45 (Date received and filed) (b) R. E. Wessa (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) December 25, 1944 19
About at 7:00 o'clock A. M.
21. **I HEREBY CERTIFY**, That I attended deceased from 19, to 19
I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Burns — Duration
Due to Home burning to the ground while asleep in bed
Due to
Other conditions (Include pregnancy within 3 months of death)
Where was disease contracted?
Name of operation None Date
Major finding
Finding of autopsy None

PHYISICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Yes Suicide? Homicide?
Occurred Dec. 25, 1944 19 City, county, state where violence occurred Santa, Benewah, Idaho
Place of Violence: Home Yes Farm Industry
Public Place No While at work? No
Means of injury Home burned.
23. Attendant's **OWN** Signature R. E. Wessa Coroner (M. D. or other)
and Address St. Maries, Ida. Date 12-26-1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JAN 9 1945

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 141734
Local Reg. No. 153
Reg. Dist. No. 601

1. **PLACE OF DEATH:**
   (a) County Bingham
   (b) City or town Blackfoot
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? Outside? ✓ city or town
   (e) Died in a Home Hospital Institution Other place ✓
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county 16 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Bingham
   (c) City or town Blackfoot
   (d) ~~Street Address~~ or R. F. D. No. 1
   (e) Deceased lived Inside? Outside? ✓ city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? Life years
   (h) Former residence (city, state) Bloomington Idaho

3. (a) **FULL NAME** Leon Thornock 186a

3. (b) If veteran, name war —
3. (c) Social Security No. 519-12-2062
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Helen Sandra Thornock
6. (c) Age of husband or wife if living 35 years
7. Date of Birth (Month, Day, Year) Jan 20 1907

8. AGE	Years	Months	Days	If less than 1 day
	37	10	15	hrs min.

9. Exact Occupation Water Tender — Did this work for 6 yrs.
10. Industry or Business U-I Sugar Co. — Date last worked 12-5-44
11. Birthplace Bloomington (City or town) Idaho (State or foreign country)

Father
12. Name Mathew Wm Thornock
13. Birthplace Farmington (City or town) Utah (State or foreign country)

Mother
14. Maiden name Rachel Elvira Hulme
15. Birthplace Bloomington (City or town) Idaho (State or foreign country)

16. Informant's **OWN** Signature Mrs Leon Thornock and Address Rt 1 Blackfoot Idaho
17. (a) Burial (Burial, cremation, removal) (b) Date thereof 12-10-44 (Month) (Day) (Year)
    (c) Place: Blackfoot Idaho
18. Funeral Director's **OWN** Signature John C Sandberg and Address Blackfoot Idaho
19. (a) dec 10-44 (Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Dec. 5 1944 at 4:45 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from 12-5 1944, to 12-5 1944
    I last saw him alive on 12-5 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Fractured Neck	
Due to Fall at Sugar Factory	
Due to	
✓ Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Yes Suicide? No Homicide? No
    Occurred 12-5 1944 City, county, state where violence occurred Bingham Co. Ida.
    Place of Violence: Home No Farm No Industry Yes
    Public Place While at work? Yes
    Means of injury Fall at Sugar Factory
23. Attendant's **OWN** Signature W W Beck (M. D. or other)
    and Address Blackfoot Ida Date 12-7 1944
    (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

JAN 9 1945

STATE OF IDAHO

State File No. 141735
Local Reg. No. 154
Reg. Dist. No. 601

1. PLACE OF DEATH:
(a) County Bingham
(b) City or town Blackfoot, Idaho
(c) Street Address or R.F.D. No. St. Hos. So.
(d) Death Occured Inside? ..... Outside? X city or town
(e) Died in a Home.... Hospital.... Institution X Other place....
(f) Name Hosp. or Inst. St. Hos. So. Stayed 1415 days
(g) Lived in this county 3 years 11 months 5 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Nampa
(d) Street Address or R.F.D. No. .....
(e) Deceased lived Inside? X Outside? ..... city or town
(f) Citizen of what country? U.S.
(g) How long had deceased lived in Idaho? 11 years
(h) Former residence (city, state) Michigan

3. (a) FULL NAME John D. Hurd 83a

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) June 9, 1880

8. AGE	Years	Months	Days	If less than 1 day
	64	5	29	hrs min.

9. Exact Occupation Construction Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Farris City, Michigan (City or town) (State or foreign country)
Father 12. Name Not Given
13. Birthplace " " (City or town) (State or foreign country)
Mother 14. Maiden name Not Given
15. Birthplace " " (City or town) (State or foreign country)
16. Informant's OWN Signature Ellen Parker
and Address Box 390 Blackfoot, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-13-44 (Month) (Day) (Year)
(c) Place: State Hosp. So. Cemetery
18. Funeral Director's OWN Signature D M Dwelbiss
and Address State Hospital South
19. (a) Dec 13, 1944 (Date received and filed) (b) Mrs Natus E Patrick (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Dec. 5 1944
at 3:15 o'clock A.M.

21. I HEREBY CERTIFY, That I attended deceased from Nov. 1 1943, to Dec. 5 1944
I last saw him alive on Dec. 4 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebral Hemorrhage	
Due to Arteriosclerosis	
Due to Psychosis	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's OWN Signature J. A. McCrosky M.D. (M. D. or other)
and Address Blackfoot Ida Date 12-6 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

JAN 9 1945

State File No. 141736
Local Reg. No. 163
Reg. Dist. No. 601

1. PLACE OF DEATH:
(a) County Bingham
(b) City or town Firth
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? X Outside? city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Bingham
(c) City or town Firth
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? Sweden
(g) How long had deceased lived in Idaho? 32 years
(h) Former residence (city, state) Sweden

3. (a) FULL NAME Andrew Christofferson 108

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) September 18, 1867

8. AGE	Years	Months	Days	If less than 1 day
	77	2	21	hrs min.

9. Exact Occupation Retired Farmer Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Sweden (City or town) (State or foreign country)

Father
12. Name NOT KNOWN
13. Birthplace Sweden (City or town) (State or foreign country)

Mother
14. Maiden name NOT KNOWN
15. Birthplace Sweden (City or town) (State or foreign country)

16. Informant's **OWN** Signature Edwin E. Christensen
and Address Firth, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-12-1944 (Month) (Day) (Year)
(c) Place: Basalt, Cemetery
18. Funeral Director's **OWN** Signature L M Naldo
and Address Shelley, Idaho
19. (a) 12-12-1944 (Date received and filed) (b) Registrar's signature

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Dec. 8, 1944
at 11 o'clock P. M.
21. **I HEREBY CERTIFY**, That I attended deceased from Dec. 3 1944, to Dec 8 1944
I last saw him alive on Dec. 3 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Lobar pneumonia, bilateral	12/1/44
Due to Chronic hypertrophic prostatitis	1935
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature W. L. Behrens, M.D.
and Address Shelley, Idaho (M. D. or other) Date 12/15 1944
(For additional space, use reverse side)

United States
Department of Commerce
Bureau of the Census JAN 9 1945

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 141737
Local Reg. No. 155
Reg. Dist. No. 601

1. PLACE OF DEATH:
(a) County Bingham
(b) City or town Blackfoot
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? ✓ Outside? city or town
(e) Died in a Home Hospital ✓ Institution Other place
(f) Name Hosp. or Inst. Parsons Hospital Stayed days
(g) Lived in this county years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Bingham
(c) City or town Pingree
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Outside? city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? years
(h) Former residence (city, state) None

3. (a) FULL NAME Linda Grace Hill 159

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female Color or race White
5. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Dec. 9 1944

8. AGE	Years	Months	Days	If less than 1 day
	—	—	—	5 hrs min.

9. Exact Occupation Infant. Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Blackfoot, Idaho (City or town) (State or foreign country)
Father
12. Name Lyle J. Hill
13. Birthplace Letonia, Idaho (City or town) (State or foreign country)
Mother
14. Maiden name Inez Dorgathe
15. Birthplace Rock Springs Wyo (City or town) (State or foreign country)
16. Informant's OWN Signature Lyle J. Hill
and Address Pingree, Idaho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-12-44 (Month) (Day) (Year)
(c) Place: Thomas - Riverside Cemetery
18. Funeral Director's OWN Signature John C. Sandberg
and Address Blackfoot, Idaho
19. (a) Dec-10-44. (Date received and filed) (b) Walter E. Nature (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Dec. 9 1944
at 4:15 o'clock P. M.
21. I HEREBY CERTIFY, That I attended deceased from 12-9 1944, to 19
I last saw her alive on 12-9 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
✓ Prematurity	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature A. J. Miller M.D. (M. D. or other)
and Address Blackfoot Date 12-11 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JAN 9 1945

Certificate Of Death

STATE OF IDAHO

State File No. 141738
Local Reg. No. 156
Reg. Dist. No. 601

1. PLACE OF DEATH:
(a) County Bingham
(b) City or town Blackfoot St. Hosp
(c) Street Address or R.F.D. No. St. Hosp. South
(d) Death Occured Inside? ..... Outside? " city or town
(e) Died in a Home.... Hospital.... Institution " Other place....
(f) Name Hosp. or Inst. St. Hosp. So Stayed ..... days
(g) Lived in this county 1 years 7 months 20 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Twin, Falls
(c) City or town Buhl,
(d) Street Address or R.F.D. No. R# 3
(e) Deceased lived Inside? ..... Outside? " city or town
(f) Citizen of what country? U. S. A.
(g) How long had deceased lived in Idaho? 27 years
(h) Former residence (city, state) Penn

3. (a) FULL NAME Frank, R. Smith

94a

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) February 11, 1857

8. AGE	Years	Months	Days	If less than 1 day
	87	10	2	hrs min.

9. Exact Occupation Farmer Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Greensburg, Penn (City or town) (State or foreign country)
Father
12. Name .....
13. Birthplace Latrove, Penn (City or town) (State or foreign country)
Mother
14. Maiden name Margaret, Orr
15. Birthplace Penn (City or town) (State or foreign country)
16. Informant's OWN Signature Freda Enlaw
and Address Records of St Hospital,
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 12-13-1944 (Month) (Day) (Year)
(c) Place: Buhl Idaho
18. Funeral Director's OWN Signature E. Frank
and Address Blackfoot
19. (a) Dec 13, 1944 (Date received and filed) (b) Mrs Natus E. Latrove (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Dec 13 1944
at 10:30 o'clock A M.

21. I HEREBY CERTIFY, That I attended deceased from April 23 1943, to Dec 13 1944
I last saw him alive on Dec 13, 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Coronary occlusion	
✓ Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Senile demented	13 yrs +

Where was disease contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's OWN Signature Hastevins M.D. (M. D. or other)
and Address Blackfoot Ida Date Dec 13 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JAN 9 1945

Certificate Of Death

STATE OF IDAHO

State File No. 141739
Local Reg. No. 157
Reg. Dist. No. 601

1. **PLACE OF DEATH:**
   (a) County Bingham
   (b) City or town Blackfoot
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? Outside? X city or town
   (e) Died in a Home Hospital Institution X Other place
   (f) Name Hosp. or Inst. St. Hos. So. Stayed 64 days
   (g) Lived in this county years 2 months 3 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County ADA
   (c) City or town Boise
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? Outside? city or town
   (f) Citizen of what country? U. S.
   (g) How long had deceased lived in Idaho? 35 years
   (h) Former residence (city, state) ---

3. (a) **FULL NAME** Minnie Toepperwein

46e

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Fem
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Oscar Toepperwein
6. (c) Age of husband or wife if alive 72 years
7. Date of Birth (Month, Day, Year) November 27, 1884

8. AGE	Years	Months	Days	If less than 1 day
	60	0	16	hrs min.

9. Exact Occupation Housewife Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Buffalo, New York (City or town) (State or foreign country)

Father
12. Name Stephens dead
13. Birthplace (City or town) (State or foreign country)

Mother
14. Maiden name Rosena
15. Birthplace Canada (City or town) (State or foreign country)

16. Informant's **OWN** Signature St. Hos. So. Records Box 390 Blackfoot
and Address Lydia Gracey B.F.R.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 12-15-1944 (Month) (Day) (Year)
(c) Place: Boise Idaho
18. Funeral Director's **OWN** Signature E. J. Peck
and Address Blackfoot
19. (a) Nov 15, 1944 (Date received and filed) (b) Mrs Natus E. Patrice (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) December 13 1944
at 4:30 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from Oct 10- 1944, to Dec 13 1944
I last saw her alive on Dec 13 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Carcinoma sigmoid	unk
✓ Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Psychosis manic depressive	unk

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state
where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature H A Hewins M D (M. D. or other)
and Address Blackfoot Ida Date Dec 13 1944
(For additional space, use reverse side)

Fort Hall Agency, Idaho

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

JAN 9 1945

STANDARD CERTIFICATE OF DEATH

Registered No. 141740

Local Reg No 172
Reg. dist No 601

E.on R.

1. PLACE OF DEATH:

County Bingham State Idaho

Township Fort Hall Reservation, Idaho

City or village Fort Hall No. Fort Hall Agency, Hospital St., Ward.
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred - yrs. - mos. 28 days. How long in U. S., if of foreign birth? - yrs. mos. days.

2. FULL NAME Lester Deviney

Residence: No. Rural (Buffalo Lodge) St., Ward. 13b
(Usual place of abode) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	Ind.Sho. 4/4	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of -

6. DATE OF BIRTH (month, day, and year) May, 26, 1943

7. AGE Years	Months	Days	If LESS than 1 day,
1	6	18	- hrs. or - mins.

OCCUPATION

8. Trade, profession, or particular kind of work done as spinner, sawyer, bookkeeper, etc. -

9. Industry or business in which work was done, as silk mill, sawmill, bank, etc. -

10. Date deceased last worked at this occupation (month and year) -

11. Total time (years) spent in this occupation -

12. BIRTHPLACE (city or town and State or country): Fort Hall Reservation, Idaho

FATHER

13. NAME: Alvin Buckskin

14. BIRTHPLACE (city or town and State or country): Fort Hall Reservation, Idaho

MOTHER

15. MAIDEN NAME: Anna Belle Deviney

16. BIRTHPLACE (city or town and State or country): Fort Hall Reservation, Idaho

17. INFORMANT (name and address): Offical records

18. BURIAL, CREMATION, OR REMOVAL:

Place Date , 193

19. UNDERTAKER (name and address):

20. FILED Dec. 30, 1944 Mrs Walter E. Sabine Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) December, 14, 1944 193

22. I HEREBY CERTIFY, That I attended deceased from November, 16, 1944, 193 , to December, 14, 1944 193

I last saw him alive on December, 11, 1944, 193 ; death is said to have occurred on the date stated above, at 3:00 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Pneumonic Tuberculosis	
Other contributory causes of importance:	
Active Primary Tuberculosis	

Name of operation - p Date of -

What test confirmed diagnosis? - Was there an autopsy? -

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? - Date of injury - , 193

Where did injury occur? - (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place:

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) P. C. Martineau M.D.

(Address) Pocatello Ida

8—2691

U.S. GOVERNMENT PRINTING OFFICE 11—3184

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census JAN 9 1945

Certificate Of Death

STATE OF IDAHO

State File No. 141741
Local Reg. No. 158
Reg. Dist. No. 601

1. **PLACE OF DEATH:**
(a) County Bingham
(b) City or town Blackfoot
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? ✓ Outside? city or town
(e) Died in a Home Hospital ✓ Institution Other place
(f) Name Hosp. or Inst. Parson Hospt. Stayed 9 days
(g) Lived in this county 12 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Bingham
(c) City or town Blackfoot
(d) Street Address or R.F.D. No. 418 N.E. Main
(e) Deceased lived Inside? ✓ Outside? city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 25 years
(h) Former residence (city, state) Shelley Idaho

3. (a) **FULL NAME** Margaret Moore Feltch 48b

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Roscoe T. Feltch
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) April 24 1870

8. AGE	Years	Months	Days	If less than 1 day
	74	7	25	hrs min.

9. Exact Occupation Housewife Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace (City or town) Pennsylvania (State or foreign country)
Father
12. Name John Moore
13. Birthplace (City or town) Ireland (State or foreign country)
Mother
14. Maiden name Mary Catherine Leonard
15. Birthplace (City or town) (State or foreign country)
16. Informant's **OWN** Signature Helen Gloria Feltch
and Address Blackfoot, Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 12-21-44 (Month) (Day) (Year)
(c) Place: Braddyville, Iowa
18. Funeral Director's **OWN** Signature John C. Sandberg
and Address Blackfoot, Idaho
19. (a) Dec - 21-44 (Date received and filed) (b) Mrs Walter E. Valerie (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Dec 19 1944
at 3:30 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from 12 - 9 1944, to 12 - 18 1944
I last saw her alive on 12 - 18 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Carcinoma of Uterus Metastasis to both legs & arms
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature J. O. Hampton (M. D. or other)
and Address Blackfoot Idaho Date 12-21 1944
(For additional space, use reverse side)

141742

United States
Department of Commerce
Bureau of the Census JAN 9 1945

Certificate Of Death

STATE OF IDAHO

State File No.
Local Reg. No. 159
Reg. Dist. No. 601

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
   (a) County Bingham
   (b) City or town Blackfoot.
   (c) Street Address or R.F.D. No. State Hosp. Sou
   (d) Death Occured Inside? ..... Outside? # city or town
   (e) Died in a Home.... Hospital.... Institution # Other place....
   (f) Name Hosp. or Inst. State Hosp So Stayed ..... days
   (g) Lived in this county ..... years 9 months 13 days

   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Washington
   (c) City or town Weiser
   (d) Street Address or R.F.D. No. .....
   (e) Deceased lived Inside? ..... Outside? " city or town
   (f) Citizen of what country? U. S. A.
   (g) How long had deceased lived in Idaho? 25 years
   (h) Former residence (city, state) None Given

3. (a) **FULL NAME** Josephine, Gross 93a

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed.
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) Not Given

8. AGE	Years	Months	Days	If less than 1 day
	Not Given			hrs min.

9. Exact Occupation ..... Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Not Given (City or town) (State or foreign country)

Father
12. Name Not Given
13. Birthplace Not Given (City or town) (State or foreign country)

Mother
14. Maiden name Not Given
15. Birthplace " (City or town) (State or foreign country)

16. Informant's **OWN** Signature Jessie Gross
    and Address Route 1 Box 30 Blackfoot Hosp. South
17. (a) Removal (b) Date thereof 12-21-44 (Burial, cremation, or removal) (Month) (Day) (Year)
    (c) Place: Weiser, Idaho
18. Funeral Director's **OWN** Signature John C. Sanchez
    and Address Blackfoot, Idaho
19. (a) Dec-21-44 (Date received and filed) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Dec 19 1944
    at 6:45 P. M. o'clock M.
21. **I HEREBY CERTIFY**, That I attended deceased from March 6 19 44, to Dec 19 19 44
    I last saw her alive on Dec 19 19 44; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebral Hemorrhage	
Due to Senile Dementia	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
    Occurred ..... 19 ..... City, county, state where violence occurred .....
    Place of Violence: Home ..... Farm ..... Industry .....
    Public Place ..... While at work? .....
    Means of injury .....
23. Attendant's **OWN** Signature J. A. McCluskey M.D. (M. D. or other)
    and Address Blackfoot Ida Date 12-21 1944
    (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JAN 9 1945

Certificate Of Death

STATE OF IDAHO

State File No. 141743
Local Reg. No. 161
Reg. Dist. No. 600

1. PLACE OF DEATH:
(a) County Bingham
(b) City or town Blackfoot
(c) Street Address or R.F.D. No. 586 N. E. Main
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Home X Hospital ..... Institution ..... Other place .....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 30 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Bingham
(c) City or town Blackfoot
(d) Street Address or R.F.D. No. 586 N. E. Main
(e) Deceased lived Inside? X Outside? ..... city or town
(f) Citizen of what country? Japan
(g) How long had deceased lived in Idaho? 30 years
(h) Former residence (city, state) .....

3. (a) FULL NAME Kiichi Shiosaki 109b

3. (b) If veteran, name war ——
3. (c) Social Security No. 712-07-7953
4. Sex M
5. Color or race Y
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife Itsu
6. (c) Age of husband or wife if alive 57 years
7. Date of Birth (Month, Day, Year) October 15, 1877

8. AGE	Years	Months	Days	If less than 1 day
	67	2	6	hrs min.

9. Exact Occupation Retired R.R. Foreman Did this work for ..... yrs.
10. Industry or Business U. P. Railroad Date last worked Feb. 1942
11. Birthplace Wakayama-ken Japan (City or town) (State or foreign country)
Father
12. Name Mansuke Shiosaki
13. Birthplace Wakayama-ken Japan (City or town) (State or foreign country)
Mother
14. Maiden name Ita Takahashi
15. Birthplace Wakayama-ken Japan (City or town) (State or foreign country)
16. Informant's OWN Signature June Shiosaki
and Address 586 N. E. Main
17. (a) Removal + Burial (Burial, cremation, or removal) (b) Date thereof 12-28-44 (Month) (Day) (Year)
(c) Place: Mountain View Cemetery Pocatello, Idaho
18. Funeral Director's OWN Signature Howard Packham
and Address Blackfoot, Idaho
19. (a) Dec-28-44 (Date received and filed) Mrs Walter E. Valine (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Dec 21 1944
at 10:30 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from Dec 1 1944, to Dec 21 1944
I last saw him alive on Dec 20 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cardiac Insufficiency	10 days
Due to Pneumonia	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation ..... Date	
Major finding	
Finding of autopsy none performed	

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's OWN Signature W W Beck M D (M. D. or other)
and Address Blackfoot, Ida Date 12-27 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JAN 9 1945

Certificate Of Death

STATE OF IDAHO

State File No. 141744
Local Reg. No. 162
Reg. Dist. No. 601

1. PLACE OF DEATH:
(a) County Bingham
(b) City or town Blackfoot.
(c) Street Address or R.F.D. No. State hHosp. So
(d) Death Occured Inside? ..... Outside? " city or town
(e) Died in a Home.... Hospital.... Institution " Other place....
(f) Name Hosp. or Inst. St. Hosp So Stayed ..... days
(g) Lived in this county 4 years 7 months 13 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Lemhi
(c) City or town Salmon
(d) Street Address or R.F.D. No. .....
(e) Deceased lived Inside? ..... Outside? " city or town
(f) Citizen of what country? U. S. A.
(g) How long had deceased lived in Idaho? 5 years
(h) Former residence (city, state) Long Island N. Y

3. (a) **FULL NAME** William Latham Smith.

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3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) July 6, 1866

8. AGE	Years	Months	Days	If less than 1 day
	78	6	15	hrs min.

9. Exact Occupation Rancher Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Long Island, N. Y. (City or town) (State or foreign country)
Father
12. Name Jordan Latham Smith
13. Birthplace Unknown (City or town) (State or foreign country)
Mother
14. Maiden name Not Given
15. Birthplace " " (City or town) (State or foreign country)
16. Informant's **OWN** Signature Fred L. Enlow
and Address Records State Hosp. South
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 12-23-44 (Month) (Day) (Year) 1390
(c) Place: Doebler Mortuary - Salmon, Idaho
18. Funeral Director's **OWN** Signature by Ray MacGoldrick Howard Packham
and Address Blackfoot, Idaho
19. (a) Dec - 22-44 (Date received and filed) (b) Mrs. Walter E. Fannie (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Dec 21 1944
at 11:00 o'clock A. M.
21. **I HEREBY CERTIFY**, That I attended deceased from Nov 1 1944, to Dec 21 1944
I last saw him alive on Dec 21 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Broncho-Pneumonia	
Due to	
✓ Senile Dementia	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature D. A. McClusky MD (M. D. or other)
and Address Blackfoot Ida Date 12-21 1944
(For additional space, use reverse side)

141745

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 1
Local Reg. No. 163
Reg. Dist. No. 601

JAN 9 1945

1. PLACE OF DEATH:
(a) County Bingham
(b) City or town Blackfoot,
(c) Street Address or R.F.D. No. St. Hosp. South
(d) Death Occured Inside? ..... Outside? " city or town
(e) Died in a Home.... Hospital.... Institution " Other place....
(f) Name Hosp. or Inst. St. Hosp. Sou Stayed ..... days
(g) Lived in this county 7 years 9 months 11 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Ada
(c) City or town Star
(d) Street Address or R.F.D. No. .....
(e) Deceased lived Inside? ..... Outside? " city or town
(f) Citizen of what country? U. S. A.
(g) How long had deceased lived in Idaho? 24 years
(h) Former residence (city, state) Canada

3. (a) **FULL NAME** John T. Shields

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3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) 3/21/1865

8. AGE	Years	Months	Days	If less than 1 day
	79	9	6	hrs min.

9. Exact Occupation Farmer Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Brampton, Ont. Canda (City or town) (State or foreign country)
Father
12. Name John, Shields,
13. Birthplace Canada (City or town) (State or foreign country)
Mother
14. Maiden name Anna, Snell,
15. Birthplace Canada (City or town) (State or foreign country)
16. Informant's **OWN** Signature Freda L. Enlow
and Address Reserve St Hosp Box 390.
17. (a) Removal (b) Date thereof 12/29/1944 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: Meridian Idaho
18. Funeral Director's **OWN** Signature E. F. Rupp
and Address Blackfoot
19. (a) Dec 29 1944 (b) Mrs Walter E. Lawrence (Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Dec 27 1944
at 11:45 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from Nov 1. 1943, to Dec 27 1944
I last saw him alive on Dec 27 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Terminal Broncho Pneumonia	2 days.
Due to Arteriosclerosis	
Due to Psychosis	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation ..... Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature D. A. McCleary MD. (M. D. or other)
and Address Blackfoot Ida Date 12-28 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar, Attendant, Coroner, Mortgagee, etc., should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

141746

United States
Department of Commerce
Bureau of the Census

JAN 9 1945

Certificate Of Death

STATE OF IDAHO

State File No.
Local Reg. No. 164
Reg. Dist. No. 600

1. **PLACE OF DEATH:**
(a) County Bingham
(b) City or town Blackfoot
(c) Street Address or R.F.D. No. 1
(d) Death Occured Inside? ✓ Outside? city or town
(e) Died in a Home Hospital Institution Other place
(f) Name Hosp. or Inst. Beck Hospital Stayed 1 days
(g) Lived in this county 25 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Bingham
(c) City or town Blackfoot
(d) Street Address or R.F.D. No. 1
(e) Deceased lived Inside? Outside? ✓ city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 25 years
(h) Former residence (city, state) Murray, Utah

3. (a) **FULL NAME** Lillian H. Johnson 94a

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife August O. Johnson
6. (c) Age of husband or wife if alive 65 years
7. Date of Birth (Month, Day, Year) March 22, 1883

8. AGE	Years	Months	Days	If less than 1 day
	61	9	6	hrs min.

9. Exact Occupation Housewife Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Sandy, Utah (City or town) (State or foreign country)
Father 12. Name William Hardcastle
13. Birthplace England (City or town) (State or foreign country)
Mother 14. Maiden name Mary Ellen Fletcher Hall
15. Birthplace England (City or town) (State or foreign country)
16. Informant's **OWN** Signature Harold A Johnson
and Address Rt 1 Blackfoot, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-31-44 (Month) (Day) (Year)
(c) Place: Blackfoot, Idaho
18. Funeral Director's **OWN** Signature J. C. Sandberg
and Address Blackfoot, Idaho
19. (a) Dec. 30, 1944 (Date received and filed) (b) Mrs Walter E. Patrick (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) December 28 1944
at 6:00 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from Nov 1 1944 to Dec 28 1944
I last saw her alive on Dec 28 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Coronary occlusion	3 min
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature W. W. Beck, M.D. (M. D. or other)
and Address Blackfoot, Ida. Date 12-30 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

DISINTERMENT PERMIT

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH
BOISE, IDAHO

APPLICATION HAVING BEEN MADE for the disinterment of the body of Lillian H. Johnson

now lying buried in Grove City Cemetery, in the City or Town of Blackfoot,

County of Bingham State of Idaho, who died on the 28th day of Dec., 1944, Aged 61 years 9 months

6 days, the cause of death being Coronary Occlusion and not directly or indirectly by diphtheria; (membranous croup); scarlet fever; smallpox; leprosy; asiatic cholera; typhus fever; or yellow fever as shown by the certificate of death of said deceased, given by

Dr. W. W. Beck, M.D. Blackfoot, Idaho, attending physician

THIS IS TO CERTIFY that permission is hereby given for such disinterment and removal by Private private or railway conveyance

XX in Grove City Cemetery in the City or Town of Blackfoot County of Bingham

State of Idaho to take effect upon the approval by the local board of health of the City, Town, or County of

Blackfoot, it being understood and provided that nothing herein shall be deemed as contravening or in anywise modifying or releasing the Regulations of the Department of Public Health governing the Transportation of Corpses or the requirements for a Transportation permit, and all Transportation Companies and Common Carriers will be governed accordingly; and provided further, that where the disinterment is for the purpose of reinterment in another part of the same cemetery, or in a contiguous cemetery, the removal shall not be made by any public conveyance. The disinterment and removal must be done under the personal supervision of a licensed Embalmer in good standing. If the remains are to be removed from the cemetery they (including the disinterred casket), must be enclosed in a new metallic lined outer case before removal.

Given under my hand and Seal of the Department of Public Health at Boise, Idaho,

permit issued to:
John C. Sandberg--Funeral Director
Sandberg Funeral Home
Blackfoot, Idaho
For Harold Johnson, son, Rt.1 Blackfoot, Ida.

this 17 th day of May, A.D. 1952.

W. M. Gibson
Director, Division of Vital Statistics

The foregoing application for disinterment and removal is hereby approved by the local Board of Health of the City, Town or County of Blackfoot, State of Idaho, this 19th day of May, 1952.

J. O. Hamilton M.D.
Health officer

Form DPH-48019

141747

United States
Department of Commerce
Bureau of the Census

JAN 9 1945

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 166
Reg. Dist. No. 600

1. **PLACE OF DEATH:**
   (a) County Bingham
   (b) City or town Blackfoot
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? X Outside? city or town
   (e) Died in a Home Hospital X Institution Other place
   (f) Name Hosp. or Inst. Beck Hosp. Stayed days
   (g) Lived in this county years months 29 days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Bingham
   (c) City or town Blackfoot
   (d) Street Address or R. F. D. No.
   (e) Deceased lived Inside? X Outside? city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? years
   (h) Former residence (city, state)

3. (a) **FULL NAME** Mary Blanche Candland 1606

3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Date of Birth (Month, Day, Year) December 28 - 1944

8. AGE	Years	Months	Days ✓	If less than 1 day
	0	0	1	5 hrs min.

9. Exact Occupation none Did this work for yrs.
10. Industry or Business none Date last worked
11. Birthplace Blackfoot, Idaho. (City or town) (State or foreign country)

Father
12. Name James E. Candland
13. Birthplace Carie, Idaho. (City or town) (State or foreign country)

Mother
14. Maiden name Viola N. Ashton
15. Birthplace Blackfoot, Idaho. (City or town) (State or foreign country)

16. Informant's **OWN** Signature X J. E. Candland
and Address Blackfoot, Idaho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1 - 2 - 44 (Month) (Day) (Year)
(c) Place: Grove City Cemetery - Blft
18. Funeral Director's **OWN** Signature E. F. Peck
and Address Blackfoot, Idaho
19. (a) Jan 2-44 (Date received and filed) (b) Mrs Walter E. Palmer (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) December 30 1944
at 6 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from Dec 28 1944 to Dec 30 1944
I last saw her alive on Dec 30 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration
Cardiac Failure
Due to Premature birth & Patent Foramen Ovale
Due to Ruptured membranes spontaneous
Other conditions
(Include pregnancy within 3 months of death)

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state
where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature W W Beck (M. D. or other)
and Address Blackfoot Ida Date 1 - 2 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JAN 9 1945

Certificate Of Death

STATE OF IDAHO

State File No. 141748
Local Reg. No. 167
Reg. Dist. No. 601

1. **PLACE OF DEATH:**
(a) County Bingham
(b) City or town Blackfoot
(c) Street Address or R.F.D. No. 1
(d) Death Occured Inside? ..... Outside? ✓ city or town
(e) Died in a Home.... Hospital.... Institution.... Other place ✓
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 31 years 9 months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Bingham
(c) City or town Blackfoot
(d) Street Address or R.F.D. No. 1
(e) Deceased lived Inside? ..... Outside? ✓ city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 31 years
(h) Former residence (city, state) Salt Lake City Utah

3. (a) **FULL NAME** George Rueben Bailey 170a

3. (b) If veteran, name war —
3. (c) Social Security No. .....
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced ✓
6. (b) Name of husband or wife Ethel Lois Winmill
6. (c) Age of husband or wife if alive 42 years
7. Date of Birth (Month, Day, Year) Feb. 1, 1885

8. AGE	Years	Months	Days	If less than 1 day
	59	10	30	hrs min.

9. Exact Occupation Cooperator Did this work for 6 yrs.
10. Industry or Business Consumer Coop Date last worked Dec 29 1944
11. Birthplace Salt Lake City Utah (City or town) (State or foreign country)
Father
12. Name Geo Smith Bailey
13. Birthplace Salt Lake City Utah (City or town) (State or foreign country)
Mother
14. Maiden name Victoria Caroline Price
15. Birthplace Salt Lake City Utah (City or town) (State or foreign country)
16. Informant's **OWN** Signature John M Bailey
and Address 1-2 Navy Way Ogden Utah
17. (a) Burial (Burial, cremation or removal) (b) Date thereof 1-2-45 (Month) (Day) (Year)
(c) Place: Groveland Cemetery
18. Funeral Director's **OWN** Signature Howard Packham
and Address Blackfoot, Idaho
19. (a) Jan. 2-45 (Date received and filed) (b) Wm Walter E Pitcairn (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Dec 30 1944
at 8 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from Dec 30 1944, to Dec 30 1944
I last saw her dead when called; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death	Duration
Auto in which riding was struck by train	
Due to Skull fractured	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYISCIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Yes Suicide? — Homicide? —
Occurred Dec 30 1944 City, county, state where violence occurred Bingham Co
Place of Violence: Home ..... Farm ..... Industry .....
Public Place Public Highway While at work?
Means of injury auto struck by train
23. Attendant's **OWN** Signature W W Beck (M. D. or other)
and Address Blackfoot, Ida Date 1-2 1945
(For additional space, use reverse side)

141749

United States
Department of Commerce
Bureau of the Census

JAN 9 1945

Certificate Of Death

STATE OF IDAHO

State File No.
Local Reg. No. 168
Reg. Dist. No. 601

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH**
   (a) County Bingham
   (b) City or town Blackfoot
   (c) Street Address or R.F.D. No. 1
   (d) Death Occured Inside? ..... Outside? ✓ city or town
   (e) Died in a Home.... Hospital.... Institution.... Other place ✓
   (f) Name Hosp. or Inst. ..... Stayed ..... days
   (g) Lived in this county 24 years 9 months 9 days

   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Bingham
   (c) City or town Blackfoot
   (d) Street Address or R.F.D. No. 1
   (e) Deceased lived Inside? ..... Outside? ✓ city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 24 years
   (h) Former residence (city, state) none

3. (a) **FULL NAME** Lee Jay Bailey 170a

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Lois M Yost
6. (c) Age of husband or wife if alive 24 years
7. Date of Birth (Month, Day, Year) March 21, 1920

8. AGE	Years	Months	Days	If less than 1 day
	24	9	9	hrs min.

9. Exact Occupation Farming — Did this work for 6 yrs.
10. Industry or Business ..... — Date last worked Dec 29 1944
11. Birthplace Blackfoot (City or town) Idaho (State or foreign country)

Father
12. Name George R Bailey
13. Birthplace Salt Lake City (City or town) Utah (State or foreign country)

Mother
14. Maiden name Theresa White Horne
15. Birthplace Salt Lake City (City or town) Utah (State or foreign country)

16. Informant's **OWN** Signature John M Bailey
    and Address 472 Navy Way, Ogden, Ut
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-02-45 (Month) (Day) (Year)
    (c) Place: Groveland Cemetery
18. Funeral Director's **OWN** Signature Howard Pace
    and Address Blackfoot, Idaho
19. (a) Jan. 2-45 (Date received and filed) (b) Mrs. Melissa E. Nelson (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Dec 30 1944
    at 8 o'clock a M.
21. **I HEREBY CERTIFY**, That I attended deceased from Dec 30 1944 to Dec 30 1944
    I last saw h... alive at time of death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — Duration
Auto in which riding
Due to was Struck by train
Due to Body mangled under
Other conditions Crash
(Include pregnancy within 3 months of death)

Where was disease contracted?
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Yes Suicide? ..... Homicide? .....
    Occurred Dec 30 1944 City, county, state where violence occurred Bingham Co
    Place of Violence: Home ..... Farm ..... Industry .....
    Public Place On highway While at work? .....
    Means of injury Auto struck by train
23. Attendant's **OWN** Signature W W Beck M.D.
    and Address Blackfoot Ida. Date 1-7 1945
    (M. D. or other)
    (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census JAN 9 1945

Certificate Of Death

STATE OF IDAHO

State File No. 141750
Local Reg. No. 169
Reg. Dist. No. 605

1. **PLACE OF DEATH:**
   (a) County Bingham
   (b) City or town Blackfoot
   (c) Street Address or R. F. D. No. /
   (d) Death Occured Inside? ✓ Outside? ..... city or town
   (e) Died in a Home.... Hospital ✓ Institution.... Other place....
   (f) Name Hosp. or Inst. Beck Hospital Stayed 3 days
   (g) Lived in this county 48 years ..... months ..... days

   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Bingham
   (c) City or town Moreland
   (d) Street Address or R.F.D. No. .....
   (e) Deceased lived Inside? ✓ Outside? ..... city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 48 years
   (h) Former residence (city, state) Glen Ellyn, Wis.

3. (a) **FULL NAME** Bertha Christine Simmett 83a

3. (b) If veteran, name war .....
3. (c) Social Security No. 518-26-0812
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife J. F. Simmett
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) Jan 9, 1883

8. AGE	Years	Months	Days	If less than 1 day
	61	11	20	hrs ..... min.

9. Exact Occupation Housewife + Did this work for ..... yrs.
10. Industry or Business Gen. Labor Date last worked /
11. Birthplace Nylars, Bornholm, Denmark (City or town) (State or foreign country)

Father
12. Name Andrew Peter Benson
13. Birthplace Nylars-Bornholm, Denmark (City or town) (State or foreign country)

Mother
14. Maiden name Mathilda Caroline Aberg
15. Birthplace Kalmar, Sweden (City or town) (State or foreign country)

16. Informant's **OWN** Signature J B Simmett
and Address American Falls, Ida.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-3-45 (Month) (Day) (Year)
(c) Place: Moreland, Idaho

18. Funeral Director's **OWN** Signature John C. Sandberg
and Address Blackfoot, Idaho

19. (a) JAN 3 1945 (Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) December 31 1944
at 6.02 o'clock A M.

21. **I HEREBY CERTIFY**, That I attended deceased from Dec 28 1944, to Dec 31 1944
I last saw h.. alive on Dec 31 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: (Duration)
✓ Cerebral Hemorrhage — 3 days
Due to Arteriosclerosis
Due to .....
Other conditions (Include pregnancy within 3 months of death) .....
Where was disease contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19.... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature W W Beck M.D. (M. D. or other)
and Address Blackfoot, Ida Date 1-7 1945
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

JAN 9 1945

State File No. 141751
Local Reg. No. 170
Reg. Dist. No. 601

1. **PLACE OF DEATH:**
   (a) County Bingham
   (b) City or town State Hosp. South
   (c) Street Address or R.F.D. No. Box 390
   (d) Death Occured Inside? ..... Outside? " city or town
   (e) Died in a Home.... Hospital.... Institution " Other place....
   (f) Name Hosp. or Inst..... Stayed.....days
   (g) Lived in this county 1 years 9 months 24 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Ada
   (c) City or town Ada County, Idaho
   (d) Street Address or R.F.D. No. .....
   (e) Deceased lived Inside? ..... Outside? " city or town
   (f) Citizen of what country? U. S. A
   (g) How long had deceased lived in Idaho? 1919 years
   (h) Former residence (city, state) Missouri

3. (a) **FULL NAME** Fannie, Henderson

131a

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife John E. Henderson
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) 11/16/77

8. AGE	Years	Months	Days	If less than 1 day
	67	1	15	hrs min.

9. Exact Occupation House Wife Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Missouri (City or town) (State or foreign country)

Father
12. Name David, Sims
13. Birthplace Missouri (City or town) (State or foreign country)

Mother
14. Maiden name Mary, Spear, ~~Missouri~~
15. Birthplace Missouri (City or town) (State or foreign country)

16. Informant's **OWN** Signature Fee da L. Enlow
and Address Records, State Hosp. South. Box 390
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 1-2-45 (Month) (Day) (Year)
(c) Place: Meridian Idaho
18. Funeral Director's **OWN** Signature John C. Sandberg
and Address Blackfoot Idaho
19. (a) Jan. 2-45 (Date received and filed) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Dec 31 1944
at 4:55 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from Nov 1 1943, to Dec 31 1944
I last saw her alive on Dec 31 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Chronic Interstitial Nephritis	
Due to	
✓ Due to Senile Dementia	162
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYISCIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature D. A. McCluskey M.D. (M. D. or other)
and Address Blackfoot Ida Date 1/2 1945
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 141752
Local Reg. No. 51
Reg. Dist. No. 410

JAN 4 1945

1. **PLACE OF DEATH:**
(a) County Blaine
(b) City or town Carey
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? Outside? ✓ city or town
(e) Died in a Home ✓ Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 52 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Blaine (b) County Blaine
(c) City or town Carey
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? ✓ Outside? city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 52 years
(h) Former residence (city, state) Utah

3. (a) **FULL NAME** Hyrom Morgan W. Sparks Doc. For. 131b

3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) March 12 - 1867

8. AGE	Years	Months	Days	If less than 1 day
	77	7	23	hrs min.

9. Exact Occupation Farmer Did this work for life yrs.
10. Industry or Business Farm Date last worked
11. Birthplace Cache Valley (City or town) Utah (State or foreign country)
Father
12. Name George Sparks
13. Birthplace England (City or town) (State or foreign country)
Mother
14. Maiden name Hanna Davis
15. Birthplace Wales (City or town) (State or foreign country)
16. Informant's **OWN** Signature Mrs. A. McCarter
and Address Carey, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 5 1944 (Month) (Day) (Year)
(c) Place: Carey, Idaho
18. Funeral Director's **OWN** Signature W. S. Marvel
and Address Arco Idaho.
19. (a) 1-1-1945 (Date received and filed) (b) Robert H. Wright (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Nov. 3rd 1944
at o'clock M.
21. **I HEREBY CERTIFY,** That I attended deceased from 6/1 1944, to Nov 3 1944
I last saw h— alive on Nov 3 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Anasarca	6 mo
Due to Chronic nephritis	2 yrs
and myocarditis	—
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYISCIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature E. W. Fox (M. D. or other)
and Address Hailey, Ida Date 12/12 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 141753
Local Reg. No. 52
Reg. Dist. No. 410

1. **PLACE OF DEATH:** 4 . 1945
   (a) County Blaine
   (b) City or town Hailey
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? ✓ Outside? ..... city or town
   (e) Died in a Home.... Hospital ✓ Institution.... Other place....
   (f) Name Hosp. or Inst. Hailey Clinic Stayed 35 days
   (g) Lived in this county 50 years ..... months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Blaine
   (c) City or town Hailey
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? ✓ Outside? ..... city or town
   (f) Citizen of what country? U. S. A.
   (g) How long had deceased lived in Idaho? 50 years
   (h) Former residence (city, state)

3. (a) **FULL NAME** M. Jennie Jacobs

3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife ✓
6. (c) Age of husband or wife if alive ✓ years
7. Date of Birth (Month, Day, Year) May 17, 1871

8. AGE	Years	Months	Days	If less than 1 day
	73	6	23	hrs min.

9. Exact Occupation merchant Did this work for 15 yrs.
10. Industry or Business Jacobs Variety Date last worked 10-20-44
11. Birthplace Rushford, Penn. (City or town) (State or foreign country)

Father
12. Name John MacFarlane
13. Birthplace (City or town) (State or foreign country)

Mother
14. Maiden name Sara Jane Phillips
15. Birthplace Wales (City or town) (State or foreign country)

16. Informant's **OWN** Signature Douglas M Jacobs
and Address Hailey Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 12-13-44 (Month) (Day) (Year)
(c) Place: Hailey Cemetery
18. Funeral Director's **OWN** Signature Mrs L J Harris
and Address Hailey Ida.
19. (a) 1-2-1945 (Date received and filed) (b) Robert H. Wright (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Dec. 10 1944
at 5:00 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 11/13/44 19..., to 12/10 1944
I last saw her alive on 12-10 1944; death is ✓ said to have occurred on the date and hour stated above.

Immediate Cause of Death: Carcinoma of Liver Head Pancreas & Gall

Due to Bladder

Due to Toxemia

Other conditions
(Include pregnancy within 3 months of death)

Where was disease contracted?
Name of operation ..... Date .....
Major finding
Finding of autopsy

Duration

PHYISCIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury

23. Attendant's **OWN** Signature C. W. Fox (M. D. or other)
and Address Hailey Ida. Date 12 30 1944
(For additional space, use reverse side)

141754

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

JAN 4 1945

State File No. 53
Local Reg. No.
Reg. Dist. No. 410

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
   (a) County Blaine
   (b) City or town Hailey
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? ✓ Outside? city or town
   (e) Died in a Home ✓ Hospital Institution Other place
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county 64 years months days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Blaine
   (c) City or town Hailey
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? ✓ Outside? city or town
   (f) Citizen of what country? U. S. A.
   (g) How long had deceased lived in Idaho? 64 years
   (h) Former residence (city, state) Idaho

3. (a) **FULL NAME** Edward Cameron 556

3. (b) If veteran, name war ✓
3. (c) Social Security No. 519-14-7301
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Maude
6. (c) Age of husband or wife if alive 63 years
7. Date of Birth (Month, Day, Year) Dec. 28, 1871

8. AGE	Years	Months	Days	If less than 1 day
	72	11	13	hrs min.

9. Exact Occupation farmer — Did this work for 42 yrs.
10. Industry or Business — Date last worked 12-1-43
11. Birthplace Melrose, Montana (City or town) (State or foreign country)

Father
12. Name John Cameron
13. Birthplace Scotland (City or town) (State or foreign country)

Mother
14. Maiden name Angel Bingley
15. Birthplace Ireland (City or town) (State or foreign country)

16. Informant's **OWN** Signature J. C. Cameron
and Address Hailey, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-14-44 (Month) (Day) (Year)
(c) Place: Carey, Idaho

18. Funeral Director's **OWN** Signature Chas. F. Harris
and Address Hailey, Ida.

19. (a) 1-2-1945 (Date received and filed) (b) Robert H. Wright (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Dec. 11 1944
at 3:45 o'clock P. M.

21. **I HEREBY CERTIFY**, That I attended deceased from 12/11/44 1944, to 12/11 1944
I last saw her alive on 12-11 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Carcinoma of Lung	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation Date	
Major finding	
Finding of autopsy	

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature E. W. Fox (M. D. or other)
and Address Hailey, Ida. Date 12/3 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

141755

United States
Department of Commerce
Bureau of the Census

JAN 10 1945

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 141755
Local Reg. No. 89
Reg. Dist. No. 110

1. **PLACE OF DEATH:**
(a) County Bonner
(b) City or town Sandpoint
(c) Street Address or R. F. D. No. 511 N. 4th Ave.
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home X Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 41 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bonner
(c) City or town Sandpoint
(d) Street Address or R. F. D. No. 511 N. 4th Ave.
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? U. S. A.
(g) How long had deceased lived in Idaho? 41 years
(h) Former residence (city, state) ____

3. (a) FULL NAME Nettie Ruth Mountjoy

3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Female Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Henry L.
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) March 17, 1874.

8. AGE	Years	Months	Days	If less than 1 day hrs	min.
	70	8	13		

9. Exact Occupation Housewife — Did this work for 48 yrs.
10. Industry or Business Own Home — Date last worked Sept. 1944
11. Birthplace Spring Valley, Minn. (City or town) (State or foreign country)

Father
12. Name Henry Leutink
13. Birthplace Holland (City or town) (State or foreign country)

Mother
14. Maiden name Henrietta Bucus
15. Birthplace Holland (City or town) (State or foreign country)

16. Informant's OWN Signature H. L. Mountjoy and Address Sandpoint, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 4, 1944 (Month) (Day) (Year)
(c) Place: Sandpoint, Idaho.
18. Funeral Director's OWN Signature MOON MORTUARY and Address SANDPOINT, IDAHO
19. (a) 12-4-1944 (Date received and filed) (b) Lawrence E. Moon (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) November 30 1944.
at 8:00 o'clock P.M.

21. **I HEREBY CERTIFY,** That I attended deceased from 1943 to Nov. 30 1944
I last saw her alive on Nov. 27 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
1 Hemorrhage from Carcinoma of neck	3 yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? ____
Name of operation None Date ____
Major finding ____
Finding of autopsy None

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's OWN Signature Floyd G. Wendle (M. D. or other)
and Address Sandpoint, Ida. Date 12-2 1944
(For additional space, use reverse side)

141756

United States
Department of Commerce
Bureau of the Census

JAN 10 1945

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 90
Reg. Dist. No. 110

1. **PLACE OF DEATH:**
(a) County Bonner
(b) City or town Sandpoint
(c) Street Address or R. F. D. No. 514 N. 2nd Ave
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home ____ Hospital X Institution ____ Other place ____
(f) Name Hosp. or Inst. Community Stayed 1 yr. days
(g) Lived in this county 35 years ____ months ____ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bonner
(c) City or town Sandpoint
(d) Street Address or R. F. D. No. 2nd Ave.
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? No Record.
(g) How long had deceased lived in Idaho? 35 years
(h) Former residence (city, state) ____

3. (a) FULL NAME Peter Magee

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3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife ____
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) ---- 1851

8. AGE	Years	Months	Days	If less than 1 day hrs	min.
	93				

9. Exact Occupation Gardener — Did this work for 30 yrs.
10. Industry or Business Homes — Date last worked 1940
11. Birthplace Canada (City or town) (State or foreign country)

Father
12. Name Unknown
13. Birthplace " (City or town) (State or foreign country)

Mother
14. Maiden name "
15. Birthplace " (City or town) (State or foreign country)

16. Informant's OWN Signature Charles E. Belle
and Address Sandpoint, Idaho.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 9, 1944 (Month) (Day) (Year)
(c) Place: Sandpoint, Idaho.

18. Funeral Director's OWN Signature MOON MORTUARY
and Address SANDPOINT IDAHO

19. (a) DEC 9 1944 (Date received and filed) (b) [illegible] (Signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Dec. 6, 1944
at 5:45 o'clock P. M.

21. **I HEREBY CERTIFY,** That I attended deceased from Jan 1 1944 to Dec 6 1944
I last saw him alive on Dec 6 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Chronic Nephritis	2 yrs
Due to Arterial Sclerosis	10 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Chronic Nephritis	2 yrs.

Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's OWN Signature Wm F Taylor M D (M. D. or other)
and Address Sandpoint Ida. Date 12-9 1944

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

141757

United States
Department of Commerce
Bureau of the Census

JAN 10 1945

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 141757
Local Reg. No. 92
Reg. Dist. No. 110

1. **PLACE OF DEATH:**
(a) County Bonner
(b) City or town Sandpoint
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home ____ Hospital X Institution ____ Other place ____
(f) Name Hosp. or Inst. Com. Hosp. Stayed 7 days
(g) Lived in this county 41 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bonner
(c) City or town Ponderay
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? U. S. A.
(g) How long had deceased lived in Idaho? 41 years
(h) Former residence (city, state)

3. (a) **FULL NAME** Charles E. Salisbury 131a

3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) Unknown

8. AGE	Years	Months	Days	If less than 1 day
	84			hrs min.

9. Exact Occupation Farmer — Did this work for Life yrs.
10. Industry or Business Farm — Date last worked 7/44
11. Birthplace Michigan (City or town) (State or foreign country)

Father
12. Name Unknown
13. Birthplace Unknown (City or town) (State or foreign country)

Mother
14. Maiden name Unknown
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's **OWN** Signature Abbie Jeffers
and Address Clarksfork, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/14/44 (Month) (Day) (Year)
(c) Place: Lakeside Cemetery-Sandpoint, Ida.
18. Funeral Director's **OWN** Signature MOON MORTUARY
and Address SANDPOINT, IDAHO
19. (a) DEC 14 1944 (Date received and filed) (b) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) December 6, 1944 19____
at 6 o'clock A. M.

21. **I HEREBY CERTIFY,** That I attended deceased from Dec 1 1944 to Dec 6 1944
I last saw him alive on Dec 5 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Chronic Myocarditis	3yrs
Due to	
Arteriosclerosis	5 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Chronic Nephritis	3yrs

Where was disease contracted?
Name of operation ____ Date ____
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury

23. Attendant's **OWN** Signature Wm F Tyler M.D. (M. D. or other)
and Address Sandpoint Ida. Date Dec 10 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JAN 10 1945

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 141758
Local Reg. No. 93
Reg. Dist. No. 110

1. **PLACE OF DEATH:**
   (a) County Bonner
   (b) City or town Sandpoint
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? X Outside? ____ city or town
   (e) Died in a Home ____ Hospital X Institution ____ Other place ____
   (f) Name Hosp. or Inst. Community Stayed 1 hr. days
   (g) Lived in this county 16 years ____ months ____ days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Bonner
   (c) City or town Ponderay
   (d) Street Address or R. F. D. No.
   (e) Deceased lived Inside? X Outside? ____ city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 16 years
   (h) Former residence (city, state)

3. (a) FULL NAME Robert Harrison Sevier 93d

3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Mary E. Sevier
6. (c) Age of husband or wife if alive -- years
7. Date of Birth (Month, Day, Year) October 15, 1856.

8. AGE	Years	Months	Days	If less than 1 day
	88	1	12	hrs min.

9. Exact Occupation Farmer Did this work for — yrs.
10. Industry or Business Farm Date last worked 1928
11. Birthplace Salem, Missouri. (City or town) (State or foreign country)

Father
12. Name Ira Sevier
13. Birthplace Unknown (City or town) (State or foreign country)

Mother
14. Maiden name Unknown
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's OWN Signature Walter Sevier and Address Ponderay, Idaho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 14, 1944. (Month) (Day) (Year)
   (c) Place: Sandpoint, Idaho.
18. Funeral Director's OWN Signature MOON MORTUARY [signature] and Address SANDPOINT, IDAHO
19. (a) DEC 14 1944 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) December 7th 1944 at 5:15 o'clock p. M.
21. **I HEREBY CERTIFY,** That I attended deceased from Dec 7 1944 to Dec 7 1944
I last saw him alive on Dec 7 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death	Duration
Coronary Thrombosis	1 da
Chronic Myocarditis	1 yrs
Due to	
✓ Due to	
Other conditions Arteriosclerosis (Include pregnancy within 3 months of death)	5 yr

Where was disease contracted?
Name of operation ____ Date ____
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury

23. Attendant's OWN Signature Wm F Tyler MD (M. D. or other) and Address Sandpoint, Ida. Date 12/14 1944
(For additional space, use reverse side)

141759

United States
Department of Commerce
Bureau of the Census

JAN 10 1945

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 91
Reg. Dist. No. 110

1. **PLACE OF DEATH:**
(a) County Bonner
(b) City or town Sandpoint
(c) Street Address or R. F. D. No. 514 S. 2nd. Ave
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home__ Hospital__ Institution__ Other place__
(f) Name Hosp. or Inst. Community Stayed 19 days
(g) Lived in this county 47 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bonner
(c) City or town Sandpoint
(d) Street Address or R. F. D. No. 114 S. 2nd Ave
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 47 years
(h) Former residence (city, state) ____

3. (a) FULL NAME Charles Ransford Foss

93d

3. (b) If veteran, name war no
3. (c) Social Security No. 518-10-8449
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Nora Belle Foss
6. (c) Age of husband or wife if alive 57 years
7. Date of Birth (Month, Day, Year) October 19, 1874

8. AGE	Years	Months	Days	If less than 1 day
	70	1	12	hrs ____ min. ____

9. Exact Occupation Pharmacist — Did this work for 44 yrs.
10. Industry or Business Own Drug Store — Date last worked 1944 yrs
11. Birthplace Haynesville, Maine. (City or town) (State or foreign country)

Father
12. Name Andrew Harrison Foss
13. Birthplace Oromocto, New Brunswick (City or town) (State or foreign country)

Mother
14. Maiden name Lucy Merriam
15. Birthplace Haynesville, Maine. (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs A.J. Castendick
and Address 2707 E.17th.St.Spokane,Wn.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec.12,1944 (Month) (Day) (Year)
(c) Place: Sandpoint, Idaho.

18. Funeral Director's OWN Signature MOON MORTUARY
and Address SANDPOINT, IDAHO

19. (a) DEC 12 1944 (Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) December 9, 1944
at 9 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from Nov. 20 1944 to Dec 9 1944
I last saw him alive on Dec 8 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Chronic Myocarditis	1 yr
Due to Arteriosclerosis	2 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Cerebral Hemorrhage Nov 20 1944	

Where was disease contracted? ____ PHYSICIAN
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's OWN Signature Wm F Tyler MD (M. D. or other)
and Address Sandpoint, Ida. Date 12-12 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

DEC 11 1944

Certificate Of Death

STATE OF IDAHO

State File No. 141760
Local Reg. No. 260
Reg. Dist. No. 610

1. **PLACE OF DEATH:**
   (a) County Bonneville
   (b) City or town Idaho Falls
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? X Outside? city or town
   (e) Died in a Home Hospital X Institution Other place
   (f) Name Hosp. or Inst. Sacred Heart Stayed 20 days
   (g) Lived in this county 0 years 11 months 17 days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Clark
   (c) City or town Dubois
   (d) Street Address or R.F.D. No. Rural
   (e) Deceased lived Inside? Outside? X city or town
   (f) Citizen of what country? United States
   (g) How long had deceased lived in Idaho? 50 years
   (h) Former residence (city, state) Arco, Idaho

3. (a) **FULL NAME** JAMES DENNING 131a

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Elizabeth D.
6. (c) Age of husband or wife if alive 66 years
7. Date of Birth (Month, Day, Year) June 15, 1863

8. AGE	Years	Months	Days	If less than 1 day
	81	5	19	hrs min.

9. Exact Occupation Stockman, ret. Did this work for 50 yrs.
10. Industry or Business Livestock Date last worked 12/1/43
11. Birthplace Coothill (City or town) Ireland (State or foreign country)

Father
12. Name James Denning
13. Birthplace Coothill (City or town) Ireland (State or foreign country)

Mother
14. Maiden name Rose McGahan
15. Birthplace Coothill (City or town) Ireland (State or foreign country)

16. Informant's **OWN** Signature Elizabeth Denning
and Address Dubois, Idaho

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Dec. 10, 1944 (Month) (Day) (Year)
(c) Place: Tuckahoe, New York

18. Funeral Director's **OWN** Signature Orland C. Beck
and Address Idaho Falls, Idaho

19. (a) 12/7/44 (Date received and filed) (b) Irma Bridges (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) December 4 1944
at 10:25 o'clock A. M.

21. **I HEREBY CERTIFY,** That I attended deceased from Nov. 1 1944, to Dec. 4 1944.
I last saw him alive on Dec. 4 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cardio-Vascular renal Disease	4 yrs.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) Atrophic Arthritis	
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature C. C. Erickson M.D. (M. D. or other)
and Address Idaho Falls Date 12-7 1944
(For additional space, use reverse side)

141761

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 263
Local Reg. No.
Reg. Dist. No. 610

JAN 12 1945

1. PLACE OF DEATH
(a) County Bonneville
(b) City or town Idaho Falls
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? X Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. LDS Stayed 17 days
(g) Lived in this county years 5 months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State ~~Minnesota~~ Wisconsin (b) County Douglas
(c) City or town Superior
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? U.S.
(g) How long had deceased lived in Idaho? 5 mos years
(h) Former residence (city, state)

3. (a) FULL NAME Mrs Eva Chloe Switzer Higgins 1226

3. (b) If veteran, name war —
3. (c) Social Security No. None
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Lawrence D. Higgins
6. (c) Age of husband or wife if alive 22 years
7. Date of Birth (Month, Day, Year) March 17 - 1923

8. AGE	Years	Months	Days	If less than 1 day
	21	8	24	hrs min.

9. Exact Occupation Housewife Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Holyoke Minnesota (City or town) (State or foreign country)
Father
12. Name Albert W Switzer
13. Birthplace Pocahontas Co. Iowa (City or town) (State or foreign country)
Mother
14. Maiden name Opal Esther Schneider
15. Birthplace Pippecanoe Co. Indiana (City or town) (State or foreign country)
16. Informant's OWN Signature Lawrence D. Higgins
and Address Idaho Falls, 1027 Jefferson Ave.
17. (a) removal (Burial, cremation, or removal) (b) Date thereof 12-13-44 (Month) (Day) (Year)
(c) Place: Holyoke, Minn.
18. Funeral Director's OWN Signature Leo A. Williams
and Address Idaho Falls, Idaho
19. (a) 12/12/44 (Date received and filed) (b) Anna Budgin (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) December 11 1944
at 4:45 o'clock A M.
21. I HEREBY CERTIFY, That I attended deceased from Aug 23 1944, to Dec 11 1944
I last saw her alive on Dec 11 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Stoppage of bowell	
Due to Adhesion + possible malignancy	
Due to	
Other conditions Pregnancy Term (Include pregnancy within 3 months of death)	
Where was disease contracted? Unknown	PHYISCIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature Milton T. Rees M.D. (M. D. or other)
and Address 885 N. Capital Date Dec 12 1944
(For additional space, use reverse side)

Idaho Falls, Ida

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JAN 12 1945

Certificate Of Death

STATE OF IDAHO

State File No. 141762
Local Reg. No. 272
Reg. Dist. No. 610

1. PLACE OF DEATH:
(a) County Bonneville
(b) City or town Idaho Falls
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? X Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. L.D.S. Stayed 38 days
(g) Lived in this county 22 years ? months ? days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Bonneville
(c) City or town Idaho Falls
(d) Street Address or R.F.D. No. Grand Hotel
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? Unk.
(g) How long had deceased lived in Idaho? Unk. years
(h) Former residence (city, state) Unk.

3. (a) FULL NAME DANIEL BOONE CRITESER 46b

3. (b) If veteran, name war Unk.
3. (c) Social Security No. 518-20-4248
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Unknown
6. (b) Name of husband or wife Unk.
6. (c) Age of husband or wife if alive Unk. years
7. Date of Birth (Month, Day, Year) Unknown

8. AGE	Years	Months	Days	If less than 1 day
	56	?	?	hrs min.

9. Exact Occupation Laborer Did this work for Unk. yrs.
10. Industry or Business Agricultural Date last worked 1943
11. Birthplace Unknown (City or town) (State or foreign country)
Father
12. Name Unknown
13. Birthplace Unknown (City or town) (State or foreign country)
Mother
14. Maiden name Unknown
15. Birthplace Unknown (City or town) (State or foreign country)
16. Informant's OWN Signature None
and Address
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 14, 1944 (Month) (Day) (Year)
(c) Place: Rose Hill Cem., Idaho Falls
18. Funeral Director's OWN Signature Orland C. Buck
and Address Idaho Falls, Idaho
19. (a) 12/21/44 (Date received and filed) (b) Anna Budge (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) December 12 1944
at 10:45 o'clock P. M.
21. I HEREBY CERTIFY, That I attended deceased from Nov. 1 1944, to Dec 12 1944
I last saw her alive on Dec 12 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Ca of Stomach	6 mo
Due to	
c metastases	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted? ?	
Name of operation none Date	
Major finding	
Finding of autopsy no	

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature Walter R. West (M. D. or other)
and Address [illegible] Date [illegible] 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

JAN 12 1945

STATE OF IDAHO

State File No. 141763
Local Reg. No. 267
Reg. Dist. No. 610

1. **PLACE OF DEATH:**
   (a) County Bonneville
   (b) City or town Idaho Falls
   (c) Street Address or R.F.D. No. 128 2nd St.
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home X Hospital .... Institution .... Other place ....
   (f) Name Hosp. or Inst. None Stayed ..... days
   (g) Lived in this county 18 years 1 months 27 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Bonneville
   (c) City or town Idaho Falls,
   (d) Street Address or R.F.D. No. 128 2nd Street
   (e) Deceased lived Inside? X Outside? ..... city or town
   (f) Citizen of what country? United States
   (g) How long had deceased lived in Idaho? 44 years
   (h) Former residence (city, state) Rexburg, Ida.

3. (a) **FULL NAME** ROBERT BLASER 13b

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Emma S. Blaser
6. (c) Age of husband or wife if alive deceased years
7. Date of Birth (Month, Day, Year) July 18, 1869

8. AGE	Years	Months	Days	If less than 1 day hrs	min.
	75	4	24		

9. Exact Occupation Manufacturer — Did this work for 18 yrs.
10. Industry or Business Granite faced building stones — Date last Worked 1941
11. Birthplace Berne (City or town) Switzerland (State or foreign country)

Father
12. Name Christian Blaser
13. Birthplace Berne (City or town) Switzerland (State or foreign country)

Mother
14. Maiden name Rose Gerber
15. Birthplace Berne (City or town) Switzerland (State or foreign country)

16. Informant's **OWN** Signature Mrs. Thone Ross
and Address Idaho Falls, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 16, 1944 (Month) (Day) (Year)
(c) Place: Rose Hill Cemetery, Ida. Falls

18. Funeral Director's **OWN** Signature Olsen & Beers
and Address Idaho Falls, Idaho.

19. (a) 12/15/44 (Date received and filed) (b) Lena Burgess (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) December 12 19 44
at 9:45 o'clock P. M.

21. **I HEREBY CERTIFY**, That I attended deceased from Dec. 1 19 44, to Dec. 12 19 44
I last saw h. alive on Dec. 12 19 44; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Pulmonary Tuberculosis	D.K.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ..... Date .....
Major finding
Finding of autopsy

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury

23. Attendant's **OWN** Signature C. C. Erickson M.D. (M. D. or other)
and Address Idaho Falls, Ida. Date 12/16 1944
(For additional space, use reverse side)

141764

United States
Department of Commerce
Bureau of the Census JAN 12 1945

Certificate Of Death

STATE OF IDAHO

State File No.
Local Reg. No. 266
Reg. Dist. No. 610

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
   (a) County Bonniville
   (b) City or town Idaho Falls,
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? X Outside? city or town
   (e) Died in a Home Hospital X Institution Other place
   (f) Name Hosp. or Inst. L.D.S. Stayed 2 days
   (g) Lived in this county years months 2 days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Bingham
   (c) City or town Woodvill,
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? X Outside? city or town
   (f) Citizen of what country? U/S/A
   (g) How long had deceased lived in Idaho? 52 years
   (h) Former residence (city, state) Idaho

3. (a) **FULL NAME** EVA MAY ANDERSON 122a

3. (b) If veteran, name war None
3. (c) Social Security No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lewis K.
6. (c) Age of husband or wife if alive 71 years
7. Date of Birth (Month, Day, Year) January 27, 1892

8. AGE	Years	Months	Days	If less than 1 day
	52	11	17	hrs min.

9. Exact Occupation Housewife Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Woodville (City or town) Idaho (State or foreign country)

Father
12. Name Heber C. Mathews
13. Birthplace Kaysville (City or town) Utah (State or foreign country)

Mother
14. Maiden name Nancy A. Hammer
15. Birthplace Hooper (City or town) Utah (State or foreign country)

16. Informant's **OWN** Signature Lewis K Anderson
and Address Shelley,

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 18, 1944 (Month) (Day) (Year)
(c) Place: Rose Hill Cemetery

18. Funeral Director's **OWN** Signature L M Nalder
and Address Shelley, Idaho

19. (a) 12/19/44 (Date received and filed) (b) Emma Rudges (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) December 14 1944
at 10:30 o'clock A M.

21. **I HEREBY CERTIFY**, That I attended deceased from 12-12 ~ 1944, to 12-14-1944
I last saw her alive on 12-14-1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration
Hemorrhage
Due to Rupture of Femoral
Thrombosis
Due to Femoral hernia
Other conditions
(Include pregnancy within 3 months of death)

Where was disease contracted? at home
Name of operation Herniotomy Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature Edwin Cutler MD (M. D. or other)
and Address Shelley Date 12-16-1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

JAN 12 1945

State File No. 141765
Local Reg. No. 269
Reg. Dist. No. 610

1. **PLACE OF DEATH:**
   (a) County Bonneville
   (b) City or town Idaho Falls
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? ✓ Outside? ..... city or town
   (e) Died in a Home .... Hospital .... Institution .... Other place ✓
   (f) Name Hosp. or Inst. ..... Stayed ..... days
   (g) Lived in this county ..... years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Bonneville
   (c) City or town Iona
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? ✓ Outside? ..... city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 24 years
   (h) Former residence (city, state) Utah

3. (a) **FULL NAME** Joseph Lorenzo Bateman 131a

3. (b) If veteran, name war .....
3. (c) Social Security No. 519-14-1655
4. Sex M
5. Color or race W
6. (a) Single, widowed, (married) divorced .....
6. (b) Name of husband or wife Lottie
6. (c) Age of husband or wife if alive 54 years
7. Date of Birth (Month, Day, Year) June 13, 1882

8. AGE	Years	Months	Days	If less than 1 day
	62	6	1	hrs ..... min.

9. Exact Occupation Janitor — Did this work for ..... yrs.
10. Industry or Business Idaho Potato Grower — Date last worked .....
11. Birthplace Richmond, Utah (City or town) (State or foreign country)

Mother Father
12. Name William Bateman
13. Birthplace England (City or town) (State or foreign country)
14. Maiden name Margaret Glazier
15. Birthplace Ohio (City or town) (State or foreign country)

16. Informant's **OWN** Signature Faye Casper
and Address 214 W. 16th Idaho Falls
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/18/44 (Month) (Day) (Year)
(c) Place: Iona, Idaho
18. Funeral Director's **OWN** Signature Jack A. Ward
and Address Idaho Falls Idaho
19. (a) 12/20/44 (Date received and filed) (b) Anna Bridges (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) December 14 19 44
at 10-30 o'clock a M.

21. **I HEREBY CERTIFY,** That I attended deceased from Jan. 6, 1943, to Dec 14 1944
I last saw h.i.m. alive on Dec 10 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Coronary Thrombosis	4 days
Due to Chronic Hypertension	1 yr
Due to Chronic Nephritis	2 yrs
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? —
Name of operation ..... Date .....
Major finding —
Finding of autopsy None

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? — Suicide? — Homicide? —
Occurred ..... 19 ..... City, county, state
where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? yes
Means of injury .....

23. Attendant's **OWN** Signature Jabez N. Lord M. D. or other
and Address Idaho Falls Date 12/15 1944
(For additional space, use reverse side)

United States
Department of Commerce
Bureau of the Census

JAN 12 1945

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 141766
Local Reg. No. 271
Reg. Dist. No. 610

1. PLACE OF DEATH
(a) County Bonneville
(b) City or town Idaho Falls, Ida
(c) Street Address or R. F. D. No. Memorial Drive
(d) Death Occurred Inside? Yes Outside? ..... city or town
(e) Died in a Home ..... Hospital ..... Institution ..... Other place .....
(f) Name Hosp. or Inst. Latter Day Saints Stayed 4 days
(g) Lived in this county ..... years ..... months 6 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State ..... (b) County .....
(c) City or town .....
(d) Street Address or R. F. D. No. 1600 Curtis Ave.
(e) Deceased lived Inside? ..... Outside? ..... city or town
(f) If foreign born, in U. S. ..... yrs. Citizen of U. S.? .....
(g) How long had deceased lived in Idaho? ..... years
(h) Former residence (city, state) .....

3. (a) **FULL NAME** Baby Leigh 159.

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Male
5. Color or race white
6. (a) Single, widowed, married, divorced .....
6. (b) Name of husband or wife .....
6 (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) Dec. 9, 1944

8. **AGE**	Years	Months	Days	If less than 1 day
			6	hrs min.

9. Exact Occupation ..... Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Idaho Falls (City or town) Idaho (State or foreign country)
Father
12. Name Byron Leigh
13. Birthplace Malad (City or town) Idaho (State or foreign country)
Mother
14. Maiden name Ardith Crawford
15. Birthplace Mesick (City or town) Michigan (State or foreign country)
16. Informant's **OWN** Signature Ardeth Leigh
and Address 1600 Curtis Ave, Idaho Falls, Ida
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 12/ (Month) / (Day) / 44 (Year)
(c) Place: Malad Idaho
18. Funeral Director's **OWN** Signature Leo A. Williams
and Address Idaho Falls, Ida
19. (a) 12/21/44 (Date received and filed) (b) Anna Bridges (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Dec. 15 1944
at 7:30 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from 12/9 1944, to 12/15 1944
I last saw him alive on 12/14 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Prematurity, about 6½ mos. baby	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease first contracted?	
Name of operation ..... Date	
Major finding	
Finding of autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature H. L. Willson (M. D. or other)
and Address Idaho Falls Date 12/15 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JAN 12 1945

Certificate Of Death

STATE OF IDAHO

State File No. 141767
Local Reg. No. 273
Reg. Dist. No. 610

1. PLACE OF DEATH:
(a) County Bonneville
(b) City or town Idaho Falls
(c) Street Address or R.F.D. No. "D" Street
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Home X Hospital ..... Institution ..... Other place .....
(f) Name Hosp. or Inst. None Stayed ..... days
(g) Lived in this county 1 years 8 months 1 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Bonneville
(c) City or town Idaho Falls
(d) Street Address or R.F.D. No. "D" St.
(e) Deceased lived Inside? X Outside? ..... city or town
(f) Citizen of what country? United States
(g) How long had deceased lived in Idaho? 60 years
(h) Former residence (city, state) Dubois, Ida.

3. (a) FULL NAME GEORGE BROWN EDIE

162b.

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Emma Louise
6. (c) Age of husband or wife if alive 75 years
7. Date of Birth (Month, Day, Year) October 8, 1859

8. AGE	Years	Months	Days	If less than 1 day
	85	2	13	hrs min.

9. Exact Occupation Rancher and Stockman Did this work for 50 yrs.
10. Industry or Business Livestock Date last worked 1928
11. Birthplace Edinburgh (City or town) Scotland (State or foreign country)
Father
12. Name Unknown
13. Birthplace Scotland (City or town) (State or foreign country)
Mother
14. Maiden name Unknown
15. Birthplace Scotland (City or town) (State or foreign country)
16. Informant's OWN Signature Melba Edie
and Address
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Dec.24.1944 (Month) (Day) (Year)
(c) Place: Dubois, Idaho
18. Funeral Director's OWN Signature Orland C. Beck
and Address Idaho Falls, Idaho.
19. (a) 12/22/44 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) December 21 1944
at 1:15 o'clock A. M.
21. **I HEREBY CERTIFY,** That I attended deceased from one call 19 to Dec 20 1944
I last saw him alive on 12/20 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Heart-Tumor	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYISCIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's OWN Signature H. D. Spencer MD (M. D. or other)
and Address Idaho Falls Ida Date 12/22 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JAN 12 1945

Certificate Of Death

STATE OF IDAHO

State File No. 141768
Local Reg. No. 287
Reg. Dist. No. 610

1. **PLACE OF DEATH:**
(a) County Bonneville
(b) City or town Idaho Falls
(c) Street Address or R.F.D. No. Memorial Ser.
(d) Death Occured Inside? ✓ Outside? ..... city or town
(e) Died in a Home.... Hospital ✓ Institution.... Other place....
(f) Name Hosp. or Inst. L.H.S. Hosp. Stayed 18 days
(g) Lived in this county ..... years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Bonneville
(c) City or town Idaho Falls
(d) Street Address or R.F.D. No. 310 - S. Water
(e) Deceased lived Inside? ✓ Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 42 years
(h) Former residence (city, state) Illinois

3. (a) **FULL NAME** Caleb B. Campbell 1226

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced .....
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) March 15, 1874

8. AGE	Years	Months	Days	If less than 1 day
	70	9	9	hrs min.

9. Exact Occupation Day Laborer Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Henry (City or town) Illinois (State or foreign country)
Father
12. Name Caleb Campbell
13. Birthplace United States (City or town) (State or foreign country)
Mother
14. Maiden name Amy Johnston
15. Birthplace Pennsylvania (City or town) (State or foreign country)
16. Informant's **OWN** Signature Mrs Edna David
and Address Idaho Falls, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/27/44 (Month) (Day) (Year)
(c) Place: Idaho Falls, Idaho
18. Funeral Director's **OWN** Signature Jack A. Wood
and Address Idaho Falls, Idaho
19. (a) 1-8-45 (Date received and filed) (b) Anna Bridges (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) December 24 1944
at 12-40 o'clock a M.
21. **I HEREBY CERTIFY,** That I attended deceased from Dec 1 1944, to Dec 24 1944
I last saw him alive on Dec. 24 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Toxic Ileus & peritonitis	
Due to Chr. Myocarditis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation ..... Date	
Major finding	
Finding of autopsy	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature Walter R. West (M. D. or other)
and Address I. F. Date 12/28 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 141769
Local Reg. No. 281
Reg. Dist. No. 6/2

JAN 12 1945

1. **PLACE OF DEATH:**
   (a) County Bonneville
   (b) City or town Idaho Falls
   (c) Street Address or R.F.D. No. 310 Elm Street
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home X Hospital ..... Institution ..... Other place .....
   (f) Name Hosp. or Inst. ..... Stayed ..... days
   (g) Lived in this county 49 years 8 months 9 days

   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Bonneville
   (c) City or town Idaho Falls
   (d) Street Address or R.F.D. No. 310 Elm Street
   (e) Deceased lived Inside? X Outside? ..... city or town
   (f) Citizen of what country? United States
   (g) How long had deceased lived in Idaho? 52 years
   (h) Former residence (city, state) Blackfoot, Ida.

3. (a) **FULL NAME** FANNIE WHEAT

1626

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Wm. E. Wheat
6. (c) Age of husband or wife if alive dec. years
7. Date of Birth (Month, Day, Year) April 12, 1851

8. AGE	Years	Months	Days	If less than 1 day
	93	8	12	hrs ..... min.

9. Exact Occupation Housewife — Did this work for 80 yrs.
10. Industry or Business At home — Date last worked Apr. 1944
11. Birthplace White County, Tennessee (City or town) (State or foreign country)

Father
12. Name Prince
13. Birthplace Unknown (City or town) (State or foreign country)

Mother
14. Maiden name Unknown
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs Lily Pasewater
and Address Idaho Falls, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 28, 1944 (Month) (Day) (Year)
(c) Place: Idaho Falls, Idaho, Rose Hill
18. Funeral Director's OWN Signature Olaus E. Beck
and Address Idaho Falls, Idaho
19. (a) 1-3-45 (Date received and filed) (b) Dana Rudyn (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) December 24 19 44
at 3:15 o'clock A. M.

21. **I HEREBY CERTIFY,** That I attended deceased from ..... 19..... to ..... 19.....
I last saw h..... alive on ..... 19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Old Age — Duration ?
Due to Person was not in before ..... —
Due to seen by physician Dec. 24 ..... —
Other conditions ..... —
(Include pregnancy within 3 months of death)

Where was disease contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYISICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's OWN Signature W. B. Woolley M.D. (M. D. or other)
and Address Idaho Falls, Idaho Date 1-5 1945
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

141770

United States
Department of Commerce
Bureau of the Census

JAN 12 1945

Certificate Of Death

STATE OF IDAHO

State File No. 141770
Local Reg. No. 277
Reg. Dist. No. 610

1. **PLACE OF DEATH:**
(a) County Bonneville
(b) City or town Idaho Falls
(c) Street Address or R.F.D. No. W. Broadway
(d) Death Occured Inside? ..... Outside? X city or town
(e) Died in a Home.... Hospital X Institution.... Other place....
(f) Name Hosp. or Inst. L.D.S. Stayed ..... days
(g) Lived in this county ..... years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Bonneville
(c) City or town Idaho Falls
(d) Street Address or R.F.D. No. W Broadway
(e) Deceased lived Inside? ..... Outside? X city or town
(f) Citizen of what country? U.S.
(g) How long had deceased lived in Idaho? 14 years
(h) Former residence (city, state) .....

3. (a) **FULL NAME** Lee Orr Bishop 740.

3. (b) If veteran, name war —
3. (c) Social Security No. None
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) May 22 - 1930

8. AGE	Years	Months	Days	If less than 1 day hrs	min.
	14	7	2		

9. Exact Occupation Student — Did this work for ..... yrs.
10. Industry or Business ..... — Date last worked .....
11. Birthplace Idaho Falls, Idaho (City or town) (State or foreign country)

Father
12. Name Harold J. Bishop
13. Birthplace Bonneville, Utah (City or town) (State or foreign country)

Mother
14. Maiden name Jessie Beazer
15. Birthplace Kaysville, Utah (City or town) (State or foreign country)

16. Informant's **OWN** Signature .....
and Address Idaho Falls, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/28/44 (Month) (Day) (Year)
(c) Place: Idaho Falls, Idaho.

18. Funeral Director's **OWN** Signature Leo A. Williams
and Address Idaho Falls.

19. (a) 1/2/45 (Date received and filed) (b) Anna Budge (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Dec 24 1944
at 2 o'clock a M.

21. I **HEREBY CERTIFY**, That I attended deceased from Aug 21, 1944, to Dec 24, 1944
I last saw him alive on Dec 23 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Monocytic Leukaemia	months
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature H. Ray Hatch M.D. (M. D. or other)
and Address Idaho Falls Date 12, 26 1944
(For additional space, use reverse side)

141771

United States
Department of Commerce
Bureau of the Census

JAN 12 1945

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 275
Reg. Dist. No. 610

1. **PLACE OF DEATH:**
(a) County Bonneville
(b) City or town Idaho Falls
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. L.D.S. Stayed 6 days
(g) Lived in this county years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Madison
(c) City or town Archer
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Outside? X city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? years
(h) Former residence (city, state)

3. (a) **FULL NAME** Edmond Marshall Grover 13b

3. (b) If veteran, name war
3. (c) Social Security No. 519-14-9373
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Sept. 28 1918

8. AGE	Years	Months	Days	If less than 1 day
	26	2	26	hrs min.

9. Exact Occupation Farmer Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Archer Idaho (City or town) (State or foreign country)
Father
12. Name Raymond Grover
13. Birthplace Lyman Idaho (City or town) (State or foreign country)
Mother
14. Maiden name Katie A. Browning
15. Birthplace Lorenzo Idaho (City or town) (State or foreign country)
16. Informant's OWN Signature Raymond Grover
and Address
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 27 1944 (Month) (Day) (Year)
(c) Place: Archer
18. Funeral Director's OWN Signature Kenneth R. Flamm
and Address Rexburg Idaho
19. (a) 12/28/44 (Date received and filed) (b) Anna Bridger (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Dec. 24 1944
at 12:30 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 12/24 1944 to 12/24 1944
I last saw him alive on 12/24 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Tubercular Meningitis	10 days
Due to	
Due to T. B. (Pulmonary)	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted? unknown	PHYSICIAN
Name of operation none Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy no	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature Walter R. West (M. D. or other)
and Address Idaho Falls Date 12/26 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census JAN 12 1945

Certificate Of Death

STATE OF IDAHO

State File No. 141772
Local Reg. No. 285
Reg. Dist. No. 610

1. **PLACE OF DEATH:**
(a) County Bonneville
(b) City or town Idaho Falls
(c) Street Address or R.F.D. No. Memorial Sh.
(d) Death Occured Inside? ✓ Outside? ..... city or town
(e) Died in a Home.... Hospital ✓ Institution.... Other place....
(f) Name Hosp. or Inst. L.D.S. Stayed 1 days
(g) Lived in this county..... years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Bonneville
(c) City or town Idaho Falls
(d) Street Address or R.F.D. No. 590 Highbee
(e) Deceased lived Inside? ✓ Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? ..... years
(h) Former residence (city, state) .....

3. (a) **FULL NAME** Margaret Baker 61.

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex F. 5. Color or race W.
6. (a) Single, widowed, married, divorced .....
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) February 15, 1940

8. AGE	Years	Months	Days	If less than 1 day
	4	10	13	hrs min.

9. Exact Occupation None Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Idaho Falls, Idaho (City or town) (State or foreign country)
Father
12. Name Albert E. Baker
13. Birthplace Star Valley, Wyoming (City or town) (State or foreign country)
Mother
14. Maiden name Mary McKenzie
15. Birthplace Preston, Idaho (City or town) (State or foreign country)
16. Informant's **OWN** Signature Albert E. Baker
and Address Idaho Falls, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/2/45 (Month) (Day) (Year)
(c) Place: Idaho Falls, Idaho
18. Funeral Director's **OWN** Signature Jack A. Wood
and Address Idaho Falls, Idaho
19. (a) 1/8/45 (Date received and filed) (b) Anna Bridges (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Dec 28 1944
at 1 o'clock P M.
21. **I HEREBY CERTIFY**, That I attended deceased from 6 hours, to Dec. 28, 1944
I last saw her alive on Dec 28, 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Uraemia — Duration .....
Due to acute nephritis
Due to also heavy gly.
Other conditions Cocaina. (Include pregnancy within 3 months of death) Influenza
Where was disease contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature John O. Miller MD (M. D. or other)
and Address Idaho Falls, Date Dec 28 1944
(For additional space, use reverse side)

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH

STATE OF IDAHO

JAN 12 1945

State File No. 141773
Local Reg. No. 283
Reg. Dist. No. 610

1. **PLACE OF DEATH:**
   (a) County Bonneville
   (b) City or town Idaho Falls
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? X Outside? city or town
   (e) Died in a Home Hospital Institution Other place
   (f) Name Hosp. or Inst. L.D.S. Hosp. Stayed 4 days
   (g) Lived in this county years months 4 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Jefferson.
   (c) City or town Lewisville
   (d) Street Address or R. F. D. No.
   (e) Deceased lived Inside? X Outside? city or town
   (f) If foreign born, in U. S. yrs. Citizen of U. S.?
   (g) How long had deceased lived in Idaho? 60 years
   (h) Former residence (city, state) Utah.

3. (a) **FULL NAME** Hulda Elizabeth Williams

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3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F. M. race White
5. Color or
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Wm. Williams.
6 (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Nov. 27, 1871

8. AGE	Years	Months	Days	If less than 1 day
	73	1	1	hrs min.

9. Exact Occupation Housewife — Did this work for Life yrs.
10. Industry or Business Own Home — Date last worked Dec. 1944
11. Birthplace Millville, Utah. (City or town) (State or foreign country)

Father
12. Name George Hill.
13. Birthplace England (City or town) (State or foreign country)

Mother
14. Maiden name Harriet Cordilia Bassett.
15. Birthplace Handcock Co. Illinois. (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mrs Eva Ellsworth
and Address Lewisville, Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Dec. 28, 1944 (Month) (Day) (Year)
(c) Place: Lewisville, Idaho.
18. Funeral Director's **OWN** Signature
and Address
19. (a) 1-4-45 (Date received and filed) (b) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Dec. 28 19 44
at 11:30 o'clock A. M.

21. I **HEREBY CERTIFY**, That I attended deceased from 10/15 1941, to 12/28 1944
I last saw h. alive on 12/28 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Hypostatic Pneumonia — Duration 7 days
Due to Chronic Myocarditis — 2 years
Due to Hypertension — 2 years
Other conditions (Include pregnancy within 3 months of death)

Where was disease first contracted? at home
Name of operation None Date
Major finding
Finding of autopsy None

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature Odom Tabb, M.D. (M. D. or other)
and Address Rigby, Idaho Date 12/29 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

JAN 12 1945

STATE OF IDAHO

State File No. 141774
Local Reg. No. 279
Reg. Dist. No. 610

1. **PLACE OF DEATH:**
   (a) County BONNEVILLE
   (b) City or town IDAHO FALLS
   (c) Street Address or R. F. D. No. L.D.S. HOSPITAL
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home.... Hospital X Institution.... Other place....
   (f) Name Hosp. or Inst. L.D.S. HOSPITAL Stayed 18 days
   (g) Lived in this county 15 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State IDAHO (b) County BINGHAM
   (c) City or town BLACKFOOT
   (d) Street Address or R.F.D. No 312 S. UNIVERSITY
   (e) Deceased lived Inside? X Outside? ..... city or town
   (f) Citizen of what country? UNITED STATES
   (g) How long had deceased lived in Idaho? 37 years
   (h) Former residence (city, state) CHARLESTON UTAH

3. (a) **FULL NAME** WALLACE B. WRIGHT

3. (b) If veteran, name war 710
3. (c) Social Security No. 519-09-1787
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife CLARA BILLS
6. (c) Age of husband or wife if alive 63 years
7. Date of Birth (Month, Day, Year) OCT. 20 - 1880

8. AGE	Years	Months	Days	If less than 1 day
	64	2	11	hrs min.

9. Exact Occupation WHOLESALE GASOLINE Did this work for 20 yrs.
10. Industry or Business WHOLESALE GASOLINE Date last worked
11. Birthplace CHARLESTON (City or town) UTAH (State or foreign country)

Father
12. Name WILLIAM WRIGHT
13. Birthplace ENGLAND. (City or town) (State or foreign country)

Mother
14. Maiden name MARY J. BAUM
15. Birthplace UTAH ~~England~~ (City or town) (State or foreign country)

16. Informant's **OWN** Signature O. B. Wright and Address 376 - 2nd W Idaho Falls, Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 12/31/44 (Month) (Day) (Year)
    (c) Place: Blackfoot, Idaho
18. Funeral Director's **OWN** Signature John C. Lundberg and Address Blackfoot, Idaho
19. (a) 1/2/45 (Date received and filed) (b) Emma Budge (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Dec 31 - 1944
    at ..... o'clock ..... M.
21. **I HEREBY CERTIFY**, That I attended deceased from Dec. 10 1944, to Dec. 31 1944
    I last saw h~~im~~ alive on Dec. 31 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Prostatic Cancer	1 year
Due to	
✓	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Debility	
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
    Occurred ..... 19..... City, county, state where violence occurred .....
    Place of Violence: Home ..... Farm ..... Industry .....
    Public Place ..... While at work? .....
    Means of injury .....
23. Attendant's **OWN** Signature C. C. Eccleston M.D. (M. D. or other)
    and Address Idaho Falls Date 1-2 1945
    (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce JAN 12 1945
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 141775
Local Reg. No. 288
Reg. Dist. No. 610

1. **PLACE OF DEATH:**
(a) County Bonneville
(b) City or town Idaho Falls
(c) Street Address or R.F.D. No. Memorial Dr
(d) Death Occured Inside? ✓ Outside? ..... city or town
(e) Died in a Home.... Hospital ✓ Institution.... Other place....
(f) Name Hosp. or Inst. L.D.S. Hosp Stayed 1 days
(g) Lived in this county..... years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Bonneville
(c) City or town Idaho Falls Idaho
(d) Street Address or R.F.D. No. 480 May
(e) Deceased lived Inside? ✓ Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 36 years
(h) Former residence (city, state) .....

3. (a) **FULL NAME** Emma Bernice Hansen 33 a.

3. (b) If veteran, name war .....
3. (c) Social Security No. 519-24-2368
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife Jesse Hansen
6. (c) Age of husband or wife if alive 44 years
7. Date of Birth (Month, Day, Year) April 27, 1908

8. AGE	Years	Months	Days	If less than 1 day
	36	7	4	hrs min.

9. Exact Occupation Housewife Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Idaho Falls (City or town) Idaho (State or foreign country)
Father
12. Name James L. Snan
13. Birthplace Murray (City or town) Utah (State or foreign country)
Mother
14. Maiden name Malinda Naylor
15. Birthplace Murray (City or town) Utah (State or foreign country)
16. Informant's **OWN** Signature Jesse E. Hansen
and Address Idaho Falls Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/4/45 (Month) (Day) (Year)
(c) Place Idaho Falls Idaho
18. Funeral Director's **OWN** Signature Jack A. Ward
and Address Idaho Falls Idaho
19. (a) 1/8/45 (Date received and filed) (b) Anna Budges (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) December 31 1944
at 7-15 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from Dec 31 1944, to Dec 31 1944
I last saw her alive on Dec 31 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Influenza Pneumonia	2 days
Due to Asthma	2 yrs
Due to Influenza ~~[illegible]~~	7 days
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? —
Name of operation — Date
Major finding —
Finding of autopsy —

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19.... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature N. Frost MD (M. D. or other)
and Address Idaho Falls Date 1/2 1945
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census JAN 8 1945

Certificate Of Death

STATE OF IDAHO

State File No. 141776
Local Reg. No. 52-44
Reg. Dist. No. 100

1. **PLACE OF DEATH:**
   (a) County Boundary
   (b) City or town Bonners Ferry
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? XX Outside? city or town
   (e) Died in a Home X Hospital Institution Other place
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county 10 years months days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Boundary
   (c) City or town Bonners Ferry
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? Outside? XX city or town
   (f) Citizen of what country? Sweden
   (g) How long had deceased lived in Idaho? 10 years
   (h) Former residence (city, state) Sandpoint Ida.

3. (a) **FULL NAME** John Theidor Kronblad

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3. (b) If veteran, name war No
3. (c) Social Security No. 701-03-7222
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Oct. 30th.1878

8. AGE	Years	Months	Days	If less than 1 day
	66	1	24	hrs min.

9. Exact Occupation Track Walker Did this work for 1½ yrs.
10. Industry or Business G.N. RRY. Date last worked 12/23/44
11. Birthplace Kolmar Sweden (City or town) (State or foreign country)

Father
12. Name Unknown
13. Birthplace Sweden (City or town) (State or foreign country)

Mother
14. Maiden name Unknown
15. Birthplace Sweden (City or town) (State or foreign country)

16. Informant's **OWN** Signature Frank Morse
and Address Bonners Ferry Idaho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/29/44 (Month) (Day) (Year)
(c) Place: Bonners Ferry Idaho
18. Funeral Director's **OWN** Signature Frank Morse
and Address Bonners Ferry Idaho.
19. (a) 12/27/44 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Dec. 24th. 1944
at 4:00 o'clock A.M.
21. **I HEREBY CERTIFY**, That I attended deceased from 19 , to 19
I last saw h alive on 19 ; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration
✓ Body was partly destroyed by fire, remains badly
Due to charred. Dead when found
Due to
Other conditions
(Include pregnancy within 3 months of death)
Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Yes Suicide? Homicide?
Occurred 12/24/ 1944 City, county, state where violence occurred Bonners Ferry Idaho
Place of Violence: Home X Farm Industry
Public Place While at work?
Means of injury Dwelling fire
23. Attendant's **OWN** Signature Lloyd Reed Coroner (M. D. or other)
and Address Bonners Ferry Date 12/26 1944
(For additional space, use reverse side)

141777

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census JAN 8 1945

Certificate Of Death

STATE OF IDAHO

State File No.
Local Reg. No. 53-44
Reg. Dist. No. 104

1. **PLACE OF DEATH:**
   (a) County Boundary
   (b) City or town Bonners Ferry
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? XX Outside? city or town
   (e) Died in a Home X Hospital Institution Other place
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county years months 43 days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Boundary
   (c) City or town Bonners Ferry
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? X Outside? city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 43 days years
   (h) Former residence (city, state) XXXXX

3. (a) **FULL NAME** Infant Sandra Lee Pipinos 107

3. (b) If veteran, name war NO
3. (c) Social Security No. No
4. Sex Fem
5. Color or race White
6. (a) Single, widowed, married, divorced Infant
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Nov. 12, 1944

8. AGE	Years	Months	Days	If less than 1 day hrs min.
			43 ✓	

9. Exact Occupation Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Bonners Ferry Idaho (City or town) (State or foreign country)

Father
12. Name Hercules Pipinos
13. Birthplace Athens Greece (City or town) (State or foreign country)

Mother
14. Maiden name Betty Mae Graden
15. Birthplace Bismark N.D. (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mrs. W. C. Padgett.
and Address Bonners Ferry Idaho.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/26/44 (Month) (Day) (Year)
(c) Place: Bonners Ferry Idaho.

18. Funeral Director's **OWN** Signature Frank Moore
and Address Bonners Ferry Idaho

19. (a) 12/26/44 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Dec 25th 1944
at 7:00 o'clock P. M.

21. **I HEREBY CERTIFY,** That I attended deceased from Dec 24 1944, to Dec 25 1944
I last saw h[illegible] alive on Dec 25 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Bronchopneumonia	3 Days
Due to	
Due to	
Other conditions Malnutrition (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature [signature] (M. D. or other)
and Address [illegible] Date 12/26 1944
(For additional space, use reverse side)

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United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

JAN 8 1945

State File No.
Local Reg. No. 54-44
Reg. Dist. No. 100

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
   (a) County Boundary
   (b) City or town Bonners Ferry
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? Outside? XX city or town
   (e) Died in a Home Hospital X Institution Other place
   (f) Name Hosp. or Inst Bonners Ferry Stayed 45 days
   (g) Lived in this county 12 years months days

   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Boundary
   (c) City or town Bonners Ferry
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? XX Outside? city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 12 years
   (h) Former residence (city, state) Illinois

3. (a) **FULL NAME** Samuel Greer Sitton

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3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Wid.
6. (b) Name of husband or wife Katherine
6. (c) Age of husband or wife if alive Dec. years
7. Date of Birth (Month, Day, Year) June 28, 1879

8. AGE	Years	Months	Days	If less than 1 day
	65	5	28	hrs min.

9. Exact Occupation Ret. Farmer — Did this work for 30 yrs.
10. Industry or Business his own — Date last worked 1931
11. Birthplace (City or town) Ill. (State or foreign country)

Father
12. Name David Sitton
13. Birthplace (City or town) Mo. (State or foreign country)

Mother
14. Maiden name Jane Greer
15. Birthplace (City or town) Mo. (State or foreign country)

16. Informant's **OWN** Signature Mrs. Melva Sitton
and Address Bonners Ferry Idaho.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/28/44 (Month) (Day) (Year)
(c) Place: Paradise Valley Idaho

18. Funeral Director's **OWN** Signature Frank Moore
and Address Bonners Ferry Idaho

19. (a) 12/27/44 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Dec. 26, 1944 19
at 6:00 o'clock A.M.

21. **I HEREBY CERTIFY,** That I attended deceased from July 19 44, to Dec 26 19 44
I last saw him alive on Dec 25 19 44; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Carcinoma of Colon — Duration 6 mo.
✓ Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature [signature] M. D.
(M. D. or other)
and Address Bonners Ferry Date 12/27 19 44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JAN 11 1945

Certificate Of Death

STATE OF IDAHO

State File No. 141779
Local Reg. No. 9
Reg. Dist. No. 670

1. PLACE OF DEATH:
(a) County Butte
(b) City or town Arco
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? Outside? ✓ city or town
(e) Died in a Home Hospital Institution Other place ✓
(f) Name Hospital Jones Old Folks Home Stayed days
(g) Lived in this county 3 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Custer
(c) City or town Challis
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? Outside? ✓ city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 31 years
(h) Former residence (city, state) Iowa

3. (a) FULL NAME John C. Willson 83a

3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Jan. 2 1864

8. AGE	Years	Months	Days	If less than 1 day
	80	10	10	hrs min.

9. Exact Occupation Prospector Did this work for life yrs.
10. Industry or Business Mining Date last worked 1940
11. Birthplace Iowa (City or town) (State or foreign country)
Father 12. Name
13. Birthplace unknown (City or town) (State or foreign country)
Mother 14. Maiden name unknown
15. Birthplace (City or town) (State or foreign country)
16. Informant's OWN Signature Sheriff of Custer County
and Address Challis Ida.
17. (a) Burial (Burial, cremation or removal) (b) Date thereof 11/14/44 (Month) (Day) (Year)
(c) Place: Mackay Idaho
18. Funeral Director's OWN Signature W. C. Marvel
and Address Arco Ida
19. (a) Jan 8-1945 (Date received and filed) (b) Mary G. Dietrich (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) 11/12 1944
at 5:15 o'clock A M.
21. I HEREBY CERTIFY, That I attended deceased from July 9 1942, to Nov. 12 1944
I last saw him alive on Nov. 8 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
✓ Cerebral Hemorrhage	5 days
Due to Hypertension	3 years
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation None Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred Not 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature J. R. Egbert M.D. (M. D. or other)
and Address Arco Ida. Date Jan. 8 1945
(For additional space, use reverse side)

Jan-8-1945

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

JAN 6 1945

State File No. 141780
Local Reg. No. 147
Reg. Dist. No. 361

1. **PLACE OF DEATH:**
   (a) County Canyon
   (b) City or town Caldwell
   (c) ~~Street Address~~ or R.F.D. No. 3
   (d) Death Occured Inside? ..... ~~Outside?~~ ..... city or town
   (e) Died in a Home .... ~~Hospital~~ ~~Institution~~ ~~Other place~~ ....
   (f) Name Hosp. or Inst. ..... Stayed ..... days
   (g) Lived in this county 6 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Canyon
   (c) City or town Caldwell
   (d) Street Address or R.F.D. No. R.F.D. 3
   (e) Deceased lived ~~Inside?~~ ..... Outside? ..... city ~~or town~~
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 55 years
   (h) Former residence (city, state) —

3. (a) **FULL NAME** Reuben L. Gifford 133

3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of ~~husband or~~ wife Amanda
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) May 1 1866

8. AGE	Years	Months	Days	If less than 1 day hrs	min.
	78	6	16		

9. Exact Occupation Farmer — Did this work for ..... yrs.
10. Industry or Business Stockman — Date last worked .....
11. Birthplace Milton Vt (City or town) (State or foreign country)
12. Father's Name Henry Gifford
13. Father's Birthplace ? (City or town) (State or foreign country)
14. Mother's Maiden name ?
15. Mother's Birthplace ? (City or town) (State or foreign country)
16. Informant's **OWN** Signature Mrs Cecil Vassar
and Address Caldwell Ida
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-21-45 (Month) (Day) (Year)
(c) Place Reynolds Creek Cem
18. Funeral Director's **OWN** Signature F. K. Robertson
and Address Nampa Ida
19. (a) 12-14-44 (Date received and filed) (b) Agnes Dunman (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Nov 17 1944
at ..... o'clock ..... M.

21. **I HEREBY CERTIFY**, That I attended deceased from 10-26 1944, to 11-17 1944
I last saw h.im. alive on 11-17 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Renal hemorrhage	72 hrs.
Due to Renal failure	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted? ?	
Name of operation ..... Date	
Major finding	
Finding of autopsy	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature [illegible] (M. D. or other)
and Address Caldwell Ida Date 12-5 1944
(For additional space, use reverse side)

7 inch

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census JAN 8 1945

Certificate Of Death

STATE OF IDAHO

State File No. 141782
Local Reg. No. 228
Reg. Dist. No. 363

1. **PLACE OF DEATH:**
   (a) County Canyon
   (b) City or town Nampa
   (c) Street Address or R.F.D. No. 1615 - 8th St. So.
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home .... Hospital X Institution .... Other place ....
   (f) Name Hosp. or Inst. Mercy Stayed 1 days
   (g) Lived in this county 27 years ..... months ..... days

   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Canyon
   (c) City or town Caldwell
   (d) Street Address or R.F.D. No 215 Dearborn
   (e) Deceased lived Inside? X Outside? ..... city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 27 years
   (h) Former residence (city, state) .....

3. (a) **FULL NAME** IDELLA MAE GEPFORD 61

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Fem. race White
5. Color or
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Fred
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) June 10, 1917

8. AGE	Years	Months	Days	If less than 1 day
	27	5	8	hrs min.

9. Exact Occupation Housewife Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Nampa, (City or town) Idaho (State or foreign country)

Father
12. Name John Warren Kesner
13. Birthplace ..... (City or town) Illinois (State or foreign country)

Mother
14. Maiden name Laura Huston
15. Birthplace ..... (City or town) Minnesota (State or foreign country)

16. Informant's **OWN** Signature Fred Gepford
and Address 215 Dearborn St., Caldwell

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/24/44 (Month) (Day) (Year)
(c) Place: Canyon Hill Cemetery

18. Funeral Director's **OWN** Signature [illegible]
and Address 504 So. Kimball Ave., Caldwell

19. (a) Dec. 9-1944 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Nov. 18, 1944
at 2:40 o'clock P. M.

21. **I HEREBY CERTIFY**, That I attended deceased from 11-16 1944, to 11-18 1944
I last saw h-w alive on 11-18 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Sugar Diabetes.	
Due to Hypertension.	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation ..... Date	
Major finding	
Finding of autopsy	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature [illegible] (M. D. or other)
and Address Caldwell Date 12-2 1944
(For additional space, use reverse side)

141783

United States
Department of Commerce
Bureau of the Census JAN 8 1945

Certificate Of Death

STATE OF IDAHO

State File No.
Local Reg. No. 238 (238)
Reg. Dist. No. 363

1. **PLACE OF DEATH:** Canyon
(a) County
(b) City or town Nampa
(c) Street Address or R.F.D. No. Route 3.
(d) Death Occured Inside? X Outside? city or town
(e) Died in a Home Hospital Institution Other place
(f) Name Hosp. or Inst. Mercy Stayed days
(g) Lived in this county 27 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Nampa
(d) Street Address or R.F.D. No. Route 3.
(e) Deceased lived ~~Inside~~? Outside? X city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 27 years
(h) Former residence (city, state)

3. (a) **FULL NAME** Thomas Arthur Cromwell. 1566

3. (b) If veteran, name war ✓
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Evelyn
6. (c) Age of husband or wife if alive 25 years
7. Date of Birth (Month, Day, Year) Dec. 19 - 1916

8. AGE	Years	Months	Days	If less than 1 day
	27	11	3	hrs min.

9. Exact Occupation Bucher Did this work for yrs.
10. Industry or Business Ida Meat Packers Date last worked
11. Birthplace Nampa Ida. (City or town) (State or foreign country)
Father
12. Name L. A. Cromwell
13. Birthplace Kansas (City or town) (State or foreign country)
Mother
14. Maiden name May Lester
15. Birthplace Iowa (City or town) (State or foreign country)
16. Informant's **OWN** Signature L. A. Cromwell
and Address Nampa Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-25-44 (Month) (Day) (Year)
(c) Place: Rotherlaws Nampa Idaho
18. Funeral Director's **OWN** Signature [illegible] Tally
and Address Nampa Ida.
19. (a) Dec. 18-1944 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH 1037

20. **DATE OF DEATH** (Month, Day, Year) Nov. 22 1944
at o'clock M.
21. **I HEREBY CERTIFY,** That I attended deceased from 11-20-1944, to 11-22-1944
I last saw him alive on 11-22-1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Sudden severe hemorrhage — Duration
Due to accidental tear in left illiac vein
Due to Congenitally thin veins
Other conditions (Include pregnancy within 3 months of death) Advanced Spondylolisthesis
Where was disease contracted? Mercy Hosp.
Name of operation Fixation of spine Date 11/22/44
Major finding all major vessels
Finding of autopsy exposed were very thin aorta & large branches colapsed.

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature Geo. D. A. Kellogg. (M. D. or other)
and Address Nampa, Ida. Date 12-14-1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

JAN 6 1945

State File No. 141784
Local Reg. No. 146
Reg. Dist. No. 360

1. **PLACE OF DEATH:**
   (a) County Canyon
   (b) City or town Caldwell
   (c) Street Address or R.F.D. No. 501 So. 5th St.
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home.... Hospital X Institution.... Other place....
   (f) Name Hosp. or Ins. Snow Nursing Stayed ..... days
   (g) Lived in this county ..... years 11 months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Canyon
   (c) City or town Caldwell
   (d) Street Address or R.F.D. No. I.O.O.F. Home
   (e) Deceased lived Inside? X Outside? ..... city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? ..... years
   (h) Former residence (city, state) Aberdeen, Idaho

3. (a) **FULL NAME** JOHN S. BRION

1116

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) Jan. 8, 1856

8. AGE	Years	Months	Days	If less than 1 day
	88	10	22	hrs ..... min.

9. Exact Occupation Farmer — Did this work for ..... yrs.
10. Industry or Business ..... — Date last worked .....
11. Birthplace Liberty, Pennsylvania (City or town) (State or foreign country)

Father
12. Name Unknown
13. Birthplace Unknown (City or town) (State or foreign country)

Mother
14. Maiden name Unknown
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's **OWN** Signature Presley J Stone Sr
and Address Caldwell, Idaho.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/4/44 (Month) (Day) (Year)
(c) Place: Canyon Hill Cemetery

18. Funeral Director's **OWN** Signature W. Peterhans
and Address 504 So. Kimball Ave., Caldwell

19. (a) 12-7-44 (Date received and filed) (b) Agnes M Lenman (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Nov. 30, 1944
at 5:00 o'clock A M.

21. **I HEREBY CERTIFY**, That I attended deceased from Nov 18 1944, to Nov 30 1944
I last saw him alive on Nov 19 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Pneumonia (Terminal)	5 days
Due to Senile Senescence	5 Mo
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation ..... Date	
Major finding	
Finding of autopsy	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature H. H. Coffee M. D. or other
and Address Caldwell Date 1/5 1945
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

JAN 8 1945

State File No. 141785
Local Reg. No. 233
Reg. Dist. No. 363

1. PLACE OF DEATH:
(a) County Canyon
(b) City or town Nampa
(c) ~~Street Address~~ or R.F.D. No. 2
(d) Death Occured Inside? ✓ ~~Outside~~? ..... city or town
(e) Died in a Home.... Hospital ✓ Institution.... Other place....
(f) Name Hosp. or Inst. Mercy Stayed 2 days
(g) Lived in this county 39 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Nampa
(d) Street Address or R.F.D. No. 2
(e) Deceased lived Inside? ..... Outside? ✓ city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 39 years
(h) Former residence (city, state) Nebraska

3. (a) **FULL NAME** Ida May Silver 83a

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex F
5. Color or race W
6. (a) ~~Single~~, ~~widowed~~, ~~married~~, ~~divorced~~ widowed
6. (b) Name of husband or wife not living
6. (c) Age of husband or wife if alive not living years
7. Date of Birth (Month, Day, Year) Feb 16 - 1870

8. AGE	Years	Months	Days	If less than 1 day
	74	9	14	hrs min.

9. Exact Occupation Housekeeper Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Missouri (City or town) (State or foreign country)
Father 12. Name John Sims
13. Birthplace ..... (City or town) (State or foreign country)
Mother 14. Maiden name Craig
15. Birthplace ..... (City or town) (State or foreign country)
16. Informant's OWN Signature Mrs W. F. Downey
and Address Nampa, Ida
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-4-44 (Month) (Day) (Year)
(c) Place: Nampa, Ida
18. Funeral Director's OWN Signature Fred K. Robinson
and Address Nampa, Ida
19. (a) Dec. 15-1944 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Nov 30 1944
at 7 o'clock a. M.
21. **I HEREBY CERTIFY,** That I attended deceased from Nov. 27th 1944, to Nov. 30, 1944
I last saw her alive on Nov. 29th 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Left cerebral haemorrhage	4 days.
✓ Due to Hypertension.	Several years.
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's OWN Signature Geo. D. A. Kellogg (M. D. or other)
and Address Nampa, Idaho Date 12/11/1944
(For additional space, use reverse side)

K

141786

United States
Department of Commerce
Bureau of the Census

JAN 8 1945

Certificate Of Death

STATE OF IDAHO

State File No.
Local Reg. No. 231
Reg. Dist. No. 363

1. PLACE OF DEATH:
(a) County Canyon
(b) City or town Nampa
(c) Street Address or R.F.D. No. Homedale Ida
(d) Death Occured Inside? ✓ Outside? ..... city or town
(e) Died in a Home .... Hospital ✓ Institution .... Other place ....
(f) Name Hosp. or Inst. Mercy Stayed ..... days
(g) Lived in this county 2 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Owyhee
(c) City or town Homedale, Ida
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? ✓ Outside? ..... city or town
(f) Citizen of what country? U S A
(g) How long had deceased lived in Idaho? 5 years
(h) Former residence (city, state) St. John Kans

3. (a) FULL NAME Robert P. Corlett 184

3. (b) If veteran, name war One
3. (c) Social Security No. 509-10-5982
4. Sex M
5. Color or race W
6. (a) ~~Single, widowed~~, married, ~~divorced~~ married
6. (b) Name of ~~husband or~~ wife Dorothy
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) Oct 6, 1898

8. AGE	Years	Months	Days	If less than 1 day
	46	1	25	hrs min.

9. Exact Occupation Store manager Did this work for ..... yrs.
10. Industry or Business Gen'l Mdse Date last worked .....
11. Birthplace Sheboygan Wis (City or town) (State or foreign country)
Father
12. Name Maynard Corlett
13. Birthplace Cheboygan Mich (City or town) (State or foreign country)
Mother
14. Maiden name Nelley Boatwine
15. Birthplace Cheboygan Mich (City or town) (State or foreign country)
16. Informant's OWN Signature J C Wengert
and Address 116 Power line road
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/5/44 (Month) (Day) (Year)
(c) Place: Nampa, Idaho
18. Funeral Director's OWN Signature F. K. Robinson
and Address Nampa Ida
19. (a) Dec 15-1944 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Dec 1 1944
at ..... o'clock ..... M.

21. I HEREBY CERTIFY, That I attended deceased from Nov 30 19..., to Dec 1 1944
I last saw him alive on Dec 1 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration
✓ Fat(?) Embolus to heart
Due to Destruction of left knee joint by shooting accidentally
Due to
Other conditions
(Include pregnancy within 3 months of death)
Where was disease contracted?
Name of operation Knee restriction Date Nov 30
Major finding Destruction of knee
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Yes Suicide? — Homicide? —
Occurred Nov 30 1944 City, county, state where violence occurred Owyhee C. at Homedale
Place of Violence: Home ..... Farm ..... Industry .....
Public Place Yes While at work? No
Means of injury Shot gun shell

23. Attendant's OWN Signature Jos Salter MD (M. D. or other)
and Address Nampa Date 12/9 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

141787

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

JAN 9 1945

STATE OF IDAHO

State File No.
Local Reg. No. 66
Reg. Dist. No. 365

1. PLACE OF DEATH:
(a) County Canyon
(b) City or town Parma
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? Outside? X city or town
(e) Died in a Home Hospital Institution Other place X
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 30 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Parma
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? Outside? X city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 30 years
(h) Former residence (city, state)

3. (a) FULL NAME CHARLES WINSTON (TED) MILLER 1750

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Goldie E. Miller
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Nov, 20, 1900

8. AGE	Years	Months	Days	If less than 1 day
	44	0	11	hrs min.

9. Exact Occupation Farmer & DryCleaner Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Alma, Nebraska (City or town) (State or foreign country)
Father 12. Name Charles Miller
Father 13. Birthplace Unknown (City or town) (State or foreign country)
Mother 14. Maiden name Jennie Druliner
Mother 15. Birthplace Indiana (City or town) (State or foreign country)
16. Informant's **OWN** Signature Goldie E Miller
and Address Boise, Idaho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/6/44 (Month) (Day) (Year)
(c) Place: Tucker Cemetery
18. Funeral Director's **OWN** Signature
and Address 504 So. Kimball Ave., Caldwell
19. (a) 1-7-45 (Date received and filed) (b) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Dec. 1, 19 44
at about 11:30 o'clock A. M.
21. **I HEREBY CERTIFY**, That I attended deceased from
a 19, to 19
I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration
Fell beneath tractor
Plow dragging from 12 feet.
Due to Point of Plow entering
left side Penning body
Due to to the Ground Causing
Other conditions Internal Pressure
(Include pregnancy within 3 months of death)
Was found dead about 12:30 P.M.

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy None

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? X Suicide? Homicide?
Occurred Dec 1 1944 City, county, state where violence occurred on or Gobleys Farm near Parma.
Place of Violence: Home Farm X Industry
Public Place While at work? X
Means of injury Arms Stalled,
23. Attendant's **OWN** Signature Wm L Dalby
and Address Nampa Ida (M. D. or other) Coroner Date 12-7 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JAN 6 1945

Certificate Of Death

STATE OF IDAHO

State File No. 141788
Local Reg. No. 155
Reg. Dist. No. 960

1. **PLACE OF DEATH:**
   (a) County Canyon
   (b) City or town Caldwell
   (c) Street Address or R.F.D. No. 1401 Albany
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home X Hospital .... Institution .... Other place ....
   (f) Name Hosp. or Inst. ..... Stayed ..... days
   (g) Lived in this county 40 years ..... months ..... days

   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Canyon
   (c) City or town Caldwell
   (d) Street Address or R.F.D. No. 1401 Albany
   (e) Deceased lived Inside? X Outside? ..... city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 40 years
   (h) Former residence (city, state) .....

3. (a) **FULL NAME** HELEN LAIN MILLER 94.V

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Fem.
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife John Ed. Miller
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) Jan. 7, 1879

8. AGE	Years	Months	Days	If less than 1 day
	65	10	24	hrs ..... min.

9. Exact Occupation Housewife Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Bloomfield, Iowa (City or town) (State or foreign country)

Father
12. Name J. M. Lain
13. Birthplace Unknown (City or town) (State or foreign country)

Mother
14. Maiden name Nellie Brown
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's **OWN** Signature J Ed Miller
and Address 1401 Albany St., Caldwell, Ida

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/5/44 (Month) (Day) (Year)
(c) Place: Cloverdale Memorial Park, Boise

18. Funeral Director's **OWN** Signature O. V. Peckham
and Address 504 So. Kimball Ave., Caldwell

19. (a) 12-28-44 (Date received and filed) (b) Agnes Zinman (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Dec. 1, 1944
at 6:00 o'clock P. M.

21. **I HEREBY CERTIFY**, That I attended deceased from 8-24 1944, to 11-28 1944
I last saw her alive on 11-28 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Coronary thrombosis	5 min
Due to arterial sclerosis	20 yrs
Due to	
Other conditions Hypertension (Include pregnancy within 3 months of death)	

Where was disease contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature J. Linck (M. D. or other)
and Address Caldwell, Idaho Date Dec. 12 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

DEC 9 1944

Certificate Of Death

STATE OF IDAHO

State File No. 141789
Local Reg. No. 226
Reg. Dist. No. 363

1. **PLACE OF DEATH:**
   (a) County Canyon
   (b) City or town
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? Outside? x city or town
   (e) Died in a Home Hospital Institution Other place
   (f) Name Hosp. or Inst. State School & Colony Stayed days
   (g) Lived in this county 0 years 10 months 11 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Gem
   (c) City or town Emmett
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? Outside? x city or town
   (f) Citizen of what country? USA
   (g) How long had deceased lived in Idaho? 3½ years
   (h) Former residence (city, state) Minnesota

3. (a) **FULL NAME** MICKIE ALICE TIEDEN

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3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife x
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) 6/2/38

8. AGE	Years	Months	Days	If less than 1 day
	6	5	29	hrs min.

9. Exact Occupation None Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Franklin, Minnesota (City or town) (State or foreign country)

Father
12. Name Ervin Tieden
13. Birthplace Minnesota (City or town) (State or foreign country)

Mother
14. Maiden name Margaret Benson
15. Birthplace Minnesota (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mrs Howard Erickson
and Address 313 South Hayes Emmett

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/4-'44 (Month) (Day) (Year)
(c) Place: Emmett Idaho

18. Funeral Director's **OWN** Signature C D Buckendorf
and Address Emmett Idaho

19. (a) Dec 4-1944 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) December 1 19 44
at 9.46 o'clock P M.

21. **I HEREBY CERTIFY**, That I attended deceased from 1/20/44 19 to 12/1/44 19
I last saw her alive on 12/1/44 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Pulmonary edema	2 hrs
Due to Epilepsy	5 years
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature C. Sanford Allen M.D. (M. D. or other)
and Address Twin Falls Ida Date Dec 1, 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

141790

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 141790
Local Reg. No. 232
Reg. Dist. No. 362

JAN 8 1945

1. **PLACE OF DEATH:**
(a) County Canyon
(b) City or town Nampa
(c) Street Address or R. F. D. No. 424-13 ave So
(d) Death Occured Inside? ..... Outside? ..... city or town
(e) Died in a ~~Home~~ .... ~~Hospital~~ .. Institution .... Other place ....
(f) Name ~~Hosp. or Inst.~~ Office .... Stayed — days
(g) Lived in this county 44 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Ida (b) County Canyon
(c) City or town Nampa
(d) Street Address or R.F.D. No. 423-13 ave So
(e) Deceased lived Inside? ..... Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 41 years
(h) Former residence (city, state) Nebraska

3. (a) **FULL NAME** Frederick A. Hagelin 93e.

3. (b) If veteran, name war —
3. (c) Social Security No. None
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) Aug 28 1873

8. AGE	Years	Months	Days	If less than 1 day
	71	4	5	hrs ... min.

9. Exact Occupation Farmer. Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Del. (City or town) (State or foreign country)

Father
12. Name Gust Hagelin
13. Birthplace Norway (City or town) (State or foreign country)

Mother
14. Maiden name Margaret
15. Birthplace Sweden (City or town) (State or foreign country)

16. Informant's OWN Signature Evelyn Hagelin
and Address Nampa Ida

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-7-4 (Month) (Day) (Year)
(c) Place: Nampa Ida

18. Funeral Director's OWN Signature F. K. Robertson
and Address Nampa Ida

19. (a) Dec 15-1944 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Dec 3 1944
at ..... o'clock ..... M.

21. **I HEREBY CERTIFY,** That I attended deceased from ..... 19..., to ..... 19.....
I last saw h..... alive on ..... 19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration
Probably Myocarditis, Found up chair at office
~~Due to~~ Desk.
Due to
Other conditions
(Include pregnancy within 3 months of death)

Where was disease contracted?
Name of operation ..... Date .....
Major finding
Finding of autopsy None

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred Dec 3 1944 City, county, state where violence occurred Nampa Ida
Place of Violence: Home ..... Farm ..... Industry .....
Public Place Office ... While at work? .....
Means of injury

23. Attendant's OWN Signature W. R. Tally M. D. Coroner
and Address Nampa Ida Date 12-5 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

DEC 9 1944

Certificate Of Death

STATE OF IDAHO

State File No. 141791
Local Reg. No. 226
Reg. Dist. No. 363

1. **PLACE OF DEATH:**
(a) County Canyon
(b) City or town Nampa
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? X Outside? city or town
(e) Died in a Home Hospital Institution Other place
(f) Name Hosp. or Inst. Mercy Stayed 12 days
(g) Lived in this county 6 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Ida (b) County Canyon
(c) City or town Marsing
(d) Street Address or R.F.D. No. Rout 1
(e) Deceased lived Inside? Outside? X city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 16 years
(h) Former residence (city, state) Conway Mo

3. (a) **FULL NAME** Clara Belle Loucks. 93d

3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex F
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Geo.
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Dec. 4 1876.

8. AGE	Years	Months	Days	If less than 1 day
	67	11	29	hrs min.

9. Exact Occupation House wife Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Ill. (City or town) (State or foreign country)
Father
12. Name Edwin E. Harrison
13. Birthplace Unknown. (City or town) (State or foreign country)
Mother
14. Maiden name Unknown.
15. Birthplace Unknown. (City or town) (State or foreign country)
16. Informant's **OWN** Signature X Roy E. Louck
and Address Marsing Ida.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 12/7-44 (Month) (Day) (Year)
(c) Place: Lebanon Mo.
18. Funeral Director's **OWN** Signature Wm. D. Talley
and Address Nampa Ida.
19. (a) Dec. 6 1944 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Dec 3 1944
at 9:30 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 19 , to 19
I last saw h alive on 19 ; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Ventricular dilatation	Sudden
Due to Hypertensive C-V disease	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYISCIAN Underline the cause to which death should be charged statistically.
Name of operation Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature [signature] MD (M. D. or other)
and Address Date 12/5 1944
(For additional space, use reverse side)

141792

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

JAN 6 1945

State File No. 150
Local Reg. No.
Reg. Dist. No. 361

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
   (a) County Canyon
   (b) City or town Middleton
   (c) Street Address or R.F.D. No. R.1 Caldwell
   (d) Death Occured Inside? ..... Outside? X city or town
   (e) Died in a Home X Hospital .... Institution .... Other place ....
   (f) Name Hosp. or Inst. ..... Stayed ..... days
   (g) Lived in this county 27 years ..... months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Canyon
   (c) City or town Middleton
   (d) Street Address or R.F.D. No. R.1.Caldwell
   (e) Deceased lived Inside? ..... Outside? X city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 27 years
   (h) Former residence (city, state) .....

3. (a) **FULL NAME** SUSIE EGGER SMITH

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Fem. 5. Color or race White
6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) May 1, 1881

8. AGE	Years	Months	Days	If less than 1 day
	63	7	3	hrs ..... min.

9. Exact Occupation Housewife Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Adelboden, Switzerland (City or town) (State or foreign country)

Father
12. Name Samuel Egger
13. Birthplace ..... Switzerland (City or town) (State or foreign country)

Mother
14. Maiden name Elizabeth Aellig
15. Birthplace ..... Switzerland (City or town) (State or foreign country)

16. Informant's **OWN** Signature Clarence Smith
and Address Cascade, Idaho.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/7/44 (Month) (Day) (Year)
(c) Place: Middleton Cemetery, Middleton, Ida.

18. Funeral Director's **OWN** Signature W. Peterson
and Address 504 So. Kimball Ave., Caldwell Ida

19. (a) 12-28-44 (Date received and filed) (b) Agnes M Denman (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Dec. 4, 1944
at 1:30 o'clock P.M.

21. **I HEREBY CERTIFY**, That I attended deceased from Dec 4 1944 to Dec. 4 1944
I last saw her alive on Dec 3 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration
Coronary thrombosis 1 day
Due to Myocardial degeneration 5 yrs.
Due to Hodgkin's disease
Due to Large goiter four years previously.
Other conditions .....
(Include pregnancy within 3 months of death)

Where was disease contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature L. R. Whittenberger MD
and Address Caldwell, Ida (M. D. or other) Date Dec 7 1944
(For additional space, use reverse side)

141793

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census JAN 8 1945

Certificate Of Death

STATE OF IDAHO

State File No.
Local Reg. No. 249
Reg. Dist. No. 3 6 9

1. **PLACE OF DEATH:**
(a) County Canyon
(b) City or town Nampa
(c) Street Address or R.F.D. No. RR 3
(d) Death Occured Inside? ~~Outside?~~ city or town
(e) Died in a ~~Home~~ Hospital ~~Institution~~ ~~Other place~~
(f) Name Hosp. or Inst. Mercy Stayed days
(g) Lived in this county 36 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Nampa
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? ~~Outside?~~ city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 36 years
(h) Former residence (city, state) N.Y.

3. (a) **FULL NAME** Anna Nancy Hoerle 94a

3. (b) If veteran, name war None
3. (c) Social Security No.
4. Sex Fem
5. Color or race W
6. (a) ~~Single~~, widowed, married, divorced ~~never married~~ widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive Not known years
7. Date of Birth (Month, Day, Year) May about

8. AGE	Years	Months	Days	If less than 1 day
	75			hrs min.

9. Exact Occupation Housework Did this work for yrs.
10. Industry or Business None Date last worked
11. Birthplace England (City or town) (State or foreign country)

Father
12. Name
13. Birthplace England (City or town) (State or foreign country)

Mother
14. Maiden name
15. Birthplace England (City or town) (State or foreign country)

16. Informant's **OWN** Signature T. H. Stuckey
and Address Nampa, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/8/44 (Month) (Day) (Year)
(c) Place: Kohlerlawn Cem. Nampa Ida.

18. Funeral Director's **OWN** Signature F. K. Robinson
and Address Nampa, Ida.

19. (a) Dec 16-1944 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Dec 5 1944
at 10 o'clock P. M.

21. **I HEREBY CERTIFY**, That I attended deceased from 1936, to 12-5-1944
I last saw her alive on 12-4-1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Coronary Heart disease	sudden death
Due to Chronic Hypertension and recurrent coronary	5 yrs.
Due to attacks.	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature Geo. D. A. Kellogg (M. D. or other)
and Address Nampa, Ida. Date 12/11/1944
(For additional space, use reverse side)

5

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census JAN 6 1945

Certificate Of Death

STATE OF IDAHO

State File No. 141794
Local Reg. No. 151
Reg. Dist. No. 961

1. **PLACE OF DEATH:**
   (a) County Canyon
   (b) City or town Greenleaf
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? X Outside? city or town
   (e) Died in a Home X Hospital Institution Other place
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county 8 years months days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Canyon
   (c) City or town Greenleaf
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? X Outside? city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 8 years
   (h) Former residence (city, state)

3. (a) **FULL NAME** NATHAN D. BENBOW 83a

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex
5. Color or race
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife Olive J.
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Nov. 12, 1871

8. AGE	Years	Months	Days	If less than 1 day
	73	0	23	hrs min.

9. Exact Occupation Farm & Carpenter — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace Near Amboy, Indiana (City or town) (State or foreign country)

Father
12. Name Evan Benbow
13. Birthplace Unknown (City or town) (State or foreign country)

Mother
14. Maiden name Frances Larrison
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's **OWN** Signature Louise E. Benbow
and Address Greenleaf, Idaho.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/8/44 (Month) (Day) (Year)
(c) Place: Greenleaf Cemetery

18. Funeral Director's **OWN** Signature C. V. Peckham
and Address 504 So. Kimball Ave., Caldwell

19. (a) 12-28-44 (Date received and filed) (b) Agnes M. Linnaus (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Dec. 5, 1944
at 8:50 o'clock A. M.

21. **I HEREBY CERTIFY**, That I attended deceased from Dec. 3 1944 to Dec. 5 1944
I last saw him alive on Dec. 3 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebral hemorrhage	3 days
Due to	
✓ Cerebral hemorrhage fine	
Due to Years previously	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature C. R. Whittenberger DO.
(M.D. or other)
and Address Caldwell, Ida. Date Dec. 28 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

JAN 8 1945

State File No. 141795
Local Reg. No. 235
Reg. Dist. No. 362

1. **PLACE OF DEATH:**
(a) County Canyon
(b) City or town Nampa
(c) Street Address or R.F.D. No. —
(d) Death Occured Inside? ~~Outside?~~ city or town
(e) Died in a ~~Home~~ Hospital ~~Institution~~ ~~Other place~~
(f) Name Hosp. or Inst. Samaritan Stayed 270 days
(g) Lived in this county 63 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Nampa
(d) Street Address or R.F.D. No. —
(e) Deceased lived Inside? ~~Outside?~~ city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 65 years
(h) Former residence (city, state) Idaho

3. (a) **FULL NAME** Martha Susan Givens Yanke 99

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Fem. 5. Color or race W
6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Sep 23 - 1857

8. AGE	Years	Months	Days	If less than 1 day
	87	2	14	hrs min.

9. Exact Occupation Housekeeper Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Missouri (City or town) (State or foreign country)
Father 12. Name Turnage Shirley
13. Birthplace no record (City or town) (State or foreign country)
Mother 14. Maiden name Turnage
15. Birthplace no record (City or town) (State or foreign country)
16. Informant's **OWN** Signature G. J. Givens
and Address Nampa Ida
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/9/44 (Month) (Day) (Year)
(c) Place: Kohlmann Cem.
18. Funeral Director's **OWN** Signature F. K. Robinson
and Address Nampa Ida
19. (a) Dec. 16 - 1944 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Dec 6 19
at 8 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from Jan 10 1944, to 12-6- 1944
I last saw her alive on 12 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Gangrene Foot — Duration 4 months
Due to Bergers Disease 2 yrs
Due to General senility
Other conditions
(Include pregnancy within 3 months of death)
Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature V C Bellamy (M. D. or other)
and Address Nampa Ida Date 12-13 1944
(For additional space, use reverse side)

13

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

DEC 9 1944

Certificate Of Death

STATE OF IDAHO

State File No. 141796
Local Reg. No. 227
Reg. Dist. No. 363

1. **PLACE OF DEATH:**
   (a) County Canyon
   (b) City or town Nampa
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? ..... ~~Outside~~? ..... city or town
   (e) Died in a ~~Home~~.... Hospital.... ~~Institution~~.... Other place....
   (f) Name Hosp. or Inst. Mercy Stayed ..... days
   (g) Lived in this county ~ years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Canyon
   (c) City or town Caldwell
   (d) ~~Street Address or~~ R.F.D. No. 2
   (e) Deceased lived Inside? ~ Outside? ..... city or town
   (f) Citizen of what country? ~
   (g) How long had deceased lived in Idaho? ..... years
   (h) Former residence (city, state) ~

3. (a) **FULL NAME** David Wesley Beam 158

3. (b) If veteran, name war ~
3. (c) Social Security No. ~
4. Sex M
5. Color or race W
6. (a) Single, ~~widowed~~, ~~married~~, divorced ~~single~~
6. (b) Name of husband or wife ~
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) Dec 5 - 1944

8. AGE	Years	Months	Days	If less than 1 day hrs min.
			1	

9. Exact Occupation ~ Did this work for ..... yrs.
10. Industry or Business ..... Date last worked
11. Birthplace Nampa Idaho (City or town) (State or foreign country)

Father
12. Name W. L. Beam
13. Birthplace Mo (City or town) (State or foreign country)

Mother
14. Maiden name Rush
15. Birthplace Okla. (City or town) (State or foreign country)

16. Informant's **OWN** Signature W. L. Beam
and Address Caldwell Ida
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-8-4 (Month) (Day) (Year)
(c) Place: Nampa, Ida
18. Funeral Director's **OWN** Signature F. K. Robinson
and Address Nampa Ida
19. (a) Dec 8 1944 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Dec 6 1944
at ..... o'clock ..... M.

21. **I HEREBY CERTIFY**, That I attended deceased from 12-5-44 19 ..., to 12-6- 1944
I last saw him alive on 12-6-44 19 ...; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Pulmonary failure.	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ..... Date .....
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury

23. Attendant's **OWN** Signature Samuel A Swayne M.D. (M. D. or other)
and Address Nampa Ida Date 12-7- 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JAN 8 1945

Certificate Of Death

STATE OF IDAHO

State File No. 141797
Local Reg. No. 236 (236)
Reg. Dist. No. 362

1. PLACE OF DEATH:
(a) County Canyon
(b) City or town Nampa
(c) Street Address or R.F.D. No. 403 - 5th St So
(d) Death Occured Inside? ✓ Outside? ..... city or town
(e) Died in a Home.... Hospital ✓ Institution.... Other place....
(f) Name Hosp. or Inst. Mercy Stayed ..... days
(g) Lived in this county ..... years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Nampa
(d) Street Address or R.F.D. No. 403 5th St So
(e) Deceased lived Inside? ✓ Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? ✓ years
(h) Former residence (city, state) ✓

3. (a) FULL NAME Steven William Smith 1572

3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) Dec 8, 1944

8. AGE	Years	Months	Days	If less than 1 day
	✓	✓	✓	12 hrs min.

9. Exact Occupation ✓ Did this work for ..... yrs.
10. Industry or Business ✓ Date last worked .....
11. Birthplace Nampa, Idaho (City or town) (State or foreign country)
Father
12. Name Trevor F. Smith
13. Birthplace Childress Texas (City or town) (State or foreign country)
Mother
14. Maiden name Georgia
15. Birthplace Texas (City or town) (State or foreign country)
16. Informant's OWN Signature Trevor F. Smith
and Address Nampa, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/11/44 (Month) (Day) (Year)
(c) Place Cloverdale Cem.
18. Funeral Director's OWN Signature F. K. Robins
and Address Nampa Ida
19. (a) Dec. 16 1944 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Dec 8 1944
at 8 o'clock P M.
21. I HEREBY CERTIFY, That I attended deceased from 9 A.M. 12-8- 1944, to 12-8-8 P.M. 1944
I last saw him alive on 12-8-7 P.M. 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Blue Baby	Lived
Defective Heart	12 hrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation ..... Date	
Major finding	
Finding of autopsy	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's OWN Signature [signature] (M. D. or other)
and Address Nampa Ida Date 12-8 1944
(For additional space, use reverse side)

B.

141798

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

JAN 8 1945

STATE OF IDAHO

State File No. 248
Local Reg. No. 362
Reg. Dist. No. 362

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
   (a) County Canyon
   (b) City or town Nampa
   (c) Street Address or R.F.D. No. 512-6th So
   (d) Death Occured Inside? ..... Outside? ..... city or town
   (e) Died in a Home.... ~~Hospital~~ Institution.... Other place....
   (f) Name Hosp. or Inst..... Stayed.....days
   (g) Lived in this county 13 years .....months .....days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Canyon
   (c) City or town Nampa
   (d) Street Address or R.F.D. No. 512-6th So
   (e) Deceased lived Inside? X ~~Outside?~~ .....city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 13 years
   (h) Former residence (city, state) Mo

3. (a) **FULL NAME** John Mayo

3. (b) If veteran, name war No
3. (c) Social Security No. 579-03-2106
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of ~~husband or~~ wife Anna
6. (c) Age of ~~husband or~~ wife if alive 40 years
7. Date of Birth (Month, Day, Year) 1900 - Dec 18

8. AGE	Years	Months	Days	If less than 1 day
	43			hrs min.

9. Exact Occupation Farmer — Did this work for .....yrs.
10. Industry or Business ..... — Date last worked .....
11. Birthplace ..... (City or town) (State or foreign country)
12. Father — Name John D. Mayo
13. Father — Birthplace Texas (City or town) (State or foreign country)
14. Mother — Maiden name Lyford
15. Mother — Birthplace Ohio (City or town) (State or foreign country)
16. Informant's **OWN** Signature Ona Mayo and Address Nampa Ida
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-12-44 (Month) (Day) (Year)
    (c) Place: Nampa Ida
18. Funeral Director's **OWN** Signature E. K. Robuck and Address Nampa Ida
19. (a) Dec 19-1944 (Date received and filed) (b) Lydia Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Dec 6 - 1944
    at 7 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from 12-5-1944, to 12-—-1944
    I last saw him alive on 12-8-1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Pneumonia	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
    Occurred ..... 19..... City, county, state where violence occurred .....
    Place of Violence: Home ..... Farm ..... Industry .....
    Public Place ..... While at work? .....
    Means of injury .....
23. Attendant's **OWN** Signature Samuel Swayne M.D. (M. D. or other)
    and Address Nampa Ida Date 12-15-1944
    (For additional space, use reverse side)

Swayne

141799

United States
Department of Commerce
Bureau of the Census JAN 6 1945

Certificate Of Death

STATE OF IDAHO

State File No. 153
Local Reg. No.
Reg. Dist. No. 361

1. PLACE OF DEATH:
(a) County Canyon
(b) City or town Caldwell
(c) Street Address or R.F.D. No. 702 So. 7th St.
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Home ..... Hospital X Institution ..... Other place .....
(f) Name Hosp. or Inst. Mem. Park Stayed ..... days
(g) Lived in this county 2 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Caldwell
(d) Street Address or R.F.D. No. 1219 Albany
(e) Deceased lived Inside? X Outside? ..... city or town
(f) Citizen of what country? .....
(g) How long had deceased lived in Idaho? 33 years
(h) Former residence (city, state) Canada.

3. (a) FULL NAME Robert Heard

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Janet Heard
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) June, 1874

8. AGE	Years	Months	Days	If less than 1 day
	70	6	0	hrs min.

9. Exact Occupation Farming & Gardening Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Lindean, Silkirkshire, Scotland (City or town) (State or foreign country)
Father
12. Name Unknown
13. Birthplace Unknown (City or town) (State or foreign country)
Mother
14. Maiden name Unknown
15. Birthplace Unknown (City or town) (State or foreign country)
16. Informant's OWN Signature O E Peret
and Address Wilder, Idaho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/13/44 (Month) (Day) (Year)
(c) Place: Canyon Hill Cemetery
18. Funeral Director's OWN Signature J. Peckham
and Address 504 So. Kimball Ave., Caldwell
19. (a) 12-28-44 (Date received and filed) (b) Agnes M Denman (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Dec. 10, 1944
at 3:15 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from 11-29-1944, to 12-10-1944
I last saw him alive on 12-10 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Hypostatic pneumonia	One day
Due to Adenocarcinoma of of sigmoid	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Colostomy Date 12-7-44
Major finding Carcinoma of sigmoid
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's OWN Signature Carl Warner D.O. (M. D. or other)
and Address Caldwell Date 12-12 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census JAN 8 1945

Certificate Of Death

STATE OF IDAHO

State File No. 141800
Local Reg. No. 234
Reg. Dist. No. 363

1. **PLACE OF DEATH:**
(a) County Canyon
(b) City or town Nampa
(c) Street Address or R. F. D. No.
(d) Death Occured Inside? ~~Outside?~~ city or town
(e) Died in a ~~Home~~ Hospital ~~Institution~~ ~~Other~~ place
(f) Name Hosp. or Inst. Mercy Stayed days
(g) Lived in this county years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Owyhee
(c) ~~City~~ or town Oreana
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? Outside? city or town
(f) Citizen of what country? U S A
(g) How long had deceased lived in Idaho? years
(h) Former residence (city, state)

3. (a) **FULL NAME** Violet Arabelle Henderson 157a

3. (b) If veteran, name war —
3. (c) Social Security No.
4. Sex Fem
5. Color or race W
6. (a) Single, widowed, married, divorced —
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Dec 5-1944

8. AGE	Years	Months	Days	If less than 1 day
	—	—	6	hrs min.

9. Exact Occupation — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace Nampa Idaho (City or town) (State or foreign country)

Father
12. Name Tom Henderson
13. Birthplace Walla Walla Wash (City or town) (State or foreign country)

Mother
14. Maiden name Stonefield
15. Birthplace Homedale Ida (City or town) (State or foreign country)

16. Informant's **OWN** Signature Thos Henderson
and Address Oreana Ida
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-13-44 (Month) (Day) (Year)
(c) Place: Nampa Ida
18. Funeral Director's **OWN** Signature F. K. Blum
and Address Nampa Ida
19. (a) Dec 15-1944 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Dec 11 1944
at 12-11-44 o'clock A.M.
21. **I HEREBY CERTIFY,** That I attended deceased from 12-5- 1944, to 12-11 1944
I last saw h— alive on 12-11 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Hydrocephalus — Duration 6 da.
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature J. Horton (M. D. or other)
and Address Nampa Ida Date 12-11 1944
(For additional space, use reverse side)

H

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JAN 6 1945

Certificate Of Death

STATE OF IDAHO

State File No. 141801
Local Reg. No. 148
Reg. Dist. No. 360

1. **PLACE OF DEATH:**
(a) County Canyon
(b) City or town Caldwell
(c) Street Address or R.F.D. No. 702 So. 7th St.,
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Home.... Hospital X Institution.... Other place....
(f) Name Hosp. or Inst. Mem. Park Stayed ..... days
(g) Lived in this county 6 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Caldwell
(d) Street Address or R.F.D. No. 1510 Everett
(e) Deceased lived Inside? X Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 59 years
(h) Former residence (city, state) New Plymouth, Ida.

3. (a) **FULL NAME** MARY EDNA BELL ANDERSON

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Fem.
5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife John Anderson
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) May 16, 1861

8. AGE	Years	Months	Days	If less than 1 day
	83	6	25	hrs min.

9. Exact Occupation Housekeeping Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Clarence, Iowa (City or town) (State or foreign country)
Father
12. Name Wm. R. Bell
13. Birthplace Unknown (City or town) (State or foreign country)
Mother
14. Maiden name Helen Woodward
15. Birthplace New York (City or town) (State or foreign country)
16. Informant's **OWN** Signature Annabel Anderson
and Address 1510 Everett, Caldwell, Ida.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/14/44 (Month) (Day) (Year)
(c) Place: New Plymouth Cemetery
18. Funeral Director's **OWN** Signature [signature]
and Address 504 So. Kimball Ave., Caldwell
19. (a) ..... (Date received and filed) (b) ..... (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Dec. 11, 1944
at 1:30 o'clock A. M.
21. **I HEREBY CERTIFY,** That I attended deceased from Dec 11 1944, to Dec 11 1944
I last saw her alive on Dec 11 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Acute dilitation of the heart	1 hr
Due to Senility	—
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation ..... Date	
Major finding	
Finding of autopsy none done	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature [signature] (M. D. or other)
and Address Caldwell Ida Date 12/13 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census JAN 8 1945

Certificate Of Death

STATE OF IDAHO

State File No. 141802
Local Reg. No. 229
Reg. Dist. No. 363

1. **PLACE OF DEATH:**
   (a) County Canyon
   (b) City or town Nampa
   (c) Street Address or R.F.D. No. Route 4
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home.... Hospital or Institution.... Other place....
   (f) Name Hosp. or Inst. Mercy Stayed 4 days
   (g) Lived in this county ..... years 9 months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Canyon
   (c) City or town Nampa
   (d) Street Address or R.F.D. No. Rt 4
   (e) Deceased lived Inside? ..... Outside? X ..... city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 31 years
   (h) Former residence (city, state) Okla.

3. (a) **FULL NAME** Donal Ivan Guffey. 1170

3. (b) If veteran, name war No
3. (c) Social Security No. 544-16-3330
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Minerva
6. (c) Age of husband or wife if alive 31 years
7. Date of Birth (Month, Day, Year) Jan. 30 - 1908

8. AGE	Years	Months	Days	If less than 1 day
	36	10	11	hrs ..... min.

9. Exact Occupation Truck Driver. Did this work for 3 yrs.
10. Industry or Business Jerry McFarland Date last worked Dec 8-1944
11. Birthplace Noble County, Okla.
(City or town) (State or foreign country)

Father
12. Name E. G. Guffey.
13. Birthplace Iowa.
(City or town) (State or foreign country)

Mother
14. Maiden name Ruth Hicks
15. Birthplace Kansas
(City or town) (State or foreign country)

16. Informant's **OWN** Signature X Mrs. Don Guffey
and Address Nampa, Ida.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-15-1944 (Month) (Day) (Year)
(c) Place: Kohlerlawn Nampa
18. Funeral Director's **OWN** Signature Wm. R. Sally
and Address Nampa Ida.
19. (a) Dec 13 1944 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Dec 11 1944
at 10:30 o'clock P. M.

21. **I HEREBY CERTIFY,** That I attended deceased from 12-8 1944, to 12-11 1944
I last saw him alive on 12-11 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Ruptured Gastric Ulcer.	
Due to Peritonitis, after Ruptured gastric ulcer.	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? ruptured Stomach
Name of operation Sutured Date 12-8-44
Major finding Ruptured Gastric ulcer
Finding of autopsy

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature V. C. Belknap (M. D. or other)
and Address Nampa Date 12/12 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JAN 8 1945

Certificate Of Death

STATE OF IDAHO

State File No. 141803
Local Reg. No. 245
Reg. Dist. No. 362

1. PLACE OF DEATH:
(a) County Canyon
(b) City or town Nampa
(c) Street Address or R.F.D. No. 303 2nd Ave S
(d) Death Occured Inside? ✓ Outside? ..... city or town
(e) Died in a Home ~~Hospital Institution Other place~~
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 2 years 6 months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Nampa
(d) Street Address or R.F.D. No. 303 2nd Ave S
(e) Deceased lived Inside? ✓ Outside? ..... city or town
(f) Citizen of what country? USA
(g) How long had deceased lived in Idaho? 25 years
(h) Former residence (city, state) Ore

3. (a) **FULL NAME** Hattie May Loomis 83a

3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or ~~wife~~ W R Loomis
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) March 7, 1870

8. AGE	Years	Months	Days	If less than 1 day hrs min.
	74	9	4	

9. Exact Occupation at Home Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Michigan (City or town) (State or foreign country)
Father 12. Name Elias Caswell
Father 13. Birthplace Ohio (City or town) (State or foreign country)
Mother 14. Maiden name Clara Ford
Mother 15. Birthplace Michigan (City or town) (State or foreign country)
16. Informant's **OWN** Signature W R Loomis
and Address Nampa Ida
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/14/44 (Month)/(Day)/(Year)
(c) Place: Clearwater
18. Funeral Director's **OWN** Signature Fred K. Robey
and Address Nampa Ida
19. (a) Dec. 22 1944 (Date received and filed) (b) Lydia Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Dec 11 1944
at ..... o'clock ..... M.

21. **I HEREBY CERTIFY**, That I attended deceased from July 10 1944, to Dec 10 1944
I last saw her alive on Dec 10 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death	Duration
Cerebral Haemorrhage	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation ..... Date	
Major finding	
Finding of autopsy	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature W C Wolfe M.D. (M. D. or other)
and Address Nampa Date 12-19 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JAN 6 1945

Certificate Of Death

STATE OF IDAHO

State File No. 141804
Local Reg. No. 152
Reg. Dist. No. 361

1. PLACE OF DEATH:
(a) County Canyon
(b) City or town Greenleaf
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? X Outside? city or town
(e) Died in a Home Hospital Institution Other place X
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 2 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Greenleaf
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 2 years
(h) Former residence (city, state) Tacoma, Wash.

3. (a) **FULL NAME** LORRAINE MIRTH EMRY 1952

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Fem.
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) May 16, 1928

8. AGE	Years	Months	Days	If less than 1 day
	16	6	15	hrs min.

9. Exact Occupation Student Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Miles City, Montana (City or town) (State or foreign country)
Father
12. Name Luther Emry
13. Birthplace Pleasant Plain, Iowa (City or town) (State or foreign country)
Mother
14. Maiden name Iva M. Roberts
15. Birthplace Allen, Nebraska (City or town) (State or foreign country)
16. Informant's **OWN** Signature Luther Emry
and Address Greenleaf, Idaho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/15/44 (Month) (Day) (Year)
(c) Place: Greenleaf Cemetery
18. Funeral Director's **OWN** Signature V. Peckham
and Address 504 So. Kimball Ave., Caldwell
19. (a) 12-28-44 (Date received and filed) (b) Agnes M. Denman (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Dec. 11, 1944
at 11:00 o'clock P.M.
21. **I HEREBY CERTIFY,** That I attended deceased from 19 , to 12-11 1944
I last saw h Dead on arrival alive on 19 ; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Shock from furnace explosions	Sudden
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation Date	
Major finding	
Finding of autopsy	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? yes Suicide? — Homicide? —
Occurred Dec 11 1944 City, county, state where violence occurred Greenleaf Idaho
Place of Violence: Home Farm Industry
Public Place Academy Gym While at work? yes
Means of injury Furnace exploded
23. Attendant's **OWN** Signature [signature] (M. D. or other)
and Address Caldwell Idaho Date 12/14 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JAN 8 1945

Certificate Of Death

STATE OF IDAHO

State File No. 141805
Local Reg. No. 236
Reg. Dist. No. 362

1. **PLACE OF DEATH:**
(a) County Canyon
(b) City or town Nampa
(c) Street Address or ~~R.F.D.~~ No. 1016 - 5th St
(d) Death Occured Inside? ~~Outside?~~ city or town
(e) Died in a ~~Home~~ Hospital ~~Institution~~ ~~Other place~~
(f) Name Hosp. or Inst. Mercy Stayed 9 days
(g) Lived in this county 8 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Nampa
(d) Street Address or R.F.D. No. 1016 - 5 20
(e) Deceased lived Inside? ~~Outside?~~ city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 8 years
(h) Former residence (city, state) Nebraska

3. (a) **FULL NAME** Florence Minnie Dick 83a

3. (b) If veteran, name war —
3. (c) Social Security No. ✓
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife O. L. Dick
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) May 24 - 1888

8. AGE	Years	Months	Days	If less than 1 day
	56	5	24	hrs min.

9. Exact Occupation Housekeeper Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Ill (City or town) (State or foreign country)
Father
12. Name Oscar Hill
13. Birthplace Ill (City or town) (State or foreign country)
Mother
14. Maiden name Wilson
15. Birthplace Ill (City or town) (State or foreign country)
16. Informant's **OWN** Signature O. L. Dick
and Address Nampa Ida
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-15-44 (Month) (Day) (Year)
(c) Place: Nampa Ida
18. Funeral Director's **OWN** Signature F. K. Robinson
and Address Nampa Ida
19. (a) Dec. 16-1944 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Dec 12 1944
at Nec 2 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from Dec 4 1944, to 12-12 1944
I last saw her alive on 12-12 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Hemorrhage Brain	
Paralysis respiration	
✓ Due to Heart	
Meningitis writeton	
Due to Arteriosclerosis	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature Horace P. Belhaak (M. D. or other)
and Address Nampa Date 12/14 1944
(For additional space, use reverse side)

H.P.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JAN 8 1945

Certificate Of Death

STATE OF IDAHO

State File No. 141806
Local Reg. No. 242
Reg. Dist. No. 363

1. **PLACE OF DEATH:**
(a) County Canyon
(b) City or town Nampa
(c) Street Address or R.F.D. No. —
(d) Death Occured Inside? X ~~Outside?~~ ..... city or town
(e) Died in a ~~Home~~ Hospital ~~Institution~~ Other place
(f) Name Hosp. or Inst. Mercy Stayed 2 days
(g) Lived in this county ..... years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Caldwell
(d) Street Address or R.F.D. No. — 2
(e) Deceased lived Inside? ✓ Outside? ..... city or town
(f) Citizen of what country? —
(g) How long had deceased lived in Idaho? — years
(h) Former residence (city, state) —

3. (a) **FULL NAME** Richard Clay Bower 159

3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced —
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Date of Birth (Month, Day, Year) Dec 11 - 1944

8. AGE	Years	Months	Days	If less than 1 day
			2 ✓	hrs min.

9. Exact Occupation — Did this work for ..... yrs.
10. Industry or Business — Date last worked
11. Birthplace Nampa Idaho (City or town) (State or foreign country)
Father
12. Name Harold Bower
13. Birthplace Nebraska (City or town) (State or foreign country)
Mother
14. Maiden name Mills
15. Birthplace Nampa Ida (City or town) (State or foreign country)
16. Informant's OWN Signature Caldwell Idaho
and Address Harold Bower
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-15-1944 (Month) (Day) (Year)
(c) Place: Kohlenbaum Cem.
18. Funeral Director's OWN Signature F. K. Robinson
and Address Nampa Ida
19. (a) Dec-19-1944 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Dec 12th 1944
at 2 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from Dec 11 1944 to Dec 12 1944
I last saw him alive on Dec 12th 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Prematurely	1 da
Due to Sno birth	
Due to	
Other conditions Eclampsia of Mother (Include pregnancy within 3 months of death)	1 wk

Where was disease contracted? Mercy Hospital
Name of operation ✓ Date
Major finding ✓
Finding of autopsy ✓

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury
23. Attendant's OWN Signature R. Rodwell MD (M. D. or other)
and Address Nampa Ida Date 12-13 1944
(For additional space, use reverse side)

R.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JAN 8 1945

Certificate Of Death

STATE OF IDAHO

State File No. 141807
Local Reg. No. 243
Reg. Dist. No. 363

1. **PLACE OF DEATH:**
(a) County Canyon
(b) City or town Nampa
(c) Street Address or R.F.D. No. 2
(d) Death Occured ~~Inside?~~ ..... Outside? ..... city ~~or town~~
(e) Died in a Home ~~Hospital Institution Other place~~
(f) Name Hosp. or Inst. — Stayed ..... days
(g) Lived in this county 45 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Nampa
(d) ~~Street Address or R.F.D.~~ No. 2
(e) Deceased lived ~~Inside?~~ ..... Outside? ..... city ~~or town~~
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 45 years
(h) Former residence (city, state) Texas

3. (a) **FULL NAME** Albert J. Machos 93e

3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex M. 5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of ~~husband or~~ wife Agnes
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	87			hrs min.

9. Exact Occupation Farmer Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Poland (City or town) (State or foreign country)
Father
12. Name no record
13. Birthplace Poland (City or town) (State or foreign country)
Mother
14. Maiden name no record
15. Birthplace Poland (City or town) (State or foreign country)
16. Informant's OWN Signature Edwin Machos
and Address Nampa Ido
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-16-44 (Month) (Day) (Year)
(c) Place: Mt Calvary Nampa Idaho
18. Funeral Director's OWN Signature F. K. Robinson
and Address Nampa Ido
19. (a) Dec. 19-1944 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Dec 14 1944
at ..... o'clock ..... M.
21. **I HEREBY CERTIFY,** That I attended deceased from 12-13- 1944, to 12-14- 1944
I last saw him alive on 12-13- 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Myocarditis	
Due to Nephritis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation ..... Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's OWN Signature Samuel A. Gwayne M.D. (M. D. or other)
and Address Nampa Ido Date 12-15- 1944
(For additional space, see reverse side)

Dwarn

141808

United States
Department of Commerce
Bureau of the Census

JAN 8 1945

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 248
Reg. Dist. No. 363

1. **PLACE OF DEATH:**
(a) County Canyon
(b) City or town Nampa
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home Hospital Institution X Other place
(f) Name Hosp. or Inst. Carters Stayed days
(g) Lived in this county 1 years 9 months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Elmore
(c) City or town Glenn Ferry
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? 31 years
(h) Former residence (city, state) Coalville Utah

3. (a) FULL NAME EFFIE E. GINNELL

55e.

3. (b) If veteran, name war No.
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife John
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) May 2, 1867

8. AGE	Years	Months	Days	If less than 1 day
	77	7	14	hrs min.

9. Exact Occupation Housewife Did this work for Life yrs.
10. Industry or Business Home Date last worked 1942
11. Birthplace Coalville (City or town) Utah (State or foreign country)
Father
12. Name Unknown
13. Birthplace Unknown (City or town) (State or foreign country)
Mother
14. Maiden name Unknown
15. Birthplace Unknown (City or town) (State or foreign country)
16. Informant's OWN Signature Cora Ake
and Address Mountain Home Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Dec. 16, 1944 (Month) (Day) (Year)
(c) Place: Glenn Ferry Idaho
18. Funeral Director's OWN Signature Felix J. Bey
and Address Mountain Home Idaho
19. (a) Dec. 28-1944 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Dec-16-1944
at o'clock M.
21. **I HEREBY CERTIFY,** That I attended deceased from 19, to 19
I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cancer metastatic original was Squamous Ca of Back of Neck. Duration
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature Jos Saltzer MD (M. D. or other)
and Address Nampa Ida Date 19
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

JAN 6 1945 STATE OF IDAHO

State File No. 141809
Local Reg. No. 154
Reg. Dist. No. 360

1. **PLACE OF DEATH:**
(a) County Canyon
(b) City or town Caldwell
(c) Street Address or R.F.D. No. 702 So. 7th St.
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Home .... Hospital X Institution .... Other place ....
(f) Name Hosp. or Inst. Mem. Park Stayed ..... days
(g) Lived in this county 4 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Ada
(c) City or town Star
(d) Street Address or R.F.D. No. .....
(e) Deceased lived Inside? X Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 26 years
(h) Former residence (city, state) Nebraska

3. (a) **FULL NAME** ZORA C. PARISHO

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Fem. 5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Eli Perisho
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) Oct. 29, 1865

8. AGE	Years	Months	Days	If less than 1 day
	79	1	18	hrs min.

9. Exact Occupation Housewife Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Williams County, Ohio (City or town) (State or foreign country)
Father
12. Name Daniel Allebaugh
13. Birthplace Defiance County, Ohio (City or town) (State or foreign country)
Mother
14. Maiden name Amanda Bender
15. Birthplace Williams County, Ohio (City or town) (State or foreign country)
16. Informant's **OWN** Signature Mrs Elroy Hanson
and Address Star Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/19/44 (Month) (Day) (Year)
(c) Place: Star Cemetery, Star, Idaho
18. Funeral Director's **OWN** Signature V Peckham
and Address 504 So. Kimball Ave., Caldwell
19. (a) 12-28-44 (Date received and filed) (b) Agnes M Denman (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Dec. 17, 1944
at 8:30 o'clock A.M.
21. **I HEREBY CERTIFY,** That I attended deceased from Dec. 15 1944 to Dec. 17 1944
I last saw her alive on Dec. 17 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebral hemorrhage	2 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation ..... Date	
Major finding	
Finding of autopsy	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature C. R. Whittenberger D.D. (M. D. or other)
and Address Caldwell, Ida. Date Dec 23 1944
(For additional space, use reverse side)

141810

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 141810
Local Reg. No. 238
Reg. Dist. No. 362

JAN 8 1945

1. **PLACE OF DEATH:**
(a) County Canyon
(b) City or town Nampa
(c) Street Address or R.F.D. No. 812 - 2nd Ave. So.
(d) Death Occured Inside? ... Outside? ... city or town
(e) Died in a Home ... Hospital X Institution ... Other place ...
(f) Name Hosp. or Inst. Mercy ... Stayed ... days
(g) Lived in this county 8 years ... months ... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Nampa
(d) Street Address or R.F.D. No. 812 - 2nd Ave. So.
(e) Deceased lived Inside? X Outside? ... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 8 years
(h) Former residence (city, state) Neb.

3. (a) **FULL NAME** Joseph Adrian Glazier 93 a.

3. (b) If veteran, name war No.
3. (c) Social Security No. X
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Pearl
6. (c) Age of husband or wife if alive ... years
7. Date of Birth (Month, Day, Year) Oct 4 - 1880

8. AGE	Years	Months	Days	If less than 1 day
	64	2	14	hrs ... min.

9. Exact Occupation Farming — Did this work for ... yrs.
10. Industry or Business Farming — Date last worked 1938
11. Birthplace Orford (City or town) Neb. (State or foreign country)

Father
12. Name Unknown
13. Birthplace ... (City or town) ... (State or foreign country)

Mother
14. Maiden name Unknown
15. Birthplace ... (City or town) ... (State or foreign country)

16. Informant's **OWN** Signature x Eliza Woodman
and Address Nampa Ida.
17. (a) Removal (b) Date thereof 12-19-44 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: Fairberry Neb.
18. Funeral Director's **OWN** Signature Wm. D. Talley.
and Address Nampa Ida.
19. (a) Dec. 18-1944 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Dec 18 19 44
at 9:45 o'clock a. M.
21. **I HEREBY CERTIFY**, That I attended deceased from Oct. 10 1944 to Dec 18 1944
I last saw h.. alive on Dec 18 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Pneumonia	
Due to Myocarditis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation ... Date ...	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ... Suicide? ... Homicide? ...
Occurred ... 19 ... City, county, state where violence occurred ...
Place of Violence: Home ... Farm ... Industry ...
Public Place ... While at work? ...
Means of injury ...
23. Attendant's **OWN** Signature Samuel A. Swayne M.D. (M. D. or other)
and Address Nampa Ida. Date 12-18-1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 141811
Local Reg. No. 252
Reg. Dist. No. 363

JAN 8 1945

1. **PLACE OF DEATH:**
   (a) County Canyon
   (b) City or town Nampa
   (c) Street Address or R.F.D. No. 1615 8th St. So.
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home .... Hospital X Institution .... Other place ....
   (f) Name Hosp. or Inst. Mercy Hosp Stayed 1 days
   (g) Lived in this county 32 years ..... months ..... days

   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Canyon
   (c) City or town Caldwell
   (d) Street Address or R.F.D. No. 524 Elgin
   (e) Deceased lived Inside? X Outside? ..... city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 32 years
   (h) Former residence (city, state) Mtn. City, Tenn.

3. (a) **FULL NAME** ISAAC ABRAHAM FRITTS 93d

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife Celia
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) June 27, 1876

8. AGE	Years	Months	Days	If less than 1 day hrs	min.
	68	5	22		

9. Exact Occupation Farmer — Did this work for ..... yrs.
10. Industry or Business Farming — Date last worked .....
11. Birthplace Mountain City, (City or town) Tenn. (State or foreign country)

Father
12. Name John Fritts
13. Birthplace Mtn City, (City or town) Tenn. (State or foreign country)

Mother
14. Maiden name Unknown
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's **OWN** Signature C. E. Fritts
and Address Parma, Idaho.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/22/44 (Month) (Day) (Year)
(c) Place: Parma Cemetery

18. Funeral Director's **OWN** Signature V. Packham
and Address 504 So. Kimball Ave., Caldwell

19. (a) Jan. 4 - 1945 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Dec. 19, 1944
at 7:15 o'clock P. M.

21. **I HEREBY CERTIFY**, That I attended deceased from May 1943, to Dec. 1944
I last saw him alive on Dec. 18 1944, death is said to have occurred on the date and hour stated above.

	Duration
✓ **Immediate Cause of Death:** Cerebral Hemorrhage Arteriosclerosis	?
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation ..... Date	
Major finding	
Finding of autopsy	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature R. F. Cross MD (M. D. or other)
and Address Caldwell Ida. Date 12/27 1944
(For additional space, use reverse side)

Dep. Canyon Co Phy exam

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census JAN 8 1945

Certificate Of Death

STATE OF IDAHO

State File No. 141812
Local Reg. No. 244
Reg. Dist. No. 363

1. **PLACE OF DEATH:**
   (a) County Canyon
   (b) City or town Nampa
   (c) Street Address or R.F.D. No. Rural
   (d) Death Occured Inside?..... Outside? x city or town
   (e) Died in a Home.... Hospital.... Institution x. Other place....
   (f) Name Hosp. or Inst. St. School Stayed.....days
   (g) Lived in this county 5 years 0 months 7 days

   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Canyon
   (c) City or town Nampa
   (d) Street Address or R.F.D. No. Rural
   (e) Deceased lived Inside?.....Outside? x city or town
   (f) Citizen of what country?.....
   (g) How long had deceased lived in Idaho? life years
   (h) Former residence (city, state) Idaho

3. (a) **FULL NAME** Mattie Taylor 85

3. (b) If veteran, name war x
3. (c) Social Security No. x
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife x
6. (c) Age of husband or wife if alive x years
7. Date of Birth (Month, Day, Year) July 9, 1911

8. AGE	Years	Months	Days	If less than 1 day
	33	5	11	hrs min.

9. Exact Occupation none Did this work for x yrs.
10. Industry or Business none Date last worked x
11. Birthplace Lewiston (City or town) Idaho (State or foreign country)

Father
12. Name Ira Taylor
13. Birthplace Latah County (City or town) Idaho (State or foreign country)

Mother
14. Maiden name Myrtle Anderson
15. Birthplace Helena (City or town) Montana (State or foreign country)

16. Informant's **OWN** Signature Olga Shirley, Clerk State School and Colony Records
and Address Nampa, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/12/45 (Month) (Day) (Year)
(c) Place: Lewiston Ida

18. Funeral Director's **OWN** Signature F. K. Robinson
and Address Nampa Ida

19. (a) Dec 22 1944 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) December 20 19 44
at 9:35 o'clock P.M.

21. **I HEREBY CERTIFY**, That I attended deceased from Mar. 22 19 43., to Dec. 20 19 44
I last saw her alive on December 20 19 44.; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Status Epilepticus	48 hrs
Due to Epilepsy	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation..... Date.....
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident?..... Suicide?..... Homicide?.....
Occurred..... 19..... City, county, state where violence occurred
Place of Violence: Home..... Farm..... Industry.....
Public Place..... While at work?.....
Means of injury

23. Attendant's **OWN** Signature C. Sanford Allen M.D. (M. D. or other)
and Address State School & Colony Date 12/20 1944
(For additional space, use reverse side)

141813

United States
Department of Commerce
Bureau of the Census

JAN 8 1945

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 141813
Local Reg. No. 246
Reg. Dist. No. 363

1. **PLACE OF DEATH:**
(a) County Canyon
(b) City or town Nampa
(c) Street Address or R. F. D. No. 5 Mile Rd Brigham City Utah
(d) Death Occurred Inside? ___ Outside? X city or town
(e) Died in a Home ___ Hospital ___ Institution ___ Other place X
(f) Name Hosp. or Inst. ___ Stayed ___ days
(g) Lived in this county ___ years ___ months 20 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Utah (b) County 4
(c) City or town Brigham City
(d) Street Address or R. F. D. No. 29 Hospital
(e) Deceased lived Inside? ___ Outside? X city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 20 days years
(h) Former residence (city, state) Brigham City Utah

3. (a) **FULL NAME** James Henry Ray Hobbs. 1700

3. (b) If veteran, name war ___ 3. (c) Social Security No. ___
4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife ___ 6. (c) Age of husband or wife if alive ___ years
7. Date of Birth (Month, Day, Year) Aug 14 - 1923

8. AGE	Years	Months	Days	If less than 1 day
	21	3	6	hrs ___ min.

9. Exact Occupation U.S. Army Did this work for ___ yrs.
10. Industry or Business ___ Date last worked ___
11. Birthplace Barton (City or town) Ark. (State or foreign country)
12. Father Name J. P. Hobbs
13. Father Birthplace Virg. (City or town) (State or foreign country)
14. Mother Maiden name Pearl Evans
15. Mother Birthplace Penn (City or town) (State or foreign country)
16. Informant's OWN Signature George Maggard
and Address Media Idaho
17. (a) Burial (Burial, cremation or removal) (b) Date thereof 12-26-44 (Month) (Day) (Year)
(c) Place: Nampa Cemetery
18. Funeral Director's OWN Signature Wm D Talley
and Address Nampa Ida
19. (a) Dec. 26 1944 (Date received and filed) (b) Lydal Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Dec 20 19 44
at about 1 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from ___ 19___, to ___ 19___
I last saw h___ alive on ___ 19___; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Accidentally killed when Auto driven by Henry Ross left Idaho highway Due to 10 miles E of Nampa, on 12 Mile Road, Rolling over an Left embankment Due to Crushing Decerebrated head, Egg came Other conditions Interest on its side, Resting (Include pregnancy within 3 months of death) on Rear with deceased head between Rear Seats

Duration

Where was disease contracted? ___
Name of operation ___ Date ___
Major finding ___
Finding of autopsy None

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? X Suicide? ___ Homicide? ___
Occurred Dec 20 19 44 City, county, state where violence occurred 12 Mile Road Nampa
Place of Violence: Home ___ Farm ___ Industry ___
Public Place Highway While at work? No
Means of injury as above
23. Attendant's OWN Signature Wm D Talley (M.D. or other)
and Address Nampa Date 12-21 19 44
(For additional space, use reverse side)

Coroner

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 141814
Local Reg. No. 253
Reg. Dist. No. 363

JAN 8 1945

1. PLACE OF DEATH:
(a) County Canyon
(b) City or town Nampa
(c) Street Address or R.F.D. No. 1615 8th St. So.
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Home .... Hospital X Institution .... Other place ....
(f) Name Hosp. or Inst. Mercy Hosp Stayed ..... days
(g) Lived in this county 4 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Caldwell
(d) Street Address or R.F.D. No. 910 Main St.
(e) Deceased lived Inside? X Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 4 years
(h) Former residence (city, state) Richmond, Va.

3. (a) **FULL NAME** CHESTER HAROLD JORDAN 51c

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Elnora
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) April 17, 1908

8. AGE	Years	Months	Days	If less than 1 day
	36	8	5	hrs min.

9. Exact Occupation Bookkeeper Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Competition, (City or town) Missouri (State or foreign country)
Father
12. Name Noah Jordan
13. Birthplace ..... (City or town) Missouri (State or foreign country)
Mother
14. Maiden name Joy Allen
15. Birthplace ..... (City or town) Missouri (State or foreign country)
16. Informant's **OWN** Signature Mrs Chester Jordan
and Address 910 Main St Caldwell
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/26/44 (Month) (Day) (Year)
(c) Place: Canyon Hill Cemetery
18. Funeral Director's **OWN** Signature [signature]
and Address 504 So. Kimball Ave. Caldwell
19. (a) Jan-4-1945 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Dec. 22, 1944
at 2:40 o'clock A.M.
21. **I HEREBY CERTIFY**, That I attended deceased from 12-12 1944, to 12-22 1944
I last saw him alive on 12-22 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Pneumonia & Cancer	
Metastasis lung & liver	
Due to Cancer Testicle (Originally)	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation Removal testicle Date Sept 44	
Major finding Cancer	
Finding of autopsy	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature [signature] (M. D. or other)
and Address Nampa Date 12/22 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census JAN 6 1945

Certificate Of Death

STATE OF IDAHO

State File No. 141815
Local Reg. No. 149
Reg. Dist. No. 360

1. **PLACE OF DEATH:**
(a) County Canyon
(b) City or town Caldwell
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? ✓ Outside? city or town
(e) Died in a Home.... Hospital ✓ Institution.... Other place....
(f) Name Hosp. of Mem. Park Stayed days
(g) Lived in this county years months days
Note. For a person residing in THIS county LESS than 1 year. give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Caldwell
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? ✓ Outside? city or town
(f) Citizen of what country? U.S.
(g) How long had deceased lived in Idaho? years
(h) Former residence (city, state)

3. (a) **FULL NAME** Curtis Haydon 131a

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race W.
6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Apr. 28 1872

8. AGE	Years	Months	Days	If less than 1 day
	72	7	26	hrs min.

9. Exact Occupation Lawyer Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Columbia Mo (City or town) (State or foreign country)
Father 12. Name
13. Birthplace (City or town) (State or foreign country)
Mother 14. Maiden name
15. Birthplace (City or town) (State or foreign country)
16. Informant's **OWN** Signature Edna J Boone
and Address 1902 Everett Caldwell
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-27-44 Ida (Month) (Day) (Year)
(c) Place: Canyon Hill Cemetery
18. Funeral Director's **OWN** Signature Paul L. Case
and Address Caldwell, Ida
19. (a) 12-28-44 (Date received and filed) (b) Agnes M Denman (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Dec 24 1944
at 12 o'clock noon M.
21. **I HEREBY CERTIFY**, That I attended deceased from Sept. 1943 to Dec. 24 1944
I last saw him alive on Dec. 24 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Bronchial Pneumonia	1 wk
Due to Parkinson's disease and Cardio vascular renal disease	10 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature Carl Warner D.O. (M. D. or other) D.O.
and Address Caldwell, Ida Date Dec 26 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JAN 8 1945

Certificate Of Death

STATE OF IDAHO

State File No. 141816
Local Reg. No. 256
Reg. Dist. No. 363

1. **PLACE OF DEATH:**
(a) County Cuyher Co
(b) ~~City or~~ town Homedale
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? ~~Outside?~~ city or town
(e) Died in a Home ~~Hospital Institution Other place~~
(f) Name Hosp. or Inst. — Stayed days
(g) Lived in this county 2 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Owyhee Canyon
(c) ~~City or~~ town Homedale
(d) Street Address or R.F.D. No. —
(e) Deceased lived Inside? ~~Outside?~~ ~~city or~~ town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 18 years
(h) Former residence (city, state) Nampa

3. (a) **FULL NAME** Marshall Luther Hughes 162b

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of ~~husband or~~ wife Lyda
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) 1862 - Jan 28

8. AGE	Years	Months	Days	If less than 1 day
	82			hrs min.

9. Exact Occupation Farming Did this work for yrs.
10. Industry or Business (retired) Date last worked
11. Birthplace Marietta Ohio (City or town) (State or foreign country)
Father
12. Name Benjamin Hughes
13. Birthplace Ohio (City or town) (State or foreign country)
Mother
14. Maiden name Lucky
15. Birthplace Ohio (City or town) (State or foreign country)
16. Informant's **OWN** Signature Ocie Hughes
and Address Nampa Ida
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-27-44 (Month) (Day) (Year)
(c) Place: Nampa Idaho
18. Funeral Director's **OWN** Signature Fred K. Robinson
and Address Nampa, Ida
19. (a) Jan 6 1944 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Found dead Dec. 25 1944
at 10:15 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased ~~from~~ when discovered dead 19
I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
old age	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature Everett A. Kelley J.P. attending coroner
and Address Homedale Date 12-29 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census JAN 8 1945

Certificate Of Death

STATE OF IDAHO

State File No. 141817
Local Reg. No. 247
Reg. Dist. No. 363

1. PLACE OF DEATH:
(a) County Canyon
(b) City or town Nampa
(c) Street Address or R.F.D. No. Rural
(d) Death Occured Inside? ..... Outside? x city or town
(e) Died in a Home.... Hospital.... Institution x Other place....
(f) Name Hosp. or Inst. St. School Stayed ..... days
(g) Lived in this county 3 years 3 months 14 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Nampa
(d) Street Address or R.F.D. No. Rural
(e) Deceased lived Inside? ..... Outside? x city or town
(f) Citizen of what country? Canyon
(g) How long had deceased lived in Idaho? life years
(h) Former residence (city, state) Buhl, Idaho

3. (a) **FULL NAME** Violet Fern O'Donnell

94a

3. (b) If veteran, name war x
3. (c) Social Security No. x
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife x
6. (c) Age of husband or wife if alive x years
7. Date of Birth (Month, Day, Year) April 11, 1924

8. AGE	Years	Months	Days	If less than 1 day
	20	8	15	hrs min.

9. Exact Occupation none Did this work for ..... yrs.
10. Industry or Business none Date last worked .....
11. Birthplace Buhl (City or town) Idaho (State or foreign country)
Father
12. Name Stephen O'Donnell
13. Birthplace Havanna (City or town) Illinois (State or foreign country)
Mother
14. Maiden name May Moore
15. Birthplace Columbus (City or town) Kansas (State or foreign country)
16. Informant's OWN Signature Olga Shirley, Clerk
and Address State School and Colony
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 12-27-44 (Month) (Day) (Year)
(c) Place: Buhl Idaho
18. Funeral Director's OWN Signature Wm D Kelley
and Address Nampa Idaho
19. (a) Dec. 27-1944 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) December 26 1944
at 5:10 o'clock P.M.
21. **I HEREBY CERTIFY,** That I attended deceased from Mar. 22, 1943, to Dec. 26 1944
I last saw h..... alive on ..... 19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Coronary Occlusion	10 M
Due to Streptococcus infection of blood stream	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation ..... Date	
Major finding	
Finding of autopsy	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's OWN Signature C Sanford Allen MD (M. D. or other)
and Address State School & Colony Date 12/26 1944
(For additional space, use reverse side)

141818

United States
Department of Commerce
Bureau of the Census JAN 8 1945

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 254
Reg. Dist. No. 363

1. **PLACE OF DEATH**
(a) County Canyon
(b) City or town Nampa
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home Hospital Institution Other place
(f) Name Hosp. or Inst. Mercy Stayed 6 days
(g) Lived in this county years months 6 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Ida (b) County Ada
(c) City or town near Melba
(d) Street Address or R. F. D. No. Rout 1 Melba
(e) Deceased lived Inside? Outside? X city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 40 years
(h) Former residence (city, state) Neb.

3. (a) **FULL NAME** William Hisom 131a

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M.
5. Color or race Black.
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Oct. 6 - 1850.

8. AGE	Years	Months	Days	If less than 1 day
	94	2	6	hrs min.

9. Exact Occupation Retired Veterinary Did this work for 50 yrs.
10. Industry or Business Date last worked
11. Birthplace Chicago (City or town) Ill (State or foreign country)
Father
12. Name Unknown
13. Birthplace " (City or town) (State or foreign country)
Mother
14. Maiden name Unknown
15. Birthplace " (City or town) (State or foreign country)
16. Informant's OWN Signature Wm D Talley Received from different friends
and Address Nampa Ida
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-28-44 (Month) (Day) (Year)
(c) Place: Kohlerlawn Nampa
18. Funeral Director's OWN Signature Wm D Talley
and Address Nampa Ida
19. (a) Jan-5-1945 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Dec. 26 1944
at 2:30 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 1-24- 1944, to 1-26- 1944
I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: myocarditis — Duration
Due to Nephritis
Due to Arterio-sclerosis
Other conditions
(Include pregnancy within 3 months of death)
Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature Samuel A Swayne MD (M. D. or other)
and Address Nampa Ida Date 1-3- 1945
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JAN 9 1945

Certificate Of Death

STATE OF IDAHO

State File No. 141819
Local Reg. No. 67
Reg. Dist. No. 364

1. PLACE OF DEATH:
(a) County Canyon
(b) City or town Parma
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? X Outside? city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 24 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Parma
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 24 years
(h) Former residence (city, state)

3. (a) FULL NAME HENRY ELSTON 94b

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Alice
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Dec. 20, 1853

8. AGE	Years	Months	Days	If less than 1 day
	91	0	7	hrs min.

9. Exact Occupation Farmer Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Dark County, (City or town) Ohio (State or foreign country)

Father
12. Name Leui Elston
13. Birthplace Unknown (City or town) (State or foreign country)

Mother
14. Maiden name Christine Kling
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's **OWN** Signature Hugh Elston
and Address Payette, Idaho.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/2/45 (Month) (Day) (Year)
(c) Place: Parma Cemetery, Parma, Ida.

18. Funeral Director's **OWN** Signature V. Peckham
and Address 504 So. Kimball Ave., Caldwell

19. (a) 1-7-45 (Date received and filed) (b) Ruth Hill (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH
(Month, Day, Year) Dec. 27, 1944
at 4:00 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from Aug. 10 1944 to Dec 27 1944
I last saw h~~e~~ alive on Dec 27 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Angina Pectaris — Duration
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature C. M. Tuttle (M. D. or other)
and Address Parma Ida. Date 1-3 1945
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JAN 8 1945

Certificate Of Death

STATE OF IDAHO

State File No. 141820
Local Reg. No. 267
Reg. Dist. No. 362

1. **PLACE OF DEATH:**
(a) County Canyon
(b) City or town Nampa
(c) Street Address or ~~R.F.D.~~ No. 903-8th Ave. So
(d) Death Occured Inside? ..... ~~Outside?~~ ..... city or town
(e) Died in a ~~Home~~ .... Hospital .... ~~Institution~~ .... ~~Other place~~ ....
(f) Name Hosp. or Inst. Mercy Stayed 2 days
(g) Lived in this county 4 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Nampa
(d) Street Address or R.F.D. 903 - 8th Ave So
(e) Deceased lived Inside? ..... ~~Outside?~~ ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 4 years
(h) Former residence (city, state) Mo.

3. (a) **FULL NAME** William Glenn Foster 81a

3. (b) If veteran, name war Korea
3. (c) Social Security No. 519-07-7683
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mabel
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) May 27 1908

8. AGE	Years	Months	Days	If less than 1 day
	~~36~~ 36	7	1	hrs ..... min.

9. Exact Occupation Florist — Did this work for ..... yrs.
10. Industry or Business ..... — Date last worked .....
11. Birthplace Kansas (City or town) (State or foreign country)

Father
12. Name W. A. Foster
13. Birthplace Missouri (City or town) (State or foreign country)

Mother
14. Maiden name Stanley
15. Birthplace Missouri (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mrs. Mabel A. Foster
and Address Nampa, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-2-45 (Month) (Day) (Year)
(c) Place Cloverdale Cemetery

18. Funeral Director's **OWN** Signature F. K. Robinson
and Address Nampa Ida

19. (a) Jan 3 1945 (Date received and filed) (b) ..... (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 12-27- 1944
at 6 o'clock P M.

21. **I HEREBY CERTIFY,** That I attended deceased from 12-27-1944, to 12-28-1944
I last saw him alive on 12-28-1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebro-spinal Meningitis	
Due to Pneumococcus	
Due to	
Other conditions (Include pregnancy within 3 months of death)	2

Where was disease contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature Samuel A. Swayne M.D. (M. D. or other)
and Address Nampa, Ida. Date 1-3-1945
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

~~State~~ File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF DEATH:**
   (a) County Canyon
   (b) City or town Nampa
   (c) Street Address or R.F.D. No. 903 - 8th Ave So
   (d) Death Occured Inside? ..... Outside? ..... city or town
   (e) Died in a Home .... Hospital .... Institution .... Other place ....
   (f) Name Hosp. or Inst. Mercy Stayed 2 days
   (g) Lived in this county 4 years ..... months ..... days

   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Canyon
   (c) City or town Nampa
   (d) Street Address or R.F.D. No. 903 - 8th Ave So
   (e) Deceased lived Inside? ..... ~~Outside?~~ ..... city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 4 years
   (h) Former residence (city, state) Mo.

3. (a) **FULL NAME** William Glenn Foster

3. (b) If veteran, name war None
3. (c) Social Security No. 519-07-7683
4. Sex Male
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mabel
6. (c) Age of husband or wife if alive — years
7. Date of Birth (Month, Day, Year) May 27 - 1908

8. AGE	Years	Months	Days	If less than 1 day
	36	7	1	hrs min.

9. Exact Occupation Florist — Did this work for ..... yrs.
10. Industry or Business — Date last worked .....
11. Birthplace Salem Kansas (City or town) (State or foreign country)

Father
12. Name W. A. Foster
13. Birthplace No Record (City or town) (State or foreign country)

Mother
14. Maiden name Stanley
15. Birthplace no record (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mrs. Mabel A. Foster
and Address Nampa Idaho

17. (a) Buried (Burial, cremation, or removal) (b) Date thereof 1/2/45 (Month) (Day) (Year)
(c) Place: Cloverdale Cemetery

18. Funeral Director's **OWN** Signature F. K. Robinson
and Address Nampa, Idaho

19. (a) Jan 3, 1945 (Date received and filed) (b) Lydia Lodge (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 12-28- 1944
at 8 o'clock P M.

21. **I HEREBY CERTIFY**, That I attended deceased from 12-27 1944, to 12-28- 1944
I last saw h.im alive on 12-28- 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Carbuncle-Facial	
Meningitis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation ..... Date	
Major finding	
Finding of autopsy	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury —

23. Attendant's **OWN** Signature Samuel Swanson M.D. (M. D. or other)
and Address Nampa, Ida. Date 12-30 1944
(For additional space, use reverse side)

141821

United States
Department of Commerce
Bureau of the Census

JAN 9 1945

Certificate Of Death

STATE OF IDAHO

State File No.
Local Reg. No. 65
Reg. Dist. No. 364

1. **PLACE OF DEATH:**
(a) County Canyon
(b) City or town Parma
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? ✓ Outside? city or town
(e) Died in a Home ✓ Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 8 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Parma
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? ✓ Outside? city or town
(f) Citizen of what country? U.S.
(g) How long had deceased lived in Idaho? 8 years
(h) Former residence (city, state) Ill

3. (a) **FULL NAME** Arthur Alvie Parker 46 b.

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced m
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) 10-19-1877

8. AGE	Years	Months	Days	If less than 1 day
	67	1	21	hrs min.

9. Exact Occupation District Credit Did this work for yrs.
10. Industry or Business Man for Mr Deer Date last worked
11. Birthplace Cameron Ill (City or town) (State or foreign country)
Father
12. Name Adolph Parker
13. Birthplace Ill (City or town) (State or foreign country)
Mother
14. Maiden name Amanza Julian
15. Birthplace France (City or town) (State or foreign country)
16. Informant's OWN Signature Mrs. A. A. Parker
and Address Parma Ida
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-3-45 (Month) (Day) (Year)
(c) Place Wesley Idaho 1-3-45
18. Funeral Director's OWN Signature Peckham
and Address Caldwell Ida
19. (a) 1-7-45 (Date received and filed) (b) Ruth Hill (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 12-30 1944
at 7:30 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from July 5 1944 to Dec 30 1944
I last saw him alive on Dec 30 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Due to Carcinoma of Stomach	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature W. M. Mitchell (M. D. or other)
and Address Parma Idaho Date 1-2 1945
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JAN 6 1945

Certificate Of Death

STATE OF IDAHO

State File No. 141822
Local Reg. No. 156
Reg. Dist. No. 360

1. PLACE OF DEATH:
(a) County Canyon
(b) City or town Caldwell
(c) Street Address or R.F.D. No. 702 So. 7th St.
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Home.... Hospital X Institution.... Other place....
(f) Name Hosp. or Inst. Mem. Park Stayed ..... days
(g) Lived in this county 24 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Caldwell
(d) Street Address or R.F.D. No. R2
(e) Deceased lived Inside? ..... Outside? X city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 24 years
(h) Former residence (city, state) Waverly, Kansas

3. (a) FULL NAME David Dean Duffy 117a

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or ~~wife~~ Rose
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) 12-4-1885

8. AGE	Years	Months	Days	If less than 1 day
	59	0	27	hrs min.

9. Exact Occupation Clerk Did this work for ..... yrs.
10. Industry or Business Grocery Date last worked .....
11. Birthplace Waverly (City or town) Kansas (State or foreign country)
Father
12. Name Wm James Duffy
13. Birthplace Ill (City or town) (State or foreign country)
Mother
14. Maiden name Laura A Barr
15. Birthplace Ill (City or town) (State or foreign country)
16. Informant's OWN Signature Rose Duffy
and Address Caldwell Ida R2
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 1-3-45 (Month) (Day) (Year)
(c) Place: Waverly, Kansas
18. Funeral Director's OWN Signature [signature]
and Address Caldwell Idaho
19. (a) 1-2-45 (Date received and filed) (b) Agnes M Denman (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) 12-31- 1944
at 6:30 o'clock P M.
21. I HEREBY CERTIFY, That I attended deceased from 12-15 1944, to 12-31 1944
I last saw h..... alive on ..... 19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Mesenteric Thrombosis	5 da
~~Due to~~ Peritonitis	10 da
~~Due to~~ forated gastric ulcer	
Other ~~conditions~~ Pyloros.	
(Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of ~~operation~~ ~~forehead~~ closed Date 12/15/44
Major finding ~~same~~
Finding of autopsy none

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's OWN Signature [signature] (M.D. or other)
and Address Caldwell I Date 1-2 1945
(For additional space, use reverse side)

United States
Department of Commerce
Bureau of the Census JAN 12 1945

Certificate Of Death

STATE OF IDAHO

State File No. [redacted]
Local Reg. No. 113
Reg. Dist. No. 470

1. **PLACE OF DEATH:**
   (a) County Cassia
   (b) City or town Burley
   (c) Street Address or R.F.D. No. 3
   (d) Death Occured Inside? ..... Outside? X city or town
   (e) Died in a Home X Hospital.... Institution.... Other place....
   (f) Name Hosp. or Inst. ----- Stayed - days
   (g) Lived in this county 31 years - months - days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Cassia
   (c) City or town Burley
   (d) Street Address or R.F.D. No. 3
   (e) Deceased lived Inside? ..... Outside? X city or town
   (f) Citizen of what country? U.S.
   (g) How long had deceased lived in Idaho? 31 years
   (h) Former residence (city, state) ----

3. (a) **FULL NAME** William Edward Bodily

938

3. (b) If veteran, name war ---
3. (c) Social Security No. ----
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Harriett Bodily
6. (c) Age of husband or wife if alive 84 years
7. Date of Birth (Month, Day, Year) August 20, 1865

8. AGE	Years	Months	Days	If less than 1 day
	79	3	11	hrs min.

9. Exact Occupation Farmer — Did this work for Life yrs.
10. Industry or Business Farming — Date last worked 12-2-44
11. Birthplace Hyrum, Utah (City or town) (State or foreign country)

Father
12. Name William Bodily
13. Birthplace Hyrum - Utah (City or town) (State or foreign country)

Mother
14. Maiden name Sarah Talbot
15. Birthplace New Data (City or town) New Data (State or foreign country)

16. Informant's OWN Signature Lou Bodily
and Address Burley, Idaho R.F.D. #2

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-8-44 (Month) (Day) (Year)
(c) Place: Burley, Idaho

18. Funeral Director's OWN Signature Vern B. McCulloch
and Address Burley, Idaho

19. (a) 12-13-44 (Date received and filed) (b) B F Nielsen (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) December 2 1944
at 5:30 o'clock P M.

21. **I HEREBY CERTIFY,** That I attended deceased from June 1942 to Dec 2 1944
I last saw him alive on Dec 2 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Myocarditis	2 yr.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ..... Date .....
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's OWN Signature Hyrum E Dean M. D. (M. D. or other)
and Address Burley Ida. Date Dec 12 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census JAN 12 1945

Certificate Of Death

STATE OF IDAHO

State File No. 141824
Local Reg. No. 121
Reg. Dist. No. 470

1. PLACE OF DEATH:
(a) County Cassia
(b) City or town Burley
(c) Street Address or R.F.D. No. No Data
(d) Death Occured Inside? ..... Outside? X city or town
(e) Died in a Home X Hospital.... Institution.... Other place....
(f) Name Hosp. or Inst..... Stayed.....days
(g) Lived in this county 33 years 11 months 9 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these).
(a) State Idaho (b) County Cassia
(c) City or town Burley - Idaho
(d) Street Address or R.F.D. No. No. Data
(e) Deceased lived Inside? ..... Outside? X city or town
(f) Citizen of what country? U. S.
(g) How long had deceased lived in Idaho? 33 years
(h) Former residence (city, state) Milan Mo.

3. (a) **FULL NAME** Lindsey L. Maggart 92d

3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex M
5. Color or race W
6. (a) Single, widowed, married divorced Divorced
6. (b) Name of husband or wife Stillborn
6. (c) Age of husband or wife if alive No Data years
7. Date of Birth (Month, Day, Year) Feb. 1 - 1882

8. AGE	Years	Months	Days	If less than 1 day hrs	min.
	62	10	19		

9. Exact Occupation Farmer — Did this work for Life yrs.
10. Industry or Business Farming — Date last worked 12-21-44
11. Birthplace Milan (City or town) Mo. (State or foreign country)

Father
12. Name Benjamin Maggart
13. Birthplace No Data (City or town) Mo. (State or foreign country)

Mother
14. Maiden name Virginia Bell Fulda
15. Birthplace No Data (City or town) Mo. (State or foreign country)

16. Informant's **OWN** Signature W. W. Maggart
and Address Declo Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-24-44 (Month) (Day) (Year)
(c) Place: Burley - Idaho

18. Funeral Director's **OWN** Signature Jens B. McCulloch
and Address Burley - Idaho

19. (a) 1-8-45 (Date received and filed) (b) D. H. Wilson (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Dec. 21 1944
at 12:30 o'clock P. M.

21. **I HEREBY CERTIFY**, That I attended deceased from Dec. 9 1944 to Dec 21 1944
I last saw him alive on Dec 9 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Valvular heart disease	1 yr
Due to aggravated by influenza on Dec 9 '44	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? Idaho
Name of operation None Date —
Major finding —
Finding of autopsy No Autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: No Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature C. I. Slater M.D. (M. D. or other)
and Address Albion, Ida Date 12/28 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JAN 12 1945

Certificate Of Death

STATE OF IDAHO

State File No. I41825
Local Reg. No. 117
Reg. Dist. No. 471

1. **PLACE OF DEATH:**
(a) County Jessie Idaho
(b) City or town Burley
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? Outside? ✓ city or town
(e) Died in a Home Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county passing through years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Blaine
(c) City or town Hailey
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? ✓ Outside? city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 2 years
(h) Former residence (city, state) Dillon, Montana

3. (a) **FULL NAME** Wm. Thomas White 47d

3. (b) If veteran, name war ✓
3. (c) Social Security No. 517-09-4106
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced divorced
6. (b) Name of husband or wife Mary
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Mar. 16, 1890

8. AGE	Years	Months	Days	If less than 1 day
	54	9	5	hrs min.

9. Exact Occupation miner Did this work for 16 yrs.
10. Industry or Business Triumph Mine Date last worked 6-11-44
11. Birthplace County Down, Ireland (City or town) (State or foreign country)

Father
12. Name ~~[illegible]~~ Wm. White
13. Birthplace Ireland (City or town) (State or foreign country)

Mother
14. Maiden name Agnes Linden
15. Birthplace Ireland (City or town) (State or foreign country)

16. Informant's **OWN** Signature Jack White
and Address Triumph, Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 12-26-44 (Month) (Day) (Year)
(c) Place: Hailey, Idaho
18. Funeral Director's **OWN** Signature Mrs. G. Harris
and Address Hailey, Ida.
19. (a) 1-8-45 (Date received and filed) (b) R. F. Wilson (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 12/21 1944
at o'clock M.
21. **I HEREBY CERTIFY,** That I attended deceased from 6/6/44 19, to 12-21 1944
I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Carcinoma of Lung Right.	
Due to	6 mo
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYISCIAN Underline the cause to which death should be charged statistically.
Name of operation Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature E. W. Fox (H. D. or other)
and Address Hailey, Ida. Date 12/22 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JAN 12 1945

Certificate Of Death

STATE OF IDAHO

State File No. 141826
Local Reg. No. 715
Reg. Dist. No. 470

1. **PLACE OF DEATH:**
(a) County Cassia
(b) City or town Burley
(c) Street Address or ~~R.F.D.~~ No. 430 N. Elba
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Home X Hospital ..... Institution ..... Other place .....
(f) Name Hosp. or Inst. ..... Stayed — days
(g) Lived in this county 44 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Cassia
(c) City or town Burley
(d) Street Address or R.F.D. No. 430 N. Elba
(e) Deceased lived Inside? X Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 44 years
(h) Former residence (city, state) Utah.

3. (a) **FULL NAME** Josephine Martinsen Ferrin 131a

3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex f
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or ~~wife~~ George
6. (c) Age of husband or ~~wife~~ if alive 80 years
7. Date of Birth (Month, Day, Year) Feb 15 1868

8. AGE	Years	Months	Days	If less than 1 day
	76	10	12	hrs min.

9. Exact Occupation Housewife Did this work for 60 yrs.
10. Industry or Business ..... Date last worked 1940
11. Birthplace Huntsville Utah (City or town) (State or foreign country)
Father
12. Name N. C. Martinsen
13. Birthplace Denmark (City or town) (State or foreign country)
Mother
14. Maiden name Mary Ann Christensen
15. Birthplace Denmark. (City or town) (State or foreign country)
16. Informant's **OWN** Signature G E Ferrin
and Address Burley Idaho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 31. (Month) (Day) (Year)
(c) Place: Burley Idaho
18. Funeral Director's **OWN** Signature Retta S. Payne.
and Address Burley Idaho.
19. (a) 1-6-45 (Date received and filed) (b) R. Wilson (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Dec 27. 1944
at ..... o'clock 5 P.M.
21. **I HEREBY CERTIFY,** That I attended deceased from Jun 10 1943, to Dec 27 1944
I last saw her alive on Dec 27 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebral Hemorrhage	1 hr
Due to Hypertension	
Due to Nephritis	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYISCIAN
Name of operation ..... Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature Hugh E Dean (M. D. or other)
and Address Burley Id Date Jan 3 1945
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JAN 12 1945

Certificate Of Death

STATE OF IDAHO

State File No. 141827
Local Reg. No. 119
Reg. Dist. No. 470

1. **PLACE OF DEATH:**
   (a) County Cassia
   (b) City or town Burley
   (c) Street Address or R.F.D. No. 122 N. Almo
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home X Hospital ... Institution ... Other place ...
   (f) Name Hosp. or Inst. ..... Stayed ..... days
   (g) Lived in this county 31 years 2 months 4 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Cassia
   (c) City or town Burley
   (d) Street Address or R.F.D. No. No Data (HFD)
   (e) Deceased lived Inside? ..... Outside? X ..... city or town
   (f) Citizen of what country? U.S.
   (g) How long had deceased lived in Idaho? 84 years
   (h) Former residence (city, state) Idaho

3. (a) **FULL NAME** Harriet Ann Oliverson Bradley wid

3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or ~~wife~~ Wm. Ed. Bradley
6. (c) Age of husband or ~~wife~~ if alive 72 years
7. Date of Birth (Month, Day, Year) Oct. 22 - 1860

8. AGE	Years	Months	Days	If less than 1 day
	84	2	4	hrs ..... min.

9. Exact Occupation At Home — Did this work for Life yrs.
10. Industry or Business — Date last worked
11. Birthplace Franklin (City or town) Idaho (State or foreign country)

Father
12. Name James Oliverson
13. Birthplace (City or town) England (State or foreign country)

Mother
14. Maiden name Caroline Peate
15. Birthplace no data (City or town) (State or foreign country)

16. Informant's **OWN** Signature John H Bradley
and Address Burley Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-30-44 (Month) (Day) (Year)
(c) Place: Burley Idaho

18. Funeral Director's **OWN** Signature Vern B. McCulloch
and Address Burley Idaho

19. (a) 1-24-45 (Date received and filed) (b) B F Wilson (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Dec. 27 19 44
at 6:00 o'clock P. M.

21. **I HEREBY CERTIFY**, That I attended deceased from Dec 10 1942 to Dec 27 1944
I last saw her alive on Dec 27 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Myocardosis	2 yr.
Due to Senescence Anemia	3 yr.
Due to	
Other conditions Artio Sclerosis (Include pregnancy within 3 months of death)	5 yr.

Where was disease contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature H. L. & Dean M.D. (M. D. or other)
and Address Burley Id Date Jan 3 1945
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 11828
Local Reg. No. 120
Reg. Dist. No. 470

JAN 12 1945

1. **PLACE OF DEATH:**
   (a) County Cassia
   (b) City or town Burley
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? ✓ Outside? ..... city or town
   (e) Died in a Home.... Hospital ✓ Institution.... Other place....
   (f) Name Hosp. or Inst. Cottage Stayed 2 days
   (g) Lived in this county 4 years 8 months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Cassia
   (c) City or town Burley
   (d) Street Address or R.F.D. No. 253 No. Conant
   (e) Deceased lived Inside? ✓ Outside? ..... city or town
   (f) Citizen of what country? U.S.
   (g) How long had deceased lived in Idaho? 37 years
   (h) Former residence (city, state)

3. (a) **FULL NAME** Katherine Agnes Kerr King 83a.

3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lambert King
6. (c) Age of husband or wife if alive 67 years
7. Date of Birth (Month, Day, Year) July 3, 1880

8. AGE	Years	Months	Days	If less than 1 day hrs	min.
	64	5	26		

9. Exact Occupation Housewife — Did this work for — yrs.
10. Industry or Business — Date last worked 12-26-44
11. Birthplace Cullom, Illinois (City or town) (State or foreign country)

Father
12. Name Dennis Lanhrugan
13. Birthplace — Ireland (City or town) (State or foreign country)

Mother
14. Maiden name No Data
15. Birthplace No Data (City or town) (State or foreign country)

16. Informant's **OWN** Signature Lambert King and Address 253 No. Conant
17. (a) Burial (Burial, cremation or removal) (b) Date thereof 1-2-45 (Month) (Day) (Year)
    (c) Place: Burley, Idaho
18. Funeral Director's **OWN** Signature Kenneth McCulloch and Address Burley Idaho
19. (a) 1-8-45 (Date received and filed) (b) B. F. Wilson (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Dec. 30 1944 at 7:30 o'clock A. M.
21. **I HEREBY CERTIFY**, That I attended deceased from Dec 27 1944 to Dec 30 1944
    I last saw her alive on Dec 30 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebral hemorrhage	3 da.
✓ Due to Hypertension	9.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ..... Date .....
Major finding
Finding of autopsy

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
    Occurred ..... 19..... City, county, state where violence occurred
    Place of Violence: Home ..... Farm ..... Industry .....
    Public Place ..... While at work? .....
    Means of injury
23. Attendant's **OWN** Signature M. Kelly M.D. (M. D. or other)
    and Address Burley Date 1-4 1945
    (For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JAN 12 1945

Certificate Of Death

STATE OF IDAHO

State File No. 1 141829
Local Reg. No. 118
Reg. Dist. No. 470

1. **PLACE OF DEATH:**
   (a) County Cassia
   (b) City or town Burley
   (c) Street Address or R. F. D. No. 345 No. Elba
   (d) Death Occured Inside? ✓ Outside? ..... city or town
   (e) Died in a Home ✓ Hospital ..... Institution ..... Other place .....
   (f) Name Hosp. or Inst. ..... Stayed ..... days
   (g) Lived in this county 15 years — months — days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Cassia
   (c) City or town Burley
   (d) Street Address or R.F.D. No. 345 No. Elba
   (e) Deceased lived Inside? ✓ Outside? ..... city or town
   (f) Citizen of what country? U.S.
   (g) How long had deceased lived in Idaho? 39 years
   (h) Former residence (city, state) —

3. (a) **FULL NAME** Joseph Hans Petersen

95c

3. (b) If veteran, name war —
3. (c) Social Security No. .....
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married divorced Married
6. (b) Name of husband or wife Leah Colby Peterson
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) Dec. 23, 1881

8. AGE	Years	Months	Days	If less than 1 day
	63	—	8	hrs ..... min.

9. Exact Occupation Laborer — Did this work for ..... yrs.
10. Industry or Business Laborer — Date last worked 12-30-44
11. Birthplace Tyrone, Utah (City or town) (State or foreign country)

Father
12. Name Hans P. Petersen
13. Birthplace Denmark (City or town) (State or foreign country)

Mother
14. Maiden name Olive E. Olsen
15. Birthplace Norway (City or town) (State or foreign country)

16. Informant's **OWN** Signature Leah Petersen
and Address Burley, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-5-45 (Month) (Day) (Year)
(c) Place: Burley City Cemetery

18. Funeral Director's **OWN** Signature Geo. B. McCulloch
and Address Burley-Idaho

19. (a) 1-8-45 (Date received and filed) (b) C. A. Nielsen (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Dec. 31 19 44
at 3:30 o'clock P. M.

21. **I HEREBY CERTIFY**, That I attended deceased from 12-31-1944, to 12-31-1944
I last saw h— alive on 12-30-1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
J Acute Dilatation of Heart	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature G. L. Estes (M. D. or other)
and Address Burley Date 1-6-1945
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census JAN 6 1945

Certificate Of Death

STATE OF IDAHO

State File No. 141830
Local Reg. No. 99
Reg. Dist. No. 210

1. **PLACE OF DEATH:**
   (a) County CLEARWATER
   (b) City or town PIERCE, RURAL
   (c) Street Address or R.F.D. No. APPROX 5 MILES WEST
   (d) Death Occured Inside? ..... Outside? X city or town
   (e) Died in a Home X Hospital.... Institution.... Other place....
   (f) Name Hosp. or Inst..... Stayed.....days
   (g) Lived in this county 22 years .....months .....days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State IDAHO (b) County CLEARWATER
   (c) City or town PIERCE, RURAL
   (d) Street Address or R.F.D. No. APPROX. 5 MILES W.
   (e) Deceased lived Inside? .....Outside? X.....city or town
   (f) Citizen of what country? UNITED STATES
   (g) How long had deceased lived in Idaho? 22 years
   (h) Former residence (city, state) .....

3. (a) **FULL NAME** NELS ANTON PETERSON

3. (b) If veteran, name war NO
3. (c) Social Security No. NONE
4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced SINGLE
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) 1877

8. AGE	Years	Months	Days	If less than 1 day hrs min.
	67			

9. Exact Occupation PROSPECTOR — Did this work for ? yrs.
10. Industry or Business SELF — Date last worked ON OR ABOUT AUGUST 26/44
11. Birthplace UNKNOWN (City or town) (State or foreign country)

Father
12. Name UNKNOWN
13. Birthplace UNKNOWN (City or town) (State or foreign country)

Mother
14. Maiden name UNKNOWN
15. Birthplace UNKNOWN (City or town) (State or foreign country)

16. Informant's **OWN** Signature GENERAL INFORMATION Home
and Address OROFINO, IDAHO

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof DEC. 14/1944 (Month) (Day) (Year)
(c) Place: HILL CEMETERY

18. Funeral Director's **OWN** Signature [signature]
and Address OROFINO, IDAHO

19. (a) 12/14/44 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) ON OR ABOUT AUG. 26 1944
at ? o'clock .....M.

21. **I HEREBY CERTIFY**, That I attended deceased from ********** 19 ..... to ********** 19 .....
I last saw h** alive on ********** 19 **; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
UNKNOWN**PROBABLY DUE TO NATURAL CAUSES	
Due to	
Due to	
Other conditions EPILEPTIC (Include pregnancy within 3 months of death)	

Where was disease contracted? UNKNOWN
Name of operation..... Date.....
Major finding .....
Finding of autopsy NONE

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident?..... Suicide?..... Homicide?.....
Occurred..... 19..... City, county, state where violence occurred .....
Place of Violence: Home.....Farm.....Industry.....
Public Place..... While at work?.....
Means of injury .....

23. Attendant's **OWN** Signature [signature] CORONER (M. D. or other)
and Address OROFINO, IDAHO Date 12/13 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

NOV 3 1944

Certificate Of Death

STATE OF IDAHO

State File No. 141831
Local Reg. No. 89
Reg. Dist. No. 210

1. PLACE OF DEATH:
(a) County Clearwater
(b) City or town Orofino
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? Outside? X city or town
(e) Died in a Home Hospital Institution X Other place
(f) Name Hosp. or Inst. St. Hos. No. Stayed 4 days
(g) Lived in this county years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Clearwater
(c) City or town Weippe
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? United States
(g) How long had deceased lived in Idaho? 2 years
(h) Former residence (city, state)

3. (a) **FULL NAME** WILLIS, CHARLES

175 d

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M.
5. Color or race White
6. (a) Single, widowed, married, divorced divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) November 22, 1892

8. AGE	Years	Months	Days	If less than 1 day
	51	11	9	hrs min.

9. Exact Occupation Laborer Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace UNKNOWN (City or town) (State or foreign country)
Father
12. Name Alonzo Willis
13. Birthplace Lacona, Iowa (City or town) (State or foreign country)
Mother
14. Maiden name Katherine Messler
15. Birthplace Lacona, Iowa (City or town) (State or foreign country)
16. Informant's OWN Signature E. L. Berry M.D.
and Address Orofino, Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Nov. 1st/44 (Month) (Day) (Year)
(c) Place: Lacona, Iowa
18. Funeral Director's OWN Signature George B. Blake
and Address Orofino, Ida
19. (a) 11/1/44 (Date received and filed) (b) Lillie Gachorach (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) October 31, 1944
at 9:45 o'clock A. M.
21. **I HEREBY CERTIFY,** That I attended deceased from Oct. 28, 1944 to Oct. 31, 1944
I last saw him alive on Oct. 30, 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
9563 Acute cardiac failure	24 hrs.
Due to Traumatic psychoses	5 days
Due to Crushing injury with ~~Other conditions~~ (Include pregnancy within 3 months of death) amputation of right leg	1 wk.

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? X Suicide? Homicide?
Occurred Oct. 23, 1944 City, county, state where violence occurred Near Pierce, Idaho
Place of Violence: Home Farm Industry X
Public Place While at work? X
Means of injury Revolving shaft
23. Attendant's OWN Signature Mussellshell Lumber Company R. T. Hopkins (M. D. ~~or other~~)
and Address Orofino Date 10/31 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JAN 6 1945

Certificate Of Death

STATE OF IDAHO

State File No. 141832
Local Reg. No. 97
Reg. Dist. No. 210

1. PLACE OF DEATH:
(a) County Clearwater
(b) City or town Orofino
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? Outside? X city or town
(e) Died in a Home Hospital Institution X Other place
(f) Name Hosp. or Inst. St. Hos. No. Stayed days
(g) Lived in this county years 4 months 2 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Idaho
(c) City or town Grangeville
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? Outside? city or town
(f) Citizen of what country? United States
(g) How long had deceased lived in Idaho? 20 years
(h) Former residence (city, state)

3. (a) FULL NAME WESTOVER, PHILO ALLEN

94a

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) February 4, 1872

8. AGE	Years	Months	Days	If less than 1 day
	72	9	29	hrs min.

9. Exact Occupation Blacksmith Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Rochester, Minnesota (City or town) (State or foreign country)
Father
12. Name unknown
13. Birthplace " (City or town) (State or foreign country)
Mother
14. Maiden name unknown
15. Birthplace " (City or town) (State or foreign country)
16. Informant's OWN Signature E. L. Berry, MD
and Address Orofino Ida
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-5-44 (Month) (Day) (Year)
(c) Place: State Hosp. North cemetery
18. Funeral Director's OWN Signature [illegible]
and Address Orofino, Idaho
19. (a) 12/6/44 (Date received and filed) (b) Chloie Bachmach (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) December 3, 1944
at 1:00 o'clock P. M.
21. **I HEREBY CERTIFY**, That I attended deceased from July 31, 1944, to Dec. 3, 1944
I last saw him alive on Dec. 3, 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Acute Coronary disease	Sent
✓ Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation Date	
Major finding	
Finding of autopsy	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature E. L. Berry, MD (M.D. or other)
and Address Orofino Ida Date 12-3 1944
(For additional space, use reverse side)

141833

United States
Department of Commerce JAN 6 1945
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 98
Reg. Dist. No. 210

1. **PLACE OF DEATH:**
(a) County Clearwater
(b) City or town Orofino
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? x Outside? city or town
(e) Died in a Home Hospital x Institution Other place
(f) Name Hosp. or Inst. Orofino Stayed 82 days
(g) Lived in this county 21 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Clearwater
(c) City or town Orofino
(d) Street Address or R. F. D. No. RFD
(e) Deceased lived Inside? Outside? x city or town
(f) Citizen of what country? British subject
(g) How long had deceased lived in Idaho? 21 years
(h) Former residence (city, state) Oregon

3. (a) **FULL NAME** Thomas Broadsworth Nickle 95c

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Sep
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Dec 19, 1881

8. AGE	Years	Months	Days	If less than 1 day hrs min.
	62	11	18	

9. Exact Occupation farmer — Did this work for life yrs.
10. Industry or Business — Date last worked 8/44
11. Birthplace Ontario, Canada (City or town) (State or foreign country)

Father
12. Name John Nickle
13. Birthplace unknown (City or town) (State or foreign country)

Mother
14. Maiden name Margaret
15. Birthplace unknown (City or town) (State or foreign country)

16. Informant's **OWN** Signature Nora Nickle
and Address Orofino, Idaho

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 12/8/44 (Month) (Day) (Year)
(c) Place: Riverside cemetery, Orofino

18. Funeral Director's **OWN** Signature Chas S. Bacharach
and Address Orofino Idaho

19. (a) 12/6/44 (Date received and filed) (b) Chas. Bacharach (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Dec 6 1944
at 4:30 o'clock A M.

21. **I HEREBY CERTIFY,** That I attended deceased from Aug. 15 1944 to Dec. 6 1944
I last saw h[illegible] alive on Dec. 5 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Pulmonary Edema — Duration 1 day
Due to Generalized edema — 2 months
Due to Cardiac dilatation — 4 years
Other conditions — (Include pregnancy within 3 months of death)

Where was disease contracted?
Name of operation — Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature R. T. Hopkins (M. D. or other)
and Address Orofino Date 12/7 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

I41834

United States
Department of Commerce
Bureau of the Census

JAN 6 1945

Certificate Of Death

STATE OF IDAHO

State File No.
Local Reg. No. 100
Reg. Dist. No. 210

1. PLACE OF DEATH:
(a) County Clearwater
(b) City or town Orofino
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? Outside? X city or town
(e) Died in a Home Hospital Institution X Other place
(f) Name Hosp. or Inst. St. Hos. No. Stayed days
(g) Lived in this county 6 years 8 months 21 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Minnesota (b) County
(c) City or town
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? Outside? city or town
(f) Citizen of what country? United States
(g) How long had deceased lived in Idaho? 1 mo. years
(h) Former residence (city, state)

3. (a) **FULL NAME** CHARMLEY, BEN

131a

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) November 10, 1870

8. AGE	Years	Months	Days	If less than 1 day
	74		28	hrs min.

9. Exact Occupation None — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace Beaver County, Wisconsin (City or town) (State or foreign country)

Father
12. Name Thomas Charmley
13. Birthplace England (City or town) (State or foreign country)

Mother
14. Maiden name Jane Jackson
15. Birthplace unknown (City or town) (State or foreign country)

16. Informant's OWN Signature E. L. Berry M.D.
and Address Orofino Ida

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/10/44 (Month) (Day) (Year)
(c) Place: State Hosp. North cemetery

18. Funeral Director's OWN Signature Ivan B. Gillberg
and Address Orofino, Idaho

19. (a) 12/12/44 (Date received and filed) (b) Edith Bachand (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) December 8, 1944
at 1:15 o'clock P. M.

21. **I HEREBY CERTIFY**, That I attended deceased from June 1, 1943, to Dec. 8, 1944
I last saw him alive on Dec. 8, 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Chronic Myocarditis — Duration 10 yrs.
Due to Chronic Nephretis — 10 yrs.
Due to Arteriosclerosis — 10 yrs.
Other conditions (Include pregnancy within 3 months of death)
Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's OWN Signature E. L. Berry M.D.
and Address Orofino Ida (M.D. or other)
Date 12-8 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JAN 6 1945

Certificate Of Death

STATE OF IDAHO

State File No. 141835
Local Reg. No. 101
Reg. Dist. No. 210

1. **PLACE OF DEATH:**
   (a) County CLEARWATER
   (b) City or town FRASER
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? Outside? city or town
   (e) Died in a Home X Hospital Institution Other place
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county 24 years months days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State IDAHO (b) County CLEARWATER
   (c) City or town FRASER
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? Outside? X city or town
   (f) Citizen of what country? UNITED STATES
   (g) How long had deceased lived in Idaho? 39 years
   (h) Former residence (city, state)

3. (a) **FULL NAME** WILLIAM BERT BAKER

131a

3. (b) If veteran, name war NO
3. (c) Social Security No. NONE
4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife LULU
6. (c) Age of husband or wife if alive 67 years
7. Date of Birth (Month, Day, Year) APRIL 14, 1873

8. AGE	Years	Months	Days	If less than 1 day
	71	7	26	hrs min.

9. Exact Occupation FARMER — Did this work for LIFE yrs.
10. Industry or Business SELF — Date last worked 6 MOS. AGO
11. Birthplace HUTCHINSON, MINNESOTA (City or town) (State or foreign country)

Father
12. Name THOMAS V. BAKER
13. Birthplace LETCHER COUNTY, KENTUCKY (City or town) (State or foreign country)

Mother
14. Maiden name NANCY SHORT
15. Birthplace LETCHER COUNTY, KENTUCKY (City or town) (State or foreign country)

16. Informant's **OWN** Signature X Elmer Baker
and Address FRASER, IDAHO
17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof DECEMBER 12/1944 (Month) (Day) (Year)
(c) Place: ELWOOD CEMETERY, KENDRICK, IDA.
18. Funeral Director's **OWN** Signature George B Blake
and Address OROFINO, IDAHO
19. (a) 12/12/44 (Date received and filed) (b) Chloie Badreach (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 12-10 1944
at 10:15 o'clock A. M.
21. **I HEREBY CERTIFY**, That I attended deceased from March 24th 1941, to 3-8- 1944
I last saw him alive on 12-7- 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
1 Heart Disease Valvular	10 yrs
Terminal Pneumonia	
Due to	
Due to	
Other conditions Nephritis Hypertension (Include pregnancy within 3 months of death)	

Where was disease contracted? Home
Name of operation None Date ✓
Major finding ✓
Finding of autopsy ✓

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ✓ Suicide? ✓ Homicide? ✓
Occurred ✓ 19 ✓ City, county, state where violence occurred ✓
Place of Violence: Home ✓ Farm ✓ Industry ✓
Public Place ✓ While at work? ✓
Means of injury ✓
23. Attendant's **OWN** Signature W F Robertson (M. D. or other)
and Address Orofino Ida Date 12-11 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JAN 6 1945

Certificate Of Death

STATE OF IDAHO

State File No. 141836
Local Reg. No. 105
Reg. Dist. No. 210

1. **PLACE OF DEATH:**
   (a) County CLEARWATER
   (b) City or town OROFINO
   (c) Street Address or R. F. D. No.
   (d) Death Occured Inside? Outside? X city or town
   (e) Died in a Home X Hospital Institution Other place
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county 1 years months 18 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State IDAHO (b) County CLEARWATER
   (c) City or town OROFINO, IDA.
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? Outside? X city or town
   (f) Citizen of what country? UNITED STATES
   (g) How long had deceased lived in Idaho? ONE years
   (h) Former residence (city, state) WEST YELLOWSTONE, MONTANA

3. (a) **FULL NAME** FRANCIS DOUGLAS HANKS

12 1a

3. (b) If veteran, name war NO
3. (c) Social Security No. NONE
4. Sex MALE 5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife BERTHA
6. (c) Age of husband or wife if alive 80 years
7. Date of Birth (Month, Day, Year) OCT. 24, 1859

8. AGE	Years	Months	Days	If less than 1 day
	85	1	23	hrs min.

9. Exact Occupation FARMER — Did this work for LIFE yrs.
10. Industry or Business SELF — Date last worked UNKNOWN
11. Birthplace GOUVENER, NEW YORK (City or town) (State or foreign country)

Father
12. Name GEROGE HANKS
13. Birthplace ENGLAND (City or town) (State or foreign country)

Mother
14. Maiden name UNKNOWN
15. Birthplace UNKNOWN (City or town) (State or foreign country)

16. Informant's **OWN** Signature X Miss Goldie Crouch
and Address GRANGEMONT, IDAHO

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof DEC. 23/1944 (Month) (Day) (Year)
(c) Place: RIVERSIDE CEMETERY, OROFINO, IDA.

18. Funeral Director's **OWN** Signature George B Blake
and Address OROFINO, IDAHO

19. (a) 12/21/44 (Date received and filed) (b) Edwin Bachmann (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) December 18th 1944
at 11-45 o'clock P M.

21. **I HEREBY CERTIFY**, That I attended deceased from 12-16, 1944, to 12-18 1944
I last saw him alive on 12-16 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Terminal Pneumonia	3 days
Due to Exposure and Arteriosclerosis	
Due to Old age	
Other conditions Nephritis (Include pregnancy within 3 months of death)	
Where was disease contracted? Home	
Name of operation — Date —	
Major finding —	
Finding of autopsy —	

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature J. H. Johnston (M. D. or other)
and Address Orofino Date 12/20 1944
(For additional space, use reverse side)

141837

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No.
Local Reg. No. 104
Reg. Dist. No. 210

JAN 6 1945

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
   (a) County CLEARWATER
   (b) City or town OROFINO
   (c) Street Address or R.F.D. No. POST OFFICE
   (d) Death Occured Inside? ..... Outside? X ..... city or town
   (e) Died in a Home X Hospital .... Institution .... Other place ....
   (f) Name Hosp. or Inst. ..... Stayed ..... days
   (g) Lived in this county 15 years ..... months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State IDAHO (b) County CLEARWATER
   (c) City or town OROFINO
   (d) Street Address or R.F.D. No. RURAL
   (e) Deceased lived Inside? ..... Outside? ..... city or town
   (f) Citizen of what country? UNITED STATES
   (g) How long had deceased lived in Idaho? 27 years
   (h) Former residence (city, state) .....

3. (a) **FULL NAME** EDNA MAY HOLMAN

50

3. (b) If veteran, name war NO
3. (c) Social Security No. NONE
4. Sex FEMALE 5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife ELMOR EUGENE
6. (c) Age of husband or wife if alive 74 years
7. Date of Birth (Month, Day, Year) OCTOBER 1st, 1882

8. AGE	Years	Months	Days	If less than 1 day
	62	2	21	hrs ..... min.

9. Exact Occupation HOUSEWIFE — Did this work for LIFE yrs.
10. Industry or Business HOME — Date last worked AUG. 1, 1944
11. Birthplace HILLSDALE, MICHIGAN (City or town) (State or foreign country)

Father
12. Name EDGAR FOSTER
13. Birthplace UNKNOWN (City or town) (State or foreign country)

Mother
14. Maiden name GERTRUDE KESSELRING
15. Birthplace UNKNOWN (City or town) (State or foreign country)

16. Informant's **OWN** Signature E E Holman
and Address Orofino, Idaho

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof DEC. 26, 1944 (Month) (Day) (Year)
(c) Place: HILL CEMETERY, OROFINO, IDA.

18. Funeral Director's **OWN** Signature Jane L Blake
and Address OROFINO, IDAHO

19. (a) 12/26/44 (Date received and filed) (b) Edlaie Eadswell (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) DECEMBER 22 1944
at 1:30 o'clock A. M.

21. **I HEREBY CERTIFY**, That I attended deceased from 11-16- 1944, to 12-22- 1944
I last saw h[illegible] alive on 11-16 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Carcinoma Breast — Duration 3
Due to Metastasis
Due to .....
Other conditions ..... (Include pregnancy within 3 months of death)

Where was disease contracted? Home
Name of operation ✓ Date ✓
Major finding ✓
Finding of autopsy ✓

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ✓ Suicide? ✓ Homicide? ✓
Occurred ✓ 19 ✓ City, county, state where violence occurred ✓
Place of Violence: Home ✓ Farm ✓ Industry ✓
Public Place ✓ While at work? ✓
Means of injury ✓

23. Attendant's **OWN** Signature D W Robertson (M. D. or other)
and Address Orofino Ida. Date 12-22 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JAN 6 19[illegible]

Certificate Of Death

STATE OF IDAHO

State File No. 141838
Local Reg. No. 105
Reg. Dist. No. 210

1. PLACE OF DEATH:
(a) County CLEARWATER
(b) City or town OROFINO
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? X Outside? city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 12 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State IDAHO (b) County CLEARWATER
(c) City or town DWSAHKA,
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? Outside? X city or town
(f) Citizen of what country? UNITED STATES
(g) How long had deceased lived in Idaho? 30 years
(h) Former residence (city, state) BONNERS FERRY, IDA.

3. (a) FULL NAME EDWARD MILLER ROSS

3. (b) If veteran, name war NO
3. (c) Social Security No. NONE
4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife NELLIE
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) NOVEMBER 26, 1871

8. AGE	Years	Months	Days	If less than 1 day
	73	1	4	hrs min.

9. Exact Occupation FARMER — Did this work for LIFE yrs.
10. Industry or Business KEEP SELF — Date last worked 7 YEARS AGO
11. Birthplace COYVILLE, KANSAS (City or town) (State or foreign country)

Father
12. Name JAMES ROSS
13. Birthplace KANSAS (City or town) (State or foreign country)

Mother
14. Maiden name MARY ELLEN EMPSON
15. Birthplace UNKNOWN (City or town) (State or foreign country)

16. Informant's **OWN** Signature + Mrs. Nellie Ross
and Address OROFINO, IDAHO

17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof JAN. 4, 1945 (Month) (Day) (Year)
(c) Place: CLARKSTON, WASH. (VINELAND CEMETERY)

18. Funeral Director's **OWN** Signature George L. Kidd
and Address OROFINO, IDAHO

19. (a) 1/3/45 (Date received and filed) (b) Wallace L. Buchanan (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Dec. 30th 19 44
at 11 45 o'clock P M.

21. **I HEREBY CERTIFY**, That I attended deceased from 1937 19, to 12-30 1944
I last saw him alive on 12-30- 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Starvation. Malnutrition	4 weeks
Due to Carcinoma Throat left side - involving	2 -
Due to Muscles of deglutition	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? Home
Name of operation ✓ Date ✓
Major finding ✓
Finding of autopsy ✓

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ✓ Suicide? ✓ Homicide? ✓
Occurred ✓ 19 ✓ City, county, state where violence occurred ✓
Place of Violence: Home ✓ Farm ✓ Industry ✓
Public Place ✓ While at work? ✓
Means of injury ✓

23. Attendant's **OWN** Signature W. H. Thurston (M. D. or other)
and Address Orofino Date 1-2- 1945
(For additional space, use reverse side)

141839

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

JAN 12 1945

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF DEATH:**
(a) County Elmore
(b) City or town Glenn Ferry
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home X Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 30 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under Item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Elmore
(c) City or town Glenn Ferry
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? 30 years
(h) Former residence (city, state) Topeka Kan.

3. (a) FULL NAME Jessie Crawford

80 b

3. (b) If veteran, name war No.
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) April 14, 1878

8. AGE	Years	Months	Days	If less than 1 day
	66	7	13	hrs ____ min.

9. Exact Occupation Laborer — Did this work for 3 yrs.
10. Industry or Business Union Pacific — Date last worked 1919
11. Birthplace Topeka (City or town) Kansas (State or foreign country)

Father
12. Name Alexander Crawford
13. Birthplace Unknown (City or town) (State or foreign country)

Mother
14. Maiden name Caroline Swartz
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's OWN Signature LeRoy Van Camp
and Address Glenn Ferry Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 29, 1944 (Month) (Day) (Year)
(c) Place: Glenn Rest Cemetery
18. Funeral Director's OWN Signature John J. Day
and Address Mountain Home Idaho
19. (a) Nov 28-44 (Date received and filed) (b) Mary Sullivan (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Nov 27 1944
at ____ o'clock ____ M.

21. **I HEREBY CERTIFY,** That I attended deceased from Nov 24 1944 to Nov 24 1944
I last saw him alive on Nov 24 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death	Duration
Cerebral Hemorrhage	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted? ✓	PHYSICIAN
Name of operation ____ Date ____	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy ✓	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury

23. Attendant's OWN Signature E. L. Simonton (M. D. or other)
and Address Mtn. Home Idaho Date 12-8 1944
(For additional space use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JAN 2 1945

Certificate Of Death

STATE OF IDAHO

State File No. 141840
Local Reg. No. 21
Reg. Dist. No. 541

1. **PLACE OF DEATH:**
   (a) County Franklin
   (b) City or town Dayton
   (c) Street Address or R. F. D. No.
   (d) Death Occured Inside? Outside? city or town
   (e) Died in a Home.... Hospital.... Institution.... Other place School House
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county 1 years 4 months days

   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Madson
   (c) City or town Rexburg
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? Outside? city or town
   (f) Citizen of what country?
   (g) How long had deceased lived in Idaho? life years
   (h) Former residence (city, state)

3. (a) **FULL NAME** Miss Zola Cook

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Mar 28 1922

8. AGE	Years	Months	Days	If less than 1 day
	22	7	10	hrs min.

9. Exact Occupation School Teacher — Did this work for 4 yrs.
10. Industry or Business — Date last worked Nov 9 44
11. Birthplace (City or town) Rexburg (State or foreign country) Idaho

Father
12. Name Charles R. Cook
13. Birthplace (City or town) Rexburg (State or foreign country) Idaho

Mother
14. Maiden name Hazel Phillips
15. Birthplace (City or town) Preston (State or foreign country) Idaho

16. Informant's **OWN** Signature Helen Cook
and Address Rexburg Idaho

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Nov 9 1944 (Month) (Day) (Year)
(c) Place: Rexburg Idaho

18. Funeral Director's **OWN** Signature [redacted]
and Address Preston Idaho

19. (a) 11-9-1944 (Date received and filed) (b) Effie W. Brouwer (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 11-9 1944
at [redacted] o'clock P M.

21. **I HEREBY CERTIFY**, That I attended deceased from 11-9 1944, to 11-9 1944
I last saw h[redacted] alive on 11-9 1944 death is said to have occurred on the date and hour stated above.

	Duration
✓ **Immediate Cause of Death:** Coronary occlusion.	20 min.
Due to Chronic rheumatic valvular disease	several years.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature [redacted] M.D.
and Address [redacted] (M. D. or other) Date 11-9 1944
(For additional space, use reverse side)

141841

United States
Department of Commerce
Bureau of the Census JAN 2 1945

Certificate Of Death

STATE OF IDAHO

State File No.
Local Reg. No. 22
Reg. Dist. No. 140

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
   (a) County Franklin
   (b) City or town Preston
   (c) Street Address or R. F. D. No.
   (d) Death Occured Inside? x Outside? city or town
   (e) Died in a Home Hospital x Institution Other place
   (f) Name Hosp. or Inst. Preston Mem Stayed days
   (g) Lived in this county years months 3 days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Utah (b) County Weber
   (c) City or town Ogden
   (d) Street Address or R.F.D. No. 2708 Jefferson
   (e) Deceased lived Inside? x Outside? city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 3 days ~~years~~
   (h) Former residence (city, state)

3. (a) **FULL NAME** ELDEN WILLIAM WADE Jr.

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) November 12, 1944

8. AGE	Years	Months	Days	If less than 1 day
	-	-	3	hrs min.

9. Exact Occupation None Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Preston, Idaho (City or town) (State or foreign country)

Father
12. Name Elden William Wade
13. Birthplace American Falls, Idaho. (City or town) (State or foreign country)

Mother
14. Maiden name Dora Lenore Gough,
15. Birthplace Aberdeen, Idaho. (City or town) (State or foreign country)

16. Informant's **OWN** Signature Elden William Wade
and Address 2708 Jefferson. Ogden, Utah

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-16-44 (Month) (Day) (Year)
(c) Place: Whitney, Idaho.

18. Funeral Director's **OWN** Signature John M. Richards
and Address Preston Idaho.

19. (a) 11-16-1944 (Date received and filed) (b) Effie M. Brower (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) November 15, 1944
at 4:30 o'clock a. M.

21. **I HEREBY CERTIFY**, That I attended deceased from ..... 19..... to ..... 19.....
I last saw h..... alive on ..... 19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: (Duration)
Prematurity
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature Leo R. Hawkes M D (M. D. or other)
and Address Preston Ida Date 11/16 1944
(For additional space, use reverse side)

141842

United States
Department of Commerce
Bureau of the Census

JAN 8 1945

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 49
Local Reg. No. 49
Reg. Dist. No. 651

1. **PLACE OF DEATH:** Fremont.
   (a) County Ashton
   (b) City or town
   (c) Street Address or R. F. D. No. R.F.D.
   (d) Death Occurred In XXXX Outside? city or town
   (e) Died in a Home Hospital Institution Other place
   (f) Name Hosp. or Inst. XXXX Stayed days
   (g) Lived in this county 12 years months days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State IDaho (b) County Fremont.
   (c) City or town Ashton.
   (d) Street Address or R. F. D. No. R.F.D.
   (e) Deceased lived Inside? XXXXX Outside? city or town
   (f) Citizen of what country? U.S.
   (g) How long had deceased lived in Idaho? 12 years years
   (h) Former residence (city, state) Montana.

3. (a) **FULL NAME** Ernest. Leland Brower. 8

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Nov. 28th 1930

8. AGE	Years	Months	Days	If less than 1 day
	13	11	21	hrs min.

9. Exact Occupation At Home Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Belfry. Montana. (City or town) (State or foreign country)
Father
12. Name Orville . Edward. Brower.
13. Birthplace Ora. Idaho. (City or town) (State or foreign country)
Mother
14. Maiden name Mildred. Howard.
15. Birthplace Chester. Idaho (City or town) (State or foreign country)
16. Informant's OWN Signature Arvel E. Brower and Address Ashton Idaho.
17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof 11.24th.1944 (Month) (Day) (Year)
(c) Place: Ashton Idaho
18. Funeral Director's OWN Signature Lewis Kiver and Address Ashton Idaho.
19. (a) Jan 2 1945 (Date received and filed) (b) M. D. Hansen (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Nov 21 1944 at 4 15 o'clock A. M.
21. **I HEREBY CERTIFY,** That I attended deceased from Nov 21 19 to Nov 21 19
I last saw him alive on Nov 21 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Mitral Regurgitation	
Due to Scarlet Fever	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide? Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry Public Place While at work?
Means of injury
23. Attendant's OWN Signature E. L. Hargis (M. D. or other) and Address Ashton Idaho Date Nov 22 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

JAN 8 1945

STATE OF IDAHO

State File No. 141843
Local Reg. No. 45
Reg. Dist. No. 65/

1. PLACE OF DEATH:
(a) County Fremont
(b) City or town St. Anthony
(c) ~~Street Address~~ or R.F.D. No. 1
(d) Death Occured Inside? ..... Outside? Yes city or town
(e) Died in a Home X Hospital .... Institution .... Other place ....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county ..... years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Fremont
(c) City or town St. Anthony
(d) ~~Street Address~~ R.F.D. No. 2
(e) Deceased lived Inside? ..... Outside? Yes city or town
(f) Citizen of what country? U. S.
(g) How long had deceased lived in Idaho? Life years
(h) Former residence (city, state) .....

3. (a) FULL NAME LAVERE EDWARD BROWER

94a

3. (b) If veteran, name war No.
3. (c) Social Security No. 518-28-4070
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Wanda Stephens
6. (c) Age of husband or wife if alive 34 years
7. Date of Birth (Month, Day, Year) April 21, 1909

8. AGE	Years	Months	Days	If less than 1 day
	35	7	9	hrs min.

9. Exact Occupation Warehouseman Did this work for ..... yrs.
10. Industry or Business Seed Growers Ass. Date last worked 11-29-44
11. Birthplace St. Anthony, RFD #1, Idaho (City or town) (State or foreign country)

Father
12. Name Lansing Brower
13. Birthplace Richmond, Utah. (City or town) (State or foreign country)

Mother
14. Maiden name Mae Birch
15. Birthplace Wilford, Idaho. (City or town) (State or foreign country)

16. Informant's OWN Signature Ray Brower
and Address St. Anthony, RFD#1, Idaho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-4-44 (Month) (Day) (Year)
(c) Place: Wilford, Idaho.
18. Funeral Director's OWN Signature M. S. Hansen
and Address St. Anthony, Idaho.
19. (a) Dec. 11, 1944 (Date received and filed) (b) M. S. Hansen (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) November 30 19 44
at 5 o'clock A. M.
21. **I HEREBY CERTIFY,** That I attended deceased from ..... 19..... to ..... 19.....
I last saw h..... alive on ..... 19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
✓ Coronary Occlusion	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ..... Date .....
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's OWN Signature H. B. Rigby (M. D. or other)
and Address ..... Date 12-11 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JAN 8 1945

Certificate Of Death

STATE OF IDAHO

State File No. 141844
Local Reg. No. 46
Reg. Dist. No. 650

1. **PLACE OF DEATH:**
   (a) County Fremont
   (b) City or town St. Anthony
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? Yes Outside? ....city or town
   (e) Died in a Home X Hospital.... Institution.... Other place....
   (f) Name Hosp. or Inst.... Stayed....days
   (g) Lived in this county....years 7 months 4 days

   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Fremont
   (c) City or town St. Anthony
   (d) ~~Street Address or~~ R.F.D. No. 2
   (e) Deceased lived Inside?....Outside? Yes city or town
   (f) Citizen of what country? U. S.
   (g) How long had deceased lived in Idaho? Life years
   (h) Former residence (city, state)

3. (a) **FULL NAME** CHRISTINE RYDALCH

1572

3. (b) If veteran, name war No.
3. (c) Social Security No. None.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive .... years
7. Date of Birth (Month, Day, Year) May 14, 1944

8. AGE	Years	Months	Days	If less than 1 day
	0	7	4	hrs min.

9. Exact Occupation None. Did this work for ....yrs.
10. Industry or Business Date last worked
11. Birthplace Rexburg, Idaho (City or town) (State or foreign country)

Father
12. Name Nyal Rydalch
13. Birthplace Edmunds, Idaho (City or town) (State or foreign country)

Mother
14. Maiden name Marva Davenport
15. Birthplace Heman, Idaho. (City or town) (State or foreign country)

16. Informant's **OWN** Signature Nyal Rydalch and Address St. Anthony, RFD#2, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-19-44 (Month) (Day) (Year)
   (c) Place: Parker, Idaho

18. Funeral Director's **OWN** Signature M. L. Hansen and Address St. Anthony, Idaho.

19. (a) Dec. 19 1944 (Date received and filed) (b) M. L. Hansen (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Dec 17 1944 at 11 o'clock A M.

21. **I HEREBY CERTIFY,** That I attended deceased from Dec 17 1944, to Dec 17 1944
I last saw ~~him~~ alive on ....19....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Hydrocephalus	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was ~~disease~~ contracted?
Name of operation.... Date....
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? no Suicide? no Homicide no
Occurred ....1.... 19.... City, county, state where violence occurred
Place of Violence: Home.... Farm.... Industry....
Public Place.... While at work?....
Means of injury

23. Attendant's **OWN** Signature Owen L. Teel M.D. (M. D. or other)
and Address St Anthony Ida. Date Dec 9 1944
(For additional space, use reverse side)

141845

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

JAN 8 1945

State File No. 48
Local Reg. No. 48
Reg. Dist. No. 650

1. PLACE OF DEATH:
(a) County Fremont
(b) City or town St. Anthony
(c) Street Address or R.F.D. No. 126 So. Bridge
(d) Death Occured Inside? Yes Outside? ..... city or town
(e) Died in a Home.... Hospital X Institution.... Other place....
(f) Name Hosp. or Inst. St. A. Gen. Stayed 1 days
(g) Lived in this county ..... years ..... months 1 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Fremont
(c) City or town St. Anthony
(d) Street Address or R.F.D. No. .....
(e) Deceased lived Inside? Yes Outside? ..... city or town
(f) Citizen of what country? U. S.
(g) How long had deceased lived in Idaho? Life years
(h) Former residence (city, state) .....

3. (a) **FULL NAME** ROY CONGER

160c

3. (b) If veteran, name war No.
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) December 21, 1944

8. AGE	Years	Months	Days	If less than 1 day
	0	0	0	9 ✓ hrs min.

9. Exact Occupation None. Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace St. Anthony, Idaho. (City or town) (State or foreign country)
Father
12. Name Frank Conger
13. Birthplace Nebraska (City or town) (State or foreign country)
Mother
14. Maiden name Thelma Stolp
15. Birthplace Page, Nebraska (City or town) (State or foreign country)
16. Informant's OWN Signature Frank Conger
and Address Chester Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-26-44 (Month) (Day) (Year)
(c) Place: Ashton, Idaho.
18. Funeral Director's OWN Signature M D Hansen
and Address St. Anthony, Idaho
19. (a) Dec. 22 1944 (Date received and filed) (b) M D Hansen (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 12/21/1944
at 5 30 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from Dec 21 1944 to Dec 21 1944
I last saw him alive on Dec 21 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Basal Fracture	1 hr
Due to	
Due to Delivery	2 hrs.
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation ..... Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's OWN Signature [signature] (M. D. or other)
and Address St Anthony Date 12/22 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Reynolds

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

JAN 18 1945

State File No. 141846
Local Reg. No.
Reg. Dist. No.

1. PLACE OF DEATH: Gem
(a) County Emmett
(b) City or town
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? X Outside? city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county years 2 months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Oregon (b) County Malheur
(c) City or town Vale
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? 2 mo. years
(h) Former residence (city, state)

3. (a) FULL NAME LEVINA JENNY GRAHAM

97

3. (b) If veteran, name war
3. (c) Social Security No. none
4. Sex fem
5. Color or race wht
6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Sept. 22, 1867

8. AGE	Years	Months	Days	If less than 1 day
	77	2	15	hrs min.

9. Exact Occupation At home Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Fremont Co., Iowa (City or town) (State or foreign country)
Father
12. Name Johnston
13. Birthplace Unknown (City or town) (State or foreign country)
Mother
14. Maiden name Unknown
15. Birthplace Unknown (City or town) (State or foreign country)
16. Informant's OWN Signature Earl A Graham
and Address Vale, Oregon
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 12/11-1944 (Month) (Day) (Year)
(c) Place: Payette, Idaho
18. Funeral Director's OWN Signature C D Buckneum
and Address Emmett, Idaho
19. (a) 12/ 9-1944 (Date received and filed) (b) C D Buckneum (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Dec. 7, 1944 19
at o'clock M.
21. I HEREBY CERTIFY, That I attended deceased from Dec 1 1944, to Dec. 7th 1944
I last saw him alive on Dec 4th 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
✓ Cerebral Artheroma	
followed with uremia	
Due to age	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature J L Reynolds (M. D. or other)
and Address Emmett, Idaho Date 12/9-1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

JAN 18 1945

State File No. 141847
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF DEATH:**
   (a) County Gem
   (b) City or town Emmett
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? Outside? X city or town
   (e) Died in a Home X Hospital Institution Other place
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county 43 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Gem
   (c) City or town Emmett
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? Outside? X city or town
   (f) Citizen of what country?
   (g) How long had deceased lived in Idaho? 43 years
   (h) Former residence (city, state) Nebraska

3. (a) **FULL NAME** EDWARD HEATH 1316

3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced widower
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Mar. 12, 1859

8. AGE	Years	Months	Days	If less than 1 day
	85	8	16	hrs min.

9. Exact Occupation Retired farmer Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Nebraska (City or town) (State or foreign country)

Father
12. Name William Heath
13. Birthplace Unknown (City or town) (State or foreign country)

Mother
14. Maiden name Unknown
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's OWN Signature Edward Haight
and Address Emmett, Idaho

17. (a) burial (b) Date thereof 12/11-1944 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: Emmett, Idaho

18. Funeral Director's OWN Signature O. D. Buckner
and Address Emmett. Idaho

19. (a) 12/11, 1944 (Date received and filed) (b) O. D. Buckner (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Dec. 8, 1944 19
at 2 o'clock P M.

21. **I HEREBY CERTIFY,** That I attended deceased from Feb. 19[illegible], to Dec 8 19[illegible].
I last saw him alive on Dec 6 19[illegible]; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
√ Uraemia	
Due to Chron. Nephritis	
Due to Age	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's OWN Signature J. L. Runnels (M. D. or other)
and Address Emmett, Idaho Date 12/11 -1944
(For additional space, use reverse side)

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 141848
Local Reg. No.
Reg. Dist. No.

JAN 18 1945

1. **PLACE OF DEATH:**
(a) County Gem
(b) City or town Emmett
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? X Outside? city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 29 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Gem
(c) City or town Emmett
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? 29 years
(h) Former residence (city, state) Indiana

3. (a) **FULL NAME** ANNA SCOTT

48a

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex fem.
5. Color or race wht.
6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Mar. 27, 1867

8. AGE	Years	Months	Days	If less than 1 day
	77	8	21	hrs min.

9. Exact Occupation At home Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Memphis, Mo. (City or town) (State or foreign country)
Father
12. Name James L. Leeper
13. Birthplace Indiana (City or town) (State or foreign country)
Mother
14. Maiden name Nancy Carberry
15. Birthplace Indiana (City or town) (State or foreign country)
16. Informant's OWN Signature Leonard Scott
and Address Emmett, Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 12/21-1944 (Month) (Day) (Year)
(c) Place: Emmett, Idaho
18. Funeral Director's OWN Signature C D Bucknum
and Address Emmett, Idaho
19. (a) 12/20-1944 (Date received and filed) (b) C D Bucknum (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Dec. 18, 1944 19
at o'clock M.
21. **I HEREBY CERTIFY,** That I attended deceased from Dec. 8 1944, to Dec. 18 1944
I last saw her alive on Dec. 17 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Chron. Myocarditis	
Myocardial Degen.	Yrs.
Due to	
Due to	
Other conditions Cancer of Prostate (Include pregnancy within 3 months of death)	Yrs.

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature H. L. Newcomb M.D. (M. D. or other)
and Address Emmett, Idaho Date 12/20-1944 19
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

141849

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

JAN 18 1945

1. **PLACE OF DEATH:**
(a) County Gem
(b) City or town Emmett
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? X Outside? city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 56 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Gem
(c) City or town Emmett
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? 56 years
(h) Former residence (city, state) Oregon

3. (a) **FULL NAME** GEORGE W. STEPHENS 61

3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) June 15, 1860

8. AGE	Years	Months	Days	If less than 1 day
	84	6	7	hrs min.

9. Exact Occupation Farmer Did this work for yrs.
10. Industry or Business Stock raising Date last worked
11. Birthplace Looking Glass. Oregon (City or town) (State or foreign country)

Father
12. Name Edward S. Stephens
13. Birthplace Kentucky (City or town) (State or foreign country)

Mother
14. Maiden name Unknown
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's **OWN** Signature Elizabeth Stephens
and Address Emmett, Idaho

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 12/27-1944 (Month) (Day) (Year)
(c) Place: Emmett, Idaho

18. Funeral Director's **OWN** Signature O. Buckmaster
and Address Emmett, Idaho

19. (a) 12/26-1944 (Date received and filed) (b) O. Buckmaster (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Dec. 22, 1944 19
at o'clock M.

21. **I HEREBY CERTIFY,** That I attended deceased from Nov. 12 19 44, to Dec. 22 19 44
I last saw him alive on Dec. 15 19 44; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebral Hemorrhage	Few mos
Due to Chronic Myocarditis	2 yrs.
Due to Arteriosclerosis Degen.	4 yrs.
Other conditions Diabetes Mellitus (?)	

(Include pregnancy within 3 months of death)

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature [illegible]
and Address Emmett, Idaho (M. D. or other) Date 12/26-1944 19
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JAN 18 1945

Certificate Of Death

STATE OF IDAHO

State File No. 141850
Local Reg. No.
Reg. Dist. No.

1. PLACE OF DEATH:
(a) County Gem
(b) City or town Emmett
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? X Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. Mary Secor Stayed days
(g) Lived in this county 12 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Gem
(c) City or town Emmett
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? 12 years
(h) Former residence (city, state) Iowa

3. (a) FULL NAME WALTER LEE SMITH 131b.

3. (b) If veteran, name war no
3. (c) Social Security No. 519-03-0919
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Lulu Smith
6. (c) Age of husband or wife if alive 68 years
7. Date of Birth (Month, Day, Year) March 4, 1873

8. AGE	Years	Months	Days	If less than 1 day
	71	9	21	hrs min.

9. Exact Occupation Farmer Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Iowa (City or town) (State or foreign country)
Father 12. Name Casser Rodney Smith
13. Birthplace Unknown (City or town) (State or foreign country)
Mother 14. Maiden name Harriet Montgomery
15. Birthplace Unknown (City or town) (State or foreign country)
16. Informant's OWN Signature Joe L Smith
and Address Rt. 1, Emmett
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 12/28-'44 (Month) (Day) (Year)
(c) Place: Emmett, Idaho
18. Funeral Director's OWN Signature C D Buckman
and Address Emmett, Idaho
19. (a) 12/27-1944 (Date received and filed) (b) C D Buckman (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Dec. 25, 1944 19
at o'clock M.
21. **I HEREBY CERTIFY,** That I attended deceased from Dec 4 1944, to Dec 25 1944
I last saw him alive on Dec 24 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Chronic Nephritis	
✓ Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature H. L. Newcomb M.D. (M. D. or other)
and Address Emmett, Idaho Date 12/27-1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

DEC 15 1944

Certificate Of Death

STATE OF IDAHO

State File No. 141851
Local Reg. No.
Reg. Dist. No. 421

1. PLACE OF DEATH:
(a) County Gooding
(b) City or town Wendell
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? ✓ Outside? city or town
(e) Died in a Home Hospital ✓ Institution Other place
(f) Name Hosp. or Inst. St Valentine Stayed days
(g) Lived in this county years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Jerome
(c) City or town Jerome
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? ✓ Outside? city or town
(f) Citizen of what country? U S
(g) How long had deceased lived in Idaho? years
(h) Former residence (city, state)

3. (a) **FULL NAME** Kathryn Isabell Buckley 119a

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Oct 15 1944

8. AGE	Years	Months	Days	If less than 1 day
	—	—	23 ✓	hrs min.

9. Exact Occupation Infant Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Wendell (City or town) Idaho (State or foreign country)
Father 12. Name Geo Buckley Jr.
13. Birthplace Porto Rico (City or town) (State or foreign country)
Mother 14. Maiden name Josephine Partridge
15. Birthplace Philadelphia Pa (City or town) (State or foreign country)
16. Informant's **OWN** Signature George Buckley Jr
and Address Jerome Idaho
17. (a) Removal (Burial, cremation or removal) (b) Date thereof Nov 7-44 (Month) (Day) (Year)
(c) Place: Jerome Idaho
18. Funeral Director's **OWN** Signature J R Wiley
and Address Jerome Idaho
19. (a) 11-8-44 Sister M. Rose DSB (Date received and filed) (Registrar's signature)
(Lois Bungum)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Nov. 7 1944
at 5:45 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from Oct 15 1944 to Nov. 7 1944
I last saw her alive on Nov 7 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
✓ Gastro enteritis acute	36 hrs.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature Reuben C. Matson MD. (M. D. or other)
and Address Jerome Ida Date 11-8 1944
(For additional space, use reverse side)

141852

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census JAN 13 1945

Certificate Of Death

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No. 420

1. **PLACE OF DEATH:**
   (a) County Gooding
   (b) City or town Gooding
   (c) Street Address or R.F.D. No. 125-12th Ave.
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home X Hospital.... Institution.... Other place....
   (f) Name Hosp. or Inst. ..... Stayed ..... days
   (g) Lived in this county 25 years ..... months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Gooding
   (c) City or town Gooding
   (d) Street Address or R.F.D. No. 125-12th Ave.
   (e) Deceased lived Inside? X Outside? ..... city or town
   (f) Citizen of what country? United States
   (g) How long had deceased lived in Idaho? 25 years
   (h) Former residence (city, state) Fairbury Neb.

3. (a) **FULL NAME** Mary Elizebeth Watts

33a

3. (b) If veteran, name war ---
3. (c) Social Security No. ----
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife B.L. Watts
6. (c) Age of husband or wife if alive 72 years
7. Date of Birth (Month, Day, Year) Mar. 8, 1872

8. AGE	Years	Months	Days	If less than 1 day
	72	8	23	hrs ____ min.

9. Exact Occupation housewife Did this work for life yrs.
10. Industry or Business ------- Date last worked 11/26/44
11. Birthplace Fairbury (City or town), Nebraska (State or foreign country)

Father
12. Name Jim Harris
13. Birthplace unknown (City or town) (State or foreign country)

Mother
14. Maiden name unknown
15. Birthplace " (City or town) (State or foreign country)

16. Informant's **OWN** Signature L.H. Watts
and Address Gooding Idaho

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 12/4/44 (Month) (Day) (Year)
(c) Place: Elmwood Cem. Gooding Idaho

18. Funeral Director's **OWN** Signature W.P. Bright
and Address Gooding Idaho

19. (a) 12-1-44 (Date received and filed) (b) J.H. Cannell (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Dec 1- 1944
at 6 o'clock P M.

21. **I HEREBY CERTIFY**, That I attended deceased from 11-25- 1944, to 12-1- 1944
I last saw her alive on 12-1- 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Broncho Pneumonia	5 da
Due to Influenza -	10 da
Due to	
Other conditions Arthritis (Include pregnancy within 3 months of death)	
Where was disease contracted? home	

Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature J.H. Cannell (M. D. or other)
and Address Gooding Ida. Date 12-2- 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census JAN 13 1945

Certificate Of Death

STATE OF IDAHO

State File No. 141853
Local Reg. No.
Reg. Dist. No. 420

1. **PLACE OF DEATH:**
   (a) County Gooding
   (b) City or town Wendell
   (c) Street Address or R.F.D. No. Wendell
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home.... Hospital X Institution.... Other place....
   (f) Name Hosp. or Inst. ------ Stayed -- days
   (g) Lived in this county 36 years ..... months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Gooding
   (c) City or town Wendell
   (d) Street Address or R.F.D. No. Wendell
   (e) Deceased lived Inside? X Outside? ..... city or town
   (f) Citizen of what country? United States
   (g) How long had deceased lived in Idaho? 36 years
   (h) Former residence (city, state) Hiland, Ill.

3. (a) **FULL NAME** John C. Long

83a.

3. (b) If veteran, name war ----
3. (c) Social Security No. 518-05-6718
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Lalia R. Long
6. (c) Age of husband or wife if alive 70 years
7. Date of Birth (Month, Day, Year) December, 15, 1873

8. AGE	Years	Months	Days	If less than 1 day
	70	11	19	hrs ---- min.

9. Exact Occupation Construction — Did this work for life yrs.
10. Industry or Business ---------- Date last worked 12/1/44
11. Birthplace Hiland Illinois (City or town) (State or foreign country)

Father
12. Name Henry Long
13. Birthplace unknown (City or town) (State or foreign country)

Mother
14. Maiden name unknown
15. Birthplace " " (City or town) (State or foreign country)

16. Informant's **OWN** Signature Lalia R. Long
and Address Wendell, Idaho

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 12/6/44 (Month) (Day) (Year)
(c) Place: Elmwood Cem. Gooding Idaho

18. Funeral Director's **OWN** Signature H.H. Bright
and Address Gooding, Idaho

19. (a) 12-31-44 (Date received and filed) (b) J.A. Cranwell (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 12-4 1944
at 5 o'clock P M.

21. **I HEREBY CERTIFY,** That I attended deceased from 12-1-44 19--, to death 19--
I last saw h.im alive on 12-4 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebral Hemorrhage	1 days
Hypostatic Pneumonia	2 days
Due to Arteriosclerosis	20 yrs.
Hypertension	20 yrs.
Due to Old age	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ..... Date .....
Major finding
Finding of autopsy

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury

23. Attendant's **OWN** Signature H Holsinger M.D. (M. D. or other)
and Address Wendell, Ida. Date 2-6 1945
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

JAN 16 1945

State File No. 141854
Local Reg. No.
Reg. Dist. No. 421

1. **PLACE OF DEATH:**
   (a) County Gooding
   (b) City or town Wendell
   (c) Street Address or R. F. D. No. none
   (d) Death Occurred Inside? * Outside? ____ city or town
   (e) Died in a Home__ Hospital__ Institution__ Other place__
   (f) Name Hosp. or Inst. St. Valentines Stayed 3 days
   (g) Lived in this county 0 years 0 months 3 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Twin Falls
   (c) City or town Buhl
   (d) Street Address or R. F. D. No. 1
   (e) Deceased lived Inside? ____ Outside? * city or town
   (f) Citizen of what country? U. S.
   (g) How long had deceased lived in Idaho? 10 years
   (h) Former residence (city, state) same

3. (a) **FULL NAME** Ernest Hugh Griggs 95C

3. (b) If veteran, name war none
3. (c) Social Security No. 579-26-8796
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife none
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) August 31, 1928

8. AGE	Years	Months	Days	If less than 1 day
	16	3	7	hrs ____ min.

9. Exact Occupation Student — Did this work for 10 yrs.
10. Industry or Business none — Date last worked
11. Birthplace Alabam, Ark. (City or town) (State or foreign country)

Father
12. Name Ernest Griggs
13. Birthplace Marble, Ark. (City or town) (State or foreign country)

Mother
14. Maiden name Elsie Hatfield
15. Birthplace Marble, Ark. (City or town) (State or foreign country)

16. Informant's **OWN** Signature Ernest Griggs and Address Buhl, Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 12/7/44 (Month) (Day) (Year)
    (c) Place: Buhl, Idaho
18. Funeral Director's **OWN** Signature B. T. Alderson and Address Buhl, Idaho
19. (a) 12-13-44 (Date received and filed) Sister M. Rose, OSB (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) December 7, 1944 at 9:24 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from ____ 19__ to Dec 7 1944
I last saw h~~e~~ alive on Dec 7 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Circulatory Collapse	36 hrs
Due to Toxemia	4 days
Due to Pneumonia	6 days
Other conditions (Include pregnancy within 3 months of death) Anemia	1 6 years

Where was disease contracted? Home
Name of operation ____ Date ____
Major finding ____
Finding of autopsy dilated enlarged heart

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's **OWN** Signature Claude Wendelken (M. D. or other)
and Address Buhl Date Dec 8 1944
(For additional space, use reverse side)

(Leo Dungey)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 141855
Local Reg. No.
Reg. Dist. No. 42-1

JAN 16 1945

1. **PLACE OF DEATH:**
   (a) County Gooding
   (b) City or town Wendell
   (c) Street Address or R.F.D. No. Wendell
   (d) Death Occured Inside? X Outside? city or town
   (e) Died in a Home Hospital X Institution Other place
   (f) Name Hosp. or Inst St Valentines Stayed 5 days
   (g) Lived in this county 16 years months days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Gooding
   (c) City or town Wendell
   (d) Street Address or R.F.D. No. Wendell
   (e) Deceased lived Inside? X Outside? city or town
   (f) Citizen of what country? United States
   (g) How long had deceased lived in Idaho? 44 years
   (h) Former residence (city, state) Ogden Utah

3. (a) **FULL NAME** Johanna C. Larsen 83a

3. (b) If veteran, name war ------- 3. (c) Social Security No. -------

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Louis C. Larsen 6. (c) Age of husband or wife if alive 77 years

7. Date of Birth (Month, Day, Year) March 23, 1870

8. AGE	Years	Months	Days	If less than 1 day
	74	8	14	hrs min.

9. Exact Occupation housewife Did this work for life yrs.

10. Industry or Business ------- Date last worked 11/24/44

11. Birthplace Copenhagen (City or town) Denmark (State or foreign country)

Father
12. Name ---------- Anderson
13. Birthplace ---------- Sweden (City or town) (State or foreign country)

Mother
14. Maiden name unknown
15. Birthplace " " (City or town) (State or foreign country)

16. Informant's **OWN** Signature Louis C Larsen
and Address Wendell, Idaho

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 12/11/44 (Month) (Day) (Year)
(c) Place: Wendell Idaho

18. Funeral Director's **OWN** Signature H.O. Bright
and Address Gooding Idaho

19. (a) 12-13-44 (Date received and filed) Lisbet M. Rose, DSB (Registrar's signature)

(Leis Bengaard)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 12 - 8 - 1944
at 9 o'clock A M.

21. **I HEREBY CERTIFY,** That I attended deceased from Sept 19, 1942, to death 1944
I last saw her alive on 12 - 8 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
✓ Heart failure and	2 wks
Cerebral Hemorrhage	5 days
Due to old age	
Due to	
Other conditions Hypertension (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature Harold D Holsinger M D (M. D. or Other)
Wendell Idaho
and Address 12 - 11 - 44 Date 12-13 1944
(For additional space, use reverse side)

141856

United States
Department of Commerce JAN 13 1945
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
   (a) County Gooding
   (b) City or town Gooding
   (c) Street Address or R.F.D. No. 545 Colorado
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home X Hospital .... Institution .... Other place ....
   (f) Name Hosp. or Inst. -- Stayed -- days
   (g) Lived in this county 22 years 6 months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Gooding
   (c) City or town Gooding
   (d) Street Address or R.F.D. No. 545 Colorado
   (e) Deceased lived Inside? X Outside? ..... city or town
   (f) Citizen of what country? United States
   (g) How long had deceased lived in Idaho? 22½ years
   (h) Former residence (city, state) Ontario, Oregon

3. (a) **FULL NAME** William Franklin Cochran

83a

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Deceased
6. (c) Age of husband or wife if alive -- years
7. Date of Birth (Month, Day, Year) June 1, 1864

8. AGE	Years	Months	Days	If less than 1 day
	80	6	16	hrs min.

9. Exact Occupation Retired minister Probate judge — Did this work for life yrs. 10 years
10. Industry or Business — Date last worked 1938
11. Birthplace Worth Twp. (City or town) Mercer Co., Pa. (State or foreign country)

Father
12. Name John Cochran
13. Birthplace ..... (City or town) ..... (State or foreign country)

Mother
14. Maiden name
15. Birthplace ..... (City or town) ..... (State or foreign country)

16. Informant's **OWN** Signature Mrs. Harold L. Brown
and Address Daughter of deceased Gooding, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof ..... (Month) (Day) (Year)
(c) Place: Gooding Cemetery

18. Funeral Director's **OWN** Signature H. P. Bright
and Address Gooding Ida.

19. (a) 12-22-44 (Date received and filed) (b) ..... (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) ..... 19.....
at ..... o'clock ..... M.

21. **I HEREBY CERTIFY**, That I attended deceased from March 19 BZ to Dec 16 19 44
I last saw h-- alive on Dec 16 19 44 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebral Hemorrhage	6 mos.
✓ Due to Arterio-Sclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ..... Date .....
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury

23. Attendant's **OWN** Signature T. E. Burnett MD (M. D. or other)
and Address 12/21 Gooding Ida. Date 19 44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

JAN 13 1945

State File No. 141857
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF DEATH:**
   (a) County Gooding
   (b) City or town Gooding
   (c) Street Address or R.F.D. No. Main St.
   (d) Death Occured Inside? X Outside? city or town
   (e) Died in a Home Hospital X Institution Other place
   (f) Name Hosp. or Inst Gooding Co. Stayed 11 days
   (g) Lived in this county years months 11 days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Gooding
   (c) City or town Gooding
   (d) Street Address or R.F.D. No. Main St.
   (e) Deceased lived Inside? X Outside? city or town
   (f) Citizen of what country? United States
   (g) How long had deceased lived in Idaho? 11 days years
   (h) Former residence (city, state) none

3. (a) **FULL NAME** Georgia Etta Payne

161c

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) December 5, 1944

8. AGE	Years	Months	Days	If less than 1 day
			11	hrs min.

9. Exact Occupation — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace Gooding Idaho (City or town) (State or foreign country)

Father
12. Name Maxwell Payne
13. Birthplace Unknown (City or town) (State or foreign country)

Mother
14. Maiden name Mildred Maxine McDougell
15. Birthplace Wayoneke Oklahoma (City or town) (State or foreign country)

16. Informant's **OWN** Signature E. H. McDougall
and Address Gooding Idaho

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 12/21/44 (Month) (Day) (Year)
(c) Place: Elmwood Cem. Gooding Idaho

18. Funeral Director's **OWN** Signature
and Address Gooding Idaho

19. (a) (Date received and filed) (b) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 12/16 19 44
at 1:40 o'clock P. M.

21. **I HEREBY CERTIFY**, That I attended deceased from 12/3 19 44, to 12/16 19 44
I last saw him alive on 12/16 19 44 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Hemorrhage	
Hypertension	11 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature T. E. O'Daniel M.D. (M. D. or other)
and Address 12/19 Gooding 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census JAN 13 1945

Certificate Of Death

STATE OF IDAHO

State File No. 141858
Local Reg. No. 1135
Reg. Dist. No. 420

1. PLACE OF DEATH:
(a) County Gooding
(b) City or town Gooding
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? ✓ Outside? ..... city or town
(e) Died in a Home .... Hospital .... Institution .... Other place ....
(f) Name Hosp. or Inst. Gooding Co. Hosp. ..... days
(g) Lived in this county ..... years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Lincoln
(c) City or town Richfield
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? ✓ Outside? ..... city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? 30 years
(h) Former residence (city, state) Grandview Wash

3. (a) **FULL NAME** Harry Lockey 1310

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced —
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Date of Birth (Month, Day, Year) Jan. 5 - 1867

8. AGE	Years	Months	Days	If less than 1 day
	77	11	12	hrs min.

9. Exact Occupation retired R. Roader Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Gloucestershire - England.
(City or town) (State or foreign country)

Father
12. Name Lockey
13. Birthplace England ?
(City or town) (State or foreign country)

Mother
14. Maiden name ?
15. Birthplace ?
(City or town) (State or foreign country)

16. Informant's **OWN** Signature Melvin H. Lockey
and Address .....

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 20 - 44 (Month) (Day) (Year)
(c) Place: Richfield - Idaho

18. Funeral Director's **OWN** Signature Myrtle C. Burdett
and Address Shoshone - Ida.

19. (a) ..... (Date received and filed) (b) ..... (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Dec. 17 19 44
at ..... o'clock ..... M.

21. **I HEREBY CERTIFY**, That I attended deceased from Dec 10 19 44, to Dec 17 19 44
I last saw him alive on Dec 17 19 44 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Chronic Myocarditis	8 10 yrs.
Due to Chronic Interstitial Nephritis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature F. E. Barrett M.D.
(M. D. or other)
and Address Gooding Ida. Date 12/22 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JAN 16 1945

Certificate Of Death

STATE OF IDAHO

State File No. 141859
Local Reg. No.
Reg. Dist. No. 421

1. PLACE OF DEATH:
(a) County Gooding
(b) City or town Wendell
(c) Street Address or R.F.D. No. Main St.
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Home.... Hospital X Institution.... Other place....
(f) Name Hosp. or Inst. St Valentines yed 8 days
(g) Lived in this county 15 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Gooding
(c) City or town Wendell
(d) Street Address or R.F.D. No. Wendell
(e) Deceased lived Inside? X Outside? ..... city or town
(f) Citizen of what country? United States
(g) How long had deceased lived in Idaho? 15 years
(h) Former residence (city, state) Springvalley, Ark

3. (a) FULL NAME William J. Bean

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3. (b) If veteran, name war no
3. (c) Social Security No. 519-26-8441
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Manie I.
6. (c) Age of husband or wife if alive 56 years
7. Date of Birth (Month, Day, Year) Sept. 22, 1883

8. AGE	Years	Months	Days	If less than 1 day
	61	2	24	hrs min.

9. Exact Occupation farming Did this work for life yrs.
10. Industry or Business none Date last worked 11/29/44
11. Birthplace Springvalley Ark. (City or town) (State or foreign country)
Father
12. Name William F. Bean
13. Birthplace ------ Ill. (City or town) (State or foreign country)
Mother
14. Maiden name Augusta Reals
15. Birthplace ------ Ark. (City or town) (State or foreign country)
16. Informant's OWN Signature Homer F Bean
and Address Wendell Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 12/21/44 (Month) (Day) (Year)
(c) Place: Wendell Cemetary
18. Funeral Director's OWN Signature H.P. Bright
and Address Gooding Idaho
19. (a) 12-26-44 Sister (Date received and filed) (b) M. Rose, Ole (Registrar's signature)
(Lars Bungum)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Dec. 18th 1944
at ..... o'clock ..... M.
21. I HEREBY CERTIFY, That I attended deceased from ..... 19..., to Dec. 18 1944
I last saw him alive on Dec. 18 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Circulatory	
Due to Melanoma	5 yrs
Due to Melanosarcoma	5 yrs
Other conditions of eyelid (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Mastoid
Major finding Melanoma
Finding of autopsy Dec 20/1944

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's OWN Signature John W. Winston (M. D. or other)
and Address Bright, Idaho Date 12-26 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census JAN 16 1945

Certificate Of Death

STATE OF IDAHO

State File No. 141860
Local Reg. No.
Reg. Dist. No. 421

1. **PLACE OF DEATH:**
(a) County Gooding
(b) City or town Wendell
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? ✓ Outside? city or town
(e) Died in a Home Hospital ✓ Institution Other place
(f) Name Hosp. or Inst. St. Valentines Stayed 5 days
(g) Lived in this county years months 5 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Jerome
(c) City or town Jerome
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? Outside? ✓ city or town
(f) Citizen of what country? USA.
(g) How long had deceased lived in Idaho? 28 years
(h) Former residence (city, state) South Dakota

3. (a) **FULL NAME** Theodore Schulz 117b

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M. 5. Color or race W.
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife Ruth
6. (c) Age of husband or wife if alive 34 years
7. Date of Birth (Month, Day, Year) Jan 25 1893

8. AGE	Years	Months	Days	If less than 1 day
	51	11	5	hrs min.

9. Exact Occupation Farmer Did this work for yrs.
10. Industry or Business Date last worked 1942
11. Birthplace Russia (City or town) (State or foreign country)
Father 12. Name Abrahan Schulz
13. Birthplace Russia (City or town) (State or foreign country)
Mother 14. Maiden name Pauline Eisele
15. Birthplace Russia (City or town) (State or foreign country)
16. Informant's **OWN** Signature Mrs. Ted Schulz
and Address Jerome Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 2, 1945 (Month) (Day) (Year)
(c) Place: Jerome Idaho
18. Funeral Director's **OWN** Signature J. A. Harrison MH
and Address Jerome Idaho
19. (a) 1-8-45 Sister (b) M. Rose, OSB (Date received and filed) (Registrar's signature)
(Lois Bungum)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 12/30/44 19
at 9:15 o'clock A M. (about)
21. **I HEREBY CERTIFY**, That I attended deceased from 10/15/44 19, to 12/30/44 19
I last saw him alive on 12/30/44 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Respiratory collapse	10 min.
~~Due to~~ while undergoing abdominal operation	
~~Due to~~ Duodenal ulcer	
Other conditions Pulmonary fibrosis	yrs
(Include pregnancy within 3 months of death) Polycythemia	yrs.

Where was disease contracted? unknown
Name of operation Laparotomy Date 12/30/44
Major finding Duodenal ulcer
Finding of autopsy Not done
(Spleen removed at op.)

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature Carlyle Smail (M. D. or other)
and Address Jerome Ida Date 1/3/45 19
(For additional space, use reverse side)

United States
Department of Commerce DEC 7 1944
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 141861
Local Reg. No. 19
Reg. Dist. No. 240

1. **PLACE OF DEATH:** Idaho
(a) County
(b) City or town Grangeville
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? ✓ Outside? city or town
(e) Died in a Home Hospital Institution Other place
(f) Name Hosp. or Inst. General Stayed 12 days
(g) Lived in this county 42 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Idaho
(c) City or town Riggins.
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Outside? city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? 42 years
(h) Former residence (city, state) Kansas

3. (a) **FULL NAME** Clara J. Smith 181

3. (b) If veteran, name war No
3. (c) Social Security No.
4. Sex F
5. Color or race White
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife Mathias
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) March 12, 1868

8. AGE	Years	Months	Days	If less than 1 day
	76	7	23	hrs min.

9. Exact Occupation Housewife Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Plymouth (City or town) Indiana (State or foreign country)
Father
12. Name Richard G. Rice
13. Birthplace (City or town) Indiana (State or foreign country)
Mother
14. Maiden name Louisa
15. Birthplace (City or town) U.S. (State or foreign country)
16. Informant's OWN Signature Walter M Smith
and Address New Meadows Ida.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof Nov. 8, 1944 (Month) (Day) (Year)
(c) Place: Payette, Idaho
18. Funeral Director's OWN Signature Jess Robertson
and Address Grangeville, Ida
19. (a) 12/6/44 (Date received and filed) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Nov. 5, 1944
at 11 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from Oct 26 1944, to Nov 5 1944
I last saw her alive on Nov 5 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Severe Burns 1/3 body	3 wks
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ✓ Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home ✓ Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature J D Shinnick M.D. (M. D. or other)
and Address Grangeville Date Nov 5 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JAN 6 1945

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 141862
Local Reg. No. 28
Reg. Dist. No. 240

1. **PLACE OF DEATH:**
   (a) County Idaho
   (b) City or town Grangeville, Ida.
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? ✓ Outside? city or town
   (e) Died in a Home Hospital Institution Other place
   (f) Name Hosp. or Inst. General Stayed days
   (g) Lived in this county years months days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Idaho
   (c) City or town Grangeville
   (d) Street Address or R. F. D. No.
   (e) Deceased lived Inside? — Outside? city or town
   (f) Citizen of what country?
   (g) How long had deceased lived in Idaho? years
   (h) Former residence (city, state)

3. (a) **FULL NAME** Zenas G. Collidge 108

3. (b) If veteran, name war ✓
3. (c) Social Security No. No
4. Sex
5. Color or race
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Not Known

8. AGE	Years	Months	Days	If less than 1 day
	69			hrs min.

9. Exact Occupation Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Not Known (City or town) (State or foreign country)
Father
12. Name Not Known
13. Birthplace DO (City or town) (State or foreign country)
Mother
14. Maiden name Not Known
15. Birthplace DO (City or town) (State or foreign country)
16. Informant's OWN Signature Jess Roberts
and Address Grangeville Ida
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-18-44 (Month) (Day) (Year)
(c) Place: Hill Crest Cem
18. Funeral Director's OWN Signature Jess Roberts
and Address Grangeville Ida
19. (a) 1/4/45 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Nov. 14 1944
at 4 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from Nov 8 1944, to Nov 14 1944
I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Pneumonia (lobar)	
✓ Due to	
Due to Senility	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature J. D. Shimick M.D. (M. D. or other)
and Address Grangeville Ida Date Nov 15 1944
(For additional space, use reverse side)

141863

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 25
Reg. Dist. No. 240

1. **PLACE OF DEATH:** JAN 6 1945
   (a) County Idaho
   (b) City or town Grangeville
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? ✓ Outside? city or town
   (e) Died in a Home ✓ Hospital Institution Other place
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county 48 years months days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Idaho
   (c) City or town Grangeville.
   (d) Street Address or R. F. D. No.
   (e) Deceased lived Inside? ✓ Outside? city or town
   (f) Citizen of what country?
   (g) How long had deceased lived in Idaho? 48 years
   (h) Former residence (city, state) Nebraska.

3. (a) **FULL NAME** Ulysses G. Clark 83a.

3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ella V.
6. (c) Age of husband or wife if alive 72 years
7. Date of Birth (Month, Day, Year) March 26, 1866

8. AGE	Years	Months	Days	If less than 1 day
	78			hrs min.

9. Exact Occupation Farmer Did this work for Life yrs.
10. Industry or Business Live Stock Date last worked
11. Birthplace Martin Co. (City or town) Minn. (State or foreign country)

Father
12. Name Samuel Clark
13. Birthplace (City or town) Ohio. (State or foreign country)

Mother
14. Maiden name Melvina Hall
15. Birthplace (City or town) Unknown (State or foreign country)

16. Informant's **OWN** Signature Mrs. R. S. Case
and Address Grangeville Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/4/44 (Month) (Day) (Year)
(c) Place Grangeville, Idaho
18. Funeral Director's **OWN** Signature Jess Roberts on
and Address Grangeville, Ida
19. (a) 1/4/45 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Dec. 1, 1944
at 2:30 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from Dec 1 1944 to Dec. 1 1944
I last saw him alive on Dec 1 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebral hemorrhage.	3 hours
Due to Arteriosclerosis	years
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature L. A. Wheelwright (M. D. or other)
and Address Grangeville Date Dec 2 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

141864

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 25
Reg. Dist. No. 242

1. **PLACE OF DEATH:**
(a) County Idaho
(b) City or town Cottonwood
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? city or town
(e) Died in a Home Hospital Institution Other place
(f) Name Hosp. or Inst. Lack Hosp. Stayed 41 days
(g) Lived in this county years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Lewis
(c) City or town Craigmont
(d) Street Address or R. F. D. No. R#1
(e) Deceased lived Inside? ✓ Outside? city or town
(f) Citizen of what country? American
(g) How long had deceased lived in Idaho? 51 years
(h) Former residence (city, state) Pullman, Wash

3. (a) **FULL NAME** Walter A. Green 61

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race W
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife Elsie Green
6. (c) Age of husband or wife if alive 65 years
7. Date of Birth (Month, Day, Year) 11 February 1878

8. AGE	Years	Months	Days	If less than 1 day
	66	9	25	hrs min.

9. Exact Occupation Carpenter — Did this work for 50 yrs.
10. Industry or Business — Date last worked 1942
11. Birthplace Pullman, Wash. (City or town) (State or foreign country)
Father
12. Name William S. Green
13. Birthplace (City or town) (State or foreign country)
Mother
14. Maiden name Martha Sheffield
15. Birthplace (City or town) (State or foreign country)
16. Informant's **OWN** Signature Elsie Green
and Address Craigmont, Ida.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Dec-4-44 (Month) (Day) (Year)
(c) Place: Craigmont Idaho
18. Funeral Director's **OWN** Signature C E Clark
and Address Craigmont Ida
19. (a) 1-4-45 (Date received and filed) (b) Wm. F. Orr (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Dec. 4 — 1944
at 11 40 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from 10-25-1944 to 12-4-1944
I last saw him alive on 12-4-1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — Duration
✓ Cerebral Hemmorhage — 1 day
Due to Hypertension — ?
Due to Diabetes — ?
Other conditions (Include pregnancy within 3 months of death)
Where was disease contracted?
Name of operation None Date
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature K. H Collins MD (M. D. or other)
and Address Craigmont Ida Date 12-5-1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

DEC 12 1944

Certificate Of Death

STATE OF IDAHO

State File No. 141865
Local Reg. No. 21
Reg. Dist. No. 242

1. **PLACE OF DEATH:**
(a) County Idaho
(b) City or town Greencreek
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? Outside? ✓ city or town
(e) Died in a Home ✓ Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 42 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Idaho
(c) City or town Greencreek
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? Outside? ✓ city or town
(f) Citizen of what country? U.S.
(g) How long had deceased lived in Idaho? 42 years
(h) Former residence (city, state) Greencreek Ida

3. (a) **FULL NAME** John A. Hamill

3. (b) If veteran, name war yes
3. (c) Social Security No.
4. Sex M
5. Color or race white
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) March 28. 1893

8. AGE	Years	Months	Days	If less than 1 day
	51	8	7	hrs min.

9. Exact Occupation Farmer. Did this work for hire yrs.
10. Industry or Business Date last worked 12/5/44
11. Birthplace Centerville Iowa (City or town) (State or foreign country)
Father
12. Name J. B. Hamill.
13. Birthplace Ireland. (City or town) (State or foreign country)
Mother
14. Maiden name Jennie Henderson.
15. Birthplace Centerville. Iowa. (City or town) (State or foreign country)
16. Informant's **OWN** Signature S W Hamill
and Address Greencreek. Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/11/44 (Month) (Day) (Year)
(c) Place: Grangeville Ida.
18. Funeral Director's **OWN** Signature Glenn Aulor
and Address Grangeville Ida
19. (a) 12-5-44 (Date received and filed) (b) W. F. Orr (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Dec 5 1944
at 12 o'clock M.
21. **I HEREBY CERTIFY**, That I attended deceased from 19, to 19
I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Acute Dilatation of Heart — Duration
Due to Found dead in bed.
Due to
Other conditions (Include pregnancy within 3 months of death)
Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature J D Fairbanks M.D. (M. D. or other)
and Address Grangeville Date 12/5 1944
(For additional space, use reverse side)

141866

United States
Department of Commerce
Bureau of the Census

JAN 6 1945

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 26
Reg. Dist. No. 240

1. **PLACE OF DEATH:**
(a) County Idaho
(b) City or town Canfield
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? city or town
(e) Died in a Home Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Idaho
(c) City or town Canfield
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Outside? city or town
(f) Citizen of what country? W
(g) How long had deceased lived in Idaho? life years
(h) Former residence (city, state) Same

3. (a) **FULL NAME** Glen Whisner McCulley 107

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Baby
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Sept 30 - 1944

8. AGE	Years	Months	Days	If less than 1 day
		2	5	hrs min.

9. Exact Occupation Baby Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Grangeville (City or town) (State or foreign country)
Father
12. Name Emmett McCulley
13. Birthplace Canfield Idaho (City or town) (State or foreign country)
Mother
14. Maiden name Irene Hayes
15. Birthplace Fred Mames, Minn. (City or town) (State or foreign country)
16. Informant's OWN Signature H. L. McCulley and Address Grangeville, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-6 1944 (Month) (Day) (Year)
(c) Place: Grangeville, Idaho
18. Funeral Director's OWN Signature Jess Lebertson and Address Grangeville Idaho
19. (a) 1/4/45 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Dec 5, 1944
at 5 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from Sept 30 19 to Dec. 5 1944
I last saw him alive on Nov. 15 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Pneumonia (bronchial)	2 days
Due to	
✓ Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature L. W. Lehnert (M. D. or other)
and Address Grangeville Date Dec 5 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

JAN 6 1945

State File No. 141867
Local Reg. No. 27
Reg. Dist. No. 24c

1. **PLACE OF DEATH:**
(a) County Idaho
(b) City or town Grangeville
(c) Street Address or R. F. D. No.
(d) Death Occured Inside? Outside? city or town
(e) Died in a Home Hospital Institution Other place
(f) Name Hosp. or Inst. General Stayed 88 days
(g) Lived in this county years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County
(c) City or town Grangeville
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? ✓ Outside? city or town
(f) Citizen of what country? U.S.
(g) How long had deceased lived in Idaho? 46 years
(h) Former residence (city, state)

3. (a) **FULL NAME** Margaret E. Hanna, 95c.

3. (b) If veteran, name war No
3. (c) Social Security No. No-
4. Sex F
5. Color or race W.
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Freeman
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Sept. 20 - 1850

8. AGE	Years	Months	Days	If less than 1 day hrs	min.
	94	2	16		

9. Exact Occupation Housewife Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Garden Plains Ill.
(City or town) (State or foreign country)

Father
12. Name James Sweet
13. Birthplace Fayette N.Y.
(City or town) (State or foreign country)

Mother
14. Maiden name Judath Green
15. Birthplace Greensboro Vt.
(City or town) (State or foreign country)

16. Informant's **OWN** Signature Frances Stewart
and Address Grangeville, Idaho.
17. (a) Burial (b) Date thereof 1/9/45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: Grangeville, Idaho
18. Funeral Director's **OWN** Signature Chas Robertson
and Address Grangeville, Idaho
19. (a) 1/4/45 (b) Registrar's signature
(Date received and filed)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Dec. 6, 19 44
at o'clock 6:00 A.M.

21. **I HEREBY CERTIFY**, That I attended deceased from June 1 19 42 to Dec 6 19 44
I last saw h.. alive on Dec 7 19 44; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
✓ Cardiac decompensation	2 weeks
Due to Arteriosclerosis	4 years
Due to old age.	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state
where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature Lawhead M.D. (M. D. or other)
and Address Grangeville Date Dec 7 19 44
(For additional space, use reverse side)

141868

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No.
Local Reg. No. 24
Reg. Dist. No. 242

1. PLACE OF DEATH:
(a) County Idaho
(b) City or town Joseph
(c) Street Address or R. F. D. No.
(d) Death Occured Inside? Outside? ✓ city or town
(e) Died in a Home ✓ Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Idaho
(c) City or town Joseph
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? Outside? ✓ city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 44 mo, years
(h) Former residence (city, state)

3. (a) **FULL NAME** Mary Ann Hickman

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife None
6. (c) Age of husband or wife if alive XXX years
7. Date of Birth (Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
		4		hrs min.

9. Exact Occupation — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace (City or town) (State or foreign country)
Father 12. Name Donova Hickman
Father 13. Birthplace (City or town) (State or foreign country)
Mother 14. Maiden name Katie
Mother 15. Birthplace (City or town) (State or foreign country)
16. Informant's **OWN** Signature Donova Nickman
and Address Joseph, Idaho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12 - 9 - 44 (Month) (Day) (Year)
(c) Place: Normal Hill, Lewiston, Idaho
18. Funeral Director's **OWN** Signature L Bloom Fg M.
and Address Lewiston, Idaho
19. (a) 1-4-45 (Date received and filed) (b) W. D. Oxer (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) December 7th 19 44
at 4:00 o'clock A. M.

21. **I HEREBY CERTIFY**, That I attended deceased from 19, to 19
I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration
Dead reck son shar chaled Mother
Told me ocer of home ills baby
Due to was in convulsions
J they had rod time to get to town
Due to
Other conditions
(Include pregnancy within 3 months of death)
Where was disease contracted? Home,
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature Wesley F. Oxer (M. D. or other)
and Address Date 12-8 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JAN 6 1945

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 141869
Local Reg. No. 24
Reg. Dist. No. 240

1. **PLACE OF DEATH:**
(a) County Idaho
(b) City or town Grangeville
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? ✓ Outside? ____ city or town
(e) Died in a Home ____ Hospital ✓ Institution ____ Other place ____
(f) Name Hosp. or Inst. Burrows Stayed 0 days
(g) Lived in this county 0 years 0 months 0 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Idaho
(c) City or town Stites
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? ✓ Outside? ____ city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 0 years
(h) Former residence (city, state) —

3. (a) **FULL NAME** Roberta Passfield 159

3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Fem. 5. Color or race White
6. (a) Single, widowed, married, divorced —
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Date of Birth (Month, Day, Year) December 12, 1944

8. AGE	Years	Months	Days	If less than 1 day
	—	—	—	2 hrs 0 min.

9. Exact Occupation — Did this work for — yrs.
10. Industry or Business — Date last worked —
11. Birthplace Grangeville (City or town) Idaho (State or foreign country)

Father
12. Name Everett Francis Passfield
13. Birthplace Clearwater (City or town) Idaho (State or foreign country)

Mother
14. Maiden name Ruth Elizabeth Brothers
15. Birthplace Spokane (City or town) Washington (State or foreign country)

16. Informant's OWN Signature Everett Passfield
and Address Stites, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 14, 1944 (Month) (Day) (Year)
(c) Place: Stites Cemetery
18. Funeral Director's OWN Signature [illegible]
and Address [illegible]
19. (a) 12/15/44 (Date received and filed) [illegible] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Dec. 12 1944
at 5:45 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from Dec 12 1944, to Dec 14 1944
I last saw h[illegible] alive on Dec 12 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Premature 6 1/2 mo.	2 hrs.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation ____ Date ____	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature W. H. E. Kale D.O. (M. D. or other)
and Address Grangeville Idaho Date Dec 30 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 141870
Local Reg. No. 23
Reg. Dist. No. 242

1. **PLACE OF DEATH:**
   (a) County Idaho
   (b) City or town Cottonwood
   (c) Street Address or R. F. D. No.
   (d) Death Occured Inside? X Outside? city or town
   (e) Died in a Home Hospital X Institution Other place
   (f) Name Hosp. or Inst. Our Lady of Consolata Stayed 9 days
   (g) Lived in this county 2 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Idaho
   (c) City or town Cottonwood
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? Outside? X city or town
   (f) Citizen of what country? Switzerland
   (g) How long had deceased lived in Idaho? 6 years
   (h) Former residence (city, state) Tacoma, Wash. & Colton, "

3. (a) **FULL NAME** Sister Mary Antonia (Maria Johanna Forster 48a.

3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Date of Birth (Month, Day, Year) Dec 7 - 1872

8. AGE	Years	Months	Days	If less than 1 day
	72	0	6	hrs min.

9. Exact Occupation Housekeeping Did this work for 50 yrs.
10. Industry or Business — Date last worked 6 mos
11. Birthplace Mosnang, St Gallen, S (City or town) (State or foreign country)

Father
12. Name Johann Forster
13. Birthplace Switzerland (City or town) (State or foreign country)

Mother
14. Maiden name Crescent Scheuer
15. Birthplace Switzerland (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mother M. Eugenia OSF
and Address St. Gertrude's Convent Cottonwood Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec - 15 - 44 (Month) (Day) (Year)
(c) Place: St. Gertrude's Convent

18. Funeral Director's **OWN** Signature Dominic Haefeli
and Address Cottonwood, Idaho

19. (a) 1 - 4 - 45 (Date received and filed) (b) W J Orr (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Dec 13, 1944
at 9:25 o'clock A M.

21. **I HEREBY CERTIFY**, That I attended deceased from Oct 1944 to Dec 13 1944
I last saw her alive on Dec - 12 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cervical Carcinoma	
✓ Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy —

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature Wesley J. Orr M.D. (M. D. or other)
and Address Cottonwood Date Dec. 14 1944
(For additional space, use reverse side)

141871

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No.
Local Reg. No. 26
Reg. Dist. No. 242

1. PLACE OF DEATH:
(a) County Idaho
(b) City or town Cottonwood
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? ✓ Outside? city or town
(e) Died in a Home Hospital ✓ Institution Other place
(f) Name Hosp. or Inst. O.L. Concolation Stayed 44 days
(g) Lived in this county years 1 months 14 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Idaho
(c) City or town Cottonwood
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? ✓ Outside? city or town
(f) Citizen of what country? U.S.
(g) How long had deceased lived in Idaho? 44 days ~~years~~
(h) Former residence (city, state) Wendell, Ida.

3. (a) FULL NAME Mary Ann. Goeckner. 109b

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) March 27 1871

8. AGE	Years	Months	Days	If less than 1 day
	73	8	18	hrs min.

9. Exact Occupation Housewife Did this work for Life yrs.
10. Industry or Business Date last worked
11. Birthplace Teutopolis (City or town) Ill. (State or foreign country)
Father 12. Name Herman Altoff
13. Birthplace (City or town) (State or foreign country)
Mother 14. Maiden name Caroline Myer
15. Birthplace (City or town) (State or foreign country)
16. Informant's OWN Signature C.H. Goeckner
and Address Cottonwood Ida.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/18/44 (Month) (Day) (Year)
(c) Place: Cottonwood Ida.
18. Funeral Director's OWN Signature Glenn Cole
and Address Grangeville Ida.
19. (a) 1-4-45 (Date received and filed) (b) W. F. Orr (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 12/15 1944
at 2:00 o'clock a. M.
21. **I HEREBY CERTIFY,** That I attended deceased from Nov 1 1944, to Dec 15 1944
I last saw her alive on Dec 14 1944, death is said to have occurred on the date and hour stated above.
Immediate Cause of Death: Cardiac Failure
Due to Unresolved Pneumonia
Due to General debility
Due to Pulmonary Infection
Other conditions
(Include pregnancy within 3 months of death)
Where was disease contracted? Home
Name of operation Date
Major finding
Finding of autopsy

Duration: 5 days; 3 months; 8 mos.; 1½ yr.

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature Wesley F. Orr (M. D. or other)
and Address Cottonwood Date 12-16 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 141872
Local Reg. No. 22
Reg. Dist. No. 242

1. **PLACE OF DEATH**
   (a) County Idaho
   (b) City or town Cotonwood
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? Yes Outside? ___ city or town
   (e) Died in a Home ___ Hospital X Institution ___ Other place ___
   (f) Name Hosp. or Inst. Our Lady of Lourdes Stayed 4 mo days
   (g) Lived in this county 35 years ___ months ___ days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Idaho
   (c) City or town Fenn
   (d) Street Address or R. F. D. No. R # 1
   (e) Deceased lived Inside? ___ Outside? X city or town
   (f) Citizen of what country? U.S.
   (g) How long had deceased lived in Idaho? 35 years
   (h) Former residence (city, state) Roseburg, Ore.

3. (a) **FULL NAME** Mr. Louis Sherman Fortine 1246

3. (b) If veteran, name war ___ 3. (c) Social Security No. ___

4. Sex M 5. Color or race White 6. (a) Single, widowed, married, divorced ___

6. (b) Name of husband or wife ___ 6. (c) Age of husband or wife if alive ___ years

7. Date of Birth (Month, Day, Year) Oct. 18 - 1865

8. AGE	Years	Months	Days	If less than 1 day
	79	2	29	hrs ___ min.

9. Exact Occupation Farmer Did this work for Life yrs.
10. Industry or Business ___ Date last worked ___
11. Birthplace Roseburg, Ore. (City or town) (State or foreign country)
Father
12. Name Ferdinand Fortine
13. Birthplace ~ Quebec, Canada (City or town) (State or foreign country)
Mother
14. Maiden name Mary Ridencaux
15. Birthplace ~ Mt. Vernon, Ind. (City or town) (State or foreign country)
16. Informant's OWN Signature W. H. Fortine and Address Fenn Ida
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12 - 19 - 44 (Month) (Day) (Year)
(c) Place: Orangeville Idaho
18. Funeral Director's OWN Signature Jas Roberts Sr and Address Cottonwood Ida
19. (a) 1 - 4 - 45 (Date received and filed) (b) Wesley D. Orr (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) December 18 1944 at 10 53 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from Nov - 1 1944 to December 18 1944 I last saw him alive on Dec - 13 17 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Acute Cardiac Insufficiency	16 hrs.
Due to Chronic Myocarditis	15 yrs
Due to Arteria Sclerosis	
Other conditions Hypertonic Cardiosis (Include pregnancy within 3 months of death)	

Where was disease contracted? Home.
Name of operation ___ Date ___
Major finding ___
Finding of autopsy ___

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ___ Suicide? ___ Homicide? ___
Occurred ___ 19___ City, county, state where violence occurred ___
Place of Violence: Home ___ Farm ___ Industry ___
Public Place ___ While at work? ___
Means of injury ___
23. Attendant's OWN Signature Wesley D. Orr M.D. (M. D. or other)
and Address Cottonwood Date Dec. 18 1944

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JAN 6 1945

Certificate Of Death

STATE OF IDAHO

State File No. 141873
Local Reg. No. 29
Reg. Dist. No. 2-4-2

1. **PLACE OF DEATH:**
(a) County Idaho
(b) City or town Grangeville
(c) Street Address or R. F. D. No.
(d) Death Occured Inside? ✓ Outside? ..... city or town
(e) Died in a Home ✓ Hospital .... Institution .... Other place ....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 65 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Idaho
(c) City or town Grangeville, Idaho
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? ✓ Outside? ..... city or town
(f) Citizen of what country? U.S.
(g) How long had deceased lived in Idaho? 65 years
(h) Former residence (city, state) Va.

3. (a) **FULL NAME** Carrie R. Hill

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex F
5. Color or race Wh.
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Walter Hovey Hill
6. (c) Age of husband or wife if alive 76 years
7. Date of Birth (Month, Day, Year) July 24, 1875

8. AGE	Years	Months	Days	If less than 1 day
	69	4	25	hrs min.

9. Exact Occupation ..... Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Glade Springs. Va. (City or town) (State or foreign country)

Father
12. Name Henry S Jones
13. Birthplace Glade Springs Va. (City or town) (State or foreign country)

Mother
14. Maiden name Nancy Crow
15. Birthplace Glade Springs Va. (City or town) (State or foreign country)

16. Informant's **OWN** Signature Walter Hovey Hill
and Address Grangeville Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/7/44 (Month) (Day) (Year)
(c) Place: Grangeville Ida. No.

18. Funeral Director's **OWN** Signature Isaac Robertson
and Address Grangeville Idaho

19. (a) 1/6/1945 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Dec 19 1944
at 9:25 o'clock P. M.

21. **I HEREBY CERTIFY**, That I attended deceased from Dec 15 1944, to Dec 19 1944
I last saw h.. alive on Dec 18 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration
Carcinoma of lower abdomen
✓ Due to probably retroperitoneal
Due to
Other conditions
(Include pregnancy within 3 months of death)
Where was disease contracted?
Name of operation ..... Date .....
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury

23. Attendant's **OWN** Signature L A Wheelwright (M. D. or other)
and Address Tranquility Date Dec 22 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JAN 6 1945

Certificate Of Death

STATE OF IDAHO

State File No. 141874
Local Reg. No. 20
Reg. Dist. No. 240

1. PLACE OF DEATH:
(a) County Idaho
(b) City or town Grangeville
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? ✓ Outside? ..... city or town
(e) Died in a Home.... Hospital ✓ Institution.... Other place....
(f) Name Hosp. or Inst. General Stayed ..... days
(g) Lived in this county ..... years 3 months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Idaho
(c) City or town Slatecreek
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? ..... Outside? ✓ city or town
(f) Citizen of what country? U.S.
(g) How long had deceased lived in Idaho? 35 years
(h) Former residence (city, state) Slatecreek Ida.

3. (a) FULL NAME John. A. Baker. 92 d.

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex M.
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) about

8. AGE	Years	Months	Days	If less than 1 day
	83			hrs min.

9. Exact Occupation ..... Did this work for 20. yrs.
10. Industry or Business Miner. Date last worked .....
11. Birthplace ..... Kansas. (City or town) (State or foreign country)
Father
12. Name Ben. Baker
13. Birthplace ..... N.C. (City or town) (State or foreign country)
Mother
14. Maiden name Abrial Herdien.
15. Birthplace ..... Unknown. (City or town) (State or foreign country)
16. Informant's **OWN** Signature Mabel E. Baker
and Address Cottonwood. Idaho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/ /44 (Month) (Day) (Year)
(c) Place: Cottonwood Idaho
18. Funeral Director's **OWN** Signature Glenn Cutler
and Address Grangeville Ida.
19. (a) 12/20/44 (Date received and filed) (b) Glenn Cutler (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 12/19 1944
at 4.30 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 9-19 1944, to 12-19 1944
I last saw him alive on 12-19 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Chronic Volvular heart disease	
Due to	
Due to Senility	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYISCIAN
Name of operation ..... Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature J. D. Shimnick M.D. (M. D. or other)
and Address Grangeville Date 12-19 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JAN 6 1945

Certificate Of Death

STATE OF IDAHO

State File No. 141875
Local Reg. No. 30
Reg. Dist. No. 240

1. **PLACE OF DEATH:**
   (a) County Idaho
   (b) City or town Grangeville.
   (c) Street Address or R. F. D. No.
   (d) Death Occured Inside? / Outside? city or town
   (e) Died in a Home Hospital Institution Other place
   (f) Name Hosp. or Inst. General Stayed days
   (g) Lived in this county 50 years months days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Idaho
   (c) City or town Grangeville.
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? Outside? city or town
   (f) Citizen of what country?
   (g) How long had deceased lived in Idaho? years
   (h) Former residence (city, state)

3. (a) **FULL NAME** Joseph Hoover — 46E

3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Wid
6. (b) Name of husband or wife Nov. 4. 1857
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) July 5, 1857

8. AGE	Years	Months	Days	If less than 1 day
	87	6	21/25	hrs min.

9. Exact Occupation Prospector — Did this work for 50 yrs.
10. Industry or Business Mining — Date last worked Dec.
11. Birthplace (City or town) (State or foreign country)

Father
12. Name Not Known
13. Birthplace Not Known (City or town) (State or foreign country)

Mother
14. Maiden name Not Known
15. Birthplace Not Known (City or town) (State or foreign country)

16. Informant's **OWN** Signature Jos Hoover
and Address Grangeville Ida.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/29/44 (Month) (Day) (Year)
(c) Place: Grangeville Ida

18. Funeral Director's **OWN** Signature Jos Hoover
and Address Grangeville

19. (a) 1/2 3/44 (Date received and filed) (b) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Dec 20 — 19 44
at 3:00 o'clock P.M.

21. **I HEREBY CERTIFY**, That I attended deceased from Aug. 15 19 44, to Dec 20 19 44
I last saw him alive on Dec 20 19 44; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
✓ Carcinoma of bowel	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature J. D. S. Limrick M.D. (M. D. or other)
and Address Grangeville Date Dec 29 1944

(For additional space, use reverse side)

141876

United States
Department of Commerce
Bureau of the Census

JAN 6 1945

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 21
Reg. Dist. No. 245

1. **PLACE OF DEATH:**
(a) County Idaho
(b) City or town Kooskia
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? ✓ city or town
(e) Died in a Home ✓ Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Idaho
(c) City or town Kooskia
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Outside? ✓ city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? years
(h) Former residence (city, state) —

3. (a) FULL NAME Charles Stanley Hardin 64

3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Mes. 5. Color or race White
6. (a) Single, widowed, married, divorced —
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Date of Birth (Month, Day, Year) October 9, 1944

8. AGE	Years	Months	Days	If less than 1 day
	—	2	13	hrs min.

9. Exact Occupation — Did this work for — yrs.
10. Industry or Business — Date last worked
11. Birthplace Kooskia (City or town), Idaho (State or foreign country)

Father
12. Name George Vernon Hardin
13. Birthplace Lapwai, Idaho. (City or town) (State or foreign country)

Mother
14. Maiden name Margaret Fern Straw
15. Birthplace Burley, Idaho. (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs Myrtle E Straw
and Address Kooskia Ida.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 23 1944 (Month) (Day) (Year)
(c) Place: Pine Grove Cem. - Kooskia
18. Funeral Director's OWN Signature Claude I Treworgy
and Address Kooskia Idaho
19. (a) 12/27/44 (Date received and filed) (b) Glenn Adler (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) December 22 19 44
at o'clock M.
21. **I HEREBY CERTIFY,** That I attended deceased from 19, to 19
I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Sudden death.	
✓ Due to Persistent thymus	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's OWN Signature Glenn Adler (M. D. or other)
and Address Stanley Ida. Date 12/22 1944
(For additional space, use reverse side)

IDAHO COUNTY RECORDS

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

141877

United States
Department of Commerce
Bureau of the Census

JAN 6 1945

Certificate Of Death

STATE OF IDAHO

State File No.
Local Reg. No. 22
Reg. Dist. No. 240

1. PLACE OF DEATH:
(a) County Idaho
(b) City or town Grangeville
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? ✓ Outside? city or town
(e) Died in a Home Hospital ✓ Institution Other place
(f) Name Hosp. or Inst. General Stayed 60 days
(g) Lived in this county 56 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Idaho
(c) City or town Riggins
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? Outside? ✓ city or town
(f) Citizen of what country? U.S.
(g) How long had deceased lived in Idaho? 56 years
(h) Former residence (city, state) Lucille Idaho

3. (a) FULL NAME Fred Denny

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Jeannette
6. (c) Age of husband or wife if alive 59 years
7. Date of Birth (Month, Day, Year) Nov 16 1868

8. AGE	Years	Months	Days	If less than 1 day
	76	1	8	hrs min.

9. Exact Occupation Laborer Did this work for Life yrs.
10. Industry or Business Date last worked 1943
11. Birthplace Iowa (City or town) (State or foreign country)
Father
12. Name Andrew Denny
13. Birthplace Unknown (City or town) (State or foreign country)
Mother
14. Maiden name Unknown
15. Birthplace Unknown (City or town) (State or foreign country)
16. Informant's OWN Signature Jeannette Denny
and Address Lucile Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/27/44 (Month) (Day) (Year)
(c) Place: Grangeville Idaho
18. Funeral Director's OWN Signature [illegible]
and Address Grangeville Idaho
19. (a) 12/29/44 (Date received and filed) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) 12/24 1944
at 5:30 o'clock P M.

21. I HEREBY CERTIFY, That I attended deceased from 12-10- 1944, to 12-24 1944
I last saw him alive on 12-24 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Pneumonia (bronchial) 107 — Duration 4-days
✓ Due to
Due to
Other conditions Sinclitis
(Include pregnancy within 3 months of death)
Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's OWN Signature J. D. Shimmick M.D. (M. D. or other)
and Address Grangeville Idaho Date 12-26 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

141878

United States
Department of Commerce
Bureau of the Census

JAN 3 1945

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 548
Reg. Dist. No. 244

1. **PLACE OF DEATH:**
(a) County Idaho
(b) City or town Kooskia
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? ✓ city or town
(e) Died in a Home ✓ Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 79 years 3 months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Idaho
(c) City or town Kooskia
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Outside? ✓ city or town
(f) Citizen of what country? USA.
(g) How long had deceased lived in Idaho? 79 years
(h) Former residence (city, state)

3. (a) FULL NAME Phoebe Nelson Lawrence 106 c.

3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Fem.
5. Color or race red
6. (a) Single, widowed, married, divorced divorced
6. (b) Name of husband or wife O. H. Lawrence
6. (c) Age of husband or wife if alive 71 years
7. Date of Birth (Month, Day, Year) Sept. — 1865

8. AGE	Years	Months	Days	If less than 1 day
	79	3	—	hrs min.

9. Exact Occupation Housewife Did this work for 59 yrs.
10. Industry or Business — Date last worked 10/25/44
11. Birthplace Clearwater Valley, Idaho (City or town) (State or foreign country)
Father
12. Name Kakiusus
13. Birthplace Oregon Territory (City or town) (State or foreign country)
Mother
14. Maiden name Edna Nelson
15. Birthplace Oregon Territory (City or town) (State or foreign country)
16. Informant's OWN Signature Daniel Lawrence
and Address Lapwai Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 28, 1944. (Month) (Day) (Year)
(c) Place: Stites Indian Cemetery
18. Funeral Director's OWN Signature Claude Trevary
and Address Kooskia Idaho
19. (a) Dec 27-1944 (Date received and filed) (b) H W Wentworth (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) December 25 1944
at 6:15 o'clock P. M.
21. I HEREBY CERTIFY, That I attended deceased from Jan 18th 1944 to Dec 21st 1944
I last saw her alive on Nov 25 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death	Duration
General weakness	
Due to Mild bronchitis and weakened heart	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature H. W Wentworth MD (M. D. or other)
and Address Stites Date Dec 27 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census JAN 6 1945

Certificate Of Death

STATE OF IDAHO

State File No. 141879
Local Reg. No. 23
Reg. Dist. No. 240

1. **PLACE OF DEATH:**
(a) County Idaho
(b) City or town Lucile
(c) Street Address or R. F. D. No.
(d) Death Occured Inside? ✓ Outside? ..... city or town
(e) Died in a Home ✓ Hospital.... Institution.... Other place....
(f) Name Hosp. or Inst..... Stayed.....days
(g) Lived in this county 62 years .....months .....days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Idaho
(c) City or town Lucile
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? ..... Outside? ✓ city or town
(f) Citizen of what country? U S
(g) How long had deceased lived in Idaho? 62 years
(h) Former residence (city, state) Lucile Idaho

3. (a) **FULL NAME** Harry Dezsy 928

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex M. 5. Color or race W.
6. (a) Single, widowed, married divorced Widowed
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) Oct 18. 1881

8. AGE	Years	Months	Days	If less than 1 day
	63	2	8	hrs min.

9. Exact Occupation ..... Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Goldzile (City or town) Nevada (State or foreign country)
Father 12. Name Michael Dezsy
13. Birthplace Unknown (City or town) (State or foreign country)
Mother 14. Maiden name Loretz Gall
15. Birthplace Unknown (City or town) (State or foreign country)
16. Informant's **OWN** Signature ..... and Address Lucile Idaho
17. (a) Burial (Burial, cremation or removal) (b) Date thereof 12/29/44 (Month) (Day) (Year)
(c) Place: John Day Cem. Idaho
18. Funeral Director's **OWN** Signature Glenn Acker and Address Grangeville Ida
19. (a) 12/29/44 (Date received and filed) (b) Glenn Acker (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 12-26 1944
at 3 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from June 1 1944 to Dec 12 1944
I last saw h. alive on Nov 15 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Acute Dilatation of Heart — Duration .....
✓ Due to ..... — Duration .....
Due to ..... — Duration .....
Other conditions Chronic Valvular Disease of Heart — Duration .....
(Include pregnancy within 3 months of death)
Where was disease contracted? ..... PHYSICIAN
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature J D Shinnick M D (M. D. or other)
and Address Grangeville Date 12-28 1944
(For additional space, use reverse side)

Original

United States
Department of Commerce
Bureau of the Census

JAN 18 1945

Certificate Of Death

STATE OF IDAHO

State File No. 141880
Local Reg. No. 223
Reg. Dist. No. 440

1. PLACE OF DEATH:
(a) County Jerome
(b) City or town Hunt
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? X Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. Minidoka Project Hospital Stayed 2 days
(g) Lived in this county 1 years 1 months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Oregon (b) County Hood River
(c) City or town Hood River
(d) ~~Street Address or~~ R.F.D. No. 2 Box 171
(e) Deceased lived Inside? Outside? city or town
(f) Citizen of what country? Japan
(g) How long had deceased lived in Idaho? 1 years
(h) Former residence (city, state) Hood River, Ore.

3. (a) **FULL NAME** Haruko Kusachi

49a

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race Japanese
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or ~~wife~~ Masaji
6. (c) Age of husband or ~~wife~~ if alive 42 years
7. Date of Birth (Month, Day, Year) May 13, 1908

8. AGE	Years	Months	Days	If less than 1 day
	36	6	7	hrs min.

9. Exact Occupation Housewife Did this work for yrs.
10. Industry or Business Own Home Date last worked
11. Birthplace Clackamas, Oregon (City or town) (State or foreign country)
Father
12. Name Iwasaburo Fukai
13. Birthplace Okayama, Japan (City or town) (State or foreign country)
Mother
14. Maiden name Unobtainable
15. Birthplace (City or town) (State or foreign country)
16. Informant's OWN Signature M. Kusachi
and Address 4-3-C & D Hunt, Idaho
17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: Salt Lake City
18. Funeral Director's OWN Signature C. A. S'Heissons MH
and Address Jerome
19. (a) 11-28 (Date received and filed) (b) E. W. Sinclair (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) November 20, 1944
at 2:40 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from Aug. 24, 1944, to Nov. 19, 1944
I last saw her alive on Nov. 19, 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Carcinoma of ovary with metastasis	years
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation Date	
Major finding	
Finding of autopsy not performed.	

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature [signature] (M. D. or other)
and Address Hunt, Idaho Date 11-20 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Original

United States
Department of Commerce
Bureau of the Census

JAN 18 1945

Certificate Of Death

STATE OF IDAHO

State File No. 141881
Local Reg. No. 220
Reg. Dist. No. 440

1. **PLACE OF DEATH:**
   (a) County Jerome
   (b) City or town Hunt
   (c) Street Address or R. F. D. No.
   (d) Death Occured Inside? X Outside? ....city or town
   (e) Died in a Home.... Hospital X Institution.... Other place....
   (f) ~~Name Hosp. or Inst.~~ Minidoka Project Hospital Stayed 99 days
   (g) Lived in this county 1 years 1 months 24 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Washington (b) County King
   (c) City or town Burton
   (d) ~~Street Address~~ or R.F.D. No. 1
   (e) Deceased lived Inside? ....Outside? X ....city or town
   (f) Citizen of what country? Japan
   (g) How long had deceased lived in Idaho? 1 years
   (h) Former residence (city, state) Burton, Wash.

3. (a) **FULL NAME** Taichi Miyoshi

55e

3. (b) If veteran, name war ....
3. (c) Social Security No. ....
4. Sex Male race Japanese
5. Color or
6. (a) Single, widowed, married, divorced Married
6. (b) Name of ~~husband or~~ wife Nami
6. (c) Age of ~~husband or~~ wife if alive 70 years
7. Date of Birth (Month, Day, Year) October 1, 1871

8. AGE	Years	Months	Days	If less than 1 day
	73	1	21	hrs ... min.

9. Exact Occupation Farmer Did this work for ....yrs.
10. Industry or Business Own Farm. Date last worked 1942
11. Birthplace Yamaguchi, Japan (City or town) (State or foreign country)

Father
12. Name Unobtainable
13. Birthplace .... (City or town) (State or foreign country)

Mother
14. Maiden name Unobtainable
15. Birthplace .... (City or town) (State or foreign country)

16. Informant's **OWN** Signature Haruo Miyoshi
and Address 4-H-D Hunt, Idaho
17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof .... (Month) (Day) (Year)
(c) Place: Salt Lake City
18. Funeral Director's **OWN** Signature J A D'Herissons MH
and Address Jerome
19. (a) 11-28-44 (Date received and filed) (b) E. W. Danielson (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) November 22, 1944
at 12:56 o'clock P. M.
21. **I HEREBY CERTIFY**, That I attended deceased from July 5, 1944 to Nov. 22, 1944
I last saw him alive on Nov. 22, 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Intra-abdominal malignancy	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation .... Date ....
Major finding
Finding of autopsy not performed.

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? .... Suicide? .... Homicide? ....
Occurred .... 19.... City, county, state where violence occurred
Place of Violence: Home .... Farm .... Industry ....
Public Place .... While at work? ....
Means of injury

23. Attendant's **OWN** Signature [signature] (M. D. or other)
and Address Hunt, Idaho Date 11-25-19 44
(For additional space, use reverse side)

Original

141882

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

JAN 18 1945

State File No.
Local Reg. No. 217
Reg. Dist. No. 440

1. PLACE OF DEATH:

(a) County Jerome
(b) City or town Hunt
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? X Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. Minidoka Project Hospital Stayed 44 days
(g) Lived in this county 2 years 2 months 23 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

(a) State Oregon (b) County Multnomah
(c) City or town Portland
(d) Street Address or ~~R.F.D. No.~~ 3519 S.E. 71st Ave.
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? Japan
(g) How long had deceased lived in Idaho? 2 years
(h) Former residence (city, state) Portland, Ore.

3. (a) FULL NAME Kato Sumida

46 b

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race Japanese
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or ~~wife~~ Tomoshichi
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) March 17, 1875

8. AGE	Years	Months	Days	If less than 1 day
	69	8	17	hrs min.

9. Exact Occupation Housewife — Did this work for yrs.
10. Industry or Business Ownhome — Date last worked
11. Birthplace Okayama, Japan (City or town) (State or foreign country)

Father
12. Name Seisuke Moriwake
13. Birthplace Okayama, Japan (City or town) (State or foreign country)

Mother
14. Maiden name Unobtainable
15. Birthplace (City or town) (State or foreign country)

16. Informant's OWN Signature [signature] and Address 31-1-E Hunt, Idaho
17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: Salt Lake City
18. Funeral Director's OWN Signature D.A. S'Meisson MH and Address Jerome Ida
19. (a) 12-8-44 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) December 4, 1944 at 11:07 o'clock A. M.
21. **I HEREBY CERTIFY,** That I attended deceased from Oct. 9, 1942, to Dec. 4, 1944
I last saw her alive on Dec. 4, 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Carcinoma of the stomach.	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy not performed

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's OWN Signature [signature] L.M. Neher, (M.D. or other)
and Address Hunt, Idaho Date 12-6- 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 33-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Original

United States
Department of Commerce
Bureau of the Census JAN 18 1945

Certificate Of Death

STATE OF IDAHO

State File No. 141883
Local Reg. No. 276
Reg. Dist. No. 440

1. **PLACE OF DEATH:**
   (a) County Jerome
   (b) City or town Hunt
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? x Outside? city or town
   (e) Died in a Home Hospital X Institution Other place
   (f) Name Hosp. or Inst. Minidoka Project Hospital Stayed 23 days
   (g) Lived in this county 1 years 2 months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State California (b) County Sacramento
   (c) City or town Sacramento
   (d) ~~Street Address~~ or R.F.D. No. 8 Box 778
   (e) Deceased lived Inside? Outside? x city or town
   (f) Citizen of what country? Japan
   (g) How long had deceased lived in Idaho? 1 years
   (h) Former residence (city, state) Sacramento, Cal.

3. (a) **FULL NAME** Shigeno Asato 55e

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race Japanese
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or ~~wife~~ Kano
6. (c) Age of husband or ~~wife if~~ alive 62 years
7. Date of Birth (Month, Day, Year) March (unknown

8. AGE	Years	Months	Days	If less than 1 day
	62	9		hrs min.

9. Exact Occupation housewife Did this work for yrs.
10. Industry or Business Own Home Date last worked
11. Birthplace Hiroshima (City or town) Japan (State or foreign country)

Father
12. Name K. Uyeoka
13. Birthplace Hiroshima (City or town) Japan (State or foreign country)

Mother
14. Maiden name unobtainable
15. Birthplace (City or town) [redacted] (State or foreign country)

16. Informant's **OWN** Signature S. Shigeno,
and Address Granada, Amache, Colorado

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: Salt Lake city

18. Funeral Director's **OWN** Signature D.A. S'Henrison M.
and Address Jerome

19. (a) 12-13-44 (Date received and filed) (b) E. M. Duncan (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) December 6, 1944
at 8:20 o'clock P. M.

21. **I HEREBY CERTIFY,** That I attended deceased from Jan. 3, 1944 to Dec. 6, 1944
I last saw her alive on Dec. 6, 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Generalized carcinomatosis — Duration
Due to
Due to
Other conditions cardiac failure (Include pregnancy within 3 months of death)
marked malnutrition, ascites.
Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy not performed.

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature [redacted] (M. D. or other)
and Address Hunt, Idaho Date 12-7-1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Original

141884

United States
Department of Commerce
Bureau of the Census

JAN 18 1945

Certificate Of Death

STATE OF IDAHO

State File No.
Local Reg. No. 218
Reg. Dist. No. 441

1. PLACE OF DEATH:
(a) County Jerome
(b) City or town Hunt
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? x Outside? city or town
(e) Died in a Home Hospital x Institution Other place
(f) Name Hosp. or Inst. Minidoka Project Hospital Stayed 479 days
(g) Lived in this county 1 years 2 months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State California (b) County Sacramento
(c) City or town Sacramento
(d) ~~Street Address or~~ R.F.D. No. 8 Box 820
(e) Deceased lived Inside? Outside? x city or town
(f) Citizen of what country? Japan
(g) How long had deceased lived in Idaho? 1 years
(h) Former residence (city, state) Sacramento, Cal.

3. (a) FULL NAME Hisayo Kimura

83a

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race Japanese
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Giichi
6. (c) Age of husband ~~or wife~~ if alive 61 years
7. Date of Birth (Month, Day, Year) January 26, 1894

8. AGE	Years	Months	Days	If less than 1 day
	50	10	12	hrs min.

9. Exact Occupation Housewife Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Hiroshima, Japan (City or town) (State or foreign country)
Father
12. Name Hisakichi Okubo
13. Birthplace Hiroshima, Japan (City or town) (State or foreign country)
Mother
14. Maiden name Yuki Kuramoto
15. Birthplace Hiroshima, Japan (City or town) (State or foreign country)
16. Informant's OWN Signature Giichi Kimura
and Address 40-3-B Hunt, Idaho
17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: Jerome
18. Funeral Director's OWN Signature D. A. L'Herisson MH
and Address Jerome Idaho
19. (a) 12-14-44 (Date received and filed) (b) E. Winclair (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) December 8, 1944
at 11:55 o'clock A. M.
21. **I HEREBY CERTIFY,** That I attended deceased from Dec. 14, 1943, to Dec. 8, 1944
I last saw her alive on Dec. 8, 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Hypostatic pneumonia	
Due to	
Due to	

Other conditions complete paralysis following cerebral accident of long duration.
(Include pregnancy within 3 months of death)
Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy not performed.

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature G. J. Akamatsu, M.D. (M. D. or other)
and Address Hunt, Idaho Date 12-9- 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States Original
Department of Commerce
Bureau of the Census JAN 18 1945

Certificate Of Death

STATE OF IDAHO

State File No. 141885
Local Reg. No. 221
Reg. Dist. No. 440

1. **PLACE OF DEATH:**
(a) County Jerome
(b) City or town Hunt
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? X Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. Minidoka Project Hospital Stayed 47 days
(g) Lived in this county 1 years 2 months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Washington (b) County King
(c) City or town Auburn
(d) ~~Street Address or~~ R.F.D. No. 3 Box 877
(e) Deceased lived Inside? Outside? X city or town
(f) Citizen of what country? United States of America
(g) How long had deceased lived in Idaho? 1 years
(h) Former residence (city, state) Auburn, Wash.

3. (a) **FULL NAME** Evelyn Etsuko

22a

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race Japanese
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) May 13, 1927

8. AGE	Years	Months	Days	If less than 1 day
	17	6	26	hrs min.

9. Exact Occupation Student Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Seattle, Washington (City or town) (State or foreign country)
Father
12. Name Susumu Uyeda
13. Birthplace Kumamoto, Japan (City or town) (State or foreign country)
Mother
14. Maiden name Yuri Matsue Eiri
15. Birthplace Kumamoto, Japan (City or town) (State or foreign country)
16. Informant's **OWN** Signature Susumu Uyeda
and Address 29-8-E Hunt, Idaho
17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: Salt Lake City
18. Funeral Director's **OWN** Signature D.A. L'Herisson MH
and Address Jerome Idaho
19. (a) 12-16-44 (Date received and filed) (b) E. W. Sinclair (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) December 9, 1944
at 4:10 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from Nov. 30, 1944, to Dec. 9, 1944
I last saw him alive on Dec. 9, 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Miliary tuberculosis with meningitis.	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYISCIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy not performed.	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature Isami S. Kuyama M.D. (M. D. or other)
and Address Hunt, Idaho Date 12-11 1944
(For additional space, use reverse side)

141886

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JAN 18 1945

Certificate Of Death

STATE OF IDAHO

State File No.
Local Reg. No. 220
Reg. Dist. No. 740

1. **PLACE OF DEATH:**
   (a) County Jerome
   (b) City or town Jerome
   (c) Street Address or R. F. D. No.
   (d) Death Occured Inside? ✓ Outside? city or town
   (e) Died in a Home Hospital Institution Other place ✓
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county 10 years months days

   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Jerome
   (c) City or town Jerome
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? ✓ Outside? city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 27 years
   (h) Former residence (city, state) Buhl Idaho

3. (a) **FULL NAME** Paul L Rudy

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Helen
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) [redacted] 1905

8. AGE	Years	Months	Days	If less than 1 day
	39	8	29	hrs min.

9. Exact Occupation Dealer — Did this work for yrs.
10. Industry or Business Oil Co — Date last worked
11. Birthplace Dalton (City or town) Ohio (State or foreign country)

Father
12. Name Clyde E Rudy
13. Birthplace Ohio (City or town) (State or foreign country)

Mother
14. Maiden name Cora Wheaht
15. Birthplace Ohio (City or town) (State or foreign country)

16. Informant's **OWN** Signature Lois Jane Rudy
and Address 112-8th N Buhl Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-15-44 (Month) (Day) (Year)
(c) Place: Jerome - Idaho

18. Funeral Director's **OWN** Signature D. A. S Henrison MH
and Address [redacted] Jerome

19. (a) 12-19-44 (Date received and filed) (b) H. W Sinclair (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) December 12 1944
at o'clock A M.

21. **I HEREBY CERTIFY**, That I attended deceased from 1937, to 1944
I last saw him alive on 12/11 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
✓ Angina Pectoris	2 wks
Due to (Sudden death)	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation None Date
Major finding
Finding of autopsy Not done

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature Carlyle Small (M. D. or other)
and Address Jerome Ida Date 12/13 1944

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 141887
Local Reg. No. 219
Reg. Dist. No. 470

JAN 18 1945

1. **PLACE OF DEATH:**
   (a) County Jerome
   (b) City or town Jerome
   (c) Street Address or R. F. D. No.
   (d) Death Occured Inside? ✓ Outside? ✓ city or town
   (e) Died in a Home ✓ Hospital Institution Other place
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county 8 years months days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Jerome
   (c) City or town Jerome
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? Outside? ✓ city or town
   (f) Citizen of what country? U S
   (g) How long had deceased lived in Idaho? 8 years
   (h) Former residence (city, state) Hartville Mo

3. (a) **FULL NAME** Minnie Bell McCleary 1066

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife James
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Dec - 13 - 1870

8. AGE	Years	Months	Days	If less than 1 day
	>0	—	2	hrs min.

9. Exact Occupation At Home Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Hartville Mo (City or town) (State or foreign country)

Father
12. Name Ezekiel Wilson
13. Birthplace — Tenn (City or town) (State or foreign country)

Mother
14. Maiden name Not Known
15. Birthplace Mo (City or town) (State or foreign country)

16. Informant's **OWN** Signature Ira McCleary
and Address Jerome Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Dec 19-44 (Month) (Day) (Year)
(c) Place: Mansfield Mo
18. Funeral Director's **OWN** Signature J. R. Wiley
and Address Jerome Idaho
19. (a) 12-18-44 (Date received and filed) (b) W. Sinclair (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Dec - 15 - 1944
at 11:45 o'clock A M.
21. **I HEREBY CERTIFY**, That I attended deceased from 19 to 19
I last saw h[er] alive on 12/12 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Bronchiectasis — Duration 4 yrs.
Due to
Due to
Other conditions None
(Include pregnancy within 3 months of death)

Where was disease contracted? Jerome
Name of operation None Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature Carlyle Guist (M. D. or other)
and Address 12/16/44 Jerome Date
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce JAN 18 1945
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 141888
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF DEATH:**
   (a) County Jerome
   (b) City or town Jerome
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? L Outside? city or town
   (e) Died in a Home Hospital Institution Other place
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county 24 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Jerome
   (c) City or town Jerome
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? L Outside? city or town
   (f) Citizen of what country? US
   (g) How long had deceased lived in Idaho? years
   (h) Former residence (city, state) Fremont Mo

3. (a) **FULL NAME** John Hiram Fry 94a

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married divorced Married
6. (b) Name of husband or wife Minnie
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Aug 10 1873

8. AGE	Years	Months	Days	If less than 1 day
	71	4	8	hrs min.

9. Exact Occupation Retired Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Piedmont Mo (City or town) (State or foreign country)

Father
12. Name Lew Fry
13. Birthplace ? Ohio (City or town) (State or foreign country)

Mother
14. Maiden name Sibila Mates
15. Birthplace ? Ohio (City or town) (State or foreign country)

16. Informant's **OWN** Signature John Hiram Fry and Address

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 21 44 (Month) (Day) (Year)
   (c) Place: Jerome Idaho

18. Funeral Director's **OWN** Signature J R Wiley and Address Jerome Idaho

19. (a) 12-21-44 (Date received and filed) (b) E P Donaldson (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Dec 18 1944 at 11:30 o'clock P M.

21. **I HEREBY CERTIFY**, That I attended deceased from Nov 20 1944, to Dec 18 1944
I last saw h— alive on Dec 18 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration

1 Coronary thrombosis 4 wks
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? Unknown
Name of operation None Date
Major finding
Finding of autopsy Not done

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature Carlyle Smith (M. D. or other)
and Address Jerome, Ida Date 12/20 1944
(For additional space, use reverse side)

Original

United States
Department of Commerce
Bureau of the Census

JAN 18 1945

Certificate Of Death

STATE OF IDAHO

State File No. 141889
Local Reg. No. 224
Reg. Dist. No. 440

1. **PLACE OF DEATH:**
   (a) County Jerome
   (b) City or town Hunt
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? x Outside? ..... city or town
   (e) Died in a Home Hospital x Institution Other place Minidoka Project Hospital
   (f) Name Hosp. or Inst. ..... Stayed 293 days
   (g) Lived in this county 2 years 3 months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Washington (b) County Pierce
   (c) City or town Sumner
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? ..... Outside? x city or town
   (f) Citizen of what country? United States of America
   (g) How long had deceased lived in Idaho? 2 years
   (h) Former residence (city, state) Sumner, Wash.

3. (a) **FULL NAME** Masayo Tokaji

22a

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Female
5. Color or race Japanese
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) June 30, 1920

8. AGE	Years	Months	Days	If less than 1 day
	24	5	19	hrs min.

9. Exact Occupation Student Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Seattle, Washington (City or town) (State or foreign country)

Father
12. Name Tamikichi Tokaji
13. Birthplace Kochi Ken, Japan (City or town) (State or foreign country)

Mother
14. Maiden name Eyo Horichi
15. Birthplace Kochi Ken, Japan (City or town) (State or foreign country)

16. Informant's **OWN** Signature Tokaji Tamikichi
and Address 4-7-L Hunt, Idaho
17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof ..... (Month) (Day) (Year)
(c) Place: Salt Lake City
18. Funeral Director's **OWN** Signature D. A. T. Herisson MH
and Address Jerome
19. (a) 12-11-44 (Date received and filed) (b) E. W. Sinclair (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) December 19, 1944
at 12:45 o'clock P.M.
21. **I HEREBY CERTIFY,** That I attended deceased from March 6, 1944, to Dec. 19, 1944
I last saw her alive on Dec. 19, 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Miliary tuberculosis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYISCIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding	
Finding of autopsy not performed.	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature G. T. Chamatin M (M. D. or other)
and Address Hunt, Idaho Date 12-21 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

JAN 18 1945

STATE OF IDAHO

State File No. 141890
Local Reg. No. 225
Reg. Dist. No. 440

1. **PLACE OF DEATH:**
   (a) County Jerome
   (b) City or town Jerome
   (c) Street Address or R. F. D. No.
   (d) Death Occured Inside? L Outside? ....city or town
   (e) Died in a Home L Hospital.... Institution.... Other place....
   (f) Name Hosp. or Inst.... Stayed....days
   (g) Lived in this county....years ....months ....days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Jerome
   (c) City or town Jerome
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? L Outside?....city or town
   (f) Citizen of what country? U.S.
   (g) How long had deceased lived in Idaho? 31 years
   (h) Former residence (city, state) England

3. (a) **FULL NAME** Matilda Davies

3. (b) If veteran, name war....
3. (c) Social Security No....
4. Sex Female 5. Color or race White
6. (a) Single, widowed, married divorced Married
6. (b) Name of husband or wife Thomas
6. (c) Age of husband or wife if alive 64 years
7. Date of Birth (Month, Day, Year) 1870

8. AGE	Years	Months	Days	If less than 1 day
	74			hrs min.

9. Exact Occupation At Home — Did this work for ....yrs.
10. Industry or Business — Date last worked
11. Birthplace Borrowby Yorkshire England (City or town) (State or foreign country)

Father
12. Name David Ellis
13. Birthplace England (City or town) (State or foreign country)

Mother
14. Maiden name Alice Hall
15. Birthplace England (City or town) (State or foreign country)

16. Informant's **OWN** Signature Thos W Davies and Address Jerome Idaho
17. (a) Burial (Burial, cremation or removal) (b) Date thereof Dec 26 44 (Month) (Day) (Year)
(c) Place: Jerome Idaho
18. Funeral Director's **OWN** Signature J R Wiley and Address Jerome Idaho
19. (a) 12-26-44 (Date received and filed) (b) E A Duncan (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Dec 28 1944
at 10:30 o'clock P. M.

21. **I HEREBY CERTIFY**, That I attended deceased from 4 1940, to 12/23/44 1944
I last saw h.r alive on 12/23/44 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Auricular fibrillation	4 yrs.
Due to	
Due to	
Other conditions Cerebral arteriosclerosis (Include pregnancy within 3 months of death)	1 yr

Where was disease contracted? Jerome
Name of operation.... Date....
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident?.... Suicide?.... Homicide?....
Occurred.... 19.... City, county, state where violence occurred....
Place of Violence: Home.... Farm.... Industry....
Public Place.... While at work?....
Means of injury....

23. Attendant's **OWN** Signature Carlyle Linell (M. D. or other)
and Address Jerome Date 12/26/44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

DEC 9 1944

Certificate Of Death

STATE OF IDAHO

State File No. 141891
Local Reg. No. 307
Reg. Dist. No. 120

1. **PLACE OF DEATH:**
(a) County Kootenai
(b) City or town 3rd & Foster Cd'A.
(c) Street Address or R.F.D. No. 3rd & Foster
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Home .... Hospital X Institution .... Other place ....
(f) Name Hosp. or Inst. Home Stayed 4 days
(g) Lived in this county 40 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Kootenai
(c) City or town Coeur d'Alene
(d) Street Address or R.F.D. No. 742 Mill
(e) Deceased lived Inside? X Outside? ..... city or town
(f) Citizen of what country? USA
(g) How long had deceased lived in Idaho? 40 years
(h) Former residence (city, state) Gladstone Mich.

3. (a) **FULL NAME** Alpheus Edward Alger

16 2 b

3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife ////////
6. (c) Age of husband or wife if alive dead years
7. Date of Birth (Month, Day, Year) June 28, 1863

8. AGE	Years	Months	Days	If less than 1 day
	81	5	4	hrs min.

9. Exact Occupation Bookeeper Did this work for 15 yrs.
10. Industry or Business Private Date last worked 1934
11. Birthplace Escanaba Mich. (City or town) (State or foreign country)
Father
12. Name Wm. P. Alger
13. Birthplace Vermont (City or town) (State or foreign country)
Mother
14. Maiden name Isabella Brown
15. Birthplace Scotland (City or town) (State or foreign country)
16. Informant's **OWN** Signature Beryl Alger Caraway
and Address 206 Harvard Ave. Seattle Wn.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 12-4-44 (Month) (Day) (Year)
(c) Place: Spokane Washington
18. Funeral Director's **OWN** Signature Don English
and Address Coeur d'Alene, Idaho
19. (a) 12/4/44 (Date received and filed) (b) Marie L. Griffith (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 12-1-44 19....
at 11:05 o'clock P M.
21. **I HEREBY CERTIFY**, That I attended deceased from 1937 19...., to 12/1 1944
I last saw him alive on 12/1 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Senility	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted? Home	
Name of operation none Date	
Major finding	
Finding of autopsy none	

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature H. F. Hennig (M. D. or other)
and Address Coeur d'Alene Date 12/4 1944
(For additional space, use reverse side)

141892

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

DEC 9 1944

STATE OF IDAHO

State File No.
Local Reg. No. 308
Reg. Dist. No. 12

1. PLACE OF DEATH:
(a) County Kootenai
(b) City or town Post Falls
(c) Street Address or R.F.D. No. No. 1
(d) Death Occured Inside? Outside? x city or town
(e) Died in a Home x Hospital Institution Other place
(f) Name Hosp. or Inst. Knights Home Stayed 90 days
(g) Lived in this county 23 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Kootenai
(c) City or town Post Falls
(d) Street Address or R.F.D. No. 1
(e) Deceased lived Inside? Outside? x city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 23 years
(h) Former residence (city, state) Wisconsin

3. (a) FULL NAME Johann F. Behrens

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3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife --
6. (c) Age of husband or wife if alive -- years
7. Date of Birth (Month, Day, Year) March 10 1867

8. AGE	Years	Months	Days	If less than 1 day
	77	8	20	hrs min.

9. Exact Occupation Laborer Did this work for -- yrs.
10. Industry or Business Date last worked 1934
11. Birthplace Do not know Germany (City or town) (State or foreign country)
Father
12. Name Johann C. Behrens
13. Birthplace Do not know Germany (City or town) (State or foreign country)
Mother
14. Maiden name Inger C. Barum
15. Birthplace Do not know Germany (City or town) (State or foreign country)
16. Informant's OWN Signature Mrs. A. S. Knight and Address Post Falls Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/4/44 (Month) (Day) (Year)
(c) Place: Forest Cemetery, Coeur d'Alene
18. Funeral Director's OWN Signature A. B. Nelson and Address 109-11 Lakeside Ave. Coeurd'Alene
19. (a) 12/4/44 (Date received and filed) (b) Marie L. Griffith (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 12/1 1944 at 4:00 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from Sept 1944, to Dec 1 1944
I last saw him alive on 11/30 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Senility	
Due to	
Due to	
Other conditions Sanguinous toes about from arteriosclerosis (Include pregnancy within 8 months of death)	1 year.

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Where was disease contracted? Home
Name of operation None Date
Major finding
Finding of autopsy None

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature P. F. Hamming MD (M. D. or other)
and Address Coeur d'Alene Date 12/1 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

DEC 9 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 141893
Local Reg. No. 309
Reg. Dist. No. 12c

1. **PLACE OF DEATH:**
   (a) County Kootenai
   (b) City or town Coeur d'Alene
   (c) Street Address or R. F. D. No. Coeur d'Alene
   (d) Death Occurred Inside? X Outside? ____ city or town
   (e) Died in a Home X Hospital ____ Institution ____ Other place ____
   (f) Name Hosp. or Inst. C.D.A.Homes stayed 11 days years
   (g) Lived in this county 25 years ____ months ____ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Kootenai
   (c) City or town Coeur d'Alene
   (d) Street Address or R. F. D. No. C.D.A.Homes
   (e) Deceased lived Inside? X Outside? ____ city or town
   (f) Citizen of what country? U.S.
   (g) How long had deceased lived in Idaho? 25 years
   (h) Former residence (city, state) ____

3. (a) FULL NAME CARLSON, Mrs. Ellen Dorthea 107

3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife August
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) 5-10-1868

8. AGE	Years	Months	Days	If less than 1 day
	76	6	21	hrs min.

9. Exact Occupation None — Did this work for ___ yrs.
10. Industry or Business ____ — Date last worked ____
11. Birthplace Norway (City or town) (State or foreign country)

Father
12. Name Nicolai Zachariahson
13. Birthplace Norway (City or town) (State or foreign country)

Mother
14. Maiden name Jacobia Walla
15. Birthplace Norway (City or town) (State or foreign country)

16. Informant's OWN Signature Evelyn Hermon
and Address Spokane
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-4-44 (Month) (Day) (Year)
(c) Place: Forest Cemetery, Coeur d'Alene
18. Funeral Director's OWN Signature Mooney Funeral Chapel by Richard R. Mooney
and Address Coeur d'Alene, Idaho
19. (a) 12/4/44 (Date received and filed) (b) Marie E. Griffith (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) December 1 1944
at 3:25 o'clock p. M.
21. **I HEREBY CERTIFY,** That I attended deceased from Oct 11 1944, to Dec 1 1944
I last saw her alive on Nov 30 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Bronchio Pneumonia	1 wk
✓ Due to	
Due to Parkinson's Syndrome	15 years
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation ____ Date ____	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state
where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature O M Hartley MD (M.D. or other)
and Address Coeur d'alene Ida Date 12/2 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

DEC 9 1944

Certificate Of Death

STATE OF IDAHO

State File No. 141894
Local Reg. No. 310
Reg. Dist. No. 120

1. **PLACE OF DEATH:**
   (a) County Kootenai
   (b) City or town Coeur d'Alene
   (c) Street Address or R.F.D. No. 315 W. Garden
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home.... Hospital X Institution.... Other place....
   (f) Name Hosp. or Inst. Coeur d'Alene Stayed 250 days
   (g) Lived in this county ..... years 9 months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Clearwater
   (c) City or town Orofinio
   (d) Street Address or R.F.D. No. .....
   (e) Deceased lived Inside? ..... Outside? X city or town
   (f) Citizen of what country? Sweden
   (g) How long had deceased lived in Idaho? Donot Know years
   (h) Former residence (city, state) So not know

3. (a) **FULL NAME** Walter Carl Ellison

3. (b) If veteran, name war no
3. (c) Social Security No. 518-01-6997
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife --
6. (c) Age of husband or wife if alive -- years
7. Date of Birth (Month, Day, Year) Do not know 1889?

8. AGE	Years	Months	Days	If less than 1 day hrs	min.
	55?				

9. Exact Occupation Logger — Did this work for Do not know.
10. Industry or Business ..... — Date last worked "
11. Birthplace Do not know (City or town) Sweden (State or foreign country)

Father
12. Name Do not know
13. Birthplace " " " (City or town) (State or foreign country)

Mother
14. Maiden name ..... "
15. Birthplace " " " (City or town) (State or foreign country)

16. Informant's **OWN** Signature Carl Erickson
and Address 510 E. Pacific, Spokane, Wash.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/6/44 (Month) (Day) (Year)
(c) Place: Forest Cemetery, Coeur d'Alene
18. Funeral Director's **OWN** Signature A. B. Nelson
and Address 109-11 Lakeside Coeur d'Alene
19. (a) 12/6/44 (Date received and filed) (b) Marie L. Griffith (Registrar's Signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) December 2 1944
at 5 o'clock P. M.

21. **I HEREBY CERTIFY**, That I attended deceased from 3-31 1944, to 12-2 1944
I last saw him alive on 12-1 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — Duration
Coronary occlusion — 3 min.
Due to Pulmonary Tuberculosis — 2 yr.
Due to .....
Other conditions Tertiary Syphilis — ?
(Include pregnancy within 3 months of death)
Where was disease contracted? Clearwater Co.
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature Reginald Barclay M.D. (M. D. or other)
and Address Coeur d'Alene Date 12-6 1944
(For additional space, use reverse side)

141895

United States
Department of Commerce
Bureau of the Census

DEC 18 1944

Certificate Of Death

STATE OF IDAHO

State File No.
Local Reg. No. 314
Reg. Dist. No. 120

1. **PLACE OF DEATH:**
(a) County Kootenai
(b) City or town Coeur d'Alene
(c) Street Address or R.F.D. No. 1706 Montana
(d) Death Occured Inside? x Outside? ..... city or town
(e) Died in a Home x Hospital ..... Institution ..... Other place .....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county ..... years ..... months 9 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Washington (b) County Kitsap
(c) City or town Port Orchard
(d) Street Address or R.F.D. No. R. 3 Box 330
(e) Deceased lived Inside? ..... Outside? x city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 9 Days years
(h) Former residence (city, state) Port Orchard, Wn.

3. (a) **FULL NAME** Effie Pearl Suits

4 Ea

3. (b) If veteran, name war --
3. (c) Social Security No. 517-072183
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife J.S. Suits
6. (c) Age of husband or wife if alive 49 years
7. Date of Birth (Month, Day, Year) May 12, 1890

8. AGE	Years	Months	Days	If less than 1 day
	54	6	18	hrs min.

9. Exact Occupation Housewife Did this work for 30 yrs.
10. Industry or Business Date last worked May, 1943
11. Birthplace Hayden Lake, Idaho (City or town) (State or foreign country)
Father
12. Name Alf W. Hudlow
13. Birthplace Do not know Georgia (City or town) (State or foreign country)
Mother
14. Maiden name Rodda C. Gearut
15. Birthplace Do not know N. Carolina (City or town) (State or foreign country)
16. Informant's **OWN** Signature J. S. Suits
and Address R3-Box 330 Port Orchard Wn.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/11/44 (Month) (Day) (Year)
(c) Place: Rimrock Cemetery
18. Funeral Director's **OWN** Signature A. B. Nelson
and Address 109-11 Lakeside, Coeur d'Alene
19. (a) 12/9/44 (Date received and filed) (b) Marie L. Griffith (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 12/7 1944
at 2:15 o'clock P. M.
21. **I HEREBY CERTIFY**, That I attended deceased from 12/6 1944, to 12/7 1944
I last saw her alive on 12/6 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Carcinoma of Cervix	2 years
Due to Treated in Virginia Mason Hosp. Seattle	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted? Home	
Name of operation Drag & Radium	
Major finding in Seattle	
Finding of autopsy None	

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state
where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature F. F. Hamilton MD. (M. D. or other)
and Address Coeur d'Alene Date 12/8 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

DEC 18 1944

Certificate Of Death

STATE OF IDAHO

State File No. 141896
Local Reg. No. 313
Reg. Dist. No. 121

1. **PLACE OF DEATH:**
(a) County Kootenai
(b) City or town
(c) Street Address or R.F.D. No. Rockford Bay
(d) Death Occured Inside? Outside? Out city or town
(e) Died in a Home ~~Hospital - Institution - Other place~~
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county years 4 months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Kootenai
(c) City or town
(d) Street Address or R.F.D. No. Rockford Bay
(e) Deceased lived Inside? Outside? out city or town
(f) Citizen of what country? U. S.
(g) How long had deceased lived in Idaho? 4 mo years
(h) Former residence (city, state) Walla Walla, Wn

3. (a) **FULL NAME** Billy Ray Brammell

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3. (b) If veteran, ~~name war~~ World War (two)
3. (c) Social Security No. 567-03-1744
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife not Able to Obtain
6. (c) Age of husband or wife if ~~alive~~ years
7. Date of Birth (Month, Day, Year) Sept. 1916

8. AGE	Years	Months	Days	If less than 1 day
	28	3	-	hrs min.

9. Exact Occupation U. S. Army Did this work for yrs.
10. Industry or Business Discharged Date last worked
11. Birthplace San Francisco. Calif. (City or town) (State or foreign country)
Father
12. Name W. F. Roberts
13. Birthplace Not Known (City or town) (State or foreign country)
Mother
14. Maiden name Not Known
15. Birthplace Not Known (City or town) (State or foreign country)
16. Informant's OWN Signature Mrs. Brammell
and Address 533 Buswell St Bremerton Wn
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 12-11-44 (Month) (Day) (Year)
(c) Place: Marysville Calif
18. Funeral Director's OWN Signature R. B. Mooney Mooney Chapel
and Address Coeur D' Alene, Ida.
19. (a) 12/11/44 (Date received and filed) (b) Marie L. Griffith (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) December 7 1944
at about 6 o'clock A M.
21. **I HEREBY CERTIFY,** That I ~~attended~~ did not deceased from 12-7 1944, to 12-7 1944
I last saw him ~~alive~~ on 12-8 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Gunshot wounds in head (Found dead in bed)	12-8-44 (12-8-44)
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation none Date
Major finding
Finding of autopsy none

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide? yes
Occurred 12-7 1944 City, county, state where violence occurred Kootenai County
Place of Violence: Home yes Farm Industry
Public Place While at work?
Means of injury Gunshot in head with rifle
23. Attendant's OWN Signature Hamilton H. Greenwood M.D. Coroner (M. D. or other)
and Address Coeur d'Alene, Ida Date 12-9 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

DEC 28 1944

Certificate Of Death

STATE OF IDAHO

State File No. 141897
Local Reg. No. 318
Reg. Dist. No. 121

1. **PLACE OF DEATH:**
   (a) County Kootenai
   (b) City or town USNTC Farragut
   (c) Street Address or R. F. D. No. Farragut
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home .... Hospital X Institution .... Other place ....
   (f) Name Hosp. or Inst. USNH Stayed 68 days
   (g) Lived in this county 0 years 5 months — days

   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Kootenai
   (c) City or town USNTC Farragut
   (d) Street Address or R.F.D. No. Farragut
   (e) Deceased lived Inside? X Outside? ..... city or town
   (f) Citizen of what country? U.S.
   (g) How long had deceased lived in Idaho? 5 Months years
   (h) Former residence (city, state) Illinois

3. (a) **FULL NAME** MORRIS, William Henry. Lt. D-V (S), USNR. File No. 170856

3. (b) If veteran, name war none
3. (c) Social Security No. not known
4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife ———
6. (c) Age of husband or wife if alive ——— years
7. Date of Birth (Month, Day, Year) 1-27-1905

8. AGE	Years	Months	Days	If less than 1 day
	39	10	14	hrs ____ min.

9. Exact Occupation Lt. Did this work for 2 years yrs.
10. Industry or Business USNR Date last worked 1944
11. Birthplace Cairo, Illinois (City or town) (State or foreign country)

Father
12. Name Dwight M. Morris
13. Birthplace U.S. (City or town) (State or foreign country)

Mother
14. Maiden name Anna C. ———
15. Birthplace U.S. (City or town) (State or foreign country)

16. Informant's **OWN** Signature F.I.Taylor. F.I.Taylor. Pharm. USNR
and Address USNH Farragut, Idaho

17. (a) removal (Burial, cremation, or removal) (b) Date thereof 12-14-44 (Month) (Day) (Year)
(c) Place: Salem, Illinois

18. Funeral Director's **OWN** Signature Moon Mortuary
and Address Sandpoint, Idaho

19. (a) Dec. 14, 1944 (Date received and filed) (b) ——— (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 11 December 1944
at 10:10 o'clock A. M.

21. **I HEREBY CERTIFY**, That I attended deceased from 11 December 1944, to 11 Dec. 1944
~~Last saw alive on~~ death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
WOUND, GUNSHOT, HEAD	
Due to	
Due to	
✓ Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? ———
Name of operation none Date
Major finding
Finding of autopsy same as cause of death

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? X Homicide?
Occurred 12-11-44 19 City, county, state where violence occurred Farragut, Kootenai, Idaho
Place of Violence: Home Quarters Industry
Public Place While at work? no
Means of injury Suicide by gunshot in head

23. Attendant's **OWN** Signature W. A. Jacobson (M. D. or other)
and Address USNH. Farragut Date 12-13 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

BW

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 141898
Local Reg. No. 319
Reg. Dist. No. 120

1. **PLACE OF DEATH:**
   (a) County Kootenai
   (b) City or town Coeur d'Alene
   (c) Street Address or R.F.D. No. 916 A St
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home X Hospital .... Institution .... Other place ....
   (f) Name Hosp. or Inst. ..... Stayed ..... days
   (g) Lived in this county 48 years ..... months ..... days

   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Kootenai
   (c) City or town 709 Empire Coeur d'Alen
   (d) Street Address or R.F.D. No. .....
   (e) Deceased lived Inside? X Outside? ..... city or town
   (f) Citizen of what country? USA
   (g) How long had deceased lived in Idaho? 48 years
   (h) Former residence (city, state) The Dalles, Ore

3. (a) **FULL NAME** Charlotte Frances Weeks

3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Frank
6. (c) Age of husband or wife if alive 71 years
7. Date of Birth (Month, Day, Year) June 4, 1878

8. AGE	Years	Months	Days	If less than 1 day
	66	6	9	hrs ..... min.

9. Exact Occupation Housewife — Did this work for 45 yrs.
10. Industry or Business Own Home — Date last worked 11-20-44
11. Birthplace Conn. (City or town) (State or foreign country)

Father
12. Name Thomas G. Hodgson
13. Birthplace England (City or town) (State or foreign country)

Mother
14. Maiden name Sarah White
15. Birthplace USA (City or town) (State or foreign country)

16. Informant's **OWN** Signature T O Miller
and Address Coeur d'Alene, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-16-44 (Month) (Day) (Year)
(c) Place: Forest Cem. Cd'A. Idaho

18. Funeral Director's **OWN** Signature Don English
and Address Coeur d'Alene, Idaho

19. (a) 12-16-44 (Date received and filed) (b) Marie Griffith (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 12-13-44 19.....
at 2:30 o'clock P M.

21. **I HEREBY CERTIFY**, That I attended deceased from 12/1 1944, to 12/13 1944
I last saw h.er alive on 12/13 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
(a) Bronchopneumonia	1 week
Due to (b) angina pectoris	2 months
Due to (c)	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature William T. Wood M.D. (M. D. or other)
and Address Coeur d'alene Date 12/15 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census JAN 8 1945

Certificate Of Death

STATE OF IDAHO

State File No. 141899
Local Reg. No. 330
Reg. Dist. No. 121

1. **PLACE OF DEATH:**
(a) County Kootenai
(b) City or town Post Falls
(c) Street Address or R.F.D. No. R. #2
(d) Death Occured Inside? ..... Outside? X city or town
(e) Died in a Home X Hospital.... Institution.... Other place....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 7 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Kootenai
(c) City or town Post Falls
(d) Street Address or R.F.D. No. R. #2
(e) Deceased lived Inside? ..... Outside? X city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 7 years
(h) Former residence (city, state) Loyalton, S. Dak.

3. (a) **FULL NAME** Jacob S. Schumacher 46 b

3. (b) If veteran, name war no
3. (c) Social Security No. 518-20-3802
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Katharine
6. (c) Age of husband or wife if alive 55 years
7. Date of Birth (Month, Day, Year) June 20, 1885

8. AGE	Years	Months	Days	If less than 1 day
	59	5	26	hrs min.

9. Exact Occupation Farmer — Did this work for 19 yrs.
10. Industry or Business ..... Date last worked 10/1944
11. Birthplace Odessa (City or town) Russia (State or foreign country)
Father
12. Name Solomon Schumacher
13. Birthplace do not know (City or town) Russia (State or foreign country)
Mother
14. Maiden name Rozina Beaver
15. Birthplace do not know (City or town) Russia (State or foreign country)
16. Informant's OWN Signature Thos R. Schumacher
and Address Route #5 Spokane Wash.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/22/44 (Month) (Day) (Year)
(c) Place: Forest Cemetery, Coeur d'Alene
18. Funeral Director's OWN Signature A. B. Nelson
and Address 109-111 Lakeside Coeur d'Alene Ida.
19. (a) 12-22-44 (Date received and filed) (b) Marie Griffith (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Dec. 16 1944
at 7:30 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 1940 19..., to 12/16 1944
I last saw him alive on 11/29 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cancer of Stomach	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation Saitro enterostomy Date June 43	
Major finding complete pyloric obstruction from neoplasm	
Finding of autopsy	

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's OWN Signature F. F. Haining MD (M. D. or other)
and Address Coeur d'Alene Date 12/18 1944
(For additional space, use reverse side)

141900

United States
Department of Commerce
Bureau of the Census

JAN 8 1945

Certificate Of Death

STATE OF IDAHO

State File No.
Local Reg. No. 323
Reg. Dist. No. 121

1. **PLACE OF DEATH:**
(a) County Kootenai
(b) City or town Coeur d'Alene
(c) Street Address or R.F.D. No. 412 Lakeside
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Home.... Hospital X Institution.... Other place....
(f) Name Hosp. or Inst. LCG Hosp Stayed 2 days
(g) Lived in this county 1 years 5 months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Kootenai
(c) City or town Coeur d'Alene
(d) Street Address or R.F.D. No. R # 1
(e) Deceased lived Inside? ..... Outside? X city or town
(f) Citizen of what country? USA
(g) How long had deceased lived in Idaho? 1 years
(h) Former residence (city, state) Detroit Mich

3. (a) **FULL NAME** David Hill Derryberry 83a

3. (b) If veteran, name war none
3. (c) Social Security No. .....
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Albertha
6. (c) Age of husband or wife if alive 36 years
7. Date of Birth (Month, Day, Year) June 2, 1900

8. AGE	Years	Months	Days	If less than 1 day
	44	6	16	hrs min.

9. Exact Occupation laborer Did this work for 23 yrs.
10. Industry or Business Ford Motor Co Date last worked 1935
11. Birthplace Verona Tennessee (City or town) (State or foreign country)
Father
12. Name Wm. Neely Derryberry
13. Birthplace unknown (City or town) (State or foreign country)
Mother
14. Maiden name Mollie E. Hill
15. Birthplace unknown (City or town) (State or foreign country)
16. Informant's **OWN** Signature Albertha Derryberry
and Address Coeur d'Alene, Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 12-22-44 (Month) (Day) (Year)
(c) Place: Forest Cem. Cd'A. Idaho
18. Funeral Director's **OWN** Signature Don English
and Address Coeur d'Alene, Idaho
19. (a) 12/22/44 (Date received and filed) (b) Marie Griffith (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 12-18-44 19....
at 8:30 o'clock P M.
21. **I HEREBY CERTIFY**, That I attended deceased from 12/17 1944, to 12/18 1944
I last saw him alive on 12/18 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Brain Hemorrhage	
Due to Hypertension	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted? Home	
Name of operation None Date	
Major finding	
Finding of autopsy None	

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19.... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature F. F. Hanning MD (M. D. or other)
and Address Coeur d'Alene Date 12/20 1940
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 141901
Local Reg. No. 315
Reg. Dist. No. 120

1. **PLACE OF DEATH:**
   (a) County Kootenai
   (b) City or town Coeur D' Alene
   (c) Street Address or R. F. D. No.
   (d) Death Occured Inside? in Outside? city or town
   (e) Died in a Home Hospital Institution Other place
   (f) Name Hosp. or Inst. L. C. Gen Stayed 4 days
   (g) Lived in this county 35 years months days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Kootenai
   (c) City or town Coeur D' Alene
   (d) Street Address or R.F.D. No. 844 third
   (e) Deceased lived Inside? in Outside? city or town
   (f) Citizen of what country? U. S.
   (g) How long had deceased lived in Idaho? 35 years
   (h) Former residence (city, state)

3. (a) **FULL NAME** ANNA CHALLGREN ~~XXX~~ BERG 1862.

3. (b) If veteran, name war **
3. (c) Social Security No. None
4. Sex F. 5. Color or race W. 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife --
6. (c) Age of husband or wife if alive -- years
7. Date of Birth (Month, Day, Year) March 29, 1876

8. AGE	Years	Months	Days	If less than 1 day
	68	8	20	hrs min.

9. Exact Occupation At Home Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Prinston, Ill. (City or town) (State or foreign country)

Father
12. Name Swan Challgren
13. Birthplace Sweeden (City or town) (State or foreign country)

Mother
14. Maiden name Inger Anderson
15. Birthplace Sweeden (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mrs. Marie A. Berg USNR and Address Coeur D' Alene, Idaho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/21/44 (Month) (Day) (Year)
   (c) Place: Forest Cemetery
18. Funeral Director's **OWN** Signature Mooney Chapel and Address Coeur D' Alene, Idaho
19. (a) 12/20/44 (Date received and filed) (b) Marie Griffith (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Dec. 19, 1944 19
   at 2:30 o'clock A. M.
21. **I HEREBY CERTIFY**, That I attended deceased from 12/14 1944, to 12/19 1944
   I last saw h~~er~~ alive on 12/18 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Fracture of Neck of femur	5 days.
Due to	
Due to	
Other conditions Gal Embolism (Include pregnancy within 3 months of death)	2 days.

Where was disease contracted?
Name of operation Smith Peterson Nail Date
Major finding
Finding of autopsy

PHYISICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Yes Suicide? Homicide?
   Occurred 12/13 1944 City, county, state where violence occurred
   Place of Violence: Home Farm Industry
   Public Place While at work?
   Means of injury Fell from a stool
23. Attendant's **OWN** Signature O. M. Austad M.D. (M. D. or other)
   and Address Coeur d'Alene Ida. Date 12/19 1944
   (For additional space, use reverse side)

141902

United States
Department of Commerce JAN 8 1945
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No.
Local Reg. No. 320
Reg. Dist. No. 120

1. **PLACE OF DEATH:**
   (a) County Kootenai
   (b) City or town Coeur d'Alene
   (c) Street Address or R.F.D. No. 2105 Sherman Ave.
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home X Hospital.... Institution.... Other place....
   (f) Name Hosp. or Inst..... Stayed.....days
   (g) Lived in this county 37 years .....months .....days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Kootenai
   (c) City or town Coeur d'Alene
   (d) Street Address or R.F.D. No. 2105 Sherman
   (e) Deceased lived Inside? X Outside? ..... city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 37 years
   (h) Former residence (city, state) Iron River, Wisc

3. (a) **FULL NAME** Frank Aigner 93d

3. (b) If veteran, name war no
3. (c) Social Security No. 518-03-3596
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) Sept. 20, 1873

8. AGE	Years	Months	Days	If less than 1 day
	71	2	28	hrs min.

9. Exact Occupation Sawmill worker Did this work for 30 yrs.
10. Industry or Business Trimmer Date last worked 1937
11. Birthplace Vienna, Austria (City or town) (State or foreign country)

Father
12. Name Frank Aigner
13. Birthplace Vienna, Austria (City or town) (State or foreign country)

Mother
14. Maiden name Do not know
15. Birthplace Vienna Austria (City or town) (State or foreign country)

16. Informant's **OWN** Signature Frank L. Imel
and Address 3325 S.E. Division St. Portland, Oregon

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/22/44 (Month) (Day) (Year)
(c) Place: St. Thomas Cemetery, Coeur d'Alene

18. Funeral Director's **OWN** Signature A. B. Nelson
and Address 109-11 Lakeside Coeur d'Alene

19. (a) 12-22-44 (Date received and filed) (b) Marie Griffith (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 12/19 1944
at 8:00 o'clock A. M.

21. **I HEREBY CERTIFY**, That I attended deceased from 12-17 1944, to 12-19 1944
I last saw him alive on 12-19 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Acute Coronary thrombosis	12-19-44
Chronic myocardosis	10 yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation none Date
Major finding
Finding of autopsy none

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature William H. Greenwood M.D. (M. D. or other)
and Address Coeur d'Alene, Ida. Date 12-21 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

141903

United States
Department of Commerce
Bureau of the Census JAN 8 1945

Certificate Of Death

STATE OF IDAHO

State File No.
Local Reg. No. 326
Reg. Dist. No. 12

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
   (a) County Kootenai
   (b) City or town Coeur d'Alene,
   (c) Street Address or R.F.D. No. 802 Mullan
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home .... Hospital X .... Institution .... Other place ....
   (f) Name Hosp. or Inst. ..... Stayed ..... days
   (g) Lived in this county ..... years 5 months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Kootenai
   (c) City or town Coeur d'Alene
   (d) Street Address or R.F.D. No. 802 Mullan
   (e) Deceased lived Inside? X Outside? ..... city or town
   (f) Citizen of what country? USA
   (g) How long had deceased lived in Idaho? 5 mo years
   (h) Former residence (city, state) none

3. (a) **FULL NAME** Thomas Francis Kelley 64

3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife //////
6. (c) Age of husband or wife if alive ////// years
7. Date of Birth (Month, Day, Year) July 31, 1944

8. AGE	Years	Months	Days	If less than 1 day
	0	4	20	hrs ____ min.

9. Exact Occupation none Did this work for ..... yrs.
10. Industry or Business none Date last worked .....
11. Birthplace Coeur d'Alene, Idaho (City or town) (State or foreign country)

Father
12. Name Thomas Kelley
13. Birthplace East View, Kentucky (City or town) (State or foreign country)

Mother
14. Maiden name Virginia F. Nicholas
15. Birthplace Birmingham Ala. (City or town) (State or foreign country)

16. Informant's **OWN** Signature Thomas Kelley
and Address Coeur d'Alene, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-23-44 (Month) (Day) (Year)
(c) Place: Forest Cem. Cd'A. Idaho

18. Funeral Director's **OWN** Signature Don English
and Address Coeur d'Alene, Idaho

19. (a) 12-23-44 (Date received and filed) (b) Marie Griffith (Registrar's Signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 12-21-44 19....
at 8:00 o'clock P M.

21. **I HEREBY CERTIFY**, That I attended deceased from 7/31 1944, to 12-21 1944
I last saw her alive on 12-21 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Status Thymus -	
Lymphaticus	
√ Due to Enlarged Thymus	5 mo
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation — Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19.... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature [illegible] (M. D. or other)
and Address Coeur d'Alene Date 1-2-19 45
(For additional space, see reverse side)
Idaho

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 141904
Local Reg. No. 324
Reg. Dist. No. 124

JAN 8 1945

1. **PLACE OF DEATH:**
(a) County Kootenai
(b) City or town Harrison
(c) Street Address or R.F.D. No. Box 154
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Home X Hospital .... Institution .... Other place ....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 52 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Kootenai
(c) City or town Harrison
(d) Street Address or R.F.D. No. Box 154
(e) Deceased lived Inside? X Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 52 years
(h) Former residence (city, state) Fairfield, Wn.

3. (a) **FULL NAME** Ida May Fisher

830

3. (b) If veteran, name war -- 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife John Fisher 6. (c) Age of husband or wife if alive -- years

7. Date of Birth (Month, Day, Year) November 24, 1872

8. AGE	Years	Months	Days	If less than 1 day
	72	0	29	hrs min.

9. Exact Occupation Housewife Did this work for 52 yrs.
10. Industry or Business ..... Date last worked 12/23/44
11. Birthplace Jefferson County (City or town) Illinois (State or foreign country)
Father 12. Name Do not know Barbee
13. Birthplace Do not know (City or town) (State or foreign country)
Mother 14. Maiden name Roxy Pierson
15. Birthplace Do not know (City or town) (State or foreign country)
16. Informant's **OWN** Signature Stella Knudson
and Address 15-17 E. Mallow Ave
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/26/44 (Month) (Day) (Year)
(c) Place: Harrison Idaho
18. Funeral Director's **OWN** Signature A. B. Nelson
and Address 109-11 Lakeside Ave, C. D. Alene
19. (a) 12-26-44 (Date received and filed) (b) Marie Griffith (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 12/23 19 44
at 8:30 o'clock P. M.

21. **I HEREBY CERTIFY**, That I attended deceased from 12-23 1944, to 12-23 1944
I last saw her alive on 12-23 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebral Hemorrhage	4 hr.
Hypertension #1	10 yrs.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? .....
Name of operation none Date .....
Major finding .....
Finding of autopsy none

PHYISICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred Spokane Wn 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature Hamilton F. Greenwood M.D. Coroner
(M. D. or other)
and Address Coeur d'Alene Ida. Date 12-25 1944
(For additional space, use reverse side)

Horning

141905

United States
Department of Commerce
Bureau of the Census

JAN 8 1945

Certificate Of Death

STATE OF IDAHO

State File No.
Local Reg. No. 325
Reg. Dist. No. 120

1. PLACE OF DEATH:
(a) County Kootenai
(b) City or town Coeur d'Alene
(c) Street Address or R.F.D. No. 2
(d) Death Occured Inside? ..... Outside? X city or town
(e) Died in a Home X Hospital ..... Institution ..... Other place .....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 10 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Kootenai
(c) City or town Coeur d'Alene
(d) Street Address or R.F.D. No. 2
(e) Deceased lived Inside? X Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 10 years
(h) Former residence (city, state) Reeless, Montanan

3. (a) FULL NAME Wright A. Haskins

46 f

3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Martha Haskins
6. (c) Age of husband or wife if alive 75 years
7. Date of Birth (Month, Day, Year) July 10 1866

8. AGE	Years	Months	Days	If less than 1 day
	78	5	14	hrs min.

9. Exact Occupation Laborøer Did this work for 45 yrs.
10. Industry or Business ..... Date last worked 1934
11. Birthplace Crawforld County, Wisconsin (City or town) (State or foreign country)

Father
12. Name Ruell Haskins
13. Birthplace Do not know Penn (City or town) (State or foreign country)

Mother
14. Maiden name Phoebe Taft
15. Birthplace Do not know Wisconsin (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs. T. V. Rowan
and Address Box 1961 - Minot, N. Dak
17. (a) Burial (b) Date thereof 12/27/44 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: Forest Cemetery, C.D. Alene
18. Funeral Director's OWN Signature A. B. Nelson
and Address 109-11 Lakeside Ave.
19. (a) 12/27/44 (Date received and filed) (b) Marie Griffith (Registrar's Signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 12/24 1944
at 10:20 o'clock A. M.

21. **I HEREBY CERTIFY,** That I attended deceased from Jan 25 1944 to Dec 24 1944
I last saw him alive on Dec 23 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Carcinoma involving liver — Duration 1 yr.
Due to probably to chronic cholecystitis with gall stones. — several years
Due to
Other conditions
(Include pregnancy within 3 months of death)
Where was disease contracted? none Home
Name of operation ..... Date .....
Major finding drug diagnosis
Finding of autopsy None.

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's OWN Signature F. F. Haining M.D. (M. D. or other)
and Address Coeur d'Alene Date 12/27 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

141906

United States
Department of Commerce
Bureau of the Census

JAN 8 1945

Certificate Of Death

STATE OF IDAHO

State File No. 141906
Local Reg. No. 331
Reg. Dist. No. 120

1. **PLACE OF DEATH:**
   (a) County Kootenai
   (b) City or town Coeur D' Alene
   (c) Street Address or R. F. D. No.
   (d) Death Occured Inside? in Outside? city or town
   (e) Died in a Home.... Hospital.... Institution.... Other place....
   (f) Name Hosp. or Inst. C. D. A. Homes Stayed 6 mo. days
   (g) Lived in this county 37 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Kootenai
   (c) City or town Coeur D' Alene
   (d) Street Address or R.F.D. No. C. D' A. Homes
   (e) Deceased lived Inside? in Outside? city or town
   (f) Citizen of what country? 37 Yrs. U. S.
   (g) How long had deceased lived in Idaho? 37 years
   (h) Former residence (city, state)

3. (a) **FULL NAME** Diana Betty Strom 50

3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex F. 5. Color or race W.
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife - -
6. (c) Age of husband or wife if alive -- years
7. Date of Birth (Month, Day, Year) June 9, 1875

8. AGE	Years	Months	Days	If less than 1 day
	69	6	16	hrs min.

9. Exact Occupation At Home Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Germany (City or town) (State or foreign country)

Father
12. Name Johan Haberbeck
13. Birthplace Germany (City or town) (State or foreign country)

Mother
14. Maiden name Maria Summer
15. Birthplace Germany (City or town) (State or foreign country)

16. Informant's **OWN** Signature John W. Strom
and Address Pathdream, Idaho Rt. 1.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/27/44 (Month) (Day) (Year)
(c) Place: Forest Cemetery

18. Funeral Director's **OWN** Signature Kenn. Mooney Chapel
and Address Coeur D' Alene, Idaho.

19. (a) 12-27-44 (Date received and filed) (b) Marie Griffith (Registrar's Signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Dec. 25, 1944 19
at 3:30 o'clock P. M.

21. **I HEREBY CERTIFY**, That I attended deceased from 10/3/ 1944, to Dec. 25 1944
I last saw her alive on 12/25/44 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: (Duration)
Carcinoma of the breast
Due to Metastases — 14 yr.
Due to
Other conditions
(Include pregnancy within 3 months of death)

Where was disease contracted?
Name of operation — Date
Major finding
Finding of autopsy —

PHYISICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature [signature] (M. D. or other)
and Address Coeur D' Alene, Idaho. Date 19 44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

141907

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

JAN 8 1945

STATE OF IDAHO

State File No. 141907
Local Reg. No. 321
Reg. Dist. No. 121

1. **PLACE OF DEATH:**
   (a) County Kootenai
   (b) City or town USNT C Farragut
   (c) Street Address or R.F.D. No. Farragut
   (d) Death Occured Inside? x Outside? ..... city or town
   (e) Died in a Home .... Hospital .... Institution .... Other place x
   (f) Name Hosp. or Inst. ------ Stayed - days
   (g) Lived in this county 0 years 2 months 0 days

   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Kootenai
   (c) City or town USNTC Farragut, Idaho
   (d) Street Address or R.F.D. No. Farragut
   (e) Deceased lived Inside? x Outside? ..... city or town
   (f) Citizen of what country? US
   (g) How long had deceased lived in Idaho? 2 Months ..... years
   (h) Former residence (city, state) Portland, Ore.

3. (a) **FULL NAME** ASCHIM, Dean Maurice. AS, V-12, USNR. 733-87-20 195E

3. (b) If veteran, name war None
3. (c) Social Security No. not known
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife none
6. (c) Age of husband or wife if alive ---- years
7. Date of Birth (Month, Day, Year) 4-11-25

8. AGE	Years	Months	Days	If less than 1 day
	19	8	16	hrs ..... min.

9. Exact Occupation V-12 Student Did this work for 1 yrs.
10. Industry or Business US Navy Reserve Date last worked 1944
11. Birthplace Snoqualmie, Washington (City or town) (State or foreign country)

Father
12. Name not known
13. Birthplace not known (City or town) (State or foreign country)

Mother
14. Maiden name Vivienne Susan -----
15. Birthplace not known (City or town) (State or foreign country)

16. Informant's **OWN** Signature F.I. Taylor. Pharm. USNR
and Address USNH. Farragut, Idaho
17. (a) removal (Burial, cremation, or removal) (b) Date thereof 12-29-44 (Month) (Day) (Year)
(c) Place: Portland, Oregon
18. Funeral Director's **OWN** Signature MOON MORTUARY
and Address SANDPOINT, IDAHO
19. (a) 12-29-1944 (Date received and filed) (b) ..... (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 27 December 1944
at 3:15 o'clock P. M.
21. **I HEREBY CERTIFY**, That I attended deceased from 27 December 1944, to 27 December 1944 ~~XXXX

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

JAN 8 1945

State File No. 141908
Local Reg. No. 339
Reg. Dist. No. 121

1. **PLACE OF DEATH:**
   (a) County Kootenai
   (b) City or town Rathdrum
   (c) Street Address or R.F.D. No. Route 1
   (d) Death Occured Inside? ... Outside? X city or town
   (e) Died in a Home X Hospital ... Institution ... Other place ...
   (f) Name Hosp. or Inst. ... Stayed ... days
   (g) Lived in this county 38 years ... months ... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Kootenai
   (c) City or town Rathdrum
   (d) Street Address or R.F.D. No. Route 1
   (e) Deceased lived Inside? ... Outside? X city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 38 years
   (h) Former residence (city, state) Downs, Washingto

3. (a) **FULL NAME** Maria Neustel 97

3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife William Neustel
6. (c) Age of husband or wife if alive 83 years
7. Date of Birth (Month, Day, Year) June 10 1861

8. AGE	Years	Months	Days	If less than 1 day
	83	6	20	hrs ... min.

9. Exact Occupation Housewife — Did this work for 69 yrs.
10. Industry or Business — Date last worked 12/30/44
11. Birthplace Stuggart, Wittenberg, Germany (City or town) (State or foreign country)

Father
12. Name Do not know Munz
13. Birthplace Do not know Germany (City or town) (State or foreign country)

Mother
14. Maiden name Do not know
15. Birthplace Do not know Germany (City or town) (State or foreign country)

16. Informant's **OWN** Signature Oscar Neustel
and Address Hayden Lake Ida.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/3/45 (Month) (Day) (Year)
(c) Place: Forest, Coeur d'Alene Ida.
18. Funeral Director's **OWN** Signature 109-11 Lakeside C.D.Alene
and Address By A.B. Nelson
19. (a) 1-3-45 (Date received and filed) (b) Marie Griffith (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) December 30 19 44
at 3:00 o'clock P. M.
21. **I HEREBY CERTIFY**, That I attended deceased from nov 19 19 43, to Dec 26 19 44
I last saw her alive on dec 26 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — Duration
Arterio Sclerosis — many years
with, Hypertension.
Due to ...
Due to ...
Other conditions (Include pregnancy within 3 months of death) ...
Where was disease contracted? ...
Name of operation ... Date ...
Major finding ...
Finding of autopsy ...

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ... Suicide? ... Homicide? ...
Occurred ... 19 ... City, county, state where violence occurred ...
Place of Violence: Home ... Farm ... Industry ...
Public Place ... While at work? ...
Means of injury ...
23. Attendant's **OWN** Signature O.M. Kester MD (M. D. or other)
and Address Coeur d'Alene Ida Date 1/2 1945
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

DEC 11 1944

Certificate Of Death

STATE OF IDAHO

State File No. 141909
Local Reg. No. 1130
Reg. Dist. No. 200

1. **PLACE OF DEATH:**
(a) County Latah
(b) City or town Moscow
(c) Street Address or R.F.D. No. 710S.Main
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Home ..... Hospital X Institution ..... Other place
(f) Name Hosp. or Inst. Gritman Stayed 20 min.
(g) Lived in this county 34 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Latah
(c) City or town Troy
(d) Street Address or R.F.D. No. .....
(e) Deceased lived Inside? X Outside? ..... city or town
(f) Citizen of what country? USA
(g) How long had deceased lived in Idaho? 34 years
(h) Former residence (city, state) .....

3. (a) **FULL NAME** Leonard Carl Nelson

175d

3. (b) If veteran, name war none
3. (c) Social Security No. 519-07-0836
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) February 24, 1898

8. AGE	Years	Months	Days	If less than 1 day
	46	8	28	hrs min.

9. Exact Occupation Jammer man Did this work for 25 yrs.
10. Industry or Business Saw Mill Date last worked 11-22-44
11. Birthplace Sweden (City or town) (State or foreign country)
Father
12. Name Carl Nelson
13. Birthplace Sweden (City or town) (State or foreign country)
Mother
14. Maiden name Augusta Ostrum
15. Birthplace Sweden (City or town) (State or foreign country)
16. Informant's **OWN** Signature Hjalmar W. Nelson
and Address Harvard, Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 11-26-44 (Month) (Day) (Year)
(c) Place: Troy, Idaho
18. Funeral Director's **OWN** Signature H. B. Short
and Address Moscow, Idaho
19. (a) 12-8-44 (Date received and filed) (b) C. J. Klaarn (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) November 22 1944
at 5:40 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from Nov 22 1944, to Nov 22 1944
I last saw him alive on Nov 22 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Fracture skull compound	4 hrs
concussion	
Due to none	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

✓ Where was disease contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? X Suicide? ..... Homicide? .....
Occurred Nov. 22, 1944 City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry X
Public Place ..... While at work? x
Means of injury Tractor--Potlatch Forests Co.
23. Attendant's **OWN** Signature C. J. Klaarn (M. D. or other)
and Address Moscow Ida Date 12-4 1944
(For additional space, use reverse side)

141910

United States
Department of Commerce
Bureau of the Census JAN 5 1945

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 19
Reg. Dist. No. 208

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. PLACE OF DEATH:
(a) County Latah
(b) City or town Onaway
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Yes Outside? city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 40 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Latah
(c) City or town Onaway
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Yes Outside? city or town
(f) If foreign born, in U. S. yrs. Citizen of U. S.?
(g) How long had deceased lived in Idaho? 40 years
(h) Former residence (city, state)

3. (a) **FULL NAME** Florelo Closson 93a

3. (b) If veteran, name war None 3. (c) Social Security No. None
4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Annie 6 (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) February 12 1859

8. AGE	Years	Months	Days	If less than 1 day
	85	9	20	hrs min.

9. Exact Occupation Farmer Did this work for 50 yrs.
10. Industry or Business Wheat Farm Date last worked 9-1-1930
11. Birthplace McGregor (City or town) Iowa (State or foreign country)

Father
12. Name Albert Closson
13. Birthplace (City or town) Unknown (State or foreign country)

Mother
14. Maiden name Francis Lamphere
15. Birthplace (City or town) Unknown (State or foreign country)

16. Informant's **OWN** Signature M. J. Bushnell and Address Potlatch, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12 - 6 - 1944 (Month) (Day) (Year)
(c) Place: Moscow, Idaho
18. Funeral Director's **OWN** Signature H. E. Mitchell and Address Palouse, Wash.
19. (a) Dec 4- 1944 (Date received and filed) (b) Gladys M. Mariama (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) December 2 1944 at 8 o'clock P M.
21. I **HEREBY CERTIFY,** That I attended deceased from 9-15 1944, to 12-2 1944
I last saw h.im alive on 12-2 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Myocarditis Acute	
Due to Old age	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease first contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature D. W. McKinley M.D. (M. D. or other)
and Address Potlatch Ida Date 12-4 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JAN 12 1945

Certificate Of Death

STATE OF IDAHO

State File No. 141911
Local Reg. No. 1134
Reg. Dist. No. 2100

1. **PLACE OF DEATH:**
   (a) County Latah
   (b) City or town Moscow
   (c) Street Address or R. F. D. No. 313 So. Main
   (d) Death Occured Inside? x Outside? ..... city or town
   (e) Died in a Home x Hospital .... Institution .... Other place ....
   (f) Name Hosp. or Inst. ..... Stayed ..... days
   (g) Lived in this county 35 years ..... months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Latah
   (c) City or town Moscow
   (d) Street Address or R.F.D. No. 313 So. Main
   (e) Deceased lived Inside? x Outside? ..... city or town
   (f) Citizen of what country? .....
   (g) How long had deceased lived in Idaho? 35 years
   (h) Former residence (city, state) .....

3. (a) **FULL NAME** George Elmer Briggs 1316

3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) May 8, 1884

8. AGE	Years	Months	Days	If less than 1 day
	60	6	26	hrs min.

9. Exact Occupation retired Farmer Did this work for ..... yrs.
10. Industry or Business Farming Date last worked .....
11. Birthplace Cerro-Gordo County Iowa (City or town) (State or foreign country)

Father
12. Name Frank Briggs
13. Birthplace Iowa (City or town) (State or foreign country)

Mother
14. Maiden name Ellen Weitganant
15. Birthplace Indiana (City or town) (State or foreign country)

16. Informant's **OWN** Signature Edna Briggs
and Address Rockford, Iowa
17. (a) removal (Burial, cremation, or removal) (b) Date thereof 12-5-44 (Month) (Day) (Year)
(c) Place: Rockford, Iowa
18. Funeral Director's **OWN** Signature H. A. Short
and Address Moscow, Idaho
19. (a) 1-9-45 (Date received and filed) (b) L. J. Klaas (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) December 4 19 44
at 6:40 o'clock A M.

21. **I HEREBY CERTIFY**, That I attended deceased from 12-3- 1943, to 12-4- 1944
I last saw him alive on 12-3- 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration
Chronic nephritis
with edema and uremia
Due to Chronic myocarditis
Due to .....
Other conditions Chronic bronchitis
(Include pregnancy within 3 months of death)

Where was disease contracted? .....
Name of operation none Date .....
Major finding .....
Finding of autopsy none

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? — Suicide? — Homicide? —
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home — Farm — Industry —
Public Place — While at work? .....
Means of injury none

23. Attendant's **OWN** Signature Joseph R. Nelson M.D.
(M. D. or other)
and Address Moscow, Ida Date 12-5 19 44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JAN 12 1945

Certificate Of Death

STATE OF IDAHO

State File No. 141912
Local Reg. No. 1136
Reg. Dist. No. 200

1. PLACE OF DEATH:
(a) County Latah
(b) City or town Mosco
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? Outside? city or town
(e) Died in a Home Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State (b) County
(c) City or town Kendrick, Ida.
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? Outside? city or town
(f) Citizen of what country? U. S. A.
(g) How long had deceased lived in Idaho? 8 day~~years~~
(h) Former residence (city, state)

3. (a) FULL NAME Jerry Ray King 159

3. (b) If veteran, name war x
3. (c) Social Security No. x
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife x
6. (c) Age of husband or wife if alive x years
7. Date of Birth (Month, Day, Year) November 30 1944

8. AGE	Years	Months	Days	If less than 1 day
			8	hrs min.

9. Exact Occupation x
Did this work for x yrs.
10. Industry or Business x
Date last worked x
11. Birthplace Kendrick, Idaho (City or town) (State or foreign country)
Father
12. Name Ray C. King
13. Birthplace Tacoma, Washington (City or town) (State or foreign country)
Mother
14. Maiden name Gladys Candler
15. Birthplace Cavendish, Idaho (City or town) (State or foreign country)
16. Informant's OWN Signature Ray C. King
and Address Kendrick, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-9-44 (Month) (Day) (Year)
(c) Place: Normal Hill Cem. Lewiston, Ida. Reg. in.
18. Funeral Director's OWN Signature L B Wann
and Address Lewiston, Idaho
19. (a) Dec. 9, 44 (Date received and filed) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) December 7 1944
at 11 o'clock P M.
21. I HEREBY CERTIFY, That I attended deceased from Nov 11 1944, to Dec 7 1944
I last saw him alive on Dec 1 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Prematurity (7 mo. baby 2 1/2 lbs.)	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYISCIAN Underline the cause to which death should be charged statistically.
Name of operation Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature D A Christensen (M. D. or other)
and Address Kendrick Date Dec 11 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JAN 12 1945

Certificate Of Death

STATE OF IDAHO

State File No. 141913
Local Reg. No. 1137
Reg. Dist. No. 701

1. **PLACE OF DEATH:**
   (a) County Latah
   (b) City or town Moscow
   (c) Street Address or R.F.D. No. 710 S. Main
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home .... Hospital X Institution .... Other place ....
   (f) Name Hosp. or Inst. Gritman Stayed 18 hrs days 18 hrs hrs
   (g) Lived in this county ..... years ..... months 18 hrs days hrs

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Latah
   (c) City or town Moscow, Idaho
   (d) Street Address or R.F.D. No. 710 S. Main
   (e) Deceased lived Inside? X Outside? ..... city or town
   (f) Citizen of what country? USA
   (g) How long had deceased lived in Idaho? 1 day years
   (h) Former residence (city, state) .....

3. (a) **FULL NAME** Baby Broesder

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3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife none
6. (c) Age of husband or wife if alive none years
7. Date of Birth (Month, Day, Year) December 11, 1944

8. AGE	Years	Months	Days	If less than 1 day
			1 ✓	hrs min.

9. Exact Occupation none — Did this work for ..... yrs.
10. Industry or Business none — Date last worked .....
11. Birthplace Moscow (City or town) Idaho (State or foreign country)

Father
12. Name John Broesder
13. Birthplace Grougan (City or town) Holland (State or foreign country)

Mother
14. Maiden name Agnes Koistra
15. Birthplace Oak Harbor, (City or town) Washington (State or foreign country)

16. Informant's **OWN** Signature John Broesder
and Address Moscow, Idaho

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 12-13-44 (Month) (Day) (Year)
(c) Place: Moscow, Idaho

18. Funeral Director's **OWN** Signature E. B. Short
and Address Moscow, Idaho

19. (a) 1-9-45 (Date received and filed) (b) L. F. Kleam (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) December 12 1944
at 6:00 o'clock A M.

21. **I HEREBY CERTIFY**, That I attended deceased from Dec 11 1944, to Dec 12 1944
I last saw him alive on Dec 12 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Prematurity — Duration 2 dys
Due to —
Due to —
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? .....
Name of operation — Date .....
Major finding —
Finding of autopsy —

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? — Suicide? — Homicide? —
Occurred — 19 — City, county, state where violence occurred .....
Place of Violence: Home .... Farm .... Industry ....
Public Place — While at work? ....
Means of injury .....

23. Attendant's **OWN** Signature Edward N. Dimm M.D. (M. D. or other)
and Address Moscow, Idaho Date 12-14 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JAN 5 1945

Certificate Of Death

STATE OF IDAHO

State File No. 141914
Local Reg. No.
Reg. Dist. No. 202

1. **PLACE OF DEATH:**
(a) County Latah
(b) City or town Kendrick
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? Outside? city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 46 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Latah
(c) City or town Kendrick
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? Yes
(g) How long had deceased lived in Idaho? 46 years
(h) Former residence (city, state) Minnesota

3. (a) **FULL NAME** Mrs Attilia Long Freytag 52b

3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex f
5. Color or race w
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Wm Freytag
6. (c) Age of husband or wife if alive ✓ years
7. Date of Birth (Month, Day, Year) May 27th 1872

8. AGE	Years	Months	Days	If less than 1 day
	72	6	15	hrs min.

9. Exact Occupation Housewife Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace (City or town) Germany (State or foreign country)
Father
12. Name Unknown
13. Birthplace (City or town) (State or foreign country)
Mother
14. Maiden name Unknown
15. Birthplace (City or town) (State or foreign country)
16. Informant's **OWN** Signature Wayne Kuykendall
and Address Kendrick, Idaho
17. (a) Burial (Burial, cremation or removal) (b) Date thereof 12-15-44 (Month) (Day) (Year)
(c) Place: Cameron, Idaho
18. Funeral Director's **OWN** Signature L. B. Wann
and Address Lewiston, Idaho
19. (a) Dec 15, 1944 (Date received and filed) (b) B. G. Nesbit (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Dec 12 1944
at 4 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from Dec 2 1944, to Dec 12 1944
I last saw her alive on Dec 9 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Carcinoma of bladder	
c metastasis	2 yrs
Due to	
Due to	
Other conditions pathologic fracture of rt tibia (Include pregnancy within 3 months of death)	1 mo.
Where was disease contracted? home	PHYISCIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature D. A. Christensen (M. D. or other)
and Address Kendrick Date Dec 12 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 141915
Local Reg. No. 1138
Reg. Dist. No. 300

JAN 12 1945

1. **PLACE OF DEATH:**
   (a) County Latah
   (b) City or town Onoway
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? X Outside? city or town
   (e) Died in a Home X Hospital Institution Other place
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county 41 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Latah
   (c) City or town Onoway
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? X Outside? city or town
   (f) Citizen of what country? USA
   (g) How long had deceased lived in Idaho? 41 years
   (h) Former residence (city, state)

3. (a) **FULL NAME** Charles Franklin Tavis

93a

3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced divorced
6. (b) Name of husband or wife unknown
6. (c) Age of husband or wife if alive unknown years
7. Date of Birth (Month, Day, Year) unknown

8. AGE	Years	Months	Days	If less than 1 day hrs min.
	68			

9. Exact Occupation farmer — Did this work for yrs.
10. Industry or Business Farming — Date last worked
11. Birthplace unknown (City or town) (State or foreign country)

Father
12. Name Isaac Tavis
13. Birthplace unknown (City or town) (State or foreign country)

Mother
14. Maiden name Minerva
15. Birthplace unknown (City or town) (State or foreign country)

16. Informant's **OWN** Signature H. R. Short
and Address Moscow, Idaho

17. (a) removal (Burial, cremation, or removal) (b) Date thereof 12-19-44 (Month) (Day) (Year)
(c) Place: Palouse Wn.

18. Funeral Director's **OWN** Signature H. R. Short
and Address Moscow, Idaho

19. (a) 1-9-45 (Date received and filed) (b) L. J. Klaam (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) December 15 19 44
at o'clock M.

21. **I HEREBY CERTIFY**, That I attended deceased from 19, to 19
I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Acute Myocarditis	
Found dead in bed.	
✓ Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature H. R. Short (M. D. or other)
and Address Moscow Date 12/16 19 44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 141916
Local Reg. No. 1189
Reg. Dist. No. 2-16

JAN 12 1945

1. **PLACE OF DEATH:**
   (a) County Latah
   (b) City or town Moscow
   (c) Street Address or R.F.D. No. 111 No. Jackson
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home X Hospital .... Institution .... Other place ....
   (f) Name Hosp. or Inst. ..... Stayed ..... days
   (g) Lived in this county 43 years ..... months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Latah
   (c) City or town Moscow
   (d) Street Address or R.F.D. No. 111 No. Jackson
   (e) Deceased lived Inside? X Outside? ..... city or town
   (f) Citizen of what country? USA
   (g) How long had deceased lived in Idaho? 43 years
   (h) Former residence (city, state) .....

3. (a) **FULL NAME** Kiefferd Oren Marlette

47d

3. (b) If veteran, name war none
3. (c) Social Security No. 519-09-5370
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Sylvia
6. (c) Age of husband or wife if alive 44 years
7. Date of Birth (Month, Day, Year) January 15, 1901

8. AGE	Years	Months	Days	If less than 1 day
	43	11	2	hrs ..... min.

9. Exact Occupation Meat cutter — Did this work for 1 ½ yrs.
10. Industry or Business A & K Market — Date last worked 10-14-44
11. Birthplace Moscow (City or town) Idaho (State or foreign country)

Father
12. Name E. D. Marlette
13. Birthplace ..... (City or town) ..... (State or foreign country)

Mother
14. Maiden name Edith P. Tribble
15. Birthplace Princeton, Idaho (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mrs. K. O. Marlette
and Address Moscow, Idaho

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 12-30-44 (Month) (Day) (Year)
(c) Place: Moscow, Idaho

18. Funeral Director's **OWN** Signature H. R. Short
and Address Moscow, Idaho

19. (a) 1-9-45 (Date received and filed) (b) L. J. Klaas (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) December 17 19 44
at 1:30 AM o'clock A.M.

21. **I HEREBY CERTIFY**, That I attended deceased from Jan 1936 19 36, to Dec 17 19 44
I last saw h.xxx alive on Dec 17 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Terminal Broncho Pneumonia	1 day
Due to Sarcoma of lung	1 month
Due to Sarcoma of intestines	?
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? —
Name of operation — Date .....
Major finding —
Finding of autopsy 0

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature Edw. N. Dunn M.D. (M. D. or other)
and Address Moscow, Idaho Date 12-20 1944
(For additional space, use reverse side)

Armstrong 141917

United States
Department of Commerce
Bureau of the Census

JAN 12 1945

Certificate Of Death

STATE OF IDAHO

State File No.
Local Reg. No. 1140
Reg. Dist. No. 300

1. PLACE OF DEATH:
(a) County Latah
(b) City or town Moscow
(c) Street Address or R.F.D. No. 710 So. Main
(d) Death Occured Inside? x Outside? ..... city or town
(e) Died in a Home.... Hospital x Institution.... Other place....
(f) Name Hosp. or Inst. Gritman Stayed 2 days
(g) Lived in this county 56 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Latah
(c) City or town Moscow
(d) Street Address or R.F.D. No. Rt. # 2
(e) Deceased lived Inside? ..... Outside? x city or town
(f) Citizen of what country? USA
(g) How long had deceased lived in Idaho? 56 years
(h) Former residence (city, state) .....

3. (a) FULL NAME Michael M. Mulalley

33 b

3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Augusta
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) January 27, 1872

8. AGE	Years	Months	Days	If less than 1 day
	72	10	21	hrs min.

9. Exact Occupation Farmer Did this work for life yrs.
10. Industry or Business Farming Date last worked .....
11. Birthplace Monaghan (City or town) Ireland (State or foreign country)
Father
12. Name Patrick Walter Mulalley
13. Birthplace Tipperary (City or town) Ireland (State or foreign country)
Mother
14. Maiden name Mary Hughes
15. Birthplace ..... (City or town) Ireland (State or foreign country)
16. Informant's OWN Signature Walter Mulalley
and Address Moscow, Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 12-21-44 (Month) (Day) (Year)
(c) Place: Moscow, Idaho
18. Funeral Director's OWN Signature H. R. Short
and Address Moscow, Idaho
19. (a) 1-9-45 (Date received and filed) (b) C. J. Klaarn (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) December 18 1944
at 2:30 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from ..... 19....., to 12/18 1944
I last saw him alive on 12/17 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Acute myocarditis	1 day
Due to Acute Influenza	4 days
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? None
Name of operation none Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's OWN Signature [signature] (M. D. or other)
and Address Minnow Ida Date 12/21 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Coroner 141918

United States
Department of Commerce
Bureau of the Census

JAN 12 1945

Certificate Of Death

STATE OF IDAHO

State File No.
Local Reg. No. 1141
Reg. Dist. No. 200

1. PLACE OF DEATH:
(a) County Latah
(b) City or town Genesee, Idaho
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? X Outside? city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 8 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Latah
(c) City or town Genesee
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? USA
(g) How long had deceased lived in Idaho? 8 years
(h) Former residence (city, state)

3. (a) **FULL NAME** Dennis William Ring 93e

3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Dec. 22, 1862

8. AGE	Years	Months	Days	If less than 1 day
	81	11	26	hrs min.

9. Exact Occupation farmer Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Fall River, Mass. (City or town) (State or foreign country)
Father 12. Name unknown
13. Birthplace unknown (City or town) (State or foreign country)
Mother 14. Maiden name unknown
15. Birthplace unknown (City or town) (State or foreign country)
16. Informant's **OWN** Signature H. R. Short
and Address Genesee, Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 12-22-44 (Month) (Day) (Year)
(c) Place: Genesee Catholic Cemetery
18. Funeral Director's **OWN** Signature H. R. Short
and Address Moscow, Idaho
19. (a) 1-9-45 (Date received and filed) (b) C. J. Klaarn Moscow (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) December 18 1944
at 2:10 o'clock P M.
21. **I HEREBY CERTIFY**, That I attended deceased from 19, to 19
I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Myocarditis	
√ Due to	
Due to Senility	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature H. R. Short (M. D. or other) Coroner
and Address 12-19 Date 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census JAN 12 1945

Certificate Of Death

STATE OF IDAHO

Coroner
State File No. 141919
Local Reg. No. 1142
Reg. Dist. No. 200

1. **PLACE OF DEATH:**
   (a) County Latah
   (b) City or town Rural
   (c) Street Address or R.F.D. No. RFD # 5
   (d) Death Occured Inside? ..... Outside? X city or town
   (e) Died in a Home X Hospital ..... Institution ..... Other place .....
   (f) Name Hosp. or Inst. ..... Stayed ..... days
   (g) Lived in this county 42 years ..... months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Latah
   (c) City or town rural
   (d) Street Address or R.F.D. No. RFD. # 5
   (e) Deceased lived Inside? ..... Outside? X city or town
   (f) Citizen of what country? USA
   (g) How long had deceased lived in Idaho? 42 years
   (h) Former residence (city, state) .....

3. (a) **FULL NAME** Joseph W. Chadek 1625

3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Mary
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) August 24, 1846

8. AGE	Years	Months	Days	If less than 1 day
	98	3	25	hrs min.

9. Exact Occupation farmer — Did this work for life yrs.
10. Industry or Business farming — Date last worked .....
11. Birthplace Czechslovakia (City or town) (State or foreign country)

Father
12. Name Frank Chadek
13. Birthplace Czechslovakia (City or town) (State or foreign country)

Mother
14. Maiden name Mary
15. Birthplace Czechslovakia (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mrs Joe Glover
and Address Troy, Idaho

17. (a) burial (Burial, cremation, or removal) (b) Date thereof Dec. 22, 1944 (Month) (Day) (Year)
(c) Place: Moscow, Cemetery

18. Funeral Director's **OWN** Signature E. R. Short
and Address Moscow, Idaho

19. (a) 1-9-45 (Date received and filed) (b) E J Klasen (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) December 19 1944
at 9:30 o'clock P M.

21. **I HEREBY CERTIFY**, That I attended deceased from ..... 19..... to ..... 19.....
I last saw h..... alive on ..... 19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — Duration

Due to Senility

Due to .....

Other conditions (Include pregnancy within 3 months of death) .....

Where was disease contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature E. R. Short (M. D. or other)
and Address Moscow Date 12-22 19 44

(For additional space, use reverse side)

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 141920
Local Reg. No. 20
Reg. Dist. No. 208

1. **PLACE OF DEATH:**
(a) County Latah
(b) City or town Rural
(c) Street Address or R. F. D. No. 4 Miles N. Potlatch
(d) Death Occurred Inside? ..... Outside? Yes city or town
(e) Died in a Home X Hospital ... Institution ... Other place ...
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 63 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Latah
(c) City or town Rural
(d) Street Address or R. F. D. No. 4 Mi. N. Potl.
(e) Deceased lived Inside? ..... Outside Yes city or town
(f) If foreign born, in U. S. ..... yrs. Citizen of U. S.? .....
(g) How long had deceased lived in Idaho? 63 years
(h) Former residence (city, state) .....

3. (a) **FULL NAME** James Adron McCown

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Muriel
6 (c) Age of husband or wife if alive 63 years
7. Date of Birth (Month, Day, Year) March 15, 1873

8. AGE	Years	Months	Days	If less than 1 day
	71	9	5	hrs ... min.

9. Exact Occupation Farmer — Did this work for 40 yrs.
10. Industry or Business Wheat Farm — Date last worked 9-1-1933
11. Birthplace Woodburn (City or town) Oregon (State or foreign country)

Father
12. Name Lewis B. McCown
13. Birthplace ..... (City or town) Mo. (State or foreign country)

Mother
14. Maiden name Violet C. Caldwell
15. Birthplace ..... (City or town) Ky. (State or foreign country)

16. Informant's **OWN** Signature Jas. A. McCown and Address Richmond California
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-24-44 (Month) (Day) (Year)
(c) Place: Freeze, Idaho
18. Funeral Director's **OWN** Signature R E Kimball and Address Palouse, Wash.
19. (a) Dec 22 - 1944 (Date received and filed) (b) Grady McManama (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) December 20 1944 at 9:20 o'clock P M.

21. I **HEREBY CERTIFY**, That I attended deceased from Oct 1, 1941 to Dec 20 1944
I last saw him alive on Dec 16 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebral Thrombosis	10 days
Due to Arteriosclerosis	8-5 years
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease first contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature J. W. DeBree M.D. (M. D. or other)
and Address Palouse Wash. Date 12/21 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census JAN 12 1945

Certificate Of Death

STATE OF IDAHO

(Klaarenbeek) State File No. 141921
Local Reg. No. 1143
Reg. Dist. No. 300

1. **PLACE OF DEATH:**
(a) County Latah
(b) City or town Moscow
(c) Street Address or R.F.D. No. 821 S. Jefferson
(d) Death Occured Inside? x Outside? ..... city or town
(e) Died in a Home x Hospital ..... Institution ..... Other place .....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 3 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Latah
(c) City or town Moscow
(d) Street Address or R.F.D. No. 821 S. Jeff. St.
(e) Deceased lived Inside? x Outside? ..... city or town
(f) Citizen of what country? USA
(g) How long had deceased lived in Idaho? 3 years
(h) Former residence (city, state) .....

3. (a) **FULL NAME** Charles William Mischke 83a

3. (b) If veteran, name war none
3. (c) Social Security No. 517-05-5157
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Ethel
6. (c) Age of husband or wife if alive 59 years
7. Date of Birth (Month, Day, Year) Sept. 18, 1879

8. AGE	Years	Months	Days	If less than 1 day
	65	3	10	hrs ..... min.

9. Exact Occupation Laborer — Did this work for life yrs.
10. Industry or Business ..... — Date last worked May-1944
11. Birthplace Scranton, Iowa (City or town) (State or foreign country)
Father 12. Name Frederick Mischke
Father 13. Birthplace Germany (City or town) (State or foreign country)
Mother 14. Maiden name Matilda Rungea
Mother 15. Birthplace Germany (City or town) (State or foreign country)
16. Informant's **OWN** Signature Ethel Mischke and Address Moscow, Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 1-2-1945 (Month) (Day) (Year)
(c) Place: Moscow Idaho
18. Funeral Director's **OWN** Signature F. R. Short and Address Moscow, Idaho
19. (a) ..... (Date received and filed) (b) L J Klaarenbeek (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) December 28 1944
at 5:55 o'clock P M.
21. **I HEREBY CERTIFY**, That I attended deceased from May 1944, to Dec 28 1944
I last saw h\ alive on Dec 28 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death	Duration
Cerebral Hemorrhage	4 days
Due to Hypertension	8 years
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature L J Klaarenbeek (M. D. or other)
and Address Moscow Ida Date 1-8 1945
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

JAN 12 1945 STATE OF IDAHO

State File No. 141922
Local Reg. No. 11 44
Reg. Dist. No. 700

1. **PLACE OF DEATH:**
(a) County Latah
(b) City or town Moscow
(c) Street Address or R.F.D. No. 437 E. Spotswood
(d) Death Occured Inside? x Outside? ..... city or town
(e) Died in a Home x Hospital .... Institution .... Other place ....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 56 years 4 months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Latah
(c) City or town Harward Idaho
(d) Street Address or R.F.D. No. [illegible]
(e) Deceased lived Inside? x Outside? ..... city or town
(f) Citizen of what country? USA
(g) How long had deceased lived in Idaho? 23 years
(h) Former residence (city, state) .....

3. (a) **FULL NAME** Ellen Clyde Smith

46b

3. (b) If veteran, name war none
3. (c) Social Security No. 531-24-7136
4. Sex F
5. Color or race W.
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Homer
6. (c) Age of husband or wife if alive 60 years
7. Date of Birth (Month, Day, Year) May 6, 1888

8. AGE	Years	Months	Days	If less than 1 day
	56	7	23	hrs min.

9. Exact Occupation Housewife Did this work for life yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Potlatch, Idaho (City or town) (State or foreign country)

Father
12. Name Pete Clyde
13. Birthplace Canada (City or town) (State or foreign country)

Mother
14. Maiden name Mary Clyde
15. Birthplace Arkansas (City or town) (State or foreign country)

16. Informant's **OWN** Signature Stanley Smith
and Address 437 E. Spotswood
17. (a) burial (Burial, cremation or removal) (b) Date thereof 12-31-44 (Month) (Day) (Year)
(c) Place: Freeze Cemetery
18. Funeral Director's **OWN** Signature H. R. Short
and Address Moscow, Idaho
19. (a) 1-9-45 (Date received and filed) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Dec. 29 19 44
at 8:10 o'clock A M.

21. **I HEREBY CERTIFY**, That I attended deceased from 6-3- 1936 to Dec 29 1944
I last saw her alive on Dec 29 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebral hemorrhage	1 wk
Due to Carcinoma of Stomach	1 year
Due to (Sarcoma	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? —
Name of operation — Date .....
Major finding .....
Finding of autopsy none

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? — Suicide? — Homicide? —
Occurred — 19 ..... City, county, state where violence occurred —
Place of Violence: Home — Farm — Industry —
Public Place — While at work? —
Means of injury —

23. Attendant's **OWN** Signature Joseph R. Wilson MD (M. D. or other)
and Address Moscow Date 1-3 1945
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JAN 12 1945

Certificate Of Death

STATE OF IDAHO

Amended 141923
State File No. 1145
Local Reg. No. 300
Reg. Dist. No.

1. **PLACE OF DEATH:**
   (a) County Latah
   (b) City or town Kendrick
   (c) Street Address or R.F.D. No. rural
   (d) Death Occured Inside? ... Outside? X city or town
   (e) Died in a Home X Hospital ... Institution ... Other place ...
   (f) Name Hosp. or Inst. ... Stayed ... days
   (g) Lived in this county 47 years ... months ... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Latah
   (c) City or town Kendrick
   (d) Street Address or R.F.D. No. rural
   (e) Deceased lived Inside? ... Outside? X city or town
   (f) Citizen of what country? USA
   (g) How long had deceased lived in Idaho? 47 years
   (h) Former residence (city, state) ...

3. (a) **FULL NAME** Lelia Bonnell Cox

3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife William
6. (c) Age of husband or wife if alive ... years
7. Date of Birth (Month, Day, Year) August 24, 1865

8. AGE	Years	Months	Days	If less than 1 day
	79	4	6	hrs ... min.

9. Exact Occupation housewife — Did this work for ... yrs.
10. Industry or Business ... — Date last worked ...
11. Birthplace Colchester, Nova Scotia (City or town) (State or foreign country)

Mother Father
12. Name William Bonnell
13. Birthplace Nova Scotia (City or town) (State or foreign country)

Mother Father
14. Maiden name Letetia Cox
15. Birthplace Nova Scotia (City or town) (State or foreign country)

16. Informant's **OWN** Signature ...
and Address Moscow, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 2 -45 (Month) (Day) (Year)
(c) Place: American Ridge Cemetery

18. Funeral Director's **OWN** Signature H. O. Lyon
and Address Moscow, Idaho

19. (a) 1-9-45 (Date received and filed) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Dec. 30 19 44
at 6:45 o'clock A M.

21. **I HEREBY CERTIFY**, That I attended deceased from June 12 19 44 to Dec 30 19 44
I last saw h[illegible] alive on Dec. 12 19 44; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Carcinoma of stomach. — Duration 1 year.
Due to —
Due to —
Other conditions Fracture of L. hip. — 12-14-44
(Include pregnancy within 3 months of death)
Fell downstairs and broke left hip
Where was disease contracted? Town
Name of operation None Date ...
Major finding —
Finding of autopsy None made.

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due ~~to~~ **EXTERNAL CAUSES**, also fill in the following: Accident? Yes Suicide? No Homicide? No
Occurred Aug. 14, 1944 19 ... City, county, state where violence occurred Kendrick, Ida
Place of Violence: Home X Farm ... Industry ...
Public Place ... While at work? ...
Means of injury Fell downstairs

23. Attendant's **OWN** Signature [illegible] M.D.
and Address Moscow, Ida. Date 1/12 1945
(M. D. ~~or other~~)
(For additional space, use reverse side)

United States
Department of Commerce
Bureau of the Census

JAN 11 1945

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 141924
Local Reg. No. 691
Reg. Dist. No.

1. **PLACE OF DEATH:**
(a) County Lemhi
(b) City or town Shoupe
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? ✓ city or town
(e) Died in a Home Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county X years 7 months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Calif (b) County S.F.
(c) City or town San Francisco
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? ✓ Outside? city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? 7 mo ~~years~~
(h) Former residence (city, state)

3. (a) **FULL NAME** NORMAN EUGENE BUSTER. 180

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) March 20, 1943

8. AGE	Years	Months	Days	If less than 1 day
	1	8	22	hrs min.

9. Exact Occupation infant Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace San Francisco, Calif (City or town) (State or foreign country)
Father
12. Name Eugene H Buster
13. Birthplace Salmon, Ida (City or town) (State or foreign country)
Mother
14. Maiden name Mae E. Gillespie
15. Birthplace Stanley, Ida (City or town) (State or foreign country)
16. Informant's OWN Signature Eugene H. Buster
and Address U.S. ARMY
17. (a) Cremation (b) Date thereof 12-12-44 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: Near Shoupe Idaho
18. Funeral Director's OWN Signature Ray McGoldrick
and Address Salmon
19. (a) Jan-8-1945 (b) Viola E Johnson (Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Dec 12-1944
at 4 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from 19 , to 19
I last saw h alive on 19 ; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: 1st Degree Burns
Due to Home burning completely-up.
Due to
Other conditions
(Include pregnancy within 3 months of death)
Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Yes Suicide? Homicide?
Occurred 12-12 1944 City, county, state where violence occurred Shoupe Idaho
Place of Violence: Home ✓ Farm Industry
Public Place While at work?
Means of injury 1st Degree Burns
23. Attendant's OWN Signature O L Barnes (M. D. or other)
and Address Date 19
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JAN 11 1945

CERTIFICATE OF DEATH
STATE OF IDAHO

Williamson

141925

State File No.
Local Reg. No. 680
Reg. Dist. No.

1. **PLACE OF DEATH:**
(a) County Lemhi Salmon
(b) City or town
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? city or town
(e) Died in a Home Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 6 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Custer
(c) City or town Mackay
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Outside? city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? 66 years
(h) Former residence (city, state)

3. (a) **FULL NAME** NEVADA JANE MAYS 200a

3. (b) If veteran, name war na
3. (c) Social Security No. No
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife WALTER C.
6. (c) Age of husband or wife if alive dead years
7. Date of Birth (Month, Day, Year) Sept 21 1870

8. AGE	Years	Months	Days	If less than 1 day
	74	2	25	hrs min.

9. Exact Occupation Housewife Did this work for Life yrs.
10. Industry or Business Date last worked
11. Birthplace Brooks Co. Kansas (City or town) (State or foreign country)

Father
12. Name Herschel Wilcox
13. Birthplace unknown (City or town) (State or foreign country)

Mother
14. Maiden name Sarah Jane Clifton
15. Birthplace Iowa unknown (City or town) (State or foreign country)

16. Informant's OWN Signature Jess Greig
and Address Salmon

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-20-44 (Month) (Day) (Year)
(c) Place: Salmon Idaho

18. Funeral Director's OWN Signature Ray McGoldrick
and Address Salmon

19. (a) Jan 8 1945 (Date received and filed) (b) Viola C. Johnson (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Dec 16 1944
at o'clock P M.

21. **I HEREBY CERTIFY,** That I attended deceased from November 23 1944, to December 15 1944.
I last saw her alive on December 15 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration
Malnutrition 2 months
Due to Suspected malignancy of stomach
Due to
Other conditions
(Include pregnancy within 3 months of death)

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's OWN Signature W. J. Williamson D.O. (M. D. or other)
and Address Boise, Salmon Ida. Date 12-17-1944

(For additional space, use reverse side)

141926

United States
Department of Commerce
Bureau of the Census

DEC 18 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 2-46
Reg. Dist. No. 2-30

1. PLACE OF DEATH:
(a) County Lewis
(b) City or town Nez Perce
(c) ~~Street~~ Address or R. F. D. No. 2
(d) Death Occurred Inside? Outside? X city or town
(e) Died in a Home 42 Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 37 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Lewis
(c) City or town Nez Perce
(d) Street Address or R. F. D. No. R2, Box 24
(e) Deceased lived Inside? Outside? X city or town
(f) Citizen of what country? United States
(g) How long had deceased lived in Idaho? 38 years
(h) Former residence (city, state) Iowa

3. (a) FULL NAME Eliza Eleanor Davis-Henderson 131 ar

3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife J. G. Henderson
6. (c) Age of husband or wife if alive 76 years
7. Date of Birth (Month, Day, Year) 1871-7-13

8. AGE	Years	Months	Days	If less than 1 day
	73	4	10	hrs min.

9. Exact Occupation Housewife Did this work for life yrs.
10. Industry or Business Farming Date last worked 6-5-44
11. Birthplace Moulton (City or town) Iowa (State or foreign country)
Father
12. Name Silas Davis
13. Birthplace Don't know. (City or town) (State or foreign country)
Mother
14. Maiden name Francis Severs
15. Birthplace Iowa. (City or town) (State or foreign country)
16. Informant's OWN Signature J. G. Henderson and Address Nez Perce Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: Nez Perce Cemetery
18. Funeral Director's OWN Signature Albert Huff and Address Nez Perce
19. (a) 11-24-44 (Date received and filed) (b) Albert Huff (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Nov. 23 1944 at 11:30 o'clock P M.
21. I HEREBY CERTIFY, That I attended deceased from 10-23 1944 to 11-23 1944
I last saw her alive on 11-20 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Myocarditis & Auricular Fibrillation	3 days
Due to Hypertension	P
Due to Chronic Nephritis	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation None Date
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature K. H. Collins MD (M. D. or other)
and Address Craigmont Ida Date 11-24 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JAN 2 1945

Certificate Of Death

STATE OF IDAHO

State File No. 141927
Local Reg. No. 226
Reg. Dist. No. 430

1. **PLACE OF DEATH:**
(a) County Lincoln
(b) City or town Shoshone Idaho
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? — Outside? city or town
(e) Died in a Home Hospital Institution Other place
(f) Name Hosp. or Inst. Alexander Stayed 3 days
(g) Lived in this county years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Lincoln
(c) City or town Dietrich
(d) Street Address or R.F.D. No. 1
(e) Deceased lived Inside? Outside? — city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? years
(h) Former residence (city, state)

3. (a) **FULL NAME** James Orley Perkins

3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced infant
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Dec. 20 1944

8. AGE	Years	Months	Days	If less than 1 day
			2	hrs min.

9. Exact Occupation infant Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Shoshone (City or town) — Idaho (State or foreign country)
Father
12. Name Joseph Orley Perkins
13. Birthplace Dayton (City or town) — Idaho (State or foreign country)
Mother
14. Maiden name Virginia June Weiss Perkins
15. Birthplace Dietrich (City or town) — Idaho (State or foreign country)
16. Informant's **OWN** Signature J. O. Perkins
and Address Dietrich Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 23-44 (Month) (Day) (Year)
(c) Place: Shoshone - Idaho
18. Funeral Director's **OWN** Signature Myrtle C. Burdett
and Address Shoshone Idaho
19. (a) Dec. 23-44 (Date received and filed) (b) Myrtle C. Burdett (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Dec. 22 1944
at 8 30 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from 12/20 1944, to 12/22 1944
I last saw him alive on 12/22 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Heart, allergic	—
Due to Lun. Defect, in growth	—
Due to Do not know	—
Other conditions none (Include pregnancy within 3 months of death)	
Where was disease contracted? no	
Name of operation no Date	
Major finding	
Finding of autopsy none	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature [signature] (M. D. or other)
and Address Shoshone Date 12/23 1944
(For additional space, use reverse side)

United States
Department of Commerce
Bureau of the Census JAN 11 1945

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 141928
Local Reg. No. 59
Reg. Dist. No. 630

1. **PLACE OF DEATH:**
(a) County Madison
(b) City or town Rexburg
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home ____ Hospital ____ Institution ____ Other place Hotel
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county ____ years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State ____ (b) County ____
(c) City or town ____
(d) Street Address or R. F. D. No. ____
(e) Deceased lived Inside? ____ Outside? ____ city or town
(f) Citizen of what country? ____
(g) How long had deceased lived in Idaho? ____ years
(h) Former residence (city, state) ____

3. (a) FULL NAME Fred Ewin Marrs 118

3. (b) If veteran, name war ____
3. (c) Social Security No. 530-10-8443
4. Sex Male
5. Color or race W
6. (a) Single, widowed, married, divorced ____
6. (b) Name of husband or wife ____
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) Unknown

8. AGE	Years	Months	Days	If less than 1 day
	65			hrs ____ min.

9. Exact Occupation Sheepherder Did this work for ____ yrs.
10. Industry or Business ____ Date last worked ____
11. Birthplace Unknown (City or town) (State or foreign country)

Father
12. Name Unknown
13. Birthplace Unknown (City or town) (State or foreign country)

Mother
14. Maiden name Unknown
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's OWN Signature Brother Charles Marrs
and Address 10601 San Fernando Road Pacoima, Cal.
17. (a) Burial 12/21/44 (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: Rexburg
18. Funeral Director's OWN Signature Russel H. Clamm
and Address Rexburg, Idaho
19. (a) 12-21-44 (Date received and filed) (b) Mrs H E Young (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 12/19 1944
at ____ o'clock ____ M.

21. **I HEREBY CERTIFY,** That I attended deceased from ____ 19____, to ____ 19____
I last saw h____ alive on ____ 19____; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Stomach Gastric Hemmorrhage	
Due to Causing suffocation	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation ____ Date ____	Underline the cause to which death should be charged statistically.
Major finding ____	
Finding of autopsy ____	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's OWN Signature Russel H. Clamm (M. D. or other)
and Address Rexburg, Idaho Date 12/21 19-44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

141929

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

JAN 11 1945

State File No. 141929
Local Reg. No. 60
Reg. Dist. No. 630

1. **PLACE OF DEATH:**
(a) County Madison
(b) City or town Rexburg
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home ____ Hospital X Institution ____ Other place ____
(f) Name Hosp. or Inst. Sutherland Stayed 6 days
(g) Lived in this county 60 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Madison
(c) City or town Rexburg, Idaho
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? U.S.
(g) How long had deceased lived in Idaho? 60 years
(h) Former residence (city, state) Utah

3. (a) **FULL NAME** Thomas Kirby Barber 120b

3. (b) If veteran, name war ____ 3. (c) Social Security No. ____

4. Sex Male race White 5. Color or ____ 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife ____ 6. (c) Age of husband or wife if alive ____ years

7. Date of Birth (Month, Day, Year) May 14, 1870

8. AGE	Years	Months	Days	If less than 1 day
	74	7	6	hrs ____ min.

9. Exact Occupation Retired Did this work for ____ yrs.
10. Industry or Business Farm Date last worked 1929
11. Birthplace Logan (City or town) Utah (State or foreign country)

Father
12. Name John Barber
13. Birthplace ____ (City or town) England (State or foreign country)

Mother
14. Maiden name Charlotte Kirby
15. Birthplace ____ (City or town) England (State or foreign country)

16. Informant's **OWN** Signature Agnes Lords
and Address Rexburg, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/23/44 (Month) (Day) (Year)
(c) Place: Rexburg
18. Funeral Director's **OWN** Signature Kenneth D. Clawson
and Address Rexburg, Idaho
19. (a) 12-22-44 (Date received and filed) (b) Mer H. Young (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Dec. 20 1944
at 2 o'clock ____ M.

21. **I HEREBY CERTIFY,** That I attended deceased from Jan. 1936, to Dec. 1944
I last saw him alive on ____ 19____; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Chronic ulcerative Colitis	7 years
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation ____ Date ____	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury

23. Attendant's **OWN** Signature A. M. Sutherland M.D. (M. D. or other)
and Address 12-24-44 Date ____ 19____
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

[redacted] 12 1944

Certificate Of Death

STATE OF IDAHO

State File No. 141930
Local Reg. No. 61
Reg. Dist. No. 6450

1. **PLACE OF DEATH:**
   (a) County Minidoka
   (b) City or town Rupert
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? ✓ Outside? ..... city or town
   (e) Died in a Home.... Hospital.... Institution ✓ Other place....
   (f) Name Hosp. or Inst. Christiansen Home days
   (g) Lived in this county..... years ..... months 5 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these).
   (a) State Idaho (b) County Minidoka
   (c) City or town ~~Rupert~~ Heyburn
   (d) Street Address or R.F.D. No. 1
   (e) Deceased lived Inside? ..... Outside? ✓ ..... city or town
   (f) Citizen of what country? U S
   (g) How long had deceased lived in Idaho? ..... years
   (h) Former residence (city, state) .....

3. (a) **FULL NAME** Lee Arlen Fetzer. 161a

3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex M
5. Color or race White
6. (a) Single, widowed, married, divorced child
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) Nov. 30 1944

8. AGE	Years	Months	Days	If less than 1 day
	0	0	2	hrs min.

9. Exact Occupation child Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Rupert Idaho. (City or town) (State or foreign country)

Father
12. Name Albert Emanuel Fetzer
13. Birthplace Forbes North Dakota (City or town) (State or foreign country)

Mother
14. Maiden name ~~Mrs~~ Dorthy C. Hirsch
15. Birthplace Hague North Dakota (City or town) (State or foreign country)

16. Informant's **OWN** Signature Albert Fetzer
and Address Heyburn Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-4-44 (Month) (Day) (Year)
(c) Place: Heyburn Idaho
18. Funeral Director's **OWN** Signature Rodney G Goodman
and Address Rupert Idaho
19. (a) 12-4-44 (Date received and filed) (b) E H Elmore (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Dec. 2 1944
at 11:50 o'clock A. M.
21. **I HEREBY CERTIFY,** That I attended deceased from Nov 30 1944, to Dec 2 1944
I last saw him alive on Dec 2 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Adelectasis	3 days.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation ..... Date	
Major finding	
Finding of autopsy	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature A A Mallum MD. (M. D. or other)
and Address 12 — 2-44 Date ..... 19.....
(For additional space use reverse side)
Rupert Idaho

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

JAN 12 1945 STATE OF IDAHO

State File No. 141931
Local Reg. No. 68
Reg. Dist. No. 450

1. **PLACE OF DEATH:**
(a) County Minidoka
(b) City or town Rupert
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? ✓ Outside? city or town
(e) Died in a Home ✓ Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 0 years 0 months 2 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Utah (b) County Salt Lake
(c) City or town Salt Lake City
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? ✓ Outside? city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 5 years
(h) Former residence (city, state) Utah

3. (a) **FULL NAME** Clifford Hayes Peck. 90 b

3. (b) If veteran, name war No.
3. (c) Social Security No. 528-26-0247
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Evalina
6. (c) Age of husband or wife if alive 5 years
7. Date of Birth (Month, Day, Year) Dec. 21 1889.

8. AGE	Years	Months	Days	If less than 1 day
	54	11	13	hrs min.

9. Exact Occupation Contractor Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Longonox (City or town) Kansas (State or foreign country)

Father
12. Name Henry L. Peck
13. Birthplace Illinois (City or town) (State or foreign country)

Mother
14. Maiden name Florella E Hatfield
15. Birthplace Longonox (City or town) Kansas (State or foreign country)

16. Informant's **OWN** Signature Bernard Peck
and Address 1465 Chestnut Ave. Long Beach Calif.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-6-1945 (Month) (Day) (Year)
(c) Place: Rupert Cemetery

18. Funeral Director's **OWN** Signature Rodney L Boorman
and Address Rupert Idaho

19. (a) 1-29-45 (Date received and filed) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Dec 4th 1944
at 7 o'clock A. M.

21. **I HEREBY CERTIFY**, That I attended deceased from Dec 1 1944, to Dec 4 1944
I last saw h.m alive on Dec 4 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration
Adhesive Pericarditis 3 years
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature A. M. Mortimer M.D. (M. D. or other)
and Address Rupert Idaho Date 12-4 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

JAN 12 1945 STATE OF IDAHO

State File No. 141932
Local Reg. No. 71
Reg. Dist. No. 461

1. **PLACE OF DEATH:**
(a) County Minidoka
(b) City or town Heyburn
(c) Street Address or R. F. D. No. ——
(d) Death Occured Inside? ✓ Outside? —— city or town
(e) Died in a Home ✓ Hospital —— Institution —— Other place ——
(f) Name Hosp. or Inst. —— Stayed —— days
(g) Lived in this county 18 years —— months —— days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Minidoka
(c) City or town Heyburn
(d) Street Address or R.F.D. No. —
(e) Deceased lived Inside? —— Outside? ✓ city or town
(f) Citizen of what country? U.S.
(g) How long had deceased lived in Idaho? 31 years
(h) Former residence (city, state) ——

3. (a) **FULL NAME** Bertha McMurray Fairchild 1546

3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Fem.
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Julius B. Fairchild
6. (c) Age of husband or wife if alive ——— years
7. Date of Birth (Month, Day, Year) November 5, 1876

8. AGE	Years	Months	Days	If less than 1 day hrs	min.
	68	1	3		

9. Exact Occupation Housewife Did this work for ——yrs.
10. Industry or Business —— Date last worked ——
11. Birthplace Liberty, (City or town) Idaho (State or foreign country)

Father
12. Name James H. McMurray
13. Birthplace no data (City or town) (State or foreign country)

Mother
14. Maiden name Elizabeth Stephenson
15. Birthplace no data (City or town) (State or foreign country)

16. Informant's **OWN** Signature Julius B Fairchild
and Address Heyburn Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-13-44 (Month) (Day) (Year)
(c) Place: Heyburn Idaho
18. Funeral Director's **OWN** Signature Vern E. McCulloch
and Address Burley Idaho
19. (a) 1-8-45 (Date received and filed) (b) A H Ehmsen (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Dec. 9 1944
at 7:00 o'clock P. M.

21. **I HEREBY CERTIFY**, That I attended deceased from ——— 1944, to Dec. 9 1944
I last saw her alive on Dec. 8 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration
Osteomyelitis of Right Humerus — 10 yrs.
Due to ——
Due to ——
Other conditions (Include pregnancy within 3 months of death) ——
Where was disease contracted? ——
Name of operation —— Date ——
Major finding ——
Finding of autopsy ——

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? —— Suicide? —— Homicide? ——
Occurred —— 19—— City, county, state where violence occurred ——
Place of Violence: Home —— Farm —— Industry ——
Public Place —— While at work? ——
Means of injury ——

23. Attendant's **OWN** Signature A H Ehmsen (M. D. or other)
and Address Rupert, Ida. Date 1-8 1945
(For additional space, use reverse side)

8.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

JAN 12 1945

State File No. 141933
Local Reg. No. 69
Reg. Dist. No. 451

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
   (a) County Minidoka
   (b) City or town Minidoka
   (c) Street Address or R. F. D. No.
   (d) Death Occured Inside? ✓ Outside? ... city or town
   (e) Died in a Home ✓ Hospital ... Institution ... Other place ...
   (f) Name Hosp. or Inst. ... Stayed ... days
   (g) Lived in this county 0 years 6 months ... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Minidoka
   (c) City or town Minidoka
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? ✓ Outside? ... city or town
   (f) Citizen of what country? U S
   (g) How long had deceased lived in Idaho? ... years
   (h) Former residence (city, state) Pocatello Ida

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3. (a) **FULL NAME** Mark Edward Vipperman

3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex M
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife Child
6. (c) Age of husband or wife if alive ... years
7. Date of Birth (Month, Day, Year) May 11 1942

8. AGE	Years	Months	Days	If less than 1 day
	2	7	1	hrs ... min.

9. Exact Occupation Child. Did this work for ... yrs.
10. Industry or Business ... Date last worked ...
11. Birthplace Pocatello Idaho (City or town) (State or foreign country)

Father
12. Name Wiley Vipperman
13. Birthplace Redmond Nebraska (City or town) (State or foreign country)

Mother
14. Maiden name Lorraine Williams
15. Birthplace Salmon City Ida. (City or town) (State or foreign country)

16. Informant's **OWN** Signature Wiley Vipperman
and Address Victor Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-15-44 (Month) (Day) (Year)
(c) Place: Hughes Cemetery

18. Funeral Director's **OWN** Signature Rodney L. Boardman
and Address Rupert Idaho

19. (a) 1-9-45 (Date received and filed) (b) E. E. Elmore (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) December 12 1944
at 9:30 o'clock A. M.

21. **I HEREBY CERTIFY**, That I attended deceased from Dec. 12 1944, to Dec. 12 1944
I last saw h... alive on ... 19...; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — Duration
Asphyxiation — 1 hr.
Due to Smothered
Due to Excess of Bedding and habit of sleeping on Chest & face
✓ Due to
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?
Name of operation ... Date ...
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ✓ Suicide? ... Homicide? ...
Occurred ... 19... City, county, state where violence occurred
Place of Violence: Home ... Farm ... Industry ...
Public Place ... While at work?
Means of injury

23. Attendant's **OWN** Signature E. E. Elmore (M. D. or other)
and Address Rupert Date 1-9 1945
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JAN 12 1945

Certificate Of Death

STATE OF IDAHO

State File No. 141934
Local Reg. No. 70
Reg. Dist. No. 450

1. **PLACE OF DEATH:**
(a) County Minidoka
(b) City or town Rupert
(c) Street Address or R.F.D. No. 913 7 St
(d) Death Occured Inside? ✓ Outside? ..... city or town
(e) Died in a Home ✓ Hospital ..... Institution ..... Other place .....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county ..... years 5 months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Blaine
(c) City or town Hailey
(d) Street Address or R.F.D. No. .....
(e) Deceased lived Inside? ✓ Outside? ..... city or town
(f) Citizen of what country? U.S.
(g) How long had deceased lived in Idaho? 49 years
(h) Former residence (city, state) —

3. (a) **FULL NAME** Lillian Duffhey 63b

3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex F
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) Aug 20 1876

8. AGE	Years	Months	Days	If less than 1 day
	68	4	11	hrs min.

9. Exact Occupation Housewife Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace ..... (City or town) Virginia (State or foreign country)
Father
12. Name Cred Phipps
13. Birthplace unknown (City or town) (State or foreign country)
Mother
14. Maiden name Molly unknown
15. Birthplace ..... (City or town) (State or foreign country)
16. Informant's **OWN** Signature P. G. Duffhey
and Address Rupert Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 12-31-44 (Month) (Day) (Year)
(c) Place: Hailey Idaho
18. Funeral Director's **OWN** Signature Rodney G. Goodman
and Address Rupert Idaho
19. (a) 12-31-44 (Date received and filed) (b) E. H. Elmore (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Dec 31 1944
at 8 PM o'clock ..... M.
21. **I HEREBY CERTIFY,** That I attended deceased from Aug 1944, to Dec 31 1944
I last saw her alive on Dec 30 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Myocarditis	6 years
Due to —	
Due to Thyrotoxicosis	10 years.
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation ..... Date	
Major finding	
Finding of autopsy	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature C. A. Moellmer (M. D. or other)
and Address Rupert Idaho Date 1-1 1945
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

DEC 11 1944

Certificate Of Death

STATE OF IDAHO

State File No. 141935
Local Reg. No. 288
Reg. Dist. No. 220

1. **PLACE OF DEATH:**
   (a) County Nezperce
   (b) City or town Lewiston
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home.... Hospital X Institution.... Other place....
   (f) Name Hosp. or Inst St Joseph Stayed 54 days
   (g) Lived in this county ..... years ..... months 54 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Wash. (b) County Asotin
   (c) City or town Clarkston
   (d) Street Address or R.F.D. No. 1296 Elm St
   (e) Deceased lived Inside? X Outside? ..... city or town
   (f) Citizen of what country? U S of America
   (g) How long had deceased lived in Idaho? 54 Days years
   (h) Former residence (city, state) Clarkston Wn

3. (a) **FULL NAME** Gilbert Almus Pratt 137b

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Effie E Stauffer
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) May 12, 1859

8. AGE	Years	Months	Days	If less than 1 day
	85	6	22	hrs ..... min.

9. Exact Occupation Retired Farmer Did this work for ..... yrs.
10. Industry or Business ..... Date last worked 1913
11. Birthplace Not Known (City or town) (State or foreign country)

Father
12. Name Charles Pratt
13. Birthplace Not Known (City or town) (State or foreign country)

Mother
14. Maiden name Not Known
15. Birthplace Not Known (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mrs Dorothy Welch
and Address Lewiston, Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 12/6/44 (Month) (Day) (Year)
(c) Place: Melrose, Idaho
18. Funeral Director's **OWN** Signature A R Merchant
and Address Clarkston, Wash.
19. (a) Dec. 5, 1944 (Date received and filed) (b) Jean DeWells (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Dec. 4 19 44
at 2:15 o'clock A M.
21. **I HEREBY CERTIFY**, That I attended deceased from Dec. 1944, to Dec 3 1944
I last saw him alive on Dec 3 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Uremia	- two weeks
Due to Senile Prostatic Obstruction	- years
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature Walter C. McWilliams (M. D. or Osteop.)
and Address Lewiston Date 12-5-1944

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce DEC 11 1944
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 141936
Local Reg. No. 289
Reg. Dist. No. 220

1. **PLACE OF DEATH:**
   (a) County Nez Perce
   (b) City or town Lewiston
   (c) Street Address or R.F.D. No. 4th Ave., & 6th St.
   (d) Death Occured Inside? x Outside? ..... city or town
   (e) Died in a Home .... Hospital x Institution .... Other place ....
   (f) Name Hosp. or Inst. St. Joseph Stayed 15 days
   (g) Lived in this county ..... years ..... months 15 days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Washington (b) County Asotin
   (c) City or town Asotin
   (d) Street Address or R.F.D. No. R.F.D.
   (e) Deceased lived Inside? ..... Outside? x city or town
   (f) Citizen of what country? U. S. A.
   (g) How long had deceased lived in Idaho? 15 Days years
   (h) Former residence (city, state) Asotin, Wash.

3. (a) **FULL NAME** Edward Orlando Allbright

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife Mary Jane
6. (c) Age of husband or wife if alive unknown years
7. Date of Birth (Month, Day, Year) March 10 1873

8. AGE	Years	Months	Days	If less than 1 day
	71	8	5	hrs ..... min.

9. Exact Occupation Farmer, retired Did this work for 60 yrs.
10. Industry or Business Farm Date last worked 1940
11. Birthplace Jefferson, Iowa (City or town) (State or foreign country)

Father
12. Name George R. Allbright
13. Birthplace U.S.A. (City or town) (State or foreign country)

Mother
14. Maiden name ---------- Rosa-br augh
15. Birthplace U.S.A. (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mrs Ted Meijer
and Address 422-11 St Lewiston Ida.

17. (a) removal (Burial, cremation, or removal) (b) Date thereof 12-9-44 (Month) (Day) (Year)
(c) Place: Vineland Cem. Clarkston, Wash.

18. Funeral Director's **OWN** Signature L B Swarm Rep M.
and Address Lewiston Idaho

19. (a) Dec. 8, 1944 (Date received and filed) (b) Jean DeWelles (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) December 5 1944
at 12:01 o'clock A M.

21. **I HEREBY CERTIFY**, That I attended deceased from Oct 23 1944 to Dec 3 1944
I last saw him alive on Dec 3 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death	Duration
Myocarditis	
due to Carcinoma of Liver	years
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature Paul D Johnson (M. D. or other)
and Address Lewiston Ida Date 12-7 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

DEC 18 1944

Certificate Of Death

STATE OF IDAHO

State File No. 141937
Local Reg. No. 292
Reg. Dist. No. 220

1. **PLACE OF DEATH:**
(a) County Nez Perce
(b) City or town Lewiston
(c) Street Address or R.F.D. No. 4th Ave. & 6th St.
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Home.... Hospital X Institution.... Other place....
(f) Name Hosp. or Inst. St. Joseph Stayed 30 days
(g) Lived in this county 50 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Nez Perce
(c) City or town Lewiston
(d) Street Address or R.F.D. No. Lewiston Orchards
(e) Deceased lived Inside? ..... Outside? X city or town
(f) Citizen of what country? U. S. A.
(g) How long had deceased lived in Idaho? 50 years
(h) Former residence (city, state) Davenport Wash.

3. (a) **FULL NAME** Pearl M. Buck Mossler

93d.

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Michael C.
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) July 4th 1884

8. AGE	Years	Months	Days	If less than 1 day
	60	5	3	hrs min.

9. Exact Occupation Housewife Did this work for 35 yrs.
10. Industry or Business Home Date last worked 11-44
11. Birthplace Davenport, Washington (City or town) (State or foreign country)
Father
12. Name Charles C. Buck
13. Birthplace Germany (City or town) (State or foreign country)
Mother
14. Maiden name Lorrena Pearl Ashley
15. Birthplace Missouri (City or town) (State or foreign country)
16. Informant's **OWN** Signature Floyd C. Mossler
and Address Lewiston Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec.12,1944 (Month) (Day) (Year)
(c) Place: Normal Hill Cem. Lewiston, Ida.
18. Funeral Director's **OWN** Signature L Bevann R.J.M.
and Address Lewiston Idaho
19. (a) Dec.11,1944 (Date received and filed) (b) Jean De Wells (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) December 7th 1944
at 7:50 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from 12-4- 1944, to 12-7- 1944
I last saw her alive on 12-7- 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Bronchopneumonia, bilateral	3 days
~~Due to~~ Hypertensive Heart Disease, congestive failure	93d
Due to	3 days
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ..... Date .....
Major finding
Finding of autopsy

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury
23. Attendant's **OWN** Signature Walter C. McWilliams (M. D. or other)
and Address Lewiston Date 12-11- 1944
(For additional space, use reverse side)

United States
Department of Commerce
Bureau of the Census DEC 18 1944

Certificate Of Death

STATE OF IDAHO

State File No. 141938
Local Reg. No. 291
Reg. Dist. No. 220

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
   (a) County Nez Perce
   (b) City or town Lewiston
   (c) Street Address or R.F.D. No. 1416 Idaho St.
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home X Hospital .... Institution .... Other place ....
   (f) Name Hosp. or Inst. ..... Stayed ..... days
   (g) Lived in this county 25 years ..... months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Nez Perce
   (c) City or town Lewiston
   (d) Street Address or R.F.D. No. 1416 Idaho St.
   (e) Deceased lived Inside? X Outside? ..... city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 2"5 years
   (h) Former residence (city, state) Bluerth, Minn.

3. (a) **FULL NAME** Elmer J. Franklin

94a

3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Carrie
6. (c) Age of husband or wife if alive 72 years
7. Date of Birth (Month, Day, Year) October 8, 1877

8. AGE	Years	Months	Days	If less than 1 day
	67	2	1	hrs ____ min.

9. Exact Occupation Retired — Did this work for 25 yrs.
10. Industry or Business Railroad — Date last worked 1940
11. Birthplace Bluerth, Minn. (City or town) (State or foreign country)

Father
12. Name Jerome Franklin
13. Birthplace ____ Minn (City or town) (State or foreign country)

Mother
14. Maiden name Farah Drake
15. Birthplace ____ Minn (City or town) (State or foreign country)

16. Informant's **OWN** Signature M. R. Smayles
and Address Pasco Wash.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-11-44 (Month) (Day) (Year)
(c) Place: Normal Hill Cem. Lewiston, Idaho
18. Funeral Director's **OWN** Signature L. B. Wann R. J. M.
and Address Lewiston, Idaho
19. (a) Dec. 11, 1944 (Date received and filed) (b) Jean DeWells (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) December 9th, 19 44
at 2:15 o'clock P M.
21. **I HEREBY CERTIFY**, That I attended deceased from Aug 1944, to Dec. 9 1944
I last saw h[illegible] alive on Dec 4 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Coronary Occlusion	2 hrs
Due to: Coronary Sclerosis	yrs.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ..... Date .....
Major finding
Finding of autopsy

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury

23. Attendant's **OWN** Signature Forest Tomlinson M.D. (M. D. or other)
and Address Lewiston Idaho Date 12-10 1944
(For additional space, use reverse side)

141939

United States
Department of Commerce
Bureau of the Census

DEC 18 1944

Certificate Of Death

STATE OF IDAHO

State File No.
Local Reg. No. 296
Reg. Dist. No. 220

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
   (a) County Nez Perce
   (b) City or town Lewiston
   (c) Street Address or R.F.D. No. 820 20th St.
   (d) Death Occured Inside? x Outside? ..... city or town
   (e) Died in a Home ..x.. Hospital .... Institution .... Other place ....
   (f) Name Hosp. or Inst. ..... Stayed ..... days
   (g) Lived in this county ..... years ..... months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Latah
   (c) City or town Genesee
   (d) Street Address or R.F.D. No. R. F. D.
   (e) Deceased lived Inside? x Outside? ..... city or town
   (f) Citizen of what country? U. S. A.
   (g) How long had deceased lived in Idaho? 61 years
   (h) Former residence (city, state) Genesee, Idaho

3. (a) **FULL NAME** Dedrick Nebelsieck

115 b

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Olga Gehrke
6. (c) Age of husband or wife if alive deceased years
7. Date of Birth (Month, Day, Year) Dec. 4, 1883

8. AGE	Years	Months	Days	If less than 1 day
	61	0	8	hrs min.

9. Exact Occupation Farmer — Did this work for 44 yrs.
10. Industry or Business Farm — Date last worked 1944
11. Birthplace Genesee, Idaho (City or town) (State or foreign country)

Father
12. Name Herman Nebelseick
13. Birthplace Germany (City or town) (State or foreign country)

Mother
14. Maiden name Dora Scharnhortz
15. Birthplace Germany (City or town) (State or foreign country)

16. Informant's **OWN** Signature Jack K. Nebelseick
and Address Genesee Ida.

17. (a) removal (Burial, cremation, or removal) (b) Date thereof 12-16-44 (Month) (Day) (Year)
(c) Place: Genesee, Idaho

18. Funeral Director's **OWN** Signature L. B. Wann
and Address Lewiston, Idaho

19. (a) Dec. 14, 1944 (Date received and filed) (b) Jean De Weller (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) December 12 19 44
at 8:45 o'clock pm M.

21. **I HEREBY CERTIFY**, That I attended deceased from 12-11 1944, to 12-12 1944
I last saw him alive on 12-12 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Septic Sore throat (streptococcus)	
With Laryngeal Edema	5 days
✓ Due to —	
Due to —	
Other conditions — (Include pregnancy within 3 months of death)	

Where was disease contracted? Unknown
Name of operation 0 Date
Major finding
Finding of autopsy 0

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? — Suicide? — Homicide? —
Occurred ..... 19 ..... City, county, state where violence occurred
Place of Violence: Home — Farm — Industry —
Public Place — While at work?
Means of injury

23. Attendant's **OWN** Signature D. McRae (M. D. or other)
and Address Lewiston Ida. Date 12-14 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census DEC 28 1944

Certificate Of Death

STATE OF IDAHO

State File No. 141940
Local Reg. No. 298
Reg. Dist. No. 221

1. PLACE OF DEATH:
(a) County Nez Perce
(b) City or town Lapwai
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? X Outside? city or town
(e) Died in a Home.... Hospital.... Institution.... Other place X
(f) Name Hosp. or Inst. none Stayed days
(g) Lived in this county years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Nez Perce
(c) City or town Lapwai
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? years
(h) Former residence (city, state) Coldwater, Ohio

3. (a) **FULL NAME** Charles M. Daniel

83a

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Effie
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) November 12, 1884

8. AGE	Years	Months	Days	If less than 1 day
	60	1	1	hrs min.

9. Exact Occupation Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Coldwater, Ohio (City or town) (State or foreign country)

Father
12. Name Henry Daniel
13. Birthplace Not known (City or town) (State or foreign country)

Mother
14. Maiden name Not known
15. Birthplace Not known (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mrs Ray Rosebrough
and Address Lewiston, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-18-1944 (Month) (Day) (Year)
(c) Place: Normal Hill Cem. Lewiston, Ida.

18. Funeral Director's **OWN** Signature L. R. Bell Jones
and Address Lewiston, Idaho

19. (a) Dec. 18, 1944 (Date received and filed) (b) Jean De Wells (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) December 13 19 44
at 4:45 o'clock P M.

21. **I HEREBY CERTIFY**, That I attended deceased from 19, to 19
I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration
Natural Causes
Probably Apoplexy
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature L. R. Bell Jones (M. D. or Coroner)
and Address Lewiston, Idaho Date 12-16 19 44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

DEC 28 1944

Certificate Of Death

STATE OF IDAHO

State File No. 141941
Local Reg. No. 299
Reg. Dist. No. 220

1. PLACE OF DEATH:

(a) County Nez Perce
(b) City or town Lewiston
(c) Street Address or R.F.D. No. 4th Ave. at 6th St;
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Home.... Hospital X Institution.... Other place....
(f) Name Hosp. or Inst. St. Josph Stayed ..... days
(g) Lived in this county ..... years 2 months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

(a) State Washington (b) County Asotin
(c) City or town Clarkston
(d) Street Address or R.F.D. No. 1227 Scyamore
(e) Deceased lived Inside? X Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 26 years
(h) Former residence (city, state) Deary, Idaho

3. (a) **FULL NAME** Glen Edward Dahl

3. (b) If veteran, name war None
3. (c) Social Security No. .....
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife None
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) May 6th 1918

8. AGE	Years	Months	Days	If less than 1 day
	26	7	9	hrs min.

9. Exact Occupation Warehouseman Did this work for ..... yrs.
10. Industry or Business Warehouse Date last worked 10-44
11. Birthplace Deary, Idaho (City or town) (State or foreign country)

Father
12. Name Gust Dahl
13. Birthplace Sweden (City or town) (State or foreign country)

Mother
14. Maiden name Kathryn PicKerd
15. Birthplace Idaho (City or town) (State or foreign country)

16. Informant's **OWN** Signature Kathryn Dahl
and Address Clarkston, Washington
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 12-19-44 (Month) (Day) (Year)
(c) Place: Palouse, Washington
18. Funeral Director's **OWN** Signature L. B. Wann
and Address Lewiston, Idaho
19. (a) Dec. 19, 1944 (Date received and filed) (b) Jean De Wells (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) December 15 1944
at 12:15 o'clock P M.
21. **I HEREBY CERTIFY**, That I attended deceased from Nov 18th 1944 to Dec 18th 1944.
I last saw him alive on Dec 15th 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
~~Third d~~ myocardial failure.	36 hrs.
Due to Toxemia and Shock	
Due to Third Degree Burns of legs and thighs.	yes
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? Moscow Idaho
Name of operation None Date
Major finding
Finding of autopsy Not Done

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? yes Suicide? ✓ Homicide? ✓
Occurred about Sept 15 1944 City, county, state where violence occurred No Oscolanco.
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature Joseph E. Beckwith M.D. (M. D. or other)
and Address 707 12th St. Date 12/18 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce DEC 28 1944
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 141942
Local Reg. No. 300
Reg. Dist. No. 220

1. **PLACE OF DEATH:**
   (a) County Nez Perce
   (b) City or town Lewiston
   (c) Street Address or R.F.D. No. 4th Ave. at 6th St.
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home .... Hospital X Institution .... Other place ....
   (f) Name Hosp. or Inst. St. Joseph Stayed 96 days
   (g) Lived in this county 17 years ..... months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Nez Perce
   (c) City or town Lewiston
   (d) Street Address or R.F.D. No. Lstn. Orchards
   (e) Deceased lived Inside? ..... Outside? X city or town
   (f) Citizen of what country? U. S. A.
   (g) How long had deceased lived in Idaho? Life years
   (h) Former residence (city, state) Idaho

3. (a) **FULL NAME** Eino Evert Hill

13b

3. (b) If veteran, name war None
3. (c) Social Security No. .....
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) February 17th 1903

8. AGE	Years	Months	Days	If less than 1 day
	41	-	-	hrs ..... min.

9. Exact Occupation Laborer — Did this work for ..... yrs.
10. Industry or Business ..... — Date last worked .....
11. Birthplace Mc Call (City or town) Idaho (State or foreign country)

Father
12. Name Matt M. Hill
13. Birthplace Finland (City or town) (State or foreign country)

Mother
14. Maiden name Johanna Ojano
15. Birthplace Finland (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mrs Mary Still
and Address Lewiston, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-20-44 (Month) (Day) (Year)
(c) Place: Normal Hill CEM. Lewiston, Idaho
18. Funeral Director's **OWN** Signature L. B. Wann
and Address Lewiston, Idaho
19. (a) Dec. 19, 1944 (Date received and filed) (b) Jean De Wells (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) December 17th 1944
at 7:25 o'clock P. M.

21. **I HEREBY CERTIFY**, That I attended deceased from July 17 1944 to Dec 17 1944
I last saw him alive on Dec 17 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Tuberculosis of the Larynx and Pulmonary	
Due to Tubercular Pleuritis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation ..... Date	
Major finding	
Finding of autopsy an autopsy	

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature Conrad Johnson M.D. (M. D. or other)
and Address Lewiston Ida Date 12/18 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 141943
Local Reg. No. 303
Reg. Dist. No. 2221

1. **PLACE OF DEATH:**
   (a) County Nez Perce
   (b) City or town Gifford
   (c) Street Address or R. F. D. No.
   (d) Death Occured Inside? X Outside? city or town
   (e) Died in a Home X Hospital Institution Other place
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county 48 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Nez Perce
   (c) City or town Gifford
   (d) Street Address or R.F.D. No. R.F.D.
   (e) Deceased lived Inside? X Outside? city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 53 years
   (h) Former residence (city, state) Germany

3. (a) **FULL NAME** Henry Riggers 74a

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) August 18th 1872

8. AGE	Years	Months	Days	If less than 1 day
	72	4	1	hrs min.

9. Exact Occupation Farmer — Did this work for yrs.
10. Industry or Business Farm — Date last worked
11. Birthplace Germany (City or town) (State or foreign country)

Father
12. Name John H. Riggers
13. Birthplace Germany (City or town) (State or foreign country)

Mother
14. Maiden name Mary Lange
15. Birthplace Germany (City or town) (State or foreign country)

16. Informant's **OWN** Signature Herman Riggers
and Address Gifford, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-22-44 (Month) (Day) (Year)
(c) Place: Lutheran Cem. Gifford, Idaho

18. Funeral Director's **OWN** Signature L B Wann
and Address Lewiston, Idaho

19. (a) Dec. 21, 1944 (Date received and filed) (b) Jean De Wells (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) December 19 19 44
at 6:00 o'clock a M.

21. **I HEREBY CERTIFY**, That I attended deceased from ..... 19..... to ..... 19.....
I last saw h..... alive on ..... 19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Coronary Thrombosis	
✓ Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred ..... 19..... City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature L B Wann Coroner
and Address Lewiston, Idaho Date 12-2[illegible] 44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 141944
Local Reg. No. 308
Reg. Dist. No. 220

1. **PLACE OF DEATH:**
(a) County Nez Perce
(b) City or town Lewiston
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? X Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. St. Joseph Stayed days
(g) Lived in this county 2 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Nez Perce
(c) City or town Lewiston
(d) Street Address or R.F.D. No. 1
(e) Deceased lived Inside? ✓ Outside? city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 2 years
(h) Former residence (city, state)

3. (a) **FULL NAME** Leo William Pear

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3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex m
5. Color or race w
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Sept 24, 1904

8. AGE	Years	Months	Days	If less than 1 day
	40	2	28	hrs min.

9. Exact Occupation laborer Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Mobile, Ala (City or town) (State or foreign country)
Father
12. Name Frank Pear
13. Birthplace no record (City or town) (State or foreign country)
Mother
14. Maiden name
15. Birthplace no record (City or town) (State or foreign country)
16. Informant's OWN Signature Art McCreary
and Address Lewiston, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-27-44 (Month) (Day) (Year)
(c) Place: Pleasant, Idaho
18. Funeral Director's OWN Signature Vincent V. Vassar
and Address Lewiston, Idaho
19. (a) 12-27-44 (Date received and filed) (b) Joan DeWelle (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 12-22- 1944
at 8:45 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 12-10- 1944, to 12-22- 1944
I last saw him alive on 12-22- 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Bronchopneumonia	one week
✓ Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation Date	
Major finding	
Finding of autopsy	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature Walter C. McWilliams (M. D. or other)
and Address Lewiston Date 12-26 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 141945
Local Reg. No. 307
Reg. Dist. No. 220

JAN 4 1945

1. **PLACE OF DEATH:**
   (a) County Nez Perce
   (b) City or town Lewiston
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? x Outside? city or town
   (e) Died in a Home Hospital x Institution Other place
   (f) Name Hosp. or Inst. St. Joseph's Stayed 4 days
   (g) Lived in this county years months 4 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Washington (b) County Asotin
   (c) City or town Clarkston
   (d) Street Address or R.F.D. No. 11th & Fair
   (e) Deceased lived Inside? x Outside? city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? -1 years
   (h) Former residence (city, state) Clarkston, Wash.

3. (a) **FULL NAME** Nora Tierney

3. (b) If veteran, name war none
3. (c) Social Security No.
4. Sex female 5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Jerome
6. (c) Age of husband or wife if alive 77 years
7. Date of Birth (Month, Day, Year) 3-9-1875

8. AGE	Years	Months	Days	If less than 1 day
	69	9	15	hrs min.

9. Exact Occupation housewife Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Penn. (City or town) (State or foreign country)

Father
12. Name Martin Butler
13. Birthplace not obtainable (City or town) (State or foreign country)

Mother
14. Maiden name Mary Kohe
15. Birthplace not obtainable (City or town) (State or foreign country)

16. Informant's **OWN** Signature Jerome Tierney
and Address Clarkston, Wash.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 12/27/44 (Month) (Day) (Year)
(c) Place: Lewiston, Idaho

18. Funeral Director's **OWN** Signature E L Pauly
and Address Lewiston, Idaho

19. (a) 12-26-44 (Date received and filed) (b) Jean DeWeese (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) December 24, 1944
at 7:00 o'clock a. M.

21. **I HEREBY CERTIFY**, That I attended deceased from 12-21 1944, to 12-24 1944
I last saw her alive on 12-24 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Shock & Toxemia post operative	24 hours
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Hemiotomy Date 12-23-44
Major finding gangrenous perforated
Finding of autopsy bowel.

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? — Suicide? — Homicide? —
Occurred 19 City, county, state
where violence occurred —
Place of Violence: Home Farm Industry —
Public Place — While at work? —
Means of injury

23. Attendant's **OWN** Signature J. Wynn McRae (M. D. or other)
and Address Lewiston Idaho Date 12-26 1944
(For additional space, use reverse side)

United States
Department of Commerce
Bureau of the Census Jan 4 1945

Certificate Of Death

STATE OF IDAHO

State File No. 141946
Local Reg. No. 305
Reg. Dist. No. 221

1. **PLACE OF DEATH:**
   (a) County Nez Perce
   (b) City or town Lewiston
   (c) Street Address or R. F. D. No.
   (d) Death Occured Inside? Outside? X city or town
   (e) Died in a Home.... Hospital X. Institution.... Other place....
   (f) Name Hosp. or Inst. Sommerville tayed 8 days
   (g) Lived in this county 20 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Nez Perce
   (c) City or town Lewiston
   (d) Street Address or R.F.D. No. 1
   (e) Deceased lived Inside? Outside? 1 city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 20 years
   (h) Former residence (city, state)

3. (a) **FULL NAME** Dixie Totten

c/61

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race black
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Dec. 25, 1874

8. AGE	Years	Months	Days	If less than 1 day
	69	11	29	hrs min.

9. Exact Occupation none — Did this work for yrs.
10. Industry or Business none — Date last worked
11. Birthplace Paris Texas (City or town) (State or foreign country)

Father
12. Name Dick Johnson
13. Birthplace not obtainable (City or town) (State or foreign country)

Mother
14. Maiden name Jane Logan
15. Birthplace not obtainable (City or town) (State or foreign country)

16. Informant's **OWN** Signature Frank Crose
and Address Lewiston, Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 12/26/44 (Month) (Day) (Year)
(c) Place: Lewiston, Idaho
18. Funeral Director's **OWN** Signature E. S. Rawls
and Address Lewiston, Idaho
19. (a) 12-26-44 (Date received and filed) (b) Jean Deweese (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 12-24- 1944
at 6:00 (?) o'clock P. M.

21. **I HEREBY CERTIFY**, That I attended deceased from 12-12- 1944, to 12-24- 1944
I last saw her alive on 12-23- 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Carcinoma of Stomach — Duration: Unknown

Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature Walter C. McWilliams (M. D. or other)
and Address Lewiston Date 12-26 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census JAN 4 1945

Certificate Of Death

STATE OF IDAHO

State File No. 141947
Local Reg. No. 309
Reg. Dist. No. 221

1. **PLACE OF DEATH:**
   (a) County Nez Perce
   (b) City or town Lewiston,
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? Outside? X city or town
   (e) Died in a Home Hospital Institution X Other place
   (f) Name Hosp. or Inst. County Home Stayed 18 days
   (g) Lived in this county 1 years 6 months days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Nez Perce
   (c) City or town Lewiston
   (d) Street Address or R.F.D. No. 1
   (e) Deceased lived Inside? Outside? ✓ city or town
   (f) Citizen of what country? U. S. A.
   (g) How long had deceased lived in Idaho? 1½ years
   (h) Former residence (city, state)

3. (a) **FULL NAME** Dennis E. Grant 74a

3. (b) If veteran, name war
3. (c) Social Security No. 518-0102428
4. Sex m
5. Color or race W
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) May 20, 1883

8. AGE	Years	Months	Days	If less than 1 day
	61	7	4	hrs min.

9. Exact Occupation logger Did this work for 40 yrs.
10. Industry or Business lumber Date last worked
11. Birthplace Joplin, Mo. (City or town) (State or foreign country)

Father
12. Name W. A. Grant
13. Birthplace Des Moines, Iowa (City or town) (State or foreign country)

Mother
14. Maiden name Anna Eichelbarer
15. Birthplace Penn. (City or town) (State or foreign country)

16. Informant's **OWN** Signature C. A. McCobb
and Address Lewiston, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-28-44 (Month) (Day) (Year)
(c) Place: Lewiston, Idaho

18. Funeral Director's **OWN** Signature Durward V Vassar
and Address Lewiston, Idaho

19. (a) 12-27-44 (Date received and filed) (b) Jean A. Wells (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 12-24- 19 44
at 5:00 o'clock A. M.

21. **I HEREBY CERTIFY**, That I attended deceased from Early 1942 19 to 12-23- 19 44
I last saw h[illegible]ive on 12-23- 19 44; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Coronary Occlusion	instant
Due to	death
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation Date	
Major finding	
Finding of autopsy	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature Walter M. Williams (M. D. or other)
and Address Lewiston Date 12-26 19 44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census JAN 4 1945

Certificate Of Death

STATE OF IDAHO

State File No. 141948
Local Reg. No. 311
Reg. Dist. No. 220

1. **PLACE OF DEATH:**
(a) County Nez Perce
(b) City or town Lewiston
(c) Street Address or R.F.D. No. 4th Ave. at 6th St.
(d) Death Occured Inside? x Outside? ..... city or town
(e) Died in a Home .... Hospital x Institution .... Other place ....
(f) Name Hosp. or Inst. St. Joseph Stayed ..... days
(g) Lived in this county ..... years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Lewis
(c) City or town Winchester
(d) Street Address or R.F.D. No. .....
(e) Deceased lived Inside? x Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 16 yrs. years
(h) Former residence (city, state) Montana

3. (a) **FULL NAME** W. Nordquist 61

3. (b) If veteran, name war None
3. (c) Social Security No. .....
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Viola
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) January, 21, 1888

8. AGE	Years	Months	Days	If less than 1 day
	66	11	4	hrs min.

9. Exact Occupation Retired Merchant Did this work for 16 yrs.
10. Industry or Business General Store Date last worked .....
11. Birthplace Sweden (City or town) (State or foreign country)
Father
12. Name Manz Nordquist
13. Birthplace Sweden (City or town) (State or foreign country)
Mother
14. Maiden name Christina Benson
15. Birthplace Sweden (City or town) (State or foreign country)
16. Informant's **OWN** Signature (Mrs) Esther Hoffman
and Address Winchester, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof ..... (Month) (Day) (Year)
(c) Place: Normal Hill Cem. Lewiston, Ida.
18. Funeral Director's **OWN** Signature R. B. Wann
and Address Lewiston, Idaho
19. (a) 12-28-44 (Date received and filed) (b) Jean De Wells (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) December 25th 1944
at 12:10 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from Nov 9 1944 to Dec 25 1944
I last saw him alive on Dec 25 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Empyema Left Pleural cavity	3 wks
Due to Lobar Pneumonia	6 wks
Due to	
Other conditions Diabetes (Include pregnancy within 3 months of death) Mellitus	10 yrs

Where was disease contracted? Winchester Idaho
Name of operation Drainage Date 12-15-44
Major finding Empyema Left
Finding of autopsy None

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature E. G. Broddock M.D. (M. D. or other)
and Address Lewiston Idaho Date 12-28 1944
(For additional space, use reverse side)

141949

United States
Department of Commerce
Bureau of the Census JAN 4 1945

Certificate Of Death

STATE OF IDAHO

State File No.
Local Reg. No. 313
Reg. Dist. No. 220

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
   (a) County Nez Perce
   (b) City or town Lewiston
   (c) Street Address or R. F. D. No.
   (d) Death Occured Inside? ✓ Outside? city or town
   (e) Died in a Home.... Hospital ✓ Institution.... Other place....
   (f) Name Hosp. or Inst. St Joseph's Stayed 1 days
   (g) Lived in this county 32 years months days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Nez Perce
   (c) City or town Lewiston
   (d) Street Address or R.F.D. No. 1
   (e) Deceased lived Inside? Outside? ✓ city or town
   (f) Citizen of what country? U S A
   (g) How long had deceased lived in Idaho? 32 years
   (h) Former residence (city, state)

3. (a) **FULL NAME** Daniel H. Leod 107

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male race White
5. Color or
6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife no record
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) 1874

8. AGE	Years	Months	Days	If less than 1 day
	70			hrs min.

9. Exact Occupation retired Did this work for yrs.
10. Industry or Business Railroad Prairie Date last worked 1938
11. Birthplace no record (City or town) (State or foreign country)

Father
12. Name no record
13. Birthplace no record (City or town) (State or foreign country)

Mother
14. Maiden name no record
15. Birthplace no record (City or town) (State or foreign country)

16. Informant's **OWN** Signature A. B. Leod
and Address Lewiston, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-30-44 (Month) (Day) (Year)
(c) Place: Lewiston, Idaho

18. Funeral Director's **OWN** Signature Vincent V. Vassar
and Address Lewiston Idaho

19. (a) 12-30-44 (Date received and filed) (b) Jean DeWelle (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 12-26 1944
at 3:30 o'clock P. M.

21. **I HEREBY CERTIFY,** That I attended deceased from Jan. 1943 19 , to death 19
I last saw h/ m alive on 12-26-1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
✓ Bronchopneumonia	24 hours
Congestive Heart	
Due to Failure	24 hours
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature Walter C. McWilliams (M. D. or other)
and Address Lewiston Date 12-29-1944

(For additional space, use reverse side)

Clerk

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

JAN 4 1945

State File No. 141959
Local Reg. No. 310
Reg. Dist. No. 220

1. **PLACE OF DEATH:**
   (a) County Nez Perce
   (b) City or town Lewiston
   (c) Street Address or R. F. D. No.
   (d) Death Occured Inside? ✓ Outside? ..... city or town
   (e) Died in a Home.... Hospital ✓ Institution.... Other place....
   (f) Name Hosp. or Inst St. Joseph's Stayed 5 days
   (g) Lived in this county ..... years 6 months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Nez Perce
   (c) City or town Lewiston
   (d) Street Address or R.F.D. No. 604 - 9th Ave
   (e) Deceased lived Inside? ✓ Outside? ..... city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? - 1 years
   (h) Former residence (city, state) Clarkston, Wash.

3. (a) **FULL NAME** Margaret Tobin 83a

3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex female 5. Color or race white
6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Date of Birth (Month, Day, Year) 6 - 22 - 1860

8. AGE	Years	Months	Days	If less than 1 day
	84	6	4	hrs min.

9. Exact Occupation housewife Did this work for ..... yrs.
10. Industry or Business at home Date last worked
11. Birthplace ..... (City or town) England (State or foreign country)

Father
12. Name John Feeney
13. Birthplace ..... (City or town) Ireland (State or foreign country)

Mother
14. Maiden name Catherine Burns
15. Birthplace ..... (City or town) Ireland (State or foreign country)

16. Informant's **OWN** Signature Marguerite Larang
and Address Lewiston, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-28-44 (Month) (Day) (Year)
(c) Place: Lewiston, Idaho

18. Funeral Director's **OWN** Signature Minard J. Nasser
and Address Lewiston, Idaho

19. (a) 12-27-44 (Date received and filed) (b) Jean McWells (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) December 26 1944
at 3 o'clock ..... M.

21. **I HEREBY CERTIFY**, That I attended deceased from December 20 1944 to Dec 26 1944
I last saw her alive on Dec 26 1944; death is said to have occurred on the date and hour stated above.

Immediate ~~Cause of~~ Death: Hypostatic pneumonia — Duration
Due to Cerebral hemorrhage
Due to
✓ Other conditions
(Include pregnancy within 3 months of death)

Where was disease contracted?
Name of operation ..... Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury

23. Attendant's **OWN** Signature W. O. Clark M.D. (M. D. or other)
and Address Lewiston Ida Date 12/27 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JAN 8 1945

Certificate Of Death

STATE OF IDAHO

State File No. 141951
Local Reg. No. 317
Reg. Dist. No. 221

1. PLACE OF DEATH:
(a) County Nez Perce
(b) City or town Sweetwater
(c) Street Address or R.F.D. No. R.F.D.
(d) Death Occured Inside? ..... Outside? X city or town
(e) Died in a Home X Hospital ..... Institution ..... Other place .....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 80 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Nez Perce
(c) City or town Sweetwater
(d) Street Address or R.F.D. No. R.F.D.
(e) Deceased lived Inside? ..... Outside? X city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 80 years
(h) Former residence (city, state) Same

3. (a) **FULL NAME** James Williams 95C

3. (b) If veteran, name war Nez Perce War 1877 (c) Social Security No. .....
4. Sex Male 5. Color or race Indain 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Annie Capt. John 6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) No Record

8. AGE	Years	Months	Days	If less than 1 day
	80			hrs min.

9. Exact Occupation Farmer Did this work for 80 yrs.
10. Industry or Business Farm Date last worked .....
11. Birthplace Nez Perce Co. (City or town) Idaho (State or foreign country)
Father 12. Name No Record
13. Birthplace ..... (City or town) (State or foreign country)
Mother 14. Maiden name No Record
15. Birthplace ..... (City or town) (State or foreign country)
16. Informant's **OWN** Signature Annie Capt. John by L B Wann
and Address Sweetwater, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-2-45 (Month) (Day) (Year)
(c) Place: Sweetwater Cem. Sweetwater, Ida.
18. Funeral Director's **OWN** Signature L B Wann
and Address Lewiston, Idaho
19. (a) Jan. 5, 1945 (Date received and filed) (b) Jean De Wells (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) December 30 1944
at 7:00 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from ..... — 19 —, to — 19 .....
I last saw h — alive on ..... 19 —; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Organic Heart Disease	P.K.
✓ Man was found dead	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding	
Finding of autopsy —	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature H. P. Malray (M. D. ~~or other~~)
and Address Lapwai San Date 1/3/ 1945
(For additional space, use reverse side)

United States
Department of Commerce
Bureau of the Census

JAN 8 1945

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 141952
Local Reg. No. 316
Reg. Dist. No. 220

1. PLACE OF DEATH:
(a) County Nez Perce
(b) City or town Lewiston
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? ✓ Outside? ..... city or town
(e) Died in a Home ....Hospital ✓ Institution ....Other place ....
(f) Name Hosp. or Inst. St Joseph Stayed 34 days
(g) Lived in this county ✓ years ✓ months 34 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Washington (b) County Garfield
(c) City or town Pomeroy
(d) Street Address or R. F. D. No. — Main
(e) Deceased lived Inside? ✓ Outside? ..... city or town
(f) If foreign born, in U. S. no yrs. Citizen of U. S.? yes
(g) How long had deceased lived in Idaho? no years
(h) Former residence (city, state) 63 yrs in Washington

3. (a) **FULL NAME** Jasper Vincent Gilbert 92 e.

3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Anna Gilbert
6. (c) Age of husband or wife if alive 51 years
7. Date of Birth (Month, Day, Year) Dec 24 1874

8. AGE	Years	Months	Days	If less than 1 day
	70	0	7	hrs ✓ min ✓

9. Exact Occupation Farmer Did this work for 63 yrs.
10. Industry or Business Farming Date last worked Nov 26 1944
11. Birthplace Fredonia Kans (City or town) (State or foreign country)
Father
12. Name John Gilbert
13. Birthplace Unknown Ohio (City or town) (State or foreign country)
Mother
14. Maiden name Unknown
15. Birthplace Unknown (City or town) (State or foreign country)
16. Informant's **OWN** Signature Mrs Vint Gilbert
and Address Pomeroy Washington
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Feb 3d 1945 (Month) (Day) (Year)
(c) Place: Pomeroy Washington
18. Funeral Director's **OWN** Signature Bert Richardson
and Address Pomeroy Wash
19. (a) Jan. 4, 1945 (Date received and filed) (b) Jean [illegible] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Dec 31 1944
at 11:30 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from Mar 1 1944 to Dec 31 1944
I last saw him alive on Nov 30 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Organic Heart Severe	9 mo
Myocarditis & Endocarditis	
Due to Hypertension	
Acute dilatation	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease first contracted? Heart
Name of operation None Date
Major finding
Finding of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? — Suicide? — Homicide? —
Occurred ..... 19..... City, county, state where violence occurred
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature J W Sherfey M D (M. D. or other)
and Address Pomeroy Wash Date 1 2 1945
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

141953

United States
Department of Commerce
Bureau of the Census JAN 8 1945

Certificate Of Death

STATE OF IDAHO

State File No.
Local Reg. No. 314
Reg. Dist. No. 220

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
   (a) County Nez Perce
   (b) City or town Lewiston
   (c) Street Address or R.F.D. No. 1412 Idaho St.
   (d) Death Occured Inside? x Outside? ..... city or town
   (e) Died in a Home x Hospital ..... Institution ..... Other place .....
   (f) Name Hosp. or Inst. ..... Stayed ..... days
   (g) Lived in this county 36 years ..... months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Nez perce
   (c) City or town Lewiston
   (d) Street Address or R.F.D. No. 1412 Idaho St.
   (e) Deceased lived Inside? x Outside? ..... city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 36 years
   (h) Former residence (city, state) Switzerland

3. (a) **FULL NAME** F. Baltasar Surbeck

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Katie Knopf Surbeck
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) January 27th 1873

8. AGE	Years	Months	Days	If less than 1 day
	71	11	4	hrs ..... min.

9. Exact Occupation Retired Did this work for ..... yrs.
10. Industry or Business Cigar Maker Date last worked .....
11. Birthplace Oberhallau (City or town) Switzerland (State or foreign country)

Father
12. Name George Surbeck
13. Birthplace ..... (City or town) Switzerland (State or foreign country)

Mother
14. Maiden name Elizabeth Graf
15. Birthplace ..... (City or town) Switzerland (State or foreign country)

16. Informant's **OWN** Signature Edna Schlee,
and Address Clarkston, Washington
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 1-4-45 (Month) (Day) (Year)
(c) Place: Walla Walla, Washington
18. Funeral Director's **OWN** Signature R B Mann
and Address Lewiston, Idaho
19. (a) Jan. 3, 1945 (Date received and filed) (b) Jean DeWeese (Registrar's signature)

950

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) December 31 19 44
at 6:20 o'clock A M.
21. **I HEREBY CERTIFY**, That I attended deceased from ..... 19 44 to Dec - 31 19 44
I last saw him alive on Dec - 31 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — Duration

Cardiac arrest
✓ Due to Cardiac insuf
Due to pneumonia
Due to .....
Other conditions ..... (Include pregnancy within 3 months of death)

Where was disease contracted? .....
Name of operation none Date .....
Major finding .....
Finding of autopsy no autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature J M Lytle (M. D. or other)
and Address Lewiston Date 1-2 1945
(For additional space, use reverse side)

Lyle

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH

STATE OF IDAHO

JAN 6 1945

State File No. 141954
Local Reg. No. 27
Reg. Dist. No. 530

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. PLACE OF DEATH:
(a) County Oneida
(b) City or town Malad
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Yes Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst Oneida Hospital 25 days
(g) Lived in this county years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Utah (b) County Box Elder
(c) City or town Washaki
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Yes Outside? city or town
(f) If foreign born, in U. S. yrs. Citizen of U. S.?
(g) How long had deceased lived in Idaho? 24 Days years
(h) Former residence (city, state)

3. (a) **FULL NAME** KATIE PABAWEENA NEAMAN

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race Indian
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Moses Neaman
6 (c) Age of husband or wife if alive 74 years
7. Date of Birth (Month, Day, Year) Sept. 10th 1874

8. AGE	Years	Months	Days	If less than 1 day
	70	3	5	hrs min.

9. Exact Occupation Housewife — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace Elko, Nevada (City or town) (State or foreign country)

Father
12. Name Thomas Pabaweena
13. Birthplace Elko, Nevada (City or town) (State or foreign country)

Mother
14. Maiden name Jane Yamgodo
15. Birthplace Elko, Nevada (City or town) (State or foreign country)

16. Informant's **OWN** Signature Linford Neaman and Address Washaki, Utah
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Dec. 14 1944 (Month) (Day) (Year)
(c) Place: Washaki Utah
18. Funeral Director's **OWN** Signature Wilford Rogers and Address Tremonton, Utah
19. (a) Dec. 16 1944 (Date received and filed) (b) J. Ray Keaman (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Dec 14 19 44
at o'clock M.

21. I **HEREBY CERTIFY**, That I attended deceased from 19 44 to Dec 14 19 44
I last saw h[illegible] alive on Dec 14 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cancer of bowels	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease first contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature O. H. Mabey (M. D. or other)
and Address Malad Date 12-16 1944

(For additional space, use reverse side)

141955

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

JAN 6 1945

State File No. 141955
Local Reg. No. 36
Reg. Dist. No. 530

1. **PLACE OF DEATH:**
(a) County Oneida
(b) City or town Malad
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home ____ Hospital X Institution ____ Other place ____
(f) Name Hosp. or Inst. Oneida Stayed 21 days
(g) Lived in this county Life years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Oneida
(c) City or town Malad
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? Life years
(h) Former residence (city, state)

3. (a) **FULL NAME** Alice Evans Reynolds

916

3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Female race Wht.
5. Color or
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Tal Reynolds
6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) May 3 1882

8. AGE	Years	Months	Days	If less than 1 day
	62	7	22	hrs ____ min.

9. Exact Occupation Housewife — Did this work for 34 yrs.
10. Industry or Business Own Home — Date last worked 1936
11. Birthplace Malad (City or town) Idaho (State or foreign country)

Father
12. Name William R. Evans
13. Birthplace Linclon (City or town) Nebraska (State or foreign country)

Mother
14. Maiden name Margaret Price
15. Birthplace North Ogden (City or town) Utah (State or foreign country)

16. Informant's **OWN** Signature Ted E. Reynolds
and Address Ogden Utah

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 28 44 (Month) (Day) (Year)
(c) Place: Malad Idaho

18. Funeral Director's **OWN** Signature J. Guy Ramsay
and Address Malad Idaho

19. (a) Dec 26 1944 (Date received and filed) (b) J. Guy Ramsay (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) December 25 19 44
at 2:55 o'clock P.M.

21. **I HEREBY CERTIFY**, That I attended deceased from Oct. 19 44, to Dec 25 19 44
I last saw h— alive on Dec 25 19 44 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Mitral Stenosis and Sig.	
Due to	
Due to	
Other conditions Stroke 1936 (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ____ Date ____
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19 ____ City, county, state where violence occurred
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work?
Means of injury

23. Attendant's **OWN** Signature O. H. Mabey
and Address Malad (M. D. or other) Date 12-26-44

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

141956

United States
Department of Commerce
Bureau of the Census

JAN 6 1945

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 39
Reg. Dist. No. 530

1. **PLACE OF DEATH:**
(a) County Oneida
(b) City or town Malad
(c) Street Address or R. F. D. No. 1
(d) Death Occurred Inside? Outside? X city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 78 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Oneida
(c) City or town Malad
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? 78 years
(h) Former residence (city, state)

3. (a) **FULL NAME** Elvira Ann Williams Harrison 53

3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Female
5. Color or race Wht.
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Jas. P. Harrison
6. (c) Age of husband or wife alive years
7. Date of Birth (Month, Day, Year) February 28 1853

8. AGE	Years	Months	Days	If less than 1 day
	91	9	28	hrs min.

9. Exact Occupation Housewife Did this work for 74 yrs.
10. Industry or Business Own Home Date last worked 1942
11. Birthplace Irish Channel (Sea) (City or town) (State or foreign country)

Father
12. Name John Jones Williams
13. Birthplace Wales (City or town) (State or foreign country)

Mother
14. Maiden name Jane Emma Merrifield
15. Birthplace England (City or town) (State or foreign country)

16. Informant's **OWN** Signature Elvira J. Deschamps
and Address Malad Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 29 1944 (Month) (Day) (Year)
(c) Place: Malad Idaho
18. Funeral Director's **OWN** Signature J. Guy Benson
and Address Malad Idaho.
19. (a) Dec 27 1944 (Date received and filed) (b) J. Guy Benson (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) December 26 1944
at 3:45 o'clock P. M.
21. **I HEREBY CERTIFY**, That I attended deceased from 1924 to Dec 26 1944
I last saw h[illegible] alive on Dec 26 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cancer of face	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature O. H. Mabey (M. D. or other)
and Address 12-27-44 Date 19

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

141957

United States
Department of Commerce
Bureau of the Census DEC 14 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 141957
Local Reg. No. 26
Reg. Dist. No. 380

1. **PLACE OF DEATH:**
(a) County Owyhee
(b) City or town Bruneau
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home X Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 61 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Owyhee
(c) City or town Bruneau
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? 61 years
(h) Former residence (city, state) The Dalles Ore.

3. (a) FULL NAME ALVIN MILTON HARRIS

1246

3. (b) If veteran, name war No. 3. (c) Social Security No. None
4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ellen 6. (c) Age of husband or wife if alive 75 years
7. Date of Birth (Month, Day, Year) November 7, 1867

8. AGE	Years	Months	Days	If less than 1 day
	77	1	0	hrs ____ min.

9. Exact Occupation Cattle Rancher Did this work for 40 yrs.
10. Industry or Business Cattle Date last worked 1942
11. Birthplace The Dalles (City or town) Oregon (State or foreign country)

Father
12. Name Levi Harris
13. Birthplace Ohio (City or town) (State or foreign country)

Mother
14. Maiden name Nancy Harris
15. Birthplace Virginia (City or town) (State or foreign country)

16. Informant's OWN Signature [redacted] M. Harris
and Address Bruneau Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 9, 1944 (Month) (Day) (Year)
(c) Place: Bruneau Cemetery
18. Funeral Director's OWN Signature Jeff J. Bay
and Address Mountain Home Idaho
19. (a) 12-8-44 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Dec. 7 1944
at 9 o'clock A. M.
21. I HEREBY CERTIFY, That I attended deceased from Nov 20 1944 to 12-7 1944
I last saw h[illegible] alive on ____ 19____; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary Embolism — Duration 4 hrs
Due to arteriosclerosis
Due to
Other conditions
(Include pregnancy within 3 months of death)
Where was disease contracted?
Name of operation ____ Date ____
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury

23. Attendant's OWN Signature I. E. Edwards (M. D. or other)
and Address Mtn Home Ida Dec 12 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census JAN 6 1945

Certificate Of Death

STATE OF IDAHO

State File No. 141958
Local Reg. No. 75
Reg. Dist. No. 392

1. **PLACE OF DEATH:**
   (a) County Cassia
   (b) City or town Malta
   (c) Street Address or R.F.D. No. —
   (d) Death Occured Inside? — Outside? — city or town
   (e) Died in a Home — Hospital — Institution — Other place —
   (f) Name Hosp. or Inst. — Stayed — days
   (g) Lived in this county — years 1½ months — days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Nebraska (b) County —
   (c) City or town Fullerton Nebr.
   (d) Street Address or R.F.D. No. —
   (e) Deceased lived Inside? — Outside? — city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 1½ Mo. years
   (h) Former residence (city, state) Iowa

3. (a) **FULL NAME** Kathryn Barnett 131a

3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex F
5. Color or race W.
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Laura
6. (c) Age of husband or wife if alive — years
7. Date of Birth (Month, Day, Year) Oct 20-1859

8. AGE	Years	Months	Days	If less than 1 day
	85	1	28	hrs min.

9. Exact Occupation Housewife Did this work for — yrs.
10. Industry or Business — Date last worked —
11. Birthplace Shelby Co. Iowa (City or town) (State or foreign country)

Father
12. Name Nicholas Vogt
13. Birthplace Holland (City or town) (State or foreign country)

Mother
14. Maiden name Wassenaar
15. Birthplace Holland (City or town) (State or foreign country)

16. Informant's **OWN** Signature W. Y. Barnett
and Address Malta Idaho

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 12-19-44 (Month) (Day) (Year)
(c) Place Fullerton Nebraska

18. Funeral Director's **OWN** Signature —
and Address Caldwell Idaho

19. (a) 12-23-44 (Date received and filed) (b) Helen M Vance (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Dec. 16 1944
at 7:30 o'clock P. M.

21. **I HEREBY CERTIFY**, That I attended deceased from 11/26. 1944, to Dec. 16. 1944
I last saw her alive on December 16 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Coronary Occlusion of heart	
Mitral lesion.	
Due to Senescent & nephritis	
Arterial hypertension	
Due to —	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? —
Name of operation — Date —
Major finding —
Finding of autopsy —

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? — Suicide? — Homicide? —
Occurred — 19— City, county, state where violence occurred —
Place of Violence: Home — Farm — Industry —
Public Place — While at work? —
Means of injury —

23. Attendant's **OWN** Signature D.H. Cooper M.D. (M. D. or other)
and Address Homedale, Idaho Date 12/21 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

141959

United States
Department of Commerce
Bureau of the Census JAN 8 1945

Certificate Of Death

STATE OF IDAHO

State File No. 141959
Local Reg. No. 76
Reg. Dist. No. 382

1. **PLACE OF DEATH:**
   (a) County Owyhee
   (b) City or town Marsing
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? Outside? X city or town
   (e) Died in a Home X Hospital Institution Other place
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county years 5 months 17 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Owyhee
   (c) City or town Marsing
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? Outside? X city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 5 mo ~~years~~
   (h) Former residence (city, state) ------

3. (a) **FULL NAME** JON DENNIS CHURRUCA 182

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced S.
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) July 7, 1944

8. AGE	Years	Months	Days	If less than 1 day
		5	17	hrs min.

9. Exact Occupation Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Nampa, (City or town) Idaho (State or foreign country)

Father
12. Name Jose Luis Churruca
13. Birthplace Boise, (City or town) Idaho (State or foreign country)

Mother
14. Maiden name Elizabeth Ann Willin
15. Birthplace Pennsylvania (City or town) (State or foreign country)

16. Informant's **OWN** Signature Jose Luis Churruca
and Address Marsing, Idaho.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/28/44 (Month) (Day) (Year)
(c) Place: St. John's Cem. Morris Hill, Boise, Idaho.

18. Funeral Director's **OWN** Signature [illegible]
and Address 504 So. Kimball Ave., Caldwell

19. (a) 12-30-44 (Date received and filed) (b) Helen McDaniel (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Dec. 24, 1944
at about 3:00 o'clock A.M.

21. **I HEREBY CERTIFY,** That I attended deceased from Birth 1944 to 12/24 1944
I last saw him alive on 5th Dec 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: (Duration)
✓ Strangulation-Accidental during sleep
~~Due to~~ & Swollen Thymus
Due to
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Yes Suicide? Homicide?
Occurred 12/24 1944 City, county, state where violence occurred Owyhee, Marsing
Place of Violence: Home Yes Farm Industry
Public Place While at work?
Means of injury Suffocation by bed clothes

28. Attendant's **OWN** Signature Jos. Saltzer MD (M. D. or other)
and Address Nampa Date 12/24 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census DEC 13 1944

Riverside Cemetery

Certificate Of Death

STATE OF IDAHO

State File No. 141960
Local Reg. No. 77
Reg. Dist. No. 3-330.

1. **PLACE OF DEATH:**
   (a) County Payette
   (b) City or town Payette
   (c) Street Address or R.F.D. No. 237 So 10th Street
   (d) Death Occured Inside? # Outside? ..... city or town
   (e) Died in a Home .... Hospital # Institution .... Other place ....
   (f) Name Hosp. or Inst. Payette Gen Stayed 2 days
   (g) Lived in this county ..... years ..... months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Payette
   (c) City or town New Plymouth,
   (d) Street Address or R.F.D. No. .....
   (e) Deceased lived Inside? ..... Outside? # ..... city or town
   (f) Citizen of what country? USA
   (g) How long had deceased lived in Idaho? ..... years
   (h) Former residence (city, state) Nampa, Idaho.

3. (a) **FULL NAME** John I. Perkins. 74a

3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife ----
6. (c) Age of husband or wife if alive ---- years
7. Date of Birth (Month, Day, Year) August 19 1870

8. AGE	Years	Months	Days	If less than 1 day
	74	3	16	hrs min.

9. Exact Occupation farm labor Did this work for ..... yrs.
10. Industry or Business ranch Date last worked .....
11. Birthplace Alton (City or town) I'll (State or foreign country)

Father
12. Name John Perkins.
13. Birthplace Philidelphia, Penn. (City or town) (State or foreign country)

Mother
14. Maiden name Amanda Smith
15. Birthplace Alton, (City or town) I'll (State or foreign country)

16. Informant's **OWN** Signature Elsie I. Perkins
and Address Middleton, Idaho.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 12-8-1944 (Month) (Day) (Year)
(c) Place: Payette, Idaho.
18. Funeral Director's **OWN** Signature Edith Landon
and Address Payette, Idaho.
19. (a) 12/8/1944 (Date received and filed) (b) J. C. Woodward (Registrar's signature)

(104)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Dec. 5, 1944
at 6:00 o'clock P M.
21. **I HEREBY CERTIFY**, That I attended deceased from Nov. 30, 1944 to Dec. 5 1944
I last saw him alive on Dec. 5 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Coronary occlusion	Immediate
Due to Coronary arteriosclerosis	
Coronary thrombosis	5 weeks
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature Geo E Davis M.D. (M. D. or other)
and Address New Plymouth Ida. Date Dec. 5 1944
(For additional space, use reverse side)

Parkview Cemetery.

141961

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

JAN 8 1945

State File No. 80
Local Reg. No. 3-330
Reg. Dist. No.

1. **PLACE OF DEATH:**
   (a) County Payette
   (b) City or town Payette
   (c) Street Address or R.F.D. No. 237 So 10th
   (d) Death Occured Inside? # Outside? ..... city or town
   (e) Died in a Home.... Hospital # Institution.... Other place....
   (f) Name Hosp. or Inst. Payette General 2 days
   (g) Lived in this county ..... years 8 months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Payette
   (c) City or town New Plymouth
   (d) Street Address or R.F.D. No. 1
   (e) Deceased lived Inside? ..... Outside? 1 city or town
   (f) Citizen of what country? USA
   (g) How long had deceased lived in Idaho? 9 years
   (h) Former residence (city, state) Tulsa, Okla.

3. (a) **FULL NAME** Ima Lorene Lake.

141C

3. (b) If veteran, name war ---
3. (c) Social Security No. 526-24-4542
4. Sex femal e
5. Color or race
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Alvin H. Lake
6. (c) Age of husband or wife if alive 21 years
7. Date of Birth (Month, Day, Year) January 4 1926

8. AGE	Years	Months	Days	If less than 1 day
	19	11	11	hrs min.

9. Exact Occupation housewife — Did this work for 8mo yrs.
10. Industry or Business home — Date last worked 11/13/1944
11. Birthplace Salina, Oklahoma (City or town) (State or foreign country)

Father
12. Name Arthur S. Capps.
13. Birthplace Prague, Oklahoma. (City or town) (State or foreign country)

Mother
14. Maiden name Florence Williams.
15. Birthplace Forsythe Missouri. (City or town) (State or foreign country)

16. Informant's OWN Signature Alvin H. Lake
and Address New Plymouth, Idaho. #1

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 12/18/1944 (Month) (Day) (Year)
(c) Place: New Plymouth, Idaho.

18. Funeral Director's OWN Signature Edith Landon.
and Address Payette, Idaho

19. (a) 12/18/1944 (Date received and filed) (b) J. C. Woodward (Registrar's signature)

(107)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) December 15 1944 19
at 5:45 o'clock P M.

21. **I HEREBY CERTIFY,** That I attended deceased from Sept 19 1944, to Dec. 15 19 44
I last saw her alive on Dec. 15 19 44; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Eclampsia — Duration 2 wks
Due to Pregnancy, toxemia 5½ months gestation — 5 mos.
Due to Cesarean section operation
Other conditions performed
(Include pregnancy within 3 months of death)

Where was disease contracted?
Name of operation ..... Date .....
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury

23. Attendant's OWN Signature Geo. E. Davis MD (M. D. or other)
and Address New Plymouth Ida Date 12/17/1944 19
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1

United States
Department of Commerce
Bureau of the Census

JAN 16 1945

CERTIFICATE OF DEATH

STATE OF IDAHO

State File No. 141962
Local Reg. No. 1
Reg. Dist. No. 3-331

1. PLACE OF DEATH:
(a) County Payette
(b) City or town Fruitland
(c) Street Address or R. F. D. No. R.F.D. #1
(d) Death Occurred Inside? ..... Outside? — city or town
(e) Died in a Home ✓ Hospital ... Institution ... Other place ...
(f) Name Hosp. or Inst. ..... Stayed ... days
(g) Lived in this county 34 years ..... months ..... days
Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Payette
(c) City or town Fruitland
(d) Street Address or R. F. D. No. .....
(e) Deceased lived Inside? ..... Outside? — city or town
(f) If foreign born, in U. S. ... yrs. Citizen of U. S.? .....
(g) How long had deceased lived in Idaho? 34 years
(h) Former residence (city, state) .....

3. (a) **FULL NAME** James Newton Hill 83 h.

3. (b) If veteran, name war — 3. (c) Social Security No. —
4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Isabelle 6 (c) Age of husband or wife if alive — years
7. Date of Birth (Month, Day, Year) Sept. 17, 1858

8. AGE	Years	Months	Days	If less than 1 day
	86	3	13	hrs min.

9. Exact Occupation Farmer Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Geneseo (City or town) Illinois (State or foreign country)
Father 12. Name William Hill
Father 13. Birthplace ..... (City or town) Virginia (State or foreign country)
Mother 14. Maiden name Isabelle Lockhart
Mother 15. Birthplace ..... (City or town) Virginia (State or foreign country)
16. Informant's **OWN** Signature Mrs Wm Birdsell
and Address Payette Idaho R#1
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 1/5/45 (Month) (Day) (Year)
(c) Place: Ontario, Oregon
18. Funeral Director's **OWN** Signature H L Peterson
and Address Ontario
19. (a) 1/6/45 (Date received and filed) (b) J. C. Woodward (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Dec 30 1944
at 5:00 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from Dec 23, 1944 to Dec 30 1944
I last saw him alive on Dec 30 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebral thrombosis	one week
Due to Cerebral arteriosclerosis & hypertension	—
Due to	
Other conditions Senility (Include pregnancy within 3 months of death)	

Where was disease first contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature Geo. E. Davis, M.D. (M. D. or other)
and Address New Plymouth, Idaho Date Jan 5 1945
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

141963

United States
Department of Commerce
Bureau of the Census JAN 3 1945

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 30
Reg. Dist. No. 500

1. **PLACE OF DEATH:**
(a) County Power
(b) City or town American Falls
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home Hospital Institution Other place
(f) Name Hosp. or Inst. Schiltz Stayed 10 days
(g) Lived in this county ✓ years ✓ months 10 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bingham
(c) City or town Aberdeen
(d) Street Address or R. F. D. No. ✓
(e) Deceased lived Inside? Outside? X city or town
(f) Citizen of what country? U S.
(g) How long had deceased lived in Idaho? years
(h) Former residence (city, state)

3. (a) **FULL NAME** Gertrude Marie Isaak. 92b.

3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex Female
5. Color or race white
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife ✓
6. (c) Age of husband or wife if alive ✓ years
7. Date of Birth (Month, Day, Year) Dec. 20, 1931

8. AGE	Years	Months	Days	If less than 1 day
	12	11	19	hrs min.

9. Exact Occupation School girl Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Aberdeen, Idaho (City or town) (State or foreign country)
Father
12. Name Peter Isaak
13. Birthplace Russia (City or town) (State or foreign country)
Mother
14. Maiden name Eva Dirks Isaak
15. Birthplace Manitoba, Canada. (City or town) (State or foreign country)
16. Informant's OWN Signature Mrs Peter Isaak
and Address Aberdeen Idaho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 6-1944 (Month) (Day) (Year)
(c) Place: Homestead Cemetery
18. Funeral Director's OWN Signature H L Davis
and Address American Falls, Idaho
19. (a) Dec 5-1944 (Date received and filed) (b) Irene Saling (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) December 3 1944
at 10:30 o'clock A. M.
21. **I HEREBY CERTIFY,** That I attended deceased from Dec 24 1944 to Dec. 3 1944
I last saw her alive on Dec 3 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cardio-vascular failure (Pancarditis) — Duration
Due to mitral and aortic regurgitation
Due to Rheumatic fever
Other conditions
(Include pregnancy within 3 months of death)
Where was disease contracted? Idaho
Name of operation none Date
Major finding
Finding of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature F. L. Harms, M. D. (M. D. or other)
and Address Aberdeen, Idaho Date Dec 4, 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

141964

United States
Department of Commerce
Bureau of the Census JAN 3 1945

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 32
Reg. Dist. No. 500

1. **PLACE OF DEATH:**
(a) County Power
(b) City or town Near Am. Falls Idaho
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? X city or town
(e) Died in a Home Hospital Institution Other place X
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Montana (b) County Gallatin
(c) City or town Bozeman,
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? U S.
(g) How long had deceased lived in Idaho? 0 years
(h) Former residence (city, state) Montana

3. (a) **FULL NAME** Leonard Joseph Lynch 173

3. (b) If veteran, name war NO. 3. (c) Social Security No. 517-01-7757
4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife — 6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) March 21, 1909.

8. AGE	Years	Months	Days	If less than 1 day hrs	min.
	35	9	8		

9. Exact Occupation Aviation Did this work for 11 yrs.
10. Industry or Business Lynch Flying Service Date last worked 12- -44
11. Birthplace Pincher Creek, Alberta Canada (City or town) (State or foreign country)
Father 12. Name Francis Charles Lynch
Father 13. Birthplace New Brunswick (City or town) (State or foreign country)
Mother 14. Maiden name Katherine Brandt
Mother 15. Birthplace Iowa (City or town) (State or foreign country)
16. Informant's OWN Signature John F. Lynch and Address Belgrade, Montana
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year) (c) Place: Bozeman, Montana.
18. Funeral Director's OWN Signature H. L. Davis and Address American Falls Idaho
19. (a) Dec 30 1944 (Date received and filed) (b) Irene Ealing (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 12 - 29 - 1944 at 3:30 P.M. APPROX o'clock A.M.

21. **I HEREBY CERTIFY,** That I attended deceased from 12-29- 1944 to 12-29- 1944
I last saw him alive on 12-29- 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — Duration
Crushed Chest & Head - Broken Bones & Multiple Lacerations.
Due to Airplane Crash in Arbon Valley near Am Falls, Idaho.
Due to Bad Weather - Ice forming
Other conditions On Wings.
(Include pregnancy within 3 months of death)

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? X Suicide? Homicide?
Occurred 12- 29 - 1944 City, county, state where violence occurred Near Am Falls, Power, Idaho
Place of Violence: Home Farm Industry
Public Place Mountain Range While at work? yes.
Means of injury Airplane Crash.

23. Attendant's OWN Signature H. L. Davis Coroner (M. D. or other)
and Address Am. Falls, Idaho Date 12-29- 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

141965

United States
Department of Commerce
Bureau of the Census

JAN 3 1945

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 34
Reg. Dist. No. 500

1. **PLACE OF DEATH:**
   (a) County Power
   (b) City or town Near American Falls, Idaho
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? Outside? X city or town
   (e) Died in a Home Hospital Institution Other place X
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county years months days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Montana (b) County Gallatin
   (c) City or town Bozeman
   (d) Street Address or R. F. D. No.
   (e) Deceased lived Inside? X Outside? city or town
   (f) Citizen of what country? U. S.
   (g) How long had deceased lived in Idaho? ✓ years
   (h) Former residence (city, state) Bozeman Mont

3. (a) **FULL NAME** Etheldreda Mary Davis Starmer 173

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓
4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Garrett 6. (c) Age of husband or wife if alive 29 years
7. Date of Birth (Month, Day, Year) Oct. 4 – 1918

8. AGE	Years	Months	Days	If less than 1 day
	26	2	11	hrs min.

9. Exact Occupation Housewife Did this work for 1½ yrs.
10. Industry or Business Home Date last worked
11. Birthplace Henderson, Minn. (City or town) (State or foreign country)
Father
12. Name Dr. I. Davis
13. Birthplace Not Known (City or town) (State or foreign country)
Mother
14. Maiden name Clara Wentker
15. Birthplace Not Known (City or town) (State or foreign country)
16. Informant's **OWN** Signature Garrett L. Starmer
and Address 1122 So. 3rd. Bozeman, Montana
17. (a) Removal (b) Date thereof 1 – 1 – 45 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: San Jose, Calif.
18. Funeral Director's **OWN** Signature H. L. Davis
and Address American Falls, Idaho
19. (a) Jan 1 – 1945 (b) Irene Daling (Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 12 – 29 1944
at 3:30 approx o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from 12 – 29 1944, to 12 – 29 1944
I last saw her ~~alive~~ dead on 12 – 29 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration
A Head Injury: broken jaw
Left arm both legs & multiple laceration
Due to Airplane accident
Due to Plane Crashed in Mountains
Other conditions Near Am. Falls, Idaho
(Include pregnancy within 3 months of death)

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? X Suicide? Homicide?
Occurred 12 – 29 – 1944 City, county, state where violence occurred Mountain Region
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury Plane crash
23. Attendant's **OWN** Signature H. L. Davis Coroner (M. D. or other)
and Address Am. Falls, Ida Date 1 – 1 – 1945
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JAN 3 1945

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 141966
Local Reg. No. 33
Reg. Dist. No. 500

1. **PLACE OF DEATH:**
(a) County Power
(b) City or town near American Falls Ida
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? X city or town
(e) Died in a Home Hospital Institution Other place X
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Montana (b) County Gallatin
(c) City or town Bozeman, Montana
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? U S
(g) How long had deceased lived in Idaho? ~ years
(h) Former residence (city, state) Montana.

3. (a) **FULL NAME** Garrett Joseph Ludlow Starner Jr 173

3. (b) If veteran, name war ~ 3. (c) Social Security No.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife ~ 6. (c) Age of husband or wife if alive ~ years

7. Date of Birth (Month, Day, Year) Aug. 20, 1944

8. AGE	Years	Months	Days	If less than 1 day
	0	4	9	hrs min.

9. Exact Occupation ~ Did this work for ~ yrs.
10. Industry or Business ~ Date last worked
11. Birthplace San Jose Calif (City or town) (State or foreign country)

Father
12. Name Garrett L Starner
13. Birthplace San Francisco Cal. (City or town) (State or foreign country)

Mother
14. Maiden name Etheldreda Mary Davis
15. Birthplace Henderson Minn (City or town) (State or foreign country)

16. Informant's **OWN** Signature Garrett L Starner
and Address 1122 So 3rd Bozeman Montana

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 1-1-45 (Month) (Day) (Year)
(c) Place: San Jose, Calif

18. Funeral Director's **OWN** Signature H L Davis
and Address American Falls, Ida.

19. (a) Jan 1-1945 (Date received and filed) (b) Irene Daling (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 12-29-1944
at 3:30 apprx o'clock P M.

21. **I HEREBY CERTIFY,** That I attended deceased from 12-29-1944, to 12-29-1944
I last saw him ~~alive~~ on 12-29-1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — **Duration**
✓ Fractured Skull - Head & Face Injury & Crushed Chest.
Due to Airplane Crash
Due to Plane crashed in mountains near Am Falls, Idaho.
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? X Suicide? Homicide?
Occurred 12-29-1944 City, county, state where violence occurred Mountain Region
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury Plane Crash

23. Attendant's **OWN** Signature H L Davis Coroner (M. D. or other)
and Address Am. Falls, Ida Date 1-1-1945

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JAN 9 1945

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 141967
Local Reg. No. 44
Reg. Dist. No. 140

1. **PLACE OF DEATH:**
(a) County Shoshone
(b) City or town Wallace
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home __ Hospital __ Institution __ Other place __
(f) Name Hosp. or Inst. Providence Stayed 5 days
(g) Lived in this county 45 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Shoshone
(c) City or town Kellogg
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? 45 years
(h) Former residence (city, state) Butte Mont.

3. (a) **FULL NAME** John Ponzetti 73d

3. (b) If veteran, name war XX
3. (c) Social Security No. none
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife XX
6. (c) Age of husband or wife if alive XX years
7. Date of Birth (Month, Day, Year) Oct. 17, 1874

8. AGE	Years	Months	Days	If less than 1 day
	70			hrs min.

9. Exact Occupation Tavern operator Did this work for ____ yrs.
10. Industry or Business ____ Date last worked ____
11. Birthplace Besano Italy (City or town) (State or foreign country)
Father
12. Name Don't know
13. Birthplace " (City or town) (State or foreign country)
Mother
14. Maiden name Don't know
15. Birthplace " (City or town) (State or foreign country)
16. Informant's OWN Signature James B Ponzetti
and Address Globe Hotel-Spokane Wash
17. (a) removal (Burial, cremation, or removal) (b) Date thereof Dec. 1, 1944 (Month) (Day) (Year)
(c) Place: Spokane Wash
18. Funeral Director's OWN Signature R. L. Stout
and Address 320 Main street*Kellogg Ida
19. (a) Dec 16-44 (Date received and filed) (b) John Ponzetti (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Nov. 27, 1944 19__
at 2 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from ____ 19__, to ____ 19__
I last saw h__ alive on ____ 19__; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death	Duration
Myocarditis	several
Coronary Sclerosis	mos
Due to	
Silicosis	
Due to arteriosclerosis	77
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ____ Date ____
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work?
Means of injury
23. Attendant's OWN Signature H. Mowery (M.D. or other)
and Address Wallace Idaho Date 12/16 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census JAN 9 1945

Certificate Of Death

STATE OF IDAHO

State File No. 141968
Local Reg. No. 45
Reg. Dist. No. 140

1. **PLACE OF DEATH:**
   (a) County Shoshone
   (b) City or town
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? ✓ Outside? city or town
   (e) Died in a Home Hospital Institution Other place
   (f) Name Hosp. or Inst. County Stayed days
   (g) Lived in this county 40 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Shoshone
   (c) City or town Osburn
   (d) Street Address or R.F.D. No. none
   (e) Deceased lived Inside? Outside? ✓ city or town
   (f) Citizen of what country? U. S. A.
   (g) How long had deceased lived in Idaho? 40 years
   (h) Former residence (city, state)

3. (a) **FULL NAME** Ole J. Holt 93 d

3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Feb 26 1866

8. AGE	Years	Months	Days	If less than 1 day
	78	9	2	hrs min.

9. Exact Occupation Miner — Did this work for 40 yrs.
10. Industry or Business Mining — Date last worked
11. Birthplace Norway (City or town) (State or foreign country)

Father
12. Name Unknown
13. Birthplace Norway (City or town) (State or foreign country)

Mother
14. Maiden name Unknown
15. Birthplace Norway (City or town) (State or foreign country)

16. Informant's **OWN** Signature [signature] and Address Wallace, Idaho
17. (a) Buried (Burial, cremation, or removal) (b) Date thereof 12/3/44 (Month) (Day) (Year)
(c) Place: Wallace, Idaho
18. Funeral Director's **OWN** Signature [signature] and Address Wallace Idaho
19. (a) Dec 22 44 (Date received and filed) (b) John Burn (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Nov 28 19 44
at o'clock 4:10 P.M.

21. **I HEREBY CERTIFY**, That I attended deceased from 8/30/44 19 to 11/28/44 19
I last saw h alive on 11/27/44 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: (Duration)
Chr Myo Cardities
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature [signature] (M. D. or other)
and Address Date 19
(For additional space, use reverse side)

141969

United States
Department of Commerce
Bureau of the Census

JAN 9 1945

Certificate Of Death

STATE OF IDAHO

State File No.
Local Reg. No. 46
Reg. Dist. No. 140

1. PLACE OF DEATH:
(a) County Shoshone
(b) City or town Wallace
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? Outside? city or town
(e) Died in a Home Hospital ✓ Institution Other place
(f) Name Hosp. or Inst. Wallace Stayed days
(g) Lived in this county 53 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Shoshone
(c) City or town Burke
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? ✓ Outside? city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? 53 years
(h) Former residence (city, state) Idaho

3. (a) FULL NAME Emma Larson 186a

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F
5. Color of race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) May-6-1857

8. AGE	Years	Months	Days	If less than 1 day
	87	6	25	hrs min.

9. Exact Occupation At Home Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Sweden (City or town) (State or foreign country)
Father
12. Name Not Known
13. Birthplace " " (City or town) (State or foreign country)
Mother
14. Maiden name " "
15. Birthplace " " (City or town) (State or foreign country)
16. Informant's OWN Signature Chas. H Forman and Address Burke Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Dec 3-44 (Month) (Day) (Year)
(c) Place: Spokane Wash.
18. Funeral Director's OWN Signature John Bever (Wards) and Address Wallace Idaho
19. (a) Dec 1-44 (Date received and filed) (b) John Bever (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Dec 1 1944
at 3 o'clock A. M.
21. I HEREBY CERTIFY, That I attended deceased from Nov 22 1944, to Dec 1 1944
I last saw her alive on Nov 30 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cardiac Failure	2 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) Fract. R. hip	1 wk.
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? X Suicide? Homicide?
Occurred Nov. 22, 1944 City, county, state where violence occurred Wallace, Idaho
Place of Violence: Home X Farm Industry
Public Place While at work?
Means of injury Fell in bath room
23. Attendant's OWN Signature H E Bouchake (M. D. or other)
and Address Wallace Ida Date 12-2-1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

141970

United States
Department of Commerce
Bureau of the Census

DEC 12 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 50
Reg. Dist. No. 142

1. **PLACE OF DEATH:**
(a) County Shoshone
(b) City or town Kellogg
(c) Street Address or R. F. D. No. 913 W Park
(d) Death Occurred Inside? X Outside? ____ city or town
(e) Died in a Home __ Hospital X Institution __ Other place __
(f) Name Hosp. or Inst. Wardner Stayed 26 days
(g) Lived in this county 22 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Shoshone
(c) City or town Kellogg
(d) Street Address or R. F. D. No. 913 W Park
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? U.S.
(g) How long had deceased lived in Idaho? 22 years
(h) Former residence (city, state) ____

3. (a) FULL NAME William J. Hancock 95a.

3. (b) If veteran, name war no
3. (c) Social Security No. 518-05-52349
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Beulah
6. (c) Age of husband or wife if alive 72 years
7. Date of Birth (Month, Day, Year) September 18, 1869

8. AGE	Years	Months	Days	If less than 1 day
	75	2	15	hrs min.

9. Exact Occupation Machinist Did this work for 22 yrs.
10. Industry or Business Mining Date last worked Oct. 1943
11. Birthplace Dover New Jersey (City or town) (State or foreign country)
Father
12. Name William Hancock
13. Birthplace England (City or town) (State or foreign country)
Mother
14. Maiden name Unknown
15. Birthplace England (City or town) (State or foreign country)
16. Informant's OWN Signature Mrs Beulah Hancock and Address Kellogg Idaho
17. (a) Removal (b) Date thereof 12/6/44 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place Riverside Park Spokane
18. Funeral Director's OWN Signature Frank M. Glade and Address Kellogg Idaho
19. (a) DEC-5-1944 (Date received and filed) Mrs. Helen McBride (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 12-3 1944
at 3 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from Nov 11 1944, to 12-3 1944
I last saw him alive on ____ 19__; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Heart Block	2 years
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? Kellogg, Ida
Name of operation None Date
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature Glenn McCoppery M.D. (M. D. or other)
and Address Kellogg Ida. Date 12-5-1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

141971

United States
Department of Commerce
Bureau of the Census

JAN 8 1945

Certificate Of Death

STATE OF IDAHO

State File No.
Local Reg. No. 53
Reg. Dist. No. 142

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
(a) County Shoshone
(b) City or town Kellogg
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? X Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. Wardner Stayed 8 days
(g) Lived in this county 20 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Shoshone
(c) City or town Kellogg
(d) Street Address or R.F.D. No. 511 W Mission
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? US
(g) How long had deceased lived in Idaho? 20 years
(h) Former residence (city, state)

3. (a) **FULL NAME** Hilda O Anderson 186a

3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Wid.
6. (b) Name of husband or wife Sam
6. (c) Age of husband or wife if alive — years
7. Date of Birth (Month, Day, Year) January 16, 1870

8. AGE	Years	Months	Days	If less than 1 day
	74	10	21	hrs min.

9. Exact Occupation Home Did this work for 50 yrs.
10. Industry or Business Home Date last worked
11. Birthplace Norway (City or town) (State or foreign country)
Father
12. Name Olson
13. Birthplace Norway (City or town) (State or foreign country)
Mother
14. Maiden name Unknown
15. Birthplace Norway (City or town) (State or foreign country)
16. Informant's **OWN** Signature James T. Anderson
and Address 511 W Mission - Kellogg
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/10/44 (Month) (Day) (Year)
(c) Place: Kellogg Idaho
18. Funeral Director's **OWN** Signature [illegible]
and Address Kellogg Idaho
19. (a) 12-17-1944 (Date received and filed) (b) Mrs. Helen McBride (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 12-6 1944
at 8 30 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from 11-29 1944, to 12-6 1944
I last saw her alive on 12-6 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration
Coronary Thrombosis
Due to Fracture neck of left
Due to Fumes on 11-29-44
Other conditions
(Include pregnancy within 3 months of death)
Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? X Suicide? Homicide?
Occurred 11-29-44 19 City, county, state where violence occurred Kellogg, Idaho
Place of Violence: Home X Farm Industry
Public Place While at work?
Means of injury Fell of back porch at home.
23. Attendant's **OWN** Signature Robert Stalin (M. D. or other)
and Address Kellogg Ida Date 12-17 1944
(For additional space, use reverse side)

141972

United States
Department of Commerce
Bureau of the Census

JAN 9 1945

Certificate Of Death

STATE OF IDAHO

State File No.
Local Reg. No. 47
Reg. Dist. No. 140

1. PLACE OF DEATH:
(a) County Shoshone
(b) City or town Wallace
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? ✓ Outside? city or town
(e) Died in a Home Hospital ✓ Institution Other place
(f) Name Hosp. or Inst. Wallace Stayed days
(g) Lived in this county 20 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Shoshone
(c) City or town Mullan
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? ✓ Outside? city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? 20 years
(h) Former residence (city, state) Minn.

3. (a) FULL NAME Nils Nelson 13a

3. (b) If veteran, name war
3. (c) Social Security No. ~~[illegible]~~
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
Cont.	40			hrs min.

9. Exact Occupation Mine Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Not Known (City or town) (State or foreign country)
Father 12. Name " "
13. Birthplace " " (City or town) (State or foreign country)
Mother 14. Maiden name " "
15. Birthplace " " (City or town) (State or foreign country)
16. Informant's OWN Signature John A Bever (Wards) and Address Wallace Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Dec 12-44 (Month) (Day) (Year)
(c) Place: Tramard N.D. Minn.
18. Funeral Director's OWN Signature John A Bever (Wards) and Address Wallace Idaho
19. (a) Dec 11-44 (Date received and filed) (b) John A Bever (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Dec 9 1944
at 1 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from March 13 1944 to Dec 9 1944
I last saw him alive on Dec 9 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Silico-Tuberculosis	1.2 yr.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation Date	
Major finding	
Finding of autopsy	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide? Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature L. E. Bourbake (M. D. or other)
and Address Wallace Ido Date 12-11-1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

141973

United States
Department of Commerce
Bureau of the Census JAN 9 1945

Certificate Of Death

STATE OF IDAHO

State File No.
Local Reg. No. 48
Reg. Dist. No. 140

1. PLACE OF DEATH:
(a) County Shoshone
(b) City or town Wallace
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? — Outside? city or town
(e) Died in a Home Hospital Institution Other place
(f) Name Hosp. or Inst. Wallace Stayed days
(g) Lived in this county 25 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Shoshone
(c) City or town Burke
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? ✓ Outside? city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? 25 years
(h) Former residence (city, state) Wash.

3. (a) FULL NAME John Wellington Glencross 94a

3. (b) If veteran, name war
3. (c) Social Security No. 518-03-4320
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mamie
6. (c) Age of husband or wife if alive 46 years
7. Date of Birth (Month, Day, Year) Sept-9-1885

8. AGE	Years	Months	Days	If less than 1 day
	59	3	0	hrs min.

9. Exact Occupation Miner. Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace (City or town) Penna. (State or foreign country)
Father 12. Name William Glencross
13. Birthplace (City or town) Not known (State or foreign country)
Mother 14. Maiden name Catherine Cookshank
15. Birthplace (City or town) Penna. (State or foreign country)
16. Informant's OWN Signature J. W. Glencross
and Address Portland Ore.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Dec 12-44 (Month) (Day) (Year)
(c) Place: Spokane Wash.
18. Funeral Director's OWN Signature John Bevan (Wash)
and Address Wallace Idaho
19. (a) Dec-11-44 (Date received and filed) (b) John Bevan (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Dec - 9 1944
at / o'clock P. M.
21. I HEREBY CERTIFY, That I attended deceased from 12-8-44 19, to 12-9-44 19
I last saw him alive on 12-9-44 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Acute Myocardial Failure	2 days
Due to Coronary Sclerosis and	
✓ Due to Myofibrosis	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature H. E. Bonebrake (M. D. or other)
and Address 12-11-44 Date 19
(For additional space, use reverse side)
Wallace Idaho

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

JAN 8 1945

State File No. 141974
Local Reg. No. 54
Reg. Dist. No. 142

1. **PLACE OF DEATH:**
   (a) County Shoshone
   (b) City or town
   (c) Street Address or R.F.D. No. Pinehurst
   (d) Death Occured Inside? Outside? X city or town
   (e) Died in a Home Hospital Institution Other place
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county 3 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Shoshone
   (c) City or town Pinehurst
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? Outside? X city or town
   (f) Citizen of what country? U.S.
   (g) How long had deceased lived in Idaho? 3 years
   (h) Former residence (city, state)

3. (a) **FULL NAME** Hazel S. Hammitt 170a.

3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Female
5. Color or race White
6. (b) Name of husband or wife Floyd
6. (c) Age of husband or wife if alive 42 years
7. Date of Birth (Month, Day, Year) July 29, 1908
8. (a) Single, widowed, married, divorced Married

8. AGE	Years	Months	Days	If less than 1 day
	36	4	12	hrs min.

9. Exact Occupation Home — Did this work for 16 yrs.
10. Industry or Business Home — Date last worked 12/11/44
11. Birthplace Silton Kansas (City or town) (State or foreign country)

Father
12. Name Henry Seaman
13. Birthplace Nebraska (City or town) (State or foreign country)

Mother
14. Maiden name Ozie Bates
15. Birthplace Kansas (City or town) (State or foreign country)

16. Informant's **OWN** Signature Lizzy Hammitt and Address Pinehurst

17. (a) Burial (Burial, cremation, or removal), (b) Date thereof Dec. 15 1944 (Month) (Day) (Year)
(c) Place: Oppertunity Wash.

18. Funeral Director's **OWN** Signature Lewis M Black and Address Kellogg Idaho

19. (a) 12-19-1944 (Date received and filed) (b) Mrs. Mae McBride (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 12-11 1944
at 2 p.m. o'clock M.

21. **I HEREBY CERTIFY**, That I attended deceased from ..... 19..... to ..... 19.....
I last saw h..... alive on ..... 19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Due to Cerebral Thrombosis	Unknown
Due to Coronary Occlusion	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Yes Suicide? ..... Homicide? .....
Occurred 12-11 1944 City, county, state where violence occurred Pinehurst Ida
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? No
Means of injury Fell from bed striking head on floor

23. Attendant's **OWN** Signature Wm. D. Hawley M.D. (M. D. or other)
and Address Wallace Ida Date 12/16 1944
(For additional space, use reverse side)

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH

JAN 8 1945

STATE OF IDAHO

State File No. 141975
Local Reg. No. 55
Reg. Dist. No. 141

1. **PLACE OF DEATH:**
(a) County Shoshone
(b) City or town Kellogg
(c) Street Address or R. F. D. No. 66
(d) Death Occurred Inside? ✓ Outside? ____ city or town
(e) Died in a Home ____ Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county ____ years 6 months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Shoshone
(c) City or town Kellogg
(d) Street Address or R. F. D. No. 66
(e) Deceased lived Inside? ____ Outside? ✓ city or town
(f) Citizen of what country? ____
(g) How long had deceased lived in Idaho? 6 mo. years
(h) Former residence (city, state) Kennewick Wn.

3. (a) **FULL NAME** Wolla Elmer Dennett 1700

3. (b) If veteran, name war ✓
3. (c) Social Security No. 536-05-8349
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Viola
6. (c) Age of husband or wife if alive 27 years
7. Date of Birth (Month, Day, Year) March 8 - 1914

8. AGE	Years	Months	Days	If less than 1 day hrs	min.
	30	9	3		

9. Exact Occupation Zinc Plant — Did this work for ____ yrs.
10. Industry or Business ____ — Date last worked ____
11. Birthplace Harrison (City or town) Idaho (State or foreign country)

Father
12. Name Wm. E Dennett
13. Birthplace Verndale (City or town) Minn. (State or foreign country)

Mother
14. Maiden name Bessie Knight
15. Birthplace Vilas (City or town) Colo. (State or foreign country)

16. Informant's **OWN** Signature W Dennett
and Address Kennewick Wn.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Dec 13 1944 (Month) (Day) (Year)
(c) Place: Kennewick Wn
18. Funeral Director's **OWN** Signature R L Stoyt
and Address Kellogg Idaho
19. (a) Dec 16-44 (Date received and filed) (b) ____ (Registrar's signature)

Mrs Helen McBride

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Dec 11 1944
at 2:45 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from ____ 19____, to ____ 19____
I last saw h____ alive on ____ 19____; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Shrapnel Wound Chest	Instant
Due to Struck by Motor Vehicle	
Due to ____	
Other Conditions (Include Pregnancy within 3 months of death)	

Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Yes Suicide? ____ Homicide? ____
Occurred 12-11 1944 City, county, state where violence occurred Railroad Crossing
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work ____
Means of injury Struck by motor vehicle
23. Attended deceased from Dec 11 1944 to Dec 11 1944
OWN Signature Robert C Wallace M. D. or Coroner
and Address Wallace Ida. Date 12-13-1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census JAN 9 1945

Certificate Of Death

STATE OF IDAHO

State File No. 141976
Local Reg. No. 49
Reg. Dist. No. 140

1. PLACE OF DEATH:
(a) County Shoshone Co
(b) City or town Wallace
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? Outside? city or town
(e) Died in a Home Hospital ✓ Institution Other place
(f) Name Hosp. or Inst. Providence Stayed days
(g) Lived in this county years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State (b) County
(c) City or town
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? Outside? city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? years
(h) Former residence (city, state)

3. (a) FULL NAME Mary Petrinovich 153

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F 5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Dec 12 - 1944

8. AGE	Years	Months	Days ✓	If less than 1 day
			1	hrs min.

9. Exact Occupation None Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Wallace Idaho (City or town) (State or foreign country)
Father 12. Name Joe Petrinovich
13. Birthplace Austria (City or town) (State or foreign country)
Mother 14. Maiden name Mary Murphy
15. Birthplace Wallace Idaho (City or town) (State or foreign country)
16. Informant's OWN Signature Joe Petrinovich
and Address Wallace Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 15-44 (Month) (Day) (Year)
(c) Place: Wallace Idaho
18. Funeral Director's OWN Signature John A Beaver (words)
and Address Wallace Idaho
19. (a) Dec 14-44 (Date received and filed) (b) John A Beaver (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Dec 13 1944
at 8 o'clock A. M.
21. I HEREBY CERTIFY, That I attended deceased from 12-13- 1944, to 12-14 1944
I last saw her alive on 12-14 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Ichthiosis, Congenital	
Due to	
✓ Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature [signature] (M. D. or other)
and Address Wallace Idaho Date 12-16 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JAN 8 1945

Certificate Of Death

STATE OF IDAHO

State File No. 141977
Local Reg. No. 56
Reg. Dist. No. 142

1. PLACE OF DEATH:
(a) County Shoshone
(b) City or town Kellogg
(c) Street Address or R.F.D. No. 11
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Home.... Hospital X Institution.... Other place....
(f) Name Hosp. or Inst. Wardner Stayed 8 days
(g) Lived in this county 11 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Shoshone
(c) City or town Kellogg
(d) Street Address or R.F.D. No. Kellogg Hotel
(e) Deceased lived Inside? X Outside? ..... city or town
(f) Citizen of what country? U.S.
(g) How long had deceased lived in Idaho? 11 years
(h) Former residence (city, state) .....

3. (a) **FULL NAME** Theodore Dukich 108

3. (b) If veteran, name war —
3. (c) Social Security No. 536-07-7356
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Date of Birth (Month, Day, Year) 1894

8. AGE	Years	Months	Days	If less than 1 day
	50			hrs min.

9. Exact Occupation Mining Did this work for 11 yrs.
10. Industry or Business Mining Date last worked 11/14/44
11. Birthplace Yugoslavia (City or town) (State or foreign country)

Father
12. Name Unknown
13. Birthplace Unknown (City or town) (State or foreign country)

Mother
14. Maiden name Unknown
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mike Manglovich
and Address Kellogg Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/16/44 (Month) (Day) (Year)
(c) Place: Greenwood - Kellogg
18. Funeral Director's **OWN** Signature [illegible]
and Address Kellogg Idaho
19. (a) 12-17-1944 (Date received and filed) (b) Mrs. Helen McBride (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 12-14 1944
at 9 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from June 1 1942, to Dec 14 1944
I last saw him alive on 12-14 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Pneumonia Left Lobar — Duration
Due to .....
Due to .....
Other conditions Mitral Insufficiency
(Include pregnancy within 3 months of death)
Where was disease contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature [illegible] (M. D. or other)
and Address Kellogg Ida Date 12-17 1944
(For additional space, use reverse side)

141978

United States
Department of Commerce
Bureau of the Census

JAN 9 1945

Certificate Of Death

STATE OF IDAHO

State File No.
Local Reg. No. 50
Reg. Dist. No. 141

1. **PLACE OF DEATH:**
(a) County Shoshone
(b) City or town Mullan
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? ✓ Outside? city or town
(e) Died in a Home ✓ Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 39 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Shoshone
(c) City or town Mullan
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? Outside? city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? 39 years
(h) Former residence (city, state) Idaho

3. (a) **FULL NAME** Shelby Lee Thomas. 83a

3. (b) If veteran, name war —
3. (c) Social Security No. None
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Jan-30-1871

8. AGE	Years	Months	Days	If less than 1 day
	73	10	14	hrs min.

9. Exact Occupation Retired Did this work for yrs.
10. Industry or Business Merchant Date last worked
11. Birthplace Newport (City or town) Kentucky (State or foreign country)
Father
12. Name Dr William Lewis Thomas
13. Birthplace Brown Co (City or town) Ohio (State or foreign country)
Mother
14. Maiden name Mattie May Dugan
15. Birthplace Covington (City or town) Kentucky (State or foreign country)
16. Informant's OWN Signature Mattie Lane Wheatley
and Address Mullan Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 16-44 (Month) (Day) (Year)
(c) Place: Mullan Idaho
18. Funeral Director's OWN Signature Jim A Bover (Wards)
and Address Wallace Idaho
19. (a) Dec 15 44 (Date received and filed) (b) John A Bover (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Dec 14 1944
at 1 o'clock M.
21. **I HEREBY CERTIFY,** That I attended deceased from April 1942 to Dec 14 1944
I last saw him alive on Dec 13 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebral Hemorrhage	2½ yr
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature F W Rolfson Jr (M. D. or other)
and Address Date 19
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

141979

United States
Department of Commerce
Bureau of the Census

JAN 9 1945

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 52
Reg. Dist. No. 141

1. **PLACE OF DEATH:**
(a) County Shoshone
(b) City or town /
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? X city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. Stockwell Stayed 21 days
(g) Lived in this county 21 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Shoshone
(c) City or town Pine Creek
(d) Street Address or R. F. D. No. –
(e) Deceased lived Inside? Outside? X city or town
(f) Citizen of what country? U. S.
(g) How long had deceased lived in Idaho? 21 years
(h) Former residence (city, state)

3. (a) **FULL NAME** Frank Fitz 13b

3. (b) If veteran, name war –
3. (c) Social Security No. 518-05-3819
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Alma
6. (c) Age of husband or wife if alive 55 years
7. Date of Birth (Month, Day, Year) June 20, 1884

8. AGE	Years	Months	Days	If less than 1 day
	59	5	28	hrs min.

9. Exact Occupation Miner Did this work for 20 yrs.
10. Industry or Business Mining Date last worked 1944
11. Birthplace Alma (City or town) Minnesota (State or foreign country)

Father
12. Name Jacob Fitz
13. Birthplace Germany (City or town) (State or foreign country)

Mother
14. Maiden name Unknown
15. Birthplace Germany (City or town) (State or foreign country)

16. Informant's OWN Signature Mrs Alma Fitz
and Address Kellogg Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/20/44 (Month) (Day) (Year)
(c) Place: Greenwood - Kellogg Idaho
18. Funeral Director's OWN Signature [illegible]
and Address Kellogg Idaho
19. (a) Dec 20-44 (Date received and filed) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Dec 18 1944
at 7:14 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from Nov 27 1944, to 12/18/44 19
I last saw h alive on 12/18/44 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Pulmonary Tuberculosis — Duration
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state
where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature James R Man M.D. (M. D. or other)
and Address Wallace Date 19
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce JAN 9 1945
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 141980
Local Reg. No. 53
Reg. Dist. No. 140

1. **PLACE OF DEATH:**
(a) County Shoshone
(b) City or town Wallace
(c) Street Address or R. F. D. No.
(d) Death Occured Inside? Outside? city or town
(e) Died in a Home ✓ Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 50 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Shoshone
(c) City or town
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? Outside? city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? 50 years
(h) Former residence (city, state) Idaho

3. (a) **FULL NAME** William Holm 97

3. (b) If veteran, name war
3. (c) Social Security No. None
4. Sex M
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) June-28-1872

8. AGE	Years	Months	Days	If less than 1 day
	72	5	26.	hrs min.

9. Exact Occupation Miner Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Finland (City or town) (State or foreign country)
Father 12. Name Nort Known
13. Birthplace Finland (City or town) (State or foreign country)
Mother 14. Maiden name Nort Known
15. Birthplace Finland (City or town) (State or foreign country)
16. Informant's **OWN** Signature Mrs. Bower (Friends)
and Address Wallace Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 28-44 (Month) (Day) (Year)
(c) Place: Wallace Idaho
18. Funeral Director's **OWN** Signature John A Bower (Wards)
and Address Wallace Idaho
19. (a) Dec 26-44 (Date received and filed) (b) John A Bower (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Dec 24 1944
at 8 o'clock A. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 19, to 19
I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death	Duration
[illegible]	
Due to [illegible]	
Due to [illegible]	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature [illegible] Coroner (M. D. or other)
and Address Wallace Idaho Date Dec 26 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JAN 9 1945

Certificate Of Death

STATE OF IDAHO

State File No. 141981
Local Reg. No. 54
Reg. Dist. No. 141

1. PLACE OF DEATH: Shoshone
(a) County Shoshone
(b) City or town Burke
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? Outside? city or town
(e) Died in a Home ✓ Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 50 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Shoshone
(c) City or town Burke
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? Outside? city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? years
(h) Former residence (city, state) 50 Idaho

3. (a) FULL NAME Daniel Kelly. 93d

3. (b) If veteran, name war
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Not Known

8. AGE	Years	Months	Days	If less than 1 day
	86			hrs min.

9. Exact Occupation Retired Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Ireland (City or town) (State or foreign country)
Father 12. Name Not Known
13. Birthplace " " (City or town) (State or foreign country)
Mother 14. Maiden name " "
15. Birthplace " " (City or town) (State or foreign country)
16. Informant's OWN Signature John Bever Friend
and Address Wallace Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 3-44 (Month) (Day) (Year)
(c) Place: Wallace Idaho
18. Funeral Director's OWN Signature John Bever (Wards)
and Address Wallace Idaho
19. (a) Dec 29-44 (Date received and filed) (b) John Bever (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Dec 24 1944
at o'clock M.
21. I HEREBY CERTIFY, That I attended deceased from 19, to 19
I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death	Duration
Shortened on Cabin floor	
Due to Myocarditis	
Due to Arteriosclerosis	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature H. S. Mowery Coroner (M.D. or other)
and Address Wallace Idaho Date 12/29 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JAN 8 1945

Certificate Of Death

STATE OF IDAHO

State File No. 141982
Local Reg. No. 57
Reg. Dist. No. 142

1. **PLACE OF DEATH:**
(a) County Shoshone
(b) City or town Pinehurst
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? Outside? X city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 6 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Shoshone
(c) City or town Pinehurst
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? Outside? city or town
(f) Citizen of what country? U.S.
(g) How long had deceased lived in Idaho? 6 years
(h) Former residence (city, state)

3. (a) **FULL NAME** Robert Crosby Barker 93d

3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Date of Birth (Month, Day, Year) January 8, 1859

8. AGE	Years	Months	Days	If less than 1 day
	85	11	17	hrs min.

9. Exact Occupation Farmer Did this work for 50 yrs.
10. Industry or Business Farm Date last worked 1938
11. Birthplace England (City or town) (State or foreign country)
Father
12. Name Unknown
13. Birthplace Unknown (City or town) (State or foreign country)
Mother
14. Maiden name Unknown
15. Birthplace Unknown (City or town) (State or foreign country)
16. Informant's **OWN** Signature Mrs Polly Muller
and Address Pinehurst Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/28/44 (Month) (Day) (Year)
(c) Place: Coeur d'Alene Idaho
18. Funeral Director's **OWN** Signature [illegible]
and Address Kellogg Idaho
19. (a) 12-28-1944 (Date received and filed) (b) Mrs. Helen McBride (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 12-25 1944
at 12 00 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from 12-25 1944, to 12-25 1944
I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Senile Myocarditis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature Robert Seeley (M. D. or other)
and Address Kellogg Idaho Date 12-27 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JAN 9 1945

Certificate Of Death

STATE OF IDAHO

State File No. 141983
Local Reg. No. 55
Reg. Dist. No. 140

1. **PLACE OF DEATH:**
(a) County Shoshone
(b) City or town Wallace
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? ✓ Outside? city or town
(e) Died in a Home Hospital Institution Other place
(f) Name Hosp. or Inst. Providence Stayed days
(g) Lived in this county 47 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Shoshone
(c) City or town Istwin
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? Outside? city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? 47 years
(h) Former residence (city, state) Iowa.

3. (a) **FULL NAME** Mary A Grant. 93d

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Jan 3 - 1876

8. AGE	Years	Months	Days	If less than 1 day
	68	11	26	hrs min.

9. Exact Occupation At Home Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Greenwood, Minn (City or town) (State or foreign country)
Father 12. Name George Bohn
13. Birthplace Bohemia (City or town) (State or foreign country)
Mother 14. Maiden name Rotherhamy Fritz
15. Birthplace Wise (City or town) (State or foreign country)
16. Informant's **OWN** Signature E. V. McKinlay
and Address Wallace Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 2 45 (Month) (Day) (Year)
(c) Place: Wallace Idaho
18. Funeral Director's **OWN** Signature John A Bover (Wards)
and Address Wallace Idaho
19. (a) Dec 30-44 (Date received and filed) (b) John A Bover (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Dec 24 1944
at 3:30 o'clock A. M.
21. **I HEREBY CERTIFY,** That I attended deceased from June 1944, to 12-29 1944
I last saw her alive on 12-28 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Myocarditis chronic	years
~~Due to~~ Osteo arthritis	years
~~Due to~~ Fracture Femur	months.
Other conditions Ulcer of Back (Include pregnancy within 6 months of death)	
No history of injury.	

Where was disease contracted?
Name of operation Date
Major finding Probably pathological fracture cause undetermined
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature [illegible] M.D. (M. D. ~~or other~~)
and Address Wallace Idaho Date 12-30 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census JAN 9 1945

Certificate Of Death

STATE OF IDAHO

State File No. 141984
Local Reg. No. 56
Reg. Dist. No. 141

1. **PLACE OF DEATH:** Shoshone
   (a) County
   (b) City or town Big Creek
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? ✓ Outside? ..... city or town
   (e) Died in a Home ✓ Hospital .... Institution .... Other place ....
   (f) Name Hosp. or Inst. ..... Stayed ..... days
   (g) Lived in this county ..... years 3 months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State ✓ (b) County Shoshone
   (c) City or town
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? ..... Outside? ..... city or town
   (f) Citizen of what country?
   (g) How long had deceased lived in Idaho? ..... years
   (h) Former residence (city, state)

3. (a) **FULL NAME** Anita Louise Mahoney 180

3. (b) If veteran, name war ✓
3. (c) Social Security No. None
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) Sept. 12 - 1944

8. AGE	Years	Months	Days	If less than 1 day
		3	19	hrs min.

9. Exact Occupation None — Did this work for ..... yrs.
10. Industry or Business — Date last worked
11. Birthplace Wallace Idaho (City or town) (State or foreign country)

Father
12. Name Frank Mahoney
13. Birthplace Grand Junction Colo. (City or town) (State or foreign country)

Mother
14. Maiden name Mahoney Dredrup
15. Birthplace McGill Nevada (City or town) (State or foreign country)

16. Informant's **OWN** Signature Frank Mahoney
and Address Wallace Idaho.

17. (a) Buried (Burial, cremation, or removal) (b) Date thereof Jan - 1 - 45 (Month) (Day) (Year)
(c) Place: Wallace Idaho

18. Funeral Director's **OWN** Signature John A Barker (Warby)
and Address Wallace Idaho.

19. (a) Jan - 2 - 45 (Date received and filed) (b) John A Barker (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Dec. 30 - 1944
at 1 1 o'clock P. M.

21. **I HEREBY CERTIFY**, That I attended deceased from ..... 19 ..... , to ..... 19 .....
I last saw h..... alive on ..... 19 ..... ; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Burned to death in house fire	4 hrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ..... Date .....
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ✓ Suicide? ..... Homicide? .....
Occurred ..... 19 44 City, county, state where violence occurred Burke Mine
Place of Violence: Home ✓ Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury Burned to death

23. Attendant's **OWN** Signature [illegible] (M. D. or other)
and Address Wallace Ida. Date Jan 2 1945
(For additional space, use reverse side)

141985

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census JAN 9 1945

Certificate Of Death

STATE OF IDAHO

State File No.
Local Reg. No. 58
Reg. Dist. No. 141

1. **PLACE OF DEATH:**
   (a) County Shoshone
   (b) City or town
   (c) Street Address or R. F. D. No.
   (d) Death Occured Inside? Outside? X city or town
   (e) Died in a Home.... Hospital X Institution.... Other place....
   (f) Name Hosp. or Inst. Shoshone Stayed days
   (g) Lived in this county years 7 months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Shoshone
   (c) City or town Kellogg
   (d) Street Address or R.F.D. No. W 5 Mission
   (e) Deceased lived Inside? X Outside? city or town
   (f) Citizen of what country? U. S.
   (g) How long had deceased lived in Idaho? 38 years
   (h) Former residence (city, state)

3. (a) **FULL NAME** Emily S Tietze 186a

3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Paul
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) February 7 1867

8. AGE	Years	Months	Days	If less than 1 day
	77	10	23	hrs min.

9. Exact Occupation Home Did this work for 57 yrs.
10. Industry or Business Home Date last worked
11. Birthplace Germany (City or town) (State or foreign country)

Mother Father
12. Name Unknown
13. Birthplace Unknown (City or town) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's **OWN** Signature Paul Tietze
and Address Kellogg Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/3/45 (Month) (Day) (Year)
(c) Place: Kellogg Idaho
18. Funeral Director's **OWN** Signature Joseph Grady
and Address Kellogg Idaho
19. (a) Jan 5-45 (Date received and filed) (b) John Brown (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Dec 30 19 44
at 7.05 o'clock A M.
21. **I HEREBY CERTIFY**, That I attended deceased from 4/26/44 19 , to 12/30/44 19
I last saw h alive on 12/29/44 19 ; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration
Fractured Hip 11/27/44
Due to
Due to Senility
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? X Suicide? Homicide?
Occurred Nov. 12 1944 City, county, state where violence occurred Shoshone Co. Hospital
Place of Violence: Home Farm Industry
Public Place X While at work?
Means of injury Fell while getting out of bed.

23. Attendant's **OWN** Signature James R Dean (M. D. or other)
and Address Date 19
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JAN 9 1945

Certificate Of Death

STATE OF IDAHO

State File No. 141986
Local Reg. No. 57
Reg. Dist. No. 41

1. **PLACE OF DEATH:** Shoshone
(a) County Shoshone
(b) City or town Mullan
(c) Street Address or R. F. D. No.
(d) Death Occured Inside? ✓ Outside? city or town
(e) Died in a Home ✓ Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 14 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Shoshone
(c) City or town
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? Outside? city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? 14 years
(h) Former residence (city, state) Mont.

3. (a) **FULL NAME** Purl Milton Hoskins. 93E

3. (b) If veteran, name war
3. (c) Social Security No. 518-03-3045
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Nellie
6. (c) Age of husband or wife if alive 56 years
7. Date of Birth (Month, Day, Year) March - 14. 1881

8. AGE	Years	Months	Days	If less than 1 day
	63	9	12	hrs min.

9. Exact Occupation Miner. Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Mo. (City or town) (State or foreign country)
Father
12. Name Abner Hoskins.
13. Birthplace Not Known. (City or town) (State or foreign country)
Mother
14. Maiden name Ada Jennings.
15. Birthplace Kansas. (City or town) (State or foreign country)
16. Informant's **OWN** Signature Mable E. Lwood
and Address Mullan Idaho
17. (a) Burial (Burial, cremation or removal) (b) Date thereof Jan - 6 - 45 (Month) (Day) (Year)
(c) Place: ~~Elsewhere Idaho~~ Mullan Idaho
18. Funeral Director's **OWN** Signature John A Beever (works)
and Address Wallace Idaho.
19. (a) Jan - 2 - 45 (Date received and filed) (b) John A Beever (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Dec 31 1944
at 6.15 o'clock P. M.
21. I **HEREBY CERTIFY**, That I attended deceased from January 1944, to Dec 31 1944
I last saw him alive on Dec 19 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Myocardial Failure	1 yr.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation Date	
Major finding	
Finding of autopsy	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature H. E. Bourbake (M. D. or other)
and Address Wallace Idaho Date 1-2-45
(For additional space, use reverse side)

141987

United States
Department of Commerce JAN 10 1945
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 14
Reg. Dist. No. 620

1. **PLACE OF DEATH:**
(a) County Jefton
(b) City or town Driggs
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? / Outside? city or town
(e) Died in a Home Hospital / Institution Other place
(f) Name Hosp. or Inst. Teton Valley Stayed days
(g) Lived in this county years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Jefton
(c) City or town Driggs
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Outside? / city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? years
(h) Former residence (city, state)

3. (a) **FULL NAME** Infant Murdock 160c

3. (b) If veteran, name war —
3. (c) Social Security No.
4. Sex Male
5. Color or race W
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Dec. 12, 1944

8. AGE	Years	Months	Days	If less than 1 day
				hrs 50 min.

9. Exact Occupation — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace Driggs (City or town) Idaho (State or foreign country)

Father
12. Name Russell C. Murdock
13. Birthplace Victor (City or town) Idaho (State or foreign country)

Mother
14. Maiden name Bertha Barker
15. Birthplace Victor (City or town) Idaho (State or foreign country)

16. Informant's **OWN** Signature Russell C. Murdock
and Address Driggs, Idaho

17. (a) (Burial, cremation, or removal) (b) Date thereof 12-14-44 (Month) (Day) (Year)
(c) Place:

18. Funeral Director's **OWN** Signature Russell C. Murdock Father
and Address Driggs Idaho

19. (a) 12-12-44 (Date received and filed) (b) Ethel Jackrell (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Dec. 12 1944
at 3:00 o'clock P M.

21. **I HEREBY CERTIFY,** That I attended deceased from Dec 12 1944, to Dec 12 1944
I last saw h— alive on Dec 12 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Atelectasis	—
Due to Premature Birth	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature O. W. Hoffman, M.D. (M. D. or other)
and Address Driggs, Ida. Date 12-12 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JAN 10 1945

Certificate Of Death

STATE OF IDAHO

State File No. 141988
Local Reg. No. 15
Reg. Dist. No. 620

1. **PLACE OF DEATH:**
   (a) County Teton
   (b) City or town Tetonia
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? Yes Outside? ..... city or town
   (e) Died in a Home.... Hospital.... Institution.... Other place....
   (f) Name Hosp. or Inst. ..... Stayed ..... days
   (g) Lived in this county 44 years ..... months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Teton
   (c) City or town Tetonia
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? Yes Outside? ..... city or town
   (f) Citizen of what country? U. S.
   (g) How long had deceased lived in Idaho? 44 years
   (h) Former residence (city, state) Utah

3. (a) **FULL NAME** LETTIE McCRACKEN HANSEN

93d

3. (b) If veteran, name war No.
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ezra Hansen
6. (c) Age of husband or wife if alive 65 years
7. Date of Birth (Month, Day, Year) July 14, 1876

8. AGE	Years	Months	Days	If less than 1 day
	68	4	28	hrs min.

9. Exact Occupation Housewife Did this work for 40 yrs.
10. Industry or Business Own Home Date last worked 1944
11. Birthplace Smithfield, Utah (City or town) (State or foreign country)

Father
12. Name Thomas McCracken
13. Birthplace Philadelphia, Pa. (City or town) (State or foreign country)

Mother
14. Maiden name Emma M. Downs
15. Birthplace Smithfield, Utah (City or town) (State or foreign country)

16. Informant's OWN Signature Martel Hansen
and Address Tetonia, Idaho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-17-44 (Month) (Day) (Year)
(c) Place: Cache Clawson cemetery Tetonia, Idaho
18. Funeral Director's OWN Signature M D Hansen
and Address St. Anthony, Idaho
19. (a) 12-17-44 (Date received and filed) (b) Ethel Tackrell (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) December 12 1944
at 9:10 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from June 1944 to Dec. 12 1944
I last saw her alive on Dec 12 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cardiac Decompensation	6 mo.
Due to	
✓ Chronic Myocarditis	?
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury
23. Attendant's OWN Signature D D Hoffman, M.D. (M. D. or other)
and Address Driggs, Idaho Date Dec 16 1944
(For additional space, use reverse side)

141989

United States
Department of Commerce
Bureau of the Census

DEC 11 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 252
Reg. Dist. No. 461

1. **PLACE OF DEATH:**
(a) County Twin Falls
(b) City or town Twin Falls
(c) Street Address or R. F. D. No. 3
(d) Death Occurred Inside? ____ Outside? X city or town
(e) Died in a Home __ Hospital X Institution __ Other place __
(f) Name Hosp. or Inst. T.F.Co.Gen Stayed 13 days
(g) Lived in this county ____ years ____ months 13 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Twin Falls
(c) City or town Hansen
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? ____ city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho 13days ~~years~~
(h) Former residence (city, state)

3. (a) **FULL NAME** Herman Dean Southerland

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3. (b) If veteran, name war ____ 3. (c) Social Security No. ____
4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife ____ 6. (c) Age of husband or wife if alive ____ years
7. Date of Birth (Month, Day, Year) October 20,1944

8. AGE	Years	Months	Days	If less than 1 day
	0	0	13 ✓	hrs min.

9. Exact Occupation Infant Did this work for ____ yrs.
10. Industry or Business ____ Date last worked ____
11. Birthplace Hansen, Idaho (City or town) (State or foreign country)
Father
12. Name L.D.Southerland
13. Birthplace Berryville, Ark. (City or town) (State or foreign country)
Mother
14. Maiden name Violet May Banes
15. Birthplace Brewster, New York (City or town) (State or foreign country)
16. Informant's OWN Signature L.D. Southerland
and Address Hansen, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/4/44 (Month) (Day) (Year)
(c) Place: Twin Falls, Cemetery
18. Funeral Director's OWN Signature James C. Reynolds Reynolds Funeral Home
and Address Twin Falls, Idaho
19. (a) Nov 8 1944 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) November 2, 1944
at 9:45 o'clock p.M.
21. **I HEREBY CERTIFY,** That I attended deceased from 10/20/ 1944, to 11/2/ 1944
I last saw him alive on ____ 19__; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Atelectasis	2 days
Due to	
Due to Prematurity	2 wks
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted? Idaho	PHYSICIAN
Name of operation None Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy None	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature Clarence H. Schult, M.D. (M. D. or other)
and Address Twin Falls Kimberly, Ida. Date Nov 3 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 141990
Local Reg. No. 291
Reg. Dist. No. 461

JAN 11 1945

1. **PLACE OF DEATH:**
   (a) County Twin Falls
   (b) City or town Twin Falls
   (c) Street Address or R. F. D. No. RFD #3
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home.... Hospital.... Institution.... Other place X
   (f) Name Hosp. or Inst. ..... Stayed ..... days
   (g) Lived in this county 14 years ..... months ..... days

   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County T. Falls
   (c) City or town Twin Falls
   (d) Street Address or R.F.D. No. RFD #3
   (e) Deceased lived Inside? ..... Outside? X city or town
   (f) Citizen of what country? United States
   (g) How long had deceased lived in Idaho? 14 years
   (h) Former residence (city, state) Colorado

3. (a) **FULL NAME** Mary Uphamy Dunn

131a

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) November 1, 1859

8. AGE	Years	Months	Days	If less than 1 day
	85	1		hrs min.

9. Exact Occupation Housewife Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Grove Oaks, Ala. (City or town) (State or foreign country)

Mother Father
12. Name James Cox
13. Birthplace No inf. (City or town) (State or foreign country)
14. Maiden name Adeline Galbraith
15. Birthplace No inf. (City or town) (State or foreign country)

16. Informant's **OWN** Signature X Mrs Guy L Dunn
and Address Twin Falls, Idaho RFD #3
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-5-44 (Month) (Day) (Year)
(c) Place: Sunset Memorial Park
18. Funeral Director's **OWN** Signature L. C. Phillips
and Address Twin Falls, Idaho
19. (a) Dec 19-1944 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) December 1 19 44
at 6:10 o'clock A.M.
21. **I HEREBY CERTIFY**, That I attended deceased from Nov 30 19 44 to ..... 19 .....
I last saw her alive on Nov 30 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: (Duration)
Cardio-Vascular Renal Disease
Due to .....
Due to .....
Other conditions (Include pregnancy within 3 months of death)
Where was disease contracted?
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature [signature] (M. D. or other)
and Address Twin Falls Date Dec 6 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JAN 11 1945

Certificate Of Death

STATE OF IDAHO

State File No. 141991
Local Reg. No. 290
Reg. Dist. No. 460

1. PLACE OF DEATH:
(a) County Twin Falls
(b) City or town Twin Falls
(c) Street Address or R.F.D. No. Reed Hotel
(d) Death Occured Inside? ..... Outside? X city or town
(e) Died in a Home.... Hospital.... Institution.... Other place X
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county ..... years 2 months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County T. Falls
(c) City or town Twin Falls
(d) Street Address or R.F.D. No. Reed Hotel
(e) Deceased lived Inside? X Outside? ..... city or town
(f) Citizen of what country? United States
(g) How long had deceased lived in Idaho? 2 mos years
(h) Former residence (city, state) Montana

3. (a) **FULL NAME** Melvin A. Livingston 200a

3. (b) If veteran, name war .....
3. (c) Social Security No. 517-07-5733
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced divorced
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day
	36	11	14	hrs min.

9. Exact Occupation Truck Driver Did this work for ..... yrs.
10. Industry or Business potato business Date last worked 12-1-44
11. Birthplace Belgrade .Montana (City or town) (State or foreign country)
Father
12. Name John Livingston
13. Birthplace Moosehead Maine (City or town) (State or foreign country)
Mother
14. Maiden name Kathyrn Isabelle McCall
15. Birthplace Boston ,Mass (City or town) (State or foreign country)
16. Informant's **OWN** Signature Beulah Faye Smith
and Address Twin Falls, Idaho
17. (a) removal (Burial, cremation, or removal) (b) Date thereof 12-3-44 (Month) (Day) (Year)
(c) Place: Great Falls, Mont.
18. Funeral Director's **OWN** Signature S. E. Phillips
and Address Twin Falls, Idaho
19. (a) Dec 3-1944 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) December 1 1944
at 11:30 o'clock A M.
21. **I HEREBY CERTIFY,** That I ~~attended~~ deceased from Saw Deceased dead 19
I last saw h LLIe on Dec 1st 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Heart Failure	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYISCIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature [signature] (M. D. or other)
Acting Coroner
and Address Twin Falls, Ida Date 12. 3 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JAN 11 1945

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 141992
Local Reg. No. 286
Reg. Dist. No. 461

1. **PLACE OF DEATH:**
   (a) County Twin Falls
   (b) City or town Buhl
   (c) Street Address or R. F. D. No. 1
   (d) Death Occurred Inside? ____ Outside? * city or town
   (e) Died in a Home* Hospital__ Institution__ Other place__
   (f) Name Hosp. or Inst. none Stayed ____ days
   (g) Lived in this county 28 years ? months ? days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Twin Falls
   (c) City or town Buhl
   (d) Street Address or R. F. D. No. 208 11th
   (e) Deceased lived Inside? * Outside? ____ city or town
   (f) Citizen of what country? U. S.
   (g) How long had deceased lived in Idaho? 28 years
   (h) Former residence (city, state) same

3. (a) **FULL NAME** Mrs. Sarah E. Howard 83a

3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife deceased
6. (c) Age of husband or alive ____ years
7. Date of Birth (Month, Day, Year) September 6, 1861

8. AGE	Years	Months	Days	If less than 1 day
	83	2	27	hrs ____ min. ____

9. Exact Occupation Housewife — Did this work for 50 yrs.
10. Industry or Business Housekeeping — Date last worked 10/1/44
11. Birthplace Clay Co., Ill. (City or town) (State or foreign country)

Father
12. Name Grant DeBusk
13. Birthplace Ill. (City or town) (State or foreign country)

Mother
14. Maiden name Edline Bible
15. Birthplace Ill. (City or town) (State or foreign country)

16. Informant's **OWN** Signature X Frank Barrow
and Address Buhl, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/5/44 (Month) (Day) (Year)
(c) Place: Buhl City Cemetery
18. Funeral Director's **OWN** Signature B. T. Albertson
and Address Buhl, Idaho
19. (a) Dec 11 1944 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) December 2, 1944
at 7:00 o'clock P. M.

21. **I HEREBY CERTIFY,** That I attended deceased from Nov. 6 1944 to Dec. 2 1944
I last saw her alive on Nov. 30 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Hypostatic Pneumonia	4 days
✓ Due to Cerebral Hemorrhage	3 weeks
Due to	
Other conditions Senility (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ____ Date ____
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury

23. Attendant's **OWN** Signature M. A. Drakeman (M. D. or other)
and Address Buhl, Ida Date 12-3-1944

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH*

JAN 11 1945 STATE OF IDAHO

State File No. 141993
Local Reg. No. 289
Reg. Dist. No. 461

1. **PLACE OF DEATH:**
(a) County Twin Falls
(b) City or town Buhl
(c) Street Address or R. F. D. No. 308 14th St. No.
(d) Death Occurred Inside? * Outside? ____ city or town
(e) Died in a Home* Hospital__ Institution__ Other place__
(f) Name Hosp. or Inst. none Stayed ____ days
(g) Lived in this county 27 years 2 months 2 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Twin Falls
(c) City or town Buhl
(d) Street Address or R. F. D. No. 308 14th No.
(e) Deceased lived Inside? * Outside? ____ city or town
(f) Citizen of what country? ~~Yugo~~ U. S.
(g) How long had deceased lived in Idaho? 27 years
(h) Former residence (city, state) same

3. (a) **FULL NAME** John Palat Jr. 932

3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Johana Valcik
6. (c) Age of husband or wife if alive 70 years
7. Date of Birth (Month, Day, Year) Sept. 28, 1870

8. AGE	Years	Months	Days	If less than 1 day
	74	3	15	hrs ____ min.

9. Exact Occupation Retired — Did this work for ____ yrs.
10. Industry or Business none — Date last worked 1928
11. Birthplace ____ (City or town) Czechoslovakia (State or foreign country)

Father
12. Name John Palat
13. Birthplace ____ (City or town) Czechoslovakia (State or foreign country)

Mother
14. Maiden name Marie Kanak
15. Birthplace ____ (City or town) Czechoslovakia (State or foreign country)

16. Informant's **OWN** Signature [signature] and Address Buhl, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/6/44 (Month) (Day) (Year)
(c) Place: Buhl City Cemetery
18. Funeral Director's **OWN** Signature B. T. Albertson and Address Buhl, Idaho
19. (a) Dec 12, 1944 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) December 3, 1944 at 9:30 o'clock A.M.
21. **I HEREBY CERTIFY**, That I attended deceased from ____ 1943, to ____ 1944
I last saw him alive on Dec. 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Sudden heart failure —	few minutes
Due to Chronic Myocarditis	years
Due to	
Other conditions Senility (Include pregnancy within 3 months of death)	

Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's **OWN** Signature M. A. Drake MD (M. D. or other)
and Address Buhl, Ida. Date 12-5-1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JAN 11 1945

Certificate Of Death

STATE OF IDAHO

State File No. 141994
Local Reg. No. 284
Reg. Dist. No. 460

1. **PLACE OF DEATH:**
(a) County Twin Falls
(b) City or town Twin Falls
(c) Street Address or R.F.D. No. 456 Wash. N.
(d) Death Occured Inside? ..... Outside? ..... city or town
(e) Died in a Home X Hospital ..... Institution ..... Other place .....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 27 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Twin Falls
(c) City or town Twin Falls
(d) Street Address or R.F.D. No. 456 Wash. N.
(e) Deceased lived Inside? ..... Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 27 years
(h) Former residence (city, state) .....

3. (a) **FULL NAME** MURPHY, William Henry

74a

3. (b) If veteran, name war no
3. (c) Social Security No. 518-22-9230
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Cora B.
6. (c) Age of husband or wife if alive 63 years
7. Date of Birth (Month, Day, Year) February 14, 1879

8. AGE	Years	Months	Days	If less than 1 day
	65	9	21	hrs min.

9. Exact Occupation ..... Did this work for ..... yrs.
10. Industry or Business Employee of Jerome Co-Op Creamery Date last worked 12-4-44
11. Birthplace Murray (City or town) Iowa (State or foreign country)
Father
12. Name Albert Murphy
13. Birthplace Albion, Iowa (City or town) (State or foreign country)
Mother
14. Maiden name Ellen Fazel
15. Birthplace ILLINOIS (City or town) (State or foreign country)
16. Informant's **OWN** Signature Albert M. Murphy
and Address 456 Wash. N. Twin Falls.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 12-11-44 (Month) (Day) (Year)
(c) Place: Sunset Mem. Park. Cem.
18. Funeral Director's **OWN** Signature White Mortuary E343
and Address Twin Falls, Idaho
19. (a) Dec 12/1944 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Dec., 5, 1944
at 2:30 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from 12/5 1944, to 12/5 1944
I last saw him alive on 12/5 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Coronary Thrombosis	
✓ Due to	
Due to	
Other conditions None (Include pregnancy within 3 months of death)	
Where was disease contracted? Home	PHYISCIAN Underline the cause to which death should be charged statistically.
Name of operation none Date	
Major finding	
Finding of autopsy none	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature A. A. [signature] (M. D. or other)
and Address Twin Falls Idaho Date 12/5 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 141995
Local Reg. No. 285
Reg. Dist. No. 461

1. **PLACE OF DEATH:** JAN 11 1945
   (a) County Twin Falls
   (b) City or town Twin Falls
   (c) Street Address or R.F.D. No. T.F.Co.Gen. Hosp
   (d) Death Occured Inside? ..... Outside? ..... city or town
   (e) Died in a Home.... Hospital.... Institution.... Other place....
   (f) Name Hosp. or Inst. ..... Stayed 2 days
   (g) Lived in this county 0 years 1 months ..... days

   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Jerome
   (c) City or town Hazelton
   (d) Street Address or R.F.D. No. .....
   (e) Deceased lived Inside? X Outside? ..... city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 30 days
   (h) Former residence (city, state) Hazelton

3. (a) **FULL NAME** PERKINS, Jesse Eugene

109a

3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife none
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) Nov., 6th, 1944

8. AGE	Years	Months	Days	If less than 1 day
	0	0	30	hrs ..... min.

9. Exact Occupation INFANT Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Twin Falls, (City or town) Idaho (State or foreign country)

Father
12. Name Jesse M. Perkins
13. Birthplace Roosevelt, (City or town) Utah (State or foreign country)

Mother
14. Maiden name Margaret Legault
15. Birthplace Lewisville, (City or town) Cole (State or foreign country)

16. Informant's **OWN** Signature Jesse Marion Perkins
    and Address Hazelton, Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 12-8-44 (Month) (Day) (Year)
    (c) Place: Sunset Memorial Park
18. Funeral Director's **OWN** Signature White Mortuary Ella M. White E-249
    and Address Twin Falls, Idaho
19. (a) Dec 12-1944 (Date received and filed) (b) (Registrar's Signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Dec., 5th, 1944
    at 7:55 o'clock A M.
21. **I HEREBY CERTIFY**, That I attended deceased from 11-6-44 19..., to 12-5- 1944
    I last saw him alive on ..... 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Virus pneumonites	3da
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
    Occurred ..... 19..... City, county, state where violence occurred .....
    Place of Violence: Home ..... Farm ..... Industry .....
    Public Place ..... While at work? .....
    Means of injury .....
23. Attendant's **OWN** Signature Joseph W. Marshall M.D. (M. D. or other)
    and Address Twin Falls, Ida. Date 12-7 1944
    (For additional space, use reverse side)

141996

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No.
Local Reg. No. 286
Reg. Dist. No. 460

JAN 11 1945

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
   (a) County Twin Falls
   (b) City or town Twin Falls
   (c) Street Address or R.F.D. No. T.F.Co.Gen. Hosp
   (d) Death Occured Inside? ..... Outside? ..... city or town
   (e) Died in a Home.... Hospital X Institution.... Other place....
   (f) Name Hosp. or Inst. T.F.Co.Gen Stayed 3 wks
   (g) Lived in this county 12 years ..... months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Twin Falls
   (c) City or town Twin Falls
   (d) Street Address or R.F.D. No 197 Wash. So.
   (e) Deceased lived Inside? X Outside? ..... city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 12 years
   (h) Former residence (city, state) .....

3. (a) **FULL NAME** BRADFORD, John Bert

121.

3. (b) If veteran, name war no
3. (c) Social Security No. 519-05-8120
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Mae
6. (c) Age of husband or wife if alive 57 years
7. Date of Birth (Month, Day, Year) April 12, 1885

8. AGE	Years	Months	Days	If less than 1 day
	59	7	24	hrs min.

9. Exact Occupation laborer — Did this work for 12 yrs.
10. Industry or Business Sugar factory — Date last worked 11-15-44
11. Birthplace Bolivar, (City or town) Missouri (State or foreign country)

Mother
12. Name Unknown
13. Birthplace 2 " (City or town) (State or foreign country)

Father
14. Maiden name Unknown
15. Birthplace " (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mrs. Mae Bradford and Address 197 So. Washington St.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 12-9-44 (Month) (Day) (Year)
    (c) Place: Sunset Memorial Park
18. Funeral Director's **OWN** Signature White Mortuary and Address Twin Falls, Idaho
19. (a) Dec 12-1944 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Dec 6 1944
    at 9:25 o'clock P. M.
21. **I HEREBY CERTIFY**, That I attended deceased from Nov. 29 1944, to Dec 6 1944
    I last saw h[illegible] alive on Dec 6 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Pulmonary embolism	one hour
Due to Acute appendicitis	3 days
Due to	
Other conditions Chronic nephritis (Include pregnancy within 3 months of death)	4 yrs
bronchopneumonia	2 weeks

Where was disease contracted? Idaho
Name of operation appendectomy Date Nov 16/44
Major finding gangrenous appendicitis
Finding of autopsy pulmonary embolism and infarct

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
    Occurred ..... 19..... City, county, state where violence occurred .....
    Place of Violence: Home..... Farm..... Industry.....
    Public Place..... While at work? .....
    Means of injury .....
23. Attendant's **OWN** Signature Clarence H. Schultz M.D. (M. D. or other)
    and Address Twin Falls Date Dec 7 1944
    (For additional space, use reverse side)

Dr Drake

141997

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No.
Local Reg. No. 292
Reg. Dist. No. 461

JAN 11 1945

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
   (a) County Twin Falls
   (b) City or town Twin Falls
   (c) Street Address or R. F. D. No. RFD #3
   (d) Death Occured Inside? ..... Outside? x city or town
   (e) Died in a Home x Hospital .... Institution .... Other place ....
   (f) Name Hosp. or Inst. ..... Stayed ..... days
   (g) Lived in this county 34 years ..... months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County T. Falls
   (c) City or town Twin Falls
   (d) Street Address or R.F.D. No. RFD #3
   (e) Deceased lived Inside? ..... Outside? x city or town
   (f) Citizen of what country? United States
   (g) How long had deceased lived in Idaho? 34 years
   (h) Former residence (city, state) Colorado

3. (a) **FULL NAME** Ellen Frances Denton

83a

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Fred A. Denton
6. (c) Age of husband or wife if alive 60 years
7. Date of Birth (Month, Day, Year) December 28, 1889

8. AGE	Years	Months	Days	If less than 1 day
	54	11	19	hrs ..... min.

9. Exact Occupation Housewife Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Aspen, Colo. (City or town) (State or foreign country)

Father
12. Name Charles OKane
13. Birthplace Wisconsin (City or town) (State or foreign country)

Mother
14. Maiden name Bridget Murphy
15. Birthplace Canada (City or town) (State or foreign country)

16. Informant's **OWN** Signature Fred A. Denton
and Address R.F.D. 3, Twin Falls, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-14-44 (Month) (Day) (Year)
(c) Place: Sunset Park

18. Funeral Director's **OWN** Signature L. E. Phillips
and Address Twin Falls, Idaho

19. (a) Dec 19 1944 (Date received and filed) (b) ..... (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) December 9 19 44
at 8:20 o'clock P M.

21. **I HEREBY CERTIFY,** That I attended deceased from ..... 19 ..... to ..... 19 .....
I last saw h.. alive on Dec 9 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebral Hemorrhage	
✓	
Due to	
Due to	
Other conditions Hist. of Hypertension (Include pregnancy within 3 months of death)	
+ Chronic G. B. Disease	
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature M. A. Drake (M. D. or other)
and Address Twin Falls, Ida. Date Dec 15 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JAN 11 1945

Certificate Of Death

STATE OF IDAHO

State File No. 141998
Local Reg. No. 287
Reg. Dist. No. 461

1. **PLACE OF DEATH:**
   (a) County Twin Falls
   (b) City or town Twin Falls
   (c) Street Address or R.F.D. No. Addison E.
   (d) Death Occured Inside? ..... Outside? X city or town
   (e) Died in a Home X Hospital ... Institution ... Other place ...
   (f) Name Hosp. or Inst. ..... Stayed ..... days
   (g) Lived in this county 38 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Twin Falls
   (c) City or town Twin Falls
   (d) Street Address or R.F.D. No. Addison E.
   (e) Deceased lived Inside? ..... Outside? X city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 38 years
   (h) Former residence (city, state) .....

3. (a) **FULL NAME** STRONK, Rose Marie

111a

3. (b) If veteran, name war --
3. (c) Social Security No. ---
4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife zzzzz M. A. Stronk
6. (c) Age of husband or wife if alive 66 years
7. Date of Birth (Month, Day, Year) July 13, 1878

8. AGE	Years	Months	Days	If less than 1 day
	66	4	30	hrs min.

9. Exact Occupation Housewife — Did this work for 40 yrs.
10. Industry or Business — Date last worked 11-10-44
11. Birthplace Loston, Illinois (City or town) (State or foreign country)

Mother Father
12. Name Joseph Scheuring
13. Birthplace Bavaria (City or town) (State or foreign country)
14. Maiden name Barbara Link
15. Birthplace Bararia (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mrs Eleanor Wilkerson
and Address Seattle, Wash.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 12-13-44 (Month) (Day) (Year)
(c) Place: Twin Falls Cemetery
18. Funeral Director's **OWN** Signature White Mortuary Ella M. Whitt e-249
and Address Twin Falls, Idaho
19. (a) Dec 13-1944 (Date received and filed) (b) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Dec., 10- 19 44
at 11:00 o'clock A M.
21. **I HEREBY CERTIFY**, That I attended deceased from ..... 19 ..... to 12-10 19 44
I last saw her alive on 12-10 19 44, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Pulmonary embolism	45 Minutes
Due to Hypertension	
Due to arterid	15 yrs
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature Robert [illegible] (M. D. or Other)
and Address Twin Falls, Ida. Date 12/17 19 44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

JAN 11 1945

State File No. 141999
Local Reg. No. 293
Reg. Dist. No. 360

1. **PLACE OF DEATH:**
   (a) County Twin Falls
   (b) City or town Twin Falls
   (c) Street Address or R.F.D. No. 1238-8th Ave. E.
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home X Hospital ..... Institution ..... Other place .....
   (f) Name Hosp. or Inst. ..... Stayed ..... days
   (g) Lived in this county 34 years ..... months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County T. Falls
   (c) City or town Twin Falls
   (d) Street Address or R.F.D. No. 1238-8th Ave. E.
   (e) Deceased lived Inside? X Outside? ..... city or town
   (f) Citizen of what country? United States
   (g) How long had deceased lived in Idaho? 34 years
   (h) Former residence (city, state) Washington

3. (a) **FULL NAME** John William Taylor

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3. (b) If veteran, name war .....
3. (c) Social Security No. 519-14-7634
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Anna
6. (c) Age of husband or wife if alive 72 years
7. Date of Birth (Month, Day, Year) May 19, 1860

8. AGE	Years	Months	Days	If less than 1 day
	84	6	23	hrs ..... min.

9. Exact Occupation retired — Did this work for ..... yrs.
10. Industry or Business ..... — Date last worked .....
11. Birthplace Missouri (City or town) (State or foreign country)

Father
12. Name Willis Taylor
13. Birthplace Indiana (City or town) (State or foreign country)

Mother
14. Maiden name Amanda Hart
15. Birthplace Indiana (City or town) (State or foreign country)

16. Informant's **OWN** Signature Anna B. Taylor
and Address 1238 - 8th ave East - T Falls

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-16-44 (Month) (Day) (Year)
(c) Place: Twin Falls Cemetery

18. Funeral Director's **OWN** Signature L. S. Phillips
and Address Twin Falls, Idaho

19. (a) Dec 19-1944 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) December 14 1944
at 2:45 o'clock A M.

21. **I HEREBY CERTIFY**, That I attended deceased from Nov. 5 1944, to Dec. 13 1944
I last saw h.m alive on Dec 13 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration
Yellow Jaundice
Probable Cancer of Liver
Due to .....
Due to .....
Other conditions (Include pregnancy within 3 months of death)
Where was disease contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature D. H. Drake (M. D. or other)
and Address Twin Falls Date Dec 15 1944
(For additional space, use reverse side)

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 142000
Local Reg. No. 294
Reg. Dist. No. 461

JAN 11 1945

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
   (a) County Twin Falls Co.
   (b) City or town Twin Falls
   (c) Street Address or R.F.D. No. 3
   (d) Death Occured Inside? X Outside? X city or town
   (e) Died in a Home.... Hospital X Institution.... Other place....
   (f) Name Hosp. or Inst. Twin Falls Hosp. Stayed 20 days
   (g) Lived in this county 20 years ..... months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County T. Falls
   (c) City or town Filer
   (d) Street Address or R.F.D. No. .....
   (e) Deceased lived Inside? X Outside? ..... city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 20 years
   (h) Former residence (city, state) Arkansas

3. (a) **FULL NAME** John B. Estes 462

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Nannie
6. (c) Age of husband or wife if alive 88 years
7. Date of Birth (Month, Day, Year) February (?) 1863

8. AGE	Years	Months	Days	If less than 1 day
	81	7	?	hrs ..... min.

9. Exact Occupation Ret. Farmer Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Arkansas (City or town) ..... (State or foreign country)

Mother
12. Name UNKNOWN
13. Birthplace ..... (City or town) ..... (State or foreign country)

Father
14. Maiden name UNKNOWN
15. Birthplace ..... (City or town) ..... (State or foreign country)

16. Informant's **OWN** Signature Sarah A Higginbotham
and Address Filer, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/20/44 (Month) (Day) (Year)
(c) Place: I.O.O.F. Cem. Filer, Idaho

18. Funeral Director's **OWN** Signature Reynolds Funeral Home James L. Reynolds
and Address Twin Falls, Idaho

19. (a) Dec 22-1944 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Dec. 16, 1944
at 3:30 o'clock P. M.

21. **I HEREBY CERTIFY**, That I attended deceased from 12/1 1942, to 12/16/1944
I last saw h.im alive on 12/16/1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cachexia — Duration 2 months
Due to Generalized Carcinomatosis — 1 yr.
✓ Due to Carcinoma of Rectum — 2 yr.
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature [signature] M.D. (M. D. or other)
and Address Filer, Ida. Date 12-19 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JAN 11 1945

Certificate Of Death

STATE OF IDAHO

State File No. 142001
Local Reg. No. 295
Reg. Dist. No. 461

1. PLACE OF DEATH:
(a) County Twin Falls
(b) City or town Twin Falls
(c) Street Address or R.F.D. No. 3
(d) Death Occured Inside? ..... Outside? X city or town
(e) Died in a Home.... Hospital X Institution.... Other place....
(f) Name Hosp. or Inst. T.F.Co.Gen Stayed 5 days
(g) Lived in this county ..... years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County T.Falls
(c) City or town Twin Falls
(d) Street Address or R.F.D. No. 2
(e) Deceased lived Inside? ..... Outside? X city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 1902 years
(h) Former residence (city, state) Canada

3. (a) **FULL NAME** Caroline Emery

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3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) February 16, 1870

8. AGE	Years	Months	Days	If less than 1 day
	74	10	2	hrs min.

9. Exact Occupation Housewife Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Winchester, Canada (City or town) (State or foreign country)
Father
12. Name UNKNOWN
13. Birthplace ..... (City or town) (State or foreign country)
Mother
14. Maiden name UNKNOWN
15. Birthplace ..... (City or town) (State or foreign country)
16. Informant's X OWN Signature mrs Edna Pollard
and Address Tuscarora Nev.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/21/44 (Month) (Day) (Year)
(c) Place: Twin Falls Cem.
18. Funeral Director's OWN Signature Reynolds Funeral Home James C. Reynolds
and Address Twin Falls, Idaho
19. (a) Dec 22 1944 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) December 18, 1944
at 10:45 o'clock a.M.
21. **I HEREBY CERTIFY,** That I attended deceased from 12-11 1944 to 12/18/ 1944
I last saw her alive on 12/18/ 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death	Duration
Senility	
Due to	
Due to	
Other conditions None (Include pregnancy within 3 months of death)	
Where was disease contracted? at home	
Name of operation None Date	
Major finding ✓	
Finding of autopsy None	

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ✓ Suicide? ✓ Homicide? ✓
Occurred ✓ 19.... City, county, state where violence occurred ✓
Place of Violence: Home — Farm ✓ Industry ✓
Public Place ✓ While at work? ✓
Means of injury None
23. Attendant's OWN Signature J. H. Murphy (M. D. or other)
and Address Twin Falls Date 12-21 1944
(For additional space, use reverse side)

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United States
Department of Commerce
Bureau of the Census

JAN 11 1945

Certificate Of Death

STATE OF IDAHO

State File No.
Local Reg. No. 296
Reg. Dist. No. 461

1. **PLACE OF DEATH:**
(a) County Twin Falls
(b) City or town Twin Falls
(c) Street Address or R.F.D. No. T.F.Co.Gen'l. Hosp.
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Home.... Hospital X Institution.... Other place....
(f) Name Hosp. or Inst. T.F.Co.Gen'l.Hosp. Lived 34 days
(g) Lived in this county 14 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Twin Falls
(c) City or town Filer
(d) Street Address or R.F.D. No. Filer
(e) Deceased lived Inside? X Outside? ..... city or town
(f) Citizen of what country? .....
(g) How long had deceased lived in Idaho? 30 years
(h) Former residence (city, state) .....

3. (a) **FULL NAME** LANNING, Edwin Ernest

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3. (b) If veteran, name war None
3. (c) Social Security No. 519-01-9892
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Hazel
6. (c) Age of husband or wife if alive 47 years
7. Date of Birth (Month, Day, Year) September 9, 1886

8. AGE	Years	Months	Days	If less than 1 day
	58	3	10	hrs min.

9. Exact Occupation Warehouseman Did this work for 3 yrs.
10. Industry or Business Seed Co. Date last worked 11/15/44
11. Birthplace Coffee County, Kansas (City or town) (State or foreign country)
Father
12. Name Joseph M. Lanning
13. Birthplace Unknown (City or town) (State or foreign country)
Mother
14. Maiden name [redacted] Cordelia Whitcumb
15. Birthplace Unknown (City or town) (State or foreign country)
16. Informant's OWN Signature Hazel H. Lanning
and Address Filer, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/22/44 (Month) (Day) (Year)
(c) Place: Sunset Mem. Park Cem. TwinFalls, Ida.
18. Funeral Director's OWN Signature [illegible] E343
and Address Twin Falls, Idaho
19. (a) Dec. 25 1944 (Date received and filed) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) December 19th, 1944
at 7:45 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from Nov. 16, 1944, to December 19, 1944
I last saw him alive on December 19 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Acute Toxic Myocarditis	5 days
Due to Streptococcus Pharyngitis & Uremia	1 wk
Due to	
Other conditions Compound Fracture (Include pregnancy within 3 months of death) of Left Femur	5 wks

Where was disease contracted?
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? yes Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury Auto-bicycle accident
23. Attendant's OWN Signature [illegible] (M. D. or other)
and Address Filer, Idaho Date 12/20 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JAN 11 1945

Certificate Of Death

STATE OF IDAHO

State File No. 142003
Local Reg. No. 297
Reg. Dist. No. 461

1. **PLACE OF DEATH:**
   (a) County Twin Falls
   (b) City or town Twin Falls
   (c) Street Address or R.F.D. No. RFD #1
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home.... Hospital X Institution.... Other place....
   (f) Name Hosp. or Inst. T. Falls Hosp. Stayed ..... days
   (g) Lived in this county 3 years ..... months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County T. Falls
   (c) City or town Twin Falls
   (d) Street Address or R.F.D. No. RFD #1
   (e) Deceased lived Inside? ..... Outside? X city or town
   (f) Citizen of what country? United States
   (g) How long had deceased lived in Idaho? 3 years
   (h) Former residence (city, state) .....

3. (a) **FULL NAME** Maurice Keith Humphries

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3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) October 1, 1941

8. AGE	Years	Months	Days	If less than 1 day
	3	2	20	hrs min.

9. Exact Occupation ..... Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Twin Falls, Idaho (City or town) (State or foreign country)

Father
12. Name Maurice Humphries
13. Birthplace Twin Falls, Idaho (City or town) (State or foreign country)

Mother
14. Maiden name Dorothy Parrott
15. Birthplace Twin Falls, Idaho (City or town) (State or foreign country)

16. Informant's **OWN** Signature X Maurice Humphries
and Address RFD #1, Twin Falls.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-22-44 (Month) (Day) (Year)
(c) Place: Sunset Memorial Park
18. Funeral Director's **OWN** Signature L. C. Phillips
and Address Twin Falls, Idaho
19. (a) Dec 20 1944 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) December 20 1944
at 7:15 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from Dec 18 1944, to Dec 20 1944
I last saw him alive on Dec 20 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Food poison	
Due to	
Due to	
Other conditions (Include pregnancy within 6 months of death)	
Where was disease contracted?	PHYISCIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? X Suicide? ..... Homicide? .....
Occurred Dec. 20 1944 City, county, state where violence occurred Twin Falls, Idaho
Place of Violence: Home X Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury Canned Chicken Soup
23. Attendant's **OWN** Signature R. A. Drake M.D. (M. D. or other)
and Address Twin Falls Date Dec 21 1944
(For additional space, use reverse side)

United States
Department of Commerce JAN 12 1945
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 142004
Local Reg. No. 303
Reg. Dist. No. 461

1. **PLACE OF DEATH:**
(a) County Twin Falls
(b) City or town Buhl
(c) Street Address or R. F. D. No. 1
(d) Death Occurred Inside? ____ Outside? ____ *city or town
(e) Died in a Home * Hospital __ Institution __ Other place __
(f) Name Hosp. or Inst. none Stayed ____ days
(g) Lived in this county 31 years ? months ? days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Twin Falls
(c) City or town Buhl
(d) Street Address or R. F. D. No. 1
(e) Deceased lived Inside? ____ Outside? * city or town
(f) Citizen of what country? U. S.
(g) How long had deceased lived in Idaho? 31 years
(h) Former residence (city, state) same

3. (a) FULL NAME Mrs. Olive F. Lierman 112

3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife H. J. Lierman
6. (c) Age of husband or wife if alive 40 years
7. Date of Birth (Month, Day, Year) September 15, 1913

8. AGE	Years	Months	Days	If less than 1 day
	31	3	10	hrs min.

9. Exact Occupation Housewife Did this work for 13 yrs.
10. Industry or Business Housekeeping Date last worked 12/10/44
11. Birthplace Thayer Co., Nebraska (City or town) (State or foreign country)
Father
12. Name Oscar Werner
13. Birthplace Thayer Co., Neb. (City or town) (State or foreign country)
Mother
14. Maiden name Louise Bock
15. Birthplace Thayer Co., Neb. (City or town) (State or foreign country)
16. Informant's OWN Signature X H. J. Lierman
and Address Buhl, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/31/44 (Month) (Day) (Year)
(c) Place: Clover Cemetery-Buhl, Ida.
18. Funeral Director's OWN Signature R. T. Albertson
and Address Buhl, Idaho
19. (a) 1/4/46 (Date received and filed) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) December 25, 1944
at 8:00 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from Dec 20 1944, to Dec 25 1944
I last saw her alive on Dec 25 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death	Duration
Bronchial Asthma	
Due to —	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation ____ Date ____	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature [signature] (M. D. or other)
and Address Twin Falls, Ida Date 12/30 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

JAN 11 1945

State File No. 142005
Local Reg. No. 298
Reg. Dist. No. 460

1. PLACE OF DEATH:
(a) County Twin Falls
(b) City or town Twin Falls
(c) Street Address or R.F.D. No. T.F.Co.Gen'l. Hosp
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Home.... Hospital X Institution.... Other place....
(f) Name Hosp. T.F.Co.Gen'l. Hosp 5mos 10days Citizen of what country? .....
(g) Lived in this county 4 years 6 months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County T.F.
(c) City or town Twin Falls
(d) Street Address or R.F.D. No 211 6th Ave E.
(e) Deceased lived Inside? X Outside? ..... city or town
(g) How long had deceased lived in Idaho? life years
(h) Former residence (city, state) .....

3. (a) **FULL NAME** RICHARDSON, Mrs. Roka

94a

3. (b) If veteran, name war None
3. (c) Social Security No. 518-26-4775
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced divorced
6. (b) Name of husband or wife Marion L.
6. (c) Age of husband or wife if alive Unk years
7. Date of Birth (Month, Day, Year) October 23, 1892

8. AGE	Years	Months	Days	If less than 1 day
	52	2	3	hrs min.

9. Exact Occupation Clerk — Did this work for ..... yrs.
10. Industry or Business Cleaning-Dry cleaners — Date last worked .....
11. Birthplace Oakley, Idaho (City or town) (State or foreign country)

Father
12. Name S. P. Worthington
13. Birthplace Grantsville, Utah (City or town) (State or foreign country)

Mother
14. Maiden name Mary Haight
15. Birthplace Farmington, Utah (City or town) (State or foreign country)

16. Informant's **OWN** Signature J. M. Hymett
and Address TwinFalls, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/30/44 (Month) (Day) (Year)
(c) Place: Twin Falls Cem.

18. Funeral Director's **OWN** Signature WHITE MORTUARY By [illegible] E 343
and Address TWIN FALLS, IDAHO

19. (a) Dec 30 1944 (Date received and filed) (b) [illegible] (Registrar's Signature)

MEDICAL CERTIFICATE OF DEATH

94c

20. **DATE OF DEATH** (Month, Day, Year) DECEMBER 26th, 1944
at 3:15 o'clock P. M.

21. **I HEREBY CERTIFY**, That I attended deceased from 7-17 1944, to 12/26 1944
I last saw her alive on 12/26 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — Duration
Cardiac decompensation
Due to Arteriosclerosis
Due to .....
Other conditions ..... (Include pregnancy within 3 months of death)

Where was disease contracted? Home
Name of operation None Date .....
Major finding .....
Finding of autopsy None

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature [illegible] M.D. (M. D. or other)
and Address TwinFalls, Ida. Date 12/27 19 44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JAN 11 1945

Certificate Of Death

STATE OF IDAHO

State File No. 142006
Local Reg. No. 299
Reg. Dist. No. 460

1. **PLACE OF DEATH:**
   (a) County TWIN FALLS
   (b) City or town TWINFALLS
   (c) Street Address or R.F.D. No. 545 3rd Ave E.
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home X Hospital ... Institution ... Other place ...
   (f) Name Hosp. or Inst. ..... Stayed ..... days
   (g) Lived in this county 33 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State IDAHO (b) County TWINFALLS
   (c) City or town TWIN FALLS
   (d) Street Address or R.F.D. No. 545 3rdAVE NO.
   (e) Deceased lived Inside? X Outside? ..... city or town
   (f) Citizen of what country? .....
   (g) How long had deceased lived in Idaho? 33 years
   (h) Former residence (city, state) .....

3. (a) **FULL NAME** PETERS, Henry

46b

3. (b) If veteran, name war NONE
3. (c) Social Security No. NONE
4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife ANNA
6. (c) Age of husband or wife if alive 66 years
7. Date of Birth (Month, Day, Year) FEBRUARY 27, 1873

8. AGE	Years	Months	Days	If less than 1 day
	71	10	0	hrs min.

9. Exact Occupation Shoemaker Did this work for ..... yrs.
10. Industry or Business retired Date last worked .....
11. Birthplace APELDOORN, THE NETHERLANDS (City or town) (State or foreign country)

Father
12. Name JOHN HENRY PETERS
13. Birthplace THE NETHERLANDS (City or town) (State or foreign country)

Mother
14. Maiden name GERTIE BRONKHORST
15. Birthplace THE NETHERLANDS (City or town) (State or foreign country)

16. Informant's OWN Signature X A. M. Peters
and Address TWIN FALLS, IDAHO
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 12/29/44 (Month) (Day) (Year)
(c) Place: TWIN FALLS CEM.
18. Funeral Director's OWN Signature WH[redacted]MORTUARY
and Address By [redacted] E 343 TWIN [redacted] IDAHO
19. (a) Dec 30 [illegible] (Date received and filed) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) DECEMBER 27, 1944
at 2:45 o'clock A. M.
21. **I HEREBY CERTIFY**, That I attended deceased from 6-2- 1943, to 12-27 1944
I last saw h IM alive on 12-26 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Cancer of Stomach — Duration
Due to .....
Due to .....
Other conditions None
(Include pregnancy within 3 months of death)
Where was disease contracted? At home
Name of operation Exploratory Date 6-3-43
Major finding Cancer
Finding of autopsy None

PHYISCIAN. Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ✓ Suicide? ✓ Homicide? ✓
Occurred ✓ 19..... City, county, state where violence occurred ✓
Place of Violence: Home ✓ Farm ✓ Industry ✓
Public Place ✓ While at work? ✓
Means of injury None
23. Attendant's OWN Signature [redacted] H Murphy (M. D. or other)
and Address TWIN FALLS, IDAHO Date 12/27/44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

JAN 11 1945

State File No. 142007
Local Reg. No. 301
Reg. Dist. No. 361

1. **PLACE OF DEATH:**
   (a) County TWIN FALLS
   (b) City or town TWIN FALLS
   (c) Street Address or R.F.D. No. ELIZABETH BLVD
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home.... Hospital.... Institution X Other place....
   (f) Name Hosp. PUTZIER REST HOME Stayed 90 days
   (g) Lived in this county 23 years ..... months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State IDAHO (b) County TWINFALLS
   (c) City or town FILER
   (d) Street Address or R.F.D. No. FILER
   (e) Deceased lived Inside? X Outside? ..... city or town
   (f) Citizen of what country? .....
   (g) How long had deceased lived in Idaho? 23 years
   (h) Former residence (city, state) .....

3. (a) **FULL NAME** ALLSBERRY, MRS. PAULINE

53a

3. (b) If veteran, name war NONE
3. (c) Social Security No. NONE
4. Sex FEMALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced WIDOW
6. (b) Name of husband or wife JONATHAN F. ALLSBERRY
6. (c) Age of husband or wife if alive Deceased years
7. Date of Birth (Month, Day, Year) JULY 9, 1858

8. AGE	Years	Months	Days	If less than 1 day
	86	5	22	hrs min.

9. Exact Occupation HOUSEWIFE Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace GREENVILLE*WAYNE CO., MO. (City or town) (State or foreign country)

Father
12. Name Unknown
13. Birthplace Unknown (City or town) (State or foreign country)

Mother
14. Maiden name Unknown
15. Birthplace unknown (City or town) (State or foreign country)

16. Informant's **OWN** Signature X Mrs W. W. Reed
and Address FILER, IDAHO
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JAN. 5, 1945 (Month) (Day) (Year)
(c) Place: TWIN FALLS CEM.
18. Funeral Director's **OWN** Signature [signature] WHITE MORTUARY
and Address TWIN FALLS, IDAHO
19. (a) Jan. 8. 1945 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) DECEMBER 31, 1944
at 8:30 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from Oct. 1944, to Dec. 1944.
I last saw her alive on Dec. 15, 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
✓ Cerebral hemorrhage	Several months
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted? at home	
Name of operation ..... Date	
Major finding	
Finding of autopsy	

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature Wm F Posser, M.D. (M. D. or other)
and Address TWIN FALLS, IDA. Date 1-2-1945
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census JAN 11 1945

Certificate Of Death

STATE OF IDAHO

State File No. 142008
Local Reg. No. 302
Reg. Dist. No. 460

1. **PLACE OF DEATH:**
   (a) County Twin Falls
   (b) City or town Twin Falls
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? X Outside? city or town
   (e) Died in a Home Hospital X Institution Other place
   (f) Name Hosp. or Inst T. Falls Stayed days
   (g) Lived in this county 25 years months days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County T. Falls
   (c) City or town Twin Falls
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? X Outside? city or town
   (f) Citizen of what country? United States
   (g) How long had deceased lived in Idaho? 50 years
   (h) Former residence (city, state) Sweden

3. (a) **FULL NAME** Emma Davis

46 g

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) February 6, 1888

8. AGE	Years	Months	Days	If less than 1 day
	56	10	25	hrs min.

9. Exact Occupation Baker Did this work for 20 yrs.
10. Industry or Business Bakery Date last worked
11. Birthplace Sweden (City or town) (State or foreign country)

Mother Father
12. Name John E. Erickson
13. Birthplace Swedem (City or town) (State or foreign country)
14. Maiden name Sophia C. Larson
15. Birthplace Sweden (City or town) (State or foreign country)

16. Informant's **OWN** Signature Roy L Emerson
and Address Burley Idaho R#2

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-4-45 (Month) (Day) (Year)
(c) Place: Sunset Memorial Park

18. Funeral Director's **OWN** Signature L. E. Phillips
and Address Twin Falls, Idaho

19. (a) Jan 9-1945 (Date received and filed) (b) (Registrar's Signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) December 31 19 44
at 12:45 o'clock A M.

21. **I HEREBY CERTIFY**, That I attended deceased from 4-7 1939, to 12/31 1944
I last saw her alive on 12/31 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Generalized Carcinomatosis — Duration
Due to Primary Ca Breast
Due to Pneumonia
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted? Home
Name of operation Exploratory Date 10/30/44
Major finding Ca Breast & pneumonia
Finding of autopsy None

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature A A Benton MD (M. D. or other)
and Address Twin Falls Ida Date 1/5 1945

(For additional space, use reverse side)

142009

United States
Department of Commerce
Bureau of the Census

JAN 9 1945

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 123
Reg. Dist. No. 310

1. **PLACE OF DEATH:**
(a) County Valley
(b) City or town Cascade
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county years months 30 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Ada
(c) City or town Star
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? U.S.A
(g) How long had deceased lived in Idaho? 42 years
(h) Former residence (city, state) Mo.

3. (a) **FULL NAME** Caroline Huttsell Mathews 52 b

3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) June 17 1865

8. AGE	Years	Months	Days	If less than 1 day
	79	5	28	hrs min.

9. Exact Occupation House Wife Did this work for yrs.
10. Industry or Business at Home Date last worked
11. Birthplace Competition, Mo. (City or town) (State or foreign country)
Father
12. Name John K. Huttsell
13. Birthplace Linn (City or town) (State or foreign country)
Mother
14. Maiden name Unknown
15. Birthplace Unknown (City or town) (State or foreign country)
16. Informant's OWN Signature James Matthews
and Address Cascade Ida
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/18/44 (Month) (Day) (Year)
(c) Place: Star Cemetery, Star, Ida
18. Funeral Director's OWN Signature L. L. Pettrington
and Address Cascade, Ida
19. (a) Dec 31 1944 (Date received and filed) (b) Myrtle Gardner (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Dec 15 1944
at o'clock M.
21. **I HEREBY CERTIFY,** That I attended deceased from Oct 1944, to Dec 15 1944
I last saw her alive on Dec 15 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
✓ Carcinoma of Urinary Bladder	6 mo
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted? —	PHYSICIAN
Name of operation — Date	Underline the cause to which death should be charged statistically.
Major finding —	
Finding of autopsy —	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? — Suicide? — Homicide? —
Occurred — 19 City, county, state where violence occurred —
Place of Violence: Home — Farm Industry
Public Place While at work?
Means of injury —
23. Attendant's OWN Signature K. A. Heitmann MD (M. D. or other)
and Address Cascade, Idaho Date Dec 15 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

142010

United States
Department of Commerce
Bureau of the Census JAN 9 1945

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 124
Reg. Dist. No. 313

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
(a) County Valley
(b) City or town
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? X city or town
(e) Died in a Home Hospital Institution Other place X
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Valley
(c) City or town Lake Fork
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Outside? X city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? years
(h) Former residence (city, state)

3. (a) **FULL NAME** David D. Fincher 1752

3. (b) If veteran, name war ✓
3. (c) Social Security No. 518-87-6514
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Edna
6. (c) Age of husband or wife if alive 34 years
7. Date of Birth (Month, Day, Year) Oct-15-1910

8. AGE	Years	Months	Days	If less than 1 day hrs	min.
	34	2	1		

9. Exact Occupation Truck Driver Did this work for yrs.
10. Industry or Business Logging-Truck Date last worked
11. Birthplace Sweet Ida. (City or town) (State or foreign country)

Father
12. Name D. W. Fincher
13. Birthplace Ind. (City or town) (State or foreign country)

Mother
14. Maiden name Mary Emerson
15. Birthplace Ind. (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mrs Edna Fincher
and Address Lake Fork, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/21/44 (Month) (Day) (Year)
(c) Place Kennish Cemetery, Lake Fork Idaho

18. Funeral Director's **OWN** Signature L. L. Fetherington
and Address Cascade, Idaho

19. (a) Dec 31-1944 (Date received and filed) (b) Myrtle Gardner (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Dec-16- 1944
at o'clock M.

21. **I HEREBY CERTIFY,** That I attended deceased from 19, to 19
I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — **Duration**
No Doctor in attendance
Crushed & killed as result of
Due to Logging Truck
Accident
Due to
Other conditions
(Include pregnancy within 3 months of death)

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? X Suicide? Homicide?
Occurred Dec-16- 1944 City, county, state where violence occurred 4 mi. West of Lake Fork, Ida.
Place of Violence: Home Farm Industry
Public Place ? While at work? X
Means of injury Log

23. Attendant's **OWN** Signature L. L. Fetherington Coroner Valley Co.
(M. D. or other)
and Address Cascade, Ida. Date 12/14/1944

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce DEC 12 1944
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 142011
Local Reg. No. 28
Reg. Dist. No. 320

1. PLACE OF DEATH:
(a) County Washington
(b) City or town Weiser
(c) Street Address or R.F.D. No. R.R. #3
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Home.... Hospital X Institution.... Other place....
(f) Name Hosp. or Inst. Weiser Hosp. Stayed 15 days
(g) Lived in this county 8 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Wash.
(c) City or town Weiser
(d) Street Address or R.F.D. No. R.R. #3
(e) Deceased lived Inside? ..... Outside? X city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 8 years
(h) Former residence (city, state) Torrington, Wyo.

3. (a) FULL NAME GILBERT LEONARD EISENBARTH

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife None
6. (c) Age of husband or wife if alive None years
7. Date of Birth (Month, Day, Year) March 31 1925

8. AGE	Years	Months	Days	If less than 1 day
	19	7	13	hrs min.

9. Exact Occupation Farmer Did this work for 9 years.
10. Industry or Business General Farming Date last worked 10/28/44
11. Birthplace Weldona (City or town) Colorado (State or foreign country)
Father 12. Name Fred Eisenbarth
13. Birthplace Russia (City or town) (State or foreign country)
Mother 14. Maiden name Christina Schlepp
15. Birthplace St. Francis, Kansas (City or town) (State or foreign country)
16. Informant's OWN Signature Fred Eisenbarth Father
and Address R.R. #3 Weiser, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/17/44 (Month) (Day) (Year)
(c) Place: Hillcrest Cem. Weiser, Idaho
18. Funeral Director's OWN Signature A. S. Jones #357
and Address Northam Chapel, Weiser, Idaho
19. (a) 11/17/44 (Date received and filed) (b) Marie H. Shell (Registrar's signature)

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99

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) November 13 1944 19....
at 11:15 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from Oct. 29th 1944, to Nov. 13th 1944
I last saw him alive on Nov. 13th 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Peritonitis	
Mesenteric Thrombosis	
Due to Shot Gun Wound of Abdomen	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Operating Date Oct 29 1944
Major finding
Finding of autopsy Mesenteric Thrombosis & Peritonitis

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? X Suicide? ..... Homicide? .....
Occurred Oct. 29, 1944 19.... City, county, state where violence occurred Washington County
Place of Violence: Home..... Farm..... Industry.....
Public Place Hunting While at work?
Means of injury Shot Gun Wound of Abdomen

23. Attendant's OWN Signature M S McGrath M D (M. D. or other)
and Address Weiser, Idaho Date 11/14 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

JAN 12 1945

State File No. 142012
Local Reg. No. 35
Reg. Dist. No. 920

1. PLACE OF DEATH:
(a) County Washington
(b) City or town Weiser
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? X Outside? ....city or town
(e) Died in a Home.... Hospital x Institution.... Other place....
(f) Name Hosp. or Inst. Weiser Hosp Stayed ....days
(g) Lived in this county 14 years ....months ....days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Washington
(c) City or town Weiser
(d) Street Address or R.F.D. No. R.D. #1
(e) Deceased lived Inside? ....Outside? X ....city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 14 years
(h) Former residence (city, state) Elgin, Oregon

3. (a) FULL NAME John Henry Hill

176

3. (b) If veteran, name war None
3. (c) Social Security No. 519-24-5651
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Florence
6. (c) Age of husband or wife if alive 38 years
7. Date of Birth (Month, Day, Year) December 31 1904

8. AGE	Years	Months	Days	If less than 1 day
	39	11	4	hrs min.

9. Exact Occupation Mill worker — Did this work for 1½ yrs.
10. Industry or Business Lumber Mill — Date last worked 12/4/44
11. Birthplace Elgin (City or town) Oregon (State or foreign country)

Father
12. Name Walter Hill
13. Birthplace Don't Know (City or town) (State or foreign country)

Mother
14. Maiden name Christina Nelson
15. Birthplace Germany (City or town) (State or foreign country)

16. Informant's OWN Signature Chester W. Hill Bro.
and Address Route # 3 Weiser, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/7/44 (Month) (Day) (Year)
(c) Place: Hillcrest Cem Weiser, Idaho
18. Funeral Director's OWN Signature A. L. Jones #357
and Address Northam Chapel, Weiser, Idaho
19. (a) Dec 6 - 1944 (Date received and filed) (b) Marie H. Hull (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) December 4 19 44
at 10 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from 12-4- 1944, to 12-4- 1944
I last saw h-- alive on 12-4- 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Accidental Death	
Due to Internal Injuries & Shock	
Due to Internal Injuries & Shock	
Other conditions Death in 20 minutes	
(Include pregnancy within 3 months of death) Sawmill accident-not in a forest	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ✓ Suicide? Homicide?
Occurred 12-4- 1944 City, county, state where violence occurred Vale Lake Ore Co
Place of Violence: Home Farm Industry ✓
Public Place While at work? ✓
Means of injury Log fell on him
23. Attendant's OWN Signature [illegible] M.D.
and Address Weiser, Idaho (M. D. or other) Date 12-5- 1944
(For additional space, use reverse side)

Dr. Schmitz

United States
Department of Commerce
Bureau of the Census

JAN 12 1945

Certificate Of Death

STATE OF IDAHO

State File No. 142013
Local Reg. No. 36
Reg. Dist. No. 320

1. PLACE OF DEATH:
(a) County Washington
(b) City or town Weiser
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Home .... Hospital X Institution .... Other place ....
(f) Name Hosp. or Inst. Weiser Hosp. Stayed ..... days
(g) Lived in this county ..... years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Washington
(c) City or town Weiser
(d) Street Address or R.F.D. No. R.D. #3
(e) Deceased lived Inside? ..... Outside? X city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 68 years
(h) Former residence (city, state) Wood River Nebraska

3. (a) FULL NAME MRS. MAY REBECCA JACKSON 83d

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Alexus
6. (c) Age of husband or wife if alive 75 years
7. Date of Birth (Month, Day, Year) December 13 1871

8. AGE	Years	Months	Days	If less than 1 day
	72	11	23	hrs min.

9. Exact Occupation Housewife Did this work for Life yrs.
10. Industry or Business Farm Home Date last worked March 1943
11. Birthplace Blue Springs (City or town) Nebraska (State or foreign country)
Father
12. Name John Owens
13. Birthplace Don't Know (City or town) (State or foreign country)
Mother
14. Maiden name Rebecca Knox
15. Birthplace (City or town) Ireland (State or foreign country)
16. Informant's OWN Signature Delbert H. Jackson Son
and Address Route #3 Weiser, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/8/44 (Month) (Day) (Year)
(c) Place: Hillcrest Cem. Weiser, Idaho
18. Funeral Director's OWN Signature A. S. Jones #E 357
and Address Northam Chapel Weiser, Idaho
19. (a) Dec 6-1944 (Date received and filed) (b) Marie H. Shell (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH 162b

20. **DATE OF DEATH** (Month, Day, Year) Dec. 5 1944 19....
at 2 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from ..... 19...., to ..... 19....
I last saw her alive on 12-5- 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Senility	
Due to Paralysis	5 yrs
V/ left side	
Due to Don't Know	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation ..... Date	
Major finding	
Finding of autopsy	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19.... City, county, state where violence occurred
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury
23. Attendant's OWN Signature Fa Schmitz MD (M. D. or other)
and Address Weiser, Idaho Date 12-5 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Dr. McGrath

142014

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No.
Local Reg. No. 37
Reg. Dist. No. 32d

JAN 12 1945

1. **PLACE OF DEATH:**
   (a) County Washington
   (b) City or town Weiser
   (c) Street Address or R. F. D. No.
   (d) Death Occured Inside? x Outside? city or town
   (e) Died in a Home Hospital x Institution Other place
   (f) Name Hosp. or Inst. Weiser Hosp Stayed 2 days
   (g) Lived in this county 11 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Washington
   (c) City or town Weiser
   (d) Street Address or R.F.D. No. R.D. #2
   (e) Deceased lived Inside? Outside? x city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 11 years
   (h) Former residence (city, state) Fort Collins, Colo.

3. (a) **FULL NAME** JACK JONES

932

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Blanche
6. (c) Age of husband or wife if alive Deceased years
7. Date of Birth (Month, Day, Year) July 29 1882

8. AGE	Years	Months	Days	If less than 1 day
	62	4	6	hrs min.

9. Exact Occupation Rancher — Did this work for Life yrs.
10. Industry or Business General Ranching — Date last worked July '44
11. Birthplace Louisville (City or town) Kentucky (State or foreign country)

Father
12. Name Don't Know
13. Birthplace Don't Know (City or town) (State or foreign country)

Mother
14. Maiden name Don't Know
15. Birthplace Don't Know (City or town) (State or foreign country)

16. Informant's **OWN** Signature Eveleen Jones Daughter
and Address 737 East Court St. Weiser, Ida.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/7/44 (Month) (Day) (Year)
(c) Place: Hillcrest Cem. Weiser, Idaho

18. Funeral Director's **OWN** Signature A. S. Jones #357
and Address Northam Chapel Weiser, Idaho

19. (a) Dec 6 1944 (Date received and filed) (b) Marie N. Steele (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

107

20. **DATE OF DEATH** (Month, Day, Year) December 5 1944
at 9:45 o'clock A. M.

21. **I HEREBY CERTIFY**, That I attended deceased from Nov. 30th 1944 to Dec. 5th 1944
I last saw h[illegible] alive on Dec. 5th 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Bronchopneumonia	6 days
Due to Bronchial Asthma	
Due to Chronic Myocarditis	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature M. S. McGrath M.D. (M. D. or other)
and Address Weiser, Idaho Date 12-6-1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Webb

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

JAN 12 1945

State File No. 142015
Local Reg. No. 38
Reg. Dist. No. 320

1. **PLACE OF DEATH:**
   (a) County Washington
   (b) City or town Weiser
   (c) Street Address or R.F.D. No. 53 E Butterfield
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home X Hospital .... Institution .... Other place ....
   (f) Name Hosp. or Inst. ..... Stayed ..... days
   (g) Lived in this county 37 years ..... months ..... days

   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Washington
   (c) City or town Weiser
   (d) Street Address or R.F.D. No. 53 E. Butterfield
   (e) Deceased lived Inside? X Outside? ..... city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 39 years
   (h) Former residence (city, state) Franklin Co. Ill.

3. (a) **FULL NAME** MRS. EMMA TAYLOR WEBB

1310

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married divorced Widowed
6. (b) Name of husband or wife Moses Neal
6. (c) Age of husband or wife if alive Dec'd '28 years
7. Date of Birth (Month, Day, Year) April 4 1864

8. AGE	Years	Months	Days	If less than 1 day
	80	8	2	hrs min.

9. Exact Occupation Housewife — Did this work for Life yrs.
10. Industry or Business Home — Date last worked 12/3/44
11. Birthplace Franklin Co. Illinois (City or town) (State or foreign country)

Father
12. Name ### Chester Taylor
13. Birthplace ###### Illinois (City or town) (State or foreign country)

Mother
14. Maiden name Don't Know Emmaline Cunningham
15. Birthplace Illinois (City or town) (State or foreign country)

16. Informant's **OWN** Signature Owen D Webb Son
and Address Yakima, Washington

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/9/44 (Month) (Day) (Year)
(c) Place Hillcrest Cem. Weiser, Idaho

18. Funeral Director's **OWN** Signature A S Jones E 357
and Address Northam Chapel, Weiser, Idaho

19. (a) 12/9/44 (Date received and filed) (b) Marie H Snell (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

932

20. **DATE OF DEATH** (Month, Day, Year) December 6 1944
at 12:05 o'clock A.M.

21. I **HEREBY CERTIFY**, That I attended deceased from Dec. 2nd 1944 to Dec. 6th 1944
I last saw her alive on Dec. 6th 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death	Duration
Senility	
Uremic Hypercarditis	
Due to Hypertension	
✓Due to Arteriosclerosis	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature M.S. McGrath MD (M. D. or other)
and Address Weiser, Idaho Date 12-7- 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 36-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

JAN 12 1945

State File No. 142016
Local Reg. No. 39
Reg. Dist. No. 320

1. **PLACE OF DEATH:**
   (a) County Washington
   (b) City or town Weiser
   (c) Street Address or R.F.D. No. 521 West Idaho
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home .... Hospital X Institution .... Other place ....
   (f) Name Hosp. or Inst. Weiser Hosp. Stayed 16 days
   (g) Lived in this county 5 years ..... months ..... days

   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Washington
   (c) City or town Weiser
   (d) Street Address or R.F.D. No. .....
   (e) Deceased lived Inside? ..... Outside? ..... city or town.
   (f) Citizen of what country? .....
   (g) How long had deceased lived in Idaho? 5 years
   (h) Former residence (city, state) Custer, So. Dakota

3. (a) **FULL NAME** DOROTHY JEAN JACOBSEN

148 a

3. (b) If veteran, name war None
3. (c) Social Security No. 518-24-9082
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Charles
6. (c) Age of husband or wife if alive 23 years
7. Date of Birth (Month, Day, Year) January 15 1926

8. AGE	Years	Months	Days	If less than 1 day
	18	10	16	hrs ..... min.

9. Exact Occupation Housewife — Did this work for 1 yrs.
10. Industry or Business Home — Date last worked 16
11. Birthplace Custer (City or town) South Dakota (State or foreign country)

Father
12. Name Walter Smith
13. Birthplace Don't Know (City or town) (State or foreign country)

Mother
14. Maiden name Pauline Mann
15. Birthplace Iowa (City or town) (State or foreign country)

16. Informant's **OWN** Signature Gertrude Munger Sister
and Address Route #3 Weiser, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/16/44 (Month) (Day) (Year)
(c) Place: Hillcrest Cemetery, Weiser, Idaho

18. Funeral Director's **OWN** Signature A. S. Jones #357
and Address Northam Chapel Weiser, Idaho

19. (a) 12/15/44 (Date received and filed) (b) Marie A. Neel (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH 149 b

20. **DATE OF DEATH** (Month, Day, Year) December 8 1944
at 6 o'clock A. M.

21. **I HEREBY CERTIFY**, That I attended deceased from June 9th 1944 to Dec. 8th 1944
I last saw her alive on Dec. 8th 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Eclampsia	
Secondary Hemorrhage	
Due to Pregnancy	
Due to	
Other conditions Pregnancy (Include pregnancy within 3 months of death)	

Where was disease contracted? .....
Name of operation Cesarean Date 12/7/44
Major finding .....
Finding of autopsy .....

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature W. D. McCall M.D. (M. D. or other)
and Address Weiser, Idaho Date 12/9 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JAN 12 1945

Certificate Of Death

STATE OF IDAHO

State File No. 142017
Local Reg. No. 40
Reg. Dist. No. 320

1. PLACE OF DEATH:
(a) County Washington
(b) City or town Weiser
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Home ... Hospital XXX Institution ... Other place
(f) Name Hosp. or Inst. Weiser Stayed ..... days
(g) Lived in this county ..... years ..... months I days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Washington
(c) City or town Cambridge
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? ..... Outside? ✓ city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? I Day years
(h) Former residence (city, state)

3. (a) FULL NAME Keith Duane Sale

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3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) December 11 1944

8. AGE	Years	Months	Days	If less than 1 day
	00	00	1	hrs min.

9. Exact Occupation ✓ Did this work for ✓ yrs.
10. Industry or Business ✓ Date last worked ✓
11. Birthplace Weiser (City or town) Idaho (State or foreign country)
Father
12. Name Charles Sale
13. Birthplace Wilder (City or town) Idaho (State or foreign country)
Mother
14. Maiden name Juanita Jones
15. Birthplace North Bend (City or town) Oregon (State or foreign country)
16. Informant's OWN Signature Charles M Sale
and Address Cambridge, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/12/44 (Month) (Day) (Year)
(c) Place: Hillcrest Cemetery Weiser, Ida.
18. Funeral Director's OWN Signature A. S. Jones E 357
and Address Northam Chapel Weiser
19. (a) 12/12/44 (Date received and filed) (b) [signature] Marie H Shell (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH 161a

20. DATE OF DEATH (Month, Day, Year) Dec. 12 1944 19
at 4:00 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from 12/11/44 19, to 12/12/44. 19
I last saw him alive on 12/12/44 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
✓ Congenital atalectasis	24 hrs.
Due to Prematurity.	
Due to 0	
Other conditions 0 (Include pregnancy within 3 months of death)	
Where was disease contracted? 0	
Name of operation 0 Date 0	
Major finding 0	
Finding of autopsy 0	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury

23. Attendant's OWN Signature [signature] (M.D. or other)
and Address Cambridge, Ida. Midvale, Idaho Date 12/13 1944.
(For additional space, use reverse side)

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United States
Department of Commerce
Bureau of the Census

DEC 21 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 142018
Local Reg. No.
Reg. Dist. No. 322

1. **PLACE OF DEATH:** Washington
(a) County
(b) City or town Cambridge
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? x Outside? x city or town
(e) Died in a Home x Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 15 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County
(c) City or town Cambridge
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? x Outside? x city or town
(f) Citizen of what country? U S
(g) How long had deceased lived in Idaho? 15 years
(h) Former residence (city, state) Oregan

3. (a) FULL NAME F Ludwick Hahn 93d

3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex Male
5. Color or race Amr
6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) July 14 1869

8. AGE	Years	Months	Days	If less than 1 day
	75	6		hrs min.

9. Exact Occupation Farmer Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Germany (City or town) (State or foreign country)
Father
12. Name Unknown
13. Birthplace " (City or town) (State or foreign country)
Mother
14. Maiden name Ynknown
15. Birthplace " (City or town) (State or foreign country)
16. Informant's OWN Signature H. Elizabeth Long
and Address Cambridge, Idaho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year) 12 19 44
(c) Place: Wusu
18. Funeral Director's OWN Signature J. A. Hudelson
and Address Cambridge Ida
19. (a) 12/17/44 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 12/14 1944.
at 5:30 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 12/14 1944, to 12/14 1944.
I last saw him alive on 12/14 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Acute cardiac dilatation	?
Due to Chronic myocarditis	15 yrs.
Pan-carditis	
Due to	
Other conditions (Include pregnancy within 3 months of death) (Death occured before aid arrived)	

Where was disease contracted? ?
Name of operation O Date O
Major finding O
Finding of autopsy O

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature [signature] (M. D. or other)
and Address Cambridge, Ida Date 12/19/44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Dr. Schmitz

United States
Department of Commerce
Bureau of the Census

JAN 12 1945

Certificate Of Death

STATE OF IDAHO

State File No. 142019
Local Reg. No. 42
Reg. Dist. No. 32D

1. **PLACE OF DEATH:**
   (a) County Washington
   (b) City or town Weiser
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? Outside? X city or town
   (e) Died in a Home xx Hospital Institution Other place
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county 18 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Washington
   (c) City or town Weiser
   (d) Street Address or R.F.D. No. R.R. #1
   (e) Deceased lived Inside? Outside? X city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 72 years
   (h) Former residence (city, state) Boise, Idaho

3. (a) **FULL NAME** EDWIN FREDRICK HOFFER

112

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Anna
6. (c) Age of husband or wife if alive 59 years
7. Date of Birth (Month, Day, Year) November 6 1872

8. AGE	Years	Months	Days	If less than 1 day
	72	1	10	hrs min.

9. Exact Occupation Farmer — Did this work for 36 yrs.
10. Industry or Business General Farming — Date last worked 12/2/44
11. Birthplace Silver City (City or town) Idaho (State or foreign country)

Father
12. Name Fredrick Hoffer
13. Birthplace Germany (City or town) (State or foreign country)

Mother
14. Maiden name Amelia Lindabrink
15. Birthplace Saint Louis, Missouri (City or town) (State or foreign country)

16. Informant's **OWN** Signature Anna J Hoffer Wife
and Address Route #1 Weiser, Idaho

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 12-21-44 (Month) (Day) (Year)
(c) Place: Morris Hill Cem. - Boise Ida

18. Funeral Director's **OWN** Signature A. Jones #357
and Address Northam Chapel Weiser, Idaho

19. (a) 12-21-44 (Date received and filed) (b) Marietta Sleeth (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH 1626

20. **DATE OF DEATH** (Month, Day, Year) December 16 44
at 6 o'clock P M.

21. **I HEREBY CERTIFY,** That I attended deceased from 12-1-1944, to 12-16-1944
I last saw alive on 12-1-1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebral Hemorrhage	
Due to Bronchial Asthma	5 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature F A Schmitz M D (M. D. or other)
and Address Weiser, Idaho Date 12-20 19 44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 35-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Duplicate

142020

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

JAN 12 1945

State File No. 142020
Local Reg. No. 3243
Reg. Dist. No. 320

1. **PLACE OF DEATH:**
   (a) County Washington
   (b) City or town Weiser
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? X Outside? city or town
   (e) Died in a Home Hospital XX Institution Other place
   (f) Name Hosp. or Inst. Weiser Stayed 4 days
   (g) Lived in this county years months 4 days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Oregon (b) County Baker
   (c) City or town Huntington
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? X Outside? city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 00000 years
   (h) Former residence (city, state) Hunt. Ore. 41 yrs.

3. (a) **FULL NAME** Fannie Wheeler Putnam

83a

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Myers
6. (c) Age of husband or wife if alive 75 years
7. Date of Birth (Month, Day, Year) August 28 1869

8. AGE	Years	Months	Days	If less than 1 day
	75	3	24	hrs min.

9. Exact Occupation Housewife — Did this work for Life yrs.
10. Industry or Business Home — Date last worked 11/22/44
11. Birthplace Jasper Co. Illinois (City or town) (State or foreign country)

Father
12. Name Albert Wheeler
13. Birthplace Don't Know (City or town) (State or foreign country)

Mother
14. Maiden name Julia Ann Carter
15. Birthplace Virginia (City or town) (State or foreign country)

16. Informant's **OWN** Signature Jess L. Person Daug.
and Address Huntington, Oregon

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 12/26/44 (Month) (Day) (Year)
(c) Place: Huntington, Oregon

18. Funeral Director's **OWN** Signature C. L. Jones E.357
and Address Northam Chapel, Weiser, Idaho

19. (a) 12-26-44 (Date received and filed) (b) Marie N. Stuehl (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH 1696

20. **DATE OF DEATH** (Month, Day, Year) December 22 1944
at 4:45 o'clock A. M.

21. **I HEREBY CERTIFY,** That I attended deceased from 12-18-1944, to 12-22-1944
I last saw her alive on 12-22-1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Carcinoma of Stomach.	6 days
✓ Due to senility.	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature Fa Kinney M D (M. D. or other)
and Address Weiser, Idaho Date 12-24 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

JAN 12 1945

State File No. 142021
Local Reg. No. 44
Reg. Dist. No. 320

1. PLACE OF DEATH:
(a) County Washington
(b) City or town Weiser
(c) Street Address or R. F. D. No.
(d) Death Occured Inside? X Outside? city or town
(e) Died in a Home Hospital Institution Other place X.
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 17 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Washington
(c) City or town Weiser
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? 17 years
(h) Former residence (city, state) Imp. Valley, Calif or

3. (a) **FULL NAME** CLARENCE RAYMOND NICKERSON

932

3. (b) If veteran, name war None
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Edith
6. (c) Age of husband or wife if alive 52 years
7. Date of Birth (Month, Day, Year) March 8 1885

8. AGE	Years	Months	Days	If less than 1 day
	59	9	13	hrs min.

9. Exact Occupation Helper — Did this work for 3 Mo. yrs.
10. Industry or Business Bakery — Date last worked 12/21/44
11. Birthplace Davenport, Custer Co., Iowa (City or town) (State or foreign country)

Father
12. Name John Nickerson
13. Birthplace Iowa (City or town) (State or foreign country)

Mother
14. Maiden name Don't Know
15. Birthplace (City or town) (State or foreign country)

16. Informant's **OWN** Signature H. A. Mitchell Step Son
and Address 6204 N. Syrcause, Portland, Ore.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/27/44 (Month) (Day) (Year)
(c) Place: Hillcrest Cemetery Weiser, Idaho

18. Funeral Director's **OWN** Signature A. L. Jones #357
and Address Northam Chapel, Weiser, Idaho

19. (a) 12-24-44 (Date received and filed) (b) Marie H. Stull (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

94a

20. **DATE OF DEATH** (Month, Day, Year) December 22 1944
at 7:00 o'clock A. M.

21. I HEREBY CERTIFY, That I attended deceased from Dec. 7th 1944 to Dec. 22nd 1944
I last saw alive on Dec. 21st 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Coronary Thrombosis	
✓ Due to Angina Pectoris	
Chronic Myocarditis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature M. S. McGrath M.D. (M. D. or other)
and Address Weiser, Idaho Date 12-27 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

JAN 12 1945

State File No. 142022
Local Reg. No. 45
Reg. Dist. No. 320

1. **PLACE OF DEATH:**
   (a) County Washington
   (b) City or town Weiser
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? X Outside? city or town
   (e) Died in a Home Hospital X Institution Other place
   (f) Name Hosp. or Inst Weiser Hosp. Stayed 8 days
   (g) Lived in this county 33 years 5 months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Wash.
   (c) City or town Weiser
   (d) Street Address or R.F.D. No. Vendome Hotel
   (e) Deceased lived Inside? X Outside? city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 33 years
   (h) Former residence (city, state) Okla. or Tenn.

3. (a) **FULL NAME** JAMES O. TIPTON

13 lb

3. (b) If veteran, name war None
3. (c) Social Security No. None Known
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife Ruby Marble
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) October 21 1872

8. AGE	Years	Months	Days	If less than 1 day
	72	2	2	hrs min.

9. Exact Occupation Plasterer — Did this work for 25 yrs.
10. Industry or Business Building Trades — Date last worked 1937
11. Birthplace Knox County (City or town) Tennessee (State or foreign country)

Father
12. Name George Tipton
13. Birthplace Don't Know (City or town) (State or foreign country)

Mother
14. Maiden name Amanda Kidd Tipton
15. Birthplace Don't Know (City or town) (State or foreign country)

16. Informant's **OWN** Signature Relief Office Records
and Address Court House, Weiser, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/28/44 (Month) (Day) (Year)
(c) Place: Hillcrest Cemetery Weiser, Idaho

18. Funeral Director's **OWN** Signature A. S. Jones #357
and Address Northam Chapel, Weiser, Idaho

19. (a) 1-2-45 (Date received and filed) (b) Marie H. Shull (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) December 23 1944
at 7:00 o'clock P.M.

21. **I HEREBY CERTIFY**, That I attended deceased from 12-1- 1943, to 12-23- 1944
I last saw h— alive on 12-23 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Bright's Disease.	3 yrs.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature F. A. Schmidt M.D. (M. D. or other)
and Address Weiser, Idaho Date 12-27 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JAN 12 1945

Certificate Of Death

STATE OF IDAHO

State File No. 142023
Local Reg. No. 46
Reg. Dist. No. 320

1. PLACE OF DEATH:
(a) County Washington
(b) City or town Weiser
(c) Street Address or R.F.D. No. 1101 North State
(d) Death Occured Inside? x Outside? ..... city or town
(e) Died in a Home x Hospital ..... Institution ..... Other place .....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 55 years 7 months 28 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Washington
(c) City or town Weiser
(d) Street Address or R.F.D. No. 1101 N. State
(e) Deceased lived Inside? x Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 55 years
(h) Former residence (city, state) .....

3. (a) FULL NAME Ella J. De Spain

938

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Charles .....
6. (c) Age of husband or wife if alive Deceased years
7. Date of Birth (Month, Day, Year) April 29 1889

8. AGE	Years	Months	Days	If less than 1 day hrs	min.
	55	7	28		

9. Exact Occupation Housewife — Did this work for Life yrs.
10. Industry or Business Home — Date last worked 11/1/43
11. Birthplace Weiser (City or town) Idaho (State or foreign country)

Father
12. Name Joseph Wood Campbell
13. Birthplace ..... Indiana (City or town) (State or foreign country)

Mother
14. Maiden name Minerva Frances Taylor
15. Birthplace ..... Iowa (City or town) (State or foreign country)

16. Informant's **OWN** Signature x Mrs E S Jones
and Address 1101 North State. Weiser, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/29/44 (Month) (Day) (Year)
(c) Place: Hillcrest Cem. Weiser, Idaho

18. Funeral Director's **OWN** Signature E S Jones #357
and Address Northam Chapel Weiser, Idaho

19. (a) 12-27-44 (Date received and filed) (b) Marie H Shull (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Dec 27 19 44
at 1:30 o'clock P M.

21. **I HEREBY CERTIFY**, That I attended deceased from Dec 1 - 1944, to Dec. 27 1944
I last saw h[illegible] alive on 12-26 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Chronic myocardial [illegible] — Duration 10 yrs
Due to .....
Due to .....
Other conditions (Include pregnancy within 3 months of death) .....
Where was disease contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature T A Schmidt M.D. (M. D. or other)
and Address Weiser Ida Date 12-27 1944
(For additional space, use reverse side)

United States
Department of Commerce
Bureau of the Census

JAN 5 1945

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 142024
Local Reg. No.
Reg. Dist. No. 322

1. **PLACE OF DEATH:** Washington
   (a) County
   (b) City or town Midvale
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? Outside? X city or town
   (e) Died in a Home X Hospital Institution Other place
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county 15 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Washingt
   (c) City or town Midvale
   (d) Street Address or R. F. D. No.
   (e) Deceased lived Inside? Outside? X city or town
   (f) Citizen of what country? U S
   (g) How long had deceased lived in Idaho? 15 years
   (h) Former residence (city, state) Washington

3. (a) FULL NAME John Wesley Ovens

83a

3. (b) If veteran, name war no
3. (c) Social Security No. No
4. Sex Male
5. Color or race Amr
6. (a) Single, widowed, married, divorced Devirsed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Feb 11 1864

8. AGE	Years	Months	Days	If less than 1 day
	84	11	18	hrs min.

9. Exact Occupation Farmer Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace anascillin (City or town) Ireland (State or foreign country)

Father
12. Name William Ovens
13. Birthplace Ireland (City or town) (State or foreign country)

Mother
14. Maiden name Stinson
15. Birthplace Ireland (City or town) (State or foreign country)

16. Informant's OWN Signature A. L. Ovens
and Address Waitsburg Washington
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: Winnes 1 3 45
18. Funeral Director's OWN Signature J. A. Hudelson
and Address Cambridge Ida
19. (a) 1/3/45 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH 97

20. **DATE OF DEATH** (Month, Day, Year) 12/29/44. 19
at 9:00 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 12/29/44 19, to 12/29/44 19
I last saw him alive on 12/29/44 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebral Hemorrhage	2 hrs.
Due to Arterio-sclerosis	?
Due to Senile change	?
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature [signature] (M. D. or other)
and Address Cambridge, Ida. Date 1/3/45 19
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

142050

United States
Department of Commerce
Bureau of the Census JAN 22 19[illegible]

Certificate Of Death

STATE OF IDAHO

State File No. [illegible]
Local Reg. No.
Reg. Dist. No. 322.

1. PLACE OF DEATH:
(a) County Washington
(b) City or town Midvale
(c) Street Address or R.F.D. No. R.F.D. #1
(d) Death Occured Inside? ..... Outside? X city or town
(e) Died in a Home X Hospital ..... Institution ..... Other place .....
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 63 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Washington
(c) City or town Midvale
(d) Street Address or R.F.D. No. R.F.D. #1
(e) Deceased lived Inside? ..... Outside? X city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 63 years
(h) Former residence (city, state) Princeton, Mo.

3. (a) FULL NAME FRANK TOWELL

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Nellie
6. (c) Age of husband or wife if alive 64 years
7. Date of Birth (Month, Day, Year) November 12 1877

8. AGE	Years	Months	Days	If less than 1 day
	68	1	6	hrs min.

9. Exact Occupation Rancher Did this work for 63 yrs.
10. Industry or Business General Ranching Date last worked 1936
11. Birthplace Princeton (City or town) Missouri (State or foreign country)
Father
12. Name Alexander Towell
13. Birthplace Indiana (City or town) (State or foreign country)
Mother
14. Maiden name Emily Fletcher
15. Birthplace Wisconsin (City or town) (State or foreign country)
16. Informant's OWN Signature Eva Qualls
and Address R.F.D. #1 Midvale, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/22/44 (Month) (Day) (Year)
(c) Place: Keithley Creek Cem. Midvale, Idaho
18. Funeral Director's OWN Signature [signature] #357
and Address Northam Chapel Weiser, Idaho
19. (a) 12/22/44 (Date received and filed) (b) [signature] (Registrar's signature)

94a
59b

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) December 18 1944
at 6:15 o'clock P.M.
21. **I HEREBY CERTIFY,** That I attended deceased from 12/18/44 19..., to 12/18/44 19...
I last saw h..... alive on ..... 19...; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
94a Coronary Occlusion	?
✓ Due to (Death occured before	aid
Due to arrived)	
Other conditions Arthritis-chronic 59b (Include pregnancy within 3 months of death)	

Where was disease contracted? ?
Name of operation 0 Date 0
Major finding 0
Finding of autopsy 0

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's OWN Signature [signature] Council, Ida. (M. D. or other)
and Address Cambridge, Idaho Date 12-22 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JAN 22 1945

CERTIFICATE OF DEATH
STATE OF IDAHO

14-061

State File No. 142061
Local Reg. No. 7
Reg. Dist. No. 7-2

1. **PLACE OF DEATH:**
   (a) County Bear Lake
   (b) City or town Montpelier
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? # Outside? city or town
   (e) Died in a Home Hospital # Institution Other place
   (f) Name Hosp. or Inst. Bear Lake Stayed 7 days
   (g) Lived in this county 61 years 0 months 27 days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under Item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Bear Lake
   (c) City or town Montpelier
   (d) Street Address or R. F. D. No.
   (e) Deceased lived Inside? # Outside? city or town
   (f) Citizen of what country? USA
   (g) How long had deceased lived in Idaho? 61 years
   (h) Former residence (city, state) Montpelier, Ida.

3. (a) **FULL NAME** Samuel James Irving

3. (b) If veteran, name war None
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife Minnie H. Irving
6. (c) Age of husband or wife if alive 53 years
7. Date of Birth (Month, Day, Year) Dec. 3, 1883

8. AGE	Years	Months	Days	If less than 1 day
	61	0	27	hrs min.

9. Exact Occupation RR Car Inspector — Did this work for ____ yrs.
10. Industry or Business Rail Road — Date last worked
11. Birthplace Montpelier, Idaho (City or town) (State or foreign country)

Father
12. Name William Irving
13. Birthplace Scotland (City or town) (State or foreign country)

Mother
14. Maiden name Rebeccah Williams
15. Birthplace Weles (City or town) (State or foreign country)

16. Informant's OWN Signature Minnie Irving
and Address Montpelier, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 3, 1945 (Month) (Day) (Year)
(c) Place Montpelier, Idaho

18. Funeral Director's OWN Signature
and Address Montpelier, Idaho

19. (a) Jan 9, 1945 (Date received and filed) (b) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Dec. 30, 1944 19__
at 8:25 o'clock A. M.

21. **I HEREBY CERTIFY,** That I attended deceased from Dec 20 1944 to Dec 30 1944
I last saw h__ alive on ____ 19__; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Acute Coronary embolism	10 days
Due to Rheumatic heart dis.	10 yrs.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ____ Date ____
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19__ City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's OWN Signature R B Lindsay, M.D. (M. D. or other)
and Address Montpelier Date 1-17 1945

(For additional space, use reverse side)

142063

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 142063
Local Reg. No.
Reg. Dist. No. 520

1. **PLACE OF DEATH:**
(a) County Caribou
(b) City or town Soda Springs
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? ..... city or town
(e) Died in a Home X Hospital ..... Institution ..... Other place
(f) Name Hosp. or Inst. ..... Stayed ..... days
(g) Lived in this county 20 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Ida (b) County Caribou
(c) City or town Soda Springs
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? ..... city or town
(f) If foreign born, in U. S. ..... yrs. Citizen of U. S.? yes
(g) How long had deceased lived in Idaho? 26 years
(h) Former residence (city, state)

3. (a) **FULL NAME** John Franklin Shillinger John Franklin Shillinger 30b

3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Jennie Shillinger
6. (c) Age of husband or wife if alive 57 years
7. Date of Birth (Month, Day, Year) June 25 1870

8. AGE	Years	Months	Days	If less than 1 day
	74	4	1	hrs min.

9. Exact Occupation Painter Did this work for 40 yrs.
10. Industry or Business Gen'l Painting Date last worked 1940
11. Birthplace New Mexico (City or town) (State or foreign country)
Father
12. Name Chris Shillinger
13. Birthplace Unknown (City or town) (State or foreign country)
Mother
14. Maiden name Unknown
15. Birthplace Unknown (City or town) (State or foreign country)
16. Informant's **OWN** Signature [illegible] and Address Soda Springs Ida
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-29-44 (Month) (Day) (Year)
(c) Place: Soda Springs Ida
18. Funeral Director's **OWN** Signature E. L. Hartman and Address Soda Springs Ida
19. (a) Dec. 1, 1944 (Date received and filed) (b) Dr Russell Tigert (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH 78a

20. **DATE OF DEATH** (Month, Day, Year) Oct 26 1944 at 3 o'clock P M. Oct. 26
21. **I HEREBY CERTIFY,** That I attended deceased from ..... 19 ..... to Oct 26 1944
I last saw him alive on Oct 26 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Spinal sclerosis with paresis	5 yrs
Due to Chronic lead poisoning	
Due to	10 yrs.
Other conditions (Include pregnancy within 3 months of death)	

Where was disease first contracted? Soda Sprgs Ida
Name of operation none Date
Major finding
Finding of autopsy none made

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury

23. Attendant's **OWN** Signature Russell Tigert (M. D. ~~or other~~)
and Address Soda Springs Date 10-26 1944
(For additional space, use ~~reverse~~ side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

142071

United States
Department of Commerce FEB 6 1945
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 142071
Local Reg. No. 96
Reg. Dist. No. 110

1. **PLACE OF DEATH:**
(a) County Bonner
(b) City or town Sandpoint
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. Community Stayed 3 days
(g) Lived in this county 40 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bonner
(c) City or town Sandpoint
(d) Street Address or R. F. D. No. 716 N 5th
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? U. S. A.
(g) How long had deceased lived in Idaho? 40 years
(h) Former residence (city, state) Wisconsin

3. (a) **FULL NAME** Christina Nygard Johnson

3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife John
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) August 30, 1860

8. AGE	Years	Months	Days	If less than 1 day
	84	4	00	hrs min.

9. Exact Occupation Housewife Did this work for Many yrs.
10. Industry or Business Home Date last worked July
11. Birthplace Skaragotland, Sweden (City or town) (State or foreign country)
Father
12. Name John Nygard
13. Birthplace Sweden (City or town) (State or foreign country)
Mother
14. Maiden name Anna Johnson
15. Birthplace Sweden (City or town) (State or foreign country)
16. Informant's OWN Signature Mrs Larry Kjera
and Address 716 N 5th Ave Sandpoint, Ida.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/3/45 (Month) (Day) (Year)
(c) Place: Pinecrest Cemetery
18. Funeral Director's OWN Signature MOON MORTUARY [signature]
and Address SANDPOINT, IDAHO
19. JAN 3 1945 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) December 30 1944
at 7 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from Dec 15 1944 to Dec 30 1944
I last saw her alive on Dec 30 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Chronic myocarditis	2 yr
Due to Arteriosclerosis	5 yr
Due to	
Other conditions Thrombosis arteries (Include pregnancy within 3 months of death)	
Back & legs	2 weeks

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature Wm F Tyler MD (M. D. or other)
and Address Sandpoint, Idaho Date 1-3 1945
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

142082

State File No. 142082
Local Reg. No. 3
Reg. Dist. No. 361

FEB 8 1945

1. **PLACE OF DEATH:**
   (a) County Canyon
   (b) City or town Caldwell
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home.... Hospital.... Institution.... Other place X
   (f) Name Hosp. or Inst. ..... Stayed ..... days
   (g) Lived in this county 7 years ..... months ..... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Canyon
   (c) City or town Caldwell
   (d) Street Address or R.F.D. No. 3
   (e) Deceased lived Inside? ..... Outside? X city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 7 years
   (h) Former residence (city, state)

3. (a) **FULL NAME** JOHN PETER BERKENBILE

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ruby
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) Nov. 8, 1883

8. AGE	Years	Months	Days	If less than 1 day
	61	1	16	hrs min.

9. Exact Occupation Laborer — Did this work for ..... yrs.
10. Industry or Business Farmer — Date last worked Dec 23-44
11. Birthplace Margan County, Missouri (City or town) (State or foreign country)

Father
12. Name John H. Berkenbile
13. Birthplace Unknown (City or town) (State or foreign country)

Mother
14. Maiden name Kathryn Hunt
15. Birthplace Iowa (City or town) (State or foreign country)

16. Informant's **OWN** Signature Ruby Berkenbile
and Address Route 3, Caldwell, Idaho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/3/45 (Month) (Day) (Year)
(c) Place: Canyon Hill Cemetery, Caldwell
18. Funeral Director's **OWN** Signature [signature]
and Address 504 So. Kimball Ave., Caldwell
19. (a) 1-15-45 (Date received and filed) (b) Agnes M Denman (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Dec. 24, 1944
at 12:30 o'clock A.M.
21. **I HEREBY CERTIFY,** That I attended deceased from ..... 19....., to ..... 19.....
I last saw h..... alive on ..... 19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Shock — Duration
by falling from Railroad
~~Due to~~ bridge to Concrete foundation 12 ft. below.
Due to Probably - to dark to see
~~Other conditions~~ where he was stepping.
(Include pregnancy within 3 months of death)

Where was disease contracted?
Name of operation ..... Date .....
Major finding
Finding of autopsy No.

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? X Suicide? ..... Homicide? .....
Occurred Dec 24 1944 City, county, state where violence occurred Caldwell Idaho
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? No.
Means of injury Stated above.
23. Attendant's **OWN** Signature Wm D Talley (M. D. or Coroner)
and Address Nampa Ida. Date 1-4 1945
(For additional space, use reverse side)

United States
Department of Commerce
Bureau of the Census JAN 22 1945

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 142176
Local Reg. No. 5J2
Reg. Dist. No. 5J2

1. **PLACE OF DEATH:**
(a) County Bear Lake
(b) City or town Ovid
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? # Outside? city or town
(e) Died in a Home # Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 70 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bear Lake
(c) City or town Ovid
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? # Outside? city or town
(f) Citizen of what country? USA
(g) How long had deceased lived in Idaho? 70 years
(h) Former residence (city, state)

3. (a) **FULL NAME** Elizabeth Ann Skinner Sorenson

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife John Sorenson
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Aug. 2, 1863

8. AGE	Years	Months	Days	If less than 1 day
	81	4	18	hrs min.

9. Exact Occupation Merchant & Post Mistress Did this work for 61 yrs.
10. Industry or Business Date last worked
11. Birthplace Oakfield, New York (City or town) (State or foreign country)
Father
12. Name John Skinner
13. Birthplace England (City or town) (State or foreign country)
Mother
14. Maiden name Jane Smith
15. Birthplace England (City or town) (State or foreign country)
16. Informant's OWN Signature Mary A. Peterson
and Address Ovid, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 23, 1944 (Month) (Day) (Year)
(c) Place: Ovid, Idaho
18. Funeral Director's OWN Signature [signature]
and Address Montpelier, Idaho
19. (a) Dec 23 1944 (Date received and filed) (b) [signature] (Registrar's signature)

131a
93d

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Dec. 20 1944
at 1:55 o'clock P. M.
21. **I HEREBY CERTIFY,** That I attended deceased from Nov 4 1944, to Dec 20 1944
I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Myocardial failure	1 yr
Due to Senility	
Due to Cardio vascular Renal Dis.	15 yrs
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature R B Lindsay, M.D. (M. D. or other)
and Address Montpelier Date 1-17 1945
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JAN 22 1945

Certificate Of Death

STATE OF IDAHO

State File No. 142200
Local Reg. No. 25-44
Reg. Dist. No. 1 1 2

1. PLACE OF DEATH:

(a) County Bonner
(b) City or town Priest River
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? Outside? X city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 44 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

(a) State Idaho (b) County Bonner
(c) City or town Priest River
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? Outside? X city or town
(f) Citizen of what country? U. S. A.
(g) How long had deceased lived in Idaho? 44 years
(h) Former residence (city, state)

3. (a) FULL NAME Mae E.P. Young

3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex Female
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife George Young
6. (c) Age of husband or wife if alive 84 years
7. Date of Birth (Month, Day, Year) February 2. 1860

8. AGE	Years	Months	Days	If less than 1 day
	84	10	12	hrs min.

9. Exact Occupation Housewife — Did this work for yrs.
10. Industry or Business own home — Date last worked Nov.44
11. Birthplace Bennington. Vermont (City or town) (State or foreign country)

Father
12. Name Wm. Peyton
13. Birthplace unkown (City or town) (State or foreign country)

Mother
14. Maiden name unkown
15. Birthplace unkown (City or town) (State or foreign country)

16. Informant's OWN Signature Mae Y. Wiley
and Address Priest River, Ida.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 12-18-44 (Month) (Day) (Year)
(c) Place: Priest River, Idaho

18. Funeral Director's OWN Signature L. F. Moon
and Address Sandpoint. Idaho

19. (a) Dec. 16.1944 (Date received and filed) (b) F. A. Manch (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) December 14 1944
at 4:00 o'clock P M.

21. I HEREBY CERTIFY, That I attended deceased from Dec. 12 1944, to Dec. 14 1944
I last saw her alive on Dec. 14 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Bronchial Pneumonia	2 days
Due to Malnutrition	4 years
Due to Senility	
Other conditions (Include pregnancy within 3 months of death)	15 years

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's OWN Signature Leslie J. Stauffer, M.D. (M. D. or other)
and Address Priest River, Ida. Date 12-15 1944
(For additional space, use reverse side)

142201

United States
Department of Commerce
Bureau of the Census

JAN 22 1945

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No. 26-44
Reg. Dist. No. 11-2

1. **PLACE OF DEATH:**
(a) County Bonner
(b) City or town Newport
(c) Street Address or R. F. D. No. R.F.D.
(d) Death Occurred Inside? Outside? X city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 38 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bonner
(c) City or town Newport
(d) Street Address or R. F. D. No. R.F.D.
(e) Deceased lived Inside? Outside? X city or town
(f) Citizen of what country? Sweden
(g) How long had deceased lived in Idaho? 38 years
(h) Former residence (city, state)

3. (a) **FULL NAME** John Bergstrom

1860
83a

3. (b) If veteran, name war No
3. (c) Social Security No. 518-05-3282
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) February 28, 1874

8. AGE	Years	Months	Days	If less than 1 day
	70	9	21	hrs min.

9. Exact Occupation Scaler — Did this work for Life yrs.
10. Industry or Business Logging — Date last worked 1941
11. Birthplace Sweden (City or town) (State or foreign country)

Father
12. Name Otto Pearsen
13. Birthplace Sweden (City or town) (State or foreign country)

Mother
14. Maiden name Marie Jonson
15. Birthplace Sweden (City or town) (State or foreign country)

16. Informant's OWN Signature Mallard Bergstrom
and Address Newport, Idaho.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Dec. 19, 1944 (Month) (Day) (Year)
(c) Place: Sandpoint, Idaho.
18. Funeral Director's OWN Signature MOON MORTUARY
and Address SANDPOINT, IDAHO
19. (a) 12-19-1944 (Date received and filed) (b) F. A. Worsch (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) December 19, 1944
at 1:15 o'clock A. M.

21. **I HEREBY CERTIFY,** That I attended deceased from ____ 19____, to ____ 19____
I last saw h____ alive on ____ 19____; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Concussion Brain.	
Brain Hemorrhage.	
Due to Accidental fall down stairs, in dwelling.	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? yes Suicide? Homicide?
Occurred dec. 19, 1944 19____ City, county, state where violence occurred Newport, Bonner Co. Ida
Place of Violence: Home yes Farm Industry
Public Place While at work? no
Means of injury fell down stairs on head

23. Attendant's OWN Signature [signature] CORONER (M. D. or other)
and Address Sandpoint, Ida Date 12-19 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Huff
JAN 22 1945

Certificate Of Death

STATE OF IDAHO

State File No. 142202
Local Reg. No. 27-44
Reg. Dist. No. 112

1. **PLACE OF DEATH:**
   (a) County Bonner
   (b) City or town Priest River
   (c) Street Address or R.F.D. No. Coolin Route
   (d) Death Occured Inside? ..... Outside? x city or town
   (e) Died in a Home x Hospital.... Institution.... Other place....
   (f) Name Hosp. or Inst..... Stayed.....days
   (g) Lived in this county 46 years .....months .....days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Bonner
   (c) City or town Priest River
   (d) Street Address or R.F.D. No. Coolin Route
   (e) Deceased lived Inside? ..... Outside? x city or town
   (f) Citizen of what country? U. S. A.
   (g) How long had deceased lived in Idaho? 46 years
   (h) Former residence (city, state) .....

3. (a) **FULL NAME** Sarah Elizabeth Huff

3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Calvin H. Huff
6. (c) Age of husband or wife if alive 76 years
7. Date of Birth (Month, Day, Year) October 4. 1880

8. AGE	Years	Months	Days	If less than 1 day
	64	2	26	hrs ..... min.

9. Exact Occupation Housewife — Did this work for 45 yrs.
10. Industry or Business Own home — Date last worked 10/5/44
11. Birthplace Bannock City (City or town) Montana (State or foreign country)

Father
12. Name Thomas N. Brown
13. Birthplace Unknown (City or town) England (State or foreign country)

Mother
14. Maiden name Elizabeth Mead
15. Birthplace Unknown (City or town) Wisconsin (State or foreign country)

16. Informant's **OWN** Signature Myrtle A. Frater
and Address Marysville, Wash.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/3/45 (Month) (Day) (Year)
(c) Place: Priest River Cemetary
18. Funeral Director's **OWN** Signature H. B. Moon
and Address Sandpoint. Idaho
19. (a) Jan. 1/45 (Date received and filed) (b) H. A. Mouch (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Dec. 30 19 44
at 5 : 00 o'clock P. M.

21. **I HEREBY CERTIFY,** That I attended deceased from Dec. 1 1944 to Dec 30 1944
I last saw her alive on Dec. 15 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
1 myocardial degeneration	4 years
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ..... Date .....
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury

23. Attendant's **OWN** Signature Leslie J. Stauffer, M.D. (M. D. or other)
and Address Priest River, Idaho Date 12-31 1944
(For additional space, use reverse side)

250

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 142210
Local Reg. No. 287
Reg. Dist. No. 610

FEB 12 1945

1. PLACE OF DEATH:
(a) County Bonneville
(b) City or town Idaho Falls
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? X Outside? city or town
(e) Died in a Home. Hospital X Institution Other place
(f) Name Hosp. or Inst. Sacred Heart Stayed 1 days
(g) Lived in this county 60 years 3 months ? days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Bonneville
(c) City or town Idaho Falls
(d) Street Address or R.F.D. No. 430 Cliff St
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? United States
(g) How long had deceased lived in Idaho? 60 years
(h) Former residence (city, state) Manti, Utah

3. (a) FULL NAME ELIZABETH MARKER

131 l

3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Alma Marker
6. (c) Age of husband or wife if alive 85 years
7. Date of Birth (Month, Day, Year) November 13, 1862

8. AGE	Years	Months	Days	If less than 1 day
	82	1	15	hrs min.

9. Exact Occupation Housewife Did this work for 63 yrs.
10. Industry or Business At home Date last worked 12/26/44
11. Birthplace Moroni (City or town) Utah (State or foreign country)
Father
12. Name Hans Larsen
13. Birthplace Denmark (City or town) (State or foreign country)
Mother
14. Maiden name Ane Marie Jorgensen
15. Birthplace Denmark (City or town) (State or foreign country)
16. Informant's OWN Signature M. F. Marker
and Address Idaho Falls, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 31, 1944 (Month) (Day) (Year)
(c) Place: Idaho Falls, Idaho, Rose Hill
18. Funeral Director's OWN Signature Aland E. Buck
and Address Idaho Falls, Idaho
19. (a) 1-11-45 (Date received and filed) (b) Anna Bridges (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

83a

20. DATE OF DEATH (Month, Day, Year) December 28 1944
at 5:00 o'clock A. M.
21. I HEREBY CERTIFY, That I attended deceased from 12/27 1944, to 12/28 1944
I last saw her alive on 12/27 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration
1 Apoplexy
Due to
Due to
Other conditions Chronic Nephritis
(Include pregnancy within 3 months of death)
Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature A. R. Sodergren M.D. (M. D. or other)
and Address Idaho Falls Ida. Date 1/9 1945
(For additional space, use reverse side)

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Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

FEB 8 1945

Certificate Of Death

STATE OF IDAHO

State File No. 142237
Local Reg. No. 1
Reg. Dist. No. 360

1. PLACE OF DEATH:
(a) County Canyon
(b) City or town Caldwell
(c) Street Address or R.F.D. No. 824 Denver
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Home X Hospital ..... Institution ..... Other place .....
(f) Name Hosp. or Inst. Pennington's Stayed ..... days
(g) Lived in this county 15 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Caldwell
(d) Street Address or R.F.D. No. 824 Denver
(e) Deceased lived Inside? X Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 24 years
(h) Former residence (city, state) North Dakota

3. (a) FULL NAME ADA ANN HOLLEY

131a

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Fem. 5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Frank
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) June 12, 1861

8. AGE	Years	Months	Days	If less than 1 day
	83	5	26	hrs min.

9. Exact Occupation Housekeeping Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Eldorado, Wisconsin (City or town) (State or foreign country)
Father 12. Name Marcy
13. Birthplace Unknown (City or town) (State or foreign country)
Mother 14. Maiden name Unknown
15. Birthplace Unknown (City or town) (State or foreign country)
16. Informant's OWN Signature Allen M. Green
and Address P.O.Box 762, Caldwell, Ida.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/6/44 (Month) (Day) (Year)
(c) Place: Canyon Hill Cemetery, Caldwell
18. Funeral Director's OWN Signature [signature]
and Address 504 So. Kimball Ave., Caldwell
19. (a) 1-15-45- (Date received and filed) (b) Agnes M Denman (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Dec. 3, 1944
at 12:05 o'clock P.M.
21. **I HEREBY CERTIFY,** That I attended deceased from June 1943, to Dec 1 1944
I last saw her alive on Dec 1 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cardio-renal-vascular disease	?
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation ..... Date	
Major finding	
Finding of autopsy	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's OWN Signature R. F. Ross M.D. (M. D. or other)
and Address Caldwell Ida Date Dec 9 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

FEB 8 1945

Certificate Of Death

STATE OF IDAHO

State File No. 142238
Local Reg. No. 13
Reg. Dist. No. 360

1. **PLACE OF DEATH:**
(a) County Canyon
(b) City or town Caldwell
(c) Street Address or R.F.D. No. 818 Logan St.
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Home.... Hospital X Institution.... Other place....
(f) Name Hosp. or Inst. Cald. San. Stayed ..... days
(g) Lived in this county 34 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Caldwell
(d) Street Address or R.F.D. No. 2011 Cleveland
(e) Deceased lived Inside? X Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 34 years
(h) Former residence (city, state) Chicago, Ill.

3. (a) **FULL NAME** META ULRICH VOIGHT

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Fem.
5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Herman Voight
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) Feb. 8, 1870

8. AGE	Years	Months	Days	If less than 1 day
	74	10	0	hrs min.

9. Exact Occupation Housekeeping Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Madgeburg, (City or town) Germany (State or foreign country)
Father
12. Name Henry Ulrich
13. Birthplace ..... (City or town) Germany (State or foreign country)
Mother
14. Maiden name Unknown
15. Birthplace ..... (City or town) Germany (State or foreign country)
16. Informant's **OWN** Signature Anna E. Purkhiser
and Address 2011 Cleveland, Caldwell, Ida.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/12/44 (Month) (Day) (Year)
(c) Place: Canyon Hill Cemetery
18. Funeral Director's **OWN** Signature V. Peckham
and Address 504 So. Kimball Ave., Caldwell
19. (a) 1-31-45 (Date received and filed) (b) Agnes M Denman (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Dec. 8, 1944
at 6:00 o'clock P.M.
21. **I HEREBY CERTIFY**, That I attended deceased from Sept 4 1941, to Dec 8 1944
I last saw her alive on Dec 8 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Carcinoma Colon	6 mo
Sinus Tenor	6 mo
Due to Arthritis	19
Due to Nephritis	4 yrs
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? ✓
Name of operation ✓ Date ✓
Major finding ✓
Finding of autopsy ✓

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ✓ Suicide? ✓ Homicide? ✓
Occurred ✓ 19..... City, county, state where violence occurred ✓
Place of Violence: Home ✓ Farm ..... Industry ✓
Public Place ✓ While at work? ✓
Means of injury ✓
23. Attendant's **OWN** Signature [signature] (M. D. or other)
and Address [illegible] Date 12-30 1944
(For additional space, use reverse side)

.30

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JAN 8 1945

Certificate Of Death

STATE OF IDAHO

State File No. 142239
Local Reg. No. 230
Reg. Dist. No. 363

1. **PLACE OF DEATH:**
(a) County Canyon
(b) City or town Nampa
(c) ~~Street Address~~ or R.F.D. No. 3
(d) Death Occured Inside? ~~Outside~~? city ~~or town~~
(e) Died in a ~~Home~~ Hospital ~~Institution~~ ~~Other place~~
(f) Name Hosp. or Inst. Samaritan Stayed 20 days
(g) Lived in this county 3 years 6 months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Nampa Ida
(d) Street Address or R.F.D. No. 3
(e) Deceased lived Inside? ~~Outside~~? city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 3 1/2 years
(h) Former residence (city, state) Kansas

3. (a) **FULL NAME** Elizabeth Schlatter

3. (b) If veteran, name war ✓
3. (c) Social ~~Security~~ No.
4. Sex Fem
5. Color or race W
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife —
6. (c) Age of husband ~~or~~ wife if alive years
7. Date of Birth (Month, Day, Year) May 14 - 1851

8. AGE	Years	Months	Days	If less than 1 day
	93	6	28 #	hrs min.

9. Exact Occupation Housekeeper Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Ohio (City or town) (State or foreign country)
Father 12. Name Grasser
13. Birthplace (City or town) (State or foreign country)
Mother 14. Maiden name No record
15. Birthplace (City or town) (State or foreign country)
16. Informant's **OWN** Signature E.E. Schlatter
and Address Nampa, Ida
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 12-15-1944 (Month) (Day) (Year)
(c) Place: L.A. Calif 12/15/44
18. Funeral Director's **OWN** Signature F.K. Robinson
and Address Nampa Ida
19. (a) Dec. 15-1944 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH 1626

20. **DATE OF DEATH** (Month, Day, Year) 12-12 1944
at 12 o'clock M.
21. **I HEREBY CERTIFY,** That I attended deceased from 11-18 1944, to 12-12 1944
I last saw her alive on 12-11 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Hypostatic Pneumonia	3da
Due to Congestion to bed. Quality	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature J. C. Horton (M. D. or other)
and Address 12-13-44 Date 19
(For additional space, use reverse side)
Nampa Idaho

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 142240
Local Reg. No. 14
Reg. Dist. No. 360

FEB 8 1945

1. **PLACE OF DEATH:**
   (a) County Canyon
   (b) City or town Caldwell
   (c) Street Address or R.F.D. No. 1623 Everett St.
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home X Hospital .... Institution .... Other place ....
   (f) Name Hosp. or Inst. ..... Stayed ..... days
   (g) Lived in this county 51 years ..... months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Canyon
   (c) City or town Caldwell
   (d) Street Address or R.F.D. No. 1623 Everett St
   (e) Deceased lived Inside? X Outside? ..... city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 51 years
   (h) Former residence (city, state) Livingston, Mont

3. (a) **FULL NAME** JAMES HARRISON LOWELL

93d

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Florence E.
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) May 4, 1860

8. AGE	Years	Months	Days	If less than 1 day
	84	7	10	hrs ..... min.

9. Exact Occupation Reclamationist & Business Man Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace New Bedford (City or town) Mass. (State or foreign country)

Father
12. Name Harrison G. Lowell
13. Birthplace Providence, R.I. (City or town) (State or foreign country)

Mother
14. Maiden name Sarah Blake
15. Birthplace New Bedford, Mass. (City or town) (State or foreign country)

16. Informant's **OWN** Signature Wade Lowell
and Address Caldwell Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/16/44 (Month) (Day) (Year)
(c) Place: Canyon Hill Cemetery, Caldwell

18. Funeral Director's **OWN** Signature [illegible]
and Address 504 So. Kimball Ave., Caldwell

19. (a) 1-31-45 (Date received and filed) (b) Agnes Mortinman (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

94a

20. **DATE OF DEATH** (Month, Day, Year) Dec. 14, 19 44
at 4:30 o'clock P.M.

21. **I HEREBY CERTIFY**, That I attended deceased from ..... 19 ..... to Dec 14 1944
I last saw alive on Dec 14 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary Occlusion — Duration 1 year
Due to Myocarditis — 5 yrs
Due to [illegible]
Other conditions (Include pregnancy within 3 months of death) [illegible]
Where was disease contracted? [illegible]
Name of operation ..... Date .....
Major finding —
Finding of autopsy —

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? — Suicide? — Homicide? —
Occurred — 19 — City, county, state where violence occurred —
Place of Violence: Home — Farm — Industry —
Public Place — While at work? —
Means of injury —
Attendant's **OWN** Signature [illegible]
and Address [illegible] (M. D. or other)
(For additional space, use reverse side) Date 12-22-45

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142241

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

FEB 8 1945

STATE OF IDAHO

State File No.
Local Reg. No. 3
Reg. Dist. No. 361

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
   (a) County Canyon
   (b) City or town Caldwell
   (c) Street Address or R.F.D. No. 818 Logan St.
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home.... Hospital X Institution.... Other place....
   (f) Name Hosp. or Inst..... Stayed.....days
   (g) Lived in this county 66 years .....months .....days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Canyon
   (c) City or town Parma
   (d) Street Address or R.F.D. No. .....
   (e) Deceased lived Inside? .....Outside? X city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 66 years
   (h) Former residence (city, state) .....

3. (a) **FULL NAME** CHARLES NORWOOD MITCHELL

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lucy F.
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) July 4, 1878

8. AGE	Years	Months	Days	If less than 1 day
	66	5	13	hrs min.

9. Exact Occupation Farmer Did this work for .....yrs.
10. Industry or Business Farming Date last worked .....
11. Birthplace Parma, (City or town) Idaho. (State or foreign country)

Father
12. Name A. J. Mitchell
13. Birthplace West Salem, Indiana (City or town) (State or foreign country)

Mother
14. Maiden name Sarra A. Aldrich,
15. Birthplace Iowa (City or town) (State or foreign country)

16. Informant's **OWN** Signature Bruce Mitchell
and Address Parma, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/20/44 (Month) (Day) (Year)
(c) Place: Parma Cemetery, Parma, Ida.
18. Funeral Director's **OWN** Signature V. Peckham
and Address 504 So. Kimball Ave., Caldwell
19. (a) 1-15-45 (Date received and filed) (b) Agnes M Denman (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Dec. 17, 1944
at 11:30 o'clock A.M.
21. **I HEREBY CERTIFY,** That I attended deceased from 12-15 1944, to Dec 17 1944
I last saw h— alive on Dec 17 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Pneumonia	3 da
Due to Flu infection	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? Canyon Co.
Name of operation — Date .....
Major finding —
Finding of autopsy —

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home..... Farm..... Industry.....
Public Place..... While at work?.....
Means of injury .....

23. Attendant's **OWN** Signature J. H. Cole (M. D. or other)
and Address Caldwell Ida. Date 1/9 1945
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

FEB 8 1945

Certificate Of Death

STATE OF IDAHO

State File No. 142242
Local Reg. No. 12
Reg. Dist. No. 360

1. **PLACE OF DEATH:**
   (a) County Canyon
   (b) City or town Caldwell
   (c) Street Address or R.F.D. No. 515 Cleveland
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home X Hospital ..... Institution ..... Other place .....
   (f) Name Hosp. or Inst. ..... Stayed ..... days
   (g) Lived in this county 40 years ..... months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Canyon
   (c) City or town Caldwell
   (d) Street Address or R.F.D. No. 515 Cleveland
   (e) Deceased lived Inside? X Outside? ..... city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 40 years
   (h) Former residence (city, state) .....

3. (a) **FULL NAME** Lillian Talitha Shorb

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Fem. 5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife C. J. Shorb
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) Apr. 6, 1876

8. AGE	Years	Months	Days	If less than 1 day
	68	8	13	hrs min.

9. Exact Occupation Housewife Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Libley Co. (City or town) Minn (State or foreign country)
Father
12. Name Francis Moore
13. Birthplace ..... (City or town) England (State or foreign country)
Mother
14. Maiden name Imogene Cobey
15. Birthplace Unknown (City or town) (State or foreign country)
16. Informant's **OWN** Signature [signature]
and Address Caldwell, Idaho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-23-44 (Month) (Day) (Year)
(c) Place: Canyon Hill Cemetery
18. Funeral Director's **OWN** Signature [signature]
and Address 504 So. Kimball Ave. Caldwell
19. (a) 1-31-45 (Date received and filed) (b) Agnes M. Denman (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Dec. 19 1944
at 10:00 o'clock A. M.
21. **I HEREBY CERTIFY**, That I attended deceased from Dec. 19 1945 to Dec. 19 1945
I last saw her ~~alive on~~ Dead 19 ; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Coronary thrombosis	1/2 hour
Due to	
Due to Diabetes	several years
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted? Caldwell	
Name of operation — Date —	
Major finding —	
Finding of autopsy —	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? — Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred —
Place of Violence: Home ..... Farm ..... Industry .....
Public Place — While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature [signature] (M. D. or other)
and Address [signature] Date Dec 30 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

FEB 9 1945

Certificate Of Death

STATE OF IDAHO

State File No. 142243
Local Reg. No. 4
Reg. Dist. No. 363

1. **PLACE OF DEATH:**
(a) County Canyon
(b) City or town Nampa
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? ~~Outside?~~ city ~~or town~~
(e) Died in a ~~Home~~ Hospital ~~Institution~~ ~~Other place~~
(f) Name Hosp. or Inst. Samaritan Stayed 20 days
(g) Lived in this county one years months days
Note: For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Canyon
(c) ~~City or~~ town Parma
(d) ~~Street Address or~~ R.F.D. No. 3
(e) Deceased lived ~~Inside?~~ Outside? ~~city or~~ town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 22 years
(h) Former residence (city, state) Oregon

3. (a) **FULL NAME** Rebecca J. Curtis 55 b

3. (b) If veteran, name war ✓
3. (c) Social Security No.
4. Sex Fem
5. Color or race white
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband ~~or wife~~ P.C. Curtis
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) 9-15-1889

8. AGE	Years	Months	Days	If less than 1 day
	55	3	7	hrs min.

9. Exact Occupation House keeper Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Oregon (City or town) (State or foreign country)
Father
12. Name John Bowe
13. Birthplace Ill (City or town) (State or foreign country)
Mother
14. Maiden name Phillips
15. Birthplace Ill (City or town) (State or foreign country)
16. Informant's **OWN** Signature P.C. Curtis
and Address Parma, Ida
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-26-44 (Month) (Day) (Year)
(c) Place: Kuna Ida
18. Funeral Director's **OWN** Signature F. K. Robinson
and Address Nampa Ida
19. (a) Jan-15-1945 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Dec 22 1944
at o'clock M.
21. **I HEREBY CERTIFY,** That I attended deceased from July 1st 1944, to Dec 21 1944
I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration
✓ Sarcoma OF LEFT ARM (HUMERUS)
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature W.C. Wolf M.D. (M.D. or other)
and Address Nampa Idaho Date 19
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 142244
Local Reg. No. 4
Reg. Dist. No. 360

FEB 8 1945

1. **PLACE OF DEATH:**
(a) County Canyon
(b) City or town Caldwell
(c) Street Address or R.F.D. No. 824 Denver
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Home .... Hospital X Institution .... Other place ....
(f) Name Hosp. or Inst. Pennington Nursing Home Stayed ..... days
(g) Lived in this county 9 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Parma
(d) Street Address or R.F.D. No. .....
(e) Deceased lived Inside? X Outside? ..... city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 9 years
(h) Former residence (city, state) Mont.

3. (a) **FULL NAME** ORRIN CLAYTON TUTTLE

93d

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Emma
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) July 30, 1855

8. AGE	Years	Months	Days	If less than 1 day
	89	5	0	hrs min.

9. Exact Occupation Blacksmith Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Orange, (City or town) New Jersey (State or foreign country)
Father
12. Name Ebonezer Tuttle
13. Birthplace ..... (City or town) New Jersey (State or foreign country)
Mother
14. Maiden name Eliza Wade
15. Birthplace Unknown (City or town) (State or foreign country)
16. Informant's **OWN** Signature Orrin C Tuttle
and Address Parma, Idaho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/4/45 (Month) (Day) (Year)
(c) Place: Parma Cemetery, Parma, Ida.
18. Funeral Director's **OWN** Signature [signature]
and Address 504 So. Kimball Ave., Caldwell
19. (a) 1-15-45 (Date received and filed) (b) Agnes M Denman (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Dec. 30, 1944
at 5:30 o'clock A. M.
21. **I HEREBY CERTIFY,** That I attended deceased from June 1943, to Dec 29 1944
I last saw him alive on Dec 29 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Chr Myocarditis	?
Hypertension	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature R L Ross MD (M. D. or other)
and Address Caldwell Ida Date 1/2 1945
(For additional space, use reverse side)

Canyon Co Physician

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

FEB 9 1945

Certificate Of Death

STATE OF IDAHO

State File No. 142245
Local Reg. No. 5
Reg. Dist. No. 362

1. PLACE OF DEATH:
(a) County Canyon
(b) City or town Nampa
(c) Street Address or R.F.D. No. 116½-15 av No
(d) Death Occured Inside? X ~~Outside~~? ..... city or town
(e) Died in a ~~Home~~ Hospital ~~Institution~~ ~~Other place~~
(f) Name Hosp. or Inst. Mercy Stayed 1 days
(g) Lived in this county ..... years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City or town Nampa
(d) Street Address or R.F.D. No. 116½-15 av No
(e) Deceased lived Inside? ..... ~~Outside~~? ..... city or town
(f) Citizen of what country? —
(g) How long had deceased lived in Idaho? — years
(h) Former residence (city, state) —

3. (a) FULL NAME Virgile Dean Canaday 107

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced .....
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) Mar 18-1944

8. AGE	Years	Months	Days	If less than 1 day
		18	17	hrs min.

9. Exact Occupation — 24 Did this work for ..... yrs.
10. Industry or Business — Date last worked
11. Birthplace Nampa Idaho (City or town) (State or foreign country)
Father 12. Name Alva L. Canaday
13. Birthplace Ogalla Nebraska (City or town) (State or foreign country)
Mother 14. Maiden name Mary Ayers
15. Birthplace Meridian (City or town) (State or foreign country)
16. Informant's OWN Signature Mary Canaday
and Address 116½ 15th Ave N
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-4-45 (Month) (Day) (Year)
(c) Place: Nampa Ida
18. Funeral Director's OWN Signature F. K. Robinson
and Address Nampa Ida
19. (a) Jan-15-1945 (Date received and filed) (b) Lydia Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Dec 31 1944
at 11 o'clock P M.
21. I HEREBY CERTIFY, That I attended deceased from Dec 31 19..., to Dec 31 19...
I last saw him alive on Dec 31 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Acute Bronchiolitis	3 days
Broncho-Pneu	3 days
✓ Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation ..... Date	
Major finding	
Finding of autopsy	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's OWN Signature Jos Saltzer MD (M. D. or other)
and Address Nampa Ida Date 1/4 1945
(For additional space, use reverse side)

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Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

FEB 9 1945

Certificate Of Death

STATE OF IDAHO

State File No. 142246
Local Reg. No. 3
Reg. Dist. No. 363

1. PLACE OF DEATH:
(a) County Canyon
(b) City or town Nampa
(c) Street Address or R.F.D. No. 1615 - 8th St. So.
(d) Death Occured Inside? X Outside? ..... city or town
(e) Died in a Home .... Hospital X Institution .... Other place ....
(f) Name Hosp. or Inst. Mercy Stayed ..... days
(g) Lived in this county 5 years ..... months ..... days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Owyhee
(c) City or town Marsing
(d) Street Address or R.F.D. No. .....
(e) Deceased lived Inside? ..... Outside? X city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 5 years
(h) Former residence (city, state) Lake Andes, S.D.

3. (a) **FULL NAME** Brant Hammond Freeman 124b

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Dollie
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) June 4, 1882

8. AGE	Years	Months	Days	If less than 1 day
	62	6	27	hrs min.

9. Exact Occupation Farmer & Lovestock Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Correctionville, Iowa (City or town) (State or foreign country)
Father
12. Name H. John Freeman
13. Birthplace Pennsylvania (City or town) (State or foreign country)
Mother
14. Maiden name Louise Hammond
15. Birthplace Indiana. (City or town) (State or foreign country)
16. Informant's **OWN** Signature [signature]
and Address Caldwell, Idaho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/4/45 (Month) (Day) (Year)
(c) Place: Canyon Hill Cemetery Caldwell
18. Funeral Director's **OWN** Signature [signature]
and Address 504 So. Kimball Ave., Caldwell
19. (a) Jan-11-1945 (Date received and filed) (b) Lyda Rodgers (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Dec. 31, 1944
at 9:15 o'clock p. M.
21. **I HEREBY CERTIFY**, That I attended deceased from 12-20 1944, to 12-31 1944
I last saw him alive on 12-31 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death	Duration
Cirrosis of liver	5 months
Due to questionable	
Due to	
Other conditions Congestive failure (Include pregnancy within 3 months of death)	
Where was disease contracted? ?	
Name of operation ..... Date	
Major finding	
Finding of autopsy	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature [signature] (M. D. or other)
and Address Caldwell, Ida. Date 1-8 1945
(For additional space, use reverse side)

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Birth Certificate #399204

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 142277
Local Reg. No. 85
Reg. Dist. No. 210

DEC 4 1944

1. **PLACE OF DEATH:**
   (a) County CLEARWATER
   (b) City or town PIERCE
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? X Outside? city or town
   (e) Died in a Home X Hospital Institution Other place
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county years months 16 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State IDAHO (b) County CLEARWATER
   (c) City or town PIERCE
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? X Outside? city or town
   (f) Citizen of what country? UNITED STATES
   (g) How long had deceased lived in Idaho? 16 days
   (h) Former residence (city, state)

3. (a) **FULL NAME** WILLMER GEORGE LINDQUIST 1610

3. (b) If veteran, name war NO
3. (c) Social Security No. NONE
4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced INFANT
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) NOVEMBER 8, 1944

8. AGE	Years	Months	Days	If less than 1 day
			16	hrs min.

9. Exact Occupation NONE Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace LEWISTON, IDAHO (City or town) (State or foreign country)

Father
12. Name WILLMER GEORGE LINDQUIST
13. Birthplace WARBA, MINNESOTA (City or town) (State or foreign country)

Mother
14. Maiden name VIRGINIA PAINTER
15. Birthplace LAVERNE, MINNESOTA (City or town) (State or foreign country)

16. Informant's **OWN** Signature Willmer Lindquist
and Address PIERCE, IDAHO
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof NOV. 26, 1944 (Month) (Day) (Year)
(c) Place: PIERCE CEMETERY, PIERCE, IDA.
18. Funeral Director's **OWN** Signature George B. Blake
and Address OROFINO, IDAHO
19. (a) 11/25/44 (Date received and filed) (b) Clarice Bachmann (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Nov. 24th 1944
at about 12:00 o'clock NOON
21. **I HEREBY CERTIFY,** That I attended deceased from — 19 —, to — 19 —
I last saw him alive on — 19 ; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Congested lungs	3 to 6 Hrs.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation none Date —
Major finding
Finding of autopsy AS ABOVE

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature George B. Blake CORONER (MAX or Other)
and Address Orofino, Idaho Date Nov. 25 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

FEB 2 1945

STATE OF IDAHO

State File No. 142289
Local Reg. No. 14
Reg. Dist. No. 682

1. **PLACE OF DEATH:**
(a) County Custer
(b) City or town Mackay
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? ✓ Outside? city or town
(e) Died in a Home ✓ Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 31 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Custer
(c) City or town Mackay
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? ✓ Outside? city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 31 years
(h) Former residence (city, state) Chicago, Ill.

3. (a) **FULL NAME** Samuel S. Petersen 46 h

3. (b) If veteran, name war None
3. (c) Social Security No. 1
4. Sex Male
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Carrie Jorgensen
6. (c) Age of ~~husband~~ or wife if alive 53 years
7. Date of Birth (Month, Day, Year) June 23 1864

8. AGE	Years	Months	Days	If less than 1 day
	80	2	22	hrs min.

9. Exact Occupation Store Keeper Did this work for life yrs.
10. Industry or Business Store Date last worked 1931
11. Birthplace Denmark (City or town) (State or foreign country)
Father
12. Name not known
13. Birthplace ✓ ✓ (City or town) (State or foreign country)
Mother
14. Maiden name not known
15. Birthplace ✓ ✓ (City or town) (State or foreign country)
16. Informant's **OWN** Signature Carrie J. Petersen
and Address Mackay Idaho
17. (a) Burial (Burial, cremation or removal) (b) Date thereof 9/17/44 (Month) (Day) (Year)
(c) Place: Mackay Idaho
18. Funeral Director's **OWN** Signature [illegible] Marvel
and Address Arco Ida
19. (a) Dec. 31-1944 (Date received and filed) (b) Ron Nowacki (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Sept 15 1944
at 8.45 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from 3/2/44 19 to 9/15/44 19
I last saw ~~him~~ alive on 9/15/44 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cancer of Liver	
✓ Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation None Date	
Major finding	
Finding of autopsy	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature E A B Jensen M D (M. D. or other)
and Address Mackay, Ida Date 9/19/44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

FEB 2 1945

Certificate Of Death

STATE OF IDAHO

State File No. 142290
Local Reg. No. 15
Reg. Dist. No. 682

1. **PLACE OF DEATH:**
   (a) County Custer
   (b) City or town Mackay
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? ✓ Outside? ..... city or town
   (e) Died in a Home ✓ Hospital ..... Institution ..... Other place .....
   (f) Name Hosp. or Inst. ..... Stayed ..... days
   (g) Lived in this county 36 years ..... months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Custer
   (c) City or town Mackay
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? ✓ Outside? ..... city or town
   (f) Citizen of what country? Jugoslavia
   (g) How long had deceased lived in Idaho? 36 years
   (h) Former residence (city, state) Jugoslavia

3. (a) **FULL NAME** Mande Bukavina

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3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or ~~wife~~ Mike
6. (c) Age of husband or ~~wife~~ if alive 68 years
7. Date of Birth (Month, Day, Year) June 1 - 1876

8. AGE	Years	Months	Days	If less than 1 day
	68	3	15	hrs min.

9. Exact Occupation housewife Did this work for life yrs.
10. Industry or Business home Date last worked
11. Birthplace Perusic Lika (City or town) Jugoslavia (State or foreign country)

Father
12. Name ~~Joh~~ Ivan Bassic
13. Birthplace Perusic Lika-Jugoslavia (City or town) (State or foreign country)

Mother
14. Maiden name Matija
15. Birthplace Perusic Lika-Jugoslavia (City or town) (State or foreign country)

16. Informant's **OWN** Signature Anna Marinac
and Address Box 434 Mackay, Ida.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-19-44 (Month) (Day) (Year)
(c) Place: Mackay Idaho
18. Funeral Director's **OWN** Signature [signature]
and Address Arco Idaho
19. (a) Dec. 31-1944 (Date received and filed) (b) Rose Nowacki (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Sept 16 1944
at 4:15 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from Aug. 22 1944 to Sept. 16 1944
I last saw her alive on Sept 16 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebral Hemorrhage	1 day
Due to Arterio Sclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation ..... Date	
Major finding	
Finding of autopsy	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....
23. Attendant's **OWN** Signature C. A. B. Jensen, M.D. (M. D. or other)
and Address Mackay Ida Date 9/18 1944
(For additional space, use reverse side)

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Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census FEB 2 1945

Certificate Of Death

STATE OF IDAHO

State File No. 142291
Local Reg. No. 76
Reg. Dist. No. 682

1. **PLACE OF DEATH**
   (a) County Custer
   (b) City or town Mackay
   (c) Street Address or R. F. D. No.
   (d) Death Occured Inside? ✓ Outside? ..... city or town
   (e) Died in a Home ✓ Hospital ..... Institution ..... Other place .....
   (f) Name Hosp. or Inst. ..... Stayed ..... days
   (g) Lived in this county ..... years 10 months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Custer
   (c) City or town Mackay.
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? ✓ Outside? ..... city or town
   (f) Citizen of what country? U S A.
   (g) How long had deceased lived in Idaho? 1 ½ years
   (h) Former residence (city, state) none.

3. (a) **FULL NAME** Donne Phillip Hintze 112

3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife none
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) April 26 1942

8. AGE	Years	Months	Days	If less than 1 day
	1	6	17	hrs min.

9. Exact Occupation Child — Did this work for ..... yrs.
10. Industry or Business ..... — Date last worked .....
11. Birthplace Salt Lake (City or town) Utah (State or foreign country)

Father
12. Name Melvin M. Hintze
13. Birthplace Salt Lake (City or town) Utah (State or foreign country)

Mother
14. Maiden name Eulalia Jeppsen
15. Birthplace Logan (City or town) Utah (State or foreign country)

16. Informant's **OWN** Signature ✓ M M Hintz
and Address Mackay - Idaho

17. (a) Mackay (Burial, cremation, or removal) (b) Date thereof Nov 15-44 (Month) (Day) (Year)
(c) Place: Mackay - Idaho

18. Funeral Director's **OWN** Signature W. S. Marvel
and Address Arco - Idaho

19. (a) Dec 31-44 (Date received and filed) (b) Rose Maxwell (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 11-23-44 19.....
at 3.30 o'clock P M.

21. **I HEREBY CERTIFY**, That I attended deceased from 11/2/44 19..... to 11/23/44 19.....
I last saw h— alive on 11/23/44 19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Due to Cirrhosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation ..... Date	
Major finding	
Finding of autopsy	

PHYISICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature C A Pearson (M. D. or other)
and Address Mackay - Ida Date 12-6 1944
(For additional space use reverse side)

142292

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census FEB 2 1945

Certificate Of Death

STATE OF IDAHO

State File No. ____
Local Reg. No. 44-17
Reg. Dist. No. 682

1. **PLACE OF DEATH:**
(a) County Custer
(b) City or town Mackay
(c) Street Address or R.F.D. No. ____
(d) Death Occured Inside? ✓ Outside? ____ city or town
(e) Died in a Home ✓ Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 40 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Custer
(c) City or town Mackay
(d) Street Address or R.F.D. No. ____
(e) Deceased lived Inside? ____ Outside? ✓ city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 60 years
(h) Former residence (city, state) Cama Prairie Idaho.

3. (a) **FULL NAME** Lafayette Ivie 83a

3. (b) If veteran, name war No
3. (c) Social Security No. ?
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of ~~husband~~ or wife Frances Clara
6. (c) Age of ~~husband~~ or wife if alive 64 years
7. Date of Birth (Month, Day, Year) September 19-1874

8. AGE	Years	Months	Days	If less than 1 day
	70	2	12	hrs ____ min. ____

9. Exact Occupation Farming — Did this work for life yrs.
10. Industry or Business Farm — Date last worked Sept 1944
11. Birthplace Cippio (City or town) Millard Co Utah (State or foreign country)

Father
12. Name Richard Ivie
13. Birthplace not known (City or town) (State or foreign country)

Mother
14. Maiden name Hannah
15. Birthplace not known (City or town) (State or foreign country)

16. Informant's **OWN** Signature W Worth Ivie
and Address Mackay, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 6-1944 (Month) (Day) (Year)
(c) Place: Mackay, Idaho
18. Funeral Director's **OWN** Signature W. S. Harvel
and Address Arco - Idaho
19. (a) Dec 31-44 (Date received and filed) (b) Rose Nowack (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) DEC 2 1944
at ____ o'clock ____ M.

21. **I HEREBY CERTIFY,** That I attended deceased from 12/1/44 19__, to 12/2/44 19__
I last saw h-- alive on 12/2/44 19__; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Apoplexy	
Due to ____	
Due to ____	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation ____ Date ____	
Major finding	
Finding of autopsy	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's **OWN** Signature C. A. Lemon (M. D. or other)
and Address Mackay Ida Date 12-6 1944
(For additional space, use reverse side)

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Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census FEB 1 1945

Certificate Of Death

STATE OF IDAHO

State File No. 142294
Local Reg. No. 23
Reg. Dist. No. 540

1. **PLACE OF DEATH:**
   (a) County Franklin
   (b) City or town Preston
   (c) Street Address or R.F.D. No. 272 No. State
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home X Hospital .... Institution .... Other place ....
   (f) Name Hosp. or Inst. ..... Stayed ..... days
   (g) Lived in this county 17 years ..... months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Franklin
   (c) City or town Preston
   (d) Street Address or R.F.D. No. .....
   (e) Deceased lived Inside? X Outside? ..... city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 17 years
   (h) Former residence (city, state) Grank Junction, Colorado.

3. (a) **FULL NAME** ISABELL MARTINEZ AGUILAR 480

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Female
5. Color or race Spanish American
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Tiafilo Aguilar
6. (c) Age of husband or wife if alive 51 years
7. Date of Birth (Month, Day, Year) December 31, 1906

8. AGE	Years	Months	Days	If less than 1 day
	37	11	1	hrs min.

9. Exact Occupation Housewife — Did this work for ..... yrs.
10. Industry or Business Own Home — Date last worked .....
11. Birthplace San Louis Valley, Colorado (City or town) (State or foreign country)

Father
12. Name John Martinez,
13. Birthplace New Mexico. (City or town) (State or foreign country)

Mother
14. Maiden name Catherine Sierra,
15. Birthplace San Louis Valley, Colorado. (City or town) (State or foreign country)

16. Informant's **OWN** Signature John Martinez
and Address 212 E 2 So. Salt Lake City

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-4-44 (Month) (Day) (Year)
(c) Place: Preston, Idaho.

18. Funeral Director's **OWN** Signature John M. Cushman
and Address Preston, Idaho

19. (a) 12-4-1944 (Date received and filed) (b) Effie M. Brower (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) December 2, 1944
at 6 o'clock A.M.

21. **I HEREBY CERTIFY**, That I attended deceased from ..... 19..... to ..... 19.....
I last saw h..... alive on ..... 19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
1 Carcinoma of cervix	9 mos
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature Leo R. Hawker M.D. (M. D. or other)
and Address Preston, Ida. Date 12/4 1944
(For additional space, use reverse side)

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Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 142295
Local Reg. No. 24
Reg. Dist. No. 541

FEB 1 1945

1. PLACE OF DEATH:

(a) County Franklin
(b) City or town Weston
(c) Street Address or R. F. D. No.
(d) Death Occured Inside? in Outside? city or town
(e) Died in a Home H Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county Life months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

(a) State (b) County
(c) City or town
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? Outside? city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? years
(h) Former residence (city, state)

3. (a) FULL NAME Melvin J. Tanner

95½

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Date of Birth (Month, Day, Year) Oct 8 1925

8. AGE	Years	Months	Days	If less than 1 day
	19	2	6	hrs min.

9. Exact Occupation SchoolBoy — Did this work for yrs.

10. Industry or Business Farmer — Date last worked 1942

11. Birthplace Weston (City or town) Idaho (State or foreign country)

Father
12. Name Wm J Tanner
13. Birthplace North Powder (City or town) Oregon (State or foreign country)

Mother
14. Maiden name Ruby Jensen
15. Birthplace (City or town) Weston (State or foreign country) Idaho

16. Informant's **OWN** Signature W J Tanner
and Address Weston Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 6 44 (Month) (Day) (Year)
(c) Place: Weston Idaho

18. Funeral Director's **OWN** Signature M A Hendricks
and Address Preston Idaho

19. (a) 12-6-1944 (Date received and filed) (b) Effie M. Brauer (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Dec 2 1944 19
at o'clock M.

21. **I HEREBY CERTIFY**, That I attended deceased from 19, to 19
I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Rheumatic heart disease — Duration 2 yrs
Due to Rheumatic fever — Duration 9
Due to — Duration
Other conditions (Include pregnancy within 3 months of death) — Duration

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature C. A. Hawker M. D (M. D. or other)
and Address Preston Ida Date 12/6 1944

(For additional space, use reverse side)

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Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

FEB 1 1945

Certificate Of Death

STATE OF IDAHO

State File No. 142296
Local Reg. No. 25
Reg. Dist. No. 640

1. **PLACE OF DEATH:**
   (a) County Franklin
   (b) City or town Preston
   (c) Street Address or R.F.D. No. 152 So. 1St. East
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home X Hospital .... Institution .... Other place ....
   (f) Name Hosp. or Inst. ..... Stayed ..... days
   (g) Lived in this county 70 years ..... months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Franklin
   (c) City or town Preston
   (d) Street Address or R.F.D. No. 152 So. 1st. East
   (e) Deceased lived Inside? X Outside? ..... city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 70 years
   (h) Former residence (city, state) Eden, Utah.

3. (a) **FULL NAME** ROSEL JAMES HYDE.Jr.

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Sarah E. Hyde.
6. (c) Age of husband or wife if alive 77 years
7. Date of Birth (Month, Day, Year) January 5, 1866.

8. AGE	Years	Months	Days	If less than 1 day
	78	11	0	hrs ..... min.

9. Exact Occupation Farmer — Did this work for ..... yrs.
10. Industry or Business Own Farm — Date last worked 1933
11. Birthplace Eden, Weber Co. Utah. (City or town) (State or foreign country)

Father
12. Name Rosel James Hyde Sr.
13. Birthplace Bear Creek, Hancock Co. Illinois (City or town) (State or foreign country)

Mother
14. Maiden name Jane Driggs.
15. Birthplace Andrew Co. Missouri (City or town) (State or foreign country)

16. Informant's **OWN** Signature Amasa W. Hyde
and Address Smelterton Utah

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-9-44 (Month) (Day) (Year)
(c) Place: Fairview, Idaho.

18. Funeral Director's **OWN** Signature John M. Richards
and Address Preston, Idaho

19. (a) 12-7-1944 (Date received and filed) (b) Effie M. Brower (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH 91

20. **DATE OF DEATH** (Month, Day, Year) December 5, 1944
at 4:15 o'clock P.M.

21. **I HEREBY CERTIFY**, That I attended deceased from 12-1- 1944, to 12-5- 1944
I last saw h.. alive on 12-4 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Pneumonia	5 days
Due to Cerebral Hemorrhage	5 days.
Due to Coronal arteriosclerosis	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature A. R. Curtis M.D. (M. D. or other)
and Address Preston Ida. Date 12-7 1944
(For additional space, use reverse side)

053

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

FEB 1 1945

Certificate Of Death

STATE OF IDAHO

State File No. 142297
Local Reg. No. 24
Reg. Dist. No. 241

1. **PLACE OF DEATH:**
   (a) County Franklin
   (b) City or town Weston Idaho
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? in Outside? city or town
   (e) Died in a Home Hospital Institution Other place
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county years Life ths days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Franklin
   (c) City or town Weston, Idaho
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? Outside? city or town
   (f) Citizen of what country? USA
   (g) How long had deceased lived in Idaho? life years
   (h) Former residence (city, state)

3. (a) **FULL NAME** Carl James Nelson

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Almira
6. (c) Age of husband or wife if alive 63 years
7. Date of Birth (Month, Day, Year) Aug 23 1873

8. AGE	Years	Months	Days	If less than 1 day
	71	3	19	hrs min.

9. Exact Occupation Farmer — Did this work for yrs.
10. Industry or Business — Date last worked 1944
11. Birthplace Weston Idaho (City or town) (State or foreign country)

Father
12. Name Rasmus Nelson
13. Birthplace Denmark (City or town) (State or foreign country)

Mother
14. Maiden name Christena Jensen
15. Birthplace Denmark (City or town) (State or foreign country)

16. Informant's **OWN** Signature Howard Nelson
and Address Weston Idaho

17. (a) Burial (Burial, Cremation, or removal) (b) Date thereof Dec 16 44 (Month) (Day) (Year)
(c) Place: Weston Idaho

18. Funeral Director's **OWN** Signature W. Fiendsen
and Address Preston Idaho

19. (a) 12-16-1944 (Date received and filed) (b) Effie M. Brower (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Dec 12 1944 19
at o'clock M.

21. **I HEREBY CERTIFY**, That I attended deceased from 19, to 19
I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary occlusion — Duration 2 wks
Due to
Due to
Other conditions (Include pregnancy within 3 months of death) Diabetes
Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature Leo R. Hawkes M.D (M. D. or other)
and Address Preston Ida Date 12-16-44
(For additional space, use reverse side)

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Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

FEB 1 1945

State File No. 142298
Local Reg. No. 27
Reg. Dist. No. 240

1. **PLACE OF DEATH:**
   (a) County Franklin
   (b) City or town Preston
   (c) Street Address or R.F.D. No. 215 So. 2nd. East
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home X Hospital .... Institution .... Other place ....
   (f) Name Hosp. or Inst. ..... Stayed ..... days
   (g) Lived in this county 54 years ..... months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Franklin
   (c) City or town Preston
   (d) Street Address or R.F.D. No. 215 So. 2nd. East
   (e) Deceased lived Inside? X Outside? ..... city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 54 years
   (h) Former residence (city, state) Richville, Ut.

3. (a) **FULL NAME** BALTZAR PETERSON

74a

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Miranda Clayton
6. (c) Age of husband or wife if alive 66 years
7. Date of Birth (Month, Day, Year) May 29, 1869,

8. AGE	Years	Months	Days	If less than 1 day
	75	6	22	hrs ..... min.

9. Exact Occupation Farmer, Live stock Raiser. Did this work for ..... yrs.
10. Industry or Business Own farm Date last worked .....
11. Birthplace Richville, Morgan Co. Utah. (City or town) (State or foreign country)

Father
12. Name Baltzar Peterson,
13. Birthplace Denmark. (City or town) (State or foreign country)

Mother
14. Maiden name Mettee Margarette Juulsen
15. Birthplace Denmark. (City or town) (State or foreign country)

16. Informant's **OWN** Signature Glenna Peterson Moore
and Address 498 Maple St. Idaho Falls, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-24-44 (Month) (Day) (Year)
(c) Place: Preston, Idaho

18. Funeral Director's **OWN** Signature John M. Richards
and Address Preston Idaho.

19. (a) 12-22-1944 (Date received and filed) (b) Effie W. Brower (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) December 21, 1944
at 9:15 o'clock P.M.

21. **I HEREBY CERTIFY**, That I attended deceased from Dec 19 44, to Dec 21 19 44
I last saw h..... alive on ..... 19 .....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Chronic, Myelogenous Leukemia	6 mos
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	
Name of operation ..... Date	
Major finding	
Finding of autopsy	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature Leo R. Hawker M.D.
and Address Preston Idaho (M.D. or other) Date 12/22 19 44
(For additional space, use reverse side)

104

142299

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

FEB 1 1945

State File No. 142299
Local Reg. No. 28
Reg. Dist. No. 541

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
   (a) County Franklin
   (b) City or town Riverdale
   (c) Street Address or R.F.D. No. Preston R.D.2
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home X Hospital .... Institution .... Other place ....
   (f) Name Hosp. or Inst. ..... Stayed ..... days
   (g) Lived in this county 60 years ..... months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Franklin
   (c) City or town Riverdale
   (d) Street Address or R.F.D. No. Preston R.D. #2
   (e) Deceased lived Inside? X Outside? ..... city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 60 years
   (h) Former residence (city, state) Hyde Park, Utah

3. (a) **FULL NAME** SUSIE HAWKES NELSON, 74a

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Taylor Nelson 6. (c) Age of husband or wife if alive 66 years

7. Date of Birth (Month, Day, Year) March 12, 1882.

8. AGE	Years	Months	Days	If less than 1 day
	62	9	11	hrs ..... min.

9. Exact Occupation Housewife Did this work for ..... yrs.

10. Industry or Business Own Home Date last worked .....

11. Birthplace Hyde Park, Utah. (City or town) (State or foreign country)

Father
12. Name William Hawkes Sr.
13. Birthplace England, (City or town) (State or foreign country)

Mother
14. Maiden name Susie Lamb,
15. Birthplace Leni, Utah. (City or town) (State or foreign country)

16. Informant's **OWN** Signature Taylor Nelson
and Address Preston Idaho R.D.# 2

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-27-44 (Month) (Day) (Year)
(c) Place: Riverdale, Idaho.

18. Funeral Director's **OWN** Signature John M. Richards
and Address Preston, Idaho

19. (a) 12-24-1944 (Date received and filed) (b) Effie W. Brower (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) December 23, 1944
at 5 o'clock P. M.

21. **I HEREBY CERTIFY**, That I attended deceased from Nov 1943 to Dec 23 1944.
I last saw her alive on Dec 21 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death	Duration
Chronic Lymphatic Leukemia	1yr
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? None

Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19 ..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature O. K. Cutler MD (M. D. or other)
and Address Preston Ida Dated 2-7 1944
(For additional space, use reverse side)

055

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

FEB 1 1945

State File No. 142300
Local Reg. No. 29
Reg. Dist. No. 540

1. **PLACE OF DEATH:**
   (a) County Franklin
   (b) City or town Preston
   (c) Street Address or R. F. D. No.
   (d) Death Occured Inside? In Outside? city or town
   (e) Died in a Home Hospital Institution Other place
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county 33 years months days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State (b) County
   (c) City or town
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? Outside? city or town
   (f) Citizen of what country?
   (g) How long had deceased lived in Idaho? years
   (h) Former residence (city, state)

3. (a) **FULL NAME** Mary Cole

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife John H Cole
6. (c) Age of husband or wife if alive dead years
7. Date of Birth (Month, Day, Year) June 29 1864

8. AGE	Years	Months	Days	If less than 1 day
	80	5	27	hrs min.

9. Exact Occupation Housewife Did this work for yrs.
10. Industry or Business Date last worked 1943
11. Birthplace Ogden (City or town) Utah (State or foreign country)

Father
12. Name James Field
13. Birthplace unknown (City or town) (State or foreign country)

Mother
14. Maiden name Catherine Brown
15. Birthplace unknown (City or town) (State or foreign country)

16. Informant's **OWN** Signature EZRA COLE
and Address Preston Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec (Month) 30 (Day) (Year)
(c) Place: Preston Idaho
18. Funeral Director's **OWN** Signature M W Kendricks
and Address Preston Idaho
19. (a) 12-26-1944 (Date received and filed) (b) Effie M. Brown (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Dec 26 1944
at 11:30 o'clock P M.
21. **I HEREBY CERTIFY**, That I attended deceased from 12-7-6 1944 to 12-26 1944
I last saw her alive on Dec 26 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — Duration

✓ Coronary Occlusion — 1 hr
Due to
Due to
Other conditions Generalized Arteriosclerosis 5 yrs
(Include pregnancy within 3 months of death)
Where was disease contracted? Home
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature O. R. Cutler M.D.
and Address Preston Idaho Date 12-26 1944
(M. D. or other)
(For additional space, use reverse side)

055

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census FEB 12 1945

Certificate Of Death

STATE OF IDAHO

State File No. 142304
Local Reg. No.
Reg. Dist. No. 421

1. **PLACE OF DEATH:**
   (a) County Gooding
   (b) City or town Wendell
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? I Outside? city or town
   (e) Died in a Home H. Hospital Institution Other place
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county years months 0 days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Bannock
   (c) City or town Thatcher
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? Outside? out city or town
   (f) Citizen of what country? U. S.
   (g) How long had deceased lived in Idaho? life years
   (h) Former residence (city, state)

3. (a) **FULL NAME** Clyde Parley Anderson

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Roma Thatcher
6. (c) Age of husband or wife if alive 32 years
7. Date of Birth (Month, Day, Year) Dec 7 1909

8. AGE	Years	Months	Days	If less than 1 day
	35	m	5	hrs min.

9. Exact Occupation Farmer — Did this work for Life yrs.
10. Industry or Business — Date last worked Dec 11
11. Birthplace Thatcher (City or town) Idaho (State or foreign country)

Father
12. Name Parley P Anderson
13. Birthplace Bear River City (City or town) Utah (State or foreign country)

Mother
14. Maiden name Anna Jane Harris
15. Birthplace Thatcher (City or town) Idaho (State or foreign country)

16. Informant's **OWN** Signature Roma Anderson
and Address Thatcher Idaho

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Dec 12 1944 (Month) (Day) (Year)
(c) Place: Thatcher Idaho

18. Funeral Director's **OWN** Signature M W Hendricks
and Address Preston Idaho

19. (a) 1-19-45 (Date received and filed) Lester M. Rose, Reg. (Registrar's signature)
(Lois Bungum)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Dec 12 1944
at 6:45 o'clock A M.

21. **I HEREBY CERTIFY,** That I attended deceased from 1-12 1945, to death 19
I last saw him alive on 1-12 1945, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
✓ Coronary Thrombosis	2 hrs
Due to Unknown — appears to be familial	
Due to	
44 Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major findings
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature H Holsinger M.D.
(M. D. or other)
and Address Wendell Ida. Date 1/17 1945
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

NON-RESIDENT
FEB 13 1945

Certificate Of Death

STATE OF IDAHO

State File No. 142314
Local Reg. No. 3
Reg. Dist. No. 142

1. **PLACE OF DEATH:**
(a) County Idaho
(b) City or town Cottonwood
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? Outside? ✓ city or town
(e) Died in a Home Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county years months 1 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Idaho
(c) City or town Cottonwood
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? Outside? city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? 1 day years
(h) Former residence (city, state) N.C.

3. (a) **FULL NAME** John Thomas Huntsinger 1750

3. (b) If veteran, name war no
3. (c) Social Security No.
4. Sex
5. Color or race
6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) 6/8/1906

8. AGE	Years	Months	Days	If less than 1 day
	38.	6	8	hrs min.

9. Exact Occupation Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Forest City, N.C. (City or town) (State or foreign country)
Father
12. Name John Thomas Huntsinger
13. Birthplace Rutherfordton, N.C. (City or town) (State or foreign country)
Mother
14. Maiden name Lula Hardin
15. Birthplace Rutherfordton, N.C. (City or town) (State or foreign country)
16. Informant's **OWN** Signature Social Security Court
and Address by Glenn Arbo Grangeville Ida.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/13/44 (Month) (Day) (Year)
(c) Place: Hillcrest
18. Funeral Director's **OWN** Signature Glenn Arbo
and Address Grangeville Idaho
19. (a) 2-4-45 (Date received and filed) (b) W. F. Orr (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 12/5 1944
at o'clock M.
21. **I HEREBY CERTIFY,** That I attended deceased from 19, to 19
I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Fracture of skull on left side	
Due to Fall of 30 feet from hay loft to	
Due to Barn floor	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy no

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ✓ Suicide? Homicide?
Occurred 12/5 1944 City, county, state where violence occurred Cottonwood Ida.
Place of Violence: Home Farm ✓ Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature Glenn Arbo (M. D. or other)
and Address Grangeville Date 12/6 1944
(For additional space, use reverse side)

IDAHO COUNTY SCHOOLS

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

FEB 12 1945

Certificate Of Death

STATE OF IDAHO

State File No. 142327
Local Reg. No.
Reg. Dist. No.

1. PLACE OF DEATH:
(a) County Jerome
(b) City or town Jerome
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? ✓ Outside? city or town
(e) Died in a Home ✓ Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 10 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Jerome
(c) City or town Jerome
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? ✓ Outside? city or town
(f) Citizen of what country? U.S.
(g) How long had deceased lived in Idaho? 40 years
(h) Former residence (city, state) Ill

3. (a) FULL NAME Jesse M Burgess 756

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Eliza
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) March 4 1849

8. AGE	Years	Months	Days	If less than 1 day
	95	9	26	hrs min.

9. Exact Occupation Retired Did this work for yrs.
10. Industry or Business Farmer Date last worked
11. Birthplace Oreana (City or town) Ill (State or foreign country)
Father
12. Name John McGee
13. Birthplace Nat (City or town) Kneen (State or foreign country)
Mother
14. Maiden name " "
15. Birthplace " " (City or town) (State or foreign country)
16. Informant's OWN Signature Mrs L A Prentice
and Address Wendell Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Jan 5-45 (Month) (Day) (Year)
(c) Place: Twin Falls Idaho
18. Funeral Director's OWN Signature J R Wiley
and Address Jerome Idaho
19. (a) 1-2-45 (Date received and filed) (b) E. Sinclair (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH 1626

20. DATE OF DEATH (Month, Day, Year) Dec 30 1944
at 8:30 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from 12/29/44 19, to 12/30/44 19
I last saw him alive on 12/29/44 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Rheumatic heart — Duration
Due to disease — 7 yrs
Due to
Other conditions (Include pregnancy within 3 months of death)
Senility ?
Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy None

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's OWN Signature Carlyle Sunset (M. D. or other)
and Address Jerome Date 1/2/45
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

FEB 15 1945

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 142361
Local Reg. No. 247
Reg. Dist. No. 230

1. **PLACE OF DEATH:**
(a) County Lewis
(b) City or town Nezperce
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? — Outside? — city or town
X (e) Died in a Home X Hospital — Institution — Other place
(f) Name Hosp. or Inst. — Stayed — days
(g) Lived in this county 29 years — months — days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Lewis
(c) City or town Nezperce
(d) Street Address or R. F. D. No.
X (e) Deceased lived Inside? — Outside? — city or town
(f) Citizen of what country? United States
(g) How long had deceased lived in Idaho? 29 years
(h) Former residence (city, state) Marshfield Mo.

3. (a) **FULL NAME** Bessie M. Gruenewald

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband ~~or wife~~ Edward F. Gruenewald 6. (c) Age of husband ~~or wife~~ if alive 69 years

7. Date of Birth (Month, Day, Year) April 20, 1882

8. AGE	Years	Months	Days	If less than 1 day
	62	7	22	18 hrs min.

9. Exact Occupation Housewife — Did this work for — yrs.
10. Industry or Business Home — Date last worked
11. Birthplace Canonicle (City or town) Kansas (State or foreign country)

Father
12. Name Randolph Henson
13. Birthplace Mt. Vernon (City or town) Missouri (State or foreign country)

Mother
14. Maiden name Mary Ellen Hampton
15. Birthplace New London (City or town) Iowa (State or foreign country)

16. Informant's OWN Signature E. F. Gruenewald
and Address Nezperce Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 15 1944 (Month) (Day) (Year)
(c) Place: Kamiah, Idaho

18. Funeral Director's OWN Signature Allen Huff
and Address Nezperce Idaho

19. (a) 12-14-44 (Date received and filed) (b) Allen Huff (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Dec 13 1944
at 6 o'clock P M.

21. **I HEREBY CERTIFY,** That I attended deceased from Feb 1944 to Dec 13 1944
I last saw h— alive on Dec 13 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
✓ Hypostatic Pneumonia	12 hrs
Due to Central Hemorrhage	24 hrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Nitrition Disease	1 yrs

Where was disease contracted?
Name of operation — Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? — Suicide? — Homicide? — Occurred — 19— City, county, state where violence occurred
Place of Violence: Home — Farm — Industry — Public Place — While at work?
Means of injury

23. Attendant's OWN Signature Leonard L. Mann (M. D. or other)
and Address — Date Dec 15 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

OCT 16 1944

Certificate Of Death

STATE OF IDAHO

State File No. 142374
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF DEATH:**
(a) County Ney Perce
(b) City or town Lewiston
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? ✓ Outside? city or town
(e) Died in a Home Hospital ✓ Institution Other place
(f) Name Hosp. or Inst. St. Joseph Stayed — days
(g) Lived in this county — years — months — days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
(a) State Idaho (b) County Ney Perce
(c) City or town Lewiston
(d) Street Address or R.F.D. No. 2415 - 16th Ave
(e) Deceased lived Inside? ✓ Outside? city or town
(f) Citizen of what country? —
(g) How long had deceased lived in Idaho? — years
(h) Former residence (city, state) —

3. (a) **FULL NAME** David Dell Mathewson

1610

3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Date of Birth (Month, Day, Year) 9-~~22~~ 24-44

8. AGE	Years	Months	Days	If less than 1 day
	—	—	4 ✓	— hrs — min.

9. Exact Occupation — Did this work for — yrs.
10. Industry or Business — Date last worked —
11. Birthplace Lewiston, Idaho (City or town) (State or foreign country)
Father
12. Name John B. Matthewson
13. Birthplace Joseph, Idaho (City or town) (State or foreign country)
Mother
14. Maiden name Lorraine Fuhrman V.V.
15. Birthplace Little Falls Minn (City or town) (State or foreign country)
16. Informant's **OWN** Signature John E. Matthewson
and Address Lewiston, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-29-44 (Month) (Day) (Year)
(c) Place: Lewiston, Idaho
18. Funeral Director's **OWN** Signature Vincent V. Vassar
and Address Lewiston, Idaho
19. (a) Oct. 3 1944 (Date received and filed) (b) Ruth E. Kuth (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 9-28 1944
at 2:00 o'clock a. M.
21. **I HEREBY CERTIFY**, That I attended deceased from Sept 24 1944, to Sept 25 1944
I last saw him alive on Sept 27 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Jaundice of New Born	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted? —	PHYISCIAN Underline the cause to which death should be charged statistically.
Name of operation — Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature John N. Alley (M. D. or other)
and Address Date 19
(For additional space, use reverse side)

alley

Riverside Cemetery.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 142398
Local Reg. No. 81
Reg. Dist. No. 3-381.

JAN 30 1945

1. **PLACE OF DEATH:**
   (a) County Payette
   (b) City or town Payette
   (c) Street Address or R.F.D. No. Stae Route
   (d) Death Occured Inside? ..... Outside? # ..... city or town
   (e) Died in a Home # Hospital .... Institution .... Other place ....
   (f) Name Hosp. or Inst. ..... Stayed ..... days
   (g) Lived in this county 4 years 8 months 18 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Payette
   (c) City or town Payette
   (d) Street Address or R.F.D. No. Star Route
   (e) Deceased lived Inside? ..... Outside? # ..... city or town
   (f) Citizen of what country? USA
   (g) How long had deceased lived in Idaho? 4 years
   (h) Former residence (city, state) Placerville, California

3. (a) **FULL NAME** Thresa Giller.

1620

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife Otto Russell Giller
6. (c) Age of husband or wife if alive diseased years
7. Date of Birth (Month, Day, Year) May 15 1860

8. AGE	Years	Months	Days	If less than 1 day
	84	7	k3	hrs min.

9. Exact Occupation at home — Did this work for life yrs.
10. Industry or Business home — Date last worked 12/27/1944
11. Birthplace Cincinnati, (City or town) Ohio. (State or foreign country)

Father
12. Name .....
13. Birthplace ..... (City or town) ..... (State or foreign country)

Mother
14. Maiden name .....
15. Birthplace ..... (City or town) ..... (State or foreign country)

16. Informant's **OWN** Signature Wm. E. Bowman
and Address Star Rt. Payette Idaho

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 12/30/1944 (Month) (Day) (Year)
(c) Place: Payette, Idaho.

18. Funeral Director's **OWN** Signature Edith Landon
and Address Payette, Idaho

19. (a) 12/29/1944 (Date received and filed) (b) J. O. Woodward (Registrar's signature)

(109)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) December 28 1944 19.....
about 6 o'clock A. M.

21. **I HEREBY CERTIFY**, That I attended deceased from ..... 19..... to ..... 19.....
I last saw h..... alive on ..... 19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Senality	
Due to	
Due to	
Other conditions ..... (Include pregnancy within 3 months of death)	

Where was disease contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature Edith Landon Coroner. (M. D. or other)
and Address Payette, Idaho. Date 12/28/1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

FEB 8 1945

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 142411
Local Reg. No. 1
Reg. Dist. No. 142

1. **PLACE OF DEATH:**
(a) County Shoshone
(b) City or town Kellogg
(c) Street Address or R. F. D. No. 66
(d) Death Occurred Inside? ____ Outside? ____ city or town
(e) Died in a Home ✓ Hospital ____ Institution ____ Other place ____
(f) Name Hosp. or Inst. ____ Stayed ____ days
(g) Lived in this county 16 years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State ____ (b) County ____
(c) City or town ____
(d) Street Address or R. F. D. No. ____
(e) Deceased lived Inside? ✓ Outside? ____ city or town
(f) Citizen of what country? ____
(g) How long had deceased lived in Idaho? 22 years
(h) Former residence (city, state) Coeur d'Alene Idaho

3. (a) **FULL NAME** Bessie Aurilla Byrd.

3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife James
6. (c) Age of husband or wife if alive 61 years
7. Date of Birth (Month, Day, Year) Nov. 7 - 1894

8. AGE	Years	Months	Days	If less than 1 day hrs	min.
	50	1	10		

9. Exact Occupation Housewife — Did this work for ____ yrs.
10. Industry or Business ____ — Date last worked ____
11. Birthplace Clintonville (City or town) Wisc (State or foreign country)

Father
12. Name Richard M. Thornton
13. Birthplace New York (City or town) (State or foreign country)

Mother
14. Maiden name Clara Nella Howe
15. Birthplace Wisc (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mrs. Merle Draper
and Address Kellogg Idaho
17. (a) Interment (Burial, cremation, or removal) (b) Date thereof Dec. 19-1944 (Month) (Day) (Year)
(c) Place: Cemetery Osburn Idaho
18. Funeral Director's **OWN** Signature R. F. Stuart
and Address Kellogg Idaho
19. (a) Jan 7-1945 (Date received and filed) (b) Mabel Helen M. Burch (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Dec. 17 1944
at 4:15 o'clock P M.

21. **I HEREBY CERTIFY,** That I attended deceased from 5-29 1944 to 12-17- 1944
I last saw her alive on 12-16- 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
HYPOSTATIC PNEUMONIA	3 DAYS
CHRONIC NEPHRITIS	4 YRS
Due to UREMIA	
Due to	
Other conditions CHRONIC MYOCARDITIS (Include pregnancy within 3 months of death)	5 YRS

Where was disease contracted? ____
Name of operation ____ Date ____
Major finding ____
Finding of autopsy ____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____

23. Attendant's **OWN** Signature Marion E. Hess MD (M. D. or other)
and Address Hutton Bldg Date 1-3 1945
(For additional space, use reverse side)
Kellogg Idaho

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Amended Feb. 16, 1953

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 142430
Local Reg. No. 304
Reg. Dist. No. 461

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
   (a) County Twin Falls
   (b) City or town Buhl
   (c) Street Address or R.F.D. No. 4
   (d) Death Occured Inside? ..... Outside? ..... city or town
   (e) Died in a Home X Hospital .... Institution .... Other place ....
   (f) Name Hosp. or Inst. ..... Stayed ..... days
   (g) Lived in this county 31 years ..... months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Twin Falls
   (c) City or town Buhl
   (d) Street Address or R.F.D. No. 4
   (e) Deceased lived Inside? ..... Outside? ..... city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 31 years
   (h) Former residence (city, state) Utah

3. (a) **FULL NAME** LIONEL H. OLSEN

3. (b) If veteran, name war X
3. (c) Social Security No. X
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Hazel Olsen
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) June 29, 1881

8. AGE	Years	Months	Days	If less than 1 day
	63	5	28	hrs ..... min.

9. Exact Occupation Blacksmith — Did this work for ..... yrs.
10. Industry or Business ..... — Date last worked .....
11. Birthplace Salina, Utah (City or town) (State or foreign country)

Father
12. Name James C. Olsen
13. Birthplace Copenhagen, Den. (City or town) (State or foreign country)

Mother
14. Maiden name .....
15. Birthplace Denmark (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mrs. Leo H. Olsen
and Address Rt. 4 Buhl

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/3/45 (Month) (Day) (Year)
(c) Place: Buhl, Ida.

18. Funeral Director's **OWN** Signature Evans & Johnson
and Address Buhl, Ida. L. J. Johnson

19. (a) Jan. 17, 1945 (Date received and filed) (b) J. A. Pumphrey (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) 12/27/44 19.....
at 2 o'clock P.M.

21. **I HEREBY CERTIFY,** That I attended deceased from Sept. 1944, to 12-27 1944
I last saw him alive on 12:20 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Carcinoma of lung	2 mos.
Due to Carcinoma of prostate	1 yr.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature John A. Coughlin (M. D. or other)
and Address Twin Falls, Ida. Date ..... 19.....
(For additional space, use reverse side)

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 12430

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of death (Birth or Death)

for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)

in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name of Deceased	Leo M. Olsen	Lionel H. Olsen

Subscribed and sworn to before me this 16 day of Feb 19 53

Robert L Murdock
Notary Public, residing at Boise
My commission expires 7-12-54
(Seal)

Signed LaVere Berthelsen
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

408 Iowa St. Boise
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Ada } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16 day of Feb 19 53

Robert L Murdock
Notary Public, residing at Boise
My commission expires 7-12-54
(Seal)

Signed Frank L Lemmon
(Signature of Any Credible Person)

1616 Michigan St.
Boise
(Street Address, City, State)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 142430
Local Reg. No. 304
Reg. Dist. No. 461

FEB 12 1945

1. **PLACE OF DEATH:**
   (a) County Twin Falls
   (b) City or town Burley
   (c) Street Address or R.F.D. No. 4
   (d) Death Occured Inside? ..... Outside? X city or town
   (e) Died in a Home X Hospital .... Institution .... Other place ....
   (f) Name Hosp. or Inst. ..... Stayed ..... days
   (g) Lived in this county 31 years 3 months ..... days

   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Twin Falls
   (c) City or town Burley
   (d) Street Address or R.F.D. No. 4
   (e) Deceased lived Inside? ..... Outside? X city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 31 years
   (h) Former residence (city, state) Utah

3. (a) **FULL NAME** Leo M. Olsen (Olsen) Leo. M. Olsen 51h

3. (b) If veteran, name war X
3. (c) Social Security No. X
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Hazel Olsen
6. (c) Age of husband or wife if alive 62 years
7. Date of Birth (Month, Day, Year) June 9 1881

8. AGE	Years	Months	Days	If less than 1 day hrs	min.
	63	5	24		

9. Exact Occupation Blacksmith — Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Salina, Utah (City or town) (State or foreign country)

Father
12. Name James C. Olsen
13. Birthplace Copenhagen, Den. (City or town) (State or foreign country)

Mother
14. Maiden name .....
15. Birthplace Denmark (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mrs Leo M Olsen
and Address RT 4 Burley

17. (a) Burial (b) Date thereof 1/3/45 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: Burley Ida

18. Funeral Director's **OWN** Signature [illegible]
and Address [illegible]

19. (a) Jan 17 1945 (b) [illegible] (Date received and filed) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH 47d

20. **DATE OF DEATH** (Month, Day, Year) 12 27 44 19.....
at 2 o'clock P M.

21. **I HEREBY CERTIFY**, That I attended deceased from Sept 1944, to 12-27-1944
I last saw h. alive on 12-20 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death	Duration
Carcinoma of Lung	2 mos
Due to Carcinoma of Prostate	1 yr
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? .....
Name of operation ..... Date .....
Major finding .....
Finding of autopsy .....

PHYISICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature [illegible] (M. D. or other)
and Address [illegible] Date ..... 19.....
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

JAN 11 1945

State File No. 142431
Local Reg. No. 300
Reg. Dist. No. 461

1. **PLACE OF DEATH:**
   (a) County Twin Falls
   (b) City or town Twin Falls
   (c) Street Address or R. F. D. No.
   (d) Death Occured Inside? X Outside? city or town
   (e) Died in a Home Hospital Institution Other place X
   (f) Name Hosp. or Inst. Log Cabin Home Stayed days
   (g) Lived in this county years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County T. Falls
   (c) City or town Filmore Idaho
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? Outside? city or town
   (f) Citizen of what country?
   (g) How long had deceased lived in Idaho? years
   (h) Former residence (city, state)

3. (a) **FULL NAME** Judy Marie Eslinger

159

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) December 29, 1944

8. AGE	Years	Months	Days	If less than 1 day
				1½ hrs XX min.

9. Exact Occupation — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace Twin Falls, Idaho (City or town) (State or foreign country)

Father
12. Name Elmer Eslinger
13. Birthplace Littleton, Colo. (City or town) (State or foreign country)

Mother
14. Maiden name Mary Wilkins
15. Birthplace Holden, Mo. (City or town) (State or foreign country)

16. Informant's **OWN** Signature Elmer D. Eslinger
and Address Filmore Route 2

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-30-44 (Month) (Day) (Year)
(c) Place: Sunset Memorial Park

18. Funeral Director's **OWN** Signature L. C. Fillmore
and Address Twin Falls, Idaho

19. (a) Dec 30 1944 (Date received and filed) (b) (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) December 29, 1944
at 1:45 o'clock A M.

21. **I HEREBY CERTIFY**, That I attended deceased from Dec 29 1944 to Dec 29 1944
I last saw her alive on Dec 29 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — Duration
Prematurb — t
Due to only 6 months
Due to
Other conditions (Include pregnancy within 3 months of death)

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature J. E. Langenwalter (M. D. or Other)
and Address Twin Falls Date Dec 30 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

142511

State File No. 142511
Local Reg. No. 318
Reg. Dist. No. 220

1. **PLACE OF DEATH:**
   (a) County Nez Perce
   (b) City or town Lewiston
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? x Outside? city or town
   (e) Died in a Home Hospital x Institution Other place
   (f) Name Hosp. or Inst St. Joseph's Stayed 33 days
   (g) Lived in this county 5 years months days

   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Nez Perce
   (c) City or town Lewiston
   (d) Street Address or R.F.D. No. 1703-G St.
   (e) Deceased lived Inside? x Outside? city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 20 years
   (h) Former residence (city, state)

3. (a) **FULL NAME** W. D. Steadman

51 b

3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife no record
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) March 13, 1865

8. AGE	Years	Months	Days	If less than 1 day
	79	9	8	hrs min.

9. Exact Occupation retired Did this work for yrs.
10. Industry or Business farmer Date last worked
11. Birthplace Ontario, Canada (City or town) (State or foreign country)

Father
12. Name William Steadman
13. Birthplace Ontario, Canada (City or town) (State or foreign country)

Mother
14. Maiden name Mary Moodes
15. Birthplace Ontario, Canada (City or town) (State or foreign country)

16. Informant's **OWN** Signature R.E. DeBaun
and Address Lewiston, Idaho
17. (a) burial (b) Date thereof 12-27-44 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: Culdesac, Idaho
18. Funeral Director's **OWN** Signature Durant U. Vassar
and Address Lewiston, Idaho
19. (a) March 14, 1945 (Date received and filed) (b) Jean DeWelles (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

162 b

20. **DATE OF DEATH** (Month, Day, Year) December 21, 1944 at 7:40 o'clock p.m.
21. **I HEREBY CERTIFY**, That I attended deceased from Dec 1 1944, to Dec. 21, 1944
I last saw him alive on Dec 21 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Carcinoma Prostate	6 mos
Due to	
Due to	
Other conditions Senility	2 yrs
(Include pregnancy within 3 months of death)	

Where was disease contracted? Lewiston
Name of operation Prostectomy Date 12-14-44
Major finding Carcinoma
Finding of autopsy none

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature Ely Braddock MD (M. D. or other)
and Address Lewiston Ida Date 3-14 1945
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

State File No. 142627
Local Reg. No. 68
Reg. Dist. No. 365

1. **PLACE OF DEATH:**
   (a) County Canyon
   (b) City or town Parma
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? Outside? X city or town
   (e) Died in a Home Hospital Institution Other place X
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Valley
   (c) City or town Donnelly
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? X Outside? city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? years
   (h) Former residence (city, state)

3. (a) **FULL NAME** BERTRAN ALBERT HUDSON

172

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male race White
5. Color or
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mabel Hudson
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Dec. 7, 1888

8. AGE	Years	Months	Days	If less than 1 day
	55	11	26	hrs min.

9. Exact Occupation Mechanic — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace Stuttgart, Kansas (City or town) (State or foreign country)

Father
12. Name Willis Hudson
13. Birthplace Indiana (City or town) (State or foreign country)

Mother
14. Maiden name Mary Ann
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's **OWN** Signature Wilner M. Hudson
and Address 263 4th St. Lebanon Ore.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/6/45 (Month) (Day) (Year)
(c) Place: Canyon Hill Cemetery, Caldwell Idaho

18. Funeral Director's **OWN** Signature
and Address 504 So. Kimball Ave., Caldwell, Ida.

19. (a) 2-20-45 (Date received and filed) (b) Ruth Hill (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Dec. 3, 1944
at 7:00 o'clock A. M.

21. **I HEREBY CERTIFY**, That I attended deceased from ..... 19..., to ..... 19...
I last saw h... alive on ..... 19...; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Drowned in Snake River	
by Boat sinking while Hunting Ducks.	
Due to Chain catching on Bottom	
of River.	
~~Due to~~ Parma Feb. 4-1945.	
Other conditions	
(Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ..... Date
Major finding
Finding of autopsy None

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? X Suicide? Homicide?
Occurred Dec. 3, 1944 City, county, state where violence occurred Near Parma Ida.
Place of Violence: Home Farm Industry
Public Place While at work? No
Means of injury Drowned.

23. Attendant's **OWN** Signature W. D. Talley, M. D. or Coroner
and Address Wanpa Ida. Date 1-8 1945

(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

MAR 19 [illegible]

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 142658
Local Reg. No.
Reg. Dist. No. 570

1. **PLACE OF DEATH:**
   (a) County Caribou
   (b) City or town Soda Springs, Idaho
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? X Outside? ____ city or town
   (e) Died in a Home ____ Hospital X Institution ____ Other place ____
   (f) Name Hosp. or Inst CARIBOU CO Stayed 4 HRS days
   (g) Lived in this county ____ years ____ months 4 Hrs. days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Caribou
   (c) City or town Soda Springs
   (d) Street Address or R. F. D. No.
   (e) Deceased lived Inside? X Outside? ____ city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 4 hrs. years
   (h) Former residence (city, state) 0

3. (a) **FULL NAME** Not named 159

3. (b) If veteran, name war 0
3. (c) Social Security No. 0
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife 0
6. (c) Age of husband or wife if alive 0 years
7. Date of Birth (Month, Day, Year) Feby. 14, 1944

8. AGE	Years	Months	Days	If less than 1 day
				4 hrs min.

9. Exact Occupation Premature birth Did this work for 0 yrs.
10. Industry or Business 0 Date last worked 0
11. Birthplace Soda Springs, Idaho (City or town) (State or foreign country)

Father
12. Name ROY CORBETT
13. Birthplace Grace, Idaho (City or town) (State or foreign country)

Mother
14. Maiden name LA RENE PANTER
15. Birthplace Thatcher, Idaho (City or town) (State or foreign country)

16. Informant's OWN Signature Roy Corbett
and Address Grace, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/15/44 (Month) (Day) (Year)
(c) Place: Grace, Idaho
18. Funeral Director's OWN Signature E. D. Whitmore
and Address Soda Springs, Idaho.
19. (a) 3-15-44 (Date received and filed) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Feby. 14, 1944 19____
at 2.30 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from 2/14/44 19____ to 2.14/44 19____
I last saw h im alive on 2/14/44 19____; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Baby was a 6½ month	
✓ premature	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation ____ Date ____	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19____ City, county, state where violence occurred
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury
23. Attendant's OWN Signature J. B. Koehler M.D.
(M. D. or other)
and Address ____ Date ____ 19____
(For additional space, use reverse side)

142659

United States
Department of Commerce
Bureau of the Census

MAR 12 1945

CERTIFICATE OF DEATH

STATE OF IDAHO

State File No. 142659
Local Reg. No.
Reg. Dist. No. 520

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
   (a) County CARIBOU
   (b) City or town Soda Springs Idaho
   (c) Street Address or R. F. D. No. Enders, Hotel
   (d) Death Occurred Inside? X Outside? ..... city or town
   (e) Died in a Home .... Hospital X Institution .... Other place ....
   (f) Name Hosp. or Inst. Caribou Co. Stayed 7 days
   (g) Lived in this county 6 years ..... months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Caribou
   (c) City or town Soda Springs, Idaho
   (d) Street Address or R. F. D. No. Enders Hotel
   (e) Deceased lived Inside? X Outside? ..... city or town
   (f) If foreign born, in U. S. 46 yrs. Citizen of U. S.? X
   (g) How long had deceased lived in Idaho? 6 years
   (h) Former residence (city, state) Salt Lake City Utah

3. (a) **FULL NAME** YETTE GOLDSTEIN

136
1246

3. (b) If veteran, name war 0
3. (c) Social Security No. 0
5. Color or
6. (a) Single, widowed, married,

4. Sex Female race White divorced Married
6. (b) Name of husband or wife Louis Goldstein
6 (c) Age of husband or wife if alive 65 years
7. Date of Birth (Month, Day, Year) Nov. 26, 1889

8. AGE	Years	Months	Days	If less than 1 day
	55			hrs min.

9. Exact Occupation Housewife — Did this work for 35 yrs.
10. Industry or Business 0 — Date last worked
11. Birthplace Austria (City or town) (State or foreign country)

Father
12. Name Isadore Wagner
13. Birthplace Austria (City or town) (State or foreign country)

Mother
14. Maiden name Tannenbaum
15. Birthplace Austria (City or town) (State or foreign country)

16. Informant's **OWN** Signature Miss Esther Mandler
and Address 326-C Linden Long Beach, Calif
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 6/7/44 (Month) (Day) (Year)
(c) Place: Philadelphia, Penn.
18. Funeral Director's **OWN** Signature Cyril Darby
and Address Salt Lake City, U
19. (a) June 9, 1944 (Date received and filed) (b) D. Russell Tingey (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) June 7, 1944 19....
at 7:30 o'clock P.M.

21. I **HEREBY CERTIFY**, That I attended deceased from 6/7/44 19.... to 6/7/44 19....
I last saw her alive on 6/7/44 19....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Due to Apoplexy	1 day
Due to Cirrhosis of Liver	15 yr
Other conditions TB of Rt. Lung (Include pregnancy within 3 months of death)	15 yr

Where was disease first contracted?
Name of operation ..... Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19.... City, county, state
where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature J. B. Koelker M. D.
and Address Soda Springs (M. D. or other) Date 6-7 1944

(For additional space, use reverse side)

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142660

United States
Department of Commerce
Bureau of the Census

MAR 12 1945

Certificate Of Death

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No. 570

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
   (a) County CARIBOU
   (b) City or town Soda Springs, Idaho
   (c) Street Address or R. F. D. No.
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home .... Hospital X Institution .... Other place ....
   (f) Name Hosp. or Inst. Caribou Co stayed ..... days
   (g) Lived in this county 30 years ..... months ..... days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2. Nebraska

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County CARIBOU
   (c) City or town Soda Springs
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? X Outside? ..... city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 30 years
   (h) Former residence (city, state) NEBRASKA

3. (a) **FULL NAME** Olof N. Swanson 83a

3. (b) If veteran, name war No
3. (c) Social Security No. 519-14-9801
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced SINGLE
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) June 17-1873

8. AGE	Years	Months	Days	If less than 1 day
	71	1	18	hrs min.

9. Exact Occupation Farmer — Did this work for ..... yrs.
10. Industry or Business FARMING — Date last worked 1938
11. Birthplace Sweden (City or town) (State or foreign country)

Father
12. Name Sven Nicklarson
13. Birthplace Sweden (City or town) (State or foreign country)

Mother
14. Maiden name Hannah Larson
15. Birthplace Sweden (City or town) (State or foreign country)

16. Informant's **OWN** Signature Francis V. Burns
and Address Soda Springs, Idaho.

17. (a) Buriel (Burial, cremation, or removal) (b) Date thereof Aug. 6. 44 (Month) (Day) (Year)
(c) Place: Soda Springs, Idaho

18. Funeral Director's **OWN** Signature E. D. Whitman
and Address Soda Springs, Idaho

19. (a) Aug. 14, 1944 (Date received and filed) (b) Dr. Russell Tisch (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH 97

20. **DATE OF DEATH** (Month, Day, Year) August 4, 1944 19.....
at 7 o'clock P. M.

21. **I HEREBY CERTIFY**, That I attended deceased from 7-31-44 to 8-5-44 19..., to Aug. 4, 1944 19...
I last saw him alive on Aug. 4. 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Hypostatic Pneumonia	1 day
Due to Cerebral Hemorrhage	5 days
Due to Arteriosclerosis	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ..... Date .....
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury

23. Attendant's **OWN** Signature J. B. Koellen M. D. (M. D. or other)
and Address Soda Springs Date 8-4 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

MAR 12 1945

Certificate Of Death

STATE OF IDAHO

State File No. 142661
Local Reg. No.
Reg. Dist. No. 530

1. **PLACE OF DEATH:**
   (a) County CARIBOU
   (b) City or town Soda Springs, Idaho
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? X Outside? city or town
   (e) Died in a Home.... Hospital X Institution.... Other place....
   (f) Name Hosp. or Inst. CARIBOU CO Stayed 5 days
   (g) Lived in this county 0 years 0 months 0 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County BANNOCK
   (c) City or town LAVA HOT SPRINGS
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? X Outside? city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 30 years
   (h) Former residence (city, state) Wyoming

3. (a) **FULL NAME** ALMA PORTER

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3. (b) If veteran, name war 0
3. (c) Social Security No. 0
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Sarah A. Porter
6. (c) Age of husband or wife if alive 77 years
7. Date of Birth (Month, Day, Year) March 15, 1859

8. AGE	Years	Months	Days	If less than 1 day
	85	6	0	hrs min.

9. Exact Occupation Contractor Did this work for 50 yrs.
10. Industry or Business Construction Date last worked 1943
11. Birthplace Salt Lake City, Utah. (City or town) (State or foreign country)

Mother Father
12. Name Robert Porter
13. Birthplace England (City or town) (State or foreign country)
14. Maiden name Mary Williams
15. Birthplace England (City or town) (State or foreign country)

16. Informant's **OWN** Signature Sarah A. Porter
and Address Lava Hot Springs, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/19/44 (Month) (Day) (Year)
(c) Place: Lava Hot Springs, Ida.
18. Funeral Director's **OWN** Signature E. D. Whitman
and Address Soda Springs, Idaho
19. (a) Sept. 18, 1944 (Date received and filed) (b) D. Russell Lynch (Registrar's signature)

111c

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) SEPT. 15. 1944 19
at 12.50 o'clock P M.
21. **I HEREBY CERTIFY**, That I attended deceased from 9-12 19 44, to 9/15/44 19
I last saw him alive on 9/15/44 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Hypostatic pneumonia	8 hours
Due to Mitral Stenosis & mitral insufficiency	5 yrs.
Due to Senile Dementia	?
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature J. B. Koelker M.D. (M. D. or other)
and Address Soda Springs, Idaho Date 9-18 1944
(For additional space, use reverse side)

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Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

MAR 12 1945

State File No. 142662
Local Reg. No.
Reg. Dist. No. 520

1. PLACE OF DEATH:

(a) County Caribou
(b) City or town Soda Springs
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? Outside? city or town
(e) Died in a Home Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed 0 days
(g) Lived in this county ~~years~~ life months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

(a) State Idaho (b) County Bannock
(c) City or town Grace Id.
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? Outside? city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? life years
(h) Former residence (city, state)

3. (a) **FULL NAME** Bill D. Hansen

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3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male race White
5. Color or
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Aug 12 1943

8. AGE	Years	Months	Days	If less than 1 day
	1	1	2	hrs min.

9. Exact Occupation Baby — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace Grace (City or town) Idaho (State or foreign country)

Father
12. Name Melvin D. Hansen
13. Birthplace Provo (City or town) Utah (State or foreign country)

Mother
14. Maiden name Grace Roholt
15. Birthplace (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mrs. Melvin D. Hansen
and Address

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 19 44 (Month) (Day) (Year)
(c) Place: Grace Ida.

18. Funeral Director's **OWN** Signature M. C. Hendricks
and Address Preston Idaho

19. (a) 2-28-45 (Date received and filed) (b) Dr Russell Tigert (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Oct. 14 1944
at o'clock M.

21. **I HEREBY CERTIFY**, That I attended deceased from 19, to 19
I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Drowned	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ✓ Suicide? Homicide?
Occurred Oct 14 1944 City, county, state where violence occurred
Place of Violence: Home Farm ✓ Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature J. B. Koellner M. D.
(M. D. or other)
and Address Soda Springs Idaho Date 19
(For additional space, use reverse side)

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

Local Registrar's Duplicate 142663
Local Reg. No.
Reg. Dist. No. 520

1. **PLACE OF DEATH:**
   (a) County Caribou
   (b) City or town Soda Springs
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? Outside? city or town
   (e) Died in a Home Hospital Institution Other place
   (f) Name Hosp. or Inst. Soda Springs Stayed days
   (g) Lived in this county years 2 months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Bannock
   (c) City or town Grace
   (d) Street Address or R. F. D. No.
   (e) Deceased lived Inside? Outside? city or town
   (f) Citizen of what country?
   (g) How long had deceased lived in Idaho? years
   (h) Former residence (city, state)

3. (a) **FULL NAME** Mary Ellen McLain 92b

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or Race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife David
6. (c) Age of husband or wife if alive dead years
7. Date of Birth (Month, Day, Year) Feb 24 1866

8. AGE	Years	Months	Days	If less than 1 day
	78	7	27	hrs min.

9. Exact Occupation Housewife — Did this work for life yrs.
10. Industry or Business — Date last worked
11. Birthplace Kausville Utah (City or town) (State or foreign country)

Father
12. Name John C Edgbert
13. Birthplace Scotland (City or town) (State or foreign country)

Mother
14. Maiden name Ellen Bennett
15. Birthplace England (City or town) (State or foreign country)

16. Informant's OWN Signature Clifford McLain
and Address Idaho Falls Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 25 1944 (Month) (Day) (Year)
(c) Place: Turner Idaho

18. Funeral Director's OWN Signature M. W. Hendricks
and Address Preston Idaho

19. (a) 2-28-45 (Date received and filed) (b) D. Russell Tigert (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH 87c

20. **DATE OF DEATH** (Month, Day, Year) Oct 21 1944
at 4:30 o'clock P M.

21. **I HEREBY CERTIFY,** That I attended deceased from Sept 12 1944 to Oct 21 1944
I last saw her alive on Oct 21 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Hypostatic Pneumonia	2 days
Due to Mitral Stenosis +	
Insufficiency	6 yrs.
Due to	
Other conditions Paralysis Agitans (Include pregnancy within 3 months of death)	20 yrs

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's OWN Signature J. B. Koehler M. D. (M. D. or other)
and Address Soda Springs Idaho Date 10-22 1944

(For additional space, use reverse side)

United States
Department of Commerce
Bureau of the Census

MAR 12 1945

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 142664
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF DEATH:**
(a) County
(b) City or town
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside?.....Outside?.....city or town
(e) Died in a Home ....Hospital....Institution ....Other place ....
(f) Name Hosp. or Inst.....Stayed.....days
(g) Lived in this county.....years.....months.....days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bonneville
(c) City or town Gray
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside?.....city or town
(f) If foreign born, in U. S.....yrs. Citizen of U. S.? yes
(g) How long had deceased lived in Idaho? 61 years
(h) Former residence (city, state) California

3. (a) **FULL NAME** ALMEDA SIMMONS SIBBETT

107
1626

3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife James L. Sibbett
6 (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) September 8, 1855

8. AGE	Years	Months	Days	If less than 1 day
	91	1	20	hrs min.

9. Exact Occupation house wife — Did this work for 60 yrs.
10. Industry or Business House keeping — Date last worked 1945
11. Birthplace SAN BARDINO, CALIF. (City or town) (State or foreign country)

Father
12. Name WILLIAM SIMMONS
13. Birthplace CANADA (City or town) (State or foreign country)

Mother
14. Maiden name Mary Whiting
15. Birthplace NEW YORK (City or town) (State or foreign country)

16. Informant's **OWN** Signature Earl Sibbett
and Address Soda Springs, Idaho.
17. (a) Buriel (Burial, cremation, or removal) (b) Date thereof Oct. 31, 44 (Month) (Day) (Year)
(c) Place: Gray, Idaho
18. Funeral Director's **OWN** Signature E. D. Whitman
and Address Soda Springs, Idaho
19. (a) ..... (Date received and filed) (b) ..... (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Oct. 28, 1944 19.....
at Five o'clock A M.

21. I **HEREBY CERTIFY**, That I attended deceased from .....19..... to Oct. 28, 1944 19.....
I last saw her alive on Oct. 28, 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — Duration

1 Bronchial Pneumonia
Due to Infirmities of age
Due to
Other conditions
(Include pregnancy within 3 months of death)

Where was disease first contracted?
Name of operation..... Date.....
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident?..... Suicide?..... Homicide?.....
Occurred.....19..... City, county, state where violence occurred
Place of Violence: Home..... Farm..... Industry.....
Public Place..... While at work?.....
Means of injury

23. Attendant's **OWN** Signature Russell Wright (M. D. or other)
and Address Soda Springs Date Nov 5 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filing out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

MAR 12 1945

Certificate Of Death

STATE OF IDAHO

State File No. 142665
Local Reg. No.
Reg. Dist. No. 520

1. **PLACE OF DEATH:**
   (a) County Caribou
   (b) City or town Soda Springs
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? ✓ Outside? ... city or town
   (e) Died in a Home (Hospital) Institution ... Other place ...
   (f) Name Hosp. or Inst. Caribou County Stayed 1 days
   (g) Lived in this county ... years ... months ... days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Bannock
   (c) City or town Pocatello
   (d) Street Address or R.F.D. No. 435 S. 4th
   (e) Deceased lived Inside? ✓ Outside? ... city or town
   (f) Citizen of what country? U.S.A.
   (g) How long had deceased lived in Idaho? 40 years
   (h) Former residence (city, state) Oregon

3. (a) **FULL NAME** John Johannsen

83a
102

3. (b) If veteran, name war ✓
3. (c) Social Security No. none
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Mabel
6. (c) Age of husband or wife if alive ... years
7. Date of Birth (Month, Day, Year) Dec. 28, 1880

8. AGE	Years	Months	Days	If less than 1 day
	63	10	13	hrs ... min.

9. Exact Occupation Pool Hall operator — Did this work for 5 yrs.
10. Industry or Business Square Deal Pool Hall — Date last worked 11-11-44
11. Birthplace Germany (City or town) (State or foreign country)

Father
12. Name John Johannsen
13. Birthplace Germany (City or town) (State or foreign country)

Mother
14. Maiden name Unknown
15. Birthplace Switzerland (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mabel W. Johannsen
and Address 435 S. Fourth

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-15-44 (Month) (Day) (Year)
(c) Place: Mountain View

18. Funeral Director's **OWN** Signature Byron B. Conrad
and Address Pocatello Idaho

19. (a) Nov. 16, 1944 (Date received and filed) (b) D. Russell Tigert (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Nov 11 1944
at 3:28 o'clock A M.

21. **I HEREBY CERTIFY**, That I attended deceased from 11-10 1944, to 11-11 1944
I last saw h... alive on ... 19...; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
✓ Cerebral Hemorrhage	5 hours
Due to Hypertension	6 yrs.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ... Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ... Suicide? ... Homicide? ...
Occurred ... 19... City, county, state where violence occurred
Place of Violence: Home ... Farm ... Industry ...
Public Place ... While at work? ...
Means of injury

23. Attendant's **OWN** Signature J. B. Koehler M.D. (M. D. or other)
and Address Soda Springs Date 11-13 1944
(For additional space, use reverse side)

Idaho

128

142666

United States
Department of Commerce
Bureau of the Census

MAR 12 1945

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
   (a) County Caribou
   (b) City or town Soda Springs
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? X Outside? ____ city or town
   (e) Died in a Home ____ Hospital X Institution ____ Other place ____
   (f) Name Hosp. ~~or Inst.~~ Caribou Co. Stayed 7 days
   (g) Lived in this county ____ years ____ months ____ days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Bannock
   (c) City or town Grace
   (d) Street Address or R. F. D. No.
   (e) Deceased lived Inside? X Outside? ____ city or town
   (f) Citizen of what country? U. S. A.
   (g) How long had deceased lived in Idaho? 45 years
   (h) Former residence (city, state) Layton, Utah

3. (a) **FULL NAME** Hyrum Rufus Adams 83a

3. (b) If veteran, name war ____ 3. (c) Social Security No. ____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Rosa B. Adams 6. (c) Age of husband or wife if alive 50 years

7. Date of Birth (Month, Day, Year) November 30, 1877

8. AGE	Years	Months	Days	If less than 1 day
	67	0	1	hrs ____ min.

9. Exact Occupation Farmer — Did this work for Life yrs.
10. Industry or Business — Date last worked
11. Birthplace Layton (City or town) Utah (State or foreign country)

Father
12. Name Hyrum Adams
13. Birthplace Layton (City or town) Utah (State or foreign country)

Mother
14. Maiden name Rose Higgs
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's **OWN** Signature Rosa B. Adams and Address Grace, Idaho
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Dec. 4 1944 (Month) (Day) (Year)
    (c) Place: Grace, Idaho
18. Funeral Director's **OWN** Signature W. L. McHan and Address Pocatello, Idaho
19. (a) Dec 4, 1944 (Date received and filed) (b) ____ (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH 102

20. **DATE OF DEATH** (Month, Day, Year) Dec 1 19 44
    at 2:30 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from ____ 19____, to ____ 19____
    I last saw him alive on 11-30 19 44; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Cerebral Hemorrhage	7 days
Due to Hypertension	4 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation ____ Date ____
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
    Occurred ____ 19____ City, county, state where violence occurred
    Place of Violence: Home ____ Farm ____ Industry ____
    Public Place ____ While at work? ____
    Means of injury
23. Attendant's **OWN** Signature J. H. Kaelin M. D. (M. D. or other)
    and Address Soda Springs Date 12-1 1944
    (For additional space use reverse side)

United States
Department of Commerce
Bureau of the Census

MAR 12 1945

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 142667
Local Reg. No.
Reg. Dist. No. 30

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. PLACE OF DEATH:
(a) County CARIBOU
(b) City or town Soda Springs, Idaho
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. Caribou Co. Stayed 2 days
(g) Lived in this county 20 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Caribou
(c) City or town Soda Springs,
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) If foreign born, in U. S. 35 yrs. Citizen of U. S.? Yes
(g) How long had deceased lived in Idaho? 35 years
(h) Former residence (city, state) PANAMA

3. (a) **FULL NAME** FRIEDA STAATS

566
122a

3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife JOHN STAATS
6. (c) Age of husband or wife if alive Dead years
7. Date of Birth (Month, Day, Year) October 3, 1870
8. **AGE**

Years	Months	Days	If less than 1 day
74	2	5	hrs min.

9. Exact Occupation House wife — Did this work for 50 yrs.
10. Industry or Business Keeping house — Date last worked 12/2/44
11. Birthplace (City or town) GERMANY (State or foreign country)

Father
12. Name HINSELMAN
13. Birthplace (City or town) GERMANY (State or foreign country)

Mother
14. Maiden name UNKNOWN
15. Birthplace (City or town) (State or foreign country)

16. Informant's **OWN** Signature Clyde Hill
and Address CONDA, IDAHO
17. (a) BURIEL (Burial, cremation, or removal) (b) Date thereof 12/12/44 (Month) (Day) (Year)
(c) Place: Soda Springs, Idaho
18. Funeral Director's **OWN** Signature E D Whiteman
and Address Soda Springs, Idaho
19. (a) Dec. 13, 1944 (Date received and filed) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) December 8, 1944 19
at 4.30 o'clock AM.

21. I **HEREBY CERTIFY**, That I attended deceased from 12-4 19 44 to 12/8/44 19
I last saw her alive on 12/8/44 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Intestinal obstruction	5 days
Due to Large fibroid uterus and adhesions with a	20 yrs.
Due to ventral hernia	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease first contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature J B Koehler M.D. (M. D. or other)
and Address Soda Springs, Ida Date 12, 8 1944
(For additional space, use reverse side)

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United States
Department of Commerce
Bureau of the Census

MAR 12 1945

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 142668
Local Reg. No.
Reg. Dist. No. 520

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
   (a) County CARIBOU
   (b) City or town Soda Springs, Idaho.
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? Outside? city or town
   (e) Died in a Home Hospital Institution Other place
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county years months days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Caribou
   (c) City or town Soda Springs
   (d) Street Address or R. F. D. No.
   (e) Deceased lived Inside? X Outside? city or town
   (f) If foreign born, in U. S. yrs. Citizen of U. S.? X
   (g) How long had deceased lived in Idaho? 71 years
   (h) Former residence (city, state) PARIS, IDA.

3. (a) **FULL NAME** LAURA MAY HORSLEY LAU

746
111c

3. (b) If veteran, name war 0
3. (c) Social Security No. 0
4. Sex FEMALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife JOSEPH E. LAU
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year)

8. AGE	Years	Months	Days	If less than 1 day: hrs	min.

9. Exact Occupation HOUSE WIFE — Did this work for 54 yrs.
10. Industry or Business HOUSE KEEPING — Date last worked JUNE 1st, 44
11. Birthplace PARIS (City or town) IDAHO (State or foreign country)

Father
12. Name THOMAS H. HORSLEY
13. Birthplace (City or town) ENGLAND (State or foreign country)

Mother
14. Maiden name SOPHIA EDGHILL
15. Birthplace (City or town) ENGLAND (State or foreign country)

16. Informant's **OWN** Signature Geo Lau
and Address SODA SPRINGS, IDAHO
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 12/26/44 (Month) (Day) (Year)
(c) Place: SODA SPRINGS, IDAHO
18. Funeral Director's **OWN** Signature E D Whitman
and Address Soda Springs, Idaho
19. (a) 2-28-45 (Date received and filed) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) DEC. 23, 44 19
at 5.15 o'clock A.M.
21. I **HEREBY CERTIFY,** That I attended deceased from 19 to 12/23/44 19
I last saw her alive on 12/23/44 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Hypostatic Pneumonia	1 day.
Due to Aleukemic Leukemia	15 mon.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease first contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature J B Koehler M.D. (M. D. or other)
and Address Soda Springs, Idaho Date 19
(For additional space use reverse side)

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Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

MAR 21 1945

Certificate Of Death

STATE OF IDAHO

State File No. 142669
Local Reg. No.
Reg. Dist. No.

1. PLACE OF DEATH:
(a) County CARIBOU
(b) City or town SODA SPRINGS, IDAHO.
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? X Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. CARIBOU CO. Stayed 0 days
(g) Lived in this county 10 years 0 months 0 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State IDAHO (b) County CARIBOU
(c) City or town SODA SPRINGS, IDAHO
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? U.S.A.
(g) How long had deceased lived in Idaho? 10 years
(h) Former residence (city, state) 0

3. (a) FULL NAME RICHARD CARROLL TORGESEN 1700

3. (b) If veteran, name war 0
3. (c) Social Security No. 0
4. Sex MALE
5. Color or Race WHITE
6. (a) Single, widowed, married, divorced SINGLE
6. (b) Name of husband or wife 0
6. (c) Age of husband or wife if alive 0 years
7. Date of Birth (Month, Day, Year) APRIL 0, 1934.

8. AGE	Years	Months	Days	If less than 1 day
	10	8	19	hrs min.

9. Exact Occupation SCHOOL BOY Did this work for yrs.
10. Industry or Business SCHOOL Date last worked
11. Birthplace SODA SPRINGS, IDAHO. (City or town) (State or foreign country)

Father
12. Name JOSEPH RICHARD TORGESEN
13. Birthplace BANCROFT, IDAHO (City or town) (State or foreign country)

Mother
14. Maiden name ARLENE TUCKER
15. Birthplace FAIRVIEW, UTAH (City or town) (State or foreign country)

16. Informant's **OWN** Signature Richard Torgesen
and Address SODA SPRINGS, IDAHO

17. (a) BURIEL (Burial, cremation, or removal) (b) Date thereof 12/28/44 (Month) (Day) (Year)
(c) Place: SODA SPRINGS, IDAHO

18. Funeral Director's **OWN** Signature E. B. Whitman
and Address SODA SPRINGS, IDAHO

19. (a) Jan. 4, 1945 (Date received and filed) (b) Dr. Russell Tigert (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) December 25 1944
at 8:30 o'clock P. M.

21. I HEREBY CERTIFY, That I attended deceased from Dec. 25 1944, to Dec. 25, 1944
I last saw h-m alive on Dec. 25 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — Duration
Frontal skull fracture
Fractures of left tibia,
Due to left femure and
right humerus
Due to Accident - auto -
Other conditions Hit & Run Drivers
(Include pregnancy within 3 months of death)

Where was disease contracted? Soda Springs, Ida
Name of operation None Date
Major finding
Finding of autopsy None made

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Yes. Suicide? Homicide?
Occurred Dec. 25 1944 City, county, state where violence occurred Soda Springs, Caribou Co. Idaho
Place of Violence: Home Farm Industry
Public Place Main Street While at work?
Means of injury Hit by automobile

23. Attendant's **OWN** Signature Russell Tigert (M.D. or coroner)
and Address Soda Springs Date 1-4 1945
(For additional space use reverse side)

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United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH

STATE OF IDAHO

MAR 12 1945

State File No. 142670
Local Reg. No.
Reg. Dist. No. 520

1. **PLACE OF DEATH:**
(a) County CARIBOU
(b) City or town Soda Springs, Idaho
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home Hospital X Institution Other place
(f) Name Hosp. or Inst. Caribou Co. Stayed days
(g) Lived in this county 8 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State IDAHO (b) County CARIBOU
(c) City or town Soda Springs, Idaho
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) If foreign born, in U. S. yrs. Citizen of U. S.? U. S.
(g) How long had deceased lived in Idaho? 59 years
(h) Former residence (city, state) UTAH

3. (a) **FULL NAME** HYRUM LARSEN

932
137a.

3. (b) If veteran, name war 0
3. (c) Social Security No.
5. Color or
6. (a) Single, widowed, married, divorced
4. Sex MALE race White Married
6. (b) Name of husband or wife ARMINTA LARSON
6 (c) Age of husband or wife if alive 49 years
7. Date of Birth (Month, Day, Year) JULY 24, 1869

8. AGE	Years	Months	Days	If less than 1 day
	75	6	2	hrs min.

9. Exact Occupation FARMER Did this work for 50 yrs.
10. Industry or Business FARMING Date last worked 1935
11. Birthplace PLEASANT GROVE, UTAH (City or town) (State or foreign country)

Father
12. Name PETER LARSEN
13. Birthplace DENMARK (City or town) (State or foreign country)

Mother
14. Maiden name ANN MARIE KNUDSEN
15. Birthplace DENMARK (City or town) (State or foreign country)

16. Informant's **OWN** Signature
and Address GEORGE TOWN, IDAHO
17. (a) BURIEL (Burial, cremation, or removal) (b) Date thereof 12/29/44 (Month) (Day) (Year)
(c) Place: GEORGE TOWN, IDAHO
18. Funeral Director's **OWN** Signature E. S. Patterson
and Address Soda Springs, Idaho
19. (a) Dec 31 1944 (Date received and filed) (b) Russell Tygart (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) DECEMBER 26, 44 19
at 2.45 o'clock P M.
21. **I HEREBY CERTIFY,** That I attended deceased from 19 to 12/26/44 19
I last saw him alive on 12/26/44 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Organic Heart Dis.	
(Myocarditis	5yrs.
Due to	
Due to	
Other conditions Prostatism	
(Include pregnancy within 3 months of death) Hypertrophy	10yrs

Where was disease first contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature Russell Tygart (M. D. or other)
and Address Soda Springs Date 12-31-44
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

MAR 12 1945

State File No. 142671
Local Reg. No.
Reg. Dist. No. 570

1. **PLACE OF DEATH:**
   (a) County Caribou
   (b) City or town Soda Springs, Idaho
   (c) Street Address or R.F.D. No.
   (d) Death Occured Inside? ✓ Outside? city or town
   (e) Died in a Home Hospital Institution Other place
   (f) Name Hosp. or Inst Caribou County Hosp. Stayed 1 days
   (g) Lived in this county 6 years 0 months 2 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Bannock
   (c) City or town Chesterfield
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? Outside? ✓ city or town
   (f) Citizen of what country? American Citizen
   (g) How long had deceased lived in Idaho? 61 years
   (h) Former residence (city, state) Wales

3. (a) **FULL NAME** Robert Powell Lawrence 94a

3. (b) If veteran, name war No
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Christina Conrad.
6. (c) Age of husband or wife if alive 62 years
7. Date of Birth (Month, Day, Year) Oct 15, 1880

8. AGE	Years	Months	Days	If less than 1 day
	64	2	14	hrs min.

9. Exact Occupation Farmer — Did this work for 50 yrs.
10. Industry or Business — Date last worked
11. Birthplace Wales (City or town) (State or foreign country)

Mother Father
12. Name Mark Russell Lawrence
13. Birthplace Wales (City or town) (State or foreign country)
14. Maiden name Elizabeth Powell
15. Birthplace Wales (City or town) (State or foreign country)

16. Informant's **OWN** Signature Christina C. Lawrence
and Address Chesterfield Idaho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/3/1945. (Month) (Day) (Year)
(c) Place: Robin. Idaho.
18. Funeral Director's **OWN** Signature Harry M Hall
and Address Hall Mortuary. Pocatello. Idaho.
19. (a) Dec. 31, 1944 (Date received and filed) (b) Dr. Russell Tigert (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH 102

20. **DATE OF DEATH** (Month, Day, Year) Dec. 29 1944
at 1:45 o'clock P M.

21. **I HEREBY CERTIFY**, That I attended deceased from 12-25 1944, to 12-29 1944
I last saw him alive on 12-29 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Coronary occlusion	48 hours
Due to Hypertension	4 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature J. B. Keeler M.D.
(M. D. or other)
and Address Soda Springs Idaho Date 12-29 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JAN 17 1945

Certificate Of Death

STATE OF IDAHO

State File No. 42930
Local Reg. No. 407
Reg. Dist. No.

1. **PLACE OF DEATH:**
   (a) County Ada
   (b) City or town Boise
   (c) Street Address or R.F.D. No. 1st & Bannock
   (d) Death Occured Inside? X Outside? ..... city or town
   (e) Died in a Home.... Hospital X Institution.... Other place....
   (f) Name Hosp. or Inst. St. Lukes Stayed 10 hrs ~~days~~
   (g) Lived in this county ..... years ..... months 10 ~~days~~

   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Ada
   (c) City or town Boise
   (d) Street Address or R.F.D. No. 2614 N Woodlawn
   (e) Deceased lived Inside? X Outside? ..... city or town
   (f) Citizen of what country? U.S.
   (g) How long had deceased lived in Idaho? Life years
   (h) Former residence (city, state) .....

3. (a) **FULL NAME** Baby Edwards 160C

3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced .....
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Date of Birth (Month, Day, Year) Dec. 14 1944

8. AGE	Years	Months	Days	If less than 1 day
				10 hrs —min.

9. Exact Occupation Baby — Did this work for ..... yrs.
10. Industry or Business ..... Date last worked .....
11. Birthplace Boise, Idaho (City or town) (State or foreign country)

Father
12. Name Clark Edwards
13. Birthplace Grand Pass Mo. (City or town) (State or foreign country)

Mother
14. Maiden name Emoene Strayer
15. Birthplace Boise Idaho (City or town) (State or foreign country)

16. Informant's **OWN** Signature Clark Edwards
and Address 2614 Woodlawn Boise
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 16 1944 (Month) (Day) (Year)
(c) Place: Morris Hill
18. Funeral Director's **OWN** Signature A. Thomas Welch
and Address Boise, Idaho
19. (a) 12-21-44 (Date received and filed) (b) A. Thomas (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH 159X.

20. **DATE OF DEATH** (Month, Day, Year) 12-14 1944
at ..... o'clock ..... M.

21. **I HEREBY CERTIFY**, That I attended deceased from 12/13 1944, to 12-14-1944
I last saw h[illegible] alive on 12-14 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Accidental and Premature	
Due to Peripatory Failure	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease contracted? .....
Name of operation ..... Date .....
Findings of autopsy .....

PHYSICIAN Underline the cause to which death should be charged statistically.

Cerebral Hemorrhage Because of Premature Cerebral Thrombosis

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? ..... Suicide? ..... Homicide? .....
Occurred ..... 19..... City, county, state where violence occurred .....
Place of Violence: Home ..... Farm ..... Industry .....
Public Place ..... While at work? .....
Means of injury .....

23. Attendant's **OWN** Signature Fred A. Deeg (M. D. or other)
and Address Boise, Idaho Date 12-15 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

STATE OF IDAHO

APR 12 1945

State File No. 143124
Local Reg. No. 13
Reg. Dist. No. 242

1. PLACE OF DEATH:
(a) County Idaho
(b) City or town Cottonwood
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? yes Outside? city or town
(e) Died in a Home Hospital Institution Other place
(f) Name Hosp. or Inst. Our Lady Consolation Stayed 3 days
(g) Lived in this county 5 years months — days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Idaho
(c) City or town Cottonwood
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? ✓ Outside? city or town
(f) Citizen of what country? U.S.
(g) How long had deceased lived in Idaho? 52 years
(h) Former residence (city, state)

3. (a) FULL NAME Joseph Roith 1626

3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex male
5. Color or race Wh 1
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife Anna Margaret
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) May 23 1866

8. AGE	Years	Months	Days	If less than 1 day
	78	5	12	hrs min.

9. Exact Occupation Farmer, retired Did this work for Life yrs.
10. Industry or Business Own Farm Date last worked
11. Birthplace Bohemia (City or town) (State or foreign country)
Father 12. Name Unknown
13. Birthplace " (City or town) (State or foreign country)
Mother 14. Maiden name Unknown
15. Birthplace (City or town) (State or foreign country)
16. Informant's **OWN** Signature Mrs. Fred Kern
and Address Culdesac, Ida
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 11-4-44 (Month) (Day) (Year)
(c) Place: Craigmont, Ida
18. Funeral Director's **OWN** Signature C. E. Clovis
and Address Craigmont, Ida
19. (a) 3-1-45 (Date received and filed) (b) W. F. Orr per T.P. (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Nov 4 1944
at 10:00 o'clock P M.
21. **I HEREBY CERTIFY**, That I attended deceased from Nov. 2 1944, to Nov. 4 1944
I last saw him alive on Nov 4 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Myocardial Failure	3 days
Due to Senility	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted? Home	
Name of operation Date	
Major finding	
Finding of autopsy	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature Wesley F. Orr M.D. (M. D. or other)
and Address Cottonwood, Ida Date 11-4 1944
(For additional space, use reverse side)

143326

143326

United States
Department of Commerce
Bureau of the Census

NON-RESIDENT CERTIFICATE OF DEATH
STATE OF IDAHO

MAY 6 1945

State File No.
Local Reg. No. 16
Reg. Dist. No. 240

1. **PLACE OF DEATH:**
(a) County Idaho
(b) City or town Near Kamiah
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? X city or town
(e) Died in a Home Hospital Institution Other place X
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 0 years 0 months 0 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Wash. (b) County Garfield
(c) City or town Pomeroy
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? U.S.
(g) How long had deceased lived in Idaho? None years
(h) Former residence (city, state) Washington

3. (a) FULL NAME Willie Pederson. 1837

3. (b) If veteran, name war No.
3. (c) Social Security No 501-10-0204
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Esther Pederson
6. (c) Age of husband or wife if alive 41 years
7. Date of Birth (Month, Day, Year) Sept 20 - 1907

8. AGE	Years	Months	Days	If less than 1 day
	37	2	13	hrs min.

9. Exact Occupation Trucker. Did this work for 13 yrs.
10. Industry or Business Pomeroy Wn. Date last worked Dec 13-1944
11. Birthplace Nestrand (City or town) Minn. (State or foreign country)
Father
12. Name Peder Pederson
13. Birthplace Norway (City or town) (State or foreign country)
Mother
14. Maiden name Karen Ahorheim
15. Birthplace Norway (City or town) (State or foreign country)
16. Informant's OWN Signature Mrs. W. Pederson and Address Pomeroy Wash.
17. (a) Removal & Burial (Burial, cremation, or removal) (b) Date thereof 4-4-1945 (Month) (Day) (Year)
(c) Place: Pomeroy Washington
18. Funeral Director's OWN Signature Bert Richardson and Address Pomeroy Wn.
19. (a) 4/2/45 (Date received and filed) (b) Glenn Culver (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Dec 13 1944
at o'clock M.
21. **I HEREBY CERTIFY,** That I attended deceased from 19, to 19
I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Duration
Drowning in middle
Due to Fork river.
Due to
Other conditions
(Include pregnancy within 3 months of death)
Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ✓ Suicide? Homicide?
Occurred Dec 13 1944 City, county, state where violence occurred Middle Fork River
Place of Violence: Home Farm Industry
Public Place yes While at work? yes
Means of injury Drowning.
23. Attendant's OWN Signature Glenn Culver (M. D. or other)
and Address Grangeville Date 4/2 1945
(For additional space, use reverse side)

Coroner of Idaho County

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

APR 25 1945

143536

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 234
Local Reg. No.
Reg. Dist. No.

1. PLACE OF DEATH:
(a) County Idaho
(b) City or town Kamiah
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? ✓ city or town
(e) Died in a Home ✓ Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 2 years 8 months 30 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Idaho
(c) City or town Kamiah
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Outside? ✓ city or town
(f) Citizen of what country? USA
(g) How long had deceased lived in Idaho? 2 - 8 MO. years
(h) Former residence (city, state)

3. (a) FULL NAME Rodney Glen Pardue 186a

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Dec. 5 1941

8. AGE	Years	Months	Days	If less than 1 day
	2	8	30	hrs min.

9. Exact Occupation Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Kamiah (City or town) Idaho (State or foreign country)
Father
12. Name Glen Pardue
13. Birthplace Craigmont (City or town) Idaho (State or foreign country)
Mother
14. Maiden name Pauline Young
15. Birthplace Kamiah (City or town) Idaho (State or foreign country)
16. Informant's OWN Signature J E Young
and Address Kamiah Idaho
17. (a) Burial (Burial, [illegible]) (b) Date thereof Sep. 6 - 44 (Month) (Day) (Year)
(c) Place: Woodland Cemetary Kamiah
18. Funeral Director's OWN Signature [illegible] Peterson
and Address Langdon Idaho
19. (a) 2-21-45 (Date received and filed) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Sept. 5th 1944
at Lewis o'clock P M.
21. I HEREBY CERTIFY, That I attended deceased from Sept. 5 1945 to Aboard 19
I last saw him ~~alive on~~ Sept. 5 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: accident sudden death fractured skull	Duration
Due to fall	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN
Name of operation Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? ✓ Suicide? Homicide?
Occurred Sept. 5th 1944 City, county, state where violence occurred His home
Place of Violence: Home ✓ Farm ✓ Industry
Public Place While at work? Play
Means of injury Fall from Aimelle
23. Attendant's OWN Signature C S Bryan (M. D. or other)
and Address Kamiah Date Sept. 6th 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JUN 4 1945

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 143856
Local Reg. No. 7-45
Reg. Dist. No. 12

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. PLACE OF DEATH:
(a) County Bonner
(b) City or town Priest River
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home X Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 0 years 1 months 0 days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2

2. USUAL RESIDENCE OF DECEASED: (Always fill in these)
(a) State Idaho (b) County Bonner
(c) City or town Priest River
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) If foreign born, in U. S. yrs. Citizen of U. S.? yes
(g) How long had deceased lived in Idaho? 39 years
(h) Former residence (city, state) Lewiston, Ida.

3. (a) **FULL NAME** Joannah Elizabeth Byers 0932

3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife
6 (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) July 4, 1872

8. AGE	Years	Months	Days	If less than 1 day hrs min.
	72	2	13	

9. Exact Occupation Housewife — Did this work for years.
10. Industry or Business Own Home — Date last worked 1944
11. Birthplace Segourney, Iowa. (City or town) (State or foreign country)

Father
12. Name Isaac Carter
13. Birthplace Ohio (City or town) (State or foreign country)

Mother
14. Maiden name Lucy Martin
15. Birthplace Unknown (City or town) (State or foreign country)

16. Informant's **OWN** Signature Dorothy Byers
and Address 1859-7th Ave Lewiston
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 9-18-44 (Month) (Day) (Year)
(c) Place: Moscow, Idaho.
18. Funeral Director's **OWN** Signature L.G.Moon
and Address Sandpoint, Idaho
19. (a) 9-18-44 (Date received and filed) (b) F.C. Monah (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Sept. 17, 1944 19
at 12:20 o'clock P. M.

21. I **HEREBY CERTIFY**, That I attended deceased from Sept. 4, 1944, to Sept. 17, 1944
I last saw her alive on Sept. 16, 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Myocardial degeneration — Duration 3 yrs
Due to arterial hypertension — 5 yrs.
Due to
Other conditions (Include pregnancy within 3 months of death)
Where was disease first contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature Leslie J. Stauffer, M.D. (M. D. or other)
and Address Priest River, Ida. Date 9-18 1944
(For additional space, use reverse side)

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 13968
Local Reg. No. 27
Reg. Dist. No. 640

1. **PLACE OF DEATH:**
(a) County Jefferson
(b) City or town Roberts
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? Outside? X city or town
(e) Died in a Home Hospital Institution Other place X
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 53 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho. (b) County Jefferson
(c) City or town Roberts
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) If foreign born, in U. S. yrs. Citizen of U. S.?
(g) How long had deceased lived in Idaho? 53 years
(h) Former residence (city, state) None

3. (a) **FULL NAME** GEORGE BLANZY ADAMS. 1837

3. (b) If veteran, name war X 3. (c) Social Security No. 529-10-7861
4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife X 6 (c) Age of husband or wife if alive X years
7. Date of Birth (Month, Day, Year) March 24, 1892

8. AGE	Years	Months	Days	If less than 1 day hrs min.
	52	6	28	

9. Exact Occupation Laborer Did this work for life yrs.
10. Industry or Business General Date last worked 9/22/44
11. Birthplace Roberts, Idaho. (City or town) (State or foreign country)

Father
12. Name George Thomas Adams.
13. Birthplace Roberts, Idaho. (City or town) (State or foreign country)

Mother
14. Maiden name Lucy Ellen Cherry.
15. Birthplace Hooper, Utah. (City or town) (State or foreign country)

16. Informant's **OWN** Signature William E. Adams and Address Roberts, Idaho.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/25/45 (Month) (Day) (Year)
(c) Place: Annis, Idaho.
18. Funeral Director's **OWN** Signature A B Eckersell and Address Rigby, Idaho.
19. (a) June 4 1945 (Date received and filed) (b) Mrs A B Eckersell (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Sept. 22 1944
at ? o'clock M.

21. **I HEREBY CERTIFY,** That I attended deceased from [illegible] 19[illegible]; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Drowning	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Where was disease first contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? yes Suicide? Homicide?
Occurred 9/22/44 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place X While at work?
Means of injury

23. Attendant's **OWN** Signature Lionel H Hall Coroner (M. D. or other)
and Address Rigby, Idaho Date 19
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

144001

United States
Department of Commerce
Bureau of the Census

JAN 12 19

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 234
Local Reg. No.
Reg. Dist. No.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH**
   (a) County Jewra
   (b) City or town Kamiah
   (c) Street Address or R. F. D. No.
   (d) Death Occurred Inside? X Outside? city or town
   (e) Died in a Home Hospital X Institution Other place
   (f) Name Hosp. or Inst. Grace Stayed hrs days
   (g) Lived in this county years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Jewra
   (c) City or town Kamiah
   (d) Street Address or R. F. D. No.
   (e) Deceased lived Inside? Outside? city or town
   (f) Citizen of what country?
   (g) How long had deceased lived in Idaho? years
   (h) Former residence (city, state)

3. (a) **FULL NAME** Harriet Barbara Carlson Baby Unnamed 1597

3. (b) If veteran, name war
3. (c) Social Security No. Baby
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Dec. 19 1944

8. AGE	Years	Months	Days	If less than 1 day
				1 hrs min.

9. Exact Occupation Baby — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace Kamiah (City or town) Idaho (State or foreign country)

Father
12. Name Arthur Carlson
13. Birthplace (City or town) (State or foreign country)

Mother
14. Maiden name Harriet Dimmick
15. Birthplace Kamiah (City or town) Idaho (State or foreign country)

16. Informant's OWN Signature Mrs D Dimmick
and Address Kamiah Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 20 1944 (Month) (Day) (Year)
(c) Place: Kamiah Idaho

18. Funeral Director's OWN Signature Harold L Paul
and Address Kamiah Idaho

19. (a) 1-20-45 (Date received and filed) (b) Burial Permit (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Dec. 19 1944
at 6 o'clock a M.

21. **I HEREBY CERTIFY,** That I attended deceased from 12-19 1944 to 12-19 1944
I last saw her alive on 12-19 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Premature Birth	9 mo
Due to	
Due to Complications of Mother	
Other conditions (Fall) (Include pregnancy within 3 months of death)	

Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's OWN Signature C S Bryan (M. D. or other)
and Address Kamiah Ida Date 1-7 1945

(For additional space, use reverse side)

144002

United States
Department of Commerce
Bureau of the Census

JUN 12 1944

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 234
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF DEATH:** Lewis
(a) County
(b) City or town Kamiah
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? ✓ Outside? city or town
(e) Died in a Home Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 9 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Idaho
(c) City or town Kamiah
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? Outside? ✓ city or town
(f) Citizen of what country?
(g) How long had deceased lived in Idaho? 45 years
(h) Former residence (city, state) Penn N.Y.

3. (a) **FULL NAME** John S. Young

3. (b) If veteran, name war No
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Martha
6. (c) Age of husband or wife if alive 65 years
7. Date of Birth (Month, Day, Year) Apr 2, 1873

8. AGE	Years	Months	Days	If less than 1 day
	71	8	22	hrs min.

9. Exact Occupation Farmer Did this work for yrs.
10. Industry or Business Date last worked
11. Birthplace Erie (City or town) Penn (State or foreign country)
Father
12. Name John Henry Young
13. Birthplace Philadelphia (City or town) Penn (State or foreign country)
Mother
14. Maiden name Evelyn Kelsey
15. Birthplace (City or town) Ohio (State or foreign country)
16. Informant's OWN Signature Martha R. Young
and Address Kamiah Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 27 44 (Month) (Day) (Year)
(c) Place: Woodland Idaho
18. Funeral Director's OWN Signature Robertson
and Address Grangeville Idaho
19. (a) 12/24/44 (Date received and filed) (b) Bachel Brown (Registrar's signature)

0932
0596

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Dec 24 1944
at 10:00 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from June 12 1944, to 12/24 1944
I last saw ~~here~~ alive on 12/24 1945; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Myocarditis	years
Due to Arthritis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted? Home	PHYSICIAN
Name of operation None Date	Underline the cause to which death should be charged statistically.
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state
where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature C. H. Bryan (M. D. ~~or other~~)
and Address Kamiah Id Date 12/26 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

AUG 21 1945

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 144991
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF DEATH:**
   (a) County Camas
   (b) City or town Corral
   (c) Street Address or R. F. D. No. Corral
   (d) Death Occurred Inside? ____ Outside? X city or town
   (e) Died in a Home X Hospital __ Institution __ Other place __
   (f) Name Hosp. or Inst. ____ Stayed ____ days
   (g) Lived in this county 34 years ____ months ____ days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
   (a) State Idaho (b) County Camas
   (c) City or town Corral
   (d) Street Address or R. F. D. No. Corral
   (e) Deceased lived Inside? ____ Outside? X city or town
   (f) Citizen of what country? U. S. A.
   (g) How long had deceased lived in Idaho? 34 years
   (h) Former residence (city, state) Fairview Penn.

3. (a) **FULL NAME** Charles Clarence Barron 094a

3. (b) If veteran, name war No.
3. (c) Social Security No. ____
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Laura L.
6. (c) Age of husband or wife if alive 59 years
7. Date of Birth (Month, Day, Year) April 25-1878

8. AGE	Years	Months	Days	If less than 1 day
	63	10	29	hrs min.

9. Exact Occupation Ranching Did this work for life yrs.
10. Industry or Business ____ Date last worked 3/24/44
11. Birthplace Fairview, Penn. (City or town) (State or foreign country)

Father
12. Name Peter J. Barron
13. Birthplace unknown (City or town) (State or foreign country)

Mother
14. Maiden name Emma Deity
15. Birthplace unknown (City or town) (State or foreign country)

16. Informant's OWN Signature Lloyd L. Barron
and Address Corral, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-28-44 (Month) (Day) (Year)
(c) Place: Twin Falls
18. Funeral Director's OWN Signature H. P. Bright
and Address Gooding Idaho
19. (a) 3/28/44 (Date received and filed) (b) John L. Edwards (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) March 24 1944
at 11 o'clock A M.
21. **I HEREBY CERTIFY,** That I attended deceased from Did not attend 19__
I last saw him alive on Dead when 19__; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Coronary Occlusion	1/2 hr.
Due to ✓	
Due to ✓	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted? ✓	PHYSICIAN
Name of operation ____ Date ____	Underline the cause to which death should be charged statistically.
Major finding ____	
Finding of autopsy ____	

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ____ Suicide? ____ Homicide? ____
Occurred ____ 19__ City, county, state where violence occurred ____
Place of Violence: Home ____ Farm ____ Industry ____
Public Place ____ While at work? ____
Means of injury ____
23. Attendant's OWN Signature Fred E. Barrett MD (M. D. or other)
and Address Gooding Idaho Date 3/27 1944
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

Certificate Of Death

AUG 2 1 1945

STATE OF IDAHO

State File No. 144992
Local Reg. No.
Reg. Dist. No.

1. PLACE OF DEATH:
(a) County Camas
(b) City or town Fairfield
(c) Street Address or R.F.D. No. Fairfield
(d) Death Occured Inside? x Outside? city or town
(e) Died in a Home x Hospital Institution Other place
(f) Name Hosp. or Inst. ------ Stayed -- days
(g) Lived in this county 33 years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Camas
(c) City or town Fairfield
(d) Street Address or R.F.D. No. Fairfield
(e) Deceased lived Inside? X Outside? city or town
(f) Citizen of what country? United States
(g) How long had deceased lived in Idaho? 33 years
(h) Former residence (city, state) Rugby, Virginia

3. (a) **FULL NAME** Lou Ellen Phipps

093d

3. (b) If veteran, name war ----
3. (c) Social Security No. ------
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife W.W. Phipps
6. (c) Age of husband or wife if alive deceased years
7. Date of Birth (Month, Day, Year) Dec. 18, 1870

8. AGE	Years	Months	Days	If less than 1 day
	73	4	17	hrs min.

9. Exact Occupation housewife Did this work for life yrs.
10. Industry or Business ------- Date last worked 5/5/44
11. Birthplace ------- South Carolina (City or town) (State or foreign country)
Father
12. Name Thomas Reedy
13. Birthplace unknown (City or town) (State or foreign country)
Mother
14. Maiden name Hanna Pondexter
15. Birthplace unknown (City or town) (State or foreign country)
16. Informant's **OWN** Signature Vercie Kistler
and Address Gooding Idaho
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 5/8/44 (Month) (Day) (Year)
(c) Place: Fairfield
18. Funeral Director's **OWN** Signature H.P. Bright
and Address Gooding Idaho
19. (a) 5/8/44 (Date received and filed) (b) John L. Edwards (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH 162b

20. **DATE OF DEATH** (Month, Day, Year) May 5 1944
at 4:40 o'clock P.M.
21. ~~I HEREBY CERTIFY~~, That I attended deceased from ~~December~~ 1944 to 19
I last saw h alive on December 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Chronic Myocarditis	10 yrs
Due to Senility	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYISCIAN Underline the cause to which death should be charged statistically.
Name of operation Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's **OWN** Signature F. E. Barrett M.D. (M. D. or other)
and Address Gooding Ida Date 6/7 1944
(For additional space, use reverse side)

United States
Department of Commerce
Bureau of the Census

DEC 6 - 1945

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 146176
Local Reg. No. 6
Reg. Dist. No. 520-521

1. **PLACE OF DEATH:**
(a) County Caribou
(b) City or town Soda Springs Ida
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? X Outside? city or town
(e) Died in a Home Hospital Institution Other place
(f) Name Hosp. or Inst. Caribou Co. Stayed 1 hrs.
(g) Lived in this county 10 years — months — days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Caribou
(c) City or town Soda Springs Ida
(d) Street Address or R. F. D. No.
(e) Deceased lived Inside? X Outside? city or town
(f) If foreign born, in U. S. yrs. Citizen of U. S.? yes
(g) How long had deceased lived in Idaho? 10 years
(h) Former residence (city, state) none

3. (a) **FULL NAME** Richard Carroll Forgesen 1700

3. (b) If veteran, name war 0
3. (c) Social Security No. 0
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife 0
6 (c) Age of husband or wife if alive 0 years
7. Date of Birth (Month, Day, Year) April 6 - 1934

8. AGE	Years	Months	Days	If less than 1 day
	10	8	19	hrs min.

9. Exact Occupation School boy Did this work for 4 yrs.
10. Industry or Business Date last worked 0
11. Birthplace Soda Springs Ida (City or town) (State or foreign country)
Father
12. Name Joseph Richard Forgesen
13. Birthplace Bancroft Idaho (City or town) (State or foreign country)
Mother
14. Maiden name Arlene Tucker
15. Birthplace Fairview Utah (City or town) (State or foreign country)
16. Informant's **OWN** Signature Richard Forgesen and Address Soda Springs Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-28-44 (Month) (Day) (Year)
(c) Place: Soda Springs Idaho
18. Funeral Director's **OWN** Signature E. D. Whitman and Address Soda Springs Ida
19. (a) Jan. 3, 1945 (Date received and filed) (b) Dr. Russell Tigert (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Dec - 25 1944 at 8:30 o'clock A. M.
21. **I HEREBY CERTIFY,** That I attended deceased from 12-25-44 19 , to 12-25- 1944
I last saw him alive on 12-25- 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Frontal Skull Fracture	
Left hip + Femur fract.	
Due to Being hit by	
Hit + Run auto driver	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease first contracted? Soda Springs Ida	
Name of operation none Date	
Major finding	
Finding of autopsy none made	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ✓ Suicide? Homicide?
Occurred Dec. 25 1944 City, county, state where violence occurred Soda Springs, Caribou Co. Idaho
Place of Violence: Home — Farm — Industry —
Public Place Street While at work? Coasting
Means of injury Hit by automobile
23. Attendant's **OWN** Signature Russell Tigert (M. D. or other)
and Address Soda Springs Date Jan 4 1945
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

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NON-RESIDENT 146907

146907

United States
Department of Commerce
Bureau of the Census

JAN 31 1946

CERTIFICATE OF DEATH
STATE OF IDAHO

State File No. 146907
Local Reg. No. 199
Reg. Dist. No. 510

1. **PLACE OF DEATH:**
(a) County Bannock
(b) City or town Pocatello
(c) Street Address or R. F. D. No.
(d) Death Occurred Inside? ✓ Outside? ____ city or town
(e) Died in a Home ____ Hospital ✓ Institution ____ Other place ____
(f) Name Hosp. or Inst. General Stayed 1 days
(g) Lived in this county ____ years ____ months ____ days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **USUAL RESIDENCE OF DECEASED:** (Always fill in these)
(a) State Idaho (b) County Bannock
(c) City or town Pocatello
(d) Street Address or R. F. D. No. 138 N. Hayes
(e) Deceased lived Inside? ✓ Outside? ____ city or town
(f) Citizen of what country? U. S. A.
(g) How long had deceased lived in Idaho? ____ years
(h) Former residence (city, state) Jackson Wyo.

3. (a) **FULL NAME** Bette-Mae Stull Johnson 170C

3. (b) If veteran, name war ✓ 3. (c) Social Security No.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced divorced

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive ____ years

7. Date of Birth (Month, Day, Year) Jan. 10, 1922

8. AGE	Years	Months	Days	If less than 1 day
	22	4	21	hrs ____ min.

9. Exact Occupation Stenographer Did this work for 8/12 yrs.
10. Industry or Business Naval Ord. Plant Date last worked 5-30-44
11. Birthplace Big Piney Wyoming (City or town) (State or foreign country)

Father
12. Name Jesse Stull
13. Birthplace Augusta Ill. (City or town) (State or foreign country)

Mother
14. Maiden name Blanche Daniels
15. Birthplace Big Piney Wyo. (City or town) (State or foreign country)

16. Informant's OWN Signature Jesse Stull
and Address Jackson Wyo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-4-44 (Month) (Day) (Year)
(c) Place: Jackson Wyo.
18. Funeral Director's OWN Signature Byron B. Dawnard
and Address Pocatello Idaho
19. (a) 1-29-1946 (Date received and filed) (b) D C Ray (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) May 31 1944
at 3 p.m. o'clock ____ M.
21. **I HEREBY CERTIFY,** That I attended deceased from May 31 1944 to 2-31 1944
I last saw her alive on 2-31 1944 death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — Duration

Block — 5 hrs
Due to ____
Due to Fractured vertebrae — 5 hrs.
Other conditions ____
(Include pregnancy within 3 months of death)

Where was disease contracted? Idaho
Name of operation ____ Date ____
Major finding Paralysis both legs
Finding of autopsy ____

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? ✓ Suicide? ____ Homicide? ____
Occurred 12:30 - 1 AM 1944 City, county, state where violence occurred Pocatello Bannock
Place of Violence: Home ____ Farm ____ Industry ____
Public Place State Highway While at work? ____
Means of injury auto accident
23. Attendant's OWN Signature A. H. Urquhart (M. D. or other)
and Address Pocatello. Date ____ 19____
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

120

Duplicate 151721

United States
Department of Commerce
Bureau of the Census

FEB 1 1947

Certificate Of Death

STATE OF IDAHO

State File No. 151721
Local Reg. No.
Reg. Dist. No.

1. PLACE OF DEATH: Custer
(a) County
(b) City or town Challis
(c) Street Address or R.F.D. No.
(d) Death Occured Inside? ✓ Outside? ✓ city or town
(e) Died in a Home ✓ Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county years months days
Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)
(a) State Idaho (b) County Custer
(c) City or town Challis
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? Outside? ✓ city or town
(f) Citizen of what country? U.S.
(g) How long had deceased lived in Idaho? 60 years
(h) Former residence (city, state)

3. (a) FULL NAME William T. Chivers 094A

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife Estelle
6. (c) Age of husband or wife if alive 47 years
7. Date of Birth (Month, Day, Year) 9-6-1883

8. AGE	Years	Months	Days	If less than 1 day
	60	9	1	hrs min.

9. Exact Occupation Rancher Did this work for Life yrs.
10. Industry or Business Date last worked
11. Birthplace Malad, Idaho (City or town) (State or foreign country)
Father 12. Name Thomas William Chivers
13. Birthplace (City or town) (State or foreign country)
Mother 14. Maiden name Emily Frances Bradbury
15. Birthplace (City or town) (State or foreign country)
16. Informant's OWN Signature Mrs Estelle Chivers
and Address Challis Idaho
17. (a) (Burial, cremation, or removal) (b) Date thereof 6-8-44 (Month) (Day) (Year)
(c) Place: Challis, Idaho
18. Funeral Director's OWN Signature Ray McGoldrick
and Address Salmon
19. (a) 1-28-47 (Date received and filed) (b) A. Nuffett (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) 6-5- 1944
at 10:30 o'clock A. M.
21. I HEREBY CERTIFY, That I attended deceased from 19, to 19
I last saw h alive on 19; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: Coronary Occlusion — Duration
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to EXTERNAL CAUSES, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury
23. Attendant's OWN Signature Walter B. Jenson
Custer County Coroner (M.D. or other)
and Address Challis Idaho Date Jan 1947
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

100

156509

Certificate of Death

STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

BIRTH NO.

RECEIVED
JAN 23 1956
Division of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Twin Falls County Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kimberly
d. STREET ADDRESS (If rural, give location): Kimberly

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Harriet	Weaver	Thompson	Feb.	8,	1944

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
F.	White	Married	Nov. 5, 1866	57				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife.	Home	Vernal Utah	U.S.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
George Davis	Mass.	Elizabeth Weaver	England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	No	Morris F. Thompson	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cirrhosis portal

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cirrhosis Gall Bladder

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from ____, 19____, to ____, 19____, that I last saw the deceased alive on* 2/3, 19 44, *and that death occurred at* 3.00A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	Twin Falls, Ida.	1-21-56

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Feb. 14, 1944	Sunset Memorial	Twin Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
1-21-56	Ardeane Watkins Dep. Registrar	[signature]	

Federal Security Agency
United States Public Health Service

Form DPH-40021

156510

RECEIVED JAN 19 1952 DIVISION OF VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No.....
Local Reg. No. 1st Delayed
Reg. Dist. No. 520-521

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Caribou
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Grace
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): GRACE

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Caribou
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Grace
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) J. b. (Middle) Austin c. (Last) Whitehead

4. DATE OF DEATH (Month) (Day) (Year): July 19 1944

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Feb. 6, 1891

9. AGE (In years last birthday): 53
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Richmond, Utah

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Peter Whitehead
BIRTHPLACE:

14. MOTHER'S MAIDEN NAME: Jacosia Robinson
BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Maxine Whitehead Rowan
ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cardiac decompensation & Myocardial failure — INTERVAL BETWEEN ONSET AND DEATH: 3 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Asthma - bronchial — 10 yrs
DUE TO (c): —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: none

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): none

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): none

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): none m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR? none

22. *I hereby certify that I attended the deceased from* 1938, 19__, *to* July 19, 1944, *that I last saw the deceased alive on* July 19, 1944, *and that death occurred at* 7 AM m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J B Koehler M.D.

23b. ADDRESS: in 1944 Soda Springs / 1951 Pocatello, Idaho

23c. DATE SIGNED: 8-31-51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: July 23, 1944

24c. NAME OF CEMETERY OR CREMATORY: Grace

24d. LOCATION (City, town, or county) (State): Grace Idaho

DATE REC'D BY LOCAL REG.: Jan 15 1952

REGISTRAR'S SIGNATURE: Donna E. Ellis

25. FUNERAL DIRECTOR: M.W. Hendricks
ADDRESS: Preston, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-40021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. Write answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (IDEA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

156511

United States
Department of Commerce
Bureau of the Census

RECEIVED
MAR 28 1945
DIVISION OF VITAL STATISTICS

Certificate Of Death

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF DEATH:**
   (a) County Fremont
   (b) City or town Clifton
   (c) Street Address or R. F. D. No.
   (d) Death Occured Inside? Outside? city or town
   (e) Died in a Home.... Hospital.... Institution.... Other place....
   (f) Name Hosp. or Inst. Home Stayed days
   (g) Lived in this county years months days
   Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Ida (b) County Franklin
   (c) City or town Clifton
   (d) Street Address or R.F.D. No.
   (e) Deceased lived Inside? Outside? city or town
   (f) Citizen of what country?
   (g) How long had deceased lived in Idaho? years
   (h) Former residence (city, state)

3. (a) **FULL NAME** Ellen Jessie Sperry

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) Jan. 18th 1869

8. AGE	Years	Months	Days	If less than 1 day
	75			hrs min.

9. Exact Occupation Home wife — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace England (City or town) (State or foreign country)

Father
12. Name Edmund Masters
13. Birthplace Wandsworth Eng. (City or town) (State or foreign country)

Mother
14. Maiden name Charlotte Stowell
15. Birthplace England (City or town) (State or foreign country)

16. Informant's **OWN** Signature Mrs Dazie Hendricks
and Address Preston Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sep. 3-1944 (Month) (Day) (Year)
(c) Place: Clifton Ida.

18. Funeral Director's **OWN** Signature M. E. Hendricks
and Address Preston By Sherwin Webb

19. (a) 3-23-1949 (Date received and filed) (b) Effie M. Brower (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) Aug. 29- 1944
at o'clock M.

21. **I HEREBY CERTIFY,** That I attended deceased from Aug. 20 1944 to Aug. 29 1944
I last saw her alive on Aug 29 1944, death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: — Duration
Myocarditis — 10 yrs.
Due to Atherosclerosis — 15 yrs.
Due to
Other conditions (Include pregnancy within 3 months of death)
Where was disease contracted?
Name of operation Date
Major finding
Finding of autopsy

PHYISCIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES,** also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state
where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature O. R. Cutler M.D.
and Address Preston Ida. Date 3/5 1949
(M. D. or other)
(For additional space, use reverse side)

156512

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

DELAYED

RECEIVED MAY 23 1950 DIVISION OF VITAL STATISTICS

Certificate Of Death

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF DEATH:**
   (a) County Bannock
   (b) City or town Fort Hall
   (c) Street Address or R. F. D. No. Rural
   (d) Death Occured Inside? Outside? X city or town
   (e) Died in a Home X Hospital Institution Other place
   (f) Name Hosp. or Inst. Stayed days
   (g) Lived in this county years 11 months 10 days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. **Usual Residence of Deceased:** (Always fill in these)
   (a) State Idaho (b) County Bannock
   (c) City or town Fort Hall
   (d) Street Address or R.F.D. No. Rural
   (e) Deceased lived Inside? Outside? city or town
   (f) Citizen of what country?
   (g) How long had deceased lived in Idaho? years
   (h) Former residence (city, state)

3. (a) **FULL NAME** Lester Buckskin

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race Indian
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Date of Birth (Month, Day, Year) November 17, 1943

8. AGE	Years	Months	Days	If less than 1 day
		11	10	hrs min.

9. Exact Occupation None — Did this work for yrs.
10. Industry or Business — Date last worked
11. Birthplace Fort Hall (City or town) Idaho (State or foreign country)

Father
12. Name Chas. Buckskin, Jr.
13. Birthplace Fort Hall (City or town) Idaho (State or foreign country)

Mother
14. Maiden name Grace Ponzo
15. Birthplace Fort Hall (City or town) Idaho (State or foreign country)

16. Informant's **OWN** Signature Grace Buckskin
and Address Fort Hall, Idaho

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-30-44 (Month) (Day) (Year)
(c) Place: Cedar Cemetary, Ft Hall Reservation

18. Funeral Director's **OWN** Signature Grace Buckskin
and Address Fort Hall, Idaho

19. (a) 5-19-50 (Date received and filed) (b) H.A.Lessert (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. **DATE OF DEATH** (Month, Day, Year) October 27 19 44
at 11: 45 o'clock P M.

21. **I HEREBY CERTIFY**, That I attended deceased from ..... 19..... to ..... 19.....
I last saw h..... alive on ..... 19.....; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death: possibly Pneumonia - Had caught a cold	Duration
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Where was disease contracted?	PHYSICIAN Underline the cause to which death should be charged statistically.
Name of operation ..... Date	
Major finding	
Finding of autopsy	

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred ..... 19..... City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place ..... While at work?
Means of injury

23. Attendant's **OWN** Signature Grace Buckskin (M. D. or other)
and Address Ft. Hall, Idaho Date 5-19-50
(For additional space, use reverse side)

Informant, Funeral Director, Registrar and Medical Attendant, EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215). Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

RECEIVED JUL 18 194 DIVISION OF VITAL STATISTICS

Certificate Of Death

STATE OF IDAHO

State File No. 156513
Local Reg. No. 151
Reg. Dist. No. 5-11

1. PLACE OF DEATH:

(a) County Bannock
(b) City or town Lava Idaho
(c) Street Address or R. F. D. No.
(d) Death Occured Inside? in Outside? city or town
(e) Died in a Home Hospital Institution Other place
(f) Name Hosp. or Inst. Stayed days
(g) Lived in this county 20 years months days

Note. For a person residing in THIS county LESS than 1 year, give FORMER residence under item 2.

2. Usual Residence of Deceased: (Always fill in these)

(a) State Idaho (b) County Bannock
(c) City or town Downey Idaho
(d) Street Address or R.F.D. No.
(e) Deceased lived Inside? In Outside? city or town
(f) Citizen of what country? U. S.
(g) How long had deceased lived in Idaho? life years
(h) Former residence (city, state)

3. (a) FULL NAME Ira Spidell

3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Myrtle 6. (c) Age of husband or wife if alive 39 years
7. Date of Birth (Month, Day, Year) Sept 14 1881

8. AGE	Years	Months	Days	If less than 1 day
	63	2	19	hrs min.

9. Exact Occupation Tender of Did this work for yrs.
10. Industry or Business Swimming Pool Date last worked
11. Birthplace Rivendale (City or town) Idaho (State or foreign country)

Father
12. Name Frank Spidell
13. Birthplace (City or town) Ohio (State or foreign country)

Mother
14. Maiden name not Sure
15. Birthplace (City or town) (State or foreign country)

16. Informant's **OWN** Signature Myrtle Spidell
and Address Lava Hot Springs Id.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 6 1944 (Month) (Day) (Year)
(c) Place: Downey Idaho

18. Funeral Director's **OWN** Signature W. W. Hendricks
and Address Preston Idaho

19. (a) Dec 9 1944 (Date received and filed) (b) Jessie J. Powell (Registrar's signature)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (Month, Day, Year) Dec 3 1944 19
at 4:15 o'clock P M.

21. I HEREBY CERTIFY, That I attended deceased from Dec 3 1944 to 19
I last saw him alive on Dec 3 1944; death is said to have occurred on the date and hour stated above.

Immediate Cause of Death:	Duration
Angina Pectoris	
Due to Unknown	
Due to	
Other conditions None (Include pregnancy within 3 months of death)	

Where was disease contracted? at home
Name of operation Date
Major finding
Finding of autopsy Not Done

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to **EXTERNAL CAUSES**, also fill in the following: Accident? Suicide? Homicide?
Occurred 19 City, county, state where violence occurred
Place of Violence: Home Farm Industry
Public Place While at work?
Means of injury

23. Attendant's **OWN** Signature C. A. Rich (M. D. or other)
and Address Lava Hot Springs Date Dec 11 19 45

(For additional space, use reverse side)